



UMC Governing Board Meeting - Special Meeting

Monday, May 5, 2025 2:00 p.m.

UMC Trauma Building - Providence Suite - 5th Floor

AGENDA

University Medical Center of Southern Nevada

GOVERNING BOARD

SPECIAL MEETING

May 5, 2025 2:00 p.m.

800 Hope Place, Las Vegas, Nevada

UMC Trauma Building, Providence Suite (5th Floor)

Notice is hereby given that a meeting of the UMC Governing Board has been called and will be held on Monday, May 5, 2025, commencing at 2:00 p.m. at the location listed above to consider the following:

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 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, Governing Board Secretary, at (702) 765-7949. The Governing Board may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Governing Board 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 Governing Board to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Governing Board may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Governing Board 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 Governing Board 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 Board 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 Board wishes to extend the length of a presentation, this will be done by the Chair or the Board by majority vote.

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

SECTION 2: BUSINESS ITEMS

3. Receive a report from the Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. *(For possible action)*
4. Discuss the current status, potential next steps, and alternatives with respect to ongoing UMC dispute resolution proceedings with UNLV and its UNLV School of Medicine; and take any action deemed appropriate. *(For possible action)*
5. Discuss proposed Ordinance to amend Chapter 3.74 of the Clark County Code and effect on the current Governing Board Bylaws; and take any action deemed appropriate. *(For possible action)*
6. Discuss updated report on the Foundation for the Future of UMC; and take any action deemed appropriate. *(For possible action)*

SECTION 3: EMERGING ISSUES

7. 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

8. Go into closed session, pursuant to NRS 241.015(4)(c), to receive information from the General Counsel regarding potential or existing litigation involving matters over which the Board had supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matters; and direct staff accordingly.

COMMENTS BY THE GENERAL PUBLIC

A period devoted to comments by the general public about matters relevant to the Board'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 Board's action and jurisdiction.

UMCSN ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMCSN GOVERNING BOARD. 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 UMCSN ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE BOARD, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMCSN ADMINISTRATION.

THE BOARD MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 702-765-7949).

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Report from Governing Board Clinical Quality and Professional Affairs Committee	Back-up:
Petitioner: Mason Van Houweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board receive a report from the Governing Board Clinical Quality and Professional Affairs Committee; and take any action deemed appropriate. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

The Governing Board will receive a report on the April Governing Board Clinical Quality and Professional Affairs Committee meeting.

Cleared for Agenda
May 5, 2025

Agenda Item #

3

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Discussion – UMC/UNLV Dispute Resolution	Back-up:
Petitioner: Mason Van Houweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board discuss the current status, potential next steps, and alternatives with respect to ongoing UMC dispute resolution proceedings with UNLV and its UNLV School of Medicine; and take any action deemed appropriate. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
May 5, 2025

Agenda Item #

4

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Proposed Ordinance Amendments	Back-up:
Petitioner: Mason Van Houweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board Discuss proposed Ordinance to amend Chapter 3.74 of the Clark County Code and effect on the current Governing Board Bylaws; and take any action deemed appropriate. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

The Governing Board will discuss the impact of proposed changes to Chapter 3.74 of the Clark County Code.

Cleared for Agenda
May 5, 2025

Agenda Item #

5

Underlined material is that portion being added.
~~Strikethrough~~ material is that portion being deleted.

BILL NO. 4-15-25-2

SUMMARY – An Ordinance to amend Chapter 3.74 of the Clark County Code to amend the provision related to the removal of governing board members and amend the delegation of authority to the UMC Governing Board and other matters properly related thereto.

ORDINANCE NO. _____
(of Clark County, Nevada)

AN ORDINANCE TO AMEND CHAPTER 3.74 OF THE CLARK COUNTY CODE TO AMEND THE REMOVAL OF THE GOVERNING BOARD MEMBERS AND AMEND THE DELEGATION OF AUTHORITY TO THE UMC GOVERNING BOARD; AND PROVIDING FOR OTHER MATTERS PROPERLY RELATING THERETO.

THE BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF CLARK, STATE OF NEVADA, ACTING IN ITS CAPACITY AS THE UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA BOARD OF HOSPITAL TRUSTEES, DOES HEREBY ORDAIN AS FOLLOWS:

SECTION 1. Title 3, Chapter 3.74, Section 3.74.020, subsection 8 of the Clark County Code shall be amended as follows:

3.74.020 Creation and composition of the governing board; terms; removal of members.

1. Creation of Board. There is hereby created the UMCSN governing board, composed of up to nine members, and charged with the responsibility of maintaining UMCSN as a county hospital organized under Chapter 450 of the Nevada Revised

Statutes and operated with the goal of maintaining the highest quality patient care for the residents of and visitors to Clark County.

2. Selection of Members. The members of the initial governing board shall be selected by majority vote of the UMCSN board of hospital trustees at a duly noticed public meeting of the board of hospital trustees. Candidates for membership on the initial governing board shall be submitted to the board of hospital trustees by the county manager and UMCSN CEO, upon the advice of a nominating committee consisting of residents of Clark County, as a slate of no less than five not more than nine candidates and must be approved as a slate. Members of the initial governing board shall serve staggered terms, chosen by lot. One third of the members chosen shall serve an initial term of three years, one third of the members chosen shall serve an initial term of two years, and the balance of the members chosen shall serve an initial term of one year. Thereafter, members shall be selected by a majority vote of the board of hospital trustees at a duly noticed public meeting, and shall serve terms of three years and may succeed themselves. The governing board shall, by a majority vote, submit recommendations for replacements to the governing board when a term has expired or a board position has otherwise become vacant. If a candidate recommended by the governing board is not selected by the board of hospital trustees, the governing board shall submit additional candidates until a candidate is selected.

3. Compensation. The members of the governing board may be compensated for their services as provided by Nevada Revised Statutes Chapter 450 for members of a hospital advisory board.

4. Qualifications of Members. Members shall be residents of Clark County and shall have demonstrated skills and experiences suited to addressing the needs and goals of the hospital, and the people who it serves. The appointment of any member of the governing board shall be based in part on the objective of ensuring that the governing board includes diverse and beneficial perspectives and experience, including, but not limited to, those of business management, law, finance, medical and/or other health professionals, health sector workers, and the patient or consumer perspective. The governing board as a whole shall represent a diverse group of stakeholders, have a high degree of interest in improving the hospital, and, as a group, have the requisite experience and knowledge to oversee the hospital.

5. Ethics. Members shall comply with the rules applicable to public officers under the Nevada Ethics in Government Law (Chapter 281A of the Nevada Revised Statutes) and Clark County Ethics Resolutions, as they may be amended from time to time.

6. Additional Requirements. Board members shall not have any financial conflicts which would require disclosure or abstention under the Nevada Ethics in Government Law. This prohibition extends to members of the board member's household and to relatives of the board member within the third degree of consanguinity or affinity. Upon such a conflict arising after the appointment of a member, the conflicted board member shall notify the secretary of the governing board and the clerk of the UMCSN board of hospital trustees. If the conflicted member is unable or unwilling to resolve the conflict within thirty days of such notice, a vacancy shall be deemed to exist upon the thirtieth day following notice.

7. Bylaws. Members of the governing board shall adopt bylaws and rules of procedure for the conduct of meetings of the governing board and for selection of a chair and vice chair among their members. Such rules shall be in compliance with the Nevada Open Meeting Law, but may be supplemental thereto, to aid in the conduct of the business of the governing board.

8. Removal of Members. A member of the governing board serves at the pleasure of the board of hospital trustees and may be removed from his or her position ~~only~~ by a majority vote of the board of hospital trustees. ~~for acts or omissions which, in the determination of the board of hospital trustees, constitute malfeasance or misfeasance, including but not limited to a violation of any section of this code, an unresolved financial conflict of interest, a violation of the Nevada Ethics in Government Law, or for failure to attend to duties of a member, as otherwise provided by Clark County Code.~~

SECTION 2. Title 3, Chapter 3.74, Section 3.74.030, subsection 6 of the Clark County Code shall be amended as follows:

3.74.030 Delegation of Authority to the Governing Board. To the extent allowed by law and as set forth herein, the following powers and duties are delegated to the governing board of UMCSN:

1. Oversight of Hospital primary mission and purpose of maintaining a public, safety-net hospital.

2. Adoption of bylaws under which the Governing Board shall operate, including but not limited to the determination of meeting times and frequencies, the appointment of standing committees with oversight of specific governance functions, and the selection of

officers of the Governing Board.

3. Recommendations, by majority vote, of individuals to fill vacancies on the Governing Board and on the number of members of the Governing Board, subject to final approval by the Board of Hospital Trustees.

4. Development of strategic planning goals and objectives, and adoption of plans to achieve them.

5. Approval of policies and procedures for the operation of the Hospital, including policies regarding service utilization patterns, productivity, patient satisfaction and patient complaints, and scope of availability of services.

6. Appointment, review, and discharge of the Hospital's Chief Executive Officer, [which shall be ratified by the board of hospital trustees.](#)

7. Except as limited by Paragraph 11 below, approval of expenditures, contracts and resolutions for the acquisition of goods and services necessary for the operation of the Hospital and fulfillment of its mission, in conformance with statutory requirements applicable to local governmental purchasing and contracts. Such approval and contractual obligations may not exceed encumbrances, in money and resources, of more than five million dollars per fiscal year per contract. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of this code and grounds for immediate dismissal. When services are contracted through the utilization of any Purchasing Group (as such term is defined pursuant to NRS 450, et seq), reasonable efforts should be made to utilize vendors licensed in Clark County, Nevada or vendors employing residents of Clark County, Nevada.

8. Delegation to the Chief Executive Officer of powers and duties, including, to the extent the Governing Board deems advisable, a limited power to enter into contracts and agreements on behalf of the Hospital, and the negotiation of collective bargaining agreements with recognized employee groups. In no way may the Governing Board delegate to the CEO powers or duties which have not been delegated to it or which exceed state law limitations on delegation of authority. Delegation to the CEO under this provision in no way relieves the Governing Board in its duty of financial oversight of the operation of the Hospital.

9. Oversight of physician recruitment and credentialing, including the appointment, re-appointment or removal of medical staff membership and clinical privileges, which includes the appellate review of actions of the Medical Executive Committee which may be challenged by an applicant or credentialed physician

10. Promulgation of rules, regulations and standards governing appointment of physicians and interns to the staff for approval by the Board of Hospital Trustees.

11. Approval of contracts with individual physicians or private medical associations for the provision of certain medical services as may be required by the hospital. Such contracts shall not exceed five years in length. Such contracts may be renewed at a duly noticed meeting of the governing board. Such contracts may not exceed annual encumbrances of five million dollars and must comply with all budgeting requirements of the local government budget and Finance Act of the Nevada Revised Statutes. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of this code and grounds for dismissal.

12. Approval of personnel policies and procedures for employees of the Hospital, approval of collective bargaining agreements with recognized employee groups, and approval of compensation packages for non-union eligible and management employees. Such approvals must fall within approved budgets. Approval of collective bargaining agreements shall be ratified by the Board of Hospital Trustees.

13. Approval of settlements and agreements to resolve employment-related litigation and pre-litigation not to exceed one hundred thousand dollars per applicant or employee, and not to exceed two hundred and fifty thousand dollars per incident or allegation of related incidents, and approval to resolve non-employment related litigation and per-litigation demands not to exceed one hundred thousand dollars (\$100,000.00) per incident or allegation of related incidents.

14. Acceptance of gifts and bequests to the Hospital, except where such gifts or bequests involve or include real property or improvements to real property or contain conditions on the bequest or gift which are beyond the delegated authority of the Governing Board.

15. Approval of the settlement or resolution of billing disputes or overpayments involving patients, third-party payers or governmental agencies.

16. Financial oversight and recommendation of Hospital operating and capital budgets for submission to the Board of Hospital Trustees for approval.

17. Oversight of quality improvement, performance and measurements.

18. Risk identification and compliance oversight to ensure that UMCSN maintains compliance with all federal, state and local laws and regulations, as well as all requirements of accrediting bodies.

19. Oversight of patient admission policies and policies that support patient care.
20. Oversight of medical education, training programs, community health education and research activities.
21. Review and approval of bylaws, rules and regulations of the medical staff of the Hospital, subject to final approval by the board of hospital trustees.
22. Oversight of the development of patient charges, subject to final approval by the board of hospital trustees.
23. Responsibility for coordinating education of the Governing Board members.
24. Responsibility for the Governing Board's effective, efficient performance and participation in a formal evaluation and self-assessment process.
25. Consultation and engagement with the community and UMCSN stakeholders, including facilitating the participation in certain non-profit corporations or entities and the execution of contractual relationships necessary for the development and improvement of the surrounding medical district.
26. Responsibility for ensuring that all operations of UMCSN, especially contractual and personnel matters, are conducted free from any political interference in accordance with applicable law.
27. Responsibility for oversight of a marketing plan for the Hospital and implementation of new healthcare laws, including the Affordable Care Act.
28. Development of recommendations for alternative public or private financing to assist the Hospital.
29. Any other duty or power which is both lawful and necessary to the full discharge of the powers and jurisdiction conferred on the Governing Board.

SECTION 3. If any section of this ordinance or portion thereof is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such holding shall not invalidate the remaining parts of this ordinance.

SECTION 4. All ordinances, parts of ordinances, chapters, sections, subsections, clauses, phrases or sentences contained in the Clark County Code in conflict herewith are hereby repealed.

SECTION 5. This ordinance shall take effect and be in force from and after its passage and the publication thereof by title only, together with the names of the County Commissioners voting for or against its passage, in a newspaper published in and having a general circulation in Clark County, Nevada, at least once a week for a period of two (2) weeks.

PROPOSED on the ____ day of _____, 2025.

PROPOSED BY: _____

PASSED on the ____ day of _____ 2025.

AYES: _____

NAYS: _____

ABSTAINING: _____

ABSENT: _____

BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY, NEVADA

By: _____
Tick Segerblom, Chair

ATTEST:

LYNN GOYA, County Clerk

This ordinance shall be in force and effect from and after the _____ day of
_____ 2025.

**Resolution of the
University Medical Center of Southern Nevada
Governing Board**

WHEREAS, on April 15, 2025, the Board of County Commissioners, acting as the University Medical Center of Southern Nevada’s Board of Hospital Trustees, introduced Bill No. 4-15-25-2 which proposes an ordinance to amend Title 3, Chapter 3.74, Section 3.74.020, subsection 8 and Chapter 3.74, Section 3.74.030, subsection 6 (the “Proposed Ordinance”), and set the same for public hearing on May 6, 2025;

WHEREAS, at its regularly scheduled public meeting on April 30, 2025, the Governing Board of University Medical Center of Southern Nevada (the “UMC Governing Board”) reviewed the Proposed Ordinance;

WHEREAS, at the April 30, 2025 public meeting, the Governing Board members had a robust discussion on the Proposed Ordinance and its possible effect on the independence and apolitical design of the UMC Governing Board that has served UMC for more than 11 years and has been responsible, along with management and staff of the hospital, for a historic turnaround of UMC since the UMC Governing Board’s formal creation on January 29, 2014;

WHEREAS, after vigorous debate, the UMC Governing Board members unanimously voted to oppose the Proposed Ordinance, specifically as it relates to Chapter 3.74, Section 3.74.030, subsection 6, which provides that the “Appointment, review, and discharge of the Hospital’s Chief Executive Office” now includes an additional requirement that reads “which shall be ratified by the board of hospital trustees”. The UMC Governing Board then directed staff to prepare a resolution for consideration and final vote at its special meeting on May 5, 2025; and

WHEREAS, the UMC Governing Board directed this resolution to be forwarded by the Governing Board Secretary to the Clark County Commission, acting as the Board of Hospital Trustees, for consideration at the May 6, 2025 public hearing.

NOW THEREFORE, BE IT RESOLVED AS FOLLOWS:

RESOLVED, by unanimous vote, that the UMC Governing Board does hereby oppose the amendment of Title 3, Chapter 3.74, Section 3.74.030, subsection 6, finding that such amendment would substantially alter the ability of the UMC Governing Board to govern the management of the hospital, and thereby respectfully requesting that the Board of County Commissioners, acting in its capacity as the Board of Hospital Trustees, delete this revision to the Proposed Ordinance.

RESOLVED, that this Resolution be forwarded by the Secretary of the UMC Governing Board to Clark County for consideration at the May 6, 2025 public hearing on the Proposed Ordinance.

Respectfully submitted this 5th day of May, 2025.

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Future of UMC	Back-up:
Petitioner: Mason Van Houweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board discuss status report on the Foundation for the Future of UMC; and take any action deemed appropriate. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

The Governing Board discuss the status report regarding the foundation for the future of UMC.

Cleared for Agenda
May 5, 2025

Agenda Item #

6



UMC Lions Burn
Care Center



UMC Trauma
Center



UMC Center for
Advanced
Surgery



UMC Orthopedic &
Spine Institute



Pediatric
Sedation Unit



Quick Care



Community Outreach,
Education and
Injury Prevention



Child Life



UMC Women &
Newborn Care
Center



Pediatric
Intensive
Care Unit



Awards &
Accolades



Dedicated Pediatric
Emergency
Department

UMC FOUNDATION FOR THE FUTURE REPORT

MAY 2025

Table of Contents

I.	EXECUTIVE SUMMARY	1
II.	THE FOUNDATION FOR THE FUTURE OF UMC HAS BEEN LAID OVER THE LAST 11 YEARS.....	2
III.	THE SUCCESS IN LAYING THE FOUNDATION FOR THE FUTURE OF UMC IS ATTRIBUTABLE TO THE PASSAGE OF CLARK COUNTY ORDINANCE 4145 IN NOVEMBER 2013	3
	A. Clark County Ordinance 4145 (see Attachment A) is unique because UMC is unique as a business that competes in one of the most difficult, most competitive, and most heavily regulated industries in the world today. As such, the UMC Governing Board requires its own set of Bylaws (see Attachment B)	3
	B. Two of the primary goals cited as the underlying reason of Ordinance 4145 were to: (1) take the politics out of UMC; and (2) to appoint a board with the business, legal, and regulatory experience and expertise needed to turn around the failing operations of UMC which were seriously financially and operationally challenged at the time.	3
IV.	THE CURRENT UMC GOVERNING BOARD, UMC GOVERNING BOARD COMMITTEES, UMC C-SUITE, UMC MANGAGEMENT, AND UMC STAFF HAVE ALL PLAYED INTEGRAL ROLES IN UMC'S SUCCESSFUL TURNAROUND	4
	A. Governing Board Members.....	4
	B. Accomplishments, Experience and Expertise	4
	C. The UMC Governing Board Committees	5
	D. The UMC C-Suite	5
V.	THE GOVERNING BOARD IS SWORN IN ON JANUARY 29, 2014 AND IMMEDIATELY STARTED TO ADDRESS MANY ANTICIPATED AND UNANTICIPATED CHALLENGES	6
VI.	THE GOVERNING BOARD FOCUSED ON INDENTIFYING, RECRUITING AND RETAINING A RELIABLE MANAGEMENT TEAM.....	7
VII.	THE GOVERNING BOARD AND UMC C-SUITE ADDRESSED AND RECTIFIED THE STEEP FINANCIAL CHALLENGES THAT FACED UMC 12 YEARS AGO	8-9
VIII.	THE GOVERNING BOARD AND UMC C-SUITE MADE SIGNIFICANT CAPITAL INVESTMENTS AND ALSO MADE IMPROVEMENTS TO NUMEROUS HEALTH CARE SERVICE LINES	10

IX.	THE GOVERNING BOARD AND UMC C-SUITE CONTINUE TO ENGAGE IN A COMPREHENSIVE BUSINESS PLANNING PROCESS	11
X.	AS EVIDENCED BY NUMEROUS AWARDS, ACCOLADES AND ACHIEVEMENTS, UMC'S FOUNDATION IS NOW STRONG AND UMC IS POISED FOR FUTURE GROWTH TO SERVE THIS COMMUNITY AND BEYOND	12

I. EXECUTIVE SUMMARY

This “Foundation for the Future Report” contains ten (10) sections including this Executive Summary. The report will revisit the reasons and justification for the creation of the UMC Governing Board in 2013 and how that decision has had an undeniable impact on the amazing financial turnaround at UMC. Finally, this report will also provide a glimpse into what the future holds for UMC’s vital role in Southern Nevada and its development into the “Premier Academic Health Center” that has been UMC’s vision statement throughout the UMC Governing Board’s tenure. As Phase 1 of the master plan (the ReVitalize project) nears completion, strategic planning for UMC’s next phase is well underway. This next phase will require a focus on new facilities and increased bed capacity to meet the growing needs of this community, and the growth of the Academic Health Center at UMC. In fact, UMC last built a new room in 2006 with the completion of the Northeast tower. The Governing Board has UMC poised for the future through development of a strong foundation built over the past 11 years.

By way of introduction, the UMC Governing Board was created by Clark County Ordinance 4145 (codified as Chapter 3.74 in Clark County Code) as one of the last public hospitals in the nation to appoint an independent and apolitical governance board. UMC’s Governing Board is not like any other County department, where the boards are merely advisory in nature. UMC’s Governing Board is unique because UMC competes in one of the most difficult, most competitive, and most heavily regulated industries in the world today. As such, the UMC Governing Board requires its own set of Bylaws, which is consistent with Clark County Code, and policies and procedures that provide for UMC hospital’s governance through four separate committees: (i) the Strategic Planning Committee; (ii) the Human Resource and Executive Compensation Committee; (iii) the Audit and Finance Committee; and (iv) the Clinical Quality and Professional Affairs Committee.

The desire of members of the UMC Governing Board in sharing this report is to provide its Hospital Board of Trustees with evidence that demonstrates the hard work and commitment of the individuals that proudly serve UMC hospital for no other reason than to serve the Southern Nevada community they call home. Secondly, it is the hope of the Governing Board that, once educated on all of the good this board has accomplished alongside hospital leadership over the past 11 years, the Board of Hospital Trustees can make informed decisions regarding the future of UMC and UMC’s Governing Board.

II. THE FOUNDATION FOR THE FUTURE OF UMC HAS BEEN LAID OVER THE LAST 11 YEARS

On January 29, 2014, the newly established UMC Governing Board met for the first time. The Board members were previously selected and recruited by a nominating committee consisting of several distinguished Nevadans. The new Governing Board adopted bylaws consistent with the enabling Clark County Ordinance and began the journey to create a premier Academic Health Center that is internationally renowned. The Governing Board found UMC to be a renowned and respected institution that has survived since being founded in 1931 but had not yet thrived and which was, most recently, facing significant, potentially devastating challenges. This led to the formation of the UMC Governing Board in lieu of other options which included closing and/or selling the hospital. None of the other options appeared to be financially feasible given the safety net hospital obligations of Clark County and the substantial related financial obligations. Consequently, the Clark County Commissioners, sitting as the UMC Hospital Board of Trustees, voted by majority vote (not unanimously) to approve the formation of the UMC Governing Board and appoint the initial Governing Board Members. This **FOUNDATION FOR THE FUTURE REPORT** has been written to document, for future reference, the successes of UMC since the appointment of the UMC Governing Board. These successes have been described as one of the most significant turnarounds of a public safety net hospital in the history of our great nation. The hope is that the history of the past 11 years will be repeated in the years ahead. However, the current challenges facing UMC may make the future even more challenging than the past.

III.
THE SUCCESS IN LAYING THE FOUNDATION FOR THE FUTURE OF UMC
IS ATTRIBUTABLE TO THE PASSAGE OF CLARK COUNTY ORDINANCE 4145
IN NOVEMBER 2013

- A. Clark County Ordinance 4145 (see Attachment A) is unique because UMC is unique as a business that competes in one of the most difficult, most competitive, and most heavily regulated industries in the world today. As such, the UMC Governing Board requires its own set of Bylaws (see Attachment B).**

In the past, the Clark County Commissioners, sitting as the UMC Hospital Trustees, came to the realization that UMC was not the same as other Clark County departments. UMC was then, and is now, unique. It is not the same as other Clark County departments. UMC has, on an on-going and day-to-day basis, unique, very real, and urgent financial, operational, and legal challenges. UMC does not have a monopoly on healthcare in Clark County. Quite the contrary, UMC is the only department of Clark County that participates in a highly competitive industry (i.e., healthcare) that must continually thrive to be economically feasible while competing 24/7/365 with massive hospital chains that are either publicly traded, enjoy “non-profit” or “tax exempt” status and/or are being funded by private equity. Likewise, the UMC Governing Board is unique since it has been delegated the significant responsibilities regarding the day-to-day and ongoing operations of UMC. It is not an advisory board. Likewise, the UMC Hospital Trustees are uniquely positioned as Trustees of UMC with the related fiduciary obligations that they must personally fulfill, in person and as needed 24/7/365 or delegate as they have done for the past 11 years. The uniqueness of UMC, as compared to other Clark County departments, is explained in more detail in Attachment C (Why UMC, UMC Governing Board, and UMC Hospital Board of Trustees are Different from Other County Departments).

- B. Two of the primary goals cited as the underlying reason of Ordinance 4145 were to: (1) take the politics out of UMC; and (2) to appoint a board with the business, legal, and regulatory experience and expertise needed to turn around the failing operations of UMC which were financially and operationally seriously challenged at the time.**

The primary goals of Clark County Ordinance 4145 were determined and decided upon with the Clark County retained assistance and expertise of Alston & Bird and, in particular, Larry Gage. Mr. Gage and his firm spent considerable time advising Clark County and the Clark County Commissioners/Trustees on the recommended changes needed to the process of governing UMC to address the critical financial and operational challenges of UMC. This process included, among other documents, Mr. Gage’s memo dated August 8, 2013 entitled “Overview of Recruitment Process & Criteria for UMC Hospital Board” (included within Attachment D). Also included within Attachment D is a summarization entitled “Rationale for the Creation of the UMC Governing Board.”

IV.
THE CURRENT UMC GOVERNING BOARD, UMC GOVERNING BOARD
COMMITTEES, UMC C-SUITE, UMC MANAGEMENT, AND UMC STAFF HAVE ALL
PLAYED INTEGRAL ROLES IN UMC'S SUCCESSFUL TURNAROUND

A. Governing Board Members.

The initial governing board was recruited and appointed in late 2013 and early 2014 with the first meeting of the Governing Board taking place on January 29, 2014. The Governing Board Members have collectively dedicated decades of time and talent to UMC over the last 11 years while serving on the Governing Board and the Governing Board Committees. The Bios and Curriculum Vitae of each Governing Board Member are included in Attachment E, with the specific tab being noted behind each of their names which are presented alphabetically as follows:

Robyn C. Caspersen: E-1
John Fildes, M.D.: E-2
E. Renee Franklin: E-3
Harry C. Hagerty: E-4
Christian Haase: E-5
Laura Lopez Hobbs: E-6
Donald R. Mackay, M.D.: E-7
William (Bill) Noonan III: E-8
John F. O'Reilly: E-9
Mary Lynn Palenik: E-10

B. Accomplishments, Experience and Expertise.

The current Governing Board Members have an incredible amount of talent, expertise, education, and experience, all of which have been committed to and used for the benefit of UMC and the health of our community. They have been and continue to be passionate about UMC and justifiably proud of the many successes achieved by UMC over the past 11 years, particularly the **Foundation for the Future of UMC** that has been laid during this time of governance by the Board. The following are just some of the many experiences, talents and degrees the current Board has brought to UMC:

- i. Health Care
- ii. Governance
- iii. Community Leadership
- iv. Management
- v. Health Care Construction and Development
- vi. Business Development
- vii. Corporate Responsibility
- viii. Legal and Compliance
- ix. Finance and Accounting
- x. Consulting
- xi. Strategic Planning and Initiatives
- xii. Technology

- xiii. Philanthropy
- xiv. M.D. from Medical College of Wisconsin; Juris Doctor (Cum Laude) from St. Louis University; MBA from Harvard Business School; MBA from Vanderbilt University; MBA from University of Nevada, Las Vegas; MPA from University of Kansas; Master of Arts in Education from University of Phoenix; Bachelor's Degree from Princeton University; Bachelor's Degree from University of Nevada, Las Vegas; Bachelor's Degree from Miami University (OH); Bachelor's Degree from University of Illinois at Urbana-Champaign; Bachelor's Degree from St. Joseph's Calumet College; Bachelor's Degree from Central Washington University.

C. The UMC Governing Board Committees.

Each member of the UMC Governing Board simultaneously serves on one or more UMC Governing Board committees. Standing Committees have been established to perform on a continuous basis. Special Committees are established if and when an extraordinary need is determined by the Board.

The Standing Committees consist of the following:

1. Audit and Finance Committee
2. Clinical Quality and Professional Affairs Committee
3. Strategic Planning Committee
4. Human Resources and Executive Compensation Committee

See Attachment F for descriptions of the responsibilities of each Committee.

D. The UMC C-Suite.

The current UMC C-Suite is comprised of a unique group of medical professionals with decades of experience and expertise in the various facets of the health care industry. The Curriculum Vitae of each member of the Management Team are included in Attachment G, with the specific tab being noted behind each of their names as follows:

W. Mason Van Houweling, FACHE – Chief Executive Officer: G-1
Anthony “Tony” Marinello, FACHE, MBA, MT – Chief Operating Officer: G-2
Jennifer Wakem – Chief Financial Officer: G-3
Frederick Lippmann, M.D. – Chief Medical Officer: G-4
Kendrick “Ricky” Russell – Chief Human Resources Officer: G-5
Danita Cohen – Chief Experience Officer: G-6
Debra F. Fox – Chief Nursing Officer: G-7
Susan M. Pitz, Esq. – General Counsel: G-8

These executives collectively have more than 50 years of service with UMC, and 136 years of service overall in the health care and its related industries including medical insurance, finance, education, administration, law, marketing and public relations. CEO Mason Van Houweling and COO Tony Marinello are both Fellows of the American College of Healthcare Executives.

V.
THE GOVERNING BOARD IS SWORN IN ON JANUARY 29, 2014 AND
IMMEDIATELY STARTED TO ADDRESS
MANY ANTICIPATED AND UNANTICIPATED CHALLENGES

Each member of the initial Governing Board was recruited by one or more members of the Nominating Committee which included Senator and Governor Richard Bryan, Dr. Anthony Marlon, Steve Comer, Curtis Myles, and Virginia Valentine. See Attachment D. Each nominee had the opportunity to do their own due diligence which included spending time as needed with then UMC CEO, Retired Admiral Brian Brannman. Once the nominees were nominated and approved by the UMC Hospital Board of Trustees, they were sworn in and first met on January 29, 2014. Although all of the nominees were aware of some of the many business and financial issues UMC was currently facing, none were fully aware of all the issues for several reasons including the fact the current management was not addressing many of the issues. These issues included but were not limited to issues such as the following:

- The abrupt resignation of CEO Brannman announced just prior to the first Governing Board meeting
- The absence of a fully functional electronic health records system that was reliable for the on-going use by UMC as required by federal law
- The absence of a full time legal counsel with significant health care experience
- A review process for all contracts to verify compliance with all federal and local laws
- An effective compliance program to address the many legal and regulatory requirements
- A challenged relationship with UNR School of Medicine and the in-process UNLV School of Medicine
- Many needed capital improvements to the existing plant and equipment
- No plans for accessing the capital/funding needed to operate and restart UMC as needed
- The absence of needed medical equipment to meet existing standards of care including the absence, for example, of even one surgical robot
- A history devoid of a viable business plan or business planning
- Financial issues including daily operational and accounting issues
- Substantial IT issues and related software needs
- A management team that was not fully staffed and prepared to deal with UMC's challenges

VI.
**THE GOVERNING BOARD FOCUSED ON IDENTIFYING, RECRUITING
AND RETAINING A RELIABLE MANAGEMENT TEAM**

The initial Governing Board, despite having to address the recent resignation of UMC's CEO shortly before the new Members were sworn in, began immediately to identify and address the UMC issues. One of the primary issues was obviously the lack of consistent and effective long-term leadership at UMC. This was obvious with UMC experiencing its fourth CEO in less than ten years. The Governing Board immediately initiated a review of the UMC leadership issues and potential causes and solutions while installing a CEO whose appointment would be on a temporary basis.

The review included, among other steps, initiating interviews and a compensation review process based on the understanding the departing CEO would now be paid two or more times as much to go to work for a UMC competitor as he was being paid at UMC. It was confirmed and concluded over several months of review that a compensation package needed to be developed and available to identify and recruit a new UMC CEO. However, even though that responsibility was delegated exclusively to the Governing Board, certain Trustees advised that because UMC was a public hospital it could not pay a new CEO the salary needed for UMC to be competitive in the market place. It was fortunate that the Governing Board could not be terminated except for cause since the Governing Board proceeded to identify, recruit, and agree on a competitive compensation package and hire a new UMC CEO.

The wisdom of this decision by the UMC Governing Board has been one of the many foundational decisions that has accounted for the success of UMC over the past 11 years. The Governing Board ultimately hired Mason Van Houweling as the new UMC CEO. Mr. Van Houweling has not only done a great job as the UMC CEO, including working with the Governing Board Chairman and Governing Board Committees on a daily basis, he has also hired and developed a very skilled management team to successfully address the myriad of UMC historical challenges as well as new and on-going UMC challenges.

The successes of UMC over the past 11 years have been directly attributable to the consistent dedicated leadership of the Governing Board, CEO Mason Van Houweling, the UMC C-Suite, and UMC's Management Team. The Governing Board has made history for being the first UMC Governing Board but more significantly, CEO Van Houweling has made history as the longest employed CEO in the history of UMC. His leadership team made and fulfilled the UMC commitment: to change the look, feel and operations of UMC one patient, one doctor, one day at a time.

VII. THE GOVERNING BOARD AND UMC C-SUITE ADDRESSED AND RECTIFIED THE STEEP FINANCIAL CHALLENGES THAT FACED UMC 12 YEARS AGO

The UMC operational challenges, including the serious operating losses, were identified and addressed beginning approximately 11 years ago with the first meeting of the UMC Governing Board. The images UMC now projects internally and externally are a reflection of the many financial and operating results and related changes that have occurred at UMC over the past 11 years. These changes have, for the most part, positively affected every employee and every patient at UMC, and have also created the current Foundation for the Future of UMC. It is difficult to summarize the many positive changes that have occurred at UMC over this extended period of time but the attached report on the “UMC Financial Trends Under the Guidance of the UMC Governing Board” (Attachment H) identify some of the financial highlights including:

- Clark County subsidy has dropped from an average of \$64 million in 2014-2016 to an average of \$15.3 million in 2023-2025
- UMC has repaid all third-party indebtedness and now has no third-party debt
- Liquidity remains strong at over \$200 million
- Revenue has more than doubled over the period and is on track to exceed \$1,000,000,000 (\$1 billion) in 2025
- Virtually eliminated UMC financial burden on Clark County (see Attachment I)

The magnitude, significance, and challenges of these changes is difficult to fully understand even with a more extensive summary. However, the research, preparation, acquisition, and training related to the decision to acquire the Epic suite of software is one good example. This process was needed as a result of the Governing Board inheriting a software system that was not functional as needed, and as required by law. Additionally, the existing software could not be fully installed by the vendor as the software was being sunset and would no longer be supported.

On September 06, 2015, Request for Information No. 2015-09 was published in the Las Vegas Review-Journal, posted on the Clark County Website under Current Contracting Opportunities, and was emailed to five (5) major corporations that provide Electronic Health Records (EHR) systems. Eight (8) responses were received by UMC. A cross-functional primary committee comprised of twenty-five (25) internal staff (representing the major departments of the hospital and physicians) reviewed the proposals independently and anonymously. Prior to the scheduling of the demonstrations, four (4) of the respondents opted out of the process.

In September/October 2015, the remaining four (4) respondents presented demonstrations to the primary committee. The primary committee narrowed the list to two (2) semi-finalists. The primary committee and fourteen (14) subcommittees requested additional information from the two (2) semi-finalists and scheduled onsite fairs for the semi-finalists to present their products to the entire organization. Following the systems demonstrations, the primary committee met to consider the information that was provided by the semi-finalists and the subcommittees. In December of 2015, the primary committee met to make a final recommendation to Hospital Administration for award. The committee's recommendation was to award the contract to Epic, pending negotiation of a definitive agreement(s), and appropriate approval by the UMC Governing board and UMC Hospital

Board of Trustees. The implementation of Epic across the UMC environment was completed by the end of 2016.

These dramatic changes in the operations and operating results at UMC have been in spite of the many challenges caused by the COVID-19 crises, the substantial reduction in subsidies provided by Clark County, the need to hire a whole new C-Suite and management team, and the lack of any additional funding from an additional bond issue or other third party sources. In fact, the financial results referenced above are in addition to paying off all outstanding third party indebtedness and investing substantial UMC-generated capital well in excess of \$300,000,000 of capital improvement projects while dealing with significant UNLVSOM issues and other challenges. Perhaps the best barometer or indication of how UMC has been performing under the guidance of the Governing Board, the C-Suite, and the current management team is the fact that UMC has not only been cash flow positive but now has a position of liquidity that is in excess of \$200,000,000 with no third party indebtedness.

VIII.
THE GOVERNING BOARD AND UMC C-SUITE MADE SIGNIFICANT CAPITAL
INVESTMENTS AND ALSO MADE IMPROVEMENTS TO
NUMEROUS HEALTH CARE SERVICE LINES

There has been a dramatic increase in capital improvements to the UMC campus in the years since the formation of the Governing Board. Expenditures for capital improvements include construction, land improvements, buildings and building improvements, equipment, furniture and fixtures, and infrastructure. The primary focus over the first decade of the Governing Board, has been on facility plant, infrastructure, technology and equipment, along with efforts to beautify and unify the campus, as further described below. These efforts have readied UMC for the next phase that will require new buildings to replace those that are past their useful life and will add much needed capacity for the growing needs of UMC and the community.

In the ten (10) years since the formation of the Governing Board (i.e., FY 2014 to FY 2025), total capital expenditures equaled \$365,381,742.00. Examples of the major capital expenditures over the past decade include the exterior façade project for UMC's main campus, UMC's EPIC Electronic Health Record system, patient beds, Primary and Quick Care location improvements, patient safety equipment, a remodel of the UMC ER Department, state of the art Da Vinci robotic equipment, purchases of buildings for new or re-located Primary and Quick Care locations, telemetry system upgrades, AVEA ventilators and nuclear medicine cameras, along with other major expenditures to improve patient access and care.

A detailed description of UMC's capital expenditures over the past twenty (20) Fiscal Years is shown in Attachment J.

IX.
THE GOVERNING BOARD AND UMC C-SUITE CONTINUE TO
ENGAGE IN A COMPREHENSIVE BUSINESS PLANNING PROCESS

The planning process for UMC's overall strategic vision takes place, in large part, at the Strategic Planning Committee which meets at least six (6) times annually. The members of the Strategic Planning Committee, working collaboratively with the UMC leadership team, have spent countless hours dedicated to looking at the strengths, weakness, opportunities and threats (SWOT) facing UMC in its current and future state. Attachment K contains UMC's current SWOT analysis. This analysis is a living document that serves as the foundation of the strategic planning of UMC leadership and the UMC Governing Board. It has, and will continue to be, updated on a periodic basis as new threats and opportunities are determined.

For example, new opportunities are vetted at the Strategic Planning Committee. When found viable and worthy of pursuit, the same are considered at the Audit and Finance Committee where financial feasibility is examined. If executive or physician compensation is at issue, a review would find its way to the Human Resources and Executive Compensation Committee and if related to quality initiatives and/or patient care, the Clinical Quality Committee plays a role in the evaluation. All of this continuous planning takes into account the strengths and weakness of UMC while examining ways to mitigate threats on the operations of UMC. This ongoing planning and analysis, in collaboration with UMC leadership, is but one of the major contributions that the Governing Board, and its highly specialized members, is able to bring to bear for the benefit of UMC since 2014.

X.
AS EVIDENCED BY NUMEROUS AWARDS, ACCOLADES AND ACHIEVEMENTS,
UMC'S FOUNDATION IS NOW STRONG AND UMC IS POISED FOR FUTURE
GROWTH TO SERVE THIS COMMUNITY AND BEYOND

The UMC Health Care System now reaches across our Southern Nevada Community with 12 locations in addition to UMC Hospital and its related facilities. UMC operations comprise the core of the Las Vegas Medical District. See Attachment L for map of the UMC Health System. UMC's presence in the geographical center of our community for nearly a century has been and should remain the hub of health care in our community.

The success of UMC since the creation of the Governing Board has resulted in numerous awards, accolades, and achievements. Attachment M contains a more comprehensive list, however, by way of example, these awards and accolades include UMC being a two-time winner of the Cashman Good Government Award, receiving annual recognition in multiple Best of Las Vegas categories, an award-winning laboratory and transplant center and the largest military-civilian partnership in the nation. This community can be proud of UMC.

UMC's future is bright, but challenges remain due to financial and competitive issues. In addition, UMC must address issues related to Graduate Medical Education ("GME"). The future of UMC as an internationally significant academic health center and the continuing hub of health care for our region will depend on many factors including remembering the lessons learned prior to the adoption of Clark County Ordinance 4145 and continuing to recognize that UMC is not just another government agency or department. UMC is an extremely complex, heavily regulated safety net hospital that must compete on a daily basis with publicly traded and well-funded extremely large health care businesses and networks.

It is often said that "a picture is worth a thousand words". The Images of UMC (Attachment N) from its founding in 1931, to its recent past about 10 years ago, to what is now coming to be reality after the dedicated and passionate commitment of the UMC Team are perhaps the best way to begin to understand what has happened at UMC over the past 10 years and what could be in the years ahead. The story of UMC over the past 11 years is one of the most historic turnarounds of a public safety net hospital and could also be described as a \$1,000,000,000.00 (\$1 billion) improvement. As UMC approaches its 100 year birthday, the UMC Team is hopeful that UMC will be even further embraced by our global community, continue to be the hub of health care for our community, become the hub of health care innovation, and play a significant role in the global health care community.

Attachment	TITLE
A.	Clark County Ordinance 4145
B.	University Medical Center of Southern Nevada Governing Board Bylaws - Effective January 31, 2024
C.	Why University Medical Center of Southern Nevada and its Hospital Board of Trustees are different from other Clark County Departments
D.	University Medical Center of Southern Nevada Governing Board Nominating Committee, Process, and Rationale for University Medical Center of Southern Nevada Governing Board Creation
E.	University Medical Center of Southern Nevada Governing Board Members Curriculum Vitae
F.	University Medical Center of Southern Nevada Governing Board Committees
G.	University Medical Center of Southern Nevada Chiefs' Curriculum Vitae
H.	Financial Results under the University Medical Center of Southern Nevada Governing Board
I.	University Medical Center of Southern Nevada Burden on Clark County
J.	University Medical Center of Southern Nevada Capital Improvements Throughout the Years
K.	Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
L.	Map of University Medical Center of Southern Nevada Locations
M.	University Medical Center of Southern Nevada's Awards, Accolades, and Achievements
N.	The Images of UMC

ATTACHMENT A

BILL NO. 10-15-13-3 (A)

SUMMARY – An ordinance adopting a new chapter of the Clark County Code to establish the University Medical Center of Southern Nevada Governing Board, and delegating to it certain duties and responsibilities.

ORDINANCE NO. 4145
(of Clark County, Nevada)

AN ORDINANCE ADOPTING A NEW CHAPTER OF THE CLARK COUNTY CODE TO ESTABLISH THE UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA GOVERNING BOARD, AND DELEGATING TO IT CERTAIN DUTIES AND RESPONSIBILITIES; AND PROVIDING FOR OTHER MATTERS PROPERLY RELATING THERETO.

WHEREAS, Nevada Revised Statutes Section 450.175(1) grants the governing body of a county hospital organized under the laws of Chapter 450 the authority to appoint a board which shall exercise powers and duties delegated by the board of hospital trustees;

NOW, THEREFORE, THE CLARK COUNTY BOARD OF COMMISSIONERS, ACTING IN ITS CAPACITY AS THE UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMCSN) BOARD OF HOSPITAL TRUSTEES, DOES HEREBY ORDAIN AS FOLLOWS:

SECTION ONE. Definitions. As used in this Chapter, unless the context otherwise requires, the following terms have the meanings set forth below.

1. "Board of Hospital Trustees" shall mean the Clark County Board of Commissioners, acting in its capacity as the University Medical Center of Southern Nevada Board of Hospital Trustees.
2. "Board members" or "members" shall mean the members of the UMCSN Governing Board.

3. "Chief Executive Officer" or "CEO" shall mean the Chief Executive Officer of UMCSN.

4. "Governing Board" shall mean the UMCSN Governing Board.

5. "Hospital" or "UMCSN" shall mean University Medical Center of Southern Nevada.

SECTION TWO. Creation and Composition of the Governing Board; Terms; Removal of Members.

1. Creation of Board. There is hereby created the UMCSN Governing Board, composed of up to nine members, and charged with the responsibility of maintaining UMCSN as a county hospital organized under Chapter 450 of the Nevada Revised Statutes and operated with the goal of maintaining the highest quality patient care for the residents of and visitors to Clark County.

2. Selection of Members. The members of the initial Governing Board shall be selected by majority vote of the UMCSN Board of Hospital Trustees at a duly noticed public meeting of the Board of Hospital Trustees. Candidates for membership on the initial Governing Board shall be submitted to the Board of Hospital Trustees by the County Manager and UMCSN CEO, upon the advice of a nominating committee consisting of residents of Clark County, as a slate of no less than five not more than nine candidates and must be approved as a slate. Members of the initial Governing Board shall serve staggered terms, chosen by lot. One third of the members chosen shall serve an initial term of three years, one third of the members chosen shall serve an initial term of two years, and the balance of the members chosen shall serve an initial term of one year. Thereafter, members shall be selected by a majority vote of the Board of Hospital Trustees at a duly noticed public meeting, and shall serve terms of three years and may succeed themselves. The Governing Board shall, by a majority vote, submit recommendations for

replacements to the Governing Board when a term has expired or a board position has otherwise become vacant. If a candidate recommended by the Governing Board is not selected by the Board of Hospital Trustees, the Governing Board shall submit additional candidates until a candidate is selected.

3. Compensation. The members of the Governing Board may be compensated for their services as provided by Nevada Revised Statutes Chapter 450 for members of a hospital advisory board.

4. Qualifications of Members. Members shall be residents of Clark County and shall have demonstrated skills and experiences suited to addressing the needs and goals of the Hospital, and the people who it serves. The appointment of any member of the Governing Board shall be based in part on the objective of ensuring that the Governing Board includes diverse and beneficial perspectives and experience, including, but not limited to, those of business management, law, finance, medical and/or other health professionals, health sector workers, and the patient or consumer perspective. The Governing Board as a whole shall represent a diverse group of stakeholders, have a high degree of interest in improving the Hospital, and, as a group, have the requisite experience and knowledge to oversee the Hospital.

5. Ethics. Members shall comply with the rules applicable to Public Officers under the Nevada Ethics in Government Law (Chapter 281A of the Nevada Revised Statutes) and Clark County Ethics Resolutions, as they may be amended from time to time.

6. Additional Requirements. Board members shall not have any financial conflicts which would require disclosure or abstention under the Nevada Ethics in Government Law. This prohibition extends to members of the Board member's household and to relatives of the Board member within the third degree of consanguinity or affinity. Upon such a conflict arising after

the appointment of a member, the conflicted Board member shall notify the Secretary of the Governing Board and the Clerk of the UMCSN Board of Hospital Trustees. If the conflicted member is unable or unwilling to resolve the conflict within thirty days of such notice, a vacancy shall be deemed to exist upon the thirtieth day following notice.

7. Bylaws. Members of the Governing Board shall adopt bylaws and rules of procedure for the conduct of meetings of the Governing Board and for selection of a chair and vice chair among their members. Such rules shall be in compliance with the Nevada Open Meeting Law, but may be supplemental thereto, to aid in the conduct of the business of the Governing Board.

8. Removal of Members. A member of the Governing Board may be removed from his or her position only by a majority vote of the Board of Hospital Trustees for acts or omissions which, in the determination of the Board of Hospital Trustees, constitute malfeasance or misfeasance, including but not limited to a violation of any section of this code, an unresolved financial conflict of interest, a violation of the Nevada Ethics in Government Law, or for failure to attend to duties of a member, as otherwise provided by Clark County Code.

SECTION THREE. Delegation of Authority to the Governing Board.

To the extent allowed by law and as set forth herein, the following powers and duties are delegated to the Governing Board of UMCSN:

1. Oversight of Hospital primary mission and purpose of maintaining a public, safety-net hospital.

2. Adoption of bylaws under which the Governing Board shall operate, including but not limited to the determination of meeting times and frequencies, the appointment of standing committees with oversight of specific governance functions, and the selection of officers of the Governing Board.

3. Recommendations, by majority vote, of individuals to fill vacancies on the Governing Board and on the number of members of the Governing Board, subject to final approval by the Board of Hospital Trustees.

4. Development of strategic planning goals and objectives, and adoption of plans to achieve them.

5. Approval of policies and procedures for the operation of the Hospital, including policies regarding service utilization patterns, productivity, patient satisfaction and patient complaints, and scope of availability of services.

6. Appointment, review, and discharge of the Hospital's Chief Executive Officer.

7. Except as limited by Paragraph 10 below, approval of expenditures, contracts and resolutions for the acquisition of goods and services necessary for the operation of the Hospital and fulfillment of its mission, in conformance with statutory requirements applicable to local governmental purchasing and contracts. Such approval and contractual obligations may not exceed encumbrances, in money and resources, of more than \$5,000,000.00 per fiscal year per contract. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of this code and grounds for immediate dismissal.

8. Delegation to the Chief Executive Officer of powers and duties, including, to the extent the Governing Board deems advisable, a limited power to enter into contracts and agreements on behalf of the Hospital, and the negotiation of collective bargaining agreements with recognized employee groups. In no way may the Governing Board delegate to the CEO powers or duties which have not been delegated to it or which exceed state law limitations on delegation of

authority. Delegation to the CEO under this provision in no way relieves the Governing Board in its duty of financial oversight of the operation of the Hospital.

9. Oversight of physician recruitment and credentialing, including promulgation of rules, regulations and standards governing appointment of physicians and interns to the staff for approval by the Board of Hospital Trustees.

10. Approval of contracts with individual physicians or private medical associations for the provision of certain medical services as may be required by the Hospital. Such contracts shall not exceed five years in length. Such contracts may be renewed at a duly noticed meeting of the Governing Board. Such contracts may not exceed annual encumbrances of \$1,000,000.00 and must comply with all budgeting requirements of the Local Government Budget and Finance Act of the Nevada Revised Statutes. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of this code and grounds for dismissal.

11. Appellate review of actions of the Medical Executive Committee which may be challenged by an applicant or credentialed physician.

12. Approval of personnel policies and procedures for employees of the Hospital, approval of collective bargaining agreements with recognized employee groups, and approval of compensation packages for non-union eligible and management employees. Such approvals must fall within approved budgets. Approval of collective bargaining agreements shall be ratified by the Board of Hospital Trustees.

13. Approval of settlements and agreements to resolve employment-related litigation not to exceed \$50,000.00 per applicant or employee, and not to exceed \$200,000.00 per incident or

allegation of related incidents, and approval to resolve non-employment related litigation not to exceed \$25,000.00 per incident or allegation of related incidents.

14. Acceptance of gifts and bequests to the Hospital, except where such gifts or bequests involve or include real property or improvements to real property or contain conditions on the bequest or gift which are beyond the delegated authority of the Governing Board.

15. Financial oversight and recommendation of Hospital operating and capital budgets for submission to the Board of Hospital Trustees for approval.

16. Oversight of quality improvement, performance and measurements.

17. Risk identification and compliance oversight to ensure that UMCSN maintains compliance with all federal, state and local laws and regulations, as well as all requirements of accrediting bodies.

18. Oversight of patient admission policies and policies that support patient care.

19. Oversight of medical education, training programs, community health education and research activities.

20. Development of bylaws, rules and regulations of the medical staff of the Hospital, subject to final approval by the Board of Hospital Trustees.

21. Development of patient charges, subject to final approval by the Board of Hospital Trustees.

22. Responsibility for coordinating education of the Governing Board members.

23. Responsibility for the Governing Board's effective, efficient performance and participation in a formal evaluation and self-assessment process.

24. Consultation and engagement with the community and UMCSN stakeholders.

25. Responsibility for ensuring that all operations of UMCSN, especially contractual and personnel matters, are conducted free from any political interference in accordance with applicable law.

26. Responsibility for oversight of a marketing plan for the Hospital and implementation of new healthcare laws, including the Affordable Care Act.

27. Development of recommendations for alternative public or private financing to assist the Hospital.

28. Any other duty or power which is both lawful and necessary to the full discharge of the powers and jurisdiction conferred on the Governing Board.

SECTION FOUR. Retained Powers. The Board of Hospital Trustees retains the following powers and duties with respect to the operation of UMCSN:

1. Approval of the mission and purpose of the Hospital and any major changes thereto.
2. Appointments to the Governing Board in accordance with Section 3 of this Chapter.
3. Final approval of rules, regulations, and standards governing appointments of physicians and medical interns to the staff of the Hospital.
4. Review of the annual tentative budget and final approval of the annual final budget, to be filed with the Board of County Commissioners, as required of all local governmental agencies by Chapter 354 of the Nevada Revised Statutes.
5. The lease, purchase, or construction of buildings utilized for the Hospital, and approval of agreements related to acquisition, disposal, or mortgage of real property or pledge of personal property owned by the County of Clark and dedicated to the use of the Hospital.
6. The exercise of the power of eminent domain related to the operation of the Hospital.
7. Final approval of patient charges as required by law.

8. The issuance of bonds or securities related to Clark County debt for the operation of the Hospital or its facilities.

9. Approval of the institution and prosecution of litigation on behalf of or in the defense of the Hospital, its officers, and employees, and selection of legal representatives as provided by law, except as otherwise delegated by ordinance or resolution.

10. Approval of memberships in purchasing groups for the purpose of purchasing supplies, materials and equipment used by the Hospital.

11. Recognition of employee groups under Nevada Revised Statutes Chapter 288.

12. Adoption of bylaws, rules and regulations governing the Board of Hospital Trustees.

13. Adoption of procedural requirements pertaining to the Board of Hospital Trustees meetings, hospital visits and reports.

14. Approval of expenditures, contracts and resolutions for the acquisition of goods and services in amounts exceeding the fiscal year thresholds that would otherwise permit approval by the Governing Board pursuant to Section Three of this Ordinance.

15. Amendment or revision of any power or duty delegated to the Governing Board.

16. Any duty or power which is required by Nevada law to be performed by the Board of Hospital Trustees.

SECTION FIVE. This ordinance supersedes any prior resolution of the Board of Hospital Trustees or the Board of County Commissioners dealing solely with the operation and governance of UMCSN, but UMCSN and the Governing Board are subject to any ordinance or resolution of the County governing requirements and restrictions on County employment or ethics.

SECTION SIX. If any section of this ordinance or portion thereof is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such holding shall not invalidate the remaining parts of this ordinance.

SECTION SEVEN. All ordinances, parts of ordinances, chapters, sections, subsections, clauses, phrases or sentences contained in the Clark County Code in conflict herewith are hereby repealed.

SECTION EIGHT. This ordinance shall take effect and be in force from and after its passage and the publication thereof by title only, together with the names of the County Commissioners voting for or against its passage, in a newspaper published in and having a general circulation in Clark County, Nevada, at least once a week for a period of two (2) weeks. This ordinance shall be reviewed by the Board of Hospital Trustees at a public meeting no later than two years after the effective date hereof.

PROPOSED on the 15th day of October, 2013.

PROPOSED BY: Commissioner Steve Sisolak

PASSED on the 5th day of November, 2013.

AYES: Susan Brager

Lawrence L. Brown III

Chris Giunchigliani *

Mary Beth Scow

Steve Sisolak

Lawrence Weekly *

NAYS: Tom Collins **

* Not in favor of Item 6

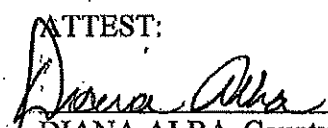
** Not present on separate vote regarding Item 6

ABSTAINING: None

ABSENT: None

BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY, NEVADA

BY: 
STEVE SISOLAK, Chairman

ATTEST:

DIANA ALBA, County Clerk

This ordinance shall be in force and effect from and after
the 19th day of November 2013.

ATTACHMENT B

BYLAWS OF
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMC)
GOVERNING BOARD

July 30, 2014
Revised October 28, 2020
Revised: July 27, 2022
Revised: January 31, 2024

TABLE OF CONTENTS

	<u>Page</u>
Article I PREAMBLE.....	1
Article II MISSION	1
Article III GOVERNING BOARD.....	1
General Powers	1
Number of Members	1
Selection of Initial Board Members.....	1
Term	2
Vacancies	2
Resignation	2
Removal	2
Compensation	3
Powers and Duties of the Governing Board	3
Powers and Duties Retained by the Board of Hospital Trustees	5
Article IV MEETINGS	6
Regular Meetings	6
Special Meetings.....	6
Time and Place of Meetings	7
Notice of Meetings.....	7
Quorum and Manner of Acting.....	7
Remote Communication	7
Voting by Proxy	7
Organization.....	7
Minutes of Meetings	7
Open Meeting Law	7
Article V OFFICERS OF THE GOVERNING BOARD	7
Officers	7
Chair of the Board.....	8
Vice-Chair of the Board.....	8
Non-Voting Ex Officio Members.....	8
Article VI ADMINISTRATION.....	8
Staffing.....	8
Appointment of Administrative Officers	8
Article VII COMMITTEES	9
Committees	9
General Provisions.....	9
Article VIII MEDICAL STAFF	10
Medical Staff Bylaws.....	10

Medical Staff Evaluation	10
Article IX CONFLICTS OF INTEREST	10
Conflicts of Interest.....	10
Article X POLICIES AND PROCEDURES	10
Policies and Procedures	10
Article XI AMENDMENTS	11
Amendments	11

PREAMBLE

WHEREAS, Nevada Revised Statutes Section 450.175(1) grants the governing body of a county hospital organized under the laws of Chapter 450 the authority to appoint a board which shall exercise powers and duties delegated by the board of hospital trustees;

WHEREAS, the Clark County Board of Commissioners, acting in its capacity as the University Medical Center of Southern Nevada ("UMC") Board of Hospital Trustees (the "Board of Hospital Trustees"), enacted Clark County Ordinance No. 4792 (the "Ordinance"), which is attached hereto as Appendix A;

WHEREAS, the Ordinance established the UMC Governing Board (the "Governing Board") and charged it with the responsibility of maintaining UMC as a county hospital organized under Chapter 450 of the Nevada Revised Statutes and operated with the goal of maintaining the highest quality patient care for the residents of and visitors to Clark County; and

WHEREAS, the Ordinance provides that the members of the Governing Board ("Board members") shall adopt bylaws under which the Governing Board shall operate;

NOW, THEREFORE, the members of the Governing Board hereby approve and adopt these Bylaws.

MISSION

The Ordinance provides that UMC's primary mission and purpose is to serve as a public, safety-net hospital. The Governing Board, along with the Board of Hospital Trustees, will seek to fulfill this mission in its oversight and governance of UMC.

GOVERNING BOARD

Section 3.1 General Powers. The Governing Board, to the extent authorized and allowed by the Board of Hospital Trustees, shall provide oversight, policy development and strategic direction of UMC in a manner consistent with federal and state laws, the Ordinance, these Bylaws, and the Policies and Procedures adopted by the Governing Board from time to time.

Section 3.2 Number of Members. The Governing Board shall consist of no more than nine (9) nor fewer than five (5) voting members, to be appointed by the Board of Hospital Trustees as set forth in Section 3.3 and 3.5 of this Article.

Section 3.3 Selection of Initial Board Members. The Ordinance provides for the selection of initial Board members as follows. The members of the initial Governing Board shall be selected by majority vote of the Board of Hospital Trustees at a duly noticed public meeting of

the Board of Hospital Trustees. Candidates for membership on the initial Governing Board shall be submitted to the Board of Hospital Trustees by the County Manager and UMC CEO, upon the advice of a nominating committee consisting of residents of Clark County, as a slate of no less than five (5) candidates nor more than nine (9) candidates and must be approved as a slate. Members of the initial Governing Board shall serve staggered terms, chosen by lot. One third of the Board members chosen shall serve an initial term of three years, one third of the Board members chosen shall serve an initial term of two years, and the balance of the Board members chosen shall serve an initial term of one year.

Section 3.4 Term. Except as provided in Section 3.3 with respect to members of initial Governing Board, each Board member shall serve a term of three (3) years and until his or her successor is appointed and qualified. Board members shall be eligible to be reappointed as set forth in Section 3.5.

Section 3.5 Vacancies. The Ordinance provides that all vacancies on the Governing Board (whether due to expiration of the term of a Board member, death, resignation, removal or otherwise) shall be filled by a majority vote of the Board of Hospital Trustees at a duly noticed public meeting. When a term has expired or a Board position has otherwise become vacant, a candidate for membership on the Governing Board shall be submitted to the Board of Hospital Trustees by the Governing Board. A pool of qualified candidates will be determined through an application process coordinated through the Board Secretary and conducted in consultation with the Office of General Counsel. The Governing Board shall automatically consider any current Board member eligible for reappointment to the vacant position. If any application from a qualified candidate is received via the application process, a Special Nominating Committee shall be organized. The Special Nominating Committee shall consist of at least three (3) members of the Governing Board, as appointed by the Chair of the Governing Board (or Vice-Chair if the Chair is up for reappointment). No Board member who is being considered to fill a pending or current vacancy may serve on the Special Nominating Committee. The Special Nominating Committee shall review all candidates meeting the qualifications for Governing Board service and recommend at least two (2) candidates to the Governing Board for each vacancy, if available. The Governing Board shall select one (1) candidate per vacant spot from the recommendation of the Special Nominating Committee and submit such recommendation(s) to the Board of Hospital Trustees for approval. If a candidate recommended by the Governing Board is not selected by the Board of Hospital Trustees, the process shall be repeated until a candidate for a vacancy is selected.

Section 3.6 Resignation. Any Board member may resign at any time by giving written notice of resignation, including an effective date therefor, to the Chair of the Board or Secretary. Any such resignation shall take effect at the time specified therein. If no effective date is specified therein, the resignation shall take effect thirty (30) days from the date of receipt of such notification by the Chair of the Board or Secretary.

Section 3.7 Removal. Pursuant to the Ordinance, a Board member may be removed from his or her position only by a majority vote of the Board of Hospital Trustees for acts or omissions which, in the determination of the Board of Hospital Trustees, constitute malfeasance or misfeasance, including but not limited to a violation of any section of the Clark County Code, an unresolved financial conflict of interest, a violation of the Nevada Ethics in Government Law, or for failure to attend to duties of a Board member, as otherwise provided by Clark County Code.

Section 3.8 Compensation. Board members may be compensated for their services in an amount not to exceed \$400 per month. Any Board member may waive compensation for his or her service on the Governing Board by notifying the Secretary.

Section 3.9 Powers and Duties of the Governing Board. The Governing Board shall have the following powers and duties, as set forth in the Ordinance:

(a) Oversight of UMC primary mission and purpose of maintaining a public, safety-net hospital.

(b) Adoption of bylaws under which the Governing Board shall operate, including but not limited to the determination of meeting times and frequencies, the appointment of standing committees with oversight of specific governance functions, and the selection of officers of the Governing Board.

(c) Recommendations, by majority vote, of individuals to fill vacancies on the Governing Board and on the number of members of the Governing Board, subject to final approval by the Board of Hospital Trustees.

(d) Development of strategic planning goals and objectives, and adoption of plans to achieve them.

(e) Approval of policies and procedures for the operation of UMC, including policies regarding service utilization patterns, productivity, patient satisfaction and patient complaints and scope of availability of services.

(f) Appointment, compensation, review and discharge of UMC's Chief Executive Officer.

(g) Except as limited by Paragraph (k) below, approval of expenditures, contracts and resolutions for the acquisition of goods and services necessary for the operation of UMC and fulfillment of its mission, in conformance with statutory requirements applicable to local governmental purchasing and contracts. Such approval and contractual obligations may not exceed encumbrances, in money and resources, of more than \$5,000,000.00 per fiscal year per contract. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of the Clark County Code and grounds for immediate dismissal. When services are contracted through the utilization of any Purchasing Group (as such term is defined pursuant to NRS Chapter 450, et seq.) reasonable efforts shall be made to utilize vendors licensed in Clark County, Nevada, or vendors employing residents of Clark County, Nevada.

(h) Delegation to the Chief Executive Officer of powers and duties, including, to the extent the Governing Board deems advisable, a limited power to enter into contracts and agreements on behalf of UMC, and the negotiation of collective bargaining agreements with recognized employee groups. In no way may the Governing Board delegate to the CEO powers or duties which have not been delegated to it or which exceed state law limitations on delegation of authority. Delegation to the CEO under this provision in no way relieves the Governing Board in its duty of financial oversight of the operation of UMC.

(i) Oversight of physician recruitment and credentialing, including the appointment, re-appointment, or removal of medical staff membership and clinical privileges, which includes the appellate review of actions of the Medical Executive Committee which may be challenged by an applicant or credentialed physician.

(j) Promulgation of rules, regulations and standards governing appointment of physicians and interns to the staff for approval by the Board of Hospital Trustees.

(k) Approval of contracts with individual physicians or private medical associations for the provision of certain medical services as may be required by UMC. Such contracts shall not exceed five years in length. Such contracts may be renewed at a duly noticed meeting of the Governing Board. Such contracts may not exceed the annual encumbrances set forth in the Ordinance and must comply with all budgeting requirements of the Local Government Budget and Finance Act of the Nevada Revised Statutes. Contracts and encumbrances may not be separated or partitioned to avoid the limits placed on this delegation. Any attempt to do so shall be considered a violation of the Clark County Code and grounds for dismissal.

(l) Approval of personnel policies and procedures for employees of UMC, approval of collective bargaining agreements with recognized employee groups, and approval of compensation packages for non-union eligible and management employees. Such approvals must fall within approved budgets. Approval of collective bargaining agreements shall be ratified by the Board of Hospital Trustees.

(m) Approval of settlements and agreements to resolve employment-related litigation and pre-litigation demands not to exceed \$50,000.00 per applicant or employee, and not to exceed \$200,000.00 per incident or allegation of related incidents, and approval to resolve non-employment related litigation and pre-litigation demands not to exceed \$25,000.00 per incident or allegation of related incidents.

(n) Approval of settlement or resolution of billing disputes or overpayments involving patients, third-party payers or governmental agencies.

(o) Acceptance of gifts and bequests to UMC, except where such gifts or bequests involve or include real property or improvements to real property or contain conditions on the bequest or gift which are beyond the delegated authority of the Governing Board.

(p) Financial oversight and recommendation of UMC operating and capital budgets for submission to the Board of Hospital Trustees for approval, pursuant to Section 4 of the Ordinance.

(q) Oversight of quality improvement, performance and measurements.

(r) Risk identification and compliance oversight to ensure that UMC maintains compliance with all federal, state and local laws and regulations, as well as all requirements of accrediting bodies.

(s) Oversight of patient admission policies and policies that support patient care.

(t) Oversight of medical education, training programs, community health education and research activities.

(u) Review and approval of bylaws, rules and regulations of the medical staff of UMC, subject to final approval by the Board of Hospital Trustees.

(v) Oversight of the development of patient charges, subject to final approval by the Board of Hospital Trustees.

(w) Responsibility for coordinating education of the Governing Board members.

(x) Responsibility for the Governing Board's effective, efficient performance and participation in a formal evaluation and self-assessment process.

(y) Consultation and engagement with the community and UMC stakeholders.

(z) Responsibility for ensuring that all operations of UMC, especially contractual and personnel matters, are conducted free from any political interference in accordance with applicable law.

(aa) Responsibility for oversight of a marketing plan for UMC and implementation of new healthcare laws, including the Affordable Care Act.

(bb) Development of recommendations for alternative public or private financing to assist UMC.

(cc) Any other duty or power which is both lawful and necessary to the full discharge of the powers and jurisdiction conferred on the Governing Board.

Section 3.10 Powers and Duties Retained by the Board of Hospital Trustees. The Board of Hospital Trustees retains the following powers and duties with respect to the operation of UMC, as set forth in the Ordinance:

(a) Approval of the mission and purpose of UMC and any major changes thereto.

(b) Appointments to the Governing Board in accordance with Section 3 of the Ordinance.

(c) Final approval of rules, regulations, and standards governing appointments of physicians and medical interns to the staff of UMC.

(d) Review of the annual tentative budget and final approval of the annual final budget, to be filed with the Board of County Commissioners, as required of all local governmental agencies by Chapter 354 of the Nevada Revised Statutes.

(e) The lease, purchase, or construction of buildings utilized for UMC, and approval of agreements related to acquisition, disposal, or mortgage of real property or pledge of personal property owned by the County of Clark and dedicated to the use of UMC.

- (f) The exercise of the power of eminent domain related to the operation of UMC.
- (g) Final approval of patient charges as required by law.
- (h) The issuance of bonds or securities related to Clark County debt for the operation of UMC or its facilities.
- (i) Approval of the institution and prosecution of litigation on behalf of UMC, its officers, and employees, and selection of legal representatives as provided by law, except as otherwise delegated by ordinance or resolution, and provided that specialty counsel for legal services not readily available in Clark County, Nevada, may be retained in accordance with the delegation(s) of authority which may exist with respect to professional services.
- (j) Approval of memberships in Purchasing Groups for the purpose of purchasing in accordance with Chapter 450 of the Nevada Revised Statutes..
- (k) Recognition of employee groups under Nevada Revised Statutes Chapter 288.
- (l) Adoption of bylaws, rules and regulations governing the Board of Hospital Trustees.
- (m) Adoption of procedural requirements pertaining to the Board of Hospital Trustees meetings, hospital visits and reports.
- (n) Approval of expenditures, contracts and resolutions for the acquisition of goods and services in amounts exceeding the fiscal year thresholds that would otherwise permit approval by the Governing Board pursuant to Section Three of the Ordinance.
- (o) Amendment or revision of any power or duty delegated to the Governing Board.
- (p) Any duty or power which is required by Nevada law to be performed by the Board of Hospital Trustees.

MEETINGS

Section 4.1 Regular Meetings. The Governing Board shall conduct regular, noticed meetings to be held on a monthly or near-monthly basis with a minimum of ten (10) such meetings per year. The first regular meeting of the calendar year shall be the Annual Meeting.

Section 4.2 Special Meetings. Special meetings of the Governing Board shall be held whenever called by the Chair of the Board or by four (4) Board members. Any and all business may be transacted at a special meeting which may be transacted at a regular meeting of the Governing Board.

Section 4.3 Time and Place of Meetings. The Governing Board may hold its meetings at such time or times and such place or places within Clark County, Nevada as the Governing Board may, from time to time, determine.

Section 4.4 Notice of Meetings. Except in an emergency, written notice of all meetings must be given at least three (3) working days before the meeting. The content and manner of notice shall comply with the Nevada Open Meeting Law.

Section 4.5 Quorum and Manner of Acting. A majority of the whole number of Board members shall be present at any meeting of the Governing Board in order to constitute a quorum for the transaction of business at such meeting, and the vote of a majority of those Board members present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Governing Board, except as otherwise expressly required by these Bylaws. In the absence of a quorum for any such meeting, a majority of the Board members present thereat may adjourn such meeting, from time to time, until a quorum shall be present.

Section 4.6 Remote Communication. Members of the Governing Board may participate in a meeting by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting.

Section 4.7 Voting by Proxy. Voting by proxy shall not be permitted.

Section 4.8 Organization. At each meeting of the Governing Board, one of the following shall act as Chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Board; (b) the Vice-Chair of the Board; (c) any Board member chosen by a majority of the Board members present thereat. The Secretary or, in his or her absence, any person whom the Chair of the Board shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

Section 4.9 Minutes of Meetings. The Governing Board shall keep written minutes of meetings in accordance with the Nevada Open Meeting Law. Minutes of meetings shall be complete, shall reflect deliberations of Board members as well as action taken. All supporting materials submitted for the information of the Governing Board shall, to the extent required by law, be included with the permanent minute record so as to constitute a permanent record of all proceedings.

Section 4.10 Open Meeting Law. Meetings of the Governing Board shall be conducted in compliance with the Nevada Open Meeting Law (Nevada Revised Statutes Chapter 241).

OFFICERS OF THE GOVERNING BOARD

Section 5.1 Officers. Board Officers shall include a Chair of the Board and Vice-Chair of the Board and such other officers as the Governing Board may authorize, and shall be elected by the Board members at the Annual Meeting or as otherwise required. Board Officers shall serve for terms of two years and until their respective successors are elected and have qualified. Board

Officers may succeed themselves and may at any time be removed by a majority vote of the Governing Board with or without cause.

Section 5.2 Chair of the Board. The Chair of the Board shall preside over Governing Board meetings, see that orders and resolutions of the Governing Board are carried into effect, and exercise and perform such other powers and duties as may from time to time be assigned to him or her by the Governing Board or prescribed by these Bylaws. The Chair of the Board shall have the power to act on emergency matters as defined by Nevada law when a quorum of the Governing Board cannot be gathered in sufficient time or as otherwise reasonably required, subject to ratification by the Governing Board at its next regular meeting.

Section 5.3 Vice-Chair of the Board. The Vice-Chair of the Board shall, if present and if the Chair of the Board shall be absent or shall be unable to act, preside at all meetings of the Governing Board. The Vice-Chair of the Board shall perform such other duties as from time to time may be assigned by the Governing Board and otherwise assume the duties of the Chair of the Board under these Bylaws, including but not limited to the duties specified in Section 5.2 of this Article, when the Chair of the Board so delegates or confirms that he or she is otherwise unavailable to take action.

Section 5.4 Non-Voting Ex Officio Members. The Chief Executive Officer and Chief of Staff shall serve as non-voting ex officio members of the Governing Board. Additionally, the Chairman of the Governing Board may appoint other ex officio non-voting members as may be identified by the various Chairs of the Governing Board Standing Committees or as otherwise determined to be reasonably helpful to properly exercise the duties of the Governing Board.

ADMINISTRATION

Section 6.1 Staffing. UMC shall provide staff to the Governing Board for purposes of secretarial, research and other needs.

Section 6.2 Appointment of Administrative Officers.

Secretary of the Governing Board. A Secretary of the Governing Board shall be appointed by the CEO, subject to approval of the Governing Board, with such duties as shall be provided in these Bylaws and otherwise determined by the Chair of the Board in coordination with the CEO. The Secretary of the Governing Board shall provide or cause to be provided all secretarial assistance to the Governing Board and its committees; assist the Chair of the Board in developing an agenda for each meeting; keep records of the minutes of the meetings of the Governing Board; and furnish copies of such minutes to each Board member, to the CEO, and to others, in accordance with these Bylaws. The CEO shall be custodian of and shall faithfully keep, or cause to be kept, all records, books, documents and other valuable papers relating to the Governing Board. The Secretary shall be responsible for arranging all meeting notices and for attending to all correspondence that may be ordered by the Governing Board.

COMMITTEES

Section 7.1 Committees. Committees of the Governing Board shall be Standing Committees or Special Committees (each a "Committee" and collectively, "Committees").

Standing Committees. Standing Committees may be appointed by the Governing Board. A Standing Committee is one whose functions are determined by a continuous need. Members of Standing Committees of the Governing Board will be appointed at a regular meeting of the Governing Board to serve for a term of one year. The Governing Board may additionally appoint both voting and non-voting public members to such Standing Committees, provided that members of the Governing Board shall constitute a majority of voting members of such Standing Committees and that a member of the Governing Board shall chair all such Standing Committees. Public members shall be advisory to the Standing Committee and shall have no vote, unless otherwise authorized by the Governing Board.

Special Committees. Special Committees may be appointed by the Governing Board. The function and duration of a Special Committee shall be determined by its specific assignment, as stated in a resolution of the Governing Board creating it. Appointments to Special Committees need not be Board members, provided that a member of the Governing Board shall chair any such Special Committee. Public members shall be advisory to the Special Committee and shall have no vote, unless otherwise authorized by the Governing Board.

Section 7.2 General Provisions.

Appointment. Members of Committees shall be appointed by the Governing Board. The Chair of the Board shall appoint the Chair of each Committee.

Authority. Unless specifically delegated and except as otherwise provided herein, authority to act on all matters is reserved to the Governing Board, and the duty of each Committee shall be only to consider and make recommendations to the Governing Board upon matters referred to it.

Quorum. A majority of the voting members of the Committee shall constitute a quorum.

Remote Communication. Members of a Committee may participate in a meeting by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting.

Organization. At each Committee meeting, one of the following shall act as Chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Committee; or (b) any Committee member chosen by a majority of the Committee members present thereat.

Voting. All actions of a Committee shall be taken by a majority vote of the voting members in attendance at a Committee meeting.

Minutes of Meetings. Minutes of Committee meetings shall be in form of reports to the Governing Board and shall be submitted to the next subsequent regular meeting of the Governing Board for consideration and action.

Open Meeting Law. Committee meetings shall be conducted in compliance with the Nevada Open Meeting Law (Nevada Revised Statutes Chapter 241).

MEDICAL STAFF

Section 8.1 Medical Staff Bylaws. The responsibility for oversight and approval of bylaws of the medical staff of UMC has been delegated to the Governing Board, subject to final approval by the Board of Hospital Trustees. Such bylaws shall be concerned with, but not limited to, the following areas: (a) appointments, reappointments and other changes in staff status; (b) granting of clinical privileges; (c) disciplinary actions; (d) all matters relating to professional competency; and (e) such specific matters as may be required by applicable federal and state law.

Section 8.2 Medical Staff Evaluation. The medical staff shall conduct an on-going review and evaluation of the quality of professional care rendered at UMC and shall report such activities and their results to the Governing Board.

CONFLICTS OF INTEREST

Section 9.1 Conflicts of Interest. The Ordinance sets forth the following provisions governing conflicts of interest: Board members shall comply with the rules applicable to Public Officers under the Nevada Ethics in Government Law (Chapter 281A of the Nevada Revised Statutes) and Clark County Ethics Resolutions, as they may be amended from time to time. Board members shall not have any financial conflicts which would require disclosure or abstention under the Nevada Ethics in Government Law. This prohibition extends to members of the Board member's household and to relatives of the Board member within the third degree of consanguinity or affinity. Upon such a conflict arising after the appointment of a member, the conflicted Board member shall notify the Secretary of the Governing Board and the Clerk of the Board of Hospital Trustees. If the conflicted member is unable or unwilling to resolve the conflict within thirty (30) days of such notice, a vacancy shall be deemed to exist upon the thirtieth day following notice.

POLICIES AND PROCEDURES


Section 10.1 Policies and Procedures. Agreed upon policies and procedures may be contained in a companion document entitled, "UMC Governing Board Policies and Procedures," upon adoption by the Governing Board.

AMENDMENTS

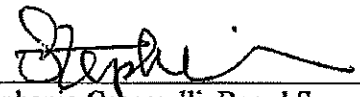
Section 11.1 Amendments. These Bylaws may be amended by a majority vote of the entire Governing Board at a meeting of which prior notice of the meeting and the proposed action shall have been given.

Bylaws of the UMC Governing Board APPROVED and ADOPTED this 31st day of January, 2024.

UMC GOVERNING BOARD:


By: John F. O'Reilly, Chair

ATTEST:


Stephanie Ceccarelli, Board Secretary

ATTACHMENT C

I. Overarching Concepts

- Except for UMC, Clark County essentially has a governmental monopoly on the services it provides, such as the County Recorder, Coroner, Family Services, Social Services, and the Aviation Department (Harry Reid Airport and the four general aviation facilities that comprise Clark County Airport System).
- UMC is basically the one sole department of the County that participates in a competitive industry (i.e., healthcare), and UMC must continually strive to be economically feasible within this competitive realm.
- UMC must compete with massive hospital chains that are either publically traded, enjoy “non-profit” or “tax exempt” status, or are increasingly being funded by private equity.
- Even though other municipalities like the cities of Las Vegas, North Las Vegas, and Henderson provide certain services that are similar to what Clark County provides (e.g., business licensing, fire departments, criminal and civil courts, prosecution of crimes), these other municipalities do not “commercially compete” with Clark County for these services.
- While not exactly analogous to UMC’s industry, the County and BCC may be concerned if a private enterprise attempted to build an airport in order to directly compete with Harry Reid Airport without the justification/necessity of such an airport.
- As with all aspects of Clark County operations, the County Commission (when sitting as the UMC Board of Trustees) has a fiduciary duty to act solely in the best interest of UMC.
- The BCC appoints members of Town Advisory Boards, Citizens Advisory Councils, and the Clark County Planning Commission, but none of these public bodies/boards is engaged in a commercially competitive industry.
- These boards are also different from UMC’s Governing Board in that they are mainly “advisory” in nature. In addition, UMC’s Governing Board requires specialized knowledge and experience in legal, regulatory, and operational issues within the healthcare industry.

II. Why UMC is Unique from Other County Departments

- UMC is in an ultra competitive industry, with eleven (11) other major hospitals in Clark County. The healthcare industry now comprises 17.6% of United States GDP as of 2023.¹

¹ Centers for Medicare & Medicaid Services NHE Fact Sheet.

- UMC is regulated by County Code, numerous NRS Chapters, and a multitude of state and federal laws and regulations.
- Healthcare is essentially the most heavily regulated industry in the United States.
- In addition to other NRS Chapters, NRS Chapter 450 specifically governs UMC's operations.
 - NRS 450 requires the BCC to be the UMC Board of Trustees and NRS 450.175 states that a hospital "board of trustees" may appoint a hospital governing board.

III. Why the UMC Board of Trustees is Different from Other Boards that BCC Members Sit On

- The BCC sits as other boards such as:
 - Clark County Water Reclamation District
 - Las Vegas Valley Water District
 - Liquor and Gaming Licensing Board
 - Zoning Board
- When the BCC sits as the UMC Board of Trustees, they are acting as trustees because of their fiduciary duty to UMC along with the necessity of exercising loyalty, due care, and good faith.
- In contrast, when the BCC sits as the Liquor and Gaming Licensing Board or the Zoning Board, the Commissioners are acting more as regulators, licensors, or grantors as opposed to trustees. This is also true when individual Commissioners sit on boards, commissions, or committees with elected officials from other municipalities (e.g., the Las Vegas Convention and Visitors Authority, the Southern Nevada District Board of Health, the Southern Nevada Water Authority, etc.). The Commissioners' role on these other boards, commissions, and committees is different from their role as the UMC Board of Trustees.
- The Clark County Water Reclamation District and the Las Vegas Valley Water District do not compete with private industry, but both would likely take issue when other states, jurisdictions, or enterprises attempt to negatively affect Clark County's water supply and/or water conservation efforts.
- As the Liquor and Gaming Licensing Board and the Zoning Board, the BCC grants licensure and/or zoning to applicants that will engage in a competitive enterprise with other licensees. But, the BCC does not (and would not) serve as a "board of trustees" for any of these entities.

ATTACHMENT D

ALSTON & BIRD LLP

TO: Brian Brannman
Don Burnette

FROM: Larry Gage

DATE: September 15, 2013

RE: Members of UMCSN Ad Hoc Governing Board Nominating Committee

The members of the Clark County Commission, who also serve as the Hospital Trustees of University Medical Center of Southern Nevada (UMCSN), have approved the establishment of a Governing Board for UMCSN. In order to identify members for this Governing Board, the Commission authorized me to work with UMCSN and the County Manager's office to seek the advice of an Ad Hoc Nominating Committee comprised of prominent County citizens. It will be the goal of this Nominating Committee to recommend to you a slate of potential Governing Board members to forward to the Commission for their consideration.

Following formal and informal interviews of a number of outstanding potential candidates, I am pleased to recommend the following five individuals as members of the Ad Hoc Nominating Committee. These individuals represent a wealth of knowledge and experience with respect to UMCSN, county government, the health industry, the patient population served by UMCSN and the governance of public and non-profit organizations. They will be soliciting and considering potential candidates for the proposed UMCSN Governing Board over the course of the next several weeks. The proposed Committee members (together with summary bios and their contact information) are as follows:

Curtis Myles
CEO, Las Vegas Monorail

(702) 699-8210
curtis@lvmonorail.com

Mr. Myles is a native Nevadan who began his career in transportation after receiving a Bachelor of Science Degree in Economics from Colorado State University while attending on athletic scholarship. Upon his graduation, he began work with a national shipping and cargo firm from 1986 to 1991. He returned to Las Vegas in June of 1991 and embarked upon an eleven year career in aviation management with the Clark County Department of Aviation. He served in several managerial capacities, including Operations Manager, as well as his final position there as Assistant Director of Aviation. Mr. Myles departed the Department of Aviation for the Regional Transportation Commission of Southern Nevada in May of 2002, where he served as Deputy General Manager for three years. He accepted the position of President and Chief Executive Officer of the Las Vegas Monorail Company in July of 2005. Mr. Myles currently serves as a Board Member for the Council for a Better Nevada (CBN). Mr. Myles also teaches economics part-time at the University of Nevada Las Vegas. He is married and has two teenage daughters.

Steve Comer
Board Chair, Nevada Health Centers

(702) 496-0056
mail@stevecomer.com

Mr. Comer presently serves as Board Chair of Nevada Health Centers, Inc., the state's largest network of federally qualified health centers. NHC serves many of the patients who also rely on University Medical Center. Mr. Comer is also a Trustee of the United Way of Southern Nevada and is a retired accounting firm managing partner. He also serves as a director of Pinnacle Entertainment and Southwest Gas Corporation. He began his career with Arthur Andersen LLP in Los Angeles and established Arthur Andersen's Las Vegas office, as its managing partner, in 1985. Leaving Arthur Andersen in 2002, Mr. Comer took a position as partner with Deloitte & Touche LLP and was promoted to managing partner of its Nevada practice in 2004 and retired in 2006. He is a member of the American Institute of Certified Public Accountants and the Nevada Society of Certified Public Accountants and holds professional CPA license in Nevada. He is also active in numerous civic, educational, and charitable organizations.

Virginia Valentine
President, Nevada Resort Association
Former Clark County Manager

702) 735-4888
(702) 340-3387 (cell)
valentine@nevadaresorts.org

Ms. Valentine is currently the president of the Nevada Resort Association (NRA). The NRA is an industry trade association representing Nevada's resort/casino industry. The association is involved in state and local regulations, lawmaking, and policies effecting gaming. Ms. Valentine has held this position since January 2010. Prior to this position, Ms. Valentine was county manager between 2006 and 2010, assistant county manager between 2002 and 2006, and Las Vegas' city manager between 1998 and 2002. As county manager, she was responsible for the fiscal management of the county's \$5.9 billion budget and provided administrative oversight for 38 diverse and geographically dispersed departments (including McCarran International Airport and University Medical Center) and more than 10,000 employees.

Ms. Valentine remains very active in the community and has served on multiple advisory boards since the 1980's including: The Engineering Advisory Council for NV, the Las Vegas Boys & Girls club, the Air Pollution Control Hearing Board Members Association, the Community Resource Organization, the Nevada Taxpayers Association, the Bond Oversight Committee for Clark County School District, the UNLV Public Administration Advisory Board, the University of Idaho Civil Engineering Advisory Council, the Outside Nevada Foundation, the Nevada Blind Children Foundation, and many others.

Senator Richard Bryan

*Attorney, Lionel Sawyer Collins
Former Governor and US Senator*

(702) 383-8888

rbryan@lionelsawyer.com

Former U.S. Senator Richard H. Bryan is currently a shareholder at Lionel Sawyer & Collins and is a member of the Firm's Executive Committee. His practice focuses on government relations at the federal, state and local levels. A native Nevadan, Senator Bryan began his legal career in 1964 as a Deputy District Attorney in Clark County. Two years later, he was named Clark County's first Public Defender. Richard Bryan was first elected to the Nevada State Assembly in 1968, and re-elected in 1970. Then in 1972, he was elected to the State Senate and re-elected in 1976. The former prosecutor won his first statewide election as Nevada's Attorney General where he played a major role in successfully defending Nevada's gaming regulatory structure in the Federal Courts. He was later elected to the first of two terms as Governor in 1982 where he emphasized NV economic diversification and the attraction of new businesses. In 1988 he was elected to the first of two terms in the U.S. Senate. He was the only Senate member to simultaneously serve on three major U.S. Senate Committees: Commerce, Science and Transportation; Banking, Housing and Urban Affairs; and Finance (which has jurisdiction over the federal Medicare and Medicaid programs).

Senator Bryan remains an active community and business leader in Nevada. He serves on the Board of Trustees of the Nevada Development Authority (NDA), which encourages businesses to relocate to Nevada. Senator Bryan is also on the Board of Trustees of the Las Vegas Chamber of Commerce and serves on the Board of Directors of The Smith Center for the Performing Arts. He is also Chairman of the Board for Preserve Nevada, a group whose priority is to preserve historical buildings, places, and historical artifacts in the State of Nevada.

Anthony Marlon, M.D.

*Founder, Chair, CEO of Sierra Health Services, Inc.
Former Chair, UMC Advisory Board*

(702) 834-7333

anthony.marlon@sihlv.com

Dr. Marlon founded Sierra Health Services Inc. and served as its Chairman & Chief Executive Officer from 1984 to 2008. He held similar Executive positions at several of Sierra's predecessors dating back to 1972. In 1982, he founded Health Plan of Nevada (HPN) which became Sierra Health Services. Dr. Marlon also served as Chief of the Division of Cardiology and Medical Director of Cardiac Rehabilitation of University Medical Center of Southern Nevada from 1972 to 1985, Clinical Associate Professor of the Department of Medicine at the University of Arizona from 1973 to 1979 and Clinical Associate Professor, Department of Medicine, Tulane University, New Orleans from 1973 to 1977. Dr., Inc. Dr. Marlon has been an Associate Professor of Medicine at the University of Nevada School of Medical Sciences since 1975. He previously served as Chairman of the Advisory Board of UMCSN.

Members of UMCSN Ad Hoc Governing Board Nominating Committee
September 15, 2013
Page 4

A long-time supporter of UNLV, Dr. Marlon has been a member of the UNLV Foundation Board of Trustees since 1995. He has been on the Board of the American Association of Health Plans since 1997. He has also served as a member of Federal Task Force on Long Term Health Care Policies and as Board of Trustees of the Nevada Development Authority. He also served on the Government Affairs Committee (GAC) of the Las Vegas Chamber of Commerce from 1996 to 2009. Dr. Marlon is a board-certified specialist in internal medicine and cardiovascular diseases.

TO: Brian Brannman, CEO, University Medical Center of Southern Nevada
Don Burnette, County Manager, Clark County, Nevada

FROM: Larry Gage

DATE: August 8, 2013

RE: Overview of Recruitment Process & Criteria for UMC Hospital Board

The purpose of this memorandum is to follow up on our phone conversation yesterday and provide you with a summary overview of the proposed process (and timetable) for recruiting and approving the members of an initial UMC hospital board. I have also included a summary of general qualifications and responsibilities of the proposed board (as a whole) as well as examples of the specific duties of individual Board members. I have drawn on a number of sources in putting together this summary, including my own presentation and report as well as the report prepared for the Miami, FL local of SEIU and guidance provided to UMC by The Governance Institute.

Proposed Steps in the Board Member Recruitment Process

The following steps and timetable are recommended for the recruitment of an initial UMC hospital board:

1. Secure guidance from County Commission on the outlines of a recruitment plan and process: guidance should include a statement of purpose, identification of participants in the initial recruitment process and an overview of the ultimate objectives in creating a hospital board. [Task completed July 17]
2. Agree on a process for appointing an independent nominating committee to oversee the recruitment process for the initial board. [Week of August 12]
3. Identify potential candidates for service on an independent nominating committee and conduct interviews of such candidates (in person or if necessary by phone). [Week of August 19]
4. Select nominating committee and confirm agreement of members to serve on committee. [Week of August 26]
5. Develop initial drafts of appropriate background materials on the hospital and the anticipated role of the board of directors: including information about the hospital, its market, its challenges, and its vision for the future. [Week of August 26]
6. Develop a one-page "candidate profile," a board and director job description, and a letter to be sent to prospective trustees directors indicating the hospital's interest in discussing opportunities with potential directors. [Week of September 2]

7. Develop a candidate rating tool, based on a limited number of criteria included in the candidate profile and job description; develop specific questions to ask candidates to determine motivation and willingness to serve, ability to devote time required, knowledge of issues, conflict of interest, etc.[Week of September 2]
8. Initial meeting of nominating committee to consider and approve materials developed to date and to initiate process of formally identifying potential director candidates (including issuance of a formal public request for nominations as well as a process for proactively recruiting individuals). [Week of September 9]
9. Identify a potential field of approximately 40-50 candidates and apply both subjective and objective rating criteria to each candidate. [Week of September 23]
10. Nominating committee meets to reduce field to 15-20 candidates and authorize preliminary contact (letters and/or telephone calls) to assess initial candidate interest and willingness to serve, if chosen. [Week of September 30]
11. Review candidates' responses and arrange interviews with members of the nominating committee and committee support staff. [Week of October 6]
12. Rank candidates using the candidate rating tool, and prepare a brief written summary of each candidate (occupation, length of residency, community involvement, answers to questions, etc.). [Week of October 13]
13. Determine top-rated candidates, and select a panel of nominees to present to the Commission for approval as a group. [Week of October 20]
14. Draft necessary organizational documents for new hospital board (County ordinance, bylaws, etc.). [Week of October 29]
15. Formal approval by County Commission of ordinance creating hospital board and appointing board members. [Week of November 5/12]
16. Initial meeting of board, including consideration of bylaws, appointment of officers and standing committees, adoption of board education plan, and board activity agenda initial for initial year of board's existence. [Mid-November]
17. Follow-up letters to candidates not selected; determine other ways for interested candidates to be involved, such as serving on the foundation board, on task forces, etc. Assess interest in filling future vacancies. [Subsequent to initial board meeting.]

Range of Skills and Experience Required for a Dedicated UMC Hospital Board

It is important at the outset to articulate the range of skills and experience needed on the proposed new UMC Board. The nominating committee should be tasked with pulling together a board which, as a whole, will benefit from a diverse and beneficial range of perspectives and experience, including, but not limited to, those of business management, law, finance, medical and/or other health professionals, health sector workers, and the patient or consumer perspective.

For example, a nine member board might include three health professionals (physician, a nurse and a hospital executive/leader), three community leaders whose independence is well-known and whose background and community reputation is sound, and three individuals whose skills and experience will round out the board. Consideration should also be given to a limited number of “ex-officio” members of the hospital board, such as the Dean of the Medical School and President of the Medical Staff.

In sum, the hospital board should be comprised of community leaders with a variety of experience and background and no conflicts of interest. The hospital board as a whole should represent a diverse group of stakeholders, have a high degree of interest in improving the hospital system, and, as a group, have the requisite experience and knowledge to oversee the hospital system. The best boards include individuals prominent in their communities and not politically beholden to the elected officials who appointed them.

In addition to specific skills and experience that will be valuable to UMC and the new board, each board member should demonstrate certain general qualifications, such as the following:

- A demonstrated interest in serving the community and in healthcare generally, and a willingness to devote time to the discharge of the responsibilities of a director.
- A record of leadership in the community and accomplishment in the director’s own profession or areas of interest.
- Experience that can be applied to the challenge of governance of the Hospital, combined with both a broad perspective and objectivity.
- Unquestioned integrity and high ethical values consistent with the community's expectation for membership on the UMC hospital board.

General Board Duties and Responsibilities

The primary responsibility of the UMC Hospital board is to provide policy oversight for the hospital and its health system. In that capacity, directors must serve as fiduciaries to protect the financial, physical and other assets of the hospital, and ensure that long-range planning is integrated into the board and committee processes. In conducting that oversight, board members of any non-profit or governmental hospital are said to have three fundamental legal and fiduciary duties, or guiding principles: obedience, care, and loyalty.

- *Obedience:* This duty requires board members to adhere to the legal mandates set forth when the organization was established. That is, they must ensure that the health system operates in conformance with its organizational documents (e.g., its enabling act, charter, or articles of incorporation) and its mission. To do so, board members must have a solid understanding of the fundamental purpose and mission of the health system.
- *Care:* The duty of care requires board members to act in a conscientious and informed manner with respect to all board decisions. They must be aware of and consider the reasonably available and relevant information prior to making a board decision. They must act in good faith and with the care that an “ordinarily prudent businessperson” would exercise in similar circumstances. For example, each board member is responsible for reviewing and understanding background documents, such as financial analyses, provided by staff. If any element seems inconsistent or raises questions, the board

member should not take it at face value but must follow up until the questions are satisfactorily answered.

- *Loyalty:* Most important, the duty of loyalty requires that every board decision be made in the best interests of the health system and its mission, rather than in the interests of individuals or external constituencies. This can be difficult or confusing since public board members are often selected from a particular constituency. In this case, the needs of the constituency should be considered in the context of the organization's overall mission; they must never override the interests of the health system.

In carrying out these fundamental legal and fiduciary duties, board members must accept several key areas of responsibility: strategic orientation, public accountability, financial oversight, quality assurance, advocacy and board development.

- *Strategic Orientation:* Board members should be actively involved in shaping the strategic orientation of the health system, including reviewing and approving a strategic plan that is consistent with the health system's purpose and mission. To make informed decisions regarding strategic orientation, board members should keep up to date on the health system's regulatory and competitive environment, including health system trends, opportunities, and threats. Once strategic priorities are set, they should be reassessed regularly and the health system's progress towards those goals monitored regularly.
- *Public Accountability:* Public accountability refers to the responsibility of board members to assess the short- and long-term needs of the community and the health system's patient population and to monitor the fulfillment of these needs. The board may accomplish this by facilitating regular communication with political leaders, the press, relevant organizations, and the public at large. Board members must coordinate these communications within the health system, rather than undertaking them haphazardly or on their own. They also should ensure that the health system is in compliance with all applicable laws and regulations.
- *Financial Oversight:* Financial oversight responsibilities include reviewing and approving financial plans, evaluating organization goals, and ensuring that internal and external independent financial audits are completed on a timely basis. Board members also should be prepared to participate if needed in negotiations with the County Commission and to monitor the health system's investment strategies and otherwise ensure protection of invested assets. It is helpful to have comparative numbers such as historic performance or the performance of comparable institutions, to gauge the health system's financial status.
- *Quality Assurance:* The board must ensure that an effective quality improvement system is in place, with ongoing, systematic assessment resulting in action plans to strengthen performance. A board member's responsibilities include regularly reviewing quality performance data, holding management and clinical staff accountable for patient safety and quality of care, and ensuring that resources are available for these purposes. Quality goals should be linked to performance ratings and incentives and staff privileges. Through continuous quality management, an effective board can decrease the likelihood of adverse outcomes and encourage a culture of quality and patient safety.

- *Advocacy:* A governing board has the responsibility to engage in advocacy on behalf of the health system. Members of the board should identify proactively both informal and formal opportunities for advocacy. Specific goals should be set with respect to public advocacy, and the role of the board in fund development and philanthropy should be articulated. Board members should have a common understanding of the health system's goals, needs, and key issues. Equally important is the ability of the board to present a unified message. The board or its chair should therefore establish a protocol as to who may speak on behalf of the board and when, both generally and in the context of a specific advocacy agenda.
- *Board Development:* A separate yet critical board responsibility pertains to board development and self-assessment. Board members should routinely assess the health system's bylaws to identify areas that need improvement. Additionally, mechanisms should be established to evaluate the performance of individual board members. Board education also should be a regular aspect of the board's activities.

To perpetuate strong leadership of the hospital, board members will be responsible for selecting the CEO of the hospital; for providing advice on issues, operations, and staffing as required by the CEO; and for providing support for the CEO's efforts to lead the hospital and implement policies adopted by the Board. Through the appropriate committee process, Board members will also provide an evaluation of the CEO on an ongoing basis and determine appropriate compensation for the CEO (within the budget approved by the County Commission).

Board members should apply independence of judgment, foster a healthy and open exchange of ideas and respect divergent opinions. Independence of judgment entails freedom to express views that differ from those of the hospital's administration or board leadership, or the apparent "majority" view. Once the board has adopted a policy position after an appropriate process, however, directors are expected to support the position of the board and support the CEO and the hospital's staff in their efforts to implement the policy as adopted by the board.

Directors represent the hospital to its multiple constituencies, so that non-members may better understand the role and responsibilities of the board and the process and substance of board policies and decisions. However, directors should defer to the CEO or the board chair as official public spokespersons of the hospital. Directors must also maintain an appropriate degree of confidentiality concerning Board and committee processes.

Specific Board Member Duties and Responsibilities

Each director is expected to prepare for and participate in board meetings and in meetings of the committee(s) to which he or she is assigned. The bylaws should require board members to attend a minimum percentage (e.g. 50-70%) of board and committee meetings. However, directors are expected to make every effort to attend all (or at least a much greater percentage than the minimum) of such meetings, in order to ensure their effective participation in the governance of the hospital.

A potential job description for a hospital board member should start with the requirement that he or she needs to believe in and strongly support the role and mission of the hospital. A board member must have a fiduciary responsibility, when sitting as a board member, to contribute to the

future success and viability of that hospital. Examples of specific duties of board members might include the following:

- Attend all board and committee meetings and functions, such as special events.
- Be informed about the organization's mission, services, policies and programs.
- Review agenda and supporting materials prior to board and committee meetings.
- Serve on committees or task forces and offer to take on special assignments.
- Inform others about the organization and advocate for the organization in the community
- Suggest possible nominees to the board who can make significant contributions.
- Keep up-to-date on developments in the organization's field.
- Follow conflict-of-interest and confidentiality policies.
- Refrain from making special requests of the staff.
- Assist the board in carrying out its fiduciary responsibilities, such as reviewing the organization's annual financial statements.
- Demonstrate the ability to listen, analyze, think clearly and creatively, and work well with other people.
- Be willing to prepare for and attend board and committee meetings, ask questions, take responsibility, follow through on assignments, open doors in the community, and evaluate oneself.
- Be willing to develop certain skills if you do not already possess them, such as to cultivate and solicit funds, cultivate and recruit board members and other volunteers, read and understand financial statements, learn more about the substantive program area of the organization.
- Possess honesty, sensitivity to and tolerance of differing views, a friendly, responsive, and patient approach, community-building skills, personal integrity, a developed sense of values, concern for your nonprofit's development and a sense of humor.

Finally, board members should be expected to participate on an ongoing basis in continuing education programs relating to the hospital and to their role and responsibilities as directors and to engage in a self-assessment of their own participation as board members periodically, including participation in periodic evaluations of the performance of the board as a whole.

RATIONALE FOR THE CREATION OF THE UMC GOVERNING BOARD

- Ordinance 4145 (the “Ordinance”) was drafted in order to create a UMC Governing Board, and the Ordinance went into effect on November 19, 2013.
- The rationale for the creation of the UMC Governing Board was to have a dedicated board with the responsibility of maintaining UMC as a county hospital organized under Chapter 450 of the Nevada Revised Statutes and operated with the goal of maintaining the highest quality patient care for the residents of and visitors to Clark County.
- A nationally renowned health care attorney who Clark County retained as a consultant to assist with the creation of the UMC Governing Board noted that outside of the state of California, Clark County was the only county in the country with a major public hospital without a dedicated Governing Board.
- This consultant stressed that there are complicated legal and regulatory issues necessitating a Governing Board, including raising capital and adapting to changes in the overall health care system.
- Delegated powers were necessary to attract Governing Board members who would be distinguished members of the community with experience in health care, business, finance, and other sectors.
- The consultant also noted that one of the most essential functions of a Governing Board is the selection and ability to hire, retain, or discharge the Chief Executive Officer of UMC.
- At a November 5, 2013 public hearing, Clark County Commissioner Mary Beth Scow stated that the UMC Governing Board needs to be able to “govern” and that such a Board would “take the politics” out of the governance of UMC.

ATTACHMENT E

ATTACHMENT E-1

Robyn Caspersen

Ms. Caspersen is an experienced board member with proven expertise in accounting and financial reporting, risk assessment, strategic planning, and finance. Ms. Caspersen brings deep corporate governance experience through her work with and serving on corporate boards, including audit and finance committees, and is qualified to serve on audit committees as a financial expert.

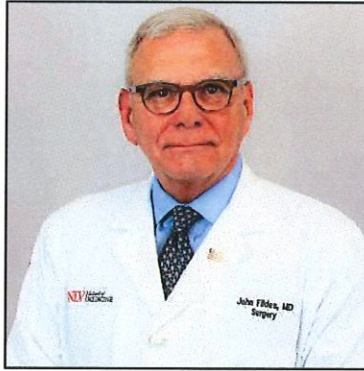
Significant to Ms. Caspersen's 35 years of experience is over 24 years at Deloitte & Touche LLP where she served as the lead partner to both public and private companies in energy, manufacturing and telecommunications industries. Ms. Caspersen served as a senior partner in the Firm's Nevada Audit practice from 2008 through her retirement from the Firm in July, 2013. While a member of the Nevada practice, Ms. Caspersen served for 5 years as the lead partner to a \$3B NYSE regulated electric and gas utility. From 1999 until 2008, Ms. Caspersen served as an Audit Partner in the Firm's Seattle Audit practice. She was admitted to the partnership of Deloitte in 1999.

While at Deloitte, Ms. Caspersen served companies through various stages of growth including M&A activities, capital market transactions, regulatory filings and strategic initiatives, as well as assessment and evaluation of operational matters including regulatory compliance, M&A transactions, valuation, income tax reporting, cybersecurity, forensic accounting, and actuarial measurements.

Ms. Caspersen currently serves as an independent director for Lexicon Bank, a Nevada state-chartered and FDIC member community bank where she serves as the Vice-Chair of the Board and the Chair of the Bank's Audit and Compliance Committee. In addition, Ms. Caspersen is a member of the independent Governing Board of University Medical Center of Southern Nevada, serving as the Chair of its Audit and Finance Committee, a member of its Strategy Committee and previously as member of the Human Resources Committee. Previously, Ms. Caspersen served on the Board of Directors of United Way of Southern Nevada and a member of its Audit & Finance Committee.

Ms. Caspersen is a licensed Certified Public Accountant in Nevada.

ATTACHMENT E-2



John Fildes, MD, FACS, FCCM, FPCS (Hon)

Dr. John Fildes MD, FACS, FCCM, FPCS (Hon) is an Acute Care Surgeon, the combination of trauma, surgical critical care, and emergency general surgery. He served as the University Medical Center (UMC) Medical Director for the Trauma Center and Chief of the Department of Trauma and Burns (1996-2019). In addition, he served on the Medical Executive Committee (1996-2019) and was the Vice Chief of Staff and Interim Chief of Staff (2010-2016). Under his leadership, UMC became Nevada's only Level 1 Trauma Center, only Pediatric Trauma Center, and only verified Burn Center. Dr. Fildes established the first American Association for the Surgery of Trauma (AAST) approved Acute Care Surgery Fellowship *in the nation* and was its program director for over a decade. He is an internationally renowned trauma surgeon, researcher, educator, and administrator in the fields of medicine, surgery, and medical education.

A leader of the medical response to the 1 October 2017 shootings in Las Vegas, Dr. Fildes and his surgical team were commended by President Donald Trump for their care of the shooting victims. He continues to be a 1 October spokesperson at the regional, national, and international level. In addition, he was a consultant to DHS, FEMA, CDP, HHS, OS, ASPR, and EMMO -- agencies developing a disaster-training program for the medical response to a no-notice, overwhelming, large-scale, mass shooting event.

Dr. Fildes is also an Emeritus Professor of Surgery at the Kirk Kerkorian School of Medicine at UNLV. He was the inaugural chair of surgery and the former associate dean for external affairs at UNLV. Dr. Fildes also served as the school's interim dean from September 2019 through April 2020.

His research has appeared in 67 peer-reviewed publications, including the American Journal of Surgery, the Journal of Trauma and Acute Care Surgery, Critical Care Medicine, Academic Emergency Medicine, Plastic and Reconstructive Surgery, Journal of Surgical Research, Cancer Medicine, and Circulatory Shock. In addition, he has authored 72 invited publications and book chapters.

Dr. Fildes is the recipient of several honors and awards. He received the Las Vegas Chamber of Commerce's Achievement Award (1998), was named Nevada's Distinguished Physician (2006), Healthcare Hero (2012), Best Doctors of Southern Nevada six times (2013-2018), and honored by the Mayor of Las Vegas who proclaimed May 12th as Dr. John Fildes Day in the city of Las Vegas (2017). He also received the Dean's Distinguished Service Award (2007), Foundation Professor Award (2012), and was named an Outstanding Teacher/Professor on numerous occasions by

medical students, residents, and fellows from several training programs. Dr. Fildes is the recipient of certificates of appreciation from the White House Medical Unit (1998, 2017), the Centers for Disease Control (2009, 2012), and the U.S. Air Force (USAF) (2016).

He received his BS degree, cum laude, in biomedical engineering from Union College in Schenectady, NY (1973-1977). He received his MD degree, *meritissimus (top 2%)*, from the University of Santo Tomas in Manila (1978-1982). Dr. Fildes completed his residency in general surgery at the Bronx-Lebanon Hospital in Bronx, NY (1982-1987). He completed his fellowship in trauma, burns, and surgical critical care at the Cook County Hospital in Chicago, IL (1988-1989).

An American College of Surgeons (ACS) Fellow since 1990, Dr. Fildes made significant contributions to the creation of the National Trauma Data Bank® (NTDB®) and the Trauma Quality Improvement Project® (TQIP®). In the wake of the 9/11 terrorist attacks on the U.S., Dr. Fildes was asked to testify before the U.S. Senate on the readiness of the nation's trauma centers. He was appointed National Chair of the ACS Committee on Trauma (COT) (2006-2010) and was promoted to ACS Medical Director of Trauma Programs in the Division of Research and Optimal Patient Care (2010-2014). He served as ACS Governor for the state of Nevada (2015-2018). Dr. Fildes received the Trauma Achievement Award (2018) for exceptionally meritorious service and lifetime achievement from the ACS and COT.

Dr. Fildes has been a member of the AAST since 1994. He served as AAST Chair of the Injury Assessment and Outcome Committee (2004-2006). He also served as the chair of the Acute Care Surgery Committee (2010-2013) where he made significant contributions to the growth and development of acute care surgery as a new surgical specialty. He also served as the national chair of the Acute Care Surgery Program Directors Group (2013-2019).

For more than two decades, Dr. Fildes has collaborated with the United States Air Force. He was a senior visiting surgeon and consultant at Landstuhl Regional Medical Center in Germany and at Bagram and Kandahar Air Bases in Afghanistan (2008). He embedded active-duty residents into general surgery and emergency medicine residencies at the Kerkorian School of Medicine and University Medical Center. Dr. Fildes collaborated and led the efforts to establish the STARS-P (Sustainment of Trauma and Resuscitation Skills – Program) and more recently the SMART (Sustained Medical and Readiness Training) programs to sustain and improve the readiness of attending surgeons and medical personnel for battlefield medicine.

Dr. Fildes was a committee member for the Southern Nevada Health District from 1996 to 2020. He served on the Medical Advisory Board (MAB) (1996-2005) and served twice as the chair of the Regional Trauma Advisory Board (RTAB) (2006-2008, 2017-2020). The RTAB is responsible for oversight of the Southern Nevada Trauma System (SNTS). He was selected to chair the Needs Based Assessment Taskforce (NBAT), a community wide stakeholder group, to determine the need for new trauma centers in the SNTS (2016-2017). Dr. Fildes was invited to address these issues at the joint meeting of the Clark County Board of Commissioners, Las Vegas City Council, and Southern Nevada Board of Health in 2024.

CURRICULUM VITAE

JOHN FILDES, MD, FACS, FCCM, FPCS (Hon)

Current Position: Professor Emeritus in Surgery, Kirk Kerkorian School of Medicine at University of Nevada Las Vegas (KKSOM UNLV), 2022- present

Past Positions: Associate Dean for External Affairs, 2020- 2022
Professor and Inaugural Chair, Department of Surgery 2017- 2022
1701 W Charleston Blvd, Suite 490
Las Vegas, NV 89102
Office phone: (702) 671-2201
Email: john.fildes@unlv.edu

Past Positions: Interim Dean, UNLV School of Medicine 9/2019 to 4/2020
Chair, University of Nevada Reno (UNR) Department of Surgery 2015-17
Vice Chair, UNR Department of Surgery 2002-15
Chief, Division of Acute Care Surgery 1996-2018
Program Director for the General Surgery residency 2002-13
Program Director for the Surgical Critical Care fellowship 2004-13
Program Director for the Acute Care Surgery fellowship 2007-19

Medical Director of Trauma Services at the University Medical Center (UMC) of Southern Nevada, Las Vegas 1996-2019
Chair, Department of Trauma and Burns at UMC 1996-2019

Education: BS, cum laude, in Biomedical Engineering 1977
Union College, Schenectady, NY

MD, meritisimus* 1982
University of Santo Tomas, Manila, Philippines
(*8 of 350)

Internship & Residency: Intern in General Surgery 1982-83
Resident in General Surgery 1983-87
Chief Resident in General Surgery 1986-87
Bronx-Lebanon Hospital, Bronx, NY

Fellowship Training: Fellow in General Surgery 1987-88
Bronx-Lebanon Hospital, Bronx, NY

Fellow in Surgical Critical Care, Burns, & Trauma 1988-89
Cook County Hospital, Chicago, IL

Professional Development: Financial Management for Clinical Chairs, June 2021
Led by Clayton Tellers, ECG Management Consultants, San Diego, CA

Executive Development Seminar for Deans, Jan 2020
Association of Medical Colleges, Washington, DC

CultureSync Leadership Program, 2018-2019
Led by Dave Login author of *Tribal Leadership*, Los Angeles, CA

Program for Chiefs of Clinical Services, Jan 2013
Harvard School of Public Health, Boston, MA

Professional Development (cont.): ULEAD Executive Leadership Training, 2013
GE Healthcare and the American College of Surgeons, Chicago, IL

Medical Executive Committee Institute, Jan 2014
The Greeley Corporation, Danvers, MA

Physicians in Management Seminar (PIMS), July 2012
Essentials of Healthcare Law, July 2014
American Association for Physician Leadership, Tampa, FL

Licensure: Nevada is active (7717)
New York & Illinois are inactive

Board Certification: Certified in General Surgery 1988-2027
Re-Certification in General Surgery 1998, 2008, and 2017

Certified in Surgical Critical Care 1990-2024
Re-Certification in Surgical Critical Care 2000, 2010, and 2021

Fellowships: Fellow in the American College of Surgeon, FACS, 1990
Fellow in the American College of Critical Care Medicine, FCCM, 1995
Honorary Fellow in the Philippine College of Surgeons, FPCS (Hon), 2012
Fellow, Academy of the Asian Collaboration for Trauma, 2021

Academic Appointments: Assistant Professor of Surgery 1989-1995
University of Illinois College of Medicine at Chicago

Lecturer in General Surgery 1990-1992
Visiting Assistant Professor in General Surgery 1992-1995
Assistant Professor in General Surgery 1995-1996
Rush Medical College, Chicago, IL

Lecturer in Health Sciences and Professional Studies 1992-1996
Malcolm X College, City Colleges of Chicago

Professor of Surgery 1996
Tenure granted 2001
Foundation Professor 2012
University of Nevada Reno (UNR) School of Medicine

Adjunct Professor 2016
Professor with tenure of title 2017
University of Nevada Las Vegas (UNLV) School of Medicine

Hospital Appointments: Attending Surgeon in Trauma and Critical Care 1989-1996
Cook County Hospital, Chicago, IL

Attending Surgeon in General Surgery 1989-1996
University of Illinois Hospital, Chicago, IL

Attending Surgeon in Trauma, Critical Care, and General Surgery 1996-2022
University Medical Center (UMC) of Southern Nevada, Las Vegas, NV

Professional Societies:**Current**

American Association for the Surgery of Trauma
American College of Critical Care Medicine, Fellow since 1995
American College of Surgeons, Fellow since 1990
American Surgical Association
Eastern Association for the Surgery of Trauma
International Association for Trauma Surgery and Intensive Care (IATSIC)
International Society of Surgery (ISS)
Society of Critical Care Medicine
Western Surgical Association
Western Trauma Association

Past & Honorary Societies:

American Association for Physician Leaders
American Burn Association
American Medical Association
American Hernia Society
American Trauma Society
American Society Parenteral and Enteral Nutrition
Association for Academic Surgery
Biologic Photographic Association
Chicago Surgical Society
Illinois Surgical Society
Karl Meyer Surgical Society (Cook County Hospital Alumni)
Mackenzie Society (Oregon Health & Science University)
Philippine College of Surgeons
Honorary Fellow since 2012
Society of Laparoscopic Surgeons
Society of Surgical Chairs
Southwest Surgical Congress
Society of Philippine Surgeons in America
Warren H. Cole Society (University of Illinois Chicago Alumni)

Professional Society Leadership Positions:

Chicago Metropolitan Trauma Society
Secretary/Treasurer 1990-1992
Board of Directors 1991-1996
President (2 terms) 1992-1994
Metropolitan Chicago Committee on Trauma of the American College of Surgeons
Regional ATLS Director 1993-1996
Vice Chair 1994-1996
Metropolitan Chicago Chapter of the American College of Surgeons
Executive Council 1994-1996
Interim Vice Chair 1995-1996
Nevada Committee on Trauma of the American College of Surgeons
Regional ATLS Director 1996-2001
Vice Chair 1996-1997
Chair 1997-2001
Nevada Chapter of the American College of Surgeons
Council Member 1997-2004
Secretary/Treasurer 2004-2006
Vice President 2006-2008
President 2008-2010
Governor 2015-2018
Southwest Surgical Congress
State Councilor 1998-2003

Professional Society Leadership Positions (cont.):

- American College of Surgeons (ACS) Committee on Trauma
 - Chair, National Trauma Data Bank Committee 2001-2006
 - Site Visitor for the Verification Review Committee
 - National Chair, ACS Committee on Trauma 2006-2010
- American Association for the Surgery of Trauma
 - Chair, Injury Assessment and Outcome Committee 2004-2006
 - Chair, Committee on Acute Care Surgery 2010-2013
 - Chair, Program Directors in Acute Care Surgery 2014-2019
- American Board of Surgery
 - Trauma, Burns, Critical Care Advisory Council 2006-2010
 - Associate Examiner for the Certifying Examination 2012 and 2017
- American College of Surgeons
 - Medical Director, Trauma Programs in the Division of Research and Optimal Patient Care 2010-2014

Other Professional Activities:

- Hektoen Institute for Medical Research, Chicago, IL
 - Director, Trauma Basic Science Research Laboratory 1989-1996
- National Center for Advanced Medical Education (formerly the Cook County Graduate School of Medicine), Chicago, IL
 - Faculty 1989-1996
- Advanced Trauma Life Support
 - Instructor 1989
 - State Faculty 1994
 - National Faculty 2006- Present
- Advanced Burn Life Support
 - Instructor 1990-2001
- Department of Surgery, Cook County Hospital, Chicago, IL
 - Coordinator, Post Graduate Medical Education 1991-1995
 - Department of Trauma, Cook County Hospital, Chicago, IL
 - Chief, Division of Trauma Education & Research 1991-1996
 - Program Director of the Trauma Fellowship 1991-1996
- Department of Surgery, Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL
 - Surgical Research Committee 1994-1996
 - Residency Program Advisory Committee 1996
- University of Nevada School of Medicine
 - Graduate Medical Education Committee, 2002-2019
 - Department of Surgery
 - Program Director in General Surgery 2002-2013
 - Associate Program Director in General Surgery 2013-2015
 - Program Director in Surgical Critical Care 2004-2013
 - Program Director in Acute Care Surgery 2007-2019
 - Chief, Division of Trauma & Surgical Critical Care 1996-2007
 - Chief, Division of Acute Care Surgery 2007-2019
 - Vice Chair, Department of Surgery 2002-2016
 - Chair, Department of Surgery 2016-2022
- University Medical Center of Southern Nevada, Las Vegas, NV
 - Hospital-Wide Performance Improvement Committee 1996-2016
 - Medical Executive Committee 1996-2020
 - Vice Chief of Staff 2010-2016
- Southern Nevada Health District, Las Vegas, Clark County, NV
 - Medical Advisory Board for EMS 1996-2005
 - Quality Assurance Committee for EMS 1996-1999
 - Regional Trauma Advisory Board (RTAB) for system oversight 2006-2020
 - Chair in 2006 and 2018

Trauma Medical Audit Committee (TMAC) for system PI 2006-2020
 Trauma Procedure/Protocol Review Committee 2012-2015
 Chair, Needs Based Assessment Taskforce (NBAT) to determine the need
 for new trauma centers in the trauma system 2016-2017
 State of Nevada Department of Health and Human Services
 Injury Prevention Task Force 2001-2006
 Nevada State Health Division's Office of Emergency Medical Services
 Committee on Emergency Medical Services (NRS 450B.151-154) 2001-2019
 Fundamentals of Laparoscopic Surgery
 Provider 2009-2012
 Fundamental Critical Care Support
 Instructor candidate 2010
 Practice Plan of the University of Nevada Reno (UNR) School of Medicine
 Practice Plan Executive Committee, 2010-2014
 Compliance and QA Committee of the Practice Plan, 2012-2014
 Southern Regional Executive Committee (SREC)
 Board member, 2012-2014 & 2016-2017
 Medical School Associates South
 Vice President, 2016-2017
 Centers for Disease Control, Atlanta, GA
 Served on the National Expert Panel on Field Triage that created the
 Guidelines for Field Triage of Injured Patients in 2005 and again in 2012.
 These were published in the MMWR January 13, 2012 / 61(RR01);1-20
 National Center for Health Statistics
 Panel member of the national steering committee, Jan 2011
 Senior Visiting Surgeon
 Sponsored by the American Association for the Surgery of Trauma,
 American College of Surgeons, and the Department of Defense.
 Landstuhl Regional Medical Center, Germany October 2008
 Base Hospitals in Bagram and Kandahar, Afghanistan October 2008
 STARS-P (Sustainment of Trauma and Resuscitation Skills – Program)
 I partnered with the US Air Force at Nellis Air Force Base to stand up a
 STARS-P program that embeds medical personnel into our trauma service
 to maintain critical wartime readiness skills. This required a change in NV
 state statute before operationalization. 2010-2014
 Joint Service Graduate Medical Education (JSGME) selection board
 As the civilian program director who directs the training of active duty
 residents from the USAF I have been invited to serve on this selection
 board. It matches military medical students with residencies, 2010-2013
 National Quality Forum
 Panel member for the steering committee on Regionalization of Emergency
 Care, 2011-2012
 SMART (Sustained Medical and Readiness Training - Program)
 I was the civilian director for this new program where USAF Surgeons. The
 Air Force will rotate surgeons and surgical teams at the University of
 Nevada and the University Medical Center to sustain and improve their
 readiness for battlefield medicine. 2015
 American Board of Surgery, Associate Examiner in the Certifying Exam, in
 2012 and 2017
 Medical Response to a Large-Scale Event at the FEMA Center for Domestic
 preparedness, Noble Training Facility in Anniston, AL, 2018-2019
 I served as an invited consultant to evaluate and plan disaster-training
 programs for DHS, FEMA, CDP, HHS, OS, ASPR, EMMO.
 Department of Defense, Joint Trauma System Consultation. May 2023
 I served as an invited consultant to evaluate the military trauma system.

Honors & Awards:

Resident Paper Competition Award 1984

Presented by the Bronx Chapter of the American College of Surgeons

The Olga Jonasson Award 1991

Presented by the surgical residents of the University of Illinois and Cook County Hospital for exceptional personal commitment to resident education in surgery, academic and clinical excellence, and enthusiastic personal support of resident surgical research

The Stergios Award 1992

Presented by the Department of Surgery of the University of Illinois for excellence in basic research

Excellence in Teaching Award 1993

Presented by the emergency medicine residents of the Cook County Hospital

Plaque of Appreciation 1994

Presented by the Philippine College of Surgeons and the Department of Health, Republic of the Philippines, for invaluable contributions to the National Trauma Prevention and Management Program of the Republic of the Philippines

Affiliated Surgical Attending of the Year Award 1995

Presented by the surgical residents of Rush-Presbyterian-St. Luke's Medical Center in recognition of outstanding contributions to resident education

Safe Community Partnership Award 1997

Presented by the Clark County Safe Community Partnership for continued dedication to public safety within the field of emergency medicine

Outstanding Full-Time Clinical Professor 1998

Presented by the University of Nevada School of Medicine Class of 1998 in tribute to the pursuit of excellence and dedication to teaching.

White House Medical Unit 1998

Certificate of Appreciation for outstanding support provided during the President's visit to Las Vegas

Las Vegas Chamber of Commerce's Achievement Award 1998

For professional service as Director of the Trauma Unit at University Medical Center

Outstanding Teaching Award 1999

Presented by the Surgical Residents of the Department of Surgery, University of Nevada School of Medicine in recognition of outstanding contributions to resident education

The ACS COT Millennium Commitment Award 2000

Presented by the American College of Surgeons Committee on Trauma in recognition of exceptional dedication and service to the Committee on Trauma and the care of the injured

Outstanding Clinical Teacher 2001

Presented by the University of Nevada School of Medicine Class of 2001 in honor and appreciation for the time, commitment, and knowledge to the teaching and mentoring of medical students

Honors & Awards (cont.):

Honorary Fire Chief, Las Vegas Fire Department 2001

The highest honor given by the fire department for outstanding service in saving the life of Captain Nathan Pechacek

Most Outstanding Alumnus in Academic Achievement 2001

Presented by the University of Santo Tomas Medical Alumni Association in America

Nevada's Distinguished Physician 2006

Awarded by the Nevada State Medical Association in recognition of outstanding service to the Nevada medical community

Most Influential Person in Healthcare 2006

Awarded by In Business Las Vegas Magazine for work as Director of the Level-One Trauma Center, University Medical Center

Dean's Distinguished Service Award 2007

University of Nevada School of Medicine award bestowed annually to recognize special friends of the School of Medicine who have supported the philosophy and goals of the medical school and have made significant contributions to the healthcare field in Nevada.

Heart of Community Award, 2007

Presented during the American Heart Association's 2007 Heart of Gold Ball for care administered to Roy Horn, of Siegfried & Roy, after his October 2003 stroke following a tiger bite onstage, and for continuing service to the community.

Most Outstanding Alumni of the Medical School class of 1982, December 2007

Each year the Dean of the University of Santo Tomas Faculty of Medicine & Surgery chooses the most outstanding alumni from the class celebrating its 25th reunion from medical school. The criteria include academic achievement and service. As a result, I was invited to deliver the 26th Dr Mariano Alimurung Memorial Lecture on the "Global Burden of Injury"

U.S. Department of Health and Human Services Centers for Disease Control and Prevention Certificate of Appreciation March, 2009

Presented for leadership as Chair of the American College of surgeon Committee on Trauma in forging collaborations with the Centers for Disease Control and Prevention, resulting in the Morbidity and Mortality weekly report: Recommendations and Reports "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage."

American Academy of Nurse Practitioners, June 2009

State Award for Excellence for increasing awareness and acceptance of Nurse Practitioners,

First Annual Strategic Highway Safety Plan Awards, 2011

Presented in conjunction with the Safe Community Partnership Awards; honoring dedication to improving the safety of Nevada residents and for willingness to lend time and expertise for education/outreach and media events.

U.S. Department of Health and Human Services Centers for Disease Control and Prevention Certificate of Appreciation, January, 2012.

Presented for leadership, expertise and contributions as a member of the National Expert Panel on Field Triage of Injured Patients.

Foundation Professor 2012

Presented by the University of Nevada, Reno as one of the highest honors bestowed on a tenured professor. I am only the second physician selected for this award in its 34-year history.

Honors & Awards (cont.):

Election to the Alpha Omega Alpha, National Medical Honor Society, April 2012

Recognition by students, residents, and faculty for excellence in scholarship and the highest ideals in the profession of medicine.

Nevada Healthcare Hero in Technology & Research, August 2012

Selected by peers for this statewide award from the Nevada Business Magazine and Blue Cross and Blue Shield Nevada.

American College of Surgeons, March 2014

For your commitment, service, and dedication as medical director to the Trauma Programs of the American College of Surgeons 2010-2014.

American College of Surgeons Committee on Trauma, March 2014

Recognition and thanks for nineteen years of dedicated service and leadership to the Committee on Trauma.

2016 Top Doc in Trauma by University Medical Center

The Graduating Class of the University of Nevada School of Medicine, June 2016

Outstanding Full-Time Professor in Las Vegas

U.S Air Force 99th Medical Group at Nellis Air Force Base, Nevada, June 2016

Presented for exceptional service and in appreciation for the efforts and dedication to support the USAF Surgeon General's Sustained Medical And Readiness Training (SMART) Program

Proclaimed May 12th as Dr. John Fildes Day in the City of Las Vegas 2017

Proclaimed by Mayor Carolyn G. Goodman in recognition of his 20 years of service to the care of the injured people of Las Vegas.

White House Medical Unit, October 2017

For outstanding achievement in support of the White House Medical Unit and the President of the United States during the One October Shootings in Las Vegas

American College of Surgeons Committee on Trauma, Trauma Achievement Award, March 9, 2018

For exceptionally meritorious service and lifetime achievement as a member of a regional committee on trauma.

Best Doctors of Southern Nevada by the Desert Companion and the National Public Radio, 2013, 2014, 2015, 2016, 2017, 2018

Outstanding Service Recognition 2019

Awarded by the leadership, faculty and staff of the school of medicine for outstanding service to UNLV Medicine.

Healthcare Hero for Lifetime Achievement by the Nevada Business Magazine, 2020

Awarded to one physician each year in Nevada for lifetime achievement in their field of medicine.

The President's Award for Lifetime Achievement from the Clark County Medical Society, 2020

Awarded to one physician each year in Clark County for unselfishly giving back to Southern Nevada.

Norman McSwain Leadership Award 2021

Awarded to one physician at the 2021 World Trauma Symposium for lifetime contributions to trauma care as a surgeon, a pioneer in education, and development in the trauma field, an advocate for prehospital care, as an educator teaching and mentoring prehospital care providers, as a trauma spokesperson at the regional, national, and international stage, as an author, and for significant contributions to the creation of the National Trauma Data Bank® (NTDB®) and the Trauma Quality Improvement Project® (TQIP®).

Most Outstanding Alumnus of the Year, July 2022

Presented by the University of Santo Tomas (UST) Medical Alumni Association to one physician each year. It is inscribed "A distinguished physician who has led

locally and nationally in the field of Trauma Surgery. He has exemplified the highest virtues of a Thomasinong Manggagamot (translation: a UST Physician)."

Thomasian Outstanding Medical Alumni (THOMAS) Award for Medical Education, Dec 2022.

The Faculty of the University of Santo Tomas School of Medicine selects one medical school alumni to receive this award for outstanding contributions and lifetime achievement in medical education.

Past Manuscript Reviewer:

Joint Commission Journal on Quality and Patient Safety
Journal of the American College of Surgeons
Journal of Trauma and Acute Care Surgery
Critical Care Medicine
World Journal of Surgery
The Western Journal of Medicine
Medical Journal of Brunei

Invited Presentations (partial list):

1. Yemeni College of Surgeons, 1994
2. Philippine College of Surgeons 51st Annual Clinical Congress, 1995
3. Institute of Medicine, The Future of Emergency Care, 2006
4. Royal Australasian College of Surgeons Annual Scientific Congress, May 2007
5. University of Santo Tomas, invited to deliver the 26th Dr Mariano Alimurung Memorial Lecture, Dec 2007 Royal College of Surgeons of Thailand, July 2008
6. Philippine College of Surgeons 64th Annual Clinical Congress, December 2008
7. Institute of Medicine, Regionalization of Emergency Care, May 2009
8. The 8th Jonathan Hiatt, MD Trauma & Critical Care Lectureship, Cedars-Sinai Medical Center, May 2009
9. Pan American Trauma Congress in Brazil, November 2009
10. The Presidential Invited Lecturer of the American Society for Reconstructive Microsurgery, January 2010
11. The Office of National Drug Control Policy at the White House, April 2010
12. Dartmouth Medical Center, April 2010
13. American College of Emergency Physicians, July 2010
14. Rush Medical Center, November 2011
15. National Association of EMS Physicians, January 2012
16. Duke University, June 2012
17. The 1st World Trauma Congress in Brazil, August 2012
18. The Emergency General Surgery Research Agenda at the AAST, October 2012
19. NCTC/DHS/FBI/Las Vegas Joint Counterterrorism Awareness Workshop, Las Vegas, NV, October 2012
20. Report on the Committee on Trauma, Board of Regents of the American College of Surgeons, June 2013
21. American College of Osteopathic Surgeons Clinical Congress, November 2013
22. Moderator of the Trauma Quality Improvement Program (TQIP) national annual meeting, November 2013
23. Report on the Committee on Trauma, Board of Regents of the American College of Surgeons, February 2014
24. Pediatric Trauma III global webcast, February 2014
25. The 41st Annual Preston A. Wade Lectureship, Weill Cornell Medical College and New York-Presbyterian/Weill Cornell Medical Center, April 2014
26. The 2nd Annual Kasian A. Lim Memorial Lecture, University of Santo Tomas, Manila, Philippines, December 2016
27. Philippine College of Surgeons 72nd Annual Clinical Congress, December 2016
28. University of Florida, Jacksonville, September 2017
29. American College of Surgeons Clinical Congress, October 2017
30. Stanford University Combined Trauma & Emergency Medicine Grand Rounds, January 2018

31. SSAT/AAST/SAGES Winter Conference Keynote Speaker, January 2018
32. ATLS 40th Anniversary Celebration Keynote Speaker, March 2018
33. Healthcare Response to a No-Notice Incident: Las Vegas, ASPR & TRACIE (Assistant Secretary for Preparedness and Response & ASPR's Technical Resources, Assistance Center, and Information Exchange), March 2018
34. Conference Medical Disaster Management in the Netherlands, April 2018
35. European Society for Trauma & Emergency Surgery in Valencia, Spain, May 2018
36. Australasian College of Surgeons in Sydney, Australia, May 2018
37. Union College Distinguished Alumni Lecture, May 2018
38. Albany Medical College Grand Rounds, May 2018
39. The Olga Jonasson Lecture at the University of Illinois Chicago, June 2018
40. Scripps Clinic in La Jolla, CA Grand Rounds, June 2018
41. The Freeark Lecture at Loyola University in Chicago, June 2018
42. The Peter Mucha Lecture at the Mayo Clinic, Rochester, MN, August 2018
43. The Donald Trunkey Lecture at Oregon Health Sciences University, September 2018
44. The Use of Registries for Maintenance of Certification at the American Board of Medical Specialties, September 2018
45. The Maj. John Pryor, MD, FACS Lecture at the Pennsylvania Trauma System Foundation, October 2018
46. Keynote speaker at the 15th Annual ADVOCATE Trauma Symposium in Chicago, November 2018
47. Visiting Professor at the University of Toronto, February 2019
48. American Academy of Orthopedic Surgeons panel on disaster management, March 2019
49. Trauma Center Association of America annual meeting, April, 2019
50. NYU Department of Surgery Grand Rounds, May 2019
51. Opening speaker for the International Association for Trauma and Critical Care Surgery (IATSC) at the World Congress of Surgery in Krakow, Poland, August 2019
52. Keynote Speaker at the 75th Annual Clinical Congress of the Philippine College of Surgeons, Manila, November 2019
53. Speaker for the Trauma Association of Canada Multi-Center Grand Rounds, March 2021
54. Opening Speaker at the Asian Collaboration for Trauma, October 2021
55. Reflections on the Impact of the Committee on Trauma 100th Anniversary. As a Past Chairs I spoke on Quality Initiatives. March 2022
56. Responding to the National Rise in Violence, The American Trauma Society annual meeting. April 2022
57. The University of Santo Tomas Alumni Annual Meeting. June 2022
58. Inova Health's Emergency General Surgery, Surgical Critical Care, & Trauma Symposium. April 2024
59. Clark County Commission, Las Vegas City Council, and the Southern Nevada Health District Joint Meeting. September 2024
60. Advocate Health Annual Trauma Symposium. November 2024

Grants:

1. Co-Investigator. A prospective randomized comparison of surgical versus percutaneous tracheostomies in critically ill, mechanically ventilated patients. Cook Medical Products. 1991-1992
2. Principal Investigator. A prospective, randomized, multi-center trial of Dexon II versus conventional sutures in the development of wound infection. Davis & Geck. 1991-1993
3. Principal Investigator. Teaching surgical skills for trauma care with cadavers. Lederle Labs. 1991-1993
4. Principal Investigator. A prospective, randomized, multicenter comparison of ampicillin/sulbactam versus cefoxitin as early empiric therapy following penetrating and blunt abdominal trauma. Pfizer Pharmaceutical. 1991-1995
5. Co-Investigator. Open label trial of Centoxin (HA-1A) treatment of presumed gram negative sepsis. Centocor, Inc. 1992-1993

6. Principal Investigator. Hypotensive resuscitation in an uncontrolled hemorrhage model. Hektoen Institute for Medical Research, Chicago, IL. 1992-1994
7. Co-Investigator. Randomized, placebo-controlled trial of E5 monoclonal antibody in patients with severe sepsis. Pfizer Pharmaceuticals. 1993-1994
8. Principal Investigator. The use of diaspirin cross-linked hemoglobin in the hospital management of hemorrhagic hypovolemic shock. Baxter Healthcare. 1994-1995
9. Principal Investigator. Multicenter study to evaluate the safety and effectiveness of PEG-superoxide dismutase in severe closed head injury. Sterling Winthrop Pharmaceuticals. 1994-1995
10. Co-Investigator. To develop and conduct two educational training programs to improve identification and documentation of domestic violence occurrences in Clark County. Office of the Attorney General, State of Nevada. 1996
11. Principal Investigator. The efficacy trial of diaspiril cross-linked hemoglobin (DCLHB) in the treatment of severe traumatic hemorrhagic shock. Baxter Healthcare 1996-1997
12. Co-Principal Investigator. Crash Outcome Data Evaluation System (CODES). Develop linkages of statewide databases to evaluate crash outcome data for the State of Nevada. (\$257,000) National Highway Traffic Safety Administration 1997-2000
13. Co-Principal Investigator. Domestic Violence Data Initiative. Perform an epidemiological analysis of Nevada using probabilistic linkage methodology to join existing databases to identify patterns of domestic violence. (\$123,000) State of Nevada Office of the Attorney General 1997-1998
14. Co-Principal Investigator. Nevada CODES Project. Continuation and a Demonstration of Expanded Crash File Electronic Capture. Provide accurate compilation and analysis of traffic crash data collected from multiple sources throughout Nevada. (\$75,000) State of Nevada Department of Motor Vehicle and Public Safety, Office of Traffic Safety 1998-2000
15. Co-Principal Investigator. Nevada Emergency Medical Services for Children Data Collection and Information Solidify and institutionalize the emerging Nevada EMSC infrastructure (\$95,500) Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau 1998-2000
16. Co-Principal Investigator. Suicide Research Prevention Center. Formation of an injury control center. Will focus on data driven evaluation of suicide occurrence, its epidemiology and prevention. (\$1,500,000) Centers for Disease Control and Injury Prevention 1998-2001
17. Co-Principal Investigator. Domestic Violence Data Initiative. To continue data efforts to take existing electronic databases to create an epidemiological baseline for incidence of domestic violence in Nevada. (\$75,000) State of Nevada Office of the Attorney General 1998-2001
18. Co-Principal Investigator. Nevada EMSC Partnership. For Infrastructure, Data and Education. Continue to institutionalize the emerging Nevada EMSC infrastructure; further refine and standardize EMS data collection and develop a pre-hospital computer-based distance learning strategy. (\$97,600) Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau 2000-2003
19. Co-Director. National Trauma Data Bank. To support the data accrual and quality efforts of the NTDB. (\$170,000) National Highway Traffic Safety Administration 2001.
20. Co-Principal Investigator. Emergency Medical Services for Children Trauma/EMS Systems Assessment. Initiate efforts to create a statewide strategic plan for trauma care systems by gathering data to document systems and challenges with the State of Nevada; coordinate and complete a standardized trauma system needs assessment -

statewide. (\$45,000) Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau 2001-2002

21. Co-Principal Investigator. Nevada CODES Data Network. Collaborative effort among NHTSA, state and local agencies to continue the expansion and maintenance of the CODES linked data. (\$94,000) National Highway Transportation Safety Administration 2001-2003
22. Co-Investigator. Suicide Prevention Research Center. Conduct, evaluate and publish suicide prevention research; identify, design, implement and evaluate suicide prevention programs with primary geographic focus in the inter-mountain west. (\$1,200,000) Center for Disease Control and Prevention/DHHS Grant # U49\CCU915983-06. 2001-2005
23. Co-Director. National Trauma Data Bank. To support the NTDB data accrual through the development of trauma registry software conversion programs. (\$200,000) National Highway Traffic Safety Administration 2003
24. Co-Director. National Trauma Care Data Standardization Project. To develop a minimum trauma care dataset that state trauma systems can adopt to enhance the quality of national trauma care data and preparedness. (\$99,700) Health Resources Services Administration 2003-2005
25. Co-Principal Investigator. Nevada EMSC Partnership Grant for Date and Disaster Preparedness Activities. Solidify and institutionalize Nevada EMSC infrastructure, assess state guidelines, develop a pediatric disaster training handbook, refine EMS data collection in Nevada. (\$300,000) Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau 2003-2007
26. Co-Director. National Trauma Care Data Standardization Project and NTDB Online. To continue work on the data standardization project and enhance the dissemination of the NTDB information over the Internet. (\$99,100) Health Resources Services Administration 2004-2005
27. Co-Director. NTDB National Sample Project. To develop a nationally and regionally representative sample of data collected on patients treated in US trauma centers. (\$99,080) Centers for Disease Control and Prevention 2005
28. Co-Director. National Trauma Care Data Standardization Project and NTDB Online. To promote use of the standard dataset among state trauma registries and individual trauma centers, and to develop software for the collection of the dataset. (\$99,375) Health Resources Services Administration 2005-2006
29. Co-Director. NTDB National Sample Project. To continue the sample project through the recruitment of sample centers and support of a case definition survey. (\$75,000) Centers for Disease Control and Prevention 2005-2006
30. Co-Principal Investigator. High Speed Blood and Fluid Transfusion Equipment. Research and development of a lightweight, portable, and minimal power requirement high speed blood and fluid transfusion device. (\$1,500,000) Office of Naval Research 2005-2006
31. Co-Principal Investigator. High Speed Blood and Fluid Transfusion Equipment. Research and development of a lightweight, portable, and minimal power requirement high speed blood and fluid transfusion device. (\$2,011,000) Office of Naval Research 2007-2010
32. Principal Investigator, Browder, T, Faculty Mentor, Fildes, JJ: The Effect of Induced Hypothermia on Hepatic and Pulmonary Apoptosis during Hemorrhagic Shock (\$35,850.00) The American Association for the Surgery of Trauma Research Scholarship, 2008-2009
33. Principal Investigator, Center for Traffic Safety Research. Linkage of crash records and trauma records to create a database that includes crash scene data and trauma information. (\$390,000) Nevada Office of Traffic Safety, 2008 - 2011

34. Principal Investigator. High Speed Blood and Fluid Transfusion Equipment. Research and development of a lightweight, portable, and minimal power requirement high speed blood and fluid transfusion device. (\$3,088,200) Office of Naval Research 2010-2013
35. Co-Principal Investigator: Center for Traffic Safety Research. (\$90,000.00 annually) Nevada Office of Traffic Safety, Department of Public Safety 2011–2013
36. Co-Investigator: Portable Body Temperature Conditioner, Phase I. (\$2,096,000.00) US Army Medical Research ACQ Acquisition Activity/US Army Research 2011–2014

BIBLIOGRAPHY

Peer Reviewed Publications

1. Gerst PH; **Fildes JJ**; Baylor P; Zonszein J: Long-acting B-adrenergic antagonists as preparation for surgery in thyrotoxicosis. *Arch Surg* 1986; 121:838-840.
2. **Fildes JJ**; Narvaez GP; Baig KA; Pai N; Gerst PH: Pulmonary tumor embolization after peritoneovenous shunting for malignant ascites. *Cancer* 1988; 61:1973-1976.
3. Gerst PH; **Fildes JJ**; Rosario PG; Schorr JB: Risk of human immunodeficiency virus infection in patients and health care personnel. *Crit Care Med* 1990; 18:1440-1448.
4. **Fildes JJ**, Bannon MP, Barrett J.: Soft-tissue infections after trauma. *Surg. Clin. North Am.* 1991, 71(2):371-84
5. **Fildes JJ**; Reed LL; Jones N; Martin M; Barrett JA: Trauma: Leading cause of maternal mortality. *J Trauma* 1992; 32:643-645.
6. **Fildes JJ**; Sheaff C; Barrett J: Very hot intravenous fluid used in the treatment of hypothermia. *J Trauma* 1993; 35:683-687.
7. Nagy KK; Davis J; Duda J; **Fildes JJ**; Roberts R; Barrett J: A comparison of pentastarch and lactated Ringer's solution in the resuscitation of patients with hemorrhagic shock. *Circ Shock* 1993; 40:289-294.
8. Nagy KK; Massad M; **Fildes JJ**; Reyes H: Missel embolization revisited: A rationale for selective management. *Am Surg* 1994; 60:975-979.
9. **Fildes JJ**; Betlej TM; Manglano R; Martin M; Rodgers F; Barrett JA: Limiting cardiac evaluation in patients with suspected myocardial contusion. *Am Surg* 1995;61:832-835.
10. Nagy KK; **Fildes JJ**; Sloan E; Kim DO; Smith RF; Roberts RR; Krosner SM; Joseph K; Barrett JA: Aspiration of free blood from the peritoneal cavity does not mandate immediate laparotomy. *Am Surg* 1995;61:790-795.
11. Inabnet WB; **Fildes JJ**; Barrett JA: Perfusion patterns in uncontrolled hemorrhagic shock and limited resuscitation. *Surgical Forum* 1995.
12. **Fildes JJ**; Betleg TM; Barrett JA: Buckshot colic: Case report and review of the literature. *J Trauma* 1995;39:1181-1184.
13. Sheaff CM; **Fildes JJ**; Keogh P; Smith RF; Barrett JA: Safety of 65°C/149°F intravenous fluid for the treatment of hypothermia. *Am J Surg* 1996;172:52-55.
14. Nagy KK; **Fildes JJ**; Mahr C; Roberts RR; Krosner SM; Joseph KT; Barrett JA: Experience with three prosthetic materials in temporary abdominal wall closure. *Am Surg* 1996;62:331-335.

15. Friedman Y; **Fildes JJ**; Mizock B; Patel S; Samuel J; Appavu S; Roberts RR; O'Neill CM: Comparison of percutaneous and surgical tracheostomies. *Chest* 1996;110:480-485.
16. Nagy KK; Gilkey SH; Roberts RR; **Fildes JJ**: Computed tomography screens stable patients at risk for penetrating cardiac injury. *Academic Emergency Medicine* 1996;3/11:1024-1027.
17. Friedman Y, **Fildes JJ**, Mizock B, Patel S, Samuel J, Appavu S, Roberts RR, O'Neill CM: Comparison of percutaneous and surgical tracheostomies. *Chest* 1996;110:480-485.
18. Sheaff CM, **Fildes JJ**, Keogh P, Smith RF, Barrett JA: Safety of 65°C/149°F intravenous fluid for the treatment of hypothermia. *Am J Surg* 1996;172:52-55.
19. Mahr CC; **Fildes JJ**; Becker EJ; Nagy KK; Krosner SM; Roberts RR; Smith RF; Joseph K; O'Neill, CM; Barrett JA: Recovery rate of candidiasis in critically ill trauma patients with unresolved sepsis. *Complications in Surgery* 1997; 16(4)
20. Nagy KK, Brenneman FD, Krosner SM, **Fildes JJ**, Roberts RR, Joseph KT, Smith RF, Barrett J.: Routine preoperative "one-shot" intravenous pyelography is not indicated in all patients with penetrating abdominal trauma. *J Am Col Surgery* 1997: 185:530-533
21. **Fildes JJ**, Fisher S, Sheaff CM, Barrett JA: Effects of short heat exposure on human red and white blood cells. *J Trauma*, 1998;45:479-84.
22. Rogers FB, Rozycki GS, Osler TM, Shackford SR, **Fildes JJ**, et al: A multi-institutional study of factors associated with fetal death in injured pregnant patients. *Arch Surg*, 1999, 134:1274-7.
23. Nagy KK, Perez F, **Fildes JJ**, Barrett J: Optimal prosthetic for acute replacement of the abdominal wall. *J Trauma*, 1999;47:529-32
24. **Fildes JJ**, Inabnet WB, Barrett JA: Perfusion patterns in uncontrolled hemorrhagic shock and resuscitation. *Brunei International Medical Journal*, 1999; 1:139-146.
25. Mazolewski PJ, Curry JD, **Fildes JJ**: Computed tomography can be used for surgical decision making in zone II penetrating neck injuries. *J Trauma*, 2001; 51:315-9
26. Cohen M, Morales R, **Fildes JJ**, Barrett J: Staged reconstruction after gun shot wounds to the abdomen. *Plast. Reconstr. Surg.* 2001; 108: 83-92.
27. Curry JD, Recine CA, Snavelly E, Orr M, **Fildes JJ**: Periaortic hematoma on abdominal CT as an indicator of thoracic aortic rupture in blunt trauma. *J Trauma*, 2002;52:699-702.
28. Ikossi DG, Lazar AA, Morabito D, **Fildes J**, Knudson MM: Profile of mothers at risk: an analysis of injury and pregnancy loss in 1,195 trauma patients. *J Am Col Surg.* 2005 Jan;2005(1):49-56.
29. Steljes TP, Fullerton-Gleason L, Kuhls D, Shires GT, **Fildes J**: Epidemiology of suicide and the impact on Western trauma centers. *J Trauma.* 2005 Apr;58(4):772-7.
30. Kuhls, DA, Rathmacher JA, Musngi, MD, Frisch, DA, Nielson, J, Barber, A, MacIntyre, AD, Coates, JE, Fildes, JJ: Beta-hydroxy-beta-methylbutyrate supplementation in critically ill trauma patients. *J Trauma* 2007. Jan;62(1):125-31;discussion 131-2.
31. MacIntyre A, Markarian MK, Carrison D, Coates J, Kuhls DA, **Fildes JJ**: Three-Step Emergency Cricothyroidotomy. *Military Meducube*, 172, 12:1228. 2007

32. Shafi S, Nathens AB, Parks J, Cryer HM, **Fildes JJ**, Gentilello LM. Trauma Quality Improvement Using Risk-Adjusted Outcomes. *J Trauma*, 2008 Mar;64(3):599-604; discussion 604-6
33. Markarian MK, MacIntyre DA, Cousins BJ, **Fildes JJ**, Malone A: Adolescent pneumopericardium and pneumomediastinum after motor vehicle crash and ejection. *Am J Emerg Med.*, 2008 May;26(4):515.e1-2.
34. Shafi S, Nathens AB, Parks J, Cryer HM, **Fildes JJ**, Gentilello LM: Trauma Quality Improvement Using Risk-Adjusted Outcomes. *J Trauma*, 2008;64:599-606
35. Kortbeek JB, **Fildes JJ**, along with 56 other authors. Advanced Trauma Life Support, 8th Edition, The Evidence for Change. *J Trauma*, 2008;64(6):1638-1650
36. Davis AK, Kuhls DA, Wulff R, **Fildes JJ**, MacIntyre AD, Coates JE, Zamboni WA: Heterotopic Ossification After Blunt Abdominal Trauma. *J Trauma*. 2008;65:1536-1539
37. Tinkoff G, Esposito TJ, Reed J, Kilgo P, **Fildes J**, Pasquale M, Meredith JW. AAST Organ Injury Scale I:spleen, liver, and kidney, validation based on the NTDB. *J Am Coll Surg*. 2008 Nov;207(5):646-55.
38. Goble S, Neal M, Clark DE, Nathens AB, Annest JL, Faul M, Sattin RW, Li L, Levy PS, Mann NC, Guice K, Cassidy LD, **Fildes JJ**, Creating a nationally representative sample of patients from trauma centers. *J Trauma*. 2009 Sep;67(3):637-42; discussion 642-4
39. Moore EE, Knudson MM, Jurkovich GJ, **Fildes JJ**, Meredith JW: Emergency traumatologist or trauma and acute care surgeon: decision time. *J Am Coll Surg*. 2009 Sep;209(3):394-5.
40. Khoie B, Kuhls DA, Agrawal R, **Fildes JJ**: Penetrating vertebral artery pseudoaneurysm: a novel endovascular stent graft treatment with artery preservation. *Injury, Infection, and Critical Care. J Trauma*. 2009 Sept; 67:3
41. Shafi S, Nathens AB, Cryer HG, Hemmila MR, Pasquale MD, Clark DE, Neal M, Goble S, Meredith JW, **Fildes JJ**. The Trauma Quality Improvement Program of the American College of Surgeons Committee on Trauma. *J Am Coll Surg*. 2009 Oct; 209(4):521-530.
42. Hemmila MR, Nathens AB, Shafi S, Calland JF, Clark DE, Cryer HG, Goble S, Hoeft CJ, Meredith JW, Neal ML, Pasquale MD, Pomphrey MD, **Fildes JJ**, The Trauma Quality Improvement Program: Pilot Study and Initial Demonstration of Feasibility. *J Trauma*. 2010 February: 68:2
43. Shafi S, Ahn C, Parks J, Nathens AB, Cryer HM, Gentilello LM, Hemmila M, **Fildes JJ**. Quality of Care Within a Trauma Center is not altered by Injury type, *J Trauma*. 2010 Mar;68(3):716-20
44. Shafi S, Parks J, Ahn C, Gentilello LM, Nathens AB, Hemmila MR, Pasquale MD, Meredith JW, Cryer HG, Goble S, Neil M, Price C, **Fildes JJ**. Centers for Medicare and Medicaid services quality indicators do not correlate with risk-adjusted mortality at trauma centers. *J Trauma*. 2010 Apr;68(4):771-7.
45. Chua C, Wisniewski T, Ramos A, Schlepp M, **Fildes JJ**, Kuhls DA. Multidisciplinary Trauma Intensive Care Unit Checklist: Impact on Infection Rates. *J Trauma Nurs*. 2010 Jul-Sep;17(3):163-6.
46. **Fildes JJ**, Weireter LJ Jr. Experience in Haiti allows college to be better prepared for future crises. *Bull Am Coll Surg*. 2010 Sept;95(9):15-7.
47. Shafi S, Barnes S, Nicewander D, Ballard D, Nathens AB, Ingraham AM, Hemmila M, Goble S, Neal M, Pasquale M, **Fildes JJ**, Gentilello LM. Healthcare reform at trauma centers—mortality, complications, and length of stay. *J Trauma* 2010 Dec;69(6):1367-71.
48. Nathens AB, Cryer HG, **Fildes JJ**. The American College of Surgeons Trauma Quality Improvement Program. *Surg Clin North Am*. 2012 Apr;92(2):441-54.

49. Calland JF, Nathens AB, Young JS, Neal ML, Goble S, Abelson J, **Fildes JJ**, Hemmila MR. The effect of dead-on-arrival and emergency department death classification on risk-adjusted performance in the American College of Surgeons Trauma Quality Improvement Program. *J Trauma Acute Care Surg*. 2012 Nov;73(5):1086-1092.
50. Morris JA Jr, **Fildes J**, May AK, Diaz J, Britt LD, Meredith JW. A research agenda for emergency general surgery: health policy and basic science. *J Trauma Acute Care Surg*. 2013 Jan;74(1):322-8.
51. Morris JA Jr, Diaz J, **Fildes J**, May AK, Britt LD, Meredith JW. A research agenda for emergency general surgery: clinical trials. *J Trauma Acute Care Surg*. 2013 Jan;74(1):329-33.
52. Esposito TJ, Tinkoff G, Reed J, Shafi S, Harbrecht B, Thomas C, **Fildes J**. American Association for the Surgery of Trauma Organ Injury Scale (OIS): Past, present, and future. *J Trauma Acute Care Surg*. 2013 Apr;74(4):1163-74.
53. Newgard CD, **Fildes JJ**, Wu L, Hemmila MR, Burd RS, Neal M, Mann NC, Shafi S, Clark DE, Goble S, Nathens AB. Methodology and Analytic Rationale for the American College of Surgeons Trauma Quality Improvement Program. *J Am Coll Surg*. 216.1 (2013): 147-157
54. Dente, Christopher J., Therese M. Duane, Gregory J. Jurkovich, L. D. Britt, J. Wayne Meredith, and **John J. Fildes**. "How much and what type: Analysis of the first year of the acute care surgery operative case log." *Journal of Trauma and Acute Care Surgery* 76, no. 2 (2014): 329-339.
55. Fillmore, P. R., B. Armstrong, M. Johnson, S. Tsuda, T. Browder, and **J. Fildes**. "Fast Track Management of Cholecystitis with Same Day Surgery Reduces Hospital Length of Stay and Health Care Costs." *Journal of Surgical Research* 186, no. 2 (2014): 608-609.
56. Duane TM, Dente CJ, **Fildes JJ**, Davis KA, Jurkovich GJ, Meredith JW, Britt LD. Defining the acute care surgery curriculum. *J Trauma Acute Care Surg*. 2015 Feb;78(2):259-63; discussion 263-4. doi: 10.1097/TA.0000000000000522. PubMed PMID: 25757109.
57. Chestovich PJ, Browder TD, Morrissey SL, Fraser DR, Ingalls NK, **Fildes JJ**. Minimally invasive is maximally effective: Diagnostic and therapeutic laparoscopy for penetrating abdominal injuries. *J Trauma Acute Care Surg*. 2015 Jun;78(6):1076-83; discussion 1083-5. doi: 10.1097/TA.0000000000000655. PubMed PMID: 26151506.
58. Shafi S, Barnes S, Ahn C, Hemmila MR, Cryer HG, Nathens A, Neal M, **Fildes J**. Characteristics of ACS Verified Level II and II Trauma Centers: A Study Linking Trauma Center Verification Review Data and the National Trauma Data Bank of the American College of Surgeons Committee on Trauma. *J Trauma Acute Care Surg*. 2016 May 27. [Epub ahead of print] PubMed PMID: 27257710.
59. Catapano JS, Chapman AJ, Horner LP, Lu M, Fraser DR, **Fildes JJ**. Pre-injury polypharmacy predicts mortality in isolated severe traumatic brain injury patients. *Am J Surg*. 2016 Aug 10. Pii: S0002-9610(16)30389-0. doi:10.1016/j.amjsurg. 2016.07.010. (Epub ahead of print) PubMed PMID: 27596800.
60. Heller D, Heller A, Moujaes S, Williams SJ, Hoffmann R, Sarkisian P, Khalili K, Rockenfeller U, Browder TD, Kuhls DA, **Fildes JJ**. Research: Testing of a Novel Portable Body Temperature Conditioner Using a Thermal Manikin. *Biomed Instrum Technol*. 2016 Sep-Oct;50(5):336-48. doi: 10.2345/0899-8205-50.5.336. PubMed PMID:27632039.
61. Ferrada P, Ivatury RR, Spain DA, Davis KA, Aboutanos M, **Fildes JJ**, Scalea TM. International rotations: A valuable source to supplement operative experience for acute-care surgery, trauma and surgical critical care fellows. *J Trauma Acute Care Surg*. 2017 Jan;82(1):51-57. Doi: 10.1097/TA.0000000000001307. PubMed PMID:27779594.
62. Burlew CC, Davis KA, **Fildes JJ**, Esposito TJ, Dente CJ, Jurkovich GJ. Acute Care Surgery fellowship graduates' practice patterns: The additional training is an asset. *J Trauma Acute Care Surg*. 2017 Jan;82(1):208-210.doi: 10.1097/TA.0000000000001309. PubMed PMID: 27779596.

63. Evaluating the traditional day and night shift in an acute care surgery fellowship: Is the swing shift a better choice? Chestovich PJ, McNicoll CF, Ingalls NK, Kuhls DA, Fraser DR, Morrissey SL, **Fildes JJ**. *J Trauma Acute Care Surg*. 2018 Jan;84(1):165-169. doi: 10.1097/TA.0000000000001704.
64. Implementation of a CT Scan Practice Guideline for Pediatric Trauma Patients Reduces Unnecessary Scans Without Impacting Outcomes. McGrew PR, Chestovich PJ, Fisher JD, Kuhls DA, Fraser DR, Patel PP, Katona CW, Saquib S, **Fildes JJ**. *J Trauma Acute Care Surg*. 2018 May 4. doi: 10.1097/TA.0000000000001974.
65. Selective use of pericardial window and drainage as sole treatment for hemopericardium from penetrating chest trauma. Chestovich PJ, McNicoll CF, Fraser DR, Patel PP, Kuhls DA, Clark E, **Fildes JJ**. *Trauma Surg Acute Care Open*. 2018 Aug 30;3(1):e000187. doi: 10.1136/tsaco-2018-000187.
66. Effect of prehospital tourniquets on resuscitation in extremity arterial trauma. McNickle AG, Fraser DR, Chestovich PJ, Kuhls DA, **Fildes JJ**. *Trauma Surg Acute Care Open*. 2019;4(1):e000267. PubMed PMID: 30793036; PubMed Central PMCID: PMC6350723.
67. Triage, Trauma, and Today's Mass Violence Events. Hick JL, Nelson J, **Fildes J**, Kuhls D, Eastman A, Dries D. *J Am Coll Surg*. 2019 Nov 14. pii: S1072-7515(19)32171-4. doi: 10.1016/j.jamcollsurg.2019.10.011. [Epub ahead of print] PMID: 31734388
68. Too Big, Too Small or Just Right? Why the 28 French Chest Tube Is the Best Size. Chestovich PJ, Jennings CS, Fraser DR, Ingalls NK, Morrissey SL, Kuhls DA, **Fildes JJ**. *J Surg Res*. 2020 Jul 28;256:338-344. doi: 0.1016/j.jss.2020.06.048. Online ahead of print. PMID: 32736062
69. The Las Vegas military-civilian partnership: An origin story and call to action. Kilburn JP, Streit S, Degoes JJ, Andersen A, Gardner M, Fraser DR, **Fildes J**. *J Trauma Acute Care Surg*. 2022 Aug 1;93(2S Suppl 1):S169-S173. doi: 10.1097/TA.0000000000003701. Epub 2022 May 23. PMID: 35617460

Editor

1. National Trauma Data Bank™ Annual Reports for 2001, 2002, 2003, 2004, and 2005. Published by the American College of Surgeons.

Invited Publications

1. **Fildes JJ**, Bannon MP, and Barrett JA: Soft-tissue infections after trauma. *Surg Clin N Am* April 1991.
2. **Fildes JJ**: Contributing Editor for Trauma. Parrillo JE, Balk RA, Calvin JE, Franklin CM, and Shapiro BA eds. Year Book of Critical Care Medicine 1995. St. Louis, Mosby-Year Book, Inc. 1995.
3. **Fildes JJ**: Contributing Editor for Critical Care. Economou SG, Deziel DJ, Witt TR, Bines SD, Saclarides TJ, Staren ED, Velasco JM eds. Rush University Review of Surgery, 2nd Edition. WB Saunders Company. 1994
4. **Fildes JJ**: Should Sunrise Hospital be allowed to build a trauma center? *Las Vegas Sun*, June 20, 2004.
5. **Fildes JJ**: Forward for Advanced Trauma Life Support 8th edition. American College of Surgeons, 2004
6. **Fildes JJ**: Neurosurgeons Play Role on ACS Committee on Trauma. *Neurotrauma & Critical Care News*, Fall 2006.
7. **Fildes JJ**, Markarian MK, MacIntyre DA: Review of the Emergency Surgical Airway – Cricothyroidotomy. Published in *Touch Briefings' Emergency Medicine and Critical Care Review*, 2006.
8. **Fildes J**, Fantus RJ: NTDB Standardizes Trauma Data. *Surgery News*, July 2006

9. **Fildes JJ:** Comentary on the chapter entitled "Injury Severity Scoring and Outcomes Research" by Kilgo P, Meredith JW, Osler TM in Trauma 6th edition. Feliciano D, Mattox K, Moore E editors. McGraw Hill. 2007.
10. Donatelli L, **Fildes JJ.** Commentary on the chapter entitled "Lower Gastrointestinal Bleeding", by Bennett KG, Schwaitzberg S in Acute Care Surgery: Evidence-Based Practice, 2nd edition. Cohn SM editor. Informa, 2012
11. Kwon E, Browder T, **Fildes JJ.** Surgical Management of Fulminant Diverticulitis. *Current Surgical Reports*. Dec 2013, 2:40
12. Deborah A. Kuhls, MD, FACS, FCCM, **John Fildes, MD, FACS**, Matthew Johnson, MD, Sean D. Dort, MD, FACS, Lenworth M. Jacobs, JR., MD, MPH, FACS, Alexander Eastman, MD, MPH, FACS, Robert Winchell, MD, FACS, Ronald Stewart, MD, FACS. Southern Nevada Trauma System uses proven techniques to save lives after 1 October shooting. *Bulletin of the American College of Surgeons*, 103, 3:39 March 1, 2018

Other Publications

1. Fantus RJ, **Fildes JJ:** How national is the trauma data bank? *Bulletin of the American College of Surgeons*, 88, 5:37, 2003.
2. Fantus RJ, **Fildes JJ:** Who pays for trauma care? *Bulletin of the American College of Surgeons*, 88, 6:34, 2003.
3. Fantus RJ, **Fildes JJ:** How do trauma centers compare? *Bulletin of the American College of Surgeons*, 88, 7:53, 2003.
4. Fantus RJ, **Fildes JJ:** The blunt majority? *Bulletin of the American College of Surgeons*, 88, 8:42, 2003.
5. Fantus RJ, **Fildes JJ:** The critical aspect of blunt trauma. *Bulletin of the American College of Surgeons*, 88, 9:43, 2003.
6. Fantus RJ, **Fildes JJ:** The driving Force behind injury. *Bulletin of the American College of Surgeons*, 88, 10:32, 2003.
7. Fantus RJ, **Fildes JJ:** To drive or not to drive? *Bulletin of the American College of Surgeons*, 88, 11:43, 2003.
8. Fantus RJ, **Fildes JJ:** To ride or not to ride. *Bulletin of the American College of Surgeons*, 88, 12:51, 2003.
9. Fantus RJ, **Fildes JJ:** Same cover, but new version 3.0. *Bulletin of the American College of Surgeons*, 89, 1:50, 2004.
10. Fantus RJ, **Fildes JJ:** The Graying of America. *Bulletin of the American College of Surgeons*, 89, 2:32, 2004.
11. Fantus RJ, **Fildes JJ:** "I didn't mean to". *Bulletin of the American College of Surgeons*, 89, 3:43, 2004.
12. Fantus RJ, **Fildes JJ:** "The Lethality of Intent". *Bulletin of the American College of Surgeons*, 89, 4:70, 2004.
13. Fantus RJ, **Fildes JJ:** "Easy Rider". *Bulletin of the American College of Surgeons*, 89, 5:43, 2004.
14. Fantus RJ, **Fildes JJ:** "I'll drink to that". *Bulletin of the American College of Surgeons*, 89, 6:49, 2004.
15. Fantus RJ, **Fildes JJ:** "Small package, big problem". *Bulletin of the American College of Surgeons*, 89, 7:61, 2004.
16. Fantus RJ, **Fildes JJ:** "Water and alcohol don't mix". *Bulletin of the American College of Surgeons*, 89, 8:53, 2004
17. Fantus RJ, **Fildes JJ:** "Trauma data to the third power". *Bulletin of the American College of Surgeons*, 89, 9:64, 2004
18. Fantus RJ, **Fildes JJ:** "A is for airways". *Bulletin of the American College of Surgeons*, 89, 10:38, 2004
19. Fantus RJ, **Fildes JJ:** "Study this". *Bulletin of the American College of Surgeons*, 89, 11:31, 2004

20. Fantus RJ, **Fildes JJ**: "Head over wheels". Bulletin of the American College of Surgeons, 89, 12:49, 2004
21. Fantus RJ, **Fildes JJ**: "NTDB Breaks the 1 million record mark". Bulletin of the American College of Surgeons, 90, 1:39, 2005
22. Fantus RJ, **Fildes JJ**: "Can we insure the future of trauma?". Bulletin of the American College of Surgeons, 90, 2:33, 2005
23. Fantus RJ, **Fildes JJ**: "Winter wonderland". Bulletin of the American College of Surgeons, 90, 3:44, 2005
24. Fantus RJ, **Fildes JJ**: "The bank's window". Bulletin of the American College of Surgeons, 90, 4:52, 2005
25. Fantus RJ, **Fildes JJ**: "Click-click you're dead?" Bulletin of the American College of Surgeons, 90, 5:44, 2005
26. Fantus RJ, **Fildes JJ**: "One on every corner". Bulletin of the American College of Surgeons, 90, 6:34, 2005
27. Fantus RJ, **Fildes JJ**: "It's in the bag". Bulletin of the American College of Surgeons, 90, 7:63, 2005
28. Fantus RJ, **Fildes JJ**: "I've fallen and I can't get up." Bulletin of the American College of Surgeons, 90, 8:43, 2005
29. Fantus RJ, **Fildes JJ**: "Down on the farm". Bulletin of the American College of Surgeons, 90, 9:63, 2005
30. Fantus RJ, **Fildes JJ**: "Alcohol is no industrial accident." Bulletin of the American College of Surgeons, 90, 10:52, 2005
31. Fantus RJ, **Fildes JJ**: "A-hunting we will go". Bulletin of the American College of surgeons, 90, 11:44, 2005
32. Fantus RJ, **Fildes JJ**: "Who needs rehab?" Bulletin of the American College of Surgeons, 90, 12:43, 2005
33. Fantus RJ, **Fildes JJ**: "Annual report 2005, dataset version 5.0". Bulletin of the American College of Surgeons, 91, 1:64, 2006
34. Fantus RJ, **Fildes JJ**: "The National Sample Project: A new application of the NTDB". Bulletin of the American College of Surgeons, 91, 2:44, 2006
35. Fantus RJ, **Fildes JJ**: "For whom the bell tolls?" Bulletin of the American College of Surgeons, 91, 3:55, 2006
36. Fantus RJ, **Fildes JJ**: "Come fly with me". Bulletin of the American College of Surgeons, 91, 4:69, 2006
37. Fantus RJ, Fantus J, **Fildes JJ**: "What I learned in school" Bulletin of the American College of Surgeons, 91, 5:55, 2006
38. Fantus RJ, **Fildes JJ**: "Deposit the bull's-eye". Bulletin of the American College of Surgeons, 91, 6:58, 2006
39. Fantus RJ, **Fildes JJ**: "The red, white and blue" Bulletin of the American College of Surgeons, 91, 7:71, 2006
40. Fantus RJ, **Fildes JJ**: "Who let the dogs out?" Bulletin of the American College of Surgeons, 91, 8:52, 2006
41. Fantus RJ, **Fildes JJ**: "Trauma season". Bulletin of the American College of Surgeons, 91, 9:58, 2006
42. Fantus RJ, **Fildes JJ**: "Peds 2: Twice as large". Bulletin of the American College of Surgeons, 91, 10:42, 2006
43. Fantus RJ, **Fildes JJ**: "Horse sense" Bulletin of the American College of Surgeons, 91, 11:67, 2006
44. Fantus RJ, **Fildes JJ**: "Zeus on the 18th hole". Bulletin of the American College of surgeons, 91, 12:34, 2006

45. Fantus RJ, **Fildes JJ**: "Can we insure the future of trauma?" Journal of Health Disparities Research and Practice, Volume 1, Number 3, Summer 2007, p 89-92
46. Fantus RJ, **Fildes JJ**: "NTDB data points: Annual Report 2008: Don't overlook the appendix, Bulletin of the American College of Surgeons, 94, 3:55, 2009
47. Fantus RJ, **Fildes JJ**, Nathens, AB, NTDB data points: Another national chapter, Bulletin of the American College of Surgeons, 95, 5:42, 2010
48. **Fildes J**, Weireter LJ Jr. Experience in Haiti allows college to better prepare for future crises. Bull Am Coll Surg. 2010 Sep;95(9):15-7.
49. **Fildes JJ**, Fantus, RJ, "NTDB data points: The working wounded", 96, 6:62, 2011

Books and Book Chapters

1. **Fildes JJ**: Histological structure of the female reproductive system - a photo atlas. 1980. Hardbound volume containing color photomicrographs and text.
2. **Fildes JJ** and Robin AP: Preoperative and Postoperative Care. Condon RE and Nyhus LM eds. Manual of Surgical Therapeutics, 8th edition, Boston, Little, Brown and Company, 1992.
3. **Fildes JJ**: Critical Care and Physiologic Monitoring. Economou SG, Bines SD, Deziel DJ, and Witt TR eds. Rush University Review of Surgery, 2nd edition. Philadelphia, WB Saunders, 1993.
4. **Fildes JJ**: Assessment of Abdominal Trauma. Nyhus LM, Vitello JM, and Condon RE eds. Abdominal Pain - A Guide to Rapid Diagnosis. Norwalk, Appleton & Lange, 1995.
5. **Fildes JJ**: Traumatic Diaphragmatic Hernia. Nyhus LM and Condon RE eds. Hernia, 4th edition. Philadelphia, JB Lippincott, 1995.
6. **Fildes JJ**: and Robin AP: Preoperative and Postoperative Care. Condon RE and Nyhus LM eds. Manual of Surgical Therapeutics, 9th edition. Boston, Little, Brown and Company, 1996.
7. **Fildes JJ**: and Browder T: Trauma in Pregnancy. Demetriades, D and Asencio, JA eds. Trauma Management. Landes Bioscience, 2000.
8. **Fildes JJ**: Trauma Registry. Resource for Optimal Care of the Injured Patient. Committee on Trauma, American College of Surgeons 2006.
9. Nessen S, **Fildes JJ**: Scoring Systems for Injury & Emergency General Surgery. Britt LD, Barie PS, Jurkovich GJ, Peitzman AB eds. Acute Care Surgery. Elsevier, 2012
10. Kwon E, **Fildes JJ**: Scoring for Injury and Emergency Surgery. Pietzman AB ed. The Trauma Manual: Trauma and Acute Care Surgery / Edition 4. Lippincott Williams & Wilkins, 2012
11. McNickle A, **Fildes JJ**: Chapter 39 - Surgeon of the Modern Hospital. Latifi, R ed. The Modern Hospital: Patients Centered, Disease Based, Research Oriented, Technology Driven. Springer, 2018

Photographs and Videos:

1. **Fildes JJ**: Contributed slides and photographs to the fifth edition of the American College of Surgeons Advanced Trauma Life Support® course, 1993, 1997, 2000, 2008, and 2012.

2. **Fildes JJ**; Krosner S; Simon R: Resuscitative thoracotomy: Procedural principles in surgical techniques, presented at the Trauma Motion Picture Session, 1994 Clinical Congress of the American College of Surgeons. Included in the American College of Surgeons - Davis & Geck Surgical Video Library. This video was selected and re-presented in 2004 in a session for the Best Videos of all time.
3. **Fildes JJ**: Contributed slides and photographs on trauma in pregnancy to Color Atlas of Emergency Medicine, Kevin Knoop (ed), McGraw-Hill.
4. Gies WP; Salvino C; **Fildes JJ**: Formal diagnostic exploratory laparoscopy for trauma. Presented at the Trauma Motion Picture Session, 1995 Clinical Congress of the American College of Surgeons.
5. **Fildes JJ**: Contributed slides and photographs on trauma in pregnancy to EMT In Action, McGraw-Hill Higher Education, Dubuque, Iowa.

ATTACHMENT E-3

E. Renee Franklin

Ms. Franklin is a senior Human Resources professional with over 20 years experience helping people and organizations on all continents except Antarctica maximize their potential for success.

As a member of, or consultant to, corporate leadership teams, Ms. Franklin provides executive counsel and often is responsible for: Leadership Development, Succession Planning, Organization Design and Capabilities, Labor Relations, Compensation and Benefits, and Health & Safety.

Currently she serves as Principal of Franklin and Bridges, LLC, a boutique consulting and real estate investment firm, which she founded in 2007.

Prior to returning to Franklin and Bridges full time on Nov 1, 2012, Ms. Franklin was Vice-President Human Resources of Navistar Truck Group. Navistar Truck is an \$8 billion Truck, Bus, Military vehicle and RV business.

Her positions prior to Navistar include SVP and CHRO for Tower Automotive, a metal structures supplier for the global automotive industry. As a member of the executive team, she worked to emerge the company from bankruptcy and Tower is a viable ongoing company today.

Other career highlights include serving as VP Human Resources for Colgate-Palmolive based in New York City, and Director of Human Resources for Ford Motor Company in Mexico City.

Ms. Franklin earned a Bachelor of Science degree in psychology from the University of Illinois and an MBA from Vanderbilt University - Owen Graduate School of Management.

On the personal side, she holds both the Accredited Jewelry Professional and Graduate Diamonds designations from the Gemological Institute of America, GIA.

E. RENEE FRANKLIN

OVERVIEW

Human Resources professional with CHRO experience...Partnered with line management to create, develop, and manage strategic and operating direction...Provided human resources perspective as member of the executive team while building functional capability and credibility

EXPERIENCE

FRANKLIN & BRIDGES, LLC, Las Vegas, NV (10/2007-5/2010 and 10/2012 to Present)

Founder

- Senior Advisor and Leadership Coach to individuals and organizations
- Manage small portfolio of real estate
- Investor in a 10 person residential and commercial general contracting business

NAVISTAR, Lisle, IL (05/2010 to 10/2012)

Vice-President Human Resources – Truck Group

- Direct Report to Truck Group President (\$8B, 7,500 employees) and SVP HR & Admin (\$13B, 16,000 employees)
- Led team that developed HR strategy for corporation
- Integrated business acquisitions, global JV partnerships, new business leaders
- Merged two business units while starting up a third
- Strengthened HR capability to lead in a global company

TOWER AUTOMOTIVE, Novi, MI (05/2006 to 10/2007)

Senior Vice-President, Global Human Resources

- Direct report to CEO (Tower was \$2.5B, 10,500 employees, 40 locations, 12 countries)
- Led HR team during emergence from bankruptcy and transition to private company
- Negotiated employee provisions of the Asset Purchase Agreement
- Overhauled Comp. and Benefits-- Designed new executive compensation system, Established new 401(k) program in 2 months, Crafted plan to save millions in annual health and welfare costs
- Managed interactions with Compensation Committee including CD&A reporting for SEC
- Implemented an improved global succession planning process

COLGATE-PALMOLIVE, CO., NY, NY (12/2003-05/2006)

Vice-President, Human Resources

- Direct report to Vice-Chairman -- Responsible for Global R&D, Supply Chain, IT and Business Dev.
- Promoted from Africa-Middle East HR Vice-President after 4 months
- Redesigning organization structure for the future consumer products pipeline (Procurement, R&D)
- Fostered innovative environment by designing and implementing series of creativity initiatives
- Encouraged organizational culture change w/balance between relationships, process & procedure

FORD MOTOR COMPANY, Dearborn, MI (1989-2003)

Human Resources Director – Ford of Mexico (8/2000-12/2003)

- Direct report to the President and CEO of Ford of Mexico
- Reduced by 50% compensation survey costs by forming coalition with industry leaders
- Restructured manufacturing operations while negotiating unprecedented labor agreements
- Led selection, construction and relocation of 1,000 employees to new headquarters building
- Designed and launched Flexible Benefits/Comp. system (1st automotive company in Mexico)

Human Resources Manager – Truck and SUV Product Development (8/1998 – 8/2000)

- Direct report to the Corporate VP of the Truck/SUV business
- Led executive team which developed strategy to achieve diversity/equitable representation goals
- Developed leadership and organization development process to develop leaders at all levels

Human Resources Manager - Sandusky (Ohio) Plastics Plant (1/1997 – 8/1998)

- Initiated self-directed work team organization with hourly and salaried employees
- Launched a comprehensive Loss Prevention, Safety and Health Process

- Maintained lowest absenteeism and worker's compensation rates in a U. S. facility

EXPERIENCE (Con't)

National Negotiations Team Member - World Headquarters (1/1996 – 1/1997)

- Key contact for UAW-hourly, UAW-Salaried, and IAM collective bargaining negotiations (72 locations)
- Drafted contract language on job security, outsourcing, outside contracting and other issues
- Planned & executed training for all field employees on the Demands Tracking System

Organization and Personnel Planning Manager - Ford Credit (9/1994 – 1/1996)

- Orchestrated succession, compensation, & org. planning processes for multi-site organization
- Engineered & executed reorganization of Insurance Operations business which refocused and expanded the business while providing increased developmental opportunities for 200 employees
- Implemented plan to outsource department using resignations, retirements, placements and layoffs

Labor Relations Supervisor - Glass Plant, Glass Distribution Ctr., Glass Tech. Ctr. (9/1993 – 9/1994)

- Negotiated \$20 Million cost saving agreement with the UAW
- Settled 1993 local agreement with no capital expenditures
- Answered NLRB and EEOC charges

Labor Relations Representative - Glass Plant & Brownstown Parts Redistribution Ctr. (7/1991 – 9/1993)

- Interfaced & jointly solved problems with 3 skilled trades units, 1 production unit and management
- Investigated and settled second stage grievances and other Union/employee complaints
- Provided counsel on contract interpretation & implementation and handling of daily issues

Personnel Planner - Marketing and Sales Operations-Parts and Service Division (4/1990 – 7/1991)

- Led team which proposed and implemented efficiency improvements to HR planning process
- Conducted position evaluations and determined classifications for sales and finance functions
- Designed reduction-in-force plan to close 25% of district sales offices

Recruiting & Placement Specialist - Marketing & Sales Opns.-Parts & Service Div. (8/1989 – 4/1990)

- Handled nationwide staffing process for Supply & Distribution and Service Engineering functions
- Facilitated assessment center process for Sales and Marketing new hire candidates
- Designed and implemented Summer Intern Program
- Conducted divisional hiring needs analysis and constructed annual hiring forecast

PEPSI-COLA COMPANY, Somers, NY (1988)

Human Resources Associate

- Researched, assessed and recommended team building interventions

CARSON, PIRIE, SCOTT & CO. (Retail Dept. Store), Urbana, IL (1985-1987)

Staff Planner

- Supervised department of 20 selling associates; Designed annual staffing plans and budgets for 8 selling departments; Forecasted sales and payroll on a weekly basis

EDUCATION

VANDERBILT UNIVERSITY, Nashville, TN

Master of Business Administration - Human Resources & Marketing

- Awarded 1 of 10 full tuition fellowships based on scholarship and management potential;
- Co-founder of Owen Black Student Association

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Bachelor of Science - Psychology

- Completed degree while working full-time

OTHER

- Former President, Alumni Board of Directors – Vanderbilt University, Owen Grad. School of Mgmt.
- Former Instructor Detroit College of Business (now Davenport University)
- Accredited Jewelry Professional (2010), Graduate Diamonds (2011), Colored Stone Lab (2013) - GIA

ATTACHMENT E-4

Mr. Hagerty is the CFO of Galaxy Gaming, Inc. He has built his career in finance and has served as CFO of two NYSE listed companies in the gaming industry. Mr. Hagerty has been actively involved with UMC since 2008, serving on the board of the UMC Foundation (currently President and Treasurer) and on the former Hospital Advisory Board. Mr. Hagerty received his MBA from Harvard Business School and an AB in Economics from Princeton University.

Harry C. Hagerty

11256 Rainbow Peak Ave Unit 207

Las Vegas, NV 89135

702-271-8388 (C)

hchagerty@mac.com

Summary

- CFO of small public company in table games market
- Co-Founder, President and CFO of start-up payments company
- EVP & CFO of private-equity backed IPO company
- EVP & CFO of a Fortune 500 company.
- 17 years of Wall Street finance experience - 100+ transactions ranging in size from \$5 million to over \$1 billion
- Finance experience from start-up to billion+
- Leadership roles throughout career

Skills

Strong analytical skills and experience in a wide variety of business and financial situations. Ability to quickly assess problems and recommend actions. Excellent writer and speaker, able to convincingly communicate issues and recommendations to boards of directors and investor community.

Professional Experience

5/17 – 5/24 **GALAXY GAMING, INC. (Las Vegas NV)**
Chief Financial Officer, Treasurer and Secretary

Galaxy is a small public company selling table games products to casinos in North American and Europe. Part of new management team brought in to address control and compliance issues.

- Responsible for Accounting, Treasury, Tax, IT, HR and Facilities
- Added Operations supervision in 2018
- Lead for finance responses to gaming regulators
 - Galaxy received NV license in September 2017
- Refinanced debt in 2018 – reduced interest rate by 50%
- Redeemed founder's majority stake to address his compliance issues
- Managed liquidity during COVID with PPP and Main Street Loan Program borrowings
- Borrowed \$60mm from Fortress Credit Corp. to settle founder issues and pay other debts

5/24 – 4/25 *Strategic Advisor*

Assisted in all aspects of entering to in agreement to sell Galaxy to a subsidiary of Evolution Gaming for \$3.20 per share in cash, a 124% premium. Transaction expected to close in 2H 2025.

12/11 – 8/17 **SIGHTLINE PAYMENTS LLC (Las Vegas, NV)**
Co-Founder, Board Member, President and Chief Financial Officer

Sightline was started by five former senior officers of GCA (see below). Sightline's mission is to remove cash as the means of exchange on casino floors using its patented and award-winning Play+ solution.

- Selected and installed ERP and CRM systems

March 2025

- Raised four rounds of equity financing at successively higher valuations
- Lead on getting Play+ approved by gaming regulators in several jurisdictions
- Lead on sale of non-core assets
- Exit six years after founding at 6x initial valuation

11/10 – Present **UNIVERSITY MEDICAL CENTER (Las Vegas, NV)**

Member, Hospital Governing Board

Vice Chairman (1/11 – 1/12), Chairman of Finance Committee (1/11 – 12/16), Chairman of Strategic Planning Committee (1/17 – Present)

UMC is Clark County's public hospital. In response to financial and operational challenges at UMC, the County Commission established the Hospital Advisory Board in late 2010. The Board consists of leaders from various constituencies working together to develop a plan for to improve UMC's long-term viability.

06/08 – 07/10 **TRUMP ENTERTAINMENT RESORTS, INC. (Atlantic City, NJ)**

Member, Board of Directors (Audit, Compensation and Financial Restructuring Committees)

TER owns and operates three casino hotels in Atlantic City, NJ. TER emerged from a prior bankruptcy in 2005 and remained heavily levered. I was recruited to the board by the CEO (Mark Juliano) to assist in navigating a financial restructuring. As a result of the financial crisis and increased competition, TER filed for bankruptcy again in Feb. 2009. I was actively involved in the bankruptcy process, which ultimately involved four bidders seeking control of the estate. The winning bidder appointed a new board upon exit from bankruptcy in July 2010.

07/04 – 07/07 **GLOBAL CASH ACCESS HOLDINGS, INC. (Las Vegas, NV)**

Executive Vice President and Chief Financial Officer

GCA is the leading provider of cash access products and services (ATM, cash advance and check warranty) to the gaming industry, with an estimated 75% share in the US. \$600mm revs (2007).

Recruited by investors and bankers to be CFO immediately following an LBO from First Data Corporation and a subsequent private equity purchase led by Summit Partners. Responsible for the following key initiatives:

- Budgeting and forecasting processes
- General ledger and related systems overhaul
- Organizational restructuring
- IPO in September 2005 (NYSE:GCA)
- Follow-on secondary stock offering in May 2006
- Bank refinancings in 2004, 2005 and 2006

Functional responsibility for accounting, treasury, tax, risk management, investor relations, internal audit, information services and financial planning and analysis. Report to CEO.

03/02 – 05/04 **CAESARS ENTERTAINMENT, INC. (Las Vegas, NV)**

Executive Vice President and Chief Financial Officer

CFO and Member of three-person Executive Committee for \$4.5 billion (revs.) NYSE-listed company. Report directly to CEO. Responsible for Accounting, Treasury, Investor Relations, Information Technology, Tax, Risk Management, Planning and Analysis and Aviation. Key initiatives include return on capital, labor productivity, liability management.

- 10/01-3/02 **AKULA SOFTWARE, INC. (W. Dennis, MA)**
Chief Operating Officer
 Responsible for overseeing operations of sales, marketing and engineering departments while continuing to have principal responsibility for finance and administration. Worked with VP Sales and Marketing to develop new solution-selling based sales tracking process.
- 4/01-10/01 *Chief Financial Officer*
 Responsible for developing financial control and reporting systems, fundraising and corporate treasury. Also responsible for administration, including human resources and facilities. Completed Series A financing (\$1.25mm), bridge financing (\$500k), and redomestication as a Delaware corporation.
- 11/99 – 3/02 **VENATOR CORPORATE ADVISORS (Osterville, MA)**
President
 Founder of private firm providing acting CFO/investment banking advice to start-up and entrepreneur-driven companies.
- 3/98-11/99 **BANCBOSTON ROBERTSON STEPHENS INC. (Boston)**
Managing Director, Investment Banking
 Head of Gaming and Lodging Group. Coordinated the firm's start-up effort to deliver bank lending, high yield, equity and M&A products to clients in the gaming and lodging sectors.
- 1/94-3/98 **DEUTSCHE MORGAN GRENFELL INC. (New York)**
Managing Director, Investment Banking
 Co-head of Global Gaming, Lodging and Leisure Group in Investment Banking. Responsible for developing an investment banking franchise in the gaming and lodging industry. In 1996, the group was the second-biggest revenue producer (after Technology) in US Investment Banking.
- 8/86-1/94 **DILLON, READ & CO. INC. (New York)**
Senior Vice President, Corporate Finance
 Responsible for maintaining client relationships, soliciting new business and overseeing transactions (debt and equity offerings, private placements, acquisitions, divestitures, LBOs, restructurings, general advisory, etc.).
- 8/82 – 6/84 **SALOMON BROTHERS INC (New York)**
Financial Analyst, Communications and Technology Group, Investment Banking

Education

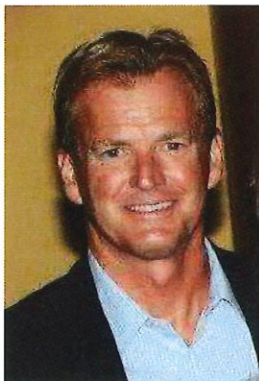
- 1986 **Harvard Business School, MBA, June 1986**
 1982 **Princeton University, AB, cum laude in Economics**

Personal

Age 64, good health. Two children (grown).

ATTACHMENT E-5

CHRISTIAN D. HAASE



Oxford, Ohio.

Christian Haase is founder, owner and operator of several Las Vegas based companies including Burnett Haase Construction, 24/Seven Xpress Convenience Stores, Business Properties Group and Liquor Library, LLC at McCarran Airport.

Mr. Haase also serves on the board of directors for the Nathan Adelson Hospice and recently served as President of the Nevada Chapter Board of Directors for the Juvenile Diabetes Research Foundation, as a member of the CDMC advisory board to UNLV and as an adult leader in the Boy Scouts. He is active in the Las Vegas chapter of Young President's Organization (YPO-Gold)

Mr. Haase received his bachelor's degree from the Miami University in

ATTACHMENT E-6

Ms. Lopez Hobbs held the position of Senior Vice President, Human Resources and Administration, for the Southwest Gas Corporation prior to her retirement in 2014. Ms. Lopez Hobbs was responsible for developing healthcare strategy at Southwest Gas Corporation for over 2,200 employees and their families. She transitioned Southwest Gas from a fully-insured medical plan to a self-insured plan. She also moved the corporation from a PPO model to a consumer-driven health care model. She has been deeply involved in the Las Vegas community through her membership and leadership in various philanthropic and charitable organizations. Ms. Lopez Hobbs received her BS in Business Administration and her MBA from the University of Nevada.

Laura Lopez Hobbs

SUMMARY

Retired Senior Vice President of Human Resources and Administration at Southwest Gas Corporation, Hobbs was responsible for human resources, executive compensation and benefits, organizational development, executive leadership and development, corporate administrative services, content management and corporate communications. Her accomplishments included: centralization of human resources, realignment of the compensation structure, transition from fully insured medical plans to self-insured and from a PPO model to an account based plan with a health savings account, creation of the company leadership development program, cost containment strategies as it related to employee headcount and medical expenses and developing and implementing an employee giving program.

Hobbs is a Board member of the University Medical Center Governing Board. She has Chaired the Executive Compensation and Human Resources Committee and is currently a member. She served on the Audit Committee and serves on the Clinical Quality and Audit Committee. She also serves on the Carpenters International Certification Board.

EXPERIENCE

Southwest Gas Corporation, Las Vegas, Nevada

Senior Vice President, Human Resources and Administration (2012 to 2014)

Vice President, Administration (2010 - 2012)

Vice President, Human Resources (2008 - 2010)

Director, Human Resources (2005 - 2008)

Senior Manager, Human Resources (2001 - 2005)

Investor Relations Manager (1993 - 2001)

Investor Relations Specialist (1989 - 1993)

Benefits Administrator (1987 - 1989)

Human Resources Analyst (1984 - 1987)

EDUCATION

Master of Business Administration – December 1990
University of Nevada, Las Vegas

Bachelor of Science in Business Administration – December 1981
University of Nevada, Las Vegas
Major: Finance/Investments

COMMUNITY INVOLVEMENT

Outside Las Vegas Foundation (2012 to 2014)

Latin Chamber of Commerce (1995 to 2014)

Nevada International Women's Forum (2000 to 2018)

Treasurer (2002-2004)

Leadership Las Vegas (2009 graduate)

Board of Directors, United Way of Southern Nevada (2008 - 2012)

Director, National Charity League, Inc. (2009 - 2011)

National Charity League, Las Vegas Chapter

Corresponding Secretary (2008 - 2009)

Treasurer (2006 - 2008)

Founding President, (2002 - 2004)

U.S. Youth Soccer of Nevada (2006 - 2007)

Member, Board of Regents, University and Community College System of Nevada,
appointed by Governor Kenny Guinn (February 2002 - December 2002)

Board of Directors, Boulder Dam Area Council, Boy Scouts of America (2001 - 2002)

Junior League of Las Vegas (1985 - 1994)

ATTACHMENT E-7

CURRICULUM VITAE

DONALD R. MACKAY, M.D.

SPECIALTY:

ORTHOPAEDIC SURGERY

EDUCATION:

MARQUETTE UNIVERSITY

MILWAUKEE, WISCONSIN

BACHELOR OF SCIENCE, BIOLOGY

1962-1966

MEDICAL COLLEGE OF WISCONSIN

MILWAUKEE, WISCONSIN

DOCTOR OF MEDICINE

1966-1970

TRAINING:

ST. MARY'S MEDICAL CENTER

LONG BEACH, CALIFORNIA

ROTATING INTERNSHIP

7/01/70-6/30/71

KERN MEDICAL CENTER

BAKERSFIELD, CALIFORNIA

GENERAL SURGERY RESIDENCY

7/01/71-10/31/71

ST. MARY'S MEDICAL CENTER

LONG BEACH, CALIFORNIA

EMERGENCY ROOM STAFF PHYSICIAN

11/01/71-6/30/72

LONG BEACH MEMORIAL MEDICAL CENTER

LONG BEACH, CALIFORNIA

GENERAL SURGERY RESIDENCY

7/01/72-6/30/73

ORTHOPAEDIC HOSPITAL

LOS ANGELES, CALIFORNIA

ORTHOPAEDIC SURGERY RESIDENCY

7/01/73-11/03/73

EL MONTE MEDICAL CENTER

EL MONTE, CALIFORNIA

GENERAL PRACTICE AND EMERGENCY
ROOM STAFF PHYSICIAN

11/04/73-4/30/74

MARICOPA MEDICAL CENTER

PHOENIX, ARIZONA

ORTHOPAEDIC SURGERY RESIDENCY

7/01/74-6/30/77

PROFESSIONAL EXPERIENCE;

PRIVATE PRACTICE, LAKE HAVASU CITY, ARIZONA	7/01/77-12/31/78
PRIVATE PRACTICE, LAS VEGAS, NEVADA	4/01/79-12/21/06
CO-FOUNDER, ORTHOPAEDIC SPECIALISTS OF NEVADA	1987
RETIRED FROM ACTIVE ORTHOPAEDIC PRACTICE	12/21/06

FORMER HOSPITAL PRIVILEGES:

UNIVERSITY MEDICAL CENTER, VALLEY HOSPITAL, SUNRISE HOSPITAL,
SUMMERLIN HOSPITAL, MOUNTAINVIEW HOSPITAL, NORTH VISTA
HOSPITAL, DESERT SPRINGS HOSPITAL

LICENSURE:

STATE OF NEVADA	#3659 ACTIVE
STATE OF CALIFORNIA	#G21071 INACTIVE

PROFESSIONAL ORGANIZATIONS:

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS, CERTIFIED, 1978
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, FELLOW SINCE 1978,
EMERITUS STATUS
BOARD OF COUNCILORS, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS,
1991-1997 (ADVISORY BOARD)
NEVADA ORTHOPAEDIC SOCIETY, PRESIDENT, 1998-2000
NORTH AMERICAN SPINE SOCIETY, FORMER MEMBER
AO SPINE, FORMER MEMBER
NEVADA HOSPITAL ASSOCIATION TRUSTEE, 2020

GENERAL INFORMATION:

RESIDENT OF LAS VEGAS, NEVADA SINCE JANUARY 1979
NEVADA TRUST COMPANY, FORMER BOARD MEMBER
SOUTHWEST USA BANK, FORMER BOARD MEMBER
BOYS AND GIRLS CLUB OF SOUTHERN NEVADA, FORMER AFFILIATED PHYSICIAN

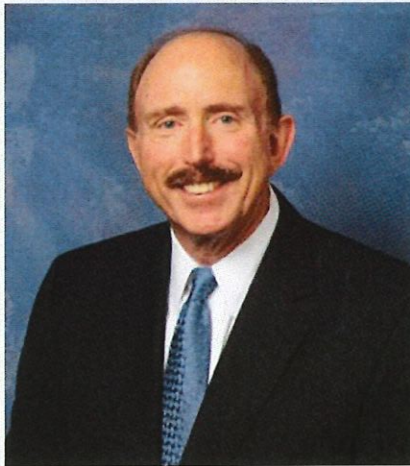
CONTACT INFORMATION:

DONALD R. MACKAY, M.D.
11679 DISCOVERY CANYON DR
LAS VEGAS, NV 89135

HOME PHONE: 702-871-4242
MOBILE PHONE: 702-743-4242
EMAIL ADDRESS: knowbones@hotmail.com
CURRICULUM VITAE UPDATED NOVEMBER 15, 2020

DONALD R. MACKAY, M.D.

ATTACHMENT E-8



WILLIAM (BILL) NOONAN III

PROFILE

Experienced corporate executive, MPA, and industry and governmental board member with a professional background in hospitality, tourism, gaming, healthcare, employee benefits management, human resources, governmental management, labor negotiations, and lobbying.

An award-winning leader and team builder in large organizations across North America.

A diverse background that spans both public and private sectors

CONTACT

PHONE:
702.683.6043

EMAIL:
wnoonan3@gmail.com

ADDRESS
11525 Bohemian Forest Avenue
Las Vegas, NV 89138

tries of Interest: Hospitality, Healthcare, Gaming, Tourism, Benefits,
Environmental Relations

INDUSTRY & GOVERNMENTAL BOARD AFFILIATIONS

Management Trustee

Vegas Culinary and Bartender Pension Trust Fund, 2022 to Present

Northern Nevada Advisory Board Member

Washoe Valley Hospital, 2019 to 2020

Management Trustee,

Washoe Health Trust Fund (North America Culinary Union Benefits),
2019 to 2020

Chairman & Executive Board Member

Las Vegas Metro Chamber of Commerce, 2017

Member & Standing Member of Labor & Employment Committee

Las Vegas Metro Chamber of Commerce, 2015 to 2019

Member Appointed by Governor Brian Sandoval

Northern Nevada Tourism Infrastructure Committee, 2015 to 2016

Chairman and Audit Committee Member Chairman

Las Vegas Convention and Visitors Authority, 2015 to 2019

Chairman and Board Member

Las Vegas Resort Association, 2014 to 2019

Chairman and current Director Emeritus

Las Vegas Public Radio KNPR

Member

Northern Nevada Health District, 2012 to 2015

Commissioner

Las Vegas SAGE Commission (funding initiatives), 2015 to 2016

WORK EXPERIENCE

Booth & Associates Senior Vice President Vice President Las Vegas Vice President Nevada Public Affairs Public Affairs Nevada Benefits & Insurance, Safety, Security, Communications, General Services, Design & Construction, Corporate Office Management, 2002 to 2014 VP & General Manager of Treasure Chest Casino, 2002 to 2005

Booth & Associates
Senior Vice President
Vice President
Las Vegas
Vice President
Nevada
Public Affairs
Public Affairs
Nevada
Benefits & Insurance, Safety, Security, Communications, General
Services, Design & Construction, Corporate Office Management,
2002 to 2014
VP & General Manager of Treasure Chest Casino, 2002 to 2005

Vice President

Senior VP Industry and Governmental Affairs

VP of Federal, State, and Local Government Lobbyist, Chief Labor
Negotiator. 2014 to retirement as of 8-1-2019

Senior VP of Administration

VP of Benefits & Insurance, Safety, Security, Communications, General
Services, Design & Construction, Corporate Office Management,
2002 to 2014

VP & General Manager of Treasure Chest Casino, 2002 to 2005

WORK EXPERIENCE

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

Public Affairs

BOARD OF DIRECTORS

I use my expertise and skills as a board member to make a difference
in industry, community and possibly, in individual lives. I enjoy
collaborating with others and mentoring when needed. My motivation
is to play a significant role in providing guidance to the organization's
strategic focus, effectiveness, and financial sustainability.

Fitzgeralds Casino/Hotel

General Manager, 1994 to 2002

City of Las Vegas, NV

City Manager, 1991 to 1993

City of Cape Coral, FL

City Manager, 1987 to 1991

City of Perry, FL

City Manager, 1982 to 1987

AWARDS & RECOGNITIONS

- Extensively Profiled in Missouri State Alumni Magazine, 2019
- Management Trustee of the Year, Unite Here Health, 2018
- Casino Management Gaming Professional of the Year, 2000
- American Society for Public Administration, Public Administrator of the Year, 1992
- Outstanding Alumni Kansas University MPA Program, Edwin O. Steen Award for Managerial Excellence, 1994
- Outstanding Young Alumni Missouri State University, 1992
- Featured Speaker at the World Gaming Congress
- Featured Speaker at National Council of Legislators from Gaming States
- Held key gaming license in both Nevada and Louisiana

EDUCATION

University of Kansas, 1976

Master's Degree Public Administration

Missouri State University, 1974

Bachelor of Science in Public Administration, Economics Minor

REFERENCES

Available upon request

ATTACHMENT E-9

JOHN F. O'REILLY
Curriculum Vitae

John F. O'Reilly is a leader in the world of health care. His health care broad-based knowledge and experience dates back to his service as an officer in the USAF. Mr. O'Reilly currently serves as Chairman of the University Medical Center Governing Board and is one of the key leaders in developing in Las Vegas The UMC/UNLV Academic Health Science Center of Tomorrow ...today. He also serves as Board Member of UCLA Health System Board and as a lawyer and/or business advisor for various health and health care entities.



Mr. O'Reilly's experience as Chairman and Chief Executive Officer of O'Reilly Law Group and as a businessman with substantial experience as the Chairman/CEO or board member of New York Stock Exchange companies and various other privately owned and non-profit entities uniquely qualifies him for his role as a health care leader. His experience in banking and finance, law enforcement, mergers and acquisitions, complex litigation, non-profits/ foundations, construction, real estate, international business and in the complex world of regulatory compliance are the reasons he has served as a consultant, advisor, board member, committee member and expert witness. He has been involved in business not only in the USA but also in Asia and Australia and with companies with business throughout the world. Mr. O'Reilly also takes great pride in his ability to be a patient advocate when appropriate.

Mr. O'Reilly has received many awards through the years. For example, he participated in the Las Vegas City Council Strategic Planning meeting as a presenter on the topic of new medical initiatives for which he received commendation from Mayor Carolyn Goodman for his enlightening and inspiring advocacy of University Medical Center. In recent years, he was presented with the Certificate of Excellence from the Nevada Hospital Association for outstanding performance and lasting contribution to help improve the quality of health care in Nevada.

John O'Reilly's educational background includes a Juris Doctor Degree, a Masters Degree in Business Administration and a Bachelor of Science Degree with a major in Accounting. In addition, he has completed the Stanford Director's College program as well as numerous other educational programs. His experience in the audit and tax departments of public accounting firms, as a licensed contractor and real estate broker/developer, in law enforcement, as a regulator, and as a lawyer, along with his educational background, enable Mr. O'Reilly to identify, develop and manage business opportunities and entities.

BUSINESS

From 1999 to 2014, John F. O'Reilly served as a member of the Board of Directors of NV Energy (formerly Sierra Pacific Resources) and served at various times on the following committees: Audit, Community and Corporate Responsibility, Renewable Energy, and the Finance Committee (Chairman). He also formerly served on the Board of Directors of First Interstate Bank of Nevada and Nevada Federal Credit Union where he also served as President for several years. In addition, Mr. O'Reilly served as Chairman of the Board and Chief Executive Officer of a publicly traded gaming company listed on the New York Stock Exchange.

In 1987, Mr. O'Reilly was appointed as Chairman of the Nevada Gaming Commission by then Governor Richard H. Bryan (now retired U.S. Senator Bryan) and also served as a member of the Nevada Gaming Policy Committee.

Mr. O'Reilly has been active in the Nevada business, legal, financial and gaming communities by serving as:

- A member of The Nevada Board – Collaboration Nation, a bi-partisan leadership group focused on a more independent, intelligent and collaborative Nevada
- Chairman of the Board of Strategic Associates, Inc., a company which led the business planning process relating to the redevelopment of Downtown Las Vegas (Fremont Street) and the creation of the Fremont Street Experience
- A member of the Las Vegas Strip Improvement Project Committee
- A member of the Citizens Advisory Committee of the Regional Transportation Commission
- President of the Las Vegas Corporate Challenge Community Foundation
- An Alternate Municipal Judge in the City of Las Vegas
- President of the Clark County Bar Association
- Founder and President of the Past President's Association of the Clark County Bar Association
- President of the Clark County Bar Association's Communique Magazine
- A member of the American Trial Lawyers Association (ATLA)
- A member of the American Trial Lawyers Association Partnership in Advocacy Program
- A member of the American Board of Trial Advocates (ABOTA)
- Chairman of the Government Affairs Section of the International Association of Gaming Attorneys
- A member of American Intellectual Property Law Association (AIPLA)
- A member of the International Association of Gaming Investigators
- President and member of the Board of Directors of the Nevada Federal Credit Union

Mr. O'Reilly was formerly employed in the audit and tax departments of the international public accounting and consulting firms of Arthur Andersen & Co. and Ernst & Ernst (now Ernst & Young).

COMMUNITY LEADERSHIP

John O'Reilly is a Past-Chairman of the Board of NTS Development Corporation, a non-profit corporation formed to encourage economic development activities at and related to the Nevada Test Site and its affected communities. In addition, he is the Chairman/Founder of Vision 2020 . . . TODAY, Inc., a corporation formed to initiate and participate in the planning process involved in establishing the Southern Nevada Region as the "Global Community of the 21st Century."

Mr. O'Reilly is also the Past Chairman of the Las Vegas Chamber of Commerce Foundation and is a Past Chairman of the Board of Trustees of the Las Vegas Chamber of Commerce. During his term as Chairman of the Chamber, Mr. O'Reilly proclaimed and began pursuit of the commitment to develop Las Vegas and its surrounding communities as the "City of the Century . . . Community of the Future."

In addition to his extensive commitment to the Chamber of Commerce, Mr. O'Reilly has been active in various community, national and international business and non-profit organizations, both in and out of Nevada, including:

- Urban Land Institute
- Nevada Development Authority
- Nevada Goals 2000
- Downtown Las Vegas Partnership
- University of Nevada Las Vegas Foundation
- Clark County Public Education Foundation
- Henderson Chamber of Commerce
- United Way of Southern Nevada
- Boys and Girls Clubs of Las Vegas
- Boulder Dam Area Boy Scout Council
- Catholic Community Services
- Knights of Malta
- Nevada Police & Fire Emerald Society
- Air Force Association

John O'Reilly is a past member of the Board of Trustees of Loyola Marymount University in Los Angeles, California and formerly served on the Board of Regents of Loyola and as Chairman of the Board of Regents of Bishop Gorman High School in Las Vegas, Nevada. Appointed by Governor Bob Miller in 1996, Mr. O'Reilly served as the Chairman of the Governor's Health Care System Review Committee for the State of Nevada. He appeared in the health care video "Honorable Discharge," a program designed to educate hospital patients and their families on discharge procedures, and he was the Chairman/Founder of Family Cabinet, Inc., a non-profit organization focused on the development of family resource centers throughout the community. Mr. O'Reilly has been involved in numerous community-wide issues and initiatives relating to growth, infrastructure, transportation, communication, education, health care, child development, family resources and various other issues which have an impact on the quality of life in Southern Nevada. An avid sports fan, Mr. O'Reilly was appointed to serve as Chairman of the Community College of Southern Nevada Intercollegiate Athletics Study Committee, a committee that was successful in obtaining an intercollegiate athletics program at CCSN. As a result of that accomplishment, Mr. O'Reilly was appointed to serve as Chairman of the Community College of Southern Nevada Intercollegiate Athletics Advisory Committee, and was awarded a 1999 Honorary Associates Degree from Community College of Southern Nevada as well as a Senatorial Recognition of the same from United States Senator Richard H. Bryan. In addition, he launched the "Random Acts of Kindness Revolution" in Clark County by challenging the bar association and governmental personnel to perform gestures of goodwill toward both local residents and visitors to Southern Nevada.

EDUCATION/MILITARY

John O'Reilly is a cum laude graduate of St. Louis University where he earned a Juris Doctor degree and a Bachelor of Science degree with a major in accounting. He is also a cum laude graduate of the University of Nevada Las Vegas with a Masters Degree in Business Administration.

Mr. O'Reilly served as a Captain, legal officer, military judge and Chief of Civil Law and contracts officer in the United States Air Force.

PERSONAL

John O'Reilly enjoys boating, golfing, snow skiing, traveling, exploring and spending time with his family, both at home and outdoors. He and his late wife René are the parents of four adult children -- Molly, Bryan, Erin and Tim -- and nine grandchildren. Mr. O'Reilly resides in Southern Nevada and is engaged to Lynn F. Wiesner who shares his commitment to health and the lessons learned from losing a spouse of many years to the dreadful disease of cancer.

ATTACHMENT E-10

UMC Bio – Mary Lynn Palenik

Ms. Palenik is Vice President of the Corporate Project Management Office for Aristocrat Technologies, Inc. She is an executive with over 30 years of professional experience, and holds a Master of Arts in Education (MAEd) from the University of Phoenix, a Bachelor of Arts in Communications from St. Joseph's College, and certification as a Portfolio Management Professional (PfMP), and Project Management Professional (PMP). Ms. Palenik spent over 17 years as an Advisory Services Director for PwC, leading consulting engagements for domestic and multi-national clients designed to improve financial and operational effectiveness, drive revenue growth, and realize cost efficiencies. She has been a member of the Las Vegas community since relocating to Southern Nevada in 1991, and is active in the community supporting various philanthropic and charitable organizations through board service.

Contact

ml.palenik@yahoo.com

www.linkedin.com/in/mary-lynn-palenik-29ba558 (LinkedIn)

Top Skills

Project Management
Executive Management
Strategy

Certifications

Certified Internal Auditor (CIA)
Professional Educator License -
Secondary Education
Project Management Professional
(PMP)®
Portfolio Management Professional
(PfMP)®

Honors-Awards

Top Tech Exec Award 2016
Great Women of Gaming
Southern Nevada Women of
Distinction Finalist 2020

Publications

Publications catalog
Industry Insights
PwC Global Gaming Outlook to 2015
Speech catalog
Gaming Legend Profile: An Interview
with Sheldon Adelson

Mary Lynn Palenik

MAEd., BA, CIA, PfMP, PMP Global Gaming Executive
Las Vegas Metropolitan Area

Summary

Executive with proven success delivering year-over-year revenue growth, cost efficiencies and management effectiveness, customer service excellence and the achievement of business growth goals and objectives. Uniquely qualified to bring core research and analysis expertise to functions enabling strategic thinking and timely decision-making. Extensive experience in the ground-up development of functions, teams, strategic architectures, short-term plans, and long-range strategies. Performance driver of transformation, change, and project and portfolio management. Communications and marketing expert creating brand and product awareness. Author of product, company and board collateral, custom thought leadership, gaming industry research and white paper publications. Motivated and led large and global teams with P&L management in excess of \$350M.

Experience

Aristocrat

General Manager, Vice President Enterprise Project Management
Office and Operations

January 2017 - Present (3 years 11 months)

Las Vegas, Nevada, United States

Responsible for influencing the company's way-of-working and delivering execution excellence. Oversee strategic initiatives and complex projects across our business units domestically and globally in sales and marketing, supply chain and manufacturing, operations, and technology and leader over the company's real estate design and development projects.

University Medical Center of Southern Nevada (UMC)

Governing Board Member

May 2017 - Present (3 years 7 months)

Las Vegas, Nevada

Selected by the Clark County Commission to serve on UMC's Governing Board to provide oversight of the hospital, ensuring it remains a vital resource

in the Southern Nevada community. Member of the Audit and Finance Committee, Strategic Planning Committee, and Pediatric Sub-Committee.

University of Phoenix
Advisory Board Member
October 2020 - Present (2 months)
College of Doctoral Studies

Caesars Entertainment Corporation
Vice President
March 2015 - January 2017 (1 year 11 months)
Las Vegas, Nevada

Vice President, Office of Strategy and Planning

Led, designed, and developed the Office of Strategy and Planning to drive execution over the company's highest priority initiatives incorporating continuous process improvement discipline and change management rigor through communications plans, and the development of policies, procedures, and standards. Author of plans, strategies, and near-term playbooks.

Vice President, Project Management Office and Shared Services

Responsible for the ground-up development of the company's Project Management Office and Shared Services functions including financial planning and analysis, regulatory compliance, internal controls, audit, software licensing, and risk management. Led a 75+ member team to execute delivery of the enterprise's project portfolio over marketing, front-of-house, back-of-house, infrastructure and construction, with oversight of the department's P&L with combined value in excess of \$650M. Drove operational alignment with the business units and the company's strategic architecture resulting in operating efficiencies and effectiveness.

PwC
Director, Advisory Services
October 1997 - March 2015 (17 years 6 months)
Las Vegas, Nevada

Director, Advisory Services – Tech, Info-Comm, Entertainment (TICE) Sector

Led delivery of advisory services to the gaming, hospitality, entertainment, and tourism industries. Delivered client engagements focused on analytics

and business insights, mergers and acquisitions strategies and integrations, operational and financial effectiveness competencies, and marketing plans and strategies. Acquired and maintained large multi-site national and international accounts, and developed new products and services tailored to anticipate market trends and changing competitive needs of clients.

Director, Business Assurance Services - Development, Research and Analysis

Leader in the firm's Assurance and Business Advisory Services group, creating the development, research and analysis function, providing gaming and hospitality industry research and analysis consulting services to audit and advisory clients, while leading business development initiatives. Editor-in-Chief and author of the firm's annual Global Gaming Outlook, a sought-after research publication with industry forecasts relied upon by all major gaming industry executives.

Circus Circus Enterprises (Mandalay Resort Group)

Manager, Project Management Office; Corporate Development

1995 - 1997 (2 years)

Las Vegas, Nevada

Developed the company's first IT project management function, and led project planning, analysis and execution of the corporate-wide IT strategy. Led the project management function for the pre-opening phase of a \$630M Las Vegas casino resort.

Financial Analysis; Corporate Development

Responsible for supporting the CEO's strategic development initiatives in existing, new, and expanding jurisdictions through targeted research and analytic assessments.

Education

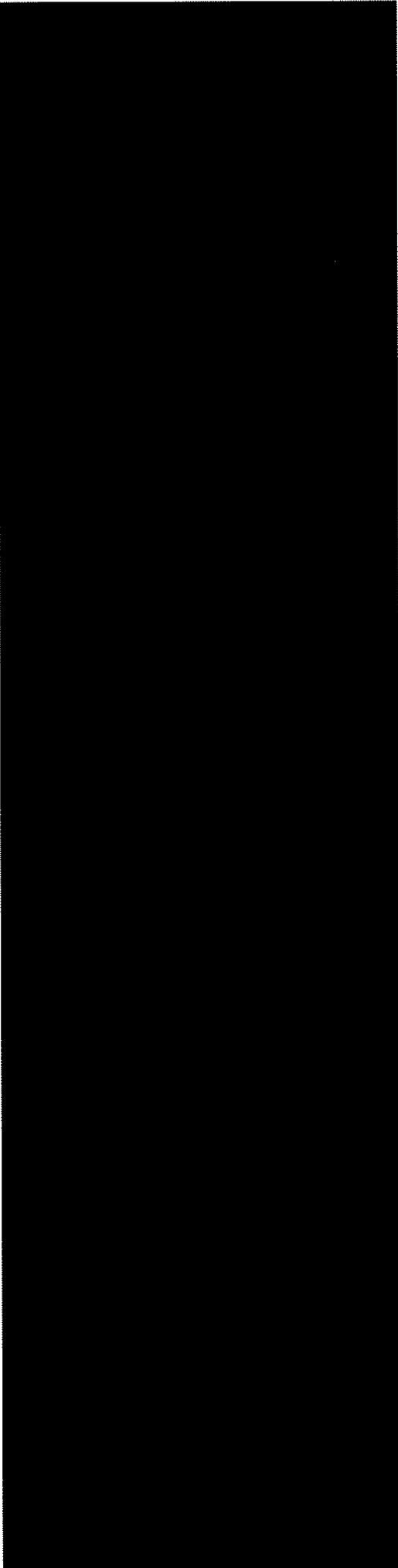
University of Phoenix

Master's Degree, Education, Curriculum and Instruction · (2004 - 2005)

St. Joseph's Calumet College

BA, Communications, Speech, and Secondary Education

Valparaiso University



Graduate studies

ATTACHMENT F

University Medical Center of Southern Nevada Governing Board Committees

To efficiently discharge its responsibilities, the Governing Board will support a division of authority and responsibility delegating and entrusting specific work to be performed by Governing Board committees, in support of the Governing Board's decisions and actions. Such committees of the Governing Board shall be Standing Committees or Special Committees (each a "Committee" and collectively, "Committees"). A Standing Committee is one whose functions are determined by a continuous need.

I. AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is responsible for reviewing contractual agreements and evaluating the financial results, plans and audits of UMC for the purpose of assessing the overall financial risks and capacities of UMC and the congruity of the financial management, plans and objectives of UMC. The Audit and Finance Committee shall review and evaluate: (a) with the assistance of outside auditors, the financial records of UMC and the preparation and maintenance of the same in accordance with Generally Accepted Accounting Principles; (b) the preparation of annual operating and capital budgets; (c) periodic financial reports of UMC and receive explanations regarding variations from capital and operating budgets; (d) the audit process and review the results of internal and external audits; (e) the financial aspects of the strategic plans of UMC; (f) the contracts and arrangements for goods and services; and (g) coordinate issues of strategy with the Strategic Planning Committee. The Audit and Finance Committee meets at least once each month.

Meetings

The Audit and Finance Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

II. CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE

Purpose and Responsibilities

The Clinical Quality and Professional Affairs Committee shall, with the assistance of outside advisors, be responsible for reviewing and evaluating the patient safety and quality programs of UMC including: (a) the quality assurance and performance improvement process for UMC; (b) patient services in order to improve the quality of care of patients; (c) infection control programs; (d) the approval of policies and procedures as recommended by the hospital and the medical staff; (e) the progress of UMC toward meeting appropriate goals and objectives related to its health care programs; (f) approval of policies and procedures related to the credentialing of physicians, as recommended by the medical staff; (g) research and ongoing clinical trials conducted at the hospital; (h) the development or amendment of bylaws of the medical staff of UMC; and (i) the medical staff's on-going review and evaluation of the quality of professional care rendered at UMC and review the medical staff's reports on such activities and their results.

Meetings

The Clinical Quality and Professional Affairs Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

III. STRATEGIC PLANNING COMMITTEE

Purpose and Responsibilities

The Strategic Planning Committee shall be responsible, with the assistance of outside advisors, for reviewing, evaluating and making recommendations to the Governing Board concerning UMC's mission and vision, strategic goals and capital planning including: (a) UMC leadership in examining the health care environment of Clark County and the strategic programmatic plans and annual business plans designed to meet the health care needs of the citizens of Clark County; (b) UMC development of and monitoring long-term and strategic plans which are consistent with its mission and which reflect the needs of the population; (c) UMC review of the current and future healthcare reimbursement horizon and appropriate program development; (d) UMC's plans and processes to gain cooperation of most or all healthcare constituencies within Clark County; (e) UMC coordination with the County relating to County-wide healthcare concerns; and (g) review and recommend consideration and/or action on potential strategic partnerships and affiliations.

Meetings

The Strategic Planning Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

IV. HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE

Purpose and Responsibilities

The Human Resources and Executive Compensation Committee shall engage in oversight of the development of personnel policies and procedures for employees of the Hospital.

The Committee shall advise the Governing Board and executive management with respect to employee compensation and benefit structures for employees who are members of a bargaining unit, employees who are not members of a bargaining unit, and management employees. The Committee shall advise the Governing Board and executive management with respect to:

(a) strategic high level workforce planning, including oversight of education and training programs; (b) strategies for recruitment and retention of highly trained, motivated and skilled employees; and (c) the promotion of employee satisfaction, efficiency and teamwork throughout UMC.

The Committee shall oversee the annual evaluation of the UMC Chief Executive Officer and senior management. The Committee shall then, based upon the evaluation and market metrics in comparable health care systems, make a compensation recommendation to the Governing Board for approval. In conducting this review, the Committee, may, but need not, use outside advisers.

Meetings

The Human Resources and Executive Compensation Committee shall meet at the call of the Chair of the Committee as often as necessary, but not less than quarterly.

ATTACHMENT G

ATTACHMENT G-1

W. MASON VAN HOUWELING FACHE

11760 Feinberg Place Las Vegas, NV 89138 • 702-704-5216 • masonvh@hotmail.com

PROFESSIONAL EXPERIENCE HIGHLIGHTS

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

APRIL 2014 - PRESENT

Chief Executive Officer –541 beds

- Provides experienced senior executive leadership to Nevada's Largest Public Hospital. A 541 bed licensed facility to include 22 outpatient primary cares, urgent cares and specialty clinics (4,200 employees, 396 physicians, 40,000 annual admissions, 120,000 outpatient visits and 320,000 clinic visits).
- Provides long-term strategic direction to all aspects of the hospital to include UMC's Level I Trauma Center, Level II Pediatric Trauma Center, Transplant Center, Children's Hospital and Burn Care Center, all of which are the first and only of their kind in Nevada.
- Works directly with Governing Board, Board of County Commissioners, Clark County Manager and Federal and State elected officials to provide senior management oversight on organizational strategic public health initiatives for the largest populated county in Nevada.
- Key executive liaison to the University of Nevada School of Medicine to support clinically based education service lines and the delivery of states graduate medical education to over 250 residents and fellows in 17 advanced training programs such as emergency medicine, orthopedics, and psychiatry.
- Cultivates and maintains a strong working relationship with union representatives and stewards to align goals and objectives for the staff.
- Turned around distressed Public Hospital that was on verge of closure after 85 years to a market leader and trusted resource to State of Nevada.

UNIVERSAL HEALTH SERVICES

JULY 2008 – APRIL 2014

Chief Operating Officer – Valley Hospital -320 beds

September 2013-April 2014

- Site executive for daily hospital operations for 320 bed hospital with 78,790 total visits and gross revenue of \$1.6B.
- Hospital turnaround improvement by exceeded budget and PY financial performance during 7 months of oversight of facility.
- Nevada state Graduate Medical Education council advisor to NV state legislatures and Governor.
- Key executive who insourced and brought operational Lab services, providing state of the art technology and improved turnaround times for patient care. \$80K annual savings.
- Reduced /consolidated hospital based medical office space by 12,000 sq feet and saved \$325K annually.
- Decreased physician expense and duplicative medical directorship/GME facility commitments by \$58K annually.
- Pharmacy waste and expense improvements of \$127K annually by collaboration with physicians, nursing and pharmacy to reduce high cost drugs, inventory and packaging alternatives.
- Readmission Committee Chair to drive reductions in targeted diagnoses, collaborative team across all disciplines, 3% reduction since committee implemented strategies and initiatives.
- Imaging service line administrator for VHS (5 hospitals) to improve collaboration, process standardization, reducing inpatient variation, enhanced quality and patient satisfaction at all five VHS hospitals.

Chief Operating Officer – Spring Valley Hospital -237 beds

March 2011- August 2013

- Instrumental in implementing new Hospitalist and Laborist programs which increased patient volumes up 23% in OB, reduced overall length of stay by .5 days and readmissions 3% in acute and improved patient satisfaction by 25%.
- Solid leadership of the operations of the facility that resulted in Income from Ops finishing 2.1% over budget and 8.2% over prior year. Net Revenue increased 4.15% over prior year while hospital margin ended up .88% over budget.
- Implemented new outpatient surgery, admitting and business development strategies that attracted new ENT and ENDO business; up 21% over PY.
- Transitioned and assumed new operational responsibilities and challenges with CFO 17 month vacancy, adding administrative oversight for Supply Chain, Case Management and Health Information Management.
- C-suite executive that facilitated oversight for 6 LEAN / Six Sigma Teams in 2011, all achieved green status and improved overall through put for Spring Valley.
- Influential executive in expanding and opening new service line for the hospital that added capacity and volume for interventional cardiac catheterizations and angiography to include biplane suite technology with neuro coiling capability. Key administrator who led executing the business plan, financial proforma, construction and design, licensing, supply acquisitions and staffing.
- Multiple initiatives and ideas from the Spring Value Analysis Committee, administrative oversight improved supply expense over prior year by \$25 per adjusted patient day and lease by \$1 PAPD. Exceeded UHS supply savings target by \$1.2M dollars (169%) compared the UHS goal. Developed and executed 84 strategies and initiatives for an additional facility savings of \$489K.
- Superbly managed Spring Valley's \$4.5 Million hospital capital budget by writing numerous justifications and processing over 105 much need capital items which not only improved Physician and Staff satisfaction but improved patient outcomes and built hospital volume and business.
- Involved in countless hours of planning and preparation in participation in a Las Vegas city wide natural disaster emergency drill scenario. Acted an Incident Commander and provided leadership for the event, demonstrating the hospitals preparation for a real life emergency event and ensuring the proper response.

Associate Administrator – Spring Valley Hospital -237 beds

July 2008 –Feb 2011

- Administrator responsible for operational and administrative oversight over ten departments (three revenue producing) to include Radiology, Lab, Food and Nutrition, Bio-Medical, Facilities Management, Environmental Services, Laundry, Communications, Security and Patient Transport.
- Eagerly volunteered and step-up for 10 months with additional responsibilities in the absence of a Chief Operating Officer. Led and stabilized departments through the transition and continued vacancy.
- Key member of Hospital Executive team that was instrumental in business development growth and operations management which resulted in:
 - Increased acute admissions 6% over prior year and 4% over budget
 - Increased market share for SVH year over year from 11.42% to 12.23% in PSA
 - Income from Operations was \$3.3M (9%) under budget and \$2.6M (7.4%) under PY
- Expense management advocate who directly help to reduce Supplies \$12 PAPD under budget; Travel, Repairs/maintenance, lease \$7 PAPD under budget combined and Purchased services \$10 PAPD under budget.
- Reduced dietary expense by \$200K in 6 month time frame in 2008; Insourced Food and Nutrition services and reduced dietary spend by another \$364K in 2009.
- Successfully managed Lease expense by championing rental efforts for facility; resulting in \$310K savings under budget. Engineered improved identification of rental pieces, reduced rental return time

- Improved HCAHPS cleanliness top box scores from 51% to 62% by focusing efforts on facility appearance, particularly in patient rooms and common areas. Created and executed a targeted action plan to improve scores.
- Researched, developed and initiated several capital projects that increased revenue and reduced expenses to included Imaging and Surgical equipment; as well necessary equipment that ensured a successful Level 3 NICU opening.
- Key driver and facilitator for Spring Valley's H1N1 flu pandemic preparation; hospital managed increased volume and isolations requirements superbly while putting employee safety and welfare at the forefront; creatively expanded hospital's capacity during patient surges that handled volume and dramatically reduced ED holds.
- Assisted facility in preparing and receiving full accreditation as a Chest Pain center, Stroke Center and NICU High Reliability Unit (HRU).

CAROLINAS HEALTHCARE SYSTEM

JULY 2006 – JULY 2008

Assistant Vice President for Patient Financial Services - 1056 beds

- Executive liaison for 2 major urban acute care campuses for PFS, 870M annual revenue.
- Co-Chair for System Corporate Performance Improvement Team that tackled growing non-english speaking population, reducing cost by 10% in one year of a 3 million dollar expense.
- Implemented Bio-Metrics patient recognition, first hospital in the world to accomplish.
- Early adopter & evangelist of Self-Service check-in; bottom line boost, \$3.50 per registration.
- Key presenter and analytics professional in month end service line performance and analysis.
- Successfully lead organization's conversion to new Quality Assurance operating system for registration accuracy, reducing denial errors and improving quality metrics by 7% / 630K.

TENET HEALTH SYSTEM

OCTOBER 2003 – JANUARY 2006

Vice President of Support Services and PFS – Trinity Medical Center -206 beds

- Continuum of Care Chair / Executive, implemented morning bed huddles and hospital overload protocol and policy to deal with seasonal bed and ED compression.
- Project leader for hospital conversion to all private rooms, both operationally and financially.
- Created a Discharge Lounge to free up Acute Care beds for Direct Admits and ER patients, reducing Average Discharge time by 1 hours and 25 minutes and Average Discharge Order written to actual discharge 45 minutes. Increased Patient satisfaction by 5%.
- Administrator who established a New Pain Center service line increasing OP volume and OR volume by 3% and by more than \$350,000 in Revenues.

Market Director of Patient Financial Services - Dallas

- Administrator and liaison for Patient Financial Service operations for 5 acute care hospitals in a metropolitan area totaling 618 beds and policy oversight of 180 FTEs.
- Key member of financial operations task force which increased annual patient cash by 1.2 million through POS, bad debt reduction and denials management.
- Identified retrospective and recurring Medicare revenue in the amount of \$700,000.
- Reduced Market net days in A/R by 3 days in less than one year.
- Reduced outpatient bill lag/holds from 15 days to less than 10 days.
- Collectively lowered the % of accounts > 90 days by nearly 4% for Market.

HEALTH MANAGEMENT ASSOCIATES

JULY 2002 – SEPTEMBER 2003

Director of Patient Financial Services – Highlands Regional Medical Center -126 beds

- Decreased Net Account Receivables assertively by 5 days over last fiscal year.
- Aggressively increased upfront collection results by 101% (+ \$ 139,014) PY.
- Uncovered, investigated and reduced Medicare Medical Necessity denials and rejections and corrected the issues; resulting in \$110,000 increased net revenue by implementing a more focused review of contractual write offs.
- Championed and chaired the conversion from a decentralized, labor intensive, manual hospital scheduling system to an effective, efficient and customer friendly centralized scheduling program.

ORLANDO REGIONAL HEALTHCARE, ORLANDO, FLORIDA

1994 - 2002

Patient Business Manager – Orlando Regional Healthcare -120 beds

1997-2002

- Manager of Patient Business areas including Business Office, Registration, Admissions and Cashiering with a staff of more than 50 FTEs; Prepared departmental budgets and consistently operated within and below expense structure.
- Successfully implemented the conversion and installation of two separate patient registration systems, meeting the Y2K compliance requirement.
- Transitioned a stand-alone facility's A/R into Central Florida's largest healthcare provider.

MILITARY

UNITED STATES AIR FORCE – RESERVES

Lieutenant Colonel – Administrator

1995-Present

- Chief Administrator responsible for administration and operations of Reserve Medical Treatment Facility, over 2,800 Air Force members / patients seen annually.
- Served in Operation Enduring Freedom – Afghanistan, awarded numerous achievement and commendation medals for honorable service at high demand/stress ARMY Combat Hospital.
- 24 years of experience filling roles as Aeromedical Evacuation Liaison and Operations Officer, Aeromedical Control Team - OIC, Chief of Medical Readiness, Aeromedical Chief of Administration, Asst Director and Director of Operations

EDUCATION

University of Central Florida, Orlando, FL

Master of Science - Health Services Administration

Bachelor of Science – Health Services Administration

United States Air Force

Healthcare Administrator School

ATTACHMENT G-2

ANTHONY "TONY" MARINELLO, FACHE, MBA, MT

9327 Skyline Ranch Circle ■ Las Vegas, NV 89139 ■ 702.205.0766 (cell) ■ 702.909.4854 (home) ■ TonyMarinello@cox.net

SENIOR HEALTHCARE EXECUTIVE

Tony is a consummate professional and his leadership skills and drive for innovation in today's complex health system will be a great asset to any organization

Energetic, approachable turnaround leader and visionary with a laser focus on outcomes and a history of quickly earning the respect of peers, staff, physicians, and the community. Demonstrated ability to think creatively and develop innovative ways to adapt to the ever-changing healthcare environment. In-depth knowledge of all areas of hospital operations.

- ▶ **Turned around two underperforming hospitals, significantly impacting revenue and cost savings; transformed a local community hospital to a Level III trauma center**, accredited primary stroke center, chest pain accreditation center, and cardiac receiving center. Ranked #1 for Acute Care Hospitals with 209 beds or less by Ranking Arizona: The Best of Arizona Businesses.
- ▶ **Established and nurtured productive relationships with physicians, staff, and board**; developed appropriate physician-alignment strategies and physician recruitment/employment models.
- ▶ **Built and developed collaborative teams**, set clear expectations and held people accountable, and instilled inclusive cultures of accountability focused on patient care, quality, and safety with a strong commitment to customer service.
- ▶ **Improved hospitals' presence and reputation in the community** through effective communication and public relations efforts, including partnerships and community board memberships.

EXPERIENCE

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA ■ 2017 – Present

Public Hospital Clark County, Nevada

Chief Operating Officer

Recruited to the University Medical Center of Southern Nevada for my strong hospital and ambulatory leadership background. Duties include daily hospital operations, service line development, physician relationships, and residency and fellowship programs and lead our rapidly growing outpatient ambulatory division, 55 employed physicians and 14 mid-levels (9 primary care locations, 11 Urgent Care Centers, Wellness Center and Occupational Medicine Clinics). University Medical Center and Children's Hospital, the Only Level 1 Trauma Center and Burn Center in Nevada. 541 beds, 4000+ FTEs and 1200+ medical staff members.

- ▶ **Culture Transformation:** Collaborated with SEIU employee union to create a cohesive, trusting environment that enhanced patient care, improved guest, staff, and physician satisfaction.
- ▶ **Executive Leadership:** Leveraging relationships in the market with the Governing board, UNLV School of Medicine, employed, and community physicians to continue to achieve academic excellence and capitalize on opportunities within the market.
- ▶ **Community Relations:** Continue reinforcing strong community reputation with, state and local leaders, EMS and Fire. Built strong relationships with post-acute care facilities.
- ▶ **Customer Service:** Enhancement our I-heal customer service program as continue our quest to achieve Magnet Status and Pathway to Excellence.
- ▶ **Process Improvement:** Restructured process and patient flow in the ambulatory division, which has led to a 7% increase in volumes and a \$750k margin increase. Implemented one call intake process resulting in 14% increased hospital admissions and \$1.2 million margin improvement.
- ▶ **Innovation & Technology:** Lead the team in implementing EHR conversion to EPIC in hospital and ambulatory division. Next phase of EPIC implantation in process with the school of medicine. Launching Kauffman Hall financial and cost software to assist in service line development.
- ▶ **Physician Relations:** Development of collaborative orthopedic outpatient clinic with community physicians, school of medicine to be launched mid-March with faculty. Redesigned primary care compensation package to improve volume, service, quality, and MIPS scores.
- ▶ **Strategic Planning:** Leads strategic planning to develop essential service lines, manage physician employment, and enhance growth and profitability.

Led the team's patient flow and efficiencies, resulting in admission growth, increased ED visits, ambulatory growth, reduced length of stay, and expense control, thereby improving margins year over year. Implemented cost-saving measures.

ANTHONY "TONY" MARINELLO, FACHE, PAGE 2/4

EXPERIENCE

Dignity Health Arizona General Hospital and Free Standing Emergency Departments ■ 2016 –2017

Joint Venture Operation between Dignity Health and Adeptus Health in Phoenix AZ, Market.

President and Chief Executive Officer

Recruited by Market Recruiter & Division President to provide experienced hospital leadership and executed improvement strategy, while strengthening partnerships with Dignity Health Hospitals and ACN (ACO) network. Operated Arizona General Micro Hospital and ten freestanding emergency rooms, over 220,000 emergency room visits, 1100 fte's.

- ▶ **Culture Transformation:** Set expectations upfront throughout the organization, instilling accountability, teamwork, to superior patient care, customer service, staff and patient satisfaction. Encouraged innovation and creativity.
 - ▶ **Executive Leadership:** Engaged the medical staff and community physicians and influenced them to take a proactive approach to identifying and addressing problems and evaluating and implementing strategic planning.
 - ▶ **Community Relations:** Developed strong community relationships throughout the market, with community physicians, hospitals, EMS, and Fire Departments.
 - ▶ **Customer Service:** Enhanced the customer service program, monthly employee forums focusing on customer service/quality/safety. Implemented leadership rounding around the clock to improve employee and physician satisfaction.
 - ▶ **Innovation & Technology:** Leveraged my relationships throughout the market to improve community reputation while improving facility's visibility and capabilities.
 - ▶ **Physician Relations:** Strengthened strained physicians' relationships within the medical staff and added specialty physicians to the hospital staff, which translated into doubling surgical volumes and an increase in inpatient occupancy by 70%.
 - ▶ **Internal & External Partners:** Created alignment strategy with surrounding physician offices to service their after-hours patient needs.
- **Increased overall visit volume by 10%, decreased operating expenses by \$1 million, which flowed to the bottom line. Opened two new freestanding emergency rooms, increased inpatient occupancy to 72% and surgical volume by 50%.**

IASIS HEALTHCARE ■ 2005 – 2016

Owner/operator of community-focused hospitals in high-growth urban and suburban markets.

Chief Executive Officer: Mountain Vista Medical Center, Mesa, AZ (2008 to 2016)

Handpicked by IASIS COO to take over the Center after its first year of operations (2007) and develop and execute a turnaround strategy. The center with 178 beds, 800 FTEs, and 800+ medical staff members had significant issues negatively impacting financial performance.

— **Quickly addressed declining physician relations, employee/patient satisfaction, and community perception. —**

- ▶ **Culture Transformation:** Built a collaborative and safe environment that enhanced patient care, improved patient and staff satisfaction, and promoted innovation and creativity. **Nursing turnover decreased by 9%** with a \$670,000 savings impact.
- ▶ **Executive Leadership:** Engaged the board, physician partners, and community physicians and influenced them to proactively identify and address problems and evaluate and implement strategic planning.
- ▶ **Community Relations:** Significantly increased community awareness by serving on several community boards, including the City of Mesa Healthcare Advisory Board, Mesa Chamber of Commerce, and Arizona Hospital Healthcare Association Board of Directors.
- ▶ **Customer Service:** Implemented a customer service program, monthly employee forums on service/quality/safety, expanded leadership/director/administrator rounding assignments, and a monthly patient advisory committee.
- ▶ **Process Improvement:** Decreased turnover time 5 minutes by implementing a patient-flow team, launched a bed-ahead program that ensured beds were always available for incoming transfers, reduced LWBS to less than 2% of goal by implementing an ED direct patient-to-bed program, and reduced inpatient admission delays by 30 minutes through a patient transport team.
- ▶ **Innovation & Technology:** Enhanced facility's visibility, increased ambulance traffic, and gained EMS loyalty by developing a public/private partnership with City of Mesa for transition-response vehicle to perform triage of patients in the field and refer to appropriate level of care; success of program led to a \$13.5 million federal grant to expand it. Reduced potential readmission of patients by developing the Mesa Fire Department EMS program to provide post-discharge home visits.
- ▶ **Physician Relations:** Generated \$1.7 million in annual revenue by leading Arizona Market Hospitals' alignment with a large family practice with 48 providers in 12 locations; acquired a family practice with four locations that added \$535,000 in annual revenue. Delivered a \$528,000 annual revenue impact by recruiting interventional radiologists.

— **Delivered EBITDA in the first year that exceeded expectations by \$7 million or 39%. —**

ANTHONY "TONY" MARINELLO, FACHE, PAGE 3/4

EXPERIENCE

- ▶ **Internal & External Partners:** Created alignment strategy with three surrounding urgent care centers for cardiology, with **\$612,000 revenue impact**, by fostering relationship between aligned Cardiology Group and orthopedics; delivered **\$396,000** revenue by fostering a relationship between employed Ortho Group and Urgent Care Center; spearheaded the MVMC physician pod's joining high-performance network (ACO); and implemented a co-management program with Ortho and Spine to grow volume, reduce implant costs, and gain physician alignment.
- ▶ **Surgery & Service Line Growth:** Led an annual increase in surgery volumes for seven consecutive years; service line growth for 2015 fiscal year vs. 2014 was 5.7% for cardiology, 27.6% for GI procedures, 6% for orthopedic surgery, 12% for plastic/recon/hand surgeries, and 10% for general surgery.
- ▶ **Program Leadership:** Launched the **Academic Residency Program and GI Fellowship Program** that generated \$2.1 million impact in 2015 fiscal year. Delivered a **\$770,000 revenue impact** through Accredited Stroke Center and 2014 Get with the Guidelines Gold plus Honor Roll; delivered **\$1.3 million** in annual revenue by taking hospital to an ACS Level III Trauma Center.

Chief Executive Officer: North Vista Hospital, North Las Vegas, NV (2005 to 2008)

*Recruited by NV, AZ Market President to lead the facility turnaround. Planned and executed a turnaround strategy for a 185-bed hospital in the first year, moving it from a negative margin to **exceeding budget EBITDA by \$2 million**. Proactively focused on relationship building, patient care/quality, accountability, and continuous improvement to address declining revenue, market share, physician/staff satisfaction, and community perception.*

— Increased overall market share 6% and drove physician/employee satisfaction scores from 43% to 83%. —

- ▶ **Executive Leadership:** Developed and communicated clear strategies and performance expectations, instilled a culture of accountability, and recruited CNO, CFO, and Facility Director to assist in culture change and to help expand service lines.
- ▶ **Relationship Building:** Influenced community leaders to become key stakeholders, assembled Board of Directors composed of local leaders, and actively engaged the board and physicians to enhance services and market share.
- ▶ **Physician Relations:** Increased overall volume 16% by recruiting and/or redirecting key physicians, including two general surgeons, two bariatric surgeons, four OB/GYN physicians, and several primary care physicians.
- ▶ **Services Growth:** Implemented a successful **Bariatric Surgery Program** that earned Top 5 HealthGrades rating and Bariatric Surgery Excellence awards, a 5-star **Maternity Service** that doubled deliveries and ranked in the nation's top 10%, and **Joint Replacement Program** that was #1 in Nevada. Increased ER visits 5% by building partnerships with EMS and Fire Departments.

UNIVERSAL HEALTH SERVICES: DESERT SPRINGS HOSPITAL MEDICAL CENTER, Las Vegas, NV ■ 2003 – 2005

Assistant Administrator

Leveraged brand expertise, clinical laboratory, ancillary services, service line development, and project management experience to grow revenue and decrease costs of 286-bed hospital. Reported to the hospital CEO and served as administrative representative for SEIU negotiations for RN and technical employees' contracts.

— Generated \$3.7 million in annual revenue and \$2.3 million in cost savings. —

- ▶ **Change Leadership:** Delivered **\$1.2 million in annual cost savings** by co-leading efforts to bring laboratory services in-house, led the implementation of a Bariatric Surgery Program that generated **\$1.3 million** annually, recruited ancillary directors to facility, and drove **\$1.1 million** in annual savings by streamlining processes and increasing efficiencies.
- ▶ **Team Leadership:** Led project that developed partnership with Kindred Healthcare, LTACH "Hospital within a Hospital," that generated **\$2.4 million** in annual revenue.

TENET HEALTHCARE: LAKE MEAD HOSPITAL MEDICAL CENTER, North Las Vegas, NV ■ 1998 – 2003

Associate Administrator

*Managed daily operations of ancillary departments of 192-bed acute care hospital; assumed Interim COO functions for 12 months. **Cut staff turnover from 12% to 5%**, reduced operating costs by \$200,000 annually, and improved customer service rating to the highest in 14 months. Served as the lead for installing a Cardiac Catheterization Lab that generated **\$1.7 million** in annual revenue and an ER expansion that generated **\$1.9 million**. Spearheaded the clinical laboratory's accreditation by the College of American Pathologists, reducing lab deficiencies from 85 to 6.*

ANTHONY "TONY" MARINELLO, FACHE, PAGE 4/4

EDUCATION & AFFILIATIONS

MBA, University of Phoenix, Las Vegas, NV, 2002

BS in Business Management, University of Phoenix, Las Vegas, NV, 2000

Fellow American College of Healthcare Executives

Board of Directors: Arizona Hospital and Healthcare Association | Board of Directors: Mesa United Way

Board of Directors: Mesa Chamber of Commerce, 2010 to 2016, and North Las Vegas Chamber of Commerce, 2006 to 2008

American College of Healthcare Executives 2025 to Present

ATTACHMENT G-3

Jennifer Wakem

(949) 680-9558
jenwakem@gmail.com

EXECUTIVE SUMMARY

Accomplished, collaborative finance and C-Suite executive who brings strategic, business orientation coupled with financial discipline and a drive toward innovation and growth. Highly visible, hands-on leader who is results driven, approachable, humble, and optimistic.

Expertise in:

- | | | |
|------------------------|---------------------------|----------------------|
| • Executive Leadership | • Financial Reporting | • Strategic Planning |
| • Forecasting | • Board Governance | • Financial Analysis |
| • Financial Accounting | • Productivity Management | • Budgeting |

QUALIFICATION SUMMARY

- Holds self-accountable and creates a culture of accountability that is built around honest communication and clear expectations.
- Takes initiative to improve both processes and outcomes, incorporating best practices.
- Builds relationships that reflect a positive attitude and sense of commitment to patients and key stakeholders.
- Communicates clearly and concisely to all levels of management, Board, employees and other stakeholders.
- Creates well defined plans for own area that translates broader organization goals into actions.
- Drives results. Seeks new challenges and is energized by exceeding targets.

PROFESSIONAL EXPERIENCE

University Medical Center of Southern Nevada (541 beds)– Las Vegas, NV

(March 2017 – Present)

Chief Financial Officer (CFO)

Senior financial executive for standalone Trauma Level I academic hospital, and 11 quick care and primary care offices. Responsible for entire revenue cycle for a \$1B net revenue organization with direct reports including: Patient Access, Eligibility, Care Management, HIM, Patient Accounting, Finance, Managed Care and Supply Chain. Liaison for Audit and Finance Board Committee, The County and Nevada State Medicaid.

- Serves as financial advisor to the CEO and to senior executive team
- Partners with CEO and senior leadership to develop strategy and operational plans to support achievement and mission of organization.
- Effectively leads people to achieve organizational goals.
- Provides proactive, realistic, sound guidance regarding financial performance, management of assets, and financial trends.
- Evaluates and reports the overall financial position and results of operations to key stakeholders and leadership.
- Recommends revenue capture/optimization and cost reduction strategies to improve financial health of organization.
- Oversees the budgeting process for the organization and presents the budget to the Board of Directors.
- Uses data to measure success, improve processes and achieve results.
- Reviews profitability of services lines and recommends changes for improvement.
- Works with department directors and patient care executives to implement financial plans and productivity benchmarks, and to monitor progress toward financial goals.
- Selects, trains, motivates, mentors, and evaluates personnel to ensure quality of service and technical expertise.
- Rounds daily throughout the hospital and reviews key performance indicators with team.
- Winner of Nevada Business Magazine's Healthcare Hero's Award in 2022

Tenet Arrowhead Hospital (221 beds)/Arizona Heart Hospital (59 beds) – Phoenix, AZ (May 2014 – March 2017)

ACFO

A key member of the executive team that interacts and communicates on a regular basis with an array of internal and external constituents, including Compliance, Corporate Accounting/Financial Reporting, Information Systems, Internal Audit, Legal, Business Office and other departments that provide support services to the facility.

- Serves as Administrator on call, presents administrative welcome at new employee orientation and leads daily safety huddle with Admin Team and Directors at both campuses.
- Evaluates investments in capital projects by determining the financial impact and ROI of such projects.
- Provides leadership oversight and direction for full system conversions (EMR, Patient Accounting, GL, and Payroll Systems.)
- Analyzes daily operating results to ensure revenues, expenses, and labor are within budgeted targets; advises department heads and administration of needed changes and improvements in a timely manner.

Memorialcare Saddleback Memorial Medical Center (325 beds) – Laguna Hills, CA (Oct 2011 – May 2014)

Director of Finance

Responsible for financial reporting of an integrated healthcare system comprised of two acute care hospitals, a free standing outpatient surgery center and an imaging center. Responsibilities include budgeting, forecasting, financial analysis, financial accounting, audit and compliance reviews, SOX work, management of accounting staff, and ad hoc reporting under the direction of the CFO.

- Oversaw daily and monthly financial operations for the hospital including assisting in solving operational issues with other departments within the facility.
- Managed and streamlined the monthly close and annual budget processes.
- Effectively coordinated the annual audit process, annual tax return and state reporting.

HCA Sunrise Hospital (700 beds)/(MOUNTAINVIEW, 235 beds) – Las Vegas, NV (Jan 2006 – Oct 2011)

Controller

Responsible for financial reporting of an integrated healthcare system comprised of 700 bed acute care hospital, children's hospital, outpatient surgery centers, and physician clinics. Responsibilities include budgeting, forecasting, financial analysis, financial accounting, audit and compliance reviews, SOX work, management of accounting and revenue integrity staff, and ad hoc reporting under the direction of the CFO.

- Led weekly meetings with case managers, social workers, and business office personnel to decrease denials, obtain coverage for uninsured, review length of stay and increase coordination between dependent departments.
- Responsible for conceptualizing and launching monthly financial package for executive team.
- Demonstrated excellent project management skills through seamless coordination of monthly close and annual budget processes.

Travelers – Hartford, CT (Jul 2004-Jan 2006) - *Senior Internal Auditor*

Lee Memorial Health System – Fort Myers, FL (Jun 2002-May 2004) - *Internal Auditor*

General Electric – Fort Myers, FL (Oct 2001-Jun 2002) - *Shared Services Business Consultant*

CIGNA – Bloomfield, CT (Oct 2000-Oct 2001) - *Senior Financial Reporting Analyst*

Pricewaterhousecoopers, L.L.P. – Hartford, CT (Sep 1997-Oct 2000) - *Business Assurance Senior Associate*

Aetna – East Windsor, CT (Aug 1995-Sep 1997) - *Medicare Auditor*

EDUCATION

Western New England University - Springfield, MA, February 1995
B.S. Business Administration, Accounting

ATTACHMENT G-4

CURRICULUM VITAE

Revised – September, 2018

FREDERICK JOHN LIPPMANN, M.D.

PERSONAL

Date of Birth: March 5, 1957
 Place of Birth: Rockville, Connecticut
 Marital Status: Married to Gaynell, three children; Daniel, Jennifer, Meagan.

EDUCATION

Postdoctoral Training Las Vegas Family Practice Residency Program
 University of Nevada School of Medicine
 Las Vegas, Nevada
 January 1992 - January 1995

M.D. University of Nevada School of Medicine
 Reno, Nevada
 January 1986 - December 1991

- Freshman class president
- Editor, Student Handbook
- Member, Applicant Interview Committee
- Selected, Outstanding student 1987
- Recipient, Lange Book Award

B.S. University of Nevada, Reno
 Reno, Nevada
 1981-1985

LICENSE Nevada - 7325

WORK EXPERIENCE

March 2018 to Present	Lead Physician, UMC-Centennial Hills Primary Care
June 2014 to March 2018	Lead Physician, UMC Peccole Primary Care
March 03- June 2014	Lead Physician, UMC Boulder Quick/Primary Care
December 2017 – Present	Chief of Staff at UMC
August 2007- December 2017	Chairman, Credentials Committee UMC Hospital

July 2006- present	Lead Physician, NBA Summer League
January 2000- 2006	Chief, Family Practice Department, UMC Hospital
August 00- March 04	Medical Director, UMC Boulder Quick Care, Jean Medical Clinic
August 99-August 00	Residency Director Longitudinal Reproductive Care Coordinator Sports Medicine Coordinator Las Vegas Family Practice Residency Program University of Nevada School of Medicine Las Vegas, Nevada
February 1998 – Present	Medical Director, Best In The Desert Racing Association
August 1999-August 00	Medical Director UMC CCSN Quick Care
1995 - August 1999	Assistant Residency Director Las Vegas Family Practice Residency Program University of Nevada School of Medicine
1995 – August 00	Assistant Clinical Professor Department of Family & Community Medicine University of Nevada School of Medicine Las Vegas, Nevada
1995 – August 00.	UNLV Student Health Center Physician Coordinator
1994 - 2004	UNLV Team Physician
1995 – August 00	Locum Tenums, Emergency Room Physician, Tonopah, Nevada
1994 - 1995	Las Vegas Posse Co-Team Physician
1985-1986	Teaching Assistant - Comparative Anatomy Human Anatomy and Physiology University of Nevada, Reno Reno, Nevada
1977-1979	Mission Church of Jesus Christ of Latter Day Saints Nashville, Tennessee

CERTIFICATIONS

Advanced Cardiac Life Support

Advanced Trauma Life Support
Pediatric Advanced Life Support
Basic Life Support

ORGANIZATIONS

American Academy of Family Physicians
Nevada Academy of Family Physicians
Clark County Medical Society
American Medical Association

COMMITTEE MEMBERSHIP

Chairman, Credentials Committee, University Medical Center
Member, Medical Executive Committee, University Medical Center
Member, Family Practice Center Patient Services Committee
Member, Baby steps Obstetrical Task Force
Member, University Medical Center Department of Family Practice
Member, Bio Medical Ethics Committee, UNLV

INTERESTS AND HOBBIES

Executive Committee Chairman, Church of Jesus Christ of Latter Day Saints
Motorcycling
Bicycling
Hiking/camping
Water skiing

PRESENTATIONS

Presenter, "ORTHOPAEDICS IN THE AUSTERE ENVIRONMENT" LVMPD Search and Rescue Quarterly CME Conference. June, 2009.

Presenter, "Rheumatoid vs. Osteoarthritis; What can be done for you?" Sun City Senior Council Las Vegas, NV. August 2007

Presenter, " The Preparticipation Exam; What to look for", The American Optometric Association, Las Vegas, Nevada, June 2000

Presenter/Demonstrator, "Colposcopy: Pregnancy and Post-Treatment", The Institute of Procedures, Las Vegas, Nevada, February 2000

Presenter, "The Importance of The Preparticipation Exam" University Medical Center Grand Rounds, Las Vegas, Nevada, July 1999

Presenter, "Domestic Violence, What To Look For, What To Ask." American College Health Association, Western Region Annual Conference, Las Vegas, Nevada, October 1998

Presenter, "Domestic Violence, Why Don't We See It?" University Medical Center Grand Rounds, Las Vegas, Nevada, June 1997

Moderator, Southern Nevada Genetics Symposium, Sponsored by AHEC and Western States Genetics Coalition, Las Vegas, Nevada, December 1996

Presenter, "Joint and Bursa Injection", Family Practice Staff, University Medical Center and Valley Hospital Quarterly Staff Meeting, June 1995

Presenter, "Joint and Bursa Injection", Family Practice Residents, Las Vegas, NV, February 1995

Presenter, "Shoulder Evaluation and Pathology", Resident Core Conference, Las Vegas, Nevada, December 1994

Presenter, "STD, URI, Envenomations and Rashes", UNLV Athletic Trainers, Las Vegas, Nevada, April 1994

Presenter, "Normal Musculoskeletal Anatomy and Physiology" a 2 part series, EMS Training, UMC Trauma Services, Las Vegas, Nevada, April 1993

Presenter, "Renal Function and Acid/Base", EMS Training, UMC Trauma Services, Las Vegas, Nevada, May 1993

Presenter, "Endocrinology and Hormonal Control of Shock", EMS Training, UMC Trauma Services, Las Vegas, Nevada, June 1993

Presenter, "Male Urogenital System Anatomy, Normal/Abnormal Physiology", Core nursing class, Southern Nevada Community College, Las Vegas, Nevada, July 1993

Presenter, "Female Urogenital System Anatomy, Normal/Abnormal Physiology", Core nursing class, Southern Nevada Community College, Las Vegas, Nevada, August 1993

Presenter, "Otitis Media, a Redux", Resident Core Conference, Las Vegas, Nevada, March 1993

ATTACHMENT G-5

Kendrick Russell “Ricky”

5308 Appledale Street, Las Vegas, NV 89166

916.666.1776 | ricky.a.russell@icloud.com | <https://www.linkedin.com/in/rickyrussell>

EDUCATION & CERTIFICATION

University of New South Wales, Sydney, NSW, Australia | *J.D.*

Sullivan University, Louisville, KY | *M.B.A.*

Alice Lloyd College, Pippa Passes, KY | *B.A.*

Institute of Industrial and Systems Engineers | *Green Belt Certification*

TEACHING EXPERIENCE

University of Nevada – Las Vegas, NV

January 2022 – Present

Adjunct Instructor – Healthcare Administration

University of Phoenix

September 2005 – September 2016

Online Adjunct Instructor – Business Administration

PROFESSIONAL EXPERIENCE

University Medical Center Southern Nevada, Las Vegas, NV

March 2021 – Present

Chief Human Resources Officer

- The UMC organization includes the flagship 540-bed county government academic acute care hospital, ten urgent care clinics, and eight primary care clinics.
- Reporting to the CEO, I lead the human resources, continuous improvement, and employee safety, supporting more than 4,700 employees, 2,000 residents/students, and more than 300 volunteers.

Tenet Healthcare

March 2015 – December 2020

Market CHRO ~ Southern Arizona

April 2019 – December 2020

- Operationally reporting to the AZ Market CEO; and functionally to the Tenet Healthcare System CHRO.
- On-site HR Leader for Carondelet Health Network, consisting of five (5) acute care hospitals and 15 direct and indirect reports supporting 2,900+ employees with oversight of human resources, employee health, continuous improvement, and volunteer departments.
- Assisted the executive team in the development & implementation of a \$35M cost-savings plan.
- Redesigned the human resources operation from an individual hospital approach to a market approach to drive operational and strategic initiatives resulting in a \$150,000 SWB reduction.
- Implemented retention strategies that led to a year-over-year 2% decrease in total turnover for the market.
- Co-led initiative to in-source two different business units with an estimated \$1m in year-over-year savings.
- Bargained two collective bargaining agreements with NNOC representing nearly 1,000 employees.

Market CHRO – Southern California

June 2016 – April 2019

- Operationally reported to the Southern California Market CEO and functionally to the Tenet system CHRO.
- On-site HR Leader for Fountain Valley Hospital with 12 direct and indirect reports supporting 1,900+ employees, overseeing human resources, employee health, and the volunteer department.
- Provided additional HR oversight to six hospitals and a physician medical group in the Southern CA market with 25 direct and indirect reports with 9,500+ represented & non-represented employees.
- Implemented retention strategies that led to a decrease in 1st-year turnover reduction of more than 20% in two years; and a decrease in total turnover of more than 5% during the same time frame.
- Implemented engagement strategies leading to a 5% increase in the 2017 employee engagement survey favorable score and an additional 10% increase in 2018.
- Led LOA centralization project across the six hospitals leading to more than a \$100K reduction in premium labor and a 5% reduction in overall leave of absence at each facility.

- Co-led a development journey with our 30+ hospital directors that follows Patrick Lencioni's *The Five Dysfunctions of a Team*.
- Served as the principal leader on all labor relations matters.

Hospital CHRO – Phoenix, Arizona

March 2015 – June 2016

- Reporting to the chief executive officer, I was the on-site HR leader for an acute care hospital with more than 600 employees and four direct reports.

Dignity Health, Sacramento, California

September 2013 – March 2015

Regional Hospital HR Director

- Reporting functionally to the Regional VP of Human Resources and operationally to the hospital CEOs, I served as the on-site senior human resources leader for two acute care hospitals with 2,000+ employees.
- Served as the on-site employee and labor relations leader for six acute care hospitals in Greater Sacramento, overseeing all labor & employee relations matters.
- Served as the company representative in mediation and arbitration proceedings and successfully bargained four collective bargaining agreements.

The University of New South Wales, Sydney, Australia

July 2011- September 2013

Education Sabbatical

- Moved abroad to pursue a law degree. Completed coursework in September 2013. Graduated in June 2014.

Dignity Health, Reno, Nevada

June 2007 – July 2011

Saint Mary's Regional Medical Center - Hospital HR Director

- Reported to the hospital Vice President, HR, and provided full human resources oversight, support, and leadership for an acute care 380-bed hospital with more than 2,400 employees, volunteers, and physicians.
- Served as the chief negotiator for the inaugural collective bargaining agreement with CWA.

US Airways (formerly America West Airlines), Phoenix, Arizona

November 2002 – June 2007

Manager II, Human Resources

- Reported to the Managing Director, HR, and provided complete human resources and labor relations support to geographically dispersed business units, including several international assignments.
- Partnered with in-house counsel in the resolution of employment-related complaints.

Humana, Louisville, Kentucky

November 2001 – October 2002

Recruiter / HR Coordinator

- Reported to the Recruitment Manager and was responsible for recruiting various corporate-level requisitions.

Lightyear Communications, Louisville, Kentucky

March 2000 – September 2001

Recruiter

- Reported to VP, HR, solely responsible for recruiting all levels with the telecommunications start-up.

Manpower Professional, Louisville, Kentucky

August 1999 – March 2000

Technical Recruiter

- Reported to Branch Manager, responsible for building a client base and recruiting for client requisitions.

VOLUNTEER EXPERIENCE

HIV/AIDS Legal Center, Sydney, Australia

August 2011- September 2013

Volunteer Paralegal

Transparency International - ALAC, Port Vila, Vanuatu

Winter 2012

Winter Internship – Legal department

ATTACHMENT G-6

Danita Cohen

C: 702-339-8300 / danita.cohen@umcsn.com

HEALTH CARE EXPERIENCE EXECUTIVE

An experienced and well-rounded health care marketing, public relations and patient experience executive who routinely exceeds expectations to produce innovative strategies that support improved patient satisfaction, positive public perception and increased utilization of key services

Areas of expertise include:

- Public relations
- Patient experience
- Public speaking
- Executive leadership
- Brand positioning
- Content writing and editing
- Relationship development
- Large-scale events
- Project management
- Crisis communication
- Strategic planning
- Team building and training

PROFESSIONAL EXPERIENCE

University Medical Center of Southern Nevada, Las Vegas, Nevada

2008 - Present

Chief Experience Officer (July 2016 - Present)

- Serves as the executive leader of UMC's Experience Division, guiding all aspects of the health care system's patient experience, public relations, marketing and physician outreach strategies
- Developed the Experience Division from the ground up, building a hand-picked team of experts
- Elevates the UMC brand through the development and implementation of comprehensive, multi-platform advertising and outreach campaigns
- Leads UMC's communication strategies and serves as the health care system's primary spokesperson
- Recognized as "PR Practitioner of the Year" by the Public Relations Society of America – Las Vegas Valley Chapter

Executive Director, Strategic Development and Marketing (July 2013 - July 2016)

- Successfully transformed UMC's image within the community, reaching members of the public with innovative campaigns and news stories to support a positive perception of Nevada's premier academic medical center
- Provided senior leadership to a growing team of health care marketing professionals, including branding, public relations, community outreach and government relations
- Developed UMC's Physician Experience Team, a group of professionals providing outreach and a concierge level of service to improve physician loyalty and referrals

Director of Public Relations (July 2011 - July 2013)

- Provided leadership for all aspects of UMC's strategic public relations activities
- Worked closely alongside local and national media contacts to develop positive news stories about UMC's life-changing care
- Led all crisis communication efforts, developing consistent messages to inform community members

Public Relations Coordinator (December 2008 - July 2011)

- Built relationships with local producers, editors and reporters to generate positive media coverage
- Produced written and video content about UMC and its world-class care

Danita Cohen

C: 702-339-8300 / danita.cohen@umcsn.com

KOLO-TV, Reno, Nevada (ABC Affiliate)

1997 - 2008

Anchor/Reporter (February 1997 - November 2008)

- Served as a trusted voice for the community while working as an anchor and reporter at a leading television news station in the Reno, Nevada, market
- Developed award-winning news stories that resonated with the local community

KHAS-TV, Hastings, Nebraska (NBC Affiliate)

1996 - 1997

Anchor/Reporter (May 1996 - February 1997)

- Reported on a wide range of key stories in the Hastings, Nebraska market, offering valuable information to community members

Harrah's Hotel Casino, Reno, Nevada

1991 - 1996

Hotel Supervisor (June 1991 - May 1996)

- Provided leadership to front-line team members and built a culture of superior customer service

EDUCATION

Bachelor of Arts in Broadcast Journalism, University of Nevada, Reno

SPECIAL SKILLS

- | | | |
|--------------------------------|--------------------------|-----------------------------|
| ▪ Associated Press Style | ▪ Adobe Creative Suite | ▪ Social media platforms |
| ▪ Patient satisfaction surveys | ▪ Video editing software | ▪ Media monitoring software |

ATTACHMENT G-7

DEBRA F. FOX

taylormadegolfer@outlook.com | www.linkedin.com/in/debrafox59executive

EXECUTIVE PROFILE

Experienced **CHIEF CLINICAL / OPERATING OFFICER with CENP and Green Belt in Lean methodology** with highly successful track record leading operations in both complex health systems and small critical access hospitals located in highly competitive or challenged markets. Achieving outcomes led to national recognitions by Thompson Reuter, Health Grades, Press-Ganey, and CMS. Specialize in turn-around situations; driving critical resource, process, and clinical efficiency and effectiveness; driving clinical and managerial best practice and standardization using data, research, and real-time analytics; and managing large scale change initiatives. Seeking executive level position in service-oriented health care entity where talents, skills, ideas are valued and leveraged for organizational success.

PROFESSIONAL EXPERIENCE SUMMARY

Scope of professional experience is broad encompassing mainly community hospitals, 100-150 beds and large integrated health systems comprised of multiple hospitals incorporating strong corporate infrastructure, complex matrixed relationships and working groups, and strong fiscal expectations. In addition, experience in small rural critical access hospitals, 25-beds, with significant fiscal and operational challenges often associated with unique services including long term care, home health and hospice, and ground and fixed wing ambulance and other EMS services.

Most recent experience has been at University Medical Center of Southern Las Vegas, a 541-bed county-owned Level 1 Trauma Center/academic training hospital. At University Medical Center led a cultural, strategic, and operational transformation achieving Pathways to Excellence and Magnet designations. Nursing Department became Nevada trend setter for research, academic partnerships, nursing quality, and nurse satisfaction and retention.

Qualifications are many including a mature value-based leadership style, broad managerial acumen, and advanced leadership skills. Maturity and flexibility, problem-solving and large-scale change management skills, analytic and data use skills, and relationship building abilities has enabled me to lead effectively even when fiscal and manpower resources are scarce, organizational expertise did not exist, and cultural and engagement barriers are significant. When leaders can lead and manage effectively under the most challenging of circumstances, they can lead well in any setting no matter how small or large, and under any circumstances.

DEBRA F. FOX

PAGE TWO

EXECUTIVE EXPERIENCE

UNIVERSITY MEDICAL CENTER SOUTHERN NEVADA, LAS VEGAS, NV, 08-16/2015-PRESENT

Chief Nursing Officer

Executive role accountable for all elements of nursing practice across the Health Center continuum of service. Scope includes practice, employee and patient experience, regulatory and specialty regulatory compliance requirements, physician relations, Board and County Commissioner interface, partnership development and sustainment, maintaining, expanding, and developing clinical services and programs, and transforming nursing culture, professionalism, and care delivery through shared leadership

and a goal to Magnet Designation in 2026. 2 ACNO's, 13 Service Line Directors, 35 Service Line Managers, and more than 100 professional support roles and advanced practice nurses. Total FTE compliment 1200+, budget exceeds 800,000 million with an operating margin exceeding 5%. Special emphasis on productivity and fiscal effectiveness and a comprehensive nursing transformation elevating nursing to reflect expected norms and practices reflective of a premier academic health center.

- Successfully implemented shared governance model based on hybrid Councilor-Congressional Model. Achieved Pathways to Excellence re-designation 2024. First Magnet Designated healthcare entity in Nevada 2026. PTAP designated Transition into Practice program with distinction, multi-disciplinary Clinical Ladder, 24/7 simulation lab.
- NDNQI RN satisfaction survey response rate improved from 32%-2015 to 95%-2023. Every practice element area rated at Magnet and best hospital mean or better. Nurse sensitive quality and patient satisfaction outcomes exceed Magnet benchmarks compared to other Magnet academic hospitals.
- RN voluntary turnover rate 18%-2015 improved to 9% or less YOY.
- Implemented web-based scheduling and dynamic productivity management programs and implemented cost effective resourcing alternatives reducing Assignment Despite Objection submissions from >25/month to <5/quarter. Reduced OT from 5.4%/month 2015 to ~3.5-3.8%/month. Reduced RN Traveler costs from ~\$600,000/month to <30,000/quarter.
- Built and maintained positive collaborative partnership between UMC Nursing and UNLV School of Nursing, implementing 4-level DEU education; only Nevada PTAP designated RN Residency Program, underfill nurse residency with an average of >250 applicants for 20 slots.
- Nurse BSN rate is >84%, Masters and Doctorate degrees >13%, and professional certifications has reached >15%.
- Developed and implemented first Nevada Annual Nursing Research Day and Conference. Juried poster submissions in 8 categories. Average 75-80 submissions including clinical trial research, joint nurse-physician research, other academic research, and PI and EB projects by nursing assistants and other caregivers.
- Developed and implemented in 2016 first Nevada nurse-driven Integrative Therapies program. In 2019 volume exceeded 4000 visits annually.
- Nursing Division and CNO have presented more than 35 national poster presentations and podium presentations at national and international conferences. CNO and staff have published 12 journal articles in peer-reviewed journals between 2019-2025.

DEBRA F. FOX

PAGE THREE

- Developed and implemented across UMC Therapeutic Tranquility Rooms including healing space, aromatherapy, Heart Math, and scheduled integrative therapy visits. Now have 12 Tranquility Rooms used by all types of employees. On average more than 18 visits/day/Tranquility Room.

ESTES PARK MEDICAL CENTER, ESTES PARK, CO, 6/2014-4/2015

Interim Chief Clinical Officer/Chief Nursing Officer

Expanded clinical executive role accountable for all clinical services and programs. Led all nursing/ancillary clinical/clinical support programs/long term care services and programs/ambulance service/and community-based services including home health and hospice. 14 direct leader reports, 250+ clinician FTE's, averaging operating margin 1.5-3%. Special emphasis on productivity and staffing efficiency, elevating leadership accountability and skills, elevating professional behaviors and decorum, enhancing patient experience, and elevating clinical skills and knowledge.

- Successfully crafted low volume nurse staffing plan including shared resources, to save 3.0 FTE's.

- Successfully implemented successful seasonal high-volume recruitment program.
- Successfully created a comprehensive Quality Management Plan.
- Successful Long-Term Care and Trauma surveys during tenure.

VIBRA HEALTH, BISMARCK, ND, 1/2014 TO 5/2014

Interim Chief Clinical Officer

Served as interim Chief Clinical Officer to a 50-bed LTAC facility owned by Vibra Health. Newly acquired in 2014. Responsible for assuming many aspects of the Chief Operating Officer position as needs were identified and no other senior leader was present daily. Accountable for all elements of operational success including fiscal, regulatory, quality and safety, employee engagement and satisfaction, patient/family satisfaction, and building volume to reach a positive margin on net revenue.

- Vacancy rate at 65% upon hire. Upon leaving had hired into 100% of positions with all positions oriented and through their initial 30 days of hire.
- ADC at 14 when hired. When left position ADC increased to 18-20 with LOS at 28 days.
- Successfully had entire facility overhauled to provide a positive patient/family experience and successfully passed state regulatory survey unannounced with less than 4 recommendations and no citations.
- Planned new 4-bed ICU that increased acuity and volume possibilities.

BANNER HEALTH, MCKEE MEDICAL CENTER, LOVELAND, CO, 4/2011 – 11/2013

Associate Administrator (AA) & Chief Nursing Officer (CNO)

Expanded CNO role incorporating most AA position responsibilities. Led all nursing / majority of ancillary clinical and support departments / health related programs. 12 direct leader reports, 275+ clinician / support FTEs, average operating margin 15% gross revenues > \$350M. Special emphases included new service development / execution, payer network / physician partnership building, and driving hospital-wide efficiency / effectiveness optimization.

DEBRA F. FOX

PAGE FOUR

- Implemented expense reduction plan across clinical continuum netting \$4.2M reduction over 2 fiscal years without impacting quality, engagement, or stakeholder satisfaction.
- Implemented physical therapist driven wound care program netting \$175,000 new revenue secondary to enhanced billing opportunities / operational efficiencies.
- Implemented hospital-wide Lean optimization / performance improvement model. Within 18 months certified 16 Green Belts / brought to successful outcomes 12 HIT Teams. Total savings of > \$1M. Radically improved critical operational processes.
- Implemented transformational leader interview model using Hogan results, simulation experiences, real-time guided rounding, and formal presentation. Saved > \$800,000 in recruitment, orientation, adaptation, and training costs without hiring failures.

- Conceptualized / managed \$1.2M medical-surgical / critical care renovation collapsing 7 nursing units into 2. Nursing matrices achieved Premier productivity top 25th percentile. Reduced indirect care hours by 4 hours / shift through increased efficiency processes / unit design.

Chief Nursing Officer (CNO)

Led inpatient / outpatient nursing services / wellness programs. 6 direct leader reports, 175+ nursing / support FTEs. Special emphases included stabilizing nursing operations, establishing competent stable nurse leadership team, and establishing comprehensive professional practice model.

- Implemented multidisciplinary Shared Leadership model across clinical continuum. Implemented Relationship Based Care as hospital's organizational / cultural model. Improved NDNQI RN Survey composite / unit scores from lowest 10th percentile to top 20th percentile or better. Increased RN response rate from 36% to 100% in 1 year.
- Implemented hybrid nursing leadership organizational structure (OS). Reduced manpower expenses > \$850,000. Leader Effectiveness before reorganization 32 – 67%. Effectiveness after increased 90 – 100%.
- Implemented novel Patient Staging Unit. Controlled in-hospital ADT workload reducing staffing costs \$720 / day. Reduced observation status ALOS to 16 – 18 hours / diagnosis reducing care delivery costs by > \$586,000 / year.
- Implemented unique Nurse Transitionist Program managing patients high risk stratified for <30-day readmission. Reduced 30-day readmission rates > 2 – 3 admissions / high risk diagnosis / month. Reduced chronic ED encounters to < 0 – 2 / high-risk patient / month.

ASCENSION HEALTH, ST. JOSEPH HEALTH SYSTEM, TAWAS CITY, MI, 2008 – 2011

VICE PRESIDENT, Patient Care (CNO & COO Hybrid)

Led nursing / ancillary clinical services. Responsible for all physician contracts / clinic operations, medical staff services, care management / social services, and quality / regulatory management. 12 direct leader reports, 180 clinician / support FTEs, and 23 employed physicians. Average operating margin 6% with gross revenues exceeding \$100M. Special emphases included improving patient satisfaction / core measure scores, transforming nursing / ancillary services into integrated clinical continuum, and transitioning physicians to incentive-based employment model.

- Improved Press-Ganey satisfaction scores by 6% to rank in top decile for Ascension Health System (100+ hospitals).
- Reduced anesthesia costs \$2M by implementing all-CRNA provider / rural epidural model and optimizing hospital anesthesia billing methodology.
- Implemented NP / oncologist provider model in hospital-based AIC / OP oncology clinic despite physician resistance. \$375,000 in new revenue due to improved expense control / billing optimization.
- Implemented first comprehensive women's diagnostic service center in rural NE Michigan. Increased diagnostic market share 8%.

DEBRA F. FOX

PAGE FIVE

BLADEN COUNTY HOSPITAL, ELIZABETHTOWN, NC, 2005 – 2008

SENIOR VICE PRESIDENT, Clinical Operations (CNO & COO Hybrid)

Led nursing / ancillary clinical services / clinical support including quality, risk, regulatory compliance, infection prevention, and education. 11 direct leader reports, 200 clinician / support FTEs, 12 employed physicians / APN's / PA's. Gross revenues- break even. Special emphases included fiscal assessment / optimization - \$5M to break even. With CEO drove RFP process identifying contractual partner for long-term viability.

- Intimately involved in creating / executing comprehensive RFP process to identifying appropriate hospital system partner for lease-to-own arrangement ensuring fiscal viability / garner capital to build new hospital.
- Operationalized all clinical, registration, and billing processes 24-bed trauma ED. Reduced wait times from 16 – 28 hours to 90-minute average using queuing theory / IT technology. Improved Press-Ganey satisfaction ranking from lowest 10th percentile to top 10th percentile.
- Unified occupational medicine / urgent care clinic. Reduced expenses \$38,000 / year. Increased revenue \$80,000 / year thru appropriate billing and increasing / maintaining number of external occupational medicine contracts by > 3 / year.

COLUMBIA MEMORIAL HOSPITAL, ASTORIA, OR, 2003 – 2005

CHIEF CLINICAL OFFICER (CNO & COO Hybrid)

Led hospital operations, strategic planning / execution, physician contracts / Medical Staff Affairs / physician clinics, support functions including facility operations, regulatory compliance, quality, education, infection prevention, care management / social services, and volunteer services. 14 direct leader reports, 430+ FTEs / volunteers, average operating margin 3% with gross revenues > \$30M. Special emphases included re-invigorating Planetree philosophy / outcomes and establishing a functional model for Medical Staff Affairs / Governance.

- Implemented “Shared Needs” model successfully negotiating only 3-year nursing contract with Oregon Nurses’ Association. Held salary increases to 3% / year without COL increases.
- Implemented operational plan establishing functional Medical Staff Affairs Department and governance model. Improved overall physician satisfaction from 38% to 46% secondary to governance initiatives / improved policies.
- Implemented 1-year strategic initiative re-invigorating Planetree programming / success outcomes. Improved Press-Ganey satisfaction scores from lower 20% to top 10%. Improved employee satisfaction scores 32% to 76%. Increased overall market share by 1.8%.

LOWER UMPQUA HOSPITAL, REEDSPORT, OR, 2002 – 2003

INDEPENDENT OPERATIONAL CONSULTANT (1-year contract engagement)

Provided operational assessment, planning / execution bringing hospital to break even with capacity for 1 – 3% operating margin. Strong clinical safety / quality focus since hospital not JC accredited. At-risk for losing LTC center secondary to no administrator license. Obtained license / improved LTC operations including policies, staffing matrices, staff skill mix / competency levels, marketing materials, in-facility NP, and established a family advisory council. Patient census increased from 20% to 92%. Generated new revenues of \$275 to \$320,000 / month.

- Met contractual expectations on time / budget / exceeded BOT outcome expectations.
- Closed hospital owned ground ambulance service. Negotiated sale to private company at profit of \$1.2M.

DEBRA F. FOX

PAGE SIX

- Completed comprehensive assessment of hospice program after losing state certification. Re-designed / operationalized all program elements against state standards resulting in successful state hospice survey with re-designation.

CERTIFICATION

AONE- CENP 2018

GREEN BELT- Healthcare Lean 2012

EDUCATION

2-Year Certification, Executive Leadership / Formation, St. Louis University, St. Louis, MO, 2010

Selected in 2008 by Ascension Health to pursue completion of 2-year Executive Leadership & Formation Program done in partnership with St. Louis University's MBA school

PhD, University of Las Vegas, Las Vegas, NV, Magna Cum Laude 2024

MS, Nursing, Rush University, Chicago, IL, Magna Cum Laude 1984

Major clinical field of study: Medical-Surgical Nursing; subspecialty focus in Cardiovascular Nursing; Major functional field of study: Nursing Administration / Leadership

Certified as Clinical Nurse Specialist

BS, Nursing, University of Mary (Mary College), Bismarck, ND, Magna Cum Laude 1980

Major: Nursing; Minor: Psychology

Diploma, Nursing, Trinity Hospital School of Nursing, Minot, ND 1979

AFFILIATIONS

American College of Healthcare Executives

American Organization of Nurse Executives

Colorado Center for Nursing Excellence

Sigma Theta Tau

University of Mary Alumni Association

University of Mary Nursing Honor Society

Nevada Organization of Nurse Executives

ATTACHMENT G-8

SUSAN MARIE PITZ

PROFESSIONAL EXPERIENCE

5/15-Present UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
Las Vegas, NV

General Counsel

- Serve as the chief legal counsel at University Medical Center of Southern Nevada, Nevada's only Level 1 trauma center, Level II pediatric trauma center and transplant center.
- Manage a legal department staff responsible for advising internal stakeholders on various regulatory, transactional and litigation services.
- Structure arrangements to facilitate UMC's growth in the Southern Nevada market with the opening of several urgent care and primary care centers.
- Advise the UMC Medical and Dental Staff and assist with the implementation of new Medical Staff Bylaws and related policies and procedures.
- Negotiated multiple large transactions, including the acquisition of an enterprise-wide electronic medical records system and UMC's affiliation with the UNLV School of Medicine.
- Work with other c-suite leaders to implement strategic initiatives of the hospital, working with various stakeholders including the UMC Governing Board and the Clark County Commission, sitting as UMC's Board of Hospital Trustees.

1/08-5/15 NUTILE PITZ & ASSOCIATES
Henderson, NV

Shareholder/Managing Member

- Health law transactional and regulatory practice focusing on structure of physician practices, healthcare compliance, provider networks, facility licensing and accreditation.
- Mergers and acquisitions, including purchase and sale of health care facilities and medical clinics.
- Represent practitioners in licensing and disciplinary matters before various licensing boards in Nevada and California.
- Draft legal opinions related to various physician and healthcare entity arrangements to comply with state and Federal regulations (Stark, Anti-Kickback Statute, Affordable Care Act, HIPAA).
- Advise hospital medical staff leaders with respect to physician credentialing matters.
- Firm administration, billing, financial and marketing responsibilities.

4/07-12/07 HALE LANE PEEK DENNISON & HOWARD
Las Vegas, NV

Senior Associate Attorney

- Represent healthcare providers in connection with regulatory compliance matters, licensing and discipline and general business concerns.
- Structure partnership arrangements to ensure compliance with state and Federal regulatory law.
- Client development and retention, marketing and speaking engagement responsibilities.

4/05-4/07 NUTILE LAW & ASSOCIATES
3/03-5/04 Henderson, NV

Associate Attorney

- Transactional attorney practicing primarily in business/corporate, healthcare law and intellectual property. Interpret and draft contractual agreements, research and write legal opinions, develop trademark and copyright practice.
- Real estate transactions; employment matters; licensing.

SUSAN MARIE PITZ

- 6/04-3/05 DICKERSON, DICKERSON, CONSUL AND POCKER
Las Vegas, NV
Associate Attorney
- Transactional attorney hired to assist senior attorney in real estate, healthcare, business/corporate practice. Conduct due diligence and assist in the negotiation and drafting of purchase agreements and related documents in acquisition of several ambulatory surgery centers.
- 9/97-2/03 UNIVERSITY OF NEVADA, LAS VEGAS
Las Vegas, NV
Athletic Business Representative / Sports Marketing (07/99 – 02/03)
- Execute diverse range of contractual responsibilities including: interpreting, negotiating, and generating contractual agreements between athletic department and various partners.
 - Coordinate UNLV trade program valued in excess of \$1 million: conduct public relations in development of relationships with local businesses.
- Assistant Sports Information Director*** (09/97 – 06/99)
- Supervisory responsibility in sports information department encompassing: media coordination, serving as primary media contact for eight programs, working closely with NCAA, Western Athletic Conference, opposing school, local and national media.

EDUCATION

UNIVERSITY OF NEVADA, LAS VEGAS - William S. Boyd School of Law, Las Vegas, Nevada
Juris Doctorate - (December, 2002)

UNIVERSITY OF THE PACIFIC, Stockton, California
Master of Business Administration (1997)
Bachelor of Arts in Communications / Public Relations (1995)

UNIVERSITY OF MIAMI, Coral Gables, Florida
General Education and Public Relations Courses (1992 - 1993)

PROFESSIONAL ASSOCIATIONS & ACTIVITIES

ADMITTED TO PRACTICE:

- Supreme Court of Nevada (February, 2003)
- Supreme Court of California (February, 2004)
- Health Care Compliance Association (HCCA) –
Certified in Healthcare Compliance and Healthcare Privacy Compliance through the Compliance Certification Board/HCCA
- American Health Lawyers Association
- American Bar Association
- Las Vegas Bowl, Committee Member
- Leadership Henderson, Class of 2015 (Henderson Chamber of Commerce)
- Law Review/ Nevada Law Journal (2001-2002)

SUSAN MARIE PITZ

SPEAKING ENGAGEMENTS

UNLV BOYD SCHOOL OF LAW – Adjunct Professor, Health Law Fraud and Abuse (2019 – 2022)

EXPERIENCING THE UNIMAGINABLE: A COMPLIANCE CASE STUDY OF THE MASS SHOOTING IN LAS VEGAS - Health Care Compliance Association Annual Meeting, Boston, MA, April 7, 2019

SHIFTING RISK: THE NEW FRONTIERS OF HEALTH CARE PAYMENTS, American Health Lawyers Association, Legal Issues Affecting Academic Medical Centers and Other Teaching Hospitals, March 9-10, 2017.

TOURO UNIVERSITY NEVADA – Adjunct Professor of Medical Jurisprudence – January, 2009 – May, 2015

VALLEY HOSPITAL RESIDENCY PROGRAM – Business of Medicine Legal Lecture Series – Winter/Spring 2015

LORMAN EDUCATION SERVICES – Medical Records Law (CLE), Summer 2008, Summer 2011, Summer 2014

UNIVERSITY OF NEVADA SCHOOL OF MEDICINE – Physician Contracts -- Fall 2009, Fall 2014

UNIVERSITY OF NEVADA LAS VEGAS – Boyd School of Law – HIPAA's Changing Landscape; Security, Enforcement and Data Breach Notification (CLE) – April, 2012

NEVADA'S CORPORATE PRACTICE OF MEDICINE – Nevada Osteopathic Medical Society – Spring 2009, Spring 2011

PUBLICATIONS

MACRA AND THE MOVE TO QUALITY CARE THROUGH BUNDLED PAYMENTS, American Health Lawyers Association, Legal Issues Affecting Academic Medical Centers and Other Teaching Hospitals, March, 2017.

DON'T DELAY – COMPLY TODAY; The Benefits of Implementing a Compliance Program Before the ACA Mandate – Clark County Medical Society Newsletter, October 2014

A PHYSICIAN'S RESPONSIBILITY TO PATIENTS WHEN LEAVING OR CLOSING A MEDICAL PRACTICE – Clark County Medical Society Newsletter, February 2014

THE CONFIDENTIAL MEDICAL RECORDS OF YOUR PRACTICE WERE COMPROMISED ... WHAT HAPPENS NOW? – Vegas, Inc., August, 2013

HIPAA OMNIBUS RULE (Update) – Clark County Medical Society Newsletter, July 2013

HIPAA OMNIBUS RULE – Clark County Medical Society Newsletter, August 2012

HIPAA AND THE SPORTS MEDIA, SEPARATING FICTION FROM REALITY – Nevada Lawyer, August 2003

ATTACHMENT H

Summary



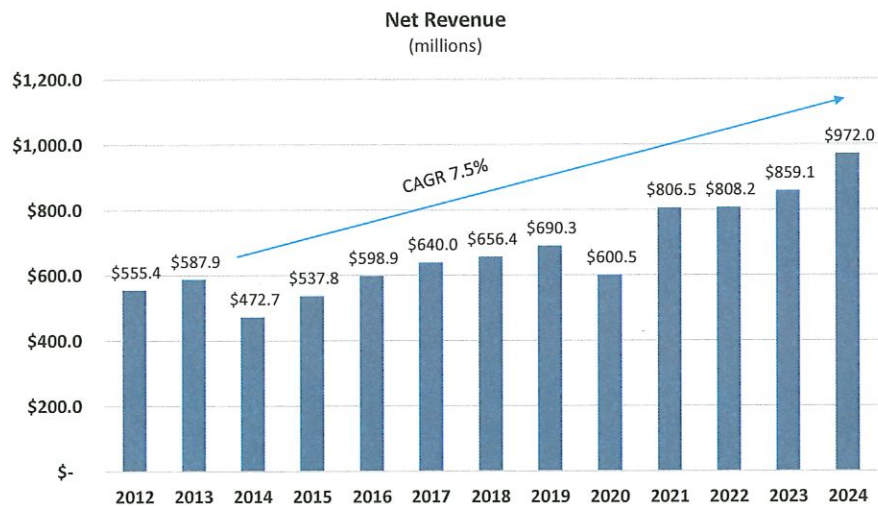
- The Governing Board was seated in January 2014 and has been in place for 11 years
- Several major events took place over these years
 - Surprise departure of two CEOs
 - New CEO, COO, CFO, CHRO, CNO and CMO
 - Great Financial Crisis 2008-2009
 - COVID 2020-2021
- UMC survived the challenges and is showing solid financial results
- \$300mm+ in capital investments
 - EPIC EHR and the exterior renovation are major additions
- Clark County subsidy has dropped from an average of \$64.0mm in 2014-2016 to an average of \$15.3 mm in 2023-2025
- Repaid all third-party indebtedness
- Liquidity remains strong at >\$200mm

Slide 2

Revenue Trends



- Revenue has more than doubled over the period and is on track to exceed \$1bn in 2025
- Only down year was during COVID

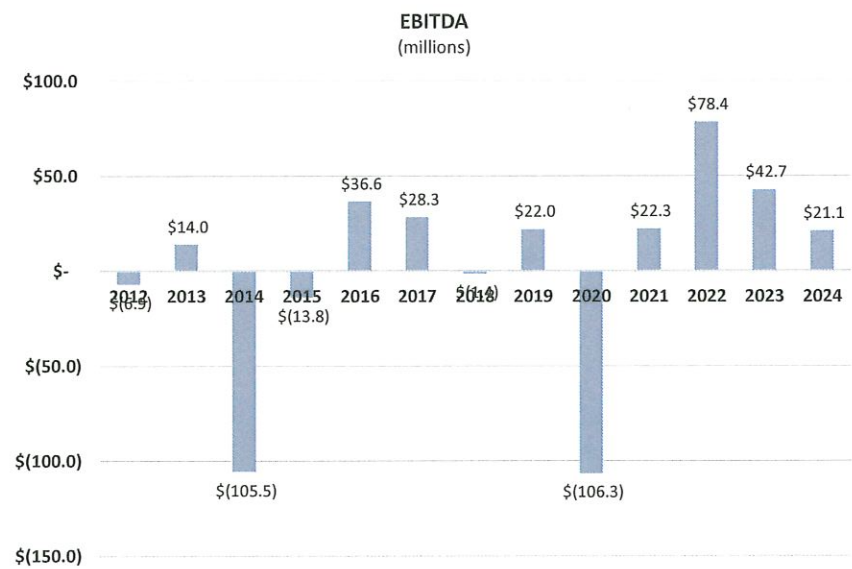


Slide 3

EBITDA Trends



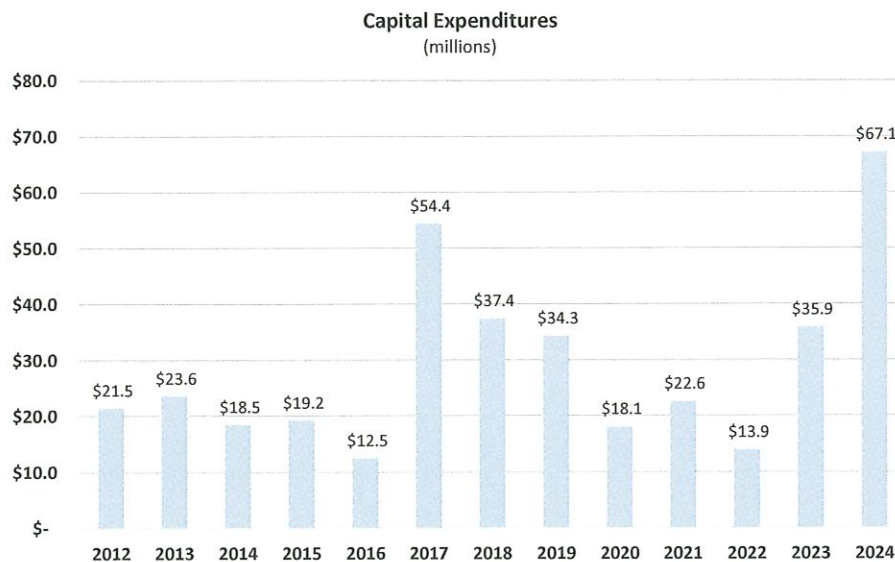
- After the first two years, EBITDA has generally been positive
- Negative EBITDA in 2018 (GFC) and 2020 (COVID)



Capital Expenditures



- Capital expenditures of \$334.1mm 2014-2025
- Major projects: EPIC EHR and Exterior Renovation

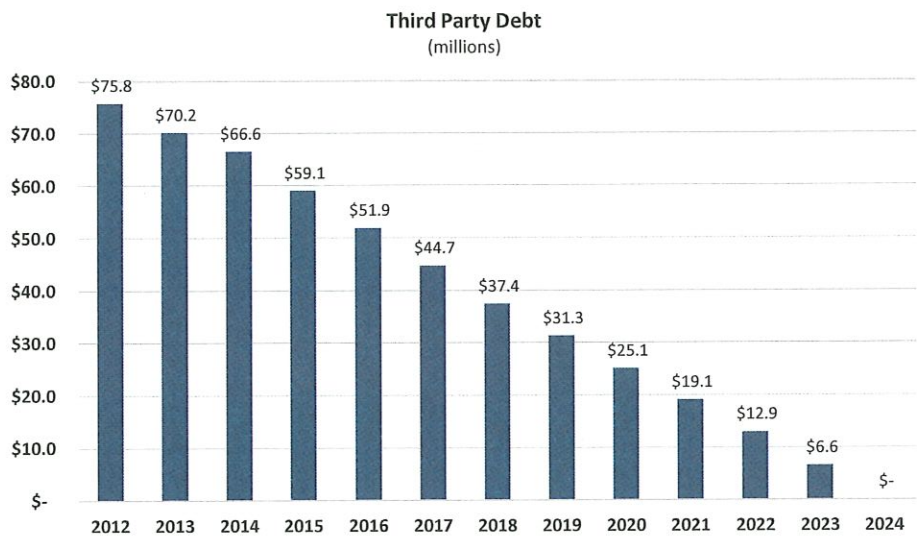


Slide 3

Third-party Debt



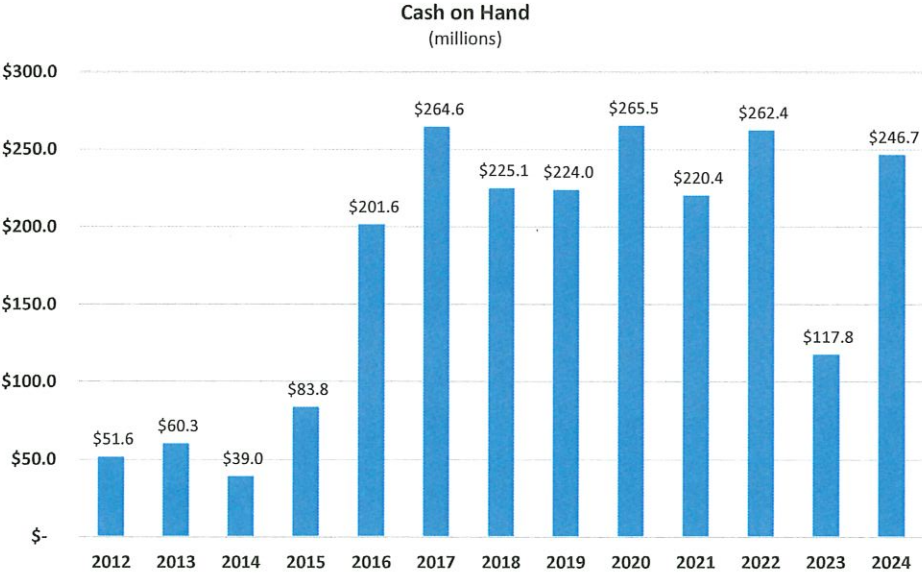
- \$70mm of third-party debt repaid 2014-2024
- UMC now has no third-party debt



Cash on Hand



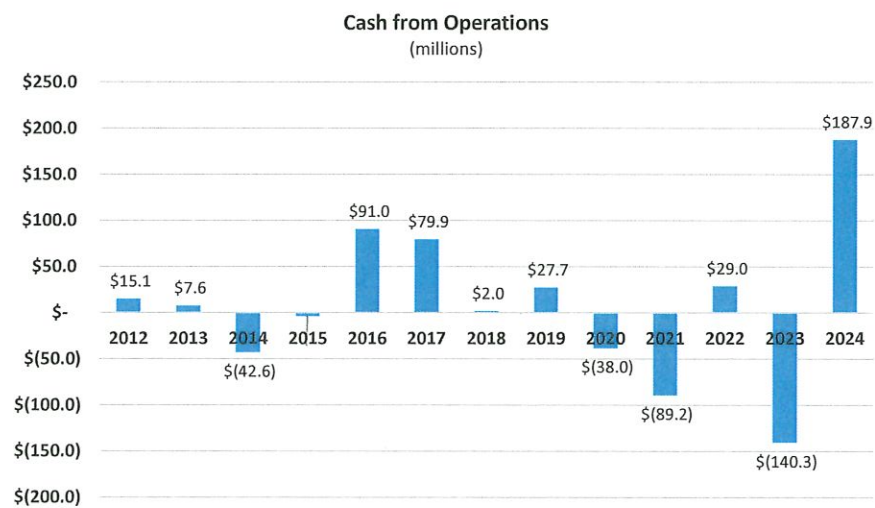
- After the first two years, UMC has had significant cash balances
- 2023 is down due to an expected payment of \$125mm from CMS that was received in 2024



Cash from Operations



- Positive Cash from Operations is the key metric
- Positive Cash from Operations provides ability to make capital expenditures and debt repayments

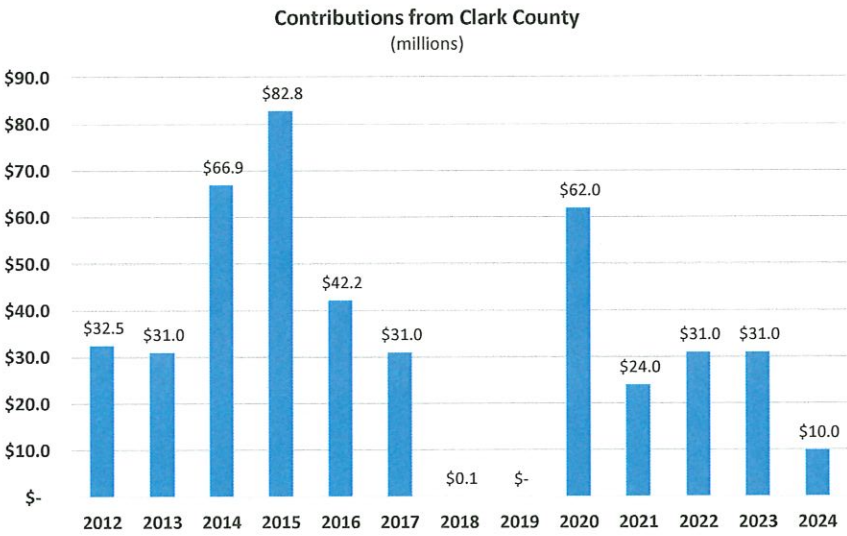


Slide 3

Subsidy from Clark County



- County subsidies have dropped from a high of \$82.8 mm in 2015 to \$5.0mm in 2025

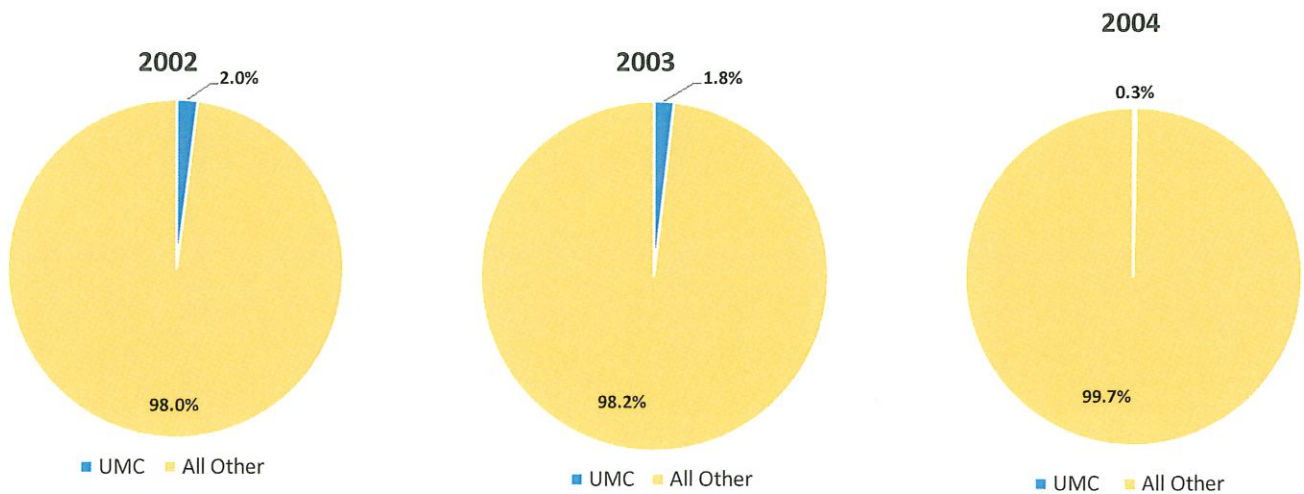


ATTACHMENT I

UMC Burden on Clark County



- UMC's Share of General Fund Expenditures have decreased
- From 2.0% in 2022 to 0.3% in 2024
- Further decreases to 0.2% in 2025 and 2026



Slide 3

ATTACHMENT J

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
CAPITAL EXPENDITURES
AS OF JUNE 30 2005 TO JUNE 30 2024

	Land	Land Improvement	Buildings and Building Improvements	Equipment	Furniture and Fixtures	Infrastructure	LVA-IT Hardware	Fixed Assets Conversion System	Construction in Progress	Totals
FY 2005	0	0	103,298	17,422,087	0	0	0	0	8,223,285	25,748,670
FY 2006	352,066	964,758	779,105	6,297,077	0	0	0	0	27,575,120	35,968,126
FY 2007	0	0	14,848,868	9,457,111	975,394	0	0	0	3,381,337	28,662,710
FY 2008	0	0	2,160,876	3,954,539	113,419	0	0	0	1,949,400	8,178,234
FY 2009	0	0	571,922	4,528,657	7,004	0	0	0	10,737,509	15,845,092
FY 2010	0	0	8,930,609	2,284,418	0	0	0	0	4,909,001	16,124,028
FY 2011	0	13,552	1,214,100	6,372,715	127,608	0	0	0	1,573,414	9,301,389
FY 2012	0	0	75,427	5,331,641	13,433	0	0	0	22,983,658	28,404,159
FY 2013	0	0	4,838,289	19,807,726	341,087	176,367	0	0	2,847,100	28,010,569
FY 2014	0	0	191,483	8,931,111	67,976	0	143,391	0	7,729,786	17,063,747
FY 2015	0	0	2,193,738	8,640,848	969,042	0	0	0	0	11,803,628
FY 2016	0	0	572,316	4,580,639	457,777	0	0	0	2,140,637	7,751,369
FY 2017	0	0	484,754	11,721,256	428,199	1,211,042	0	233,210	18,985,942	33,064,403
FY 2018	0	0	3,809,417	13,046,160	663,298	24,798	0	0	28,679,345	46,223,018
FY 2019	0	105,302	5,978,991	22,544,859	491,664	0	0	0	3,860,195	32,981,011
FY 2020	0	0	2,443,617	10,784,655	959,543	0	0	0	8,045,745	22,233,560
FY 2021	0	0	3,674,674	16,884,545	1,278,481	69,013	0	0	5,701,283	27,607,996
FY 2022	0	0	7,253,355	10,257,678	328,316	3,126	0	0	8,145,312	25,987,787
FY 2023	0	55,220	13,853,907	22,581,926	1,409,537	53,863	0	0	15,156,725	53,111,178
FY 2024	0	0	35,448,385	14,585,287	1,418,832	0	0	0	53,165,288	104,617,792
Totals	352,066	1,138,832	109,427,131	220,014,935	10,050,610	1,538,209	143,391	233,210	235,790,082	578,688,466

ATTACHMENT K

University Medical Center SWOT Analysis

Strengths

- Level 1 Trauma & Children's Hospital
- Comprehensive service lines - "One and Only"
- Unique academic-based learning environment
- 90+ year relationship with the community
- UMC Governing Board
- Longstanding provider relationships
- Only safety net mission in the state
- Expanded "QuickCare" presence in LV Valley
- Positive overall reputation with the community
- Strong relationship with EMS, fire, police & unions

Weakness

- Our payer mix within PSA
- Limited bed capacity to grow beyond the current market share
- Outdated facility with aging infrastructure
- High benefit structure in comparison to the market
- Impression in the community as a county hospital vs an Academic Health Center
- Inability to consistently place patients for post-acute needs secondary to payer mix
- Structural constraints in negotiating with payers
- Contracts with payers/providers
- Relatively young academic partner

Opportunities

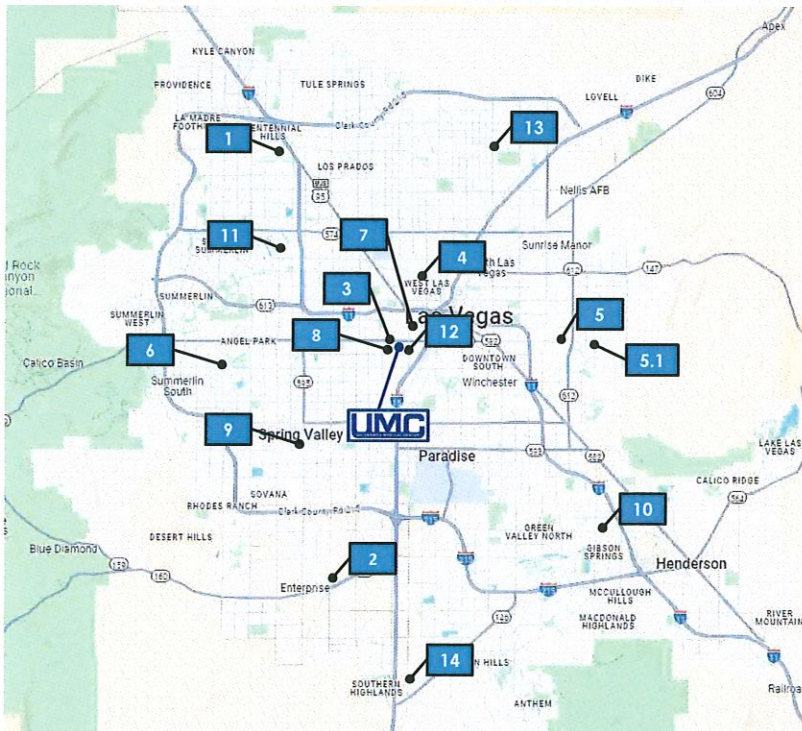
- UMC Physician Employment/Practice Plan
- Sponsoring new GME programs needed in the community
- Expansion of Service lines for elective volume
- Master Plan of the campus
- Capital Investment
- Contracts with payers/physicians
- Continued dedicated funding source
- Develop a reputation with the community as a true Academic Health Center
- Development of the Las Vegas Medical District
- Enhance Community-Provider Relationship
- Philanthropy & Grant Opportunities

Threats

- Designated Trauma expansion
- Expansion of competing hospitals
- Possible federal and state changes in Medicaid
- Changes in Supplemental Payments
- Proliferation of standalone EDs/Micro Hospitals
- New GME programs diluting academic brand
- Consolidation of outpatient insurance based organizations limiting access to provider networks
- New Regulations (federal and state)
- Inappropriate use of ED driving up uncompensated care

ATTACHMENT L

ALL UMC QC AND PC



1. Centennial QC and PC

- 11,000 sq. ft.
- Lease end date – 05/31/2027
- Annual cost – \$303,120

2. Blue Diamond QC

- 6,067 sq. ft.
- Lease end date – 10/10/2027
- Annual Cost – \$167,400

3. Delta Point Building

- 69,309 sq. ft.
- Lease end date – 05/18/2025
- Annual Cost – \$1,737,924

4. Enterprise QC

- 10,159 sq. ft.
- Lease end date – 09/15/2030
- Annual Cost – \$112,000

5. Nellis QC and PC

- 9,600 sq. ft.
- Lease end date – 12/31/2025
- Annual cost – \$200,800

→ **5.1 NEW** Nellis QC and PC

- 17,121 sq. ft.
- Owned
- Opening end of 2025

6. Piccole QC

- 5,981 sq. ft.
- Lease end date – 12/31/2026
- Annual Cost – \$274,704

7. PCMD at Lied

- 4,363 sq. ft.
- Owned

8. 2100 W Charleston Blvd.

- 14,658 sq. ft.
- Lease end date – 02/15/2035
- Annual Cost – \$460,000

9. Spring Valley QC and PC

- 9,990 sq. ft.
- Lease end date – 06/30/2025
- Annual Cost – \$206,508

10. Sunset QC and PC

- 8,500 sq. ft.
- Lease end date – 08/31/2028
- Annual Cost - \$249,900

11. Summerlin QC and PC

- 8,500 sq. ft.
- Lease end date – 01/31/2027
- Annual Cost - \$265,119

12. Wellness/Infusion/ID Building

- 20,318 sq. ft.
- Lease end date – 06/30/2028
- Annual Cost – \$452,304

13. Alliantie QC, PC and PEDS

- 9,600 sq. ft.
- Lease end date – 06/15/2031
- Annual Cost – \$292,800

14. Southern Highlands PC

- 7,325 sq. ft.
- Owned
- Upcoming construction to add QC



- Approximately ~940,000 sq. ft.

University Medical Center | 1800 W. Charleston Blvd. Las Vegas, NV 89102

ATTACHMENT M

University Medical Center of Southern Nevada's Awards, Accolades, and Achievements

Cashman Good Government Award

UMC CEO Mason Van Houweling received the Cashman Good Government Award on February 25, 2025, recognizing his leadership in one of the most impressive financial transformations in health care. The Nevada Taxpayers Association established this award in 1997 to recognize superior stewardship of taxpayer dollars by government employees and agencies. During the past decade, UMC's team has successfully transformed a once-struggling public hospital into the pinnacle of clinical excellence in Nevada. Impressively, UMC accomplished this while saving local taxpayers nearly \$1 billion. As a direct result of this financial transformation, UMC has reinvested its positive operating margins to significantly enhance the level of care available to community members. UMC has expanded vital services, renegotiated costly contracts, and invested in technology and capital improvement. As a result, UMC now serves as an example of financial stability while offering the highest level of care available in Nevada. UMC no longer relies solely on large subsidies from Clark County taxpayers, allowing these county dollars to be spent on other vital services in the community

Becker's Hospital Review

UMC and its leadership team have earned national recognition from Becker's Hospital Review, a highly respected industry trade publication. In recent years, UMC has been highlighted in the following award and recognition lists published by Becker's:

- 150 Top Places to Work in Healthcare 2025
- 100 Academic Medical Centers to Know
- 50 Largest Public Hospitals in America
- 72 Hospitals with the Most ED Visits in 2024
- 96 Academic Medical Center CEOs to Know (Mason Van Houweling)
- 77 Academic Medical Center CFOs to Know (Jennifer Wakem)
- 60 Academic Medical Center COOs to Know (Tony Marinello)
- 54 CXOs to Know (Danita Cohen)
- 156 Women Hospital and Health System CFOs to Know (Jennifer Wakem)

Best of Las Vegas

Community members have consistently voted UMC the "Best of Las Vegas" in several key categories, including Best Hospital. Published by the Las Vegas Review-Journal, the "Best of Las Vegas" serves as one of the most widely recognized awards for local businesses and organizations. In 2024, UMC earned a total of six "Best of Las Vegas" Gold Awards, including:

- Best Hospital (UMC)
- Best Cardiology (UMC Cardiovascular Center)
- Best Pediatrician (UMC Children's Hospital)
- Best Place to Have a Baby (UMC Women & Newborn Care Center)
- Best Urgent Care/Walk-In Clinic (UMC Quick Care)
- Best Medical Practice (UMC Primary Care)

UMC Cardiovascular Center

In recent years, UMC has made significant investments to expand cardiovascular services for community members in Southern Nevada. UMC has expanded its number of cardiac cath labs from two to three while adding an 11-bay prep/recovery area to streamline patient flow and support increased volume. With fully renovated, state-of-the-art cath labs, UMC is able to provide emergent interventional heart procedures, structural heart procedures, and electrophysiology procedures. Over the past three years, UMC has nearly doubled its monthly volume of heart catheterization procedures. The UMC Cardiovascular Center has developed a comprehensive electrophysiology program, eliminating the need to send patients off-campus for complex EP procedures. These acute interventions are in addition to the Cardiac Rehabilitation Clinic and Heart Failure Clinic, which provide ongoing support and improved quality of life to the residents of Clark County. UMC continues to be a market leader in technology in the cardiac space and, most recently, was the first hospital in Nevada to begin performing commercial procedures on the kidney to treat patients with uncontrolled blood pressure.

UMC has recently earned the following cardiovascular care awards and accreditations:

- Chest Pain Center Accreditation with Primary PCI – American College of Cardiology
- 2024 Get with the Guidelines Stroke Gold Plus Award with Target: Stroke Honor Roll Elite, Advanced Therapy, and Target: Type 2 Diabetes Honor Roll – American Heart Association
- High-Performing Hospital, Heart Attack Care – U.S. News & World Report
- High-Performing Hospital, Heart Failure – U.S. News & World Report
- Chest Pain MI Registry Silver Performance Achievement Award – American College of Cardiology

UMC Laboratory

UMC's state-of-the-art laboratory performs approximately 2 million tests each year and has been recognized as the second-best laboratory in the nation by Medical Laboratory Observer Magazine. UMC's Laboratory and Pathology Department is accredited by the College of American Pathologists and the Clinical Laboratory Improvement Act, and provides 24-hour support to all hospital services and programs.

COVID-19 Laboratory

UMC was the first and only hospital in the state to invest in the development of robust COVID-19 testing resources to support large-scale public testing throughout the pandemic. Before the first case of COVID-19 in Nevada, UMC's leadership team had already developed a carefully crafted plan to build a second on-site laboratory at UMC dedicated solely to COVID-19 testing. Built in a space formerly occupied by an outpatient physical therapy gym, UMC's COVID-19 Laboratory processed more than 1.3 million tests throughout the pandemic. With a capacity of 10,000 tests per day, this laboratory significantly improved access to COVID-19 testing in Nevada, allowing UMC to open multiple high-capacity public testing centers in the community.

COVID-19 Leadership

As the world braced for the impact of COVID-19 in 2020, UMC's leadership team set forth to prepare their community, utilizing every resource at their disposal to educate the local health care industry and begin building the infrastructure to support the state's largest COVID-19

response operation. Early in the pandemic, UMC hosted regular COVID-19 town hall meetings for local health care industry leaders, sharing vital information from UMC's trusted infectious disease physicians. UMC also worked closely alongside Southern Nevada's casino and resort industry leaders to provide infection control guidance and support large-scale testing for the industry's employees. UMC operated the state's largest COVID-19 testing center in the expansive halls of the Las Vegas Convention Center, providing local casino and resort employees with unprecedented access to COVID-19 tests. The robust testing resources provided by UMC helped the local economy safely reopen during the summer of 2020. UMC also served as the only hospital in Nevada to offer public COVID-19 vaccination centers during the pandemic, offering tens of thousands of vaccine doses to community members.

UMC Transplant Center: Expansion of Services

In recent years, the UMC Transplant Center has experienced an impressive resurgence, leading to reduced wait list times and a record number of life-saving kidney and pancreas transplants for Nevadans. With new physician leadership in place and a dedicated team of clinical experts, Nevada's first and only transplant center has grown significantly. UMC performed a total of 188 organ transplants in 2024, more than triple the number of transplants performed annually prior to 2020. UMC introduced a new pancreas transplant program in 2023, further expanding access to care for Nevadans. Looking to the future, UMC continues to work toward the introduction of a liver transplant program.

UMC Transplant Center: Ranked First in the Nation

In 2023, the UMC Transplant Center earned national recognition for becoming the highest-ranked kidney transplant program in the U.S., according to data published by the Scientific Registry of Transplant Recipients. Among 257 kidney transplant programs in the U.S., UMC ranked first in the nation for both its one-year kidney survival rate and for offering the shortest amount of time spent waiting for a kidney transplant. One-year kidney survival serves as a key indicator of successful outcomes. Among UMC's transplant recipients, 97.26 percent had functioning kidneys one year after their surgeries, far surpassing the national average of 93.85 percent. Most patients at the UMC Transplant Center spend about 18 months to two years on the waiting list, representing a mere fraction of the national average. In some large cities across the U.S., patients sometimes wait 10 or more years before receiving transplants.

UMC Lions Burn Care Center

The UMC Lions Burn Care Center serves as Nevada's first and only Verified Burn Center, offering comprehensive care to patients of all ages. The UMC Lions Burn Care Center is one of the few hospitals in the nation to earn verification as a Burn Center by the American Burn Association and the Committee on Trauma of the American College of Surgeons. This achievement recognizes UMC's commitment to providing patients with the highest level of burn care. The Burn Center offers a multidisciplinary approach that includes burn surgeons, expertly trained nurses, physical therapists, and child life specialists, in addition to many other team members who work collaboratively to promote the best possible outcomes for patients. UMC pioneered burn care in Nevada, and its team continues to provide patients with access to groundbreaking forms of treatment. UMC recently became the first hospital in Nevada to offer laser therapy procedures to reduce burn scars. In addition, UMC burn patients have achieved life-changing results from the innovative RECELL system. Designed to reduce the need for

traditional skin grafts among patients with burn wounds, the system uses a sample of the patient's own skin to generate spray-on skin cells that are personalized to the individual patient. For many patients, this can significantly accelerate the healing process.

UMC Trauma Center

As Nevada's first and only Level I Trauma Center, the UMC Trauma Center offers the state's highest level of care to community members, visitors, and residents of surrounding states. This state-of-the-art trauma center serves patients in a 10,000 square-mile area, caring for about 14,000 patients annually. While UMC cares for Southern Nevada's most critically injured patients, including many with less than a 1% chance of survival, the UMC Trauma Center offers an impressive survival rate of 97.1% among patients who arrive with vital signs. As the only free-standing trauma center west of the Mississippi River, the UMC Trauma Center offers three dedicated operating rooms for trauma patients, 11 resuscitation beds, and a fully staffed Trauma Intensive Care Unit with 14 beds. This facility is purpose-built for high acuity and volume, providing unmatched care during the community's greatest times of need.

Pediatric Trauma Center

UMC is home to Nevada's only Designated Pediatric Trauma Center, which provides life-saving care for the community's most critically injured children. UMC's Pediatric Trauma Center offers an outstanding survival rate of 99.2% among all children who arrive with a pulse. The trauma center provides a world-class team of experts who are available around the clock to deliver life-saving care. This team includes pediatric surgeons, trauma surgeons, pediatric intensivists, pediatric neurosurgeons, pediatric orthopedic surgeons and many other specialists.

Military Medicine

UMC is home to the largest military-civilian partnership of its kind in the United States. From the fast-paced environment of Nevada's only Level I Trauma Center to high-tech operating rooms equipped with the latest advances in clinical robotics, UMC integrates approximately 100 U.S. Air Force medics into clinical practice at any given time. This innovative partnership not only prepares Air Force medics for future deployments, but also provides community members with improved access to expertly trained military physicians, nurses, and medical technicians. Formally known as the Las Vegas Military-Civilian Partnership, this large-scale program includes a wide range of community partners working alongside the Air Force, including: UMC, the Kirk Kerkorian School of Medicine at UNLV, the North Las Vegas VA Medical Center, North Las Vegas Fire and Rescue, AMR Las Vegas, AirMed International, the Southern Nevada Health District and local private practice groups. On the military side of the partnership, three major Air Force organizations are involved: Mike O'Callaghan Military Medical Center at Nellis Air Force Base, the United States Air Force School of Aerospace Medicine, and highly specialized Surgical Operations Teams tasked with providing life-saving care on battlefields across the globe.

Emergency Preparedness

Throughout his time as CEO of UMC, Mason Van Houweling has earned his reputation for offering valuable leadership to the community during its greatest times of need. Van Houweling has spent his career preparing for crisis situations, working alongside his team members to ensure readiness across UMC, including frequent mass casualty drills and the development of

comprehensive crisis response plans for any scenario. This extensive preparation played a vital role in UMC's world-class response to the deadliest mass shooting in modern American history on October 1, 2017. UMC was fully prepared for this unspeakable tragedy, activating a comprehensive disaster response plan. Before the first patients arrived, teams began placing gurneys with IV bags in hallways and outside of the UMC Trauma Center to prepare for an influx of patients. UMC leaders began calling in additional clinical staff, including surgeons, anesthesiologists, nurses, and technologists. In total, UMC cared for 104 victims of the shooting, 60 of whom required hospitalization. As a result of UMC's clinical expertise and emergency preparedness efforts, every patient who arrived with a pulse survived that evening.

Surgical Services

The operating rooms at UMC have seen significant growth over the past decade, providing additional surgical services to the community while also generating valuable income for the hospital. Most recently, UMC has seen 11% growth in surgical case volume and a nearly \$20 million increase in total net revenue in FY2025 Q2. Specifically, UMC has experienced notable growth in gastroenterology (29%), gynecology (31%), ENT (25%), pulmonary (36%), transplant (94%), urology (17%), and vascular (2,333%) surgical volumes from 2023 to 2024.

Robotic Surgery

In addition to providing traditional open surgical and laparoscopic approaches, UMC became the first hospital in Nevada to invest in the latest robotic surgical equipment with the Da Vinci 5 in late 2024. This surgical robot joined an existing fleet of two other surgical robots to assist UMC in caring for Clark County residents needing surgical intervention. The da Vinci system is used for minimally invasive surgical procedures in urology, gynecology, bariatric, thoracic, and general surgeries. Minimally invasive robotic surgery offers a number of significant advantages, including reduced risks of complications, improved recovery times, and shorter hospital stays. With the latest state-of-the-art technology, UMC's robotic surgery program has seen nearly 130% growth in robotic surgical volume from 2024 Q1 to 2025 Q1. UMC performs nearly 300 robotic surgeries per quarter and is considered a market leader in robotic surgery in Clark County. Finally, with tremendous growth in robotic surgery volume, UMC plans to replace the older surgical robots with the newest da Vinci 5 and may be the first academic hospital in the country to have an all-da Vinci 5 fleet of surgical robots.

Acute Rehabilitation Center

UMC serves a significant number of patients with acute surgical needs from trauma, stroke, orthopedic, and burn injuries. As such, these patients require not only acute intervention but also rehabilitation after they have been stabilized and treated. These patients are currently being referred to other community organizations for their post-acute clinical needs. UMC has developed a business and operational plan to create a two-floor acute rehabilitation center (ARC) on the fourth and fifth floors of the UMC Trauma Building. The ARC will be a state-of-the-art 28-bed unit with all private rooms, including a gym, which will allow UMC to care for this patient population and enhance the continuum of care. In addition to improving care for residents of Clark County, the ARC will generate approximately \$5 million annually in operating income for the hospital.

Orthopedics

Understanding that Clark County's population continues to grow and become older, UMC has made the investment in creating the UMC Orthopedic & Spine Institute. The institute has a team of UMC-employed physicians and nurse practitioners at two locations in Clark County. Total surgical cases increased by 24% year over year, with clinic visits up 30% over expectations. UMC has made additional investments by hiring two pediatric orthopedic surgeons to serve the youngest population in Clark County. By developing the UMC Orthopedic & Spine Institute, UMC has closed the gap in care for patients who have traumatic injuries, need joint replacement, or are experiencing general orthopedic injuries. Patients who visit UMC's Primary or Quick Care locations are now kept within the hospital network for their orthopedic care. UMC will continue to grow its orthopedic footprint in the valley by extending clinical services to UMC Primary and Quick Care clinics in the community.

Ambulatory Care

Many patients will not visit UMC's hospital campus unless they have an acute medical or surgical need, but many will need Primary Care or Quick Care close to home on an ongoing basis. UMC has seen year-over-year growth in Primary and Quick Care visits. As such, UMC over the years has made a significant investment in our Primary Care and Quick Care locations. Specifically, we have grown our footprint to include new clinics in the northwest (Centennial Hills), southwest (Blue Diamond), the north (Aliante), and the south (Southern Highlands). UMC will soon move its location in the Northeast (Nellis) to a brand-new and larger location in the same neighborhood. All existing Primary and Quick Care locations have been refreshed with a modern and up-to-date design and patient flow. The hospital is continually looking at population growth in Clark County to provide greater access in areas of need and closer to patients' homes. Finally, UMC is looking to provide additional telemedicine access to underserved areas such as Laughlin.

Women's & Children's Care

Understanding that Clark County has a growing population which includes more women, expecting mothers, and young children, UMC has strategically positioned itself in the market as a leader in women and children's care. UMC Children's Hospital offers a Level III neonatal intensive care unit, a dedicated Pediatric Emergency Department, Pediatric Intensive Care Unit (PICU), and pediatric hospitalist service staffed by employed physicians. In regard to women's care, UMC has served as a safety net for expecting mothers who may not have had adequate prenatal care. UMC's Baby Steps program provides valuable support for expectant mothers, connecting them with financial assistance and high-quality prenatal care. UMC has seven labor and delivery rooms, two operating rooms, and 16 post-partum rooms. All of these rooms have been remodeled to offer all-private suites.

Employed Physicians

In order to improve clinical outcomes and the continuity of care, UMC made the decision to employ its Emergency Medicine, Hospitalist, Radiology, Orthopedic, and Anesthesia physicians. This is in addition to the physicians already employed in the Primary and Quick Care clinics, Infectious Disease, Neonatal Intensive Care, and Pediatric Hospitalist areas of the system. UMC has experienced immediate improvement in our ability to serve a greater population in a more efficient manner with improved clinical outcomes. This employed physician model has fostered

greater collaboration among physicians in all areas of the hospital, resulting in decreased length of stay in the hospital with improved patient satisfaction. Many physicians prefer being employed by hospitals or healthcare systems, which provides them with more time to focus on patient care and a better work-life balance when compared to private practice. UMC has been on the leading edge of this change and incorporates newly hired physicians into a continuum of care that promotes better clinical outcomes, increased efficiency of the hospital, and higher patient satisfaction. UMC will continue to look at opportunities to grow its employed physician teams.

ACGME Accreditation

UMC became a sponsoring institution accredited by the Accreditation Council for Graduate Medical Education (ACGME) in January 2025. Following this achievement, UMC submitted its application to form its own Diagnostic Radiology Residency Program. UMC has invested heavily in graduate medical education (GME) over the past four decades. GME will continue to play a pivotal role in UMC's strategy moving forward.

Journey to Magnet Status

UMC will soon become the first hospital in Nevada to achieve Magnet Status, an international nursing designation awarded by the American Nurses Credentialing Center (ANCC). This designation recognizes hospitals for continually elevating patient care in an environment where nurses deliver excellence through leadership, scientific discovery, and dissemination and implementation of new knowledge. Nevada is one of only two states without a Magnet hospital. UMC began its path to Magnet Status by achieving Pathway to Excellence designation from the ANCC. The Pathway designation is a global credential that highlights UMC's commitment to creating a healthy work environment where nurses feel empowered and valued. UMC is expected to complete its journey to Magnet Status in 2026.

Capital Improvement Projects

UMC's rapid financial transformation has created new opportunities for the health care system to invest in vital capital improvement projects that support continued growth in a competitive market. UMC will soon complete the largest capital improvement project in its 94-year history, transforming the hospital's 26-acre campus with upgraded and modernized features. This project, known as UMC ReVITALize, includes the renovation and modernization of UMC's façade spanning across every building on the hospital's campus, the addition of two new healing gardens, new campus lighting and landscaping, new building and directional signage, upgraded parking lots, and improved access for vehicles and pedestrians.

In addition to the large-scale UMC ReVITALize project, UMC has completed many other key capital improvement projects and purchases in recent years, including:

- Central Power House (CPH) Infrastructure Project
- IV Pump Conversion Project
- Ventilator Replacement Project
- da Vinci 5 Robotic Surgery System
- Southern Highlands Clinic Expansion Project
- UMC Trauma Center Refresh Project, including a new interventional radiology suite and CT scanner

- CT and X-Ray Room Replacement Project in the Adult Emergency Department
- Crisis Stabilization Center Project
- Cardiac Catheterization Lab Expansion Project
- UMC Orthopedic & Spine Institute
- UMC Infusion Clinic
- Recent property acquisitions
 - 820 Rancho Lane
 - 701 Tonopah Drive
 - 2101 W. Charleston Blvd.
 - 5755 E. Charleston Blvd. (Nellis Quick and Primary Care replacement)

Assault Prevention

UMC's expertly trained clinical team members provide victims of sexual assault with the care and compassion they deserve. Nevada HealthRight assists UMC in providing sexual assault forensic examinations and support for victims. UMC's clinical experts also provide trusted leadership and education to identify and prevent human trafficking in Clark County. This includes frequent training opportunities and classes focused on human trafficking. In addition, UMC Children's Hospital offers a robust child abuse prevention program, providing training and education for parents and guardians of young children.

ICARE

UMC's patient satisfaction scores are among the highest of hospitals in Southern Nevada, a reflection of a comprehensive patient experience strategy that combines employee education with expectations, recognition, and accountability. Established on the acronym ICARE, UMC's framework for patient and colleague engagement rests on the principles of Identifying, Communicating, Asking, Responding and Bonding, and Exiting appropriately from every interaction. By applying these simple concepts, even during the most difficult situations, UMC has improved HCAHPS scores and employee morale.

UMC Children's Hospital

UMC Children's Hospital offers Nevada's highest level of pediatric care, providing a wide range of exclusive and highly specialized services for Clark County's youngest patients. UMC Children's Hospital is home to Nevada's only Designated Pediatric Trauma Center and Verified Pediatric Burn Center. The hospital's world-class team members work collaboratively to deliver life-changing care in a child-friendly, family-centered environment. At UMC Children's Hospital, families are treated as partners in their child's health care journey and encouraged to play an active role in the recovery process. Whether it's an emergency in the middle of the night or a quick telemedicine visit for a lingering cough, UMC Children's Hospital is always here for families in Southern Nevada.

UMC Children's Hospital provides trusted care for Clark County's children, including:

- Dedicated, 24/7 Pediatric Emergency Department staffed around the clock by fellowship-trained and board-certified Pediatric Emergency Medicine physicians

- Nevada's only Designated Pediatric Trauma Center, offering an outstanding 99.2 percent survival rate among children who arrive with a pulse
- Nevada's only Verified Pediatric Burn Center, providing specialized treatment to hundreds of children each year
- 25-bed general Pediatrics Unit supported by a full team of children's care experts
- Level III Neonatal Intensive Care Unit (NICU) with a dedicated team of neonatologists and neonatal nurses who have dedicated their careers to caring for Southern Nevada's youngest patients
- Pediatric Intensive Care Unit (PICU), providing life-saving care for many of Southern Nevada's most critically ill and injured children
- Nevada's first Pediatric Robotic Surgery Program
- A full team of Child Life Specialists who work alongside children to ease stress and anxiety throughout their hospital stays
- Pediatric Sedation Unit, providing specialized sedation services for children prior to procedures and tests performed at the hospital
- A team of specialized Pediatric Surgeons, including orthopedic specialists
- A child-friendly, family-focused environment complete with multiple playrooms and family retreat areas
- Convenient pediatric urgent care services from neighborhood UMC Quick Care locations across Clark County
- 24/7 telemedicine from trusted, local UMC providers through the UMC Online Care app
- Outpatient Pediatric Infectious Disease Clinic

Healthy Living Institute at UMC

UMC established the Healthy Living Institute as a physical commitment to improving the health and well-being of Southern Nevada. The Healthy Living Institute at UMC is dedicated to bringing complimentary learning opportunities to community members that improve, promote, and restore their quality of life. The Healthy Living Institute at UMC offers a vast selection of complimentary classes and resources for community members, including:

- Car seat inspections and installations
- Adult, child, infant and pet CPR classes
- "Stop the Bleed" training
- First aid for minor burns
- Fitness classes for seniors

- Diabetes education workshops
- Fall prevention workshops
- Physician “Lunch & Learn” lectures
- Safe Sitter classes
- Pediatric burn survivor support group
- Senior Celebrations program
- Prenatal classes:
 - Childbirth
 - Baby Basics
 - Infant Massage
 - Breastfeeding
 - Rookie Dad Academy
- Parenting workshops and playgroups
- Gardening classes
- Arts and crafts
- Community events and outreach
 - Booster seat giveaway events
 - Bicycle, ATV, and pedestrian safety events
 - Helmet giveaway events
 - AED equipment and training for youth sports leagues
 - On-site first aid and CPR training for local organizations
 - Teddy Bear Clinics at local elementary schools

Tranquility at UMC

Tranquility at UMC is Nevada’s first program of its kind for patients. The program utilizes integrative and holistic therapies to create a positive healing environment, which some studies have shown can lead to faster recovery times. These therapies are supported by clinical research and evidence-based practice. Currently, Tranquility at UMC offers aromatherapy, healing touch, music, breath work, and more to help patients find comfort. Healing Touch is a gentle, complementary energy-based approach to health and healing. It is a non-invasive therapy using touch to influence the human energy system. Healing Touch encourages and supports the body’s natural ability to heal. UMC’s Tranquility nurses are Certified Healing Touch Practitioners, specially trained in this form of integrative therapy. Healing Touch is intended to provide healing in conjunction with prescribed treatments and medications.

UMC Online Care: 24/7 Telemedicine

UMC Online Care provides community members with 24/7 access to telemedicine services from trusted, local UMC health care providers. UMC offers telemedicine visits for patients of all ages, providing expert-level care for a wide range of urgent issues and routine medical needs, including colds, coughs, sneezes, aches, respiratory issues, most non-narcotic medication refills, ear infections, abdominal pain and many other symptoms. UMC Online Care also provides patients with useful tools to manage all aspects of their UMC care, including scheduling in-person appointments, viewing test results, and much more.

Clinical Trials

UMC continues to bring groundbreaking medical research to Clark County, with innovative clinical trials underway across the hospital. During the past decade, more than 600 clinical trials have taken place at UMC, supporting the development of innovative medications, technologies, and forms of treatment. Several of the most notable clinical trials include:

- **Barostim for Heart Failure:** UMC performed the second procedure in the world to implant the Barostim device. This device is attached to the carotid artery and regulates heart failure by stimulating the brain. UMC enrolled 53 patients in this clinical trial. The U.S. Food and Drug Administration has since approved the device.
- **Epicel:** Epicel is authorized for use in adults and pediatric patients who have deep dermal or full-thickness burns comprising a total body surface area greater than or equal to 30%. This treatment is designed to regenerate a patient's damaged skin using their own skin cells. UMC used Epicel to treat a patient who sustained burns over 90 percent of his body.
- **SILDI-SAFE:** In collaboration with Duke University, this study aims to learn more about the safety of sildenafil when used in the treatment of bronchopulmonary dysplasia among prematurely born infants, which can lead to pulmonary hypertension. Dr. Francis Banfro, UMC's Principal Investigator in this clinical trial, was recognized nationally for enrolling the first baby into the study and has enrolled 10 babies to date.
- **ACTIV-4A:** UMC participated in this study with the coordinating site of New York University. UMC enrolled 18 patients, serving as the highest enroller on the West Coast. UMC's Principal Investigator in the clinical trial, Dr. Chowdhury Ahsan, was listed as an author in the article that was submitted to the American Heart Association Scientific Sessions.
- **StrokeNet:** UMC is in the early stages of a partnership with the University of Utah School of Medicine and the Utah Regional Coordinating Center to become the first National Institutes of Health (NIH) StrokeNet satellite performing site in Nevada. NIH StrokeNet is a national research network funded by the National Institute of Neurological Disorders and Stroke, supporting multi-site clinical trials in stroke prevention, treatment, and recovery.

Grants

UMC continues to apply for and earn grants that support key injury prevention initiatives and provide funding for life-changing HIV/AIDS care in Clark County. Several of UMC's current grants include:

- **Ryan White Part A (\$1,164,670.05):** Provides funding for comprehensive HIV care and support services for people with HIV who are low-income, uninsured, or underserved

- **Ryan White Part C (\$769,000):** Offers funding for community-based organizations to deliver comprehensive primary health care and support services for people living with HIV, particularly those who are low-income, uninsured, or underserved
- **Roots and Wings (\$365,000):** Supports staffing and programming for health promotion and injury prevention at the Healthy Living Institute at UMC, with a focus on prenatal to 3 years of age
- **Ending the HIV Epidemic (\$216,000):** Provides support to help organizations like UMC bring an end to the HIV epidemic
- **Health Plan of Nevada (\$60,000):** Supports staffing and programming at the Healthy Living Institute at UMC, in addition to car seats for distribution to families in need
- **Office of Traffic Safety (\$25,000):** Supports staffing and programming at the Healthy Living Institute at UMC, in addition to car seats for distribution to families in need
- **Buckle Up for Life (\$20,000):** Supports the Healthy Living Institute at UMC's Child Passenger Safety Program
- **AAA (\$5,000):** Provides car seats for community education and distribution to families in need.

ATTACHMENT N

UMC'S GROWTH AND EVOLUTION



1930s

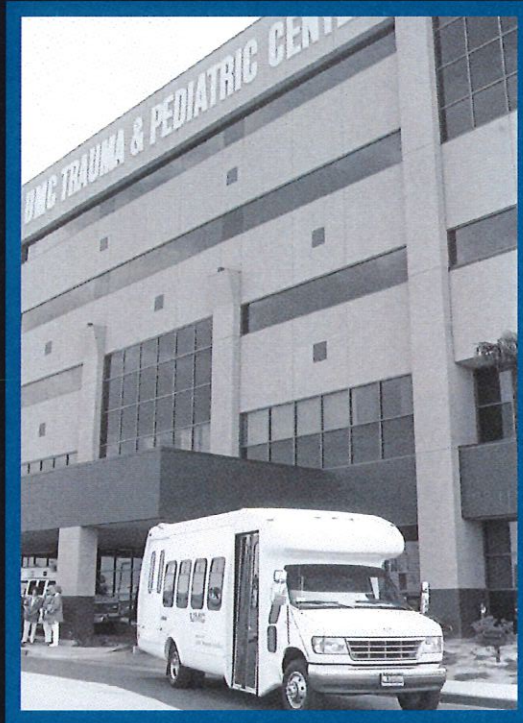


1940s



1960s

UMC'S GROWTH AND EVOLUTION



1990s



2000s

UMC'S GROWTH AND EVOLUTION



2010s



2010s

UMC'S GROWTH AND EVOLUTION



2025

UMC'S GROWTH AND EVOLUTION



2025

UMC'S GROWTH AND EVOLUTION



2025

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Emerging Issues	Back-up:
Petitioner: Mason VanHouweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board identifies emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

None.

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM**

Issue: Closed Door Session	Back-up:
Petitioner: Mason Van Houweling, Chief Executive Officer	Clerk Ref. #
Recommendation: That the Governing Board go into closed session, pursuant to NRS 241.015(4)(c), to receive information from the General Counsel regarding potential or existing litigation involving matters over which the Board had supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matters; and direct staff accordingly. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
May 5, 2025

Agenda Item #

8