

## OHIO TQIP COLLABORATIVE

***Date:*** November 17, 2018

***Time:*** 07:15

***Location:*** Anaheim, CA

Present: Sheri Johnson, Shannon Camick, Rebecca Geyer, Stuart Chow, MD, Kimberly Weisenberger, Olivia Houck, Danielle Rossler, David Evans, Laura Pond, Julie McPeck, Amy Makley, MD, Jennifer Brodsky, D. Milar, Richard George, MD, Anne Moss, Jennifer Lemmik, Deannah Moore, Sherre Nuske, Amanda Taylor, Ann Monning, Pam Owen, Vick Graymire, Shannon Wikel, Lynn Haas, Akpofeur Ekeh, MD, Joyce Himebaugh

Topic	Discussion	Action	Assigned
Call to order	The meeting was called to order by Dr. George at 0715.		
Introductions	Attendees introduced themselves		
Confidentiality Statement	<p>Dr. George read a confidentiality statement.</p> <p><i>Each of you is an ambassador of your Hospital/Institution; accordingly, you are held accountable by your parent organization to conduct yourself in this and all environments with professionalism, maintaining confidentiality for the source of any data or discussion that could jeopardize the source. Quality Improvement should drive conversations that lead us to best practices as we learn from each other; a safe environment is the best to foster such Collaboration.</i></p>	Confidentiality agreement will be provided at next meeting	R.George/ A.Moss

	<p>Discussion about need for signed confidentiality agreements. Recommendation to do so but agreement would be with individuals attending meetings, not hospitals. Ohio TQIP would not be able to enforce breach of confidentiality. Agreement would need to refer back to individual hospitals.</p>		
Meeting Ground Rules	<p>The meeting ground rules were reviewed.</p> <ol style="list-style-type: none"> <li>1. Every meeting has a clear purpose and agenda.</li> <li>2. Only one person at time talking</li> <li>3. Meetings will start and finish on time</li> <li>4. Confidential information will “stay in the room”</li> <li>5. Encourage full participation from all attendees</li> <li>6. If you agree to do something, do it.</li> <li>7. Silence equals agreement</li> <li>8. It’s OK to disagree.</li> <li>9. We challenge each other constructively; no personal attacks.</li> <li>10. When we present problems, we also offer solutions.</li> <li>11. No electronic disruptions.</li> <li>12. When confused, ask.</li> <li>13. Notify members if and when commitments can’t be met.</li> <li>14. Leave meetings clear: Who will do what by when.</li> <li>15. All members participate in problem solving — we value all perspectives.</li> <li>16. Stay focused and on track.</li> </ol>	Informational	
Brief Overview	<ol style="list-style-type: none"> <li>1. 5 Level 1, 7 Level 2 and 14 Level 3 Trauma Centers have joined Ohio TQIP <ol style="list-style-type: none"> <li>a. University Hospitals Cleveland Medical Center</li> <li>b. Ohio State University Wexner Medical Center</li> <li>c. MetroHealth Medical Center</li> <li>d. OhioHealth Mansfield Hospital</li> </ol> </li> </ol>		

	<ul style="list-style-type: none"> <li>e. Mercy Medical Center – Canton</li> <li>f. Grant Medical Center</li> <li>g. Aultman Hospital</li> <li>h. Summa Akron City Hospital</li> <li>i. Fairview Hospital</li> <li>j. Kettering Medical Center</li> <li>k. Riverside Methodist Hospital</li> <li>l. St. Rita’s Medical Center</li> <li>m. Atrium Medical Center</li> <li>n. Bethesda North Hospital</li> <li>o. Blanchard Valley Hospital</li> <li>p. Grandview Medical Center</li> <li>q. Greene Memorial Hospital</li> <li>r. Marietta Memorial Hospital</li> <li>s. Mercy St. Charles Hospital</li> <li>t. ProMedica Defiance Regional Hospital</li> <li>u. Soin Medical Center</li> <li>v. Steward Trumbull Memorial Hospital, Inc.</li> <li>w. University Hospitals - St. John Medical Center</li> <li>x. University Hospitals Geauga Medical Center</li> <li>y. University Hospitals Portage Medical Center</li> <li>z. West Chester Hospital</li> </ul> <ul style="list-style-type: none"> <li>2. Proposal for Level 3 Collaborative submitted</li> <li>3. ORTOC has matured</li> <li>4. ODPS has rebuilt their team</li> <li>5. OCOT is restructuring</li> </ul>		
Vision/What Next	<p>Ideas brought up include developing a five year plan, having a steering committee in each region, exploring funding options including replicating the Michigan study and presenting the findings to Ohio BC/BS. There was also discussion about having an educational conference at a computer lab using a dummy data</p>	<p>Ask the ACS for a dummy TQIOP data base</p>	<p>R. George</p>

	<p>base to practice with the TQIP drill down. Other educational topics should be submitted to A. Moss by December 2. Also discussion about role of regions. Dr. George thought as long as each hospital in region gives permission to regional representative to see their report then there should not be an issue. Discussion about where pediatrics fits into the Ohio TQIP collaborative. Dr. George and A. Moss both agreed that pediatrics is pending. Anne further stated that there is no reason the pediatric centers could not start working on a proposal for the ACS.</p>	<p>Arrange educational conference</p>	<p>V.Graymire, L. Haas, A.Moss</p>
<p>Collaborative Leadership</p>	<p>Steering committees will be established for both the Level 1&amp;2 and the Level 3 group. Each group will be limited to 8 members. Meetings will be established with these groups for those who submit data. An Executive Committee will also be established.</p>	<p>Interested individuals submit name to A.Moss</p>	<p>all</p>
<p>Ohio TQIP Report</p>	<p>Dr. George shared a graph from the fall 2018 Ohio Level 1&amp;2 TQIP report showing that IOhio was in the 10<sup>th</sup> decile for the ventilator associated pneumonia complication in the severe TBI cohort.</p>		
<p><u>Adjournment</u></p> <p>Minutes respectfully submitted by Anne Moss.</p>	<p>The meeting adjourned at 0815. The next meeting is TBD.</p>		