University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
July 28, 2021

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
July 28, 2021 12:00 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 12:02 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
Laura Lopez-Hobbs
Renee Franklin (via phone)
Jeff Ellis (via phone)
Barbara Fraser – Ex-Officio (via phone)

Absent:
None

Also Present:
Mason VanHouweling, (via phone)
Patty Scott, Quality, Safety, and Regulatory Officer
Tye Masters, 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 7, 2021 *(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 Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive the final update regarding the FY21 CEO Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. (*For possible action)*

DOCUMENT(S) SUBMITTED**:**
- CEO Performance Goals

DISCUSSION:

Patty Scott, Quality, Safety, and Regulatory Officer provided a review of the CEO Performance objectives . The results of each objective are as follows:

Objective 1: Improve (or sustain improvement) on quality/safety measures to meet/exceed state and/or national averages; HAI below national SIR of 1.0

This objective was not met. Ms. Scott advised that we were unable to meet or exceed these measures from prior calendar year.

Objective 2: Improve (or sustain improvement) from prior calendar year in the following OP measures

This objective was not met. Both measures (colorectal and breast cancer) showed a decrease from prior year.

Objective 3: Create and implement a plan to improve year (CY19) over year (CY) HCAHPS performance; Track Our Ratings against local area hospitals.

This objective was met. There was performance improvement in all measures. **Objective 4: Demonstrate improvement (utilizing the Star Ratings) from prior calendar year online reviews**

This objective was met. Yelp maintained the same rating as prior year and there was an increase in the Google rating.

Objective 5: Attain Successful Accreditation through TJC

This objective was met. The hospital attained successful Joint Commission accreditation. The plan of correction was accepted and there is no re-survey required.

A discussion ensued regarding the difficulties experienced by hospitals in the community and those nationally during CY2020. In addition, the challenges that UMC faced due to COVID, our response as compared to other hospitals, as well as the impact COVID had on quality/safety measures.

Although each measure improved under HCAHPS, the Committee voiced concern regarding the overall scores and objectives being measured. Discussion ensued relative to the focus being placed on the renovations of the building including fixing and replacing things throughout the hospital that need maintenance or replacement.
The individual member percentages for attainment of the objectives were as follows:

Chair Mackay – 28%; Member Ellis – 25%; Member Hobbs – 25%; Member Franklin – 25%

FINAL ACTION TAKEN:

A motion was made by Member Franklin to make a recommendation to the Governing Board Human Resources Committee to award 25% out of a total 30% for the Clinical Quality and Professional Affairs Committee 2021 CEO Performance Objectives. Motion carried by unanimous vote.

ITEM NO. 5 Discuss, formulate, and approve new CEO and Quality Performance Objectives for FY22 related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- None Submitted

DISCUSSION:

Chair Mackay stated that we could refine the goals related to quality/safety and the HCAHPS scores for the upcoming year.

The Committee would like to see a multi-pronged approach in measuring the HCAHPS goals, In addition, to creating and implementing a detailed plan to increase cleanliness of the hospital and improve the quality metric.

Member Fraser suggested keeping the measures as they are and add a goal that the CEO implement a corrective action plan to address current measures in place.

Member Franklin added that there should be a continuous state of readiness as related to the Joint Commission.

Chair Mackay noted that physician communication should be included as a measure He also suggested keeping the item related to Yelp and Google and the eliminating colorectal and breast cancer screening measures.

Member Ellis suggested that the Committee receive a review of the quality metrics of the ambulatory clinics at the Committee meeting.

The Committee concluded that the FY2022 CEO Performance Objectives would include the following:

1. **Improve or sustain improvement from prior year (CY21 / CY22) for the following Inpatient Measures:**

- CLABSI
- CAUTI
- SSI: COLON
- PSI 90

2. **Develop a plan and demonstrate improvement from prior year (CY21 / CY22) in the following HCAHPS domains:**

- Communication with Doctors
- Responsiveness of Staff
- Cleanliness of Environment
- Quietness of Hospital
- Discharge Information
- Complete mandatory employee training on 90% of all employees on ICARE 4.0 by end of FY22

3. **Demonstrate improvement (utilizing the Star Ratings) from calendar year (CY21 / CY22) in the overall perception of care/services at UMC Quick Cares through the following online review sites:**

- Yelp
- Google

Member Hobbs would like to see how the plan to improve these objectives is being implemented.

FINAL ACTION TAKEN:

A motion was made by Member Franklin that recommend approval of the Fiscal Year 2022 CEO Quality Improvement Performance Goals to the Governing Board Human Resources and Compensation Committee. Motion carried by unanimous vote.

ITEM NO. 6 Approve the UMC Policies and Procedures Committee's activities of June 2, 2021 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:

None

FINAL ACTION TAKEN:

A motion was made by Member Franklin that the Policies and Procedures be recommended for approval to the Governing Board. 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

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

DISCUSSION:

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 1:19 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 4, 2021