University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 7, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 7, 2019 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 3:05 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
Renee Franklin
Laura Lopez-Hobbs
Barbara Fraser – Ex-Officio

Absent:
Jeff Ellis - Excused

Also Present:
Danita Cohen, Chief Experience Officer
Lonnie Richardson, Chief Information Officer
Patty Scott, Director, Clinical Safety and PI
Deb Fox, Chief Nursing Officer
Haley Hammond, Director, Patient Experience
Tye Masters, Attorney
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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on September 23, 2019 *(For possible action)*

Dr. Mackay wanted to add the word, “safety” with CEO goal number 1.

Also, he would like to add the word, “HCAPHS” before the word performance in CEO goal number 2.

Member Franklin had a spelling correction on her comment under CEO goal number 2.

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on ICARE4U; and direct staff accordingly. *(For possible*
DOCUMENT(S) SUBMITTED**:**
- HCAHPS

DISCUSSION: Haley Hammond went over the scores from HCAHPS.

A few slides were shown and the greatest decline in satisfaction is within the category of quietness of environment.

Dr. Mackay asked Ms. Fox how they are working on quietness with having to wake up patients every few hours to take their vitals.

Ms. Fox replied that the unit based council is currently working on an initiative called, “Quiet at Night,” that is focusing on quietness and how to better prepare the evening for quiet hours. They would like to pick a few areas and implement a pilot program to see how it effects our scores.

Ms. Cohen added that Ms. Hammond and her dog Hope rounded at 10:30 pm one night to remind staff of quite hours and to be cognizant of patients who need peace and quiet while in our hospital.

A discussion ensued regarding call light response times and the ability to track the staff on their responding time.

Ms. Cohen provided a brief update on the ICARE Cash program, how it works and what the employees can "buy" with the points.

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**:**
- Quality/Safety/Infection/Regulatory Update
- Policy and Procedure List

DISCUSSION: Patricia Scott summarized the slides in the presentation today.

CLABSI Hospital wide rate was shown.

CAUTI at UMC is 1.4% against 1.0% National ratio

Ventilator associated pneumonia cases have come down significantly

LabID Events (CDIF, MERSA): CDIF has come down, MERSA has gone up a bit.

A discussion ensued regarding ways to reduce hospital acquired infections and some of the strategies include collaboration with new EVS team, hand hygiene focus, etc.

Four events were reported to the State on patient safety, three pressure injuries, and one wrong side procedure.

36 policies and procedures were approved during the time period of August through September 2019. 10 patient care/service contracts were evaluated and all 107 met established performance standards.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to recommend approval of the UMC Policy and Procedures Committee's activities for the period of August to September 2019 and recommend approval of the UMC Quality and Patient Safety Committee's annual evaluation of UMC patient care and service contracts, as measured against established performance standards. Motion carried by unanimous vote.

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.

Dr. Mackay asked for an update on Pathways to Excellence and Magnet status at the next meeting

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

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED: