

San Joaquin County Clinics (SJCC) Quality Sub-Committee Minutes of February 25, 2020 Meeting

San Joaquin General Hospital (SJGH) Conference Dining Room French Camp, CA

Present

Esgardo Medina; Rod Place; Carla Bomben; Dr. Farhan Fadoo; Dena Galindo; Rohini Mehta; Betty Jo Riendel; Rajat Simhan; Alice Souligne; Adelé Gribble

1. Call to Order

The meeting was called to order by Rod Place at 3:02 p.m.

2. Approval of Minutes from November 19, 2019

Esgardo Medina made a motion to approve the minutes from August 27, 2019, Carla Bomben seconded the motion and present board members unanimously approved the minutes.

3. Clinical Quality Report (Dena Galindo)

Dena Galindo presented the Clinical Quality Report (below):

Reporting Period 01/01/2019 - 12/31/2019

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| Measure | | CY 2019 | CY 2018 | Target | Benchmark Source | Reference | | |
| M A1c Control | Outcome | 32.68% | 32.86% ¥ | 37.75% | HEDIS - 2017 DHCS MCMC Average | NQF 0059 | | |
| VD BP Control | Outcome | 65.28% | 59.93% | 66.88% | PRIME DY 13 Target | NQF 0018 | | |
| ap Screening | Process | 51.43% ¥ | 54.29% ¥ | 56.67% | UDS National Data 2017 | NQF 0032 | | |
| renatal Care in 1st Trimester | Process | 56.91% | 63.11% | 77.90% | HP2020 U | | | |
| irth Weight < 2500 gm | Outcome | 10.59% | 8.44% | 7.80% | HP2020 UD | | | |
| ediatric Immunizations | Process | 38.57% ¥ | 44.29% ¥ | 70.70% | HEDIS CIS -2017 DHCS MCMC Average NQF | | | |
| ediatric Dental Referrals (non-UDS) | Process | 85.71% ¥ | 68.57% ¥ | 33.20% | HP2020 | NQF 1334 | | |
| ediatric BMI Screening and Intervention | Process | 61.31% | 77.14% ¥ | 54.70% | HP2020 | NQF 0024 | | |
| dult BMI Screening and Intervention | Process | 19.76% | 50.00% ¥ | 53.60% | HP2020 | NQF 0421 | | |
| obacco Use Screening and Intervention | Process | 84.08% | 87.14% ¥ | 87.50% | UDS National Data 2017 | NQF 0027 | | |
| sthma Pharmacological Therapy | Process | 92.02% | 95.83% | 86.62% | UDS National Data 2017 | NQF 0047 | | |
| VD Lipid Therapy | Process | 75.53% | N/A | 85.00% | SJCC Local Target | CMS 347 | | |
| VD Aspirin Therapy | Process | 83.60% | 85.44% | 79.27% | UDS National Data 2017 | NQF 0068 | | |
| Colorectal Cancer Screening | Process | 56.78% | 42.86% ¥ | 47.92% | PRIME DY 13 Target | NQF 0034 | | |
| IIV Linkage to Care | Process | 83.33% | 100.00% | 84.52% | UDS National Data 2017 | UDS 6B | | |
| epression Screening and Follow-up | Process | 61.96% | 78.57% ¥ | 84.54% | PRIME DY 13 Target | NQF 0418 | | |
| | | 1 | Abbreviations | | | | | |
| M: Diabetes Mellitus | DHCS: Department of | f Health Care Service | Information Set Childho s | ood Immunization St | atus | | | |
| DM: Diabetes Mellitus IVD: Cardiovascular Disease BMI: Body Mass Index IAD: Coronary Artery Disease VD: Ischemic Vascular Disease | DHCS: Department of MCMC: Managed Ca CMS: Centers for Me PCMH: Patient-Cent PRIME: Medicaid Wa | of Health Care Service re Medi-Cal dicare and Medicaid ered Medical Home siver 2020 (Public Hos | | | atus | | | |
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Fadoo 02/20/2020

Dena Galindo advised this is the data submitted to UDS for the end of the calendar year 2019. Almost all, except for three of the measures, are complete universes. When we have complete universes, the metrics are a little bit harder to receive because there aren't eyes on the chart, we are using ascriptive, where we see clinical workflows to be able to extract the data.

For Diabetes Control, we are staying in the same target measures; we haven't improved much but we are working on that this year. For the Blood Pressure Control, we have improved significantly, we have spent some time this past year working on workflows and making sure the documentation is actually getting to the correct places so you will see a bigger percentage jump. For PAP screening, this is eyes on the chart, with seventy chart audit. For prenatal care in the first trimester, we decreased quite a bit due to us having more prenatals than the previous year. We also took a large amount of transfer prenatals into our health system. We can count the start of the prenatal care from the referring OB location but if the data is not in our chart then we can't count it. This is a chart audit of 1,500 prenatal women this year and a lot of the transfer OB's records were not available, so the first prenatal visit then becomes the first visit they had in our health system.

For prenatal birth weights, we had more multiple births this year which means, when there is more than one baby in the pregnancy, they usually are born earlier. We also had larter high risk pregnancy group and they were born earlier (pre-term) and we had some low birth weights.

Pediatric Immunizations – This was discussed internally in our QI/QA committee. We need to document the historical immunizations in both Cerner and RIDE which is not a desired workflow and are therefore missing historical immunizations for children. For the next reporting period, we will not be able to do chart audits, it will have to be 100% whole population so we will have to be able to look at these workflows and make sure we are improving on the documentation of them.

Pediatric dental – we just completed that chart audits and the staff in Family Medicine and Pediatrics are all now referring to a dentist, better than the year before.

Pediatric BMI – this is ascriptive measure, therefore we are looking at the entire pediatric practice for this metrics. We are coding correctly, providing the correct education for BMI counseling and nutrition.

Adult BMI screening and intervention – we can learn a bit from the pediatric physicians as they are doing this much better than adult. This is a coding issue. We need to educate individuals better.

Tobacco Use Screening and Intervention – this is 100% of the population, last time it was just for seventy chart audits. We have to provide cessation counseling from the time the patient is identified as a nicotine or tobacco user (every time). For example, if I was screened in December and I return in February, I need to be given an intervention at the most recent visit. Before we were able to look back for twenty-four months but we are no longer able to do that.

Asthma Pharmalogical Therapy – no change.

CVD Lipid Therapy – this is a new measure, we set a target of 85%. Because this is a new measure and we are learning, we are going to improve on this one.

IVD Aspirin Therapy – same as above CVD Lipid Therapy.

Colorectal Cancer Screening – There was a lot of hard work done this last year, Rohini Mehta did a PDSA with all four of the big primary care practices, working with clinic and provider staff. You can see what happens when you focus on a measure – going from 42% to 56% in one year.

HIV Linkage to Care – we only had six new patients and only five of them received it within the timeframe, so we fell out of this metric.

Depression Screening and Follow-up – this is one we need to learn how to use our interventions correctly. We need to make sure just because it is populated does not mean it is current.

We have a couple of workflow opportunities to work on this year but Dena does not see why we wouldn't better in almost every one of these metrics.

4. Access Improvement OASC Report (Dena Galindo)

Dena Galindo advised she has been at the Phone Center for more than six months now. When she came in August-September 2019 they were leaving about 1,800 appointments that were not filled. For the month of January 2020, they only left 360 appointments. They have made a huge improvement for what is called Same-Day or Next-Day access in which our software was deficient when we hit the first available it would give us a future date instead of same day or next day. Dena advised for the end of the year they had a goal to make sure their dropped call rate or abandoned call rate was less than 10% and they were able to hit that measure at 7.6%. For the entire calendar year they were able to get this at under 10%. The staff have had really good ideas on changing workflow. Industry standard for a call center our size is 5%, they are aiming for 6.5% for 2020 and they are also implementing that they would like to answer all their calls within the sixty seconds of the timeframe.

For productivity (how many appointments did we have and how many were actually seen) we are between 70-85%. Dena advised we have lots of opportunities to improve. We will be focusing on how to keep patients engaged in keeping their appointments.

They are doing automated outreach for patients assigned to us by the Health Plans. They are nearing the end of the proof of concept trial and will be able to share those results at the next meeting

5. Press Ganey (Betty Jo Riendel)

Betty Jo Riendel advised on the top of attachment five you will see the last of the patient suggestions (see below):

| | Patient Suggestions | |
|--------------|---------------------|-------------------------------|
| Month | Total Received | Review Outcome |
| | | |
| January 2020 | 18 | 3 Positive Staff Recognition |
| | | 4 Without Validity |
| | | 8 Reduce Wait Time |
| | | 1 Courtesy Wheelchair Escort |
| | | 1 Preparation for Interpreter |
| | | Line |

Below is the table for Press Ganey Survey comments for the month of January:

Press Ganey Survey Comments

| January 2020 | |
|-----------------------------------------------------|----|
| | |
| Total Number of Responses | 68 |
| Satisfied Responses | 45 |
| Concerns | 23 |
| Dissatisfied with | |
| Insufficient time with Provider | 2 |
| Wait Time | 9 |
| Customer Service Registration | 3 |
| Lack of Parking | 1 |
| Insensitive staff/ provider | 6 |
| Medication Refill Process | 2 |

6. CROs & Patient Complaints (Carla Bomben)

Carla Bomben presented the table below pertaining to the Confidential Reports of Occurrence. Most have to do with Safety & Security which are HIPAA violations.

Confidential Reports of Occurrence Event Date is within 11-01-2019 and 01-31-2020



| | Safety/ | Lab/ | | Provision | Diagnosis/ | Professional | |
|------------------------------------------|----------|----------|----------|-----------|------------|--------------|--------------------|
| Unit | Security | Specimen | Employee | of Care | Treatment | Conduct | Grand Total |
| Family Medicine Clinic | 3 | 2 | 2 | | | 1 | 8 |
| Primary Medicine Clinic | 1 | 2 | 1 | 2 | 1 | | 7 |
| Manteca Clinic | 1 | 2 | | | | | 3 |
| Children's Health Services | 2 | | | | | | 2 |
| Family Practice California Street Clinic | 2 | | | | | | 2 |
| Hazelton Clinic | | | | 1 | | | 1 |
| Healthy Beginnings French Camp | 1 | | | | | | 1 |
| Grand Total | 10 | 6 | 3 | 3 | 1 | 1 | 24 |

For patient complaints in the same period of time as above; Children's Health Services (CHS) – one Family Medicine Clinic (FMC) – two Family Practice Clinic CA Street (FPCC) – two Hazelton Clinic – two Healthy Beginnings CA Street (HBC) – three Healthy Beginnings French Camp (HBF) – two Manteca Clinic – one Primary Medicine Clinic (PMC) – eleven

The complaints are consistent with Betty Jo's report. One thing Standards & Compliance does is send an apology letter to the patient and hope things get better. PMC had some complicated complaints which come down to communication. Betty Jo has been instrumental in assisting in resolving these issues.

7. Adjournment

There being no further topics of discussion, Rod Place adjourned the meeting at 3:20 p.m.