UMC Human Resources and Executive Compensation Committee Meeting

Monday, July 13, 2026 at 2:00 pm

Delta Point Building - Emerald Conference Room - 1st Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD
HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE
July 13, 2026 2:00 p.m.
901 Rancho Lane, Las Vegas, Nevada
Delta Point Building, Emerald Conference Room (1st Floor)

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

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

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

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Human Resources and Executive Compensation Committee special meeting on May 11, 2026. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive an educational update on the 2026 Performance Review Process, which also includes employee demographics and FY26 HR statistics; and take action as deemed appropriate. *(For possible action)*

5. Review and discuss the final FY26 YTD Turnovers & Hires report; and take action as deemed appropriate. *(For possible action)*

6. Review and discuss the CHRO updates; and take action as deemed appropriate. *(For possible action)*

7. Review and discuss the preliminary FY26 Organizational Goals outcomes specific to Human Resources; and take action as deemed appropriate. *(For possible action)*

8. Review and discuss the proposed FY27 Organizational Performance Goals specific to HR; and take action as deemed appropriate. *(For possible action)*

9. Review and discuss the Physician/Non-Physician Provider Traditional Compensation and Benefits Plan; and recommend for approval by the UMC Governing Board; and take action as deemed appropriate. *(For possible action)*

10. Review and discuss the Physician/Non-Physician Provider Productivity (wRVU) Compensation and Benefits Plan; and recommend for approval by the UMC Governing Board; and take action as deemed appropriate. (For possible action)

SECTION 3. EMERGING ISSUES

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

COMMENTS BY THE GENERAL PUBLIC

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

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

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

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

University Medical Center of Southern Nevada
Governing Board Human Resources and Executive Compensation Committee
Monday, May 11, 2026

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Monday, May 11, 2026
2:00 p.m.

CALL TO ORDER

The University Medical Center Governing Board Human Resources and Executive Compensation Committee met at the time and location listed above. The meeting was called to order at the hour of 2:01 p.m. by Chair Laura Lopez-Hobbs and the following members were present, which constituted a quorum of the members thereof:

Committee Members:

Laura Lopez-Hobbs
Renee Franklin (Teams)
Dr. Donald Mackay
Dr. John Fildes
Bill Noonan (Teams)

Absent:
None

Others Present:
Tony Marinello, Chief Operating Officer
Ricky Russell, Chief Human Resources Officer
Rosalind Bob, Director of Human Resources
James Conway, Assistant General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair Lopez-Hobbs asked if there were any persons present in the audience wishing to be heard on the item listed on this agenda.

None present.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Human Resources and Executive Compensation meeting on March 9, 2026. ***(For possible action)***

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Review and discuss the FY26 YTD Turnovers & Hires report; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- PowerPoint Presentation

DISCUSSION:

Mr. Russell reviewed the turnover and hires report totals for year-to-date June FY2026.

- Voluntary turnover for FT/PT was 4.94%. Per-dem statistics are not included in this total. The first-year voluntary turnover rate averaged 15.26%, which is consistent with national trends. Management continues to monitor this statistic.
- Voluntary turnover for RNs sits at 3.51%.
- Approximately 66% of employee terminations were voluntary, followed by 20% for retirement and 4% failed probation.
- The top three overall 1st year turnovers by departments were food services with 25 turnovers, EVS with 8 turnovers, and case management with 7 turnovers. He noted that these were primarily per-diem employees. Management continues to monitor the root cause for the turnover rates. A discussion ensued regarding the root cause of per diem turnovers, the increase in retirement rates, and radiology turnovers.

- There were 40 new hires, 10 of whom were RNs. Total hires for the year was 341. Mr. Russel noted that not all turnovers are being backfilled.
- There are still about 4,494 in the employee population, which includes 1,360 RNs, 115 APPs, and 264 physicians.

FINAL ACTION:

None

ITEM NO. 6 Review and discuss the CHRO Updates; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- PowerPoint Presentation

DISCUSSION:

Mr. Russell reviewed the following CHRO updates:

- **IUOE Local 501 CBA Bargaining Update** – Negotiations continue. Administration is awaiting a response from the Union to a counteroffer. Meetings will resume on Thursday of this week. Negotiations are nearing a resolution, with discussions ongoing regarding COLA and CAL/Annual Leave. The team is optimistic that a resolution will be reached in June.
- This agreement affects 33 employees.
- **CEO & Chief's Succession Planning Launch** – The succession planning has launched for directors and above. They will have 60 days to go through the initial process, review, and calibration. The goal is to be complete in early September.
- **Revised Leadership Bootcamp** – The bootcamp launched last Friday. The team is awaiting feedback from those who have attended the new classes.
- **Misc.** – M-Plan Performance Management launches in June for Managers and above.
- **FY26 Org Goals – HR – Status Update** – All goals are currently on track to be met. Mr. Russell expressed concern about meeting the first-year turnover goal. The team hopes to at least show improvement over prior-year turnover rates.

Member Fildes inquired about the reasons for employee departures. Mr. Russell responded that participation in the exit survey is low, making it difficult to determine why employees leave the organization. There was further discussion about departmental data that may help staff determine the reasons for employee exits.

FINAL ACTION:

None

SECTION 3. EMERGING ISSUES

ITEM NO. 6 Identify emerging issues to be addressed by staff or by the UMC Governing Board Human Resources and Executive Compensation Committee at future meetings; and direct staff accordingly*. (For possible action)*

Final Action:

The Committee would like to receive an update on some of the Lean Six Sigma projects.

A discussion ensued regarding the goal related to first-year turnover rates.

Member Mackay asked staff if they were aware of the reasons why first-year turnover rates are higher. Mr. Russell responded that they have tracked or received sufficient exit data to determine the cause for the high turnover rates. There was continued discussion on turnover, and the committee would like a more in-depth review of this measure should it be considered as a goal in the future.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Lopez-Hobbs asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKERS(S): None

There being no further business to come before the Committee at this time, at the time of 2:36 p.m. Chair Lopez-Hobbs adjourned the meeting.

Approved:
Minutes Prepared by: Stephanie Ceccarelli

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

Issue:	**Educational Update – 2026 Performance Review Process**	**Back-up:**
Petitioner:	**Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee will receive an educational update on the 2026 Performance Review Process, which also includes employee demographics and FY26 HR statistics; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

Will review the 2026 Performance Review process for all UMC employees, as well as certain employee demographics data, and HR statistics from FY26..

Cleared for Agenda
July 13, 2026

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UMC
UNIVERSITY MEDICAL CENTER

The **Highest Level of Care** in Nevada

Human Resources and Executive Compensation Committee

Educational Update

Performance Management Process, Employee Demographics, and FY26 HR Statistics

Performance Management Process

	Annual Review Dates	Merit Increases?	FMV Review every 2 years in lieu of Merit	Approx EE Count
Management				
M-PLAN	Focal (Sept 1)	Yes	N/A	134
Physician & Non Physician Provider Comp Plans				
Physician & Non-Physician Provider **Traditional** Comp Plan "Shift"	Focal (Sept 1)	No	Yes	215
Primary & Urgent Care Physicians and Non-Physician Comp Plan	Focal (Sept 1)	Yes	No	112
Productivity **wRVU** Physician Provider Comp Plan	Focal (Sept 1)	No	Yes	29
Specialty Physician Comp Plan	Focal (Sept 1)	Yes	No	12
All Other EE's				
SEIU Local 1107 Represented EE's	Anniversary	Yes	N/A	3651
IUOE Local 501 Represented EE's	Anniversary	Yes - special for this CBA only	N/A	33
Non-Union Represented EE's	Anniversary	Yes	N/A	342

Performance Management Process

Self-Review
- Launches 30 days prior to anniversary or 60 days prior to focal point date
- Required for MPLAN, and Physicians & APPS, all others voluntary
- 5 days to complete before it opens up to manager

Manager Review
- Manager completes within 10 days
- Co-Planners may be added

Indirect Manager Review
- Indirect Manager completes within 5 days
- Approves or sends back to manager for revisions

Employee Performance Conversation
- Manager & Employee have performance conversation within 10 days

Employee Signature
- Employee has 30 days to sign or it automatically closes for processing

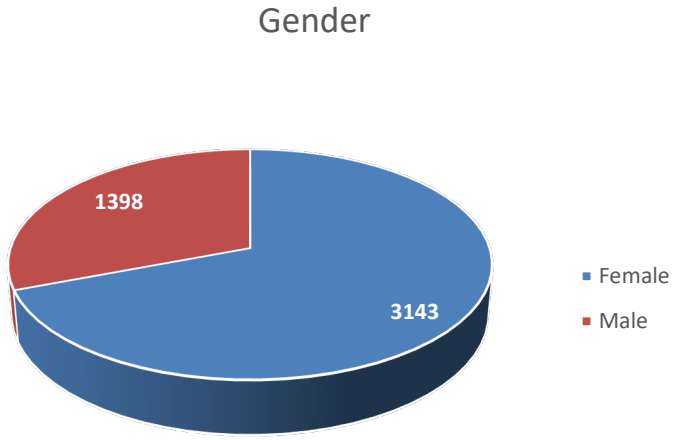
Performance Management Process

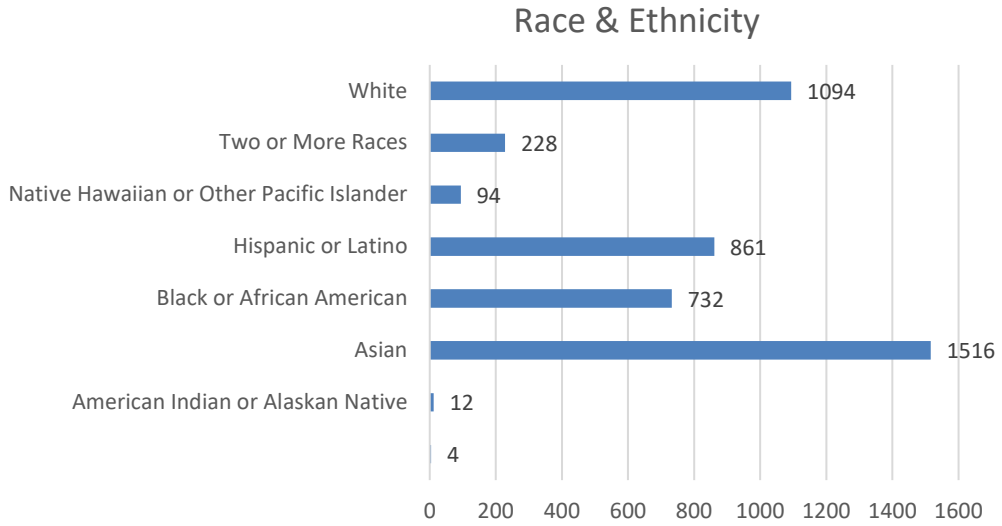
Rating Score Ranges	Definition*	Corresponding Merit *(if applicable)*
1.0-1.4	Exceeds Expectations	3.4%
1.5-2.0	Meets Expectations	2.5%
2.1-2.5	Meeting Most Expectations	1.5%
2.6-4.0	Does Not Meet Expectations	0%

* No document or policy outlines the definitions for the rating score ranges

Category	Average Scores
FY25 MPLAN (FOCAL)	1.6
FY25 Physicians & APPS (FOCAL)	1.8
2025 Anniversary Date	1.8
2026 YTD Anniversary Date	1.8

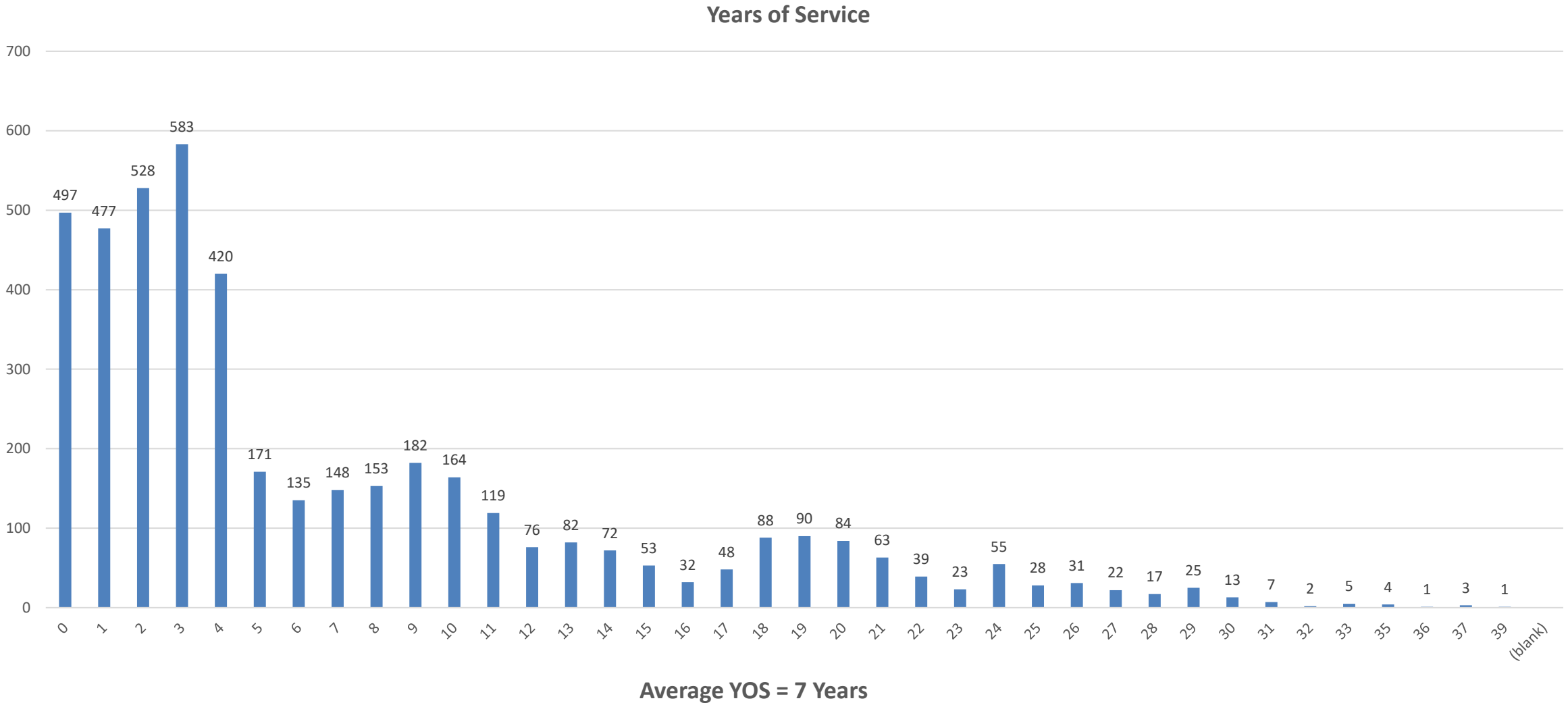
Current Employee Demographics



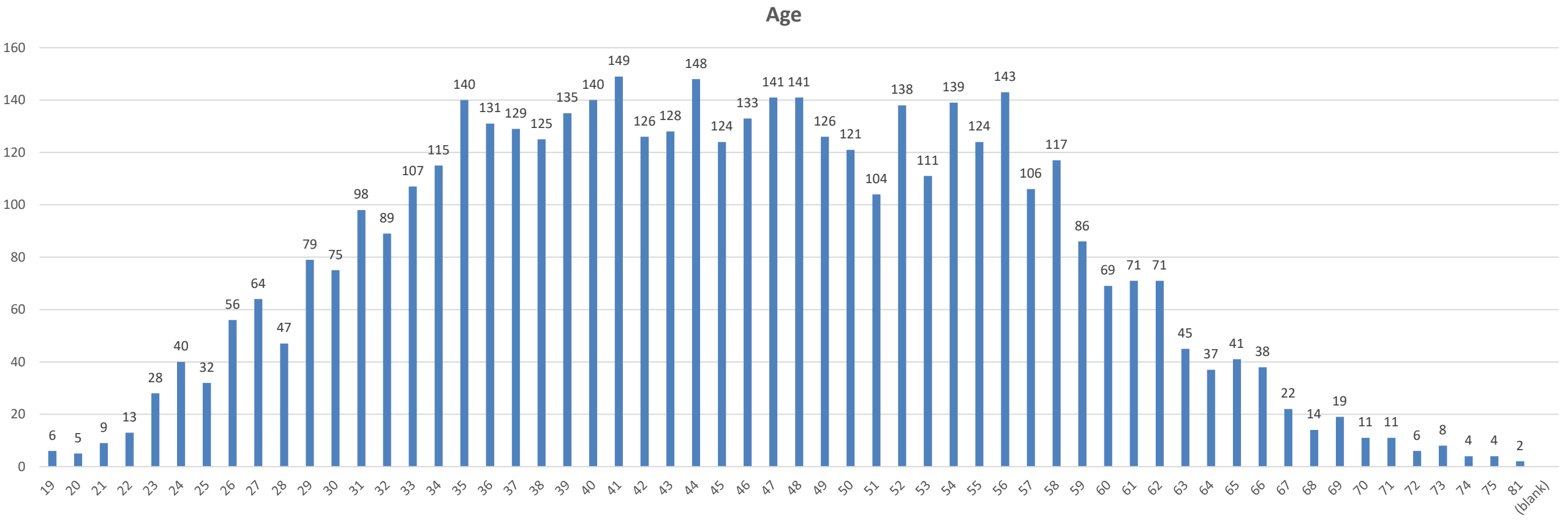


Average Hourly Rate of Pay	
All	$54.75
All w/o Physicians	$44.82

Current Employee Demographics

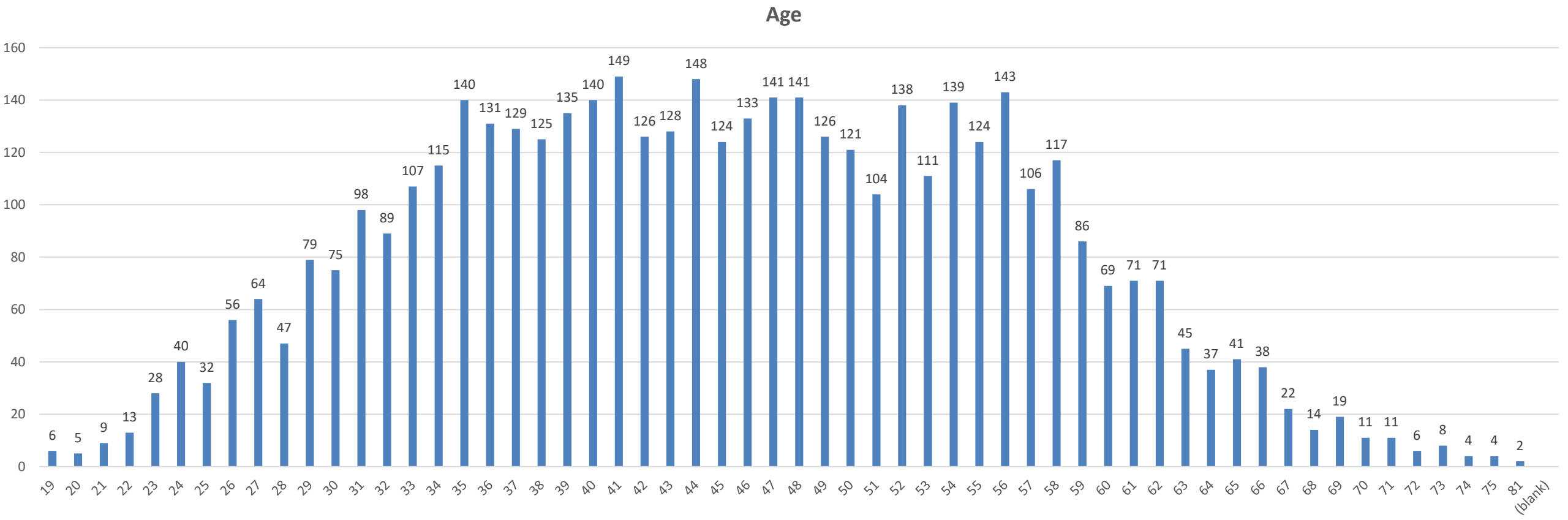


Current Employee Demographics



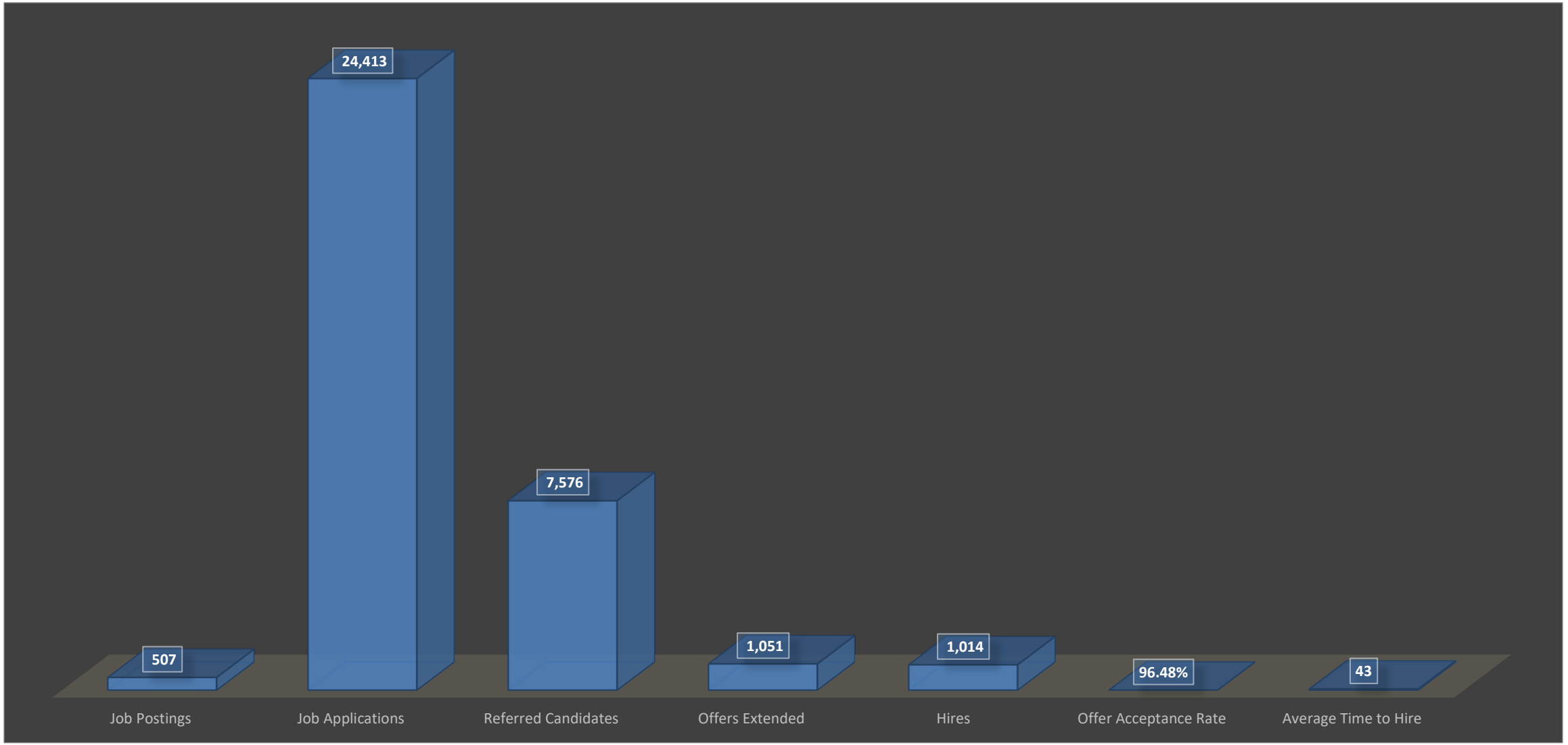
Average Age = 45

Current Employee Demographics



Average Age = 45

FY26 HR Statistics



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

Issue:	**Final FY26 - UMC Turnovers & Hires update**	**Back-up:**
Petitioner:	**Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee will review and discuss the final FY26 YTD Turnovers & Hires report; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
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FY2026

		July '25	Aug '25	Sept '25	Oct '25	Nov '25	Dec '25	Jan '26	Feb '26	Mar '26	Apr '26	May '26	June '26	FY2026 TOTALS
TERMINATIONS / TURNOVER														
All Employee	**FT/PT**	44	33	42	26	24	30	34	25	24	33	39	40	**394**
	Per-Diem	44	24	25	22	22	18	20	23	24	22	16	27	**287**
	Total All Terms	88	57	67	48	46	48	54	48	48	55	55	67	**681**
	Voluntary Turnover FT/PT	0.85%	0.45%	0.48%	0.42%	0.37%	0.45%	0.99%	0.29%	0.64%	0.45%	0.56%	0.77%	**6.72%**
	YOY Comparison	0.86%	0.67%	0.86%	0.75%	1.12%	0.39%	0.55%	0.66%	0.53%	0.39%	0.58%	0.95%	***8.31%***
	1st Year Voluntary T/O - (FT/PT/PD)	15.00%	16.67%	15.09%	12.75%	29.00%	56.00%	29.00%	45.00%	29.00%	21.00%	21.00%	21.00%	**20.38%**
Carve Outs from All EE FT/PT	**RN**	11	9	4	5	7	5	8	4	2	4	11	8	**78**
	Voluntary Turnover	**0.61%**	**0.17%**	**0.26%**	**0.44%**	**0.35%**	**0.44%**	**0.71%**	**0.35%**	**0.18%**	**0.35%**	**0.96%**	**0.70%**	**5.52%**
	APP	**0**	**2**	**0**	**1**	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**1**	**7**
	Voluntary Turnover	0.00%	2.06%	0.00%	1.03%	0.00%	1.04%	1.05%	0.00%	0.00%	0.00%	0.00%	1.09%	**6.27%**
	Physician	**0**	**0**	**1**	**2**	**0**	**1**	**0**	**1**	**3**	**1**	**0**	**2**	**11**
	Voluntary Turnover	**0%**	**0%**	**0.48%**	**0.98%**	**0%**	**0.49%**	**0%**	**0.49%**	**1.50%**	**0.51%**	**0.00%**	**1.03%**	**5.48%**

Turnover:
Voluntary Turnover: Does not include retirement, death, LT end, VOL in Leiu of term, or PRN
RN Turnover & Data: Includes RN bedside acute care, RN ambulatory, Charge RN | - does not include case management, nurse navigator, management, APPs, LPNs, educators, nurse auditor, etc.

TERM TYPE														
All Employee FT/PT	**Voluntary**	70.00%	51.5%	42.0%	62.0%	58.30%	57.00%	29.4%	44.0%	66.7%	51.60%	53.80%	70.00%	**55%**
	Involuntary	11.60%	21.2%	19.0%	3.8%	0.00%	13.00%	8.9%	16.0%	4.2%	12.10%	18.00%	2.50%	**11%**
	Fail Prob	4.70%	0.0%	2.0%	3.8%	8.30%	10.00%	17.6%	8.0%	4.20%	3.00%	2.60%	0.00%	**5%**
	Retirement	14.00%	24.2%	2.0%	23.1%	33.33%	20.00%	44.1%	28.0%	20.80%	24.20%	25.60%	27.50%	**24%**
	Other (layoff/etc)	0.00%	3.0%	35.0%	7.7%	0%	0.00%	0.00%	4.0%	4.20%	9.10%	0.00%	0.00%	**5%**

Top 3 Turnover Departments - Fiscal Year To Date		
ALL (#)	**RN (#)**	**1st year (#)**
Food Services (50)	**CRP (16)**	**Food Service (27)**
EVS (39)	**TICU (15)**	**EVS (12)**
CRP (28)	**ED (12)**	**CRP (11)**

FY2026

Turnover / Hires

		July '25	Aug '25	Sept '25	Oct '25	Nov '25	Dec '25	Jan '26	Feb '26	Mar '26	Apr '26	May '26	June '26	FY2026 TOTALS
HIRES														
All Employee *(Includes RN)*	**FT & PT**	34	29	39	13	16	24	21	12	24	42	33	23	**310**
	PRN/PD	15	22	26	27	7	18	17	11	16	52	23	36	**270**
	Total All Hires	49	51	65	40	23	42	38	23	40	94	56	59	580
	Net Hire Ratio	0.61%	0.89%	0.97%	0.83%	0.50%	0.88%	0.70%	0.48%	0.83%	1.71%	1.01%	1.14%	**10.55%**
RN Only	**FT & PT**	9	4	19	3	1	3	9	2	7	18	4	4	**83**
	PRN/PD	3	1	3	1	2	0	1	2	3	2	0	1	**19**
	Total RN Hires	12	5	22	4	3	3	10	4	10	20	4	5	102

Employee Counts

All EE		**RN** *(Included in all EE data)*		**APP** *(Included in all EE data)*		**Employed Physician** *(Included in all EE data)*	
	Total EEs		**Total RNs**		**Total APPS**		**Total Physicians**
PT/FT	3760	**FT/PT**	1144	**FT/PT**	92	**FT/PT**	194
P/D	754	**P/D**	215	**P/D**	19	**P/D**	75
Total	**4514**		**1359**		**111**		**269**

	July	August	September	October	November	December
Total # left 1/in 1 year	21	14	16	13	8	10
Total # hired in month prev year	140	84	106	102	28	18
Tunover %	15.00%	16.67%	15.09%	12.75%	29%	56%

January	February	March	April	May	June	Totals
13	13	11	9	15	16	159
45	29	38	42	70	78	780
29%	45%	29%	21%	21%	21%	20.38%

T/O Goal	<18.49
Max T/O's to achieve goal	144
Current T/O's	159
Remaining T/O's	-15

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

Issue: **CHRO Update**	**Back-up:**
Petitioner: **Ricky Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee review and discuss the CHRO updates; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

CHRO Updates

Cleared for Agenda
July 13, 2026

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CHRO UPDATES

- IUOE Local 501 CBA Bargaining Update
- LaborSoft
- HR Executive Assistant Retirement
- Misc.

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

Issue:	**Preliminary Outcomes of the FY26 Organizational Goals Human Resources**	**Back-up:**
Petitioner:	**Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee will review and discuss the preliminary FY26 Organizational Goals outcomes specific to Human Resources; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

Five (5) FY26 Organizational Goals were assigned under Human Resources. These specific goals, along with any applicable preliminary supporting evidence, achievements, or missed opportunities, will be reviewed. Final approval will occur in August 2026.

Cleared for Agenda
July 13, 2026

Agenda Item # 7

FY26 Org Goals – HR – Preliminary Outcomes

Goal	Status
1. Reduce 1st year voluntary turnover (FT/PT/PD) by at least 1.0% (target ≤ 18.49%)	**Did not meet**
2. Research and recommend to the UMC Executive Team the implementation of a grievance tracking system by January 1, 2026.	**Met**
3. Utilizing the Lean Six Sigma trained UMC employees, identify and implement process improvement initiatives that lead to at least $250,000 in savings to the organization in FY26.	
4. No later than March 1, 2026, redesign the existing Leadership Bootcamp curriculum to include at least 50% professional development content, and lead the first revised curriculum no later than June 30, 2026.	
5. Offer at least one professional development opportunity each quarter of FY26 for all employees to help enhance their soft skills and prepare them for potential other UMC opportunities.	

FY26 Org Goals – HR – Details

Goal	Details

1. Reduce 1st year voluntary turnover (FT/PT/PD) by at least 1.0% (target ≤ 18.49%)	• Final (FT/PD) = 20.38%
	  • 159 turnover out of 780 hired previous year
	  • 104 of the 159 were Per-Diem
	  • Normalize by removing PD
	  • Removing PD = 55 FT turnover out of 425 FT hired prior year = 12.9% FT 1st Year T/O in FY26
	  • If the goal were set w/o PD last year = 153 T/O – 93 PD = 60/427 = 14.05% - 1% = 13.05%

2. Research and recommend to the UMC Executive Team the implementation of a grievance tracking system by January 1, 2026.	• Presentation to UMC Executive Team in December 2025. • Recommendation approved. • Went beyond the scope of the initial goal and selected LaborSoft as the vendor, began contracting process, and signed contract as of June 2026. • Implementation begins in July 2026.

FY26 Org Goals – HR – Details

Goal	Details

3. Utilizing the Lean Six Sigma trained UMC employees, identify and implement process improvement initiatives that lead to at least $250,000 in savings to the organization in FY26.	• **TICU Charge Capture Code Project**
	  • Estimated UMC was losing $1.5M a month due to not capturing all supply charges for the care being provided. Estimated YTD we've captured $26M in posted charges that would have been missed.
	• **IV Start/Stop Infusion Project**
	  • IV infusions were not being stopped, resulting in no charge for the services and placing the charge burden on UMC. Using a multidisciplinary team, including IT Services, we reviewed various generated reports via EPIC to ensure accuracy for start and stop times. The team developed tip sheets for employee to reference in EPIC with a step by step process for the medication to be stopped. IT developed a real-time report in EPIC that Charge RN, Managers, and Directors can run at any time to balance the delta of missed IV medications. Captured revenue after modifying the process since April 2026 is estimated at $529K, with a future projected cost capture of over $2M per month.

FY26 Org Goals – HR – Details

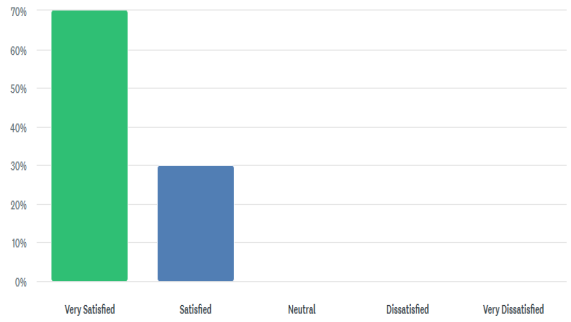
Goal	Details

3. Utilizing the Lean Six Sigma trained UMC employees, identify and implement process improvement initiatives that lead to at least $250,000 in savings to the organization in FY26.	• **ED - Bed Request to Assignment Times**
	  • On average takes 240 minutes, resulting in overcapacity in ED, possible delay in care, etc. Goal was to reduce by 10% to 216 minutes by May 2026. So far we've reduced by 14% to 207 minutes by implementing SWAT task force that included a multidisciplinary team focused approach on patient movement out of the ED to the inpatient setting timely, creating EPIC notifications for patient movement triggered by delays, etc., For example, based on average, 20 IMC patients in the ED each day were being delayed at the midnight Census drop getting to their appropriate unit. IMC is $3039 per day, which for 20 IMC patients is estimated to be $60,780 per day in potential lost revenue. Dependent on a patients pay source, for example Medicaid, IMC pays $1538 per day per patient. If the patient is in the ED at midnight census drop, the potential revenue lost would be $30, 760 for the same 20 IMC level of care patients per day.
	• **Reduce Workers Compensation Events**
	  • Final calculations pending. Will update for August meeting, but we believe we can attribute between $25,000-$50,000 based on various projects.

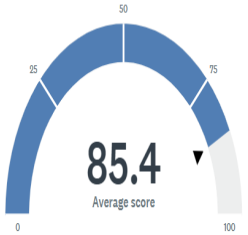
FY26 Org Goals – HR – Details

Goal	Details
4. No later than March 1, 2026, redesign the existing Leadership Bootcamp curriculum to include at least 50% professional development content, and lead the first revised curriculum no later than June 30, 2026.	• Launched the first redesigned session in May 2026. • 12 attendees, 10 of whom provided feedback. • New modules included: Fundamentals of Leadership, Emotional Intelligence, DISC Assessment, Effective Communication, Effective Coaching, SMART Goals, Crucial Conversations, Team Leadership, Lean Six Sigma/5S, Strategic Leadership In Action. • Most Valuable Session = Crucial Conversations.

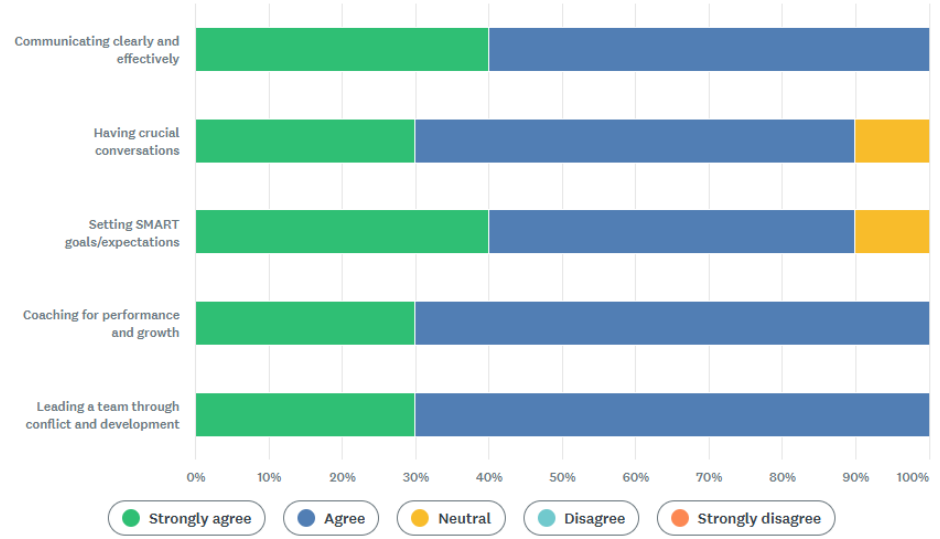
Overall, how satisfied were you with Leadership Boot Camp?



How likely are you to recommend this boot camp to another leader?



After this boot camp, my confidence increased in:



FY26 Org Goals – HR – Details

Goal	Details
5. Offer at least one professional development opportunity each quarter of FY26 for all employees to help enhance their soft skills and prepare them for potential other UMC opportunities.	• Q1 – Excel 1, Emotional Intelligence 101. • Q2 – Excel 1 & 2, DISC Assessment. • Q3 -- The Everyday Leader, and repeat from Q1-Q2. • Q4 -- Communication that Connects, and repeat Q1-Q3.

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

Issue: **FY27 – Preliminary Organizational Performance Goals – HR**	**Back-up:**
Petitioner: **Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

Review and discuss the proposed FY27 Organizational Performance Goals specific to HR; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

Unknown

BACKGROUND:

The Committee will review and discuss the recommended FY27 Preliminary Organizational Performance Goals specific to HR

Cleared for Agenda
July 13, 2026

Agenda Item #
8

FY27 – Org Goals – HR - Preliminary

Goal	Weight	Thresholds
1. Reduce FY26 1st year voluntary turnover (FT/PT) by at least 1.0% (target ≤ 11.9%).	5%	• <1 % decrease = 0% goal • 1%-1.9% decrease = 2.5% goal • 2% or better = 5% goal
2. Increase employee participation in the Employee Assistance Program (EAP) from the current 11.40%.	5%	• <1% increase = 0% goal • At least 1% increase = 2.5% goal • More than 2% increase = 5% goal
3. Research and write a gig assignment policy/procedure to present to the HR & Executive Compensation Committee for implementation.	2%	N/A
4. Increase the 2027 Employee Engagement Survey overall participation from the 2025 participation rate of 71%.	4%	• No increase or experience reduction = 0% goal • Increase by 1% = 2% of goal • Increase by 2% or more = 4% of goal
5. Increase the 2027 Employee Engagement Survey overall engagement score from the 2025 overall score of 3.91.	4%	• No increase or experience a reduction = 0% goal • Increase to a 3.94 or better = 3% goal • Increase to 3.96 or better = 4% goal
	20%	

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

Issue:	**Revise the Physician & Non-Physician Provider Traditional Compensation and Benefits Plan**	**Back-up:**
Petitioner:	**Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee will review and discuss the Physician & Non-Physician Provider Traditional Compensation and Benefits Plan; and make a recommendation for approval by the UMC Governing Board; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

Increase Estimate Per Classification Type	Amount
Emergency Medicine Physicians	$480,000
Emergency Medicine Physicians P/D	$394,041.60
Total	$874,041.60

BACKGROUND:

The substantive changes to this Compensation Plan are:

1. Page 1 – Added new classifications for Faculty.
2. Page 3 – Added language regarding work schedules to clarify meeting full hours complement.
3. Page3-4 – Added clarifying language around the annual review process and eligibility for increases.
4. Page 7-8 - Revised CME Program creating a new program for Faculty.
5. Revised Appendix 4 – pursuant to an FMV that was conducted for the above classifications.
6. We anticipate the revisions to be effective on August 1, 2026, and will cover existing and future employees within the identified classifications.

Cleared for Agenda
July 13, 2026

Agenda Item #
9

2026

PHYSICIAN AND NON-PHYSICIAN PROVIDER TRADITIONAL COMPENSATION AND BENEFITS PLAN

UMC
UNIVERSITY MEDICAL CENTER

UNIVERSITY MEDICAL CENTER OF
SOUTHERN NEVADA

PHYSICIAN AND NON-PHYSICIAN PROVIDER TRADITIONAL COMPENSATION AND BENEFITS PLAN

Revision Effective Date: August 1, 2026
Original Implementation Date: July 1, 2023

Mason Van Houweling - Chief Executive Officer

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMC)
PHYSICIAN AND NON-PHYSICIAN PROVIDER TRADITIONAL COMPENSATION AND BENEFITS PLAN (Compensation Plan)

Classifications

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

• Medical Director, Anesthesiologist	• Medical/Program Director, Radiologist
• Anesthesiologist - Obstetric, General/OR, Pediatric, CVT, Trauma	• Certified Registered Nurse Anesthetists (CRNA)
• Radiologist – Diagnostic, Interventional, Neurointerventional	• Radiology APP
• Medical Director, General Medicine Hospitalist • General Medicine Hospitalist	• Hospitalist APP
• Medical Director, Emergency Physician • Emergency Physician	[1]Core Faculty & Faculty

[1] *Residency Programs administered exclusively by UMC may have physicians within the above applicable classifications who are designated as Core Faculty & Faculty*

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

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

Fair Labor Standards Act (FLSA) Exemption

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

At-Will Employment

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

Voluntary Resignation

All employees covered by this plan document are encouraged to provide a minimum of sixty (60) days' notice of a voluntary resignation.

Compensation and Benefits

Compensation

During the term of employment, Physicians and Non-Physician Providers shall be eligible for a compensation package at a rate consistent with the pay ranges listed in the Appendices, as may be amended from time to time. The Appendices further set forth a compensation package that will not exceed the 75th percentile (or 90th percentile when factors such as shortages or otherwise hard-to-fill positions justify) based upon national and regional physician and midlevel compensation survey benchmarks (e.g., Sullivan Cotter, MGMA).

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

The employee's base salary shall be re-evaluated biannually (i.e., every other year), consistent with the methodology set forth above.

The CEO (or designee) may authorize bonuses (e.g., sign-on, relocation, etc.), subject to existing UMC Human Resources Policies and Procedures and provided they are consistent with fair market value.

Work Schedules

All full & part-time Physicians and Non-Physician Providers are salaried, exempt employees, while per-diem are hourly, non-exempt employees. Work schedules are determined based on a designated Full Time Equivalent (FTE) status. Employees designated as less than a 1.0 FTE are eligible for salary and benefits prorated based on FTE status. Employees are expected to be available to work their full, designated FTE status. Employees working 10-hour shifts under this compensation plan are expected to work a minimum of 130 additional hours through administrative/teaching time to be considered a full 1.0 FTE. Employees who are unable to meet the additional hourly requirement will be considered 0.9 FTE.

Unless otherwise set forth on the applicable service line Appendix, Employee's work schedules will be set by the Practice Plan Administrator or designee or as set forth in any at-will employment agreement or signed offer letter. Except as otherwise set forth herein, it is anticipated that full-time employees will work a minimum of fifteen (15) shifts per month, while part-time will work a minimum of seven (7) shifts per month. Notwithstanding the minimum shift requirement, it is understood that, based on the length of a calendar month, and service line specific scheduling requirements, the fifteen (15) shift requirement is an approximate amount and may be spread over a two-month period (or as much as five (5) pay periods) and the same will not violate the requirements under this section.

Extra Shift/Hours Compensation

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

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

On-Call Coverage

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

Annual Evaluations

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

to bi-annual (i.e., every other year) fair market value reviews consistent with the terms of this Compensation Plan and any applicable employment agreement.

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

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

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

Physicians

Physician Providers in a classification designated to participate in the ALD program will not accrue CAL as set forth in the hospital's Human Resources Policies and Procedures. Instead, each part-time or full-time Physician Provider under this Compensation Plan designated as such shall receive Administrative Leave Days (ALDs). Appropriate use of ALDs includes sick days, and leave of absence. ALDs do not roll over year to year, may not be converted to compensation, transferred to other ineligible classifications or statuses, nor are they paid out upon separation of employment. Requests to use ALDs shall be submitted to the Medical Director (or designee) over the service line. ALDs will be awarded on a pro-rated basis upon the first year of hire. Thereafter, the employee will receive their allotment of ALDs each January 1st. Eligible employees under this Compensation Plan will receive ALDs as follows:

Employment Status*	# Regularly scheduled shifts per month	# of ALDs
Part-Time	Up to 14	7
	15-19	15
Full-Time	Up to 19	15
	20+	30

*An Employee's employment status is determined by UMC Human Resources and is set forth in the applicable offer letter/contract of employment.

An employee's time-off may differ in accordance with their at-will employment agreement. Physicians accruing CAL upon final approval and implementation of this September 1, 2023 Compensation Plan will retain any accrued CAL time and will be required to exhaust such time prior to the use of any ALDs. CAL accrued prior to implementation of this September 1, 2023 Compensation Plan may not be converted to compensation, nor is it paid out upon separation of employment.

Non-Physician Providers

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

Extended Illness Bank (EIB)

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

Miscellaneous Leaves

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

Group Insurance

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

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

Retirement

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

Continuing Medical Education (CME)

CME Stipend Program

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

Physician Core Faculty & Faculty

Employed UMC Physicians who are designated as Core Faculty or Faculty in a UMC residency program are eligible to participate in the CME reimbursement program (Reimbursement). Eligible employees will receive reimbursement of up to $5,000, less appropriate withholdings, on a calendar-year basis, for eligible CME-related costs. Eligible employees must sign the UMC CME Reimbursement Attestation form. At its sole discretion, UMC may identify other independent providers that qualify for the Reimbursement program. Qualified employees may also request up to 40 hours of paid release time each calendar year to attend CME related activities. Approval of such time is at the sole discretion of

UMC leadership. Physicians under the Reimbursement plan are not eligible to participate in the CME stipend plan above.

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

Conflict of Interest:

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

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

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

Professional Standards:

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

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

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

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

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

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

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

Appendix 1*

Anesthesiology - Pay Grades/Ranges & Additional Compensation

Position	Base Salary Range[1]	Additional Work Shift Rate[5]	Additional On-Call Shift Rate[2]	Call-Back Rate[3]	Per-Diem Rate[4]
SPECIALTY – Anesthesia					
Medical Director	$524,160-$744,640	N/A	N/A	N/A	N/A
General / OR	$468,000-$673,920	EEs regular hourly rate	$36.00 p/h.	EEs hourly rate if on-call and called back to facility	$327.00 p/h
Pediatric	$468,000-$673,920		$35.00 p/h.		$327.00 p/h
Trauma	$491,400-$707,616		$38.00 p/h.		$343.00 p/h
OB	$468,000-$673,920		$36.00 p/h.		327.00 p/h
CVT	$515,840-$678,080		$40.00 p/h.		$329.00 p/h
CRNA	$162,240-$235,040		$17.00 p/h.		$140.00 p/h

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

[1] Based on years of experience
*[2] On-call unrestricted shifts in excess of the number required per agreement – **note:** If an employee is placed on a restricted call shift (i.e., where employee is required to be onsite) the employee will be paid at their standard base hourly rate of pay.*
[3] EE must be on an On-call shift and called to return to facility to perform work
[4] Applicable only to those hired into a per-diem classification
[5] See extra shift/hours on page 2 of this document

Appendix 2*

Radiology - Pay Grades/Ranges & Additional Compensation

Position/Specialty	Base Salary Range	Additional Work Shift Rate[5]	Additional On-Call Shift Rate[6]	Call-Back Rate[7]	Per Diem Rate[8]
Medical/Program Director[1]	$602,208-$876,158	See below	See below	See below	N/A
Associate Program Director[2]	$536,640 - $805,020	See below	See below	See below	N/A
Core Faculty[3]					
Diagnostic Radiologist	$454,884 - $794,033	EEs Regular Hourly Rate of Pay	$54.25 p/h	EEs hourly rate if on-call and called back to facility	N/A
Interventional Radiologist	$525,174 - $794,611		$55.77 p/h		N/A
Neuro-IR Radiologist	$470,331-$807,137		$58.33 p/h		N/A
Night Differential[9]	$50 p/h		N/A		N/A
Faculty[4]					
Diagnostic Radiologist	$495,214 - $821,842	EEs Regular Hourly Rate of Pay	$54.25 p/h	EEs hourly rate if on-call and called back to facility	N/A
Interventional Radiologist	$576,540 - $822,493		$55.77 p/h		N/A
Neuro-IR Radiologist	$514,842-$836,585		$58.33 p/h		N/A
Night Differential[9]	$50 p/h		N/A		N/A
Non-Academic					
Diagnostic Radiologist	$537,544 - $800,946		$54.25 p/h		$401 p/h
Interventional Radiologist	$627,906 - $811,844		$55.77 p/h		$411 p/h
Neuro-IR Radiologist	$559,353 - $810,947		$58.33 p/h		$403 p/h
Night Differential[9]	$50 p/h		N/A		$50 p/h
APP	$128,122 - $190,901		$13.00 p/h		$81 p/h

*Appendix 2 may be amended from time to time, with Board approval, to reflect new employment physician specialties based upon compensation rates that are consistent with FMV.

[1] Medical/Program Director compensation is based upon a 0.6 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to academic/administrative time. At a 0.6 CFTE, the Director will be responsible for nine (9) shifts per month. Note, compensation is subject to adjustment if the Director's specialty differs from neurointerventional radiology or interventional radiology.

[2] The Associate Program Director compensation is based upon a 0.7 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to academic/administrative time. At a 0.7 CFTE, the Associate Program Director will be responsible for eleven (11) shifts per month. Compensation is subject to adjustment if Associate Program Director's specialty differs from diagnostic radiology.

[3] Core Faculty compensation is based upon a 0.8 Clinical FTE (CFTE) and the remainder of the 1.0 FTE in the specialties identified in the categories listed. Core faculty is responsible for 13 clinical shifts per month.

[4] Faculty compensation is based upon a 0.9 Clinical FTE (CFTE) and the remainder of the 1.0 FTE in the specialties identified in the categories listed. Faculty is responsible for fourteen (14) clinical shifts per month.

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

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

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

[8] Applicable only to those hired into a per-diem classification. The hourly rates listed are not-to-exceed amounts.

[9] Night Shift differential paid an additional $50 per hour above the employee's regular hourly rate of pay for shifts starting at or after 7:00pm.

Appendix 3*

Hospitalist - Pay Grades/Ranges & Additional Compensation

Position	Base Salary Range[1]	Additional Work Shift Rate[5]	Additional On-Call Shift Rate[2]	Call-Back Rate[3]	Per-Diem Rate[4]
SPECIALTY – General Medicine					
GM Medical Director	$306,000 - $358,368	N/A	N/A	N/A	N/A
GM Hospitalist	$285,000 - $327,767	EEs regular hourly rate	N/A	EEs hourly rate if on-call and called back to facility	EEs Hourly Rate plus 15%
GM APP	$126,040- $147,841		N/A		

*Appendix 3 may be amended from time to time, with Board approval, to reflect new employment physician specialties based upon compensation rates that are consistent with FMV.

[1] Based on years of experience
*[2] On-call unrestricted shifts in excess of the number required per agreement – **note:** If an employee is placed on a restricted call shift (i.e., where employee is required to be onsite) the employee will be paid at their standard base hourly rate of pay.*
[3] EE must be on an On-call shift and called to return to facility to perform work
[4] Applicable only to those hired into a per-diem classification
[5]See extra shift/hours on page 2 of this document

Appendix 4*

Emergency Medicine - Pay Grades/Ranges & Additional Compensation

Position	Base Salary Range[1]	Additional Work Shift Rate[5]	Additional On-Call Shift Rate[2]	Call-Back Rate[3]	Per-Diem Rate[4]
SPECIALTY – Emergency Medicine					
EM Medical Directors	$315,732-$486,303	EEs regular hourly rate	N/A	N/A	N/A
(FT) EM Physician	$315,732-$437,672				PT EEs Hourly Rate plus 15%
(PT) EM Physician *(1456 hrs.)* **	$207,452-$323,983				
EM APP	$109,652-$177,252				

Appendix 4*

Emergency Medicine - Pay Grades/Ranges & Additional Compensation

Position	Base Salary Range	Additional Work Shift Rate[7]	Additional On-Call Shift Rate	Call-Back Rate	Per-Diem Shift Rate[8]
SPECIALTY – Emergency Medicine					
Non-Academic					
EM Medical Director[1]	$409,932 – 535,575	EEs regular hourly rate	N/A	N/A	N/A
(1.0 FTE) EM Physician[2]	$413,460- $474,290				$2,886 per shift
(0.9 FTE) EM Physician[3]	$392,400 - $451,800				
(PT) EM Physician *(1456 hrs.) *****	$317,408- $365,456				
EM APP	$129,600- $160,200				
Academic					
Program Director[4]	$402,212 – $528,048				N/A
Associate Program Director[5]	$406,844 – $534,031				
Faculty[6]	$393,840 $522,750				

*Appendix 4 may be amended from time to time, with Board approval, to reflect new employment physician specialties based upon compensation rates that are consistent with FMV.

***Part-time employment is determined to be 1456 clinical hours /0.7 FTE (182 8-hour shifts annually).*

[1] Medical Director compensation is based upon a 0.8 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to administrative time. At a 0.8 CFTE, the Director will be responsible for thirteen (13) shifts per month with an additional administrative responsibility of a minimum of 130 hours outside of the required clinical shifts.
[2] 1.0 FTEs providing 10-hour shifts will be required to provide a minimum of an additional 130 hours of administrative duties throughout the year will qualify as a 1.0 FTE.
[3] 0.9 FTEs providing the full 15 shift allotment of 10-hour shifts but not providing any additional administrative time are classified as a 0.9 FTE.
[4] Program Director compensation is based upon a 0.6 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to administrative time. At a 0.6 CFTE, the Director will be responsible for eight and one-half (8.5) shifts per month with an additional administrative/teaching responsibility of a minimum of 130 hours outside of the required clinical shifts.
[5] Associate Program Director compensation is based upon a 0.7 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to administrative time. At a 0.7 CFTE, the Director will be responsible for eleven (11) shifts per month with an additional administrative/teaching responsibility of a minimum of 130 hours outside of the required clinical shifts.
[6] Faculty compensation is based upon a 0.9 Clinical FTE (CFTE) and the remainder of the 1.0 FTE being dedicated to administrative time. At a 0.9 CFTE, the Director will be responsible for thirteen and one-half (13.5) shifts per month with an additional administrative/teaching responsibility of a minimum of 130 hours outside of the required clinical shifts.
[7] See extra shift/hours on page 2 of this document.
[8] Based upon an 8-hour shift. Applicable only to those hired into a per-diem classification.

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

Issue:	**Revise the Physician & Non-Physician Provider Productivity (wRVU) Compensation and Benefits Plan**	**Back-up:**
Petitioner:	**Kendrick Russell, CHRO**	**Clerk Ref. #**

Recommendation:

The Human Resources and Executive Compensation Committee review and discuss the Physician & Non-Physician Provider Productivity (wRVU) Compensation and Benefits Plan; and make a recommendation for approval by the UMC Governing Board; and take action as deemed appropriate. ***(For possible action)***

FISCAL IMPACT:

Increase Estimate Per Classification Type	Amount
Critical Care	$604,109
Adult Hospitalists	$2,267,163
Adult Hospitalists P/D	$175,948
Total	$3,047,220.80

BACKGROUND:

The substantive changes to this Compensation Plan are:

1. Page 1 – Added new classifications:
   - Adult Hospitalist
   - Hospitalist – Critical Care
2. Page 4 – Added clarifying language regarding the annual review process and eligibility for increases.
3. Page 4 – Added clarifying language to work schedules regarding working the full allotment of hours.
4. Revised Appendix 1 (pages 10-11) – pursuant to an FMV that was conducted for the above classifications.
5. We anticipate the revisions to be effective on August 1, 2026, and will cover existing and future employees within the identified classifications.

Cleared for Agenda
July 13, 2026

Agenda Item #
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2026

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

UMC
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Southern Nevada

PHYSICIAN AND NON-PHYSICIAN PROVIDER PRODUCTIVITY (wRVU) COMPENSATION AND BENEFITS PLAN (the "Productivity Plan")

Revision Effective Date: August 1, 2026
Original Implementation Date: August 31, 2022

Mason Van Houweling - Chief Executive Officer

Productivity Plan and Employees Covered:

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

Physician	
General & Trauma Surgeon	Hepatologist
Orthopedic Physician (Non-Surgeon)	Orthopedic Trauma Surgeon
Orthopedic Surgeon	Pediatrics Hospitalist
Pediatrics - Neonatal	Pediatrics - Neonatal Nocturnist
Transplant Surgeon	Adult Hospitalist
	Hospitalist - Critical Care
APP	
Ortho - Nurse Practitioner/Physician Assistant	Hepatology - Nurse Practitioner/Physician Assistant
Transplant - Nurse Practitioner/Physician Assistant	Pediatrics/Neonatal APP
	Adult Hospitalist APP

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

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

Fair Labor Standards Act (FLSA) Exemption:

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

Compensation and Benefits:

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

The Annual wRVU Threshold, wRVU compensation rate and maximum cap will be calculated by using a blended average median work RVU data from annual surveys for national respondents conducted by nationally-recognized healthcare valuation specialists (e.g., AMGA, Gallagher, MGMA and SullivanCotter) in the applicable practice specialty. This production incentive payment will be paid quarterly, after the Annual wRVU Threshold has been met (which may be pro-rated based on an

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

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

Productivity Compensation:

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

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

The decision of the Chief Human Resources Officer is final.

Annual Quality Incentive Bonus:

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

On-Call Restricted Coverage:

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

On-Call Unrestricted Coverage:

Applicable Physicians who provide on-call unrestricted coverage may receive additional shift compensation as set forth by the employee's contract for employment.

Extra Shift Compensation:

In the event an employee works in excess of their regular and on-call shifts he or she shall be entitled to the additional shift compensation set forth in the employee's contract for employment (e.g., 15 shifts).

Per-Diem Employees:

Per-diem employees under the classification of service lines set forth on the various Appendices to this Productivity Plan, shall not receive any additional compensation over and above their hourly rate of pay set forth therein.

Annual Evaluations:

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

Work Schedules:

All Physicians, Nurse Practitioners and Physician Assistants are salaried, exempt employees. Work schedules are determined based on a designated Full Time Equivalent (FTE) status. Employees designated as less than a 1.0 FTE are eligible for salary and benefits prorated based on FTE status. Employees are expected to be available to work their full, designated FTE status. Each employed physician will also be provided a Clinical FTE (CFTE) status in their employment contract, which shall designate the dedicated time spent providing their professional services. The difference between a physician's CFTE status and the FTE shall be utilized on administrative and/or teaching time, and the Annual wRVU Threshold shall be prorated accordingly. Employees working 10-hour shifts under this compensation plan are expected to work a minimum of 130 additional hours through administrative/teaching time to be considered a full 1.0 FTE. Employees who are unable to meet the additional hourly requirement will be considered 0.9 FTE.

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

Physicians

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

ALDs will be awarded on a pro-rated basis upon the first year of entry into this plan. Thereafter, the employee will receive their ALD allotment each January 1st. Eligible employees under this Compensation Plan will receive ALDs as follows:

Employment Status	# of ALDs
Full-Time	15
Part-Time	pro-rata based on FTE status

An employee's ALDs may differ in accordance with employment terms in place prior to August 1, 2025. Physicians who have accrued CAL prior to participating in this Productivity Plan will retain any accrued CAL time, and will be required to exhaust such time prior to use of any ALDs. CAL accrued prior to implementation of this Productivity Plan may not be converted to compensation, nor is it paid out upon separation of employment.

Non-Physician Providers

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

Extended Illness Bank (EIB):

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

Miscellaneous Leaves:

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

Group Insurance:

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

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

Retirement:

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

Continuing Medical Education (CME):

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

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

If an employee is on leave of absence or FMLA, the employee is not eligible to take CME release time.

Conflict of Interest:

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

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

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

Professional Standards:

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

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

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

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

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

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

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

Appendix 1 *
Pay Grades and Annual wRVU Threshold

Position	Base Salary Range	wRVU Threshold	wRVU Rate	Max TCC
SPECIALTY – ORTHOPEDICS				
Experienced (5+ years of experience)				
Trauma Surgeon	$554,841.75 - $652,755.00	9,525	$80.33	$933,726.00
Ortho Specialty	$484,618.15 - $570,129.00	10,992	$71.23	$933,726.00
Ortho Sports	436,667.95- 513,727.00	9,766	$72.37	$908,081.00
Ortho – Medical	$288,398.20 - $339,292.00	6,642	$67.94	$698,839.00
New Hires (<5 years of experience)				
Trauma Surgeon	$443,873.40 - $522,204.00	7,620	$80.33	$933,726.00
Ortho Specialty	$387,694.52 - $456,111.20	8,794	$71.23	$933,726.00
Ortho Sports	349,334.36- 410,981.60	7,813	$72.37	$908,081.00
Ortho – Medical	$230,718.56 - $271,433.60	5,314	$67.94	$572,000.00
NP/PA	$124,181.60 - $146,096.00	2,117	$69.70	$168,104.00
SPECIALTY – TRANSPLANT				
Experienced (5+ years of experience)				
General Transplant Surgeon	$368,504.75 - $433,535.00	5,295	$87.74	$686,149.00
New Hires (<5 years of experience)				
General Transplant Surgeon	$294,803.80 - $346,828.00	4,236	$87.74	$686,149.00
NP/PA	$122,620.15– $144,259.00	3,059	$44.36	$163,682.00
SPECIALTY – HEPATOLOGY				
Experienced (5+ years of experience)				
Hepatology	$386,553.65 - $454,769.00	5,316	$97.83	$642,751.00
New Hires (<5 years of experience)				
Hepatology	$309,242.75 - $363,815.00	4,253	$97.83	$642,751.00
NP/PA	$122,620.15 - $144,259.00	3,059	$44.36	$163,682.00
SPECIALTY – SURGERY				
Experienced (5+ years of experience)				
General Surgery	$355,987.65 - $499,670.00	6,847	$72.23	$627,184.00
Trauma Surgery	$387,628.90 – $530,200.00	6,208	$88.11	$640,380.00
New Hires (<5 years of experience)				
General Surgery	$284,789.95- $399,736.00	5,478	$72.23	$627,184.00
Trauma Surgery	$310,102.95- $424,160.00	4,966	$88.11	$640,380.00

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

Appendix 1 (*Cont.*)*
Pay Grades and Annual wRVU Threshold

SPECIALTY – CRITICAL CARE				
Experienced (5+ years of experience)				
Critical Care	$456,778.00 - $524,196.00	5,964	$116.38	$604,109.00
New Hires (<5 years of experience)				
Critical Care	$284,789.95- $399,736.00	5,385	$116.38	$604,109.00

Appendix 1 (*Cont.*)*
Pay Grades and Annual wRVU Threshold

Position	Base Salary Range	Per-Diem Rate[1]	wRVU Threshold	wRVU Rate	Max TCC
SPECIALTY – Pediatrics					
Experienced (5+ years of experience)					
Pediatrics Hospitalist	$187,629.00 - $251,949.00	$1,454/shift	2,426	$100.90	$325,000.00
Pediatrics – Neonatal	$254,403.00 - $367,202.00	$2,118/shift	7,222	$51.97	$500,000.00
New Hires (<5 years of experience)					
Pediatrics Hospitalist	$150,103.20 - $201,599.00	$1,454/shift	1,941	$100.90	$325,000.00
Pediatrics – Neonatal	$203,522.00 - $293,762.00	$2,118/shift	5,778	$51.97	$500,000.00
APP	$109,789.00- $142,711.00	$823/shift	2,628	$50.20	$160,500.00
SPECIALTY – Adult Hospitalists					
Experienced (5+ years of experience)					
Hospitalists	$321,359.00 - $360,504.00	$2,303/shift	5,685	$76.60	$411,736.00
New Hires (<5 years of experience)					
Hospitalists	$257,079.00 - $288,403.00	$2,303/shift	5,174	$76.60	$411,736.00
APP - Hospitalist	$134,385.00 - $150,895.00	$838/shift	2,893	$85.52	$170,939.00

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

[1]Per-Diem rate applicable only to those hired Into a Per-Diem classification. The Per-Diem rate Is based upon a 12-hour on-site shift.

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

Issue:	**Emerging Issues**	**Back-up:**
Petitioner:	**Ricky Russell, Chief Human Resource Officer**	**Clerk Ref. #**

Recommendation:

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
July 13, 2026

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