

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://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 And Committee\* Members Present (*Virtual attendees italicized*)

Rosemary Hagevig\*, Mark Johnson\*, Hal Geiger, *Kenny Solomon-Gross (ex-officio)*

### Staff Present (*Virtual attendees italicized*)

*Gail Moorehead, Quality Sr. Director, Autumn Muse, Clinical Program Specialist, Miranda Dumont, Quality Program Specialist, Deb Koelsch, Clinical Quality Coordinator, Bradley Grigg, CBHO, Vlad Toca, COO, Kim McDowell, CNO, Dallas Hargrave, HR Director*

**Guests:** Nancy Davis, Patient Family Advisor

**Approval of the Minutes - *MOTION by Mr. Johnson to approve the minutes from May 12, 2021 Board Quality Meeting. Ms. Hagevig seconded. There being no objections, minutes 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 how these new changes will show up on the dashboard. She requests a note be added to the dashboard clarifying these changes. Ms. Koelsch agrees to bring this information to the next Board Quality meeting. In response to Mr. Johnson's question regarding the Heart Failure rates of the third quarter, 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 requested 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.

Discussion held about Press Ganey data and how patients can look up BRH's information online for use in making 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 a 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 American Institute of Research's (AIR) 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 held about how the Board of Directors could include a patient on the board, if by-laws would need to change and on how most of the board members have been patients. Ms. Davis 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.

***MOTION by Mr. Geiger to recess into executive session as written in the agenda to discuss the Sentinel Event Report. Mr. Solomon-Gross seconded.*** The committee entered executive session 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