



Quality Council
Meeting Minutes
March 8, 2016

MEMBERS PRESENT: Dr. M. Jones, Dr. P. Steinke, Dr. W. Bird, Dr. K. Martin, Dr. T. Jensen, T. Smith, C. Schott, C. Zander, J. Van Osdol, S. Brown, B. Burke, M. Benson, A. Moore, and B. Schaab
OTHERS PRESENT: P. Joines, T. Lawson

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 reviewed with T. Smith discussed the team that will be working on streamlining of the registration process for patients that have appointments at the clinics and the hospital on the same day.	Continue to report.
New Business:		
Frequency of Meetings	Dr. Jones discussed that the Board Bylaws state that the Quality Council should be meeting 6 times a year. We have been meeting quarterly over the past couple of years with the data published quarterly. The council will continue to meet quarterly	THE MOTION WAS MADE, SECONDED AND PASSED TO RECOMMEND TO THE CGH BOARD THAT THE BYLAWS BE REVISED TO REFLECT THAT THE QUALITY COMMITTEE MEET QUARTERLY.
PI Plan Updates	T. Smith reviewed the attachment in the packet that provided information on High Reliability Organizations (HRO). CGH is working to prevent serious harmful events through the use of concepts included in the HRO model. Facilities that use the HRO concepts have leadership that supports change through policies, the use of technology and physician engagement. HRO concepts also include supporting a culture that makes the staff comfortable speaking up and utilizing change methods that assure sustained measurable improvements. CGH is using Lean for process improvement with Philip going to Virginia Mason Institute for training last year. We are using Workforce Rx to help with prioritization of projects. The HRO concepts are included in the revised PI plan include the Value Enhancement Program and the Root Cause Analysis and Actions tool.	THE MOTION WAS MADE SECONDED AND PASSED TO APPROVE THE 2016 PI PLAN WITH THE CHANGES FROM THE 2015 PLAN PRESENTED.
Old Business:		
BlueCross BlueShield	T. Smith indicated that at the last meeting when the BCBS data was reviewed it was noted that the cervical cancer screening rate was lower for CGH compared to the national. BCBS was willing to share patient's specific data for the opportunities however in reviewing the patient charts we found that most of the patients did not have an established relationship with any of our OB or primary care providers. For example they were only seeing dermatology or podiatry. No further action was taken on the data	FYI

Community/ Population Health	T. Smith reported that the Population Health and Case Management staff are working together to prevent readmissions. Dr. Bird indicated that we currently have a case manager in the ED that works with some of the patients who visit the ED numerous time within a short time period. Because our Population Health program, like most other hospital Population Health programs, is evolving they are not in a position to define outcome indicators. The Quality department will continue to work with the Population Health department however the dashboard will not be part of the Quality Council agenda at this time because of the evolving measures.	FYI
Other	None	
Reports:		
Hospital Compare Dashboard	T. Smith presented the dashboard. For 4 th quarter we had 2 stroke pts that did not receive the full education components required by CMS. Staff on the medical floor have been educated on the importance of including this piece of information for the patients with a diagnosis of a stroke. One stroke patient did not receive a lipid lowering drug as part of the discharge orders (as require by CMS) however it was noted in the physician documentation that the patient would be starting the medication at the long term care facility. VTE prophylaxis is at 100% for the first time with the help of the nursing staff, physicians and the Quality department. ED median times: We are currently putting an ED Flow Team together that will work to reduce bottlenecks to improve flow through the ED to improve staff satisfaction and patient satisfaction.	Continue to report.
PI Dashboard	Teresa Smith reviewed the PI dashboard that was added to the agenda. Patient experience scores have decreased. The ED and the Medical floor team have a team working on communication with the handoff to improve patient satisfaction scores. The medical floor has teams working on noise, pain management and communication. The discharge phone call questions have been revised to get better feedback from the patients regarding improvement opportunities. Kristie is working with the nurse mangers to implement nurse navigators on Medical, Surgical and CCU The infection rate data indicates 2 surgical site infections. Both cases have been reviewed by the infection control nurse with no opportunities noted. Heart Failure mortality data showed 4 deaths. The cases have been reviewed and all had a Risk of Mortality score of 3 or 4 with no opportunities identified. Heart Failure and pneumonia readmission rate increased with 4th quarter. The LACE risk assessment tool was implemented in October with additional resources offered to patients that score at highest risk. The readmit rates for hip and knee replacement are higher this quarter with the cases reviewed. None of the readmissions appeared to be preventable. The all cause readmissions remain stable and are higher than the Midas Comparative. Drill down into the cause for the readmissions indicates 45% are readmitted in less than 7 days	Continue to report.

	with no trends in the reason for readmission.	
United Healthcare	T. Smith shared the data indicating it reflects data from Oct 2012 – Sept 2013. Carotid artery surgery indicated opportunities related to complications. The cases that flagged were very high risk with the complications not preventable. Data from Sept 2013 – present indicated no complications for our patients who had carotid artery surgery.	Continue to report.
Risk Managers Report/PI Team update	T. Smith highlighted the risk report indicating the sepsis team is being pulled back together to improve early recognition and treatment for patients with sepsis.	Continue to report.
Next Meeting	<ul style="list-style-type: none"> • June 30th, 2016 at 12:30 	