

QUALITY COUNCIL  
August 16, 2016

**CO-CHAIRS:** Will Huen, Susan Ehrlich

**ATTENDANCE:**

**Present:** Susan Brajkovic, Max Bunuan, Susan Ehrlich, Thomas Holton, Will Huen, Valerie Inouye, Shermineh Jafarieh, Aiyana Johnson, Tina Lee, Todd May, Iman Nazeeri-Simmons, Lann Wilder, Troy Williams

**QM/KPO Staff:** Jenny Chacon, Bonita Huang, Emma Moore, Anh Pham, Leslie Safier

**Excused:** Jenna Bilinski, Jay Kloo

**Guests:** Greg Chase, Edith Di Santo, Jennie Farr (for Terry Dentoni), Brandi Frazier, Roger Mohamed (for Margaret Damiano), Ed Ochi, Jose Sanchez

**Absent:** Brent Andrew, Sue Carlisle, Margaret Damiano, Terry Dentoni, Virginia Elizondo, Karen Hill, Jim Marks, Kim, Nguyen, Basil Price, David Woods

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Susan Ehrlich and Will Huen called the meeting to order at 10:05AM.	Informational.
II. Minutes	The minutes of the July 19, 2016 meeting were reviewed by the committee.	The minutes were approved.
III. Policies and Procedures	<p>Cheryl Kalson presented the Policies and Procedures for approval.</p> <p><u>Administrative Policies</u></p> <p><b>Policy-1.-07: Admissions Policy</b> Minor changes.</p> <p><b>Policy-8.03: Patient Hand-off and Report with Safe Communication</b> No changes.</p> <p><b>Policy-8.11: HIPAA Compliance: Authorization for Use and Disclosure of Protected Health Information</b> Changes included requiring approval from the Director of Communications to include photos of patients or identifiable stories in brochures or publications developed by DPH-funded programs.</p>	Policies and Procedures were approved.

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	<p><b><u>Environment of Care (EOC) Policies</u></b></p> <p><b>EOC Policy-5.01: Hazardous Materials and Waste Management Plan</b> Redundant language removed.</p> <p><b>EOC Policy-6.01: Emergency Management Program and Emergency Response Plan</b> Minor changes.</p> <p><b>EOC Policy-8.02: Life Safety Management</b> No changes.</p> <p><b>EOC Policy-9.01: Utilities Management</b> No changes.</p> <p><b>EOC Policy-13.01: Security Management Plan</b> No changes.</p> <p><b>EOC Policy-16.01: Respiratory Protection Program</b> Ed Ochi gave an overview of policy revisions concerning the strict enforcement of prohibition of facial hair when face-fitting respirators are worn. Exemptions will be made for cultural and religious reasons. Council members inquired about the ability to enforce the policy and recommended contacting UCSF about its enforcement of the same policy.</p>	
<p><b>IV. Performance Measures</b></p> <p><b>a. Biomedical Engineering</b></p>	<p>Jose Sanchez presented the department report.</p> <p><b><u>Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>The repair time for non-mission critical equipment was decreased by 50% from 21.8 days to 11.1 days.</li> </ul> <p><b><u>Challenges:</u></b></p> <ul style="list-style-type: none"> <li>Despite being below the industry standard of 5% for equipment not able to be located, ZSFG still has challenges to find missing equipment (addressed in report).</li> </ul>	

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	<p><b><u>Highlights of the Biomedical PI Indicators:</u></b></p> <p><b><i>Safety</i></b>  <u>TITLE: Preventive Maintenance of Medical Equipment</u>  <u>AIM: By July 2016, develop a standard process for managing “Not Located Medical Equipment”.</u>  <u>STATUS: Goal not met.</u></p> <ul style="list-style-type: none"> <li>Although Biomedical Engineering is above the industry standard for equipment not located, it does not have a standardized process managing this process. Council members inquired about the amount and type of equipment that was not located. Jose estimated that there was \$150,000 in missing equipment, which is average for a facility of ZSFG’s size, with a large number of missing sequential compression device (SCDs) due to its small size and mobility.</li> <li>There was a discussion about types of processes that could be used to track smaller equipment, like Aeroscout, and need for a standardized process for management and cleaning of this equipment.</li> </ul> <p><b><i>Quality</i></b>  <u>TITLE: Medical Equipment Repair Turnaround Time</u>  <u>AIM: By July 2016, decrease the turnaround time for the repair of mission critical equipment from 6.6 days to 5 days and non-mission critical equipment from 21.8 days to 10 days.</u>  <u>STATUS: Goal not met.</u></p> <ul style="list-style-type: none"> <li>In FY 15-16, mission critical average repair time dropped to 5.8 days (from 6.6) and non-mission critical dropped to 11.1 days from (21.8).</li> </ul> <p><b><u>Proposed 12 Month Performance Measures:</u></b></p> <p><b><u>DRIVER METRICS</u></b></p> <p><b><i>Care Experience</i></b>  <u>TITLE: Improve Communication Between Biomed staff and Clinical Departments</u>  <u>AIM: Establish monthly meetings with radiology, lab, nursing, and surgery to increase collaboration by July 2017.</u></p> <p><b><i>Financial Stewardship</i></b>  <u>TITLE: Medical Equipment Expense Process</u></p>	<p>Patient Safety to work with Biomedical Services, Nursing and EVS regarding SCD management.</p> <p>Iman Nazeeri-Simmons to contact Aeroscout and IS about the feasibility of adding equipment tracking technology to small medical equipment.</p>

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	<p><u>AIM: Establish process and baseline data to capture medical equipment expenses by July 2017.</u></p> <p><b>WATCH METRICS</b>  <b>Quality</b>  <u>TITLE: Monitoring Preventive Maintenance (PM) compliance for Life-Support Equipment.</u>  <u>AIM: Maintain 100% completion of preventive maintenance for Life-Support equipment, through monthly monitoring of PM status reports, by July 2017.</u></p> <p><b><u>Contract Measures:</u></b>  <u>Contractor: Alcon Laboratories</u>  <u>AIM: By July 2017 eliminate service to decrease equipment service agreement costs by performing services in-house.</u>  <u>Status: In-process.</u></p> <p><u>Contractor: Drager Medical</u>  <u>AIM: By July 2017 eliminate service to decrease equipment service agreement costs by performing services in-house.</u>  <u>Status: In-process.</u></p> <p>There was a discussion about the types of contracts being evaluated to reduce ownership costs. It was recommended to review equipment service, finance and maintenance contracts, held by other departments, to ensure appropriate alignment and oversight by Biomedical Engineering.</p>	Continue to monitor contracts for compliance.
V. Quality Measures Update	<p>Leslie Safier provided an overview of quality measures reporting regulatory reporting requirements.</p> <p><b><u>Highlights of Presentation:</u></b></p> <ul style="list-style-type: none"> <li>• An overview of 11 Quality Reporting programs was given. Depending on the program, ZSFG is paid for reporting data or paid based on the performance of reported data. In addition, ZSFG submits data to the Joint Commission for accreditation purposes.</li> </ul>	

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	<ul style="list-style-type: none"> <li>There is significant overlap between regulatory measures and ZSFG's True North Measures.</li> </ul> <p>Leslie Safier then provided an overview of ZSFG's performance on 2016 Joint Commission Core Measures:</p> <ul style="list-style-type: none"> <li>ICU Prophylaxis and Overall Prophylaxis were retired in Q4 2015 from the Joint Commission Core Measure Set. However, ZSFG has continued to sample cases and report percent compliance, as we have not yet hit targets. Medical Surgical Nursing has selected SCD use as a 2016-2017 driver metric, and SCD use is reported on the ICU monthly scorecard.</li> <li>In November, ZSFG implemented an electronic change in nursing workflow to require vaccination screens prior to discharge. Compliance increased to 84% in Q1 2016. ZSFG's goal for the 2016-2017 flu season is 93%.</li> <li>The psychiatry department set targets for seclusion and restraint data and met their targets in Q1 2016. Hours of physical restraint use decreased to .30 /1,000 patient hours (from .78 – Q4 2015). Hours of seclusion use also decreased to 3.6/1,000 patient hours (from 4.7 – Q4 2015).</li> </ul>	
<b>VI. Environment of Care (EOC) Committee Update</b>	<p>Ed Ochi and Greg Chase provided an overview of the EOC Committee.</p> <p><b>Accomplishments:</b></p> <ul style="list-style-type: none"> <li>The EOC Committee eliminated ongoing flooding committed by a hospital visitor which incurred expenses of ~\$100k over a two year period in Building 5.</li> </ul> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>There has been an increase in the number beds in Building 25 corridors observed from a previous rate of two to three beds a day to an estimated four to eight.</li> </ul> <p><b>Highlights of EOC Committee Update:</b></p> <ul style="list-style-type: none"> <li>In collaboration with the Administrator on Duty (AOD), the Sheriff's Department and Emergency Department (ED) Case Management, a patient visitor was identified as the source of flooding in Building 5.</li> </ul>	<p>Iman Nazeeri-Simmons to contact Jeff Schmidt regarding partnering with Greg Chase on an A3 focused on excess beds and report back at October 2016 meeting.</p> <p>Troy Williams to follow-up with Sheriff's Department</p>

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	<ul style="list-style-type: none"> <li>○ All parties worked together to address the patient's Psychosocial health needs.</li> <li>○ Efforts resulted in elimination of floods due vandalism in Building 5 since mid-March 2016.</li> <li>• An increased number of beds (approximately four to eight beds) are being left in Building 25 corridors violating Life Safety Standards and obstructing the means of egress.</li> </ul> <p>Currently, the EOC Committee is collecting data to track the number of extra beds in corridors. Iman Nazeeri-Simmons recommended that Greg collaborate with Jeff Schmidt (Clinical Operations), Max Bunuan and Terry Saltz (Facilities) in their efforts to address excess beds. There was also a discussion about the role of EOC Committee in promoting the Hospital Smoke Free Campus, which had traditionally been led by the past Safety Officer.</p>	<p>and Ed Ochi to discuss areas of collaboration for enforcing the Hospital Smoke-Free Campus Policy.</p> <p>The EOC Committee to report quarterly to Quality Council.</p>
<b>VII. Regulatory Update</b>	<p>Emma Moore presented the Regulatory update.</p> <p><b><u>Highlights of Regulatory Report:</u></b></p> <ul style="list-style-type: none"> <li>• CDPH Acute Psychiatry Staff: Psychiatry continues to actively recruit and fill open positions related to the Plan of Correction (POC) that resulted from an anonymous complaint regarding staffing ratios.</li> <li>• Joint Commission Stroke Survey: Quality Management continues to collect stroke data to track use of revised stroke activation flowsheet with a 90% target.</li> <li>• Self-Reporting to CDPH Concerning Fireworks Explosion in Building 90: Susan Brajkovic reminded council members to forward drafts of plans resulting from this incident, to Regulatory Affairs, in preparation for an upcoming investigation.</li> </ul> <p>There were questions concerning why the Stroke Certification POC had not met its 90% goal for four months. Emma Moore indicated that the most updated data is currently being collected which must be an overall 90% average. The department has already been close in meeting the target (86%-88%) with the possibility of requesting an extension if the goal is not reached.</p>	<p>Continue monthly regulatory updates.</p>
<b>VIII. Announcements</b>	<p>There were no announcements.</p>	

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Next Meeting	The next meeting will be held September 20, 2016 in 7M30 10:00am-11:30am	