



**TETON VALLEY
HEALTH CARE**

Partners in Health for a Lifetime

120 East Howard Avenue, Driggs, Idaho 83422

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**Teton Valley Health Care
Board of Trustees
Quality Services Committee Meeting
May 13, 2010**

Minutes

Attendees: Deborah Ray Malheiro, Laura Piquet, Virgil Boss, Blane Teckmeyer

Meeting called to order at 4:05 pm by chairman, Deborah Ray Malheiro

► Welcome to members present – small group due to concurrent training in progress.

Plan: continue to invite representatives from each of the clinic departments / services and recruit community member(s)

CEO – Virgil Boss

Quality Director – Laura Piquet

Medical staff – the MD or mid level on ED coverage

Nursing staff / Surgical services / Emergency Department – Angela Booker, DNS

EMS – Jim Gaines (after May)

Maintenance / Engineering – Matt Alderson

Outpatient services – Blane Techmeyer

*Ancillary services – Judy Burnside, lab; Marjean Barnet, radiology; Kelly Colburn,
pharmacy*

Community member

► Utilization Statistics:

- Report with stats on specialists surgeries requested by Board. New report for first and second quarter of FY2010 reviewed. Data taken from report provided by Blaine Ripplinger with number of surgeries (includes procedures that utilize the OR) by physician.
- Q1 with increasing trend, Q2 with decreasing trend. Fewer surgeries / procedures in Q2 for both specialists and staff physicians (Horrocks and Brown/Ortho). Specialists cases decreased by 28%, staff cases decreased by 38%.
- Total revenue figures for specialists and staff included in report.
- Discrepancy between numbers reported on Utilization Stats (data from a different report provided by Blaine) noted and discussed potential reasons for this. Q1 difference of 9 cases and Q2 difference of 6 cases -- both with fewer cases on the report with number of

cases by physician. Therefore this report may not reflect actual numbers of cases and revenue.

- The format for the report was reviewed and approved.
- Suggestion made to include EMG procedures done in the recovery room by Dr. Gerard (Neurologist).

Plan: D. Ray-Malheiro and L. Piquet will work with Blaine Ripplinger to resolve the issue of the discrepancy in the number of cases on the two reports, and will investigate the possibility of adding Dr. Gerard's procedures. D. Ray-Malheiro will generate a report to be presented to the Board.

► Quality Indicators reporting:

- L. Piquet provided an update on current status of IHA Quality Indicators reporting which is up to date for 2010. The potential areas for improved or expanded reporting were discussed.
 - Pneumonia vaccination: Nursing is working a system to improve documentation and reporting by having a sign out log for every pneumococcal vaccination that is given. The denominator for the IHA Quality Indicators report is all pneumonia patients over age 65. L. Piquet reported that IHA has challenged all hospitals to improve pneumonia vaccination and reporting to both IHA and Qualis (CMS). There is one hospital in the state doing extremely well with this.
 - Nosocomial infections: L. Piquet will get quarterly numbers for this from Bonnie (Infection Control RN), which can be reported to IHA.
 - Surgical site infections: Similar to nosocomial infections, data most likely available from Infection Control RN. IHA Quality Indicators specifications need to be evaluated.
 - Venous thromboembolism: IHA Quality Indicators specifications very limiting, only including specific surgical cases and only inpatients with a minimum of 3 day hospital stay. Numbers too small at TVHC to pursue reporting this data.
 - Smoking cessation: Need to work on systems for documentation of this data in order to begin reporting this.
- L. Piquet reported that the Blue Cross Incentives with respect to Quality reporting have changed. They are no longer using the IHA Quality Indicators reporting. They are collecting data themselves on several of these indicators as well as requiring a hospital wide Quality Improvement project such as pneumonia vaccination.
- Varicella zoster vaccination for shingles was discussed as a potential project for the future. As this is a very debilitating illness for the elderly, this would be an excellent preventative initiative to pursue.

Plan: L. Piquet will follow up with A. Booker on the pneumonia vaccination documentation and get more info on the ID hospital that has demonstrated success with this. L. Piquet will follow up with Infection Control RN for data necessary to report nosocomial infections and surgical site infections. A. Booker will be asked to look into systems for documentation of smoking cessation counseling. L. Piquet will get more info on BCI and send to D. Ray-Malheiro. L. Piquet will take the suggestion for varicella zoster vaccination project to the Medical Staff.

► Studer Pillars program progress:

- L Piquet reported that the program is progressing well. All department goals have been established with 100% target goal. There are a couple of departments still working on refining goals.
- D. Ray-Malheiro reported that the charts/graphs in the report all have different scales, some are 0 to 100%, others only go up to some fraction of 100%, making it difficult to compare one goal to another.
- The following questions were raised, discussed and clarified:
 - Admin – Finance: Reduce salaries/net revenue, unclear how this is being reported/measured – reporting is correct, notes are misleading
 - BO – Service: Consider altering goal to look at contact, not just making calls
 - EMS – Community: Goal to increase community events 10%, however, no data available from prior years – plan to change this goal to actual numbers versus percent improvement
 - Human Resource – Service: What is being measured wrt employee satisfaction survey – the question on the survey that address Human Resource services will be evaluated
 - Lab – Quality: 100% accuracy, how is this measured, “no complaints” reported – needs to be re-defined, limiting scope and creating a measurable goal
 - Lab – Service: Patient wait time < 10 min, how is this measured – needs to be re-defined, V. Boss suggesting using time to respond to emergency room request for lab results
 - Learning Center: can delete
 - Pharmacy – Service: Med reconciliation, 90% progress reported, however, only 50% reported in notes – progress is towards developing the process for med reconciliation, which is 90% complete (subjective).
- The following list of goals with no % progress reported were reviewed and discussed. All are in the process of development with some progress toward development evident.
 - Admin – People: Implementation of Code of Conduct
 - Admin – Quality: Mid level documentation
 - Admin – Quality: RAC audits
 - Admin – Service: Patient satisfaction
 - Dietary – Service: Patient satisfaction
 - Dietary – Service: ID Food Handlers certification
 - Engineering – Service: Customer satisfaction
 - Housekeeping – Finance: Decrease OT
 - Human Resource – Service: Employee satisfaction
 - Marketing – Service: Increase web site visits
 - Materials Management – Finance: Reduce supply costs
 - Medical Imaging – Quality: Decrease rate of re-takes

Plan: L. Piquet will continue to work with all departments to refine, improve and ingrain the Studer Pillar program. A report on another third of the departments / goals will be presented to the Board at the next meeting with data through May reporting.

► Patient Satisfaction:

- Inpatient / modified HCAHPS Survey: L. Piguet gave an update from A. Booker. The survey has been revised and now includes a question for housekeeping, dietary and admissions and well as lab. To date, 9 surveys have been returned. A document with Patient Satisfaction Survey Tracking with survey results was reviewed. Comments / suggestions about the survey:
 - Overall survey looks very good
 - Questions 8 and 15 are not really survey questions and not included in results and the two pain questions are similar, this could open up option for other questions in the future without extending the length of the survey
 - Goal of at least 50% return in order get baseline for survey results
 - Not much value in average score for each individual survey, more important is the average score for each question, identifying areas for potential improvement
 - Not as much value if all responses are 4 (highest), may need to consider changing the format for responses or asking harder questions
 - Need to continue to accumulate more surveys and look at the data together, individual monthly data not relevant with such small number
 - Swing bed patients should be included in this survey
- Surgical services / OR survey: continuing use as reported in the Studer Pillars report reveals a 43% return rate with average scores > 90%, same recommendations for evaluation of survey results.
- Clinic survey: B. Techmeyer reported that the survey is not being used effectively with the current process for receptionists handing it out. The staff does not have a script and are not “selling” the survey as would be needed for this to be effective. The importance of this survey which comprises the largest group of patients / customers and the source of patients for all other hospital services was discussed. V. Boss recommended that we start to send out the clinic survey in the mail with a self-addressed stamped envelop for return. The survey should go out within a couple of days of the patient’s clinic visit and should not be tied to billing. A plan for sending out surveys to every patient for 1 month each quarter should allow our ability to track progress and minimize expense for mailing, envelops and stamps.

Plan: Continue to collect data from inpatient and surgical services surveys. B. Techmeyer will coordinate the new approach to the clinic survey.

► National Patient Safety Goals:

The NPSG developed by Joint Commission were briefly discussed and it was agreed that these would be good points for review with discussion of published methods for achieving the goals at future meetings.

Plan: Further discussion of the details of the NPSG and also the Studer program for patient safety will be on the agenda for the next meeting.

► Next meeting is scheduled for Wednesday, July 21, 2010 at 4 pm.