UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
June 23, 2015, 9:00 a.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 Tuesday, June 23, 2015, at the hour of 9:00 a.m. The meeting was called to order at the hour of 9:06 a.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
Donald Mackay, M.D.
John White

Also Present:
Mary Brann, DNP, R.N., Executive Director, Clinical Excellence and Regulatory Compliance
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 April 21, 2015. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on the Patient Experience; and direct staff accordingly. *(For possible action)*

DISCUSSION: Haley Hammond, Director of Patient Experience, provided an update on the Patient Experience.

- The transition to Avatar, the new HCAHPS vendor, will take place July 1st. The new program is expected to provide more granular detail, allowing for better analysis of survey responses.

- A Patient Advisory Council is being formed to provide insight to the Patient Experience. The Council will have their first meeting in August, and will meet quarterly.

- Patient Advocates are seeing patients within 24 hours of admission to address concerns early in the visit.

- Patient Advocates are piloting a program on 5 North, seeing patients at time of discharge. They are evaluating the discharge process to improve efficiencies and also encouraging patients to participate in the satisfaction survey after discharge.

- Patient Advocates are piloting a process in the Emergency Department to more effectively manage written complaints.

There was discussion regarding the process/policy for communicating, documenting and following up on patient complaints. CEO VanHouweling suggested that in her report next month, Ms. Hammond provide a snapshot of the type, volume and trends of complaints received by her office.

FINAL ACTION: None taken.

ITEM NO. 5 Review and discuss measurable quality initiatives; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- 1ST Quarter 2015 Data Analysis UMCSN Summary
- Executive Summary Adverse Drug Events (ADE)
- Strategic Recap of Staffing in the Nursing Division
- Turnover and Vacancy Rates – Nursing
- Types of Terms - Nursing

DISCUSSION: The Committee received reports on various quality initiatives, including infection rates, adverse drug events, and nursing turnover and staffing rates.

Kathy Johnson, Infection Control Director, provided 1st quarter 2015 infection control data for both the adult and pediatric patient population, including initiatives to improve performance. Highlights of the report included:

- Goals Met (Standard Infection Rate <1)
    - Catheter Associated UTI (Adult 0.57; Pediatric 0.0)
    - Possible Ventilator Associated Pneumonia (Adult 0.95; Pediatric 0.0)
    - Surgical Site Infections
- Areas Requiring Improvement (Standard Infection Rate >1)
    - Central Line Associated Blood Stream Infection (CLABSI) (Adult 2.08; Pediatric 3.40)
      Action: Weekly rounding by Infection Preventionists with focus on evidence based practice, and formation of ad hoc committee
    - Colon Surgical Site Infections (Adult 1.14)
      Action: Development of colon bundle with OR management
    - Hand Hygiene compliance prior to entering patient room (34%)
      Action: Targeted Solution Tools (TST) piloted in two units, and will roll out to additional units; article included in employee newsletter
    - Hand Hygiene compliance prior to leaving patient room (53%)
      Action: Targeted Solution Tools (TST) piloted in two units, and will roll out to additional units, article included in employee newsletter

The Committee inquired about the rate of CLABSI infections and whether it was specific to a unit. Ms. Johnson noted that the problem is hospital-wide and mainly related to line maintenance, rather than insertion. She noted that additional staff education regarding prevention and requirements for removal will improve outcomes.

Meddie Nazifi, Director of Pharmacy, provided 1st Quarter 2015 data on Adverse Drug Events (ADE). Out of 5,175 admissions for the quarter, there were 117 ADE's reported and trended. Only six of those events were related to Medication Reconciliation - four of them were associated during admission, one related to a transfer patient, and one was associated with the discharge process. Pharmacy staff is rounding with nurses and physicians when ADE's are reported. Pharmacy staff will provide in-services to healthcare providers to increase the awareness and importance of non-punitive reporting of medication related events.

There was discussion about medication reconciliation and outreach efforts that can be taken to improve outcomes. Mr. Nazifi mentioned that UMC is looking at a software program that is available for purchase that allows the ED physician to see a patient's medication history, regardless of where they had their prescription filled.

John Espinoza, Chief HR Officer, provided a summary of Nursing turnover and vacancy for calendar year 2014 through April 2015. These rates will become an ongoing component of staffing metrics provide to the Governing Board through the Human Resources Committee.

Nursing turnover is trending very closely from 11.6% in 2014 to 11.9%. This is below the 12.9% hospital-wide rate and the 14.7% national industry rate. One of the impacts was the layoffs in the third quarter of 2014, which resulted in a reduction in the base, as well as other circumstances related to not filling certain positions. Currently, UMC's average nurse is 49 years old, which also impacts turnover in terms of retirement.

The nursing vacancy rate climbed to the mid 7% range mid-year. This was also affected by the layoffs and frozen positions. Some of the positions are now in the process of being re-filled. The national rate is 7.5%.

Mr. Espinoza reported on efforts taken to address turnover and vacancy, including a sign-on bonus for hard to fill areas, an employee referral plan, and ongoing review of the salary market data. For non-critical care nursing, base salary is currently at the 57th percentile, and total compensation is at the 75th percentile. For critical care nursing, base salary is at the 28th percentile and total compensation is at the 63rd percentile.

Member Lopez-Hobbs requested that at the next Human Resources Committee staff provide average length of service in five year intervals, and also the age of the critical care workforce.

There was a discussion about the turnover and vacancy of critical care nurses, and what besides money motivates nurses to want to work in critical care. This is a subject that warrants additional discussion by the Human Resources Committee.

Lisa Pacheco, Director of Maternal Child Care, and Irene Phillips, Director of Patient Placement Center, provided a strategic recap of staffing in the Nursing Division. There has been a two year effort to re-evaluate the Nursing Division budget to ensure adequate staffing and competent nursing care. During that process, approximately 105 FTE positions were identified as having no budget allocation. To date, 47 bedside nursing positions are being filled and the redistribution process will be complete in September 2015 with the creation of a staffing office. Realignment of the Nursing Division will occur annually and is assigned to the Director of Nursing Operations.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive an update on quality documentation improvement process; and direct staff accordingly. *(For possible action)*

DISCUSSION: Item tabled.

FINAL ACTION: No action taken.

ITEM NO. 7 Review and discuss board self-evaluation tool; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: DRAFT Annual Self Appraisal Tool – Questions for Consideration

DISCUSSION: The Committee continues to refine a Board self-evaluation tool. Members were encouraged to review a draft list of possible subjects/questions to be included and provide feedback to the Chair. Discussion at the next meeting will include a grading scale and supporting documentation to show evidence of performance.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive a presentation from Hidenobu Shigemitsu, M.D. on comprehensive pulmonary services; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED: ICU Utilization and Planning University Medical Center

DISCUSSION: Hidenobu Shigemitsu, MD, gave a presentation of ICU Utilization and Planning, and on the Lung Nodule and Cancer Program at UMC.

The presentation included a brief overview of what has been accomplished over the past couple of years, including the geographical allocation of ICU patients, decreased length of stay in the hospital and ICU, improved nursing satisfaction and improved patient satisfaction. Additionally he addressed the Lung Nodule and Cancer Program, which includes a recently purchased, state-of-the-art Electromagnetic Navigation Bronchoscopy (ENB). UMC now has Nevada's first and only combined Critical Care medicine and Pulmonary medicine accredited fellowship, which will create a robust platform to build research and bring academic critical care medicine and pulmonary medicine to Las Vegas.

FINAL ACTION: No action taken.

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.

None

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 11:07 a.m., Chair Franklin adjourned the meeting.

APPROVED: August 18, 2015