University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 6, 2023

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 6, 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 3:04 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 (WebEx)
Steve Weitman (Ex-Officio)(WebEx)

Absent:
Jeff Ellis (Excused)

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Dr. Frederick Lippmann, Chief Medical Officer
Jamie King, Director of Pharmacy
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
Jovi Remitio, Director of Patient Experience and Medical Staff Services
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 December 5, 2022. *(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)*

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 overview of CY2022 Medication Management from Jamie King, Director of Pharmacy; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Jamie King, Director of Pharmacy, provided an overview of the activities related to medication management for CY22.

Data and processes the pharmacy has in place for monitoring drug shortages at UMC were reviewed. There is a weekly review of the drugs on shortage, analysis of current supply, usage and critical need and the duration of the shortage. Alternative agents that can be used and drug restrictions will then be added into the Epic system. Critical shortages are communicated to the medical staff. Active drug shortages, which have been on the increase, are being monitored quarterly and less than 5% resulted in alternative need or restrictions. No high-harm score events have been reported at UMC as a result of drug shortages.

Ms. King provided a review of the adverse events that have occurred. The pharmacy has reviewed 758 adverse medication events which have been reported to the safety intelligence system; only 8 had a harm score greater than or equal to a score of 6 resulting from adverse drug reactions, allergies or prescribing errors. She continued with a description of the Pyxis machines, which are the automated dispensing cabinets used on the units to allow nurses to have access to drugs that are verified by the pharmacist. Override rates in the Pyxis has decreased due to discussions regarding high override on the units. Overrides are limited and monitored closely.

Antimicrobial Stewardship focuses on decreasing inappropriate use of antibiotics, which includes the length of time they are used. UMC had compliance of 71.4% with the stewardship recommendations at the close of CY2022. Formulary changes were next reviewed.

Dispense prep in Epic was implemented in late 2021. Compliance with usage of dispense prep increased from 79.5% in the first quarter to 93.8% by the 4th quarter and near misses decreased from 1.6% to 1.1% by the of the 4th quarter. The pharmacy has also implemented medication warnings in Epic to decrease high frequency/high override alerts due to alert fatigue.

Lastly, there was a review of the staffing changes and clinical coverage in the department.

Chair Mackay asked if there are any new drugs that are more effective in battling C-diff and MRSA. Ms. King responded that she has seen new drugs on the horizon for MRSA, but nothing for C-diff.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. ***(For possible action).***

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

DISCUSSION:

Deb Fox, Chief Nursing Officer, provided a nursing update to the Committee on Pathways to Excellence and Magnet.

Pathways to Excellence key changes, re-designation activities and timeline were reviewed. We are currently in the re-designation window and prepping registered nurses for re-designation. The self-assessment of readiness is underway, gathering feedback for all elements contained in the 6 Standards: Shared Decision Making, Leadership, Safety, Quality, and Professional Development & Well-Being. Focus groups will be created to assist in determining action plans.

The criteria manual has been updated since our 2020 designation with 75 language revisions to the Elements of Performance (EOP) and 20 EOPs with completely new language. The Professional Practice Team is gathering content for all elements for performance in the re-designation criteria. There are new EOPs with new language.

This is a 4-year designation. The application is due May 1, 2023 and documentation submission is due May 15, 2024. Appraiser document scoring is due in June or July and the RN survey will occur in September or October of 2024. Designation is anticipated in November/December of 2024.

Magnet designation timeline and activities are being monitored for all eligibility criteria and other activities. A list of Source of Evidence criteria and data requirements was reviewed. Eligibility criteria must be met by December 2023 to move forward. The application for Magnet is due January of 2024, with a site visit expected in the 1st quarter of 2025. Designation is anticipated in the later part of 2025. The strategic plan for a successful visit was discussed, which included the SWOT analysis and action plan.

Lastly, the shared governance at UMC, council accomplishments and quality measures for Magnet also reviewed.

Chair Mackay asked if the onsite visit would be a comparison of the Magnet hospitals or just hospital improvement. Ms. Fox responded that they would be looking at least half of the nursing units to exceed the Magnet mean by 5 of the rolling 8 quarters.

FINAL ACTION TAKEN:
None

ITEM NO. 6 Receive an update on HCAPHS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. *(For possible action).*

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

DISCUSSION:

Jeff Castillo presented the 1st – 3rd Quarter 2022 HCAHPS and CCAPHS score results, as well as updates regarding the ICare4U program.

UMC HCAHPS scores were compared to those of Magnet hospitals and other local area hospitals. He noted that there was a spike in the 2nd quarter data, possibly due to the ICARE 4.0 training received in 2022, but by the 3rd quarter, percentages were the same or equal to 1st quarter data. There is still opportunity for improvement in the quiet at night measure. Of the almost 5,000 surveys sent out each quarter, approximately 11-12% were received back per quarter; the highest response rate was in the 2nd quarter.

UMC Pediatric CCAHPS scores for the same quarter were also reviewed. There was a significant drop in 3rd quarter data across the board. This is being monitored and action plans are being developed to improve these statistics.

Mr. Castillo next reviewed the factors that may have affected HCAHPS scores for the 2nd and 3rd quarters and listed the ongoing action plan initiatives for 2023.

Lastly, he described updates in employee engagement items, which include ICARE certificates, ICARE Cash, thank you cards and Unit of the Week appreciation.

FINAL ACTION TAKEN:

ITEM NO. 7 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives for the first through third quarters of CY21 and CY22.

1. **Improve or sustain improvement from prior year (CY21 / CY22) to meet/exceed state and/or national averages; HAI below national SIR of 1.0.**

   We are doing better than prior year in PSI-90, CLABSIs and Overall mortality. There is still room for improvement with measures involving CAUTIs and pressure injuries. Action plans are in place for these measures. Reportable pressure injuries undergo root cause analysis (RCA) with plan of correction developed.

2. **Improve or sustain improvement from prior year (CY21 / CY22) in the following <u>Outpatient</u> measures: state and/or national averages.**

   Breast cancer screening is at 4.7%. This is better than prior year, but the benchmark is significantly less than CMS State health system performance. This is due in part to the workflow from an electronic health record standpoint, as well as that the Quick Cares are counted in this measure from a "promoting interoperability" standpoint since UMC as an enterprise is under one provider number with CMS.

   Telemedicine services is at 99% for patient experience. We are also working on a performance improvement program for telemedicine.

3. **Create and implement a plan to improve CY21/ CY22; track UMC ratings against local area hospitals within the following experience measures.**

   There was improvement with listen/courtesy from nurses/assistants at the quick care and primary care locations, as well as in communication and listen/courtesy from providers at the quick care and primary care locations. There was a decrease in performance measures in communication with nurses and doctors in the hospital setting for inpatients and these measures were also below CMS state and national benchmarks. We are still pending data regarding the employee recognition program.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY21/CY22) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites.**

   This goal is on track. The Google and Yelp scores have remained consistent or improved in both categories.

5. **Attain Successful Accreditation Through TJC:**

   UMC is still in the window for our full Joint Commission survey to take place this year. We are awaiting the one day survey to close out a previous survey.

<u>FINAL ACTION TAKEN</u>:

None

ITEM NO. 8 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of December 7, 2022 and January 4, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

DISCUSSION:

Policy and Procedures activities for December 7, 2022 and January 4, 2023 were reviewed.

There were a total of 84 approved, 12 retired and 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 7, 2022 and January 4, 2023, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 9 Review and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations; as approved and recommended by the Medical Executive Committee on October 25, 2022; and take any action deemed appropriate. *(For possible action)*

DISCUSSION:

Medical Staff Bylaws Changes were next reviewed.

Changes relate largely to issues related to committee governance, rewording in the credentials procedures manual for accuracy and compliance with the NRS, active category qualifications and the capacity of medical administrative officers.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the proposed amendments Medical and Dental Staff Bylaws and Rules and Regulations, as approved and recommended by the Medical Executive Committee on October 25, 2022 be recommended for approval to the UMC Governing Board and the Hospital Board of County Commissioners. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 10 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 4:08 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: April 3, 2023