University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
December 7, 2020

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 7, 2020 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 Dr. 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 phone)
Jeff Ellis (via phone)
Laura Lopez-Hobbs (via phone)
Barbara Fraser – Ex-Officio (via phone)

Absent:
None

Also Present:
Mason Van Houweling, (via phone)
Patty Scott, Executive Director Quality/Safety/Regulatory Compliance
Tye Masters, Attorney
Debra Fox, Chief Nursing Officer
Cathy Hamel, Clinical Director of Professional Practice
JoAnna Dean, Interim Project Leader
Jovi Remitio, Dir. of Patient Experience and Medical Staff Services
Danita Cohen, Chief Experience Officer
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Dr. 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 October 5, 2020 *(For possible action)*

FINAL ACTION: A motion was made by Member Franklin that the minutes be approved as written. 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 the Magnet journey and current status; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Debra Fox, CNO, introduced Cathy Hamel, Clinical Director of Professional Practice and JoAnna Dean, Interim Project Leader to provide an update on the Magnet Journey to the Committee.

Ms. Hamel provided a high level overview of the Magnet process, current status and process moving forward. She explained that the transition to Magnet builds on the foundational components of Pathways to Excellence. The framework of Magnet includes new knowledge, innovations and improvements, transformational leadership, structural empowerment and exemplary professional practice, which align with UMC's vision to be a premier academic health center and the mission to provide patient centerd care in a fiscally responsible and learning focused environment. This leads to empirical outcomes.

Next, she reminded the Committee that Shared Governance, which was refreshed in 2017, promotes professional responsibility and accountability, ensures data driven, evidence-based information in decision-making and provides opportunity for engagement within all levels of the organization. PTAP and Pathways to Excellence are 4-year designations that create a foundation for Magnet to build on. Strong community partnerships, involvement in professional organizations and lifelong learning structure are essential for success.

Ms. Hamel next reviewed the key components of transformational leadership and and the shared governance model.

Ms. Dean highlighted the importance of partnerships, which elevate clinical practice. She continued with a review of the professional organization involvement and lifelong learning structure, culture of safety, quality monitoring and improvement for inpatients and outpatients and other patient safety goals and Magnet requirements.

Empirical outcomes is a measure of impact in patient care. Three tools essential to managing information databases for Magnet and quality: NDNQI, Press Ganey and ADAM Plus software, which is the backbone of building Magnet submissions.

Finally, Ms. Fox shared the celebration of the Star Quality Unit - 4 North for being CAUTI free 16 months and 11 months CLABSI free. The 2nd Star Nursing Unit will also be celebrating in critical care. They are seeing significant improvement in COVID care and decreased ventilator days. Magnet updates will be provided to the Committee.

Member Fraser commended the staff for the outcomes that have been achieved.

FINAL ACTION TAKEN:

ITEM NO. 5 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 November 24, 2020. *(For possible action)*

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

DISCUSSION:

Jovi Remitio, Director of Patient Experience and Medical Staff Services, provided a summary of the highlights and most important proposed revisions of the Medical and Dental Staff Bylaws and Rules and Regulations for the Medical Executive Committee.

The changes proposed were in Part 1 Governance, Sections 2-5 regarding Medical Staff member responsibilities, Categories of the the Medical Staff, Officers of the Medical Staff and MEC At-Large members and Medical Staff Organization.

Changes were also noted in Part II, Section 7 for Committees and Part III in the Credentials Procedures manual, as well as in Part I of the Medical and Dental Staff Rules and Regulations. Various other changes were made for the purpose of providing clarification, technical and/or legal modifications, spelling and grammatical corrections.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to approve and recommend for approval by the UMC Govering Board and the Board of County Commissioners the proposed revisions to the UMC Medical and Dental Staff Bylaws and Rules and Regulations as approved and recommended by the Medical Executive Committee on November 24, 2020. Motion carried by unanimous vote.

ITEM NO. 6 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program including contract performance evaluations; and direct staff accordingly. *(For possible action)*

DISCUSSION:

Patty Scott, Executive Director, Quality/Safety/Regulatory Compliance, provided an update on the grievances for 2nd Quarter 2020 broken down by location. There were 11 grievances reported ranging from lack of communication and explanation of care, lack of concern, treatment plan, inappropriate comments, etc. She noted that complaints decreased by 68% year over year. Trends and patterns were addressed and by administration and human resources.

Next was a review of contract evalualtions met all performance standards. Accreditation and regulatory surveys are being held virtually when possible. She noted that the Joint Commission is expected during the 2nd Quarter of 2021.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Approve the UMC Policies and Procedures Committee's activities of September 23, 2020 and October 28, 2020 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

FINAL ACTION TAKEN:

A motion was made by Member Franklin that the Policies and Procedures and Contract Evaluations with recommendation for approval to the 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

DISCUSSION:

Chair Dr. Mackay would like to invite UNLV Medical Administrative Staff to provide an update to the committee.

Member Fraser requested regular progress updates on the journey to achieve Magnet Status.

Member Franklin requested informational updates regarding research being done by UNLV School of Medicine.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Dr. Mackay asked if there were any public comments received 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 3:42p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Board Secretary
APPROVED: February 8, 2021