



Quality Council  
Meeting Minutes  
Mar 8, 2022

MEMBERS PRESENT: Dr. Hanlon, Dr. Tran, Dr. Bird, A. Moore, M. Benson, C. Schott, P. Steinke, C. Zander, B. Schaab, K. Geil, R. Superczynski OTHERS PRESENT: S. Alvarez-Brown, T. Lawson, E. Falls, K. Pfundstein, E. Thupili, J. Morse, S. Lahey

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. ( <b>Attachment A</b> )	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE MINUTES AS PRESENTED.
Review of CEC Minutes	Minutes were reviewed. ( <b>Attachment B</b> )	Continue to report.
<b>Review of Quality Reports, Graphs, Measures:</b>		
Summary of 3Q2021 Regulatory Measures	<p>R. Superczynski presented most recent quarters data.</p> <p><b><u>Regulatory Measures:</u></b></p> <p><b>Core Measure ED:</b> Data presented through December. Delays are related to COVID, inpatient staffing and bed availability. R. Superczynski and S. Alvarez-Brown are reviewing current admission process to see what can be streamlined. K. Geil noted changes being made to March/April ED staffing schedule.</p> <p>ED arrival to ED Departure time home or transferred out illustrates common cause variation and increased in December during the last COVID surge.</p> <p><b>HACRP – hospital acquired infection measures:</b> G. Superczynski reviewed graphs. Actions Taken: Quality is completing routine audits of equipment cleanliness (ATP testing), foley care, and central line care with feedback to staff and managers. Isolation precautions are being audited as well with real time feedback. Electronic hand hygiene monitoring has been submitted to capital.</p> <p><b>HCAHPS:</b> 2021 performance for Discharge Information, Communication with Doctors, Communication about Medications, Care Transitions, and Overall Rating of Hospital remains close to the Achievement Threshold.</p> <p><b>PSI:</b> 1 event for postoperative acute kidney injury requiring dialysis and 1 event for post operative sepsis. Both events reviewed by department chair. No opportunities noted.</p> <p><b>Readmissions:</b> All measures remain below Hospital Compare National Mean except Heart Failure. 6 CHF patients were readmitted in the 3rd quarter of 2021.</p> <p><b>Sepsis:</b> Third Quarter Bundle compliance is 72%. Process Improvement focus on Crystalloid fluid volume required and correct. Regulatory changes this year will help compliance as the documentation requirements will be less strict.</p>	<p>Please refer to the Summary document (<b>Attachment C</b>) for a full summary of measure interpretation, actions taken and next steps.</p> <p>Continue to monitor and report. Discharge team working on improvements that could help decrease bottlenecks in ED in the future.</p> <p>Continue to monitor and report. C diff and CLABSI were added to IC plan for this year.</p> <p>Continue to monitor and report. Discharge Planning team is working on improvements that could positively impact these dimensions.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report. Current project underway examining improvements in both exacerbation prevention and treatment without readmission. Data collection underway via patient interviews.</p> <p>Continue to monitor and report individual performance to ED staff and providers.</p>

	<p><b>Stroke:</b> All tPA given in third quarter met goal.</p> <p><b>Total Hip/Knee Complication Rate:</b> No complications</p>	<p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p>
Teams Update	<p>R. Superczynski reviewed performance improvement teams. Prior Authorization project is underway to prevent missed prior auth for oncology injections. The oncology project to reduce the number of treatment plan changes on day of therapy is slated to be complete in April. Cardiac Rehab team has seen increased referrals from Dr. Kieso's office. Dede is working on staffing for the ostomy program for patients pre- and post-op ostomy. Oncology and Pharmacy Flow Chemotherapy project began an in-depth investigation into EHR chemo order templates. This resulted in identification of streamlining/educational opportunities for increased frequency of provider/staff touch bases which is currently in process. Additionally, staff daily huddle was added to document potential events and subsequent action planning in a more real-time manner.</p>	See <b>Attachment D</b> for Teams Update.
<b>New Business:</b>		
Discharge Planning project	<p>R. Superczynski reviewed project to improve efficiency of discharges. CCU trial completed to test new process. Nursing was very receptive during trial. Project can impact other areas such as ED Throughput, Employee Satisfaction, HCAHPS scores, and Staff Knowledge. Recommendations to expand this process.</p>	Work will continue with project and further implementation will take place.
<b>Next Meeting:</b>	<b>June 14<sup>th</sup>, 2022</b>	