AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
October 9, 2017 3:00 p.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5thFloor)

Notice is hereby given that a meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted in the following locations:

University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office)	CC Government Center 500 S. Grand Central Pkwy. Las Vegas, NV	Third Street Building 309 S. Third St. Las Vegas, NV	Regional Justice Ctr 200 Lewis Ave., 1st Fl. Las Vegas, NV
City of Las Vegas 400 Stewart Ave. Las Vegas, NV	City of Henderson 240 Water St. Henderson, NV		

- The main agenda is available on University Medical Center of Southern Nevada's website http://www.umcsn.com, For copies of agenda items and supporting back-up materials, please contact Terra Lovelin, Board Secretary, at (702) 765-7949. The Clinical Quality and Professional Affairs Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Clinical Quality and Professional Affairs Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Clinical Quality and Professional Affairs Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Clinical Quality and Professional Affairs Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment

PUBLIC COMMENT. This is a period devoted to comments by the general public about items on ***this*** agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the "Comments by the General Public" period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please ***spell*** your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair or the Committee by majority vote.

2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on August 14, 2017. *(For possible action)*

3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

4. Evaluate CEO performance accomplishments for FY 2017 based on the performance objectives established by the Governing Board. *(For possible action)*

5. Receive an update on Clinical Quality. *(For possible action)*

6. Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. *(For possible action)*

COMMENTS BY THE GENERAL PUBLIC

A period devoted to comments by the general public about matters relevant to the Committee's jurisdiction will be held. No action may be taken on a matter not listed on the posted agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please ***spell*** your last name for the record.

All comments by speakers should be relevant to the Committee's action and jurisdiction.

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION ANDCOUNTYCOUNSEL.

THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 14, 2017 3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in the ProVidence Conference Room, Trauma Building, 5th floor, Las Vegas, Clark County, Nevada, on Monday, August 14, 2017 at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:00 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Chair, Donald Mackay, M.D.
Renee Franklin
Laura Lopez-Hobbs

Absent:
Mike Saltman (Excused)

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Susan Pitz, General Counsel
Dr. Carrison, Chief of Staff
Jeff Ellis, Governing Board Member
Danita Cohen, Chief Experience Officer
Deb Fox, Chief Nursing Officer
Haley Hammond, Director of Patient Experience
Shana Tello, Director Medical Staff Services
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
Terra Lovelin, Administrative Assistant/Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Dr. Mackay asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

Speaker(s): None

Due to lack of quorum, Items No. 2 and 3 were skipped until quorum was present. Item No. 4 was heard next.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Presentation from Dr. Stephanie K. Hansen, DO, Internal Medicine, on what hospitalists do and their role at UMC. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Sound Physicians PowerPoint

DISCUSSION: Dr. Hansen provided an overview on what a Hospitalist is and what they do.

The definition of a Hospitalist was defined as; A Practitioner who is engaged in clinical care, teaching, research, and/or leadership in the field of hospital medicine. Practitioner of hospital medicine include physicians, nurse practitioner and physician assistants.

(Laura Lopez-Hobbs arrived at 3:07pm and quorum was achieved)

In addition to their expertise managing the clinical problems of patients, hospital medicine practitioners work to enhance the performance of hospitals by:

- Prompt and complete attention to all patient care needs
- Employing quality and process improvement techniques
- Collaboration with all physicians and healthcare personnel caring for the patient
- Safe transitioning of patient care within the hospital and from the hospital to the community.
- Efficient use of hospital and healthcare resources.

Dr. Carrison asked about collaboration with doctors and Dr. Hansen explained that Sound Physicians and UMC have been working together for over 8 years. Sound Physicians provide 24/7/365 patient care and are involved with the various residency and fellowship programs at UMC.

Ms. Franklin asked about the coordination of patients and Dr. Hansen replied that the Hospitalist are part of discharge planning, they do not admit patients.

FINAL ACTION: None taken

Since quorum is present, Items No. 2 and 3 were voted on.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on June 19, 2017. *(For possible action)*

FINAL ACTION: A motion was made by Member Lopez-Hobbs that the minutes be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

FINAL ACTION: A motion was made by Member Lopez-Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

Moved to Item No. 7, 8 and 9 due to staff schedules.

ITEM NO. 7 Approve and recommend approval by the Governing Board, the amended Medical and Dental Staff Bylaws of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee on July 25, 2017. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Bylaws

DISCUSSION: Shanna Tello and Dr. Carrison provided a brief overview on the process of revising the bylaws.

October 1, is the proposed start date for the bylaws.

Medical staff spent many hours and days reviewing the bylaws. The bylaws had not been given a detailed, comprehensive review for several years. The Greeley Corporation provided assistance in rewriting and customizing the bylaws along with legal staff.

Dr. Carrison commented that the Medical staff voted to split the cost with the hospital for revising the bylaws, reflecting a team effort.

FINAL ACTION: A motion was made by Member Lopez-Hobbs to approve and make a recommendation to the Governing Board to approve the agreement. Motion carried by unanimous vote.

ITEM NO. 8 Approve and recommend approval by the Governing Board, the newly revised Medical Staff Bylaws of University Medical Center of Southern

Nevada; as accepted and voted on by the Medical Executive Committee on November 22, 2016. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Bylaws

DISCUSSION: Dr. Mackay asked if doctors pay dues and Ms. Tello replied that they do. There is also a charge for credentialing in the amount of $350.00. If they want the application expedited the cost is $600.00. For reappointment each doctor would pay $350.00 every two years.

FINAL ACTION: A motion was made by Member Lopez-Hobbs to approve and make a recommendation to the Governing Board to approve the agreement. Motion carried by unanimous vote.

ITEM NO. 9 Approve and recommend approval by the Governing Board, the newly revised Medical Staff Rules and Regulations of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee on June 27, 2017. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Rules and Regulations

DISCUSSION: No discussion

FINAL ACTION: A motion was made by Member Lopez-Hobbs to approve and make a recommendation to the Governing Board to approve the agreement. Motion carried by unanimous vote.

ITEM NO. 5 Receive a report on current HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores, reviewing trended data as well as benchmarks and initiatives for improvement. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Chart

DISCUSSION: Haley Hammond, Director of Patient Experience presented a report to the committee showing trending data by quarters.

Member Lopez-Hobbs asked about the scores that were not on a positive upward trend and what staff is doing to help the scores increase.

Ms. Hammond responded that there are initiatives in place to help with each of those categories such as the triad model in nursing.

Dr. Mackay asked if these scores can be presented a quarterly basis rather than monthly.

Ms. Franklin asked for a few changes with regards to how the trending data is shown.

FINAL ACTION: None taken.

ITEM NO. 6 Receive an update on ICARE4U. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- None submitted

DISCUSSION: Danita Cohen mentioned that she would like to show the ICARE4U video at a later date when all the committee members are present.

Ms. Hammond commented that the team is now applying ICARE4U to specific departments for more personal training.

FINAL ACTION: None taken.

ITEM NO. 10 Receive a report on Value Based Purchase and an update on Leapfrog. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Value Based Purchasing PowerPoint

DISCUSSION: Jenny Gaca provided an update on Value Based Purchasing (VBP). VBP as determined by CMS is what guides quality in our hospital. CMS requires UMC to report data on specific areas and then these reports are made public.

UMC implemented new software through our coding department that allows current data for Patient Safety Indicators (PSI). Prior to this new software UMC had no concurrent data. This new software allows us to know what PSIs we need to work on to and then staff can look at the documentation and come up with a plan.

There is a team in place now that looks at each case and asks specific questions to find the cause of the PSI.

With regards to Leapfrog, the data is updated twice a year and a grade will be made available in the fall. UMC is at 95% compliance at the end of June with the Leapfrog requirements.

FINAL ACTION: None taken

ITEM NO. 11 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Mackay asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the hour of 4:22 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant
APPROVED:

UMC CEO Performance Objectives
SCHEDULE B - Effective June 24, 2015

Finance / Operations (30%)	Goal Met
Operating Gain (Deficit) equal to or better than budget for the fiscal year.	
2% improvement in the budgeted operating margin percentage (e.g. 10% to 10.2%)	
Identify new or enhance service lines and any required technology to increase overall profitability of the hospital.	
Develop plan and ensure succession of current Electronic Medical Record (McKesson) to new platform due to sun setting of existing system anticipated in 2018.	
Demonstration of diligent exploration of outside dedicated funding source(s) to include County, State and Federal entities to attempt to maximize the reimbursement funding stream to University Medical Center (IGT, UPL, Medicaid Enhanced rates).	
Section Total	

Clinical Quality (30%)	Goal Met
Align Quality process and improve publically reported Core Measures scores leading to ultimate goal of 90% or higher.	
Improve Patient Experience HCAHPS leading toward 10th percentile ratings (Overall would recommend and Overall rating).	
Develop specific action plan to improve the Leap Frog scores and measurements demonstrating an improvement from 2015 UMC results.	
Improve LEAN Processes and strategies to improve overall Process Improvements throughout UMC.	
Ensure constant state of survey readiness (i.e.. Joint Commission, State Surveys) that protects hospital licensure and Centers for Medicare and Medicaid Services eligibility requirements for program participation, including a certification of compliance with the Conditions of Participation (CoPs) which are set forth in federal regulations.	
Section Total	

Human Resources (20%)	Goal Met
Continue to build on UMC's mission by furthering a culture that emphasizes Compassion, Accountability, Integrity and Respect.	
Develop and launch a Goal Alignment Process that defines organizational priorities and feeds the performance management process.	
Ensure there is a Organizational wide total remuneration/compensation and benefits philosophy by the end of the fiscal year.	
Design and launch a robust Talent Management and Succession Planning Process.	
Review job description, performance objectives at the C-suite level and recruit as necessary.	
Section Total	

Strategic Planning Committee (20%)	Goal Met
Develop Annual Strategic Plan for UMC addressing short and long terms goals including but not limited to addressing budget, staffing, operations and capital needs.	
Explore external strategic relationships and partnerships that supports the overall Hospital objectives.	
Development and implementation of a specific plan to increase inpatient and outpatient referrals of physician business activity at and to UMC.	
Work with UNSOM, UNLV, the Board of Regents, and others to expedite and enhance the overall working relationships including the UNLV Medical School authorization and start up as part of a UMC centered Academic Health Science Center.	
Active participation in community that directly supports UMC and targeted with community relations goals and objectives.	
Develop a UMC Infrastructure plan to include improving the external and internal appearance and image of the hospital campus.	
Improve Overall Hospital Market Share within the PSA by 2%.	
Section Total	

Objective Total	