

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 3, 2025

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 3, 2025 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 2:03 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
Laura Lopez-Hobbs
Renee Franklin (WebEx)
Steve Weitman (Ex-Officio) (WebEx)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Dr. Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
Dave Bustos, Director of Public Safety
Jovi Remitio, Director of Patient Experience and Medical Staff Services
James Conway, Assistant General Counsel
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 December 2, 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*)

Item 4 was tabled, to be heard at a future meeting.

FINAL ACTION: A motion was made by Member Franklin that the agenda be approved as amended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on the Nursing Division and Magnet journey from Deb Fox, CNO; and direct staff accordingly. (*For possible action*).

DOCUMENT(S) SUBMITTED:

- Power Point Presentation

DISCUSSION:

This item was tabled and will be heard at a future meeting.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update on the Workplace Violence Prevention Program from Dave Bustos, Director of Public Safety and Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (*For possible action*).

DOCUMENT(S) SUBMITTED:

-Power Point

DISCUSSION:

The Committee received an update from Dave Bustos and Patty Scott on the Workplace Violence Prevention program at UMC.

Ms. Scott shared components of the program, highlighting the policy and procedures, reporting process, follow-up and support process, annual worksite analysis, monitoring and evaluation and training and education resources. She commented that OSHA surveys hospitals throughout the valley to ensure programs are in place. There has been an increase in incidents between 2021 through 2024, possibly due to increased reporting. In 2024, there were approximately 358 incidents reported. She added that the incidents could be represented in various patient/staff/visitor interactions. A graph depicting physical vs. verbal interactions occurring between 2021 – 2024 was shown.

The highest percentage of interactions occur between patient to staff, staff to staff, and family representatives to staff encounters. The majority of events are directed toward nursing staff, primarily in emergency department, ICU and ambulatory.

The Committee asked what disciplinary measures are in place, primarily in staff-to-staff interactions. Mr. Bustos responded that HR and public safety investigate these matters to determine whether they meet the elements of workplace violence and could result in verbal and written discipline, up to and including termination.

Member Hobbs stated that there should be zero tolerance for this type of behavior. Mr. Conway added that this type of conduct could be grounds for immediate termination.

Events reported by the reporting department are primarily from the nursing department, followed by public safety. Ms. Scott noted that in 2024, the majority of events were reported from the med/surg and emergency departments. Improved reporting has resulted in an increase year over year between 2021 and 2024 in reported events.

Events per 1000 discharges or encounters in 2024 was 0.57%.

Mr. Conway informed the Committee that legislative change in the statute expanded to include volunteers, student interns and public safety officers, which provides additional protections to healthcare workers.

Mr. Bustos reviewed the actions that are being taken to enhance the workplace violence program, including strengthening education, reporting, additional security officer presence, and deployment of metal detectors and surveillance equipment. There was continued discussion regarding zero tolerance education and messaging to staff, as well as patients and guests of the hospital.

FINAL ACTION TAKEN:

- ITEM NO. 6** **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

DISCUSSION:

Ms. Scott reviewed the quality, safety, and regulatory program.

Patient safety events reported in 2024 included 29 reported events. All cases were reported within the required state timeframes and monitored through the Hospital Quality/Safety Committee. RCAs with actions were taken on all cases. A listing of the sentinel events in 2024 were reviewed. A lengthy discussion ensued regarding the root cause of process failures and how to improve outcomes.

Ms. Scott next reviewed grievances by location for calendar year 2024. Quick care/primary care/telemedicine had 31%, emergency services had 27%, and 42% of grievances were from various departments. In total, 139 grievances were reported in seven different categories. The majority of grievances were concerns

with communication with the care team or attitude and behavior from staff. The grievance rate was .28 per 100 discharges, representing a slight increase over prior years. Ms. Scott stressed the importance of reviewing each grievance and providing service recovery. There was continued discussion in how the grievances relate to the issues with workplace violence.

OSHA, Federal Emtala complaint and State complaint surveys were discussed. UMC is in the window for the DNV survey for hospital accreditation and the Comprehensive stroke certification survey is scheduled for May 20th and 21st.

Contract performance evaluations were reviewed and all evaluation performance standards were met.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Receive an update on the FY25 Organizational Improvement/CEO Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (For possible action)

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

Ms. Scott briefly reviewed the organizational goals for FY25. All goals were met with the exception of hand hygiene compliance and communication with doctors. The employed physician engagement and alignment measures met established goals and are still in progress.

There was continued discussion regarding concerns with hand hygiene compliance and staff is reviewing initiatives to implement at the facility in an effort to track and improve this behavior.

FINAL ACTION TAKEN:

None

ITEM NO. 8 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of December 4, 2024 and January 2, 2025 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 December 4, 2024 & January 2, 2025 were reviewed.

There were a total of 75 approved and 12 were retired. 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 December 6, 2023 and January 3, 2024 and recommend for approval to the UMC Governing Board. 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:

Update on hand hygiene.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Dr. Mackay asked if any persons were 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 3:10 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: April 7, 2025