

Teton Valley Health Care  
Board of Trustees  
Quality Services Committee Meeting  
August 10, 2011

Minutes

Attendees: Deborah Ray-Malheiro, Laura Piquet, Virgil Boss, Angela Booker, Sandra Woolstenhulme, Marjean Barnet, Jim Gaines, Matthew Eagens, Kelly Colburn, Laurel Ricks, Judy Burnside

Meeting called to order at 4:00 pm by chairman, Deborah Ray-Malheiro

- ▶ Welcome to all members present, once again excellent attendance.
- ▶ Board Quality Committee
  - Dr. Reinertsen's document "Questions to Ask When Forming a Board Quality Committee" was reviewed. Overall, the Quality Services Committee is in line with the recommendations.
  - Functions:
    - Quality and safety aims and monitoring performance – review of Studer Pillars quality improvement projects and review of quality indicators reporting
    - Credentialing process – should be audited annually, L. Piquet reported that an outside agency reviews and evaluates credentialing process annually as well. This committee can review their report as part of annual review.
    - Review compliance report periodically
    - New / improved quality and safety policies – reviewing the National Patient Safety Goals, creating and updating P&P as needed
    - Supporting quality and safety culture – implementation of the AHRQ Hospital Patient Safety Survey
  - Membership: consider adding another BOT member, a non-board community member and a representative from the medical staff (MD, PA, NP or CRNA), also consider the MD doing peer review, Dr. Murphy
  - Process:
    - add patient experience stories, review by this committee and present at BOT meeting
    - learn more about developing and using "dashboards"
    - review statistics, quality indicators data, Studer Pillar goals and progress, as well as patient complaints, compliance issues
    - annually, audit credentialing process and do more in-depth review of compliance plan
    - report to BOT, move up in agenda and work towards 25% of time on quality

***Plan: Continue to invite representatives from each of the clinic departments / services and expand as noted. Continue to pursue current course with some additions as noted.***

► Utilization Statistics

- Utilization stats for third quarter, FY 2011 were presented and reviewed. The following trends were noted:
  - all admissions and observations were increased compared to FY 2010
  - there were 6 inpatient surgeries compared to 0 in FY 2010
  - outpatient / ortho surgeries were increased as well
  - ER visits were decreased, however, admits were increased, higher acuity patients
  - laboratory was busy once again with increased numbers
  - radiology procedures were decreased, with increased numbers of CT and US exams, MRI unchanged and decreased numbers of diagnostic X-ray mammograms; should see increase when all new equipment up and running
  - rehab referrals were back up again after decrease last quarter
  - RN procedures including IV therapy numbers were high, a good trend
  - Driggs clinic visits were about the same as FY 2010 with a decrease in staff MD visits, increase in specialists visits and slight increase in mid level visits
  - Victor clinic visits were decreased overall with an increase in the specialists (Pedi) visits, decrease in physician visits due to change in staffing model and increase in mid level visits, however, fewer TVHC staff visits overall (509 versus 568); may be related to effort last year to attract “orphaned patients” with discount coupon
  - Overall, clinic visits were down ~ 100 from last year
  - Surgery stats for third quarter, FY 2011 were presented and reviewed. The total number of surgeries and revenue were significantly increased for both specialists and staff with 20% increase in surgical cases, 35% increase in revenue from staff cases, 110% increase in revenue from specialists cases – mostly due to one case (total hip of Dr. Lee) that generated \$59,000, 30% increase in revenue without that one case.

***Plan: D. Ray-Malheiro will present the utilization and surgery stats to the board at the next meeting.***

► Quality Indicators:

- L. Piquet presented progress with reporting the following indicators:
  - Nosocomial infection rate – numbers for FY 2010 were reviewed revealing a rate of 0.2%, discussed the denominator for this – includes all patients having procedures, inpatients, observation patients, swing patients at risk for hospital acquired infections, also discussed how infections are determined
  - Surgical site infection rate – includes all surgical cases, follow-up to determine post-op infections was discussed, good follow up for staff MD’s patients, follow up for specialists’ patients may not be as complete, discussed using monthly letters to physicians requesting info on post op infections and calling patients directly at 30 days post op which would probably be most effective although more time consuming
  - VTE data – review of surgical cases revealed there are a couple of surgical patients that meet the fairly strict criteria. Medical staff will be reminded to ensure their orders comply with the VTE prophylaxis requirements which require prophylaxis to begin prior to surgical incision. Even if we have only a few cases per year, we should report this to both IHA and BCI.
  - Insulin protocol for diabetics – L. Piquet and A. Booker looked into coding and documentation for diabetes and confirmed this should be accurate as long as the

- provider indicates the presence of diabetes in their charting. A. Booker reported the insulin protocol has been updated and implemented.
- Medication errors – A list of medication events year-to-date has been compiled. The error code (definitions) used is different and appears better than the one used by IHA for reporting. At this time only raw data (numbers of each type of error) can be reported which has minimal value for comparison with other facilities. The list will be reviewed and a report for presentation to the BOT will be developed. The error code / definitions will be shared with IHA as they pursue improvement of the medication error reporting process. K. Colburn reported that the Pharmacy & Therapeutics committee is continuing with the ISMA (Institute for Safe Medication Practices) 2011 Medication Safety Self Assessment.
  - The Blue Cross of Idaho (BCI) Rural Hospital Incentive Program was reviewed.
    - Participation in the Boards on Board initiative is now a requirement for any payout, a “threshold” measure. This will require the BOT to meet 3 of 6 governance leadership activities by March, 2012. This should be achievable. The summary of the Boards on Board “How to Guide” was reviewed. This will need to be presented to the BOT for by-in and input. Submission of documentation or completion of the BCI form is required.
    - The other measures were discussed briefly including urban hospital re-admission rate (? not applicable for TVH), pressure ulcer incidence, VTE prophylaxis as noted above, implementation of WHO Surgical checklist (already done at TVH), implementation of targeted intervention for prevention of blood stream catheter-related infections

***Plan: L. Piquet will continue to work on reporting to IHA and the BCI Quality Indicator program. D. Ray-Malheiro will present the Boards on Board document to the BOT for input and approval.***

► Studer Pillars / Quality Improvement program:

- V. Boss expressed his desire for this program to be re-evaluated and optimized. His suggestion is to have a quality strategic planning session with representation from all clinical departments, administration and medical staff to develop an overall plan for quality improvement for the hospital to include 8-9 significant quality goals that all departments will participate in, with ~ 3 departments per goal. This is the natural evolution of the Studer Pillars program which to this time has provided experience and data for individual departments, however, is too fragmented to be truly effective. D. Ray-Malheiro echoed those sentiments since many of the department goals are too vague, lack adequate measurable outcomes or are not clinically relevant. All were in agreement with this plan.

***Plan: D. Ray-Malheiro agreed to provide feedback on Studer Pillar goals and meet with L. Piquet before the strategic planning session. A quality strategic planning session will be scheduled the second or third week in September.***

► Patient Satisfaction:

- Inpatient survey: The low return rate was again addressed. Plans / suggestions for increasing return rate were discussed. A. Booker reported that the survey was now being

printed with discharge instructions to ensure the survey is getting to the patient. Other suggestions: discussing the survey as part of discharge instructions, drop box for patient's to complete and leave survey prior to leaving the hospital, encouraging all staff to mention and discuss survey with patients, using a portable computer (I pad) for patients to complete survey prior to leaving the hospital.

- Surgical services / OR survey: Nothing new on this survey. We will plan to review survey results to date at the next meeting and report to the BOT with 1 year of data.
- Clinic survey: Reviewed the draft of clinic survey provided by L. Ricks. Several aspects of the survey were discussed. D. Ray-Malheiro provided a review and suggestions for the survey.
  - The need to differentiate between scheduled and “walk-in” visits was discussed. L. Ricks indicated this information was valuable and important with respect to wait times since scheduled patients have first priority
  - The need to evaluate both actual wait times (as reported by patient) and the patient's perception of their wait time (rated bad to good)
  - The importance of having all the questions in the same format (scale of 1-5) for evaluation and measurement of survey results was discussed
  - The importance of more provider questions and some options were discussed, such as how familiar the provider was with the patient's medical history
  - Access to emergency care question may need to be re-worded or eliminated as not relevant
  - Billing question should be eliminated
  - A couple of the other questions were amended
  - Discussed utilization of survey monkey for this survey with assistance from the staff to set patients up with the computer and/or provide portable computer for patients to complete survey which will require easy / explicit instructions, also that some paper surveys will be needed for patients who are not able to complete the survey electronically – these will require data entry.

***Plan: L. Ricks will continue to work on revision of the clinic survey. IT will continue to work on making the survey accessible electronically. A. Booker will continue to work with the nursing staff and OR staff to support the use of the patient satisfaction surveys. An effort to reach all staff with a script for encouraging completion of patient satisfaction surveys will be investigated.***

- ▶ National Patient Safety Goal # 2 – Improve the effectiveness of communication among caregivers. **Report critical results of tests and diagnostic procedures on a timely basis.**
  - The draft of the Critical Result Communication Policy and Procedure was reviewed and approved.
  - The list of Critical Values provided by J. Burnside from Laboratory was reviewed. Suggestions made for some of the tests to be removed since the results did not represent life threatening conditions, and for the addition of other tests that do represent critical values including microbiology results.
  - Medical Imaging (M. Barnet and A. Booker) are working on a list for radiologic tests
  - Cardiac echo will be included with medical imaging
  - Toxicology and drug levels need to be added to the Laboratory Critical Values list
  - EKG's are already reported to the Hospitalist if there are any concerns

- Pathology results are reported directly to the referring provider by the outside Pathology group.

***Plan: A. Booker will finalize the P&P and implement. A. Booker, J. Burnside, M. Barnet will finalize the Critical Values Lists and post as per the P&P.***

▶ Patient Safety Culture at TVHC – the committee continues to support using the AHRQ Hospital Survey on Patient Safety to evaluate the current culture on patient safety at TVH.

***Plan: D. Ray-Malheiro and L. Piquet will meet to discuss implementation of the AHRQ Hospital Survey on Patient Safety.***

▶ Next meeting will be scheduled in October or November, date and time TBA.