



**BOARD OF DIRECTORS
QUALITY & SAFETY COMMITTEE
Meadow Lake Board Room
May 2, 2018
4:30 pm**

A G E N D A

- | | |
|---|------------------|
| 1. Call to Order / Introductions | Larry Sweeney |
| 2. Review / Approve Past Minutes | Larry Sweeney |
| a. February 7, 2018 | |
| 3. Old Business | |
| 4. New Business | |
| a. Quality Initiatives - Power Point presentation | Becca Schickling |
| b. Board Quality Report | Becca Schickling |
| 5. Other Business | |
| 6. Adjournment | |

Next Meeting: August 1, 2018, 4:30 p.m.

**BOARD OF DIRECTORS
QUALITY & SAFETY COMMITTEE MEETING MINUTES
FEBRUARY 7, 2018**

AGENDA ITEM	DISCUSSION	RESOLUTION-FOLLOW-UP
<p>Call to Order / Introductions</p>	<p>Chair Larry Sweeney called the meeting to order at 4:30 p.m. in the Meadow Lake Board Room.</p> <p>Board members in attendance: Larry Sweeney</p> <p>Community member in attendance: Sue Daley</p> <p>Staff in attendance: CEO Jim Coombs, COO Bill Noel, CFO Cris Bolin, Clinics Director Lois Kame, Dr. Kevin Coleman, Dr. Bonnie Walsh, Quality Assurance Analysis Brenda Braspeninx, and Executive Assistant Patty Lambert.</p> <p>Guests: None</p>	
<p>Minutes: November 15, 2017</p>	<p>The Quality & Safety Committee meeting minutes of November 15, 2017, were unanimously approved as presented.</p>	
<p>New Business</p> <ol style="list-style-type: none"> 1) Current Data Collection- CMC- Core Measures 2) 2017 Quality Report Summary 3) Patient Safety / Harm Events 4) 2018 Improvement Initiatives <ol style="list-style-type: none"> a) Sepsis b) Antibiotic Stewardship 	<p>Dr. Bonnie Walsh reported that the Quality Improvement Committee was restructured bringing all Medical Department Chairs to the meeting, along with the CEO, Clinics Director, and CNO, as well as quality staff members. The meeting is picking up momentum and improvement changes are being made quicker.</p> <p>Ms. Brenda Braspeninx reported that data collection is ongoing. The Star Quality Data for CMS is our core quality measures; additionally is the Clinic Score Card. New measures being tracked on the Hospital Score Card are the EKG performed to time read by provider, Pain Management, and Colonoscopies. Measures retired in 2017 and no longer monitored include VTE (Venous Thromboembolism), congestive heart failure, and pneumonia. We are still having concerns with sepsis yet making progress and work continues on reducing readmissions and OR turnaround.</p> <p>HCAPS; We have met the national averages over the last few quarters.</p>	

	<p>NSQIP Surgery tracking software has been discontinued and we are tracking surgical complications through other means.</p> <p>The clinics have applied for PCMH (Patient Centered Medical Home) recognition and our first review is scheduled for Monday. The Clinic Score Card is produced by manual collection from the EHR (Electronic Health Record) and we are diligently working on inputting and pulling data correctly. We are seeing improvements. Grand River Primary Care and Clinic West data is collected to align both clinics.</p> <p>A total of 17 harm events occurred in 2017 and several improvement action items were implemented.</p>	
Other Business		
Adjournment: 5:10 p.m.		
	Larry Sweeney, Chair	Patty Lambert, Executive Assistant