

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 7, 2024

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 7, 2024 2:00 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 2:03 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 (WebEx)
Steve Weitman (Ex-Officio) (WebEx)
Bill Noonan (Ex-Officio) (WebEx)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Dr. Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
Susan Pitz, 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 5, 2024. (For possible action)

FINAL ACTION: A motion was made by Member Hobbs 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 presented. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on Pathways to Excellence and Magnet, including associated financial costs from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. (*For possible action*).

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

Deb Fox, Chief Nursing Officer, provided a nursing update to the Committee on Pathways to Excellence (P2E) and Magnet status and the associated financial costs.

A high-level overview of the history and context of both designations was provided. A research based article of the Business Case for Magnet Designation was provided from the Journal of Nursing Administration.

Both designations are nurse-centric. Pathways is the premier designation for health care organizations that demonstrate an ongoing commitment to, and provide empirical evidence of, a healthy nursing work environment. Magnet is an international designation that continually elevates patient care in an environment where nurses, collaborating with other inter-professionals deliver excellence through leadership, scientific discovery and dissemination and implementation of new knowledge. Both have designation with distinction to recognize stellar performance. There are 228 P2E hospitals in the US and only 2 in Nevada. There are over 596 Magnet designated hospitals and none in Nevada. Ms. Fox explained why there are so many more Magnet designated hospitals in the US than P2E designations.

Ms. Fox went on to explain the what, why and how UMC has obtained P2E designation. To confirm the designation, 60% or higher must complete the survey, at least 50% of respondents must strongly agree or agree to all 28 questions, 75% of respondents must strongly agree or agree with at least 21 out of 28 questions.

A historical timeline of Magnet was provided. The Magnet program was established in 1983 with 41 hospitals. In 1998, Magnet expanded to include long-term care facilities and was recognized internationally in 2000. By 2008, the 5-core components of Magnet were established, which include transformational leadership, structural empowerment, exemplary professional practice, new knowledge & innovation and empirical quality outcomes. The process of

obtaining Magnet status is lengthy due to the requirements of obtaining and submitting documents, which is limited to 4 dates during the year. Other challenges in quality data and HCAHPS scores were discussed. A detailed timeline to achieve designations for Pathways and Magnet were reviewed.

UMC has engaged the services of Healthlinx to assist writing and document submittal. Healthlinx will also help in preparation of the site visit, as well as data management and tracking. Ms. Fox continued the discussion regarding the inpatient and outpatient quality data story sources.

Ms. Fox reviewed the journey for Pathways and Magnet. The UMC journey to P2E Designation took 5-years and for the Magnet journey to Designation has taken 9-years. The majority of first time Magnet designees without Pathways takes 10-years to designate.

Detailed total costs associated with the designation journeys were reviewed, as well as additive fees from 2018-2024. A summary of expected new cost were also reviewed. There was continued discussion regarding the costs.

The Committee thanked Ms. Fox and appreciated the detailed presentation.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Discuss Receive an update on HCAPHS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. (For possible action).

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

Jeff Castillo presented the 3rd Quarter 2023 – 2nd Quarter 2024 HCAHPS and CCAPHS score results, as well as updates regarding the ICare4U program.

HCAHPS Data - Overall, there were positive trends year over year, with improvement shown in many of the categories. Strategies implemented to improve quietness at night have resulted in significant improvement over previous quarters.

UMC Pediatric CCAHPS scores for the same quarters were also reviewed. Overall, there was a drop in 1st quarter 2024 pediatric data results, but there has been a slight rebound in 2nd quarter data. There has been an increase in the number of surveys being returned. Rounding daily has increased which has helped to mitigate any patient complaints. Weekend coverage has also been implemented in pediatrics.

The top box trends for 2023 outperformed the previous 2-years categories for primary cares, quick cares and inpatient services. Hospital Compare data showed that UMC out performed Sunrise in 9 out of 10 elements and outperformed or tied Valley in 6 out of 10 elements.

Mr. Castillo next reviewed previously reported initiatives and ongoing action plans specific to patient experience, like unit of the week rounds, EMS outreach, ICARE 5.0 refresh, data experience comments from patients, Rollin with the Best celebrations, etc., as they are trending positively.

The committee asked if rounding in different units is helping to address hospital cleanliness. Mr. Castillo responded that there has been positive outcomes with the team rounding throughout the hospital.

Lastly, he reviewed numerous creative actions and initiatives that the team uses to improve patient experience, such as We Roll with the Best. He highlighted UMC's relationship with Mercy Air and other roll with the best celebrations.

The Committee commended the department on the new initiatives.

Chair Mackay asked about the specific challenges in HCAHPS scores. Ms. Fox stated that in ambulatory is at 44%; there are challenges in courtesy/respect and careful listening. A lengthy discussion ensued regarding opportunities for improvement in effective listening, communication, patient comprehension, quiet at night initiatives and discharge instructions.

FINAL ACTION TAKEN:

None

- ITEM NO. 6 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of August 7, 2024 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:

Policy and Procedures activities for August 7, 2024 were reviewed.

There were a total of 36 policies approved, none were retired and all were approved through the hospital Policy and Procedures Committee, Quality and Safety and Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of August 7, 2024, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

- ITEM NO. 7 Review and recommend approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations; as approved and recommended by the Medical Executive Committee on**

September 24, 2024; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Medical Staff Bylaws

DISCUSSION:

Medical Staff Bylaws changes were reviewed for approval.

There was brief discussion regarding treating family members and the new Refer and Follow category, which was added to meet regulatory standards.

FINAL ACTION TAKEN:

A motion was made by Member Franklin to approve the proposed amendments Medical and Dental Staff Bylaws and Rules and Regulations, as approved and recommended by the Medical Executive Committee on September 24, 2024 be recommended for approval to the UMC Governing Board and the Hospital Board of County Commissioners. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 8 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 3:23 p.m., Chair Dr. Mackay adjourned the meeting.