



# UMC Clinical Quality and Professional Affairs Committee Meeting

Monday, December 4, 2023 3:00 p.m.

UMC Trauma Building Providence Suite 5th Floor

Las Vegas, NV

## AGENDA

**University Medical Center of Southern Nevada**  
UMC GOVERNING BOARD  
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE  
December 4, 2023 3:00 p.m.  
800 Hope Place, Las Vegas, Nevada  
UMC Trauma Building, Providence Suite (5<sup>th</sup> 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 October 2, 2023 *(For possible action)*
3. Approval of Agenda. *(For possible action)*

### **SECTION 2. BUSINESS ITEMS**

4. Receive an update on the Quality, Safety, and Regulatory Program including completed contract evaluations from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*
5. Receive an update on the FY24 CEO and Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; 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 October 4, 2023 and November 1, 2023 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*
7. Discuss and finalize dates and times for the 2024 meeting calendar year; and direct staff accordingly. *(For possible action)*

### **SECTION 3. EMERGING ISSUES**

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

### **COMMENTS BY THE GENERAL PUBLIC**

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

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

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

**University Medical Center of Southern Nevada**  
**UMC Governing Board Clinical Quality and Professional Affairs**  
**October 2, 2023**

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UMC Providence Conference Room  
Trauma Building, 5<sup>th</sup> Floor  
800 Hope Place  
Las Vegas, Clark County, Nevada  
October 2, 2023 3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the time and location listed above. The meeting was called to order at the hour of 3:00 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

**CALL TO ORDER**

**Board Members:**

**Present:**

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

**Absent:**

Jeff Ellis (Excused)

**Also Present:**

Patty Scott, Quality, Safety, & Regulatory Officer (WebEx)  
Tony Marinello, Chief Operating Officer  
Debra Fox, Chief Nursing Officer  
Frederick Lippmann, MD, Chief Medical Officer  
Bud Shawl, Executive Director of Post-Acute Care Services  
Danita Cohen, Chief Experience Officer  
Annie Weisman, MD, UNLV Director of Well Being and Integrative Medicine  
Kevin Jared Lee, Director of Case Management  
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 August 7, 2023. (For possible action)**

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

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

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

**SECTION 2. BUSINESS ITEMS**

**At this time the Committee heard Agenda Item 8.**

**ITEM NO. 8 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of July 5, 2023, August 2, 2023 and September 6, 2023, including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. (*For possible action*)**

DOCUMENT(S) SUBMITTED:

-Power Point

DISCUSSION:

The Policy and Procedures activities for July 5, August 2, & September 6, 2023 were reviewed by the Committee.

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

FINAL ACTION TAKEN:

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

**At this time the Committee returned to Item 4.**

**ITEM NO. 4 Receive an educational presentation titled, "From Chaos to Calm" from Dr. Anne Weisman, UNLV Associate Professor Medical Education / Director of Well-Being & Integrative Medicine; and direct staff accordingly. (*For possible action*)**

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

The Committee received a presentation from Dr. Anne Weisman, Associate Professor of Medical Education at UNLV and Director of Well Being and Integrated Medicine.

The program mission is to create and sustain a culture of wellbeing and encourage health seeking behavior. The Committee was educated on the mind/body connection, including stress, stress response, impact on healthcare, etc. Positive feedback has been received from staff and students. The Committee was able to participate in techniques and discussed ways this can be used in the community.

An Integrative Medicine class is available at the school and all students are required to take the class.

The objective is to put self-care into practice, use coping skills and check in with staff to make sure that they are doing ok. Multiple slides were reviewed regarding stress relieving activities and techniques that individuals can participate in, such as active meditation, writing, guided imagery and aromatherapy.

There was continued discussion regarding student responses and the usefulness of these techniques when dealing with patients. Lastly, she informed the group of wellbeing workshops that would be available to members of the community.

FINAL ACTION TAKEN:

None

**ITEM NO. 5 Receive a presentation from Kevin Jarrett-Lee, Director of Case Management, regarding safe discharge planning and practices at UMC; and direct staff accordingly. (For possible action)**

DISCUSSION:

Kevin Jarrett Lee, Director of Case Management, provided an update on the process of patient discharge.

Care Management consists of approximately 40 RN case managers, 18 social workers and 10 non-clinical support services staff, as well as a complex transitions of care team that cares for complex patients. The goal is to evaluate all patients in the first 24 hours of their arrival. He explained that not all patients have a formal discharge plan, but there is a process of screening patients and staff is available to assist with arrangements for patient care.

A list of the types of patients included the initial transition planning assessment. Transition options could include discharge to their home with outpatient or inpatient rehab, long term acute care and skilled nursing facilities. He added safe discharges start early in the patients stay, with their input. Documentation is required and is key to a safe patient discharge.

There was continued discussion regarding the continuum of care and location options for safe discharge for patients.

Member Franklin commented on the challenges involved with decisions regarding a patient's discharge options and the systems we have in place to continually improve the process. Team alignment is necessary, along with

making sure we have the correct processes in place for the benefit of the patient and the organization. The discussion continued regarding committees that could be created to assist in addressing any discharge issues.

FINAL ACTION TAKEN:

None

**ITEM NO. 6 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

DISCUSSION:

Ms. Scott reviewed the quality, safety and regulatory updates for the 2<sup>nd</sup> quarter of 2023.

There were 6 reported sentinel events for the 2<sup>nd</sup> quarter. All were reported within the appropriate time frames, RCA with actions taken on all cases, and all are monitored for sustainment.

Grievances by location were next discussed, including quick care and primary care locations. There was a total of 61 grievances in the 1<sup>st</sup> and 2<sup>nd</sup> quarter: 12 from emergency services, 21 ambulatory and telemedicine and 28 from various other departments. Grievances were broken down by care category. These statistics are being monitored. She added that there are no patterns or trends identified.

In regulatory – the Joint Commission plan of correction was submitted and we are currently awaiting acceptance. As of October 1<sup>st</sup>, the Joint Commission has changed their method of notifying the hospitals of unannounced surveys. There will no longer be an early notification announcing a visit, as CMS stated that this practice was outside of the conditions of participation.

These changes will possibly cause an increase in complaint activity. Many complaints are anonyms so these will be monitored. Ms. Scott also mentioned that Trauma Reverification was completed recently.

FINAL ACTION TAKEN:

None

**ITEM NO. 7 Dates and times for the Clinical Quality Committee meeting calendar for the 2024 calendar year; and direct staff accordingly. (For possible action)**

DOCUMENT(S) SUBMITTED:

-None

DISCUSSION:

This item will be reviewed at the next meeting.

FINAL ACTION TAKEN:

None

**SECTION 3. EMERGING ISSUES**

**ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly**

DISCUSSION:

None

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 3:45 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**

<b>Issue:</b>	<b>Quality, Safety and Infection Prevention Program Update</b>	<b>Back-up:</b>
<b>Petitioner:</b>	Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>		
<p><b>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the Quality, Safety, Infection Prevention and Regulatory Program, from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. <i>(For possible action)</i></b></p>		

**FISCAL IMPACT:**

None

**BACKGROUND:**

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

Cleared for Agenda  
December 4, 2023

Agenda Item #

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# Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee  
Clinical Quality & Professional Affairs  
December 4, 2023

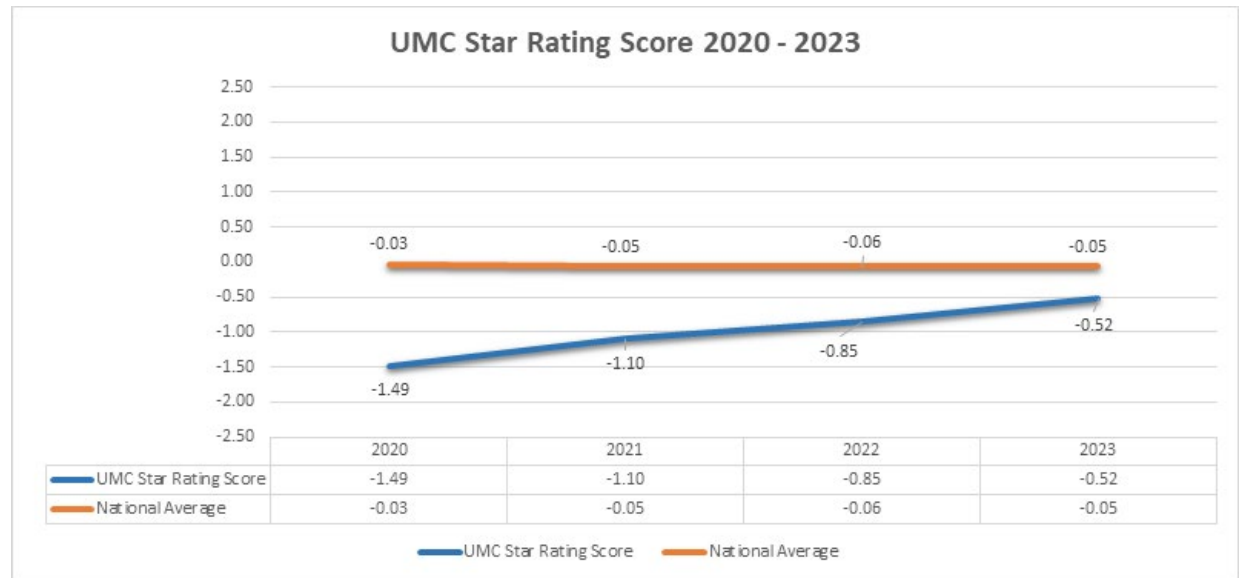
**FALL 2023**  
**LEAPFRQG**  
**HOSPITAL**  
**SAFETY GRADE**

# 3.0796

# B

[More Information](#)

Comparison with Las Vegas hospitals in separate handout



**CMS = 2-Stars for Overall & HCAHPS; Birthing-Friendly Designation**

# 2023 Culture of Safety Survey Results

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**2023**  
**Overall Score: 3.67**  
**Responses: 2713**

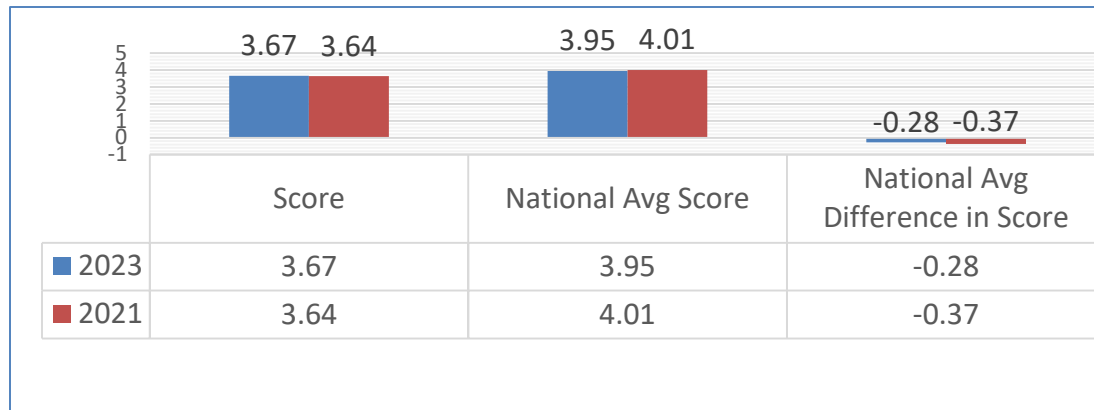
**VS**

**Overall National Average Score**  
**Score: 3.95**

**2021**  
**Overall Score: 3.64**  
**Responses: 1944**

**VS**

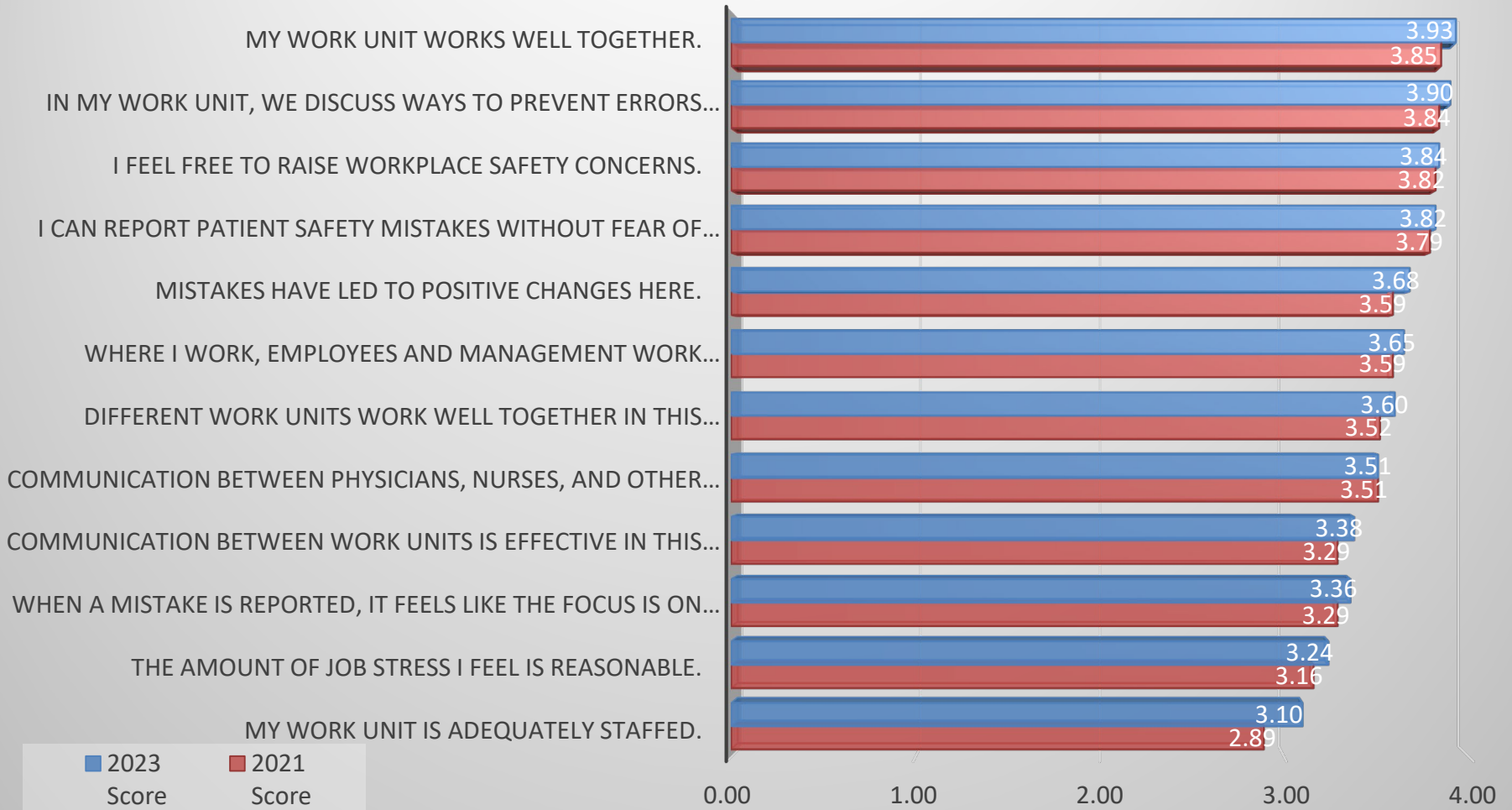
**Overall National Average Score**  
**Score: 4.01**

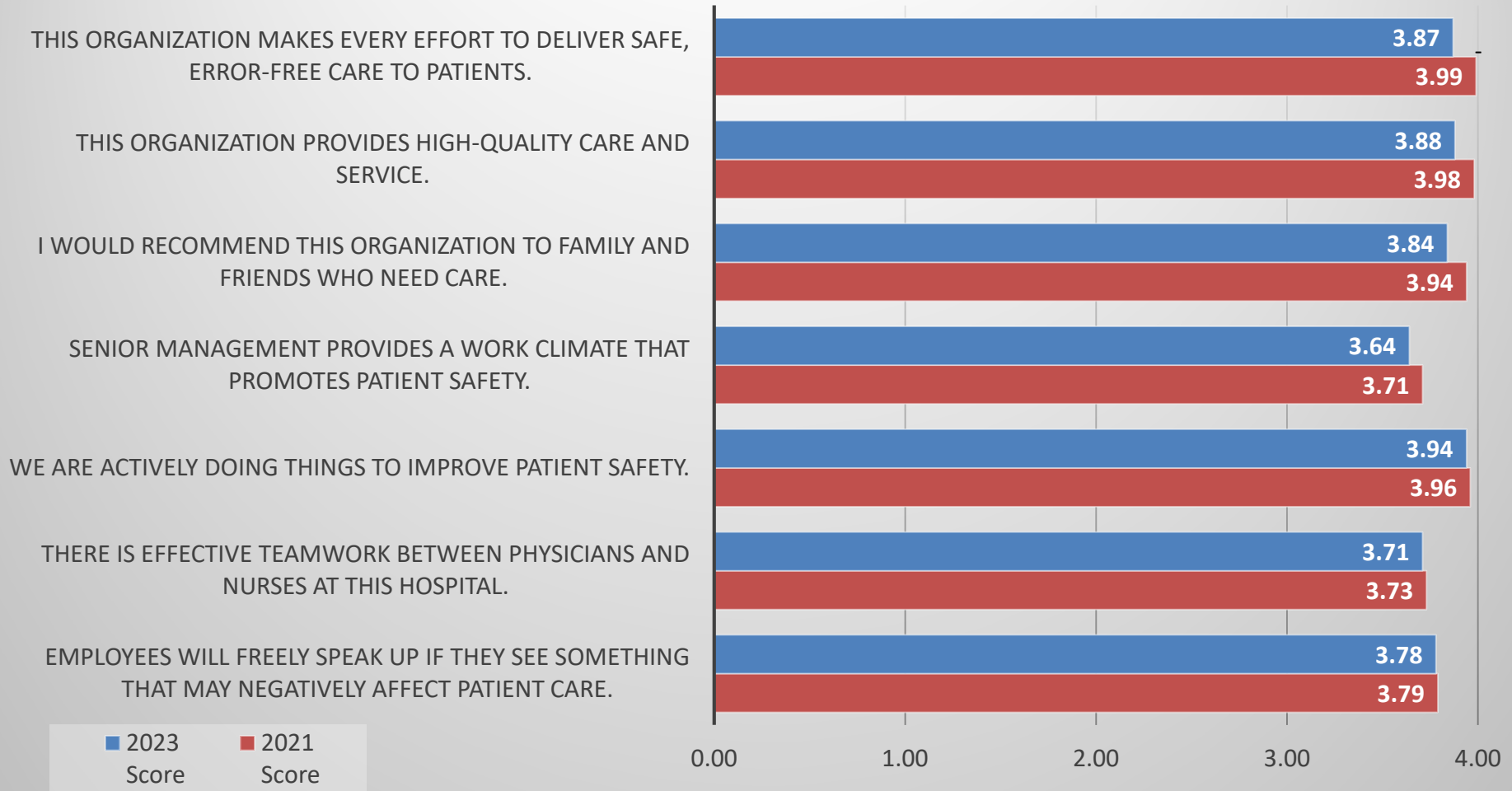


2021 to 2023, UMC Overall Scoring Performance Increase vs National Average Score is 24.3%  
 2021 to 2023, UMC Average Response per Question Increase is 40%

## Survey Questions

- I can report patient safety mistakes without fear of punishment.
- In my work unit, we discuss ways to prevent errors from happening again.
- Employees will freely speak up if they see something that may negatively affect patient care.
- We are actively doing things to improve patient safety.
- Mistakes have led to positive changes here.
- When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.
- Where I work, employees and management work together to ensure the safest possible working conditions.
- I feel free to raise workplace safety concerns.
- My work unit works well together.
- Different work units work well together in this organization.
- There is effective teamwork between physicians and nurses at this hospital.
- My work unit is adequately staffed.
- Communication between work units is effective in this organization.
- The amount of job stress I feel is reasonable.
- Communication between physicians, nurses, and other medical personnel is good in this organization.
- This organization provides high-quality care and service.
- I would recommend this organization to family and friends who need care.
- This organization makes every effort to deliver safe, error-free care to patients.
- Senior management provides a work climate that promotes patient safety.





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

<b>Issue:</b> <b>FY24 Organizational Performance Goals</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<b>Recommendation:</b>  <b>That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the FY24 Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. <i>(For possible action)</i></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Clinical Quality and Professional Affairs Committee will receive an update on FY24 Performance Goals.

Cleared for Agenda  
December 4, 2023

Agenda Item #

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# Quality Performance Objectives – FY24

Approved by the Governing Board

# Quality Performance Objective

## FY23 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 – 3Q22	1Q23 – 3Q23	Benchmark	Prior Year and Benchmark Met	
PSI-90: Patient Safety & Adverse Events Composite**	0.861	0.990	1	—	+
HAI-1: Central Line Bloodstream Infections (CLABSI)	1.241	1.166	1	+	—
HAI-2: Catheter Urinary Tract Infections (CAUTI)	1.313	1.420	1	—	—
HAI-3: SSI Colon Surgery	1.938	1.915	1	+	—
Pressure injuries (stage 3/4/unstageable) reported to State Registry (reported as defined by NV State / AHRQ)*	31 0.18	17 0.09	N/A	+	

Lower is better. 
 Goal Met 
 Goal Not Met 
 No Published Benchmark

Data Source: PSI-90 (all cases) – Vizient Clinical Database; HAIs – NHSN (CMS reported); Pressure Injuries (all cases) – State Registry. \*\*PSI-90 using AHRQ Version 2023. National benchmarks from most recent Jan 2024 CMS Hospital Compare Preview Report.

CMS National and State Benchmark exclude 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes. Pressure injuries: \* = Rate / 100

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

# Quality Performance Objective



## FY23 Clinical Quality & Professional Affairs Committee

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	2022	2023	Epic/Medisolv Implementation Met	Improvement Plans In Place
SDOH 1 – Inpatients screened for SDOH	N/A	Data in Progress	Pending	<ul style="list-style-type: none"> <li>Epic and Medisolv SDOH Modules Implemented.</li> <li>Mapping of reported data is in progress.</li> </ul>
SDOH 2 – Inpatients identified as having $\geq 1$ social risk factors	N/A	Data in Progress	Pending	
Identify & develop plan for improvement in 1 measure within the SDOH domain as defined by TJC NPSG-16 (PCP) <ul style="list-style-type: none"> <li>Patient’s screened for transportation needs / Total Visits</li> <li>Decrease in “No Show” rate in PCP Clinics</li> </ul>	12.3% 8074/65931	12.1% 8311/68755	N/A	<ul style="list-style-type: none"> <li>Obtained and reviewing contract with Lyft.</li> <li>Increased patient awareness / education on transportation opportunities.</li> </ul>

# Quality Performance Objective



## FY23 Clinical Quality & Professional Affairs Committee

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

Measure	1Q22 – 3Q22	1Q23 – 3Q23	*CMS State	*CMS National	Prior Year/Benchmark Met		
					+	—	⊘
*Communication with Nurses: Hospital IP	70.3	72.4	75	79	+	—	—
Listen/Courtesy from Nurses/Assist: PC	90.8	91.6			+	⊘	⊘
Listen/Courtesy from Nurses/Assist: QC	67.5	74			+	⊘	⊘
*Communication with Doctors: Hospital IP	71.7	72.7	74	79	+	—	—
Communication with Provider: PC	89.4	90.1			+	⊘	⊘
Listen/Courtesy from Care Provider: QC	63.9	70.4			+	⊘	⊘
Responsiveness of Staff (IP)	57	59.1	65	66	+	—	—
Responsiveness of Staff (PC)	91.2	92.9			+	⊘	⊘
Responsiveness of Staff (QC)	64.2	68.3			+	⊘	⊘

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 Jan 2024 CMS Hospital Compare Preview Report. CMS National and State Benchmark excludes 1Q2020 and 2Q2020 data due to COVID Pandemic for VBP purposes.

# Quality Performance Objective



## FY23 Clinical Quality & Professional Affairs Committee

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

Measure		1Q22 – 3Q22	1Q23 – 3Q23	UMC Goal Met
Google	↑	4.1 431	4.1 299	+
Yelp	↑	3.8 156	4.3 162	+

Higher is better. 
 Goal Met 
 Goal Not Met 
 No Published Benchmark

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

# Quality Performance Objective



## FY23 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.	Pending
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

# DISCUSSION / QUESTIONS?

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

[Patricia.Scott@umcsn.com](mailto:Patricia.Scott@umcsn.com)

[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**

<b>Issue:</b> UMC Policies and Procedures	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<p><b>Recommendation:</b></p> <p><b>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 October 4, 2023 and November 1, 2023 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. <i>(For possible action)</i></b></p>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
December 4, 2023

Agenda Item #

**6**



# Regulatory Update Policies & Procedures

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- Regulatory / Accreditation Surveys
- Policy / Procedure Approval
  - Timeframe: October 4 & November 1, 2023
  - Total approved: 55
  - Total retired: 7
  - Approved through Hospital P/P, Quality, MEC

**October 4, 2023 Hospital Policy / Procedure Committee**

As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.

**Total of 24 Approved, 7 Retired**

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<a href="#"><u>Cardiac Rehabilitation Admission and Discharge Criteria</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Cardiology Clinical Manager and CNO.
<a href="#"><u>Patient and Insurance Refunds</u></a>	Revised	Approved as Submitted	Update to comply with current processes for patient and insurance refunds. Vetted by Director of Patient Accounting and Assistant Controller.
<a href="#"><u>Patient Inquiry and Resolution Process</u></a>	Revised	Approved as Submitted	Revised to comply with current processes and self-pay deposit requirements. Vetted by Director of Patient Accounting.
<a href="#"><u>Productivity Benchmarks for Registration Accuracy Procedure</u></a>	Revised	Approved as Submitted	Title changed from "Standards for Registration Accuracy Procedure" to "Productivity Benchmarks for Registration Accuracy Procedure" Updated Addendum A. Added Productivity Benchmarks combined Hospital and Ambulatory PAS. Vetted by Director of Patient Access Services.
<a href="#"><u>Ambulatory Admit/Discharge Supervisors On-Call Policy</u></a>	New	Approved as Submitted	New policy. Vetted by Ambulatory Care PAS Director.
<a href="#"><u>Chaperone</u></a>	Revised	Approved as Submitted	Transferred to new policy template. Vetted by Ambulatory Care Clinical Director and Ambulatory Care PAS Director.
<a href="#"><u>Transfer of the Patient from Primary Care to Quick Care</u></a>	Revised	Approved as Submitted	Updated policy to align with current practice. Vetted by Primary Care provider Dr. Omar.
<a href="#"><u>Hand Trauma Assessment and Management</u></a>	Revised	Approved as Submitted	Updated to align with current process. Added new bullet P. regarding open wounds. Vetted by Hand Surgeon Dr. Colby Young.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<a href="#"><u>Integrative Therapies</u></a>	Revised	Approved as Submitted	Changes were made to this Policy to accurately reflect the current practice and standards of the Tranquility at UMC program. The statement of the Policy was changed to reflect the current NSBN practice as put forth by its Advisory Committee. Documentation changes were made to delineate current practice and documentation requirements. Procedure sections were changed to illustrate more completely how each integrative therapy is used. The Zenimal section was added as Zenimals are now a routinely used integrative therapy modality. EPIC documentation was included as the process whereby TJC's mandate to use non-pharmacologic interventions is appropriately recorded in the patient's medical record. Updated Definitions and References. Vetted by Tranquility Department and CNO.
<a href="#"><u>No Co-Signature Required Approved List</u></a>	Revised	Approved as Submitted	Updated to add Inpatient consult to Healthy Living Institute for Car Seat Evaluation and Education. Vetted by CNO.
<a href="#"><u>Disaster Preparedness for the Care of Children with Special Healthcare Needs</u></a>	New	Approved as Submitted	New policy. Vetted by ED and Pediatric Department.
<a href="#"><u>Pediatric Stridor</u></a>	Revised	Approved as Submitted	Removed line in policy that states, "Contact the PED physician to assess the patient and initiate the pediatric stridor protocol." This is supported by the American College of Emergency Physicians position statement which states that Standardized protocols are a set of pre-approved orders that include a specifically defined patient

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			population and clinical scenario(s) in which these orders may be carried out by nursing staff without any additional physician, NP, or PA input, approval, or order, either written or verbal. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>Pediatric Testicular Pain</u></a>	Revised	Approved as Submitted	Removed line in policy that states, "Contact the PED physician to assess the patient or obtain a verbal order to initiate the testicular pain protocol." This is supported by the American College of Emergency Physicians position statement which states that Standardized protocols are a set of pre-approved orders that include a specifically defined patient population and clinical scenario(s) in which these orders may be carried out by nursing staff without any additional physician, NP, or PA input, approval, or order, either written or verbal. Removed line in policy that states, "Obtain orders for pain medication from the PED physician." Updated to follow the pain management in triage for the pediatric patient policy. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>Pediatric Vomiting</u></a>	Revised	Approved as Submitted	Removed line in policy that states, "Contact the PED physician to assess the patient and initiate the vomiting protocol." This is supported by the American College of Emergency Physicians position statement which states that Standardized protocols are a set of pre-approved orders that include a specifically defined patient population and clinical scenario(s) in which these orders may be carried

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			out by nursing staff without any additional physician, NP, or PA input, approval, or order, either written or verbal. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>Pediatric Wheezing</u></a>	Revised	Approved as Submitted	Removed line in policy that states, "Contact the pediatric emergency department physician to assess and initiate the wheezing protocol." This is supported by the American College of Emergency Physicians position statement which states that Standardized protocols are a set of pre-approved orders that include a specifically defined patient population and clinical scenario(s) in which these orders may be carried out by nursing staff without any additional physician, NP, or PA input, approval, or order, either written or verbal. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>Application of Topical Anesthetic to Lacerations in the Pediatric Emergency Department</u></a>	Revised	Approved as Submitted	Annual review; reformatted to Protocol formatting to include inclusion and exclusion criteria; updated references. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>Pain Management in Triage for The Pediatric Patient</u></a>	Revised	Approved as Submitted	Annual review; reformatted to Protocol formatting to include inclusion and exclusion criteria; updated references. Approved by Both Dr. Obert and Dr. Trautwein.
<a href="#"><u>General Requirements for Personal and Laboratory Safety</u></a>	Revised	Approved as Submitted	Added safety requirements for vaping and personal fans. Vetted by Laboratory Specialty Manager.
<a href="#"><u>Extra-Corporeal Life Support (ECLS) Guidelines for Adult Patients</u></a>	Revised	Approved as Submitted	Edits made per workgroup. Updated cannulation policy, ECMO initiation, circuit management, laboratory

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			testing, anticoagulation and hemostasis sections.
<a href="#"><u>Extracorporeal Life Support (ECLS) Team Activation Guideline</u></a>	Revised	Approved as Submitted	Addition of phone number for on call heart team, patient weight and lab contact number.
<a href="#"><u>Capacity Management Plan</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Patient Placement Center Director.
<a href="#"><u>Code Stemi In-house and External Patients</u></a>	Revised	Approved as Submitted	Removed pager number from scope. Changed AMCOM to SPOK in all sections. Vetted by Cardiology and Public Safety.
<a href="#"><u>Use of Nitrous Oxide for Analgesia in the Intrapartum and Immediate Postpartum Period</u></a>	New	Approved as Submitted	New Policy. Vetted by Perinatal/OB Department.
<a href="#"><u>Zolgensma Infusion Protocol</u></a>	New	Approved with Revisions	New Protocol. Vetted by Pediatric Neurology, and Pediatric Department.



**November 1, 2023 Hospital Policy / Procedure Committee**

As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.

**Total of 31 Approved, 0 Retired**

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<a href="#"><u>Car Seat Challenge</u></a>	Revised	Approved as Submitted	Reviewed the old policy with Lippincott. The policy and procedure are almost identical in information. No need to have two copies of same information. Vetted by NICU Charge Nurses and Dr. Banfro.
<a href="#"><u>Blood Transfusion Guidelines, Neonatal and Pediatric</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Blood Bank Supervisor.
<a href="#"><u>Staffing Council (Nursing)</u></a>	Revised	Approved as Submitted	Updated Refusal to Work section and Attachment B with Objection documentation section. Vetted by Clinical Director of Professional Practice.
<a href="#"><u>Staffing Plans</u></a>	Revised	Approved as Submitted	Updated Attachment B with Objection documentation section. Vetted by Clinical Director of Professional Practice.
<a href="#"><u>Consignment Inventory and Reconciliation</u></a>	Revised	Approved as Submitted	Section 3, added verbiage that consigned items must match exactly to those items in the executed agreement by reorder number and quantity, and that consigned items must be labeled with a consignment sticker and stored separate from owned inventory. Section 7; made it a requirement for consignment reconciliations to be done in person by vendor, department representative/ designee and Supply Chain Services. Removed the requirement to have internal control as part of the audit process. In section 10, made it a requirement for the vendor to honor GPO pricing for the term of the



POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			agreement, and if the vendor did not participate in the GPO to honor pricing for one year and thereafter 60 days' notice prior to any change. Section 12, removed the 60 day notice to remove consigned product if all parties are in agreement and an Exhibit B has been properly executed and signed by all parties. Section 14; added department is responsible to quarantine all recalled product upon notification of a recall. Vendor is responsible for disposition and replacement of recalled product(s). Vetted by Supply Chain Director and CFO.
<a href="#"><u>Employee Health Services</u></a>	Revised	Approved as Submitted	Added language related to compliance per HR request. Vetted by Director of Infection Prevention/Employee Health.
<a href="#"><u>Pre-Operative Pregnancy Test</u></a>	New	Approved with Revisions	New policy. Vetted by Director of Surgical Services and Head of Anesthesia Department.
<a href="#"><u>Education About False Claims Liability, Non-Retaliation Protections, and Detecting and Responding</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Compliance Officer.
<a href="#"><u>Sterile Processing – Department Cleaning</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Update to new format. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Cleaning the Sterilizers</u></a>	Revised	Approved as Submitted	Update to new format. Steris System removed, as we no longer use the system in-house. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Assembly of Trays and Instrument Sets</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Update to new format. Vetted by Director of Peri-Operative Service and CNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<a href="#"><u>Sterility Assurance Monitoring</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Update to new format. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Chemical Indicator Sterilization Monitoring</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Update to new format. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Bowie-Dick Test</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Update to new format. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Loading and Unloading the Sterilizer</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Inspection of Instruments</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Preventative Maintenance of Equipment</u></a>	Revised	Approved as Submitted	Update to new template. Removed Steris HLD replaced by Medivator. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Role of Infection Control in Sterile Processing</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Sterilization Using "Low Temperature – Hydrogen Peroxide" Method</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Sterile Processing Stock Rotation/Outdates</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Steam Sterilization in Sterile Processing</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Director of Peri-Operative Service and CNO.
<a href="#"><u>Space Allocation, Work Flow and Traffic Pattern</u></a>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Peri-Operative Service and CNO.
<a href="#"><u>Patient Intake Expectations in Ambulatory Care</u></a>	Revised	Approved as Submitted	Transferred to new template. Updated to align with current practices and added references.
<a href="#"><u>Mentorship for Providers in the Ambulatory Care Centers</u></a>	Revised	Approved with Revisions	Transferred to new template. Updated policy to align with current practice. Separated specific areas to address for QC and PC providers. Replaced Physicians with Providers.
<a href="#"><u>Coding – Productivity Standards for Hospital and Professional Coders</u></a>	New	Approved as Submitted	Policy being established to ensure documentation of productivity expectations by coding staff. Vetted by Health Information Management Director.
<a href="#"><u>Heat-Related Illness Prevention Plan</u></a>	New	Approved as Submitted	New Policy. Vetted by EOC Committee.
<a href="#"><u>Donor Breast Milk in the Level 1 Newborn Nursery</u></a>	New	Approved with Revisions	New Policy. Vetted by Perinatal Nurse Manager, Perinatal Nurse Director, Perinatal UBC members, APRN Council members, Dr. Adam Levy and Dr. Francis Banfro.
<a href="#"><u>Administration of Blood and Blood Products</u></a>	Revised	Approved as Submitted	Added a section for Whole Blood (Low Titer O+ Whole Blood (LTOWB)) and Liquid Plasma products. Updated list of references. Vetted by Blood Bank Supervisor.
<a href="#"><u>Blood Transfusion Guidelines, Adult</u></a>	Revised	Approved as Submitted	Added a section for Low Titer O+ Whole Blood (LTOWB) product to be used on all trauma MTP activations. Revised the Adult Massive Transfusion Algorithm. Updated list of references. Vetted by Blood Bank Supervisor.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<a href="#"><u>Hospital Death Restraint Reporting</u></a>	Revised	Approved as Submitted	Scheduled review, Updated to new template, formatting & general word editing, updated references, changed owner and manual.
<a href="#"><u>Patient Identification, Use of Patient Identification Bands</u></a>	Revised	Approved as Submitted	Vetted through PAS, Perinatal, NICU and Quick Care. Added newborn naming convention. Removed information around label specimen labeling as there is a separate policy. Added Quick Care to the scope. Updated references. Moved to new template.

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

<b>Issue:</b> <b>2024 Meeting Calendar</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality Patient Safety and Regulatory Officer	
<p><b>Recommendation:</b></p> <p><b>That the Governing Board Clinical Quality and Professional Affairs Committee discuss and finalize dates and times for the 2024 calendar year; and direct staff accordingly. <i>(For possible action)</i></b></p>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Clinical Quality and Professional Affairs Committee will discuss dates and times for the 2024 Clinical Quality meetings.

Cleared for Agenda  
December 4, 2023

Agenda Item #

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

<b>Issue:</b> <b>Emerging Issues</b>	<b>Back-up:</b>
<b>Petitioner:</b> Patricia Scott, Quality, Patient Safety and Regulatory Officer	
<p><b>Recommendation:</b></p> <p><b>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>)</b></p>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
December 4, 2023

Agenda Item #

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