



Quality Council
Meeting Minutes
September 21, 2022

MEMBERS PRESENT: **Dr. Hanlon, Dr. Tran, Dr. Wakefield, Dr. Jones, A. Moore, M. Benson, C. Schott, T. Jensen, P. Steinke, A. Berentes, C. Zander, MJ. Derreberry, R. Superczynski** OTHERS PRESENT: **S. Alvarez-Brown, E. Falls, K. Vandermyde**

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 Quality Reports, Graphs, Measures:		
Summary of 1Q2022 Measures	<p>Hospital Acquired Infections: CAUTI, CLABSI, and C difficile remain priority areas for improvement. Weekly line audits by Infection Prevention and Unit Educators in place to monitor for proper maintenance and care of urinary catheters and central lines. Daily CHG bathing initiated in CCU for any patients with a central line with intent to expand to all inpatient units. Would like to implement daily line huddle on inpatient units to address early removal of lines. Transmission between inpatients does not appear to be the primary cause of our HAI. Some patients have diarrhea prior to day 3 but are not tested. C diff checklist under review with planned education campaign. EVS has implemented blue tinted bleach wipes to assist with competency training. Testing protocol under review as some of our positive tests are the result of reflex to PCR. Would like to implement unit champions to assist with improvement efforts. Would also like to identify PCS department champions to complete annual PPE training within their department. Antibiotic Stewardship: Infection Prevention has reviewed outpatient antibiotic treatment for all C diff positive patients. Increased transparency of outpatient antibiotic provider prescribing. Plans to add to provider OPPE.</p> <p>PSI: No events in most recent quarter.</p> <p>HCAHPS: Recent scores are lower. M Derreberry is working on getting data to Unit Directors so that they can share with staff and create action plans for improvement. Upgrade to call light system will provide more robust reporting for directors as responsiveness survey results have decreased this year.</p> <p>Readmissions: CHF remains our focus area for improvement. CHF readmissions met goal in most recent quarter. Readmission task force continues to meet to address CHF patients at high risk for readmission.</p> <p>Sepsis: Discussed the need to set goals for overall bundle performance and for each element. Dr. Hanlon suggested Dept. of Medicine provide input and have CEC set the goals for the next meeting.</p> <p>Stroke: Continue to meet goal in all areas except Door to Transfer. S. Alvarez-Brown explained that we switched to transferring entirely to Javon Bea this summer. EMS has also made some staffing changes which has increased availability. Median and mean times have been trending downward.</p>	Please refer to document (Attachment C) for a full summary of measure performance, actions taken and next steps.

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	<p>ED Throughput: Throughput remains above goal. Have seen a decrease in admit time to floor post COVID testing adjustments. Discussed current goals and potential for adjusting them based on current trends in healthcare. Dr. Hanlon requested that a team get together to reevaluate goals and submit recommendations to CEC.</p> <p>MIPS: All measures meeting goal.</p>	
Teams Update	R. Superczynski reviewed performance improvement teams.	See Attachment D for Teams Update.
New Business:		
Presentation: Cardiology Clinic Lean Project	E. Falls presented project in process to reduce waste in Cardiology Clinic EKG ordering process and improve the Culture of Safety. EKG ordering process post appointment was standardized. Results so far demonstrate a reduction in missed EKG orders. Will continue to monitor for improvement. Next Steps: Will trial completion of EKGs in Cardiology clinic room before appointment rather than in the testing area. Plans to do a time study to gather baseline data. Dr. Hanlon requested a project update at next Quality Council meeting. A. Berentes recommended having every unit participate in a quality improvement project and present selected projects to Quality Council moving forward.	
Next Meeting:	December 14, 2022	