



UMC Clinical Quality and Professional Affairs Committee Meeting

Monday, April 20, 2026 2:00 p.m.

Delta Point Building - Emerald Conference Room - 1st Floor

Las Vegas, NV

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
April 20, 2026 2:00 p.m.
901 Rancho Lane, Las Vegas, Nevada
Delta Point Building, Emerald Conference Room (1st 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 901 Rancho Lane, Las Vegas, NV.

- The main agenda is available on University Medical Center of Southern Nevada's website <http://www.umcsn.com>. For copies of agenda items and supporting back-up materials, please contact 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 2, 2025. *(For possible action)*
3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

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)*
5. Receive an update on the Hand Hygiene Campaign from Danita Cohen, Chief Experience Officer; and direct staff accordingly. *(For possible action)*

6. Receive an update on HCAHPS/CAHPS/Communication Boards from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. *(For possible action)*
7. Receive an update on the Survey and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*.
8. Receive an update on the FY26 Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate. *(For possible action)*
9. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of February 2, 2026 and March 4, 2026 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).

**University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 2, 2026**

Emerald Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
February 2, 2026 2:00 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 2:03 p.m. by Chair Renee Franklin and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

Renee Franklin, Chair
Laura Lopez-Hobbs
Dr. Don Mackay
Dr. John Fildes

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer (Via Teams)
Deb Fox, Chief Nursing Officer
James Conway, Assistant General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Franklin 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 16, 2025. (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 Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4: Receive an update on the Quality, Safety, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (For possible action).

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

Patty Scott provided the following updates regarding the Quality, Safety and Regulatory program:

Readmissions – 30-Day and 7-Day all-cause readmissions has remained stable year over year.

Mortality Index is at 1.18, which is the same as the previous quarter. Observed over expected at 2.16 versus 1.82. Staff is working with physicians on clinical documentation improvement (CDI) to improve expected mortality scores. There has been an overall downward trend over the past year.

Member Fildes asked whether the UMC index is risk-adjusted. Ms. Scott confirmed that they are risk-adjusted (Vizient 2024 Risk Adjusted Methodology) for comparison with other academic medical centers. There was continued discussion regarding the importance of physician documentation.

PSI-90 indicators are at .91 and remain stable or improving. PSI-90 cases include pressure ulcers, falls with fractures, PO hemorrhage/hematoma, PO acute kidney injury, PO respiratory failure, DVT-PE, and accidental puncture or laceration. Statistics are being monitored by the perioperative task force for accuracy. The Committee emphasized the importance of accurate documentation and holding staff accountable.

Sepsis mortality index decreased from 1.36 to 1.23. Overall downward trend over the past three quarters. Ongoing monitoring and improvement efforts, with a new alert system being piloted. Sepsis bundle is decreased over the Q424 and Q125, however continues to be better than CMS published rates. Implementation of a new model called National Early Warning Score 2 (NEWS2), led by ICU physicians, will help alert staff to promptly identify and respond to early signs of deterioration including sepsis.

Hypoglycemia and hyperglycemia are measures that are newly reported by CMS. Both measures at UMC are better than the comparative data.

Hips and knee complications show an overall rate of 3.13% against a CMS comparison rate of 3.6%

Ms. Scott next reviewed the patient sentinel events and grievances for 2025.

There were 37 sentinel events reported to the state. All cases were reported within the required timelines, and RCAs were completed with action plans. Ongoing monitoring is conducted through the hospital quality committee. There were 57 total grievances for the third and fourth quarters of 2025, with 11 grievances substantiated. Ms. Scott reviewed the departments and the percentage of areas of concern. Although the number of complaint encounters is very small compared to patient volume (overall rate per 1000 discharges/encounters – 0.23), each grievance provides an opportunity for improvement.

Chair Franklin noted that, given the number of patients seen at the hospital and the complaints received, staff is doing something right and should be praised for it. She urged staff to focus on what is being done well and keep that momentum going. Discussion ensued regarding the process for investigating grievances.

FINAL ACTION TAKEN:

None

- ITEM NO. 5 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee’s activities of December 3, 2025 and January 7, 2026, 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:

- Policies and Procedures

DISCUSSION:

Policy and Procedures activities for December 3, 2025 and January 7, 2026 were reviewed.

There were a total of 97 approved 3 were retired. All were approved through the hospital Policy and Procedures Committee, Hospital Quality and Safety Committee and the Medical Executive Committee.

A discussion ensued regarding the review process by the Policy and Procedures Committee.

FINAL ACTION TAKEN:

A motion was made by Member Mackay to approve that the UMC Policies and Procedures Committee’s activities of December 3, 2025 and January 7, 2026 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

- ITEM NO. 6 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly**

None.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Franklin 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 2:43 p.m. Chair Franklin 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: Annual Infection Prevention Program Evaluation and Plan 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 Annual Infection Prevention Program Evaluation and 2026 Plan from Kathy Johnson, Director of Infection Prevention; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 20, 2026

Agenda Item #

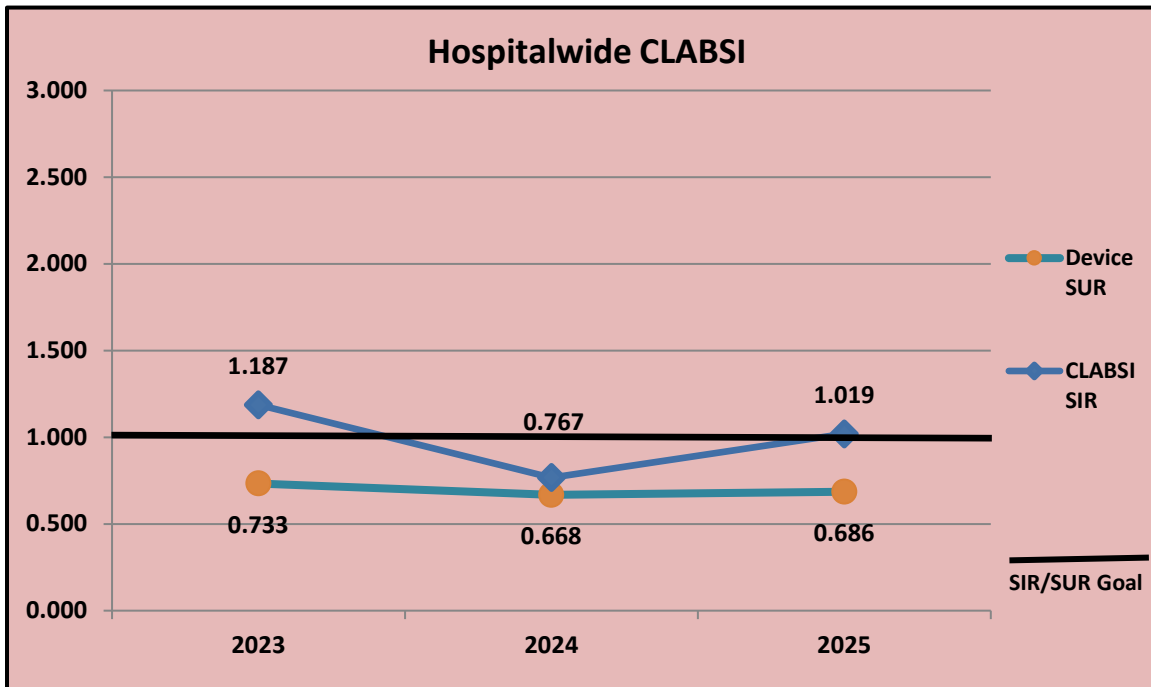
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2025 Infection Prevention Plan Evaluation 2026 Annual Infection Prevention Plan

UMC Governing Board Committee
Clinical Quality & Professional Affairs
April 20, 2026

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

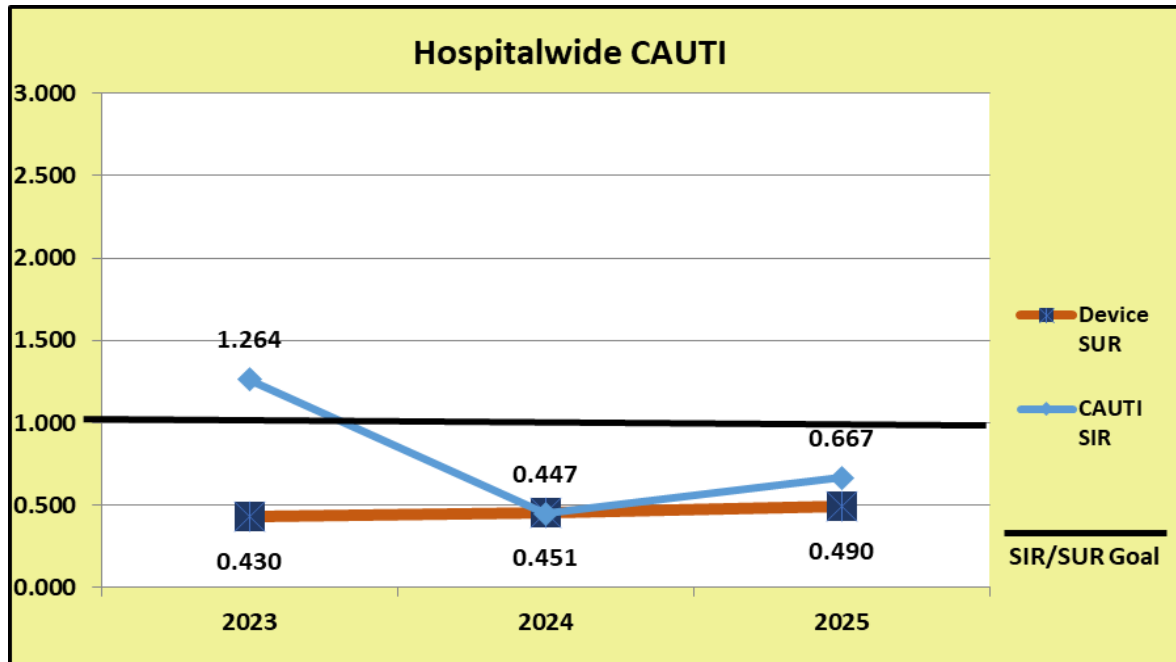
- Sustained device SIR <1.0 with CAUTI SIR (0.667) and CLABSI SIR (1.01)
- Decrease VAE events ↓13 events
- Sustained in all device utilization SIR < 1.000
- Improvement or sustained LABID SIR < 1.000 MRSA SIR (1.026) and C diff SIR (0.534)
- Increased unit black light surveillance by IP: 2025 (207) black light compared to 2024(109)
- Cleanliness improved from 65% to 81%
- Improvement on the high-touch surfaces audit tool
- Improvement in hand hygiene 70% and PPE utilization 87%
- Developed electronic reporting system for BBP for employee health
- Infection Control Performance Improvement projects included:
 - Candida auris screening tool developed and refined
 - Continued with causal analysis, action plans, and ad hoc committees for device- related infections
 - Evaluated electronic hand hygiene surveillance systems...SwipeSense
 - Participated in Research Day with 4 poster presentations
 - Initiated the use of in-house UV disinfection systems



CLABSI Year	Patient Days	Central Line Days	Device Utilization	Device SUR	Total CLABSIs	CLABSI Rate	Expected CLABSIs	CLABSI SIR
2023	158372	27472	17%	0.733	39	1.42	32.844	1.187
2024	148523	23878	16%	0.668	22	0.92	28.695	0.767
2025	141888	23197	16%	0.686	29	1.25	28.451	1.019

CLABSI Reduction Strategies:

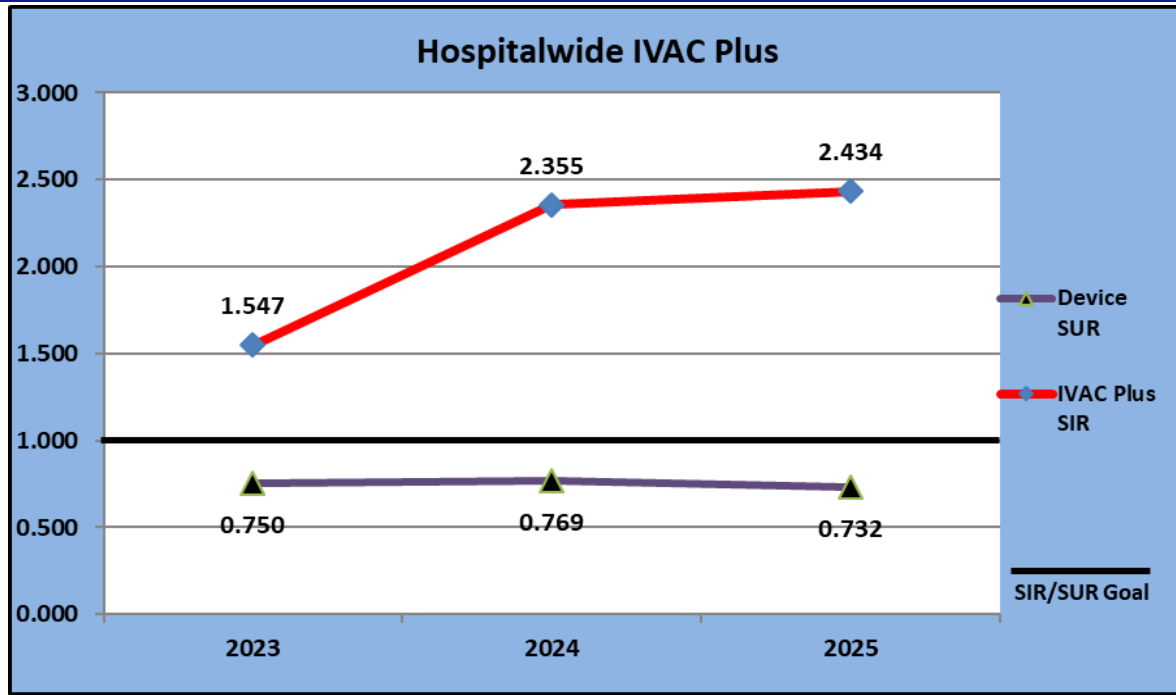
- ERAD Device Reduction Task Force
- Timely RCA on device infections with action plans
- Weekly prevalence and CLABSI unit-based champions



CAUTI Year	Patient Days	Foley Catheter Days	Device Utilization	Device SUR	Total CAUTIs	CAUTI Rate	Expected CAUTIs	CAUTI SIR
2023	152030	15355	10%	0.430	31	2.02	24.519	1.264
2024	141563	15349	11%	0.451	11	0.72	24.605	0.447
2025	135485	15771	12%	0.490	17	1.08	25.489	0.667

CAUTI Reduction Strategies:

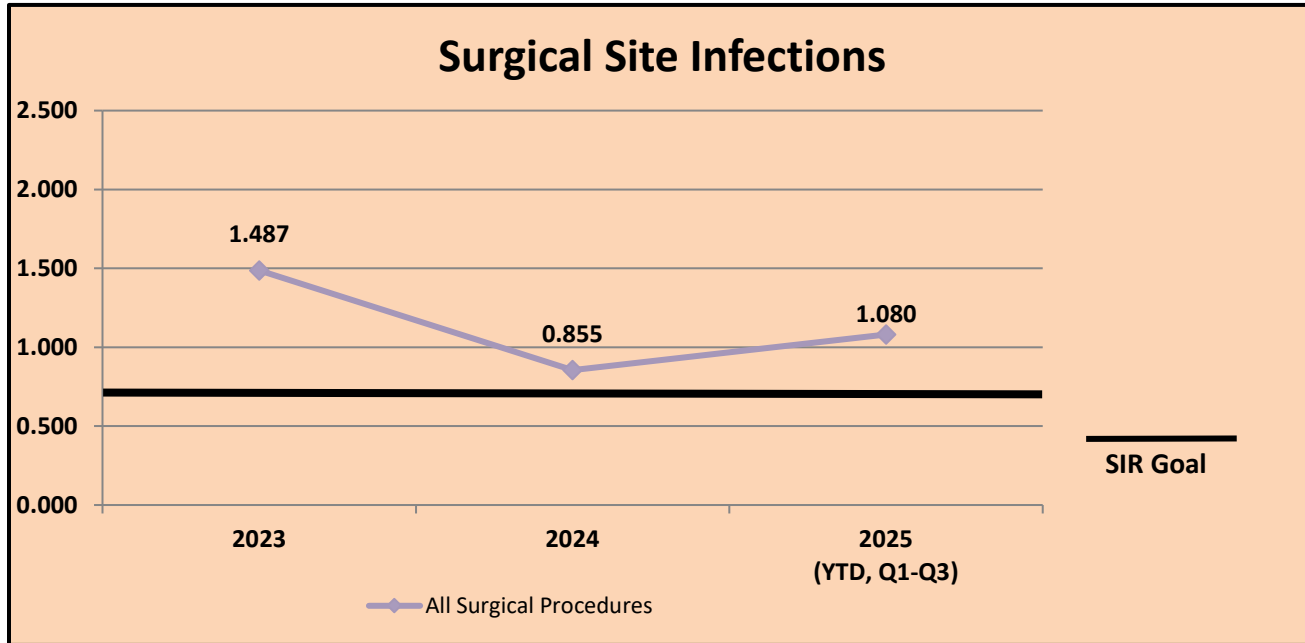
- ERAD Device Reduction Task Force
- Timely RCA on device infections with action plans
- Reinforce Nurse Driven Foley Removal Protocol
- Hospital-wide initiative for least restrictive/invasive device
- Celebrate the wins



IVAC Plus Year	Patient Days	Ventilator Days	Device Utilization	Device SUR	Total IVAC Plus	IVAC Plus Rate	Expected IVAC Plus	IVAC Plus SIR
2023	143308	11051	8%	0.750	55	4.98	35.557	1.547
2024	133248	10724	8%	0.769	97	9.05	41.189	2.355
2025	127050	9535	8%	0.732	84	8.81	34.517	2.434

IVAC Reduction Strategies:

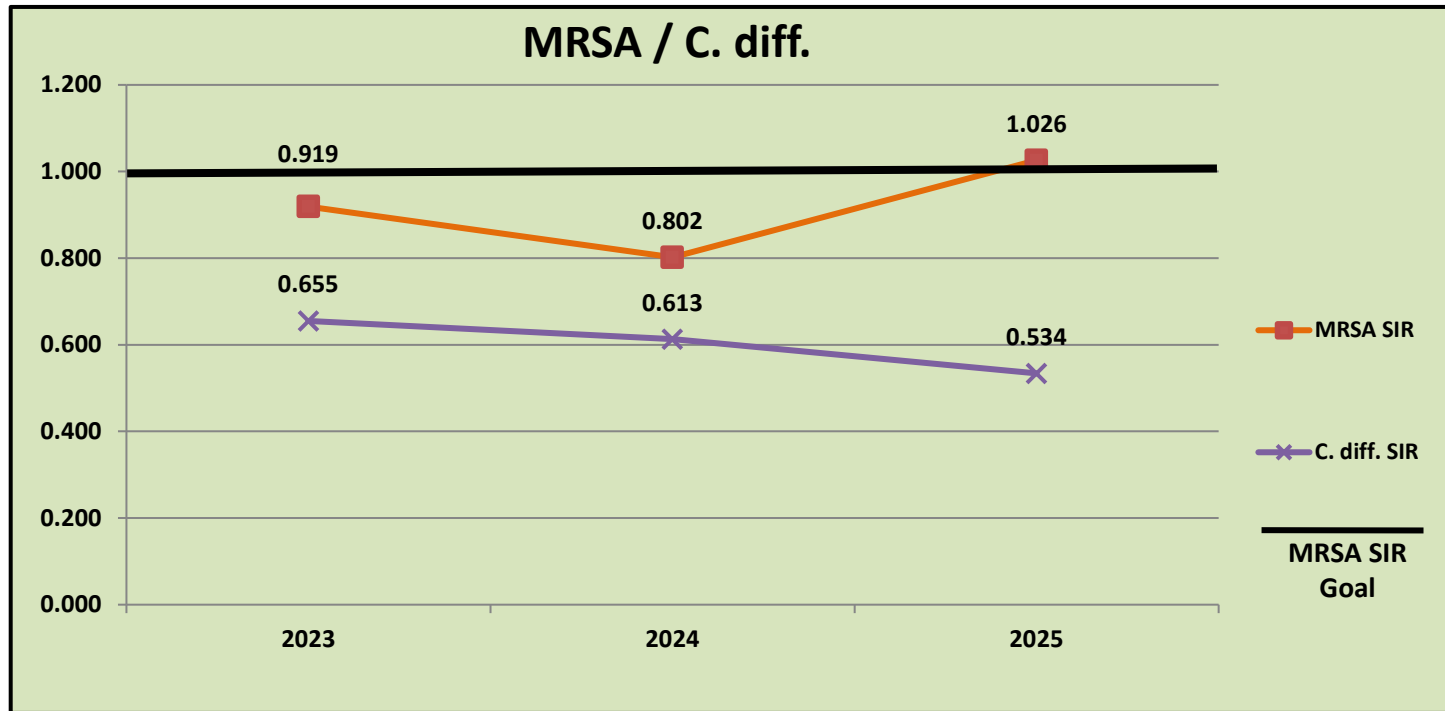
- ERAD Device Reduction Task Force to include VAEs
- Reeducation and Implementation of ABCDEF Bundle
- Timely review of IVAC events with RCAs
- Product review and education



		2023	2024	2025 (YTD, Q1-Q3)
All Surgical Procedures	Procedures	1897	1811	1460
	Predicted	37.671	35.084	29.641
	Infections	56	30	32
	SIR	1.487	0.855	1.080

SSI Reduction Strategies:

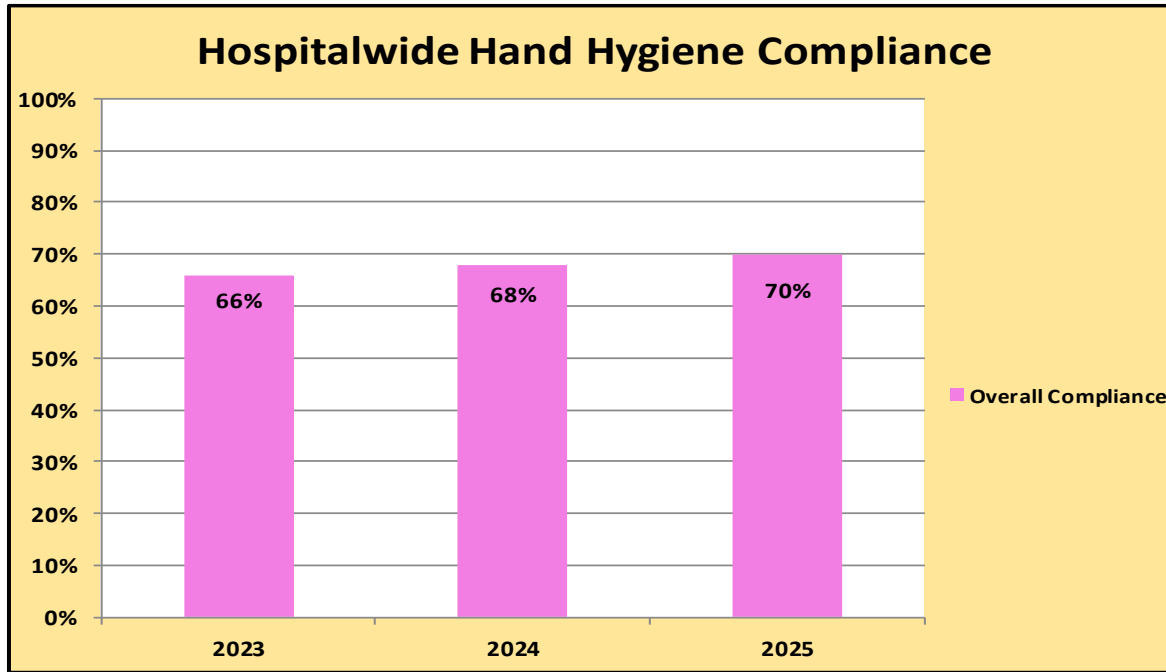
- Timely review and gap analysis of SSIs and distribution to key stakeholders
- SSI task force and dedicated IP
- UV Surfacide Disinfection



LABID Events	2023	2024	2025
MRSA Events	11	9	11
MRSA SIR	0.919	0.802	1.026
C. diff. Events	58	41	34
C. diff. SIR	0.655	0.613	0.534

MRSA & C. diff:

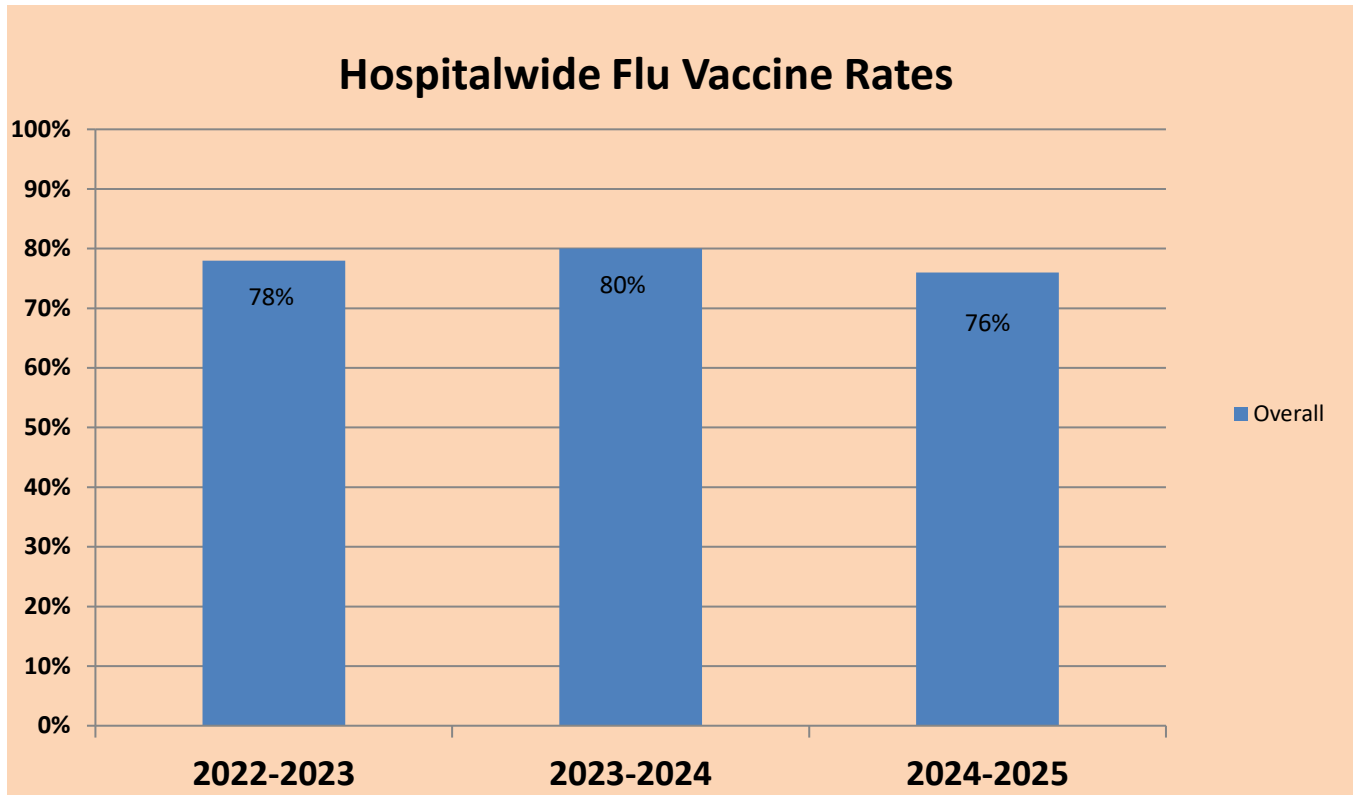
- Two-step C. diff testing protocol infection vs. colonization
- Collaboration continues with EVS Leadership on environmental cleaning protocols and backlight audits
- Drive hand hygiene and PPE compliance
- Establish and initiate UV disinfection protocol



Overall Compliance	
2023	66%
2024	68%
2025	70%

Hand Hygiene Strategies:

- Increase audits with secret shoppers all units (77,000)
- Monthly data available for leadership via the intranet
- SwipeSense Electronic Hand Hygiene Monitoring (May-June)



Compliance Analysis:

- Mandatory masking without vaccination
- Flu clinics and nurse volunteers for vaccine administration
- Note voluntary mask use throughout the year since the pandemic
- Mild Flu season locally

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

Community

- Public Health Pandemic & Highly Infections Diseases
- Bioterrorism
- Candida auris
- Long-term Care and Chronic Disease

- Collaborate with SNHD, CDC & Healthcare Facilities for EBP related to emerging disease with HCW education
- Policy update with repetitive verbiage
Identify, Isolate, Inform
- Emergency Preparedness Drills/Ebola Retraining
- Surveillance and Screening

Patient

- Device Related Infections (CLABSI, CAUTI, VENTILATOR)
- SSIs
- MDRO pathogen

- Timely Surveillance; Just-In-Time Education, Causal Analysis with Unit-based Action Plans
- CLABSI/CAUTI Multidisciplinary PI Charters
- Antibiotic Stewardship; Personal Protective Equipment (PPE)
- EPIC Care Alerts with Timely Isolation & Surveillance
- SSI Bundle and Pre-Op bathing, Nasal Decolonization, SSI Task Force

Environmental

- Environmental Cleaning
- Infrastructure Failure

- Black Light Surveillance and Just-In-Time Coaching
- Construction Rounding with Timely Feedback
- UV Disinfection
- Multidisciplinary Construction Meeting
- Policy Update and Risk Assessments

Healthcare Worker

- Hand Hygiene Compliance
- PPE Compliance
- Proper Isolation Precautions and Prevention Practices

- Surveillance and Data Transparency
- Coaching, Training, Education
- Electronic HH monitoring evaluation
- Policy update with repetitive verbiage
Identify, Isolate, Inform
- EPIC Care Alerts with timely isolation & surveillance

DISCUSSION / QUESTIONS?

Kathy Johnson BSN, RN, CIC
Director of Infection Prevention & Control and Employee Health
(702) 383-1809

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

Issue: Hand Hygiene 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 Hand Hygiene Campaign from Danita Cohen, Chief Experience Officer; and direct staff accordingly. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 20, 2026

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Campaign Goal

- Improve hand hygiene compliance, reaching the goal established by the UMC Governing Board.

Strategy

- Implement a hospital-wide, public-facing hand hygiene campaign featuring real UMC team members.
- Customize the campaign materials for each unit/department.
- Encourage patients and visitors to ask staff about the importance of hand hygiene.
- This approach empowers team members to take ownership of hand hygiene requirements within their units.

Using hand sanitizer is the easiest way to find a paper cut!
It also keeps us all safe!
Ask me about it!

Curtis G., Medical Interpreter
 UMC Hand Hygiene Champion, Cultural and Linguistic Services

Campaign Details

- The campaign features bright, eye-catching hand hygiene posters that highlight UMC’s front-line team members.
- Materials include clever messaging and poses to support ongoing conversations about hand hygiene.
- UMC directors identified “Hand Hygiene Champions” to represent their units in the campaign.
- The selected team members were invited to celebratory photo shoot events.
- Posters will be placed in public-facing areas across each unit.
- Nearly 100 individual posters have been completed thus far.





Germs give me the ick.
Ask me how to wash your
hands properly!

Skip K., Infection Preventionist
UMC Hand Hygiene Champion, Epidemiology



Ask me if I washed my hands!
Spoiler alert: the answer is yes!

Gabby C., CT Technologist
UMC Hand Hygiene Champion, Radiology



We can do it!
Washing your hands protects everyone.
Ask me about proper hand hygiene!

Angela W., CNA
UMC Hand Hygiene Champion, 1400





**I've washed my hands
at least 92 times today.
Ask me about it!**

Dr. Rita Shah, Chief of Pediatrics
UMC Hand Hygiene Champion, Pediatrics



**I know hand hygiene like the
back of my (incredibly clean) hand.
Ask me about it!**

Helen J., Radiology Tech
UMC Hand Hygiene Champion, Radiology



**I want YOU
to wash your hands!
Ask me about proper hand hygiene!**

Nora S., Respiratory Care Practitioner
UMC Hand Hygiene Champion, Respiratory



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

Issue:	HCAHPS/CCAHPS Update	Back-up:
Petitioner:	Patricia Scott, Quality, Patient Safety and Regulatory Officer	
Recommendation:		
<p>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on HCAHPS/CCAHPS/Communication Boards from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. <i>(For possible action)</i></p>		

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 20, 2026

Agenda Item #

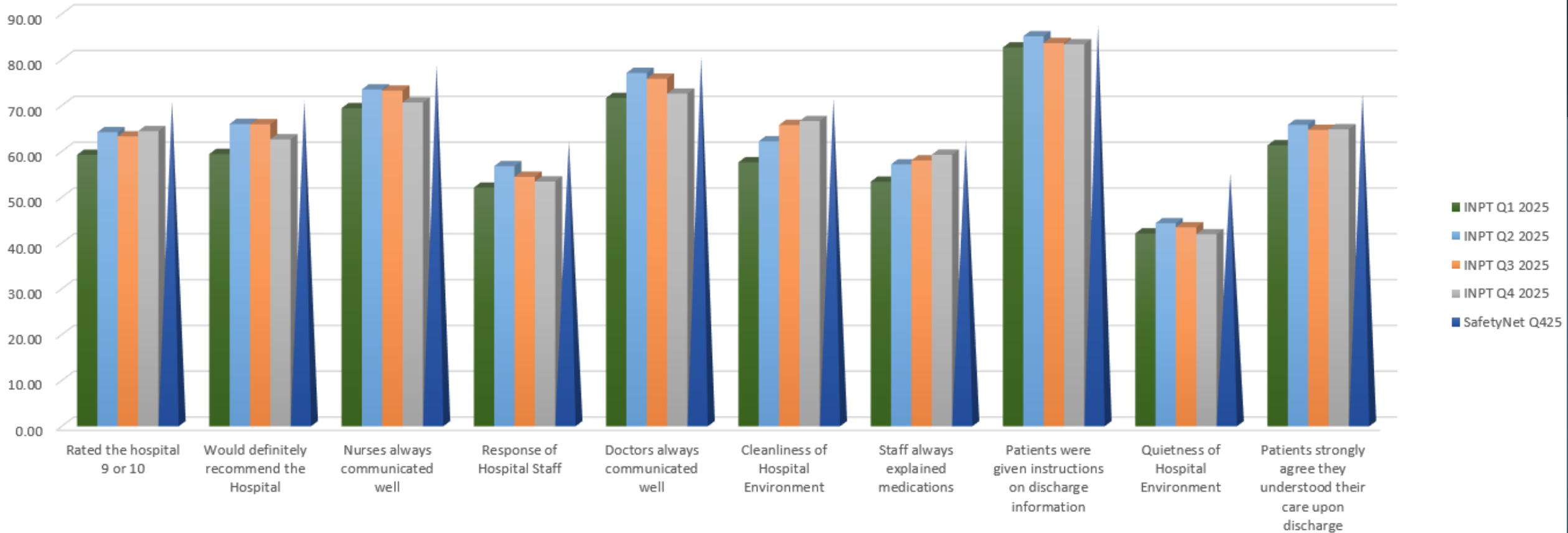
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The **Highest Level of Care** in Nevada

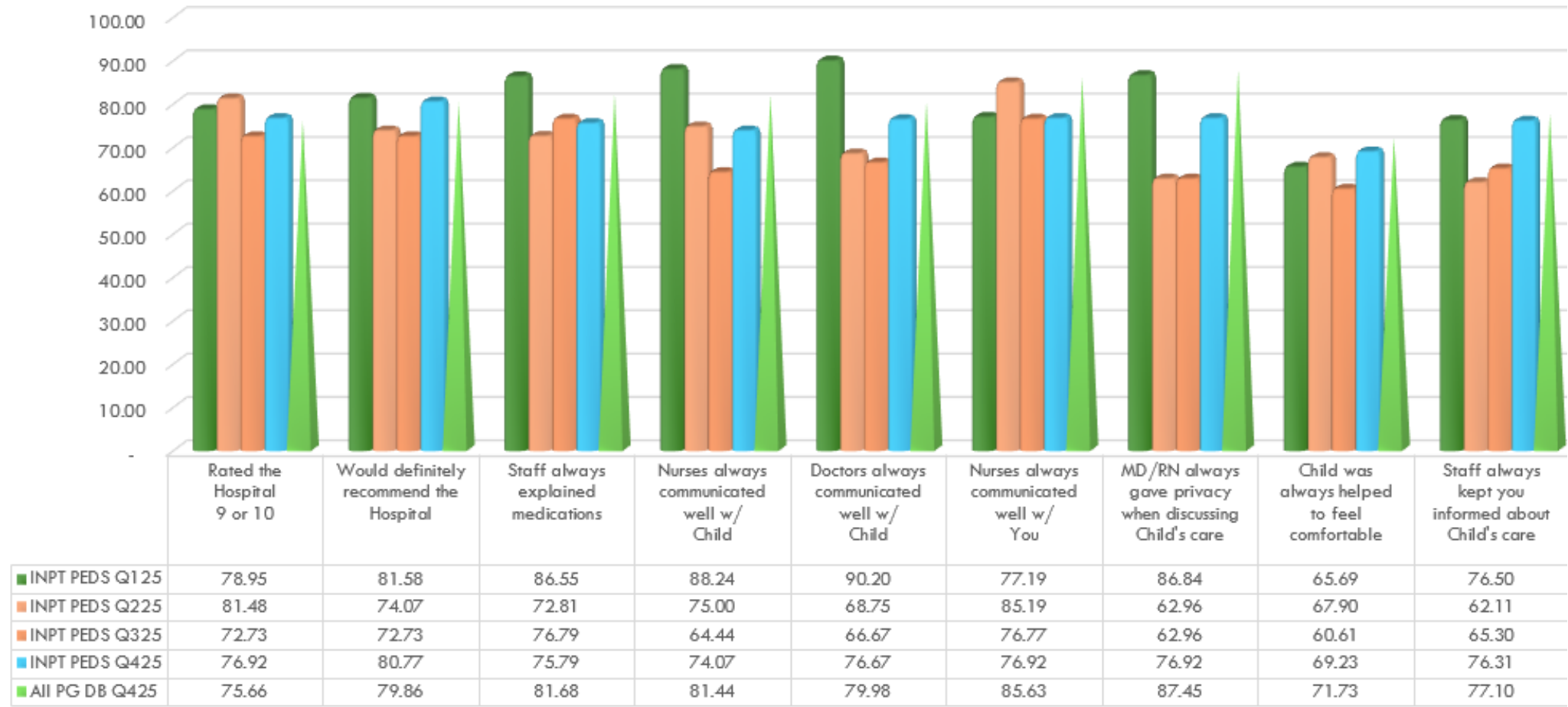
Patient Experience
04/2026

INPATIENT ADULT HCAHPS SCORES 2025

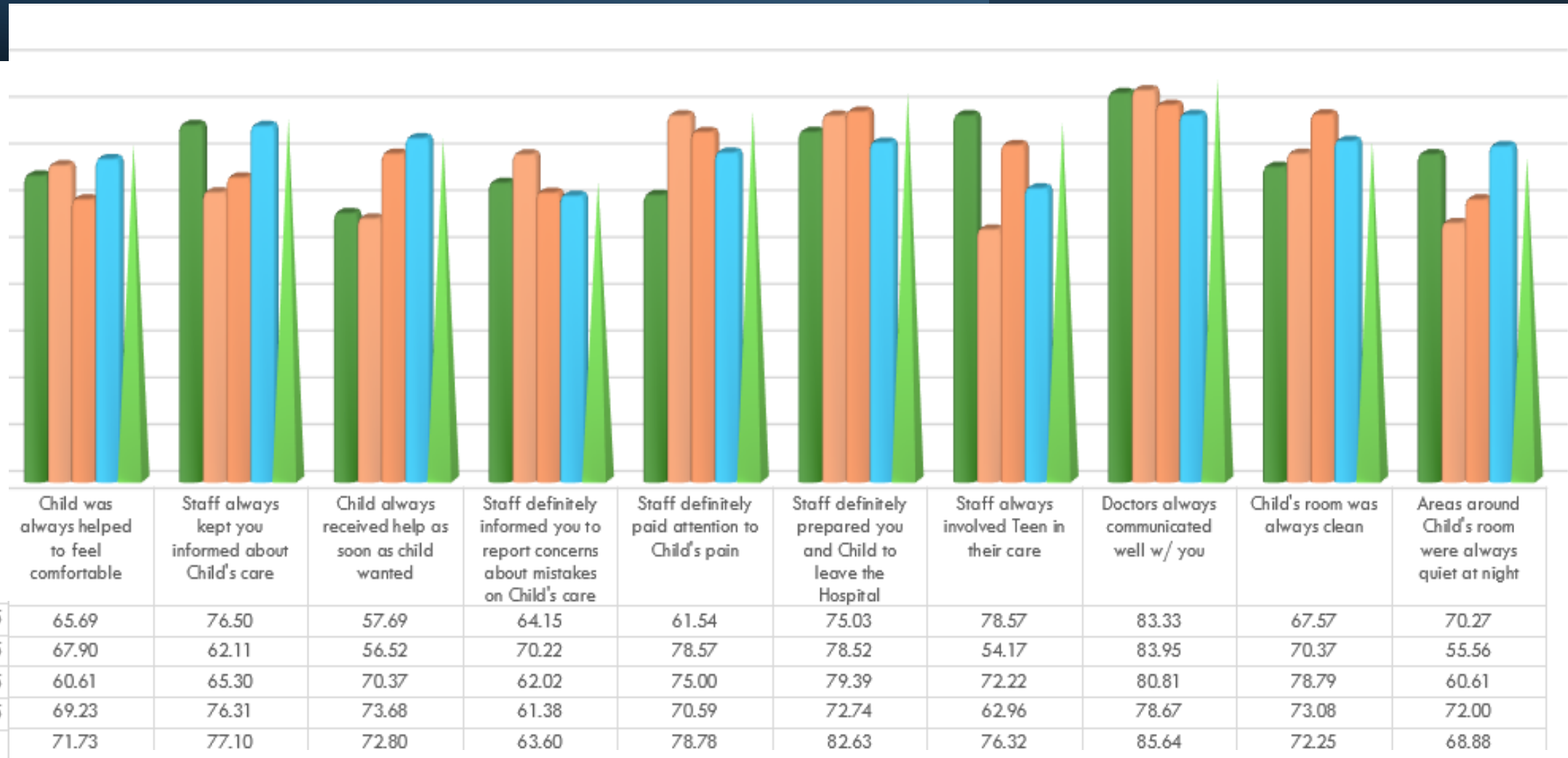


- 8 of 10 elements are in a positive trend for 2025
- Strongest trend for cleanliness and medication communication

2025 Childs HCAHPS – Part 1



2025 Childs HCAHPS – Part 2

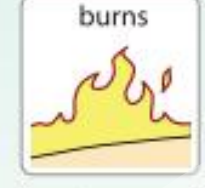
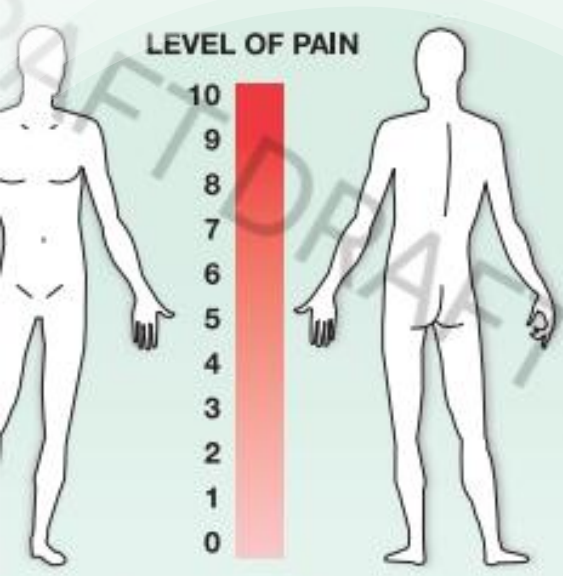


2025 Childs HCAHPS



- Dedicated experience coordinator to peds departments
 - Experience rounds 7 days a week
- Increased character and special visits for Peds
- Multiple stocking and promotion of resources (toys) for children
- New gaming system for peds patients
- UOTW rounding
- Resident ICARE and customer service training

CHART



UMCSN.COM

I WANT

breath	in pain	choking	feeling sick	to be suctioned	lip moistened	water	to be comforted	to sleep
thirsty	cold/hot	tired	dizzy	tv/video/dvd	call light /remote	ice	lights off/on	to go home
	afraid	frustrated	sad	to sit up	to lie down	to turn left/right	head of bed up/down	get out of b

SEE

family chaplain

A B C D E F G H I
J K L M N O P Q R
S T U V W X Y Z

' , ? !

pen/paper

SINGLE PATIENT USE. Please do not

EZ Communication Boards

EZ Communication Boards

Communication Opportunity

- Non-verbal patients
 - Trauma-related injuries
 - Stroke – long/short term
 - Speech impaired
 - Intubated patients
- Previous methods
 - Varied in units
 - Not standardized
 - Unavailable
 - Paper and pen options



EZ Communication Boards

- Effective Communication is essential to patient safety and quality health care.
 - Nonverbal patients can struggle with expressing basic needs
 - Vulnerable to errors
 - Emotional Isolation and Anxiety
 - Barrier or Care Decisions
 - Over- reliance on caregivers

● I AM

Short Of Breath Gagging
 Frustrated In Pain
 Nauseous Light-Headed
 Anxious Afraid
 Disappointed Lonely
 Tired Angry
 Drowsy Wet
 Better Worse
 Thirsty Hungry
 Hot Cold
 Unsure (Of What Is Happening)

● I WANT

To Be Suctioned More Control To Be Comforted
 To Sit Up To Lie Down Prayer
 Water Ice Exercise
 Bath Shampoo Lotion
 Eyeglasses Hairbrush Massage
 Socks Urinal Bedpan
 Make A Call Call Light,TV Pillow
 To Turn Right To Turn Left Lights On
 Lights Off Lights Dim Blanket
 It Quiet To Sleep To Rest

● I WANT TO SEE

Doctor Chaplain Assistant
 Nurse Social Worker My Family
 Respiratory Therapist Physical Therapist

● I WANT TO CLEAN

Mouth Teeth Face
 Nose Hands Hair

For infection control purposes, please do not reuse this board between patients.

UMC EXPERIENCE 702-383-2376

EZ Communication Board

- Single patient use
 - Stays with the patient during their visit and beyond
- English and Spanish versions
- Picture and Word Boards
- Serves all ages
- Delivered to all ICUs/IMCs
- Available for any patient by request with the Pt Experience team
- Spanish versions house with Interpreters
- House Sup for off-hour needs

PAIN CHART EZ Boards Now Available in 20 Languages. Order at www.ezcommunicationboards.com

THIS BOARD BELONGS TO: (Place Label Here)

LEVEL OF PAIN

10 Worst
9
8 Severe
7
6 Moderate
5
4 Slight
3
2
1 None

THIS PART (Of My Body)

Itches
 Stings
 Hurts
 Cramps
 Can't Move
 Is Numb
 Aches
 Burns
 Is Tender

THE PAIN IS

Constant
 Intermittent
 Radiating
 Throbbing
 Dull/Aching
 Sharp

I WANT Pain Medicine

MEMO: _____

PLAN OF CARE: YES NO Please Explain I Need Reassurance
 Where When What Stop What Is The Plan? When Can
 How Why Who Continue How Am I Doing? I Go Home?

KEEP THIS BOARD WITH PATIENT AT ALL TIMES. For more information on EZ Communication Boards www.ezcommunicationboards.com © 1998 Wadsworth, L22 Patient No. 6-029-075. All rights reserved. Item No. 901 • English MADE IN CHINA

**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:		
<p>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the Quality, Safety, and Regulatory Program, from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. <i>(For possible action)</i></p>		

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
April 20, 2026

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

Issue: FY25 Organizational Improvement Goals Update	Back-up:
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<p>Recommendation:</p> <p>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the FY26 Organizational Improvement Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality Committee will receive an update on the UMC Organizational goals for FY26.

Cleared for Agenda
April 20, 2026

Agenda Item #

7



Quality/Safety Performance Objectives FY26

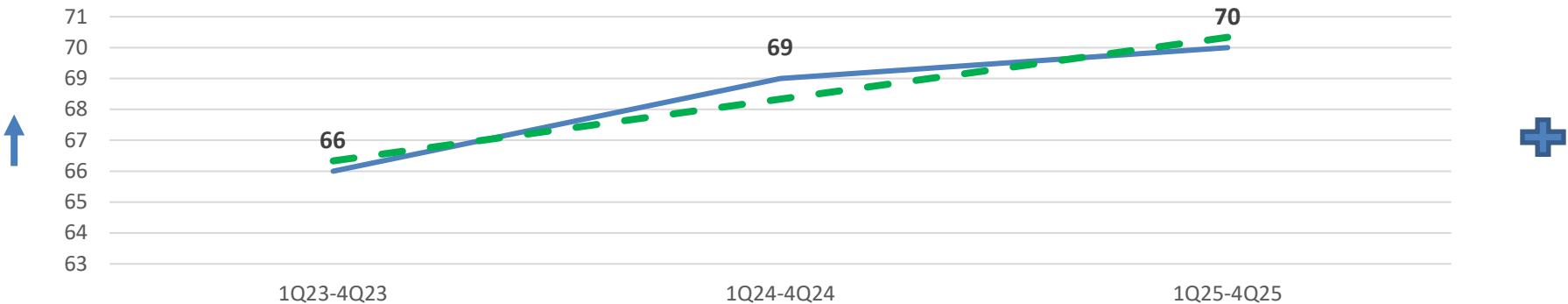
Approved by the Governing Board

Quality Performance Objective

FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures:

Hand Hygiene Compliance Hospital Wide



Measure	Goal Met
Finalize vendor selection, budgeting, and obtain contract approval for electronic Hand Hygiene Surveillance System	Swipesense May 11 – 25, 2026
Develop, implement, and execute a campaign to improve the Hand Hygiene Program	Program Developed Launching: 4/20/26

↓ Lower is better.
↑ Higher is better
⊕ Goal Met
▬ Goal Not Met
Trend Line: Improvement
▬ Sustain
▬ Needs Improvement
▬

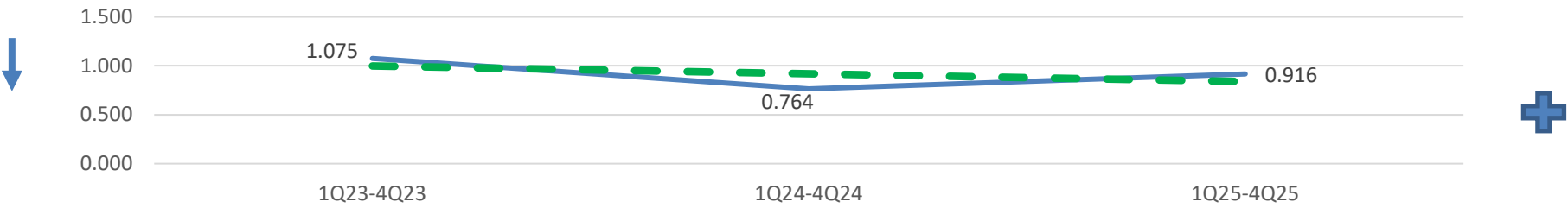
Source: Infection Control Department, Hand Hygiene Observations.

Quality Performance Objective

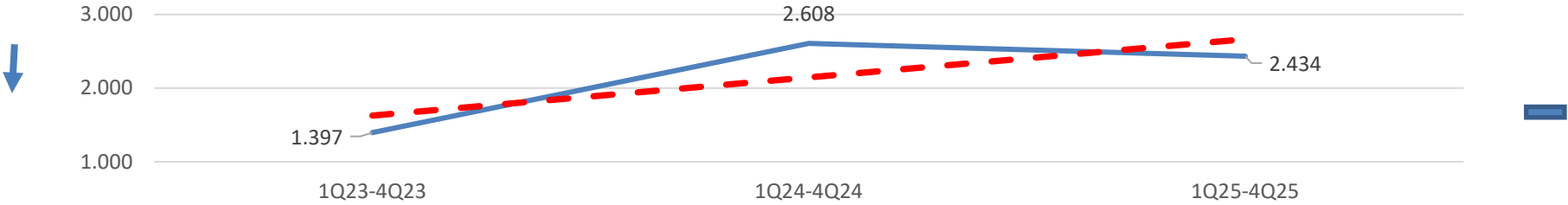
FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period or remain under the national index of 1.0 for the following inpatient quality/safety measures:

HAI-1: Central Line Bloodstream Infections (CLABSI)



VAP/IVAC Plus Overall - Adult Only



↓ Lower is better.
↑ Higher is better
+ Goal Met
 - Goal Not Met
 Trend Line: Improvement
 █ Sustain
 █ Needs Improvement
 █

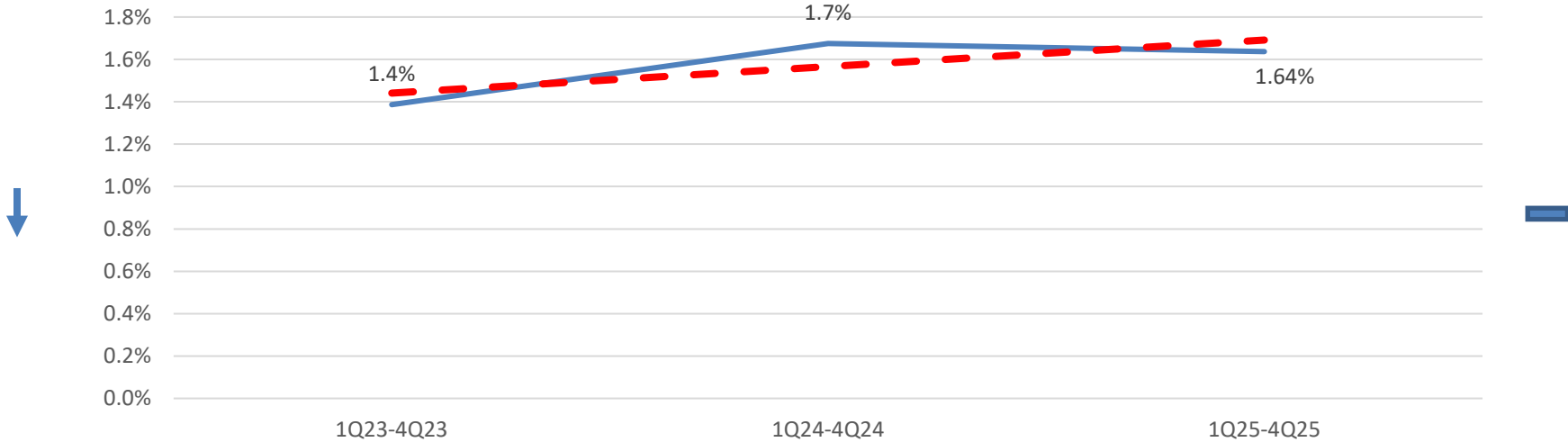
Source: UMC Infection Control Department – NHSN

Quality Performance Objective

FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures:

SSI Ortho Overall



↓ Lower is better. ↑ Higher is better + Goal Met — Goal Not Met Trend Line: Improvement ■ Sustain ■ Needs Improvement ■

Source: UMC Infection Control Department - NHSN. SSI Ortho - NHSN reporting process, one quarter lag. SSI Rate, percent of total procedures. Hip, Knee, Spinal Fusion and Laminectomy

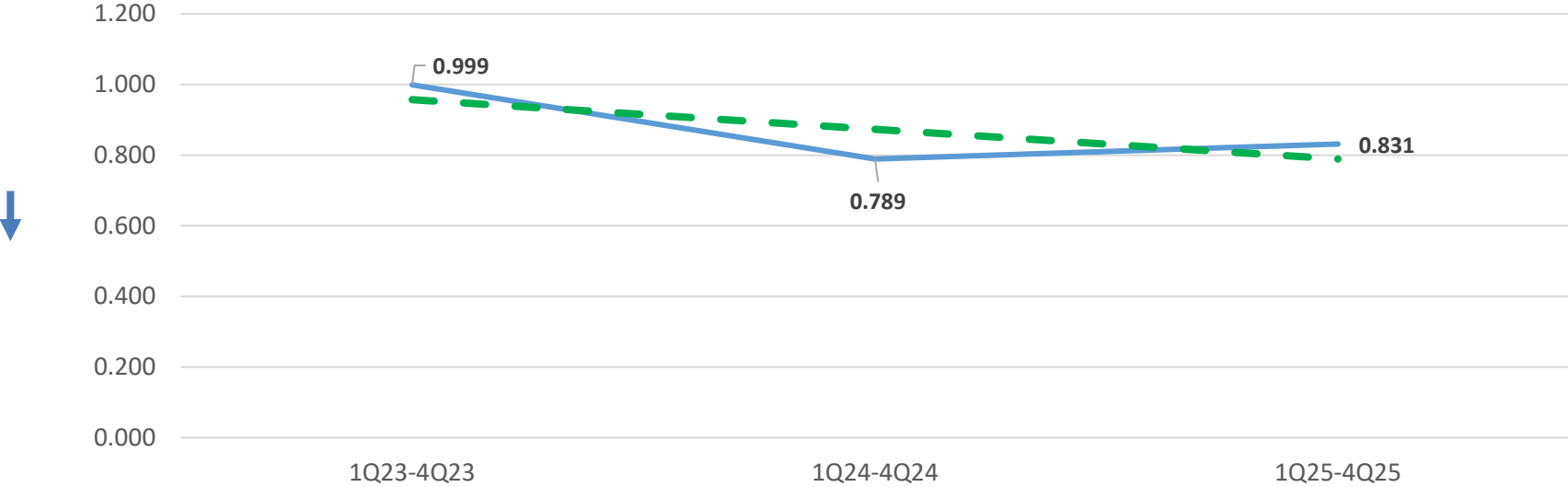
Quality Performance Objective



FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period or remain under the national index of 1.0 for the following inpatient quality/safety measures:

PSI90 Patient Safety & Adverse Composite Rate



↓ Lower is better. ↑ Higher is better + Goal Met — Goal Not Met Trend Line: Improvement ■ Sustain ■ Needs Improvement ■

Source: Vizient Clinical Database

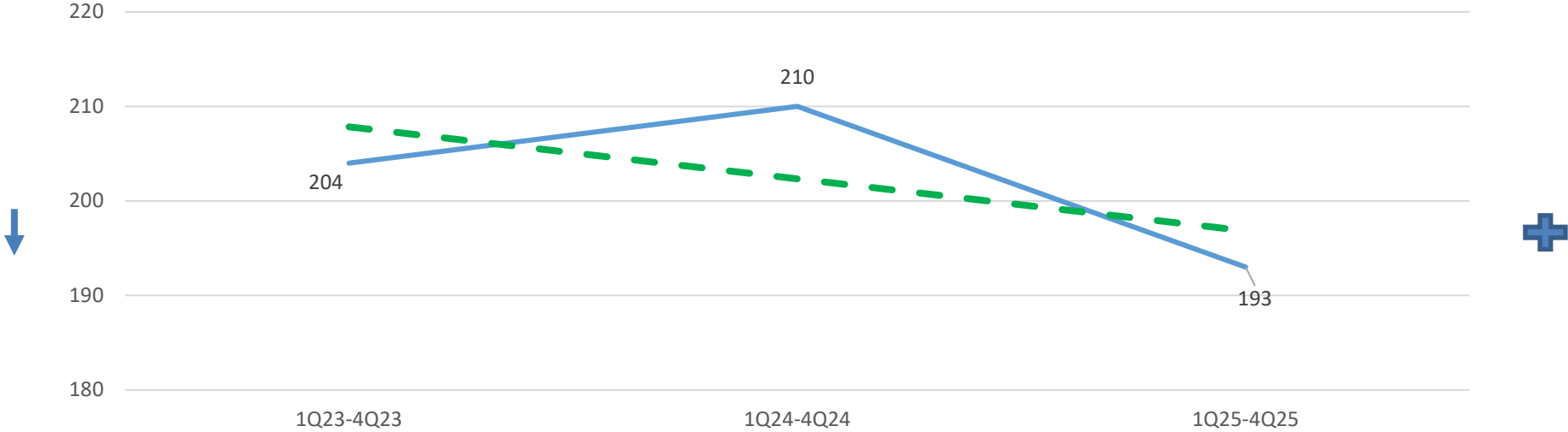
PSI 90 is a composite of the following 10, PSI indicators: pressure ulcers, iatrogenic pneumothorax, fall with hip fracture, peri-operative hemorrhage/hematoma, peri-operative metabolic complications, post-op respiratory failure, peri-op pulmonary embolism/deep vein thrombosis, post-op sepsis, post-op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

Quality Performance Objective

FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following quality/safety measures:

ED Median Arrival Time to Disposition



↓ Lower is better. ↑ Higher is better + Goal Met — Goal Not Met Trend Line: Improvement ■ Sustain ■ Needs Improvement ■

ED Median Arrival to Disposition: Epic Slicer Dicer. The median time (in minutes) from when the patient arrived until ED disposition was recorded. Adult, Peds, Trauma Resus.

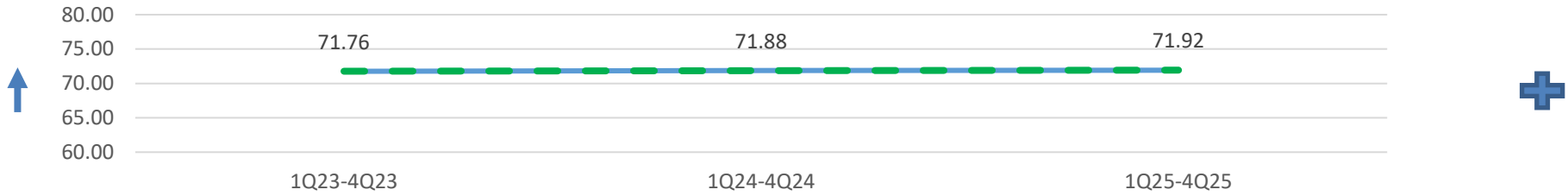
Quality Performance Objective



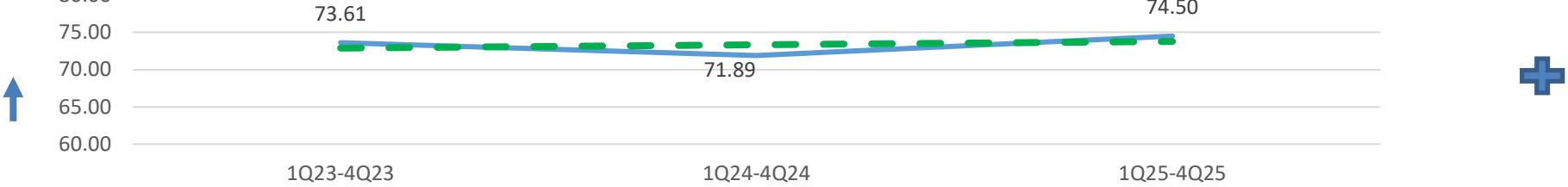
FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (IP):

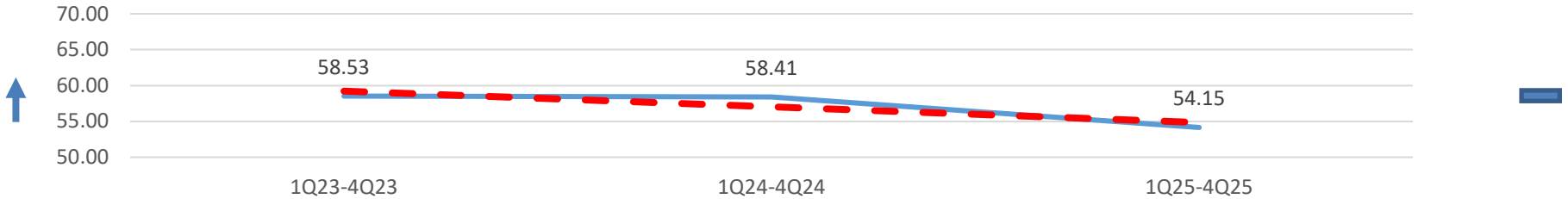
Communication with Nurses: Hospital



Communication with Doctors: Hospital



Responsiveness of Staff: Hospital



↑ Higher is better.
 + Goal Met
 - Goal Not Met
 Trend Line: — Improvement — Sustain — Needs Improvement —

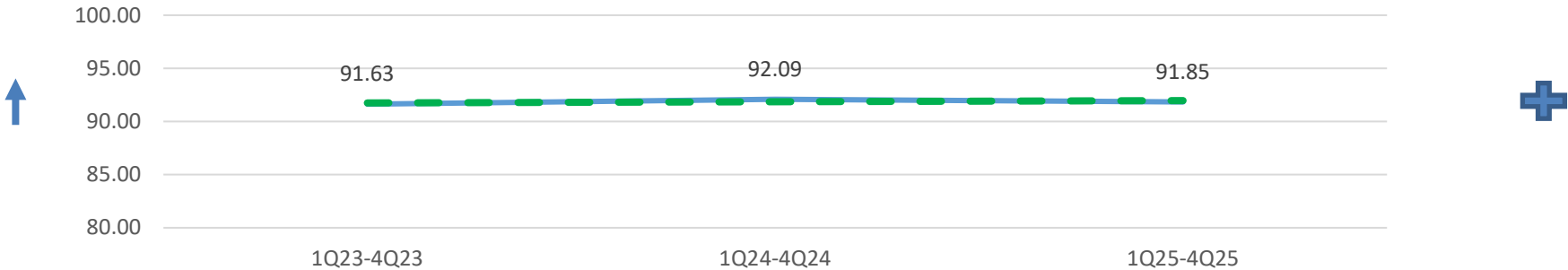
Source: HCAHPS Measures by Service Date - Press Ganey - Top Box by Service Date

Quality Performance Objective

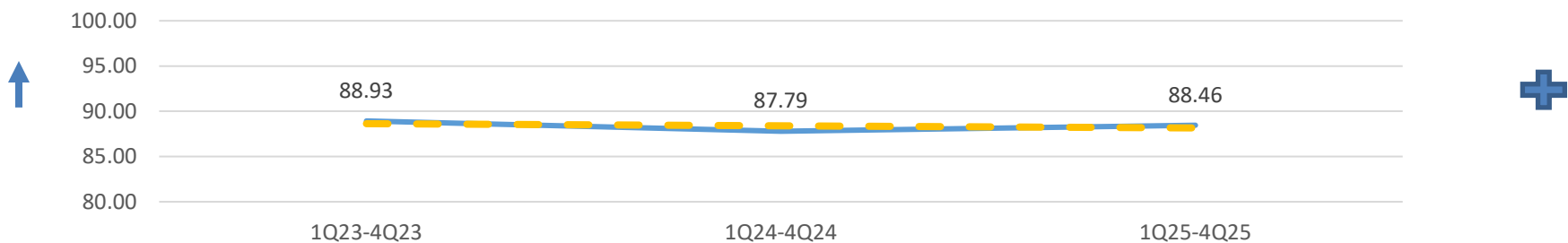
FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (OP):

Listen/Courtesy from Nurses/Assist: Primary Care



Communication with Provider: Primary Care



↑ Higher is better. + Goal Met - Goal Not Met Trend Line: Improvement ■ Sustain ■ Needs Improvement ■

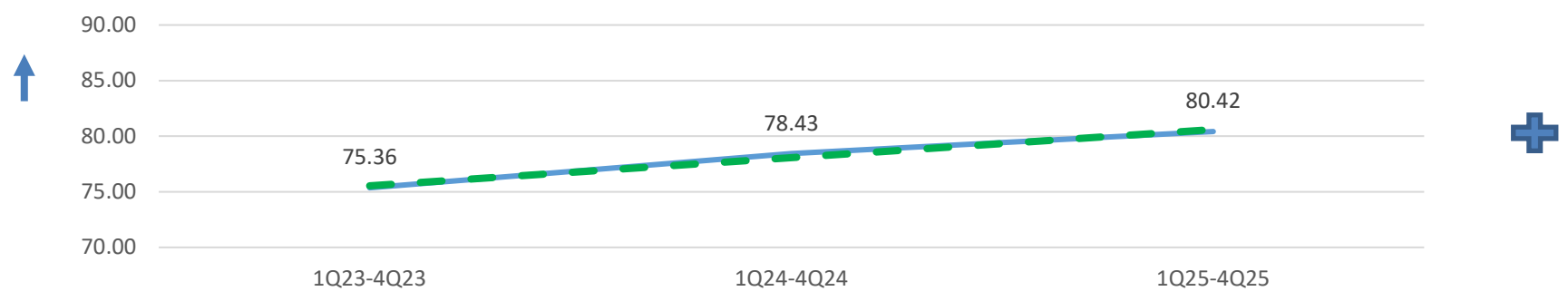
Source: HCAHPS Measures by Service Date - Press Ganey - Top Box by Service Date.

Quality Performance Objective

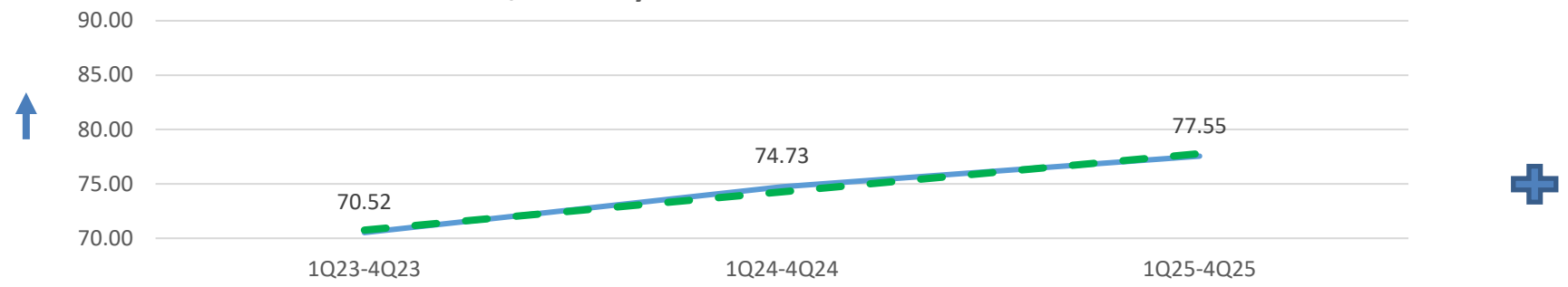
FY26 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (OP):

Listen/Courtesy from Nurses/Assist: Quick Care



Listen/Courtesy from Care Provider: Quick Care



↑ Higher is better. + Goal Met - Goal Not Met Trend Line: Improvement ■ Sustain ■ Needs Improvement ■

Source: HCAHPS Measures by Service Date - Press Ganey Top Box by Service Date.

Quality Performance Objective



FY26 Clinical Quality & Professional Affairs Committee

Develop, implement, and execute plans/campaigns to support and improve the following performance goals/programs during FY26:

Measure	Goal Met
Communication with Physicians	In Progress
Unit of the Week Rounding to Identify Areas in Need of Repair (# of repair opportunities identified within areas reviewed / # corrected on validation of area)	94%*

* % completed as of 4/17/26

DISCUSSION / QUESTIONS?

Patricia Scott, MSNA, BSN, RN, RHIA, CPHQ, CCDS, CPHRM, CLSSBB
Quality, Patient Safety, & Regulatory Officer

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[702-207-8257](tel:702-207-8257) (Office)

[702-303-3921](tel:702-303-3921) (Cell)

**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	
<p>Recommendation:</p> <p>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 February 2, 2026 and March 4, 2026, including, the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 20, 2026

Agenda Item #

9

February 4, 2026 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 148 Approved, 8 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Nutritional Screening, Assessment, Intervention, Monitoring and Evaluation</u>	Revised	Approved as Submitted	Updated reassessment and follow-up guidelines. Vetted by Food Services, Clinical Nutrition Manager and Support Services Executive Director.
<u>Borrowing/Loaning of Medications</u>	Revised	Approved as Submitted	Removed statement that UMC will not lend medication that is subject to a REMS program, such as Soliris. Vetted by Director of Pharmacy.
<u>Naloxone Nasal Spray Dispensing in Conjunction with the Southern Nevada Health District</u>	Revised	Approved as Submitted	Updated scope to "system wide", updated documentation requirements for individuals who are not currently patients, and minor grammatical changes. Vetted by Director of Pharmacy.
<u>Medication Management Surveys</u>	Revised	Approved as Submitted	Changed from a guideline to a policy. Minor wording changes. Vetted by Director of Pharmacy.
<u>Antimicrobial Stewardship</u>	Revised	Approved as Submitted	Scheduled review; minor clerical changes. Vetted by Director, Pharmaceutical Services; Pharmacy Clinical Specialist, Infectious Disease.
<u>Soliris/Ultomiris Risk Evaluation and Mitigation Strategy (REMS)</u>	New	Approved as Submitted	New policy to clarify REMS process and requirements. Vetted by Director of Pharmacy Services.
<u>Time-Critical Scheduled Medications</u>	Revised	Approved as Submitted	Scheduled review; no changes. Vetted by Pharmacy Director.
<u>Pharmacy Department Compliance with NRS/NAC</u>	Revised	Approved as Submitted	Scheduled review; no significant changes. Vetted by Pharmacy Director.
<u>Drug Samples</u>	Revised	Approved with Revisions	Added the policy and procedure for drug samples in the Wellness Center. Vetted by Director of Pharmacy, Wellness Center Manager, Wellness Center Medical Director.
<u>IV Room Environmental Monitoring Procedures</u>	Revised	Approved as Submitted	Added pressure differential requirements for HD Compounding Rooms. Added location for recordkeeping. Added to definitions. Combined with Continuous Pressure Monitoring Policy. Vetted by Director of Pharmacy.
<u>Aseptic Manipulation Competency Evaluation in the Sterile Compounding Area</u>	New	Approved as Submitted	Updated according to USP 797 2022 guidance. Refined for clarity. Vetted by Pharmacy Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Assessment of Pain Management Competency</u>	New	Approved as Submitted	Updated the section on maintaining competency. Vetted by Pharmacy Director.
<u>Assessment of Parenteral Nutrition Competency</u>	New	Approved as Submitted	Scheduled review. No changes made. Vetted by Pharmacy Director.
<u>Conversion of Enteral Medications to the Appropriate Dosage Form and Route</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Pharmacy Director.
<u>Maintenance and Use of Laminar Airflow Workbench</u>	Revised	Approved as Submitted	Updated scope to specify pharmacy personnel. Added terminal clean. Updated references. Formatting changes. Vetted by Pharmacy Director.
<u>Parenteral Nutrition</u>	Revised	Approved as Submitted	Revised formatting. Added due time for initial PN consult to be received for a patient to receive a PN the same day as the initial consult as a consequence of PN being prepared offsite. Injectable lipid emulsion changed to intravenous lipid emulsion in the neonate section to match language in the Neonatal Parenteral Nutrition guidance document. Vetted by Pharmacy Director.
<u>Compounded Sterile Product Handling</u>	Revised	Approved as Submitted	Added fact that no medications would be added to existing bags. Added information about appropriate container closure systems and tamper evident closures. Replacing Compounded Sterile Product Delivery Procedure policy. Vetted by Director of Pharmacy.
<u>IV Room Hand Hygiene and Garbing</u>	Revised	Approved as Submitted	Updated Scope. Updated with USP <797> 2022 recommendations, including more details about risk of contamination, details related to hand hygiene/garbing of hazardous medications, general clarifications. Vetted by Director of Pharmacy.
<u>Daily and Monthly Cleaning and Maintenance Requirements in the Sterile Compounding Area</u>	Revised	Approved as Submitted	Updated to reflect USP 797 and USP 800. Added table summarizing frequency of cleaning and disinfecting. Updated cleaning documentation to be maintained electronically. Reworded for consistency. Updated Definitions. Updated References. Vetted by Director of Pharmacy.
<u>Medication Formulary Systems</u>	Revised	Approved as Submitted	Added language regarding formulary process for outpatient procedural areas. Vetted by Pharmacy Services Director.
<u>Look Alike/Sound Alike Drugs (LASA)</u>	Revised	Approved as Submitted	Removal of pneumococcal vaccines based on formulary changes; addition of drugs based on identified risks at UMC. Vetted by Pharmacy Services Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Drug Outdates</u>	Revised	Approved as Submitted	Added definition of short-dated products. Updated procedure to align with current practice. Vetted by Director of Pharmacy.
<u>Reissuing of Medications</u>	Revised	Approved as Submitted	Scheduled review; no changes. Vetted by Director of Pharmacy Services.
<u>Drug Recalls</u>	Revised	Approved as Submitted	Added statement addressing patient-level recalls. Added definitions. Minor grammatical edits. Vetted by Director of Pharmacy.
<u>Unit-Dose Packaging</u>	Revised	Approved as Submitted	Removed information about compounding and other areas not relevant to the unit-dose packaging. Grammar edits. Vetted by Director of Pharmacy.
<u>Hazardous Drug Spill Management</u>	Revised	Approved as Submitted	Changed title from "cytotoxic" to "antineoplastic" based on USP 800 definitions. Changed the chart to include only medications that are subject to this policy. Reformatted policy and added additional details. Vetted by Director of Pharmacy.
<u>Environmental Monitoring and Testing for Infection Control</u>	Revised	Approved as Submitted	Policy review, no change in content, few grammatical changes. Vetted by Director of Infection Prevention and Control and Medical Director Inpatient & Outpatient Infectious Disease Services.
<u>Bloodborne Pathogen Exposure Control Plan (ECP)</u>	Revised	Approved as Submitted	Yearly review minimal changes grammar and formatting: Hepatitis B vaccination and BBP exposure education are for ALL employees. Vetted by Infection Control/Employee Health and Medical Director Inpatient & Outpatient Infectious Disease Services.
<u>Grant Applications and Awards</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Assistant Controller, Controller and CFO.
<u>Ambulance Transports (Ground & Air)</u>	New	Approved as Submitted	New policy. Vetted by Revenue Integrity Analyst, Compliance/Privacy Officer, Director Patient Accounting and Revenue Integrity and Director Clinical Support Services.
<u>Use of the Outpatient in a Bed Status</u>	New	Approved as Submitted	New policy. Vetted by Director Patient Accounting and Revenue Integrity and CFO.
<u>Rehab - Staffing and Productivity</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Rehab Services Manager & ACNO.
<u>Rehab - Acute Care Documentation Pain Assessment</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Rehab Services Manager and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Anticoagulation Reversal Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Trauma Program Manager, Clinical Director Critical Care Services and ACNO.
<u>Treatment Guidelines for Orthopaedic Injuries</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Trauma Clinical Manager, Clinical Director Critical Care Services and ACNO.
<u>Temporary Implanted Local Pain Management System</u>	Revised	Approved as Submitted	Reviewed by Dr. Hu, Anesthesia Medical Director and Surgical Services Medical Director. No changes needed.
<u>Patient Requests for Amendment of Health Information</u>	Revised	Approved as Submitted	Manual changed from Compliance and Privacy to just Privacy. Updated Procedure to clarify handling of partial approvals/partial denials of amendment requests. Added language to confirm that HIMD will amend the accepted portion and issue a written denial for any denied portion. Clarified originator availability consideration for amendments to records not created by UMC and added retention documentation reference consistent with HIPAA documentation requirements. Vetted by Privacy Officer.
<u>PHI Disclosure Accounting</u>	Revised	Approved as Submitted	Updated the policy manual designation from "Compliance and Privacy" to "Privacy." Updated the policy manual designation and clarified that the Privacy Office is the central unit responsible for receiving, reviewing, and fulfilling patient requests for an Accounting of Disclosures, including a requirement that all requests be forwarded to the Privacy Office for processing. Added a Privacy Office review and fulfillment workflow to standardize validation of the request, review of the electronic health record accounting report, and review of the patient chart "Media" section for notable disclosures and disclosure logs. Clarified documentation expectations for disclosures that are privacy incidents/misdisclosures and refined the policy's treatment of incidental disclosures and Limited Data Set disclosures to align with HIPAA accounting requirements. Added a reference to the HIPAA fee provision for accountings.
<u>Enhanced Observation and Interventions including the Use of Patient Attendants, TeleSitter Monitoring or</u>	New	Approved as Submitted	Combined the Patient Attendant Utilization Policy and the TeleSitter Continuous Video Monitoring Policy to the Enhanced

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Camera Monitoring and Safety Sitter Observation</u>			Observation and Interventions including the Use of Patient Attendants, TeleSitter Monitoring or Camera Monitoring and Safety Sitter Observation. Removed the initial policies. Vetted by Clinical Director of Medical Surgical Services.
<u>Electronic Health Record Documentation</u>	Revised	Approved as Submitted	Scheduled review. Added updated co-signature requirement per bylaw change. Removed APP definition because all APPs were identified based on documentation and co-signature requirements on documentation grid, per bylaws. Vetted by Medical Staff Services, HIM Manager and HIM Director.
<u>Assessment of Responsibility for Life Safety</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building Assessment</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Life Safety Drawings</u>	Revised	Approved with Revisions	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>PFI Time Frame</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Maintaining Documentation of State or Local Control Agency Inspections/Approvals</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Removing Life Safety Features</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Maintaining Basic Building Information</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire Watch</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building and Fire Protection Features</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Means of Egress</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire and Smoke Protection</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire Alarm System</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire Extinguisher Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Special Fire Protection Features</u>	Revised	Approved with Revisions	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building Services</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Decorations, Receptacles and Heating</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building and Fire Protection Features (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Means of Egress (Ambulatory)</u>	New	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire and Smoke Protection (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Fire Alarm Systems (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Providing & Maintaining Fire Extinguishing Systems (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Special Fire Protection Features (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building Services Protection from Smoke and Fire Hazards (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Decorations, Receptacles, and Heating Devices (Ambulatory)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Building and Fire Protection Features (Business)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Maintains Means of Egress (Business)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Protection from Fire & Smoke Hazards (Business)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Maintaining Fire Alarm System (Business)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Maintaining Fire Extinguishing Equipment (Business)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Testing of Fire Safety Equipment and Building Features</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Design and Installation of Utility Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Design Building Systems and Risk Assessment</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility Systems Written Inventory</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility Systems Risk Criteria, Inspection, and Maintenance</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Frequencies for Testing New Equipment</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Criteria for Alternative Operations of Utility Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Policy on Inspecting, Testing, and Maintenance</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Labeling Controls for a Partial or Complete Emergency Shutdown</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility System Disruptions and Notification</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Electrical Power and Security Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Elevators</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Medical Air System</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Medical Gas</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Natural Gas</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Pneumatic Tube System</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Potable Water Supply</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Steam Boiler</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities Waste Disposal System</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Loss of Utilities-Communication Failure</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Loss of Utilities-HVAC Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility System Failures Clinical Intervention</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility System Failures Clinical Intervention Grid</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Utility System Disruption Response</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Appropriate Ventilation and Air Relationships</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Appropriate Ventilation and Pressurization Rates in Non-Critical Areas</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Mapping the Distribution of Utility Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Medical Gas Storage Rooms and Transportation</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Emergency Power System</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Operating Rooms Wet Location</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Electrical Distribution</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Hospital Grade Receptacles</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Relocatable Power Taps</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Extension Cords</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>General Anesthesia Areas</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Managing Biological Agents</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Emergency Electrical Power Source</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Major Repair and Maintenance of Utility Components</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Inspection of Utility Components Before Initial Use</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Inspection, Testing, and Maintenance of High-Risk Utility Systems/Equipment</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Inspection, Testing, and Maintenance of Infection Control Utility Systems/Equipment for High-Risk Patients</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Inspection, Testing, and Maintenance of Non-Life Support Utility Systems/Equipment</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Line Isolation Monitors</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Meeting Requirements of NFPA 1999-2012</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Battery Powered Lights for Egress</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Uninterruptible Power Supply (UPS)</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Emergency Generator Testing</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Automatic Transfer Switches</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Generator Fuel Quality</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Emergency Generators – 4 Hour Testing</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Management of Gas Storage</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Inspecting, Testing, and Maintaining Piped Medical Gas Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Bulk Oxygen</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Testing of Piped Medical Gas</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Identification and Accessibility of Shut Off Valves for Piped Medical Gas and Vacuum Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Hospital Meets all other NFPA 99-2012 Requirements Related to Gas and Vacuum Systems</u>	Revised	Approved as Submitted	Scheduled review with no significant changes. Vetted by Facilities Maintenance Director.
<u>Resident Due Process</u>	Revised	Approved as Submitted	New policy. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Impairment</u>	Revised	Approved as Submitted	New policy. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Student Clinical Experience</u>	Revised	Approved as Submitted	Revised to reflect current practice on badge issuance and if applicable to discipline requirements. Vetted by Director Professional Practice, Disease Specific, Tranquility & Educational Services.
<u>Medication Before Anesthesia Recommendations</u>	New	Approved with Revisions	New Policy. Vetted by Chief of Anesthesia-Medical Director and Clinical Manager Pre-Op/ PACU/ PAT.
<u>GLP-1 Patients, Eating and Drinking Before Your Procedure</u>	New	Approved with Revisions	New Policy. Vetted by Chief of Anesthesia-Medical Director and Clinical Manager Pre-Op/ PACU/ PAT.
<u>Application of Topical Anesthetic to Lacerations in the Pediatric Emergency Department</u>	Revised	Approved with Revisions	Rearranged the Exclusion Criteria for better understanding. Updated the reapplication time per Dr. Trautwein. Vetted by Peds ED Supervisor, Critical Care Services Director, ACNO and Pediatric ED Medical Director.
<u>Pediatric Cervical Spine Imaging</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by PICU Clinical Manager, Maternal Child Services Director, ACNO, PICU attendings and Trauma Coordinator.
<u>Respiratory - Invasive and Non-invasive Ventilation Guidelines</u>	Revised	Approved as Submitted	Reviewed. No updates required. Vetted by Director of Respiratory Services and ACNO.
<u>NICU / PICU – RAM Cannula</u>	Revised	Approved as Submitted	Annual review. Updated language to remove the word incubator and replace with isolette. No other changes. Vetted by Director of Respiratory Services and ACNO.
<u>Respiratory Disaster Notification Plan</u>	Revised	Approved as Submitted	Annual review. No changes necessary. Vetted by Director of Respiratory Services and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Respiratory - Continuous Medication Aerosol Delivery Devices</u>	Revised	Approved as Submitted	Reviewed. Change of language to remove reference to a specific manufacturer's syringe pump and changed to hospital approved syringe pump. Discussed with Director of Pharmacy for removal of language discussing specific process related to medication concentrations in orders. Felt language was not necessary in this policy. Vetted by Respiratory Services Director and ACNO.
<u>Respiratory - The Use of Aerosolized Pharmaceuticals and Medication Compliance</u>	Revised	Approved as Submitted	Reviewed. Added language related to pharmacy converting MDI orders to nebulized medication. Also, clarified pharmacy to be contacted for any non-formulary respiratory medications. Vetted by Respiratory Services Director and ACNO.
<u>Respiratory Lab - Blood Gas Reportable Ranges, Critical Values, Reference Ranges and Manufacture Ranges</u>	Revised	Approved as Submitted	Reviewed. Updated only to reflect the low range glucose of <45 to align with UMC glucose reporting policy. No other changes. Policy in accordance with CAP requirements. Vetted by Respiratory Services Director and ACNO.
<u>Cardiac Cath – Power Injector</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Cardiopulmonary Services and ACNO.
<u>Cardiac Intermediate Care Unit (CIMC) Criteria for Triage, Admission and Discharge Guideline</u>	Revised	Approved as Submitted	Scheduled review. Minor changes to wording to further delineate IMC/Stepdown level of care. Bipap support/O2 therapy requirements revised, and language regarding patients who are not donor/no advance measures exclusion language removed. Vetted by Director Critical Care Services, Critical Care Committee and ACNO.
<u>Intermediate Care Unit (3 South & 3 West) Criteria for Triage, Admission and Discharge Guideline</u>	Revised	Approved as Submitted	Minor changes to wording to further delineate IMC/Stepdown level of care. BIPAP support /O2 therapy requirements Language revised and vetted per MICU medical director. Language regarding patients who are not donor/no advance measures exclusion language removed. Vetted by Manager of Stepdown unit/Director Critical Care Services, Critical Care Committee and ACNO.
<u>Standards of Basic Nursing Care-Intermediate Care (IMC)</u>	Revised	Approved as Submitted	Updated to align and stratify standards with national critical care standards. Reassessment frequency, tables updated. Revised language regarding patients requiring telemetry/rhythm verification. Added End-Tidal CO2 monitoring and PCA policy hyperlink. Vetted by Critical Care Director, ACNO and Critical Care Committee.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Newborn Hearing Screen</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by NICU Clinical Manager, Maternal Child Services Clinical Director and ACNO.
<u>Neonatal Resuscitation</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by NICU staff, Maternal Child Services Clinical Director and ACNO.
<u>Newborn General Care</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by NICU Clinical Manager, Maternal Child Services Clinical Director: and ACNO.
<u>Blood Transfusion Guidelines, Neonatal and Pediatrics</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted NICU Clinical Manager, Maternal Child Services Clinical Director and ACNO.
<u>Antenatal Steroids for Patients at Risk for Preterm Delivery</u>	Revised	Approved as Submitted	Updated references. No change in recommendations. Vetted by Perinatal Clinical Manager, Clinical Director Maternal Child, Dr. Adam Levy and Dr. Marsha Matsunaga-Kirgan.
<u>Conditions for Admission to, or Transfer of, a Trauma Patient to a Non-Trauma Surgeon Attending Physician</u>	Revised	Approved with Revisions	Reviewed by physician leadership from Trauma Surgery, Pediatric Hospital Medicine, UMC Hospitalists, and Pediatric Critical Care Medicine. Clarification made to single system/site injuries, verbal handoff, and oral diet/enteral access added.

March 4, 2026 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 55 Approved, 3 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Electronic Order Set - Request, Implementation and Review</u>	Revised	Approved as Submitted	Updated to reflect current process. Down Time procedures included. Vetted by Order Set Committee.
<u>Transfer and Transport of an Inpatient</u>	Revised	Approved as Submitted	Policy revised for current process. Vetted by Clinical Leadership.
<u>Post-Cardiac Arrest Prognostication - Adult</u>	Revised	Approved as Submitted	Verbiage added in NSE to "probable" poor neurological outcome, and updated the reference to the 2025 AHA guidelines. Vetted by Critical Care Director and ACNO.
<u>Animal Bite Protocol</u>	Revised	Approved as Submitted	Updated Animal Control Bite Report attached. Vetted by Director of Ambulatory Care.
<u>Enterprise Physicals Clinic Workflow</u>	Revised	Approved as Submitted	Added assumptions based on contractual needs and Team members' need-to-know basis, like employer access to EPIC Care Link. Access to the patient records via My Chart. Added some detail to clarify visit types. Vetted by Ambulatory Care Director.
<u>Just Culture – Response to Safety Events</u>	New	Approved as Submitted	Removed reference to Safety Intelligence and replaced with patient safety event reporting system. Minor grammatical changes. No content change. Vetted by Director of Patient Safety.
<u>Coding – Continuing Education (CE) Accumulation</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Assistant Director of Coding and CDI, HIM Director and CFO.
<u>Geriatric Trauma Treatment Guidelines</u>	Revised	Approved with Revisions	Added FRAIL Score to Epic SMARTPHRASE. Removed "Trauma MOI admitted to any ICU." Reviewed with stakeholders and by G60 Operational Committee. Vetted by Trauma Clinical Manager, Critical Care Director Trauma and ACNO.
<u>Adult Whole Blood Massive Transfusion Guideline in Trauma Patients</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Whole Blood Subcommittee of Transfusion Safety Committee, Trauma Program Manager, Critical Care Director and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Pediatric Anticoagulation Reversal Guideline</u>	New	Approved as Submitted	Scheduled review, no changes. Vetted by Trauma Program Manager, Critical Care Director and ACNO.
<u>Interfacility Transfer of Trauma Patients</u>	New	Approved as Submitted	Scheduled review, no changes. Vetted by Trauma Program Manager, Critical Care Director and ACNO.
<u>Trauma Team – Full Activation Criteria</u>	New	Approved as Submitted	Added “advanced airway placement” to Physiologic Criteria. Vetted by Trauma Program Manager, Critical Care Director and ACNO.
<u>Guidelines for Burn and Anesthesia</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager, Burn Medical Director, Critical Care Director and ACNO.
<u>Trauma-Burn Privileges</u>	New	Approved as Submitted	New policy. Vetted by Burn Program Manager and Burn Program Medical Director.
<u>Burn Registry Use, Inclusion and Exclusion Criteria</u>	New	Approved as Submitted	New policy. Vetted by Burn Program Manager and Burn Program Medical Director.
<u>Adult Burn Care Pain and Anxiolysis Serial Procedure Management</u>	New	Approved as Submitted	New policy. Vetted by Burn Multidisciplinary Team and ACNO.
<u>Pediatric Burn Continuum of Care</u>	New	Approved as Submitted	New guideline – “Cheat Sheet” transitioned to formal guideline. Vetted by Burn Program Manager, PICU and Burn Medical Director.
<u>Burn Care Unit, Criteria for Admission, Triage, And Discharge</u>	Revised	Approved as Submitted	Section I. e. changed verbiage to “guidelines for referral and transfer, such as” and updated referral and admission criteria to reflect current ABA guidelines. Section III. Action 2. Added “c. Other non-infected patients” Section IV 3. Changed “any non-burn patient that” to “patient that does not meet the above criteria who” Section V. Follow Up Care a. changed “Unit” to “Outpatient Clinic” Updated expired references links. Vetted by Clinical Manager, Critical Care Director and ACNO.
<u>Dressing Change Guideline for Pediatric Burn Patients</u>	Revised	Approved as Submitted	Removed old process under Outpatient section and added “This process is dynamic; please refer to the Pediatric Burn Continuum of Care Guideline for the most up to date process.” Vetted by Burn Managers, Critical Care Director and ACNO.
<u>Early Enteral Feeding for Large Burn Patients – Adults</u>	Revised	Approved with Revisions	Removed “Start large burns on oxandrolone provided LFTs are normal” and replaced with “Propranolol may be started in appropriate patients”. Vetted by Burn Managers, Critical Care Director and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>PICU Involvement on Pediatric Burn Admissions</u>	Revised	Approved as Submitted	Scheduled review. No changes. Reviewed by Burn Managers, Critical Care Director and ACNO.
<u>Burn Activation</u>	Revised	Approved as Submitted	All references to "ED Physician", "Pediatric ED Physician", and "Trauma Resuscitation" updated to "Trauma Emergency Medicine Attending", "Pediatric Emergency Medicine Attending", and "Trauma Emergency Department, respectively. Vetted by Burn Manager, Critical Care Director and ACNO.
<u>Outpatient Follow-up Before Grafting Checklist</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Managers, Critical Care Director and ACNO.
<u>Consultation for Outpatient Burn - Doctor Referrals</u>	Revised	Approved as Submitted	Added the Therapeutic Plan and removed the order set. Reviewed by Burn Medical Director, Burn Program Managers, Critical Care Director and ACNO.
<u>Provider's Orders for the Outpatient Burn Clinic</u>	Revised	Approved as Submitted	Scheduled review, minor change and added the Therapy Plan. Vetted by Burn Managers, Critical Care Director and ACNO.
<u>Care of the Patient With An Ostomy</u>	Revised	Approved as Submitted	Updated references. Vetted by Burn Care Manager, Critical Care Director and ACNO.
<u>Physician Owned Distributorship</u>	Revised	Approved as Submitted	Scheduled Review. Changed manual from Compliance and Privacy to Compliance only. Changed Scope from Hospital-Wide to Organization-Wide. Reviewed references. Minor formatting changes. Vetted by Compliance Officer.
<u>Identity & Authority for PHI Releases</u>	Revised	Approved as Submitted	Scheduled review. Changed manual from Compliance/Privacy to just Privacy. References reviewed. Minor technical and editorial revisions were made to improve clarity and consistency. No substantive changes were made to the policy's purpose, scope, or compliance requirements. Vetted by Privacy Officer.
<u>Patient Requests for Confidential Communications</u>	Revised	Approved as Submitted	Routine Review. Form reference regulations reviewed. Vetted by Privacy Officer.
<u>State Law Preemption and HIPAA</u>	Revised	Approved as Submitted	Scheduled Review. Manual changed from Compliance and Privacy to just Privacy. Regulator Reference reviewed. Vetted by Privacy Officer.
<u>UMC Organized Health Care Arrangement (OHCA)</u>	Revised	Approved as Submitted	Scheduled review. Manual changes from Compliance/Privacy to just Privacy. References reviewed. Minor editorial revisions were made to this policy. These changes are administrative

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			in nature and do not alter the intent, scope, requirements, or substantive content of the policy. Vetted by Privacy Officer.
<u>Hardware and Electronic Media Movement Tracking</u>	New	Approved as Submitted	Required as part of the yearly HIPAA Information Technology Risk assessment. Vetted by Information Security Officer.
<u>Security Risk Management – Information Technology</u>	New	Approved as Submitted	Re-aligned with new current Information Technology Risk standards. Vetted by Information Security Officer.
<u>Workstation Physical Safeguards</u>	New	Approved as Submitted	Required as part of the yearly HIPAA Information Technology Risk assessment. Vetted by Information Security Officer.
<u>Information Security</u>	New	Approved as Submitted	Update to current compliance and security frameworks. Vetted by Information Security Officer.
<u>Technical and Non-Technical Evaluation Program</u>	New	Approved as Submitted	Required as part of the yearly HIPAA Information Technology Risk assessment. Vetted by Information Security Officer.
<u>Employees Use of UMC Guest Wireless Services</u>	Revised	Approved as Submitted	Slight modifications to incorporate security operations. Vetted by Executive Director of Information Technology.
<u>Password Management</u>	Revised	Approved as Submitted	Minimum length extended and password expiration removed unless compromised. Vetted by Executive Director of Information Technology.
<u>Appropriate Internet Use</u>	Revised	Approved as Submitted	Added provision for AI. Vetted by Executive Director of Information Technology.
<u>Code White Pathway for ED and Inpatients</u>	Revised	Approved as Submitted	Updated Title to delineate Adult Pathway. Updated monitoring parameters to be in alignment with current practice/Epic order set. Incorporated management of angioedema into the Code White Policy per surveyor’s request. Updated the Code White ED response team to reflect current practice. Vetted by Stroke Program Coordinator and ACNO.
<u>Courier Service</u>	Revised	Approved with Revisions	Enhanced procedures for compliance, documentation, emergency routing, and accountability. Vendor change. Vetted by Supply Chain Services Director and CFO.
<u>Medical Staff Professional Code of Conduct</u>	Revised	Approved as Submitted	Added Acceptable Values to Incident Classification Categories to reflect documentation in the Report Cards. Vetted by Director and Executive Director of Medical Staff.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Ambulatory Wellness Center- Human Immunodeficiency Virus (HIV) Screening Guidelines</u>	Revised	Approved as Submitted	Merging two policies into one that covers the entirety of Ambulatory, including the Wellness Center. Vetted by Ambulatory Clinical Manager/Wellness, Wellness Center Medical Director and Executive Director PAS & Ambulatory Care.
<u>Family and Medical Leave</u>	Revised	Approved as Submitted	Formatting, updated "FMLA Source" to "TPA," updated EO Program Staff, and added DOL guidance about sufficient medical documentation. Vetted by Human Resources Manager Human Resources Director and Chief Human Resources Officer.
<u>Recruitment and Selection Program</u>	Revised	Approved as Submitted	Revised H(4) – to address background and drug testing requirements a new hire whose start date is more than 90 days out. Vetted by Chief Human Resources Officer.
<u>Position Classification and Compensation Plans</u>	Revised	Approved as Submitted	Modified Section F(1) to account for internal equity and other objective factors when determining a promotional increase. Vetted by Chief Human Resources Officer.
<u>Code Pink (Infant/Pediatric) Prevention and Response</u>	Revised	Approved as Submitted	Removed verbiage to ERP binder. Expanded on information for "All Other Employees" Revised bullet #8 Public Relations. Vetted by Director of Public Safety.
<u>Adult Pneumococcal Influenza Vaccination Standing Order</u>	Revised	Approved with Revisions	Updated references. Editorial changes for clarity. Removed vaccine assessment at discharge since this is not part of current nursing workflow. Changed nursing assessment for vaccination status to be for patients ≥ 18 years to reflect current nursing workflow. Added VIS date as part of EHR documentation. Added language stating that patients can opt out of transmitting vaccine administration data to WebIZ. Vetted by Director of Pharmacy.
<u>Management of Patients on Anticoagulation Therapy</u>	Revised	Approved as Submitted	Scheduled review. No changes. Vetted by Director of Pharmacy.
<u>Infection Prevention/Control Risk Assessment & Plan</u>	Revised	Approved as Submitted	Scheduled 2026 review and evaluation and update to annual plan. Vetted by Director of Infection Prevention and Infectious Disease Medical Director.
<u>Magnetic Resonance Imaging Safety</u>	Revised	Approved as Submitted	Updated to reflect current practice. Vetted by Director of Imaging Services.
<u>Radioactive Pharmaceutical Injections</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Imaging Services.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Pregnancy Testing and Radiation Protection</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Imaging Services.
<u>Restraints</u>	Revised	Approved as Submitted	Updated to include definition for prolonged use of restraints; updated reference to DNV. Vetted by CQPS.
<u>Suicide, Self-Harm, or Homicidal Ideation Screening, Assessment, and Management</u>	Revised	Approved as Submitted	Revised to more clearly define/align with DNV standards including the screening, assessment, observation, and monitoring process. Allows for deferment of the assessment for those patients unable to answer and documentation expectations. Updated definitions; references. Vetted by CQPS.

**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	
<p>Recommendation:</p> <p>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. (<i>For possible action</i>)</p>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 20, 2026

Agenda Item #

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