

Quality Council Minutes
June 17, 2014

Attendance: Jenny Chacon, Lillian Chan, Margaret Damiano, Terry Dentoni, Thomas Holton, William Huen, Valerie Inouye, Shermineh Jafarieh, Kathy Jung, Jay Kloo, Todd May (Co-Chair), Anson Moon, Sue Schwartz, Lann Wilder, Troy Williams.

Excused: Sue Carlisle, Sue Currin (Co-Chair), Aiyana Johnson, Elaine Lee, Tina Lee, Iman Nazeeri-Simmons, Cathryn Thurow, Shannon Thyne, David Woods.

Guest(s): Martha Castellanos, Andy Chau, Joseph Clement, Lisa Golden, Sara Jeevanjee, Cheryl Kalson, Juliana Oronos, Gillian Otway, Trevor Pearson, Louis Vizcarrondo.

TOPIC	DISCUSSION	ACTION
I. ADMINISTRATIVE	<ul style="list-style-type: none"> • Todd May chaired the meeting. • The minutes of the May 20th meeting were presented for approval. 	<p>Minutes approved with changes. Utilization Management (UM) update moved to July Executive Staff meeting.</p> <p>UM measure on LLOC patients – description of measure will be verified and corrected in minutes.</p>
II. POLICIES AND PROCEDURES	<p>The following policy and procedures were presented by Cheryl Kalson, Administrative Policies Coordinator.</p> <p><u>Policy 8.27- Reporting a Privacy Breach</u> Clarifies SFGH's responsibilities in responding to a potential or actual privacy breach by providing additional definitions, reporting responsibilities, and clarification of Privacy Officer's role.</p> <p><u>Policy 13.01- Media/Press Guidelines for SFGH</u> Minor changes made such as the Chief Communications Officer required to update the DPH Director of Communications on media issues that impact the SF Health Network or the Population Health Departments.</p> <p><u>Policy 16.12- Patients Placed on Psychiatric Holds in a Non-psychiatric Setting</u> Changes made clarify the role of physicians when requesting or continuing a psychiatric hold on patients in non-Psychiatric settings (e.g., Emergency Dept., inpatient units, and Ambulatory Care clinics).</p>	<p>All policies approved.</p>

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<p>III. LANGUAGE ACCESS UPDATE</p>	<p>Dr. Sara Jeevanjee and Sue Schwartz provided an update on Language Access Task Force activities. Recent efforts include:</p> <ul style="list-style-type: none"> • Expansion of Video Medical Interpretation (VMI) and telephonic interpretation in all SFGH outpatient and inpatient settings; • Appointment reminders letters in English, Spanish, Chinese; • Developing medication prescription labels in multiple languages. <p>Dr. Jeevanjee also highlighted inpatient initiatives to improve patient access to interpreter services which include:</p> <ul style="list-style-type: none"> • Unit 5A pilot on expanding access to interpreter services which includes: <ul style="list-style-type: none"> ○ Adding four additional polycom phones; ○ Testing standard work for new patient admission interpreter orientation and providing cue cards for patients; ○ Added preferred language to bedside whiteboard; ○ Gathering patient experience data from limited English proficiency patients (LEP) about interpreter services – 24 surveys completed showing overall satisfaction with interpreter services pre- pilot; ○ Surveying clinical staff on experience and practices caring for LEP patients. <p>Council members inquired about staff’s ability to obtain bilingual certification and the quality of skills represented by such certification. Potential privacy breaches related to use of Polycoms in non-private areas was discussed, along with the viability of using dual handsets. It was noted that some cases reviewed by Risk Management (RM) Committee include limited English as a potential factor in care issues. The committee recommended continuation of the task force and discussion of RM cases as appropriate to inform language access improvement.</p>	<p>Sue Schwartz to forward follow-up issues to Bruce Occena, David Dao and Aiyana Johnson regarding status of Bilingual certification testing process and potential of using more dual handset phones.</p> <p>Sue Schwartz to work with Alice Chen to plan future task force meetings and agenda.</p>

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<p>IV. SMOKING CESSATION UPDATE</p>	<p>Joseph Clement provided an update on the Inpatient Tobacco Treatment Program (ITTP). He introduced Martha Castellanos, new Inpatient Tobacco Treatment Counselor.</p> <p>Identification and Inpatient Visit (Patient Volume and Visit Rate) Goal: 100% of tobacco using patients are visited by ITTP staff.</p> <ul style="list-style-type: none"> • Visit rate is 58%. • Documentation, record keeping, and data collection processes redesigned between October and December 2013. Full implementation Q1 2014. <p>Reduction in staff by two-thirds (from three to one fulltime contracted staff) due to positions vacant from winter 2013 – May 2014 was identified as a challenge for meeting visit rate goal.</p> <p>Provide Nicotine Replacement Therapy (NRT) while Inpatient Goal: 100% of tobacco user patients either receive medication or are offered and refuse/decline it.</p> <ul style="list-style-type: none"> • Results: Improvement rates from 40% to 81%, for the first five months of 2014, of SFGH patients who either receive medication or are offered and refuse/decline it. • Pre-2014 data was difficult to use for comparison because of changes made in data definitions and structure. • Nicotine replacement is currently received by ~ 45% of tobacco users. <p>Provide Cessation Meds on Discharge Goal: 100% of tobacco user patients either receive cessation medication or are offered and refuse/decline it.</p> <ul style="list-style-type: none"> • 15-23% of tobacco users were discharged on nicotine replacement during the first five months of 2014. • Many patients receiving NRT as inpatients are not appropriate for outpatient treatment since they are not prepared to quit. <p>Referral to Outpatient Counseling Goal: 100% of tobacco using patients receive or are offered and refuse a referral.</p> <ul style="list-style-type: none"> • 83% of patients discharged receive or refuse counseling. • Currently, patients are referred to the CA Smoker’s Helpline and SFGH Stop Smoking class. 	<p>Continue to work on improving visit rate.</p> <p>Conduct further analysis to understand barriers to ordering NRT as discharge medication.</p> <p>Analysis needed to better understand patterns of all referral types and increase delivery of outpatient services.</p>

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SMOKING CESSATION UPDATE (CONT'D)	<ul style="list-style-type: none"> • Limited data available from Helpline on patients consenting to online referral vs. SF Stop smoking program, which provides class attendance data. <p>There was a discussion on the challenges of ensuring discharged patients eligible for outpatient services were linked to tobacco cessation programs given their lack of a primary care home or cognitive impairments. Dr. Lisa Golden suggested linking discharged patients (with Medical Homes) to behaviorists who provide cessation counseling within the primary care clinics.</p> <p>Long Term Outcomes</p> <ul style="list-style-type: none"> • Quit data unavailable with current data sources. • On-campus classes not accessible due to frequency of classes, location, time, language, and mail access for SFGH referred patients. <p>Joe Clement discussed efforts to increase number of patients seen by integrating data from outpatient care and changing data collection practices to align with national standards to provide more meaningful referrals.</p>	<p>Shermineh Jafarieh to contact Susan Scheidt, Behavioral Services, regarding collaborating with behaviorists for outpatient/inpatient Tobacco Cessation efforts.</p>
V. CPOE/ORDERS PERFORMANCE IMPROVEMENT PROJECT	<p>Sue Schwartz, Director of Performance Improvement, updated the group on the CPOE/Orders Performance Improvement project which was a Plan of Correction from November 2013. Activities to date include:</p> <ul style="list-style-type: none"> • Gathering baseline data on current CPOE ordering and Nursing workflow process; • Audits of physician order communication and completion; • Identifying improvement ideas to prevent errors in the order communication process, etc. <p>Solutions to increase reliable communication identified were: 1) Transfer pathway to reduce need to re-write orders; and 2) Developing standard work for orders.</p> <p>Council members discussed the limitations of our current medical record technology and the continuing reliance on paper communication. This adversely impacts mistake-proofing efforts around the physician order process. The committee identified this as a Regulatory and patient safety vulnerability due to the limitations of our hybrid medical record.</p>	<p>Potential serious patient safety concerns discussed relating to CPOE workflow. Specific issues referred to MEC through PIPS for further discussion and action.</p>

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<p>VI. BIG AIMS PROGRESS</p>	<p>Dr. Lisa Golden, SF Network Director of Performance Improvement, updated the group on progress with the Big Aims program which is a mandate from the California Association of Public Hospitals (CAPH). All 21 California public hospitals are currently working toward achieving HEDIS 90th percentile targets for the following population health measures:</p> <ul style="list-style-type: none"> • Increasing Breast Cancer Screening to 76.6% • Increasing Diabetes Care Cholesterol – LDL <100 mg/dL to 62.2% <p>Overall accomplishment of the Mammography and LDL Improvement groups include:</p> <ol style="list-style-type: none"> 1. Understanding current status of improvement efforts in SFDPH 2. Identifying the barriers and challenges to screening 3. Strategizing on big bucket interventions: <ul style="list-style-type: none"> -Centralized work: (i.e., standing orders, phone bank outreach event, scheduling options, etc.), -Local work at each health center/departmental level (i.e., workflows). <p>Mammography Screening Rate Improvement Efforts Current SFGH mammography screening rate is 75.3% Improvement efforts include:</p> <ul style="list-style-type: none"> • Population Health Approach to Referrals; • Expanding Patient Centered Access: Examples include Radiology/Primary Care pilot to increase access through weekend and evening appointments; • IT Reports: Efforts include expand patient letter notification from age 50-74 year age and report missed opportunities to order mammograms; • Other improvement efforts include addressing health disparities such as improving breast cancer screening among the African-American population. 	<p>Pilot drop-in Fridays for mammography screening to include testing workflow for GMC/FHC/PHHC starting June 2014.</p> <p>Radiology to re-organize mammography department and rooms to allow for increased slots and capacity.</p>

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BIG AIMS PROGRESS (CONT'D)	<p>LDL Cholesterol Areas for Improvement</p> <p>Current SFGH LDL Cholesterol Screening is 47.1%. Improvement activities include:</p> <ul style="list-style-type: none"> • Training: New Guidelines • Lab Screening (Increase screening and capacity) • Team based care (Pharmacy Led Panel Management) <p>There was a discussion from council members about the additional effort to further increase access to meet unmet demands and decrease now shows.</p>	Providers to be trained on new treatment algorithm recommendations.
VIII. ANNOUNCEMENTS	<ul style="list-style-type: none"> • Sherminah Jafarieh, Director of Wellness, announced the upcoming Summerfest Festival scheduled for Friday, June 20th from 11AM-2PM in the cafeteria. • Tom Holton, Patient Safety Officer, announced that the new Culture of Safety survey to begin July 7th. 	
NEXT MEETING	July 15, 2014, 2A6	