

**TETON VALLEY HEALTH CARE  
SUB-COMMITTEE: QUALITY SERVICES  
TVHC Board Room  
SEPTEMBER 16, 2009**

**Attendees: Deborah Ray-Malheiro, Laura Piquet, Mitch Felchle, Matt Alderson, Ken Schwab**

Meeting called to order at 4:05 pm by Chairman, D. Ray-Malheiro

**MEMBERSHIP:**

Representatives from the medical staff, nursing staff, lab, radiology, Driggs Health Clinic, and surgical services were invited, however, were unable to attend. Ken Schwab, EMT, EMS Supervisor was present representing the Emergency Department.

The difficulty for medical staff to attend a meeting at 4 pm was discussed. Early AM is the only time that works well for them, however, may not be optimal for other staff.

*It was decided to continue to invite representatives as noted at the July meeting. If at some time the committee needs specific input from medical staff, an early (7am) meeting will be called.*

**PERIODIC EVALUATION:**

The requirement under the CAH Condition of Participation for Periodic Evaluation was reviewed (see attachment). This has not been completed since 2006. L. Piquet stated that this deficit was noted during a recent QIO review. The annual review generated in 2006 was reviewed. This included the Periodic Evaluation data in addition to other information that was requested by the CEO at that time. It would be helpful for the board to have at least some of this information. Options were discussed as to what we should try to achieve at this time. It was decided to pull together data required by the Periodic Evaluation for fiscal year 2009 with plan to put together a more extensive annual review for fiscal year 2010 under the direction of the CEO next year.

*Plan: L. Piquet will work with the department heads to generate data for FY 2009 to be presented to the Board of Trustees at the November meeting, with plan to generate an annual report including the Periodic Evaluation data to be presented to the board at the annual October meeting in the future.*

**PROVIDER PEER REVIEW:**

Peer review criteria were discussed. TVHC has established peer review criteria. These will be compared with BMH criteria to determine if any additional criteria should be considered. L. Piquet reported that a contract has been signed with BMH to do provider peer review. We will begin with sending 2 charts per provider to BMH for review. Dr. Johnson may have another option for peer review in a retired physician as well. Radiology peer review was discussed. This involves sending films and reports from our Radiology group out to other Radiologists for review. M. Felchle stated that we should also do peer review of MRI exams that are read by contracted Radiologists as well since there have been some concerns raised about them.

*Plan: Ongoing peer review will continue as noted above.*

## **QUALITY INDICATORS:**

D. Ray Malheiro presented a review of potential quality indicators from IHA/BC, CMS and the Flex Monitoring Program. There is much overlap between them. As a CAH we are only required to benchmark with someone, which organization is not mandated. BMH currently reports the IHA quality indicators plus one CMS quality measure (pneumonia). TVHC has reported the IHA quality indicators (through Jan 09) which include BC quality indicators (this reporting improves reimbursement from BC).

*Plan: Continue to report IHA/BC quality indicators for now with plan to consider adding others in the future when the time and staffing allow.*

## **TVHC QUALITY IMPROVEMENT PROGRAM:**

The Quality Improvement / Risk Management Plan that was revised in February, 2009 was reviewed. The incorporation of the Studer Pillars Program with the QI Plan was discussed. L. Piquet reported that BMH uses the reports generated as part of their Studer Pillars Program for their Quality Improvement reporting. We should make every effort to combine these programs as well to avoid duplication of effort. Many if not most of the goals that will be established by departments for their Studer Pillars will be acceptable, measurable quality improvement projects. The following amendments to the current QI / RM Plan were suggested by D. Ray-Malheiro in order to incorporate the Studer Pillars Program:

### OBJECTIVES:

2. "participation of all departments in Studer Pillars program"

### D. QUALITY / RISK STEERING COMMITTEE:

"oversee the quality improvement projects defined within the Studer Pillars program"

### E. DEPARTMENT HEADS OR COORDINATORS OF DEPARTMENTS:

"monitor and review progress toward Studer Pillars goals at monthly departmental meetings"

### F. ALL STAFF MEMBERS

"required to work toward Studer Pillar goals as defined in task lists, training etc by the department"

### IMPLEMENTATION OF QI / RM PROGRAM:

#### 3. QUALITY IMPROVEMENT PROJECTS:

- A. "add description of implementation of the Studer Pillars Program" and "projects continue until the goal is achieved and maintained until it becomes hardwired, usually for a period of approximately 6 months"

The need for a separate Policy & Procedure for the Rural Health Clinic was discussed. The clinic will participate as a department with goals in the Studer Pillars Program. The Quality Improvement Program P&P for the Driggs Health Clinic will need to be amended as well with the description of the Studer Pillars Program.

*Plan: L. Piquet will begin to work on making the necessary amendments to the QI / RM Plan once the plan for implementation of the Studer Pillars Program has been established.*

**PATIENT SATISFACTION:**

The need for instituting patient satisfaction surveys was discussed. Not only is this information extremely valuable for the hospital administration and staff, departments can use the results of patient satisfaction surveys as measurable goals for their Studer Pillar / Quality Improvement projects. D. Ray-Malheiro reported that BMH uses the nationally recognized, standardized HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey for inpatients. This is required by CMS for hospitals other than CAH. BMH has recommended we consider using Press Ganey to facilitate and administer patient satisfaction surveys. In addition to administering the HCHAPS survey, they are working with them to expand patient satisfaction surveys to ambulatory surgery and the ED. They reported a cost of approximately \$4500 per year for their services. L. Piquet indicated that we had a contract with Avatar that was more expensive.

*Plan: L. Piquet will follow up with Ann Loyola who was to coordinate with Jake Erickson from BMH on the plan for initiating patient satisfaction surveys.*

Next meeting will be Wednesday, October 21 at 4 pm.

Meeting adjourned at 5:30 pm.