

**Corvette Community Clinic**  
**Quality Improvement Committee Minutes**  
**March 12, 2015**

**Attendees:** Dr. Good, MD – Family Practice and Committee Chair; Daisy Duck, RN, Clinic Manager, Donald Duck, HIT Manager; M. King, Pharmacy Director; M. Mouse, QI Coordinator; Speed McQueen, LCSW; I.M. Mater, Lab Technician, S. Dwarfs, ARNP-Obstetrics;

**Members Absent:** Bugs Bunny, Dental Manager; Winnie T. Pooh, Practice Manager (Front Desk)

*The following example demonstrates how to document minutes that comprehensively reflect the discussion, recommendations, actions, responsible party and follow-up for agenda topics.*

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-up Date
<b>Welcome and Introductions</b>	Dr. Good, M.D. convened the meeting of the Quality Improvement Committee by welcoming attendees. Minnie Mouse welcomed Ms. King, Pharmacy Director of the County Health Department as a new committee member.	None	N/A	N/A
<b>Approval of February 12, 2015 Meeting Minutes</b>	Dr. Good asked for approval or changes to the minutes. No changes requested. Minnie Mouse made a motion for approval, seconded by Goofy. The committee voted to approve the minutes as written.	Approved	N/A	N/A
<i>Approval</i>	<b>Recommendations:</b> Approve			
<b>STANDARD COMMITTEE REPORTS</b>				
<b>Medical Management Reports</b>				
<b>Diabetes HbA1c Control</b>	Dr. Good presented 4th Qtr 2014 provider-specific performance report for HbA1c control. Key findings discussed: <ol style="list-style-type: none"> <li>100% (4 of 4) of providers participated in the peer-review process.</li> <li>0% (0 of 4) providers met or exceeded the goal of HbA1c &lt; 7% = 44%.</li> <li>There were no significant upward or downward trends noted over the past 3 quarters. These static results indicated the need to conduct a barrier analysis.</li> </ol>	The committee accepted the implemented actions and requested a progress report in three months related to action implementation	Dr. Good	June 2015
	Dr. Good discussed results were peer-reviewed at the February 2015 provider meeting. Peer discussion resulted in a barrier analysis including system, provider, and patient barriers that may be contributing factors to performance results not meeting the established threshold. Key barriers addressed and accepted by the QI Committee included: <ol style="list-style-type: none"> <li>Data integrity may be an issue given there are multiple fields in the EHR in which HbA1c results may be entered</li> <li>Patients are not returning for lab services as prescribed</li> <li>Diabetes management practice patterns by providers are not consistently applied across the organization.</li> <li>Laboratory services conducted outside the health center are currently not interfaced with the EHR.</li> </ol> Actions implemented by providers addressing barriers documented in the quarterly report were discussed by the Committee members. Actions include:	Engage the HIT sub-committee to conduct the interfacing research and bring findings to the committee.	HIT Sub-Committee Chair	June 2015



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	<ol style="list-style-type: none"> <li>1. Complete a data mapping flow of the structured data fields for documenting HbA1c results. Determine which fields are mapped to the diabetes registry and create a quick reference guide for providers and implement training at the next provider meeting.</li> <li>2. Create standing order for clinical support staff to review registry records and order HbA1c testing on patients.</li> <li>3. Review ADA Diabetes guidelines for recommended HbA1c testing frequency and clinical management with providers at the next provider meeting.</li> <li>4. Poll a sample of patients whose HbA1c levels are not controlled to assess patient barriers/ risks in self-management.</li> </ol> <p>Dr. Good informed committee members that lack of interfacing the laboratory vendor with the EHR was recognized as a barrier and requested assistance from the committee in assessing costs and feasibility vs impact of bi-directional interfaces.</p> <p><b>Recommendations:</b> Committee members accepted the implemented actions and requested a progress report at the next meeting related to action implementation. The committee recommended engaging the health center's HIT sub-committee to conduct the interfacing research and bring findings to the committee.</p>			
<b>Referrals 4<sup>th</sup> Quarter 2014</b>	<p>Donald Duck presented the referral management report by reviewing the distributed report. Key findings:</p> <ol style="list-style-type: none"> <li>1. Performance targets were met for all referral timeliness standards for both quarters reported. 100% of all referrals were processed within 1 business day for urgent and 5 business days for non-urgent.</li> <li>2. Goal of 65% was not met in percentage of referrals completed. This is three quarters in which this target has not been met and performance continues to trend downward. 55% of referrals did not indicate follow-up attempts to completion. Referral coordinators are not consistent in documenting follow-up of referral to close the activity.</li> </ol> <p><b>Recommendations:</b> A discussion among committee members prompted the following recommendation:</p> <ol style="list-style-type: none"> <li>1. Discuss with referral coordinators barriers/challenges to completing the referral follow-up processes.</li> <li>2. Report findings and planned actions at next QI meeting.</li> </ol>	<p><b>Call to Action:</b> Schedule a meeting with the referral department to conduct a barrier analysis related to referral follow-up. Report findings and planned actions at the next QM meeting</p>	D. Duck	April 2015
<b>Quality Management Reports</b>				
<b>Quality Complaints 4th Quarter 2014</b>	<p>Daisy Duck reviewed the complaint report. 7 complaints were reported. Highlights included: The number of complaints increased during the 4<sup>th</sup> Quarter 2014 from the</p>	<p><b>Continue to track and trend</b> via</p>	Daisy Duck	May 2015 (1st Qtr 2015)



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	<p>previous 2 quarters but still remains below threshold. The top complaint reasons were:</p> <ol style="list-style-type: none"> <li>1. Provider shows lack of concern and/or uncaring attitude.</li> <li>2. Poor practice management</li> <li>3. Poor communication</li> </ol> <p>Three (3) of the seven (7) complaints were reported against one (1) provider. No confirmed quality concerns were found with this provider. All complaints were resolved in a timely manner.</p>	quarterly complaint findings to committee		
<b>Pharmacy Management Reports</b>				
<b>Pharmacy Management</b>	There was no pharmacy management report due for presentation at this meeting.	N/A	N/A	N/A
<b>OLD BUSINESS</b>				
<b>Old Business</b>	This section includes items that require follow-up as a result of a previous meeting. Items stay in Old Business until they are completed or discontinued.	N/A	N/A	N/A
<b>NEW BUSINESS</b>				
<b>Pharmacy: Access to Adding Antilipidemic Medications</b>	<p>Daisy Duck brought to the committee's attention the last health center formulary review/revision resulted in antilipidemic medications being removed with directions to patients to access the community-based prescription assistance program (PAP) through the Health Department. An inquiry as to the number of patients who have accessed the PAP for these medications since the formulary revisions indicates only 1 patient. Daisy Duck expressed concern that health center patients are not able to access appropriate cholesterol lowering medications. In particular she pointed out that the clinical practice guidelines that are used to guide the health center's diabetes and hypertension chronic condition programs recommend use of these types of medications. The committee agreed that these meds are important and recommended that pharmacy subcommittee review and make recommendations at the next meeting. Ms. King agreed to spearhead this activity.</p> <p><b>Recommendations:</b> The Pharmacy subcommittee will review rationale for removing these medications and make recommendations at the next meeting for ensuring appropriate access.</p>	Discuss with Pharmacy Sub- Comm and present findings and recommendations at next meeting	Ms. King	April 2015
<b>Meeting Adjournment</b>	The meeting was adjourned at 7:45 P.M.			

Date Minutes Accepted: \_\_\_\_\_

Committee Chairman: \_\_\_\_\_



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**NEXT MEETING:** The next meeting is scheduled for **Thursday, April 8, 2015 from 6 PM to 7:30 PM at Disney.** Call in information will be provided for those that are unable to personally attend the meeting.