University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 8, 2021

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 8, 2021 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 3:02 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
Laura Lopez-Hobbs (via phone)
Jeff Ellis (via phone)
Barbara Fraser – Ex-Officio (vial phone)

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer
Patty Scott, Executive Director Quality/Safety/Regulatory Compliance
Debra Fox, Chief Nursing Officer
Ron Roemer, Director of Clinical of Research and Compliance
Danita Cohen, Chief Experience Officer
Jovi Remitio, Dir. of Patient Experience and Medical Staff Services
JoAnna Dean, Interim Project Leader (via phone)
Tye Masters, Attorney
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 December 7, 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 Pathways to Excellence and Magnet Status from Deb Fox, Chief Nursing Officer; and direct staff accordingly. ***(For possible action)***

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

DISCUSSION:

The Committee was briefed on the NDNQI RN survey results and the improvement tools being used with Patient Experience.

Debra Fox, Chief Nursing Officer stated that despite COVID, the results were positive regarding the NDNQI RN survey. The response rate over time and the three measures of response were discussed. Participation, target and goal response rates have increased since 2017. She added that we continue to run slightly above the Magnet target, although there have been decreases in professional development. There is continuous improvement year over year despite the challenges with COVID. The largest areas for improvement are nursing perception and nursing ability to participate in hospital affairs. Unit level survey results will begin to roll out in March.

Member Franklin asked if the roll out of results are complicated by challenges in staff scheduling and overtime. Ms. Fox responded that the roll outs will continue.

Next, JoAnna Dean provided updates regarding the in-patient Patient Experience. The four categories that have shown the greatest increases over time are patient education, care coordination, courtesy and respect and responsiveness. Five other areas that need improvement were also discussed. More than half of the units must out-perform the Magnet.
Magnet requires that all data is at the unit level.

Member Ellis voiced concerns in the ability to meet these goals and states that there is a long way to go for improvement.

Member Franklin asked if these are calendar year percentages and also voiced concern regarding patient responsiveness. She added that framing a time

standard could be more helpful. Ms. Dean said that the data covers 8 rolling quarters. Hourly patient rounding has been implemented to help anticipate patient expectations. The conversation continued regarding percentages of goals met.

Member Hobbs wanted to know what the consequences are for goals not being met. Ms. Dean stated that there has been improvement and the changes are taking place. The discussion continued regarding actions plans in place.

At this time, Ms. Dean shared the Unit Patient Experience Tool that has been implemented and how it will be used to encourage improvement in reaching goals. She added that this tool is unique to each unit.

Member Franklin asked if there was anything that the board members can do to assist in an organizational plan for a cultural change. Ongoing support by the board members for these initiatives is always appreciated.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update on clinical trials research at UMC; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**

- PowerPoint Presentation

DISCUSSION:

Ron Roemer, Director of Clinical Trials provided a brief update regarding clinical research at UMC. The clinical trials office (CTO) focuses on human subject research protections through the Institutional Review Board and monitors compliance of clinical trials sponsored by industry. Yearly statistics of interventional clinical trials managed by the CTO were provided. Percentages of trials by department and a breakdown of trials by principal investigator were reviewed.

The IRB submissions by fiscal year are consistent with prior year. The continuing reviews have decreased. There is a combined total of 232 IRB studies performed at UMC and UNLV.

Mr. Van Houweling asked about the COVID related studies being discussed. Mr. Roemer stated there are currently two inpatient studies open for enrollment related to COVID.

Member Franklin would like Mr. Roemer to attend another meeting to provide a past and present overview and an update on the partnership with UNLV and UNLV Med, as well as what we are doing to strengthen the relationship with them.

FINAL ACTION TAKEN:
None

ITEM NO. 6 Receive an update on Quality, Safety, and Infection Prevention Program Measures; and direct staff accordingly. ***(For possible action)***

DOCUMENT(S) SUBMITTED**:**
- PowerPoint Presentation – Clinical Trials

DISCUSSION:

Danita Cohen, Chief Experience Officer, introduced Jovi Remitio to present the HCAHPS and patient experience update. She reminded the Committee that the COVID outbreak started as Ms. Remitio started in her new role.

At this time, Ms. Remitio provided a brief update on patient experience observations, challenges that have been encountered and reviewed 9 areas that are opportunities for improvement.

Next, she reviewed a list of multiple accomplishments that were achieved over the past 10 months.

Scores from 1st to 3rd quarters of 2020 showed a slight increase, despite COVID-19.

Lastly, she highlighted the ICARE Going Forward action plans, with focus on cleanliness and education on the principles of ICARE when interacting with patients. HCAHPS and ICARE education will also be provided to residents and the patient experience staff will resume daily rounding. The goal is to inspire a post-pandemic culture that focuses on the patent experience and not solely on COVID related safety measures.

At this time, the Quality Update for 2nd quarter was presented by Patty Scott.

Inpatient readmissions and 30-day all cause showed a slight increase compared to 1st quarter 2020. The mortality index remains on a downward trend. Although overall deaths decreased slightly in the 2nd quarter, there was a 7.77% increase in the mortality index.

Member Fraser asked if COVID had any impact on the increase in mortality. Ms. Scott confirmed that COVID had an impact throughout the organization.

Patient safety indicators started to increase in March 2020, but began to stabilize in the 2nd quarter of 2020. Overall sepsis mortality is trending downward, however there was an increase of 1.44% in the 2nd quarter. The sepsis bundle compliance is on an increased trajectory over the year.

Joint commission measure reviewed regarding exclusive breast milk feeding. Second quarter showed an increase of 17.18%. The perinatal service is actively working on improving this measure as one of their PI Projects.

Chair Mackay asked if we are required to comment regarding whether a mother chooses to breastfeed or not. Ms. Scott said yes and it is noted with the analysis as a root cause.

The 3rd quarter infection prevention report began with a review of CLABSI and CAUTI reduction strategies. Lab ID events showed an increase in MRSA and C.Diff. There is continued collaboration with surgery on enhanced recovery after surgery (ERAS) to reduce surgical site infections, particularly for colon surgeries.

During the 4th quarter, there were 8 events reported to the Nevada State Registry, all within required state timeframes and RCAs with actions were taken on all cases. An overview of the events was presented.

Grievances for 3rd quarter were reviewed and concerns by category were presented. There were a total of 19 grievances. Care team concerns accounted for 58% of reported concerns. All responses were in accordance with CMS regulation and data was submitted appropriately for review and corrective actions were taken. No patterns/trends were identified.

The Joint Commission has reached out regarding beginning a virtual survey process. This would be a 2-day survey with a clinical surveyor and a life safety surveyor.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Receive an update the UMC Governing Board Clinical Quality and Professional Affairs CEO Performance Objectives. ***(For possible action)***

DISCUSSION:

Ms. Scott reviewed the Clinical Quality and Professional Affairs CEO and Quality Performance Objectives for FY 2021.

1. **Improve (or sustain improvement) on publically reported quality/safety measures to meet/exceed state and national averages; HAI below national SIR of 1.0.**

   PSI-90 and CLABSI measures have not met UMC or national standards, but standards are being met with CAUTI and Colon year over year.

   Chair Mackay asked if other facilities have struggled with infections due to COVID. Ms. Scott said yes, this has been a struggle across the country.

2. **Improve (or sustain improvement) on publically reported quality/safety OP measures to meet/exceed state and national averages; HAI below national SIR of 1.0.**

   Measures are being met for UMC, but are not being met for the state.

3. **Create and Implement a Plan to Improve Year (CY19) Over Year (CY20) HCAHPS Performance; Track Our Ratings Against Local Area Hospitals.**

   There have been challenges and the goal is currently not being met.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year Online Reviews.**

   There has been improvement.

5. **Attain Successful Accreditation Through TJC**

   Joint commission surveys were suspended during the pandemic, however, UMC is in the triannual survey window.

FINAL ACTION TAKEN:

None

ITEM NO. 8 Approve the UMC Policies and Procedures Committee's activities of November 30, 2020 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**:**
- Policy & Procedure Memo
- List of Retired & Archived Policies

DISCUSSION:

A total of 13 Policies & Procedures were approved through the Hospital Policy & Procedure Committee, Hospital Quality/Safety Committee, and the Medical Executive Committee. No policies were retired or archived in 4th quarter. All policies were approved through the.

There were no contract evaluations, accreditation or regulatory surveys to report.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to recommend approval of the UMC Policy and Procedures Committee's activities for the period of November 30, 2020, which have been approved by the Medical Executive and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote. Committee

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.

Chair Mackay officially requested Ron Roemer provide regular updates to the Quality Committee regarding clinical trial research.

Member Fraser would like continued updates regarding the Magnet journey and adds that improvement should be an expectation and this statement should be communicated to the nursing staff. Member Hobbs commented that this has been done multiple times.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Mackay asked if there were any public comments 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 4:34 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Board Secretary
APPROVED: April 5, 2021