UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 10, 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, April 10, 2017 at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:00p.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:
Donald Mackay, M.D.
Renee Franklin (via phone)
Laura Lopez-Hobbs
Mike Saltman

Absent:

Also Present:
Tony Marinello, Chief Operating Officer
Jeff Ellis, Governing Board Member
Haley Hammond, Director of Patient Experience
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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on February 13, 2017. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 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**:**
- Slide

DISCUSSION: Haley Hammond, explained the handout that shows a more accurate picture of our initiatives and scores with a year's data trended. Most of the categories are showing a large improvement from the past years.

Tony Marinello, Chief Operating Officer added that we have received 200 surveys from discharged patients and are hoping for more as to depict more accurate data.

ITEM NO. 5 Receive an update on ICARE4U. (For possible action)

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

DISCUSSION: Haley Hammond, Director of Patient Experience announced that over 1000 employees have attended the ICARE4U refresh. There have been great discussions on what is working and improvements that have been made.

Ms. Hammond and her team are working on refreshing physicians and will be going out to the ambulatory clinics to conduct the refreshers on site.

Member Lopez-Hobbs asked if employees are tested on ICARE4U and Ms. Hammond replied that they are given a quiz and rewarded with Starbucks drinks and UMC cafeteria dollars.

Member Franklin suggested looking at how the team can drive the ICARE behaviors and then measure them.

FINAL ACTION: None taken.

ITEM NO. 6 Discuss and establish goals for CEO performance; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Dr. Mackay commented that the Chair of the HR Committee, Jeff Ellis, would like each committees goals for the CEO, sent to him before the next HR meeting on May 16.

Member Ellis commented that if UMC does not hit a financial goal, no other goals matter because there will be no money to be paid out. The Clinical Quality metrics are not defined enough so he suggested listing 5 or 6 quality metrics and then measuring each one. The committee needs to figure out the goal on how to increase the metrics each year.

He also suggested that the clinical objectives should be comprised of the individual HCAHPS measurements and the measurement period should be calendar year 2016.

Dr. Mackay suggested that perhaps Clinical Quality objectives could make up 25% of the total percentage of all the committees.

Member Lopez-Hobbs asked that Mason come back to the committee with his goals and she also agrees with the 25% suggestion.

Member Ellis asked staff to get together with Dr. Mackay to come up some measurements.

Member Franklin suggested that when staff comes back with the goals to make sure the data is reliable in order to measure the goals correctly.

FINAL ACTION: Dr. Mackay will meet with staff to come up with measurable goals for the CEO.

ITEM NO. 7 Receive a report on the 2016 Annual Evaluation of the Quality program and the 2017 Quality Plan. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- 2016 Quality Plan Evaluation

DISCUSSION: Jenny Gaca, Associate Administrator, Clinical Quality and Performance Improvement, presented the evaluation of the Quality program. The purpose of the program is to evaluate the quality of care provided at the organization and then implement actions to improve that care.

Some of the accomplishments for 2016:
-Score of “C” from “F” with Leapfrog
-Improvements with the State Board of Nursing and State Board of Medicine

-Implementation of quality reporting schedule
-Peer review
-Performance improvement projects underway
-Coordination of regulatory visits and responses
-Sepsis mortality index improvement, able to decrease our target

Dr. Mackay asked how we compared to community hospitals and Ms. Gaca said that we can't compare to the Las Vegas community because they do not participate in Vizient.

2017 Quality Plan:
-Data collection
-Medical staff peer review
-Bench marking
-Compliance with other external agencies
-Coordination of Quality committee

Priorities for 2017:
-Hospital acquired conditions and data collection

Member Lopez-Hobbs asked when she would start seeing the data collection reports for the measures and then the improvements that have been made. Ms. Gaca replied that Epic will be up and running in November so hopefully by the second quarter of next year, she will be able to show before and after statistics.

FINAL ACTION: None taken

ITEM NO. 8 Receive a report on the 2016 Annual Evaluation of the Infection Control program and the 2017 Infection Control plan. *(For possible action)*

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

DISCUSSION:
2016 Accomplishments include:
-Improved hand hygiene, 41% increase
-21% decrease in CLABSI
-35% decrease in MERSA rate
-Sustained compliance with education of patients and families regarding isolation
-100% compliance with annual TB and FIT testing
-Being recognized with the Silver Syringe award for above 90% compliance for employee vaccination rate

2017 Annual Infection Control Plan

Purpose: The Infection Prevention Manager and Infectious Disease Medical Director have over site of the program.

Another requirement is to perform a risk assessment every year. What we have in terms of risks and priorities are:

-Bio-terrorism for infectious disease
-Building infrastructure
-Environmental cleaning
-Transmissions of pathogens related to PPE
-Procedures
-Hand Hygiene
-Multi drug resistance organisms
-Employee Health (making sure TB tests and FIT tests are done for all employees)

FINAL ACTION: A motion was made by member Ellis to approve and make a recommendation to the Governing Board to approve the 2017 Infection Control Plan and Quality Plan. Motion carried by unanimous vote.

ITEM NO. 9 Receive a report on hospital grievances. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Grievance Report

DISCUSSION: Ms. Gaca updated the committee on the hospital grievance process.

The process had been completely re-designed and all grievances have to go through Patient Experience and they are answered with one coordinated response.

Ms. Cohen and Mr. VanHouweling look at each response letter before they go out to the patient.

During the first quarter of 2017, UMC took in 36 grievances. CMS requires an initial response within seven days and Ms. Gaca, Ms. Cohen and their teams are responding within two days. The top units with grievances have been the ED and the outpatient clinics; most are tied to financial grievances.

Ms. Gaca is hoping that the software she needs is going to be approved and purchased soon as this will help with tracking and resolving grievances.

A discussion ensued regarding Patient Pal and phone calls not being made. Ms. Gaca and her team will look into this as all in-patients should be called upon discharge.

FINAL ACTION: None taken.

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 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 4:46 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: June 19, 2017