

**University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 5, 2024**

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 5, 2024 2:00 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 2:03 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
Laura Lopez-Hobbs
Jeff Ellis (WebEx)
Renee Franklin (WebEx)
Steve Weitman (Ex-Officio) (WebEx)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Dr. Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
James Conway, Assistant General Counsel
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 3, 2024. (For possible action)

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Review and discuss the FY24 Organizational Performance Goals as they relate 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)

DOCUMENT(S) SUBMITTED:

- FY24 Organizational Performance Goals

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives for FY2024.

1. Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):

The goal was partially met in one of five measures. Pressure injuries were met. All other measures in this goal were not met.

2. Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following Health Care Equity – Social Determinants of Health (SDOH) measures (IP / OP):

This goal was met. All three measures were accomplished. Mapping of reported data and Epic implementation is complete. Patient screening for transportation and assistance in outpatient settings has been established.

There was continued discussion regarding social services, patient no-show rates for transportation and patient education.

3. Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):

This goal was met. All measures improved over prior year. Physician and nurse communication; staff responsiveness measures still struggle to meet state and national benchmark averages.

4. Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites

This goal was met. The Google and Yelp scores have remained consistently positive or improved in both ratings.

5. Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):

All five goals were met relative to patient and employee experience.

The Committee wanted more understanding as to why there is still a struggle with improvement in the first goal. Ms. Scott explained that there are a number of factors, including the addition of various complex service lines, patient volume, and patient acuity with case mix increasing exponentially by 43% within these risk adjusted cases. There continues to be opportunities for clinical documentation improvement overall

After discussion, the Chair Mackay summarized all goals. Overall four out of five goals were met. The first goal was partially met.

Chair Mackay suggested an award of between 26%-28% of the goal met.
Member Hobbs - 26%.

Member Ellis - 25%.

Member Franklin agreed with 25%.

The Committee would like to see a trend over the years for the quality measures.

The Committee agreed unanimously to award 25% of the 30% maximum achievement for goals met.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to award 25% of the FY24 Clinical Quality and Professional Affairs Committee goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

ITEM NO. 5 Discuss an establish the Proposed FY25 Organizational Performance Goals as they relate 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)

DOCUMENT(S) SUBMITTED:

- FY25 Proposed Organizational Goals

DISCUSSION:

The Committee discussed the following proposed goals for FY25:

1. Improve or sustain improvement from prior year (CY23 / CY24) for the following inpatient **quality/safety measures:**
 - CLABSI
 - CAUTI
 - SSI-COLON
 - PSI-90

- Hand Hygiene Compliance (overall)
- 2. Overall Mortality Index (observed / expected)
- 3. Improve or sustain improvement from prior year (CY23 / CY24) for the following **patient experience** measures (IP / OP):
 - Communication with Nurses
 - Communication with Physicians
 - Responsiveness of Staff (IP)
- 4. Improve or sustain improvement (utilizing the Star Ratings) from prior year (CY23 / CY24) in the **overall patient perception of care/service** at UMC Quick Cares through the following online review sites (OP):
 - Yelp
 - Google
- 5. Ensure **physician engagement / alignment** (FY25) within the employed physician practice plan / service line through the following:
 - Attain 95% compliance with all UMC practice plan onboarding including new provider orientation, ICARE training, performance metric expectations, attendance at practice plan meeting requirements, etc.
 - Gain 90% participation in physician engagement / alignment surveys, utilizing information gained to develop plans for improvement as other providers join the practice plan / service line.
- 6. Improve or sustain improvement from prior year (CY23 / CY24) as delineated for the following **employee engagement** measures (IP / OP):
 - Reach 80% of UMC employees with additional ICARE training specifically focused on service recovery.

After discussion, the Committee would like to see trended data over time in the first goal, in order to determine if there is progress over a longer length of time for sustainability instead of pass/fail. Ms. Scott will show a 3-year trending graph, as well as a case mix/risk adjustment to determine the rating. There was continued discussion regarding the verbiage in the fourth goal and the requirements related to physician engagement and compliance with medical staff bylaws.

The FY25 goals were agreed on to be listed as follows:

1. **Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures:**
 - CLABSI
 - CAUTI
 - SSI-COLON
 - PSI-90
 - Hand Hygiene Compliance (overall)
 - Overall Mortality Index (observed / expected)

- 2. Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (IP / OP):**
 - Communication with Nurses
 - Communication with Physicians
 - Responsiveness of Staff (IP)

- 3. Improve or sustain improvement (utilizing the Star Ratings) from prior year (CY23 / CY24) in the overall patient perception of care/service at UMC Quick Cares through the following online review sites (OP):**
 - Yelp
 - Google

- 4. Employed physician engagement / alignment (FY25) within the employed physician practice plan / service line through the following:**
 - Attain 100% onboarding attendance compliance with all UMC employed physicians. Onboarding is defined by the following two components: attends hospital/provider orientation, provided with performance metric expectations.
 - Attain 90% participation in physician engagement / alignment surveys, utilizing information gained to develop plans for improvement as other providers join the organization / service line.

- 5. Improve or sustain improvement from prior year (CY23 / CY24) as delineated for the following employee engagement measures (IP / OP):**
 - Reach 80% of UMC employees with additional ICARE training specifically focused on service recovery.

Member Hobbs would like examples/recommendations of how goal 4 will be measured.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the FY25 Organizational Performance goals and make a recommendation to the Human Resources and Executive Compensation Committee of the FY25 Organizational Performance goals as they relate to the Clinical Quality and Professional Affairs Committee. Motion passed unanimously.

- ITEM NO. 6 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 5 & July 3, 2024 including the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. (For possible action)**

DOCUMENT(S) SUBMITTED:

- Policies and Procedures

DISCUSSION:

Policy and Procedures activities for June 5th and July 3rd, 2024 were reviewed.

There were a total of 47 policies approved, 8 were retired and all were approved through the hospital Policy and Procedures Committee, Quality and Safety and Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of June 5 and July 3, 2024, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

FINAL ACTION TAKEN:

None

SECTION 3. EMERGING ISSUES

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

DISCUSSION:

The Committee would like to receive an update to include cost accounting for Pathways to Excellence and attainment of Magnet status.

FINAL ACTION TAKEN:

None

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 3:04 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 7, 2024