University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
November 20, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
November 20, 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, November 20, 2014, at the hour of 3:00 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.

Absent:
John White (arrived 3:25 p.m., Item #5)

Also Present:
Joan Brookhyser, M.D., Chief Medical Officer
Mary Brann, R.N., Executive 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 October 16, 2014. [For possible action]

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on infection control measures for suspected and confirmed Ebola cases. [For possible action]

DISCUSSION: Mary Brann, RN, Executive Director, Performance Improvement and Quality Management, reported that over the course of a few short months, an entire program, with protocols and procedures, has been put into place for not just Ebola, but all types of serious infectious diseases. There has been a tremendous amount of preparation, including numerous inter-departmental meetings and a couple of "close calls" in the Emergency Department which served as drills for staff. Recently an official hospital-wide drill was held to simulate the process of someone walking in with the criteria to be admitted. Departments who participated in the drill continue to work on their specific roles. There will be future unannounced small drills in specific areas. Over 100 staff members have been educated in an advanced level of PPE (Personal Protective Equipment), and will practice on a regular basis. Local hospitals have agreed to pool resources of PPE should any of the local hospitals have the need to treat such a patient. We currently have a 72 hour supply on hand. A strike team of 12 critical care nurses, respiratory techs, and transporters has been created. A specific area within the hospital has been identified that could be easily locked off from the rest of the hospital for biohazard contamination. With the flu season approaching, careful triaging will play a key role in discriminating between flu symptoms and Ebola symptoms.

Staff will provide the Committee with an update in 90 days.

FINAL ACTION: None taken.

ITEM NO. 5 Receive update on survey participation and related scoring methodology; and direct staff accordingly. [For possible action]

DOCUMENTS SUBMITTED: Leapfrog Hospital Safety Score (PowerPoint presentation)

DISCUSSION: Lori Dyer, Assistant Director, Center of Quality & Patient Safety, provide the Committee with an overview of Leapfrog Hospital Safety Scores, to help members understand the hospital's position, including the areas where the Committee can focus in 2015.

Leapfrog looks at patient outcomes, mostly based on coded claims, which are directly impacted by the physician's description of the episode of care in their notes and dictation. There was a lengthy discussion about the coding process, and the importance of physician documentation. Staff has provided physicians with "scripting" for specific

items and spent time educating them, but there is still much room for improvement. It is anticipated that as CMS begins next year to withhold reimbursement of physicians, that physician documentation will improve.

It was noted that currently UMC conducts manual query and review of Leapfrog metrics. The Chair suggested that within the next year staff dimension the issue and determine whether there is a business case for purchasing the expensive 3M 360 software product.

The Committee members expressed interest in having a better understanding of the documentation and coding process, to learn what other facilities are doing differently, and determine how the accuracy and efficiency can be improved.

FINAL ACTION: No action taken.

ITEM NO. 6 **Discuss quality metrics reporting; and direct staff accordingly. [For possible action]**

DISCUSSION: Chair Franklin has met with staff, discussing a different view of quality metrics for the Governing Board. They are working on a format for reporting only those metrics that tied to value based purchasing.

FINAL ACTION: No action taken.

ITEM NO. 7 **Discuss 2015 points of emphasis; and direct staff accordingly. [For possible action]**

DISCUSSION:

The following areas were discussed briefly for the Committee's focus in 2015:

- Quality Metrics - Continue to review metrics tied to value based purchasing and quality of care, focusing on individual metrics to get a deeper understanding of the process and opportunities for improvement.

- HCAHPS Scores - Review and better understand HCAHPS scores, to assist with changing the culture to improve scores.

- Professional Affairs – Engage physicians and influence behavior to improve HCAHPS scores and improve documentation.

- Marketing – Identify and address public perception gaps related to quality care. Also address internal and external messaging.

The Committee meetings will be scheduled bi-monthly in 2015, allowing time in between meetings to interact with staff.

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]**

- Public perception gap
- Determining where to direct our limited resources in order to improve quality (prioritization of capital requests)

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]**

- February Agenda: Presentation on coding and CDI (Clinical Documentation Improvement) process, including organizational structure, process flow, and comparison to other institutions.

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 4:51p.m., Chair Franklin adjourned the meeting.

APPROVED: February 24, 2015