



Clinical Quality and Professional Affairs Committee

Monday, October 12, 2026 2:00PM

Delta Point Building - Emerald Conference Room - 1st Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
October 12, 2026 2:00 p.m.
901 Rancho Lane, Las Vegas, Nevada
Delta Point Building, Emerald Conference Room (1st Floor)

Notice is hereby given that a meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website <http://www.umcsn.com> and at Nevada Public Notice at <https://notice.nv.gov/>, and at 901 Rancho Lane, Las Vegas, NV.

- The main agenda is available on University Medical Center of Southern Nevada's website <http://www.umcsn.com>. For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli, Board Secretary, at (702) 765-7949. The Clinical Quality and Professional Affairs Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Clinical Quality and Professional Affairs Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Clinical Quality and Professional Affairs Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Clinical Quality and Professional Affairs Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment
2. Approval of minutes of the regular meeting of the UMC Clinical Quality and Professional Affairs Committee meeting on August 3, 2026. *(For possible action)*
3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

4. Receive an update on HCAHPS and Experience Initiatives from Danita Cohen, Chief Experience Officer and Jeff Castillo, Director of Patient Experience; and direct staff accordingly. *(For possible action)*.
5. Receive an update on the Quality, Safety, and Regulatory Program from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. *(For possible action)*.

6. Receive an update on the FY27 Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate. (*For possible action*)
7. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of August 5, 2026 and September 2, 2026 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. (*For possible action*).

SECTION 3. EMERGING ISSUES

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
August 3, 2026

Emerald Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
June 1, 2026 2:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the time and location listed above. The meeting was called to order at the hour of 2:00 p.m. by Chair Dr. John Fildes and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

Dr. John Fildes, Chair
Laura Lopez-Hobbs
Harry Hagerty (via Teams)
Bobbette Bond (Ex-Officio) (via Teams)

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Danita Cohen, Chief Experience Officer
James Conway, Assistant General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Clinical Quality and Professional Affairs Committee meeting on June 1, 2026. (For possible action)

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4: Review, discuss, and score the outcomes of the FY26 Organizational Improvement Goals from Patty Scott, Quality/Safety/Regulatory Officer; and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. (For possible action)

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

- 1. Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures: Hand Hygiene Hospital Compliance Hospital Wide.**

This goal was met. SwipeSense electronic hand hygiene surveillance system was successfully implemented and deployed throughout the hospital.

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

- * CLABSI
- * PSI-90
- * ED Median Arrival Time to Disposition
- * VAP/IVAC Plus Overall – Adult Only
- * SSI – ORTHO Overall

This goal was partially met. There was improvement in CLABSI, PSI-90, and ED median arrival-to-disposition, but measures for surgical site infections and ventilator events did not improve or sustain performance over the three-year trend. A discussion followed on how the measures and benchmarks are calculated. It was suggested that benchmarks showing improvement should be highlighted, as compared with other area hospitals. Success stories should be shared with the County Commission.

- 3. Improve or sustain improvement over the last (1) year trending period for the following patient experience measures for (IP / OP):**

- * Communication with Nurses - Hospital
- * Communication with Physicians – Hospital
- * Responsiveness of Staff (IP) - Hospital
- * Listen/Courtesy from Nurses/Assist - Primary Care
- * Communication with Provider - Primary Care
- * Listen/Courtesy from Nurses/Assist: Quick Care
- * Listen/Courtesy from Nurses/Assist: Primary Care

Six of the seven patient experience measures were met. Staff responsiveness remains as an opportunity for improvement. This is an area of focus for management. Mr. Van Houweling suggested education on Voicera technology and PressGaney for the committee. Chair Fildes would like a better understanding of responsiveness and what is required to improve overall communication and responsiveness. Ms. Scott responded that patient comments help determine the actions and responses from staff to improve these measures.

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

- * Communication with Physicians
- * Unit of the Week Rounding to Identify Areas in Need of Repair (# of repair opportunities identified within areas reviewed / # corrected on validation of area)

These initiatives were met.

FINAL ACTION TAKEN:

A motion was made by Member Lopez-Hobbs to approve and recommend to the Human Resources & Executive Compensation Committee 26% of the 30% organizational goal allotment/achievement for the Clinical Quality and Professional Affairs Committee. Motion carried by unanimous vote.

ITEM NO. 5 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 3, 2026 and July 1, 2026, including the recommended creation, revision, and /or retirement of UMC policies and procedures; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Policies and Procedures.

DISCUSSION:

Policy and Procedures activities for June 3, 2026 and July 1, 2026 were reviewed.

There were a total of 64 approved 6 were retired. All were approved through the hospital Policy and Procedures Committee, Hospital Quality and Safety Committee, and the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hagerty to approve that the UMC Policies and Procedures Committee's activities of June 3, 2026 and July 1, 2026 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 6 Review and discuss the proposed FY27 Organizational Improvement Goals from Patty Scott, Quality/Safety/Regulatory Officer; and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. (For possible action)

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

Ms. Scott reviewed the following proposed goals for FY2027.

- 1. Improve Hand Hygiene compliance during FY27 in the following measure (utilize baseline data from CY2025 with current rate of compliance utilizing SwipeSense at FY27 end):**
 - Hand Hygiene Compliance (Overall) (Data Source: Infection Prevention; SwipeSense)
- 2. Improve or sustain improvement over the last three (3) year trending period (CY) for the following inpatient quality/safety/infection measures:**
 - CLABSI (Data Source: NHSN)
 - Ventilator-Associated Pneumonia (Data Source: NHSN)
 - SSI – Overall (Data Source: NHSN)
 - Hospital-Wide All-Cause Unplanned Readmission (HWR) measure for adult patients discharged from the acute care hospital who are readmitted for any reason within 30 days (Data Source: Vizient)
- 3. Improve or sustain improvement over the last (1) year trending period (FY26 / FY 27) for the following MIPS/HEDIS measures (Ambulatory – affecting State Directed Payment Program) – (Data Source: EPIC):**
 - Increase weight assessment and counseling for nutrition and physical activity for children/adolescents
 - BMI percentile
 - Counseling for nutrition
 - Counseling for physical activity
 - **Decrease rate of HbA1c poor control (>9%) for members with Diabetes**
 - **Increase rate of controlling high blood pressure**

Patient Experience:

- 4. Identify and implement one creative or innovative resource to support and impact patient experience by the end of FY27 (Data Source: Patient Experience Department).**
- 5. Create and implement an education and incentive program to increase Responsiveness scores year over year on HCAHPS by the end of FY27 (Data Source: Patient Experience Department; Press Ganey Survey).**
- 6. Identify and propose parking solutions for implementation to mitigate parking issues and complaints from patients and visitors – (FY27) (Data Source: Patient Experience Department; Complaints/Grievances from patients/visitors relative to parking).**

7. **Share quarterly HCAHPS scores with physicians, along with ongoing training, on how to improve physicians' communication and responsiveness (FY26 / FY27) (Data Source: Patient Experience Department; Press Ganey Survey).**
8. **Increase the Wellhub membership rate to 46% by the end of FY27 (utilize FY26 as baseline) to enhance employee well-being, support workforce resilience, and strengthen engagement (Data Source: Patient Experience Department through Wellhub application).**

The Committee clarified that there would be a total of 8 goals that would be scored.

Member Hagerty initially proposed removing goal #6 regarding the parking garage, as there is no current solution to the parking issue until the parking garage is established. Ms. Cohen explained that employees have been parking in patient and visitor areas. Management has implemented initiatives to mitigate parking issues and implement solutions. There was a brief discussion about the policies and procedures in place to enforce compliance. Ms. Scott will work with the Experience team to amend the language in goal #6 to include employee expectations.

There will be future discussion regarding how the goals will be measured.

FINAL ACTION TAKEN:

A motion was made by Member Lopez-Hobbs to approve and recommend to the Human Resources & Executive Compensation Committee the proposed FY27 Organizational Goals for the Clinical Quality and Professional Affairs Committee. Motion carried by unanimous vote.

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

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Franklin asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the hour of 2:56 p.m. Chair Franklin adjourned the meeting.

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

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

Issue: HCAHPS/Experience Initiatives 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 HCAHPS and Experience Initiatives from Danita Cohen, Chief Experience Officer and Jeff Castillo, Director of Patient Experience; and direct staff accordingly. <i>(For possible action).</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 12, 2026

Agenda Item #



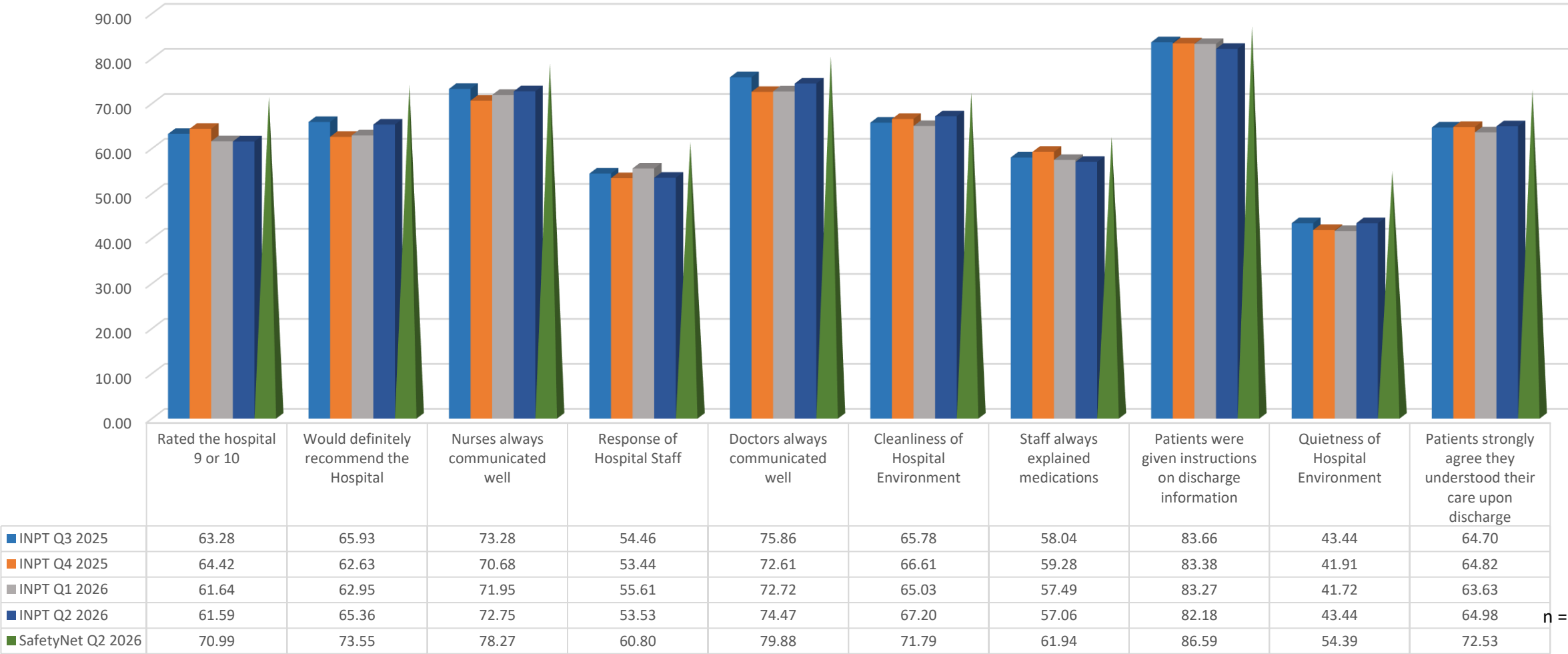
The **Highest Level of Care** in Nevada

Patient Experience
09/2026

2025-26 Inpatient Adult HCAHPS

- 8 of 10 elements are in a positive trend Q3 2025 – Q2 2026
- 6 of 10 elements outperformed the previous Qtr

INPATIENT ADULT HCAHPS SCORES 2025 - 26

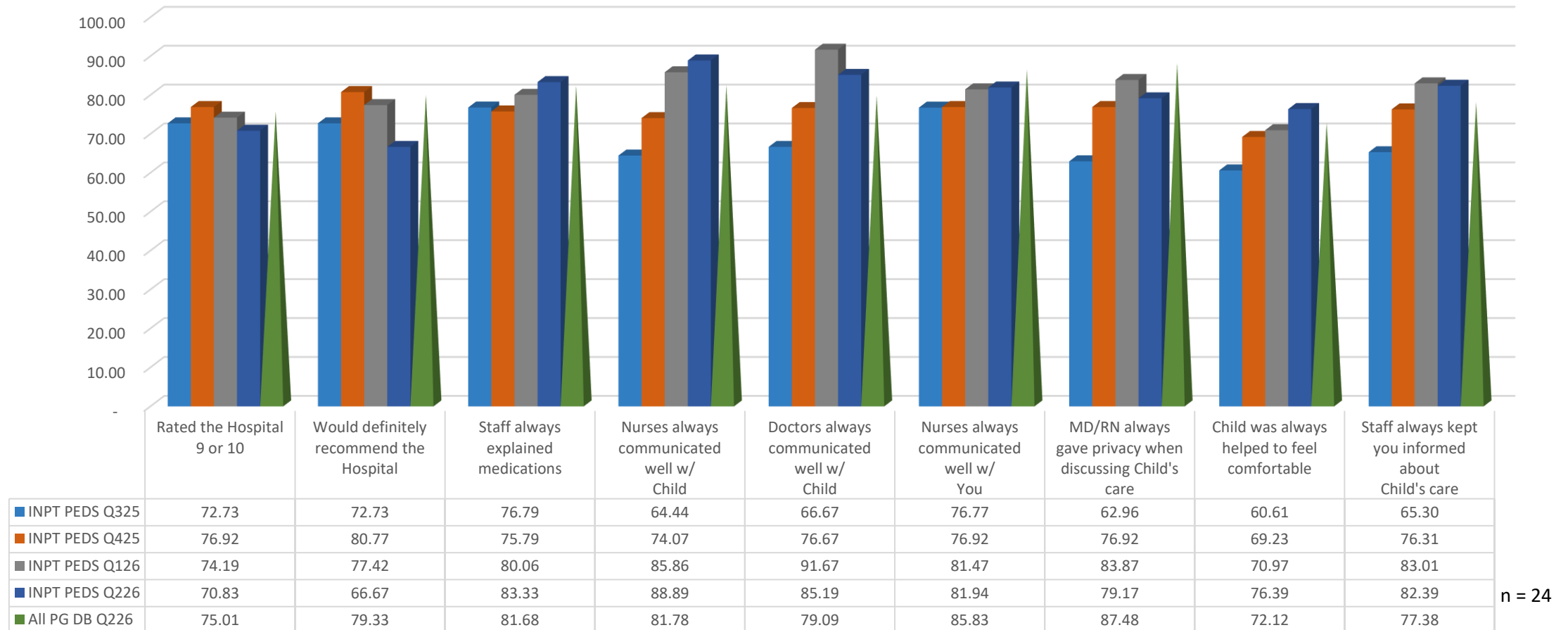


n = 567

2025-26 Childs HCAHPS – Part 1

- 15 of 17 elements are in a positive trend Q3 2025 – Q2 2026
- 8 of 17 elements further outperformed the previous Qtr
- 9 of 17 elements outperform All PG Scores

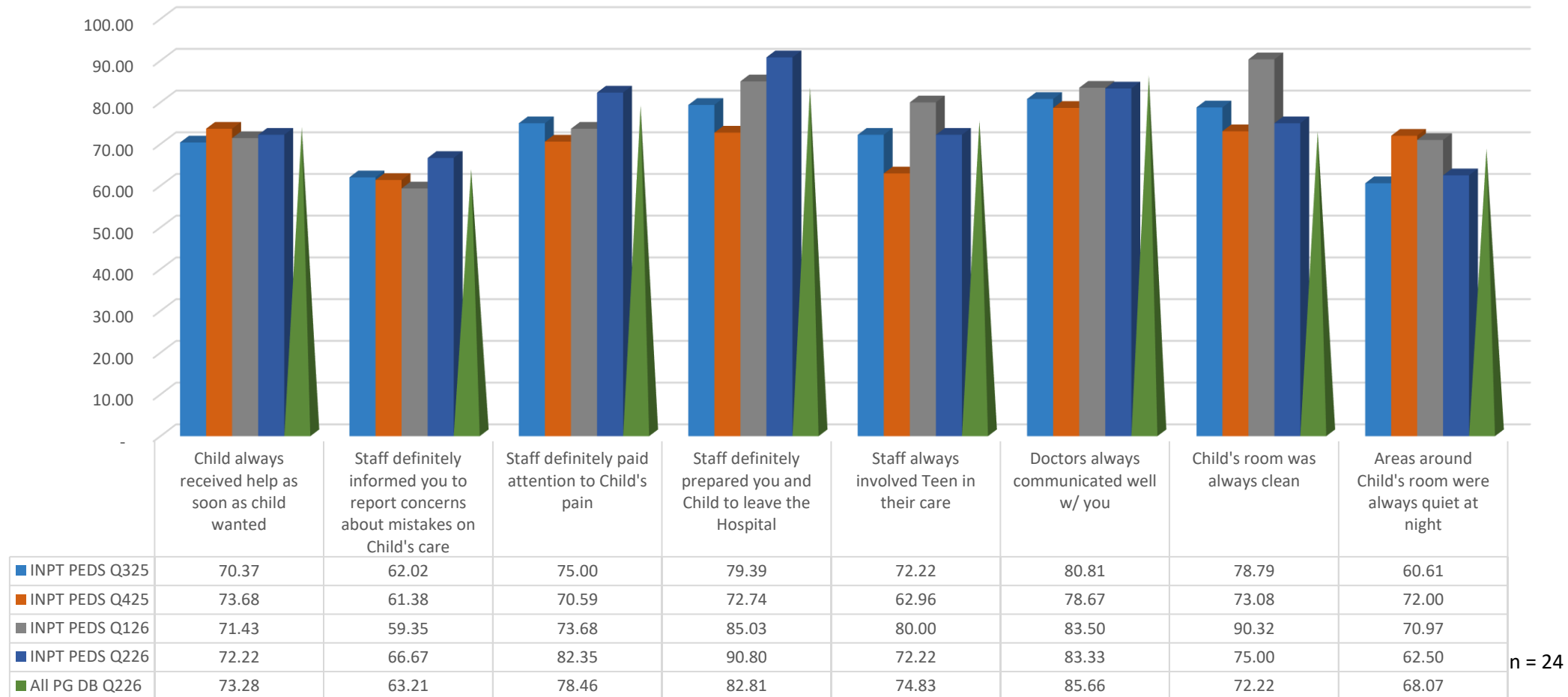
INPATIENT PEDIATRICS SCORES 2025 - 26



2025-26 Childs HCAHPS – Part 2

- 15 of 17 elements are in a positive trend Q3 2025 – Q2 2026
- 8 of 17 elements further outperformed the previous Qtr
- 9 of 17 elements outperform All PG Scores

INPATIENT PEDIATRICS SCORES 2025 - 26



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

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

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
October 12, 2026

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

Issue:	FY27 Organizational Improvement/CEO Goals Update	Back-up:
Petitioner:	Patricia Scott, Quality, Patient Safety and Regulatory Officer	
Recommendation: That the Governing Board Clinical Quality and Professional Affairs Committee receive an update on the FY27 Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate. <i>(For possible action)</i>		

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality committee will receive an update on the UMC Organizational goals for FY27.

Cleared for Agenda
October 12, 2026

Agenda Item #

6



Organizational Performance Objectives FY27

Approved by the Governing Board

Improve Hand Hygiene compliance during FY27 in the following measure (utilize baseline data from CY2025 with current rate of compliance utilizing SwipeSense at FY27 end):

↑

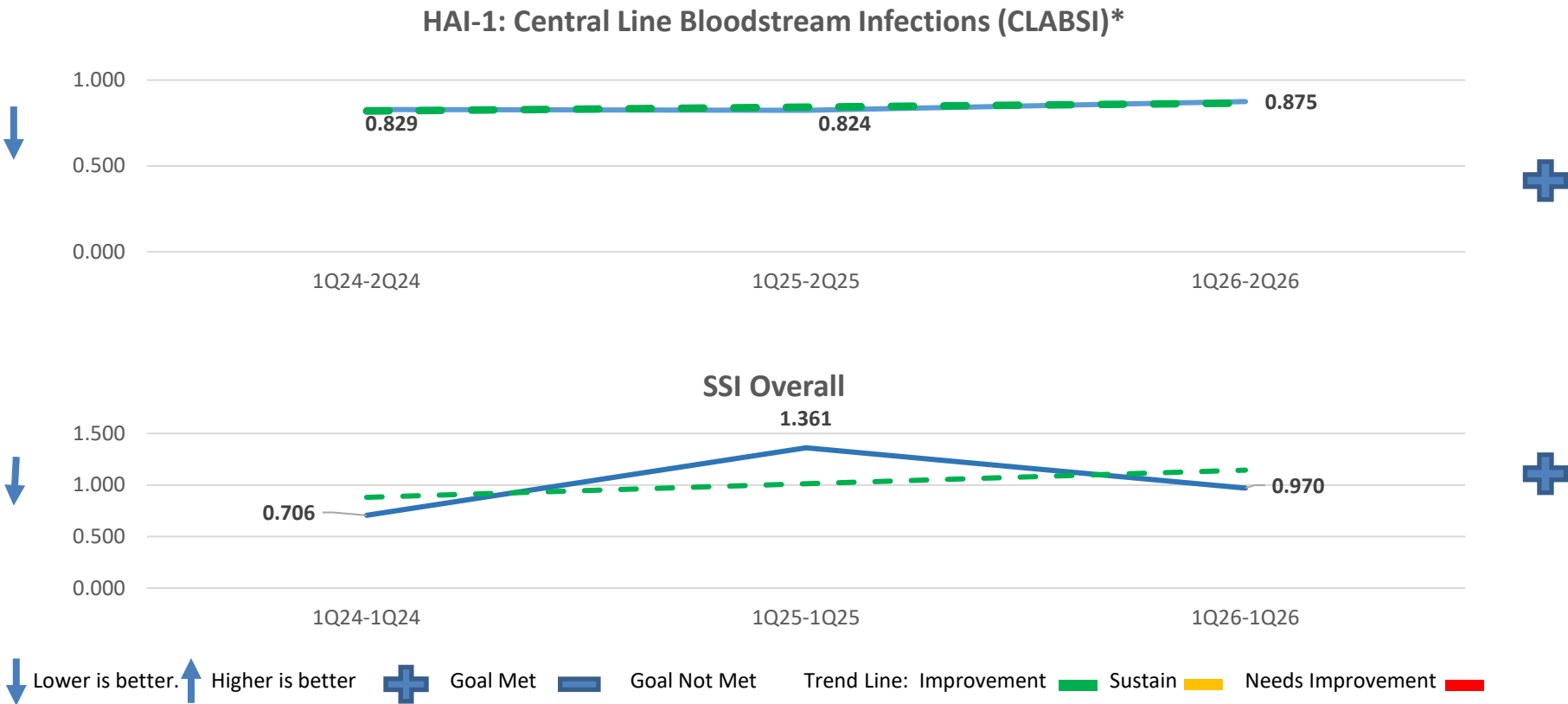
Measure: Hand Hygiene - Swipesense	Goal Met
Phase 2 currently in process	

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

Quality Performance Objective

FY27 Clinical Quality & Professional Affairs Committee

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



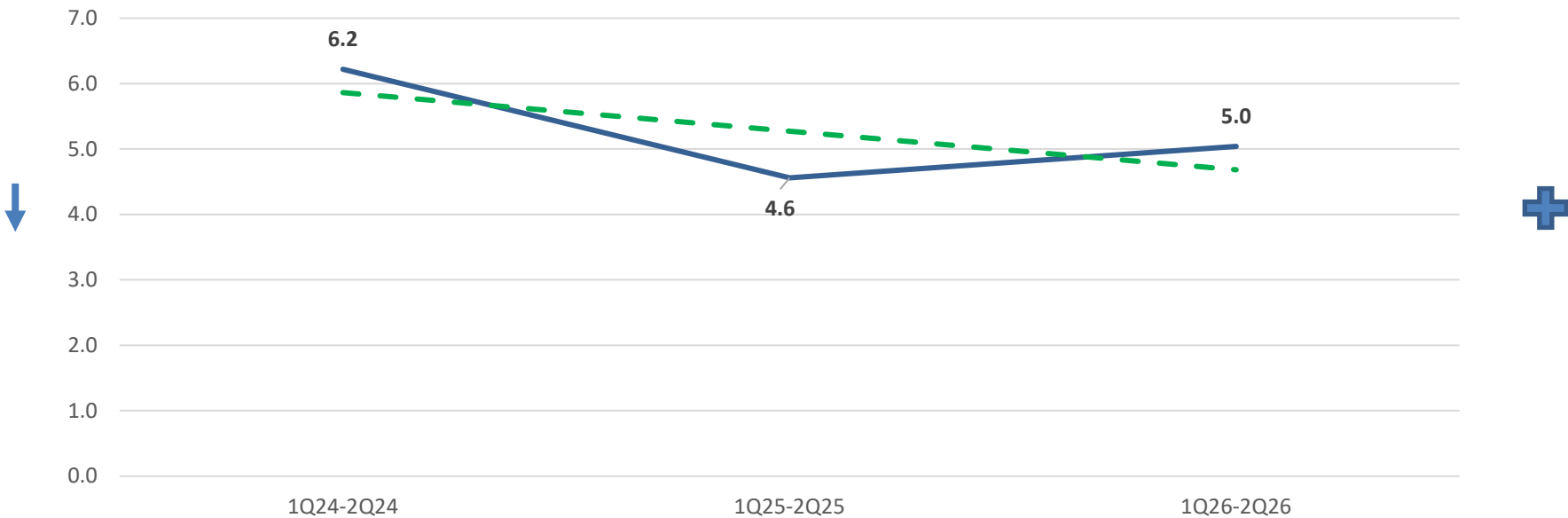
Source: UMC Infection Control Department – NHSN
*CMS SIR Rebase for new 2022 Baseline Values, previously utilizing CMS 2015 Baseline Values.

Quality Performance Objective

FY27 Clinical Quality & Professional Affairs Committee

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

VAP/IVAC Plus Overall - Adult Only



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

Source: UMC Infection Control Department – NHSN
VAP/IVAC Plus calculation: Total Events / Total Vent Days

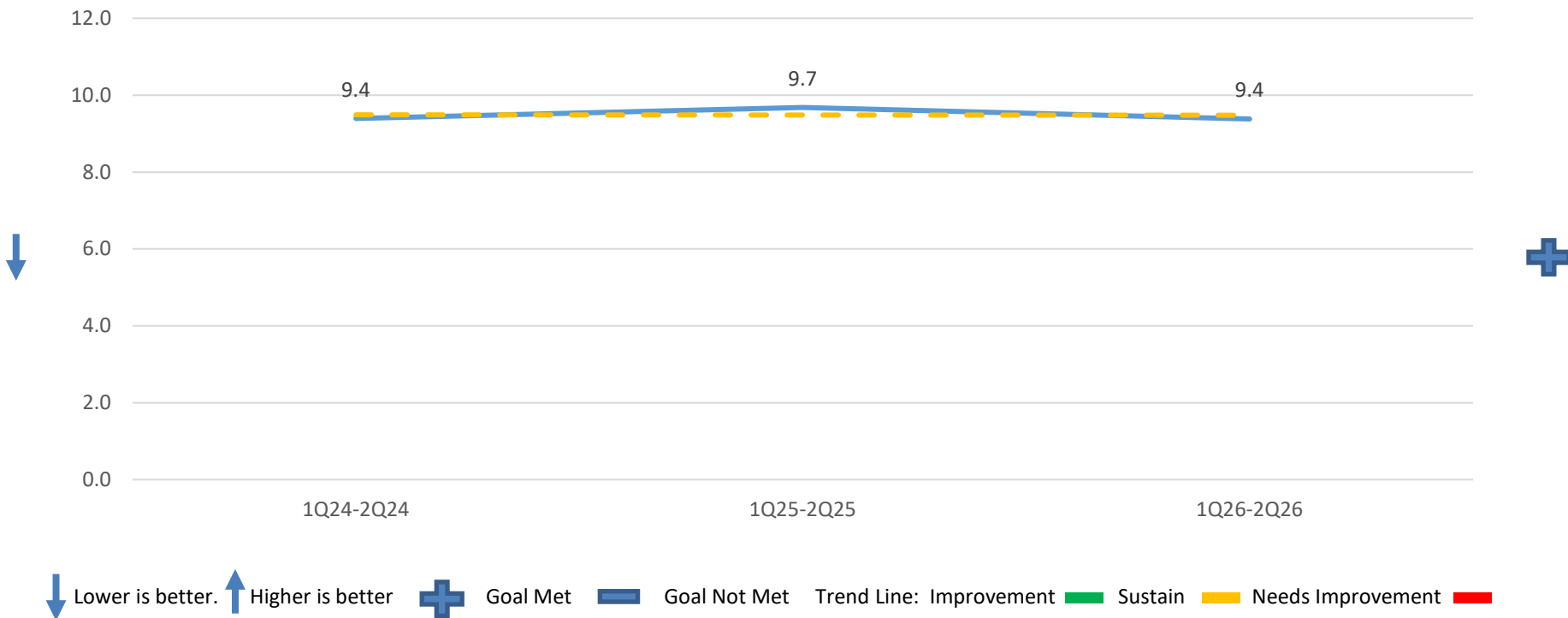
Quality Performance Objective



FY27 Clinical Quality & Professional Affairs Committee

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

Hospital-wide Adult All-Cause Unplanned 30 Day Readmissions - All Payers

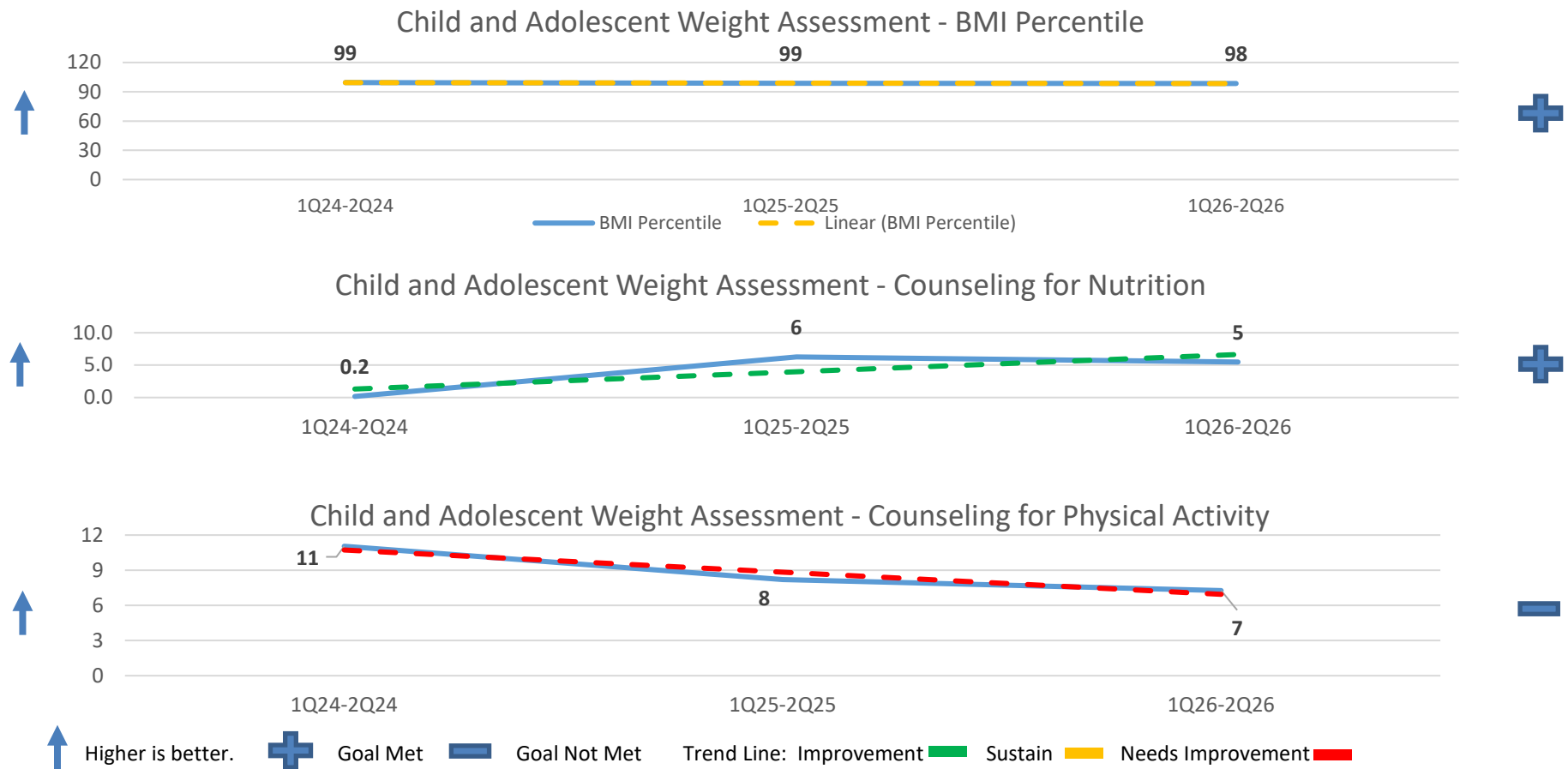


Source: Vizient Readmissions using Vizient Risk Adjusted version 2026.

Quality Performance Objective

FY27 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last (1) year trending period (FY26 / FY27) for the following MIPS/HEDIS measures:

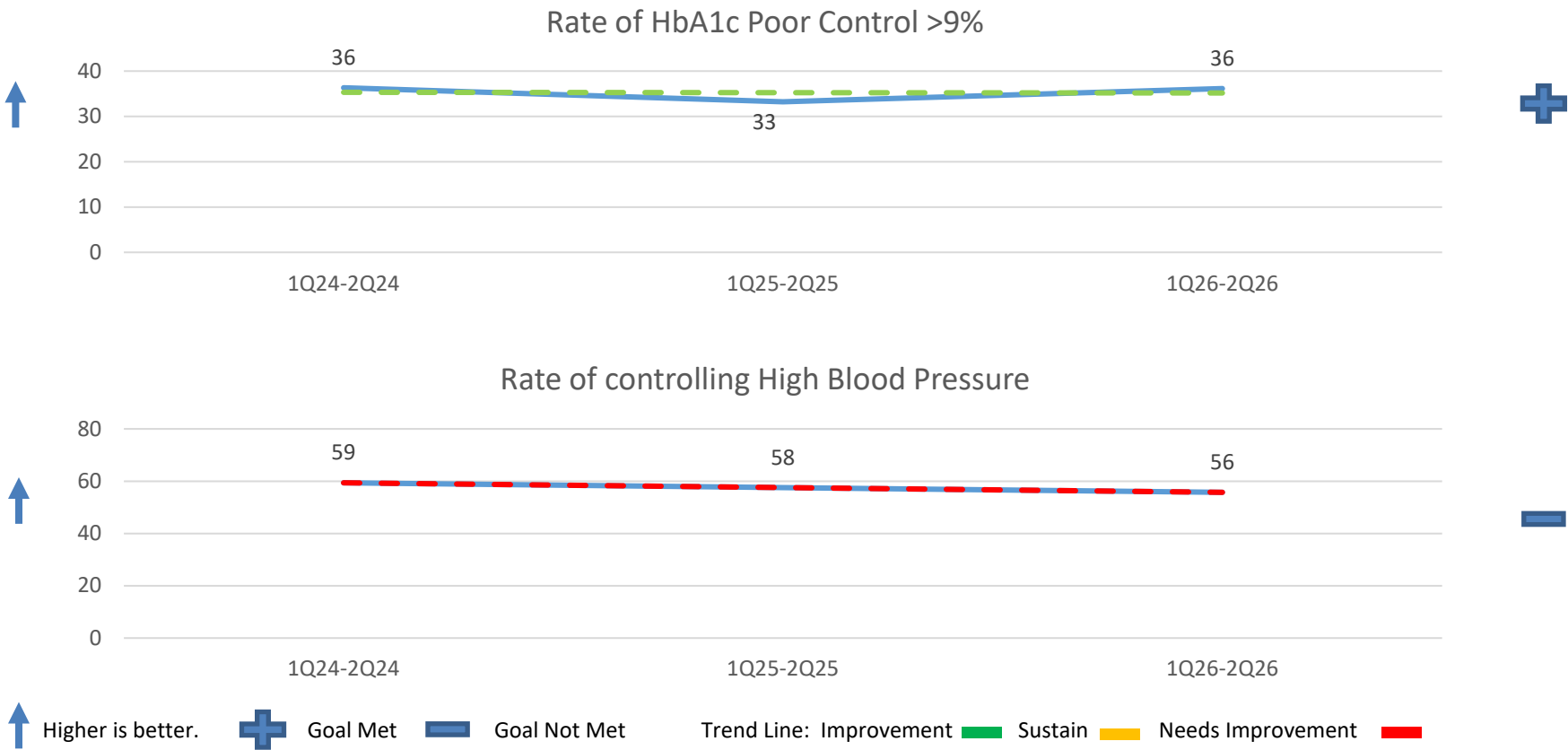


Source: Epic 2026 MIPS ACO Measures Scorecard

Quality Performance Objective

FY27 Clinical Quality & Professional Affairs Committee

Improve or sustain improvement over the last (1) year trending period (FY26 / FY27) for the following MIPS/HEDIS measures:



Source: Epic 2026 MIPS ACO Measures Scorecard

Quality Performance Objective

FY27 Clinical Quality & Professional Affairs Committee

Develop, implement, and execute plans/campaigns to support and improve the following performance goals/programs during FY27:

Measure	Goal Met
Identify and implement one creative or innovative resource to support and impact patient experience.	In Progress
Create and implement an education and incentive program to increase Responsiveness scores year over year on HCAHPS.	In Progress
Identify and propose parking solutions for implementation to mitigate parking issues and complaints from patients and visitors , as well as establish parking expectations for employees.	In Progress
Share quarterly HCAHPS scores with physicians, along with ongoing training, on how to improve physicians' communication and responsiveness.	In Progress
Increase the Wellhub membership rate to 46% by end of FY27.	In Progress

DISCUSSION / QUESTIONS?

Patricia Scott, MSNA, BSN, RN, RHIA, CPHQ, CCDS, CPHRM, CLSSBB
Chief Quality Officer

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

Issue: UMC Policies and Procedures	Back-up:
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	
Recommendation: That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of August 5, 2026 and September 2, 2026 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. (<i>For possible action</i>).	

FISCAL IMPACT:

None

BACKGROUND:

None

October 12, 2026

Agenda Item #

7

August 5, 2026 Hospital Policy / Procedure Committee

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

Total of 77 Approved, 0 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Pavement Burn Algorithm</u>	Revised	Approved as Submitted	Reviewed with Medical Director, no changes at this time.
<u>Friction Burn Algorithm</u>	Revised	Approved as Submitted	Reviewed with Medical Director, no changes at this time.
<u>Methemoglobinemia Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager, Burn Medical Director: Dr. Nizamani and ACNO.
<u>Administration of FIT Testing for N95 Respirators</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Infection Prevention and Medical Director of Infectious Disease.
<u>Obtaining Medications from Automated Dispensing Cabinet</u>	Revised	Approved as Submitted	Scheduled review; no changes. Vetted by Pharmacy Director.
<u>Adult Pharmacist Anticoagulation Protocol</u>	Revised	Approved as Submitted	Scheduled review; no changes. Vetted by Pharmacy Director.
<u>Use and Care of Equipment</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by EVS Director, Infection Prevention Director and Executive Director of Support Services.
<u>Official Use of Vehicle</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Public Safety Manager and Director.
<u>Parking Policy</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Public Safety Manager and Director.
<u>Powered Industrial Truck (PIT) Safety Program</u>	Revised	Approved as Submitted	Policy checked against the standard with no content changes. Grammatical and formatting changes only. Vetted by EOC Committee and Safety Program Manager.
<u>Conflict Management – Medical Staff Services</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by the Executive Director of Medical Staff.
<u>Physician/Advanced Practice Professional Verification & Notification of Privileges</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by the Executive Director of Medical Staff.
<u>Titration of Medications</u>	Revised	Approved as Submitted	No change with current policy at this time. Reviewed and approved by Critical Care Directors, Managers, Pharmacy and ACNO.
<u>Medical and Neuroscience Surgical Intensive Care Unit</u>	Revised	Approved as Submitted	No change with the current policy. Vetted by Clinical Managers, Critical Care Director, Medical

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>(MICU/NSICU) Criteria for Triage, Admission and Discharge</u>			Director of Critical Care Services, Dr Kush Modi and ACNO.
<u>Family Member Presence During Procedures</u>	Revised	Approved as Submitted	No change in current policy. Vetted by Clinical Directors, Director of ED and Clinical Managers.
<u>Adult ICU – Bedside Percutaneous Tracheostomy Performed in Intensive Care Unit (ICU PT)</u>	Revised	Approved as Submitted	No changes with the current policy. Vetted by Director of Critical Care Services, Medical Director of Critical Care Dr. Kush Modi, Dr. Arthur Romero, Director of Respiratory Services and ACNO.
<u>Pediatric CRRT Citrate Anticoagulation</u>	Revised	Approved as Submitted	No changes. Vetted by PICU Clinical Manager, Yuliya Peet-Hayes, Maternal Child Services Director and ACNO.
<u>Pediatric Continuous Renal Replacement Therapy (CRRT) Procedures and Guideline</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by PICU department, PICU Clinical Manager, Yuliya Peet, Maternal Child Services Director and ACNO.
<u>Pediatric CRRT Nursing Management</u>	Revised	Approved as Submitted	No changes. Vetted by PICU Clinical Manager, Yuliya Peet-Hayes, Maternal Child Services Director and ACNO.
<u>Respiratory - Documentation of Therapy</u>	Revised	Approved as Submitted	Reviewed. No changes required. Vetted by Cardiopulmonary Director and ACNO.
<u>Difficult Airway Status, Identification and Communication</u>	Revised	Approved as Submitted	Reviewed. Edits made to clean up verbiage. No change to process. Reviewed with Director of Patient Safety for agreement on the edits. Vetted by Cardiopulmonary Director and ACNO.
<u>Continuous Albuterol with Ultrasonic/Vibrating Mesh Nebulizer</u>	Revised	Approved as Submitted	Reviewed. No changes required. Reflects current practice. Vetted by Cardiopulmonary Director and ACNO.
<u>NICU / PICU – Chest Physiotherapy</u>	Revised	Approved as Submitted	Reviewed. No changes required. Reflects current practice. Vetted by Cardiopulmonary Director and ACNO.
<u>Anesthesia Awareness</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Anesthesia Manager, Anesthesia Medical Director, Surgical Services Medical Director and ACNO.
<u>General Adult Hemodialysis Orders/ Emergency Room Patients Flow</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Med Surg Services Director and ACNO.
<u>Notification of Legal Guardian of Minor Patients</u>	Revised	Approved as Submitted	Reviewed statutes, no updates. Vetted by: PER Clinical Director, PER Medical Director, Peds Dept. Meeting Stakeholders and ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Visitation During C-Section in the Labor & Delivery ORs</u>	Revised	Approved as Submitted	No changes or update needed. Vetted by Perinatal Manager, Maternal Child Services Director and ACNO.
<u>Surgical, Operative, and Invasive Procedure Attire</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Peri-op Manager and Surgical Services Medical Director.
<u>Perioperative Fire/Disaster Evacuation Plan</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Perioperative Services Manager and Surgical Services Medical Director.
<u>Transportation and Pretreatment of Contaminated Medical Instruments</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Sterile Processing Manager, Peri-Op Services Manager and Surgical Services Medical Director.
<u>Use of Medivators Advantage Plus – Endoscope Reprocessor</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Sterile Processing Manager, Peri-Op Services Manager and Surgical Services Medical Director and ACNO.
<u>Flexible Endoscope Reprocessing in the G.I. Endoscopy Lab/Surgical Services</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Sterile Processing Manager, Surgical Services Medical Director and ACNO.
<u>Immediate Use Steam Sterilization (IUSS)</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Sterile Processing Manager, Surgical Services Medical Director and ACNO.
<u>Processing Loaner Instrumentation/Trays</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Sterile Processing Manager, Surgical Services Medical Director and ACNO.
<u>Insurance Defense Audits</u>	New	Approved as Submitted	This is a new policy that establishes a standard process for managing audit requests from insurance companies. Vetted by the Director of Managed Care and the Director of Patient Accounting.
<u>Billing and Collections</u>	Revised	Approved as Submitted	Added language and references commensurate with UMCSN's EMTALA P/P.
<u>Productivity and Quality Monitoring</u>	Revised	Approved as Submitted	Updated benchmark requirements for Quality, approved by the Patient Accounting Director, Assistant Director, and Patient Account Managers.
<u>Personnel Competency Training and Validation (Initial and Ongoing) in the IV Room</u>	Revised	Approved as Submitted	Moved competency requirements into tables. Re-worded for clarity. Updated reference. Vetted by Director of Pharmacy.
<u>Compounded Sterile Preparation Labeling</u>	Revised	Approved as Submitted	Updated title to Compounded Sterile "Preparation." Removed duplicate labeling requirements. Separated requirements for all

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			CSPs and those that apply as applicable. Added compounding facility name and contact information requirement for CSPs sent outside of the healthcare system. Added requirements for fixing errors on labeling. Clarified 4-hour time period for administration of immediate-use CSPs. Updated definitions. Vetted by Director of Pharmacy.
<u>Beyond-Use Dating</u>	Revised	Approved as Submitted	Updated examples that are not considered compounding. Defined temperature ranges for non-sterile compounding table. Updated definitions. Vetted by Director of Pharmacy.
<u>Hazardous Medication Handling in the Pharmaceutical Department</u>	Revised	Approved as Submitted	Specified when additional precautions are needed for NIOSH Table 1 antineoplastics and HDs as designated by an AoR. Added PPE table for pharmacy personnel. Updated definitions and references.
<u>IV Room Air/Surface Testing & Remediation Procedures</u>	Revised	Approved as Submitted	Updated purpose statement. Re-worded for clarity. Referenced lab procedure for incubation of pharmacy samples. Added appendix of facility sampling plan. Vetted by the Assistant Director of Pharmacy.
<u>Maintenance and Use of Biological Safety Cabinet</u>	Revised	Approved as Submitted	Updated Scope. Added the use of Peridox and PAPR instead of a fullfaced HEPA-filtered respirator for cleaning. Removed maintenance of documentation for life of the equipment since it has been removed from NAC 639.6701. Updated definitions. Updated References and removed NAC 639.6705 as it has been repealed. Vetted by Director of Pharmacy.
<u>Intrathecal Preparation</u>	Revised	Approved as Submitted	Updated references. Vetted by Director of Pharmacy.
<u>Crash Cart and Emergency Code Supplies – Requisition and Maintenance Of</u>	Revised	Approved as Submitted	General clarifications, changed to OR supply chain for supply restocking, added Code Blue Committee into process for drug changes. Vetted by Director of Pharmacy.
<u>Hazardous Drug Safety Plan</u>	Revised	Approved as Submitted	Removed high-risk and low-risk categorization for hazardous medications. Removed sections only applicable to pharmacy and added to the appropriate pharmacy policy. Revised to specify hazardous bioterapy. Updated definitions and references. Vetted by Director of Pharmacy.
<u>Pharmaceutical Research Studies</u>	Revised	Approved as Submitted	Clinical Trials Department changed to Clinical Trials Office. Minor changes in verbiage under Drug Storage #2 to enhance clarity. Updated

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			verbiage around patient personal medication policy to reflect its current name. Vetted by Director of Pharmacy and Director of Research.
<u>Clinical Bedside Swallow Evaluation Guideline (Adult)</u>	Revised	Approved with Revisions	Updated related policies; added related procedures; updated references. Vetted by Rehab Services Director and ACNO.
<u>Point of Care QA/QM</u>	Revised	Approved as Submitted	Clarified manager vs. supervisor roles and responsibilities. Added section to address QC frequency when test conditions are outside of manufacturer ranges. Corrected formatting of bullet points in several locations. Updated Personnel Requirements. Added East Charleston, Infusion Clinic, CSC, 6 North, Radiology Services and UDS testing. Removed LAS, Rancho, Chest Pain Unit (CPU) location. Updated Urinalysis analyzer to Clinitek Status Plus.
<u>Directory of Hospital Patients</u>	Revised	Approved as Submitted	Changed Manual to Privacy from Compliance and Privacy. Clarified that guardian-requested restrictions result in "Not for Publication" status with a password provided to the guardian. Additional minor non-substantive edits were made for clarity and formatting. Vetted by Privacy Officer.
<u>PHI Disclosures for Public Health Activities</u>	Revised	Approved as Submitted	Routine review to ensure alignment with current HIPAA and Nevada public health reporting requirements. Added clarification regarding protection of substance use disorder (SUD) treatment records under 42 CFR Part 2 and other specially protected information. Updated communicable disease reporting requirements, disclosure accounting, minimum necessary language, and applicable legal references. Minor revisions made to improve clarity, readability, and flow. Vetted by Privacy Officer.
<u>Workplace Violence (WPV) Risk Assessment</u>	Revised	Approved as Submitted	No changes to policy. Minor scoring changes to the matrix for OR and PACU, which does not affect the average risk score. Vetted by Public Safety Manager and Director.
<u>Control of Hazardous Energy Program (Lockout/Tagout)</u>	Revised	Approved as Submitted	Added new definitions, updated content within the policy, and checked grammar and punctuation. Vetted by EOC Committee.
<u>Standards of Basic Nursing Care-ICU</u>	Revised	Approved with Revisions	Added in the guidelines "Focused reassessment, updated suicide screening clarity of pain and RASS verbiage. Updated equipment daily

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			change. Added updated references .Vetted by Clinical Directors, Clinical Managers and ACNO.
<u>Child Life Specialists Standards of Care</u>	Revised	Approved as Submitted	Clean up and consult changes for work flow. Vetted by Pediatric Manager.
<u>Pediatric Standards of Care</u>	Revised	Approved as Submitted	New guideline based on 2026 standards to replace previous version. Vetted by Pediatric Clinical Manager, Maternal Child Services Director and ACNO.
<u>Umbilical Arterial Catheters</u>	Revised	Approved as Submitted	Changed umbilical tape to umbilical tie. Changed to all fluids should contain at least 0.5 units of heparin. Changed from 3 cm mark to 5 cm mark. Added wait 5 minutes. Vetted by NICU Manager, Maternal Child Services Director and ACNO.
<u>Umbilical Venous Catheters</u>	Revised	Approved as Submitted	Changed umbilical tape to umbilical tie. Clarification on change of tubing frequency for solutions. Centers for Disease Control and Prevention for further reference. Vetted by NICU Clinical Manager, Maternal Child Services Director and ACNO.
<u>Infant Massage</u>	Revised	Approved as Submitted	Edited wording on a few sentences. Otherwise remains correct. Vetted by NICU Manager, OT/PT, Maternal Child Services Director and ACNO.
<u>Swaddled Bathing Guidelines</u>	Revised	Approved as Submitted	Procedure remains the same, Updated references. Vetted by NICU and OT/PT, Maternal Child Services Director and ACNO.
<u>CT Scan – Use in the Trauma Center</u>	Revised	Approved as Submitted	Added "The CT activations will have final reads within 12 hours of imaging completion." Vetted by Radiologic Services Director, Trauma Manager, Critical Care Director and ACNO.
<u>Geriatric Trauma Treatment Guidelines</u>	Revised	Approved as Submitted	Changed "within 24 hours of injury" to "within 48 hours of injury" in guideline so it is consistent with the attached algorithm/workflow. Vetted by Trauma Clinical Manager, Critical Care Director Trauma and ACNO.
<u>Adult Whole Blood Massive Transfusion Guideline in Trauma Patients</u>	Revised	Approved as Submitted	Policy changed at the request of the Whole Blood Subcommittee of the Transfusion Safety Committee, to include male and female trauma patients > 18 years old. Vetted by Whole Blood Subcommittee, Trauma Program Manager, Critical Care Director and ACNO.
<u>Pediatric Gastrostomy Tube Care</u>	Revised	Approved as Submitted	Vetted by Department of Pediatrics with revisions to the procedural section consistent

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			with current practice / standards of care. Reformatted with editorial changes by Quality/Safety/Regulatory Officer.
<u>Pediatric Extracorporeal Membrane Oxygenation (ECMO)</u>	Revised	Approved with Revisions	Policy Updates. Vetted by PICU Manager, Maternal Child Services Director, ACNO and Dr. Dugan.
<u>Respiratory - Reporting Adverse Situations</u>	Revised	Approved with Revisions	Reviewed. Changed language to remove reference to old safety event reporting system. No additional changes. Vetted by Cardiopulmonary Director and ACNO.
<u>Respiratory - Infection Control Guidelines</u>	Revised	Approved as Submitted	Reviewed. Edited to reflect current practice of wiping high touch areas of ventilators once per shift. Also, added language regarding following manufacturer's IFU regarding routine ventilator circuit changes. No additional changes. Vetted by Cardiopulmonary Director and ACNO.
<u>Follow Up Phone Calls to Acute Coronary Syndrome (ACS) and Elective Percutaneous Coronary Intervention (PCI) Patients</u>	Revised	Approved as Submitted	Policy scope update, phrasing and formatting changes. Vetted by Cardiology Clinical Manager, Cardiopulmonary Services Director and ACNO.
<u>Cardiac Exercise Stress Test – Inpatient and Outpatient</u>	Revised	Approved as Submitted	Grammatical changes, spelled out acronyms, updated and added references. Reviewed with the Clinical Manager of disease specific programs, agree with edits made. Reflects current practice, no substantive change to the body of the policy. Vetted by Clinical Manager, Disease-Specific Programs, Cardiopulmonary Director and ACNO.
<u>Identification and Notification of the Responsible Provider of Abnormal Pediatric Vital Signs</u>	Revised	Approved as Submitted	No vital sign changes, updated reference to 2025 PALS guidelines. Vetted by: PER Clinical Director, PER Medical Director, Peds Dept. Meeting Stakeholders and ACNO.
<u>Rapid EKG Assessment of Patients with Possible Acute Coronary Syndrome (ACS)</u>	Revised	Approved as Submitted	Defined EKG technician. Updated reference. Removed the section related to when to repeat an EKG in 15 minutes since it is at the discretion of the physician reading the initial EKG. Right-sided EKG to be performed: added when indicated by the physician. AHA parameters added to update when to apply oxygen for hypoxia. Vetted by ED Critical Care Director, ED Medical Directors, Cardiology Program Coordinator, Chief of Cardiology and ACNO.
<u>Temporary Implanted Local Pain Management System</u>	Revised	Approved as Submitted	Clarified verbiage for clinical use of Ambit device. Added Alarms/Signals Troubleshooting section. Reviewed by Dr. Hu, Anesthesia

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Medical Director, Surgical Services Medical Director and ACNO.
<u>Critical Congenital Heart Disease (CCHD) Screening in the Newborn</u>	Revised	Approved as Submitted	Updated references. Updated new recommendations and algorithm. Vetted by APRN's, NICU, Perinatal Leadership, and ACNO.
<u>Admission of Well Newborn</u>	Revised	Approved with Revisions	Added Lippincott resources. Fixed spelling errors. Otherwise procedure remains the same. Vetted by NICU Manager, Maternal Child Services Director and ACNO.
<u>Transplant Organ Check-in Process</u>	Revised	Approved as Submitted	Changes made: PURPOSE updated to reference full OPTN name and simplified compliance language. Clarified Communication and Responsibility documentation workflow (Epic and TransNet validation). Expanded Chain of Custody documentation requirements including required matching delivery/receipt times. Clarified 1-hour host OPO notification requirement for discrepancies. Added explicit requirement that intended recipient must be physically present in the OR prior to verification. Added explicit timing requirement that verification must occur prior to anastomosis of the first organ. Formalized ABO time-out process with required structured verbal confirmation elements. Added mandatory read-back of ABO verification data entered into Epic. Clarified required Epic documentation elements including donor UNOS ID, organ, laterality, and ABO type. Added explicit Epic attestation requirement prior to implantation. Added new Patient Safety Reporting section outlining escalation and OPTN reporting requirements. Vetted by Perioperative Services Manager, Surgical Services Medical Director and ACNO.
<u>Cleaning and Disinfection of Liva Nova 3T Heater/Cooler Device</u>	Revised	Approved with Revisions	Updated monitoring to in-house and "Director" to "Manager" in bullet #6 under policy. Vetted by Peri-Op Services Manager and Surgical Services Medical Director.
<u>Morrison Policy Procedure Manual 2026</u>	Revised	Approved as Submitted	Updated manual. Vetted by Clinical Nutrition Manager.

September 2, 2026 Hospital Policy / Procedure Committee

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

Total of 62 Approved, 19 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Restraints</u>	Revised	Approved as Submitted	Updated to clarify that each episode of violent restraints requires a provider face-to-face evaluation. Vetted by CQPS.
<u>Chemotherapy/Biotherapy RN Certification/Recertification Process in Oncology and RN Training/Competency Process for Chemotherapy/Biotherapy in the Non-Oncology Setting</u>	Revised	Approved as Submitted	Changes made to the following sections: Under Procedure: ONS Chemotherapy/Immunotherapy Provider card Under Certification Process: Changed to Antineoplastic Therapy Chemotherapy Administration Competency Record. Clinical Practicum Evaluation Part I: Revised title of chemotherapy biotherapy verification checklist; updated form number for (Form # MRU02780 English/MRU02781 Spanish) Added 9-19 Clinical Practicum Evaluation Part II: Removed #4; updated #5 and 12; made changes under Note Under recertification: ONS Chemotherapy/Immunotherapy ONS and APHON Provider cards will be given to Clinical Managers Under Definitions: added "immunotherapy" under "biotherapy" used in cancer care and non-oncology indications. Under References: updated references to include Hazardous Drug Spill Management (replaced Cytotoxic Spill Management policy). Vetted by Research and Analysis Clinician and ACNO.
<u>Informed Consent and Patient Education in the Oncology and Non-Oncology Setting</u>	Revised	Approved as Submitted	Under Procedure: Safe management of chemotherapy in the home (e.g. ONS 2024 Figure 25 p. 101 Patient and Family/Caregiver Education for the Safe Handling of Hazardous Drugs Under Definitions: added NCI 2023 definition of biotherapy Under References: updated. Vetted by Research and Analysis Clinician and ACNO.
<u>Diet Manual 2026 Updates</u>	Revised	Approved as Submitted	Updated 2026 Nutrition Care Manual Across the Continuum of Care. Vetted by Food and Nutrition (Dietary).

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Standards of Basic Nursing Care Medical-Surgical-Telemetry</u>	Revised	Approved with Revisions	Provided clarity on ADLs and LDAs and removed policy references. Vetted by Directors of Med/Surg Services and ACNO.
<u>Trauma Activation Criteria</u>	Revised	Approved as Submitted	Full and Intermediate Activation Criteria Policies merged into one policy. Criteria separated into Adult, Pediatric and Geriatric classifications. Criteria update to be consistent with National Guidelines for the Field Triage of Injured Patients. Criteria approved by Trauma, Emergency Medicine, and Pediatric Emergency Medicine, and Pediatric Critical Care leadership. Policy approved at Trauma Department Operations Committee.
<u>Emergency Airway Management Guideline</u>	Revised	Approved as Submitted	Scheduled review. No changes. Vetted by Trauma Program Manager, Clinical Director Critical Care Services – Trauma and ACNO.
<u>Restricted Extremity Identification</u>	New	Approved as Submitted	New policy. Vetted by PACU Clinical Manager, Surgical Services Director and ACNO.
<u>Prevention of Retained Surgical Items</u>	Revised	Approved as Submitted	Removed "(See Attachment 1)", pg 4, section F. Removed "Establish mechanisms for reporting retained device fragments" and added "Report retained device fragment, via the patient safety event reporting system", pg 10, #5, section C. Removed "Health care organizations will define needle size limit criteria where radiographs will effectively assist in identifying retained needles" and added Intraoperative radiography is highly reliable for detecting standard-caliber suture needles (3–0 to 6–0), its diagnostic performance declines sharply for finer micro-surgical needles, of 7–0 caliber and smaller. Pg 11, #7, section D, bullet #10. Vetted by Peri-Op Services Manager, Surgical Services Medical Director and ACNO.
<u>Patient and Insurance Refunds</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Patient Accounting Director and CFO.
<u>Patient Inquiry and Resolution Process</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Patient Accounting Director and CFO.
<u>Ambulatory Care Scanning/Importing</u>	Revised	Approved as Submitted	Added reporting data breaches due to scanning process. Vetted by Ambulatory Director and Executive Director.
<u>Outpatient Clinics/ Critical Results Reporting</u>	Revised	Approved as Submitted	Added process of notification of critical values after hours of operation. Vetted by Ambulatory Director and Executive Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Clinic Cancellation Notification</u>	Revised	Approved as Submitted	Added scope to the scope of specialty clinics within Practice Plan. Replaced Smartforce with UKG. Vetted by Ambulatory Director and Executive Director.
<u>Cross Coverage for Vacationing Providers</u>	Revised	Approved as Submitted	Added pre-leave process as well assignment of covering provider, notification to leadership. Vetted by Ambulatory Director and Executive Director.
<u>Ambulatory Care Radiology Orders and Reporting</u>	Revised	Approved as Submitted	No changes, policy mirrors actual practice. Vetted by Ambulatory Director and Executive Director.
<u>Ambulatory Care Transfer From UMC Quick Care to UMC Quick Care or to any Specialty Clinic</u>	New	Approved as Submitted	This is a Policy to maintain a standardized process for transferring patients from QC to QC or within the enterprise. Vetted by Ambulatory Care Director and Executive Director and Urgent Care Medical Director.
<u>Registration in Clinical Areas</u>	Revised	Approved as Submitted	Added AR introduction and explanation of the registration process. Added Insurance verification and apply arm band to patient. Vetted by Ambulatory Director and Executive Director.
<u>Ambulatory Admit/Discharge Supervisors On-Call</u>	Revised	Approved as Submitted	Added communication protocol, escalation of calls. Vetted by Ambulatory Director and Executive Director.
<u>Minors, Unsupervised in the Ambulatory Care Setting</u>	Revised	Approved as Submitted	Added detail process on how to provide supervision of a child and needed documentation to support the care provided to the child, any positive or negative outcomes. Vetted by Ambulatory Director and Executive Director.
<u>Prescription Forgery</u>	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Ambulatory Care Clinical Director and Executive Director.
<u>Scheduling Appointment Guidelines in Ambulatory Care</u>	Revised	Approved as Submitted	Updated NPRN limitations. Vetted by Ambulatory Director and Executive Director.
<u>Code Blue Procedures and Preparedness for Off-site Patient Care Areas</u>	Revised	Approved as Submitted	Added patient provider as decision for termination/ transfer. Added debriefing after each incident. Added key principles of this policy. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Abnormal Results – Ambulatory Services</u>	Revised	Approved as Submitted	Added definition of abnormal results and actionable results. Separated urgent care practice and primary care workflow process. Patient notification process of urgent abnormal

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			results. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Chief Complaint, Acceptable Terminology in Urgent Care</u>	Revised	Approved as Submitted	Added specific staff members that policy applies. Added provider option to modify chief complaint in the encounter note. Added clear direction to do not utilize non approved abbreviations. Added first and second complaint Added, to do not use diagnosis as medical complaints, only if patient states, ensure appropriate documentation and suggested maximum length of chief complaint. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Ambulatory Care Clinical Documentation</u>	Revised	Approved as Submitted	Added documentation of electronic signature, inform consent, plan of care of screening performed in clinic in providers notes, added documentation of exclusions, documentation of blood pressure inclusions and exclusions with uncontrolled blood pressure by CMS standards. Added Syphilis screening for pregnant woman and HIV. As well SDOH. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Fall Prevention and Fall Assessment in Outpatient Clinics</u>	Revised	Approved as Submitted	Revised and approved policy updates as it pertains to Falls management in Primary Cares and Urgent Cares based on Evidence based practices, starting as patient enters our facilities. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Emergency Care of Eye Injuries</u>	Revised	Approved with Revisions	Recommendation for use of steroid eye drops. Vetted by Ambulatory Services Director, Medical Director and Executive Director PAS & Ambulatory Care.
<u>Telephone Etiquette</u>	Revised	Approved as Submitted	Added importance of verification of identification before discussing PHI. Added next step when clinician is not available, added life changing calls, closing of the call, utilization of preferred names etc., do not provide medical or personal advise to patients. Added to do not promise any outcomes as it pertains to length of the visits etc. Added life changing calls. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Ambulatory Care Social Identifiers of Health Process</u>	Revised	Approved as Submitted	Added Practice plan practices to the scope of the policy, including the specialty clinics. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Processing Patient Communication Requests</u>	Revised	Approved as Submitted	Added call screening based on urgency, added escalation of calls to manager when received two calls from same patient within 24 hours. Added specific information about refills and opiates. Added basic steps to follow for suicidal calls. Added Quality measures for improvement. Reporting trends for improvement. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Visitors Accompanying Patients in Exam Rooms</u>	Revised	Approved with Revisions	Added patient family center care to the purpose of the policy. Added confidentiality, safety, and nondiscriminatory statement as well of visitor rights. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Intake of Distressed Patient in Outpatient Clinics</u>	Revised	Approved as Submitted	Change process from urgent care to outpatient clinics. Added process for syncopal episode, unresponsive patient etc. in the non-clinical areas. Add purpose to standardization of all practice plan clinics. Vetted by Ambulatory Services Director, Medical Director and Executive Director PAS & Ambulatory Care.
<u>Evacuation Procedure for Offsite Clinics</u>	Revised	Approved as Submitted	Added debriefing of the incident within 24 hrs after incident was closed. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Processing and Transfer of Quick Care Patients to a Higher Level of Service</u>	Revised	Approved as Submitted	Added process for pediatric transfers. Added yards outside clinic doors for response to patient. Vetted by Ambulatory Services Director and Executive Director PAS & Ambulatory Care.
<u>Cardiac Exercise Stress Test – Ambulatory Care</u>	Revised	Approved as Submitted	Policy revised, changed revision date. Vetted by Ambulatory Services Director and Executive Director.
<u>Scheduling, Registration and Securing Required Invoice Billing Documents for Occupational Medicine Accounts</u>	Revised	Approved as Submitted	Added visit type identification. Vetted by Ambulatory Director and Executive Director.
<u>GME Significant Disruptions in Patient Care and Education</u>	Revised	Approved as Submitted	Edits made to include ACGME language. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
<u>Resident Accommodation for Disabilities</u>	Revised	Approved as Submitted	Edits made to include ACGME language. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Discrimination</u>	Revised	Approved as Submitted	Edits made to include ACGME language. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Grievances</u>	Revised	Approved as Submitted	Edits made to include additional options for reporting grievances in an anonymous manner. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Harassment</u>	Revised	Approved as Submitted	Updated to include additional ACGME requirement language for clarification purposes. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Non-Competition</u>	Revised	Approved as Submitted	Minor edits made to provide clarity of the process. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Vendor Interactions</u>	Revised	Approved as Submitted	Minor edits made to ensure policy template consistency, such as the addition of "fellow". Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Vacation and Leaves of Absence</u>	Revised	Approved as Submitted	Updated to include additional ACGME requirement language for clarification purposes. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident and Fellow Recruitment, Eligibility, Selection and Appointment</u>	Revised	Approved as Submitted	Minor edits include additional ACGME institutional requirement language. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Clinical and Educational Work Hours</u>	Revised	Approved as Submitted	Minor edits made to include additional ACGME requirement language for clarification. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Moonlighting</u>	Revised	Approved as Submitted	Minor edits made to include additional ACGME requirement language for clarification. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Resident Promotion, Appointment Renewal and Dismissal</u>	Revised	Approved as Submitted	Minor edits made to include additional ACGME requirement language for clarification. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>GME Special Review Protocol</u>	Revised	Approved as Submitted	Minor edits made to provide clarity of the process as well as deletion/addition of criteria for identifying

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			underperformance. Vetted by Academic Affairs Analyst and Academic and External Affairs Officer.
<u>GME Closures and Reductions</u>	Revised	Approved as Submitted	Minor edits made to provide clarity of the process. Vetted by Academic Affiliation Analyst and Academic and External Affairs Administrator.
<u>Peripheral Continuous Infusions of Vasopressors / Inotropes in Adult Patients</u>	New	Approved as Submitted	New policy. Guidance for the peripheral administration of vasoactive agents. Vetted by Critical Care Committee and Pharmacy.
<u>Medications for Opioid Use Disorder (MOUD)</u>	Revised	Approved as Submitted	Formatting changes only. Vetted by Pharmacy.
<u>Pharmacy Staffing</u>	Revised	Approved as Submitted	Scheduled review; no changes. Vetted by Pharmacy.
<u>Standard Transmission Based Precautions</u>	Revised	Approved as Submitted	3-year review. Minimal changes. Added clause on electronic hand hygiene surveillance system. Grammar changes. Vetted by Director of Infection Prevention.
<u>Influenza</u>	Revised	Approved as Submitted	Minimal grammar changes. Verbiage regarding lingering symptoms added. Reference added. Vetted by Infection Control.
<u>Airborne Precautions</u>	Revised	Approved as Submitted	3- year review. Minimal changes. Removed TJC language. Formatting and grammar. Vetted by Director of Infection Prevention.
<u>IV Administration and Therapy</u>	Revised	Approved with Revisions	Updated continuous tubing change to 96 hours per IFU. Vetted by Director of Infection Prevention and ACNO.
<u>Central Line Vascular Access Device – Adult</u>	Revised	Approved with Revisions	Updated continuous tubing change to 96 hours per IFU. Vetted by Director of Infection Prevention and ACNO.
<u>NICU/PICU Resuscitation</u>	Revised	Approved as Submitted	Reviewed. No changes. Reflects current practice and process. Reviewed and approved by Pediatric Department Committee on 8/27/26.
<u>Inhaled Nitric Oxide</u>	Revised	Approved as Submitted	Reviewed. Updated to reflect current research related to iNO use in neonates. Added current reference material. Approved by Pediatric Department Committee on 8/27/26.

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

Issue: Emerging Issues	Back-up:
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	
Recommendation: That the Governing Board Clinical Quality and Professional Affairs Committee identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 12, 2026

Agenda Item #

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