



UMC Strategic Planning Committee Meeting

UMC Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
Wednesday, June 13, 2024, 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 May 2, 2024. (For possible action)

3. Approval of Agenda. (For possible action)

SECTION 2: BUSINESS ITEMS

4. Receive an update regarding the clinical trials from Ron Roemer, Director of Clinical Trials Research and Compliance; and direct staff accordingly. *(For possible action)*
5. Receive an update regarding the Medical District progress; and direct staff accordingly. *(For possible action)*
6. Receive a report regarding updated UMC 5-year Financial Plan; and direct staff accordingly. *(For possible action)*
7. Receive an update on the FY25 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

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

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).

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
May 2, 2024**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, May 2, 2024
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 9:01 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
Renee Franklin (Via WebEx)
Robyn Caspersen (Via WebEx)
Christian Haase (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:

Dr. Don Mackay (Excused)

Also Present:

Mason Van Houweling, Chief Executive Officer (WebEx)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Maria Sexton, Chief Information Officer
Dr. Luis Medina-Garcia, Medical Director of Telemedicine Services
Dr. Frederick Lippmann, Chief Medical Officer
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 March 7, 2024 (*For possible action*)

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report regarding UMC Market Share Data; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Market Share Data

DISCUSSION:

Mr. Marinello introduced Stacie Wichman-Roch and Cerferino Villafuerte as new members of the UMC team to assist with business development of the new service lines.

Mr. Jones provided a high level overview on market share data through 2nd quarter. A comparison of area facilities, including HCA, Valley Health System, North Vista and the Roses was provided. There has been a slight decrease in market share quarter over quarter, but UMC remains #4 in the market.

In general surgery, UMC is #3 in the market at 11.9%. Quarter over quarter, UMC has increased about .38%.

In orthopedics, UMC has seen growth, up .53% and remains #2 in the market.

Cardiac services we jumped from number 8 to number 6 in the market. He noted that we did lose .5% in market share. For the year we are up .4%.

Children's hospital is #3 in the market, holding 20.94% of the market following Sunrise and Summerlin. Year over year we are down .3%.

Women's services is at #8 in the market. Although down a full percentage point quarter over quarter, we have gained .3% in the market year over year.

Mr. Van Houweling commented on the marketing campaign coming up soon regarding cardiac services at UMC. He added that the loss of oncology services at UMC may be a key driver in the low pediatric volumes in the Children's hospital.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding UMC Service Line Performance Overview; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Jones continued with a review of the service line update.

Surgery volumes continue to show growth. Cost are good, net revenue and contribution margins are up.

Chair Hagerty asked if this is where we expect to be; normalized with anesthesia compared to last year. Mr. Marinello responded that the OR volumes continue to grow and we have more anesthesia coverage, so we should be able to make a true comparison by the end of the 4th quarter.

Overall general surgery showed volumes up, charges per case are down slightly and contribution margin is good. The costs are being controlled. There was continued discussion regarding the value received from the refresh in the OR suites.

The service line update included a review of the first case on time improvements, room turnover statistics and block time policy initiatives. Twenty-four hour cancellations are at 12% for the 3rd quarter. There was continued discussion regarding the root cause of surgical cancellations. Initiatives for inpatient surgeries, collaborations to increase and diversify robotic surgery, and streamlining OR workflow was discussed, along with other strategic next steps and technology strategies.

Overall volumes for orthopedic surgery and clinic visits have increased. Revenue per case is good and cost per case has increased slightly. Clinic volumes have increased quarter over quarter.

Chair Hagerty asked why there is a loss in the contribution margin for the clinics. Ms. Wakem responded that it was due to the surgeon salaries which are charged to the clinics.

Operational updates highlighted the Enhanced Surgical Recovery After Surgery (ERAS) Measures, the joint camp class attendance is up 18%, early ambulation is up 9%, and discharge to home is at 89%. We are working with opportunities to save through HPG for supplies and strategic next steps is to achieve Center of Excellence for Orthopedic and Spine and we are looking to grow capabilities in sports medicine.

UMC now has a total of 13 surgeons, 1 non-operating physician and 4 APNs. The Ortho clinic has had over 23.5K clinic visits in the last 12 months. A second location is set to open on May 6th. Strategic next steps are to add a triage physician and adding hand and foot surgeons. Both are in the planning stages.

Volumes are flat quarter over quarter in cardiac services. Revenue is up and contribution margins are very good.

Mr. Marinello continued with the service line update for cardiac services. Cath lab volumes continue to increase and TAVR cases have transitioned to the Cath lab.

As of March 2024, there have been 80 watchman procedures and the structural heart program is exceeding expectations. Mr. Marinello continued with a review of expense savings opportunities and strategic next steps. UMC is anticipating the completion of the 3rd Cath lab and plans are in place for a 4th Cath lab.

Mr. Marinello wanted to remind everyone that the Cardiac Symposium is June 8th.

Ambulatory has had a decrease in volumes in primary care, charges and net revenue is up, but the contribution margin is down. Quick care volumes have also are also good. Costs per case are up 28%, which is bringing down the contribution margin. This is being monitored.

Ambulatory updates included an update on primary and quick care volumes, the Go Green initiative and partnership with Military Medicine. Expense opportunity includes increasing Value Based Care incentive payments. Strategic next steps to add telemedicine in Laughlin, medical assistant internships, expansion of the footprint in Southern Highlands, Virtual First Primary Care and there are multiple technology initiatives.

Children's Hospital volumes were down 3% year over year, but the contribution margin is up and total revenue is up per case. In Women's Services volumes are up slightly and charges and net revenue look good. Cost per case is up 14%.

Operational updates highlighted Safe Sleep performance, NICU reunion event in October, as well as revenue enhancements and strategic next steps.

Telemedicine continues to show growth. Volumes are up and patient satisfaction remains steady at 98%, and the average wait time is 6 minutes. Nevada Corrections telemedicine program for HIV/HepC has been completed and the agreement in place, but the agreement is currently on hold. There was continued discussion regarding the Hospital at Home initiative, which is in early stage planning.

The team next reviewed the status of the strategic initiatives that were set for FY2024.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update regarding Virtual First Primary Care; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- None

DISCUSSION:

Dr. Medina-Garcia provided an overview of the new Virtual First Primary Care initiative with telemedicine at UMC. The concept is using a 24/7 omni-channel access in a hybrid care delivery model.

Omni-channel access would make the patient the center of attention in every service line and would be the initial touchpoint with telemedicine. This platform will guide the patient to the right place for needed care and increase throughput and patient volume, while improving patient satisfaction, reducing cancellations at ambulatory sites and lowering costs.

The pilot site has been selected at the Primary Care at the Medical District.

The workflow would start with patient engagement via UMC online care with a credentialed provider privileged for urgent and primary care. This is the accessible online or other phone applications. If the virtual visit is definitive, no further action is required, but a follow-up visit may be scheduled. If an in-person touchpoint is needed, the patient can be referred to PC@MD for a “fast pass encounter” without the traditional wait time.

Although the platform will be provided to current patients, marketing is planned to promote this service.

Partnership will come from UMC Physicians and APPs. UMC is working with Silver Summit health plans to close gaps and any plan can take a part. The ultimate goal is to provide on-demand primary care UMC enterprise wide.

Dr. Medina-Garcia shared an example of what a patient dashboard through Oracle is being used at other facilities. He also shared how clinical applications of A.I. technology has helped with efficiencies in patient care at other facilities.

The discussion continued regarding the behaviors that will need to change in society for patients to become comfortable with the changes in the healthcare industry. A discussion ensued regarding the integration of A.I. at other facilities in a clinical setting to improve efficiencies.

Chair Hagerty would like to know what metrics are in place to measure progress with this service. It is critical that we are up to speed and moving in the right direction.

Member Franklin commented on the importance of marketing strategies to attract patients as it relates to certain demographics with the technology changes and healthcare needs. A discussion ensued regarding how the virtual platform could improve volumes and wait times for patients that would continue to come to the emergency room.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (For possible action)

DISCUSSION:

1. Chair Hagerty reiterated the goal to bring another service line, enhancing neurology and stroke care. Progress on attaining Stroke Center of Excellence
2. Next meeting date will be June 13th.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called for. No such comments were heard.

There being no further business to come before the committee this time, at the hour of 10:48 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

Issue: Clinical Trials Update	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update regarding the clinical trials from Ron Roemer, Director of Clinical Trials Research and Compliance; and direct staff accordingly. (For possible action)	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding UMC's Clinical Trials program..

Cleared for Agenda
June 13, 2024

Agenda Item #

4

Clinical Trials Office

Clinical Research Benefits and Structure

Research Structure

- Principal Investigator (PI)
- Institution
- Engagement
- Funded Research

Investigator Types

- Employed,
- Contracted,
- Privileged, and
- UNLV

Funding Sources

- Industry
- Federal
- Not-For-Profit
- Investigator Initiated

Benefits of Research

- Reimbursement
- Incremental Business
- Reputation
- Patient Access
 - No Cost
 - Readmission Reduction

Pre/Post Award Functions

- Prospective Reimbursement Analysis
- Budget Development
- Finalized Budget
- Bill Hold
- Examples

PRA

Prospective Reimbursement Analysis

Proprietary and Confidential Completed by the Clinical Trial Office		NCT04341116										
		A Phase 1b/2, Randomized, Double-Blind, Placebo-Controlled, Multi-Center Study to Evaluate the Safety and Efficacy of TJ003234 in Subjects with Severe Coronavirus Disease 2019										
		This Prospective Reimbursement Analysis (PRA) is intended as a general guideline for use in determining which items and services are billable to Medicare based on guidelines. All items and services that are billable to Medicare must be supported by medical necessity. This PRA was prepared by University Medical Center for its own obligations as to any third party and UMC makes no warranties as to its accuracy. For budgeting purposes, with the exception of investigative devices, this PRA assumes at least as much as Medicare covers. Insurance policies vary, however, and there is no guarantee that a commercial insurer will cover or pay for all items/services designed or advised to contact their own insurance providers concerning their coverage.										
	CPT Code	Screening Period	24-Hour Screen & Enrollment	Baseline Period	Follow-up Period							COUNT
				D1	D2	D3	D5	D7	D11 +/-1	D14 +/-1	D30 +/-2	
Informed Consent	N/A	S	S									0 Effort
Inclusion/Exclusion Review	N/A	S	S									0 Effort
Medical History and Demographics	N/A	S	S									0 Effort
Coronavirus diagnostic test	87635	M	M					S		S	S	3 Required per protocol for care.
CT or Chest X-ray	CT (71270, 71250, 71260) X-Ray (71045, 71046, 71047, 71048)	M	M	M/S				M/S		M/S	M/S	3 M/S - CT or Chest X-ray 1 hour Screen & Enroll P of SOC, Institution may
Arterial blood gas analysis (puncture - 36600)	82805, 36600	M	M	S				S		S	S	3 Required per protocol for care.
PaO2/FiO2	N/A	S	S	S				S		S	S	3 Required per protocol for care.
Physical Examination	99231, 99232, 99233	S	S	S	S	S	S	S		S	S	3 Required per protocol for care.
Pulse Oximetry	947	S	S	S	S	S	S	S	S	S	S	Required per protocol for care.
Clinical Status	N/A		S	S				S		S	S	Effort
Vital signs, includes body weight as applicable	N/A	S	S	S	S	S	S	S	S	S	S	Effort
12-lead ECG	93000	S	S	S				S		S	S	Required per protocol for care.
Venipuncture	36415	S	S	S	S	S	S	S	S	S	S	Required for all blood c
CBC	85027, 85025	S	S	S	S	S	S	S		S	S	Required per protocol for care.

PRA

Prospective Reimbursement Analysis

	CPT Code	Screening Period	24-Hour Screen & Enrollment	Baseline Period	Follow-up Period							COUNT	
				D1	D2	D3	D5	D7	D11 +/-1	D14 +/-1	D30 +/-2		
Blood Chemistry (including LDH, C-reactive protein, serum ferritin) CMP - 80053 LDH - 83615 C-Reactive Protein - 86140 serum ferritin - 82728 direct bilirubin - 82248 GGT - 82997 magnesium - 83735 uric acid - 84550 phosphorus - 84100	80053, 83615, 86140, 82728, 82248, 82997, 83735, 84550, 84100	S	S	S	S	S	S	S		S	S		Required per
Coagulation Panel (PPT-85730, fibrogen - 85384, PT-85610, D-Dimer - 85380)	85730, 85384, 85610, 85380	S	S	S	S	S	S	S		S	S		Required per
Urinalysis	81002	S	S	S	S	S	S	S		S	S		Required per
Troponin	84484		S	S				S		S	S		Required per
Follicle-stimulating Hormone (FSH) test	83001, 83002												
Serum pregnancy test	84703	S	S										
Urine pregnancy test	81025	S	S										
Cytokine levels (sample collection only)	N/A	CL	CL	CL	CL	CL	CL	CL		CL	CL		Effort
SOFA (Sequential Organ Failure Assessment score)4	N/A		S	S				S		S	S	3	Effort
Study Drug Administration: infusion includes pharmacy dispensation and administration	N/A		S	S								0	Effort
Prior and Concomitant medication/treatment	N/A	S	S	S	S	S	S	S	S	S	S	4	Effort
Adverse events	N/A	S	S	S	S	S	S	S	S	S	S	4	Effort

Budget

Procedure \$ = procedure performed SOC = procedure performed as part of standard of care (x) = procedure requested but not required; invoiceable if not part of SOC	Screening period ¹	Baseline period ¹	Follow-up period							TOTAL COSTS (USD)	24-hours screen & enroll period ¹
		D1	D2	D3	D5	D7	D11 +1	D14 +1	D30±2		
Informed Consent	\$ 150.00									\$150.00	\$ 150.00
Inclusion Exclusion Review	\$ 50.00									\$50.00	\$ 50.00
Medical History and Demographics	\$ 50.00									\$50.00	\$ 50.00
Coronavirus diagnostic test (CPT 87635)	SOC					(X)		(X)	(X)		SOC
CT or Chest Xray ² (CT - 71250,60,70 - X-ray - 71045, 46,47,48)	SOC	Invoiceable				Invoiceable		Invoiceable	Invoiceable		SOC
Arterial blood gas analysis (CPT 82803)	SOC	\$ 77.00				\$ 77.00		\$ 77.00	\$ 77.00	\$308.00	SOC
PaO2/FiO2	\$ 25.00	\$ 25.00				\$ 25.00		\$ 25.00	\$ 25.00	\$125.00	\$ 25.00
Physical Examination (CPT 99231, 232, 233)	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00		\$ 150.00	\$ 150.00	\$1,200.00	\$ 150.00
Pulse Oximetry ³ (CPT 94760)	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$180.00	\$ 20.00
Clinical Status		\$ 20.00				\$ 20.00		\$ 20.00	\$ 20.00	\$80.00	\$ 20.00
Vital signs. includes body weight as applicable ³	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	\$360.00	\$ 40.00
12-lead ECG ³ (CPT 93000)	\$ 125.00	\$ 125.00				\$ 125.00		\$ 125.00	\$ 125.00	\$625.00	\$ 125.00
Venipuncture (CPT 36415)	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00		\$ 20.00	\$ 20.00	\$160.00	\$ 20.00
CBC with diff (CPT 85025)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00		\$ 95.00	\$ 95.00	\$760.00	\$ 95.00
Blood Chemistry											
CMP (CPT 80053)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00		\$ 90.00	\$ 90.00	\$720.00	\$ 90.00
LDH (CPT 83615)	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00		\$ 20.00	\$ 20.00	\$160.00	\$ 20.00
C-reactive protein (CPT 86140)	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00		\$ 15.00	\$ 15.00	\$120.00	\$ 15.00
serum ferritin (CPT 82728)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00		\$ 50.00	\$ 50.00	\$400.00	\$ 50.00
direct bilirubin (CPT 82248)	\$ 45.00	\$ 45.00	\$ 45.00	\$ 45.00	\$ 45.00	\$ 45.00		\$ 45.00	\$ 45.00	\$360.00	\$ 45.00
GGT (CPT 82997)	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00		\$ 20.00	\$ 20.00	\$160.00	\$ 20.00
magnesium (CPT 83735)	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00		\$ 25.00	\$ 25.00	\$200.00	\$ 25.00
uric acid (CPT 84550)	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00		\$ 15.00	\$ 15.00	\$120.00	\$ 15.00
inorganic phosphorus											

Budget

Procedure \$ = procedure performed SOC = procedure performed as part of standard of care (x) = procedure requested but not required; invoiceable if not part of SOC	Screening period ¹	Baseline period ¹	Follow-up period							TOTAL COSTS (USD)	24-hours screen & enroll period ¹
		D1	D2	D3	D5	D7	D11 ±1	D14 ±1	D30±2		
Coagulation Panel											
PTT (CPT 85730)	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00		\$ 20.00	\$ 20.00	\$160.00	\$ 20.00
activated partial thromboplastin time (aPTT)	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30.00	\$ 30.00	\$240.00	\$ 30.00
international normalized ratio (INR)	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00		\$ 15.00	\$ 15.00	\$120.00	\$ 15.00
D-Dimer (CPT 85380)	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00		\$ 30.00	\$ 30.00	\$240.00	\$ 30.00
Urinalysis (CPT 81002)	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00		\$ 10.00	\$ 10.00	\$ 80.00	\$ 10.00
Troponin ⁴ (CPT 84484)		\$ 35.00				\$ 35.00		\$ 35.00	\$ 35.00	\$ 140.00	\$ 35.00
Cytokine levels (sample collection only)	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00		\$ 50.00	\$ 50.00	\$ 400.00	\$ 50.00
SOFA (Sequential Organ Failure Assessment score) ⁴		\$ 50.00				\$ 50.00		\$ 50.00	\$ 50.00	\$ 200.00	\$ 50.00
Study Drug Administration: infusion includes pharmacy dispensation and administration		\$ 80.00								\$ 80.00	\$ 250.00
Prior and Concomitant medication/treatment	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 225.00	\$ 25.00
Adverse events	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00	\$ 225.00	\$ 25.00
PI Fee	\$ 200.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$ 180.00	\$180.00	\$ 180.00	\$ 180.00	\$ 1,640.00	\$ 180.00
Coordinator Fee	\$ 150.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$100.00	\$ 100.00	\$ 100.00	\$ 950.00	\$ 150.00
Sub-Total	\$ 1,560.00	\$1,502.00	\$1,090.00	\$1,090.00	\$1,090.00	\$1,422.00	\$390.00	\$1,422.00	\$1,422.00	\$ 10,988.00	\$1,895.00
Overhead (30%)	\$ 468.00	\$ 450.60	\$ 327.00	\$ 327.00	\$ 327.00	\$ 426.60	\$117.00	\$ 426.60	\$ 426.60	\$ 3,296.40	\$ 568.50
TOTAL	\$ 2,028.00	\$1,952.60	\$1,417.00	\$1,417.00	\$1,417.00	\$1,848.60	\$507.00	\$1,848.60	\$1,848.60	\$14,284.40	\$2,463.50
Visit Costs for Enrolled Patients											

¹ For a Subject who completes the screening period visit and enrolls within 24-hours of its completion, the 24-hours screen & baseline visit procedures, in accordance with the Protocol, and costs will apply and not the separate screening and baseline period visits.

² CT or Chest X-ray is required at Screening Period, Baseline Period, D7, D14, D30, and 24-hours Screen & Enroll Period visit (if visit is applicable). If procedure is performed and not part of SOC, Institution may

³ For a Subject who completes the screening period visit and enrolls within a 24-hour period (24-hours Screen & Enroll Period visit, ECG and pulse oximetry will be taken at 2 timepoints (screening/pre-dosing and post-infusion) and vitals will be taken at 5 timepoints (screening, pre-dose, during infusion, post-infusion, and 1-hr post-infusion) in accordance with the Protocol.

Budget

Invoiceable Items <i>(items may not be required for all Subjects at protocol visits)</i>	Unit Cost (USD) <i>inclusive of applicable overhead</i>
Chest x-ray (CPT 71045, 71046, 71047, 71048)	\$ 500.00
CT of chest (CPT 71250, 71270, 71260)	\$ 750.00
Arterial Blood Gas Analysis (CPT 82803)	\$ 100.00
Serum Pregnancy Test (CPT 84703)	\$ 32.00
Urine Pregnancy Test (CPT 81025)	\$ 22.00
FSH (CPT 83001)	\$ 40.00
Coronavirus diagnostic test (CPT 87635)	\$ 130.00
Vital Signs	\$ 52.00
ECG (CPT 93000)	\$ 163.00
Urinalysis w/Microscope (CPT 81001)	\$ 15.00
PK sample collection (per sample)	\$ 60.00
ADA sample collection (per sample)	\$ 60.00
Day 11 visit - if a telephone visit	\$ 75.00
Day 30 visit - if a telephone visit	\$ 100.00
Spanish Translation of ICF (with prior approval of Veristat)	<i>per translator invoice plus 30% overhead</i>
Start-up Fees	Unit Cost (USD) <i>inclusive of applicable overhead</i>
Start-up Fee	\$ 5,000.00
CTO Fees	\$ 3,900.00
Pharmacy Set-up Fee	\$ 2,175.00
IRB Initial Fee (if applicable)	\$ 1,950.00
Total:	\$ 13,025.00

Budget

Other Invoiceable Fees	Unit Cost (USD) <i>inclusive of applicable overhead</i>
IRB Continuing Review Fee	\$ 1,300.00
IRB Amendment Fee (if applicable)	\$ 975.00
IRB preparation for amendments, change in ICF	\$ 250.00
IRB Close Out	\$ 390.00
CTO Amendment Fee (Assessed for amendments that changes any UMC billable items and/or services requiring a change to the PRA.)	\$ 975.00
Pharmacy Maintenance (pro-rated monthly at \$145/)	\$ 1,740.00
Pharmacy Close Out (including drug destruction)	\$ 650.00
Screen Failures - subject to the terms in Schedule A	\$ 2,028.00
Archiving Fee	\$ 500.00
<p>Unscheduled Visit will be reimbursed for the actual procedures performed based on the budget negotiated rate (including applicable overhead) and in accordance with the Agreement and Protocol.</p> <p>Such procedures may include but may not be limited to the following: <i>Clinical Status, Blood Gas Analysis, SOFA Score, PaO2/FiO2 ratio, PE, Pulse Oximetry, Vital signs, CBC, Serum Biochemistry, Troponin, CRP, LDH, Ferritin, Cytokine Levels</i></p>	<p>Invoice for actual procedures performed at budgeted negotiated rates (including applicable overhead)</p>
FDA Audit (Not for Cause) - each day	\$ 390.00

Regulations and Compliance

- Sunshine Act (2013)
- National Clinical Trial Number (2009)
- CMS Clinical Trial Policy (2007)
- Stark Law (1995)
- Anti-Kickback (1972)
- False Claims Act (1863)

Questions/Comments/Discussion



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

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

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the Medical District progress.

Cleared for Agenda
June 13, 2024

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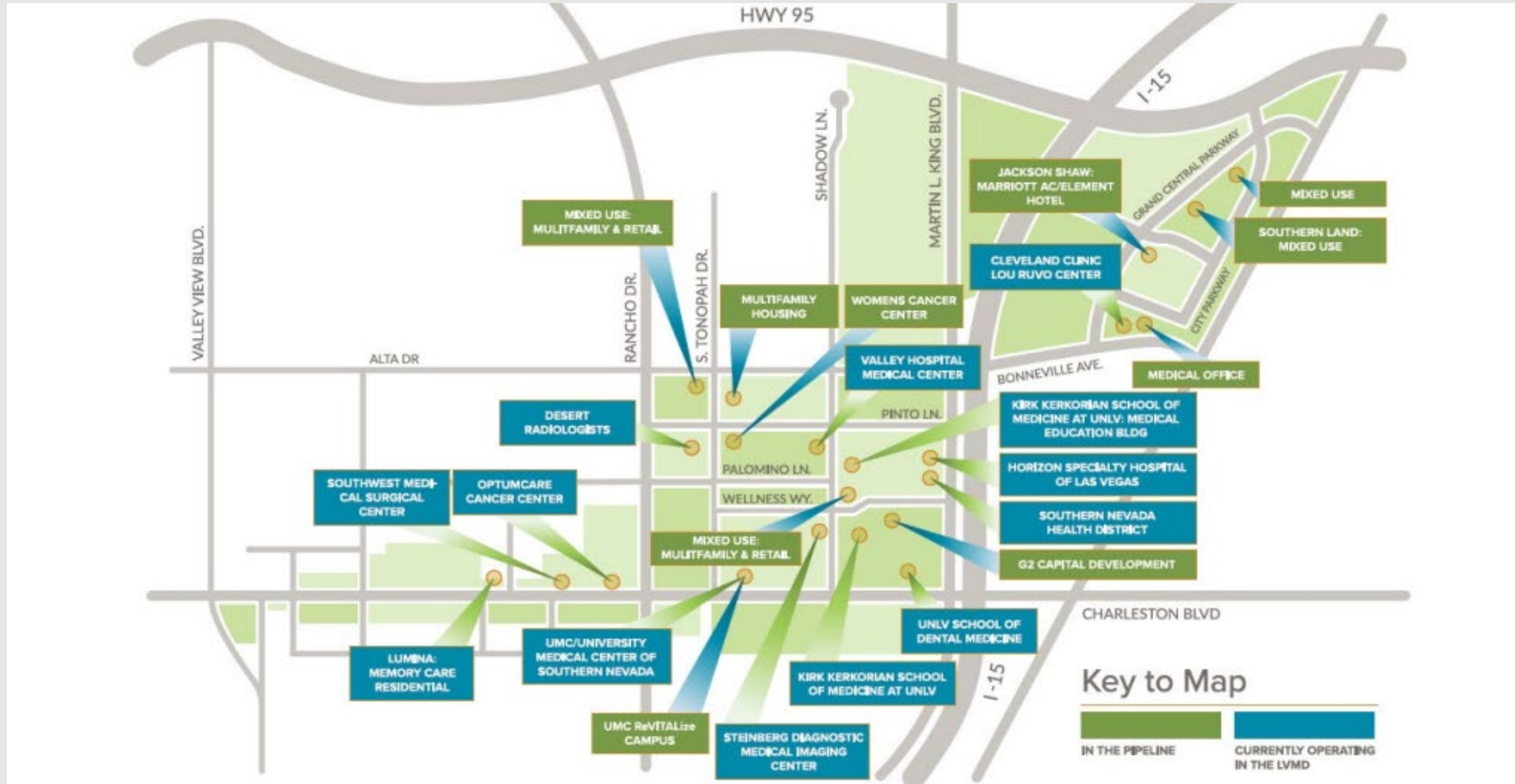


LAS VEGAS MEDICAL DISTRICT UPDATES

UMC Strategic Planning Committee
Jessika Dragna
June 13th, 2024

ECONOMIC DEVELOPMENT

LVMD Planned Development



In the pipeline... multifamily housing, AC / Element Hotel (Symphony Park), restaurants and more

ECONOMIC DEVELOPMENT



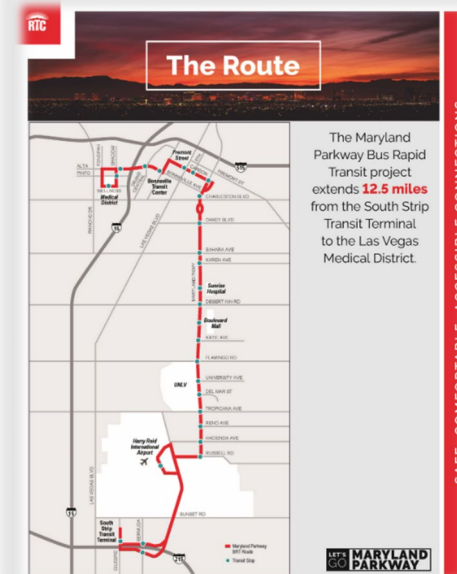
Civic Plaza Project Renderings

Bioscience Incubator Lab



LVMD is leading the planned creation of Southern NV's first and only bioscience incubator and the formation of a Bio Health Science Steering Committee to help shape and guide progress.

Let's Go Maryland Parkway!



ECONOMIC DEVELOPMENT

Las Vegas 2050 Master Plan – Charleston Area



- The plan will address a wide range of topics:
 - Housing and development
 - Parks and open space
 - Amenities, such as playgrounds or rec centers
 - Transit, sidewalks and bike lanes
 - Jobs and education facilities
 - Spring 2025 – Final Plan

LIVABLE • EQUITABLE • INNOVATIVE • RESILIENT • HEALTHY

"Harmony In Bloom" Wellness Way Mural



ART



Charleston Underpass Mural Bridge

4 more
projects
coming soon

"The Las Vegas Medical District Public Art Plan Aims to create a connection between the city of Las Vegas and the downtown medical health care community"

LEGISLATIVE



Las Vegas Legislative Committee

- Physician Licensure
- "Any Willing Provider" Law
- Restrictive Covenants/Non-Competes for providers/physician
- Licensure process for healthcare workers



Focus On Mental Health

- Children Mental Health Action Coalition

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

Issue: 5-Year Plan	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive a report regarding updated UMC 5-year Financial Plan; and direct staff accordingly. (For possible action)	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the 5-year financial plan for UMC.

Cleared for Agenda
June 13, 2024

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5- Year Plan

INITIATIVES AND ASSUMPTIONS

Supplemental Payments

- DSHopt out
- Directed payment program

INITIATIVES AND ASSUMPTIONS



Patient Revenue

- New Rehab unit in FY26 with 28 beds
- \$5M per year estimated Managed Care increase- better contracts
- New OP Pharmacy in FY26
- New Liver Transplant service in FY26
- New QC/PC opening each year starting in 2026

INITIATIVES AND ASSUMPTIONS

Cost Management

- Longevity phase out
- EPIC implementation depreciation going away
- Nellis rent going away

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**INITIATIVES
AND
ASSUMPTIONS**

KEY INDICATORS



	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Patient Days	143,329	155,323	156,370	157,462	158,794
Total APDs	222,607	242,474	246,189	249,502	253,514
Visits	472,578	507,752	549,036	591,538	635,298
Admissions	24,265	25,874	26,660	27,470	28,327
Adj Adms	37,686	40,391	41,974	43,527	45,224
Average Daily Census	393	426	428	431	435
AADC- HOSP	574	625	634	642	652
ALOS	5.91	6.00	5.87	5.73	5.61

SUMMARY INCOME STATEMENT



REVENUE	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Total Gross Patient Revenue	\$5,300,303,067	\$5,744,841,686	\$6,100,030,429	\$6,497,096,868	\$6,902,826,798
Net Patient Revenue	\$972,090,470	\$1,051,321,704	\$1,090,619,716	\$1,135,253,866	\$1,175,623,868
Other Revenue	\$42,430,586	\$43,487,016	\$44,783,682	\$46,110,677	\$47,468,825
Total Operating Revenue	\$1,014,521,056	\$1,094,808,720	\$1,135,403,398	\$1,181,364,542	\$1,223,092,693
Net Patient Revenue as a % of Gross	18.34%	18.30%	17.88%	17.47%	17.03%
EXPENSE	Actual	Actual	Actual	Actual	Actual
Total Operating Expense	\$1,023,652,953	\$1,091,062,350	\$1,146,108,662	\$1,203,053,524	\$1,261,530,491
INCOME FROM OPS	Actual	Actual	Actual	Actual	Actual
Total Inc from Ops	(\$9,131,897)	\$3,746,370	(\$10,705,264)	(\$21,688,982)	(\$38,437,798)
Add back: Depr & Amort.	\$47,847,766	\$48,991,234	\$52,939,262	\$57,033,599	\$61,128,407
Tot Inc from Ops plus Depr & Amort.	\$38,715,869	\$52,737,603	\$42,233,999	\$35,344,617	\$22,690,609
Operating Margin (w/Depr & Amort.)	3.82%	4.82%	3.72%	2.99%	1.86%

CASH FLOW



	Budget BUD 2025	Plan PLAN 2026	Plan PLAN 2027	Plan PLAN 2028	Plan PLAN 2029
CASH FLOWS FROM OPERATING ACTIVITIES					
Cash received from customers	\$967,655,350	\$1,043,398,580	\$1,086,689,915	\$1,130,790,451	\$1,171,586,868
Cash paid to employees & benefits	(\$648,829,987)	(\$701,343,551)	(\$741,034,083)	(\$782,014,230)	(\$824,761,568)
Cash paid for services & supplies	(\$328,581,614)	(\$342,333,979)	(\$353,741,730)	(\$365,612,109)	(\$377,246,929)
Other operating receipts	\$42,430,586	\$43,487,016	\$44,783,682	\$46,110,677	\$47,468,825
Net cash provided by (or used for) Operating Activities	\$32,674,335	\$43,208,066	\$36,697,783	\$29,274,788	\$17,047,195
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES					
Contrib: County Subsidy	\$5,554,223	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Net cash provided by (or used for) Non-Capital Financing Activities	\$5,554,223	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES					
Acquisition, construction or improvement of capital assets	(\$75,700,000)	(\$35,000,000)	(\$25,000,000)	(\$25,000,000)	(\$25,000,000)
Principal	\$0	\$0	\$0	\$0	\$0
Interest	\$0	\$0	\$0	\$0	\$0
Net cash provided by (or used for) Capital and Related Financing Activities	(\$75,700,000)	(\$35,000,000)	(\$25,000,000)	(\$25,000,000)	(\$25,000,000)
CASH FLOWS FROM INVESTING ACTIVITIES					
Interest earnings	\$9,887,677	\$8,813,668	\$9,671,112	\$10,697,819	\$11,475,478
Net cash provided by (or used in) Investing Activities	\$9,887,677	\$8,813,668	\$9,671,112	\$10,697,819	\$11,475,478
NET INCREASE (DECREASE) in cash and cash equivalents	(\$27,583,766)	\$22,021,733	\$26,368,895	\$19,972,607	\$8,522,673
CASH AND CASH EQUIVALENTS AT YEAR BEGINNING	\$253,945,044	\$226,361,279	\$248,383,012	\$274,751,908	\$294,724,515
CASH AND CASH EQUIVALENTS AT YEAR END	\$226,361,279	\$248,383,012	\$274,751,908	\$294,724,515	\$303,247,188

CAPITAL



	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	Total
Rehab	\$30 M	\$10 M	-	-	-	\$40 M
Strategic Service Line Enhancement	\$10 M	\$10 M	\$10 M	\$10 M	\$10 M	\$50 M
Façade Project	\$21 M	-	-	-	-	\$21 M
Technology	\$5 M	\$5 M	\$5 M	\$5 M	\$5 M	\$25 M
Facilities Modernization	\$10 M	\$10 M	\$10 M	\$10 M	\$10 M	\$50 M
Total	\$76 M	\$35 M	\$25 M	\$25 M	\$25 M	\$186 M

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

Issue: FY25 Proposed Organizational Performance Goals	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Strategic Planning Committee receive an update on the FY25 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
June 13, 2024

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FY 25 Organizational Projected Performance Objectives June 13, 2024

Proposed Organizational Performance Objectives

FY 25 Strategic Planning Committee Goals

- 1. Continue to deliver improved clinical and financial outcomes in the existing 5 service lines.**
- 2. Develop business plan and Proforma for the expansion of 4th and 5th floor trauma building, to include specialty services for continuity of care**
- 3. Continue to play a leading role in the development of the Las Vegas Medical District**
- 4. Enhance Strategic Initiatives in furtherance of the Academic Health Center**
- 5. Expand physician employment to eliminate costly PSA coverage contracts**
- 6. Achieve Comprehensive Stroke Certification**

**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. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
June 13, 2024

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