| | Quality Council<br>Meeting Minutes<br>March 14$^{th}$, 2017 |
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MEMBERS PRESENT: **Dr. M. Jones, Dr. P. Steinke, Dr. K. Martin, Dr. W. Bird, Dr. W, Cannell, Dr. J. Hahn, C. Schott, J. Van Osdal, A. Moore, and B. Schaab, K. Geil, Dr. D. Hanlon, P. Joines**
OTHERS PRESENT: **T. Lawson, K. Renkes, K. Decker**

| AGENDA ITEM | DISCUSSION/CONCLUSION | RECOMMENDATIONS/ PERSON RESPONSIBLE |
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| 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 Summary | Minutes were approved. | Continue to report. |
| **New Business:** | | |
| 2017 Quality Measures | P. Joines reviewed attachment C. This is an overview of the changes to respective CMS programs. Overall, new measures that are moving to Hospital Compare (Hip/Knee Complication rate, 30day cost of care measures, Excess Days of Care), CGH looks good from preliminary reports.<br>P. Joines also discussed eCQMs (submitting quality measures electronically versus manually abstracted) and how this will have an impact on physician documentation so that we can capture discrete fields. This will further be discussed throughout the year. Please refer to attachment C for more information. | FYI |
| Other | None | |
| **Old Business:** | | |
| Other | None | |
| **Reports:** | | |
| Hospital Compare Dashboard | P. Joines reviewed the Hospital Compare Dashboard. Data indicates CGH does very well on most indicators. Percent of patients receiving the Influenza Immunization: we had 3 patients fall out in very first week of flu season. Three different departments. Plan for next year is to start vaccine earlier so that don't have patients in middle of their stay at go-live (this is addressed on admission).<br><br>Stroke 4- Ischemic Stroke patients receiving medicine to break up clot within 3 hours and VTE-5- patients with blood clots who were discharged on blood thinner and received written instructions are both being retired as Chart Abstracted measures as of Jan 2017.<br><br>Head CT/MRI results within 45min of arrival (OP-23): we had 1 out of 8 cases for Q42016 fall-out. This was due to ED provider choosing CT head instead of CT Stroke. Provider | FYI |

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| | educated and this and other opportunities related to stroke measures are communicated to all ED staff monthly.<br>Please refer to attachment D for the hospital compare dashboard. | |
| PI Dashboard | P. Joines reviewed the PI dashboard and any potential opportunities.<br><br>Patient Experience:<br>A. Responsiveness saw a drop in Q42016, after 12month review of data, we are seeing a positive trend up. This recent drop was due to new Nurse Assistants in units and retraining on purposeful rounding. Turnaround times on call-lights does look good during this time period.<br>B. Pain Management domain going away due to CMS concern of over-treating pain and resulting in adverse events due to opioids.<br>C. Communication about Meds: recent drop this quarter due to Navigator on leave. 2 part time Navigators have been hired and should positively impact this Domain among others.<br>D. Care transitions: this is newest domain for Patient Experience. Katy Renkes has been working with the newly formed “Care Team” on Medical floor with the focus on this Domain.<br>E. CGH doing exceptionally well on Discharge Information and Cleanliness and quietness.<br><br>PSI 90: Patient Safety and Adverse Event: definition update with removal of one indicator and addition of 3. All 4 opportunities that were coded and fell in bucket have been reviewed by Department Chairs. First case was resulting DVT due to patient refusal of preventative measures. Nursing will contact physician with refusals to ensure doctor has discussion with patient on importance. This was discussed at previous CEC as well. Second case had no further actions recommended as care appropriate and known potential complication. Third case was sent on for case review for an opportunity in shared learning. Fourth case is currently under review.<br><br>Infection rates: as CGH and other hospitals are getting better at reducing hospital infections, so is the expectation from CMS to have fewer as shown in our goals where just one infection can have us fall out in every indicator except C-difficile infections.<br>1. Surgical Site Infection- Colon: one or two cases falling out over past 7 quarters. CGH is participating in ISQIC which provides us with evidenced based Surgical-Site Infection (SSI) tool-kit. Dr. Hopping is champion on this and currently working on implementing these processes that have shown to reduce SSI’s.<br>2. C-Difficile: 3 cases reviewed. Antibiotic stewardship will help guide providers to best practices on appropriate testing, use of C-difficile powerplans, and more.<br>3. MRSA: first opportunity in over 7 quarters. Late testing and identification resulted in not ordering appropriate antibiotic. | Will continue to monitor and share actions on opportunities. |

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| Patient Experience Graphs | See above section on Patient Experience | Continue to monitor Press Ganey patient experience rates. |
| Clinical Dashboard | P. Joines reviewed the opportunities on the Clinical Dashboard. Echo and Stress are provider specific and both Dr. Martin, Dr. Bird and respective provider have data results and discussed need for improvement. Systolic and LDL measures for those with diabetes are right at goal. This is strong goal from Wisconsin for Healthcare Quality initiative. Not concerned with these measures at this time as we are seeing consistent efforts. | Will continue to monitor and bring results to CEC. |
| Oryx Report | P. Joines reviewed the Oryx report, we are well above the 85% composite rate and measures look good. | FYI |
| Quality & Patient Safety Report | P. Joines reviewed the Quality & Patient Safety Report.<br><br>Daily Safety Huddles will be implemented tentatively in May 2017. These huddles last roughly 15 minutes and are to give a very brief review of any patient safety concerns in the past 24hrs or potential safety concerns in next 24hrs. Please review quality and safety report for more details.<br><br>Nurses will start contacting Doctors if a moderate to high risk (Braden) patient for skin breakdown is refusing Pressure Ulcer prevention measures. This will trigger physician to speak to the patient regarding risks and benefits. The goal is to get patient involved in their care, continue to educate and allow healthcare team to care for them to achieve best outcome. | FYI |
| **Next Meeting** | June 13th, 2017 | |
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