

**DESERT HEALTHCARE DISTRICT
HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE
MEETING MINUTES
March 14, 2018**

Meeting of the Hospital Governance and Oversight Committee of the Desert Healthcare District was held in the Desert Healthcare District Conference Room, 2nd Floor, Palm Springs, CA

Attendance:

Members

Carole Rogers, RN, Vice-President/Chair
Les Zendle, MD, President

Absent

Staff

Herb K. Schultz, CEO
Lisa Houston, COO
Chris Christensen, CFO
Mary Pannoni, Accounting/Admin Support
Andrea S. Hayles, Clerk to the Board

Legal Counsel

Jeff Scott

Guests

Mitch Blumberg, Chair, Governing Board of Directors, Desert Regional Medical Center
Laura Bruce, RN, Desert Regional Medical Center, Palm Springs Resident
Regina Epp, RN, Desert Regional Medical Center
Linda Evans, Chief Strategy Officer, Desert Regional Medical Center, Tenet
Michele Finney, CEO, Desert Regional Medical Center
Caroline Hughes, RN, Desert Regional Medical Center
Ezra Kaufman, District Resident
Christine Langenwalter, MSN, RNC, CENP, Director of Clinical Quality Improvement and Education Services
Keven Porter, RN, BSN, MS, Regional Vice President, Hospital Association of Southern California
Lori Ruggiero, RN, Desert Regional Medical Center
Stephanie Salters, District Resident

CALL TO ORDER

The meeting was called to order at 10:04 a.m. by Chair Rogers

Chair Rogers invited all in attendance to introduce themselves.

APPROVAL OF AGENDA

Chair Rogers requested an addition to the agenda before the adjournment.

It was moved and seconded (President Zendle and Chair Rogers) to approve the changes to the Agenda. Motion passed unanimously.

APPROVAL OF MINUTES

Minutes of the January 19, 2018 Meeting

Chair Rogers requested an additional agenda item for Directors Comments as item VIII.

PUBLIC COMMENTS

Ezra Kaufman, District Resident, explained that his public comments from the January 19, 2018 meeting were not reflected appropriately, and requested the precise language word for word. Chair Rogers inquired with District Resident Stephanie Salters if her public comments were adequate. Ms. Salters has not had a chance to read the public comments in its entirety.

It was moved and seconded (President Zendle and Chair Rogers) to table the Minutes until the April Meeting. Motion passed unanimously.

OLD BUSINESS

None

NEW BUSINESS

DRMC – American Disabilities Act (ADA) Compliance/Air Quality Report

Chris Christensen, CFO, described the Desert Regional Medical Center (DRMC) American Disabilities Act (ADA) Compliance and Air Quality Reports based on CBRE, which was provided and discussed at the February 27, Board Meeting.

President Zendle inquired if the Joint Commission Accreditation Healthcare Certification (JACHO) or other accreditations require air quality reporting. Michele Finney, CEO, DRMC, stated that when there are major events with water remediation, testing is performed throughout the process.

The Committee requested that when a significant event has occurred at DRMC that necessitates an air quality report, that the report is forwarded to the Hospital Governance and Oversight Committee within 30-days.

Hospital Compare – Five Star Rating System

Herb K. Schultz, CEO, provided a presentation of the Hospital Compare – Five Star Rating System. Mr. Schultz explained the aspects of Hospital Compare, information that can be obtained about hospitals, and the overall ratings.

Vice-President Rogers inquired about how the data is collected. Mr. Schultz explained that the survey data such as for patient satisfaction is overseen by contractors that contract with Medicaid and Medi-Cal Services.

Christine Langenwalter, MSN, RNC, CENP, Director of Clinical Quality Improvement and Education Services, DRMC, gave a presentation on Hospital Quality Star Ratings on Compliance launched publicly in 2016. Ms. Langenwalter provided percentages of the star rating based on the measures categories. The changes effective in December 2017 were outlined, including the star rating methodology, and a new reporting threshold sequence. Mortality, readmission from 2013 -2016 was detailed with some categories better than the national average. Process improvements with extensive mortality review process were described. Safety of Care 2016 – 2017 was explained with higher expectancy measures than others, including process improvements. Ms. Langenwalter explained the Patient Experience from 2016-2017 and process improvement. Efficient use of medical imaging and effectiveness of care – flu vaccines were no different from the National Rate – same for Timeliness of Care.

President Zendle inquired on trauma patients and CMS economics with Ms. Langenwalter explaining that those items are not considered in the star rating. President Zendle also asked if there are areas for JFK Memorial that scored differently and if we can examine why JFK scored differently. Ms. Finney explained that there are areas where JFK will perform better, but the majority of the patients are received from transfers and varying institutions and facilities such as Mexico, Hemet, and Redlands. President Zendle clarified that he is referring to scoring at JFK that may be better in some areas than DRMC further explaining that a certain percentage of nursing home patients are Medi-cal, and DRMC accepts Medi-Cal, then DRMC most likely receives a significant number of those patients as opposed to other hospitals in the Valley. Ms. Langenwalter stated that she would examine the data.

Ms. Finney explained that some of the data items are scheduled to commence and cautioned that there are 2,300 employees and another 1,000 physician employees that will take significant time to sustain and implement at a consistent level of adoption to train staff over time.

Chair Rogers inquired if DRMC measures patient acuity. Ms. Finney and Ms. Langenwalter explained that acuity is not compared hospital to hospital. Nursing acuity is based on an acuity system and acuity model which is a staffing issue.

PUBLIC COMMENT

Laura Bruce, RN, Palm Springs Resident, explained that one portion of Ms. Langenwalter's presentation is missing the cleanliness of the environment, which affects several factors including the HHI's that the nurses receive the appropriate education. Cleanliness of the environment is a high factor since the rooms in the Emergency Department are not cleaned quickly enough to move the patients, which affects patient satisfaction and the infection rates based on cleanliness with a multitude of patients. As a nurse working at DRMC, Ms. Bruce is concerned about staffing because there are not enough housekeepers to clean the rooms efficiently enough, which also affects the elements of the patient satisfaction score. Ms. Bruce inquired if the Rapid Transfer Agreements (RTA) for stroke patients to treat the patient and send the patient back to their hospital for care, but the patients are at DRMC much longer than the allotted time that places the patient more at risk for infection. Ms. Bruce inquired if DRMC is following through on the RTA's.

Ms. Finney explained that Ms. Bruce is correct in describing the RTA which states that the institution sends the patients to DRMC and agrees to take back the patient; however, the determination is placed on the attending physician, but the majority of the time the physician wants to retain the patient through the end of care. The cleanliness rating of DRMC is 10 points behind the national average on patient satisfaction and an additional 7 FTE's placed on the housekeeping contract in the past year. Progress is currently being made to address all the matters.

President Zendle explained that it has been on the radar of the DRMC Governing Board.

Stephanie Salter, RN, inquired if Christine Langenwalter, Director of Clinical Quality Improvement and Education Services is an RN. Ms. Langenwalter's credentials are MSN, RNC, CENP. Mrs. Salter explained that the acuity is a legal function determined by the nurse. Often patients with the same infections are monitored by the same nurse, which is unacceptable, and she is unsure if the hospital is continuing this practice. Many issues can be resolved with the hiring of a monitor technician every unit to ensure the technician can oversee the unit. Ms. Langenwalter's presentation did not include sentinel deaths in one case that was related to the lack of vetting RN's to take care of the patients. Accepting an RN without vetting their skills similar to one nurse that incorrectly pulled a central line that resulted in a patient's death. There should be proven written skills of the people that care for the patients. It is not pleasing to discuss that patients are difficult. California is a highly educated state, patients read more and understand more about their care, which does not make them difficult – it makes the patients part of the care. An emergency room patient with C. Diff. is one of the most inexpensive and first line matters when someone is ill to obtain a urinalysis, especially for women with a UTI that can be corrected upon arrival. If nurses are unable to get a stool sample from a patient with diarrhea and C. Diff., Mrs. Salter would gladly train staff. Mrs. Salter inquired on why the lab draws at Desert Regional Medical Center are twice as expensive than at Eisenhower?

Ezra Kauffman, District Resident, explained that the discussion was apologist – it is the methodology or the patient’s problem, but the issue is the business model. The hospital receives approximately \$80M in revenue each year for the last two years and can utilize \$60M or \$20M on patient safety for patient satisfaction. Mr. Kaufman expressed concerns about cleanliness due to specific terms with the contractor. The environment is not low resource it is a high resource environment. Tenet’s business model is the same throughout the country. All the hospitals only receive 2.29 stars on average with the national average at 3.15. Mr. Kaufman stated that at Tenet presentation to investors earlier in the year, Tenet CEO, local management team, leadership, and medical staff would receive direct visits to the 1 star rated hospitals in the Valley. Mr. Kaufman inquired if the Tenet CEO could visit the Hospital Governance and Oversight Committee meeting and provide a presentation on his commitment to patient quality and safety during his Coachella Valley visit.

Chair Rogers received a call stating that pediatric patients are being diverted to the High Desert due to concerns about the Pediatric ward. Caroline Hughes, RN, Desert Regional Medical Center stated that she was informed that the ER pediatric admissions were diverted to High Desert or JFK to open the pediatric beds to adult patients. Adult patients are currently utilizing the pediatric beds as of 7 a.m., but she is unsure if the adult patients are still in that location.

President Zendle explained that there is a fine line between analysis and apologist and if we are researching, you have to analyze the numbers appropriately for the result. Mr. Zendle thanked Christine for her presentation and stated that the hospital Governing Board is concerned about that the ratings and wants to see improvements. Health insurers are also being measured not merely the patients.

ADJOURNED

The Committee adjourned at 11:14 a.m.

ATTEST: 
Carole Rogers, RN, Chair/Vice-President Hospital Governance and Oversight
Committee
Desert Healthcare District Board of Director