



Virginia State Rural Health Plan Workforce Council
Conference Call Meeting Agenda
Monday, February 23, 2009, 12:00 – 1:00 PM

Quality Council Members Present: Paul Crews, Eileen Ciccotelli, Thelma Burris , Edna Rensing , Michael Lundberg, Heather Silvius , Deborah Harris, Jim Whitton

I. Review recommendations for quality in the Virginia State Rural Health Plan (see p. 2)

Paul welcomed everyone to the meeting and thanked Mara for bringing us all together. He asked if everyone received the handouts for the meeting. One handout contained the recommendations for the Quality Council as stated in Virginia's State Rural Health Plan (VA-SRHP). Paul reviewed the recommendations and went over to see what we have completed. He wants to know our intentions when we talk about "Quality." One of the initiatives that had been discussed is a needs assessment of rural health providers looking at quality. We haven't started moving in that direction. With Mara's help, we hope to. Maybe use some of the money to help us move through to that. He mentioned that they had talked about doing a survey, but he leaves it up to the group to see what we want to do with the money.

Mike Lundberg mentioned he had been working with Ken Studer to map urban vs. rural access to care. He wondered if this might take care of D2. Mike emailed everyone a copy of a powerpoint with some of this information. It is also contained on the far right corner of VHI website where the data is broken down by individual cities and counties. This might be useful for anyone doing a needs assessment.

Paul asked if anyone had any thoughts about the needs assessment and the breadth of the needs assessment. Should the scope be broadened? Edna is concerned about making the needs assessment and summit too broad that it dilutes the subject. The needs of a hospital vs. physician might be totally different. Eileen is a firm believer in integrating all our hospitals and providers for improving quality. She thought rural hospitals might be interested in the Health Summit she has been working on scheduled for Thursday, May 21, 2009 at the Greater Richmond Convention Center (link: <http://www.myvbch.org/Summit2009.php>). The Summit is jointly sponsored by Virginians Improving Patient Care and Safety (VIPCS) and The Virginia Business Coalition on Health (VBCH). The Summit offer (pending approval) CME/Contact hours for nurses/CEUs for Pharmacists/University CEU/Virginia Life and Health/PHR, SPHR & GPHR for human resources professional. Rural health has to be part of the big picture.

Edna thinks that we need to send out a needs assessment. What are the needs of the QI, administrative, and front line folks?

Paul thinks we should do a survey of hospital Directors and CEOs. He believes that some of the fundamentals of quality in a hospital setting aren't taught. Edna has observed the same thing through some of her visits to hospitals and nursing homes: there are so many initiatives that there is a need to go back to more basic training.

Eileen offers use of a Zoomerang Survey Tool that she uses through their parent organization. She also knows that people are surveyed-out; we will need to be sure to hit the various levels of administration to get at the issue. Eileen's organization, the Virginia Business Coalition on Health is working with the National Priorities Partnership and there is a good deal of coverage in the material for both rural and urban hospitals, and includes benchmarks captured in The Leapfrog Hospital Survey, of which her organization is the Regional Roll-out Leader." [NOTE: visit <http://www.qualityforum.org/about/NPP/> to learn more and to download the document: National Priorities Partnership; National Priorities & Goals]

A way to look at the data that Mike to see what areas are impacting. Then we can narrow down a survey. Then you can get buy-in. The Access council would like to see this data. Once we have access, then we need to be able to provide quality care and evidence based medicine. Mike has some summary slides. It is not every indicator, but all the indicators can be found on the website.

II. Use of grant money - \$5,500 to be spent by August, 31, 2009

The Council decided to send out a survey. Please send Mara some suggestions for questions to be put on the survey. Paul might have some old surveys that he could pull some questions off of. Once we have all the questions, we can send it out to the group to review.

We will need to identify who will receive the survey, probably a smaller group of hospitals and rural health clinics. Perhaps in the following years we can reach out to other providers such as primary care providers, long-term care providers, and dental care providers. Edna can help with this as well as pulling the survey together and analyzing the data.

Once the data has been analyzed, we can begin to look at how we can address the needs. We can close the gap with an educational seminar and use some of the money towards this.

III. Plans for State Rural Health Summit

Only Thelma is going to be in attendance at the Summit. She can do the report-out for the Council.

Edna is pondering her attendance. Mike would like to come, but isn't sure he can make it.

IV. Other – Announcements

No announcements were given.

V. Next Meeting

Our next meeting will be within a month, perhaps at the end of March. There will be no meeting at the Summit on March 12th.

If we are going to have a summit, we need to begin looking at that right away. It will take a few months to plan for it. The Kirkly in Lynchburg could be a nice place to hold it. Paul is not sure he has to have people face-to-face. Perhaps webinars will work well.

Quality: *In accordance with VA-RHP core principles, performance and quality improvement must be central to all rural health care services. Thus, the VA-RHP must provide recommendations that support and promote an increased awareness of and dedication to performance and quality improvement.*

- D.1. Establish the Virginia Rural Health Performance and Quality Advisory Council. - done
- D.2. Create a database that supports the identification of health inequities and approaches for measuring progress against baseline measures. – shared with data council
- D.3. Host a statewide Rural Health Quality Summit.
- D.4. Establish a plan to improve transitions in care (e.g., from hospital to home).
- D.5. Create a database that supports rural-relevant and meaningful indicators and increased transparency of quality data.
- D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.
- D.7. Develop common quality measures for program assessment and outcomes.