Strategic Planning Committee

Thursday, June 3, 2021 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
June 3, 2021, 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 in the following locations:

University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office)	CC Government Center 500 S. Grand Central Pkwy. Las Vegas, NV	Third Street Building 309 S. Third St. Las Vegas, NV	Regional Justice Ctr 200 Lewis Ave., 1st Fl Las Vegas, NV
City of Las Vegas 400 Stewart Ave. Las Vegas, NV	City of Henderson 240 Water St. Henderson, NV		

- 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 4, 2021. *(For possible action)*

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

SECTION 2: BUSINESS ITEMS

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

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

6. Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

7. Receive an update on CEO Objectives for Fiscal Year 2021 as it relates to the Strategic Planning Committee's recommendation; 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)*

SECTION 4. CLOSED SESSION

9. 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

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

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

UMC ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMC GOVERNING BOARD 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 4, 2021
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 9:05 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 (via WebEx)
Robyn Caspersen (via WebEx)
Dr. Donald Mackay
Renee Franklin (via WebEx)
Mary Lynn Palenik (via WebEx)

Absent:
Chris Haase

Also Present:
Mason VanHouweling, Chief Executive Officer (via WebEx)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Dir. Of Support Services
Dr. Thomas Zyniewicz, Performance Improvement Physician Advisor
Maria Sexton, Chief Information 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 public comment received to be heard on any item on this agenda.

None.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on October 8, 2020. *(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 Mackay that the agenda be approved a presented. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

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

DOCUMENT SUBMITTED:
- Service Line Update

DISCUSSION:

Tony Marinello, COO introduced Chris Jones, Executive Director of Support Services and Dr. Thomas Zyniewicz, Physician Performance Improvement Advisor to the committee.

Mr. Jones presented the overall hospital market share reflecting in-patient hospital data. UMC holds 9.0% of the market share after St. Rose-Siena, Mountain View and Summerlin. Sunrise leads at 15.0% of the market.

An overview of the entire business line by payor mix showed no changes in Medicare and Medicaid, which holds about 70% of payors. General Surgery captures 10.16% of cases, but has continues to be the largest percentage of net revenue at UMC with 24.2%.

Chair Hagerty asked how general medicine relates strategically to the sacred six and what is it comprised of. Mr. Marinello explained that general medicine is comprised of all admissions that are non-surgical procedures.

Mr. Jones continued with a review of the service line profit and loss dashboard which includes all surgical service lines. He noted that general surgery and orthopedics make up 70% of the hospital volume. The contribution margin per case is approximately $6K.

The majority of robotic cases occur in general surgery with 77.1% of cases, followed by neurosurgery and spine. Medicare was shown as the highest in payors and the contribution margin is roughly $7K per case. The conversation continued regarding hospital benchmark comparisons and how the sacred six fit into the overall hospital business of surgical cases, including robotics and transplants.

Member Caspersen requested that the documents be labeled to indicate the management data that is being presented.

Mr. Marinello related due to COVID-19, UMC fell to 12.5% in market share for FY2020; Sunrise leads at 15.6%, followed by Mountain View at 12.8%.

Organizational highlights were reviewed and as of January 31, 2021, there have been a total of 96 transplants completed. A breakdown of the general surgery and general surgery transplant cases were next discussed.

The Committee suggested that the Medicare cost report be included to show an accurate representation of the revenue generated by the transplant service line.

UMC remained consistent in the Orthopedic market, capturing 13.2% of the market share, following St Rose-Siena and Sunrise. A total joint program has been implemented to provide patient education prior to orthopedic surgeries. Finalizing purchase of Rosa robot. Expense control and revenue enhancement has been a goal and a continuous review of supply costs will provide consistency, reduce costs and cap pricing.

Mr. Marinello added that year over year, the contribution margin for orthopedics increased to over $5K per case.

The cardiac market is down overall; UMC holds 6.8% of the market share and was down 80 cases but growth is anticipated. Phase 1 of the Cath Lab has been completed and the second phase is projected to be completed for use by April 1st. Telehealth consultations have been implemented and the structural valve clinic is targeted to start 4th quarter of FY21. Cardiac volume has decreased slightly year over year, but there has been a slight increase in the contribution margin.

Ambulatory services volumes show growth in quick care and primary care locations. Payor mix for quick care is strong in commercial with 52% and Medicare holds 51% of primary care volumes. A list of ambulatory initiatives, along with technology updates and revenue enhancements, were next reviewed.

Member Hagerty asked if telehealth has evolved so that we can get paid appropriately. Mr. Marinello responded it is starting to evolve and the team has met with payors regarding reimbursement.

Member Franklin asked if there was a research component to the COVID Long Haul Clinic. Dr. Zyniewicz provided an explanation of the benefits associated with the COVID long haul clinic. A conversation ensued regarding telemedicine. Updates regarding its use and progress with be reported at future meetings.

Profit margins in quick cares and primary cares were reviewed. There has been an increase in primary care visits more than in the quick care locations.

Oncology has grown quarter over quarter in the market share. The goal is to establish a future partnership with UNLV and explore a future fellowship program. The contribution margin loss has decreased.

Member Caspersen wanted to know if this was a mix to include hematology or was it true oncology. Mr. Marinello stated that he would footnote the bar to reflect true oncology.

The Children's Hospital market share showed a decrease in the general pediatric census. UMC ranks 3rd in market share. UMC has launched a Children's Critical Care Transport Team. The first transport occurred February 1st. This is a grant funded initiative.

Lastly, Women's Hospital services have trended down. Volumes have declined in deliveries. The team is focused on how to improve this service.

FINAL ACTION TAKEN: None taken.

ITEM NO. 5 Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

DISCUSSION:

Mr. Marinello stated that regular meetings are being conducted with UNLV to discuss future service lines and growth.

Chair Hagerty wanted to ensure that the Sacred Six service lines are in line with the School of Medicine. Further discussion regarding the strategic alliance will be deferred to a future meeting.

FINAL ACTION TAKEN: No action taken

ITEM NO. 6 Receive an update/overview on COVID-19; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None.

DISCUSSION:

Ms. Wakem provided updates on UMC's COVID statistics. She mentioned that it has been 330 days since the first COVID-19 case was reported at UMC on March 8, 2020.

Trended statistics revealed a record number of COVID positive admissions in December. The COVID testing volume in December was over 151K.

The Committee members shared experiences and the responses they have received from the community regarding the convenience, efficiency and good will exhibited at the testing sites and anticipate UMC and the community will continue to receive long lasting benefits.

FINAL ACTION TAKEN: No action taken

ITEM NO. 7 Receive an update on CEO Objectives for Fiscal Year 2021 as it relates to the Strategic Planning Committee's recommendation; and direct staff accordingly. (*For possible action)*

DOCUMENT SUBMITTED:
- None.

DISCUSSION:

1. **Continued Leadership in Las Vegas Medical District: Continue to play a leading role in the development of the Las Vegas Medical District.**

   Mr. Marinello said that we are continuing on this path and achieving this goal.

2. **Improved Results in the Six Focus Areas: Deliver improved results (financial and clinical) in the six focus areas (Ambulatory, Cardiology, General Surgery, Oncology, Orthopedics and Pediatrics).**

   There has been continued improvement on margin, efficiencies and reporting and this goal is also being met.

3. **Establish at least one new Ambulatory service for UMC to strategically respond to COVID-19 needs for the community in partnership with UNLV School of Medicine.**

   The Long Haul clinic is set to open March 1st and we continue to work with partners on other strategies. This goal is also being achieved.

4. **Develop new Annual Strategic Plan and a five-year financial plan (FY 21 – FY 25 inclusive) for UMC as a whole with a consolidated income statement and cash flow statement. The plan will be granular down to the service line level and, within service lines will forecast volumes, revenue and expenses by sub service line.**

   Ms. Wakem said we are on track to meet this goal. The target date to submit a financial plan to the Committee will be the last quarter of FY21.

FINAL ACTION TAKEN: No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

Chair Hagerty would like to continue to focus on how to bring telemedicine as a delivery channel for our service lines.

COMMENTS BY THE GENERAL PUBLIC:

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

At the hour of 10:44 a.m., the committee voted on a motion made by Member Palenik to go into closed session.

There being no further business to come before the committee this time, at the hour of 10:44 a.m. Chair Hagerty adjourned the meeting.

SECTION 4. CLOSED SESSION

ITEM NO. 9 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.

The meeting was reconvened in closed session at 10:46 a.m.

At the hour of 11:18 a.m., the closed session on the above topic ended.

FINAL ACTION: No action was taken.

APPROVED:

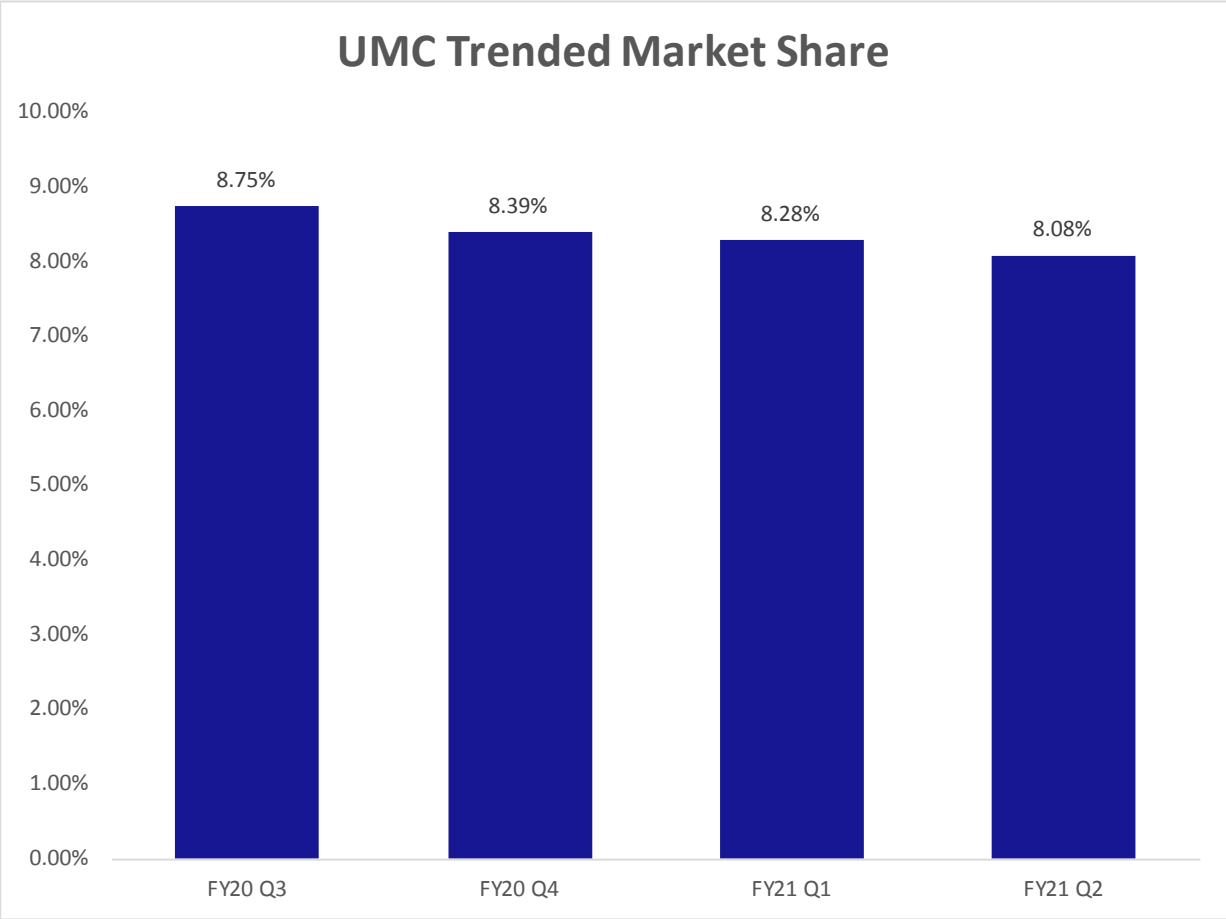
MINUTES PREPARED BY: Stephanie Ceccarelli

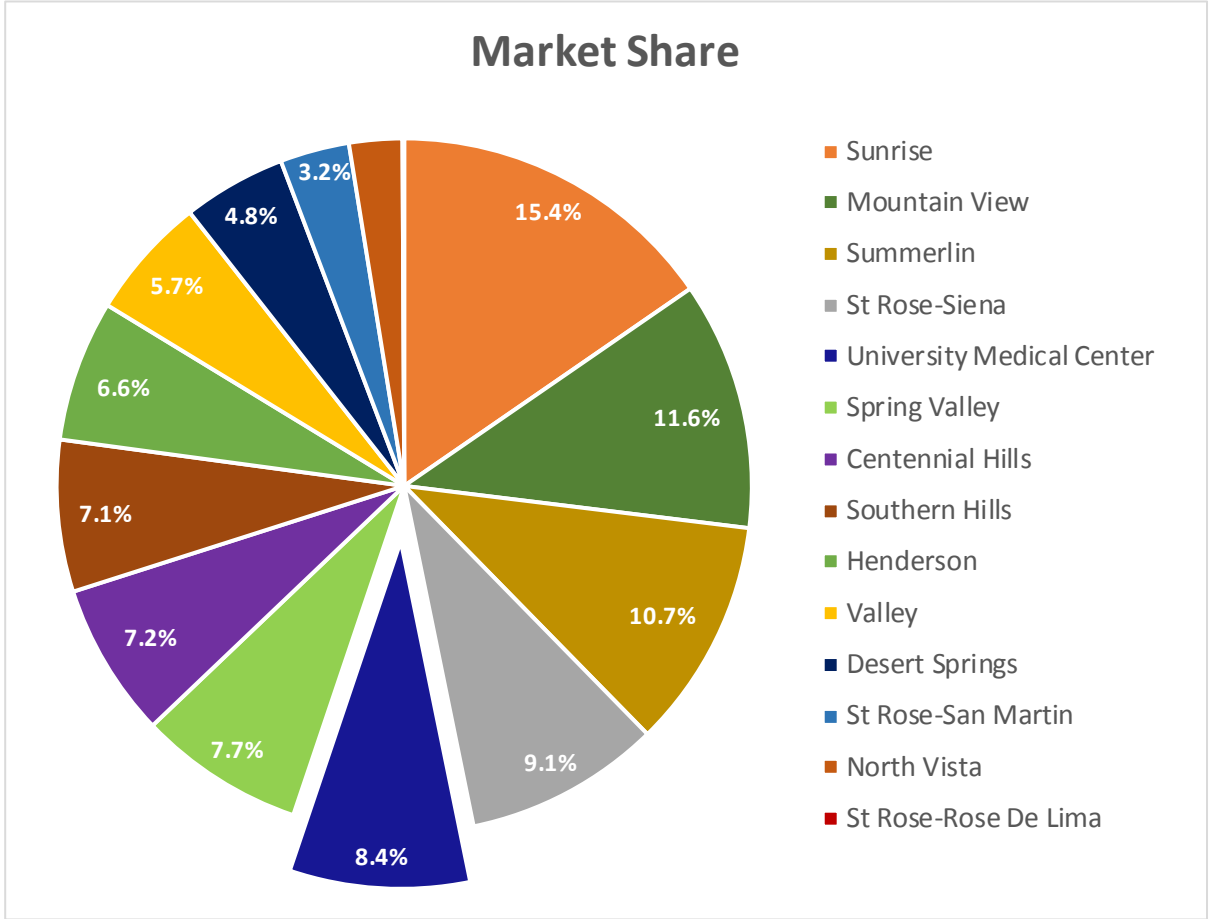
UNIVERSITY MEDICAL CENTER

Strategy Committee
Service Line Update
June 3, 2021

Inpatient Market Share

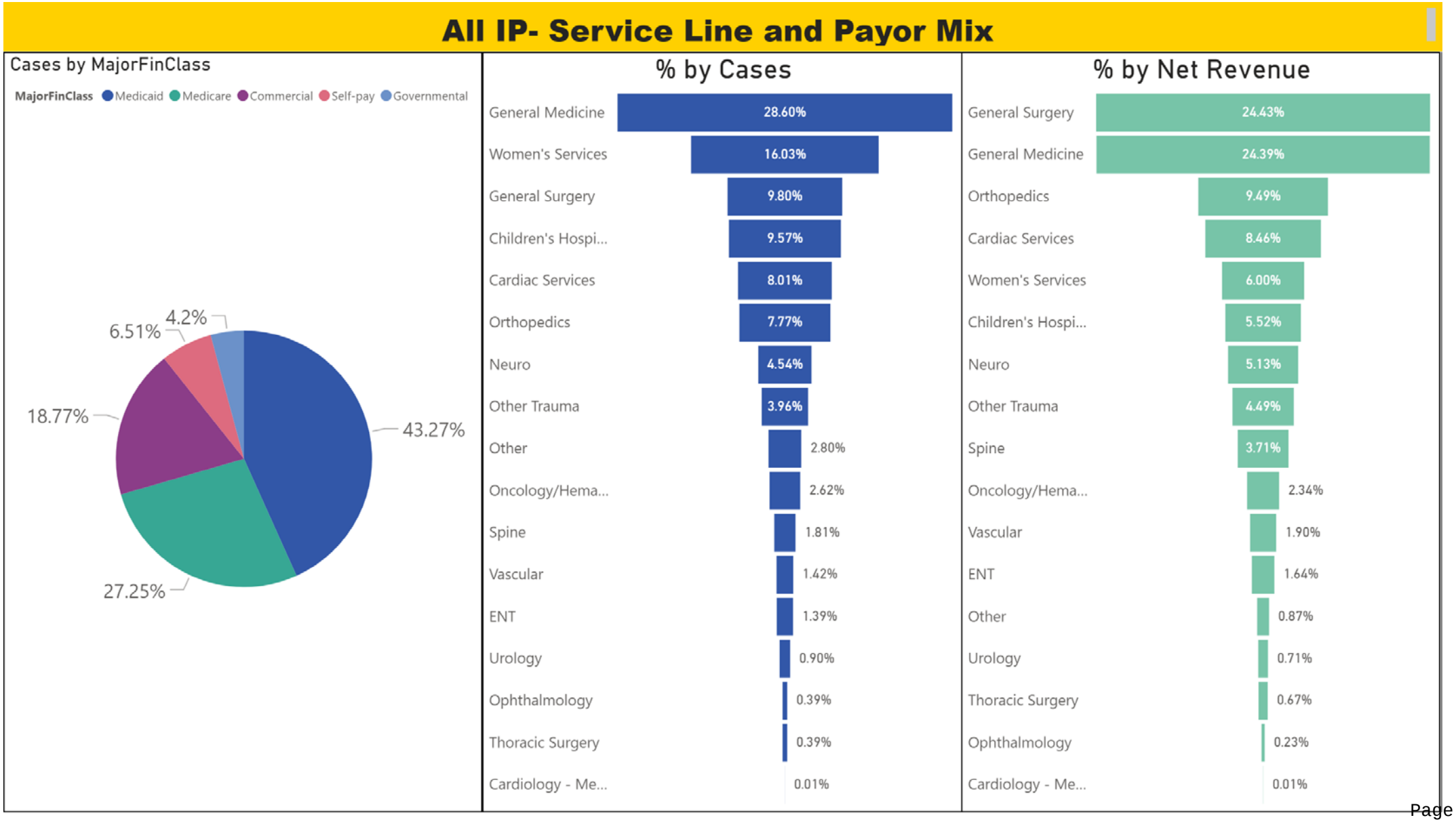
UMC Market Share- (IP, All Ages, FY 2020 Jan- FY 2021 Dec)





UMC IP Service Line P&L Dashboard

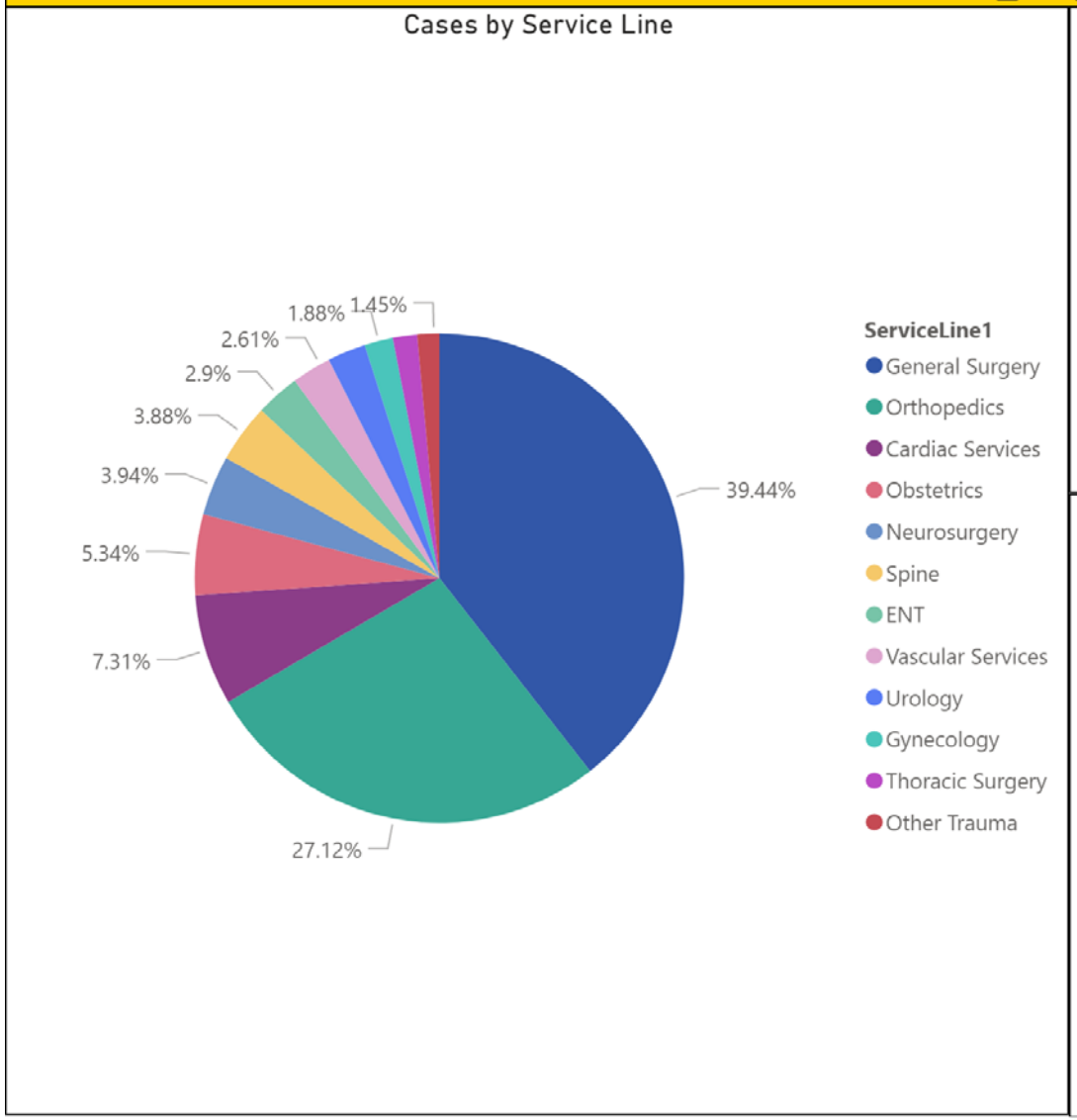
Q3 FY21

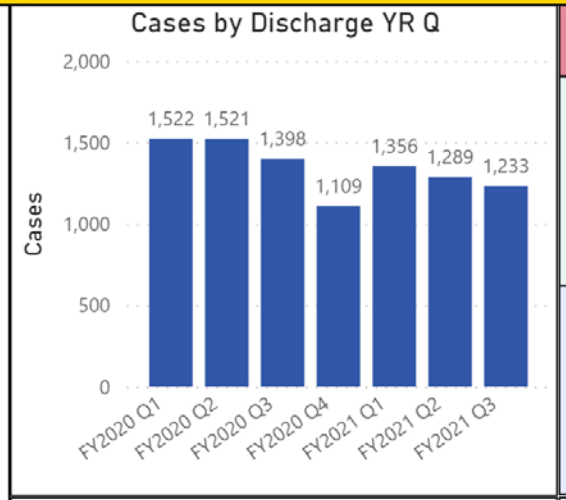


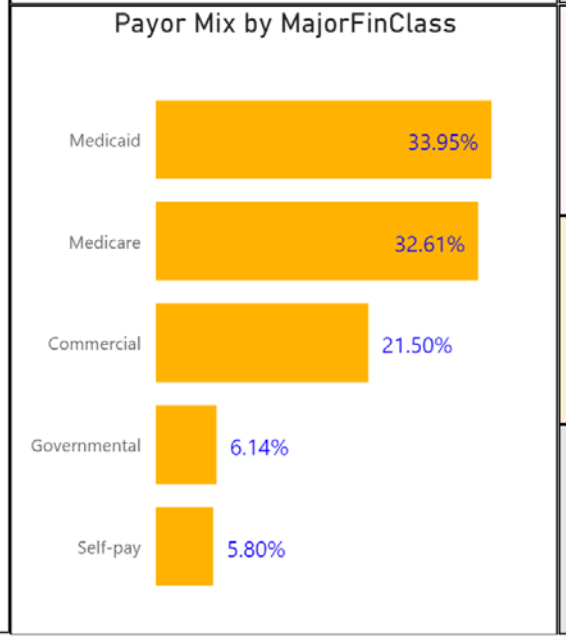
IP Surgery Service Line P&L Dashboard

Q3 FY21

IP- Surgery Cases







Key Financial Indicators

$225.31K
Charges per Case

$28.38K
NetRev per Case

$22.73K
VarCost per Case

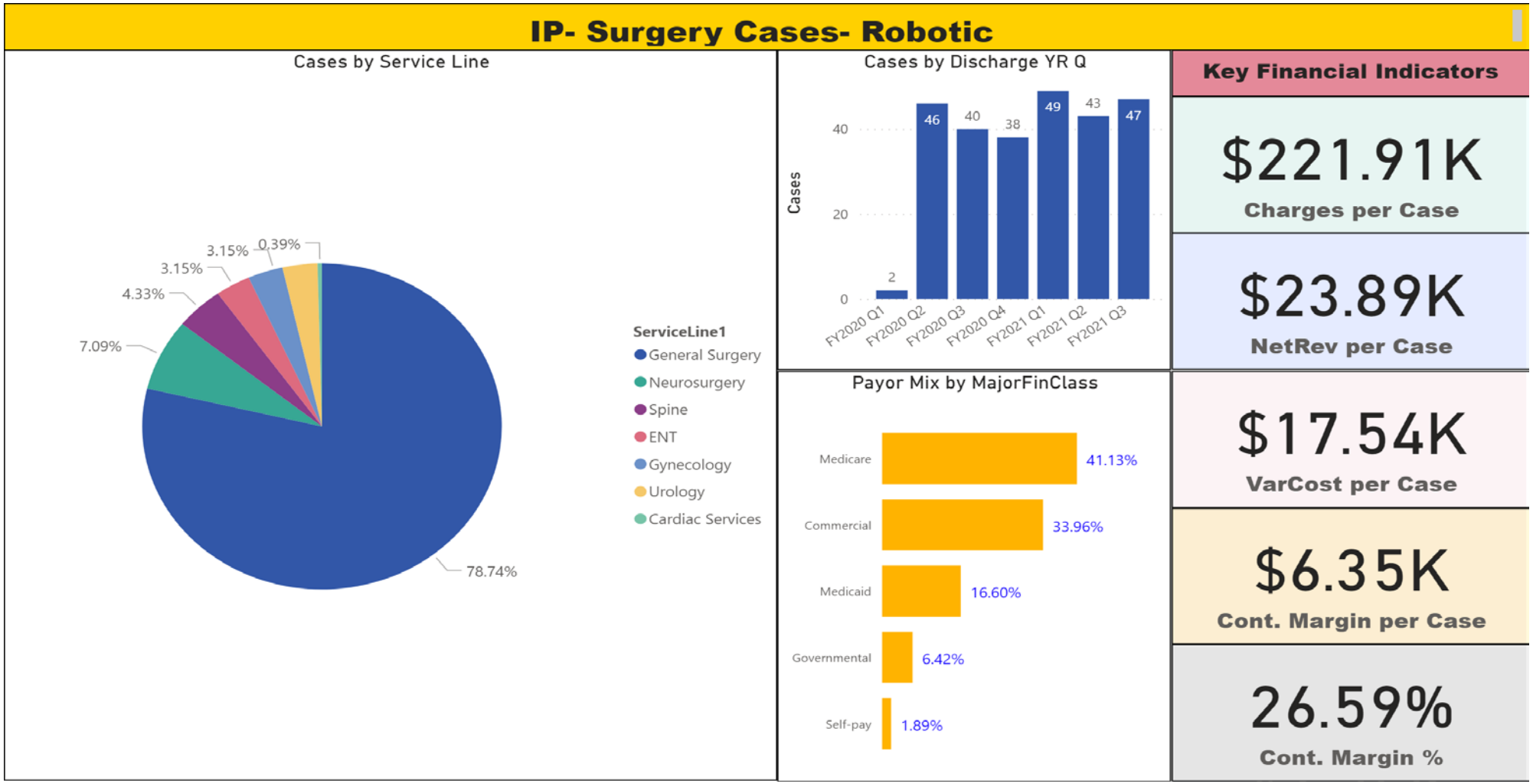
$5.65K
Cont. Margin per Case

19.91%
Cont. Margin %

Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

IP Robotics Surgical Services

Q3 FY21

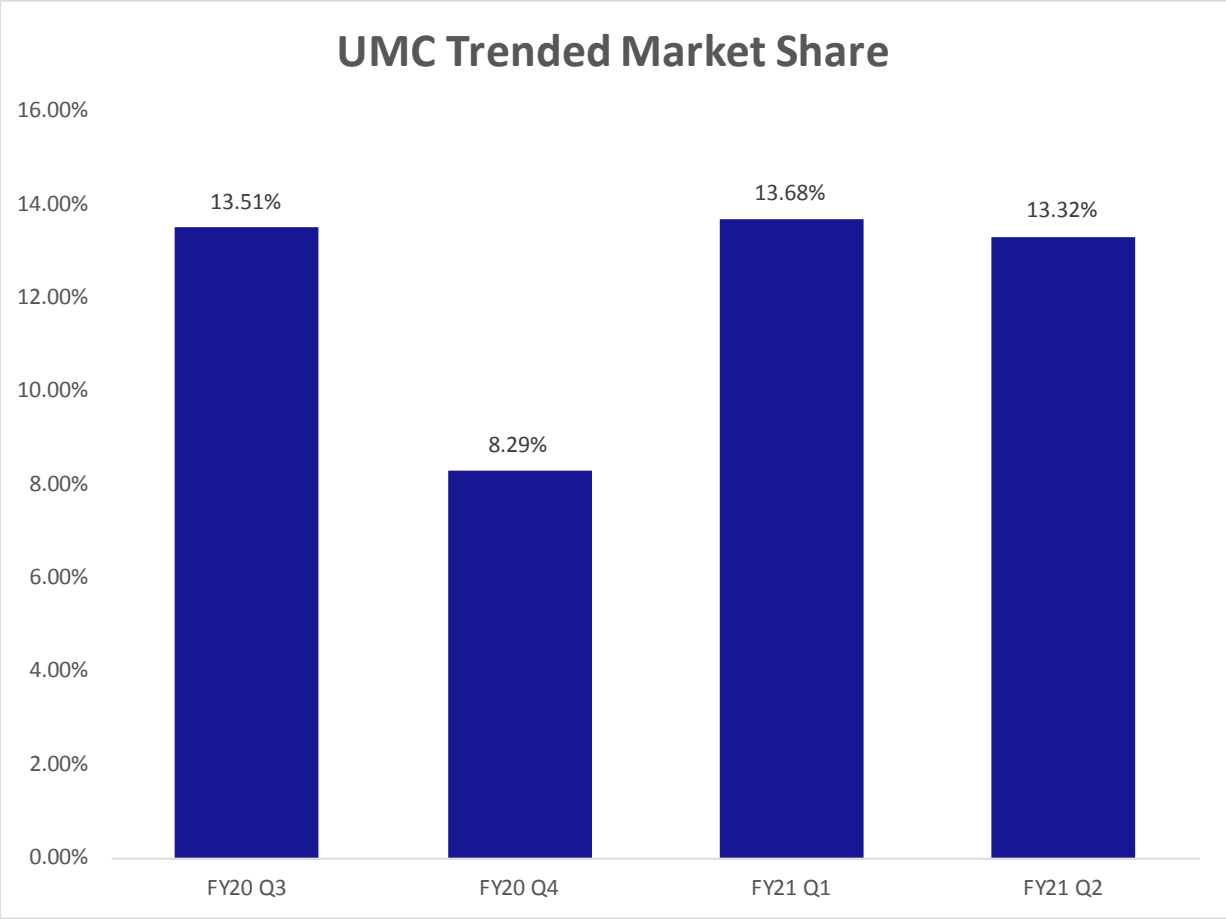


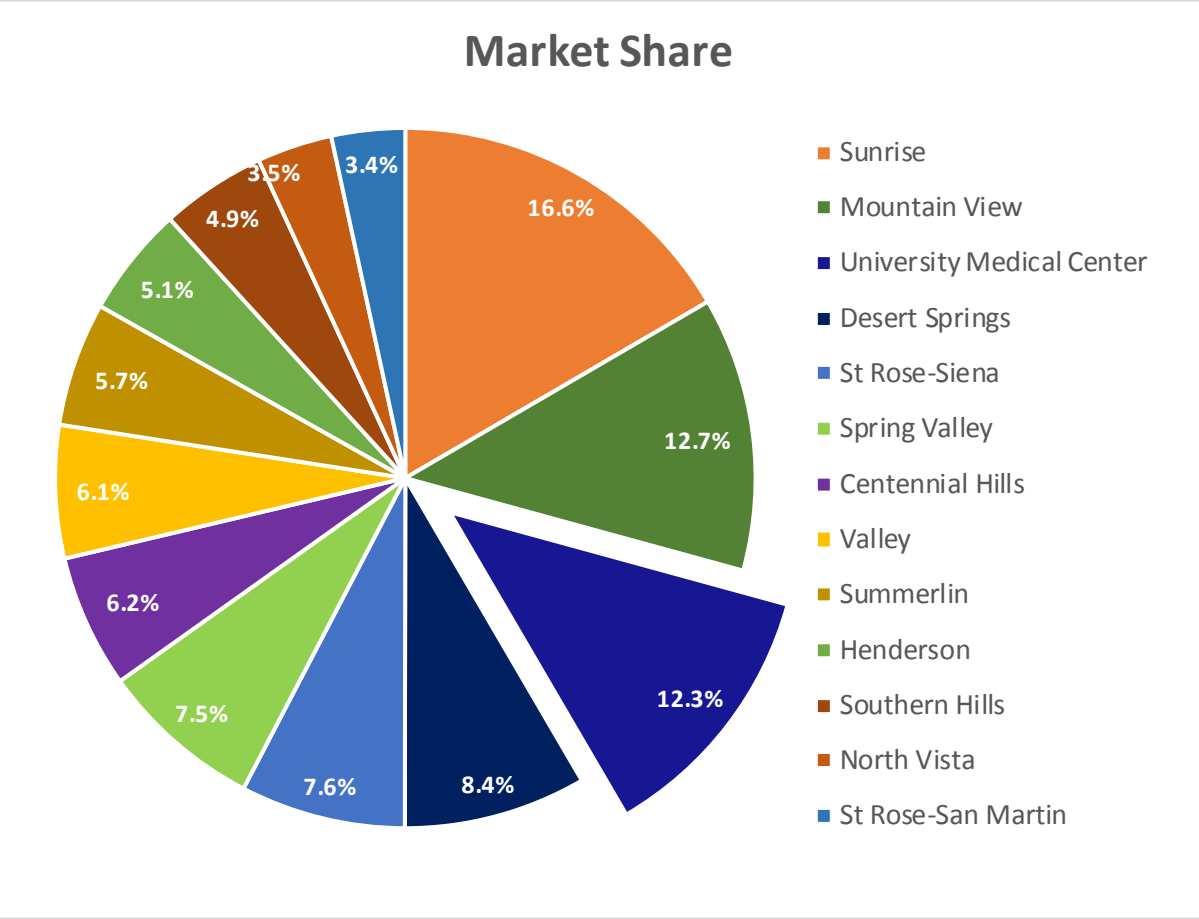
UMC Robots

- 2 Da Vinci Robots
- Globus Excelsius Spine
- Colorectal Robot (trial)
- ROSA Total Knee (trial)
- ION Endoluminal System- First to Market

General Surgery IP Market Share

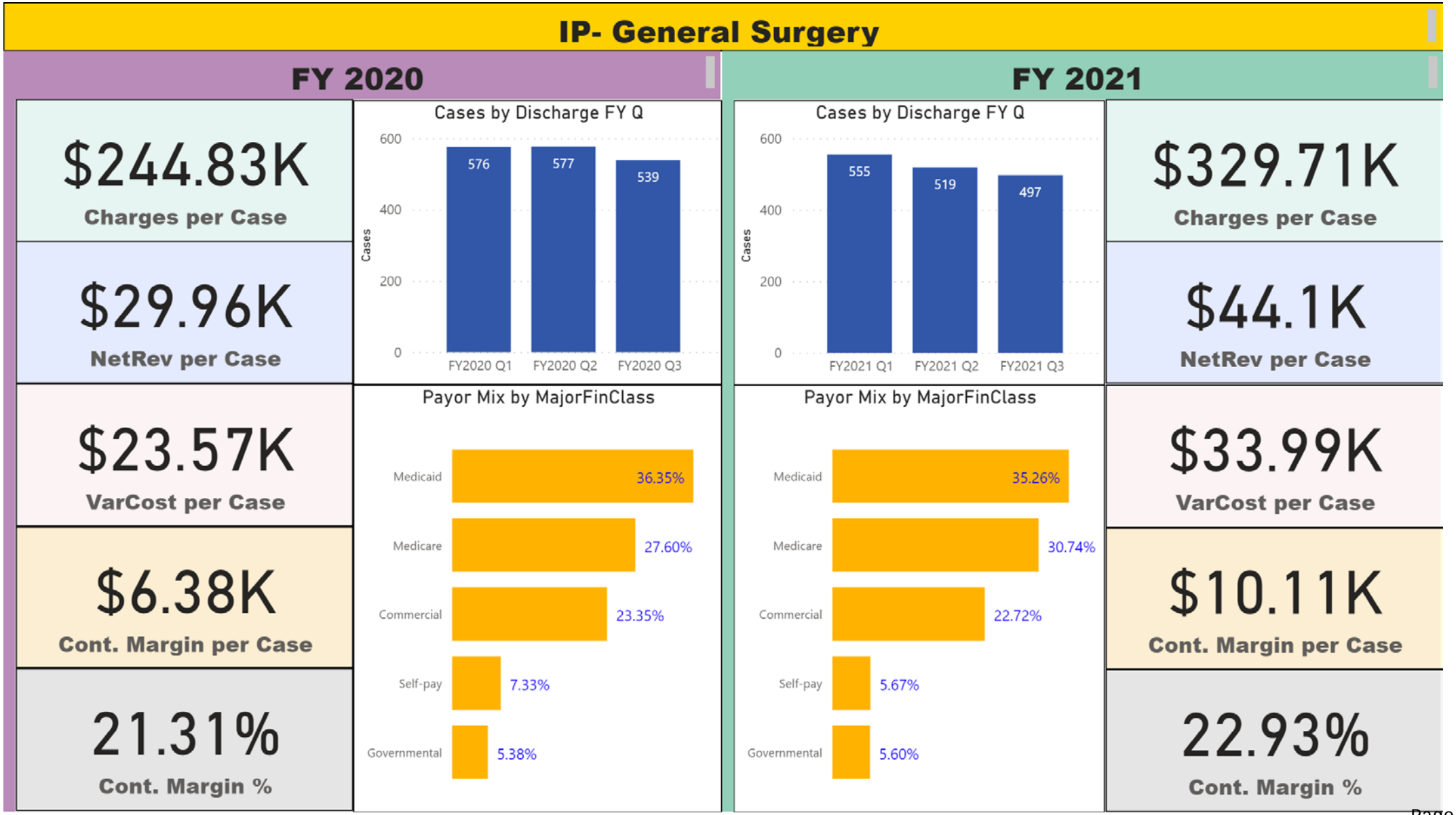
General Surgery Market Share- (IP, Adult, FY 2020 Jan- FY 2021 Dec)





General Surgery IP Service Line P&L Dashboard

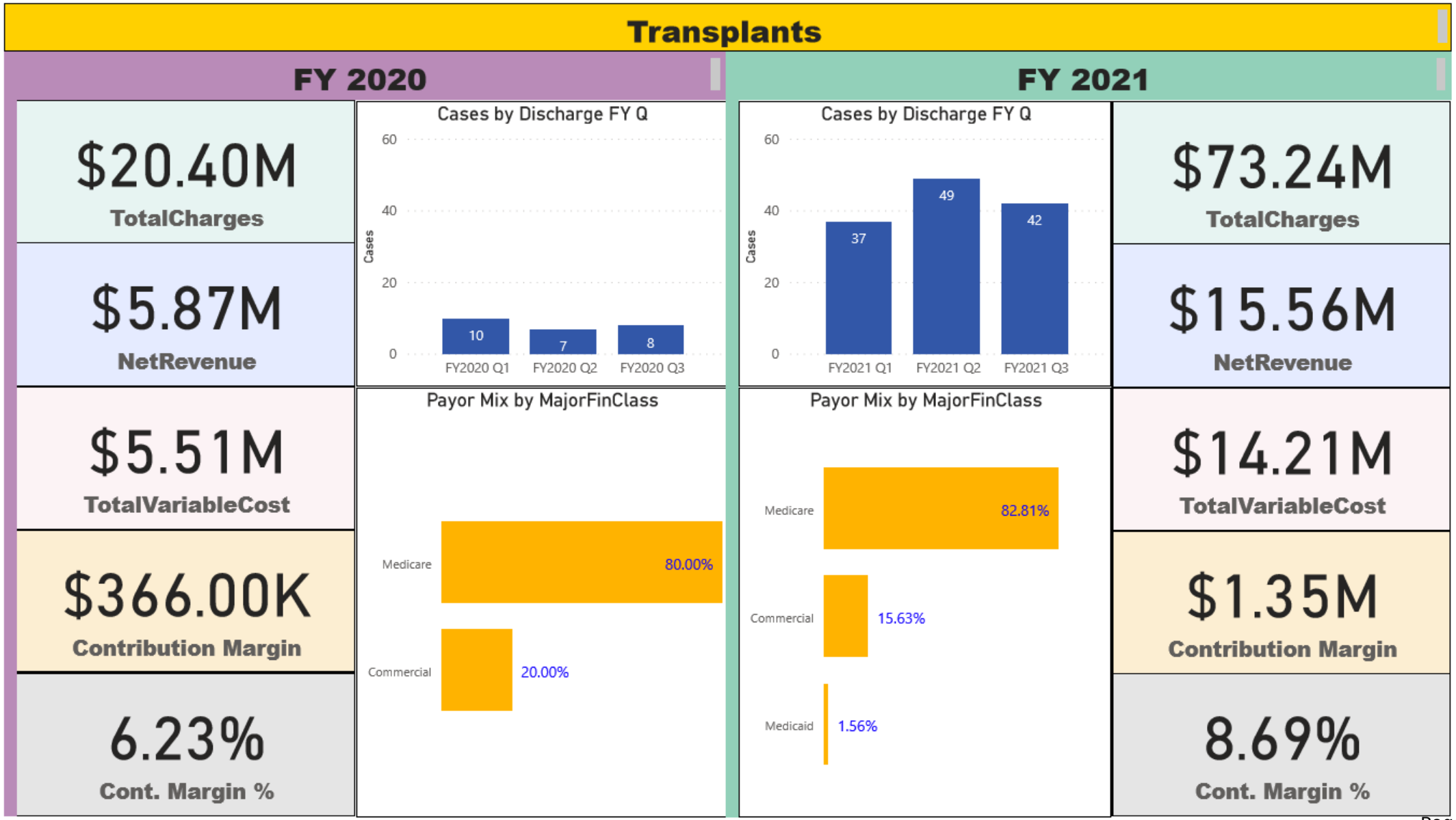
Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Transplant Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

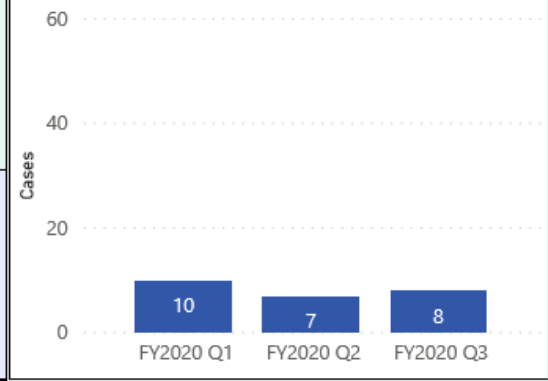
IP Transplant Service Line P&L Dashboard

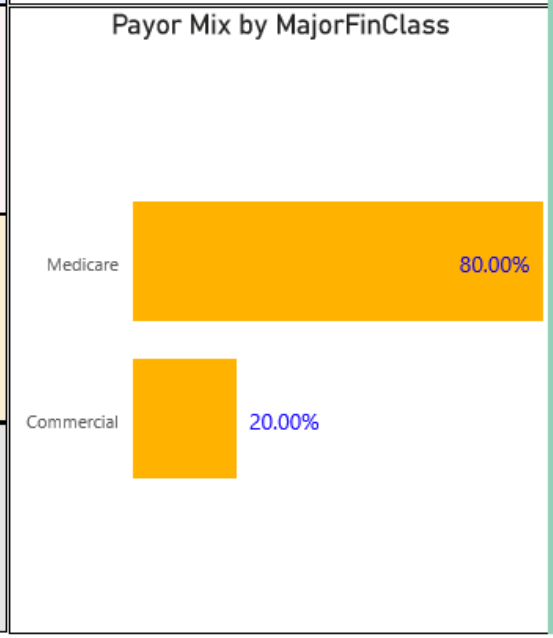
Q3 FY21

IP- Transplants

FY 2020

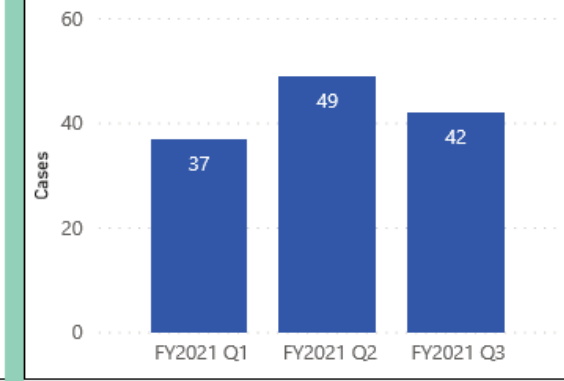
$389.1K Charges per Case	Cases by Discharge FY Q
$38.88K NetRev per Case	
$54.54K VarCost per Case	Payor Mix by MajorFinClass
($15.66K) Cont. Margin per Case	
(40.28%) Cont. Margin %	

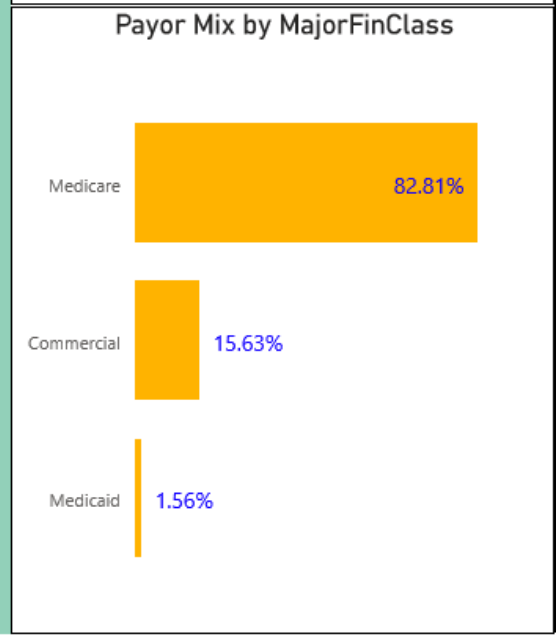




FY 2021

Cases by Discharge FY Q	$426.82K Charges per Case
	$44.68K NetRev per Case
Payor Mix by MajorFinClass	$73.27K VarCost per Case
	($28.60K) Cont. Margin per Case
	(64.01%) Cont. Margin %

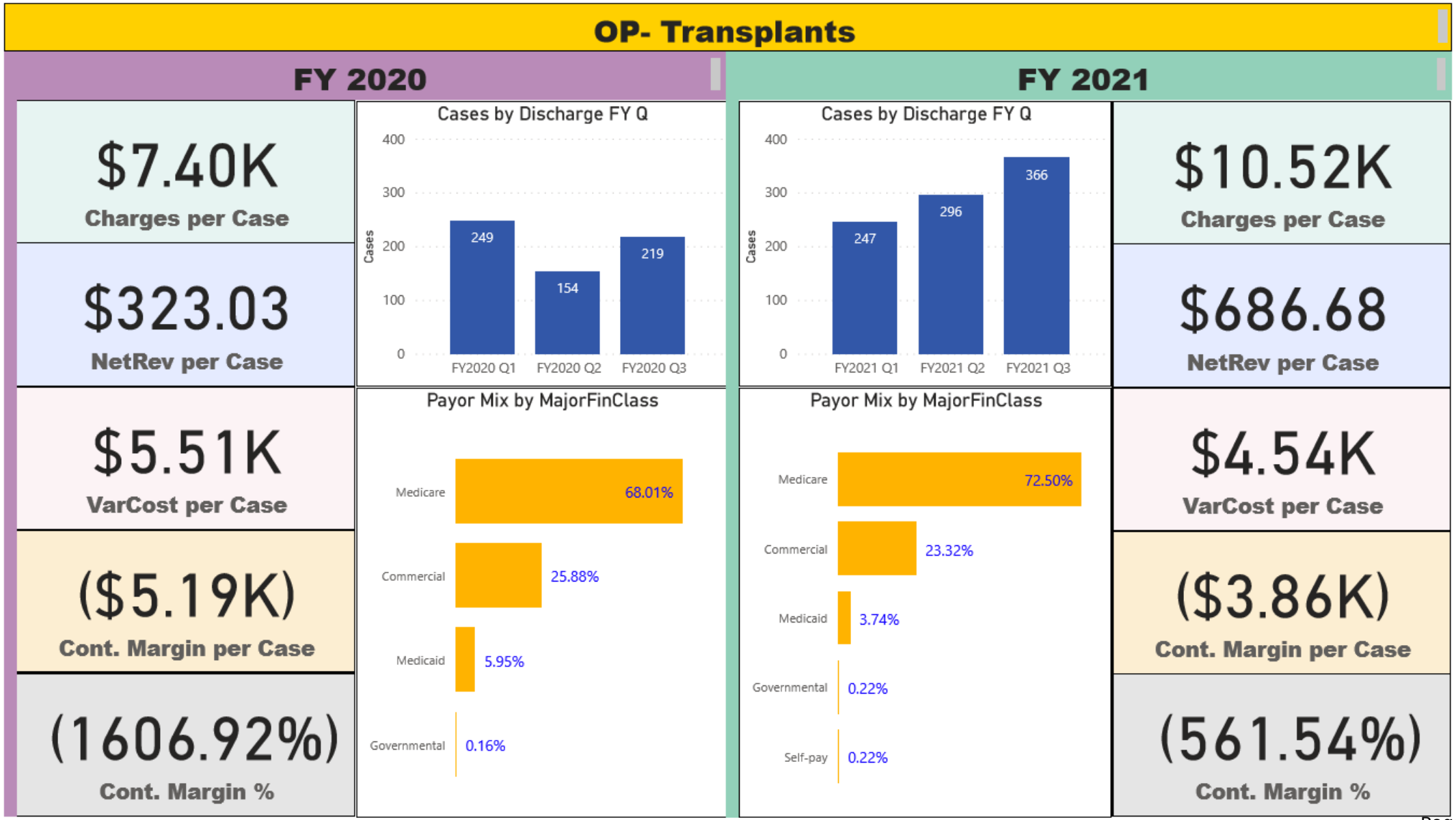




Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide. Excludes cost report organ acquisition cost reimbursement and donor account costs and payments

OP Transplant Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide. Excludes cost report organ acquisition cost reimbursement

General Surgery Services

Service Line Update

Operational Update

- **Peri-Operative Operations Council meets to improve efficiencies, flow, and cost control**
  - Council improved room turnover time from 45 minutes to 24 minutes
  - Preference card review has created over $100,000 in saving
- **The council is actively working on two initiatives:**
  - Improve “first case on-time start” from 55% to 75%
    - Implemented delay codes for staff and providers
  - Revamping preadmission anesthesia consult clinic

Strategic Next Steps

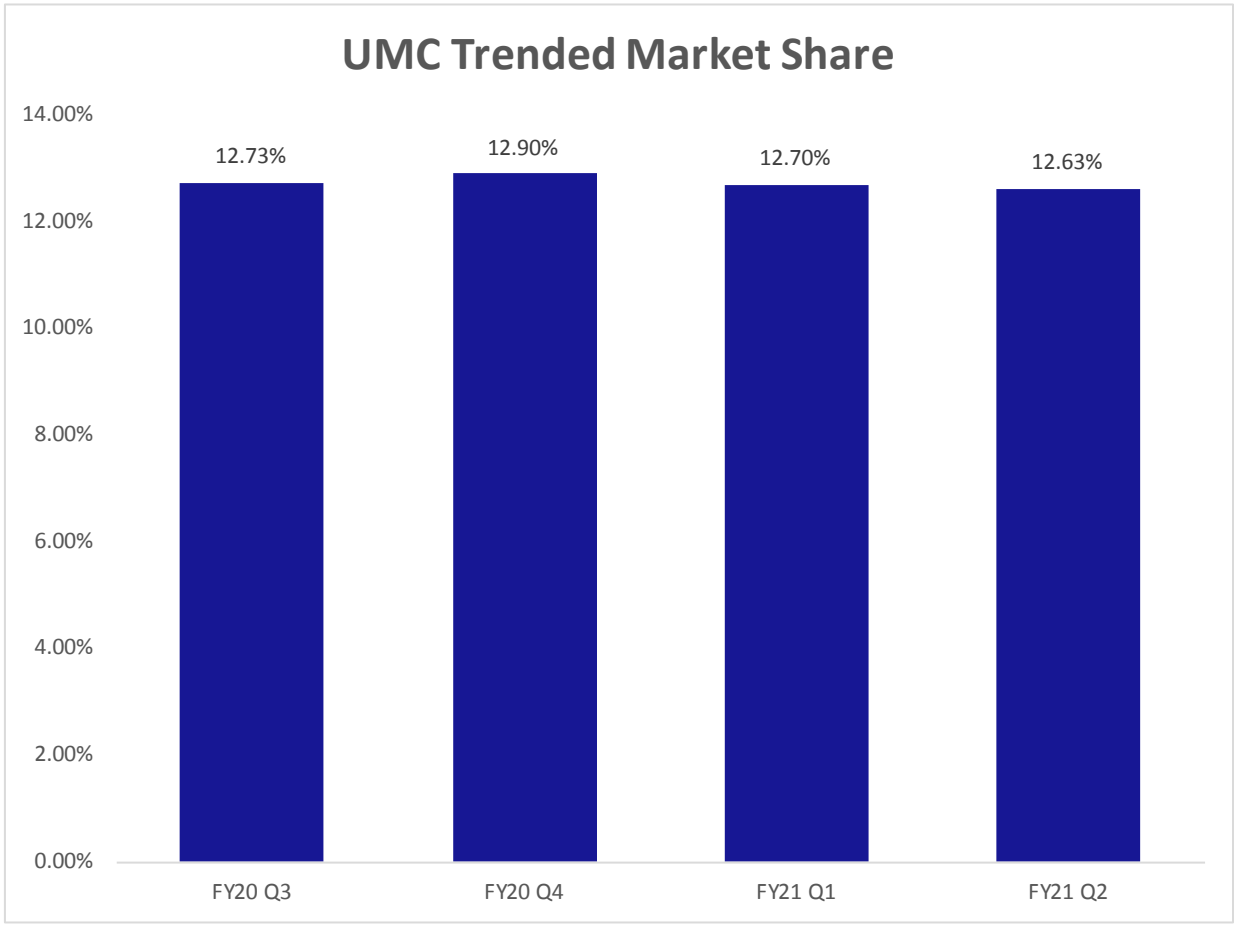
- Block time utilization
- Value analysis team - June 2021
- Preference card and module packs
- Report outpatient FY22 data

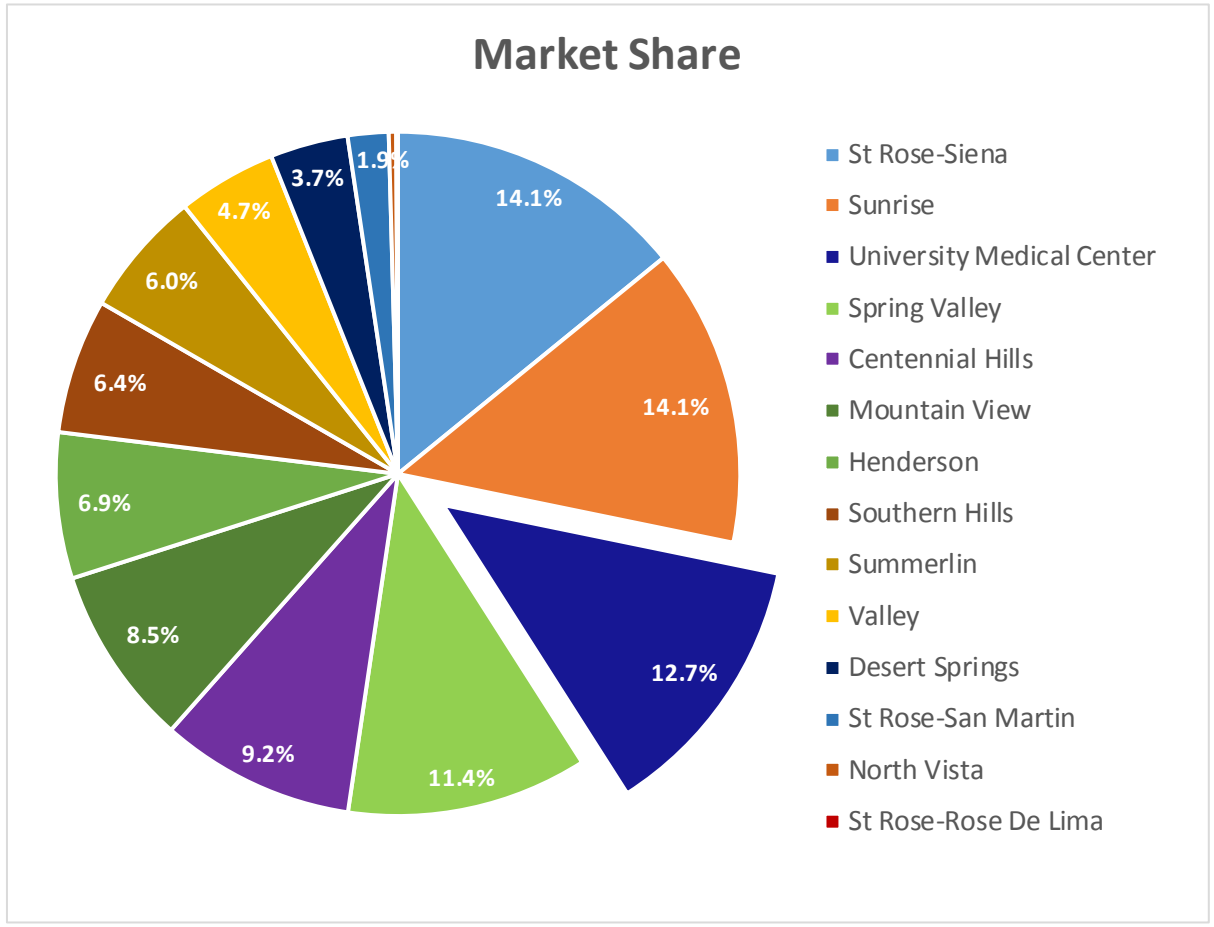
Technology Strategy

- EPIC “Prep For Case” pilot
  - Streamline pre-op scheduling from physicians office
- Intrado
  - Real time texting notification – Q1 2022

Orthopedics Market Share

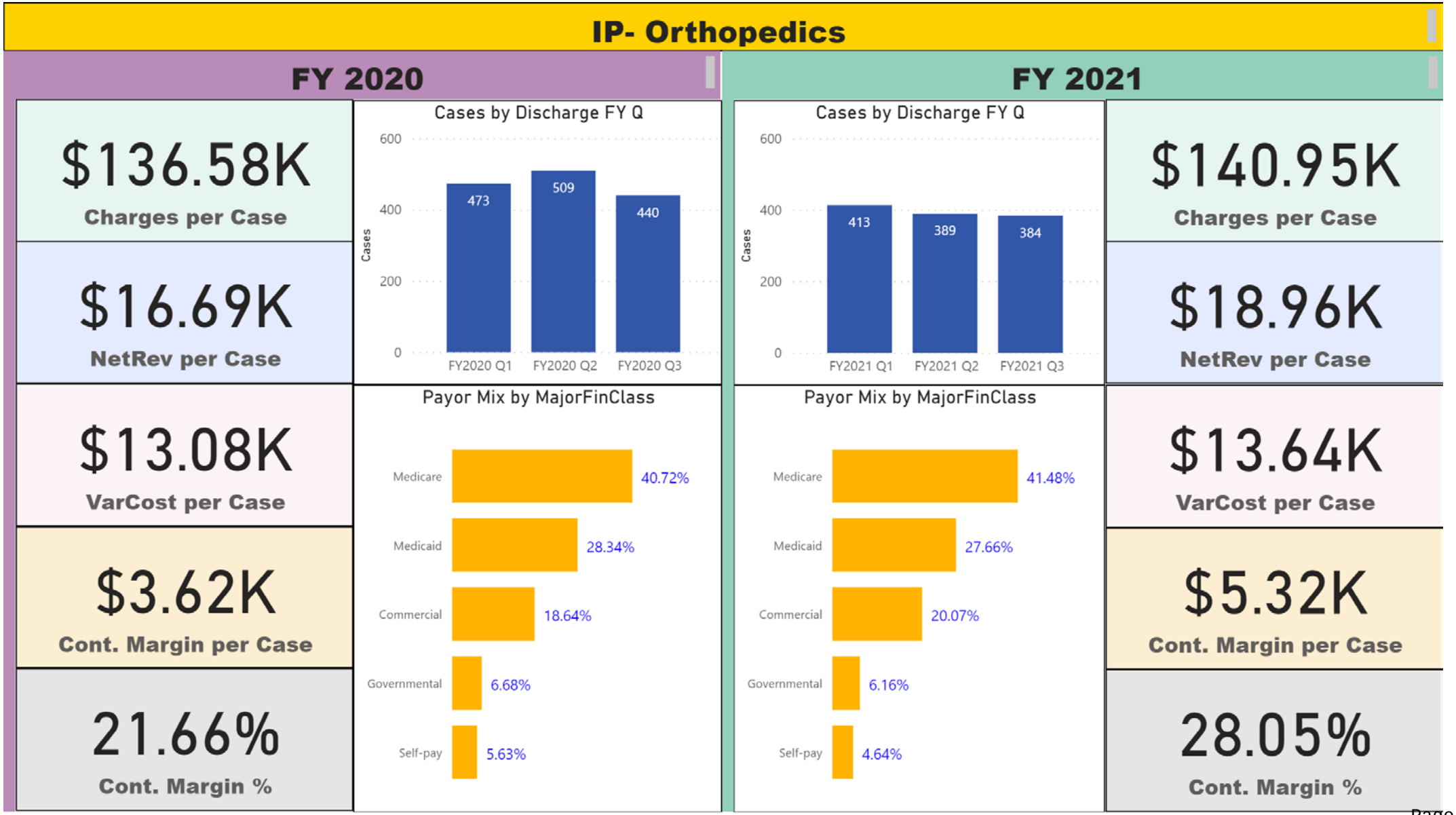
Orthopedics Market Share- (IP, Adult, FY 2020 Jan- FY 2021 Dec)





Orthopedics IP Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Orthopedic Services

Service Line Update

Operational Update

- Integrative Joint Program:
  - Dedicated 14 bed unit and Integrative Joint Camp Classes
  - Rosa orthopedic robot trial completed – submit for July Audit & Finance

Expense Control and Revenue Enhancement

- Zimmer – 8% discount on 33,000 products estimated savings of $415,000 per year
- CAP Pricing for implants on ROSA
- Continuous supply cost review

Strategic Next Steps

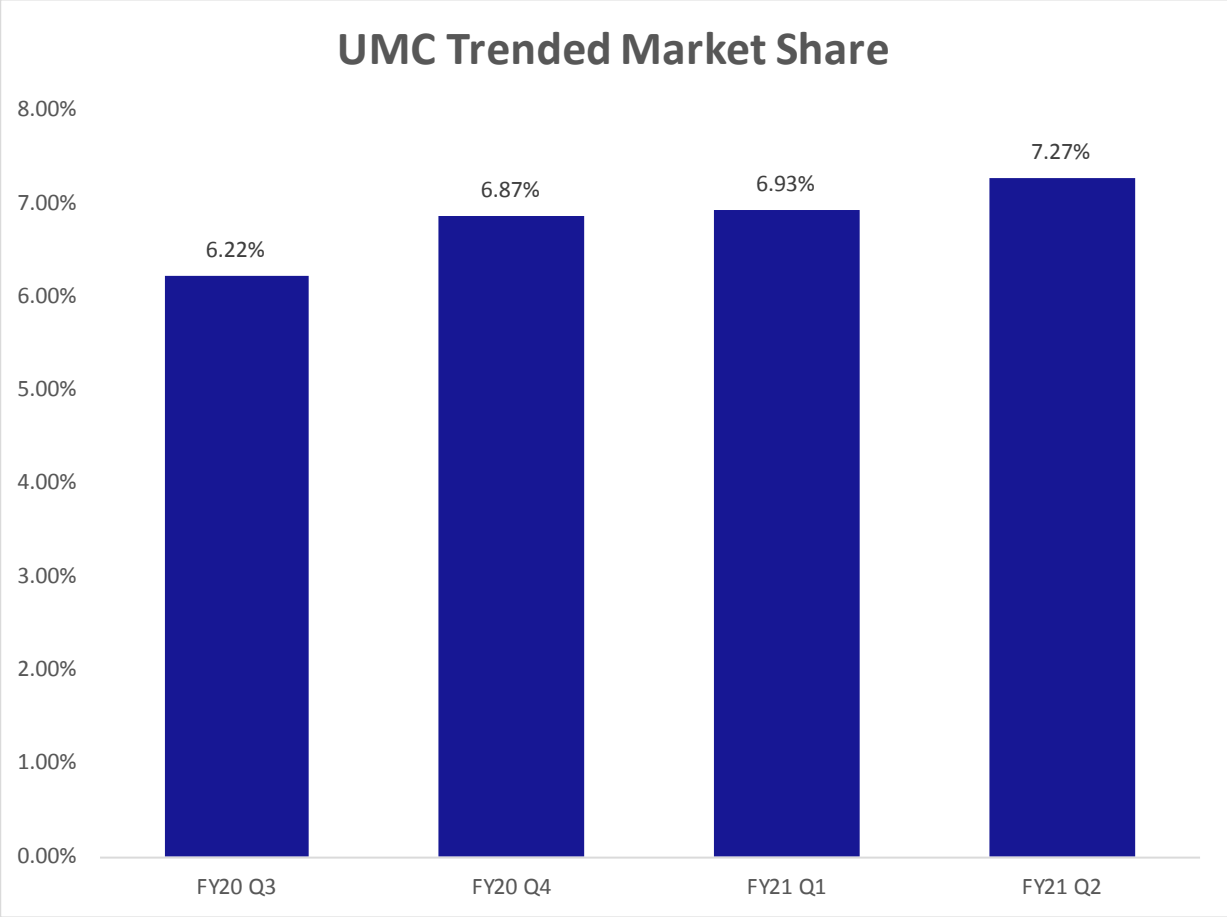
- Develop a new marketing campaign to encompass new Integrative Joint Program
- “Open House” to promote systems to community and physicians
- Review reimbursement opportunities for outpatient orthopedic procedures
- Development of quality dashboard and outpatient data

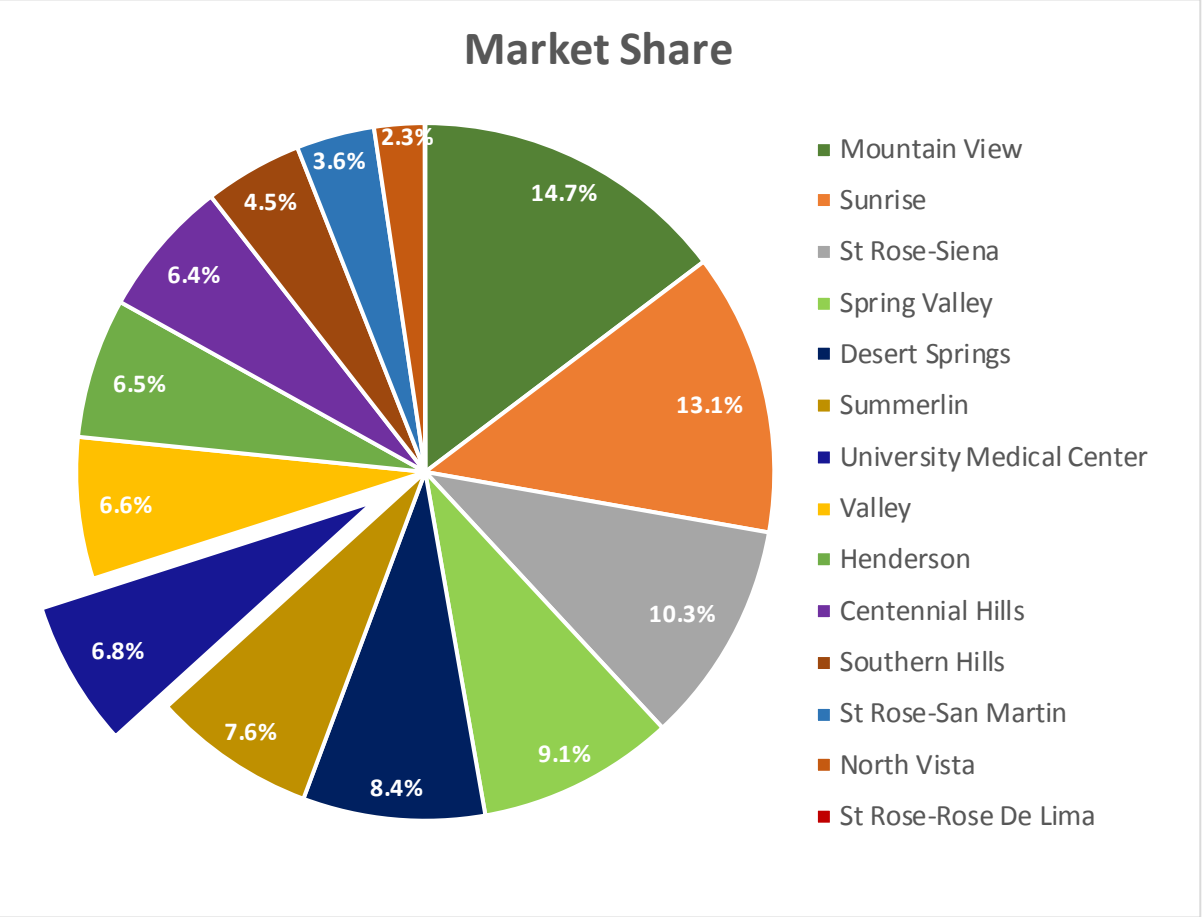
Technology Strategy

- Ortho Grid and ROSA System
  - Enhances precision for implants assist with reduction of revisions
- Intrado
  - Real time texting notification – Q1 2022

Cardiac Market Share

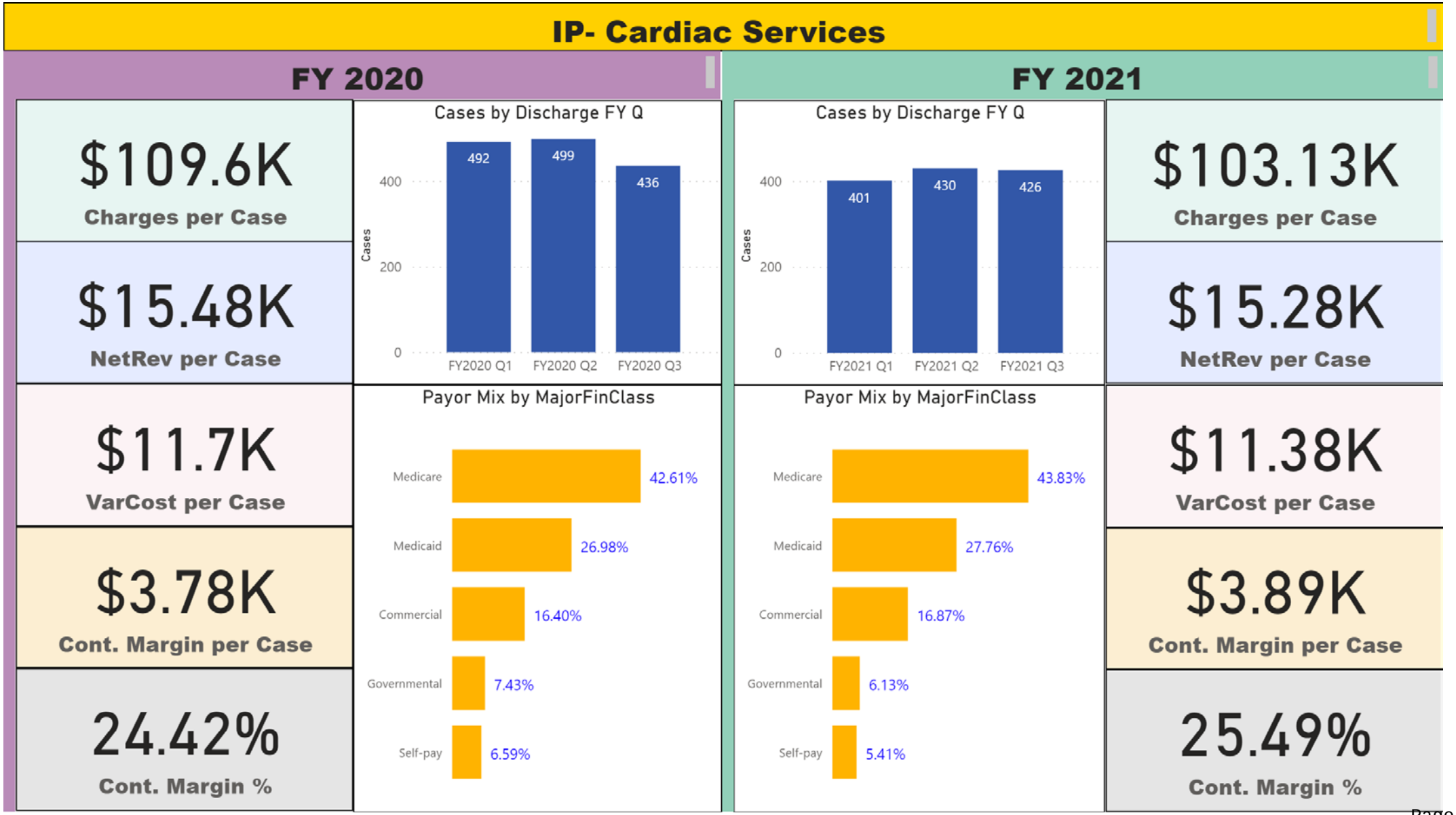
Cardiac Services Market Share- (IP, Adult, FY 2020 Jan- FY 2021 Dec)





Cardiac IP Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Cardiac Services

Service Line Update

Operational Update

- Launch of "Touch & Go" which allows faster assessment of patient in hall rather than ED
  - UMC had a successful 18 minute door to balloon as a result of the program
- Invested over $6M in capital for cardiac services
  - Cath Lab 1 EP Lab & Cath Lab 2 renovations have completed and are operational
- Hired cardiology manager and TAVR's structural coordinator
- Purchase of 4 new Echocardiogram Ultrasound machines

Revenue Enhancement

- Versalus Health CDI for Cath Lab and Specials Lab

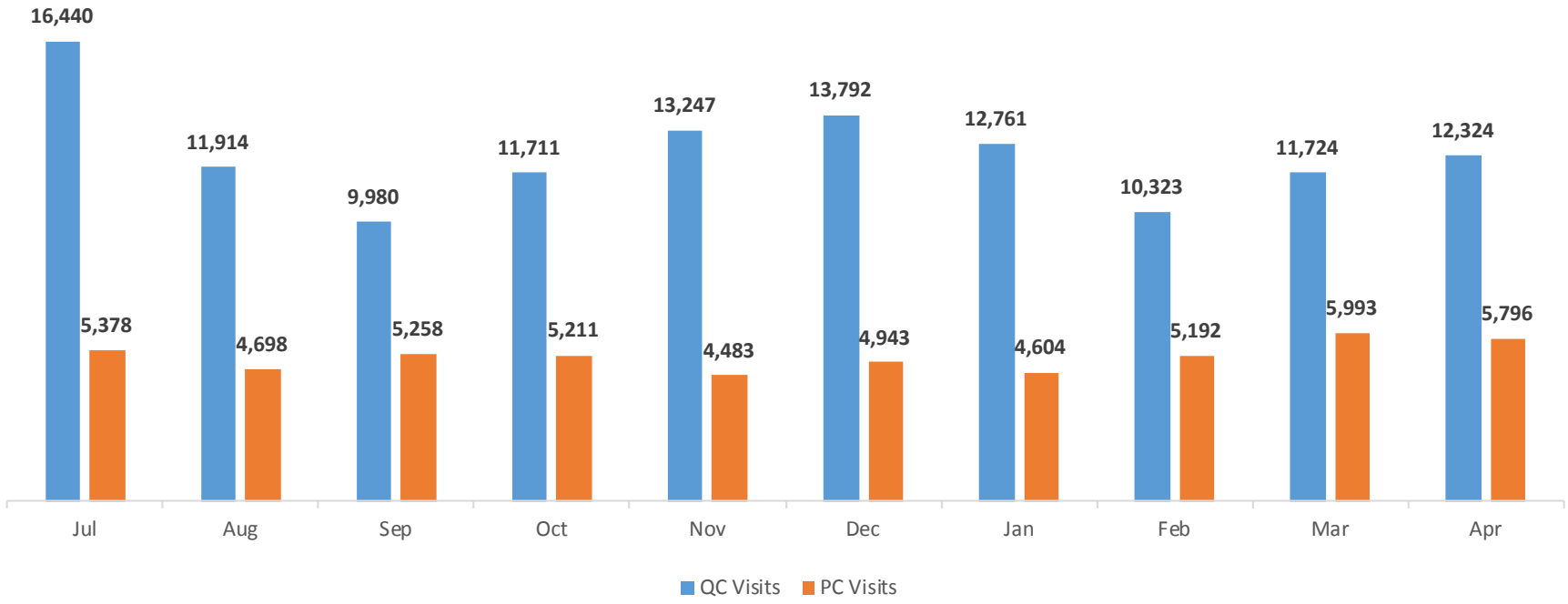
Strategic Next Steps

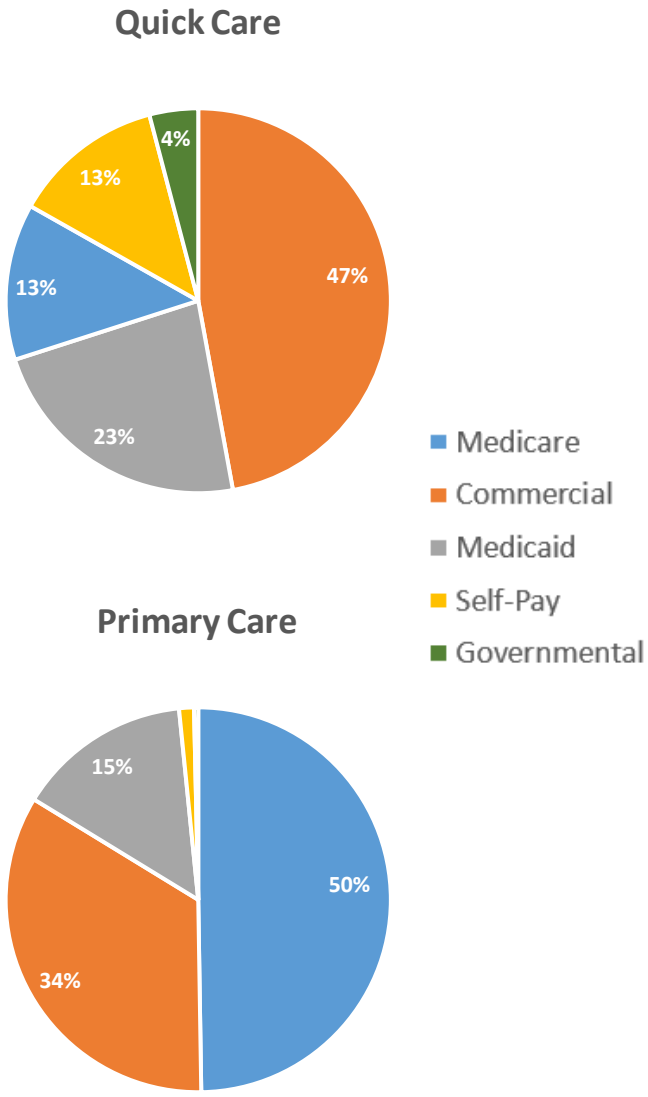
- BAROSTIM Neo System device - Q1 FY22
- Dedicated room for TEE procedures will increase Cath Lab throughput
- Opening of Structural Valve Clinic, will act as a feeder for TAVR cases - Q1 FY22
- Planning in process for additional Cath Lab and Cardiac Remodel
- Implementation of telehealth consultations

Technology Strategy

- Intrado
  - Real time texting notification – Q1 FY22

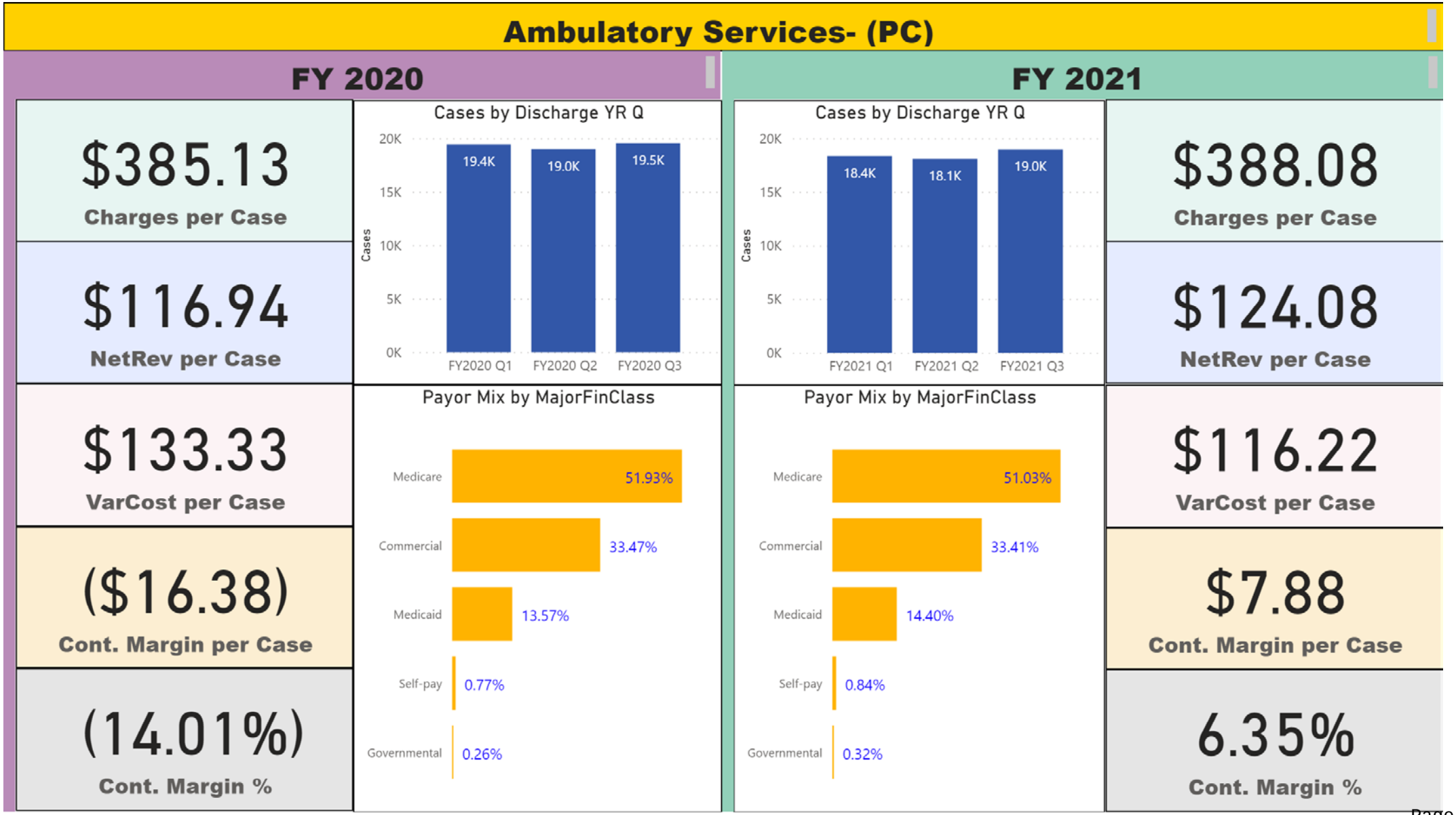
Ambulatory Service Line Volumes





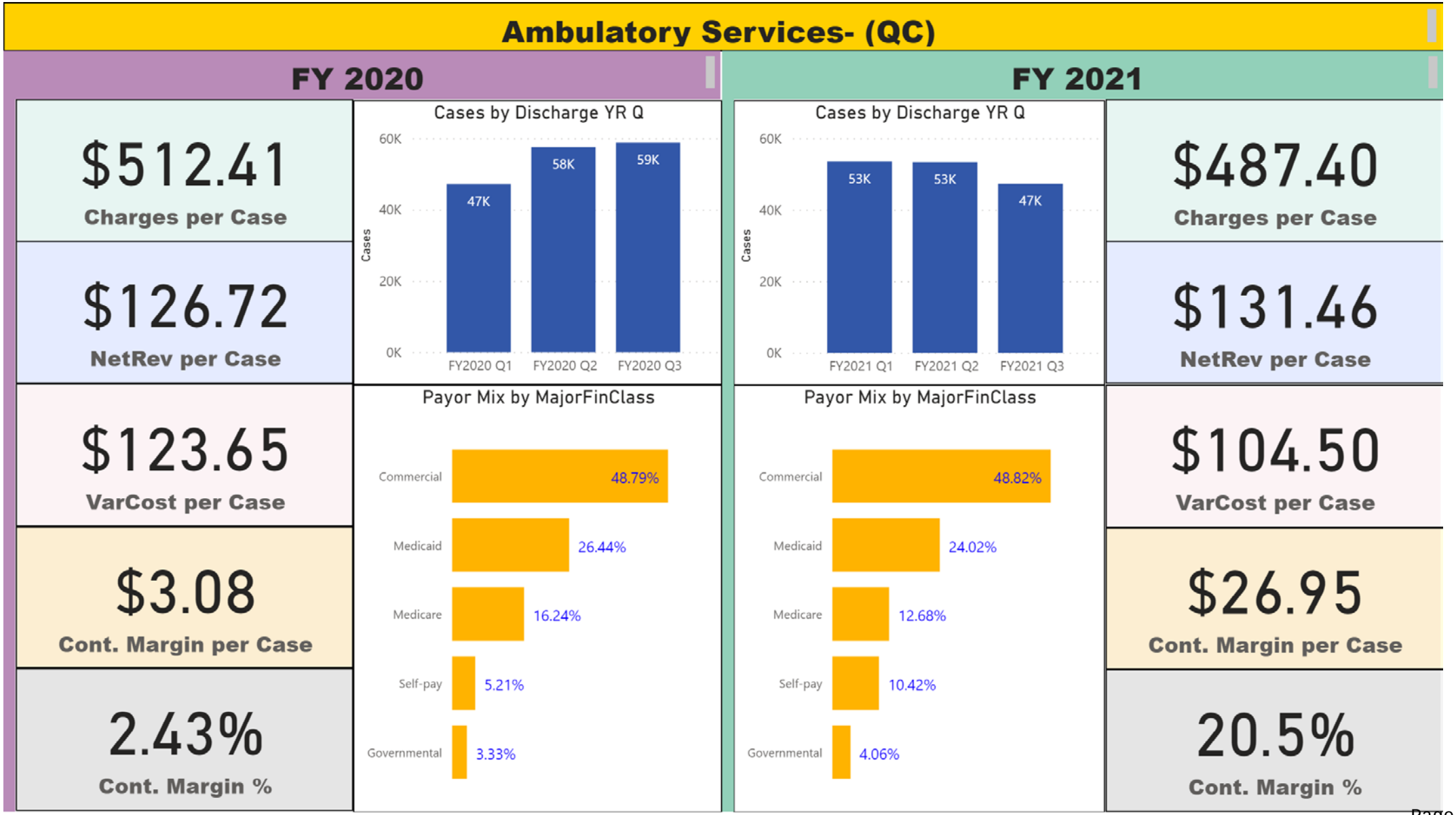
Primary Care Service Line P&L Dashboard

Q3 FY21



Quick Care Service Line P&L Dashboard

Q3 FY21



Ambulatory Services

Service Line Update

Operational Update

- UMC Express Care at LAS - Q1 FY22
- Aliante Primary Care and QC - Q2 FY22
- Clinic Refresh/Back Office: Target 2 per year
- COVID Long-Haul Clinic
- Customer Service Training – Lobby Rounding and “Office Hours”
- Bi-Weekly Strategy Meetings
- ET3 Program (CMS Pilot Program)
- Telemedicine service line
- Partner with UNLV for specialty provider coverage

Revenue Enhancement

- Review and Renegotiate Payor Contracts
- Improve Quality Based Incentives Payment Metrics
  - ACO,CE, CCM, PM
- Chronic Care Management (CCM)-Target Q1 FY22

Ambulatory Services

Service Line Update

Strategic Next Steps

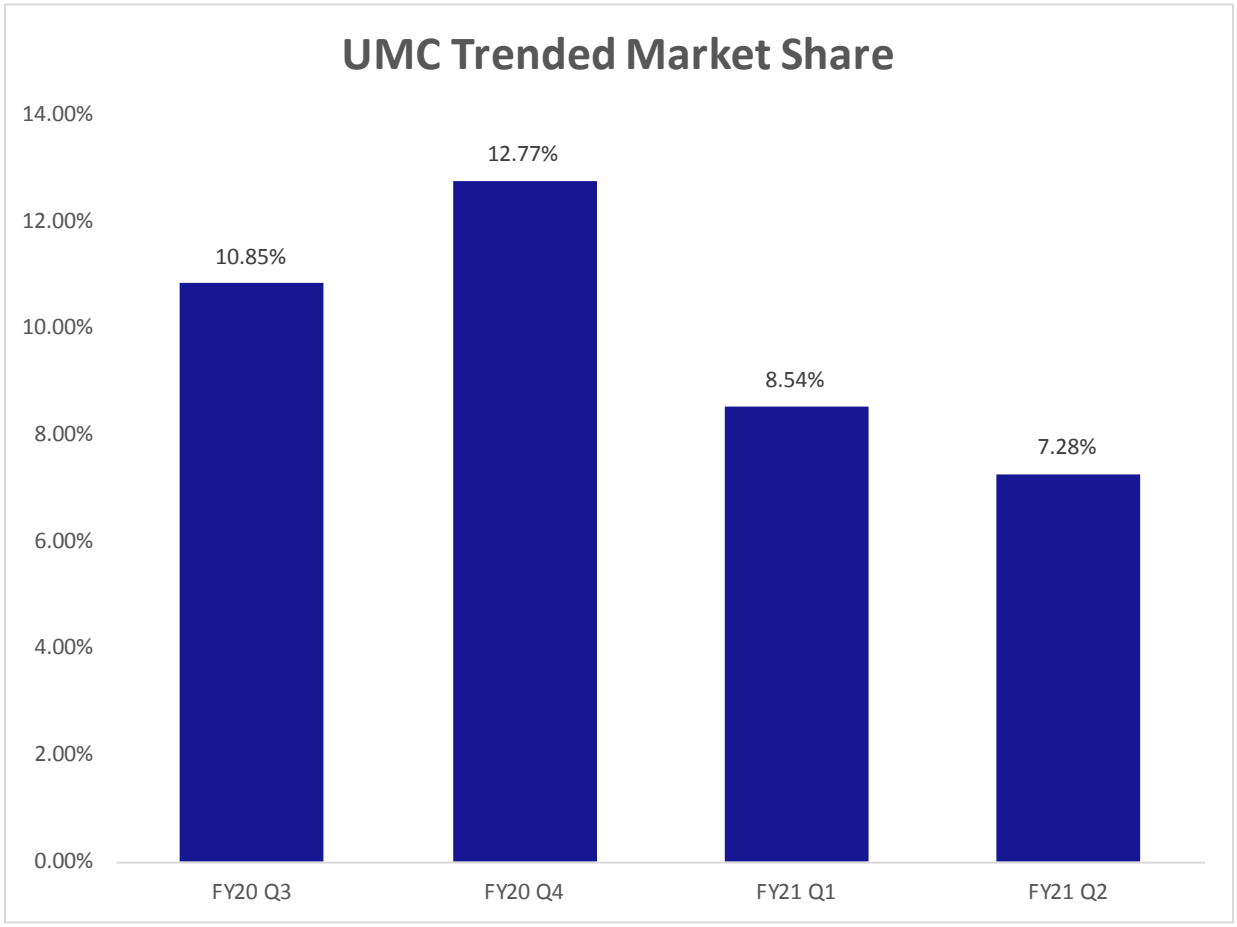
- Provider Staffing Realignment Model
  - Primary Care: 1 Physician, 2 NP
  - Quicker Care: 1 Physician, 1 PA
  - Rework Compensation Plan
- Optimize Staff Scheduling
  - Shift Hound App/Dynamic Productivity
  - Telemedicine service line

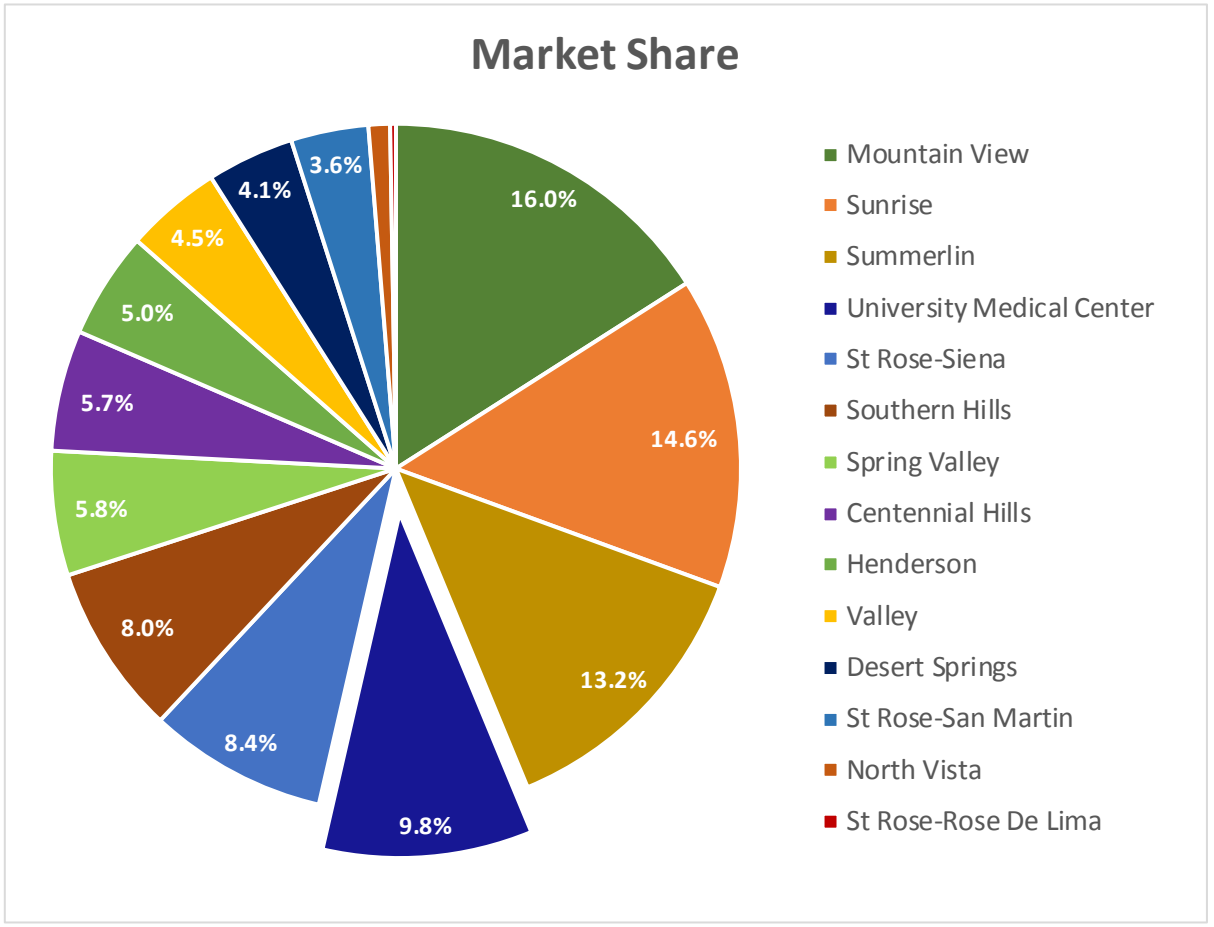
Technology Strategy

- Blue Tree/UMC Sprint Program - Operational Efficiencies, System Enhancement
- Completed Open Scheduling in Primary Cares
- Epic Optimization in Primary Care/Documentation Management
- Enhanced patient usage of UMC Connect
- Streamline processing of telehealth technology
- Additional digital billboards to market UMC service lines
- Intrado
  - Real time texting notification – Q1 FY22

Oncology Market Share

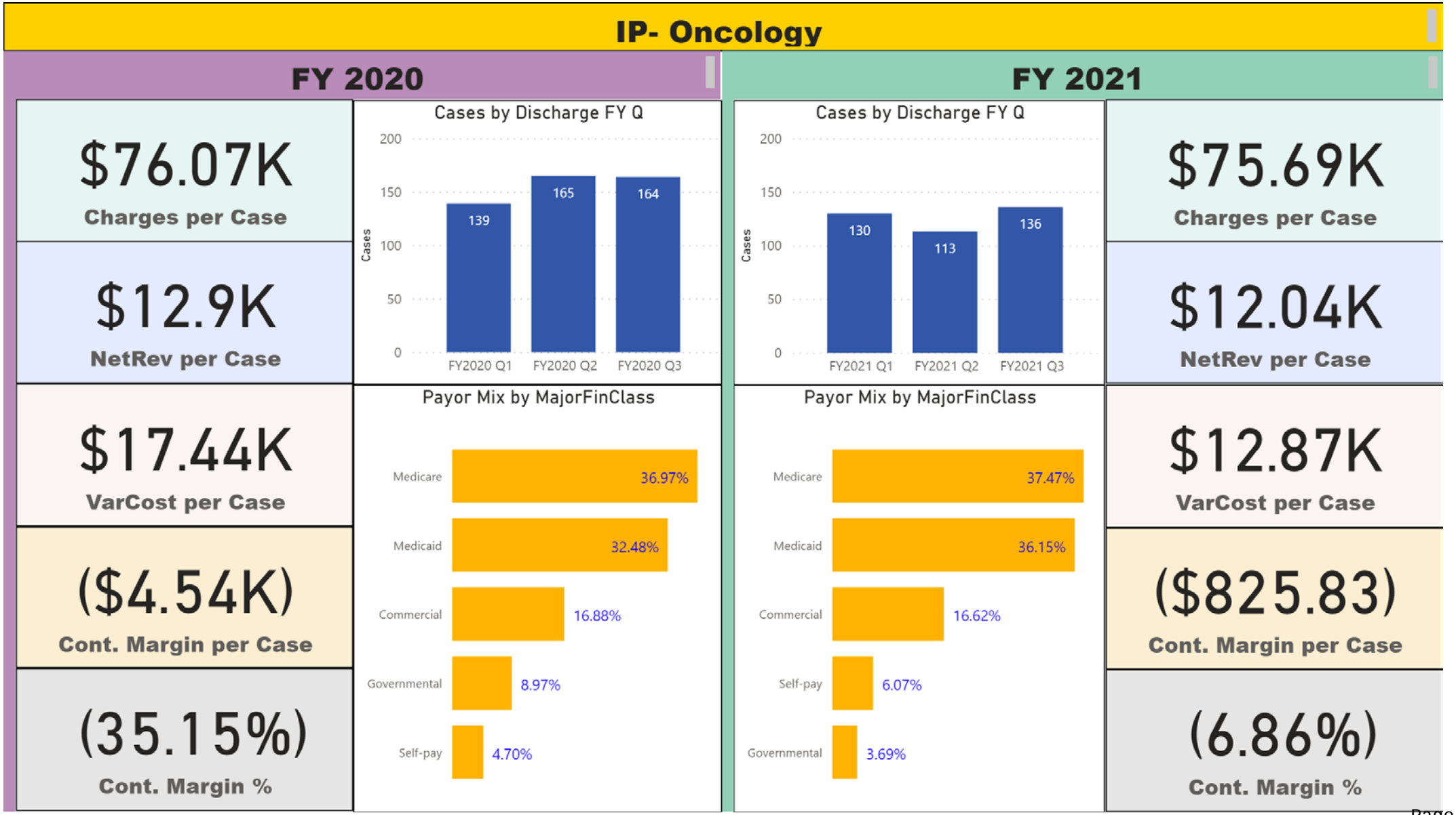
Oncology Services Market Share- (IP, Adult, FY 2020 Jan- FY 2021 Dec)





Oncology IP Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Oncology Services

Service Line Update

Operational Update

- Thoracic tumor board conference has resumed
- Screening for pulmonary oncologic tumor services (SPOTS Program)
- Low dose CT lung nodule screening

Revenue Enhancement

- Outpatient infusion clinic 340B program decreases expenses
- Clinical trial opportunities to enhance revenue

Strategic Next Steps

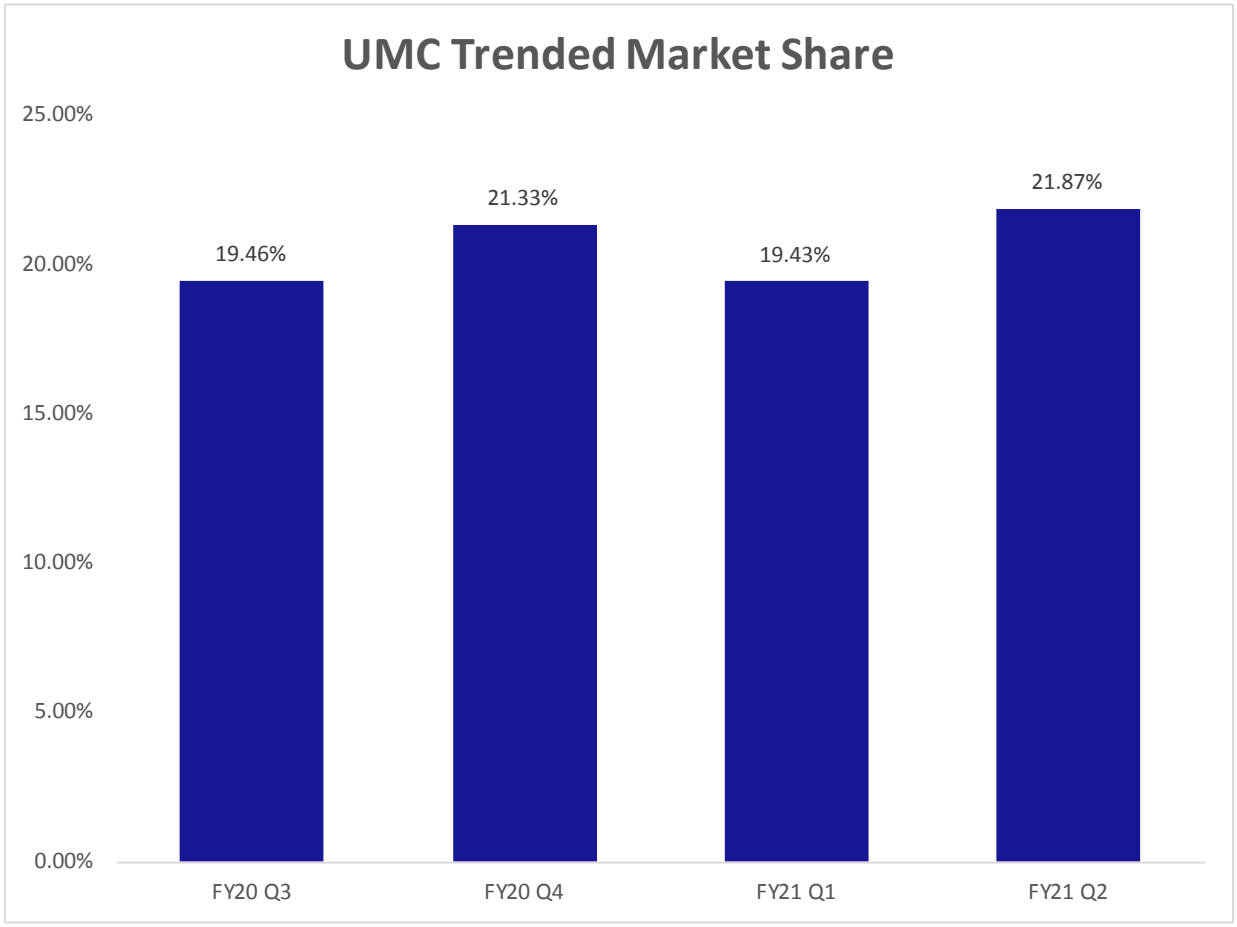
- Strategic alignment with UNLV SOM to develop a robust Interventional Pulmonology Program
- Outpatient PFT lab collaboration UNLV & UMC

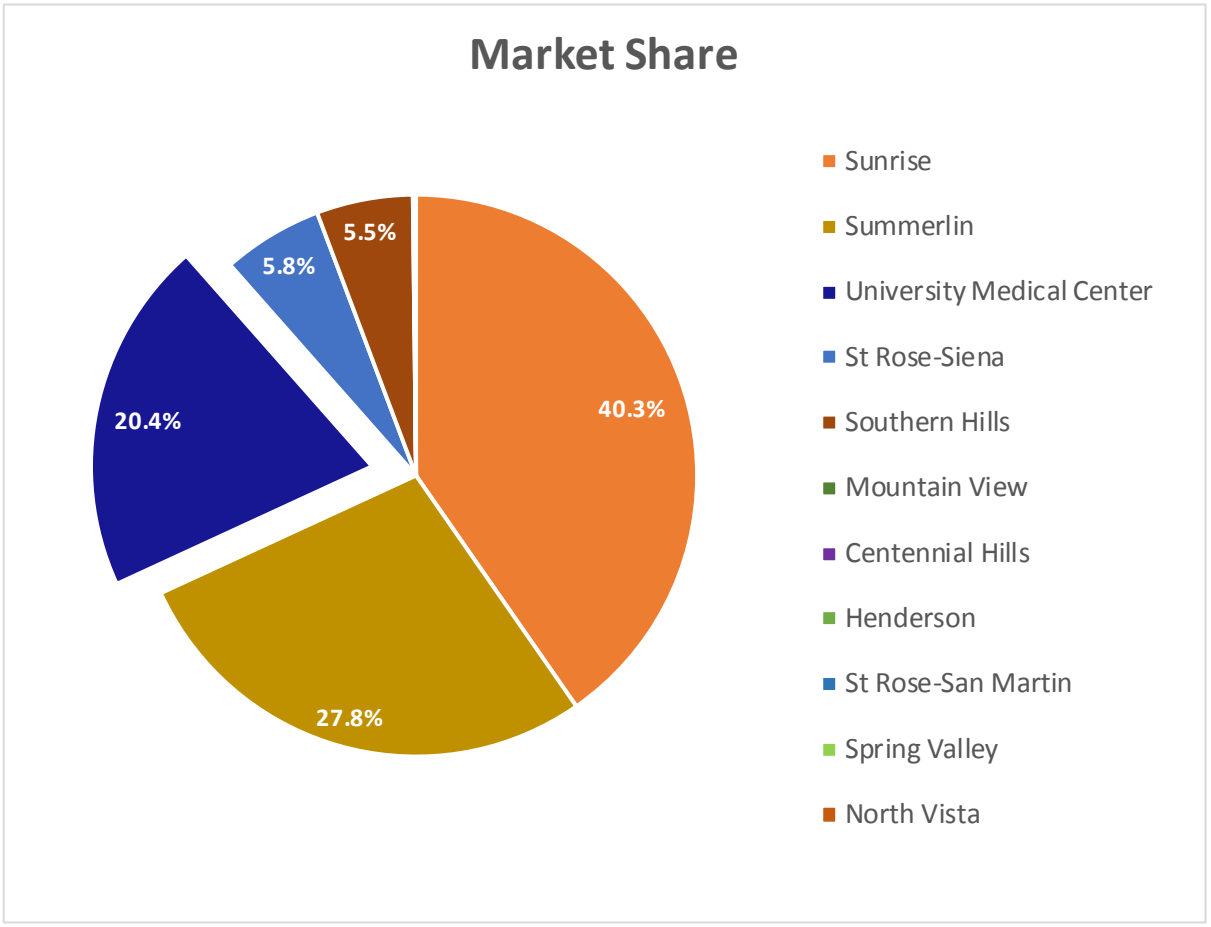
Technology Strategy

- UMC is proud to be first to market with the ION Robotic Bronchoscope
- Physician credentialing for lung volume reduction with valves
- Pleural catheter placement and medical pleuroscopy

Children's Hospital Market Share

Children's Hospital Market Share- (IP, <18, FY 2020 Jan- FY 2021 Dec)

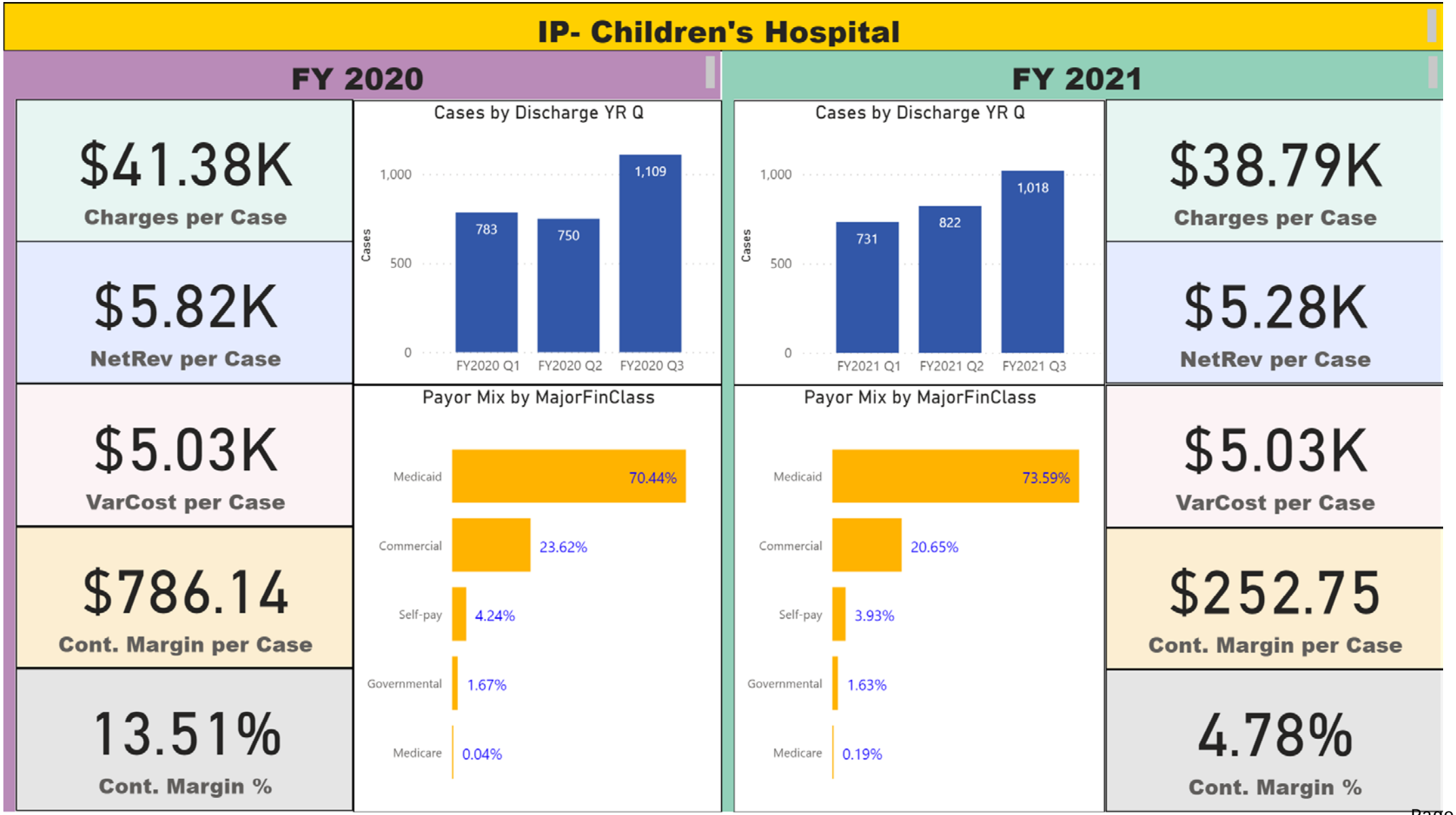




Excl. Gynecology, Neonatology, Obstetrics

Children's IP Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Children's Hospital

Service Line Update

Operational Update

- Launched UMC Pediatric Critical Care Transport Team
  - Grant funded initiative with Community Ambulance
  - Team consists of specialty trained pediatricians
  - Since first transport on February 1st, the team has had over 30 transfers
- Dedicated Ped's SANE Program
- NICU unit refresh

Revenue Enhancement

- NICU level charge review
  - Employee education on proper billing of NICU care levels
    - Hard stop placed on accounts for 2nd review
    - Denials subsequently dropped from $675K to $71K year over year

Strategic Next Steps

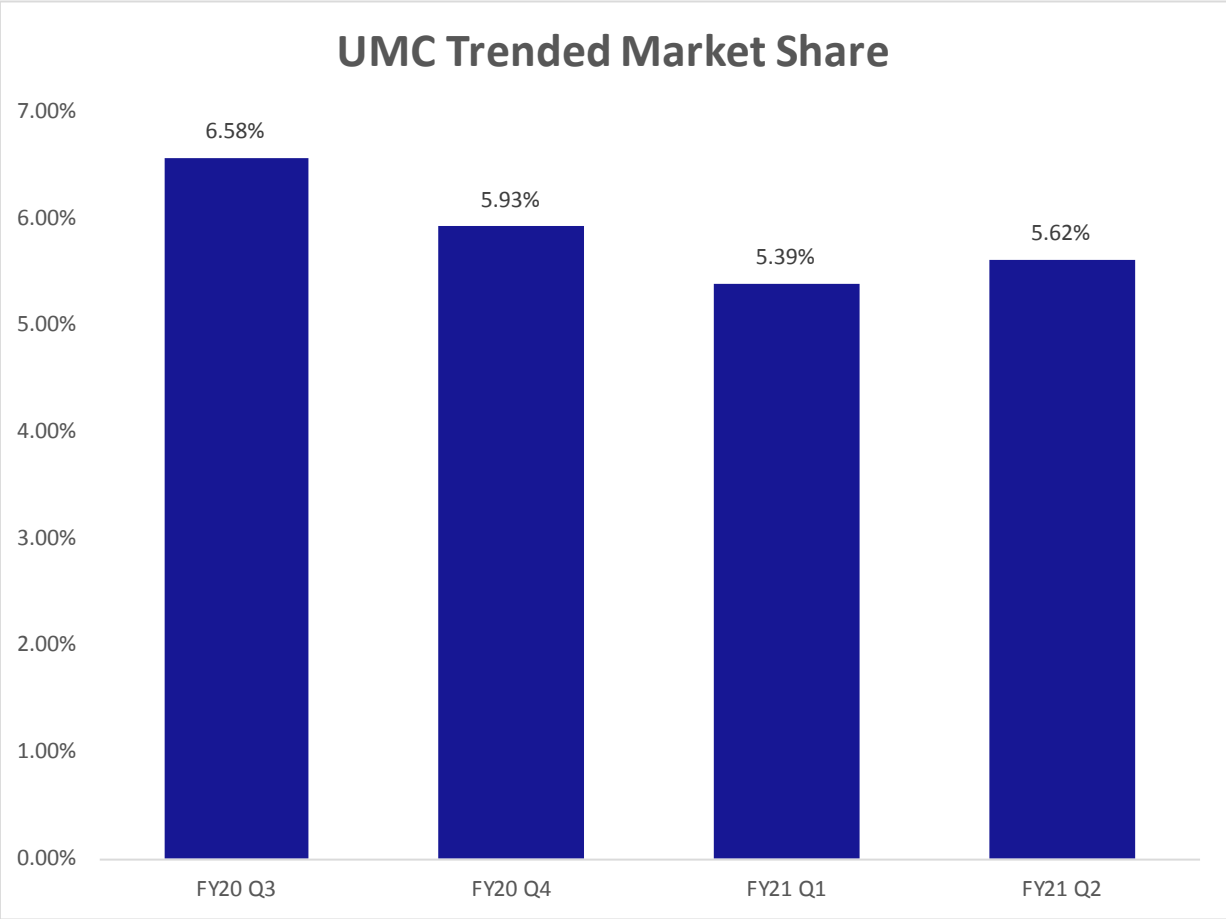
- Dedicated anesthesia for pediatrics

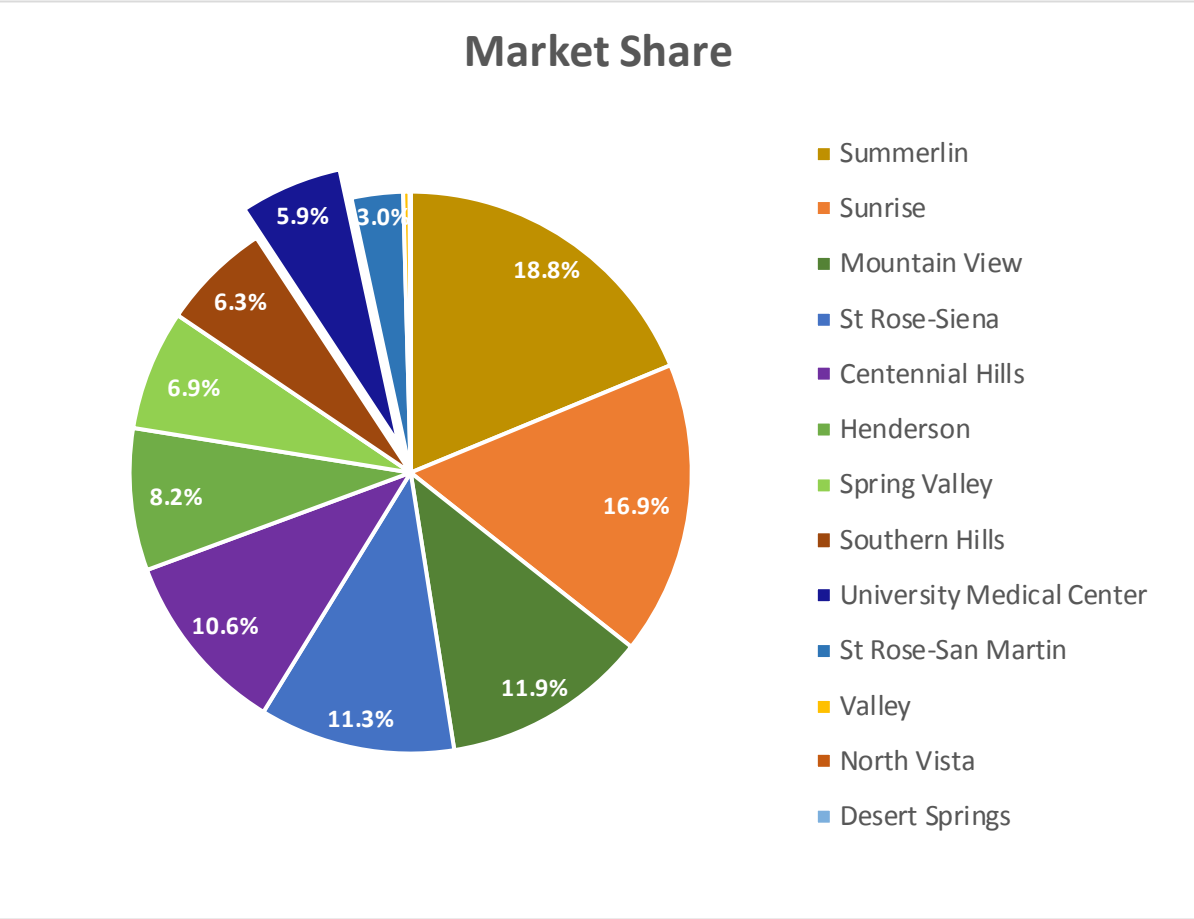
Technology Strategy

- Telemedicine and E-Consults

Women's IP Services Market Share

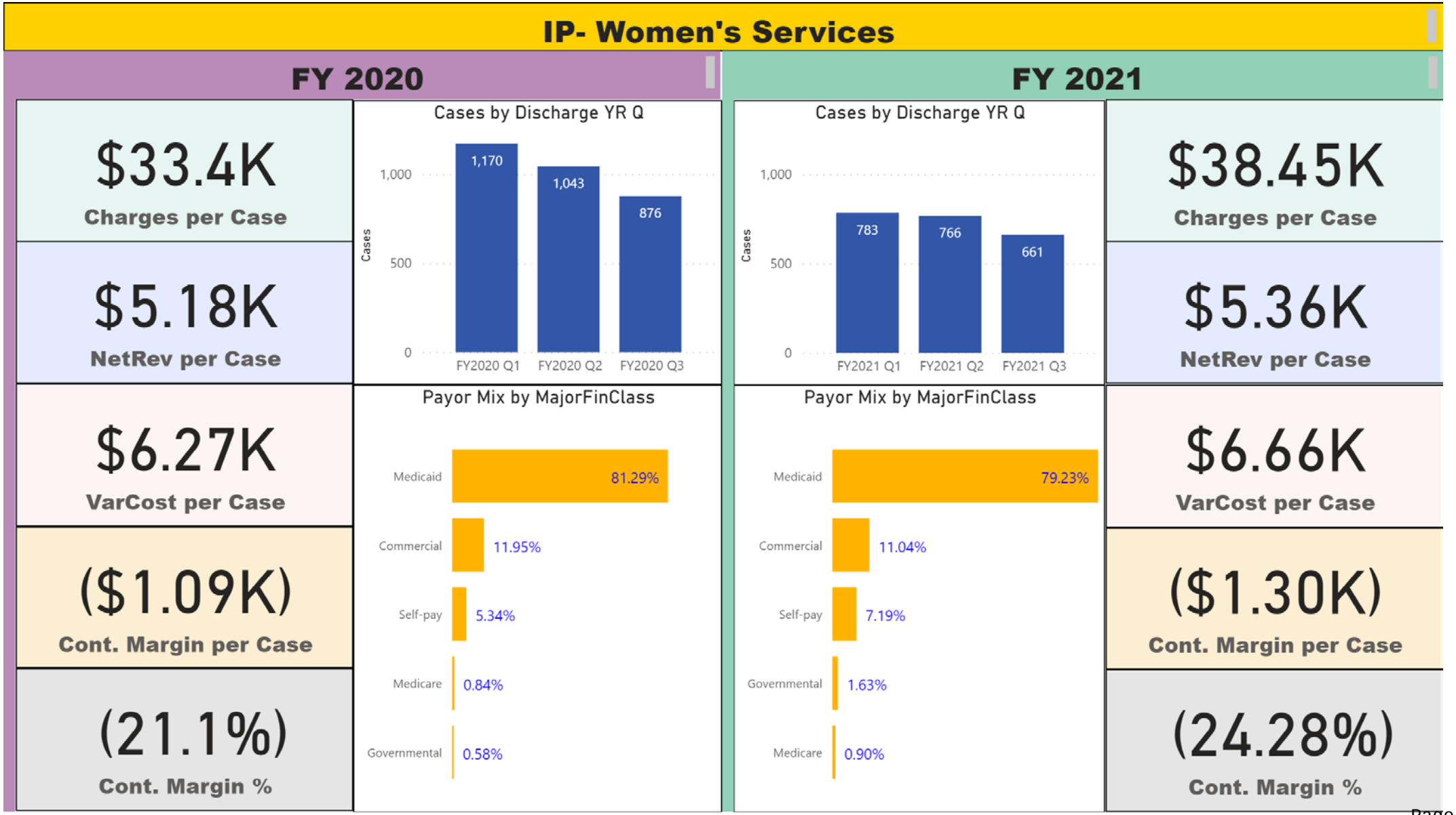
Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, FY 2020 Jan- FY 2021 Dec)





Women's IP Service Line P&L Dashboard

Q3 FY21



Note: Federal Supplemental payments are not reflected in the net revenue per case as shown on this slide.

Women's Services

Service Line Update

Operational Update

- Complete renovation and furniture refresh of perinatal elevator lobby and the main nurses station
- Purchase of two new ultrasound machines that send the patient a link to the pictures of the baby

Strategic Next Steps

- Targeted marketing to the community
- Social media campaign
- Strategic alignment with UNLV for service line opportunities

Technology Strategy

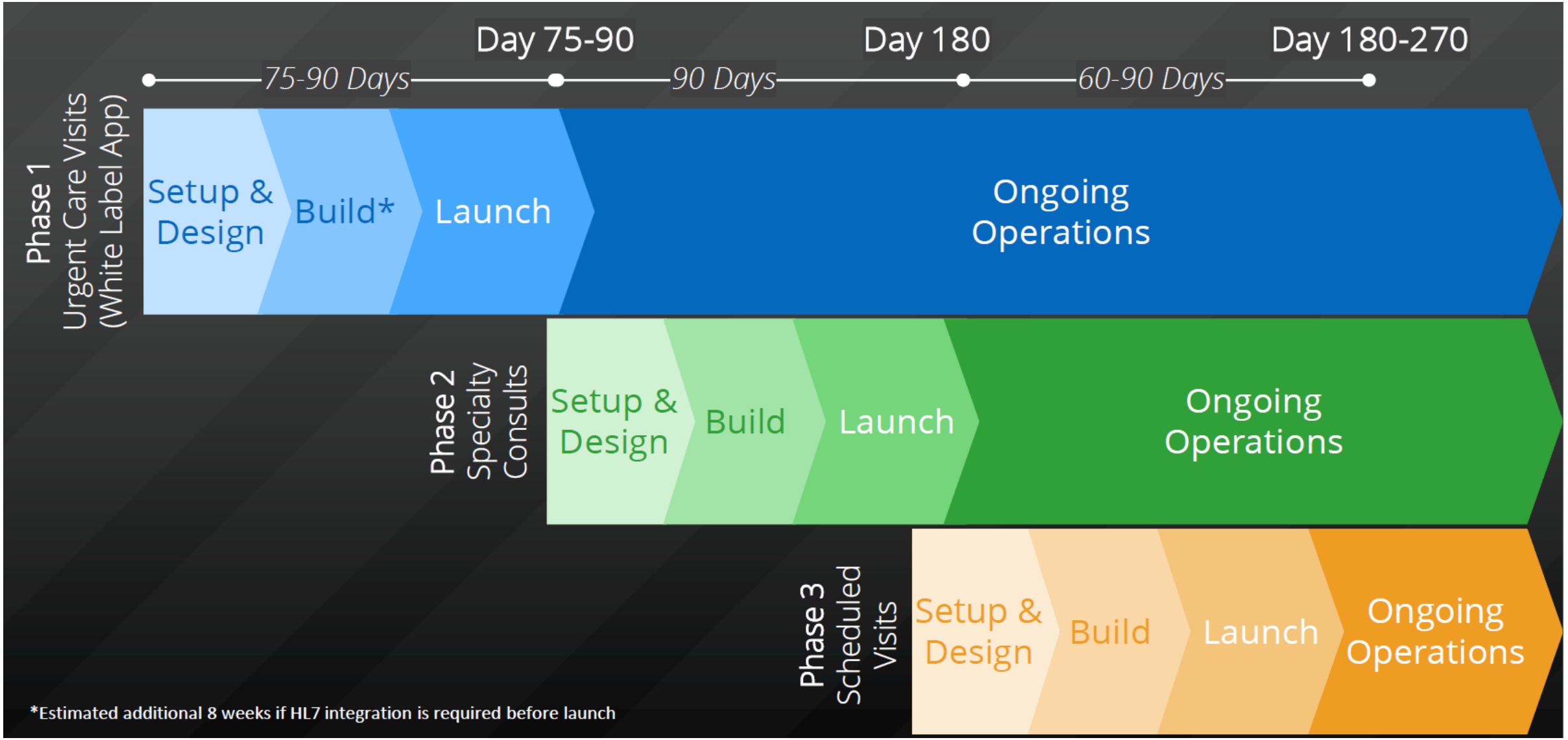
- Purchase of NicView
  - Remote live-streaming monitoring for parents to view their infant while in the NICU

UMC
UNIVERSITY MEDICAL CENTER

Telehealth Program

Telehealth

Projected Timeline



UNIVERSITY MEDICAL CENTER

Interventional Pulmonology Program Collaboration

Interventional Pulmonary Collaboration

UNLV SCHOOL OF MEDICINE with UMC UNIVERSITY MEDICAL CENTER
ACADEMIC MEDICINE

Overview & Objectives

Interventional Pulmonology Program

- UMC/UNLV Medicine are uniting to create the ***first*** Interventional Pulmonology program in Nevada

Program Objectives:

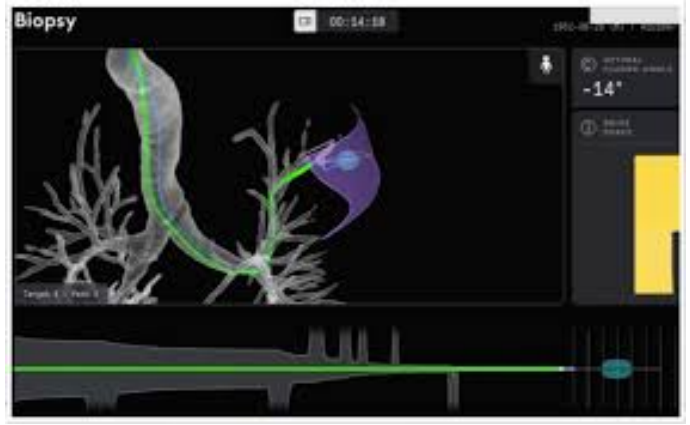
- Improve Lung Cancer Care and Survival
- Offer Innovative Treatment for Severe/End-Stage COPD
- Optimize lung cancer screening
- Improve diagnostic modalities for lung cancer
- Increase access to minimally invasive treatment options for lung cancer
- Bronchoscopy lung volume reduction using airway valves for COPD
- Relocate Outpatient PFT Lab

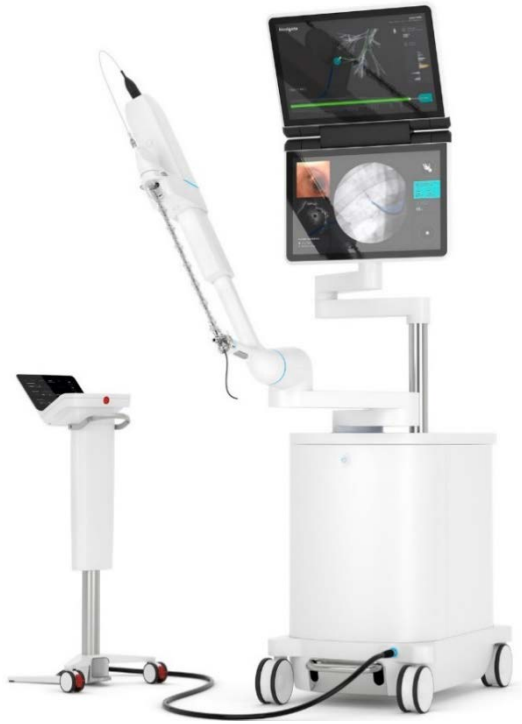
Interventional Pulmonary Collaboration

UNLV with UMC ACADEMIC MEDICINE

Capital Investment

- ERBECRYO System has been purchased for service line enhancement
- Clinical applications include:
  - **Cryoextraction**
    - Process of removing foreign bodies, mucus plugs, blood clots, necrotic tissue, tissue tumors and tissue biopsies
  - **Cryodevitalization**
    - The destruction of tissue by the application of extreme cold
- Ion Endoluminal System, Robotic-assisted platform (minimally invasive biopsy)





Interventional Pulmonary Collaboration

UNLV SCHOOL OF MEDICINE with UMC UNIVERSITY MEDICAL CENTER
ACADEMIC MEDICINE

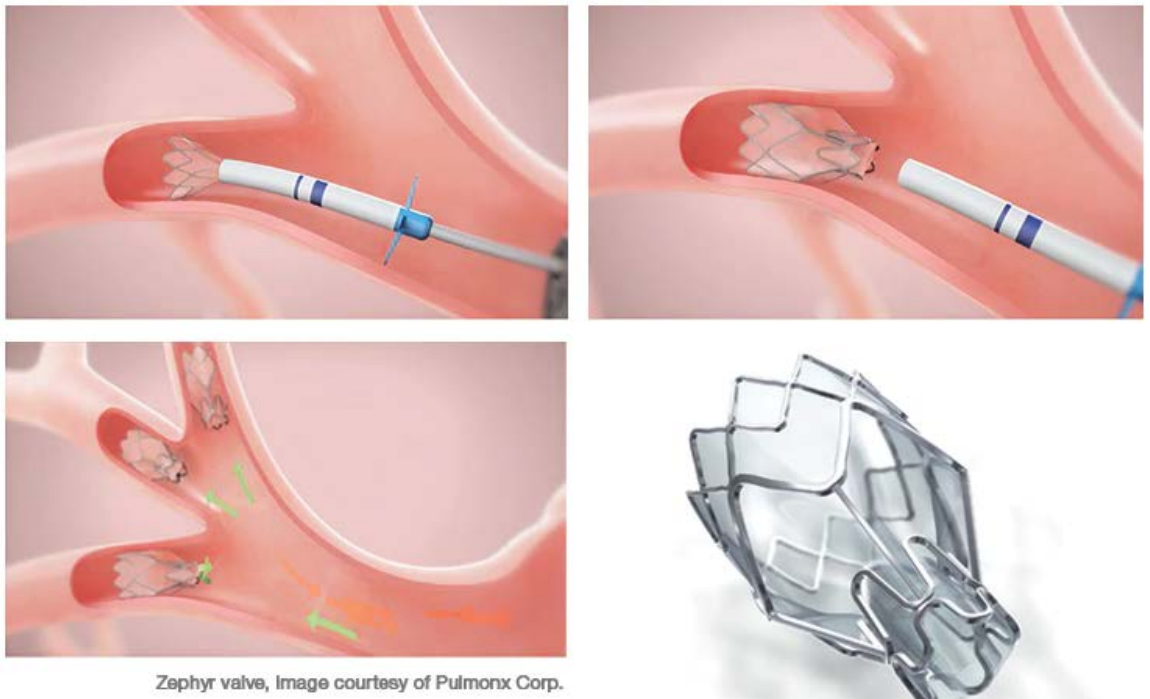
Robotic Bronchoscopy

- Ion Endoluminal System
  - Allows direct vision & navigation through small and difficult-to-navigate airways to reach all 18 segments of the lung
  - Once the Target Nodule is Located, Catheter Locks in place to provide the stability needed for precise placement of biopsy tools

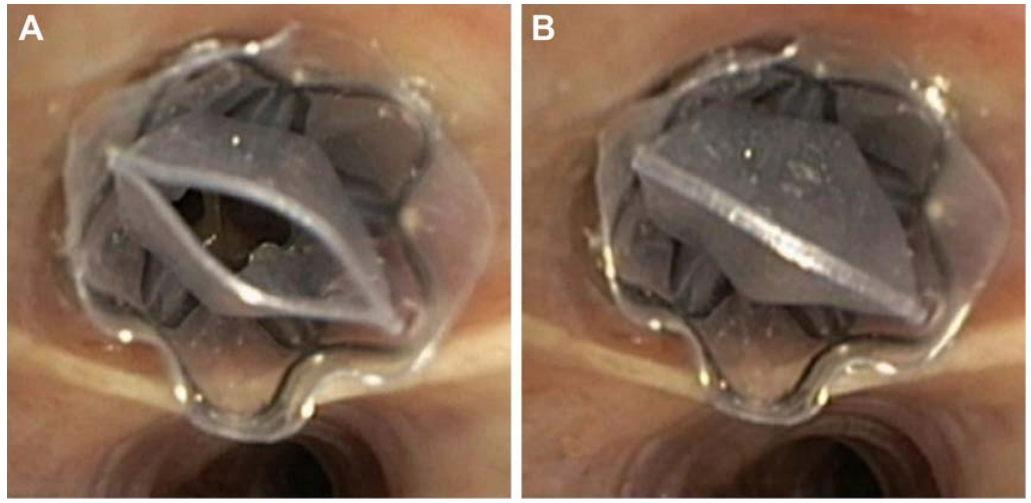
Interventional Pulmonary Collaboration

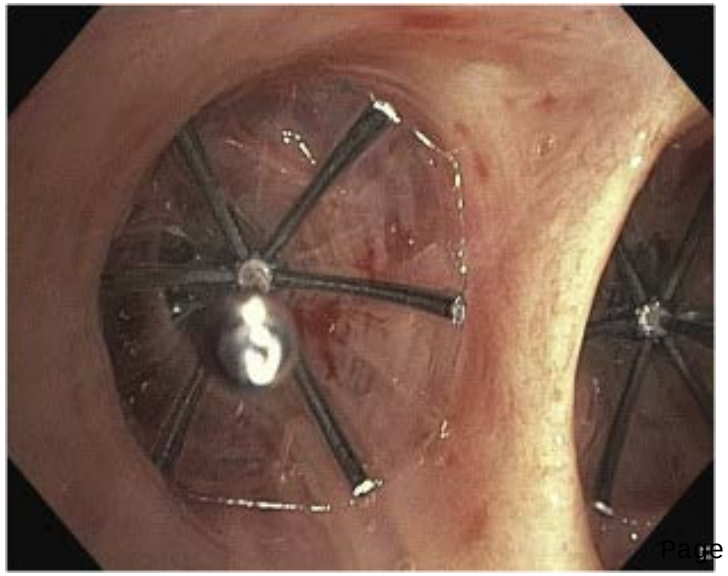
UNLV School of Medicine with UMC University Medical Center
ACADEMIC MEDICINE

Bronchoscopic Lung Volume Reduction



Zephyr valve, Image courtesy of Pulmonx Corp.





Scope of Interventional Pulmonology

FY 21 CEO Performance Objective Review

CEO Performance Objective #1

FY 21 Strategic Planning Committee

Continued Leadership in Las Vegas Medical District: Continue to play a leading role in the development of the Las Vegas Medical District.

CEO Performance Objective #1

FY 21 Strategic Planning Committee

UMC has continued to demonstrate leadership in the Medical District through:

- Attracting new patients to the medical district through expanded services
  - Advanced Center for Health
  - COVID-19 Vaccine Clinic at Delta Point
- Serving as the MSAC (Medical Surge Area Command) headquarters for community leaders as they responded to the impacts of COVID-19 on the Southern Nevada health system
- Hosting COVID-19 Healthcare forums for healthcare leaders to collaborate and respond to urgent pandemic needs
- Campus façade plans which will enhance the aesthetics of the Medical District
- Leadership in multiple medical district committees focusing on safety, marketing, master planning, and development

CEO Performance Objective #2

FY 21 Strategic Planning Committee

Improved Results in the Six Focus Areas: Deliver improved results (financial and clinical) in the six focus areas (Ambulatory, Cardiology, General Surgery, Oncology, Orthopedics and Pediatrics).

CEO Performance Objective #2

FY 21 Strategic Planning Committee

Service Line	FY 20 Cont. Marg/case	FY 21 Cont. Marg/case	Variance	FY 20 Cont. Margin %	FY 21 Cont. Margin %	Variance
Ambulatory PC	($16.38)	$7.88	**$24.66**	(14.01%)	$6.35%	**20.36%**
Ambulatory QC	$3.08	$26.95	**$7.88**	2.43%	20.5%	**18.07%**
Cardiology	$3.78K	$3.89K	**$111**	24.42%	25.49%	**1.1%**
General Surgery	$6.38K	10.11K	**$3.8K**	21.31%	22.93%	**1.6%**
Oncology	($4.54K)	($825.83)	**($3174.71)**	(35.15%)	(6.86%)	**28.29%**
Orthopedics	$3.62K	$5.32K	**$1.7K**	21.66%	28.05%	**6.4%**
Children's *	$786.14	$252.75	**($515.39)**	13.51%	4.78%	**(8.73)**

COVID Decreased Volumes in Peds, OB and NICU

CEO Performance Objective #3

FY 21 Strategic Planning Committee

Establish at least one new Ambulatory service for UMC to strategically respond to COVID-19 needs for the community in partnership with UNLV SoM.

CEO Performance Objective #3

UMC and UNLV Medicine collaborated in providing services to the Las Vegas community in response to COVID-19 through:

- COVID Recovery Clinic
- Pulmonary Patient Care
- Vaccine Sites
- Community Wide Testing

CEO Performance Objective #4

FY 21 Strategic Planning Committee

Develop new Annual Strategic Plan and a five-year financial plan (FY 21 – FY 25 inclusive) for UMC as a whole with a consolidated income statement and cash flow statement. The plan will be granular down to the service line level and, within service lines will forecast volumes, revenue and expenses by sub service line.

CEO Performance Objective #4

FY 21 Strategic Planning Committee

Implemented Axiom Financial Planning module

- Hybrid approach utilizing Current Year Forecast and Financial Planning to achieve level of customization required to meet the objective

Base Year

- FY 2022 Budget is the base year for the 5 year plan

Future Updates

- Input from Strategic Planning Committee should be provided by December 31st of each year to be incorporated in the following year's budget
- Once a new budget is finalized, the tool will update future years