University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 3, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
Tuesday, June 3, 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 Tuesday, June 3, 2014, at the hour of 3:06 p.m. The meeting was called to order at the hour of 3:06 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:
John O'Reilly (Joined by phone at 3:20, Item No. 6)
Joan Brookhyser, M.D., Chief Medical Officer (Joined at 3:40 p.m., Item No. 6)
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 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 April 1, 2014. [For possible action]

FINAL ACTION: A motion was made by Ms. Lopez-Hobbs 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 Ms. Lopez-Hobbs that the agenda be approved as recommended, with item No. 4 being tabled and Item No. 6 being taken at the top of the Business Items. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

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

DISCUSSION: Item tabled.

FINAL ACTION: No action taken.

ITEM NO. 5 Review and discuss UHC "Study of Hospital Governing Boards and Factors Associated with High Performance in US Academic Medical Centers", and direct staff accordingly. (For possible action)

DOCUMENTS SUBMITTED: "A Study of Hospital Governing Boards and Factors Associated with High Performance in US Academic Medical Centers"

DISCUSSION: The above referenced article led to a discussion about ensuring that UMC is a "high reliability organization". Joint Commission and Leapfrog want to know how leadership is ensuring that the organization understands what a high reliability organization is, how that information is disseminated to the Governing Board, and how the Board is acting on that information. Being a high reliability organization, and ensuring that each patient receives the best quality care every single time is an initiative that we are currently working on, and it will be an ongoing conversation throughout the entire institution. As we add resources to the Quality Office, we will form high reliability teams that will focus on specific areas of the hospital.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive a report on HCAHPS patient satisfaction survey and direct staff accordingly. (For possible action)

DOCUMENTS SUBMITTED:

- Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) PowerPoint presentation
- Survey templates

DICUSSION: Chair Franklin reminded the Committee members that this item was placed on the agenda, as the Committee members wished to learn more about the patient

experience, in an effort to better understand what metrics we wanted to track as a Committee and as a Board.

Danita Cohen and Dale McWilliams gave a presentation on the hospital's patient satisfaction survey - Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS). They provided the history of HCAHPS at UMC, the rate of return of surveys, an explanation of reporting of top box scores, method and timeliness of distribution of survey and response, the eight dimensions of care that are surveyed, and the hospital compare website. Graphs were presented for some of the dimensions from last few years. Ms. Cohen commented that we are contemplating a mid-stay survey in the near future to identify potential problems earlier.

Survey results are available on the website as surveys are returned. Monthly reports are sent to managers and directors for review and formulation of an action plan. The reports include correlating key drivers for areas needing improvement. The website also provides information and ideas for improvement based on best practices.

The Patient Relations staff and the newly formed HCAHPS Quality Committee are both working to improve the Patient Experience. The Committee is drilling down the scores to determine areas that can most significantly affect the patient experience and the Patient Relations Staff is working to find ways for staff to be more proactive and focus on those things that we can easily change to improve patient satisfaction. The Emergency Department has implemented a program utilizing pre-med volunteers for non-clinical tasks, freeing up the nurses' time for patient care. This program is being expanded hospital-wide. A Quiet at Night program is being piloted on two nursing units. The program signals a quiet time, while volunteers pass out tea, ear plugs, and masks to patients, while reminding staff to be quiet. A "No Passing Zone" is being piloted on two nursing units. Any employee walks by a patient room, and sees a call light or hears a patient calling, will check to see if they can assist the patient with simple tasks, i.e., pick up a fallen object, provide blanket or pillow. Patient rounds have also increased. Nurses are rounding every two hours asking patients the "Four P's, and managers and patient advocates are rounding daily on all inpatient units. The units with consistently high scores are being evaluated to determine what actions could be implemented in other units.

The one indicator that seems to be the consistent driver of the scores is communication. Effective communication leads to better satisfaction and scores. Good examples are expectations for pain control and transfers to units with different staffing ratios. These are areas where scores could be improved if the patient understands that they're not going to be pain-free, or that because of their improving condition, they are being transferred to a unit with a lower staffing ratio.

Committee members shared several suggestions with staff, including the use of non-nursing staff to engage patients, re-training of staff regarding listening skills, patient perception, courtesy and respect. There was also a suggestion to reach out to organizations in the community who might be willing to assist with in-services for staff, including the UNLV Hotel College.

Committee members were encouraged to contact Mr. McWilliams if they would like to individually review the survey reports.

FINAL ACTION: No action taken.

ITEM NO. 7 **Review and discuss management dashboard metrics specific to Committee's oversight, and direct staff accordingly. (For possible action)**

DISCUSSION:

The Hospital Quality Staff has contacted other UHC hospitals for best practices in reporting quality metrics. Many of the larger academic health centers were experiencing the same concerns with providing the most representative measures that provide a global picture of how the institution is doing. Most organizations are selecting their metrics based on the organization's strategic framework. Once we have a strategic plan in place, it will be easier to determine the measures. Some of the institutions report a safety score, which compiles metrics that speak to safety, hospital acquired conditions, and infection control rates. Some of the ideas staff presented at today's meeting included HCAHPS (for communication), 30-day readmissions, hand hygiene, and value based purchasing measures. Each of these measures was discussed by the Committee.

While the Committee agreed that HCAHPS scores are a good measure of communication, the survey doesn't take into consideration the environment in which we practice, which is a big part of the score. We can work on customer service, but the physical environment is hard to affect with the current financial constraints.

The Committee agreed that readmissions are a very important measure to report. If we understand the drivers of readmissions and address those areas, we can not only improve patient outcomes, but affect the hospital's financial responsibility.

After much discussion about the difficulties of sharing quality metrics in a public setting, the committee members were in agreement that items that are already public information, such as Leapfrog, would be a good starting point for the balanced scorecard.

While the main goal is to improve quality, it was suggested that some of the metrics might also provide talking points to highlight to the community the exceptional care provided at UMC, and amazing stories of the many lives saved.

Staff received direction to bring suggested measures to the next meeting for Committee review and input.

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)***

- Continue discussion of reporting quality metrics; staff to present ideas based on today's conversation.
- Dr. Carrison to speak about Professional Affairs
- Vidya Ramanan, Social Services Director, to speak about transfer of care
- Ron Roemer, Director, Clinical Trial, to be introduced
- Chair to discuss Board Self Assessment with Board Chair, and request clarification for timing and methodology

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 5:20 p.m., Chair Franklin adjourned the meeting.

APPROVED:

E. Renee Franklin
Renee Franklin, Chair

ATTEST:

Cindy Dwyer
Cindy Dwyer, Board Secretary