REGULAR BI-MONTHLY MEETING
OF THE BEXAR COUNTY HOSPITAL DISTRICT
BOARD OF MANAGERS

Tuesday, September 23, 2014
2:00 p.m.
Corporate Square, 10th Floor, Conference Room A
4801 N.W. Loop 410
San Antonio, TX 78229-5347

MINUTES

BOARD MEMBERS PRESENT:

James R. Adams, Chair
Linda Rivas, Vice Chair
Dianna M. Burns, M.D., Secretary
Robert Engberg
Ira Smith
Robert Gilbert

BOARD MEMBERS ABSENT:

Roberto L. Jimenez, M.D, Immediate Past Chair

OTHERS PRESENT:

George B. Hernandez, Jr., President/Chief Executive Officer, University Health System
Bruce Adams, M.D., Professor and Chairman, Emergency Medicine, UTHSCSA; and Medical Director, Emergency Department, University Hospital
Tricia Aleman, Executive Director, Corporate Communications and Marketing, University Health System
Bryan Alsip, M.D., Executive Vice President/Chief Medical Officer, University Health System
Tim Brierty, Chief Executive Officer, University Hospital
Ted Day, Senior Vice President, Strategic Planning & Business Development, University Health System
Reed Hurley, Assistant Chief Financial Officer, University Health System
Michael Hernandez, Vice President/Chief Legal Officer, University Health System
Rudy Jackson, Executive Director, Emergency Department, University Hospital
Sherry Johnson, Vice President/Integrity & Regulatory Services, University Health System
Leni Kirkman, Vice President, Strategic Communications and Patient Relations, University Health System
Nancy Ray, RN, MA, Chief Nurse Executive, University Health System
Michelle Ryerson, DNP, RN, NEA-BC, Sr. Vice President, CNO/COO, Pediatric Clinical Services, University Health System
Mark Webb, Executive Vice President/Chief Operating Officer, University Health System
Ronald Estrella, Executive Director, Medicine Services, University Hospital
Gregory Bowling, M.D., Medical Director, Hospital Medicine
Kami Stepanik, Executive Director/ Patient Safety Officer, University Hospital
Raje Wolfe, Executive Director, Care Coordination, University Hospital
CALL TO ORDER, WELCOME, AND RECORD OF ATTENDANCE: JAMES R. ADAMS, CHAIR, BOARD OF MANAGERS

Mr. Adams called the meeting to order at 2:05 p.m.

INVOCATION AND PLEDGE OF ALLEGIANCE:

Mr. Adams introduced Dr. Liem Du, Medical Director, Community Medicine Associates, Robert B. Green Campus, for the invocation. Mr. Adams led the pledge of allegiance.

PRESENTATIONS AND EDUCATION:

LENGTH OF STAY IMPROVEMENTS FOR 5TH FLOOR SKY TOWER USING LEAN METHODOLOGY – MARK WEBB

SUMMARY:

Mr. Webb introduced and yielded the floor to Ms. Bonnie Murillo, Executive Director for Operational Excellence, who in turn acknowledged the team members and introduced those present. Ms. Murillo reported that during the week of June 2-6, 2014 a Kaizen Process Improvement Event was held to further focus on addressing the length of stay (LOS) problems on the 5th Floor Sky Tower with the goal of decreasing length of stay from 6.3 days to less than 4 days. In addition to decreasing LOS, the goal for the team was to communicate and collaborate in patient care and in safe patient transitions. The Kaizen Event pulled together a multidisciplinary team consisting of nurses, physicians, care coordinators, a physical therapist, a pharmacist, and a tech. The team dove deep into the issues surrounding the timely discharge of patients. One of the major process improvement ideas from the event was to further capitalize on the newly implemented safety and throughput huddles and transform them into Rapid Rounds. Using this approach the team could discuss proactive plans to discharge each patient and improve patient safety within the unit. Team expectations were described as:

• Effective hand off;
• Efficient movement of patients;
• Create collaboration between all disciplines;
• Decrease LOS through teamwork; and
• ACU Improvements to be implemented in Intensive Care Unit

Team members highlighted the following concerns on behalf of their patients (Voice of Customer):

• I don’t know why I have to wait so long to go home.
• I am afraid to leave so late. Will there be people at the place to care for me?
• The nurse didn’t know I was going home.
I was told I would be discharged this morning. It’s 4 o’clock now.

During the Kaizen Event, the Current State was identified as follows:

- Each discipline has specific priorities and no clear communication between disciplines related to patient discharge current state observations;
- Lack of collaboration, communication, coordination between disciplines;
- Discharge order written before requirements of discharge completed;
- Multiple huddle with fragmented communication; and
- Inefficient documentation of progress toward discharge plan goals.

Ideal Characteristics were described by staff as being:

- Documented anticipated discharge for all patients;
- Visual board updated daily tracking patient progress toward discharge to ensure length of stay is less than four days;
- 24/7 support by all disciplines;
- Clear communication pathway to ensure ancillary services, interventions completed according to discharge plan;
- Case management drives discharge and all disciplines are stakeholders; and
- Patient condition is the only barrier to discharge.

Future state provides for better communication between all disciplines and was described as follows:

- Discharge planning begins on admission day one;
- Patient and family are included in decision making regarding discharge plan; and
- Daily huddles with involvement from all disciplines in order to track patient progress toward discharge and ensure only barrier to discharge is patient condition.

Problems, Solutions and Benefits were reviewed:

- Problem: Inefficient documentation by all staff causing extra motion by other staff. Difficult to see the total patient picture in the electronic medical record. Multiple huddles with fragmented communication cause confusion and extra motion among staff.
  
  Solution: Efficient, targeted rounds that are 15 minutes for each medicine unit; involve all disciplines, and are driven by case management.

- Problem: Patient is clinically ready for discharge but defects in the process cause confusion of the staff, long patient wait time, and unsafe transition. Patients often wait for ancillary services to be completed.
  
  Solution: Create white board to track progression and safe transition of care. White board is updated during huddles by RN for follow up. Defined expected time frames for procedure completion.
Transitional Care Rapid Rounds Key Questions for every case:

- What is the treatment plan? (What are the pending consults or tests?)
- What is the discharge plan? (Could the patient’s needs be met at a lower level of care?)
- What barriers in treatment or discharge have been identified?
- What interventions are needed to address barriers to discharge? (Such as, family teaching, clinical resolution, referrals, consults)
- What is the estimated date of discharge? (What is the geometric LOS?)
- Do we need an individual care conference for this patient?

In the **Sustainment Plan** for the 5th Floor Acute Medicine Unit, the following items were identified as necessary:

- Weekly meetings to evaluate preliminary white board participation (complete)
- Gemba Walks by Nurse Executive and Physician Champion (daily/weekly)
- Track attendance at huddles (daily)
- Track percentage of patients discharged by expected date of discharge (daily)
- Track percentage of patients discharged in two hours (daily)

Staff reviewed the floors average length of stays, goals, quality infection rates and the number of patients discharged within two hours of the written discharge order.

**Successes**: Increased patient safety and quality of care, improved patient and staff satisfaction, and improved efficiency and access.

**Challenges**: Patient room co-location based on team assignment

**Next Steps**: Streamline Memorandum of Transfer and Ambulance processes, and spread process to other patient floors,

**RECOMMENDATION:**

**ACTION:**

**EVALUATION:**

- No action by the Board was required.

Dr. Burns was pleased to learn that the rate of infection at University Hospital is going down. How does that compare nationally? The averages are lower when compared to similar hospitals across the country. Mr. Engberg wanted to know at what point the matter of LOS becomes an issue on each and every patient, and who is responsible for seeing that the patient is discharged at the appropriate time. Length of stay is reviewed immediately at admission, upon assignment of a diagnosis related group (DRG). LOS is continuously tracked during the hospitalization and the responsibility for discharge is a team effort, based upon the physician’s order. Dr. Burns expressed appreciation for the staff’s efforts and reiterated the importance of having the discharge order written at a reasonable time to meet the 2-hour discharge goal. The process as described today looks great but the person who determines the discharge must be able to write the order early in the day. Further, when discharge orders are delayed those patients who are waiting for a bed in
the emergency department are impacted. Staff at large institutions such as University Hospital must understand DRGs and how estimated dates of discharge are impacted. The nursing staff who participated in this Kaizen event is aware of where to find the estimated date of discharge. Mr. Adams encouraged every nurse at University Hospital to spend time in its Emergency Department. He thanked the staff and assured them of the Board's support in the efforts to improve lengths of stay.

FOLLOW-UP: None.

EMERGENCY DEPARTMENT (ED) TRANSITION, SKY TOWER – RUDY JACKSON/TIM BRIERTY/BRUCE ADAMS, M.D.

SUMMARY: Mr. Brierty introduced the staff present and yielded the floor for Mr. Jackson for a bi-annual update to the Board. Mr. Jackson acknowledged that patient volume increases had impacted patient flow almost immediately upon the move to the Sky Tower in April. To adjust to the new environment, the original ED process improvement team reconvened to course correct utilizing the same lean methodology. The multidisciplinary team:

- Worked with supply personnel to relocate supplies based on usage;
- Worked with the frontline ED staff to relocate equipment to easily accessible areas to improve efficiencies; and
- Worked with pharmacy to recalculate and redistribute medications based on patient needs.

The activity growth in the ED included both increased walk-ins and ambulance traffic. Staff has made a concentrated effort to improve the relationship with Emergency Medical Services (EMS) and has proven successful as EMS is now transporting more patients to their "new favorite place." With the sudden and substantial patient volume growth, additional teams are now meeting regularly to address the challenges of volume by establishing new processes to provide safe quality care. Physicians and nurses are meeting regularly to develop ongoing strategies to address the challenges impacting patients moving through the continuum of care. The focus is on the following metrics:

- Reducing door to triage times;
- Decreasing door to provider times;
- Reducing Left Before Treatment Complete (LBTC) percentages;
- Reducing employee turnover; and
- Establishing a Super Track.

As a result of these process improvement initiatives, the ED is experiencing positive outcomes. Initial results indicate improvements in all areas of focus as well as indirect benefits relative to staff engagement and employee morale, which is evidenced by the significant decrease in employee turnover. This decreased turnover is attributed to improved communication within the ED. The national average for employee turnover in Emergency Departments is 20.3 percent, and the Health
System is at less than 5 percent. A new care model was created in the department designed to expedite patients, while continuing to maximize medical expertise. The department created a Super Track model that offers a timely, safe turnaround time. During times of high volume, the department has established a medical screening exam whereby patients see a medical provider within minutes of arrival so treatment is initiated. All patients now registered after an initial screening. Mr. Jackson reviewed metrics and outcomes, 2013 average patient activity as compared to current activity, and target times associate with the metrics. He reported that the process improvement team continues to meet regularly. Daily huddles are conducted with providers and nursing staff to optimize flow, regular course corrections are made throughout the day to maximize patient movement, and both physicians and nurses are regularly moved between assigned areas to best meet the goal of improving safe patient movement. As the ED team combats issues with throughput and efficiencies, they have also discovered additional challenges related to physician consult times and the ability to move patients onto a nursing unit within a timely manner. The group is eager to address these challenges next.

RECOMMENDATION: This report was provided for informational purposes only.
ACTION: No action was required by the Board of Managers.
EVALUATION: The average length of stay for an evaluation in the ED is about eight (8) hours for a patient who is discharged, and about ten (10) hours for a patient who is admitted. A patient is seen by a medical provider at about the fourth hour. Mr. Adams expressed appreciation for Dr. Adams' and Mr. Jackson's work. He urged the staff to keep these process improvement issues front and center since 50 percent of University Hospital’s patients come through the Emergency Department. It is the front door for the Bexar County community as well as the region.
FOLLOW-UP: None.

CLOSED MEETING:

Mr. Adams announced this meeting closed to the public at 3:05 pm pursuant to TEX. GOV’T CODE, Section 551.085 (Vernon 2004) to receive information on and/or deliberate regarding pricing, market data and/or financial and planning information relating to the arrangement or provision of proposed new services and/or product lines. The following Board members were present: Ira Smith, Bo Gilbert, Linda Rivas, Robert Engberg, and Dianna M. Burns, M.D. The following staff were also present: George Hernandez, Leni Kirkman, Reed Hurley, Mark Webb, Ted Day, Bryan Alsip, M.D., Michael Hernandez, and Michelle Ryerson. After discussion, no action was taken in closed session. Mr. Adams announced that the closed meeting ended at 4:32 pm.

MARKETING AND OUTREACH/REFERRAL DEVELOPMENT PLANS AND ACTIVITY – LENI KIRKMAN/TED DAY

SUMMARY: This item was discussed in executive session. No action was taken by the Board of Managers.
RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

MONTHLY FINANCIAL REPORTING – REED HURLEY

SUMMARY: In the interest of time, this item was tabled and not discussed.
RECOMMENDATION: None.
ACTION: None.
EVALUATION: None.
FOLLOW-UP: None.

Mr. Adams thanked the staff for their work in planning the Bexar County Healthcare Summit on Monday, September 22. It was a well-done and stellar event worthy of the Health System’s reputation.

ADJOURNMENT:

There being no further business, Mr. Adams adjourned the public Board meeting at 4:32 p.m.

James R. Adams                            Dianna M. Burns, M.D.
Chair, Board of Managers                  Secretary, Board of Managers

Sandra D. Garcia, Recording Secretary