



# 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 Soulligne; 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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3

SJCC Clinical Performance Indicators -- Summary Dashboard						
Measure		CY 2019	CY 2018	Target	Benchmark Source	Reference
DM A1c Control	Outcome	32.68%	32.86% #	37.75%	HEDIS - 2017 DHCS MCMC Average	NQF 0059
CVD BP Control	Outcome	65.28%	59.93%	66.88%	PRIME DY 13 Target	NQF 0018
Pap Screening	Process	51.43% #	54.29% #	56.67%	UDS National Data 2017	NQF 0032
Prenatal Care in 1st Trimester	Process	56.91%	63.11%	77.90%	HP2020	UDS 68
Birth Weight < 2500 gm	Outcome	10.59%	8.44%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	38.57% #	44.29% #	70.70%	HEDIS CIS - 2017 DHCS MCMC Average	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	85.71% #	68.57% #	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	61.31%	77.14% #	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	19.76%	50.00% #	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	84.08%	87.14% #	87.50%	UDS National Data 2017	NQF 0027
Asthma Pharmacological Therapy	Process	92.02%	95.83%	86.62%	UDS National Data 2017	NQF 0047
CVD Lipid Therapy	Process	75.53%	N/A	85.00%	SJCC Local Target	CMS 347
IVD 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
HIV Linkage to Care	Process	83.33%	100.00%	84.52%	UDS National Data 2017	UDS 66
Depression Screening and Follow-up	Process	61.96%	78.57% #	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 23-64 (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 Td, 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 ≥1 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 TVD (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					

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 prenats than the previous year. We also took a large amount of transfer prenats 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 later 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 Pharmacological 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):

<b>Patient Suggestions</b>		
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
<b><u>Dissatisfied with</u></b>	
• 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

6

Unit	Safety/ Security	Lab/ Specimen	Employee	Provision of Care	Diagnosis/ Treatment	Professional 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
<b>Grand Total</b>	<b>10</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>24</b>

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.