Clinical Quality and Professional Affairs Committee

Monday, June 5, 2023 3:00 pm

UMC Trauma Building - Providence Suite 5th Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
June 5, 2023 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 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)

- 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, 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

2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on April 3, 2023. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an educational presentation from Patty Scott, Quality/Safety/Regulatory Officer on the new Joint Commission National Patient Safety Goal specific to ***improving health equity*** and leadership responsibilities; and direct staff accordingly.

5. Receive an update from Deb Fox, Chief Nursing Officer (CNO) on Pathway to Excellence re-designation and progress to Magnet; and direct staff accordingly. *(For possible action)*

6. Receive an update from Jeff Castillo, Director of Patient Experience on the Patient Experience Program (ICARE4U), HCAHPS, CCAHPS; and direct staff accordingly. *(For possible action).*

7. Receive an update from Patty Scott, Quality/Safety/Regulatory Officer on the Quality, Safety, Infection Prevention, and Regulatory Program, including contract performance evaluations; and direct staff accordingly. *(For possible action)*

8. Receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

9. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 5 & May 3, 2023 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

SECTION 3. EMERGING ISSUES

10. 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
April 3, 2023 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 3:04 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Dr. Mackay – Chair
Laura Lopez-Hobbs
Renee Franklin
Jeff Ellis (WebEx)
Steve Weitman (Ex-Officio)(WebEx)

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Kathy Johnson, Director of Infection Prevention
Danita Cohen, Chief Experience Officer
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Dr. Mackay asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on February 6, 2023. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on the Annual Infection Prevention Program Evaluation and Plan from Kathy Johnson, Director of Infection Prevention; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- Power Point Presentation

DISCUSSION:

Kathy Johnson, Director of Infection Prevention, reviewed the 2022 Infection Control Plan evaluation, highlights of 2022 accomplishments, and the 2023 Annual Infection Prevention Control Plan.

The plan provides the framework necessary to reduce the possibility of acquiring or transmitting infections in the community. Yearly risk assessments and quarterly data evaluations are done to identify and mitigate infection risks. Continuous learning, improvement and system monitoring are provided to staff. A year end goal review is done to ensure that objectives are met and align with hospital goals.

In 2022, improvements were made in CLABSI, VAE, MRSA, C-diff, device utilization, as well as patient and family communication and education. The process for annual fit testing and PAPR evaluations has been refined for all health care workers. Training and procedure improvement has also been established in areas related to Monkey Pox, Candida Auris, and MRSA nasal decolonization. Causal analysis and action plans are done and provided to nurse leaders as soon as device related infections are identified.

Data comparisons from 2020 – 2022 and reduction strategies were next reviewed with the Committee. CLABSI events have trended downward over the past two years; they were down by 8 events since 2020. CAUTIS were up by 1 event and IVACs were down by 58 events.

Surgical site infections were discussed next. Although 10 types of surgeries are monitored at UMC, Ms. Johnson highlighted Colon, C-sections and Spine surgeries, which are reported to CMS. The SIR, the Standard Infection Ratio, shows the predicted over observed or actual amount of surgical infections that would occur within a year. There was an increase in colon and spinal fusion surgeries, but a decrease in C-section surgeries. All surgery data continues to be monitored closely.

Chairman Mackay asked if elective colon surgery data is calculated separately from traumatic or emergency surgical procedures. Ms. Johnson replied that this

is part of the risk stratification, so all data is included. The discussion continued regarding how the volume of procedures can affect the SIR data.
MRSA and C-diff continue on a downward trend since 2021. Staff continues to drive hand hygiene compliance and PPE compliance and there is continued collaboration with EVS with cleaning protocols. Hand hygiene compliance dropped slightly to 70% in 2022, however a plan of action was implemented to increase audits and transparency in all units.

The flu vaccination rate for 2022 was 76%, which was a decrease from previous years; this was primarily due to mandatory masking, minimal flu virus in Clark County and more emphasis placed on COVID vaccinations.

Ms. Johnson next reviewed the 2023 Risks, Priorities and Interventions, which are broken down into 4 components: Community, Patient, Environment and Healthcare Worker. UMC collaborates with the SNHD, CDC and other healthcare facilities to prepare for emergencies. UMC continues to monitor and provide education to employees for advanced PPE training in preparation for various infectious disease outbreaks.

Lastly, the Antibiotic Stewardship goals were reviewed.

FINAL ACTION TAKEN:

None

ITEM NO. 5 **Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program, including contract performance evaluations from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly.** ***(For possible action)***

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

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives and the QAPI program evaluation for 2023. The purpose of the plan is to provide the framework necessary to establish and sustain a culture of quality, safety, accountability and reliability.

Highlights of the 2022 accomplishments were reviewed. There have been improvements in patient safety and adverse events, HCAHPS, ratings in ambulatory, Leapfrog and hospital wide mortality and sepsis. There has also been improvement in behavioral health care and hospital wide pain reassessment compliance. The team is being educated on workplace violence and we are doing a better job at reporting / investigating these events; there was a 55% increase in reporting of these events.

Although readmissions for 30-day all cause is well under comparable academic hospitals, there has been a slight uptick in readmissions; these are being monitored. Inpatient mortality has decreased and has trended downward since

3rd quarter 2021. All mortalities are reviewed closely by the quality team. Observed / expected rate has increased slightly, but still moving to close the gap with an emphasis on clinical documentation improvement (CDI). PSI-90 composite has continued to show improvement. The Committee acknowledged that this is an important improvement and commended the team on their efforts.

There has been a decline in sepsis mortality since 4th quarter 2021. COVID is being removed from this list. Stroke measures are electronically harvested through EPIC. It is anticipated that CMS will begin publicly reporting these measures in 2023 on CMS Hospital.gov. She added that there are no bench marks yet for this measure.

Reporting for patient safety and grievances were next reported. There was 15% increase in safety intelligence reporting, 46% increase in reporting near misses and 153 wins since the program redesign.

There have been 46 safety events reported to the state this year and all cases are reported within required timeframes and RCAs with actions are done on all cases. Sentinel events were listed by category for members.

Leapfrog scores were listed; based upon the scoring algorithms UMC is anticipating a B letter grade this year. She added that continually improving the overall numerical score demonstrates the commitment to improving patient safety and more importantly sustainment of actions put into place.

The Committee commended the team on improving the score from a 2.2297 to a 3.0978 for spring of 2023.

In grievances for 2022, 50 were in emergency services, 43 in quick care and primary care locations and 50 in other areas. A breakdown of the grievances by location was presented. The rate in grievances has dropped in all categories but one. Overall, the rates are very low.

Lastly, Ms. Scott reviewed the 2023 Quality Safety Performance Goals and listed initiatives and action plans for the year. UMC has been cleared from the last sentinel event. There was continued discussion regarding regulatory matters and accreditation surveys. Contract performance evaluations were provided as informational.

FINAL ACTION TAKEN:

None

ITEM NO. 6 **Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of February 1, 2023 and March 1, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate.** ***(For possible action)***

DISCUSSION:

Policy and Procedures activities for February 1, 2023 and March 1, 2023 were reviewed.

There were a total of 84 approved, 25 retired and all were approved through the hospital Policy and Procedures Committee, Quality and MEC.
FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of February 1 and March 1, 2023 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly

DISCUSSION:

Keep focus on UMC's mission and how we can best serve the public.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Dr. Mackay asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.
SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the hour of 4:04 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED:

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue:	**Joint Commission national Patient Safety Goal – Improving Health Equity**	**Back-up:**
Petitioner:	Patricia Scott, Quality Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee receive an educational presentation from Patty Scott, Quality/Safety/Regulatory Officer on the new Joint Commission National Patient Safety Goal specific to improving health equity and leadership responsibilities; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an educational presentation regarding the new Joint Commission National Patient Safety goal regarding improving in health equity and leadership responsibilities.

Cleared for Agenda
June 5, 2023

Agenda Item #

4

Improving Health Care Equity

The “New” National Patient Safety Goal

January, 2023

New NPSG 16 – Improve Health Care Equity

Effective July 1. 2023, Leadership (LD) Standard LD.04.03.08 – which addresses health care disparities as a quality and safety priority – will be elevated to a new National Patient Safety Goal (NPSG 16).

This change will increase the focus on improving health care equity.

Requirements of NPSG 16

1. Identify an individual to lead activities to improve health care equity.
2. Assess patients' health-related social needs.
3. Analyze quality & safety data to identify disparities.
4. Develop an action plan to improve health care equity.
5. Act when the organization does not meet the goals in its action plan.
6. Inform key stakeholders about the progress to improve health care equity.

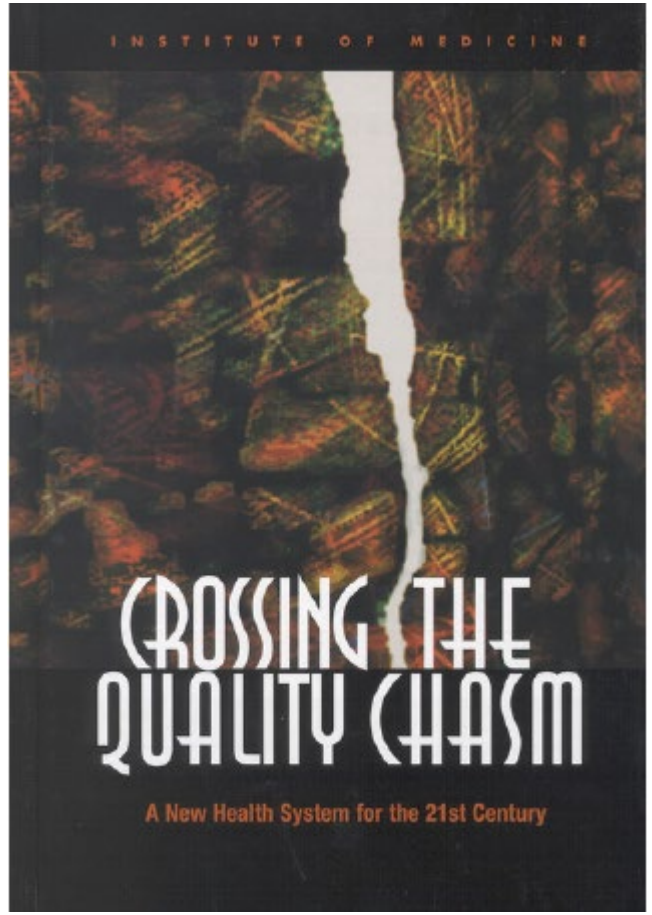
Health Care Equity is a Quality & Safety Priority

- Health care equity is a quality of care problem.
- Needs a similar approach to other patient safety priorities:
  - Understand the root causes
  - Address with targeted interventions

Equity as a Quality Domain

6 Domains of Quality:

1. Safety
2. Effectiveness
3. Patient-Centeredness
4. Timeliness
5. Efficiency
6. Equity: Providing care that ***does not vary in quality because of personal characteristics*** such as gender, ethnicity, geographic location, and socioeconomic status.



Organizational Commitment

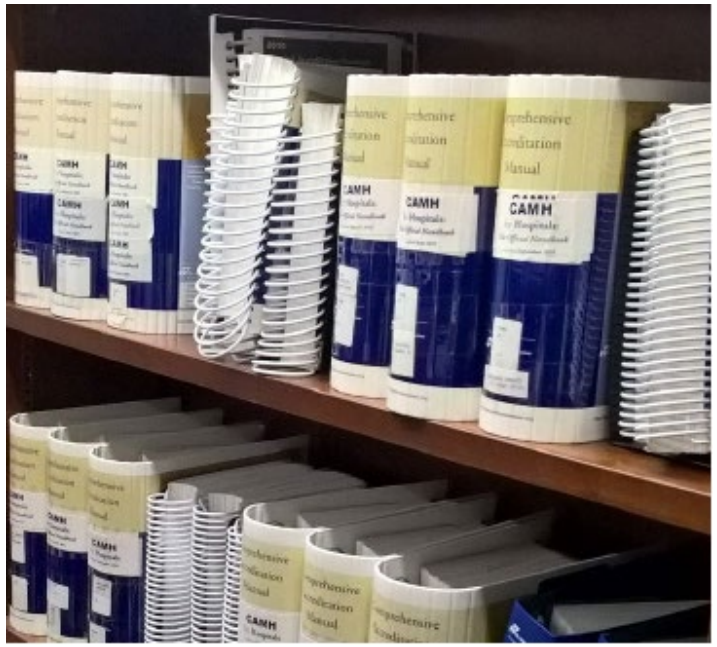
- Requires commitment, vision, creativity, and sustained effort throughout the organization beginning at the Governing Board & Executive levels.
- Need established leaders and standardized structures and processes in place to detect and address health care disparities.
- Efforts should be fully integrated with existing quality improvement activities within the organization.

Various Regulatory Requirements Related to Health Care Equity

- Ensure care that is free from discrimination
- Collect race and ethnicity data

- Right to effective communication
  - Collect preferred language data
  - Provide language services
  - Qualifications for language interpreters

- Informed consent
- Patient participation in care
- Patient education meets patient needs
- Access to a support individual



Assess & Address Health Care Disparities

- Expanded scope beyond addressing individual patient needs to identifying health care disparities.
- Focus is on health-related social needs (HRSN).
- HRSN's include the following:
  - Access to transportation
  - Difficulty paying for prescriptions or medical bills
  - Education and literacy
  - Food insecurity
  - Housing insecurity

Stratify Quality & Safety Data

- Organizations choose which measures to stratify & which sociodemographic characteristics to use for stratification:
  - High risk topics where research has shown disparities are common or select measures that affect all patients.
  - Examples of sociodemographic characteristics include:
    - Age
    - Gender
    - Preferred Language
    - Race
    - Ethnicity

Action Plan Development

- Each organization decides which health care disparity to address.
- Action plan should include:

Ongoing Monitoring & Evaluation

Identify opportunities to revise the action plan or provide additional resources:

- Review stratified quality and safety metrics to track progress toward reducing health care disparities.
- Collect feedback from patients about new services or interventions.
- Evaluate staff training and education needs.

Keep Stakeholders Informed

At least annually, disseminate information about efforts to reduce health care disparities. This may include any of the following:

- Formal presentations
- Staff meetings
- Town hall meetings
- Newsletters
- Progress boards
- Intranet page

DISCUSSION / QUESTIONS?

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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue: **CNO Update**	**Back-up:**
Petitioner: Patricia Scott, Quality Patient Safety and Regulatory Officer	
Recommendation: **That the Governing Board Clinical Quality and Professional Affairs Committee receive an update from Deb Fox, Chief Nursing Officer (CNO) on Pathway to Excellence re-designation and progress to Magnet; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

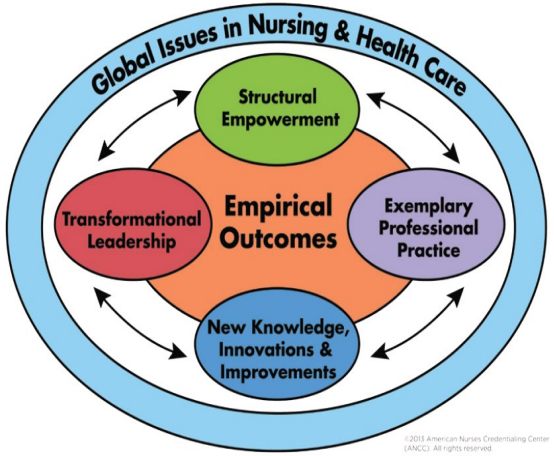
The Clinical Quality and Professional Affairs Committee will receive a status update from Deb Fox, Chief Nursing Officer.

Cleared for Agenda
June 5, 2023

Agenda Item #
5

UMC
UNIVERSITY MEDICAL CENTER

Board Quality Committee Report



ACCREDITED PRACTICE TRANSITION PROGRAM AMERICAN NURSES CREDENTIALING CENTER

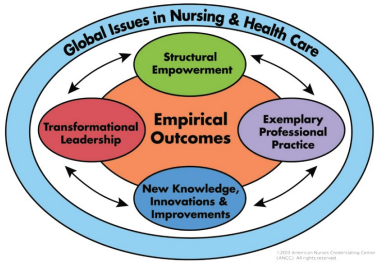
PATHWAY TO Excellence UMC

PATHWAY DESIGNATED AMERICAN NURSES CREDENTIALING CENTER

JOURNEY TO Magnet UMC

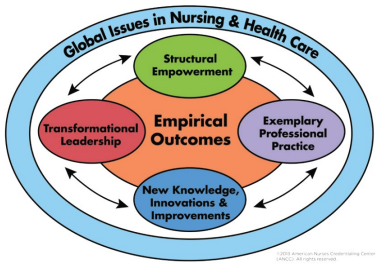
No Journey Without U

Debra Fox MSN, RN, CNS, CENP PhD Candidate
Cathleen Hamel, MSN, RN, NEA-BC



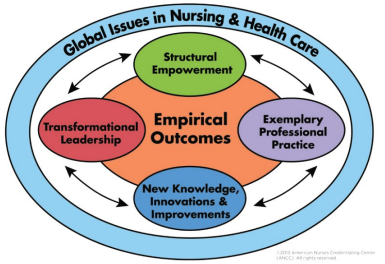
MAGNET STATUS UPDATES

HEALTHLINX- Magnet strategy



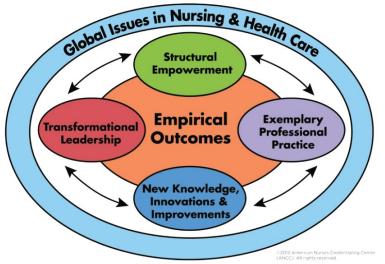
- Healthlinx- National company well known in the Pathway to Excellence (P2E) and Magnet spaces for its ability to shepherd hospitals to successful designations.
- UMC considered Healthlinx in 2016 to assist with Pathway to Excellence readiness, programming, and designation.
- UMC has re-engaged with Healthlinx to assist with Magnet given the challenges post pandemic with morale, engagement, organizational readiness, and quality.
- UMC has converging large scale work for P2E re-designation and Magnet designation. UMC requires additional active assistance and support to be successful by 2024/2025 respectively.

ENGAGEMENT- Status Updates

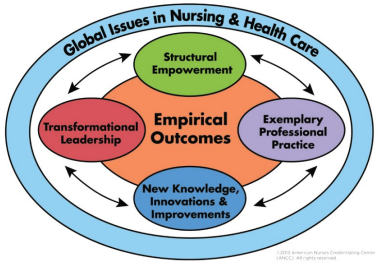


- All inclusive agreement with a total value of $296,350 plus 10% contingency ($325,985) for reimbursable expenses and unforeseen adds post-assessment and gap identification.
- Engagement to begin June 2023 and continue until successful designation.
- Engagement scope:
  - Assessment
  - Education
  - Organizational readiness
  - Action plans and active involvement in execution/progress sustainment
  - Data assessment and “packaging”
  - Document
  - Site visit
  - Designation
- P2E not included

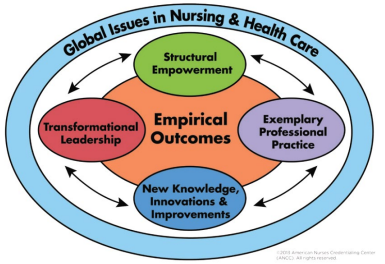
ENGAGEMENT- Next Steps/Time Frames



- Data/Documents due June 12, 2023
- Agreement due June 30, 2023
- Summit occurs June 11, 2023
- Assessment:
  - Discovery calls occur July 5-7, 2023
  - Onsite assessment occurs July 12-13. 2023
- Formal Report of Findings and Project Management begins August 17, 2023



P2E STATUS UPDATES



P2E- Updates

- Application prepared, attested, and submitted to AACN
- AACN accepted application for re-designation May 2023
- Document > 60% written
- NDNQI RN survey September 2023
- Count Down to P2E
  - RN readiness
  - Document submission
  - RN survey- NOT a satisfaction survey, but is there evidence of the 6 standards in nursing department
- Ambulatory taking significant role in both P2E and Magnet

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue: **HCAPHS/CCAPHS/ICARE4U Program Updates**	**Back-up:**
Petitioner: Patricia Scott, Quality Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee receive an update from Jeff Castillo, Director of Patient Experience on the Patient Experience Program (ICARE4U), HCAPHS, CCAPHS Program; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
June 5, 2023

Agenda Item #

6

The **Highest Level of Care** in Nevada

Updates from previous report

<u>ONGOING ACTION PLAN</u>: 2023

- ICARE4U Education – All current staff 2022, New hire orientation for all new staff – Now educating all per diems, previously not required for orientation. Classes are held monthly
- Survey response initiative – Awareness push! Posters for natural accountability and patient awareness, discharge impact (packet, discussion timing, dc lounge, flyer,) and optimizing Posters are up in frames on all inpatient units, Spanish versions are posted, child specific posters are also up
- Re-educate patient experience team and optimizing purposeful rounds with loop closures – Completed with patient experience team, they now make contact via phone to patients in isolation to support them and their needs.
- UOTW initiative – wholesome approach with purposeful round – All inpatient units are complete, lots of findings shared with unit leaders and those with the ability help resolve issues. Some findings are being addressed immediately, based on the severity of the finding. Translates into better environment for the patients.
- Physician experience task force – focused on physician opportunities – Ongoing meetings, CM inclusion option to utilize post discharge. Data validation on attendings aligned with current scores.

Updates from previous report

<u>ONGOING ACTION PLAN</u>: 2023

- Meet me in the middle initiative –staff, patient, visitor, satisfier – Hosted EOM celebrations, center spot for meet ups, covered by concierge team members that are roving, served as location for UMC Pop up store for half a day that captured >$6,200.00 in sales. Awaiting signage and refresh in this area.
- Dietary – teaming to optimize meal service for patients – Support teams goal to move to 100% meal pass…own the experience
- Responsiveness – hardwiring the initiative – Respond and BOND
- Leadership Symposium – Supervisors and managers
- Visitation revised – open concept – Policy revised and updated, 24 hours visitation implemented and ongoing, anecdotally have seen a significant drop in complaints about visiting loved ones.
- FTE – Limited term to boost quality aspect, hardwire initiatives, support operations (experience target) – Recruiting ongoing
- Discharge lounge – added art work, plants, blankets for waiting patients, informational packets. Assisted with sequestering new recliners for area. Supporting move to final location
- Noise mitigation rounding on units impacted by façade work for patients, staff, and visitors

PG - CMS update

PressGaney

Overview

CMS fiscal year (FY) 2024 Hospital Inpatient Prospective Payment System proposed rule

Add three new web-first modes of survey implementation (i.e., web-mail mode, web-phone mode, and web-mail-phone mode).
This would be in addition to current modes (e.g., mail only, phone only, etc.) and would represent the first time that HCAHPS could be offered via a web-first mode. Offering additional electronic modes allows patients more options when responding to the survey, ultimately providing organizations with more insights from a broader range of patients. To ensure accessibility, digital surveying would be administered as a mixed mode with either mail or phone.

Remove the survey's prohibition on proxy respondents.
This means other individuals could complete the survey on behalf of the patient.

Extend the data collection period from 42 days to 49 days.
In a 2021 mode experiment, CMS found that extending the data collection period from 42 days to 49 days significantly increased the total number of responses received. The extended timeframe also allows time for respondents in the web-first modes to respond by email before contacting non-responders with the secondary mode of administration while still preserving adequate time for the secondary mode (either mail, phone, or mail followed by phone).

Limit the number of supplemental survey items to 12.
Currently, CMS does not limit the number of supplemental items that may be added to the HCAHPS survey. If CMS finalizes this proposal to limit supplemental items to 12, organizations that currently pose more than 12 supplemental items will need to shorten their survey. If this is finalized, Press Ganey will reach out to impacted clients with recommendations to modify their survey strategy.

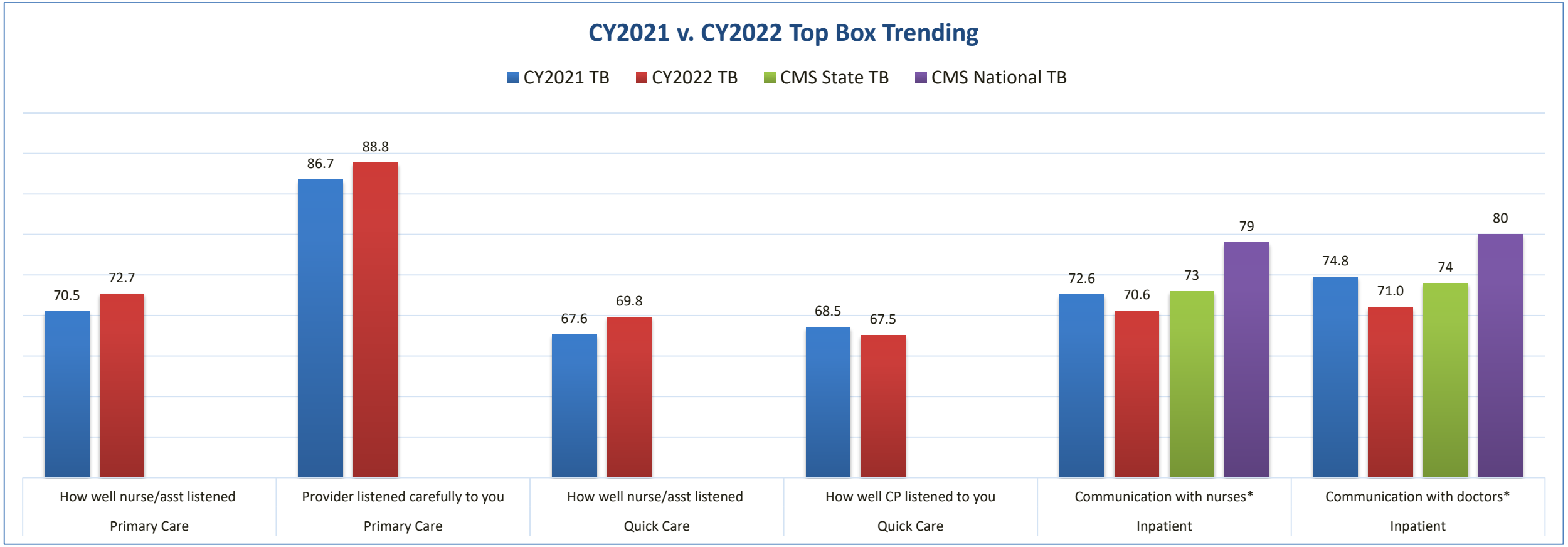
Require use of the Spanish translation for Spanish language-preferring patients.
Currently, hospitals are not required to send surveys in languages other than English. CMS is proposing that hospitals be required to collect information about the language that the patient speaks while in the hospital (whether English, Spanish, or another language), and that the official CMS Spanish translation of the HCAHPS Survey be administered to all patients who prefer Spanish.

UMCSN Board Reporting

Service Line	Measure	2021 Top Box	2022 Top Box	Prior Year/Benchmark Met
Primary Care	How well nurse/asst listened	70.48	72.70	
Primary Care	Provider listened carefully to you	86.74	88.83	
Quick Care	How well nurse/asst listened	67.62	69.83	
Quick Care	How well CP listened to you	68.53	67.53	
Inpatient	Communication with nurses*	72.58	70.61	
Inpatient	Communication with doctors*	74.79	71.61	

Data Parameters:
PC/QC data is eAdjusted for individual questions, inpatient data is adjusted for CMS reportable responses at the domain level. HCAHPS communication with nurses/doctors domain includes three individual questions (treat would courtesy/respect, listen carefully to you, explain in a way you understand).
State and national CMS benchmarks are from most recent April 2023 CMS Hospital Compare Preview Report

UMCSN Board Reporting



Data Parameters:
PC/QC data is eAdjusted for individual questions, inpatient data is adjusted for CMS reportable responses at the domain level. HCAHPS communication with nurses/doctors domain includes three individual questions (treat would courtesy/respect, listen carefully to you, explain in a way you understand).
State and national CMS benchmarks are from most recent April 2023 CMS Hospital Compare Preview Report
Percentile Rank is compared to the all PG Database for Urgent Care and Inpatient, all PG Site Database for Primary Care

UMC HCAHPS

Patient Experience - HCAHPS				
Performance Indicator	Q4 2022		Q1 2023	
	N	SCORE	N	SCORE
Rated the hospital 9 or 10	419	59.90	388	62.37
Would definitely recommend the Hospital	414	58.70	380	60.79
Nurses always communicated well	426	68.08	386	71.00
Patients always received help as soon as they wanted	375	54.79	350	57.75
Doctors always communicated well	425	72.37	386	72.60

9 out of 10 elements in 1st Qtr 2023 improved over previous Qtr

Patient Experience - HCAHPS				
Performance Indicator	Q4 2022		Q1 2023	
	N	SCORE	N	SCORE
Patients' rooms and bathrooms were always clean	423	59.57	382	62.83
Areas around patients' rooms were always quiet at night	423	40.66	380	43.42
Staff always explained medications	274	54.96	241	54.60
Patients were always given instruction on their recovery/discharge	372	81.42	336	82.97
Patients strongly agree they understood their care upon discharge	424	44.97	384	47.13

UMC CCAHPS

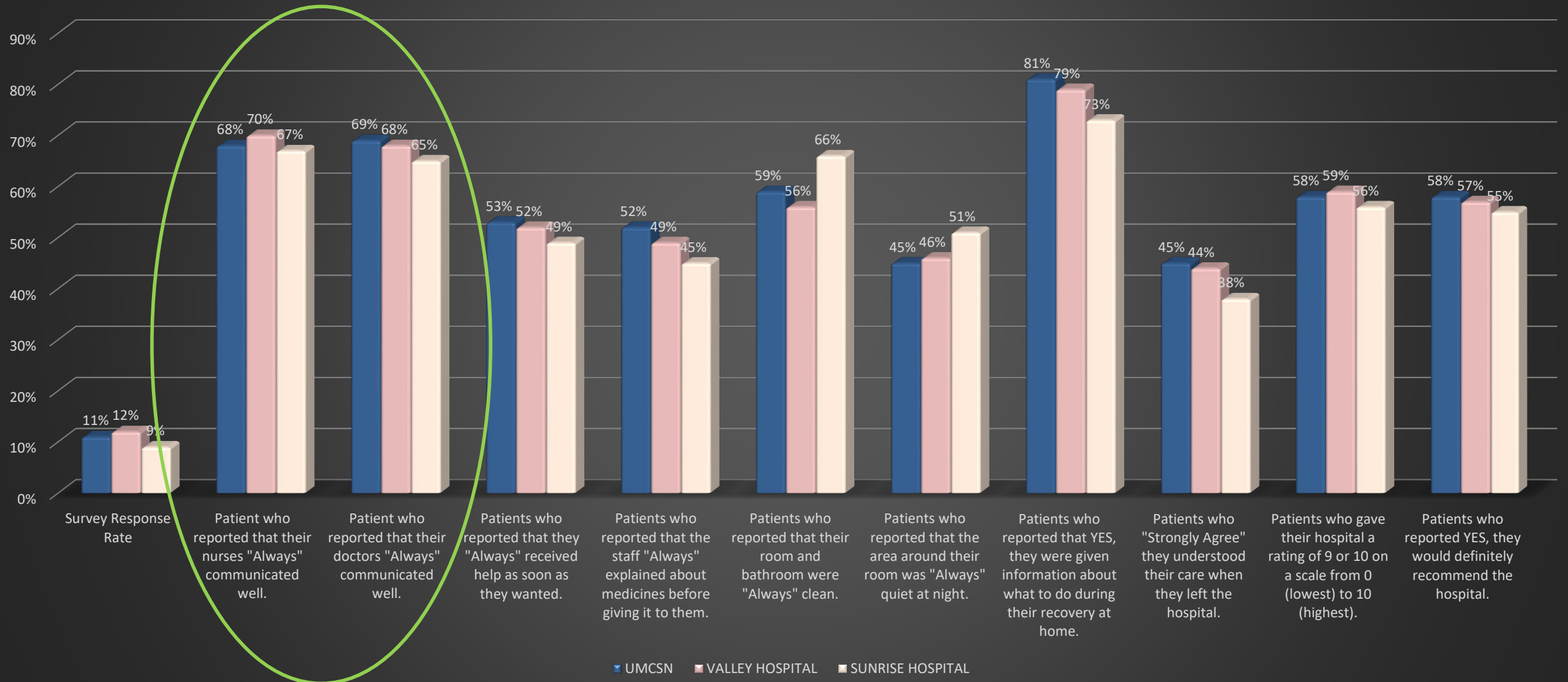
Patient Experience - CCAHPS				
Performance Indicator	Q4 2022		Q1 2023	
	N	SCORE	N	SCORE
Rated the Hospital 9 or 10+A5:A19	16	62.50	15	86.67
Would definitely recommend the Hospital	15	73.33	15	86.67
Staff always explained medications	13	77.50	14	76.39
Nurses always communicated well w/ Child	7	61.90	8	64.29
Doctors always communicated well w/ Child	7	57.14	9	77.78
Nurses always communicated well w/ You	16	72.92	15	86.35
MD/RN always gave privacy when discussing Child's care	16	68.75	15	80.00
Child was always helped to feel comfortable	16	66.67	15	68.89
Staff always kept you informed about Child's care	16	77.29	15	80.00

14 out of 17 elements in 1st Qtr 2023 improved over previous Qtr

Performance Indicator	Q4 2022		Q1 2023	
	N	SCORE	N	SCORE
Child always received help as soon as child wanted	7	57.14	8	87.50
Staff definitely informed you to report concerns about mistakes on Child's care	16	48.56	15	63.33
Staff definitely paid attention to Child's pain	5	100.00	10	90.00
Staff definitely prepared you and Child to leave the Hospital	16	87.42	15	81.33
Staff always involved Teen in their care	4	91.67	6	38.89
Doctors always communicated well w/ you	16	70.83	15	91.11
Child's room was always clean	16	62.50	15	80.00
Areas around Child's room were always quiet at night	16	37.50	15	66.67

CMS COMPARE SCORES

(Last updated per 05/31/2023)



CMS COMPARE

CMS COMPARE SCORES

(Last updated 04.26.2023)

OVERVIEW	University Medical Center (UMCSN)	Valley Hospital Medical Center (VALLEY HOSPITAL)	Sunrise Hospital and Medical... (SUNRISE HOSPITAL)
Overall Star Rating	★☆☆☆☆	★☆☆☆☆	★☆☆☆☆
Patient Survey Rating	★★☆☆☆	★★☆☆☆	★☆☆☆☆
Number of completed survey	1411	580	421
Survey Response Rate	11%	12%	9%
Patient who reported that their nurses "Always" communicated well.	68%	70%	67%
Patient who reported that their doctors "Always" communicated well.	69%	68%	65%
Patients who reported that they "Always" received help as soon as they wanted.	53%	52%	49%
Patients who reported that the staff "Always" explained about medicines before giving it to them.	52%	49%	45%
Patients who reported that their room and bathroom were "Always" clean.	59%	56%	66%
Patients who reported that the area around their room was "Always" quiet at night.	45%	46%	51%
Patients who reported that YES, they were given information about what to do during their recovery at home.	81%	79%	73%
Patients who "Strongly Agree" they understood their care when they left the hospital.	45%	44%	38%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	58%	59%	56%
Patients who reported YES, they would definitely recommend the hospital.	58%	57%	55%

	Out performing Valley and Sunrise
	Outperforming Sunrise
	Outperforming Valley
	Outperformed by Valley and Sunrise

7 of 12 categories – UMC outperforms both neighboring like hospitals

11 of 12 categories – UMC outperforms 1 neighboring like hospital

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue:	**Quality, Safety and Infection Prevention Program Update**	**Back-up:**
Petitioner:	Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the Quality, Safety, Infection Prevention and Regulatory Program, including contract performance evaluations from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

Patricia Scott, Patient Safety and Regulatory Officer, will provide an update on the Quality, Safety, Infection Prevention and Regulatory Program measures.

Cleared for Agenda
June 5, 2023

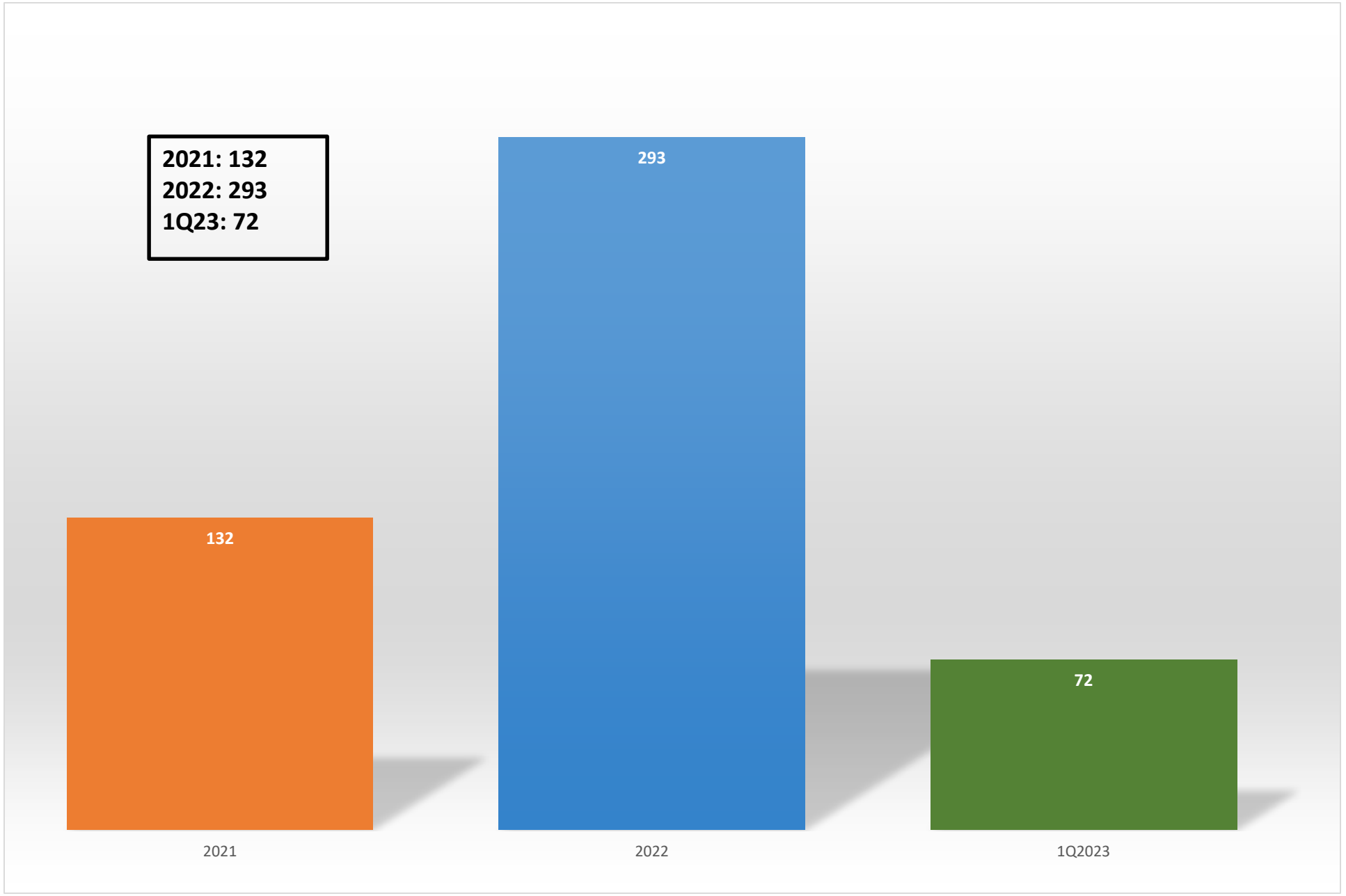
Agenda Item #
7

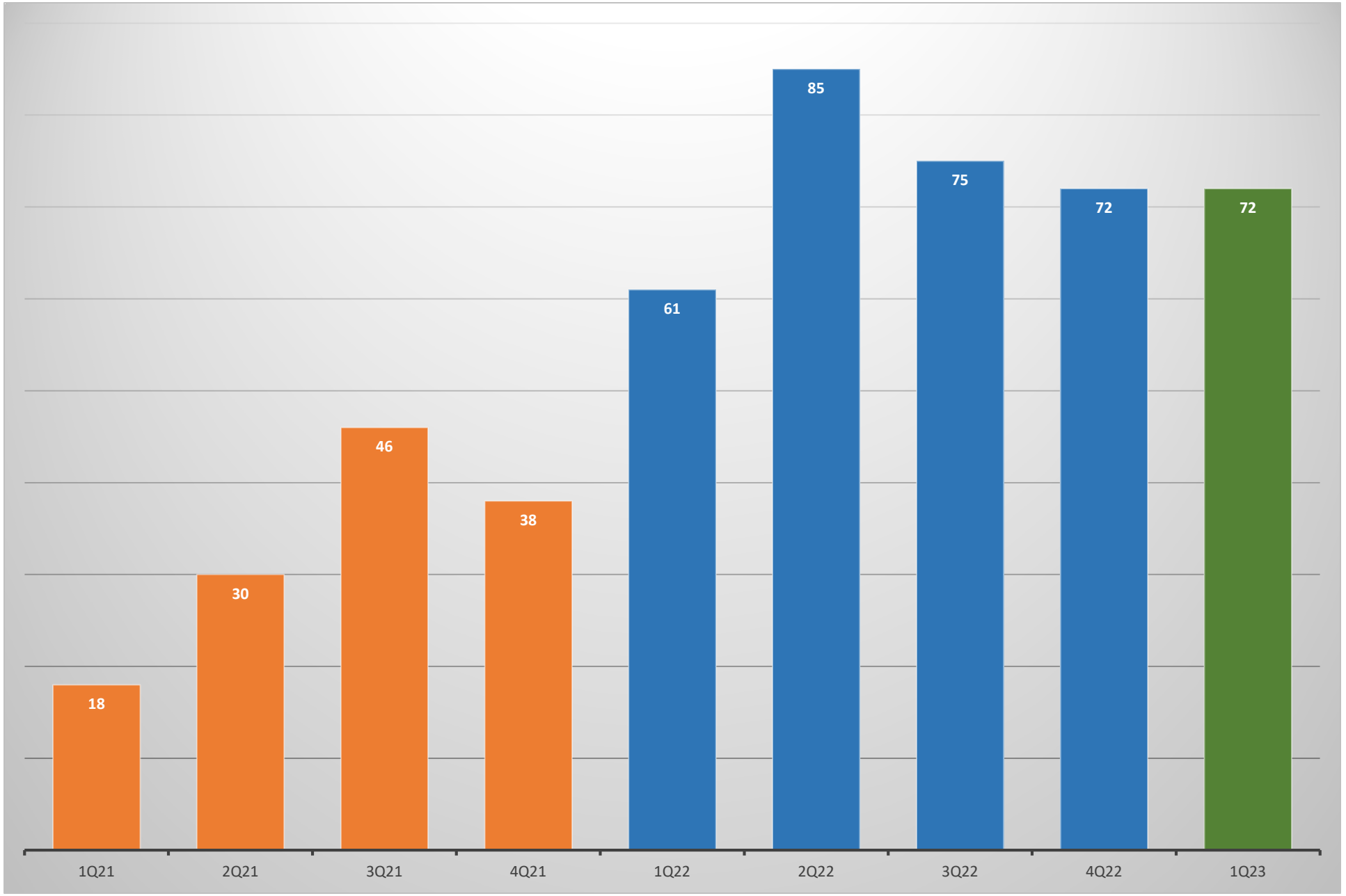
Quality/Safety/Infection/Regulatory Update

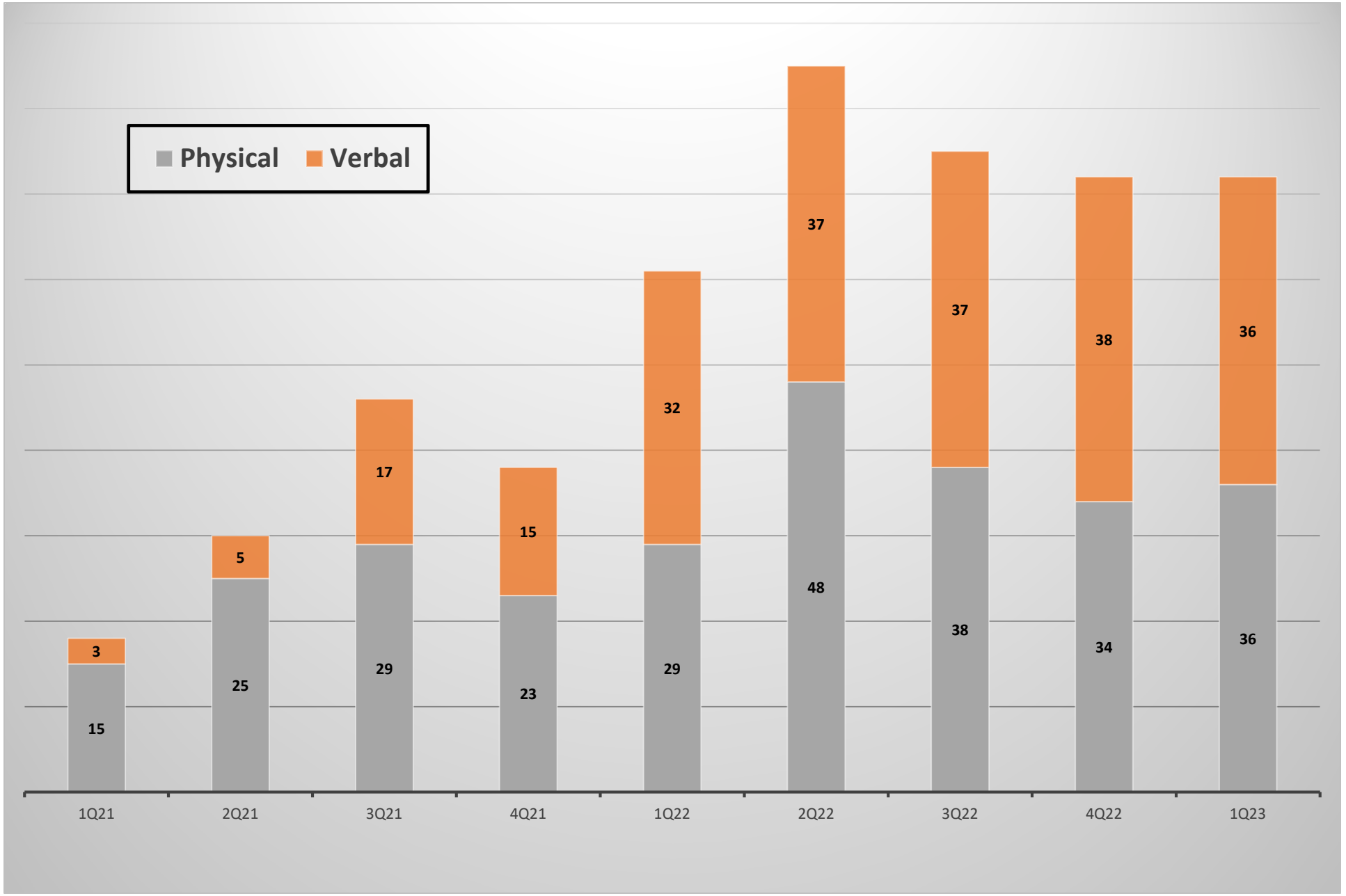
UMC Governing Board Committee
Clinical Quality & Professional Affairs
June 5, 2023

Workplace Violence

Reported through 1st Quarter, 2023


2021: 132
2022: 293
1Q23: 72
132
293
72
2021
2022
1Q2023


18
30
46
38
61
85
75
72
72
1Q21
2Q21
3Q21
4Q21
1Q22
2Q22
3Q22
4Q22
1Q23


Physical
Verbal
3
15
5
25
17
29
15
23
32
29
37
48
37
38
38
34
36
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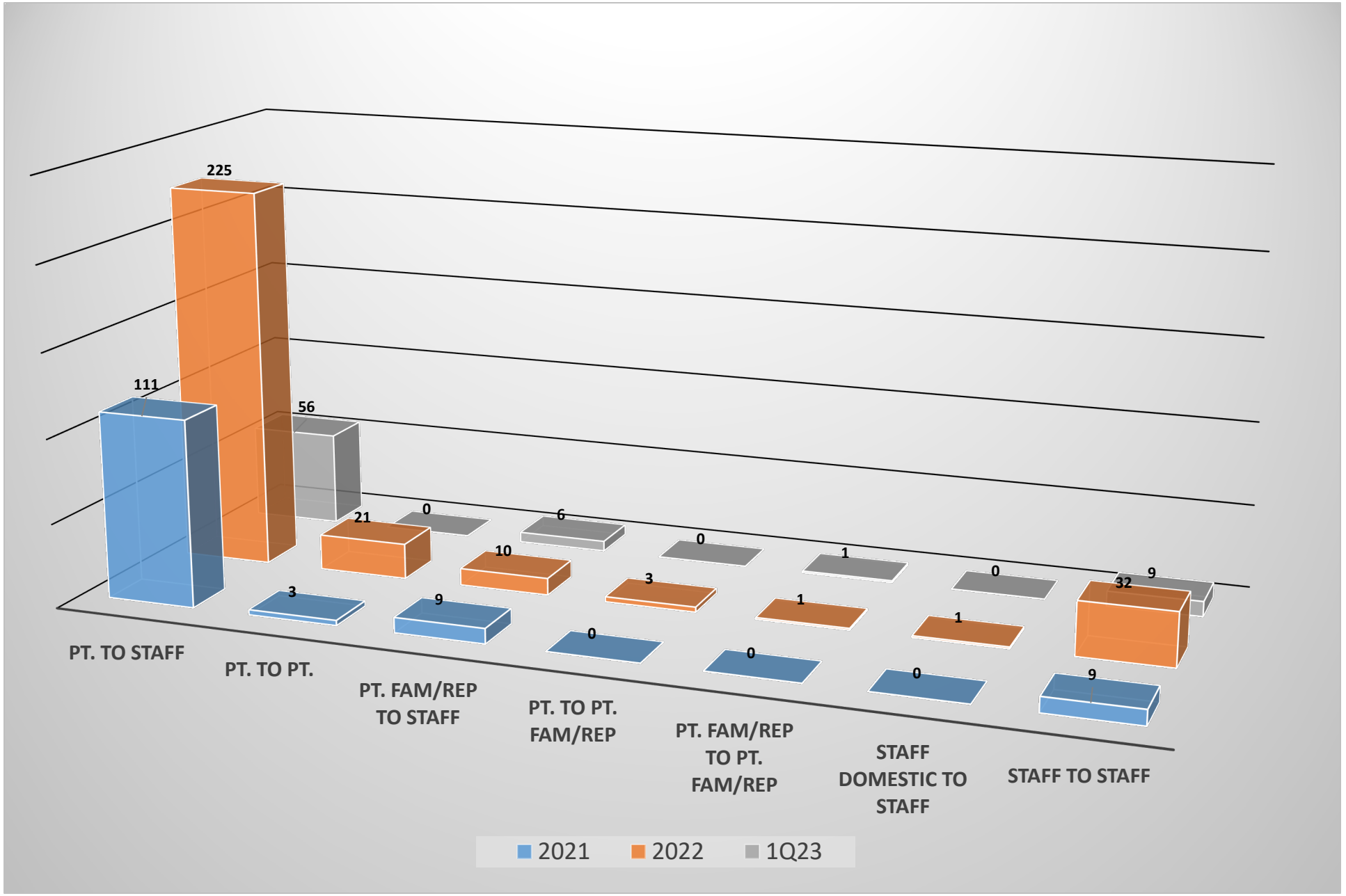
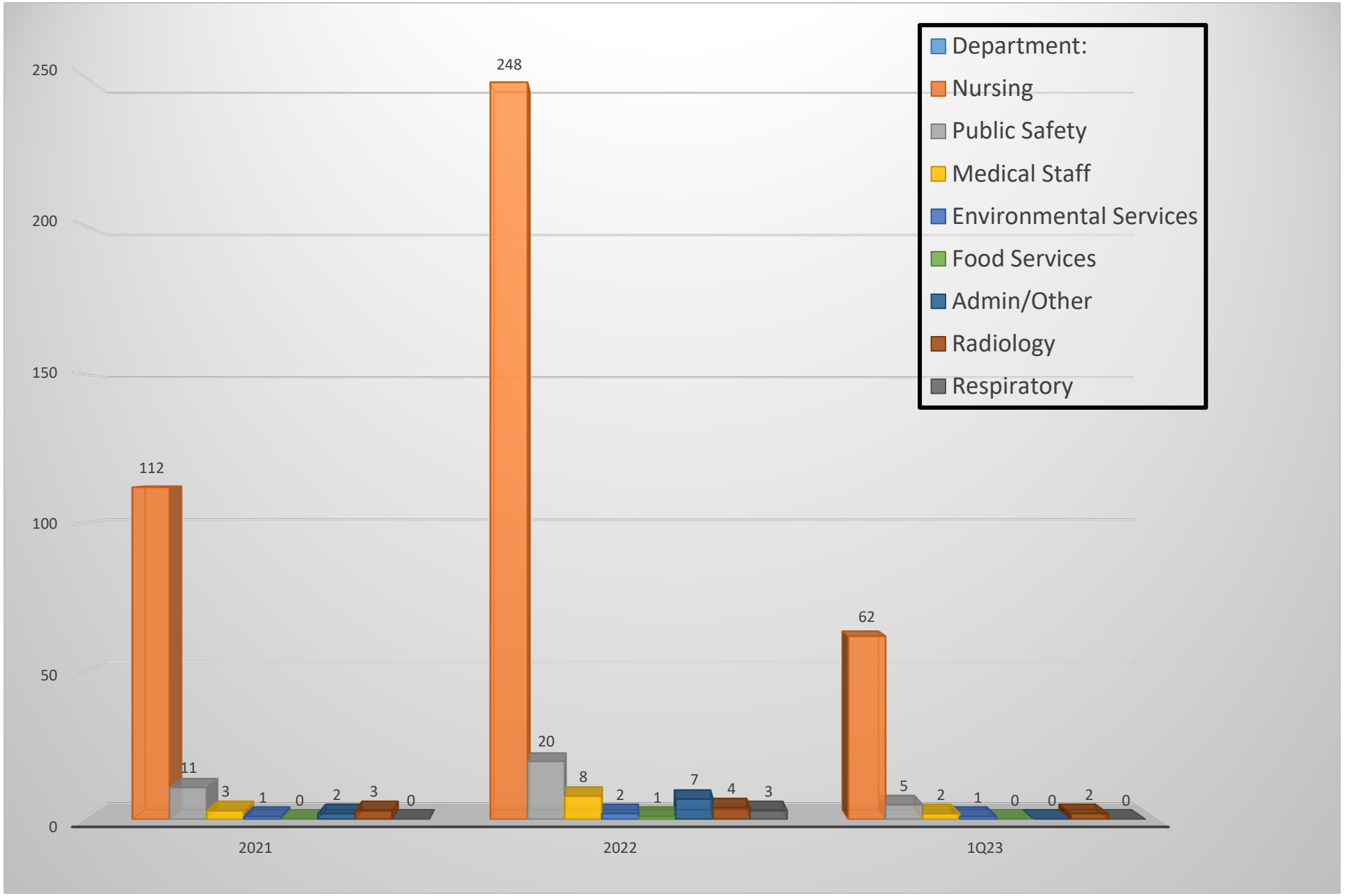
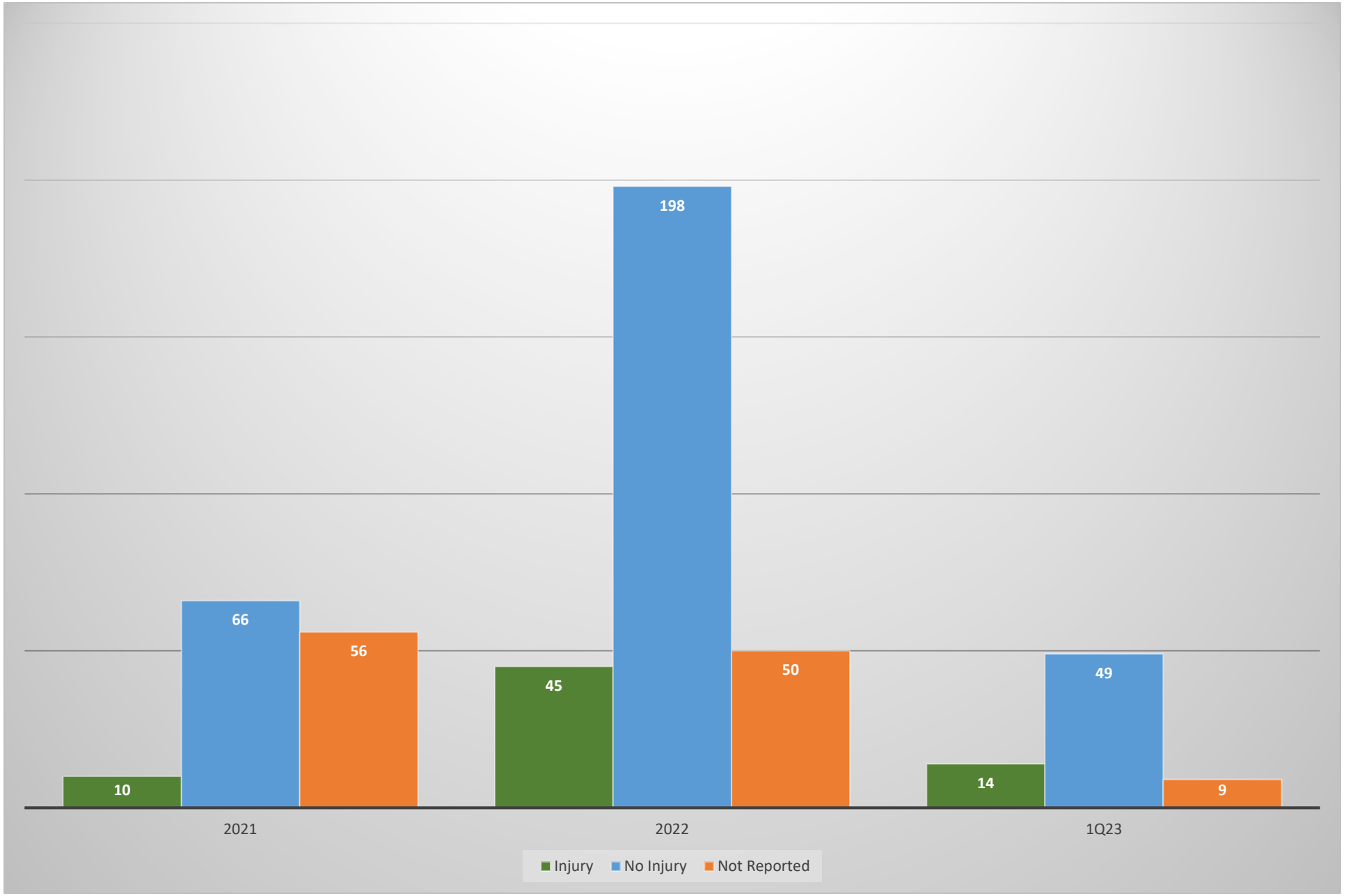
1Q21
2Q21
3Q21
4Q21
1Q22
2Q22
3Q22
4Q22
1Q23


225
111
56
21
0
6
10
3
0
1
0
9
3
9
0
1
0
1
32
0
9
PT. TO STAFF
PT. TO PT.
PT. FAM/REP TO STAFF
PT. TO PT. FAM/REP
PT. FAM/REP TO PT. FAM/REP
STAFF DOMESTIC TO STAFF
STAFF TO STAFF
2021
2022
1Q23


Department:
Nursing
Public Safety
Medical Staff
Environmental Services
Food Services
Admin/Other
Radiology
Respiratory
250
200
150
100
50
0
112
11
3
1
0
2
3
0
248
20
8
2
1
7
4
3
62
5
2
1
0
0
2
0
2021
2022
1Q23


198
66
56
50
49
45
10
14
9
2021
2022
1Q23
Injury
No Injury
Not Reported

Program, Policy/Procedures, Education:

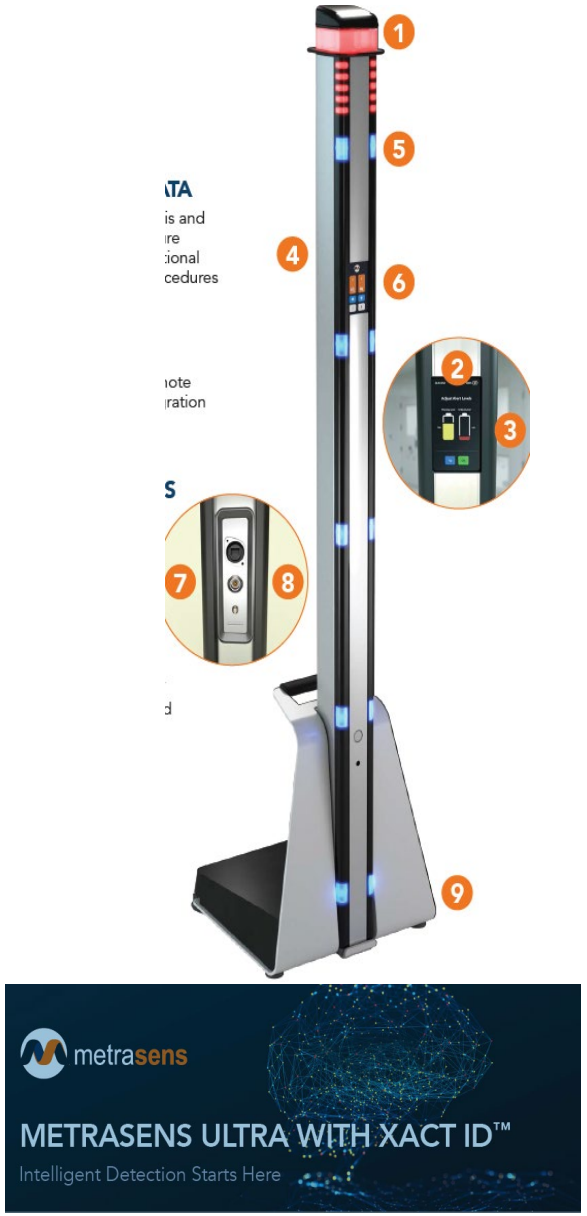
- WPV policy and procedures updated.
- Prohibition of weapons policy updated.
- Improved officer property and person searches for behavioral health patient check in.
- WPV annual mandatory education provided to all employees.

Addition of Human Resources:

- Additional officers staffed at EMS arrival location and ED/MSC to check in and monitor high risk patients.
- Added armed officers (total of 14).

Equipment:

- Additional cameras added in ED/MSC and hallways.
- Updated 2 South cameras to ensure safety and coverage for behavioral health patients.
- Purchased metal detectors with training scheduled for 1/25/23 – 1/31/23. Upon training completion metal detectors to be deployed in the adult and pediatric ED.



Patient Safety

Reported through 1st Quarter, 2023

- 9 events reported
- All cases reported within required State timeframes
- RCA with actions taken on all cases
- Monitoring for sustainment through Hospital Quality/Safety Committee

Event	2022	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	Comments
Fall with Injury	4	1				1	Adult ED
Pressure Injury - 3/4/Unstage	37	7				7	CCU/CVCU-2; MICU-2; TICU-1; 4S-1; 1400-1
Retained Foreign Object	1					0	
Oxygen Disconnect on Vent	0					0	
Medication Error	0					0	
Assault	1					0	
Homicide	1					0	
Device Failure	1					0	
Burn	1	1				1	OR
TOTAL	**46**	9				**9**	

DISCUSSION / QUESTIONS?

Patricia Scott, MSNA, BSN, RN, RHIA, CPHQ, CCDS, CPHRM, CLSSBB
Quality, Patient Safety, & Regulatory Officer
Patricia.Scott@umcsn.com
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702-303-3921 (Cell)

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue: **FY23 Organizational Performance Goals**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an update on FY23 Performance Goals.

Cleared for Agenda
June 5, 2023

Agenda Item #
8

FY23 Organizational Performance Goals

Quality Performance Objective

FY23 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement from prior year (CY21 / CY22) to meet/exceed state and/or national averages; HAI below national SIR of 1.0

Measure	1Q21-4Q21	1Q22-4Q22	Benchmark	Prior Year and Benchmark Met
PSI-90: Patient Safety & Adverse Events Composite ↓	0.984	0.931	1	+ +
HAI-1: Central Line Bloodstream Infections (CLABSI) ↓	1.181	1.060	1	+ −
HAI-2: Catheter Urinary Tract Infections (CAUTI) ↓	0.787	1.134	1	− −
Pressure injuries (stage 3/4/unstageable) reported to State Registry (reported as defined by NV State / AHRQ) ↓	28 (0.137)*	37 (0.162)*	N/A	− ⊘
Overall Mortality (ratio between observed/expected, also reflecting clinical documentation improvements) O/E = 1 ↓	1.32	1.14	1	+ −

↓ Lower is better. + Goal Met − Goal Not Met ⊘ No Published Benchmark

Data Source: PSI-90 and Overall Mortality – Vizient Clinical Database; HAIs - NHSN; Pressure Injuries – State Registry. PSI-90 using AHRQ Version 2022.
National benchmarks from most recent July 2023 CMS Hospital Compare Preview Report.
CMS National and State Benchmark will exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes. Pressure injuries: * = Rate / 100

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.

Quality Performance Objective

FY23 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement from prior year (CY21 / CY22) in the following Outpatient measures: state and/or national averages;

Measure	1Q21-4Q21	1Q22-4Q22	Benchmark	Prior Year/Benchmark Met
Breast cancer screening ↑	1%	7.7%	CMS State / National Median 53.8% / 54.7%	+ − −
For telemedicine services, ≥ 90% of patient's returning surveys will rate the service in the 4 & 5 Star Rating Category ↑	--	99%	Survey Return 4 & 5 Star Rating ≥ 90%	⊘ + ⊘

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

Data Source: Breast Cancer Screening – Epic Ambulatory Care Measure Care Dashboard. Benchmark from CMS State Health System Performance. Telemedicine Services - UMC Epic Amwell Dashboard. Program operational in 2021.

Quality Performance Objective

FY23 Clinical Quality & Professional Affairs Committee

Create and implement a plan to improve CY21/ CY22; track UMC ratings against local area hospitals within the following experience measures

Measure	1Q21-4Q21	1Q22-4Q22	*CMS State	*CMS National	Prior Year/Benchmark Met
*Communication with Nurses: Hospital IP ↑	71.5	69.9	74	79	➖ ➖ ➖
Listen/Courtesy from Nurses/Assist: PC ↑	89.3	90.8			➕ ⊘ ⊘
Listen/Courtesy from Nurses/Assist: QC ↑	65.4	67.5			➕ ⊘ ⊘
*Communication with Doctors: Hospital IP ↑	73	71.9	73	79	➖ ➖ ➖
Communication with Provider: PC ↑	86.3	88			➕ ⊘ ⊘
Listen/Courtesy from Care Provider: QC ↑	63	64.3			➕ ⊘ ⊘
Create and sustain a program to increase employee recognition (increase the total # of employees recognized year over year – CY21 / CY22) for delivering outstanding patient care. Development of the program will include inpatient and outpatient employees. ↑	Pending	Pending	N/A	N/A	

↑ Higher is better. ➕ Goal Met ➖ Goal Not Met ⊘ No Published Benchmark

Data Source: HCAHPS Measures - Press Ganey; Employee Recognition – Various UMC Recognition Programs.
*State and National benchmarks from most recent July 2023 CMS Hospital Compare Preview Report. CMS National and State Benchmark will exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

Quality Performance Objective

FY23 Clinical Quality & Professional Affairs Committee

Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY21/CY22) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites

Measure	1Q21 – 4Q21	1Q22 – 4Q22	UMC Goal Met
Google ↑	2.9 167	4.1 636	✚
Yelp ↑	3.3 147	3.7 222	✚

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

Date Source: UMC Experience Department, Yelp and Google websites. Average Star Score and Total Reviews during time period.

Quality Performance Objective

FY23 Clinical Quality & Professional Affairs Committee

Attain Successful Accreditation Through TJC

Measure	FY2023
Attain Successful Accreditation Through TJC	Pending

Goal Met Goal Not Met

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue: **UMC Policies and Procedures**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by Governing Board, the UMC Policies and Procedures Committee's activities of April 5 & May 3, 2023 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
June 5, 2023

Agenda Item #
9

Regulatory / Contract Evals Policies & Procedures

- Regulatory / Accreditation Surveys
- Contract Performance Evaluations

- Policy / Procedure Approval
  - Timeframe: April 5, 2023 & May 3, 2023
  - Total approved: 139
  - Total retired: 7
  - Approved through Hospital P/P, Quality, MEC

April 5, 2023 Hospital Policy / Procedure Committee
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.
Total of 36 Approved, 0 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Alcohol Screening and Brief Intervention	Revised	Approved as Submitted	Updated to reflect current practice. Vetted by Trauma Program Manager and ACNO.
Trauma Team - Full Activation Criteria	Revised	Approved as Submitted	Policy updated and transcribed to new format. Updated to identify required team members. Vetted by Trauma Program Manager and ACNO.
General Adult Hemodialysis Orders/Emergency Room Patients Flow	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by ACNO.
Adult Palliative Care Program	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by ACNO.
Hospital Patient Visitation	Revised	Approved as Submitted	Revisions – includes moving to 24 hour visitation, addition of 13 and 14 under procedure, adding the unit specific guidelines from previous documents. Vetted by Director of Patient Experience and ACNO.
Staffing Plans	Revised	Approved as Submitted	Placed on new P/P template. Scheduled review. Vetted by Staffing Council.
Family Member Presence During Procedures	Revised	Approved with Revisions	Format Update; references updated; updated references match current policy, no

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			changes required. Vetted by Pediatric Clinical Nurse Specialist and ACNO.
Medical Equipment Management Plan	Revised	Approved as Submitted	Updated 2023 Medical Equipment Management Plan. Vetted by Safety Program Manager, EOC Committee.
Utility Systems Management Plan	Revised	Approved as Submitted	Updated 2023 Utility Systems Management Plan. Vetted by Safety Program Manager, EOC Committee.
Safety Management Plan	Revised	Approved as Submitted	Updated 2023 Safety Management Plan. Vetted by Safety Program Manager, EOC Committee.
Hazardous Materials and Waste Management Plan	Revised	Approved as Submitted	Updated 2023 Hazardous Materials & Waste Management Plan. Vetted by Safety Program Manager, EOC Committee.
Emergency Preparedness Management Plan	Revised	Approved as Submitted	Updated 2023 Emergency Preparedness Management Plan. Vetted by Safety Program Manager, EOC Committee.
Fire Safety Management Plan	Revised	Approved as Submitted	Updated 2023 Fire Safety Management Plan. Vetted by Safety Program Manager, EOC Committee.
Histology Specimen Drop-off Instructions for After Hours	Revised	Approved as Submitted	Initial policy for histology specimen drop-off. Vetted by Laboratory Medical Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Prevention of Fire in an Oxygen-Enriched Atmosphere	Revised	Approved as Submitted	Removed Policy #15 and re-numbered 15-20. Added: Acknowledgment of the Fire Tetrahedron; Procedure; Use of Betadine skin preparation agent for Trauma & Emergency cases; Use devices and other surgical equipment safely; Encourage communication among members of your surgical team; Definitions and References. Vetted by Surgical Services/ OR Clinical Manager, Clinical Educator, Safety Program Manager.
Tissue Management	Revised	Approved as Submitted	Replaced Materials Management with Supply Chain Services, replaced Inventory Control Specialist with Surgical Services Inventory Control Specialist, replaced Engineering with Plant Ops. Under Procedures, Section A, 2, added OR Supply Chain Tech. Vetted by Surgical Services and Supply Chain.
Employees Use of UMC Guest Wireless Services	Revised	Approved as Submitted	Updated Revised Date; Added Administrative Approval Name and Title; Slight modifications in language to clarify intent. Vetted by IT department.
Password Management	Revised	Approved as Submitted	Deleted Related Policies; Deleted Regulatory Reference; Scope statement modified to be consistent; Modified password creation procedures;

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Added statement in password protection section regarding sharing of passwords; Added statement in password administration section regarding service account passwords. Vetted by IT department.
Appropriate Internet Use	Revised	Approved as Submitted	New policy template; modified content to clarify UMC's Internet connect not UMC's Internet. Vetted by IT department.
Environmental Services Department Quality Inspection	New	Approved as Submitted	New Quality Inspection protocol. Vetted by EVS and Infection Prevention.
Obstetrical (OB) Hemorrhage/Code Crimson	Revised	Approved as Submitted	Updated to reflect current practice. Updated Lippincott references and appendices. Vetted by Chairman – OB Committee, Director – Maternal/Child Division, Pharmacy, Blood Bank Supervisor, Public Safety/PBX and Trauma.
Virtual Reality Goggles	Revised	Approved with Revisions	Perinatal Educator reviewed current evidence and updated policy. Minor changes. Placed in updated format
Blood Borne Pathogen Exposure Control Plan (ECP)	Revised	Approved as Submitted	Added to new template, minimal changes. Vetted by Director of Infection Prevention, Infectious Disease Medical Director and CQPS.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Follow Up Phone Calls to ACS Patients	New	Approved as Submitted	New policy. Vetted by ACNO, Cardiology Chief.
Process Document for Meds to Beds Program	New	Approved as Submitted	New policy. Vetted by ACNO, Cardiology Chief.
Chest Pain Observation Patient Protocol	New	Approved with Revisions	New policy. Vetted by ACNO, Cardiology Chief and Dr. Ross Berkeley.
Modified Infant Bathing for Fractured Humerus or Shoulder Dystocia	New	Approved with Revisions	New policy. Vetted by Occupational Therapy, Chief of Neonatology.
Swaddled Bathing Guidelines	New	Approved with Revisions	New policy. Vetted by Occupational Therapy, Chief of Neonatology.
Identification and Notification of the Responsible Provider of Abnormal Pediatric Vital Signs	Revised	Approved with Revisions	Converted from paper policy established in 7/2008, Reviewed 05/2011; revised 2014. Updated references. Added tables for quick references. Updated Normal Vital Signs Table to include blood pressures.
Cannula Dressing Change Guideline	New	Approved as Submitted	New policy. Vetted by ECLS Education Director, Infection Control and Trauma Department.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Infant Feeding Plans	New	Approved with Revisions	New guideline. Vetted by NICU manager and NICU Clinical Director.
Pediatric Sedation Unit	Revised	Approved with Revisions	Placed policy onto new Policy Template Form. Included Appendices into the body of the policy. Updated to current practice. Vetted by Pediatric Department.
Controlled Substance: Non-ADC Storage (Control Box)	Revised	Approved as Submitted	Change policy title; changed process for accessing control box and created a process for tracking expiration dates. Vetted by Pharmacy and ACNO.
Specialty Response Carts (Main OR, Trauma OR, and Perinatal)	Revised	Approved as Submitted	Updated processes and removed extraneous language. Changed L&D to Perinatal Unit. Vetted by Perinatal and Pharmacy Department.
Termination of Primary Care Relationship	Revised	Approved as Submitted	Added actual process of keeping termination letter in administration and flag the chart for acknowledgment. Change to new format, added references. Vetted by Director of Primary Care.
Processing and Transfer of Quick Care Patients to a Higher Level of Service	Revised	Approved with Revisions	Updated forms, references and EMTALA language. Vetted by Ambulatory and Director of Primary Care.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Chemotherapy/Biotherapy RN Certification/Recertification Process in Oncology and RN Training/Competency Process for Chemotherapy/ Biotherapy in the Non-Oncology Setting	Revised	Approved with Revisions	Updated policy title, training, competency and certification requirements. Updated definitions and references. Added spill management and eyewash station under training in the non-oncology setting, removed vaccines under definitions.

May 3, 2023 Hospital Policy / Procedure Committee
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.
Total of 103 Approved, 7 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Against Medical Advice (AMA): Patients Leaving Against Medical Advice	Revised	Approved as Submitted	Added language related to "licensed practitioner" including definition in the context of this policy/procedure to include APRN and PA. Clarified "hospital" to "UMC organization" for applications to the ambulatory care settings.
Fresenius - Hemodialysis Policies for Contracted Services - Memo	Revised	Approved as Submitted	Updated 2023 Fresenius contract memo.
Trauma Team – Intermediate Activation Criteria	Revised	Approved as Submitted	Updated with required activation team members. Vetted by Trauma Program Manager and ACNO.
Trauma Response Team – Respiratory Therapy	Revised	Approved as Submitted	References added. Amended – therapists respond to both Full and Intermediate Activations. Vetted by Trauma Program Manager and ACNO.
Contracted/Non-Employee Requirements	Revised	Approved as Submitted	Various changes as a result of our new contractor process, including updates to TB testing.
Structured Return to Work and Worker's Compensation	Revised	Approved as Submitted	Various changes to the existing policy. Combine HR Policy #14 and HR Procedure #10. Vetted by Chief HR Officer.
Respiratory – Reporting Adverse Situations	Revised	Approved as Submitted	Updated to new template. Updated language to Biomed from Clinical Engineering. Vetted by Biomed leadership.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Respiratory - Documentation of Therapy	Revised	Approved as Submitted	Updated to current template. Removed reference to specific policy number from old format. Vetted by Respiratory Services Director.
Respiratory Lab – Corrective Action for Failed Proficiency Testing	Revised	Approved as Submitted	Updated to include language about new CAP reporting form and update reference to the reporting form. Vetted by Respiratory.
Immunization Assessment and Management of the Underimmunized Patient	New	Approved as Submitted	Development of New Policy. Vetted by PED Nursing Director, PED Medical Director, Pediatric Department, Pharmacy, Infection Control and Trauma Reverification Team.
Pediatric Extremity	New	Approved with Revisions	Adapted Dr. Trautwein and Dr. Obert recommended policy to UMC Policy Template. Added references. Vetted by PED Nursing Director, PED Medical Director and Pediatric Department.
Pediatric Testicular Pain	New	Approved with Revisions	Adapted Dr. Trautwein and Dr. Obert recommended policy to UMC Policy Template. Added references. Vetted by PED Nursing Director, PED Medical Director and Pediatric Department.
Pediatric Wheezing	New	Approved with Revisions	Adapted Dr. Trautwein and Dr. Obert recommended policy to UMC Policy Template. Added references. Vetted by PED Nursing Director, PED Medical Director, Pediatric Department, Respiratory and Pharmacy.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Pediatric Vomiting	New	Approved with Revisions	Adapted Dr. Trautwein and Dr. Obert recommended policy to UMC Policy Template. Added references. Vetted by PED Nursing Director, PED Medical Director, Pediatric Department and Pharmacy.
Pediatric Stridor	New	Approved with Revisions	Adapted Dr. Trautwein and Dr. Obert recommended policy to UMC Policy Template. Added references. Vetted by PED Nursing Director, PED Medical Director, Pediatric Department, Pharmacy and Respiratory.
Abdominal Pain/Intrauterine Bleeding in Females After the Age of Menarche	Revised	Approved as Submitted	Placed on new template. Policy Name updated; updated purpose language to match current practice; added related procedures. Vetted by PED Nursing Director, PED Medical Director and Pediatric Department.
Patient Presenting with Complaint of Dysuria, Patients 3 Years and Older	Revised	Approved as Submitted	Placed on new template. Policy Name updated; updated purpose language to match current practice; added related procedures. Vetted by PED Nursing Director, PED Medical Director and Pediatric Department.
Critical Care & Transport Team Education and Training	New	Approved as Submitted	New Guideline. Vetted by Pediatric Department.
Scope of Practice for the Neonatal & Pediatric Critical Care Transport Team	New	Approved as Submitted	New Policy. Vetted by Pediatric Department.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Scope of Practice for the Child Life Specialist	New	Approved as Submitted	New Policy. Vetted by Pediatric Department.
Pediatric Anticoagulation Reversal Guideline	New	Approved as Submitted	Creation of new policy required by the ACS. Vetted by Pediatric Department.
Donor Human Milk	Revised	Approved as Submitted	Updated procedure and references. Added Lippincott reference site. Updated temperatures to match our temperature logs. Vetted by NICU Clinical Manager, Dietitian and NICU Medical Director.
Glucose Gel in the Newborn	Revised	Approved as Submitted	Verified doses. No other changes. Vetted by Duane Wagner (NICU Pharmacist), charge nurses, Dr. Banfro.
Newborn Blood Spot Screening	Revised	Approved as Submitted	Review of references. Placed in new format. Minimal changes. Vetted by Pediatric Department.
Methemoglobinemia Guideline	New	Approved with Revisions	New guideline. Vetted by Burn and Pharmacy.
Burn Care Unit, Criteria for Admission, Triage, And Discharge Guideline	Revised	Approved as Submitted	Added I. f. verbiage to include the use of protective precautions for large burns. Approved by Dr. Saquib Burn Medical Director, Cathy Downey, BCT Manager, Ryan Moar, BCU Manager, Diane Knapp, Critical Care Director, Yasmin

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Conaway, Burn Program Manager.
Standards for Registration Accuracy Procedure	Revised	Approved as Submitted	Added new fields for account registrations to be more specific and mirror Epic registration. Remove specific accounts to review (1800 and 800) to review all the accounts. Vetted by Assistant Director of Patient Access Services, Ambulatory Care.
Cardiac Exercise Stress Test – Ambulatory Care	Revised	Approved as Submitted	Change RN performing exercise test to Competent clinical staff. Change "physician" to provider. Vetted by Ambulatory Director, PAS Assistant Director and Urgent Care Medical Director.
Call Center Guidelines in Ambulatory Care	Revised	Approved as Submitted	Added Emergent Symptom and SI Protocol. Vetted by Ambulatory Director and PAS Assistant Director.
Telephone Etiquette	Revised	Approved as Submitted	Edited/Added appropriate supervisor. Vetted by PAS Assistant Director and Director of Ambulatory Services.
Clinic Cancellation Notification Policy	Revised	Approved as Submitted	Edited Procedure, removed PAR/Cal slips and replaced with Smartforce. Vetted by PAS Assistant Director/Ambulatory Care.
Visitors Accompanying Patients in Exam Rooms	Revised	Approved as Submitted	Reviewed, transferred to new template. Vetted by Ambulatory Care.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Chest Pain Program	Revised	Approved as Submitted	Updated "Cardiac Activation" to Code STEMI. Minor grammatical errors. Vetted by ACNO and Cardiology Chief.
Code STEMI	Revised	Approved with Revisions	Added in-patient process for Code STEMI. Change "Cardiac Activation" to Code STEMI. Vetted by Cardiology Chief, ACNO and Director of Cardiology.
Post-Op Care of the Adult ICU Status Patient Outside of PACU	Revised	Approved as Submitted	Placed on new template. Added inclusion and exclusion for units and Adults. Added chart A with definitions and special considerations regarding unstable criteria, ASPAN Phase 1 recovery, various other key points. Added RT and director to collaboration and communication chain of command/escalation process. Added Phase 1 RN to recovery in ICU unit and additional equipment or resources needed. Added references. Vetted by Director of Critical Care Services, Director of Peri-Operative Services, and Critical Care Committee.
Adult Code Blue Emergency Response	Revised	Approved as Submitted	Scheduled review, updated to new template. No changes. Vetted by ACNO.
Food, Drug, and Herbal Interactions	Revised	Approved as Submitted	Moved to new template. Fixed formatting. Removed language about discharge medication counseling by pharmacy since it doesn't fit with the policy purpose. Vetted by Dietary and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Patient's Personal Medications – Storage and Use	Revised	Approved as Submitted	Moved to new template, removed extraneous language, removed appendix which restated process, clarified bag should be sealed prior to delivery to pharmacy, removed requirement for counting of controlled substances as long as they are placed in sealed bag when obtained from patient, removed requirement of mailing post-card notification. Vetted by Pharmacy and ACNO.
CRRT Initiation and Connection to ECLS Circuit in ECMO Patients	New	Approved with Revisions	New policy. Vetted by Diane Knapp, Stephen Ingerson and Melissa Grayson.
Official Use of Vehicle	Revised	Approved as Submitted	Overall review. Carryover of policy, version 2015, new template applied. Included reference Clark County Administrative Guideline #6, County Vehicles. Vetted by Public Safety, Engineering, and Risk Management.
Parking Policy	Revised	Approved as Submitted	Carryover of previous policy, applied new template. Minor verbiage revision under policy, "UMC main campus roadways". Vetted by Public Safety.
No Co-Signature Required Approval List	Revised	Approved as Submitted	Placed on new template. Updated Laboratory Tests. Vetted by ACNO.
Occupational Safety and Health (OSH) Policy	Revised	Approved as Submitted	Updated to include workplace injury/illness and workplace violence reporting requirements. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Diet Manual 2023 Updates	Revised	Approved as Submitted	Updated 2023 Nutrition Care Manual Across the Continuum of Care. Vetted by Dietary.
RD (Registered Dietitian) Auth	Revised	Approved as Submitted	Annual Review, no changes. Vetted by Dietary.
Pediatric Diet Manual	New	Approved as Submitted	Updated 2023 Pediatric Nutrition Care Manual Academy of Food and Nutrition. Vetted by Pediatric Department.
Forms & Documents Development and Maintenance	Revised	Approved as Submitted	Revised name of policy to include management and maintenance of other organizational documents, aside from just forms. Clarified/simplified language to delineate forms and documents processes. Added a "Definitions" section and new subsections for "Translations," "Review Cycle and Retirement," and "Emergency Approvals." Updated document to reflect committee name change. Vetted by HIM Director.
Testing of Fire Safety Equipment and Building Features	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Design and Installation of Utility Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Design Building Systems and Risk Assessment	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Utility Systems Written Inventory	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Utility Systems Risk Criteria, Inspection, and Maintenance	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Frequencies For Testing New Equipment	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Criteria for Alternative Operations of Utility Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Inspecting, Testing and Maintenance in an AEM Program	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Labeling Controls for a Partial or Complete Emergency Shutdown	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Utility System Disruptions and Notification	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Loss of Utilities Electrical Power and Security System	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Elevators	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Medical Air System	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Medical Gas	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Natural Gas	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Pneumatic Tube System	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Potable Water Supply	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities Steam Boiler	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Loss of Utilities Waste Disposal System	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities- Communication Failure	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Loss of Utilities-HVAC Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Utility System Failures Clinical Intervention	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Utility System Disruption Response	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Appropriate Ventilation and Air Relationships	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Appropriate Ventilation and Pressurization Rates in Non-Clinical Areas	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Mapping the Distribution of Utility Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Medical Gas Storage Rooms and Transportation	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Emergency Power System	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Operating Rooms Wet Location	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Electrical Distribution	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Hospital Grade Receptacles	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Relocatable Power Taps	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Extension Cords	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
General Anesthesia Areas	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Managing Biological Agents	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Emergency Electrical Power Source	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Major Repairs and Maintenance of Utility Components	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Inspection of Utility Components Before Initial Use	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Inspection, Testing, and Maintenance of High-Risk Utility Systems/Equipment	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Inspection, Testing, and Maintenance of Infection Control Utility Systems/Equipment for High-Risk Patients	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Inspection, Testing, and Maintenance of Non-Life Support Utility Systems/Equipment	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Line Isolation Monitors	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Meeting Requirements of NFPA 1999-2012	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Battery Powered Lights for Egress	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Uninterruptible Power Supply (UPS)	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Emergency Generator Testing	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Automatic Transfer Switches	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Generator Fuel Quality	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Emergency Generators- 4 Hour Testing	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Management of Medical Gas Storage	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Inspecting, Testing, and Maintaining Piped Medical Gas Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Bulk Oxygen	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Testing of Piped Medical Gas	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Identification and Accessibility of Shut Off Valves for Piped Medical Gas and Vacuum Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Hospital Meets all other NFPA 99-2012 Requirements Related to Gas and Vacuum Systems	Revised	Approved as Submitted	Updated to new template, scheduled review with no significant changes. Vetted by EOC Committee.
Burn Activation Guideline	Revised	Approved as Submitted	Added the following sections: Interfacility Transfers, Bedside Activations, Burn Patients Meeting Trauma Activation Criteria, Patients Not Meeting Burn or Trauma Activation Criteria, Team in Attendance to Burn Activation, and Procedure. Obtained from Trauma/Burn Team Activations and Transfers Policy to retire from trauma.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM

Issue: **Emerging Issues**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. (*For possible action)*

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
June 5, 2023

Agenda Item #
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