
Quality and Safety, Access, and Value Committee Report

May 26, 2010

To The North Carolina State Health Coordinating Council

Good morning, my name is Frances Mauney, a member of the SHCC and Vice-Chair of the Safety and Quality, Access, and Value Committee of the SHCC. Dr. Don Bradley is the Chairman of the Committee but unfortunately could not be with us in person today. As Vice-Chair, I am providing a brief report on the actions of the committee at the first meeting.

The Quality and Safety, Access, and Value Committee of the State Health Coordinating Council held its first meeting on May 13, 2010 at the Council Building on the Dorothea Dix Hospital Campus in Raleigh. The Committee discussed its object and established the following objective statement;

“Promoting high quality, safe health care services measured by outcomes and satisfaction; equitable access to health care services for all North Carolina’s people; and high value practices that will maximize the health care benefit gained for resources expended.”

The above motion was adopted unanimously.

The QAV Committee members then discussed the next steps for the Committee. Dr. Bradley summarized the discussions as follows;

“The QAV Committee will develop, monitor and make recommendations, utilizing independently verifiable metrics, regarding the Safety and Quality, Access, and Value of the health services delivered to the citizens of North Carolina.”

The discussion focused on the types of information the Committee should seek, the resources for such information and the form and application of the data and information. It was decided that the QAV Committee will initially assemble the top ten Quality and Safety, Access, and Value metrics for the top 10 hospitals DRGs. Mr. Hoffman, from the Regional Veterans Administration Office offered access to the quality indicator work of the VA. The Committee members identified the following additional resources and asked staff to meet with and gather data and information from the VA, BCBSNC, NCHA Center for Patient Safety and Quality, NCHQA, CMS and other resources.

Dr. Bradley offered the following recommendation in response to the above description of QAV work effort and the Acute Care Committee’s discussion suggesting that the QAV Committee consider identifying metrics, benchmarks, trends and plans for supporting the improvement of outcomes related to the impact of health care reform legislation in the following initial areas; re-

admits, serious reportable (never events) and plans for continuity of care. The recommendation was unanimously approved.