AGENDA
QUALITY COMMITTEE MEETING
Wednesday, May 13, 2020 – 4:15 p.m.
Bartlett Regional Hospital Boardroom / Zoom Video Conference

Public may participate telephonically by calling 1-800-315-6338 – Access code 86591

Mission Statement
Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

I. CALL TO ORDER

II. APPROVAL OF THE MINUTES – April 08, 2020 (Pg.2)

III. PUBLIC COMMENT

IV. OLD BUSINESS

1. Updates / Follow Up
   ➢ Press Ganey use of Phone Numbers for Surveys
   ➢ Hand Gel in Lobby
   ➢ Sepsis Clarification Presentation (Pg.5)

V. NEW BUSINESS

1. Registered Nurse Recruitment and Retention Program Gail (Pg.18)
2. New Changes to R.L Program Mary (Pg. 27)
3. Microsystems 2.0 James (Pg.31)
4. COVID 19 Update James

VI. COMMENTS

VII. ADJOURN
Called to order at 12:01 pm by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig (Chair), Marshal Kendziorek, Iola Young, Kenny Solomon-Gross, Brenda Knapp

Staff: Charles Bill, CEO, James Caldwell, Director of Quality, Rose Lawhorne, CNO, Bradley Grigg, CBHO, Gail Moorehead, Director of Education, Dallas Hargrave, HR Director, Mary Crann, Risk Manager, Charlee Gribbon, Infection Preventionist, Megan Costello, Chief Legal Officer, Autumn Muse, RN Clinical Project Specialist, Deborah Koelsch, RN Clinical Quality Data Coordinator, Carmi Clark, Quality Data Analyst

Approval of the minutes – January 8, 2020 – minutes approved as written.

Standing Agenda Items:

Quality Dashboard (reported quarterly) – Mr. Caldwell reviewed the Board Quality Dashboard. The HCAHPS Quarter 1 results were strong, exceeding all CMS Achievement Benchmarks, and 5 areas meeting or exceeding the CMS benchmark top performer. Severe Sepsis/Septic Shock Measure has exceeded our goal. The Screening for Metabolic Disorders measure continues to be a strong performer. It was determined the drop in the Behavioral Health overall patient satisfaction scores during Quarter 1 was due to a very small denominator for this category.

Mr. Kendziorek questioned how we handle Cleanliness and Handwashing during COVID. Ms. Gribbon guaranteed that we are 100% compliant with handwashing. Additionally, EVS Supervisor and Education Director did a phenomenal job in training EVS staff and should anticipate an increase in our cleanliness score in the next few months.

Mr. Solomon–Gross noted that the Purell dispenser in the hospital entrance needs monitoring for availability. Ms. Gribbon will keep it on her daily radar.

New Business:

Mr. Bill announced James Caldwell as our permanent Senior Director of Quality.
**Press Ganey Update**

Press Ganey contract was renewed and eSurvey is added to the survey distribution methodology at Bartlett. eSurvey is available in the Emergency Department, Outpatient Services and Ambulatory Surgery. HCAHPS surveys are sent out through mail due to CMS requirements.

eSurvey is the Press Ganey survey process that enables us to collect patient feedback via email survey. When used in conjunction with paper surveys, eSurvey allows us to send and receive more surveys. This increase in surveys enables the hospital to target specific improvement efforts within demographic areas i.e. unit, specialty, provider. These would help us collect high volumes of survey comments and reduce the cycle time for data collection and improvement initiatives.

Mr. Kendziorek asked what the predicted percentage of increase in survey response will be using eSurvey. Mr. Caldwell anticipated increase by 40% in our response rate.

Ms. Hagevig and Mr. Kendziorek agreed that adding eSurvey is a great program for the hospital.

**The Joint Commission Update Safer Matrix**

Ms. Crann presented the new Safety Event Classification (SEC). She described the Outcome Algorithm, Levels of Harm and the Serious Safety Event Rate (SSER). In addition, SEC and SSER application requires a culture that encourages reporting adverse outcomes and sharing information about errors and mistakes. Effectiveness of the system is consistent application over time.

Ms. Muse clarified that The Joint Commission (TJC) SAFER Matrix will provide health organizations with Requirements for Improvement (RFI) in a comprehensive visual representing the findings and identifying areas that are in most need of intervention to meet compliance.

THE RFI’s are plotted on the Matrix based on the possible risk of harm to patients, staff, and/or visitors and how often it was observed. All RFI’s will need to be addressed in a 60-day timeframe. The RFI’s that are higher risk level will require additional detailed corrective action plans that the organization will be expected to sustain going forward.

Ms. Hagevig is interested in the training plan. Ms. Crann said she would present this new process in the Patient Safety meeting and create Relias training for staff.

**Resuscitation Quality Improvement / (RQI)**

Ms. Moorehead presented the Resuscitation Quality Improvement. We have reached 98% in our Competency. Mock Code Training is in progress.

Ms. Moorehead invited Senior Leadership to stop by in Education Department to see the RQI equipment.
**Sepsis Update**

Ms. Koelsch presented the BRH Sepsis Early Management Bundle Compliance run chart and the list of fallouts. Based on the list ABX Timing and Fluids Amount/Timing are most fallouts and are continually monitored by Directors.

Goal is 55% and Bartlett Overall Sepsis rate of 2019 is 57%.

Mr. Kendziorek asked about ISTAT usage and if it helps with our Sepsis Measure. Ms. Koelsch will get the information and get back with the group. Ms. Knapp is concern on the overall trend, she recommends to monitor sepsis scores regularly since it showing continued opportunity for improvements.

**Overview of Covid -19**

Mr. Caldwell coordinates with Robert Barr the City Borough of Juneau (CBJ). Bartlett Hospital created an Incident Command Structure. The members are Incident Commander Chuck Bill, CEO, Public Information Officer, Kathryn Bausler, Safety Officer Nathan Overson, Liaison Officer, Dallas Hargrave, Operations Section Chief, Rose Lawhorne, Planning Section Chief, James Caldwell, Logistics Section Chief, Billy Gardner, Finance/Administration Section Chief, Kevin Benson. The group continues to refine the processes in Operations and Communications; planning for surges of critically ill, possible facilities changes to structure the isolation accommodation and using off site areas creativity like BOPS, Rainforest and Improved ER Structure.

Also, Physician leadership conduct weekly provider team calls lead by Dr. Benjamin with community providers including SEARHC and partners.

Mr. Kendziorek asked on test results average turn around. Mr. Caldwell confirmed that we are now at 48 hours turn around using the private lab in Phoenix Arizona.

The hospital implemented the “no visitor” policy effective 4/8/2020 to limit the spread of the COVID-19.

**Next Quality Board meeting:** May 13, 2020 4:15PM

**Adjourned at 1:36 pm**
What is a Quality Measure?

Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.
SEPSIS MEASURE (Sep-1)

1. Information is collected for CMS
2. Publically reported on Hospital Compare.
3. The sepsis measure determines if there is documentation of the presence of severe sepsis.
   - This is why our sepsis measure data may show fewer cases of sepsis than what we actually know was in the hospital for any given period of time.
   - In order for Bartlett’s sepsis cases to “make it into the measure,” the case must meet all of the documentation requirements.
4. What are the documentation requirements? The presence of severe sepsis must be based upon the following
   a. Clinical criteria for severe sepsis
   b. Physician/APN/PA documentation of Severe sepsis
Sepsis is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. Sepsis can sometimes turn into septic shock, which has a higher risk of death. Identifying sepsis early and starting appropriate care quickly increase the chances of survival.

- Find out why these measures are important.
- Get more information about the data.
- Get the current data collection period.

### Comparison

<table>
<thead>
<tr>
<th></th>
<th>Bartlett Regional Hospital</th>
<th>Alaska Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients who received appropriate care for severe sepsis and septic shock</td>
<td>59%</td>
<td>55%</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Higher percentages are better*
BRH Sepsis Measure Rate by Quarter

Q3 17: 25%
Q4 17: 32%
Q1 18: 43%
Q2 18: 42%
Q3 18: 64%
Q4 18: 73%
Q1 19: 48%
Q2 19: 50%
Q3 19: 64%
Q4 19: 64%
Q1 20: 61%

Key Events:
- Sepsis team re-start
- I STAT
- Code Sepsis
BRH Sepsis Fallouts
January, 2018 - March, 2020
n=217

- Antibiotics, 28
- Lactate, 28
- Blood Cultures, 17
- Fluids, 22
- Focused Exam, 5
- Vasopressor, 1
Antibiotic Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale

Number of Fallouts

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Sepsis Cases</th>
<th>Total Fallouts</th>
<th>Total Antibiotic Fallouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q2 2018</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q3 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 2019</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q2 2019</td>
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<td></td>
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<tr>
<td>Q3 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q4 2019</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 2020</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Lactate Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale

Number of Fallouts

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Sepsis Cases</th>
<th>Total Fallouts</th>
<th>Total Lactate Fallouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018</td>
<td>4</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Q2 2018</td>
<td>1</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Q3 2018</td>
<td>2</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>2</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>1</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Q2 2019</td>
<td>6</td>
<td>28</td>
<td>12</td>
</tr>
<tr>
<td>Q3 2019</td>
<td>5</td>
<td>28</td>
<td>10</td>
</tr>
<tr>
<td>Q4 2019</td>
<td>5</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Q1 2020</td>
<td>3</td>
<td>21</td>
<td>6</td>
</tr>
</tbody>
</table>
Fluids Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale
Blood Cultures Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale

![Graph showing the comparison of blood cultures fallouts against total fallouts and total sepsis cases on a quarterly scale. The graph displays the number of fallouts for each quarter from Q1 2018 to Q1 2020, with the total sepsis cases, total fallouts, and total blood cultures fallouts represented for each quarter.]
Focused Exam Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale

- Q1 2018: Total Sepsis Cases 1, Total Fallouts 3, Total Focused Exam Fallouts 0
- Q2 2018: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q3 2018: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q4 2018: Total Sepsis Cases 1, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q1 2019: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q2 2019: Total Sepsis Cases 1, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q3 2019: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q4 2019: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
- Q1 2020: Total Sepsis Cases 0, Total Fallouts 0, Total Focused Exam Fallouts 0
Vasopressor Fallouts Compared Against Total Fallouts and Total Sepsis Cases on a Quarterly Scale

Number of Fallouts

Q1 2018 | Q2 2018 | Q3 2018 | Q4 2018 | Q1 2019 | Q2 2019 | Q3 2019 | Q4 2019 | Q1 2020
---|---|---|---|---|---|---|---|---
Total Sepsis Cases | Total Fallouts | Total Vasopressor Fallouts

16/39
I STAT timeline

1. August 1, 2019 I STAT use in ED

2. January, 2020 Stopped using I STAT because the cartridges for the lactic acid test was recalled by the FDA as ABBOTT did not go through the proper channels for getting FDA approval.

3. March, 2020 Clearance for a temporary pass for I STAT use by FDA related to COVID 19
The Problem Spring 2019

- High use of contract (travel) Nurses to fill vacancies temporarily
- Vacant RN positions in all clinical areas
- How to increase capacity to on board a large group of new graduates
Goals of the Residency Program

• Provide structured onboarding process
• Reduce use of contract/Travel nurses throughout hospital
• Higher retention rate of nurses
• Give opportunities for multiple unit orientations
• UAA graduating a class of students May 2019
• Interview and hire up to 10 new graduates to work within the hospital departments
• Provide structured classes, preceptors and support during the first 3-5 months of program
Achievements

- Structured Classes offered
  - Equipment Use
  - Safe Patient Handling
  - Medication Safety
  - TeamSTEPPS/ Communication
  - IV Skills Class
  - Pediatric Assessment Class
  - Wound Care,
  - Mock Codes
  - Patient De-escalation techniques
  - Conflict Management
  - ACLS/PALS/NRP

- Preceptors
  - Each new grad was placed with a preceptor
  - Followed up with a unit educator periodically
  - Reviewed learning needs and provided unit based knowledge and training
  - Competencies documented and reviewed

22/39
Results

- 10 PRN Nurse Residents hired June 2019
  - All nurses are still working at BRH
    - 8 Full time staff nurses
    - 2 PRN staff in emergency room
- 5 out of the 10 have second department float areas
- All Nurses have successfully advanced on the clinical ladder to a Clinical Nurse II.
- Only 2 new contracts for nurses since residency class 1 – OR and 1 MHU
Costs

- Total payroll costs 147,709.27
- Per RN preceptorship cost 14,771.00
• Structured follow ups with group at periodic intervals
• Develop PRN pool setting to allow the continuous onboarding of new graduates

Take Aways, Opportunities for improvement
Bartlett Regional Hospital

Right Here In Your Hometown
Risk Management

Mary E. Crann RN, MSN, CPHRM
RL Solutions Changes

New Work done on file Follow-up

General

Type: Work done on file
Sub-Type:

Method
Date: 05-05-2020

Follow-up Time: 13:42
Follow-up By: Mary Crann

REQUIRED FOLLOW-UP ELEMENTS:
What happened
Potential/Actual Root cause
Corrective Action Plan
Individual Responsible
By when

Details

Sentinel Event?
Resolutions and Outcomes

Resolutions and outcomes of the event

Track and Trend, no action required

Safety Event Classification

Hierarchy of Change

Sentinel Event?

Root Cause Performed?
As of May 6, 2020 - 59 COVID-related occurrence reports

- Use data to guide us for process improvement

As of May 6, 2020 – there are 52 open risk files with no sign-off

- Three years ago this number was in the thousands – goal is to keep this current at 30 – Joint Commission will see we are current with events
Respect for People is the cornerstone of continuous improvement

The Toyota Way

<table>
<thead>
<tr>
<th>THE TOYOTA WAY</th>
<th>Toyota Basic Business Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for People</td>
<td>by concentrating knowledge of each &amp; every employee</td>
</tr>
<tr>
<td></td>
<td>for the benefit of all customers &amp; stakeholders</td>
</tr>
<tr>
<td>Continuous Improvement</td>
<td>we strive to realize ambitious goals</td>
</tr>
<tr>
<td></td>
<td>through steady, fact-driven progress</td>
</tr>
<tr>
<td></td>
<td>pursuing highest standards of excellence guided by best possible</td>
</tr>
<tr>
<td></td>
<td>course of action</td>
</tr>
</tbody>
</table>

Shingo Concepts
Microsystems 2.0

Respect for the individual
Accountability for all to all
Go to see
Seek to understand
Seek perfection
Common language and tools
Making the right thing to do the easiest thing
Data driven, evidence-based solutions
A learning culture
A just culture

Plan
- Step 1: Getting started
- Step 2: Assemble the team
- Step 3: Examine current approach
- Step 4: Identify potential solutions
- Step 5: Develop an improvement theory

Act
- Step 8: Standardize the improvement or develop a new theory
- Step 9: Establish future plans

Do
- Step 6: Test the theory for improvement

Study
- Step 7: Use data to study the result
Is this approach consistent with who we are and who we strive to be?

❖ **Our Vision**
  - Bartlett Regional Hospital will be the best community hospital in Alaska.

❖ **Our Values**
  - **Courtesy**—We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.
  - **Accountability**—We take responsibility for our actions and their collective outcomes, working as an effective, committed and cooperative team.
  - **Respect**—We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.
  - **Excellence**—We choose to do our best and work with a commitment to continuous improvement. We provide high-quality, professional healthcare to meet the changing needs of our community and region.
What defines a culture

Our shared:
• Knowledge
• Experience
• Beliefs
• Values
• Attitudes
• Shared communication
• Symbols
• Artifacts

How can understanding Woodstock help me drive a culture of “Continuous improvement”?
It’s a way of doing business
It’s a shared communication model
It’s a theology
It’s tested
It’s not new to Bartlett

Is this another program?
A “flavor of the month”

Bartlett Microsystems 2.0 resources include:
- James Reason
- The Toyota Way
- Virginia Mason Lean Institute
- Belmont University LEAN
- The Speed of Trust
- Influencer
- Good to Great
- Start with the Why
- What We Accept is What We Teach
- Shingo Principles
- Just Culture concepts
Human Contribution: Hazard and Hero
So Why Now....

- It’s consistent with our mission and vision
- It’s the right thing to do for our patients
- We do not have time NOT to do it
- It protects and expresses our respect for our staff
- It may save us time, in the long run
- It’s the right thing to do for our community

- #BRHmicrosystems2.0 the path, the answer to what is next, after Covid
Bartlett Regional Hospital

Quality in Community Healthcare

Right Here in Your Hometown