

Bartlett Regional Hospital

Board Quality Committee

September 8, 2021

3:30 p.m.

Agenda

Mission Statement

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

Zoom Link: <https://bartletthospital.zoom.us/j/93135229557>

Call in Number: 1-253-215-8782

Meeting ID #: 931 3522 9557

I. Call to order

II. Approval of the minutes – [July 14, 2021](#) (Pg.2)

III. Standing Agenda Items:

- | | | |
|--|----------------|---------|
| • 2021 BOD Quality Dashboard | Deb Koelsch | (Pg.5) |
| • 2021 BOD Quality Dashboard Proposals | Deb Koelsch | (Pg.7) |
| • Press Ganey/HCAHPS | Miranda Dumont | (Pg.10) |

IV. New Business:

- | | | |
|--|-------------------------------|---------|
| • Fall Vaccine Update | Charlee Gribbon | (Pg.24) |
| • Board Quality Presentation | | (Pg.31) |
| ○ Update of Survey of Patient Safety | Gail Moorehead/Miranda Dumont | |
| ○ PI Department Reporting Schedule 2022 | Gail Moorehead | |
| ○ Update on JC new board requirements | Autumn Muse | |

Next Scheduled Meeting: Wednesday, November 10, 2021 3:30pm

Bartlett Regional Hospital

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

Board Quality Committee July 14, 2021 Minutes

Called to order at 3:25 p.m. by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig*(Madam Chair), Mark Johnson*, Hal Geiger, Kenny Solomon-Gross*

Staff: Gail Moorehead, Quality Sr. Director Bradley Grigg, Chief Behavioral Health Officer Autumn Muse, Clinical Program Specialist, Miranda Dumont, Quality Program Specialist, Deb Koelsch, Clinical Quality Coordinator, Vlad Toca., Chief Operating Officer, Kim McDowell Chief Nursing Officer, Dallas Hargrave, Human Resources Director

Guests: Nancy Davis, Patient Family Advisor

Mr. Knapp made a MOTION to approve the minutes from May 12, 2021 Board Quality Meeting. Ms. Hagevig seconded, they are approved.

Old Business:

None

New Business:

BOD Quality Dashboard

- 2021 BOD Quality Dashboard update for quarter one provided by Ms. Koelsch. This is a minor update from last meeting as the second quarter data is not in yet.
 - Readmission Rates: 2.6 increased to 3.6 this was a matter of one patient.
 - Core Measures: There has been no change in the sepsis numbers. There have been some specification changes in reporting which should help us meet this measure, along with our process improvement efforts, including the antibiotics measure. Ms. Koelsch believes this is a great adjustment. The fluid administration measures have also changed to give us a little more leeway to pass this measure.
 - Patient Experience:

Ms. Hagevig asked about how these new changes will show up on the dashboard. She requests to add a note to the dashboard clarifying these changes. Ms. Koelsch agrees to bring this information to the next Board Quality meeting. Mr. Johnson had a question regarding the Heart Failure rates of the third quarter which Ms. Koelsch explained there was an increase. Mr. Geiger asked a clarifying question that the increase was less than 5%. Ms. Koelsch will clarify and get

back to the committee at the next meeting. The group requests explanation regarding the color coding of the dashboard. Ms. Koelsch confirmed that our numbers are low and will confirm the color coding is correct. Ms. Hagevig explained that it is difficult for our hospital to meet some measures as our admission rate is quite low compared to many hospitals.

A discussion proceeded regarding the Press Ganey information and how patients can look up our information online and make their healthcare decisions based off of our scores. Ms. Moorehead clarified how Press Ganey works. Ms. Moorehead will report on survey response rates. Ms. Moorehead spoke on discharge processes and how Case Management, as well as our nurses, are working on increasing our rates there. Ms. Moorehead will give a more in depth presentation on Press Ganey information at the next meeting. Mr. Solomon-Gross expressed that this is important to the board at the high level to ensure we are in compliance. Ms. Moorehead agreed that we need to keep the board informed for Value-Based Purchasing. Ms. Hagevig reiterated that Value-Based Purchasing is an important area of education for the BOD.

Patient/Family Engagement Annual Update

- PFE annual update provided by Ms. Muse. Ms. Muse shared that our Patient Family Advisor is Nancy Davis. She shared the five metrics provided by CMS that are aligned with AIR's conceptual framework for patient family engagement. BRH's projects include:
 - Bedside reporting brochure
 - Patient's Rights and Responsibilities brochure updates
 - Comfort Menu
 - Patient COVID-19 masking brochure
 - Patient COVID-19 masking flier
 - Patient experience during COVID staff presentation
- We are currently working on developing a BRH Patient Family Engagement committee.

Ms. Hagevig asked if Patient Family Engagement was engaged during COVID. Ms. Muse explained that the hospital leadership, along with Quality and Infection Prevention, are looking at how we can change our COVID protocols to include family engagement. Some of the strict protocols have been relaxed throughout the hospital including the visitor's policy in the Emergency Department and Obstetrics. Ms. Hagevig reported on feedback from two patient family members who were able to be with their family during their end of life and how thankful they were. Ms. Davis suggested we broaden the Patient Family Advisors to include cross cultural engagement.

Discussion on how the Board of Directors could include a patient on the board and if by-laws would need to change. Discussion on how most of the board members have been patients. Nancy reiterated that whomever was selected would need to bring the patient experience perspective. Discussion on bringing a Patient Family Advisor into Board of Director groups and how that would be a good way to get community involvement. Ms. Hagevig asked to have this added to the list for the Board Retreat.

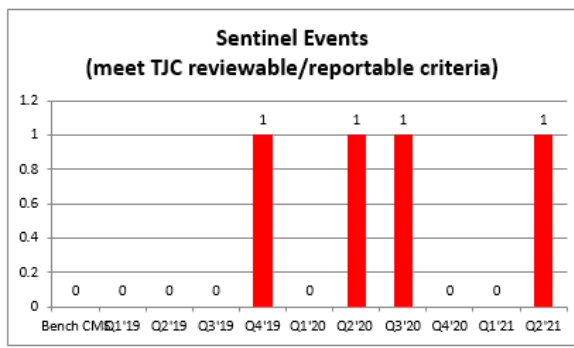
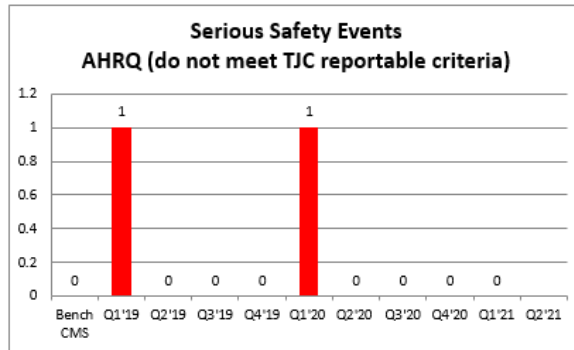
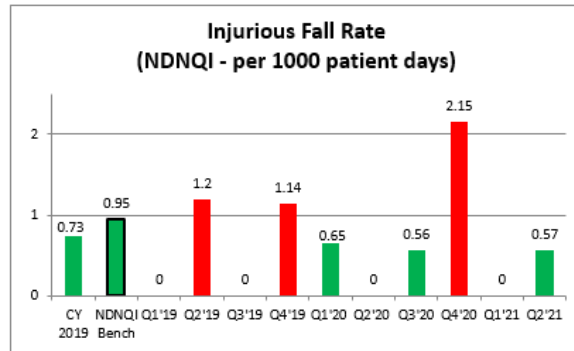
Executive Session

- ***Mr. Johnson made a MOTION to recess into executive session as written in the agenda to discuss several matters.***
 - *Sentinel Event Report*
- ***Mr. Solomon-Gross seconded:*** Executive session recessed at 4:11 p.m., returning to regular session at 4:35 p.m. No action was taken as a result of the executive session.
- **Update on Employee Health and Safety Manager Role**
 - Ms. Moorehead gave an update of the Quality Department's addition of the Health and Safety Manager Role. Megan Anderson will be a fabulous addition to BRH and brings a wealth of knowledge.

Adjournment: 4:37 p.m.

Next Quality Board meeting: September 8, 2021 at 3:30 pm

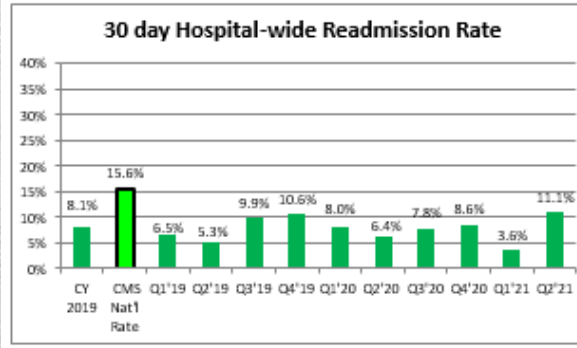
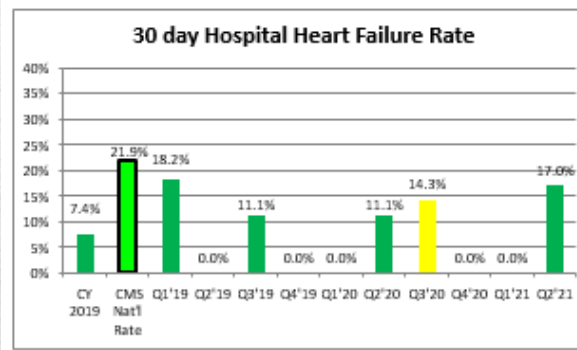
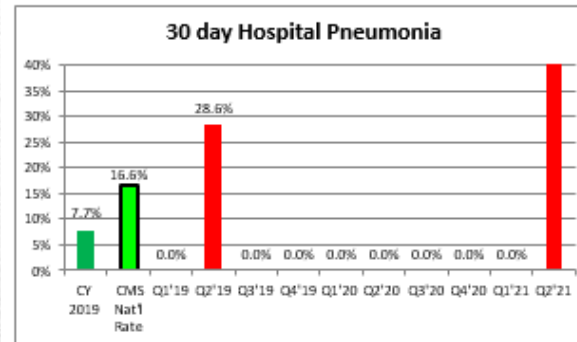
RISK MANAGEMENT – lower is better



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.

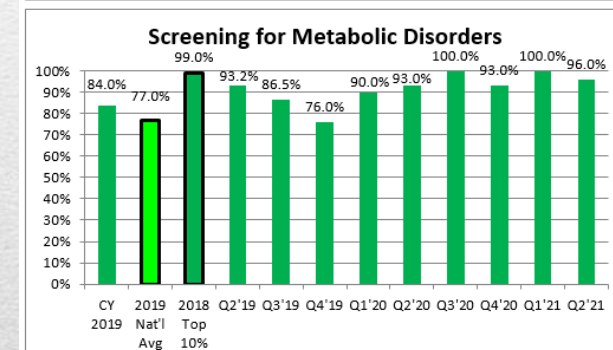
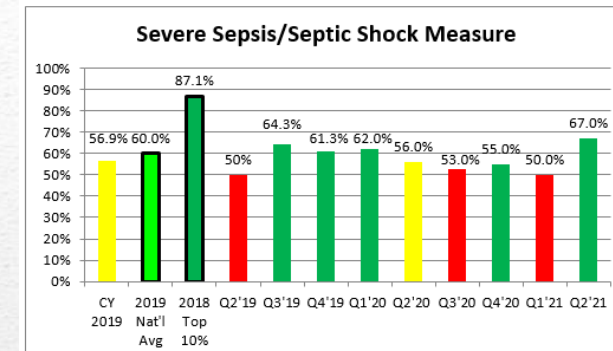
READMISSION RATES – lower is better



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*.

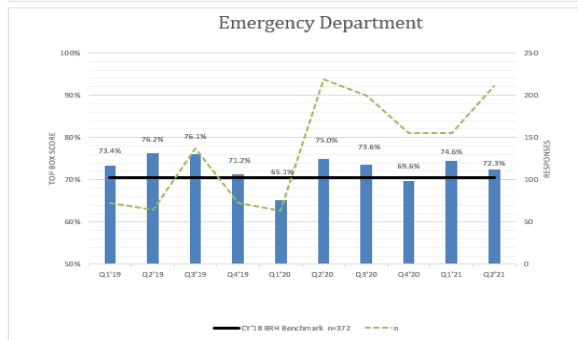
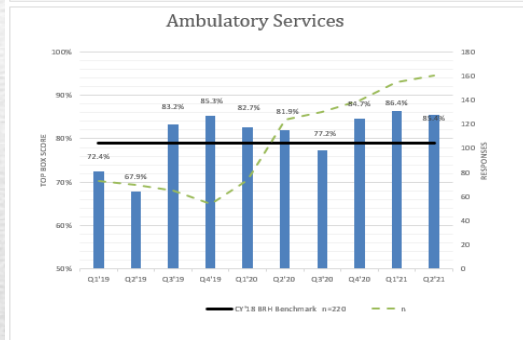
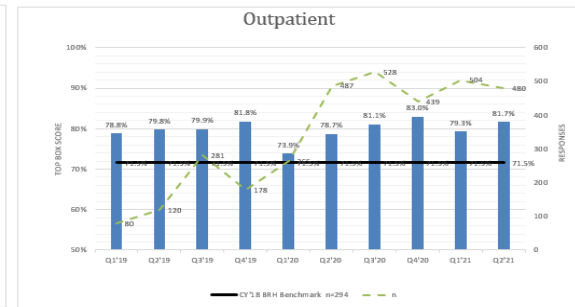
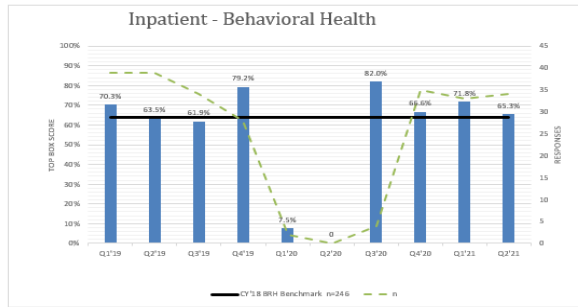
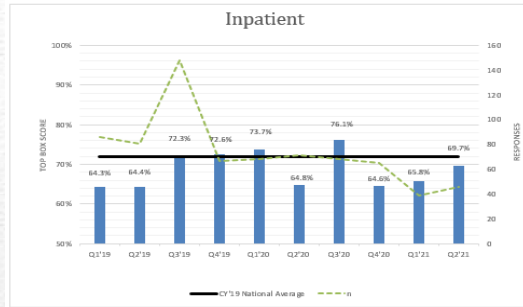
CORE MEASURES – higher is better



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.

PATIENT EXPERIENCE



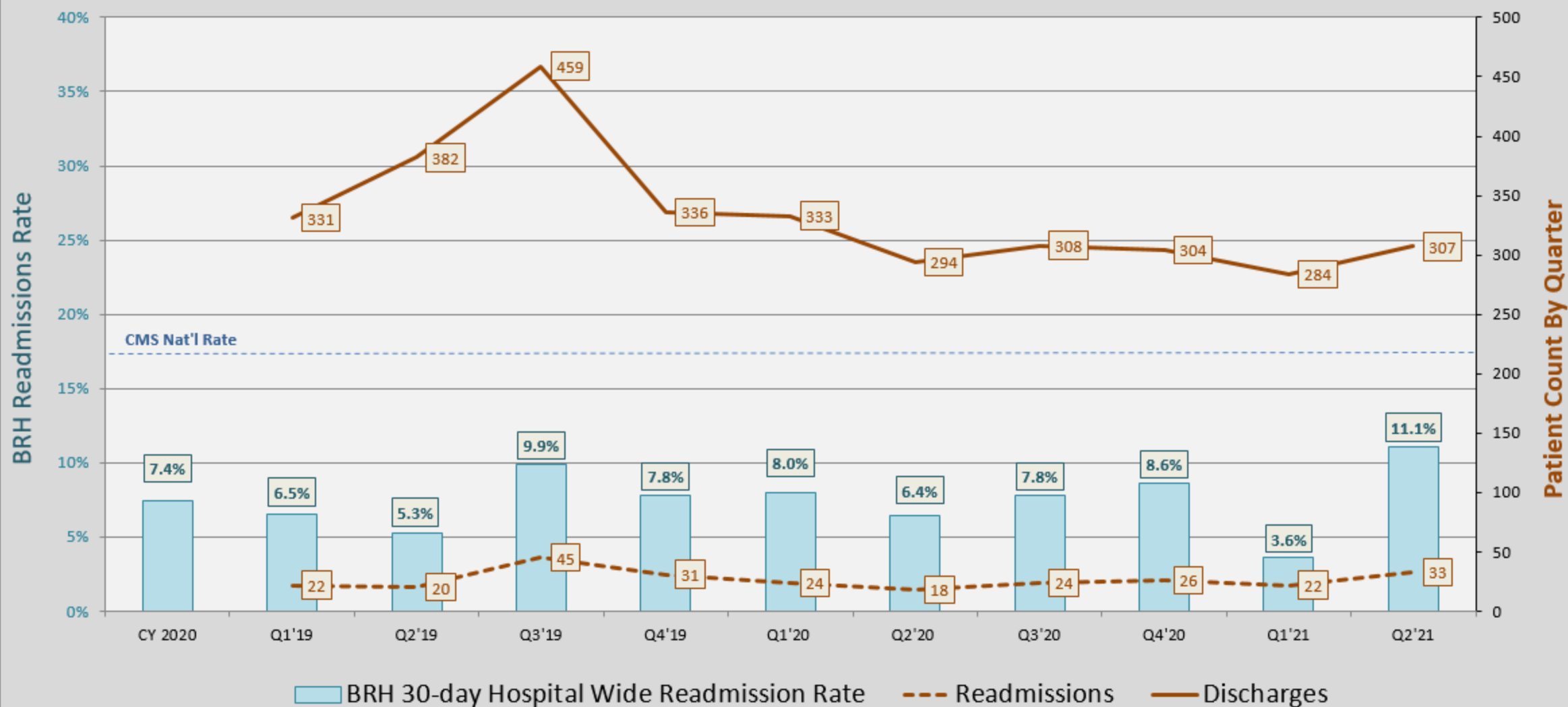
Notes:

- **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.

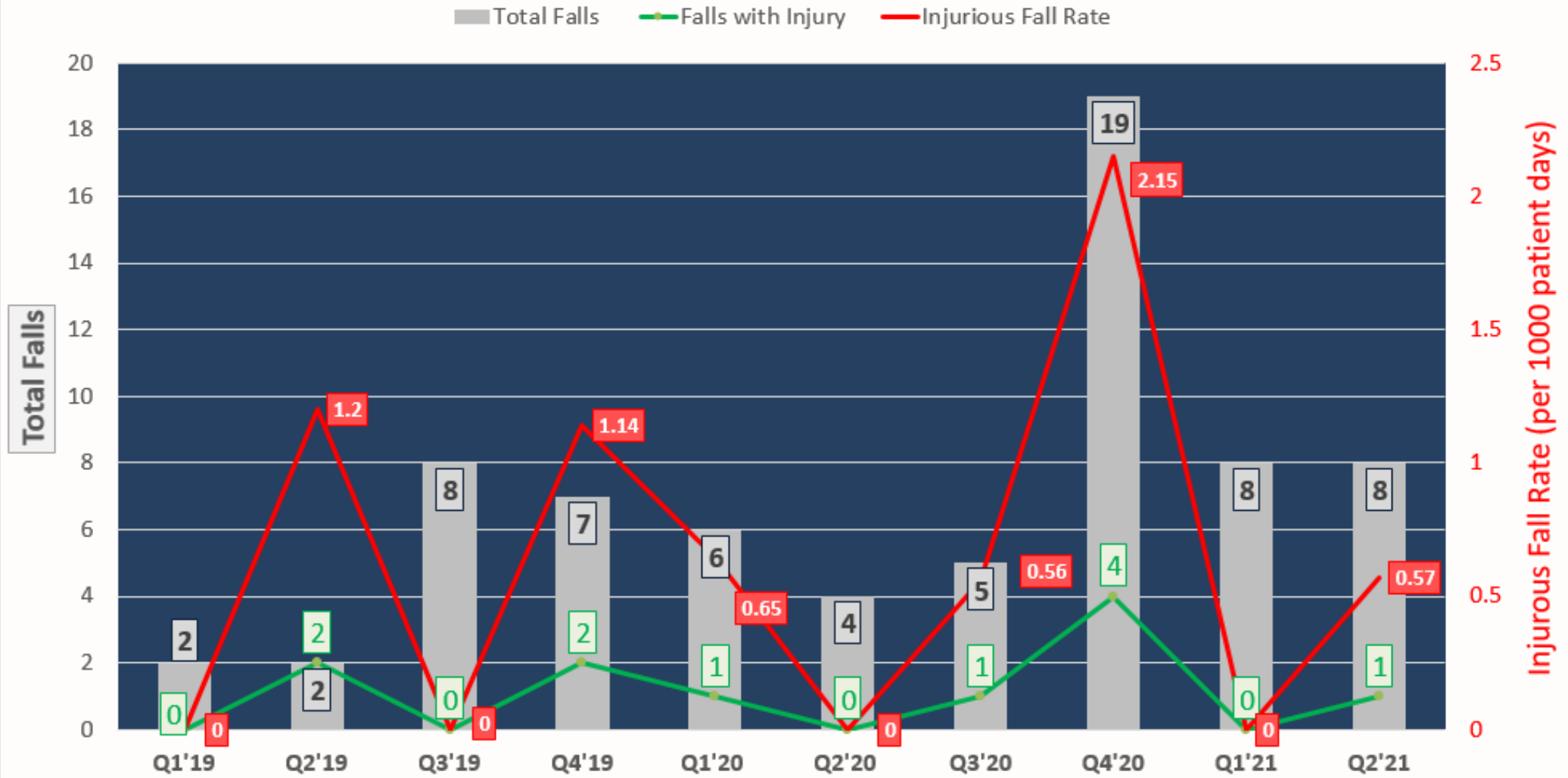
HCAHPS RESULTS

Survey Type	Section	Current n	Current Period (Q2-21)	Previous Period (Q1-21)	Change	
CAHPS	Comm w/ Nurses	45	84.44%	88.89%	-4.44%	▼
CAHPS	Response of Hosp Staff	44	72.05%	70.16%	1.90%	▲
CAHPS	Comm w/ Doctors	45	82.96%	83.58%	-0.62%	▼
CAHPS	Hospital Environment	45	61.77%	75.27%	-13.50%	▼
CAHPS	Comm About Medicines	39	76.79%	68.43%	8.35%	▲
CAHPS	Discharge Information	44	88.37%	84.00%	4.37%	▲
CAHPS	Care Transitions	45	62.64%	52.28%	10.36%	▲

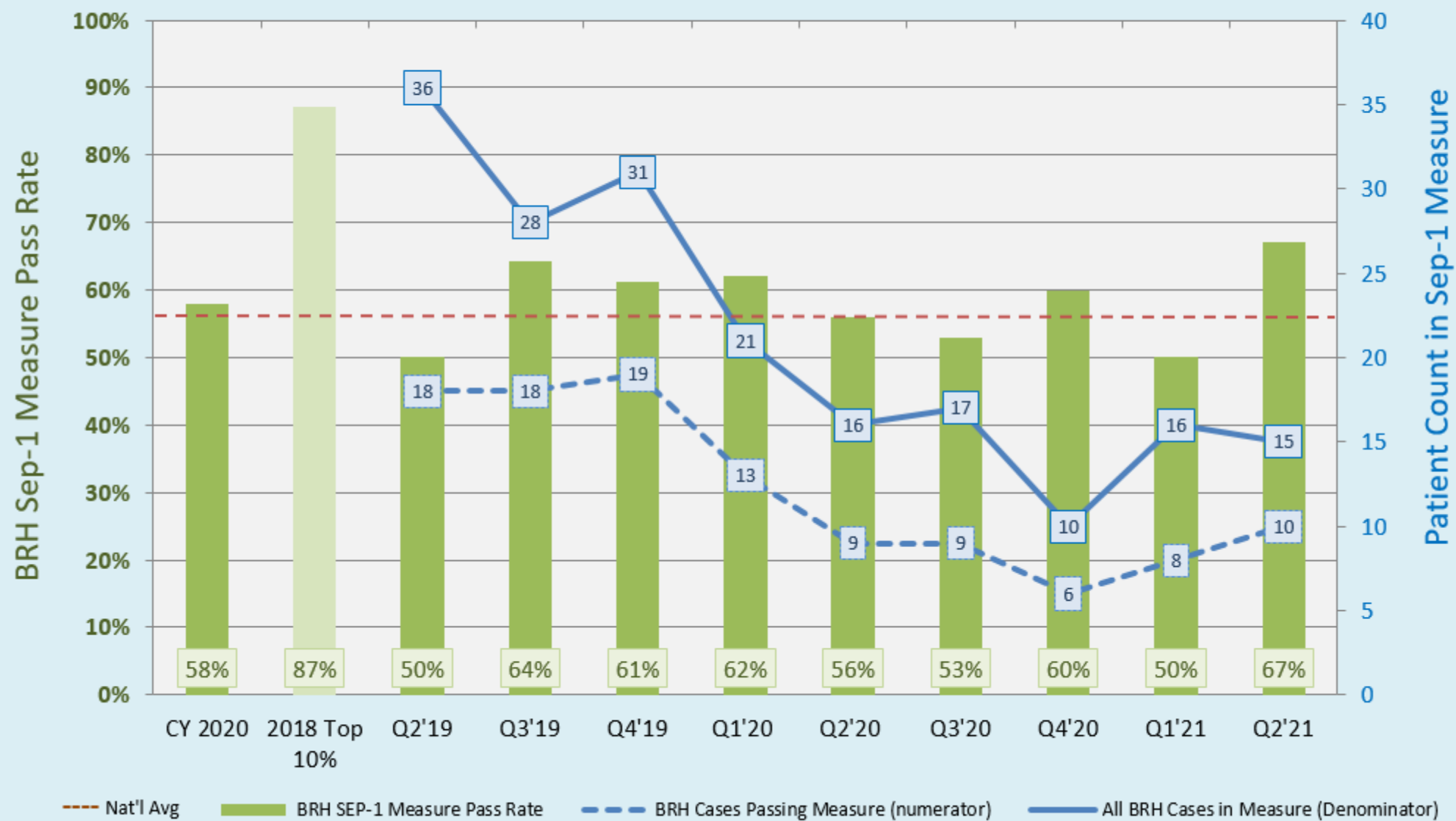
BRH 30-Day All-Cause Hospital-Wide Readmissions



FALLS



CMS Sep-1 Severe Sepsis Septic Shock Measure





Miranda Dumont, Program Specialist/Data Analyst

- Hospital
- Consumer
- Assessment of
- Healthcare
- Providers and
- Systems

What is the HCAHPS Survey?

Delivery Methods

Mail

HCAHP scores are only based off of phone or mailed surveys. Currently BRH does not contract with Press Ganey to conduct phone surveys

eSurveys

In the fall of 2020, BRH began submitting surveys via text and email. Currently, CMS does not recognize the responses from these surveys in the HCAHPS scores

Response Rates

Service Type	Serv Type	Not Returned	Returned	Undeliverable	Mailed	Response Rate
Ambulatory-Overall	All	125	47	11	183	27.3
Ambulatory	AS0101	94	28	1	123	23
Ambulatory-eSurvey	AS0101E	31	19	10	60	38
Emergency-Overall	All	424	77	61	562	15.4
Emergency	ER0101	172	17	11	200	9
Emergency-eSurvey	ER0101E	252	60	50	362	19.2
Inpatient CAHPS	IZ0101	58	19	6	83	24.7
Outpatient-Overall	All	523	127	75	725	19.5
Outpatient	OU0101	90	10	0	100	10
Outpatient-eSurvey	OU0101E	433	117	75	625	21.3

HCAHPS Questions

- Communication w/Doctors
- Communication w/Nurses
- Responsiveness of Hospital Staff
- Communication about Medicines
- Care Transition
- Cleanliness of Hospital Environment
- Quietness of Hospital Environment
- Discharge Information
- Overall Hospital Rating
- Likelihood to Recommend

HCAHP Question

*Before giving you
any new medicine,
how often did
hospital staff tell you
what the medicine
was for?*

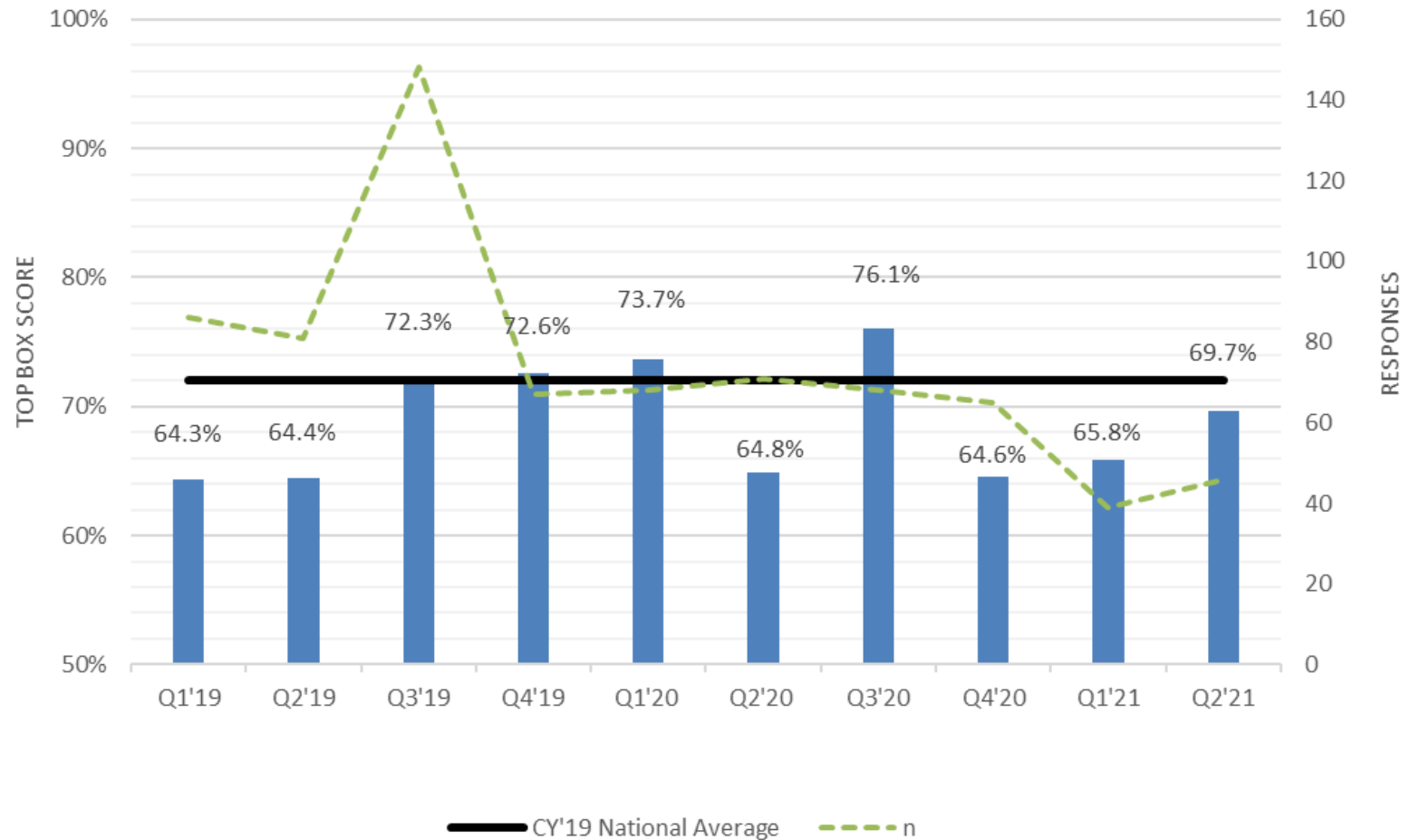
- ☐ **Never**
- ☐ **Sometimes**
- ☐ **Usually**
- ☐ **Always**

HCAHP Question

“During the hospital stay, how often did doctors explain things in a way you could understand?”

- ☐ **Never**
- ☐ **Sometimes**
- ☐ **Usually**
- ☐ **Always**

Inpatient



CAHPS	Global Items	Rate hospital 0-10	46	41	69.57%	82.05%	-12.49%	▼
CAHPS	Global Items	Recommend the hospital	46	88	82.61%	76.92%	5.69%	▲
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	45	35	84.44%	97.44%	-12.99%	▼
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	45	89	84.44%	87.18%	-2.74%	▼
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	45	92	84.44%	82.05%	2.39%	▲
CAHPS	Response of Hosp Staff	Call button help soon as wanted it	43	70	67.44%	76.32%	-8.87%	▼
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	30	90	76.67%	64.00%	12.67%	▲
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	45	52	86.67%	92.11%	-5.44%	▼
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	45	73	82.22%	86.84%	-4.62%	▼
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	45	77	80.00%	71.79%	8.21%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	44	5	59.09%	79.49%	-20.40%	▼

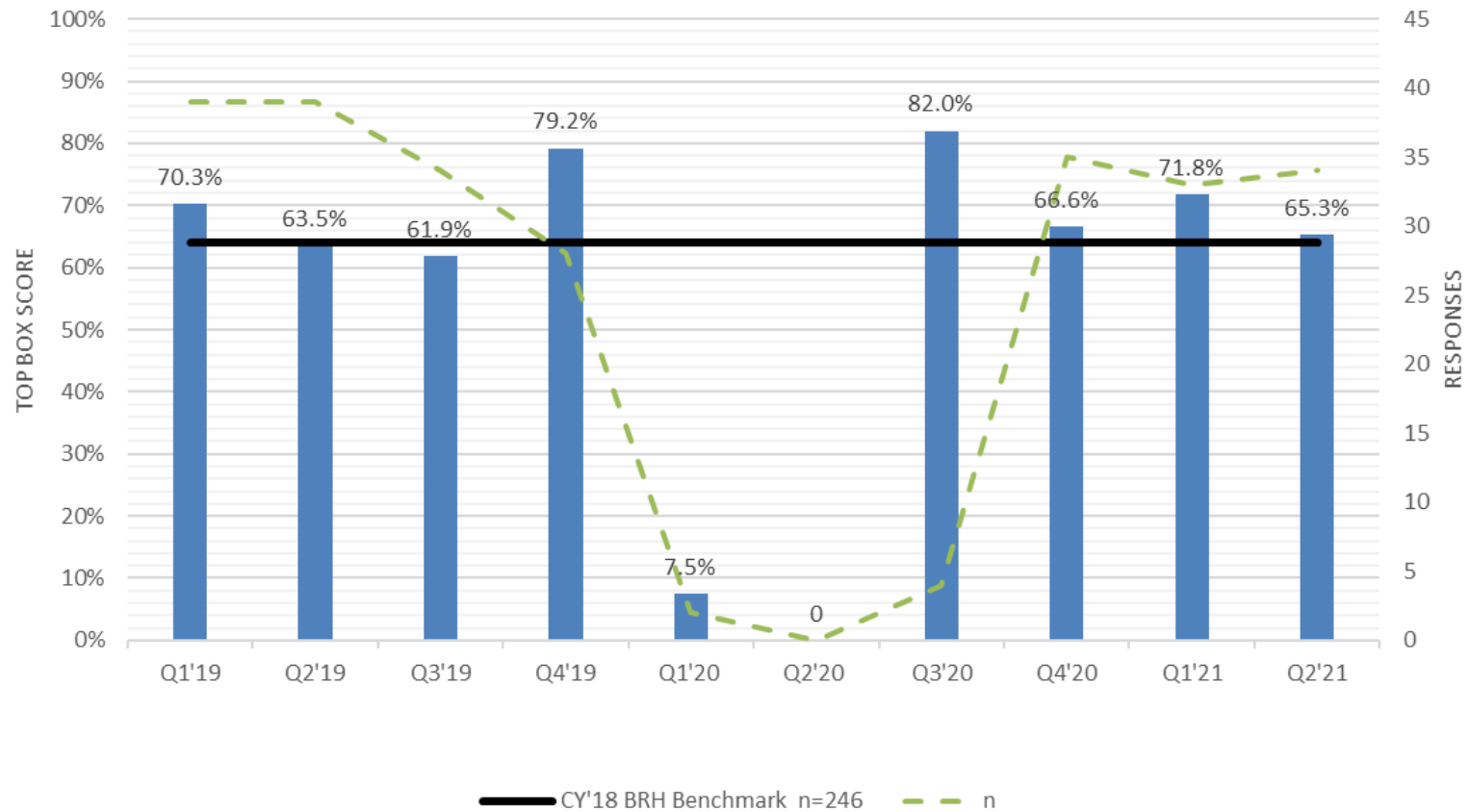
Press Ganey Survey

Rate the services you received from our facility. Select the response that best describes your experience.

- 1. Comfort of waiting area**
- 2. Courtesy of the nurses**
- 3. How well the staff cared about you as a person**

- ☐ **1 – very poor**
- ☐ **2 – poor**
- ☐ **3 – fair**
- ☐ **4 – good**
- ☐ **5 – very good**

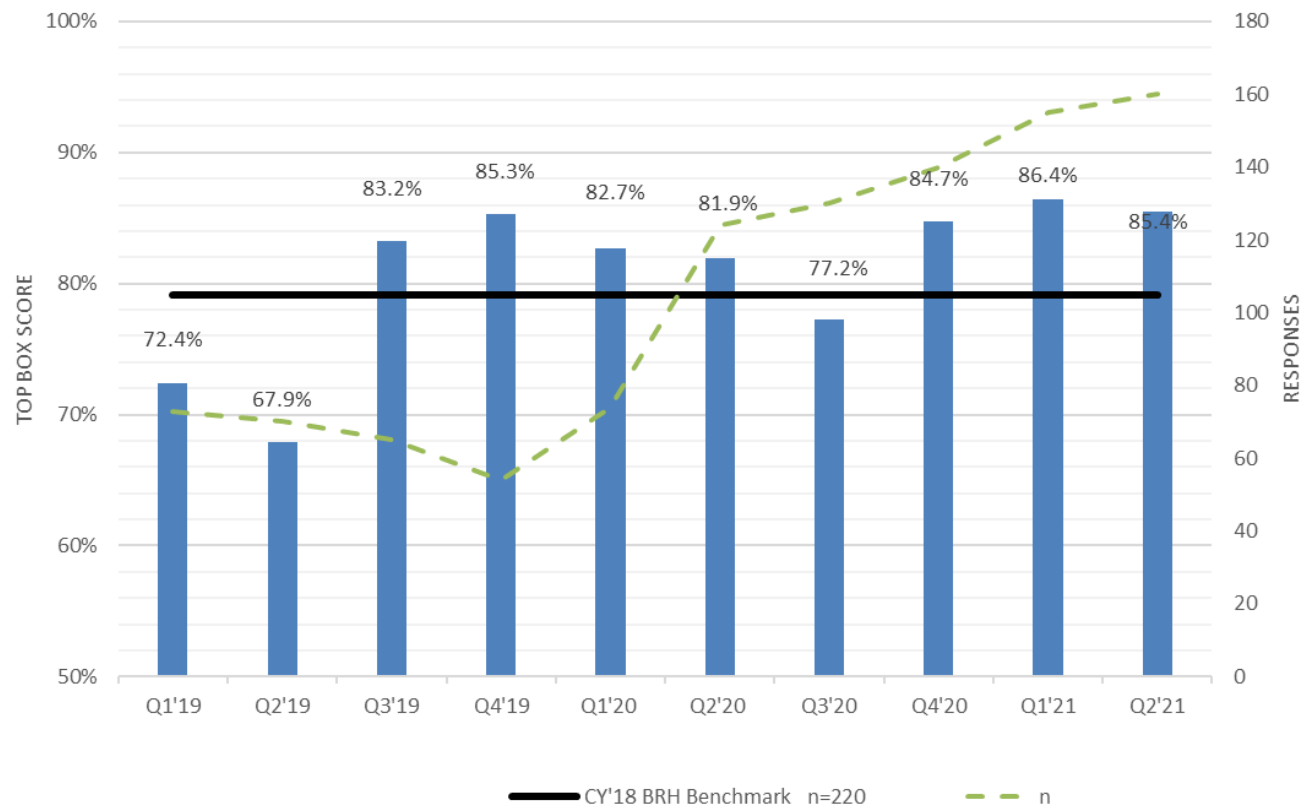
Inpatient - Behavioral Health



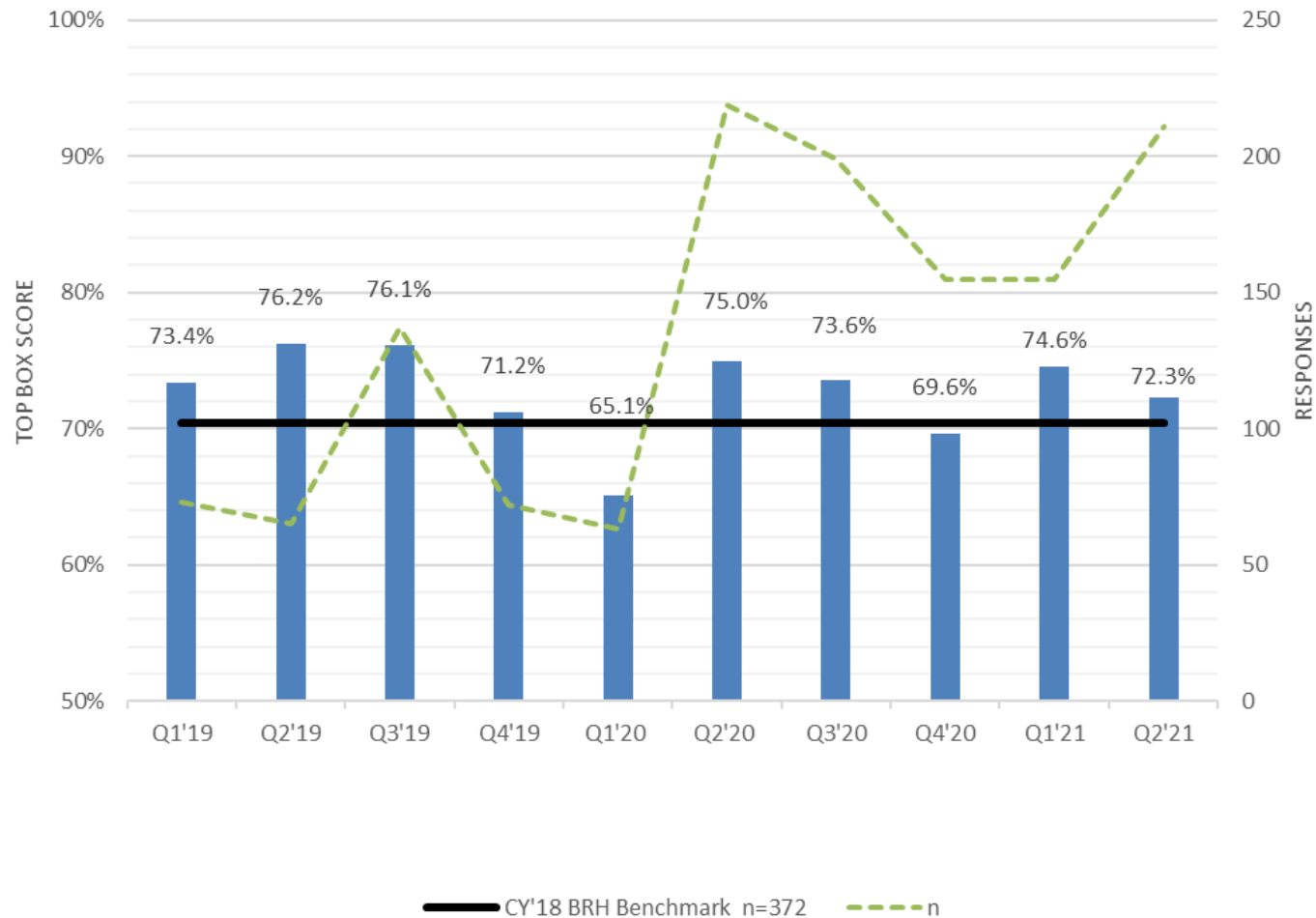
Outpatient



Ambulatory Services



Emergency Department



COVID and FLU Vaccination Plan

What if I still get COVID after I am vaccinated?

No vaccine needs to stop infection for it to have **massive** public health benefit

While the viral load is the same regardless of vaccination status,

It appears that after the vaccine induced immunity kicks in, there is a faster decline in viral load among vaccinated folks.

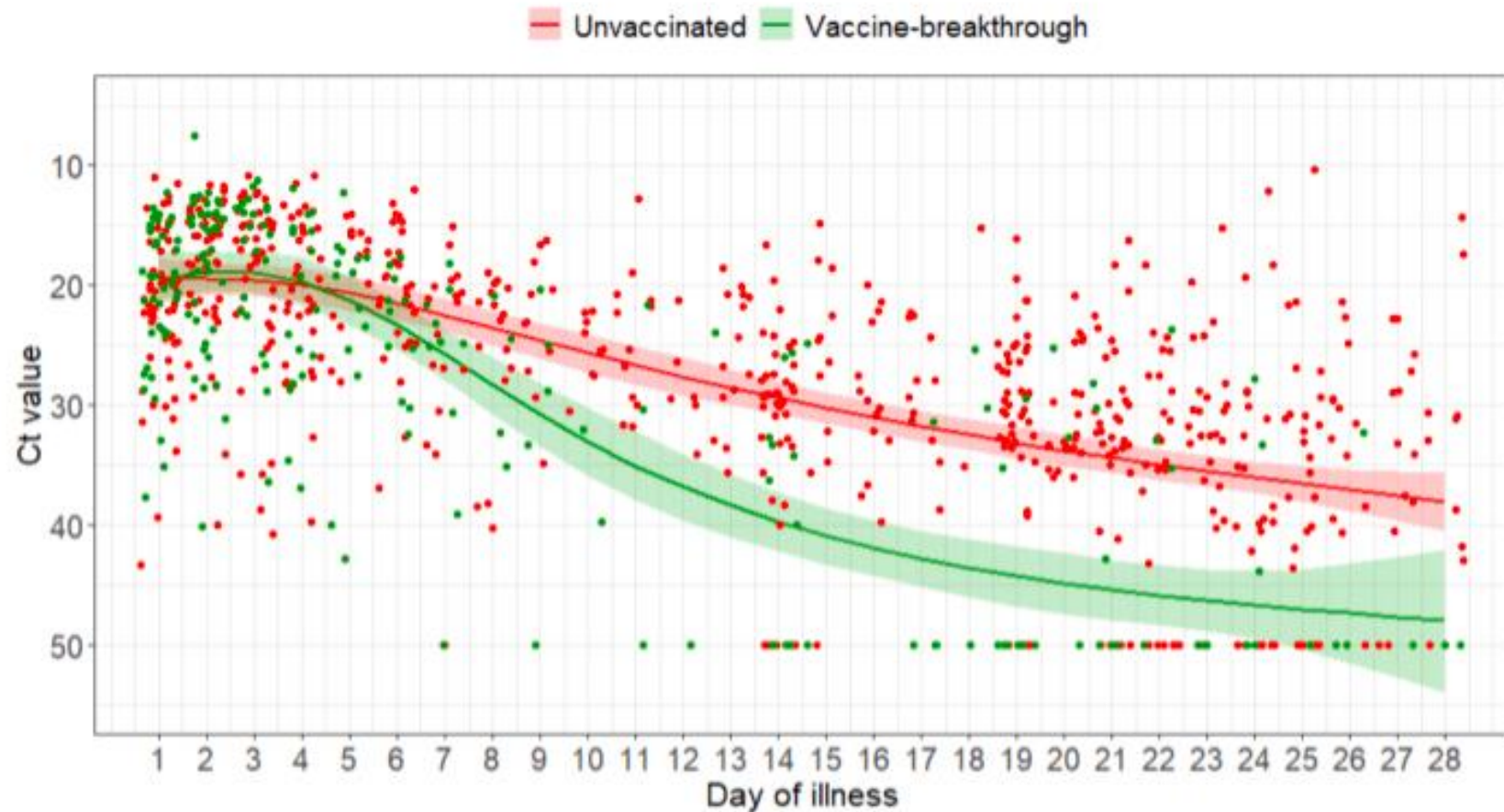
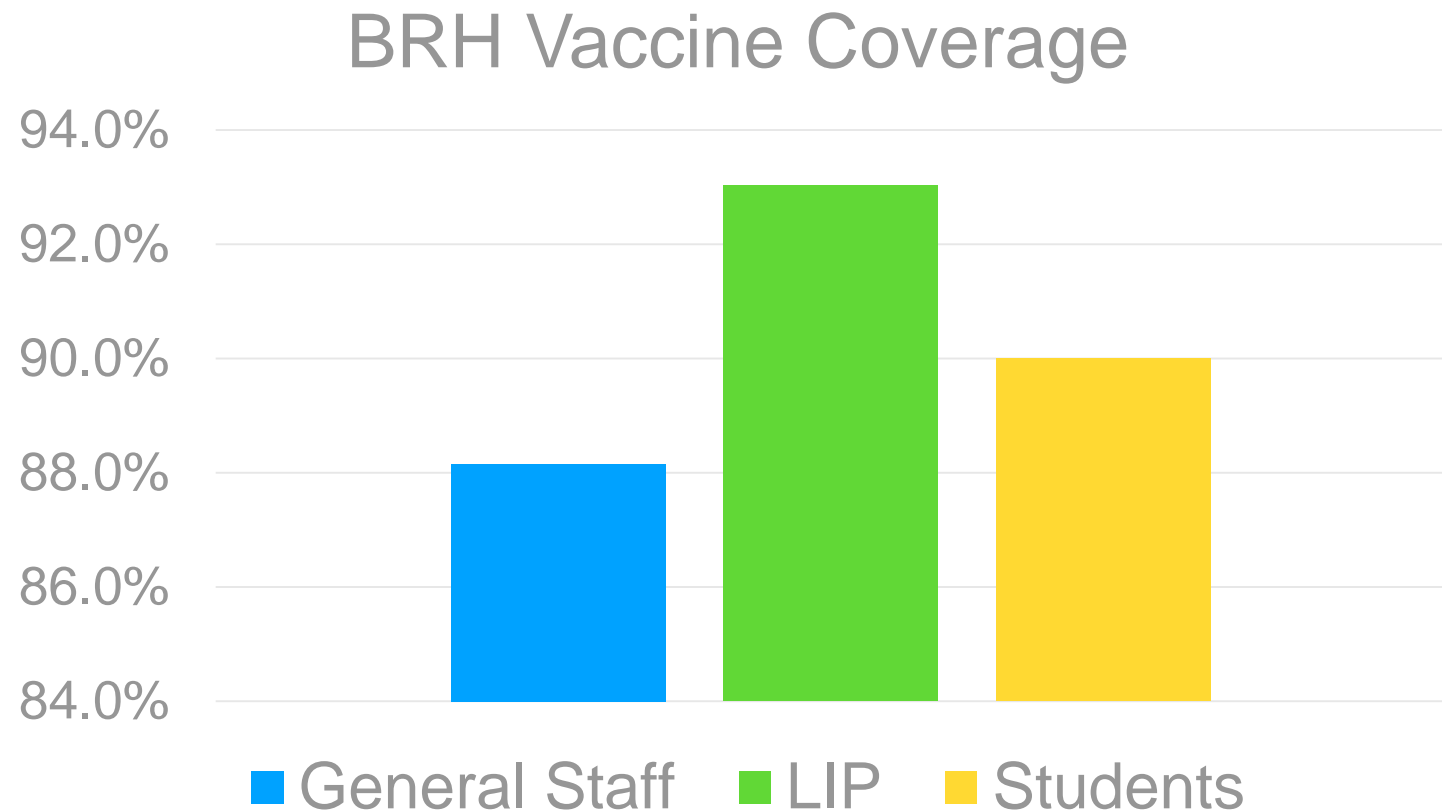


Figure 1: Scatterplot of Ct values and marginal effect of day of illness of COVID-19 B1.617.2 infected

Rates of Vaccination

88.9% COVID vaccination coverage

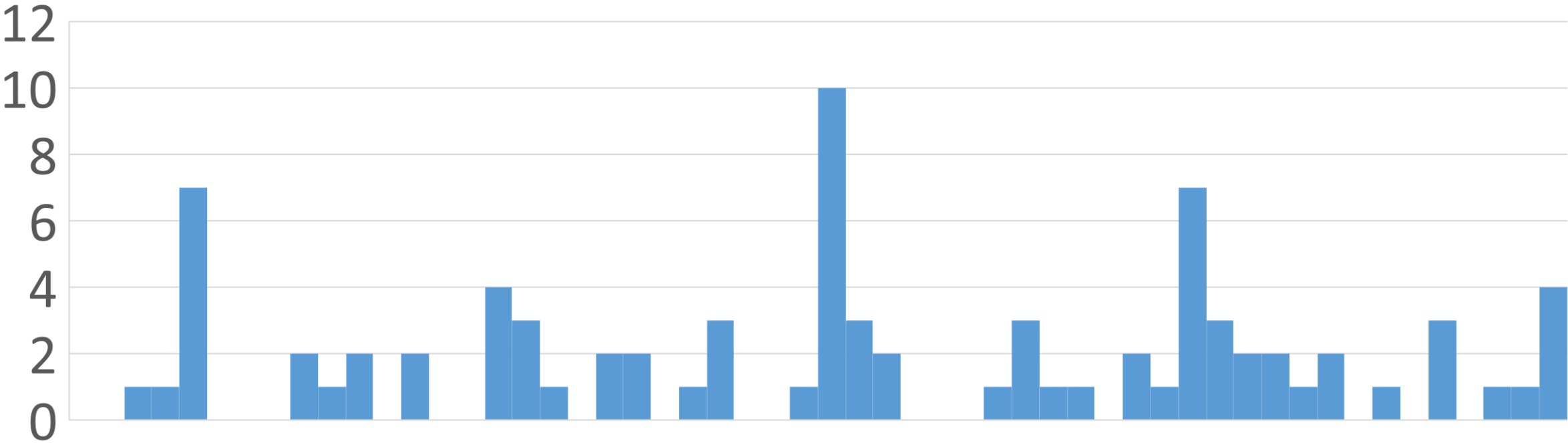
- 726 active staff
- 3 that are fully remote
- 640 fully vaccinated
- 6 that have started series since FDA approval



BRH rates of vaccination

As of 9/2/21


Number of Unvaccinated Employees per Department



Communication

COVID Portal

- Utilize Prepmo
- Call employees to determine if flu shot wanted at same time
- Determine how many want flu at same time
- VacTrAK records

COVID-19 Vaccine Mini-PODs Registra :  [Report Abuse](#) [Help](#)

Calendar View

September 2021

1 Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
August 29	30	31	September 1	2	3 COVID vax	4
5	6	7	8	9	10 COVID vax	11
12	13 COVID B1 COVID B1	14 COVID B1 COVID B1	15 COVID B1 COVID B1	16 COVID B1 COVID B1	17 COVID vax	18 Booster &
19	20 COVID B1 COVID B1	21 COVID B1 COVID B1	22 COVID B1 COVID B1	23 COVID B1 COVID B1	24 COVID vax	25 Booster &
26	27	28	29	30	October 1 COVID vax	2

28/36

COVID-19 Booster Shot Plan

Starting in mid September

Offer daily M-F small clinics (30 appts each session)

7 am- 9 am & 7 pm- 830 pm

Friday clinics continue weekly – first dose, second dose, immunocompromised, and family members

Flu shot with COVID shot

Flu only clinics start in October

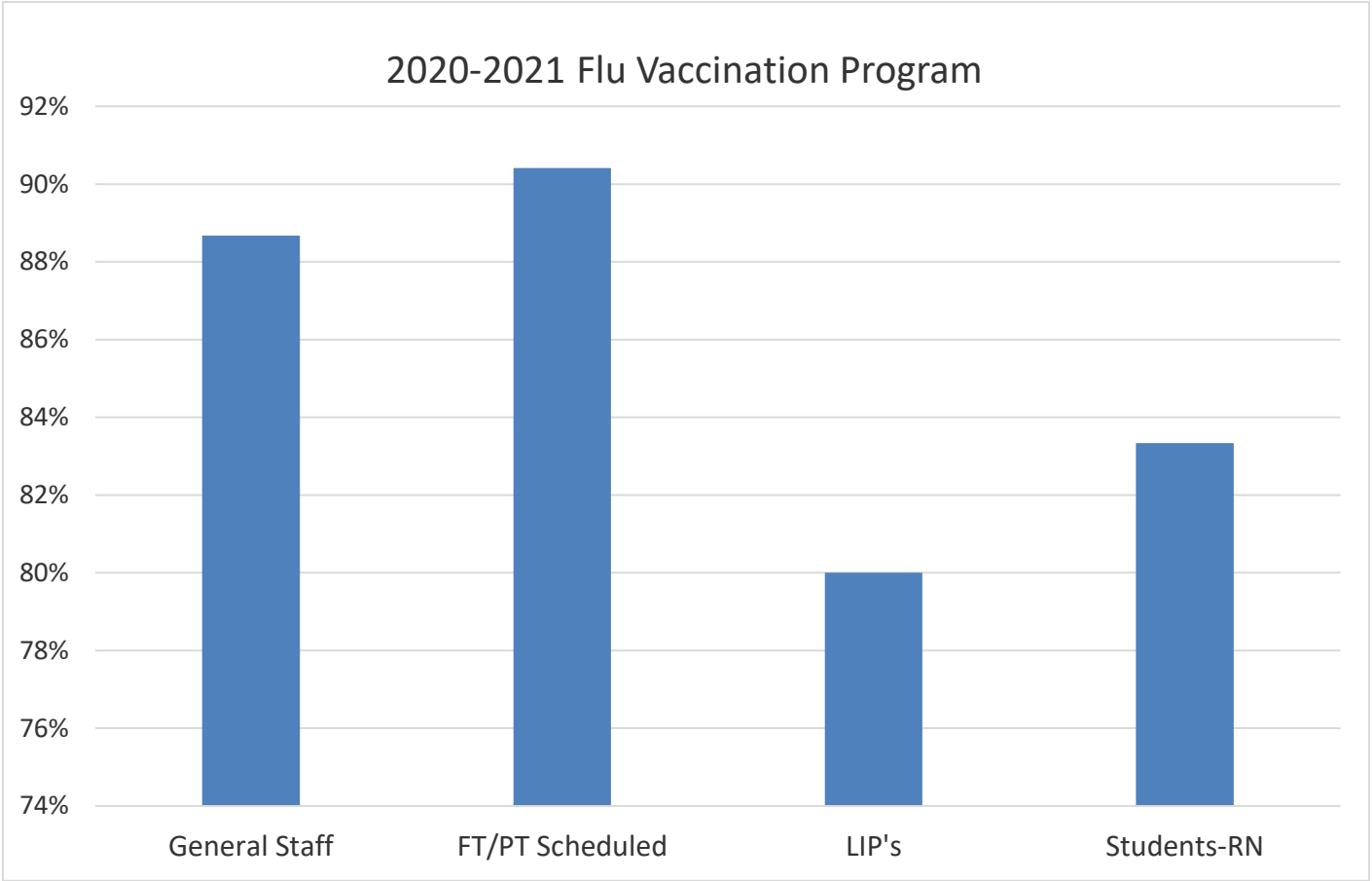
Can get COVID and other vaccines together. No longer required to wait 2 weeks.

Using PrepMod to facilitate organization and documentation

2020-2021 Flu Shot Compliance

Significant reduction in vaccination related to universal masking

Uncertain how compliance with vaccination will change with continued COVID mitigation



Board of Directors Quality Committee

September 8, 2021
3:30 pm

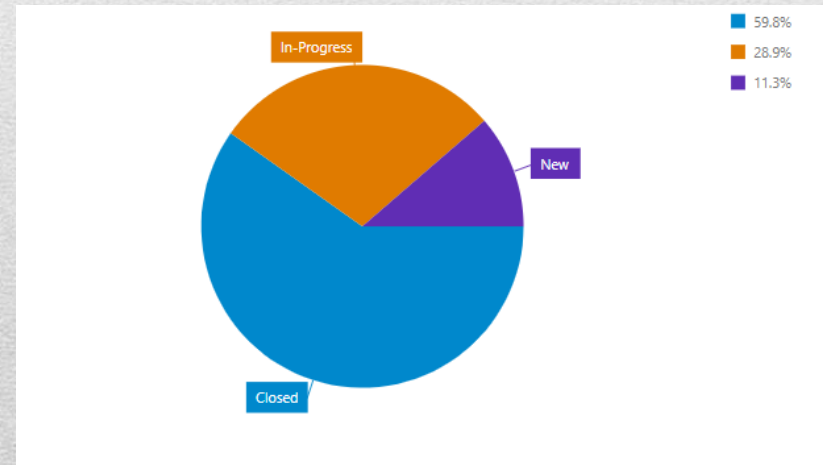
Survey on Patient Safety

- Improvement Opportunities from May Survey
 - Feedback on occurrence reports in a timely manner
 - Communication openness and feedback
 - Support with aggressive and threatening behavior
 - Increase training opportunities for new staff
 - Less turnover in key positions
 - Process Improvement – Better data sharing to frontline staff
 - Training to identify and participate in PI projects
 - EHR – more training
 - EHR – multiple systems creates workflow issues

Occurrence Reporting Improvements

April 30, 2021

- 547 open occurrence reports requiring review and follow up
- September 1, 2021
- 78 open occurrence reports
 - 26 New
 - 52 In-process/Review



Communication

New communication processes in place:

- SLT Updates monthly to all Bartlett Staff
- Bi Weekly Covid and Employee Safety Talks with Infection Prevention
- Rounding by SLT members

In Process:

- Dashboards on patient safety
- Unit based communication boards

Workforce Safety

- Trained additional de-escalation instructors June 2021
- Filled vacant educator position for behavior health
- Initiated Code Gray mock codes in high risk areas (MHU)
- Campus lock down and access devices on all exterior doors
- Improvements in process
 - Patient Sitter monitoring equipment
 - Additional training program for working with high risk patients

Process Improvement

- August - Dedicated a new PI role within Quality to support training and program and filled position.

Work in process:

- Electronic dashboard development
- Revisiting PI coach program