



Quality Council  
Meeting Minutes  
June 30<sup>th</sup>, 2016

MEMBERS PRESENT: Dr. M. Jones, Dr. P. Steinke, Dr. W. Bird, Dr. K. Martin, Dr. T. Jensen, T. Smith, C. Schott, C. Zander, J. Van Osdol, S. Brown, B. Burke, M. Benson, A. Moore, and B. Schaab  
OTHERS PRESENT: T. Lawson

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Jones called the meeting to order at 12:30	
Review of Meeting Minutes	Minutes were approved.	Continue to report.
CEC and PIC Minutes	Minutes were approved.	Continue to report.
<b>New Business:</b>		
Other	None	
<b>Old Business:</b>		
Other	None	
<b>Reports:</b>		
Hospital Compare Dashboard	<p>The Hospital Compare dashboard has seen some changes as the data reported to CMS has changed recently.</p> <p>Sepsis has been added to the hospital compare dashboard, it is not publicly report as of now. It will likely be publicly reported in the future. The ED staff is looking at the sepsis cases to try and identify any opportunities.</p> <p>Stroke data indicates that we had 2 cases that did not receive blood clot medication within 3 hours after symptoms appeared. One case was admitted with Vertigo and transferred out for a stroke work up. The second case did not include a reason for not administering the medication.</p> <p>ED turnaround times have seen an increase since the new ED has been in place, the ED flow team is working on improving these times.</p>	FYI
Patient Experience Memo	This memo highlights some of the opportunities from a patient experience perspective and the initiatives we are implementing to improve these issues. Please see attachment D for further explanation.	FYI
Preventing Readmission Memo	Efforts to decrease readmission rates are highlighted on the memo. Please see attachment E.	FYI
PI Dashboard	Patient Experience data indicates opportunities for improvements with current efforts to improve these scores highlighted on the memo: CNO daily review of the Nurse Rounding logs, shared department meetings to create mutual understanding between nursing departments and increased	FYI

	<p>rounding up of peers, and the addition of Katy Renkes to the Patient Experience team to work with the clinical and non-clinical staff.</p> <p>Infection Control; C.diff cases are all reviewed by the Infection Prevention Nurse and she is currently drilling down on the C.diff cases to implement improvement efforts.</p> <p>Heart failure mortality rates are high for the second quarter in a row. All cases were noted to have a high Risk of Mortality – ROM score.</p> <p>Readmission data shows improvement opportunities for several diagnosis. Efforts to prevent readmissions include: Refocusing the Population Health Program to maintain patients in the program for only 30 days, increased involvement from the Pharmacy staff in the ED to complete the medication reconciliation and on the inpatient units to educate patients, implementation of the Nurse Navigators to prepare patients for discharge throughout the hospital stay and implementation of added education sessions from Respiratory Therapy and the Pulmonology NP.</p>	
Oryx Report	For Oryx Report data indicates we are at 98% and exceeding the Joint Commission minimum of 85%	FYI
Risk Managers Report/PI Team update	<p>Risk managers report included some medication errors that required the administration of a reversal agent or increased the patient's length of stay. Education has been provided to the staff on these events.</p> <p>CCU manager is working with each of the in-patient units and the ED to roll out education on new processes with the telemetry units.</p> <p>ED Flow Team; This team is addressing multiple large and small issues to help decrease the time the patient spends in the ED.</p> <p>More debriefs have been conducted recently with additional referrals coming from increased awareness of the benefits of reporting events/near misses.</p>	FYI
<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>• Sept 13, 2016</li> </ul>	