***University Medical Center of Southern Nevada***
***UMC Governing Board Clinical Quality and Professional Affairs***
***April 3, 2023***

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UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 3, 2023 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 3:04 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
Renee Franklin
Jeff Ellis (WebEx)
Steve Weitman (Ex-Officio)(WebEx)

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Kathy Johnson, Director of Infection Prevention
Danita Cohen, Chief Experience Officer
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 6, 2023. *(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)***

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 an update on the Annual Infection Prevention Program Evaluation and Plan from Kathy Johnson, Director of Infection Prevention; and direct staff accordingly. *(For possible action)***

DOCUMENT(S) SUBMITTED**:**
**-** Power Point Presentation

DISCUSSION:

Kathy Johnson, Director of Infection Prevention, reviewed the 2022 Infection Control Plan evaluation, highlights of 2022 accomplishments, and the 2023 Annual Infection Prevention Control Plan.

The plan provides the framework necessary to reduce the possibility of acquiring or transmitting infections in the community. Yearly risk assessments and quarterly data evaluations are done to identify and mitigate infection risks. Continuous learning, improvement and system monitoring are provided to staff. A year end goal review is done to ensure that objectives are met and align with hospital goals.

In 2022, improvements were made in CLABSI, VAE, MRSA, C-diff, device utilization, as well as patient and family communication and education. The process for annual fit testing and PAPR evaluations has been refined for all health care workers. Training and procedure improvement has also been established in areas related to Monkey Pox, Candida Auris, and MRSA nasal decolonization. Causal analysis and action plans are done and provided to nurse leaders as soon as device related infections are identified.

Data comparisons from 2020 – 2022 and reduction strategies were next reviewed with the Committee. CLABSI events have trended downward over the past two years; they were down by 8 events since 2020. CAUTIS were up by 1 event and IVACs were down by 58 events.

Surgical site infections were discussed next. Although 10 types of surgeries are monitored at UMC, Ms. Johnson highlighted Colon, C-sections and Spine surgeries, which are reported to CMS. The SIR, the Standard Infection Ratio, shows the predicted over observed or actual amount of surgical infections that would occur within a year. There was an increase in colon and spinal fusion surgeries, but a decrease in C-section surgeries. All surgery data continues to be monitored closely.

Chairman Mackay asked if elective colon surgery data is calculated separately from traumatic or emergency surgical procedures. Ms. Johnson replied that this

is part of the risk stratification, so all data is included. The discussion continued regarding how the volume of procedures can affect the SIR data.
MRSA and C-diff continue on a downward trend since 2021. Staff continues to drive hand hygiene compliance and PPE compliance and there is continued collaboration with EVS with cleaning protocols. Hand hygiene compliance dropped slightly to 70% in 2022, however a plan of action was implemented to increase audits and transparency in all units.

The flu vaccination rate for 2022 was 76%, which was a decrease from previous years; this was primarily due to mandatory masking, minimal flu virus in Clark County and more emphasis placed on COVID vaccinations.

Ms. Johnson next reviewed the 2023 Risks, Priorities and Interventions, which are broken down into 4 components: Community, Patient, Environment and Healthcare Worker. UMC collaborates with the SNHD, CDC and other healthcare facilities to prepare for emergencies. UMC continues to monitor and provide education to employees for advanced PPE training in preparation for various infectious disease outbreaks.

Lastly, the Antibiotic Stewardship goals were reviewed.

FINAL ACTION TAKEN:

None

**ITEM NO. 5** **Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program, including contract performance evaluations 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 and the QAPI program evaluation for 2023. The purpose of the plan is to provide the framework necessary to establish and sustain a culture of quality, safety, accountability and reliability.

Highlights of the 2022 accomplishments were reviewed. There have been improvements in patient safety and adverse events, HCAHPS, ratings in ambulatory, Leapfrog and hospital wide mortality and sepsis. There has also been improvement in behavioral health care and hospital wide pain reassessment compliance. The team is being educated on workplace violence and we are doing a better job at reporting / investigating these events; there was a 55% increase in reporting of these events.

Although readmissions for 30-day all cause is well under comparable academic hospitals, there has been a slight uptick in readmissions; these are being monitored. Inpatient mortality has decreased and has trended downward since

3rd quarter 2021. All mortalities are reviewed closely by the quality team. Observed / expected rate has increased slightly, but still moving to close the gap with an emphasis on clinical documentation improvement (CDI). PSI-90 composite has continued to show improvement. The Committee acknowledged that this is an important improvement and commended the team on their efforts.

There has been a decline in sepsis mortality since 4th quarter 2021. COVID is being removed from this list. Stroke measures are electronically harvested through EPIC. It is anticipated that CMS will begin publicly reporting these measures in 2023 on CMS Hospital.gov. She added that there are no bench marks yet for this measure.

Reporting for patient safety and grievances were next reported. There was 15% increase in safety intelligence reporting, 46% increase in reporting near misses and 153 wins since the program redesign.

There have been 46 safety events reported to the state this year and all cases are reported within required timeframes and RCAs with actions are done on all cases. Sentinel events were listed by category for members.

Leapfrog scores were listed; based upon the scoring algorithms UMC is anticipating a B letter grade this year. She added that continually improving the overall numerical score demonstrates the commitment to improving patient safety and more importantly sustainment of actions put into place.

The Committee commended the team on improving the score from a 2.2297 to a 3.0978 for spring of 2023.

In grievances for 2022, 50 were in emergency services, 43 in quick care and primary care locations and 50 in other areas. A breakdown of the grievances by location was presented. The rate in grievances has dropped in all categories but one. Overall, the rates are very low.

Lastly, Ms. Scott reviewed the 2023 Quality Safety Performance Goals and listed initiatives and action plans for the year. UMC has been cleared from the last sentinel event. There was continued discussion regarding regulatory matters and accreditation surveys. Contract performance evaluations were provided as informational.

FINAL ACTION TAKEN:

None

**ITEM NO. 6** **Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of February 1, 2023 and March 1, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate.** ***(For possible action)***

DISCUSSION:

Policy and Procedures activities for February 1, 2023 and March 1, 2023 were reviewed.

There were a total of 84 approved, 25 retired and all were approved through the hospital Policy and Procedures Committee, Quality and MEC.
FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of February 1 and March 1, 2023 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:

Keep focus on UMC's mission and how we can best serve the public.

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 4:04 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: June 5, 2023