

Bartlett Regional Hospital

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

Board Quality Committee September 08, 2021 Minutes

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

Board Members: Mark Johnson, Kenny Solomon-Gross, Hal Geiger, Iola Young, Rosemary Hagevig

Staff: Charlee Gribbon, Deb Koelsch, Miranda Dumont, Gail Moorehead, Bradley Grigg, Rose Lawhorne

Guests: Bridgett Dowd, KTOO

Mr. Johnson made a MOTION to approve the minutes from July 14, 2021 Board Quality Meeting with one correction - The motion to approve the minutes from May 12, 2021 had been made by Mr. Johnson, not Mr. Knapp. Mr. Solomon Gross seconded. There being no objection, the July 14, 2021 minutes approved as amended.

Old Business: None

Standing Agenda Items:

BOD Quality Dashboard

- 2021 BOD Quality Dashboard update for quarter one provided by Ms. Koelsch. Ms. Koelsch provided clarification to the colors on the dashboard. The red in the graphs indicate if we are above the nation average rates. The yellow indicates if the measure is more than 5% higher than the previous quarter. Ms. Koelsch acknowledges that Mr. Geiger had suggested upgrading the graphs. Ms. Koelsch agrees with Mr. Geiger and had upgraded three of the graphs she plans to send to the Board Members for review. Ms. Koelsch acknowledges that we did have one injurious fall in quarter two which did not result in significant injury, zero safety events in quarter two and one sentinel even in quarter two. Our readmission rates for quarter two have increased. Out of four patients admitted with a primary diagnosis of pneumonia, three were readmitted. Our Heart Failure rate readmission was 28.6%. We had seven patients admitted with a primary diagnosis of heart failure, and two of those were readmitted. Ms. Hagevig discusses that these are data collection graphs and there might not be much we can do to improve the numbers. There was discussion about the blanketed nature of CMS, but in reality these readmissions may not have been avoidable, even if the best possible care was given to the patients. Ms. Moorehead emphasized that the Quality department are looking at the trends and working on process improvement with the units to ensure we are plugging any

holes in the Swiss cheese. Mr. Solomon-Gross asked for specifics regarding the 30 day hospital pneumonia readmissions and Gail clarified that Quality does a deep dive into the patient's charts. She explained that our low number of admissions we have not found a trend that we are releasing patients too early. She explained that these cases are reviewed in the Critical Care Committee to ensure we are giving appropriate care. The Severe Sepsis/Septic Shock Measure was discussed and the CMS criteria doesn't always indicate the best standards of care.

- Ms. Dumont gave an overview of HCAHPS and Press Ganey Scores. She provided background regarding what the HCAHPS survey and Press Ganey surveys are and what impact they have on our hospital. Bartlett Regional Hospital currently has an overall five star rating with a patient survey rating of four out of five stars. She explained that the star ratings are based on a two year rolling average and that we might see a decrease in our star ratings when 2019 drops off and the current rating period is based on the years of the pandemic. There is thought that there will be a national drop in HCAHPS scores that could factor in. Ms. Dumont shared new charts with our Inpatient HCAHPS scores and our Press Ganey scores. The new charts include new baselines of the 2019 national average and the 2018 BRH average scores. There is a notable drop in hospital cleanliness scores along with communication scores. Ms. Lawhorne explained that in the age of COVID, we cannot spend as much time with our patients as we would like to. Patient's perception of care will change when we do not have the luxury of sitting with our patients. Mr. Solomon-Gross asked to have the hospital cleanliness numbers by department provided to group via email or at the next Board Quality Meeting

New Business:

Fall Vaccine Update

- Ms. Gribbon gave an update on the hospital's plan for COVID-19 boosters for hospital staff. The tentative date is September 20th. We are waiting for approval from the ACIP and FDA. We have vaccines sitting in our freezers and we are excited to provide them to our staff. She explained that fully vaccinated individuals have a shorter length of illness. Currently, 88.9% of our active staff are fully vaccinated. Since the full approval from the FDA, we have had six additional staff members who have been vaccinated. We are removing any barriers to staff getting the vaccine. Ms. Gribbon shared the plan to provide COVID vaccines as well as flu shots.

Update of Survey of Patient Safety

- Ms. Moorehead provided an update on the Survey on Patient Safety. She shared our occurrence reporting improvements to include the reduction of open occurrence reports and turnaround time on addressing the occurrence reports. She shared that we have increased communications by providing SLT updates on a monthly basis, bi-weekly COVID update with Infection Prevention and added SLT rounding. We are also in the process of producing dashboards on patient safety and unit based communication boards. Examples of these dashboards were shown. The improvements to workforce safety include training additional de-escalation instructors, initiating Code Gray mock codes in high risk areas. Mr. Solomon-Gross expressed his appreciation regarding the improvement in workforce safety.



PI Department Reporting Schedule

- Ms. Moorehead discussed bringing individual department teams to future Board Quality meetings to present on their process improvement projects. Ms. Hagevig asked Ms. Moorehead when we expect to see the Joint Commission. Ms. Moorehead explained that TJC will contact us a few months before their arrival to assess the risk in the community and our ability to host them. It is possible we might have a virtual survey.

Adjournment: 4:59 p.m.

Next Quality Board meeting: November 10, 2021 at 3:30 pm