

***University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 24, 2015***

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
February 24, 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, February 24, 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.

Absent:

John White

Also Present:

Joan Brookhyser, M.D., Chief Medical Officer
Mary Brann, R.N., Executive Director, Performance Improvement and Quality Management
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 November 20, 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 Laura Lopez-Hobbs 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) and the new Patient Experience Department; and direct staff accordingly. (For possible action)

DOCUMENTS SUBMITTED:

- HCAHPS PowerPoint Presentation
- UMC HCAHPS Patient Survey
- Value Based Purchasing Dashboard
- February 2015 Medical Staff HCAHPS Activities
- Medical Staff Services Dashboard

DISCUSSION: Shana Tello, Director of Medical Staff, and Hailey Hammond, the new Director of Patient Experience Department, provided an update on HCAHPS. Ms. Tello explained the survey process and data submission deadlines, and also reported on the Medical Staff Departmental activities related to HCAHPS.

The Medical Staff Office is reviewing all survey comments specific to physicians. That information is then shared with specific physicians, and included in the physician report cards. Additionally, the new physician orientation program will include an HCAHPS component. It was noted that only the “attending physician” is included in the survey, even though a specialist physician may be providing the majority of the care. Currently the only way to gather information about the specialist physician is through the comments section.

While there is much room for improvement, it was noted that survey scores have improved, with the exception of “communication about medicine”. Ms. Tello reminded the Committee that the hospital gets reimbursed by CMS for HCAHPS survey scores that show trends in improvement towards meeting established benchmarks. Ms. Hammond reported that her department’s initial focus will be on two dimensions: Communication with Nurses and Communication with Doctors. These two dimensions will drive the remaining dimensions. In response to questions from the Committee, Ms. Hammond noted that there are other opportunities, besides the mailed survey, to follow-up with patients and increase the sample size, including follow-up phone calls. In response to an inquiry from Dr. Mackay, staff will inquire if they can obtain a breakdown by payer source.

There was discussion about the need for a culture change and the fact that employee satisfaction affects patient satisfaction. There was also a suggestion from the Committee that staff mention the possible satisfaction survey at the time of admission, as well as at the time of discharge.

Because improving patient satisfaction is one of the Committee’s goals for the current year, it will be a standing agenda item to monitor improvement.

FINAL ACTION: None taken.

The Chair called for a brief recess at 9:43 a.m.

The meeting was called back to order at 9:58 a.m.

ITEM NO. 5 Receive a report on the coding process and clinical documentation improvement process at UMC; and direct staff accordingly. (For possible action)

DOCUMENTS SUBMITTED: Health Information Management Work Flow and the Role of CDI-Coding-HIM PowerPoint Presentation

DISCUSSION: Linda Garrison, Director of Health Information Management (HIM) Department, and Virginia Carr, Director of Revenue Cycle, gave a presentation on the HIM workflow and the role of CDI and Coding. To understand all the complexities of this process, including the impact of coding on core measures and reimbursement, the Committee will continue to receive information on this process. Ultimately, there will have to be collaborative efforts to change behaviors.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive an update on infection control measures for suspected and confirmed Ebola cases and Measles outbreak; and direct staff accordingly. (For possible action)

DISCUSSION:

Mary Brann provided an update on the hospital's preparedness for Ebola, Measles and CRE.

The Ebola Strike Team is assembled and prepared, with CCU nurses prepared for back-up. The designated rooms remain ready with supply carts ready and wrapped. The CDC has designated three types of acute care hospitals to treat patients with suspected Ebola – Frontline, Assessment, and Treatment Hospitals. UMC and three other local hospitals have been designated as Assessment Hospitals, whose role is to receive, isolate and care for the patient until a diagnosis of Ebola is confirmed and the patient is transferred to a designated Treatment Hospital. It was noted that there are federal grant funds available for hospitals treating Ebola patients.

There was a recent Measles case that presented to one of our Quick Cares; fortunately everyone was immune. With the recent Measles outbreak, measures are being taken to ensure that staff has appropriate immunity. Staff is required to provide proof of immunity or be vaccinated. The Committee inquired how the hospital would handle a staff request for religious exemption; Dr. Brookhyser did not know the answer, but will follow-up with Human Resources Department.

UCLA recently reported 179 potential patient exposures to CRE, a bacteria that is resistant to all known antibiotics, resulting in two deaths to date. The

exposures are related to the decontamination of duodenoscopes. Because of the design of the scope, the cleaning instructions from the manufacturer were not adequate to protect patients. Although neither the CDC nor FDA have developed guidelines, UMC has taken extra precautions with cleaning and decontaminating the scopes with cultures at 24 and 48 hours to ensure their safe re-use. Staff does not anticipate any exposures at UMC.

FINAL ACTION: No action taken.

- ITEM NO. 7 Review and make recommendations for modifications of 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)**

DOCUMENTS SUBMITTED: Schedule B Performance Objectives; Mason VanHouweling

DISCUSSION: Item tabled due to time constraints. Committee members may submit their input to the Committee Chair.

FINAL ACTION: No action taken.

- ITEM NO. 8 Review and discuss quality metrics reporting; and direct staff accordingly. (For possible action)**

DOCUMENTS SUBMITTED: Quality Metrics

DISCUSSION: Item tabled due to time constraints

FINAL ACTION: No action taken.

- ITEM NO. 9 Review calendar of meetings that impact Professional Affairs; and direct staff accordingly. (For possible action)**

DOCUMENTS SUBMITTED:

- Physician Contracts Sorted by Expiration Date
- Clinical Contract Selection Committee

DISCUSSION: A list of physician contracts with expiration dates, as well as an excerpt from the Medical Staff Bylaws regarding the Clinical Contract Selection Committee, were distributed as informational items. The Chair would like to have a future discussion regarding input from the Clinical Quality Committee on future physician contracts.

FINAL ACTION: No action taken.

ITEM NO. 10 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

None

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 11:08 a.m., Chair Franklin adjourned the meeting.

APPROVED: April 21, 2015