Clinical Quality and Professional Affairs Committee Meeting

Monday, April 4, 2022 3:00 pm

ProVidence Suite - Trauma Building 5th Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
April 4, 2022 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 February 7, 2022. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an update on HCAHPS, CCAHPS, and the ICARE4U programs from Jovi Remitio, Director of Medical Staff and Patient Experience; and direct staff accordingly. *(For possible action)*

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)*

6. Receive an update on workplace violence; and direct staff accordingly. *(For possible action)*

7. Approve the UMC Policies and Procedures Committee's activities of February 2 and March 2, 2022 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

8. Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly.

COMMENTS BY THE GENERAL PUBLIC

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

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

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

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 7, 2022 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 3:03 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Dr. Mackay – Chair
Renee Franklin
Jeff Ellis (via phone)
Laura Lopez-Hobbs
Barbara Fraser – Ex-Officio

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Tye Masters, Attorney
Frederick Lippmann, MD
Jovi Remitio, Director of Medical Staff Services and Patient Experience
Stephanie Ceccarelli, Board Secretary
Shadaba Asad, Medical Director Infectious Disease
Ron Roemer, Director of Clinical Trials Research

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 December 6, 2021. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update from Dr. Shadaba Asad, Medical Director, Infectious Disease, on Infection Control and COVID-19; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Dr. Shadaba Asad, Medical Director of Infectious Disease, provided an update on the current status of COVID-19 and infection control.

Statistics from the Department of Health and Human Services was shared with the Committee. A high level overview of daily cases, daily testing, test positivity rate, hospitalizations, as well as ICU and ventilator use and deaths in Clark County was provided. Trends show a comparison of the current vs. the suspected COVID hospitalizations. Despite the current surge in COVID, the daily death rate has remained stable.

Currently, 55.2% of the population of Clark County ages five and above are considered fully vaccinated if they have received 2 doses and at least 67% of the population ages 5 and above have received at least one dose of the COVID vaccine.

A breakdown of the current variants of the SARS CoV-2 was next shown. Since December 2021, the predominant variant of COVID is the Omicron variant. A report from the Nevada State Public Health Lab (NSPHL), shows the distribution of the different variants throughout the state. In Clark County, 100% of samples are positive for the Omicron variant. Statistics of sub-variants was next provided.

Dr. Asad next shared updates regarding the three types of vaccinations. Currently the Pfizer vaccine is FDA approved for individuals 16 years of age and above, and the Moderna vaccine is approved for individuals 18 years of age and above. Pfizer is the only approved pediatric vaccine.

A morbidity report was provided to show the impact of the vaccination status. Studies show that those who are unvaccinated have a higher incidence of hospitalization or death than those who have been vaccinated. The conversation continued regarding vaccine dosage, vaccination status and booster status.

Lastly, there was a discussion regarding treatments available for COVID-19, including Paxlovid, Remdesivir, anti-inflammatory drugs and monoclonal antibodies. Recommendations for isolation for the general public and work restrictions for healthcare providers was shown.

DRAFT

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update on Clinical Trials Research activities for CY2021 from Ron Roemer, Director of Clinical Trials Research; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Ron Roemer shared annual data from the Clinical Trials IRB office.

Mr. Roemer provided a breakdown of the IRB studies by department with UMC and UNLV by department. There were 263 active studies shown, broken down by facility, department and study type. The largest IRB group studies run by UMC were in oncology, orthopedic surgery, emergency medicine and pediatrics. UNLV's largest IRB study groups were in surgery and trauma, pulmonary critical care, pediatric surgery and internal medicine. Submissions received during the time period December 1 2020 through November 30, 2021 were shown. There were 47 new studies, 71 continuing reviews/ongoing studies, 101 amendments, 16 deviations/adverse events, and 20 study closures.

Next, was a review of the 26 active studies managed by the Clinical Trials Office which are sponsor supported. Of those active studies during the year, there were 753 patients total were screened and 215 enrolled. Cardiology is the largest study group.

FINAL ACTION TAKEN:
None

ITEM NO. 6 Receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Deb Fox, Chief Nursing Officer provided a brief update on the Pathways designation, the Magnet program, and the status of the I-Rounding tool.

UMC was accredited with Pathways designation in 2019. Currently, Pathways to Excellence re-designation documents have been submitted. UMC was one of the few hospitals that evolved a peer to peer mentoring program. UMC is expecting to receive Re-designation with Distinction. Designation runs from May 2020-May 2024. The Pathways Commission has published a new manual for the re-designation and there has been an expansion of standards. The expanded manual standards were listed.

DRAFT

To prepare for designation, a half-day leadership retreat is planned for February 24th to perform a leadership gap analysis. The actual gap analysis is scheduled for March 4th. Ms. Fox shared the timeline of the Pathways application submission process.

A Magnet gap analysis will be starting in the 4th quarter of 2022. The timeline of the application process was given. Due to the change in requirement for Magnet status for nurse leaders, document submission has been pushed to 2024.

Lastly, an update on the pilot patient rounding tool was also provided. The pilot program ends on February 28th and the go-live is anticipated for the second week of March. Patients are required to be rounded on daily by the nurse manager, and at least once during their stay. The conversation continued regarding the rounding audits and necessary action plans for improvement.

Member Fraser asked if the quality performance measures are factored in the nursing bonus standards. Ms. Fox stated that there is a quality goal that is standardized for their particular job.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*

DISCUSSION:

Ms. Scott provided an update on CLABSI the rate is 1.5, but the goal is to be below 1.0. Fifty percent of these patients are infected with COVID. CAUTI is on a decline. SSI are all showing under 1.0.

On patient safety, there were 7 reported events, all cases were reported within required state timeframes and RCA's with actions were taken on all cases. There has been a process change for wound care consults to make it more transparent. Physicians are notified in the chart that the consult was done and the recommendation. There was discussion regarding when pressure ulcers are reported upon admission.

Grievances for third quarter showed the majority were in ER services and Med Surge units, Quick and Primary cares. Overall, there were 55 grievances and 56 complaints. Four grievances were substantiated after investigation. Forty-eight of the grievances accounted for care team concerns. The percentages of grievances by description was shown. Ms. Scott highlighted this is 56 concerns out of over 55K encounters. She will provide a grievance rate moving forward, as well as the rate of substantiation.

In regulatory compliance, there was a recent blood bank survey; it was good and there were no deficiencies. The College of American Pathology is scheduled for May and the lab is preparing for this survey. UMC is in the window for the Joint Commission Stroke survey. The window closes in April.

DRAFT

An update on the CEO performance objectives was provided.

Chair Mackay asked if hand hygiene is still an issue and if there is continued monitoring. Ms. Scott stated that it is observational monitoring, but we are looking into an electronic system.

Regarding grievances, have there been staff complaints with the surliness of patients? Ms. Scott replied that there has been an increase in workplace violence. Workplace violence by area is being reported now to the Environment of Care Committee.

Dr. Lippmann added that it is not going unnoticed that the hand hygiene numbers are not great, right now we are sitting at 50%. We are working with the Patient Experience department to refresh and increase messaging in this area.

Ms. Franklin commented on the staff workplace violence and this would be very beneficial for the Committee could review this topic and determine the common denominator that is the key driver for this issue.

FINAL ACTION TAKEN:
None

ITEM NO. 8 Approve the UMC Policies and Procedures Committee's activities of December 1, 2021 including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

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

DISCUSSION:

Ms. Scott state that there were 48 approved and 7 retired policies and procedures.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of December 1, 2021, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

ITEM NO. 9 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly

Discussion for a future meeting to include a presentation on workplace violence.

COMMENTS BY THE GENERAL PUBLIC:

DRAFT

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 4:06 p.m., Chair Dr. Mackay adjourned the meeting.

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

DRAFT

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

Issue: **HCAHPS Scores**	**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 HCAHPS, CCAHPS, and the ICARE4U programs from Jovi Remitio, Director of Medical Staff and Patient Experience; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an update on HCAHPS, CCAHPS and ICARE4U.

Cleared for Agenda
April 4, 2022

Agenda Item #

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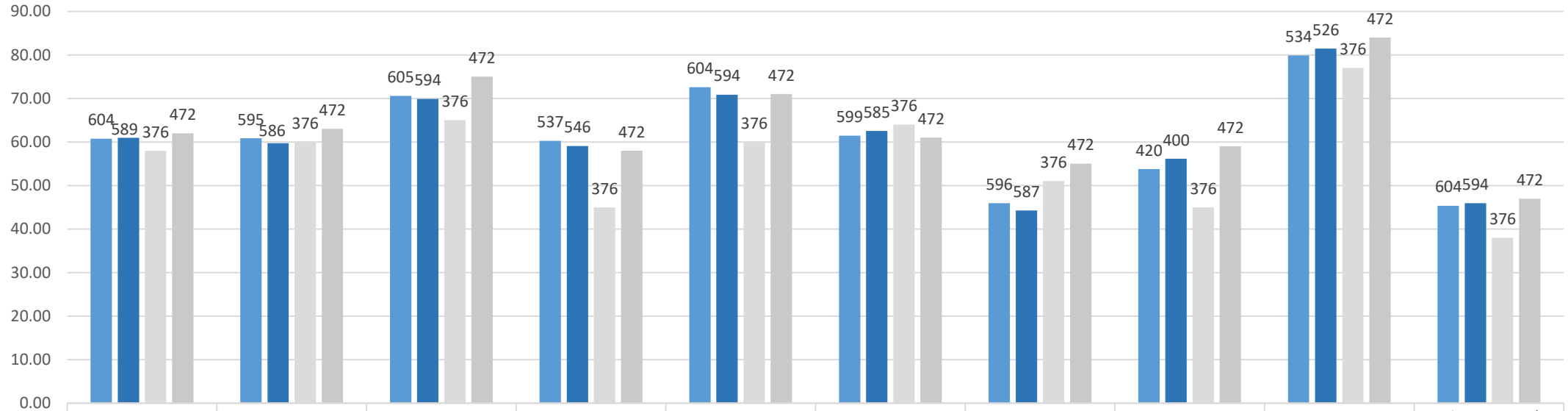
UMC HCAHPS Scores: Q3 2021-Q4 2021



	Rated the hospital 9 or 10	Would definitely recommend the hospital	Nurses always communicated well	Patients always received help as soon as they wanted	Doctors always communicated well	Patients' rooms and bathrooms were always clean	Areas around patients' rooms were always quiet at night	Staff always explained medications	Patients were always given instruction on their recovery/discharge	Patients strongly agree they understood their care upon discharge
INPT Q3 2021	60.76	60.84	70.61	60.26	72.60	61.44	45.97	53.76	79.89	45.35
INPT Q4 2021	60.95	59.73	69.90	59.08	70.87	62.56	44.29	56.14	81.43	45.95
Sunrise Hospital	58.00	60.00	65.00	45.00	60.00	64.00	51.00	45.00	77.00	38.00
Valley Hospital	62.00	63.00	75.00	58.00	71.00	61.00	55.00	59.00	84.00	47.00

Patient survey rating

University Medical Center ★★☆☆☆

Valley Hospital Medical Center ★★☆☆☆

Sunrise Hospital and Medical Center ★☆☆☆☆

Survey Response Rate

Q3 2021 – Sent 4939; Returned 614 (15.0%)

Q4 2021 – Sent 4628; Returned 612 (16.0%)

FACTORS THAT MAY HAVE AFFECTED SCORES:

- Rise in covid-19 cases
- Influx of patients – resulting to the opening of surge units
- Cancellation of elective surgeries
- Change in visiting hours

ONGOING ACTION PLAN:

- ICARE4U Refresh class
- Continue working with the multidisciplinary team to streamline discharge instruction/after visit summary(AVS)
- Continue daily patient rounding
- Grateful patient

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
April 4, 2022

Agenda Item #
5

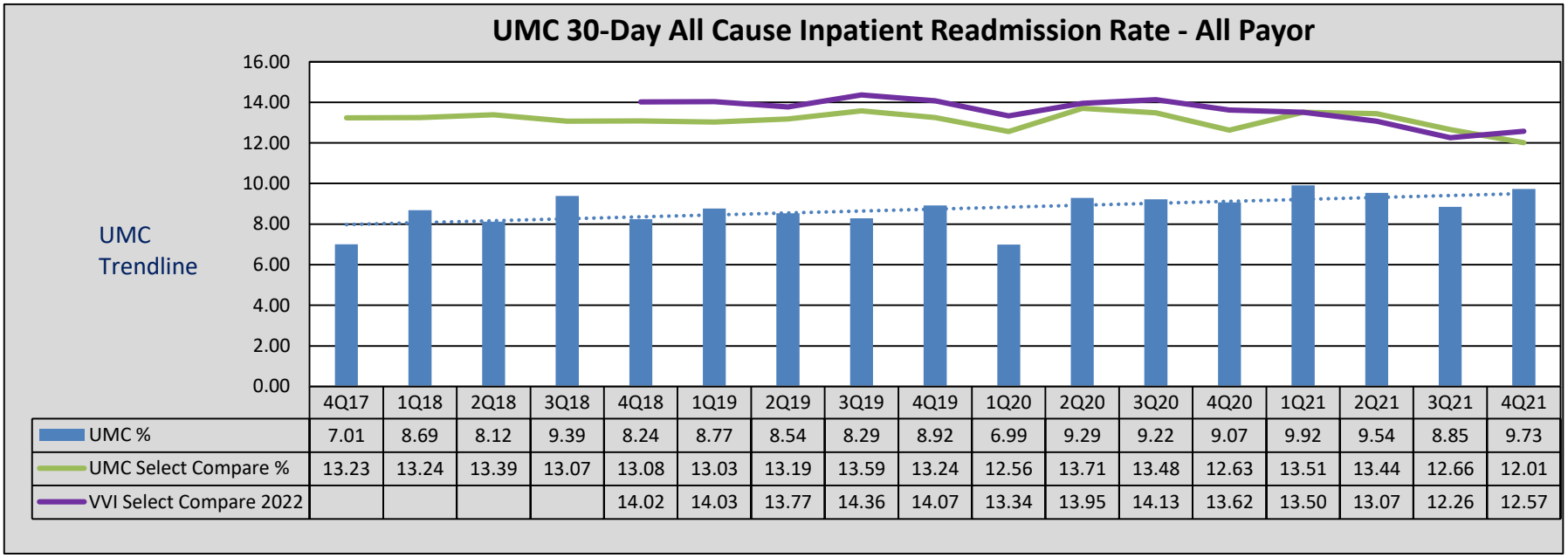
Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee

Clinical Quality & Professional Affairs

April 4, 2022

30 Day All Cause Readmission Rate

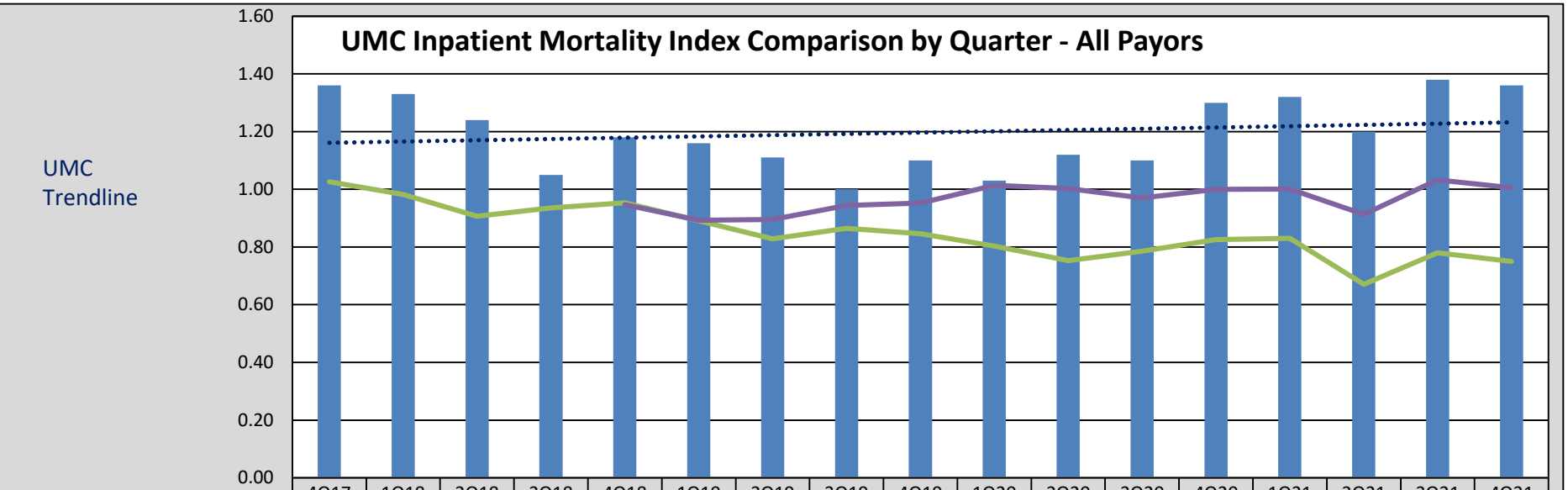


	4Q17	1Q18	2Q18	3Q18	4Q18	1Q19	2Q19	3Q19	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21	4Q21
UMC %	7.01	8.69	8.12	9.39	8.24	8.77	8.54	8.29	8.92	6.99	9.29	9.22	9.07	9.92	9.54	8.85	9.73
UMC Select Compare %	13.23	13.24	13.39	13.07	13.08	13.03	13.19	13.59	13.24	12.56	13.71	13.48	12.63	13.51	13.44	12.66	12.01
VVI Select Compare 2022					14.02	14.03	13.77	14.36	14.07	13.34	13.95	14.13	13.62	13.50	13.07	12.26	12.57

- Volume = 387/3978 vs 369/4168, previous quarter, for patients meeting CMS inclusion criteria. Increase observed.
- National CMS Compare (Medicare), UMC is “SAME”.

Data Source: Vizient
UMC Select Compare:
Cedars-Sinai Health System, LAC+USC Healthcare Network, UC Davis Medical Center, UC San Diego Health, UCSF Medical Center, Oregon/OHSU, University of Utah Hospitals
Vulnerable Index Compare (VVI): 4Q17-3Q18, no data available:
Emory Saint Joseph Atlanta, Emory University Hospital Atlanta, Harris Health System Houston, Maricopa Integrated Health System Phoenix, North Vista Hospital, Ochsner Med Center Kenner LA, Ochsner Med Center New Orleans, Parkland Health & Hospital System Dallas, Rush University Med Center, St. Joseph Med Center Huston, University Hospital Newark, University of Illinois Hospital & Health Sciences Chicago.

Inpatient Mortality Index

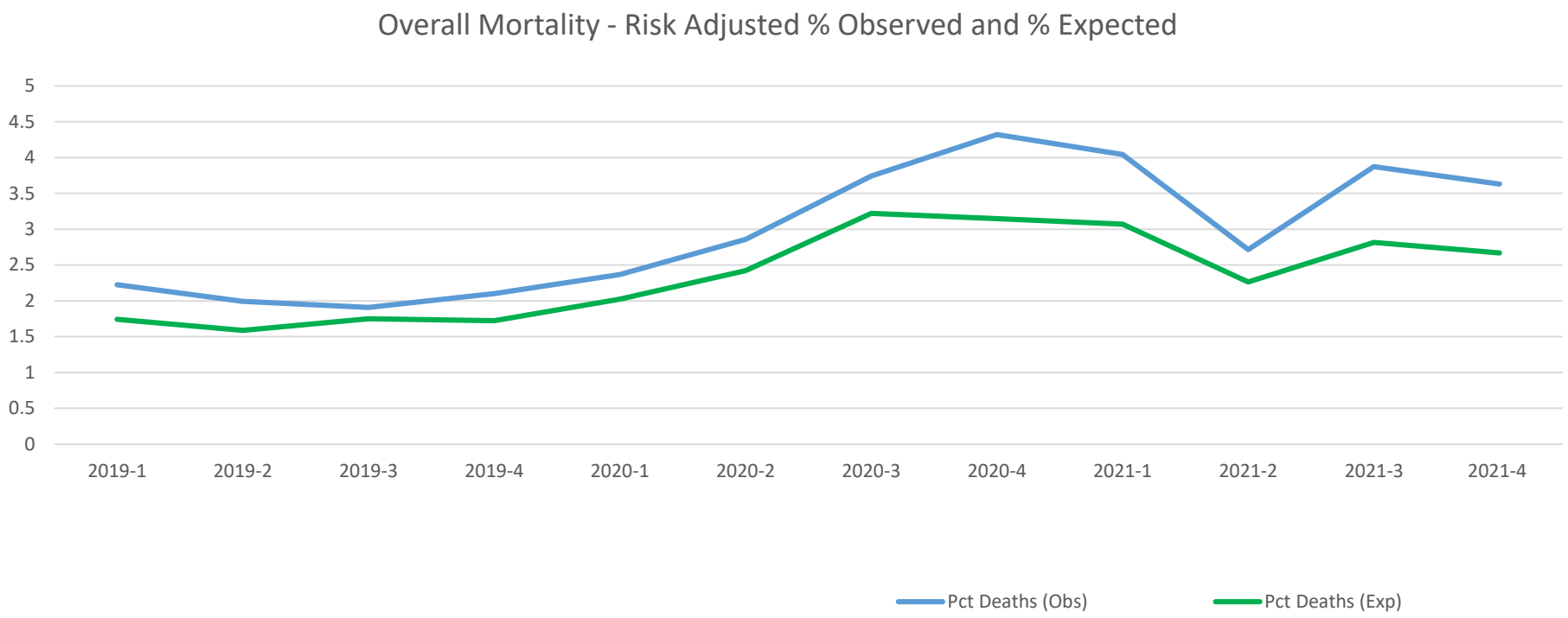


	4Q17	1Q18	2Q18	3Q18	4Q18	1Q19	2Q19	3Q19	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21	4Q21
UMC Index	1.36	1.33	1.24	1.05	1.18	1.16	1.11	1.00	1.10	1.03	1.12	1.10	1.30	1.32	1.20	1.38	1.36
UMC Select Compare Index	1.03	0.98	0.91	0.94	0.95	0.89	0.83	0.86	0.85	0.80	0.75	0.79	0.83	0.83	0.67	0.78	0.75
VVI Select Compare 2022					0.95	0.89	0.90	0.94	0.95	1.01	1.00	0.97	1.00	1.00	0.91	1.03	1.01

- 4Q21 Mortality Index decreased by 0.02, trending slightly upward.
- Overall deaths ***decreased*** , 203 from 221, in previous qtr., 64 of the 203 (32%) deaths were COIVD-19 positive.
- Overall Inpatient discharges increased, 5619 from 5706, in prior quarter. Of 5619 Inpatient cases, 475 (8%) were COVID-19 positive.
- Vizient Risk Adjusted %, deaths **observed** rate of 3.61% over an **expected** rate of 2.66%. All mortalities are reviewed by CQPS with goal to increase expected mortality by working to improve clinical documentation and coding of ROM / SOI; appropriate admission status.

Data Source: Vizient
UMC Select Compare:
Cedars-Sinai Health System, LAC+USC Healthcare Network, UC Davis Medical Center, UC San Diego Health, UCSF Medical Center, Oregon/OHSU, University of Utah Hospitals
Vulnerable Index Compare (VVI): 4Q17-3Q18, no data available:
Emory Saint Joseph Atlanta, Emory University Hospital Atlanta, Harris Health System Houston, Maricopa Integrated Health System Phoenix, North Vista Hospital, Ochsner Med Center Kenner LA, Ochsner Med Center New Orleans, Parkland Health & Hospital System Dallas, Rush University Med Center, St. Joseph Med Center Huston, University Hospital Newark, University of Illinois Hospital & Health Sciences Chicago.

Inpatient Mortality Risk Adjustment



- Overall deaths n = 203, with 5619 discharges. Of 203, 64 deaths were COIVD-19 positive (32%).
- Using Vizient 2021 Risk Adjusted Methodology.

CDI Case Example: WHY SOI / ROM Matters

68 y/o male with chest pain. ECG shows STEMI emergent cath s/p balloon angioplasty required CPR in cath lab. **PMH:** Hypertension, tobacco use. **Home Meds:** Albuterol, Singular, ProAir HFA, home O2 @ 3L. **VS:** B/P 161/59, H/H 7.5/22.7, Creatinine 1.49. **Hosp. Course:** B/P 82/43, HR 123, ↓urine output, drop H/H 6.5/20.1, Creatinine 2.3, PRBC, & IVF.

DOCUMENTATION

ACTUAL
Smoker
Hypertension
Low B/P
Hypoxia
Renal Insufficiency
O2 Dependent

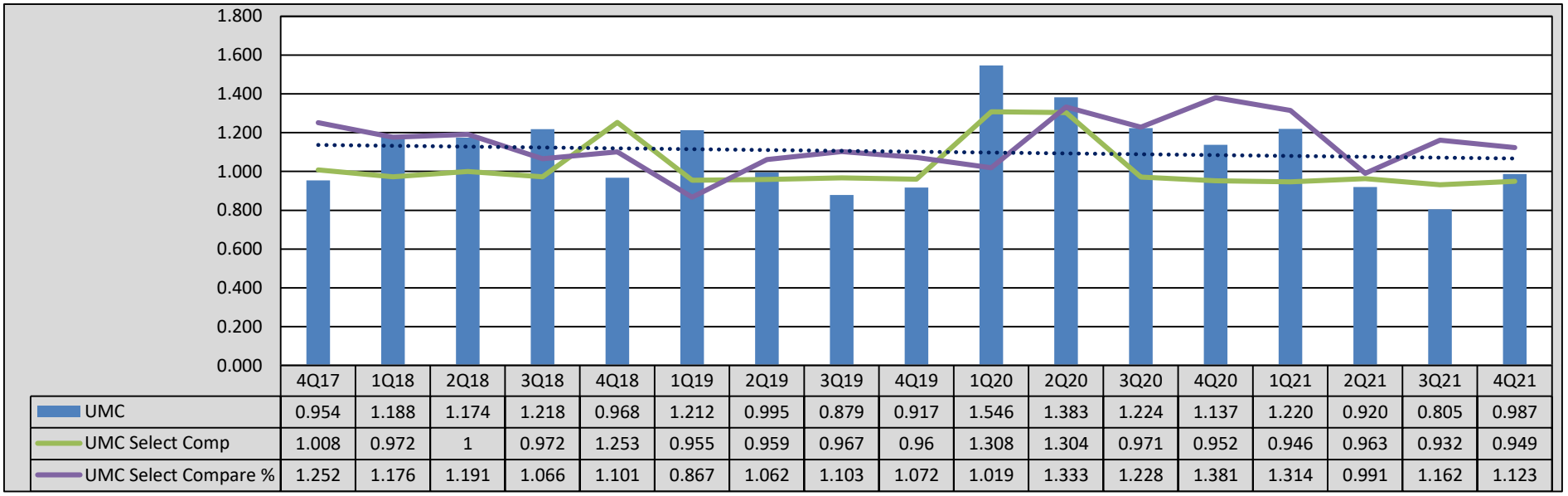
POTENTIAL IMPACT
Smoker/COPD
Chronic Respiratory Failure
Hypertension
Cardiorespiratory Arrest
Acute Kidney Injury
Acute Blood Loss Anemia
Cardiogenic Shock

LOS	LOS
Expected: 4.1 Days	Expected: 5.6 Days
Actual: 5 days	Actual: 5 days
SOI/ROM 2/2 (Moderate)	SOI/ROM 4/4 (Extreme)

Observed/Expected
Healthy patient stayed longer than expected

Observed/Expected
Sick patient able to leave sooner than expected

PSI-90 Composite Rate



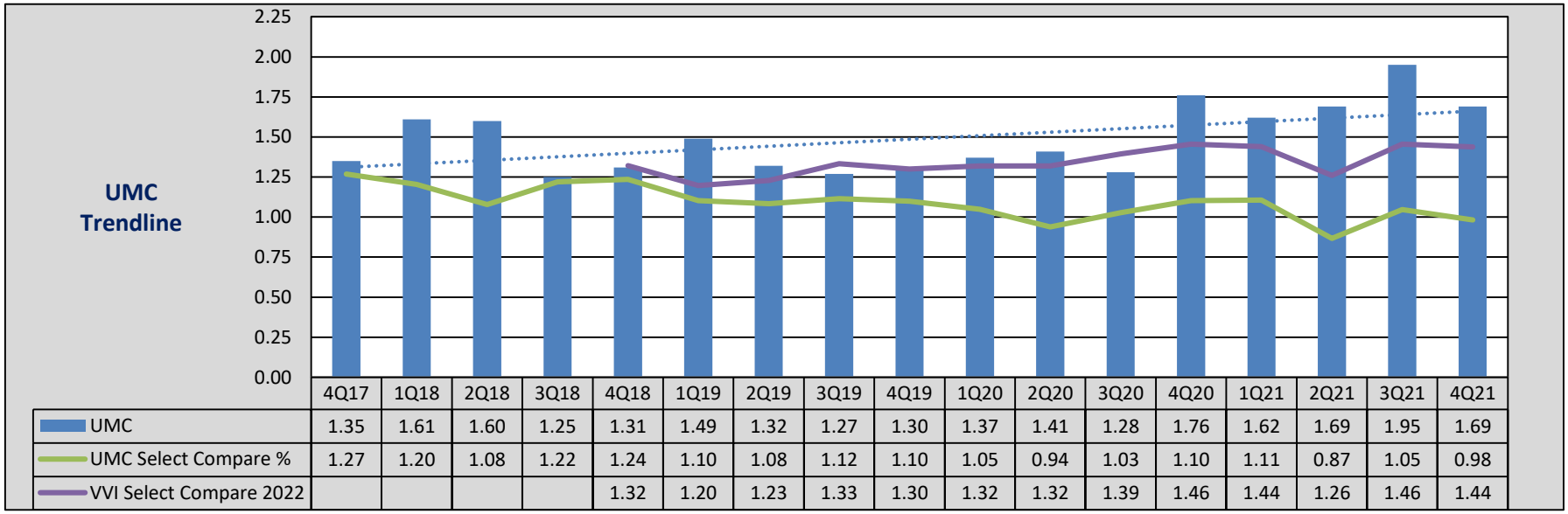
	4Q17	1Q18	2Q18	3Q18	4Q18	1Q19	2Q19	3Q19	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21	4Q21
UMC	0.954	1.188	1.174	1.218	0.968	1.212	0.995	0.879	0.917	1.546	1.383	1.224	1.137	1.220	0.920	0.805	0.987
UMC Select Comp	1.008	0.972	1	0.972	1.253	0.955	0.959	0.967	0.96	1.308	1.304	0.971	0.952	0.946	0.963	0.932	0.949
UMC Select Compare %	1.252	1.176	1.191	1.066	1.101	0.867	1.062	1.103	1.072	1.019	1.333	1.228	1.381	1.314	0.991	1.162	1.123

PSI-90 (Adult) Composite: PSI-90 is an average of O/E risk adjusted ratio for 10 PSI's:

1. PSI-3 Pressure Ulcers (2)
2. PSI-6 Iatrogenic Pneumothorax (1)
3. PSI-8 Fall with Hip Fracture (0)
4. PSI-9 Peri-op Hemorrhage or Hematoma (3)
5. PSI-10 Post-op Acute Kidney Injury Requiring Dialysis/Peri-op Physio-Metabolic Derangement (0)
6. PSI-11 Post-op Respiratory Failure (2)
7. PSI-12 Peri-Op PE/DVT (5) - **improving**
8. PSI-13 Post-Op Sepsis (3)
9. PSI-14 Post-Op Wound Dehiscence (0)
10. PSI-15 Unrecognized Abdominopelvic Accidental Puncture/Laceration (1)

Data Source: Vizient
UMC Select Compare:
Cedars-Sinai Health System, LAC+USC Healthcare Network, UC Davis Medical Center, UC San Diego Health, UCSF Medical Center, Oregon/OHSU, University of Utah Hospitals
Vulnerable Index Compare (VVI):
Emory Saint Joseph Atlanta, Emory University Hospital Atlanta, Harris Health System Houston, Maricopa Integrated Health System Phoenix, North Vista Hospital, Ochsner Med Center Kenner LA, Ochsner Med Center New Orleans, Parkland Health & Hospital System Dallas, Rush University Med Center, St. Joseph Med Center Huston, University Hospital Newark, University of Illinois Hospital & Health Sciences Chicago.

Sepsis Mortality Index



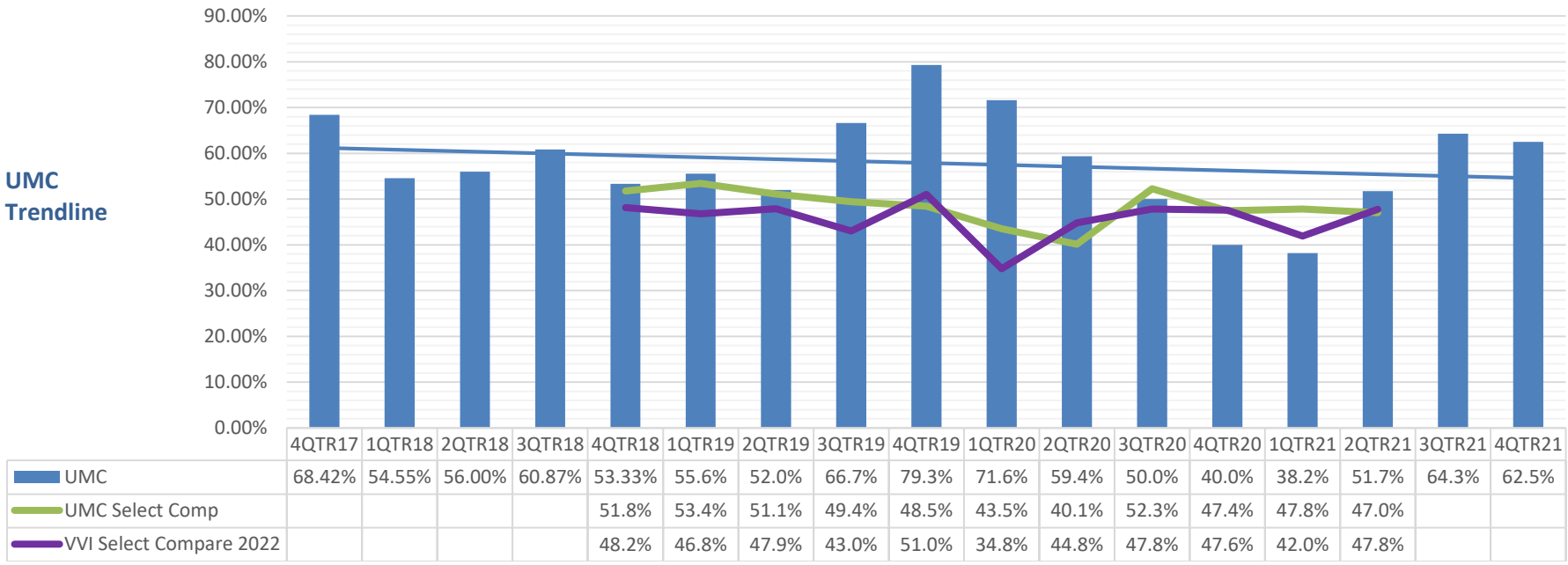
	4Q17	1Q18	2Q18	3Q18	4Q18	1Q19	2Q19	3Q19	4Q19	1Q20	2Q20	3Q20	4Q20	1Q21	2Q21	3Q21	4Q21
UMC	1.35	1.61	1.60	1.25	1.31	1.49	1.32	1.27	1.30	1.37	1.41	1.28	1.76	1.62	1.69	1.95	1.69
UMC Select Compare %	1.27	1.20	1.08	1.22	1.24	1.10	1.08	1.12	1.10	1.05	0.94	1.03	1.10	1.11	0.87	1.05	0.98
VVI Select Compare 2022					1.32	1.20	1.23	1.33	1.30	1.32	1.32	1.39	1.46	1.44	1.26	1.46	1.44

Sepsis Mortality				
	1Q21	2Q21	3Q21	4Q21
Cases	432	387	480	450
Deaths	95	74	115	94
% Deaths	21.99	19.12	23.96	20.89

Sepsis Mortality excluding COVID-19 (- LOS Outliers)				
	1Q21	2Q21	3Q21	4Q21
Cases	293 (286)	326 (317)	322 (312)	336 (323)
Deaths	45 (44)	60 (60)	59 (58)	50 (49)
% Deaths	15.36 (15.38)	18.40 (18.93)	18.32 (18.59)	14.88 (15.17)

- Sepsis deaths **decreased**, 94 from 115, 44 of 94 (47% Covid+) and a ***decrease*** in mortality index, 1.69 from 1.95.
- Inpatient discharges in 4Q21 decreased by 87 patients in prior quarter (5706 3Q21 vs 5619 4Q21) with Sepsis cases decreasing from 480 to 450.
- UMC risk adjusted % Sepsis deaths expected is 12.46 and our % deaths observed was 20.89.

Sepsis Bundle Compliance



	4QTR17	1QTR18	2QTR18	3QTR18	4QTR18	1QTR19	2QTR19	3QTR19	4QTR19	1QTR20	2QTR20	3QTR20	4QTR20	1QTR21	2QTR21	3QTR21	4QTR21
UMC	68.42%	54.55%	56.00%	60.87%	53.33%	55.6%	52.0%	66.7%	79.3%	71.6%	59.4%	50.0%	40.0%	38.2%	51.7%	64.3%	62.5%
UMC Select Comp					51.8%	53.4%	51.1%	49.4%	48.5%	43.5%	40.1%	52.3%	47.4%	47.8%	47.0%		
VVI Select Compare 2022					48.2%	46.8%	47.9%	43.0%	51.0%	34.8%	44.8%	47.8%	47.6%	42.0%	47.8%		

Opportunities Identified (15/24):

- Abx > 3hrs: 2/9 (both ICU)
- First Lactic acid > 3hrs: 3/9 (2-ED, 1-Inpatient)
- Blood Cultures after abx: 2/9 (1- TICU, 1- ICU)
- IV Fluid volume insufficient for shock: 2/10 (Both ED)

** 4/9 had more than one area of fallout, however the fallout is attributed to the first one encountered on the algorithm

- No fallouts related to Nursing (down from 3 in previous quarter)

Actions:

- Sepsis Education for RNs resumed in March with Critical Care New Grads
  - New Grad Med/Surg RNs- June, 2021
  - New Grad Critical Care RNs September, 2021
- RN New Hire orientation resumed August, 2021
- ED Resident presentation August, 2021
- COVID+ (suspected and confirmed) excluded from measure
- Order set re-vamp went live 3/22

CEO Performance Goals Update

FY22 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement from prior year (CY20 / CY21) to meet/exceed state and/or national averages; HAI below national SIR of 1.0

Measure	1Q20-4Q20	1Q21-4Q21	State*	National*	UMC /State/National Met
PSI-90: Patient Safety & Adverse Events Composite ↓	1.468	0.930	--	1.0	✚ ⊘ ✚
HAI-1: Central Line Bloodstream Infections (CLABSI) ↓	1.373	1.181	--	1.0	✚ ⊘ ✚
HAI-2: Catheter Urinary Tract Infections (CAUTI) ↓	1.359	0.787	--	1.0	✚ ⊘ ✚
HAI-3: SSI Colon Surgery ↓	1.962	0.797	--	1.0	✚ ⊘ ✚

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

Data Source: Vizient & NHSN CMS Datasheets; AHRQ Version 2021

*State and National benchmarks from most recent April 2022 CMS Hospital Compare Preview Report. No CMS State benchmark for PSI-90 or HAIs. CMS National and State Benchmark will exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

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

HCAHPS Performance: Create and Implement a Plan to Improve Year (CY20) Over Year (CY21) & Track UMC Ratings Against Local Area Hospitals

Measure	1Q20-4Q20	1Q21-4Q21	State*	National*	UMC /State/National Met
HCAHPS					
• Responsiveness of Staff ↑	58	60	63	67	✚ ▬ ▬
• Cleanliness of Hospital ↑	62	61	67	73	▬ ▬ ▬
• Quietness of Hospital ↑	49	47	57	63	▬ ▬ ▬
• Discharge Information ↑	82	82	82	86	✚ ✚ ▬
• Communication with Doctors ↑	74	73	75	81	▬ ▬ ▬

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

Data Source: Press Ganey

*State and National benchmarks from most recent April 2022 CMS Hospital Compare Preview Report. CMS National and State Benchmark excludes 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

Complete mandatory employee training on 90% of all employees on ICARE 4.0 by FY22

Measure	% Completed	UMC Goal Met
% Completed, Mandatory employee ICARE 4.0 training	TBD	

Goal Met Goal Not Met

Date Source: Experience Department; Learning Management System

FY22 Clinical Quality & Professional Affairs Committee

Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY20/CY21) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites

Measure ↑	1Q20-4Q20	1Q21-4Q21	UMC Goal Met
Yelp ↑	2.6 131	3.3 147	✚
Google ↑	2.7 191	2.9 167	✚

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

Date Source: Yelp & Google obtained through Experience Department

Regulatory Compliance

Contract Evals & Surveys

- Contract Evaluations: 104
- Accreditation/Regulatory Surveys – Stroke Certification Pending

DNV Accreditation – A Different Approach

Annual survey vs. once every 3 years

- ✓ Fostering continual improvement
- ✓ Thoroughness and accountability

→ Annual Surveys

Educational and collaborative approach

- ✓ Demeanor of the surveyors
- ✓ Building on a partnership

→ Collaborative Partnership

Integrating a quality management system structure

- ✓ Fits into our current system
- ✓ Gradual introduction
- ✓ Part of the strategic direction

→ Integrating Into Your Current System

Increase efficiency and more directed at internal operations

- ✓ Incorporates standards thinking into your polices and processes
- ✓ Focus on sequence and interaction

→ Increased Efficiency

Improve consistency & added accountability

- ✓ Stable standards, less prescriptive, change when necessary
- ✓ More closely aligned to the CoPs
- ✓ Simplify and engage staff in the process

→ Improved Consistency

Changing the Culture…….

- DNV is looking for compliance to the standards
- Surveyors are not coming to play "Gotcha"
- Survey findings are not necessarily a bad thing
  - Once issues have been identified they can be improved
- ISO Certification is about Sustainability, High Reliability, Customer/Patient Focus, and Continual Improvement
  - Not about PERFECTION
- Develop our systems in a way that works for the organization, staff, medical staff and patients
  - NOT about pleasing the surveyors
- Actions taken should impact our patients' care and experience in a positive way

Quick Compare – TJC vs DNV

COMPARE CRITERIA	TJC	DNV
Initially Deemed by CMs	1951	2008
Accredited US Hospitals	4,400	640+
Survey Frequency	Triennial	Annual
Changing Standards	Frequent	Minimal
ISO 9001 Certification	No	Yes

DISCUSSION / QUESTIONS ?

	A	B	C	D
1	**Vendor**	**Contract**	**Met Performance Standards? Yes / No**	**Date of Evaluation**
2	ACI Federal	20 CC Nurses and 11 Lab Techs on a Temporary 6 Month Term	Yes	1/11/2022
3	Advanced Neurodiagnostics & Sleep Center	Provide pediatric and neonatal critical care sleep diagnostic testing.	Yes	1/11/2022
4	Advanced Neurodiagnostics & Sleep Center	Provide pediatric and neonatal critical care sleep diagnostic testing.	Yes	1/12/2022
5	Alireza Farabi, MD	Agreement for Physician Professional Services for Infectious Disease Consultations and Infection Control Services: Alireza Farabi, MD	Yes	1/5/2022
6	Alireza Farabi, MD	Professional Services Agreement for Individual Physician Clinical Coverage - Infectious Disease and Infection Control	Yes	1/5/2022
7	American Medical Response and MedicWest	Swabbing at Off-Site Testing Locations	Yes	3/22/2022
8	American Sign Language Communication	Onsite American Sign Language Interpreters - Renewal	Yes	2/22/2022
9	Amy Urban, MD	Administrative Services Agreement - Medical Staff Credentials Committee Chair	Yes	1/6/2022
10	BlueTree Network, Inc	All call center work to BlueTree Service Center.	Yes	3/22/2022
11	BlueTree Network, Inc	Agreement for Rapid Patient Service Desk Activation	Yes	3/22/2022
12	BlueTree Network, Inc	Agreement for Rapid Patient Service Desk Activation	Yes	3/22/2022
13	BlueTree Network, Inc	Rapid Service Desk Activation II	Yes	3/22/2022
14	BlueTree Network, Inc	All call center work to BlueTree Service Center.	Yes	3/22/2022
15	Brett Brimhall, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
16	C. Edward Yee, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
17	C. Roofian, MD	Professional Services Agreement for Medical Directorship Services - Palliative Care	Yes	1/5/2022
18	Cardiovascular Surgery of Southern Nevada	Professional Services Agreement for Clinical Services - Cardiovascular and Thoracic Surgery	Yes	1/6/2022
19	CareDx, Inc.	Allosure Specimen Testing and Collection	Yes	3/18/2022
20	Children's Lung Specialists	Professional Services Agreement for Medical Directorship Services - Pediatric Pulmonology	Yes	1/5/2022
21	Children's Orthotics and Prosthetics LLC	On-Call Service for UMC for Prosthetics	Yes	1/11/2022
22	Children's Urology Associates	On-call Pediatric Urology Services	Yes	1/4/2022
23	Children's Urology Associates	Professional Services Agreement for Group Physician On-Call Coverage - Pediatric Urology	Yes	1/4/2022
24	Compass Group USA, Inc.	Clinical Nutrition Services RFP	Yes	1/5/2022
25	Cyracom International Inc	Interpretation Services to Include Phone-Video and Translation	Yes	2/22/2022
26	Daniel Orr II, DDS, MS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
27	Darrick Neibaur, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
28	Desert Radiology	Professional Services Agreement for Clinical Services - Radiology	Yes	1/5/2022
29	Duke Forage Anson Neurosurgical	Professional Services Agreement for Group Physician On-Call Coverage - Neurosurgery	Yes	1/6/2022
30	Emil Stein, MD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
31	Eric Swanson, MD, DMD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
32	Ethan Wonchon Lin, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
33	Frank Lee, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
34	Fresenius Dialysis	In hospital Dialysis (Amendment 1 6667)	Yes	1/14/2022
35	Fresenius Dialysis	In hospital Dialysis (Amendment 1 4627)		1/15/2022
36	Fresenius Kidney Care Nevada, LLC	In hospital dialysis treatments		1/16/2022
37	Gregory Hsu, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
38	Hand Surgery Specialists of Nevada (Young)	Professional Services Agreement for Group Physician On-Call Coverage - Hand Surgery	Yes	1/5/2022
39	Hanger Prosthetics & Orthotics, Inc	On- Call Service for UMC Prosthetics	Yes	1/11/2022
40	Interactivation Health Networks, LLC	Patient Education Channel Amendment (Amendments 5211 6185)	Yes	1/11/2022
41	Inter-Tribal Council of Nevada Women, Infants and Children	Nutrition Education and Services MOU	Yes	1/11/2022
42	iSchemaView, Inc.	Subscription Service for Stroke Notification to Doctors	Yes	1/5/2022
43	Jeff Moxley, DDS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
44	Jesse Falk, DMD	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
45	Kashi Clinical Laboratories, Inc.	Agreement for Lab Kidney Rejection	Yes	3/18/2022
46	Katherine Keeley, MD, DDS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
47	Kidney Specialists of Southern Nevada	Professional Services Agreement for Clinical Services - General Nephrology and Kidney Transplant	Yes	1/6/2022
48	Laboratory Corporation of America	Reference Laboratory Testing Services 2020	Yes	3/18/2022
49	Laboratory Corporation of America	Patient Specimen Collection Services - Centennial Hills (6724)	Yes	3/18/2022

	A	B	C	D
50	Laboratory Medicine Consultants dba LMC Pathology Services	24/7 emergency, on-call and consultative pathology services for UMC's inpatients, outpatients, emergency and trauma patients	Yes	3/18/2022
51	Las Vegas Pediatric Critical Care Associates	Agreement for Physician Medical Directorship and Physician Professional Services for Pediatric Critical Care Services: Meena Vohra, MD	Yes	1/6/2022
52	Las Vegas Urology	Professional Services Agreement for Group Physician On-Call Coverage - Adult Urology	Yes	1/6/2022
53	LMC Pathology Services	Agreement for Physician Medical Directorship and Physician Professional Services - Pathology	Yes	1/4/2022
54	Mark Glyman, MD, DDS, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
55	Mark Stradling, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
56	Med-Smart, Inc.	Medical Diagnostic Staffing - EEG and Echocardiography Services	Yes	1/11/2022
57	Michel Daccache, DDS, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
58	National Disaster Medical System	Medical Mass Casualty Emergency Response	Yes	1/5/2022
59	Nevada Heart and Vascular Center (Resh)	Agreement for Physician Medical Directorship of the Cardiology Department: William Resh, MD	Yes	1/5/2022
60	Nevada Heart and Vascular Center (Resh)	Professional Services Agreement for Clinical Services - Cardiology	Yes	1/5/2022
61	NSI Nursing Solutions	Recruitment services to employ full-time registered nurses	Yes	1/14/2022
62	OptumCare Anesthesia	Amended and Restated Professional Services Agreement for Clinical Services - Anesthesia	Yes	1/4/2022
63	OptumCare Cancer Care (previously Nevada Cancer Specialists)	Professional Services Agreement for On-Call Coverage - Hematology and Medical Oncology	Yes	1/4/2022
64	OptumCare Orthopaedics and Spine	Professional Services Agreement for Group Physician On-Call Coverage - RFP 2020-11 Orthopaedic Surgery and Orthopaedic Spine Surgery	Yes	1/4/2022
65	Oral and Maxillofacial Surgery Associates of Nevada	Professional Services Agreement for Group Physician On-Call Coverage - Oral and Maxillofacial Surgery	Yes	1/6/2022
66	Orthopedic Motion, Inc	Custom Fabrications and Devices, Prosthetics and Halo.	Yes	1/11/2022
67	Paul Casey, MD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
68	Pediatrix Medical Group of Nevada	Newborn Hearing Screen Services	Yes	1/5/2022
69	Pediatrix Medical Group of Nevada	Retinopathy of Prematurity Agreement	Yes	1/5/2022
70	Physio-Control, Inc.	Lifenet EKG System Subscription	Yes	1/11/2022
71	Pokroy Medical Group of Nevada (previously S & G Halthore)	Professional Services Agreement for Individual Physician On-Call Coverage - Pediatric Neurology	Yes	1/6/2022
72	Press Ganey Associates, Inc.	Hospital Engagement Survey	Yes	2/2/2022
73	Project Enhance Sound Generations	Affiliate License for Online Database to Program	Yes	1/7/2022
74	Quality Care Consultants	Professional Services Agreement for Physician Advisor Services - Case Management	Yes	1/5/2022
75	Quest Diagnostics, Inc.	Remnant Agreement - specimen processing	Yes	3/18/2022
76	Rajy Rouweyha, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
77	Rape Crisis Center	Sexual Violence Patient Counseling MOU	Yes	2/22/2022
78	Robert Futoran, MD	Professional Services Agreement for Group Physician On-Call Coverage - Gynecologic Oncology	Yes	1/6/2022
79	Ross Berkeley, MD	Administrative Services Agreement (Professional Improvement Committee Chair Services)	Yes	1/5/2022
80	Shoib Myint, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
81	Sound Physicians Emergency Medicine of Nevada (Bessler)	Professional Services Agreement - Emergency Medicine Clinical Services	Yes	1/5/2022
82	Sound Physicians of Nevada II	Agreement for Physician Professional Services: Hospitalist Medical Services	Yes	1/5/2022
83	Sound Physicians of Nevada II	Professional Services Agreement for Clinical Services - Hospitalists	Yes	1/5/2022
84	Staff Care	Provide locum tenens physicians in critical need areas of the hospital.	Yes	1/5/2022
85	Steven Saxe, DMD	Professional Services Agreement for Individual Physician On-Call Coverage - RFI 2020-14 Oral and Maxillofacial Surgery	Yes	1/6/2022
86	Stewart Park, MD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
87	Stroke and Neurology Specialists	Professional Services Agreement for Group Physician On-Call Coverage - Neurology and Stroke Neurology	Yes	1/6/2022
88	Surjeet Singh, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
89	Tegria Services Group	BlueTree call center support contract	Yes	2/22/2022
90	Thomas Kelly, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	Yes	1/4/2022
91	UNLV Medicine	Professional Services Agreement for Group Physician On-Call Coverage - Pediatric Gastroenterology	Yes	1/6/2022
92	UNLV Medicine	Professional Services Agreement for Clinical Services - Pediatric Nursery	Yes	1/6/2022
93	UNLV Medicine	Professional Services Agreement for Clinical Services - Surgery	Yes	1/4/2022
94	UNLV Medicine & UNLV SOM	Professional Services Agreement - Urgent Care Chief Residents Moonlighting	Yes	1/6/2022

	A	B	C	D
95	UNLV Medicine & UNLV SOM	Professional Services Agreement for Clinical Services - Internal and Family Medicine	Yes	1/6/2022
96	UNLV Medicine & UNLV SOM	Professional Services Agreement for Clinical Services - Obstetrics and Gynecology (Women's Care)	Yes	1/6/2022
97	UNLV Medicine & UNLV SOM	Professional Services Agreement for Clinical Services - Psychiatry	Yes	1/6/2022
98	UNLV School of Dental Medicine	Interlocal Agreement - General and Pediatric Dentistry On-Call Services	Yes	1/6/2022
99	UNLV SOM	Professional Services Agreement - Internal and Family Medicine Residents and Family Medicine Chief Residents Moonlighting	Yes	1/6/2022
100	USAP-Nevada	Professional Services Agreement for Group Physician On-Call Coverage - Cardiovascular Anesthesia	Yes	1/5/2022
101	Vitalant Blood Services	Blood Products and Services	Yes	3/18/2022
102	Vitalant Blood Services	Therapeutic Apheresis Services	Yes	3/18/2022
103	Vitalant Blood Services	Delivery of Convalescent Plasma (6036)	Yes	3/18/2022
104	Vizient, Inc.	Patient Safety Net	Yes	1/5/2022
105	West Coast Healthcare Professional, Diagnostic Imaging	Echo and EEG Contracted Labor	Yes	3/22/2022

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

Issue: **Workplace Violence**	**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 workplace violence; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an update on workplace violence.

Cleared for Agenda
April 4, 2022

Agenda Item #
6

UPDATE
ON
WORKPLACE VIOLENCE

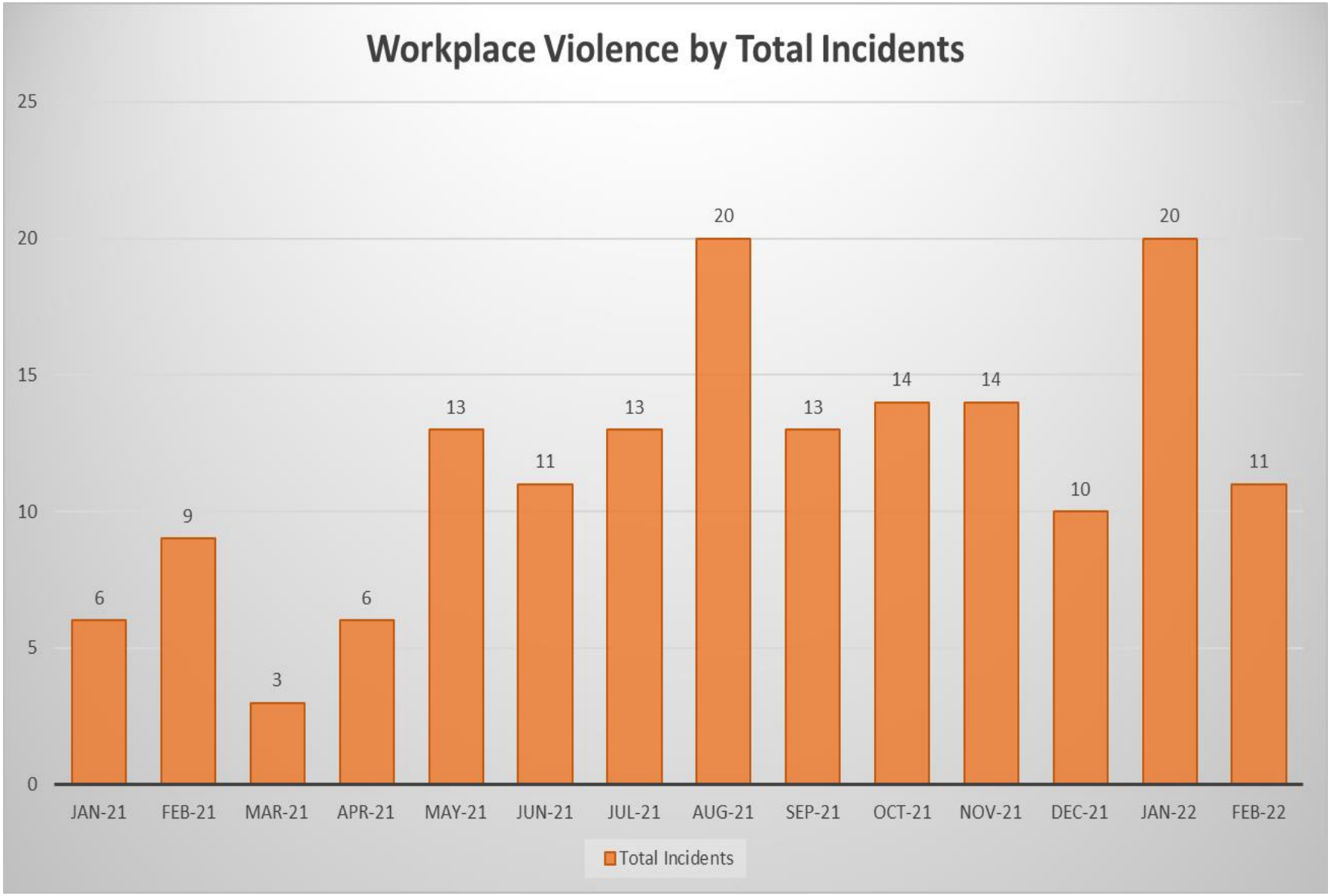
Definition of Workplace Violence

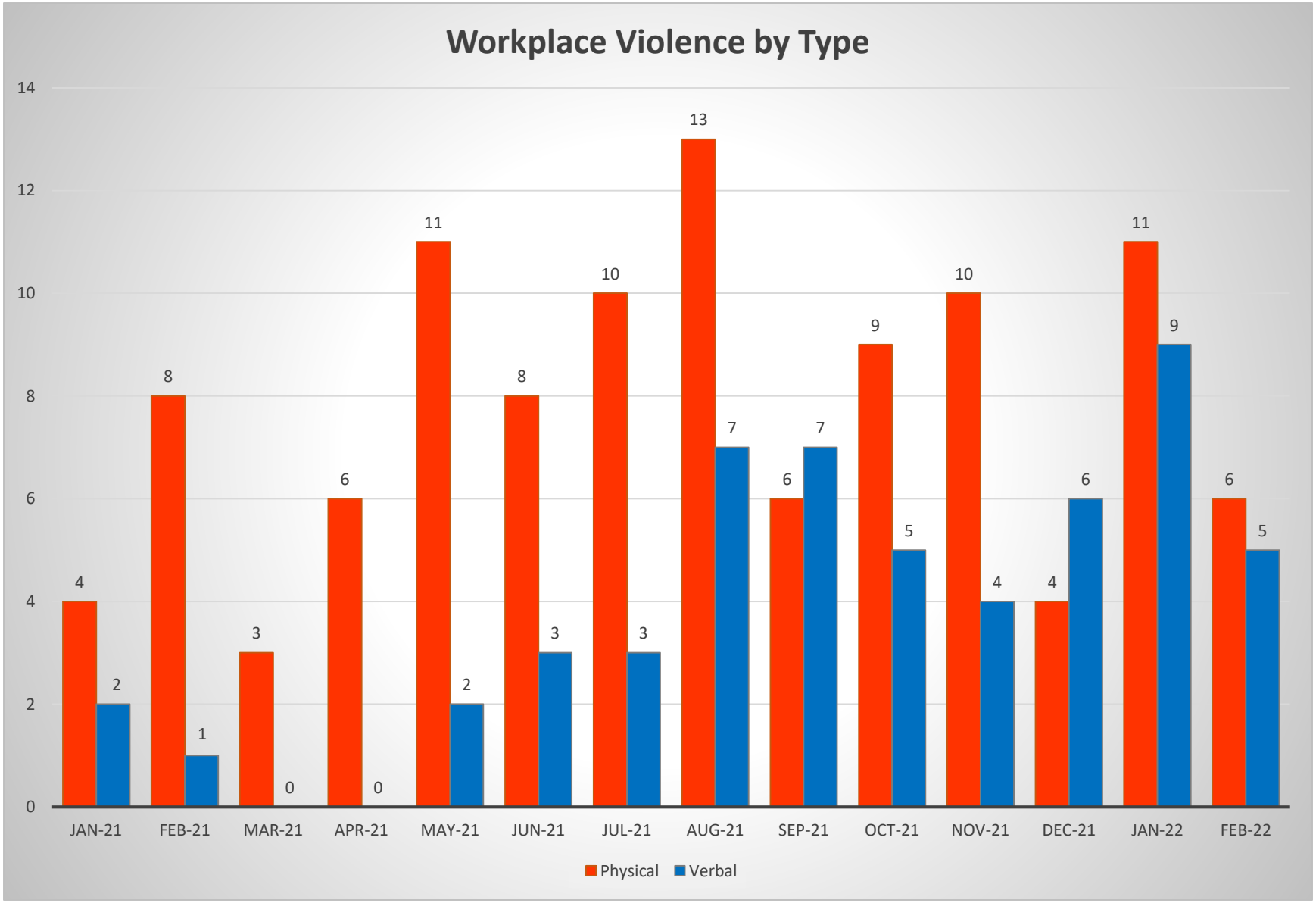
"An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors"

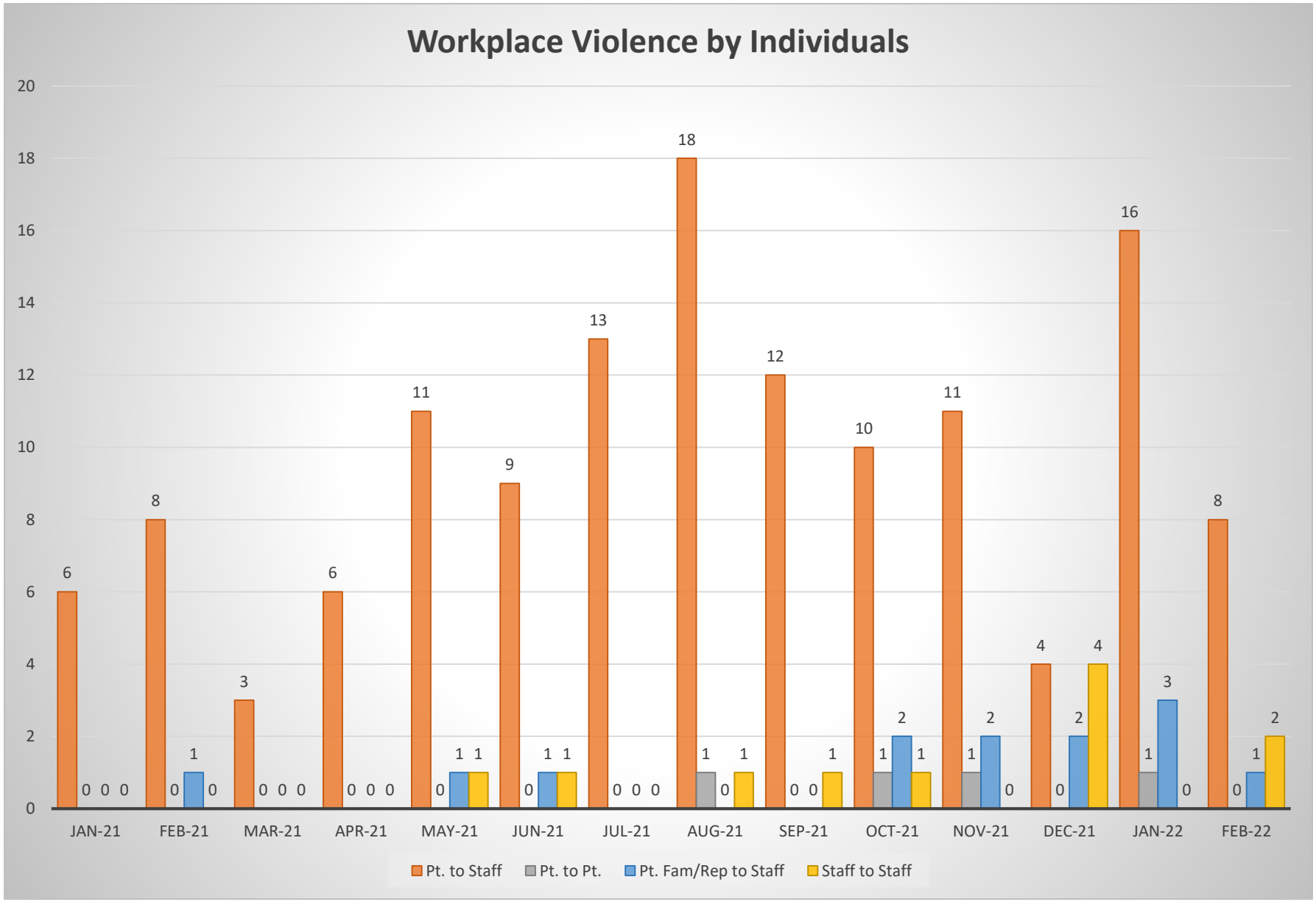
The Joint Commission, 2021

Workplace Violence Program Components

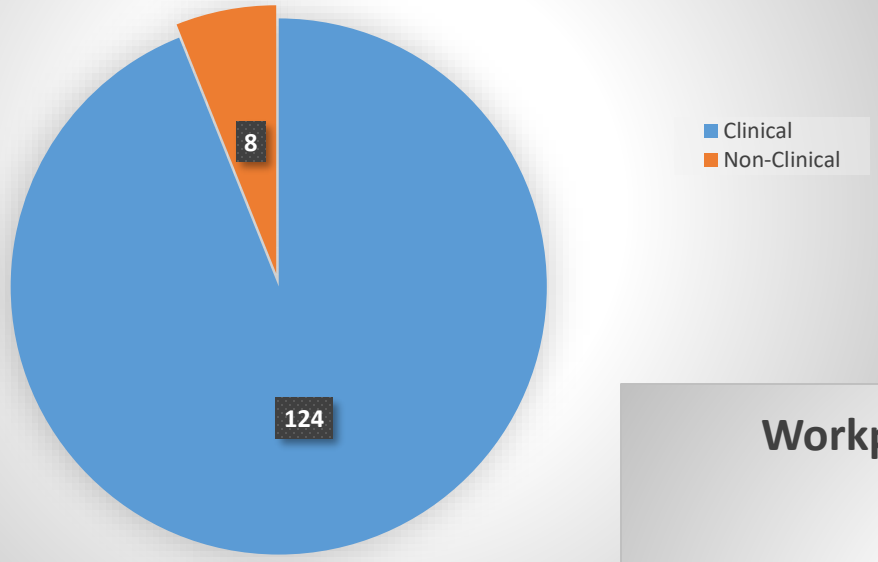
- ✓ WPV Policy/Procedure
- ✓ Reporting Process
  - Governing Board
- ✓ Follow-up & Support Process
- ✓ Annual Worksite Analysis
  - Includes actions taken to resolve or mitigate risk
  - Investigation of WPV incidents
  - Analysis of P/P, training, education, environment conform to best practice; law/regulations
- ✓ WPV Monitoring/Evaluation Process
- ✓ WPV Training/Education/Resources
  - Upon hire
  - Annually
  - Changes in WPV Program occur
  - Includes:
    - What constitutes WPV
    - Education on roles/responsibilities: leaders, clinical staff, security, & law enforcement
    - De-escalation, nonphysical/physical escalation skills, & emergency response
    - Reporting process for WPV


Workplace Violence by Total Incidents
25
20
15
10
5
0
6
9
3
6
13
11
13
20
13
14
14
10
20
11
JAN-21
FEB-21
MAR-21
APR-21
MAY-21
JUN-21
JUL-21
AUG-21
SEP-21
OCT-21
NOV-21
DEC-21
JAN-22
FEB-22
Total Incidents

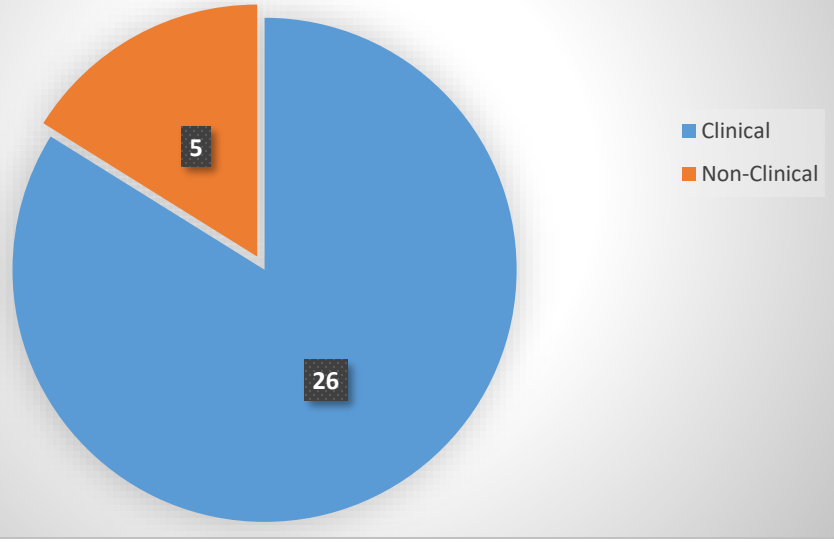

Workplace Violence by Type
14
12
10
8
6
4
2
0
4
2
8
1
3
0
6
0
11
2
8
3
10
3
13
7
6
7
9
5
10
4
4
6
11
9
6
5
JAN-21
FEB-21
MAR-21
APR-21
MAY-21
JUN-21
JUL-21
AUG-21
SEP-21
OCT-21
NOV-21
DEC-21
JAN-22
FEB-22
Physical
Verbal

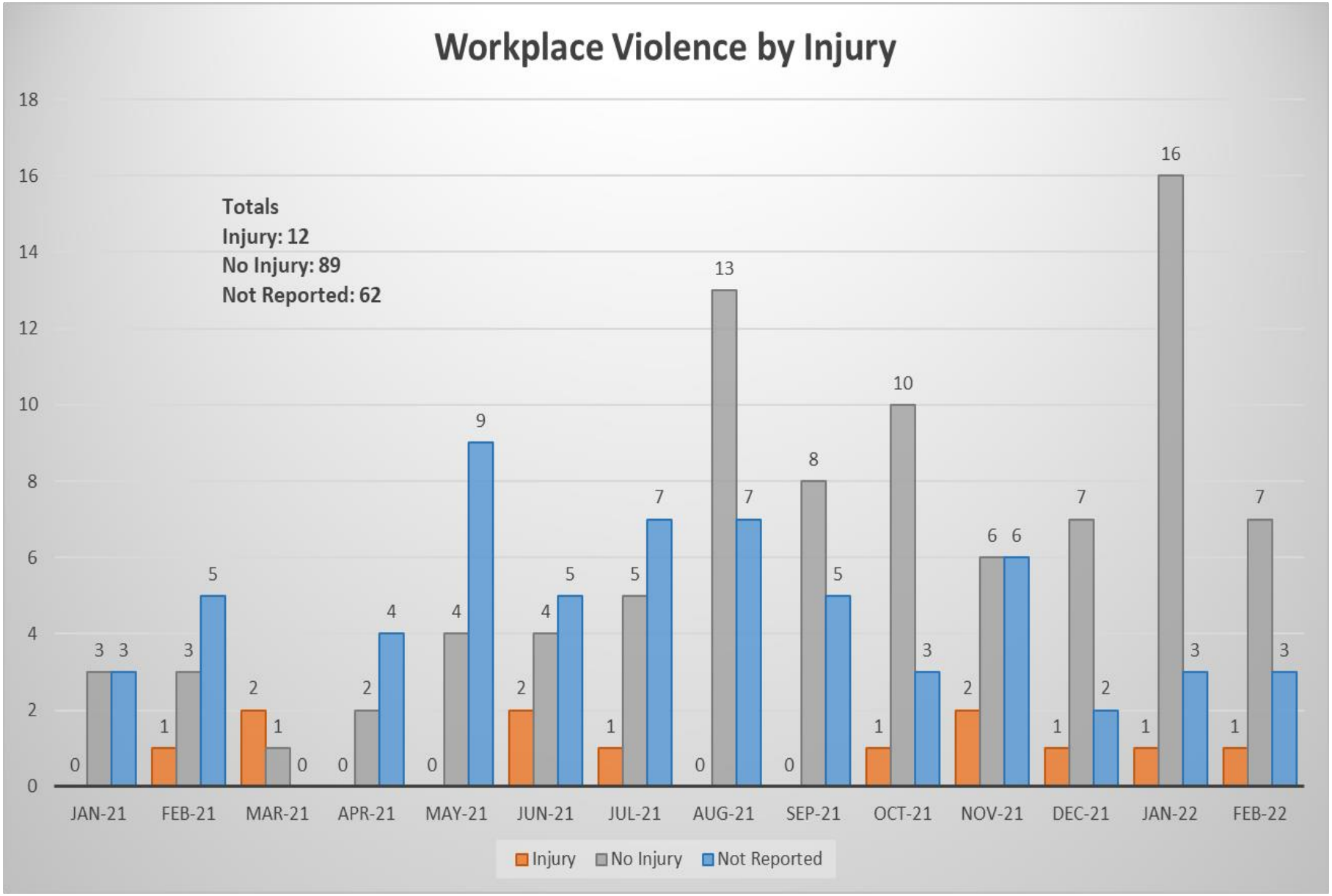

Workplace Violence by Individuals
20
18
16
14
12
10
8
6
4
2
0
JAN-21
FEB-21
MAR-21
APR-21
MAY-21
JUN-21
JUL-21
AUG-21
SEP-21
OCT-21
NOV-21
DEC-21
JAN-22
FEB-22
6 0 0 0
8 0 1 0
3 0 0 0
6 0 0 0
11 0 1 1
9 0 1 1
13 0 0 0
18 1 0 1
12 0 0 1
10 1 2 1
11 1 2 0
4 0 2 4
16 1 3 0
8 0 1 2
Pt. to Staff
Pt. to Pt.
Pt. Fam/Rep to Staff
Staff to Staff

Workplace Violence 2021 Clinical/Non-Clinical

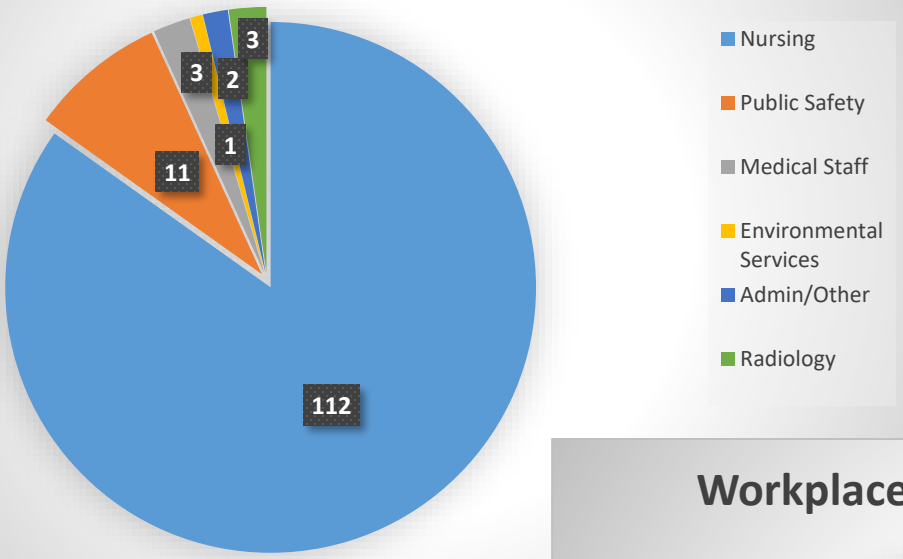


Workplace Violence 2022 Clinical/Non-Clinical

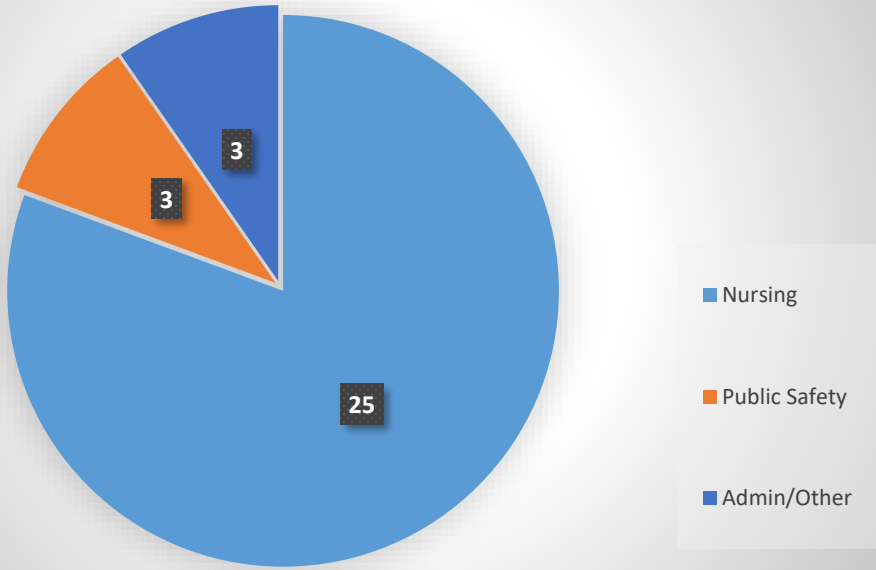



Workplace Violence by Injury
Totals
Injury: 12
No Injury: 89
Not Reported: 62
18
16
14
12
10
8
6
4
2
0
JAN-21
FEB-21
MAR-21
APR-21
MAY-21
JUN-21
JUL-21
AUG-21
SEP-21
OCT-21
NOV-21
DEC-21
JAN-22
FEB-22
0 3 3
1 3 5
2 1 0
0 2 4
0 4 9
2 4 5
1 5 7
0 13 7
0 8 5
1 10 3
2 6 6
1 7 2
1 16 3
1 7 3
Injury
No Injury
Not Reported

Workplace Violence by 2021 Department



Workplace Violence by 2022 Department



Discussion / Questions?

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 approve the UMC Policies and Procedures Committee's activities of February 2 and March 2, 2022, 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
April 4, 2022

Agenda Item #

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Policies & Procedures

Policy/Procedures

- Policy / Procedure Approval
  - Timeframe: February 2, 2022 & March 2, 2022
  - Total approved: 59
  - Total retired: 40
  - Approved through Hospital P/P, Quality, MEC

February 2, 2022 - Hospital Policy / Procedure Committee
As part of our regular policy review process, 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 29 Approved, 38 Retired

POLICY NAME	REVISION/ NEW/RETIRED	HPP COMMITTEE DECISION	SUMMARY
Bed Bug	Revised	Approved as Submitted	Modified to add Pest Control policy as a reference to address other pest/vermin, Lippincott link to Bed Bug and in the most current guideline template.
Urinary Bladder: Indwelling - Insertion, Care & Maintenance of Intermittent Cath; Bladder Scanner Use	Revised	Approved with Changes	Modified scope to organization - wide which includes both adults and pediatrics, and Lippincott link. Clarified adult patients for nurse protocol.
Medical Equipment Emergency Response	Revised	Approved as Submitted	Added medical equipment is to be tested prior to clinical use and after major repairs, TJC reference and updated to current template.
NICU/PICU - Life Pulse Hi-Frequency Jet Ventilator	Revised	Approved as Submitted	Validated that Respiratory Care Professionals will check devices at least every four (4) hours throughout their shift and Lippincott link.
NICU/PICU - Labor and Delivery	Revised	Approved as Submitted	Modified verbiage about Respiratory Care Professionals back-up in the nursery.
Non Retaliation	Revised	Approved as Submitted	UMC will not require individuals to waive their right to complain or report a breach to the Secretary of HMS about a UMC

			or a business associate not complying with the HIPAA Privacy or breach Notification Rules, as a condition of the provision of treatment, payment, enrollment in a Health plan, or eligible for benefits.
De-Identified Health Information	Revised	Approved as Submitted	Modified with added sections that workforce members should seek to use de-identified data whenever possible in accordance with minimum necessary, a section on Data Re-Identification using data not derived from the individual and included regulatory reference to disclosures of de-identified PHI and updated to current template.
General Information Privacy & Security Safeguards	Revised	Approved as Submitted	Clarifications to the "Public Areas and Areas with Other Patients Present.' section of the DO/ DO NOT table to tie this section to permitted 'incidental disclosures' per the HIPAA rules. Added a definition to 'incidental disclosures' to the Definitions section and updated to current template.
Controlling Access to/from Security Sensitive Areas	Revised	Approved with Changes	Added/clarified more designated security sensitive areas: Trauma Resus, Peri-Operative and Perinatal, clarified vendor access and updated to current template.
Identifying Individuals Entering the Hospital	Revised	Approved with Changes	Modified procedures section to reflect how individuals are identified. A definition for visitors was identified under the Definitions section, updated designated security sensitive

			areas and updated to current template.
2022 QAPI Plan	Revised	Approved as Submitted	Modified to align with current annual organizational/Governing Board approved QAPI Priorities and updated to current template.
Policy/Procedures/Protocols and Guideline Management	Revised	Approved with Changes	Modified verbiage, added definitions for policy/protocol/ procedure/guidelines and updated to the current template.
Video Remote Interpreting Equipment Cleaning (VRI)	New	Approved as Submitted	New policy to ensure VRI equipment is properly cleaned/ maintained to be used for patient care and treatment in compliance with infection control policies.
Pediatric Trauma Patient	Revised	Approved with Changes	Updated to current template. Corrected pediatric trauma age from 15 to 11 years of age.
Trauma Response Team - Respiratory Therapy	Revised	Approved as Submitted	Modified that Respiratory Therapy responds to all full activations and updated to current template.
Trauma Response Team - Trauma Physician Team Leader	Revised	Approved as Submitted	Updated to current template.
On Call Physician	Revised	Approved as Submitted	Modified verbiage to general surgery pediatric and updated to current template.
Medical Staff Professional Code of Conduct	Revised	Approved as Submitted	Updated to current template.
Rehab - Discontinuation of Acute Care Therapy Services	Revised	Approved as Submitted	Modified to ensure proper transfer of care, the rehabilitation therapist will notify the patient's RN of the intent to discharge from rehabilitation

			services prior to discharging the patient. The patient's physician will also be notified through the EHR.
Medical Record (Legal)	Revised	Approved as Submitted	Added verbiage to assure statements are to be objective/non-inflammatory and updated to current template.
Fall Assessment and Prevention	Revised	Approved as Submitted	The Humpty Dumpty Falls Scale (HDFS), a seven-item assessment scale used to document age, gender, diagnosis, cognitive impairments, environmental factors, response to surgery/sedation, and medication usage, is one of several instruments developed to assess fall risk in pediatric patients and Lippincott added.
Expiration Handling of Deceased	Revised	Approved as submitted	Modified verbiage pertaining to Public Safety's process of when patients' belongings are released and whom it can be released to/ specifics when released to Coroner/Public Administrator and updated to current template.
Peds MERT	Revised	New	New policy to delineate process for a Pediatric MERT.
Application of Topical Anesthetic to Lacerations in the PED – Protocol	Revised	Approved as Submitted	Modified/added Nurse is to consult attending physician if patient has a history of sensitivity/allergy and is responsible for entering orders per protocol (cosign required) into the Electronic Health Record, added Nurse Initiated Protocol as a reference & updated to current template.

			Lidocaine/Epinephrine/Tetracaine solution 3 ml topically x 1 dose to the laceration.
Pain Management in Triage for the Peds Patient	Revised	Approved as Submitted	Added Infant, Child and Adolescent Pain/Comfort Standard as a reference, updated to current template.
Warming Blankets, Intravenous and Irrigation Fluids	Revised	Approved as Submitted	Modified temperatures, references, products should not be warmed if there is less than 3 months' expiry remaining, facility-wide and updated to current template.
Disposable and Reusable Curtain Removal/ Replacement	Revised	Approved as Submitted	Modified references (medline) and updated to current template.
IV to PO Conversions	Revised	Approved as Submitted	Removed non-formulary medications: levofloxacin and bedizolid and updated to current template.
Contingency Plan for Managing Blood Products During Nationwide Blood Shortage	New	Approved as Submitted	New policy to meet the requirements of AABB Standards to develop transfusion service guidelines to manage blood shortage.

March 2, 2022 - Hospital Policy/Procedure Committee
As part of our regular policy review process, 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.
30 Approved, 2 Retired

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
HIM Documentation Query Policy	New	Approved as Submitted	New policy on medical records query as part of the CDI Program.
Staffing Council (Nursing)	Revised	Approved as Submitted	Policy written directly from NRS 449 Statute. Revision made based on NHA feedback to add Star Rating posting. Added procedure for electronic ADO process.
Staffing Plans	Revised	Approved as Submitted	Modified and added the requirement from the NRS 449 Statute.
Meal & Rest Periods	Revised	Approved as Submitted	Modified policy to align with current process. Formerly known HR Policy V-66.
Employee Assistance Program	Revised	Approved as Submitted	Revision to the existing policy and included additional language around providing EAP services effective January 1, 2022 moved to a third

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
			party vendor.
Employee Education & Development	Revised	Approved as Submitted	Revision to existing policy. Added information about employees seeking reimbursement to obtain GED.
Patient Safety Plan 2022	Revised	Approved as Submitted	Revision on Committee structure.
Point of Care QA/QM	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
STAT Tests – Turnaround Times	New	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Histology Samples	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
			distributed to the unit floor. It is now available through MCN.
Bone Marrow Requisition	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Autopsy	Revised	Approved with Changes	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN. Procedure for required paperwork combined with existing Hospital Autopsy P/P.
Cytology Samples	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Kidney Biopsy to Cedars-Sinai Medical Center	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
			floor. It is now available through MCN.
24-Hour Urine Specimen Collection Instructions	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Disposition of Deceased Premature Infants	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Alere Determine HIV-1/2 Ag/Ab Combo Laboratory Procedure	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Insti HIV-1/HIV-2 Antibody Test Kit	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
			floor. It is now available through MCN.
Surveillance Culture Protocol For Specific Pathogens	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
hCG Cassette Rapid Test	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Superstat Procedure	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Glucose Tolerance Testing	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
Cepheid GeneXpert Xpress SARS-CoV-2/Flu/RSV	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Specimen Acceptability	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Reference Intervals	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
General Requirements for Personal and Laboratory Safety	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Patient Identification and Labeling of Specimens	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and

POLICY NAME/OWNER	NEW/REVISED/ RETIRED	HPP COMMITTEE DECISION	SUMMARY
			distributed to the unit floor. It is now available through MCN.
OraQuick ADVANCE Rapid HIV-1/2 Antibody Test	Revised	Approved as Submitted	Content of policy is not new or revised. Previously printed into manuals and distributed to the unit floor. It is now available through MCN.
Minimum Specimen Requirements - Adults	Revised	Approved with Changes	Content of policy is not new or revised. Applies to the adult population. Previously printed into manuals and distributed to the unit floor. It is now available through MCN. Updated policy to specify adults.
Surgical, Operative, and Invasive Procedure Attire	Revised	Approved as Submitted	Revised format of P/P; updated AORN references.

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
April 4, 2022

Agenda Item #

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