



UMC Clinical Quality and Professional Affairs Committee Meeting

Monday, April 1, 2024 2:00 pm

UMC Trauma Building - Providence Suite 5th Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
April 1, 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 February 5, 2024 *(For possible action)*
3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

4. Receive an update on Medication Management/Safety including the Antibiotic and Opioid Stewardship Programs from Jamie King, Director of Pharmacy; and direct staff accordingly. *(For possible action)*.
5. Receive an update on Magnet including associated financial costs from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. *(For possible action)*.

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)*
7. Receive an update on the FY24 Organizational Improvement/CEO Goals from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*
8. Review and recommend for approval by the Governing Board, the completed Contract Performance Evaluations; 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 7 & March 6, 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

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 5, 2024**

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
February 5, 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 2:03 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

Dr. Mackay – Chair
Laura Lopez-Hobbs
Renee Franklin (WebEx)
Jeff Ellis (WebEx)

Absent:

Steve Weitman (Ex-Officio)(WebEx)

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Dr. Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
Jovi Remitio, Director of Patient Experience and Medical Staff Services
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 December 4, 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*)

Agenda Items 7 & 8 were moved to be heard at the beginning of the meeting.

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 Items 7 & 8.

ITEM NO. 7 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of December 6, 2023 and January 3, 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 December 6, 2023 & January 3, 2024 were reviewed.

There were a total of 52 approved, none were retired. All were approved through the hospital Policy and Procedures Committee, Quality and MEC.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve that the UMC Policies and Procedures Committee's activities of December 6, 2023 and January 3, 2024 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 8 Review and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations; as approved and recommended by the Medical Executive Committee on November 28, 2023; and take any action deemed appropriate. (*For possible action*)

DOCUMENT(S) SUBMITTED:

- Bylaws

DISCUSSION:

Medical Staff Bylaws Changes were reviewed for approval.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the proposed amendments Medical and Dental Staff Bylaws and Rules and Regulations, as approved and recommended by the Medical Executive Committee on November 28, 2023 be recommended for approval to the UMC Governing Board and the Hospital Board of County Commissioners. Motion carried by unanimous vote.

ITEM NO. 4 Receive an update from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. (For possible action).

DOCUMENT(S) SUBMITTED:

- Power Point Presentation

DISCUSSION:

Deb Fox, Chief Nursing Officer, provided a nursing update to the Committee on professional practice updates and Pathways to Excellence and Magnet status.

She informed the committee that Kathy Hammel, Director of Professional Practice has retired and an interim director is in place until a permanent replacement is found. Interviews are underway to fill this role. Recruitment efforts are underway for a new RN Magnet Coordinator, who will assist the director to effectively reach and maintain Magnet designation status.

In operational updates, we are moving into year 9 of our shared governance model, which has been refined twice; the third refinement of the model goes live in March. She added that the model is being streamlined based on Healthlinks recommendations for shared governance models.

In February, nursing staff will hold the quarterly CNO Virtual Summit, which will provide updates for nursing staff. Ms. Fox shared that Nurses Week 2024 is in the planning stages and nurse centric questions for the HCAHPS survey are being developed. Discussions continued regarding standardized questions that are required for the HCAHPS survey, the below average HCAHPS scores across the Las Vegas valley and the challenges associated with improving nurse sensitive data.

Pathways to Excellence Updates – The application has been completed and we are in our re-designation year. This is the first re-designation. Documentation is 70% complete and re-designation is anticipated in October or November of 2024 and is good for 4-years. Ms. Fox reviewed the complete timeline.

Magnet Updates – Healthlinx story intensives have been completed. The writing intensives start at the end of February. There are 6-10 stories that are completed monthly. Application and documentation will be in 2025, with site visit expected at the end of 2025.

FINAL ACTION TAKEN:

None

- ITEM NO. 5 Receive an update on HCAHPS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. (For possible action).**

DOCUMENT(S) SUBMITTED:

-Power Point

DISCUSSION:

Jeff Castillo presented the 2nd – 3rd Quarter 2023 HCAHPS and CCAPHS score results, as well as updates regarding the ICare4U program.

HCAHPS Data - Overall, there were positive trends year over year. Five out of ten categories in 13 outperformed all other quarters and nine out of ten elements between Q2 and Q3 outperformed the previous 2 quarters. Quarter 4 is not available at this time.

UMC Pediatric CCAHPS scores for the same quarters were also reviewed. There were positive trends overall year over year. In Q3, 11 out of 7 elements outperformed all other quarters and 12 of the 13 measurable elements outperformed other like hospitals in the region. He added that 14 out of 17 benchmarks outperformed Magnet benchmarks. The numbers continue to trend higher year over year.

The top box trends for the first three quarters of 2023 outperformed the previous 2-years categories for primary cares, quick cares and inpatient services.

All action plans that were previously reported as initiatives and updates are ongoing, as they are trending positively. Mr. Castillo introduced Sarah Williams, new EMS Experience Liaison, who assist in educating new EMT and paramedic students with the resources available to them at UMC.

Lastly, he reviewed numerous new creative actions and initiatives that the team uses to improve patient experience.

FINAL ACTION TAKEN:

- ITEM NO. 6 Receive an update on the Quality, Safety, Infection Prevention, and Regulatory Program, including completed contract evaluations from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. (For possible action)**

DOCUMENT(S) SUBMITTED:

-Power Point

DISCUSSION:

Ms. Scott reviewed the quality, safety, infection prevention and regulatory program.

Readmissions – 30-day all cause is trending upward slightly. UMC is the same as the national CMS Compare (Medicare) data. Ms. Scott will be working with the

new Director of Care Coordination, George Hutton, to discuss opportunities for improvement.

Inpatient mortality index has continued to trend downward. The risk adjusted mortality rate was observed at 1.94 over an expected of 1.97. Hospital wide deaths and overall inpatient discharges increased slightly between Q2 and Q3 of 2023. She added that the gap continues to close between the observed and expected rate due to improvement in ongoing clinical documentation.

PSI – 90 Composite continues to do well. During the 3rd quarter the rate was 0.7, which is the lowest rate since 2020. Opportunities for improvement are being discussed with the medical staff.

Sepsis mortality index is running at 1.20. Bundle compliance is steadily improving. Stroke electronic measures remain the same. Reporting requirements include safe use of opioids plus 3 self-selected measures will be reported in February.

Patient safety through the 3rd quarter of 2023, there were 6 events and all cases were reported within the required state timeframes and monitored through the Hospital Quality/Safety Committee. Ms. Scott next reviewed a regulatory complaint and survey that occurred. UMC had no findings.

Contract performance evaluations were reviewed for approval.

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:

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 2:48 p.m., Chair Dr. Mackay adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary

APPROVED:

DRAFT

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

Issue: Medication Management Safety Updates	Back-up:
Petitioner: Patricia Scott, Quality Patient Safety and Regulatory Officer	
Recommendation: That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on Medication Management/Safety including the Antibiotic and Opioid Stewardship Programs from Jamie King, Director of Pharmacy; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 1, 2024

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

Issue: Nursing 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 Magnet including associated financial costs from Deb Fox, Chief Nursing Officer (CNO); and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
April 1, 2024

Agenda Item #

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**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, Infection Prevention 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, Safety, Infection Prevention and Regulatory Program measures.

Cleared for Agenda
April 1, 2024

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Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee
Clinical Quality & Professional Affairs
April 1, 2024

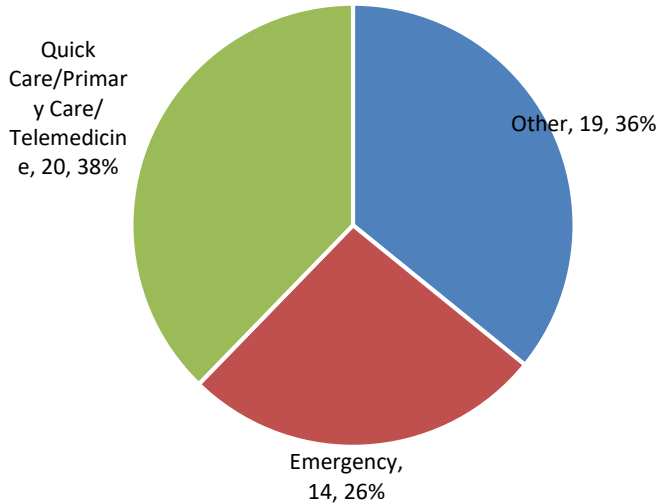
Patient Safety

Reported through 4th Quarter, 2023

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

Event	2022	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	Comments
Fall with Injury	4	1	2	1	2	6	Adult ED-1; 1500-2; 4N-1; 2W-1; 1400-1
Pressure Injury - 3/4/Unstage	37	10	2	5	6	23	CCU/CVCU-5; MICU-2; TICU-2; 4S-1; 1400-2; 5S-3; BCU-2; 3W-3; OR-1; NSCU/SICU-2
Retained Foreign Object	1					0	
Wrong Side Surgery/Procedure	0				1	1	OR
Medication Error	0					0	
Assault	1		1			1	2S
Homicide	1					0	
Device Failure	1					0	
Burn	1	1			1	2	OR; Perinatal
TOTAL	46	12	5	6	10	33	

Grievances by Location

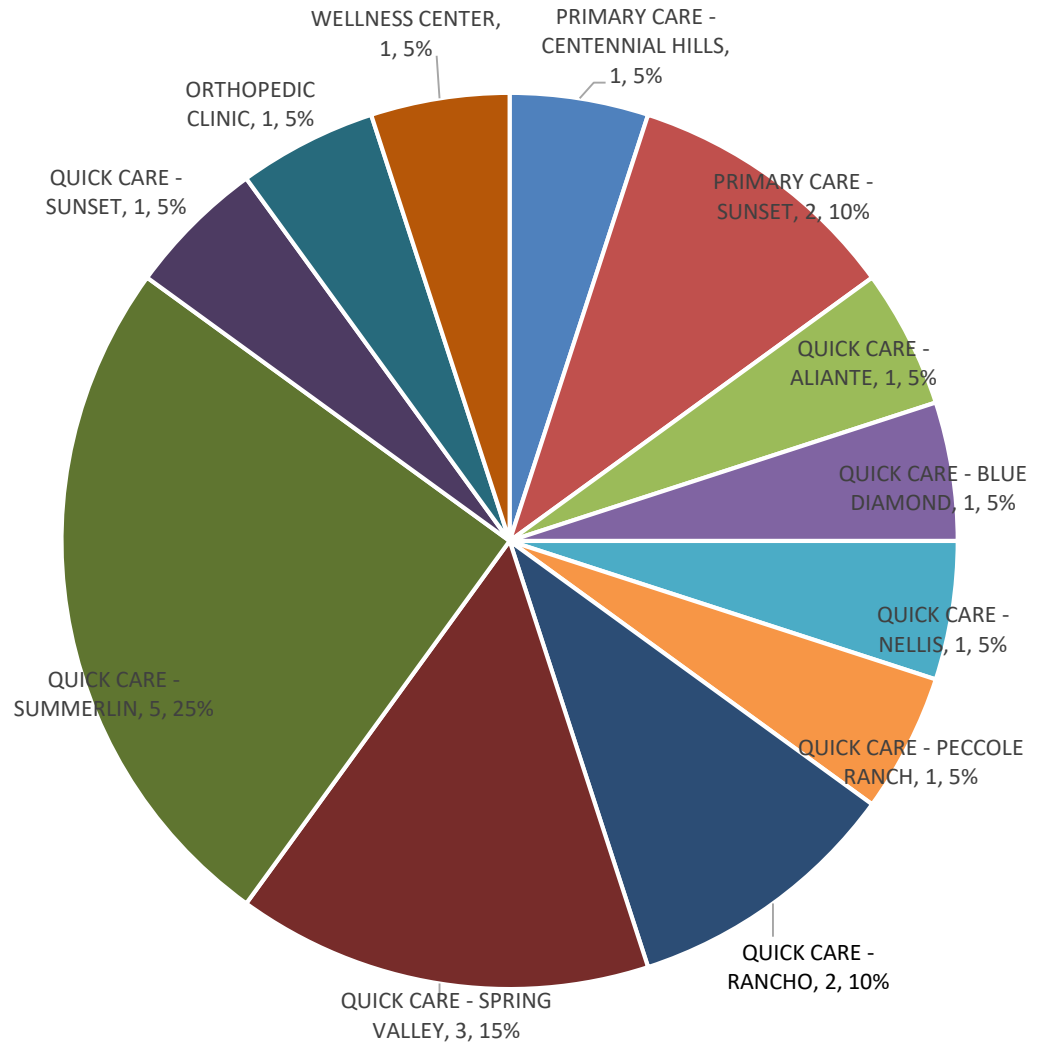


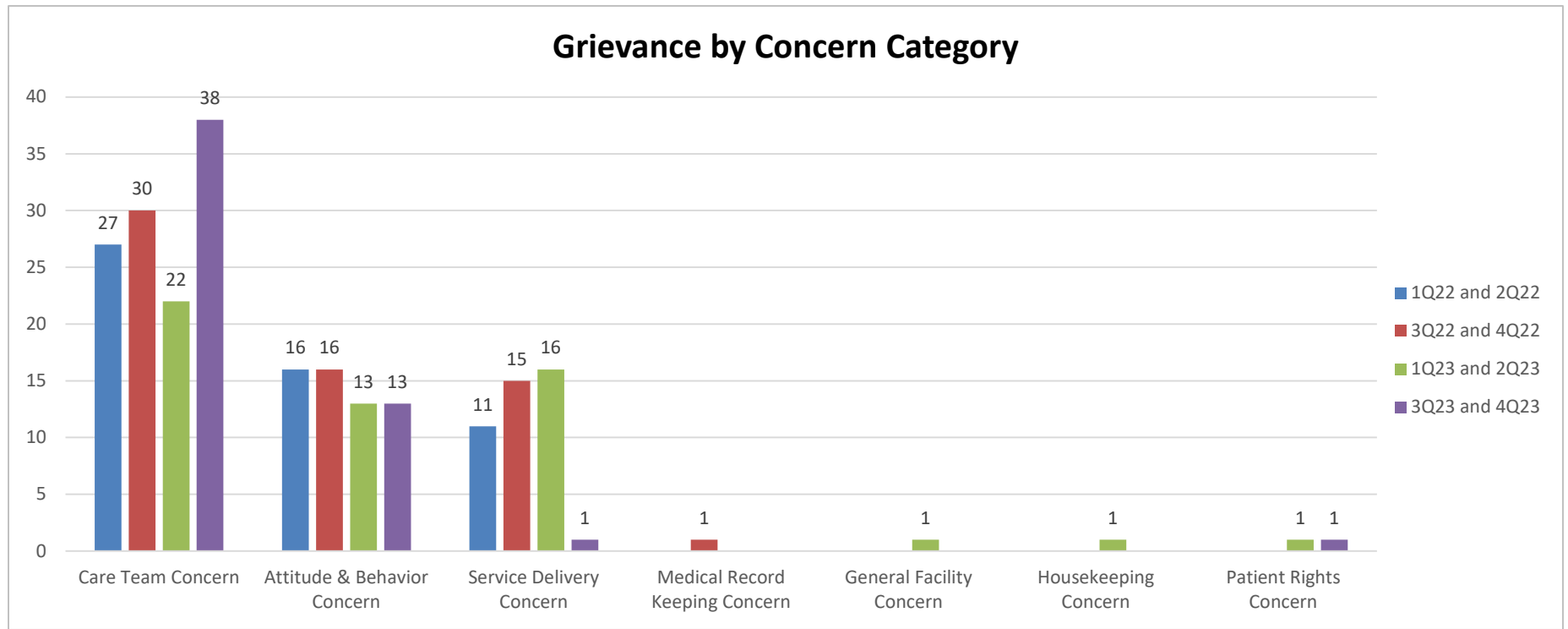
Emergency Services – 14

Other - 19

- Med/Surg/IMC – 8
- Trauma Services – 4
- Children Hospital – 4
- Surgical Services - 1
- Main Campus
 - OP Burn Care - 1
 - Imaging - 1

Grievances QC/PC/Telemedicine - 20





- 53 total grievances were received over 4 reported concern categories. 7 grievances could be substantiated.
 - ✓ **Attitude & Behavior** accounted for 25% of reported concerns; included in this category: Inappropriate Comments, Lack of Concern/Uncaring, Not Helpful, Rude or Unprofessional Behavior.
 - ✓ **Care Team** accounted for 71% of reported concerns; included in this category: Communication/Explanation, Diagnosis Related, Pain Management, Patient Care, & Treatment Plan.
 - ✓ **Service Delivery** accounted for 2% of reported concerns; included in this category: Access/Admissions Delay, Discharge, Service Delivery, & Wait Time.
 - ✓ **Patient Rights Concern** accounted for 2% of reported concerns; included in this category: Confidentiality Breach, Disability, Ethical, Interpreting, Patient Rights Other, Dignity, racial, Religious, Sexual/Orientation

Grievance Rate Per 1000 Discharges / Encounters

PATIENT TYPE	Year	Total Discharges/Encounters	Total Grievances Received	Rate Per 1000
Inpatient / OBS	2022	29,773	37	1.24
	2023	30,182	41	1.36
	1Q23-2Q23	14,771	22	1.48
	3Q23-4Q23	15,411	19	1.23
Emergency Department	2022	90,413	43	0.47
	2023	87,786	26	0.29
	1Q23-2Q23	44,322	12	0.27
	3Q23-4Q23	43,464	14	0.32
Quick Care/ Primary Care / Telemedicine	2022	334,449	36	0.11
	2023	348,692	40	0.11
	1Q23-2Q23	172,711	20	0.11
	3Q23-4Q23	175,981	20	0.11
Overall Totals	2022	454,635	116	0.26
	2023	466,660	107	0.22
	1Q23-2Q23	231,804	54	0.23
	3Q23-4Q23	234,856	53	0.22

Data Source: IP/OBS Data – Vizient, ED – EPIC, QC/PCP/Telemedicine - EPIC

DISCUSSION / QUESTIONS?

Patricia Scott, MSNA, BSN, RN, RHIA, CPHQ, CCDS, CPHRM, CLSSBB
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**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD CLINICAL QUALITY AND
PROFESSIONAL AFFAIRS COMMITTEE
AGENDA ITEM**

Issue: FY24 Organizational Improvement/CEO Goals 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 FY24 Organizational Improvement/CEO 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 FY24.

Cleared for Agenda
April 1, 2024

Agenda Item #

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Quality Performance Objectives – FY24

Approved by the 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 – 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



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	2022	2023	Epic/Medisolv Implementation Met	Improvement Plans In Place
SDOH 1 – Inpatients screened for SDOH	N/A	Yes	Yes	<ul style="list-style-type: none"> Mapping of reported data is in progress. Revised process to identify who documents screening measures.
SDOH 2 – Inpatients identified as having ≥ 1 social risk factors	N/A	Yes	Yes	<ul style="list-style-type: none"> Mapping of reported data is in progress. Revised process to identify who documents screening measures.
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"> Total # of Patients Identified with Transportation Needs/Total # Screened Decrease in “No Show” rate in PCP Clinics 	N/A 12.3%	4.68% (373 of 7970) 12.1%	N/A	<ul style="list-style-type: none"> Obtained and reviewing contract with Lyft. Increased staff awareness / education on new screening metrics. Measure implemented in 2023. Currently running at 3.55% in 2024 (307 of 8638). Increased patient awareness / education on transportation opportunities.

No Shows, compared to all Completed appointments. Primary Care Clinics only. Cancelled appointments excluded.

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 – 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



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 – 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



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.	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?

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Quality, Patient Safety, & Regulatory Officer

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

Issue: Contract Performance Evaluations	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 the Governing Board, the completed Contract Performance Evaluations; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

Patricia Scott, Patient Safety and Regulatory Officer, will review the completed contract performance evaluations.

Cleared for Agenda
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Contract Record Number	Vendor Name	Contract Description	Start Date	Termination Date	Evaluation Received	Met Performance Standards Yes/No (Question 8)
8154	LMC Pathology Services	24/7 emergency, on-call and consultative pathology services	1/1/2023	12/31/2025	2/13/2024	Yes
6648	Children's Urology Associates	Professional Services Agreement for Group Physician On-Call Coverage - Pediatric Urology	5/1/2021	4/30/2024; plus two, one-year options	2/13/2024	Yes
6606 / 6943	Alireza Farabi, MD	Professional Services Agreement for Individual Physician Clinical Coverage - Infectious Disease and Infection Control	3/1/2021	2/29/2024	2/13/2024	Yes
7446	Bruce Snyder, MD - Retinopathy of Prematurity 2022	Provide on-call retinopathy of prematurity screenings and services to newborns at the NICU Department 7 days each week.	03/20/2022	03/19/2025	2/13/2024	Yes
7600	C. Edward Yee, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	6/1/2022	5/31/2025	2/13/2024	Yes
6455	Desert Radiology	Professional Services Agreement for Clinical Services - Radiology	12/1/2020	11/30/2023; auto renew for two additional one-year periods	2/13/2024	Yes
8040 / 8376	Duke Forage Anson Neurosurgical Neurosurgery and Neuro Spine Surgery On-Call Services 2022 (Amended and Restated)	Professional Services Agreement for Neurological Surgery and Neurological Spine Surgery on-call coverage	09/01/2021	10/31/2025	2/13/2024	Yes
6745 / 7743	Emil Stein, MD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	6/1/2021	5/31/2025; plus two, one-year options	2/13/2024	Yes

8079	Eugene Libby, DO	Professional Services Agreement - General Orthopedic Medicine (Non-Surgical)	11/01/2022	10/31/2024; plus two, one-year options	2/13/2024	Yes
7744	Frank Lee, DO	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	6/1/2021	5/31/2025; plus two, one-year options	2/13/2024	Yes
6217 / 8591	Hand Surgery Specialists of Nevada (Young)	Professional Services Agreement for Group Physician On-Call Coverage - Hand Surgery	7/1/2020	6/30/2024	2/13/2024	Yes
7288	Kidney Specialists of Southern Nevada	Professional Services Agreement for Clinical Services - General Nephrology	01/01/2022	12/31/2024; plus two, one-year options	2/13/2024	Yes
7289	Kidney Specialists of Southern Nevada	Professional Services Agreement for Clinical Services - Transplant Nephrology	01/01/2022	12/31/2024; plus two, one-year options	2/13/2024	Yes
5281	Las Vegas Pediatric Critical Care Associates	Agreement for Physician Medical Directorship and Physician Professional Services for Pediatric Critical Care Services: Meena Vohra, MD	2/1/2019	1/31/2024	2/13/2024	Yes
7680 / 8480	Las Vegas Urology	Professional Services Agreement for Group Physician On-Call Coverage - Adult Urology	6/1/2022	5/31/2026	2/13/2024	Yes
6608	Nevada Heart and Vascular Center (Resh)	Professional Services Agreement for Clinical Services - Cardiology	3/1/2021	2/28/2026	2/13/2024	Yes
6985	Oral and Maxillofacial Surgery Associates of Nevada	Professional Services Agreement for Group Physician On-Call Coverage - Oral and Maxillofacial Surgery	7/1/2021	6/30/2024; plus two, one-year options	2/13/2024	Yes

7745	Paul Casey, MD, FACS	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	6/1/2022	5/31/2025; plus two, one-year options	2/13/2024	Yes
7833	Pediatrix Medical Group of Nevada	Newborn Hearing Screen Services	9/27/2022	9/26/2025	2/13/2024	Yes
7538	Pediatrix Medical Group of Nevada	Pediatric Neurology On-call Services	5/1/2022	4/30/2025	2/13/2024	Yes
8111 / 8873	Quality Care Consultants	Professional Services Agreement for Physician Advisor Services - Case Management	11/1/2022	10/31/2024	2/13/2024	Yes
8061	Ross Berkeley, MD	Administrative Services Agreement (Professional Improvement Committee Chair Services)	11/1/2022	12/31/2023; auto renew for two additional one-year periods	2/13/2024	Yes
6151	Sound Physicians Emergency Medicine of Nevada (Bessler)	Professional Services Agreement - Emergency Medicine Clinical Services	7/1/2020	6/30/2023; auto renew for two additional one-year periods	2/13/2024	Yes
6576	Sound Physicians of Nevada II	Professional Services Agreement for Clinical Services - Hospitalists	3/1/2021	2/29/2024; auto renew for two additional one-year periods	2/13/2024	Yes
7563 / 8408	Staff Care	Provide locum tenens physicians in critical need areas of the hospital.	4/29/2022	4/28/2024	2/13/2024	Yes
6227 / 8590	Stroke and Neurology Specialists	Professional Services Agreement for Group Physician On-Call Coverage - Neurology and Stroke Neurology	8/1/2020	7/31/2024	2/13/2024	Yes
7746	Thomas Kelly, MD	Professional Services Agreement for Individual Physician On-Call Coverage - Ophthalmology	6/1/2022	5/31/2025; plus two, one-year options	2/13/2024	Yes

7459 / 8465	UNLV Medicine	Professional Services Agreement for Group Physician On-Call Coverage - Pediatric Gastroenterology	3/2/2022	04/30/2023; plus one-year option	2/13/2024	Yes
8448	UNLV Medicine & UNLV KSOM	Pediatric Gastroenterology On-Call Services	05/01/2023	4/30/2026; plus two, 1-year options	2/13/2024	Yes
6241	UNLV Medicine	Professional Services Agreement for Clinical Services - Surgery	9/1/2020	6/30/2023; auto renew for two additional one-year periods	2/13/2024	Yes
7799	UNLV Medicine & UNLV KSOM	Professional Services Agreement for Clinical Services - Internal and Family Medicine	7/1/2022	6/30/2025; plus two, one-year auto renew options unless either party provides at least 90 days non-renewal notice prior to the end of the Initial Term of any anniversary period thereafter	2/13/2024	Yes
7752	UNLV Medicine & UNLV KSOM	Professional Services Agreement for Clinical Services - Psychiatry	7/1/2022	6/30/2025; plus two, one-year auto renew options unless either party provides at least 90 days non-renewal notice prior to the end of the Initial Term of any anniversary period thereafter	2/13/2024	Yes
7799	UNLV Medicine & UNLV KSOM - Internal and Family Medicine Clinical Services 2022	Professional Services Agreement for Family Medicine clinical services	07/01/2022	06/30/2027	2/13/2024	Yes
7753	UNLV Medicine & UNLV KSOM - Obstetrics & Gynecology Clinical Services 2022	Professional Services Agreement for Obstetrics and Gynecology clinical services	07/01/2022	06/30/2027	2/13/2024	Yes

7984	UNLV SDM - General and Pediatric Dentistry On-Call Services 2022	Professional Services Agreement for General and Pediatric Dentistry On-Call Coverage	10/26/2022	10/25/2025	2/13/2024	Yes
6456	USAP-Nevada	Professional Services Agreement for Group Physician On-Call Coverage - Cardiovascular Anesthesia	1/1/2023	12/31/2025	2/13/2024	Yes
8677	Daniel Lee, MD	Adult and Pediatric Orthopaedic Spine Surgery On-Call Services	07/05/2023	07/13/2026	2/13/2024	Yes
8678	Archie Perry, Jr., MD	Adult and Pediatric Orthopaedic Spine Surgery On-Call Services	07/05/2023	07/12/2026	2/13/2024	Yes
8543	Compass Group USA	Food Services and Clinical Nutrition Management Services	05/08/2023	12/31/2025	2/13/2024	Yes
8820	Essential Associates Holdings, LLC	Radiology Clinical Services - Radiological Interpretation Services	12/01/2023	11/30/2026	2/13/2024	Yes
8477	March of Dimes	March of Dimes program for NICU, offering family education and support, staff training on family-centered care	09/08/2023	09/07/2026	1/24/2024	Yes
6689	Advanced Neurodiagnostics & Sleep Center	Provide pediatric and neonatal critical care sleep diagnostic testing.	10/19/2021	10/18/2024	1/24/2024	Yes
6993	CareDX Transplant Management Inc.	Business Associate Agreement to assist UMCSN in improving quality management, patient outcomes, reducing regulatory risk, and decreasing financial exposure for its transplant program.	02/07/2022	02/06/2024	1/24/2024	Yes

6428	Children's Orthotics and Prosthetics LLC	On-Call Service for UMC for Prosthetics	1/27/2021	1/26/2024	1/24/2024	Yes
7703 / 8565 / 8780	Comprehensive Care	Perfusion services for anesthesia support.	09/01/2022	08/31/2025	1/24/2024	Yes
6462	Fresenius Kidney Care Nevada, LLC	In hospital dialysis treatments	2/1/2021	1/31/2024	1/24/2024	Yes
6558	Hanger Prosthetics & Orthotics, Inc	On- Call Service for UMC Prosthetics	7/28/2021	7/27/2024	1/24/2024	Yes
7751	Healthy Minds - Program Letter of Agreement	Agreement for a partial hospitalization program for mental/behavioral health children. Healthy Minds needs this affiliation to be able to be approved by Medicaid.	07/14/2022	07/31/2027	1/24/2024	Yes
5357	Orthopedic Motion, Inc	Custom Fabrications and Devices, Prosthetics and Halo.	6/1/2019	5/31/2024	1/24/2024	Yes
6559	Southern Nevada Youth Firesetting Intervention Team	Reduce youth set fires in Southern Nevada.	1/29/2021		1/24/2024	Yes
8223	Nevada Behavioral Health Systems	Healthcare Services Agreement - Care for the Legal Holds in ED	01/12/2023	01/11/2024	1/24/2024	Yes
6800	Neuromonitoring Associates	Intraoperative neuromonitoring services for inpatients receiving medical treatment at Hospital.	9/1/2021	8/31/2024	1/24/2024	Yes
6973	Rose Heart, Inc.	Sexual Assault Nurse Examiner Agreement	08/30/2021	01/31/2026	1/24/2024	Yes
6590 / 8864	AQuity Solutions Transcription	UMC Transcription services	10/1/2021	9/30/2024	1/30/2024	Yes

7362	Signs of Hope - MOU	RCC is a non-profit organization that depends on a core base of volunteers and staff that provide crisis intervention, advocacy, support and education to those affected by sexual violence through face-to-face and over-the-phone intervention with newly victimized individuals.	01/27/2022	06/30/2027	2/14/2024	Yes
7318 / 8744	American Sign Language Communication	Agreement for Interpretation	04/15/2022	04/14/2027	1/18/2024	Yes
7304	Cyacom International, Inc.	Service Agreement for Translation Services	06/01/2022	10/31/2024	2/14/2024	Yes
7855 / 8654	Equus Workforce Solutions	Senior Community Service Employment Program Host Agency Agreement	10/14/2022	06/30/2025	2/14/2024	Yes
8584	Wilderness Medic	Pre-Hospital Emergency Endorsement Hospital Agreement	07/01/2023	06/30/2024	1/19/2024	Yes
7794 / 8430	American Trauma Society	Trauma Survivors Network Participation Agreement	12/01/2022	11/30/2024	1/19/2024	Yes
8586	Vegas Strong Resiliency Center	Trauma Victim Advocate Assistance MOU	10/30/2023	10/29/2028	2/27/2024	Yes
8453	Western Arizona Regional Medical Center	Reciprocal transfer agreement	06/22/2023	06/21/2026	1/29/2024	Yes
8441	Sun Valley Surgical Center	Reciprocal Transfer Agreement - Extended care Facilities)	07/18/2023	07/18/2024	1/29/2024	Yes

8095 / 8635 / 8738	AMN Healthcare	Temporary and Permanent Staffing Services Exhibit A-1 & A-2	07/01/2023	06/30/2026	1/29/2024	Yes
7711	Nevada Health Centers, Inc	Transfer Agreement	09/01/2022	08/31/2025	1/29/2024	Yes
7987	Southern Nevada Health District Transfer Agreement - Amendment A01	Reciprocal transfer agreement	10/19/2022	01/31/2026	1/29/2024	Yes
7776	Valley View Surgical Center - Transfer Agreement	Reciprocal Transfer Agreement	01/01/2020	12/31/2026	1/29/2024	Yes
6570	West Coast Healthcare Professional, Diagnostic Imaging	Echo and EEG Contracted Labor	7/1/2021	6/30/2024	1/31/2024	N/A
8335	Kabit	Transportation Services for Patients	06/16/2023	06/16/2024	1/29/2024	Yes
5554	National Disaster Medical System	Medical Mass Casualty Emergency Response	10/31/2019	10/31/2024	1/29/2024	Yes
6039	Project Enhance Sound Generations	Affiliate License for Online Database to Program	10/11/2021	10/10/2025	1/26/2024	Yes
8283	Nevada Early Intervention Services	Play Groups for Children and their Families	07/21/2023	01/31/2027	1/26/2024	Yes

**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 7 & March 6, 2024 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 1, 2024

Agenda Item #

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Regulatory Update, Contract Evals Policies & Procedures

- Regulatory / Accreditation Surveys – None
- Contract Performance Evaluations

- Policy / Procedure Approval
 - Timeframe: February 7 & March 6, 2024
 - Total approved: 76
 - Total retired: 6
 - Approved through Hospital P/P, Quality, MEC

February 7, 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 54 Approved, 3 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Pediatric and Neonatal Organ Donation</u>	Revised	Approved as Submitted	New guidelines for brain death determination included and policy changed to new template. Vetted by Pediatric Department.
<u>Use of Nitrous Oxide Outside of the Operating Room for Minimal Sedation/ Anxiolysis</u>	Revised	Approved as Submitted	Revision of Policy to include emphasis on Fail-Safe maneuver, criteria for credentialing, more details on set-up and nursing documentation, and location of where nitrous sedation can be performed. Vetted by Pediatric Department.
<u>Workforce Privacy & Security Education</u>	Revised	Approved as Submitted	Included in policy the frequency and delivery method for routine education by workforce member type. Reviewed with Information Security Officer. Vetted by Privacy Officer.
<u>Directory of Hospital Patients</u>	Revised	Approved as Submitted	Routine review in accordance with schedule. Changed verbiage from "NFP" to "Confidential" to match Epic terminology. Reviewed by Patient Access Services. Vetted by Privacy Officer.
<u>Notice of Privacy Practices</u>	Revised	Approved as Submitted	Minor formatting changes with no content change. Vetted by Privacy Officer.
<u>Death of a Workforce Member, Chief Officer Steps</u>	Revised	Approved as Submitted	Minor formatting changes. No changes to content. Vetted by Privacy Officer.
<u>Code Silver: Active Shooter/Armed Conflict</u>	Revised	Approved as Submitted	Revised title: Code Silver: Active Shooter/ Armed Conflict, further delineated notification processes, updated staff actions to include staff should protect themselves and patients not directly involved (e.g. have patient stay in their room, close their doors, run, hide, fight). Not knowing the level of threat, staff should remain clear of

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			the affected area. Update to clarify "UMC Public Safety" vs Nevada Public Safety and/or Law Enforcement, and updated definitions. Vetted by Public Safety and CQPS.
<u>Code Gray: Combative/Violent Person</u>	Revised	Approved as Submitted	Revised title: Code Gray-Combative/Violent Person, further delineated notification processes to include offsite location notifications to Law Enforcement and Public Safety, and made minor verbiage changes throughout policy. Vetted by Public Safety and CQPS.
<u>Management of Patient Property and Valuables</u>	Revised	Approved as Submitted	Updated P/P title; moved "Resolution of Lost or Damaged Property" from patient complaint/grievance policy; updated job titles; edited for grammar. Vetted by Public Safety and CQPS.
<u>Extracorporeal Life Support (ECLS) Team Activation</u>	Revised	Approved as Submitted	Addition of transfer center phone number and ECMO coordinator contact added to box 1. Vetted by ECMO Coordinator.
<u>Point of Service Patient Payments</u>	Revised	Approved as Submitted	Updated to current cash control processes at the Cashier location at the main hospital and the reception area at Delta Point, Suite 100. Vetted by Cash Posting Manager, Customer Service Manager and Patient Accounting Director.
<u>Adult Emergency Department (ED) Triage Protocol</u>	Revised	Approved with Revisions	Update each section with best practice orders. Reviewed updated orders; verified workflow. Vetted by ED Nursing Leadership, CNS, Critical Care Committee and ED Medical Director.
<u>Guideline for the Management of the Adult Patient on EndoTool IV: Glucose Management System</u>	New	Approved with Revisions	New guideline; Sourced from Monarch (EndoTool) and References. Vetted by Clinical Nurse Specialist and Director of Clinical Care Services.
<u>Sterile Packaging and Wrapping Procedures</u>	Revised	Approved as Submitted	Updated to new template. No other changes. Vetted by Director of Peri-Operative Service.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Cardiac Intermediate Care Unit (CIMC) Criteria for Triage, Admission and Discharge Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director Critical Care Services and ACNO.
<u>Intermediate Care Unit (3 South & 3 West) Criteria for Triage, Admission and Discharge Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director Critical Care Services and ACNO.
<u>Cardiovascular Intensive Care Unit and Coronary Care Unit (CVCU/CCU) Criteria for Triage, Admission and Discharge Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director Critical Care Services and ACNO.
<u>Adult Brain Death/Death by Neurologic Criteria</u>	Revised	Approved as Submitted	Further review and edits to add pentobarbital serum level w/validation question verifying level less than 5µg/ml. Removal of language related apnea testing and mechanical ventilation and CPAP mode, and pre-oxygenation with inconclusive test in a hemodynamically stable patient. Vetted by Director Critical Care Services.
<u>UMCSN Organizational Plan for the Provision of Patient Care</u>	Revised	Approved with Revisions	Placed on template, updated to current structure. Vetted by all directors and administrators.
<u>Aerosolized Epoprostenol for Cardiovascular Surgery and Hypoxemia</u>	Revised	Approved as Submitted	Updated to current template. Moved previous appendices A & B which were attachments to overarching Aerosolized Epoprostenol order into the policy. No structural changes to policies or attachments. Vetted by Director of Respiratory Services.
<u>Respiratory Lab - Quality Management Program</u>	New	Approved as Submitted	New Policy created following recent CAP survey. Quality management is part of CAP requirements, but there was no defined policy stating we followed the CAP requirements. This policy covers that requirement. Reviewed by Dr. Kilburn, Respiratory Medical Director. Also, reviewed

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			by the specific CAP surveyor, who provided a template to work from.
<u>Respiratory Lab – Validation Protocol</u>	Revised	Approved as Submitted	Reviewed. Updated to current CAP standards. Reviewed during recent CAP survey. Added reference 5 based on survey findings. No other changes. Vetted by Dr. Kilburn and Director of Respiratory Services.
<u>Pharmacy Communication of Information to Staff</u>	Revised	Approved as Submitted	Removed education components as they don't fit this policy; updated communication processes. Vetted by Director of Pharmacy.
<u>Conversion of Enteral Medications to the Appropriate Dosage Form and Route</u>	Revised	Approved as Submitted	Minor clarifications, including how pharmacists and providers are notified of the need to change the route of administration. Vetted by Director of Pharmacy.
<u>Medication Carts, Kits, and Boxes</u>	Revised	Approved as Submitted	Removed the need for yellow locks. All ready-state boxes will have a red lock. Vetted by Director of Pharmacy Services.
<u>Medication Orders: Range, PRN, Multiple Routes and Medications ordered for the Same Indication</u>	Revised	Approved as Submitted	Minor wording clarifications. Vetted by Director of Pharmacy.
<u>Hazardous Drug Safety Plan</u>	Revised	Approved as Submitted	Updated formatting, removed information in other policies, updated reference to addendum to refer to NIOSH list, updated hazardous drug compounding to be done in powder hood instead of BSC. Updated ONS-related references. Made comments for recommendations related to safe handling of cytotoxic drugs to include chemotherapy biotherapy precautions. Under PROCEDURE High-Risk Hazardous Medications number 3 – added chemotherapy/biotherapy certified/trained nurses. Deleted Safe handling of hazardous drugs reference from 2018. Added updated ONS reference for Chemotherapy and Immunotherapy (2023). Vetted by Director of Pharmacy.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Pharmacy Licensure</u>	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by Director of Pharmacy.
<u>Dialysis Solution Additives</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Pharmacy.
<u>Pediatric Subcutaneous Rapid/Short-Acting Insulin</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Pharmacy.
<u>Protocol for Thiamine Initiation Prior to the Start of Parenteral Nutrition in Adults at Risk for Refeeding Syndrome</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Pharmacy.
<u>Protocol for Electrolyte Replacement in Adult Patients on Parenteral Nutrition</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Pharmacy.
<u>Pharmacy and Therapeutics (P&T) Committee</u>	Revised	Approved as Submitted	Placed in new template. Changed the Secretary from Director of Pharmacy to Pharmacy Clinical/Educational Program Manager. Removed Professional Employee Education and Development as a voting member. Vetted by Director of Pharmacy.
<u>Critical Tests/Critical Results</u>	Revised	Approved as Submitted	Revised ambulatory and wellness center after hours contact information. Changed Lactic Acid critical policy to reflect calling the critical upon first critical and return to critical. Moved COVID, Flu A&B, RSV and Strep A to Molecular section. Vetted by General Laboratory Services Manager.
<u>Evaluations and Re-Evaluations for Acute Care Physical Therapy</u>	Revised	Approved as Submitted	Removed "A functional screen shall be performed by Nursing for every admitted patient. The "need" for a Physical, Occupational or Speech Therapy order can also be determined during the nursing initial evaluation, physician admission assessments and or during patient care conferences and rounds." Added "A re-evaluation shall be conducted and billed only if there is a significant change in the

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			<p>patient medical presentation, a change that requires the knowledge and expertise of a therapist to update the plan of care, interventions, and goals according to the patient's current condition. Supervisory PT or OT visits, as required by the State Boards, are not considered re-evaluations and cannot be billed as re-evaluations." Added "The evaluating therapists are required to complete at least 90% of their documentation within 4 hours of the therapy intervention. All documentation must be completed within the same day as the intervention." Minor changes of wording and flow. Vetted by Rehabilitation Services Director.</p>
<u>Prioritization of Care Rehabilitation Services</u>	Revised	Approved as Submitted	Updated the entire Priority System to meet the department's current practice. Vetted by Rehabilitation Services Director.
<u>Rehabilitation Services Organizational Chart/Emergency Call Tree</u>	Revised	Approved as Submitted	Adjusted the reporting structure and removed direct reports from under the Executive Secretary position. Vetted by Rehabilitation Services Director.
<u>Speech Language Pathology Professional Conduct</u>	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Rehabilitation Services Manager.
<u>Speech-Language Pathology Scope and Standards of Practice</u>	Revised	Approved as Submitted	<p>Removed "It is the responsibility of the Speech-Language Pathologist to provide accurate and complete information and that only documented services are reflected in the billing consistent with Rehabilitation services policy #4.00-R.S." Added "Therapists are expected to enter at least 90% of their notes within 4 hours of the therapy intervention in the EMR. All notes must be entered in the EMR within the same day as the intervention" "The Speech-Language Pathologist is responsible for providing accurate and complete documentation of interventions</p>

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			performed. The Speech-Language Pathologist is also responsible for correctly and accurately billing all services delivered." Vetted by Rehabilitation Services Director.
<u>Discharging Patients from the Adult Emergency Department</u>	Revised	Approved as Submitted	Moved to new format. No changes made. Vetted by Adult Emergency Department Director.
<u>Specimen Handling – Products of Conception</u>	Revised	Approved as Submitted	Scheduled review. Moved to new format. No contact changes made. Vetted by Adult ED Acting Director.
<u>Resolution of Potential Patient Duplicate Medical Records</u>	Revised	Approved as Submitted	Renamed policy (previously titled "Merging of Duplicate Medical Records") to better reflect the intent of the policy. Revised content to more accurately describe procedures. Eliminated unnecessary definitions. Vetted by HIM Operations Manager.
<u>Patient Safety Plan</u>	Revised	Approved as Submitted	Reviewed. Added TJC Sentinel chapter as reference. No other changes. Vetted by Director of Patient Safety.
<u>Burn Activation Guideline</u>	Revised	Approved as Submitted	Added delineation of care, for adult and pediatric patients. In the section labeled: PATIENTS NOT MEETING BURN OR TRAUMA ACTIVATION CRITERIA, added Adult to the first paragraph. Added the second paragraph relating to pediatric patients. Added ACTIVATION NOTIFICATION section. This was in coordination with Public Safety. Vetted by Burn Program Manager, Critical Care Services Clinical Director and ACNO.
<u>Dress Code</u>	Revised	Approved as Submitted	Updated Section F to reference supplemental document and clarified language on UMC shirts. Vetted by Chief Human Resources Officer.
<u>Contracted / Non-Employee Requirements</u>	Revised	Approved as Submitted	Changes to fully remote contractor requirements. Vetted by HR Operations Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Payroll and Salary Reduction Policy for Non-Union Exempt Employees Policy</u>	Revised	Approved as Submitted	Update to include Administrative Leave Days. Vetted by Chief Human Resources Officer.
<u>Payroll and Salary Reduction for Non-Union Exempt Employees Procedure</u>	Revised	Approved as Submitted	Insert information related to Administrative Leave Days (ALDs). Vetted by Chief Human Resources Officer.
<u>Performance Review Program Policy</u>	Revised	Approved as Submitted	Added language for compensation plans, employment agreements, etc. Vetted by Chief Human Resources Officer.
<u>Performance Evaluation Program Procedure</u>	Revised	Approved as Submitted	Included language regarding compensation plans, employment agreements, etc. Vetted by Chief Human Resources Officer.
<u>Position Classification and Compensation Plans Policy</u>	Revised	Approved as Submitted	Clarified language in regards to compensation plans, employment contracts. Added ability for CEO to adjust salaries for topped out or over top employees. Vetted by Chief Human Resources Officer.
<u>Disciplinary Hearing Process Policy</u>	Revised	Approved as Submitted	Change references from County Manager to CEO; remove suspension hearing process. Vetted by Chief Human Resources Officer.
<u>Employee Leave Program Policy</u>	Revised	Approved as Submitted	Insert ALD language. Vetted by Chief Human Resources Officer.
<u>Remote Work Program</u>	New	Approved as Submitted	New policy. Vetted by Chief Human Resources Officer.

March 6, 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 22 Approved, 3 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Privacy Incident Response</u>	Revised	Approved as Submitted	Placed the policy in the new policy template and made additional formatting changes. Defined Protected Health Information. Vetted by Privacy Officer.
<u>Nonmonetary Compensation and Incidental Medical Benefits</u>	Revised	Approved as Submitted	Updated annual limits to meet 2024. Added method for reporting of expenditures by Directors or Managers Changed reporting time frame from 2 to 5 business days Formatting clean-up. Training is scheduled for March 11, 2024 with all those affected. Vetted by Compliance Officer.
<u>Infant, Child, and Adolescent Pain and Comfort Standard</u>	Revised	Approved as Submitted	Updated to new process. Vetted by Pediatric Department.
<u>Pediatric Formula Preparation and Storage</u>	Revised	Approved as Submitted	New Template and updated references. Vetted by Pediatric Department.
<u>2024 Infection Prevention/Control Risk Assessment & Plan</u>	Revised	Approved as Submitted	Scheduled 2024 review. Vetted by Infection Prevention.
<u>Bloodborne Pathogen Exposure Control Plan (ECP)</u>	Revised	Approved as Submitted	Yearly review minimal changes grammar and formatting; no content change. Vetted by Infection Prevention.
<u>Adult Pneumococcal/Influenza Vaccination Standing Order</u>	Revised	Approved as Submitted	Policy updated to account for this workflow occurring electronically rather than on paper. Updated CDC pneumococcal recommendations added. Added pneumococcal and influenza protocol screening criteria. Vetted by Director of Pharmacy.
<u>Renal Dosing</u>	Revised	Approved as Submitted	Placed in new template. Expanded list of drugs that may be dose adjusted per protocol by adding statement that all drugs

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			will be renally dose adjusted according to Lexicomp® except for the ones specifically listed in the policy portion. Removed original Table 1 and renumbered original Table 2 as Table 1. Vetted by Director of Pharmacy.
<u>Periprocedural Anticoagulation</u>	Revised	Approved as Submitted	Placed guideline in new template. Added scope and purpose to align with new template. Reviewed updated CHEST and ACC/AHA guidelines; however, no content changes indicated. Vetted by Director of Pharmacy.
<u>Therapeutic Interchange</u>	Revised	Approved as Submitted	Placed in new template. Added all MEC approved therapeutic interchanges since last approval. Clarified all (sliding scale and scheduled) Regular SQ insulin orders should be interchanged to SQ lispro. Vetted by Director of Pharmacy.
<u>Rehabilitation Services Staffing and Productivity</u>	Revised	Approved as Submitted	Removed "Timeliness of addressing initial requests/orders for therapy service" from Quality Metrics. Added "Timeliness of documentation" under Quality Metrics. Updated the Priority Matrix for PT, OT and ST. Changed the productivity requirement verbiage from "encounters per day" to patient visits/ treatments per day." Vetted by Rehabilitation Services Director.
<u>Department Closure or Movement</u>	Revised	Approved with Revisions	Scheduled review, no changes. Vetted by ACNO.
<u>Nurse-Initiated Protocols Including Medications</u>	Revised	Approved with Revisions	New template, scheduled review. Vetted by ACNO.
<u>Care of Burn Wound in Ambulatory Care Center</u>	Revised	Approved as Submitted	Transferred to new template. Changed from Policy to Guideline and to align with current process. Vetted by Director of Ambulatory Care.
<u>Respiratory - Infection Control Guidelines</u>	Revised	Approved as Submitted	Reviewed and updated to remove use of alcohol for disinfection of multi-use equipment. Respiratory no longer uses this particular piece of equipment, having

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			moved to single use, disposable equipment. Added language regarding cleaning and disinfecting HFNC. Updated to reflect IPV from IPPB. Newer device that follows same process for cleaning and disinfection. Vetted by Director of Respiratory and Director of Infection Prevention.
<u>Code Purple</u>	Revised	Approved with Revisions	Formatting changes to allow for better flow of processes; revised purposes and policy; added references; added section on PBX responsibilities; added process for offsite locations. Vetted by Public Safety and CQPS.
<u>Patient Complaint and Grievance Process</u>	Revised	Approved as Submitted	Placed on new template, updated departmental name, processes, telephone number to file a grievance, made grammatical changes, and added references. Vetted by CQPS.
<u>Transvaginal Exams for Non-Sexually Active Females</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Imaging Services.
<u>Code Sepsis – Adult Inpatient</u>	Revised	Approved as Submitted	Review SBAR scripting tool for Attachment A. Approved for MERT process, no changes. Vetted by Critical Care Committee.
<u>Anticoagulation Reversal Guideline</u>	Revised	Approved as Submitted	Scheduled review. No changes. Vetted by Trauma Manager and ACNO.
<u>Observer Policy</u>	Revised	Approved as Submitted	Updated physician to practitioner throughout the policy and attachments. Vetted by Director of Medical Staff Services.
<u>On-Call Core Burn Surgeon Panel and Emergent Back Up Plan</u>	Revised	Approved with Revisions	Updated procedure to remove physician names and added "Burn Call is assigned only to "core" burn surgeons as delineated by the monthly burn surgeon on call coverage schedule."

**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:	
<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 1, 2024

Agenda Item #

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