University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 10, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 10, 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 3:00 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 (Via Phone)
Laura Lopez-Hobbs
Barbara Fraser – Ex-Officio

Absent:
Jeff Ellis

Also Present:
Tony Marinello, Chief Operation Officer
Kurt Houser, Chief Human Resources Officer
Danita Cohen, Chief Experience Officer
Lonnie Richardson, Chief Information Officer
Patty Scott, Director, 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 April 8, 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 minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on April 15, 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. 4 Approval of Agenda *(For possible action)*

Item Numbers 7 and 8 will be heard first

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

SECTION 2. BUSINESS ITEMS

The UMC Governing Board Clinical Quality and Professional Affairs Committee elected to combine Item No.7 and Item No. 8 for consideration.

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

ITEM NO. 8 Receive an update on employee experience; and direct staff accordingly. *(For possible action)*

Danita Cohen, Chief Experience Office shared that representatives from Nellis Air Force Base were recently on site to receive ICARE training from Danita and the team.

Ms. Cohen presented the ICARE orientation which included videos and explained how staff keeps the ICARE program going. Nellis Air Force Base does not have any programs like this and they were very receptive of the program. They are looking for ways to boost employee morale and reward good behavior from within the company.

A new recognition program called, “Donut know what we’d do without you” was introduced. Danita and the experience team recognize employees who go out of their way to give exceptional care. This spreads ICARE cheer and lets

employees know they are appreciated and their work is recognized. Delicious donuts and colorful ICARE coffee mugs were handed out.

Based on some board member recommendations, Mr. Houser and Ms. Cohen will be meeting with Deb Fox, Chief Nursing Officer, to make sure everyone is on the same page and supporting each other's projects and tasks with regards to employee events and recognitions.

Mr. Houser mentioned he would like to move the ICARE and employee engagement topics from the Quality committee to the HR Committee as he feels it fits in closer with the HR initiatives and goals.

Ms. Fraser has a bit of reluctance as she sees these topics as part of a clinical quality issue but she does see what Mr. Houser means.

Member Franklin understands Ms. Fraser's concern but thinks these topics are better for the HR Committee.

Chair Mackay doesn't have any issues with ICARE and employee topics moving to the HR committee.

Ms. Fraser asked Mr. Houser how he will make sure the HCAPHS scores get back to the employees to help improve the areas such as quietness, cleanliness, responsiveness, etc.

Mr. Houser replied that HR will coordinate with the other committees and nursing to ensure a collaborative effort.

Member Franklin commented that we need to do a better job with continually driving down the objections to all folks in the organization and however they can do this better is perhaps with an HR perspective.

Chair Mackay commented that he would like to still receive quarterly reports on HCAHPS.

No final action was taken by the Committee in regards to Item No.7 and Item No.8.

ITEM NO. 5 Receive a report on the 2018 Quality Assurance and Performance Improvement (QAPI) Program Evaluation and approve the 2019 QAPI Program Plan; and direct staff accordingly. ***(For possible action)***

DOCUMENT(S) SUBMITTED**:**
-2019 QAPI Plan

DISCUSSION: Highlight's to the 2019 plan were explained by Patricia Scott, Executive Director of Clinical and Patient Safety.

-Addition of Clinical Quality & Professional Affairs Committee in governance/reporting
- Delineated feedback/data systems/monitoring
  - -Health outcomes
  - -Patient Safety
  - -Improvement
  - -Follow-up
- Added guidelines for Performance Improvement Teams
- Provides for additional PI methodologies in addition to PDSA
  - -Root cause analysis
  - -Chartered versus non-charted
- Added systematic analysis and action
- Expanded communication processes

This year there are 8 formally charted teams
1. Skin/Pressure Ulcer Prevention
2. Fall Reduction
3. Patient Experience
4. Restraint Reduction
5. CLABSI/CAUIT Prevention
6. Care of Psychiatric patient
7. Quality/Clinical Documentation Improvement
8. Opioid Management

2018 Accomplishments
- Ongoing improvement in the Sepsis Program
- New Policy and Procedure process and structure
- New process for Medical Staff review
- Implemented MERT
- Continued improvement in documentation in EHR and reporting

2019 goals were discussed as well.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to approve the 2019 Quality Assurance and Performance Improvement Program Plan and make a recommendation to the Governing Board to approve the evaluation. Motion carried by unanimous vote.

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

DOCUMENT(S) SUBMITTED
- PowerPoint

DISCUSSION: Ms. Scott explained that safety huddles have been developed and are working quite well amongst the staff. This gets staff talking and becoming more aware of how to keep patients safe.

Various categories and numerical data for such things as PSIs, mortality, CLABSI, heart failure, pneumonia, etc. was shown.

Mortality has been on the decline and we have been doing well in VTE data.

With regards to infection control:
CLABSI – UMC has set our goal to lower than CMS
CAUTI
IVAC (Ventilator infections) – Opportunity for improvement
LabID Events – Opportunity for improvement

Hospital acquired infection reduction strategies were discussed and include safety huddles, infection prevention education, standardization of care across all divisions, collaboration with EVS team and many others.

Hand hygiene compliance is a focus and the team is always focusing on how to better improve this category.

4th quarter grievance report was explained. Most complaints are coming from the Quick and Primary Cares followed by the ED then other departments.

Regulatory Compliance
Four complaints came in about a month ago and all complaints were unsubstantiated. The survey was in April and lasted only about half a day.

Policy/Procedure Approval
-Timeframe: January through May 2019
-57 total policies were approved
-Approved through hospital P/P, Quality, MEC

Dr. Mackay brought up HCAHPS scores and the committee needing updates only every other meeting.

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

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: August 11, 2019