Strategic Planning Committee

Thursday, April 7, 2022 9:00 am

ProVidence Suite - Trauma Building 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
April 7, 2022, 9:00 a.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 Strategic Planning 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 Strategic Planning Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Strategic Planning 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 Strategic Planning Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Strategic Planning 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 Strategic Planning 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 Strategic Planning Committee meeting on February 3, 2022. *(For possible action)*

3. Approval of Agenda. *(For possible action)*

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*

5. Receive an update regarding Telehealth; and direct staff accordingly. (*For possible action)*

6. Receive an update regarding Technology Strategy; and direct staff accordingly. (*For possible action)*

7. Receive an update regarding the Medical District and Façade progress; and direct staff accordingly. *(For possible action)*

8. Receive an update regarding UMC/UNLV Business Strategy; and direct staff accordingly. (*For possible action)*

SECTION 3: EMERGING ISSUES

9. Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

SECTION 4. CLOSED SESSION

10. Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

COMMENTS BY THE GENERAL PUBLIC

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 STRATEGIC PLANNING 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.

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).

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, February 3, 2022
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:00 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Harry Hagerty, Chair
Dr. Mackay
Robyn Caspersen (Via WebEx)
Mary Lynn Palenik (Via WebEx)
Renee Franklin (Via WebEx)

Absent:
Christian Haase

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer (via telephone)
Chris Jones, Executive Director of Support Services
Shana Tello, Academic and External Affairs Administrator
Dr. Marc Kahn, Dean of the Kirk Kerkorian School of Medicine (Via WebEx)
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Hagerty asked if there were any persons present in the audience wishing to be heard on any item on this agenda. No such comments were heard.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on December 2, 2021. *(For possible action)*

FINAL ACTION: A motion was made by Member Mackay that the minutes be approved as presented. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

FINAL ACTION: A motion was made by Member Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- Service Line Update

DISCUSSION:

Tony Marinello, Chief Operating Officer, began the discussion regarding the service line update. He made the Committee aware that he Market Share information from Intellimed was not available to present at this meeting.

Chair Hagerty asked Mr. Jones what was the time period represented in the P&L dashboard and also asked if the comparison presented moving forward could be shown year over year, as well as actual vs. budget, in order to provide a proper seasonal comparison of data. Staff confirmed that the period of time represented on the P&L dashboard covers Q1 of 2022.

Chris Jones, Executive Director of Support Services, reviewed the Service Line Updates for general surgery, orthopedics, cardiology, oncology and ambulatory.

The Service Line P&L data showed that the major financial classes was led by Medicaid, followed by Medicare. In inpatient services, Children's Hospital dominated the number of cases by service line with 18% followed by Women's Services and General Surgery. Children's Hospital held 5.3% of net revenue.

In outpatient services, the number of cases by financial class was led by commercial with 35.19%, followed by Medicaid and self-pay. The highest percentage by number of cases and net revenue were in ambulatory at quick care and primary care locations.

Chair Hagerty asked for clarification as to what the miscellaneous services were that were noted on the slide.

Mr. Jones pointed out that there was a 5% price increase in charges in all of the service lines presented. Surgery costs are up primarily due to an increase in premium pay in labor costs and an increase transplants. A discussion ensued regarding the Medicaid reimbursement rates associated with implants. It was suggested that staff investigate the Medicaid volume in the market share.

Inpatient surgery shows that volumes were down but charges, total revenue and costs are up. Outpatient volumes are up, as well as total charges, net revenue and costs. Contribution margins and percentages are down.

General surgery inpatient volumes, charges and net revenue are down. Transplants are up by 5 cases over Q4. Charges, total net revenue and contribution margin are up.

Mr. Marinello next provided the service line operational updates and capital investment plans, strategic next steps, as well as the technology strategies that are set to go-live.

Chair Hagerty asked about the ability to maximize efficiencies with surgery rooms, block times and staffing and realign the volume to satisfy the demand.

Member Franklin commented on the strategic next steps with costs and labor and how they relate to service recovery and maximizing staffing opportunities when there are delayed surgeries.

Next, Chris Jones, reviewed the Service Line Updates for orthopedics, inpatient and outpatient statistics. Volumes and costs were affected due to the pause in inpatient and outpatient orthopedic surgeries. Surgery volumes are now back up to 50%.

Mr. Marinello next highlighted the Integrative Joint Program, enhancements in expense and revenue controls and strategic next steps which included new website and brochure for all robotics; to date there have been 68 procedures performed with the Rosa robot. The tech strategy includes the Intrados Real time texting notifications. Anticipated potential for go-live is February 28, 2022.

In Cardiology, there has been a slight increase in the services. Medicare is up slightly and Medicaid is down. Inpatient shows cases are down slightly. Costs are down and contribution margins have increased. Outpatient volumes were up slightly.

In the service line update, Mr. Marinello stated that the EP equipment was installed in December and Cryo hardware is operational. Capital investments were reviewed, along with revenue enhancements with the Cath lab, strategic next steps to promote the EP service line and implementation of the telehealth consultations. He added that TAVRs, which is a less invasive heart procedure, could be a standard of care for the future as technology evolves.

Chair Hagerty stated that he hopes that TAVRs will be a trend that is likely to grow. The conversation continued regarding this subject matter.

In ambulatory, there have been record volumes. Trended volumes year over year were shown for quick cares and primary cares. Mr. Van Houweling added that this is an area that we want to grow with UNLV strategically. There was an extensive discussion regarding the timing in booking the revenue per case.

Service line updates include operational updates regarding the UMC Express Care at the airport, clinic refreshes, primary care recruitments and extending hours at quick care locations. Revenue enhancements for quick cares, the TCM program, staff education and Experian Health implementation were also discussed. Strategic next steps include provider staffing realignment. In

technology, strategies in the telemedicine service line and system enhancement with BlueTree were mentioned.

Next, in oncology, the service line is looking good as a whole and volumes are up. Costs are up and the contribution margin is up. Inpatient, oncology volumes are down, but the charges and costs, as well as contribution margin dollars are up. On outpatient – total net revenue is down and costs are up. Contribution dollars are down and the percentages is down.

Dean Kahn mentioned there is no infusion center and there are discussions taking place to remedy this. He added that an infusion center will drive down costs. Mr. Marinello added that we need the physician expertise to build and grow this service line.

Mr. Marinello next reviewed the oncology service line with updates in operations, revenue enhancement, strategic next steps and technology.

The Children's Hospital is doing well quarter over quarter. Peds volume is up. Inpatient volumes, revenue and costs and margins are up. Contribution margin in dollars are up significantly.

The operational update highlights the newborn nursery service led by 2 NP's and the NICU refresh is complete. The Pediatrics Charge Revenue was postponed but is resuming. Next steps include discussions regarding dedicated anesthesia for pediatrics and telemedicine and E-Consults.

Women's services volumes continue to climb. The costs are up with volume, but the contribution margin is better. Women's services are highly Medicaid driven. Inpatient and outpatient service line P&L dashboards were discussed. Mr. Marinello gave a review of the service line update.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding Telehealth implementation; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
-PowerPoint Presentation

DISCUSSION:

Mr. Marinello provided a brief overview on telemedicine.

UMC Online Care went live on Tuesday, January 18, 2022. The brand is UMC Online Care. There was a soft launch with patients at Quick Care locations. The operation is 24/7 and to date, there have been 60 visits.

Chair Hagerty asked what the capacity per hour for this service and how quickly can providers be added to fill demand. Mr. Marinello stated that it is approximately 4 encounters per hour per provider. There are 4 providers.

There was a lot of discussion regarding the service that will be provided. The strategic next steps will be to advertise to all employees and then to the general public, enhance primary care and start to build specialty consultants in March 2022.

FINAL ACTION TAKEN:

Non taken.

ITEM NO. 6 Receive an and update on the FY23 Budget Planning; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

DISCUSSION:

Jennifer Wakem, CFO provided a short update. She made the Committee aware that the 2023 budget process will be starting. The expectation is to have the service line directors work with finance on any initiatives that come out of the hospital committee meetings. A proforma will be built based on the outcomes of the committee discussions.

Chair Hagerty provided suggestions on how to structure the budget for FY2023.

FINAL ACTION TAKEN:

No action taken

ITEM NO. 7 Receive an update on FY22 CEO Goals; and direct staff accordingly. (*For possible action)*

DOCUMENT SUBMITTED:
- PowerPoint Presentation

1. Continue to play a leading role in the development of the Las Vegas Medical District. This goal has been met.
2. Improve Focused Six Service Lines financial outcomes and next steps (identify and enhance existing strategic service line initiatives and incorporate into 5-year financial plan utilizes Proforma). This goal still has opportunity for improvement. Mr. Marinello anticipates a turn around on performance.
3. Expand upon the fie-year financial plan for UMC Enterprise to include consolidated income statement, cash flow statement and facility wide capital plan. The plan will be detailed down to the service line level and, within service lines will forecast volumes, revenue and expenses by sub service line. Ms. Wakem anticipates that this goal will be met. Key initiatives received from the service lines will help build a proforma and a long range planning module in Kaufman Hall that can assist in achieving this goal.

4. Align UMC/UNLV strategic initiatives. Mr. Marinello states that leadership has been working together to achieve this goal and he provided examples of some of the collaborative actions taking place.

FINAL ACTION TAKEN: No action taken

ITEM NO. 8 Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

Mr. Marinello began with a high level overview of the of strategic opportunities between the hospital and the school. He mentioned the combining of the Aliante Quick Care and Peds Clinic, the PFT collaboration and the continuing oncology discussions.

Dean Kahn discussed the success of the UMC/UNLV leadership meeting held last week. They are in the process of hiring several rheumatologists. He also mentioned that there needs to be more discussions regarding stroke care.

Mr. Van Houweling highlighted the hospital and school are working together on several lease and provider agreements together.

Chair Hagerty suggested that a detailed list be provided of some of the collaborative projects taking place, timelines, deliverables, as well as what has been accomplished. He would like to see it by the end of the fiscal year.

Dean Kahn also mentioned how the school and the hospital are working together to increase the GME resident positions.

Shana Tello, Academic and External Affairs Administrator, also listed some of the other items that are being worked on jointly.

ITEM NO. 9 Receive an update regarding the Medical District and Façade progress; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:

Ms. Tello provided a timeline of the progress with the Medical District and Façade projects.
- Façade project – The site walk took place on January 27th, there were 13 respondents. Details of the next steps were provided.
- Medical District Update - UMC is the healthcare leader in the healthcare district. A meeting is planned with the project management consultant with regards to the upgrades within the District, as well as the Shadow Lane and Wellness southeast corner. There will be discussions also regarding the industry needs and community needs. Impacts to traffic into UMC was provided.
-

SECTION 3: EMERGING ISSUES

ITEM NO. 10 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

DISCUSSION:

1. Anchor tenants –
   What does the hospital of the future look like, where is the provision of healthcare going, and what are the services that may be needed in the next decade?
2. How does technology impact the future of the medical district and competitive setting in the future?

FINAL ACTION TAKEN:
No action taken

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called for prior to going into closed session. No such comments were heard.

There being no further business to come before the committee this time, at the hour of 10:59 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **UMC Service Line Performance Overview**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Governing Board Strategic Planning Committee receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding UMC's Service Line Performance data.

Cleared for Agenda
April 7, 2022

Agenda Item #

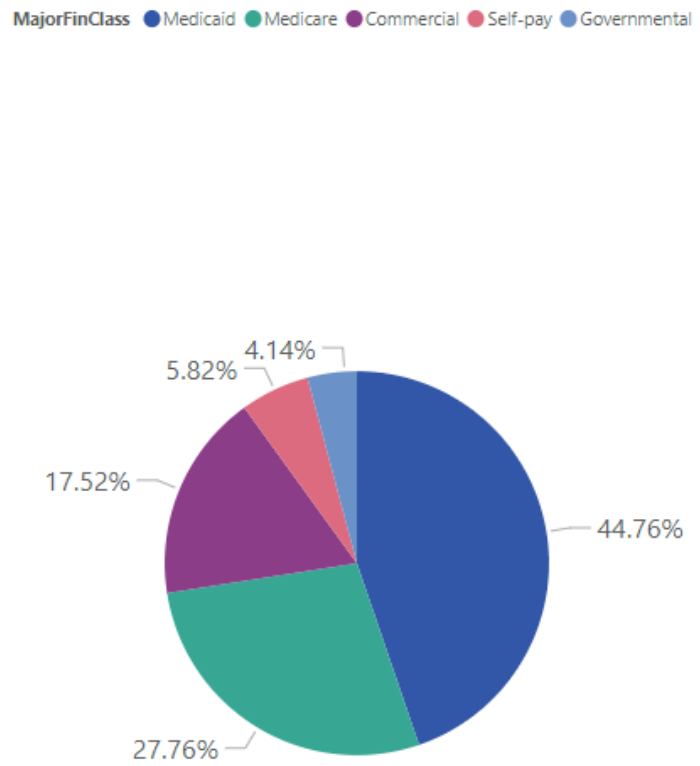
4

Strategy Committee
Service Line Update
April 7, 2022

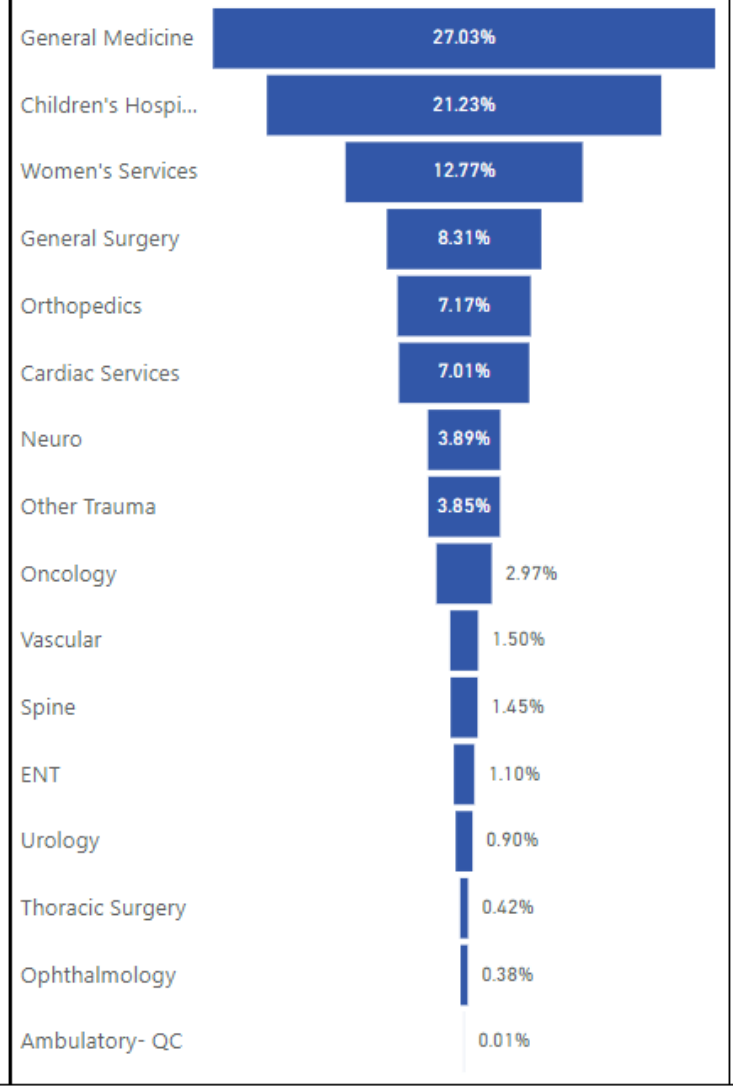
Service Line P&L Dashboard

All IP- Service Line and Payor Mix (FY 2022 Q1Q2)

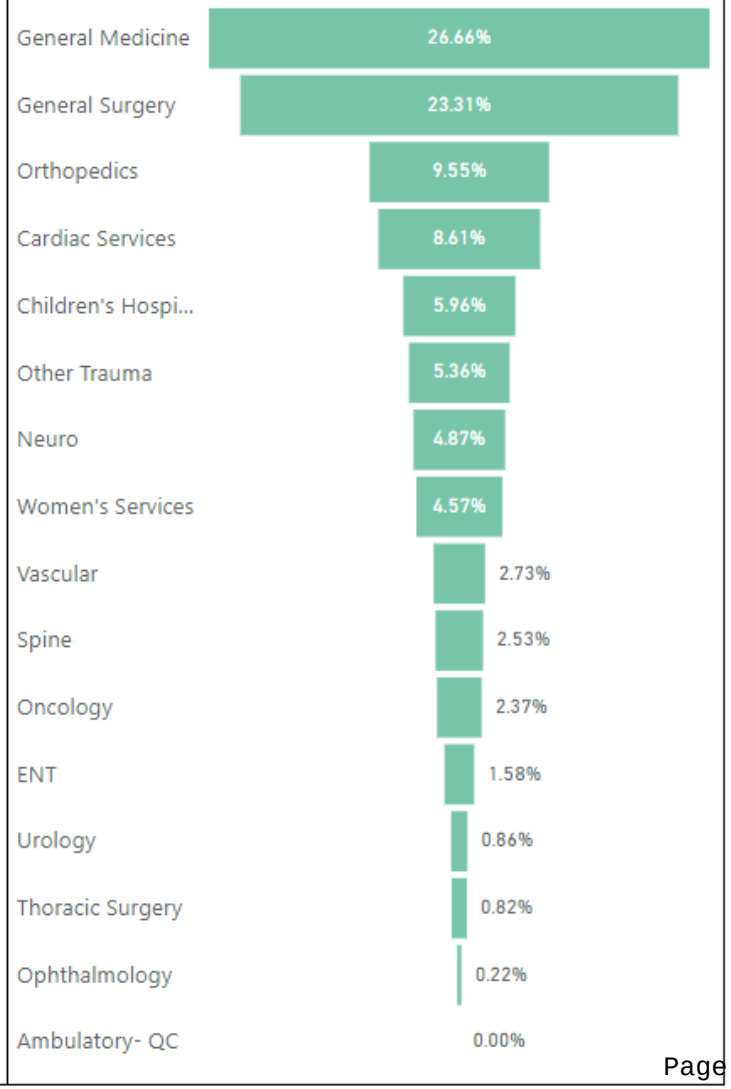
Cases by MajorFinClass



% by # of Cases



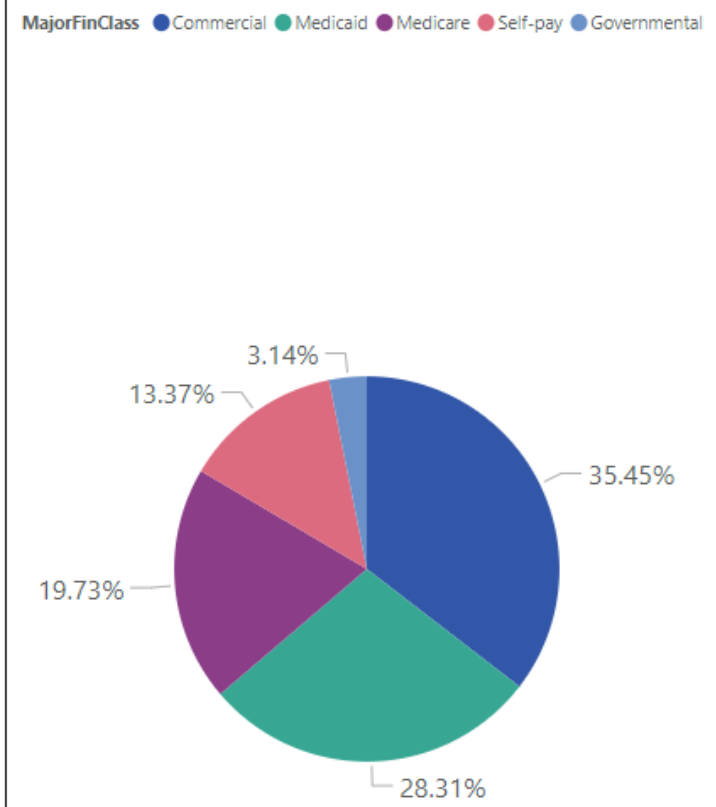
% by Net Revenue



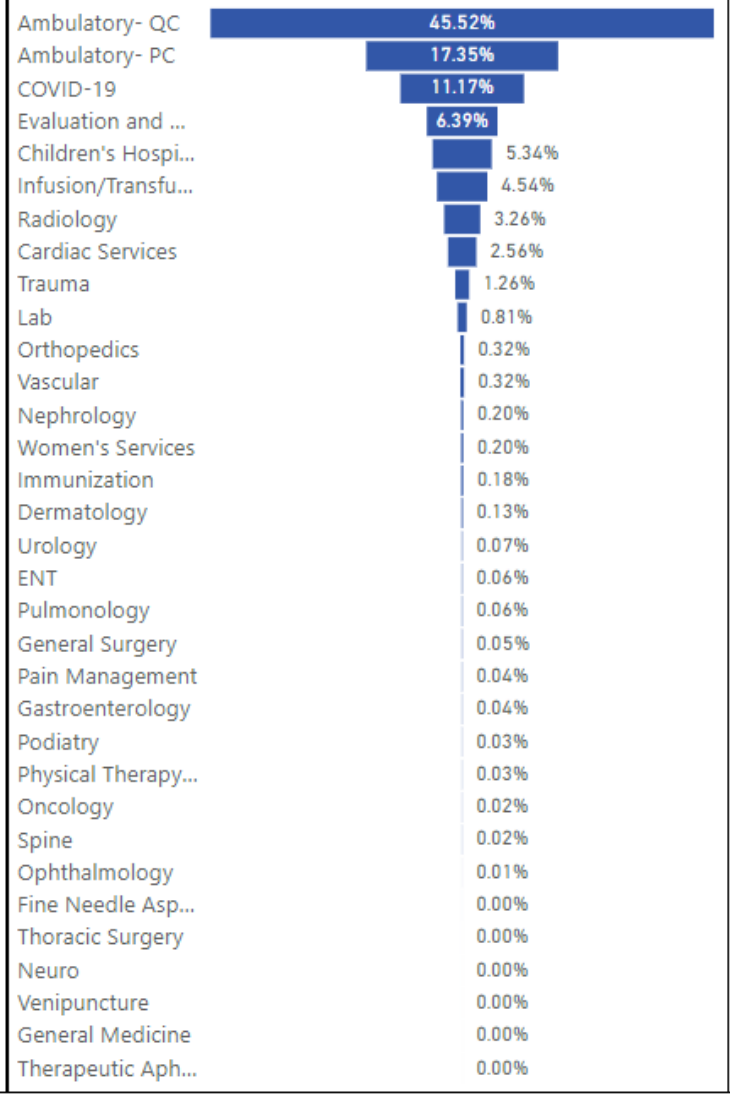
Service Line P&L Dashboard

All OP- Service Line and Payor Mix (FY 2022 Q1Q2)

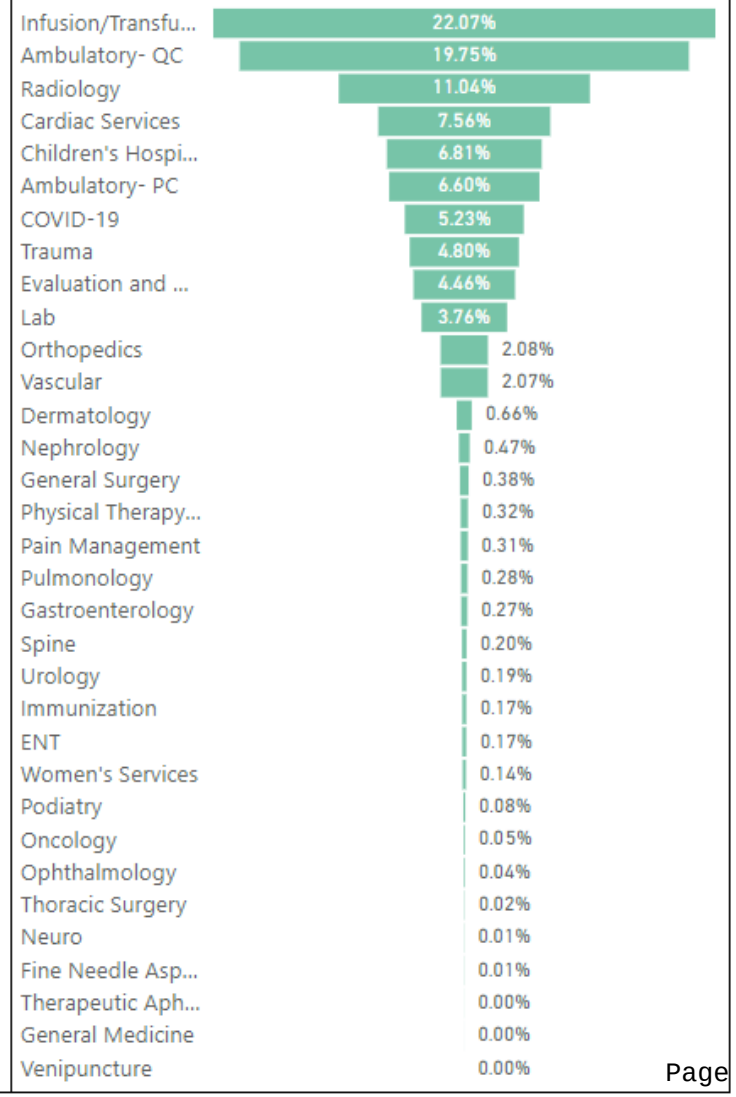
Cases by MajorFinClass



% by # of Cases



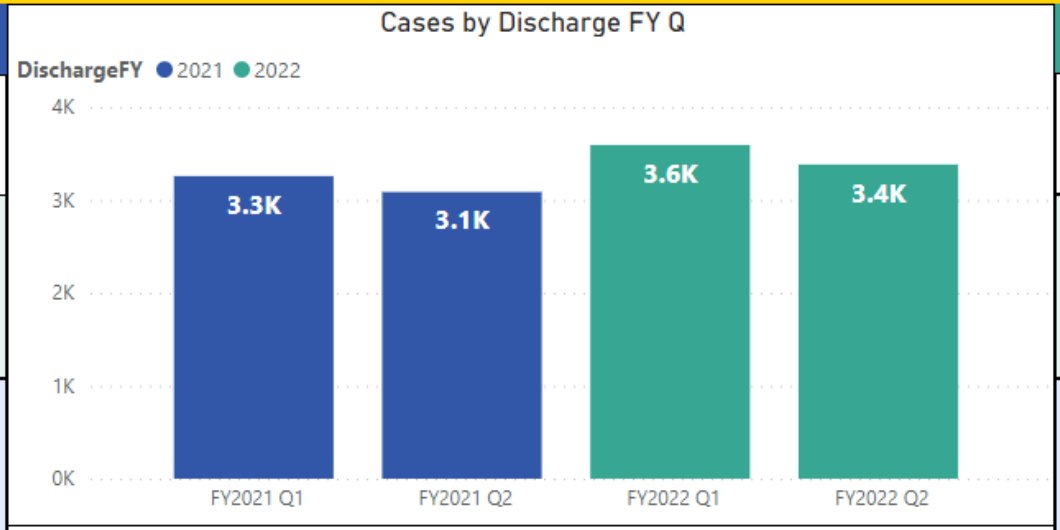
% by Net Revenue

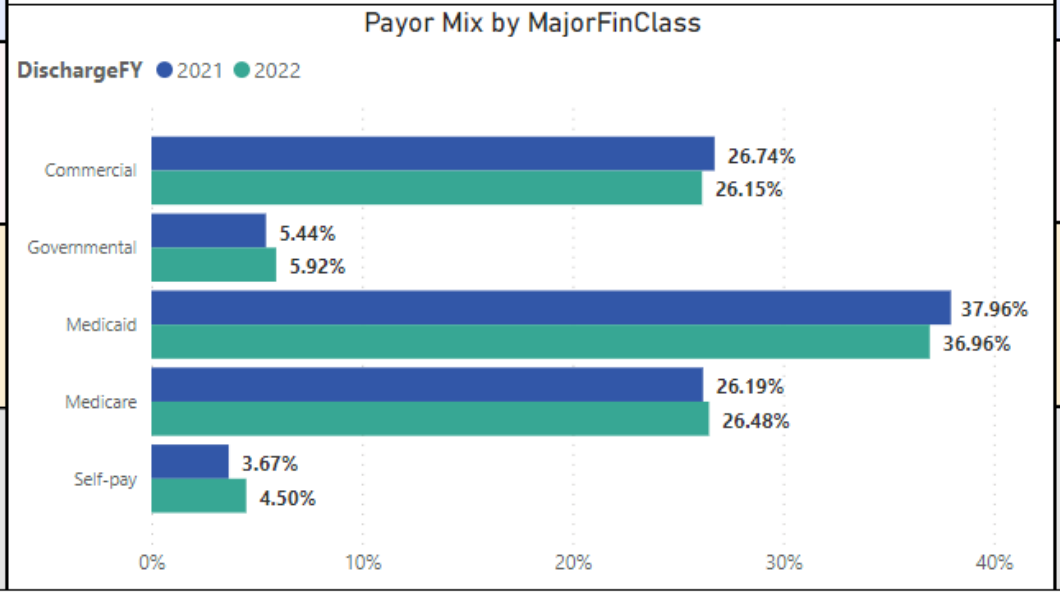


Service Line P&L Dashboard

Surgery

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 6,346	Cases: 6,976
$860.57M Total Charges	$944.53M Total Charges
$89.77M Total Net Revenue	$112.86M Total Net Revenue
$84.82M Total Variable Cost	$89.96M Total Variable Cost
$4.95M Cont Margin	$22.90M Cont Margin
5.51% Cont. Margin %	20.29% Cont. Margin %



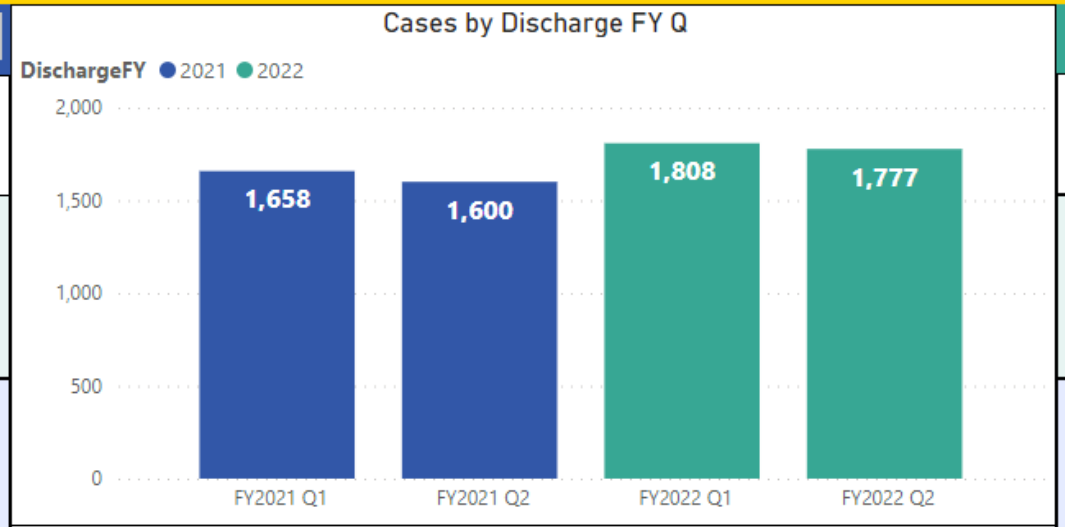


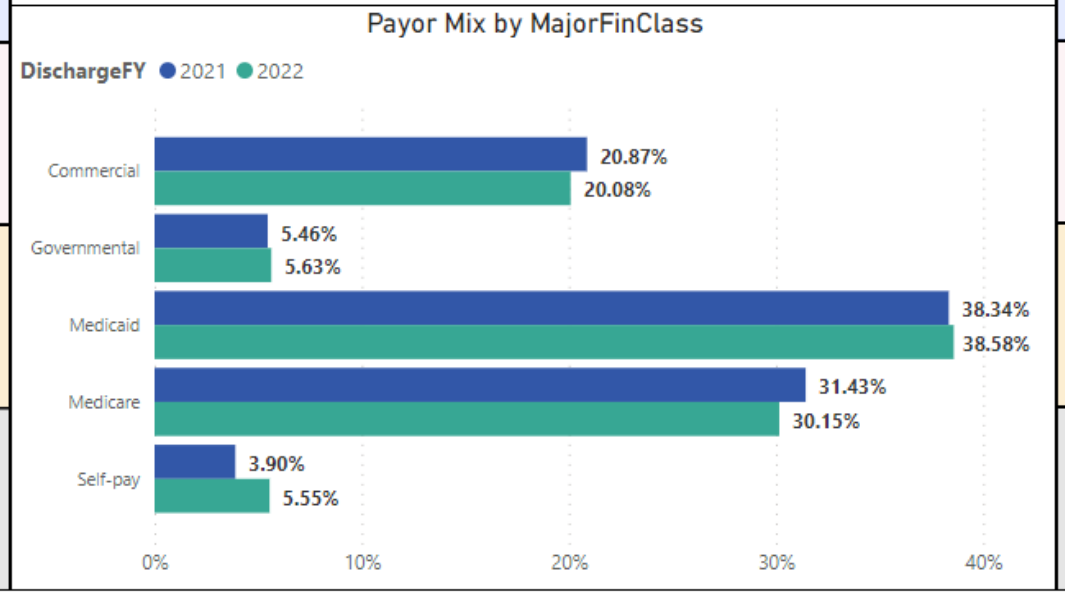
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Surgery

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 3,258		Cases: 3,585
$713.46M Total Charges		$757.98M Total Charges
$80.35M Total Net Revenue		$97.68M Total Net Revenue
$74.12M Total Variable Cost		$76.43M Total Variable Cost
$6.24M Cont Margin		$21.25M Cont Margin
7.76% Cont. Margin %		21.75% Cont. Margin %



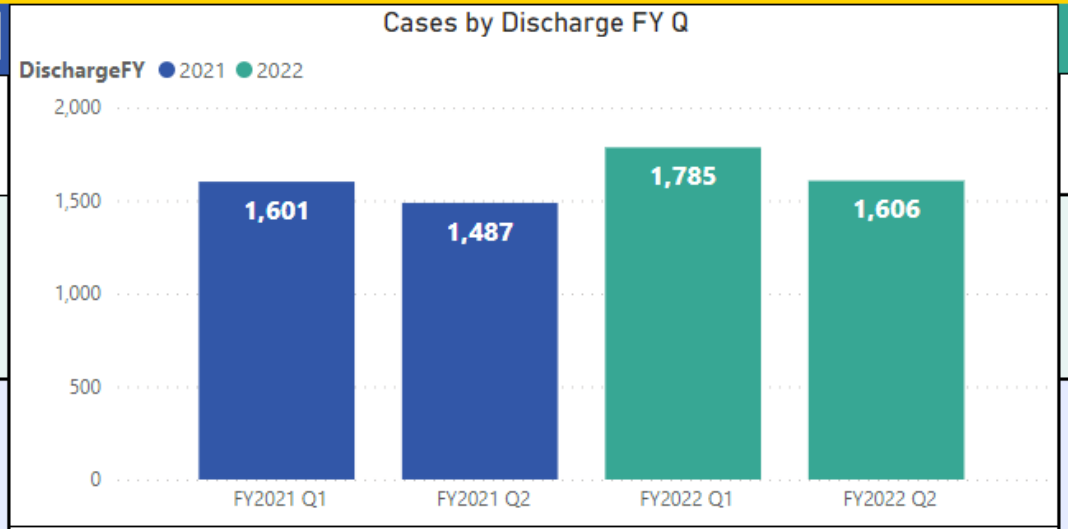


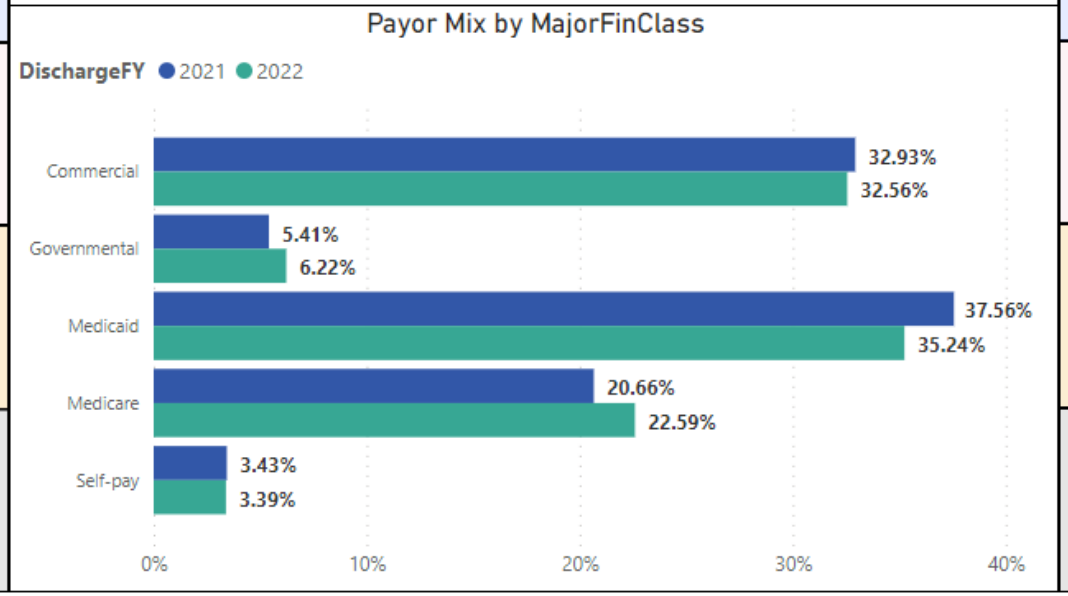
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Surgery

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 3,088	Cases: 3,391
$147.11M Total Charges	$186.55M Total Charges
$9.42M Total Net Revenue	$15.19M Total Net Revenue
$10.71M Total Variable Cost	$13.53M Total Variable Cost
($1.29M) Cont Margin	$1.65M Cont Margin
(13.69%) Cont. Margin %	10.89% Cont. Margin %



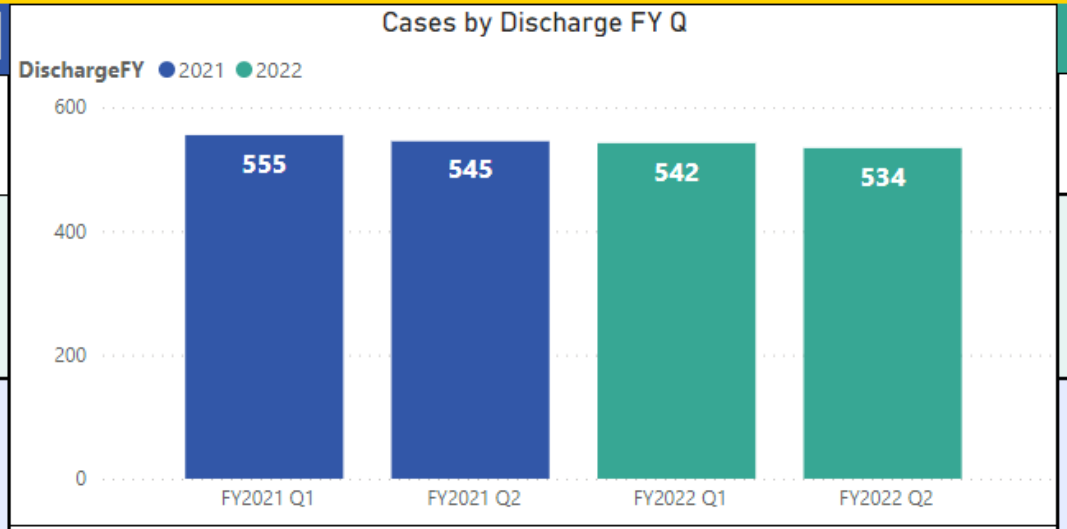


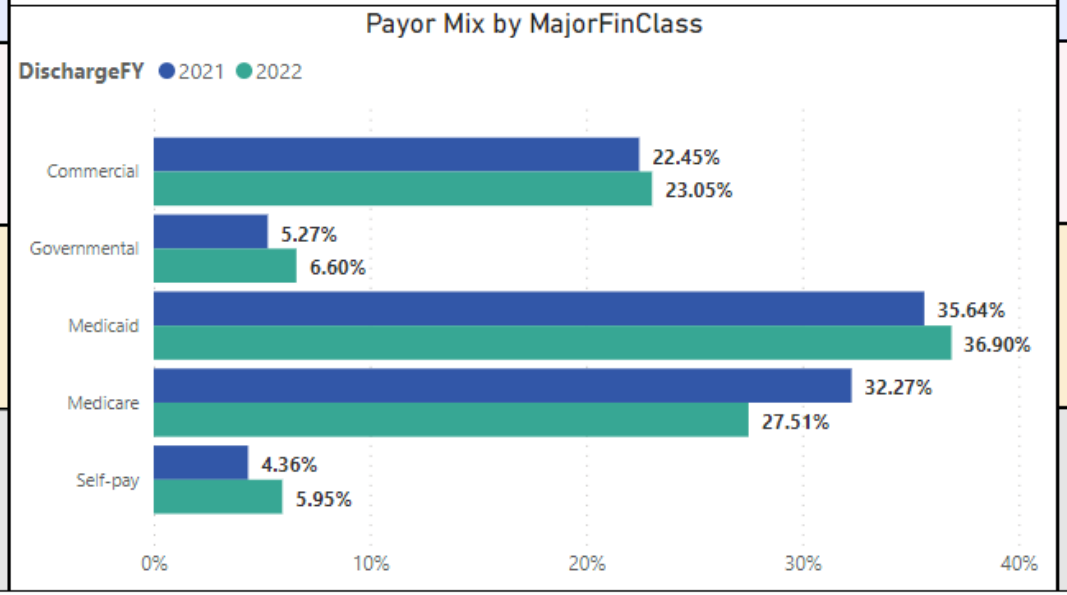
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP General Surgery

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 1,100	Cases: 1,076
$350.84M Total Charges	$325.77M Total Charges
$39.92M Total Net Revenue	$43.69M Total Net Revenue
$37.29M Total Variable Cost	$33.59M Total Variable Cost
$2.63M Cont Margin	$10.10M Cont Margin
6.58% Cont. Margin %	23.12% Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

General Surgery Services

Service Line Update

Operational Update

- Staffing realignment to volume and demand in order to improve afternoon room turnover
  - New shifts implemented February 26th to enhance staffing in the afternoons
  - Changed the on-call shifts from 24hr shifts to 12hr shifts
- FCOTS (First Case On Time Start) for Inpatients at 40%
  - Pilot Program to eliminate surgical delays (PICU and Ortho units) began in March
  - RN education on these units for use of the Pre-Op checklist (10% use in March)
  - Room Turnaround times remain below the 30 minute target
- New and increased block times
- Peri-Operative Executive Committee now active for 2 months
  - Scheduled Vendor demonstrations to provide analytics tools for OR dashboards
  - Developing Capital Plan to refresh the OR

Strategic Next Steps

- Block time utilization parameter updates
- Weekend staffing for elective surgeries
- Neurosurgery Capital Investments of $1M

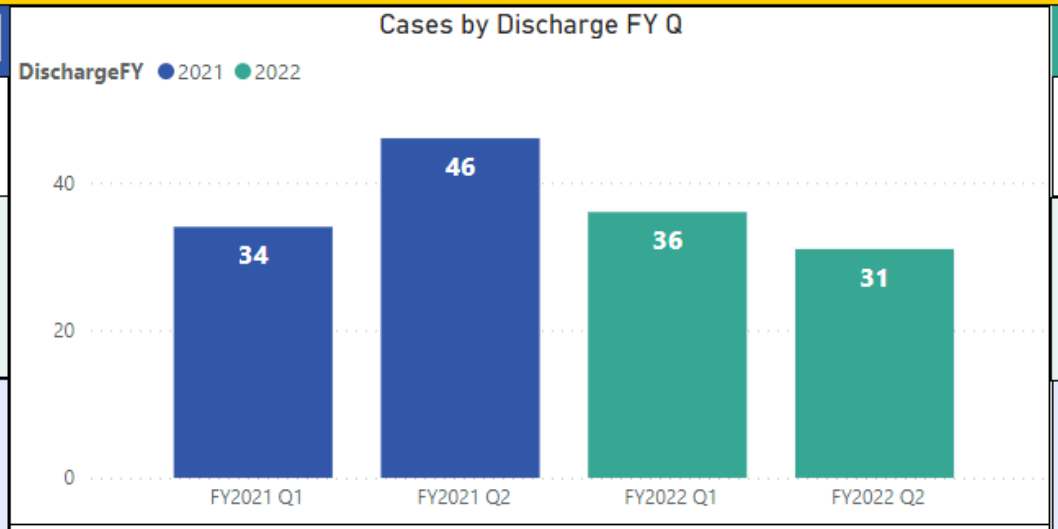
Technology Strategy

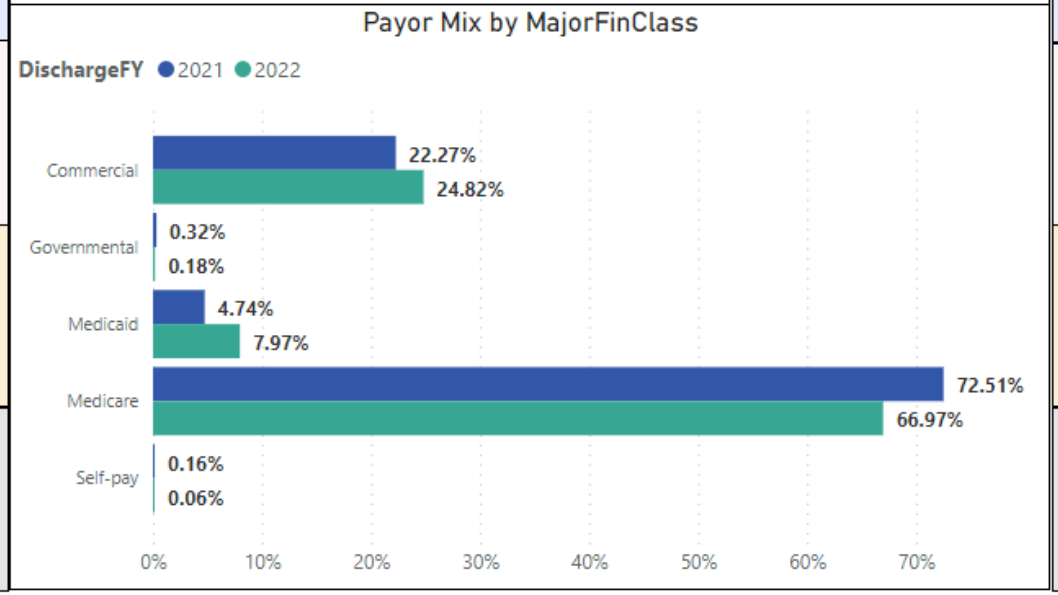
- EPIC “Prep For Case” pilot to streamline pre-op scheduling from physicians offices yielded a low utilization
  - Continued education/training between UMC and UNLV and building a dashboard

Service Line P&L Dashboard

Transplant

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 87	Cases: 67
$43.62M Total Charges	$46.31M Total Charges
$10.52M Total Net Revenue	$11.16M Total Net Revenue
$8.67M Total Variable Cost	$9.26M Total Variable Cost
$1.86M Total Contribution Margin	$1.90M Total Contribution Margin
17.63% Cont. Margin %	17.04% Cont. Margin %



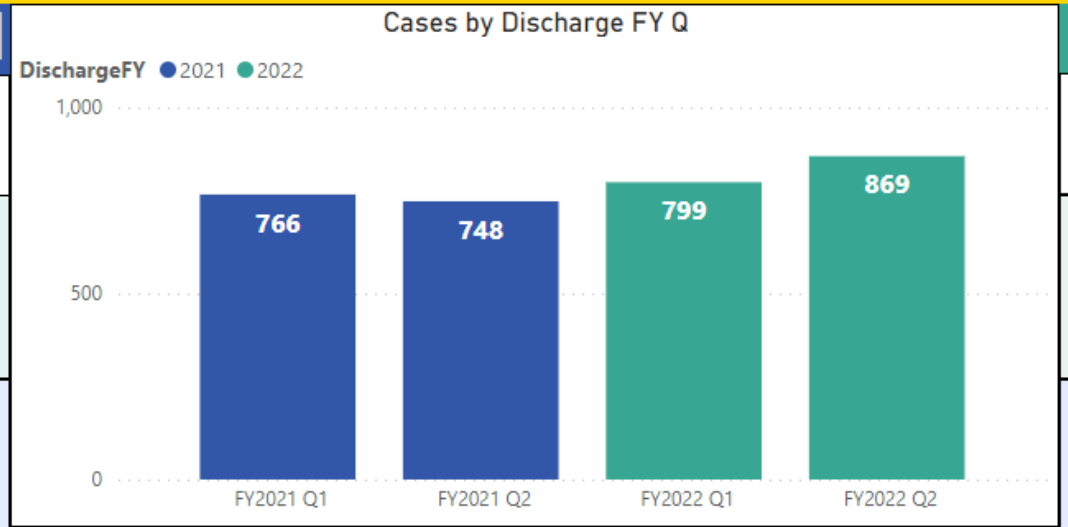


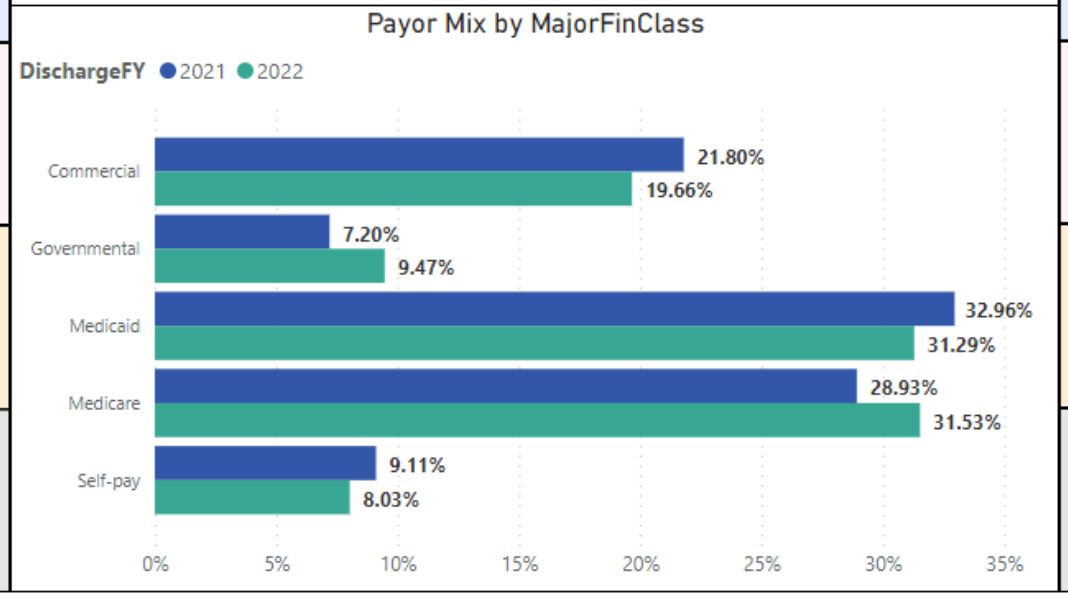
Note: Cost Report impact is included in the Total Net Revenue; Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

Orthopedics

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 1,514		Cases: 1,668
$129.80M Total Charges		$157.33M Total Charges
$14.76M Total Net Revenue		$19.58M Total Net Revenue
$11.72M Total Variable Cost		$14.31M Total Variable Cost
$3.03M Cont Margin		$5.26M Cont Margin
20.56% Cont. Margin %		26.89% Cont. Margin %



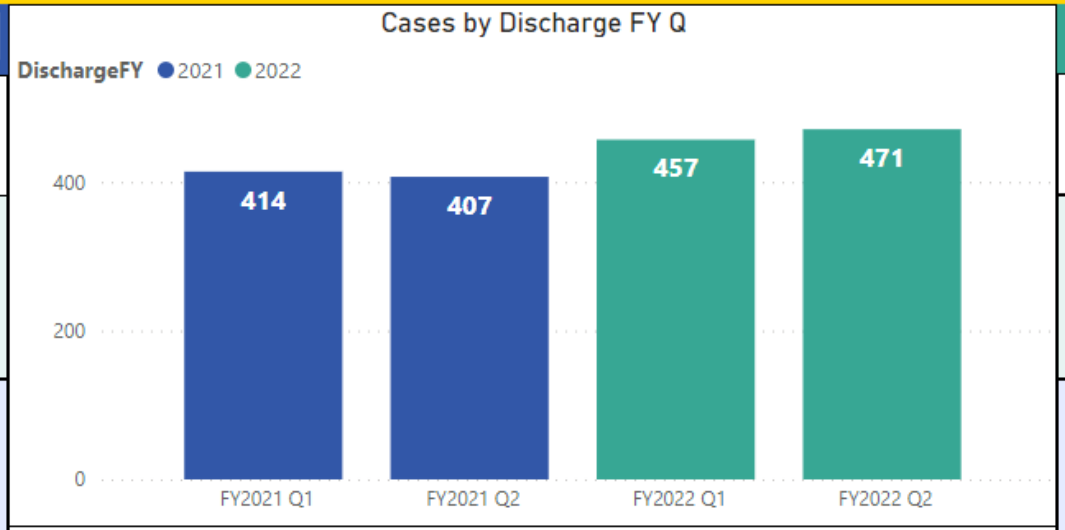


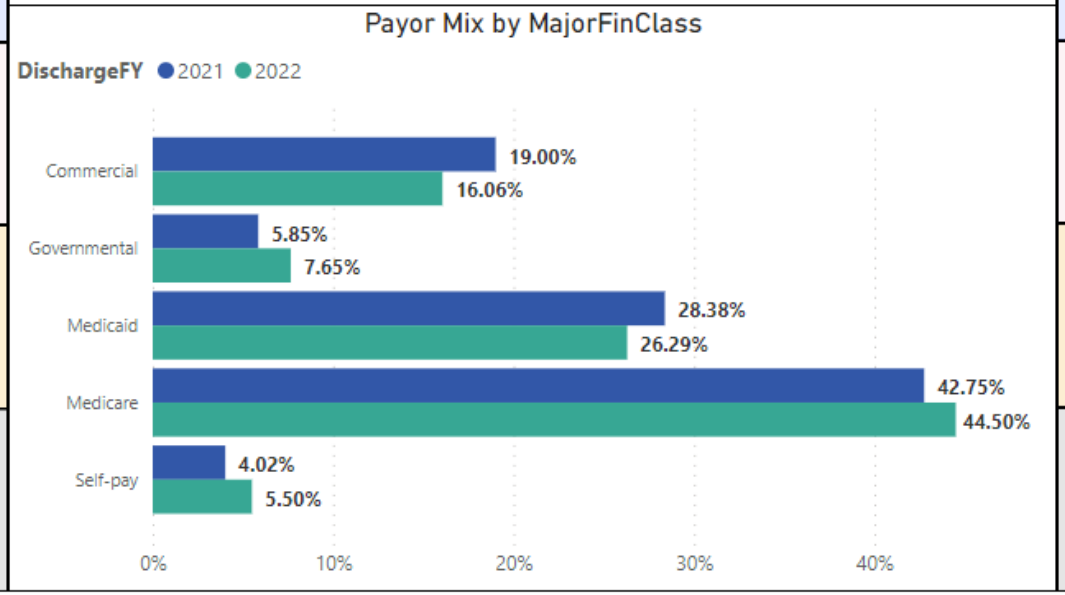
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Orthopedics

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 821	Cases: 928
$116.33M Total Charges	$140.92M Total Charges
$13.51M Total Net Revenue	$17.90M Total Net Revenue
$10.82M Total Variable Cost	$13.29M Total Variable Cost
$2.69M Cont Margin	$4.61M Cont Margin
19.88% Cont. Margin %	25.75% Cont. Margin %



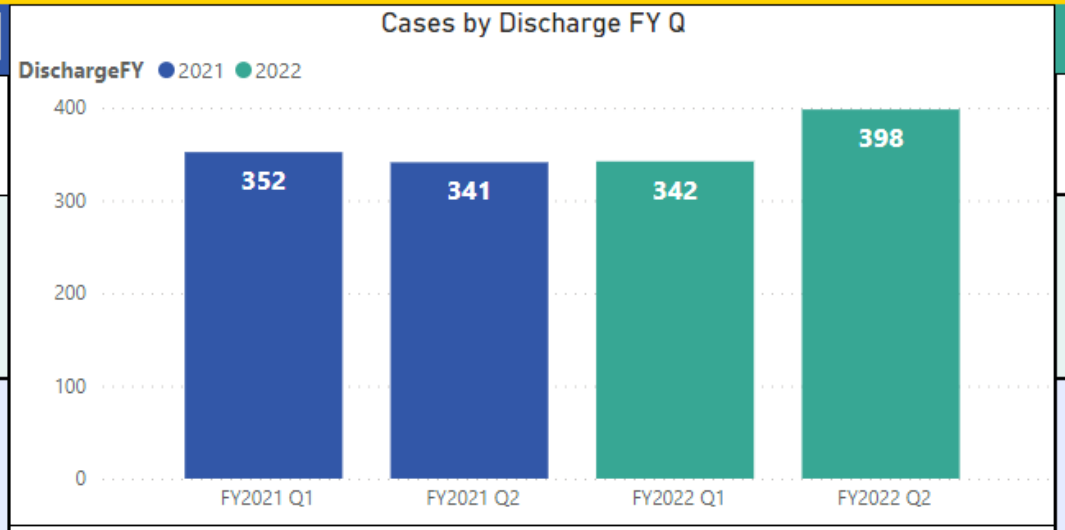


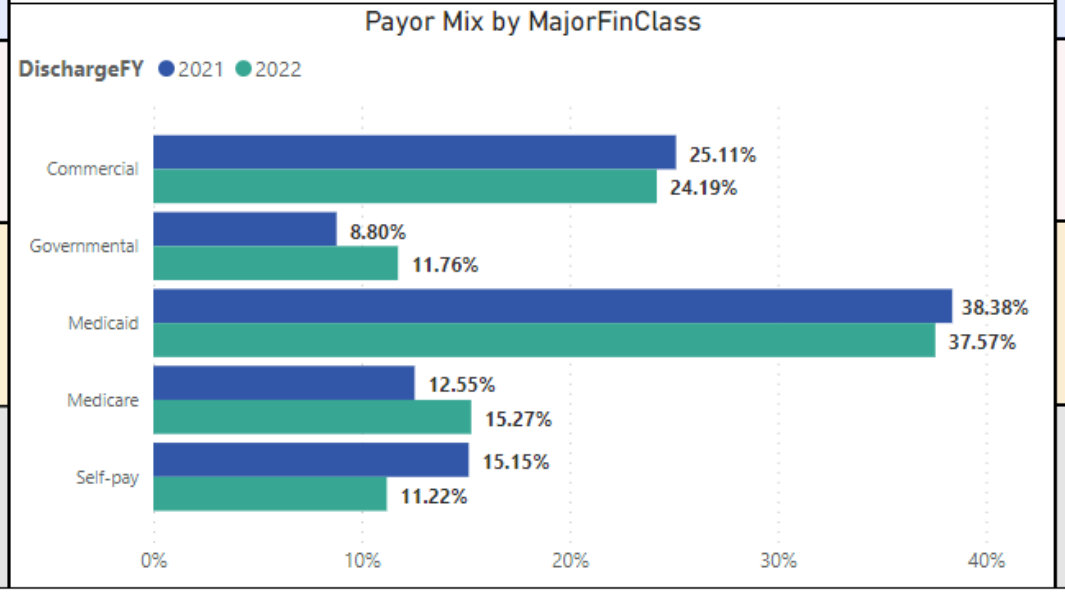
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Orthopedics

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 693	Cases: 740
$13.48M Total Charges	$16.42M Total Charges
$1.25M Total Net Revenue	$1.68M Total Net Revenue
$903.81K Total Variable Cost	$1.02M Total Variable Cost
$348.49K Cont Margin	$654.53K Cont Margin
27.83% Cont. Margin %	39.05% Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Orthopedic Services

Service Line Update

Operational Update

- Integrative Joint Program: Since Program launched in April 2021 over 380 cases completed
  - Integrative Joint Camp Classes - Only 32% Attendance, marketing going out to physicians to utilize the program
  - Rosa orthopedic robot approved in June 2021. Usage to date is at 69 procedures
  - Ortho Grid Software has been used on approx. 138 cases to date
  - Shoulder Continuous Passive Motion (CPM) Systems capital purchase approved

Expense Control and Revenue Enhancement

- HealthTrust Purchasing Group (HPG) meeting held with key stakeholders to review current pricing compared to others and to develop a strategy to go back to vendors for better/fair pricing.

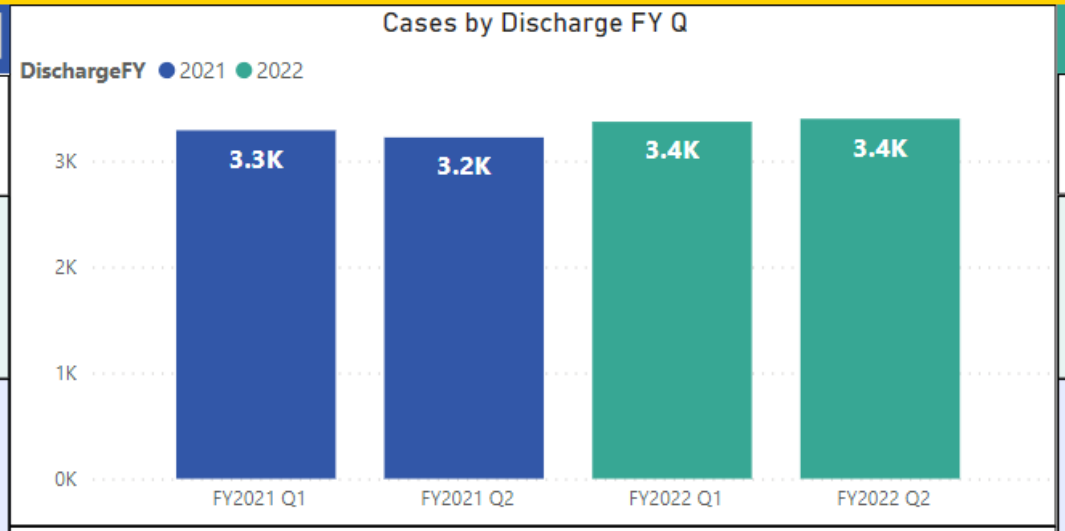
Strategic Next Steps

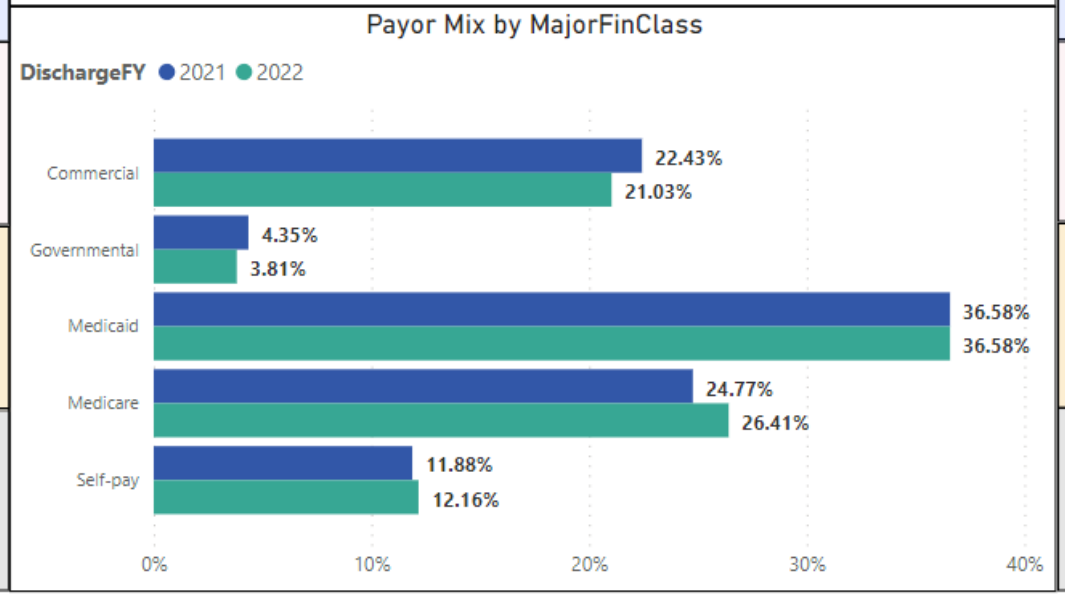
- Develop a new marketing campaign to encompass new Integrative Joint Program (new website and brochure for all Robotics)
  - "Open House" to promote systems to community and physicians
- Review reimbursement opportunities for outpatient orthopedic procedures

Service Line P&L Dashboard

Cardiac Services

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 6,509	Cases: 6,766
$161.16M Total Charges	$170.11M Total Charges
$18.45M Total Net Revenue	$22.23M Total Net Revenue
$14.73M Total Variable Cost	$16.78M Total Variable Cost
$3.72M Cont Margin	$5.45M Cont Margin
20.17% Cont. Margin %	24.52% Cont. Margin %



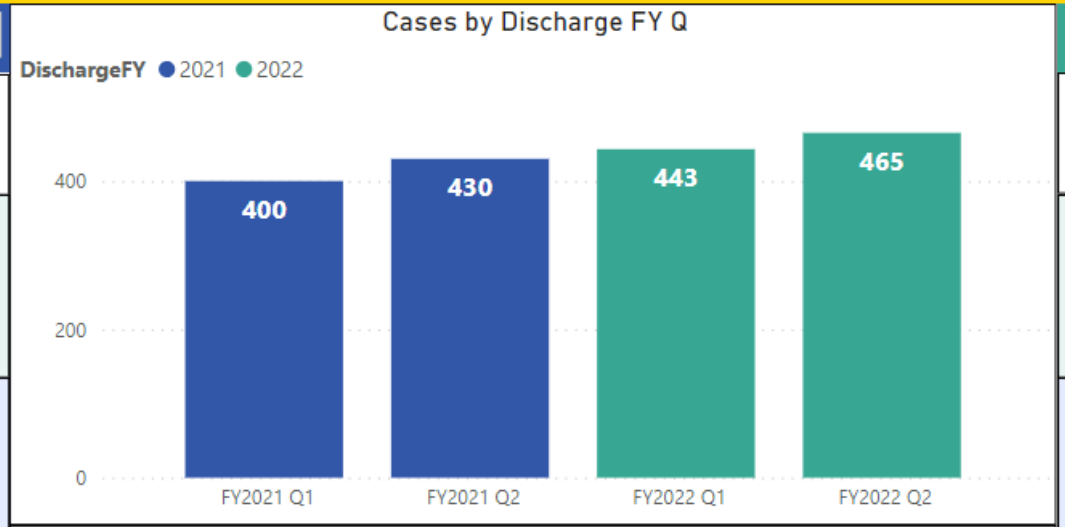


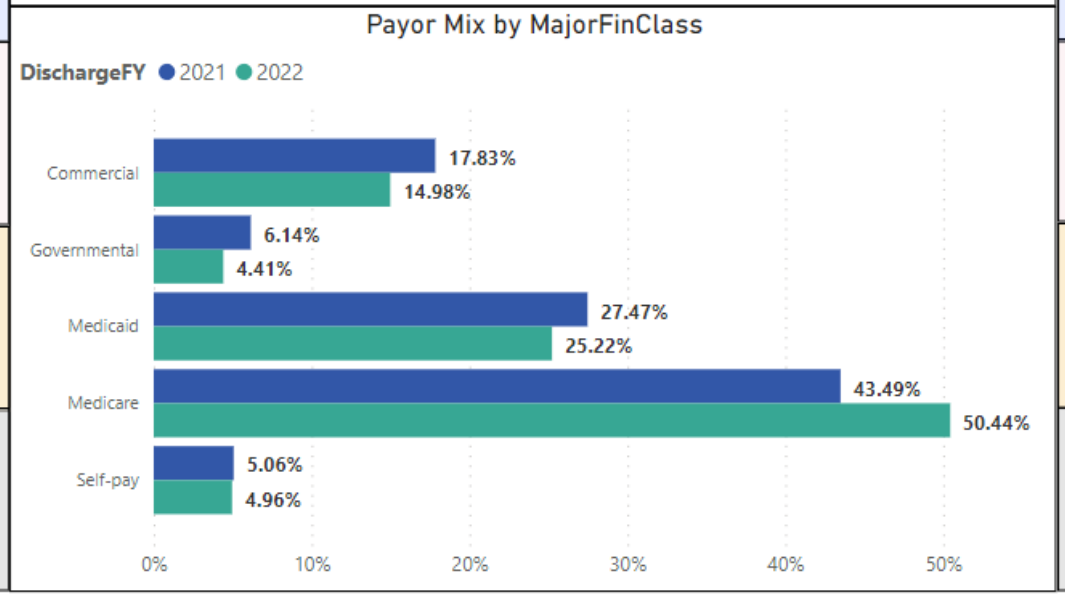
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Cardiac Services

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 830		Cases: 908
$83.93M Total Charges		$104.67M Total Charges
$12.23M Total Net Revenue		$16.14M Total Net Revenue
$9.21M Total Variable Cost		$11.55M Total Variable Cost
$3.02M Cont Margin		$4.59M Cont Margin
24.72% Cont. Margin %		28.44% Cont. Margin %



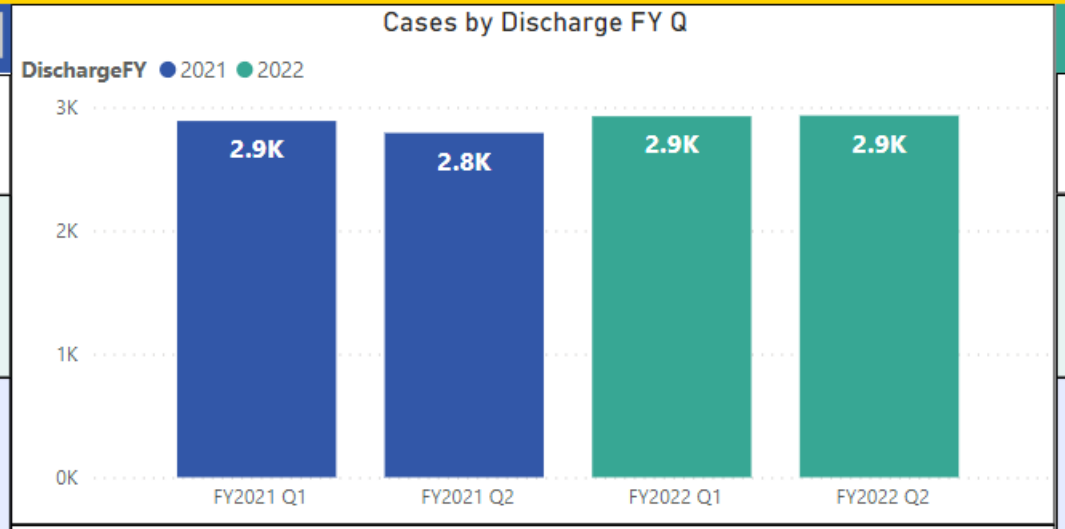


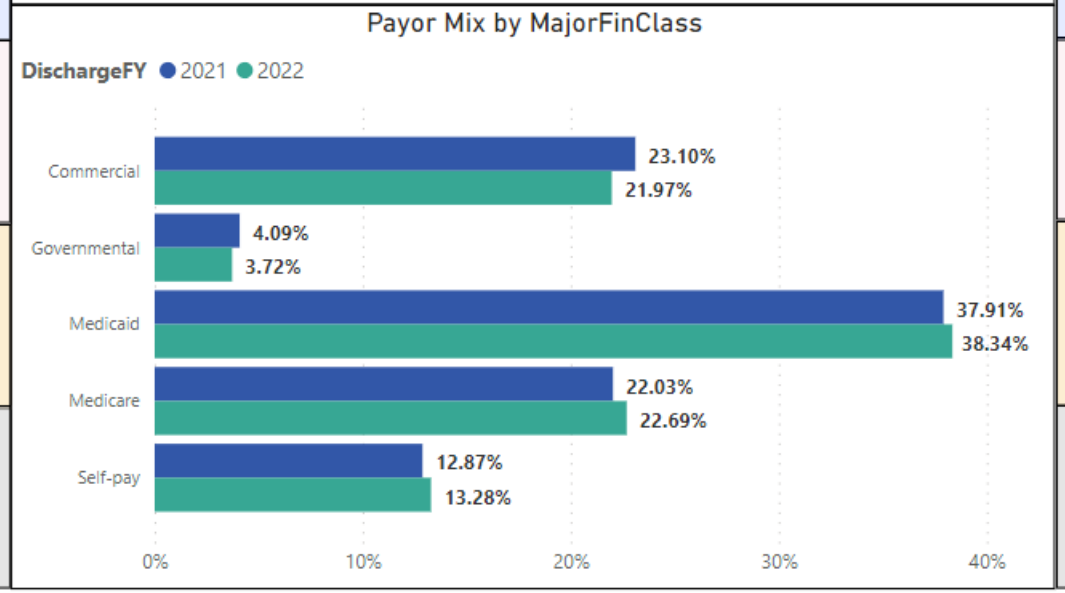
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Cardiac Services

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 5,679		Cases: 5,858
$77.23M Total Charges		$65.44M Total Charges
$6.23M Total Net Revenue		$6.10M Total Net Revenue
$5.53M Total Variable Cost		$5.23M Total Variable Cost
$698.10K Cont Margin		$861.84K Cont Margin
11.21% Cont. Margin %		14.14% Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Cardiac Services

Service Line Update

Operational Update

- Cryo hardware now installed and operational
  - Currently leasing the equipment, moving forward with purchase
- Completion of 32 EP ablation and 12 device cases as of March 25th
- Re-opened the additional holding room that was previously used as a surge area
- New Director of Cardiovascular Services on-board
- New TAVR Coordinator started 03/22/22
- Capital Investments
  - Future investment to remodel Cardiology Suite including another Cath Lab
  - Shockwave system acquired through volume-based agreement
  - Additional anesthesia machine to expedite output

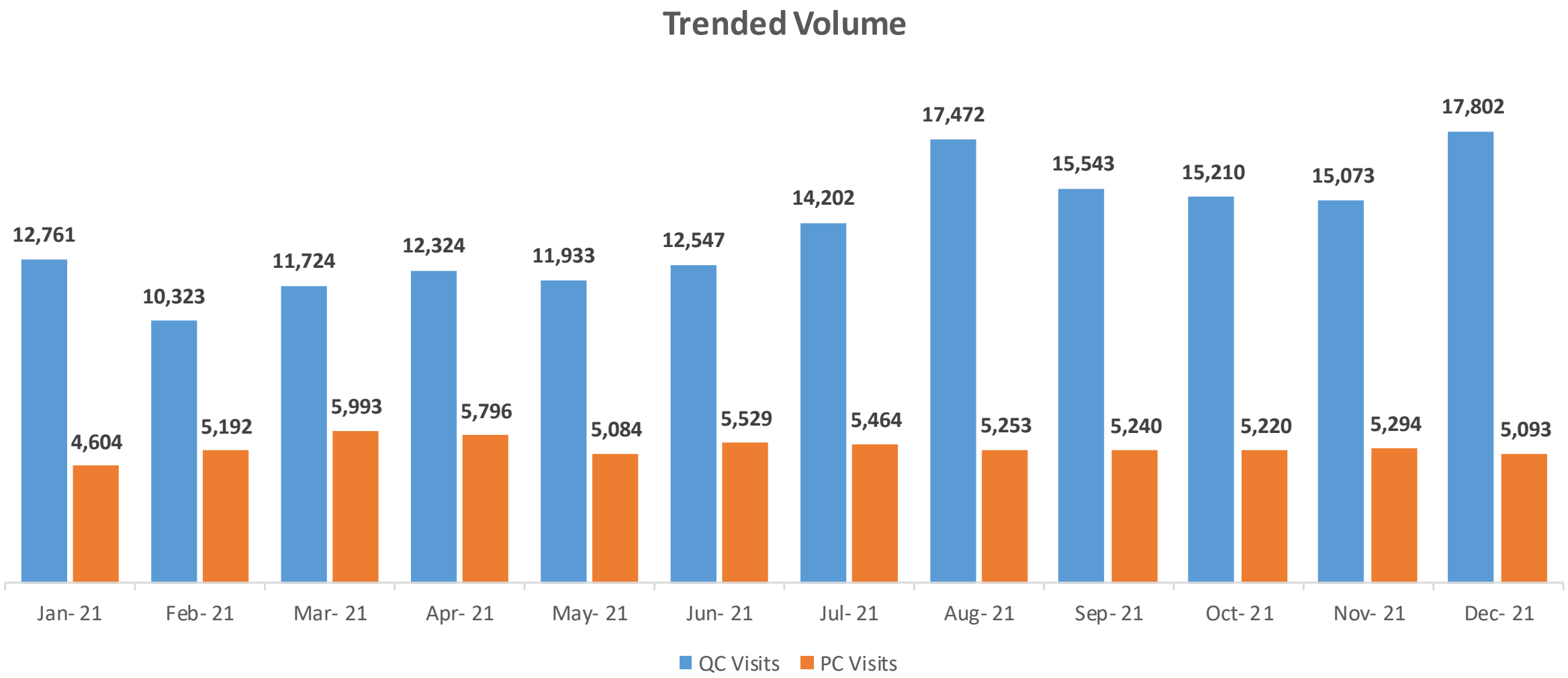
Revenue Enhancement

- Versalus Health CDI for Cath Lab and Specials Lab

Strategic Next Steps

- Promote EP service line to community through various media outlets and hospital website
- Offer the new Micra VR micro leadless pacemaker to the public
- Convert the secondary holding room into a Radial Lounge for higher patient comfort and satisfaction
- Increase peripheral vascular cases on an outpatient basis

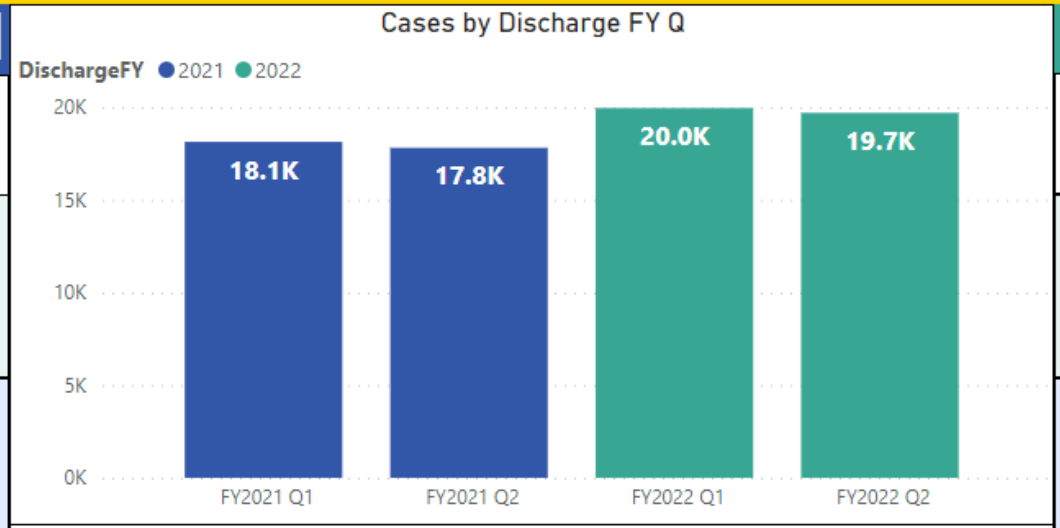
Ambulatory Services



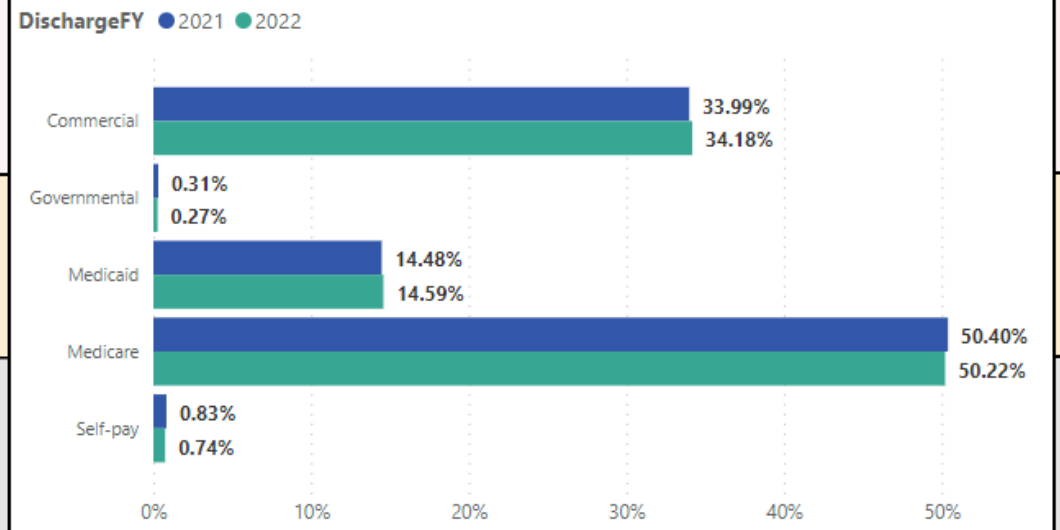
Service Line P&L Dashboard

OP Ambulatory- PC

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 36K	Cases by Discharge FY Q	Cases: 40K
$13.88M Total Charges		$16.39M Total Charges
$4.23M Total Net Revenue		$5.32M Total Net Revenue
$4.52M Total Variable Cost		$5.40M Total Variable Cost
($289.10K) Cont Margin		($75.73K) Cont Margin
(6.84%) Cont. Margin %		(1.42%) Cont. Margin %



Payor Mix by MajorFinClass

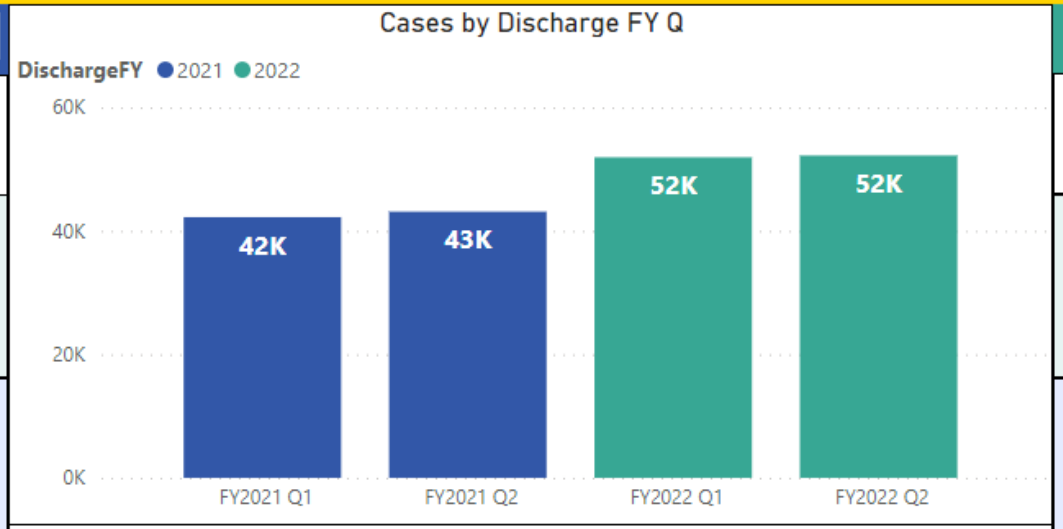


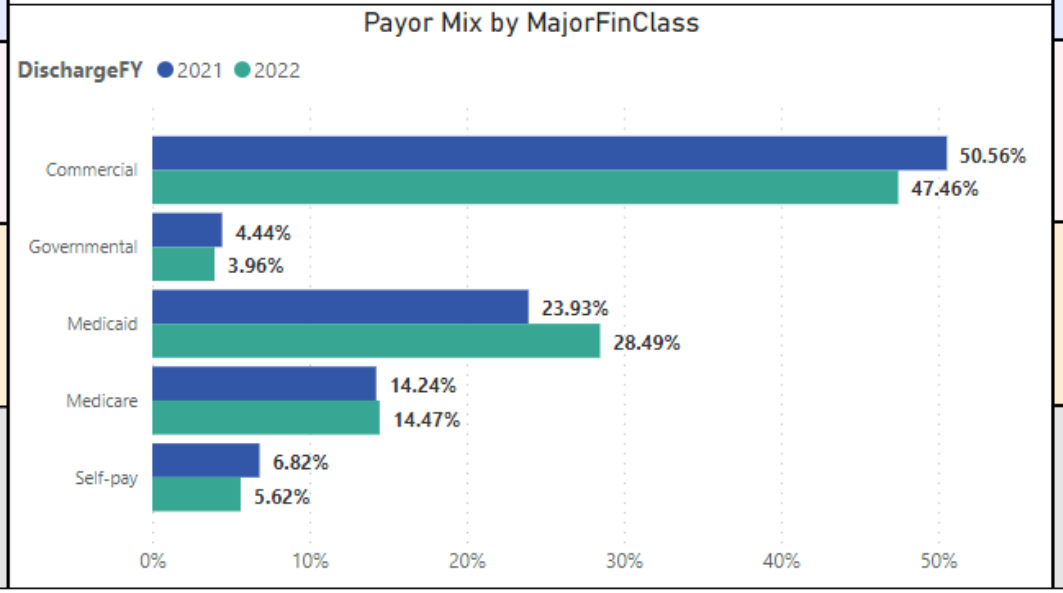
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Ambulatory- QC

FY 2021 Q1/Q2	FY 2022 Q1/Q2
Cases: 85K	Cases: 104K
$46.58M Total Charges	$68.28M Total Charges
$10.43M Total Net Revenue	$15.92M Total Net Revenue
$10.82M Total Variable Cost	$12.85M Total Variable Cost
($389.24K) Cont Margin	$3.07M Cont Margin
(3.73%) Cont. Margin %	19.29% Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Ambulatory Services

Service Line Update

Operational Update

- Due to the continued decline in Covid+ cases, closed the Advanced Center for Health on March 31st.
  - Corporate partners can still schedule at UMC Care Centers.
- Aliante Primary Care and QC – Opening Late (Dec) Q2 FY23
- Rancho QC Exterior Paint
- Clinic Refresh: Peccole, Nellis and Enterprise ($3.7M)
- Transitional Care Management (TCM) – over 300 visits scheduled. Burn referral to TCM pilot has been successful. Ready to bring up Trauma in TCM.
- Upgrading all exam tables, otoscopes, and stethoscopes in the clinics
- Adding visual acuity device vs. visual charts to improve patient safety and satisfaction.
- Planning to extend hours of operations at Sunset QC and Centennial QC to 24/7

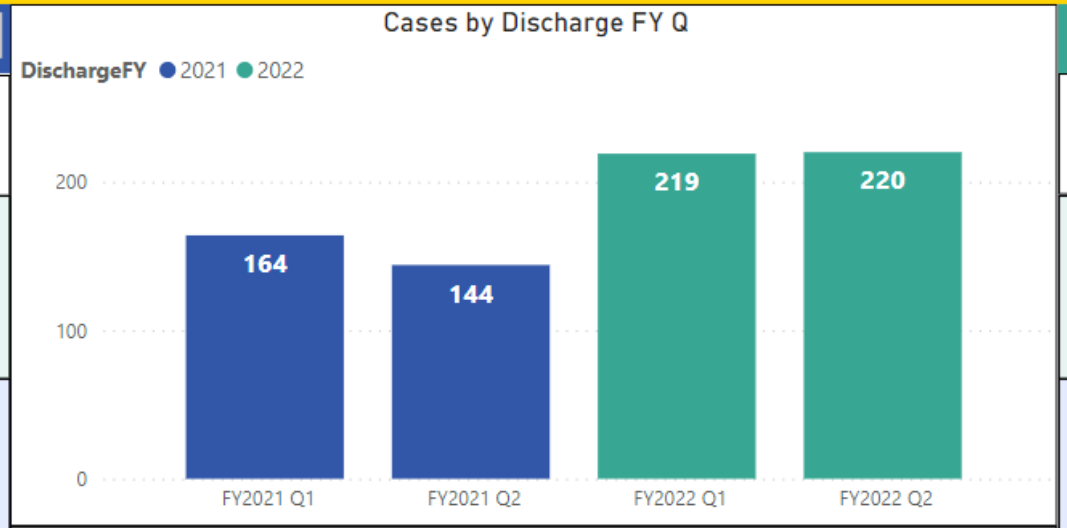
Revenue Enhancement

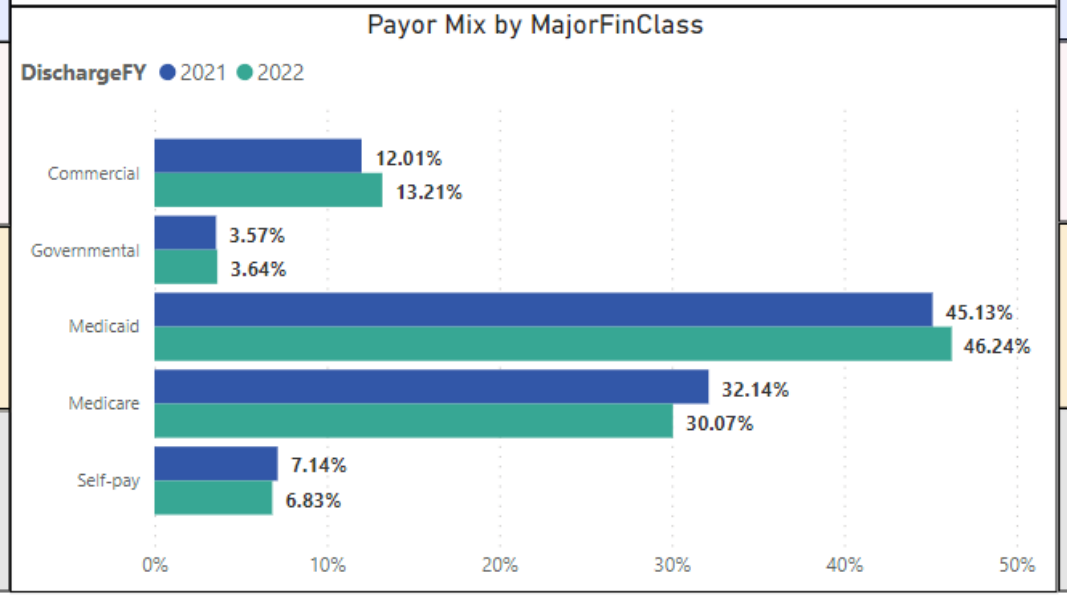
- Provider education completed regarding HCC's and appropriate level of care charging
- Use of Centralized Resource Pool (CRP) to reduce OT from fractional and scheduled overtime
- Point of Service collection goal was exceeded by $37K in February
- Finance team reviewing staffing standard for all sites to ensure correct number of FTE's are allotted to each
- Implemented Experian Health on 1/01/22 as new claims clearinghouse, eligibility and benefit verification
- Illumicare Ribbon software. Overlay in EPIC and will assist providers in closing the GAPs in care

Service Line P&L Dashboard

Oncology

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 308		Cases: 439
$20.61M Total Charges		$33.08M Total Charges
$2.93M Total Net Revenue		$4.49M Total Net Revenue
$3.81M Total Variable Cost		$3.79M Total Variable Cost
($871.57K) Cont Margin		$698.33K Cont Margin
(29.70%) Cont. Margin %		15.57% Cont. Margin %



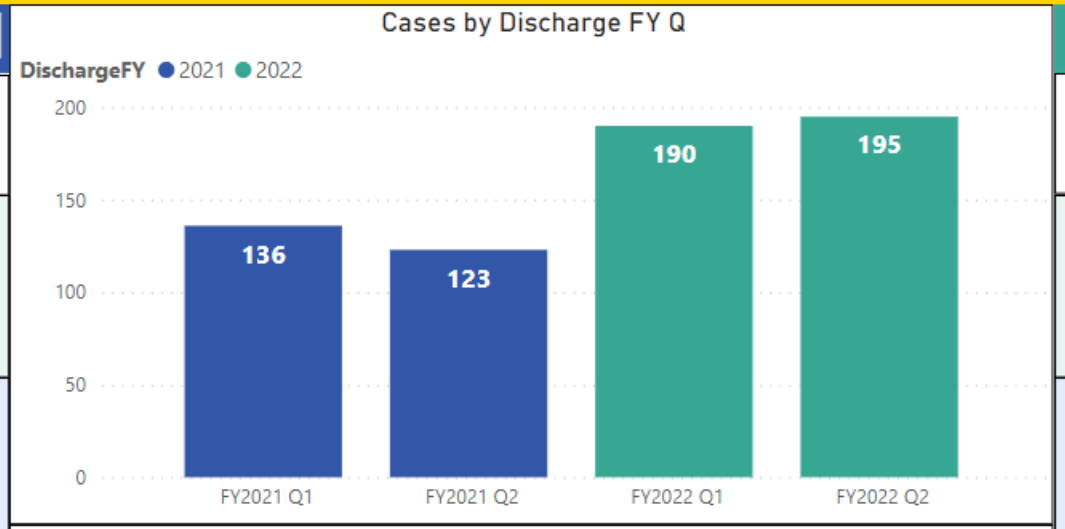


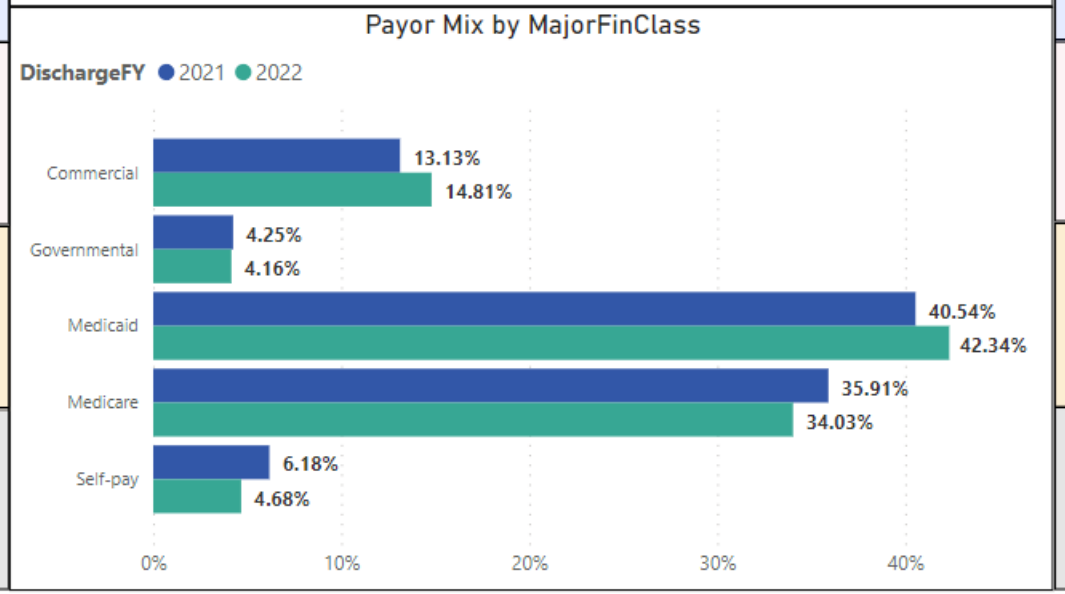
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Oncology

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 259		Cases: 385
$19.04M Total Charges		$31.17M Total Charges
$2.86M Total Net Revenue		$4.44M Total Net Revenue
$3.15M Total Variable Cost		$3.57M Total Variable Cost
($289.38K) Cont Margin		$876.96K Cont Margin
(10.12%) Cont. Margin %		19.73% Cont. Margin %



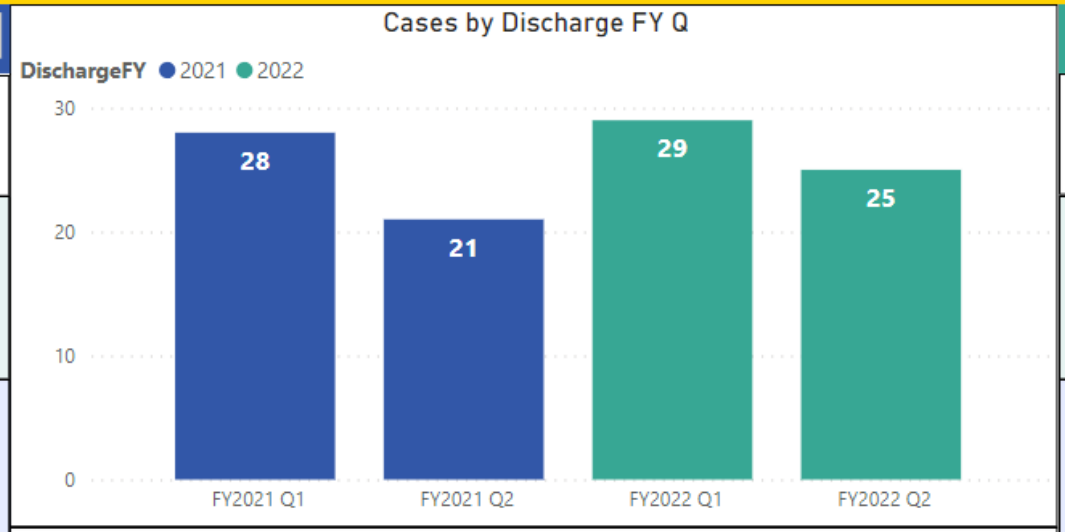


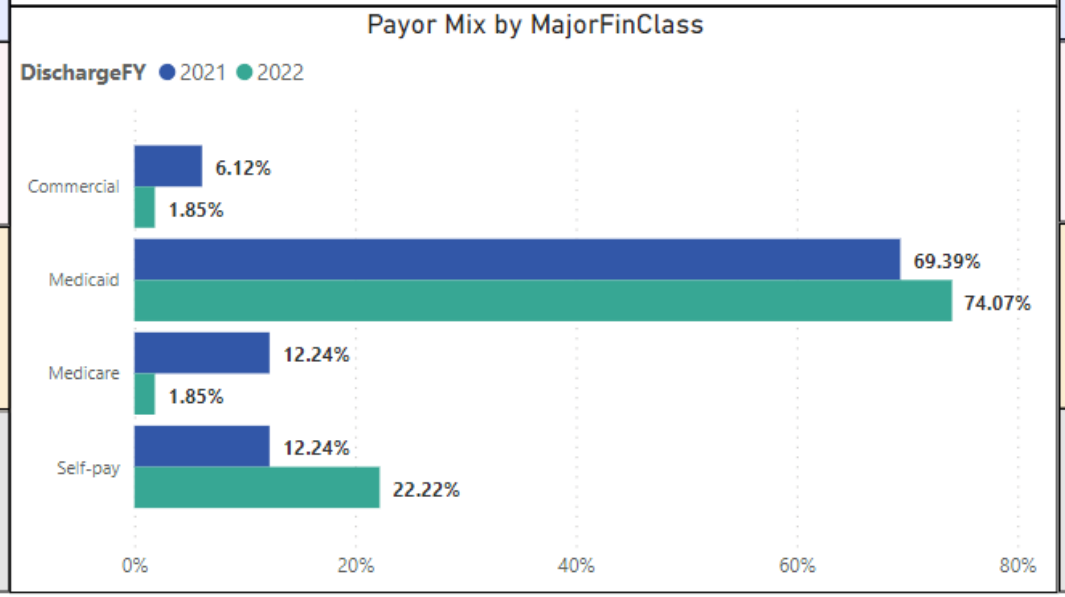
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Oncology

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 49		Cases: 54
$1.57M Total Charges		$1.91M Total Charges
$73.65K Total Net Revenue		$42.25K Total Net Revenue
$655.84K Total Variable Cost		$220.88K Total Variable Cost
($582.19K) Cont Margin		($178.63K) Cont Margin
(790.44%) Cont. Margin %		(422.83%) Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Oncology Services

Service Line Update

Operational Update

- Thoracic tumor board conference moving to weekly meetings
- ION Robotic Navigation
  - 41 cases completed since receipt of robot
- PSA extended through May 2022. Actively negotiating with current group.
- Growing referrals from the outside from recognition of doing critical/complex lung cancer cases
- New thoracic surgeon being trained on the Da Vinci robot for lung resection surgery for lung cancer

Revenue Enhancement

- Outpatient infusion clinic with the 340B program decreases expenses
- Clinical trial opportunities to enhance revenue
- DRG, drug price/use and process review underway from a multidisciplinary team

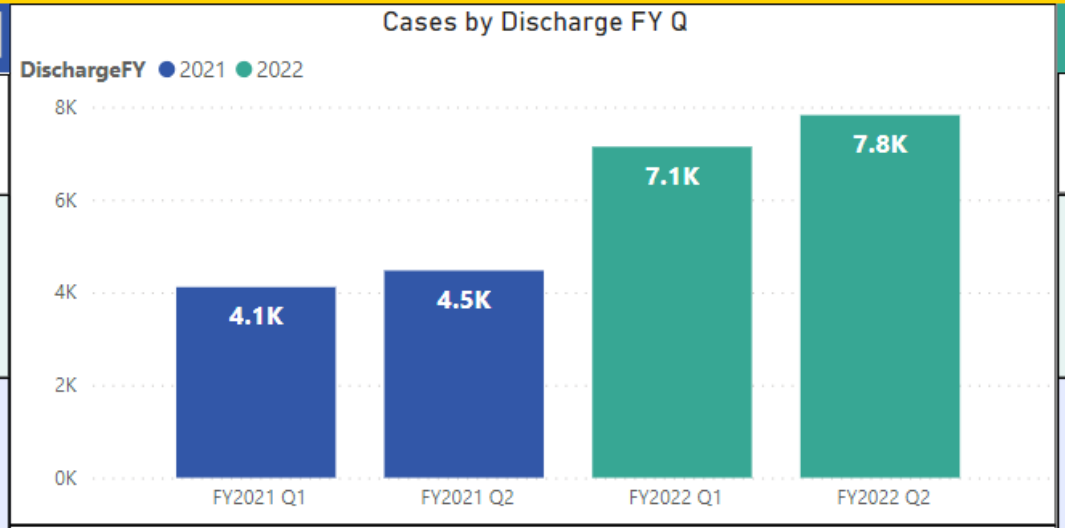
Strategic Next Steps

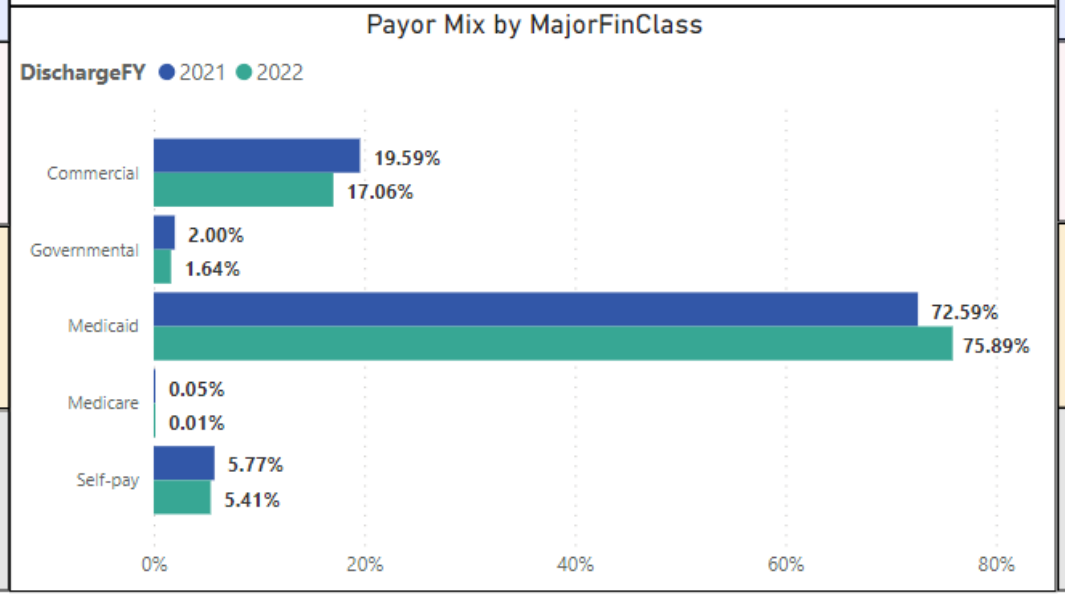
- Strategic alignment with UNLV SOM to develop a robust Interventional Pulmonology Program
- Outpatient PFT lab collaboration between UNLV & UMC
- Developing program for outpatient Neupogen injections

Service Line P&L Dashboard

Children's Hospital

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 8,581		Cases: 15K
$105.67M Total Charges		$150.27M Total Charges
$11.71M Total Net Revenue		$16.66M Total Net Revenue
$11.14M Total Variable Cost		$13.79M Total Variable Cost
$569.47K Cont Margin		$2.87M Cont Margin
4.86% Cont. Margin %		17.21% Cont. Margin %



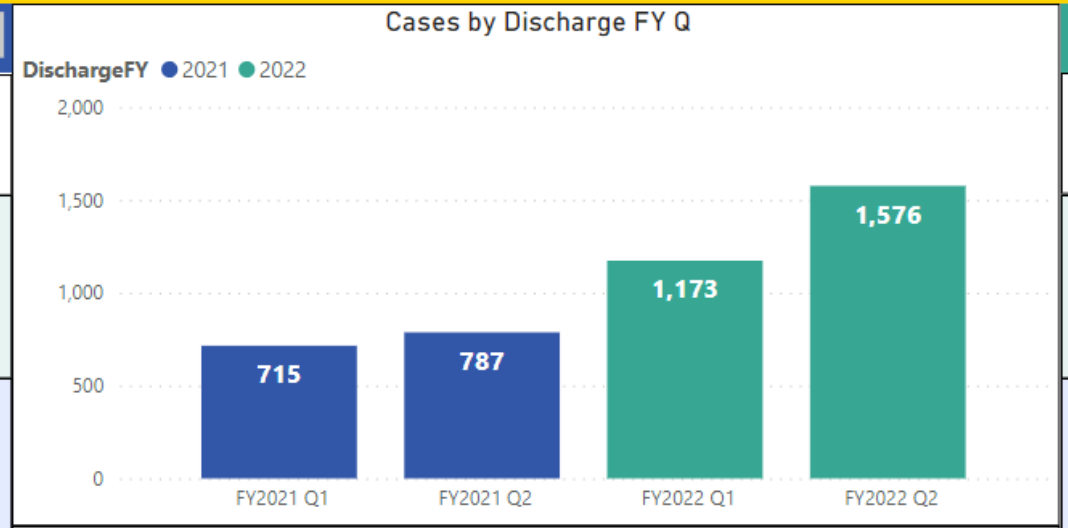


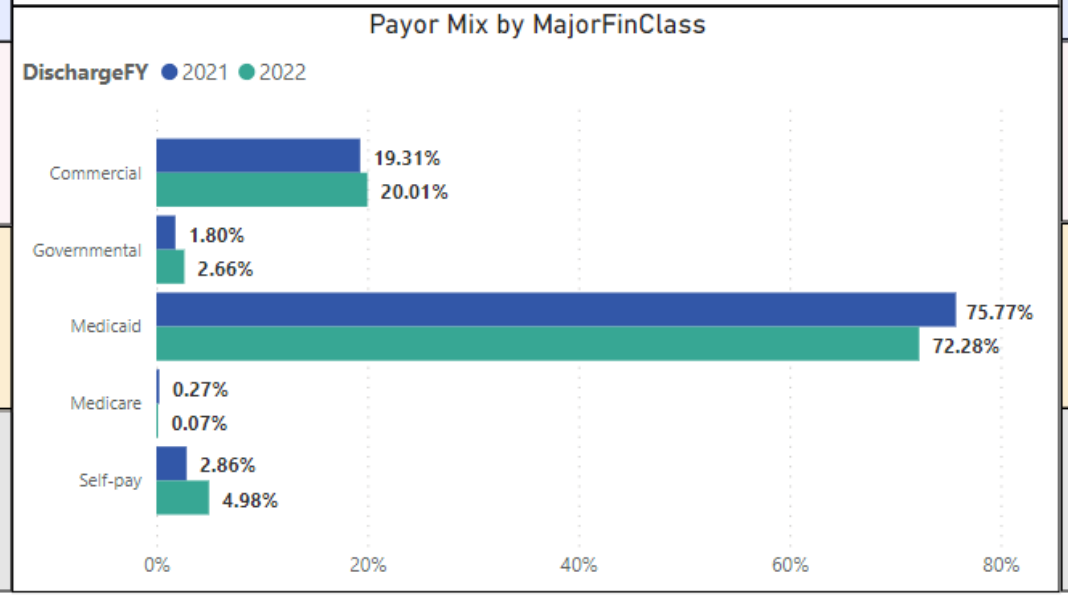
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Children's Hospital

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 1,502		Cases: 2,749
$60.52M Total Charges		$84.87M Total Charges
$8.07M Total Net Revenue		$11.17M Total Net Revenue
$7.55M Total Variable Cost		$9.13M Total Variable Cost
$520.38K Cont Margin		$2.04M Cont Margin
6.45% Cont. Margin %		18.25% Cont. Margin %



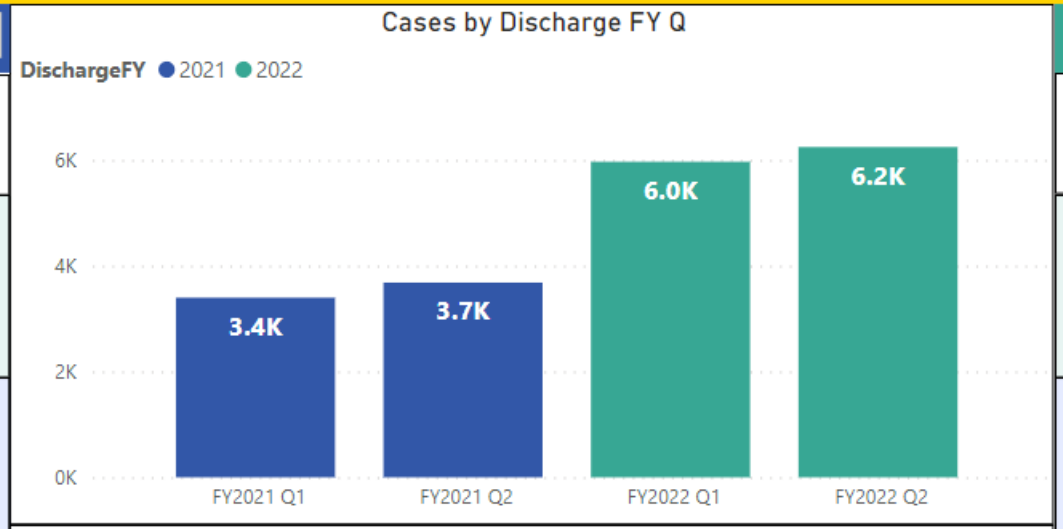


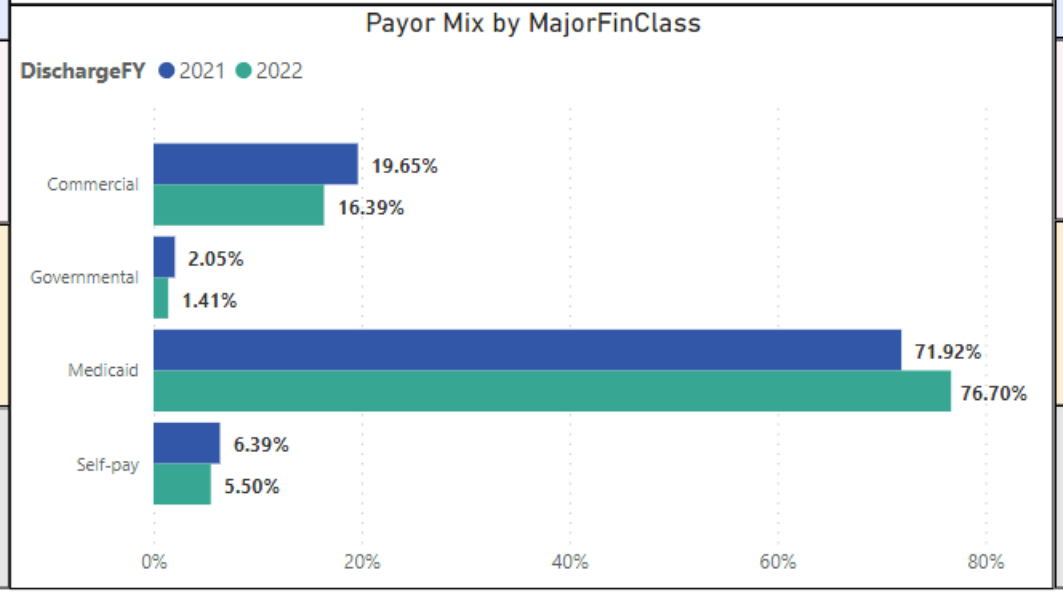
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Children's Hospital

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 7,079		Cases: 12K
$45.14M Total Charges		$65.40M Total Charges
$3.64M Total Net Revenue		$5.49M Total Net Revenue
$3.59M Total Variable Cost		$4.66M Total Variable Cost
$49.09K Cont Margin		$828.79K Cont Margin
1.35% Cont. Margin %		15.10% Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Children's Hospital

Service Line Update

Operational Update

- Newborn Nursery Service now a Nurse Practitioner led service with 2 NP's
  - Enhances parent teaching and increases provider time spent with each patient and parent (increasing satisfaction)
  - Leading to more appropriate discharges
- Exploring the use of Nitrous Oxide to relax pediatric patients for procedures
- Partnering with the University of Utah to build a Child Abuse Program
- Human Trafficking screening being done in the pediatric areas (avg. age entering are between 9-12 yrs. of age)

Revenue Enhancement

- Manager of unit monitoring charges and supply usage for appropriate billing
- NICU level charge review with utilization personnel (each chart for proper level charging)
  - Nurse and Neonatologist education on proper billing of NICU care levels as needed from the review

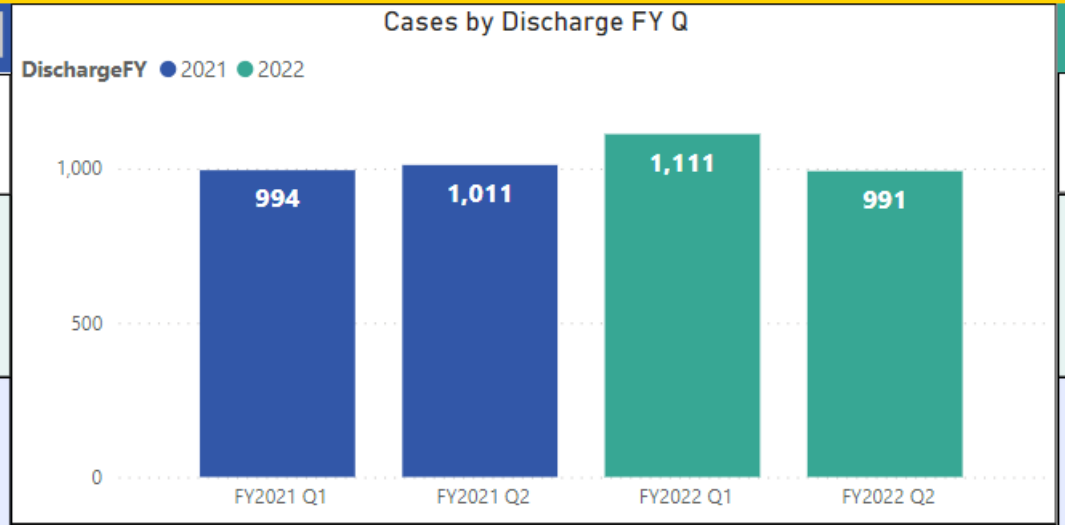
Strategic Next Steps

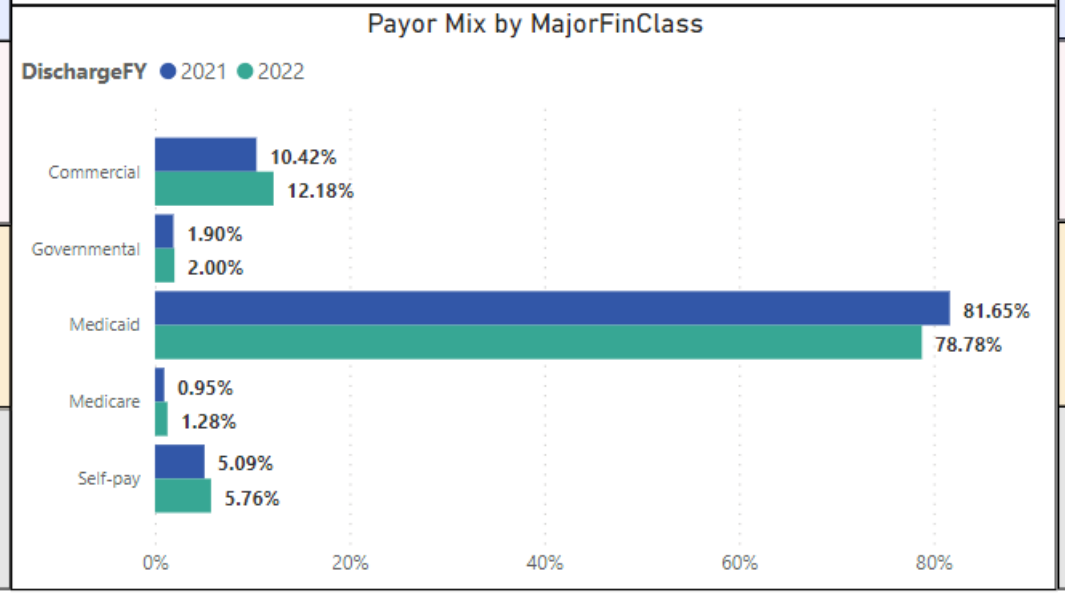
- Dedicated anesthesia for pediatrics in discussion

Service Line P&L Dashboard

Women's Services

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 2,005		Cases: 2,102
$61.27M Total Charges		$61.81M Total Charges
$8.67M Total Net Revenue		$8.68M Total Net Revenue
$10.68M Total Variable Cost		$8.62M Total Variable Cost
($2.01M) Cont Margin		$55.95K Cont Margin
(23.17%) Cont. Margin %		0.64% Cont. Margin %



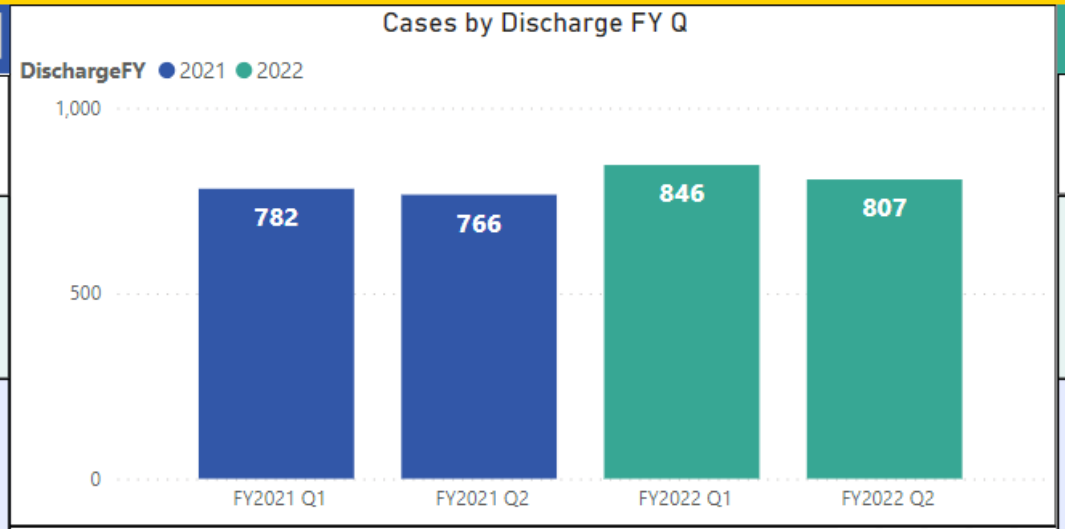


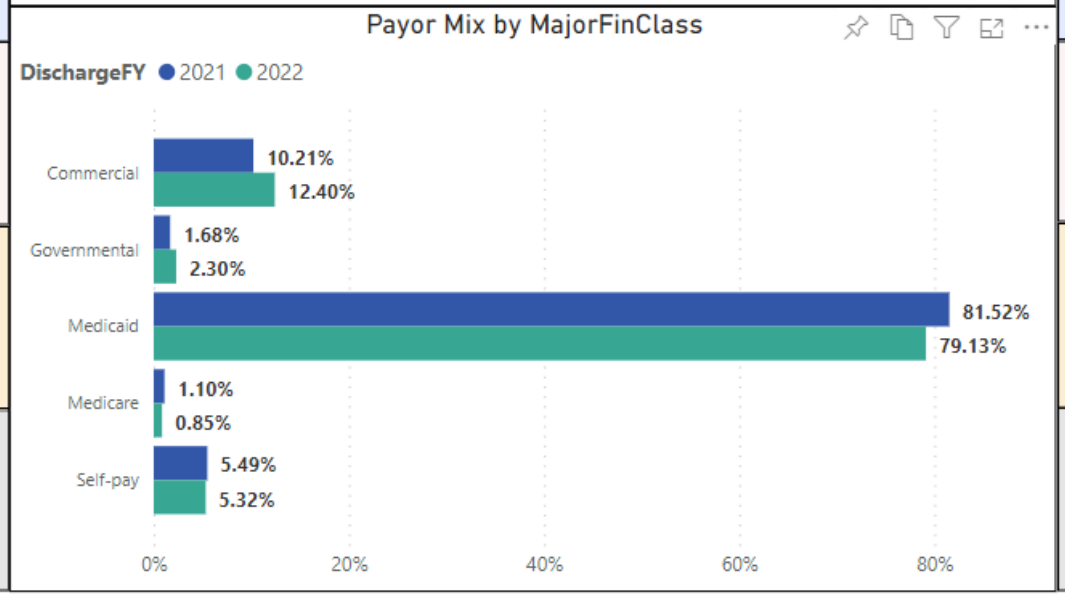
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

IP Women's Services

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 1,548		Cases: 1,653
$59.77M Total Charges		$60.14M Total Charges
$8.58M Total Net Revenue		$8.56M Total Net Revenue
$10.48M Total Variable Cost		$8.47M Total Variable Cost
($1.90M) Cont Margin		$90.54K Cont Margin
(22.19%) Cont. Margin %		1.06% Cont. Margin %



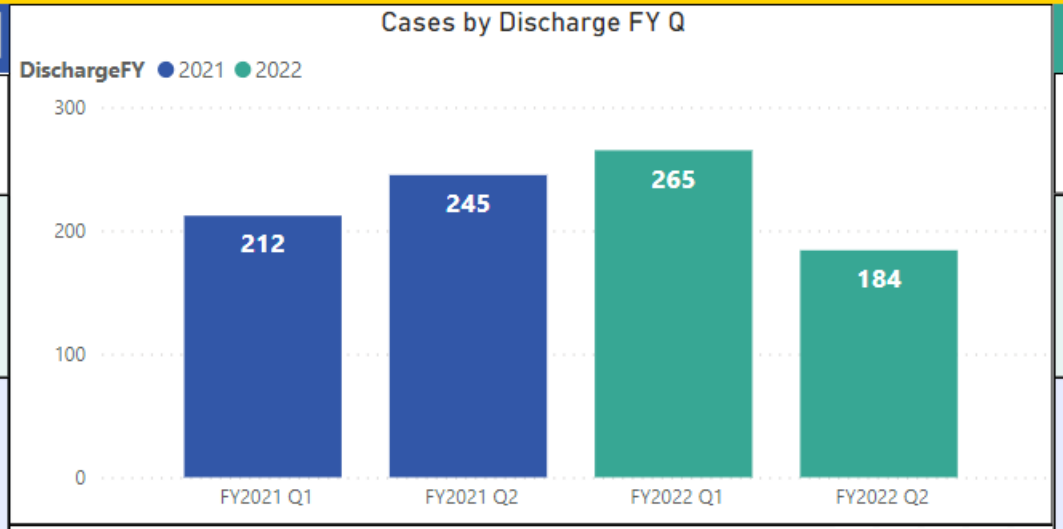


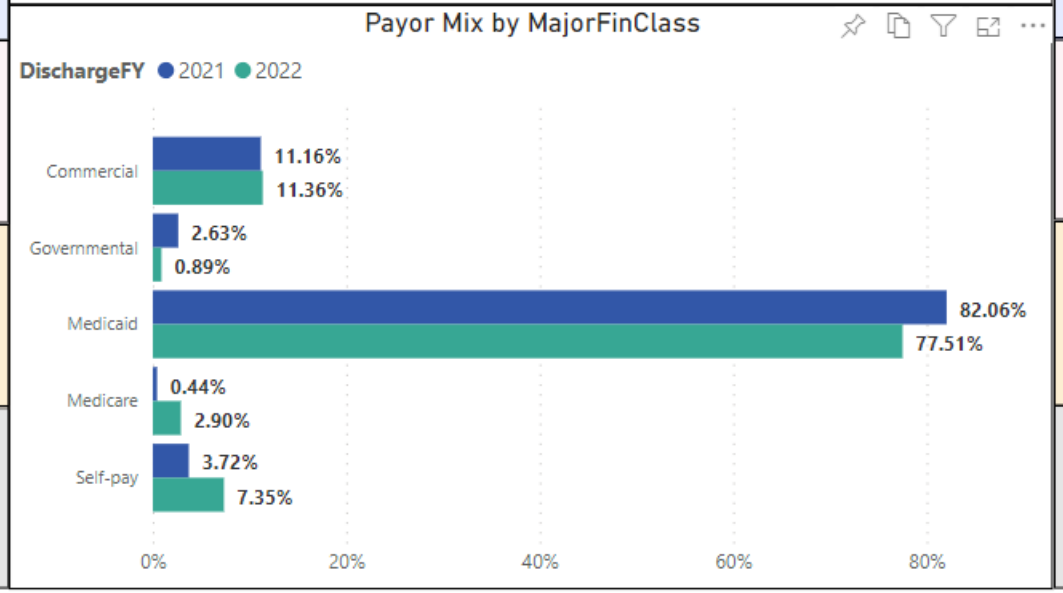
Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Service Line P&L Dashboard

OP Women's Services

FY 2021 Q1/Q2		FY 2022 Q1/Q2
Cases: 457		Cases: 449
$1.50M Total Charges		$1.67M Total Charges
$91.47K Total Net Revenue		$115.46K Total Net Revenue
$197.04K Total Variable Cost		$150.06K Total Variable Cost
($105.57K) Cont Margin		($34.60K) Cont Margin
(115.41%) Cont. Margin %		(29.96%) Cont. Margin %





Note: Federal Supplemental payments are not reflected in the Total Net Revenue as shown on this slide.

Women's Services

Service Line Update

Operational Update

- Utilization of Suboxone instead of Methadone for our Opioid Conversion program
  - Can be used without physician supervision
  - Not as addictive as Methadone
  - Lower possibility of overdosing
  - Better outcomes for babies
- Human Trafficking screening now being done in Gyn/Antenatal units
- Nurse Midwifery with UNLV
- Partnering with Main OR to staff certified surgical techs in L&D operating rooms

Revenue Enhancement

- Strategic alignment with UNLV for service line opportunities
- Planning for Antenatal Testing to fill gaps in service
  - Outpatient Fetal monitoring and ultrasounds for high risk pregnancies
- Manager reviewing 100% of ultrasounds for appropriate billing

Technology Strategy

- AirStrip and NicView up and fully functional

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **Telehealth Implementation**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Governing Board Strategic Planning Committee receive an update regarding Telehealth; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding telehealth implementation.

Cleared for Agenda
April 7, 2022

Agenda Item #
5

Telemedicine Service Line Update
April 7, 2022

UMC
UNIVERSITY MEDICAL CENTER

Online Care

Telemedicine Services

UMC's Vision is to provide Telemedicine Services as part of the day to day operations as a strategic part of UMC's healthcare delivery model to better serve our community

- Telemedicine Branding UMC Online Care
  - Amwell Platform
  - UMC Online Care will be staffed 24/7 with UMC providers
  - Medical Director Luis Medina – Garcia, M.D.
  - 158 visits as of January 25th
  - Volumes are increasing with excellent success
    - 42 visit's last week
- Future Services
  - Primary care – Planning Stages
  - Specialty consults

Telemedicine Marketing

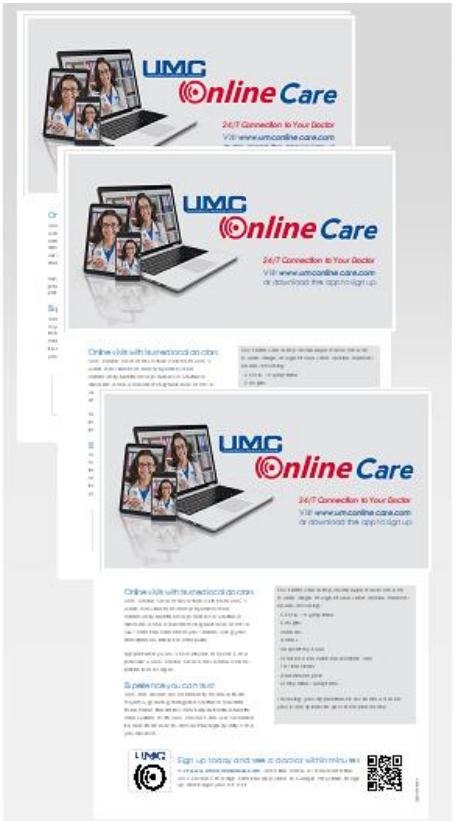
Media Source	Est. Impressions	Time Frame	Cost
Clear Channel Platinum Network	3MM	3/21 – 4/17	$3,423
Facebook/Instagram	2.4MM	4/1 – 4/30	$11,741
Spotify	1.05MM	4/1 – 4/30	$14,835
Total	6.45MM		$30,000

Additional Marketing:

- UMC Pulse
- County email to all county employees
- New patient discharge folder magnets
- All UMC Patient Discharge Instructions
- Flyers on the way out of the clinics
- Amwell mailers and emails

Telemedicine Marketing

Outdoor



Print

Social Media

Telemedicine Statistics

158

Total Completed Visits (All Time)

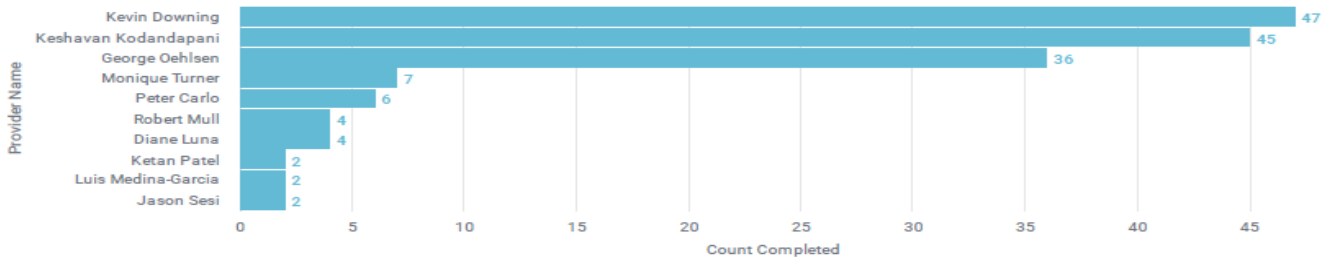
Patient Satisfaction

	Count Completed	% 1-3 Stars	% 4-5 Stars
1	158	∅	100%

00:07:44 minute(s)

Average Wait Time

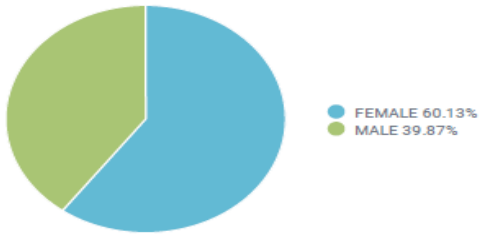
Top 5 Providers by Visit Volume



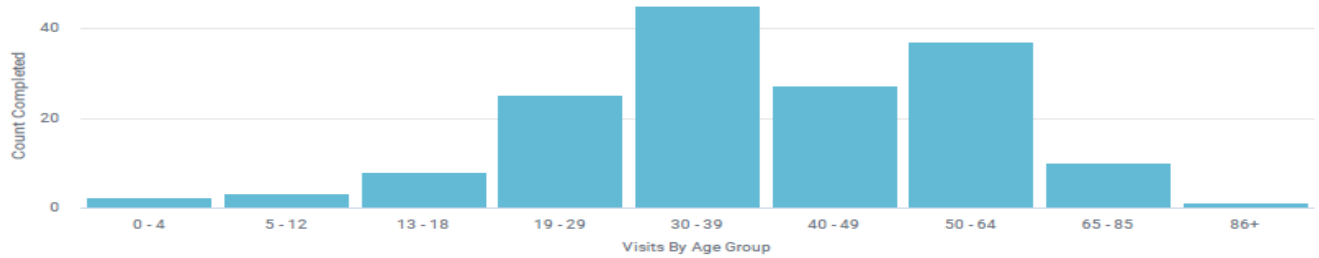
00:10:05 minute(s)

Average Visit Duration

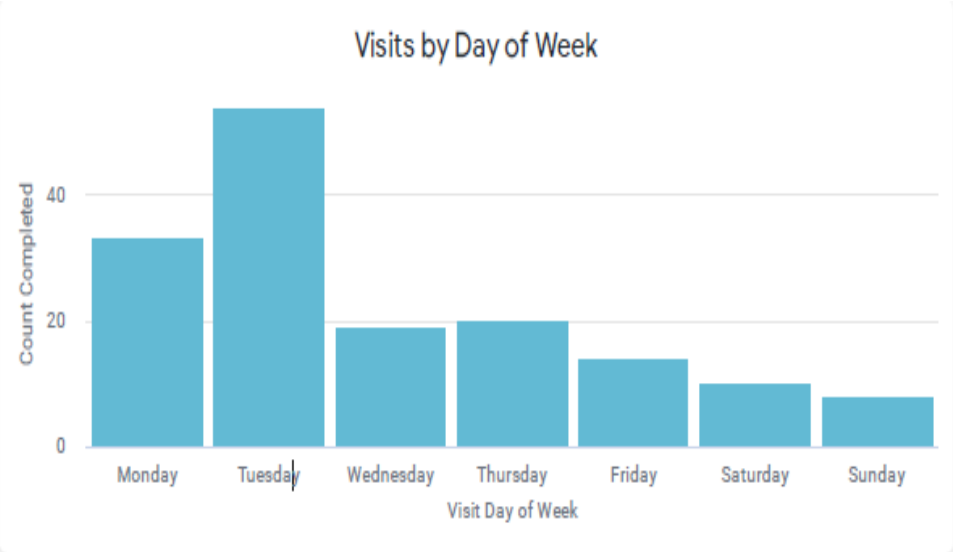
Patient Gender

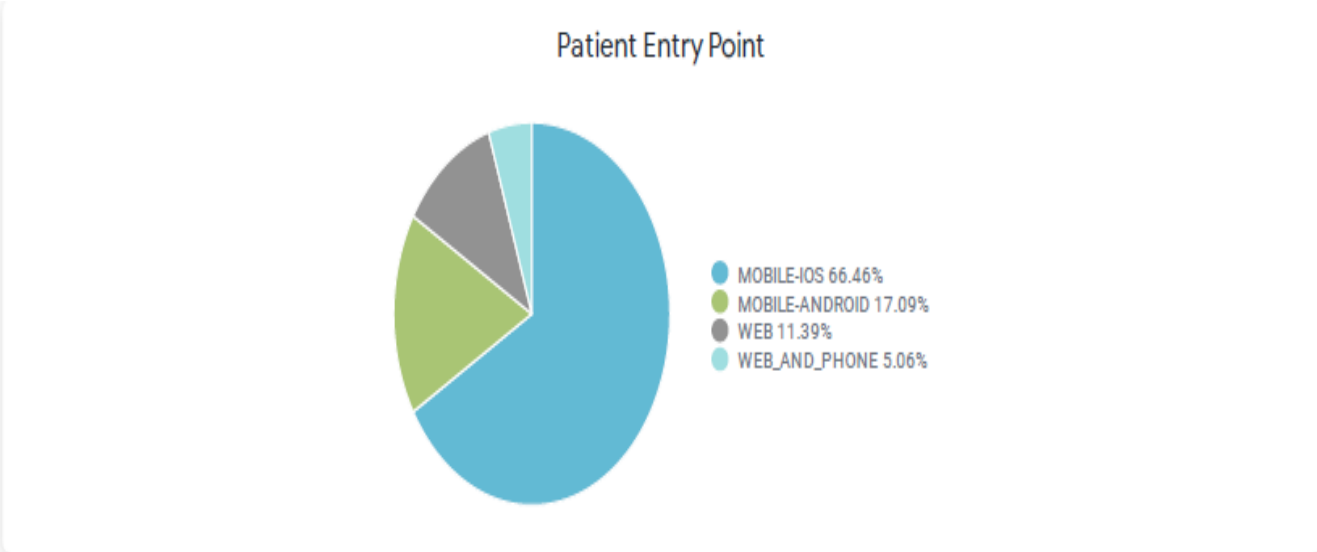


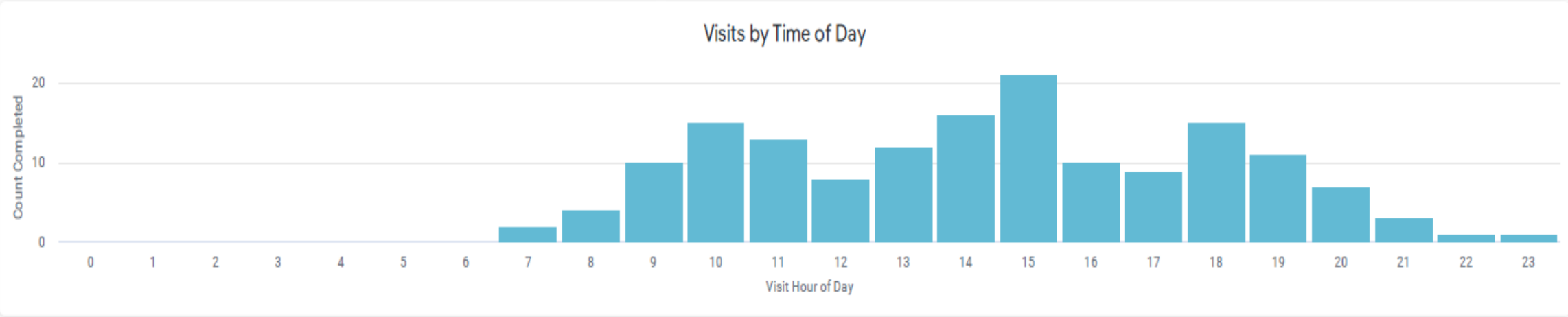
Patient Age



Telemedicine Statistics





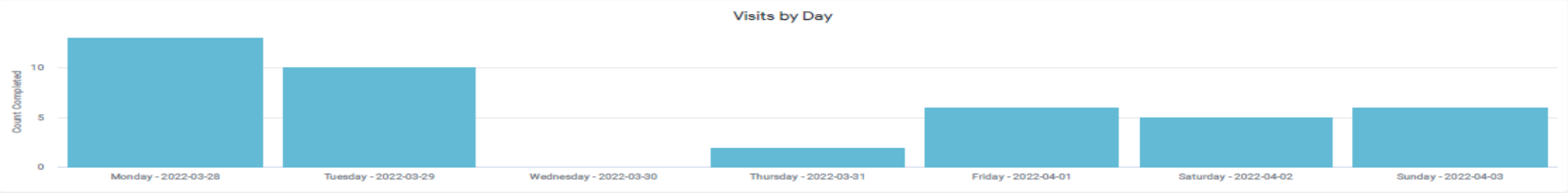


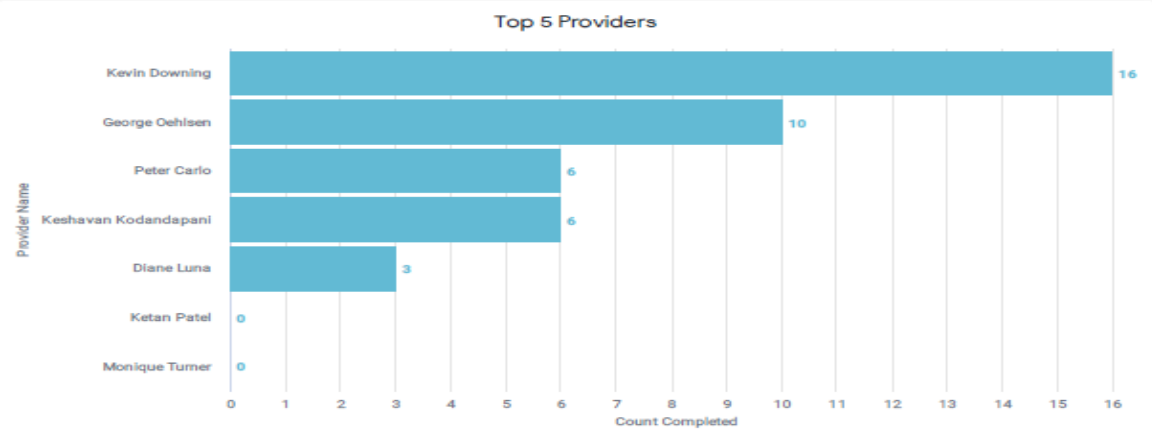
Telemedicine Statistics

42
Visits This Week

00:07:29 minute(s)
Average Wait Time

00:09:49 minute(s)
Average Visit Duration





Patient Satisfaction

	Visit Date	Count Completed	% 1-3 Stars	% 4-5 Stars
1	2022-03-28	13	∅	100%
2	2022-03-29	10	∅	100%
3	2022-04-03	6	∅	100%
4	2022-04-01	6	∅	100%
5	2022-04-02	5	∅	100%
6	2022-03-31	2	∅	100%
7	2022-03-30	0	∅	∅

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **Technology Strategy**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Governing Board Strategic Planning Committee receive an update regarding Technology Strategy; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding technology strategy.

Cleared for Agenda
April 7, 2022

Agenda Item #
6

UMC Technology Strategy

April 7, 2022

UMC Technology Strategy

Q1 CY22

Exabeam Security Information and Event Management (SIEM)

Q1-Q3 CY22

Wide Area Network Circuit Upgrade

Q1-Q4 CY22

Local Area Network Infrastructure Upgrade

Q2-Q3 CY22

Data Backup Solution Replacement and Hardware Upgrade

Q2-Q4 CY22

Workstation on Wheels (WOW) Refresh – Phase 1

Q1-Q2 CY22

Epic Wisdom Dental Module

Q1-Q3 CY22

Smartforce Enterprise Scheduling and Productivity

Q2 CY22

Thycotic Secret Server Privileged Access Management (PAM)

Q2-Q4 CY22

Epic Bones Outpatient Orthopedic Module

Q2-Q4 CY22

Windows Upgrade and Desktop Refresh

Q1 CY2022
Q4 CY2023

UMC Technology Strategy

Q2-Q4 CY22

Enterprise OnBase Document Management

Q3-Q4 CY22

Compute and Storage Platform Replacement – Phase 1

Q3 CY22-Q2 CY23

Identity and Access Management (IAM) for Epic

Q1-Q2 CY23

Compute and Storage Platform Replacement – Phase 2

Q1-Q4 CY23

Distributed Antenna Service (DAS) Upgrade

Q3 CY22

Microsoft Teams

Q3 CY22–Q2 CY23

Enterprise Fiber Network and Wireless Access Point Upgrade

Q4 CY22-Q1 CY23

Tanium Client Management

Q1-Q3 CY23

Workstation on Wheels (WOW) Refresh – Phase 2

Q1-Q4 CY23

Cloud Telephony Services

Q1 CY2022
Q4 CY2023

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **The Medical District and Façade Progress**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Governing Board Strategic Planning Committee receive an update regarding the Medical District and Façade progress; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the Medical District and UMC's Façade progress.

Cleared for Agenda
April 7, 2022

Agenda Item #
7

LAS VEGAS MEDICAL DISTRICT UPDATE April 7, 2022

Projects to be considered

For presentation at the June 23, 2021 Audit and Finance Committee in Closed Session pursuant to NRS 450.140(3).

LAS VEGAS MEDICAL DISTRICT

1

PLAN

- Project Neon to enhance sidewalks, streetscape amenities and facilities
- Expanding transit service to strengthen linkages to Downtown and surrounding areas
- Mixed use hub to expand amenities; open spaces and neighborhood retail for those who work at the Medical District
- Greenway to create an appealing and walkable environment (park/dog park)
- To enhance cycling network
- Medical Offices/Space
- Legal services, banking
- Apartments/multi-family units/student housing
- Wet lab

2

CONSIDERATIONS

- Restaurants, coffee shop/pastries/ice cream/ healthy fast food (ex. Greens and Proteins)
- Groceries (Sprouts, Whole Foods, Trader Joes)
- Local pharmacy
- Public/street arts
- Retail (sewing/alterations, dry cleaning, car wash)

SHADOW LANE/WELLNESS WAY

3

- Hotel/Medical Offices
- Other tenants being considered
- Obligated retail/restaurants (5000 sq. ft.)

Medical District/Innovative Cities

Creation of global competition advantage and entrepreneurial dynamics that drives life and science industry in the city.

4

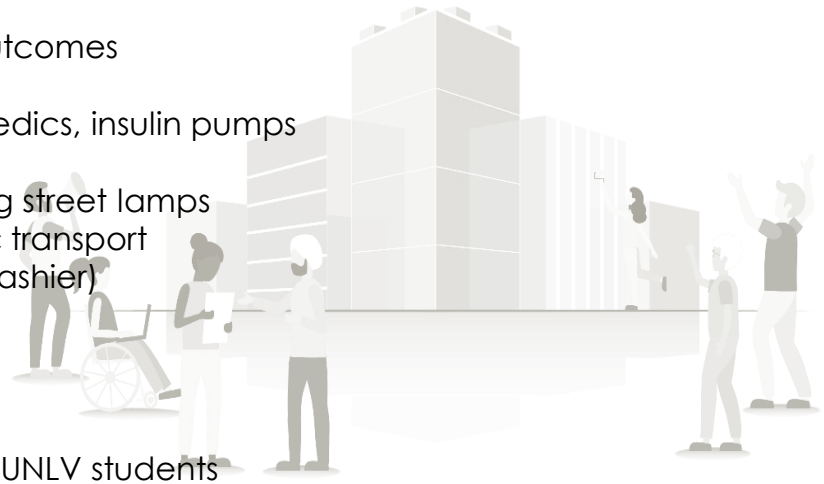
Evolving Medical Districts:

- Nanomedicine
  - drug-delivery method to target tumors
- New methods of drug development
  - virtual trials
  - pharmaceutical collaboration
- Personalized medicine
  - RNA Therapy
- Advanced Research Institute
- Biotechnology
  - Stem cells/On-site lab
  - Genetic testing
- New/Emerging Technology collaborations network with existing healthcare medical district facilities/UNLV/physician groups
- Diagnostic Testing
  - Mammograms, colonoscopy, radiology

FUTURE OF LVMD

4

- Specialty Services
  - Dermatology, dental, ophthalmology, sleep clinic, mental health/psychiatric services, ENT, urology, OB/GYN, pain management clinics, neurology clinic, cancer care center
- Medical Technology Innovation
  - Artificial Intelligence
    - Analysis of patient data/improve outcomes
- Biomedical Engineering
  - Prosthetics, dialysis machines, orthopedics, insulin pumps
- Smart City Innovations
  - Electric Avenue chargers for cars using street lamps
  - Electric-powered Tram for safer public transport
  - Amazon Go! (Grocery store without cashier)
  - Energy efficient buildings
  - Smart street lights
- Harry Reid Research and Technology Park
  - UNLV's Tech incubator
    - Integrates research and employing UNLV students
    - Host variety of businesses, with 1.5 million square feet of available office and retail space
    - Offer accommodation to newly-formed companies which supports innovators and entrepreneurs



MARKET ASSESSMENT/GAPS IN MEDICAL SERVICES

5

Next Steps – City Plan

- City of LVMD consultant and procurement
- SWOT Analysis
- Stakeholder interviews to include UMC and others in the Medical District/Medical gaps assessment

Re*VITAL*ize Façade Project Update April 7, 2022

For presentation at the June 23, 2021 Audit and Finance Committee in Closed Session pursuant to NRS 450.140(3).

REVITALIZE FAÇADE HISTORY/UPDATES

- UMC retained Friedmutter Group (Architect)
  - **06/01/2019**
- GCDP Agreement for Construction Management Services
  - **09/29/2021**
- RFP responses due
  - **03/10/2022**
- Capital Committee approved
  - **03/11/2022**
- RFP Evaluation Committee scoring
  - **03/28/2022**

2019 | 2020 | 2021 | 2022

2020
- Finalized drawings

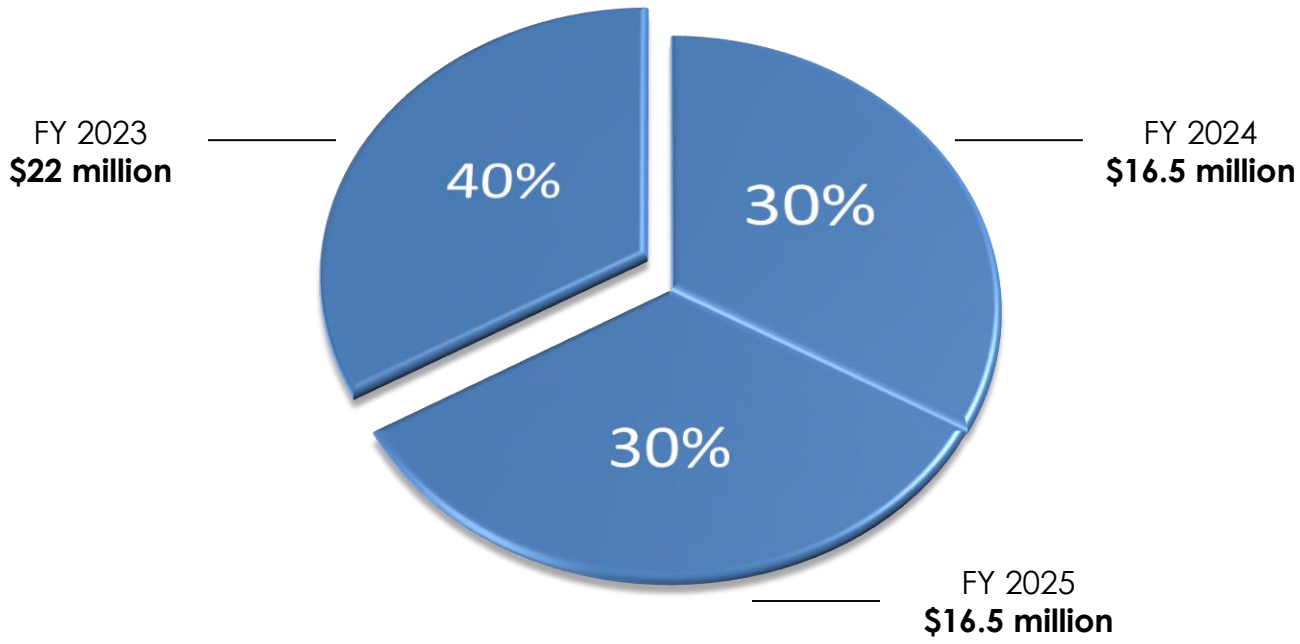
01/27/2022
- Pre-proposal meeting and site walk

01/09/2022
- RFP published in Las Vegas Review Journal

03/23/2022
- Friedmutter Group Agreement extending/amendment (Audit & Finance approval)

04/19/2022
- Finalist oral presentations

ESTIMATED COST/BUDGET DISTRIBUTION



PROJECT IMPLEMENTATION PLAN (General Contractor Selected)

Pre-Construction

- Establish meetings and action plan
- Identify phasing constraints
- Exploratory work to confirm existing conditions
- Site logistic plans and schedule durations
- Site Safety
- Budgets
- Risks

Subcontractor Involvement

- Bids
- Involve throughout the Preconstruction process
- Identify materials
- Review of site specific areas

Materials/Supplies

- Barriers anticipated
- Plan regarding timely procurement of materials and/or supplies
- Monitor market

Construction Phases

- Track and document progress
- Communication
- Budget and schedule tracking
- Review of phases

Project Closeout

- Approach to achieving project closeout (warranty work)

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **UMC/UNLV Business Strategy**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Strategic Planning Committee receive an update regarding UMC/UNLV business strategy; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 7, 2022

Agenda Item #

8

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **Emerging Issues**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Strategic Planning Committee identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 7, 2022

Agenda Item #
9

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM

Issue: **Closed Session**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Strategic Planning Committee go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.**	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 7, 2022

Agenda Item #
10