**HQSC 1.18.23 Meeting Minutes**

In attendance: Ethan Witt, Haley Manella, Jeff Gold, Vivi Parecki, Sydney Landreth, Jordana Brown, Chenara Johnson, Renee Edwards, Megan Crowe, Erynn Beeson, Nasser Yaghi, David Mazur-Hart, Ryan Kane, Jack Marshall, Sam Milholland

* **Health Disparities Dashboard – Jeff Gold** 
  + Jeff Gold runs EHR training and is always working toward improving quality and safety. In 2020, OHSU expanded their use of telemedicine dramatically and there was a risk for magnifying health disparities because of access to technology. There was also a focus on disparity due to BLM. He partnered with Dr. Edwards and Med Pex – trying to figure out how are we going to change the culture from doing things with an equity lens to actually integrating looking at data and ensure that we don’t change systems that create new disparities. He noticed certain groups were not being seen via telehealth services. He started the Health Disparities Reduction Core. Provide data and expertise to departments and dis-aggregate data. If you don’t break it down into set data standards you may not see certain things. Focusing on digital health during the first year, did not know quite where we were going and tried not to create additional problems.
  + Created three different dashboards that can be broken down by race, age, ethnicity, etc. What percentage are phone appointments vs video for residents’ vs attendings, etc. Created a committee to help guide the work that needs to be done.
  + Found that Black patients are more likely to do phone visits than video vs any other racial group. Data shows that phone visits are not as adequate. Think about what patient groups need in-person visits because they don’t speak English or don’t trust technology, etc. There will be an option for attending’s’ to charge patients for complex Mychart questions. Trying to make sure this doesn’t prohibit patients from using this system in any way.
  + ***Ethan Witt***: Is this data readily available to housestaff/how can we access it?
  + ***Jeff Gold***: Dashboards are being created through Webi and you can access them through VPN/OHSU network. You will need to email Jeff to gain access. We do not want people who don’t understand the data to have access to it; they need to know what’s going on in order to interpret them. There are tons of reports that are publicly available. Not sure if housestaff have access or if that needs to be granted.
  + ***Erynn Beeson***: Will this database eventually grow to answer larger questions? Where do you foresee this database going in the future?
  + ***Jeff Gold***: All data is within our EHR data base (so it already exists). We decided what data elements to pull out to make a specific report (everyone admitted within the last year, etc.).
  + ***Renee Edwards***: We need to test things to make sure they don’t have unintended consequences. Need to ask questions to understand where we are now and that we are headed in the right direction.
  + ***Jeff Gold***: We need to make sure we are integrated within the community.
  + ***Ryan Kane***: Work has been filtered through the board – is this a physical body that exists?
  + ***Jeff Gold***: We do have community members but it’s not to the degree that it should be. I have really been wanting to build this out.
  + ***Renee Edwards***: Jeff is making sure that we have this centralized. FM has a very active patient and family advisory board that they meet with on a regular basis. Jeff is referencing high-level things but there are departments who maintain active advisory boards.
  + ***Ethan Witt***: Does the database include the demographic information of providers?
  + ***Jeff Gold***: It just provide name, level of training, and gender.
* **Project Updates/Brainstorming**
  + **Housestaff opportunities: Haley Manella**

Intra-system consult projects has been started and a few people were recruited. Haley will be sending out other opportunities (DCH expansion and medical chaperone project), but she is waiting to find out what times those meetings are so people can appropriately commit their time.

* + **Language Services Project Update: Ryan Kane**

Did GEMBA to re-group on the project and have not had a lot of people filling out the survey, He’s thinking of re-focusing efforts on 14C and ESL patients (flyers posted on the door). People can schedule an in-person interpreter if needed.

* **PSI Review – Ethan Witt** 
  + PSI: SI-85925
    - ***Chenara Johnson***: It’s very dangerous to not have all the equipment that is needed.
    - ***Haley Manella***: We have residents who come in to make sure that carts are fully stocked. It would be interesting to know where this took place.
    - ***Jack Marshall***: Yes, we come in to do this but this does not apply to free standing carts.
    - ***Ethan Witt***: Systems could be improved once we gathered more information
    - ***Ryan Kane***: We could take action once we figure out where this occurred. It’s worthwhile to figure that out and the location’s workflow.
    - ***Renee Edwards***: We have a code blue committee and know that someone is in charge of checking the code carts. I cannot remember specific details. I’ll connect with the committee as a resource to get more info.
  + PSI SI- 86049
    - ***Erynn Beeson***: What were the barriers in communication to primary team?
    - ***Ethan Witt***: I have encountered this before. The initial request is communicated with the bedside staff and the second piece of communication can sometimes fall through the cracks.
    - ***Chenara Johnson***: Not sure what process protocols are in place. Is there a way in EPIC to place a note on an order? We use study comments in DR – is that applicable here?
    - ***Ethan Witt***: Unsure if there is a place for RN staff or phlebotomy to place a note.
    - ***Erynn Beeson***: This reminds me of sepsis protocol and the blood cultures seem similar.