Quality Council
Meeting Minutes
Sept 14, 2021

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

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Jones called the meeting to order at 12:30.	
Approval of Minutes:		
Review of Meeting Minutes	Minutes were approved. (**Attachment A**)	Continue to report.
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 2Q2021 Regulatory Measures	R. Superczynski presented most recent quarters data. **<u>Regulatory Measures:</u>** **Core Measure ED:** Inpatient Admission & Admit decision time to admission to floor: Mean adjusted to the months impacted by COVID. Common cause variation. COVID test now required for all admissions regardless of vaccination status. ED arrival to ED Departure time home or transferred out: Mean adjusted to the months impacted by COVID. Common cause variation. Next Steps: Expect increased delays for patients requiring transfer due to limited bed capacity. **HACRP – hospital acquired infection measures**: CAUTI-2 infections. Next Steps: Report foley usage to Inpatient units. Continue to inquire about foley removal daily. CLABSI- 2 infections. Next Steps: Recently implemented IV Catheters that could reduce central line usage. House wide central line assessment with vendor is planned. C diff-1 infection. Continue to monitor SSI-1 Colon infection-reportable. Preop protocol followed. Continue to monitor. 2020 data will not be used in VBP for FY2022. Received no penalty for HAC program for FY2022 program. **HCAHPS**: 2020 data will not be used in VBP for FY2022. Year to Date performance for Communication with Doctors and Care Transitions remains below the Achievement Threshold. Subcommittee will be formed to address opportunities in VBP and HRRP. Dr. Tran reported that hospitalists continue to monitor Doctor Communication scores.	Please refer to the Summary document (**Attachment D**) for a full summary of measure interpretation, actions taken and next steps. Continue to monitor and report. Continue to monitor and report. Continue to monitor and report.

	Mortality: Pneumonia and Heart Failure remain below achievement threshold according to CMS latest report. Subcommittee will be formed to address opportunities in VBP and HRRP. Mortality will not be suppressed for VBP, but a Total Performance Score will not be calculated. So no financial penalty for VBP but Q3 & Q4 Mortality may be publicly reported. Patients with principle or secondary diagnosis of COVID will be excluded in FY23. Pneumonia mortality will be suppressed for FY23 program year. Hybrid Mortality measure will be required beginning July 2023.	Continue to monitor and report.
	Readmissions: Heart Failure remains an area of focus. While we received a penalty for COPD in FY22, readmissions have decreased. We will receive a 0.36% payment reduction for payments on 10/1/21 through 9/30/22. The estimated financial penalty will be $65,000. Subcommittee will be formed to address opportunities in VBP and HRRP. Patients with principle or secondary diagnosis of COVID will be excluded in FY23. Pneumonia readmissions will be suppressed for FY23 program year. Hybrid Hospital Wide All Cause Readmission measure is voluntary this year but will be mandatory next year. We will be submitting voluntarily.	Continue to monitor and report.
	Hip/Knee Complications: No complications for most recent quarter. Patients with principle or secondary diagnosis of COVID will be excluded in FY23.	Continue to monitor and report.
	CMS Patient Safety indicators: 1 Perioperative DVT fallout in 2nd quarter. Case under review. PSI 90 will be removed from VBP in FY23.	Continue to monitor and report.
	Sepsis: Bundle Compliance remains above National and State average. ED performed very well in 2nd Quarter on individual bundle elements. Inpatient compliance decreased in 2nd Quarter on individual bundle elements. Awaiting Community Works Sepsis module, which should assist with compliance.	Continue to monitor and report.
	Stroke: Goal met for Door to Image Initiated, Door to Image Result, and Door to INR. Continue to monitor. Door to ED Transfer exceeded goal. Most transfers were to Central DuPage. Door to Thrombolytic: 1 case in second quarter. Case reviewed by Dr. Kavanaugh and Rhonda Miller. Opportunity with delay in mixing medication addressed with staff.	Continue to monitor and report.
Summary of PIC Critical Measures to follow FY22	Please see **Attachment E** for summary.	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE THE SUMMARY AS PRESENTED.
Teams Update	R. Superczynski reviewed performance improvement teams. Dr. Jones requested additional column indicating where data is reported.	See **Attachment F** for Teams Update. R. Superczynski will add information for next meeting.
New Business:		

OB Presentation PVB Initiative	J. Behrens presented the OB initiative with IDPH to promote vaginal birth. This initiative will help improve our Primary C-section rates and in return patient safety. Elements of the project include completing checklist prior to C-section and increasing transparency of provider rates.	For information only.
Next Meeting:	**December 14th, 2021**	