

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Board Quality Committee July 10, 2019 Minutes

Attendance: Rosemary Hagevig (BOD), Brenda Knapp (BOD), Kenny Solomon-Gross (BOD), Sarah Hargrave (Quality Director), Dallas Hargrave (HR Director), Charlee Gribbon (Infection Preventionist), Jeannette Lacey (Case Management Director), Rose Lawhorne (Assistant CCO), Nathan Overson (Director Compliance), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst).

**Approval of the minutes – May 8, 2019 – *minutes approved as written.***

### Standing Agenda Items:

**Quality Dashboard (reported quarterly)** – Ms. Hargrave reviewed the Board Quality Dashboard. All scores look good. The HCAHPS Quarter 2 results met the CMS Achievement Threshold. There were no falls, no readmissions within 30-days for pneumonia, no Sentinel Events for Quarter 1. There is one Serious Safety Event but this has been reviewed and addressed. Severe Sepsis/ Septic Shock Measure is at 54%, it was determined that the common issues for Sepsis are documentation and lactic acid. Sepsis is a very complicated measure; it has a lot of components. Ms. Hargrave and the Sepsis Group are working together to find a sustainable long term goal. The Screening for Metabolic Disorders measure continues to be strong performer.

### Old Business:

### Board Strategic Plan – Quality Initiatives

**Healthcare Acquired Infections** – Ms. Gribbon tracked Catheter Infection and SSI for the hospital. We had one Catheter related urinary tract infection case last May, after nearly 2 years without any. This case is being reviewed by for areas of opportunity to reduce the likelihood of future similar infections. Ms. Gribbon introduced the Seven Strategies she is working on to reduce SSI in the hospital: implemented nose to toes; improved traffic in OB; improved sterile technique in C-Section cases; improved surface cleaning; improved antibiotic selection and dosing; improved use of the surgical site infection prevention checklist; improved personal protective equipment compliance in surgical services; and, improved hand-hygiene hospital wide.

**Culture of Patient Safety** – Ms. Hargrave finished the Patient Safety survey last November to all patient-care staff. Based on the survey results, the areas of opportunity are hand offs, error reporting and communications. Ms. Lawhorne and Ms. Hargrave are working on handoffs. Ms. Crann and Ms. Hargrave are working on occurrence reporting efficiency. The goal is to reduce the time span on occurrence reporting to 5 minutes. Ms. Hargrave also mentioned the daily 10 am Huddles. The February assessment shows 37% attendance, 50% agree with efficacy of huddle and 75% agree that the daily huddle promotes teamwork. The latest measurement shows 84% attendance, 70% for efficacy and 86% for teamwork.

**Familiar Faces of Bartlett** - MVP (Multi Visit Program) in partnership with ASHNHA. 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. Ms. Lacey presented a graph that shows The MVP Average visits from January 2018-April 2019. The graph shows that the MVP average visit dropped from the date that the program started and the current date. Ms. Hargrave worked with IT to build a dashboard so we can see the overall drivers. There is also a multidisciplinary meeting.

**Team STEPPS** (Strategies and Tools to Enhance Performance and Patient Safety) – There is a group of trained facilitators that complete monthly training to all staff. Currently, 366 employees have completed the training. There is a Team STEPPS booklet available for staff. The next step is more use of Huddles, Brief and Debrief.

**SEPSIS** – SEPSIS Quarter 1 rate is 54% and Q2 rate to date is 50%. The 2019 Hospital Goal is 55%. The focused areas currently are antibiotics and lactic acid. A Sepsis focus group including Deborah Koelsch, Sarah Hargrave, Jennifer Twito and Kim McDowell was formed to discuss a new direction in Sepsis care to ensure best practice care is provided. Full care for sepsis patients not only includes care provided during their stay but must also include sepsis education at discharge, and follow up after discharge.

**Next Quality Board meeting:** September 11, 2019 4:15PM

**Adjourned at 9:57am**