Bartlett Regional Hospital

Board Quality Committee
March 9, 2022
3:30 p.m.

This virtual meeting is open to the public and may be accessed via the following link: Join Zoom Meeting https://bartletthospital.zoom.us/j/93135229557 or by calling: 1-888-788-0099 Meeting ID: 931 3522 9557

Agenda

Mission Statement
Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

Call to order

Approval of the minutes – January 12, 2022

Standing Agenda Items:

- **Covid Update** — **G. Moorehead**
- 2021 BOD Quality Dashboard — **D. Koelsch**
- Hand Hygine Project Overview — **C. Gribbons**

New Business:

QAPI Reports**:**

Cypersecurity Posture Improvement — **S. Chille**
Certified Nurses Program Initiation — **J. Twito**

Strategic Plan Quaily Goal 5 - **G. Moorehead**

Executive Session

Patient Sentinel Event
TJC Safety Concern

Motion by_____to recess into executive session to discuss several matters: Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient sentinel event and TJC patient safety concern.

Next Scheduled Meeting: Wednesday, May 11, 2022 3:30 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Board Quality Committee
January 12, 2021
Minutes

Called to order at 3:31 p.m. by Board Quality Committee Chair, Lindy Jones

Board Members: Mark Johnson*, Hal Geiger*, Lindy Jones*

Staff: Gail Moorehead*, Marc Walker*, Charlee Gribbon*, Deborah Koelsch*, Jeannette Lacey*, Jerel Humphrey*, Kim McDowell*, Dallas Hargrave*, Vlad Toca*, Karen Forrest*, Miranda Dumont*

Guests: None

Mark Johnson made a MOTION to approve the minutes from September 8, 2021 Board Quality Meeting. Lindy Jones seconded, they are approved.

Old Business: None

Standing Agenda Items:

2021 BOD Quality Dashboard – Deborah Koelsch

- Deborah Koelsch went over the dashboard which is included in the packet. Dr. Jones would like Deborah to ensure the Emergency Department is reminded of the sepsis criteria.
- Miranda Dumont briefly described the Press Ganey and HCAHPS scores. Our hospital wide scores have increased overall except in the Emergency Department. Dr. Jones noted that lack of visitors could be a contributing factor to decreased scores.

New Business:

Utilization Management Plan – Jeannette Lacey

- Jeannette reviewed the Utilization Management Plan updates. There are minimal updates this year. All updates can be found in the packet.

Infection Prevention Plan – Charlee Gribbon

- Charlee shared her evaluation of the 2021 Infection Prevention Evaluation. She went over the 2021 goals and outlined if the measurements were met. Hand hygiene goals were not met in either BRH's observations or through PG scores. The Surgical Site Infection goal was not met with a 0.4 per 100 procedures infection rate. Dr, Jones asked why she believed the rate increased. Charlee explained that during the ED chart reviews she did not see that the patients were not bathed. Kim McDowell explained that supply

chain issues affected the ability to provide full body wipes in the Emergency Department. The Hospital Acquired Infections goal was not meant with C. Diff cases rising from 3 in 2020 to 4 in 2021. We did not meet the influenza vaccination goal. We have 95.5% vaccinated at this time. There were no incidences of hospital acquired infection of COVID. We have 98.8% of staff and providers vaccinated. The last goal of reducing the risk of hospital acquired infection (HAI) transmission through surface contamination.

- Charlee shared her risk assessments of hospital acquired infections. She is focusing on Surgical Site Infections, C.DIFF, MRSA and Respiratory Protection.
- No changes were made to her Infection Prevention Plan or the Risk Assessment. The community assessment was changed due to small population changes. Charlee went over the Infection Prevention goals for 2022, which mirror the goals from 2021.

Environment of Care Management Plan – Mark Walker

- Marc Walker reported on the Environment of care outcomes of 2021. The results of the five programs goals are provided in the packet. The management plans have no changes for the upcoming year. The 2022 goals were presented and are available in the packet.

Patient Safety and Quality Improvement – Gail Moorehead

- Gail Moorehead reviewed the Patient Safety and Quality Improvement plan for 2022 which is available in the packet. Gail shared the evaluation of the 2021 plan outcomes along with the goals for 2022.

Environmental Health and Safety Program – Gail Moorehead

- Gail shared the new Environmental Health and Safety Program outline for the next few years. The outline and goals are available in the packet for review.

Motion made to approve the summary of the 2021 and the 2022 annual plan packets and forward to full board for approval made by Dr. Lindy Jones, seconded by Mark Johnson. Hearing no objections, the motion passes.

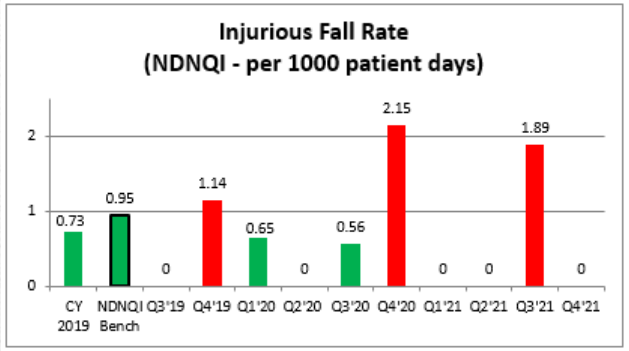
Adjournment: 4:41 p.m.

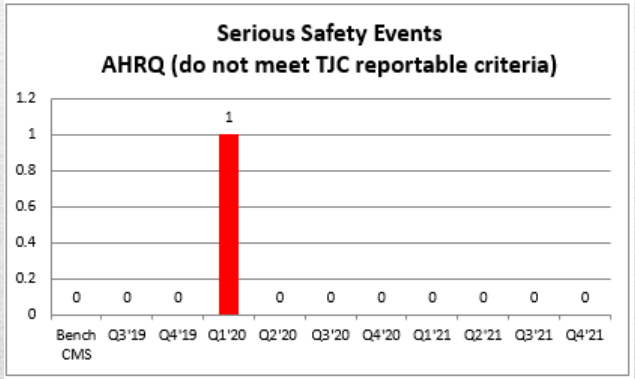
Next Quality Board meeting: March 9th at 3:30 pm

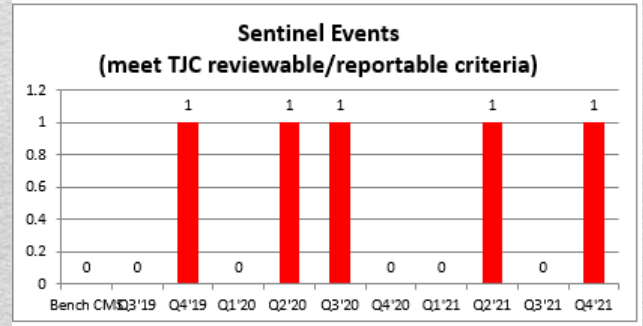
Bartlett Regional Hospital

Quality Dashboard

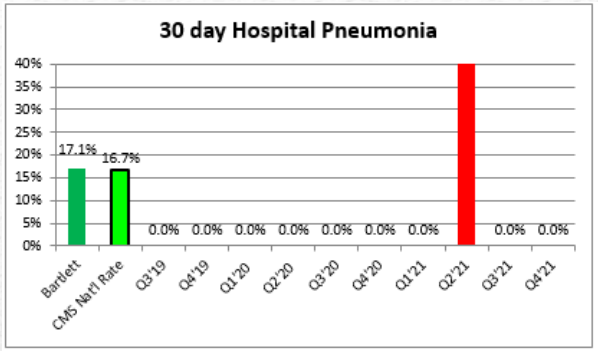
RISK MANAGEMENT – *lower is better*

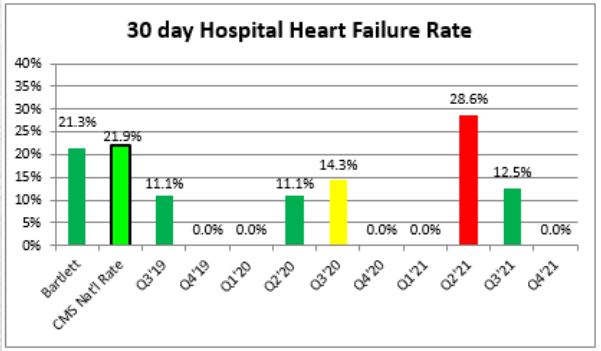


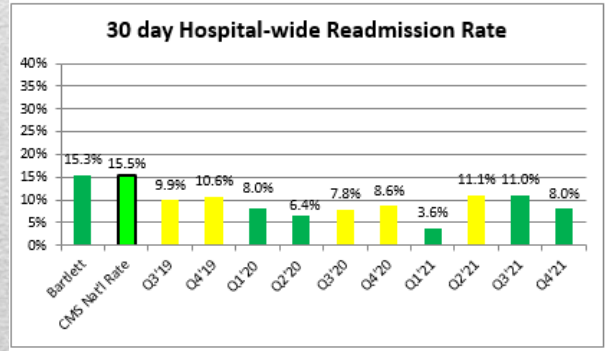




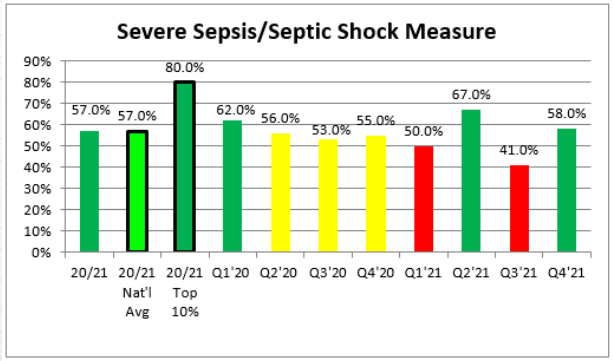
READMISSION RATES – *lower is better*

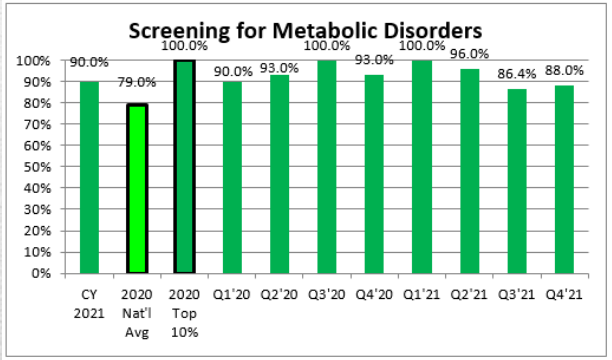






CORE MEASURES – *higher is better*





Sepsis: measure that demonstrates use of evidenced based protocols to diagnose and treat Sepsis.
Screening for Metabolic Disorders: % of psychiatric patients with antipsychotics for which a metabolic screening was completed in 12 months prior to discharge.

Fall rates: Per the NDNQI definition, Med/Surg and CCU *only* with injury minor or greater.
SSEs: An event that is a deviation from generally accepted practice or process that reaches the patient & cause severe harm or death.

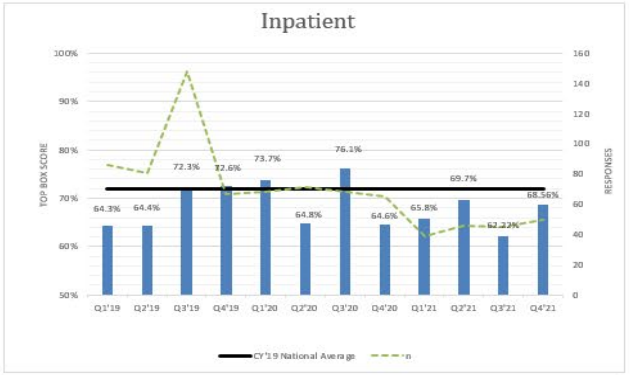
Pneumonia and Heart Failure: patient is readmitted back to the hospital within 30 days of discharge for any diagnosis.
Hospital-wide: patient is readmitted back to the hospital within 30 days of discharge for *any* diagnosis.

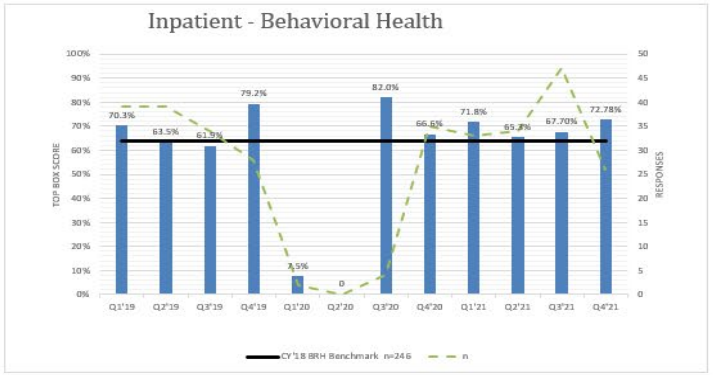
CITY AND BOROUGH OF JUNEAU ALASKA'S CAPITAL CITY

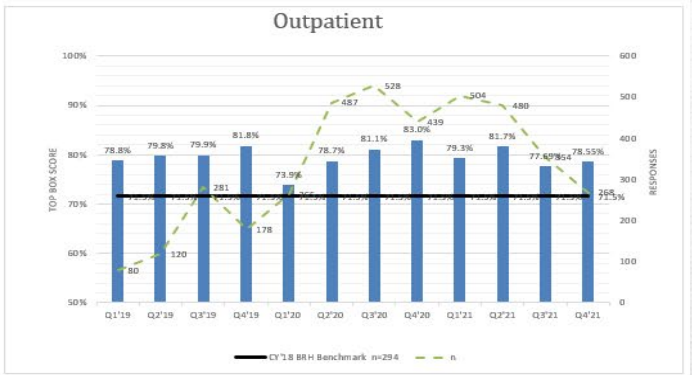
Bartlett Regional Hospital

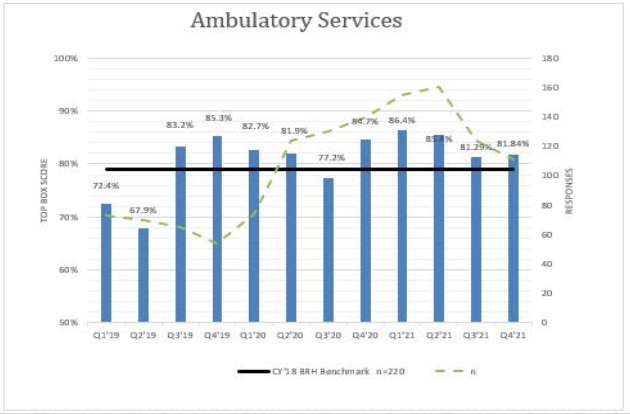
Quality Dashboard

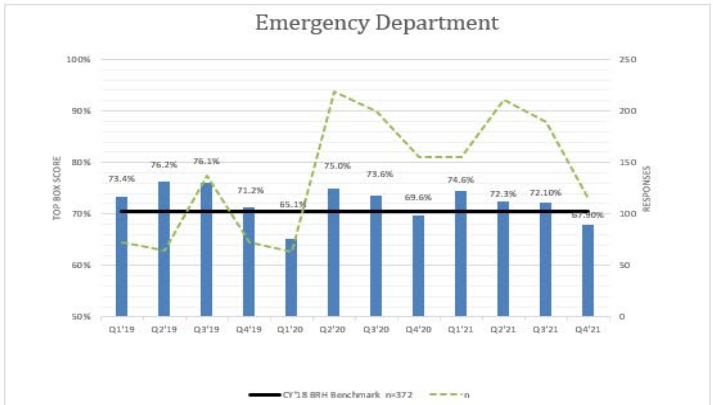
PATIENT EXPERIENCE









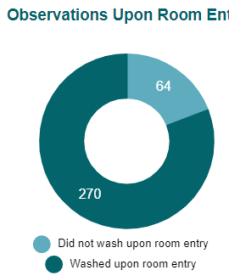


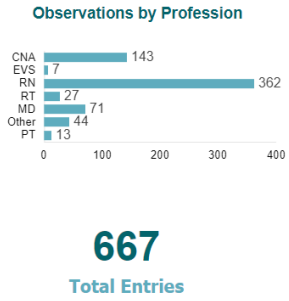
Notes:

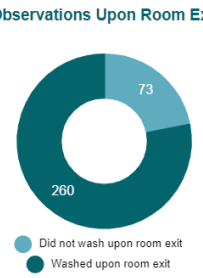
- **Press Ganey** is the vendor for CMS Patient Experience and HCAHPS Scores. The data are publically reported.
- **HCAHPS =** Hospital Consumer Assessment of Healthcare Providers & Systems; includes only Med/Surg, ICU and OB.
- **Top Box** HCAHPS results are reported on Hospital Compare as “top-box,” “bottom-box” and “middle-box” scores. The “top-box” is the most positive response to Survey items.

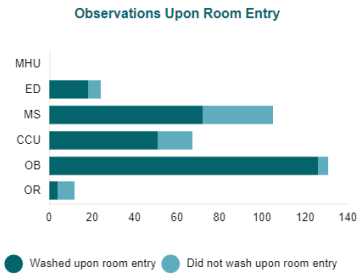
CITY AND BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

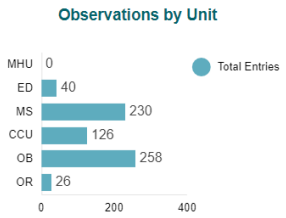
Hand Hygiene Progress Report
March 2022

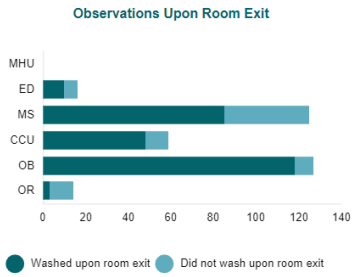












Increased number of trained observers from 4 to 14
OB met monthly goal of 200 observations.

Since 1/1/2022: Overall BRH compliance rate for February = 85%

CCU- 69 observations, 4 observers, 58 compliant = 84%
OB- 252 observations, 9 observers, 242 compliant = 96%
MS- 112 observations, 2 observers, 77 compliant = 69%
MHU- no observers
ED- 3 observers
OR-4 observations, 2 observers, 2 compliant = 50%

Actions:

Met with 3 unit directors about improving data collection
Plan to address HH at nurse leadership meeting March 21
Reaching out to other clinical area directors to get more observers, engagement
Acknowledging good behavior when hand hygiene is correctly observed
Providing feedback when hand hygiene is not observed
IP performing rounds on units and talking with staff and patients

Future actions:

Hand Hygiene campaign during patient safety week- photos of staff performing hand hygiene- make posters
Arts from schools- hand hygiene in art to post on hallways of hospital
How to engage patients for better Press Ganey data
Thinking about better ways to catch hand hygiene behind doors
Remodeling ED- how to make hand hygiene more accessible in hallways and visible in patient room.

Cybersecurity Posture Improvement

Information Systems

Bartlett Regional Hospital
QUALITY in Community Healthcare

Improvement Goal

We have been working to improve our overall cybersecurity posture because the attacks on our network increased significantly during the pandemic and could have resulted in a breach or ransomware event.

Our AIM is to reduce the overall external attack surface, reduce the time to respond to incidents, and increase the internal security awareness culture in order to mitigate the potential risk presented by the increase in attacks.

Starting Measures

External Attack Surface

- Number of External Systems accessible from the Internet = 67

Time to Detect and Time to Respond

- Mean Time to Detect = ~2:00 hours
- Mean Time to Respond = ~53:00 minutes

Security Awareness Culture Scores

- Participation in Training = 65% (390/600)
- Phishing Campaigns = Phish Prone: 4.9% (40/811 Click-thru rate)

Changes Made

External scanning

- Open-source tools
- Commercial tool acquired

Time-To-Detect / Time-To-Respond

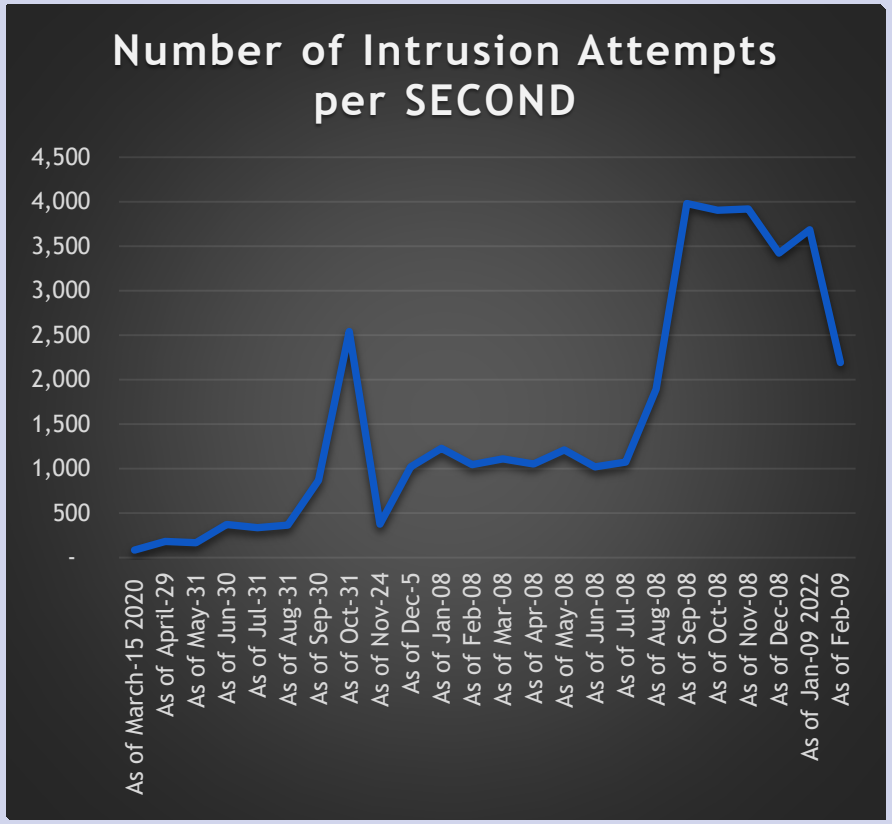
- Increased communication efforts
- Coordination among roles

Security Awareness Culture

- Video series training
- Reinforced training for Phishing Campaign failures

External Attack Surface – Changes

Attacks on our Network



Commercial Tool Acquired

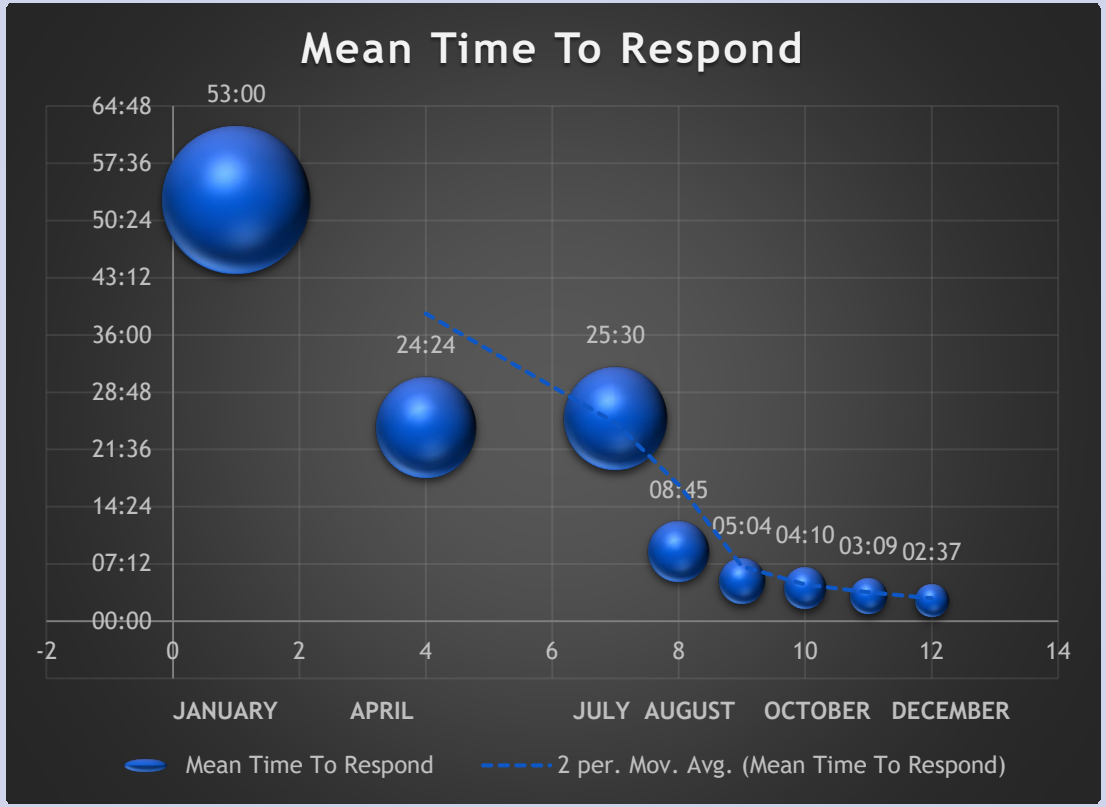
- Removed several legacy systems and hardened remaining systems with updates and configuration changes

Mean-Time-To-Detect & Respond – Changes

Attacks on our Network

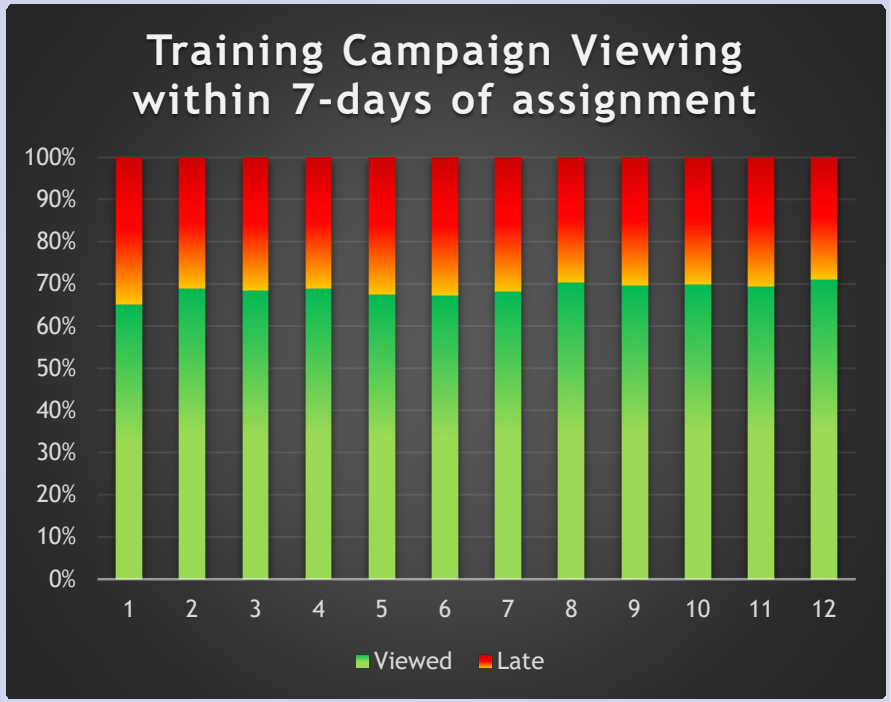
- Improved communication pathways with Rapid7 Security Operations Center
- I.S. Department staff receive ALL alerts (multiple methods)
- Coordinated communication among team members
- Culture

Response Times



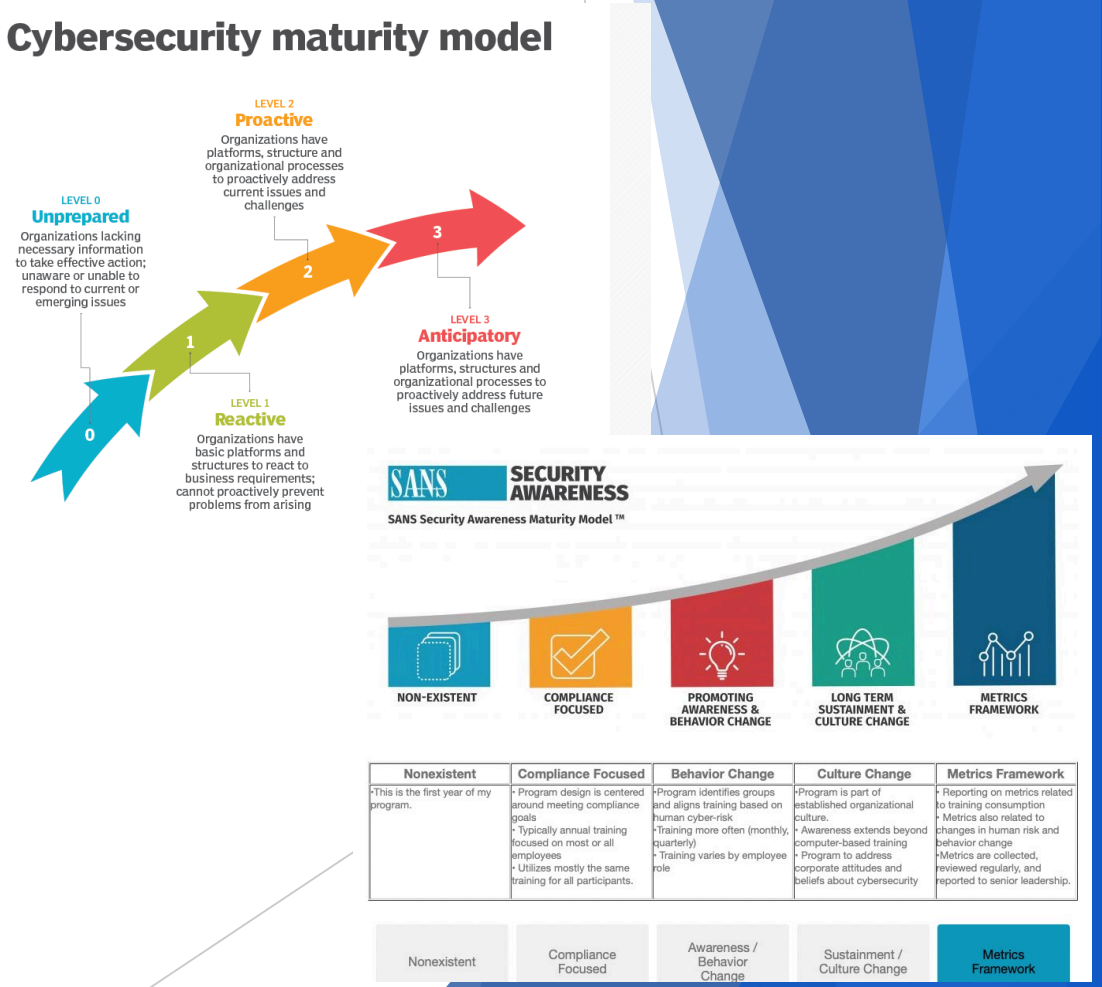
Training Participation & Phishing Campaigns- Changes

Training Stats



Phish-Prone Percentage

Project Summary



Outcomes

- Reduced our External Attack Surface
- Improved our Detection & Response
- Long Term Sustainment and Culture Change moving toward a Metrics Framework
- Proactive ➡ Anticipatory

Lessons Learned

- Anything is possible
- Must continue our effort
- Changes are sustainable

Next Steps

- Single Sign-On/Badge Tap
- Multi-Factor Authentication
- Stronger Passwords Campaign

Questions

Discussion

Thank you!

Bartlett Regional Hospital
QUALITY in Community Healthcare

Bartlett Regional Hospital CNA Training Program

Established Spring 2021

Health Care Needs and Growth

Alaska

Alaska State Hospital and Nursing Home Association Workforce Analysis November 2021

Of the nearly 23,000 nursing and physician related licenses held in Alaska:

- Nursing licenses:
- 165,000
- Certified Nursing Assistant licenses:
- 3,000
- 3 year average turn over rates:
- Registered Nurses- 20%
- Certified Nursing Assistants- 23%

Bartlett Regional Hospital Positions

Current open positions

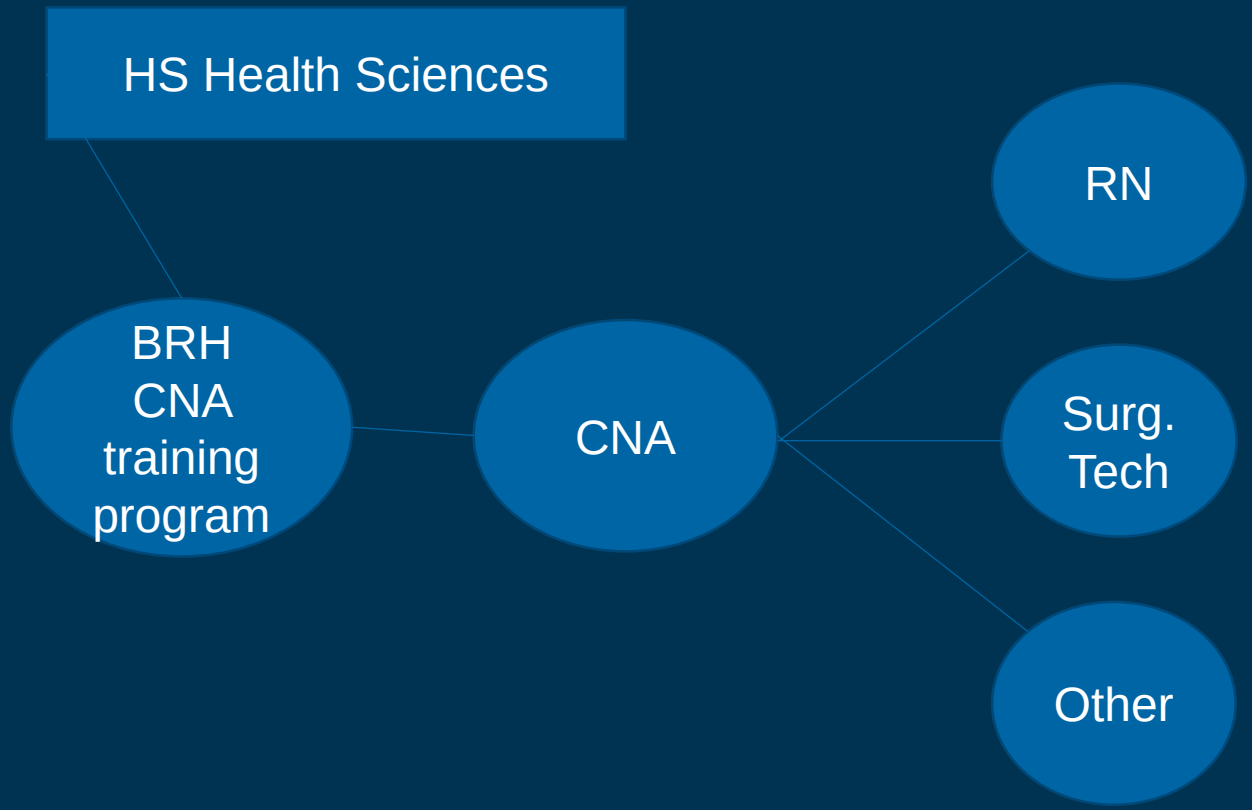
38

Travel contracts

22

Current number of students trained..

Healthcare Career pipeline



“Opportunities don’t happen. You create them.”

-Chris Grosser

Bartlett Regional Hospital

QUALITY in Community Healthcare™

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Strategic Goal 5: Initiatives for Quality and Safety

1. Stay current on technology and resources to facilitate risk management, data security and employee safety.
2. Develop quality initiatives that exceed accreditation and regulation requirements

Bartlett Regional Hospital

Risk Management

- 1. Upgrade of current RL solutions to improve reporting and data collection related to patient safety events, employee and workplace safety, identifying systems and processes for improvements.
- 2. Reporting to our patient safety organization our safety events to understand our comparisons with other hospitals.

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Bartlett Regional Hospital

Data Security

1. – IT QAPI presentation and regular updates on our security of systems.

Other opportunities:

Data functionally
Report and Tracking capabilities
Reducing number of programs for data extraction

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Bartlett Regional Hospital

Employee Safety

1. Dedicated role to provide oversight of OSHA and safety requirements.
2. Completing risk assessments related to safety throughout the organization
3. Establishing corrective plans to implement safety standards within departments/roles to reduce and eliminate risks.

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Bartlett Regional Hospital

Quality Initiatives

- All cause 30 day readmission project with ASHNA – started February 2022
- Workplace safety/violence reduction
- Leapfrog measures
  - Culture of Leadership structures
  - Culture of Measurement, Feedback
  - Nursing Workforce
  - Hand hygiene

Bartlett Regional Hospital

Questions?

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY