

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Board Quality Committee

March 20, 2019

Minutes

Called to order 12:00 pm

Attendance: Rosemary Hagevig, (BOD), Sarah Hargrave (Quality Director), Chuck Bill (CEO), Deborah Koelsch (Clinical Quality Coordinator), Gail Moorehead (Education Director), Carmi Clark (Quality Data Analyst), Rose Lawhorne (Assistant CCO), B Gardner (CCO), William Gardner (Chief Clinical Officer), Nathan Overson (Director – Compliance), Dr. Lindy Jones (BOD), Brenda Knapp (BOD), Jeanette Lacey Dunn (Case Management Director), Megan Costello (CBJ Assistant Attorney)

Approval of the minutes – January 9, 2019 – *minutes approved as written.*

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Ms. Hargrave reviewed the Board Quality Dashboard. The overall scores for 2018 were presented. HCAHPS for inpatient dropped but not an issue, as we frequently see cyclical changes in data with higher scores from tourists in the summer than locals in the winter. All scores look good. Severe Sepsis/ Septic Shock Measure is at 73% for 4Q 2018. The Screening for Metabolic Disorders measure was added to be monitored.

Ms. Hargrave also talked about the upcoming text and email surveys for Ambulatory, Emergency Department and Outpatient patient surveys to improve response rates.

New Business:

Review/ Approval of Annual Plans – Life Safety Plan, Utilities Management, Emergency Management, Hazardous Materials and Waste Management, Medical Equipment Management and Utilization Management Plan were discussed, reviewed and approved. The Goal/Benchmark for Safety Management Plan need to be completed before the Board decides. Mark Walker will inform Ms. Hargrave on the timeline to complete the Safety Management Plan.

Annual Review of Committee Charter – The Board Quality Committee Charter was reviewed and approved. Board member Brenda Knapp approved and seconded by Dr. Lindy Jones.

Old Business:

HAI's- Ms. Hargrave talked about the healthcare acquired infections program, specifically efforts to reduce surgical site infections and transmission of multi-drug resistant organisms. The

hospital has leased an ultra-violet light which has been put into use in the Surgical Dept., and will also be “rounding” in the inpatient wards. Additional efforts have been put into place to assure appropriate antibiotics administered, and efforts taken to reduce the risks as much as possible for high-risk patients undergoing procedures. Ms. Gribbon has been observing Operating Room’s cleanliness before and after surgery.

Patient Safety Initiatives update – Ms. Hargrave presented the Safety Cultural survey results. See graphs for detailed information. Dr. Lindy Jones suggested that maybe our Hospital Handoff process needs to be tweaked.

Team STEPPS (Strategies, Tools, Enhance, Performance and Patient Safety) - There are two sessions of Team STEPPS classes available for employees, 1/3 of Bartlett employees are already trained. There is also an online classes available for Non Clinical Employees. The goal is to train everybody by September 2019.

SEPSIS PI – Summary of committee work presented. Committee Goal remains to meet the Sepsis measure at 52% by end of 4Q 2018. Bartlett Regional Hospital met the sepsis measure at 73% for 4Q 2018. It was explained that although the numbers look good at the first glance and the rate has been improving, when the data is analyzed we find it is not statistically significant change yet. Therefore, the committee will continue making tests of change. The sepsis committee meets every other week.

Familiar Faces of Bartlett Program- Jeanette Lacey, Sarah Hargrave, Bradley Grigg and Dr. Gartenberg are working together on the MVP (Multi Visit Program) in partnership with ASHNHA. Ms. Jeanette Lacey Dunn introduced the “Familiar Faces Project.” Bartlett Regional Hospital is selected to pilot this Program. The City and Borough of Juneau funds the Homeless Navigator Program through St. Vincent de Paul. They assist vulnerable patients and there are four available Navigators in the community.

Next Quality Board meeting: May 8, 2019 4:15PM

Adjourned at 1:13 pm