AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
February 10, 2020 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 Elizabeth Rethore at (702) 207-8339. 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 December 9, 2019. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an update and education on current and emerging issues within the area of infection control, prevention, and communicable disease 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 Quality, Safety, and Infection Prevention Program Measures and Performance Improvement activities; and direct staff accordingly. *(For possible action)*

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. (*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).

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
December 9, 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
Jeff Ellis – Via Conference Call
Barbara Fraser – Ex-Officio – Via Conference Call

Absent:
None

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
Beth Rethore, Executive Secretary / 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 October 7, 2019 *(For possible action)*

FINAL ACTION: A motion was made by Member Renee Franklin that the minutes be approved as written. Motion carried by unanimous vote.

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on Pathways to Excellence and Magnet Status. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- NONE

DISCUSSION: Debra Fox provided an overview of Pathways to Excellence and Magnet Status.

All documents were submitted for Pathways to Excellence. We are on track and in the waiting period for Pathways to Excellence/Magnet Surveyors to review the content of the document. Evaluation is completed against the 6 standards of Pathways and183 elements of performance of each standard.

ANCC has 4 weeks to review the content of the submission. If the document is evaluated to be satisfactory, we will move to the second phase of designation which is scheduling and performance of the RN Survey. If there is anything that needs clarification within the document submitted, ANCC evaluators may request additional information. If additional information is requested, we have 10 days to submit with another 30 days to allow ANCC review.

We are hopeful that the RN Survey can be scheduled by the end of January or end of February at the latest. ANCC will release no data to us from the RN Survey. Each RN will use their license number as a unique identifier. 70% or more of the staff are required to complete the survey.

A discussion ensued regarding the Pathways to Excellence approval and designation process.

ITEM NO. 5 Receive an update on ICARE4U; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- ICARE Q4 2019 Presentation

DISCUSSION: Haley Hammond went over the ICARE Presentation.

A recap of the events from 2019, including the programs "Donut Know What We Would Do Without You", ICARE "On The Spot" award and ICARE Comment Canes were presented.

In 2019 3,766 employees were trained in the ICARE principles. 2,000 role plays, videos, examples, scripts and scenarios were used. 215 new physicians, students, fellow and residents were trained. 10 department specific trainings were conducted at the request of leadership. 4 ICARE parking spot awards, 112 "Because You Care" and 164 "Comment Canes" were shared with staff who were recognized through the HCAHPS survey process.

ITEM NO. 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)*

DOCUMENT(S) SUBMITTED**:**
- Quality/Safety/Infection/Regulatory Update
- Policy and Procedure List

DISCUSSION: Patricia Scott summarized the slides in the presentation and updated the members on the 2020 Clinical Quality Goals.

SEP-1 Early Management Bundle, Severe Sepsis / Septic Shock – Bundle use is slightly below prior year. The EPIC sepsis predictive model and revised protocols are live.

PSI-90 Patient Safety & Adverse Events Composite is below where prior year and benchmark of 1.0.

HAI-1 Central Line Bloodstream Infections (CLABSI) seeing positive improvement.

HAI-2 Catheter Urinary Tract Infections (CAUTI) is above year over year. Changes to the foley protocols have been made and we are showing improvements in this area.

HAI-5 MRSA Bacteremia and HAI-6 Clostridioides difficile (C.diff.) - These are LabID events and are slightly above benchmark.

IMM-3 Healthcare Worker Flu Vaccine, we have currently administered flu vaccinations to 91% our staff. If a staff member declines vaccination, they are required to wear a mask in patient areas through the flu season.

A discussion ensued regarding physician documentation and documentation of present on admission (POA) conditions upon patient admission.

UMC is currently in the window for The Joint Commission. Expecting them prior to June.

Grievances from 2nd Quarter 2019 were presented. Overall, complaints and grievances are decreasing. 4 grievances out of the 34 received were substantiated.

27 policies and procedures were approved during the time period of September through October 2019; with 50 policies and procedures retired. 4 patient care/service contracts were evaluated and all met established performance standards.

We have had 4 Surveys since the last meeting for Transplant services; College of American Pathology (CAP) surveyed the lab; American Association of Blood Banking (AABB) surveyed the blood bank; and Nuclear Medicine had a follow-up survey by the State. Transplant results were just received and we will be working on any plans of correction that may be needed. The results from AABB and CAP have not yet been received. Nuclear Medicine action plan has been completed.

A discussion ensued regarding the Medical Executive Committee approval memo, second paragraph requesting additional information on the Leapfrog survey. Dr. Mackay wanted to confirm this was regarding the Fall Leapfrog scoring and if this scoring will affect the Pathways to Excellence submission. Ms. Fox and Ms. Scott both relayed that it will not affect the Pathways to Excellence document submission and subsequent designation pathway.

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 September to October 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. 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.

Dr. Mackay requested an educational update on infection prevention from a member of the medical staff to speak to this committee regarding Infection Prevention opportunities and emerging issues. Ms. Scott said she will coordinate this update with Dr. Asad, Infectious Disease Medical Director.

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 3:40 p.m., Chair Mackay adjourned the meeting.

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

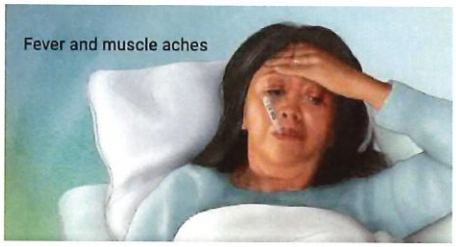
CURRENT AND EMERGING INFECTIOUS DISEASE CONCERNS IN THE COMMUNITY.

Shadaba Asad, MD.
Associate Professor of Clinical Medicine.
University of Nevada Las Vegas, School of Medicine.
Medical Director of Infectious Diseases,
University Medical Center of Southern Nevada.

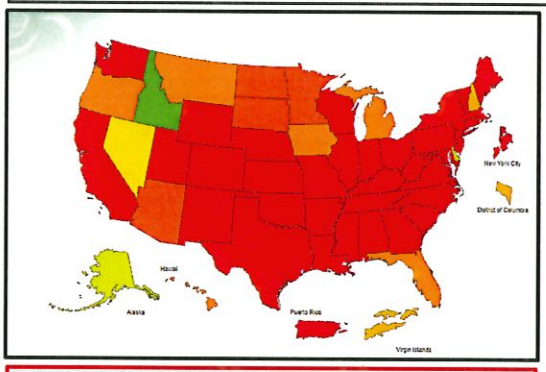
INFLUENZA

KEY FACTS ABOUT INFLUENZA.

- **What is influenza?**
  - Flu is a contagious respiratory illness caused by influenza viruses.
- **How does influenza spread?**
  - Mainly by tiny droplets made when people with flu cough, sneeze or talk.
  - Less often, by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes
  - People with flu are most contagious in the first 3-4 days after their illness begins.
  - The incubation period is 1-4 days.
- **What are the symptoms of influenza?**
  - Fever or feeling feverish/chills
  - Cough
  - Sore throat
  - Runny or stuffy nose
  - Muscle or body aches



CURRENT INFLUENZA STATISTICS.



Nationwide:
22,000,000 influenza cases.
210,000 hospitalizations.
12,000 deaths due to influenza.
78 influenza associated deaths in children.

Table 1: Influenza Report by Age Group, Clark County, NV (CDC Week 40, 2019 to Week 4, 2020)

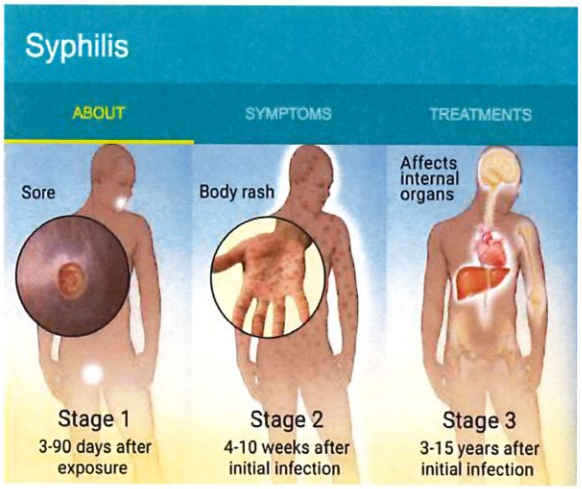
Age Group	Deaths	Hospitalized
0-4	1	78
05-17	0	61
18-24	0	33
25-49	0	185
50-64	3	191
65+	9	280
Total Cases	13	828

Clark County :
828 influenza cases.
13 deaths.
1 pediatric death.

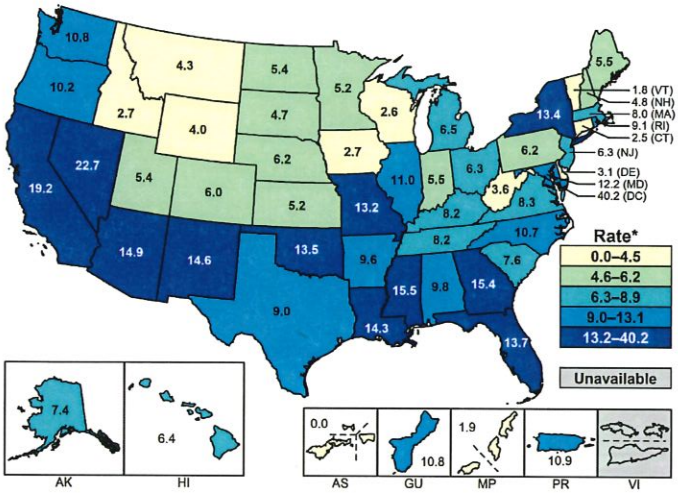
INCREASING INCIDENCE OF CONGENITAL AND ADULT SYPHILIS IN NEVADA.

SYPHILIS: THE BASICS.

- Sexually transmitted disease caused by a bacteria.
- A few weeks following transmission a painless ulcer or "chancre" appears on the genitalia.
- With or without treatment this resolves in a few weeks.
- The bacteria then spreads throughout the body and causes extensive disease which can virtually effect any organ.
- Diagnosis is fairly simple by the blood test.
- Completely curable and Penicillin is the drug off choice.
- If a patient has syphilis during pregnancy can cause fetal demise or congenital syphilis in the newborn.



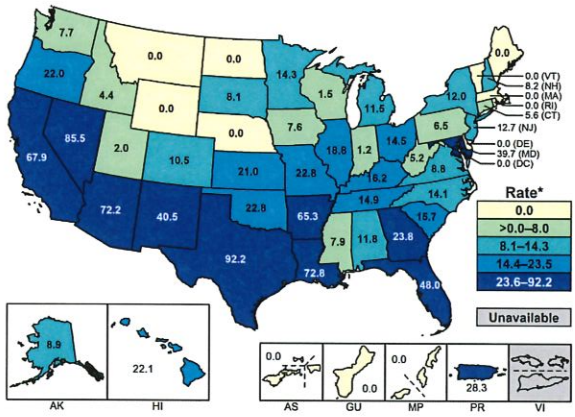
PRIMARY AND SECONDARY SYPHILIS — RATES OF REPORTED CASES BY STATE AND TERRITORY, UNITED STATES, 2018



Nevada was first in the nation for the rate of primary and secondary syphilis.
With a rate of 22.7 cases per 100,000 population.

* Per 100,000. **NOTE:** Section A1.11 in the Appendix for more information on interpreting reported rates in US territories.

CONGENITAL SYPHILIS — RATES OF REPORTED CASES BY STATE AND TERRITORY, UNITED STATES, 2018



In 2006 Nevada was 5th in the Nation for primary and secondary syphilis and 1st for the rate of congenital syphilis.

Nevada senate bill 304 became effective Jul 1, 2009. It was mandatory for pregnant women to be screened for syphilis during the 1st and 3rd trimester.

The incidence of syphilis in Nevada decreased by 2011. Nevada ranked 12 for the rate of primary and secondary syphilis and 13 congenital syphilis.

According to CDC data from **2018 Nevada** was **second in the nation for the rate of congenital syphilis.** with a total of 31 cases and a rate of 85.5 cases per 100,000 liver births.

TALK

- ✓ See your doctor and ask about syphilis testing.

TEST

- ✓ Get tested at your 1st prenatal visit + 3rd trimester and delivery if at risk.
- ✓ FIND OUT YOUR RESULTS!

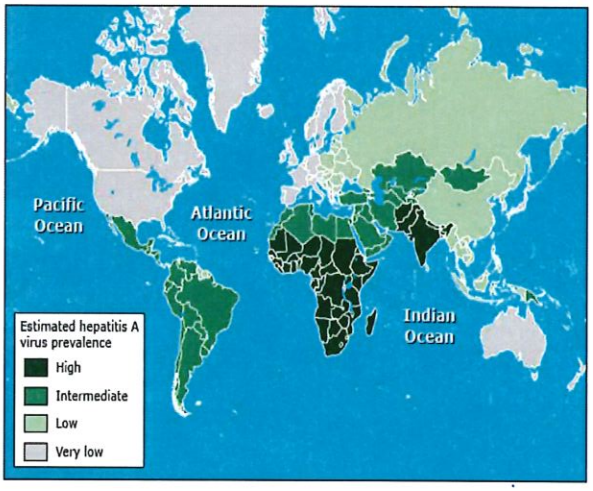
TREAT

- ✓ If you are diagnosed with syphilis, get treated ASAP.
- ✓ Make sure your partner is treated, too.

HEPATITIS A VIRUS OUTBREAK.

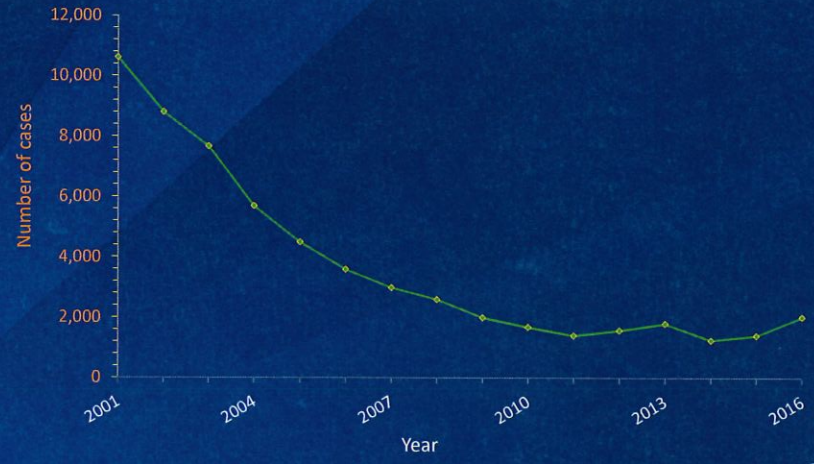
HEPATITIS A

- One of the three main viruses that cause viral hepatitis.
- Identified in 1973.
- Globally there are 1.5 million cases annually.
- Transmission
  - Contaminated food and water.
  - Illicit drug use.
  - Blood transfusion.



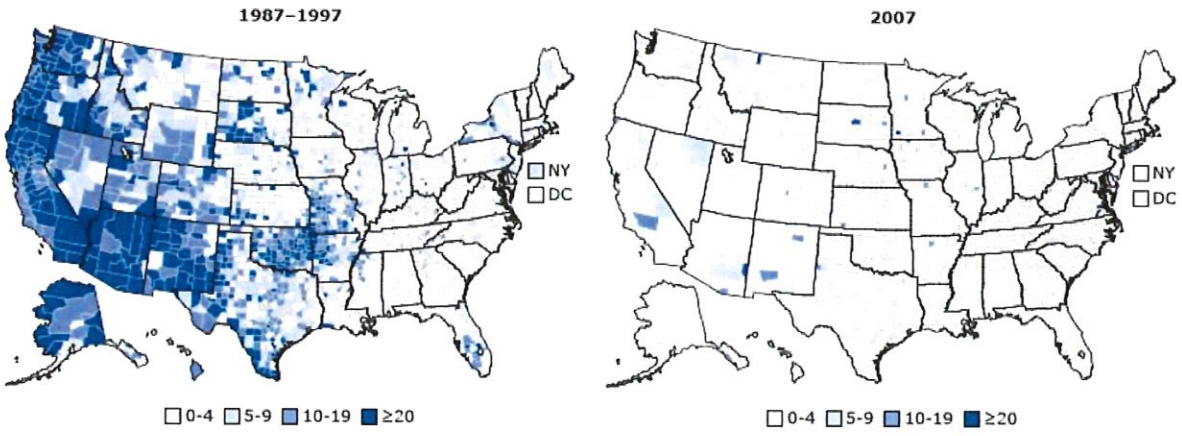
World Health Organization. Global Alert and Response (GAR): Hepatitis A

FIGURE 2.1. REPORTED NUMBER OF HEPATITIS A CASES— UNITED STATES, 2001–2016



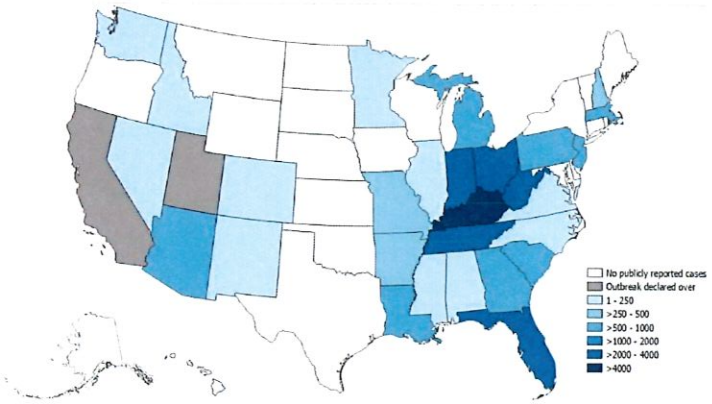
Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

INCIDENCE OF ACUTE HEPATITIS A CASES, BY COUNTY –NATIONAL NOTIFIABLE DISEASE SERVICE, UNITED STATES, 1987 TO 9097 (PRE VACCINE) AND 2007.



CURRENT OUTBREAK OF HEPATITIS A IN THE US.

State-Reported Hepatitis A Outbreak Cases as of November 1, 2019

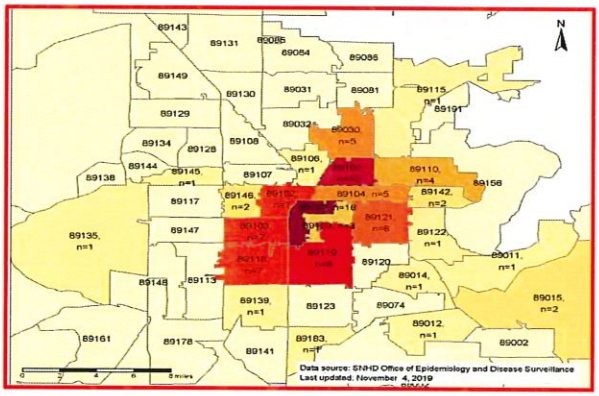


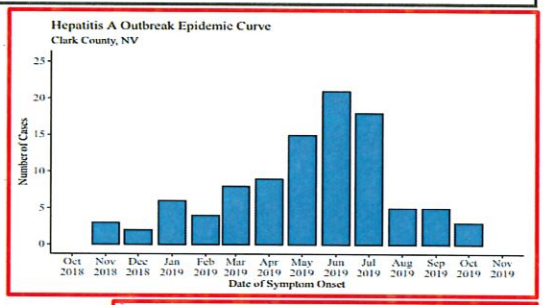
Since the outbreaks were first identified in 2016, 30 states have publicly reported the following as of November 1, 2019

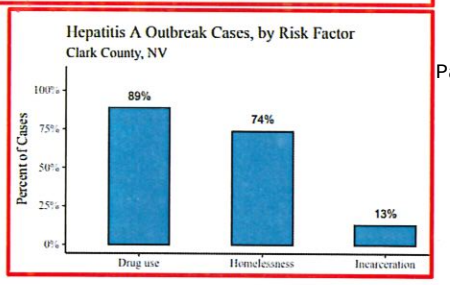
- Cases: 27,634
- Hospitalizations: 16,679 (60%)
- Deaths: 275

HEPATITIS A OUTBREAK IN CLARK COUNTY.

Since Nov 1, 2018 there have been: 99 hepatitis A cases. 86 were hospitalized and 1 fatality.

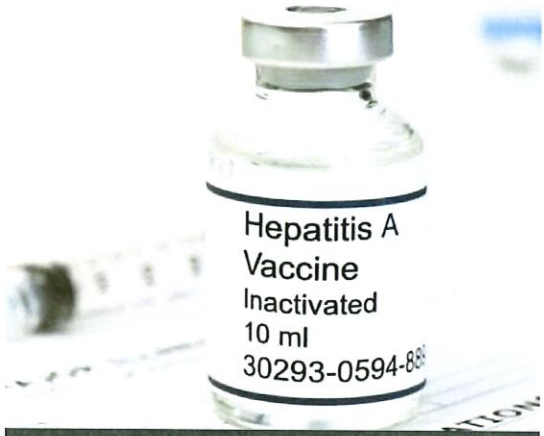






STOP THE SPREAD OF HEPATITIS A

Wash Your Hands



Vaccinate

VACCINATION FOR HEPATITIS A.

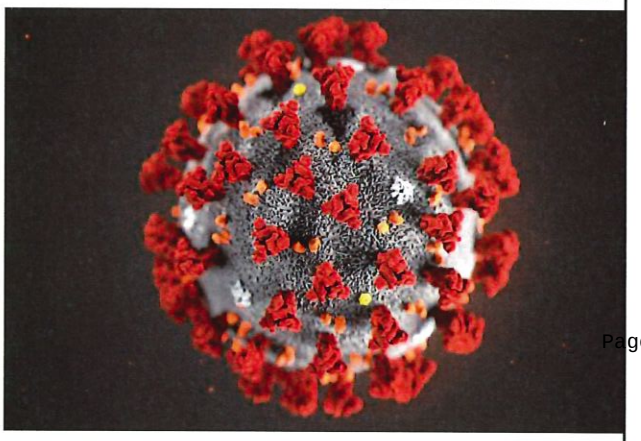
- Identify high risk groups and vaccinate.
  - Drug users.
  - Unstable housing.
  - Men who have sex with men.
  - Currently or recently incarcerated.
  - Chronic liver disease.

- There are two inactivated, single antigen vaccines are licensed in the US.
  - HAVRIX
  - VAQTA
- Both are given intramuscularly at 0 and 6-12 months.
- Pre- vaccination serological testing is not required.
- These are all well tolerated and highly immunogenic.
  - A completed series confers lifelong protection.
  - A single does has been shown to control outbreaks and provides up to 95% protection in healthy adults.

NOVEL CORONAVIRUS 2019 OUTBREAK.

THE EVOLUTION OF AN OUTBREAK.

- December 31,2019 China alerts the WHO of several flu-like cases in Wuhan, the capital of Central China's Hubei province with 11 million population.
- Jan 1, 2020 : CDC identifies a seafood market in Wuhan as the suspected hub of the outbreak and the market closes down.
- Jan 7, 2020 : Chinese authorities have identified the virus, belonging to a family of coronaviruses and is named as 2019-nCoV.
- Jan 11, 2020 : First death is reported.
- Jan 2, 2020 : US confirms first case of coronavirus.



CURRENT GLOBAL SITUATION OF NOVEL CORONA VIRUS OUTBREAK.

Total Confirmed

31,530

Confirmed Cases by Country/Region	
31,213	Mainland China
61	Others
30	Singapore
25	Thailand
25	Hong Kong
25	Japan
24	South Korea
16	Taiwan
15	Australia
13	Germany
12	US
12	Malaysia
10	Vietnam
10	Macau
7	Canada
6	France
5	United Arab Emirates
3	Italy
3	Philippines

Total Deaths

638

618 deaths	**Hubei** Mainland China
1 deaths	**Guangdong** Mainland China
3 deaths	**Henan** Mainland China
2 deaths	**Chongqing** Mainland China
1 deaths	**Sichuan** Mainland China
1 deaths	**Beijing** Mainland China
3 deaths	**Heilongjiang** Mainland China
1 deaths	**Shanghai** Mainland China
1 deaths	**Hebei** Mainland China

Last Updated at
2/7/2020, 10:33 AM

NOVEL CORONAVIRUS 2019

Symptoms:

- 2 to 14 days after exposure to an infected person.
- Transmission is likely via respiratory droplets produced when an infected person coughs or sneezes.
- Most patients present with respiratory symptoms consisting of fever, cough and shortness of breath.

Diagnosis:

- The CDC has developed a PCR test that can diagnose the nCoV.

Treatment:

- Treatment of the nCoV remains supportive to relieve symptoms.

CURRENT AND EMERGING INFECTIOUS DISEASE CONCERNS IN THE COMMUNITY.

Shadaba Asad, MD.
Associate Professor of Clinical Medicine.
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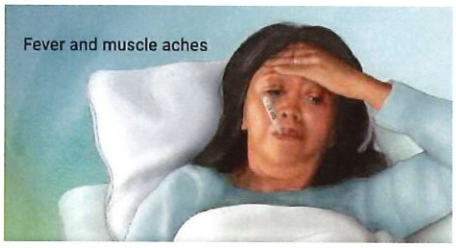
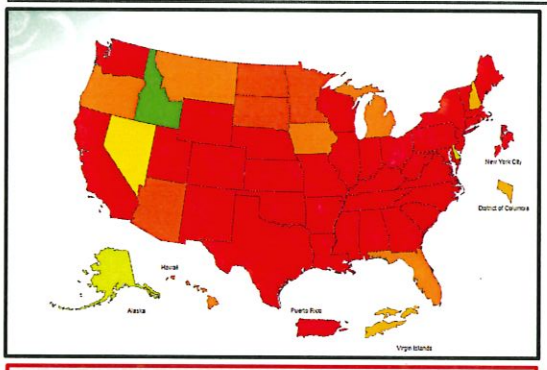


CURRENT INFLUENZA STATISTICS.



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INCREASING INCIDENCE OF CONGENITAL AND ADULT SYPHILIS IN NEVADA.

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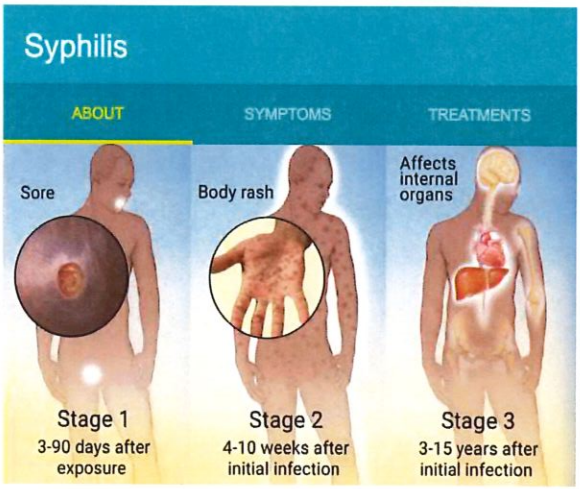
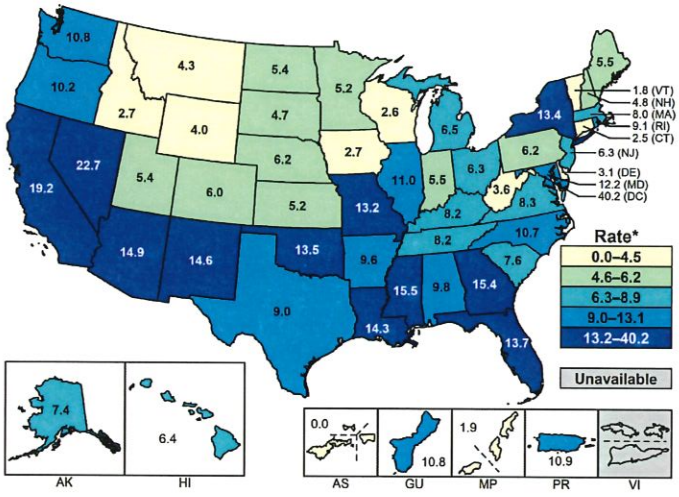
- Completely curable and Penicillin is the drug off choice.
- If a patient has syphilis during pregnancy can cause fetal demise or congenital syphilis in the newborn.



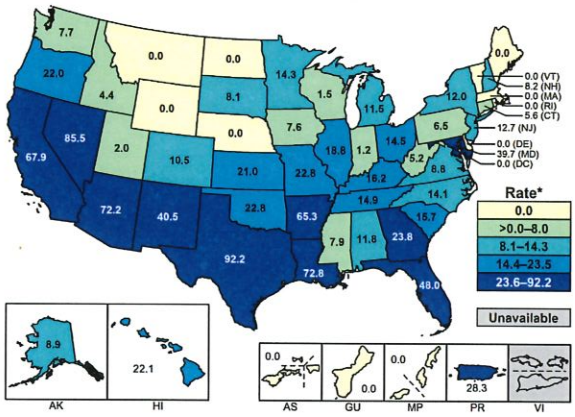
PRIMARY AND SECONDARY SYPHILIS — RATES OF REPORTED CASES BY STATE AND TERRITORY, UNITED STATES, 2018



Nevada was first in the nation for the rate of primary and secondary syphilis.
With a rate of 22.7 cases per 100,000 population.

* Per 100,000. **NOTE:** Section A1.11 in the Appendix for more information on interpreting reported rates in US territories.

CONGENITAL SYPHILIS — RATES OF REPORTED CASES BY STATE AND TERRITORY, UNITED STATES, 2018



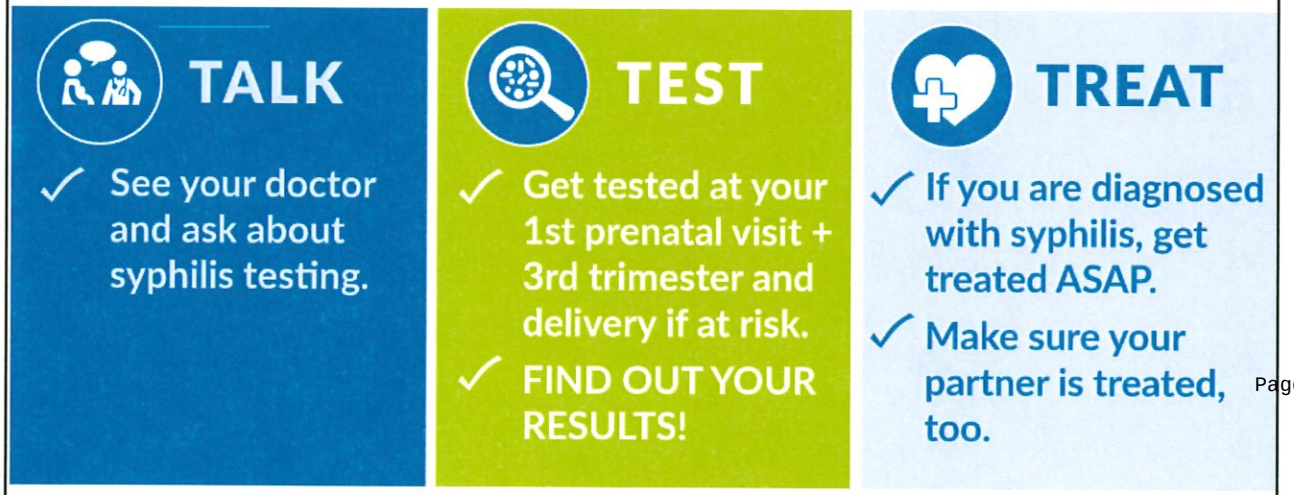
In 2006 Nevada was 5th in the Nation for primary and secondary syphilis and 1st for the rate of congenital syphilis.

Nevada senate bill 304 became effective Jul 1, 2009. It was mandatory for pregnant women to be screened for syphilis during the 1st and 3rd trimester.

The incidence of syphilis in Nevada decreased by 2011. Nevada ranked 12 for the rate of primary and secondary syphilis and 13 congenital syphilis.

According to CDC data from **2018 Nevada** was **second in the nation for the rate of congenital syphilis.** with a total of 31 cases and a rate of 85.5 cases per 100,000 liver births.

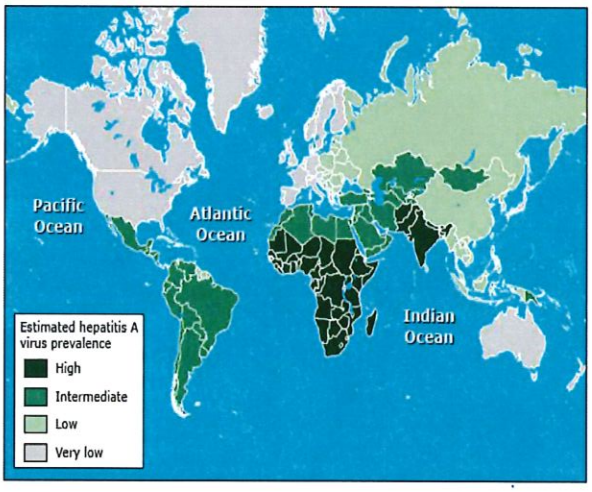
CDC



HEPATITIS A VIRUS OUTBREAK.

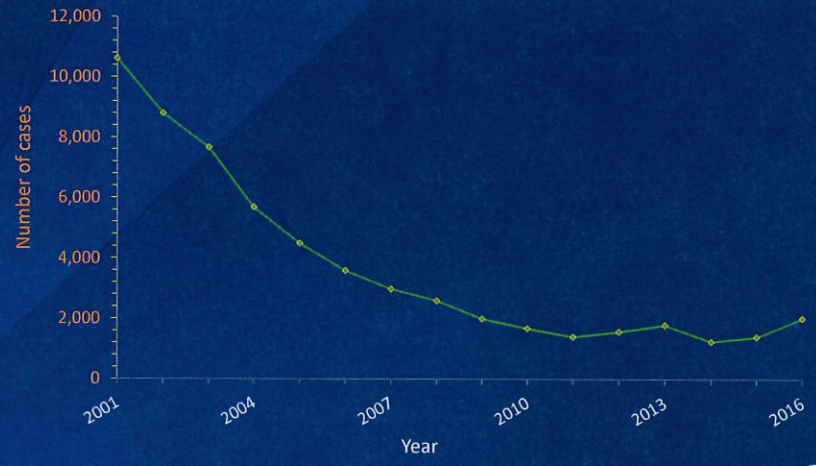
HEPATITIS A

- One of the three main viruses that cause viral hepatitis.
- Identified in 1973.
- Globally there are 1.5 million cases annually.
- Transmission
  - Contaminated food and water.
  - Illicit drug use.
  - Blood transfusion.



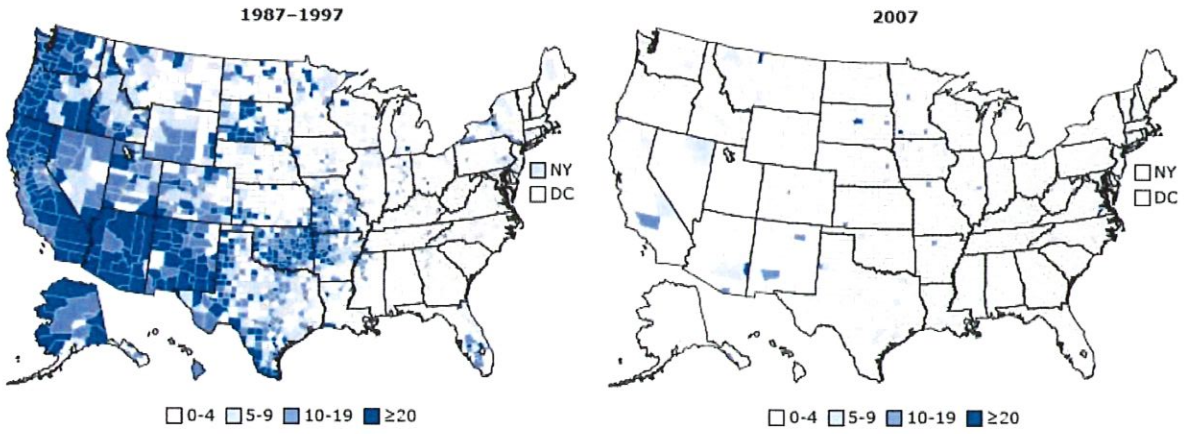
World Health Organization. Global Alert and Response (GAR): Hepatitis A

FIGURE 2.1. REPORTED NUMBER OF HEPATITIS A CASES— UNITED STATES, 2001–2016



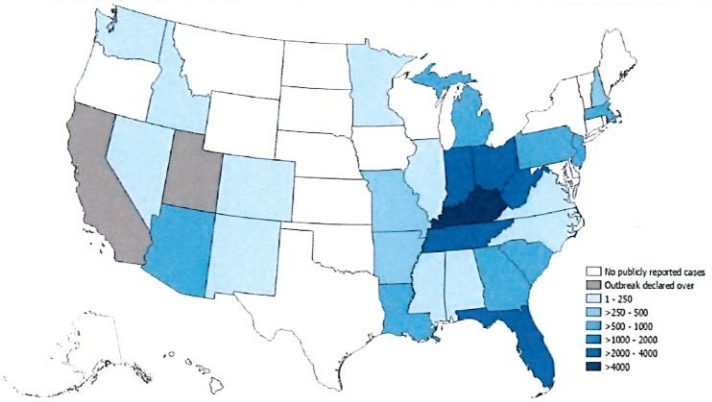
Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

INCIDENCE OF ACUTE HEPATITIS A CASES, BY COUNTY –NATIONAL NOTIFIABLE DISEASE SERVICE, UNITED STATES, 1987 TO 9097 (PRE VACCINE) AND 2007.



CURRENT OUTBREAK OF HEPATITIS A IN THE US.

State-Reported Hepatitis A Outbreak Cases as of November 1, 2019

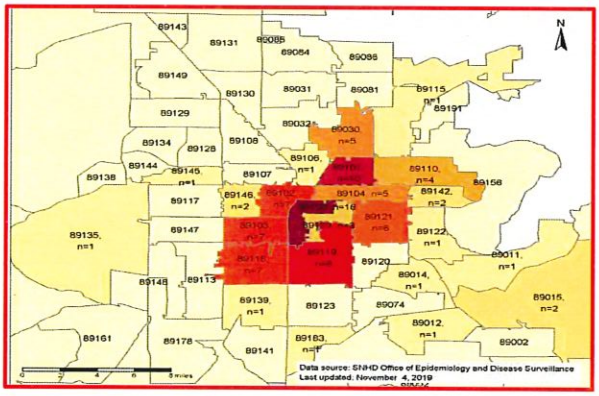


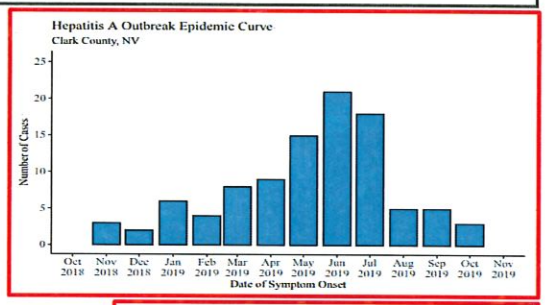
Since the outbreaks were first identified in 2016, 30 states have publicly reported the following as of November 1, 2019

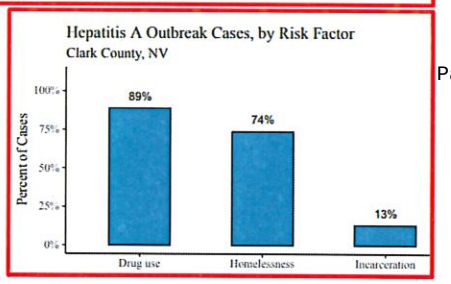
- Cases: 27,634
- Hospitalizations: 16,679 (60%)
- Deaths: 275

HEPATITIS A OUTBREAK IN CLARK COUNTY.

Since Nov 1, 2018 there have been: 99 hepatitis A cases. 86 were hospitalized and 1 fatality.

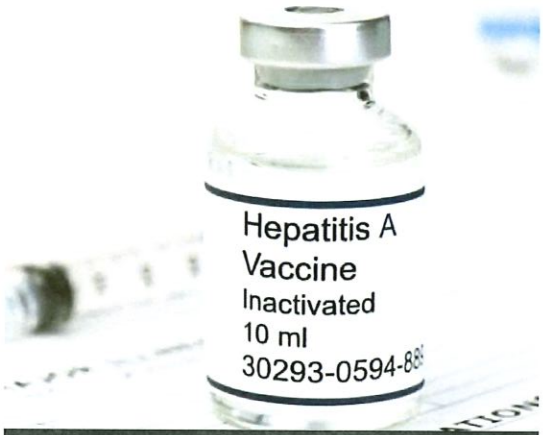






STOP THE SPREAD OF HEPATITIS A

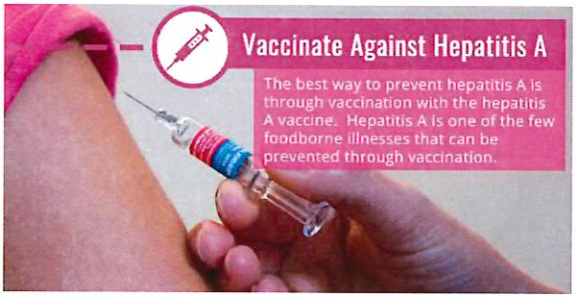
Wash Your Hands



Vaccinate

VACCINATION FOR HEPATITIS A.

- Identify high risk groups and vaccinate.
  - Drug users.
  - Unstable housing.
  - Men who have sex with men.
  - Currently or recently incarcerated.
  - Chronic liver disease.



- There are two inactivated, single antigen vaccines are licensed in the US.
  - HAVRIX
  - VAQTA
- Both are given intramuscularly at 0 and 6-12 months.
- Pre- vaccination serological testing is not required.
- These are all well tolerated and highly immunogenic.
  - A completed series confers lifelong protection.
  - A single does has been shown to control outbreaks and provides up to 95% protection in healthy adults.

NOVEL CORONAVIRUS 2019 OUTBREAK.

THE EVOLUTION OF AN OUTBREAK.

- December 31,2019 China alerts the WHO of several flu-like cases in Wuhan, the capital of Central China's Hubei province with 11 million population.
- Jan 1, 2020 : CDC identifies a seafood market in Wuhan as the suspected hub of the outbreak and the market closes down.
- Jan 7, 2020 : Chinese authorities have identified the virus, belonging to a family of coronaviruses and is named as 2019-nCoV.
- Jan 11, 2020 : First death is reported.
- Jan 2, 2020 : US confirms first case of coronavirus.

CURRENT GLOBAL SITUATION OF NOVEL CORONA VIRUS OUTBREAK.

Total Confirmed

31,530

Confirmed Cases by Country/Region	
31,213	Mainland China
61	Others
30	Singapore
25	Thailand
25	Hong Kong
25	Japan
24	South Korea
16	Taiwan
15	Australia
13	Germany
12	US
12	Malaysia
10	Vietnam
10	Macau
7	Canada
6	France
5	United Arab Emirates
3	Italy
3	Philippines

Total Deaths

638

618 deaths	**Hubei** Mainland China
1 deaths	**Guangdong** Mainland China
3 deaths	**Henan** Mainland China
2 deaths	**Chongqing** Mainland China
1 deaths	**Sichuan** Mainland China
1 deaths	**Beijing** Mainland China
3 deaths	**Heilongjiang** Mainland China
1 deaths	**Shanghai** Mainland China
1 deaths	**Hebei** Mainland China

Last Updated at
2/7/2020, 10:33 AM

NOVEL CORONAVIRUS 2019

Symptoms:

- 2 to 14 days after exposure to an infected person.
- Transmission is likely via respiratory droplets produced when an infected person coughs or sneezes.
- Most patients present with respiratory symptoms consisting of fever, cough and shortness of breath.

Diagnosis:

- The CDC has developed a PCR test that can diagnose the nCoV.

Treatment:

- Treatment of the nCoV remains supportive to relieve symptoms.

Quality/Safety/Infection/Regulatory Update

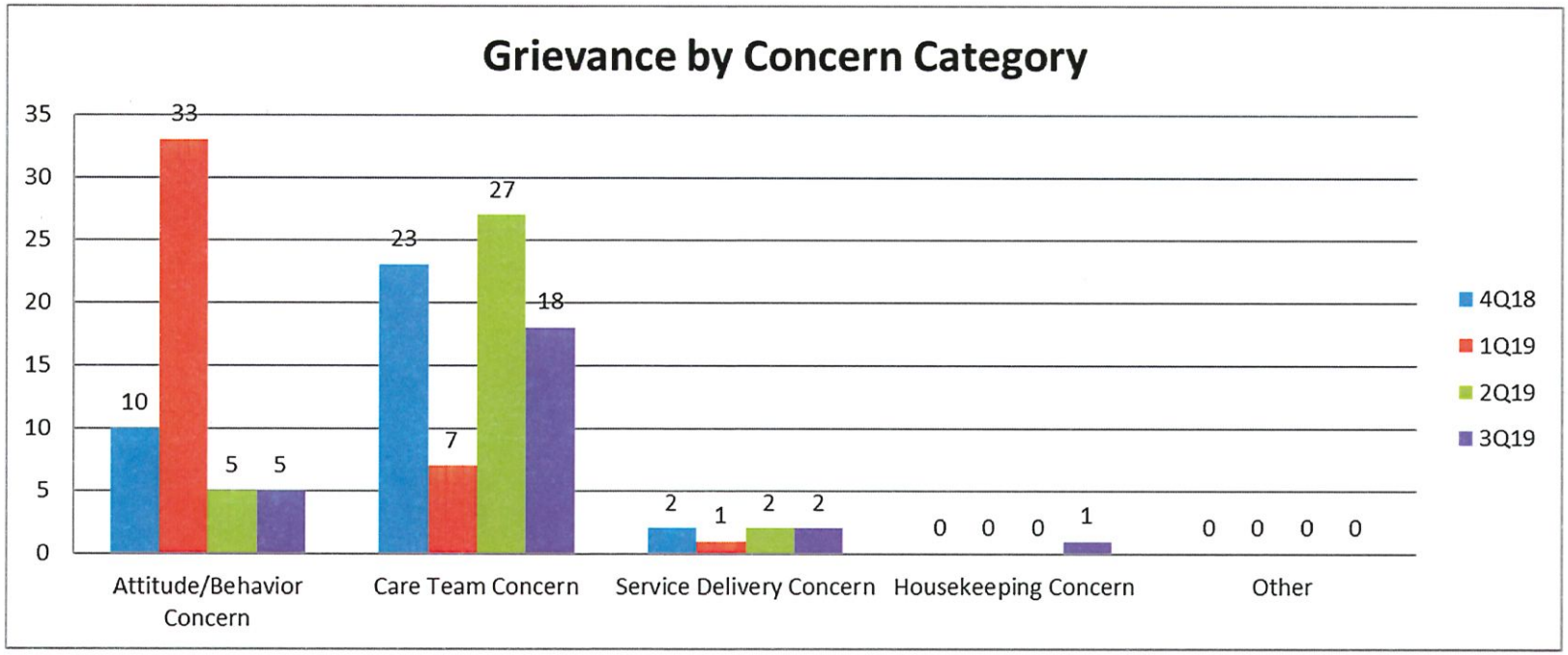
UMC Governing Board Committee

Clinical Quality & Professional Affairs

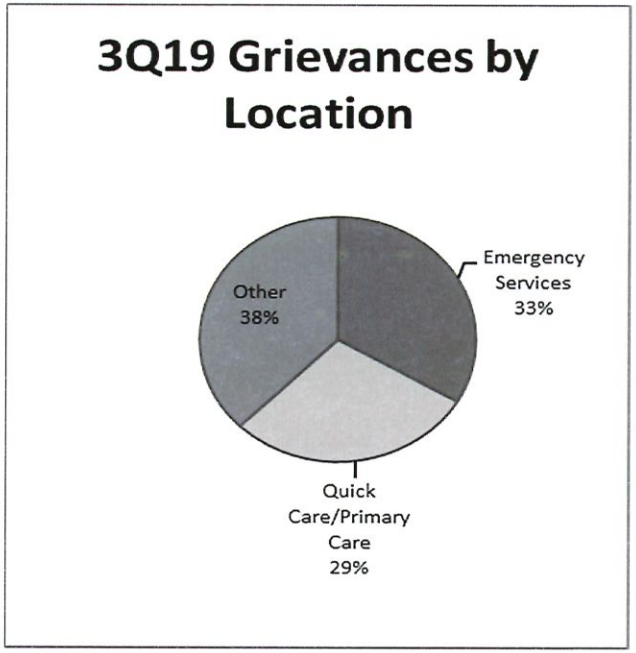
February 10, 2020

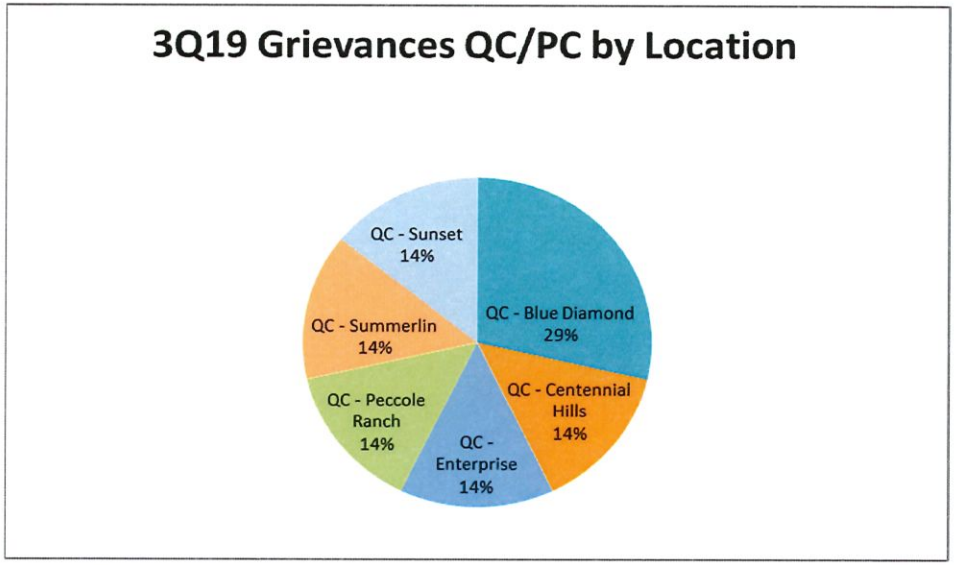
Complaints/Grievances

3Q2019



Observations 3Q19: 23 grievances were received with a total of 26 reported concerns. This is a 32% decrease in grievance reports received compared to 2Q19. Quick Care/Primary Care accounted for 29% of total grievances received for 3Q19. Care Team Concerns accounted for 69% of reported concerns; included in this category: Coordination of Care Team, Diagnosis Related, Hand Washing/Infection Control, Patient Care, Response Delay and Treatment Plan. 21 grievances received were Not Substantiated. 2 grievances received were Substantiated; included in this category: Patient Care (Main Campus, Radiology – MRI) and Treatment Plan (Pediatric Emergency Department).





- All responses were in accordance with CMS Regulations, including investigation, findings, actions taken, and resolution.
- Substantiated and Partly 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.

Regulatory Compliance

- Policy / Procedure Approval
  - Timeframe: November, 2019 & January, 2020
  - Total approved: 42
  - Total retired/archived: 25
  - Approved through Hospital P/P, MEC

- Patient Care/Service Contracts Evaluated
  - 2/2 met established performance standards

- Accreditation/Regulatory Surveys

Patient Safety Program

State Reported Events
4th Q, 2019

- 5 events reported
  - 4 fall with injury
  - 1 wrong side procedure
- All cases reported within required State timeframes
- RCA with actions taken on all cases
- Sustainment followed by Patient Safety Committee

11 Tenets of Safety Culture

1. Transparent, nonpunitive approach to reporting & learning from adverse events, close calls & unsafe conditions
2. Adopt "Just Culture"
3. Leaders adopt & model appropriate behaviors & champion efforts to eradicate intimidating behaviors
4. Policies support safety culture & reporting; enforced & communicated
5. Recognize care team members who report; share lessons learned; feedback loop
6. Baseline measure on safety culture performance using valid tool
7. Analyze safety culture results to find opportunities for improvement
8. Use information from safety assessments & surveys to develop & implement unit-based quality improvement initiatives
9. Embed safety culture training into PI projects & organizational processes to strengthen safety systems
10. Proactively assess system strengths & vulnerabilities, and prioritize them for improvement
11. Repeat culture of safety survey every 18 – 24 months to review progress/sustainment

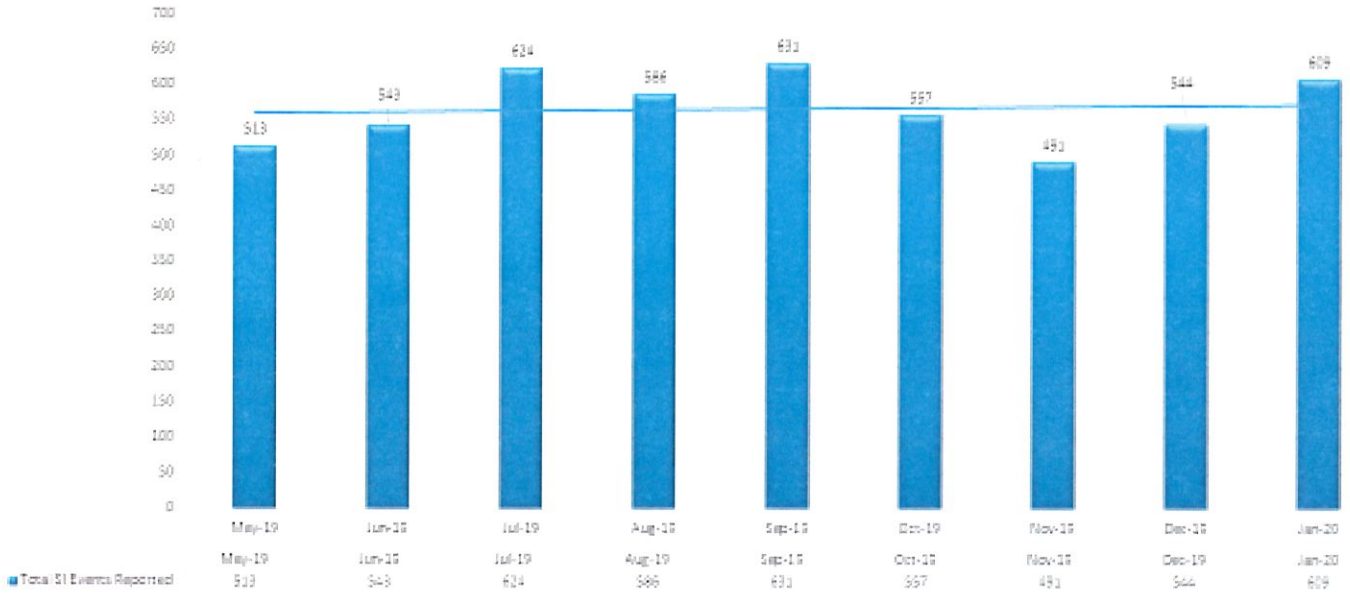
- A just culture recognizes that:
  - ✓ Individual practitioners should not be held accountable for system failures over which they have no control.
  - ✓ Many errors represent predictable interactions between human operators and the systems in which they work.
  - ✓ Competent professionals make mistakes.

- Acknowledges that even competent professionals will develop unhealthy norms (shortcuts, "routine rule violations", work around).

- A just culture has zero tolerance for ***reckless*** behavior.
  - ✓ Reckless behavior is the conscious disregard of substantial and unjustifiable risk

Human Error	At-Risk Behavior	Reckless Behavior
Product of Our Current System Design and Behavioral Choices	*A Choice: Risk Believed Insignificant or Justified*	*Conscious Disregard of Substantial and Unjustifiable Risk*
Managed through changes in: • Choices • Processes • Training • Design • Environment	Managed through: • Removing incentive for at-risk behaviors • Creating incentives for healthy behaviors • Increasing situational awareness	Managed through: • Remedial action • Disciplinary action
Console	Coach	Discipline

SI Event Reporting Volume at implementation of Safety Huddle
UMC Safety Huddle begins 5/7/2019



	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Total SI Events Reported	513	543	624	586	631	557	481	544	609

SI reporting average increase since implementation of Safety Huddle: 11.7%
SI reporting increase between May Safety Huddle implementation and Jan: 18.7%

DISCUSSION / QUESTIONS ?

UNIVERSITY MEDICAL CENTER

MEMORANDUM

TO: Quality and Patient Safety Committee

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

SUBJECT: Medical Executive Committee Actions

DATE: January 29, 2020

At its' meeting of January 28, 2020, the Medical Executive Committee took the following actions:

Accepted the Organ Donation 3rd Quarter 2019 Report

Accepted the NDNQI 3rd Quarter 2019 Report

Accepted the Capacity Management & Patient Flow 3rd Quarter 2019 Report

Accepted the Procedural Sedation 3rd Quarter 2019 Report

Accepted the Rehabilitation Services 4th Quarter 2019 Report

Accepted the HCAHPS 3rd Quarter 2019 Report

Accepted the Patient Safety 3rd Quarter Report.

Accepted the Transplant 4th Quarter 2019 Report.

Accepted the 2019/2020 PI Charter Reports

- Opioid Committee - November & December 2019 Meeting Minutes

Accepted the Pharmacy & Therapeutics Committee January 2020 Report

Approved the Policy & Procedure, Protocols and Revisions

UNIVERSITY MEDICAL CENTER

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:	January 29, 2020

At its' meeting of January 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.

UNIVERSITY MEDICAL CENTER

MEMORANDUM

TO: Quality and Patient Safety Committee

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

SUBJECT: Medical Executive Committee Actions

DATE: December 26, 2019

At its' meeting of December 24, 2019, the Medical Executive Committee took the following actions:

Accepted the Human Resources 3rd Quarter 2019 Report

Accepted the Laboratory Services 3rd Quarter 2019 Report

Accepted the Infection Control 3rd Quarter 2019 Report

Accepted the Clinical Research IRB Report through November 2019

Accepted the Respiratory Indicators 3rd Quarter 2019 Report

Accepted the Case Management 3rd Quarter 2019 Report

Accepted the Radiology 3rd Quarter Report.

Accepted the Cardiology (Heart Failure & CABG) 2nd Quarter 2019 Report.

Accepted the Burn 3rd Quarter 2019 Report

Accepted the Oncology Report Through November 2019

Accepted the Stroke 3rd Quarter 2019 Report

Accepted the Trauma3rd Quarter 2019 Adult Report

Accepted the 2019/2020 PI Charter Reports

- Falls Committee – September & November 2019
- Restraints Charter – September & October 2019

Accepted the Regulatory Activities Reports

- Stroke Action Plan
- Nuclear Medicine Action Plan
- American Association of Blood Banks

Approved the Policy & Procedure, Protocols and Revisions

UNIVERSITY MEDICAL CENTER

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 26, 2019

At its' meeting of December 24, 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.

CONTRACTS

Contract ID	Vendor	Contract	Met Performance Standards? Yes / No	Date of Evaluation
613884	Robert Futoran, MD	Agreement for Physician Professional Services for Gynecologic Oncology	Yes	1/7/2020
676632	American Sign Language Communication	Service Agreement for American Sign Language Interpreters	Yes	1/10/2020

INTEROFFICE MEMO

To: Medical Executive Committee

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

Subject: November 22, 2019 Committee Meeting- Policy Revisions /Additions /Deletions

Date: December 11, 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 seventeen (17) policies retired/archived: 4 Clinical and 13 Ambulatory.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Travel/Education Authorization and Reimbursement	Revision	Hospitalwide	Modified in which business travel/education has to be approved by COO and paid by requestor(s) prior to traveling. Rental cars must carry liability insurance through the rental car vendor and not through their personal automobile insurance liability coverage. Local request within Clark County must be received at least forty-five (45) days and sixty (60) days for non-local travel prior to the requested leave date.
Screening Stabilization and Transfer of Individuals with Emergency Medical Conditions (EMTALA)	Revision	Hospitalwide	Modified reference delineates bylaws and federal requirements under the Emergency Medical Treatment and Labor Act (EMTALA), updated signage.
Spoken and Sign Language Interpreter/Translation	Revision	Hospitalwide	Modified definitions with references. Assures the written informed consent is

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			in the language spoken by the patient or translated for the patient in his/her preferred language.
Notice of Privacy Practice (NOPP)	Revision	Hospitalwide	Modified verbiage to assure compliance with UMC's Joint Notice of Privacy Practices in accordance with HIPAA
Photography, Recordings and Mobile Device Use Policy	Revision	Hospitalwide	Outline on use of photography, recordings and mobile device use in alignment with regulatory/federal laws (HIPAA). Devices must be authorized or UMC issued.
Blood and Blood Products Transfusion	Revision	Clinical Services	Modified verbiage and updated EPIC practices. Transfusions must start before blood product expiration and be completed within four (4) hours (Transfusion Time Limits)
Transplant Organ Check-In Process	Revision	Clinical Services	Policy to assure compatibility, communication and validation are correct on the arrival of UNOS organs for transplant.
Indwelling – Insertion Care & Maintenance of; Intermittent Catherization/Bladder Scanner Use	Revised	Clinical Services	Established evidence based guidelines for placement, maintenance and to allow prompt removal for indwelling urinary catheter. Also, guideline for use of bladder scanner/intermittent catherization.
Adult Nursing Lactic Acid Protocol Order for Early Sepsis Identification	New	Clinical Services	Sepsis protocol to improve early identification and outcomes of patients with sepsis and septic shock using evidence based Sepsis Predictive Model.
Neonatal Skin Assessment and Care	Revision	Hospitalwide/Perinatal	Guideline to assure Neonatal population will be assessed for skin integrity and risk factors on admission and every shift.
Glucose Gel in the Newborn	New	Hospitalwide/Perinatal	Glucose gel protocol for treatment of hypoglycemia in infants 35 weeks or greater to assist in reducing

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			admissions of newborns to the NICU with hypoglycemia.
Gastrostomy Tube Care	Revision – Vetted through Surgical Committee	Hospitalwide/Perinatal	Guideline to assure effective, safe gastrostomy care to assist with prevention of infections & skin irritation.
Pediatric Unit – Standards of Care	Revision	Hospitalwide/Pediatrics	Adoption of ANA standards of care for pediatric patient population.
PICU – Standards of Care	Revision	Hospitalwide/Perinatal	Adoption of ANA standards of care for PICU patient population.
Medication Management Process – Cytotoxic and Antineoplastic Medications: Oral Medications in the Treatment of Cancer and Other Non-Oncology Diagnoses	Revision	Hospitalwide/Clinical/ Oncology	Modified verbiage, expansion of scope and updated reference(s) in compliance with all regulatory bodies – ASCO, NIOSH, USP 800.
Medication Management Process – Cytotoxic and Antineoplastic Medications: Chemotherapy/Biotherapy Intravenous, Intrathecal and other Parenteral/Injectable Administration and Instillation	Revision	Hospitalwide/Clinical Services/Oncology	Modified verbiage, process & updated references – TJC time out process, NIOSH & USP 800.
Perioperative Cytotoxic/antineoplastic Management and Administration	Revision Intra-operative Chemotherapy Administration (old title)	Hospitalwide/Clinical Services/Oncology	Modified title, verbiage, process change & updated references – ONS, NIOSH & USP 800.
Intraperitoneal (IP) Chemotherapy Administration	Revision	Hospitalwide/Clinical Services/Oncology	Modified process, expansion of scope & updated references – ONS, NIOSH & USP 800.
Chemotherapy/Biotherapy/ Immunotherapy, RN., Certification/Recertification Process	Revision	Hospitalwide/Clinical Services/Oncology	Modified definitions, additional competencies and updated references – ACOS COC Standard 2.0, ASCO/ONS.
Patient Education and Informed Consent to Administer Chemotherapy /Biotherapy/Immunotherapy Agents	Revision	Hospitalwide/Clinical Services/Oncology	Modified definitions, added other chemo consent & updated references – ASCO/ONS.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Documentation of Chemotherapy/Biotherapy/ Immunotherapy Administration	Revision Documentation of Chemotherapy/Biotherapy Administration (old title)	Hospitalwide/Clinical Services/Oncology	Modified definitions, policy title change and updated references – ASCO/ONS.
Safe Handling of Cytotoxic/Antineoplastic Drugs	Revision Safe Handling of Cytotoxic Agents (old title)	Hospitalwide/Clinical Services/Oncology	Modified definitions, policy title change and updated references – NIOSH, ONS & USP 800.
Cancer Risk Assessment and Genetic Testing/Counseling Referral	Revision	Hospitalwide/Clinical Services/Oncology	Modified process and updated reference – ACoS CoC Standard 2.3.

Reference/Acronym Legend:

ANA = Amer. Nurses Association

ASCO = American Society of Clinical Oncology

ACoS = Amer. College of Surgeons

EMTALA = Emergency Medical Treatment and Labor Act

HIPAA = Health Insurance Portability Accountability Act

NIOSH = National Institute for Occupational Safety and Health

ONS = Oncology Nursing Society

TJC = The Joint Commission

UNOS = United Network for Organ Sharing

USP 800 = United States Pharmacopeia - General Chapter <800> Hazardous Drugs – Handling in Healthcare Settings to be implemented December 2019

Hospital Policy/Procedure Agenda Supplement – November 22, 2019

Retire/Archive Policy Grid

Policy	Dept	Reason
ECMO Guidelines for Transport V2 – NICU .105	NICU	No longer part of practice
Medical Screening Examination – 13.04	Emergency	Refer to Hospitalwide Screening Stabilization & Transfer of Individuals with Emergency Medical Conditions - Duplicate
EMTALA – Transfer of Patients – L & D	L & D	Combine into Stabilization & Transfer of Individuals with Emergency Medical Conditions
Criteria for Defining Healthcare (HAI) – IC 2.1	Infection	Duplicate
Infection Control Practices in the UMC Ambulatory Care Centers - AC-6.00	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Scanning LWBS (Left Without Being Seen) Visits Policy - AC-1.53	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Ambulatory Care Scanning Protocol	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Child Abuse and Neglect with letter Heading	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Creation and Maintenance of Medical Record in Primary/Quick Care Centers	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Direct Admission of Ambulatory Care Patients to UMC Hospital	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Identification of Pathological Specimens	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Infection Control Practices in the UMC Ambulatory Care Centers	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Medication Reconciliation	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Laboratory Personnel Lab Coat	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Review and Reporting of Laboratory Procedures	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Tissue Removal During Minor Surgical Procedures	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Transport of Blood Specimens to UMC	Ambulatory	Refer to Hospitalwide Policy - Duplicate

INTEROFFICE MEMO

To: Medical Executive Committee

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

Subject: January 22, 2020 Committee Meeting- Policy Revisions /Additions /Deletions

Date: January 24, 2020

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
Use of Restraints	Revision	Hospitalwide	Modified/revised to add APRNs for ordering restraints and that the order is daily versus 24 hours.
Fall Assessment & Prevention	Revision	Hospitalwide	Modified/Revised verbiage to notification of family to legal representative as allowed by law. There's a combination of alerts as yellow stars/ documentation on the checklist outside the patient room and call light system. In addition, A fall risk indicator with changed guideline to appendix.
Just Culture	Revision	Hospitalwide	Modified/revised in coordination with the Hospitals Safety Plan with updated Just Culture

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			Algorithm which assists in a consistent, fair, systematic approach to managing behaviors that facilitate a culture that balances a non-punitive learning environment with equal importance to accountability for their actions.
Accounting for Expired, Obsolete & Damaged Goods	New	Hospitalwide	New guideline in regards to proper accountability and tracking of expired, obsolete and damaged supplies/items. Supplies are to be removed from inventory one month before expiration. All removed items are to be documented appropriately on the Expired and Obsolete Worksheet to assist with analyzing & ordering only what is needed.
Informed Consent	Revision	Hospitalwide	Modified/revised language in which Guardianship papers are to be reviewed by Social Services or Risk Management. Definitions of Emancipated minor and Domestic partnership added.
Capacity Management Plan	Revision	Hospitalwide	Modified verbiage to add "No diversion of trauma/STEMI patients and ODA to ODA/Navigator. Verbiage change was a request by Amer. College of Cardiology (ACC) Surveyor.
Influx of Infectious Patients Plan	Revision	Hospitalwide/Infection Control	Modified to support Emergency Preparedness/ updated attachments to be aligned with CDC.
Parking	Revision		Modified to include the online IParq Parking

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
		Hospitalwide/Public Safety	System in which all employees, students, vendors and contractors must purchase parking permits for each owned vehicle. All non-registered vehicles will be ticketed, booted or towed at owners' expense. Violation(s) may be appealed on line. IParq will be enforced starting December 1, 2019
Terminal Cleaning: Operating, Invasive & Procedural/Restricted Areas	New	Hospitalwide/EVS	New policy to establish a clean and sanitary environment for patients treated in the operating/procedure suite and following any infectious procedure in any patient or public area. To minimize the exposure risk and comply with TJC and AORN regulatory standards/guidelines Includes EPA registered disinfectants and the use of terminal logs.
Physician Owned Distributorship	New	Hospitalwide/ Corporate Compliance/Contracts & Materials Mgmt	Policy to be aligned with the Office of Inspector General in which it identified a strong potential for improper inducements between and among physicians who invest in distributors of medical devices, the entities in which they invest, and providers that purchase devices from entities with physician investors. This policy ensures that UMC does not purchase the items designated in this policy from Physician-Owned

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
			Distributorships (POD) except as permitted.
Cardiac Exercise Stress Test	Revision	Hospitalwide/Clinical Services	Modified to meet Amer. College of Cardiology (ACC) regulatory standards. Changed from a policy to a guideline.
Adult Tracheostomy Care	Revision	Clinical/Respiratory	Revised to include trach care and responsibilities.
Adult Organ Donation	Revision	Hospitalwide	Revised to outline consistent processes and standards for organ donation following cardiac death (CDC) and donation following brain death which cannot be declared by Residents. Organ donation is facilitated by the Organ Procurement Organization (Nevada Donor Network),
Anesthesia with Burn Activation	Revision	Clinical Services	Procedure, if a burn activation comes in requiring immediate operative intervention. This is in response to the regulatory action plan for the most recent Burn Survey and is aligned with the Amer. Burn Association.
Autopsy	Revision	Clinical Services	Modified with verbiage change to On Duty Administrator (ODA)/designee
Cross Coverage for Vacating Physicians	Revision	Ambulatory	Revised to assure messages requiring urgent attention are brought to the attention of the covering physician of record.
Emergency Care of Eye Injuries	Revision	Ambulatory	Modified/revised to a protocol to give Advanced Practice Providers authorization to remove foreign bodies from eye or orbital area.

POLICY NAME	REVISION/NEW/RETIRED	OWNER	SUMMARY
Ambulatory Care Radiology Orders and Reporting	Revision	Ambulatory	Revised to incorporate practice change due to EPIC.
Early closure of Offsite Clinics	Revision	Ambulatory	Revised to include all Ambulatory Care sites including: Occupational Medicine/Worker's Compensation/Wellness Clinics and who should be contacted in the event of early closure.

Hospital Policy/Procedure Agenda Supplement – January 22, 2020

Retire/Archive Policy Grid

Policy	Dept	Reason
Ear Irrigation	Ambulatory	Refer to Hospitalwide Policy - Duplicate
SVN Therapy	Ambulatory	Refer to Hospitalwide Policy - Duplicate
EKG Procedures Training for Offsite Ambulatory Services	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Pelvic Exam	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Suture Staple Removal	Ambulatory	Refer to Hospitalwide Policy - Duplicate
Criteria for Defining Healthcare Associated Infections	Infection	Refer to Hospitalwide Policy - Duplicate
Wound Checks in the Adult Emergency Dept	Emergency	Refer to Hospitalwide Policy - Duplicate
ASU – OR History & Physical	OR Services	Refer to Hospitalwide Policy - Duplicate