



Quality Council  
Meeting Minutes  
March 12, 2019

MEMBERS PRESENT: Dr. Hanlon, Dr. Bird, Dr. Pham, Dr. Hahn, C. Zander, A. Moore, M. Benson, K. Geil, B. Schaab, C. Schott, P. Joines, OTHERS PRESENT: T. Lawson, S. Stage

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Hanlon called the meeting to order at 12:30.	
<b>Approval of Minutes:</b>		
Review of Meeting Minutes	Minutes were approved.	Continue to report.
Review of CEC Minutes	Minutes were reviewed.	Continue to report.
<b>Review of Quality Reports, Graphs, Measures:</b>		
Regulatory Measures	<p>Phil reviewed measures that demonstrate superior performance, as well as the opportunities on the summary document. Phil further explained interpretation of graphs and measures for various outliers. Explained actions in-place to address opportunities, as well as continuing to monitor.</p> <p>Highlights:</p> <ol style="list-style-type: none"> <li>1. Core ED Times: times increased for Q3 and Q4 due to new face to face handoff with admitting floors. This is great new process for patient safety and continuum of care. Interventions taken in Q4 to bring back down times to baseline (reduce delays) and already are showing improvements in Q4-18 and in recent Q1-2019 quarter. Continue to share times with respective managers for real time intervention.</li> <li>2. HACRP- hospital acquired infection measures. Doing well overall. Many great processes in place to track, monitor and identify any opportunities. Phil went into details on cases and next steps.</li> <li>3. HCAHPS: Care Transitions Domain questions is area of greatest focus. Team already in place and have identified actions to improve these scores. Good discussion from group.</li> <li>4. 30-day Mortalities: no cases this quarter.</li> <li>5. CMS Patient Safety indicators: Phil explained details of cases, steps taken already and the focus on defining rates against best practices. Discussions on all of this with Physicians.</li> <li>6. Readmissions: doing well overall. Heavy focus on any readmission &lt;7days. Phil went into details on select cases, how we drilled down to identify any opportunities. Most of cases there were no findings of opportunities as they received proper discharge, great follow-up at home (those deemed high risk). Continue to monitor readmissions and share findings with Readmission task force and respective managers.</li> </ol>	Please refer to the Summary document (Attachment C) for a full summary of measure interpretation, actions taken and any next steps.

<b>Review of Quality Reports, Graphs, Measures: cont'd</b>		
	<p>Highlights: cont'd</p> <ol style="list-style-type: none"> <li>7. Sepsis: continue to do well in terms of comparison with Nation and State. We know our focus areas for ED and other departments. Will be forming inpatient team to walk through timelines and how can better achieve each element of the Sepsis bundle. Complex measure but we have identified and taken actions on the greatest areas of opportunity.</li> <li>8. Stroke: doing very well. Spending more focus on one measure: "Door to transfer out".</li> </ol>	<p>Please refer to the Summary document (Attachment C) for a full summary of measure interpretation, actions taken and any next steps.</p>
<b>New Business:</b>		
Hospital Compare Star Rating	<p>February 2019 release: Phil reviewed changes to how this rating is now calculated (since previous release in Dec 2017). To name a couple: Sepsis is now feeding into this, with Pain Management being removed. CGH received a 4-star rating.</p> <p>Noted: ~80% hospitals receive a Star Rating. Approximately 50 measures feed into CGH's Star Rating.</p>	<p>Continue to follow the changes to the Hospital Compare Star ratings. CGH is already focusing on the right measures. Continue to follow, monitor and improve on respective measures.</p>
<b>Next Meeting</b>	<p>Will be approving the updated Quality and Safety plan for FY20. As well as evaluation of key metrics.</p>	FYI
	<p>June 11<sup>th</sup>, 2019 / Will set up call-in number for those who cannot physically attend</p>	<p>Phil will send out call in information.</p>