



Quality Council
Meeting Minutes
January 28, 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, P. Joines, OTHERS PRESENT: T. Lawson, R. Superczynski, MJ. Derreberry, S. Alvarez-Brown

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Hanlon called the meeting to order at 12:30.	
Approval of Minutes:		
Review of Meeting Minutes	Minutes were approved.	Continue to report.
Review of CEC Minutes	Minutes were reviewed.	Continue to report.
Review of Quality Reports, Graphs, Measures:		
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"> 1. Core Measure ED: <u>Admit decision time to admission to floor (inpatient):</u> Sarah (ED director) reviewed new process. Reviewing this process to determine if there is any room for improvement. Medical floor Admit decision time to admission to floor graph is showing special cause with a decrease in the time it is taking to get patient to floor (great work!). Continued focus on this measure for ED and the receiving floors. 2. HACRP – hospital acquired infection measures: Gina (Infection Control Director) reviewed the following. Trying to reduce Foley days. Education to staff on when it is appropriate to do Urine Analysis. Decolonization protocol going live in near future to help reduce Surgical Site Infections (SSI). 3. HCAHPS: Doctor Communication, Quietness and Care Transition are bottom 3 and continued focus for CGH. Found departments with highest need for improvement and focusing on those as appropriate. Physician Champion has been found in terms of improving the Doctor Communication Domain. 4. Hip and Knee Complication Rate: Continue to do well. No concerns. 	Please refer to the Summary document (Attachment C) for a full summary of measure interpretation, actions taken and next steps.

	<p>5. Mortality: No updated information available for this meeting. Continue to focus on Congestive Heart Failure and review cases for opportunities.</p> <p>6. CMS Patient Safety indicators: Phil explained details of one case, steps taken already and the focus on defining rates against best practices.</p> <p>7. Readmissions: We deep dive on any readmission <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. Working with Tammy (Director of Respiratory) on interventions we are entertaining to further reduce readmissions. These were discussed at CEC as well.</p> <p>8. Sepsis: Continue to do well in terms of comparison with Nation and State. Working on concurrent reviews of Sepsis patients. This is already catching opportunities while the patient is still here. Continuing to push for further improvement. Working more with the admitting floors. Education, further leveraging eICU, etc. Group coming together to review various Sepsis topics.</p> <p>9. Stroke: Doing well. Continuing to focus on Door to tPA and Door to transfer measures.</p>	
New Business:		
Risk Assessment Summary	Phil reviewed various Risk Assessments and GAP Analysis completed throughout the organization. This is a more proactive approach to patient safety.	Please refer to attachment D for a list of Risk Assessment/GAP Analysis
Project ALTO	Alternative to Opioids: CGH is participating in this project is to review how opioids are being used in the Emergency Department. Focus on reducing number of opioids and instead using alternative therapies/medications.	Continuing to work on project and submit 2019 data for baseline by mid-Feb 2020.
Next Meeting		March 10, 2020