

**University Medical Center of Southern Nevada  
UMC Governing Board Clinical Quality and Professional Affairs  
December 4, 2023**

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UMC Providence Conference Room  
Trauma Building, 5<sup>th</sup> Floor  
800 Hope Place  
Las Vegas, Clark County, Nevada  
December 4, 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 3:00 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)  
Steve Weitman (Ex-Officio) (WebEx)

**Absent:**

None

**Also Present:**

Patty Scott, Quality, Safety, & Regulatory Officer  
Debra Fox, Chief Nursing Officer  
Danita Cohen, Chief Experience Officer  
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 October 2, 2023. (For possible action)**

*Chair Mackay clarified that although the meeting time change from 3:00 pm to 2:00 pm was discussed previously, the Committee wanted to wait and discuss the time adjustment with all members present before making a final vote.*

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 Quality, Safety, and Regulatory Program including completed contract evaluations from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (*For possible action*)**

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

Ms. Scott reviewed the Quality, Safety and Regulatory updates.

UMC received a Leapfrog B Safety Grade score for the fall of 2023 and has maintained a CMS 2-Star rating Overall and HCAHPS. Additionally, UMC received the CMS Birthing-Friendly designation. Since 2020, UMC has continued to improve and has narrowed the delta between the UMC Star Rating and with the national average.

The 2023 Culture of Safety Survey results showed increased responses and improvement in the overall score. From 2021 to 2023, UMC's overall scoring performance when compared to the national average showed a 24.3%. During the same time frame, the average response per question increased 40%. 2023 score was 3.67 from 2021 score of 3.64. A list of the survey questions was reviewed. Rank by Best score showed slight improvement over 2021 results. Plans of improvement are being developed to address the various areas with the greatest opportunities as presented on the Rank by Opportunities.

There was continued discussion regarding improvement opportunities throughout the facility to promote patient safety with the types of services provided for patients. The Committee commended the team for the hard work that they have done and encouraged them to continue to move forward.

FINAL ACTION TAKEN:

None

**ITEM NO. 5 Receive an update on the FY24 CEO and Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (*For possible action*)**

DOCUMENT(S) SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Ms. Scott provided a review of the status of the FY24 Performance Goals to date.

- 1. Improve or sustain improvement from prior year (CY22/ CY23) to meet/exceed state and/or national averages; HAI below national SIR of 1.0.**
  - Of the five metrics, two are not meeting improvement here has been a decline in PSI-90., but remains below the benchmark. Catheter associated urinary tract infections (CAUTI) has increased from prior year. Year over year, colon surgeries has improved, but there is still room for improvement.
- 2. Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following Health Care Equity – Social Determinants of Health (SDOH) measures (IP / OP).**
  - Documentation modules have been implemented in Epic for documentation. Data for reporting on the social determinants of health is pending and is still being mapped.
  - DEI Committee continues to work on screening for transportation needs, including the potential use of Lyft, community resources, and ways to increase patient awareness/education on transportation opportunities.
- 3. Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP).**
  - Patient experience has shown improvement over prior year..
- 4. Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites.**
  - .
  - Yelp and Google scores have increased over prior year.
- 5. Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP).**
  - Four of the five metrics of this goal are being met. Education will be provided in the clinic setting by the end of FY24.

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 October 4, 2023 and November 1, 2023, 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 Presentation

DISCUSSION:

The Policy and Procedures activities for October 4, 2023 and November 1, 2023, were reviewed by the Committee.

A total of 55 were approved, 7 retired and all were approved through the hospital Policy and Procedures Committee, Hospital Quality/Safety Committee, and the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the UMC Policies and Procedures Committee's activities and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

**ITEM NO. 7 Dates and times for the Clinical Quality Committee meeting calendar for the 2024 calendar year; and direct staff accordingly. (For possible action)**

DOCUMENT(S) SUBMITTED:

-None

DISCUSSION:

The Clinical Quality meeting will now begin at 2:00 p.m. instead of 3:00 p.m. and the meeting will continue every other month.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the meeting schedule as amended. 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 3:24 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary  
APPROVED: February 5, 2024