

Teton Valley Health Care
Board of Trustees
Quality Services Committee Meeting
March 16, 2011

Minutes

Attendees: Deborah Ray-Malheiro, Laura Piquet, Virgil Boss, Angela Booker, Marjean Barnet, Jim Gaines, Matthew Eagens, Kelly Colburn, Ann Loyola, Laurel Ricks

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

► Welcome to all members present – best attendance ever.

Plan: Continue to invite representatives from each of the clinic departments / services and recruit community member(s) if possible.

► Quality Indicators:

- D. Ray-Malheiro presented the IHA CAH Quality Indicators stats for 2010. The TVHC data was reviewed – all reported indicators were at 100%. The CAH average data were included on the report that will be presented to the board.
 - Nosocomial infection rate -- this was not reported to IHA for 2010, although the data is collected. Would like to include TVHC data with this report for the board even if the data has not been reported to IHA.
 - Surgical site infection rate – TVHC should be able to report this statistic to IHA. The definition includes all surgical cases. This data is collected as part of the nosocomial infection rate data.
 - VTE data – although this indicator is limited to just specific surgical cases, TVHC should be able to report this data to IHA since these surgical cases are being reviewed for the other surgical indicators (antibiotic administration).
 - Smoking cessation – currently there is no specific location for charting that this counseling has been accomplished although it is being done. L. Ricks reported that this will be part of the EMR as required by the “meaningful use” criteria.
 - Medication errors – TVHC should be able to report on these indicators. K. Colburn reported that medication errors are reviewed and evaluated regularly. The importance of evaluating and inability to completely eliminate all medication errors was discussed. Will need to evaluate the IHA definitions in order to collect the data needed to report medication error data to IHA.
 - Insulin protocol for diabetics – the reported data for TVHC does not reflect all the cases of diabetics admitted to the hospital for other primary diagnoses. The charts need to be coded correctly with diabetes as a secondary diagnosis in order to be included in the data set.
- Pneumonia vaccination: A. Booker reported that nursing staff are continuing to work on assessment of pneumococcal vaccination status of inpatients. Clinic nursing has established a Studer Pillar goal for assessing and documenting pneumococcal vaccination status for all patients > 65y/o seen in the clinic. This is no longer a BlueCross quality indicator.

- L. Piquet discussed the new BlueCross quality indicator project. Making regular quality reports to the board is now an indicator that she plans to report to BC for 2010. BC now pulls its own data rather than getting data from IHA. Several areas they are interested in include readmits, hospital-acquired infections and transfers. She is continuing to evaluate the BC project and how TVHC can benefit from participation.

Plan: L. Piquet will provide D. Ray-Malheiro with the “nosocomial infection” data to be included in the report for the board. L. Piquet will follow up with including “surgical site infection” and “VTE” data in the IHA reporting and look into coding issues for “insulin protocol for diabetics”. IHA definitions for medication errors will be researched for the next meeting. L. Piquet will report on the BC project at the next meeting.

► Studer Pillars / Quality Improvement program:

- L. Piquet reported that all departments except 4 have input data for February (the 4 departments that have not yet reported have been very busy or have new managers). Several departments are in the process of developing new projects. A steering committee meeting will be held soon to evaluate new projects. She stressed the importance of each department not only reporting their progress toward goal, but providing more information in narrative form as to what they are doing to make improvements etc.
- D. Ray-Malheiro presented a review of the most recent Studer Pillar report (through January). Several areas of clarification and potential for modifying goals or targets were discussed including clinic nursing, nursing, OR, housekeeping and medical imaging.

Plan: L. Piquet will continue to work with all departments to optimize Studer Pillar goals and quality improvement projects. She will continue to present a report to the board monthly.

► Patient Satisfaction:

- The Patient Satisfaction presentation for the board was discussed. The information has been disseminated both internally and externally.
- Inpatient survey: The latest version of the inpatient survey was reviewed with A. Booker. The two provider questions are very similar. Discussed changing these questions to address providers listening and explaining to patients and how well the patient understood their plan of care while in the hospital. This latter point is an issue since the hospital providers change daily.
- Surgical services / OR survey: The new version of the survey has been reviewed and appears very good. A. Booker reported that they have begun to use this survey.
- Clinic survey: Currently there is no survey in use. The importance of getting feedback from this group of patients, the largest number of patient encounters for the hospital, has been discussed previously. L. Ricks, new manager of clinic services, will review the old survey and work on developing an updated version. V. Boss reported that he has been talking with IT about installing a computer terminal in the waiting room that would provide patient access to the patient satisfaction survey electronically. They would be able to complete the survey before they leave the clinic. He stated this approach had been successful at St. Johns. Giving the patient the option for completing the survey electronically before leaving the clinic or taking a paper copy with return envelope was discussed.
- Website access to all the patient satisfaction surveys was discussed. It was agreed that this would be a good approach in the future. A. Loyola discussed several issues with this approach. In order to prevent people from completing the survey even if they have not

been seen, a code of some sort on the survey would be required. In addition, a system for blocking someone who has already completed a survey is needed to prevent multiple surveys from the same patient encounter. These issues can be resolved with programming.

- Patient complaints – L. Piquet provided data on patient complaints for 2010. The total number of complaints reported to the Quality Department represented 0.3% of the patient encounters estimated at 19,000 for the year. More than 60% of the complaints were related to billing issues. Less than a quarter were related to quality of care and a lower percentage were related to professionalism or timely response. Less than a quarter of all the complaints (including billing complaints) were ultimately determined to be valid, which is significantly less than in 2009. All quality of care, professionalism and timely response complaints were immediately evaluated, addressed and corrective measures taken.

Plan: A. Booker will continue to work with the nursing staff and OR staff to support the use of the patient satisfaction surveys. L. Ricks will work on developing an updated version of the clinic survey. L. Ricks and V. Boss will continue to work with IT to set up a computer terminal in the clinic waiting room and provide access to the patient satisfaction survey. Progress will be evaluated at the next meeting.

► National Patient Safety Goal # 1 – Patient Identification:

- D. Ray-Malheiro presented a document with the recommendations for key points to be included in Policy and Procedures governing Patient Identification that were discussed at the last meeting.
- K. Colburn brought up the option of using bar code wands to decrease the potential for patient identification errors. Apparently, there are bar codes wands at TVHC that have not been in use that could be used for medication administration.
- Suggestions for modification of the current Policy & Procedures on Patient Identification (6 P&P's) were reviewed.
- Patient Identification for Clinical Care and Treatment
 - *“same name”/ “name alert” policy not addressed*
 - *use of same protocol even if the patient is familiar to the provider not mentioned*
 - *having the patient identify themselves with the two identifiers not mentioned*
 - *consider expanding on education of the patient and family about the importance of verifying patient identification (as in the Wristband Procedure Policy)*
- Blood / Blood Components – Transfusion and Fresh Frozen Plasma
 - *Type and crossmatch must be performed ... consider adding “exception: True life threatening emergency when universal donor blood or blood products can be administered”*
 - *“match blood or blood component to order” not mentioned*
 - *“match two patient identifiers to the blood or blood product” – ... comparing name and number on the patient’s wristband with the information on the Blood Bank slip or label. What “number” this indicates is not identified and is the “slip” and “label” attached to the unit of blood or blood product?*
 - *checking expiration date, the ID number of the unit of blood or blood product and checking type and Rh compatibility not mentioned in Blood / Blood Component Policy (as it is in the FFP Policy)*

- *routine disposal of the empty bag may not be addressed in Blood / Blood Component Policy (as it is in the FFP Policy), only mentioned after discussion of protocol for transfusion reaction*
- D. Ray-Malheiro brought up a personal experience with not having an ID band placed prior to entering the OR for ambulatory surgery.

Plan: A. Booker will continue to work on modification and improvement of the patient identification P&P's and stress the importance of following the P&P's with the staff. The use of bar code wands will be investigated. D. Ray-Malheiro will present information on the second NPSG "Improve the effectiveness of communication among caregivers – reporting critical results" at the next meeting.

▶ Patient Safety Culture at TVHC

- Implementation of the AHRQ Hospital Survey on Patient Safety will be discussed at the next meeting.

Plan: D. Ray-Malheiro will provide L. Piquet with documents on the AHRQ Hospital Survey on Patient Safety before the next meeting.

▶ Next meeting is scheduled for Wednesday, April 27, 2011 at 4 pm.