University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 7, 2023

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 7, 2023 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 3:07 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
Renee Franklin (WebEx)
Steve Weitman (Ex-Officio)(WebEx)

Absent:
Jeff Ellis (Excused)

Also Present:
Patty Scott, Quality, Safety, & Regulatory Officer (WebEx)
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
Tye Masters, Attorney
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 July 25, 2023. *(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 recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on the Quality, Safety, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Power Point Presentation

DISCUSSION:

Ms. Scott was happy to report that UMC has moved from a 1-Star to a 2-Star CMS Rating for the first time in UMC history. UMC also for the first time, received a Leapfrog B safety grade in the spring.

In the regulatory update, a split Joint Commission survey took place during the week of June 20th through 27th. Although the hospital did very well, the hospital received recommendations for improvement and action plans are due on September 8th. A follow up visit visit took place on August 1st and those items requiring follow-up visit were cleared. Plans of correction were accepted by the surveyor.

Chairman Mackay asked if the hospital is officially accredited. Ms. Scott responded that once action plans are submitted and accepted by the Joint Commission, we will receive official notification of reaccreditation.
FINAL ACTION TAKEN:

None

ITEM NO. 5 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 7 and July 5, 2023 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

DISCUSSION:

Chairman Mackay noted that the data for the July 5th policies were not available for approval at this meeting.

The Policy and Procedures activities for June 7, 2023 were reviewed by the Committee.

There were a total of 88 approved, 8 retired and all were approved through the hospital Policy and Procedures Committee, Quality and the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the UMC Policies and Procedures Committee's activities of June 5, 2023 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 6 Review the final update regarding the FY23 CEO/Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. ***(For possible action)***

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

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives FY2023.

1. **Improve or sustain improvement from prior year (CY21 / CY22) in the following Inpatient measures:**
    - CLABSI
    - CAUTI
    - SSI-COLON
    - PSI-90
    - Pressure Injuries reported to State Registry
    - Overall Mortality (improve ratio between observed/expected, this will also reflect CDI)

    Two of the five measures within this goal were not met year over year – CAUTI and Pressure injuries. All other measures are meeting the benchmark (PSI-90, CLABSI, and Overall Mortality – observed/expected).

2. **Improve or sustain improvement from prior year (CY21 / CY22) in the following <u>Outpatient</u> measures:**
    - Breast cancer screening
    - For telemedicine services, >90% of patient's returning surveys will rate the service in the 4&5 Star Rating Category

    This goal was met. There has been improvement in the breast cancer screening measure meeting the benchmark, however there is still opportunity for improvement. Telemedicine satisfaction is at 99% and is meeting the benchmark.

3. **Create and implement a plan to improve CY21/ CY22; track UMC ratings against local area hospitals within the following experience measures:**
    - Communication with Nurses – IP,PCP, QC
    - Communication with Doctors – IP,PCP,QC
    - Create and sustain a program to increase employee recognition (increase the total # of employees recognized year over year –

CY21/CY22) for delivering outstanding patient care. Development of the program will include inpatient and outpatient employees.

Two of the seven measure were not met year over year – Inpatient communication with nurses and doctors . These measures within the Quickcares and Primary Care Clinics are meeting the benchmark. The measure relating to employee recognition has shown an increase and this measure is being met. A spreadsheet with a comparison to other facilities was shown.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY21/CY22) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites**

   This goal is being met. There has been an increase in Google and Yelp ratings.

5. **Attain Successful Accreditation Through TJC**

   This goal was met during the full survey cycle in 2023.

The Committee stated that although 2 of the goals were not met, there should be consideration to for the improvement of the components of the goals that were met. There was a lengthy discussion regarding the benefits of weighting each goal and possibly looking at weighing them differently in the future, based how the goal relates to the organization, as well as the patient.
All of the goals are important, but we cannot continue to have the same misses in the same quality measures.

The purpose of the goals are to change behaviors and incentivise good behavior.

The Committee agreed to an overall achievement of 25.9%.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve FY23 CEO/Organizational goals as they relate to the Clinical Quality Committee and recommend for approval to the UMC Human Resources and Executive Compensation committee for approval. Motion carried by unanimous vote.

ITEM NO. 7 **Discuss, formulate, and approve new CEO/Organizational Performance Goals for FY24 related to the UMC Governing Board Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. *(For possible action)***

DOCUMENT(S) SUBMITTED**:**
-Power Point

DISCUSSION:

Ms. Scott reviewed the proposed Quality Performance Objectives FY2024.

1. **Improve or sustain improvement from prior year (CY22 / CY23) for the following inpatient quality/safety measures:**
   • CLABSI
   • CAUTI
   • SSI-COLON
   • PSI-90
   • Pressure Injuries reported to State Registry (reported as defined by NV State / AHRQ)

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):**
   • SDOH 1 – Inpatients screened for SDOH
   • SDOH 2 – Inpatients identified as having > 1 social risk factors
   • Identify & develop plan for improvement in 1 measure within the SDOH domain as defined by TJC NPSG-16

3. **Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):**
   • Communication with Nurses
   • Communication with Physicians
   • Responsiveness of Staff (IP)

4. **Demonstrate improvement (utilizing the Star Ratings) in the overall patient perception of care/service at UMC Quick Cares through the following online review sites (OP):**
   • Yelp
   • Google

5. **Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):**
   • Develop alternative education on customer service as an adjunct to ICARE principles for clinic setting. Educate each clinic by end of FY24.
   • Extract and present Patient Experience survey data with comments for all disciplines/departments. Data and reports will be placed on the manager dashboard for all leaders to have easy access, as well as accessible on the UMC intranet. Data will be completed and updated for FY23/24.
   • Develop a plan to optimize utilization of the middle information desk for use as a social area celebrating EOM, awards, raffles, & prizes by end of FY24.
   • Develop and implement 1 new initiative to celebrate employees optimizing patient experience and quality/safety by end of FY24.
   • Develop and initiate plan to educate ICARE principles and HCAHPS for PRN employees and residents by end of FY24.

   The Committee discussed the goals that were presented and discussed how they would be able to measure goals appropriately. Ms. Scott stated that there a tools that are available to measure the goals.

Ms. Cohen reviewed the goals related to employee engagement and action plans that will help drive communication and incentivize employee engagement.

After lengthy discussion, the Committee approved the five goals for FY24 with the inclusion of pressure injuries and Yelp and Google score measures.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the FY24 ProposedCEO/Organizational goals as they relate to the Clinical Quality Committee and recommend to the UMC Human Resources and Executive compensation committee for approval. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

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

DISCUSSION:

1. Update regarding safe discharge for patients.
2. Presentation from Dr. Anne Weisman regarding the topic of burn out in health professions.

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 3:59 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 2, 2023