CO-CHAIRS: Will Huen, Susan Ehrlich

ATTENDANCE:
QM/KPO Staff: Jenny Chacon, Bonita Huang, Jessica Morton, Amy Murphy, Anh Pham, Celia Purdy
Excused: Jenna Bilinski, Susan Ehrlich, Thomas Holton, and Todd May
Guests: Kala Garner-Frye, Elaine Dekker, Chef Michael Jenkins, Roger Mohammed (for Margaret Damiano), Francisco Saenz, Corilee Watters
Absent: Brent Andrew, Max Bunuan, Margaret Damiano, Valerie Inouye Tina Lee, Jim Marks, Basil Price

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<tr>
<th>AGENDA ITEM</th>
<th>DISCUSSION</th>
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<tr>
<td>I. Call To Order</td>
<td>Will Huen and Troy Williams called the meeting to order at 10:08AM.</td>
<td>Informational.</td>
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<td>II. Minutes</td>
<td>The committee reviewed the minutes of the November 15, 2016 meeting.</td>
<td>The minutes were approved.</td>
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<td>III. Policies and Procedures</td>
<td>Cheryl Kalson presented the Policies and Procedures for approval.</td>
<td>Policies and Procedures were approved.</td>
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<tr>
<td>Administrative Policies</td>
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<tr>
<td>Policy-3.18: Policy for Admission or Transfer of Critical Care Patients to the Post Anesthesia Care Unit (PACU)</td>
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<td>Minor revisions include updated telephone numbers.</td>
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<td>Policy-6.01: Psychiatric Emergency Services: Condition Red</td>
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<td>Specifies assessment process for patients brought to PES by law enforcement during Condition Red Status.</td>
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<tr>
<td>Policy-8.14: HIPAA Compliance: Policy for Secure Transmission of Protected Health Info. (PHI)</td>
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<td>No changes.</td>
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<td>Policy-9.19: Influenza Vaccine: Staff, Contractors, Volunteers</td>
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<td>Revisions include start dates for masking requirements, to be determined by Occupational Health Services and Infection Control, along with procedures for appropriate mask usage.</td>
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<td>Policy-15.01: Operating Room (OR) Rules and Regulations</td>
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<td>Changes include changing the policy title to “Perioperative and Procedural Services Rules” and updated scheduling processes.</td>
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| **Policy-15.03: Organ and Tissue Donation**  
Changes made to procedures for withdrawing support and organ donation consent process. |  |  |
| **Policy-15.07: Computer Based Training**  
Policy requires the Department of Education and Training (DET) to review all computer based training content to ensure relevant regulatory and/or policy requirements. |  |  |
| **Policy-16.14: Prisoner/Patient: Female Requesting Personal Physician for Pregnancy Related Issues**  
Minor changes. |  |  |
| **Policy-21.07: Universal Protocol for Verification of Surgical and/or Invasive Procedures**  
The policy was tabled at Medical Executive Committee (MEC) for further review. |  | Policy 21.07 to be brought to Quality Council for review once after it receives MEC approval. |
| **EOC Policies**  
**EOC Policy-11.01: Non-Medical and Medical Equipment Management**  
The policy was deferred due to absence of policy owner scheduled to present major policy revisions. |  | Cheryl Kalson to reschedule review of policy 11.01 at the January Quality Council meeting. |
| **IV. Performance Measures**  
a. **Environmental Services (EVS)** | Francisco Saenz presented the department report.  
**Accomplishments:**  
- The dedication of the EVS staff, as evidenced by their participation in various activities to prepare for the move to the new building, was highlighted.  
**Challenges:**  
- Meeting the unanticipated increased staffing needs to meeting the demands of cleaning the new facility was cited as a challenge.  
**Highlights of the EVS PI Indicators:**  
**Care Experience**  
**TITLE:** Patient Satisfaction with Room Cleanliness  
**AIM:** Improve HCAHPS Cleanliness score from 59.4% to 74% by December 2016. |  |  |
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| STATUS: Goal not met. | - The HCAHPS scores for satisfaction with cleanliness from December 2015 to Sept. 2016 was 67.1%.  
- Council members inquired about how patient satisfaction data is shared with staff. Francisco indicated that new hospital technology, like eVideon, has enabled EVS to identify and focus on specific units with lower patient satisfaction cleanliness scores. EVS addresses lower scores through trainings or reallocation of staffing to meet increased cleaning demand. | EVS to continue reviewing cleanliness scores and service recovery data with staff on an ongoing basis. |

**Care Experience**

**TITLE:** Bed turnover  
**AIM:** Reduce the defect rate in room cleanliness from 23% to 0% and total room turnover lead time from 154 minutes to 90 by December 2016.  
**STATUS:** Goal met.  
- Cleaning time is currently averaging 59 minutes, which is below the 90 minute target.  
- Improvement efforts included two Kaizen where standard work was drafted, implemented and validated. During the Kaizen events, 0% defects were observed.  
- Council members commended EVS on their ongoing improvement effort collaborations with Infection Control, Patient Experience, Bed Control and increased cleaning maintenance requirements with the opening of Building 25.  

**Financial Stewardship**

**TITLE:** Reduce Overtime (OT)  
**AIM:** Reduce average of 427 OT hours per pay period in FY 2014-2015 by 50% to < 213 hours per pay period in FY 2015-2016 and sustain reductions in FY 2016-2017 and thereafter.  
**STATUS:** Goal not met.  
- Overall FY2016-2017 through 11/16 averaged 697 OT hours per pay period. This was attributed to unanticipated staff retirements, medical leaves and additional staffing required for the new facility.  

Council members commended EVS on their ongoing improvement effort collaborations with Infection Control, Patient Experience, Bed Control and increased cleaning maintenance requirements with the opening of Building 25.  

Karen Hill to partner with EVS to assess staffing needs for inclusion in next year’s budgeting process and prevent overtime usage.  
EVS to continue monitoring overtime usage and FMLA.
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<tr>
<td><strong>Proposed 12 Month Performance Measures:</strong></td>
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<td>EVS to meet with vendor to identify barriers for meeting contract target and steps for improvement by January 31, 2017.</td>
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<tr>
<td><strong>DRIVER METRICS</strong></td>
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<td><strong>Safety and Quality</strong></td>
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<tr>
<td><strong>TITLE:</strong> Cleaning Quality</td>
<td>AIM: By December 2017, reduce the terminal cleaning defect rate from 23% to 0% at least 95% of the time.</td>
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<tr>
<td><strong>Care Experience</strong></td>
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<tr>
<td><strong>TITLE:</strong> Reduce Patient Wait Time for Available Clean Patient Rooms</td>
<td>AIM: By December 2017, increase the percentage of time total bed turnovers are completed within 90 minutes from October Kaizen flow baseline of 61% to 90%.</td>
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<tr>
<td><strong>Financial Stewardship</strong></td>
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<tr>
<td><strong>TITLE:</strong> Reduce Overtime (OT)</td>
<td>AIM: By December 2017, reduce overtime usage from &gt;600 hours per pay period to 200 hours or less per pay period.</td>
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<td><strong>Contract Measures:</strong></td>
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<td><strong>Contractor:</strong> Bay Area Floor Machine Company</td>
<td><strong>Service:</strong> Housekeeping Equipment Repair</td>
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<td><strong>AIM:</strong> 95% of repairs completed within 10 days of first contact.</td>
<td>Status: Goal not met.</td>
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<td>• The contractor had 85% compliance.</td>
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<td>b. Human Resources (HR)</td>
<td>Karen Hill presented the department report.</td>
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**Accomplishments:**
- HR decreased hiring time from 180 days to 90 days for most classifications.

**Challenges:**
- Although improvement have been made, Human Resources continues to experience hiring delays in various classifications.

**Developing People**
**TITLE:** Improving Hiring Cycle for Registered Nurses
**AIM:** Reduce the number of business days from requisition to hire packets submission for Registered Nurses from 81 to 60 days by June 2017.
**STATUS:** In progress.
- From January to Sept. 2016, the average hiring time from submission of request to hire to start was 81 days.
- Perioperative and Critical Care had the longest recruitment times due to lack of qualified candidates in these specialties and a high cost of living.

There were discussions about the hiring time in comparison to other City departments. Karen Hill indicated that HR continues to analyze hiring data quarterly to identify areas of improvement, such as improving the merit process on an ongoing basis. DPH is the largest City department, with the largest amount of positions to fill. For example, HR annually administers approximately 600 exams to hire through the Merit process. Other improvement efforts included establishing regular meetings with Nursing Managers to discuss and address recruitment needs. Two recruiters were hired which includes one specifically assigned to ZSFG.

**Proposed 12 Month Performance Measures:**
**DRIVER METRICS**
**Developing People**
**TITLE:** Improving Hiring Cycle for Registered Nurses
**AIM:** Improve registered nurse cycle hiring time from 81 to 60 business days.
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| c. Food Nutrition Services (FNS) | Corilee Watters, Chef Michael Jenkins, and Shermineh Jafarieh presented the department report. **Accomplishments:**  
- FNS successfully trained staff and opened a kitchen in the new hospital and is now operating in two facilities (hybrid model).  
**Challenges:**  
- Unanticipated retirements and vacancies impacted staff morale and operations at times.  
**Safety**  
**TITLE:** Adherence to Plan of Correction  
**AIM:** Develop and implement an audit system for monitoring accurate weights with a goal to achieve a baseline of >90% accuracy.  
**STATUS:** Goal met.  
- From August to Sept. 2016, weight accuracy was above 90%.  
- New bed technology in Building 25 now automatically weighs patients daily, which contributed to more accurate monitoring.  
**Patient Experience**  
**TITLE:** Ensure Quality Food and Nutrition Services  
**AIM:** Reduce overall trays and number of preventable (dislike, more food, missing) late trays from 12% to 0% by September 2016.  
**STATUS:** Goal not met.  
- From May-Aug. 2016, late trays increased to 16%; September saw a decrease to 12%.  
- The majority of late trays are due to a new diet order. The launch of a new CPOE provider prompt reduced late order entries from 64% to 47% at Dinner time.  
**Safety**  
**TITLE:** Monthly Food Safety Audit  
**AIM:** Increase number of completed updated daily, weekly, monthly cleaning lists from 86% to 90% by December 2016.  
**STATUS:** Goal not met.  
- 2016 average was 86.6%. | Begin to track time from new diet orders (made after meal cut off time) to when meal is delivered to patient (with a goal of 45 min). |
- Proposed countermeasures include: Incorporation of safety and sanitation topics in weekly supervisor meetings and inclusion of the food safety training into performance appraisals.

Council members inquired about the factors used to assess food safety. Chef Michael and Elaine Dekker (Infection Control) indicated that food safety audits are comprehensive and based on evaluating different processes, which are all weighted equally.

**Care Experience**
**TITLE:** Patient Satisfaction with Food Service and Courtesy of Dietary Staff  
**AIM:** Improve HCAHPS satisfaction scores with foodservice staff courtesy to 70% from 80% by September 2016; improve HCAHPS satisfaction scores with taste of food to 24% from 35% by September 2016.  
**STATUS:** Goals met.
- HCAHPS Scores in July 2016 were: Host Courtesy (83.1%), and Taste of Food (37.8%).
- Improvement efforts included increasing in-patient rounding, ICARE implementation focused on hosts, and increase in food serving size.

**Financial Stewardship**
**TITLE:** Reducing Overtime Labor Cost  
**AIM:** Reduce Overtime costs from 153 hours per pay period to ~150 hours per pay period.  
**STATUS:** Goal not met.
- As of September 2016, overtime hours were ~260 hours per pay period.  
- Unplanned absences, unanticipated retirements and medical leaves contributed to overtime usage.
- Improvement efforts included the development of a FNS A3 focused on Human Resource and instituting a bi-weekly meeting with HR Merit and Operations.

**Proposed 12 Month Performance Measures:**
**DRIVER METRICS**
**Care Experience**
**TITLE:** eVideon Service Recovery  
**AIM:** Decrease the number of eVideon services recovery from <13 per month by 50% by December 2017.

**TITLE:** Staff Courtesy through Patient Rounding  
**AIM:** Increase the patient satisfaction with staff courtesy from 85% to 90% by December 2017.
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| TITLE: Food Taste through Patient Rounding  
AIM: Increase the patient satisfaction with the taste of food from 65% to 70% by December 2017. | | |
| TITLE: HCAHPS Staff Courtesy  
AIM: Increase HCAHPS patient satisfaction scores with staff courtesy from 71% to 80% by December 2017. | | |
| TITLE: HCAHPS Food Taste  
AIM: Increase HCAHPS patient satisfaction scores with taste of food from 28% to 37% by December 2017. | | |
| **Care Experience**  
TITLE: Timeliness of Meal Delivery  
AIM: Decrease the timeliness of meal delivery from 70 minutes from order to 45 minutes by December 2017. | | |
| **Developing People**  
TITLE: Employee Satisfaction Survey  
AIM: Reduce the number of staff who respond “Strongly Disagree” (17%) on the employee satisfaction survey to 10% or below by December 2017. | | |
| **Safety**  
TITLE: Workplace Injuries  
AIM: Decrease the number of workers compensation approved claims from 23 injuries to <6 by December 2017. | | |
| **Financial Stewardship**  
TITLE: Reducing Overtime Labor Cost  
AIM: Reduce Overtime costs from 256 hours per pay period to less than 150 hours per pay period by December 2017. | | |

Shermineh Jafarieh indicated that Developing People and Decreasing Staff Injury metrics are the highest FNS priorities.
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</table>
| **Contract Measures:** | **Contractor:** U.S. Foods Vizient Contract  
**Service:** Food, Product and technical support related to ordering and Food nutrient analysis  
**AIM:** 100% Delivery timeliness, order accuracy and freshness.  
**Status:** Goals met for timeliness and Goal not met for freshness and accuracy.  
  - Freshness and accuracy results were 95%.  
  - FNS is evaluating alternate fresh produce supplier | Continue ongoing monitor contracts for compliance. |
|  | **Contractor:** Berkeley Farms  
**Service:** Milk Delivery  
**AIM:** 100% of order delivered on time.  
**Status:** Goal not met.  
  - 95% compliance. |  |
|  | **Contractor:** Fresh and Ready Foods  
**Service:** Retail items and Patient Turkey and Roast Beef Wheat Sandwich  
**Measure:** Delivery  
**AIM:** 100% of order delivered on time.  
**Status:** Goal met. |  |
|  | **Contractor:** CBORD Group, Inc.  
**Service:** Software Maintenance, Technical Support: Education and Training PRN Software licenses  
**AIM:** 100% of contact within 60 minutes of service call.  
**Status:** Goal met. |  |
|  | **Contractor:** Blossom Foods  
**Service:** Frozen pureed food.  
**AIM:** 100% of orders will be delivered on time.  
**Status:** Goal met. |  |
| V.  | **2014 and 2015 Staffing Adequacy Reports** | The Staffing Adequacy report was approved.  
**Jenny Chacon** presented the Staffing Adequacy update for Calendar Years 2014 and 2015.  
**Highlights of Staffing Adequacy Report:**  
  - This is an annual process to meet Joint Commission requirements for ZSFG leadership to review and assess staffing adequacy analyses and action plans. |
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|             | • In 2014 six departments included staffing adequacy analysis in their annual PIPS or Quality Council reports. In 2015, five departments reported staffing inadequacies.  
• Some inadequate staff coverage trends identified were related to: Adequate staff coverage to meet 24 hour/7 days a week operations, hiring delays, and lack of capacity to focus on performance improvement.  
• All actions outlined in each department’s action plan were addressed which included reallocation of staff roles to meet improvement needs and implementation of LEAN activities to begin to improve and track the hiring process. | The 2016 Annual Adequacy report to be presented in early 2017. |
| VI. Annual Department of Education and Training (DET) Course Review/Approval | Kala Garner presented the 2017 Annual Education Course requirements for both Clinical and Non-Clinical Staff for approval.  
**Highlights of DET Course Review:**  
There was a discussion about duplicative courses taken by Courtesy Staff working at UC campuses and ZSFG. Currently, ZSFG does not have access to the UC data to verify course completion needed to document regulatory compliance. DET is working with the Dean’s office on addressing this issue. An A3 is being developed on preventing course duplication and will be presented to the Medical Executive Committee. | The 2017 Educational Course List was approved. |
| VII. Infection Control Update | Elaine Dekker presented the Infection Control Update.  
**Highlights of Infection Control Update:**  
• This was a follow-up from the July 2016 meeting. Infection control was asked to further investigate clinical staff concerns around environmental issues impacting patient care, employee safety and infection prevention measures in the new building (e.g. water temperature, not strategically placed alcohol-based hand sanitizers, etc.).  
• Results from a Plan Do Study Action (PDSA) improvement cycle consisting of staff observations revealed that the frequency of staff concerns decreased due to: 1) Staff adapting to new environment and; 2) Identified Concerns were effectively being resolved at the unit level.  
• Improvement efforts will focus on improving communication between units on simultaneous efforts.  
There were also discussions about the oversite of the Endoscopic scope cleaning and concerns about potential vulnerabilities for the upcoming regulatory surveys. Elaine Dekker provided an overview of countermeasures being implemented to ensure a standardized process for cleaning of these scopes and improving inventory tracking. | Elaine will send email to units to verify Endoscopic Scopes inventory and cleaning processes. |
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<td>Terry Dentoni will present a plan to ensure infection control procedures for cleaning of Endoscopic scopes at the January Quality Council meeting.</td>
<td>Continue monthly regulatory updates.</td>
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<td>VIII.</td>
<td><strong>Regulatory Update</strong></td>
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<td>Jay Kloo presented the Regulatory update.</td>
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<td><strong>Highlights of Regulatory Report:</strong></td>
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<td>• The Children’s Vaccine Program was surveyed in November and had no deficiencies.</td>
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<td>• The Joint Commission Consultative Intra-Cycle Monitoring Survey is scheduled for February 1-3, 2017.</td>
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<td>IX.</td>
<td><strong>Announcements</strong></td>
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<td>There were no announcements.</td>
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<td>Next Meeting</td>
<td><strong>The next meeting will be held January 17, 2017 in 7M30 10:00am-11:30am</strong></td>
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