



Quality Council  
Meeting Minutes  
June 9, 2020

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

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.
<b>Review of Quality Reports, Graphs, Measures:</b>		
End of Year Review: FY20 Critical Measures	<p>R. Superczynski 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. R. Superczynski 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><b>Core Measure ED:</b> <u>Admit decision time to admission to floor (inpatient):</u> Process is in control and capable of meeting or nearing goal. Reviewing areas of variation to find opportunities and implement changes. Continue focus on this measure for ED and the receiving floors.</li> </ol> <p><u>Arrival time to ED depart time (inpatient admission):</u> Process is in control, but not capable of meeting goal. Completing chart audits on cases that did not meet goal to determine cause of longer stays.</p> <ol style="list-style-type: none"> <li><b>HACRP</b> – hospital acquired infection measures:               <p><u>C. diff:</u> Infection Control Committee approved the two-step testing process. Lab will go-live in Q3. This will prevent colonized patients from contributing to positive results.</p> <p><u>SSI prevention:</u> Implementation of Nose to Toes program was delayed during COVID-19 and has been rescheduled for July. R. Superczynski to meet with Orthopedic Surgeons, A. Vetter and C. Kevern, OR assistant manager, regarding the following processes: prep, management of sterile field, traffic pattern in the OR.</p> </li> <li><b>HCAHPS:</b> Doctor Communication, Quietness and Care Transition are bottom 3 and continued focus for CGH.</li> </ol> <p><u>Doctor communication:</u> Improved for most recent quarter. Improvements with Department of Medicine, specifically</p>	Please refer to the Summary document (Attachment B) for a full summary of measure interpretation, actions taken and next steps.

	<p>the Hospitalists. Continue to report results to Dept of Medicine and Surgery.</p> <p><u>Cleanliness &amp; Quietness:</u> Improved as well. Nursing staff is now drawing labs at 0500, reducing disruption to sleeping patients. Early morning testing has also shifted. Will continue to monitor and evaluate if changes are sustainable.</p> <p><u>Care Transitions:</u> Met goal in February and March. Group with nurse managers and patient navigators to determine if COVID process changes impacted scores positively.</p> <p>4. <b>Hip and Knee Complication Rate:</b> Continue to do well. No concerns.</p> <p>5. <b>Mortality:</b> No new numbers at this time. Next semi-annual review in September 2020.</p> <p>6. <b>Medicare Spending per Beneficiary:</b> 2019 performance not available till June 2020. Next semi-annual review in September 2020.</p> <p>7. <b>CMS Patient Safety indicators:</b> No fallouts during most recent quarter.</p> <p>8. <b>Readmissions:</b> We deep dive on any readmission &lt;7days.</p> <p><u>Chronic Obstructive Pulmonary Disease (COPD):</u> Current rolling year shows decrease in percent readmitted. Respiratory Therapy efforts appear to have positive impact.</p> <p><u>Congestive Heart Failure (CHF):</u> Current rolling year shows increase. Readmission task force was on hiatus due to COVID. Also, both CHN nurses have retired. Readmission task force has reconvened. Case Managers are being assigned patients that are high risk for readmission as part of CHN. J. Morse discussed this plan and how Case managers will work with patients in the community to help increase their quality of life, as well as reduce readmissions. Patient Navigators are also included in this effort.</p> <p>9. <b>Sepsis:</b> Continue to do well in terms of comparison with Nation and State. Three focus areas being Sepsis Crystalloid Fluid Volume Required and Correct, Sepsis Focus Exam Required and Completed, and Sepsis Lactate ordered. Continuing to push for further improvement. Data is being shared with inpatient units.</p> <p>10. <b>Stroke:</b> Three of four cases did not meet 60-minute goal in last 2 quarters. Continuing to focus on Door to tPA and Door to transfer measures.</p>	
<p><b>New Business:</b></p>		

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Quality and Patient Safety plan FY2021	R. Superczynski reviewed changes to plan. The Quality and Patient Safety plan FY2021 was approved.	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE QUALITY AND PATIENT SAFETY PLAN FY2021 AS PRESENTED. Please refer to attachment D for full plan with changes.
<b>Next Meeting</b>		September 8 <sup>th</sup> , 2020