UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 12, 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, December 12, 2016, at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:02 p.m. by Chair Jeff Ellis and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Jeff Ellis, Chair
Renee Franklin – via phone
Donald Mackay, M.D.
Laura Lopez-Hobbs

Absent:
Mike Saltman - Excused

Also Present:
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
Danita Cohen, Executive Director, Strategic Development and Marketing
Mason VanHouweling, Chief Executive Officer
Terra Lovelin, Administrative Assistant/Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Ellis 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 October 17, 2016. *(For possible action)*

FINAL ACTION: A motion was made by Dr. Mackay that the minutes be approved as recommended. Motion carried by unanimous vote. (Member Lopez-Hobbs abstained due to her absence at this meeting)

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.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a presentation from Dr. Fancis Banfro, Medical Director of UMC's NICU. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- PowerPoint Presentation

DISCUSSION: Dr. Banfro presented statistics and updates with regards to the NICU. UMC's NICU is a 36 bed unit with three levels of care. With the expansion of Medicaid and other delivery alternatives such as home births and midwives, our volumes have declined.

A large volume of our patients have not had prenatal care so the babies need to stay and receive care in our NICU. 1/3 of the babies are the specialty pregnancies due to teenage mothers, uninsured mothers, etc. However, many things are helping to reduce the NICU admissions such as; good OB care, great nursing care, delivery room care, hypothermia therapy, interdisciplinary meetings and performance improvement projects and evidence based practices.

ITEM NO. 5 Receive a report on ICARE Academy. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- Patient Experience Update

DISCUSSION: Danita Cohen, Chief Experience Office announced that UMC is coming up on the one year anniversary of ICARE. Starting February 1st an ICARE Academy will be mandatory so we can make sure we keep employees motivated. Sessions will be held to reconnect the ICARE principles and celebrations will occur. A UMC empathy video is currently being produced to

make others aware of what may others may be thinking. Staff is going to be visiting ambulatory offices to bring ICARE directly to employees.

Ms. Cohen announced that an ICARE WOW wall that will be going up along with some ICARE art work in the employee garage.

FINAL ACTION: None taken.

ITEM NO. 6 Receive a report on Complaints and Grievances for the 3rd Qtr. 2016. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- Complaints and Grievances Presentation

DISCUSSION: Jenny Gaca explained the definition of a grievance, the main thing is that it could be verbal or written and CMS requires us to record this data and monitor our responses. UMC has very old software that makes extracting data very difficult. A new vendor and software purchase is in the works so that will help with data gathering in the future.

The entire process of processing complaints is being overhauled and a new process will be implemented which will improve the way the data is being tracked and responded to. Jenny's team will be taking leadership of this entire process.

Financial issues are not considered grievances but if a patient comes in and refuses to pay their bill because for example, it took the physician 72 hours to come in and diagnose them, that is quantifiable so they would handle those as a grievance. They will be working with the finance team to figure out how to handle these bills.

The goal is to have everyone go through the correct complaint and grievance route. This new software is currently going through the appropriate routing for approval and the vendor has promised a 9 week outline to build it once the process is complete on our end. The hope is, in less than six months the software should be in place.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive a report on Medication Safety to include performance improvement, antibiotic stewardship and medication reconciliation. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- Complaints and Grievances Presentation (Medication Safety included in this)

DISCUSSION: Medication safety is a component of Healthcare through Joint Commission and CMS. We have a 24 hour a day, 7 day a week pharmacy and the rules for reporting to CMS and Joint Commission are different than if you have off hours. This is for inpatient services only.

UMC has medication events that we need to track for regulatory agencies. These events can account for medication doses misses, drugs ordered incorrectly but corrected, wrong medication dispersed, increasing the par for a drug that they ran out of, etc. These are not all harm events, just opportunities for improvement.

We are trying to join Vizient to see their benchmark data so we can see how we are doing with other like hospitals. UMC is also in the process for recruiting for a Pharmacy Director.

If there is a medication event that comes through, we have an immediate investigation and we drill down what happened with the process. All the factors are looked at, we find out what went wrong and we improve the process.

Mr. VanHouweling mentioned the movie, Chasing Zero, a movie about the process that went wrong with a medication error that involved a set of twins of a Hollywood Actor.

Ms. Gaca explained another area of focus for 2017, Antibiotic Stewardship. This is a new goal that has come out through the Joint Commission for the 2017 year. In order to be in compliance you have to have this program looking at the appropriate use of antibiotics. We have had a program in place here at UMC for over a year now. There is a robust team with a pharmacist who leads it, meets every month and looks at proactive strategies.

Andrew Chung commented that Dr. Onyema has put in place protocols on the outpatient side and as a result, drove down inappropriate antibiotic use from 70% to 30%. One thing to remember is our patient satisfaction does take a bit of hit as our patients want a script and when they are not given one they feel unsatisfied. UMC is making huge strides in antibiotic awareness and results.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive a report on Leapfrog Group as it relates to October Hospital Performance Ratings. (For possible action)

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

DISCUSSION: The fall score of 2016 came out, UMC achieved a score of C, up from an F, we are moving the right way. 15% of the hospitals in Nevada received an A, three hospitals received a B and the remaining hospitals all received a C.

Mr. VanHouweling commented that the CEO of Leapfrog reached out to him to ask how UMC improved so much.

FINAL ACTION: No action taken.

ITEM NO. 9 Discuss CEO annual incentive compensation performance standards as it relates to the subject matter relevant to the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee. (For possible action)

DOCUMENT(S) SUBMITTED**:**
- Schedule B

DISCUSSION: Mr. VanHouweling went over the performance standards and gave examples of how he reached those and what improvements have been made at UMC due to the programs and processes he helped put in place. The total of this category makes up 30% of the performance objectives.

Objective 1: Core Measures:
1. Flu Vaccines, 3% increase in employees who received the vaccine.
2. PCO1, early elective delivery, the initiative to not do deliveries less than 39 weeks, UMC is at 0%.

Objective 2: Improve Patient Experience HCAHPS:
- 4.6% increase in our raw scores and a 6% increase in a willingness to recommend UMC to others.

Objective 3: Plan to improve Leap Frog Scores:
- ICARE4U implementation, roll out and continuing education.

Objective 4: Improve LEAN processes and strategies:
- Sepsis, 55% increase in compliance.
- Clinical Trials and Research, increased trials; currently at 34 studies and increased revenue.
- 12% annual increase in Medicare annual wellness visits.
- Physician credentialing process, we have 150 more doctors on staff now than we had in the past. This process has been improved to get the doctors on staff three weeks quicker than the prior process.

Objective 5: Ensure constant state of survey readiness:
- Reinstated Trauma Center designation for another three years
- American College of Surgeons, became burn certified.
- Stroke and AMI fully accredited again this year.
- Hired Director of Public Safety who is also a Joint Commission Surveyor.

Mr. VanHouweling believes he has met 80% of the 30% of these five goals.

Member Lopez-Hobbs and Member Franklin said that 80% seems low due to the huge improvements that have been made.

Dr. Mackay commented that 80% is too low. He said that quality is important and he has seen a change in physician attitudes and this is a credit to Mr. VanHouweling. His assessment is at 87.5%

Member Ellis said if you look at where we were and where we are today, we are blowing the doors off. We should not be constrained at 100%. His vote is Mr. VanHouweling is at 95% of quality goals met.

FINAL ACTION: A motion was made by Dr. Mackay to recommend to the Human Resources and Executive Compensation Committee that Mr. VanHouweling has met 95% of goals met. Motion carried by unanimous vote.

ITEM NO. 10 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 Ellis 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 5:28 p.m., Chair Ellis adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: February 13, 2017