UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 11, 2017 3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the location listed above on Monday, December 11, 2017 at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:01 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 (via phone)
Laura Lopez-Hobbs
Jeff Ellis

Ex Officio:
Barbara Fraser

Absent:

Also Present:
Tony Marinello, Chief Operating Officer
Danita Cohen, Chief Experience Officer
Deb Fox, Chief Nursing Officer
Patti Stopka, Director, Patient Safety
Mary Brann, Director Clinical Quality
Haley Hammond, Director of Patient Experience
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 October 23, 2017. *(For possible action)*

FINAL ACTION: A motion was made by Member Ellis 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.

Dr. Mackay introduced the Governing Board's new Ex-Officio member, Barbara Fraser. Ms. Fraser is a part time instructor in the Department of Health Care Administration and Policy at UNLV.

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; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- HCHPS Trends

DISCUSSION: Haley Hammond provided an update on the trends from Q1, 2016 to Q3, 2017.

Responsiveness to patients has improved. Communication with the patients has been a strong focus over the last few months. Haley and her team have been helping social workers and case managers discuss ways that they can communicate better with patients on their discharge care and what to expect moving forward.

Member Franklin asked Ms. Hammond to email her the questions that are asked to patients in the surveys regarding various categories, including the discharge category.

Mary Brann explained the new emphasis is on whether they spoke with the patient regarding their pain as opposed to, did they eliminate their pain.

FINAL ACTION: None taken

ITEM NO. 5 Receive an update on ICARE4U; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- ICare video shown

DISCUSSION: Danita Cohen, Chief Experience Officer explained that her team continues to motivate, celebrate and move people in the right direction. They are now sending letters to employee's home along with a Starbucks gift card if a patient writes a note or give a compliment regarding the employees great service. They also started "garage greetings" which entails the team handing out snacks to employees leaving the night shift and arriving for the day shift.

A new video is being developed for 2018.

Due to excellent training that Danita and her team provided to staff, the new Blue Diamond Clinic is receiving great Yelp reviews as the customer service is top notch. This training will also be rolled out to the Centennial Hills staff upon the opening of the clinic.

Ms. Cohen explained that the video shown today has been shown to every employee and every new employee coming onboard. The video sends a message of compassion and reinforces in all of us that you never know what people are going through as you walk through the halls and go about your day.

FINAL ACTION: None taken

ITEM NO. 6 Receive a report on Quality Indicators and an update on Leapfrog; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- PowerPoint on Sepsis Management, Quality Indicators and Leapfrog

DISCUSSION: Mary Brann explained that sepsis mortality has been going down do the new initiatives put in place. The team is starting a sepsis code in the emergency department and they have hired a Sepsis Coordinator. With the implementation of Epic, they are moving forward with initiatives on the floor as well. Epic will help provide the team with data and documentation for monitoring. Also, UMC has not had early elective deliveries which is excellent.

MRSA and Cdif infection numbers are doing quite well, both are coming down to where we want them.

With regards to Leap Frog, UMC's current score is a "D", which is disheartening to staff because of all the great work and progress staff has made. A discussion ensured regarding the use of old data that Leapfrog uses that does not reflect the current quality and progress that is currently provided within the hospital.

Every year Leapfrog changes where and how they score. Two hospitals received a "B", St. Rose and Mountain View, the rest received lower scores.

Where UMC fell short was in the category of infections due to old data but there were many areas that UMC did very well in. PSI data came from 2013, an example of how old the data is that Leapfrog is using.

FINAL ACTION: None taken.

ITEM NO. 7 Receive a report on Patient Grievances; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Patti Stopka explained the new process the hospital has in place with tracking and responding to complaints. Her team, Patient Experience and Danita's team have been working extremely well together in responding back to all grievances within a short amount of time.

Prior to the new, improved process, there was not a tracking system in place or a process on how to handle complaints in an efficient manner. The average response time from receiving a complaint to close was 54 days, now the average time to close a complaint is 42 days. With the new process a response to a complaint is given within one day.

Grievances by Service Area:
45% Clinics (Highest being Summerlin with 19% and Spring Valley with 21%)
38% ED
7% Other
6% M/S
4% Peds

All complaints as of one week ago, will be run though the new software system. This new system will be able to give reports and timelines and provide communication across the entire hospital.

Member Ellis asked why a majority of the complaints come through the clinics.

Staff replied that a majority of the complaints they get are from patients who go to the quick cares with viruses, not bacterial infections. Our physicians do not give out antibiotics for viruses, as protocol and when patients don't get what they want, they feel as if they didn't get the service/care they wanted.

Ms. Stopka added that they receive about 5 to 6 grievances week. A large majority of them come in after the bill was received.

FINAL ACTION: None taken

ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Dr. Mackay thanked the women and all they do to make UMC a better place as he feels they aren't given the recognition they deserve. He also mentioned that CVS wants to buy Aetna. CVS had Minute Clinics and these types of clinics are expanding into the market place.

Also, if any board members have any presentations that they would like to hear at future committee meetings to please email him.

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 3:55 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary
APPROVED: February 12, 2018