

Joint Commission Update

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Alameda Health System

TJC Quality Validation Process

- We will have one combined survey – Medicare Deficiency and POC Validation surveys will occur together
- Evidence Binder Checklist (~300 items) demonstrating implementation of ESCs: currently 70% have been submitted
- Monitoring Dashboard (~140 items) to ensure improvement in TJC findings: 80% of metrics have some data submission
- Survey Readiness Checklist (~40 items): weekly rounding on frequently cited TJC items

Positive Observations

- Good engagement & skill development by Department Leaders and staff preparing ESCs, conducting rounding, determining monitoring metrics, and learning how to perform quality audits
- Significant collaboration between quality and operational owners to problem solve operational issues that impede standard of care
- The plan of corrections appear to be effective, driving visible improvement and local pride amongst staff

Opportunities for Improvement

- Key areas of risk continue to be the following:
 - Ensuring High-Level Disinfection competencies among all staff including those on leave (Infection Control, Surgical Services)
 - Crash cart maintenance (Governing Body)
 - Suicide-Risk management including screening, assessment and documentation (Patient Rights, National Patient Safety Goals)
 - Environmental corrections for ligature risk (Governing Body)
 - Timely reassessments and renewal of orders for restraints (Patient Rights)
 - Preventive Maintenance of equipment (Environment of Care)
 - Maintenance of environment: furniture, ceiling and wall penetrations in OR and ED (Environment of Care, Infection Control)

Opportunities for Sustainability

- Hardwiring ongoing competency and training for all employees in critical patient safety areas (infection control, patient rights)
- Maintaining adequate resources (bandwidth, staffing) to ensure preventive maintenance of environment of care
- Continuity in operations in critical areas, where there are interim leaders currently, including Peri-Operative services, Behavioral Health, Emergency Department, Sterile Process Department, Environmental Services
- Leadership oversight to support consistent performance in key functional areas: taking immediate action on gaps, following established processes, executing on duties

Standard / EP	Evidence of Completion	Who	Submission Status
LD.01.03.01, EP 12 Governing body responsibility			
	Dyad Huddle Agenda from 3/2/20	Tornabene	Received
	Leadership Webinar slide deck	Perez	Received
	Survey Readiness Checklist	Grewal	Received
	Survey Readiness Findings weekly findings	Grewal	Received, 5/14/20
	TJC Online Education Memo	Perez	Received
	Online TJC education completion records	Tornabene, McInnes, Babaria, Espinoza	
	HLD/Sterilization/Processing Education	Ellis, Cooper, Kilgore	
	HLD/Sterilization/Processing Education Completion Records	Ellis, Cooper, Kilgore	
	Patient Rights education	Perez	Received
	Monitoring Dashboard Template	Johnson	Received
	Monitoring Dashboard Data	Johnson	Received, 5/18/20
	QPSC Reports & Minutes March 20 - YTD	Perez	Received
	BOT Reports & Minutes for TJC Updates March 20 - YTD	Perez	Received 4/ 2020
	Organizational Chart: System, Highland (Acute and Clinics), SLH/ARU, JGPH	Fonseca (System & Acute incl ARU). Jamaleddine (ambulatory)	
	BOT Committee Structure	Ronna	
	Job Descriptions: ELT	Perez	
	Job Descriptions: VPs at JG, SLH, HGH, clinics, and DON for ambulatory	Perez	
	Dyad structure -survey assessment -spreadsheet of partners	McInnes, Tornabene, Babaria, Espinoza	
	Accountability framework for Dyads -expectations/definition of oversight	McInnes, Tornabene, Babaria, Espinoza	
	Dyad Leader Rounding Data & Analysis of Gaps (Oversight for daily operations and validating TJC plans)	McInnes, Tornabene, Babaria, Espinoza	
	ELT Leadership Rounding Process	Fonseca, Jamaleddine	
	ELT Leadership Rounding Data	Fonseca, Jamaleddine	

Leapfrog Scores

Nearly all of the measures (other than those measures created by Leapfrog) are tracked on our TNM dashboard and have seen significant improvement since we began tracking in QPSC beginning June 2018.

Our Leapfrog score is comprised of 13 process measures and 15 outcome measures.

Process Measures (13):

- Seven measures can only be self-reported by Leapfrog customers.
- Because we were not on EPIC yet for all of 2019, we could not report CPOE.
- Five patient experience measures date back to 2018. We did not begin to see an improvement in patient experience until 2019-2020. This is an area we need to sustain momentum.

Outcome measures (15):

- Ten measures date back to 2016. These data are taken from CMS.
- Five measures date back to 2018. Leapfrog allows paid customers to self-report HAI data.
- Further, smaller facilities such as SLH and AH are impacted significantly by minor changes.
- We anticipate Leapfrog will report SLH and HGH together moving forward.