

**Teton Valley Health Care  
Board of Trustees  
Quality Services Committee Meeting  
January 20, 2010**

**Attendees:** Deborah Ray Malheiro, Laura Piquet, Angela Booker, Mitch Felchle, Blane Techmeyer, Larry Ellis, Virgil Boss

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

► Welcome to new member, Larry Ellis representing pharmacy, and all members. Reviewed desired participants: representation from each of the clinical departments / services, realizing that they may not be available for every meeting. Angela Booker, RN was encouraged to have other representatives from OR or ED if desired. D. Ray Malheiro has approached a community member to participate as well.

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

*CEO*

*Quality Director – Laura Piquet*

*Medical staff – the MD or mid level on ED coverage*

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

*Maintenance / Engineering – Matt Alderson*

*Outpatient services – Blane Techmeyer*

*Ancillary services – representative from lab, radiology, pharmacy*

*Community member*

► Report progress on the following quality issues previously discussed:

a. Utilization Statistics: D. Ray Malheiro obtained the utilization stats for the first quarter of fiscal year 2010 (FY 2010) and created a one page report of the most relevant data with comparisons to FY 2009 and 2008. This was reviewed by the committee. The following suggestions were made:

- add data on ambulance runs
- obtain data on Home Health statistics and add this to the report
- obtain data on “Observations” – hospital admits for less than 48 hours and determine if they are included in Total Admissions, also obtain data on average length of stay for Observations in hours and add this to the report
- obtain data on outpatient visits for IV therapy and add this to the report
- eliminate data on individual providers in the report

**Plan: A. Booker will request the data on Home Health visits, Observation visits and Outpatient visits for IV therapy from Blaine Ripplinger and pass this information on to D. Ray Malheiro. D. Ray Malheiro will present the report on quarterly basis at the Board of Trustees meeting.**

b. Provider Peer Review: L. Piquet provided an update on the current status. Medical charts for staff providers (one inpatient and one ED chart each) have been sent to BMH for peer review by their physicians. Ten charts have been returned and will be reviewed

at Medical Staff Executive Committee. She indicated IHA may be utilized as well in the future for staff provider peer review. D. Ray Malheiro asked about peer review for the EmCare physicians covering ED. This has been done internally with Dr. Johnson involved with the review and feedback to the physicians. These reviews have been generated based on meeting peer review criteria or request by a clinical staff member.

**Plan:** *L. Piquet will continue to pursue ongoing peer review in conjunction with the Medical Staff Quality Committee.*

- c. Quality Indicators reporting: L. Piquet gave an update on the current status. She continues to work on problems with the computer program that generates the reports which has resulted in the reporting being a few months behind. The plan for this data to be reviewed by this committee and presented to the Board of Trustees quarterly or biannually was discussed. The only statistic for which there are adequate numbers to make it worthwhile to review more often is return visits to the Emergency Department.  
**Plan:** *L. Piquet will pull the data on return visits to the ED and pass this information on to D. Ray Malheiro. L. Piquet will continue to work on getting the program up and running with the assistance of IT. D. Ray Malheiro and L. Piquet will work together over the next month to develop a report for the Board of Trustees for the February meeting.*
- d. Studer Pillars program progress: L. Piquet reported that the program is progressing well. All departments have established goals. The need for patient satisfaction survey data to provide baselines for several of the goals was discussed.

► TVHC Quality Improvement Plan:

L. Piquet presented an updated draft of the Quality Improvement Plan which incorporates the Studer Pillar program. The changes were reviewed with no further suggestions for changes.

**Plan:** *L. Piquet will distribute this draft to the administrative team for review. If there are no major changes requested, this draft will be submitted to the Board of Trustees for approval at the meeting next week.*

► Patient Satisfaction

- a. Patient satisfaction surveys: The following update was presented concerning the current status of patient satisfaction surveys:
  - A. Booker reported they would like to use the HCAHPS survey probably with some modifications for inpatients and collate the data internally. Some potential modifications were discussed.
  - B. Techmeyer indicated that the survey currently in use in the clinic has not been working very well due to lack of participation by patients. He suggested several potential means of improving this such as having a lap top commuter for patients to complete a survey which would allow the data to be available for analysis immediately and the option for on line survey.
  - A. Booker reported that the OR/Surgical services survey has been successful with high return rate since the staff is informing patients of the importance of the information during their stay at the hospital.
  - There is currently no survey in place for the Emergency Department.

There was a discussion on the importance and use versus over-use of surveys. The need for survey data to support several department's Studer Pillar goals was noted (L. Piquet indicated there were at least 8 goals tied to patient satisfaction survey data). The objective of a relatively short, but comprehensive survey presented in a format that does not fill several pages was reiterated. V. Boss suggested having a place for written comments with a question asking the patient if they would like to be contacted by a service provider. Those surveys that request this contact are referred to the service director / coordinator for follow up.

D. Ray Malheiro suggested that a hospital task force be created to work on the plan for patient satisfaction surveys and volunteered to participate. The committee agreed that this would be a good plan.

***Plan: A. Booker and L. Piquet will set up a meeting for the Patient Satisfaction Task Force in the next couple of weeks. A. Booker volunteered to draft a modification of the HCAHPS survey for inpatients and will send a copy of the OR survey to D. Ray Malheiro. B. Techmeyer will send a copy of the clinic survey to D. Ray Malheiro.***

- b. Call backs: A. Booker reported that this program for Dr. Brown's orthopedic surgery patients is going very well with most calls made in the first 24-48 hours after surgery. She would like to extend the time to 72 hours. The importance of the first day or so after surgery was stressed and they will continue to make as many calls as possible in this time frame.

► Next meeting is scheduled for Wednesday, March 17, 2010 at 4 pm.