University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 12, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 12, 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 3:06 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
Laura Lopez-Hobbs
Barbara Fraser – Ex-Officio

Absent:
Jeff Ellis, Excused

Also Present:
Tony Marinello, Chief Operation Officer
Kurt Houser, Chief Human Resources Officer
Danita Cohen, Chief Experience Officer
Patty Scott, Director, Clinical Safety and PI
Deb Fox, Chief Nursing Officer
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 June 10, 2019 *(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)*

Chair Mackay suggested taking Item number 6 before Item 5.

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 NO. 4 Receive an update on ICARE4U; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- HCAHPS

DISCUSSION: Haley Hammond went over the scores from HCAHPS.

There was a 7% increase in communication with nurses which reflects all the great work being done on the nursing units and with staff.

Responsiveness with hospital staff has increased 4% over the last fiscal year.

Communication with doctors has also increased.

Quietness of hospital environment remains one of the lowest scores but we still managed a one percent increase.

Communication about medications has increased 2% from the previous fiscal year.

Discharge information understanding has increased by 3% which shows communication between doctors and patients is improving.

It was noted that all sections have trended upward.

Going forward 100 percent of our patients will receive a survey, including pediatric patients.

Member Franklin commented that it's a great sign of progress that there has been improvement in every area. She also likes then bar graphs and the way the information is show for easy understanding.

Danita Cohen, Chief Experience Office provided an update on the ICARE efforts that her and the team have been showing around the hospital to keep morale up and to show staff they are appreciated.

Ms. Hammond provided a brief overview on the Canine Comfort Program.

Hope and Harper (canines) are here today to meet the committee. They both have dual credentials and hundreds of hours of certified training.

The canines help reduce patient stress and improve patient experiences as well as help patient morale.

The Canine Comfort canine therapy program has the highest standards and requirements with both handlers and canines for the safety of staff and patients. The team also utilizes the strict infection prevention protocol throughout the hospital that they have determined based upon research and best practices.

Chair Mackay asked if the canine team has met any resistance from the physicians. Mrs. Hammond replied there has been only one concern from a physician and it has to do with a certain unit where patient can be highly susceptible to infections. However, the Canine Comfort program takes great efforts to ensure the safety and satisfaction of patients, personnel, and physicians when interacting within the hospital.

Member Lopez-Hobbs asked if pediatric patients receive different surveys and Mrs. Hammond replied that they do. The results shown today are the overall results.

Member Franklin suggested putting our scores next to other hospital scores so staff can see where we reside in the market in each category.

At this time number 6 was heard.

ITEM NO. 6 Receive an update on Quality, Safety, and Infection Prevention Program Measures and Performance Improvement activities including approval of organizational policies/procedures; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Quality/Safety/Infection/Regulatory Update
- Policy and Procedure List

DISCUSSION: Patricia Scott summarized the slides in the presentation today.

Update on value based purchasing included:

-FY2021 Domain Weights and Measures
-Readmission and hospital acquired conditions
-The electronic clinical quality measures for FY20 are not reported.

An update on the Patient Safety Program was provided for second quarter 2019 and events listed.

37 grievances were received and the Quick and Primary care locations accounted for 47%. Response delays and pain management complaints were the main areas we saw grievances.

A discussion ensued regarding what staff is doing about employees on the front lines who are creating situations by either their bad attitudes or lack of empathy.

Member Franklin mentioned that Mr. Houser in HR and our union partners need to be involved in discussions about our expectations and consequences.

Leapfrog 2019 Timelines
Spring 2019 survey results reported at the end of July 2019
Last submission for hospital survey is November 30, 2019

The UMC Policy and Procedures Committee submitted approved policies and procedures before the Committee and requested a recommendation for the policies and procedures to be approved by the Board at the August 28th meeting.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to recommend approval by UMC Governing Board of the UMC policies and procedures activities approved by the UMC Policy and Procedure Committee. Motion carried by unanimous vote.

ITEM NO. 5 Discuss CEO annual FY19 incentive compensation performance standards and proposed FY 20 incentive compensation performance standards as it relates to the subject matter relevant to the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

DOCUMENTS SUBMITTED:
- CEO Performance Objectives FY 2019
- CEO Goals Template

DISCUSSION: Mr. VanHouweling summarized his goals and achievements.

(Clinical Quality 30%, HR 20%, Finance 25%, Strategy 25%)

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.

In all categories we met or exceeded State and National averages.

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

This category includes falls and central line infections. We have decreased the number of incidences in this category and have decreased the number to 1.19 from 1.37 in FY2018. The national average is 1.0.

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.**

In 3 of the 4 categories UMC is below the national average (lower is better). The area which increased is in C.diff, which went up from 1.007 to 1.060.

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

In FY2018 UMC came in at 89%, FY 2019 we came in at 91%.
The state average is 83% and national average is 90%.

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

Successfully reported 4 Stroke measures:
1. STK-2: Discharged on Antithrombotic Therapy
2. STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
3. STK-5: Antithrombotic Therapy by End of Hospital Day
4. STK-6: Discharged on Statin Medication

6. **Implement strategies to improve overall Quality Process Improvement.**

Many services and programs were implemented to improve the safety and quality of the hospital.

Some listed were:
-Safety Management Program Redesign
-MERT (Medical Emergency Response Team)
-Transfusion Program

-Would Care Program
-Emergency Management: Ebola Drill, Active Shooter, Code White

98% was met of goal one
100% was met of goal two
98% was met of goal three
100% was met of goal four
100% was met of goal five
100% was met of goal six

29.8% was the total met.

A discussion of proposed performance objectives for 2020 was shown and discussed very briefly. These will be brought back at a later date for further discussion.

FINAL ACTION TAKEN: A motion was made by Member Franklin to recommend to the Human Resources and Executive Compensation Committee that the CEO be awarded 29.8% (of the total available 30%) for having met or exceeded the 2019 CEO Performance Objectives relating to Clinical Quality. Motion carried by unanimous vote.

ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Schedule a phone meeting in September to discuss FY2020 goals.

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 5:08 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: September 23, 2019