

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Board Quality Committee May 13, 2020 Minutes

Called to order at 4:15 pm by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig (Chair), Kenny Solomon- Gross, Lindy Jones

Staff: Charles Bill, CEO, James Caldwell, Director of Quality, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Gail Moorehead, Director of Education, Dallas Hargrave, HR Director, Mary Crann, Risk Manager, Megan Costello, Chief Legal Officer, Deborah Koelsch, RN Clinical Quality Data Coordinator, Billy Gardner, COO, Kevin Benson, CFO

Approval of the minutes – 04 16 2020 Quality Meeting – *minutes approved as written.*

Old Business: Mr. Caldwell had asked Press Ganey to change personal identifier to something other than birthdate. That cannot be changed. There is an uptake of surveys returned since eForms. The front desk hand sanitizer has been watched by the front desk is kept full.

New Business:

Sepsis: Deb K. Gave a description of what a quality measure is. A quality measure are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure that are associated with the ability to provide high-quality health care. They are the tools to help us provide the best patient care. The sepsis measure is reported on hospital compare. The sepsis measure determines if there is documentation of the presence of severe sepsis. Q1 we had 36 cases that had a sepsis diagnosis. 16 cases were excluded from the data. Some of the exculsions are viral infections, patient placed on comfort care. We had 20 cases in the denominator and we passed all the measures for 12 of the cases. The documentation requirements are clinical criteria by the MD in the chart. Deb K. showed the slides from hospital care. We are meeting the measure at 59% the AK average is 55%. The sepsis measure rate by quarter shows us at about 60%. We have room to improve numbers. The next chart is the sepsis fallouts from January 2018 – March 2020. The cases were 217 and it shows our fallouts. The highest fallouts are antibiotics and lactate. The ISTAT timeline 8/2019 use was started in ED, January the cartridges were stopped due to recall. March, 2020 clearance for given. Dr. Jones said all inpatients are being tested for COVID and that he believed the ISTAT machine would help in the missed lactates, timing of antibiotics. He was concerned the COVID patient flow would or could create some timing issues on the septic population. It was noted after questions CMS has made some reporting optional.

Nurse Residency Program Update

Gail Moorehead is reporting on the Nurse Residency Program one year follow up. At this time all the RN graduates that were hired last May are still working at Bartlett. This is a 100% retention rate. The national averages state that 17.9% of new graduates leave their first position in less than one year. The goals of the residency program were to reduce the use of contract nurses, have an 80% retention rate of the new nurses and provide the nurses with training in multiple departments. Besides retaining all our new nurses as of May 1, 2020, the nurses have all successfully achieved advancement to the next level on the nursing clinical ladder and 5 out of 10 have completed float contracts with other departments. The total payroll cost of this program for the 10 nurses was \$147,709 with the average per nurse as \$14,471.

Mr. Gross thanked Ms. Moorehead for the information, and was very complimentary of the program, and encouraged the hospital to publicize the results.

Ms. Hagevig and Mr. Bill discussed funding and how nursing schools were being funded. It was clarified that much of the State money coming from the university is now flowing into APN programs aimed at behavioral health per Bradly Gregg.

Dr. Jones wanted to be sure everyone understood the importance of the nursing program here, that the graduates were exceptional, and we needed to do all we could to recruit as many as possible.

Risk Management

Mary Crann reports on the RL Solutions updates and changes. The new changes include a follow up checklist that gives help for the Directors to follow up using a shared mental model. Ms. Crann also stated that the resolutions and outcomes have been changed to make the process standardized. The resolutions are designed to be sustainable if changes need to be made after a root cause analysis is done. As of May 6 we have 59 COVID related occurrence reports and there are 52 open risk files with no sign-offs. We want to look at our process and make sure the events are signed off and complete. Mr. Caldwell wanted to acknowledge the Directors and SLT leaders are working hard to identify the events and how we can improve patient safety.

Microsystems 2.0 Life after COVID-19

Mr. Caldwell states that MS 2.0 is the framework to work through process improvement. Respect for people is the cornerstone of continuous improvement. The shingo concepts looks at safety culture and scores you. The respect for people is the cornerstone of what we want to achieve. We are looking at using the basic common language including respect, accountability, seek to understand, seek perfection, common language, data drive, a learning culture and a just culture. The basis of the program will be using PDSA cycle that will make the right thing to do the easy thing to do. Mr. Caldwell stated that a culture is hard to define and we need to develop our own culture with shared knowledge, beliefs, values, attitudes towards a culture of improvement. This is not new to Bartlett but a refresh of what we have and building upon it. This is not a flavor of the month but how we do business. The Swiss cheese principle talks about accidents happen because there were weaknesses in systems and how supervision is done, preconditions and acts.

Overview of Covid -19

Mr. Caldwell reported that we have 29 cases in community and there are 8 people being monitored based on 2 active cases. On May 18th and 19th there will be testing of the homeless

population. There will be shelters in Centennial Hall if there are any positive fallouts from the testing. We have 20 Cepheid and 85 Abbott quick tests. We continue to work on how to get more tests in the community. The state now has agreed to run tests at another lab and we now have results within 48 hours for send out tests. Mr. Gross asked how logistically we are testing the homeless population. Mr. Caldwell said that they would be going to where the homeless are living. The tests are voluntary but there will be incentives given such as a grocery store gift card. There are about 150 people in the homeless group and public health would like to get about 50% of them tested. Dr. Jones stated that they are not seeing many people with respiratory symptoms. The outside tent is set up for triage. He stated that testing is a concern. The Abbott test is not as reliable as necessary. The community testing is being done by CCFR and they will be assisting with the homeless testing. The long-term strategy for Juneau will be to increase testing. Dr. Jones is looking at a machine for testing locally to relieve Juneau's need to send out tests to Anchorage. Mr. Gross talked about how the homeless testing will happen. Dr. Jones stated that the CCFR CARES program is the community testing sites and they also go to homes to do testing. He believes that they will be leading testing. Mr. Bill stated in the Unified Incident Command meeting that there are 20 people living at the campground. They plan to test at the JACC, the campground, Glory Hall and other locations that they have identified homeless residents congregating. The Housing First will be pushed back to start taking 10 people in June, July and August.

Next Quality Board meeting:

Adjourned at 5:26 pm