

Bartlett Regional Hospital

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Board Quality Committee November 13, 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), Gail Moorehead (Education Director), Mark Johnson (BOD), Billy Gardner (COO), Bradley Grigg (CBHO), Dr. Lindy Jones (BOD), Nancy Davis, (Person & Family Liaison)

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

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Ms. Hargrave reviewed the Board Quality Dashboard. The HCAHPS Quarter 3 results were strong, exceeding all CMS Achievement Benchmarks, and 2 areas meeting or exceeding the top performer benchmarks. Bedside Nurse Reporting has spread from MedSurg to Bartlett Beginnings. Ms. Hargrave thinks this will help us increase our HCAHPS score next quarter. Severe Sepsis/ Septic Shock Measure has exceeded our goal. There was a spike in Readmission rates for Quarter 3, and several cases are under review by Medical Staff Quality. The Screening for Metabolic Disorders measure continues to be a strong performer. In reviewing the slight drop in the Behavioral Health overall patient satisfaction scores, the committee the impact of a small denominators.

New Business:

2020 Priorities:

Ms. Hargrave reviewed progress on key goals from Focus and Execute under the responsibility of the Quality Department.

- Revision of Ongoing Provider Practice Evaluation (OPPE): Ms. Hargrave reports all medical staff service line committees have received information on OPPE and most are nearing completion of metric selection. In addition, the policy has been revised with input from medical staff, a scorecard template built, trainings completed, and process defined. Scorecards are sequentially being reported to physicians, starting with hospitalists and medicine.
- Revision of PI Methodology: As current process was working well, conversations between Quality Director and SLT determined no need to revise it, but to continue to do what we have been.

- Sepsis PI and Compliance: A multi-disciplinary team has been meeting throughout the year to address sepsis. At the end of September, the hospital implemented a Code Sepsis protocol to structure and streamline sepsis care. October showed the 6th month in a row with compliance scores over the prior median suggesting a statistically significant change in rates from 2018.
- Malnutrition Protocol: In June of 2019, the Dietitians were restructured under the Quality Department. Due to staffing shortages, no permanent programmatic changes could be made. The focus since June has been to recruit and hire Registered Dietitians and eliminate the need for travelers. As of mid-December, the final position will be filled. In addition, the department has been focusing implementation of software to allow automated nutrient analysis (rather than by hand).
- Improve Patient Safety: The focus of the year been on the Culture of Patient Safety through Team STEPPS. Team STEPPS is a collection of tools and strategies to enhance communication and teamwork, thereby improving the safety of the care. The goal is to move from a team of experts to expert teams. Staff Development that worked to assure that nearly all direct care staff receive training during 2019. Other strategies have been working their way into other policies and processes throughout the organization. Dr. Jones shared the impact of huddles as one of the Team STEPPS strategies being used during patient care in the Emergency Department.
- Reduce total numbers of healthcare acquired infections: Through the efforts of several departments and the leadership of the Infection Preventionist, our Surgical Site infection rate has dropped to less than 0.3/100 cases, well below national average. Strategies included Nose to Toes in pre-op, improved cleanliness with monitoring of ATP values, improving antibiotic selection and dosing preoperatively, and introduction of a UV light for use in the OR.

2020 Priorities:

Ms. Davis was welcomed as Person & Family Engagement Liaison to the Board. The Committee reviewed the CMS Patient and Family Engagement Handout. Open discussion of Board members' requests for Quality metrics and initiatives. The following were discussed:

- Sharing of efforts to continually improve
- Efforts to assist with health literacy
- Assessing and responding to community needs
- Keeping up with best practices in trauma and pediatric care. Consider moving to Level 3 Trauma Center.
- Continue review and analysis of 7-day readmissions, surgical site infections, 72 hour returns to the ED, surgical complication rates.
- Positive feedback from recent radio ads
- Further integration with Medical Staff Quality committee
- Visibility of Board members in Community groups- hospital visibility

- Ads in paper to recognize BRH employees are very helpful so community members may recognize a friendly face when they come in
- Ophthalmology services a strong benefit to the community
- Continue efforts to show the patient as the center of our work. Ms. Davis shared the feeling that “What else can I help you with?” at the end of each encounter can bring to patients feeling that they are the center of care.
- Advertise how positively tourists feel about the care they receive from Bartlett.

Committee adjourned at 4:55 p.m.

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

Adjourned at 5:00 pm