University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 4, 2021

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 4, 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 3:02 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. Donald Mackay – Chair
Renee Franklin
Laura Lopez-Hobbs
Jeff Ellis (via phone)

Absent:
Barbara Fraser – Ex-Officio (Excused)

Also Present:
Patty Scott, Quality, Safety, & Regulatory Officer
Tye Masters, Attorney
Fred Lippmann, MD, Primary Care Physician
Debra Fox, Chief Nursing Officer (Via WebEx)
Ron Roemer, Director of Clinical Research and Compliance
Danita Cohen, Chief Experience Officer
Jovi Romitio, Director of Patient Experience and Medical Staff Services
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 July 28, 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 Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on Clinical Trials Research activities from Ron Roemer, Director of Clinical Trials Research; and direct staff accordingly. (*For possible action)*

DOCUMENT(S) SUBMITTED**:**
- UNLV Clinical Trails Research Presentation

DISCUSSION:

Ron Roemer, Director of Clinical Trials Research provided an update on clinical trial research activities.

The studies under consideration at UMC were conducted by the Kirk Kerkorian School of Medicine and reported by department and principal investigator. The department of surgery had the most studies under consideration. Status of the studies were shown and Mr. Roemer mentioned that 5 studies were declined for various reasons. Some of the studies were on hold because of COVID, as well as other reasons. The discussion continued regarding the 17 industry sponsored trials at UMC.

There are currently 114 studies that remain open. Since July 2017 through June of 2021, there have been 441 clinical trial studies that have been completed. Efforts to streamline the process for research have been made, including the use of a master facility agreement, three-party agreements and budget negotiations. Areas that are opportunities for growth in the program include work with the Institutional Review Board, the research institute at UMC and the research pharmacy at UMC. The discussion continued regarding next steps needed in order to grow the research program.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update from the Chief Nursing Officer; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- PowerPoint Presentation

DISCUSSION:

Chief Nursing Officer, Debra Fox, provided the nursing report. Currently, UMC is in the process of applying for reaccreditation for the Practice Transition Accreditation Program (PTAP). UMC is the only new grad residency program that is accredited with distinction in the state. This program provides education for a

nursing student to transition from student to practice. Up to twenty new graduates are on-boarded into the program. The program lasts 16 weeks and is very comprehensive. It begins with general hospital orientation, Epic training and all facets of patient care, ethics, conflict resolution, teamwork and leadership. In weeks 7-16 of the program, there is focus on specialty course work and competency, which includes classroom and clinical care experience. The accreditation application was submitted and accepted in June of 2021. A reaccreditation decision is expected in the first quarter of 2022.

The application for re-designation for Pathways to Excellence is due in May of 2023 and the document submission is due in May of 2024. Notification of re-designation is anticipated in the fourth quarter of 2024.

Nurses are currently participating in an annual NDNQI practice environment for survey readiness. The survey runs from October 3rd through October 24th. The targeted response rate is 90% or higher. Participation from nursing staff is encouraged.

Lastly, Ms. Fox provided additional updates regarding the launch of the Nurse Physician Resolution Council, which allows nurses and physicians to discuss matters related to patient care. She announced that JoAnna Dean retired as UMC's Magnet writer in August. The new Magnet writer is Michael Rice.

The Committee was shown a slide of the new electronic rounding audit iPad tool used by nurses as they round on patients. This is real time tracking that can be monitored by nurse management. A discussion continued regarding survey fatigue among staff.

FINAL ACTION TAKEN:

None

ITEM NO. 6 Receive an update on HCAHPS, CCAHPS, and the ICARE4U program; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- PowerPoint Presentation

DISCUSSION:

Jovi Remitio provided a review of the HCAHPS scores from Q4 of 2020 through Q2 of 2021 and the ICARE4U program.

Although most HCAHPS measures showed improvement, there is still opportunity for improvement in quietness and patient understanding of discharge instructions. She noted that the scores for Sound Physicians showed substantial improvement in all areas except explanation of medication side effects.

The action plan items included using the discharge instruction template, posters about communicating and to continue daily patient rounds by the patient experience staff. Quarterly recognition certificates will be provided to the highest scoring practitioners in ambulatory care and in inpatient nursing units.

As part of the ongoing education program, ICARE and CG-CAHPS education is provided for admit reps and nurses in clinics, as well as for Residents.
The Committee continued the discussion on this topic and offered suggestions regarding the volume of discharge information provided to patients and how the new discharge instruction template will streamline the discharge process and improve patient satisfaction.

FINAL ACTION TAKEN:

None

ITEM NO. 7 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program Measures; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- PowerPoint Presentation – Quality Update

DISCUSSION**:**

Patricia Scott, Quality, Safety, & Regulatory Officer reviewed the Quality, Safety, Infection and Regulatory program measures for the second quarter of 2021.

The 30-day All cause inpatient readmission rates decreased compared to first quarter of 2021. Inpatient mortality index continues to decrease, but is higher than benchmark. Of the patient deaths, 11% were due to COVID. PSI-90 composite has trended downward and sepsis mortality has been trending down since the 4th quarter of 2020. Ms. Scott let the Committee know that a number of measures and value-based domains will be suppressed from payment penalties by CMS nationwide due to the pandemic. Sepsis bundle compliance is slightly better when compared to other academic medical centers.

The discussion continued with a review of the Infection Prevention update. Ms. Scott reviewed the second quarter results of CLABSIs, CAUTIs, IVAC and Adult Surgical Site Infection results. A recent publication noted that there was a 48% increase in CLABSIs and 19% in CAUTIs nationwide in Medicare and dual eligibility categories secondary to COVID. In line with the nation, we are seeing decreases in CLABSI for the second quarter. We have scheduled a prevalence study with Medline to assist us in identifying further actions that UMC can be taking relative to CLABSI reduction. CAUTI infections were noted to be increased during the second quarter, but still lower than what we experience in the third and fourth quarters of 2020.

MRSA and C-Diff are lab identified infections. UMC is in the final phase of an electronic hand hygiene program selection. Hand hygiene compliance has steadily increased since 2018. During COVID, there has been a 34% increase in MRSA nationwide. Lastly, the surgical site infection improvement plan was discussed.

There were 14 sentinel events reported into the state registry. All cases were reported within the required time frames, root cause analysis (RCA) and action

plans were taken on all cases. Action for sustainment is monitored through the Patient Safety Committee.

FINAL ACTION TAKEN:

None

ITEM NO. 8 Approve the UMC Policies and Procedures Committee's activities of July 7, August 4, and September 1, 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**:**

- Policy & Procedures - July 7
- Policy & Procedures – August 4
- Policy & Procedures – September 1

FINAL ACTION TAKEN:

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 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 UMC Medical Staff – Medical Executive Committee on September 28, 2021; and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**

- Bylaws Memorandum
- Medical Staff Bylaws and Rules Regulations (Proposed Revisions)

FINAL ACTION TAKEN:

A motion was made by Member Hobbs that the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules and Regulations be recommended for approval to the Governing Board and to the UMC Hospital Board of Trustees for approval. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 10 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. *(For possible action)*

DISCUSSION:

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 4:32 p.m., Chair Dr. Mackay adjourned the meeting.

APPROVED: October 4, 2021
MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary