University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 10, 2020

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 10, 2020 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 Dr. 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)
Jeff Ellis (via phone)
Laura Lopez-Hobbs (via phone)
Barbara Fraser – Ex-Officio (via phone)

Absent:
None

Also Present:
Mason VanHouweling, (via phone)
Patty Scott, Executive Director of Clinical Patient Safety
Emelia Allen, Attorney
Debra Fox, Chief Nursing Officer
Danita Cohen, Chief Experience Officer
Jovi Romitio, Director of Patient Experience and Medical Staff Services
Stephanie Ceccarelli, 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 8, 2020 *(For possible action)*

FINAL ACTION: A motion was made by Member Hobbs that the minutes be approved as written. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

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

DOCUMENT(S) SUBMITTED**:**
- HCAHPS and ICARE4U Power Point Presentation

DISCUSSION:
Danita Cohen, Chief Experience Officer, introduced Jovi Remitio as the new Director of Patient Experience and Medical Staff Services.

Ms. Remitio shared the 4th quarter 2019 and 1st quarter 2020 HCAHPS score with the Committee. She provided an overview of the percentages regarding hospital rating, communication, response times, communication with doctors and overall hospital environment and cleanliness, discharge information and care transitions. She noted that there was a decline in all categories between the 4th quarter 2019 and 1st quarter 2020, possibly attributed to COVID-19 in the 1st Quarter.

She went on to review the action plans that have been devised to help improve the HCAHPS scores such as iRound, which will improve staff efficiency when rounding on patients, Physician and Resident HCAHPS education and updates to the Press Ganey portal. The Quiet Time at Night Initiative will be reviewed in mid- August.

Next, Ms. Cohen provided the Committee with an update on the launch of the new ICARE4U Program initiative. Annual refresher training will be available online.

Danita gave a view review of the icare4u initiative. This will be a virtual training.

Member Ellis asked if there was an overall drop in the survey responses that were received. Ms. Remitio stated that there was not an overall drop in responses. Ms. Cohen stated that there were surveys that were not appropriately marked.

Member Franklin encouraged staff to be specific in communicating with the senior community, as well as the clarity of questions being communicated. Member Franklin added that we should also consider the speed at which we communicate with people, especially those in recovery, as they may have difficulty in processing the information that is being given to them.

FINAL ACTION TAKEN:

ITEM NO. 5 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**:**
-None Submitted

DISCUSSION:

Patricia Scott, Executive Director of Quality and Safety, reviewed the 2020 Quality Plan and 2019 annual quality evaluation. She described the Quality Plan as the framework that it used to objectively monitor and evaluate the care and safety of services across the enterprise, including reliability of processes.

Accomplishments of 2019 included improvement with sepsis mortality, stroke and patient safety programs, as well as attainment of Nursing's Pathway to Excellence. There have been continued improvement with HCAHPS and ICare4U programs. Grievances have decreased by 20% year over year. She described the continued improvements to the policy and procedure processes. Successful accreditations and certifications with primary stroke, trauma, burn, lab/blood bank, and the chest pain center were reviewed. Lastly, she spoke of the 2020 Quality and Safety Agenda, as well as continuing to redesign the patient safety management program. There was a notable 18.7% increase in safety intelligence reporting since the implementation of safety huddles.

She went on to talk about the successes regarding the Sepsis Mortality program in raising the awareness of sepsis and reducing mortality and identifying present on admission issues. Bundle compliance has increased and the mortality index by quarter has continued to decrease. We continue to do well in the four stroke measures electronically reported as part of the promoting interoperability program. Discussion continued regarding other notable quality and patient safety measure improvements.

The discussion continued with a review of the Infection Prevention update. She reviewed the quarter results of CLABSIs, CAUDIs, IVAC results and Adult Surgical Site Infection results.

Hand hygiene compliance has steadily increased since 2018. The targeted surveillance programs regarding hand hygiene will continue.

Member Franklin stated that she is pleased to see the positive results and it is an expectation that we continue this progress. The discussion continued regarding clinical documentation. Ms. Scott stated that overall there has been improvement in documentation and progress is expected to continue.

During the second quarter, 2020 there were 9 sentinel events reported into the state registry. All cases were reported within the required timeframes and action plans were taken on all cases.

Member Fraser asked if this was an increase from previous quarters. Ms. Scott stated that there has been an increase in pressure ulcers over the past year. Ms. Scott noted that there is new literature published regarding an increase in skin conditions and pressure injuries in COVID patients.

Lastly, the policies and procedures; contract evaluations were reviewed.

FINAL ACTION TAKEN:

A motion was made by Member Franklin that the Policies and Procedures and Contract Evaluations be recommended for approval to the Governing Board. Motion carried by unanimous vote.

ITEM NO. 6 Receive an update on ICARE4U FY20 CEO Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION:

Ms. Scott reviewed the results of the four CEO Performance Goal objectives.

Overall the goals were met with the exception of CLABSI and MRSA. Relative to Objective 4 – Joint Commission Accreditation, The Joint Commission (TJC) survey accreditation activity was suspended due to COVID. As the States open up, TJC is evaluating accreditation surveys to those areas.

Member Franklin gives the team credit for maintaining and improving in most areas. There was concern with the inability to improve HCAHPS measures. The discussion ensued regarding whether more could be done to measure and improve the HCAHPS scores.

Ms. Cohen responded that although updates are provided annually, the principles of ICare4U have remained the same. She added that the tools used by staff are to increase efficiencies in patient care and that the focus will be on increased patient rounding.

The discussion continued regarding addressing complaints and grievances standards of correction and staff expectations. This would be a team effort to improve HCAHPS and to educate physicians and staff.

The Quality Committee agreed to awarding 29.8% for the CEO Performance Goal.

Chair Mackay stated 2021 CEO Performance Goals would be an item to be discussed at the next meeting.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to make a recommendation to the Governing Board Human Resources Committee to award 29.8% out of a total 30% for the Clinical Quality and Professional Affairs Committee 2020 CEO Performance Goals. 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

Member Franklin invited Ms. Romitio to come back and provide a report at future meetings.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Dr. 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 4:19p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 5, 2020