University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 11, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 11, 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 3:01 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

Also Present:
Mason VanHouweling, Chief Executive Officer
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
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 November 13, 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)***

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

Joining us today is a UNLV School of nursing student who is here to observe the committee proceedings and to see how hospital affairs are handled.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update from Patty Scott, Director of Clinical Quality and Patient Safety on her observations since being at UMC; and direct staff accordingly.

DOCUMENT(S) SUBMITTED**:**
- Quality/Safety Update

DISCUSSION: Patty Scott presented what she has observed since being in the Executive Director role for Clinical Quality and Patient Safety.

Ms. Scott is evaluating six programs including:
- Patient Safety Program
- Risk Management
- Performance Improvement
- Quality Management
- Infection Prevention
- Regulatory Readiness

She did observe that some areas operate in silos, meaning some departments and areas are relatively isolated and unable to effectively coordinate with other departments.

Opportunities, not celebration was one of the observations Ms. Scott observed that she would like to change. She had a lot of employees while rounding tell her what things need to be done or improved upon but not what great things have already been done.

Using the Committee's goals, she presented a model called Triple Aim.

Ms. Scott explained a Cultural Maturity Model. She believes we are currently in a reactive model as opposed to a proactive systematic model, meaning we have systems in place to manage all hazards but should take the opportunity to be proactive. She expressed that we need to continue with our policies and procedures committee and continue to move forward.

A draft Quality Strategic Plan was presented and included six priorities and eight goals.

Mr. VanHouweling asked if any of the specialty units would be able to seek individual certification and Ms. Scott replied that it's usually the entire organization that gets certified.

Deb Fox added that they have engaged the surgeons and this helps them look at the current process and what if any gaps we may have. Some of the problems we have had in the past such as tracking implants, we now have a workflow that engages others in a process that involves many people including leadership, surgeons and staff.

Several statistics were showed. Sepsis statistics demonstrated that in the third quarter UMC is at 60.9%, which is better than the national average.

With regards to the influenza immunization in patients UMC is at 83.7%, national average is 93%.

CLABSI hospital wide (Central line infections), UMC is under 1%.

CAUTI hospital wide (Urinary Catheters), UMC is slightly higher than the nation.

2018 Annual Flu Campaign as of February 6, 2019 is at 91.3% vaccinated. UMC's goal is 90%.

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**:**
- HCAHPS PowerPoint

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

This year we focused on five priorities that are most important to our patients.

1. Nurses listen carefully to you
2. Help toileting as soon as wanted

3. Doctors explain so you understand
4. Tell you what new meds are for
5. Understand how to manage health at home

The goal is a 5% increases in from 2018 overall score.

The Experience Team has partnered with Ms. Fox and the Clinical Supervisors to help archive these goals.

Dr. Mackay asked how we can manage health at home better.

Ms. Hammond replied that these numbers are low across the nation.

Member Franklin suggested we look at the discharge process.

Mr. VanHouweling mentioned that we are circling back with Patient Pal on what more they can do for us when patients are discharged.

Member Franklin suggested a focus group may be helpful to find out how the discharge process could be improved.

FINAL ACTION: None taken.

ITEM NO. 6 Receive an update on Quality Measures and Performance Improvement activities and direct staff accordingly. *(For possible action)*

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

DISCUSSION: This topic was discussed by Ms. Scott in the first item.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive an update on ICARE4U. *(For possible action)*

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

DISCUSSION: 85% of staff has been trained on ICARE.

Bullying is an issue that keeps coming up in training and Ms. Cohen and her team are working with Deb on creating an anti-bullying campaign.

When Administrators hear a job has been well done by one of our employees staff is reaching out to them to acknowledge them and their work.

New hires hear from Deb Fox directly on ICARE so they hear from a nurse!

This approach has been well received.

FINAL ACTION: No action taken.

ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Mr. VanHouweling mentioned the Joint meeting with the BCC and our staff and is on schedule for the February 27th meeting. He would like each committee Chair to speak to what great things the committee has done. Staff will reach out to Dr. Mackay to help assist.

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 4:07 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: April 8, 2019