

Teton Valley Health Care
Board of Trustees
Quality Services Committee Meeting
November 18, 2009

Minutes

Attendees: Deborah Ray Malheiro, Laura Piquet, Angela Booker, Matt Alderson, Mitch Felchle, Ann Loyola, Blane Techmeyer

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

► Reviewed desired participants: representation from each of the clinical department / services, realizing that they may not be available for every meeting.

Recommendation: the following representatives will be invited and encouraged to attend future meetings.

Medical staff – the MD or mid level on ED coverage

Nursing staff – Angela Booker, DNS

Ancillary services – representative from lab, radiology, pharmacy

Maintenance / Engineering – Matt Alderson

Outpatient services – Blane Techmeyer

Surgical services – Angela Booker or other representative as requested by Angela

Emergency department – EMT (Ken Schwab, EMS attended last meeting)

► Report progress on the following quality issues previously discussed:

- a. Periodic Evaluation: The TVHC Annual report was presented to the Board at the annual meeting in October. At that time, it was requested that this committee review the statistics on utilization of services at TVHC and present to the full Board on a quarterly or bi-annual basis. ***Plan: L. Piquet will provide this data which is generated monthly to the chairman D. Ray Malheiro.***
- b. Provider Peer Review: L. Piquet provided an update on the current status. Medical charts for staff providers have been sent to BMH for peer review by their physicians. It was discussed that other internal reviews need to be done as well as the likelihood of external reviews for specialists. ***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 is working on some problems with the computer program that generates the reports. Ideally this information is reported to IHA monthly, however, at this time due to a number of other pressing responsibilities; it is a couple of months behind. ***Plan: L. Piquet is training a new assistant and this will be part of her responsibilities.***
- d. Roll out of Studer Pillars program: Orientation and training have taken place. Individual departments have until December 1st to finalize their Studer Pillar goals and task lists. A period of up to 3 months may be needed in order to establish baselines from which progress toward their goals will be measured.

► TVHC Quality Improvement Plan:

A new draft of the Quality Improvement Plan which incorporates the Studer Pillar program was distributed.

Plan: D. Ray Malheiro will send an electronic copy of the draft to L. Piquet who will share this with the appropriate stakeholders to get input on the revision. Once the revision is finalized by the administrative team it will be presented to the Board for approval.

► Patient Satisfaction

a. Patient satisfaction surveys:

- A. Loyola was invited to attend this meeting in order to provide an update on the process of development and implementation of patient satisfaction surveys. She reported that after discussion with BMH consultants it was decided that hiring an outside agency such as Press Ganey to administer surveys was too expensive for TVHC at this time. BMH agreed to assist TVHC with the process of developing the surveys and analyzing the data. At this time, they have developed a core survey and are waiting until our departments have established their Studer Pillar goals to determine if there are other questions we will need to add in order to provide data for evaluating progress toward those goals.
- There was considerable discussion on the content and format of patient satisfaction surveys. The areas of greatest interest are inpatient, surgery / OR, ED and outpatient. The inpatient survey questions should mirror the HCAHPS survey since it is likely that we will be required by CMS to report this data in the future. D. Ray Malheiro shared copies of patient satisfaction surveys from Kaiser Permanente for ED and outpatient that are one page (front and back) each. The importance of the provider familiarity with the patients' medical history was discussed. D. Ray Malheiro reported that this was the most important question in determining a patients overall satisfaction with their visit. This raised the issue of transfer of information between providers. There was a discussion of the methods and approach to improving this transfer of information between ED and inpatient and inpatient day to day. The nursing staff are using principles such as SBAR acquired as part of the STEPPS training to enhance communication and information transfer. The providers have not yet had this training. There was a discussion on the benefits of even a limited amount of training in this area for all providers.

Plan: The committee strongly recommends that all providers participate in at least a minimal STEPPS training of 2 or 3 hours. L. Piquet will request information on process and forms for transfer of patient information between providers currently in use at BMH.

- Options, pros and cons for the format of the survey(s) were discussed. There could be one survey with parts for each area (inpatient, ED etc); however, if the survey is too lengthy and cumbersome patients will not complete it. How to administer the survey was discussed. At this time mailing surveys with postage paid envelopes for return would be quite expensive for TVHC. Distributing the survey at the time of discharge from the hospital, discharge from the ED, post ambulatory surgery or after a clinic visit would be more feasible.

Plan: A. Loyola will request a copy of the current core patient satisfaction survey from BMH and distribute for the committee to review and provide feedback. The timeframe for completing development of the survey(s) is by mid December.

- b. Call backs: M. Felchle brought up the concept of "patient call backs" and how much that can do to enhance patient satisfaction. There was a discussion of how this could be

accomplished. It will require a detailed, written protocol for who makes the calls, content of the calls and how/who the patient contacts if a message is left and the patient wants to speak with someone about their care or follow up. It was decided to try and pilot a program on a limited basis, starting with Dr. Brown's orthopedic surgical cases.

Plan: A. Booker will work with the OR RN staff and Dr. Brown to develop a protocol for this pilot project which could be incorporated into a Studer Pillar goal.

► Hospital Discharge Planning

A. Booker provided an update on the current status of discharge planning. She has acquired information on process and forms from two organizations including the Idaho Hospital Discharge Planning Project. She is meeting daily with patients to work on discharge planning. The Idaho Hospital Discharge Planning Project sponsored by ISU Institute of Rural Health has a grant to develop and assess hospital discharge planning processes and resources including CAH. Participation in this program would provide us with valuable information about discharge planning and resources at no cost.

Plan: A. Booker will look into TVHC participating in this program.

► Next meeting is scheduled for Wednesday, January 20, 2010 at 4 pm.