UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
November 13, 2018 9:00 a.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, at the time and location listed above. The meeting was called to order at the hour of 9:06 a.m. by Chair Dr. 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 - Chair
Jeff Ellis (Via Phone)
Renee Franklin
Laura Lopez-Hobbs
Barbara Fraser – Ex Officio (Via Phone)

Absent:

Also Present:
Mason VanHouweling, Chief Executive Officer
Tye Master, Attorney
Danita Cohen, Chief Experience Officer
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 September 13, 2018. *(For possible action)*

FINAL ACTION: A motion was made by Member Lopez-Hobbs that the minutes be approved as recommended. Motion carried by unanimous vote.

Chair, Dr. Mackay introduced Patricia Scott, UMC's new Executive Director of Clinical Quality and Patient Safety.

ITEM NO. 3 Approval of Agenda *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on UMC Experience Team and physician and hospitalist collaboration for HCAHPS improvement; and direct staff accordingly *(For possible action)*

Haley Hammond provided an update on the ICARE4U program.

Observations and coaching rounds are occurring to increase patients experience with communication about their care. Staff is spending time with Sound physicians to handle all concerns and questions immediately with patients. This is helping with patient satisfaction and shows improvements in HCAPHS as well.

Patients are also sharing positive feedback regarding those that have assisted in their care and the Experience Team is recognizing those individuals.

Ms. Cohen added that the Sound Physicians are great to work with and very patient centered. We have a great working relationship with them.

Last week the Experience Team met with a friend of Member Franklin's and heard about a bad experience she had at a hospital in Chicago. This bad experience was shared and the team discussed how they could have handled it and what would they have done differently. This was a great opportunity to have a discussion without passing blame or pointing fingers with the goal of avoiding a situation like this at UMC.

The PULSE magazine was shared with the Committee and an event called, *The Night Shift* was highlighted. Mason and staff surprised the night shift workers with special visitors, treats and music and give always along with special visitors from the Golden Knights team including the mascot.

Member Lopez-Hobbs and the other committee members really liked that staff did this and gave Ms. Cohen and her team kudos for such a great idea and morale booster.

ITEM No. 5 Discuss and recommend for approval, a final set of objectives as it relates to the Clinical Quality committee for fiscal 2019; and direct staff accordingly. (For Possible action)

Mr. VanHoweling shared a few proposed goals he came up with:

1. Improve (or sustain improvement) publically reported quality measures to meet / exceed State and National averages. These measures to include: Sepsis Core Measure bundle, VTE prevention, Early elective deliveries, Outpatient Endoscopy measures, patient influenza immunization

2. Improve (or sustain improvement) on publically reported Patient Safety Indicators to meet / exceed State and National averages. Indicators include PSI-90

3. Improvement or Maintenance of publically reported hospital acquired infections below the National SIR of 1.0. Measures include CLABI, CAUTI, MRSA and C-Diff

4. Attain employee influenza vaccination rate at or above 90%

5. Achieve compliance with CMS requirements for electronic Clinical Quality Measures. (eCQM)

6. Implement strategies to improve overall Quality Process Improvement

Patty commented that number 6 may not be a measurable goal

Member Franklin commented that the first five are measurable but the challenge is that we were missing a lot of foundational elements to get the improvements. She likes number six because it helps her know where to support the CEO.

Member Lopez-Hobbs suggested putting item number six at top as more of an introduction/update to the committee instead of listing it as a goal.

Member Franklin suggested that instead of weighing each of these elements, we provide one number as to what they are all worth.

Chair Dr. Mackay agreed with this suggestion in order to keep it simple when deciding if the goals have been met.

Member Ellis commented that we struggled with looking at our overall score and he thinks we need to start looking at our year over year improvements instead of how we measure up against measurable items. How has UMC done year over

year is more important as opposed to how we are doing compared to the national average.

Member Fraser stated it's important to keep our focus on the national standard because that is what we are being benchmarked to.

Member Ellis would also like to focus on the question of, Is ICARE4U working and is it driving the results. Where is the program going?

Member Lopez-Hobbs agreed with Member Ellis and added that ICARE appears to have a disconnect somewhere. She asked why it isn't it working and who isn't listening? Also, what is staff doing to those who are not listening and not following the principles?

Member Franklin suggested that the HR Committee have a more in depth discussion on ICARE.

FINAL ACTION: A motion was made by Member Lopez-Hobbs to recommend the above discussed FY2019 Goals to the HR Committee for approval. Motion carried by unanimous vote.

ITEM NO. 6 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Member Franklin would like to hear from Patty, Executive Director of Quality and Patient Safety on what she has seen since being with UMC, including her view of our current process.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Dr. 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 9:51 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: February 11, 2019