



Quality Council
Meeting Minutes
March 13, 2018

MEMBERS PRESENT: Dr. M. Jones, Dr. W. Bird, Dr. J Hahn, Dr. S. Hanlon, Dr. W. Cannell, Dr. P. Steinke C. Zander, T. Jensen, M. Benson, A. Moore, S. Brown, K. Geil, B. Schaab, P. Joines, OTHERS PRESENT: S. Stage, 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.
Review of CEC Summary	Approved.	Phil will start including CEC minutes instead of only summary.
Reports:		
PI Dashboard	<p><u>HCAHPS scores:</u> Scores look really good. Continue to improve from previous quarters. Pain management measure is changing effective Jan 1, 2018. More about discussion of pain and management versus being pain free. Will not be publicly reported till October 2020. Will start to measure internally as soon as available.</p> <p><u>Patient Safety indicators:</u> No opportunities for this period. Great work!</p> <p><u>Infection rates:</u> 1 fallout for Colon- Surgical Site Infections (SSI), Catheter Associated- Urinary Tract Infections (CAUTI), and C. Difficile.</p> <ul style="list-style-type: none"> • Colon case has been reviewed with quality, infection control and General Surgeon. It did indeed follow the best practice bundle with no opportunities identified. • CAUTI case was reviewed. There was potential opportunity to remove Foley catheter earlier in stay. That said, Nursing is moving forward with enforcing documentation of "indication" and purpose of Foley during stay to help identify early but appropriate removal of Foley. New Foley audits are now in place to ensure appropriate use and management of Foleys during Hospital stay. Results go to PCS to share with Nurse Managers. • C-Diff case was reviewed. We continue to see C-Diff orders placed when not indicated or appropriate. To battle this, we have now implemented a C-diff checklist (Attachment D). This is a hard-stop that includes Charge nurse to review and ensure testing is appropriate before sending sample to Lab. <p><u>Mortality rates:</u> No fallouts for 4th quarter. Hospital Compare numbers only updated in July.</p> <p><u>Total Hip/Knee Complication rates:</u> zero infections according to Midas data. Tremendous work from Orthopedics. Great</p>	<p>Phil will start sharing HCAHPS graphs to better visualize performance, improvements and/or opportunities.</p> <p>Quality to continue to have Dept. Chairs review opportunities as they present.</p> <p>Quality to continue to follow Colon-SSI bundle compliance and share results with Surgeons.</p> <p>Continue Foley audits and indications for use and Infection Control Nurse will continue to report results to PCS.</p> <p>C-Diff checklists are to be turned into Infection control and then appropriate follow-up with opportunities. Infection Control to continue to report #days since last Hospital-Acquired C-Diff to Daily Safety Huddle.</p> <p>Will only show Mortality Rate data from Hospital Compare once/year. New data is only released every July.</p>

	<p>job!</p> <p><u>Readmission</u> rates: focus on the 5/8 Heart Failure readmissions this quarter which were readmitted within 7 days. 1/5 were readmitted and placed as inpatient Hospice but >24hrs of admission therefore still qualifies as readmission. 3/5 readmitted within 2 days. Unavoidable readmissions after review of cases. 1/5 readmitted within 4 days and did not have follow-up appointment made.</p> <p>Since Sept. 2017, heavy push to get high-risk patients into follow-up appointment within 2-4days. Patient Navigators report they are NOT getting push back from outpatient providers in making these appointments (good).</p> <p>New tasks in place to remind nurses to place a discharge phone call. The new survey system (NRC) should help with feedback as well, as the patient will receive a phone call shortly after leaving from their stay/visit.</p>	<p>Readmission opportunities brought to weekly Readmission task-force team. This includes feedback from patient Navigators on floor (those who coordinate discharge on respective floors).</p> <p>Continue to work on Patient Navigator progress note which allows better tracking of interventions at discharge.</p> <p>Quality will review NRC for those patients readmitted to see what opportunities may have existed (i.e. failure to follow-up, medications, etc.) and potentially led to readmission.</p>
C. diff Checklist	This checklist is now in use. This should help reduce inappropriate testing. Nurses will go through this checklist before testing.	See more details in above section on C-Diff.
Clinical Dashboard	<p>Outpatient Testing Screening Mammo: Free Mammos available in 4th quarter, causing a large uptick in visits.</p> <p>Phil is working with Pam Crawford on revising current Pulmonary Medicine measure (Pulmonary function testing). Moving to turn-around time: from test completion till provider dictation.</p> <p>Rehab services- Physical Therapy: did not meet goal. Have had a tremendous increase in demand for services. Many new therapists have been brought on and have worked through getting them licensed. This has improved from last quarter. Dr. Bird stated have 2 new graduates in summer 2018 and expect to improve realistically around Fall 2018.</p> <p>Echo/Stress times: Echo turn-around testing has improved from Q3. Still looking for further improvement. Thus far, January 2018 data is looking good, will continue to monitor.</p> <p>Discussed plan for when Dr. Gopal leaves as this will impact read time. The plan is to have outside source help us with reading so that do not create further delays with turn-around.</p> <p>Primary C-section rate: This rate is now being calculated</p>	<p>Mammo: Question about whether we can better prepare for large volume increase next Oct. Potential of spreading out throughout year. Phil will follow-up with Gina Grennan in Radiology.</p> <p>Will revise for Q1-2018 on clinical dashboard.</p> <p>Dr. Bird will continue to monitor. Phil will work with Geoffrey Wright PT to evaluate measure.</p> <p>Phil continues to share individual and group data to all of Cardiologists. This is shared throughout the quarter and at Cardiology section quarterly. Quality will continue to track turn-around times with external providers who read as well.</p>

	<p>slightly differently (matches TJC definition). Volume is very low, as many patients are excluded in this rate.</p> <p>Diabetes measures: Working to get report on Statin use instead as per latest evidence. Monitoring to see if the Wisconsin Collaborative will update their goals related to most recent change in blood pressure parameters.</p> <p>Phil discussed how he wants to sample a set number of charts and see if providers are documenting blood pressure readings later in the office visit in their note. This is not discrete field and will not be accounted for in report.</p>	<p>Phil is having Kathy Milby help with drill down on cases to see if any trends or opportunities. Will share with OB providers as well. Looking to start sharing this measure at OB section once up and running.</p> <p>Update goals if/when collaborative does.</p> <p>Phil will report findings of sample. Dr. Bird will discuss the need for providers to either document the new blood pressure readings in discrete fields or rather give their staff the readings to document in vitals sections to be captured in reports.</p>
Hospital Compare Dashboard	<p>ED times: Times are looking great. Continuing to improve. Stroke measure 100% for the first time in over 18 months! Lot of great work with Stroke measures.</p> <p>OP-5 (Mean time to EKG): drill down on this shows that some of these patients are not true chest pain diagnoses as ED physician may be documenting "impression" vs. diagnoses of chest pain. This then is case where patient not true chest pain and where staff will not expedite EKG (within 10min).</p> <p>Aspirin at arrival (OP-4), Median time from door to doc (OP-20) and Median time to pain management for long bone (OP-21) measures will be removed and no longer abstracted as of April 2018. CMS is removing these as they may actually increase usage of pain medications and go against all efforts to help alleviate opioid epidemic.</p>	<p>Continue to perform observations in ED for opportunities. Share results with all respective staff in real-time.</p> <p>Continue to drill down on cases and follow.</p>
New Business:		
Daily Safety Huddle Turnaround	This turnaround time is reported every Thursday morning at the Daily Safety Huddle (DSH). This is to give group an idea of how events being reported and turn-around of those events.	Continue to expand what report at DSH. How to expand awareness to organization.
Quality & Patient Safety Report	P. Joines reviewed this report.	Please refer to attachment H for more information.
Other	Large agenda for next meeting which includes evaluation of current PI/Quality Plan, updates to new PI/Quality plan, revision to dashboards, etc.	Continue to ensure we are following the right measures and have strong pulse on department performance.
Next Meeting	June 19 th , 2017	