



Quality Council
Meeting Minutes
June 19, 2018

MEMBERS PRESENT: Dr. Jones, Dr. Pham, Dr. Bird, C. Zander, T. Jensen, M. Benson, J. Van Osdol, A. Moore, K. Geil, S. Brown, C. Schott, P. Joines, 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.
Review of CEC Minutes	Minutes were approved.	Continue to report.
Approval of Plans and Critical Measures:		
Utilization Management Plan FY19	<p>The Utilization Management Plan FY19 was attached to the packet (attachment D). P. Joines reported this will continue to be approved yearly by the Quality Council and CEC. He proposed that a separate Utilization Review committee be formed to meet at least semi-annually, with recommendations to go to CEC. Phil explained the purpose of this UR committee and what items, topics and reports would be presented there.</p> <p>Dr. Bird and Dr. Schaffert have volunteered to be members. It will also include representatives from the Business Office, Quality Resources, and Case Management, with the focus on hospital measures at this time.</p>	<p>A MOTION WAS MADE, SECONDED, AND PASSED TO CREATE A UTILIZATION REVIEW (UR) COMMITTEE AS A SUB-COMMITTEE OF CEC.</p> <p>Please refer to attachment C for more information.</p>
Quality and Patient Safety Plan FY19	<p>The Organizational Quality and Patient Safety Plan FY2019 was attached to the packet (attachment D). Updates/revisions are noted in red.</p> <p>Phil reviewed the document, explained the changes. Phil explained that this is the qualitative portion/description of our current Quality and Patient Safety Plan, as well as the purpose of quality committees. Special emphasis on the addition of Quality Measures and goals being defined for current and new contracts. This is to ensure our vendors are providing quality care and services, just as we do for our own staff and providers. Performance on these measures will come through both CEC and QC on at least an annual basis (rotating throughout the year).</p> <p>Also spoke to the “Second victim” program, explained what it was and how we plan to further expand this program to other modalities other than just Nursing. The Daily Safety Huddle, Decision Tree and Safety Culture Survey were discussed and explained in more detail as well. Phil touched on addition of new designation of Chest Pain Center and use of NRC for patient experience in-addition to existing HCAHPS (Press Ganey) for respective departments.</p>	<p>A MOTION WAS MADE, SECONDED, AND PASSED TO APPROVE THE ORGANIZATIONAL QUALITY AND PATIENT SAFETY PLAN FY2019.</p> <p>Please refer to attachment D for more information.</p>
Summary of ALL measures to follow in FY19	All critical measures to follow in FY19 were attached to the packet (attachment E). The Critical Measures Annual Performance Review Report shows the frequency at which each measure will be reviewed/reported. The	A MOTION WAS MADE, SECONDED, AND PASSED TO APPROVE WITH SUGGESTED REVISIONS.

	<p>recommendation is that the dashboards are reported on a staggered schedule.</p> <p>Agreed to change data presentation from current PI and Clinical dashboards to summary of measures document and respective graphs. This summary will provide quick and easy interpretation of performance on measures but still include graph for members to review.</p> <p>Phil went through the opportunities identified on the summary document. Explained the process measures in place, what actions that have been taking and continue to monitor.</p>	<p>Please refer to attachment E for more information.</p>
<p>Year-end evaluations of Key/Priority measures (separate attachments)</p>	<p>Year-end evaluations of key/priority measures were presented in separate attachments. Referred to throughout meeting with discussion on measure performance.</p> <p>Phil reviewed outliers on summary document and explained to committee the difference between special and common cause. Phil further explained interpretation of graphs and measures in the evaluations there were completed for each indicator.</p> <p>Explained the graphs presentation and meaning of 50th and 90th percentile. Phil explained how graphical analysis is better indicator of common vs. special cause and where efforts/resources are needed. Future summary of measures document will contain a link that takes user quickly to each respective graph/attachment for given measure. “Regulatory” and “Clinical Priority” measure will be presented using summary of measures document (also indicates schedule) and graphs. Department and Contract measures will be presented using dashboards.</p>	<p>“Regulatory” and “Clinical Priority” measure will be presented using summary of measures document (also indicates schedule) and graphs. Department and Contract measures will be presented using dashboards.</p> <p>Committee approved above schedule and presentation methods.</p>
<p>New Business:</p>		
<p>Leapfrog</p>	<p>CGH received an A grade from Leapfrog. We are the only hospital within 50 miles to receive this high of a grade. Phil explained in more detail the hospitals at that 50mile mark and many received grade C. That said, we continue to work hard and focus on respective measures included in Leap Frog and will continue to bring this breakdown to committee.</p>	<p>Continue to focus on areas of opportunity from the Leap Frog reports we receive.</p>
<p>Hospital Compare Star Rating</p>	<p>CGH received a 4 out of 5 for our Hospital Compare Star Rating. CMS is holding back the public release of Star ratings. There was concern raised from facilities that there was unfair weighting on specific categories.</p>	<p>Phil will continue to monitor performance on respective measures including in these ratings and update committee on public release and/or any changes to program/methodology.</p>
<p>Other</p>		
<p>Next Meeting</p>	<p>September 11th, 2018</p>	