San Francisco General Hospital & Trauma Center
Quality Management Department
Regulatory Affairs Status Report: **MARCH 2015; RED: Updates/additions**

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I. PENDING SURVEYS

A. Triennial Hemodialysis (Fire, Life and Safety) Survey (Ward 17)–any day
B. California Department of Public Health (CDPH) Validation Survey of Joint Commission Accreditation Survey—Unannounced
C. The Joint Commission 2015 Biannual Laboratory Accreditation Survey—by July 2015
D. The Joint Commission 2015 Disease-Specific Certification (DSC) Survey: Stroke & Traumatic Brain Injury (TBI) Program—as early as June 2015

II. COMPLETED SURVEYS

- No notable surveys conducted in March 2015

III. PLANS OF CORRECTIONS: Reports & Updates

A. California Department of Public Health (CDPH): Plan of Correction, Privacy Breach (A.A., MD Impostor)

California Department of Public Health (CDPH): Plan of Correction [Received February 2015]		
Action Item(s):	**Update(s):**	**Target Completion Date:**
• The Director of Security for SFDPH is currently in the process of updating the Security Services' Standard Operating Procedures (SOP) titled *Identification of Employee, Visitors, and Patients*. The revised SOP now includes a process for staff and visiting professionals to obtain a temporary identification badge through the SFSD Security Operations Center (SOC). *In alignment with corresponding SFGH Administrative Policy 9.15*	• Continuing through committee aproval process.	• April 2015
• The Director of Security for the San Francisco Department of Public Health (SFDPH) purchased new equipment for the SFSD SOC that will enable the SFSD staff working in the SOC the ability to temporarily issue identification badges for staff and visiting professionals on campus without SFGH-issued identification	• Equipment received, to be installed, and training to be implemented upon full approval of proposed policy & procedures • See *roll-out education plan* action item	• April 2015
• The Director of Security for the San Department of Public Health (SFDPH) is initiating a roll-out education plan regarding the new procedure for issuing temporarily issue identification badges for staff and visiting professionals on campus without	• Plan & curriculum in process of development	• Initiating late March 2015 • Pending scope of plan

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SFGH-issued Identification.		
• **Patient Safety** rounds are conducted twice per month and will now include checking that visiting professionals have appropriate visible identification badges.	• Tracking methodology being developed and trialed	• March - April 2015 • Monitoring per plan of correction.
• **Environment of Care (EOC)** rounds are conducted twice per month and will now include checking that visiting professionals have appropriate visible identification badges.	• Tracking methodology being developed and trialed	• March - April 2015 • Monitoring per plan of correction.
• The UCSF Dean's Office will collect and compare records of individuals arriving on SFGH campus as a part of a UCSF shadow program with the SFSD Security Operations Center (SOC) temporary badge log kept at the SOC.	• Tracking methodology being developed and trialed	• March - April 2015 • Monitoring per plan of correction.

B. Office of Civil Rights (OCR) DOCUMENT REQUEST ONLY (2014 Follow-up)

Office of Civil Rights (OCR) Document Request [Received February 2015]		
Action Item(s):	**Update(s):**	**Target Completion Date:**
• Provide evidence that SFGH conducts a review of census or other community data to determine the number of LEPs actually eligible to receive services in SFGH's service area.	• Reviews and compares the following: U.S. Census Bureau, American Community Survey (ACS) Demographic and Housing Estimates data specific to San Francisco County, California Various demographic data, including primary languages) on patient population served in SFGH from prior years	• March 2015
• Update SFGH's Language Services Policy to require that staff members, including Medical Staff, who speak a language other than English must have their competence in that language assessed before providing language services to LEPs. In the policy, please provide for appropriate sanctions for workforce	• Policy updates and subsequent roll-out plan in progress.	• March 2015 – April 2015

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members who fail to comply with the requirement. Please provide a copy of the materials used in the assessment.		
• Update SFGH Admin Policy 5.14 *Patient/Family Education* to identify and highlight key metrics used to evaluate patient satisfaction and other quality improvement studies.	• Updated policy undergoing approval processes. • Formation & implementation of evaluation measures in process.	• March 2015 – April 2015
• Make basic hospital information available on SFGH website in commonly encountered LEP languages, or provide a number for LEP's to call for this information.	• In process.	• March 2015 – April 2015
• Update respective privacy policies to contain the following: o Requirement that workforce members respond to access requests within 30 days of receipt o Provide a procedure for workforce members to request additional retrieval time if the PHI requested is of-site o Contain provisions which would permit a patient to specify the time and manner of their access o Contain provisions establishing a procedure for denials of access requests. o Provide an accompanying fee schedule, showing the average amount, per unit, of potential fees. o Mention the requirements of notice to Health and Human Services (HHS), the individual, and notice to the media	• Respective policies in process of being updated.	• March 2015

C. California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction

California Department of Health Care Services (DHCS) MediCal Audit: Plan of Correction [Received May 2014]#		
Action Item(s):#	**Update(s):#**	**Target Completion Date:#**
• California Department of Health Care Services (DHCS) MediCal Audit: Acute Psychiatry Plan of Correction	• **Psychiatry Chart Review Global Error Rate:** 2% (January 2015) • Reviews have moved to a quarterly schedule with the next Global Error Rate to be reported in April 2015.	• Per plan of correction compliance requirement