University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 21, 2014

UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
August 21, 2014
3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in Conference Room I/J, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, on Thursday, August 21, 2014, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:04 p.m. by Chair Renee Franklin and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Renee Franklin, Chair
Laura Lopez-Hobbs (joined at 3:18 by teleconference)
Donald Mackay, M.D.
John White (by teleconference)

Also Present:
Joan Brookhyser, M.D., Chief Medical Officer
Mary Brann, R.N., Executive Director, Performance Improvement and Quality Management
Lori Dyer, Assistant Director, Performance Improvement and Quality Management
Kathy Johnson, RN, Manager, Infection Control
Lisa Logsdon, Deputy District Attorney
Cindy Dwyer, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on July 24, 2014. [For possible action]

FINAL ACTION: A motion was made by Dr. Mackay 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 Doctor Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report on the recent Joint Commission Survey and its outcomes; and direct staff accordingly. [For possible action]

DISCUSSION: The recent Joint Commission survey went extremely well. There were no patient care problems identified. Most of the issues identified by the surveyors were related to documentation, i.e., time, date, signature. Staff is working to educate physicians on the importance and value of signing, dating and timing orders. Dr. Brookhyser noted that documentation is the number one finding nation-wide in Joint Commission surveys. Staff has provided clarification on one of the findings within the allotted ten-day clarification period; they have 45 days for the next set of findings to be clarified and submitted, and then 60 days for the third group of findings. The Quality staff is preparing a three-year plan of continuous readiness for the institution.

FINAL ACTION: No action taken.

ITEM NO. 5 Review and discuss the Quality Metrics Dashboard; and direct staff accordingly. [For possible action]

DOCUMENTS SUBMITTED: Quality Metrics Dashboard

Member Laura Lopez-Hobbs joined during this item at 3:18 p.m.

DISCUSSION: At the Committee's request staff re-tooled the Quality Metrics Dashboard. A compare group was included in the report, as well as color-coding to indicate at a glance whether UMC and the peer hospitals score better than, same as, or worse than target/benchmark for each metric.

Lori Dyer reviewed and discussed each of the measures reported in the dash board, and how UMC compares to their peer hospitals.

The new format was found acceptable by all Committee members. It was suggested that staff include a description and the reporting period of each metric. With the dashboard format approved, Chair Franklin will work with staff to be sure all Value Based Purchasing metrics are included, and noted that we may add additional metrics in the future. It is her expectation that the Committee will review the dashboard regularly, including staff's process improvement related to the items that do not meet the target/benchmark.

FINAL ACTION: No action taken.

ITEM NO. 6 Discuss ongoing Board education and self-assessment tools; and direct staff accordingly. [For possible action]

DICUSSION: At the last meeting, Committee members were provided with an AHA guide to help hospital trustees understand their role in quality improvement. Chair Franklin has viewed some of the videos available and will discuss with staff about including items in future Board education and evaluation. The Chair welcomes input from other Committee members as well.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update from the Chief Medical Officer; and direct staff accordingly. [For possible action]

DISCUSSION: Dr. Brookhyser reported that UMC's Cardiology and Stroke Center has again been recognized by the American Heart Association for consistent high benchmarks which show we are committed to providing the best patient care. The hospital achieved the Gold Plus Award for Stroke and for Heart Failure, and the ACTION Platinum Award for Acute Myocardial Infarction.

Dr. Brookhyser reassured the Committee members that prior to making the recent decision to close some of the hospital's service lines, management ensured that the changes would not negatively impact patient safety or patient care in the community. There are community alternatives for the care of the patients being affected by the changes, and management is working with other Clinics to arrange care for those not eligible for Medicaid. Chair Franklin acknowledged that this is a good time to remind everyone about our commitment to quality care and patient safety, and the time is right to come together to build a positive future.

FINAL ACTION: No action taken.

ITEM NO. 8 Identify quality issues that have the potential to impact the hospital strategic plan and take action as deemed appropriate. [For possible action]

DISCUSSION: Dr. Brookhyser brought to the Committee's attention staff's increasing difficulty in getting Medicaid Managed Care patients placed in long term care facilities, which ultimately affects hospital throughput and length of stay. The Committee requested specific facts and issues associated with this ongoing problem at the October meeting.

ITEM NO. 9 **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]**

No emerging items identified. It was noted that there will be no meeting in September.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Franklin 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 3:50 p.m., Chair Franklin adjourned the meeting.

APPROVED:

E. Renee Franklin
Renee Franklin, Chair

ATTEST:

Cindy Dwyer
Cindy Dwyer, Board Secretary