University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
August 1, 2022

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 1, 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 3:04 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 (WebEx)
Jeff Ellis (WebEx)
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Ron Roemer, Director of Clinical Trials Research
Danita Cohen, Chief Experience Officer
Dr. Frederick Lippmann, Chief Medical Officer
Dr. Luis Medina Garcia, Medical Director of Telemedicine Services
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 June 6, 2022. *(For possible action)*

FINAL ACTION: A motion was made by Member Hobbs that the minutes be approved as amended. 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 Clinical Trials Research activities from Ron Roemer, Director of Clinical Trials Research; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Ron Roemer, Director of Clinical Trials Research, provided a 6-month data update of activities taking place with clinical trials at UMC.

Mr. Roemer provided a breakdown of the IRB studies by department with UMC and UNLV by department from December 1, 2021 through May 31, 2022. There were 275 active studies shown, broken down by facility, department and study type.

The largest IRB group studies run by UMC were in oncology, orthopedic surgery, emergency medicine and pediatrics. UNLV's largest IRB study groups were in surgery and trauma, pulmonary critical care, pediatric surgery and internal medicine. During the 6-month period, the IRB processes 110 total submissions. There were 11 new studies, 23 continuing reviews/ongoing studies, 69 amendments, 2 reportable events, and 5 study closures.

Next, was a review of the 27 active studies managed by the Clinical Trials Office which are sponsor supported. Cardiology is the largest study group, followed by infectious disease, and surgery. Of those active studies during the year, there were approximately 2,300 patients total were screened and 204 enrolled. Discussion continued regarding dual IRB venture between UMC and UNLV, as well as other projects they are working on for the future.

FINAL ACTION TAKEN:

None

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

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

DISCUSSION:

Ms. Scott briefly updated the Committee on the survey activity as a result of the event that occurred at UMC.

The first survey occurred on July 20th, which removed the imminent threat from the report. The Joint Commission will return within 45-days for a review. Ms. Scott continued by providing the Committee with the follow-up survey activity scheduled through the end of the year and the due dates of the plans of correction.

The next Joint Commission full survey is scheduled to take place in early 2023. We are currently awaiting the report from the State and CMS.

The State Regulatory survey in radiology had no deficiencies.

Mr. Van Houweling thanked Ms. Scott for her leadership during this time.

FINAL ACTION TAKEN:
None

ITEM NO. 6 **Review the final update regarding the FY22 CEO Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate.** ***(For possible action)***

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

DISCUSSION:

Ms. Scott reviewed the CEO goals for FY2022.

1. **Improve or sustain improvement from prior year (CY20 / CY21) to meet/exceed state and/or national averages; HAI below national SIR of 1.0.**

   This goal was met with 4 out of the 4 measures met.

2. **HCAHPS Performance: Create and Implement a Plan to Improve Year (CY20) Over Year (CY21) & Track UMC Ratings Against Local Area Hospitals**

Three of the five measures were met. Danita Cohen reviewed the comparison of other area hospitals. Cleanliness and quietness continue to present a challenge.

3. **Complete mandatory employee training on 90% of all employees on ICARE 4.0 by FY22**

   This goal was met with 96% of full-time and 92% of part-time and per diem employees having completed the training. The Committee suggested that the full Board receive this training as well.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY20/CY21) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites**

   This goal was also met.

   The Committee agreed that the team has made improvement overall year over year and discussed at length the issues in the area of cleanliness in the hospital, the refresh work that is being focused on at the hospital and opportunities for improvement in star ratings. A discussion ensued regarding new initiatives the team is working on regarding quietness at night and patient satisfaction.

   The Committee agreed to award 27% out of a total of 30% for the Clinical Quality and Professional Affairs Committee CEO goals.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to make a recommendation to the Governing Board Human Resources Committee to award 27% out of a total 30% for the Clinical Quality and Professional Affairs Committee 2022 CEO Performance Objectives. Motion carried by unanimous vote.

ITEM NO. 7 Discuss, formulate, and approve new CEO Performance Goals for FY23 related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. *(For possible action)*

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

DISCUSSION:

At this time, the committee reviewed the following proposed goals for FY23:

1. Improve or sustain improvement from prior year (CY21 / CY22) for the following Inpatient Measures:
   • CLABSI
   • CAUTI
   • PSI 90

• Pressure injuries reported to State Registry (reported as defined by NV State / AHRQ)
• Overall Mortality (improve ratio between observed / expected, this will also reflect clinical documentation improvements)

2. Improve or sustain improvement from prior year in the following Outpatient measures:

   NOTE: MOST OF THE OP MEASURES RELY ON ELECTRONIC WORKFLOW/EHR IMPLEMENTATION

3. Create and implement a plan to improve CY21 / CY22; track UMC ratings against local area hospitals within the following experience measures:
   • Communication with Nurses – IP; PCP; QC
   • Communication with Doctors – IP; PCP; QC
   • Create and sustain a program to increase employee recognition for delivering outstanding patient care. Development of the program will include inpatient and outpatient employees.

4. Demonstrate improvement (utilizing the Star Ratings) from calendar year (CY21 / CY22) in the overall perception of care/services at UMC Quick Cares through the following online review sites:

   • Yelp
   • Google

5. Attain successful TJC accreditation during Full Survey Cycle in 2023.

Member Franklin stated that it is important that the hospital remains in a constant state of readiness with respects to survey readiness.

After lengthy discussion and the feedback, the Committee agreed that the goals were adequate. The Committee will schedule a special meeting to finalize and approve the FY23 goals.

FINAL ACTION TAKEN:

None

ITEM NO. 8 **Approve the UMC Policies and Procedures Committee's activities of June 1, 2022 and July 6, 2022 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 June 1st and July 6th were reviewed. There were a total of 49 approved, 33 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 June 1 and July 6, 2022, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 9 Recommend approval by the UMC Governing Board of the proposed Amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations; as approved and recommended by the Medical Executive Committee on March 22, 2022 and May 24, 2022; and take any action deemed appropriate. *(For possible action)*

DISCUSSION:

Medical Staff Bylaws Changes

Changes are relatively minor and relate largely to issues related to committee composition of the medical staff committees, namely Advanced Practice Professional Committee and also minor changes to the Nominating Committee composition.

The other notable change to highlight was the creation of an exception that will allow for physicians with unique specialties, (i.e. rheumatology) are not required to provide for a covering physician.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the proposed amendments Medical and Dental Staff Bylaws and Rules and Regulations, as approved and recommended by the Medical Executive Committee on March 22 and May 24, be recommended for approval to the UMC Governing Board and the Hospital Board of County Commissioners. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 9 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 4:06 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 3, 2022