

AMBULATORY SURGICAL CENTER (ASC) AT LBJ GOVERNING BODY

Thursday, May 19, 2022
9:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

- | | | |
|--|---------------------------------|-----------------|
| I. Call to Order and Record of Attendance | Ewan D. Johnson, MD, PhD | 2 min |
| II. Approval of the Minutes of Previous Meeting | Ewan D. Johnson, MD, PhD | 1 min |
| <ul style="list-style-type: none"> • ASC at LBJ Governing Body Meeting – February 17, 2022 | | |
| III. General Action Item(s) | Ewan D. Johnson, MD, PhD | 15 min |
| A. Consideration of Approval to Appoint or Reappoint Key Positions to the Ambulatory Surgical Center at LBJ Governing Body | | <i>(10 min)</i> |
| – Dr. Scott Perry and Mr. Matthew Reeder | | |
| <ol style="list-style-type: none"> 1. Administrator – Matthew Reeder 2. Clinical Manager(s) – Rebecca Lee and Myles Matherne 3. Medical Director – Scott Perry 4. Business Office Manager – Pollie Martinez 5. QA/PI Officer – Amy Kimes 6. Medical Staff Privileges Officer – Adriana Barron 7. Infection Control Coordinator – Maria Taylor 8. Pharmacy Officer – Alvin Nnabuife 9. Risk Manager – Scott Stanley 10. Compliance Officer – Anthony Williams 11. Safety Officer – Harold Sias 12. Radiation Officer – Patricia Svolos 13. Privacy Officer – Catherine Walther 14. Medical Records Officer – Veronica De Leon | | |
| IV. ASC at LBJ Medical Director and Administrator Reports | Ewan D. Johnson, MD, PhD | 10 min |
| A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Ambulatory Surgical Center at LBJ Governing Body, Including Questions and Answers | | <i>(10 min)</i> |
| – Dr. Scott Perry and Mr. Matthew Reeder | | |

V. Executive Session	Ewan D. Johnson, MD, PhD	30 in
<p>A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Possible Action Upon Return to Open Session, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ – Dr. Scott Perry</p>		<i>(10 min)</i>
<p>B. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session – Ms.Carolynn Jones</p>		<i>(10 min)</i>
<p>C. Report Regarding Quality of Medical and Health Care, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session – Dr. Scott Perry, Dr. Matasha Russell and Mr. Matthew Reeder</p>		<i>(10 min)</i>
VI. Reconvene	Ewan D. Johnson, MD, PhD	1 min
VII. Adjournment	Ewan D. Johnson, MD, PhD	1 min

**MINUTES OF THE HARRIS HEALTH SYSTEM
AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING
February 17, 2022
9:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 9:04 a.m. by Ewan Johnson, MD, Chair. It was noted that a quorum present and the attendance was recorded.	A copy of the attendance is appended to the archived minutes.
II. Approval Of The Minutes Of The Previous Meeting	Approval of the Minutes of Previous Meetings: <ul style="list-style-type: none"> • ASC Governing Body Meeting – November 18, 2021 	Motion No. 22.02-01 Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and unanimously passed that the Governing Body approve the minutes of the previous meeting. Motion carried.
III. General Action Item(s)	A. Approval of Policies and Procedures for the Ambulatory Surgical Center at LBJ Mr. Matthew Reeder, R.N., Administrator, ASC at LBJ, presented the Policies and Procedures for the Ambulatory Surgical Center at LBJ. As a part of the regulatory requirements of the ASC, the Governing Body is to review and approve policies annually. He stated that there were minimal content revisions, paragraph changes, and grammatical edits. Copies of the policies are available in the permanent record.	Motion No. 22.02-02 Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and unanimously passed that the Governing Body approve III.A. Motion carried.
	B. Approval of the Harris Health System Medical Staff Bylaws for the Ambulatory Surgical Center at LBJ Dr. Scott Perry, Medical Director, ASC, presented the Harris Health System Medical Staff Bylaws for the Ambulatory Surgical Center at LBJ. He stated that the Bylaws are reviewed on an annual basis and that there were no substantive changes from the previous year. A copy of the Bylaws is available in the permanent record.	Motion No. 22.02-03 Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and unanimously passed that the Governing Body approve III.B. Motion carried.
IV. ASC at LBJ Medical Director and Administrator Reports	Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the ASC at LBJ Including Questions and Answers. Mr. Reeder presented the Medical Executive Committee (MEC) minutes of the previous meetings. He stated that the biggest challenge is related to operating room (OR) staffing. Currently, the ASC has three (3) rooms running today and that number will fluctuate over the next couple of weeks. Mr. Reeder shared that the ASC will continue to focus on recruitment efforts to help alleviate staffing concerns and surgical backlogs. Copies of the reports are available in the permanent record.	As reported.

V. Executive Session	At 9:16 a.m., Dr. Johnson stated that the Governing Body would enter into Executive Session under Texas Health & Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007.	
VI. Reconvene	At 9:26 a.m., Dr. Johnson reconvened the meeting and stated that no action was taken in Executive Session.	
	<p>A. Approval of Medical Staff Applicants and Privileges for the ASC at LBJ, Pursuant to Texas Health & Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, and Possible Action Upon Return to Open Session.</p> <p>Dr. Scott Perry presented the credentialing changes for physicians of the ASC at LBJ medical staff. He stated that there were four (4) initial appointments, three (3) reappointments and eight (8) resignations. A copy of the credentialing reports are available in the permanent record.</p>	<p>Motion No. 22.02-04 Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and unanimously passed that the Governing Body approve VI.A. Motion carried.</p>
	<p>B. Report by Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Section 161.032 of the Texas Health & Safety Code, and Possible Action Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>C. Report by the Chief Medical Executive Regarding Quality of Medical and Health Care, Pursuant to Texas Health & Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, and Possible Action Upon Return to Open Session.</p>	<p>No Action Taken.</p>
VII. Adjournment	Moved by Professor Johnson, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business to come before the Governing Body, the meeting adjourned at 9:27 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System ASC at LBJ Governing Body Meeting held on February 17, 2022.

Respectfully Submitted,

Ewan Johnson, M.D., Chair

Minutes transcribed by Cherry Pierson

Thursday, February 17, 2022

ASC at LBJ Governing Body Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

ASC at LBJ GB BOARD MEMBERS PRESENT	ASC at LBJ GB BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Ewan Johnson (Chair)		
		Dr. Arthur Bracey (Ex-Officio)
Ms. Alicia Reyes		
Dr. Glorimar Medina-Rivera		
Mr. Matthew Reeder, Administrator, ASC		
Dr. Scott Perry, Medical Director, ASC		
Professor Marcia Johnson		

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
Dr. Jennifer Small, Interim Executive Vice President, Ambulatory Care Services
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Michael Norby, Executive Vice President & Chief Financial Officer
Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital

OTHERS PRESENT	
Amy Kimes	Matthew Schlueter
Anthony Williams	Myles Matherne
Cherry Pierson	Nicholas Bell
Daniel Smith	Paul Lopez
Derek Curtis	Randy Manarang
Ebon Swofford	Rebecca Lee
Elizabeth Winn	Tai Nguyen
Jennifer Zarate	Xylia Rosenzweig
Jerald Summers	Yasmin Othman

Thursday, May 19, 2022

Consideration of Approval to Appoint or Reappoint Key Positions to the
Ambulatory Surgical Center at LBJ Governing Body

Fourteen (14) Member Appointments:

1. Administrator – Matthew Reeder
2. Clinical Manager(s) – Rebecca Lee and Myles Matherne
3. Medical Director – Scott Perry
4. Business Office Manager – Pollie Martinez
5. QA/PI Officer – Amy Kimes
6. Medical Staff Privileges Officer – Adriana Barron
7. Infection Control Coordinator – Maria Taylor
8. Pharmacy Officer – Alvin Nnabuife
9. Risk Manager – Scott Stanley
10. Compliance Officer – Anthony Williams
11. Safety Officer – Harold Sias
12. Radiation Officer – Patricia Svolos
13. Privacy Officer – Catherine Walther
14. Medical Records Officer – Veronica De Leon

Thursday, May 19, 2022

Ambulatory Surgical Center at LBJ Medical Director and Administrator Reports

Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the ASC at LBJ, Including Questions and Answers.

MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE

Harris Health System

January 25, 2022 7:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The meeting was called to order at 7:00 a.m. by Scott Perry, MD, Chairperson.	
MINUTES OF THE PREVIOUS MEETING	The November 30, 2021 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were approved as presented.	
ANNOUNCEMENTS/INFORMATION	<p>Staffing at the ASC & OR Block Schedule</p> <p>Dr. Perry stated that we do have a new experienced OR nurse who will be starting on February 14. We also have some new positions approved for the ASC including a full time dedicated charge nurse. Our availability of RNs have been improving. We are opening up 3 more blocks next week and we anticipate having a 3rd room on several days in February. In addition to recruiting new staff, we have made retention of current staff a priority. We are hoping to be at a minimum of 3 rooms every day in March with 4 rooms on many of the days.</p> <p>Dr. Ko asked for an update from ASC leadership on the number of techs and nurses we are down. Matt Reeder stated that we currently have one more position to fill for our certified surgical technicians. We still have approximately 4 OR RN positions that need to be filled in addition to the positions that we were able to get approved through the system committees. We need 3 of those filled to get up to 5 and operate at full capacity. We have been working closely with HR to equalize the pay for the ASC to match industry pay for other ASCs. We are currently paying a premium pay to our nurses that we have been able to retain and will continue that for the foreseeable future. We continue to work on filling the few remaining roles in the preop and recovery areas. Dr. Ko asked if we had looked at using registry/agency/travel nurses until those roles are filled. Mr. Reeder stated yes - and we received communication yesterday that we do have a potential agency nurse that we are going to try to bring in. We use registry staff when at all possible. One of the items that we are reviewing with the HR group is availability of registry within the system. Discussion ensued regarding the current staffing shortages seen in nursing. Louis Smith stated that the Board is aware of the staffing challenges and understands the impact. The staffing approach to Harris Health is going to have to modify. We are actually in discussions with some of the other health systems in Houston and are going to have to reassess ultimately what overall staffing is. We are doing everything we can to work within the current environment to address staffing but there is simply not enough staffing available.</p>	
UNFINISHED BUSINESS	<p>ASC Preoperative Screening Clinic Report</p> <p>Dr. Perry stated that we are working with the medical director of the pre-op screening clinic to revise some of our templates around pre-op labs to better reflect the relatively low risk procedures. We are also engaging with the pre-op screening clinic to discuss better ways to conduct our patient pre-op education. This ties into discussions around our EC visits within 24 hours.</p> <p>Resident Outreach Education</p> <p>Dr. Perry stated that we have been implementing a system where our learners use the QR codes around the ASC to get training on hand hygiene and various policies. Amy Kimes presented the hand hygiene data for December 2021. We do have some trending upward in hand hygiene performance for that group. We</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>are working on developing more detailed reports and should have more information on that in the coming months. Kim Cooper with IP reached out regarding making our site specific video which we have been unable to complete due to the surges and limited staffing. Dr. Brass stated that he would like to help support that video. He will work with her, Corporate Communications and IT to put that together.</p> <p>EC Visits within 24 Hours</p> <p>Matt Reeder stated that we have been able to get a nurse navigator approved. On the preop side, that nurse will work more closely with the LBJ and BT prescreening clinics. On the post-operative side, that nurse will work on the challenges we have around EC visits, after visit summaries and just general questions. We lost our next step packets or our patient education on the entire operative process. He is working with LBJ OR leadership to get that reestablished. Dr. Perry stated that this next step ties back in to our discussions around EC visits within 24 hours. Moving to get those educational materials to patients preoperatively again is a step in the right direction for those metrics.</p> <p>Dr. Perry stated that Christine Victorian was able to put together a very impressive review and analysis of our EC visits within 24 hours from ASC discharge going back to 2018. We had a very productive meeting around this metric. I have shared some of the data one on one with some of the chiefs. We are planning to do a full presentation at the February MEC meeting. About 4% of the total cases done over the last 3 years had an EC bounce back within 24 hours. Of those cases, about 50% used the Ask My Nurse line. He will contact Dr. Doyle to see if there is any data available for the same metric for main OR. Matt Reeder noted that this is an ASC specific measure required by CMS. He stated that he has been working with IT to start the process of reviewing 340B in regards to whether it is contributing to EC visit issues. We are also looking into a smart phrase or workflow to help all of us circumvent the EC as much as possible.</p> <p>First Case On Time Start</p> <p>Dr. Perry stated that we started an initiative around our first case on time starts that includes feedback to our providers and OR staff regarding performance. We haven't been doing this long enough for a report but informal measurements show a positive move on this metric. We're not at goal but appear to have significant improvement.</p> <p>Provisional Status Update – Proposed Changes to Bylaws</p> <p>Dr. Perry stated that we discussed provisional status as defined in our Bylaws at a past meeting. A change for this category would require approval of a Bylaws amendment. This would waive the case minimums for 2021 through April 2022. He shared the proposed amendment with the committee. The amendment is an extension of the previous suspension that the committee had voted on during the shutdowns and times of decreased capacity during the pandemic. It would be very difficult for medical staff to reach the numbers required while capacity is so low. Dr. Hanna asked if the plan was to reinstate for one year from May or pro-rate in the variance. Dr. Perry stated that the committee would need to revisit this before April to see if we need to continue this or let it expire. Carolynn Jones stated that this probably does not require an official Bylaws amendment. This committee can just make a motion to suspend that provision of the</p>	<p>Dr. Brass will work with Amy Kimes, Corporate Communications and IT to help put the hand hygiene video together for ASC.</p> <p>It was moved and seconded to suspend case minimums for 2021 through April 2022. The committee will reassess the suspension on or before May 1, 2022. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																				
	<p>Bylaws. She recommended adding wording to state that the MEC will readdress this on or before May 1. It was moved and seconded to suspend case minimums for 2021 through April 2022. The committee will reassess the suspension on or before May 1, 2022. Motion carried.</p>																					
<p>STANDING BUSINESS</p>	<p>Medical Staff Services Report <i>Credentialing</i></p> <p>Ms. Barron stated that an e-vote will be sent out to the MEC for an additional provider</p> <p>One initial appointment was presented for approval. The physician has a clean file.</p> <p>Initial Appointments</p> <table border="1" data-bbox="541 565 1535 672"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>Leon</td> <td>Mateo</td> <td>MD</td> <td>OB/GYN</td> </tr> </tbody> </table> <p>Two reappointments were presented for approval. Both are clean files.</p> <table border="1" data-bbox="541 751 1535 907"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>Kim</td> <td>David</td> <td>MD</td> <td>General Surgery</td> </tr> <tr> <td>Wong</td> <td>Mark</td> <td>DDS</td> <td>Oral/Max Surgery</td> </tr> </tbody> </table> <p>It was moved and seconded to approve the initial appointment as presented. Motion carried. It was moved and seconded to approve initial appointment for temporary privileges. Motion carried. It was moved and seconded to approve the two reappointments as presented. Motion carried.</p> <p><i>BT/BCM Orthopedic Providers</i></p> <p>Adriana stated that two BT/BCM orthopedic providers (Dr. Dawson and Dr. Atassi) were brought on at ASC late last year. They were given temp privileges for 120 days. The intent was to get them on quickly while the full credentialing for 2 years continued. That did not occur and those physicians did not have ACLS/BLS and did not intend on obtaining that making them ineligible to continue the full. Due to oversight, the surgical center accounts for the providers were not inactivated on December 26. Dr. Dawson has not had any cases since 12-26 and Dr. Atassi has had 3 cases in January. They chose not to continue the full credentialing due to ACLS/BLS requirements. She stated that she is bringing it forward as full disclosure and transparency. Dr. Perry felt that an extension of the emergency privileges should be considered with the continued needs and ongoing surge. It was recommended that the privileges be extended for 90 days. There will need to be a reevaluation after the 90 days if they don't have BLS/ACLS. Dr. Perry will send written communication to Dr. Dawson and Dr. Atassi formally requesting them to obtain ACLS/BLS based on ASC credentialing requirements. Dr. Brass will also engage in discussion with Baylor leadership. The goal</p>	Last Name	First Name	Degree	Service	Leon	Mateo	MD	OB/GYN	Last Name	First Name	Degree	Service	Kim	David	MD	General Surgery	Wong	Mark	DDS	Oral/Max Surgery	<p>All credentialing files presented were approved. Temporary Privileges were approved for one initial appointment.</p> <p>Dr. Perry will send written communication to Dr. Dawson and Dr. Atassi formally requesting them to obtain ACLS/BLS based on ASC credentialing requirements.</p> <p>Dr. Brass will engage in discussion with Baylor leadership regarding BCM providers credentialed at ASC.</p>
Last Name	First Name	Degree	Service																			
Leon	Mateo	MD	OB/GYN																			
Last Name	First Name	Degree	Service																			
Kim	David	MD	General Surgery																			
Wong	Mark	DDS	Oral/Max Surgery																			

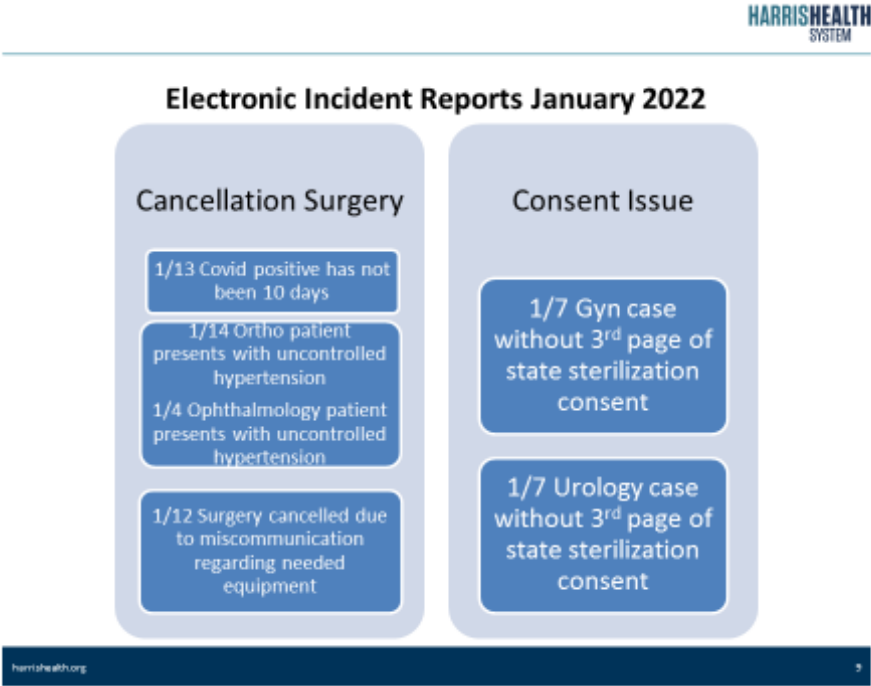
AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>is to have a strong partnership and presence at the ASC from our Baylor partners but there has to be some agreement related to this credentialing requirement. Dr. Perry stated that the purpose of waiving that requirement while getting emergency privileges was the surge and heavy volumes in the EC. We never intended to waive this on a permanent basis. It was moved and seconded to extend the emergency privileges for Dr. Dawson and Dr. Atassi for 90 days effective December 26, 2021. Motion carried.</p> <p><i>MEC Officer Elections</i></p> <p>Dr. Perry stated that the Bylaws require us to elect our MEC officers in addition to the ASC Medical Director (Dr. Perry). Currently, the other 4 officers for MEC are Dr. Hanna, Dr. Alava, Dr. McAlister and Dr. Millas. All current members have been nominated in addition to Dr. Smith from Anesthesiology. An e-vote will be sent to all ASC active staff. The results will be presented at the next MEC meeting.</p> <p>Quality Presentation</p> <p>AAAASF Patient Safety Data Reporting</p> <p>Amy Kimes presented the Quality Report for December. Our hand hygiene compliance dropped slightly to 82%. She presented the breakdown of providers that were recorded for hand hygiene observation. She presented the Adverse Events and eIRS data for December. There were 9 EC visits after ASC for the month. She presented a breakdown by service of those cases. We were 100% compliant for VTE Risk Assessment. We just started the 4th Quarter for patient safety data reporting (PSDR). We were on time for that submission and have started on reporting period 1 for 2022.</p> <p>Dr. Brass stated that one of our action items is to discuss the workflow surrounding narcotic prescriptions from the ASC. He asked if there is an update. Matt Reeder stated that it is being pursued but there have been no changes or updates yet.</p>	<p>It was moved and seconded to extend the emergency privileges for Dr. Dawson and Dr. Atassi for 90 days effective December 26, 2021. Motion carried.</p>
<p>ADMINISTRATIVE REPORT</p>	<p>ASC Scorecard</p> <p>Matt Reeder presented the ASC Scorecard Report for December. We are down in volume due to availability of rooms. Block utilization is down slightly right at 70%. First case on time start looks great at 81% which is at our goal. Turnover times are consistent and is the most solid metric we follow. We were at an average of 19 minutes for the month. Cancellations have been extremely high due to the latest surge. The cancellation rate for December was 6%. Discussion ensued regarding the different categories of cancellation.</p>	
<p>ADJOURNMENT</p>	<p>There being no further business to come before the committee, the meeting was adjourned at 8:10 a.m.</p>	

MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE
Harris Health System
February 22, 2022 7:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The meeting was called to order at 7:00 a.m. by Scott Perry, MD, Chairperson.	
MINUTES OF THE PREVIOUS MEETING	The January 25, 2022 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were approved as presented.	
ANNOUNCEMENTS/INFORMATION	<p>Staffing at the ASC & OR Block Schedule</p> <p>Dr. Perry stated that we are at two rooms and we are able to add a third room as PRN and registry nurses are available. That availability comes and goes by the week. Matt Reeder stated that one of the potential full time nurses has accepted a position and should be transferring over to the ASC in mid to late March. She is coming from LBJ main so the training shouldn't take as long. Recruitment efforts are ongoing. We also continue to meet with our HR partners every other week and continue to reach out for agency nurses.</p>	
UNFINISHED BUSINESS	<p>Medical Staff Services CAP</p> <p>Adriana Barron stated that we reviewed this last year and are bringing it back again. We are still having challenges with meeting the set goals related to timely notification to AAAASF of new appointments. She reviewed the proposed action plan.</p> <p>Plan: Follow established process to notify AAAASF of newly appointed physicians to ASC</p> <p>Do: <i>The AAASF Credentialing Manager</i> will be notified the same day new physicians are approved by the ASC MEC, if temporary privileges are granted, and <i>upon</i> Governing Body approval. Within 3 business days of AAAASF notification, MSS will email the required documents to the <i>ASC's AAAASF main contact person</i> and the <i>AAAASF Help Desk</i> and also update the master ASC Credentialing Roster. MSS Director, MSS Credentialing Manager, MSS Credentialing Quality Analyst</p> <p>Implementation Date: 1/22/2022</p> <p>Check: Assigned staff in MSS will verify AAAASF received and processed the required documents 3 business days after submission to AAAASF</p> <p>Act: A 30-day follow-up will be provided at the February 2022 ASC MEC meeting</p> <p>She stated that Deborah Lemons did start looking at this closer last month. We need to set firmer reminders to do this. One of the things we need to look at closer are those approved by e-vote. We will continue to look at this. We need to be able to meet the goal of notifying AAAASF within 30 days of appointing physicians to the ASC.</p> <p>Ms. Barron reviewed other goals set from MSS - Credentialing. We will communicate new physician appointments to ASC leadership after temporary privileges and/or Board approval. A notification with next steps is sent after someone has been approved. We need to make sure that we're doing that within 2-4 days of approval and including notification to AAAASF as well. We are including Matt Reeder and Amy Kimes in those notifications. She asked if there were other individuals that needed to be included. Mr. Reeder asked for Stephanie Vasquez and Dr. Perry to be included on those notifications. Stephanie was on</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS												
	<p>there. Ms. Barron stated that our internal goal should be 24-48 hours for notification. She reviewed other initiatives that are already being done in MSS.</p> <p>Resident Outreach Education</p> <p>Amy Kimes stated that we have a new QR code that we are going to post today that will capture the name and employee ID for the Hand Hygiene PowerPoint. Trainees will scan the QR code to view the PowerPoint and enter their information. Dr. Brass stated that he sent out a hand hygiene educational video made for Harris Health that can be used at ASC. Dr. Perry stated that our numbers have improved slightly but we are still below goal. He asked that medical staff continue to promote hand hygiene with their teams.</p>													
<p>NEW BUSINESS</p>	<p>Member Results</p> <p>Dr. Perry presented the results of the voting for MEC officers/members. Voting was only open to active medical staff per the Bylaws. There were five nominees for the four open positions. The voting results were presented to the committee. The MEC members elected were Dr. Alava, Dr. McAlister, Dr. Millas and Dr. Hanna.</p>													
<p>STANDING BUSINESS</p>	<p>Medical Staff Services Report</p> <p><i>Credentialing</i></p> <p>Two initial appointments were presented for approval. Both physicians have a clean file.</p> <p>Initial Appointments</p> <table border="1" data-bbox="541 862 1535 1019"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>McCulley</td> <td>Timothy</td> <td>MD</td> <td>Ophthalmology</td> </tr> <tr> <td>Mamalis</td> <td>Christina</td> <td>MD</td> <td>Ophthalmology</td> </tr> </tbody> </table> <p>It was moved and seconded to approve two (2) initial appointments as presented. Motion carried.</p> <p>It was moved and seconded to approve temporary privileges for the two (2) initial appointments. Motion carried.</p> <p>The term roster was presented for information.</p> <p>Quality Presentation</p> <p>AAAASF Patient Safety Data Reporting</p> <p>Amy Kimes presented the Quality Report for January. Amy Kimes presented the Quality Presentation. She presented the most recent hand hygiene data. We were at 51% compliance for the OR side with 100% on the Pre-Op/PACU side. We had a total of 93 observations. She presented the data broken out by clean-in/clean-out and by staff. Our issues are still with residents, medical students and attendings. She stated</p>	Last Name	First Name	Degree	Service	McCulley	Timothy	MD	Ophthalmology	Mamalis	Christina	MD	Ophthalmology	<p>Two (2) credentialing files (initial appointments) were approved. Temporary Privileges were approved for two (2) initial appointments.</p>
Last Name	First Name	Degree	Service											
McCulley	Timothy	MD	Ophthalmology											
Mamalis	Christina	MD	Ophthalmology											

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>that she has not reviewed the raw data yet but will look into the pharmacy technician category. It is likely that there was only one observation in that category (0% compliance). It is hoped that the new QR code will help increase compliance and just in time coaching is also being done. Dr. Brass stated that it would be helpful to include the number of observations above each category. Another opportunity is to have an educational letter from Dr. Perry go out based on observations. Dr. Hanna stated that the letter is a good concept. He recommended adding the exact incident in that letter. The 5 Moments for Hand Hygiene was developed by Quality and IP using the World Health Organization guidelines and is what the ASC is using to base their program on. She reviewed pictures of the preop area and PACU bays showing the location of dispensers and the patient zones for each. She also reviewed pictures of the ASC OR.</p> <p>She presented the EC Visits after ASC volume for January. Half of the cases (9) were from General Surgery which does have the largest volume of patients. We had 18 EC visits for the month - two were within 24 hours. There were no admissions within 24 hours but there were 6 total admissions. She reviewed the cases with the committee. It was stated that some of the patients came in over a weekend. We don't have a clinic open on the weekend and the EC is the only option for these patients. Dr. Ko stated that Margo Hilliard Clinic is open on Saturday. He asked if that would be considered an EC visit. If not, there are specialty services available to see patients there. Ms. Kimes stated that this has been brought up as a possibility before. At the time, they didn't have the ability to do the diagnostic workup that a surgical patient might need. Dr. Small stated that we have access to diagnostic services now. There is a meeting scheduled later this week and we can discuss this there. Discussion ensued regarding the admissions for the month. Amy Kimes referred back to the presentation. She presented the e-IRS reports for January. The two main issues for the month were cancellation of surgery and consents.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	 <p>The slide for VTE Risk Assessment was changed to provide an overall view for the last 3 months. We had 2 fall-outs in January - one general surgery case and one oral surgery case. A checkbox was missing for both cases. She reviewed reminders for patient safety data reporting and preop documentation requirements.</p>	
<p>ADMINISTRATIVE REPORT</p>	<p>ASC Scorecard</p> <p>Matt Reeder presented the ASC Scorecard Report for January. We had the challenges around our EC visits as discussed in the Quality Report. Otherwise, we are trending in the proper direction for all indicators. He reviewed block utilization, 1st case starts, turnover time and cancellations for January.</p>	
<p>ADJOURNMENT</p>	<p>There being no further business to come before the committee, the meeting was adjourned at 7:45 a.m.</p>	

MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE
Harris Health System
March 29, 2022 7:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The meeting was called to order at 7:00 a.m. by Scott Perry, MD, Chairperson.	
MINUTES OF THE PREVIOUS MEETING	The February 22, 2022 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were sent via email for an e-vote.	
ANNOUNCEMENTS/INFORMATION	<p>Staffing at the ASC & OR Block Schedule</p> <p>Dr. Perry stated that the number one challenge the ASC is experiencing is staffing issues. It has been the priority of leadership for the past month. The current status is that the ASC is running two to three rooms per day based on nursing availability. Matthew Reeder discussed the current staffing levels. An internal transfer OR Nurse was hired whose training should be completed by April. The ASC also hired an experience certified scrub technician that should complete training fairly soon. Matt has also been in communication with Pamela Russell to discuss certification registration so that registry nurses can work at the ASC once they have completed their BLS and ACLS courses. Dates of availability have been provided to also involve Angela Davis and Rondell Bailey, our Learning Resource group. We are expecting to have registry nurses available to help sometime in April. This should provide more options to have three to four operating rooms, hopefully five until we have permanent staff available. Dr. Ko asked Matt for the turnover rate and if there is staff leaving as new staff arrives. Matt explained that over the past couple of months, starting in December 2021 there's been zero turnover. High compensation pay is also being used to retain the staff. Mr. Louis Smith also asked for the total operational operating rooms expected by April. Matt states that there should be a total of three rooms that will be operational at times four rooms could also be staffed on a regular basis. Dr. Perry states that there is concern over the surgical backlogs over the last few months from the reduced capacity the ASC has experienced and asks for help from Louis Smith and Jason Chung in terms of the staffing issues. Mr. Smith states that Matt and his team have been focused on the staffing concerns and Executive Leadership has been profiling all of the systems operative environments. There were significant issues that were experienced in the fall in the acute operating rooms along with the ambulatory surgery center. We are currently monitoring and have made significant gains on the acute side while the ASC has been lagging on bringing resources to assist. This has led the conversation about using registry nurses and ensure that we have the proper number of positions open along with the financial items that Matt has referenced related to the high needs pay. As far as the issue related to the waitlist in the procedural areas, leadership is monitoring the number of cases and the time a patient has waited to receive the procedure. This should help with visual accountability related to our progress and bringing those numbers down to more acceptable limits. Mr. Smith ensures the physicians that there is further administrative accountability related to monitoring the progress and keeping it front and center. Matt acknowledged that he does receive statistics from the Ben Taub information system groups specific to OpTime. He also states that he's seen the back logs for the general surgery and orthopedic department which have been accumulating about 100 surgical cases a day. Dr. Doyle asked ASC leadership the circumstances for not using a Charge Nurse and the OR Manager for staffing to manage the volume. Matt states that during the period where the ASC had an almost 90% turnover rate due to the pandemic and being asked to assist the system for surgical cases and various procedural areas, Human Resources (HR) was asked to visit the ASC. Omar Reid and his team performed a survey on the staff and the results showed</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>that the processes were an issue along with feeling underappreciated and pushed to the limit. As a result, the ASC suffered a 90% turnover rate. With the help of the UT and Baylor physicians, the ASC has been able to keep the turnover at a 0%. Dr. Doyle states that if there is a nurse manager and a charge nurse available and only two rooms operating, there is much more staffing issues at the main OR at LBJ than at the ASC. Matt states that leadership is working closely with the team to ensure that they can staff as many surgical cases as possible and retain the staff as well after the complete turnover of the facility. That itself can be demoralizing and at this time, the ASC is attempting to keep that morale up. Dr. Perry thanks everyone for their help including with the executive leadership team. This is the number one concern from the UT chiefs and physicians. Dr. Hanna asked the following, “once we go up to 3, 4, 5 rooms, and we feel confident that the work flow from the physician and surgical positions, will we be able to fill those rooms like we did in the past? If you think we won’t, what are the limitations?” As far as culture changes, Dr. Hanna mentioned that when something changes in a company people stop coming for service due to an event. He asks if the ASC can recapture that culture from the past along with the caseloads. Matt states that they are partnering with our specialty clinics to be able to allow the increase capacity and throughput from the clinics through the surgical department. He does agree that the culture does make a team and takes time and effort to regain what was in place. The core team at the ASC is still intact but the culture among the department remains. As new team members are hired, leadership will work on cultivating them into that high fidelity processes, 20 minute turnovers, and ensure that the closure process with the residents are going smoothly. Matt appreciates the feedback and would like the physicians to address their concerns with the ASC leaders.</p>	
<p>UNFINISHED BUSINESS</p>	<p>ASC Pre-Operative Screening Clinic Report</p> <p>Dr. Perry states that the ASC has been working on the testing requirements with help from Dr. Koepke. The guidelines are a tool to help our auditors which will be reviewed with the Chiefs of each service line to ensure everyone is in agreement. The guideline will be a formal statement of what the pre-op anesthesia testing guidelines are at the ASC. It will also provide leeway for physician judgment for low risk nature cases that are provided at the surgical center. Dr. Doyle states that a card used to be given to the interns and posted in the department for an easy reference. Dr. Hanna also agreed that in the Oral Surgery Clinic interns are expected to make independent decisions regarding which location a patient is scheduled at. He states that it would be a great idea to have a concrete protocol in place that they could follow. Dr. Perry expects this to help alleviate the process of low risk cases such as lab orders that may not necessarily be applicable to the ASC. This is a process that AAAASF required the surgical center to put in place. Matt mentioned that he is also mimicking the processes set in place at the ASC for usage at the Quentin Mease GI area that is set to open.</p>	
<p>NEW BUSINESS</p>	<p>Hand Hygiene Results</p> <p>Starting April 1, 2022, Dr. Perry will begin receiving hand hygiene fallouts data while Amy Kimes sends reminder emails or real time feedback to the individuals listed on the email. Dr. Perry expects awareness and accountability for those that have fallouts which will help improve the data as well. Based on the data Dr. Perry and Amy reviewed, the Pre-Op and PACU areas are at a 100% compliance however, the numbers in the Operating Room are lacking. Dr. Perry and the ASC team will be focusing their efforts on that</p>	<p>Amy will update the committee with feedback from Yolonda Wall.</p> <p>Dr. Perry would like to meet with Dr. Nwokolo to discuss hand</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS								
	<p>particular area. Amy reached out to Yolonda Wall to discuss the process for hand hygiene measurements across the system. The purpose of this is to ensure that the ASC is measuring hand hygiene the same way Ben Taub and LBJ measure their data. Dr. McAlister states that based on the process in the OR at the ASC, he can assure that the same measurements are not in place at LBJ. Dr. Hanna also agrees that the ASC’s processes vary from other facilities such as Hermann, LBJ, and Ben Taub. Dr. Perry suggests meeting with Dr. Nwokolo to discuss what metrics they’re observing that can be used at the ASC. Dr. Brass asks that Amy brings back the information discussed with Yolonda Wall to the next MEC. Matt also informed the committee that the ASC follows the CDC Guidelines for the Five Rights of Hand Hygiene.</p>	<p>hygiene metrics used at Hermann.</p>								
<p>STANDING BUSINESS</p>	<p>Medical Staff Services Report <i>Credentialing</i> One initial appointment was presented for approval. It was a clean file.</p> <p>Initial Appointments</p> <table border="1" data-bbox="541 690 1535 797"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>Dimachkieh</td> <td>Omar</td> <td>MD</td> <td>Orthopedic</td> </tr> </tbody> </table> <p>It was moved and seconded to approve one (1) initial appointment as presented. Motion carried. It was moved and seconded to approve temporary privileges for one (1) initial appointment. Motion carried.</p> <p>Dr. Dimachkieh is a hand surgeon.</p> <p>Adriana Barron states that the Medical Staff Services Department and Amy Kimes are working on documentation to submit to AAAASF. The survey is due June 1, 2022.</p> <p>Quality Presentation Hand Hygiene Amy Kimes presented the Quality Report for February. There was an increase in compliance from 71% in January to a 74% in February based on 25 observations made. Overall compliance for clean-in process was 80% while the clean-out compliance rate was a 64%. There’s been an update made to the QR code that was created for training that will require physician ID number or name of the staff name for the slides to be visible. Dr. Perry clarified that as soon as any employee or physician enters the patient care area, one must foam in and out once they leave the patient zone. Dr. Brass asked if the same rule applies if one exits</p>	Last Name	First Name	Degree	Service	Dimachkieh	Omar	MD	Orthopedic	<p>One (1) credentialing files (initial appointments) were approved.</p> <p>Temporary Privileges were approved for one (1) initial appointments.</p>
Last Name	First Name	Degree	Service							
Dimachkieh	Omar	MD	Orthopedic							

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>the patient zone but does not touch any objects. Amy clarified that if an object is not touched, hand hygiene does not need to be repeated.</p> <p>EC Visits During the month of February, there was 11 EC visits which included 2 for Ophthalmology, 6 for General Surgery, 1 ENT, and 2 for Urology.</p> <p>eIRS There was one electric incident reported for February which was due to a latex allergy. Patient had two reactions to latex and added to the chart. There was no harm reported to the patient.</p> <p>VTE Risk Assessment There were no fallouts reported for the month of February.</p> <p>PSDR and SSI Feedback An escalation process has been created for patient safety data report and SSI letters that are sent out on a monthly basis to physicians. Amy requests a response from physicians within the provided time frame. The process will now require feedback to be submitted within 7 business days from the day received. If there is no response, a call will be made to the provider as a friendly reminder. If there is no response, the names of the non-compliant physicians will be escalated to the Medical Director who will then reach out to the physicians for feedback. If there is a continued delay in response, feedback will then be provided to the System Quality Director/Designee to address the situation and require a response within an additional 7 business day extension. The System Quality Director will then reach out to the CMO if the physician continues to be non-compliant. Amy reminded the committee that this is a requirement from the accreditation body (AAAASF) and is not an option. Dr. Perry asks that physicians comply and reach out to him or Amy if there's any questions or concerns.</p>	<p>Dr. Brass suggested adding a call to be placed within the escalation process. A motion to accept the proposed changes for the escalation process was asked. Motion approved.</p>
<p>ADMINISTRATIVE REPORT</p>	<p>ASC Scorecard Matt Reeder presented the ASC Scorecard Report for February. Patient Satisfaction rate was in the 94th percentile overall for over 120 other private and non-profit surgical centers in the nation. The block utilization parameters are based on in-patient parameters. Dr. Perry and Matt are working on setting up a more appropriate surgical center based set of block guidelines which include a split block. The utilization for the month of February was at 68% and close to a 71% overall utilization rate for the year. Matt presented the first case on time start statistics which were at a 66% rate, short of the 80% overall goal. The turn over time is at 19 minutes per case with a 20 minute average. The cancellation rate is at a 4.5% which is an unacceptable inpatient industry standard for an ambulatory surgical center. Matt believes that having a Nurse navigator for the ASC will help mitigate these challenges that are seen. Dr. McAlister mentions seeing an increase in cancellation cases from February to March and asks to receive patient specifics for</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	the cancellations from his department. Matt also presented an AMN Resident Contact Workflow for feedback on how long the Ask My Nurse group should wait to receive a call from the resident that needs to be paged. Matt plans to start a trial period with the general surgery and orthopedics department first. As it becomes a successful project, we will expand it to the different services. This project is to help mitigate the patient from going to the Emergency Center.	
ADJOURNMENT	There being no further business to come before the committee, the meeting was adjourned at 8:03 a.m.	

Scott Perry, M.D., Chairperson

Minutes recorded by Medical Staff Services and Angie Guerrero

Thursday, May 19, 2022

Executive Session

Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including Possible Action Upon Return to Open Session, Including Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ

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Thursday, May 19, 2022

Executive Session

Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session

This information is being presented for informational purposes only.

Thursday, May 19, 2022

Executive Session

Report Regarding Quality of Medical and Health Care, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Health Care Services, Including ASC at LBJ Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session

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