



Human Resources and Executive Compensation Committee

Tuesday, May 2, 2023 2:00PM

UMC Trauma Building - Providence Suite 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE
May 2, 2023 2:00 p.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

Notice is hereby given that a meeting of the UMC Governing Board Human Resources and Executive Compensation Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website <http://www.umcsn.com> and at Nevada Public Notice at <https://notice.nv.gov/>, and at University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office)

- The main agenda is available on University Medical Center of Southern Nevada's website <http://www.umcsn.com>. For copies of agenda items and supporting back-up materials, please contact Stephanie Ceccarelli, Board Secretary, at (702) 765-7949. The Human Resources and Executive Compensation Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Human Resources and Executive Compensation Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Human Resources and Executive Compensation Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment

PUBLIC COMMENT. This is a period devoted to comments by the general public about items on **this** agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the "Comments by the General Public" period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please **spell** your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair, or the Committee by majority vote.

2. Approval of minutes of the regular meeting of the UMC Governing Board Human Resources and Executive Compensation Committee meeting on March 13, 2023. *(For possible action)*
3. Approval of Agenda. *(For possible action)*

SECTION 2. BUSINESS ITEMS

4. Review and discuss the 2023 Fiscal YTD Turnovers & Hires, and take action as deemed appropriate. *(For possible action)*
5. Review and recommend for approval by the UMC Governing Board the revisions to the Structured Return to Work Program Policies and Procedures; and take action as deemed appropriate. *(For possible action)*
6. Review and recommend for approval by the UMC Governing Board the new Anesthesia Physician & Non-Physician Provider Compensation Plan; and take action as deemed appropriate. *(For possible action)*
7. Review and recommend for approval by the UMC Governing Board the amended Productivity wRVU Physician & Non-Physician Provider Compensation and Benefits Plan; and take action as deemed appropriate. *(For possible action)*
8. Review and recommend for approval by the UMC Governing Board the amended Primary and Urgent Care Physician and Non-Physician Provider Compensation and Benefits Plan; and take action as deemed appropriate. *(For possible action)*

SECTION 3. EMERGING ISSUES

9. Identify emerging issues to be addressed by staff or by the UMC Governing Board Human Resources and Executive Compensation Committee at future meetings; and direct staff accordingly. *(For possible action)*

COMMENTS BY THE GENERAL PUBLIC

A period devoted to comments by the general public about matters relevant to the Committee's jurisdiction will be held. No action may be taken on a matter not listed on the posted agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please **spell** your last name for the record.

All comments by speakers should be relevant to the Committee's action and jurisdiction.

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMC ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE COMMITTEE, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMC ADMINISTRATION AND LEGAL COUNSEL.

THE COMMITTEE MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).

**University Medical Center of Southern Nevada
Governing Board Human Resources and Executive Compensation Committee
Monday, March 13, 2023**

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Monday, March 13 2023
2:00 p.m.

CALL TO ORDER

The University Medical Center Governing Board Human Resources and Executive Compensation Committee met at the time and location listed above. The meeting was called to order at the hour of 2:02 p.m. by Chair Jeff Ellis and the following members were present, which constituted a quorum of the members thereof:

Committee Members:

Present:

Jeff Ellis, Chair (via WebEx)
Laura Lopez-Hobbs
Renee Franklin (via WebEx)

Absent:

None

Others Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Ricky Russell, Chief Human Resources Officer
Rosalind Bob, Human Resources Director
James Conway, Assistant General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chairman Ellis asked if there were any persons present in the audience wishing to be heard on the item listed on this agenda.

None present.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Human Resources and Executive Compensation meeting on January 23, 2023. (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 Hobbs that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update on HR Staffing & Department projects; and take action as deemed appropriate. (*For possible action*)

DOCUMENTS SUBMITTED:

- None

DISCUSSION:

Ricky Russell, CHRO, reviewed updates on internal movement within the HR department and projects going on in the department.

HR Staffing Changes:

Mr. Russell reminded the Committee that Rosalind Bob is the new Director of the Human Resources department. The position for the HR Manager role has been posted and interviews are currently underway with potential candidates. A decision should be made soon.

Other turnover would include an internal promotion into the HR File Room position. In this role, the HR File room person would be responsible for scanning and maintaining the current files into the new electronic HR file system, but also developing and implementing a plan to back scan the approximately 4K plus current employee files, as well as setting up termination files.

Chair Ellis asked if this position will be phased out or will it always be needed. Mr. Russell responded that this position will always be necessary, as someone will need to input the files into the system.

Member Franklin added that this role also evolves, so it is important for this person to be able to be a records point person to access necessary documents.

Next, a Physician Recruiter position has been created to assist with recruitment of new physicians. The person in this position will be able to outsource potential candidates without the need of using agencies; this will enhance the physician recruitment process and be the liaison with FMV evaluators. Very strong candidates are being reviewed.

The HR front desk position is now available and this gives more opportunities to grow internally.

Department Projects:

EHR system launched on March 1st. This new system will include applicant tracking, HRIS and could take over some of the features of Adobe Sign. In future developments, payroll and workers comp files will be added to the system electronically.

UMC uses Salary.com to provide real-time salary/market data. We are in the process of uploading all job descriptions into their database.

DDI is the new training vendor used by UMC. The first leadership training was held in January and four other training opportunities will be coming up in about two months. The training offered is primarily driven toward leadership development, coaching, change management and dealing with conflicts, etc.

Regarding Salary.com, the Committee is supportive of gathering data to make sure salary rates are appropriate, but wants to make sure that salary ranges are not being changed just because the market data changes, but there should be a process in place; we should be prudent and diligent before making competitive salary adjustments, and the Committee and the Board should be aware of any long term changes. Mr. Russell responded that there is a lot of vetting before market adjustments are made. Any adjustments would be presented to the Committee prior to any changes.

FINAL ACTION:

None

ITEM NO. 5 Review and discuss the FY2023 YTD Turnovers & Hires; and take action as deemed appropriate. (For possible action)

DOCUMENTS SUBMITTED:

None

DISCUSSION:

Mr. Russell updated the Committee with the year to date 2023 staffing turnovers and hires. A slide presentation will be shown to the Committee at the next regular meeting this data is presented.

HR is looking at new hire and per diem data differently this year so there is a clearer picture of what is going on in the organization. In February, there were 39 turnovers, which equals 1.12%. For the year we are sitting at 2.1% benefits eligible turnover. A breakdown of the RN turnover data was provided.

There was a total of 110 hires for the month, including per diems. There were 48 were full-time hires, which included 17 RNs.

Termination type was approximately 59% voluntary, 20% involuntary, 2.5% were failed probations and 17.9% were retirement.

There 4,300 employees at UMC and 3,471 are FT or PT benefitted employees. He added 830 employees are per diem. Departments with the top turnover rates year to date are in EVS with 8, Food Services with 6, and the centralized resource pool with 5.

Chair Ellis asked if there is a benefit to review the turnover rate statistics for the fiscal year. Mr. Russell responded that he could track it compared to fiscal year also.

The Committee likes the way the data is broken down and looks forward to seeing future presentations.

FINAL ACTION:

None

ITEM NO. 6 Receive an update on the UMC Operational Goals specific to HR; and take action as deemed appropriate. (For possible action)

DOCUMENTS SUBMITTED:

None

DISCUSSION:

Mr. Russell reviewed the five HR organizational goals with the Committee.

- 1. Working with department leaders and through the support of our E/LR team, ensuring all departments are executing their employee engagement action plans that translate into an overall increase of at least three (3) points to the UMC Engagement Indicator Score. Additionally, an overall UMC participation increase of at least three (3) percent.**

The next survey will be in May. Each department that is below the 4.1 engagement score has executed an action plan and are implementing them. Mr. Russell is hopeful that we are able to make this goal. The results should return by mid-June and we are on track to meet this goal.

- 2. Decrease the Average Time to Hire metric to 65 days.**

This goal has been a challenge. It varies between 66 and 67 days. We are working with the vendor to ensure that requisitions are being calculated correctly. We are confident that we can hit this goal.

- 3. Successfully deliver at least five (5) Employee/Labor Relations leadership training's (e.g., conducting investigations, writing disciplines, etc.).**

This goal has been met and exceeded. A variety of trainings have been provided already. Additional training courses are being launched through June.

4. **Transition salary grades A08 through C43 to our standard 0-20 years of experience hire-in rate structure.**

This goal has been met.

5. **Implement a revised Transitional Duty (aka light duty) program.**

There is a current plan in place. There are final draft reviews taking place and this goal should be met.

6. **Plan & hold a Diversity Fair that provides an educational learning experience for our employees.**

Working with the EEO Manager and Diversity Committee, interest forms have been entered in since January and there has been significant interest by staff. There will be over 30 booths and community partners that will attend the Diversity Fair in May. The date for the fair is May 4th.

SECTION 3. EMERGING ISSUES

- ITEM NO. 7 **Identify emerging issues to be addressed by staff or by the UMC Governing Board Human Resources and Executive Compensation Committee at future meetings; and direct staff accordingly. (For possible action)**

Discussion:

1. A Special HR Meeting may be necessary prior to Governing Board meeting in April to discuss the Specialty Physician Compensation Plan.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Ellis 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 2:35 p.m. Chairman Ellis adjourned the meeting.

Approved:

Minutes Prepared by: Stephanie Ceccarelli

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Turnovers and Hires Updates	Back-up:
Petitioner: Ricky Russell, Chief Human Resources Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee review and discuss the 2023 Fiscal YTD Turnovers & Hires; and take action as deemed appropriate. (<i>For possible action</i>)	

FISCAL IMPACT:

Unknown


BACKGROUND:

UMC monitors turnovers and hires each month and reports the data to the hospital leadership team. This data is reported out to the Human Resources and Executive Compensation Committee at least once per quarter.

Cleared for Agenda
May 2, 2023

Agenda Item #

FY2023 Turnover / Hires

		July '22	Aug '22	Sept '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	APR '23	May '23	June '23	FY2023 TOTALS
TERMINATIONS														
All Employees (includes bedside RN data below)	FT/PT	58	30	52	36	38	31	36	41	52				374
	Turnover % FT/PT	1.75%	0.91%	1.55%	1.06%	1.12%	0.92%	1.10%	1.20%	1.48%				11.1%
	Per-Diem	33	38	33	22	33	23	37	26	38				283
	Turnover % P/D	4.78%	5.52%	4.44%	2.91%	4.26%	2.98%	4.20%	2.80%	4.52%				36.4%
	Total ALL Terms	91	68	85	58	71	54	73	67	90	0	0	0	657
Bedside RNs	FT/PT	14	11	18	12	10	11	10	12	7				105
	Turnover % FT/PT	1.30%	1.00%	1.64%	1.11%	0.93%	1.03%	0.94%	1.09%	0.63%				9.67%
	Per-Diem	9	17	8	7	13	10	7	12	14				97
	Turnover % P/D	3.31%	6.14%	2.81%	2.37%	4.25%	3.38%	2.10%	3.93%	4.59%				32.8800%
	Total RN Terms	23	28	26	19	23	21	17	24	21	0	0	0	202
HIRES														
All Employees (includes bedside RN data below)	FT/PT	65	58	53	28	52	27	57	48	65				453
	Per-Diem	79	49	89	52	64	39	75	62	66				575
	Total ALL Hires	144	107	142	80	116	66	132	110	131	0	0	0	1028
Bedside RNs	FT/PT	38	10	12	1	10	6	6	17	24				124
	Per-Diem	24	15	16	20	17	8	31	29	13				173
	Total RN Hires	62	25	28	21	27	14	37	46	37	0	0	0	297
TERM TYPE														
Benefitted FT/PT Only	% Voluntary	77%	69%	59%	78%	69%	75%	67.7%	58.9%	73.1%				70%
	% Involuntary	18%	17%	14.8%	9%	19%	15%	8.8%	20.5%	14.3%				15%
	% Fail Prob	2%	7%	8.2%	4%	7%	5%	5.8%	2.5%	5.90%				5%
	% Retirement	5%	7%	18%	9%	5%	5%	17.7%	17.9%	5.90%				10%

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Structured Return to Work Program Policy Update	Back-up:
Petitioner: Ricky Russell, Chief Human Resources Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee review and recommend for approval by the UMC Governing board the revisions to the Structured Return to Work Program Policies and Procedures; and take action as deemed appropriate. <i>(For possible action)</i>	

FISCAL IMPACT:

Unknown

BACKGROUND:

UMC is proposing changes to the Structured Return to Work Program policy/procedure, effective on or around June 1, 2023. A few of the substantive changes include:

- Combining the HR Policy #14 & HR Procedure #10 into one comprehensive document
- Creating a process for Transitional Duty & Modified Duty paths
- Identifying process for Occupational Injury or Illness verses Non-Occupational Injury or Illness
- Adding the Central Operations Office into the mix for assigning employees to transitional duty

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Cleared for Agenda
May 2, 2023

Agenda Item #



POLICY /GUIDELINE TITLE: Structured Return to Work and Worker's Compensation

MANUAL: Human Resources

POLICY OWNER: HR

**REVISED DATE:
4/26/2023**

FINAL APPROVAL DATE:

SCOPE

All UMC employees.

PURPOSE

UMC will provide a Structured Return-To-Work Program (RTW) for both occupational and non-occupational related injuries or diseases, as well as certain identified pregnancy-related medical restrictions in accordance with the Pregnant Worker's Fairness Act. UMC will provide employees with medical treatment and compensation for on-the-job injuries or occupational diseases arising out of, and in the course of, employment with UMC in accordance with the provisions of NRS 616 and 617.

POLICY

Occupational Injury or Illness

1. To be eligible for participation in UMC's RTW Program following an occupational-related injury or illness, the benefited employee must provide a written statement from their approved Workers' compensation (WC) treating physician or medical provider stating that the employee is:
 - a. temporarily unable to perform his/her regular essential job duties; and
 - b. capable of carrying out work of a transitional/modified nature from their regular essential job duties.
2. Human Resources, in conjunction with the Department Manager (or designee) as appropriate, will review restrictions to determine if the employee may be placed under Modified Duty or Transitional Duty.
3. If placed under Modified Duty (MD), the employee is returned to their original job with modifications based on the physical restrictions assigned by the treating physician or medical provider. Should the restrictions become permanent, or MD exceeds 120-days, UMC's Equal Opportunity Program Manager will conduct an ADA evaluation to determine if any permanent accommodation is appropriate.
4. If placed under Transitional Duty (TD), the employee is returned to work temporarily in a classification other than their hired job that meets the physical restrictions assigned by the treating



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physician or medical provider. The Central Operations Office or Human Resources are responsible for assigning the employee.

5. If the employee is unable to be placed under either program, the employee will remain off work until such time they are able to return to work in their original position, or a TD position is identified. Due to the potential for overlap with the Americans with Disabilities Act (ADA), the employee will also be referred to UMC's Equal Opportunity Program Manager for an ADA evaluation when appropriate.
6. Employees who refuse an MD or TD assignments will be placed on a Leave of Absence (LOA) and will be required to remain off work and utilize any accrued CAL/EIB until exhausted, at which time all remaining time on LOA will be unpaid. Additionally, such employees will be ineligible to receive compensation (e.g., Temporary Total Disability) through the Workers' Compensation Program.
7. While on a MD or TD, employees will receive their normal hourly rate of pay and will continue to accrue CAL and/or EIB as appropriate.
8. When an employee is on TD, the home cost center will continue to absorb the hours regardless of the work assignment cost center location.
9. Employees on MD or TD may not return to their full duty role until Human Resources has reviewed the treating physician or medical provider documentation releasing the employee to full duty.
10. Responsibilities

Employees

- a. Report all injuries immediately to the supervisor.
- b. Inform the approved WC treating physician or medical provider that the hospital has transitional/modified duty assignments available.
- c. Provide a "Return-to-Work" restriction note from the WC treating physician or medical provider to Human Resources as soon as possible upon receipt from the physician or medical provider. Employee may not return to full duty until HR has the opportunity to review.
- d. Sign the MD or TD Work Agreement prior to the 1st day in transitional/modified duty assignment.
- e. Work within the restrictions specified by the treating physician or medical provider.
- f. Report any physical problems with the work assignment to the supervisor.
- g. Report to employee's own department or the Central Operations Office supervisor as appropriate at the beginning of the transitional/modified duty assignment.
- h. Adhere to all hospital policies and procedures, including employment policies and safety rules at the location of the transitional/modified duty.
- i. Attend all scheduled medical appointments and keep the assigned supervisor and Human Resources apprised of work status. Appointments must be scheduled not to conflict with the employees normal work schedule. In the rare event that this is not possible, the employee is responsible for notifying their supervisor in advance to determine if arrangements can be



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made to release the employee from their scheduled shift. If approved, any such release time is unpaid and the employee must use CAL to cover the release time.

- j. To notify the supervisor of all scheduled and unscheduled absences.
- k. Inform supervisor of the status/situation two weeks prior to the end of their assignment. If their ability to return to full duty is still uncertain, they should make every effort to provide their supervisor with new physician restrictions at least two weeks before the end of their temporary assignment.

Department Heads

- a. Ensure full cooperation of their department leadership staff with the administration of the hospital's Return-to-Work Program.
- b. Work with Human Resources to identify transitional/modified duty assignments available in the department that fit within the parameters of the medically imposed restrictions.
- c. Ensure managers and supervisors comply with the employee's work restrictions as outlined by the treating physician or medical provider.

Managers and Supervisors

- a. Provide the Return-to-Work (restriction) form received from the employee to Human Resources.
- b. Work with Human Resources to identify transitional/modified duty assignments that fit within the parameters of the medically imposed restrictions.
- c. Review the employee's work capacity and work with the employee and Human Resources to advise the employee of the availability of job duties that fit within the parameters of the employee's restrictions.
- d. Provide daily supervision to monitor that the employee is working within the work restrictions outlined by the treating physician or medical provider.
- e. Report any physical difficulties the employee may have with the work assignment to Human Resources for potential referral back to the treating physician/medical provider to review work restrictions.
- f. Maintain ongoing contact with injured Workers' who are currently unable to participate in the Return-to-Work Program.
- g. If the injury is a work-related injury, notify the Department Head and Human Resources immediately, but not more than two hours after the refusal of an approved temporary transitional/modified duty assignment.

Human Resources / Workers' Compensation

- a. Facilitates the Return-to-Work Program.
- b. Review the employee's work capacity/restrictions and work with the employee and employee's supervisor to determine the availability of job duties that fit within the parameters of the restrictions.
- c. Refer employee to the Central Operations Office department for job assignments if there is no work within the employee's own department.



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- d. Notify the third party administrator of the date that transitional/modified duty is available to the employee to return to work in writing and maintain a copy in the employee's file. Please note: this may differ in some cases from the actual date the employee returns to work.
- e. Notify the third party administrator after the employee's refusal or lack of response to the notice of approved transitional duty.
- f. Train department management staff and employees regarding the hospitals Return-to-Work Program at hire and periodically thereafter.
- g. Review the MD or TD Work Agreement with the employee.
- h. Immediately advise department management staff, employees, Central Operations Office department, and third party administrators of any significant changes to the Return-to-Work Program.

Central Operations Office

- a. Assign employee a temporary job placement that meets the physical restrictions that the treating physician has assigned to the injured employee within the department/division of Central Operations Office.
- b. Maintain and code the injured employee's time card for hours worked and for all hours off work to ensure timely applicable payments are made.
- c. Ensures home cost center absorbs employee's salary cost.

Third Party Administrators

- a. Maintain contact with the injured/ill employee at least every two weeks and pay Workers' compensation wage loss benefits for industrial injuries, if the employee works less than their normal weekly scheduled hours.
- b. Make appropriate referrals for external case management services to facilitate the injured worker's participation in the Return-to-Work Program.
- c. File appeals and motions; attends hearings on behalf of the employer.

11. Transitional Duty Requirements & Restrictions

- a. Transitional duty assignments are generally limited to 90 consecutive calendar days per claim/injury/illness.
- b. Employees on transitional duty will be required to provide written notification from their treating physician of the work and physical limitation status after each visit or a minimum of every 30 days.
- c. Work hours will be limited to the employees hired FTE status. Overtime is not permitted while on TD.
- d. Employees on TD may be assigned to work on any shift at the discretion of the department manager/supervisor.
- e. An employee will not be assigned to a TD assignment if such an assignment would place the employee or others in danger or would displace another current employee.
- f. Transitional work assignments are temporary and designed to facilitate a return to regular work;



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they are not intended to become permanent work accommodations as described under the American with Disabilities Act (ADA).

- g. While on TD, employees cannot work on premium pay holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

12. Extension of Assignment

Human Resources may grant a TD assignment extension beyond ninety (90) on a case-by-case basis if the employee is showing progress in their rehabilitation. In no event shall transitional duty assignments exceed three hundred and sixty-five (365) days for an occupational illness or injury.

Approval of extension requirements:

- a. The department and the employee both request an extension.
- b. The employee has made progress in transitioning back to the regular assignment during their ninety (90) days of transitional duty assignment.
- c. The extension is for a specific period of time with a date certain for return and the employee's medical physician indicates that the employee will be cleared to return to work in their regular position on the date the extension will end.

Non-Occupational Injury or Illness & Pregnancy-Related Medical Restrictions

1. UMC may provide viable MD or TD for a non-industrial injury/illness, as well as certain identified pregnancy-related medical restrictions, pursuant to documentation provided by a treating physician if such work is available and meets the restrictions as set by the treating physician or medical provider.
2. TD assignments are made in the home cost center first, if available, before being ultimately assigned to the Central Operations Office.
3. If no MD or TD assignment is available, the employee will be required to remain off work and use any available leave time per policy. Due to the potential for overlap with the Americans with Disabilities Act (ADA), the Pregnancy Discrimination Act, and the Pregnant Worker's Fairness Act, the employee will also be referred to UMC's Equal Opportunity Program Manager when appropriate prior to being required to remain off work.
4. TD assignments are limited to 90 calendar days per body part/illness.
5. A TD extension beyond ninety (90) days for non-occupational injury or illness will not be approved. Employee will need to use any available leave time per policy.
6. Employees requesting to return to full duty are required to provide a release to full duty from their treating physician or medical provider. If an employee is unable to return to full duty at the end of the 90-day MD or TD assignment, they will be referred to the Equal Opportunity Program Manager.



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Compensation**

Family Medical Leave Act (FMLA) & Related Legislation

UMC will apply applicable FMLA, related legislation, and UMC policies and procedures, to fulfill the requirements of this policy.

PROCEDURE

The Human Resources Workers' compensation unit will work closely with Clark County Risk Management to ensure treatment; care and compensation are administered in a timely and efficient manner. In order to process on-the-job injury claims efficiently, the office will work with the injured worker, the department supervisor and the medical care team.

A. Injured Employees' Guidelines

1. The injured employee is required to report an incident/injury/accident/ exposure that occurred while on duty at UMC to the manager or person in charge, regardless of how minor. All blood borne pathogen (BBP) exposures claim should also follow these procedures. All incident/injury/accident/exposures shall be filed with the proper third party administrator in the timelines required by law. Additional questions should be directed to Human Resources.
2. Per NRS. 616 and 617, UMC requires all injured Workers' to complete a "Notice of Injury/Exposure" Form C-1 #002-008. The Employee and Supervisor sections must be completed and signed no later than seven (7) days after the injury/exposure. The completed C-1 form is submitted to Human Resources (forms are available on the UMC Intranet and in Human Resources).
3. The employee may seek medical treatment at any one of the following UMC Quick Care Centers: Rancho, Spring Valley, Sunset and Enterprise. All follow-up doctor appointments must be scheduled at Enterprise Quick Care. It is recommended to confirm hours of operation prior to visiting the Quick Care.
4. If the employee is injured *after* hours, they may seek medical care from Concentra Medical Center: 5850 Polaris Ave, Suite 100 Las Vegas, NV 89118 (702) 739-9957. This is for the first visit only.
5. UMC's Emergency Room (ER) may be utilized if the injury is emergent in nature (i.e., employee is non-ambulatory, condition is severe or critical).
6. Per UMC's policies, the employee is required to clock out to seek medical treatment during work hours (off the clock). Their time will be coded appropriately by the department or centralized timekeeping.
7. The employee is expected to report to the supervisor/person in charge following treatment as well as submitting a Physician Disability Statement (PDS), which would have been completed by the treating



**POLICY /GUIDELINE TITLE: Structured
Return to Work and Worker's
Compensation**

Physician (MD or DO, only) and to contact the Human Resources.

8. UMC will automatically request FMLA paperwork on behalf of the employee, or submit FMLA approval if qualified, for accepted Workers' Compensation claims. The employee is responsible for completion of any required FMLA paperwork related to work-related injuries. To the extent applicable under law, any WC leave of absence/reduced schedule will run concurrent with FMLA.

B. Compensation

1. If the condition turns emergent in nature, the UMC ER may be utilized (non- emergent visits to the ER may not be covered by Workers' compensation).
2. When an on-the-job injury/illness or exposure claim has been accepted by the TPA and the treating physician or medical provider has certified the injured worker as "off" work five (5) or more consecutive days as a result of the injury/illness, the employee will receive temporary disability compensation based on a percentage of their average earned income.
3. Compensation payment is made every fourteen (14) days, retroactive to the first full day loss from work. This will continue until the employee is released to return to work by the treating physician or medical provider.
4. The injured worker must keep Human Resources advised of their work status to ensure timely payments are being processed and received.
5. For those work related injuries/illnesses that require less than five (5) days off work, EIB/CAL hours will be utilized for compensation. In order to continue to receive a full check after being off for five (5) or more consecutive days, Human Resources will be utilizing the employee's available EIB/CAL hours. If the employee does not wish to receive EIB/CAL, they must make a special request in writing to Human Resources.
6. When the employee has been released by their treating physician or medical provider back to work, they must contact Human Resources and submit their return to work note. The physician note must be clear and show their work status as full duty or modified duty including specific physical restrictions/limitations.
7. A copy of all physician notes or medical releases should be immediately submitted to Human Resources in order to monitor the progress of the employee's care.
8. If the employee has been advised by their physician to receive further care (i.e.; physical therapy, medical tests or follow-up appointments), per policy, they are required to clock out upon leaving and clock back in upon their return to their work station. The employee is responsible for following the established protocol for requesting time off and use of CAL hours.
9. If the employee is granted unpaid leave that exceeds thirty (30) days or more, they may become



**POLICY /GUIDELINE TITLE: Structured
Return to Work and Worker's
Compensation**

responsible for their own health benefit premiums. This would involve both health insurance and group life benefits. The employee is responsible for contacting the Benefits office in Human Resources.

10. During the Workers' compensation process, the employee is required to maintain frequent communication with their supervisory/managerial personnel as well as the temporarily assigned transitional duty department supervisor or other personnel as applicable in accordance in Human Resources Personnel Policies or the appropriate collective bargaining unit agreement.
11. The employee/injured worker is not to assume that during the Workers' compensation process or from recovering from their own personal medical condition that they are not required to communicate with their regular department or the manager/division. Failure to call off, failure to provide notice of leaving early/arriving late, and or no call no shows--as outlined in the Human Resources Personnel Policy or the appropriate collective bargaining unit agreement--will subject employee to disciplinary action, up to and including suspension pending termination.



**POLICY /GUIDELINE TITLE: Structured
Return to Work and Worker's
Compensation**

DEFINITIONS

Benefitted Employee: An employee who is hired at UMC as a part-time or full-time equivalent.

Medical Treatment: All medical care rendered by a practitioner licensed to provide such medical care, hospitalization, medication, and medical supplies including artificial members as prescribed by the licensed practitioner.

Modified Duty: Employee returns to their regular job classification after an occupational or non-occupational illness or injury with temporary minor adjustments to their duties based on restrictions that the treating physician or medical provider has assigned.

Non-Occupational Injury or Illness: An injury or disease that does not arise out of employment with UMC.

Occupational Injury or Illness: An injury or occupational disease arising out of the course and scope of their employment with UMC.

Transitional Duty (aka Light Duty): Employee returns to work in a temporary assignment or position other than their regular job classification due to the temporary restrictions imposed by the treating physician or medical provider.

Treating Physician or medical provider: A doctor of medicine, osteopathy, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice medicine in the state of Nevada.

Work Restrictions: A physician or medical provider's description of the work the injured/ill employee can and cannot do.

Review Date:	By:	Description:
4/26/2023	Kendrick Russell	Various changes to the existing policy. Combine HR Policy #14 and HR Procedure #10.

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Anesthesia Physician & Non-Physician Provider Compensation Plan	Back-up:
Petitioner: Ricky Russell, Chief Human Resources Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee review and recommend for approval by the UMC Governing board the new Anesthesia Physician & Non-Physician Provider Compensation Plan; and take action as deemed appropriate. <i>(For possible action)</i>	

FISCAL IMPACT:

Unknown

BACKGROUND:

In later 2022, UMC began to hire Anesthesia Physician & Non-Physician Providers because of their contracted service ending. To date we have hired more than 35 Physicians & Non-Physician providers. We have completed the work on an appropriate compensation and benefits plan (Plan) for these classifications. The Plan will be effective July 1, 2023, and will cover existing and future employees within these classifications.

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Cleared for Agenda
May 2, 2023

Agenda Item #

UNIVERSITY MEDICAL CENTER

**ANESTHESIA PHYSICIAN AND NON-
PHYSICIAN PROVIDER COMPENSATION
AND BENEFITS PLAN**

July 1, 2023

Mason Van Houweling - Chief Executive Officer

**UNIVERSITY MEDICAL CENTER
ANESTHESIA PHYSICIAN AND NON-PHYSICIAN PROVIDER TRADITIONAL
COMPENSATION AND BENEFITS PLAN (the "Compensation Plan")**

Compensation Plan and Employees Covered:

This Compensation Plan identifies the compensation and benefits structure for Physician and Non- Physician provider employees in the following classifications:

- Medical Director Anesthesiologist
- Anesthesiologist - Obstetric, General/OR, Pediatric, CVT, Trauma
- Certified Registered Nurse Anesthetists (CRNA)

Such employees will be referred to as "employee" or "employees" in this document. This document replaces all previous communications regarding Physician and Mid-Level (CRNA) compensation and benefits under an existing compensation model or an employee's offer of employment letter; provided however, the terms and conditions of the employees' at-will employment agreement, if any, shall control in the event of a conflict between the two documents.

University Medical Center retains the rights to add, modify, or eliminate any compensation or benefit contained within this plan document with the final approval of the UMC Governing Board and/or in accordance with the terms and conditions of the employee's contract for employment.

Fair Labor Standards Act (FLSA) Exemption:

Employees covered by this plan document are not authorized overtime compensation under the FLSA due to their professional exemption.

At-Will Employment

All employees covered by this plan document are considered At-Will and will serve at the pleasure of the Chief Executive Officer.

Compensation and Benefits:**Base Salary:**

During the term of employment, Physicians and Non-Physician Providers shall receive a base salary at a rate consistent with the pay grades listed on Appendix 1, as may be amended from time to time. Appendix 1 further sets forth a base compensation range that will not exceed the 75th percentile (or 90th percentile when factors such as shortages or otherwise hard to fill positions justify) based upon national and regional physician and midlevel compensation survey benchmarks (e.g., Sullivan Cotter, MGMA).

Unless modified by the provisions of this Compensation Plan and/or at-will employment agreement, employees will be granted the same benefits provided through the Human Resources Policies and Procedures.

The employee's base salary shall be re-evaluated on a bi-annual basis consistent with the methodology set forth above.

Work Schedules:

All full & part time Physicians and Non-Physician Providers are salaried, exempt employees, while per-diem are hourly, non-exempt employees. Work schedules are determined based on a designated Full Time Equivalent (FTE) status. Employees designated as less than a 1.0 FTE are eligible for salary and benefits prorated based on FTE status. Employees are expected to be available to work their full, designated FTE status.

Employee's work schedules will be set by the Medical Director or designee or as set forth in any at-will employment agreement. Generally, it is anticipated that full time employees will work a minimum of fifteen (15) shifts per month, while part-time will work a minimum of seven (7) shifts per month.

Extra Shift/Hours Compensation:

In the event an employee works in excess of their regular and on-call shifts he or she shall be entitled to the additional shift compensation set forth on Appendix 1. Additionally, in the event an employee is required to stay over a scheduled shift more than two (2) hours, the employee will receive additional hourly compensation consistent with their regular hourly rate of compensation for hours above and beyond the scheduled shifts. **Example:** Employee works 12.5 hours in a 10-hour scheduled shift will entitle such employee to two and one half hours of additional pay at the next regularly scheduled pay period.

With the exception of per-diem status employees, any excess time less than the two-hours over the scheduled shift does not entitle the employee to any additional hourly compensation.

On-Call Coverage:

Physicians and Non-Physician Providers, who provide on-call coverage, may receive additional shift compensation at the rates set forth in Appendix 1, for on-call coverage over and above a pre-determined amount, as set forth by the Medical Director, or in the employee's offer of employment letter or At-Will contract for employment. An employee who is on unrestricted call, who is called to return to the facility to perform work, will receive callback pay consistent with the rates set forth in Appendix 1.

Annual Evaluations:

Employee performance will be evaluated on an annual basis. The annual evaluation cycle shall be based on fiscal year (July 1 - June 30). All Compensation Plan employees shall have a common review date of September 1st unless otherwise established by the CEO. Employees under this Compensation Plan are not subject to merit or cost of living increases as their compensation is subject to bi-annual fair market value reviews consistent with the terms of this Compensation Plan and their employment agreement.

Consolidated Annual Leave (CAL) / Administrative Leave Days (ALDs):

Physicians

Physician Providers under this Compensation Plan do not accrue CAL as set forth in the hospital's Human Resources Policies and Procedures. Instead, each part-time or full-time Physician Provider under this Compensation Plan shall receive Administrative Leave Days (ALDs). Appropriate use of ALDs include sick days, holidays, and leave of absences. ALDs do not roll over year to year, may not be converted to compensation, nor are they paid out upon separation of employment. Requests to use ALDs shall be submitted to the Anesthesia Medical Director (or designee) over the service line.

ALDs will be awarded upon hire and thereafter each January 1st of the following calendar year. Employees under this Compensation Plan will receive ALDs as follows:

Employment Status	Specialty	# of ALDs
Part-Time	PEDS/CVT/Trauma/OB	7
	General / OR	15
Full-Time	PEDS/CVT/Trauma/OB	15
	General / OR	30

An employee's time-off may differ in accordance with their at-will employment agreement. Physicians accruing CAL upon final approval and implementation of this July 1, 2023 Compensation Plan will retain any accrued CAL time, and will be required to exhaust such time

prior to use of any ALDs. CAL accrued prior to implementation of this July 1, 2023 Compensation Plan may not be converted to compensation, nor is it paid out upon separation of employment.

Non-Physician Providers

Full & part time Non-Physician Providers (e.g., CRNAs) under this Compensation Plan will continue to accrue and use CAL consistent with the hospital's Human Resources Policies and Procedures.

Extended Illness Bank (EIB):

Eligible employees under this Compensation Plan will accrue Extended Illness Bank (EIN) as set forth in hospital's Human Resources Policies and Procedures. The rules governing the use of EIB leave time shall be consistent with those set forth by Human Resource Policies and Procedures.

Miscellaneous Leaves:

Miscellaneous Leaves such as jury/court duty, military leave, bereavement leave, family leave, etc., are administered in accordance with Human Resources Policies and Procedures.

Group Insurance:

UMC provides medical, dental and life insurance to all eligible employees covered by this plan. To be eligible for group insurance, an employee must occupy a regular budgeted position and work the required hours to meet the necessary qualifying periods associated with the insurance program.

Employees will have deducted each pay period an approved amount from their compensation for employee insurance, or other elected coverages. Amounts are determined by UMC and approved by the UMC Governing Board. Rules governing the application and administration of insurance benefits shall be consistent with those set forth by Human Resource Policies and Procedures.

Retirement:

Employees are covered by the Nevada Public Employees Retirement System. UMC pays the employee's portion of the retirement contribution under the employer-pay contribution plan in the manner provided for by NRS Chapter 286. Any increases in the percentage rate of the retirement contribution above the rate set forth in NRS 286.421 on May 19, 1975, shall be borne equally by UMC and the employee in the manner provided by NRS 286.421. Any decrease in the percentage rate of the retirement contribution will result in a corresponding increase to each employee's base pay equal to one half (1/2) of the decrease. Any such increase in pay will be effective from the date the decrease in the percentage rate of the retirement contribution becomes effective. Retirement contribution does not include any payment for the purchase of previous credit service on behalf of any employee.

Continuing Medical Education (CME):

UMC will pay a \$2,500 CME stipend (Stipend), less appropriate withholdings each calendar year in January for a qualified employee upon the employee's execution of UMC's CME Stipend Attestation form. The Stipend is available to a UMC employed licensed independent provider including, but not limited to, physician, nurse practitioner, physician assistant, CRNA and dentist. At its sole discretion, UMC may identify other independent providers that qualify for the Stipend. Qualified employees may also request up to 40 hours of paid release time each calendar year to attend CME related activities. Approval of such time is at the sole discretion of UMC leadership.

All training, travel and lodging must be pre-approved by the Chief Operating Officer, Medical Director and such other person(s) as may be required by the COO and Medical Director pursuant to the hospital's training and travel policy. In the event an employee is on leave or FMLA, the employee is not eligible to take CME release time.

Conflict of Interest:

Physicians are expected to comply with applicable Medicare and Medicaid and other applicable federal, state and/or local laws and regulations, as-well-as, hospital policies and procedures and Medical and Dental Staff Bylaws. In so doing, it is emphasized that each employee must refrain from using his/her position as a UMC employee to secure personal gain and/or endorse any particular product or service. This includes seeking or accepting additional employment or ownership in a business outside UMC that represents a conflict of interest as defined in the Ethical Standards Policy.

The referral of patients to individuals or practices which compete with or do not support UMC is considered a conflict of interest. However, it is understood that patients have the right to choose where to be referred upon full disclosure by the attending physician of all relevant information. All referrals must go through the UMC Referral Office where they will be processed accordingly.

All other provisions of the conflict of interest policy shall be as defined and described in the Human Resources Policy and Procedures Manual titled Ethical Standards and the UMC Medical and Dental Staff Bylaws.

Professional Standards:

Quality and safe patient care and the highest professional standards are the major goals of UMC and its facilities. To that end, UMC agrees to make every reasonable effort to provide a work environment that is conducive to allow employees to maintain a professional standard of quality, safe patient care, and patient confidentiality. Employees shall be required to conduct themselves in a professional manner at all times.

UMC is a teaching facility. To that extent, physician employees may be required to supervise or co-sign medical records for mid-level providers or residents who are in a recognized residency program, such as the UNLV School of Medicine Residency Program.

UMC shall provide interpretive services in designated exam rooms. Physician employees are required to use the interpretive services provided through UMC.

No Physician employee shall unreasonably and without good cause fail to provide care to patients. Any patient complaint received in writing shall be administered pursuant to UMC Administrative Policy, as modified from time to time. The employee shall be required to meet with the Patient Advocate and/or the Medical Director so that a response, if any, may be prepared. The affected employee shall receive a copy of any written response. If any discipline is administered, just cause standards and the appropriate sections of the Human Resources Policies and Procedures Manual shall apply.

All Physicians will follow the UMC Code of Conduct for Corporate Compliance. This includes completing a Medicare Enrollment Application – Reassignment of Medicare Benefits (CMS-855R) form.

UMC is an equal opportunity employer and will not tolerate discrimination on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, and/or genetic information in employment. In accordance with state and federal laws, the UMC Governing Board is committed to an Equal Opportunity, Affirmative Action and Sexual Harassment Policy to prohibit unlawful discrimination.

Pursuant to Nevada Revised Statutes Chapter 41, UMC will indemnify an employee whose acts or omissions are within the course and scope of their employment and will thereafter continue to cover (without cost to the employee) and provide each employee with a statement of indemnification and certificate of insurance issued by UMC, as needed as evidence of insurance coverage provided for all employees under the hospital's self-funded insurance policy. As such, each employee is covered for professional liability and general liability purposes, in accordance with Chapter 41 of the Nevada Revised Statutes, by the certificate of insurance and statement of indemnification.

Appendix 1*

Pay Grades/Ranges & Additional Compensation

Position	Base Salary Range ¹	Additional Work Shift Rate ⁵	Additional On-Call Shift Rate ²	Call-Back Rate ³	Per-Diem Rate ⁴
SPECIALTY – Anesthesia					
Medical Director	\$486,720-\$763,360	N/A	N/A	N/A	N/A
General / OR	\$451,360-\$640,640	EEs regular hourly rate	\$33.71 p/h.	EEs hourly rate if on-call and called back to facility	\$324 p/h
Pediatric	\$476,320-\$640,640		\$33.71 p/h.		\$324 p/h
Trauma	\$473,928-\$672,672		\$35.42 p/h.		\$340 p/h
OB	\$451,262-\$641,076		\$33.71 p/h.		\$324 p/h
CVT	\$473,928-\$672,672		\$35.42 p/h.		\$340 p/h
CRNA	\$203,840-\$253,760		\$13.07 p/h.		\$127 p/h

*Appendix 1 may be amended from time to time, with Board approval, to reflect new employment physician specialties based upon compensation rates that are consistent with FMV.

¹ Based on years of experience

² On-call unrestricted shifts in excess of the number required per agreement – **note:** If an employee is placed on a restricted call shift (i.e., where employee is required to be onsite) the employee will be paid at their standard base hourly rate of pay.

³ EE must be on an On-call shift and called to return to facility to perform work

⁴ Applicable only to those hired into a per-diem classification

⁵ See extra shift/hours on page 2 of this document

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Productivity wRVU Provider Compensation Plan	Back-up:
Petitioner: Ricky Russell, Chief Human Resources Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee review and recommend for approval by the Governing Board the amended Productivity wRVU Physician & Non-Physician Provider Compensation and Benefits Plan; and take action as deemed appropriate. <i>(For possible action)</i>	

FISCAL IMPACT:

Unknown

BACKGROUND:

UMC is proposing to make the following change to the Productivity wRVU Physician & Non-Physician Provider Compensation and Benefits Plan:

Page 3-4: Strike the existing Consolidated Annual Leave language and add new language allowing the CEO to designate if a Physician Provider classification covered by this Plan will participate in the standard UMC Consolidated Annual Leave program, or the Administrative Leave Days program.

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Cleared for Agenda
May 2, 2023

Agenda Item #

UNIVERSITY MEDICAL CENTER

**PHYSICIAN AND NON-PHYSICIAN PROVIDER
PRODUCTIVITY (wRVU) COMPENSATION
AND BENEFITS PLAN**

July 1, 2023

Mason Van Houweling - Chief Executive Officer

**UNIVERSITY MEDICAL CENTER
PHYSICIANS AND NON-PHYSICIAN PROVIDER PRODUCTIVITY (wRVU)
COMPENSATION AND BENEFITS PLAN (the "Productivity Plan")**

Productivity Plan and Employees Covered:

This Productivity Plan identifies the compensation and benefits structure for Physician employees in the following classifications:

- Orthopedic Physician (Non-Surgeon)
- Orthopedic Trauma Surgeon
- Orthopedic Surgeon
- Cardio-Vascular Thoracic Surgeon
- Vascular Surgeon
- Neurosurgeon
- Nurse Practitioner/Physician Assistant (Ortho)
- Nurse Practitioner/Physician Assistant (CVT)
- Nurse Practitioner/Physician Assistant (Neuro)

Such employees will be referred to as "employee" or "employees" in this document. This document replaces all previous communications regarding Physician and Mid-Level compensation and benefits under a productivity compensation model; provided however, the terms and conditions of the employees at-will physician employment agreement shall control in the event of a conflict between the two documents.

University Medical Center retains the rights to add, modify, or eliminate any compensation or benefit contained within this plan document with the final approval of the UMC Governing Board and in accordance with the terms and conditions of the employee's contract for employment. In the event of a conflict between this compensation plan and the employee's employment contract, the terms of this Productivity Plan will control provisions set forth herein.

Fair Labor Standards Act (FLSA) Exemption:

Employees covered by this plan document are not authorized overtime compensation under the FLSA due to their professional exemption.

Compensation and Benefits:

Base Salary: During the term of employment, Physicians and Non-Physician Providers shall receive a base salary at a rate consistent with the pay grades listed on Appendix 1, as may be amended from time to time. These pay grades have been assigned an Annual wRVU Threshold and a wRVU compensation rate, listed therein, which have been determined through a third party independent fair market valuation. The total cash compensation for employees (i.e., a base salary not to exceed the 50th percentile, bonus and/or productivity compensation) has been determined to be fair market value and commercially reasonable for the services provided. Appendix 1 further sets forth a total cash compensation maximum cap that will not exceed the 75th percentile (or 90th percentile when factors such as shortages or otherwise hard to fill positions justify).

The Annual wRVU Threshold, wRVU compensation rate and maximum cap will be calculated by using a blended average median work RVU data from MGMA's and SullivanCotter's annual surveys for national respondents in the applicable practice specialty. This production incentive payment will be paid quarterly, based on the pro-rated Annual wRVU Threshold. Unless modified by the provisions of this compensation and benefits plan, employees will be granted the same benefits provided through the Human Resources Policies and Procedures Manual.

The Annual wRVU Threshold and wRVU compensation rates shall be re-evaluated on a bi-annual basis consistent with the methodology set forth above.

Productivity Compensation:

After such time as the Annual wRVU Threshold has been met, Provider will receive certain productivity compensation for personally-performed wRVU above the Annual wRVU Threshold, subject to the applicable maximum. Productivity compensation shall be paid quarterly, in the subsequent month following the quarterly calculation and then in accordance with the customary payroll practices of UMC. Appendix 1 sets forth the rate for the wRVU productivity compensation amount that will be paid above the Annual wRVU Threshold. All terms and conditions of the Provider's employment contract shall apply with respect to productivity compensation, including but not limited to terms related to Provider's failure to meet his or her Annual wRVU Threshold. Providers must be employed at the time of payout to receive his/her bonus.

Appeal: Any employee who has a dispute regarding his or her productivity compensation may forward in writing an appeal within thirty (30) days from receipt and/or determination of said compensation to the Chief Operating Officer, or his or her designee. The appeal will be reviewed by the COO and a recommendation presented to the Chief Human Resources Officer.

The decision of the Chief Operating Officer and Chief Human Resources Officer is final.

Annual Quality Incentive Bonus:

Quality metrics are established and set forth in the Provider's employment agreement. Physicians can earn up to \$20,000 annually as a quality bonus incentive. Nurse practitioners and physician assistants can earn up to \$10,000 annually for a quality incentive bonus.

On-Call Trauma Coverage:

Physicians who provide on-call coverage to the Level 1 trauma center, may receive additional shift compensation over and above a pre-determined amount consistent with the employee's contract for employment.

Annual Evaluations:

Employee performance will be evaluated on an annual basis. The annual evaluation cycle shall be based on fiscal year (July 1 - June 30). All Productivity Plan employees shall have a common review date of September 1st unless otherwise established by the CEO.

Work Schedules:

All Physicians, Nurse Practitioners and Physician Assistants are salaried, exempt employees. Work schedules are determined based on a designated Full Time Equivalent (FTE) status. Employees designated as less than a 1.0 FTE are eligible for salary and benefits prorated based on FTE status. Employees are expected to be available to work their full, designated FTE status. Each employed physician will also be provided a Clinical FTE (CFTE) status in his or her employment contract, which shall designate the dedicated time spent providing his or her professional services. The difference between a physician's CFTE status and the FTE shall be utilized on administrative and/or teaching time, and the Annual wRVU Threshold shall be prorated accordingly.

~~Consolidated Annual Leave (CAL):~~

~~CAL provides employees paid leave for purposes of holidays, vacation time, sick time, and/or time off for personal and family matters. All CAL taken must be approved by the appropriate Medical Director or c-suite leader.~~

~~Accrual: Eligible employees shall accrue CAL at the following rates based on full-time employment. Accruals are pro-rated for part-time service.~~

Length of Service	Rate of Accrual (full-time employee)
0-90 days	3.08 hrs/pay period
91 days-12 months	5.28 hrs/pay period
13 months-48 months	8.31 hrs/pay period
49 months-108 months	9.85 hrs/pay period
109 months and over	11.39 hrs/pay period

~~Upon completion of the 90th day of employment, the employee's CAL Bank will be credited with an additional twelve (12) hours. Upon completion of the twelfth month of employment, the employee's CAL Bank will be credited with an additional 80 hours.~~

~~CAL may not be accumulated to exceed 320 hours as of the employee's anniversary date. The rules governing the use of CAL time shall be consistent with those set forth by Human Resources Policies and Procedures.~~

Consolidated Annual Leave (CAL) / Administrative Leave Days (ALDs):

The Chief Executive Officer (or designee) shall determine if a Physician Provider classification covered by this Compensation & Benefits Plan will:

- 1. Accrue CAL in accordance with the hospital's standard human resources policies & procedures; or**
- 2. Participate in the ALD program as defined below.**

Physicians

Physician Providers in a classification designated to participate in the ALD program will not accrue CAL as set forth in the hospital's human resources policies and procedures. Instead, each part-time or full-time Physician Provider shall receive Administrative Leave Days (ALDs). Appropriate use of ALDs include sick days, holidays, and leave of absences. ALDs do not roll over year to year, may not be converted to compensation, nor are they paid out upon separation of employment. Requests to use ALDs shall be submitted to the ~~Medical Director~~ Chief Operating Officer (or designee) over the service line.

ALDs will be awarded upon hire or designation of the classification, and thereafter each January 1st of the following calendar year. Employees designated under this Plan will receive ALDs as follows:

<u>Employment Status</u>	<u># of ALDs</u>
<u>Part-Time</u>	<u>15</u>
<u>Full-Time</u>	<u>30</u>

Employee's time-off may differ in accordance with his or her at-will employment agreement. Physician Providers accruing CAL in a classification that is later designated to receive ALD instead of CAL will retain any accrued CAL time, and will be required to exhaust such time prior to use of any ALDs. Previously accrued CAL may not be converted to compensation, nor is it paid out upon separation of employment.

Non-Physician Providers

Full & part time Non-Physician Providers under this Compensation Plan will continue to accrue and use CAL consistent with the hospital's Human Resources Policies and Procedures.

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Extended Illness Bank (EIB):

The rules governing the use of EIB leave time shall be consistent with those set forth by Human Resource Policies and Procedures.

Miscellaneous Leaves:

Miscellaneous Leaves such as jury/court duty, military leave, bereavement leave, family leave, etc. shall be administered in accordance with Human Resources Policies and Procedures.

Group Insurance:

UMC provides medical, dental and life insurance to all employees covered by this plan. To be eligible for group insurance, an employee must occupy a regular budgeted position and work the required hours to meet the necessary qualifying periods associated with the insurance program.

Employees will have deducted each pay period an approved amount from their compensation for employee insurance, or other elected coverages. Amounts are determined by UMC and approved by the UMC Governing Board. Rules governing the application and administration of insurance benefits shall be consistent with those set forth by Human Resource Policies and Procedures.

Retirement:

Employees are covered by the Nevada Public Employees Retirement System. UMC pays the employee's portion of the retirement contribution under the employer-pay contribution plan in the manner provided for by NRS Chapter 286. Any increases in the percentage rate of the retirement contribution above the rate set forth in NRS 286.421 on May 19, 1975, [shall/may] be borne equally by UMC and the employee in the manner provided by NRS 286.421. Any decrease in the percentage rate of the retirement contribution [will/may] result in a corresponding increase to each employee's base pay equal to one half (1/2) of the decrease. Any such increase in pay will be effective from the date the decrease in the percentage rate of the retirement contribution becomes effective. Retirement contribution does not include any payment for the purchase of previous credit service on behalf of any employee.

Continuing Medical Education (CME):

UMC will pay a \$2,500 CME stipend (Stipend), less appropriate withholdings each January for qualified employee upon the employee's execution of UMC's CME Stipend Attestation form. To qualify for the Stipend, the employee must be in an eligible classification ~~and successfully pass their probationary period before January 1st prior to the issuance of the Stipend.~~ The Stipend is available to a UMC employed licensed independent provider including, but not limited to, physician, nurse practitioner, physician assistant, and dentist. At its sole discretion, UMC may identify other independent providers that qualify for the Stipend.

All training, travel and lodging must be pre-approved by the Chief Operating Officer, Medical Director and such other person(s) as may be required by the COO and Medical Director pursuant to the hospital's training and travel policy.

In the event an employee is on leave or FMLA, the employee is not eligible to take CME.

Conflict of Interest:

Physicians are expected to comply with applicable Medicare and Medicaid and other applicable federal, state and/or local laws and regulations, as-well-as, hospital policies and procedures and Medical and Dental Staff Bylaws. In so doing, it is emphasized that each employee must refrain from using his/her position as a UMC employee to secure personal gain and/or endorse any particular product or service. This includes seeking or accepting additional employment or ownership in a business outside UMC that represents a conflict of interest as defined in the Ethical Standards Policy.

The referral of patients to individuals or practices which compete with or do not support UMC is considered a conflict of interest. However, it is understood that patients have the right to choose where to be referred upon full disclosure by the attending physician of all relevant information. All referrals must go through the UMC Referral Office where they will be processed accordingly.

All other provisions of the conflict of interest policy shall be as defined and described in the Human Resources Policy and Procedures Manual titled Ethical Standards and the UMC Medical and Dental Staff Bylaws.

Professional Standards:

Quality and safe patient care and the highest professional standards are the major goals of UMC and its facilities. To that end, UMC agrees to make every reasonable effort to provide a work environment that is conducive to allow employees to maintain a professional standard of quality, safe patient care, and patient confidentiality. Employees shall be required to conduct themselves in a professional manner at all times.

UMC is a teaching facility. To that extent, physician employees may be required to supervise or co-sign medical records for mid-level providers or residents who are in a recognized residency program, such as the UNLV School of Medicine Residency Program.

UMC shall provide interpretive services in designated exam rooms. Physician employees are required to use the interpretive services provided through UMC.

No Physician employee shall unreasonably and without good cause fail to provide care to patients. Any patient complaint received in writing shall be administered pursuant to UMC Administrative Policy, as modified from time to time. The employee shall be required to meet with the Patient Advocate and/or the Medical Director so that a response, if any, may be prepared. The affected employee shall receive a copy of any written response. If any discipline is administered, just cause standards and the appropriate sections of the Human Resources Policies and Procedures Manual shall apply.

All Physicians will follow the UMC Code of Conduct for Corporate Compliance. This includes completing a Medicare Enrollment Application – Reassignment of Medicare Benefits (CMS-855R) form.

UMC is an equal opportunity employer and will not tolerate discrimination on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, and/or genetic information in employment. In accordance with state and federal laws, the UMC Governing Board is committed to an Equal Opportunity, Affirmative Action and Sexual Harassment Policy to prohibit unlawful discrimination.

Pursuant to Nevada Revised Statutes Chapter 41, UMC will indemnify an employee whose acts or omissions are within the course and scope of his or her employment and will thereafter continue to cover (without cost to the employee) and provide each employee with a statement of indemnification and certificate of insurance issued by UMC, as needed as evidence of insurance coverage provided for all employees under the hospital's self-funded insurance policy. As such, each employee is covered for professional liability and general liability purposes, in accordance with Chapter 41 of the Nevada Revised Statutes, by the certificate of insurance and statement of indemnification.

Appendix 1 *

Pay Grades and Annual wRVU Threshold

Position	Base Salary Range	wRVU Threshold	wRVU Rate	Max TCC
SPECIALTY – ORTHOPEDICS				
<i>Experienced/Board Certified</i>				
Trauma Surgeon	\$510,016 - \$600,017.60	9,081	\$73.46	\$930,000
Ortho Specialty	\$476,008 - \$560,019.20	10,639	\$67.31	\$930,000
Ortho – Medical	\$246,500.80 - \$290,014.40	6,579	\$56.54	\$572,000
<i>Board Eligible</i>				
Trauma Surgeon	\$408,012.80 - \$480,001.60	7,265	\$73.46	\$930,000
Ortho Specialty	\$380,806.40 - \$448,011.20	8,511	\$67.31	\$930,000
Ortho – Medical	\$197,204.80 - \$232,003.20	5,263	\$56.54	\$572,000
NP/PA	\$93,516.80 - \$110,011.20	1,964	\$65.16	\$145,000
SPECIALTY – CARDIO VASCULAR				
<i>Experienced/Board Certified</i>				
CVT Surgeon	\$609,502.40 - \$717,704.00	9,426	\$73.62	\$1,060,000
Vascular	\$462,009.60 - \$543,400.00	8,998	\$59.35	\$815,000
<i>Board Eligible</i>				
CVT Surgeon	\$488,009.60 - \$574,017.60	7,541	\$73.62	\$1,060,000
Vascular	\$370,011.20 - \$435,011.20	7,198	\$59.35	\$815,000
NP/PA	\$120,515.20 - \$142,001.60	2,084	\$58.19	\$183,500
SPECIALTY – NEURO				
<i>Experienced/Board Certified</i>				
Neurosurgeon	\$571,209.60 - \$672,006.40	9,740	\$84.22	\$1,035,000
<i>Board Eligible</i>				
Neurosurgeon	\$457,308.80 - \$538,012.80	8,000	\$84.22	\$1,035,000
NP/PA	\$96,907.20 - \$114,004.80	1,534	\$80.06	\$145,000

**Appendix 1 may be amended from time to time, with Board approval, to reflect new employment physician specialties based upon wRVU rates and Annual wRVU Thresholds that are consistent with the terms of this Productivity Plan.*

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Primary and Urgent Care Physician and Non-Physician Provider Compensation and Benefits Plan	Back-up:
Petitioner: Ricky Russell, Chief Human Resources Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee review and recommend for approval by the UMC Governing Board the amended Primary and Urgent Care Physician and Non-Physician Provider Compensation and Benefits Plan; and take action as deemed appropriate. (<i>For possible action</i>)	

FISCAL IMPACT:

Unknown

BACKGROUND:

UMC is proposing to make the following change to the Primary and Urgent Care Physician and Non-Physician Provider Compensation and Benefits Plan:

Page 3:

- Change quarterly not to exceed amounts to reflect new incentive plan for Quick Care
- Clarify language regarding supervision of non-physician providers stipend
- Added non-physician provider under minimum performance threshold

Page 6-7

- Replaced CME language with new CME Stipend process language

Page 10-13

- Strike existing Quick Care Incentive Language and replace with new chart on page 13

[Type here]

Cleared for Agenda
May 2, 2023

Agenda Item #

UNIVERSITY MEDICAL CENTER

PRIMARY AND URGENT CARE PHYSICIAN AND NON-PHYSICIAN PROVIDER COMPENSATION AND BENEFITS PLAN

July 1, 2023

Mason VanHouweling - Chief Executive Officer

UNIVERSITY MEDICAL CENTER PRIMARY AND URGENT CARE PHYSICIANS AND NON-PHYSICIAN PROVIDER COMPENSATION AND BENEFITS PLAN

Plan Document and Employees Covered:

This plan document identifies the compensation and benefits structure for Physician employees in the following classifications:

- Primary Care Physician
- Urgent Care Physician
- Nurse Practitioner
- Physician Assistant

Such employees will be referred to as "employee" or "employees" in this document. This document replaces any and all previous communications regarding Physician and Mid-Level compensation and benefits.

University Medical Center retains the rights to add, modify, or eliminate any compensation or benefit contained within this plan document with the final approval of the UMC Governing Board. This document is not to be construed as a contract between UMC and any employee covered by the terms and conditions stated herein.

Fair Labor Standards Act (FLSA) Exemption:

Employees covered by this plan document are not authorized overtime compensation under the FLSA due to their professional exemption.

New Hires:

Employees hired into the Physician and Non-Physician Provider Compensation and Benefits Plan from outside UMC employment shall normally serve a six (6) month probationary period. An additional six (6) month extension may be required based on the results of the six (6) month probationary review. Newly hired employees may be eligible for a sign-on bonus.

Per Diem Employees:

Per diem employees (Physicians, Nurse Practitioners and Physician Assistants in Urgent Care only) receive payment for shifts or partial shifts worked only. Per diem employees are not eligible to receive benefits or bonuses under this compensation plan.

Compensation and Benefits:

Salary Adjustments: Salary adjustments within a given grade and range may be approved and modified by the Chief Executive Officer (CEO). Total compensation for employees (sign on bonus, salary, incentive bonus) will not exceed fair market value for service providers.

UMC reserves the right to adjust the compensation within a given salary range and grade based on market information or other justifications approved by the UMC CEO. Human Resources will perform a review of market information as needed and make any necessary recommendations to the CEO.

Unless modified by the provisions of this compensation and benefits plan, employees will be granted the same benefits provided through the Human Resources Policies and Procedures Manual.

Annual Evaluations and Salary Increases:

Employees shall be eligible for merit salary adjustment(s) at the sole discretion of the CEO or his/her designee. Merit salary adjustment(s) shall be at the discretion of the CEO and the merit adjustment shall not cause the employee's salary to exceed the top of the salary range. The total amount available for salary adjustments shall be established annually as part of the normal budgetary process.

Merit increases shall be based on an annual evaluation cycle.

The annual evaluation cycle shall be based on fiscal year (July 1 - June 30). All Physician and Mid-Level Compensation Plan employees shall have a common merit review date of September 1st unless otherwise established by the CEO.

Work Schedules and Bonus Eligibility:

Work schedules are determined based on a designated Full Time Equivalent (FTE) status. Employees designated as less than a 1.0 FTE are eligible for salary and benefits prorated based on FTE status. Employees are expected to be available to work their full, designated FTE status.

Primary Care Physicians, Nurse Practitioners and Physician Assistants are salaried, exempt employees. Employees may be provided additional compensation for working additional shifts or partial shifts in Urgent Care as needed and approved by the Medical Director. Additional time worked cannot be during their scheduled work hours in Primary Care. Employees will be held to the Urgent Care minimum threshold if working shifts in Urgent Care but will not be eligible for any Urgent Care bonuses. Primary Care Physicians, Nurse Practitioners and Physician Assistants are eligible for the Primary Care Incentive Pay listed in Appendix A.

Urgent Care Physicians, Nurse Practitioners and Physician Assistants are hourly, exempt employees. Employees may be provided additional compensation for working additional shifts or partial shifts in Urgent Care as needed and approved by their Medical Director. For additional hours worked, these employees will be paid their regular hourly rate and are not entitled overtime compensation. Urgent Care Physicians, Nurse Practitioners, and Physician Assistants are eligible for the Urgent Care Incentive Pay listed in Appendix A.

Performance Based Incentives:

Employees must complete at least three (3) months employment following the completion of probation to qualify for the first incentive bonus. Bonuses are issued on a quarterly basis not to exceed ~~\$10,000 (Primary Care Physician)~~, ~~\$15,000 (Quick Care Physician)~~ and ~~\$7,500 (Mid-Level)~~ each quarter of the year. Appendix A establishes the criteria and weighting to reward employee performance. Providers must be employed at the time of payout to receive his/her bonus.

Workload Credit: Providers will be given workload credit only as the primary caregiver for personally performed services. For example, physicians who supervise non-physician providers will NOT receive workload credit for that patient's care. That patient's workload credit belongs to the provider delivering that primary care. Appeal: Any employee who has a dispute regarding their incentive pay may forward in writing an appeal within thirty (30) days from receipt of the incentive pay to the Chief Operating Officer, or his or her designee. The appeal will be reviewed by the COO and a recommendation presented to the Chief Human Resources Officer.

The decision of the Chief Operating Officer and Chief Human Resources Officer is final.

Supervision of Non-Physician Provider Stipend:

An ~~eligible Physician employee~~ will receive a \$1,000 per month ~~stipend (less appropriate withholdings)~~ per 1.0 FTE ~~stipend~~ when a non-physician provider is working under ~~their his/her~~ supervision. ~~Those supervising~~ Supervision of a Non-Physician Provider of less than a 1.0 FTE will ~~receive be provided~~ a stipend of \$100 for each 0.1 FTE. The supervisory stipend will not exceed \$1,000 per month, per physician.

Minimum Performance Threshold:

Primary Care Physicians & Non-Physician Providers will be subject to disciplinary action for any two consecutive pay periods the employee fails to meet the minimum threshold. Employees falling below a performance threshold of an average 18 patients per fully

scheduled clinic day for any six pay periods in the previous 12-month period (rolling 12 months) will be subject to discipline, up to and including termination.

Urgent Care Physicians & [Non-Physician Providers](#) will be subject to disciplinary action for any two consecutive pay periods where the employee fails to meet the minimum threshold. Employees falling below a performance threshold of an average of 2.5 visits per hour for any six pay periods in the previous 12-month period (rolling 12 months) will be subject to discipline up to and including termination.

Longevity:

Employees hired on or after July 17, 2004, are not eligible for longevity pay. The following applies only to employees hired before July 17, 2004.

Periods of regular full-time employment and regular part-time employment with UMC shall be considered as creditable service for the purpose of computing longevity eligibility. All previous full-time or part-time employment that was terminated under honorable conditions, provided that no more than six (6) months lapsed between any periods of separation and re-entering UMC employment, will be considered creditable service. Any period in which an employee, while employed by UMC, is called into the active military service of the United States Armed Forces involuntarily will be considered as creditable service for compensation of longevity pay.

Employees shall be eligible for longevity pay after completion of eight (8) years of creditable service.

The longevity payment shall be paid annually, in a lump sum amount, during the first pay period following the employee's anniversary hire date, as adjusted for below condition where applicable. Longevity payments shall be prorated from the anniversary hire date, as adjusted, for eligible employees separated for any reason.

Longevity rates for eligible full-time and part time employees shall be paid at the rate of .57 of 1% of the base salary.

Any period that an employee is on any leave of absence without pay for more than thirty (30) calendar days will be deducted from the creditable service for longevity pay regardless of the reason for the unpaid leave period, except for approved Family and Medical Leave (FMLA).

Consolidated Annual Leave (CAL):

CAL provides employees paid leave for purposes of holidays, vacation time, sick time, and/or time off for personal and family matters. All CAL taken must be approved by the appropriate Medical Director.

Accrual: Eligible employees shall accrue CAL at the following rates based on full-time employment. Accruals are pro-rated for part-time service.

Length of Service	Rate of Accrual (full-time employee)
0-90 days	3.08 hrs/pay period
91 days – 12 months	5.28 hrs/pay period
13 months – 48 months	8.31 hrs/pay period
49 months – 108 months	9.85 hrs/pay period
109 months and over	11.39 hrs/pay period

Upon completion of the 90th day of employment, the employee's CAL Bank will be credited with an additional twelve (12) hours. Upon completion of the twelfth month of employment, the employee's CAL Bank will be credited with an additional 80 hours.

CAL may not be accumulated to exceed 320 hours as of the employee's anniversary date. The rules governing the use of CAL time shall be consistent with those set forth by Human Resources Policies and Procedures.

Extended Illness Bank (EIB):

The rules governing the use of EIB leave time shall be consistent with those set forth by Human Resource Policies and Procedures.

Miscellaneous Leaves:

Miscellaneous Leaves such as jury/court duty, military leave, bereavement leave, family leave, etc. shall be administered in accordance with Human Resources Policies and Procedures.

Group Insurance:

UMC provides medical, dental and life insurance to all employees covered by this plan. To be eligible for group insurance, an employee must occupy a regular budgeted position and work the required hours to meet the necessary qualifying periods associated with the insurance program.

Employees will have deducted each pay period an approved amount from their compensation for employee insurance, or other elected coverages. Amounts are determined by UMC and approved by the UMC Governing Board. Rules governing the application and administration of insurance benefits shall be consistent with those set forth by Human Resource Policies and Procedures.

Retirement:

Employees are covered by the Nevada Public Employees Retirement System. UMC pays the employee's portion of the retirement contribution under the employer-pay contribution plan in the manner provided for by NRS Chapter 286. Any increases in the percentage rate of the retirement contribution above the rate set forth in NRS 286.421 on May 19, 1975, shall be borne equally by UMC and the employee in the manner provided by NRS 286.421. Any decrease in the percentage rate of the retirement contribution will result in a corresponding

increase to each employee's base pay equal to one half (1/2) of the decrease. Any such increase in pay will be effective from the date the decrease in the percentage rate of the retirement contribution becomes effective. Retirement contribution does not include any payment for the purchase of previous credit service on behalf of any employee.

Emergency Staffing Incentives:

The Chief Executive Officer, at his sole discretion, may implement additional short-term incentives and pay arrangements in the event of staffing emergencies.

Continuing Medical Education (CME):

~~Employees may receive time off and reimbursement for Continuing Medical Education based on the following guidelines:~~

- ~~a. Upon completion of the probationary period, in a full or part time capacity, an employee shall be allowed up to 40 hours of paid education time (as determined by the employee's FTE status) to attend CME courses per calendar year. Such courses shall be for the purpose of obtaining credit toward state license renewal (including courses which improve knowledge, skills, and/or performance as a physician), maintenance of board certification, and/or membership in the society representing the board of certification. Employees may earn and receive payment up to these 40 hours for CME earned at any time, including during times when online CMEs are earned. The 40-hour CME (training) credit may not be exceeded and will not roll over at the end of the fiscal year. Providers attending meetings as required by UMC for educational and administrative training are not provided additional compensation for attending meetings outside of the allocated time for CME.~~
- ~~b. Each hour of pay requested shall be substantiated with documentation of the earned CME hours on a one to one (1:1) basis.~~
- ~~c. An employee shall be reimbursed a maximum of \$2,500 in direct costs related to obtaining CME credits. Direct costs must be accounted for and submitted pursuant to the UMC training and travel policy. The employee must submit all original receipts to substantiate these costs upon completion of the training. Direct costs for attending CME courses include the following:
 - ~~i. cost of course tuition;~~
 - ~~ii. travel expenses (transportation to and from training site, if outside the metropolitan Las Vegas area) the use of a personal vehicle outside Clark County is expressly prohibited;~~
 - ~~iii. lodging expenses incurred to attend non-local courses;~~
 - ~~iv. food expenses incurred (excluding alcohol), not to exceed the maximum allowable limits identified in the hospital's policy when attending a non-local course;~~~~

- ~~v. other reasonable expenses that are documented and pertain to the CME program attended upon pre-approval by the administrative division head.~~

~~All training, travel and lodging must be pre-approved by the Chief Operating Officer, Medical Director and such other person(s) as may be required by the COO and Medical Director pursuant to the hospital's training and travel policy.~~

~~In the event an employee is on leave or FMLA, the employee is not eligible to take CME.~~

UMC will pay a \$2,500 CME stipend (Stipend), less appropriate withholdings each calendar year in January for a qualified employee upon the employee's execution of UMC's CME Stipend Attestation form. The Stipend is available to a UMC employed licensed independent provider including, but not limited to, physician, nurse practitioner, physician assistant, CRNA and dentist. At its sole discretion, UMC may identify other independent providers that qualify for the Stipend. Qualified employees may also request up to 40 hours of paid release time each calendar year to attend CME related activities. Approval of such time is at the sole discretion of UMC leadership.

All training, travel and lodging must be pre-approved by the Chief Operating Officer, Medical Director and such other person(s) as may be required by the COO and Medical Director pursuant to the hospital's training and travel policy. In the event an employee is on leave or FMLA, the employee is not eligible to take CME release time.

Conflict of Interest:

Physicians are expected to comply with applicable Medicare and Medicaid and other applicable federal, state and/or local laws and regulations, as-well-as, hospital policies and procedures and Medical and Dental Staff Bylaws. In so doing, it is emphasized that each employee must refrain from using his/her position as a UMC employee to secure personal gain and/or endorse any particular product or service. This includes seeking or accepting additional employment or ownership in a business outside UMC that represents a conflict of interest as defined in the Ethical Standards Policy.

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All Physicians will follow the UMC Code of Conduct for Corporate Compliance. This includes completing a Medicare Enrollment Application – Reassignment of Medicare Benefits (CMS-855R) form.

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Appendix A

Performance Based Incentive Plan

Incentive bonuses are paid quarterly based on the previous quarter's performance for personally performed services. Quality metrics are established and communicated in writing to physicians on a fiscal year basis. See the below chart for eligibility, criteria, and payment amounts. The CEO may adjust levels of incentive metrics base on changes in aggregate performance. Providers must be employed at the time of payout to receive his/her bonus.

Primary Care Physicians (Maximum Annual Incentive Amount- \$40,000)			
Performance based on Visits			
A. Panel Size Weight 23% of maximum annual amount =\$9,200			
	Panel Size	% of Maximum Annual Amount Quarter	Total \$ Amount Quarter
i.	Less than or equal to 800	0.00%	\$0
ii.	801-925	6.25%	\$575
iii.	926-1,050	12.5%	\$1,150
iv.	1,051-1,999	18.75%	\$1,725
v.	More than or equal to 2,000	25.00%	\$2,300
B. Average Number of Completed Visits Per Day (Weight 38% of maximum annual equals \$15,200)			
i.	Less than or equal to 18	0.00%	\$0
ii.	19-20	6.25%	\$950
iii.	21-23	12.5%	\$1,900
iv.	24-26	18.75%	\$2,850
v.	More than or equal 27	25.00%	\$9,800
Quality (Weight 23% of maximum annual amount equals \$9,200)			
i.	Depression Screening	90%	\$2,300
Citizenship Leadership: Committee Participation (Weight 16% Maximum annual amount equals \$6,400)			
Citizenship/Leadership: Committee Participation (Weight 16% of maximum annual amount equals \$6,400)			
i.	No Participation	0%	\$0
ii.	Yes Participation	25%	\$1,600
Quick Care Physicians (Maximum Annual Incentive Amount \$40,000)			
Performance based on Visits (Weight 61% of maximum annual amount equals \$24,400)			
i.	2.00-2.49	0.00%	\$0
ii.	2.5-2.99	6.25%	\$1,525
iii.	3.00-3.49	12.5%	\$3,050
iv.	3.50-3.99	18.75%	\$4,575
v.	4+	25.00%	\$6,100
Quality (Weight 23% of maximum annual amounts equals \$9,200)			
i.	Depression Screening	90%	\$2,300
Citizenship Leadership: Committee Participation (Weight 16% Maximum annual amounts to \$6,400)			
i.	No Participation	0%	\$0
ii.	Yes Participation	25%	\$1,600

The QC Mid-levels will mirror that of the Physicians capped at \$20,000 using the same 4 measures as the physicians.

- Performance based on volume [Weight at: 40% of Maximum annual amount equals \$8,000]

Patients see per hour	% of Max Annual	Total Amt/Qtr
3.00-3.24	0.00%	\$0
3.25-3.49	6.25%	\$500
3.50-3.74	12.50%	\$1,000
3.75-3.99	18.75%	\$1,500
4.0+	25%	\$2,000

- Composite patient satisfaction [Weight :35% equals \$7,000]

Less than 89	0.00%	\$0
90-91	6.25%	\$437
92-93	12.50%	\$875
94-95	18.75%	\$1,320
Above 96	25%	\$17,500

- Citizenship/leadership [Weight: 10% equals \$2,000]

Participation

No	0.00%	\$0
Yes	25%	\$1,000

- Quality [Weight: 15% equals \$3000]

Number of Metrics Met	Max Annual Amount	Total Qtr/Amt
Antibiotics 40%	1,000	335.00
Ottawa Rules 60%	1,000	335.00
Depression Screening 90%	1,000	335.00

The PC Mid-levels will be capped at \$20,000 using 3 measures as follows: Paid per quarter

- Average Number of completed Visits/day [Weight:40% of maximum annual amount equals \$8000.00]

Less than 10	0.00%	\$0
10	6.25%	\$500
11-12	12.50%	\$1,000
13	18.75%	\$1,480
Above 13	25%	\$2,200

- Composite Patient Satisfaction Score [Weight :40% Of Maximum annual equals \$8,000]

Less than 89	0.00%	\$0
90-91	6.25%	\$500
92-93	12.50%	\$1,000
94-95	18.75%	\$1,480
Above 96	25%	\$2,000

- Citizenship: [Weight :20% equals \$4,000.00]
Participation

No	0.00%	\$0
Yes	25%	\$1,000

Field Code Changed

Quick Care Physicians Incentive Amount \$ 60,000			
A. Performance based on Vists (Weight 40% of maximum annual amount equals \$24,000)			
	Patients seen /hr	Percentage	Total \$ Amt/Qtr
i.	2.00-2.49	0%	\$0
ii.	2.5-2.99	12.50%	\$3,000
iii.	3.00-3.49	18.75%	\$4,500
iv.	3.5 +	25%	\$6,000
B. Quality (Weight 20% of maximum annual amount equals \$12,000)			
i.	Depression Screening	Less than or equal to 90%	\$1,000
ii.	Smoking Cessation	>60%	\$1,000
iii.	Hypertension	>60%	\$1,000
C. Citizenship / Chart Completion (Weight 40% Maximum annual equals \$24,000)			
i.	Meeting Attendance >75%	15%	\$900
ii.	Patient Experience > 85%	15%	\$900
iii.	Availability	30%	\$1,800
iv.	CDI (Chart Completion, Open Charts)	40%	\$2,400
Quick Care Mid-levels capped at \$30,000			
A. Performance based on Vists (Weight 40% of maximum annual amount equals \$12,000)			
	Patients seen /hr	% of Max Annual	Total Amt/Qtr
i.	2.00-2.49	0%	\$0
ii.	2.5-2.99	12.5%	\$1,500
iii.	3.00-3.49	18.75%	\$2,250
iv.	3.50 +	25%	\$3,000
B. Quality (Weight 20% of maximum annual amount equals \$6,000)			
	Depression Screening	Less than or equal to 90%	\$500
	Smoking Cessation	>60%	\$500
	Hypertension	>60%	\$500
C. Citizenship / Chart Completion (Weight 40% Maximum annual equals \$12,000)			
i.	Meeting Attendance >75%	15%	\$450
ii.	Patient Experience > 85%	15%	\$450
iii.	Availability	30%	\$900
iv.	CDI (Chart Completion, Open Charts)	40%	\$1,200

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION
COMMITTEE
AGENDA ITEM**

Issue: Emerging Issues	Back-up:
Petitioner: Ricky Russell, Chief Human Resource Officer	Clerk Ref. #
Recommendation: That the Human Resources and Executive Compensation Committee identify emerging issues to be addressed by staff or by the UMC Governing Board Human Resources and Executive Compensation Committee at future meetings; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
May 2, 2023

Agenda Item #