University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 1, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
Tuesday, April 1, 2014
3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met for the first time, in Conference Room I/J, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, on Tuesday, April 1, 2014, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:04 p.m. by Chair Renee Franklin and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Renee Franklin, Chair
Laura Lopez-Hobbs
John White

Also Present:
Joan Brookhyser, M.D., Chief Medical Officer
Gregg Fusto, R.N., Chief Nursing Officer
Mary Brann, R.N., Executive Director, Performance Improvement and Quality Management
Lori Dyer, Assistant Director, Performance Improvement and Quality Management
Lisa Logsdon, Deputy District Attorney
Cindy Dwyer, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 **Approval of Agenda *[For possible action]***

FINAL ACTION: A motion was made by Ms. Lopez-Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 2 **PUBLIC COMMENT**

Chair Franklin asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

Speaker(s): None

SECTION 2. BUSINESS ITEMS

ITEM NO. 3 **Receive an overview of UMC's quality and patient safety program, and direct staff accordingly.** ***(For possible action)***

DOCUMENT SUBMITTED: Clinical Excellence and Regulatory Compliance: An Overview of Quality and Patient Safety (PowerPoint presentation)

DISCUSSION: Items #3, #4 and #5 were taken together in one presentation.

Staff provided an overview of clinical excellence and regulatory compliance, which included an overview of the quality and patient safety structure, performance measurement, the peer review process, patient safety, overview of infection control and clinical trials, committee responsibility and framework, hospital compare reporting, regulatory agencies and corresponding reporting requirements, and value based purchasing (see presentation). There is a lot of information to share to with the Committee in the coming months, but in the interim the staff will bring forward any issues that need to be immediately addressed by the Committee or Board.

There was discussion regarding the Hospital Compare website. Chair Franklin encouraged the Committee members to visit the website, so they know what the public sees on this website - without understanding UMC's uniqueness that affects the comparisons. As the only safety net hospital in southern Nevada, it is difficult to compare UMC to the other local hospitals, and the website does not take that into consideration.

There are over 1200 quality performance measures being evaluated by our staff at any given time. Many of those measures affect value based purchasing and in turn, our reimbursement. Hospitals are no longer paid based solely on the quality of services they provide, but rather the value provided. Quality and reimbursement are interconnected. Value based purchasing has a very complex scoring methodology for payment, and provides financial penalties for readmissions (for any reason –related or not), and for hospital acquired conditions. Dr. Brookhyser shared how coding affects reimbursement, the importance of provider documentation and the effects on patient satisfaction/experience.

Ms. Brann reported that she and her staff are putting a quality web in place, which will get the Performance Improvement nurses out in the units educating staff on quality initiatives in real time. Other projects underway include a more automated system for peer review, developing a dedicated regulatory staff, coordinating activities between claims and patient safety, developing the clinical trials office, and standardizing performance in all areas to ensure high reliability teams on all units. The goal of the quality improvement program is to change the culture so that everyone understands that quality is part of their job and that quality will prevent sentinel events. The Quality Department will have to continue to grow to meet all the growing regulatory demands. There was consensus that there is a business case for resources in this area, citing a return investment in patient safety and Medicare reimbursement. Because of the

overlap of quality and reimbursement, there will be many opportunities for all of the Governing Board committees to work together.

There was also discussion that despite the great quality of care provided at UMC, even with the financial constrains of our resources; the bigger problem is public perception. There was consensus that we need to invest resources in educating the public and also in encouraging physicians to bring their patients to UMC.

FINAL ACTION: No action taken.

ITEM NO. 4 **Receive a report on regulatory agencies and reporting requirements and direct staff accordingly. (For possible action)**

DISCUSSION: See Item No. 3.

FINAL ACTION: No action taken.

ITEM NO. 5 **Receive a report on value based purchasing, and direct staff accordingly.** ***(For possible action)***

DISCUSSION: See Item No. 3.

FINAL ACTION: No action taken.

ITEM NO. 6 **Discuss and determine tentative Committee goals and work plan.** ***(For possible action)***

DISCUSSION: The Committee members would like to receive additional information and initially focus on the following subjects:

- HCAHPS scores and the patient and family engagement, as it relates to value based purchasing
- Joint Commission, to include the elements reviewed, and the institution's constant state of readiness
- Impacts of the Affordable Care Act and expanded Medicaid, to include readmissions, patient flow, and transition of care from acute care facilities
- Discuss how the Committee and Board will routinely and strategically address identified weaknesses in the delivery of care.
- Medicaid expansion, including federal and/or state funding of program
- Professional responsibility, including how physician groups work with the hospital and how we deal with physician behavior or conduct that is not

consistent with the hospital's mission and vision. It was suggested that Dr. Carrison be requested to address this item.

Chair Franklin mentioned that staff is able to conduct quality of care briefings with Board members in small groups. The purpose of such briefings would have to be informational or educational in nature, with no deliberation or decision-making.

FINAL ACTION: No action taken.

ITEM NO. 7 **Determine preferences for future meeting dates and times of the Clinical Quality and Professional Affairs Committee for Calendar Year 2014. *(For possible action)***

DISCUSSION: It was the consensus that meetings be scheduled monthly. In the mean time, reading materials will be distributed to Committee members. Staff was requested to provide Committee members with a list of quality-related acronyms.

FINAL ACTION: No action taken.

ITEM NO. 8 **Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. *(For possible action)***

No emerging issues identified.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Franklin asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the hour of 5:10 p.m., Chair Franklin adjourned the meeting.

APPROVED:

E. Renee Franklin

E. Renee Franklin, Chair

ATTEST:

Cindy Dwyer

Cindy Dwyer, Board Secretary