University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 18, 2015

UMC Conference Room Sapphire
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
August 18, 2015, 9:00 a.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in Conference Room Sapphire, Delta Point Building, 1st Floor, Las Vegas, Clark County, Nevada, on Tuesday, August 18, 2015, at the hour of 9:00 a.m. The meeting was called to order at the hour of 9:02 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:
Mason VanHouweling, Chief Executive Officer
Kurt Houser, Chief Operating Officer
Dale Carrison, DO, FACEP, FACOEP
Ross P. Berkeley, MD, FACEP, FAAEM
Danita Cohen, Executive Director, Strategic Development and Marketing
Mary Brann, DNP, MSN, RN, Executive Director, Clinical Excellence and Regulatory Compliance
Shana Tello, Director of Medical Staff Services
Halley Hammond, Director of Patient Experience
Patti Stopka, RN, BSN, Assistant Director, Center for Quality and Patient Safety
Kathy Johnson, Manager, Infection Control
Peter Belmonte, Administrative Assistant

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 21, 2015. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update of HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) from the Patient Experience Department; and direct staff accordingly. *(For possible action)*

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

- New whiteboards for in-patient's rooms, except for Trauma and Emergency Departments, are being ordered for the needs of nurses, physicians, patients, and patient's families.
    - Edits are in process and will take 6-8 weeks once ordered, training with staff will follow.
    - Family comments added for family and/or patient to add questions on boards, assisting in communication between patient and healthcare providers; Nurses will be trained to encourage patient and family members to write questions to the physician and/or nurse
    - Spanish language is integrated to new whiteboards
    - Whiteboards will replace old whiteboards and will also depend on room layout
    - Leader roundings will assist in validating the use of whiteboards
    - Whiteboards will be mounted first at Med/Surg, then Pediatrics and Labor & Delivery.
    - The use of whiteboards can be tied to HCAHPS
- Avatar, the new HCAHPS vendor, will be implemented July 1st. The new program is expected to provide more granular detail, allowing for better analysis of the patient survey responses.
    - On board and up and running
    - Surveys sent out July 22
    - Currently have 30 to 40 surveys in the system
    - Return rate of 13%
    - Performance Improvement (PI) Team and Training
        - Reports and Data
        - PI discussion with team—key drivers
        - Avatar will be visiting in October

        - Physician Level
            - Starting with Hospitalist Groups per Medical Staffing
            - HCAHPS dinners with physicians
    - Comments from patients are sent back to UMCSN
    - Centers for Medicare & Medicaid Services (CMS) has been notified of vendor change
    - National Research Corp. (NRC) reported 2nd Quarter data reported to CMS

- Top three most common patient complaints (from 1 year data)
    1. Care and Treatment
        a. Patients are not understanding their care and the treatment received
            i. Communication barriers between patients and medical providers.
    2. Staff Attitude
        a. Courtesy/ Professionalism
    3. Communication of care/treatment from nursing and physicians

    - Volume
        - Average 40 complaints/concerns for the past year
            - Data was focused from Med/Surg and Adult Emergency Department (ED) areas

There were discussions regarding a reward system with the roll-out of updated patient boards and patient participation rating with patient surveys. Tools and/or visual aids to assist with communication barriers with patients and medical providers were discussed. Post discharge phone calls with patients were recommended as a procedure to assist with the communication barrier and assist in HCAHPS survey.

FINAL ACTION: None taken.

ITEM NO. 5 Review an update from the Medical Staff Department on Patient Satisfaction; and direct staff accordingly. *(For possible action)*

DISCUSSION: Shana Tello, Director of Medical Staff Services, provided an update on patient and physician satisfaction.

- Physician Orientation
    - HCAHP training
        - Information with IT, HR, and other departments

- Physician Order Protocols
    - Standard orders implementation

- HCAHP Orientation
    - Avatar set-up with physicians
    - Dashboard with MEC
    - Physician HCAHP Sub-Committee established (Quarterly)

Ross P. Berkeley, MD, FACEP, FAAEM, discussed Press Ganey in the Emergency Department, the Process in better patient experience with team effort—aligning the team to work together.

Dale Carrison, DO, FACEP, FACOEP, reviewed physician complaints looking at all sides, presenting, and listening.

There was discussion regarding recognizing physicians with event and also sending letters out to them.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive a report on key quality metrics and survey performance; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Quality Patient Safety and Experience Board Brief

DISCUSSION: Patti Stopka, RN, BSN, Assistant Director, provided an update and presented report on key quality metrics and survey performance.

Leapfrog

- Causes:
    - Poor or unclear documentation and subsequent coding
        - Complex system
        - Once bill is "dropped," retroactive review irrelevant
    - Unaligned practices
        - Nursing, documentation, quality, and coding
    - Lack of assigned responsibility
    - Chasing documentation loses focus on real opportunities

- Key Measures

- Opportunities for improvement:
    - Accidental puncture or laceration (Patient Safety Indicator (PSI) 15)
    - Death among surgical inpatients with serious treatable complications (PSI 4)
    - Post-Op Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) (PSI 12)
    - Complication/patient safety for selected indicators (composite, PSI 90)
    - HCHAPS

- Initiatives
    - Weekly multi-disciplinary team review
        - Every potential Hospital Acquired Condition (HAC) and PSI is reviewed
            - May-July: 24 HAC reviewed with 9 overturned
              11 PSI reviewed with 6 overturned

- Engaging the entire team
- Better feedback to provider
- Contracting for a documentation/coding consultant
- Directing action and following-up to completion
- Train providers, coding, and quality staff to attack problem areas

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on the coding process and clinical documentation improvement process at UMC; and direct staff accordingly. *(For possible action)*

DISCUSSION: Kathy Johnson, Manager of Infection Control, provided an update on Consumer Reports.

The Consumer Reports Survey published last July, comparing hospitals based on their patient safety score, as well as individual measures relating to patient experience, patient outcomes, and certain hospital practices. UMC was compared as a teaching hospital with Centennial Hospital.

Data from Center for Disease Control (DC) was from 10/2013 – 9/2014
Overall rating was half-filled white circle

Process improvement for Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Surgical Site Infection (SSI), Clostridium Difficile (CDIFF), and Methicillin-Resistant Staphylococcus Aureus (MRSA) reduction were discussed along with data integrity of other hospital institutions.

FINAL ACTION: No action taken.

ITEM NO. 8 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)*

DISCUSSION: The Committee received update on current hospital status.

Mason VanHouweling, CEO, provided current survey information from Accreditation Council for Graduate Medical Education (ACGME) – The Clinical Learning Environment Review (CLER) Program with two surveyors on site, reviewing the hospital in partnership with University Nevada School of Medicine (UNSOM), focusing on six elements related to resident done every two years.

The CLER six focus areas were the following:

1. Patient Safety

2. Quality Improvement
3. Transitions in Care
4. Supervision
5. Duty Hours Oversight, Fatigue Management and Mitigation
6. Professionalism

FINAL ACTION: No action taken.

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 10:51 a.m., Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Peter Belmonte, Administrative Assistant

APPROVED: October 20, 2015