**HQSC 2.15.23 Meeting Minutes**

In attendance: Ethan Witt, Manny Gonzalez Gonzalez, Obert Xu, Ryan Kane, Haley Manella, Leah Calvert, Douglas Preston, Chenara Johnson, Jordana Brown, Mara Peterson, Douglas Preston, Sydney Landreth, David Mazur-Hart, Erynn Beeson, Gwendolyn Derk, Michelle Lawson, Sam Milholland,

* **Project Round Table**
  + ***Manny Gonzalez Gonzalez***: We are no longer requiring X-waiver for buprenorphine so some might be unfamiliar w the new process. ***Ryan Kane***: People seem excited about the new process. It can be tricky and you need good follow-up. Not sure how it will affect the hospital setting.
  + ***Obert Xu***: We are working with Radiology to create a more automatic process to get faster turnaround on nighthawk. ***Chenara Johnson***: Has there been an issue with getting the reads? What was the problem that led to this change? ***Obert Xu***: From an EM standpoint, we don’t discharge patients until we have an attending/nighthawk read. Sometimes there can be a delay between seeing the preliminary read and thinking we need a nighthawk read. The current average delay time is 30-45 mins and hoping to bring it down to barely any delay. We can get final reads faster and expedite patient care. ***Chenara Johnson***: It used to be the case that we call in non-critical cases so this route makes sense. ***Obert Xu***: It’s going live on 3/21. ***Leah Calvert***: It might be neat to get an update in April or May to see if there are any improvements after the implementation. ***Obert Xu***: We have really great metrics so hopefully we see a reduction in turnaround times.
  + ***Leah Calvert***: The critical care service line has been pursuing infrastructure changes to align quality efforts in ICUS. We are pulling in and aligning with Adventist and HMC. They had an ICU best practice committee and multi-disciplinary team and re-branded it to make it a critical care quality committee. It’s hard to do a current state assessments at large institutions. What information do we have an who is using it, etc.? The final development of the Webi report for spontaneous breathing trials. We’re hoping it will promote information sharing. Leadership has been proactively pursuing this and getting buy in at all levels.
  + ***Manny Gonzalez Gonzalez***: We created a survey to gather pre- and post- data. We are trying to reduce PSI for Psych patients (re: missing meds).
  + ***Haley Manella***: For the next 8 months the ED will have construction going on. Make sure you used close-loop communication with the emergency physicians. It’s something to be aware of.
  + ***Ryan Kane***: Language Services Project Update – We’re planning to focus on 14C and in the phase of workshopping potential interventions. Jordana did a literature survey in order to see what is out there in term of QI projects. ***Jordana Brown***: Patients prefer professional interpreters to family members and prefer in-person to video or telephone.
* PSI Review
  + PSI SI -87382
    - ***Sydney Landreth***: Missing doses of home medications and systems could be improved.
    - ***Haley Manella***: This feels like an EM issue and should be handled by that department. It’s hard to tell who the patient was seen by but they should have been ordered their meds during that time. There are a couple of systems issues at play.
    - ***Ryan Kane***: It is very ED centric especially regarding time delays with triage and boarding status.
  + PSI SI-87880
    - ***Manny Gonzalez Gonzalez***: This could happen again and systems could be improved.
    - ***Haley Manella*** – It’s confusing as to what actually happened, but I will double check to see what happened.
    - ***Manny Gonzalez Gonzalez*** – This PSI stuck out to me because I have been in situations that could have ended up like this.
  + PSI SI-86905
    - ***Sydney Landreth***: This could happen again