

# Bartlett Regional Hospital

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

## Board Quality Committee September 18, 2019 Minutes

Attendance: Rosemary Hagevig (BOD), Brenda Knapp (BOD), Kenny Solomon-Gross (BOD), Sarah Hargrave (Quality Director), Rose Lawhorne (CNO), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst), Gail Moorehead (Education Director), Mark Johnson (BOD), Kevin Benson (CFO), Billy Gardner (COO), Bradley Grigg (CBHO), Marshal Kendziorek (BOD), Dr. Lindy Jones (BOD)

**Approval of the minutes – July 10, 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 3 results were great. Currently, new initiatives were implemented to strengthen the relationship between patients and caregivers. Ms. Hargrave thinks this will help us increase our HCAHPS score next quarter. Severe Sepsis/ Septic Shock Measure is at 54%. There was a spike in Readmission rates for Quarter 2 but we continue to monitor. Heart Failure Readmission rates are 0. The Screening for Metabolic Disorders measure continues to be a strong performer.

Discussion was held on the impact to patient satisfaction of redundant questions from hospital staff as patients move through the hospital system.

Mr. Garner mentioned the ongoing construction at RRC and asked if it is affecting our HCAHPS scores. Ms. Hargrave will monitor the Cleanliness and Quietness results next quarter.

### **New Business:**

#### **Value Based Purchasing Summary Report**

Ms. Hargrave presented the Hospital Value Based Percentage Payment Summary Report for Performance Period 1/1/2018-12/31/2018. The Hospital Value Based Purchasing (VBP) Program is a Centers for Medicare and Medicaid Services (CMS) initiative that rewards acute-care hospitals with incentive payments for quality care provided to Medicare beneficiaries. VBP is also required by Congress. This ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided. As a result of our high quality care on the safety measures, HCAHPS measures, and clinical outcomes metrics, Bartlett will see a net increase of 1.43% on our DRG payments beginning in October of this year. In addition, our Medicare Spending per Beneficiary is below the national median.

### **Patient Family Engagement**

Ms. Moorehead presented the CMS Person and Family Engagement strategy. It is about proactive communication and partnered decision-making between healthcare providers and patients, families and caregivers.

The current projects in progress are Bedside shift reporting, Pre admission Checklist, Patient Portal Collaboration and Website Improvements.

There are several future projects coming up including Admission Paperwork and Process, Rounds with Families and Community and Hospital Information Sessions. The new Patient Family Engagement Coordinator is Autumn Muse, BSN, RN.

There was a discussion about the handoff process between ER Physicians and Admitting Physicians. Ms. Hargrave will check with Dr. Benjamin and Dr. Jones about exploring this addition to the physician hand-off project.

Mr. Benson shared about an Admission App that allows patients to fill out their registration when they arrive in to the hospital on an IPAD. Ms. Hagevig pointed out that not all patients are familiar or comfortable with new technology.

### **Old Business:**

#### **OPPE**

Ongoing Professional Practice Evaluation (OPPE) is a requirement by CMS and The Joint Commission (TJC). It is a routine monitoring and evaluation of current competency and professional behavior. Provider scorecards are provided to Credentials committee to be considered during reappointment. The goal is to allow the organization to identify professional practice trends that impact on quality of care and patient safety. The challenge in this process is finding metrics that are meaningful to rate. Ms. Hargrave presented the sample Ongoing Professional Practice Evaluation Scorecard.

#### **RCA2**

Ms. Hargrave presented the update of the RCA2. The Goal is to identify system vulnerabilities so they can be eliminated and mitigated. The outcomes on this process are Physician and Nurses engagement, Structures and Solution Focused. Ms. Hargrave reports the Year to Date results from this project. There were 9 RCA2 completed and 6/9 had intermediate or strong action plan elements.

#### **SEPSIS**

September is Sepsis Awareness Month, the Sepsis Process Improvement (PI) team has organized activities to spread awareness to staff and the community. There are newly designed badge buddies for clinical staff, Pink cake and lemonade was distributed in the hospital cafeteria on World Sepsis day (Sept 13), bulletins boards in the hospital are updated with Sepsis Awareness

information. Next week, the Sepsis PI team will visit the units and ask Sepsis Trivia questions and give away some prizes.

There is a new Sepsis Care Pathway starting September 30<sup>th</sup> at Bartlett Regional Hospital. This includes Code Sepsis and the Code Sepsis paper tool.

Ms. Koelsch added that there were approximately 25-30 Sepsis cases each Quarter here at Bartlett. The Sepsis Early Management Bundle Compliance has increased compared with last year. A higher score is better. Bartlett Regional Hospital's goal for the measure is 55%. June, July, and August (to-date) data exceeded this goal.

Dr. Lindy Jones added with the i-STAT starting last August we might see improvements in the Sepsis measure rate. The i-STAT machine delivers faster results at bedside for certain lab draws.

**Next Quality Board meeting:** November 13, 2019 4:15PM

**Adjourned at 5:00 pm**