

# Bartlett Regional Hospital

**Agenda**  
**Board Quality Committee**  
**Wednesday, May 12, 2021 - 3:30 p.m.**  
**Bartlett Regional Hospital Zoom Video Conference**

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**Mission Statement**

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/93135229557>  
or call  
1-253-215-8782 and enter webinar ID 931 3522 9557

**Call to order**

**Approval of the minutes –** [March 10, 2020](#) (Pg.2)

**Standing Agenda Items:**

- [2021 BOD Quality Dashboard](#) Deb Koelsch / Rebecca Embler (Pg.6)

**New Business:**

- [Patient Comments & Employee Thank You Cards](#) Rebecca Embler (Pg.8)
- [New Employee Orientation \(NEO\) Update](#) Cindy Carte (Pg.11)
- [Patient Safety Survey Initial Results](#) Gail Moorehead (Pg.22)

**Next Scheduled Meeting:** July 14, 2021 3:30 p.m.



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Board Quality Committee March 10, 2021 Minutes

**Called to order at 3:30 pm by Board Quality Committee Chair, Rosemary Hagevig**

**Board Members:** Rosemary Hagevig\* (Chair), Mark Johnson\*, Lindy Jones\*, Iola Young

**Staff:** Gail Moorehead, Director of Quality, Kevin Benson, CFO/Interim CEO, Billy Gardner, COO, Dallas Hargrave, HR Director, Charlee Gribbon, Infection Preventionist, Nathan Overson, Compliance Director, Deborah Koelsch, RN Clinical Quality Data Coordinator, Rebecca Embler, Quality Systems Analyst

**Guests:** Ursula Iha, Pharmacy Director, Jeannette Lacey, Case Management Director

**Approval of the minutes – 01 13 2021 Quality Committee Meeting – *minutes approved as written.***

**Old Business:** No old business discussed.

**New Business:**

### **BOD Quality Dashboard**

- Deb Koelsch did not present the Quality Scorecard measure results for Q4 2020, because they are the same as presented last month.
- Rebecca Embler did not present the Patient Experience and HCAHPS results for Q4 2020, because they are the same as presented last month.
- Deb and Rebecca will look at new metrics to showcase on months that there is no new quarterly data.

### **HIM/Utilization Management Plan**

- Jeannette Lacey presented on Case Management Annual Plan; CM has responsibility of UM plan with partnership of physician committee; at end of 2019, review was in process; at beginning of 2020, committee was not ready to meet due to COVID.
- This plan outlines how CM requests physician review and partners with physician committee (i.e. how partner with MedStaff when things need to be addressed); looking at Medicare outliers, how Bartlett is following rules and observation; overall utilization of services and compliance with CMS rules.
- Some formatting changes were made to make plan more readable.

- Sections H & I were added; H: Utilization Review Committee Composition outlines who participates in UR Committee; I: Functions of Committee added in order to clarify how each group serves as liaison.
- Updated references to be more current.
- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Risk Management Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Infection Prevention Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Environment of Care Management Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Patient Safety and Quality Improvement Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

*All plans approved and motion to send to BOD.*

#### **Antimicrobial Stewardship**

- Evan Deisen, Chris Sperry, Dr. M Benjamin, and others from the lab comprise this group.
- Ursula Iha started the presentation with a definition of Antimicrobial Stewardship; we monitor certain groups of antibiotics in order to manage the use of each.
- The first chart shows Carbapenems use; this drug is very effective, so try to limit its use; we put in place safeguards to accomplish this; results of these safeguards has been effective, as seen in the graph.
- The second chart shows Fluoroquinolones use; this drug has some unfavorable side effects, so also try to limit use of this drug.
- The third and fourth charts are Fluoroquinolones and Broad Spectrum Cephalosporin use; use of these drugs have remained below the goal, so not as concerned with use.
- The fifth chart is Vancomycin use; this is not part of partnerships for patients, so we track this unofficially, and do not have a goal value.
- The sixth chart is Clindamycin use; this is the only drug that went above goal over the time period; high use in August was due to multiple patients needing reduced toxin production, and this drug is effective for that; the team is watching this closely since it went above the goal; will continue to monitor in 2021.
- Lindy Jones asked who the point of contact is to ask about these drug usages. Ursula said Evan Deisen and Chris Sperry can provide insight and recommendations
- Did not include opioid use or hypoglycemia, but can provide that data.

#### **CMS Survey Update**

- Gail Moorehead discussed that Bartlett had unexpected CMS survey (DHSS contracted); complaint on Infection Prevention area; surveyors looked at front door screenings, employee screening; Bartlett got cited for 6 broad areas, and submitted CAP a week ago that is being reviewed; this is significant because Bartlett wants to stay compliant with CMS; some of the corrective actions already implemented are:
  - More readily-available hand sanitizer and training for front-door staff to ensure guests and employees are using that.
  - Back door ER entrance is now the Triage Building, and that's where patients will be screened, banded and hand-sanitized; limited access through the door.
  - CDC recommends all staff and visitors get screened when they enter the hospital; Bartlett documentation was not 100%, so the process has been improved so that employees can ensure they are documenting their screening daily.
  - Providing more education around symptoms and steps to take if symptoms are felt.
- Waiting for follow-up survey in 45-60 days.

### **Patient Safety Survey**

- Gail Moorehead presented on the Patient Safety survey. Survey will be going out next week (Patient Safety week) to all employees; survey on Patient Safety is required every two years by Joint Commission; leaders maintain culture of safety throughout hospital; this is method to collect anonymous feedback and input from frontline staff.
- Survey questions include topics such as occurrence reporting, workload, safety, environment, supervisor and leader interaction, staffing, communication, unit rating on patient safety.
- Survey is standard from AHRQ, so that results are standard across all hospitals; Bartlett has also included optional questions related to our Electronic Health Record (EHR), since currently upgrading to Expanse (Meditech); can evaluate impact of this upgrade on patient safety.
- At the end of the survey, there is an open text box for other feedback as well.
- Will have rough draft of results by May Board Quality meeting.
- Lindy Jones asked how the survey is sent out; it is sent out to staff via email (hosted in SurveyMonkey).

### **Other**

- Mark Johnson asked how the Expanse (Meditech) transition is going? The system went live last Monday; there were some issues early on, and IT team is working through tasks that needed to be fixed or modified; 280 items on list, and only 59 outstanding.
- Rose Lawhorne brought up that Alaska was just rated #2 for Healthcare Quality from Becker Hospital Reviews, and expressed Thank You to the Quality team and frontline teams. Gail added that Bartlett is a 5-star rated hospital as well. Both topics will be included for the BOD meeting.

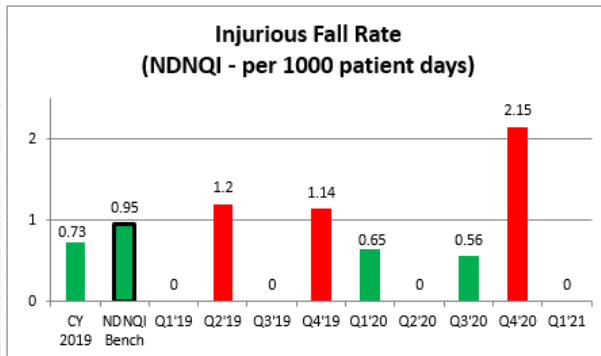
- Shout out to Gail for organizing Centennial Hall vaccine clinics, as well as everyone else involved to make this happen for Juneau. Over 400 volunteers have helped out so far.

**Adjourned at 4:10 pm**

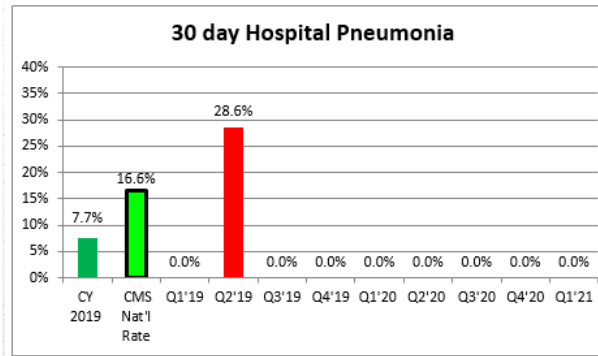
**Next Quality Board meeting:** May 12, 2021 @ 3:30pm

DRAFT

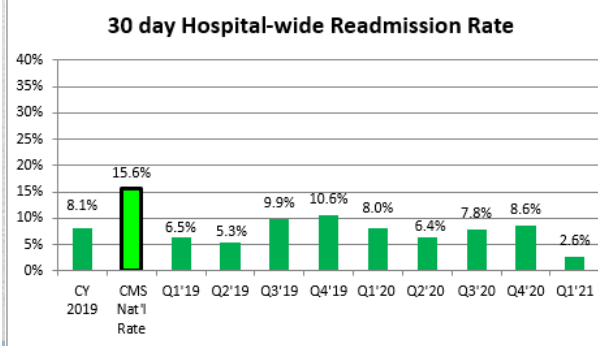
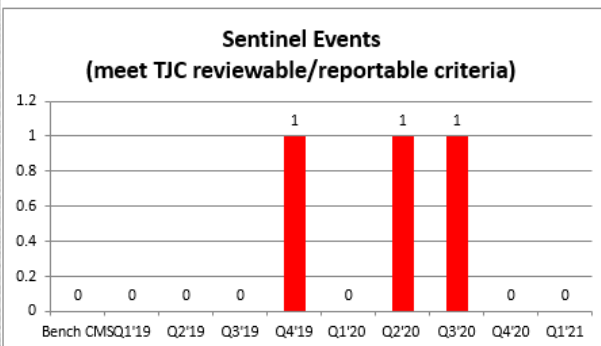
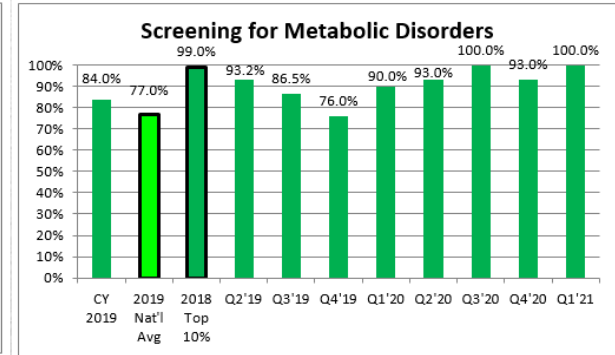
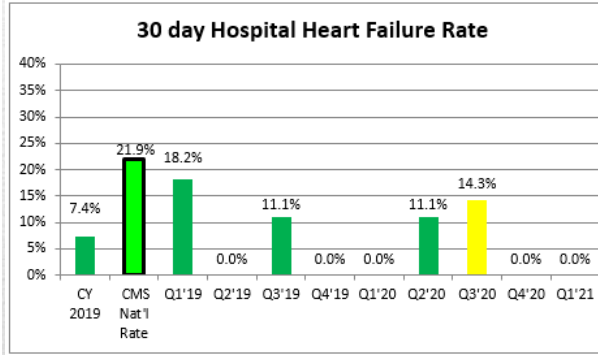
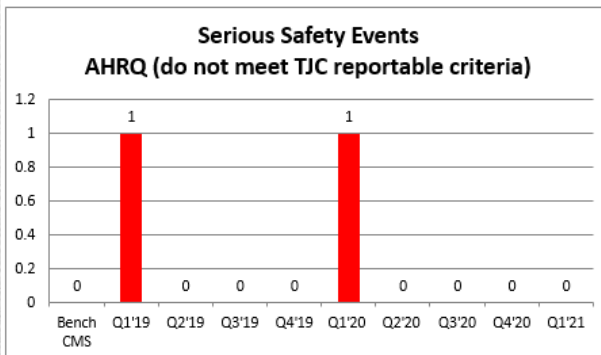
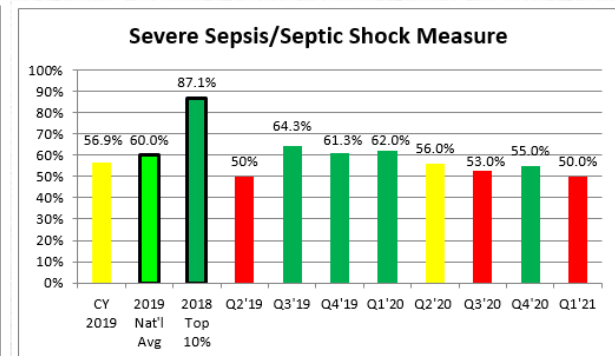
## RISK MANAGEMENT – lower is better



## READMISSION RATES – lower is better



## CORE MEASURES – higher is better



**Sepsis:** measure that demonstrates use of evidenced based protocols to diagnose and treat Sepsis.

**Screening for Metabolic Disorders:** % of psychiatric patients with antipsychotics for which a metabolic screening was completed in 12 months prior to discharge.

**Fall rates:** Per the NDNQI definition, Med/Surg and CCU *only* with injury minor or greater.

**SSEs:** An event that is a deviation from generally accepted practice or process that reaches the patient & cause severe harm or death.

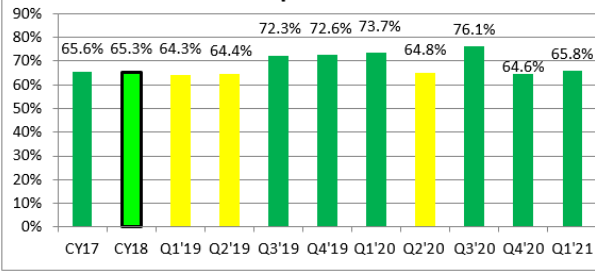
**Pneumonia and Heart Failure:** patient is readmitted back to the hospital within 30 days of discharge for *the same diagnosis*.

**Hospital-wide:** patient is readmitted back to the hospital within 30 days of discharge for *any diagnosis*.

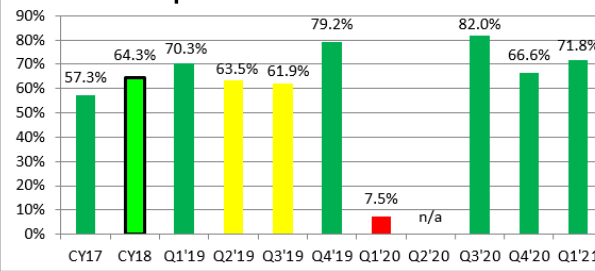


## PATIENT EXPERIENCE

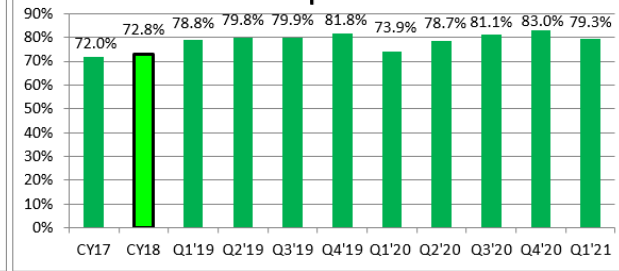
### Inpatient



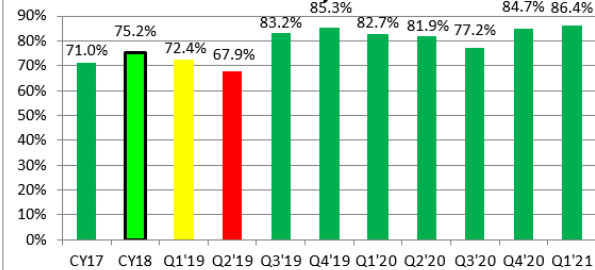
### Inpatient - Behavioral Health



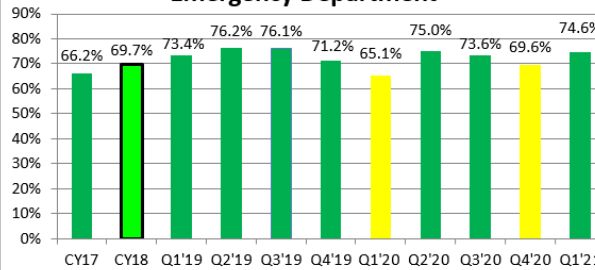
### Outpatient



### Ambulatory Services



### Emergency Department



### Notes:

- **Press Ganey** is the vendor for CMS Patient Experience and HCAHPS Scores. The data are publically reported.
- **HCAHPS** = Hospital Consumer Assessment of Healthcare Providers & Systems; includes only Med/Surg, ICU and OB.
- **Top Box** HCAHPS results are reported on Hospital Compare as "top-box," "bottom-box" and "middle-box" scores. The "top-box" is the most positive response to Survey items.

## HCAHPS RESULTS

	Current Quarter		QoQ	YoY	CMS Achievement Threshold	CMS Benchmark	Baseline Period
	Q1 2021	Percentile	Q4 2020	Q1 2020	50th %ile	Mean of Top 10th %ile	2018
Overall Rating (0-10)	82.1%	89	69.2%	82.1%	▲	▼	▲
Comm w/ Nurses	88.9%	95	77.2%	95.1%	▲	▲	▲
Comm w/ Doctors	83.6%	76	79.7%	94.0%	▲	▼	▼
Response of Hosp Staff	72.9%	85	72.9%	84.3%	▲	▼	▼
Comm About Medicines	67.3%	84	58.4%	79.4%	▲	▼	▲
Hospital Environment	75.3%	87	63.9%	73.9%	▲	▼	▲
Discharge Information	84.0%	25	85.6%	96.8%	▼	▼	▼
Care Transitions	52.3%	54	56.8%	59.3%	▲	▼	▼



# BRH Patient Comments & Employee Thank You Cards

May 2021



Bartlett receives all comments from the patient surveys sent out by our 3<sup>rd</sup>-party Patient Experience provider Press Ganey.

Here is an overview of the comments received about our staff through the year so far!

Luke was very professional and efficient.

Renee was very good! Confident in her profession.

Alison was great! Attentive, caring, personable, professional.

Amber is a good person - patient & kind.

I was especially surprised to receive a phone call by Alison who was on shift while I was in ambulatory surgery dept. 2 days after my procedure!

Rhonda has the patience of a saint. Her bedside manners were phenomenal.

Kelsey was awesome!

★ **Mae was attentive, thorough, and responsive. She helped me feel at ease and was very professional. Thank you so much Mae!**

Lori is awesome, I felt safe & heard.

Alison called me the next day. I thought it was very thoughtful. Made me feel very good.

Excellent care by OB nurses. Thank you Shawna and lactation!

Great nurse Angela Babcock.

Rhonda was my nurse & was more than helpful. She was a perfect sweetheart, the best of the best.

Ruth was exceptional! Thank you for assigned your best nurse to me.

★ **Mae was a delightful and caring nurse. She made me feel at ease and had a very positive attitude.**

The surgical nurse - Nikki - was the most pleasant I'd had at this facility.

★ **My nurse Mae was amazing. I was super nervous about my procedure because of all my allergies and Mae was very kind, helpful & understanding.**

The nurses were wonderful! Very kind and caring, especially Jessica.

I had a very sweet nurse, Kelsey. Very personable & caring.

★ **Mae was my nurse and was great!**

Shayna was my nurse and was great!

Beth was great!

Very impressed with the care provided by the nurses -- specifically Mira.

Sarah was wonderful.

Kasia was amazing while we were in the OB and after as our lactation consultant. She was very patient and encouraging, she helped us get a pump while we were still in the hospital. She made me feel very comfortable and was great with my little guy. Thanks Kasia!

★ **Kate in OB went above and beyond always. All nursing staff were excellent.**

★ **Laura in OB went above and beyond always. All nursing staff were excellent.**

★ **Carolyn in OB went above and beyond always. All nursing staff were excellent.**

Anna is a superstar!

Patrick is a superstar!

Alex was amazing.

Jonathan rocks.

Darcy is amazing.

Steve is a rock star.

Thank you Mary!

Thank you Patrick!

Thank you Julie!

Thank you Leslye!

Thank you Anna!

Thank you Christina!

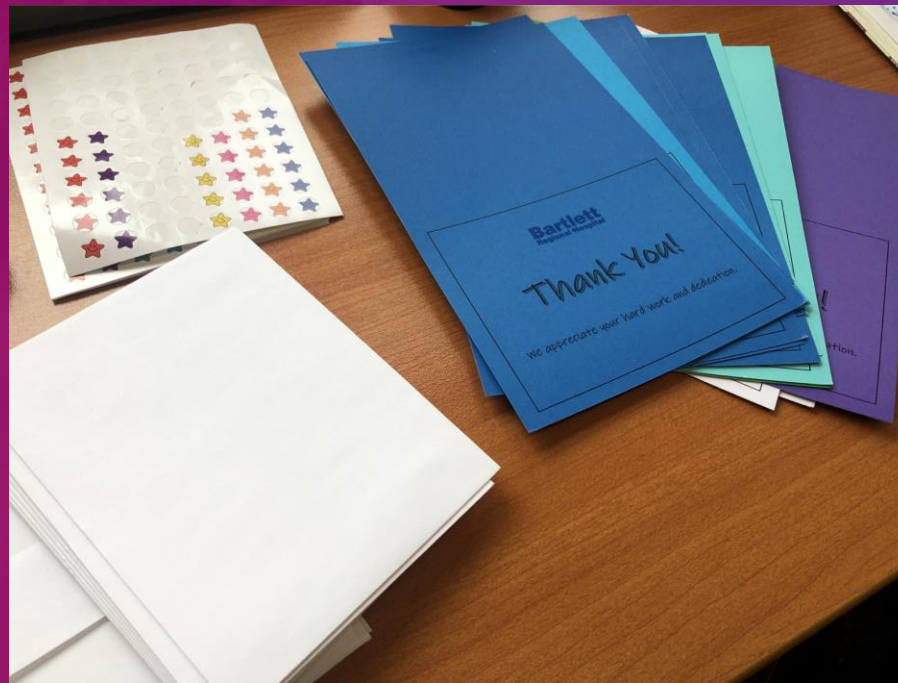
Christina is amazing!

Scarlett was very professional, conscience of social distancing for both of us, and efficient. A very happy soul.

Very fast & professional service. Colton was very nice & explained everything.

★ Superstar employees and teams!!!

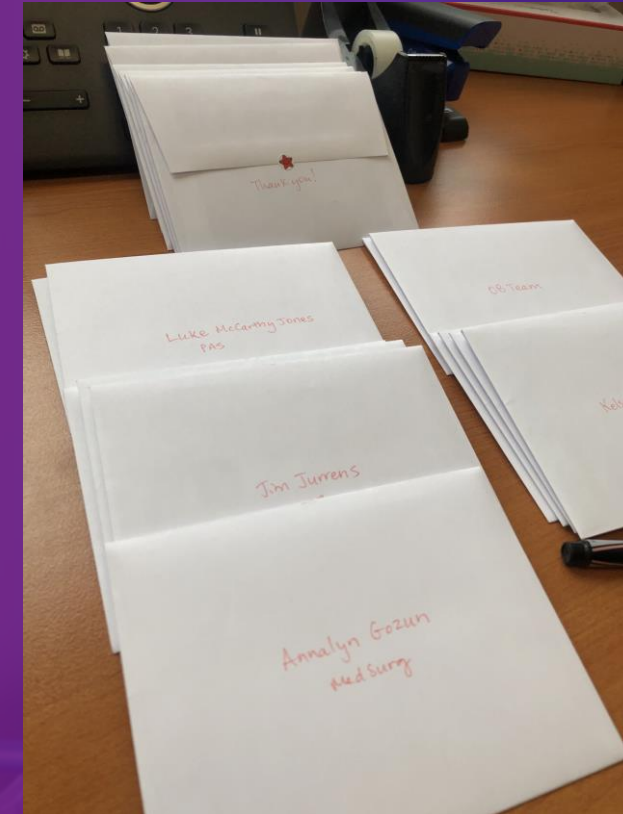
## Employee Thank You Cards



Every month, we pull the named comments from Press Ganey patient surveys & create a customized Thank You note to send to each employee

This is the process we use to share the feedback and 'Thanks' employees get from the patients they've served

Many employees are going above-and-beyond, and it shows in the patient comments... **there is an opportunity here to highlight these "Superstar" employees!!**







# New Employee Orientation

And beyond...

# Why New Employee Orientation Again?

## Continuous process improvement!

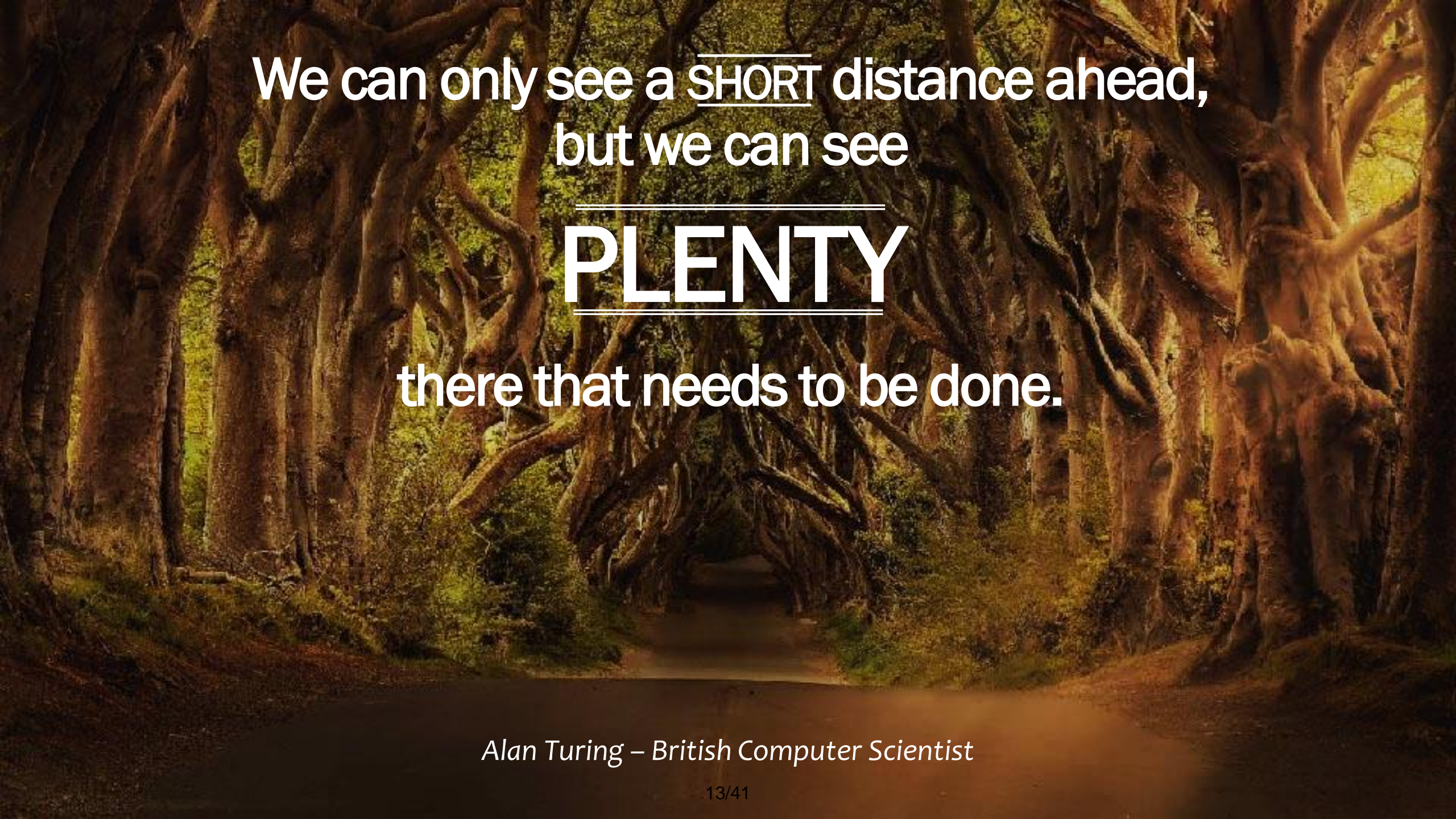
- Rethinking the big picture of New Employee Orientation
- What do new hires and managers think about the process now?
- Does the current structure cover the foundational concepts and required information?
- Let's take the feedback and evaluate our approach!

A person wearing a white button-down shirt is pointing their right index finger towards a screen. The screen displays the title 'The Team' and a list of roles: 'Human Resources', 'Staff Development', and 'Quality'.

# The Team

Human Resources  
Staff Development  
Quality





We can only see a SHORT distance ahead,  
but we can see

PLENTY

there that needs to be done.

*Alan Turing – British Computer Scientist*



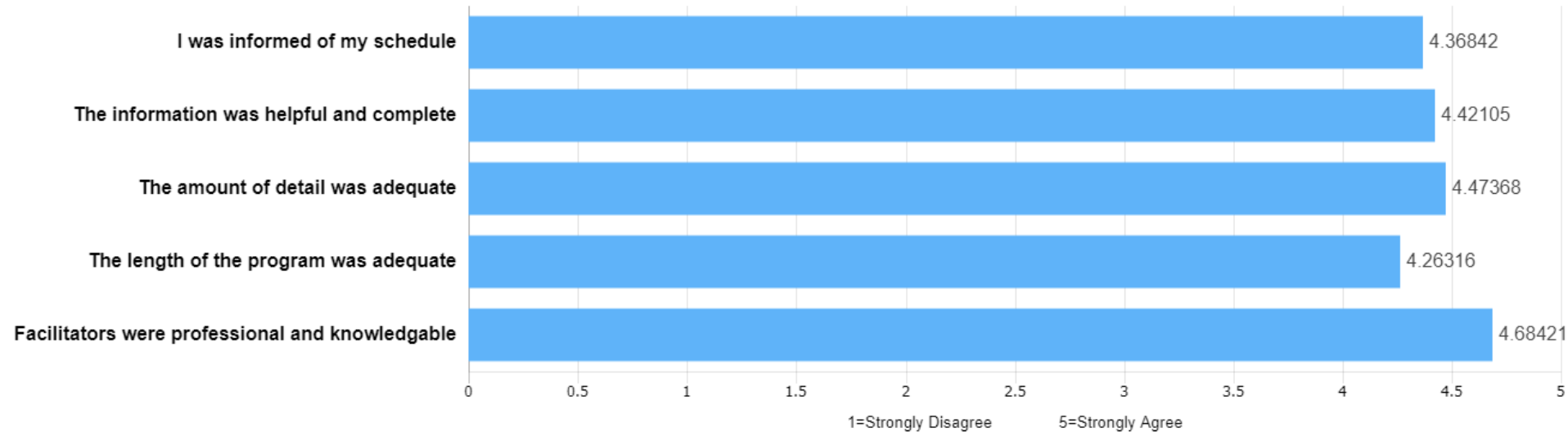


# Our research

Where do we begin?

- Review notes from past revisions to the process.
- Survey new hires, managers, and the presenters to get their perspective.
- Take a look at best practice.
- What has changed?
- What can we do to shift from the “new employee orientation process” to the big picture onboarding?

# What we found... Not too shabby!



## Opportunities for improvement

- More clarification on the schedule prior to day 1
- Put info into the first week
- Include a brief quiz or recap for new employees
- Make sure we have sugar stirring straws by the coffee station
- Improve knowledge of technology
- More information on API (time clocking system)

# Next steps...



## The content and schedule

- Let's review it all!
- What is “required” on day one of employment?
- What can wait or be presented in another way?
- Can we limit the amount of presentation time each day?
- Can we get staff on the floor to start meeting their new team sooner?
- The schedule and thinking outside of the box!

## Time for buy in!

- Communication, communication, communication
- Schedule and content proposals to managers and presenters
- Confirm the date to GO LIVE!
- Let's jump in!

The background of the image is a grayscale photograph of a desk. It features several pencils, some sharpened and some not, scattered across the surface. A red heart has been drawn on the paper with a pencil. In the bottom left corner, there is a series of faint, hand-drawn squares arranged in a diagonal line.

If you are always trying to be normal,  
you will never know how

**AMAZING**

you can be.

-Maya Angelou



## BEFORE:

Time	Topics	Partner
7:45 – 8:10 am	Welcome to BRH Arrive to check in, pick up your badge & settle in (Coffee, tea, water & snacks available)	Human Resources
8:10 - 8:20 am	Employment Expectations & Policy Review Attendance, Communication, Diversity, Dress & Personal Hygiene, Harassment, Workplace Violence, Technology Policy	Human Resources
8:20 – 8:35 am	Welcome & Who we are Mission, Vision & CARE Values	Senior Leadership
8:35 – 8:40am	Bartlett Foundation Presentation	Bartlett Foundation Board Member
8:40 – 10:10 am	Compliance, Quality, Risk & Patient Safety Code of Conduct, HIPAA Occurrence Reporting Process Improvement	Compliance, Risk & Quality Staff
10:10 – 10:15 am	Personal Break	BREAK
10:15 – 12:00 pm	Emergency Management Safety & Security / Hospital Tour / Health Incident Command System	EOC Staff & Security Personnel
12:00 pm – 12:30 pm	Lunch with YOUR Director and/or Manager	Directors & Managers
12:30 – 1:00 pm	Employee Health Immunizations, Seasonal Influenza, Infection Control	Infection Control Representative
1:00 – 1:10 pm	Personal Break Non-Employees with no computer access dismissed	BREAK
1:10 – 1:40 pm	Technology – Log in and learn about IS Services	IS Staff
1:40 – 2:10 pm	Ongoing Education/Online Relias System	Education Staff
2:10 – 2:40 pm	Timesheets/Payroll	Payroll Staff
2:40 – 2:50 pm	Break Remaining Non-Employees and Non-Benefited Employees dismissed	BREAK
2:50 – 3:00 pm	ILWU Union Information	ILWU Union Rep
3:00 – 4:00 pm	Benefits Overview and Enrollment (Benefited Employee Only) Health, Life, Wellness, Cafeteria Plans, AFLAC, PERS	Benefits Administrator
4:00 pm	Loose Ends/Wrap up Complete any outstanding forms & education NEO Evaluations	Human Resources
Are you Clinical staff?		
Confirm your attendance for Clinical Orientation – Day 2		
Please note – Times may shift. Please be flexible with your schedule to insure you attend and complete all required sections.		

## AFTER:

Week One							
Date	Monday	Tuesday	Wednesday	Thursday			
Location	205a	205a	203a	203a			
Times		Times		Times	Times	Clinical Orientation	
8:00 – 8:20	HR	8:00 – 9:15	Compliance	9:00 – 10:20	Meditech RN/CNA/BHA	8:00 – 8:15	Welcome/Introduction
8:20 – 8:35	Senior Leadership Presentation	9:15 – 9:45	Employee Health	10:20 – 10:30	BREAK	8:15 – 9:15	- Review Bartlett Bookmarks tab (Occurrence reports, Work orders, API, Relias, SDS), Colorblind test, policy tech - Relias individual work
8:35 – 8:40	Foundation	9:45 – 10:05	Emergency Management	10:30 – 12:00	Meditech Therapist/Navigators	9:15 – 9:45	-National Patient Safety goals/TJC
8:40 – 9:00	Union (non union dismissed for break)	10:05 – 10:30	Security	12:00 – 12:30	LUNCH	9:45 – 10:00	BREAK
9:00 – 9:15	BREAK	10:30 – 10:45	BREAK	12:30 – 13:00	Nova Check off	10:00 – 11:00	-Relias individual work
9:15 – 10:15	Information Services	10:45 – 11:45	Quality	13:00 – 13:15	Lab	11:00 – 12:00	- Competency skills check offs - RQI overview, Mock Code group assignment, Zoll, Gastrocult, Hemocult, urine dip stick - Enroll in required Relias classes To the Unit or computer lab
10:15 – 10:45	Education - Relias	11:45 – 12:15	Relias - NOVA RN/CNA	13:15 – 13:45	Case Management		
10:45 – 11:30	Benefits	12:15 – 12:45	LUNCH	13:45 – 14:00	BREAK		
11:30 – 12:00	Wellness		To the unit or computer lab	14:00 – 15:00	Infection Prevention		
12:00 – 12:30	LUNCH				To the unit or computer lab		
12:30 – 13:30	Safety						
	To the unit or computer lab						

Week Two – (205a)	
Times	Friday (before Payroll)
8:00 – 9:30	Payroll
9:30 – 10:15	Central Staffing Overview
10:15 – 10:45	HR Wrap Up
	Off to the unit



**If you can't fly, then RUN.  
If you can't run, then WALK.  
If you can't walk, then CRAWL.**

**But whatever you do,  
YOU HAVE TO KEEP MOVING.**

- Martin Luther King, Jr.



## In the spirit of moving forward.... What's next?

- We recognize that process improvement is a continuous thing
- We will continue to evaluate our orientation and onboarding process
- 
- Recently we restructured within our department as a result of our process reviews



# Thank You Questions?

# BARTLETT REGIONAL HOSPITAL 2021 SURVEY OF PATIENT SAFETY

Gail Moorehead, MHL, NPD-BC, CMSRN, CPHQ, CPPS  
Senior Director of Quality

- ▶ Bartlett conducts a survey on patient safety every 2 years.
- ▶ The last survey was in the fall of 2018.
- ▶ AHRQ survey is reliable and valid and is used nationally by many healthcare organizations.
- ▶ Upon entering our data in the national databank we will be benchmarked against other similar hospitals.

## AHRQ SURVEY OF PATIENT SAFETY (SOPS) SURVEY

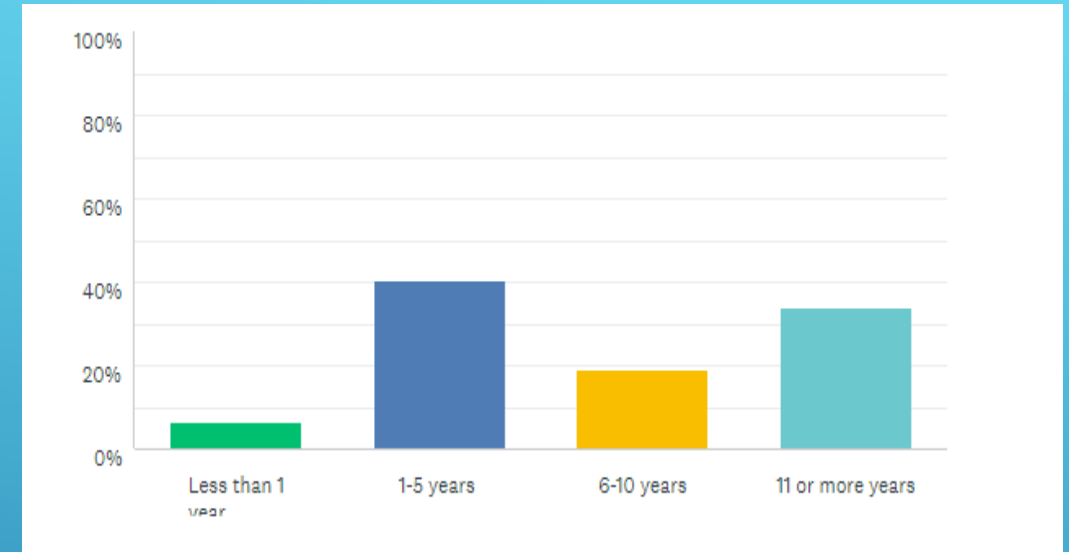


- ▶ It reflects our patient safety culture related to the beliefs, values, and norms that are shared by all staff and physicians throughout our organization and influence our actions and behaviors.
- ▶ Patient safety culture can be measured by determining what is rewarded, supported, expected, and accepted as it relates to patient safety.

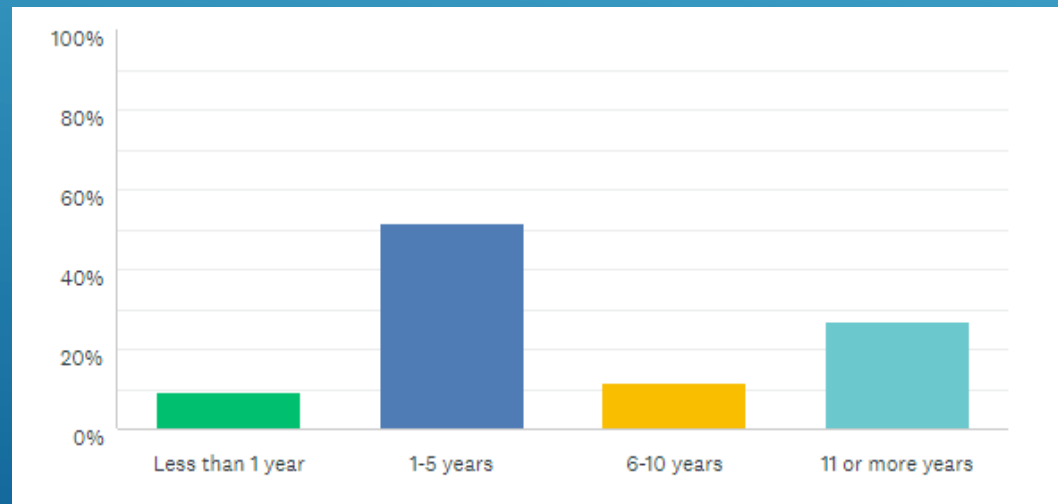
## WHAT IS PATIENT SAFETY CULTURE?





## Length working at Bartlett

<b>RNs 34%</b>
<b>Physicians 9.72%</b>
<b>Clinical Staff Direct Care 20.13%</b>
<b>Clinical Staff 11.8 %</b>
<b>Management 10.41%</b>
<b>Non Clinical Staff 13.94%</b>



## Working in Current Unit






Safety Culture Composites	March 2021 (n=144)	November 2018 (n=275)
Overall Perceptions of Safety	66%	64%
Frequency of Events Reported	79% 	60%
Manager Actions Promoting Safety	71%	80% 
Organizational Learning	74%	73%
Teamwork within Departments	86%	88%
Communication Openness	62%	69%
Feedback & Communication about Error	66%	69%
No punitive Response to Error	52%	53%
Staffing	74%	58%
Hospital Mgt Support for Safety	59.3%	65% 
Hospital Handoffs & Transitions	63.3% 	43%



# BRH EMR SURVEY

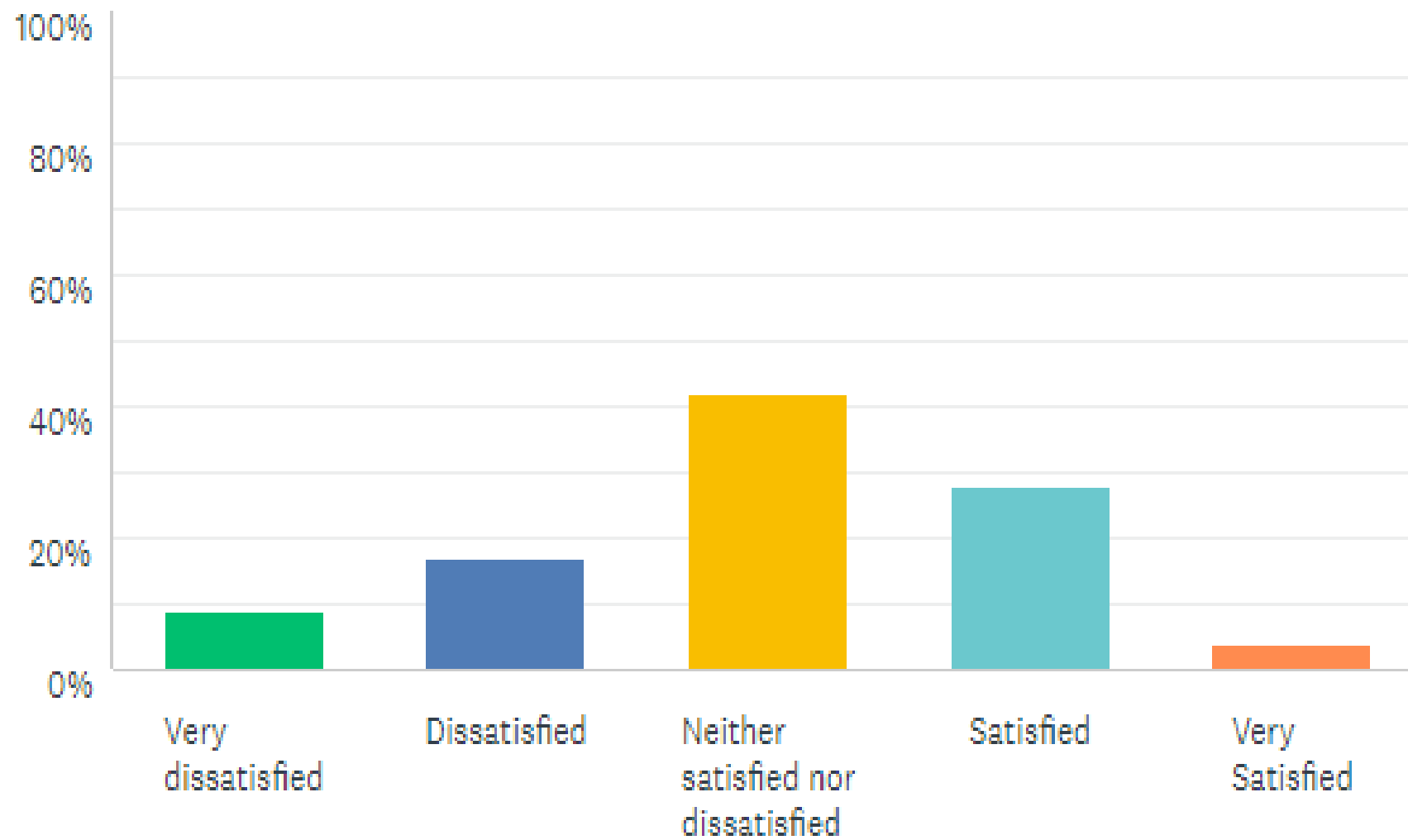
In the last 3 months, how many times did you discover the following issues with the EMR system?

	None	1-5 times	6-10 times	11 or more times
Information was not complete	24.59%	37.7%	8.20%	13.12% 
Information was not accurate	28.69%	37.70% 	9.02%	8.20%
Important information was hard to find	19.83%	32.23%	17.36%	19.84%
Information was entered into the wrong patient's record	62.30%	19.67% 	0%	2.46%
Incorrect information was copied and pasted	52.92%	18.03%	1.64%	5.74%



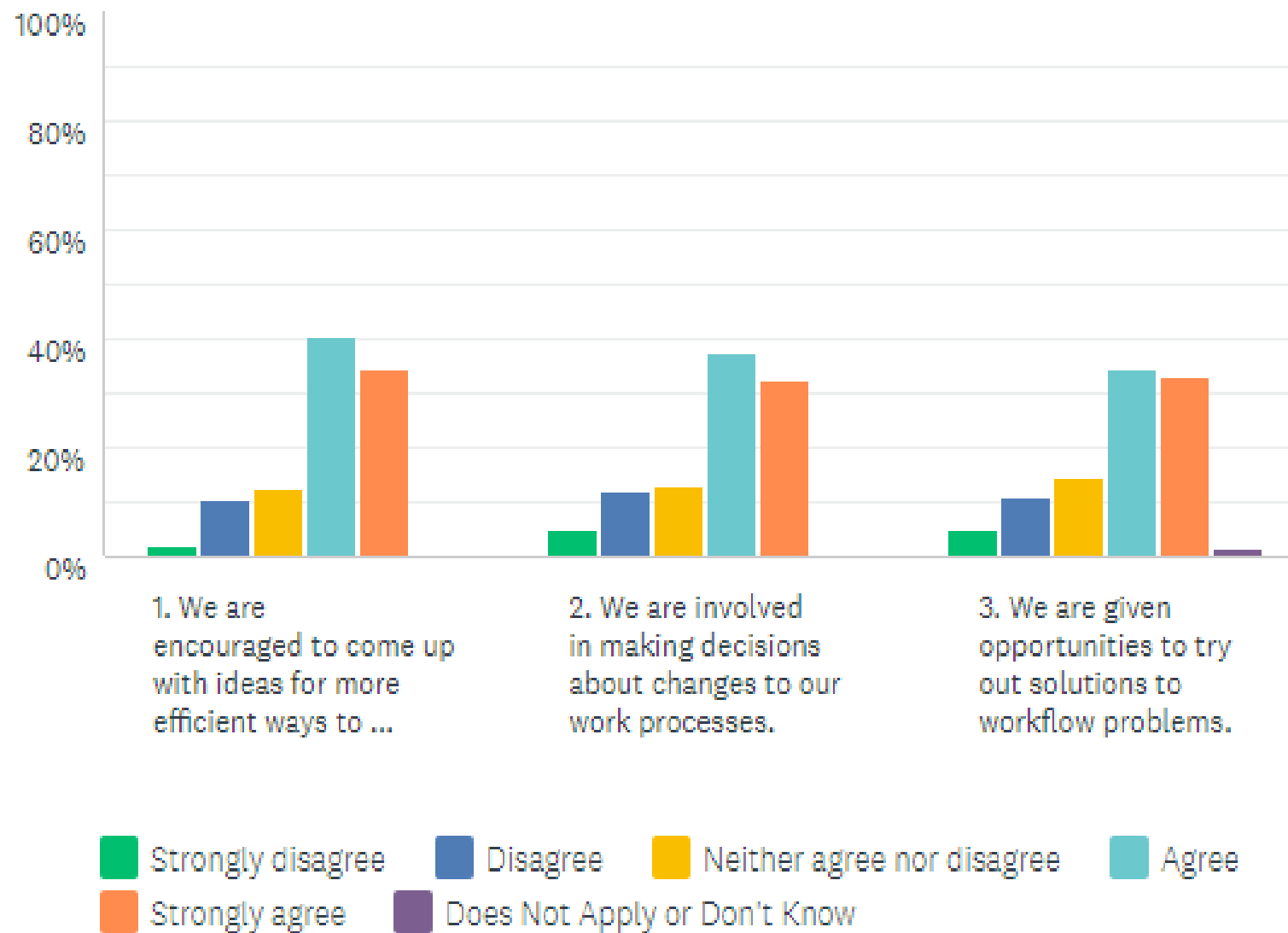
## EMR Training/Workflow and Work Process

	Strongly or Disagree	Neutral	Agree or Strongly Agree
We are given enough training on how to use the EMR system	35.77%	19.51%	43.09%
Training on our EMR is customized for our work area	29.27%	12.20%	13.82%
We are adequately trained on what to do when our EMR is down	24.39%	17.89%	15.45%
There are enough EMR workstations	30.05%	9.84%	59.01%
Our EMR requires that we enter the same information in too many places	21.31%	34.43%	27.05%
There are too many alerts or flags in our EMR system	38.53%	34.43%	15.58%
Problems with our EMR are resolved in a timely manner	29.27%	26.33%	36.84%
We are asked for input on ways to improve our EMR.	39.84%	25.20%	30.08%
We are made aware of issues with our EMR that could lead to errors	21.31%	21.31%	49.18%
Overall how satisfied are you with the EMR	26.23%	41.80%	31.97%

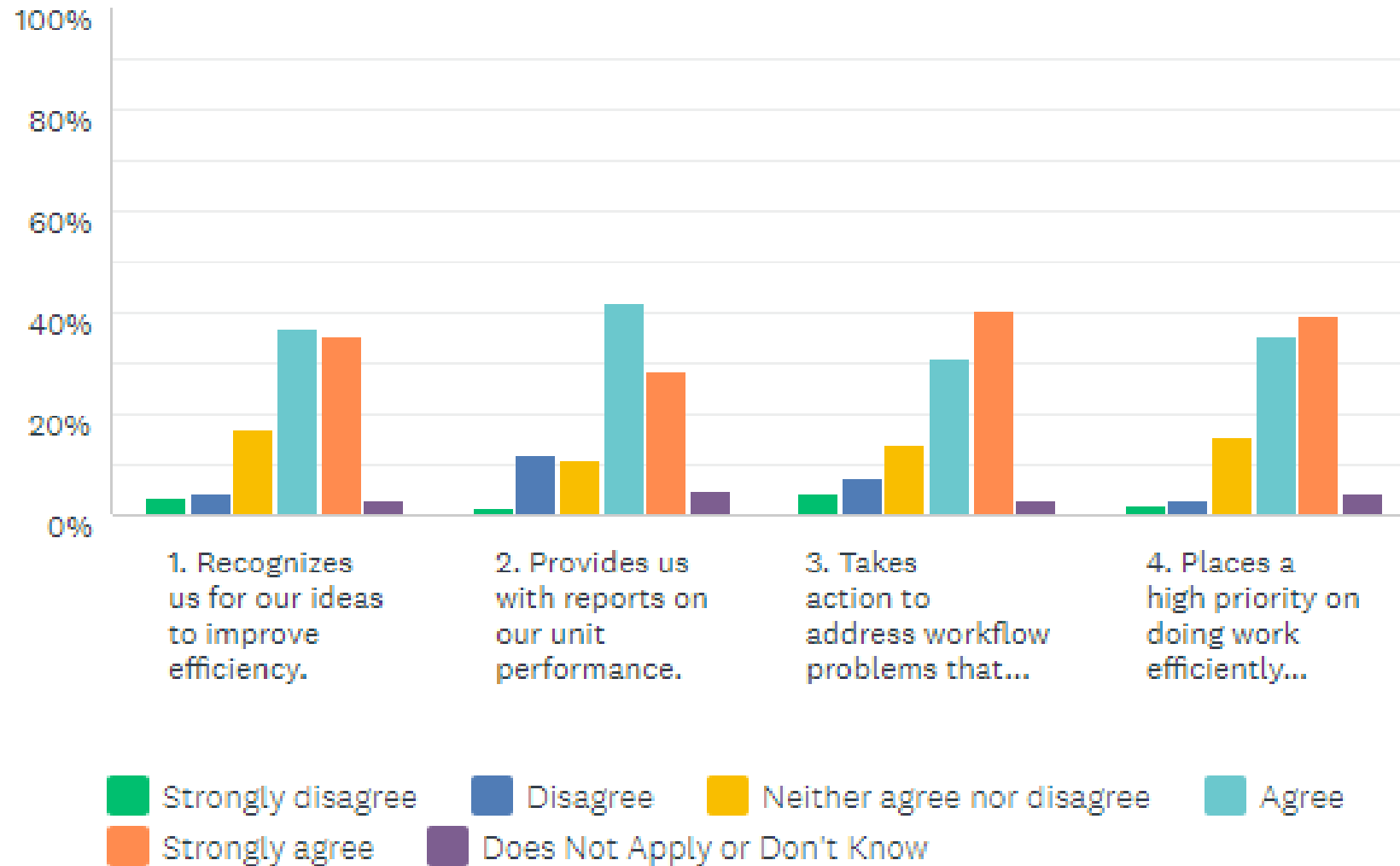




# BRH PROCESS IMPROVEMENT CULTURE



## Director/Supervisor Support for Improving Efficiency and Reducing Waste

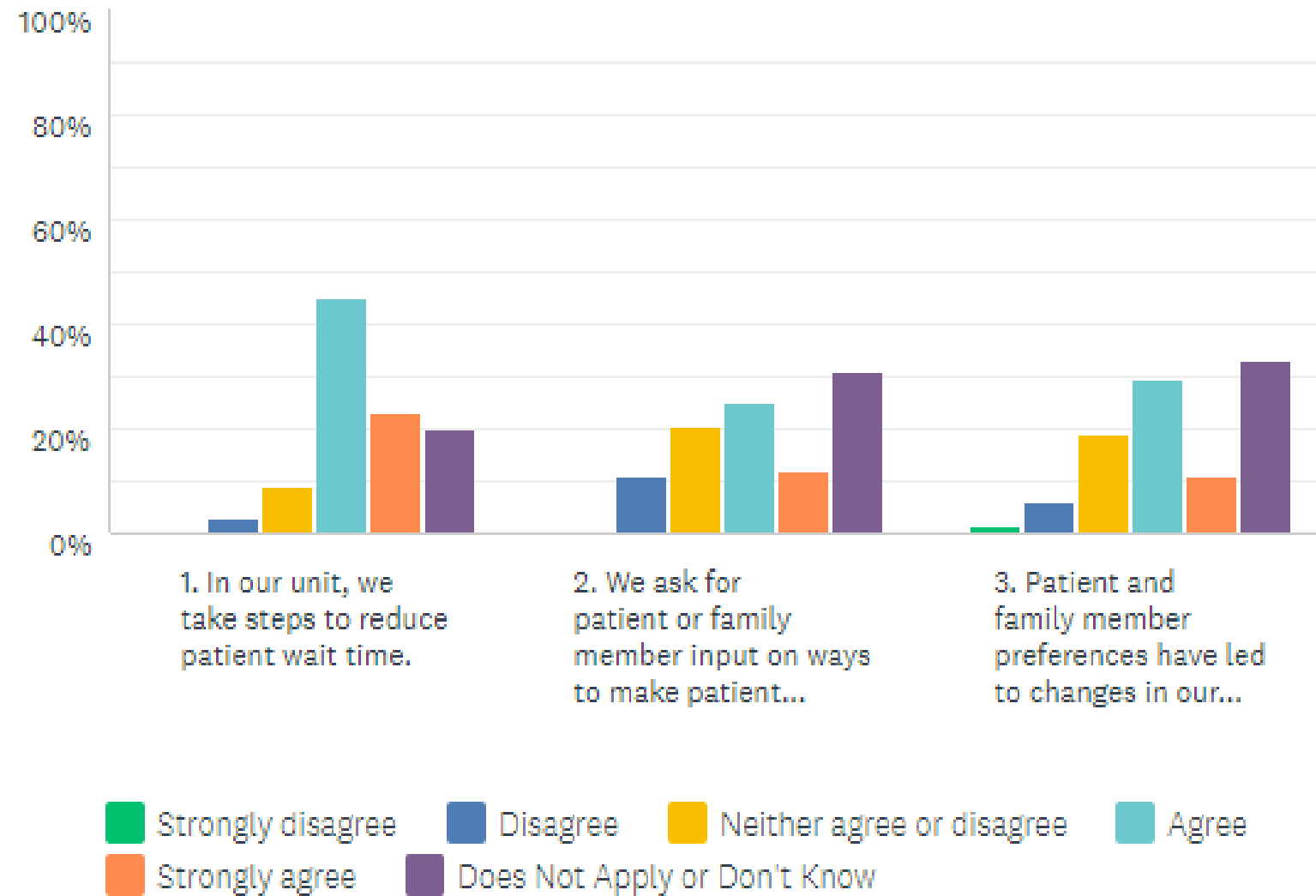






# BRH PATIENT CENTERED CARE AND EFFICIENCY









# BARTLETT PATIENT SAFETY STRENGTHS

- Teamwork within Departments:
  - 86% responded they strongly agree or agree their team works excellently together to provide a high quality of care to their patient
  - “Our department is a positive and pleasant place to work, which is a reflections of the capable management we currently enjoy and the commitment of staff to patient care”
- Frequency of events reported
  - 79% reported favorable that events are reported always or most of the time.
- Unit Patient Safety Rating
  - 72% rated their units as very good or excellent
  - 18% rated their units as good
- Handoffs & Transitions
  - 63% gave a favorable rating up from 43% in 2018
- Process Improvement
  - “Our unit has developed a process intervention committee that has addressed some of the issues that have popped up”
  - 62% of staff stated they made a suggestion about improving patient's care experiences





- Hospital Management Support for Safety
  - Feedback on occurrence reports in a timely manner.
  - Communication openness and feedback
  - Support with aggressive and threatening behavior
  - “Having more training for new staff and encouraging open communication among leaders would be beneficial for patient safety”
  - Less turnover in key positions
- Process Improvement
  - Better data sharing to frontline staff
  - Training on how to identify and participate in process improvement projects
- Electronic Health Records
  - Multiple comments regarding the need for more training
  - Use of two EHR creates workflow issues
  - Medication tracking and documentation



## Safety Concerns from 2018 Survey Follow-up

Lack of security staff 24/7 in the ED

Actions taken:

Security is now staffed at greater numbers

PES staff now based in ER to assist with individuals in crisis

Lack of an effective interface between information systems in the ED and the rest of the hospital

Actions: none taken

Lack of a pharmacist 24/7

Actions:

24/7 pharmacist on site

Lack of attention to signage regarding safety (opening door slowly)

Actions:

Additional signage

Additional training and issue identification

Lack of effective communication on the plan of care between admitting physicians and healthcare team

Actions:

Dedicated hospitalist team covering the majority of admissions