UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 13, 2018 3:00 p.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 3:04 p.m. by Chair Jeff Ellis 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
Renee Franklin
Laura Lopez-Hobbs
Barbara Fraser, Non-Voting (Via Phone)

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Deb Fox, Chief Nursing Officer
Vick Gill, Associate Administrator, Operations
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
Haley Hammond, Director, Patient Experience
Tye Master, 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): Amanda Luz Marin, a patient at UMC in September 17, 2017 and again in December 2, 2017. She injured her wrist and felt that no one could give her a diagnosis. She also stated that the patient rooms were not clean and the physician did not read the report due to it not being legible. She claims the physician also did not look at the x-rays of her wrist or ask her about her pain or

movement. To summarize, she is most upset that the reports are not stating the correct information and communication with the physician and the patient is lacking. She wants quality care and did not receive it during her two visits to UMC.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on June 11, 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 Ellis that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Approve and recommend for approval by the UMC Governing Board, the amended Medical and Dental Staff Bylaws of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee on July 24, 2018; and direct staff accordingly. *(For possible action)*

AND

ITEM NO. 5 Approve and recommend for approval by the UMC Governing Board, the amended UMC Medical and Dental Staff Rules & Regulations; as accepted and voted on by the Medical Executive Committee on July 24, 2018; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
-Bylaws Presentation
-Bylaws Summary

DISCUSSION: Shauna Tello summarized some of the bylaw revisions and general technical changes.

-Insertion of Table of Contents
-Revision of Department “Chairs” to Department “Chiefs”
-Revision of “Peer Review Committee” to “Professional Improvement Committee”
-Revision of “Wellness Committee” to Professional Review Committee”
-Various Grammatical/Capitalization Errors
-Various formatting changes

The Clark County residency requirement was updated as well as medical record completion requirements.

The exclusion of physicians solely requesting "Refer and Follow" privileges from having to provide the name of a covering provider.

Dr. Mackay asked for more clarification on what refer and follow mean.

Tye Masters, Attorney explained that with these privileges the physician can only review the chart but they can't write notes or provide services. These physicians are just following the patient during their hospital stay and are not the attending for the patient.

The use of secondary sources that may be used during credentialing were listed and it was explained that these additional sources help speed up the credentialing process. It was mentioned that the primary source verification is still the first used. The secondary sources are just used when staff has not heard back in a timely manner from the primary source of verification.

The committee also took out the questions on the attestation form the physicians fill out to eliminate redundancy.

Dr. Mackay pointed out a few grammatical errors that Ms. Tello will fix in the document presented.

An outline of the Patient and Safety Committee responsibilities was also presented to the committee.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to approve and make a recommendation to the Governing Board to approve the amended bylaws and rules and regulations. Motion carried by unanimous vote.

ITEM NO. 6 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**:**
- UCM Patient Satisfaction Scores Q2 2017 – Q2 2018

DISCUSSION: Haley Hammond briefed the committee on where UMC stood in comparison to other hospitals. There was overall improvement in Patient Satisfaction Scores from second quarter of 2017 through second quarter of 2018

UMC is the lowest in the hospital for *Rate and Recommend* but that is the only section that we are the lowest in.

An area where we improved considerably on is *Quietness of Room*, we are at 51%. Also, in the category of *Communication about Medications*, we are at 57%, which is above Valley, Sunrise, Spring Valley and Centennial Hills.

Haley and her team have been working closely with the nurses to help them improve on aspects of their job that they have identified that may need a bit more attention.

A comfort kit has been given out to patients who are staying with us and it has been very well received. Comfort items such as an eye mask and ear plugs are included in these kits and have been appreciated by the patients.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on ICARE4U; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Ms. Hammond announced that the ICARE 3.0 video is in final edits and they should be rolling out the 3.0 version soon. The team has improved and revamped the amount of positive things that are getting back to the patients and staff.

Staff has been including positive comments in the pulse so all departments can see the great feedback. Staff also continues to send gift cards home to employees when positive feedback comes in from a patient. Rounding with the snack cart continues and coaching is provided to those who may need a reminder about behavior/actions.

Haley and her team have been helping employees learn how to manage complaints and answer those complaints immediately on the floors.

FINAL ACTION: No action taken.

ITEM NO. 8 Receive an update on Quality Measure and the Culture of Safety Survey; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Public Quality Measures

DISCUSSION: Jennifer Gaca gave a brief overview on quality measures. Patient flu vaccination compliance was at 84%, close to the State average of 94%.

Employee flu vaccination rates is at 89% which is above the State average of 79%

Sepsis management is now a public measure and UMC has been very focused on this. Our compliance has been slowly going up and we are exceeding both the state and national average managing sepsis.

A new Clinical Documentation Information (CDI) Manager has been hired and Ms. Gaca is working with him to focus on certain physicians who are documenting things as sepsis and that is not the case. He has been busy teaching physicians how to properly document.

A Culture of Safety Survey was conducted in summer of 2017 and we had a 37% response rate.

Areas of focus:
-Non-punitive response to errors
-Handoff and Communication
-Staffing
-Transitions between units

Actions taken to help remedy the concerns:
-HR Education – use of SI events
-Positive reinforcement for reporting
-Leadership Rounding
-Magnet Culture
-Patients Safety Committee
-Epic (helped tremendously between units)

FINAL ACTION: No action taken.

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.

None identified

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 4:12 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant/Governing Board Secretary

APPROVED: September 13, 2018