

**University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
February 2, 2026**

Emerald Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
February 2, 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 2:03 p.m. by Chair Rene 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
Dr. John Fildes

Absent:

None

Also Present:

Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer (Via Teams)
Deb Fox, Chief Nursing 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 December 16, 2025. (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 Mackay 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:

- PowerPoint Presentation

DISCUSSION:

Patty Scott provided the following updates regarding the Quality, Safety and Regulatory program:

Readmissions – 30-Day and 7-Day all-cause readmissions has remained stable year over year.

Mortality Index is at 1.18, which is the same as the previous quarter. Observed over expected at 2.16 versus 1.82. Staff is working with physicians on clinical documentation improvement (CDI) to improve expected mortality scores. There has been an overall downward trend over the past year.

Member Fildes asked whether the UMC index is risk-adjusted. Ms. Scott confirmed that they are risk-adjusted (Vizient 2024 Risk Adjusted Methodology) for comparison with other academic medical centers. There was continued discussion regarding the importance of physician documentation.

PSI-90 indicators are at .91 and remain stable or improving. PSI-90 cases include pressure ulcers, falls with fractures, PO hemorrhage/hematoma, PO acute kidney injury, PO respiratory failure, DVT-PE, and accidental puncture or laceration. Statistics are being monitored by the perioperative task force for accuracy. The Committee emphasized the importance of accurate documentation and holding staff accountable.

Sepsis mortality index decreased from 1.36 to 1.23. Overall downward trend over the past three quarters. Ongoing monitoring and improvement efforts, with a new alert system being piloted. Sepsis bundle is decreased over the Q424 and Q125, however continues to be better than CMS published rates. Implementation of a new model called National Early Warning Score 2 (NEWS2), led by ICU physicians, will help alert staff to promptly identify and respond to early signs of deterioration including sepsis.

Hypoglycemia and hyperglycemia are measures that are newly reported by CMS. Both measures at UMC are better than the comparative data.

Hips and knee complications show an overall rate of 3.13% against a CMS comparison rate of 3.6%

Ms. Scott next reviewed the patient sentinel events and grievances for 2025.

There were 37 sentinel events reported to the state. All cases were reported within the required timelines, and RCAs were completed with action plans. Ongoing monitoring is conducted through the hospital quality committee. There were 57 total grievances for the third and fourth quarters of 2025, with 11 grievances substantiated. Ms. Scott reviewed the departments and the percentage of areas of concern. Although the number of complaint encounters is very small compared to patient volume (overall rate per 1000 discharges/encounters – 0.23), each grievance provides an opportunity for improvement.

Chair Franklin noted that, given the number of patients seen at the hospital and the complaints received, staff is doing something right and should be praised for it. She urged staff to focus on what is being done well and keep that momentum going. Discussion ensued regarding the process for investigating grievances.

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 December 3, 2025 and January 7, 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 December 3, 2025 and January 7, 2026 were reviewed.

There were a total of 97 approved 3 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 December 3, 2025 and January 7, 2026 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

SECTION 3. EMERGING ISSUES

- ITEM NO. 6 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 2:43 p.m. Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: April 20, 2026