

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 20, 2016

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 20, 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, June 20, 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.

Absent:

Mike Saltman - Excused

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 April 18, 2016. *(For possible action)*

FINAL ACTION: A motion was made by Dr. 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. John Fildes, Chair, UMC Trauma on the status of the Southern Nevada Trauma System in "Voice of the Physician" *(For possible action)*

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION: On Thursday the Southern Nevada Board of Health will hear presentations from three hospitals that are applying to become trauma centers. They will then deliberate as to whether or not to support these applications. Dr. Fildes is presenting a report on where UMC is on the issue.

UMC's stance is that the Southern Nevada Trauma system is working well. There have been no diversions and all patients have been treated timely. The data the Regional Trauma Advisory Board has looked at was volunteered by the local hospitals and EMS, showed there is no need for new trauma centers. Doubling the number of trauma centers all at once is unwise and dangerous and will increase cost.

Chair Ellis asked what the difference was between Level 1 and Level 2 Trauma. Dr. Fildes replied that their care level is the same but Level 1 has more capabilities such as limb replacements. There may also be more things in orthopedics that level 2 may not do, as well as child specific injuries.

Level 3 Trauma centers cares for patients who are stable, awake, breathing; with a pulse. These patients will be transported via ambulance with no lights or sirens and traveling at normal speeds.

Chair Ellis asked if the hospitals applying for level three have to add anything to the hospital other than the sign to be a level three. Dr. Fildes replied that they do have to have a program manager, a registrar and an on call list. You will also have to operate the service according to the College of Surgeons. The cost will be offset with the trauma activation fee.

UMC trained the 100th graduate of the surgical program and trains residents in emergency medicine/plastic surgery and we train residents for orthopedic surgery. The orthopedic surgery program survival depends upon the number of index cases we submit to the ACGME, the accrediting body. The loss of those cases to other trauma centers would be problematic for the survival of orthopedics.

UMC rotates people as far away as Japan and we also train US Military with the SMART Program which is a very successful program and very rare.

Dr. Fildes also noted that we have 149 doctors on call in a 30 day period to cover all the specialties 24/7 and our trauma activation fees are half of what Sunrise charges.

In August 2015 The American College of Surgeons convened in Chicago with multiple stakeholders and tried to create a framework for needs based trauma center designation. They came up with a document and tool that can be applied and we have the ability to apply it in a relevant and meaningful way to our community.

They came up with six domains that they feel are important:

- Population trends
- Median transport times
- Lead Agency/System Stakeholder/Community Support
- Severely injured patients discharged from acute care facility not designated as Level I, II, or III trauma centers
- Level 1 Trauma Centers
- Numbers of severely injured patients seen in trauma centers already in the TSA

On Thursday Dr. Fildes will ask the Board of Health to uphold the findings of the Office of the EMS and Trauma Systems of the SNHD, "that the three applicants

have not demonstrated unmet need for additional trauma services, and therefore cannot recommend authorization to seek designation as a center for the treatment of trauma.”

Chair Ellis asked what other hospitals are missing to make them a trauma one facility and Dr. Fildes said its institutional commitment and they would need to find 149 specialists per month.

Saint Rose Hospital for example has a thriving thoracic department and is very high level but they choose not to be involved in time sensitive care; they would rather be involved in selective care.

FINAL ACTION: None taken.

- ITEM NO. 5 Approve and recommend approval by the Governing Board the amended Medical and Dental Staff Bylaws of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee and General Medical Staff on April 26, 2016. (For possible action)**

DOCUMENT(S) SUBMITTED:

-Conflict of Interest Policy

DISCUSSION: Shana explained that this is a revision to the bylaws regarding conflict of interest. If Physicians would like their signatures redacted due to identity fraud concerns, they can take their signatures off the conflict of interest statement

FINAL ACTION: A motion was made by Member Lopez-Hobbs to approve as recommended. Motion carried by unanimous vote.

- ITEM NO. 6 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:

-2016 HCAHPS Key Drivers June 2016

AND

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

DOCUMENT(S) SUBMITTED: None submitted

DISCUSSION: These two items are being combined into one discussion. Hailey Hammond updated the committee on some of the trending data.

Staff is continuing with HCAPS education and providing the physicians with their scores. It was mentioned that the decline in scores is believed to be due to the nursing reorganization. During staff rounding there is still a lot of talk about what is happening and rumors are numerous.

Member Lopez-Hobbs said this is a performance issue and perhaps they should be written up as they are not doing their jobs. Ms. Cohen said that staff has discussed looking at this avenue when the principles are not followed.

ICARE is a standing agenda item at each nursing meeting and Ms. Cohen and staff attend these meetings and provide feedback to staff from the patient satisfaction scores. Leadership is continuing to recognize staff when they do great things as well as working with the nursing managers to help them find ways to improve their service.

Chair Ellis asked about statistics on call light usage and Ms. Cohen said they do have that information from the fifth floor where the triad model is practiced. Scores will come in from the fifth floor about thirty days after the report closes.

Kurt Houser commented that some of the bad nursing behavior is due to the uncertainty they feel with the changes. He also said that some of the nursing staff feel like things are changing for the better but this needs to be reflected in the scores and they are working on this.

Member Franklin commended staff on continuing to reinforce the ICARE4U principles and encouraged them to keep on it.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive a report on the 'Top 5' Priorities for Quality and Patient Safety with a review of action plans and initiatives for performance improvement (For possible action)

DOCUMENT(S) SUBMITTED:

-Top 5 Updated June 2016

DISCUSSION: Mary Brann gave an update on the top five initiatives that they choose for quality.

1. CLABSI's
2. Hand Hygiene
3. PSI 4
4. Sepsis
5. Pressure Injuries

A CLABSI Ad Hoc Committee was started in March of 2015 when they saw that this was a problem. They then started a daily review of all results in 2016 and instituted a root cause analysis with the manager on the floor and the staff nurses to determine why the patient developed a CLABSI.

The Joint Commission Targeted Solutions Tool Hand Hygiene program began in April of 2015 and it has moved throughout the different units. Staff is doing better going in and out of the rooms and following hand hygiene protocol.

PSI 4; surgical inpatients with seriously, treatable complications. All adult or OB patients who have had surgery within two days of coming to the facility. If they die from one of the noted issues, it becomes PSI 4.

60% of cases were from cardiac arrest but previously those cases were coded wrong so that is why the numbers are so high, staff will look into this to see if this is the case.

Mr. Houser mentioned that we will be getting outside help with coding to help with the back log and with reviewing cases to ensure they were coded appropriately.

Dr. Mackay said he was impressed with the thoroughness involved with the Morbidity and Mortality meetings he has recently attended. Every case that is suspicious is looked at by peer review and by the departments to ensure nothing was missed.

Sepsis: Is the leading cause of death in the US; four in ten hospital deaths. UMC has an upward trend which is good and in compliance with the sepsis core measure. Weekly peer and physician review occurs here at UMC as well as staff and resident education.

An RN who will be the Performance and Improvement nurse for Sepsis was just hired on.

PI's: Not making much headway on this but we have done a lot with pressure ulcers including photographing of the wounds. We now have two wound care nurses who cover seven days a week.

FINAL ACTION: No action taken

ITEM NO. 9 Receive a report on the Leapfrog initiative with a focus on Medication reporting, performance initiatives and patient safety (For possible action)

DOCUMENT(S) SUBMITTED: The Leapfrog Group

DISCUSSION: Jenny Gaca, Associate Administrator, Clinical Quality and PI gave a brief update and background information on leapfrog.

Leapfrog is a nonprofit group that came about to help consumers choose their health care and is based on a survey that goes out twice a year. They use the survey results in order to develop safety scores for the patients. The data however is very old, usually 2012-2014 data. We are seeing improvements with our HAI's and treatable serious complications.

FINAL ACTION: No action taken.

ITEM NO. 10 Receive an update on the CMS Star Rating (For possible action)

DOCUMENT(S) SUBMITTED:

- None submitted

DISCUSSION: There is no report at this time as CMS delayed the release of the report until July.

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.

No emerging issues.

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 5:05 p.m., Chair Ellis adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: August 15, 2016