

QUALITY COUNCIL
July 19, 2016

CO-CHAIRS: Will Huen, Susan Ehrlich

ATTENDANCE:

Present: Susan Brajkovic, Max Bunuan, Terry Dentoni, Virginia Elizondo, Thomas Holton, Will Huen, Valerie Inouye, Jay Kloo, Tina Lee, Todd May, Iman Nazeeri-Simmons, Lann Wilder, Troy Williams, David Woods

QM/KPO Staff: Jenny Chacon, Anh Pham, Leslie Safier, Michael Zane

Excused: Margaret Damiano, Susan Ehrlich, Brandi Frazier

Guests: Elaine Dekker, Yvonne Lowe, Roger Mohamed (for Margaret Damiano), Jessica Wagner

Absent: Brent Andrew, Jenna Bilinski, Sue Carlisle, Jeff Critchfield, Karen Hill, Aiyana Johnson, Sherminah Jafarieh, Ravi Mehta, Basil Price

AGENDA ITEM	DISCUSSION	DECISION/ACTION
I. Call To Order	Will Huen and Troy Williams called the meeting to order at 10:05AM.	Informational.
II. Minutes	The minutes of the June 21, 2016 meeting were reviewed by the committee.	The minutes were approved.
III. Policies and Procedures	Cheryl Kalson presented the Policies and Procedures for approval. <u>Administrative Policies</u> Policy-18.03: 7th Floor Garden Space Use for Special Events This is a new policy which outlines the intent, logistics and restrictions for using 7 th floor garden in Building 25.	Policy 18.03 approved.
IV. Performance Measures a. Health Information Services (HIS)	Philip Katzenberger presented the department report. <u>Accomplishments:</u> <ul style="list-style-type: none"> • HIS cited analyst collaboration with Medical Leadership to improve the medical record chart completion rate as an accomplishment. <u>Challenges:</u> <ul style="list-style-type: none"> • Reducing Duplicative Medical records and Ensuring Diagnosis Accuracy were cited as potential challenges. 	

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	<p>Highlights of the HIS PI Indicators:</p> <p>Safety</p> <p><u>TITLE: 2015 Timely Access to Medical Record Documents</u> <u>AIM: By June 2016, increase the number of documents scanned and available within 72 hours from 34% to 85%.</u> <u>STATUS: Goal met.</u></p> <ul style="list-style-type: none"> • As of July 2016, 85.2% of documents were scanned and available within 72 hours. • Improvement efforts included the development and implementation of new policies and procedures, scanning pilot, and development of tracking tool. <p><u>TITLE: 2015 Adherence to Joint Commission regulatory Standards for Provider Chart Completion (Date, Time, Signature)</u> <u>AIM: Increase chart completion (Date, Time, Signature) from 90% to 95% by June 2016.</u> <u>STATUS: Goal not met in all areas.</u></p> <ul style="list-style-type: none"> • Overall compliance rate was 94% for six chart completion areas. • Implementation of Salar Teamnotes has led to significant increases in provider chart completion. Trauma teamnotes implementation is planned for September 2016. <p><u>TITLE: 2015 Employee Scanning Education and Training</u> <u>AIM: Train 100% of current staff to scan and develop baseline to meet industry standards for scanning errors by June 2016.</u> <u>STATUS: Goal met.</u></p> <ul style="list-style-type: none"> • 100% of staff trained (20/20). • Baseline data for scanning error rate was 0.13%. <p>Proposed 12 Month Performance Measures: DRIVER METRICS</p> <p>Safety</p> <p><u>TITLE: 2016 Reducing Duplicate Medical Records</u> <u>AIM: By July 2017, reduce duplicate medical rate from 14,300 to 7,000.</u></p>	<p>Continue training, monitoring, and piloting processes for maintaining 85% completion of scanning within 72 hours.</p> <p>HIS will continue ongoing monitoring of standard work, record review chart completion rates and report results to Medical Executive Leadership.</p>

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	<p>There were questions about countermeasures to decrease duplicative records. Valerie Inouye indicated that an A3 was being developed on this issue. Philip provided an overview of possible technologies currently being evaluated to prevent duplication (e.g. handprint) and clinical provider training as possible countermeasures.</p> <p><u>TITLE Joint Commission Chart Completion Compliance Provide Rate (Date, Time, Signature).</u> <u>AIM: By July 2017, increase Joint Commission Chart Completion Compliance Provide Rate (Date, Time, Signature) from 90% to 95%.</u></p> <p><i>Financial Stewardship and Quality</i> <u>TITLE: 2016 Accurate Diagnosis and Procedure</u> <u>AIM: By July 2017, decrease diagnosis related group (DRG) errors by 50% from 47 to 24.</u> The first quarterly audit after ICD-10 implementation revealed accuracy to be within the lower mid-range in comparison to other hospitals. This was attributed to the specificity of coding required in ICD-10 for diagnoses. Committee members emphasized the importance of coding and accuracy for value based purchasing. HIS is focusing on appropriate coder training as well as department specific training. These ongoing audits will enable HIS to track areas of improvement.</p> <p>WATCH METRICS <i>Developing People</i> <u>TITLE: Scanning Employee Education and Training</u> <u>AIM: Ensure 100% of employees are trained on new scanning process.</u></p> <p><i>Safety</i> <u>TITLE: Documents Scanned Into Medical Record Within 72 hours</u> <u>AIM: 85% of documents will be scanned into medical record within 72 hours.</u></p> <p><i>Contract Measures:</i></p>	<p>Proposed 12 month performance measures approved.</p>

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	<p><u>Contractor: Source Corp Deliverx Services</u> <u>AIM: 100% of charts will be delivered within one hour.</u> <u>Status: Goal not met (99%).</u></p> <ul style="list-style-type: none"> • Advance notice given by contractor concerning delays due to traffic (8) and mechanical failure (1). <p><u>Contractor: Clintegrity 360</u> <u>AIM: Systems downtimes will be <9 and response time will not be >24 hours.</u> <u>Status: Goal met.</u></p> <p><u>Contractor: Nuance Transcription</u> <u>AIM: Reports will be transcribed within industry standard times for 98% of cases.</u> <u>Status: Goal met.</u></p> <p><u>Contractor: IDS</u> <u>AIM: The Requests for medical records turnaround time will be within three to 10 days for 98% of requests.</u> <u>Status: Goal met.</u></p> <p><u>Contractor: Salar</u> <u>AIM: Number of unscheduled downtimes will be <9 and response time will be <24hours.</u> <u>Status: Goal met.</u></p> <p><u>Contractor: IMO</u> <u>AIM: Number of unscheduled downtimes will be <3 and response time will be <12hours.</u> <u>Status: Goal met.</u></p>	Continue to monitor contracts for compliance.
V. A3 Status Report Update: Preventing Hospital Onset <i>C.difficile</i> (HO-CDI)	<p>Jessica Wagner and Elaine Dekker presented the A3 Status Report on Preventing Hospital Onset <i>C.difficile</i> (HO-CDI).</p>	

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	<p><u>Accomplishments:</u></p> <ul style="list-style-type: none"> • Increased Medical Staff engagement in CDI prevention efforts resulted from involvement of Critical Care leadership and Care Experience in A3 development, as well as Medical Students sharing results of their observations of Personal Protective Equipment (PPE) compliance with other providers. <p><u>Challenges:</u></p> <ul style="list-style-type: none"> • Ensuring compliance with clinical hand-washing for both nursing and provider staff remains challenging. <p><u>Highlights of Status Report Presentation:</u> <u>AIM: Reduce the number of cases of HO-CDI illness from 56 case in FY14-15 to 42 cases in 12 months and 28 cases within three years.</u> <u>Status: In progress.</u></p> <ul style="list-style-type: none"> • FY15-16 has seen a 15% increase of HO-CDI cases compared to FY14-15. • Areas of improvement included: <ul style="list-style-type: none"> ○ Increasing hand hygiene compliance rates among clinicians; ○ Tracking the use of procalcitonin testing in critical care and through provider education on tool to determine if antibiotics are needed; ○ Standardizing PPE access for staff caring for isolation patients. • Medical Student Observations showed physician compliance with appropriate hand hygiene at 73.9% and nurse compliance at 50% out of a goal of 95%. Appropriate hand hygiene for CDI patients includes hand washing with soap and water; alcohol-based hand hygiene products are ineffective against spores. • Proposed countermeasures include working with infection control liaisons to increase hand hygiene compliance and creation of handwashing visual cues in CDI rooms. Previous data collection was in building 5 where the sinks were not conveniently located compared to Building 25, which has strategically placed sinks, with plans to conduct follow-up observations. 	<p>Infection Control to develop handwashing standard work.</p> <p>Elaine Dekker to contact Leslie Holpit regarding nursing engagement in planning for standardization of PPE room locations and supply of PPE materials.</p>

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	<p>Council members discussed possible contributing factors for increased HO-CDI such as inconsistencies in hand hygiene practice, location and availability of PPE in Building 25 rooms, and appropriate PPE supply cart stocking. Elaine Dekker indicated that Infection Control is working with Facilities, through the Environment of Care (EOC) Committee, to standardize the location of PPE in Building 25 rooms.</p> <p>Other countermeasures included an Antimicrobial stewardship pilot to obtain a list of all patients at admission, who previously had CDI to counsel on the use of antibiotics. If Additionally, if the identified patient has a previous CDI positive in the past 6 months, Infection Control will send an email to the attending physician to alert the team of the possibility of CDI recurrence.</p>	<p>Infection Control to provide an update on plan to relocate and standardize the location of infection control items in Building 25 at the October 2016 Quality Council meeting.</p>
<p>VI. Regulatory Update</p>	<p>Jay Kloo presented the Regulatory update.</p> <p>Highlights of Regulatory Report:</p> <ul style="list-style-type: none"> • CDPH Triennial hemodialysis Survey (Ward 17): The recent survey was successful with only three minor deficiencies noted. The Plan of Correction was completed and awaiting final approval by hospital executive staff. • Joint Commission Stroke Program Certification: The Regulatory Affairs team is working with Stroke to develop counter-measures for meeting documentation targets of 90%. • Joint Commission Intracycle Monitoring (ICM) Process: ICM application submitted for consultative survey. 	<p>Continue monthly regulatory updates.</p>
<p>VIII. Announcements</p>	<p>There were no announcements.</p>	
<p>Next Meeting</p>	<p>The next meeting will be held August 16, 2016 in 7M30 10:00am-11:30am</p>	