



**San Joaquin County Clinics (SJCC) Quality Sub-Committee
Minutes of August 27, 2019 Meeting**

**San Joaquin General Hospital (SJGH)
Conference Room 1A&B
French Camp, CA**

Present

Alicia Yonemoto; Esgardo Medina; Rod Place; Alice Soulligne; Betty Jo Riendel; Carla Bomben; Dena Galindo; Dr. Farhan Fadoo; Erin Franklin; Rajat Simhan; Reylene Nichols; Rohini Mehta; Adelé Gribble

1. Call to Order

The meeting was called to order by Alicia Yonemoto at 3:04 p.m.

2. Approval of Minutes from May 28, 2019

All present board members unanimously approved the minutes from May 28, 2019.

3. Clinical Quality Report (Dena Galindo)

Dr. Fadoo advised as Dena Galindo has moved over into the Phone Center and the Quality Function that Dena was fulfilling has been moved over to a different team. Reylene Nichols will be leading that team along with Rohini Mehta. Rajat Simhan is overseeing Quality and Compliance for the Ambulatory Care Services. Dena will be giving the report today but going forward Reylene will be presenting.

Reporting Period 01/01/2019 – 6/30/2019

SJCC Clinical Performance Indicators -- Summary Dashboard						
Measure		Q 2 2019	Q 1 2019	Target	Benchmark Source	Reference
DM A1c Control	Outcome	37.14% Y	35.71% Y	37.75%	HEDIS - 2017 DHCS MCMC Average	NQF 0059
CVD BP Control	Outcome	67.55%	61.52%	66.88%	PRIME DY 13 Target	NQF 0018
Pap Screening	Process	57.14% Y	55.71% Y	56.67%	UDS National Data 2017	NQF 0032
Prenatal Care in 1st Trimester	Process	65.39%	64.95%	77.90%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	8.02%	10.14%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	42.85% Y	38.57% Y	70.70%	HEDIS CIS - 2017 DHCS MCMC Average	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	75.71% Y	97.14% Y	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	61.42% Y	72.86% Y	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	32.85% Y	40.00% Y	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	87.94%	86.91%	87.50%	UDS National Data 2017	NQF 0027
Asthma Pharmacological Therapy	Process	91.42% Y	94.29% Y	86.62%	UDS National Data 2017	NQF 0047
CVD Lipid Therapy	Process	80.00% Y	87.14% Y	85.00%	SJCC Local Target	CMS 347
IVD Aspirin Therapy	Process	82.85% Y	94.29% Y	79.27%	UDS National Data 2017	NQF 0068
Colorectal Cancer Screening	Process	68.57% Y	51.43% Y	47.92%	PRIME DY 13 Target	NQF 0034
HIV Linkage to Care	Process	100.00%	100.00%	84.52%	UDS National Data 2017	UDS 6B
Depression Screening and Follow-up	Process	64.59%	64.29% Y	84.54%	PRIME DY 13 Target	NQF 0418
Abbreviations						
A1c: Glycosylated Hemoglobin	HP2020: Healthy People 20/20					
BP: Blood Pressure	HEDIS CIS: Healthcare Effectiveness Data Information Set Childhood Immunization Status					
DM: Diabetes Mellitus	DHCS: Department of Health Care Services					
CVD: Cardiovascular Disease	MCMC: Managed Care Medi-Cal					
BMI: Body Mass Index	CMS: Centers for Medicare and Medicaid					
CAD: Coronary Artery Disease	PCMH: Patient-Centered Medical Home					
IVD: Ischemic Vascular Disease	PRIME: Medicaid Waiver 2020 (Public Hospital Redesign & Incentives in Medi-Cal)					
UDS: Uniform Data System	NQF: National Quality Forum					
Specifications						
DM A1c Control	Patients age 18-75 (1 visit) with DM whose most recent HbA1c level during the measurement year is >=9 %					
CVD BP Control	Patients age 18-85 (1-2 visits) with HTN whose most recent blood pressure level during the measurement year is systolic < 140 mmHg AND diastolic < 90 mmHg					
Pap Screening	Female patients age 21-64 (1 visit) seen during the measurement year that have had a Pap test within the measurement year or two years prior					
Prenatal Care in 1st Trimester	Obstetrical patients with initial prenatal exam completed in the first trimester (includes all patients who receive prenatal care during the measurement year)					
Birth Weight < 2500 gm	Number of deliveries where child weighed < 2,500 grams (includes all neonates that received prenatal care at SJCC regardless of where delivered)					
Pediatric Immunizations	Children who have received age appropriate vaccines prior to their 2nd birthday during the measurement year (4 DTaP, 3 IPV, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 4 PCV, 1 Hep A, 2 RF, 2 Flu)					
Pediatric Dental Referrals (non-UDS)	Number of children that received a well child exam (CHDP) during the measurement year that were referred to the dentist for oral health care					
Pediatric BMI Screening and Intervention	Patients age 3-17 (1 visit) with BMI %ile, counseling for nutrition, and counseling for physical activity documented in the measurement year					
Adult BMI Screening and Intervention	Patients age 18 and older (1 visit) with BMI documented during the measurement year AND if under age of 65 18.5= BMI=25 /over age 65 23= BMI=30 counseling for nutrition, physical activity, and have follow-up plan documented					
Tobacco Use Screening and Intervention	Patients age 18 and older (1 visit) seen in the measurement year who have been screened for tobacco use AND if screen + have documentation on tobacco cessation					
Asthma Pharmacological Therapy	Patients age 5-64 (2 visits) with asthma with 1 visit in the measurement year that have been prescribed long term controller medication during the current year					
CVD Lipid Therapy	Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were actively using statin therapy during the measurement year					
IVD Aspirin Therapy	Patients age 18 and older with IVD (1 visit) and been prescribed an antiplatelet medication during the measurement year					
Colorectal Cancer Screening	Patients age 50-75 (1 visit) seen in the measurement year who had appropriate screening for colorectal cancer (colonoscopy >=10 yrs, flex sig <= 5 yrs, or annual FOB FIT testing)					
HIV Linkage to Care	Newly-diagnosed HIV patients in the measurement year with documentation of referral and treatment initiation within the first 90 days of diagnosis					
Depression Screening and Follow-up	Patients 12 yrs and older (1 visit) screened for depression with a standardized tool (PHQ-2/9) during the measurement year AND if screen + have follow-up plan documented					

Dena advised from Q1 to Q2 there are some variances. We did a huge push in May and June for Cervical Cancer Screenings and while we have moved from red to green, we still have some maintaining to do. OB/GYN staff worked on Saturdays throughout the months of May and June and

we had access Monday through Saturday for these exams. HEDIS everyday also started and this is a focus for that program also.

Another item that moved into the right direction was Colorectal Screening. Dena advised we are finding we are getting the results to the chart; documenting in the correct places so we can report on it.

In the Diabetic Population, this was a chart audit and there were twelve of the seventy patients that did not have a documented A1C in the first six months. This just means they have come to the doctor, the doctor ordered them but the patient hasn't had it completed yet. Dena advised her team has already reached out to these twelve patients to come in and have their A1C done.

Dena advised for the CVD control, there has been an improvement as well due to focus groups and workflows. This was not a chart audit, 100% of the population in Q2.

Birth weights are going in the right direction. There were 283 babies with 276 moms (reflective of some multiple births). We want the number to be lower not higher. We want birth weights to be above 2500 grams.

Prenatal also improved. We were able to see the first prenatal patients within the documented thirteen weeks timeframe.

Pediatric Dental Referrals have gone down. There is a big significance there but there is also a big significance on the way we are needing to track these referrals now. Before we were able to recommend and make sure the patients' parents verbally said they were seeing the dentist. Now we have to have a dental referral in place and we are struggling a little with that metric. With the mobile dental services, we can use those dental referrals also.

Pediatric BMI came down. This is where we need to counsel on both physical activity and nutrition. This was a chart audit; the pediatricians are moving away from using the power form in Cerner in which all were preloaded templates that they just clicked on, now they have to remember to use these codes. Dena has sent that information to Dr. Jain so she can include it in her staff meeting.

Adult BMI had the same issues as noted above. They are doing a lot of work groups to really focus on how to capture these electronically and we should start seeing changes in the next quarter.

CVD Lipid Therapy – this is a new metric, brand new to 2019. These are the patients who have had a cardiac diagnosis and are on a statin. A lot of this was we didn't have a current LDL on file and the previous LDL for these patients were under what they recommend for this metric and because we didn't repeat it in this timeframe, these fell out and the numerator dropped a little bit.

HIV Linkage to Care – There were only three new patients and they all received care within the first ninety days.

IVD Aspirin Therapy – This denominator is getting smaller due to the exclusion of anti-coagulants. When there is a smaller denominator it is harder to achieve the results we were looking for.

The table provided shows all results. Dena advised we had some good wins, things we have been focusing on for a long time that we didn't see trended forward are now moving in the right direction.

4. Access Improvement OASC Report (Dena Galindo)

Dr. Fadoo stated this is something new being shared with the Quality Sub-Committee. Last time the committee met in May we decided to not only share clinical quality measures but also measures around access because it relates to a lot of the patient feedback. We have asked Dena Galindo to bring this set of metrics to this group on a quarterly basis, so they can see what the access looks like at a high level.

Dena advised the first document is the phone center's statistics. These are statistics month over month and they will present the next set of metrics the next time we meet.

San Joaquin County Clinics

PHONE CENTER

Ambulatory Care Services

2019	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Calls Received	18,820	16,446	19,289	19,171	18,989	17,405	20,448						130,568
Calls Answered	17,306	15,108	17,465	17,690	17,439	15,227	17,742						117,977
Calls Missed	1,514	1,338	1,824	1,481	1,550	2,178	2,706						12,591
Percent Missed	8.0%	8.1%	9.5%	7.7%	8.2%	12.5%	13.2%						9.6%
Avg Answer Time-ENG	72	57	78	65	68	82	128						79
Avg Answer Time-SPA	138	117	124	104	108	96	160						121
Avg FTs	11	9	8	9	9	7	8						9
Avg Staff	12	11	9	11	10	8	9						10

2019 GOALS
PERCENT MISSED BELOW 10%

Green	less than 10.1% dropped calls	GOOD
Yellow	10.1 to 15.9% dropped calls	AVERAGE
Red	greater than 15.9% dropped calls	BAD

She advised we are trending approximately 18,500 calls coming into the call center. The above table is self-explanatory. Average time for answering is listed in seconds, not minutes. Spanish calls take a little longer to be answered due to us having fewer Spanish speaking agents. The phone center will be adding a full-time member next week and another in the next few weeks which will bring our Full Time Staff to five, which will be the first time the Phone Center has had that many full-time staff.

Since Dena started at the phone center on August 5th, they have had a goal to have their abandoned rate (missed calls) under 10% and they have met that goal every day since then.

Dena's goal is to have the entire year to be under 10% so they can focus on more outreaching efforts and patient engagement efforts because they will be answering the phones more often. They are open 7:00 a.m. to 7:00 p.m. Monday through Friday and 7:30 a.m. to 1:00 p.m. on Saturdays.

The Third Next Available Report shows the availability of all our clinics and providers. The clinics have on average, less than three days availability except for the Healthy Beginnings Clinics. This is related to the types of specialty visits as well as some providers not being scheduled enough in the clinics to have continuity. For those who are regularly in the clinics, the availability is closer. Because of the visit lengths, it is a little more difficult to calculate. Dr. Lim is moving towards having better access and availability for the OB/GYN patients. We have stable physicians in the OB clinics. There are always at minimum two providers at each location, it just may not be the same two providers. The continuity is further apart. Patients have access, they just may not see the same provider, but a provider is available.

Robocalls are going out for both specialty and non-specialty. We are averaging about 800 calls a day going out to patients. Patients are receiving reminders either by text messaging, emails or by home phone number. Dena advised the call center agents are also calling patients who do not complete their appointments. A workflow is in place where they are reaching out to attempt to reschedule missed appointments.

5. Press Ganey & Suggestion Boxes (Betty Jo Riendel)

Betty Jo Riendel advised from the suggestion boxes installed outside the clinics, a total of twenty six suggestions were collected. Of those, nineteen were not suggestions. One was a patient wanting to recognize an employee so this was translated into a STAR award. Six of the suggestions were information collected as part of Press Ganey so it was duplicate suggestions.

Below is the table for Press Ganey Survey comments for June and July:

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June 2019	
Total Number of Responses	50
Satisfied Responses	39
Concerns	11
Dissatisfied with	
• Insufficient time with Provider	2
• Wait Time	5
• Customer Service Registration	4

July 2019	
Total Number of Responses	64
Satisfied Responses	38
Concerns	26
Dissatisfied with	
• Insufficient time with Provider	5
• Wait Time	10
• Customer Service/ Registration	5
• Other Comments	6

Betty Jo advised for the month of July, we had six other comments. Upon further review of those comments, for those we were able to identify they had already been addressed through the phone tree.

6. CROs & Patient Complaints (Carla Bomben)

Carla Bomben provided her report for review. Confidential Reports of Occurrence are written by employees and they fall into different categories. The breakdown is provided for May through July by clinic.

Confidential Reports of Occurrence

Event Date is within 05-01-2019 and 07-31-2019

Unit	Lab/ Specimen	Professional Conduct	Safety/ Security	Employee	Healthcare IT	Medication/ Fluid	Provision of Care	Fall	Adverse Drug Reaction	Grand Total
Primary Medicine Clinic	2	7	3	2			1	1		16
Family Medicine Clinic	6		2			2				10
Healthy Beginnings California Street	5									5
Children's Health Services			1	1						2
Family Practice California Street Clinic			1				1			2
Manteca Clinic						2				2
Grand Total	13	7	7	3	2	2	2	1	0	37

The following pages of the report Carla provided were patient complaints received. Carla advised there are similar complaints as received by the suggestion boxes and to Standards & Complaints. They always resolve each patient complaint as they can.

7. Adjournment

Alicia Yonemoto adjourned the meeting at 3:38 p.m.