University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 22, 2016

UMC Conference Room Sapphire
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
February 22, 2016, 3:00 p.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 Monday, February 22, 2016, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:02p.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 (via phone)
John White

Also Present:
Mason VanHouweling, Chief Executive Officer
Kurt Houser, Chief Operating Officer
Susan Pitz, General Counsel
Danita Cohen, Executive Director, Strategic Development and Marketing
Matt Cova, Director of Business Development
Andrew Chung, Associate Administrator
Vick Gill, Assistant Hospital Administrator
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 December 15, 2015. *(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 Franklin that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report from Dr. Jerry Cade, Medical Director of UMC's Wellness Center, on the history and current state of the service line (For possible action)

DOCUMENT(S) SUBMITTED**:**
-History packet, articles and pictures
-PowerPoint

DISCUSSION: Dr. Jerry Cade gave a brief overview on the history of the Wellness Center and HIV service line and where it is today.

UMC has been involved in the HIV epidemic since the early days and both the Health District and UMC has been on the forefront of treating the disease. Continuing education is a vital role that Dr. Jerry Cade and his team provide to any group that wishes to know more about prevention and treatment.

The official epidemic began June 5, 1981, about 35 years ago. The nurses had an idea to create a formal program and the outpatient clinic opened in 1986 with five patients in converted hospital rooms, we now have 3,300 patients.

25% of UMC's HIV patients are also co-infected with the Hepatitis C and the clinics were merged and it has worked out well. Due to effective drugs and education the numbers have greatly decreased in mother's transmitting the virus to their babies. Through December 2012, out of 105 infants born in Clark County, there were zero cases of mother to children transmission of the HIV disease.

FINAL ACTION: None taken.

ITEM NO. 5 Receive a report on current HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores, review trended data as well as benchmarks and initiatives for improvement (For possible action)

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

DISCUSSION: Haley Hammond, Director of Patient Experience updated the committee on the current HCAHPS scores and how UMC is striving to increase them.

Avatar, UMC's current HCAHPS vendor, paid a site visit to UMC in mid December and spent a few days looking at our data. A report was sent and a plan put in place to increase our response rates and increase education about HCAHPS.

Three things that Haley and her team will be targeting for 2016:
1. Increasing Education and training relative to patient satisfaction data
2. Practices for data sharing and communication about HCAHPS; making sure all units have their unit information, comments and scores and understanding what they are looking at.
3. Performance improvement tactics.

Key Drivers:
-Nursing and Physician Communication
-Responsiveness to patients and their pain

Chair Ellis asked if we had differential scores by units and Ms. Hammond said that we could see based on the Avatar scores, what departments and what personnel are doing well and which ones may need more training.

Danita Cohen said that the goal for improvement is 10%.

The average response rate is 5% to 15%, depending on the unit.

Member Franklin commented that the survey questions are poorly written and extremely long. A discussion ensued as to the ability of changing the questions and shortening it.

Member Lopez-Hobbs brought up the issue that staff perceives they are providing the best care, but according to our scores, the care they are providing isn't the best. There is a disconnect and this needs to be changed.

Member Franklin mentioned that Deb Fox, CNO is currently working with all the nurses, and assessing what is asked of them, and if they are doing it.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive a report on Physicians HCAHPS scores along with initiatives for improvement (For possible action)

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

DISCUSSION: Shana Tello, Director of Medical Staff Services explained that the Physician HCAHPS scores are 67.43, for the fourth quarter 2015. The key driver that they are focusing on; how often did Dr.'s listen carefully to you?

Ms. Tello and her team are educating the physicians and providing them with the ICARE4U training as well as sending out communication via email. Physician scores are a bit higher and they are looking at the top performing providers and the comments associated with them.

An HCAHPS subcommittee has been assembled and they meet every quarter.

The first group that Ms. Tello and her team are focusing on is the Hospitalist Group. Administrative staff will have a breakfast meeting with them where they will go over their individual scores.

The overall physician staff score as a hospital was 67.43. The Hospitalists scores are in the 40's and 50's; this score does include all of them.

Member Mackay inquired about the interaction between the nurses and physicians regarding patient interactions.

Ms. Tello replied that they are currently working on educating the physicians and the nurses about working together, better.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on ICARE4U (For possible action)

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

DISCUSSION: Danita Cohen, Strategic Director of Marketing announced that their goal was to have everyone trained in ICARE4U by April 1 and as of the second week in February, 3,500 staff have been trained. They accelerated the training and have now moved on to celebrating and recognizing when they see ICARE4U in action.

Peer to peer recognition has also started; once a person receives a card for being recognized as using the ICARE4U principals, they can bring the card up to Administration where they will get an acknowledgement by an Administrator and also receive a special pin. We hope that every employee will eventually have a pin on their lanyard.

Physician and resident training is also ongoing and Danita and her team attend these meetings and hand out ICARE4U information as well.

UMC has hired a new Patient Experience Educator. She comes from the Nevada Donor Network and has great experience with people during times of need.

Mr. VanHouweling wanted to publicly recognize Danita, Haley, Shana and the entire team for completing training a month ahead of schedule. They worked on the weekend, after hours, and around the clock to reach every employee and physician.

Member Franklin would like to see annual refreshers on this initiative so we can be sure to keep the momentum going.

It was noted that this is also part of new hire orientation and on our website.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive an update on the Quality Dashboard (For possible action)
And
ITEM NO. 9 Receive a report on CMS Hospital Compare (For possible action)

DOCUMENT(S) SUBMITTED**:**
- CMS Stars Rating
-Hospital Compare

DISCUSSION: Mary Brann, Executive Director of Compliance explained the new CMS Star Rating.

Kurt Houser added that this new star rating is due to come out in April so this report is just a sneak preview given to UMC.

CEO VanHouweling said that a few hospitals he has spoken with, will have 1 or 2 stars, the best one could receive is 5 stars.

Safety and patient experience are the two areas that we want to focus on and Haley are her team are working on this currently.

5 focus areas for Quality this year:
1. Pressure Ulcers
2. Blood Stream Infections
3. Sepsis
4. Hand Hygiene
5. PSI 4

Updates:

-Nursing added one more wound Ostomy nurse, for a total of two; they provide coverage 7 days a week.
-They have also brought back wound champions on each nursing unit.
-The "Tushy Tuesday" program is still continuing.
-Cameras to document wounds upon admission with date stamps are now in place.
-Sepsis Coordinator position opened.

July through November of 2015 there were 75 potential HACS and PSI's presented but Mary and her staff went back through them and found that 49 of them were in actuality, not HACS and PSI's and therefore kept them from being billed as such.

They are working on streamlining the process and providing more training to the billers to improve the numbers and our Leapfrog scores.

Quality meets with the Coding Supervisor every week and if a physician needs to be queried, they query him/her that day so bills are not getting delayed.

Member Mackay asked if he could attend the morbidity /mortality meeting that they hold and Mary said that she would love for him to come.

FINAL ACTION: No action taken.

ITEM NO. 10 Receive a report on Patient Pal's Discharge Phone Calls. (For possible action)

DOCUMENT(S) SUBMITTED**:**
-Discharge Phone Calls

Matt Cova, Director of Business Development explained a program that they are looking into regarding patient continuum of care.

The discharge process is very important in reflecting public perception. The type of service being presented today is called Patient Pal's Discharge and their model is reaching out via a phone call to patients who have recently been discharged and helping them with follow up care.

What Mr. Cova and staff looked at is what happens when a patient is discharged from the hospital and how can we as a hospital improve the communication.

After going through the different options, they felt the best thing to do was to outsource this service. Patient Pal is run here locally and they offer four discharge phone calls during a one month period. The first phone call is done within 48 hours of discharge. The nurse asks about medications, follow up visits, etc. They help guide the patient through the process; this could include helping obtain generic drugs that are cheaper.

Patient Pal will also tie into Clark County Social Service network if the person is homeless or in need of social services. The fee is $20 per patient that is discharged, regardless if the person answers the phone call or not.

Chair Ellis asked if the people on the phones are truly RN's and Mr. Cova replied that they are but they could definitely ensure that in a contract.

He also asked how many patients Patient Pal actually speaks with during this process. Member Hobbs commented that she would be interested in this statistic as well.

The patient's medical information would be faxed to a representative at Patient Pal. Mr. Cova spoke with this company regarding security and they said they have gone through stringent testing to ensure that their networks are secure.

Member Mackay asked what the expectation is and what happens when the nurse does not speak to the patient during the four phone calls. Mr. Cova replied that the expectation is to speak with the patient but regardless, the fee is the same.

ITEM NO. 11 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 welcomed the new Chair of this committee, Jeff Ellis. She also thanked everyone for all the support they have given her during the last year while she was Chair.

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 5:01p.m., Chair Ellis adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: April 18, 2016