



TAHOE FOREST HOSPITAL DISTRICT

# 2015-10-20 Board Quality Committee

Oct 20, 2015 at 12:00 PM - 01:00 PM

Human Resources Conference Room

# Meeting Book - 2015-10-20 Board Quality Committee

## AGENDA

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## 5. APPROVAL OF MINUTES

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## 6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

### 6.1. Quality Committee Goals 2015 & Charter

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### 6.2. Patient & Family Centered Care (PFCC)

- 6.2.1. Patient & Family Advisory Council Update

### 6.3. TFHS Website Quality Information Update

### 6.4. National Healthcare Quality Week

### 6.5. Lean Training Program

### 6.6. Beta Disclosure & Communication Program

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### 6.9. Board Quality Education

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# QUALITY COMMITTEE AGENDA

Tuesday, October 20, 2015 at 12:00 p.m.  
Human Resources Conference Room, Tahoe Forest Hospital  
10024 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 8/20/2015 ..... ATTACHMENT**

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015 & Charter ..... ATTACHMENT**

The *Quality Committee Charter and 2015 Goals* were approved by the full board at the June 30, 2015 meeting. Informational for reference during the meeting if needed.

6.2. **Patient & Family Centered Care (PFCC)**

6.2.1. **Patient & Family Advisory Council Update**

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.3. **TFHS Website Quality Information Update**

Committee will review and provide input related to the Tahoe Forest Health System website quality information.

6.4. **National Healthcare Quality Week**

Healthcare Quality professionals at Tahoe Forest Health System join those around the nation in celebrating **National Healthcare Quality Week, October 18-24, 2015**. The week highlights the influence of healthcare quality professionals in achieving improved patient care outcomes and healthcare delivery systems. Healthcare quality professionals ensure their facility meets specific requirements set forth by accrediting bodies for healthcare organizations and programs, such as Healthcare Facilities Accreditation Program (HFAP), Centers for Medicare & Medicaid Services (CMS), California Department of Public Health (CDPH) and Nevada Healthcare Quality & Compliance (HCQC).

**6.5. Lean Training Program**

An update will be provided about the Lean training program that TFHD staff has been participating in. This has been funded through a grant from the National Rural Health Resource Center and the CHA Flex Grant.

**6.6. Beta Disclosure & Communication Program**

The Committee will be provided an updated on the lessons learned at this program including the Care for the Caregiver program.

**6.7. BETA Zero Harm Program Recognition**

BETA Healthcare Group is focused on improving reliability and reducing risk exposure. As Partners in Patient Safety, BETA provides their members the opportunity for significant reductions in their contributions. The **Quest for Zero** patient safety program offers a tiered approach to this award in Obstetrics and the Emergency Department.

**6.8. Annual Board Policy Review**

6.8.1. ABD-20 Patient Satisfaction

**6.9. Board Quality Education**

The committee will review and discuss topics for future Board quality education.

**7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS****8. NEXT MEETING DATE**

The date and time of the next committee meeting will be proposed and/or confirmed.

**9. ADJOURN**

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



# QUALITY COMMITTEE

## DRAFT MINUTES

Thursday, August 20, 2015 at 12:00 p.m.  
Eskridge Lobby Conference Room, Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

Meeting was called to order at 12:04

2. **ROLL CALL**

Board: Greg Jellinek, M.D., Chair; John Mohun, Board Member

Staff: Jake Dorst, Interim CEO; Judy Newland, CNO / COO; Dr. Shawni Coll; Dr. Peter Taylor; Trish Foley, Patient Advocate; Janet Van Gelder, Director of Quality; Paige Thomason, Directory of Marketing; Sarah Jackson, Executive Assistant

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

None

4. **INPUT – AUDIENCE**

None

5. **APPROVAL OF MINUTES OF: 6/9/2015** ..... ATTACHMENT

Director Jellinek recommended to accept the minutes as presented, Director Mohun seconded.  
Approved unanimously.

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015**..... ATTACHMENT

Discussion was held regarding the 7 goals listed.

Goal 1: per Ms. Van Gelder, Ms. Foley will report out for PFAC. Ms. Foley and a PFAC advisor will attend the November BETARisk Management conference and be part of conference panel to demonstrate how this council is beneficial. We have budgeted for staff time to develop and participate in PFCC, and evaluating possible conferences and seminars that advisors can attend. Ms. Foley reviewed PFAC meetings and recommendations and outcomes of the 4 meetings held, which included noise issues in the Emergency Room. Mr. Dorst advised of a “hush curtain” solution. A patient recommended a headphone / music solution. Ms. Foley will develop a log of issues addressed by the PFAC and their outcomes.

Goal 2: per Ms. Van Gelder, at the last quarterly medical staff meeting the 1st quarter 2015 quality metrics were reviewed. CMS has eliminated some of the metrics for all hospitals as benchmarks are achieved and adding others.

Goal 3: Medical staff and Quality committee review and approve the QA/PI Plan on an annual basis. Director Mohun suggested that a member of the quality committee be involved with the CEO search. Dr. Coll is participating.

Goal 4: Ms. Thomason reviewed the changes to the Quality page of the TFHD website based on recommendations and feedback from this committee. An attachment was provided. Last year there were 1072 page views for the Quality pages. The most clicks were for the Top 100 CAHs information and the Baby Friendly information pages. Director Jellinek would like to see something added to the pages to make them less “dry.” He recommends anonymous patient quotes from our satisfaction surveys or something similar. Dr. Coll recommended adding virtual tours.

Goal 5: Ms. Van Gelder reviewed the Just Culture principles and the purpose behind implementing them. Further discussion was held regarding Just Culture principles and accountability for performance.

Goal 6: Ms. Van Gelder and Ms. Newland will add to the Project Management priority list to determine if Press Ganey is the vendor that TFHD would like to continue with them as the survey provider. It was recommended that the PFAC be involved with the determination of the survey vendor and the add-on questions to the survey.

Goal 7: Ms. Van Gelder reviewed the National Quality Forum Performance Measurement for Rural Low-Volume attachment.

**6.2. Patient & Family Centered Care (PFCC)**

**6.2.1. Patient & Family Advisory Council Update**

Ms. Foley provided this update in discussion with Goal 1.

**6.3. TFHS Web Site Quality Information Update**

Ms. Thomason provided this update in discussion with Goal 4.

**6.4. Lean Training Program**

Ms. Van Gelder reviewed the Lean Healthcare SHIP Lean Training and Mini-Project attachment. Lean training for Directors and Managers will be September 28<sup>th</sup> 8am – noon at the Hampton Inn. In the afternoon three (3) PI teams will work with Dr. Belson and develop their team charters.

**6.5. Board Quality Education ..... ATTACHMENT**

The committee will review and discuss topics for future Board quality education.

**6.5.1. Patient Safety/Medication Error Reduction Program Survey**

Ms. Van Gelder reviewed the MERP survey findings that occurred at Tahoe Forest Hospital last week. The surveys were not combined as described in the attachment, page 54. The Hospital is preparing for the Patient Safety Licensing Survey (PSLS) until notified otherwise. Director Mohun expressed concerns regarding item 2d of the draft form.

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The Committee was provided education related to the General Acute Care Hospital (GACH) Relicensing Survey which incorporates elements of the former stand-alone Medication Error Reduction Plan (MERP) survey and Patient Safety Licensing Survey (PSLS).

**6.5.2. National Quality Forum (2015) - Performance Measurement for Rural Low-Volume Providers.**

An attachment was provided and key highlights were discussed.

**7. INFORMATIONAL REPORTS/MATERIALS**

**7.1. Quality Committee Charter**

Ms. Van Gelder advised this attachment was included for review only.

**8. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

None.

**9. NEXT MEETING DATE**

The next Quality Committee meeting is tentatively set for October 13, 2015 at 12:00 p.m.

**10. ADJOURN**

**Meeting was adjourned at 1:24pm.**

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## Quality Committee Charter



Tahoe Forest Hospital District is committed to performance excellence, to delivering the highest quality care and service, and to exceeding the expectations of our patients, physicians, employees, and community. This committee will provide leadership, oversight, and accountability for organization wide quality improvement processes and programs. We will regularly assess the needs of our stakeholders, evaluate proposed quality initiatives, openly debate options, and assure the production of an organization wide strategic plan for quality. We will set expectations, facilitate education, and support the monitoring of the quality of care, service excellence, risk reduction, safety enhancement, performance improvement, and healthcare outcomes. Because of our efforts Tahoe Forest Hospital District will be the best place to receive care, the best place to work, the best place to practice medicine, and a recognized asset to all in our community.

Approved January 22, 2014



## Board Quality Committee Goals 2015

1. Provide appropriate resources to assist the Patient & Family Advisory Council (PFAC) improvement initiatives.
2. Monitor quality and patient safety metrics and support processes, with a focus on outliers, to achieve top decile performance.
3. Provide direction on the Quality and Service elements of the Health System strategic plan and the Quality Assurance/Performance Improvement (QA/PI) Plan.
4. Share quality and service metrics with the community through multi-media venues (i.e., web site, public speaking, social media, quarterly magazine, newspaper articles, etc.).
5. Utilize Just Culture principles when notified of sentinel/adverse events, including the disclosure of medical errors, and when patients share their experience.
6. Request that the Quality Department evaluate Patient Satisfaction survey vendors and determine if a change in vendor is warranted.
7. Prepare for Critical Access Hospital's participation in CMS Hospital Value-Based Purchasing program through the monitoring of Clinical Process of Care, Patient Experience, and Outcome measures.

		<b>Tahoe Forest Health System</b>			
		<b>Title:</b> Patient Satisfaction		<b>Policy/Procedure #:</b> ABD-20	
		<b>Responsible Department:</b> Board of Directors			
Type of policy		Original Date:	Reviewed Dates:	Revision Dates:	
<input checked="" type="checkbox"/>	Board	8/96	2/11; 1/12; 1/14	5/06; 2/14	
<input type="checkbox"/>	Medical Staff				
<input type="checkbox"/>	Departmental				
Applies to: <input checked="" type="checkbox"/> System <input type="checkbox"/> Tahoe Forest Hospital <input type="checkbox"/> Incline Village Community Hospital					

**PURPOSE:**

Tahoe Forest Hospital District’s objective is to exceed expectations and, in an effort to attain this collective goal, we shall measure our success, monitor opinions, and make improvements as necessary.

**POLICY:**

- 1.0 As an integral component of our Patient Satisfaction/Service Excellence program, the organization shall provide patients, residents, and/or clients/customers an opportunity to share their experiences, express how well the organization has met their expectations and convey the level of satisfaction with the care/service provided.
- 2.0 Patients, residents, and/or clients/customers have the right to freely voice their opinions and/or recommendations without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and service.
- 3.0 Perceptions of care/service, from patients, residents, and/or client/customers, may be received through various methods and via multiple communication mechanisms which may include, but are not limited, to the following:
  - 3.1 *Patient Satisfaction* or *Patient Expectation* survey (internal and/or external process)
  - 3.2 Participation in a state, federal, and/or quality agency patient expectation survey/study
  - 3.3 Quality Care Flyers are available for the public throughout the Health System and adjacent to Service Excellence contact information provided for comments.
  - 3.4 Complaint Reports and Event Reports in the Event Reporting system completed by staff or medical staff, concerning patient, resident, and/or client/customer dissatisfaction.
  - 3.5 Written communication to include receipt via mail, email, fax, hand delivery, and/or addendum to a survey response
  - 3.6 Telephonic and/or verbal communication received by TFHD personnel and/or medical staff
- 4.0 Information obtained through the Patient Satisfaction/ Service Excellence program, Complaint reporting, and Event reporting, to promote service excellence, patient-

centered quality of care, and patient safety, shall be aggregated and analyzed and will be utilized to:

- 4.1 Understand the needs of patients, residents, and/or client/customers;
- 4.2 Respond in a timely, flexible, and appropriate manner while incorporating the Baldrige National Quality Program philosophy;
- 4.3 Address, in an effective and sustainable way, opportunities for improvement practices through the Risk Management, Quality Assurance, Performance Improvement, and/or the Patient Safety programs;
- 4.4 Build relationships to acquire, satisfy, and retain patients and other customers, to increase loyalty, and to develop new healthcare service opportunities; and
- 4.5 Reinforce an ethos of quality by demonstrating to our patients, residents, and/or clients/customers that Tahoe Forest Hospital District fosters positive relationships and holds itself accountable as an agent of change and improvement.

**PROCEDURE:**

- 1.0 Administration, accountable to the Board of Directors, shall be responsible to develop a culture that supports quality improvement and patient-centered care through the encouragement of feedback, suggestions, and recommendations from those who access care, treatment, services and visit our facilities.
- 2.0 Leadership (administration, medical staff leadership, and/or the Board of Directors) may choose to participate in a *Patient Satisfaction* or *Patient Expectation* survey process coordinated by state, federal, or other external organizations.
- 3.0 Specific patient populations shall be contacted to elicit information related to the care, treatment, and/or service rendered at Tahoe Forest Hospital District.
  - 3.1 Leadership shall designate the specific patient populations that will be eligible to participate in a *Patient Satisfaction* or *Patient Expectation* survey process.
  - 3.2 Leadership shall designate whether the entire population or a representative sample shall be contacted to participate in the *Patient Satisfaction* or *Patient Expectation* survey process.
  - 3.3 The *Patient Satisfaction* or *Patient Expectation* survey information may be requested via a verbal, telephonic, electronic, and/or written survey format.
- 4.0 Administration, personnel, Medical Staff, and/or volunteers may receive information related to sharing of an experience, expressing how well the organization has met an expectation, perception of care/service, and/or revealing the level of satisfaction.
  - 4.1 Organization-wide information collection processes include the following:
    - 4.1.1 *Patient Satisfaction* or *Patient Expectation* survey/questionnaire process;
    - 4.1.2 Patient Communication Forms (PCF);
    - 4.1.3 Complaint and Event Reporting (see Patient/Family Complaints/Grievances and Event Reporting);
    - 4.1.4 Written communication to include receipt via mail, email, fax, hand delivery, and/or addendum to a survey response; and
    - 4.1.5 Telephonic and/or verbal communication
  - 4.2 Service/unit/department-specific information collection
- 5.0 Organization-wide information shall be routed directly to the Quality and Regulations Department.
  - 5.1 Information shall be collected and aggregated

- 5.2 Data shall be analyzed to identify any trends and/or patterns
- 5.3 Data analysis and metrics shall be reported on a quarterly basis to appropriate operational and medical staff committees
- 5.4 Trends and/or patterns shall be incorporated into the Performance Improvement (PI) prioritization process to identify organization-wide PI initiatives.
- 5.5 The Board of Directors shall receive a quarterly report via minutes of the medical staff committees.
- 6.0 Service/unit/department-specific *Patient Satisfaction* or *Patient Expectation* survey/questionnaire information.
  - 6.1 Information shall be collected and aggregated;
  - 6.2 Data shall be analyzed to identify any trends and/or patterns;
  - 6.3 Data shall be incorporated into the Service/unit/department-specific performance improvement focus;
  - 6.4 Data analysis and metrics shall be reported on a quarterly basis to appropriate operational and medical staff committees;
  - 6.5 The Board of Directors shall receive a quarterly report via minutes of the medical staff committees.
- 7.0 Patient Satisfaction process confidentiality
  - 7.1 The Quality and Regulations Department, in an effort to maintain confidentiality, will be responsible for securely maintaining all correspondence, reports, recommendations, and notes made or taken pursuant to this policy.
  - 7.2 Furthermore, personnel, department heads, committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to this policy shall be considered to be acting on behalf of the Tahoe Forest Hospital District Medical Staff and Board of Directors and shall be deemed to be 'professional review bodies' as that term is defined by the Healthcare Quality Improvement Act of 1986.

Related Policies/Forms: <a href="#">Patient and Customer Service Recovery Policy AGOV-23</a> ; <a href="#">Patient/Family Complaints/Grievances AGOV-24</a> ; <a href="#">Quality Assurance/Performance Improvement AQPI-05</a> ; Event Reporting AQPI-06
References: Center for Medicare and Medicaid Services (CMS), 2005 Conditions of Participation, §482.13(a)(2)(iii); Joint Commission for Accreditation of Hospitals and Healthcare Organizations-2006; Healthcare Facilities Accreditation Program (HFAP)
Policy Owner: Michelle Cook, Clerk of the Board
Approved by: Robert Schapper, Chief Executive Officer