UMC Clinical Quality and Professional Affairs Meeting

Monday, October 2, 2023 3:00 p.m.

UMC Trauma Building - Providence Conference Room - 5th Floor

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE
October 2, 2023 3:00 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 August 7, 2023 *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an educational presentation titled, "From Chaos to Calm" from Dr. Anne Weisman, UNLV Associate Professor Medical Education / Director of Well-Being & Integrative Medicine; and direct staff accordingly. *(For possible action)*

5. Receive a presentation from Kevin Jarrett-Lee, Director of Care Management, regarding safe discharge planning and practices at UMC; 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. Discuss dates and times for the Clinical Quality Committee meeting calendar for the 2024 calendar year; and direct staff accordingly. *(For possible action)*

8. Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of July 5, 2023, August 2, 2023 and September 6, 2023, including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

SECTION 3. EMERGING ISSUES

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.

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).

UMC ProVidence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
August 7, 2023 3:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the time and location listed above. The meeting was called to order at the hour of 3:07 p.m. by Chair Dr. Donald Mackay and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

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

Absent:
Jeff Ellis (Excused)

Also Present:
Patty Scott, Quality, Safety, & Regulatory Officer (WebEx)
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
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 July 25, 2023. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

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

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

DISCUSSION:

Ms. Scott was happy to report that UMC has moved from a 1-Star to a 2-Star CMS Rating for the first time in UMC history. UMC also for the first time, received a Leapfrog B safety grade in the spring.

In the regulatory update, a split Joint Commission survey took place during the week of June 20th through 27th. Although the hospital did very well, the hospital received recommendations for improvement and action plans are due on September 8th. A follow up visit visit took place on August 1st and those items requiring follow-up visit were cleared. Plans of correction were accepted by the surveyor.

Chairman Mackay asked if the hospital is officially accredited. Ms. Scott responded that once action plans are submitted and accepted by the Joint Commission, we will receive official notification of reaccreditation.
FINAL ACTION TAKEN:

None

ITEM NO. 5 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 7 and July 5, 2023 including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. *(For possible action)*

DISCUSSION:

Chairman Mackay noted that the data for the July 5th policies were not available for approval at this meeting.

The Policy and Procedures activities for June 7, 2023 were reviewed by the Committee.

There were a total of 88 approved, 8 retired and all were approved through the hospital Policy and Procedures Committee, Quality and the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the UMC Policies and Procedures Committee's activities of June 5, 2023 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

ITEM NO. 6 Review the final update regarding the FY23 CEO/Organizational Performance Goals related to the UMC Governing Board Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
-PowerPoint

DISCUSSION:

Ms. Scott reviewed the Quality Performance Objectives FY2023.

1. **Improve or sustain improvement from prior year (CY21 / CY22) in the following Inpatient measures:**
    - CLABSI
    - CAUTI
    - SSI-COLON
    - PSI-90
    - Pressure Injuries reported to State Registry
    - Overall Mortality (improve ratio between observed/expected, this will also reflect CDI)

    Two of the five measures within this goal were not met year over year – CAUTI and Pressure injuries. All other measures are meeting the benchmark (PSI-90, CLABSI, and Overall Mortality – observed/expected).

2. **Improve or sustain improvement from prior year (CY21 / CY22) in the following Outpatient measures:**
    - Breast cancer screening
    - For telemedicine services, >90% of patient's returning surveys will rate the service in the 4&5 Star Rating Category

    This goal was met. There has been improvement in the breast cancer screening measure meeting the benchmark, however there is still opportunity for improvement. Telemedicine satisfaction is at 99% and is meeting the benchmark.

3. **Create and implement a plan to improve CY21/ CY22; track UMC ratings against local area hospitals within the following experience measures:**
    - Communication with Nurses – IP,PCP, QC
    - Communication with Doctors – IP,PCP,QC
    - Create and sustain a program to increase employee recognition (increase the total # of employees recognized year over year –

CY21/CY22) for delivering outstanding patient care. Development of the program will include inpatient and outpatient employees.

Two of the seven measure were not met year over year – Inpatient communication with nurses and doctors . These measures within the Quickcares and Primary Care Clinics are meeting the benchmark. The measure relating to employee recognition has shown an increase and this measure is being met. A spreadsheet with a comparison to other facilities was shown.

4. **Demonstrate improvement (utilizing the Star Ratings) from prior calendar year (CY21/CY22) in the overall perception of case/services at UMC Ambulatory Care through the following online review sites**

   This goal is being met. There has been an increase in Google and Yelp ratings.

5. **Attain Successful Accreditation Through TJC**

   This goal was met during the full survey cycle in 2023.

The Committee stated that although 2 of the goals were not met, there should be consideration to for the improvement of the components of the goals that were met. There was a lengthy discussion regarding the benefits of weighting each goal and possibly looking at weighing them differently in the future, based how the goal relates to the organization, as well as the patient.
All of the goals are important, but we cannot continue to have the same misses in the same quality measures.

The purpose of the goals are to change behaviors and incentivise good behavior.

The Committee agreed to an overall achievement of 25.9%.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve FY23 CEO/Organizational goals as they relate to the Clinical Quality Committee and recommend for approval to the UMC Human Resources and Executive Compensation committee for approval. Motion carried by unanimous vote.

ITEM NO. 7 Discuss, formulate, and approve new CEO/Organizational Performance Goals for FY24 related to the UMC Governing Board Clinical Quality and Professional Affairs Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take any action deemed appropriate. ***(For possible action)***

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

DISCUSSION:

Ms. Scott reviewed the proposed Quality Performance Objectives FY2024.

1. **Improve or sustain improvement from prior year (CY22 / CY23) for the following inpatient quality/safety measures:**
   • CLABSI
   • CAUTI
   • SSI-COLON
   • PSI-90
   • Pressure Injuries reported to State Registry (reported as defined by NV State / AHRQ)

2. **Demonstrate implementation and ensure improvement plans are in place (as necessary) for the following Health Care Equity – Social Determinants of Health (SDOH) measures (IP / OP):**
   • SDOH 1 – Inpatients screened for SDOH
   • SDOH 2 – Inpatients identified as having > 1 social risk factors
   • Identify & develop plan for improvement in 1 measure within the SDOH domain as defined by TJC NPSG-16

3. **Improve or sustain improvement from prior year (CY22 / CY23) for the following patient experience measures (IP / OP):**
   • Communication with Nurses
   • Communication with Physicians
   • Responsiveness of Staff (IP)

4. **Demonstrate improvement (utilizing the Star Ratings) in the overall patient perception of care/service at UMC Quick Cares through the following online review sites (OP):**
   • Yelp
   • Google

5. **Improve or sustain improvement as delineated for the following employee engagement measures (IP / OP):**
   • Develop alternative education on customer service as an adjunct to ICARE principles for clinic setting. Educate each clinic by end of FY24.
   • 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.
   • 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.
   • Develop and implement 1 new initiative to celebrate employees optimizing patient experience and quality/safety by end of FY24.
   • Develop and initiate plan to educate ICARE principles and HCAHPS for PRN employees and residents by end of FY24.

   The Committee discussed the goals that were presented and discussed how they would be able to measure goals appropriately. Ms. Scott stated that there a tools that are available to measure the goals.

Ms. Cohen reviewed the goals related to employee engagement and action plans that will help drive communication and incentivize employee engagement.

After lengthy discussion, the Committee approved the five goals for FY24 with the inclusion of pressure injuries and Yelp and Google score measures.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to approve the FY24 ProposedCEO/Organizational goals as they relate to the Clinical Quality Committee and recommend to the UMC Human Resources and Executive compensation committee for approval. 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

DISCUSSION:

1. Update regarding safe discharge for patients.
2. Presentation from Dr. Anne Weisman regarding the topic of burn out in health professions.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the Committee at this time, at the hour of 3:59 p.m., Chair Dr. Mackay adjourned the meeting.

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

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

Issue: **From Chaos to Calm**	**Back-up:**
Petitioner: Patricia Scott, Quality Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee receive an educational presentation titled, "From Chaos to Calm" from Dr. Anne Weisman, UNLV Associate Professor Medical Education / Director of Well-Being & Integrative Medicine; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an educational presentation regarding well-being and integrative medicine.

Cleared for Agenda
October 2, 2023

Agenda Item #

4

KIRK KERKORIAN SCHOOL OF MEDICINE | UNLV

FROM CHAOS TO CALM

Anne “Annie” Weisman, Ph.D., M.P.H., L.M.T.

Director of Well-Being & Integrative Medicine

Associate Professor, Medical Education

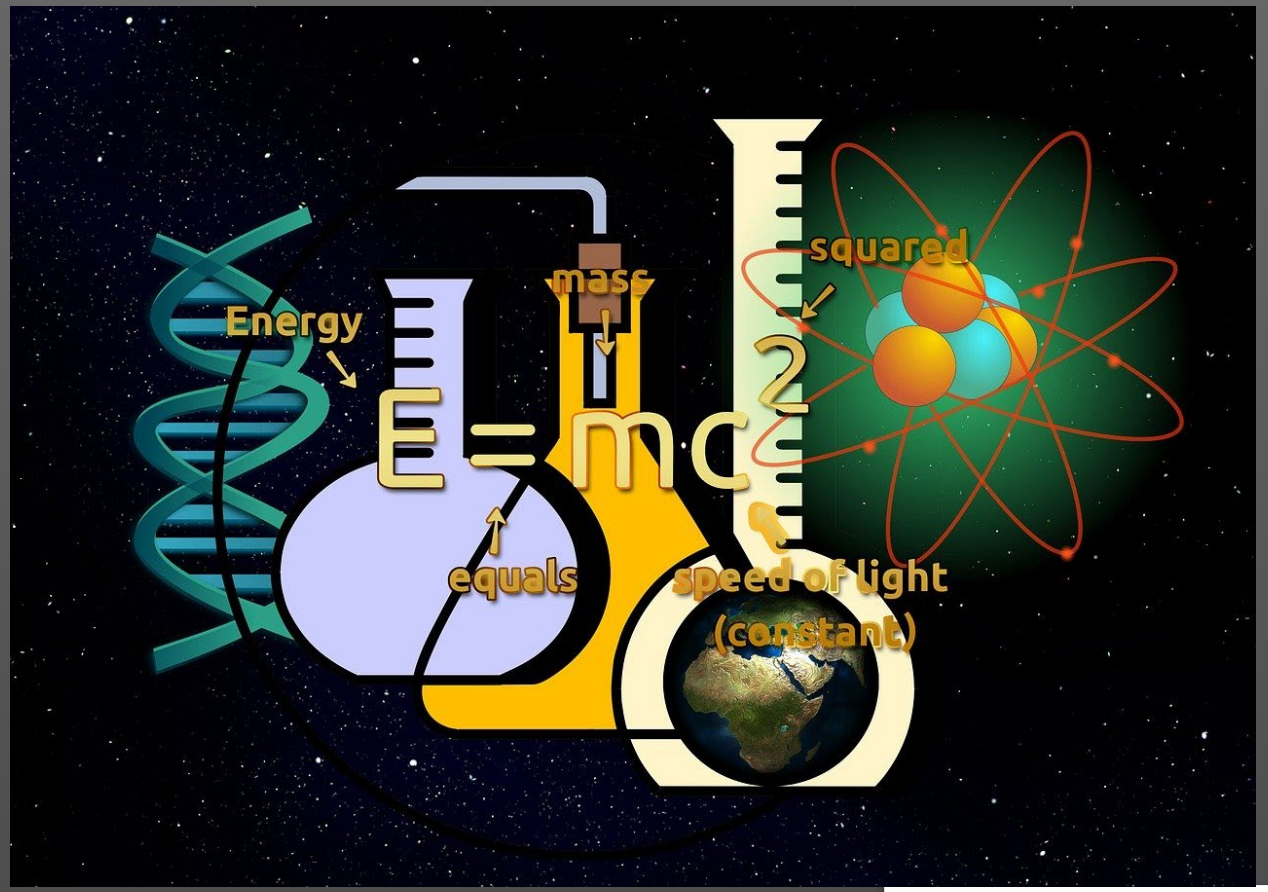
Goals for this session (the WHY)

- Learn techniques to connect with your body & mind
- Share differences in awareness & presence
- Connect with self & community

Activity: Soft Belly Breathing

Invitation to Check-In (Awareness)

The Science of Stress



Our Human Stress Response

Red: Life Threat – Freeze
Immobility Response

Yellow: Danger – Fight/Flight
Mobilization, Self-Protection

Green: Safe – Relaxed
Socially engaged, Rest and Digest

Impacts on Healthcare

Brakes & Gas Pedals

TRAUMA RESPONSES

Activity: Active Meditation - Shaking & Dancing

Mindfulness

Putting it into Practice: SELF-CARE IS SELF-LOVE

- What do you currently do?
- What would you like to do?
- Create your plan to get there.
- Acknowledge barriers.

Power of Writing

Guided Imagery

Aromatherapy

Lavender: relaxation, sleep, stress & anxiety reduction

Lemon/orange: stress relief, mental fatigue, nervousness, helps with positivity & efficiency

Geranium: helpful with stress & depression

Ylang ylang: antidepressant, aphrodisiac, & sedative

Bringing it all together…

- Where can you use these techniques in your everyday life?
- Which technique or techniques resonated with you the most? The least?
- Describe any differences you noticed while participating.
- How can you use what you learned to connect with yourself and others?

anne.weisman@unlv.ed

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

Issue: **CNO Update**	**Back-up:**
Petitioner: Patricia Scott, Quality Patient Safety and Regulatory Officer	
Recommendation: **That the Governing Board Clinical Quality and Professional Affairs Committee receive a from Kevin Jarrett-Lee, Director of Care Management, regarding safe discharge planning and practices at UMC; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Clinical Quality and Professional Affairs Committee will receive an educational presentation from Kevin Jarrett-Lee regarding safe discharge practices and planning.

Cleared for Agenda
October 2, 2023

Agenda Item #
5

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, Infection Prevention and Regulatory Program, from Patty Scott, Quality/Safety/Regulatory Officer; and direct staff accordingly. ***(For possible action)***

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
October 2, 2023

Agenda Item #

6

Quality/Safety/Infection/Regulatory Update

UMC Governing Board Committee

Clinical Quality & Professional Affairs

October 2, 2023

Patient Safety

Reported through 2nd Quarter, 2023

State Reported Safety Events – 2nd Q 2023

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

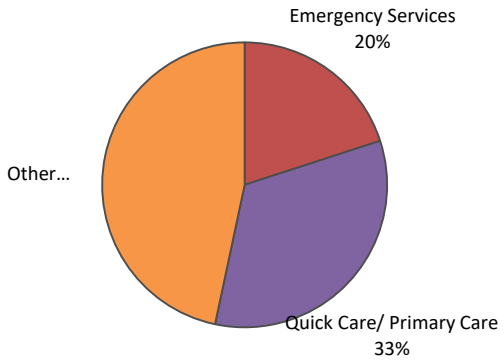
Sentinel Events Reported to State Registry - 2023

SENTINEL EVENT REPORTS TO NEVADA REGISTRY
CALENDAR YEAR 2023

Event	2022	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	Comments
Fall with Injury	4	1	2			3	Adult ED; 1500; 4N
Pressure Injury - 3/4/Unstage	37	10	3			13	CCU/CVCU-3; MICU-2; TICU-1; 4S-1; 1400-2; 5S-2; BCU-1; 3W-1
Retained Foreign Object	1					0	
Oxygen Disconnect on Vent	0					0	
Medication Error	0					0	
Assault	1		1			1	2S
Homicide	1					0	
Device Failure	1					0	
Burn	1	1				1	OR
TOTAL	**46**	12	6	0	0	**18**	

Grievances – 1st & 2nd Q, 2023

Grievances by Location

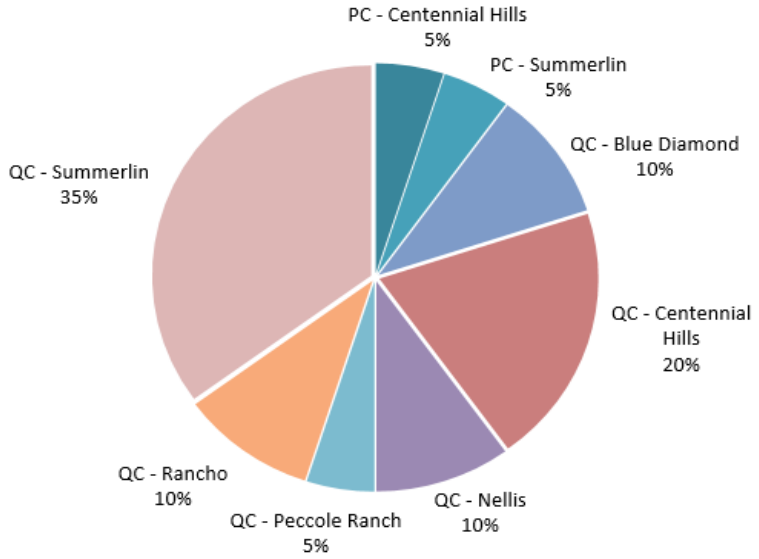


Emergency Services – 12

Other - 28

- Med/Surg/IMC – 7
- Trauma Services – 6
- Children Hospital – 5
- Main Campus – 4
  - CM – 1
  - Admitting – 1
  - Outside non-UMC - 2
- Surgical Services - 2
- Cardiovascular - 1
- Critical Care – 1
- Maternal Child - 1

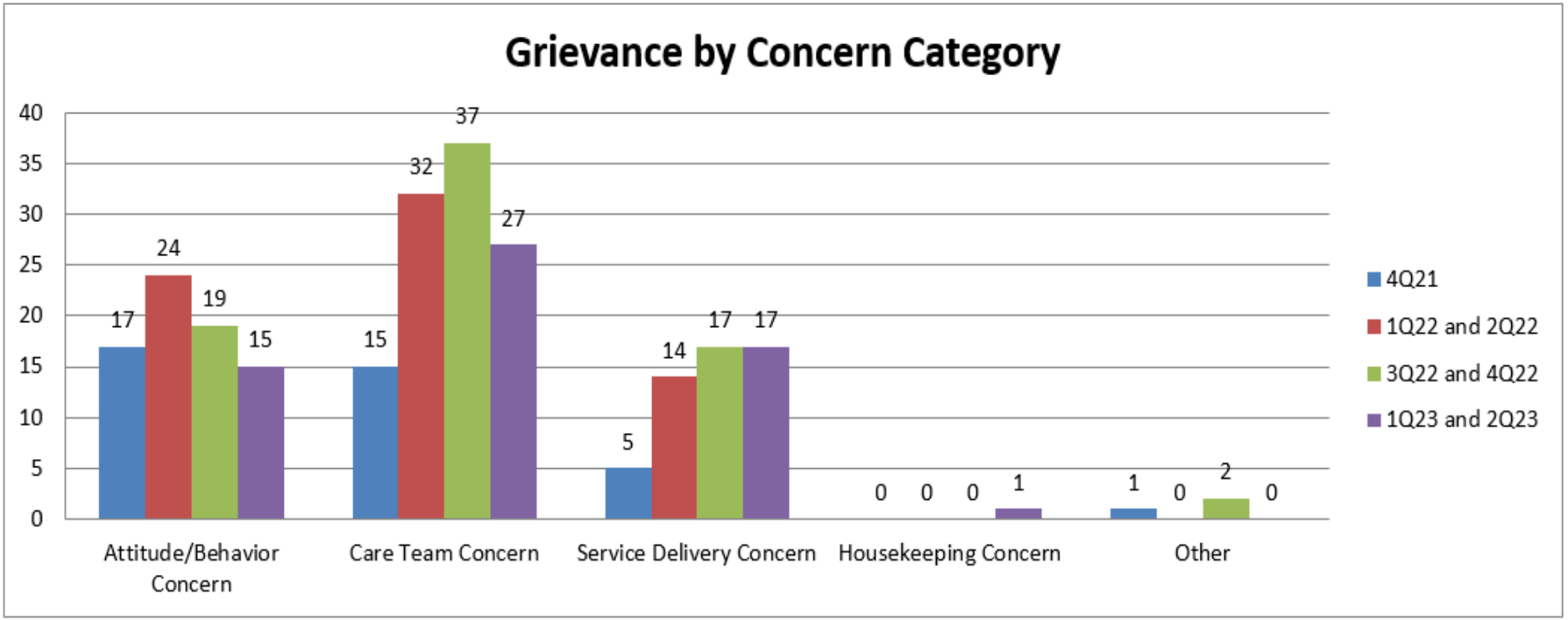
Grievances QC/PC by Location



Quick/Primary Care/Telemedicine - 21

- Blue Diamond - 2
- Centennial Hills - 5
- Nellis - 3
- Peccole Ranch– 7
- Rancho - 3
- Summerlin – 5
- Telemedicine - 1

Grievances – 1st & 2nd Q, 2023



- 60 grievances were received with 62 reported concerns. 5 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 45% of reported concerns; included in this category: Communication/Explanation, Diagnosis Related, Pain Management, Patient Care, & Treatment Plan.
  - ✓ **Service Delivery** accounted for 28% of reported concerns; included in this category: Access/Admissions Delay, Discharge, Service Delivery, & Wait Time.
  - ✓ **Housekeeping** accounted for 2% of reported concerns; included in this category: Housekeeping.

Grievance Rate Per 1000 Discharges / Encounters

PATIENT TYPE	Year	Total Discharges/Encounters	Total Grievances Received	Rate Per 1000
Inpatient / OBS	2021	29,886	62	2.07
	2022	29,773	24	0.81
	1Q23-2Q23	**14,771**	**25**	**1.69**
Emergency Department	2021	81,475	52	0.64
	2022	90,413	23	0.25
	1Q23-2Q23	**44,322**	**12**	**0.27**
Quick Care/ Primary Care / Telemedicine	2021	288,759	38	0.13
	2022	334,449	23	0.07
	1Q23-2Q23	**172,711**	**21**	**0.12**
Overall Totals	2021	400,120	152	0.38
	2022	454,635	70	0.15
	1Q23-2Q23	**231,804**	**58**	**0.25**

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

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

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

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
October 2, 2023

Agenda Item #
7

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

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

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee review and recommend for approval by Governing Board, the UMC Policies and Procedures Committee's activities of July 5, 2023, August 2, 2023 and September 6, 2023, including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take any action deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 2, 2023

Agenda Item #
8

Regulatory Update
Policies & Procedures

- Regulatory / Accreditation Surveys

- Policy / Procedure Approval
  - Timeframe: July 5, August 2, & September 6, 2023
  - Total approved: 97
  - Total retired: 3
  - Approved through Hospital P/P, Quality, MEC

DISCUSSION / QUESTIONS?

Patricia Scott, MSNA, BSN, RN, RHIA, CPHQ, CCDS, CPHRM, CLSSBB
Quality, Patient Safety, & Regulatory Officer
Patricia.Scott@umcsn.com
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702-303-3921 (Cell)

July 5, 2023 Hospital Policy/Procedure Committee
As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.
Total of 37 Approved: 1 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Concentrated Hypertonic Saline Infusion for the Pediatric and Adult Traumatic Brain Injury Patient	New	Approved as Submitted	New Policy. Vetted by P&T, Critical Care Committee, Pediatrics Committee, and Trauma Committee.
Filling Medications and Outdates in the Automated Dispensing Cabinet (ADC)	Revised	Approved as Submitted	Added clarification that medications are checked by a pharmacist prior to leaving the pharmacy. Vetted by Pharmacy Director.
Obtaining Medications from Automated Dispensing Cabinet	Revised	Approved as Submitted	Clarification of who has access to the ADCs based on Nevada law requirements. Vetted by Pharmacy Director.
Crash Cart and Emergency Code Supplies – Requisition and Maintenance Of	Revised	Approved as Submitted	Moved to new template, added in relevant standards, general clarifications to language. Vetted by Pharmacy.
Patient's Personal Medications – Storage and Use		Approved as Submitted	Moved to new template, removed extraneous language, removed appendix which restated process, clarified bag should be sealed prior to delivery to pharmacy, removed requirement for counting of controlled substances as long as they are placed in sealed bag when obtained from patient, removed requirement of mailing post-card notification. Added storing and using hyaluronate at Orthopedic & Spine Institute section. Vetted by Orthopedic and Spine Institute leadership.
Emergency Airway Management Guideline	New	Approved as Submitted	Policy created and approved by Dr. Ewell-Anesthesia, Dr. Patel-Emergency Medicine, Dr. Trautwein-Pediatric Emergency Medicine, and Drs. Kuhls, McNickle, and Kuruvilla-Trauma Surgery.
Treatment Guidelines for Orthopaedic Injuries	New	Approved as Submitted	Policy reviewed and approved as written by Dr. Kubiak and Dr. Howenstein, Orthopaedic Physicians.
CT Scan – Use in the Trauma Center	Revised	Approved as Submitted	Updated and transcribed to new format. Adding existing policy to MCN portal. Vetted by Director of Radiology.
Geriatric Trauma Treatment Guidelines	New	Approved as Submitted	Researched, written and reviewed by Dina Bailey, RN and Allison Andersen, APRN, and Dr. Carmen Flores. Input from key stakeholders incorporated into

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			guideline. Reviewed by Trauma Multidisciplinary Committee.
Interfacility Transfer of Trauma Patients	New	Approved as Submitted	Updated references. Reviewed at Trauma Multidisciplinary Review Committee.
Administration and Reading of Tuberculin Skin Test – Mantoux Method	Revised	Approved as Submitted	Updated policy to current format. Added purpose and scope. Vetted by Infectious Disease Medical Director.
Post Coronary Intervention, Sheath Care	Revised	Approved as Submitted	Updates include: consider Lower quadrant back pain for signs of excessive bleeding, educate patient prior to procedure in application of Femostop, during sheath pull and for 15 minutes after sheath removal, 2 staff members must be at bedside, premedicate patient with physician ordered analgesia and/or sedation, pull back 10cc from Sheath to clear clots from the catheter tip, expanding hematoma (mark margins). Vetted by Director of Cardiovascular Services and Director of Critical Care Services.
Call Center Guidelines in Ambulatory Care	Revised	Approved as Submitted	Removed Wellness Appointments (No longer scheduling). Verbiage in emergent protocol changed to example symptoms.
Patient/Family Education/Instruction	Revised	Approved as Submitted	Updated to organization wide policy; updated to include inpatient process; updated to reflect documentation practice in inpatient setting; updated references for ease of access; reviewed by Pediatric Clinical Nurse Specialist. Reviewed by Ambulatory Care Director.
Death of a Child in the ED	New	Approved with Revisions	New Policy; approved by PED Medical Director and the PED Nursing Director.
Illness and Injury Triage, Pediatrics	Revised	Approved as Submitted	Updated to match Version 5, updated references. Added section for when to do rectal temperatures. Approved by Nursing Director and Medical Director of Peds ED
Pediatric ED Unit Standards of Care	New	Approved as Submitted	New Policy. Approved by Pediatric ED Medical and Nursing Director.
Spiritual and Emotional Support	Revised	Approved as Submitted	Updated to include Child Life Specialist and Tranquility at UMC; added related policies; added references; Approved by ACNO.
Lippincott Online Clinical Procedure and Skills Manual	Revised	Approved with Revisions	Updated to new template. Scheduled review, no changes. Vetted by ACNO.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Alcohol Withdrawal Screening, Prevention, Assessment, and Treatment	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by ACNO.
Emancipated Minor	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Risk Management.
Non-Blood Specimen Collection for Routine Testing and Culture	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Laboratory Services.
Timed Collections for Therapeutic Drug Monitoring	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Director of Laboratory Services.
Burn Reporting Guideline	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Burn Consult Guideline	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Initial Management for Pediatric Burn Patients	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Guidelines for Early Palliative Care Consultation in the Burn Patient	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Burn Psychiatric Consult Guideline	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Initial Management for Large Burn Patients	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Burn Program Manager and Burn Medical Director.
Standards of Basic Nursing Care-ICU	Revised	Approved with Revisions	Placed in new format; updated purpose with EBP; updated references; changed cardiac monitoring and full assessment sections. Vetted by Critical Care Committee.
Standards of Basic Nursing Care-Intermediate Care (IMC)	Revised	Approved with Revisions	Placed in new format; updated purpose with EBP; updated references; changed cardiac monitoring and full assessment sections. Vetted by Critical Care Committee.
Use and Care of Equipment	Revised	Approved as Submitted	Reviewed and updated to reflect current practice. Minimal changes. Vetted by EVS Director.
Ambulation on Discharge in the Adult Emergency Department	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by ACNO.
Forensic Assault Patient Protocol	Revised	Approved as Submitted	Updated verbiage regarding medications and imaging orders. Removed ketamine and GHB from blood laboratory orders.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Vetted by Clinical Director of Critical Care Services and ED Medical Director.
Registered Nurses Inserting EJs in the Adult Emergency Department	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by Clinical Director Critical Care Services and ACNO.
Vital Signs Frequency and Addressing Abnormal Vital Signs in the Adult ED	Revised	Approved as Submitted	Updated to current practice. Vetted by Clinical Director Critical Care Services and ACNO.
Employee Health Services	Revised	Approved as Submitted	Removal of required COVID-19 vaccination to recommended. This policy will replace Vaccination of Healthcare Workers for COVID-19 which will be retired.

August 2, 2023 Hospital Policy/Procedure Committee
As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.
Total of 33 Approved: 0 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Documentation, Completion and Approval Process of Medical and Administrative Services Directorship Duties Prior to Payment	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Compliance Officer.
Stark Law and Anti-Kickback Statute Compliance	Revised	Approved as Submitted	Scheduled review, no changes. Vetted by Compliance Officer.
PHI Disclosures for Public Health Activities	Revised	Approved as Submitted	Routine review to keep with schedule. Added reference to Nevada Revised Statutes. Updates to appropriate department name. Reviewed by Department of Infection Prevention & Control.
Workforce Sanctions for PHI Privacy and Safeguards Violations	Revised	Approved as Submitted	Routine review in accordance with schedule. Updated to new policy document format. Clarified Level 1 example. Vetted by Privacy Officer and Human Resources.
Reimbursement for Cancelled Surgery Cases	Revised	Approved as Submitted	Updated to new template. Scheduled review, no changes. Vetted by Patient Accounting, HIM and CFO.
PED -Family Presence in the Pediatric Emergency Department	Revised	Approved as Submitted	Updated to new template; updated purpose statement; formatting updates, Updated references to current EBP references. Vetted by Pediatric Department.
Respiratory – Staffing Guidelines	Revised	Approved as Submitted	Reviewed and updated per guideline timeframe. Added language to identify minimum staffing. No other changes from previous guideline. Vetted by Director of Respiratory.
Respiratory - Invasive & Non-Invasive Ventilation Guidelines	Revised	Approved with Revisions	Reviewed and updated to include FiO2 requirement for ICU placement, plus included AVAPs mode to non-invasive. Also included reference to following Lippincott procedures. Vetted by Director of Respiratory.
Difficult Airway Status, Identification and Communication	Revised	Approved as Submitted	Revised to new template. Revised to reflect EPIC EMR use and move away from paper documentation outlined in older version of policy.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			Instructions for how to identify a difficult airway as a banner on the EPIC storyboard. Reviewed and approved by UMC Critical Care Committee on 7/20/23.
NICU/PICU Resuscitation	Revised	Approved with Revisions	Revised. Eliminated excessive verbiage from previous policy that referred to specific equipment no longer in use. Made clear resuscitation efforts are at the direction of a physician team leader. Referenced Lippincott Procedures for NICU specific material, plus Lippincott Procedures for transport. Approved by Pediatric Committee on 7/27/23.
Inhaled Nitric Oxide	Revised	Approved as Submitted	Updated to new template. Reduced from longer guideline to specific policy. Removed language to specific iNO device. Incorporated Lippincott Procedures. Reviewed by NICU management, C. Sawyer, who approved. Reviewed by Dr. Saqueton for PICU, who approved. Received approval from Pediatric Committee on 7/27/23.
Control of Hazardous Energy Program (Lockout/Tagout)	New	Approved as Submitted	New Policy, presented to and approved by EOC Committee 7/20/2023.
Standard-Transmission Based Precautions	Revised	Approved as Submitted	Removal of washing hands after 6 times of ABHR, removal of use of plastic bag when entering transmission based isolation and added list for high touch surface areas.
Employee Health Services	Revised	Approved as Submitted	Added yearly Fit Test and PAPR information into this policy. Vetted by Director of Infection Prevention.
Animal Bite Protocol	Revised	Approved with Revisions	Included mandatory report laws do not require patient consent. Vetted by Director of Ambulatory Care.
Prescription Forgery	Revised	Approved as Submitted	Transferred to new template. Updated policy to align with current practice and included new references. Vetted by Ambulatory Care Clinical Director.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Scheduling, Registration and Securing Required Invoice Billing Documents for Occupational Medicine Accounts	Revised	Approved as Submitted	Transferred to new template. Updated policy to align with current practice. Vetted by Ambulatory Care Clinical Director.
Back Office Registration	Revised	Approved as Submitted	Transferred to new policy template. Removed the see attached documents – not attachments found.
Early Closure of Offsite Clinics	Revised	Approved as Submitted	Transferred into new policy template. Added new clinics to Addendum A. Changed Ambulatory Director to Ambulatory Directors (Clinical and PAS).
Minors Unsupervised in the Ambulatory Care Setting	Revised	Approved as Submitted	Updated to new policy template.
Scheduling Appointment Guidelines in Ambulatory Care	Revised	Approved as Submitted	Removed Wellness Appointments (No longer scheduling). Verbiage in emergent protocol changed to example symptoms. New symptoms added (bleeding/gunshot/dizziness). Replaced Call Center Staff with Admit/Discharge Representative.
Interventional Radiology Suite: Use in the Trauma Center	Revised	Approved as Submitted	Language changed from "Angiography" to "Interventional Radiology" and "IR". Stick time of 60 minutes or less added. Vetted by Director of Radiology.
Airway Assessment and Maintenance of Infant Child and Adolescent	Revised	Approved as Submitted	Updated to new template; updated policy for simplification; Updated related policies; added related procedures; updated references. Vetted by Pediatric Department.
Central Venous Access Devices in the Infant, Pediatric and Adolescent Populations	Revised	Approved as Submitted	Updated to new template. Addition of frequency of non-coring needle change. Addition of use of t-PA for de-clotting. Addition of the RELATED PROCEDURES section to include the different Lippincott Procedures that relate to this policy with their links, updated references, addition of definition section. Vetted by Pediatric Department.
Pediatric Continuous Renal Replacement Therapy (CRRT)	Revised	Approved as Submitted	Updated to new template. Related procedures updated. Vetted by Pediatric Department.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Continuous Renal Replacement Therapy: Nursing Management of the Pediatric Patient	Revised	Approved as Submitted	Updated to new template. Vetted by Pediatric Department.
Pediatric CRRT Citrate Anticoagulation Protocol	Revised	Approved as Submitted	Updated to new template. Related procedures updated. Vetted by Pediatric Department.
Pediatric Continuous Renal Replacement Therapy (CRRT) Procedures and Guideline	Revised	Approved as Submitted	Updated to new template. Related procedures updated. Vetted by Pediatric Department.
Pediatric Gastrostomy Tube Care	Revised	Approved with Revisions	Updated to new template; updated to current evidence based practice; updated recommendation if dislodgement after surgery; added related procedures; removed outdated references. Reviewed by Pediatric Clinical Nurse Specialist. Vetted by Pediatric Department.
Intra-Hospital Transportation of the Pediatric Patient	Revised	Approved as Submitted	Updated to new template; updated for patient tracking system updates; added references; minor grammatical updates. Reviewed by Maternal Child, Pediatric ED, and Burn Care Nursing Directors and Managers and Pediatric Department.
Pediatric Influenza Vaccination Standing Order	Revised	Approved as Submitted	Updated to new template; updated outdated process from paper to EHR; updated references. Reviewed with Pediatric Pharmacist, Pediatric Clinical Nurse Specialist and Staff. Vetted by Pediatric Department.
Police Hold & Administrative Hold of Pediatric Patients	Revised	Approved as Submitted	Updated to new template; minor grammatical updates; reviewed with Shaunda Phillips and pediatric clinical nurse specialist. Updated references for ease of finding NRS law. Vetted by Pediatric Department.
Recruitment and Selection Program	Revised	Approved as Submitted	Added retention information for confidential documents. Vetted by HR.

September 6, 2023 Hospital Policy/Procedure Committee
As part of our regular policy review, the attached policies have been reviewed and updated by necessary hospital leaders/experts in order to reflect current regulatory rules and industry standards. A summary of the changes to each policy is included below.
Total of 27 Approved, 2 Retired

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Adult Emergency Department Diagnostic Result Follow-Up Policy and Procedure	Revised	Approved as Submitted	Minor revisions to content to include current practice since update to EPIC and updated template. Vetted by Adult ED and CNO.
Managing the Sexual Assault Patient	Revised	Approved as Submitted	Updated verbiage regarding SANE RN contacting the appropriate law enforcement agency when applicable. Vetted by Adult & Peds ED Acting Director, SANE nurse and CNO.
Triage to Trauma Center	Revised	Approved with Revisions	Scheduled review, no changes. Updated to new template. Vetted by Adult & Peds ED Acting Director and CNO.
Misoprostol for Medical Termination of Fetal Demise	Revised	Approved with Revisions	Updated to the current template. Removed section pertaining to L&D induction (confusing for an ED policy). Vetted by Adult ED and CNO.
Ultrasound Guided Peripheral IV Placement (USGPIV)	Revised	Approved as Submitted	Formatting changed to current template, added definitions for Proctor, Credentialed Nurse and Ultrasound credentialed attending provider. Vetted by Clinical Director of Critical Care Services and CNO.
Visitors in the Adult Emergency Department	Revised	Approved as Submitted	Policy reviewed and placed on new format. No changes made. Vetted by Acting Director Adult & Peds ED and CNO.
Clinical Bedside Swallow Evaluation Guideline (Adult)	Revised	Approved with Revisions	Updated to new template; updated policy for simplification; Updated related policies; added related procedures; updated references.
Expiratory Muscle Strength Training Guideline	New	Approved as Submitted	New guideline.
Speaking Valve Management Guideline	Revised	Approved with Revisions	Updated to new template; updated policy for simplification; Updated related policies; added related procedures; updated references. Vetted by Speech Pathology.

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
Conflict Management – Medical Staff Services	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Medical Staff.
Medical Staff Credentialing Fee Processing	Revised	Approved as Submitted	Changing the word "check" to "payment" due to the new addition in medical staff services of electronic invoices (credit card payments). Checks received in error procedure Exception from payment updated to only include UMC employed practitioners and active-duty military practitioners. Vetted by DaNae Griese, Senior Medical Staff Specialist and Jovi Remitio, Medical Staff Services Director.
Physician/Advanced Practice Professional Verification & Notification of Privileges	Revised	Approved as Submitted	Scheduled review, no changes. Updated to new template. Vetted by Director of Medical Staff.
Heparin – Distribution and Storage	Revised	Approved as Submitted	Removed portions related to ordering and administration (not relevant to this policy and covered in other policies); standardized strength and volume format, added Boxes/Kits.
Identification and Handling of Suspect Pharmaceuticals	Revised	Approved as Submitted	Update to website for reporting, minor clarifications and language updates.
Medications for Opioid Use Disorder (MOUD)	Revised	Approved as Submitted	Updated guidelines based on the removal of the X-Waiver requirement for dispensing and prescribing buprenorphine. Terminology updated based on most recent recommendations. Vetted by Dr. Ketan Patel, Dr. Frederick Lippmann and Legal.
Pharmacy Staff	Revised	Approved as Submitted	Updated format, added in requirements of pharmacist to technician ratio.
Safety and Health During Construction	Revised	Approved as Submitted	Minor updates to the policy and attachments A, E, F and G. Vetted by EOC Committee and Infection Prevention.
Use of Nitrous Oxide Outside of the Operating Room for Minimal Sedation/Anxiolysis	New	Approved with Revisions	New policy. Vetted by Nitrous Oxide Committee.
Responding to Media Inquiries	Revised	Approved as Submitted	Routine review in accordance with schedule. Updated to new policy

POLICY NAME	NEW/ REVISED	HPP COMMITTEE DECISION	SUMMARY
			format. Reviewed by Experience Division.
Standards of Basic Nursing Care Medical-Surgical-Telemetry	Revised	Approved with Revisions	Added in Purpose and Policy section. Updates to format to align with ANA Nursing Standards. Vetted by Director of Med/Surg Services and CNO.
Neurosurgeon Response to Trauma Consult	New	Approved as Submitted	New Policy. Vetted by Trauma Program Manager, Dr. Forage, Dr. Kubiak, and Dr. Howenstein.
Administration of FIT Testing for N95 Respirators	Revised	Approved as Submitted	Added verbiage about PAPR training if no N95 available. Vetted by Infection Control.
Influenza	Revised	Approved as Submitted	Removed the HR language from the policy. Vetted by Infection Control.
Airborne Precautions	Revised	Approved as Submitted	Removal of bagging small item when enter isolation room; Lippincott reference added. Vetted by Infection Prevention.
Contact-Enteric Precautions	Revised	Approved as Submitted	Removal of bagging small item when enter isolation room; Added verbiage for discontinuation based on 2 step C. diff testing. Lippincott reference added. Vetted by Infection Control.
Contact-Droplet Precautions	Revised	Approved as Submitted	Took out bagging system when entering isolation room. Added Lippincott procedure. Vetted by Infection Control.
Critical Test/Critical Results Reporting	Revised	Approved with Revisions	Updated Critical Results for Imaging Services. Transferred from Laboratory Manual to CQPS Manual. Added references. Vetted with Trauma Medical Director, Imaging Medical Director, Imaging leadership, & CQPS.

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

Issue: **Emerging Issues**	**Back-up:**
Petitioner: Patricia Scott, Quality, Patient Safety and Regulatory Officer	

Recommendation:

That the Governing Board Clinical Quality and Professional Affairs Committee identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly. (*For possible action)*

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 2, 2023

Agenda Item #
9