

**University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
December 2, 2024**

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 2, 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 2:04 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)
Bill Noonan (Ex-Officio) (WebEx)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Dr. Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
Tye Masters, UMC 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 October 7, 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*)

Minor corrections were made to Items 6 and 7.

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 educational presentation regarding the Patient Safety Structural Measure (PSSM) from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (*For possible action*).

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

Patty Scott, Quality/Safety/Regulatory Officer, provided a high-level overview of the new Patient Safety Structural Measure by CMS. This new measure focuses on patient safety, structure and policies.

A foundational commitment of healthcare is to ensure safety for patients and to do no harm. Although healthcare facilities have implemented various strategies to improve patient safety, patient harm still occurs. CMS has implemented this new quality measure to assess how well organizations have implemented strategies and practices to strengthen systems of safety and provide emphasis on reducing patient harm in healthcare.

PSSM is an attestation-based measure that assesses demonstration of a structure and culture that prioritizes patient safety. The program includes five domains, each containing multiple statements that aim to capture the most salient structural and cultural elements of patient safety. The measure includes five domains, which are listed below, and 25 sections:

- Leadership commitment to eliminating preventable harm;
- Strategic planning and organizational policy;
- Culture of Safety and learning health system;
- Accountability and transparency and;
- Patient and family engagement.

Ms. Scott reviewed all of the measures in detail, and expressed the importance of hospital leadership involvement, notification, event reporting and patient/family engagement.

The tracking timeline of the measure begins in 2025. In 2026, data will become public for all hospitals and in 2027 hospitals are responsible payment penalties incurred.

FINAL ACTION TAKEN:

None

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

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

UMC maintained a C grade for Leapfrog with a number score of 2.1805. The comparison to other hospitals was provided. UMC improved in 5 measures. Approximately 36% of hospitals received a C grade, 24% received a B grade and 32% received an A grade. The CMS star rating continues to have a 2-Star rating.

Ms. Scott reminded the Committee that UMC is moving to the DNV Accreditation organization and explained the rationale for seeking a different approach to accreditation and sustaining our quality management system approach. DNV provides an annual survey process and is an integrated accreditation program utilizing National Integrated Accreditation for Healthcare Organizations (NIAHO) standards, as well as the ISO:9001 Quality Management System Certification standards. The NIAHO standards mirror the CMS Conditions of Participation.

Lastly, Ms. Scott reviewed the timeline for accreditation and ISO 9001 certification. The first year is the initial accreditation, which may take place the first quarter of 2025. This visit includes all NIAHO standards. The second and third year visits will include review of the previous survey and action plans for sustainability. The fourth year visit begins the full NIAHO reaccreditation survey process.

Ms. Scott also informed the committee that UMC has been approved for Comprehensive Stroke certification. .

FINAL ACTION TAKEN:

None

- ITEM NO. 6 Receive an update on the FY26 Organizational Improvement/CEO Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (For possible action).**

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

An update was provided on the organizational goals for FY26. Data was provided from the first two quarters of 2021, 2022, 2023. The data for 2024 has not been yet been published by CMS.

1. Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures

All measures for this goal have shown improvement, with the exception of hand hygiene compliance.

2. Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (IP)

This measure has shown improvement and is being met.

3. Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (OP)

This measure has shown improvement and is being met.

4. Improve or sustain improvement (utilizing the Star Ratings) over the last three (3) year trending period in the overall patient perception of care (OP)

Star ratings for Yelp and Google were down slightly but still positive overall.

5. Employed physician & employee engagement / alignment measures (FY25)

This goal is still in progress.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of October 2, 2024 and November 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 October 2nd and November 6th were reviewed.

There were a total of 81 policies approved and 3 were retired. 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 October 2, 2024 and November 6, 2024, 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 2:54 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: February 3, 2025