Clinical Quality and Professional Affairs Committee

December 9, 2019 3:00PM

ProVidence Suite

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
December 9, 2019 3:00 p.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

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:

This meeting has been properly noticed and posted in the following locations:

University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office)	CC Government Center 500 S. Grand Central Pkwy. Las Vegas, NV	Third Street Building 309 S. Third St. Las Vegas, NV	Regional Justice Ctr 200 Lewis Ave., 1st Fl. Las Vegas, NV
City of Las Vegas 400 Stewart Ave. Las Vegas, NV	City of Henderson 240 Water St. Henderson, NV		

- 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 Terra Lovelin, Board Secretary, 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

PUBLIC COMMENT. This is a period devoted to comments by the general public about items on ***this*** agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the "Comments by the General Public" period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please ***spell*** your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair or the Committee by majority vote.

2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on October 7, 2019. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an update on Pathways to Excellence and Magnet Status from Deb Fox, Chief Nursing Officer; and direct staff accordingly. *(For possible action)*

5. Receive an update on ICARE4U; and direct staff accordingly. *(For possible action)*

6. 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)*

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

A period devoted to comments by the general public about matters relevant to the Committee's jurisdiction will be held. No action may be taken on a matter not listed on the posted agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please ***spell*** your last name for the record.

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).

University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
October 7, 2019

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
October 7, 2019 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
Barbara Fraser – Ex-Officio

Absent:
Jeff Ellis - Excused

Also Present:
Danita Cohen, Chief Experience Officer
Lonnie Richardson, Chief Information Officer
Patty Scott, Director, Clinical Safety and PI
Deb Fox, Chief Nursing Officer
Haley Hammond, Director, Patient Experience
Tye Masters, Attorney
Terra Lovelin, Administrative Assistant/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 September 23, 2019 *(For possible action)*

Dr. Mackay wanted to add the word, “safety” with CEO goal number 1.

Also, he would like to add the word, “HCAPHS” before the word performance in CEO goal number 2.

Member Franklin had a spelling correction on her comment under CEO goal number 2.

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

ITEM NO. 3 Approval of Agenda *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on ICARE4U; and direct staff accordingly. *(For possible*
DOCUMENT(S) SUBMITTED**:**
- HCAHPS

DISCUSSION: Haley Hammond went over the scores from HCAHPS.

A few slides were shown and the greatest decline in satisfaction is within the category of quietness of environment.

Dr. Mackay asked Ms. Fox how they are working on quietness with having to wake up patients every few hours to take their vitals.

Ms. Fox replied that the unit based council is currently working on an initiative called, “Quiet at Night,” that is focusing on quietness and how to better prepare the evening for quiet hours. They would like to pick a few areas and implement a pilot program to see how it effects our scores.

Ms. Cohen added that Ms. Hammond and her dog Hope rounded at 10:30 pm one night to remind staff of quite hours and to be cognizant of patients who need peace and quiet while in our hospital.

A discussion ensued regarding call light response times and the ability to track the staff on their responding time.

Ms. Cohen provided a brief update on the ICARE Cash program, how it works and what the employees can "buy" with the points.

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
- Policy and Procedure List

DISCUSSION: Patricia Scott summarized the slides in the presentation today.

CLABSI Hospital wide rate was shown.

CAUTI at UMC is 1.4% against 1.0% National ratio

Ventilator associated pneumonia cases have come down significantly

LabID Events (CDIF, MERSA): CDIF has come down, MERSA has gone up a bit.

A discussion ensued regarding ways to reduce hospital acquired infections and some of the strategies include collaboration with new EVS team, hand hygiene focus, etc.

Four events were reported to the State on patient safety, three pressure injuries, and one wrong side procedure.

36 policies and procedures were approved during the time period of August through September 2019. 10 patient care/service contracts were evaluated and all 107 met established performance standards.

FINAL ACTION TAKEN: A motion was made by Member Lopez-Hobbs to recommend approval of the UMC Policy and Procedures Committee's activities for the period of August to September 2019 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. 6 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

Dr. Mackay asked for an update on Pathways to Excellence and Magnet status at the next meeting

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 3:59 p.m., Chair Mackay adjourned the meeting.

MINTUES PREPARED BY: Terra Lovelin, Governing Board Secretary

APPROVED:

UMC
UNIVERSITY MEDICAL CENTER

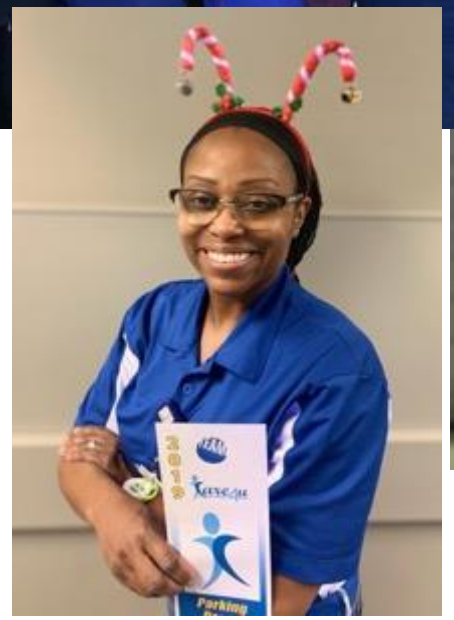
The **Highest Level of Care** in Nevada

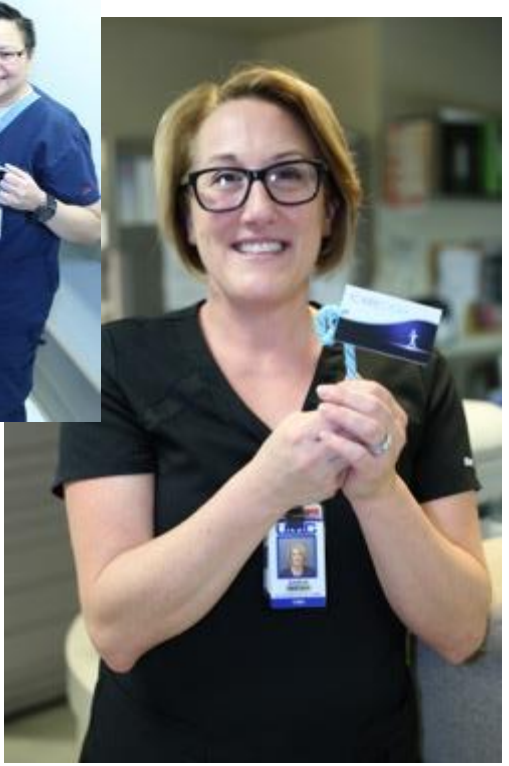
ICARE Q4 2019

- **"Donut Know What We Would Do Without You"** to 2 West for consistent exceptional customer service

- **ICARE "on the Spot"** to Ponda Childs in Patient Transport for *communicating* with her patients with a fun and creative approach, *responding* to patients' needs promptly and *exiting* every interaction with a smile!

- **ICARE Comment Canes** with ICARE Cash to 164 staff for being recognized by patients through HCAHPS Surveys

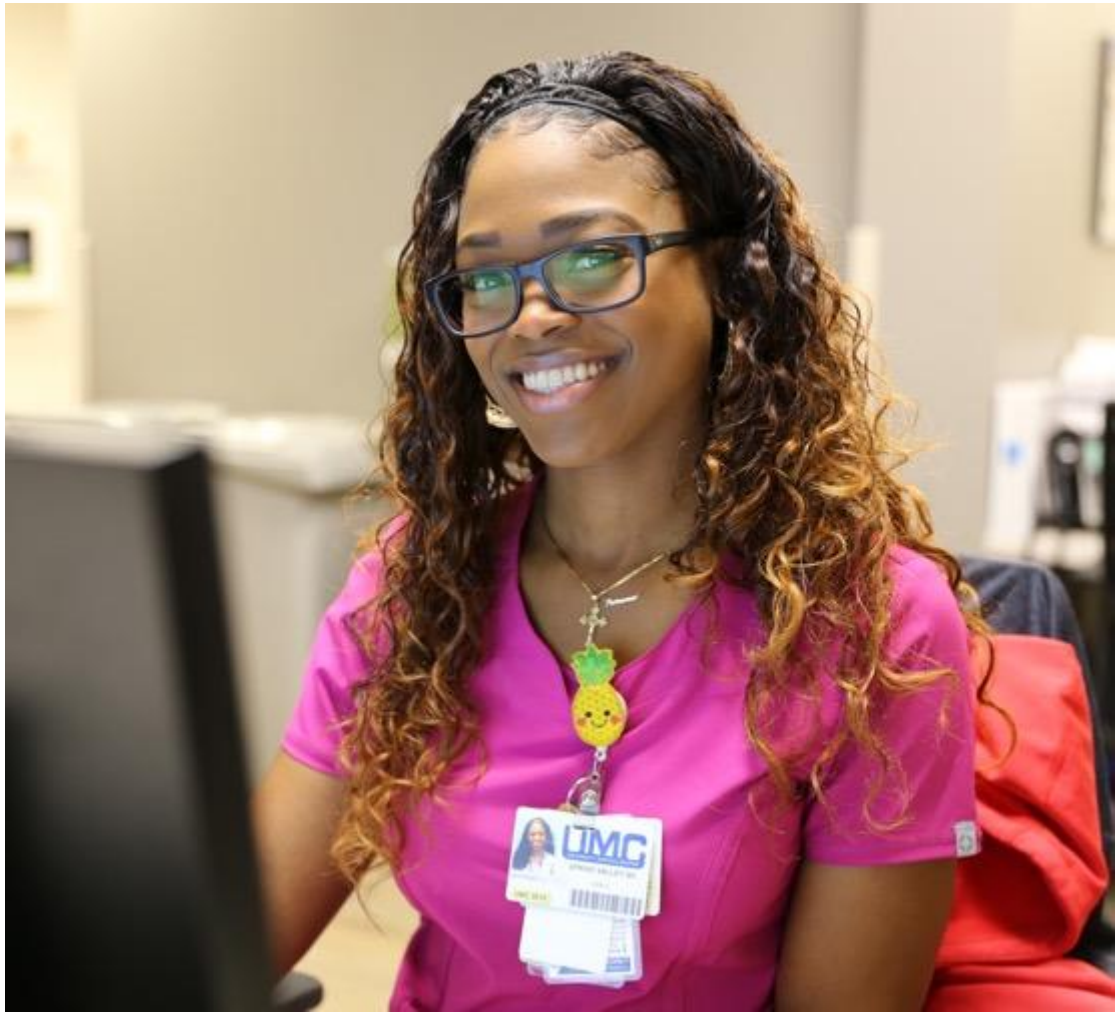




2019 ICARE By the Numbers

ICARE 3.0:

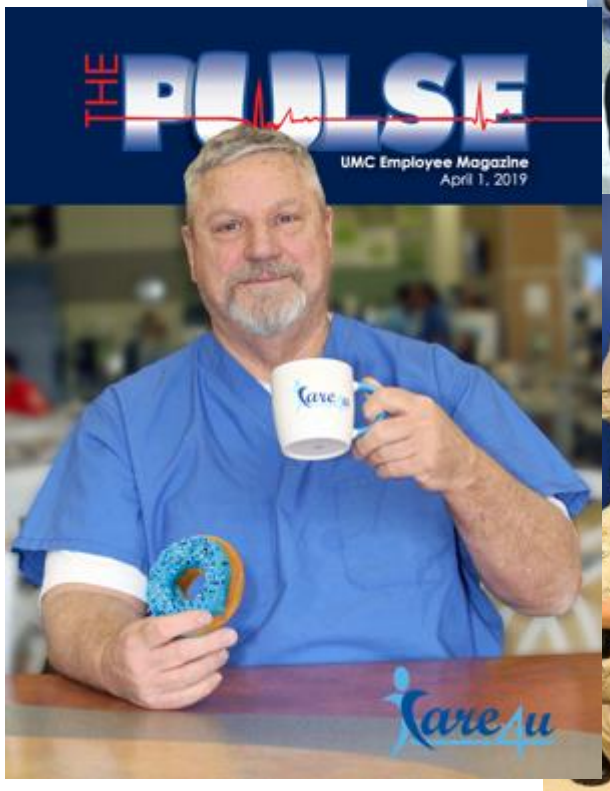
- **3,766** employees trained
- **2000** role plays, videos, examples, scripts and scenarios used
- **215** new physicians, students, fellows and residents trained
- **10** department specific trainings conducted at request



ICARE Recognition:

- **4** ICARE "on the Spot" Parking Spot Award winners for tangible demonstration of ICARE principles
- **112** "Because You Care" café gift Cards sent to employee homes for names positively mentioned within patient surveys
- **164** "Comment Canes" shared with staff for being recognized by patients through HCAHPS Surveys

- **6** "Donut Know What We Would Do Without You" Celebrations that recognized either individuals or entire departments for consistently exceptional and above and beyond customer service



6 Months of ICARE Cash:

- **2,275** participants in employee promotional programs (Flu campaign, CEO Spring Town Hall) awarded ICARE Cash
- **1,527** Spot Cards given by leadership redeemed for **56** gifts
- **280** Service Awards for 10 or more years of service
- **76** Peer to Peer ICARE Certificates

12 ICARE Rounds and
"Random Acts of ICARE Kindness":

- **4** Canine Comfort Corner sessions with treat cart
- **3** Garage Greetings with treats
- **2** Knight Time/Almost Knight Time with Chance & VGK swag
- **2** Celebrating Veterans & Comment Cane RAK with treats and ICARE Cash
- **1** CNO Greetings with treat cart

Looking Forward to 2020!

Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee

Clinical Quality & Professional Affairs

December 9, 2019

Performance Objective #1

UMC UNIVERSITY MEDICAL CENTER

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*	State**	National**	UMC /State/National Met
SEP-1: Early Management Bundle, Severe Sepsis/Septic Shock. ↑	55%	52.6%	56%	58%	– – –
PSI-90: Patient Safety & Adverse Events Composite ↓	1.2	0.989	--	1.0	+ ⊘ +
HAI-1: Central Line Bloodstream Infections (CLABSI) ↓	1.035	0.734	--	1.0	+ ⊘ +
HAI-2: Catheter Urinary Tract Infections (CAUTI) ↓	1.142	1.909	--	1.0	– ⊘ –
HAI-5: MRSA Bacteremia ↓	1.416	1.421	--	1.0	– ⊘ –
HAI-6: Clostridioides difficile (C.*diff*.) ↓	1.045	1.258	--	1.0	– ⊘ –

↑ Higher is better; ↓ Lower is better. – Goal Not Met + Goal Met ⊘ No Published Benchmark

*FY20 reported through Sept 2019 (3Q19); due to CMS and other regulatory reporting deadline requirements, SEP-1 reported through Aug 2019.
**State and National benchmarks from most recent Jan 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

Performance Objective #3

UNIVERSITY MEDICAL CENTER

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%	*	83%	90%	

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

* Final results available March 2020

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

Performance Objective #4

FY 20 Clinical Quality & Professional Affairs Committee

Attain Successful Accreditation Through TJC

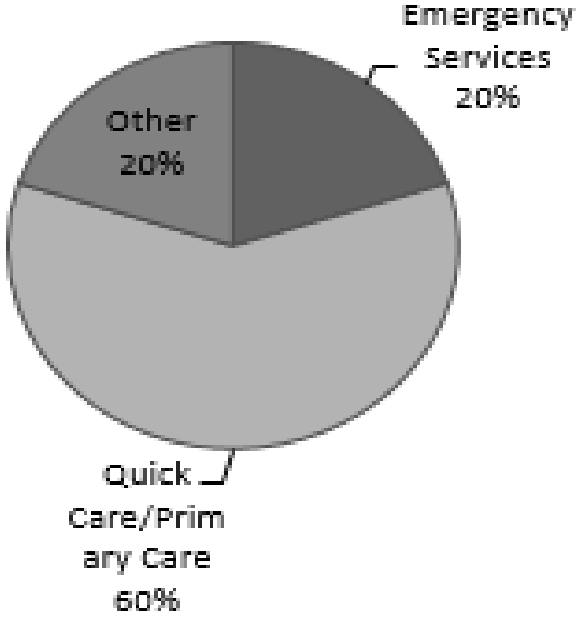
Measure	FY2020
Attain Successful Accreditation Through TJC	*

* UMC currently in TJC triannual survey window for accreditation

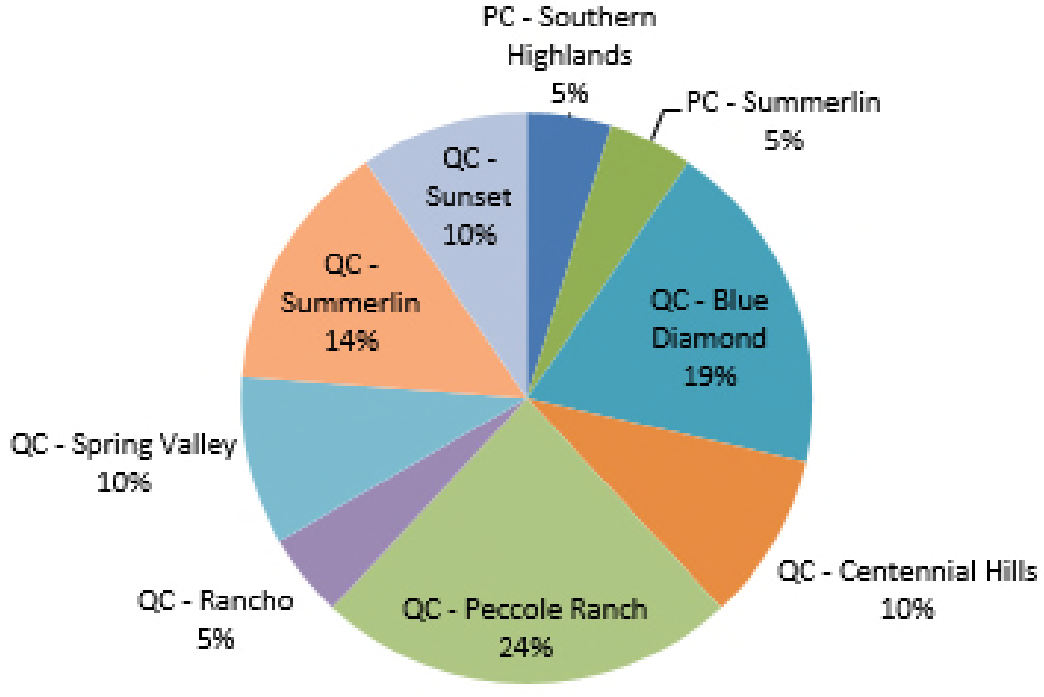
Complaints/Grievances

2Q2019

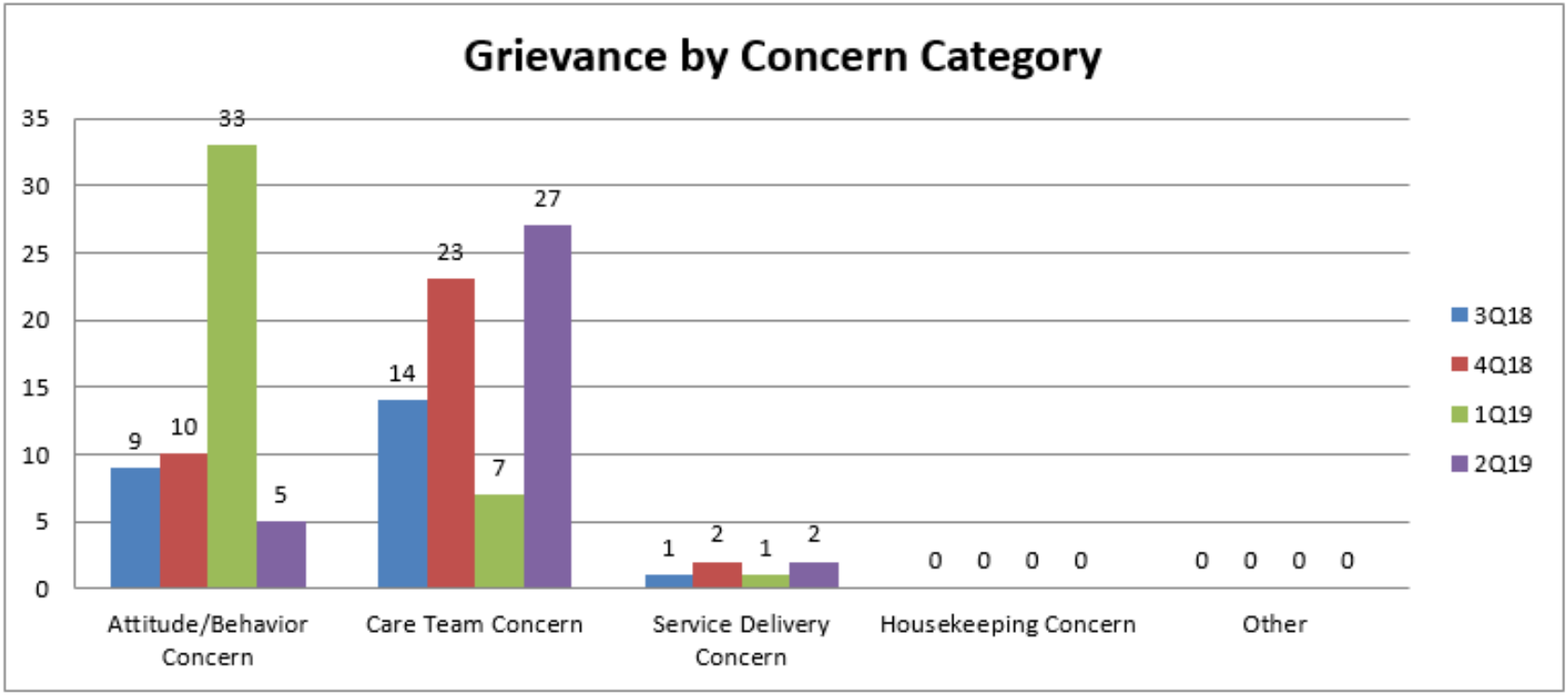
2Q19 Grievances by Location



2Q19 Grievances QC/PC by Location



- All responses were in accordance with CMS Regulations, including investigation, findings, actions taken, and resolution.
- Substantiated and Partially Substantiated quality of care concerns are forwarded for information, appropriate review, and follow-up.
- Current data is submitted to the Patient Safety Committee for review and corrective action where indicated.



Observations 2Q19:

34 grievances were received with a total of 35 reported concerns. This is an 8% decrease in grievance reports received compared to 1Q19. Quick Care/Primary Care accounted for 60% of total grievances received for 2Q19. Care Team Concerns accounted for 77% of reported concerns; included in this category: Communication/Explanation, Diagnosis Related, Patient Care, and Treatment Plan. 30 grievances received were Not Substantiated and 4 grievances received were Substantiated.

Regulatory Compliance

- Policy / Procedure Approval
  - Timeframe: September – October, 2019
  - Total approved: 27
  - Total retired/archived: 50
  - Approved through Hospital P/P, Quality, MEC

- 4 Patient Care/Service Contracts Evaluated
  - 4/4 met established performance standards

- Accreditation/Regulatory Surveys

DISCUSSION / QUESTIONS ?

MEMORANDUM

TO: Quality and Patient Safety Committee

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

SUBJECT: Medical Executive Committee Actions

DATE: December 5, 2019

At its' meeting of November 26, 2019, the Medical Executive Committee took the following actions:

Accepted the Clinical Quality/Publically Reported Data - 2nd Quarter 2019 but needs additional information on reasons why the Hospital got a D Rating.

Accepted the Nursing Sensitivity Indicators Report

Accepted the Patient Flow – 3rd quarter2019 Report

Accepted the EOC Program -3rd Quarter 2019 Dashboard

Accepted Dialysis – 2nd and 3rd Quarters Report

Accepted the Patient Experience/HCAHPS - 2nd Quarter 2019 Report

Accepted the Stroke – 2nd Quarter Report.

Accepted the 2019/2020 PI Charters Reports

Accepted the Pharmacy & Therapeutics Committee Reports

Accepted the Regulatory Activities and approved Stroke, Oncology and NUCLEAR Medicine Action Plans

Approved the Policy & Procedure revisions

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: December 05, 2019

At its' meeting of November 26, 2019, 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.

INTEROFFICE MEMO

To: Medical Executive Committee

From: Stephanie Wright, Regulatory Compliance Manager/
Hospital Policy and Procedure Committee

Subject: Sept 25th Policy Revisions /Additions /Deletions

Date: October 14, 2019

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. There were forty-three (43) policies retired/archived: 12 Ambulatory, 9 Peds/Maternal Child, 19 Card/Cath, & 3 Administration/Other.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Radioactive Pharmaceutical Injections	Revision	Hospitalwide/ Clinical/Imaging Services	Modified , dosing parameters to be within + or - 20% of prescribed dose with administration to be completed within 20 minutes after calibration time.
Termination of Primary Care Relationship	Revision	Clinical/ Ambulatory	Reviewed with no modifications. Purpose of policy is to provide a uniform process for termination of Primary Care relationship(s).
MRSA/ORSA Active Surveillance	Revision	Hospitalwide/Infection Control/Prevention	Reviewed with no modifications only formatting. Provides active targeted surveillance to identify patients who are at increased risk for MRSA/ORSA and institute transmission based precautions to minimize risk.
Patient Exposure	New	Hospitalwide/Infection Control/Prevention	New policy that provides a systematic approach to evaluating a potential or actual patient exposure which includes assessment and

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			potential testing, post exposure prophylaxis/treatment and /or counseling.
Toy Cleaning	Revision	Hospitalwide/Infection Control/Prevention	Modified to specify what Toy donations are allowed and what is not allowed.
Communication of Significant Organisms/Infections upon Inter-Facility Transfer	Revision	Hospitalwide/Infection Control/Prevention	Modified to include the Electronic Inter-Facility Transfer After Visit Summary Form which should be printed out to send with the patient to the receiving facility indicating significant potentially infectious process(es).
Discharge Cleaning	New	Hospitalwide/EVS	Guidelines and cleaning instructions for rooms vacated by discharged patients.
Integrative Therapies	New	Hospitalwide/Specialty Services	Guideline for Integrative Therapies which restores harmony and balance in the energy system, as well as, in the mind and body, placing the patient in a position to self -heal by bringing conventional and holistic approaches together in a coordinated way. Various modalities are: touch & aromatherapy.
Focused Professional Practice Evaluation (FPPE) for Newly Privileged Practitioners	Revision – Informational, approved and presented at previous MEC Meeting	Hospitalwide/Medical Staff Services	Modified to include provisions for, Refer and Fellow Privilege only, the practitioner must provide three (3) cases from a TJC accredited facility or one peer reference.
Disposition of UMC Property	New	Hospitalwide/Materials Mgmt	Policy to assure UMC property is properly documented and disposed of in accordance with state and county laws. Also, establish and maintain adequate property and equipment records along with inventory controls.

Hospital Policy/Procedure Agenda Supplement – September 25th, 2019

Retire/Archive Policy Grid

Policy	Dept	Reason
Environmental Monitoring and Testing Infection Control	Ambulatory	Duplicate - Covered in Hospital Policy
Ambulatory Care Scanning Protocol	Ambulatory	Duplicate – Covered in Lab
Child Abuse and Neglect with letter heading	Ambulatory	
Direct Admission of Ambulatory Care Patient to UMC Hospital	Ambulatory	Duplicate – Covered in Hospital Policy
Identification of Pathological Specimens	Ambulatory	Duplicate – Covered in Lab
Infection Control Practices in the UMC Ambulatory Care Centers	Ambulatory	Duplicate – Covered in Infection Control Hospital Policy
Laboratory Personnel Lab Coat	Ambulatory	Duplicate
Medication Reconciliation	Ambulatory	Duplicate – Covered in Hospital/Pharmacy Policy
Review & Reporting of Laboratory Procedures	Ambulatory	Duplicate
Scanning LWABS (Left Without Being Seen) Visits	Ambulatory	Duplicate
Tissue Removal During Minor Surgical Procedures	Ambulatory	Duplicate – Covered in Lab
Transportation of Blood Specimens to UMC	Ambulatory	Duplicate
External Admission referrals calls in the PICU V2- Sherri Fabrio/ Cynthia Petty	CHNVE-220 5/2011	N/A with One Call
Pediatric Critical Care Flow sheet V2	CHNV P-205 5/2011	Will be updated for downtime use only
Calcium Chloride Non emergent Peripheral Infusion Guidelines for the Pediatric Patient V1	CHNV-C-204 5/2011	Duplicate policy to K and CaCl infusion guideline for Ped Pt P-291/ 219? will review and update
Malignant Hyperthermia Treatment Guideline for the infant, child or adolescent in PICU V2	CHNV- M-216 5/2011	Updated Nursing Reference Center for EBP
PICU Sedation TeamV2	CHNV P-222 5/2011	N/A with PSOS unit
Thermoregulation of the infant in the pediatric setting	CHNV-T-223 6/2011	Reference EBP with Nursing Reference center
Impedance/PH Esophageal reflux Monitoring –in patient	CHNV-P-313	Not relevant anymore
Infant Child Adolescent airway assessment and Maintenance	CHNV I-207	Duplicate
Donation Guidelines		Not relevant anymore
Cardiac Stress Testing Guidelines V2	2027 CATH LAB	12/06/2011
Inpatient Exercise Cardiolite Stress Test Protocol V2	CAR#007	12/5/2013
Cardiac Activation V1	2027 CATH LAB	12/06/2011

Hospital Policy/Procedure Agenda Supplement – September 25th, 2019

Retire/Archive Policy Grid

Policy	Dept	Reason
Cath Lab Table of Contents V1	19999	12/06/2011
Electrophysiology Studies V1	2021 Cath Lab	07/15/2011
Internal implantable devices, i.e. Pacemaker, Internal Defibrillator V1	2020 Cath Lab	07/15/2011
Intra-Aortic Balloon Pump (IAPB) Insertion V1	2022 Cath Lab	07/15/2011
Intravascular ultrasound/ FFR V1	2003 Cath Lab	07/18/2011
Iodine Allergy V1	2009 Cath Lab	07/18/2011
Left Heart Catheterization V1	2015 Cath Lab	07/15/2011
Outpatient Recovery-Invasive Procedures V1	2025 Cath Lab	07/15/2011
Outpatient recovery for Cardioversions and Trans-esophageal echocardiograms V1	2024 Cath Lab	07/11/2011
Percutaneous Transluminal Angioplasty V1	2017 Cath Lab	07/15/2011
Percutaneous Transluminal Atherctomy (Rotoblator) V1	2018 Cath lab	07/15/2011
Power Injector V1	2010 Cath Lab	07/18/2011
Radial Approach Heart Catheterization V1	2014 Cath Lab	07/15/2011
Radiofrequency Catheter Ablation in the Electrophysiology Lab V1	2012 Cath Lab	07/15/2011
Right Heart Catheterization V1	2016 Cath Lab	07/15/2011
Skin Prep Protocol V1	2008 Cath Lab	07/18/2011
Ambu Bag cleaning		Not relevant – Disposables being used
Rib Fracture		Duplicate - Dept pathway being used
Nuclear Medicine Tests by Order	RAD-037	11-26-14
UMC Exposure Reporting	RAD	

INTEROFFICE MEMO

To: Quality and Patient Safety Committee

From: Stephanie Wright, Regulatory Compliance Manager/
Hospital Policy and Procedure Committee

Subject: October 23rd Policy Revisions /Additions /Deletions

Date: November 5, 2019

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. There were seven (7) policies retired/archived: 4 Perinatal, 2 Trauma and 1 Oncology.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Advance Directives	Revision	Hospitalwide	Modified definitions and verbiage to clarify between competence and capacity. Alignment with regulatory requirements for CMS, TJC and NRS that require asking patients, "If they have an Advance Directive and if not ,providing them with directions on how to obtain the information.
Value Analysis Program (VAP)	Revision	Hospitalwide	Modified process to follow when purchasing materials. Form revised to include physician's request/reasons and other potential areas that may be interested.
Patient's Rights and Responsibilities	Revision	Hospitalwide	Revised to comply with TJC, CMS, and NRS regulations. Previous version did not speak to patient's responsibilities.
Fresenius Kidney Care – Inpatient Services	Revision	Contracted Services Clinical Services	Letter to adopt policies from Fresenius regarding inpatient dialysis (excluding CCRT).

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			The letter is valid until July 31, 2020. Contract evaluation approved at October 2019 Board.
General Adult Hemodialysis Orders/Emergency Room Flow	Revision	Clinical Services	Guideline/process flow map and associated order set for the hemodialysis population originating for the Emergency Room. Modified verbiage to MD/PA to reflect specific language used in bylaws.
Measure & Verify CT Equipment Dose	Revision	Clinical Services	Modified to appropriate radiation dosage.
Anticoagulation Reversal	Revision	Clinical Services	Modified to refer to order set for orders and treatment instruction. Process to reverse anticoagulation on patients requiring neurosurgery. Warfarin and Coumadin were removed.
Alcohol Screening and Brief Intervention	New	Trauma	Screening tool used in Trauma to evaluate for alcohol use and intervention if needed. If positive, social services are contacted to provide resources if the patient is agreeable. This is a verbal screening; no lab work is performed.
Rapid HIV Testing for Mothers and/or Newborns	Revision	Hospitalwide/Perinatal	Policy to assist with reducing the risk of perinatal HIV transmission to infants.
Reimbursement for Cancelled Surgery Cases	New	Hospitalwide/Surgical Services	Policy to determine how billing and coding occurs for a surgery that was cancelled after anesthesia was administered.
Prevention of Retained Surgical Items	Revision – Vetted through Surgical Committee	Hospitalwide/Surgical Services	Policy to assure surgical items are not retained. Modification in which an x-ray must be performed at the end of case if cavity is closed.
Crash Cart Emergency Code Supplies	Revision	Hospitalwide/Clinical Services	Modification due to installment of new Crash Carts. Carts are now checked once a day instead of twice per manufacture. Red box is now located in a drawer instead of on top of the crash cart.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Group B Streptococcal Screening and Prophylaxis	Revision	Hospitalwide/Perinatal	Policy to provide evidence-based approach to prevention and treatment of early-onset Group B Streptococcus (GBS) in maternal and newborns.
Assault & Abuse Response and Reporting for Adults/ Children	Revision	Hospitalwide	Modified to combine various duplicate Assault and Abuse policies. Provides a central place to obtain appropriate steps for ensuring proper response and reporting when patients present with evidence of actual or potential assault or abuse.
ABCDEF Bundle For Management of Ventilated/Critically Ill Patients in the ICU	New	Hospitalwide/Clinical Services	Guideline to provide a consistent approach to decrease ventilator time, duration of sedation medications, prevent delirium, and infections. All ventilated patients will be enrolled in this protocol except patient that are less than 18 years of age, pregnant, whose code status is Category III (Do Not Resuscitate or have orders for another weaning protocol.
No Co-Signature Required Approved List	New	Hosptalwide/Clinical Services	Defined patient orders that do not require the co-signature of a physician within the electronic health record environment.
Standards for Registration Accuracy	Revision	Ambulatory Services	Guideline for measuring and addressing admit/discharge registration edits (including percentage edit rate).

Hospital Policy/Procedure Agenda Supplement – October 23, 2019

Retire/Archive Policy Grid

Policy	Dept	Reason
Sucrose Policy for Pain/Comfort Management (includes "Infant Pain Comfort Management")	NICU	
Tracheostomy Patients, Infant and Child	Perinatal	Replaced with Maternal Child Trach and Safe Suctioning
Videotaping/Photography	Perinatal	Duplicate
Breast Cancer Screening Annual Event– Process For Follow-Up Care	Oncology	Oncology Outpatient clinic is closed
Electrolyte Protocol	Trauma	Order set in Electronic Health Record (EPIC)
Alcohol Screening and Brief Intervention	Trauma	In Electronic Health Record (EPIC) as a screening tool
Child Abuse and Neglect PP107, Abuse of Spouse or Significant Other PP105, Elder Abuse, Neglect PP109	Perinatal moving to Hospital/Admin	Combined and replaced with Assault & Abuse Response/Reporting for Adults and Children

CONTRACT EVALUATION SUMMARY

Contract ID	Vendor	Contract	Met Performance Standards? Yes / No	Date of Evaluation
335946	Alireza Farabi, MD, PC	Agreement for Physician Professional Services for Infectious Disease Consultations and Infection Control Services: Alireza Farabi, MD	Yes	11/8/2019
465264	University of Nevada Las Vegas	Professional Services Agreement for Clinical Services - Surgery	Yes	8/27/2019
368525	Neuromonitoring Associates	Contract Labor Agreement for Interoperative Neuromonitoring Services	Yes	11/13/2019
542378	Excelsius GPS Imaging	Sales, License and Service Agreement - Excelsius GPS Imaging and Navigation Equipment	Yes	11/13/2019