University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 4, 2022

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 4, 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
Laura Lopez-Hobbs
Jeff Ellis (via phone)

Absent:
Barbara Fraser – Ex-Officio

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Tye Masters, Attorney
Frederick Lippmann, MD
Jovi Remitio, Director of Medical Staff Services and Patient Experience
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 7, 2022. *(For possible action)*

FINAL ACTION: A motion was made by Member Hobbs that the minutes be approved as written. 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 HCAHPS, CCAHPS, and the ICARE4U programs from Jovi Remitio, Director of Medical Staff and Patient Experience; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Jovi Remitio presented the 3rd and 4th Quarter 2021 HCAHPS score results, as well as updates regarding the ICare4U program.

UMC HCAHPS scores were compared to those of other area hospitals. Although UMC's scores were close in comparison to the other hospitals, quietness at night around patient rooms were much lower than other hospitals. Of the over 4,000 surveys sent out, approximately 12-13% were received back. Across the nation, the average return of surveys is between 6-16% return in 2021. The CMS Compare website shows UMC with 2 stars for the patient survey rating, Valley Hospital has 2 stars and Sunrise Hospital has 1 star.

The factors that have affected UMC's scores include:

- Rise in covid-19 cases
- Influx of patients – resulting to the opening of surge units with approximately 7 open
- Cancellation of elective surgeries
- Change in visiting hours

UMC's ongoing action plan is to have facility wide refresher classes in ICare4U from April - June, streamline discharge instructions and after visit summary, continue daily patient rounding and the grateful patient program. A cover page is being added to the discharge instructions to provide a summary of essential patient discharge information and reminders. Ms. Remitio will provide follow-up on the status of implementation of this project.

Chair Mackay noted that there is a disconnect with patient understanding upon discharge and physician/nurse communication. This matter will be investigated with the effort to improve patient understanding.

Member Franklin added that patients may not understand or be able to retain information received at discharge because of rapid verbal communication. A lengthy discussion ensued regarding this subject matter.

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 presented the Quality, Safety, Infection Prevention and Regulatory Program updates. Ms. Scott noted that we have changed our benchmark groups to better reflect like facilities to UMC including those wherein a vulnerable index compare is available for such things as socio-economic status and access to care.

All Cause 30-day Admission Rate continues to be lower than other comparable academic healthcare facilities in the benchmark group and is noted to be the "same" as other CMS facilities reporting into the publically reported data program.

The Committee asked about the statistical difference of those patients released to a rehab facility vs. those released to home. Ms. Scott indicated that she will look to include this information on subsequent reports.

The Inpatient Mortality Index decreased in the 4th quarter of 2021, but is trending upward slightly. Overall deaths have decreased and it was noted that 32% of deaths were COVID-19 positive. Increases have been seen in stroke, heart attack and pneumonia. Ms. Scott shared the observed vs. expected rate comparison. The expected mortality rate should be higher than the observed mortality rate. There was continued discussion regarding palliative care and the obligation to be clear with the patient and family as to the patient's choice for those at end of life.

Ms. Scott presented an educational slide on clinical documentation and proper coding. Documentation should reflect the patient's severity of illness and risk of mortality. Additionally this affects the patients expected length of stay and risk of adverse occurrence the longer the patient stays. Specificity of documentation drives performance data. The Committee commended staff on the improvement of documentation and encouraged continued effort.

PSI90 Composite rate decreased dropping under the rate of 1.0 for the past three consecutive quarters. There was notable improvement in PSI-12 Peri-operative/DVT rate.

Sepsis mortality index showed a decrease in deaths and a decrease in mortality index. Inpatient discharges in 4Q21 decreased by 87 patients in prior quarter with sepsis cases decreasing from 480 to 450. UMC risk adjusted percentage of sepsis deaths expected is 12.46 and our percentage of deaths observed was 20.89; percentage without Covid was 14.88. Bundle compliance has shown steady improvement since the 1st Quarter, 2021.

CEO Performance Goals update year over year was reviewed. PSI-90, CLABSI, CAUTI and SSI colon showed positive results year over year. HCAHPS performance showed decreases in cleanliness, quietness and communication with physicians with all other goals improved or sustained. Refresher training education is scheduled for the months of April through June for ICARE4U training. Updated numbers will be provided at the next meeting and upon final completion. The Yelp and Google ratings have shown improvement.

In regulatory compliance, there were 104 contract evaluations have been done to date. All met performance standards. Stroke certification is pending.
Next, Ms. Scott introduced the Committee to the DNV Accreditation model, which is a new accreditation company that is being considered by administration. It is an annual survey and provides a different approach to the survey process. The annual process lends itself to a continual state of readiness, sustainment,, and fosters continual improvement. Informational slides were shown to introduce the annual survey concept to the Committee. Data requirements and cost was provided. The process was reviewed in detail.

Member Ellis asked if DNV achieves accreditation through CMS. Ms. Scott affirmed that they are one of 4 companies certified with deeming status by CMS. The conversation continued regarding the benefits of the "constant state of survey readiness" that is encouraging through this program and the quality results that it provides to the hospital.

FINAL ACTION TAKEN:
None

ITEM NO. 6 Receive an update on workplace violence; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Ms. Scott provided an overview of workplace violence, which has increased in every business sector nationally. The definition, as provided by the Joint Commission in 2021, is: "An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

Ms. Scott reviewed a list that detailed the Work Place Violence program components. Slides were presented that represented total clinical and non-clinical incidents, as well as incidents broken down by type, individual, injury, and department for CY 2021 and 2022.

The Committee stated that Human Resources should also be involved in setting the zero tolerance standards with "staff on staff" incidents and mitigation efforts.

Attorney Tye Masters stated that in 2020 the Nevada Legislature passed Work Place Violence laws specific to healthcare facilities.

Though incidents of work place violence have increased, there has been improvement in reporting. Staff is working to improve the policies and procedures regarding work place violence, provide training to staff, and assist and protect those who have been affected.

The program is presented to new hire employees. Ms. Scott noted that most incidents directed toward staff are from patients and patient family members. Nursing departments experience most of the episodes of work place violence. There was continued discussion regarding acts of battery and other incidents of work place violence in which law enforcement was required.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Approve the UMC Policies and Procedures Committee's activities of February 2 and March 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**:**
-Power Point

DISCUSSION:

Policy and Procedures activities for February 2nd and March 2nd were reviewed. There were a total of 59 approved, 40 retired and all were approved through the hospital Policy and Procedures Committee, Quality and MEC.

FINAL ACTION TAKEN:

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

SECTION 3. EMERGING ISSUES

ITEM NO. 8 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 4:27 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: June 6, 2022