UMC Clinical Quality and Professional Affairs Committee Meeting

Monday, August 5, 2024 2:00 p.m.

UMC Trauma Building - Providence Suite - 5th Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
August 5, 2024 2:00 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 June 3, 2024 *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Review and discuss the FY24 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

5. Discuss and establish the Proposed FY25 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee and make a

recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

6. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 5 & July 3, 2024 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

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

COMMENTS BY THE GENERAL PUBLIC

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
June 3, 2024

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 3, 2024 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 2:07 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

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

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer (WebEx)
Patty Scott, Quality, Safety, & Regulatory Officer
Dr. Frederick Lippmann, Chief Medical Officer
Ron Roemer, Director of Clinical Research and Compliance
Kathy Johnson, Director of Infection Prevention (WebEx)
Danita Cohen, Chief Experience Officer
Tye Masters, Attorney
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on April 1, 2024. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update **on Clinical Research and Institutional Review Board activities from Ron Roemer, Director of Clinical Research and Compliance; and direct staff accordingly. *(For possible action)***

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

DISCUSSION:

Mr. Roemer reviewed the statistics related to the clinical research at UMC. Data from January – December 2023 was reviewed. In total there are 302 active studies currently being conducted. There are approximately 185 active IRB studies by department being conducted at UMC. The top three studies are oncology, orthopedics and emergency medicine. He noted that oncology studies are decreasing because UMC no longer supports this service line. There are 117 active studies with UNLV; the top three studies are in surgery, internal medicine and OBGYN. Over 202 types of submissions were reviewed and processed during the year.

In the Clinical Trials Office, as of December 31st, UMC had approximately 23 studies open, with the top study in cardiology. Patients are screened daily by the department to determine eligibility for study enrollment. Over 2,900 patient charts were reviewed during the year for active studies at UMC. Screenings and enrollment by department were reviewed.

Lastly, Mr. Roemer made the committee aware of new studies and next steps with possible studies being established with UNLV.

The Committee would like to review financial data associated with the clinical trials. This information will be brought back to the committee at the next scheduled report.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an **update on the Annual Infection Prevention Program Evaluation and Plan from Kathy Johnson, Director of Infection Prevention; and direct staff accordingly. *(For possible action)***

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

DISCUSSION:

Ms. Johnson presented the review of FY2023 Infection Prevention evaluation and the plan for FY2024.

The program provides the framework necessary to reduce the possibility of acquiring or transmitting infection that is specific to the organization's services and population, designates authority to IP Director and ID Medical Director for oversight of program and governs Infection Prevention/Control Committee.

A brief overview of the accomplishments for 2023 included improvements in CLABSI events, hospital vaccination rates and ventilator associated events. Some of the projects during the year included Candida auris education, increased surgical service surveillance and continued causal analysis and action plans related to device related infections.

Ms. Johnson reviewed the reduction strategies associated with hospital wide CLABSIs, CAUTIs, IVAC Plus, surgical site infections, MRSA/ and C.diff. infections, hand hygiene and flu vaccination rates.

Hand hygiene rates dropped significantly from 70% in 2022 to 66% in 2023 despite ongoing monitoring and education. Flu vaccination rates have increased hospital wide from 76% in 2022 to 78% in 2023.

Ms. Johnson reviewed the 2024 Risks, Priorities and Interventions, which are broken down into 4 components: Community, Patient, Environment and Healthcare Worker. UMC collaborates with the SNHD, CDC and other healthcare facilities to not only focus on risks that may come into the hospital, but to also prepare for emergencies. UMC continues to monitor and provide education to employees for advanced PPE training in preparation for various infectious disease outbreaks.

Member Franklin asked why we are not receiving greater compliance with hand hygiene and why is this met with difficulty? She asked if there are disciplinary procedures in place for non-compliance? Ms. Johnson explained that although the national average is 45-50%, the percentage at UMC could be higher and electronic surveillance may be necessary to pinpoint non-compliance throughout the hospital. At this point there are no disciplinary measures in place for non-compliance. There was continued discussion regarding surveillance and monitoring of hand hygiene compliance among staff in patient care areas.

FINAL ACTION TAKEN:
None

ITEM NO. 6 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)*

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

DISCUSSION:
Readmissions 30-day all cause declined slightly compared to previous months. Mortality rates showed observed over expected rate is converging to close the gap, with a slight increase in 4th quarter. UMC is working with Vizient to review clinical documentation improvement opportunities.

PSI 90 indicators showed an increase in the 4th quarter. Overall we are at 1.022 in 2023 and 1.006 for the 4th quarter. The largest area for improvement is with Peri-Op PE/DVT. This will continue to be a focus for improvement. Post op respiratory failure is also a CDI opportunity for improvement. Education relative to the CDI opportunities was held.

Severe sepsis and septic shock bundle compliance was revised in February of 2023. Although there was a slight uptick in the 2nd through 4th quarters. Compliance has been good overall. Sepsis mortality increased to 1.31 in the 4th quarter, up from 1.20 in the 3rd quarter. She stressed that there needs to be improvement in clinical documentation as often these patients present with multiple co-morbid conditions, therefore documentation and coding specificity is important.

In patient safety, there was a 36% increase in event reporting with a 44% increase in reporting of near misses. Culture of safety scores showed improvement from 2021 to 2023. She commented that there was an increase in the number of anonymous event reports received.

There were 33 state reported safety events in 2023 reported overall, which is down from 46 reported in the prior year. All cases were reported within required state timeframes and RCAs with action were taken on all cases. Monitoring for sustainment was through the hospital Quality/Safety Committee.

In the Spring of 2024 UMC slipped from a B to a C, primarily due to infection and PSI-90 statistics; HCAHPS scores remained consistent. The discussion continued regarding the focus on engaging the Vizient consulting division to train and educate provider staff to improve clinical data and documentation, which will assist in Leapfrog score improvement and sustainability.

There was a brief interruption due to technical difficulties with the audio during the meeting.

Member Franklin was commenting on the need to not only educate provider staff regarding documentation, but use the tools available to leverage behavior changes within the organization.

FINAL ACTION TAKEN:
None

ITEM NO. 7 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 3 & May 1, 2024 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 April 3rd and May 1st 2024 were reviewed.

There were a total of 71 policies approved, 6 were retired and all were approved through the hospital Policy and Procedures Committee, Quality and Safety and Medical Executive Committee.

FINAL ACTION TAKEN:
A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of April 3 and May 1, 2024, and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 8 Receive an update on the FY24 Organizational Improvement/CEO Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. ***(For possible action)***

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

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives for the first through third quarters of FY24.

1. **Improve or sustain improvement from prior year (CY22 / CY23) to meet/exceed state and/or national averages; HAI below national SIR of 1.0.**

   PSI-90 and CAUTI infections measures were lower that prior year and did not meet the national benchmark. The other measures were better than prior year, but are not meeting the national ratio. Pressure injuries are in the positive.

2. **Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following Health Care Equity – Social Determinants of Health (SDOH) measures (IP / OP):**

   Screening measures have been implemented and established for all three measures related to the social determinants of health.
   The plan to identify and develop plans to assist with transportation needs for patients has been implemented and is being monitored.

3. **Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):**

All measures showed improvement over prior year. Physician and nurse communication and staff responsiveness measures still struggle to meet state and national averages.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites**

   This goal is on track. The Google and Yelp scores have remained positive and consistent or improved in both categories.

5. **Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):**

   All measures have been met with the exception of one, related to developing alternative education on customer service as an adjunct to ICARE principles for clinic setting. This is still in progress.

   All data will be complete by the end of June.

FINAL ACTION TAKEN:

None

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:

1. Improvement in the processes surrounding patient discharge.
2. Invite Janella Green, Lean Transformation Specialist.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the Committee at this time, at the hour of 3:08 p.m., Chair Dr. Mackay adjourned the meeting.

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

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

Issue: **FY24 Organizational Performance Goals**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee review and discuss the FY24 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality committee will review the UMC Organizational goals for FY24.

Cleared for Agenda
August 5, 2024

Agenda Item #

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UNIVERSITY MEDICAL CENTER

Quality Performance Objectives – FY24

Approved by Governing Board

Quality Performance Objective

FY24 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement from prior year (CY22/ CY23) to meet/exceed state and/or national averages; HAI below national SIR of 1.0

Measure	1Q22 – 4Q22	1Q23 – 4Q23	Benchmark	Prior Year and Benchmark Met
PSI-90: Patient Safety & Adverse Events Composite** ↓	0.883	1.022	1	– –
HAI-1: Central Line Bloodstream Infections (CLABSI) ↓	1.060	1.075	1	– –
HAI-2: Catheter Urinary Tract Infections (CAUTI) ↓	1.134	1.31	1	– –
HAI–3: SSI Colon Surgery ↓	2.081	2.103	1	– –
Pressure injuries (stage 3/4/unstageable) reported to State Registry (reported as defined by NV State / AHRQ) ↓	37	23	N/A	+ +

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

Data Source: PSI-90 and Overall Mortality – Vizient Clinical Database; HAIs - NHSN; Pressure Injuries – State Registry. **PSI-90 using AHRQ Version 2023.
National benchmarks from most recent April 2024 CMS Hospital Compare Preview Report.
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.

Quality Performance Objective

FY24 Clinical Quality & Professional Affairs Committee

Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following **Health Care Equity – Social Determinants of Health (SDOH)** measures (IP / OP):

Measure	1Q22 – 4Q22	1Q23 – 4Q23	Epic/Medisolv Implementation Met	Improvement Plans In Place
SDOH 1 – Inpatients screened for SDOH	N/A	N/A	Yes	• Epic and Medisolv SDOH Modules Implemented. • Mapping of reported data is complete.
SDOH 2 – Inpatients identified as having ≥ 1 social risk factors	N/A	N/A	Yes	
Identify & develop plan for improvement in 1 measure within the SDOH domain as defined by TJC NPSG-16 (PCP) • Patient's screened for transportation needs / Total Visits • Decrease in "No Show" rate in PCP Clinics	12% 11212/90259	12% 14266/115657	Yes	• Obtained and reviewing contract with Lyft. • Increased patient awareness / education on transportation opportunities.

Quality Performance Objective

FY24 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement from prior year (CY22 / CY23) for the following **patient experience** measures (IP / OP):

Measure	1Q22 – 4Q22	1Q23 – 4Q23	*CMS State	*CMS National	Prior Year/Benchmark Met
*Communication with Nurses: Hospital IP	69.8	71.9	75	79	+ − −
Listen/Courtesy from Nurses/Assist: PC	90.8	91.6			+ ⊘ ⊘
Listen/Courtesy from Nurses/Assist: QC	67.9	74.3			+ ⊘ ⊘
*Communication with Doctors: Hospital IP	71.9	73.7	74	80	+ − −
Communication with Provider: PC	89.2	90.1			+ ⊘ ⊘
Listen/Courtesy from Care Provider: QC	64.3	70.5			+ ⊘ ⊘
Responsiveness of Staff (IP)	56.5	58.6	65	66	+ − −
Responsiveness of Staff (PC)	91.7	93.2			+ ⊘ ⊘
Responsiveness of Staff (QC)	65.2	69.8			+ ⊘ ⊘

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

Data Source: HCAHPS Measures by Service Date - Press Ganey; Employee Recognition – Various UMC Recognition Programs.
*State and National benchmarks from most recent April 2024 CMS Hospital Compare Preview Report. CMS National and State Benchmark will exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

Quality Performance Objective

FY24 Clinical Quality & Professional Affairs Committee

Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY22/CY23) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites

Measure	1Q22 – 4Q22	1Q23 – 4Q23	UMC Goal Met
Google ↑	4.1 431	4.1 299	✚
Yelp ↑	3.7 156	4.2 162	✚

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

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

Quality Performance Objective

FY24 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement as delineated for the following **employee engagement** measures (IP / OP):

Measure	Goal Met
Develop alternative education on customer service as an adjunct to ICARE principles for clinic setting. Educate each clinic by end of FY24.	Yes
Extract and present Patient Experience survey data with comments for all disciplines/departments. Data and reports will be placed on the manager dashboard for all leaders to have easy access, as well as accessible on the UMC intranet. Data will be completed and updated for FY23/24.	Yes
Develop a plan to optimize utilization of the middle information desk for use as a social area celebrating EOM, awards, raffles, & prizes by end of FY24.	Yes
Develop and implement 1 new initiative to celebrate employees optimizing patient experience and quality/safety by end of FY24.	Yes
Develop and initiate plan to educate ICARE principles and HCAHPS for PRN employees and residents by end of FY24.	Yes

Data provided by Patient Experience

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

Issue: **FY25 Organizational Performance Goals**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee discuss and establish the Proposed FY25 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality committee will discuss and establish the UMC Organizational goals for FY25.

Cleared for Agenda
August 5, 2024

Agenda Item #

5

PROPOSED UMC FY25 ORGANIZATIONAL PERFORMANCE GOALS
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE OF THE GOVERNING BOARD

1. Improve or sustain improvement from prior year (CY23 / CY24) for the following inpatient **quality/safety measures**:
   - CLABSI
   - CAUTI
   - SSI-COLON
   - PSI-90
   - Hand Hygiene Compliance (overall)
   - Overall Mortality Index (observed / expected)

2. Improve or sustain improvement from prior year (CY23 / CY24) for the following **patient experience** measures (IP / OP):
   - Communication with Nurses
   - Communication with Physicians
   - Responsiveness of Staff (IP)

3. Improve or sustain improvement (utilizing the Star Ratings) from prior year (CY23 / CY24) in the **overall patient perception of care/service** at UMC Quick Cares through the following online review sites (OP):
   - Yelp
   - Google

4. Ensure **physician engagement / alignment** (FY25) within the employed physician practice plan / service line through the following:
   - Attain 95% compliance with all UMC practice plan onboarding including new provider orientation, ICARE training, performance metric expectations, attendance at practice plan meeting requirements, etc.
   - Gain 90% participation in physician engagement / alignment surveys, utilizing information gained to develop plans for improvement as other providers join the practice plan / service line.

5. Improve or sustain improvement from prior year (CY23 / CY24) as delineated for the following **employee engagement** measures (IP / OP):
   - Reach 80% of UMC employees with additional ICARE training specifically focused on service recovery.

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

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

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by Governing Board, the UMC Policies and Procedures Committee's activities of June 5 & July 3, 2024 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
August 5, 2024

Agenda Item #
7

June 5, 2024 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 30 Approved, 7 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Ethics Committee Consultation	Revised	Approved as Submitted	Revised to current process, placed on new template. Vetted by Ethics Committee Chair.
Manufacturer, Distributor, and FDA Recall	New	Approved as Submitted	New P/P on the processes for Manufacturer, Distributor, and FDA Recalls written in collaboration with Pharmacy's drug recall P/P and Bio-Med's medical equipment P/P. Vetted by Quality, Patient Safety, & Regulatory Officer.
Swaddled Bathing Guidelines	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by NICU Manager, OT/PT, Neonatal and Pediatric Department.
Training Under-Fill Program	Revised	Approved with Revisions	Added procedures for Job Posting & Recruitment, Under-Fill Appointment Offer, and Release from Under-Fill Appointment. Changes approved by CHRO.
2024 Fire Safety Management Plan	Revised	Approved as Submitted	Minor changes. Reviewed and approved by EOC Committee.
340B Drug Pricing Program	Revised	Approved as Submitted	Removed unnecessary appendices, added needed definitions, added referral capture procedures, clarified non-covered drug reasoning, removed references to specific contract pharmacies and TPA's, broadened language referring to individuals responsible for compliance, updated child site eligibility language in reference to emergency declaration and lawsuits to match current practices. Vetted by Director of Pharmacy.
Beyond Use Dating	Revised	Approved as Submitted	Formatting Changes; Added charts to illustrate risk levels and appropriate BUD assignments; updated BUD's for new USP

			795/797; added definitions. Vetted by Director of Pharmacy.
Borrowing/Loaning of Medications	Revised	Approved as Submitted	Updated template; added definitions; minor grammatical changes. Vetted by Director of Pharmacy.
Concentrated Hypertonic Saline Infusion for the Pediatric and Adult Traumatic Brain Injury Patient	Revised	Approved as Submitted	Added "Trauma Resus" as a designated ADC to stock 23.4% because this ADC has been updated to "profiled" status.
Controlled Substances: Pharmacy Specific Procedures	Revised	Approved as Submitted	Defined discovery, theft, significant loss; reformatted/rearranged content; clarified monitoring and reporting standards. Vetted by Director of Pharmacy.
Implementation, Monitoring and Modification of Drug Therapy by a Pharmacist	Revised	Approved as Submitted	Reviewed and placed in new template. Minor edits to enhance clarity. Updated Appendix A to use new method of estimating energy needs in obesity and removed general trauma as a separate protein calculation category to align with current guidelines. Updated Appendix B to define a process for consults requested by other consulting providers. No updates to Appendix C or D. Vetted by Director of Pharmacy.
Medication Management: Ordering and Verification	Revised	Approved as Submitted	Specified that aminoglycoside 2 day automatic stop only applies to non-neonatal patients. Vetted by Director of Pharmacy.
Pharmaceutical Waste Management	Revised	Approved as Submitted	Moved to new template, minor formatting changes. Vetted by Director of Pharmacy.
Pharmacy Purchasing Procedures	Revised	Approved as Submitted	Updated format; minor edits and language clarification. Vetted by Director of Pharmacy.
Pharmacy Security – Restricted Access to Visitors	Revised	Approved as Submitted	Moved onto new template, updated purpose and policy statements, changed audit procedures for door access. Vetted by Director of Pharmacy.
Preparation of Injectable Pharmaceuticals	Revised	Approved as Submitted	Moved to new template, updated to refer to Beyond Use Date policy. Vetted by Director of Pharmacy.
Neonatal Parenteral Nutrition Guidance	New	Approved as Submitted	Draft and review with Neonatal Interdisciplinary Team Meeting approval 03/19/2024.

Controlled Substances: Witness/Chain-of-Custody Validation Requirements	Revised	Approved as Submitted	Added situations that require a witness; added references to unprofessional conduct and statement that no signature attesting to waste will be provided without actually witnessing the waste. Vetted by Director of Pharmacy and ACNO.
Pediatric ICU Early Mobility Protocol	New	Approved as Submitted	New protocol. Vetted by PICU Manager and Pediatric Department.
Pediatric Diet Manual	Revised	Approved as Submitted	2024 Pediatric Nutrition Care Manual Academy of Food and Nutrition clinical updates from December & August 2023, updated education handouts, updated resources and retired education handouts. Vetted by Clinical Nutrition Manager and Pediatric Department.
Diet Manual 2024 Updates	Revised	Approved as Submitted	Updated 2024 Nutrition Care Manual Across the Continuum of Care. Vetted by Dietary.
Approval Levels and Requirements for Adjustments and Write Offs	Revised	Approved as Submitted	Updated to current processes for submission and approval of adjustments. Vetted by Director of Patient Accounting.
Enterprise Physicals	New	Approved with Revisions	Established new guideline to align with current practice. Vetted by Ambulatory Care Clinical Director.
Chest Pain Observation Patient Protocol	Revised	Approved with Revisions	Scheduled review. Oxygen removed from 2 a (ED) and 3 a (Clinical Decision intervention.) Vetted by Cardiac Program Coordinator and ACNO.
Appropriate Software Use	Revised	Approved as Submitted	Added to new policy template. Vetted by Chief Information Officer.
Appropriate Electronic Mail and Messaging Use	Revised	Approved as Submitted	Added to new policy template. Vetted by Chief Information Officer.
Trophon Cleaning	Revised	Approved with Revisions	Scheduled review, no changes. Vetted by Director of Imaging.
Implementing Security Procedures	Revised	Approved as Submitted	No major changes. Policy carried over. Vetted by Director of Public Safety.
Delivery Prior to 39 weeks 0 Days Gestation	Revised	Approved as Submitted	References updated. Vetted by Vice Chairman of the OB/GYN Department, Director – Maternal-Child Division and Manager – Perinatal Unit.
Vaginal Birth After Cesarean Section	Revised	Approved as Submitted	Updated contraindications for TOLAC and added Lippincott references. Vetted by Vice

			Chairman of the OB/GYN Department, Director, Maternal-Child Division and Manager, Perinatal Unit.

July 3, 2024 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 17 Approved, 1 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
CHON Multisystem Inflammatory Syndrome in Children (MIS-C) Treatment	Revised	Approved as Submitted	Added to new template. Scheduled review, no changes.
CHON Pediatrics COVID-19 Treatment	Revised	Approved with Revisions	Added to new template. Scheduled review, no changes.
Pediatric and Neonatal Organ Donation	Revised	Approved as Submitted	Tables added for half-lives of medications and lab values to exclude metabolic derangements. Link to the published tables are inserted within the body of the policy. Vetted by Pediatric Department.
Standards of Basic Nursing Care-Intermediate Care (IMC)	Revised	Approved with Revisions	Oral Care updated from every shift to per protocol or every 4 hours. Vetted by Critical Care Director, Infection Prevention Director and ACNO.
Continuous Pressure Monitoring	New	Approved as Submitted	New policy. Vetted by Director of Pharmacy.
Antipyretic Administration in the Triage for the Febrile Pediatric Patient	Revised	Approved as Submitted	Ibuprofen maximum dosage of 400mg added. Vetted by Pediatric ED Director Pediatric Department.
Abdominal Pain/Intrauterine Bleeding in Females After the Age of Menarche	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Clinical Director of Critical Care Services, Dr. Trautwein and Pediatric Department.
Pediatric Extremity Injury	Revised	Approved as Submitted	Updated ibuprofen maximum dosage to 400mg. Vetted by Clinical Director of Critical Care Services, Dr. Trautwein and Pediatric Department.
Tracheostomy Patient Maintenance, Infant, Child & Adolescent	Revised	Approved as Submitted	Updated reference, updated template, updated documentation section. Vetted by PICU Manager, Respiratory Director and Pediatric Department.
Pediatric Critical Care Transport Team Education & Training	Revised	Approved as Submitted	Scheduled review, no changes. Same education. Vetted by Pediatric Department.

Use of Owner Supplied Respiratory Equipment	Revised	Approved as Submitted	Revised policy to allow for patient owned respiratory devices in specific circumstances. Reviewed by infection control, biomed, patient quality and legal department. Language is based off recommendations of each department. Vetted by Respiratory Services Director.
Protective Precautions	Revised	Approved as Submitted	No changes; new format. Vetted by Director of Infection Prevention, Medical Director Inpatient & Outpatient Infectious Disease Services and Quality Patient Safety & Regulatory Officer.
Privacy Self-Monitoring Procedures	Revised	Approved as Submitted	Minor formatting changes to align with new policy template. Title Modification from Self-Monitoring Procedures to Privacy Self-Monitoring Procedures. Scope modification from Hospital wide to Organization wide. Vetted by Privacy Officer.
Humanitarian Use Device (HUD) & Humanitarian Device Exemption (HDE)	Revised	Approved as Submitted	Added to new template. Scheduled review, no changes. Vetted by Director of Clinical Research and Compliance and Quality Patient Safety & Regulatory Officer.
Research Billing Compliance in Clinical Research Trials	Revised	Approved as Submitted	Added to new template. Scheduled review, no changes. Vetted by Director of Clinical Research and Compliance and Quality Patient Safety and Regulatory Officer.
Patient Accounting Request for Information	Revised	Approved as Submitted	Scheduled policy review. Updated references to current UMC Compliance/Privacy policies. Updated policy to new policy format. Vetted by Patient Accounting Director, Privacy Officer and Corporate Compliance.
Compliance Related Violation	Revised	Approved as Submitted	Overall language changes to align better with the Federal Register/Compliance Program Guidance for Hospitals language. Sanctions have remained consistent with following Human Resource processes. Addition of retaliation protections. Also outlined corrective actions clearer. Reviewed for compliance with HR policies and processes and approved. Vetted by Compliance Officer and Chief Human Resources Officer.

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
August 5, 2024

Agenda Item #

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