

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 1, 2024

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 1, 2024 2:00 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 2:07 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
Jeff Ellis (WebEx)
Renee Franklin (WebEx)
Steve Weitman (Ex-Officio) (WebEx)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer (WebEx)
Dr. Frederick Lippmann, Chief Medical Officer
Jamie King, Director of Pharmacy
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
Jovi Remitio, Director of Patient Experience and Medical Staff Services
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 February 5, 2024. (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*)

Item 5 was tabled to be heard at a future meeting.

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on Medication Management/Safety including the Antibiotic and Opioid Stewardship Programs from Jamie King, Director of Pharmacy; and direct staff accordingly. (*For possible action*)

DOCUMENT(S) SUBMITTED:

- Power Point Presentation

DISCUSSION:

Jamie King, Director of Pharmacy, provided an overview of the activities related to medication management and safety.

Over the past year, the Opioid Stewardship program has been reinitiated. This is a pharmacy-led, multi-disciplinary committee that includes physicians, nurses, IT and Epic staff members, as well as education and quality staff. The team meets every other month and evaluates Joint Commission requirements and recommendations for opioid stewardship and safety. Accomplishments include removal of multiple codeine products from formulary, implemented automatic print of informed consents for opioid medications and education provided by tranquility nurses regarding non-pharmacologic treatment options.

Antimicrobial Stewardship has expanded. Over 5,000 patients have been monitored regularly. Compliance with antimicrobial recommendations has increased to 73%, which has resulted in a significant cost savings. The goal for compliance with antimicrobial recommendations is 75%.

Chairman Mackay asked if there is physician resistance. Ms. King responded that we have a good pharmacy/physician collaboration here at UMC and there has been minimal resistance from physicians.

Pharmacy remodel of the sterile compounding suite was completed in September of 2023. The enhanced suite has a new USP 800 compliant hazardous sterile compounding room, a new USP 797 compliant non-hazardous sterile compounding room, as well as increased air changes per hour, which decreases risk of microbial growth, and an interlocking pass-through system.

Examples of medication safety improvements and best practices include paralytic safety evaluations, creation of epinephrine kits to minimize error-prone processes associated with emergencies, and implemented strategies to decrease alert

fatigue in Epic and analyzed smart-pump soft-limit overrides and evaluated current limits.

Ms. King next reviewed the activities of the Pharmacy Multidisciplinary Workgroups and diversion monitoring.

Lastly, planning is underway to re-open an outpatient pharmacy. This will allow for optimal care for UMC patients, allowing patients to have medications prior to discharge from the hospital.

FINAL ACTION TAKEN:

None

- ITEM NO. 5 Receive an update on Magnet including associated financial costs from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. (For possible action).**

DOCUMENT(S) SUBMITTED:

- None

DISCUSSION:

This item was tabled and will be presented at a future meeting.

FINAL ACTION TAKEN:

None

- ITEM NO. 6 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)**

DOCUMENT(S) SUBMITTED:

- Power Point

DISCUSSION:

In patient safety, there were 10 events reported to the state registry in the 4th quarter of 2023. All cases were reported within the required state timeframes and RCA with actions were taken on all cases. Monitoring for sustainment of actions through the hospital safety committee. There was a brief review of the types of injuries reported.

There were a total of 53 grievances in the 3rd and 4th quarters of 2023; 7 were substantiated. By location, there are about 38% in quick and primary care locations, 36% in hospitals, and 26% in emergency locations. The majority of grievances were care team related concerns, followed by attitude/behavior, service delivery and patient concerns. The overall totals of rates per 1000 was .022, which is down from the prior year.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Receive an update on the FY24 Organizational Improvement/CEO Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (For possible action)

DOCUMENT(S) SUBMITTED:

-Power Point

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives for the first through third quarters of FY24.

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

PSI-90 and CAUTI infections measures were lower than prior year and did not meet the national benchmark. The other measures were better than prior year, but are not meeting the national ratio.

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):**

Screening measures have been implemented and established for all three measures related to the social determinants of health.

3. **Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):**

All measures showed improvement over prior year. Physician and nurse communication and staff responsiveness measures still struggle to meet state and national averages.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites**

This goal is on track. The Google and Yelp scores have remained positive and consistent or improved in both categories.

5. **Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):**

All measures have been met with the exception of one, related to developing alternative education on customer service as an adjunct to ICARE principles for clinic setting.

FINAL ACTION TAKEN:

None

ITEM NO. 8 Review and recommend for approval by the Governing Board, the completed Contract Performance Evaluations; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Contract Performance Evaluations

DISCUSSION:

All contract performance evaluations were completed and all met performance standards.

There was discussion regarding the evaluation criteria and the process of reviewing the contracts to ensure they are compliant.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the completed contract evaluations, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 9 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of February 7 and March 6, 2024 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:

Policy and Procedures activities for February 7 and March 6, 2024 were reviewed.

There were a total of 76 approved, 6 retired and all were approved through the hospital Policy and Procedures Committee, Quality and Safety and Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of February 7 and March 6, 2024, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 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

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 2:54 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary

APPROVED: June 3, 2024