QUALITY MANAGEMENT/ MEDICAL AFFAIRS COMMITTEE MEETING

Monday, May 21, 2018

Updated: May 18, 2018, 2:42:52 PM
QUALITY MANAGEMENT MEDICAL AFFAIRS (QM/MA) COMMITTEE
Monday, May 21, 2018 – 5:30 PM – 7:00 PM
Heritage Valley SEWICKLEY BOARDROOM - Dial-in#: 1-877-336-1831; Pass-code: 5309184#

Mission
To improve the health and well being of all people in the communities we serve.

Vision
Heritage Valley Health System will be a leader among community health systems nationally. We will provide exceptional health services across a seamless delivery system, built upon collaborative relationships connecting physicians, employees and the community. We will address both prevention and treatment of disease throughout the continuum of life.

Values
Ethical behavior, responsibility, compassion, collaboration, proficiency, service excellence

Strategic Imperatives
Quality/Safety/Customer Experience, Human Resources, Information Technology, Market Expansion/Community Health, and Fiscal Responsibility

2018 Board Goals
1. Increase Board’s knowledge through Board education sessions from outside experts (where appropriate) focused on Quality/Safety/Customer Experience, Governance, Strategy, Informatics, Healthcare Payment Reform, and changes to, and possibly the repeal of, the Affordable Care Act.
2. Achieve a 3% operating margin and 2% operating revenue growth for fiscal year 2018 and 2019, maintain the current bond ratings (AA- Fitch & A2 – Moody’s) and continue to improve financial & operating performance by evaluating and making necessary programmatic changes to specific unfavorably performing service lines during calendar year 2018 and 2019, while maintaining commitment to the community.
3. Evaluate, monitor, measure and report action oriented results against Board selected benchmark standards of clinical quality, customer experience and patient centered care, which have been set for appropriateness and continued delivery of high quality care.
4. Continue to explore and evaluate various strategic and integrated relationships and affiliations for clinical and operational program excellence, for the most appropriate vision and relationship for Heritage Valley Health System well into the future.

CALL TO ORDER
Lynn George, PhD 5:30

APPROVAL OF MINUTES: April 16, 2018 (posted)  Action Lynn George, PhD

MEDICAL STAFF REPORTS
• HVB and HVS Medical Staff Reports (posted)  Action Jeff Hein, MD 5:30
• May 14, 2018 Medical Executive Committee  Action Karen Jerome-Zapadka, MD
  o Including Clinical Quality Report:
    o CMS Quality & PI Summary
    o PPEC Summary
    o Patient Safety Summary

SERIOUS EVENTS
• Old Business – Root Cause Analysis (1)  John Luellen, MD 5:50
• February, 2018 (3) and March, 2018 (7) Serious Events (posted)  Senior Team

QUARTERLY SPI REPORT & FY-2019 ANNUAL TARGETS (posted)  John Luellen, MD 6:30
Senior Team

QUARTERLY PATIENT SAFETY REPORTS (2) (posted)  Rebecca Pounds, DDS 6:50

OPEN DISCUSSION – Annual Schedule Review (posted)  Lynn George, PhD

NEXT SCHEDULED MEETING (Conference Call – June 18, 2018 – MEDICAL STAFF CONFLICT - DISCUSSION)

ADJOINTMENT
Lynn George, PhD 7:00

Committee Members (12):
Lynn George, PhD (Chair)  Michael Malkowski, MD
Rebecca Pounds, DDS (Vice Chair)  Norm Mitry
Scott Elste  David Motley
Michael Felix, MD  G.R. Orr III
Jeff Hein, MD  Dennis Pegden, PhD
Karen Jerome-Zapadka, MD
Richard Kim, MD

Staff:
John Luellen, MD
Sharon Loftus, Esq.
Kathy Harley, MBA, BSN, RN
Linda Homyk, MSN, RN
Michael Cratty, MD, PhD
Patty Cone
Participating in the meeting were: Directors: Lynn George, PhD (Chair); Jeffrey Hein, MD; Richard Kim, MD; Michael Malkowski, MD; G.R. Orr, III; Dennis Pegden, PhD; and Rebecca Pounds, DDS (Vice-Chair)

Staff: Michael Cratty, MD, PhD; Kathy Harley, RN; Linda Homyk, RN; Sharon Loftus, Esq.; John Luellen, MD; and Patty Cone

Unable to Participate: Scott Elste; Michael Felix, MD; Karen Jerome-Zapadka, MD; Norm Mitry; and David Motley

Call to Order: The teleconference was called to order by Chair, Lynn George, PhD, at 5:31 p.m.

Approval of Minutes: A motion was made, seconded and carried to approve the minutes of the meeting held on March 19, 2018, as recorded.

Medical Staff Reports: Dr. Hein referred to the Heritage Valley Beaver and Heritage Valley Sewickley Medical Executive Committees’ Report from the April 9, 2018 meeting (available online prior to the meeting). The items noted below were reviewed and approved by the Medical Executive Committees.

I. Leave of Absence Request

<table>
<thead>
<tr>
<th>Name</th>
<th>Campus</th>
<th>Practice Association</th>
<th>Department/Specialty</th>
<th>Leave of Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holdren, Jean, DO</td>
<td>HVB</td>
<td>Jean A. Holdren, DO</td>
<td>Medicine/Internal Medicine</td>
<td>4/23/2018</td>
</tr>
<tr>
<td>Knowlson, Stephanie, CRNA</td>
<td>HVB, HVS &amp; HVSC</td>
<td>NorthStar Anesthesia of Pennsylvania, LLC</td>
<td>Anesthesia</td>
<td>4/20/2018</td>
</tr>
</tbody>
</table>

By motion made, seconded and carried, the leave of absence requests listed above were approved as presented.

II. Committee Reports

A. Credentials Committee

1. Correction to March Reappointment List

It was noted that the information in the “Campus” column was inadvertently reversed for
Drs. S. Dale Yakish (HVB only) and S. Jeffrey Yakish (HVB & HVS).

2. Locum Tenens

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPARTMENT/ SPECIALTY</th>
<th>START DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nwachukwu, Ikenna, MD</td>
<td>HVB &amp; HVS</td>
<td>HVMG Hospitalist</td>
<td>Medicine / Internal Medicine</td>
<td>3/25/18</td>
</tr>
</tbody>
</table>

Dr. Hein noted that the above locum tenens physician received temporary privileges beginning 3/25/18 and will assist the Hospitalist service.

3. Initial Appointments

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPT/ SPECIALTY</th>
<th>STAFF STATUS</th>
<th>ANTICIPATED EFFECTIVE DATE</th>
<th>EXPEDITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhaskaran, Dinesh, MD</td>
<td>HVB, HVS &amp; HVSC</td>
<td>HVMG Cardiovascular &amp; Thoracic Surgery</td>
<td>Surgery / Cardiothoracic Surgery</td>
<td>Associate</td>
<td>4/16/18</td>
<td>Y</td>
</tr>
<tr>
<td>Daltner, Janet, CRNP</td>
<td>HVB &amp; HVS</td>
<td>HVMG Heart and Vascular Center</td>
<td>Medicine / Cardiology</td>
<td>Dependent Allied Professional</td>
<td>4/16/18</td>
<td>Y</td>
</tr>
<tr>
<td>McClain, Susannah, MD</td>
<td>HVS</td>
<td>Three Rivers Dermatology</td>
<td>Medicine / Dermatology</td>
<td>Adjunct</td>
<td>4/16/18</td>
<td>Y</td>
</tr>
</tbody>
</table>

No questions were raised regarding the above Initial Appointment applicants.

*By motion made, seconded and carried, the Initial Appointments were approved as presented.*

4. Reappointment

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPT / SPECIALTY</th>
<th>STATUS</th>
<th>REAPPT. RECOMMENDATION</th>
<th>APP NOTES</th>
<th>PEER REF NOTES</th>
<th>NEW MED MAL CASE(S) SINCE LAST (RE) APPT.</th>
<th>EXPEDITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barker, Billie Jo, MD</td>
<td>HVB &amp; HVS</td>
<td>Heritage Valley Pulmonology &amp; Sleep Medicine</td>
<td>Medicine / Pulmonology</td>
<td>Associate Provisional</td>
<td>Reappoint to current status with renewal of clinical privileges.</td>
<td>None</td>
<td>Excellent</td>
<td>No</td>
<td>Y</td>
</tr>
</tbody>
</table>
No questions were raised regarding the above applicants for reappointment.

5. Miscellaneous Items

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>DEPT. / SPECIALTY</th>
<th>↓ IN PRIV.</th>
<th>↑ IN PRIV.</th>
<th>OTHER</th>
<th>EXPEDITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernabei, Alvise, MD</td>
<td>HVB</td>
<td>Surgery / Cardiothoracic Surgery</td>
<td>Transcatheter Aortic Valve Procedures (TAVR)</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Callahan, Allison, PA-C</td>
<td>HVB &amp; HVS</td>
<td>Emergency Medicine</td>
<td>Decrease in Emergency Medicine Scope of Practice</td>
<td>Delete Emergency Medicine provider M. Wheeler, MD as supervising physician. She will continue to work with the Intensivist group.</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Morgan, Christopher, DO</td>
<td>HVB</td>
<td>Medicine / Cardiovascular Disease</td>
<td>Transcatheter Aortic Valve Procedures (TAVR)</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Ryan, Lauren, PA-C</td>
<td>HVB &amp; HVS</td>
<td>Surgery / Neurosurgery</td>
<td>Delete Neurosurgery provider M. Horowitz, MD as supervising physician. She will continue to work with the HVMG – Neurosurgery (Dr. Ragoowansi).</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Sandhu, Jasvinder, MD</td>
<td>HVB</td>
<td>Medicine / Cardiovascular Disease</td>
<td>Transcatheter Aortic Valve Procedures (TAVR)</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
No questions were raised regarding the above Miscellaneous Items.

By motion made, seconded and carried, the above Reappointment and Miscellaneous Items were approved as presented.

6. Credentialed Practitioner Reappointment Form  Attachment 1 (1 page)

The purpose of this form is to provide a summary to the department chairman for review prior to recommending applicants for reappointment. The top half of the form is completed by the Credentialing Specialist and the remainder of the form includes information gathered by the Peer Review Manager, who will discuss the findings with the department chair. Dr. Hein noted that this information will be helpful to the Credentials Committee.

By motion made, seconded and carried, the Credentialed Practitioner Reappointment Form was approved as presented.

III. GMEC REPORTS

A. HVB FAMILY PRACTICE AND PODIATRIC RESIDENCY PROGRAMS

3/13/18 Meeting Summary  Attachment 2 (1 page)

B. HVS GME SUMMARY

Excerpt from the April 3, 2018 meeting minutes: “No Resident issues identified for the month of March.”

The GME Reports are informational.

OPEN DISCUSSION

No additional items were discussed.

NEXT SCHEDULED MEETING

The next meeting will be Monday, May 21, 2018, at Heritage Valley Sewickley.

ADJOURNMENT

The meeting was adjourned.

Respectfully submitted,
Patty Cone -Director, Medical Staff Support Services
## Credentialed Practitioner Reappointment Form

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Staff Category: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Division: __________________</td>
<td>Reappointment Period: ____________________________</td>
</tr>
</tbody>
</table>

### MSO Credentials X if Verified:
- Professional License(s)
- Hospital Affiliation(s)
- NPDB
- ACLS
- Certification/Eligibility
- CME Attestation
- Employment Verification
- OIG
- BLS
- Moderate Sedation
- Certificate of insurance (copy)
- Peer References
- DEA
- PALS
- Fluoroscopy
- Coverage Arrangement
- Malpractice Case Review
- LMS From Another Hospital: __________________

### Professional Practice Evaluation

**Ongoing Professional Practice Evaluation: OPPE Review**
- No Issue
- Some Issue (provide indicator fallout):
  - Education provided, continue to monitor
    - PIP Reason: __________________
    - Failouts: ☐ Y ☐ N
    - Duration: __________________

**No/Low Activity - OPPE has not been done every six months at this organization. I am basing my reappointment recommendation on data received from an outside organization(s) and current peer references.**
- No Issue
- Some Issue (please provide detail):
  - ____________________________________________

- ☐ Recommend Practitioner Query
- ☐ Recommend Conditional Appointment

### Focused Professional Practice Evaluation: PPEC Outcomes

<table>
<thead>
<tr>
<th>ASSESSMENT OF CARE</th>
<th>No Issue/Concern</th>
<th>Some Issue/Concern</th>
<th>No Activity to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the care provided by the practitioner demonstrate:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current medical/clinical knowledge</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Appropriate clinical judgment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Good technical skills and proficiency</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Accurate and timely medical record documentation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Appropriate management of multiple complex problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Effective communication with other members of the health care team/appropriate handoffs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism with patients, families, &amp; members of the health care team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Efficient and effective utilization of resources</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Compliance with applicable clinical protocols and guidelines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answered “Some issue/concern” please provide detail:
  - ____________________________________________

- ☐ Education/Recommendations provided to practitioner; continue to monitor through PPE process
- ☐ OPPE led to FPPE
- ☐ PIP Reason: __________________
  - Failouts: ☐ Y ☐ N
  - Duration: __________________

### Reappointment Recommendation:

- ☐ Two Years
- ☐ One Year Due To: __________________
- ☐ Conditional for: ___ Months Due To: __________________

### Clinical Privileges Recommendation:

- ☐ Privileges Requested
- ☐ Privileges Requested with Conditions:
- ☐ Privileges Requested with the following exceptions, limitations or deferrals

**DEPARTMENT CHAIR:** __________________________

Print Name __________________________ Signature __________________________ Date __________________________
Heritage Valley Health System, Inc.
Valley Medical Facilities, Inc.
QM/MA Minutes Meeting – April 16, 2018

Heritage Valley
Family Medicine Residency Program

Medical Education Committee Meeting Summary – Fiscal Year 2017/2018
Committee Members: Stephen Hagberg, M.D., Director, Vikram Arora, M.D., Brittany Baughman, M.D., (Co-Chief Resident), Paul Bell, Ph.D., Michael Cratty, M.D. (Absent), Robert Deacon, M.D., (Absent), Kevin Dumpe, M.D., Lindsay Heiple, D.O., Piper Kilpatrick, M.D., James Lauer, M.D., (Absent), Jonathan McKrell, M.D., Athena Sinha, M.D., (Co-Chief Resident), David Thimons, D.O., (Absent)

The Medical Education Committee of Heritage Valley Beaver’s Family Medicine Residency Program meets on the 2nd Tuesday of each month in the hospital’s Cafeteria, Small Dining Room at 7:30 a.m. Complete sets of minutes are available for review at the Family Medicine Center.

March 13, 2018 – No resident issues to be discussed. All faculty members agreed that all current PGY-1 residents can advance to PGY-2 status, PGY-2 residents can advance to PGY-3 status, and all PGY-3 residents are in good standing to graduate June 30, 2018. PGY-1 and PGY-2 residents were also given the Family Medicine Residency Program Policy No: 1-101 and 1-102 which states the guidelines, disciplinary standards, immediate dismissal, and steps for advancement and requirements for graduation. The residency program scrambled after the osteopathic match and signed 2 osteopathic applicants and 2 allopathic applicants. Our program just filled the last 2 positions this week, but will not know the names of the applicants until Thursday, March 15, 2018. Recruitment was discussed as Dr. Hagberg stated they are still actively looking for a faculty member to replace Dr. Lee. Dr. Hagberg stated he is waiting to hear back from a few people who interviewed for the position. The program’s annual AIR/APE meeting is scheduled on March 26, 2018 beginning at 12 noon for the AIR meeting, and the APE meeting immediately following. This is held at the FMC in the conference room. Dr. Hagberg also stated that the ABFM MOC questions are now online for continuous certification. The FM hospital privilege form will be reviewed and revised by Dr. Hagberg as needed. The APE action plan was reviewed at this meeting as there are still some issues for improvement. This will be reviewed at the upcoming APE meeting on March 26th as well.

Stephen Hagberg, M.D., Program Director
Family Medicine Residency Program

Date: 3/14/18

hjb
The Heritage Valley Beaver and Heritage Valley Sewickley Medical Executive Committees approved the following items and they are now submitted to QMMA and the Board of Directors for approval.

I. REQUEST FOR A MEDICAL STAFF BYLAWS WAIVER

Because the Pennsylvania Department of Health denied the merger of the HVB & HVS Medical Staffs, we cannot proceed with the election of new “system officers”. This does not affect HVB whose current leadership term is through June 30, 2019. Heritage Valley Sewickley is affected because its current leadership term expires June 30, 2018. Dr. Jeffrey Hein, current HVS Medical Staff President, is willing to serve an additional year in this role. Therefore, the HVS Medical Executive Committee is requesting a waiver for the Medical Staff Bylaws Article 9 “Officers of the Medical Staff and Departments” Section 9.1-5 A “Terms of Elected Office” which states:

*The President of the Medical Staff shall serve a two (2) year term, commencing on the first day of the medical staff year following his/her election, and shall serve until the end of his/her term and until a successor is elected. The President of the Medical Staff is not eligible again for election as president until he/she has ceased to hold that office for a period of two (2) years.*

II. LEAVE OF ABSENCE REQUEST

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION</th>
<th>DEPARTMENT/SPECIALTY</th>
<th>LEAVE OF ABSENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kuzma, Paul, MD</td>
<td>HVB</td>
<td>Paul M. Kuzma, MD</td>
<td>Surgery/Ophthalmology</td>
<td>5/9/18</td>
</tr>
</tbody>
</table>

III. COMMITTEE REPORTS

A. Clinical Quality Committee

**P&T COMMITTEE**

4/25/2018

- Approve the addition of Zoster Vaccine Recombinant, Adjuvanted (Shingrix®) to the Heritage Valley Health System Formulary.
- Approve the addition of Cariprazine (Vraylar®) to the Heritage Valley Health System Formulary reevaluate usage in six months.
- Approve the addition of Fluticasone, Umeclidinium, Vilenoterol (Trelegy®) to the Heritage Valley Health System Formulary.
- Table the addition of Moxifloxacin-Ophthalmic (Vigamox®) to the Heritage Valley Health System Formulary until further information available.
- Remove SC Hydromorphone (Dilaudid) from the Heritage Valley Health System Formulary for safety concerns based on rate of absorption.
Professional Practice Evaluation Committee (PPEC)

- 22 total PPEC cases reviewed for CY 2018 Q1; CYTD (22)
  - 15 cases have been closed by PPEC; 7 remain open
  - Consistent review of all physician related reported Serious Events
  - High volume of surgical cases (expected)
  - Bile leak rate reviewed for surgeons in the system

- Process Improvement Education in PPEC and Patient Safety
  - Re-education was given to Operating Room staff regarding the policy for specimen reconciliation with the surgeon, prior to ending the case
  - Evaluation of dilaudid (hydromorphone) use referred to the P and T Committee

- Notification of events is via RL Solutions, event reporting system

CMS – QPI Service Line Report
Physician Therapy Line – May 2018

| MEDICAL INTERPRETERS | AM: increase education of interpreters about patients understanding hearing, vision, excessive impairments, or language interpretation needs. Through implementation ofFloat Interpreters, Interpreters are available positive outcomes and feedback related to accessibility, timely delivery, and patient satisfaction.
|                        | • Utilize qualified Interpreters with the ability to communicate with the staff as well as the patient.
|                        | • Reviewed our vendor agreements and not with preferred vendor - Int 2/2017.
|                        | • Team reviewed spec w/ vendor, internal equipment, and configured equipment is included in the application and site to policy.
|                        | • Speech therapy department and nursing reviewed and approved Policy 9.13.
|                        | • Educational in service through 07/06/18 with plan to roll out in April 2018.

| MEDICAL THERAPY | AM: To have 100% of medically eligible, rehab appropriate patients seen in the rehab department on assigned shifts by June 30. Periods that received appropriate rehab have been shown to have decreased LOS, reduced falls and generally improved outcomes.
|                | • Planned to enlist the help of the nursing supervisors to oversee the delivery of care in the ambulatory setting.
|                | • Team consists of managers from POC, observation unit, rehab services, as well as each physical therapist, nursing the hip/foot and supervisors.
|                | • Developed audit tool to evaluate both patients brought to the department for therapy and not in them an appropriate reason.
|                | • Meets with supervisors and started data collection – February 2017.
|                | • Data measurement showed significant improvement.
|                | • Unexpected outcome is therapist increasing more bedside therapy.
|                | • Plan is to continue to increase during high volume and continue to monitor with goal to achieve 100%.

| NURSING MASTERY REPORTING | AM: 100% of W/B on R/L, U/M, LG/LG, ON, and idle will perform the following steps during Bedside Nurse Report (BNR): introduction of off-giving and answering RN, safety checks completed by both RN on the patient room, communication board includes names [R/N], [P/CA], date, and the plan of care, and the patient’s administrator view they have been added “to there among anyone else I can do for you” the completion of these key components will ensure effective nurse communication during post to shift handoff.
|                        | • Audits will be completed by nursing leadership and committee champions (peer role building)
|                        | • Starting 6/27/17 managers will complete 1 audit on a patient per day.
|                        | • Supervisors will complete audit tool 1 per patient per week and depending on number of supervisions starting 7/27/17.
|                        | • Committee will have complete audits starting in Feb 2018 for Nursing Committee, 2nd Tuesday PCE Council, 3rd Tuesday 7/18, 4th Tuesday 7/18.
|                        | • Percentage of compliance based on plan. Attendees to questions will be reviewed.
CMS – QPI Service Line Report
Physician Therapy Line – May 2018

### Reduce Referral Follow-up

- Interventions: Define, Design, Deliver, Deploy

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>to reduce the no show rate for initial outpatient visits (PT/OT) visit by 20% by September 2018. The initial visit is the beginning of the patient’s episode of care. We expect that the first visit is timely and well-coordinated to ensure and develop the optimal subsequent visit plan.</td>
<td></td>
</tr>
</tbody>
</table>

### Enhance Orders

- Interventions: Define, Design, Deliver, Deploy

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase the number of orders with all essential elements present to Patient Registration by 50% by December 2018. Orders with an essential elements are vital for patient safety, efficient patient flow, patient satisfaction, employee satisfaction, and financial responsibility.</td>
<td></td>
</tr>
</tbody>
</table>

### Deliver Bedside Therapy

- Interventions: Define, Design, Deliver, Deploy

<table>
<thead>
<tr>
<th>RESULTS</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve the delivery rate of patients at HCV to 85% or greater by June 2018. Ensuring the delivery of patient therapy to decrease length of stay, improve patient function and quality of care, and ensure appropriate discharge destination.</td>
<td></td>
</tr>
</tbody>
</table>

Delivering Bedside Therapy Services

- Observed patients declining to come to the rehab gym for therapies
- Opportunity identified for improved patient satisfaction and compliance
- PT/OT & Level 3 work group meeting held - July 2017
- Decision made to trial seeing all patients ordered therapy in the rooms on Level 3

### PLAN

- Identified work space on Level 3 to improve efficiencies
- Level 3 supplied workstation on wheels for documentation
- Educational handout developed to share with patients
- Baseline data collected for comparison
- Process started August 2017

### DO

- Project very successful on Level 3
- Decision was made to spread to all nursing units at HCV
- Starting cycle two for continued monitoring

### ACT

- Project very successful on Level 3
- Decision was made to spread to all nursing units at HCV
- Starting cycle two for continued monitoring

### STUDY

- Project very successful on Level 3
- Decision was made to spread to all nursing units at HCV
- Starting cycle two for continued monitoring
UTILIZATION REVIEW
Summary STANDARD UM Metrics

- Case mix index (CMI) Medicare is down and below budget
- OBS LOS is up at 1.3 with OBS volume increasing
- Acute LOS is the up at 3.9
- Readmission rates are decreasing and below expected.
- Denials and Appeals management process (IP vs OBS) is improving
- Denials and Appeals management process (Coding) is improving

HVHS Clinical Quality Committee
Physician Customer Experience FY18 Q4(QTD) Summary Slide

A. HVB Inpatient Customer Experience (non-HCAHPS) remained flat with a score for FY18 Q4(QTD) of 84.9, which is below the 50th% (87.6). FY18 Q3 score is 84.9.
HVS Inpatient Customer Experience (non-HCAHPS) achieved the 75th% (87.6) with a score for FY18 Q4(QTD) of 89.7. FY18 Q3 score is 87.8.

B. HVB Inpatient Customer Experience (HCAHPS) achieved the 50th% with a score for FY18 Q4(QTD) of 81.2%; up from 74.8% in FY18 Q3.
HVS Inpatient Customer Experience (HCAHPS) score for FY18 Q4(QTD) is 78.6. FY18 Q3 score is 82.9. The 50th% is 81.0.

C. HVB Emergency Department Customer Experience (non-HCAHPS) score for FY18 Q4(QTD) is 86.2, just slightly below the 50th% of 86.4. FY18 Q3 score is 85.5.
HVS Emergency Department Customer Experience (non-HCAHPS) score for FY18 Q4(QTD) is 82.5. FY18 Q3 achieved the 50th% with a score of 87.7.
Patient Safety Committees  
(Feb 2018 & March 2018)

- Never Events: (0)
- Serious Events: (10)
  - Falls with Injury (6)
  - Complication Procedure / Treatment / Test (3)
  - Error Procedure / Treatment / Test (1)
- Infrastructure Failures: (53)
- Incidents: (166)
- RCAs: (1)
  - Blood Transfusion Error

### B. Credentials Committee

#### 1. Locum Tenens

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAMPUS</th>
<th>PRACTICE ASSOCIATION &amp; COLLABORATIVE/ SUPERVISING PHYSICIAN (IF APPLICABLE)</th>
<th>DEPARTMENT/ SPECIALTY</th>
<th>START DATE</th>
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</thead>
<tbody>
<tr>
<td>Burns, Harumi, MD</td>
<td>HVB</td>
<td>HVMG Hospitalist</td>
<td>Medicine/Hospitalist-Internal Medicine</td>
<td>5/11/18</td>
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<tr>
<td>Hicks, Julie, DO</td>
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<td>Villgran, Vipin, MD</td>
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#### 2. Initial Appointment

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<tbody>
<tr>
<td>Jagiello, Ben, MD</td>
<td>HVS</td>
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3. Miscellaneous Items

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<th>↑ IN PRIV.</th>
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<td>Surgery Center Privileges</td>
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IV. GMEC REPORTS

A. HERITAGE VALLEY FAMILY PRACTICE AND PODIATRIC RESIDENCY PROGRAMS
   4/19/18 Meeting Summary
   (Attachment 1, 1 page)

B. HVB & HVS EMERGENCY DEPARTMENTS
   No meeting for the month of May
Medical Education Committee Meeting Summary – Fiscal Year 2017/2018


The Graduate Medical Education Committee of Heritage Valley Beaver’s Family Medicine Residency Program meets quarterly in the hospital’s Cafeteria, Small Dining Room at 7:30a.m. Complete sets of minutes are available for review at the Family Medicine Center.

April 19, 2018 – Resident issues were discussed and Dr. Conway asked if the intern residents can now start precepting all admissions via telephone call to faculty. Dr. Hagberg and faculty did state this is fine and will be effective today, 4/19/2018. Residents and faculty were notified via e-mail. Dr. Cratty updated the program regarding the Antibiotic Stewardship Program and how they may call a resident or faculty member to give recommendations regarding antibiotic choice and duration. Dr. Cratty stated Dr. Ragoowansi will be admitting patients with head bleeds. Family Medicine or Internal Medicine will be consulted on these patients and are asked to enter admission orders. Dr. Cratty also stated that a new Endocrinologist, Dr. Heller, is starting in July and will have an outpatient office in the Beaver area. Dr. Samantha Demauro-Jablonksi is currently an endocrinologist that is working in the Esmark building in Sewickley. The Plan Due Study Act was reviewed and Dr. Hagberg stated he now has access to Share Point and they will be in the process of getting the residents involved in this. There were no duty hour violations this quarter. The Annual Program Evaluation (APE) and CLER action plans were reviewed along with the Self-Study Plan to discuss things the program can do better regarding risks and opportunities. Each resident that is on remediation was discussed and their action plans were reviewed. All remain on remediation at this time.

Michael S. Cratty, MD, PhD, SFHM
Chief Medical Officer

Date: 4/19/18

hth
Serious Event Update

Quality Management / Medical Affairs
May 21, 2018

Events of February 2018 and March 2018
Old Business
Transfusion: Wrong Patient Transfused

Age: 76
Gender: Male
Diagnosis: Trauma / Splenic Laceration
Location: HVB Emergency Department
Injury: Wrong Blood Transfused
RL: 39668

Peer Review: No  RCA: Yes  Never Event: No
Root Cause Analysis

Blood Transfusion Error
February 2018
Root Cause Analysis
Event Background

- Trauma patient (Patient A) requiring resuscitation in ED
- Patient A (trauma) and B (noncritical) were ordered blood (different MDs and RNs)
- While Air Ambulance was getting ready to leave with Patient A, Patient B’s blood arrived in the tube station
- A nurse not caring for either patient opened the transport container and removed the blood
- Patient A’s Physician took the blood, handed it to Patient A’s RN, who handed it to Air Ambulance personnel
- While in flight, Patient A received Patient B’s blood
Root Cause Analysis
Opportunities Identified

• Blood Product Utilization:
  – Should blood products be allowed to leave our facility if they are not checked / hung by our staff?

• Blood Product Administration Policy:
  – How should this be documented when the person hanging blood is non-HVHS?
Root Cause Analysis
Action Plan

• Blood Administration Policy change

• Initiate conversation with regional air medical transport services to examine review policy regarding transport of patients with blood products

• Align Blood Administration Policy to be consistent with local air medical transport services.
## Serious Events
### February 2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Campus</th>
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<tbody>
<tr>
<td>2/10/2018</td>
<td>Fall with Injury: Laceration</td>
<td>HVS</td>
</tr>
<tr>
<td>2/13/2018</td>
<td>Fall with Injury: Dislocation</td>
<td>HVB</td>
</tr>
<tr>
<td>2/27/2018</td>
<td>Retained Foreign Body (possible): Shunt</td>
<td>HVB</td>
</tr>
</tbody>
</table>
Fall with Injury: Laceration

- Age: 45
- Gender: Male
- Diagnosis: Syncope
- Location: HVS Emergency Department
- Injury: Laceration requiring sutures
- RL: 40372

Peer Review: No  RCA: No  Never Event: No
Fall with Injury: Finger Dislocation

- Age: 80
- Gender: Male
- Diagnosis: Congestive heart failure
- Location: HVB Level 2
- Injury: Finger dislocation
- RL: 40437

Peer Review: No   RCA: No   Never Event: No
Error related to Procedure / Treatment / Test: Retained Foreign Body (possible)

- Age: 63
- Gender: Male
- Diagnosis: Coronary Artery Disease
- Location: HVB Operating Room
- Injury: Retained shunt piece (possible)
- RL: 41764

Peer Review: Yes  RCA: No  Never Event: No
## Serious Events
### March 2018

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>3/1/2018</td>
<td>Complication Procedure / Treatment / Test: Cardiopulmonary Arrest</td>
<td>HVS</td>
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<tr>
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<td>Outside of ICU Setting</td>
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<tr>
<td>3/6/2018</td>
<td>Complication Procedure / Treatment / Test: Intravascular Air Embolism</td>
<td>HVB</td>
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<tr>
<td>3/8/2018</td>
<td>Complication Procedure / Treatment / Test: Cardiopulmonary Arrest</td>
<td>HVS</td>
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<tr>
<td></td>
<td>Outside of ICU Setting</td>
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</tr>
<tr>
<td>3/19/2018</td>
<td>Fall with Injury: Fracture</td>
<td>HVS</td>
</tr>
<tr>
<td>3/21/2018</td>
<td>Fall with Injury: Laceration</td>
<td>HVB</td>
</tr>
<tr>
<td>3/27/2018</td>
<td>Fall with Injury: Fracture</td>
<td>HVB</td>
</tr>
<tr>
<td>3/29/2018</td>
<td>Fall with Injury: Fracture</td>
<td>HVB</td>
</tr>
</tbody>
</table>
Complication Procedure / Treatment / Test: Cardiopulmonary Arrest Outside of ICU Setting

- Age: 88
- Gender: Female
- Diagnosis: Pacemaker Generator
- Location: HVS Operating Room
- Injury: Generator stopped prior to change; CPR
- RL: 41803

Peer Review: Yes  RCA: No  Never Event: No
Complication Procedure / Treatment / Test: Intravascular Air Embolism

- Age: 21
- Gender: Female
- Diagnosis: Air embolism (cholecystectomy)
- Location: HVB Operating Room
- Injury: Intravascular air embolism
- RL: 41891

Peer Review: Yes  RCA: No  Never Event: No
### Complication Procedure / Treatment / Test:
Cardiopulmonary Arrest Outside of ICU Setting

- **Age:** 66
- **Gender:** Male
- **Diagnosis:** Hematuria
- **Location:** HVS Operating Room
- **Injury:** Death
- **RL:** 41936 / 41937

**Peer Review:** Yes  **RCA:** No  **Never Event:** No
Fall with Injury:
Fracture

- Age: 87
- Gender: Female
- Diagnosis: Colitis
- Location: HVS Progressive Care Unit
- Injury: Femur fracture
- RL: 43136

Peer Review: No  RCA: No  Never Event: No
Fall with Injury: Laceration

- Age: 64
- Gender: Male
- Diagnosis: Schizoaffective Disorder
- Location: HVB Psychiatric Unit
- Injury: Scalp laceration
- RL: 43184

Peer Review: No  RCA: No  Never Event: No
Fall with Injury: Fracture

- Age: 83
- Gender: Female
- Diagnosis: Schizophrenia
- Location: HVB Psychiatric Unit
- Injury: Femur fracture
- RL: 43332

Peer Review: No  RCA: No  Never Event: No
Fall with Injury: Fracture

- Age: 72
- Gender: Male
- Diagnosis: Seizure
- Location: HVB Emergency Department
- Injury: Femur fracture
- RL: 43364

Peer Review: No  RCA: No  Never Event: No
Quarterly SPI Update
Quality, Safety, Customer Experience

Quality Management / Medical Affairs
May 21, 2018
(FY2018 through quarter 3)
Clinical Quality (SPI)
Hospital Acquired Conditions (HACRP)
FY 2018 through 3 quarters

Decreasing Trend is Desirable
Clinical Quality (SPI)

Never Events (NQF)

FY 2018 through 3 quarters

Decreasing Trend is Desirable
Clinical Quality (SPI)
Risk-Adjusted Mortality Ratio (HVBP)
FY 2018 through 3 quarters

Decreasing Trend is Desirable
Clinical Quality (SPI)

PSI-90 Composite Measure (HVBP)

FY 2018 through 3 quarters

Decreasing Trend is Desirable

Retired from HVBP by CMS
Clinical Quality (SPI)
THA / TKA Complications (HVBP)
FY 2018 through 2 quarters

Decreasing Trend is Desirable
Clinical Quality (SPI)
Readmission Rate (CMS Regional Benchmark)
FY 2018 through 3 quarters


Readmission Rate (All Payers < 30 Days)

Decreasing Trend is Desirable
Clinical Quality (SPI)
Risk-Adjusted Readmission Ratio (HRRP)
FY 2018 through 2 quarters

Decreasing Trend is Desirable
Customer Experience (SPI)

HCAHPS “Rate-this-Hospital” Top Box Score

FY 2018 through 3 quarters

Increasing Trend is Desirable
Customer Experience (SPI)

Emergency Department Mean Score

FY 2018 through 3 quarters

Increasing Trend is Desirable
Customer Experience (SPI)

Emergency Department Door-to-Provider

FY 2018 through 3 quarters

Decreasing Trend is Desirable
Customer Experience (SPI)

Clinical Satellite Mean Score

FY 2018 through 3 quarters

Survey Methodology Change

Increasing Trend is Desirable
Customer Experience (SPI)
CG-CAHPS “Rate-this-Provider” Top Box Score
FY 2018 through 3 quarters

Increasing Trend is Desirable
Discussion
Patient Safety Committee
Quarterly Update

Quality Management / Medical Affairs
FY 2018 through 2 quarters
# Event Summary – FY 2018 Q2

<table>
<thead>
<tr>
<th>Submission Type</th>
<th># Events Reported</th>
<th>% Events Reported</th>
<th>% Events Statewide</th>
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<tr>
<td>Serious Events</td>
<td>15</td>
<td>5.45%</td>
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<tr>
<td>Incidents</td>
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<td>78.18%</td>
<td>84%</td>
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<td>Infrastructure Failure</td>
<td>45</td>
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<td>Total</td>
<td>275</td>
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* 0.1% of events are other
Serious Events – FY 2018 Q2

- Fall with Injury: 5
- Complication: 8
Fall with Injury

- Injury Types (5):
  - Laceration (2)
  - Fracture (2)
  - Epidural Hematoma (1)
Complication Procedure / Treatment / Test

- Complication types (8)
  - Thrombectomy (1)
  - Return to surgery (5)
    - Bile Leak (2)
    - Hematoma Evacuation (1)
    - Retained Gallbladder (1)
    - Splenic Abscess (1)
  - Failure to Thrive (1)
  - Perforation (1)
Never Events (NQF)
FY 2018 through 2 quarters

Decreasing Trend is Desirable
Compliance to National Patient Safety Goals

FY 2018 through 2 quarters

Increasing Trend is Desirable
# National Patient Safety Goal Detail

<table>
<thead>
<tr>
<th></th>
<th>Accuracy of Patient Identification</th>
<th>Critical Result Turnaround</th>
<th>Labeling Medication</th>
<th>Anti-Coagulant Therapy</th>
<th>Hand Hygiene</th>
<th>Suicide Prevention</th>
<th>Universal Protocol</th>
<th>Performance Index</th>
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Discussion
Patient Safety Committee
Quarterly Update

Quality Management / Medical Affairs
FY 2018 through 3 quarters
# Event Summary – FY 2018 Q3

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<td>Infrastructure Failure</td>
<td>92</td>
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* 0.2% of events are other
Serious Events – FY 2018 Q3

- Error: 1
- Transfusion: 1
- Complication: 4
- Fall with Injury: 6
Serious Events

Trending by Campus

- HVB
- HVS
- HVSC

Q1 2015 to Q3 2018
Serious Events
Trending by Event Class

- Transfusion
- Self Harm
- Retained Foreign Body
- Other
- Medication Error
- Fall with Injury
- Error Related to Procedure / Treatment / Test
- Criminal / Potentially Criminal Activity
- Complication Procedure / Treatment / Test
- Cardiopulmonary Arrest Outside of CCU
Fall with Injury

Trending by Campus

[Bar chart showing trends in falls with injury across different quarters from Q4 2015 to Q3 2018, with blue and red bars representing different campuses.]
Complication Procedure / Treatment / Test

Trending by Event Detail

Wrong Surgery
Wrong Side Surgery
Wrong patient Transfused
Wrong Dose
Wound Dehiscence
Wire
Unnecessary Procedure
Transfer
Thrombophlebitis
Thrombectomy
Sponge
Spinal Cord Injury
Severed Drain
Return to Surgery
Return to Procedure Room
Retroperitoneal hemorrhage
Respiratory Distress
Post-Operative DVT / PE
Pneumothorax
PICC-associated DVT
Medication Reconciliation
Laceration
Intracranial hemorrhage
Hemothorax
Hematoma
Fracture
Failure to Thrive
ERCP with Perforation
DVT Post-Knee Replacement
DVT
Dislodged tracheostomy
Dislodged PICC
Dislocation
Delay in Treatment
Cystotomy
Colonoscopy with Splenic Laceration
Colonoscopy with Perforation
Colonoscopy with Aspiration
Blood Product
Bleeding during Tonsillectomy
Bleeding after Lung Biopsy
Never Events (NQF)
FY 2018 through 3 quarters

Decreasing Trend is Desirable
Compliance to National Patient Safety Goals

FY 2018 through 3 quarters

Increasing Trend is Desirable
# National Patient Safety Goal Detail

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</thead>
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<tr>
<td><strong>Target</strong></td>
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Discussion
## Proposed DRAFT Annual Meeting Schedule Template

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