



**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
March 17, 2010**

Minutes

Attendees: Deborah Ray Malheiro, Laura Piquet, Angela Booker, Virgil Boss, Marjean Barnet, Kelly Colburn

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

► Welcome to new member, Marjean Barnet representing radiology, and all members. Reviewed desired participants: representation from each of the clinical departments / services, realizing that they may not be available for every meeting.

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

► Report progress on the following quality issues previously discussed:

a. Utilization Statistics:

- Reviewed the updated utilization stats for Q1 2010. Data on Observations which are separate from Admissions (admits and hours) and Home Health visits were added since the report was presented to the board. Comparison data from 2009 for these will be added before the next presentation.
- V. Boss noted that the numbers for each month under Driggs Clinic visits do not add up. An explanation was not readily available.
- The addition of stats on outpatient IV therapy was discussed. A. Booker reported that she is working on marketing for IV therapy as this is a potential revenue generator. K. Colburn reported that the pharmacy is keeping stats on outpatient IV therapy, starting with January 2010.
- The format for the report was reviewed and approved.

Plan: D. Ray-Malheiro will correct and complete the Q1 report prior to next presentation to the board. K. Colburn will put together stats on outpatient IV therapy for Q2 and give them to L. Piquet. D. Ray-Malheiro will obtain stat reports from B. Ripplinger and L. Piquet in order to generate the report for Q2 for presentation at the Apr board meeting.

- b. Provider Peer Review: L. Piquet provided an update on the current status. The process for handling the follow up for peer review has been developed by the Medical Staff Quality Committee and is ongoing for employed providers. Peer review for contracted physicians (Emcare, specialists) continues to be done on an as needed basis.

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

- c. Quality Indicators reporting: L. Piquet provided the data for the IHA CAH Quality Indicators reports for Jan to Dec, 2009. D. Ray-Malheiro provided a spread sheet with the data. A discussion followed concerning how the data might be optimized, what measures are reported and why. All measures that count toward Blue Cross financial incentives are included. Other measures that could be included if the data was more accessible in the computerized medical record include more data on pneumonia vaccination, nosocomial infections, surgical site infections and possibly venous thromboembolism prophylaxis. ED X-ray discrepancies is another measure that would be valuable, however, at this time this information would be difficult to obtain. This will be considered again in the future. The limited number of surgical cases is based on limitations imposed by IHA on "selected surgical procedures". D. Ray-Malheiro provided a summary report which will be presented to the board. Standards were discussed. L. Piquet reported that the IHA website contains average rates for the other reporting hospitals. L. Piquet reported that she is on the IHA committee that reviews issues concerning the CAH Quality Indicators reporting and can take our suggestions back to that committee.

Plan: A. Booker will look into having pneumonia vaccination data more readily accessible to chart review. L. Piquet will send the data on average rates for other CAH to D. Ray-Malheiro for inclusion in the report to the board. L. Piquet will look into feasibility of reporting nosocomial and surgical site infection data and look at the definition of "venous thromboembolism prophylaxis" to determine the feasibility of reporting on this measure. D. Ray-Malheiro will provide a report on this 2009 data to the board at next weeks meeting.

- d. 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. The format for the report for the board was discussed. The complete version with graphs will be provided to board members electronically only. A summary report with only the current month's data can be generated to be printed for the board packet. The entire report will be divided into 3 units with one unit reported to the board monthly each quarter such that all departments will be presented to the board on a quarterly basis.

Plan: L. Piquet will provide a report for the board at the next meeting as feasible. Beginning with the Apr board meeting, each month the report will contain only 1/3 of the departments such that all department data will be reported to the board quarterly. This plan will be discussed with the board at the next meeting.

► TVHC Quality Improvement Plan:

L. Piquet presented an updated draft of the Quality Improvement / Risk Management Plan which incorporates the Studer Pillar program and other refinements as requested by administration. A couple of minor changes in format were discussed. There were no changes to content. L. Piquet reported that the Medical Staff have had the opportunity to review the draft.

Plan: L. Piquet will finalize the draft which will be distributed in the board packet and submitted for board approval at the next board meeting.

► Patient Satisfaction

a. Patient satisfaction surveys: The following update was presented concerning the current status of patient satisfaction surveys:

- A. Booker reported they have initiated the use of a modified HCAHPS survey for inpatients, however, none have been returned to date. The survey was reviewed. Mechanisms for improving return of the surveys were discussed.
- A. Booker reported that the OR/Surgical services survey has been revised. The survey was reviewed and recommendation made to change the scoring as to be consistent with the scoring for the inpatient survey.
- The benefit of all the surveys having a similar scoring system was discussed.
- B. Techmeyer was not present to discuss the status of the clinic survey. V. Boss reported that B. Techmeyer was concerned about the survey not being utilized. The content was not necessarily an issue.
- D. Ray-Malheiro presented a review of the Studer Pillars goals to evaluate those that depend on patient satisfaction survey data. Both Housekeeping and Dietary need patient satisfaction data. There is a question on the inpatient survey for Housekeeping, however, not for Dietary. The recommendation was made that the inpatient survey should contain questions for both these departments so that no additional surveys are needed or utilized. The other departments that require patient satisfaction data for their Studer Pillar goals (Admin, Nursing, Clinic, OR) are covered with the current surveys.
- There is currently no survey in place for the Emergency Department. This was recommended for the future.

Plan: A. Booker will work with Housekeeping and Dietary to consolidate survey questions into the one "inpatient" patient satisfaction survey. D. Ray-Malheiro will contact B. Techmeyer to discuss the clinic survey.

► Next meeting is scheduled for Wednesday, May 19, 2010 at 4 pm.