Board Quality Committee

Jun 09, 2015 at 12:00 PM - 01:30 PM

Eskridge Conference Room
AGENDA

5. APPROVAL OF MINUTES

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6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.2. TFHS Quality Strategic Plan Goals Page 9

6.1. Quality Committee Goals 2015 Page 10

6.3. Medical Staff Strategic Plan Update

   a) Medical Staff Strategic Plan - 3 year FY 2015-2017 Page 11

   B) Medical Staff Strategic Plan - Completed Page 12

6.4. TFHS Web Site Quality Information

   No related materials

6.5. Patient & Family Centered Care (PFCC)

   6.5.1. Patient & Family Advisory Council Update

   No related materials

6.6. Lean Training Program

   No related materials

6.7. Board Quality Education

   No related materials
QUALITY COMMITTEE
AGENDA
Tuesday, June 9, 2015 at 12:00 p.m.
Eskridge Lobby Conference Room, Tahoe Forest Hospital
10121 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: 4/14/2015 ................................................................. ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION
6.1. Quality Committee Goals 2015 ................................................................. ATTACHMENT
   Committee will review and discuss updated Committee goals.

   Staff Recommendation: Committee recommendation to the full board for approval of the Quality Committee 2015 Goals.

6.2. TFHS Quality Strategic Plan Goals ................................................................. ATTACHMENT
   Committee will review and provide updates related to the Tahoe Forest Health System strategic goals related to quality.

6.3. Medical Staff Strategic Plan Update ................................................................. ATTACHMENT
   Committee will be provided an update related to the Tahoe Forest Health System Medical Staff strategic goals related to quality.

6.4. TFHS Web Site Quality Information
   Committee will review and provide input related to the Tahoe Forest Health System web site related to quality.
6.5. **Patient & Family Centered Care (PFCC)**

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

6.6. **Lean Training Program**
An update will be provided related to the Lean training program in which the TFHD staff has been participating. This training has been funded through a grant from the National Rural Health Resource Center and the CHA Flex Grant.

6.7. **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.
1. **CALL TO ORDER**
   Meeting called to order at 12:04 p.m.

2. **ROLL CALL**
   Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
   None.

4. **INPUT – AUDIENCE**
   None.

5. **APPROVAL OF MINUTES OF: 2/10/2015**
   Motion made by Director Mohun, seconded by Director Jellinek, to approve the minutes as presented. Approved unanimously.

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
   6.1. **Quality Committee Goals 2015 & Charter**
   Director of Quality provided a review of the committee Charter previously approved. Based on input provided a previous meeting and input from the ADHD leadership conference, committee goals were reviewed and reassessed to confirm appropriateness. Discussion took place regarding concerns of ambiguity around the goals and need to identify specific measurements.

   The CNO provided feedback related to the committee’s expectation identified in 2014 that the organization be at the 90th percentile if not at 100 for quality measures. Discussion took place and request made that the goals better identify the expectation; keep the goal at 90 but challenge the organization to identify how to continue to improve with a reach toward 100%. The fall out number will also be defined.

   Discussion took place regarding why the board quality goals differ from the goals identified on the organizational strategic plan.

   Discussion took place related to patient experience from Director Jellinek’s perspective as a patient.

   Discussion took place related to the Press Ganey data; Dr. Conyers indicated the scale is uninterpretable. It was noted that other survey vendors are being assessed and that Health Stream is currently being looked at for use at IVCH.
Discussion took place related to manipulating survey questions to make them more specific to TFHD and it was noted this would eliminate the availability of benchmarking data and that regulatory agencies want to see the benchmark data.

Discussion took place related to limiting the goals to a focused few for the following year.

A review of the goals included on the strategic plan took place. It was noted that one committee goal related to sharing quality data with the community is not included on the strategic plan.

Discussion took place related to how quality data could be shared with the community. Recommendation made by Dr. Conyers to engage with the community to share quality data with area service organizations, etc. Director Mohun suggested having the interim CEO promote quality through the local papers. Dr. Conyers suggested there is a need to get others that are not hired and paid by the hospitals to share the quality data.

Discussion took place related to managing TFHD’s online reputation. It was noted that this item falls within the scope of responsibility of the marketing department.

Community member, Ronda Brooks, indicated that she would like to hear more and that she is not aware of what the marketing and communications department does.

It was agreed that the Director of Quality will review each goal and restate them to include something measurable that aligns with the strategic plan.

Discussion took place related to the benefits of sharing the TFHD strategic plan on the website in an abbreviated format along with Medical Staff goals.

Trish Foley, Patient Advocate, provided a review of the response process for issues submitted online. Discussion took place related to the most common concerns reported by patients.

Director of Quality will send out 4 – 5 measurable goals to the committee for review and feedback prior to the next committee meeting.

6.2. **TFHS Quality Strategic Plan Goals**

Discussion took place related to the review process for the strategic plan and how it ties to the budget. Discussion took place related to opportunities to engage and communicate with the community. Recommendation made to provide community education related to costs.

6.3. **Patient Satisfaction Survey**

Sample standardized patient satisfaction survey templates were reviewed and discussed. With the Press Ganey survey, there is an option to add 3 – 5 unique questions that are not benchmarked. Request made to have Trish Foley provide some feedback related to questions that may be helpful based on complaint issues raised by patients.

Dr. Shawni Coll provided background related to a pilot process being used related to providing cost estimates to patients in advance of a procedure. Discussion took place related to how the data may
be analyzed to help identify patient out migration. It was noted that it would be easy to analyze how many patients opt not to have surgery after receiving the estimate but that people are not leaving to have the procedure elsewhere, rather deciding not to have the procedure at all.

Director of Quality will find out if there are financial or cost related questions to be included in the survey.

6.4. **Patient & Family Centered Care (PFCC)**
   6.4.1. **Patient & Family Advisory Council Update**
   Trish Foley provided an update related to the activities of the PFCC. The first meeting of the Patient and Family Advisory Council (PFAC) will take place the evening of 4/14/15.

   6.4.2. **Patient Family Story Presentation at Board Meeting**
   Leilani Schweitzer, Stanford University Patient Liaison, presentation is scheduled on April 28, 2015 at the BOD meeting. She will be sharing her personal healthcare story and the importance of a Just Culture philosophy and error disclosure.

6.5. **Lean Training Program**
Director of Quality provided an update regarding the Lean training program in which TFHD staff has been participating. A review of plans for future education was discussed including on-site training by David Billson [sic] tentatively scheduled on May 15th.

6.6. **Board Quality Education**
The Committee discussed options related to informational resources available for use in Board education. It was noted that regional and national conference education options are being vetted by the Governance Committee related to broad board education. Director of Quality will look into quality specific education options via webinars and area seminars.

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
   None.

8. **NEXT MEETING DATE**
The next Board Quality Committee meeting will be June 9, 2015.

9. **ADJOURN**
   Meeting adjourned at 1:41 p.m.
1. **Patients, Service and Quality**
   - **Goal 1:** Establish a formal system of communication and feedback with the medical staff organization and the community to maintain its medical leadership to optimize medical staff organization and its medical leadership to optimize medical staff organization and its medical leadership.
   - **Goal 2:** Develop and deploy short-term IT EMR plan to optimize use of current CPSI software to meet improvement.
   - **Goal 3:** Create a market study to inform ongoing and potential service/line investment.

2. **Advancement**
   - **Goal 1:** Measure: Retain Healthcare IQ to perform a market study and analytical operations to benchmark service line profitability and establish priorities and opportunities for improvement.
   - **Goal 2:** Measure: Plan and deliver a strategic plan for growth.

3. **High Performing and High Value**
   - **Goal 1:** Measure: Establish and deploy the strategic plan for growth.
   - **Goal 2:** Measure: Plan and deliver a strategic plan for growth.

4. **Strategic Initiatives**
   - **Goal 1:** Implement the Tahoe Forest PDQ and assess opportunities for direct contracting with local employers.
   - **Goal 2:** Implement the strategic plan for growth.

5. **QUALITY AND SERVICE LEADER**
   - **Goal 1:** Maintain the strategic plan for growth.
   - **Goal 2:** Implement the strategic plan for growth.

6. **Public and regional and local medical provider**
   - **Goal 1:** Implement the strategic plan for growth.
   - **Goal 2:** Implement the strategic plan for growth.

7. **6. Grow market share in select clinical service lines**
   - **Goal 1:** Measure: Establish and deploy the strategic plan for growth.
   - **Goal 2:** Measure: Plan and deliver a strategic plan for growth.

8. **8. Achieve quality, sustainable programs and partnerships that respond to local health priorities**
   - **Goal 1:** Measure: Establish and deploy the strategic plan for growth.
   - **Goal 2:** Measure: Plan and deliver a strategic plan for growth.

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**Tahoe Forest Health System**

**CORE STRATEGIES**

**MEASURABLE GOALS**

1. **Goal 1:** Establish a formal system of communication and feedback with the medical staff organization and the community to maintain its medical leadership to optimize medical staff organization and its medical leadership.
   - **Measurement:** Continuation of a long-term financial success based on profitability and maintenance of a strong balance sheet.
   - **Goal 2:** Implement CPSI version 19 to enable IT EMR compliance.

2. **Goal 1:** Develop and deploy short-term IT EMR plan to optimize use of current CPSI software to meet improvement.
   - **Goal 2:** Develop and deploy Meaningful Use stage one attestation plan.

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Board Quality Committee Goals 2015

1. Review on a quarterly basis the resources available to assist the Patient & Family Advisory Council (PFAC) improvement initiatives to ensure they are adequate and appropriate.

2. Monitor quality and patient safety metrics and support processes, with a focus on outliers, to ensure programs are in place to achieve the strategic goal of maintaining top decile performance.


4. Review and approve a plan for sharing of 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 responding to notice of sentinel/adverse events, including the disclosure of medical errors when a patient experience is shared directly with a Committee member; ensure issues are directed through appropriate channels for resolution.

6. Make recommendation as to the selection of a patient satisfaction survey vendor based on the evaluation and feedback provided by the Quality Department.
MEDICAL STAFF MISSION

Provide efficient, personalized, evidence-based quality healthcare while treating patients with compassion, confidence and respect to surpass expectations and ensure the best healthcare experience.

MEDICAL STAFF VISION:

In conjunction with Tahoe Forest 2020, TFHD Medical Staff will be strategically placed to provide the best quality healthcare experience by anticipating and planning for upcoming changes in healthcare reform.