

Bartlett Regional Hospital

Board Quality Committee

July 13, 2022

3:30 p.m.

This virtual meeting is open to the public and may be accessed via the following link:

<https://bartletthospital.zoom.us/j/93135229557>

Agenda

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

Call to order

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

New Business:

Voice of Patient

A. Muse

Fireweed Recognition

A. Rasmussen, E. Hardin, L. Beason

[QAPI Reports:](#)

1. Physician Services

S. Dodd

Annual Survey on Patient Safety Results

G. Moorehead

[Standing Agenda Items:](#)

- Hand Hygiene Project Overview
- 2021 BOD Quality Dashboard

C. Gribbons

D. Koelsch

Next Scheduled Meeting: Wednesday, September 14, 2022, 3:30 p.m.

Board Quality Strategic Plan Initiative Oversight Summary

People:

3.1 Resolve electronic medical record concerns

3.2 Expand workforce development programs

Quality and Safety

5.1 Stay current on technology and resources to facilitate risk management, data security, employee safety

5.2 Develop quality initiatives that exceed accreditation and regulatory requirements

Bartlett Regional Hospital

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

Board Quality Committee May 11, 2021 Minutes

Called to order at 3:31 p.m. by Mark Johnson

Board Members: Hal Geiger*, Kenny Solomon Gross*, Mark Johnson

Staff: Gail Moorehead, Autumn Muse, Miranda Dumont*, Amber Sundberg*, Willy Dodd, Jerel Humphrey*, Charlee Gribbon, Tonia Montez, Jack Fitzpatrick

Guests: none

Kenny Solomon Gross made a MOTION to approve the minutes from March 11, 2022 Board Quality Meeting. Mark Johnson seconded, they are approved.

Old Business: None

Standing Agenda Items:

COVID Update – C.Gribbon

Ms. Gribbon gave a community COVID update. She cautions that the influx of tourists could impact our hospital. BRH currently has 16 employees on isolation.

2021 BOD Quality Dashboard – G.Moorehead

G. Moorehead presented the Quality Dashboard. She introduced a new PI project BRH is collaborating with ASHNHA on. M. Dumont gave her experience as a patient to the group. She expressed that the staff took great care of her but some of her experiences contributed negatively to her experience. K.Solomon Gross thanked M.Dumont for sharing her experience.

G.Moorehead described what the hospital is doing to increase patient experience surrounding communication and hospital environment. Those should increase overall patient experience.

CMS Ligature Update – A.Muse

A.Muse gave an update regarding the Ligature Risk CMS update. CMS and TJC have accepted our extension request to mitigate the ligature risks that were identified during TJC's last visit.

A.Muse presented the mitigation plans to the group along with the long term plan to reduce the environmental ligature risks on our inpatient behavioral health unit.

New Business:

QAPI Reports

Float Contract/Nursing Administration PI Presentation A. Sundberg/T.Montez

A.Sundberg presented the Nursing Administrations PI project surrounding the float contract process. K.Solomon Gross thanked A.Sundberg for her presentation.

Materials Management

W. Dodd

W. Dodd presented the Materials Management PI project to the group. Materials Management is experiencing supply chaing and backlog issues. W.Dodd's goal is to improve communication between Materials Management and staff when there are difficulties in obtaining supplies.

Patient Flow Committee Update

G. Moorehead/A. Sundberg – K

Solomon Gross suggested that because the meeting is running over, we table this item until the next Board Quality Meeting.

H.Geiger asked M.Johnson about the Finance Committee Meeting and that it would be in person. K.Solomon Gross confirmed that daytime meetings be conducted via ZOOM to ensure there is parking for patients and staff.

Adjournment: 4:48 p.m.

Next Quality Board meeting: July 13, 2022 3:30 p.m.

Analysis of Ophthalmology Scheduling

Bartlett Surgery & Specialty Clinic]

Improvement Goal

- ▶ We are working to improve scheduling case load in Ophthalmology Clinic.
- ▶ We chose this project because: As we entered into a new relationship with ARC in August of 2021, we needed to find ways to maximize their limited time here due to the retina needs of SE Alaska and Juneau.
 - ▶ In September, we saw 38 patients, leading to patients still needing to travel outside of Juneau to receive their retina care. Over the course of the next eight months, we worked with all four ARC providers. This was also mildly problematic with scheduling as all four providers were each very different. We increased volumes each month but we were not where we wanted to be. We outreached to ARC and decided it was best to have one provider dedicated to the Juneau retina needs.

AIM Statement:

We want to increase our clinic capacity to take care of the retina and cataract patients of Juneau and surrounding areas. We want to make sure staff is trained to safely achieve this goal for our patients. We believe with minimal changes in patient flow that we can safely double our clinic capacity by July of 2022. This will allow for more retina patients to remain local rather than traveling to receive care.

Establishing Measures

Clinic Dates	Doctor	Total inj.	CE	Eval /exam only	Total Patients
September 22-24, 2021	Matthew Guess, MD	38	0	0	38
October 20-22, 2021	Matthew Guess, MD	28	4	3	35
November 17-19, 2021	Chad Bouchard, DO	20	8	2	30
December 15-17, 2021	Chad Bouchard, DO	29	5	11	45
January 12-14, 2022	David Zumbro, MD	36		3	39
February 9-11, 2022	David Zumbro, MD	27	11	11	49
March 9-11, 2022	Scott Limstrom, MD	29	11	4	44
April 6-7, 2022	Scott Limstrom, MD	33	8	3	44
May 4-6, 2022	David Zumbro, MD	33	12	5	50
June 1-3	David Zumbro, MD	35	6	5	46
June 29-July 1	Matthew Guess, MD	40	22	14	76

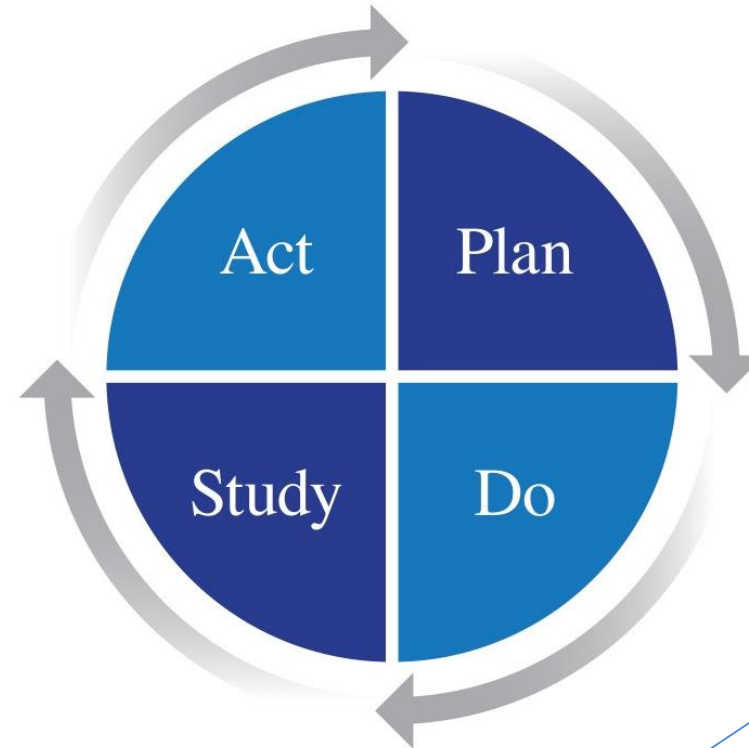
Selecting Changes

- ▶ Ideas for changes often come from those working in the system, from other similar improvement efforts, or from change concepts and theory. What are some opportunities for change and improvement? What changes did you make?

We decreased appointment times from 30 minutes to 15 minutes. We hired a casual certified Ophthalmic Technician that was able to help us see areas that we were not fully utilizing. We designated our tech to handle the first part of patient work ups that include images, visual acuities, and dilation drops. We created two additional exam rooms and deemed them “holding rooms” while the provider was performing exams, consults, and injections. This allowed for a total of five patients to be in process all day. We had minimal delays in care and patients, staff, and provider was happy.

Testing Changes

- ▶ **Plan:** Analyze each month of eye clinic and determine where safe, positive changes can be made.
- ▶ **Do:** Our team met in April and May. We decided to completely change the scheduling template.
- ▶ **Study:** We collected patient volumes over the course of eight months. We made June our “go live” with new scheduling template and new staff flow.
- ▶ **Act:** Our June “go live” showed vast improvements with patient numbers, teamwork among staff, and patient satisfaction. We will continue with this model



Project Summary

- ▶ What were the outcomes of the project?

With trained staff and steady Juneau ARC provider, we were able to safely increase our patient volume in our June clinic.

- ▶ Did you achieve the project goals? yes

- ▶ What were the main lessons learned? We learned to utilize the experience of a trained tech as well as resources that we have always had, but didn't fully utilize them. (examples: dilation holding room in dermatology rooms, decreased appointment time in templates, spent extra time in training staff in EMR documentation)

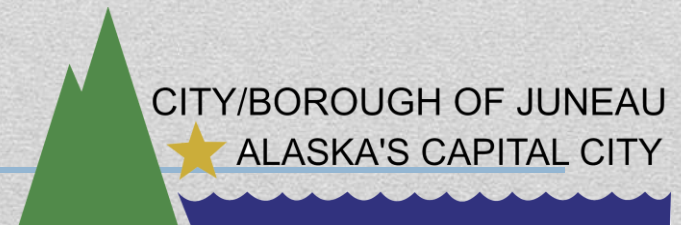
- ▶ Are the improvements or changes sustainable? Yes

- ▶ How will you or have you implemented/spread the identified improvements? Yes, we have modified scheduling templates to allow for maximization of the ARC provider's time here.

- ▶ What are your next best steps? To continue with the scheduling model that we created in our June clinic. Continue to provide staff with feedback. Continue to gather feedback from the experienced Retina Consultants from ARC.



**Board of Directors
Quality Committee
July 13, 2022**

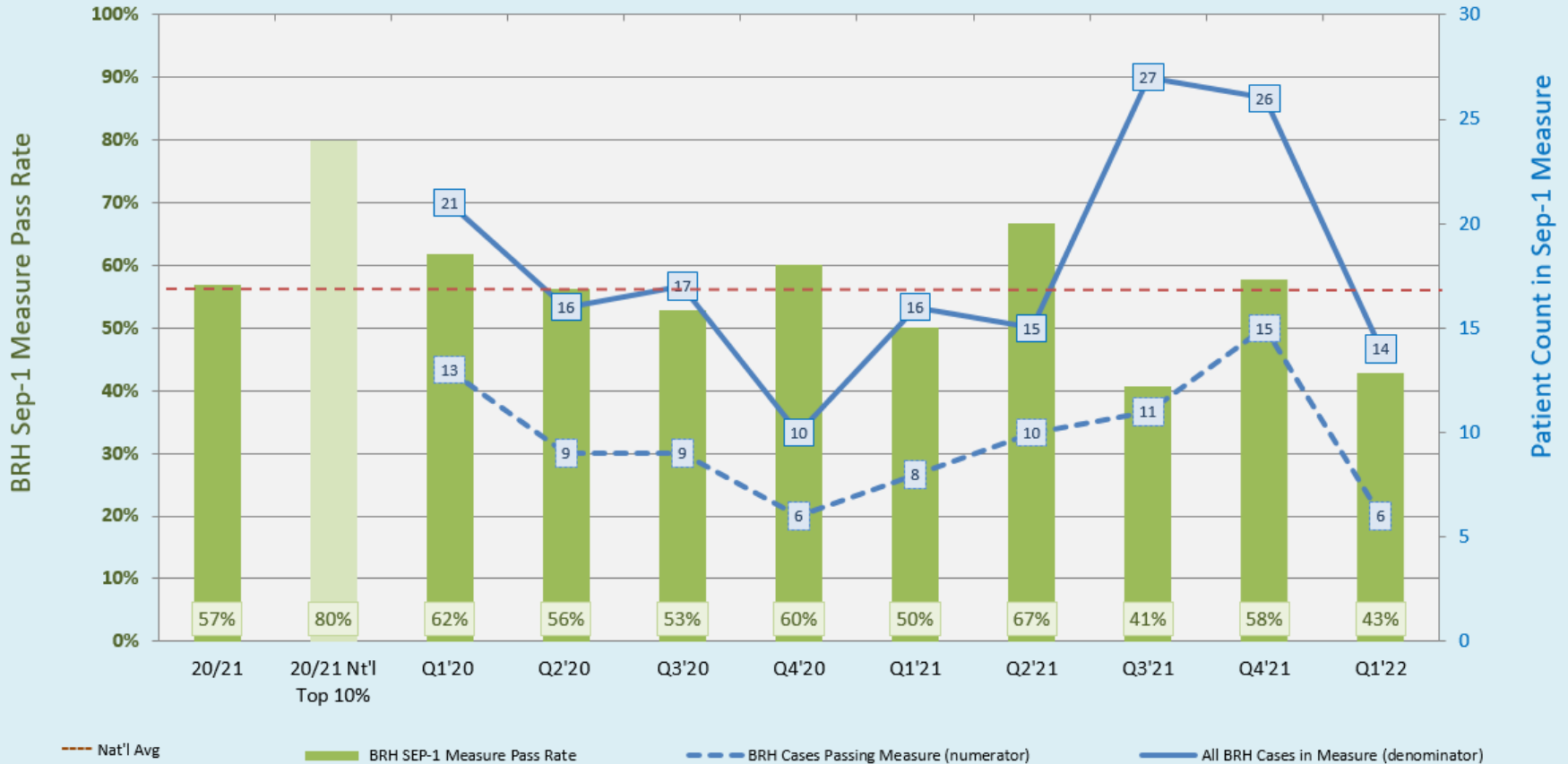


QAPI Presentations

BSSC – Latrice Hay

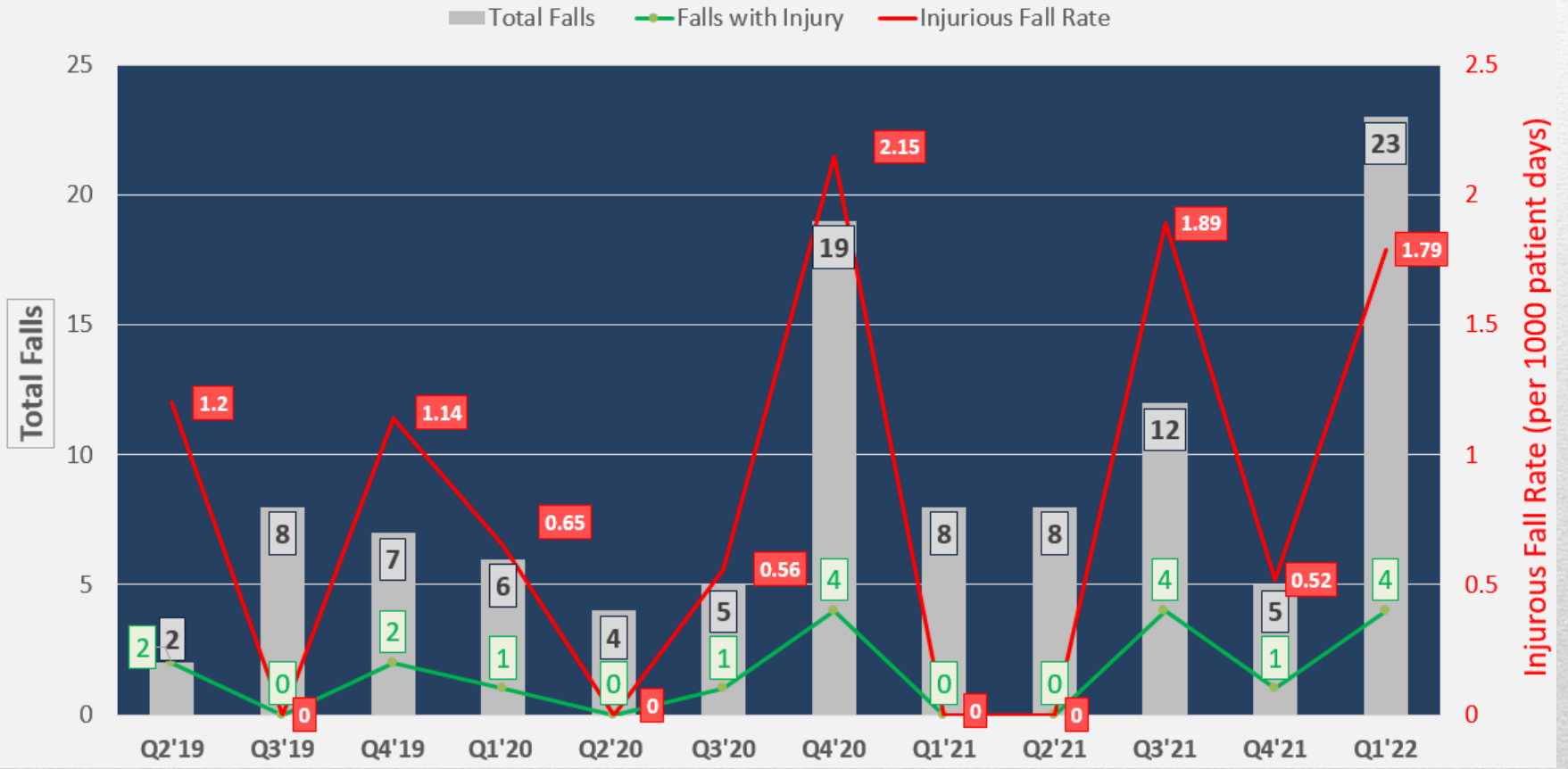
Sepsis

CMS Sep-1 Severe Sepsis Septic Shock Measure
(includes BRH patients who met criteria for the Sep-1 measure)



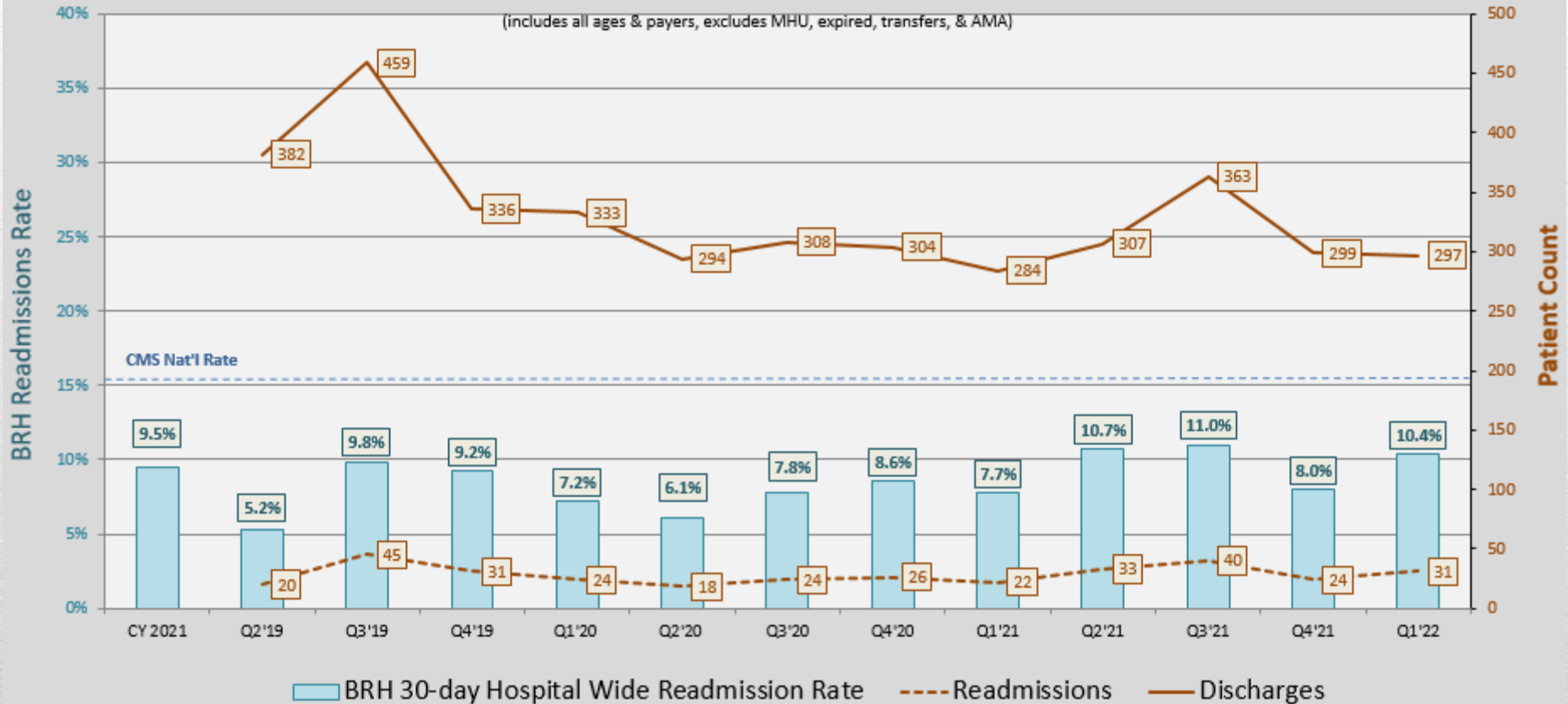
Falls

FALLS

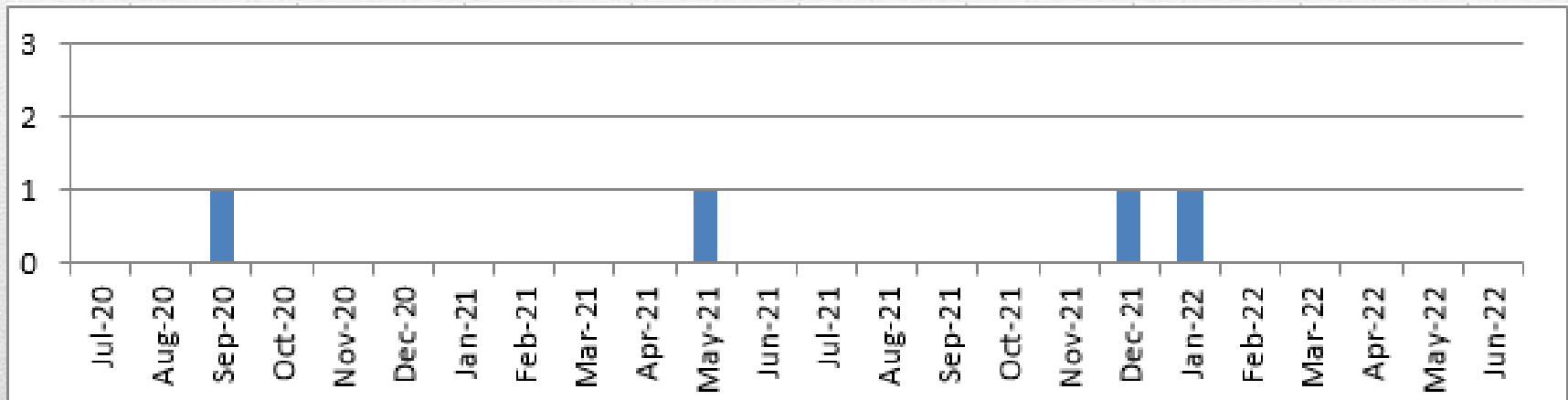


Readmissions

BRH 30-Day All-Cause Hospital-Wide Readmissions



SENTINEL EVENTS

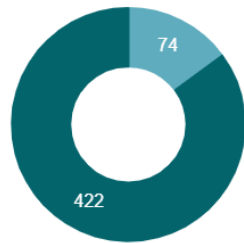


Annual Survey on Patient Safety

- Slides to be added.

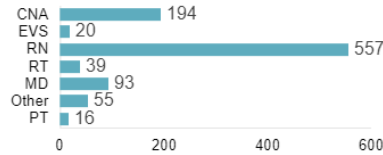
Hand Hygiene Project Overview

Observations Upon Room Entry



● Did not wash upon room entry
● Washed upon room entry

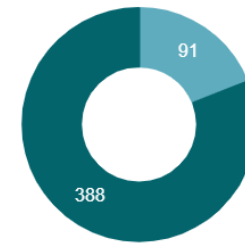
Observations by Profession



975

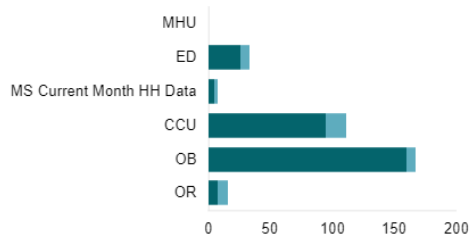
Total Entries

Observations Upon Room Exit



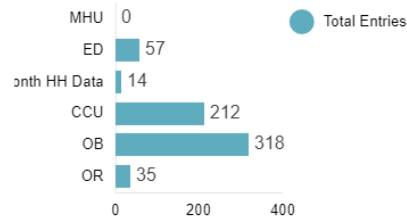
● Did not wash upon room exit
● Washed upon room exit

Observations Upon Room Entry

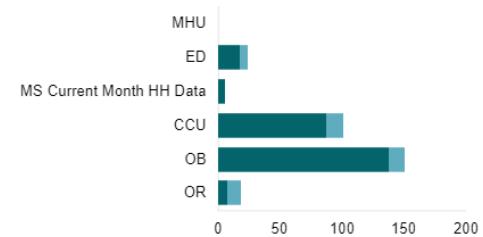


● Washed upon room entry ● Did not wash upon room entry

Observations by Unit



Observations Upon Room Exit



● Washed upon room exit ● Did not wash upon room exit

Dashboard *(cumulative data since 6/18/21)*