

# Bartlett Regional Hospital

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## Board Quality Committee May 08, 2019 Minutes

Attendance: Rosemary Hagevig, (BOD), Sarah Hargrave (Quality Director), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst), Nathan Overson (Director Compliance), Brenda Knapp (BOD), Bradley Grigg (Chief Behavioral Health Officer)

**Approval of the minutes – March 20, 2019 – *minutes approved as written.***

### Standing Agenda Items:

**Quality Dashboard (reported quarterly)** – Ms. Hargrave reviewed the 2019 Q1 Board Quality Dashboard. The Q1 overall scores look good. Inpatient Behavioral Patient Satisfaction increased to 70.3%. Mr. Grigg explained that the reason for this improvement is the growing patient volume and employees' great work. Serious Safety Events had one case due to misdiagnoses, and an RCA2 was done. Fall and Sentinel Events had zero results. Severe Sepsis/ Septic Shock Measure is at 54%. The Screening for Metabolic Disorders measure was added to be monitored since Dr. Gartenberg wants to keep an eye on this measure.

Ms. Hagevig pointed out that the Cleanliness and Quietness of Hospital Environment score dropped and suggested to be monitored.

Ms. Hargrave asked the Board if the BOD Quality Scorecard is helpful or needs changed. Trend was suggested, Ms. Hargrave will create a proposal and present it next meeting.

### New Business:

**Preliminary Hospital Compare Report** – Ms. Koelsch explained that the purpose of the Preliminary Hospital Compare Report is to give the Hospital opportunity to look at our data results before they are posted on Hospital Compare.

**Framework for Effective Board Governance of Health System Quality** – Presentation packets were given to Ms. Knapp and Ms. Hagevig.

### Old Business:

**Review/ Approval of Annual Plans** –The Safety Management Plan benchmark and goal was reviewed and approved. Mr. Overson is the new Employee Safety Committee Chairman and will

be working with AKOSH moving forward. He also mentioned that the focus will change a little bit and his goal is to decrease Worker Compensation.

## **Board Strategic Plan – Quality Initiatives**

**PI Methodology** - Ms. Hargrave shared a brief history of how we got to the Clinical Microsystems, what it means and explained the Sharp End of Care. She mentioned that Mr. Chuck Bill and herself checked the Process Improvement Methodology that we currently used and decided not to change it as of the moment.

Additionally, Ms. Hargrave shared the reasons why we prefer to stay with Clinical Microsystem and presented the PDSA Improvement Ramp.

**RCA2** – The RCA2 Goal, Safe Assessment Code (SAC) matrix, Probability Categories and the Triggering questions on why and how events happen was discussed. Ms. Hargrave added that the most important step in RCA2 is the identification and implementation of actions to eliminate or control vulnerabilities.

**Ongoing Professional Practice Evaluation Update** – OPPE is a Joint Commission requirements. This is a routine monitoring and evaluation of current competency and professional behavior or “Scorecard”. This is provided to Credentials committee to be considered during reappointment. Ms. Hargrave presented the sample scorecard for Medicine and Hospitalist specialty and its content. She also discussed the Goal, the Task at hand and the Imperatives of this OPPE project.

**Next Quality Board meeting:** July 10, 2019 4:15PM

**Adjourned at 5:13 pm**