University Medical Center of Southern Nevada
UMC Governing Board Clinical Quality and Professional Affairs
June 1, 2026

Emerald Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
June 1, 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 2:00 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
Dr. Don Mackay
Dr. John Fildes (via Teams)
Bobbette Bond (Ex-Officio) (via Teams)

Absent:
Laura Lopez-Hobbs (Excused)

Also Present:
Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Patty Scott, Quality, Safety, & Regulatory Officer
Alma Angeles, Clinical Manager, Disease Specific Services
Carley Redmond, Stroke Program Coordinator
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 20, 2026. *(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 on the Comprehensive Stroke Certification Program from Alma Angeles, Clinical Manager, Disease Specific Services; Carley Redmond, Stroke Program Coordinator; and direct staff accordingly. *(For possible action)*

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

DISCUSSION:

An update was provided by Alma Angeles, Clinical Manager, Disease Specific Services, and Carley Redmond, Stroke Program Coordinator on the Comprehensive Stroke Certification Program.

Ms. Redmond began the discussion by highlighting some of the outcomes of the stroke program and its future. Prevention, recognition, process, and protocol assist in shaping outcomes and refining care for patients during a stroke event.

A high prevalence of obesity, diabetes, hypertension, and smoking increases the risk of stroke in the community. The heart disease death rates exceed the national average, and these risk factors are compounded by unemployment and poverty rates. UMC provides community outreach and education to help reduce these occurrences.

UMC has earned certification from DNV for Advanced Chest Pain and the Heart Failure Advanced Certification, recognizing excellence in diagnosis and treatment in these service lines. Magnet designation was achieved in January 2026, highlighting leadership visibility and support, as well as initiatives to drive patient outcomes and quality metrics.

Ms. Redmond discussed collaboration with EMS, including educational events, and engagement with personnel. Staff participates in active drills, enhanced interdisciplinary communication and performance, and other educational projects, which helps improve staff readiness and response to code events.

UMC achieved Comprehensive Stroke Program Certification and the AHA Get With the Guidelines Stroke Gold Plus Award in 2025 and is projected to receive this recognition in 2026 with additional Honor Roll recognitions.

Lastly, Ms. Redmond reviewed future program initiatives and growth opportunities, including the CNA School Program, Diagnostic Radiology Residency Program.

Alma Angeles presented a stroke case study and highlighted the importance of the life-saving actions taken by community members, staff, and family members.

The presentation concluded with a reminder to B.E.F.A.S.T. to respond if someone is experiencing stroke symptoms. The important thing is to take care of

yourself and not ignore symptoms.

B – Balance – Difficulty walking, dizziness, loss of balance or coordination.
E – Eyes – Trouble seeing in one or both eyes.
F – Face – Ask the person to smile, look to see if it's uneven.
A – Arm – Ask the person to raise both arms, check if one arm is weak.
S – Speech – Ask the person to speak, listen for slurring.
T – Time – Call 911 at the first sign of stroke.

The Committee thanked staff for the educational and informative presentation. A discussion ensued regarding turning vs. repositioning to assist patients with functionality, the demographics of those who experience stroke, efforts to provide proper discharge instructions to patients, and efforts to provide education to EMS and the community on recognizing risk factors and increasing stroke awareness.

FINAL ACTION TAKEN:

None

ITEM NO. 5 Receive an update on the Survey 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 a review of the Survey and Regulatory Program.

UMC received a Leapfrog Safety Grade of C for spring 2026. This grade is consistent with prior periods. Ms. Scott noted improvement in 7 areas but also noted that some areas declined slightly. Hospital Compare documents were provided. There were 4 A-grades, 5 B-grades, 3 C-grades, and no D or F scores. She noted that UMC will focus on the actions needed to improve the targeted areas.

Chair Franklin stated that UMC is on the cusp of greatness, that it is not OK to remain just OK, and that a bit of a culture shift is needed to improve the Leapfrog ranking. A discussion continued on how the data is analyzed and reported to CMS to determine whether the scoring is accurate. Hospital Compare statistics were briefly reviewed.

There were 13 sentinel events reported in the 1st quarter. All cases were reported in a timely manner, and root cause analyses were completed with corrective actions. These events are being monitored by the Quality/Safety Committee to ensure sustainability.

There were 34 grievances in total. Ms. Scott noted opportunities to improve care team coordination, communication with patients and families, and service delivery and responsiveness. Overall, the rate was 0.28 per 1000 discharges or encounters. Ms. Scott also noted that more grievances were reported with the assistance of AI, along with an increase in EMTALA complaints.

Lastly, Ms. Scott commented on the Stroke presentation. UMC has transitioned from a Primary Stroke Center to a Comprehensive Stroke Center. She noted that this is a significant undertaking for the organization and a stellar job by the team. She added that the level of engagement by hospital staff during this process has been very impressive. The Committee echoed this sentiment. A brief discussion followed about the type of care, warmth, and attentiveness provided to patients and their families, which can shape perceptions of the care received.

FINAL ACTION TAKEN:

None

ITEM NO. 6 Receive an update on the FY26 Organizational Performance Goals from Patty Scott, Quality/Safety/Regulatory Officer; and take any action deemed appropriate. *(For possible action)*

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

DISCUSSION:

Ms. Scott provided an update on the performance objectives for FY2026.

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

   - Hand hygiene compliance has demonstrated continued improvement over the last three years, increasing from 66% to 70% (1Q25–4Q25)
   - Ms. Scott noted some of the key actions that have aided in the improvement of hand hygiene.

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:**

   - This goal is not being met in total. CLABSIs are below national benchmark, but the metric related to ventilators has increased over the three-year period with an index of 2.434. This is an area requiring focused improvement.

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

   - This goal is not met. The overall Orthopedic SSI rate improved in the most recent period, decreasing from 1.14 to 0.973. Ms. Scott stated that this data only includes spinal fusion, laminectomy, hip & knee replacement.

4. **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:**

   - This goal is being met. The PSI-90 composite score remains below the national benchmark at 0.831.

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

   - This goal is being met. The ED median arrival-to-disposition time has decreased from 210 to 193, compared with the prior year. Improvement was noted in all ED's.

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

   - Six of the seven HCAHPS measures are being met. Communication with doctors and nurses have sustained or shown improvement. The measure related to responsiveness of staff remains a challenge, as it declined to 54.15%. This is being monitored and initiatives for improving are in place.

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

   - This goal is being met and has shown improvement over the past quarter.

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

   - Communication with physicians is at 100%, and the Unit of the Week Rounding is at 94%.

The goals will be reviewed and finalized at the next meeting. Ms. Scott would like to consider the goals for FY27 at the next meeting also.

FINAL ACTION TAKEN:

None

ITEM NO. 7 **Review and recommend for approval by the Governing Board, the UMC Policies and Procedures Committee's activities of April 1, 2026 and May 6, 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 April 1, and May 6, 2026 were reviewed.

There were a total of 71 approved 3 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 Mackay to approve that the UMC Policies and Procedures Committee's activities of April 1, 2026 and May 6, 2026 and recommend for approval to the UMC Governing Board. 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

The Committee would like to review suggested ideas for the FY27 goals.

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 3:37 p.m. Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: August 3, 2026