**Meeting Minutes**

1. **Welcome and Introductions**
   1. **Roll Call – By Provider and then Open to anyone else joining**

**Meeting Attendees: Representing:**

Ms. Angie Alaniz, Ms. Shayna Spurlin, Ms. Cooper McLendon RHP 17

Mr. Michel Smith Conroe Regional Medical Center & Kingwood Medical Center

Ms. Allison Hollender College Station Medical Center / Washington County EMS

Ms. Tammy Stanfield Huntsville Memorial Hospital

------------------- MHMR ABV- not able to attend

Ms. Adeolu Moronkeji, Ms. Penny Wilson, and Ms. Danette Suding Montgomery County Public Health / Hospital District

------- St. Luke’s The Woodlands- not able to attend

M. Tim Ottinger, Ms. Lynne Yeager St. Joseph Regional / Prenatal Clinic

---------- S&W Brenham- not able to attend

----------- Tri-County Services- not able to attend

Ms. Liz Dickey, Mr. Philip Nash, Ms. Suzie Vann Texas A&M Physicians

Ms. Lisa McNair Texas A&M Physicians/Hospice Brazos Valley

Dr. Lee Ann Ray Texas A&M Health Science Center

1. **RHP 17 Learning Collaborative Recap-** Ms. Spurlin describes the Learning Collaborative event on Tuesday and identifies the guest speakers from the event: Kevin Deramus, Melissa Rowan, and Andrew Karrer. Ms. Spurlin indicates that the Anchor Team is unable to post materials from the LC even on the RHP 17 website, as they are not ADA compliant. If you would like a copy of the presentation, please email the anchor team. Ms. Spurlin states that if you have LC metrics, you will need a copy of the sign in sheet. Ms. Spurlin thanks all of those who participated in the event and brought posters. A survey will be sent out via survey monkey.
2. **Raise Performance – Focus Area and Open Discussion** 
   1. Monthly Spotlight: Topic area of interest or quality improvement method/focus.

This month, Ms. Spurlin explains that that the call will focus on Root Cause Analysis. There are many types of RCAs that can be used. At the LC event, the 5 whys were discussed- a very basic type of methodology that can be used as CQI. In this month’s call, the fishbone diagram and the SIPOC diagram will be discussed and shared via email. Ms. Spurlin indicates that many of the RHP 17 hospital providers are probably very familiar with RCA. Ms. Spurlin indicates that the Joint Commission guidelines were sent out as well, which can help identify issues within an organization.

* 1. Innovator Agent: One or two RHP 17 Provider(s) will share experiences and offer “real-world” examples related to current waiver activities

St. Luke’s is a provider that uses RCA routinely. Unfortunately Ms. Krystle Riley was not able to make the call, but she has shared information with the anchor team on how St. Luke’s uses the methodology. Ms. Suzie Van will also share RCA methodology on the call.

Ms. Spurlin describes how St. Luke’s uses Root Cause Analysis to investigate process errors and to identify improvements related to patient safety. This methodology is utilized any time a staff reports a potential incident to the “Patient Safety Net” tracking system. A large team is gathered to partake in the Root Cause Analysis, including all medical and hospital staff members that touched the patient that was reported within our patient safety system, as well as senior executives, risk management, and quality directors. The team uses either/both the 5 Why’s and Fishbone Diagram approaches to focus on systems and processes. For example, St. Luke’s may use RCA to identify organizational factors such as including human, patient, environment, equipment, communication, and organizational factors to identify causes and effects. St. Luke’s uses RCA to analyze systems and processes to identify improvements that would control or reduce the likelihood of a future event. RCA is used through the patient tracking system and the leader of the RCA analysis will further take action to take the corrective action plan that helps to do the following actions:

* Identify specific actions that will be taken to address process deficiencies/opportunities
* Identify an implementation plan, including timelines and responsible parties
* Identify methodology for follow-up and measurement
* Report out to senior leadership regarding the effectiveness of the action plan based on the identified follow up metrics

Ms. Spurlin asks if anyone has any comments.

With that Ms. Spurlin introduces Ms. Suzie Van, who is an RN and is the project manager for Brazos Valley Care Coordination Program.

Ms. Van describes that she has used RCA for many years and that the Joint Commission requires that if a sentinel event occurs, RCA must occur. It takes training to practice RCA and it takes everyone on the team to implement RCA. For example, if a patient got burned in the ER, there can be multiple opinions as to why the problem occurred. Ms. Van explains that RCA needs to be done without blame. It is common that people don’t want to take responsibility for events, but the goal is to prevent the event from happening in the future. Trying to get buy in from individuals is a large part of RCA. Ms. Van explains that she really likes to utilize RCA, but she also appreciates other types of analysis such as FMEA, Failure Effect Mode Analysis. Ms. Van also shares that it is important to know that some people may have an agenda when using RCA. For example, if an issue occurs, someone might identify that it was due to staffing and if that person has been asking for staffing, they might use that to push their own agenda.

Ms. Spurlin asks if anyone has questions or anything to contribute.

An open dialogue occurred between Ms. Suzie Van and Ms. Tami Stanfield on the impact that patients have on RCA. It was described in the conversation that RCA previously did not include patients, but now the receiving the patient’s perspective is essential to identifying key information in a RCA. The concept of perception was discussed, as both Ms. Van and Ms. Stanfield indicated that perception is important when examining processes.

Ms. Spurlin asks Mr. Nash if Texas A&M Physicians is utilizing this methodology, and he explains that because hospitals have different reporting systems, it is difficult to use RCA in the way that is being described by other call participants. Mr. Nash identifies that he is interested in knowing if other call participants are using tools that are more proactive than RCA. Ms. Spurlin indicates that next month, a more proactive approach will be discussed on the monthly call. More specifically, the call will focus on the Failure Effect Mode Analysis Model.

1. **Updates**
   1. Cohort group updates- The anchor team is still reaching out to identify who is interested in facilitating, co-facilitating cohort work groups. Best dates are being identified for cohort meetings. Ms. Spurlin reminds call participants about the google discussion forum and encourages everyone to participate.
   2. Upcoming regional events – RHP 8 is having their LC event in Georgetown. Please let the Anchor team know if you are interested in attending. Their topic is Big Data Big Health.
   3. The statewide LC event is Sept. 9-10 in Austin. There will be live web streaming.
   4. Sept 23rd RHP 8/17 Joint lunch and learn. As we get closer to that date, the Anchor team will send out more info.
   5. Our next call monthly Learning Collaborative Call is scheduled for Sept. 11th at 10:00 am.

Ms. Van thanks Ms. Spurlin for hosting a great learning collaborative event and Ms. Spurlin responds by thanking everyone for participating.

1. **Next Steps & Adjourn** 
   1. Next call scheduled for: Sept. 11th at 10:00 am.

**Have an idea/suggestion to share or topic to recommend for future Learning Collaborative calls, articles, or upcoming events? Hosting an event or celebrating an achievement you’d like featured in the newsletter? We want to know!** E*mail the Anchor Team at* [*rhp17@tamhsc.edu*](mailto:rhp17@tamhsc.edu)*.*