



Quality Council
Meeting Minutes
June 11, 2019

MEMBERS PRESENT: Dr. Hanlon, Dr. Bird, Dr. Pham, Dr. Jones, M. Benson, T. Jensen, P. Joines, OTHERS PRESENT: T. Lawson, E. Falls

AGENDA ITEM	DISCUSSION/CONCLUSION	RECOMMENDATIONS/ PERSON RESPONSIBLE
Call to Order	Dr. Hanlon called the meeting to order at 12:30.	
Approval of Minutes:		
Review of Meeting Minutes	Minutes were approved.	Continue to report.
Review of CEC Minutes	Minutes were reviewed.	Continue to report.
Review of Quality Reports, Graphs, Measures:		
Utilization Management Plan	Phil reviewed the purpose of the Utilization Management Plan. Phil noted the one change of UR Plan for this fiscal year being that the committee meet at least once annually rather than semi-annual basis. Realtime concerns regarding UR are brought up in the moment and do not wait till committee meets. UR committee is more aggregate and retro review.	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE UTILIZATION MANAGEMENT PLAN FY2020 AS PRESENTED. Please refer to attachment C for full plan with changes.
Quality and Patient Safety Plan	<p>This plan outlines the Structure of the Quality and Patient Safety program here at CGH. Includes all committees, roles, duties, etc. This document serves as road map of what are the key measures, what committees review the data, how often, etc. Phil reviewed changes in red. Performance improvement dashboard was used in the past but best practice is to get away from dashboard (snapshot in time) and move to control/run charts to measure performance over time (determine special vs. common cause).</p> <p>Another change, we no longer have RCA2 team but still use methodology to determine severity/probability score, strength of interventions and more.</p>	A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE QUALITY AND PATIENT SAFETY PLAN FY2020 AS PRESENTED. Please refer to attachment D for full plan with changes.
Regulatory Measures	<p>Phil reviewed measures that demonstrate superior performance, as well as those measures with opportunities which are both outlined on the summary document. Phil further explained interpretation of graphs and measures for various outliers. Explained actions in-place to address opportunities, as well as those measures we are continuing to monitor.</p> <p>Highlights:</p> <ol style="list-style-type: none"> 1. Core ED Times: <u>Admit decision time to admitted to the floor</u> (Median): no longer <i>manually</i> abstract as of Dec. 31, 2019. We will switch over to measuring through Cerner reports starting Jan 1, 2019 to match how following the below ED-1 measure. <u>ED arrival to ED departure time</u> (Inpatient admission): no longer manually abstract as of Dec. 31, 2018. Will also continue to measure with Cerner reports monthly. 	Please refer to the Summary document (Attachment E) for a full summary of measure interpretation, actions taken and next steps.

<p>Regulatory Measures (cont'd)</p>	<ol style="list-style-type: none"> 2. HACRP- hospital acquired infection measures. Doing well overall. Many great processes in place to track, monitor and identify any opportunities. Phil went into details on cases and next steps. 3. HCAHPS: Care Transitions Domain questions continues to be greatest area of focus. Team already in place and have identified actions to improve these scores. Currently trialing discharge phone calls on Medical floor versus only calling based on NRC trigger (automated survey sent to patients that may or may not trigger a phone call back). 4. CMS Patient Safety indicators: Phil explained details of cases, steps taken already and the focus on defining rates against best practices. Discussions on all of this with Physicians involved and potentially PEER review process as applicable for opportunities. 5. Readmissions: doing well overall and continue to NOT be penalized year over year. Heavy focus on any readmission <7days. Phil went in to details on select cases, how we drilled down to identify any opportunities. Hospital-wide readmission measure: first period on Hospital Compare that we have been better than goal/expected in several years. Continue to monitor readmissions and share findings with Readmission task force and respective managers. 6. Sepsis: continue to do well in terms of comparison with Nation and State. Forming inpatient team to walk through timelines and how can better achieve each element of the Sepsis bundle. Site visit by AMITA Health completed in April 2019, many takeaways that we will be working through in coming months/quarters. 7. Stroke: doing very well. Spending more focus on one measure: "Door to transfer out", specially the elements we can control. 	
<p>Priority Clinical Measures</p>	<p>Phil reviewed measures that demonstrate superior performance, as well as those measures with opportunities which are both outlined on the summary document. Phil further explained interpretation of graphs and measures for various outliers. Explained actions in-place to address opportunities, as well as those measures we are continuing to monitor.</p> <p>Highlights:</p> <ol style="list-style-type: none"> 1. Anesthesia PONV: decrease in performance due to lack of documentation, not poor clinical care. 2. Cardiology Echo & Stress times: Great performance and improvements in turn-around times for all six measures. 3. Physician Office Diabetes Measures: Systolic blood pressure continues to look good. Diastolic blood pressure has the greatest opportunities. Currently working through new definition. 4. Radiology: Time to outpatient MRI has climbed in recent quarters due to new MRI machine. Expected to improve now that we have created more open slots. 	<p>Please refer to the Summary document (Attachment E) for a full summary of measure interpretation, actions taken and any next steps.</p>

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Department Measures	Phil reviewed department measures performance, as well as opportunities on the summary document. Will continue to expand department measures and ensure focusing on the right 2-3 measures from each area.	Please refer to the Summary document (Attachment E) for a full summary of measure interpretation, actions taken and any next steps.
New Business:		
Culture of Safety survey	This survey takes place every two (2) years. We are surveying staff currently in the hospital . In 2017 we were above 80% participation rate and aiming for same goal this year. Will then identify where we excel and any areas of opportunity. Looking to see improvement in areas of handoff and non-punitive response to error as we have placed much focus on these areas the last 2 years. Clinic Survey will be later this October.	2019 survey will be open until June 21 st . Pushing for 80% or greater participation rate.
Next Meeting		September 10 th , 2019