UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 16, 2018 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 16, 2018 at the hour of 3:00 p.m. The meeting was called to order at the hour of 3:05 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:
Dr. Mackay - Chair
Jeff Ellis
Renee Franklin
Laura Lopez-Hobbs
Barbara Fraser (Ex-Officio)

Absent:
None

Also Present:
Mason VanHouweling, Chief Executive Officer
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
Haley Hammond, Director, Patient Experience
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 February 12, 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.

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 CEO goals for 2018; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Mr. VanHouweling provided a mid-year update regarding the CEO's performance objectives.

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

Publicly reported quality measures are all positive. UMC is at 88% of all employees who were vaccinated for the influenza virus. We are still at zero percent for early elective deliveries and preventable VTE.

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

UMC is at 56.9% and continues to improve, the goal is 61%. The last six quarters have been trending positive. Quietness is one of the areas we are struggling with but we are diligently working on this. Pain management is another area that needs some focus.

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

Leapfrog is a private organization that measure patient safety data. UMC is currently sitting at a "D" grade at 2.449, 2.5 is a "C". Leapfrog changes the criteria and numerical ranges all the time and this is very frustrating.

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

….and

Objective #5: Ensure constant state of regulatory readiness to include compliance with state licensure, TJS accreditation and CMS Conditions of participation.

UMC recently passed a Joint Commission Stroke Survey. We had five state visits and 2 EPA visits. UMC was recertified as a Level 3 NICU with full accreditation. UMC successfully passed the Ryan White Federal Survey for our Wellness Clinic. UMC's Blood bank just recently went through a full accreditation.

FINAL ACTION: None Taken

ITEM NO. 5 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**:**
- HCAPHS PowerPoint

DISCUSSION: Haley Hammond, Director of Patient Experience provided a brief overview on UMC's trended data.

UMC's responsiveness is one of our best scores and trends that we have in the hospital. The teamwork on the units and call light secret shoppers are proving very helpful. Staff is taking it upon themselves to respond quickly.

Communication with physicians is being focused on and the team is giving the physicians feedback on their scores so they know what areas they need to focus on.

Sound Physicians are really focused on their HCAHPS scores and Haley and her team have been rounding and partnering with them. The physicians and Haley speak with the patients and their needs are discussed to ensure the patients' needs are being met.

In the area of Quietness, this is tough due to construction going on but staff is working with Haley's team and notifying them when major noises may be occurring so they can be proactive. Communicating to patients about what may occur that day in regards to noises, is being appreciated.

The Pain Management category talks about the conversation around it, not necessarily how one is managing the pain. Our staff is incredible with this and we offer such things as aromatherapy and healing touch. We are also now involved with things such as vent releases, palliative care, etc. Acting in a more supportive role with the families when end of life is occurring has been a focus.

The biggest challenge currently is care transition when discharging the patient.

FINAL ACTION: None taken.

ITEM NO. 6 Receive an update on ICARE4U. *(For possible action)*

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

DISCUSSION: Ms. Hammond explained that they are currently in production of ICARE 3.0.

The drafts for the video are being finalized and the ICARE wall will be updated with each unit's commitment to ICARE. A more detailed update will be provided at a future meeting once these tasks are finalized.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive a report on the 2017 annual Quality Program evaluation and the 2018 Annual Quality Plan. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- 2017 Quality Plan Evaluation
-2018 Quality Plan

DISCUSSION: Jenny Gaca, Associate Administrator of Clinical Quality explained the purpose of the plan.

The purpose is to evaluate the quality of care provided in the organization and to implement actions to improve the care provided to our patients.

A few of the 2017 Accomplishments were discussed and listed below:

-Coordination of Leapfrog survey resulting in full compliance with safety scores
-CME Accreditation 119 CME programs
-3,781 cases screened and 532 cases peer reviewed
-Implementation of program incorporating nursing quality
-EPIC Project Implementation

The 2018 Quality Plan was summarized and the purpose explained. This plan has to be discussed and approved annually and is the same as was submitted last year except for the new objectives.

A few Quality priorities for 2018 were discussed and some are listed below:

- Leapfrog Quality Reporting
- Coordination with Nursing Quality, enhance relationships
- Patient Satisfaction
- PI Projects based on SI reports

FINAL ACTION: A motion was made by member Franklin to approve and make a recommendation to the Governing Board to approve the 2018 Quality Safety Plan. Motion carried by unanimous vote.

ITEM NO. 8 Receive a report on the 2017 annual Infection Control Program evaluation and the 2018 Annual Infection Control Plan. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- 2017 Infection Control Plan Evaluation

DISCUSSION: Ms. Gaca summarized some of the 2017 Infection Control Accomplishments.

- 42% reduction in CLABSI SIR and 40% decrease in total number
- 7% reduction in MRSA rate and 21% reduction in Cdiff
- Sustained compliance with education of family and patient regarding isolation (93%)
- 80% hospital wide Influenza Vaccination rate (3% increase)
- 100% compliance with annual employee TB and FIT testing
- Multiple performance improvement projects underway

A conversation ensued regarding compliance with employees and what the consequences are if they do not comply with one or both of the vaccine requirements.

A few challenges were mentioned and include hand hygiene, personal protective equipment (PPE) Compliance, and Colon SSIs.

Surgical site infections for colon surgeries is on the downward trend, below the benchmark but this is very hard measure to come to terms with. There are national initiatives to help hospitals nation-wide to come up with ways to improve these infections.

Ms. Gaca provided a brief summary on the 2018 Annual Infection Control Plan.

Infection control is divided up into three categories, Community, Patient and Healthcare Worker.

The 2018 Planned Interventions include:
-Emergency Preparedness Drills
-Annual Education
-Collaboration with Southern Nevada Health District and the CDC
-Surveillance
-Antibiotic Stewardship
-PPE Enforcement
-Skills Fairs
-Education and Training

FINAL ACTION: A motion was made by member Lopez-Hobbs to approve and make a recommendation to the Governing Board to approve the 2018 Infection Control Plan. 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 Mackay would like to have Dr. Cade from the Wellness Center present at the next meeting in June.

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 4:13 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: June 11, 2018