Call to order

Approval of the minutes – March 11, 2022

Standing Agenda Items:

- Covid Update  
  C. Gribbons
- 2021 BOD Quality Dashboard  
  G. Moorehead
- CMS Liagture Update  
  A. Muse

New Business:

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

Next Scheduled Meeting: Wednesday, July 13th, 3:30pm
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
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.

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.

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**Quality Dashboard**

**RISK MANAGEMENT – lower is better**

Injurious Fall Rate (NDNQI) - per 1000 patient days

**READMISSION RATES – lower is better**

30 day Hospital Pneumonia

**CORE MEASURES – higher is better**

Severe Sepsis/Septic Shock Measure

Screening for Metabolic Disorders

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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.

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.
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.
<table>
<thead>
<tr>
<th>Domains</th>
<th>Questions</th>
<th>Current n</th>
<th>Previous Period (Q4 2021)</th>
<th>Current Period (Q1 2022)</th>
<th>Change</th>
<th>Percentile Rank</th>
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<tr>
<td>Global Items</td>
<td>Rate hospital 0-10</td>
<td>86</td>
<td>76.00%</td>
<td>67.39%</td>
<td>-8.61%</td>
<td>49</td>
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<td></td>
<td>Recommend the hospital</td>
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<td>76.00%</td>
<td>73.91%</td>
<td>-2.09%</td>
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<td>Comm w/ Nurses</td>
<td>Nurses treat with courtesy/respect</td>
<td>85</td>
<td>94.00%</td>
<td>91.11%</td>
<td>-2.89%</td>
<td>95</td>
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<tr>
<td></td>
<td>Nurses listen carefully to you</td>
<td>86</td>
<td>77.53%</td>
<td>84.78%</td>
<td>7.23%</td>
<td>96</td>
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<tr>
<td></td>
<td>Nurses expl in way you understand</td>
<td>85</td>
<td>90.00%</td>
<td>77.78%</td>
<td>-12.22%</td>
<td>84</td>
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<td>Response of Hosp Staff</td>
<td>Call button help soon as wanted</td>
<td>85</td>
<td>70.00%</td>
<td>71.11%</td>
<td>1.11%</td>
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<td>Help toileting as soon as you wanted</td>
<td>85</td>
<td>69.64%</td>
<td>82.86%</td>
<td>13.41%</td>
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<td>Comm w/ Doctor’s</td>
<td>Doctors treat with courtesy/respect</td>
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<td>88.00%</td>
<td>91.30%</td>
<td>3.30%</td>
<td>95</td>
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<td>86</td>
<td>76.00%</td>
<td>86.96%</td>
<td>10.96%</td>
<td>97</td>
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<tr>
<td></td>
<td>Doctors expl in way you understand</td>
<td>86</td>
<td>77.55%</td>
<td>80.63%</td>
<td>3.08%</td>
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<td>73.00%</td>
<td>70.85%</td>
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<td>88</td>
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<td></td>
<td>Quietness of hospital environment</td>
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<td>84.00%</td>
<td>82.61%</td>
<td>-1.39%</td>
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<td>Comm About Medicines</td>
<td>Tell you what new medicine was for</td>
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<td>75.00%</td>
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<td>Stuff describe medicine side effect</td>
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<td>83.33%</td>
<td>81.25%</td>
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<td>93</td>
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<td>Discharge Information</td>
<td>Staff talk about help when you left</td>
<td>45</td>
<td>84.78%</td>
<td>91.11%</td>
<td>6.33%</td>
<td>89</td>
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<td></td>
<td>Info re symptoms/prob to look for</td>
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<td>84.78%</td>
<td>91.11%</td>
<td>6.33%</td>
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<td>Care Transitions</td>
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<td>45</td>
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<td>52.99%</td>
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<td>Good understanding managing health</td>
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<td>57.89%</td>
<td>56.76%</td>
<td>-1.14%</td>
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Float Contracts

Nursing Admin Department

Tonia Montez, Director
Identified Issues w/ Paper Float Contract Process

- Paper float contract process confusing to employees
- Difficult to track completed, discontinues 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
A Look at the Electronic Float Contract
# A Look at the Electronic Float Contract

<table>
<thead>
<tr>
<th>Float Contract Status</th>
<th>Employees Name (Last, First)</th>
<th>Link to Float Policy</th>
<th>Initial Date of Contract</th>
<th>Home Unit</th>
<th>Current Position/Job Title</th>
<th>Home Unit Director</th>
<th>Home Unit Director Approval</th>
<th>Float Unit</th>
<th>Requested Float Position/Job Title</th>
<th>Float Unit Director</th>
<th>Float Unit Director Approval</th>
<th>HR Approval (required prior to IT alert)</th>
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<tr>
<td>In Process</td>
<td>Russell, Mayah</td>
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<td>BNA</td>
<td>Tona Montez</td>
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<td>Approved</td>
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<td>In Process</td>
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<td>RN</td>
<td>Lauren Beason</td>
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<td>RN</td>
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<td>CDU</td>
<td>RN</td>
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<td>IHU</td>
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<td><a href="#">Link</a></td>
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<td>RIC</td>
<td>RN</td>
<td>Approved</td>
<td>Approved</td>
<td>Approved</td>
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</tbody>
</table>
Quantitative Outcomes

- 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

- 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

- 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

- 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!

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.

At Bartlett Regional Hospital we CARE.

PATIENT FLOW REPORTING

ED Transfer to Unit

Order to Transfer Delays (minutes)

Patient Flow - Admission Orders

PATIENT FLOW SMART GOALS

<table>
<thead>
<tr>
<th>Breakdown</th>
<th>Primary</th>
<th>Priority Level</th>
<th>Delegate to</th>
<th>Delegate Contact</th>
<th>Measurable (How will the goal be evaluated?)</th>
<th>Relevance (How will the action improve your goal?)</th>
<th>Specific Action</th>
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<td>Staffing</td>
<td>Lack of nurse on unit, not enough (x2)</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Staffing</td>
<td>Staffing by numbers V. Patient acuity</td>
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<tr>
<td>Staffing</td>
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Resources
- Patient Flow Feedback
- Medevac Q1 Jan-Mar...
- Medevac Q2 Apr-Jun...
- Transfer Center Data
<table>
<thead>
<tr>
<th>Staffing</th>
<th>Process</th>
<th>General Flow</th>
<th>OR Flow</th>
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<tr>
<td>Staff sick call coverage</td>
<td>ED calls to notify of admit as soon as patient arrives to ED, hours before admit</td>
<td>Appropriate admission status</td>
<td>Late OR Admits</td>
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<td></td>
<td>PAS bottlenecks</td>
<td>ED holds patients all day</td>
<td>Patient not ready for surgery (x2)</td>
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<tr>
<td></td>
<td>MD calling orders into floor for RN to enter</td>
<td>Time from admit to SW assess</td>
<td>Delay in Moving patient from PACU to MS</td>
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<tr>
<td></td>
<td>D/C is slow on MHU</td>
<td>ER to OR to inpatient</td>
<td>Be on location (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admins held when floor staff overwhelmed</td>
<td></td>
</tr>
</tbody>
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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 30th, 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.
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.