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 Gribbin, 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:
  o More readily-available hand sanitizer and training for front-door staff to ensure guests and employees are using that.
  o 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.
  o 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.
  o 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