

**University Medical Center of Southern Nevada  
UMC Governing Board Clinical Quality and Professional Affairs  
December 16, 2025**

---

Sapphire Conference Room  
Delta Point Building, 1st Floor  
901 S. Rancho Lane  
Las Vegas, Clark County, Nevada  
December 16, 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 2:05 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. Don Mackay

**Absent:**

None

**Also Present:**

Tony Marinello, Chief Operating Officer  
Patty Scott, Quality, Safety, & Regulatory Officer  
Deb Fox, Chief Nursing Officer  
Ronald Roemer, Dir. of Clinical Research & Compliance  
Susan Pitz, 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 October 6, 2025. (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: Receive an update from Ronald Roemer, Director of Clinical Research & Compliance regarding the Clinical Trials and Institutional Review Board activities at UMC; and direct staff accordingly. (For possible action)**

DOCUMENT(S) SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

Mr. Roemer provided the 2025 annual review of the activities of the Institutional Review Board and Clinical Trials Office at UMC. In total there are 311 active studies currently being conducted. There are approximately 180 active IRB studies by department being conducted at UMC. The top studies are orthopedics and emergency medicine. He noted that interventional radiology and cardiology studies are a focus and this year, the IRB partnered with the NIH StrokeNet for research studies to advance stroke treatment. There are 131 active studies with UNLV; the top studies are in surgery and internal medicine. Over 157 types of submissions were reviewed and processed during the year.

Indirect costs are the expenses of doing business that are not readily identified with a specific grant, contract, or project. In February 2025, the federal indirect rate was cut to 15%. Previously, the rate was between 25% to 70%, therefore this cut has had a direct impact on research institutions. A discussion ensued regarding the fixed versus negotiated rates and funding of clinical research projects.

UMC's indirect rate is 30% for the federally funded research projects and industry sponsored research. Currently, there has been no direct impact to research at UMC. A discussion continued regarding research funding and progress.

FINAL ACTION TAKEN:

None

**ITEM NO. 5 Receive an update from Patty Scott, Quality/Safety Regulatory Officer on the FY26 Organizational Performance Goals; and direct staff accordingly. (For possible action)**

DOCUMENT(S) SUBMITTED:

- PowerPoint

DISCUSSION:

Ms. Scott provided an update on the FY26 Organizational goals.

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

Progress is being made to develop and implement an electronic monitoring system for hand hygiene compliance. A vendor has been selected and will be onsite to implement the pilot program. Hand hygiene continues to show improvement since the last report. A discussion ensued regarding the feedback received from staff regarding the new hand hygiene program. The Committee will be monitoring this goal closely for compliance.

**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:**

Three of the five measures have shown improvement over previous reporting time frames. Teams are working on the two measures that did not show improvement.

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

PSI90 and ED median arrival time measures met or maintained the established goals. A lengthy discussion followed about improving processes and the progress made in streamlining patient care in the quick care and primary care settings.

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

Two of the three inpatient experience measures were met. Responsiveness of staff is being monitored for improvement.

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

The four outpatient experience measures are being met. Communication with the provider is being monitored for improvement.

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

These measures remain in progress.

FINAL ACTION TAKEN:

None

**ITEM NO. 6 Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of October 1, 2025 and November 5, 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 October 1, 2025 and November 5, 2025 were reviewed.

There were a total of 84 approved, 0 were retired. All were approved through the hospital Policy and Procedures Committee, Hospital Quality and Safety Committee and the Medical Executive Committee.

A discussion ensued regarding the review process by the Policy and Procedures committee.

**FINAL ACTION TAKEN:**

A motion was made by Member Mackay to approve that the UMC Policies and Procedures Committee's activities of October 1, 2025 and November 5, 2025 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

**SECTION 3. EMERGING ISSUES**

**ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Clinical Quality and Professional Affairs Committee at future meetings; and direct staff accordingly**

**DISCUSSION:**

None

**FINAL ACTION TAKEN:**

None

**COMMENTS BY THE GENERAL PUBLIC:**

At this time, Chair 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 2:47 p.m. Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary  
APPROVED: February 2, 2026