***University Medical Center of Southern Nevada***
***UMC Governing Board Clinical Quality and Professional Affairs***
***August 11, 2025***

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Ruby Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
August 11, 2025 2:00 p.m.

The University Medical Center Governing Board Clinical Quality and Professional Affairs Committee met at the time and location listed above. The meeting was called to order at the hour of 2:03 p.m. by Chair Renee Franklin and the following members were present, which constituted a quorum of the members thereof:

## CALL TO ORDER

Board Members:

Present:
Renee Franklin, Chair
Laura Lopez-Hobbs
Dr. Mackay (WebEx)

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Sabrina Holloway, HIM Director
Danita Cohen, Chief Experience Officer
Emelia Allen, 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 2, 2025. *(For possible action)*

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

**SECTION 2. BUSINESS ITEMS**

**ITEM NO. 4: Review the Governing Board Policies and Procedures, as they relate to the Governing Board Clinical Quality and Professional Affairs Committee, and direct staff accordingly. *(For possible action)***

DOCUMENT(S) SUBMITTED**:**
**-** Governing Board Policies and Procedures

DISCUSSION:

The Committee reviewed the section of the UMC Governing Board Policies and Procedures as related to the responsibilities and activities of the Clinical Quality and Professional Affairs Committee. Minor changes were made in verbiage to clarify the purpose and responsibilities of the Committee. The Committee did not have any additional changes to the Policies and Procedures.

FINAL ACTION TAKEN:

None

**ITEM NO. 5 Receive an educational presentation from Sabrina Holloway, HIM Director, regarding the death certificate process at UMC; and direct staff accordingly. *(For possible action)***

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

DISCUSSION:

Chair Franklin introduced the agenda item and related an experience that established the purpose for an educational update in the death certificate process.

Sabrina Holloway, HIM Director, explained the step-by-step process at UMC of how a death certificate is processed after a patient expires and how it affects members of the community. Ms. Holloway stated that although the process may start at the hospital, there are other responsible parties, including the funeral home, the provider, and other regulatory requirements to ensure proper and timely completion of the death certificate.

She explained, once a body is released from the hospital, the funeral home initiates the death certificate process through the Nevada Electronic Death Registry System and enters the name of the provider located on the release form. The cause of death must be completed within 48-hours of being assigned and it is the provider's responsibility is to register in the EDRS and provide accurate information, allowing the Department of Health to contact them to

complete the death certificate. Ms. Holloway noted challenges, as well as goals that are in the process in order to streamline processes.

If a death certificate has not been completed timely, funeral homes will contact the HIM department and/or Medical Staff Services for assistance.

In the event the provider initially assigned by hospital staff is determined to be incorrect, the funeral home is contacted to update EDRS.

Ms. Holloway mentioned an initiative to collaborate with the Department of Vital Statistics to educate staff. A lengthy discussion continued about the causes of delays and how to better educate staff and streamline procedures at UMC.

The Committee would like to receive an update on progress that has been made in this matter.

FINAL ACTION TAKEN:

None

**ITEM NO. 6** **Review, discuss, and score the outcomes of the FY25 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee; and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly.** ***(For possible action)***

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

DISCUSSION:

Ms. Scott provided the following update regarding the FY25 Organizational goals:

She noted that 19 of 20 goals were met for a 95% rate of compliance.

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

   5 measures improved over the previous reporting periods and met established goals. The goal related to hand hygiene was not met.

2. **Improve or sustain improvement over the last three (3) year trending period for the following patient experience measures (IP):**

   All measures met or sustained the established goals.

3. **Improve or sustain improvement (utilizing the Star Ratings) over the last three (3) year trending period in the overall patient perception of care (OP):**

All measures were met or sustained the established goals.

4. **Google and Yelp:** These goals were met.

**Employed physician & employee engagement / alignment measures (FY25):**

All three measures met the established goals.

The team is in the process of reviewing an electronic surveillance system for monitoring hand hygiene. A discussion ensued regarding staff accountability and this RFID technology.

There was brief discussion regarding the improvements of the inpatient and outpatient patient experience measures.

Member Lopez-Hobbs commented on the responsibility for each staff member regarding the hand hygiene measure and that there should be accountability. She is agreeable to 95% award for the goals.

Member Mackay agreed with the 95%. He mentioned that an article about hand hygiene stated that Academic Health Centers using electronic monitoring systems have a compliance rate of up to 90%.

FINAL ACTION TAKEN:

A motion was made by Member Lopez-Hobbs to approve and recommend to the Human Resources & Executive Compensation Committee 95% of the 30% organizational goal allotment/achievement for the Clinical Quality and Professional Affairs Committee. Motion carried by unanimous vote.

**ITEM NO. 7 Review and discuss the proposed FY26 Organizational Performance Goals as they relate to the Clinical Quality and Professional Affairs Committee; and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)***

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

DISCUSSION:

Patty Scott, Quality, Safety and Regulatory Officer presented the following proposed goals for FY2026 to the Committee for discussion:

1. Improve or sustain improvement over the last three (3) year trending period for the following inpatient/outpatient **quality/safety measures**:
    - CLABSI
    - SSI – ORTHO (Hip, Knee, Spine)
    - VAP – OVERALL (Adults)
    - Hand Hygiene Compliance (Overall)
    - PSI-90

- Adult ED Median Arrival Time to Disposition

2. Improve or sustain improvement over the last (1) year trending period for the following **patient experience** measures (IP / OP):
   - Communication with Nurses
   - Communication with Physicians
   - Responsiveness of Staff (IP)

3. Develop, implement, and execute plans/campaigns to support and improve the following performance goals/programs during FY26:
   - Hand Hygiene
   - 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)

Member Lopez-Hobbs stated that hand hygiene should be a standalone goal and that its importance should be prioritized and constitute a significant portion of the total percentage during FY26.

Chair Franklin suggested that hand hygiene is listed twice and should be its own item. Management needs to communicate that the expectation is for us to do better. Additionally, she suggested that, with the extra goal, each of the four goals should be weighed at 25%.

Dr. Mackay agreed with emphasizing hand hygiene.

Staff agrees that this is an opportunity for staff to make progress.

After extensive discussion, it was decided to revise the Hand Hygiene goal and establish it as a separate goal from other measures. This new goal will encompass capital planning for an electronic hand hygiene surveillance system, highlighting how highly the Committee members value ensuring this critical infection prevention step is implemented within the organization.

The revised goals are as follows:

1. **Improve the Hand Hygiene Program during FY26 in the following measures (≥80%):**
   - Hand Hygiene Compliance (Overall)
   - Finalize vendor selection, budgeting, and obtain contract approval for electronic Hand Hygiene Surveillance System
   - Develop, implement, and execute a campaign to improve the Hand Hygiene Program

2. **Improve or sustain improvement over the last three (3) year trending period for the following inpatient/outpatient quality/safety measures:**
   - CLABSI
   - SSI – ORTHO (Hip, Knee, Spine)
   - PVAP – OVERALL (Adults)

- PSI-90
- Adult ED Median Arrival Time to Disposition

3. **Improve or sustain improvement over the last (1) year trending period for the following patient experience measures (IP / OP):**
   - Communication with Nurses
   - Communication with Physicians
   - Responsiveness of Staff (IP)

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)

FINAL ACTION TAKEN:

A motion was made by Member Lopez-Hobbs to approve and recommend to the Human Resources & Executive Compensation Committee the proposed FY26 Organizational Goals for the Clinical Quality and Professional Affairs Committee. Motion carried by unanimous vote.

**ITEM NO. 8** **Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of June 4, 2025 and July 2, 2025 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 4, 2025 & July 2, 2025 were reviewed.

There were a total of 56 approved, 1 was 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 Lopez-Hobbs to approve that the UMC Policies and Procedures Committee's activities of June 4, 2025 and July 2, 2025 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

## SECTION 3. EMERGING ISSUES

**ITEM NO. 9** **Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly**

DISCUSSION:

The Committee would like to receive an update on federal changes related to clinical trials, grant-funded programs, and their impacts on UMC and UNLV at a future meeting.

FINAL ACTION TAKEN:

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 3:24 p.m., Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: October 6, 2025