University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 5, 2023

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 5, 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
Jeff Ellis (WebEx)

Absent:
Steve Weitman (Ex-Officio) (Excused)

Also Present:
Patty Scott, Quality, Safety, & Regulatory Officer
Frederick Lippmann, Chief Medical Officer
Deb Fox, Chief Nursing Officer
Jeff Castillo, Director of Patient Experience
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 3, 2023. *(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

At this time the Committee heard Item 9.

ITEM NO. 9 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 5, 2023 and May 3, 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 April 5, 2023 and May 3, 2023 were reviewed.

There were a total of 139 approved, 7 retired and all were approved through the hospital Policy and Procedures Committee, Quality and the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the UMC Policies and Procedures Committee's activities of April 5 and May 3, 2023 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

The Committee returned to hear Item 4.

ITEM NO. 4 Receive an educational presentation from Patty Scott, Quality/Safety/Regulatory Officer on the new Joint Commission National Patient Safety Goal specific to *improving health equity* and leadership responsibilities; and direct staff accordingly.

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

DISCUSSION:

Ms. Scott presented an overview of The Joint Commission's Health Care Equity Standards. Healthcare equity is a quality and safety priority. Effective July 1, 2023, the Leadership Standard that addresses health care disparities as a quality and safety standard will become a new National Patient Safety Goal, This change will increase the focus on improving health care equity. There was a review of the six goal specific requirements to review, monitor, analyze and evaluate processes that the facility will have to incorporate to improve health equity. Information on specific topics will be provided at future meetings.

CMS also has new regulations wherein the facility will be required to report on inpatient and outpatient quality indicators related to equity.

Ms. Scott reviewed the organizational commitments for the Governing Board and executive levels, various regulatory requirements related to healthcare equity.

There was continued discussion regarding the assistance provided to patients upon discharge.

FINAL ACTION TAKEN:

None

ITEM NO. 5 **Receive an update from Deb Fox, Chief Nursing Officer (CNO) on Pathway to Excellence re-designation and progress to Magnet; and direct staff accordingly.** ***(For possible action)***

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

DISCUSSION:

Deb Fox, Chief Nursing Officer reviewed the Magnet status update with the Committee.

Magnet Updates:

UMC will engaging Healthlinx, which iswell knownin assisting hospitals to successful Pathways and Magnet designation, as a consultant to assist in reaching the Magnet designation goal. The engagement will begin in June of 2023 and will continue until successful designation. The discussion continued regarding the scope of the engagement with Healthlinx, next steps, time frames and deadlines.

Pathways to Excellence Updates:

A brief report was provided on Pathways to Excellence. The application has been prepared, submitted and accepted by the AACN for re-designation in May. More than 60% of documents have been written and the NDNQI RN survey will be done in September. Ambulatory is taking a significant role in P2E and Magnet due to new data requirements.

There was continued discussion regarding cost involved in the process and the concerns in reaching Magnet designation.

FINAL ACTION TAKEN:

None

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

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

DISCUSSION:

Jeff Castillo, Director of Patient Experience, provided an update on the experience program and gave an overview of the ongoing action plans for multiple initiatives for 2023.

CMS is considering implementing a new web-first mode in 2025. This will allow the use of an electronic survey for Press Ganey. This will increase the percentage of surveys that are returned. The prohibition on proxy surveys has been removed, allowing other individuals to complete surveys on behalf of patients. Other updates were also provided. Mr. Castillo next shared the data comparison year over year for CY2021 and CY2022 and the HCAHPS and CCAHPS scores for the first quarter of 2023.

Lastly, the Committee reviewed the CMS Compare scores to compare UMC with other area hospitals.

FINAL ACTION TAKEN:

None

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

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

DISCUSSION:

Ms. Scott provided the Quality, Safety, Infection, Regulatory Update.

First quarter 2023 workplace violence report showed 72 reported incidents. A comparison quarter over quarter was reviewed and a breakdown of the physical and verbal reporting was provided. The majority of incidents reported are patient to staff. Other patient and staff categories were also reviewed, as well as statistics by department and those individuals with and without injury.

Chair Mackay asked if any incidents require evaluation by the ER. Ms. Scott responded that there have been incidents requiring treatment.

Metal detectors have been installed within the adult and pediatric emergency department. The importance of education to help all healthcare workers to protect themselves against violence was stressed.

Reporting for patient safety was next reported. There was a total of 9 safety events reported to the state during the 1st Quarter, 2023. All cases were reported within the required timeframe. RCAs with actions were done on all cases. Monitoring, evaluation, and sustainment is reported through the Hospital Quality/Safety Committee. Events were listed and reviewed by category.

A list of contract performance evaluations completed was provided and review by Committee members .

FINAL ACTION TAKEN:

None

ITEM NO. 8 Receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives FY2023.

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**

   Two of the five measures within this goal are not being met year over year – CAUTI and Pressure injuries. All others are meeting the benchmark (PSI-90, CLABSI, and Overall Mortality – observed/expected).

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

   There has been improvement in the breast cancer screening measure meeting the benchmark, however there is still opportunity for improvement. Telemedicine satisfaction is at 99% and is meeting the benchmark.

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

   Two of the seven measure have not been met year over year – Communication with nurses and providers. These measures within the Quickcares and Primary Care are meeting the benchmark. The measure relating to employee recognition has shown an increase and this measure is being met.

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 being met. There has been an increase in Google and Yelp ratings.

5. **Attain Successful Accreditation Through TJC**

   We have not been surveyed, but we are in the window for our full survey.

FINAL ACTION TAKEN:

None

SECTION 3. EMERGING ISSUES

ITEM NO. 7 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:

The Committee asked if there will be a press release on the Leapfrog survey.

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 3:59 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: July 25, 2023