University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 6, 2022

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 6, 2022 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 3:00 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)
Jeff Ellis (WebEx)
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Shadaba Asad, MD, Medical Director of Infectious Diseases
Deb Fox, Chief Nursing 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 4, 2022. *(For possible action)*

Correction made on page 2.

FINAL ACTION: A motion was made by Member Hobbs that the minutes be approved as amended. 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 information and education from Shadaba Asad, M.D., Medical Director of Infectious Diseases on Candida Auris; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Dr. Shadaba Asad, Medical Director of Infectious Disease, provided an educational update on the current status of Candida Auris. The CDC labels it as an urgent threat to the healthcare system of the US.

Dr. Asad listed five reasons that Candida Auris is a threat:
1. It is becoming increasingly common.
2. It causes serious infections.
3. It can be difficult to identify.
4. It is often multidrug-resistant.
5. It can spread and cause outbreaks in healthcare facilities.

First reported in 2009 as an ear infection, C. auris has rapidly spread throughout the world and as February 2021, it has been identified in several countries. Statistics of clinical cases reported in the United States for 2021-2022 were shown.

Serious infections are more common in patients who are frequently hospitalized and are dependent on different devices, such as ventilators, trach tubes, and other indwelling devices. It was noted that one in three patients die within a month of being diagnosed with an invasive C. auris.

Dr. Asad next described the challenges associated identifying and treating Canida auris, as well as the treatment measures and technology that UMC has in place. She also explained the difference between clinical infection and a colonization.

Lastly, strict recommendations for isolation, infection prevention and controlling the spread were shown. The discussion continued regarding the statistics of patients at UMC.

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 brief update on the NDNQI RN Survey participation and hospital level results for 2021

The minimum nurse participation for the survey is 50% and the target for NDNQI is 70%; UMC's target goal is 90% or greater. Through COVID, our nurses maintained a response rate which exceeded 91%.

Next, Ms. Fox shared the participation breakdown by unit, clinic and group. She noted that although the majority of hospital departments and clinics met the minimum and target benchmarks, the biggest challenge is in response rates at the ambulatory clinic sites. She added that if minimum benchmarks are not met, unit based results are not received.

Since 2017, participation rates have shown improvement, and in 2021, there has been significant improvement in the number of cost centers participating in the survey. A statistical graph was provided. UMC compares favorably with other Magnet facilities and academic medical centers across all nursing benchmarks. RN to RN interaction continues to be a challenge and there was a slight decline in nurse manager and leadership, professional development access and opportunity results. The discussion continued regarding how the year over year results were affected by COVID, workplace violence, root causes for nurse to nurse interaction, process changes, etc.

Lastly, patient throughput initiatives were reviewed.

FINAL ACTION TAKEN:
None

ITEM NO. 6 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 presented the Quality, Safety, Infection Prevention and Regulatory Program updates.

UMC received a C rating with a score of 2.7593 for the spring 2022 Leapfrog safety grade. We are very close to the B rating. The next grade will be in the Fall

of 2022 and we are working on the full survey, which is due at the end of the month. A comparison of all valley hospitals was provided.

There were 17 state reported safety events for the first quarter of 2022. All cases were reported within the required state timeframes, RCAs with actions were taken on all cases and they are being monitored for sustainment through the Patient Safety Committee. Ms. Scott provided a grid of sentinel events reported year over year and reviewed the actions that are being taken to reduce pressure injuries.

Grievances by location and concern category were reviewed. There were 152 grievances received in 2021, with a total of 155 reported concerns Approximately 12 grievances could be substantiated. She noted that in comparison to the total volume of patients served, the actual percentage of grievances is very low. The discussion continued with statistics.

Contract performance evaluations were completed. Accreditation and regulatory surveys were completed in Laboratory, Stroke State and CDC/State. Deficiencies and plans of correction are being done where needed and will be submitted appropriately.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Approve the UMC Policies and Procedures Committee's activities of April 6 and May 4, 2022 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**:**
-Power Point

DISCUSSION:

Policy and Procedures activities for April 6th and May 4th were reviewed. There were a total of 59 approved, 40 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 April 6 and May 4, 2022, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 8 Identify date for the August 2022 Clinical Quality and Professional Affairs Committee meeting; and direct staff accordingly

DISCUSSION:

The Committee agreed to change the date of the next meeting. The meeting will be held on August 1, 2022.

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:

CEO Performance Objectives

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 3.55 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: August 1, 2022