University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
April 5, 2021

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
April 5, 2021 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 3:02 p.m. by Chair Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Dr. Donald Mackay – Chair
Renee Franklin
Laura Lopez-Hobbs
Jeff Ellis (via phone)
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Patty Scott, Executive Director Quality/Safety/Regulatory Compliance
Debra Fox, Chief Nursing Officer
Danita Cohen, Chief Experience Officer
Jovi Remitio, Dir. of Patient Experience and Medical Staff Services
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Mackay asked if there were any public comments 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 8, 2021 *(For possible action)*

FINAL ACTION: A motion was made by Member Hobbs that the minutes be approved as recommended. 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 update on Pathways to Excellence and Magnet Status from Deb Fox, Chief Nursing Officer; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Debra Fox, Chief Nursing Officer, provided an update on Magnet status.

The five categories critical to Magnet application submission and qualification for onsite survey were reviewed and briefly discussed. The level of completion in each area was reviewed. Foundational document completion is at 83% and application status is at 87% complete.

The biggest challenge in Magnet is the change in academic requirements, which now requires a minimum of a Baccalaureate or higher for managers, a master's degree for director level and the CNO level requires a PH.D. Those currently in these roles will have 16 months to complete their degree level.

The nurse sensitive data is at 72% compliance. Daily audits are done and must be performed with charge nurses and primary nurses to correct any issues. Patient experience is showing improvement. Document match is 15% complete.

Magnet win stories were shared in exemplary professional practice with the introduction of the Humpty Dumpty tool to more accurately assess pediatrics to reduce fall risks. Empirical outcomes noted the implementation of the real time bedside audits. The new knowledge, innovations and improvements category highlighted the introduction of Zen Animals, which is a tranquility program to expand integrative holistic therapy in pediatric care.

A discussion ensued regarding the use of Zen Animals with adult patients, the NDNQI and patient experience data reporting and the educational requirements.

ITEM NO. 5 Receive an update on Quality, Safety, and Infection Prevention Program Measures; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Quality Safety Infection Regulatory PowerPoint Presentation

DISCUSSION:

Patricia Scott, Executive Director Quality/Safety/Regulatory Compliance

reviewed the 2020 Infection Control Plan for 2020 and the Annual Infection Control Plan for 2021.

The purpose of the plan is to provide the framework necessary to reduce the possibility of acquiring or transmitting infection that is specific to the organization's services and population. Authority is designated to the IP Director and ID Medical Director for oversight. The plan framework also governs the Infection Prevention and Control Committee. The 2020 accomplishments, improvements and statistical data were reviewed.

CLABSIs showed improvement, although 41% of those reported were COVID related. CAUTI infections have increased, with 29% of cases reported related to COVID. Surgical site infections were down through 3rd quarter 2020. IVAC is showing decrease year over year, although there were 44% COVID related infections.

There continues to be in increase in MRSA related events and C.Diff shows a decline for the quarter.

Hospital-wide flu vaccine rates are at 92%. Since flu vaccination rates have continued to improve year over year, it has been removed from the Joint Commission list.

Member Fraser inquired if COVID would be added to the Joint Commission list. Ms. Scott stated that more questions related to COVID have been added to the list.

Next was a review of the 2021 Risks, priorities and interventions related infection prevention in the community, with patients, environmentally and with healthcare workers. Ms. Scott briefly commented on the "secret shopper" program related to monitoring hand hygiene compliance.

Member Franklin asked if there is anything we can learn from the compliance rate that has been reached with the flu vaccine that could be adopted in COVID vaccination compliance. A conversation ensued regarding vaccine hesitancy in the community.

Antibiotic Stewardship goals include a redesign to ASP policy and procedures, alert monitoring in Epic and antibiotic monitoring and education.

The Quality Update for 3rd quarter showed a decrease in 30-day all cause readmission rates. Inpatient mortality index has continued in a downward trend. PSI-90 Composite showed a slight increase due largely to COVID. Sepsis mortality continues to decrease. Ms. Scott added that CMS now excludes COVID positive diagnoses from sepsis measures as of July 1st.

The perinatal service is actively working on improving the exclusive breastmilk feeding measure as one of their PI Projects. This is one of the Joint Commission requirements. The Committee continued the conversation regarding the downward trend in breast milk feedings and the lack prenatal care education with mothers.

During the 1st quarter of 2021, there were 10 sentinel events reported to the Nevada State Registry, all within required state timeframes and RCAs with actions were taken on all cases. An overview of the events was presented.

Grievances for 4th quarter were reviewed and concerns by category and location were presented. There were a total of 15 grievances. Quick cares and primary cares accounted for 47% of grievance, followed by 13% in emergency services and 40% in all other categories. Care team concerns accounted for 58% of reported concerns. All responses were in accordance with CMS regulation and data was submitted appropriately for review and corrective actions were taken. No patterns or trends were identified.

FINAL ACTION TAKEN: None

ITEM NO. 6 Receive an update regarding the FY21 CEO Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Quality Performance Objectives – CY20

DISCUSSION:

Ms. Scott reviewed the progress of the Clinical Quality and Professional Affairs CEO and Quality Performance Objectives for FY 2021 and year over year performance.

1. **Improve (or sustain improvement) on publically reported quality/safety measures to meet/exceed state and national averages; HAI below national SIR of 1.0.**

   Measures for PSI-90 and CLABSI, CAUTI and colon surgery are up year over year.

2. **Improve (or sustain improvement) on publically reported quality/safety OP measures to meet/exceed state and national averages; HAI below national SIR of 1.0.**

   Measures have shown improvement in colorectal and breast cancer screenings.

3. **Create and Implement a Plan to Improve Year (CY19) Over Year (CY20) HCAHPS Performance; Track Our Ratings Against Local Area Hospitals.**

   There was a light drop in performance with responsiveness and cleanliness. Quietness and discharge have remained consistent.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year Online Reviews.**

Yelp remained the same at 2.6 rating and Google improved by 2 points to a 3.0-star rating.

5. **Attain Successful Accreditation Through TJC**

   UMC is in the triannual survey window for the Joint Commission survey and it is anticipated that they will be arriving in the near future.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Approve the UMC Policies and Procedures Committee's activities of January 27, 2021 and February 24, 2021 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**:**
- Policy & Procedure Memo
- List of Retired & Archived Policies

DISCUSSION:

A total of 31 Policies & Procedures were approved through the Hospital Policy & Procedure Committee, Hospital Quality/Safety Committee, and the Medical Executive Committee. A total of 6 were retired. There were 218 contract evaluations and no accreditation or regulatory surveys to report.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to recommend approval of the UMC Policy and Procedures Committee's activities for the period of January 27, 2021 and February 24, 2021 and recommend approval by the UMC Governing Board. Motion carried by unanimous vote.

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.

Ron Roemer will provide an update on the clinical trials performed by UMC and UNLV SOM.

Member Fraser commented on the excellent service provided by patient transporter Kenneth.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Mackay asked if there were any public comments 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 4:02 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Board Secretary
APPROVED: June 7, 2021