University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 7, 2021

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 7, 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 3:05 p.m. by Chair Dr. Donald Dr. 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 (via phone)
Jeff Ellis (via phone)
Barbara Fraser – Ex Officio
Laura Lopez-Hobbs

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Executive Director Quality/Safety/Regulatory Compliance
Debra Fox, Chief Nursing Officer (Via WebEx)
Cathy Hamel, Clinical Director of Professional Practice
Jovi Remitio, Dir. 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 April 5, 2021. *(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 Magnet Status from Deb Fox, Chief Nursing Officer; and direct staff accordingly*. (For possible action)*

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

DISCUSSION:

Debra Fox, Chief Nursing Officer, provided an update on the Magnet journey. Statistics of the overarching status of the major elements of Magnet, which included the foundational documents, application, nurse sensitive data, patient experience and document completion were reviewed. There has been considerable progress month over month.

The core foundational document being used in the UMC Nursing Professional Practice Model depicts how nurses practice, collaborate, communicate and develop professionally.

Ms. Fox stated that there is focus on improving and sustaining nurse sensitive indicators and patient experience through accountability. Task forces were implemented in November 2020, along with monthly status reporting and a daily rounding tool, which places special emphasis on categories including patient experience, patient fall and pressure injury prevention, physical restraint reduction, general nursing care and other categories. The goal of the tool also ensures that managers round on 50% of patients daily and items that are non-compliant are corrected in a timely manner. Improvement has been seen in current data from 2019-2020 when compared to baseline data from 2018-2019.

The Magnet eligibility element of required education was discussed. Ms. Fox reminded the committee that all AVPs, nurse directors and managers must have a baccalaureate or graduate degree in nursing.

Lastly, she highlighted the success of the 2020 Virtual Research Empowerment day. An article published in the NNA Publication – Nevada RNformation showcased the event and winners. Planning has begun for the 2021 Research Empowerment Day event, which will take place in October.

Member Fraser congratulated the team for their accomplishments. She voiced concern with the patient experience indicator and what is being done to improve in this category. Ms. Hamel shared the action plan regarding the patient experience and explained in detail the objectives of the nurse task force which has been implemented. Ms. Romito added that patient complaints are addressed with nursing leadership before patients are discharged.

ITEM NO. 5 Receive an update on Quality, Safety, and Infection Prevention Program Measures and regulatory activity; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED:

- Quality/Safety/Infection/Regulatory Update Power Point

DISCUSSION:

Patty Scott provided an update on the 4th quarter 2020 Quality, Safety, Infection and Regulatory program.

Readmissions have decreased slightly over the previous quarter. The mortality index increased slightly in 4th quarter; 38% were related to COVID positive patients. PSI-90 Composite continues to trend downward. Although Sepsis Mortality has shown a steady downward trend, there was a significant increase in 4th quarter 2020. There has been a decline in application of the sepsis bundle throughout COVID. The conversation continued regarding sepsis leading indicators and compliance.

Exclusive breast milk feeding continues to trend downward. A conversation ensued regarding this Joint Commission requirement and indicator measurement and challenges surrounding those patients without prenatal care and education.

Ms. Scott informed the committee that the plan of Correction is due to the Joint Commission on July 2nd.

Member Hobbs asked if there is correlation with Magnet and the results of performance improvement in quality standards and patient culture. A discussion continued regarding this topic.

FINAL ACTION TAKEN:
None

ITEM NO. 6 Receive an update regarding the FY21 CEO Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED:

- CEO Performance Objectives PowerPoint

DISCUSSION:

The Committee received an update on the CEO Performance Objectives for calendar year 2020.

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.**

– Though there has been improvement, this goal has not been met.

2. **Improve or sustain improvement on publically reported quality/safety OP measures**

   – There has been improvement year over year. This goal has been met.

3. **Create and implement a plan to improve year (CY19) over year (CY20) HCAHPS performance; track our ratings against local area hospitals. - responsiveness of staff and cleanliness of hospital were not met and quietness and discharge information is improved.**

   – Goals for quietness and discharge information have shown improvement in UMC goals, but responsiveness and cleanliness UMC goals showed a slight decline and goal measures were not met.

4. **Demonstrate improvement utilizing the star ratings from prior calendar year.**

   – This goal has shown improvement year over year and the UMC goal is being met.

5. **Attain successful accreditation through TJC.**

   – A plan of correction is being completed. This goal was attained and is being met.

FINAL ACTION TAKEN:
None

ITEM NO. 7 **Approve the UMC Policies and Procedures Committee's activities of March 24, 2021 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:
None

FINAL ACTION TAKEN: A motion was made by Member Hobbs that the Policies and Procedures be recommended for approval to the Governing Board. Motion carried by unanimous vote.

ITEM NO. 8 **Recommend approval by the UMC Governing Board of the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules and Regulations; as approved and recommended by the Medical Executive Committee on May 25,2021. (*For possible action*)**

DOCUMENT(S) SUBMITTED**:**

- February and March Committee Policy List
- 2020 Utility Management Policies
- Committee Memos

FINAL ACTION: A motion was made by Member Franklin that the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules and Regulations be recommended for approval to the Governing Board. Motion carried by unanimous vote.

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

Receive an update at a future meeting from Ron Roemer, Director of Research, on clinical trials conducted by UMC and the Kirk Kerkorian School of Medicine

Request school of medicine and infectious disease to provide an update at a future meeting.

The meeting scheduled for August 9th will be rescheduled to take place on July28th. The board secretary will confirm that there are no calendar conflicts.

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 4:10 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: July 28, 2021