	Quality Council Meeting Minutes Sept 26th, 2017

MEMBERS PRESENT: Dr. M. Jones, Dr. P. Steinke, Dr. W. Bird, C. Schott, Dr. Hahn, C. Zander, Dr. K. Martin, J. Van Osdal, T. Jensen, S. Brown, K. Geil, P. Joines, S. Stage
OTHERS PRESENT: 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.
Review of CEC Summary	Approved.	Continue to report.
Reports:		
PI Dashboard	HCAHPS scores have improved for just about every measure this quarter. Responsiveness, Communication about medications and Doctor communication HCAHPS scores have improved greatly from last quarter. Great job! Patient Safety indicators had 2 fallouts: Pneumothorax Rate-Hospital-acquired: cases were reviewed and no opportunities were identified. Indicated to be known potential complication and had appropriate follow-up Over-all Patient Safety Composite score looks great with CGH doing better than even the top 10% of hospitals. Infection rates: Surgical Site infection (Colon): no infections this quarter, great job. Continue to monitor bundle compliance. Surgical Site infection (Hysterectomy): 2 infections. Actions: now using tinted prep and CHG shower prep for scheduled cases. Catheter-Associated Urinary Tract Infections: 1 infection. Actions: new foley catheter insertion trays as of Oct. 1st 2017. BARD wipes for foley maintenance. Internal audits for compliance with best practice for insertion and maintenance of foley catheters. C. Difficile Infections- lab identified: 2 infections. Two cases were reviewed with no opportunities noted. Mortality rates: all patients were identified as having greatest risk of mortality (3 and 4) which is appropriate finding. Quality will speak about Mortality rates at both Dept. of Surgery and Medicine. Reminding providers to chart all comorbidities as these are considered in the risk adjustment. CMS looks back 12 months. Readmission rates: finding that most of those that return within 7days are actually returning within 2-4 days. Focus right now is for patients that are identified as high risk for readmission, to have appointment made within 2-4 days before they leave CGH (CEC recommendation). The readmission task force will discuss any barriers to this in their weekly Friday meetings.	Quality to continue to share respective metrics (opportunities and success) with departments and teams.

Readmission and VBP Adjustment Factor for FY18	Readmissions: CGH was ranked 1st out of 20 in a ranking of regional hospitals for the CMS readmission reduction program. 80% of hospitals were penalized under the CMS readmission reduction program. CGH was in the 20% that was not penalized. Great job to the many individuals and teams working on this! VBP: CGH still does very well with this program. Opportunities and areas where CGH performs very well were discussed. No surprises on this report and it only confirms we are working on the correct initiatives.	Continue to monitor Readmissions and VBP components for opportunities and ensure actions assigned.
Hospital Compare Star Rating	Many different measures factor into this rating (total of 48 measures). Our current rating is 4 out of 5 stars, next month (October) we will drop down to 3 out of 5 starts. Opportunities and areas where CGH performs very well were discussed. Again, no surprises on this report and it only confirms we are working on the correct initiatives. Make note: CMS is re-evaluating this stars program and its current makeup.	Phil will keep investigating these reports and CMS plans in the future for star ratings.
Clinical Dashboard	Rehab services- Physical Therapy: did not meet goal. Have had a tremendous increase in demand for services. Many new therapists have been brought on and have worked through getting them licensed. New Orthopedic Surgeon has been increasing demand for PT as well. Should see this get closer to goal towards end of this year. Echo/Stress times: Times have much improved. Especially, turn-around times for Outpatient Echo and Stress testing. The two providers not meeting goal individually were given a list of their cases that fell out to review. Group scores and times were shared at Cardiology Section and will continue to be. Anesthesiology PONV: The drop in this measure seems to be due to a lack of documentation. Anesthesiology has been made aware of the cases falling out and has reviewed them. Diabetes measures: The LDL-C measure has been removed as recommended per CEC. Working to get report on Statin use instead as per latest evidence.	Quality to continue to share opportunities with providers and sections as indicated.
Hospital Compare Dashboard	Correction to OP-3 measure, is currently showing data for OP-3C should be showing OP-3B. Please ignore this measure and will be corrected for next meeting. ED times: current quarter does not meet goal but not concerning at this time since the last three quarters are well within goal. That said, current quarter has had a large influx of patients and challenges with staffing. This is impacting the ED times. Continue to monitor times and look for trends.	Phil to correct OP-3 measure.
eCQMs & MIPs	Electronically submitted Clinical Quality Measures (eCQM)- quality has worked with Health Informatics and have identified which measures CGH will submit to CMS as required. See attachment for details. We are using a vendor (SA Ignite) for the MIPs program. We are currently reviewing our data for 2017.	FYI

Quality & Patient Safety Report	The medical office survey was just completed, we went from a 52% completion rate from 2015 to a 77% completion rate this year! The daily safety huddle is currently in its 12th week. Has helped staff and departments communicate safety events between one another more efficiently and allowed for quicker turn-around time on the closure of events. See attachment for further details.	FYI
New Business:		
Other	None	
Old Business		
Other	None	
Next Meeting	December 12th, 2017	