

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Board Quality Committee April 8, 2020 Minutes

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, and 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: Mary 13, 2020 4:15PM

Adjourned at 1:36 pm