***University Medical Center of Southern Nevada***
***UMC Governing Board Clinical Quality and Professional Affairs***
***October 6, 2025***

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Ruby Conference Room
Delta Point Building, 1st Floor
901 S. Rancho Lane
Las Vegas, Clark County, Nevada
October 6, 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
Tory Begay, Emergency Preparedness 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 August 11, 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 Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

**SECTION 2. BUSINESS ITEMS**

**ITEM NO. 4:** Receive an update and educational presentation from Tory Begay, Emergency Preparedness Coordinator regarding the Emergency Preparedness Program at UMC; and direct staff accordingly. (For possible action).

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

DISCUSSION:

Tori Begay, Emergency Preparedness Program Coordinator, provided a high-level overview of the program's operations at UMC, as well as an update on lessons learned from the Formula One event.

The program is committed to providing a safe, accessible, effective, and responsible environment of care consistent with UMC's mission, services, and applicable governmental requirements. The program is designed to protect patients and staff, as well as ensure the hospital is prepared to manage and recover from a disaster. The Program also utilizes best practices from healthcare and emergency management, ensuring compatibility with other emergency management programs, the National Incident Management System and compliance with The Joint Commission.

UMC has an Emergency Preparedness Committee composed of an interdisciplinary team of staff from various hospital departments. Ms. Begay continued the discussion by highlighting the committee's roles and responsibilities, including participating in the activation of emergency operation plans, monthly test notifications, and involvement in real-world incidents and exercises.

Communication is essential in the event an incident occurs; key individuals are notified via email, text, or phone. The discussion continued regarding the responses needed to engage committee activation. Mr. Van Houweling added that there is always an on-duty administrator at the hospital, and a conversation ensued regarding the coordination of emergency management exercises along with Clark County and other entities throughout the city.

Preparedness includes set-up of an incident command center, UMC/Clark County exercises, Clark County joint meetings, and National Guard engagement.

Ms. Begay continued the discussion by sharing the process for preparing for the recent Formula 1 and Super Bowl events, lessons learned, and any financial impacts incurred by UMC. Exercises and collaboration with community partners have been planned in preparation for the race this year.

Ms. Begay highlighted that many hours were spent in advance planning and preparation for the events. A list of strengths and opportunities for improvement learned from these events were reviewed.

Costs associated with program preparation include hours spent in collaboration and planning, trainings, exercises, logistics, meeting attendance, as well as the engagement of internal and external resources. Although there were no major financial impacts from these events, there were program costs and an increase in staffing to assist with the events. She noted if there were a real-world incident, the financial impact could be different.

A discussion ensued regarding active community awareness and involvement in emergency preparedness.

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**:**
-PowerPoint Presentation

DISCUSSION:

Ms. Scott reviewed the quality, safety, infection prevention, and regulatory program for Q2 of 2025.

Readmissions – 30-day all-cause rates remain stable overall in the second quarter, with UMC rated better than national comparison hospitals and the same by CMS Compare (Medicare) data. The 7-day all-cause has decreased quarter over quarter.

The inpatient mortality index has consistently decreased year over year. The risk-adjusted mortality rate was 1.05. Hospital-wide deaths and overall inpatient discharges slightly increased in Q2 of 2025. She added that the gap continues to narrow between the observed and expected rates due to improvements in ongoing clinical documentation. Leadership will continue to monitor these measures closely for improvement.

PSI – 90 Composite continues to perform well, showing a decline over the past year. Severe hypoglycemia measures from the 2$^{nd}$ quarter showed a current rate of 2.36, which was better than the UMC compare group rate of 2.61. Severe hyperglycemia measures from the 2nd quarter recorded a rate of 0.09, which was the same as the UMC compare group and better than the CMS national rate. There was continued discussion regarding the difference in the delta between the hypo and hyperglycemic rates. Ms. Scott explained that there are different criteria in the measures. Discussions with the medical staff are ongoing to explore opportunities for further improvement.

Total hip and knee complication rates for inpatient and outpatient cases were reviewed on a quarter-over-quarter basis. A lengthy discussion ensued regarding the cause of the spike in complications.

In patient safety, 11 events were reported to the state registry in the 2nd quarter. All cases were reported within the required state timeframes, and RCAs with actions were taken on all cases. Monitoring for sustainment of actions is done through the Hospital Quality and Patient Safety Committee. A brief review of the types of injuries was reported.

There were a total of 48 grievances in the first two quarters of 2025; 7 were substantiated. Breakdown by location was presented with 38% in quick and primary care locations, 36% in the hospital, and 26% in emergency locations. The majority of grievances were care team related concerns, followed by attitude/behavior, service delivery, and patient concerns. The overall totals of grievance rate per 1000 discharges/encounters was .22.

FINAL ACTION TAKEN:

None

**ITEM NO. 6 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 has improved since the last reporting. A discussion ensued regarding the feedback received from staff regarding the new hand hygiene program.

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 timeframes. 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):**

   Three of the four outpatient experience measures were 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 are in progress.

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 August 6, 2025 and September 3, 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 August 6, 2025 & September 3, 2025 were reviewed.

There were a total of 118 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 Mackay to approve that the UMC Policies and Procedures Committee's activities of August 6, 2025 and September 3, 2025 and recommend for approval to the UMC Governing Board. Motion carried by unanimous vote.

**ITEM NO. 8** **Review and recommend for approval by the Board of Hospital Trustees, the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules & Regulations, as approved and recommended by the Medical**

**Executive Committee at its July 22, 2025 meeting; and take any action deemed appropriate. *(For possible action)***

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

DISCUSSION:

The Committee members reviewed and approved the proposed amendments to the UMC Medical and Dental Staff Bylaws and Rules and Regulations. Staff informed the Committee that the recommended revisions were well vetted through the Medical Executive Committee.

FINAL ACTION TAKEN:

A motion was made by Member Hobbs to recommend approval of the Medical and Dental Staff Bylaws Rules and Regulations and recommend for approval to the Board of Hospital Trustees. 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 3:36 p.m. Chair Franklin adjourned the meeting.

MINTUES PREPARED BY: Stephanie Ceccarelli, Governing Board Secretary
APPROVED: December 16, 2025