

Bartlett Regional Hospital

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Board Quality Committee January 8, 2020 Minutes

Attendance: Rosemary Hagevig (BOD), Charles Bill (CEO), Sarah Hargrave (Quality Director), Rose Lawhorne (CNO), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst), Gail Moorehead (Education Director), Billy Gardner (COO), Bradley Grigg (CBHO), Lindy Jones, MD (BOD), Mary Crann (Risk Manager), Charlee Gribbon (Infection Preventionist), Marc Walker (Facilities Director), Megan Costello (Chief Legal Officer)

Approval of the minutes – November 13, 2019 – *minutes approved as written.*

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Ms. Hargrave reviewed the Board Quality Dashboard. Patient Satisfaction Overall from all areas in the hospital looks very strong. The HCAHPS Quarter 4 results shows outstanding scores for Communication with Nurses and Communication with Doctors. The Bedside Shift reporting facilitated by Autumn Muse (RN Clinical Program Specialist) and nursing unit directors likely helped increase our HCAHPS scores. There is a dip on the Care Transition section, but after looking on the report, there was only one patient who answered “disagree”. Most of the patients answered “agree” instead of the top box “strongly agree”. We will continue to monitor this domain. Severe Sepsis/ Septic Shock Measure has exceeded our goal. The 30-day Hospital Heart Failure Rate looks good. The Screening for Metabolic Disorders Quarter 4 results data is incomplete. There is one Sentinel Event this quarter; follow up meeting with The Joint Commission is scheduled early February.

New Business:

The following documents need to be formally approved by the Board at the next meeting. Board Quality approved January 8, 2020.

- 2020 Risk Management Plan
- 2020 Infection Prevention Plan and 2019 Evaluation
- 2020 Environment of Care Plan and 2019 Evaluation
- 2020 Patient Safety and Quality Improvement Plan and 2019 Evaluation

Board Quality Committee Charter Review

Board Quality Committee Charter Review changes are approved by the Board Quality Committee.

The Person and Family Engagement Community Liaison added to the Board Quality Committee Charter membership.

Ms. Hargrave explained the CMS Partnership for Patients Adaptation and adding patients' voice to the decision table. Additionally, Bedside Shift reporting and Social determinants of health have also been implemented in the hospital.

Risk Management Plan

There are few changes in the Risk Management Plan CY2020.

Ms. Crann added that Ms. Hargrave's Leadership heavily affected the Just Culture of the hospital. The number of occurrence reports are increasing, as a sign of increased transparency.

Utilization Plan

Deferred to March

Infection Prevention Plan

The 2019 and 2020 Infection Prevention and Control Goals and Plans were presented.

Infection Prevention Goal #1 – Improve compliance with CDC Hand Hygiene Guidelines – BRH hospital wide compliance is 71%, goal not met. The plan for improvement is to share data directly with bedside staff electronically and post in staff areas. The issue that Ms. Gribbon came across is there is no consistent observer.

Press Ganey patient survey results for the question “staff washed their hands” increased by 3% over 2018 reported rates. Inpatient “Staff wash their hands before exam” top box scores shows 73% for 2018 and 79% for 2019.

Infection Prevention Goal #2 – Reduce surgical site infection by Improving patient skin prep and decolonization; Improving surface cleaning and disinfection; implementing a nasal decolonization protocol for all NHSN/high risk procedures. The Goal Met, 2019 SSI Rate is 0.29 infections per 100 procedures. The 2018 rate is 0.83

Ms. Gribbon and Ms. Hargrave implemented a vigorous process that made a difference and helped achieve the goals.

Decrease the risk of acquiring health care associated C difficile Goal #3 – Goal met, 2018 HAI Rate is 2.08, 2019 HAI rate is 1.89 infections per 10,000 patient days. This is a 10% decrease.

The Emergency Supply Inventory project will be finished February 2020.

Ms. Gribbon also presented the 2020 Infection Control Plan Goals. Furthermore, Ms. Gribbon mentioned a few strategies that she wants to incorporate in her FY2020 goals for example; monitor staff compliance with patient skin and nasal decolonization, increase utilization of Sterile Meryl, improve staff, patient and visitor knowledge and utilization of transmission-based isolation PPE and signage.

Ms. Hargrave announced that Ms. Gribbon received her certification in Infection Control and Prevention this month. Ms. Hagevig has asked that the Board be made aware that Ms. Gribbon has obtained her Certification in Infection Control and Prevention (CIC).

Environment of Care Management Plan

The goal of the Environment of Care (EOC) Programs are to provide a safe, functional and effective environment for patients, staff and visitors. The EOC Program encompasses five programs; Safety Management, Security Management, Hazardous and Waste Management, Utilities Management and Medical Equipment Management. In addition, two other areas are included in the environment of care. Emergency Management and Life Safety Management.

- Safety Management Chaired by Nathan Overson
 - The accomplishment for the committee in 2019 include completing a comprehensive AKOSH consultation and the implementation of a revised Asbestos Management program. There were four-performance measure set by the committee last year and they were all met. Based on 2019 outcomes the Safety Committee has develop three areas of focus for 2020. These areas are to Reduce Workplace Violence, Reduce Workforce Injuries and update our working at heights program to increase employee safety.
- Security Management Mike Lopez
 - The accomplishment for the committee were prioritization and initialization of afterhours lockdown program and security officer training with JPD for drug an paraphernalia identification. The three performance measures set by the committee for 2019 were met with partial compliance. The area in need of improvement was completion of department swarms. The committee is reevaluating the swarm process for 2020. The 2020 goals and opportunities for improvement set by committee are to Increase Facility-wide Security Afterhours, Improve Customer Satisfaction and Improve the Security Camera System Functionality.

- Hazardous materials and Waste Management John Fortin
 - The accomplishment included updating the Hazard Communication plan and clearing up processes around pharmaceutical waste disposal. The performance measures set for 2019 were met with varying degrees of success. The committee was fairly aggressive setting quite a few goals and falling just ever so slight short of their goals. Goals and Opportunities for improvement in 2020 mirror 2019 with new strategies for how to meet them.
- Life Safety Management Plan
 - The accomplishment of the committee are the following: completion of annual test, inspection, the repairs to fire alarm system per NFPA standards as well as assessed risk and implemented Interim Life Safety Measures (ILSM) for the BOPS temporary location in the Juneau Medical Center, and implemented a multi-day fire watch for RRC while the fire alarm system was being upgraded. There were three performance measures set and were met with varying degrees of success due to workloads and staffing shortages within the maintenance department. For 2020, the committee will be using the same Goals as set in 2019 including one new goal; proactively establishing fire response plan for the new RRC and BOPS locations.
- Utilities Management Program
 - Accomplishments include installation of a new steam boiler control system increasing fuel efficiency. As well as installation of energy efficient computer access layer switches around the hospital. These systems require less power and the demand for facility cooling is reduced. Performance measures set were partially met. These goals are multi-year projects that have seen substantial movement in the right direction. Goals and Opportunities for improvement in 2020 include UPS replacements, computer system and mechanical system upgrades.
- Medical Equipment Management and Utilities Management chaired by Kelvin Schubert
 - The accomplishment of the group includes implementation of several new medical equipment systems as well as being part of the team evaluating new anesthesia machines. Goals and Opportunities for Improvement for 2020 have been established and include providing training opportunities for Biomed staff on specialty pieces of medical equipment and develop a process for receiving, assigning, monitoring end of life and disposal of medical equipment.
- Emergency Management
 - The accomplishment of the committee includes specialty training, community and regional involvement in emergency planning as well as conduction a closed point of distribution exercise.

Patient Safety and Quality Improvement

There are few changes on the CY2020 Patient Safety and Quality Improvement Plan compared to CY2019 Goals.

All CY 2019 Metrics have been met. Ms. Hargrave presented the CY2020 Metrics.

Mr. Bill shared how Ms. Hargrave helped make positive changes in our hospital's culture. This will be the last Quality Board meeting for Ms. Hargrave.

Next Quality Board meeting: March 11, 2020 4:15PM

Adjourned at 5:30 pm