



# Clinical Quality and Professional Affairs Committee Meeting

Monday, February 6, 2023 3:00 pm

UMC Trauma Building - Providence Suite 5th Floor

## **AGENDA**

**University Medical Center of Southern Nevada**  
**UMC GOVERNING BOARD**  
**CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE**  
February 6, 2023 3:00 p.m.  
800 Hope Place, Las Vegas, Nevada  
UMC Trauma Building, ProVidence Suite (5<sup>th</sup> Floor)

Notice is hereby given that a meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee has been called and will be held at the time and location indicated above, to consider the following matters:

**This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website <http://www.umcsn.com> and at Nevada Public Notice at <https://notice.nv.gov/>, and at University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office)**

- The main agenda is available on University Medical Center of Southern Nevada's website <http://www.umcsn.com>. For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli, Board Secretary, at (702) 765-7949. The Clinical Quality and Professional Affairs Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Clinical Quality and Professional Affairs Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Clinical Quality and Professional Affairs Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Clinical Quality and Professional Affairs Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

### **SECTION 1. OPENING CEREMONIES**

#### **CALL TO ORDER**

1. Public Comment
2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on December 5, 2022. *(For possible action)*
3. Approval of Agenda. *(For possible action)*

### **SECTION 2. BUSINESS ITEMS**

4. Receive an overview of CY2022 Medication Management from Jamie King, Director of Pharmacy; and direct staff accordingly. *(For possible action)*
5. Receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. *(For possible action)*.

6. Receive an update on HCAPHS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. *(For possible action)*.
7. Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*
8. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of December 7, 2022 and January 4, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*
9. Review and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations; as approved and recommended by the Medical Executive Committee on October 25, 2022; and take any action deemed appropriate. *(For possible action)*

### **SECTION 3. EMERGING ISSUES**

10. Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

### **COMMENTS BY THE GENERAL PUBLIC**

**All comments by speakers should be relevant to the Committee's action and jurisdiction.**

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION.

THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).

**University Medical Center of Southern Nevada**  
**UMC Governing Board Clinical Quality and Professional Affairs**  
**December 5, 2022**

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UMC ProVidence Conference Room  
Trauma Building, 5<sup>th</sup> Floor  
800 Hope Place  
Las Vegas, Clark County, Nevada  
December 5, 2022 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 3:03 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  
Renee Franklin (via WebEx)  
Jeff Ellis (via WebEx)  
Steve Weitman – Ex-Officio  
Barbara Fraser – Ex-Officio (via WebEx)

**Absent:**

Laura Lopez-Hobbs (Excused)

**Also Present:**

Patty Scott, Quality, Safety, & Regulatory Officer  
Deb Fox, Chief Nursing Officer  
Danita Cohen, Chief Experience Officer  
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 October 3, 2022. (For possible action)**

**FINAL ACTION:**

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

**SECTION 2. BUSINESS ITEMS**

**ITEM NO. 4 Receive an introduction from Steve Weitman, who will serve as an ex-officio member of the Clinical Quality and Professional Affairs Committee; and direct staff accordingly. (*For possible action*)**

DISCUSSION:

The Committee welcomed Steve Weitman as an Ex-Officio member of the Clinical Quality and Professional Affairs Committee.

Mr. Weitman provided insight on the philosophy and protocols which have led to the success of the Wynn/Encore properties. He emphasized that the employees of these properties know what is expected of them and there are frequent meetings that reinforce the organization's commitment to quality and service.

There are approximately 500 touch points of importance for consideration and there are similarities to the ICare4U program at UMC.

FINAL ACTION TAKEN:

None

**ITEM NO. 5 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Programs from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (*For possible action*)**

DOCUMENT(S) SUBMITTED:

- Quality/Safety/Infection/Regulatory Updates

DISCUSSION:

Ms. Scott presented the Quality, Safety, Infection Prevention and Regulatory Program updates.

UMC maintained a C grade for the Leapfrog Patient Safety Grade for the fall of 2022. Although this grade remained unchanged from the spring, the numerical score increased and UMC is very close to a B grade. It is important to note that this is the UMC has sustained a C grade over the past three (3) safety grade cycles. A comparison of area hospital score results were also reviewed and discussed.

The Committee received an update and reviewed the quality/safety performance objectives for FY23. PSI-90 and CLABSI goals were better than prior year and

met benchmark. There was an increase in CAUTI infections and pressure injuries and these goals were not met. Overall mortality showed improvement over prior year, but is still slightly over the benchmark of 1.0 at 1.14. Opportunities to improve this metric, improve documentation and educate medical staff was discussed. Ms. Cohen mentioned that it is important to track and document patients admitted with pre-existing conditions.

Member Fraser asked if Epic has made a difference in improving documentation in any of the measures. Ms. Scott commented that there is limited embedded intelligence, but that there are protocols, order sets, and best practice alerts (BPA) that help drive best practice.

The goal for breast cancer screening was met. Ms. Scott added that the struggle is part electronic workflow, as well as that the QuickCare's are part of the measure due to UMC having a single Medicare provider number. Typically QuickCare does not screen for health maintenance / prevention issues. The telemedicine services goal received a 99% patient satisfaction and returned a 4 & 5-star rating. Currently working on other measures for quality/safety within the telemedicine service line.

HCAHPS scores show need for improvement across most measures. There was lengthy discussion regarding this objective. There was a decrease in year over year ratings in Google and Yelp.

Ms. Scott informed the Committee that the Joint Commission is expected to survey the hospital in July of 2023.

A list of UMC's regulatory and accreditation activities included surveys from CMS, State, Radiology, Nuclear Medicine, dietary, transplant services and an FDA clinical trials research. CMS has cleared all deficiencies that occurred as a result of the incident at UMC.

A consulting group performed a CMS mock survey as part of the regulatory readiness program. A plan of correction is being done as a result of this mock survey.

**FINAL ACTION TAKEN:**

None

- ITEM NO. 6    Approve the UMC Policies and Procedures Committee's activities of October 5, 2022 and November 2, 2022 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 for October 5, 2022
- Policies and Procedures for November 2, 2022

**DISCUSSION:**

Policy and Procedures activities for October 5<sup>th</sup> and November 2<sup>nd</sup> were reviewed. There were a total of 29 approved and 14 retired policies, all of which were approved through the hospital Policy and Procedures Committee, Quality and MEC.

**FINAL ACTION TAKEN:**

A motion was made by Member Ellis to approve that the UMC Policies and Procedures Committee's activities of October 5 and November 2, 2022, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

**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:**

None

**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 3:41 p.m., Chair Dr. Mackay adjourned the meeting.

**MINTUES PREPARED BY:** Stephanie Ceccarelli, Governing Board Secretary

**APPROVED:**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> CY2022 Medication Management Update	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  That the Governing Board Clinical Quality and Professional Affairs Committee receive an overview of CY2022 Medication Management from Jamie King, Director of Pharmacy; and direct staff accordingly. <i>(For possible action)</i>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Clinical Quality and Professional Affairs Committee will receive an update from Jamie King, Director of Pharmacy of medication management from calendar year 2022.

Cleared for Agenda  
February 6, 2023

Agenda Item #

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**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>Nursing Update</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. (<i>For possible action</i>)</b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Clinical Quality and Professional Affairs Committee will receive a status update from Deb Fox, Chief Nursing Officer.

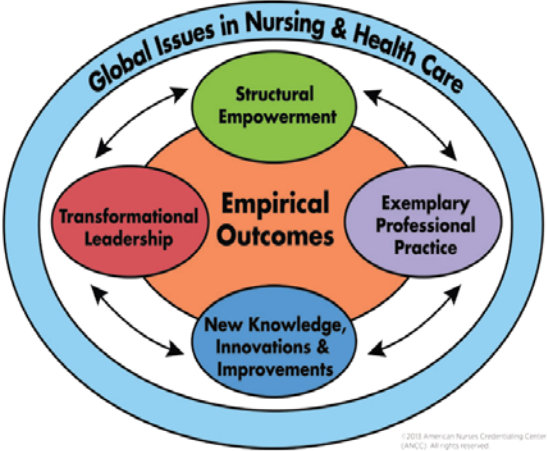
Cleared for Agenda  
February 6, 2023

Agenda Item #

**5**



Board Quality  
Committee Report  
February 6, 2023



*No Journey Without U*

Debra Fox MSN, RN, CNS, CENP PhD Candidate  
Cathleen Hamel, MSN, RN, NEA-BC

# Pathway to Excellence Re-Designation

- Current Activities:

- Self Assessment of Readiness underway – gathering staff feedback via electronic tool for all elements contained in 6 Standards
  - 6 Standards – Shared Decision Making, Leadership, Safety, Quality, Professional Development & Well-Being
- Criteria Manual has been updated since 2020 designation
  - Current Manual Total of 95 EOP's – Previous Designation 120 – change due to Manual revisions & updates
    - EOP's - 25 deleted, 75 of 95 revised language & 20 of 95 completely new language
- Professional Practice Team – gathering content for all elements of performance contained in designation criteria
  - Team of 4 – each with 26-30 EOP's to manage
    - Monthly status meetings – currently 15 in process & 80 remaining
      - Expected completion Dec 2023 – each team member working on approximately 2/month.
  - Editing & Formatting of Document – January –April 2024

# Pathway to Excellence Re-Designation Timeline

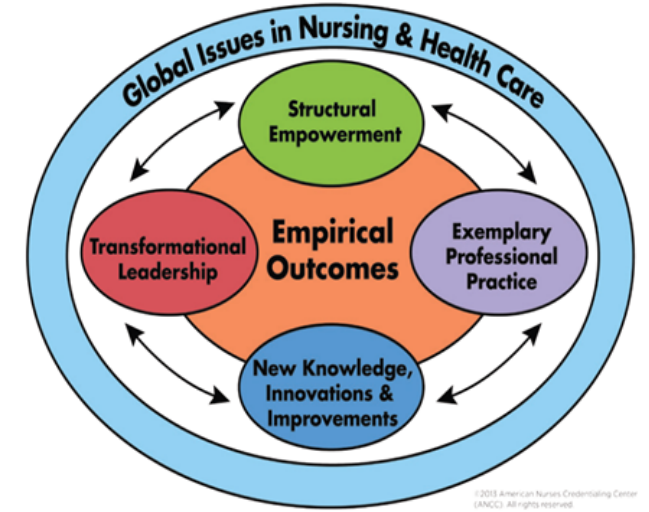
- 4 Year Designation
- Designation Process & Timeline
  - Application – May 1, 2023
  - Document Submission – May 15, 2024
  - Appraiser Document Scoring – June/July
    - Potential Additional information Request & Review - August 2024
  - RN Survey – September/October 2024
  - Designation Notification – November/December 2024



# Magnet Designation

- Current Activities:

- Monitoring of all eligibility criteria for Application
  - Leadership degree requirements
  - Compliance with Local, State & Federal Laws & Regulations
- Foundational documents in place (Booklet)
- Magnet Model Sources of Evidence (SOE's) included in all work across UMC
- Task Forces in place for Quality Elements and 4 Chapters of Magnet
  - Monthly status meetings
- Writer in place drafting & editing content and data to meet Magnet SOE's
- Current Manual Total of 197 SOE's - 172 in draft & 25 remaining
  - Expected completion December 2023
  - Editing and formatting of document January – June 2024
    - Data graphics include pre-intervention, intervention & 3 post intervention data points
    - 2 Nursing Research Project Complete & 1 Additional in Process



# Magnet Designation

- SOE criteria identifies some of the following areas:
  - Strategic Planning and MVV alignment with nursing practice
  - Advocacy & Influence within the organization by Nurses to resources to support organizational goals
  - Inpatient and outpatient examples and evidence of Mentoring & Succession planning for clinical nurses and leaders
  - Examples of improved patient outcomes with empirical evidence with nurse involvement in organizational intraprofessional group and clinical nurses affiliation with a professional organization
  - Teaching & Role development – evidence of nationally accredited transition to practice program (PTAP)
  - Commitment to professional growth by nurses expanding advanced degrees and national certifications – Degree target needs to maintain @ => 80%, Certifications needs organization target, Magnet maintenance target => 51%

	12/31/2020	6/30/2021	12/31/2021	6/30/2022
BSN +	77.53%	78.45%	80.40%	80.18%
Clinical	86.03%	87.90%	86.36%	85.32%
Non-Clinical	76.59%	77.39%	79.74%	79.65%
Certificates	11.91%	12.88%	12.33%	12.32%

# Magnet Designation

- SOE criteria identifies some of the following areas:
  - Commitment to Community involvement – examples with evidence of organizations support of a nurse who volunteered in healthcare initiative which supports Healthy People 2030.
  - Recognition of Nurses – organizations recognition for nurses contributions in addressing strategic priorities of the organization and in influencing clinical care of patients.
  - Professional Practice Model and an example of improved outcomes
  - Examples with evidence of nurses engaged and using shared decision making to change nursing practice environment
  - Nurse Practice Environment Survey results and actions for improvement or sustainment
  - Evidence of collaboration between staff nurses and executives to evaluate data to address unit level staffing needs, collaboration during budgeting
  - Nurse turn over monitoring and retention activities with target achievement – Magnet Maintenance target <10%
  - Competency, Ethics, Security elements in place
  - Nursing research being conducted & disseminated internal and external to the organization
  - Examples and evidence of nurses involvement with selection, use and adoption of technology

# Magnet Designation Timeline

- 4 Year Designation
- Designation Process & Timeline
  - Eligibility criteria met December 2023
  - Application – January 2024
  - Document Submission & Appraiser Review
    - Requesting October 2024 Submission Cycle
      - If full, Magnet will move us to February 2025
    - Appraiser Document Scoring – Nov/Dec 2024
      - Potential Additional information Request & Review –Jan/Feb 2025
  - Appraiser Site Visit – March/April 2025
  - Magnet Designation Notification – May/June 2025



# Magnet Designation Site Visit Readiness

- Strategic Plan for Successful Site Visit

- SWOT Analysis

- Strengths: UMC is an Academic Medical Center that already reflects qualities needed for success
    - Weaknesses: Enculturation of Magnet Elements in Departments Outside of Nursing.  
Quality & Patient Experience Performance.  
Medical Staff Knowledge & Engagement
    - Opportunities: 2023 & 2024 to Prepare for Site visit – Provide Tools & Information needed for Success
    - Threats: Competing Priorities – Fiscal Performance, Patient Volume, Staffing

- Action Plan

- Multimodal methods of communication & training
      - Similar to preparation for TJC visits & plan staffing during site visit to have most engaged staff on duty
      - Prepare UMC Board and key community partners for visit (examples include UNLV, Wynn Resort)
    - Mock Site Survey Rounding & Practice Sessions
    - Tip Sheets for Success
    - Pocket Foundational Documents & FAQ Booklets
    - Focus on improving employee morale, resiliency and staffing

# Shared Governance @ UMC

- Implemented in 2017 - Hybrid Congress/Council Model
- Intraprofessional engagement & Adoption of Unit/Department Based Councils
  - Unit Based Councils continue to evolve and refresh since COVID
- Some council accomplishments:
  - 1400 – Improve Pain Reassessment Documentation Target =/ >90%
    - CY 2022 = 87%                      1<sup>st</sup> Q CY 2023 = 91%
  - BCU
    - Burn Recertification readiness - Successful Burn Survey 2/1 & 2/2/2023
    - ABA Conference Poster Presentations - 5 Burn Prevention Posters submitted to ABA - Won 1<sup>st</sup> place
    - Flip Flop Campaign – collected 2,000 pairs of flip flops & donating to shelter & other outreach to reduce pavement burns.
  - Rehab
    - Gender dysphoria training for nursing
    - Leading intradisciplinary clinical ladder expansion pilot
  - PEDs ED – updated unit orientation packet and now being replicated in other PEDs areas



# Quality Measures

Magnet Measure – More than half of the units, More than half of the time (5 of 8 Quarters), Must outperform the mean (>51%) for the (8) most recent quarters.

- 4<sup>th</sup> Q 2020 – 3<sup>rd</sup> Q 2022 (Big Five Measures)
  - CLABSI - **71%** (15 of 21 units)
  - CAUTI - **65%** (13 of 20 units)
  - Pressure Ulcers (HAPI) Stage 2 or Greater – **65%** (13 of 20 units)
  - Restraints – **50%** (10 of 20 units)
  - Ambulatory Falls with Injury – **93%** (29 of 31 units)
  - Inpatient Falls with Injury – **38%** (8 of 21 Units)
- Patient Experience 4<sup>th</sup> Q 2020 – 3<sup>rd</sup> Q 2022
  - Responsiveness – **52%** (11 of 21 units)
  - Care Coordination – **38%** (8 of 21 units)
  - Careful Listening – **19%** (4 of 12 units)
  - Courtesy & Respect – **9%** (2 of 21 units)
  - Pain – **14%** (14% 3 of 21 units)
  - Patient Education – **42%** (9 of 21 units)
  - Safety – **33%** (7 of 21 units)
  - Service Recovery – **9%** (2 of 21 units)
  - Pt Engagement/Pt Centered Care – **23%** (5 of 21 Units)

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>HCAPHS/CCAPHS/ICARE4U Program Updates</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on HCAPHS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. (<i>For possible action</i>)</b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
February 6, 2023

Agenda Item #

**6**

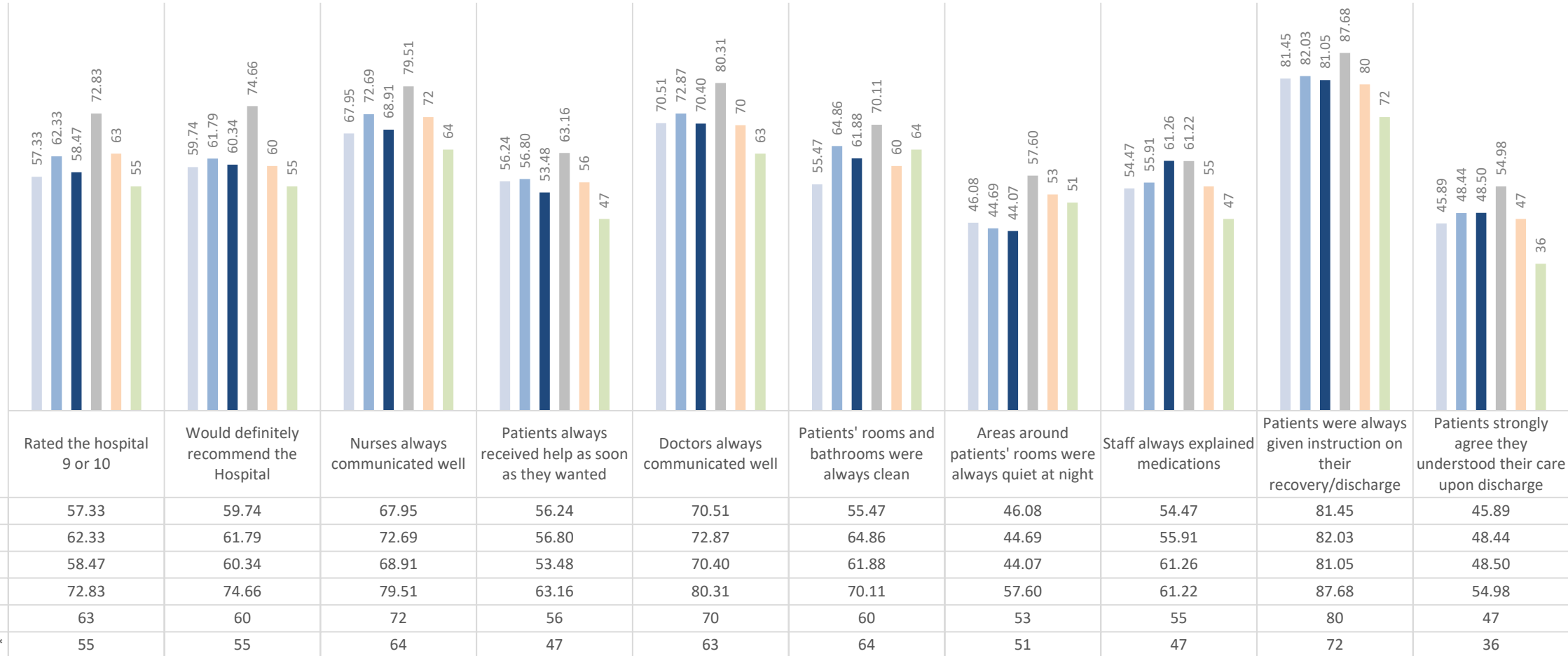


The **Highest Level of Care** in Nevada

# UMC HCAHPS SCORES Q1 2022 - Q3 2022



■ INPT Q1 2022 ■ INPT Q2 2022 ■ INPT Q3 2022 ■ Magnet Hospitals ■ Valley Hospital 2021\* ■ Sunrise Hospital 2021\*



**University Medical Center**  
1800 W Charleston Blvd  
Las Vegas, NV 89102

**Valley Hospital Medical Center**  
620 Shadow Lane  
Las Vegas, NV 89106

**Sunrise Hospital and Medical...**  
3186 S Maryland Pkwy  
Las Vegas, NV 89109

Patient survey rating



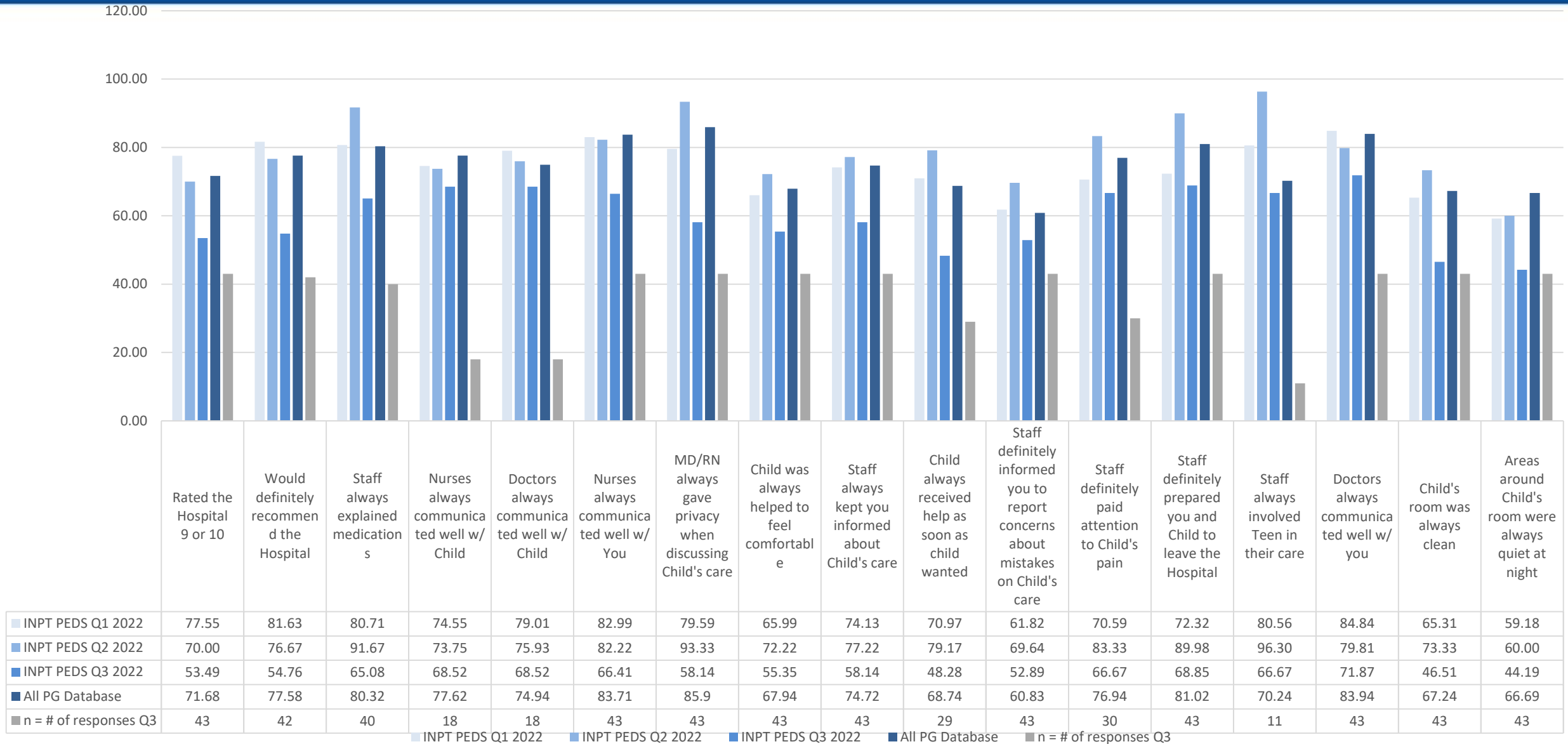
## UMC Response Rates

Q1 2022 – 12% (4491)

Q2 2022 – 12% (4974)

Q3 2022 – 11% (4740)

# UMC PEDIATRICS CCAHPS SCORES Q1 2022 - Q3 2022



## **FACTORS THAT MAY HAVE AFFECTED SCORES:**

- Factors for Quarter Two Scores:
  - Momentum of ICARE 4.0 created a noticeable bump in HCAHPS scores
  - Lower Census (surge mitigation), higher number of survey responses
- Factors for Quarter Three Scores
  - Restricted visitation – supported during pandemic
  - Sub-optimal survey responses
  - Safety incident focused

## **ONGOING ACTION PLAN: 2023**

- ICARE4U Education – All current staff 2022, New hire orientation for all new staff
- Survey response initiative – Awareness push! Posters for natural accountability and patient awareness, discharge impact (packet, discussion timing, dc lounge, flyer,) and optimizing
- Re-educate patient experience team and optimizing purposeful rounds with loop closures
- UOTW initiative – wholesome approach with purposeful round
- Physician experience task force – focused on physician opportunities
- Meet me in the middle initiative –staff, patient, visitor, satisfier
- Dietary – teaming to optimize meal service for patients
- Responsiveness – hardwiring the initiative
- Leadership Symposium – Supervisors and managers
- Visitation revised – open concept
- FTE – Limited term to boost quality aspect, hardwire initiatives, support operations (experience target)



## **Employee Engagement:**

- **ICARE Certificates** – updated branding, Starbucks token for each recipient, timely distribution and director face time
- **ICARE Cash** – monetary rewards for those doing outstanding work
- **Thank you cards** – personal signed thank you cards for positive comments from patients, mailed to home with a Starbucks card
- **The Middle** – dynamic social hot spot, designated area to celebrate staff, offer promotions, purchase items, etc...
- **UOTW** – UMC appreciation swag cart, celebrate unit ICARE certificates with the unit. Support staff and leaders with unit needs and rounds.

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b>	<b>Quality, Safety and Infection Prevention Program Update</b>	<b>Back-up:</b>
<b>Petitioner:</b>	Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the Quality, Safety, Infection Prevention and Regulatory Program, from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (<i>For possible action</i>)</b>		

**FISCAL IMPACT:**

None

**BACKGROUND:**

Patricia Scott, Patient Safety and Regulatory Officer, will provide an update on the Quality, Safety, Infection Prevention and Regulatory Program measures.

Cleared for Agenda  
February 6, 2023

Agenda Item #

**7**

# **Quality/Safety Performance Goals Update**











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**Clinical Quality & Professional Affairs Committee  
February 6, 2023**

# Quality Performance Objective

## FY23 Clinical Quality & Professional Affairs Committee

**Improve or sustain improvement from prior year (CY21 / CY22) to meet/exceed state and/or national averages; HAI below national SIR of 1.0**

Measure	1Q21-3Q21	1Q22-3Q22	Benchmark	Prior Year and Benchmark Met	
PSI-90: Patient Safety & Adverse Events Composite	0.968	0.928	1		
HAI-1: Central Line Bloodstream Infections (CLABSI)	1.310	1.241	1		
HAI-2: Catheter Urinary Tract Infections (CAUTI)	0.792	1.131	1		
Pressure injuries (stage 3/4/unstageable) reported to State Registry (reported as defined by NV State / AHRQ)	21	31	N/A		
Overall Mortality (ratio between observed/expected, also reflecting clinical documentation improvements) O/E = 1	1.30	1.13	1		

 Lower is better.
  Goal Met
  Goal Not Met
  No Published Benchmark









Data Source: PSI-90 and Overall Mortality – Vizient Clinical Database; HAIs - NHSN; Pressure Injuries – State Registry. PSI-90 using AHRQ Version 2022. National benchmarks from most recent Jan 2023 CMS Hospital Compare Preview Report.

PSI 90 is a composite of the following 10 PSI indicators: pressure ulcers, iatrogenic pneumothorax, fall with hip fracture, peri-operative hemorrhage/hematoma, peri-operative metabolic complications, post-op respiratory failure, peri-op pulmonary embolism/deep vein thrombosis, post-op sepsis, post-op wound dehiscence, & accidental puncture/laceration.

# Quality Performance Objective

## FY23 Clinical Quality & Professional Affairs Committee

**Improve or sustain improvement from prior year (CY21 / CY22) in the following Outpatient measures:  
state and/or national averages;**

Measure	1Q21-2Q21	1Q22-3Q22	Benchmark	Prior Year/Benchmark Met
Breast cancer screening 	0.4%	4.7%	<u>CMS State / National Median</u> 53.8% / 54.7%	  
For telemedicine services, $\geq 90\%$ of patient's returning surveys will rate the service in the 4 & 5 Star Rating Category 	--	99%	<u>Survey Return 4 &amp; 5 Star Rating</u> $\geq 90\%$	  

 Higher is better.
  Goal Met
  Goal Not Met
  No Published Benchmark

Data Source: Breast Cancer Screening – Epic Ambulatory Care Measure Care Dashboard. Benchmark from CMS State Health System Performance.  
Telemedicine Services - UMC Epic Amwell Dashboard. Program operational in 2021.

# Quality Performance Objective

## FY23 Clinical Quality & Professional Affairs Committee

**Create and implement a plan to improve CY21/ CY22; track UMC ratings against local area hospitals within the following experience measures**

Measure		1Q21-3Q21	1Q22-3Q22	*CMS State	*CMS National	Prior Year/Benchmark Met
*Communication with Nurses: Hospital IP	↑	72.2	70.4	73	79	— — —
Listen/Courtesy from Nurses/Assist: PC	↑	89.1	90.8			+ ⊘ ⊘
Listen/Courtesy from Nurses/Assist: QC	↑	65.3	67.5			+ ⊘ ⊘
*Communication with Doctors: Hospital IP	↑	73.8	71.8	74	80	— — —
Communication with Provider: PC	↑	86.2	88.2			+ ⊘ ⊘
Listen/Courtesy from Care Provider: QC	↑	62.8	63.9			+ ⊘ ⊘
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.	↑	Pending	Pending			

 Higher is better.
  Goal Met
  Goal Not Met
  No Published Benchmark

Data Source: HCAHPS Measures - Press Ganey; Employee Recognition – Various UMC Recognition Programs.

\*State and National benchmarks from most recent April 2023 CMS Hospital Compare Preview Report. CMS National and State Benchmark will exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

# Quality Performance Objective



## FY23 Clinical Quality & Professional Affairs Committee

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



Measure		1Q21 – 2Q21	1Q22 – 3Q22	UMC Goal Met
Google	↑	3.3	4.1	+
Yelp	↑	3.8	3.8	+

↑ Higher is better.    + Goal Met    — Goal Not Met    ⓧ No Published Benchmark

Date Source: UMC Experience Department, Yelp and Google websites.

## Attain Successful Accreditation Through TJC

Measure	FY2023
Attain Successful Accreditation Through TJC	TBD

Goal Met  Goal Not Met 



# DISCUSSION / QUESTIONS ?

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> UMC Policies and Procedures	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by Governing Board, the UMC Policies and Procedures Committee's activities of December 7, 2022 and January 4, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. <i>(For possible action)</i>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
February 6, 2023

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- Policy / Procedure Approval
  - Timeframe: December 7, 2022 & January 4, 2023
  - Total approved: 84
  - Total retired: 12
  - Approved through Hospital P/P, Quality, MEC

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b>	<b>UMC Medical and Dental Staff Bylaws and Rules and Regulations</b>	<b>Back-up:</b>
<b>Petitioner:</b>	Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules &amp; Regulations; as approved and recommended by the Medical Executive Committee on October 25, 2022; and take any action deemed appropriate. (<i>For possible action</i>)</b>		

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Governing Board is responsible for the review and approval of the UMC Medical and Dental Staff Bylaws and Rules & Regulations, subject to final approval by the Board of Hospital Trustees. At its meeting on October 25, 2022, the UMC Medical Executive Committee recommended approval of multiple amendments to the Medical and Dental Staff Bylaws and Rules & Regulations, subject to the completion of the approval process set forth in Bylaws, Part I, Section 9.

A summary of the proposed revisions to the Medical and Dental Staff Bylaws and Rules & Regulations have been provided for your convenience.

Cleared for Agenda  
February 6, 2023

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# MEMORANDUM

## MEDICAL STAFF SERVICES

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**SUBJECT:** Summary of Bylaws, Rules & Regulations Revisions

**DATE:** 1/31/23

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At its October 25, 2022 meeting, the Medical Executive Committee approved the following revisions to the Medical & Dental Staff Bylaws/ Rules & Regulations.

### **A. Part I: Governance**

- **Section 3.1.1:** The Active Category Qualifications:

Members of this category must have served on the Medical Staff for at least one year and either: Been involved in at least twelve (12) UMC patient encounters within the preceding year or twenty four (24) UMC patient encounters within the preceding 2 years (i.e., a UMC patient encounter is defined as a UMC inpatient admission; **UMC telemedicine visitation**. UMC consultation; UMC inpatient or outpatient surgical procedure; or other patient encounters within UMC hospital or a UMC clinic); **AND** Attended **at least three (3)** Medical Staff or hospital committee meetings a year.

- **Section 3.2.2:** The Affiliate Category Criteria: Replace the term “**section**” with “**subspecialty**” (and in all parts of the Bylaws)
- **Section 3.3: The Honorary Category :** They may attend the **General Medical Staff meeting, social and educational meetings of the Medical Staff, and** continuing medical education activities.
- **Sections 4.2.1, 5.1.1, 5.2.3 (and in all parts of the Bylaws):** Replace “Section/Section Chair” with “Subspecialty/Subspecialty Head”

### **B. Part III: Credentials Procedures Manual**

- **Section 2.3.1 Exceptions: Medical Officers of the Armed Forces.** ( reworded this section for accuracy related to the referenced Nevada Revised Statutes)

In accordance with NRS 449.2455, 635.015, 630.047, 630A.090, 632.316, and 633.171, medical officers of the Armed Forces of the United States may be authorized to provide medical care at UMC if the medical officer holds a valid license in good standing to provide such medical care in



the District of Columbia or any state or territory of the United States and the medical officer is rendering care as part of a training or educational program designed to further the medical officer's employment. In such circumstances, the UMC Medical Staff shall further exempt medical officers applying for Medical Staff appointment, reappointment, or clinical privileges from the requirements of a Nevada medical license and Nevada pharmacy certificate.

- **Section 10: Medical Administrative Officers**

A medical administrative officer is a practitioner engaged by the hospital either full or part time in an administratively responsible capacity. ~~, whose activities may also include clinical responsibilities such as direct patient care, teaching, or supervision of the patient care activities of other practitioners under the officer's direction.~~ They shall not have clinical privileges, hold office or be eligible to vote.

Notwithstanding the preceding, if desired, each medical administrative officer may ~~must~~ achieve and maintain Medical Staff appointment and clinical privileges appropriate to his/her ~~training clinical responsibilities~~ and discharge staff obligations appropriate to his/her staff category in the same manner applicable to all other staff members.

**Thank you.**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA  
GOVERNING BOARD CLINICAL QUALITY AND  
PROFESSIONAL AFFAIRS COMMITTEE  
AGENDA ITEM**

<b>Issue:</b> <b>Emerging Issues</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. (<i>For possible action</i>)</b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
February 6, 2023

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