Clinical Quality and Professional Affairs Committee Meeting

Monday, June 8, 2020 3:00 PM

ProVidence Suite

Conference Dial-in Number: (844) 740-1264 Participant Access Code: 1338029967

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
June 8, 2020 3:00 p.m.
Meeting to be held via WebEx:

Notice is hereby given that a meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee has been called and will be held at the time and location indicated above, to consider the following matters:

Pursuant to the Governor's Emergency Directive on Public Meetings, this meeting will not be open to the public.

This will be a telephonic meeting. You may access the meeting by dialing 844-740-1264 and pass code 1338029967.

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website http://www.umcsn.com and at Nevada Public Notice at https://notice.nv.gov/, and at University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office).

If you wish to comment on an item marked "For Possible Action" appearing on this agenda, you may send an e-mail to publiccomment@umcsn.com. Please identify on which agenda item you are commenting. Any comments not so identified will be read at the end of the meeting.

- The main agenda is available on University Medical Center of Southern Nevada's website http://www.umcsn.com, For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli at (702) 765-7949. The Clinical Quality and Professional Affairs Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Clinical Quality and Professional Affairs Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Clinical Quality and Professional Affairs Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Clinical Quality and Professional Affairs Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment

2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on February 10, 2020. *(For possible action)*

3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

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

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)*

6. Receive an update on ICARE4U and results of HCAHPS; and direct staff accordingly. *(For possible action)*

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)*

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*)

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.

COMMENTS BY THE GENERAL PUBLIC

All comments by speakers should be relevant to the Committee's action and jurisdiction.

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION.

THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 10, 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 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
Laura Lopez-Hobbs
Jeff Ellis
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Patty Scott, Director, Clinical Safety and PI
Deb Fox, Chief Nursing Officer
Tye Masters, Attorney
Beth Rethore, Executive Secretary / Board Secretary
Various Nursing Students from UNLV shadowing Deb Fox for leadership hours

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 October 7, 2019 *(For possible action)*

FINAL ACTION: A motion was made by Member Laura Lopez-Hobbs 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 Laura Lopez-Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update and education on current and emerging issues within the area of infection control, prevention and communicable disease from Shabada Asad, MD, Medical Director Infection Diseases, University Medical Center and Associate Professor of Medicine, University of Nevada Las Vegas, School of Medicine. *(For possible action)*

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

DISCUSSION: Dr. Asad presented on the infectious diseases outlined in the attached power point.

ITEM NO. 5 Receive an update on Quality, Safety, and Infection Prevention Program Measures and Performance Improvement activities including approval of organizational policies/procedures; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Quality/Safety/Infection/Regulatory Update
- Complaints & Grievances 3rd Quarter 2019
- Regulatory Compliance
- Patient Safety Program

DISCUSSION: Patty Scott summarized the slides in the presentation and updated the members on the included information.

Grievance 3rd Quarter 2019 – Patty Scott reviewed the attached documentation. 23 grievances were received with a total of 26 concerns. This is a 32% decrease in grievance repots received comparted to 2nd Quarter 2019. Care Team Concerns accounted for the most of the grievances at 69% of reported concerns.

There were 2 contracts evaluated and approved since last meeting.

We had one accreditation survey, The American College of Cardiology for our Chest Pain program. Survey went very well; surveyor will recommend approval of UMC as a designated Chest Pain Center. The Stroke Survey should take place sometime in March and we are also preparing for the Joint Commission Survey which TJC has to complete by June 16, 2020.

Patient Safety- State Reported Sentinel Events for 4th Quarter 2019 – There were 5 events that required reporting. 4 falls with injury and 1 wrong side procedure. All cases reported within required State timeframes. There were RCA with actions taken on all cases.

Patty Scott presented an over view of Safety Culture and Just Culture.

FINAL ACTION TAKEN: The Board would like more information on the Quick Care & Urgent Care Grievances. Would like to know if each location is doing better each quarter. Patty Scott will report this data at the next meeting.

ITEM NO. 6 Approve the UMC Policies and Procedures Committee's activities for the period of November 22, 2019 and January 22, 2020 including, the creation, revision or retirement of UMC policies and procedures and take any action deemed appropriate.

DOCUMENT(S) SUBMITTED**:**
- Policy & Procedure Memo
- List of Retired & Archived Policies

DISCUSSION: Policy & Procedure Approval – A total of 42 Policies & Procedures were approved, 25 were retired or archived from November 2019 through January 2020. All were approved through the Hospital Policy & Procedure Committee and Medical Executive Committee.

FINAL ACTION TAKEN: A motion was made by Member Renee Franklin to recommend approval of the UMC Policy and Procedures Committee's activities for the period of November 2019 to January 2020 and recommend approval of the UMC Quality and Patient Safety Committee's annual evaluation of UMC patient care and service contracts, as measured against established performance standards. 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.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair 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 Mackay adjourned the meeting.

MINTUES PREPARED BY: Beth Rethore, Governing Board Secretary
APPROVED:

An Update on Current and Emerging Issues.

The antidote to fear is knowledge and preparedness.

UMC
UNIVERSITY MEDICAL CENTER

For more information: www.cdc.gov/COVID19

Objectives.

- **Statistics.**
  - State wide statistics.
  - Clark County statistics.
  - UMC statistics.
- **UMC initiatives during this pandemic.**
  - CoVID-19 Clinical Task Force.
  - Vastly expanded testing capability.
- **The Road Ahead.**

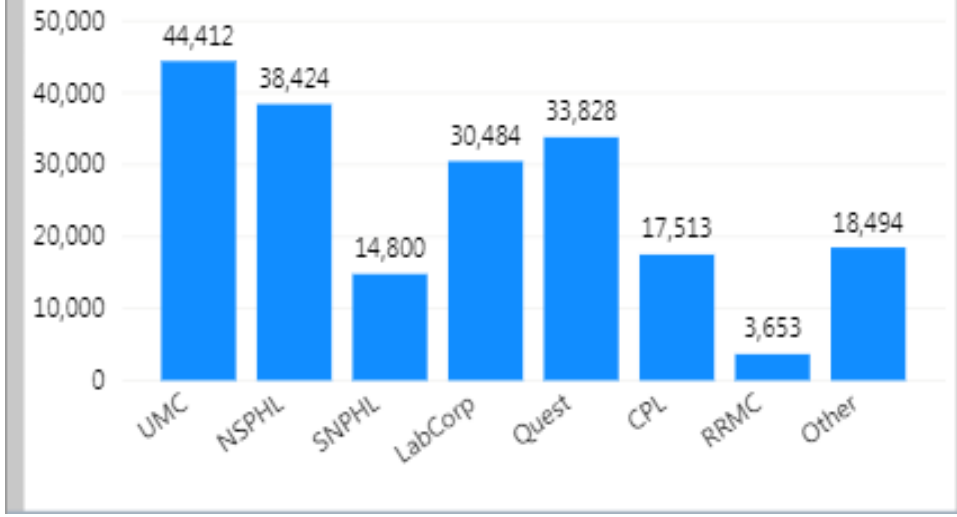
Nevada Statistics.

201,608
PCR Tests Performed*

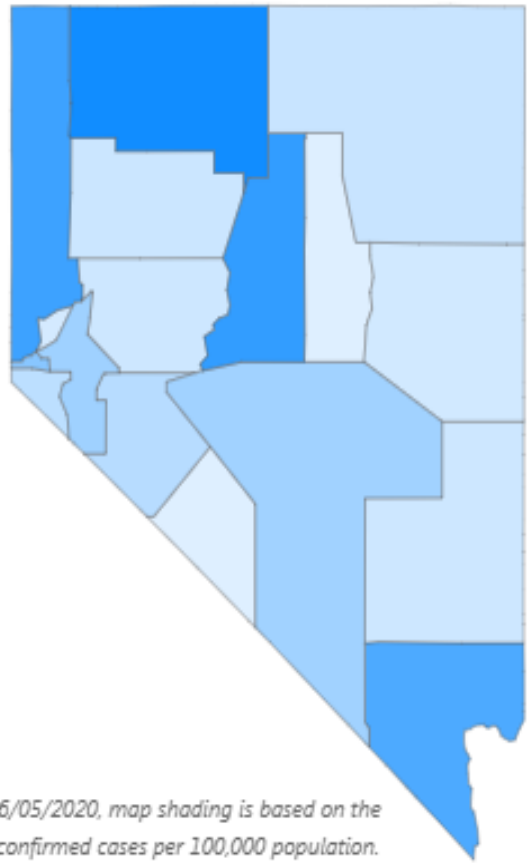
9,649
Confirmed Cases

438
Deaths^

PCR Tests Performed by Testing Location



PCR Tests, Confirmed Cases and Deaths by County

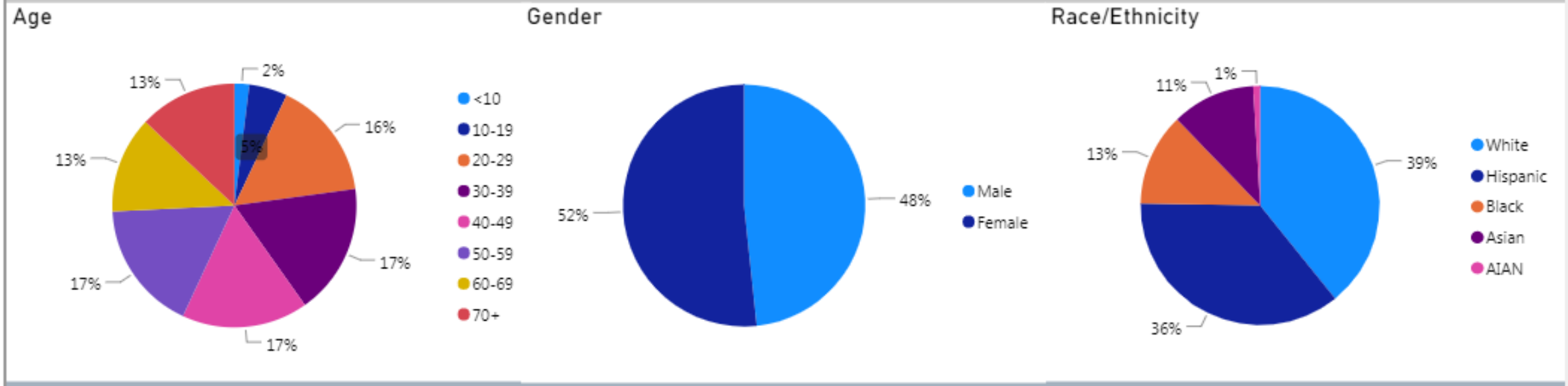


As of 06/05/2020, map shading is based on the rate of confirmed cases per 100,000 population. Hover your cursor over a county to display the rate.

County	PCR Tests	Confirmed Cases	Deaths
Carson City	6,082	109	5
Churchill	1,700	10	1
Clark	140,904	7,483	359
Douglas	1,074	38	0
Elko	3,587	27	1
Esmeralda	28	0	0
Eureka	36	0	0
Humboldt	1,392	78	4
Lander	629	23	0
Lincoln	103	2	0
Lyon	1,240	82	1
Mineral	745	4	0
Nye	1,855	67	2
Pershing	415	3	0
Storey	20	1	0
Washoe	34,430	1,719	65
White Pine	699	3	0

Nevada Statistics.

Demographics are currently filtered to confirmed cases (9,649).

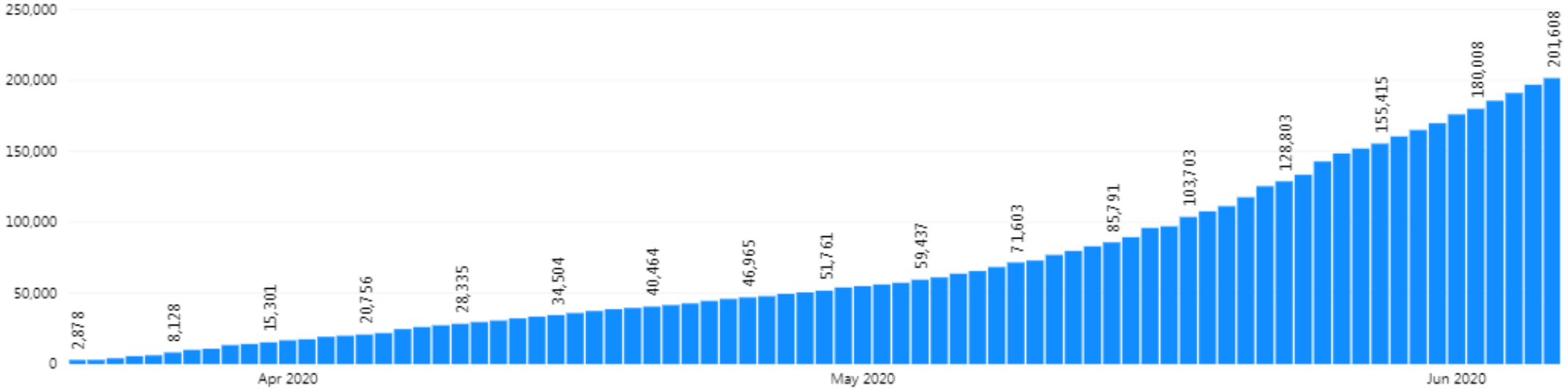


COVID-19 can affect people of any age. Adults in Nevada have been tested and diagnosed with COVID-19 more frequently than children. However, children can also be affected by COVID-19. Children can spread COVID-19 even if they show no signs or symptoms. Adults aged 60 years old and older have died from COVID-19 more frequently than any other age group.

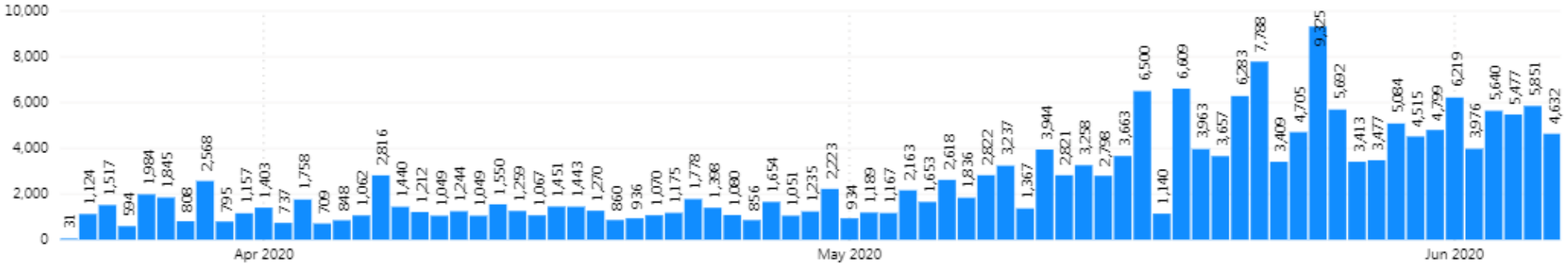
Nevada Statistics.

Cumulative Tests Performed

To see most recent data use the scroll bars under each bar chart to scroll to the right.



Daily New Tests



Nevada Statistics.

Cumulative Cases

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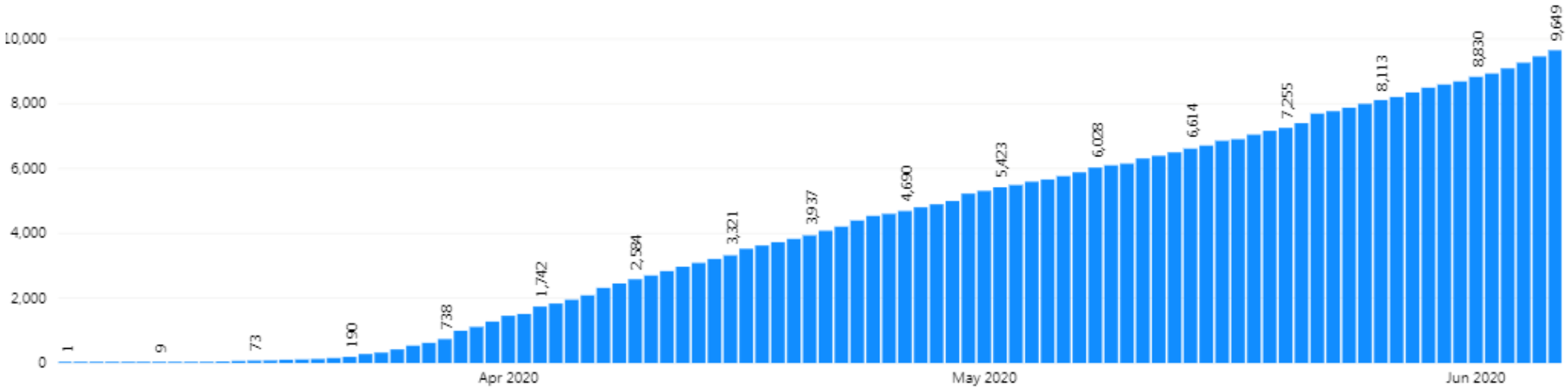
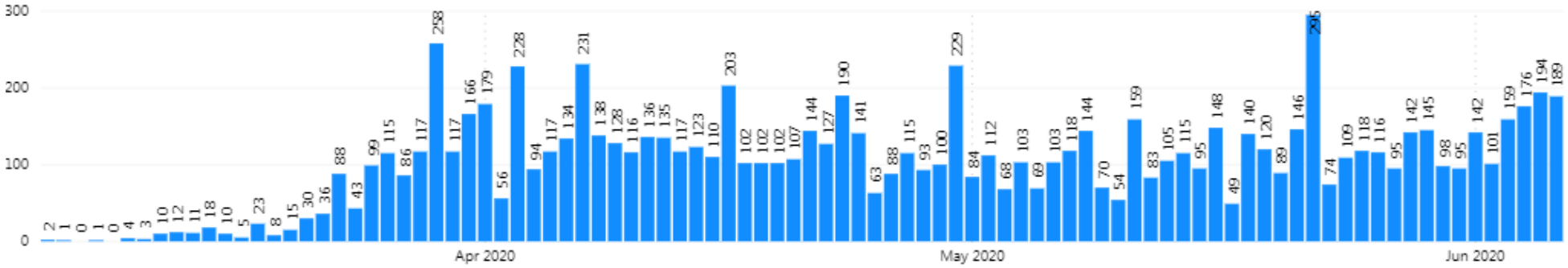
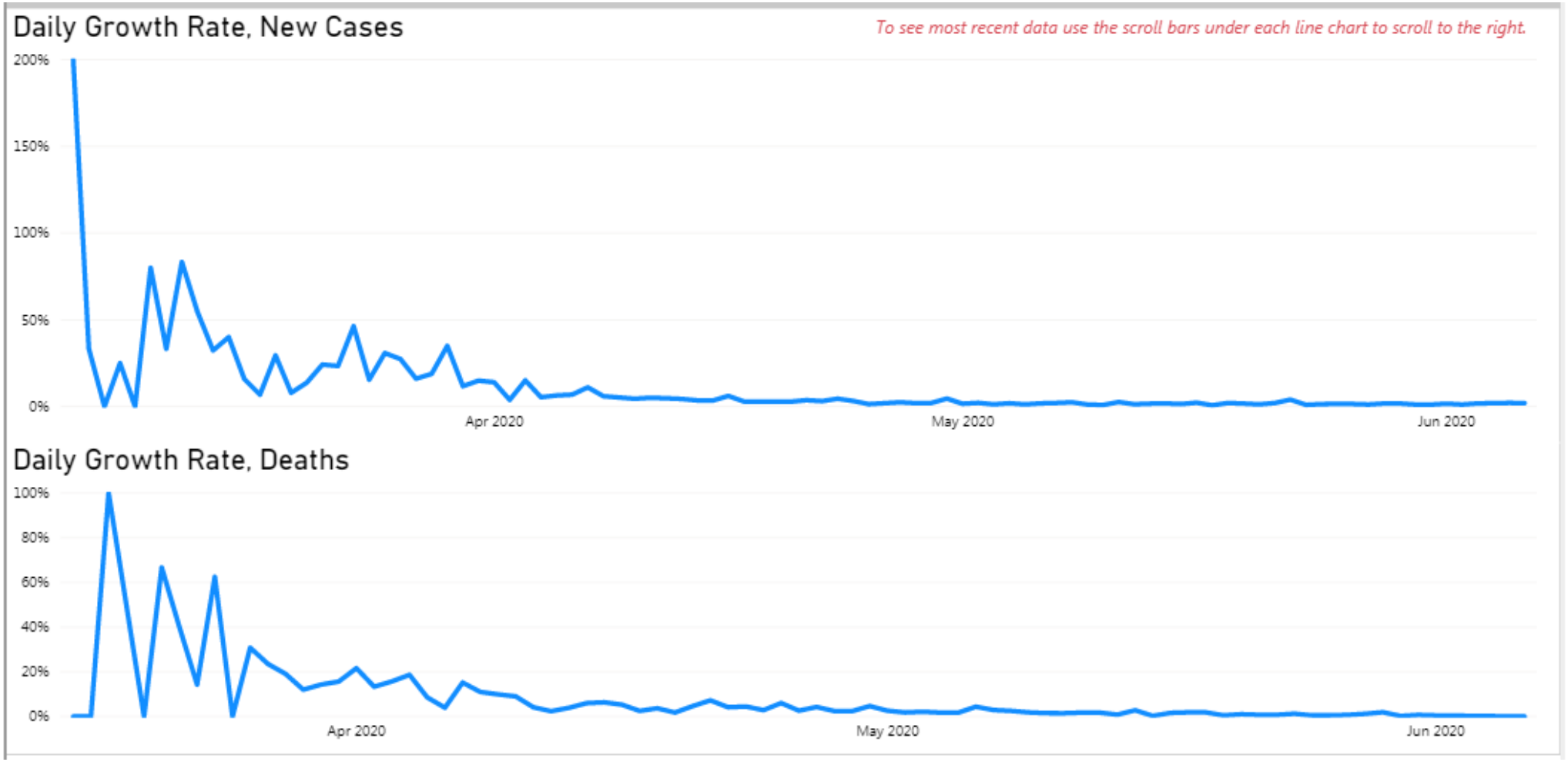


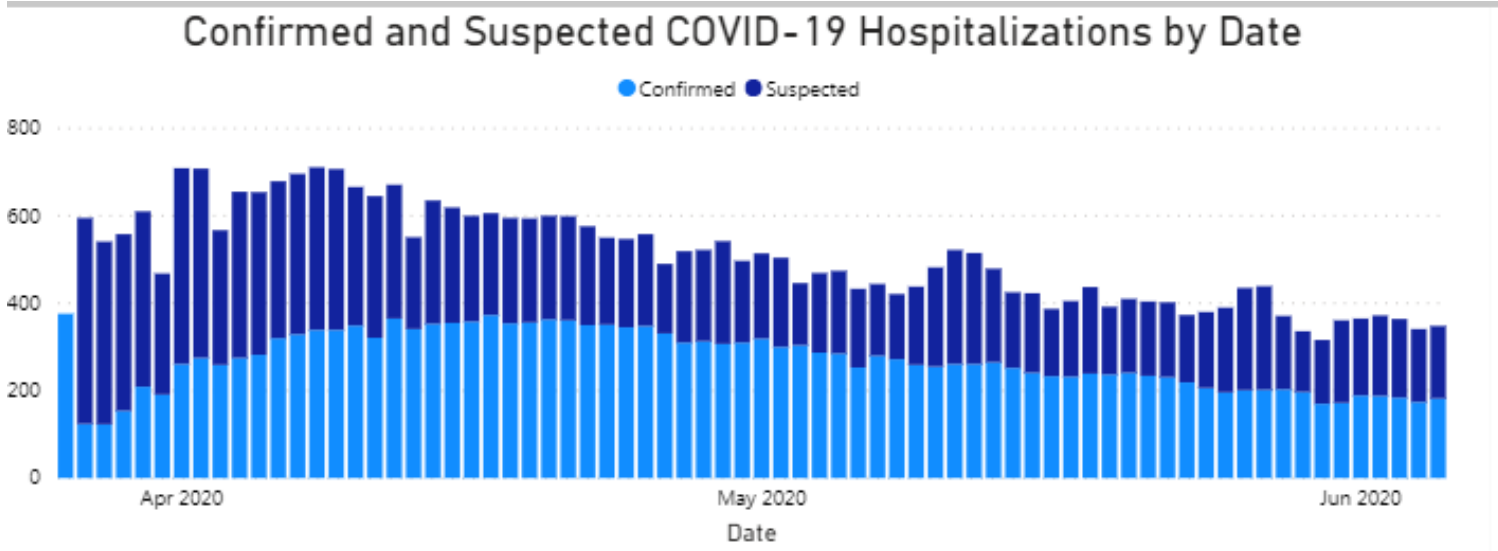
Daily New Cases

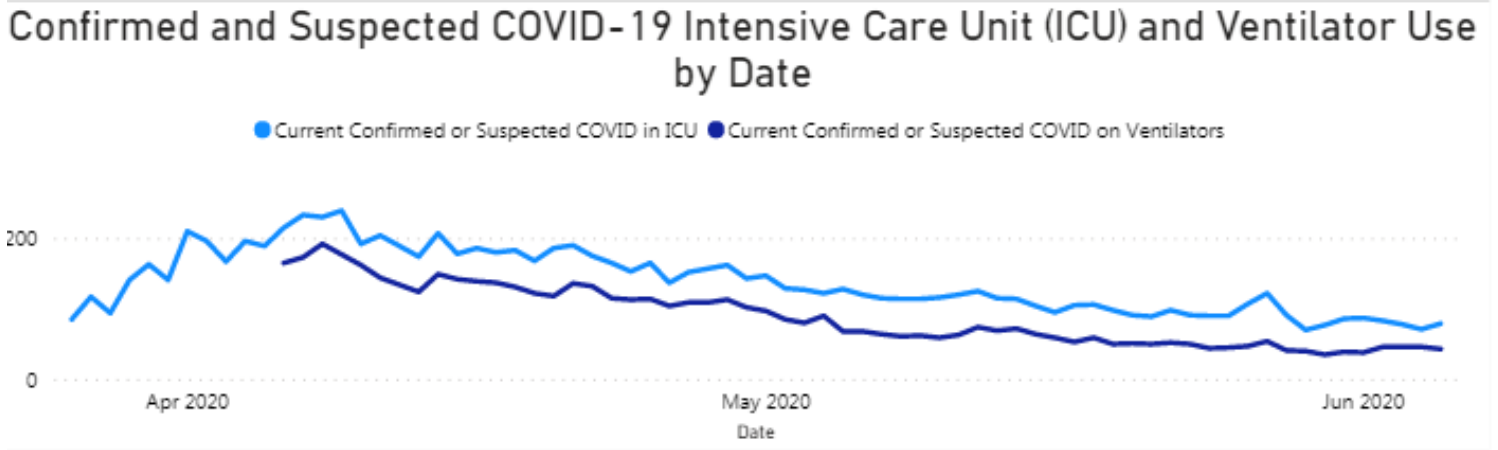


Nevada Statistics.



Nevada Statistics.



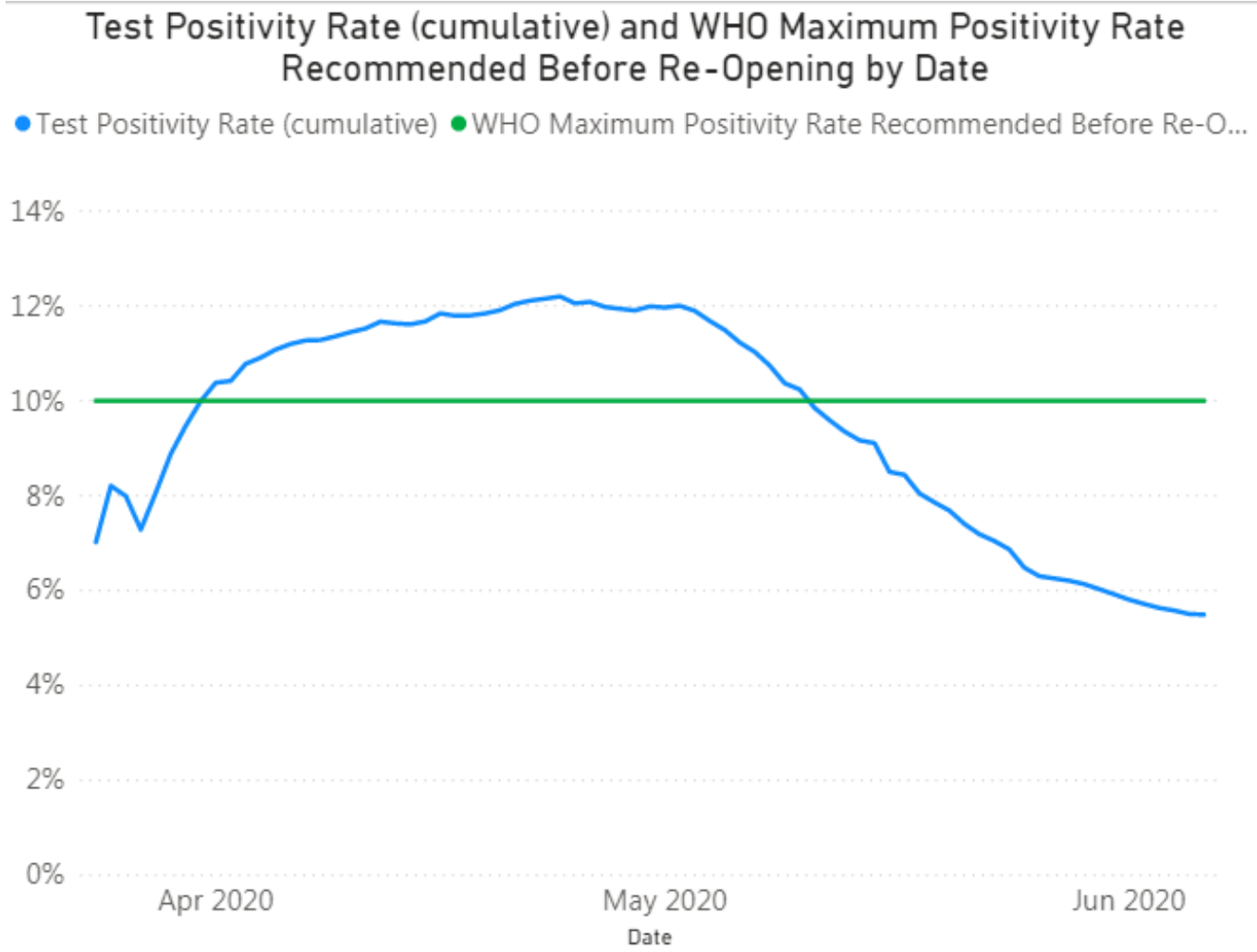


Hospitalization data are provided by the Nevada Hospital Association.

Percent Change in Hospitalizations

Date	Confirmed	Confirmed + Suspected
6/5/2020	4.60%	2.1%
6/4/2020	-5.43%	-6.3%
6/3/2020	-2.13%	-2.2%
6/2/2020	-0.53%	1.9%
6/1/2020	9.88%	1.1%
5/31/2020	1.18%	14.2%
5/30/2020	-13.71%	-6.0%
5/29/2020	-2.96%	-9.4%
5/28/2020	0.50%	-15.5%
5/27/2020	0.50%	0.9%
5/26/2020	2.55%	11.5%
5/25/2020	-4.85%	2.6%
5/24/2020	-5.94%	1.9%
5/23/2020	-5.19%	-7.2%
5/22/2020	-1.28%	-0.5%
5/21/2020	-2.90%	-1.5%
5/20/2020	1.69%	4.6%
5/19/2020	-0.84%	-10.3%
5/18/2020	3.02%	7.9%
5/17/2020	-0.43%	4.7%
5/16/2020	-3.32%	-8.5%
5/15/2020	-4.37%	-0.5%
5/14/2020	-4.91%	-11.3%
5/13/2020	1.53%	-7.0%
5/12/2020	0.00%	-1.3%
5/11/2020	2.35%	8.3%

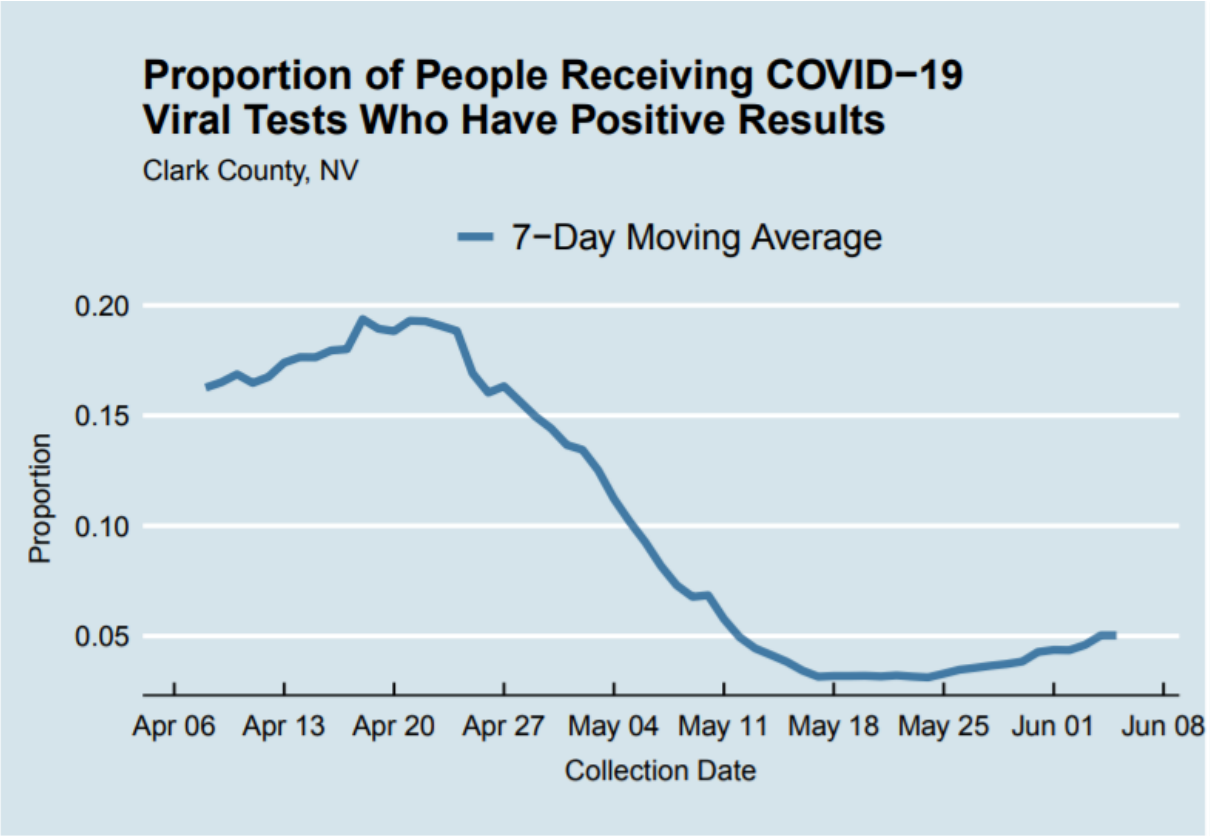
Nevada Statistics.

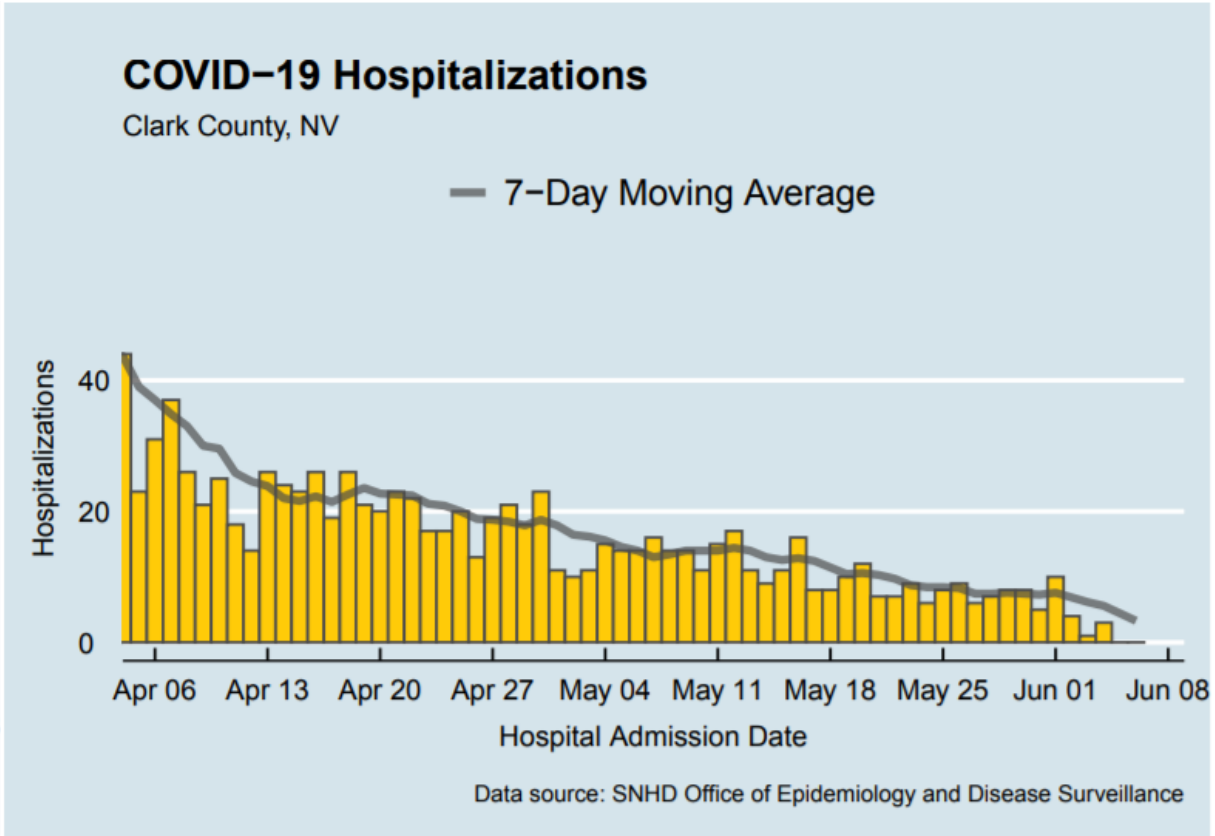


Percent Change

Date	Test Positivity Rate (cumulative)	Test Positivity Percent Change
06/06	5.5%	-0.3%
06/05	5.5%	-1.3%
06/04	5.6%	-0.9%
06/03	5.6%	-1.5%
06/02	5.7%	-1.6%
06/01	5.8%	-1.9%
05/31	5.9%	-1.8%
05/30	6.0%	-1.7%
05/29	6.1%	-1.2%
05/28	6.2%	-0.7%
05/27	6.3%	-0.8%
05/26	6.3%	-2.8%
05/25	6.5%	-5.6%
05/24	6.9%	-2.5%
05/23	7.0%	-2.0%
05/22	7.2%	-2.9%
05/21	7.4%	-3.7%
05/20	7.7%	-2.2%
05/19	7.9%	-2.3%
05/18	8.0%	-4.6%
05/17	8.4%	-0.8%
05/16	8.5%	-6.6%
05/15	9.1%	-0.7%
05/14	9.2%	-2.0%
05/13	9.4%	-2.5%
05/12	9.6%	-2.6%

Clark County Statistics.





Clark County Statistics.

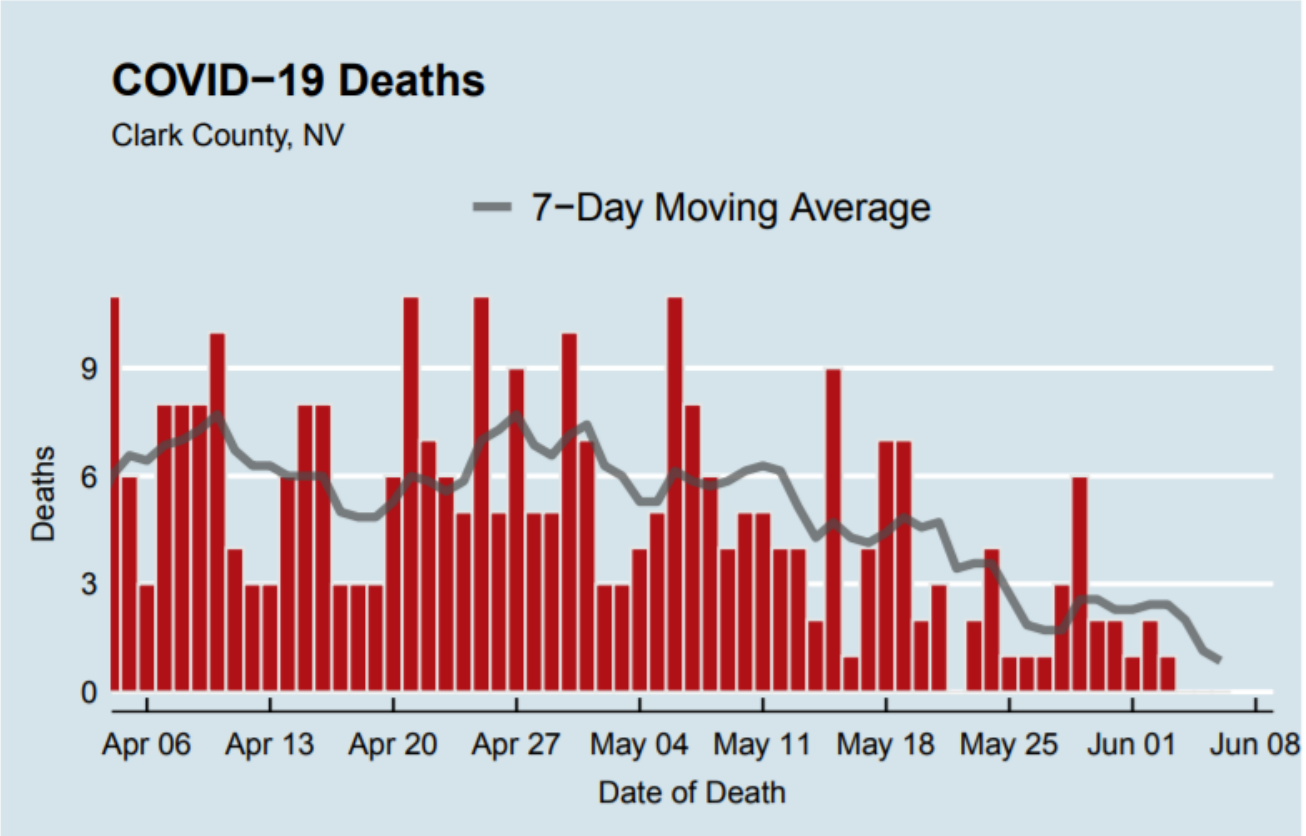
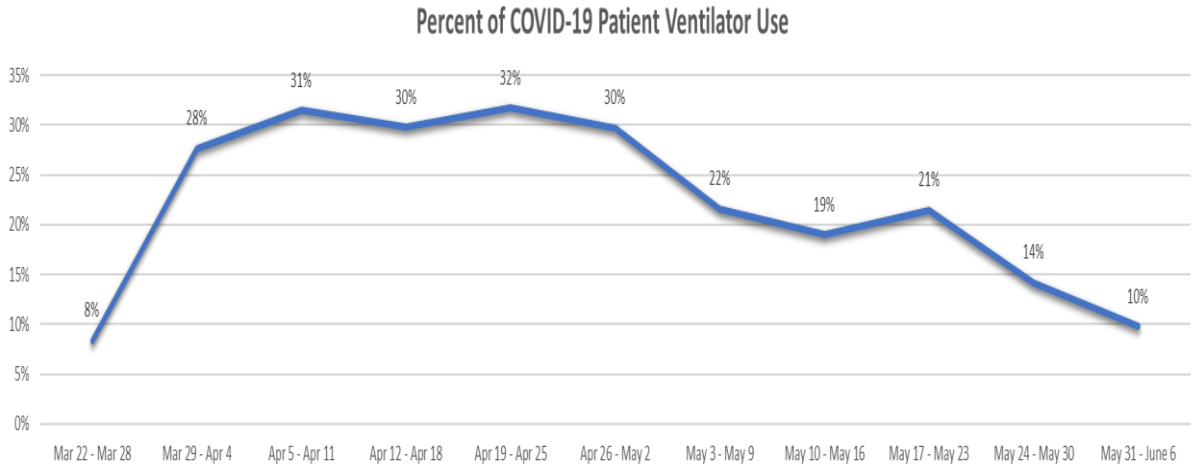


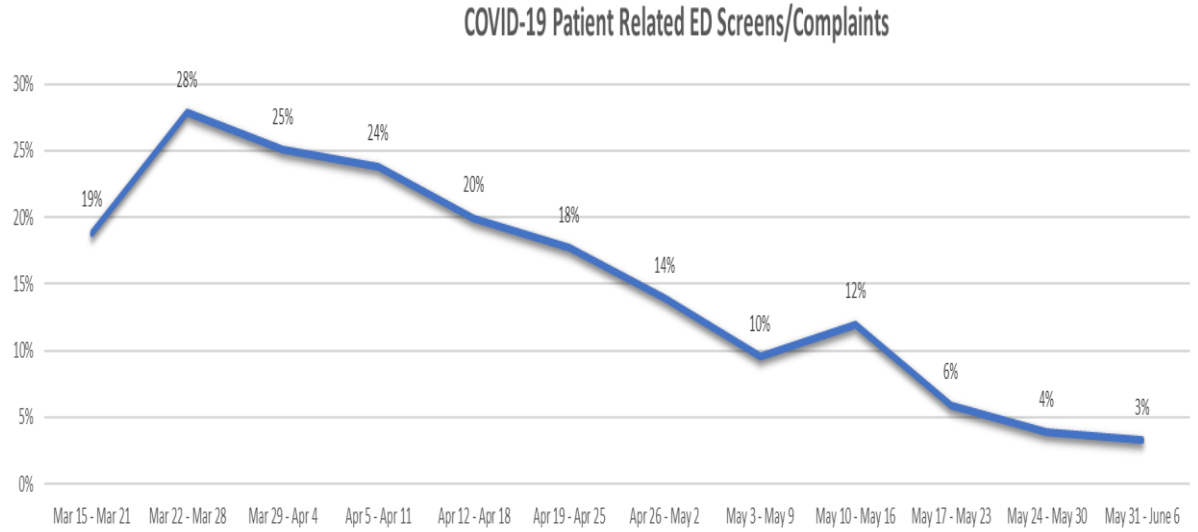
Table 3: COVID-19 Deaths per Day, Clark County, NV

Date	Deaths per Day	7-Day Moving Average
May 24	4	3.57
May 25	1	2.71
May 26	1	1.86
May 27	1	1.71
May 28	3	1.71
May 29	6	2.57
May 30	2	2.57
May 31	2	2.29
Jun 01	1	2.29
Jun 02	2	2.43
Jun 03	1	2.43
Jun 04	0	2.00
Jun 05	0	1.14
Jun 06	0	0.86

UMC Covid-19 Statistics

- Total Inpatient Positive Cases: 239
- Average Length of Stay: 11 Days
- Total Mortalities: 22
  - 82% Male; 18% Female
- Total Tests Performed: 41,333
- Total Positive Tests: 1143
- % Positive Tests: 2.77%





UMC Initiatives During This Pandemic

- **Incident Command Center.**
  - Early setup of an incident command center within the hospital to allow for a controlled and coordinated response to this medical emergency and disaster.

- **Establishing a CoVID-19 Educational Forum.**
  - Allowing a common place for all local hospital representatives, first responders to get-together on weekly basis to share their knowledge and experiences and come up with a unified response to this pandemic.
  - This also has served as a forum to come up with solutions to problems and issues facing the community.
  - Perhaps most importantly this forum allowed the hospitals to unite in their fight against this pandemic.

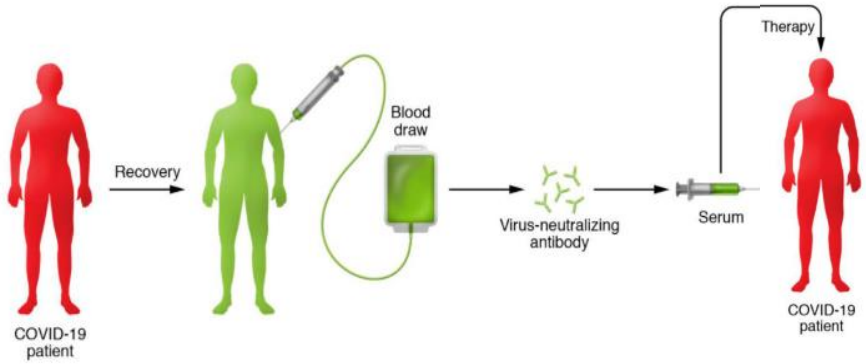
- **CoVID-19 Clinical Task Force.**
  - Allowing UMC physicians to be part of the decision making process and response to the CoVID-19 Pandemic.
  - Accomplishments:
    - Development of Treatment protocols.
    - Development of protocols for ethical allocation of limited resources during crisis standards of care.
    - Development and continuous reevaluation of testing algorithms.
    - Evaluation of treatments based on available clinical data.
    - Providing advocacy for healthcare provider related issues.

- **Vastly expanded testing capability.**

Treatment of CoVID-19 at UMC.

Convalescent Plasma Treatment.

- Collaborative effort between UNLV and UMC to provide service to critically ill patients with confirmed CoVID19 infection.
- 12 patients have received convalescent plasma at UMC.

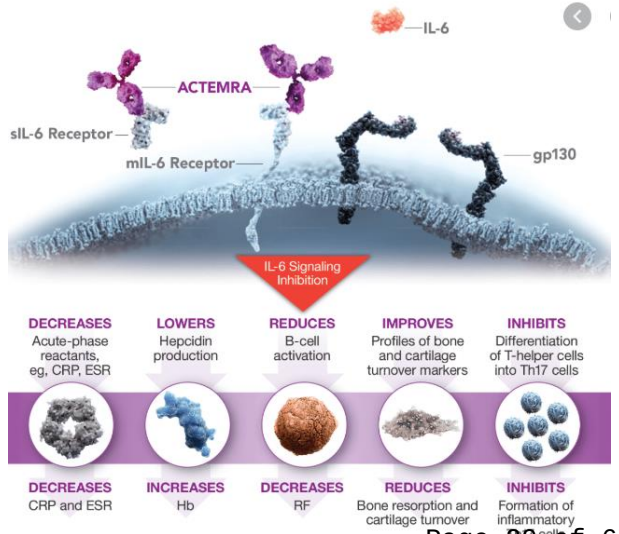


Remdesivir.

- **Adenosine nucleotide analogue with broad spectrum antiviral activity.**
- Adaptive CoVID-19 Treatment Trial.
  - In patients who received remdesivir the **median time to recovery was 11 days as compared to 15 days** in those who received the placebo (p<0.001).
- 7 patients at UMC have received Remdesivir.

Tocilizumab.

- **Monoclonal antibody that binds to IL-6 receptor and prevents its signaling.**
- Many of these pathways are important in the inflammatory response seen in patients with severe CoVID-19 infection referred to as a **Cytokine Storm.**
- 8 patients have received Tocilizumab at UMC.



PCR Tests Performed

University Medical Center
41,333 test performed

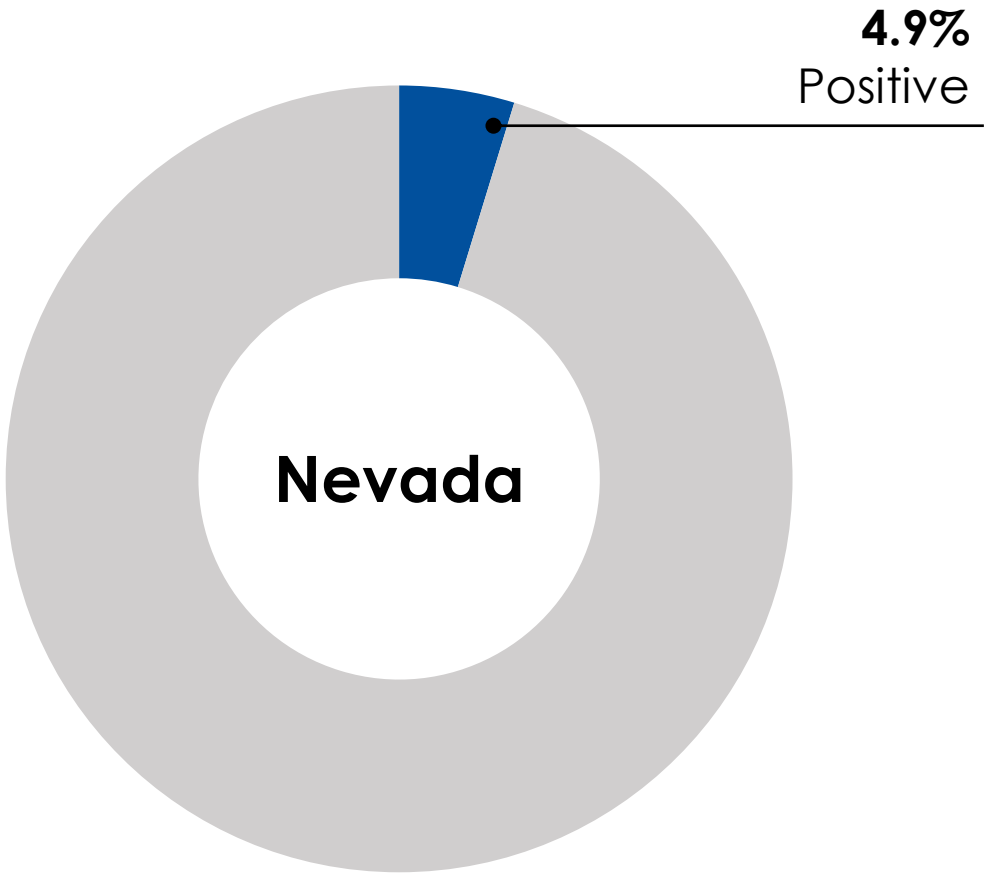
Nevada State Health Lab
34,546 tests performed

Southern Nevada Health District
12,569 tests performed

Quest 30,953 tests
Lab Corp 26,593 tests
CPL 15,712 tests
RRMC 3,130 tests

Nevada Testing

180,008 Samples Collected



Trend of Positive Results

- 4/23 • 12.2%
- 4/29 • 11.9%
- 5/7 • 11%
- 5/16 • 8.5%
- 5/22 • 7.2%
- 5/30 • 6.0%
- 6/02 • 5.7%

NEVADA UNITED: Roadmap to Recovery

Federally Supported | State Managed | Locally Executed

STAY HOME FOR NEVADA

Businesses – Directive 003

Essential Businesses open with restrictions*, including: restaurants, grocery stores

Non-essential businesses closed (including casinos)

Social Distancing/Public Life

No gatherings of 10 or more people with certain exceptions

Strict social distancing guidelines to promote stay at home directive

No non-essential travel. Travel Advisory remains in place.

Now through May 15 or until state meets reopening criteria

LEAP & MAT meeting to develop recommendations for Governor Directives

PHASE 1: Battle Born Beginning

New Directive replacing 003 - All Businesses**

Essential Businesses open with restrictions*

Non-essential businesses may voluntarily reopen under strict restrictions*

Exceptions to Phase 1 Openings

Bars, nightclubs and similar operations

Social Distancing/Public Life – New Directive**

No gatherings of 10 or more people with certain exceptions

Strict social distancing guidelines to promote safer at home

No non-essential travel. Travel Advisory remains in place.

--- All decisions on how gaming establishments reopen will be determined by the Nevada Gaming Control Board ---

Starting May 15 or when state meets reopening criteria

DURATION: Approximately 3 weeks depending on state maintaining criteria

LEAP & MAT meeting to develop recommendations for Governor Directives

FUTURE PHASES

New Directives**

Restrictions on businesses will remain but will relax through future phases

Social distancing measures will remain in place to reduce risk of community spread/follow CDC Guidelines, but will relax through future phases

NEVADA UNITED: Roadmap to Recovery

Federally Supported | State Managed | Locally Executed

***Restrictions**

- State Directives
- COVID-19 risk mitigation measures that reduce the risk of community spread/follow CDC guidelines
- Workplace – OSHA restrictions
- Industries – Strict limitations on industries regulated by the Nevada Department of workplaces, mining, construction
- State and local government – regulatory authority

Local Empowerment Advisory Panel (LEAP)

Led by urban and rural county commissioners. Develops recommendations to inform future Directives on setting and easing of restrictions on businesses, social distancing/public life.
COVID-19 risk mitigation measures drive decisions.

State Medical Advisory Team (MAT)

Develops recommendations to inform future directives

****New Directives – Phase 1 and Future Phases**

State Managed - Approved by the Governor

Locally Executed - Informed by recommendations from LEAP led by county commissioners. Local governments may adopt more restrictive COVID-19 risk mitigation measures

NEVADA UNITED: Roadmap to Recovery

Federally Supported | State Managed | Locally Executed

Criteria for moving from one phase to the next during recovery.

Criteria 1: Downward Trending Data

- Consistent and sustainable downward trajectory of COVID-19 cases and decrease in the trend of COVID-19 hospitalizations over a 14-day period.

Criteria 2: Strengthen Healthcare Infrastructure

- Ability to maintain hospital capacity without Crisis Standards of Care.

Criteria 3: Testing Expansion

- Ability to test both symptomatic and asymptomatic patients for CoVID-19.

Criteria 4: Case Contact Tracing

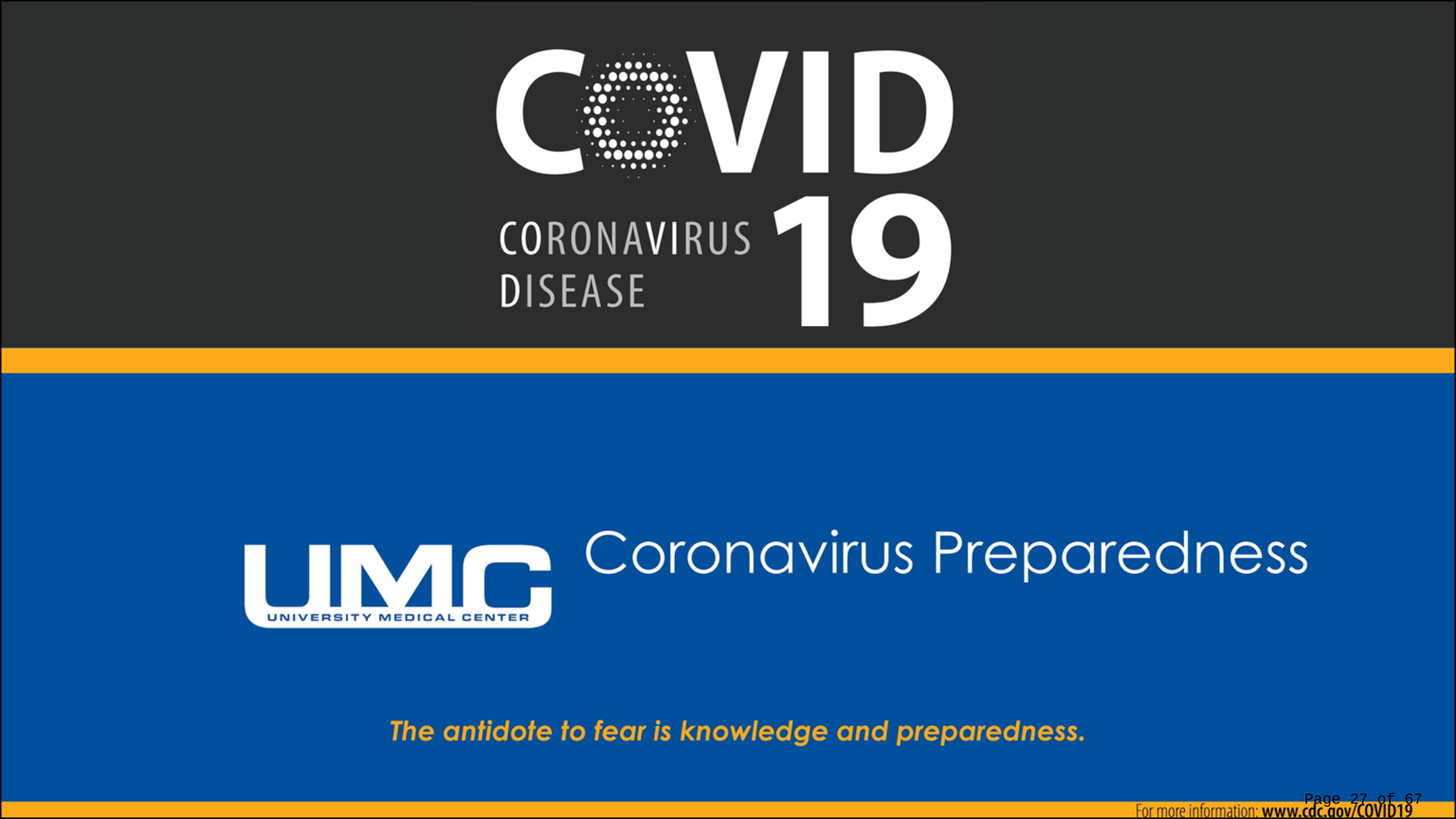
- Sufficient public health workforce capacity in local and state health departments to conduct case contact tracing .

Criteria 5: Protect Vulnerable Populations

- Sustained ability to protect vulnerable populations; outbreaks minimized in special settings like health facilities and nursing homes.

UMC leading the way to a safe reopening of Nevada.

Immediate Isolation: While cases of COVID-19 have declined in our community, UMC remains committed to swiftly identifying and isolating patients with suspected cases of COVID-19, offering dedicated isolation areas to prevent the spread of the virus.


COVID 19
CORONAVIRUS DISEASE
UMC
UNIVERSITY MEDICAL CENTER
Coronavirus Preparedness
The antidote to fear is knowledge and preparedness.
For more information: www.cdc.gov/COVID19

Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee

Clinical Quality & Professional Affairs

June 8, 2020

2019 Patient Safety Plan Evaluation
&
2020 Annual Patient Safety Plan

Purpose of the Plan

- Provide the framework necessary to establish a culture of safety and accountability that includes:
  - Collaboration with department leaders to identify opportunities for improvement and implement actions
  - Promote medication safety
  - Analysis of safety event data for patterns / trends
  - Risk assessment to identify and mitigate risk
  - Continuous learning, improvement and system design
- Ensure the Patient Safety program meets the requirements outlined in NRS

2019 Accomplishments

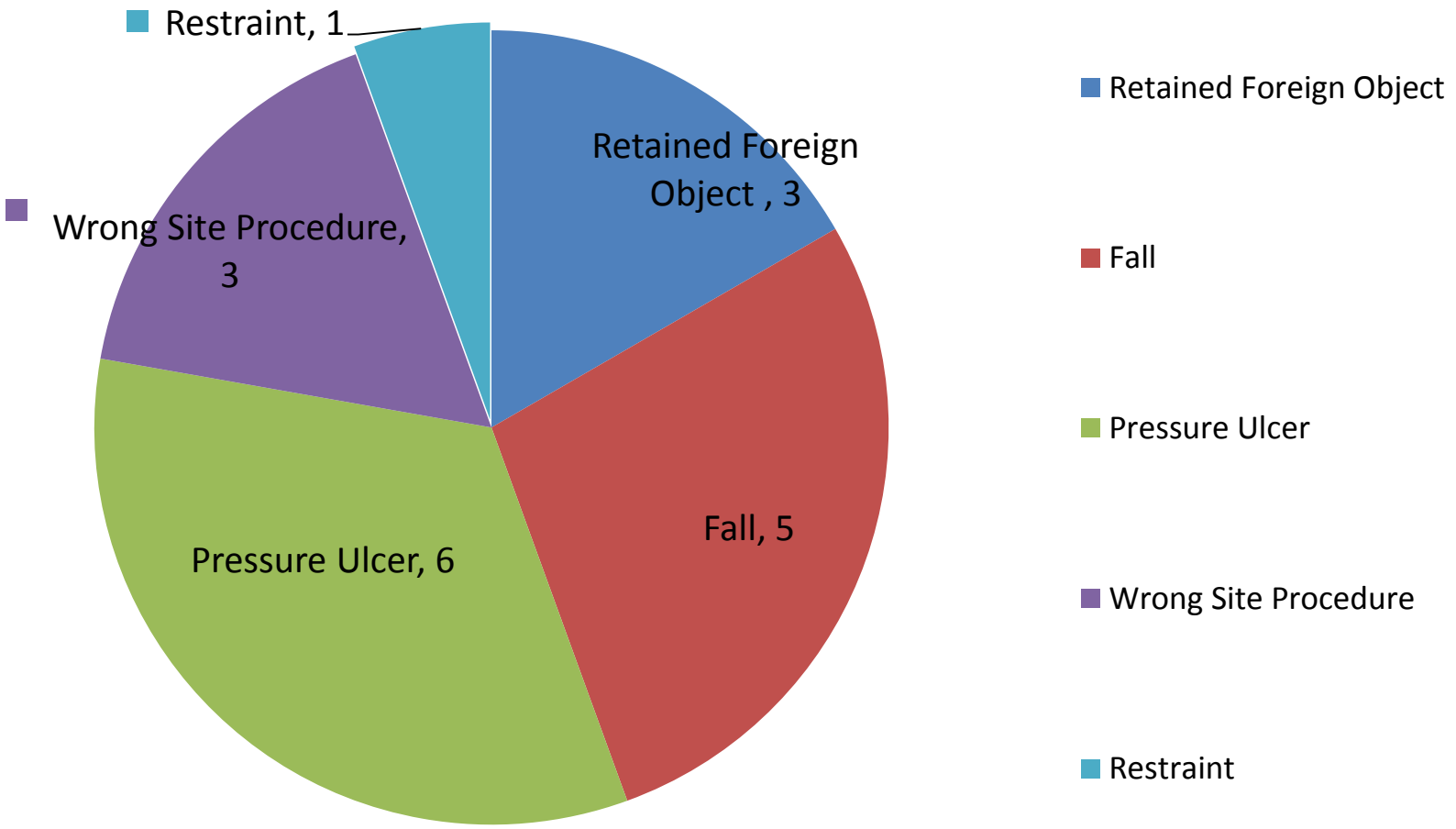
- Review and analysis of SI Events for trends with actions taken
  - 12% average increase in event reporting
- Implementation of formal Safety Huddle with published Safety Briefing twice weekly
- Implementation of "Near Miss" identification and reporting through SI
  - 0.4% of reported events were "Near Misses"
- Risk assessments with action for projects including :
  - Documentation and communication through new EHR (SI Reporting)
    - 50% decrease in care coordination/communication SI event reporting
  - Fall risk identification and reduction initiatives (NDNQI/SI Reporting)
    - 1.7% average decrease in falls (2018 vs 2019)
  - High risk medication safety (SI Reporting)
    - 64% average decrease in heparin errors (2018 vs 2019)
  - Pressure ulcer prevention (NDNQI Prevalence)
    - 31% average decrease in hospital acquired pressure injuries (2018 vs. 2019)
- Revision of "Just Culture" policy/procedure and improvement in education
- Proactive Risk Assessment (FMEA) – Blood Transfusion leading to improvements in:
  - 34% average reduction blood product wastage ($18,054 savings)
- Investigation of all grievances with written response of resolution & findings
  - 20% decrease in received grievances (2018 vs 2019)

Sentinel Event Definition

An unexpected occurrence involving facility acquired infection, death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The term includes loss of limb or function

(NRS 439.830)

UMC Reportable SE's 2019



Sentinel Event Comparison

Event Type	Totals/Percentage	
	UMC-2019	UMC-2018
Fall	5 (29%)	5 (26%)
Pressure Ulcer	6 (35%)	8 (42%)
Retained Foreign Object	2 (12%)	0
Burn	0	0
Medication Error	0	0
Surgery Wrong Site/Wrong Procedure	3 (18%)	0
Elopement	0	0
Sexual Assault	0	2 (10%)
Suicide	0	0
Device Failure	0	3 (16%)
Restraint	1 (6%)	1 (6%)
Physical Assault	0	0

http://dpbh.nv.gov/Programs/SER/dta/Publications/Sentinel_Events_Registry_(SER)__-_Publications/

2020 Patient Safety Priorities

- Continue redesign systems approach to Safety Management Program
  - Expand Safety huddles from twice weekly to three times weekly
  - Apparent and root cause analysis redesign with unit based process implementation
  - Expansion of identification and reporting of near miss events, including categorization and analysis of events
  - Continued integration of patient safety knowledge (i.e.: SE alerts, etc.)
  - Continued culture of safety and “just culture” communication to organizational staff
- Implement continuous feedback loop related to complaints and grievances
  - Leadership engagement standup expansion
  - Decrease grievance final investigation and response time by 2%

2019 Infection Control Plan Evaluation
&
2020 Annual Infection Control Plan

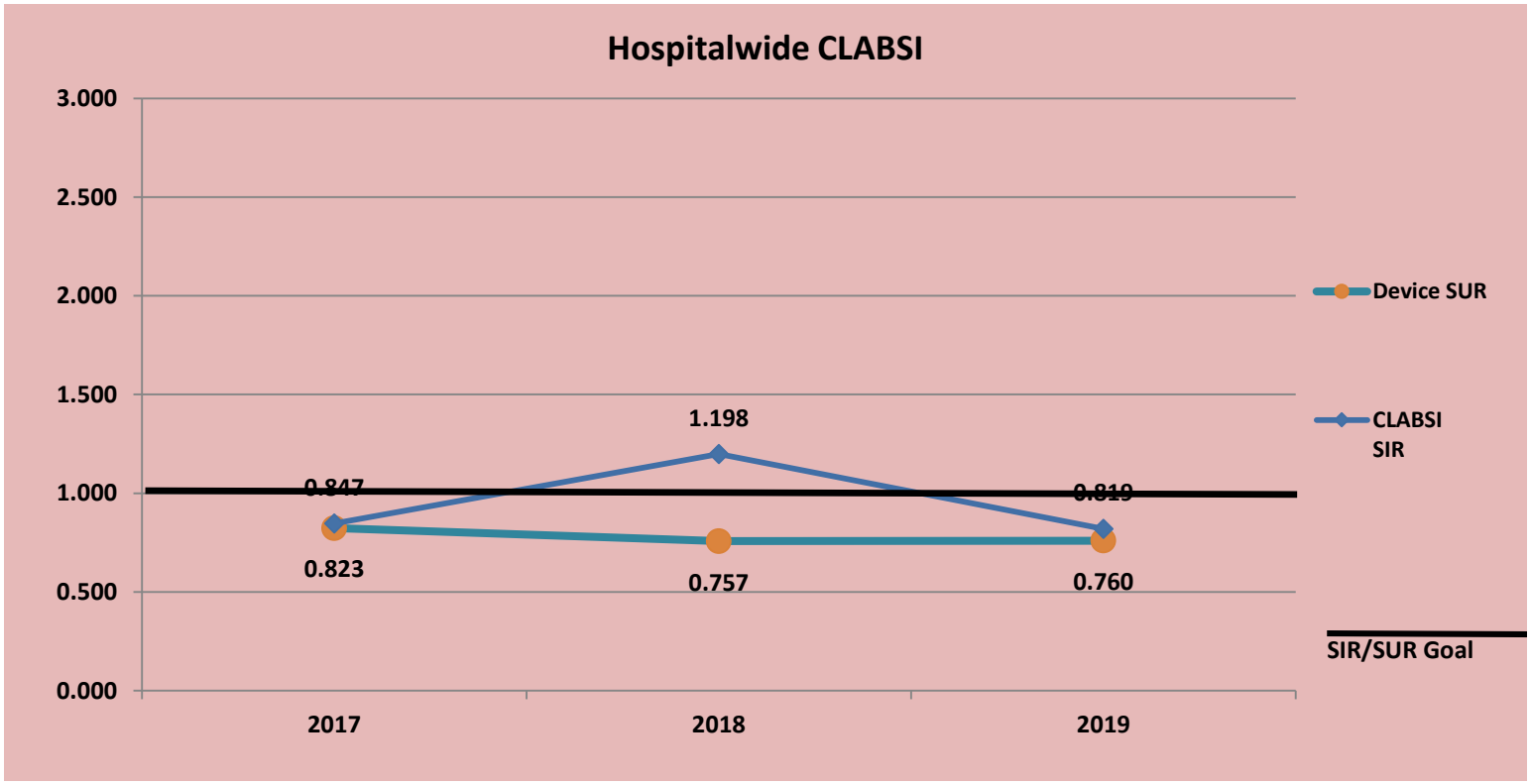
Purpose of the Plan

- Provides the framework necessary to reduce the possibility of acquiring or transmitting infection that is specific to the organization's services and population:
  - Outlines yearly goals and actions
  - Defines team composition and roles
  - Collaborates with department leaders to identify opportunities for improvement and implement actions
  - Defines evaluation methods and analyzes infection data for patterns / trends
  - Assesses risk to identify and mitigate infection risk
  - Designs a continuous learning, improvement and system environment
- Designates authority to IP Director and ID Medical Director for oversight of program
- Governs Infection Prevention/Control Committee

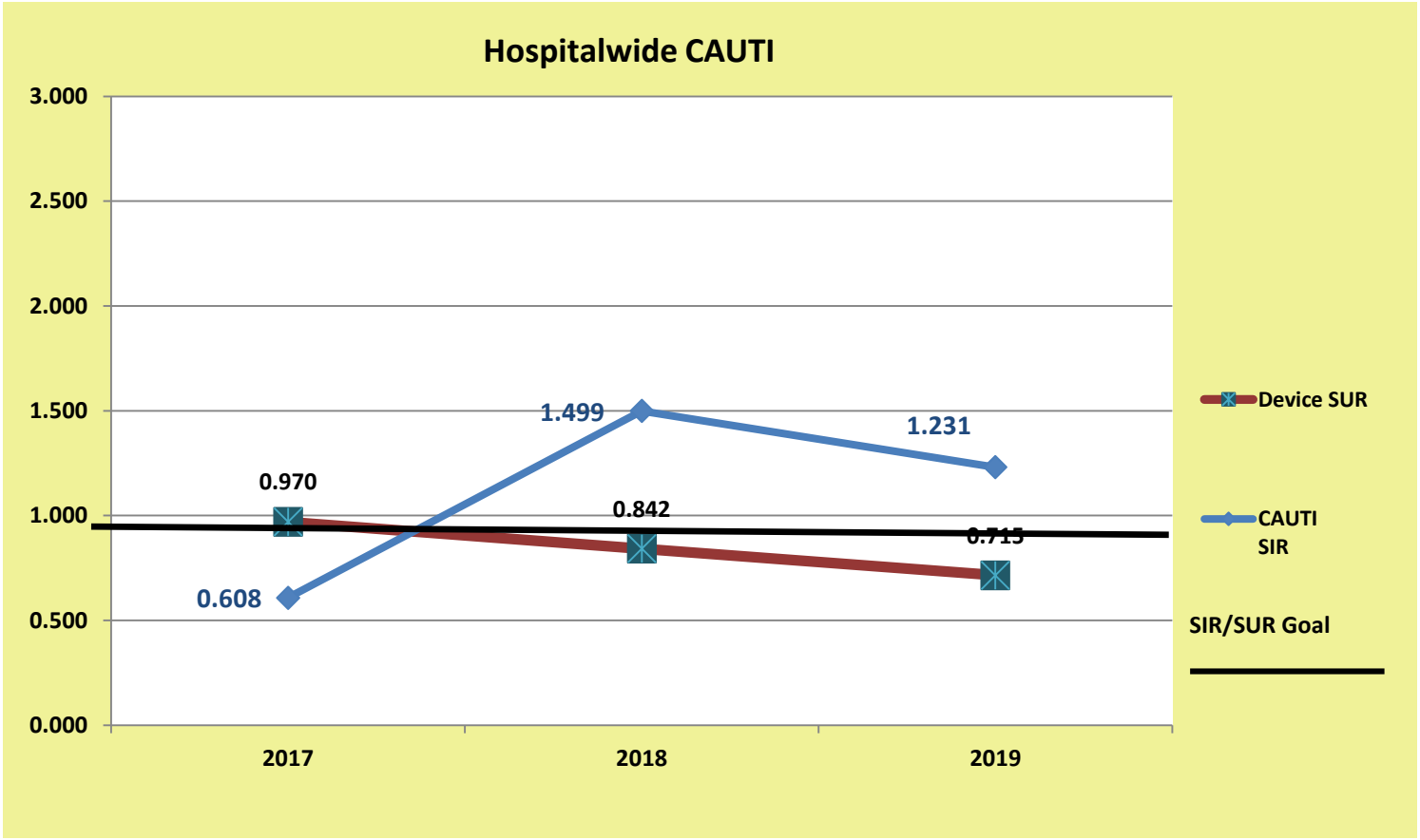
2019 Accomplishments

- Improvement in CLABSI SIR (.819), CAUTI SIR (1.23) & IVAC Plus (1.95)
- Improvement in overall hand hygiene compliance
- Improvement in communication/education of isolation status (97%)
- Improvement in Influenza Vaccination rate 2018-2019 season (91%)
- 100% compliance with annual employee TB and FIT mask testing
- Improvement in Bloodborne Pathogen Exposures
- Infection Control Performance Improvement projects included:
  - TST (Targeted Solution Tools) for hand hygiene
  - CLABSI reduction PI charter (ERAD)
  - CAUTI reduction PI charter (ERAD)
  - SSI – colon surgery
  - Successful flu vaccination campaign

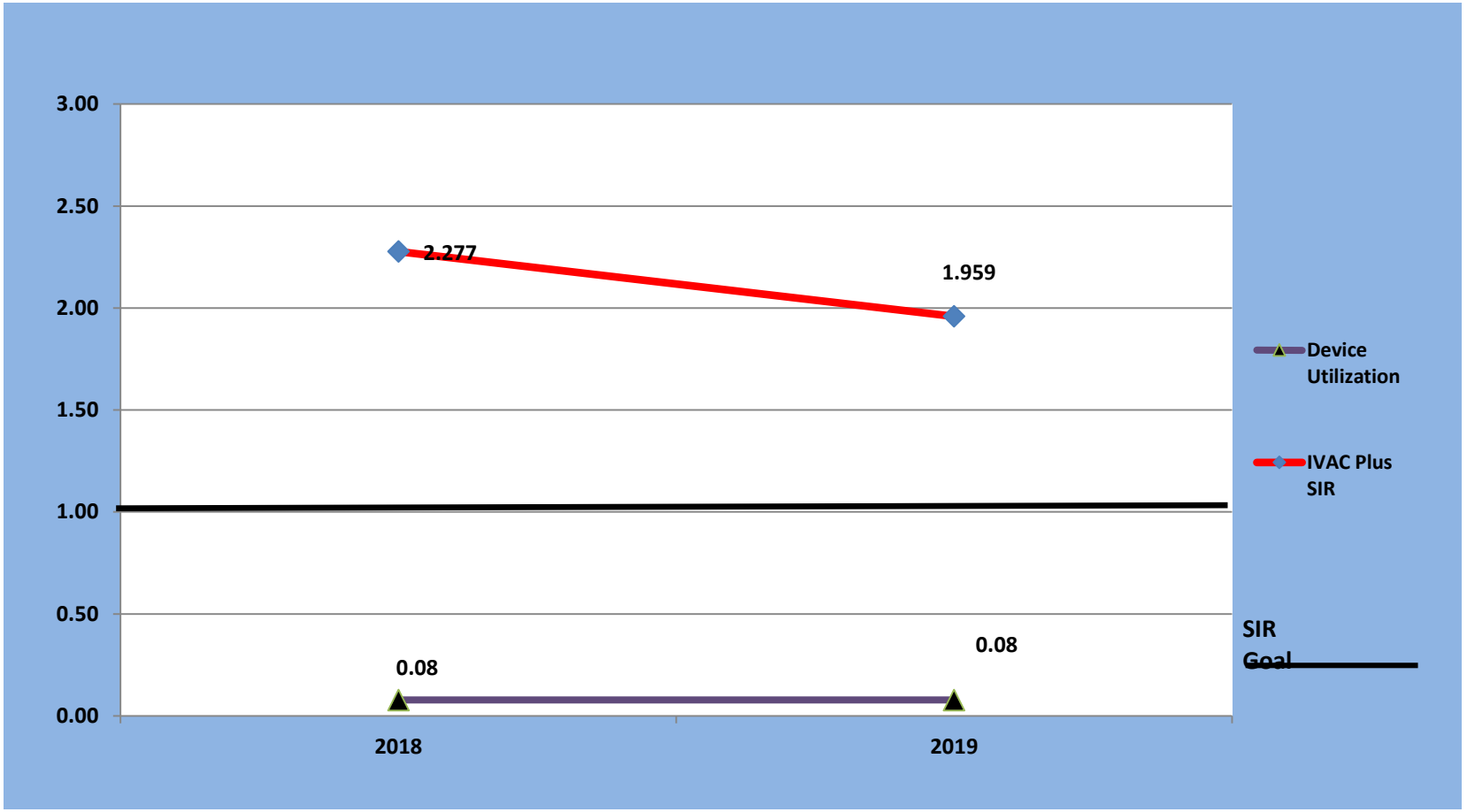
Central Line-Associated Blood Stream Infections (CLABSI)



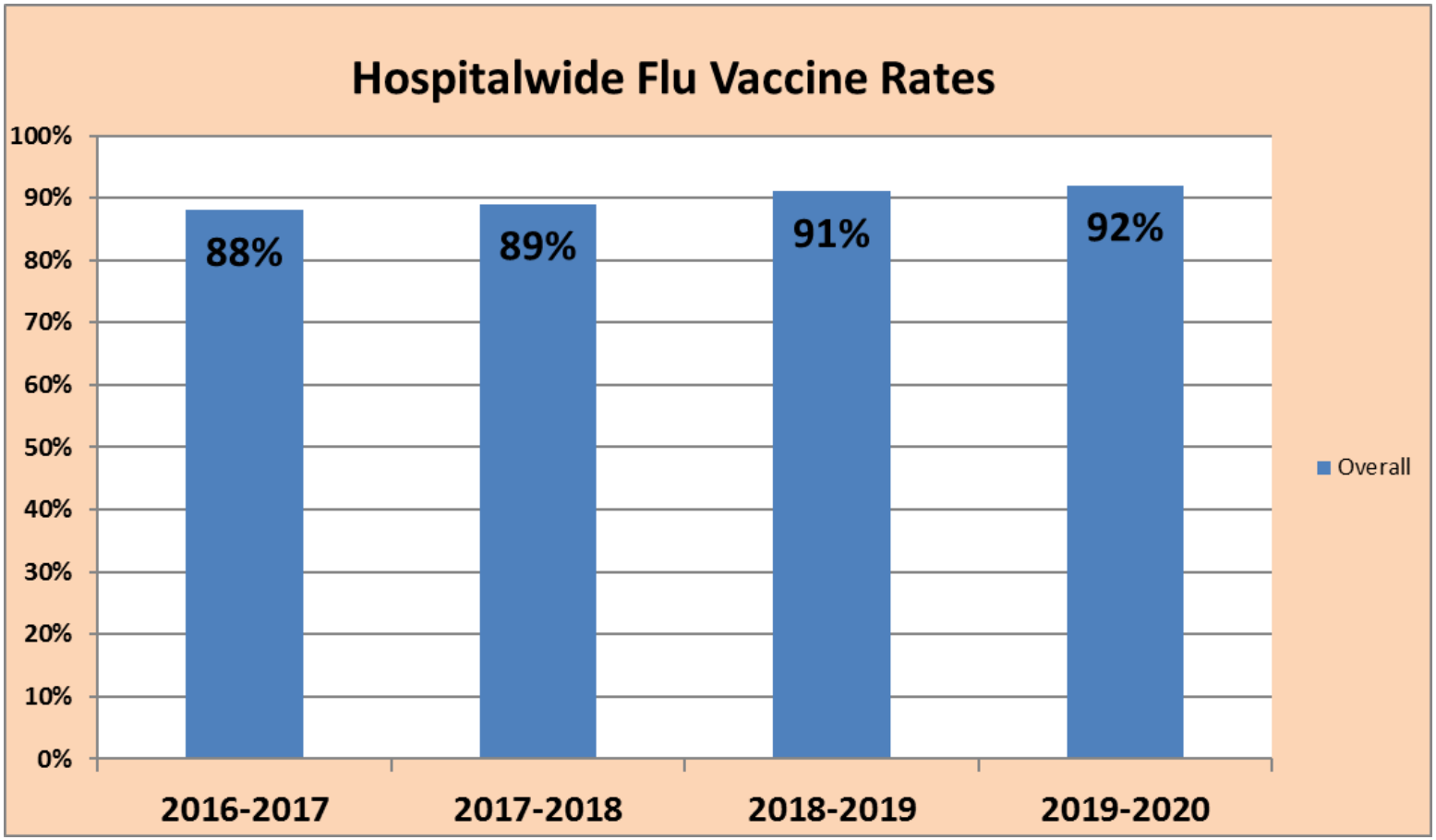
Catheter-Associated Urinary Tract Infection (CAUTI)



Infection-Related Ventilator-Associated Complications



Influenza Vaccination Program



Includes: Employees, LIP, Residents, Students, & Volunteers

2020 Risks, Priorities & Interventions

Community

- Bioterrorism & Highly Infections Diseases
- Co-Morbid Chronic Disease
- Long-term Care

- Emergency Preparedness Drills
- Annual education
- Collaborate with SNHD, CDC & Healthcare Facilities
- Ebola drill

Patient

- Device Related Infections
- (CLABSI, CAUTI, VENTILATOR)
- SSI – Colon
- Multi-drug resistant organisms
- C. Difficile Protocol

- Timely Surveillance; Just-In-Time Education, Causal Analysis with Unit-based Action Plans
- Personal Protective Equipment (PPE)
- CLABSI/CAUTI Multidisciplinary PI Charters
- Antibiotic Stewardship
- EPIC Care Alerts with timely isolation
- Surgical Site Infection Bundle and Pre-Op bathing

2020 Risks, Priorities & Interventions

Environmental

- Environmental Cleaning
- Infrastructure Failure
- Infection Control Risk Assessment Compliance

- Black Light Surveillance and Just-In-Time Coaching
- Education on ICRAs for renovations
- Construction Rounding with timely feedback
- Multidisciplinary Construction Meeting

Healthcare Worker

- Hand Hygiene Compliance
- Recognition of Employee Outbreaks
- Education of Disease Prevention and delay in proper isolation precautions

- Surveillance
- Coaching, Training, Education
- Policy update with repetitive verbiage **Identify, Isolate, Inform**
- Monitor employee illness
- FIT Mask Testing, Influenza Vaccine Clinic

CEO/Governing Board Quality Goals
Data updated as of 5.31.20

FY 20 Clinical Quality & Professional Affairs Committee

Improve (or sustain improvement) on publically reported quality/safety measures to meet/exceed state and national averages; HAI below national SIR of 1.0

Measure	FY2019 3Q18 – 2Q19	FY2020 3Q19-4Q19*	State**	National**	UMC /State/National Met
SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock. ↑	55%	71.6%	59%	59%	✚ ✚ ✚
PSI-90: Patient Safety & Adverse Events Composite ↓	1.2	0.886	--	1.0	✚ ⊘ ✚
HAI-1: Central Line Bloodstream Infections (CLABSI) ↓	1.035	0.762	--	1.0	✚ ⊘ ✚
HAI-2: Catheter Urinary Tract Infections (CAUTI) ↓	1.142	1.302	--	1.0	▬ ⊘ ▬
HAI-5: MRSA Bacteremia ↓	1.416	0.979	--	1.0	✚ ⊘ ✚
HAI-6: Clostridioides difficile (C.*diff*.) ↓	1.045	1.185	--	1.0	▬ ⊘ ▬

↑ Higher is better; ↓ Lower is better. ▬ Goal Not Met ✚ Goal Met ⊘ No Published Benchmark

*FY20 reported through Dec 2019 (3Q19 and 4Q19)

**State and National benchmarks from most recent July 2020 CMS Hospital Compare Preview Report. No CMS State benchmark for PSI-90 or HAIs.

PSI 90 is a composite of the following 10 PSI indicators: pressure ulcers, iatrogenic pneumothorax, fall with hip fracture, peri-operative hemorrhage/hematoma, peri-operative metabolic complications, post-op respiratory failure, peri-op pulmonary embolism/deep vein thrombosis, post-op sepsis, post-op wound dehiscence, accidental puncture/laceration

FY 20 Clinical Quality & Professional Affairs Committee

Create and Implement a Plan to Improve Year (FY19) Over Year (FY20) HCAHPS Performance; Track Our Ratings Against Local Area Hospitals

Measure	FY2019 (3Q19 – 2Q20)	FY2020* (3Q19-4Q19)	State**	National**	UMC /State/National Met
HCAHPS					
• Communication with Nurses	73	73	78	81	✚ ▬ ▬
• Responsiveness of Staff	59	59	69	70	✚ ▬ ▬
• Cleanliness of Hospital	62	62	75	76	✚ ▬ ▬
• Quietness of Hospital	45	50	58	62	✚ ▬ ▬
• Overall Hospital Rating	61	62	69	73	✚ ▬ ▬

↑ Higher is better. ▬ Goal Not Met ✚ Goal Met ⊘ No Published Benchmark

* FY20 reported through Dec 2019 (3Q19-4Q19)

** State and National benchmarks from most recent July 2020 CMS Hospital Compare Preview Report.

FY 20 Clinical Quality & Professional Affairs Committee

Attain Healthcare Worker Influenza Vaccination Rate at or above 90%

Measure	FY2019	FY2020	State**	National**	UMC /State/National Met
IMM-3: Healthcare Worker Flu Vaccine ↑	91%	92%	83%	90%	✚ ✚ ✚

↑ Higher is better. — Goal Not Met ✚ Goal Met ⊘ No Published Benchmark

Final results

**State and National benchmarks from most recent July 2020 CMS Hospital Compare Preview Report

FY 20 Clinical Quality & Professional Affairs Committee

Attain Successful Accreditation Through TJC

Measure	FY2020
Attain Successful Accreditation Through TJC	*

- UMC currently in TJC triannual survey window for accreditation
- Surveys suspended during COVID-19 pandemic; limited restart June, 2020

Regulatory Compliance

- Policy / Procedure for Approval
  - Timeframe: February 26 & March 25, 2020
  - Total approved: 74
  - Total retired/archived: 2
  - Approved through Hospital P/P, Quality, MEC

- Accreditation/Regulatory Surveys

DISCUSSION / QUESTIONS ?

As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Disclosure of Public Health Activities	Revision	Hospitalwide	Modified/revised to reflect current practice for disclosures regarding communicable diseases and student immunizations. Added updated regulatory verbiage from state and CMS.
Hand Trauma Assessment and Management	Revision	Ambulatory	Modified/Revised to new policy format. Policy purpose is to minimize soft tissue damage/infection to a hand/extremity trauma in the ambulatory setting.
Intra-Department Transport Safety	Revision	Ambulatory	Modified/revised to new policy format. Policy purpose is to assure safety of patient transport within the ambulatory setting when their balance/equilibrium is altered.
Clinic Cancellation Notification	Revised	Ambulatory	Modified/Revised to new policy format & minor verbiage changes. Policy purpose is to assure patients and clinic staff have a timely notification of a provider's cancellation of the clinic.
Transcutaneous Jaundice Meter	New	Clinical – Maternal Child	New policy/product (Drager Jaundice Meter JM105) to assist healthcare professionals that care for newborns that are at risk for hyperbilirubinemia with the when, what and how of the jaundice meter.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Gastrostomy Tube Care	New	Clinical – Maternal Child	New guideline to assure effective safe care of NICU, PICU, PEDS & PED ER population; specifically, to prevent infections and skin irritation(s).
Chest Pain Program	Revision	Clinical - Cardiology	Modified in response to the regulatory feedback/action plan from the most recent Amer. College of Cardiology Survey to align with Chest Pains' Program requirements/practices.
Trauma/Burn Activations and Transfers	Revision	Clinical – Trauma/Burn	Modified in response to the regulatory feedback/action plan from the most recent Amer. Burn Assoc. Burn Survey to align with burn activation criteria & be more prescriptive (inhalation/electrical burns) per requirements/practices.
Intermediate Activation Criteria – Trauma Team	Revision	Clinical - Trauma	Modified in response to the regulatory feedback/action plan from the most recent Amer. College of Surgeons'-Trauma Designation Level 1 Survey to align with trauma requirements/ practices.
Expressed Breastmilk Collection. Storage & Transport	Revised	Clinical – Maternal Child	Modified/revised verbiage of cleaning/rinsing parts in cold water first followed by soaking parts in hot soapy water according to manufacturer's guidelines. Also assuring that there is two patient identifiers before administration.
Donor Human Milk	New	Clinical – Maternal Child	Policy to provide instructions for use of pasteurized donor human milk products to support

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			an Exclusive Human Milk based diet (EHMD) approved by the Human Milk Banking Association of North America (HMBANA)
Assessment and Care of the "Difficult" Airway in the Pediatric Intensive Care Unit (PICU)	New	Clinical – Maternal Child	Guideline for daily care of PICU patients that have been identified as having a "difficult" airway which requires extra precautions and increased awareness in addition to basis care standards.
Airway Assessment and Maintenance of Infant Child and Adolescent	Revision	Clinical – Maternal Child	Modified/revised verbiage and updated references. Assures daily care of the patient that has an artificial airway which requires precautions & increased awareness in addition to basic care standards.
Intake & Output, Recording for Pediatric Patients	Revision	Clinical – Maternal Child	Modified/revised that RNs and CNAs can record intake/output. Added instructions for PICU and how to incorporate patient/family education on intake/output.
Continuous Renal Replacement Therapy - Pediatric	Revision	Clinical – Maternal Child	Continuous Renal Replacement Therapy (CRRT) policy for the pediatric population. Purpose is to assure CRRT of patients whose clinical state indicated the need for the slow removal of fluid and substrates.
Continuous Renal Replacement Therapy (CRRT) Citrate Anticoagulation	Revision	Clinical – Maternal Child	Protocol designed to provide specific instruction for maintaining adequate citrate anticoagulation during CRRT treatment.
Continuous Renal Replacement Therapy (CRRT) - Pediatric	New	Clinical – Maternal Child	Procedure outline for Pediatric Continuous Renal Replacement

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			Therapy (CRRT) in PICU which includes: Initiation of CRRT, Blood Sampling from CRRT Circuit, Temporary disconnection and circulation of prismaflex circuit & termination or CRRT.
Continuous Renal Replacement Therapy (CRRT) - PICU	New	Clinical – Maternal Child	Guideline for Continuous Renal Replacement Therapy as a method of continuous extracorporeal blood purification for PICU patients. Only PICU nurses with demonstrated competency may render care per guideline.
Disposable Bedside Bronchoscopy in Critical Care Units	New	Clinical – Critical Care Units	Guideline on how bedside bronchoscopy is delivered to patients with symptoms/suspected tuberculosis or other infections capable of being transmitted via airborne droplet nuclei.
Appropriate Use of Information Resources	Revision	Hospitalwide – Information Technology	Modified/Revised to new policy format & minor verbiage changes. Policy purpose is to assure appropriate use of UMC owned and/or provided equipment, systems and data developed, created, stored, transmitted and otherwise managed in support of UMC.
2020 Infection Prevention/Control – Risk Assessment & Plan **Assessment**	Revision	Hospitalwide – Infection Control/Prevention	Annual Infection Control/Prevention Plan which includes the risk assessment and updated information on infectious employee outbreak(s).
Utility Management	Revision	Hospitalwide - Facilities	Modified/revised to reflect current regulatory bodies (TJC). 55 policies addressing inspection and testing of operating

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			components, control of airborne contaminants, and management of disruptions. Includes, Water Management assuring mitigation of infectious organisms (Legionella being the most common) in all water related systems within the hospital's purview, anything that can create droplets or aerosols.
Life Safety	Revision	Hospitalwide - Facilities	Modified/revised to reflect current regulatory bodies (NFPA 2012/TJC/CMS). for infrastructure of building(s), means of egress, fire protection, assessment of responsibility for life safety codes in the hospital and ambulatory care (with drawings).
Pain Assessment	Revision	Hospitalwide	Modified/revised timeframe from one (1) hour to documented timely. Added definition(s) for opioid addiction and management.
Emancipated Minor	Revised	Hospitalwide – Risk Mgmt	Modified/Revised with emancipated minor definition .
Breast Feeding & Substance Abuse	New	Clinical – Maternal Child	New policy to describe the process for evaluating the safety of breast milk from a chemically-dependent mother before feeding breast milk to the neonate. Breastfeeding mothers with positive THC must have six (6) days of negative THC prior to breastfeeding.

Two (2) policies/procedures were retired: Code Pink (duplicate) and Transportation of Sterile Equipment (Duplicate).

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2020 Utility Management Policies

EC.02.05.01 EP 12 Utility System Failure Clinical Intervention
EC.02.05.01 EP 7 Alternative Operations Criteria
EC.02.05.01 EP 8 Policy on Identifying Operating Components in an AEM Program
EC.02.05.01 EP 11 Utility System Disruption Response
EC.02.05.01 EP 16 Ventilation and Pressurization Rates in Non-Clinical Areas
EC.02.05.01 EP 20 Operating Room Wet Location
ED.02.05.01 EP 27 General Anesthesia
EC.02.05.02 Design Building Systems and Risk Assessment
EC.02.05.05 Line Isolation Monitors
EC.02.05.05 EP 8
EC.02.05.09 Management of Medical Gas Storage
EC.02.05.01 Design and Installation of Utility Systems
EC.02.05.01 EP 4 Utility Systems Risk Criteria Inspection and Maintenance Strategies
EC.02.05.01 EP 15 Ventilation and Air Relationships
EC.02.05.01 EP 3 Utility Systems Written Inventory
EC.02.05.01 EP 6 Frequencies for Testing New Equipment
EC.05.05.01 EP 9 Labeling Controls Shutdown
EC.02.05.01 EP 10 Utility System Disruptions revised
EC.02.05.01 EP 11-12 System Failure and Basic Staff Response (Clinical Intervention) Revised
EC.02.05.01 EP 13a Loss of Utilities – HVAC Systems
EC.02.05.01 EP 12I Loss of Utilities – Communication Failure Revised
EC.02.05.01 EP 17 Mapping Distribution of Utility Systems
EC.02.05.01 EP 18 Medical Gas Storage and Transportation
EC.02.05.01 EP 19 Emergency Poser
EC.02.05.01 EP 22 Hospital Grade Receptacles
EC.02.05.01 EP 23 Relocatable Power Taps
EC.02.05.01 EP 24 Extension Cords
EC.02.05.03 EP 16 Emergency Electrical Power Source
EC.02.05.05 EP 1 Major Repairs and Maintenance
EC.02.05.05 EP 2 Initial Testing of Utility Components
EC.02.05.05 EP 4 Inspection – Testing – Maintenance of High Risk Utility Systems Equipment
EC.02.05.05 EP 5 Inspection – Testing – Maintenance of Infection Control Utility Systems – Equip
EC.02.05.05 EP 6 Inspection – Testing – Maintenance of Non-Life Support Utility Systems – Equip
EC.02.05.07 EP 3 Stored Emergency Power Supply Systems (SEPSS)
EC.02.05.07 EP 7 Automatic Transfer Switches
EC.02.05.07 EP 8 Fuel Quality
EC.02.05.07 EP 4 Emergency Generator Testing
EC.02.05.07 EP 9-10 Emergency Generators – 4 Hour Testing
EC.02.05.09 EP 1 Inspecting Testing and Maintaining Piped Medical Gas
EC.02.05.09 EP 2-3 Bulk Oxygen
EC.02.05.09 EP 4 Testing of Piped Medical Gas

EC.02.05.09 EPS Identification and Accessibility of Shut Off Valves for Piped Medical Gas
EC Battery Powered Lights
EC Loss of Utilities Electrical and Security System
EC Loss of Utilities Elevators
EC Loss of Utilities Medical Air System
EC Loss of Utilities Medical Gas
EC Loss of Utilities Natural Gas
EC Loss of Utilities Pneumatic Tube System
EC Loss of Utilities Waste Disposal System
EC Loss of Utilities Bulk Oxygen Storage System
EC Loss of Utilities Potable Water Supply
EC Loss of Utilities Steam Boiler

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2020 Life Safety Code Policies

LS.01.01.01 EP1 Assessment of Responsibility for Life Safety
LS.01.01.01 EP2 Building Assessment
LS.01.01.01 EP3 Life Safety Drawings
LS.01.01.01 EP4 PFI Time Frame
LS.01.01.01 EP5 Maintaining Documentation of State or Local Control Agency
LS.01.01.01 EP6 Removing Life Safety Features
LS.01.02.01 EP2 Fire Watch
LS.02.01.10 EP11 Building and Fire Protection Features
LS.02.01.20 EP36 Mean of Egress
LS.02.01.30 EP25 Fire and Smoke Protection
LS.02.01.34 EP4 Fire Alarm Systems
LS.02.01.35 EP14 Providing & Maintaining Fire Extinguishing Systems
LS.02.01.40 EP2 Special Fire Protection Features
LS.02.01.50 EP8 Building Services
LS.02.01.37 EP6 Decorations, Receptacles and Heating Devices

MEMORANDUM

DEPARTMENT

TO: Ross Berkeley, MD, FACEP, FAAFM,
Chair, Professional Improvement Committee

FROM: Frederick Lippmann, M.D., Chief of Staff

SUBJECT: Medical Executive Committee Actions

DATE: February 28, 2020

At its' meeting of February 25, 2020, the Medical Executive Committee accepted the PIC Monthly Data Report.

Please keep the Department Chiefs informed and updated on Serious Issues/Sentinel events that occur within their Departments and/or concerns regarding the Physicians in their Departments. Kindly ensure that the Summary of Reviewed Cases are provided to the Departmental Chiefs and/or their Designee.

I appreciate the work that you do. Thank you.

MEMORANDUM

DEPARTMENT

TO:	Ross Berkeley, MD, FACEP, FAAFM,
	Chair, Professional Improvement Committee
FROM:	Frederick Lippmann, M.D., Chief of Staff
SUBJECT:	Medical Executive Committee Actions
DATE:	March 26, 2020

At its' meeting of March 24, 2020, the Medical Executive Committee accepted the PIC Monthly Data Report.

Please keep the Department Chiefs informed and updated on Serious Issues/Sentinel events that occur within their Departments and/or concerns regarding the Physicians in their Departments. Kindly ensure that the Summary of Reviewed Cases are provided to the Departmental Chiefs and/or their Designee.

I appreciate the work that you do. Thank you.

MEMORANDUM

DEPARTMENT

TO:	Ross Berkeley, MD, FACEP, FAAFM,
	Chair, Professional Improvement Committee
FROM:	Frederick Lippmann, M.D., Chief of Staff
SUBJECT:	Medical Executive Committee Actions
DATE:	April 29, 2020

At its' meeting of April 28, 2020, the Medical Executive Committee accepted the PIC Monthly Data Report.

Please keep the Department Chiefs informed and updated on Serious Issues/Sentinel events that occur within their Departments and/or concerns regarding the Physicians in their Departments. Kindly ensure that the Summary of Reviewed Cases are provided to the Departmental Chiefs and/or their Designee.

I appreciate the work that you do. Thank you.

MEMORANDUM

DEPARTMENT

TO:	Ross Berkeley, MD, FACEP, FAAFM, Chair, Professional Improvement Committee
FROM:	Frederick Lippmann, M.D., Chief of Staff
SUBJECT:	Medical Executive Committee Actions
DATE:	May 27, 2020

At its' meeting of May 26, 2020, the Medical Executive Committee accepted the PIC Monthly Data Report.

Please keep the Department Chiefs informed and updated on Serious Issues/Sentinel events that occur within their Departments and/or concerns regarding the Physicians in their Departments. Kindly ensure that the Summary of Reviewed Cases are provided to the Departmental Chiefs and/or their Designee.

I appreciate the work that you do. Thank you.

MEMORANDUM

TO:	Quality and Patient Safety Committee
FROM:	Frederick Lippmann, M.D., Chief of Staff
SUBJECT:	Medical Executive Committee Actions
DATE:	March 2, 2020

At its' meeting of February 25 , 2020, the Medical Executive Committee took the following actions:

Accepted the Pediatrics 4th Quarter 2019 Report

Accepted the Human Resources 4th Quarter 2019 Report

Accepted the Pharmacy Services 4th Quarter 2019 Report

Accepted the Dialysis 4th Quarter 2019 Report

Accepted the Surgical Services January 2020 Report

Accepted the Publicly Reported Performance Measures 3rd Quarter 2019 Report

Accepted the Trauma 4th Quarter 2019 Report.

Accepted the 2019/2020 PI Charter Reports

- Opioid Committee - November & December 2019 Meeting Minutes
- ERAD: CLABSI & CAUTI Reduction - October & November 2019 Meeting Minutes
- Skin & Pressure Ulcers – September, October & December 2019 Meeting Minutes

Accepted the Pharmacy & Therapeutics Committee February 2020 Report

Approved the Policy & Procedure, Protocols and Revisions

MEMORANDUM

TO: Quality and Patient Safety Committee

FROM: Frederick Lippmann, M.D., Chief of Staff

SUBJECT: Medical Executive Committee Actions

DATE: March 26, 2020

At its' meeting of March 24, 2020, the Medical Executive Committee took the following actions:

Accepted the Health Information Management 4th Quarter 2019 Report

Accepted the Emergency Department -4th Quarter 2019 Report

Accepted the Environment of Care & Life Safety – 4th Quarter 2019 Report

Accepted the Food Safety & Nutrition – 4th Quarter 2019 Report

Accepted the Imaging & Nuclear Medicine –4th Quarter 2019 4th Quarter 2019 Report

Accepted the Infection Prevention -4th Quarter 2019 Report

Accepted the Laboratory & Blood Usage – 4th Quarter Quarter 2019 Report.

Accepted the Respiratory Services -4th Quarter Report.

Accepted the Stroke- 2nd, 3rd and 4th Quarters 2019 Reports

Accepted the Cardiology – AMI - 1st and 2nd Quarters 2019 Reports

Accepted the Burn Registry & PI Indicators- 4th Quarter 2019

Accepted the Oncology Registry & PI Indicators – 4th Quarter 2109

Accepted the 2019/2020 PI Charters Reports

Accepted the Environment of Care Evaluation & Plan- Annual Report 2020

Accepted the Infection Prevention Evaluation & Plan – Annual Report

Approved the Policy & Procedure, Protocols and Revisions

MEMORANDUM

TO: **Quality and Patient Safety Committee**

FROM: **Frederick Lippmann, M.D., Chief of Staff**

SUBJECT: **Medical Executive Committee Actions**

DATE: **May 27, 2020**

At its' meeting of May 26, 2020, the Medical Executive Committee took the following actions:

Care Management – Accepted 4th Quarter 2019 Report

Organ Donation Report – Accepted 2019 Annual Report

Health Information Management – Accepted 1St Quarter 2020 Report

P & T Committee (includes Nutrition Services) – Accepted/approved April & May 2020 Reports

Burn Action Plan – Accepted Report

Capacity Management & Patient Flow – Accepted 4th Quarter 2019 Report

Surgical Services – Accepted 1St Quarter 2020 Report

Procedural Sedation – Accepted 1St Quarter 2020 Report

Rehabilitation Services –Accepted 1St Quarter 2020 Report

Pediatrics –Accepted 1St Quarter 2020 Report

Dialysis –Accepted 1St Quarter 2020 Report

Pharmacy Services –Accepted 1St Quarter 2020 Report

Publicly Reported Performance Measures –Accepted 4th Quarter 2019 Report

Patient Safety Committee Report –Accepted 4th Quarter 2019 Report

Stroke Dashboard –Accepted 1St Quarter 2020 Report

2019/2020 PI Charters

- Care of the Behavioral Patient Charter – Accepted 1st Quarter 2020 Report
- ERAD: CLABSI & CAUTI Reduction – Accepted 1st Quarter 2020 Report
- Skin & Pressure Ulcers – Accepted 1st Quarter 2020 Report

Patient Safety & Risk Management 2019 Evaluation and 2020 Plan – Approved Plan and Accepted Evaluation

2020 Quality Assessment and Performance Improvement Plan – Approved Plan

Stroke Action Plan – Report Accepted/approved - Update on TJC Action Plan