



Quality Council
Meeting Minutes
June 13th, 2017

MEMBERS PRESENT: **Dr. M. Jones, Dr. P. Steinke, Dr. W. Bird, Dr. W. Cannell, Dr. D. Kavanaugh, C. Schott, M. Benson, B. Schaab, R. Davis, S. Brown, K. Geil, P. Joines, S. Stage**
OTHERS PRESENT: **T. Lawson, S. Alvarez-Brown**

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.
Review of CEC Meeting Minutes	Minutes were approved.	Continue to report.
Reports:		
PI Dashboard	<p>HCAHPS (C1): Doctor communication showing nice trend back up to baseline over last 6 months. K. Renkes and Dr. Martin have recently attended a patient experience conference sponsored by the Cleveland Clinic to investigate what has been working for them. Dr. Tran has been working with her group of Hospitalists as well. Discharge/Care Transition: Medical floor care team has been working on simple summary sheet that is on very front of discharge summary papers that patient goes home with. This is going to Shared Governance group for their input. Medical floor team is also working on magnets for patients whiteboards that then goes home with them and has information about symptoms/side-effects, plan to pick up meds upon discharge, follow-up appointment, etc. The ED care team is working on improving Communication about meds, specifically side-effects explained prior to administration. Nurse Navigators also have key role on the inpatient units to help this measure as well. CMS Proposed changes to Pain management measures to be more about communication of pain rather than main focus of treating/control of pain (see attachment C5-C6).</p> <p>PSI/Adverse events (C2): Three cases fell out in the 1st quarter. Dr. Riley reviewed these as they are surgical cases. He did not see any room for improvement that would have changed the outcome of these cases. Only finding was delay in dictation on one case and Dr. Riley will be speaking to provider. We will continue to have all cases in this section reviewed by respective chair to ensure no opportunities exists. The PSI-90 measure has been added to bottom of dashboard as to show what is on Hospital Compare. Will continue to show numbers from Midas as this is most recent data and definitions very close.</p> <p>Infection rates (C3): Our new Surgical site infection (SSI) bundle for elective colon cases is almost entirely in motion. This has given us over 15 new process measures to follow that are evidenced based and will result in best outcomes. Dr.</p>	*The PI dashboard will be approved at the next board meeting as there is currently not enough board members present to approve this.

	<p>Hopping is Surgeon champion for this bundle through our ISQIC initiative. SSIs for Hysterectomies: we had 2 infections this quarter. Both were superficial incisional infections. Both met criteria because they returned to ED 10days and 23 days later (criteria is <30days) and came up with positive cultures. Infection control and Quality looking into possible Hysterectomy bundle much like the Colon bundle. Catheter-Associated Urinary Tract Infections (CAUTI) rates: current Foley Catheter insertion kits are being reviewed to ensure best practice for insertion techniques. BARD rep came to CGH recently to perform live observations/audits on both technique of insertion and maintenance. Opportunities presented and CGH will have follow-up audits on processes of our own to ensure continuing best practice. C-Diff Infections: we had 2 cases. Both were high risk patients that were transferred to higher level of care. Both had appropriate testing and infectious disease on case.</p> <p>Mortality: CHF has no mortalities for 1Q2017. Readmissions: Stroke had no readmissions for 1Q2017.</p>	
Clinical Dashboard	<p>Cardiology Echo- inpatient & Stress- outpatient times: drill down shows that specific to one provider that has been spoken to in March. There individual results were shared and continue to monitor. Echo/Stress times will continue to be shared at Cardiology section with any opportunities continued to be shared with Dr. Mackay.</p> <p>Diabetes measures: These CGH goals were updated with the most recent goals from the Wisconsin Collaborative. We use the average of that given group for each measure. The report obtains the latest blood pressure, LDL, and A1C that was completed in the given measured period but then attributed to the last Family Medicine or Internal Medicine provider they last saw in that same measurement period. Ideas were brought forward to have provider give blood pressure readings collected later in the clinic visit to the MA or office staff to enter into vitals section. Another option is to create place within provider documentation to enter themselves.</p> <p>Discussed whether should remove the LDL measure from dashboard as no longer best practice to follow for Diabetes patients. Instead, following statin use unless contraindicated. This is in-line with the American College of Cardiology/American Heart Association and the collaborative is following these guidelines as well.</p>	<p>Quality to continue to report to Cardiology section and CEC.</p> <p>Quality will bring this to CEC for further discussion.</p>
Hospital Compare Dashboard	<p>ED Through-put: We are seeing an increase in ED arrival to admission for Q1 2017. At times in 1st quarter we were at full capacity and patients were being held in the ED until a bed was free, which contributed to our increase in times. Phil indicated there were 17 bed huddles during this quarter which indicates difficulty in getting patients a bed. For this quarter, there was a 10% increase in number of patients admitted as compared to previous quarters.</p>	Continue to monitor

	<p>Dr. Kavanaugh indicated that April numbers are looking great.</p> <p>Time to EKG: went over our 10min goal this quarter. Hospital compare has goals for 7min for both National and State. After investigation, our goal of 10min is the gold standard as this is in line with American Heart Association and also the chest pain designation benchmarks that CGH is currently in the process of obtaining.</p> <p>Long Bone: all cases that fell out of our 45min goal were patients who received medication after x-ray. Dr. Kavanaugh indicated that this includes more fractures than he originally thought and there were three cases with children where he did not realize these would be in the definition. Discussion of whether these patients were even reporting pain as we wouldn't give them pain medication if not necessary.</p> <p>CT/Stroke: The stroke protocol was not used for these patients that fell out and therefore provider chose CT head instead of CT stroke. CT stroke orders are obtained and read more quickly than normal CT head. Dr. Kavanaugh indicated another challenge for strokes is when patients present with dizziness and other symptoms that are not clearly having a stroke. Education to Nursing and Providers on such signs.</p> <p>New tests of change for how quickly we obtain and get back INR for stroke patients. Seeing very good results the first 2 weeks where 11/12 patients have met goal (see Quality/Pt. Safety report for details).</p>	<p>Chest pain designation team first meets this week. More to come.</p> <p>Quality will review cases and see what pain level was documented. Continue to monitor.</p> <p>Quality will continue to monitor new test of change for obtaining INR <45min and other stroke measures as well.</p>
Oryx Report	The composite score is no longer available as TJC has removed measures that were used in compiling score and do not feel as if score would be have value.	FYI
MACRA/MIPS	CGH has chosen a vendor- SA Ignite to help us work through this program. It will result in provider level reports, and set up CGH for success in choosing the best measures to report to CMS and obtain maximum return for Medicare part B. See attachment for further details.	FYI
Quality & Patient Safety Report	<p>The Patient Culture of Safety survey is still live until June 17th. We are currently at 75% surveys returned (as of June 13th), which is over 50% higher than previous years (2013=47% and 2015=51%).</p> <p>Please see attachment for details.</p>	FYI
New Business:		
2017 Quality & Patient Safety Plan	There is no longer a Patient & Medication Safety Committee; all of the items that were taken to this meeting are instead brought to Patient Care Services group which meets more	*Made addition of "a Community member" to Quality Council membership. This change is

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	frequently (monthly versus quarterly). This will result in more timely awareness of opportunities and performance. Allow for better feedback and more timely follow-up. Daily Safety Huddle begins July 10 th and has been added to plan.	reflected in this updated Quality/Patient Safety plan and the revised Board Bylaws. *The Quality/Patient Safety Plan AND revised Board Bylaws to be approved at the next board meeting as there is currently not enough board members present to approve this.
FY18 Key Process Indicators	Please see for details. *This PI dashboard will be approved at the next board meeting as there is currently not enough board members present to approve this.	*The FY 18 Key Process Indicators to be approved at the next board meeting as there is currently not enough board members present to approve this.
Old Business		
Other	None	
Next Meeting	September 12 th , 2017	