UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 15, 3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in the ProVidence Conference Room, Trauma Building, 5th floor, Las Vegas, Clark County, Nevada, on Monday, August 15, 2016, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:01 p.m. by Chair Jeff Ellis and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Jeff Ellis, Chair
Renee Franklin
Laura Lopez-Hobbs
Donald Mackay, M.D.
Mike Saltman

Absent:
Mike Saltman (excused)

Also Present:
Kurt Houser, Chief Operating Officer
Stephanie Merrill, Chief Financial Officer
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
Danita Cohen, Executive Director, Strategic Development and Marketing
Shana Tello, Director of Medical Staff Services
Haley Hammond, Director of Patient Experience
Terra Lovelin, Administrative Assistant/Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Ellis 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 June 20, 2016. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report on current HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores, reviewing trended data as well as benchmarks and initiatives for improvement (For possible action)

And

ITEM NO. 5 Receive an update on ICARE4U educational update (For possible action)

DOCUMENT(S) SUBMITTED**:**
-2016 HCAHPS Key Drivers

DISCUSSION: Haley Hammond, Director of Patient Experience explained the recent scores and data for the hospital.

We compare ourselves with the other hospitals that use Avatar, about 1,500 to 2,000. In the future we will be comparing ourselves to more hospitals as Avatar will eventually cease to exist as Press Ganey will be taking over.

Ms. Cohen suggested comparing us to only local hospitals.

Member Franklin suggested that we see ourselves compared to the local market and national market so we can how different we are.

Chair Ellis would like to see where the 1,500 other hospitals fall within the spectrum.

In October the reports will be much easier to read since Press Ganey will be the producer of them by then.

Kurt Houser, COO explained that the scores between quarter one and quarter two have gone in the right direction with the exception of the communication about medications.

Ms. Cohen noted that when we switch over to Press Ganey we will contract with them to make sure every person discharged gets a survey.

The "Rest your feet, take a seat" campaign is going to be piloted on 5 North and 5 South. We are in the process of ordering chairs for the physicians where they can sit down with the patient and speak with them at eye level.

Doctors are interested in hearing about their scores and how to improve them.

ICARE4U principals are continuously being used to teach how to use the principals to improve courtesy and respect to the patients. Continuing recognition from the leadership and ICARE champions through rounding and peer recognition is ongoing.

Ms. Cohen mentioned that it means so much to the employee's when they get the, "I Caught You Caring Card" and then get recognized by an Administrator.

Mr. Houser pointed out that on the fifth floors where Deb's triage model is being implemented, we are in the 70 percentile for discharge ratings, 22nd percentile in pain management, and 28 percentile for quietness. At the Governing Board meeting on August 24 Deb Fox will be speaking more about this.

The white boards that are in each patients rooms are being utilized by every nurse and they have been very helpful with the communication of pain management.

Member Franklin mentioned a possibility of educating the patients on pressing the call lights as soon as they need help and not waiting until the last minute to do so.

Shana Tello, Director of Medical Staff Services mentioned that staff is rounding in the ambulatory clinics to see what can be done as far as aesthetics and such before the remodels get done. The ambulatory staff seem to have improved in greeting patients and customer service.

Physicians are being provided their scores and comments every quarter and seem very interested. Staff is also providing complimentary letters to the physicians when they receive them. There is now a renewed HCAHPS subcommittee that includes residents, nursing staff, a few surgeons and key staff.

Dr. Mackay asked if people that respond with the surveys are more apt to respond negatively.

Ms. Cohen responded that it's true on both ends, they are either very happy with their experience or very upset and both outcomes causes them to fill out a survey.

FINAL ACTION: None taken.

ITEM NO. 6 Receive a report on Value Based Purchasing (VBP), with focus on Patient Safety Indicators (PSI) (For possible action)

DOCUMENT(S) SUBMITTED**:**
-Value Based Purchasing PowerPoint

DISCUSSION: Jenny Gaca, Associate Administrator explained that Value Based Purchasing is something that was put into the inpatient prospective payment system by the Affordable Care Act. It is how hospitals get paid for performance. One of the things the government does every year is assign the measures into domains and put a weight on it which determines how much money a hospital gets back or doesn't get.

A percentage of your payment is withheld from each DRG and then you have to earn your money back. We get reports every year telling us what our total amount was that was withheld versus what we get back. Ms. Gaca doesn't know the figure at this time, but stated that information is obtainable from the finance department. The most recent report showed that UMC did receive money back within the middle of the range.

The domains on what we are being evaluated for in FY2017 were explained. The safety measure category is new for 2017 which puts a focus on patient safety indicators.

Post-operative cardiac arrest had the highest amount of deaths among surgical inpatients. Jenny's team started digging into those cases to see what they could change. A higher portion of these cases involved elective surgeries and spine surgeries so this is what the team is focusing on. The team is looking at specific case factors to see if any causative factors can be determined.

Concurrent review of these cases is challenging, however, due to the difficulty within our EHR and medical records systems. This is hoped to improve with the new AHRQ methodology for ICD 10. UMC is pending a contract with SMART Software which helps with early identification of these cases by applying the AHRQ methodology. The implementation of SMART is anticipated for October 1, 2016.

Dr. Mackay asked if the spine surgery cases are broken out into ortho and neuro.

Ms. Gaca replied that yes they were broken out and most of them are ortho spine.

One area within the core measures that UMC is struggling with is the Influenza vaccination. The national average to get the flu vaccine during flu season is 94% and last quarter we were around 90%. There is a team that is getting together and meeting with nursing staff and the physicians in order to properly document administration of the vaccine.

All vaccines and immunizations are entered into WebIZ, a state website. However, our EHR does not have an interface with this site. Ms. Gaca is going to check if it interfaces with Epic. We have access to the system but there is a limit on how many staff can have access to the system.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on the CMS Star Rating (For possible action)

DOCUMENT(S) SUBMITTED**:**
-None submitted

DISCUSSION: Ms. Gaca announced that CMS released the Star ratings. UMC received one star, along with four or five others in the area. Southern Hills and Summerlin Hospital received three stars and nobody received four or five stars.

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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.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Ellis 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 4:15 p.m., Chair Ellis adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: October 17, 2016