

NORTH CENTRAL COMMUNITY SERVICES PROGRAM QUALITY COMMITTEE MEETING MINUTES

March 28, 2014

8:00 a.m.

NCHC – Wausau Campus

Present: Laura Scudiere, Jean Burgener, Holly Matucheski (by phone)

Excused: Darren Bienvenue

Also present: Gary Bezucha, Gretchen Brown, Becky Schultz, Toni Simonson, Paula Hawkins

The meeting was opened at 8:00 a.m.; roll call was noted and a quorum declared.

Moments of Excellence

Yesterday's Board retreat was great; presenters were very good.

Minutes

Motion Burgener, 2nd Matucheski, to approve the minutes and summary minutes of the 1/17/14 meeting. Motion carried.

Outcome Data

- We are on target for all clinical outcomes.
- Adverse event rate: Awareness and training to keep clients, patients, and residents safe have contributed to a steady decline in adverse event rates.
- Significant improvement over 2013 in infections in residential care facilities is noted. We believe it is directly attributed to managers focusing on and validating staff hygiene.
- A process improvement project is underway for discharge planning in the Behavioral Health inpatient unit. As a result, psychiatric hospital readmission rates are going down. We are also focusing on discharges out of the hospital unit from a discharge culture to a continuous care culture perspective. The committee requested a break-down of the data to include 7 day and 14 day access rates. Connecting with patient's primary care physician is to be added to the continuous care management model.
- Employee turnover rate is not meeting target. Predominant turnover is in CNAs and other direct caregivers. We have initiated a process improvement project on the employee acquisition process, as well as overall CNA retention.
- The new Inpatient Behavioral Health Unit manager is focusing on all care processes.
- All areas not meeting target in program specific outcomes have 90 action plans.
- Overall reduction of unnecessary medication with a more Palliative approach. This is a collaborative effort with pharmacy, physician and nursing staff. We are seeing more new admissions coming with more psychotropic medications. Data is being correlated between reduction of medications and an increase in adverse events. Suggestion to perhaps have an active committee with the local hospitals to begin looking at a collaborative project about multiple medications.
- We are implementing complimentary therapy (massage, essential oil therapy, etc.) to reduce pain, increase overall comfort.

- The Music and Memory initiative is also seeing great results.
- The committee requested information on discharges home, and follow-up medication teaching. Becky will follow up with Gretchen on our current practice to report next meeting.

MetaStar National Nursing Home Quality Care Collaborative (NNHQCC)

Data was shared on a new quality measure created by MetaStar. The measure provides a composite score on the 5 star quality measures. MetaStar recommends a composite score of 6 or less. Ours is currently at 8.75, which is good. This is another way to compare with other like facilities. We will follow up on how and when they gather data.

Adverse Events

Client/patient/resident adverse events – we are meeting targets, and the target is lower than last year, with the exception of falls. There are no trends by unit or program; the increased rate is attributed to three residents who were having multiple falls. A review of each care plan was done at the last safety committee meeting, and found to be appropriate.

Employee adverse events – The data shows an improvement in rates, attributed to a concerted effort around awareness of employee safety. Areas of focus are on lifts and transfers (strains and sprains). We will continue to validate this on a continued basis. There was a slight trend in falls, most related to weather. We are piloting a product called oil dry on ice. Housekeeping is making a concerted effort on monitoring entrances (wet floors). We just launched an aggressive employee wellness program, which is directed at reducing adverse events.

Corporate Compliance

- The Ethics Committee will provide training for all employees related to relationship boundaries, beginning next quarter, as a result of a trend of related occurrences reported at the last meeting.
- Becky provided education on recommended Compliance Program elements:
 - Adherence to regulations and licensing requirements
 - Adherence to appropriate billing practices
 - Care that meets professional ethics standards in 1) clinical; 2) patient rights
 - Response to patient/resident/client grievances

A risk assessment in each of these areas will be done to identify ongoing audit elements.
- 7 elements of effective compliance:
 - Policies and Procedures – process ongoing in putting in place a new policy program
 - Oversight and Leadership
 - Education and Training
 - Auditing and Monitoring
 - Reporting and Investigating
 - Enforcement and Discipline
 - Response and Prevention

Future Meetings/Reporting to the Board

- Compliance Audit results
- Common survey citations
- Board reports: Becky will ask Legal Counsel what needs to be reported to the Board from a quality standpoint.

Process Improvement Initiatives:

BHIC (Behavioral Health Integrated Care) Project

The State of Wisconsin determined NCHC will be the pilot site for this initiative, which focuses on integrated care between medical and behavioral health providers. A state BHIC Committee had questions on our initial application, which are being responded to. We will recruit staff for this initiative when final approvals are made.

Joint Commission Update

We submitted our formal application with a target date of September 15th or after. Internally, we are nearing completion of the review and integration of all “must-have” policies. Next quarter will begin our review of practice to ensure that it meets policy. The following quarter will be heavy on employee education.

Future Agendas

- Compliance information

Motion Burgener, 2nd Matucheski, to adjourn at 9:26 a.m. Motion carried.

pdh