University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 3, 2024

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 3, 2024 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 2:07 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
Jeff Ellis (WebEx)
Renee Franklin (WebEx)
Steve Weitman (Ex-Officio) (WebEx)

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer (WebEx)
Patty Scott, Quality, Safety, & Regulatory Officer
Dr. Frederick Lippmann, Chief Medical Officer
Ron Roemer, Director of Clinical Research and Compliance
Kathy Johnson, Director of Infection Prevention (WebEx)
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 April 1, 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)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update **on Clinical Research and Institutional Review Board activities from Ron Roemer, Director of Clinical Research and Compliance; and direct staff accordingly. *(For possible action)***

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

DISCUSSION:

Mr. Roemer reviewed the statistics related to the clinical research at UMC. Data from January – December 2023 was reviewed. In total there are 302 active studies currently being conducted. There are approximately 185 active IRB studies by department being conducted at UMC. The top three studies are oncology, orthopedics and emergency medicine. He noted that oncology studies are decreasing because UMC no longer supports this service line. There are 117 active studies with UNLV; the top three studies are in surgery, internal medicine and OBGYN. Over 202 types of submissions were reviewed and processed during the year.

In the Clinical Trials Office, as of December 31st, UMC had approximately 23 studies open, with the top study in cardiology. Patients are screened daily by the department to determine eligibility for study enrollment. Over 2,900 patient charts were reviewed during the year for active studies at UMC. Screenings and enrollment by department were reviewed.

Lastly, Mr. Roemer made the committee aware of new studies and next steps with possible studies being established with UNLV.

The Committee would like to review financial data associated with the clinical trials. This information will be brought back to the committee at the next scheduled report.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an **update on the Annual Infection Prevention Program Evaluation and Plan from Kathy Johnson, Director of Infection Prevention; and direct staff accordingly. *(For possible action)***

DOCUMENT(S) SUBMITTED**:**
- None

DISCUSSION:

Ms. Johnson presented the review of FY2023 Infection Prevention evaluation and the plan for FY2024.

The program provides the framework necessary to reduce the possibility of acquiring or transmitting infection that is specific to the organization's services and population, designates authority to IP Director and ID Medical Director for oversight of program and governs Infection Prevention/Control Committee.

A brief overview of the accomplishments for 2023 included improvements in CLABSI events, hospital vaccination rates and ventilator associated events. Some of the projects during the year included Candida auris education, increased surgical service surveillance and continued causal analysis and action plans related to device related infections.

Ms. Johnson reviewed the reduction strategies associated with hospital wide CLABSIs, CAUTIs, IVAC Plus, surgical site infections, MRSA/ and C.diff. infections, hand hygiene and flu vaccination rates.

Hand hygiene rates dropped significantly from 70% in 2022 to 66% in 2023 despite ongoing monitoring and education. Flu vaccination rates have increased hospital wide from 76% in 2022 to 78% in 2023.

Ms. Johnson reviewed the 2024 Risks, Priorities and Interventions, which are broken down into 4 components: Community, Patient, Environment and Healthcare Worker. UMC collaborates with the SNHD, CDC and other healthcare facilities to not only focus on risks that may come into the hospital, but to also prepare for emergencies. UMC continues to monitor and provide education to employees for advanced PPE training in preparation for various infectious disease outbreaks.

Member Franklin asked why we are not receiving greater compliance with hand hygiene and why is this met with difficulty? She asked if there are disciplinary procedures in place for non-compliance? Ms. Johnson explained that although the national average is 45-50%, the percentage at UMC could be higher and electronic surveillance may be necessary to pinpoint non-compliance throughout the hospital. At this point there are no disciplinary measures in place for non-compliance. There was continued discussion regarding surveillance and monitoring of hand hygiene compliance among staff in patient care areas.

FINAL ACTION TAKEN:
None

ITEM NO. 6 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:
Readmissions 30-day all cause declined slightly compared to previous months. Mortality rates showed observed over expected rate is converging to close the gap, with a slight increase in 4th quarter. UMC is working with Vizient to review clinical documentation improvement opportunities.

PSI 90 indicators showed an increase in the 4th quarter. Overall we are at 1.022 in 2023 and 1.006 for the 4th quarter. The largest area for improvement is with Peri-Op PE/DVT. This will continue to be a focus for improvement. Post op respiratory failure is also a CDI opportunity for improvement. Education relative to the CDI opportunities was held.

Severe sepsis and septic shock bundle compliance was revised in February of 2023. Although there was a slight uptick in the 2nd through 4th quarters. Compliance has been good overall. Sepsis mortality increased to 1.31 in the 4th quarter, up from 1.20 in the 3rd quarter. She stressed that there needs to be improvement in clinical documentation as often these patients present with multiple co-morbid conditions, therefore documentation and coding specificity is important.

In patient safety, there was a 36% increase in event reporting with a 44% increase in reporting of near misses. Culture of safety scores showed improvement from 2021 to 2023. She commented that there was an increase in the number of anonymous event reports received.

There were 33 state reported safety events in 2023 reported overall, which is down from 46 reported in the prior year. All cases were reported within required state timeframes and RCAs with action were taken on all cases. Monitoring for sustainment was through the hospital Quality/Safety Committee.

In the Spring of 2024 UMC slipped from a B to a C, primarily due to infection and PSI-90 statistics; HCAHPS scores remained consistent. The discussion continued regarding the focus on engaging the Vizient consulting division to train and educate provider staff to improve clinical data and documentation, which will assist in Leapfrog score improvement and sustainability.

There was a brief interruption due to technical difficulties with the audio during the meeting.

Member Franklin was commenting on the need to not only educate provider staff regarding documentation, but use the tools available to leverage behavior changes within the organization.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 3 & May 1, 2024 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 April 3rd and May 1st 2024 were reviewed.

There were a total of 71 policies approved, 6 were retired and all were approved through the hospital Policy and Procedures Committee, Quality and Safety and Medical Executive Committee.

FINAL ACTION TAKEN:
A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of April 3 and May 1, 2024, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 8 Receive an update on the FY24 Organizational Improvement/CEO Goals 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 FY24.

1. **Improve or sustain improvement from prior year (CY22 / CY23) to meet/exceed state and/or national averages; HAI below national SIR of 1.0.**

   PSI-90 and CAUTI infections measures were lower that prior year and did not meet the national benchmark. The other measures were better than prior year, but are not meeting the national ratio. Pressure injuries are in the positive.

2. **Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following Health Care Equity – Social Determinants of Health (SDOH) measures (IP / OP):**

   Screening measures have been implemented and established for all three measures related to the social determinants of health.
   The plan to identify and develop plans to assist with transportation needs for patients has been implemented and is being monitored.

3. **Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):**

All measures showed improvement over prior year. Physician and nurse communication and staff responsiveness measures still struggle to meet state and national averages.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) 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 positive and consistent or improved in both categories.

5. **Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):**

   All measures have been met with the exception of one, related to developing alternative education on customer service as an adjunct to ICARE principles for clinic setting. This is still in progress.

   All data will be complete by the end of June.

FINAL ACTION TAKEN:

None

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:

1. Improvement in the processes surrounding patient discharge.
2. Invite Janella Green, Lean Transformation Specialist.

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 3:08 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: August 5, 2024