

## AMBULATORY SURGICAL CENTER (ASC) AT LBJ GOVERNING BODY

Thursday, November 17, 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. <b>Call to Order and Record of Attendance</b>  | Ewan D. Johnson, MD, PhD | 2 min    |
| II. <b>Approval of the Minutes of Previous Meeting</b>  | Ewan D. Johnson, MD, PhD | 1 min    |
| <ul style="list-style-type: none"> <li>• ASC at LBJ Governing Body Meeting – August 18, 2022</li> </ul>   |                          |          |
| III. <b>Executive Session</b>   | Ewan D. Johnson, MD, PhD | 30 min   |
| <ul style="list-style-type: none"> <li>A. Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health &amp; 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 Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session – <b>Dr. Scott Perry</b></li> </ul>   |                          | (10 min) |
| <ul style="list-style-type: none"> <li>B. Report by the Vice President, Compliance 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 &amp; Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session – <b>Mr. Anthony Williams</b></li> </ul>   |                          | (10 min) |
| <ul style="list-style-type: none"> <li>C. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; 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 Healthcare 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 – <b>Dr. Matasha Russell, Dr. Scott Perry and Mr. Matthew Reeder</b></li> </ul> |                          | (10 min) |

<b>IV. Reconvene</b>	<b>Ewan D. Johnson, MD, PhD</b>	<b>1 min</b>
<b>V. General Action Item(s)</b>	<b>Ewan D. Johnson, MD, PhD</b>	<b>5 min</b>
<p><b>A. General Action Item(s) Related to Quality: Ambulatory Surgical Center at LBJ Governing Body Medical Staff</b></p> <p>1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff – <b>Dr. Scott Perry</b></p>		<i>(2 min)</i>
<p><b>B. Consideration of Approval to Appoint a Key Position to the Ambulatory Surgical Center at LBJ Governing Body</b></p> <p>– <b>Mr. Matthew Reeder</b></p> <ul style="list-style-type: none"> <li>• QA/PI Officer – Gina Taylor</li> </ul>		<i>(3 min)</i>
<b>VI. ASC at LBJ Medical Director and Administrator Reports</b>	<b>Ewan D. Johnson, MD, PhD</b>	<b>15 min</b>
<p><b>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</b></p> <p>– <b>Dr. Scott Perry and Mr. Matthew Reeder</b></p> <ul style="list-style-type: none"> <li>• People – Operating Room Staffing</li> </ul>		<i>(15 min)</i>
<b>VII. Adjournment</b>	<b>Ewan D. Johnson, MD, PhD</b>	<b>1 min</b>

**MINUTES OF THE HARRIS HEALTH SYSTEM  
 AMBULATORY SURGICAL CENTER AT LBJ GOVERNING BODY MEETING  
 August 18, 2022  
 9:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order &amp; Record of Attendance</b>	The meeting was called to order at 9:00 a.m. by Ewan D. Johnson, MD, PhD, Chair. It was noted that a quorum present and the attendance was recorded. Dr. Johnson stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	<b>A copy of the attendance is appended to the archived minutes.</b>
<b>II. Approval Of The Minutes Of The Previous Meeting</b>	Approval of the Minutes of Previous Meetings: <ul style="list-style-type: none"> <li>• ASC at LBJ Governing Body Meeting – May 19, 2022</li> </ul>	<b>Motion No. 22.08-08</b>  <b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve the minutes of the previous meeting. Motion carried.</b>
<b>III. General Action Item(s)</b>	<b>A.</b> Approval of the 2022–2023 Infection Control Program for the Ambulatory Surgical Center at LBJ Governing Body  Mr. Reeder, R.N., Administrator, ASC at LBJ, presented the 2022 – 2023 Infection Control Program for the ASC at LBJ Governing Body. As a part of the regulatory requirements of the ASC, the Governing Body is to review and approve the program annually. Mr. Reeder also stated that there were no changes to content with the exception of the date. A copy of the 2022 – 2023 Infection Control Program is available in the permanent record.	<b>Motion No. 22.08-09</b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Glorimar Medina, and unanimously passed that the Governing Body approve III.A. Motion carried.</b>
	<b>B.</b> Approval of the 2022–2023 Quality Improvement Program for the Ambulatory Surgical Center at LBJ Governing Body  Mr. Reeder presented the 2022 – 2023 Quality Improvement Program for the ASC at LBJ Governing Body. He noted that this is also an annual accountability for the governing body to approve. He stated that the appendix was revised to align with Harris Health’s statement as it relates to Quality throughout the System while still maintaining ASC’s independence. A copy of the 2022–2023 Quality Improvement Program is available in the permanent.	<b>Motion No. 22.08-10</b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Dr. Glorimar Medina, and unanimously passed that the Governing Body approve III.B. Motion carried.</b>

	<p><b>C.</b> Approval of the Governing Body Bylaws of the Ambulatory Surgical Center at LBJ Governing Body</p> <p>Mr. Reeder presented the Governing Body Bylaws of the ASC at LBJ Governing Body, noting that there were no changes to the Bylaws. The Bylaws shall be reviewed annually by the ASC Governing Body. A copy of the Governing Body Bylaws is available in the permanent record.</p>	<p><b>Motion No. 22.08-11</b></p> <p><b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Governing Body approve III.C. Motion carried.</b></p>
	<p><b>D.</b> Approval of the Medical Staff Bylaws of the Ambulatory Surgical Center at LBJ Governing Body</p> <p>Dr. Scott Perry, Medical Director, ASC at LBJ, presented the Medical the Medical Staff Bylaws of the Ambulatory Surgical Center at LBJ Governing Body. He stated that there were no changes approved for this year. A copy of the Bylaws is available in the permanent record.</p>	<p><b>Motion No. 22.08-12</b></p> <p><b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve III.D. Motion carried.</b></p>
<p><b>IV. ASC at LBJ Medical Director and Administrator Reports</b></p>	<p><b>A.</b> Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the ASC at LBJ Including Questions and Answers</p> <ol style="list-style-type: none"> <li>1. Implementation of Block Guidelines and Committee</li> <li>2. Ask My Nurse Emergency Center Visit Mitigation Process</li> </ol> <p>Mr. Reeder stated the ASC has approved the Block Committee. The committee discussed first case on-time starts throughout the System as well as how to move these cases above 80%. Dr. Perry stated that this is a big step forward in helping the ASC manage block time, utilization, as well as maximize resources. Mr. Reeder shared that block time is a period of time allocated to a surgeon to perform surgical procedures. Typically, for most hospitals, the maximum percentage of block time should not exceed 75-85%. Mr. Reeder mentioned that the ASC was approved for a second scheduler position as well as a nurse navigator specific to the ASC. Mr. Reeder stated that Baylor College of Medicine (BCM) and University of Texas Health Science Center at Houston (UT – Health Houston) orthopedic groups are working in the ASC. Discussion ensued regarding block times and how a patient pays for surgical services. Dr. Esmail Porsa, President and Chief Executive Officer (CEO), shared that the ASC will provide surgical services regardless of the patients’ payer source. Mr. Reeder provided an update on the Ask My Nurse program, stating that the program was piloted specifically to general surgery for UT and orthopedic surgery for BCM and UT. Copies of the MEC reports are available in the permanent record.</p>	<p><b>As reported.</b></p>
<p><b>V. Executive Session</b></p>	<p>At 9:17 a.m., Dr. Johnson stated that the Governing Body would enter into Executive Session under Texas Health &amp; Safety Code Ann. §161.032 and Texas Occupations Code Ann. §160.007.</p>	

	<p><b>A.</b> Discussion Regarding Medical Staff Applicants and Privileges for the Ambulatory Surgical Center (ASC) at LBJ Governing Body, Pursuant to Tex. Health &amp; 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.</p> <p>There were one (1) initial appointments, five (5) reappointments, and one (1) resignations. A copy of the ASC credentials report is available in the permanent record.</p>	<p><b>Motion No. 22.08-13</b></p> <p><b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Governing Body approve V.A. Motion carried.</b></p>
	<p><b>B.</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 &amp; Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
	<p><b>C.</b> Report Regarding Quality of Medical and Health Care, Pursuant to Tex. Health &amp; 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</p>	<p><b>No Action Taken.</b></p>
<p><b>VI. Reconvene</b></p>	<p>At 9:44 a.m., Dr. Johnson reconvened the meeting and stated that no action was taken in Executive Session.</p>	
<p><b>VII. Adjournment</b></p>	<p>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business to come before the Governing Body, the meeting adjourned at 9:45 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System ASC at LBJ Governing Body Meeting held on August 18, 2022.

Respectfully Submitted,

Ewan Johnson, M.D., Ph.D., Chair

Minutes transcribed by Cherry Pierson

**Thursday, August 18, 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](mailto: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)	Professor Marcia Johnson	
Dr. Arthur Bracey (Ex-Officio)		
Ms. Alicia Reyes		
Ms. Jennifer Tijerina		
Dr. Glorimar Medina-Rivera		
Dr. Scott Perry, Medical Director, ASC		
Mr. Matthew Reeder, Administrator, ASC		
EXECUTIVE LEADERSHIP		
Dr. Esmail Porsa, President & Chief Executive Officer		
Mr. Anthony Williams, Vice President, Compliance Officer		
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive		
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services		
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		
Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications		
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital		
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson 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		
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety		
OTHERS PRESENT		
Cherry Pierson	Nicholas Bell	
Daniel Smith	Paul Lopez	
Jennifer Zarate	Randy Manarang	
Jerald Summers		

Thursday, November 17, 2022

Executive Session

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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 Consideration of Approval of Medical Staff Applicants and Privileges for the ASC at LBJ Governing Body Upon Return to Open Session

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Thursday, November 17, 2022

Executive Session

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Report by the Vice President, Compliance 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

Thursday, November 17, 2022

Executive Session

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Report Regarding Quality of Medical and Healthcare, 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 Healthcare 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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Thursday, November 17, 2022

General Action Item(s) Related to Quality: Ambulatory Surgical Center  
at LBJ Governing Body Medical Staff

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The Harris Health System Medical Executive Committee requests Consideration of Approval of Credentialing Changes for Members of the Harris Health System Ambulatory Surgical Center at LBJ Governing Body Medical Staff.

- Six (6) Medical Staff Initial Appointments
- Fifty-three (53) Medical Staff Reappointments

Medical Staff Initial Appointments: 6

Medical Staff Reappointments: 53

Thursday, November 17, 2022

Consideration of Approval to Appoint a Key Position to the Ambulatory Surgical Center  
at LBJ Governing Body

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One (1) Member Appointment:

1. Quality Assurance (QA)/Performance Improvement (PI) Officer – Gina Taylor

Thursday, November 17, 2022

Ambulatory Surgical Center at LBJ Governing Body Medical Director and Administrator Reports

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

- People – Operating Room Staffing

**MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE**  
**Harris Health System**  
**July 26, 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 June 28, 2022 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were approved as presented.	
ANNOUNCEMENTS/INFORMATION	<p><b>Staffing at the ASC</b>            Matthew Reeder provided a staffing update. Currently, the staffing levels are acceptable for the number of rooms that are open. One nurse has been recruited and she will start on August 15<sup>th</sup>. The team will work with her to move her through a modified residency program. There is a new surgical technician that will also start on August 15<sup>th</sup>. A nurse navigator and scheduler are also scheduled to start in August. Weekly meetings are held to go over staffing levels to make sure rooms are open. The OR block schedule will continue to be variable to a degree. The executive team was able to do a market adjustment for nurses. There is going to be a 3% adjustment across the board for nurses. Reviews for other positions will start soon.</p> <p><b>Accreditation Update</b>            Amy Kimes announced that the reaccreditation certificate was received last week. All requirements were met but there was one deficiency with unloading boxes near the employee elevator lobby. The citation was due to a fire risk issue with the bin. The next visit will be an onsite visit in late spring or early summer. Dr. Scott thanked Ms. Kimes and her team for their hard work. Ms. Kimes will continue to provide updates as they are available.</p> <p><b>PreOp COVID-19 Testing</b>            Dr. McAlister stated that there have been issues related to when pre-operative COVID tests should be done. Ophthalmology expressed concerns at the LBJ OR Committee meeting last week about the schedule. The policy states that tests for Monday or Tuesday cases can be done the prior Thursday or Friday. Dr. Perry advised all services to review the policy.</p>	
UNFINISHED BUSINESS	<p><b>Same Day Surgical Consents</b>            Dr. Perry stated that he spoke with Carolynn Jones about finishing consents on the day of surgery. Services using this practice should make sure they allow enough time the day of surgery to complete the consent. Work has been done to address first case on time start over the past several months. There was a decrease in compliance during the same time period, which might be attributed to same day surgical consent.</p> <p><b>Block Committee</b>            Dr. Perry stated that the Block Committee is beginning to look at utilization and first case starts. The first meeting was a couple of weeks ago and the group discussed ways to improve first case start compliance. They plan to look at utilization by service to make sure each has the right amount allocated to them.</p>	



AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																								
	<p><b>New to ASC Residents Check-In</b></p> <p>Myles Matherne stated that new residents are being directed to the Perioperative nursing station when starting. The team will help facilitate the completion of the hand hygiene module. New resident packets are provided and include information on various policies and procedures. The packets are also available to recurring residents that may need a refresher. Dr. Perry thanked Mr. Matherne and Ms. Kimes for their hard work with resident outreach and education.</p>																									
<p><b>NEW BUSINESS</b></p>	<p><b>Review and Approval of Medical Staff Bylaws</b></p> <p>The Medical Staff Bylaws are required to be reviewed and approved each year. Dr. Perry stated that he didn't believe there are any changes proposed for this year. Mr. Reeder confirmed that there are no current changes to review and approve. It was moved and seconded to approve the Medical Staff Bylaws as presented. Motion carried.</p> <p><b>Case Minimums</b></p> <p>Dr. Perry reminded everyone that case minimums are not currently being enforced. They will start tracking those numbers again when they are able to run 4-5 rooms at least 50% of the time. There was a proposal for each service to have 1-2 providers held in reserve when this resumes. Dr. Perry stated that this is an idea that has been brought up in discussion but there has not been any decision or planning of that. Dr. Brass stated that they could ask Horty Springer about whether organizations should have case minimums. Ms. Barron addressed the idea of having physicians in reserve, noting that a possibility might be to add a separate category of the medical staff.</p>	<p><b>It was moved and seconded to approve the Medical Staff Bylaws as presented. Motion carried.</b></p>																								
<p><b>STANDING BUSINESS</b></p>	<p><b>Provider Credentialing Status</b></p> <p><b>Medical Staff Services Report</b></p> <p><i>Credentialing</i></p> <p>Five reappointments were presented for approval. All applicants have a clean file.</p> <p><b>Reappointments</b></p> <table border="1" data-bbox="548 1062 1524 1382"> <thead> <tr> <th>Last Name</th> <th>First Name</th> <th>Degree</th> <th>Service</th> </tr> </thead> <tbody> <tr> <td>Braudway</td> <td>Jennifer</td> <td>CRNA</td> <td>ASC CRNA</td> </tr> <tr> <td>Holihan</td> <td>Julie</td> <td>MD</td> <td>ASC General Surgery</td> </tr> <tr> <td>Medina-Rivera</td> <td>Glorimar</td> <td>MD</td> <td>ASC Anesthesiology</td> </tr> <tr> <td>Walker</td> <td>Peter</td> <td>MD</td> <td>ASC General Surgery</td> </tr> <tr> <td>Wray</td> <td>Curtis</td> <td>MD</td> <td>ASC General Surgery</td> </tr> </tbody> </table>	Last Name	First Name	Degree	Service	Braudway	Jennifer	CRNA	ASC CRNA	Holihan	Julie	MD	ASC General Surgery	Medina-Rivera	Glorimar	MD	ASC Anesthesiology	Walker	Peter	MD	ASC General Surgery	Wray	Curtis	MD	ASC General Surgery	<p><b>Five (5) credentialing files (reappointments) were approved.</b></p>
Last Name	First Name	Degree	Service																							
Braudway	Jennifer	CRNA	ASC CRNA																							
Holihan	Julie	MD	ASC General Surgery																							
Medina-Rivera	Glorimar	MD	ASC Anesthesiology																							
Walker	Peter	MD	ASC General Surgery																							
Wray	Curtis	MD	ASC General Surgery																							

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>It was moved and seconded to approve five (5) reappointments as presented. Motion carried.</p> <p>Dr. Ko asked if ASC credentialing required OPPE. Dr. Chung added that it is best practice and could be discussed in the future but currently does not apply to ASC. Mr. Reeder stated that the same requirements are in place as medical staff, but different terminology is used for ambulatory surgical centers. Mr. Reeder stated that he would be interested in joining any system level groups addressing performance standards. He added that Ms. Kimes spends a significant amount of her time reviewing those in addition to case minimum reports. Dr. Chung will follow-up with Mr. Reeder and Ms. Kimes.</p> <p><b>Quality Presentation</b>  <b>AAAASF Patient Safety Data Reporting</b></p> <p>Ms. Kimes provided the Quality Report for June. Overall hand hygiene compliance is 96.6% which exceeds the goal of 95%. The resident packets and current hand hygiene initiatives are really helping to improve numbers. The QR code will remain available to staff but data shows low attestation rates. There have been 4 views in July and all were attributed to the same person. There were two views in June but one was from the infection control physician helping with the measure. Ms. Kimes believes there may be more views than what is showing on the report but those viewers are not completing the attestation. A ticket has been submitted to allow them full access to data on an ongoing basis.</p> <p>She presented the EC Visits after ASC volume for June. There were 7 visits - in June – 3 general surgery, 2 urology, 1 ENT and 1 orthopedics. Only two were within 24 hours, and neither of those patients called to Ask My Nurse. There were four admissions through the EC and one transfer out from the surgery center. There was a dip in VTE for May but compliance for June was 100%.</p> <p>Ms. Kimes presented the Incident Reports for June. There were 13 reports for the month. Ms. Kimes provided details of those cases.</p>	

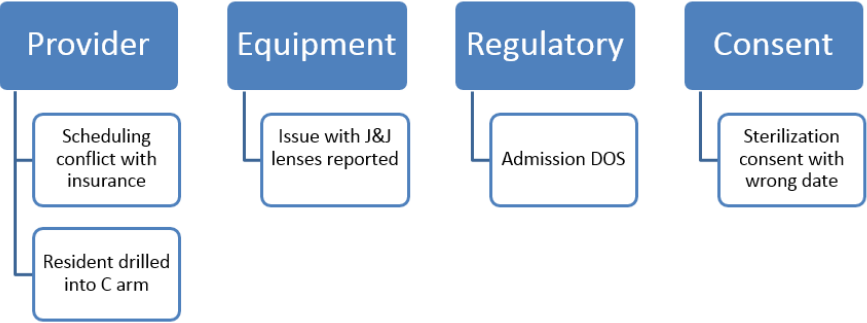
AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<div data-bbox="590 224 1394 850" data-label="Diagram"> <p><b>13 Incident Reports June 2022</b></p> <ul style="list-style-type: none"> <li><b>Provider</b> <ul style="list-style-type: none"> <li>Scrub</li> <li>Site marking</li> </ul> </li> <li><b>Employee</b> <ul style="list-style-type: none"> <li>Injury to arm</li> <li>Illness at work</li> </ul> </li> <li><b>Ordering</b> <ul style="list-style-type: none"> <li>Incorrect Posting</li> <li>Medication unavailable</li> <li>Chemo drug</li> <li>Covid testing</li> </ul> </li> <li><b>Regulatory</b> <ul style="list-style-type: none"> <li>Fall</li> <li>Transfer</li> </ul> </li> <li><b>Consent</b> <ul style="list-style-type: none"> <li>MRN and name need correction</li> <li>Provider asked to re-consent</li> <li>Anesthesia consent</li> </ul> </li> </ul> </div> <p>She reviewed reminders for patient safety data reporting and preop documentation requirements. There was a question received about documentation of vital signs. Current vital signs are required as part of the pre-surgical assessment on the day of surgery. Dr. Perry stated that the ASC had a state regulatory visit with chart review. There was an issue with one of the H&amp;Ps found. Part of the corrective action plan in place is for all H&amp;P elements to be present.</p>	
<p><b>ADMINISTRATIVE REPORT</b></p>	<p><b>ASC Scorecard</b></p> <p>Matt Reeder presented the ASC Scorecard Report for June. There was one patient fall which was the first fall for ASC. Kudos were given to the ophthalmology group, they had a modification in their consent and have done quite well with unplanned anterior vitrectomies. They continue to perform above the benchmark for patient experience.</p> <p>Turnover times still continue to be in the 50<sup>th</sup> percentile. The cancellation rate showed slight improvement. Block analysis data for the quarter (April-June) was reviewed. He reviewed all metrics with the committee.</p>	
<p><b>ADJOURNMENT</b></p>	<p>There being no further business to come before the committee, the meeting was adjourned at 7:52 a.m.</p>	

**MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE**

**Harris Health System**

**August 23, 2022 7:00 am**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>CALL TO ORDER</b>	The meeting was called to order at 7:00 a.m. by Scott Perry, MD, Chairperson.	
<b>MINUTES OF THE PREVIOUS MEETING</b>	The July 26, 2022 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were approved as presented.	
<b>ANNOUNCEMENTS/INFORMATION</b>	<p><b>Staffing at the ASC &amp; OR Block Schedule</b></p> <p>Dr. Perry stated that the staffing issues have been our top priority and challenge over the last few months. Our schedule has stayed relatively stable as far as the number of rooms open but have not seen much growth in the last couple of months. Matt Reeder stated that we currently fluctuate between 2-5 rooms. We continue to work on recruiting with HR and meet at least every 2 weeks. Resumes are reviewed on a regular basis for nurses, PCAs and other areas. We continue to reach out to see if there are any agency or registry staff available for the OR nursing area. We continue to struggle to staff to those positions on a permanent basis. Our PRN staff all work in different areas and provide us with various times they are available. We reached out to the nursing education and are working to recruit new grads. We have the request in for two new graduate nurses that we can bring to the ASC. It was stated that retention has improved and been very good over the last few months.</p>	
<b>UNFINISHED BUSINESS</b>	<p><b>Same Day Surgical Consents</b></p> <p>Dr. Perry stated that first case on time starts have been a priority to get the ASC in line with the rest of the system for that metric. Consents have always played a factor in that and have been recently as well. Some surgical services have transitioned to doing their consents the day of surgery as opposed to in clinic prior to. The committee supports services being able to decide the best practice for them. However, he asked those services that will be doing same day surgical consents to give themselves ample time to do that the morning of surgery. There are limitations with our interpretation services. We only have one in-house interpreter but we do have other forms of interpretation services. Discussion ensued regarding service specific practices and challenges with same day surgical consents.</p> <p><b>Block Committee Update</b></p> <p>Dr. Perry stated that the Block Committee has had a couple of meetings. We've mainly focused on ways to help improve first case on time starts and reviewing the block utilizations with the service chiefs as needed, which we had a good response with. The committee has been meeting every two weeks and will be moving to monthly. Once established, the plan is to move to a quarterly meeting. He thanked the members of the committee for their engagement and participation.</p> <p><b>New to ASC Residents Check-In</b></p> <p>Dr. Perry stated that we are still engaging with our learners when they come through. The QR code is still up. Our hand hygiene numbers have been good. There was a little bit of a dip this month, but the numbers</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	still look very good. He asked that this training be reinforced with all trainees as they come through.	
<p><b>STANDING BUSINESS</b></p>	<p><b>Medical Staff Services Report</b></p> <p><i>Credentialing</i>                      No files</p> <p><b>Quality Presentation</b></p> <p><b>AAAASF Patient Safety Data Reporting</b></p> <p>Amy Kimes presented the Quality Report for July. She reviewed the past 12 months of hand hygiene data, stating that we did have a slight decrease in compliance. It is felt that this is probably due to the new residents. The overall hand hygiene score for Preop/PACU was 94.3%, which is just below our goal of 95%. Overall compliance for OR was 70%. We can request additional observers in the OR once are staffing is stable. The QR code is still posted but we are not able to pull accurate numbers because the attestation piece is not being utilized. The 5 Moments for Hand Hygiene was reviewed. She also reviewed pictures of the preop area and PACU bays showing the location of dispensers and patient zones for each. Pictures of the ASC OR were also presented and reviewed.</p> <p>There were a total of 8 EC visits after ASC in July - 3 urology, 2 orthopedics, 2 gynecology, and 1 ophthalmology. Four of those visits were within 24 hours. None of the eight patients called Ask my Nurse. She reviewed the reasons for the 4 visits that were within 24 hours. Dr. McCarty addressed two of the four visits within 24 hours, which were urology patients. She addressed the complexity of these patients with the committee. Ms. Kimes reviewed the VTE risk assessment data for the month. We had 202 cases for the month and 2 fall-outs (1 orthopedics, 1 general surgery). There were 5 incident reports for July. She presented the breakdown of those cases.</p> <p style="text-align: center;"><b>5 Incident Reports July 2022</b></p> 	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	Ms. Kimes reviewed reminders for patient safety data reporting and preop documentation requirements.	
<b>ADMINISTRATIVE REPORT</b>	<b>ASC Scorecard</b> Matt Reeder presented the ASC Scorecard Report for May-July. He stated that we continue to work through the EC visit after ASC process. Highlights for this month are unplanned anterior vitrectomy and patient satisfaction. Mr. Reeder presented an overview of 1st case starts, turnover time and cancellation for the month. He presented the block analysis report for review and information.	
<b>EXECUTIVE SESSION</b>	The ASC MEC went into executive session at 7:51am There was a power outage at LBJ at 8.07am. Executive session ended at that time.	
<b>ADJOURNMENT</b>	There being no further business to come before the committee, the meeting was adjourned at 8:08 a.m.	

Scott Perry, M.D., Chairperson

Minutes recorded by Medical Staff Services (CR)

**MINUTES OF THE AMBULATORY SURGERY CENTER MEDICAL EXECUTIVE COMMITTEE**

**Harris Health System**

**September 27, 2022 7:00 am**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>CALL TO ORDER</b>	The meeting was called to order at 7:01 a.m. by Scott Perry, MD, Chairperson.	
<b>MINUTES OF THE PREVIOUS MEETING</b>	The August 23, 2022 minutes of the Ambulatory Surgery Center (ASC) Medical Executive Committee were approved as presented.	
<b>ANNOUNCEMENTS/INFORMATION</b>	<p><b>Staffing at the ASC &amp; OR Block Schedule</b></p> <p>Dr. Perry stated that nursing residents and graduate nurses are being hosted at the ASC. Currently, there are two onboarding. The goal is to have enough new graduates that are exposed to the ASC and trained so they will be more inclined to join the team. Another nursing trainee will come on board next month. Matt Reeder added that he is working with Pam Russell and her team in nursing. An agency OR nurse will potentially come on board for a 13 week contract. There have also been discussions about having some type of residency rotation for LBJ, Ben Taub, and ASC.</p> <p>Dr. Perry stated that there are several days in October that allow for them to open an additional room. Information will be emailed to services as it becomes available. Once a sustainable staffing model is in place, they will be able to go back to a consistent 5 room schedule. Dr. Hanna suggested hosting an event once fully staffed to get everyone back together to create that personal environment again.</p> <p><b>Amy Kimes</b></p> <p>Dr. Perry announced that Amy Kimes, Quality Officer is no longer with the ASC. He stated that this leaves a huge void in leadership. Several people will assist to fill in over the coming weeks and months while the search for a replacement takes place. Dr. Perry will send information out to service chiefs with names of people that will be covering the different quality responsibilities. There will be no quality presentation during today's meeting. Christine Victoria announced that they are currently interviewing candidates.</p>	
<b>UNFINISHED BUSINESS</b>	<p><b>Same Day Surgical Consents</b></p> <p>Dr. Perry addressed same day surgical consents, which has been adopted by some services. He asked that those services doing same day consents remind their medical staff including trainees to arrive in enough time to be able to get an interpreter and get the surgical consent updated and signed by 7:30am. The ASC does not have the 5 minute grace period that LBJ main OR has.</p> <p><b>Block Committee Update</b></p> <p>Dr. Perry stated that the committee is in the process of scheduling their next meeting. They are continuing to look at utilization across services. The current focus of the committee is first case on-time starts. It is very important that cases start on time. He noted that starts are below goal for the month. Mr. Reeder added that the committee drilled down on some of the current challenges regarding day of cancellations.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																																																															
<b>STANDING BUSINESS</b>	<p><b>Provider Credentialing Status</b>                      There are no new files. An e-vote will be sent to members later this week.</p>																																																																
<b>ADMINISTRATIVE REPORT</b>	<p><b>ASC Scorecard</b>                      Matt Reeder presented the ASC Scorecard Report for August – September. He reviewed cancellation rates, stating that Plastic Surgery was at 75% for the month. Turnover time is consistent at 20 minutes. First case on-time start compliance showed a slight decrease for the month. There have been some issues on the UT orthopedic side with instrument sets, which affected their first case starts. Leadership is working on obtaining instrument sets specific to the ASC. The case volume for the month is 319 and that number should go up with the agency nurses coming on board. A breakdown of same day cancellations by service was reviewed with the committee.                      The Quality Scorecard was presented and reviewed.</p> <p style="text-align: center;"><b>The Ambulatory Surgical Center Quality Scorecard 2022</b></p> <table border="1" data-bbox="552 751 1591 1117"> <thead> <tr> <th>Quality Indicators</th> <th>Benchmark</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Year-to-Date Average</th> <th>Source</th> </tr> </thead> <tbody> <tr> <td>Hospital Visit After Orthopedic Ambulatory Surgery Center Procedure</td> <td>No Industry Benchmark</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>ASC 17</td> </tr> <tr> <td>Hospital Visit After Urology Ambulatory Surgery Center Procedure</td> <td>No Industry Benchmark</td> <td>2</td> <td>4</td> <td>0</td> <td>1</td> <td>ASC 18</td> </tr> <tr> <td>Hospital Visit After General Surgery Center Procedure</td> <td>No Industry Benchmark</td> <td>3</td> <td>0</td> <td>1</td> <td>4</td> <td>ASC 19</td> </tr> <tr> <td>All Cause Emergency Department Visit Within One Day of Discharge (per 1000 admissions)</td> <td>0.71</td> <td>8.81</td> <td>19.80</td> <td>13.70</td> <td>9.61</td> <td>State</td> </tr> <tr> <td>All Cause Unplanned Hospital Admission Within One Day of Discharge (per 1000 admissions)</td> <td>0.34</td> <td>0.00</td> <td>4.95</td> <td>0.00</td> <td>0.92</td> <td>State</td> </tr> <tr> <td>Surgical Site Infection</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>NHSN</td> </tr> <tr> <td colspan="7" style="text-align: center;"><b>Engagement</b></td> </tr> <tr> <td>Patient Experience</td> <td>50th Percentile</td> <td>87</td> <td>93</td> <td>95</td> <td>83</td> <td>NRC</td> </tr> </tbody> </table> <p>Dr. Brass asked if the Ask My Nurse services have been expanded to some of the other on-call services at the ASC. Mr. Reeder stated that they have not expanded it to other services yet. He will follow up to see when that would be able to occur. Dr. Brass offered to help if needed. Dr. Perry inquired about how the calls are going. Dr. McAlister stated that he has not received any comments from his residents. He will follow-up with them and provide feedback to Dr. Perry.</p>	Quality Indicators	Benchmark	June	July	Aug	Year-to-Date Average	Source	Hospital Visit After Orthopedic Ambulatory Surgery Center Procedure	No Industry Benchmark	1	2	1	2	ASC 17	Hospital Visit After Urology Ambulatory Surgery Center Procedure	No Industry Benchmark	2	4	0	1	ASC 18	Hospital Visit After General Surgery Center Procedure	No Industry Benchmark	3	0	1	4	ASC 19	All Cause Emergency Department Visit Within One Day of Discharge (per 1000 admissions)	0.71	8.81	19.80	13.70	9.61	State	All Cause Unplanned Hospital Admission Within One Day of Discharge (per 1000 admissions)	0.34	0.00	4.95	0.00	0.92	State	Surgical Site Infection	0	0	0	0	0	NHSN	<b>Engagement</b>							Patient Experience	50th Percentile	87	93	95	83	NRC	
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<b>ANNOUNCEMENTS/INFORMATION</b>	<p>Dr. McAlister stated that he previously asked how often his service was using the business office for ER to ASC direct scheduling. He discovered that it had only been used twice in a two month period. He provided</p>																																																																



AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	reeducation to the residents and gave them the contact information. Mr. Reeder will follow-up to see if there has been an increase.	
<b>ADJOURNMENT</b>	There being no further business to come before the committee, the meeting was adjourned at 7:27 a.m.	

Scott Perry, M.D., Chairperson

Minutes recorded by DeQuincy Simple, Medical Staff Services