University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 18, 2016

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 18, 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, April 18, 2016, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:00 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
John White

Absent:
Mike Saltman (excused)

Also Present:
Kurt Houser, Chief Operating Officer
Stephanie Merrill, Chief Financial Officer
Danita Cohen, Executive Director, Strategic Development and Marketing
Mary Brann, DNP, MSN, RN, Executive Director, 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
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 February 22, 2016. *(For possible action)*

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

Kurt Houser, Chief Operating Officer, introduced Jenny Caca, Associate Administrator of Clinical Quality and Performance Improvement.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report from Dr. Alan Greenberg, Infectious Disease physician, on the current state of ID and the challenges and opportunities for UMC and Las Vegas. (For possible action)

DOCUMENT(S) SUBMITTED**:** PowerPoint presented

DISCUSSION: Dr. Alan Greenberg presented an overview on infectious diseases and the impact on UMC.

He has worked with the hospital to help design and plan responses to external infectious disease threats, like H1N1 and Ebola. Another important responsibility of the Infectious Disease service is planning for internal threats, like hospital acquired infections.

One of the big risks to healthcare workers is exposure to TB and other blood related diseases. His number one call at night is blood exposure incidences.

Dr. Greenberg also discussed the protocol in place to ask patients who present flu like symptoms, if they have traveled out of the country recently. This protocol

has helped decrease external threats and isolate those who present symptoms to ensure that they do not spread disease to others.

Currently in the news is the Zika virus and Dr. Greenberg explained that the virus was identified over 60 years ago and is a mosquito-borne illness. The most common symptoms are fever, skin rash and muscle and joint pain, much like the flu. The World Health Organization (WHO) explains this as an explosive spread. Our role is to work with transplant services and the blood bank to ensure that people infected are not donating organs or having blood transfusions.

Dr. Mackay asked if Zika and MERS are detectable by antibodies and Dr. Greenberg replied that the detection is very difficult; there is a five to seven day latency period before antibody is made.

Mr. Houser added that Dr. Greenburg is leaving us in June after ten years and we are sorry to see him go.

FINAL ACTION: None taken.

ITEM NO. 5 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)

DOCUMENT(S) SUBMITTED**:** PowerPoint: HCAHPS Report Key Drivers

DISCUSSION: Hailey Hammond, Director of Patient Experience went over four of our 2016 HCAPS key drivers:

1. How often our doctors listen carefully to our patients
-Continuing ICARE4U sessions, focus on doctors sitting down with patients at eye level, increase HCAPs education and recognizing the good things the doctors are doing

2. How often did nurses treat you with courtesy and respect?
-Continuing ICARE4U sessions and focusing on particular concepts by pulling the model apart and really focusing on the defining the principals, recognizing the staff via rounding's and observations.

3. How often was your pain well controlled?
-Using the white boards as a communication tool and possible nursing initiative to create pain management brochure to educate patients on realistic pain management.

4. After you pressed the call button, how often did you get help as soon as you wanted it?
-Tent cards with nursing contact information and hourly rounding, use of our volunteers to help round on the patients to focus on the non-medical needs they have; 40 volunteers have just been on boarded specifically in the ER, to help with comfort items.

Our scores in these particular drivers are moving forwarded.

Shana Tello, Director of Med staff added that doctors are now getting reports to see where they are at. The first Hospitalist meeting occurred and the doctors went over their scores and then took them back to their groups. The HCAPS scores have been added to a report card that they receive every six months.

It was brought up that there is a need to make sure there are chairs in every room so the doctors can sit down with their patients.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive an update on ICARE4U educational update. (For possible action)

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

DISCUSSION: Danita Cohen, Executive Director of Strategic Development and Marketing explained the various ways that they are keeping the ICARE4U program alive and motivating the employees.

There are posters, emails and UMC posts regarding the principals. Danita and the team are also rounding with candy to help motivate and recognize employees.

Multiple awards are also given out to encourage everyone to embrace the model.

The distribution of the ICARE4U cards have actually gone up which is a great thing.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive a report on the "Top 5" Priorities for Quality and Patient Safety, with a focus on Sepsis and PS14, reviewing actions plans and initiatives for performance improvement. (For possible action)

DOCUMENT(S) SUBMITTED**:** "Top 5" Update

DISCUSSION: Mary Brann, Executive Director of Compliance presented the top 5 priorities for Quality and Patient Safety.

1. PSI 4
2. Sepsis
3. Pressure Ulcers
4. CLABSI
5. Hand Hygiene

PSI 4: Death among surgical inpatients with serious treatable conditions.
-DVT/PE
-Pneumonia
-Sepsis
-Cardiac arrest
-GI bleed/hemorrhage

Patty and Paige are having weekly coding and quality meetings to review questionable cases. Also, weekly mortality meetings are being held to discuss if there are any documentation and quality issues.

A PSI 4 working group has been established that includes a physician who looks at cases should anyone have any questions.

Patti Stopka, Assistant Director, Center for Quality and Patient Safety explained that Sepsis is a Core Measure from CMS.

Core Measures are bundles of Evidence Based care which has shown to result in better outcomes for patients. The new measure set started October 2015. Sepsis is the leading cause of death in U.S hospitals and strikes 750,000 Americans each year.

A Sepsis Action Plan has been created and includes the following:

- 1 FTE Sepsis Program Manager

- Education

-Nursing: Mandatory 2 hour education course on how they can recognize sepsis cases immediately.
-Physician/resident/leadership: May 10 and 11, Sepsis Summit.

- Champions

-Administrative champion: Kurt Houser
-Physician Champion: JD McCourt and Hindu Shigamitsu
-Resident Champion: Christopher McNicoll

- Revenue Cycle

-Identification of record coded sepsis
-Review of records prior to dropping bills

In December 2015, we had 111 patients coded with Sepsis in one month so it was clear something needed to be done.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive a report on the Quality Award program initiated at UMC. (For possible action)

DOCUMENT(S) SUBMITTED**:** PowerPoint

DISCUSSION: Ms. Brann updated the committee on the UMC Quality Star Program.

The Quality Star Champions Award is awarded to a unit or department that demonstrates an improvement in one of our five initiatives then maintains the improvement for a quarter. The department/unit is given a banner for the quarter to display and a pin for all involved.

The Quality Star Program is awarded to individuals making a significant contribution to quality in their area of expertise. The individual receives a certificate and a pin. We have awarded 13 pins to date.

FINAL ACTION: No action taken

ITEM NO. 9 Receive an update on the CMS Star Rating and a response from Vizient in preparation for its release. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- CMS Overall Hospital Star Rating Preview

DISCUSSION: Mary Brann gave an overview on Vizient's review of star rating.

Vizient found the following:

-The star ratings will come on out on the 21st of this month but the improvements that have been made won't be reflected for a couple of years

-Non-Medicare patients are not represented

-It adds layers of analytics that are difficult to understand or reproduce.

-Caring for underserved populations are not accounted for in their risk adjustment

In response to a Vizient consultation we looked at some things that they pointed out.
1. PSI 4
2. Top 5 costs per DRG
3. Ambulatory
4. Documentation improvement
5. Patient flu vaccination and VTE-1

We were selected as a site for the Vizient Performance Improvement Advisor program for 2016. There is no charge for 2016 and only 30 sites nationwide were selected.

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.

Member Franklin mentioned a hospital in New Jersey that is giving their patients the ability to request a refund for a service that they don't feel is up to their standard.

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 4:42 p.m., Chair Ellis adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: June 20, 2016