

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 3, 2022

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 3, 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 3:01 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 (via WebEx)
Barbara Fraser – Ex-Officio (via WebEx)

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer
Patty Scott, Quality, Safety, & Regulatory Officer (via WebEx)
Deb Fox, Chief Nursing Officer
Danita Cohen, Chief Experience Officer
James Conway, Assistant General Counsel
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 August 1, 2022 and August 22, 2022. (For possible action)

FINAL ACTION:

A motion was made by Member Franklin 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

ITEM NO. 4 Receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. (*For possible action*)

DOCUMENT(S) SUBMITTED:

- Nursing Update

DISCUSSION:

Deb Fox, Chief Nursing Officer, provided a nursing update to the Committee.

IRounding for the first and second quarters of 2022 focused on patient care quality audits and patient experience surveys. She added that the surveys are unique to the different departments such as med/surge, perinatal and critical care areas. There were over 8000 iRounds completed in these first 2 quarters by the nurse managers in real time, for all newly admitted patients.

Improvements have been seen in patient falls, hospital acquired pressure injuries, hospital associated infections and physical restraint utilization. Although there still remains opportunities to improve with falls and pressure injuries, it was noted that the goal is to sustain the improvements that have been achieved and decrease the number of CLABSIs.

Patient experience rounds were reviewed. Over 80% of patients were rounded on in the 1st and 2nd quarter and responsiveness has improved with regards to answering patient call lights. Hallway noise remains the most common complaint with patients, followed by roommate noise.

Mr. Van Houweling suggested that closing the patient doors could help reduce the noise in the hallways, as well as provide privacy to the patients. Staff will discuss this with engineering.

Next, Ms. Fox provided updates on Pathways to Excellence and Magnet designations. UMC is currently in mid-cycle of the 4-year designation. The entire process must be done over again and the application is due May 1, 2023 and documentation is due June 1, 2024. Re-designation is anticipated in 2024. We are in the pre-application phase for Magnet eligibility. The application is due January of 2024, with a site visit expected in the 1st quarter of 2025. Designation is anticipated in the later part of 2025.

Lastly, she shared plans on the horizon which included shared governance unit based council, increased reward and recognition activities to increase employee morale building, and putting into place a resiliency and well-being program. Practice updates include a proposal to extend the use of Nitrous Oxide outside of the OR to areas such as L&D, Peds, Burn Care, adult ED and trauma.

FINAL ACTION TAKEN:

None

- ITEM NO. 5 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:

- Quality/Safety/Infection/Regulatory Updates

DISCUSSION:

Ms. Scott presented the Quality, Safety, Infection Prevention and Regulatory Program updates.

Since 2020, there have been changes made to the CMS scoring methodology. There are now 5 measure groups, Mortality, Safety, Readmission, Timely/Effective Care, and Patient Experience, which are measured numerically, with the exception of Patient Experience, which is now being measured as a star rating. UMC is below the national average, but has improved significantly year over year since 2020. Ms. Scott next shared the indicators that comprised the UMC star rating and reviewed the Vizient Quality and Accountability Scorecard. UMC has increased from a 1-Star to a 2-Star rating with Vizient. Discussion ensued regarding the length of stay metrics on the various scorecards and how UMC compares with the other facilities.

The next Leapfrog Patient Safety Grade will be published in the Fall of 2022. A comparison of all valley hospitals was provided.

Next, Ms. Scott reviewed all cause 30-day re-admission rates, which continues to be lower than other comparable academic healthcare facilities in the benchmark group and is noted to be the "same" as other CMS facilities reporting into the publically reported data program.

Inpatient mortality has continued to trend downward since the third quarter of 2021. Hospital wide deaths have decreased from 194 to 136 and inpatient discharges have increased in the 1st quarter.

PSI-90 Composite rating has increased slightly, but we continue to do well. There has been an increase in PE or DVT in the 1st and 2nd quarter of 2022.

Sepsis mortality index showed a decrease in deaths and mortality index. Inpatient discharges in Q2 were up 437 patients from the previous quarter with sepsis cases decreasing from 490 to 476. UMC risk adjusted percentage of sepsis deaths expected is 10.11 and our percentage of deaths observed was 13.24.

Stroke measures are tracked electronically through EPIC documentation and reported to CMS. In 2023, CMS will begin publicly reporting this performance data.

CLABSI, CAUTI and SSI colon showed positive results year over year. Reduction strategies for these measures were discussed. Hand hygiene compliance showed opportunities for improvement. We have been evaluating an electronic hand hygiene surveillance system for possible implementation in 2023. Electronic systems reduce the need for manual observations and effectively meet the LeapFrog hand hygiene surveillance measures.

There were 10 state reported safety events for the 2nd quarter. All cases were reported within the required state timeframes with RCAs on all cases and monitored by the hospital Quality and Patient Safety Committee.

Grievances from January through June of 2022 were reviewed. During this timeframe, 70 grievances were received with a total of 70 reported concerns. 2 grievances could be substantiated. Lastly, Ms. Scott reviewed the percentage of grievances that the hospital has received when compared to the overall discharges and encounters.

Ms. Scott provided an update regarding UMC's regulatory status. All plans of correction were accepted and UMC is in good standing. The State on behalf of CMS is expected to return to survey that the plan of action is being followed and sustained. Quality staff continue to monitor the plan of correction with daily updates to the appropriate leaders. The Joint Commission is also expected to return to review the Medicare Conditions of Participation portion of the previous survey in December. A consulting group will be performing a CMS mock survey as part of the regulatory readiness program.

Mr. Van Houweling briefly updated the Committee on the new weapon screening processes at the hospital, due to increased incidents of violence at the hospital and within the community.

FINAL ACTION TAKEN:

None

- ITEM NO. 6 Approve the UMC Policies and Procedures Committee's activities of August 3, 2022 and September 7, 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:

- Policies and Procedures for August 3, 2022
- Policies and Procedures for September 7, 2022

DISCUSSION:

Policy and Procedures activities for August 3rd and September 7th were reviewed. There were a total of 138 approved, 38 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 August 3 and September 7, 2022, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

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:

None

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 4:08 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary

APPROVED: December 5, 2022