University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
July 24, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
July 24, 2014
3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in Conference Room I/J, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, on Thursday, July 24, 2014, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:10 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
Donald Mackay, M.D.
John White

Also Present:
Joan Brookhyser, M.D., Chief Medical 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 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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on June 3, 2014. [For possible action]

FINAL ACTION: A motion was made by Dr. Mackay that the minutes be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda [For possible action]

FINAL ACTION: A motion was made by John White that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Introduce Ron Roemer, Director of UMC Clinical Trials, and overview of Department; and direct staff accordingly. (For possible action)

DISCUSSION: Mr. Roemer was introduced and welcomed as the Director of the newly formed Clinical Trials Department. He will be creating a structure and developing a human research protection program, with a major focus on research billing compliance.

He spoke about funded studies and the hospital's responsibility for billing compliance, as mandated by Federal law. With the cooperation of the Institutional Review Board (IRB) and physician investigators, every clinical trial patient will be identified upon admission, to ensure that charges come to this department for adjudication. Failure to comply with Federal research billing requirements, whether intentional or not, can result in steep penalties and corporate integrity agreements.

Mr. Roemer explained that while the Medical Staff's IRB reviews applications for the safety and protection of the human subject, his Department will review the study protocol, perform a Medicare coverage analysis, develop a budget, and negotiate a contract with the sponsor. Once approved by both the IRB and the Clinical Trials Department, then the patient can be enrolled in the study. Dr. Carrison estimated that we have over 300 clinical trials currently under way in the institution.

FINAL ACTION: No action taken.

ITEM NO. 5 Receive a report on the role of the UMC Social Worker and the transfer of care; and direct staff accordingly. (For possible action)

DOCUMENTS SUBMITTED: UMC Medical Social Workers; Case Studies; Procedures Currently in Place for Reducing Readmissions

DISCUSSION: Vidya Ramanan, Director of UMC Social Services provided a report on the Social Services Department, with an emphasis of transition of care and avoiding readmissions. UMC has a very dedicated staff of 21 licensed social workers, covering all areas of the hospital. She reviewed the role and responsibilities of the social workers and provided case studies of three very challenging patient situations and the extraordinary actions taken by the social workers to arrange and execute appropriate discharge. As Medicare reviews patient care and quality to determine reimbursement, transition of care has become increasingly important. Ensuring an appropriate discharge plan is key to decreasing readmissions which can negatively affect hospital

reimbursement. She reviewed the procedures in place for reducing readmissions, and also shared some programs on the horizon that will further assist in this endeavor. Ms. Ramanan reported that UMC is currently doing quite well in controlling readmissions. UHC's first quarter data shows UMC ranks third out of 122 hospitals with an 8.5% readmission rate.

Dr. Brookhyser stated that on any given day UMC has a long list of patients awaiting safe discharge, with many complicated challenges and no financial resources. Many of these patients are from other countries unwilling to assume the care of these patients. She commended the Social Services staff for the outstanding job they in these difficult circumstances.

FINAL ACTION: No action taken.

ITEM NO. 6 **Receive a report on the Board's role and responsibility in ensuring the ongoing review and evaluation of the quality of professional care rendered by physicians at UMC; and direct staff accordingly. (For possible action)**

DOCUMENTS SUBMITTED:

- UMC Medical and Dental Staff Code of Conduct
- Greeley White Paper: Managing Disruptive behavior: Balancing Patient Safety with the Rights and Dignity of Physicians
- Greeley White Paper: How Can Physicians and Hospitals Both Succeed When They Compete and Collaborate at the Same Time?
- Greeley White Paper: Tackling the Challenge of Physician-Hospital Relations: A Step-by-Step Approach
- Greeley White Paper: Physician-Hospital Competition and Collaboration

DICUSSION:

Dale Carrison, DO, Chief of Staff, gave a report on the ongoing review and evaluation of the quality of care rendered by physicians at UMC. He distributed and discussed the UMC Medical Staff Code of Conduct, which is in compliance with Joint Commission and CMS standards. It outlines the policy for professional conduct of the medical staff and procedures for addressing disruptive conduct to protect patients from potential harm. A copy of the Code of Conduct is provided to every physician at the time of credentialing, and is acknowledged by signature. The credentialing process includes peer review and recommendations, confirmation of medical and clinical knowledge, technical skills, clinical judgment, interpersonal skills, professionalism, and clinical competency.

Dr. Carrison provided an overview of the Greeley White Papers provided to the Committee members. The papers include a performance pyramid model for addressing physician behavioral performance issues, and a road map to better physician-hospital relations so that both the physician and hospital can succeed through collaboration and alignment of strategies and priorities. Dr. Carrison suggested that as the Board establishes a strategic plan, that it include the cultivation and collaboration of physician

relationships. The Committee discussed the need for a change management process and a culture change.

There was discussion about the allocation of resources, becoming more efficient, and the need to determine profitability of service lines. Dr. Brookhyser assured the Committee that Hospital Administration is working on a plan to address the $20 million subsidy reduction, and she reminded them that the hyperbaric unit and several clinics were recently closed due to the fact that they were not profitable.

Chair Franklin reminded the Committee that there are a number of things that can be done that don't necessarily cost money. There needs to be a plan in place to address physician relationships and collaboration.

FINAL ACTION: No action taken.

ITEM NO. 7 **Review and discuss the Quality Metrics Dashboard; and direct staff accordingly. (For possible action)**

DISCUSSION: Lori Dyer, Assistant Director, Performance Improvement and Quality Management, presented for the Committee's review, a draft quality metrics dashboard, which included publicly reported measures grouped in to five major categories. The Committee members expressed a desire to compare UMC's performance to other "best" hospitals in an abstract fashion that would not share confidential information in a public setting. Another suggestion considered was a "stoplight" format dashboard, showing at a glance how the hospital is performing in certain categories, leading to focused discussions in areas needing improving. Dr. Brookhyser reminded the Committee that there are discussions about these metrics at the monthly Hospital Quality Committee meetings. The Clinical Quality Committee members could attend these non-public meetings as observers, though they could not participate in discussions or deliberate. Discussion of the quality metrics dashboard will be placed on the August agenda.

FINAL ACTION: No action taken.

ITEM NO. 8 **Identify quality issues that have the potential to impact the hospital strategic plan and take action as deemed appropriate. (For possible action)**

DISCUSSION: No issues identified.

FINAL ACTION: No action taken.

ITEM NO. 9 **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)***

Committee members were provided with copies of the American Hospital Association's (AHA) resource, "Eliminating Harm, Improving Patient Care: A Trustee Guide". The AHA

developed this guide to help hospital trustees understand their role in quality improvement as they work towards the goal of eliminating patient harm within their organizations. Committee members are encouraged to read the document and view the videos available on-line, with the anticipation of additional discussions at future meetings.

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 5:29 p.m., Chair Franklin adjourned the meeting.

APPROVED:

E. Renee Franklin
Renee Franklin, Chair

ATTEST:

Cindy Dwyer
Cindy Dwyer, Board Secretary