

Chief Executive Officer
Christ Bjornberg



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tom Guyn, M.D., Secretary
Tami Humphry, Treasurer
Lester Cufaude, Director

**Quality Committee
Meeting Agenda**

April 21, 2023 1:00 PM

Microsoft Teams Meeting: [LINK](#)

Call In Number: 1-279-895-6380

Phone Conference ID: 255 455 444#

Meeting ID: 218 633 354 767

Passcode: vzx5K5

Attendees

Tom Guyn, M.D., Quality Committee Chair
Les Cufaude, Director

Chris Bjornberg, CEO
Jack Hathaway, Director of Quality

1	CALL MEETING TO ORDER	Chair Tom Guyn, M.D.			Approx. Time Allotted
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
3	APPROVAL OF MINUTES				
	3.1	Regular Meeting – March 22, 2023	Attachment A	Action Item	2 min.
4	HOSPITAL QUALITY COMMITTEE REPORT		Attachment B	Report	10 min.
5	DIRECTOR OF QUALITY	Jack Hathaway	Attachment C	Report	10 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			Information	5 min.
7	ADJOURNMENT: Next Regular Meeting – May 17, 2023				

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Board of Directors
Quality Committee
Minutes

March 22, 2023 @ 1:00 PM
Fully Remote Teams Meeting

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	CALL MEETING TO ORDER: Board Chair Tom Guyn, M.D. called the meeting to order at 1:02 pm on the above date.		
	BOARD MEMBERS PRESENT:	STAFF PRESENT:	
	Tom Guyn, MD., Secretary Les Cufaude, Director	Chris Bjornberg, CEO Jack Hathaway, Director of Quality Jessica DeCoito, Board Clerk	
	Excused ABSENT:		
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS		
	None		
3	APPROVAL OF MINUTES		
	3.1	A motion/second carried; committee members accepted the minutes of February 20, 2022	Cufaude, Hathaway
			Guyn – Y Cufaude- Y
4	Hospital Quality Committee Report: changes were applied to the Hospital Quality Meeting this month. Chris and Jack are meeting with all of the Executive Leadership Team members and their managers. These meetings are to help each department understand metrics/measures, expectations for quality and etc. We will then have a list of all metrics from all departments to provide to the Board.		
5	Director of Quality Report		
	5.1	Written Report submitted. ACHD Gap Analysis Summary: the official report has yet to be shared with us. High level summary is that we have a lot of areas of opportunity to work on. Some of this is paperwork and workflows, but also include physical environment updates. Policies & Procedures will be updated or created. Once our official report comes out, our team will meet up internally, create a plan of action and make this a working and living document that everyone has access to. We anticipate this to take our team up to 9 months to get everything set up and ready for us to have the survey to receive accreditation. It's going to be a big process but our team can handle this.	
6	OTHER INFORMATION/ANNOUNCEMENTS: April 19, 2023		
7	CLOSED SESSION Med Staff Credentials Government Code 54962		All approved
8	RECONVENE OPEN SESSION		
9	ADJOURNMENT: at 1:39 pm		

Quality Assurance Meetings April 13, 2023

This is an internal building process to identify metrics for each department that are currently tracked or ideas on what should be tracked with ties to patient care and measures for health and equity.

Focus on any part of our work that has an impact in patient care where improvements are identified and the remedies that improve the outcomes of care.

Cerner will have a number of reports available and during the implementation Jack will learn custom report building as the Reporting Champion.

Finance

Finance - Travis

Health of the District Metrics

- Cash on Hand
- AR Days

Admitting - Amy

Demographics

- Totals for the day
- How many changed
- How many fixed

Action – Email Jack a list to Jack

Business Office - Danielle

Identified as a project

- UR Process
 - Medicare swing days
 - Observations moving to Acute or discharged

Action: Email Jack the baseline process by April 20 and he will develop as a project

HIM - Lori

Deficiency

- Completion times physicians finish charts for ED & hospital

Action:

- *Jack will discuss automating with IT*
- *Lori will work on adding to the Cerner workflow*

Operations

ADDITIONAL NOTE:

Ryan – Contract Management process building measure

- Begin developing a list of contracts with internal and external contacts
 - *Action: Jack and Lisa will work on this*
- Review quarterly

- Contract management solution in Cerner

Housing - Joey

- Customer Satisfaction – currently tracks
- Property checks

Action: For Property Checks, provide the data the Jack in an Excel format by April 20

Dietary - Susan

Maintenance - Alex

Quarterly Ice Machine Cleaning Log

Rounding in the facilities

- Currently rounds with various department staff and he recommended including Cassie
- Have Sherry join regularly

Action: Jack requested capturing deficiencies and remedies in an Excel format that he will then create graphs

Environmental Services - Sherry

Rounding and Quality Improvement

- Weekly target
- Join Alex and Cassie for rounding

Patient Satisfaction Survey in Acute

- Has not been done since COVID
- Jack will take this over and build it in new software program

Action: Research an app that will work for capturing issues/deficiencies and the remedies

Clinic - Kimberly

- QIP measures from the systems
- Referral Tracking - Jack will help Kim build a metric

Action: Jack with work with Kim to build a referral tracking metric

- Epic reporting

Actions: Ryan will provide Jack access to the executive dashboard

IT - Jeff

- Pull data from ticketing system
 - System Outages
 - Vendor, what happened, and the fix
 - Security & Risk Management
 - Password audit and mitigation
 - Phishing email campaign data
- Department Performance - metric for future

Purchasing - Rachel

- Inventory
- Tracking Expired Items - will be available in Cerner

Action: Use logs to track deficiencies and remedies in an Excel format and provide to Jack

Nursing

Acute – Theresa (Moriah was out)

- Discharge Planning

Action: Needs to be built

OPM - Michelle

- Pressure Injuries

Action:

- **Restart manual tracker in Excel**
- **Research Cerner reporting option**
- Outpatient Census Data is captured manually
- Catheters and Pick Lines

Action: Research available data

LTC – Hannah and Britany

- Decreased ability with ADL (Active Daily Living)
- Decreased ability to move independently
- Falls with serious injury
- QISO (Nursing Questionnaire on Organizational Health) reports are pulled regularly

Action: Britany and Hannah will work with Jack (only one with access)

Activities - Sondra

TBD

Clinical Education - Brigid

- CNA Program Success Rate
- CNA Retention at the Hospital
- Ongoing Education/Classes assigned in Relias Completion Rate

Action: Brigid will provide data for prior 3 months

Clinical

Lab - Sophia

- COS Competencies
- Blood & Blood Component Utilization

RT - David

- Competencies Completed by Therapist

PT – Daryl (unable to attend due to patient care)

- National Clinical Outcomes Report

Infection Prevention - Cassandra

- NHSN reporting for LTC vaccination status
- Working on additional reporting like discharge

Radiology

- Radiation Dosimetry Report

Pharmacy

- Environmental Summary
- Order Verification Pharmacist Turn Around Time (after hours)
- Home Medication List Verification

HR – Libby

- Turnover
- Injury and Illness

Action: Researching a baseline

Marketing - Val

- Post Performance Analytics
 - Intranet
 - Google
 - Website
 - ConstantContact (public click rates & opening of emails)

Action:

- **Val researching employee targeted measurements**
- **Val will provide monthly reporting to establish a baseline then move to quarterly**
- **Jack will provide Val with Top 3 community driven measurements**

ACHC Standard	Number of discovered oppertunities
Ch. 1 Compliance with Regs	0
Ch. 2 Emergancy Services	7
Ch. 3 Physical Environment	18
Ch. 4 Organizational Structure	2
Ch. 5 Staffing	8
Ch. 6 Provision of Services	37
Ch. 7 Medical Staff	2
Ch. 8 Surgical Services	4
Ch. 9 QAPI	28
Ch. 10 Organ Donation	0
Ch. 11 Swing Beds	12
Ch. 14 Life Safety	27
Ch. 16 Restraints	1
Ch. 17 Emergency Management	2
Ch. 18 ICP & Antibiotic Stewardship	25
Ch. 19 Discharge Planning	2

Narritave
 ACHC or Accreditation Commission for Health Care is the Accrediation Organization that our distirct has partnered with as we work to continuously imporve outcomes for those that we serve. We will be working towards accreditation for the CAH only at this time. ACHC University was on site for a gap analysis and education in March, during their visit they found 175 oppertunities for imporvement, ranging from simple things like cardboard on the floor to more complex things like directing changes in patient care based on reported quality metrics. The CAH will be working over the next 9 to 12 months to take advantage of all of the discovered oppertunities for imporvement, with the utilmate goal being a successfull ACHC accreditation survey in 2024. While our district covers more than just the CAH now - there will be aspects of the ACHC accreditation work that will give all of us the oppertunity to participate in improving care and outcomes for those that we serve, from the RCH to the SNF and everything in between. We look forward to raising the bar with all of you, and we thank you for the dedication and care that you have shown to those that we serve.

