



Quality Council
Meeting Minutes
Oct 11th, 2016

MEMBERS PRESENT: Dr. M. Jones, Dr. P. Steinke, Dr. W. Bird, Dr. W. Cannell, Dr. J. Hahn, Dr. S. Hanlon, Dr. T. Jensen, T. Smith, C. Schott, C. Zander, J. Van Osdol, S. Brown, B. Burke, M. Benson, A. Moore, and B. Schaab, K. Geil, R. Davis

OTHERS PRESENT: T. Lawson, P. Joines, J. Morse, C. VonHolten, K. Renkes

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Jones called the meeting to order at 12:30	
Review of Meeting Minutes	Minutes were approved.	Continue to report.
CEC and PIC Minutes	Minutes were approved.	Continue to report.
New Business:		
High Reliability Organization Presentation	<p>T. Smith provided an overview of why it is important for the members of Quality Council to understand the High Reliability concepts that are implemented at CGH. As our organization embarks on the High reliability journey it will be important for members of the Quality Council to be aware of and be able to speak to this topic if ask by a Joint Commission surveyor.</p> <p>P. Joines overviewed the document in the packet highlighting the items that have been implemented at CGH as well as items that are in the planning stages for implementation early in 2017 including:</p> <ul style="list-style-type: none"> • Culture of Safety Survey results with action plans shared with front line staff • Implementation of the Root Cause Analysis and Action team • Use of the decision tree by managers to determine accountability of unsafe acts • Leadership rounding by the VPs • Completion of the Joint Commission ORO 2.0 assessment tool • Use of whiteboards in the clinical areas of the hospital • Posting of the Quality dashboards on the Intranet • Plan to implement daily safety huddles 	FYI
Old Business:		
Other	None	
Reports:		
Hospital Compare Star Rating	<p>CGH did well with 4 out of 5 stars. Only 2% of hospitals got 5 out of 5 stars. KSB and Swedish American Hospital in Rockford were both 4 star facilities.</p> <p>Discussion on the items contributing to the 5 Star rating and how the rating may be impacted by the type of services offered by a facility.</p>	FYI

Medicare Readmission Adjustment Factor	Each year CGH gets the final calculations from CMS that determines reimbursement for the next fiscal year. The CMS data indicates CGH will receive the full payment, and not take a reduction in the Medicare payments for FFY17. The data presented in the dashboards is an approximation of the CMS data but doesn't match the data since the CMS calculation accounts for factors that are not included in the Midas data that is on the dashboards. The CMS data speaks to the efforts of the Community Health Network staff.	FYI
Medicare VBP Adjustment Factor	CGH will be receiving \$108,000 from the VBP program based on the data included in this program. Like the Readmission Reduction Program, CGH is not able to replicate the exact formula used to calculate this rate but the Midas data presented in the dashboard is a close approximation.	FYI
Hospital Compare Dashboard	T. Smith gave a brief overview of the dashboard. The ED turnaround times have not shown big improvements thus far with a decrease in the turn-a-round times expected with the 3 rd quarter data. K. Geil discussed the meeting she has that will bring the ED providers, hospitalist and nursing staff together to discuss problems/improvements to decrease ED turnaround times.	FYI
Patient Experience Memo	Please refer to attachment H.	FYI
Readmission Memo	Dr. Bird overviewed the meetings he has with staff to discuss patients that have a higher chance to be readmitted and what they do to work with these patients to minimize the risk of readmissions. Connie spoke about a recently discharged patient that agreed to be part of the Community Health Network program that is offered by CGH. Nursing staff worked with this pt. by going to the patients home to make sure she was taking the correct medications in the correct dose and at the correct time. The Community Health Network nurses also work with the high risk patients to make sure they are able to get to their post hospital visits.	FYI
PI Dashboard	T. Smith reviewed the PI dashboard with the Patient Experience memo and Readmission memo addressing process changes that have been implemented to improve scores in this area.	FYI
Oryx Report	T. Smith reviewed this report which indicates CGH exceeds the minimum threshold for the accountability measures. Unstable control charts were reviewed with the instability related to improved scores or very low denominators.	FYI
Risk Managers Report/PI Team update	T. Smith discussed a few recent risk events and what we have done to minimize future events. Refer to attachment L for more information.	FYI
Next Meeting	Dec 13, 2016	