

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 21, 2015

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
April 21, 2015, 9:00 a.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, April 21, 2015, at the hour of 9:00 a.m. The meeting was called to order at the hour of 9:07 a.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, MD, Chief Medical Officer
Mary Brann, DNP, MSN, RN, Executive Director, Clinical Excellence and Regulatory Compliance
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 February 24, 2015. (For possible action)

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

Voting Aye: Renee Franklin, Laura Lopez-Hobbs, Donald Mackay
Abstaining: John White

ITEM NO. 3 Approval of Agenda (For possible action)

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

The Chair called for a brief recess at 9:05 a.m.

The meeting was called back to order at 9:10 a.m.

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 March 24, 2015. (For possible action)

DOCUMENT SUBMITTED: Memo from Medical Executive Committee dated March 24, 2015

DISCUSSION: The Committee reviewed the Medical Staff's recommended amendment related to the composition of their Credentials Committee.

FINAL ACTION: A motion was made by Donald Mackay that the Bylaws amendment be approved and recommend approval by the Governing Board and Board of Trustees. Motion carried by unanimous vote.

ITEM NO. 5 Receive an update on the Patient Experience; and direct staff accordingly. (For possible action)

DISCUSSION: Haley Hammond, Patient Experience Director, provided an update on the activities of the Patient Experience Department.

Assessment/Rounding: Ms. Hammond has been drilling down into the HCAHPS survey results to look at opportunities, specifically with nursing communication, and she has been working with nurse managers on initiatives to improve the patient experience and resulting HCAHPS scores. The Patient Advocates are rounding on every patient within 24 hours of admission, which is about 300 patients a week. This gives the Advocates an opportunity to mitigate any concerns patients have before they develop into significant issues. Patient Advocates are also rounding with the managers when requested to interact on specific patient issues.

Education: The "Take Five" Series has been implemented on the med/surg nursing units. The Patient Advocates are spending time with nurses at the desk in between patient care to focus on the purpose and importance of HCAHPS scores, and to help them understand their role in affecting the patient experience. The managers then reinforce the education at their monthly staff meetings.

Volunteer Program: The Patient Experience Department is working with managers to determine how the utilization of volunteers in the organization can

be maximized to positively impact the patient experience. They are assessing the placement of the volunteers, revising the orientation process, and looking for innovative ways to recruit high caliber volunteers.

HCAHPS Vendor: The hospital is transitioning the HCAHPS survey vendor from NRC Picker to Avatar Solutions. This change will save the hospital money and provide a better way to analyze the data. The contract has been approved by the Audit and Finance Committee is on the consent agenda for tomorrow's Governing Board meeting.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive an update on the Clinical Trials program; and direct staff accordingly. (For possible action)

DISCUSSION: Ron Roemer, Director of Clinical Research and Compliance, gave an update on clinical trials. He and his staff have worked very hard to establish a process as well as procedures for clinical trials, and to shift the culture and build relationships with physician groups who want to be involved in clinical trials at UMC. There were three existing trials with patients enrolled that have been successfully adjudicated so that UMC is getting paid for research-related charges. One new trial has been opened in the NICU and is actively enrolling patients, and there are two additional studies that UMC is currently negotiating contract terms for. The Department is also pursuing outpatient studies with primary care groups and UNSOM pediatrics.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on 2015 Leapfrog Group survey; and direct staff accordingly. (For possible action)

DISCUSSION: Lori Dyer announced that the 2015 Leapfrog Hospital Survey opened April 1st, and she reviewed the timeline for various reporting deadlines that will result in the release of Leapfrog safety scores in October. The staff will be providing accurate information in keeping with the deadlines. There was a lengthy discussion that included staff and Committee members sharing their frustration with the timeliness of reporting of data. Because the data is reported two years after the fact, the public cannot see the timely improvements made to improve patient safety. The Committee concluded that the hospital will continue to focus on those things that will make us a better institution, including quality care, patient safety and patient perception, and also make sure data is reported accurately and perhaps find other ways to report accomplishments.

Dr. Brookhyser noted that in the very near future the patient experience will likely be included in future surveys. The patient experience is something that can be changed more nimbly and quickly by the hospital.

FINAL ACTION: No action taken.

ITEM NO. 8 Discuss ideas for improving the coding and clinical documentation improvement process; and direct staff accordingly. (For possible action)

DISCUSSION: The Committee continued its ongoing discussion about improving the coding and clinical documentation improvement process, which affects both reimbursement and the way in which our care gets reported to Leapfrog and other surveys.

Dr. Brann reported that in an effort to accurately reflect the care given in the coding (and resulting reimbursement), she has recommended adding a quality/clinical component to the chart analysis leading to the final coding. She has requested a nurse position to coordinate this effort with the assistance of physician experts, to determine whether or not a HAC (Hospital Acquired Condition) has occurred and to appropriately document the elements of care leading to that determination. This individual will also play a role in educating the medical staff on appropriate documentation. Staff has already developed a program for documenting and tracking this information. Dr. Brookhyser noted that this significant culture change of incorporating clinical experts in the coding process will require an administrative mandate.

Committee discussions will continue to determine how departments can work together to ensure accurate coding and documentation. Additionally, Chair Franklin will have discussions with CEO VanHouweling on this same subject.

FINAL ACTION: No action taken.

ITEM NO. 9 Review and discuss board self-evaluation tools; and direct staff accordingly. (For possible action)

DISCUSSION: Chair Franklin has collected several board self-evaluation tools, from healthcare and non-healthcare boards, which will be distributed to Committee members. Committee members were asked to peruse and provide their input on developing a tool for the UMC Governing Board. Laura Lopez-Hobbs expressed a desire for the Human Resources Committee to provide input as well.

FINAL ACTION: No action taken.

ITEM NO. 10 Review Quality Department staffing, responsibilities and key interfaces; and direct staff accordingly. (For possible action)

DISCUSSION: Mary Brann apprised the Committee of several key staff openings within the Quality Department, including the Patient Safety Officer and the Assistant Director, as well as the temporary loss of a Lead Investigator of Patient Events. Dr. Brookhyser noted that with the recent departure of the Chief Nursing Officer, Nursing leadership is also working with less staff.

FINAL ACTION: No action taken.

ITEM NO. 11 Make recommendations for performance metrics to be included in the Chief Executive Officer's employment agreement, as it pertains to discretionary salary increases and bonuses, for approval by the Governing Board; and direct staff accordingly. (For possible action)

DISCUSSION:

Chair Franklin provided four suggested CEO performance objectives related to clinical quality for the Committee's input.

- 1) *Align quality process and improve publicly reported core measure scores leading to an ultimate goal of 90% or higher.*

Though it was the Chair's intent for the measures to be related to value based purchasing, it was suggested that perhaps a different "label" be identified. The Committee felt it was important to utilize an external source with actual standards that are defensible for the core measures, but again discussed the issues with timeliness of reported data. They concluded that regardless of the timeliness of survey data, the CEO should be able to demonstrate a specific plan for ongoing improvements to the care delivered.

Chair Franklin will work with CEO VanHouweling to capture the essence of the Committee's expectation that the hospital move forward with improvements in care, and that there is a method in place to document or demonstrate that improvement. She will also evaluate the "90%" reference.

- 2) *Improve patient experience/HCAHPS, leading to high level ratings.*

It was the consensus of the Committee to include this objective.

- 3) *Improve the lean processes and strategies to improve overall process improvements throughout UMC.*

Chair Franklin noted that this objective is related to departments working collaboratively. She will discuss with staff her ideas about measuring and documenting success.

- 4) *Ensure a constant state of Joint Commission readiness.*

Chair Franklin will discuss with staff her ideas about measuring and documenting success.

Mary Brann noted that the culture of safety within the hospital needs to change significantly. She suggested that the Committee add an additional objective to effect a change in the culture of safety and improve scores on our annual safety survey.

Member John White suggested that an objective be considered to address the performance/quality of contractors. Chair Franklin will discuss this objective with

CEO VanHouweling and Audit & Finance Committee Chair Raney for consideration.

FINAL ACTION: No action taken.

ITEM NO. 12 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Dr. Brookhyser noted that for many years UMC has been one of the top providers of Continuing Medical Education (CME) in the community. Unfortunately, the Nevada State Medical Association is no longer going to certify CME credits, leaving UMC to find another source for CME's. The Medical Staff has offered to assist in covering the cost of another CME certification. On a related note, Dr. Brookhyser announced that UNSOM is planning to move their part of the existing medical library off the UMC campus. She is hopeful that this might result in the creation of a smaller digital learning center on site at UMC, with the goal of it being a hub for medical learning in the community. CME funds raised over the past several years could be utilized for this purpose.

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 11:12 a.m., Chair Franklin adjourned the meeting.

APPROVED: June 23, 2015