

Cascade Medical Center Quality & Compliance Committee Minutes (2/10/2026)

Purpose: Quality Improvement of the CMC Hospital District
Committee Chair: Aline Lee, RN
Members: Lesa Becker, Tom Watson, Dr. David Gough
CMC Leadership: Tom Reinhardt, Teri Coombs, Jessica Wagner, Shelby Hallan, Sylvia Kober, Katie Camarata, MD, Julie Mills, MD
Excused: Lesa Becker

Agenda Item & Presenter	Action Items	Decisions/Board Recommendations/Notes for Future
<ul style="list-style-type: none"> • Call to order, roll call, agenda / minutes approval - Aline 		Minutes approved with no additions, deletions, or corrections.
<p><u>Continuing Business: (All)</u></p> <ul style="list-style-type: none"> • Quality Dashboard • Patient Satisfaction Surveys for PT and Clinics • 2026 PIP Plan • Regulatory Compliance Plan • Hospital Network of Idaho • RHTP Funding Plan 		<p>Quality Dashboard: <i>ED metrics:</i> Pain interventions are multifaceted and can be documented in multiple places so data is time-consuming to collect. Staff is being educated to document interventions in one specific place for consistency and easier data collection. Door to ECG: Clarified that measurement is actually door to ECG result time, not door to ECG order time. Staff has standing orders and can implement ECG upon patient complaint of chest pain before order is entered into Epic by attending provider. <i>PT metrics:</i> Discussion was held regarding the functional improvement metric including that results from patients with acute problems are included with those that have chronic issues and many of the measures of functional improvement may not be relevant to the patient. Staff recommended replacing this metric with a measurement of attainment of patient goals at discharge. These goals are set through a discussion between the patient and therapist. National benchmark is 33% of patients reaching complete attainment of goals. <i>Clinic metrics:</i> Controlling patient blood pressure metric shows significant improvement. Completion of diabetic eye exam does not automatically upload from the instrument (Welch Allen RetinaVue) to the EMR so staff is being educated on how to do this manually. Provider specific data on completion of wellness exams will be shared with the providers periodically.</p> <p>Patient Satisfaction Surveys for ER and Clinics: IT is working on obtaining patient lists for Press Ganey surveys.</p> <p>PT Patient Survey: Surveying Donnelly clinic patients to determine satisfaction and what they would have done if they had the CMC Donnelly PT Clinic as an option.</p> <p>PIP Report: Nursing: Working on improving the use of barcode scanning prior to medication administration. PT: Starting a peer review process of 3 random charts per therapist per month with feedback and discussion. Clinic: Working on increasing completion of MA wellness exams and reducing lab write-offs for medical necessity. Radiology: Medical Assistants are now taking images at the Donnelly Clinic. These exams will be reviewed by Radiology Technicians for feedback and education.</p> <p>Regulatory Compliance Plan: No update.</p>

		<p>Hospital Network of Idaho: Contract has been signed to join about 10 other hospitals in the state.</p> <p>RHTP Funding Plan: There has been no information from legislature or DHW on how the \$186 million allocated to Idaho in 2026 will be distributed. It is possible that the funding will be used centrally and not distributed at all. Idaho's focus will be on workforce development, healthcare access expansion and chronic disease prevention. There should be more information available by our April meeting.</p>
<p><u>New Business: (All)</u></p> <ul style="list-style-type: none"> • 		None
<p><u>Other/Next Steps – Aline</u></p> <ul style="list-style-type: none"> • Report out • Next Meeting 	<p>Next Meeting: 4/14/26 @ 9:00 am</p>	Board report out: Dashboard Review, 2026 PIP plan