

**Minutes of the meeting of the
Operations, Quality and Safety Committee
February 25, 2019**

Present: Joyce Jackson (chair) Chris Grove, Bob Peck, Tosha Whitley, Liz McNamara, Leanna Tyshler MD, Carrie McCabe

Absent: Mary McHugh, Suzanne Watnick MD

Guests: None

Facilities: Auburn Kidney Center, Broadway Kidney Center, Elliott Bay Kidney Center, Enumclaw Kidney Center, Federal Way East Kidney Center, Federal Way West Campus Kidney Center, Fife Kidney Center, Kent Kidney Center, Kirkland Kidney Center, Lake City Kidney Center, Lake Washington Kidney Center, Port Angeles Kidney Center, Renton Kidney Center, Scribner Kidney Center, SeaTac Kidney Center, Seattle Kidney Center, Snoqualmie Ridge Kidney Center, West Seattle Kidney Center

1. Credentials reviewed and approved:

Recredentialed Active:

Robert Winrow MD
Andrew Somlyo, MD
Mohammed Baccora, MD
Zhuowei Wang, MD

Initial Provisional Courtesy:

David Dempster, MD

2. Regulatory Survey Update (Quality A):

- Chris reported that the Plan of Correction was accepted for Fife. The group discussed that we are open for all new admits to NKC, not internal transfers as of yet and AKI will be on a case by case basis. Chris reminded the group that the citations were
 - Centrifuge competency for the staff
 - Hand hygiene by a patient after holding pressure on her own VA site
 - Shelter in place verbiage in the emergency response plan
- Chris reported that we are waiting for survey for the plus 2 stations at Enumclaw.
- Plus 2 Sea Tac construction has begun with the plan for completion end of April/beginning of May which we will then submit for survey.

3. QA/PI Review. The following QA/PI results were reviewed by the Operations Committee:
- Renton Kidney Center reported by Chris Grove showed continued improvement in all areas. Two themes emerged:
 - Ensuring the Home QA/PI notes are reviewed and reference in the units' QA/PI
 - Ensuring that the infection control chairside reviews are incorporated into the QA/PI
 - SeaTac Kidney Center reported by Tosha Whitley. Tosha reported that the action plans in the meeting were much improved. Areas of opportunity include:
 - Ensuring that the transplant wait list is addressed by the unit Social Worker
 - Ensuring that the staff qualifications are reviewed
 - Ensuring that missed treatments are addressed.

The Operations Committee discussed missed treatments in general and Liz reported that the Clinical Directors group is going to discuss at their next meeting, so we have a standardized approach.

- Federal Way East reported by Leanna Tyshler. Dr. Tyshler noted an improvement in their catheter rates. Areas of opportunity include:
 - Visibility of both PD adequacy and review of peritonitis for the PD patients.

The Operations Committee had a general discussion of the overall structure of QA/PI. The plan to provide a webinar was discussed and what would be the ideal timing with the new Electronic Medical record (EMR). Liz and Dr. Winrow will bring need for decision to the EMR Steering Committee and Leanna, Tosha and Chris will review the crosswalk of our current QA/PI tool and the CMS QMAT criteria.

The Operations Committee discussed oversight of the unit-based QA/PI with the goal that each unit is reviewed on a yearly basis.

- The following units will be reviewed and reported at the next meeting:
 1. Kent Kidney Center: Chris Grove
 2. Auburn Kidney Center: Tosha Whitley
 3. Lake City Kidney Center: Leanna Tyshler

4. Pharmacy HealthCare License. Carrie asked to be added to the meeting that Anne is scheduling. Plan to report out at next month's Operations Committee.

5. Address ESCO Measures (Quality E). Joyce presented the final data for the ESCO 2018 measures. We do see a potential for shared savings. Joyce discussed the future of the ESCO for 2019. Joyce presented reasons to leave the ESCO and Operations Committee discussed both leaving and staying. The Pros for continuing are there is the potential for shared saving and there are less additional quality measures. A decision will need to be made by July. Liz agreed that the ESCO workgroup will continue to function as if we are staying in.
6. Improve efficiency and reduce costs (3.21)
 - Carrie reported on the materials Management /Bar Coding project. The project is on track, there was a technical issue with the scanners which has been resolved. The current conversion date for the scanner implementation is May 1. The second phase of the project will be to convert to the bin and cart system with the goals of CY 2019, and the third phase will be to add a complete Kit system.
7. EMR Status Update (1.0): Joyce reported that the project is overall green and on track for July 1
8. QIP Rates for 2019 (Quality D): Leanna reported that 4 measures were removed for 2019; Anemia, Pain, Staff influenza and Po4. The domains and weighting have also been adjusted. Domain 1 is NHSN and worth more.
 - The Operations Committee discussed retiring the pain assessment as it is no longer required. Liz and Chris will double check that we do not need it per CMS and then make a motion to retire.
9. Financial Status: Carrie reported that we are not meeting our mid-year operating margin. This is multi-factorial and the VP group has been reviewing programs. Joyce will be putting out a message to the Leadership team.
10. Carrie noted that we are billing and getting reimbursed for greater than 3 runs for the in-center patients. We are preparing to do the same for home hemodialysis patients who meet medical justification criteria
11. January minutes were reviewed and approved.

12. Products Committee: Carrie reported that the chair selection trial is ongoing. Carrie and Liz presented the option of the Clear Guard Caps. Carrie and Liz have been talking with the vendors to decrease the price. It is a superior product and Liz and Carrie will update the next Operations Committee.
13. Quality Dashboard Review (Quality D). Leanna reported the following:
 - Catheter rate of > than 90 days has improved with rate of 9.7%
 - Infection rate is up this month and year to date
 - Hand Hygiene is above 90% for the first time, it was noted that we changed the way the metric is reported
14. Use Safety Alert System (Quality C).
 - Tosha reported January trends with decrease needle dislodgements
 - There was one de-brief call regarding the visibility of a POLST/ DNAR form for a Lake City patient. There was a disconnect with the handoff from the skilled nursing facility. There is a sub group working on both the DNAR policies and a hand off with the skilled nursing facilities.
15. Education Committee: Blood borne pathogen will launch April 1st for all staff. Chlorahexadine wand education will launch March 1st for RN's and DT's

Next meeting will be Monday March 25th

Recorded by: Liz McNamara