Quality Council
Meeting Minutes
June 14, 2022

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

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. (**Attachment A**)	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE MINUTES AS PRESENTED.
Review of CEC Minutes	Minutes were reviewed. (**Attachment B**)	Continue to report.
Review of PIC Minutes	Minutes were reviewed. (**Attachment C**)	Continue to report.
Review of Quality Reports, Graphs, Measures:		
End of Year Review	R. Superczynski presented end of year review. **Mortality:** Data is from CMS. Most recent quarters have shown improvement in COPD mortality. Heart failure mortality remains a focus. Readmission Task Force working to identify and intervene with high-risk patients which could show downstream improvement in mortality. **Hospital Acquired Infections:** Weekly audits and real time intervention being completed to reduce CAUTI, CLABSI, and C. diff infections. We have gone one year without a CAUTI and several quarters without a CLABSI. C diff remains a priority with efforts focused on hand hygiene, isolation precautions, and testing appropriateness. **PSI:** PSI 90 Composite is 1.22 which is above achievement threshold of 0.963 in VBP. All cases reviewed by department heads and no opportunities noted. This measure will be removed from VBP in 2022. **HCAHPS:** Discharge planning project has shown some improvement in these areas for CCU. Continue to work on this project throughout the year. Inpatient departments to review data and identify next steps. **MSPB:** Increased from 0.8 to 1.0. Utilization review committee to review contributing factors. **HRRP:** Readmission Task Force to address Heart Failure patients. Clinic is identifying patients who are high risk and speaking with them before appointments can be cancelled. Bryan Fredericks to partner with select heart failure patients for 30 days post discharge. All other areas are meeting goal. **Sepsis:** Bundle Compliance demonstrated improvement over prior year as well as 5 of the 8 bundle elements. Continued focus on Crystalloid Fluid, Focus Exam, and Persistent Hypotension measures by focusing efforts on documentation and early notification.	Please refer to the End of Year Review document (**Attachment D**) for a full summary of measure interpretation, actions taken and next steps.

	Stroke: Door to tPA measures met goal in 8 out of 9 cases last year. **ED Throughput:** Throughput times greater than goal. Implemented tests of change related to COVID testing that have shown a decrease in times in April. NIU industrial engineering student will work on project to improve throughput starting in July. **MIPS:** Continue to monitor as measures are close to or meeting goal. Measures due to change based on availability of measures from Community Works. **Gift of Hope:** Both measures met goal. **Physician Complaints:** No concerns at this time. **Radiology:** All measures meeting goal. **Wound Center:** All measures meeting goal.	
List of CEC Measures to follow FY23	List of CEC Measures to follow FY23 was approved (**Attachment E**).	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE LIST OF MEASURES AS PRESENTED.
Teams Update	R. Superczynski reviewed performance improvement teams. Cardiology clinic project will focus on EKG process in clinic.	See **Attachment F** for Teams Update.
New Business:		
FY23 Quality and Patient Safety Plan	R. Superczynski reviewed changes in plan. Methodology was changed to include DMAIC model. This Robust Process improvement model includes lean six sigma and change management. L. Falls and R. Superczynski are participating in a Joint Commission Resources program which follows this model and will provide Greenbelt certification. Plan was approved (**Attachment G**)	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE FY23 QUALITY AND PATIENT SAFETY PLAN AS PRESENTED.
Presentation: ERAS	Dr. Hanlon reviewed Enhanced Recovery After Surgery (ERAS) project and changes being made. Current Practice at CGH follows most of the ERAS recommendations. Practice is being updated to more closely align with the remaining recommendations.	See **Attachment H** for project overview.
Next Meeting:	**September 13th, 2022**	