University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 5, 2020

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 5, 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 3:00 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)
Laura Lopez-Hobbs (via phone)
Barbara Fraser – Ex-Officio (via phone)

Absent:
None

Also Present:
Mason VanHouweling, (via phone)
Patty Scott, Executive Director of Clinical Patient Safety
Tye Masters, Attorney
Debra Fox, Chief Nursing Officer
Danita Cohen, Chief Experience Officer
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 10, 2020 *(For possible action)*

FINAL ACTION: A motion was made by Member Ellis 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 the NDNQI RN open survey, as well as an overview of Magnet; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Debra Fox, Chief Nursing Officer provided an update on the National Database of Nursing Quality Indicators open survey and an overview of the status to Magnet. The NDNQI survey opened on October 4, 2020 and will close on October 25, 2020. The goal is to have a 90% or better completion rate. Survey participation is an important aspect in achieving Magnet recognition. The survey is available to all full-time or part-time RNs regardless of their job classification.

Next, she provided an update on Magnet status, including goals, challenges, cost and timelines. An Executive Summary was provided which provided more information regarding Magnet and an overview of where we stand with Pathways to Excellence and how it aligns to our Magnet journey and shared governance at UMC. She explained that the Magnet model focuses on four key components, with the goal of improving and sustaining structural empowerment, exemplary professional practice, knowledge, innovation and ongoing improvements in quality and safety, as well as transformational leadership.

The goal for 2020 will include creating the final application for submission to the ANCC and performing an internal GAP analysis. There are now 5 hospitals with the Pathways designation. The discussion continued regarding document submission.

FINAL ACTION TAKEN:

ITEM NO. 5 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program including approval of organizational policies/procedures; contract performance evaluations; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Patricia Scott, Executive Director of Quality and Safety, provided an update on the quality, safety, infection and regulatory programs.

There was decrease in the 30-day all-cause readmission rates, as well as a decline in the mortality index. She added that there was a spike in the PSI-90 composite scores in the first quarter of 2020, driven mainly by perioperative hemorrhage or hematoma, perioperative PE and DVT and postoperative sepsis. A breakdown of patterns and trends were reviewed.

Although there was an increase in sepsis mortality for the first quarter of 2020, there continues to be a downward trend and we are seeing a decrease in the level of sepsis deaths. Sepsis bundle compliance increased sharply. There has been a decline in exclusive breast milk feeding. Processes are being reviewed by the perinatal department to improve and sustain performance.

Second quarter infection prevention statistics showed an increase in central line infection rates, as well as cauti infections. The discussion continued regarding actions currently in place for improvement.

Next, was a review of lab ID events, which showed a decrease in MRSA, C.Diff and SSI statistics. Ms. Scott stressed the importance of cleaning protocols, hand hygiene and disinfection to avoid cross contamination. Early recovery (ERAS) initiatives have been implemented for colon, c-section and spine. The discussion continued regarding comparison of trends with other facilities in the area.

There were five safety events reported to the state registry for the 3rd quarter within the required timeframes. RCAs with actions were completed on all cases, with monitoring and reporting through the patient safety committee.

59 total policies and procedures were approved through committee structure for July and August and 198 were retired. There were 11 contracts reviewed against performance standards. There is a pending survey for the cath lab build out.

FINAL ACTION TAKEN:

A motion was made by Member Franklin that the Policies and Procedures and Contract Evaluations be recommended for approval to the Governing Board. Motion carried by unanimous vote.

ITEM NO. 6 Discuss and finalize CEO annual FY21 incentive compensation performance standards as it relates to the subject matter relevance of the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION:

The Committee discussed the FY21 Quality Performance Goal Objectives.

Chair Dr. Mackay stated that the Joint Commission Accreditation should remain on as an objective for the FY21 goals.

Member Frasier asked if nurse-centric measures are reflected in the HCAHPS objective. Member Franklin said that there are questions related to the discharge

process and this could be incorporated. Discussion ensued regarding suggestions to improve HCAHPS scores.

Member Ellis asked if we could define the periods of time that metrics are measured in prior year as compared to the current year; they do not coincide with our fiscal years. He also asked what is the base that we would be comparing ourselves to.

Member Hobbs added that the appropriate number of participants are helping decide the HCAHPS component of the performance plan. Conversation ensued regarding increased communication with staff regarding receipt of a survey after patient discharge.

Objective 1 – Improve or sustain improvement from prior year in the following Inpatient measures:

- CLABSI
- CAUTI
- SSI: COLON
- PSI 90

Objective 2 – Improve or sustain improvement from prior year in the following Outpatient measures:

- Colorectal Screening (ACO #19 Measure OP)
- Breast Cancer Screening (ACO #20 Measure OP)

Objective 3 – Develop a plan and demonstrate improvement from prior year in the following HCAHPS measures.

- Responsiveness of Staff
- Cleanliness of Environment
- Quietness of Hospital
- Discharge Information
- Comparison to Hospitals in the County

Objective 4 – Demonstrate improvement (utilizing the Star Ratings) in the overall perception of care/service at UMC Quick Cares through the following online review sites.

- Yelp
- Google

Objective 5 - Attain Successful Accreditation Through The Joint Commission.

FINAL ACTION TAKEN:

A motion was made by Member Ellis to recommend approval of the Fiscal Year 2021 Quality Improvement Performance Objectives to the Governing Board Human Resources and Compensation Committee, as restated to include in

HCAHPS, discharge information, comparison to hospitals in the County and Joint Commission Accreditation. Motion carried by unanimous vote.

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

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 4:20p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: December 7, 2020