# Jefferson County Public Hospital District No.2
# Board of Commissioners, Special Session Minutes
# Wednesday, February 14, 2018
# Victor J. Dirksen Conference Room

**Call to Order:**
The meeting was called to order at 3:30pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready. Mike Glenn, Chief Executive Officer, Hilary Whittington, Chief Administrative Officer/Chief Financial Officer, Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Josh Brocklesby, Interim Executive Director of Nursing and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

**Employee and Team of the Quarter:**
Commissioner Buhler and Mike Glenn announced the Employee of Quarter, Bill Hunt and Team of the Quarter administrative assistants.

**Patient Story:**
Brandie Manuel, Chief Patient Care Officer, read aloud an email from a family member of a patient who had been hospitalized. This family member described the great service that was provided by the team of Hospitalists and nurses to their father, and how well the team took care of their family member.

The letter writer also expressed gratitude for the excellent care the patient had received particularly noting the quality of care by the Hospitalists and all of the staff, as well as the team demonstrating compassion and caring to the family members during a time of loss.

**Approve Agenda:**
Commission Dressler made a motion to approve the agenda. Commissioner Kolff seconded.
**Action:** Motion passed unanimously.

**Public Comment:**
Public comment was made.

**Financial Report:**
Hilary Whittington, CAO/CFO gave a verbal update on the State Audit Report Out.

Discussion ensued.

**Quality Report:**
Brandie Manuel, CPCO, gave the quarterly quality report.

Discussion ensued.

**Administrator's Report:**
Mike Glenn, CEO, presented the administrator's report.

Discussion ensued.

**Board Report:**
Commissioner Kolff reported that Senovia Ewers, MS, Executive Director of the Community Health Improvement Plan is scheduled to speak at a Noon Rotary Club meeting in March.

**Meeting Evaluation:**
Commissioners evaluated the meeting.

**Executive Session:**
Commissioner Buhler announced they will go into Executive Session at 5:00pm to discuss potential litigation. No action to be taken. Commissioners will come out of Executive Session no later than 5:30pm.

Commissioners came out of Executive Session at 5:30pm. No public present.

**Conclude:**
Commissioner Dressler made a motion to conclude the meeting. Commissioner McComas seconded the motion.
**Action:** Motion passed unanimously.

Meeting concluded at 5:30pm.

Approved by the Commission:

Chair of Commission: Jill Buhler _____

Secretary of Commission: Marie Dressler _____

# Patient Safety and Quality

February 14, 2018

*First Quarter Patient Safety Report*

*Board of Commissioners*

Jefferson Healthcare

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# Quality Education and Report

**Quality and Patient Safety: The Board's 'Job One'**

- Current State
- What do we Measure? Why?
- Top Five Quality and Safety Issues

**Quality and Patient Safety Reports**

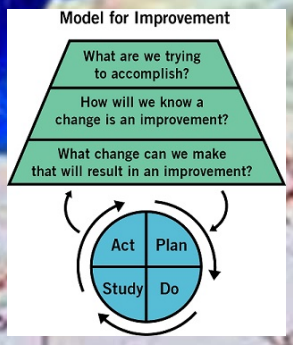
- Patient Safety Reports
- Antimicrobial Stewardship
- Quality Reports

**Patient Safety Highlight**

- Ventilator Safety
- Current Data

# Quality and Patient Safety: Job One

| Current | Future | What is our Plan? |
|---|---|---|
| Accreditation:<br>• DNV<br>• CAP<br>• CoC<br>• Sleep<br>• Imaging<br>ISO Certified<br>Stroke Award<br>Four Star Overall CMS Rating<br>Stronger Culture of Safety | Accreditation:<br>Add DNV HKRC<br>WSHA Achieving best care award<br>Five Star CMS Rating<br>Top 100 Critical Access Hospital<br>Additional awards for Get with the Guidelines<br>AS Program in Primary Care<br>Grow Culture of Safety | Culture<br>Engagement<br>Innovation<br>Technology<br>Use of Evidence-Based tools<br>*Our Strategic Plan* |




# What Should we Measure? Why?


| Measurement | How | Why |
|---|---|---|
| Culture<br>*IOM Aim: Safe, efficient* | Event and near miss reporting; handoffs and transitions, surveys | Culture drives strategy |
| Engagement<br>*IOM Aim: Safe, Effective, Patient Centered* | Surveys, participation in quality work, turnover rates | Engaged team members support quality and safety |
| Patient Safety<br>*IOM Aim: Safe, effective* | Falls, pressure ulcers, hospital acquired conditions, antimicrobial stewardship, radiation dose for CT (peds) | To support the goal of zero patient harm events |
| Quality<br>*IOM Aim: Effective* | Time to EKG, Stroke, Sepsis, Acute myocardial infarction, readmissions, mortality | Adherence to best practices promotes improved outcomes |
| Service<br>*IOM Aim: Timely, Efficient, equitable, patient centered* | Patient satisfaction surveys, post discharge phone calls, patient flow, time to appointment | Patient loyalty supports our mission and vision |

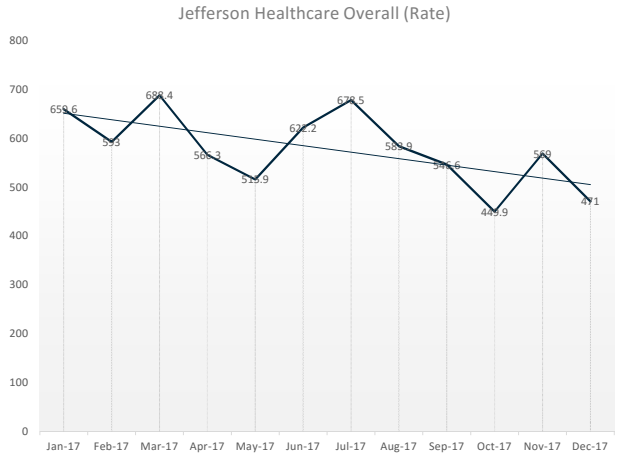
# Top Five Quality and Safety Issues

- Communication and Teamwork
- Access to Care
- Workplace Violence
- Antimicrobial Stewardship
- Preventable Readmissions and Transitions of Care

# Patient Safety Report

| Indicator | Top Quartile | Previous | Current | Notes |
|---|---|---|---|---|
| Catheter Associated UTI | 0 | 0 | 0 | *Implemented closed catheter system to enhance safety* |
| Central Line Associated Bloodstream Infection | 0 | 0 | 0 | |
| Clostridium Difficile | 0 | 0 | 7.5 | per 1,000 patient days<br>*2/18: c.diff taskforce created* |
| Severe Sepsis and Septic Shock Mortality | 0 | 0 | 0 | |
| Surgical Site Infection (colon, hip, knee, hysterectomy) | 0 | 0 | 0 | |
| Ventilator Associated Events | 0 | 0 | 0 | *See Quality Highlight - February* |
| Adverse Drug Events | 0 | 5 | 2 | *One anticoagulant; one opiod event* |
| Patient Falls | 0 | 1.6 | 0 | *Per 1,000 patient days* |
| Pressure Ulcers | 0 | 0 | 0 | |
| Venous Thromboembolism | 0 | 0 | 0 | *Per 1,000 surgical discharges* |

# Patient Safety: Antimicrobial Stewardship



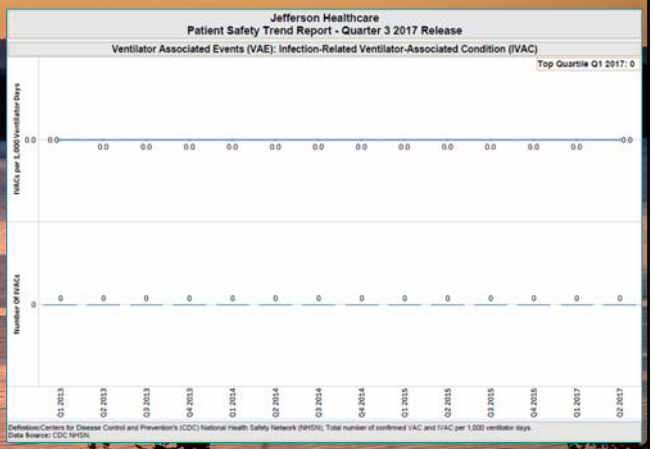

- *Provider-led, multi-disciplinary team*
- *Collaboration with Infection Prevention*
- *Leadership support*
- *Policy & Procedure*
- *Staff and provider Training*
- *Teamwork: real time antibiotic review and feedback process*
- *Antibiogram: in Epic and on the intranet*
- *Monitor antibiotic usage, resistance, and prescriber patterns*
- *Guidelines for treatment that are evidence-based*

# Quality Report

| Indicator | Top Quartile | Previous | Current | Notes |
|---|---|---|---|---|
| Population Health: Diabetic Care | 14.6%* | 12.9% | 11.2% | **Lower is better* |
| Patient and Family Engagement | 100% | 100% | 100% | *Compliant with patient and family engagement metrics (5/5)* |
| Readmissions | 14.9 | 10 | 4.7** | ***<u>Known</u> readmissions (number subject to change)* |
| Stroke Care | 75% | 90% | 90% | *Composite score* |
| Acute Myocardial Infarction | 68% | 93% | 93% | *Composite score* |
| Chest Pain: Time to EKG | 9 min | 7.8 min | 8 min | |
| Influenza Immunization: Employees | 89.8% | 82.4% | 91.3% | *100% compliance with influenza vaccine policy* |

# Patient Safety Highlight: Ventilator Safety

- Aim: Maintain 'zero'
- Outcome Measures: Infection-Related Ventilator Associated Condition (IVAC)v per Centers for Medicare and Medicaid (CMS) and National Healthcare Safety Network (NHSN)
- Process Measures: Compliance with all elements of the ventilator bundle
- How:
  - *Teamwork: Bedside rounds*
  - *Communication: Standardized checklist*
  - *Adherence to evidence based practice (ventilator bundle)*
  - *Technology: EHR standard order sets*
  - *Surveillance: Real time and retrospective*
  - *Feedback: Data sharing and transperency*




## Questions?

# Administrative Report

February 14, 2018

Mike Glenn

CEO

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# Affiliation with Discovery Behavioral Health

- Jefferson Healthcare and Discovery Behavioral Health agreed to an innovative shared leadership model.
  - JH will provide recruitment services for DBH to identify and hire an executive director to manage the day to day operations of DBH.
  - The ED will be contracted back to JH to serve as our Behavioral Health service line manager and be the content expert for behavioral health program development.
  - In addition, the ED will be charged with assuring there is tight integration in the development of community BH services and between the two organizations.
- Caitlin and her team are working with DBH to source outstanding candidates.
- This agreement is in addition to the shared provider model we are currently working under and brings JH's total investment in providers and support DBH to $280,000.
- Dr. Mattern, Dr. Ehrlich and I presented the framework of our behavioral health program and partnership with DBH last week at the American Hospital Association Rural Health Leadership conference.

# Affiliation: Broad Overview

- Shared executive director
  - They will lead DBH and the behavioral health integration work at Jefferson Healthcare.
  - Position will be posted by October
    - Aim to begin interviews in Q4 with a Q1 2018 start or sooner
- Shared Medical Director
  - JH will contract with Dr. Ehrlich to assume Medical Director role for hospital/ clinics in addition to her role as Medical Director for DBH.
- JH will have a presence on DBH board
  - CEO will be appointed to the board and will participate in governance issues
- Maintain shared clinical integration committee and an operational committee.
  - Continue to work together.

# Increasing Behavioral Health Services at Jefferson Healthcare

- Expanded advanced provider availability in the primary care clinics.
  - Alethea Fournier, ARNP
- Hire additional licensed clinical social workers and other appropriate support staff to provide individual and group therapy to clients.
- Introduce chemical dependency services in Jefferson Healthcare clinics, starting with a medication assisted treatment program in 2018.
- Addition of a behavioral health navigator/navigation service to facilitate care between agencies.
- Adoption of patient registries for tracking of health and quality outcomes.
- Make available advanced practice provider at DBH to encourage bidirectional integration of care.

## Update on Medication Assisted Therapy

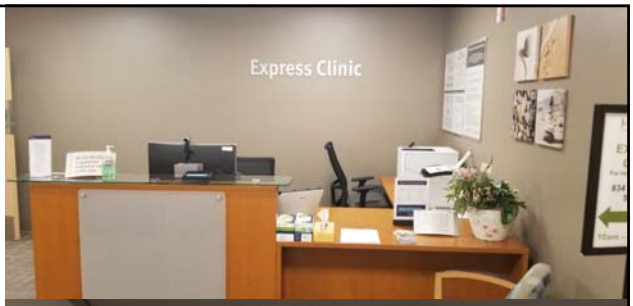
- Team Population Health submitted a proposal to Salish BHO for a grant to offset the costs associated with training providers to provide MAT/ suboxone treatment.

## OlyCap partnership to provide transitional housing to high need patients/residents

- OlyCap will continue to operate 6 room residence.
- JH social workers will provide input on patient placement. (OlyCap will retain final authority on all placement decisions.)
- JH will pay OlyCap $52,000 per annum to subsidize the operating cost of the building and program

# Express Clinic Update

- Logistical details continue to be worked out (parking, signage, flow) but the launch was a success.
- Made application for Rural Health Clinic status and will convert shortly after on-site survey.





# Questions

What is our DBH Affiliation elevator speech?

How will the transitional housing partnership work?

Will the Express Clinic solve the access to care problem?