

# Bartlett Regional Hospital

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

## Board Quality Committee January 12, 2022 Minutes

Called to order at 3:31 p.m. by Board Quality Committee Chair, Lindy Jones

**Board Members:** Mark Johnson\*, Hal Geiger\*, Lindy Jones\*

**Staff:** Gail Moorehead\*, Marc Walker\*, Charlee Gribbon\*, Deborah Koelsch\*, Jeannette Lacey\*, Jerel Humphrey\*, Kim McDowell\*, Dallas Hargrave\*, Vlad Toca\*, Karen Forrest\*, Miranda Dumont\*

**Guests:** None

*Mark Johnson made a MOTION to approve the minutes from September 8, 2021 Board Quality Meeting. Lindy Jones seconded, they are approved.*

*Old Business: None*

*Standing Agenda Items:*

### **2021 BOD Quality Dashboard – Deborah Koelsch**

- Deborah Koelsch went over the dashboard which is included in the packet. Dr. Jones would like Deborah to ensure the Emergency Department is reminded of the sepsis criteria.
- Miranda Dumont briefly described the Press Ganey and HCAHPS scores. Our hospital wide scores have increased overall except in the Emergency Department. Dr. Jones noted that lack of visitors could be a contributing factor to decreased scores.

*New Business:*

### **Utilization Management Plan – Jeannette Lacey**

- Jeannette reviewed the Utilization Management Plan updates. There are minimal updates this year. All updates can be found in the packet.

### **Infection Prevention Plan – Charlee Gribbon**

- Charlee shared her evaluation of the 2021 Infection Prevention Evaluation. She went over the 2021 goals and outlined if the measurements were met. Hand hygiene goals were not met in either BRH's observations or through PG scores. The Surgical Site Infection goal was not met with a 0.4 per 100 procedures infection rate. Dr. Jones asked why she believed the rate increased. Charlee explained that during the ED chart reviews she did not see that the patients were not bathed. Kim McDowell explained that supply

chain issues affected the ability to provide full body wipes in the Emergency Department. The Hospital Acquired Infections goal was not met with C. Diff cases rising from 3 in 2020 to 4 in 2021. We did not meet the influenza vaccination goal. We have 95.5% vaccinated at this time. There were no incidences of hospital acquired infection of COVID. We have 98.8% of staff and providers vaccinated. The last goal of reducing the risk of hospital acquired infection (HAI) transmission through surface contamination.

- Charlee shared her risk assessments of hospital acquired infections. She is focusing on Surgical Site Infections, C.DIFF, MRSA and Respiratory Protection.
- No changes were made to her Infection Prevention Plan or the Risk Assessment. The community assessment was changed due to small population changes. Charlee went over the Infection Prevention goals for 2022, which mirror the goals from 2021.

#### **Environment of Care Management Plan – Mark Walker**

- Marc Walker reported on the Environment of care outcomes of 2021. The results of the five programs goals are provided in the packet. The management plans have no changes for the upcoming year. The 2022 goals were presented and are available in the packet.

#### **Patient Safety and Quality Improvement – Gail Moorehead**

- Gail Moorehead reviewed the Patient Safety and Quality Improvement plan for 2022 which is available in the packet. Gail shared the evaluation of the 2021 plan outcomes along with the goals for 2022.

#### **Environmental Health and Safety Program – Gail Moorehead**

- Gail shared the new Environmental Health and Safety Program outline for the next few years. The outline and goals are available in the packet for review.

**Motion made to approve the summary of the 2021 and the 2022 annual plan packets and forward to full board for approval made by Dr. Lindy Jones, seconded by Mark Johnson. Hearing no objections, the motion passes.**

**Adjournment: 4:41 p.m.**

**Next Quality Board meeting: March 9<sup>th</sup> at 3:30 pm**