University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
December 5, 2022

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 5, 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 (via WebEx)
Jeff Ellis (via WebEx)
Steve Weitman – Ex-Officio
Barbara Fraser – Ex-Officio (via WebEx)

Absent:
Laura Lopez-Hobbs (Excused)

Also Present:
Patty Scott, Quality, Safety, & Regulatory Officer
Deb 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 3, 2022. *(For possible action)*

FINAL ACTION:

A motion was made by Member Ellis 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 Franklin that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an introduction from Steve Weitman, who will serve as an ex-officio member of the Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION:

The Committee welcomed Steve Weitman as an Ex-Officio member of the Clinical Quality and Professional Affairs Committee.

Mr. Weitman provided insight on the philosophy and protocols which have led to the success of the Wynn/Encore properties. He emphasized that the employees of these properties know what is expected of them and there are frequent meetings that reinforce the organization's commitment to quality and service.

There are approximately 500 touch points of importance for consideration and there are similarities to the ICare4U program at UMC.

FINAL ACTION TAKEN:

None

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

DOCUMENT(S) SUBMITTED**:**
- Quality/Safety/Infection/Regulatory Updates

DISCUSSION:

Ms. Scott presented the Quality, Safety, Infection Prevention and Regulatory Program updates.

UMC maintained a C grade for the Leapfrog Patient Safety Grade for the fall of 2022. Although this grade remained unchanged from the spring, the numerical score increased and UMC is very close to a B grade. It is important to note that this is the UMC has sustained a C grade over the past three (3) safety grade cycles. A comparison of area hospital score results were also reviewed and discussed.

The Committee received an update and reviewed the quality/safety performance objectives for FY23. PSI-90 and CLABSI goals were better than prior year and

met benchmark. There was an increase in CAUTI infections and pressure injuries and these goals were not met. Overall mortality showed improvement over prior year, but is still slightly over the benchmark of 1.0 at 1.14. Opportunities to improve this metric, improve documentation and educate medical staff was discussed. Ms. Cohen mentioned that it is important to track and document patients admitted with pre-existing conditions.

Member Fraser asked if Epic has made a difference in improving documentation in any of the measures. Ms. Scott commented that there is limited embedded intelligence, but that there are protocols, order sets, and best practice alerts (BPA) that help drive best practice.

The goal for breast cancer screening was met. Ms. Scott added that the struggle is part electronic workflow, as well as that the QuickCare's are part of the measure due to UMC having a single Medicare provider number. Typically QuickCare does not screen for health maintenance / prevention issues. The telemedicine services goal received a 99% patient satisfaction and returned a 4 & 5-star rating. Currently working on other measures for quality/safety within the telemedicine service line.

HCAHPS scores show need for improvement across most measures. There was lengthy discussion regarding this objective. There was a decrease in year over year ratings in Google and Yelp.

Ms. Scott informed the Committee that the Joint Commission is expected to survey the hospital in July of 2023.

A list of UMC's regulatory and accreditation activities included surveys from CMS, State, Radiology, Nuclear Medicine, dietary, transplant services and an FDA clinical trials research. CMS has cleared all deficiencies that occurred as a result of the incident at UMC.

A consulting group performed a CMS mock survey as part of the regulatory readiness program. A plan of correction is being done as a result of this mock survey.

FINAL ACTION TAKEN:

None

ITEM NO. 6 **Approve the UMC Policies and Procedures Committee's activities of October 5, 2022 and November 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**:**
- Policies and Procedures for October 5, 2022
- Policies and Procedures for November 2, 2022

DISCUSSION:

Policy and Procedures activities for October 5th and November 2nd were reviewed. There were a total of 29 approved and 14 retired policies, all of which were approved through the hospital Policy and Procedures Committee, Quality and MEC.

FINAL ACTION TAKEN:

A motion was made by Member Ellis to approve that the UMC Policies and Procedures Committee's activities of October 5 and November 2, 2022, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 7 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 3:41 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: February 6, 2023