



Quality Council  
Meeting Minutes  
Sept 8, 2020

MEMBERS PRESENT: Dr. Hanlon, Dr. Bird, Dr. Steinke, Dr. Tran, J. VanOsdol, M. Benson, T. Jensen, C. Schott, S. Brown, C. Zander, B. Schaab, K. Geil, R. Superczynski OTHERS PRESENT: T. Lawson, E. Falls, K. Pfundstein, A. Reitzel

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>		
End of Year Review: FY20 Critical Measures	<p>R. Superczynski and Dr. Hanlon presented most recent quarters data.</p> <p><b><u>Regulatory Measures:</u></b></p> <p><b>Core Measure ED:</b> Admit decision time to admitted to the floor (inpatients only): Special cause associated with COVID testing. Prior to COVID, process was statistically in control and capable of meeting or nearing the goal.</p> <p>ED arrival to ED departure time (inpatients only): Special cause associated with COVID testing. Conclusion: Prior to COVID, process was in control but not meeting goal. Next Steps: Post COVID, chart audits will be completed to identify largest areas of variation in process.</p> <p>ED arrival to ED departure time (home or transferred out): Process in control and capable of meeting goal.</p> <p>Conclusion: Special cause results associated with COVID-19 outbreak.</p> <p><b>HACRP – hospital acquired infection measures:</b> CAUTI: More than 1 year since last infection.</p> <p>C. diff: 2 infections in second quarter. Two-step test just went live in August. Pharmacy review of most recent infection did not identify any opportunities</p> <p>SSI: 1 superficial C-section infection in second quarter. Preop decolonization protocol has been implemented house wide.</p> <p><u>Conclusion:</u> Analysis of data identified improvements in overall results and root causes of failures identified with appropriate plans of action.</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>Recommendation: Continue to monitor and report next quarter</p> <p>Recommendation: Continue to monitor and report. Provide recognition with staff regarding CAUTI prevention.</p>

	<p><b>HCAHPS:</b>                  Doctor communication, Cleanliness &amp; Quietness, and Care Transitions continue to be areas of focus. Discussed improvements in Hospitalist results and focus on Care Transitions has helped scores.</p> <p><u>Conclusion:</u> Meeting goals or making significant strides in all areas but cleanliness and quietness.</p> <p><b>Hip and Knee Complication Rate:</b>                  Continue to do well. No concerns.</p> <p><b>Mortality:</b>                  Decline in all categories. Conclusion: No opportunities</p> <p><b>MSBP – Medicare Spending:</b>                  Latest data (CY-2019) is showing CGH rate of 0.98.                  Conclusion: No opportunities</p> <p><b>CMS Patient Safety indicators:</b>                  Pressure Ulcer: 1 event in second quarter. Patient had pressure ulcer on admission. Documentation on last day of stay reflected change from Stage II to Stage III. Quality will review case with Acute Care Services.                  Conclusion: Opportunity to improve. This is a new occurrence where an existing ulcer worsened during hospitalization.</p> <p>Iatrogenic Pneumothorax: 1 event in second quarter.                  Conclusion: Complication of procedure with appropriate follow up and intervention.</p> <p>Perioperative Pulmonary Embolism: 1 event in second quarter. Case reviewed. Conclusion: known complication and of procedure and appropriated treatment provided.</p> <p><b>Readmissions:</b>                  All-cause Hospital-Wide: Current rolling year results remain stable and below national average of 15.6%. J. Morse explained patient circumstances which led to the most recent readmissions. Root causes include readmission of nursing home patients, which are not included in the community health network.</p> <p><u>Conclusion:</u> Continue efforts on COPD and CHF. While these measures are similar to national average, they remain lower than our peer group which negatively impacts value-based purchasing efforts.</p> <p><b>Priority Clinical:</b></p> <p><b>DHC:</b>                  Process in control and meeting goals.</p> <p><b>Cardiology:</b>                  Great performance and meeting goal in all categories.</p> <p><b>Gift of Hope:</b></p>	<p>Recommendation: Care Transitions team to continue to meet to sustain results. Patient Care Services to evaluate best practices on noise indicator and bring back plan of action for improvement.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>G. Superczynski is investigating further and will discuss at Patient Care Services and bring back plan of action at next meeting.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report</p> <p>J. Morse to discuss with the readmission taskforce to determine if NH visits should be considered. Report back at next meeting.</p> <p>Continue to monitor.</p> <p>Continue to monitor.</p>
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	<p>Zero missed timely referrals. Only one missed death notification in last 11 quarters. Great job.</p> <p><b>Obstetrics:</b> Primary C-section rate: On goal line. No major concern at this time.</p> <p><b>Pulmonary:</b> Completion of test to dictation of report: consistent and solid performance. Oral care compliance and reintubation rate are meeting goals.</p> <p><b>Physician Office:</b> For Diabetes patients: Diastolic blood pressure and A1C, processes are in control and meeting goals. Systolic blood pressure is in control and capable of meeting goal.</p> <p><b>Radiology:</b> All measures meeting goals.</p> <p><b>Sleep Lab:</b> Time to receive a sleep lab appointment: Increase in the second quarter due to inability to conduct studies during COVID. Turnaround time of reporting sleep lab tests: Process in control and meeting goal.</p> <p><b>Emergency (Door to ECG read):</b> Charts show % of time each step meets goal compared to median. % Arrival to ECG tech paged within 3 minutes remains below median time. Conclusion: Opportunity to improve. L. Falls completed a walk through from arrival to ECG to identify opportunities.</p> <p><b>Department Measures:</b>  ED Dashboard: Unscheduled returns, Left Against Medical Advice and Left Without Being Seen measures: All measures show processes that are in control and meeting goals.</p> <p><b>Patient Complaints:</b> Graph shows number of complaints for Medical and Surgical specialties per quarter over time. Conclusion: No opportunities identified.</p> <p><b>Wound Center:</b> Percentage of wounds healed with positive outcomes: First and second quarter just below the goal at 86%. Wound care visits limited during these quarters due to COVID restrictions.</p>	<p>Continue to monitor.</p> <p>Continue to monitor.</p> <p>Continue to monitor.</p> <p>Continue to monitor.</p> <p>Continue to monitor.</p> <p>Continue to monitor.</p> <p>L. Falls will summarize her findings and present to the Chest Pain Committee. Report back at next Quality Council.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p>
<b>New Business: None</b>		
<b>Next Meeting</b>		December 8 <sup>th</sup> , 2020