

# Bartlett Regional Hospital

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## Board Quality Committee

March 10, 2021

### Minutes

**Called to order at 3:30 pm by Board Quality Committee Chair, Rosemary Hagevig**

**Board Members:** Rosemary Hagevig\* (Chair), Mark Johnson\*, Lindy Jones\*, Iola Young

**Staff:** Gail Moorehead, Director of Quality, Kevin Benson, CFO/Interim CEO, Billy Gardner, COO, Dallas Hargrave, HR Director, Charlee Gribbon, Infection Preventionist, Nathan Overson, Compliance Director, Deborah Koelsch, RN Clinical Quality Data Coordinator, Rebecca Embler, Quality Systems Analyst

**Guests:** Ursula Iha, Pharmacy Director, Jeannette Lacey, Case Management Director

**Approval of the minutes – 01 13 2021 Quality Committee Meeting – *minutes approved as written.***

**Old Business:** No old business discussed.

### ***New Business:***

#### **BOD Quality Dashboard**

- Deb Koelsch did not present the Quality Scorecard measure results for Q4 2020, because they are the same as presented last month.
- Rebecca Embler did not present the Patient Experience and HCAHPS results for Q4 2020, because they are the same as presented last month.
- Deb and Rebecca will look at new metrics to showcase on months that there is no new quarterly data.

#### **HIM/Utilization Management Plan**

- Jeannette Lacey presented on Case Management Annual Plan; CM has responsibility of UM plan with partnership of physician committee; at end of 2019, review was in process; at beginning of 2020, committee was not ready to meet due to COVID.
- This plan outlines how CM requests physician review and partners with physician committee (i.e. how partner with MedStaff when things need to be addressed); looking at Medicare outliers, how Bartlett is following rules and observation; overall utilization of services and compliance with CMS rules.
- Some formatting changes were made to make plan more readable.

- Sections H & I were added; H: Utilization Review Committee Composition outlines who participates in UR Committee; I: Functions of Committee added in order to clarify how each group serves as liaison.
- Updated references to be more current.
- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Risk Management Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Infection Prevention Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Environment of Care Management Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

#### **Patient Safety and Quality Improvement Plan**

- **Motion made to adopt plan and send to next BOD meeting; seconded and ordered.**

*All plans approved and motion to send to BOD.*

#### **Antimicrobial Stewardship**

- Evan Deisen, Chris Sperry, Dr. M Benjamin, and others from the lab comprise this group.
- Ursula Iha started the presentation with a definition of Antimicrobial Stewardship; we monitor certain groups of antibiotics in order to manage the use of each.
- The first chart shows Carbapenems use; this drug is very effective, so try to limit its use; we put in place safeguards to accomplish this; results of these safeguards has been effective, as seen in the graph.
- The second chart shows Fluoroquinolones use; this drug has some unfavorable side effects, so also try to limit use of this drug.
- The third and fourth charts are Fluoroquinolones and Broad Spectrum Cephalosporin use; use of these drugs have remained below the goal, so not as concerned with use.
- The fifth chart is Vancomycin use; this is not part of partnerships for patients, so we track this unofficially, and do not have a goal value.
- The sixth chart is Clindamycin use; this is the only drug that went above goal over the time period; high use in August was due to multiple patients needing reduced toxin production, and this drug is effective for that; the team is watching this closely since it went above the goal; will continue to monitor in 2021.
- Lindy Jones asked who the point of contact is to ask about these drug usages. Ursula said Evan Deisen and Chris Sperry can provide insight and recommendations
- Did not include opioid use or hypoglycemia, but can provide that data.

#### **CMS Survey Update**

- Gail Moorehead discussed that Bartlett had unexpected CMS survey (DHSS contracted); complaint on Infection Prevention area; surveyors looked at front door screenings, employee screening; Bartlett got cited for 6 broad areas, and submitted CAP a week ago that is being reviewed; this is significant because Bartlett wants to stay compliant with CMS; some of the corrective actions already implemented are:
  - More readily-available hand sanitizer and training for front-door staff to ensure guests and employees are using that.
  - Back door ER entrance is now the Triage Building, and that's where patients will be screened, banded and hand-sanitized; limited access through the door.
  - CDC recommends all staff and visitors get screened when they enter the hospital; Bartlett documentation was not 100%, so the process has been improved so that employees can ensure they are documenting their screening daily.
  - Providing more education around symptoms and steps to take if symptoms are felt.
- Waiting for follow-up survey in 45-60 days.

### **Patient Safety Survey**

- Gail Moorehead presented on the Patient Safety survey. Survey will be going out next week (Patient Safety week) to all employees; survey on Patient Safety is required every two years by Joint Commission; leaders maintain culture of safety throughout hospital; this is method to collect anonymous feedback and input from frontline staff.
- Survey questions include topics such as occurrence reporting, workload, safety, environment, supervisor and leader interaction, staffing, communication, unit rating on patient safety.
- Survey is standard from AHRQ, so that results are standard across all hospitals; Bartlett has also included optional questions related to our Electronic Health Record (EHR), since currently upgrading to Expanse (Meditech); can evaluate impact of this upgrade on patient safety.
- At the end of the survey, there is an open text box for other feedback as well.
- Will have rough draft of results by May Board Quality meeting.
- Lindy Jones asked how the survey is sent out; it is sent out to staff via email (hosted in SurveyMonkey).

### **Other**

- Mark Johnson asked how the Expanse (Meditech) transition is going? The system went live last Monday; there were some issues early on, and IT team is working through tasks that needed to be fixed or modified; 280 items on list, and only 59 outstanding.
- Rose Lawhorne brought up that Alaska was just rated #2 for Healthcare Quality from Becker Hospital Reviews, and expressed Thank You to the Quality team and frontline teams. Gail added that Bartlett is a 5-star rated hospital as well. Both topics will be included for the BOD meeting.

- Shout out to Gail for organizing Centennial Hall vaccine clinics, as well as everyone else involved to make this happen for Juneau. Over 400 volunteers have helped out so far.

**Adjourned at 4:10 pm**

**Next Quality Board meeting:** May 12, 2021 @ 3:30pm