



Quality Council  
Meeting Minutes  
Mar 9, 2021

MEMBERS PRESENT: Dr. Hanlon, Dr. Bird, Dr. Steinke, Dr. Tran, Dr. Pham, Dr. Jones, M. Benson, T. Jensen, A. Moore, C. Schott, C. Zander, K. Geil, R. Superczynski OTHERS PRESENT: S. Alvarez-Brown, J. Morse, 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. ( <b>Attachment A</b> )	Continue to report.
Review of CEC Minutes	Minutes were reviewed. ( <b>Attachment B</b> )	Continue to report.
Review of PIC Minutes	Minutes were reviewed. ( <b>Attachment C</b> )	Continue to report.
<b>Review of Quality Reports, Graphs, Measures:</b>		
Summary of 4Q2020 Measures	<p>R. Superczynski 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), ED arrival to ED departure time (inpatients only), and ED arrival to ED departure time (home or transferred out) have all increased due to COVID census but appear to be trending downward. Will continue to monitor.</p> <p><b>HACRP – hospital acquired infection measures:</b> CAUTI: 1 infection in 4<sup>th</sup> quarter due to culture on a patient with COVID who was near end of life. C. diff: 1 infection in 4th quarter. No opportunities found. Central Line: 2 infections in 4<sup>th</sup> quarter. Investigation determined possible contamination during collection. Central line policy was updated to reflect best practice. House-wide skills lab in April will require staff to perform return demonstration. SSI Abdominal Hysterectomy: 1 superficial infection in 4<sup>th</sup> quarter. Patient had underlying skin condition that increased risk for infection.</p> <p><b>HCAHPS:</b> Recent decrease in Overall score was due to responses scoring the hospital at 8. Doctor communication and nurse communication performed well. Quietness has been a focus but is not a key driver in overall score. Focus will shift to Care transitions. Care transitions has been impacted by staffing shortages due to COVID and patient navigators were pulled to the floor to maintain safe staffing ratios. The Patient Safety and Quality program has several projects that focus on aspects of care transitions. K. Geil reviewed changes to discharge information presentation (medications first) which should have an impact. Also, the Patient Advisory Council will be brought back to engage with patients in the community.</p> <p><b>CMS Patient Safety indicators:</b> Perioperative Hemorrhage or Hematoma: 1 event in 4th quarter.</p> <p><b><u>Conclusion:</u></b> Reviewing case to determine if coding was appropriate. Physician query is needed.</p>	<p>Please refer to the Summary document (<b>Attachment D</b>) for a full summary of measure interpretation, actions taken and next steps.</p> <p>Continue to monitor and report.</p> <p>Recommendation: Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p>

	<p><b>Readmissions:</b> All-cause Hospital-Wide: Current rolling year results remain stable and below national average of 15.6%. Several pneumonia readmissions were due to COVID. J. Morse reviewed efforts to decrease readmissions</p> <p>Individual readmission measures saw improvement overall.</p> <p><b>Sepsis:</b> Sepsis bundle: Compliance at 73% which is greater than the state and national average. COVID patients excluded from these measures starting with third quarter data.</p> <p><u>Conclusion:</u> Great performance for many bundle elements. Next Steps: Continued focus on Sepsis Crystalloid Fluid Volume Required (1 CCU, 3 ED), Antibiotic Timing (6 ED), Blood Cultures (1 2E, 2 ED) and Sepsis Lactate ordered (2 2E, 2 CCU, 2 EDA. Reitzel to review time of day of fallouts to determine if anything else impacting performance.</p> <p><b>Stroke:</b> All indicators met goal. 3 tPA cases in 3<sup>rd</sup> quarter with an average of 58 min.</p> <p><b><u>Priority Clinical and Department Measures:</u></b></p> <p><b>DHC:</b> Process in control and meeting goals</p> <p><b>Cardiology:</b> Meeting goals in all categories.</p> <p><b>Gift of Hope:</b> Zero missed timely referrals. 0 missed death notifications in last 3 quarters.</p> <p><b>Obstetrics:</b> 0 early elective deliveries. Precipitous delivery rate remains steady and demonstrates common cause variation. Primary C-section rate stretched above goal in 4th quarter. OB is participating in a state led initiative to decrease rate. Public reporting of this measure will begin this year.</p> <p><b>Pulmonology:</b> Completion of test to dictation of report: consistent and solid performance. Oral care compliance and reintubation rate are meeting goals.</p> <p><b>Radiology:</b> All measures meeting goals in the last quarter.</p> <p><b>Sleep Lab:</b> Turnaround time of reporting sleep lab tests: Increase in 4th quarter due to Sleep Medicine provider under quarantine.</p> <p><b>Chest Pain Accreditation:</b> Arrival to ECG read: Increased times observed in November and December. Next steps: A team will be created to address.</p> <p><b>ED Dashboard:</b> Unscheduled returns, Left Against Medical Advice and Left Without Being Seen measures: All measures are meeting goal. Sarah will dive deeper into data for Left Without Being Seen because while meeting goal, this has increased.</p> <p><b>Patient Complaints:</b> The last 3 quarters were below the mean. Conclusion: No opportunities identified.</p>	<p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Sarah Alvarez-Brown to report update at next meeting.</p> <p>Continue to monitor and report.</p>
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## Quality Council

	<b>Wound Center:</b> Meeting goal in 4 <sup>th</sup> quarter with all measures.	Continue to monitor and report.
<b>New Business:</b>		
Huddle Boards	E. Falls reviewed the rollout of huddle boards to various departments. Departments will have a daily huddle to review any issues that arise in the previous 24hrs. Tracking of issues, ideas in motion, metrics, and other items will be on these huddle boards.	Continuing to work with departments to rollout huddle boards and implement daily huddles.
<b>Next Meeting:</b>	<b>June 22<sup>nd</sup>, 2021</b>	