University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 2, 2025

UMC Providence Conference Room
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
June 2, 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:
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Deb Fox, Chief Nursing Officer
Frederick Lippmann, Chief Medical Officer
Danita Cohen, Chief Experience Officer
Jeff Castillo, Director of Patient Experience
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 April 7, 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 Receive an update on HCAPHS/CCAPHS/ICARE4U Program from Jeff Castillo, Director of Patient Experience; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

Jeff Castillo, Director of Patient Experience, provided an overview of the HCAPHS, CCAPHS, and ICRE4U Programs.

The team delivered The Art of ICare interactive training to all hospital staff. This standardized service recovery model provides simple and practical ways for staff to engage patients, visitors, and colleagues. The training is unique to UMC and highlights examples, the impact of our experiences, and the importance of culture.

He added that the overall goal is to treat others the way you want your most cherished loved ones to be treated if you weren't there to protect them. The training is valuable for all employees, both clinical and non-clinical, at the hospital and ambulatory locations.

The acronym ART stands for:

Acknowledge the feedback

Respond to the issue

Take ownership

Chair Franklin emphasized the importance of listening to the needs of patients, visitors, and staff, and highlighted the significance of timing in service recovery.

Next, Mr. Castillo reviewed the improvements in the Quick Care to ED experience. A series of meetings has been held with stakeholders to identify opportunities for improvement, and a standard workflow has been created for easy reference and process alignment. A slide showing the flowchart for patients coming from Quick Care locations to the hospital was displayed.

The team developed a new method for identifying patients arriving from quick cares and created scripts for senders and receivers. A brief discussion continued with instructions given to patients and staff members.

FINAL ACTION TAKEN:

None

ITEM NO. 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).***

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

DISCUSSION:

Ms. Scott provided the following update on the Quality, Safety, and Regulatory program.

Leapfrog:
The spring safety grades were issued, and UMC kept a C rating with an improved score of 2.8759. Most hospitals in the area continued to receive a C grade. Opportunities for improvement remain in discharge information, MRSA in infection control, Cdiff infections, and UV lighting. Ms. Scott provided the board with a detailed breakdown of the survey results and hospital comparisons across the valley.

Safety Reporting:
The sentinel events for the first quarter of 2025 were reviewed. Nine events were reported. All cases were reported within the required state timeframes, and RCAs with actions were taken on all cases. The events are monitored for sustainment through the Hospital Quality and Safety Committee. There was continued discussion regarding events that have occurred, process improvements, and litigation risks.

Regulatory Update:

The initial Hospital Accreditation survey with DNV occurred April 1st - 3rd. The plan of correction has been submitted and approved. Additional process surveys will continue throughout the year, and the annual survey will occur next year.

The hospital completed a successful Comprehensive Stroke survey on May 20th and 21st. The plan of correction has been submitted. Cardiac Centers of Excellence survey is anticipated for November 2025. The discussion continued regarding other centers of excellence survey opportunities.

FINAL ACTION TAKEN:

None

ITEM NO. 6 **Receive an update on the FY25 Organizational Improvement Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate.** ***(For possible action)***

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

DISCUSSION:

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

1. **Improve or sustain improvement over the last three (3) year trending period for the following inpatient quality/safety measures:**
   Five of the measures have shown improvement and met benchmarks. Ms. Scott added that physician engagement has positively impacted overall outcomes. The discussion continued on identifying root causes and cultural changes that can improve results. Deb Fox added that staff have become more involved in finding solutions to enhance outcomes.

   The Committee was excited about the significant improvements.

   Hand hygiene compliance continues to be a struggle but has increased slightly.

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

4. **Google and Yelp:** These goals have been met.

5. **Employed physician & employee engagement / alignment measures (FY25):**
   These measures are in progress.

Ms. Scott will bring the final goal statistics to the next meeting. There was ongoing discussion about the goal related to hand hygiene and developing incentives to improve this metric.

FINAL ACTION TAKEN:

None

ITEM NO. 8 **Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 2, 2025 and May 7, 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 April 2, 2025 & May 7, 2025 were reviewed.

There were a total of 107 approved, 2 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 Lopez-Hobbs to approve that the UMC Policies and Procedures Committee's activities of April 2, 2025 and May 7, 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 review the continued improvement in infection control and hand hygiene.

Education regarding process analysis and improvements in metrics related to quality safety measures.

Magnet documents have been submitted and accepted. The team anticipates a site visit in the coming months.

FINAL ACTION TAKEN:

None

COMMENTS BY THE GENERAL PUBLIC:

At this time, Acting 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 3:078 p.m., Acting Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: August 11, 2025