University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 08, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 8, 2019 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 3:03 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
Renee Franklin
Jeff Ellis
Laura Lopez-Hobbs
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Tony Marinello, Chief Operation Officer
Deb Fox, Chief Nursing Officer
Patty Scott, Director of Clinical Safety and PI
Haley Hammond, Director, Patient Experience
Danita Cohen, Chief Experience Officer
Lonnie Richardson, Chief Information Officer
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 14, 2019 *(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)*

It was suggested that Items Number 6 and Number 7 be heard first.

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

SECTION 2. BUSINESS ITEMS

Item numbers 6 and 7 will be combined.

ITEM NO. 6 Receive an update on ICARE4U; and direct staff accordingly. (For possible action)

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

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

DISCUSSION: Danita Cohen and Haley Hammond showed a few slides of employees being acknowledged and rewarded for doing their jobs well. A few of the great gifts that were distributed were mugs and boxes of donuts.

A particular employee in radiology named Gary Newall, did an exceptional job assisting a patient and helping to calm his nerves prior to a procedure. This patient then wrote a very moving letter about Mr. Newall and staff wanted to acknowledge the exceptional customer service he provided.

Staff also put on a day shift event and surprised employees and pediatric patients with hats and other gifts.

FINAL ACTION: No action taken.

ITEM NO. 4 Receive an update on Magnet status from Deb Fox, CNO; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Magnet update presentation

DISCUSSION: Deb Fox, CNO provided a brief update on where UMC is at with the Magnet journey.

UMC Shared Governance has been in place for about two years and has been updated from a councilor model to a hybrid councilor/congressional model. The hybrid model takes the best of both models and creates a new one that better services the complexities of UMC. The team hopes to go live in May with the hybrid model.

There is an 88-person strong ambassador group that has taken on the accountability around Pathways and Magnet.

All of the unit based councils are staff driven and they are setting their own priorities and work goals.

The UMC nursing department was recognized nationally for the Daisy awards.

Pathways to Excellence updates include:
- New pathways tag line that says, “No Journey Without You,” the brand is now complete and the pathways document is in process.
- RN survey is scheduled for November 2019 and 70% have to complete it and then 90% have to answer the survey correctly to get the designation.

It was announced that the designation date has moved from May/July 2019 to October/November 2019 due to issues that are going on internally within the hospital.

A few Magnet updates:
- ANCC awarded UMC Nursing their PTAP designation
- 2018 NDNQI RN survey results were national noticed by Press-Ganey
- Nursing excellence package in place from Press-Ganey

Member Franklin asked if she could meet with Ms. Fox and Mr. Houser to discuss how the governance model overlays with the Strategy committee model.

Ms. Fraser commended Ms. Fox for all the work her and her team have done.

FINAL ACTION: None Taken

ITEM NO. 5 Receive an update on Quality Measures and Performance Improvement activities; and direct staff accordingly. *(For possible action)*

This item was combined into Items Number 8 and 9 and summarized by Patty Scott.

ITEM NO. 8 Receive an update on the evaluation of the 2018 Patient Safety Plan and approval of the 2019 Annual Patient Safety Plan; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Patty Scott summarized quality measures, performance improvement activities and the patient safety and infection control programs.

Leapfrog opened April 1, and UMC is in the process of gathering teams for various sections; submissions are due at the end of June.

Under Joint Commission, they are going through a focus standard assessment; this should be completed within the next 60 days.

Ms. Scott presented a summary on improvements on patient safety.

Some of the actions taken to improve safety are:
-Improvement in documentation & communication
-Improved medication processes
-Improved grievance/complaint trending and reporting
-Enhanced public safety initiatives
-Policy revision with staff education
-Physician education

2018 Accomplishments include:
-Review and analysis of SI events for trends with actions taken
-Disclosure of events to patient/family within required timeframe
-Detailed trending and reporting of complaint's and grievances
-Proactive Risk Assessment

A comparison of 2017 and 2018 sentinel events was shown.

2019 Patient Safety Priorities
- Daily safety huddles with leadership engagement
- Process to disseminate SI events to leadership
- Integrate patient safety knowledge into practice
- Leadership engagement
- Decrease grievance investigation and response time by 10%

FINAL ACTION: No action taken at this time. The committee will wait until the 2019 plan is before them and take action at that time.

ITEM NO. 9 Receive a report on the 2018 annual Infection Control Program and the 2019 Annual Infection Control Plan; and direct staff accordingly. *(For possible action)*

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

DISCUSSION: Ms. Scott briefed the committee on the purpose of the Infection Control plan.

2018 Accomplishments
- Reduction/sustainment in MRSA and C Diff
- Improvement in overall hand hygiene compliance
- Improvement in communication/education of isolation status
- 100% with annual employee TB and FIT mask testing

2019 Risks and Priorities
- Bioterrorism/Highly infectious diseases
- Long-term care
- Device related infections

Regulatory changes were discussed as well as Immediate Jeopardies.

FINAL ACTION: No action taken at this time. The committee will wait until the 2019 plan is before them and take action at that time.

ITEM NO. 10 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 asked for additional information on the pain experience of patients at UMC due to a recent decrease in the HCAHPS survey score for that category.

Member Franklin referenced an article she had just read in the New York Times about cleaning patient rooms and the products that are used. She asked what tools we have given our cleaning personnel over the years to ensure the rooms are being completely eliminated of all bodily fluids and infections.

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 4:20 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: June 10, 2019