



Building Super Committees

Streamlining Committee Activities

The time and energy of our people are our two most important resources in health care. We must use them wisely.

Provided courtesy of Darlene D. Bainbridge & Associates, Inc.

Committee meetings have become a necessary part of a healthcare organization. Many of our regulatory and accrediting agencies charge committees with being responsible for the oversight of many key functions. For example, JCAHO requires the existence of a safety committee to oversee the creation, implementation and follow-up of safety-related activities. Many states look for the existence of a risk management committee to oversee the implementation of the organization's risk management plan, to assure timely and appropriate investigation and management of incidents, and to assure compliance with statutory reporting requirements. They also look for Quality Committees to provide similar oversight for quality-related activities. Well structured and well functioning committees are also excellent forums for group problem solving activities, particularly when those activities need a multidisciplinary approach.

While committees have many potential strengths and opportunities that they can bring to a healthcare organization, they can also represent great burdens on the time and energy of the workforce, particularly the management team. This burden is particularly evident in smaller healthcare organizations where there are a limited number of people in key management positions and these people have multiple areas of responsibility. These organizations suffer from a condition called "STP" - "The Same Ten People". In many of our very small hospitals it can frequently be the same three to five people.

Because of the limited number of key leadership personnel in our small rural hospitals, traditional committee structures can prompt poor utilization of their time. They can also turn into activities that take people away from more important patient care activities. The existence of multiple committees in a small hospital can create the following problems or dilemmas:

1. Many meetings may be lacking key personnel such as physicians because their demanding schedules do not allow for this kind of time commitment. As many small hospitals only have one to four physicians on staff, these individuals are already stretched beyond their capacity in meeting patient needs and organizational needs such as providing coverage in the emergency room. They can easily come to resent the amount of time they are asked to commit to meetings.
2. In most small hospitals, managers are working managers. Their time away from the patient care units and their departments equate to valuable time taken away from patient care. In addition to their own frustration, the staff they leave behind on the units and in the departments come to resent the burden this creates for them.
3. Frequently the same topics are discussed from meeting to meeting. It is commonplace for a topic (particularly a quality related topic) to need to be discussed at two to four different committee meetings in a traditional committee structure. As the same people are commonly sitting at each of those meetings (such as the CEO, the Director of Nursing, the Medical Director, the Quality Director, the Risk Manager and a number of frontline managers), it becomes very easy for committee members to view meetings as a waste of their time because the same conversation is had over and over again.

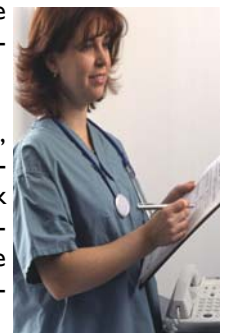
Efforts to streamline committee activities are critical to organizational efficiency and effectiveness. Maximizing the time and energy of our personnel is key to organizational success. Committee meetings must be structured in a manner that promotes value-adding results while being respectful of the people. Committee activities must add value to operations and the delivery of patient care. As patient care must and should come first, all other activities in the organization, including committee meetings, must be structured to support that goal.

One way to streamline committee activities is to combine the activities of multiple committees into one. The approach, which is commonly referred to as "Super Committees" can be particularly beneficial to our smaller organizations. This approach allows healthcare organizations to:

1. reduce the amount of time key personnel spend in committee meetings. Hospitals that have used this approach have found people much more willing to commit the necessary time to attending and preparing for meetings.
2. create a structure that allows a specific topic or issue to be discussed one time with decision-making occurring in a more timely fashion. The average patient care issue that must rely on traditional committee action can take six to ten months to resolve as it bounces back and forth between meetings and waits for meetings to happen. It has also been shown that poor coordination between committees can result in disjointed corrective action plans and follow through.

This blending of committee structures into a "Super Committee" is commonly accomplished by bringing all committee activities together under a Quality Council. This committee structure consists of a set of core members (those people that find themselves on every committee). These people are known as "standing members" and attend all segments of the meeting. There are then also "function-specific" members who only need to attend those parts of the committee where their input is needed.

The individuals who tend to be standing members of the committee are the CEO, the Director of Nursing, the Quality Director, the Risk Manager, the Infection Control Nurse, the Medical Director, Medical Staff representation, and a Board representative (if your hospital includes board representation on the quality or risk management committees). If the organization has an associated long term care facility, the Director of Nursing from long term care is also a standing member. These people hold standing committee positions because they have critical oversight responsibilities across multiple departments and are key to facilitating multidisciplinary approaches to problem-solving and quality improvement opportunities.



Additional membership is based on predetermined reporting requirements. For example, one approach has all managers attend the entire meeting except those components that fall under a “need to know” rule such as peer review so that they can participate in multidisciplinary problem-solving activities and increase awareness of their department’s responsibility in creating organizational success. While every department may not report their departmental activities every month, there is a feeling that their presence is key to assuring efficient and effective problem-solving from a multidisciplinary approach. This approach requires a strong committee leader to manage the number of people. In another approach, department managers are viewed as per diem members of the committee and are only invited to those sections of the meeting where problem-solving would benefit from their input and/or it is their department’s time to report activities. This approach requires a much higher level of coordination on the part of the committee chairperson.

Whatever structure is selected, the following goals should be considered in selecting an approach:

1. Participation is designed to minimize the potential for the same topic to be discussed more than once. When it is discussed, it is discussed from everyone’s point of concern and a comprehensive corrective action plan is developed.
2. Discussions increases the likelihood of coming up with the best corrective action plan or improvement activity the first time.
3. Corrective action plan discussion and design should assure that every department is aware of and clearly understands their role in making the corrective action plan or improvement activity happen.
4. Meeting activities should be comprehensive enough to minimize the potential for special meetings between the monthly Quality Council meetings.
5. The structure should assure protection of sensitive information.

This combined committee structure often involves an approach that relies on the opening and closing of key functions. The agenda is structured to promote the orderly and efficient discussion of important and required topics for each function such as Risk Management, Infection Control, Pharmacy and Therapeutics, Safety, and Quality. For example, the agenda might look like the one in Figure One on the next page. The chairperson would open the first area of business and discussions would be held on all topics related to that function (per the agenda). The chairperson would then close that function and open the next. This structure allows for the separation of those activities that might have protection under statutory law and have a limited “need to know” for some members. It also makes it easier for organizations to demonstrate that they are meeting their compliance obligations for outside surveyors. To promote 1) committee efficiency and effectiveness; 2) the protection of the right to know; and, 3) the statutory protection of certain information, the flow of committee discussion and activities should first address those issues that require the largest number of participants. In the approach where people are only required to attend certain components of the meeting, people are dismissed when their area of business has been closed and before the committee goes into the next major function. For example, the Pharmacist is commonly a member of the Infection Control Committee, the Safety Committee and the Pharmacy and Therapeutics Committee. Thus, the Pharmacist would attend the first three committee sessions for the agenda on the next page but would be excused for the Quality Committee meeting if he or she is not required to report and there is no topic on the agenda that would warrant his or her presence.

Two of the greatest advantages of this committee structure is that it allows for a topic to be discussed only once and it facilitates more timely plan development and problem-solving. For example, the agenda on the next page indicates that new MRSA cases are to be discussed for the Infection Control session, the Safety session, the Pharmacy and Therapeutics session and the Risk Management session. This is because the hospital has seen a sudden increase in the frequency of these cases and it is of concern. The Infection Control Committee and Safety Committees are concerned for overall management of these cases, early identification, timely intervention, precaution management and prevention for future patients. The Pharmacy and Therapeutics Committee is concerned for the antibiotic management. The Risk Management Committee is concerned for the overall effectiveness of the management plan and prevention activities. While all these committees have an interest in this topic, in this combined committee structure, the topic is discussed once and all committee concerns are addressed as part of that discussion. When the discussion is closed, all committee concerns has been addressed and all committees are satisfied with the outcome. It has been shown that this approach can reduce the amount of time spent on a subject to a quarter of what is normally dedicated when individualized committee structures are used. It can also improve the timely implementation of correction actions by tenfold if the committee functions effectively.



Committee minutes can be done in one of two ways. There can be one set of minutes that reflects the opening and closing of each function and the discussion of all the applicable topics. This approach can reduce the amount of needed documentation but it also requires much tighter control of the minutes for all committee functions because of the confidential nature of some of the information. In this approach, the first session where a topic is discussed contains all the applicable discussion about the topic and the actions determined to be appropriate to achieving the desired outcomes. In each subsequent session where the topic appears, there is a notation referring readers back to that place of documentation under the first function. Some organizations prefer to have separate minutes for each session in the meeting. This is also an acceptable approach and makes

the control of confidential information easier. This approach is also sometimes easier for surveyors who tend to have a functional silo approach to their review activities. The discussions for each repeating topic will need to be included in each set of minutes but can be easily accomplished by the cut-and-paste function of today's word processing software.

When some people first look at this model, there is a fear that the meeting would last too long. For the first few meetings, there is a tendency for the meeting to run over the desired one to two hours but as the committee gets efficient at the process, the meeting can easily be managed and limited to one to two hours if the meeting is held monthly. The beauty in this approach is that it is one meeting that lasts one to two hours instead of multiple meetings that last this long. Hospitals who have used this approach report greater staff satisfaction and physician participation because it is respectful of peoples' time. It is an approach that recognizes the value of committee based decision-making while also being respectful of the fact that every possible minute of time should be committed to meeting the needs of the patients.

This approach works best when the Quality Council meets monthly. Quarterly meetings tend to leave very lengthy agendas and too great a span of time to be discussed. Problem-resolution is generally much slower in quarterly, increasing the potential for them to become tedious. Monthly meetings allow for more action-oriented discussions and more timely improvement activities.

The strength of the committee chairperson in leading and redirecting is critical to keeping everyone focused. This person is key to soliciting information that is critical to decision-making, promoting collaboration and consensus versus conflict, helping the committee reach consensus and weeding out activities that are not value-adding. The committee should have a set of committee rules that everyone lives by and the chairperson is responsible for enforcing them.

Committee meetings should always have a written agenda which is circulated prior to the meeting. One feature that promotes efficiency is to indicate the responsible party for leading the discussion after the topic on the agenda. This also alerts people to be prepared.

Figure One

Quality Council Agenda September 18, 2010

Call to Order

- 1. Infection Control**
 - a. National Patient Safety Goal of Handwashing (Old Business) - Mary Beth
 - b. Approval of new nosocomial infection policy - Susan
 - c. Review of nosocomial infection statistics - Susan
 - d. Review of MRSA cases - Susan
 - e. Approval of new cleaning agents - John
 - f. Review of antibiotic usage report - Larry
 - g. Reportable disease report - Susan
- 3. Safety Committee**
 - a. Quality Improvement plan for fire drill compliance (Old Business) - John
 - a. Annual review of Safety Manual - John
 - b. Review of environmental inspections - John
 - c. Review of worker-related injuries - Mary
 - d. Overview of annual Fire Safety Training program - John
 - E. New MRSA cases - Susan
- 5. Pharmacy & Therapeutic Committee**
 - a. Review of Drug Usage Report - Larry
 - b. Review of MRSA cases - Susan
 - c. Review of antibiotic usage report - Larry
 - d. Annual review and approval of the formulary - Larry and Dr. Jones
- 7. Quarterly Quality/Performance Improvement Reports**
 - a. Laboratory Report - Jim
 - b. Dietary Report - Kathy
 - c. Maintenance Report - John
 - d. Swing Bed Report - Sally
 - e. "Helping Hands" CQI team report - Jane
 - f. "New Primary Clinic" Genesis team report - Mary Beth
- 9. Risk Management Committee Report**
 - a. Review of incident reports - Barbara
 - b. Approval of new Patient Fall Protocol - Barbara
 - c. Annual review of risk management policies - Barbara
 - d. New MRSA cases - Susan
- 10. Adjournment**