



San Joaquin County Clinics (SJCC) Quality Sub-Committee Minutes of May 26, 2020 Meeting

San Joaquin General Hospital (SJGH) Web Conference Call

Present

Esgardo Medina (SJCC Board Member); Rod Place (SJCC Board Chair); Alicia Yonemoto (SJCC Vice-Chair); Carla Bomben; Tenisha Dunham; Dr. Farhan Fadoo; Dena Galindo; Rohini Mehta; Betty Jo Riendel; Alice Soulligne; Reynaldo Sulit; Adelé Gribble

1. Call to Order

The meeting was called to order by Alicia Yonemoto at 4:05 p.m.

2. Approval of Minutes from February 25, 2020

Rod Place made a motion to approve the minutes from February 25, 2020, Esgardo Medina seconded the motion and present board members unanimously approved the minutes.

3. Clinical Quality Report (Dena Galindo)

Dena Galindo advised she will be presenting the Clinical Quality Report (below) on behalf of the organization and moving forward, our new Quality Lead, Rey Sulit will be presenting the report.

Reporting Period 01/01/2020 – 03/31/2020

SJCC Clinical Performance Indicators – Summary Dashboard						
Measure		Q1 2020	CY 2019	Target New/Old	Benchmark Source	Reference
DM A1c Control	Outcome	30.39%	32.68%	29.68%/37.75%	PRIME DY 15 Target	NQF 0059
CVD BP Control	Outcome	65.34%	65.28%	72.26%/66.88%	PRIME DY 15 Target	NQF 0018
Pap Screening	Process	54.29%	51.43%	61.00%/56.67%	DHCS HEDIS MPL Goal	NQF 0032
Prenatal Care in 1st Trimester	Process	70.08%	56.91%	84.80%/77.90%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	8.64%	10.59%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	25.71%	38.57%	39.44%/70.70%	UDS National Data 2018	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process	78.57%	85.71%	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	61.43%	61.31%	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	20.00%	19.76%	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	84.29%	84.08%	88.09%/87.5%	UDS National Data 2018	NQF 0027
CVD Lipid Therapy	Process	85.71%	75.53%	85.00%	SICC Local Target	CMS 347
IVD Aspirin Therapy	Process	82.70%	83.60%	80.86%/79.27%	UDS National Data 2018	NQF 0068
Colorectal Cancer Screening	Process	60.00%	56.78%	62.86%/47.92%	PRIME DY 15 Target	NQF 0034
HIV Linkage to Care*	Process	50.00%	83.33%	85.55%/84.52%	UDS National Data 2018	UDS 6B
Depression Screening and Follow-up	Process	61.43%	61.96%	76.35%/84.54%	PRIME DY 15 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 18-65 (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 (DTaP, 3 IPV, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 4 PCV, 1 Hep A, 2 RV, 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 ≥16, 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 BMI ≥25 lower age 65 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					
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 30* 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					
* Excludes: Screened (not unable to measure)						

* Random Sample (not whole universe)

Fadoo 05/22/2020

Dena advised for every quarter in the first quarter for each calendar year we need to refresh the target; to meet organizational and other benchmarks and to make sure we stay current and maintain our level of standard of practice.

We have a target change for our diabetic A1c Control. Before we wanted all of our diabetics who were out of control to be below 37%, the target is now 29.68%. We are moving towards the right direction, we are very close. Of the 2,000 diabetics seen in the first quarter, we had about 7% who had not gotten their test done yet; if they complete their testing, we will be in the target range.

CVD BP Control – those targets also increased from 66% to 72%. We are at the same level we were for CY 2019. We need to do some education, we have some data entry issues, training of staff for repeat blood pressures etc. It appears we need to do this once every calendar year.

Pap Screening – we increased that target to 61% and we are moving in that direction in the first quarter.

Prenatal Care in 1st Trimester – the target we had set before was 77.9%. Healthy People 2020 had changed the target to 84.80%. We had jumped from about 57% to 70%. We had our meeting with Health Plan of San Joaquin (HPSJ) and we were in the 76th percentile for that payer. This is due to the increased billing workflows that Angela Ayala and her team have been putting together so this is a well-deserved increase for us.

Birth weights < 2500 gm – we are moving in the right direction; the target stays the same. We did have five sets of twins and three pre-term babies that were born in the first quarter. When you have multiples and pre-terms those birthweights are a little bit less.

Pediatric immunizations – the UDS national data is 39.44% and we are at 25%. We had a lot of patients who did not receive the second Hep A and the second flu shot. This was a chart audit, so it was eyes on the chart.

Dental Referrals – in the normal range. We had fifteen of seventy charts that did not have a dental referral documented on the chart, so we need to do a little bit of education back to the pediatric practice.

BMI – Pediatric BMI is holding steady, about where we usually are, and we have met the target. The Adult BMI, to get to target 53%, we are currently at 20%. Dena advised she spoke with Rey and his team this morning and they are going to get together and do some workflow analysis and some PDSAs in the end of the second quarter and hopefully will see some benefits in the third quarter for BMI, especially for adults.

Tobacco Use Screening and Intervention – we have a lot of incomplete cessation forms, for example, we asked the individual if they use tobacco or tobacco containing products, we didn't want to provide cessation, but we did not complete the form. This was found in fifteen of seventy charts they looked at that had incomplete forms. This is a workflow and something they can put in an immediate fix to.

CVD Lipid Therapy – met the target

IVD Aspirin Therapy – met the target

Colorectal Cancer Screening – there was an increase in that target, went from 47.92% to 62.86%. Where we have been reporting we met the target for the last few quarters, we now don't meet the target because of the increased target for PRIME.

HIV Linkage to Care – we really can't look at this one, there were only four eligible patients. This was a spec change. Before this metric was everybody newly diagnosed with HIV who had gotten care ninety days from diagnosis. The metric steward has now shortened that time frame to thirty days. Of the four patients diagnosed, only two had gotten care within thirty days. We need to make sure we do some education about that metric change.

Quality Sub-Committee Minutes of May 26, 2020

Depression Screening and Follow-up – this was a chart audit of seventy charts. Twenty-eight of the seventy charts did not have a depression screen on them, these were face to face visits. Dena is a little concerned about what quarter two information is going to look like since the majority of our visits were telephone encounters and we did not do the depression screenings in that second quarter.

Some takeaways from the above: Dena would like to see us put a work group together for BMI (both Adult and Pediatric), a work group for blood pressure screening and repeat documentation issues and a work group for depression screening. Another thing to note for the first quarter, this is a harder quarter to have all greens because we are looking at CY2020 and we don't have a large look back period. They did several chart audits to make sure those numbers were correct.

Moving forward in quarters two, three and four, we will have to do all populations and have them scripted which is one of the reasons she we need to do a work group for a few of these items because this calendar year when we submit UDS, we will not be allowed to do a sampling on the report.

Another thing to note is today is the new Quality Team's first day together. Rey has a staff of four RNs, three MAs and an LVN. Rey introduced himself and advised he is excited about what his team will be able to do with the experience all of them bring with them from the clinics. He has already assigned QI projects to the RNs depending on their areas of specialties. This week they will be going out to the clinics to start mapping workflows that they can use for their PDSAs. They are being paired with the three MAs who have already been working on these for quite some time now. Between the experienced MAs and the clinical know-how of these nurses, they have a great recipe for some successful QI projects.

Alicia Yonemoto asked if there is anything the board can do to assist the Quality Improvement team. Dena advised they have a pretty strong team, a Public Health Nurse, Pediatric Nurse and two OB/Gyn nurses and the three MAs who have been working with Dena. She is excited for what Rey and his team will be able to do in the future.

4. Access Improvement OASC Report (Dena Galindo)

Dena Galindo advised the Operational Analytics Sub-Committee (OASC) meets once a week. For raw productivity they saw some dips due to COVID concerns by our patients. See below tables. We had a big decline for our same day visits for the month of April.

Dena advised we are slowly getting back up to our pre-COVID numbers. The call center has already received 1,200 calls and it is only 4:20pm. Since yesterday was a holiday, today is considered our Monday. These numbers are very good to see, Dena is excited that our patients are starting to try and re-engage. They have sent an email blast and multiple letter campaign talking about how we are keeping our clinic, staff and patients safe and welcome them back to the health center.

Raw Productivity	Jan	Feb	Mar	Apr	total
Template	15406	13574	6840	13405	49225
Appointments seen	11668	10593	5089	8698	36048
	75.74%	78.04%	74.40%	64.89%	73.23%
Same Day Open	2089	1836	1172	6794	11891
Same Day Filled	1728	1634	966	2899	7227
	82.72%	89.00%	82.42%	42.67%	60.78%

2020	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
Calls Received	19,250	17,475	18,751										55,476
Calls Answered	18,838	17,010	18,309										54,157
Calls Missed	412	465	442										1,319
Percent Missed	2.1%	2.7%	2.4%										2.4%
Avg Answer Time-ENG	21	18	23										21
Avg Answer Time-SPA	24	25	31										27
Avg FTS	10	9	12										10
Avg Staff	12	11	13										12

Quality Sub-Committee Minutes of May 26, 2020

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	20,178	18,593	20,102	15,989	17,197	222,627
Calls Answered	17,306	15,108	17,465	17,690	17,439	15,227	17,742	18,852	17,762	19,422	15,623	16,748	206,384
Calls Missed	1,514	1,338	1,824	1,481	1,550	2,178	2,706	1,326	831	680	966	449	16,243
Percent Missed	8.0%	8.1%	9.5%	7.7%	8.2%	12.5%	13.2%	6.6%	4.5%	3.4%	2.3%	2.6%	7.2%
Avg Answer Time-ENG	72	57	78	65	68	82	128	49	53	28	18	23	60
Avg Answer Time-SPA	138	117	124	104	108	96	160	57	64	36	26	29	88
Avg FTS	11	9	8	9	9	7	8	9	9	10	9	10	9
Avg Staff	12	11	9	11	10	8	9	10	11	12	12	12	11
2020 GOALS									Green	less than 10.1% dropped calls			GOOD
PERCENT MISSED BELOW 6.5 %									Yellow	10.1 to 15.9% dropped calls			AVERAGE
									Red	greater than 15.9% dropped calls			BAD

Above are the statistics for the Call Center. COVID-19 has taken several staff members away and they have been able to maintain their statistics even with the decreased number of staff. The team has been really good to ensure they reach their goal by the end of the year.

5. Press Ganey (Betty Jo Riendel)

Betty Jo Riendel advised the Press Ganey report is for March and April. March was a low response month and one of the highest dissatisfactions, during a time we had the work action strikes and the start of the shelter-in-place for COVID. The greatest concerns had to do with the perception of staff and providers being insensitive of the patient's needs.

Press Ganey Survey Comments

March 2020	
Total Number of Responses	66
Satisfied Responses	31
Concerns	35
<u>Dissatisfied with</u>	
• Insufficient time with Provider	1
• Wait Time	9
• Customer Service Registration	5
• Lack of Parking	0
• Insensitive staff/ provider	18
• Medication Refill Process	2

Having reviewed a couple of the charts, it was found patients experienced some difficulty having had the same provider for a number of years and being changed over to a new provider and expecting the same quality of service from their new provider. This will hopefully get better.

For the month of April Betty Jo stated we had a very large response, with a high correlation of satisfied responses, specifically being satisfied with the convenience of telemedicine visits. The telephone medicine visits where there were concerns listed were where the patient thought it would be an in-face visit and it was a telephone visit, or they waited for the call to come and the provider did not call.

Alicia Yonemoto stated she noticed Wait Time is still an issue and asked if this boils down to availability of rooms. Betty Jo stated the registration time does take a bit and the Wait Time complaints has to do with registration as opposed to waiting to be roomed in the clinic.

Press Ganey Survey Comments

April 2020	
Total Number of Responses	102
Satisfied Responses	75
Concerns	24
<u>Dissatisfied with</u>	
• Insufficient time with Provider	2
• Wait Time	2
• Customer Service Registration	3
• Lack of Parking	0
• Insensitive staff/ provider	5
• Medication Refill Process	2
• Telemedicine Phone Visit	5

6. CROs & Patient Complaints (Carla Bomben)

Carla Bomben presented the table below pertaining to the Confidential Reports of Occurrence. Carla's team takes care of these and let Betty Jo address a lot of the clinic concerns and make things right.

Confidential Reports of Occurrence

Event Date is within 02-01-2020 and 04-30-2020

Unit	Provision of Care	Safety/ Security	Lab/ Specimen	Fall	Maternal/ Childbirth	Professional Conduct	Grand Total
Family Medicine Clinic	2	1	2			1	6
Children's Health Services		3					3
Family Practice California Street Clinic	1	1	1				3
Primary Medicine Clinic	1		1	1			3
Hazelton Clinic	1						1
Healthy Beginnings California Street					1		1
Grand Total	5	5	4	1	1	1	17

They also had during this period; twenty-four complaints received:

One from Children's Health Services (CHS) –an insurance problem

One from Family Medicine Clinic (FMC) – one of our patients thought the nurse was rude to him.

Two from Healthy Beginnings CA Street (HBC) – mostly treatment and provider issues which have been dealt with.

Two from Healthy Beginnings French Camp (HBF) – one was in regard to a HIPAA complaint and we are still investigating that.

Two from Manteca Clinic – complaining about not getting the drug that they wanted, and one also said the doctor was rude.

Sixteen from the Primary Medicine Clinic. Betty Jo touched on most of the issues in her Press Ganey report.

As usual, Standards & Compliance sends an apology letter to the patients and let them know what has been done and advising we hope they come back to us.

7. Adjournment

There being no further topics of discussion, Alicia Yonemoto adjourned the meeting at 4:28 p.m.