



Quality Council  
Meeting Minutes  
October 1, 2019

MEMBERS PRESENT: Dr. Hanlon, Dr. Bird, Dr. Pham, Dr. Steinke, Dr. Jones, J. VanOsdol, M. Benson, T. Jensen, A. Moore, C. Zander, K. Geil, B. Schaab S. Brown, P. Joines, OTHERS PRESENT: T. Lawson, R. Superczynski

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 those measures with opportunities which are both outlined 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 those measures we are continuing to monitor.</p> <p>Highlights:</p> <ol style="list-style-type: none"> <li>1. <b>Core Measure ED:</b> <u>Admit decision time to admission to floor (inpatient)</u> has increased in time from average of 56min to 69min since new handoff process initiated in July 2018. New process is great for patient care so will keep this in place. Continued focus on this measure for ED and the receiving floors. Proposed to change of <u>ED Arrival to Depart time</u> goal from 220min to 238min. This <u>proposal was approved</u>. This is still a stretch goal but one that is more valuable to which our current ED processes are capable of reaching with further improvement. This measure will improve as we address the Admit decision to admission measure above (same patients).</li> <li>2. <b>HACRP</b> – hospital acquired infection measures: Few infections in 2Q2019. Gina (Infection Control Director) explained that we are seeing a decrease in use of Foley Catheters which will help reduce risk of <u>Catheter-associated urinary tract infections</u>. Also reviewed <u>C-diff</u> and <u>C-section</u> cases with no opportunities identified. Infection Control is reviewing <u>Knee infection</u> cases to identify any recent changes to processes. More to come.</li> <li>3. <b>HCAHPS:</b> Patient Experience. Communication with Nurses, Responsiveness of Staff and Communication about Medicines are top performing measures for CGH in VBP. Doctor Communication, Quietness and Care Transition are bottom 3 and continued focus for CGH. Teams in place.</li> </ol>	<p>Please refer to the Summary document (Attachment C) for a full summary of measure interpretation, actions taken and next steps.</p> <p>A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE CHANGE OF GOAL FROM 220MIN TO 238MIN FOR <b>ED ARRIVAL TO ED DEPART (INPATIENT ADMISSIONS)</b> AS PRESENTED.</p> <p><b>ED:</b> Phil/Sarah A-Brown to share department specific results of <b>Admit decision to Admission</b> with each respective manager. Will identify areas of variation in process to implement tests of change. PCS will follow performance as well as ED section and CEC.</p> <p><b>HACRP-</b> Regina S. from Infection Control will continue to monitor infection measures. Dive deeper into Knee infection cases and bring to IC Committee.</p> <p><b>HCAHPS-</b> teams led by Mary Jean will continue to put tests of change in place and monitor for improvement.</p>

	<p>4. <b>Mortality:</b> Do well with Pneumonia and Acute Heart Attack patient mortalities. Largest area of focus will be patients with Congestive Heart Failure. New Chronic Obstructive Pulmonary Disease Mortality measure is coming to VBP program CY2020.</p> <p>5. <b>CMS Patient Safety indicators:</b> Phil explained details of cases, steps taken already and the focus on defining rates against best practices. Discussions on all cases here with Physicians involved and potentially PEER review process as applicable for opportunities.</p> <p>6. <b>Readmissions:</b> We are estimated to receive 0.9976 adjustment = -\$42,000. We deep dive on any readmission &lt;7days. Phil explained that are heaviest area of focus should be on patients with Chronic Obstructive Pulmonary Disease. This is area we have most opportunity. Phil described the new Hybrid Readmission measure that CMS will start measuring July 1, 2023. We will aim to start measuring in 2021.</p> <p>7. <b>Sepsis:</b> continue to do well in terms of comparison with Nation and State. Continuing to push for further improvement. Working more with the admitting floors. Education, further leveraging eICU, etc.</p> <p>8. <b>Stroke:</b> Doing well. Continuing to focus on Door to tPA and Door to transfer measures.</p>	<p><b>Readmissions:</b> Phil to meet with Tammy (Director of Respiratory and Sleep), and Julie M. (Community Health Network Director) to review COPD cases and what next steps will be. What interventions we can put in place regarding Diagnoses, Treatment and Continuity of Care.</p>
<b>New Business:</b>		
Culture of Safety surveys	Hospital Survey was completed in June 2019 this year. Phil reviewed the number of Hospital surveys returned for 2013, 2015, 2017 and 2019. Major improvement from 2015 to 2017 and 2019 (over 80% participation!). We continue to see good returns on this survey with the Nation average being ~50% participation.	Department managers are reviewing their 2019 results with comparison to their 2017. Each Manager creating action plans and share all with their staff.  The Medical Office (Clinic) survey is live now and will conclude on October 4 <sup>th</sup> . Results to be sent to AHRQ for comparison benchmarking.
<b>Next Meeting</b>		December 10 <sup>th</sup> , 2019