

# Bartlett Regional Hospital

Board Quality Committee  
Wednesday, May 11, 2022  
3:30 p.m.  
Agenda

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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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Call to order

Approval of the minutes – [March 11, 2022](#)

### Standing Agenda Items:

- Covid Update
  - [2021 BOD Quality Dashboard](#)
  - CMS Liagture Update
- C. Gribbons  
G. Moorehead  
A. Muse

### New Business:

- [Float Contract/Nursing Administration PI Presentation](#)
  - [Patient Flow Committee Update](#)
  - [Materials Management](#)
- A. Sundberg/T.Montez  
G. Moorehead/A. Sundberg  
W. Dodd

**Next Scheduled Meeting:** Wednesday, July 13<sup>th</sup>, 3:30pm

# Bartlett Regional Hospital

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

## Board Quality Committee March 9, 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\*, Kenny Solomon-Gross\*

**Staff:** Gail Moorehead\*, Charlee Gribbon\*, Deborah Koelsch\*, Jeannette Lacey\*, Jerel Humphrey\*, Kim McDowell\*, Scott Chille\*, Jennifer Twito\*

**Guests:** None

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

*Old Business: None*

*Standing Agenda Items:*

### **COVID Update – Gail Moorehead**

- Gail Moorehead presented the current in patient Covid numbers and staff illnesses. She also reviewed the changes around our incident directives and transitioning to permanent operations and policy.

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

- Deborah Koelsch went over the dashboard which is included in the packet.

### **2021 BOD Hand Hygiene Overview – Charlee Gribbon**

- Charlee Gribbon reported on hospital wide hand hygiene dashboard and the 2022 goals to increase our hand hygiene observations.

*New Business:*

### **Cybersecurity Posture Improvement – Scott Chille**

- Scott Chille reviewed the IT department presentation on our IT security program that was included in the packet

### **Certified Nurses Program Initiation – Jennifer Twito**

- Jennifer Twito shared the progress on the certified nurse's program that was established in 2020. The full report is in the board packet. Discussion around how we can support local programs for nursing and other health professions.

**Strategic Plan Quality Goal 5 – Gail Moorehead**

- Gail Moorehead reviewed the actions that are being taken by the quality department to meet the board’s strategic plan goal 5. The complete presentation is in the packet.

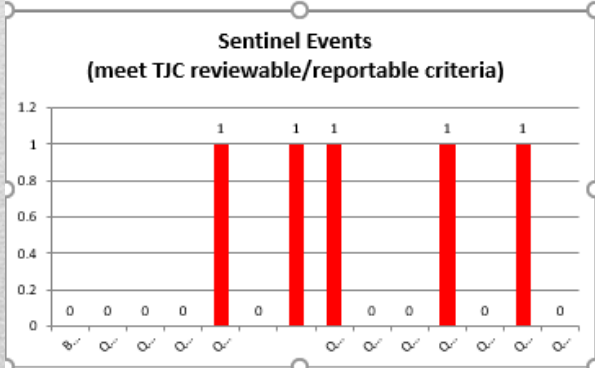
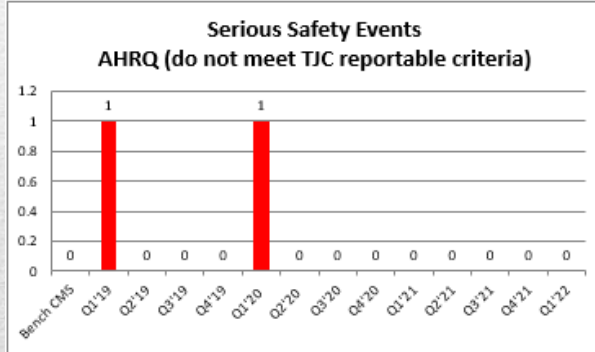
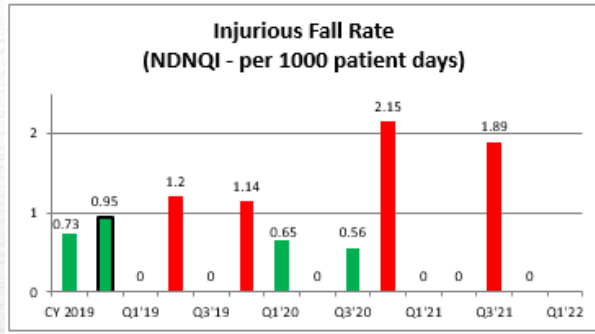
**Motion by Mark Johnson at 4:16 to recess into executive session to discuss several matters: those which by law, municipal charter, and ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure related to a patient sentinel event and other patient safety event reported from The Joint Commission.**

**Committee returned from executive session at 4:33 and adjourned meeting.**

**Next Quality Board meeting: May 11, 2022 at 3:30 pm**

DRAFT

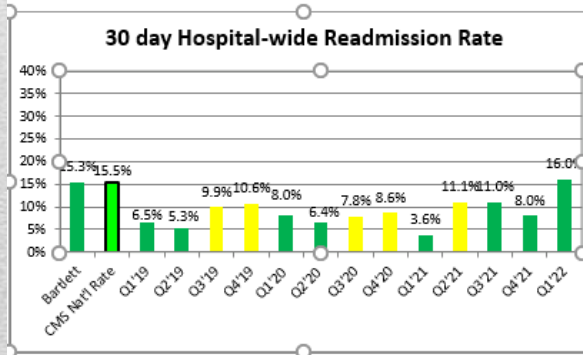
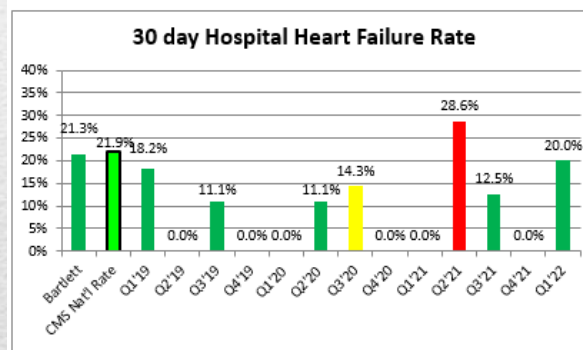
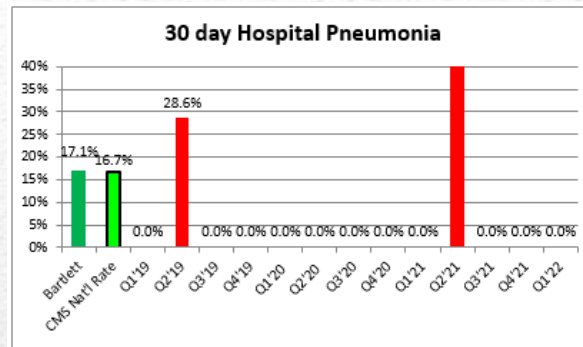
### RISK MANAGEMENT – lower is better



**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.

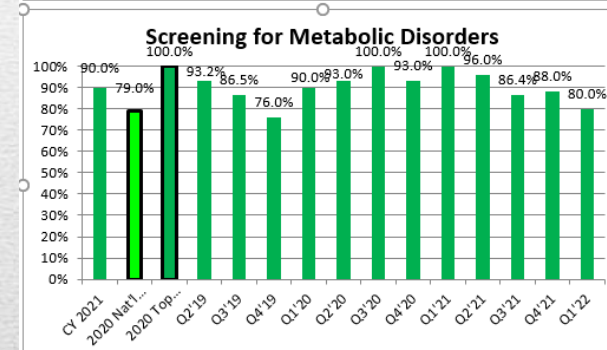
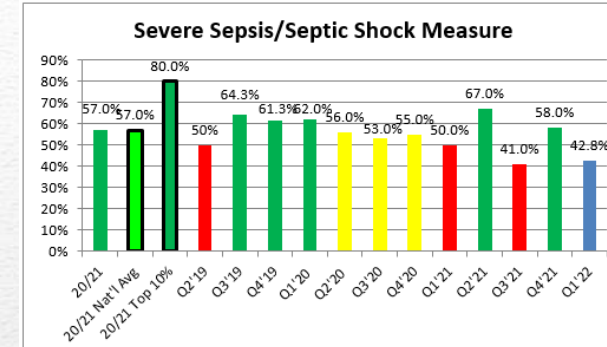
### READMISSION RATES – lower is better



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

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

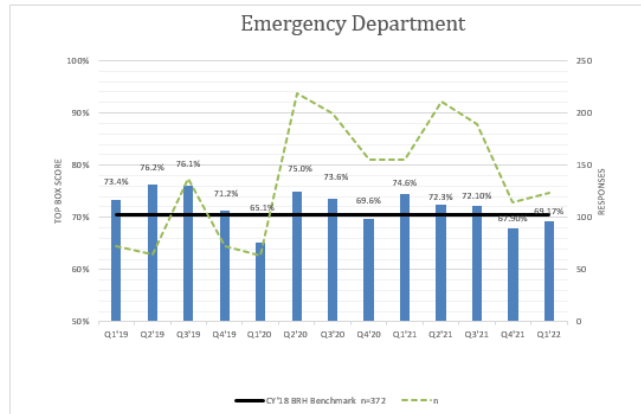
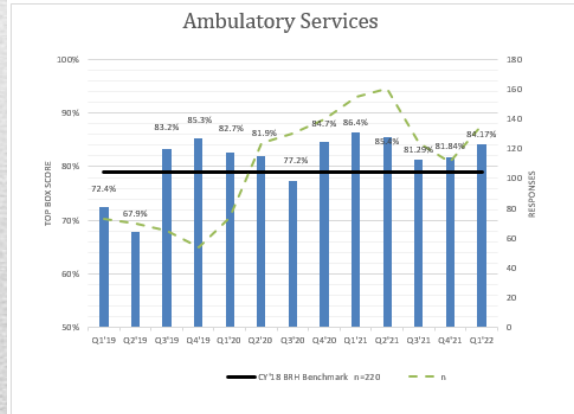
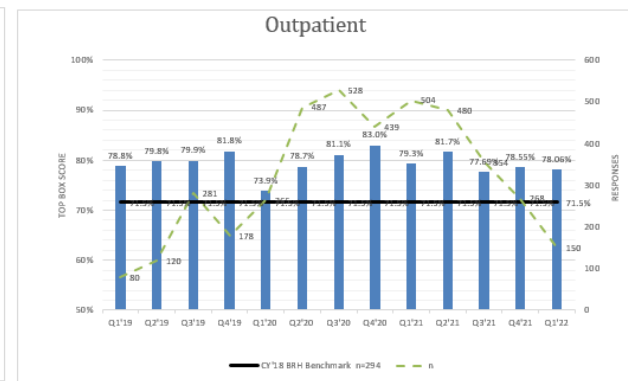
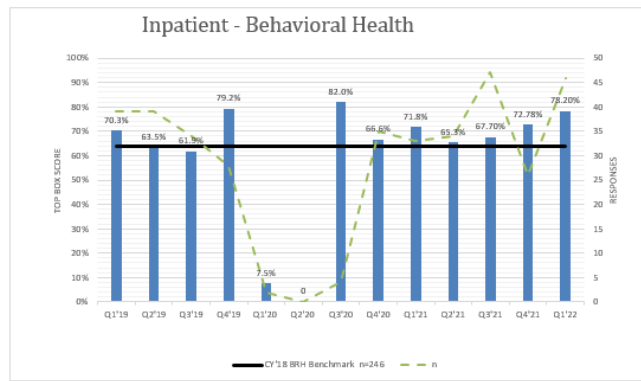
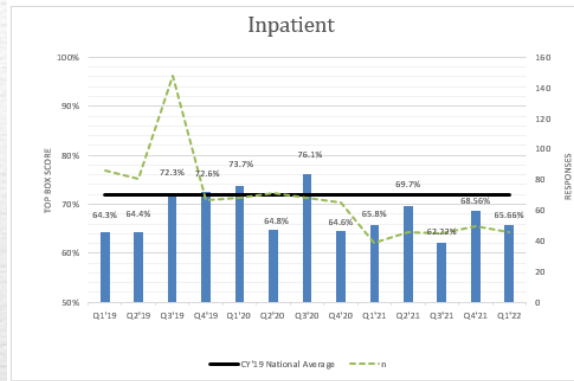
### CORE MEASURES – higher is better



**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 publicly 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.

Peer Group: Hospitals in AHA Region 9  
CAHPS Section/Domain Level N=222

Domains	Questions	Current n	Previous Period (Q4 2021)	Current Period (Q1 2022)	Change	Percentile Rank
Global Items	Rate hospital 0-10	46	76.00%	67.39%	-8.61%	40
	Recommend the hospital	46	76.00%	73.91%	-2.09%	60
Comm w/ Nurses		46	87.18%	84.56%	-2.63%	96
	Nurses treat with courtesy/respect	45	94.00%	91.11%	-2.89%	95
	Nurses listen carefully to you	46	77.55%	84.78%	7.23%	96
	Nurses expl in way you understand	45	90.00%	77.78%	-12.22%	84
Response of Hosp Staff		46	69.72%	76.98%	7.26%	97
	Call button help soon as wanted it	45	70.00%	71.11%	1.11%	93
	Help toileting soon as you wanted	35	69.44%	82.86%	13.41%	98
Comm w/ Doctors		46	80.52%	86.23%	5.71%	95
	Doctors treat with courtesy/respect	46	88.00%	91.30%	3.30%	95
	Doctors listen carefully to you	46	76.00%	86.96%	10.96%	97
	Doctors expl in way you understand	46	77.55%	80.43%	2.88%	90
Hospital Environment		46	73.00%	70.85%	-2.15%	88
	Cleanliness of hospital environment	46	84.00%	82.61%	-1.39%	96
	Quietness of hospital environment	44	62.00%	59.09%	-2.91%	78
Comm About Medicines		33	69.44%	75.00%	5.56%	98
	Tell you what new medicine was for	32	83.33%	81.25%	-2.08%	93
	Staff describe medicine side effect	32	55.56%	68.75%	13.19%	99
Discharge Information		46	84.78%	91.11%	6.33%	89
	Staff talk about help when you left	45	84.78%	91.11%	6.33%	90
	Info re symptoms/prob to look for	45	84.78%	91.11%	6.33%	75
Care Transitions		45	57.01%	52.99%	-4.02%	62
	Hosp staff took pref into account	45	57.14%	53.33%	-3.81%	87
	Good understanding managing health	45	56.00%	48.89%	-7.11%	44
	Understood purpose of taking meds	37	57.89%	56.76%	-1.14%	45

# Float Contracts

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Nursing Admin Department

Tonia Montez, Director

# Identified Issues w/ Paper Float Contract Process

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- Paper float contract process confusing to employees
- Difficult to track completed, discontinued and/or open float areas by HS and CS
- Float list that was always out-of-date, paper process creating staffing issues and requiring frequent follow-up
- Multiple agencies (IT, IS, payroll, CS, HS, staff development, HR, clinical IS) required to approve or be notified to establish float contract access



# Corrective Measures to Paper Float Contract Process

- Float contracts made electronic via smartsheets
- Automatic electronically generated emails to notify multiple agencies in the float contract establishment process of a new and approved contract
- Follow-up automatically generated emails to CS, Employee and Home Unit Directors for completed, denied or discontinued contracts to improve float list accuracy

## BRH FLOAT CONTRACTS



### Please Read

- Your float contract will expire after 6 months. If your contract is not completed in 6 months, you will receive an email to reinstate a float contract.
- If your float contract is denied by your home unit director, float unit director, or HR, you will receive an email of the denied contract status.
- It is the employees responsibility to read the Float Contract Policy in PolicyTech and reach out to your director if you have questions or concerns.

[Click HERE to Initiate a Float Contract](#)



# A Look at the Electronic Float Contract

smartsheet

## New Float Contract

Before submitting your float request, please read the float policy by clicking on the link below:  
<https://bartlethospital.policytech.com/dotNet/documents/?docid=9543>

Unit Directors & Managers:  
BSSO: Latrice Hay  
OOU: Audrey Rasmussen  
Diagnostic Imaging: Paul Hawkins  
ED: Banu Mufale  
EVS: Marc Walker  
Infusion: Jennifer Gutierrez  
MedSurg: Maggie Schoenfeld  
Mental Health Units (MHU, RRC, WMU): Tonia Montez  
Nursing Admin(Central Staffing, House Sup, Patient Obs.): Tonia Montez  
OB: Lauren Beason  
OR: Lorie Holte  
PES: Robert Partin  
SDS: Sarah Holzman

Employee Name (Last, First) \*

Legal Name Only-No Nicknames

Please enter your BRH email address \*

Home Unit \*

Select or enter value

Current Position/Job Title \*

Select

Float Unit \*

Select or enter value

Requested Float Unit Position/Job Title \*

Select or enter value

Float Unit Director \*

Select or enter value

I have read the float policy \*

Send me a copy of my responses

Submit

Powered by smartsheet  
[Privacy Notice](#) | [Report Abuse](#)

# A Look at the Electronic Float Contract

Float Contract Status	Employee Name (Last, First)	Link to Float Policy	Initial Date of Contract	Home Unit	Current Position/Job Title	Home Unit Director	Home Unit Director approval	Float Unit	Requested Float Position/Job Title (orient)	Float Unit Director	Float Unit Director approval	HR Approval (required prior to IT alert)
In Process	Russell, Mayah	<a href="#">Info / Info</a>	05/11/21 5:17 PM	Nursing Admin	BHA	Tonia Montez	Approved	MHU	BHA	Tonia Montez	Approved	Approved
In Process	Wilhelm, Mira	<a href="#">Info / Info</a>	05/24/21 7:31 AM	OB	RN	Lauren Beason	Approved	ED	RN	Baru Mufale	Approved	Approved
In Process	Evans, Sarah	<a href="#">Info / Info</a>	06/03/21 3:42 PM	MS	RN	Margaret Schoenfeld	Approved	CCU	RN	Audrey Rasmussen	Approved	Approved
In Process	Guizio, Miranda	<a href="#">Info / Info</a>	06/03/21 3:43 PM	MS	RN	Margaret Schoenfeld	Approved	PACU	RN	Lori Holte	Approved	Approved
In Process	Clark, Anna	<a href="#">Info / Info</a>	06/06/21 5:06 PM	MS	RN	Margaret Schoenfeld	Approved	MHU	RN	Tonia Montez	Approved	Approved
In Process	Olmstead, Jacob	<a href="#">Info / Info</a>	06/14/21 10:46 AM	CCU	RN	Audrey Rasmussen	Approved	Nursing Admin	House Supervisor	Tonia Montez	Approved	Approved
In Process	Dapceovich, Leanne	<a href="#">Info / Info</a>	06/14/21 12:30 PM	OB	RN	Lauren Beason	Approved	ED	RN	Baru Mufale	Approved	Approved
In Process	Barnes, Nancy	<a href="#">Info / Info</a>	06/15/21 6:55 PM	SDC	CNA	Sarah Holzman	Approved	MS	CNA	Margaret Schoenfeld	Approved	Approved
In Process	Barned, Koreana	<a href="#">Info / Info</a>	06/24/21 8:39 PM	MHU	BHA	Tonia Montez	Approved	VMU	CNA	Tonia Montez	Declined	Declined
In Process	Orsi, Megan	<a href="#">Info / Info</a>	06/25/21 8:28 AM	CCU	RN	Audrey Rasmussen	Approved	VMU	RN	Tonia Montez	Approved	Approved
In Process	Pusich, Hailey	<a href="#">Info / Info</a>	06/30/21 12:30 AM	OB	RN	Lauren Beason	Approved	VMU	RN	Tonia Montez	Approved	Approved
In Process	Hall, Heidi	<a href="#">Info / Info</a>	06/30/21 7:37 AM	OB	RN	Lauren Beason	Approved	VMU	RN	Tonia Montez	Approved	Approved
In Process	Rohwer, Shayna	<a href="#">Info / Info</a>	06/30/21 8:42 PM	OB	RN	Lauren Beason	Approved	VMU	RN	Tonia Montez	Approved	Approved
In Process	Yang, Ka	<a href="#">Info / Info</a>	07/01/21 2:14 PM	VMU	RN	Tonia Montez	Approved	MHU	RN	Tonia Montez	Approved	Approved
In Process	Gibson, Maria	<a href="#">Info / Info</a>	07/02/21 12:49 PM	Nursing Admin	RN	Tonia Montez	Approved	RRC	RN	Tonia Montez	Approved	Approved

# Quantitative Outcomes

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- 58 contracts expire as of 11/2021 with follow-up email sent to employees
- 64 completed float contracts since 07/2020
- 75 pending float contracts as of 11/2021
- Total of 197 electronic float contract forms initiated since 07/2020

# Qualitative Outcomes

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- Increased productivity due to passive automated workflows
- Improved Unit Director, HR, IT, Payroll, & Clinical Systems response time
- Decreased errors in float list, staff placement planning
- Increased float contracts generated
- Efficient use of time b/c of improved documentation of contracts for HS, Unit Directors and CS

## Areas of Identified Improvement

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- Improve I.T. response to smartsheet process completion sign-off to signify employee has appropriate float unit access
- Completing float contracts within 6 months to improve staffing flexibility
- Synch Float Contracts to Float List to decrease human clerical error during float area documentation



# Benefits of Process Improvement

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- Float data is being utilized to support and generate other process improvement projects
- Reliable and accurate contract data archived for analysis of trends
- Contract data available to multiple departments due to electronic sheet sharing capabilities
- Electronic process simplifies employee's role in initiating contracts and encourages greater employee response
- Potential to reduce human clerical error while utilizing Smartsheet's product features

# Thank you!

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Questions or comments?



Patient Flow process to be efficient through policy creation supported by objective and subjective data. Identify breakdowns in staffing, process, flow and resource availability. Address breakdowns with SMART goals for strategic objectives.

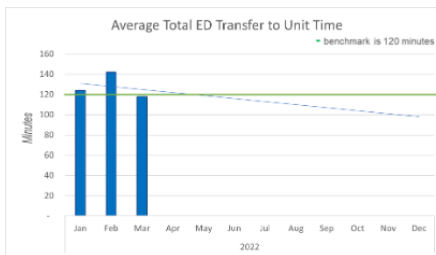
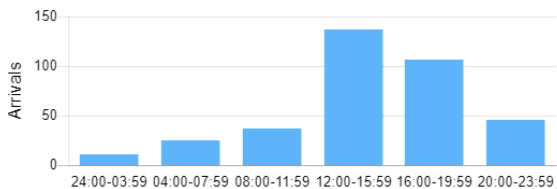
(1) Monthly review of T-Systems and Meditech for documented time stamps of specific care events and transfers. (2) Employee Patient Flow Survey for Staff Feedback: [Click Here for Link to Feedback Dashboard](#)

At Bartlett Regional Hospital we [C.A.R.E.](#)

# PATIENT FLOW REPORTING

## ED Transfer to Unit

ED Arrival by Time of Day



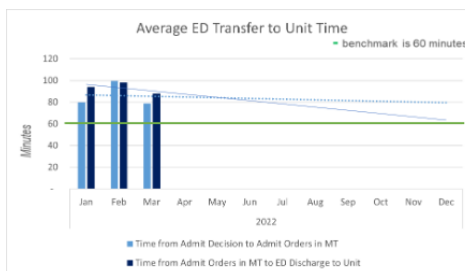
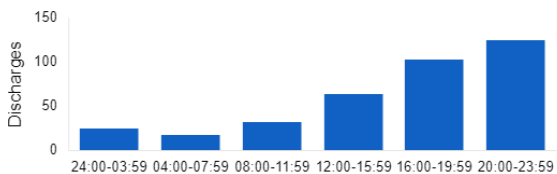
362

Admits in From ED ... Inpatient

87

Medevacs out of ED in 2022

ED Discharge by Time of Day



### RESOURCES

- 🔗 Patient Flow Feedback
- 🔗 Medevac Q1 Jan-Mar...
- 🔗 Medevac Q2 Apr-Jun ...
- 🔗 Transfer Center Data

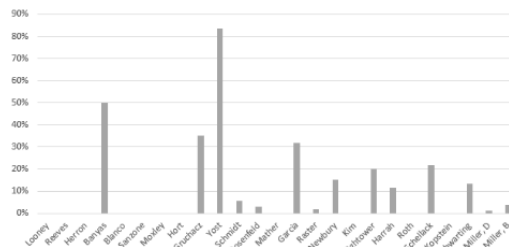
### Order to Transfer Delays (minutes)

From Transfer Date: 1/1/2022  
Thru Transfer Date: 3/18/2022

Transfer From	Transfer To	Transfers	Avg Order To Transfer
CCUI	MHUI	1	891.0
CCUI	MSI	65	368.8
CCUI	OBI	1	16.0
CCUI		67	371.3
MSI	CCUI	8	58.0
MSI	OBI	1	88.0
MSI		9	61.3
OBI	CCUI	2	46.5
OBI		2	46.5
SDS	CCUI	1	49.0
SDS		1	49.0
All		79	323.7

### SDS Transfers to Phase II \*\*NOT UPDATED\*\*

Percent of Procedures w Late Transfer to Phase II

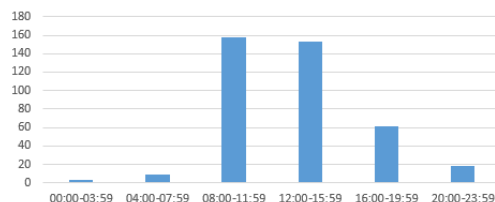


### Patient Flow - Admission Orders

From: 1/1/2022  
Thru: 3/18/2022

Admit Location	Admissions	Avg Disp to Disch (Min)
CCUI	128	165.3
MHUI	31	161.3
MSI	163	216.1
OBI	2	113.5

Transfers to Phase II by Time of Day



# PATIENT FLOW SMART GOALS

Breakdown r/t	Primary	Priority Level	Delegate to	Delegate Contact	Measurable (How will the goal be evaluated)	Relevance (How will the action improve your goal)	Specific Action
Staffing	Lack of nurse on unit, not enough (x2)						
Staffing	Staffing by numbers V. Patient acuity						
Staffing	No beds						

<b>Staffing</b>	Staff sick call coverage						
<b>Process</b>	ED calls to notify of admit as soon as patient arrives to ED, hours before admit						
<b>Process</b>	PAS bottlenecks						
<b>Process</b>	MD calling orders into floor for RN to enter						
<b>Process</b>	D/C is slow on MHU						
<b>General Flow</b>	Appropriate admission status						
<b>General Flow</b>	ED holds patients all day						
<b>General Flow</b>	Time from admit to SW assess						
<b>General Flow</b>	ER to OR to Inpatient						
<b>General Flow</b>	Admits held when floor staff overwhelmed						
<b>General Flow</b>	MHU overflow to MS						
<b>General Flow</b>	MDs not wanting to transfer or DC "just one more day"						
<b>General Flow</b>	MHU transfer delay						
<b>General Flow</b>	Late transfers						
<b>General Flow</b>	Late MD rounding						
<b>General Flow</b>	Admit Decision to Order Time						
<b>OR Flow</b>	Late OR Admits						
<b>OR Flow</b>	Patient not ready for surgery (x2)						
<b>OR Flow</b>	Delay in Moving patient from PACU to MS						
<b>OR Flow</b>	Delay in Moving patient from PACU to MS						

## Joint Commission Patient Flow Standards and Issues Identified

# Supply Chain & Backorder Monitoring

Materials Management

# Improvement Goal

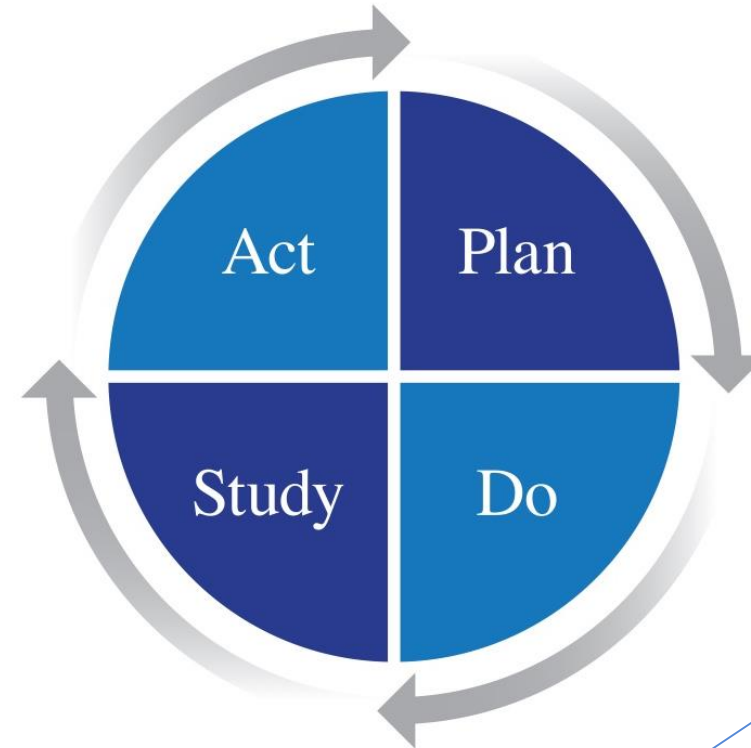
- ▶ We are working to improve communication of backordered or out of stock supplies within Materials Management.
- ▶ We chose this project because Covid-19 has led to a global supply chain shortage, drastically increasing the number of backorders and out of stock items, many of which are critical to patient care needs.
- ▶ AIM Statement:
  - ▶ Critical supplies are becoming harder to come by for various reasons. Communication of stock outs is vital to patient care. All stock outs or delays in the ordering process should be communicated to effected departments and users. The goal is to have communication of all delayed orders by June 30<sup>th</sup>, 2023.

## ▶ Planned Changes

- ▶ Development and implementation of a Smartsheet to share all Cardinal Health related Backorders
- ▶ Feedback from Department Directors and Staff on communication issues
- ▶ Buyers will send order information back to departments
- ▶ **What specific change concepts will achieve the AIM?**
- ▶ Buyers must relay time-sensitive information to end users. If items are going to be delayed or unavailable, we must be able to plan or find alternatives

# Testing Changes

- ▶ **Plan:** The plan is to develop a process by which delays in the purchasing process are communicated to our internal customers. This process will take some time to develop and will require feedback from our audience to ensure we are communicating the right information and at the right time.
- ▶ **Do:** The initial reporting was too convoluted. It was challenging to interpret and contained too much noise. This challenge led to the idea of developing a Smartsheet, which would allow anyone to access the information and provide instant feedback that could be addressed by MM directly in the same sheet.
- ▶ **Study:** The information can be a little overwhelming, but it also shows the magnitude of our supply chain issues. The feedback from our end users has been supportive. It has led to a lot of proactive conversations to address issues before we run out of items.
- ▶ **Act:** We've had successes in the Cardinal reporting. Our primary focus has now shifted to the other vendors and non-stock orders which require follow-up to ensure the information is flowing through to the end users.



**Bartlett** Regional Hospital

File Weekly Out of Stock Report ☆

Grid View | 1 Sheet | 13 Columns | 2 Filters | Group | Summarize | 1 Sort

	Attention Needed... Put dept notes on item here	Order Date	Customer Item #	Material Description	Vendor Name	Line Status Description	Order Qty	Shipped Quantity	Open Quantity	Unit of Measure	ETA
1		Order Resolution Report BARTLETT REGIONAL HOSPITAL - 0010023748 Created: 5/4/2022									
2		Order Date	Customer Item #	Material Description	Vendor Name	Line Status Description	Order Qty	Shipped Qty	Open Quant	Unit of Meas	ETA
3		5/3/2022	No data available	Cardinal Health&trade; Urinalysis Control, Tube Set, 15ML	CARDINAL HEALTH	(Temporarily Out of Stock) from Fife WA MPS MPS Dist Center - Est. Availability 05/14/2022	3	0	3	BX	5/14/2022
4		5/3/2022	No data available	BD Nexiva&trade; closed IV catheter system, Single Port, 20G x 1.75"	BECTON DICKINSON	(Temporarily Out of Stock) from Ontario CA MPS Dist Center - Est. Availability 05/12/2022	2	0	2	CS	5/12/2022
5		5/3/2022	02044	Hospira Lactated Ringer's Injection in Flexible Container, 1000mL	PFIZER INC	(Rolling Back Order) from Fife WA MPS MPS Dist Center - Est. Availability 05/11/2022	10	0	10	CS	5/11/2022
6		5/3/2022	00590	Webcol&trade; Alcohol Prep Pads, Large, 2 Ply	CARDINAL HEALTH	(Temporarily Out of Stock) from Fife WA MPS MPS Dist Center - Est. Availability 05/13/2022	2	0	2	CS	5/13/2022
7		5/3/2022	01130	3M&trade; Tegaderm&trade; Transparent Film Dressing 1627, Frame Style	3M CO	(Manufacturer Back Order) from Fife WA MPS MPS Dist Center - Est. Availability 05/14/2022	1	0	1	BX	5/14/2022
8		5/3/2022	03843	Cardinal Health&trade; Elastic Compression Bandage, Self Closure, Non-Sterile, 4IN x 5.8YD	CARDINAL HEALTH	(Rolling Back Order) from Fife WA MPS MPS Dist Center - Est. Availability 05/05/2022	1	0	1	CS	5/5/2022
9		5/3/2022	06205	Cardinal Health&trade; Protexis&reg; PI Surgical Gloves, Cream, Size 7.5	CARDINAL HEALTH	(Rolling Back Order) from Fife WA MPS MPS Dist Center - Est. Availability 05/14/2022	1	0	1	CS	5/14/2022
10				3M&trade; Coban&trade; 2 Two-Layer Compression System 2094XL, Extra Long, 4", 1		(Manufacturer Back Order) from Dixon CA MPS Dist Center - Est. Availability					

## Weekly Out of Stock Report

- ▶ Cardinal Orders Only >80% of total orders for BRH
- ▶ Feedback from users directly on the sheet
- ▶ Easy to read and understand

# Project Summary

- ▶ **What were the outcomes of the project?**
  - ▶ Communication is improving, allowing us to plan and select substitute items when possible. Feedback from departments has allowed us to improve what information we are sharing, when and to whom.
- ▶ **Did you achieve the project goals?**
  - ▶ The project is still in process. The global supply chain is in unprecedented territory, leading to a massive demand in labor to communicate backorders and identify acceptable alternatives.
- ▶ **What were the main lessons learned?**
  - ▶ Communication and timing are key when dealing with supply chain issues on so many levels.
  - ▶ Nobody likes surprises in patient care. The patient is our number 1 priority.
  - ▶ Proactive communication when possible.
- ▶ **Are the improvements or changes sustainable?**
  - ▶ These improvements will be key moving forward to keep users informed of the status of supplies and orders.
- ▶ **How will you or have you implemented/spread the identified improvements?**
  - ▶ Cardinal backorders are sent out to a large group for review. Special order communications are relayed directly to specified users.
- ▶ **What are your next best steps?**
  - ▶ We plan to continue to work with departments and staff to refine the process and improve the quality and timeliness of the information that we are sending out, especially as it pertains to special orders and non-stock items.