University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
September 13, 2018

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
September 13, 2018 8:30 a.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the time and location listed above. The meeting was called to order at the hour of 8:33 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 (Via Phone)
Laura Lopez-Hobbs (Via Phone)
Barbara Fraser, Non-Voting (Via Phone)

Absent:
None

Also Present:
Mason VanHouweling, Chief Executive Officer
Danita Cohen, Chief Experience Officer
Jennifer Gaca, Associate Administrator, Clinical Quality and Patient Safety
Tye Masters, Attorney
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 August 13, 2018. *(For possible action)*

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

SECTION 2. BUSINESS ITEM

ITEM NO. 4 Evaluate CEO performance accomplishments for FY 2018 based on the performance objectives established by the Governing Board. *(For possible action)*

DOCUMENTS SUBMITTED:
- Clinical Quality and Merit Goals FY18

The goals being discussed today by Mason VanHouweling, CEO are listed below.

1. **Improve publicly reported core measure scores from Fiscal Year 2017 average to include early elective deliveries, VTE discharge instruction, Influenza Immunization and Endoscopy/ Polyp Surveillance.**

Mr. VanHouweling discussed the five measures that are publicly reported.

VTE: Preventable deep vein thrombosis. UMC had a great year in 2017 with 0% and 1.5% in FY2018, which translates to one patient. One patient, while at the hospital presented with VTE but that it still exceeding the state national average. This goal was not met however since our goal was 0.

Elective Deliveries: FY2017 we were at 0% and FY2018 2.23%. This too accounts for one patient who had to have an early delivery due to a medical issue. This goal was not met however since our goal was 0 but again, UMC is still exceeding the state and national average.

Member Franklin and Member Ellis both agreed that going forward we should clarify what we consider “meets” for FY19 goals. When at zero, you can only get worse.

Influenza Immunization (specifically patients) FY2017 UMC was at 86%, FY2018 UMC was at 84%. We slipped 2% to below the state and national average. This goal was not met.

Colonoscopy on outpatients, document of a prior colonoscopy. UMC was at 54% of the documentation and in FY2108 we achieved 72%, so this goal was met. We are now sitting at 100% after Go Live with Epic.

Colonoscopy (follow up): UMC went from 68% to 72%, goal met!

2. Improve Patient satisfaction of HCAHPS top box scores for hospital rating by 10% over Fiscal Year 2017 average.

UMC's goal was to achieve 61% rating of Top Box Scores, meaning we ALWAYS do the task mentioned at the hospital. Patients had to rate UMC a 9 or 10 out of 10 to achieve Top Box Scores.

We fell short about 3 percent. We have however made great improvements in such categories as, responsiveness to staff, communication with doctors, cleanliness of environment, quietness and pain management.

Member Franklin commented that we aren't where we need to be and we need to start vocalizing to employees that although we are moving in the right direction, there is work that still needs to be done.

3. Completion of Leapfrog survey with maintained grade of C and increase in overall score by 5% (current score is 2.516).

When this goal was set, UMC had a "C" score and we slipped to a "D" score. However, had Leapfrog used the prior methodology, UMC would have maintained a "C". UMC's score went from 2.33 to a 2.44, so we actually increased our score. Leapfrog is always adding new measures and changing the points associated with each letter so it is hard to compare prior year.

4. Implement Strategies to improve overall Quality Process Improvements throughout UMC.

Goal is met!

Many processes implemented FY2018 with positive improvements and a few are listed below:

-Policy and Procedure redesign
-Employee exposure handling
-ED Throughput with reduced divert rate significantly

-Sepsis Management, exceeding greater than national average
-Peer Review Re-design:
-Employee Influenza Immunization
-MEC Bylaws update
-MERT, Medical Emergency Response Team

5. Ensure constant state of regulatory readiness to include compliance with state licensure, TJC accreditation and CMS

Goal is met!

Ongoing survey readiness program implemented to include weekly tracer activities. TJC Stroke survey from Joint Commission resulting in full stroke certification. Ryan White Survey at the Wellness Center resulting in continuation of funding.

A discussion ensued regarding the percentage that the committee felt Mr. VanHouweling met and as a committee, collectively came up with the following:

Goal 1: 77%

Goal 2: 70%

Goal 3: 70%

Goal 4: 100%

Goal 5: 100%

The committee felt that Mr. VanHouweling met 25.02% of the 30% of goals.

FINAL ACTION TAKEN: A motion was made by Member Franklin to recommend to the HR Committee, that Mr. VanHouweling be awarded 25.02 percent of the 30 percent that comes from the Clinical Quality Committee. Motion carried by unanimous vote.

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.

Chair Dr. Mackay suggested that at the next meeting on October 8, the committee come up with a new set of goals for FY2019 for Mr. VanHouweling. (This will be an agenda item at the October meeting.)

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 9:32 a.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant

APPROVED: November 13, 2018