University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 8, 2020

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 8, 2020 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 (via phone)
Laura Lopez-Hobbs (via phone)

Absent:
None

Also Present:
Mason VanHouweling, (via phone)
Dr. Shadaba Asad, Medical Director Infection Diseases (via phone)
Patty Scott, Executive Director of Clinical Patient Safety
Patty Stopka, Director of Patient Safety (via phone)
Debra 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 February, 10, 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 Ellis that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on current and emerging issues with the COVID-19 Pandemic from Shadaba Asad, MD, Medical Director Infection Diseases – University Medical Center of Southern Nevada and Associate Professor of Medicine – University of Nevada Las Vegas, School of Medicine

DOCUMENT(S) SUBMITTED**:**
- COVID-19 Power Point Presentation

DISCUSSION: Dr. Shadaba Asad, MD, Medical Director of Infectious Diseases presented an overview of statistics broken down by the State of Nevada, Clark County and University Medical Center. Updates were presented regarding the initiatives that have been implemented during the pandemic, highlighting activities of the medical staff, increased testing capabilities and the plans moving forward.

The statistics from the Department of Health and Human services showed the total number of tests that have been performed statewide and the demographics of the positive tests. The total number of tests performed at UMC exceeds all tests done at other facilities in the valley. There is an even distribution between all age groups. A breakdown of the effects between races and ethnicities was provided. Dr. Asad commented on the cumulative tests performed throughout the pandemic and the daily growth rate of tests and cases. There was significant growth reported in the early part of the pandemic, but this has leveled out in the months of May and early June.

Dr. Asad pointed out the decline in the confirmed and suspected COVID-19 hospitalizations. The slides also depicted the seven-day progression of the disease and the death rates that have been reported. Statistics specific to Clark County and UMC were reviewed, including total inpatient positive cases, average length of stay, total mortalities and tests performed.

Initiatives taken during the pandemic were the setup of the incident command center to coordinate the response of the pandemic. A COVID-19 educational forum was established for hospital representatives and first responders to share experiences and come up with a unified response and solutions to problems and issues that faced the community and a COVID Clinical Task Force was developed by physicians allowing treatment protocols to be created to assist in patient care.

Lastly, the expanded testing capabilities and the multiple treatments that have been provided to patients were discussed.

Chair Dr. Mackay asked about treatment using hydroxycloroquine. Dr. Asad stated that she was not currently using it with her patients.

ITEM NO. 5 Receive an update on the recent Pathways to Excellence designation and journey to Magnet Status from Deb Fox, Chief Nursing Officer; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Debra Fox, Chief Nursing Officer, gave a summary of the Pathways to Excellence designation and what it entails. She explained that the designation is centered around six key standards and 183 elements of performance that must be met. Pathways to Excellence is described as the precursor to the Magnet journey because it is the only nurse-centric designation that has global recognition and is considered to be the gold standard for nursing culture and excellence in clinical practice.

Pathways provides the infrastructure, governance, communication, research, culture and data that is necessary attaining top notch quality outcomes, which is a mandate for reaching Magnet status. Ms. Fox outlined the key components that are required, which include documentation of bedside treatment and 75% participation with a nursing staff survey. There was a 92% response rate from the nursing staff. UMC's achievement of the Pathways designation was announced in mid-May and it will be for 3 years.

Ms. Fox detailed the goals and challenges moving forward in submitting the application for Magnet, which includes document submission and a site survey participation by the end of 2021. A GAP analysis will be provided to assist in preparing the team for the site survey.

At this time, there are no hospitals with Magnet status in Nevada.

FINAL ACTION TAKEN:

ITEM NO. 6 Receive an update on ICARE4U and results of HCAHPS; and direct staff accordingly. *(For possible action)*

DISCUSSION:
Patty Scott informed the committee that the ICARE4U presentation will be reviewed at the next meeting. The results of the HCAHPS will be included in Agenda Item 7 with the CEO goals.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Receive an update on Quality, Safety, and Infection Prevention Program Measures and Performance Improvement activities including undated results for the 2020 CEO Board Goals; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**

- Quality/Safety/Infection/Regulatory Update Power Point

Patty Scott reviewed the annual evaluations for the Patient Safety Plan. She explained that the plan provides the framework to create a culture of safety awareness and accountability, transparency and collaboration with department leaders to identify opportunities for improvement, implement actions, mitigate risks and look for safety patterns and trends in data within the organization. Other details of the patient safety plan were listed and 2019 accomplishments were highlighted.

There has been a 20% decrease in grievances received year over year. Sentinel event comparisons of 2018 to 2019 were provided.

Member Fraser asked if there have been any wrong site surgeries or retained foreign object events for 2020. Ms. Scott stated that she is not aware of any.

Member Ellis asked about the surgery volume. Ms. Scott clarified that the statistics provided were for 2019.

Next, the 2019 Infection Control Plan was reviewed. Improvements in infections and complications were highlighted. There has been overall improvement in hand hygiene, communication and education of isolation status, influenza vaccinations and other employee testing within the organization.

The CEO Governing Board Quality Goals was presented for July – December 2019. HCAHPS performance data was also provided.

Ms. Scott reminded the Committee that we are in the window for our Joint Commission survey. It was expected to occur prior to June 16, 2020, however the pandemic has suspended and limited Joint Commission survey activity in many areas across the country.

Discussion continued regarding the timeline to forward CEO performance evaluation goals to human resources. There was also further discussion regarding HCAHPS ranking in comparison to other facilities. Ms. Scott stated that this information would be provided at the next meeting.

ITEM NO. 8 Approve the UMC Policies and Procedures Committee's activities of February 26, 2020 and March 25, 2020 including, the creation, revision, or retirement of UMC policies and procedures; and take any action deemed appropriate. (*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 Policies and Procedures be recommended for approval to the Governing Board. Motion carried by unanimous vote.

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

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 4:01 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: August 10, 2020