

**UCHC Board of Directors
Clinical Affairs Subcommittee
Minutes
August 4, 2003**

Attendance

Voting Members: Mr. Chudwick (Chair), Ms. Leonardi, Mr. Samuels, Dr. Garibaldi, Dr. Shafer

Staff: Mr. Borda, Mr. Budlong, Dr. Deckers, Ms. Lattanzio, Ms. McManus, Dr. Sanford, Dr. Strongwater, Mr. Walter, Mrs. E. Whalen (recorder)

Other Attendees: Mr. B. Carlson, Attorney Comerford, Dr. S.Wetstone

Guests: Ms. Donovan, Mr. Giannini, Ms. Mancini, Ms. Pettigrew, Dr. Sanders, Ms. Schmitt, Ms. Treco, Ms. Wiggins

- The meeting was called to order by Chairman, Bruce Chudwick at 8:36 a.m.

I. 2003 JCAHO National Patient Safety Goals

- Ms. Candice Pettigrew was introduced to the Board by Dr. Strongwater.
- JDH created a Performance Improvement and Patient Safety department to focus on opportunities to enhance patient safety and lead JDH/UMG initiatives to improve care. It was noted that JCAHO has defined and identified the most common safety problems in hospitals.
- The purpose, goals and recommendations of the National Patient Safety Goals were presented by Ms. Pettigrew with six (6) goals for 2003 identified as follows:
 1. Improve the accuracy of patient identification.
 2. Improve the effectiveness of communication among caregivers.
 3. Improve the safety of using high alert medications.
 4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery.
 5. Improve the safety of using infusion pumps.
 6. Improve the effectiveness of clinical alarm systems.
- The revised 2004 National Patient Safety Goals include the following, seventh, item:
 7. Reduce the risk of health care-acquired infection.
- Discussion ensued regarding short term versus long term improvement goals, and Ms. Pettigrew noted that the above goals reflect only a partial listing of overall JDH Patient Safety Plan improvements. Many other improvement areas exist and are currently in process.
- Meeting goal number six (6), improving clinical alarm systems, required the greatest implementation effort. JDH was in compliance with all other improvement goals presented. Examples of ongoing additional safety initiatives include:
 - Verbal physician orders to be eliminated within the next 18 months.
 - Bar coding technology for medication administration through the Seimens system.
 - Smart pump technology for enhanced IV medication safety.
- A more comprehensive listing of Patient Safety Initiatives and Improvements will be presented at a future Clinical Affairs meeting.
- Ms. Pettigrew further noted that unit staff is in the process of being trained on all new restraint policies and alarm system technology.

II. Public Comment

- There was no public comment.

III. Announcements and Remarks

- Dr. Strongwater recognized and congratulated Terri Donovan, Rachel Schmitt, Kathy Wiggins, and Dr. Melinda Sanders for their innovative achievements and as recent Connecticut Quality Improvement Award recipients.
 - Ms. Donovan and Ms. Schmitt were recognized for developing Pain Assessment techniques in new born babies who had undergone circumcision.
 - Ms. Wiggins and Dr. Sanders were recognized for decreasing histology turnaround times from 48 hours to several hours in the evaluation of breast cancer patients, resulting in improved patient treatment.

IV. Annual Clinical Affairs Report

- Dr. Strongwater noted that both JDH and UMG finished the year in the black and noted the many accomplishments made over the past fiscal year, including:
 - The combined operations of JDH, UMG, and Dental Clinics enjoyed an excess in revenue of \$1.3 million, compared to a budget projection of \$1.2 million, reflecting a 12.2% or \$142,000 increase over projections). There was an overall improvement of \$6.8 million compared to last year. UMG, which lost more than \$6 million last year, had a slight profit of \$136,000.
 - JDH has continued to invest in patient safety through investments in information technology and is installing the Seimens Information Systems for JDH and UMG.
 - The format for reporting patient satisfaction to Clinical Affairs has been modified to better reflect patient experience and likelihood of recommending JDH.
 - Connecticut hospitals have all agreed to participate in a Department of Public Health hospital "Report Card" for the year 2004. This is a collaborative process between the CHA, AHA and Qualidigm.
 - There are 10 core clinical measures, and a patient survey developed by AHRQ. Patients will be directly surveyed to capture Report Card data.
 - Discussion ensued regarding the length of the CAHPS report card survey (67 questions), and the concern that many patients will not comply, which may result in skewed survey results.
 - An additional concern was expressed over the possible duplication of effort through the mailing of Press Ganey surveys to patients.
 - Other States participating in Report Card surveys are: Arizona, New York and Maryland.
 - There have been several new physician hires (Dr. Fredericks, Dr. Chandawaker and Dr. Runowicz).
 - There are ongoing challenges related to reimbursements.
- Chairman, Bruce Chudwick congratulated everyone on the many successes over the past year as noted in the Annual Report.

V. Nursing Redesign

- Jeanne Lattanzio noted that the nursing redesign endeavor has taken the better part of 2003. The most important goal of the program was to significantly decrease spending on outsourcing agencies.
- At the outset, Ms. Lattanzio met with all the labor unions and human resource administration regarding the rewriting of job descriptions, recruiting, training and educating existing personnel.
- LPN roles have been expanded from administering medications to also providing patient care. LPNs have been included in the redesign process and are now on all implementation teams.
- By the beginning of September, all training should be completed and all positions should be filled. As it relates to overall nursing vacancies, there are 4 to 5 positions remaining to be filled and it was noted that there are still some areas difficult to recruit for such as the ER, OR and NICU.
- There is a tracking system in place to evaluate the success of the redesign program, to monitor the quality of care provided and cost reductions achieved.

- The redesign has been very well received by existing staff, and has resulted in the ability to recruit quality nurses because recruits recognize the added staff support available to them.
- Thus far, the Redesign Program is going well. Staff morale is positive due in part to the continuity of patient care by way of using permanent as opposed to temporary agency personnel.

VI. Annual Human Resource Report

- J. Lattanzio reported that this year's Human Resource performance evaluation rate goal had been set at 95%. JDH realized a 97% evaluation rate of employees, including department heads.
- Mandatory in-service education classes achieved the following success rate:
 - 99% rate for code blue training
 - 95% rate for safety infection control and CPR
 - Customer satisfaction classes continue on an on-going or as needed basis.
- Chairman, Bruce Chudwick stated that we should strive to achieve a 100% mandatory training rate. It was acknowledged and agreed that due to long medical leave absences and other issues, it would be difficult to attain a 100% success rate, however, we should strive to meet that goal.

The motion was made and seconded (Chudwick/Leonardi) to recommend that **the Annual Human Resource Report be approved.** The motion was unanimously adopted.

VII. Annual Performance Improvement Report

- Dr. Sanford discussed the Eight Step Performance Improvement Course offered through the Human Resource Department. At the next Clinical Affairs Subcommittee Meeting, Dr. Sanford will present and discuss the FY04 proposed Process Improvement Plan.
- It was noted that many units have new process improvement initiatives underway. It was acknowledged that although all initiatives may not succeed, it is important for employees to continue to seek new opportunities for improvement on an on-going basis.

The motion was made and seconded (Chudwick/Shaffer) to recommend **that the Annual Performance Improvement Report be approved.** The motion was unanimously adopted.

VIII. Joint Commission on Accreditation of Healthcare Organizations (JCAHO): Site Visit Preparation – Governance

- It was noted that the Joint Commission for Accreditation is expected to visit us by or before the end of December 2003.
- It was agreed that there will be a separate session of the Clinical Affairs Subcommittee during the month of September to determine JCAHO "hot spots". The focus will include areas the Board will need to respond to for JCAHO.
- JCAHO is now more focused on measuring performance vs. written policies and procedures. It is expected that JCAHO will "match up both" to ensure existing policy compliance.
- When deficiencies are noted, there is a 60 day window to correct the deficiency before penalties are imposed.
- The consensus was that the preparation session be "in-person" rather than via a phone conference.

IX. Key Performance Indicators

- Regarding market share, JDH has outperformed its competitors in all areas with the exception of the ER, where Hartford Hospital recently outperformed JDH.
- Statistics show that our market share is increasing.
- Ms. McManus indicated that CHA data is reported on an October fiscal year, and that PCR data is "real time data" vs. CHIME data, which is not as accurate.

- It was agreed the submitted reports would be reevaluated with the goal of including a more focused and specific approach to our *primary market evaluation*.
- Our case mix index has declined and reasons for the decline are being evaluated.
- UMG patient encounters have increased on an annual basis.
- Patient Satisfaction:
 - 90% of those who come to JDH would be “likely” or “very likely” to recommend us to someone else.
 - Results are obtained through a correlation analysis of the Press Ganey Survey, as well as evaluation of the Husky Rater Program.
 - In general, patient satisfaction results are good, but they are relatively flat when compared to prior years. We are continuing to work hard to increase our patient satisfaction ratings.
 - Husky Rater tools and outcomes will be presented at a future meeting.

X. Watch List

- The Watch List focuses on adverse events happening within the State of Connecticut.

XI. Minutes of the Clinical Affairs Subcommittee Meetings

The motion was made and seconded (Chudwick/Garibaldi) to recommend **that the Clinical Affairs Subcommittee approve the minutes of the Clinical Affairs Subcommittee meetings held on April 15, 2003, May 13, 2003, May 20, 2003, June 17, 2003, July 15, 2003; and that in the future, all subcommittee minutes be approved at the quarterly meeting of the Clinical Affairs Subcommittee rather than at the individual subcommittee level. The motion was unanimously adopted.**

XII. Meeting Dates/Future Agenda Items

- The next Clinical Affairs Subcommittee meeting will be held on November 11, 2003.
- Agenda items will include:
 - JCAHO
 - Department of Public Health Update
 - Capital Improvement needs
 - Space Update

XIII. Adjournment

There being no further business, a motion was made and seconded (Chudwick/Garibaldi) to adjourn the meeting. The motion was unanimously approved at 10:15 a.m.

Respectfully submitted,

Elizabeth Whalen
Recorder

**CHC Board of Directors
Peer Review Subcommittee
Minutes
August 4, 2003**

Attendance

Voting Members: Mr. Chudwick (Chair), Ms. Leonardi, Mr. Samuels, Dr. Garibaldi, Dr. Shafer

Staff: Dr. Deckers, Ms. Lattanzio, Dr. Sanford, Dr. Strongwater

The meeting was called to order by Chairman, Bruce Chudwick at 10:24 a.m.

<p>A motion was made and seconded (Garibaldi/Leonardi) to go into Executive Session. The Committee unanimously voted to go into Executive Session at 10:24 a.m. Attendance included Mr. Chudwick, Ms. Leonardi, Mr. Samuels, Dr. Garibaldi, Dr. Shafer, Dr. Deckers, Ms. Lattanzio, Dr. Sanford, Dr. Strongwater.</p>

Executive Session

<p>A motion was made and seconded (Leonardi/Samuels) to adjourn from Executive Session at 10:52 AM. Adopted unanimously.</p>
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There was no further business and the meeting was adjourned at 10:53 AM.

Respectfully submitted,

Elizabeth Whalen
Recorder

