University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 16, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
October 16, 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, October 16, 2014, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:09 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 (Excused)

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 August 21, 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 Approve and recommend approval by the Governing Board of the amended Medical and Dental Staff Bylaws of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee and General Medical Staff on September 23, 2014. [For possible action]

DOCUMENTS SUBMITTED: Memo from Medical Executive Committee dated September 24, 2014

DISCUSSION: The Committee reviewed the recommended amendment, and Ms. Logsdon explained the review and approval process for Medical Staff Bylaws.

It was the consensus of the Committee that once reviewed and approved by this Committee, Medical Staff Bylaws should be included on the Governing Board's Consent Agenda.

FINAL ACTION: A motion was made by Laura Lopez-Hobbs that the Bylaws amendment be approved and recommend approval by the Governing Board. Motion carried by unanimous vote.

ITEM NO. 5 Receive an update on the discharge delays specific to Medicaid patients; and direct staff accordingly. [For possible action]

DOCUMENTS SUBMITTED:
Charts:
- ALOS Monthly Report Medicaid Comparison
- Medicaid Length of Stay Comparison
- Medicaid Managed Care Length of Stay Comparison

DISCUSSION: In follow-up to an issue brought up by Dr. Brookhyser at the last Committee meeting, Vidya Ramanan, Director of Social Services, presented a comparison of 2013 and 2014 length of stay for Medicaid and Medicaid Managed Care patients. Currently there are only two local nursing homes and one long-term care facility willing to accept Medicaid patients. When we are unable to find a safe discharge for these patients, they continue to utilize an acute hospital bed and related resources, with reimbursement at a much lower long-term care rate that does not cover the cost of their care in the hospital. The hospital length of stay of these patients is steadily increasing, as the number of patients covered by Medicaid increases.

Mason VanHouweling, Chief Operating Officer, was present and stated that next week he will be meeting with On-Duty Administrators to discuss a new algorithm for accepting patient transfers from other hospitals. With stricter guidelines for accepting transfers, he hopes to somewhat reduce the number of "difficult to place" patients. Mr. VanHouweling added that, as managed care contracts are renegotiated, we hope to address some of these reimbursement issues as well. Gail Yedinak, Government Relations, stated that the Nevada Hospital Association has also taken up the cause on behalf of the hospitals, and is advocating for the state to increase reimbursement rates for long term care of Medicaid and Medicaid managed Care patients.

Chair Franklin asked that staff update the Committee periodically on this issue, so they can stay informed and assist where appropriate.

FINAL ACTION: No action taken.

ITEM NO. 6 **Receive an update on infection control measures for suspected and confirmed Ebola cases. [For possible action]**

DOCUMENTS SUBMITTED:
- Memo from Infection Control and Epidemiology dated 10/6/14
- SNHD Interim Algorithm for Ebola Virus Disease (EVD) Testing and Surveillance

DISCUSSION: Kathy Johnson, Infection Control Manager, provided the Committee with an update on the Ebola outbreak and infection control measures taken by UMC to be prepared in the event UMC receives an infected patient. Mandatory education has been completed hospital-wide, front-line staff has been educated in the detailed process of donning and doffing personal protective equipment, and the Quick Care and Emergency Department staff have been trained to recognize the signs and symptoms of Ebola, all based on CDC guidelines. Interdisciplinary meetings are being held daily to identify potential scenarios and contingency plans in a very fast-changing and dynamic situation, based on the experience at other hospitals, dry runs, and the every-changing CDC guidelines. Dr. Brookhyser shared staffing concerns, noting that one Ebola patient would require 12 critical care nurses in a 24 hour period, compared to two patients per nurse in a typical critical care setting. It was also noted that we are collaborating daily with other government agencies and other local healthcare providers.

Any Committee members wishing to attend Ebola planning meetings should contact Dr. Brookhyser to coordinate.

Chair Franklin acknowledged and thanked staff for their dedication and efforts, and noted that the Committee members are available should staff require their assistance or support.

FINAL ACTION: No action taken.

ITEM NO. 7 **Review quality organization and processes; and direct staff accordingly. [For possible action]**

DISCUSSION: This item was tabled; and will be placed on a future agenda.

FINAL ACTION: No action taken.

ITEM NO. 8 **Discuss format and reporting of the Quality Metrics Dashboard; and direct staff accordingly. [For possible action]**

DISCUSSION: Chair Franklin stated that she has discussed the Quality Metrics Dashboard with Governing Board Chair O'Reilly. He wants to ensure that the metrics shared with the Board as a whole are easy to understand, and also suggested that perhaps the number of metrics reported to the Board should limited. Chair Franklin will work with staff to limit the number of metrics presented to the Board, while the Committee could focus on more specific metrics. Other committee members were invited to provide input to staff.

FINAL ACTION: No action taken.

ITEM NO. 9 **Discuss Board self-assessment tool; and direct staff accordingly. [For possible action]**

DOCUMENTS SUBMITTED:
UHC Report: A Study of Hospital Governing Boards and Factors Associated with High Performance in US Academic Medical Centers; August 2014

DISCUSSION: Committee members were provided a report on the results of a UHC survey-based study of how hospital governing boards influence hospital performance and recommended actions that Boards can take to align its practices with those in the high-performing hospitals.

Chair Franklin encouraged Committee member to read the article to prepare for future discussions about a board self-assessment tool that will evolve as this newly formed Board evolves. The Chair will work with staff on some "thought starters" to share with Committee members prior to the next meeting.

FINAL ACTION: No action taken.

ITEM NO. 10 **Identify quality issues that have the potential to impact the hospital strategic plan and take action as deemed appropriate. [For possible action]**

None identified.

ITEM NO. 11 **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]**

- **Dr.** Brookhyser reported that the hospital participated in the most recent Leapfrog Survey. The hospital has received validation that the score is much improved, and will be made public in November.

- Dr. Mackay requested an Ebola update at the October Governing Board meeting and November Clinical Quality Committee meeting.

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 4:23p.m., Chair Franklin adjourned the meeting.

APPROVED:

E Renee Franklin
Renee Franklin, Chair

ATTEST:

Cindy Dwyer
Cindy Dwyer, Board Secretary