



Quality Council  
Meeting Minutes  
March 10, 2020

MEMBERS PRESENT: Dr. Bird, Dr. Pham, Dr. Steinke, J. VanOsdol, M. Benson, T. Jensen, A. Moore, S. Brown, C. Zander, K. Geil, P. Joines, OTHERS PRESENT: T. Lawson, E. Falls

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	P. Joines called the meeting to order at 12:34.	
<b>Approval of Minutes:</b>		
Review of Meeting Minutes	Minutes were approved.	Continue to report.
Review of CEC Minutes	Minutes were reviewed. Dr. Pham explained some high lights.	Continue to report.
<b>Review of Quality Reports, Graphs, Measures:</b>		
End of Year Review: FY20 Critical Measures	<p>Phil reviewed and explained each critical measure, mainly pointing out the high lights. A combination of measures demonstrating superior performance, as well as those measures with opportunities. Phil further explained interpretation of graphs and measures for various outliers or those measures that are demonstrating stable performance. Also noted if there were any special cause and any updates in terms of actions we are taking.</p> <p>Highlights:</p> <p><b>Regulatory Measures:</b></p> <ol style="list-style-type: none"> <li>1. <b>Core Measure ED:</b> <u>Admit decision time to admission to floor (inpatient):</u> Sarah (ED director) continuously meets with floor managers to monitor the defined handoff process the groups developed. Continue focus on this measure for ED and the receiving floors.</li> <li>2. <b>HACRP</b> – hospital acquired infection measures: Infection Control Committee approved the new CHG wipes (noses to toes) as just another means to further prevent infections. Department of Surgery is onboard with its use. Seeing decrease in Catheter Associated UTIs. Foley use has decreased which is helping this measure. Infection Control is looking into new two-step testing for C. diff, which will further help reduce inappropriate or unnecessary testing.</li> <li>3. <b>HCAHPS:</b> Doctor Communication, Quietness and Care Transition are bottom 3 and continued focus for CGH. Identified departments with the highest need for improvement and focusing on those as appropriate. Physician champion for Doctor Communication to help improve scores. Working on new quiet hours (2 periods throughout the day) to help improve Quietness scores.</li> <li>4. <b>Hip and Knee Complication Rate:</b> Continue to do well. No concerns.</li> </ol>	<p>A MOTION WAS MADE SECONDED AND PASSED TO APPROVE FY20 END OF YEAR REVIEW OF CRITICAL MEASURES AS PRESENTED</p> <p>Please refer to End of Year Review (Attachment C) for a full review of measure interpretation, actions taken and next steps.</p>

5. **Mortality:** Continue to focus on Congestive Heart Failure and review cases for opportunities. COPD is another focus area. These measures have close relationship and impact to Readmission reduction as well.
  6. **Medicare Spending per Beneficiary:** 2019 performance not available till June 2020 but predict will be within range as we have historically been. This is 25% of VBP score.
  7. **CMS Patient Safety indicators:** 1 Perioperative Hemorrhage of Hematoma case in Q4-2019. Putting us at 2 cases in the Oct 2017 – June 2019 Hospital Compare period, which will likely put us over expected. No other PSI cases in Q4-2019.
  8. **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. Tammy (Director of Respiratory) and Julie (Director of ACS) are closely working with Dr. Kuhns (Physician Campion) on best practice interventions we can further take to reduce readmissions.
  9. **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.
  10. **Stroke:** Doing well. Continuing to focus on Door to tPA and Door to transfer measures.
- Priority Clinical Measures:**
1. **Gastroenterology:** Seeing consistent performance in all measures. Continue to monitor.
  2. **Cardiology:** Turn-around times doing well. Continue to monitor and share unblinded provider performance at Cardiology Section.
  3. **Gift of Hope:** Both measures doing well. No opportunities noted. Continue to monitor.
  4. **Obstetrics:** All measures doing well. Continue to monitor.
  5. **Pulmonary:** Turn-around for PFTs: Measure is doing well in CY19. Continue to monitor.
  6. **Physician Office:** Seeing consistent performance in Diastolic measure. Seeing improvement in both Systolic and A1c measures.

	<p>7. <b>Radiology:</b> All measures are doing well. Time to Outpatient MRI saw previous quarters outside of goal due to new MRI machine and training. Measure has returned to normal range within goal as expected.</p> <p>8. <b>Sleep Lab:</b> Amount of time to receive sleep lab appointment was above goal in Q2 and Q3 of 2019. This was due to allowing multiple staff to take ETO at the same time. This has now changed and will not negatively impact the number of open slots in the future.</p> <p>9. <b>Emergency Department (Door to ECG):</b> Plan to educate ED staff on ability to obtain ECG when possible instead of calling ECG tech. Working with ECG techs on areas of improvement.</p> <p><b>Department Measures:</b></p> <p>1. <b>Emergency Department (Unscheduled returns, AMA, LWBS):</b> Unscheduled returns, AMA, and LWBS measures all consistently meeting goal. Continue to monitor.</p> <p>2. <b>Patient Complaints:</b> Decrease in turnaround time for Grievances. Patient Advocate was initially unaware letter was to be sent to patient to resolve grievance, causing drop in Percent of Grievances resolved within 7 days. Process now in place to ensure this is being completed. Same notes apply to Average days to resolution.</p>	
<p>Summary of Critical Measures to follow FY21</p>	<p>List of critical measures to follow in FY21. Philip explained that this list includes mandatory measures per regulatory, best practice measures, and other deemed most critical measures to follow for CGH in the upcoming year. Summary was approved.</p>	<p>A MOTION WAS MADE SECONDED AND PASSED TO APPROVE FY21 SUMMARY AS PRESENTED.</p> <p>Refer to Attachment D for summary.</p>
<p><b>New Business:</b></p>		
<p>Utilization Review FY21</p>	<p>Utilization Review was approved.</p>	<p>A MOTION WAS MADE SECONDED AND PASSED TO APPROVE FY21 UTILIZATION REVIEW AS PRESENTED.</p> <p>Refer to Attachment E for Utilization Review FY21.</p>
<p><b>Next Meeting</b></p>		<p>June 9<sup>th</sup>, 2020</p>