University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 23, 2017

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 23, 2017 3:30 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met in the ProVidence Conference Room, Trauma Building, 5th floor, Las Vegas, Clark County, Nevada, at the date and location listed above The meeting was called to order at the hour of 3:31 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:
Chair, Donald Mackay, M.D.
Renee Franklin – Arrived at 4:04 pm (excused)
Laura Lopez-Hobbs
Mike Saltman (via phone)
Jeff Ellis

Absent:

Also Present:
Mason VanHouweling, Chief Executive Officer
James Conway, Assistant General Counsel
Jennifer Gaca, Associate Administrator, Director of Clinical Safety and PI
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

SECTION 2. BUSINESS ITEMS

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on August 14, 2017. *(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 Agenda *(For possible action)*

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

ITEM NO. 4 Evaluate CEO performance accomplishments for FY 2017 based on the performance objectives established by the Governing Board. *(For possible action)*

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

DISCUSSION: Mason VanHouweling, CEO provided a brief summary of his accomplishments for FY 2017, based on the below established objectives.

Objective 1: Align Quality process and improve publically reported Core Measures scores leading to ultimate goal of 90% or higher.

- Flu vaccinations – achieved 85% compliance (State average is 77%)

Objective 2: Improve Patient Experience HCAHPS leading toward 10th percentile ratings

- Across the board improvements in HCAHPS in FY16 to FY17
- Weekly Administrative Rounding
- ICARE Refresh Classes

Objective 3: Develop specific action plan to improve the Leap Frog scores and measurements demonstrating an improvement from 2015 UMC results.

- Leapfrog score improved and Fall 2017 score pending

Objective 4: Improve LEAN Processes and strategies to improve overall Process Improvements throughout UMC.

- ED closure hours decreased by 62% from 2016
- 56% reduction of CLABSI

- Annual decrease in Sepsis Mortality Index by 10%

Objective 5: Ensure constant state of survey readiness (i.e.. Joint Commission, State Surveys) that protects hospital licensure and Centers for Medicare and Medicaid Services eligibility requirements for program participation, including a certification of compliance with the Conditions of Participation (CoPs) which are set forth in federal regulations.

- Full accreditation of blood bank
- Full certification of TJC Stroke and AMI Intracycle certification monitoring and review
- No deficiencies in radiology, respiratory, and pharmacy inspections by the State of Nevada

All committee members concur that Mr. VanHouweling has met the objectives 100% and it constitutes 30% of the total score.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to approve the percentage recommendation and make a recommendation to the Human Resources Committee. Motion carried by unanimous vote with the exception of Member Franklin who abstained. (She did agree with the full 30% however)

ITEM NO. 6 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Chair Dr. Mackay suggested moving the scheduled December 18, Clinical Quality meeting to December 11, prior to the Governing Board Meeting.

Also, Dr. Mackay mentioned an individual who displayed interest to be a non-voting member on this committee, Barb Frasier, a nurse who he has known for 30 years.

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 4:23 p.m. Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Administrative Assistant
APPROVED: December 11, 2017