Oklahoma Health Care Quality Improvement Advisory Committee

September 16, 2008
10:00 a.m. to 12:00 p.m.
Oklahoma State Department of Health Building
1000 NE 10th Street, Room 307
Oklahoma City

Agenda Item	Discussion	Actionable Items
I. Welcome and Introduction	**Dr. Crutcher** -Called the meeting to order at 10:00 a.m. Dr. Crutcher welcomed the new members to the committee. He asked the group to do introductions. He went over the format of the packet. He explained that items such as the mission statement and other pertinent information, such as the AHRQ data set would be included in the packet each time.	
II. Review of Minutes from May 6, 2008	**Vonnie Meritt** gave a summary of the minutes from May 6, 2008.	
III. Report on Website with link	**Vonnie Meritt** reported on the development of a web page within the OSDH website which will include handouts and minute summaries of previous meetings. It will include a calendar of event. The plan is to link it with the Commissioner's page.	
IV. Subcommittee/Work Groups Actionable Items and Discussion	***Hospital and Home Health Subcommittee*** – **Craig Jones** distributed Hospital/Home Health Subcommittee Report, which defined the AHRQ Measures for the hospital and home health industry. The subcommittee looked at some of the some of interventions for hospitals to address, such as the Value Based Purchasing Model, collection of comparison data, develop a Oklahoma Quality website, and share data with OHA Board of Trustees to develop an action plan and focus on the AMI Beta Blocker indicators. The subcommittee also reviewed data from the AHRQ report for the Home Health industry and identified several complicating factors. The subcommittee identified several actionable items to be accomplished of the next few months.	

Dr. Bratzler shared with the group that if a patients does not understand the discharge instructions, then the patient is more likely to be readmitted. The state of Maine recently adopted a NQF endorsed "Care Transitions Survey" for patients being discharged from the hospital in an effort to get a better understanding about if the patient understands discharge instructions.

Long-term Care Subcommittee **Peter Winn M.D.** distributed the minutes for the "Best Practices Medical Directors Subcommittee" and a publication "Opportunities for Living Life –Focus on Excellence—Nursing Facility Residents and Families". He also share information about 2 websites which might be of interest to the group: www.ncqltc.org National Commission for Quality Long Term Care, article dated December 3, 2007; www.myinnerview.com 2007 National Survey of Consumer and Workforce satisfaction in Nursing Homes.

He reported that the subcommittee had met and looked at performance indicators for pressure ulcers, physically restrained, and hospital admission and readmission with in 3 months.

Summary comments for the subcommittee were to look at more recent performance indicators, determine what the achievable benchmark is for QM/QI, be cognizant of the ranking of all state and look to improve the numbers, and implement or support ongoing initiatives through partnering organizations.

LaWanna Halstead gave a brief overview of the *Pressure Ulcer Coalition* work and how it is progressing. The coalition has developed a mission statement and goals. Currently they are looking at what other states have developed such as a consistent transfer forms to be used from nursing home to hospital and back. They have been collecting tools however they have not developed a tool kit yet. She reported the group looked at of two pilot communities: Enid and Alva, which worked on the issue of pressure ulcers with improved outcomes. Group discussion on the possibility of

	coming up with a ***community rate***. ***Outpatient Practices*** **Patricia Johnson** reported for Dr. Mitchell. The group met and looked at the item that they had identified to work on, however the group realized that the items selected were overwhelming. So the group decided to select two actionable items which could be addressed and have a significant impact. The two measures selected were: Tobacco Cessation - We can come up with some type of campaign on tobacco cessation to promote these actionable items. Reinvent the preventable annual examination - by working with the payer groups to pay for these preventable screenings. There was group discussion on the data collected. Dr. Bratzler bought up about business groups and what they might bring to this table. **Dr. Crutcher** brought up about having a representative from the State Chamber. He suggested inviting Matt Robison to this committee.	Dr. Crutcher will discuss with Matt Robison about joining this committee. (completed 9/30/08)
V. Information Sharing	**D. Kent Towsley, MD**, Principal Clinical Coordinator from the Oklahoma Foundation for Medical Quality gave a PowerPoint Presentation on the Transitions of Care. **Dr. Bratzler** announced that OFMQ would be putting together a statewide to host a Quality Conference possible in June. We will be look partnering with others to assist in the planning of the conference. **Dr. Michael Crutcher**, **Commissioner of Health**, shared a PowerPoint Presentation. This was a summary of several items, which are occurring, and how this group fits into the big picture. He also share information about two IOM reports, "Crossing the Quality Chasm, A New Health System for the 21 Century" and "Building a Better Delivery System, A New Engineering/Health Care Partnership".	Slides to be posted on the website. Links will be posted on the website. Slides to be posted on website
Adjournment	12:10 p.m. (Disclaimer: Minutes are a summary of the comments rather than exact quotations, and not all comments have been recorded) Next meeting to be scheduled in December.	