



Quality Council
Meeting Minutes
Dec 14, 2021

MEMBERS PRESENT: Dr. Hanlon, Dr. Jones, Dr. Tran, Dr. Wakefield, Dr. Bird, J. VanOsdol, A. Moore, T. Jensen, C. Schott, P. Steinke, C. Zander, K. Geil, M.J. Derreberry, R. Superczynski OTHERS PRESENT: S. Alvarez-Brown, T. Lawson, E. Falls, K. Pfundstein, A. Reitzel, J. Grobe, S. Snow

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:		
Summary of 3Q2021 Regulatory Measures	<p>R. Superczynski presented most recent quarters data.</p> <p><u>Regulatory Measures:</u></p> <p>Core Measure ED: Inpatient Admission data continues to demonstrate special cause. Delays are related to inpatient staffing and bed availability. Discharge team working on improvements that could help decrease bottlenecks in ED.</p> <p>ED arrival to ED Departure time home or transferred out illustrates common cause variation and has decreased over the last 4 months. Continue to expect increased delays for patients requiring transfer due to limited bed capacity.</p> <p>HACRP – hospital acquired infection measures: G. Superczynski reviewed graphs. National trends show a backslide in prevention of Hospital acquired infections. The recommendation is to go back to the basics of infection prevention. K. Pfundstein is working with the inpatient educators to audit foley and central line care weekly and provide real time feedback to frontline staff. Central line audits are focused on areas of improvement identified during a whole house assessment completed with our central line product representative. Due to the increase in C diff, ATP testing is being completed as well as observations of isolation precaution compliance. Real time feedback is occurring as well as communication of compliance with managers.</p> <p>HCAHPS: Year to Date performance for Discharge Information, Communication with Doctors, Communication about Medications, and Care Transitions remains below the Achievement Threshold. Discharge Planning team is working on improvements that could positively impact these dimensions.</p>	<p>Please refer to the Summary document (Attachment D) for a full summary of measure interpretation, actions taken and next steps.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p> <p>Continue to monitor and report.</p>
Teams Update	R. Superczynski reviewed performance improvement teams. The readmissions team is evaluating ways to include clinic staff in the effort to reduce hospital readmissions of patients with CHF. Cindy Wadsworth is leading a project that continues to trial uncoupling of lab and office visits to	See Attachment E for Teams Update.

	reduce same day changes to oncology treatment. Cardiac Rehab team has developed their project AIM and is participating in the AHRQ Take Heart Program. The discharge team will be implementing a first test of change which includes verbalizing the discharge plan during provider rounding with the patient's nurse and social services. The ostomy team is finishing updates to the clinic space for appointments with the ostomy nurse. For the Oncology and Pharmacy chemotherapy team, quality continues to observe processes in the oncology clinic and pharmacy related to chemotherapy appointments and administration.	
New Business:		
Utilization Review Plan	Updated plan presented. (Attachment F)	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE PLAN AS PRESENTED.
Implementation of Nonpharmacologic Interventions to Reduce Opioid Usage	J. Grobe presented alternative techniques to help reduce opioid usage. Music intervention (playing music selected by the patient) increased patient satisfaction, improved outcomes, and increased awareness. Measurements include vital signs, ratings of anxiety and pain. OB department trialed virtual reality devices to help distract patients from pain. Utilizing anxiety and pain scales to capture data.	Project will continue to capture data and implement tools when opportunities are found. Update to committee when study is completed and published.
Next Meeting:	March 7th, 2022	