



UMC Strategic Planning Committee Meeting

Thursday, April 3, 2025 9:00 am

UMC Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
April 3, 2025, 9:00 a.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

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

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

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

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment.

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 6, 2024. (For possible action)

3. Approval of Agenda. (For possible action)

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
5. Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. *(For possible action)*
6. Receive an update from Danita Cohen, Chief Experience Officer on Physician Engagement Initiatives; and direct staff accordingly. *(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)*

COMMENTS BY THE GENERAL PUBLIC

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

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

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

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
February 6, 2025**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, February 6, 2025
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:04 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

Harry Hagerty, Chair
Dr. Donald Mackay
Renee Franklin
Christian Haase (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:

Robyn Caspersen (Excused)

Also Present:

Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Danita Cohen, Chief Experience Officer
Vick Gill, Business Development Officer
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on December 5, 2024. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

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

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Tony Marinello, Chief Operating Officer, reviewed the Service Line updates for all service lines. Danita Cohen, Chief Experience Officer, provided an update of the marketing campaigns for all of the service lines.

Mr. Marinello next reviewed the operational updates for the general surgery service line, strategic next steps and tech strategies. The discussion focused on growth and operational initiatives with the DaVinci Robot surgeries and statistics.

Orthopedics operational updates showed improvement in Q1 2025 for total knee and hip arthroplasty but a slight decrease in shoulder arthroplasty procedures. Joint camp class attendance is at 77%. Other updates include program expansion opportunities and an application for Hip/Knee Advance Certification. Mr. Marinello shared slides highlighting the joint camp program dashboard and opportunities for improvement. Ortho Clinic updates and statistics for Q2 were reviewed. Nuance Dax AI is being implemented in the clinics to improve charting for physicians.

The Committee inquired about what is being done to encourage physicians to come to UMC. Ms. Cohen stated that a team is dedicated to providing physician and community outreach and awareness of the services provided at UMC through marketing. Mr. Van Houweling added that the business development team also works with the experience team on marketing needs. There was continued discussion regarding targeted marketing strategies related to the demographics around the valley.

In cardiac service updates, the third Cath Lab room is fully operational, and the team is actively working with physicians to book additional cases and increase time slots. Mr. Marinello highlighted several expense and cost-saving opportunities, along with strategic next steps to promote growth in the service line. The goal is for 300 procedures per month. Ms. Cohen provided a first look at new branding for UMC and discussed UMC branding opportunities.

The women's and children's service lines were next discussed, along with revenue enhancements and strategic next steps. Mr. Marinello introduced Stacie Wichman-Roch, Business Development Officer to the Committee, as she will be

leading the hospital committee meetings to improve initiatives in this service line. Ms. Cohen highlighted marketing strategies for Children's Hospital at various locations around the valley. The tagline for this marketing campaign is Heroism, Courage, and Strength.

In ambulatory, volumes are up, and the self-scheduling utilization rate is at 74% utilization rate. No-call, no-show rate is at 13%; the target is 10%. The goal is to incorporate telehealth visits as an alternative for patients who are unable to keep in-person appointments. Expense opportunities, strategic next steps, and technology strategies were reviewed. The discussion continued regarding the implementation of cost-saving processes, as well as updates to the UMC Online Care application. Ms. Cohen reviewed the marketing slides for the ambulatory service line.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive a report regarding UMC Service Line Market Share Update; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Jones provided the market share data for Q2 FY24 through Q1 FY25.

Overall, market share has dropped slightly. UMC is number 6 in the market, down .2%. HCA had the highest increase in market share, at .5%, and Valley Health System was down .4%. He noted that West Henderson Hospital opened in December.

Chair Hagerty commented that quality and quantity of the rooms at UMC is essential for growth.

General surgery has gained .4% in the market overall. HCA has gained .4% and the Valley Health System is down .7% in the market. UMC is maintaining at number 3 in the market.

Chair Hagerty asked about the loss of share in the market in Orthopedics despite UMC's successes. Mr. Jones responded that the team is monitoring this. He noted that Sunrise has an inpatient rehab center, which could help retain patients at their facility. UMC was down .3% in the market, and HCA gained 1.8%.

In cardiac services, UMC is number 6 in the market, but lost .4% of the market; HCA has gained .7% and the Roses have gained .2%. He added that the two

market leaders are Mountain View and Sunrise Hospitals. There was continued discussion regarding the similar data decline in this service line.

Mr. Gill commented that the data provided was only inpatient data, but if normalized with outpatient procedures, there would be a change in the statistics. Mr. Marinello added that in orthopedic and cardiac services, the trend is higher in outpatient services.

In children's hospital, there has been a decline quarter over quarter, but maintaining number 3 in the market share. Sunrise is up .3% and UMC has declined .3%. Although women's services has declined, there has seen a slight increase in the market share. UMC is 9th in the market overall, UMC lost .5%, HCA gained .7% and Valley Health gained .5%.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update on the FY26 Budget Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello discussed the following draft budget initiatives for FY2026, to focus on Ambulatory, Cardiology, Interventional Radiology, Comprehensive Stroke Certification, Orthopedics and operating room efficiencies.

Ambulatory

- Realigning Staffing for efficiencies
- Integrate PC/QC/Telehealth
- Southern Highlands QC Expansion
- Nellis QC/PC Relocation –Jan 2026
- Liver Care Program
- Infusion Clinic
- Delta Point Lease
- Leased 710 Tonopah
- Crisis Stabilization Center

Cardiology

- Full year of 3 cath labs
- Inventory management system

Interventional Radiology Integration

- Restructure Department
- Inventory Management System
- Agency Reduction
- Expand Services
- Implement Clinical Trials

Achieve Comprehensive Stroke Certification

Orthopedics

- OP All 3 Clinics are up and running

Operating Room Department Efficiencies

- SPD Assessment
- Dedicated Supply Manager
- First Case Starts
- Optimize Operating Room Utilization
- Preference Card Update
- Surgery Scheduling time adjustment EPIC
 - Robotics
 - General Surg
 - All others

Chair Hagerty asked if space would be available for the additional interventional radiology cases. Mr. Marinello responded that that has already been incorporated into the planning.

Chair Hagerty asked if interventional radiology is considered the service line to grow for FY26. Mr. Marinello confirmed that this is the service line proposed for growth in the new fiscal year.

FINAL ACTION TAKEN:

None taken

SECTION 3: EMERGING ISSUES

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

DISCUSSION:

At future meetings, the Committee would like an update on the following:

1. Report on physician recruitment
2. DaVinci census in southern Nevada and OR suite comparison
3. EHR systems used at other hospitals

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

A motion was made by Member Franklin that the go into closed session pursuant to NRS450.140(3). Motion carried by unanimous vote.

At the hour of 10:45 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 9 Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

There being no further business to come before the committee this time, at the hour of 11:17 a.m.

APPROVED:

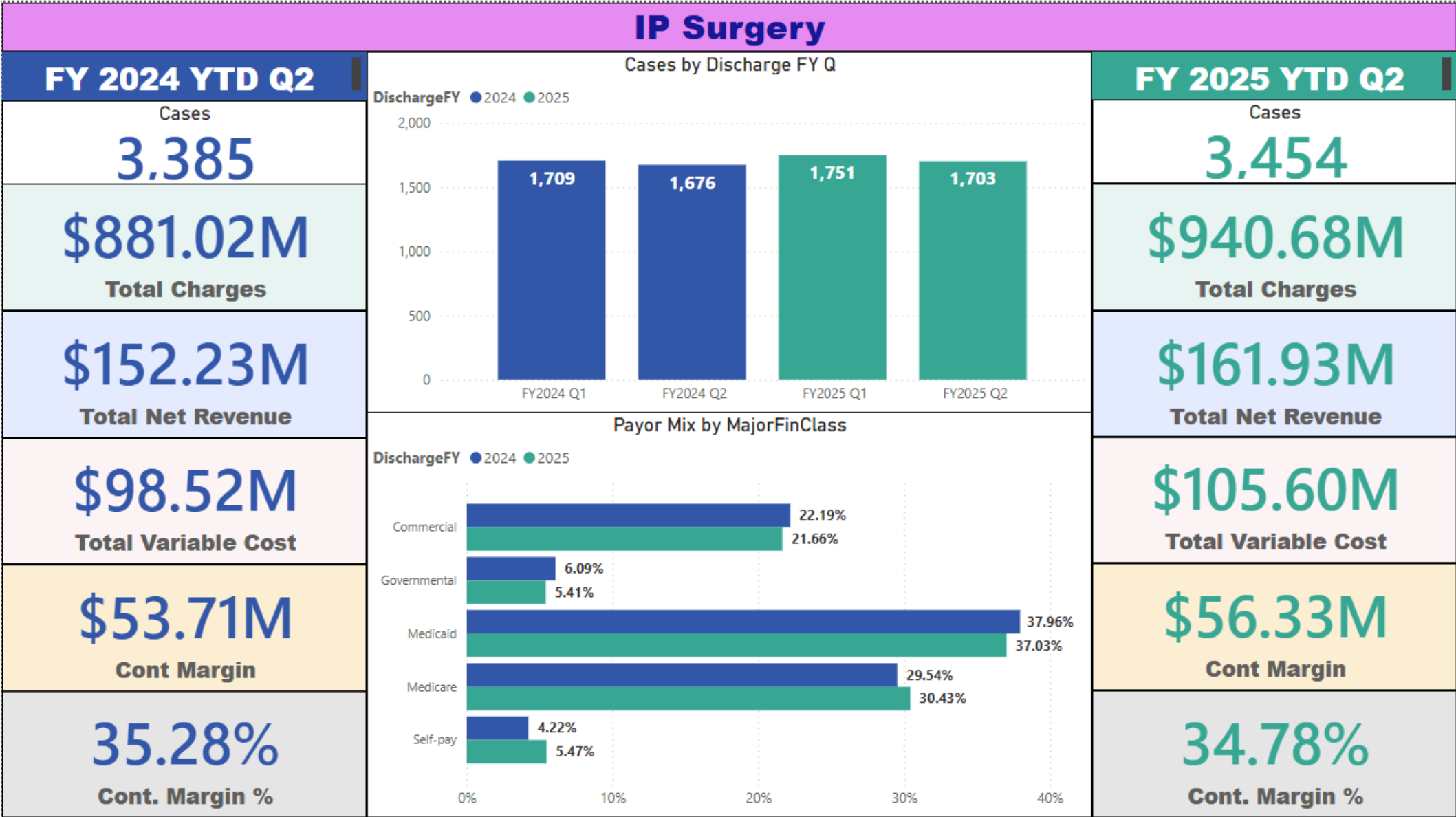
MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

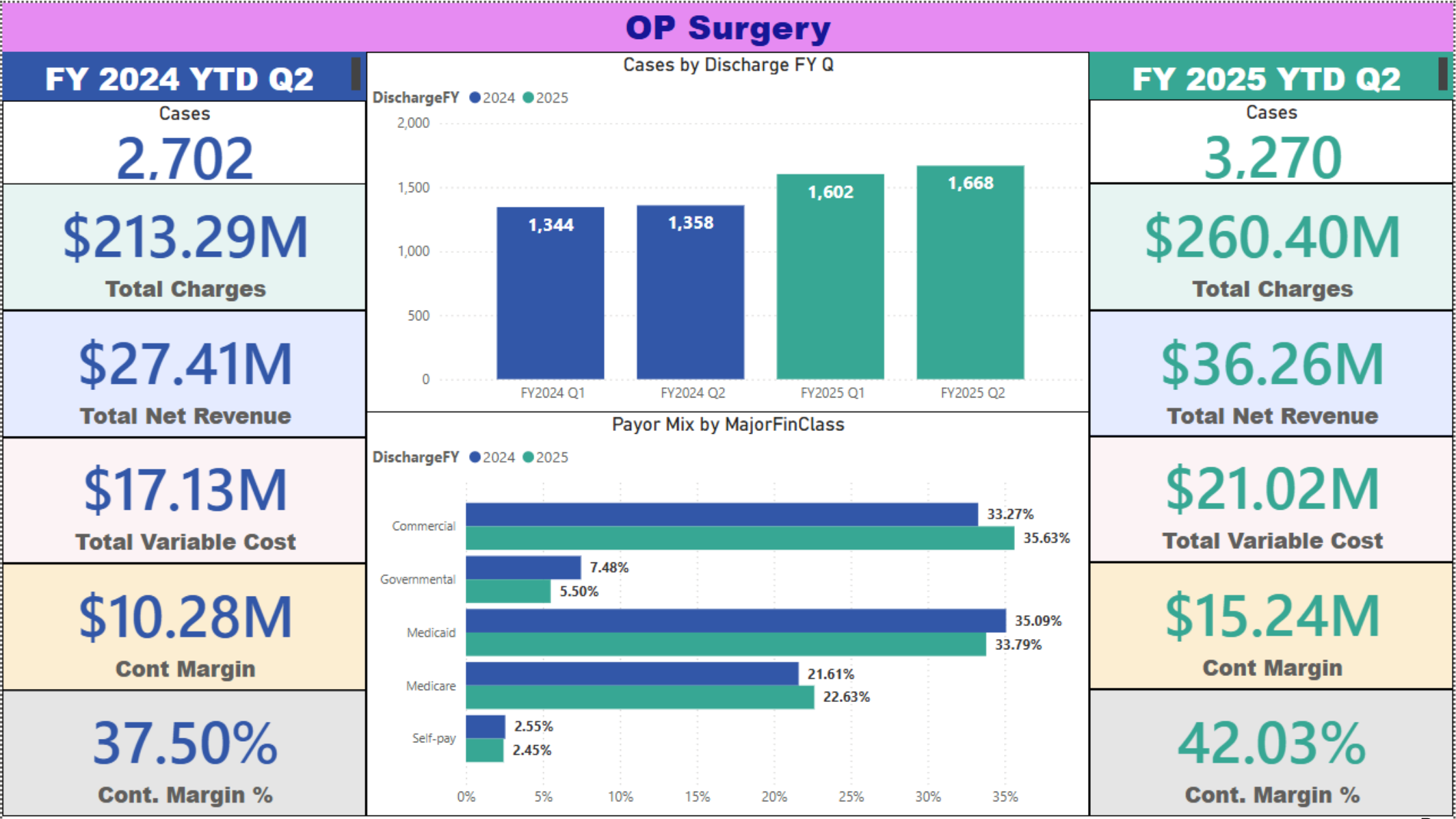


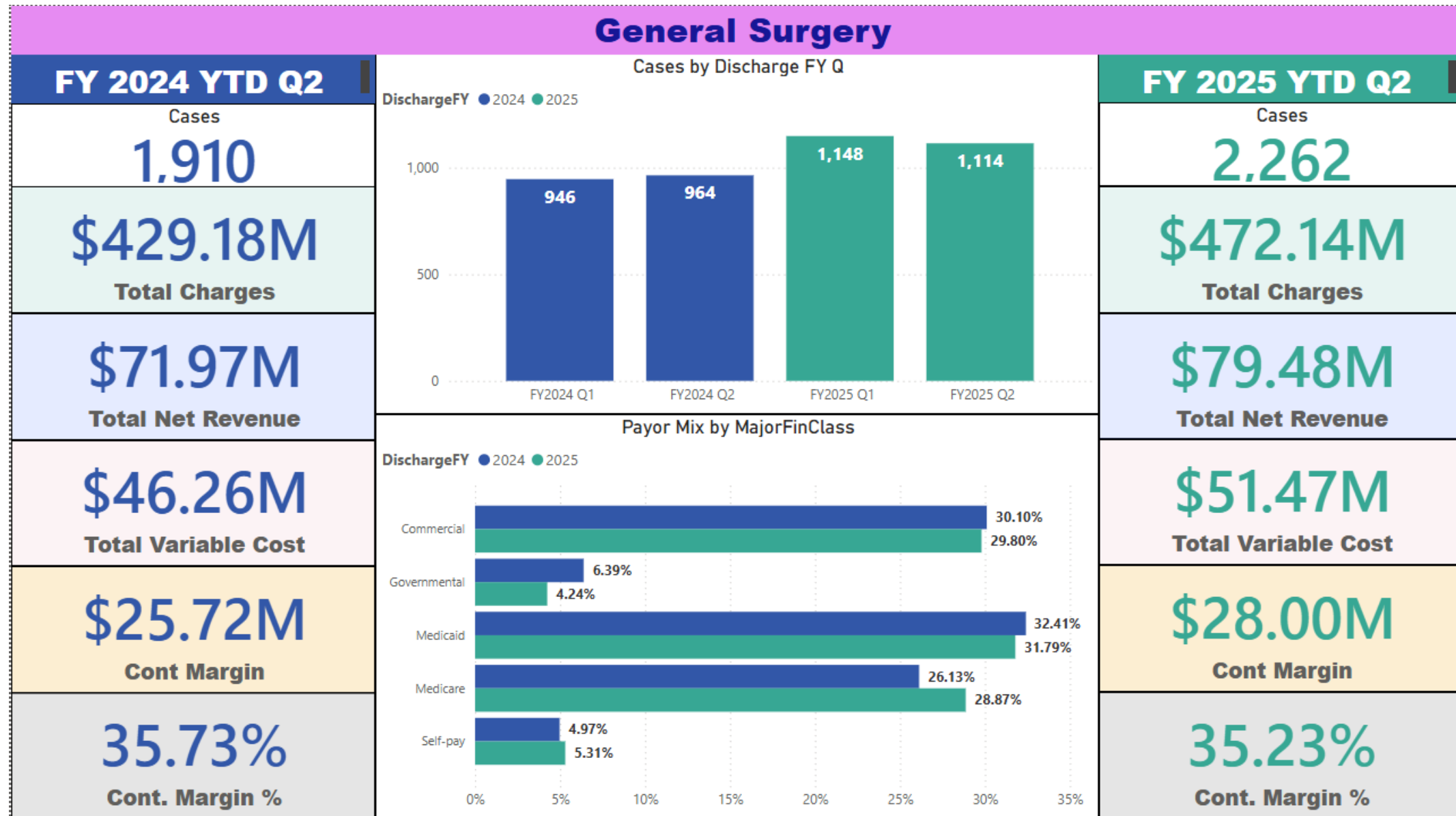
Strategy Committee Service Line Update

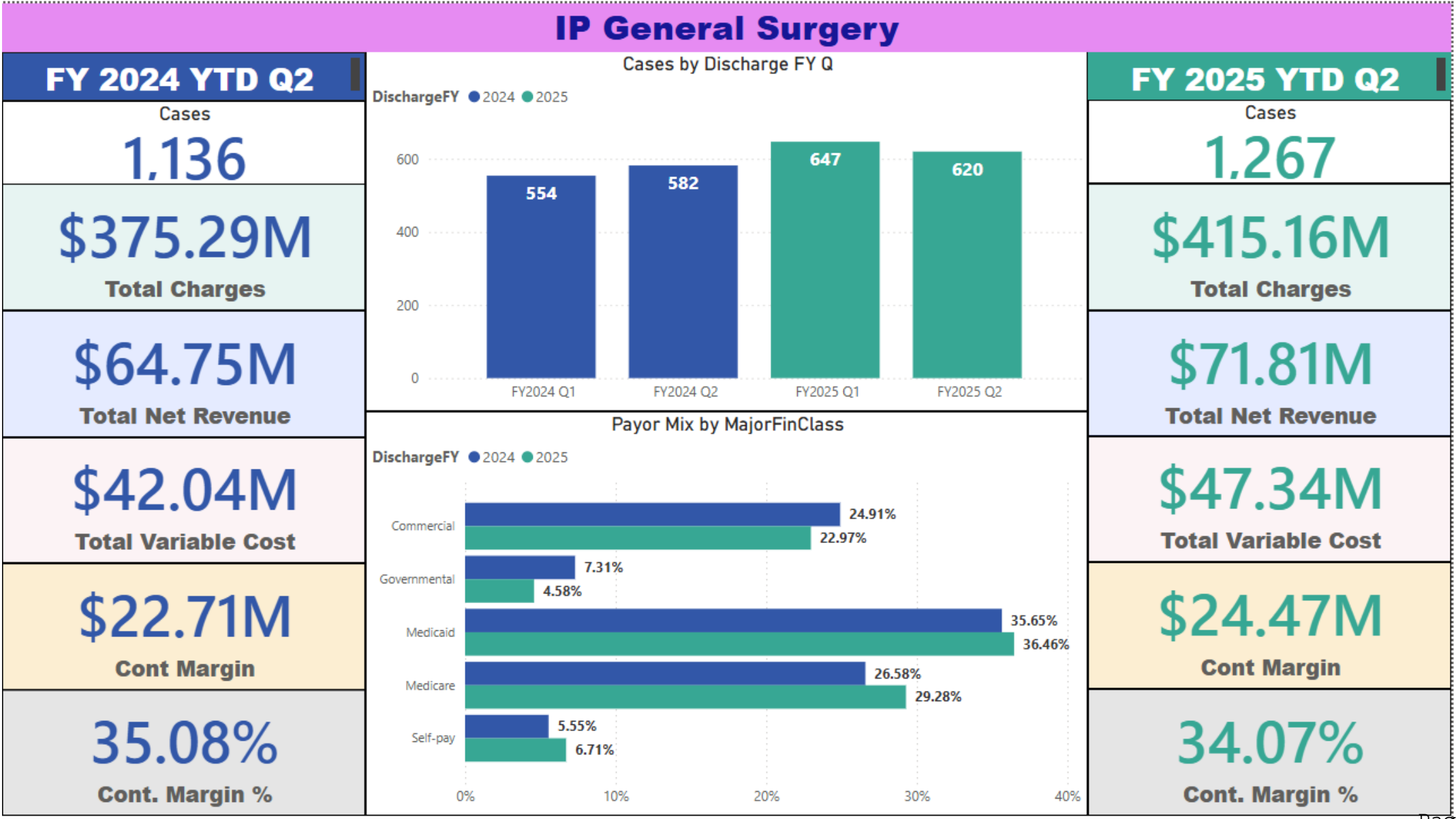
April 3, 2025

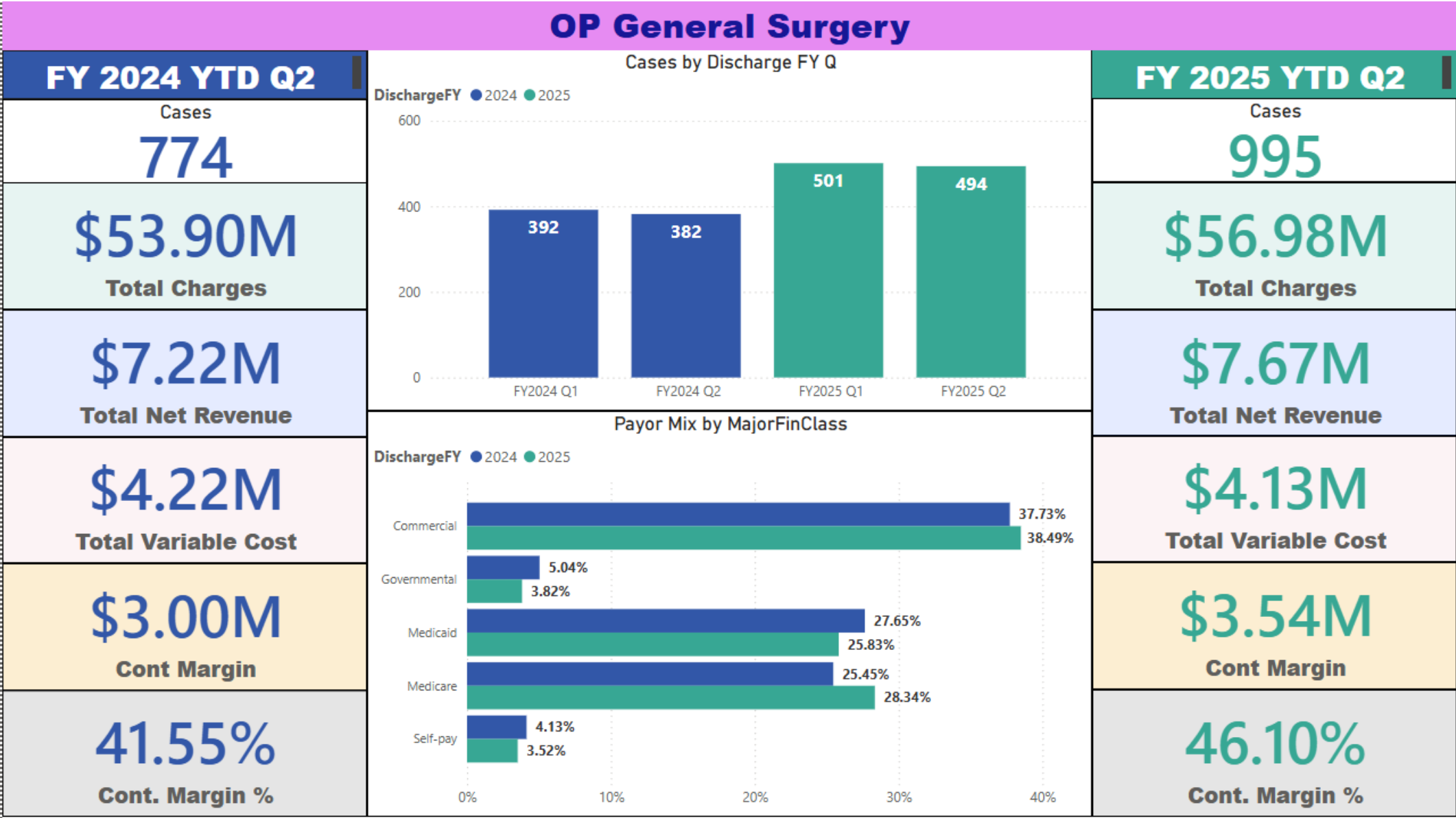






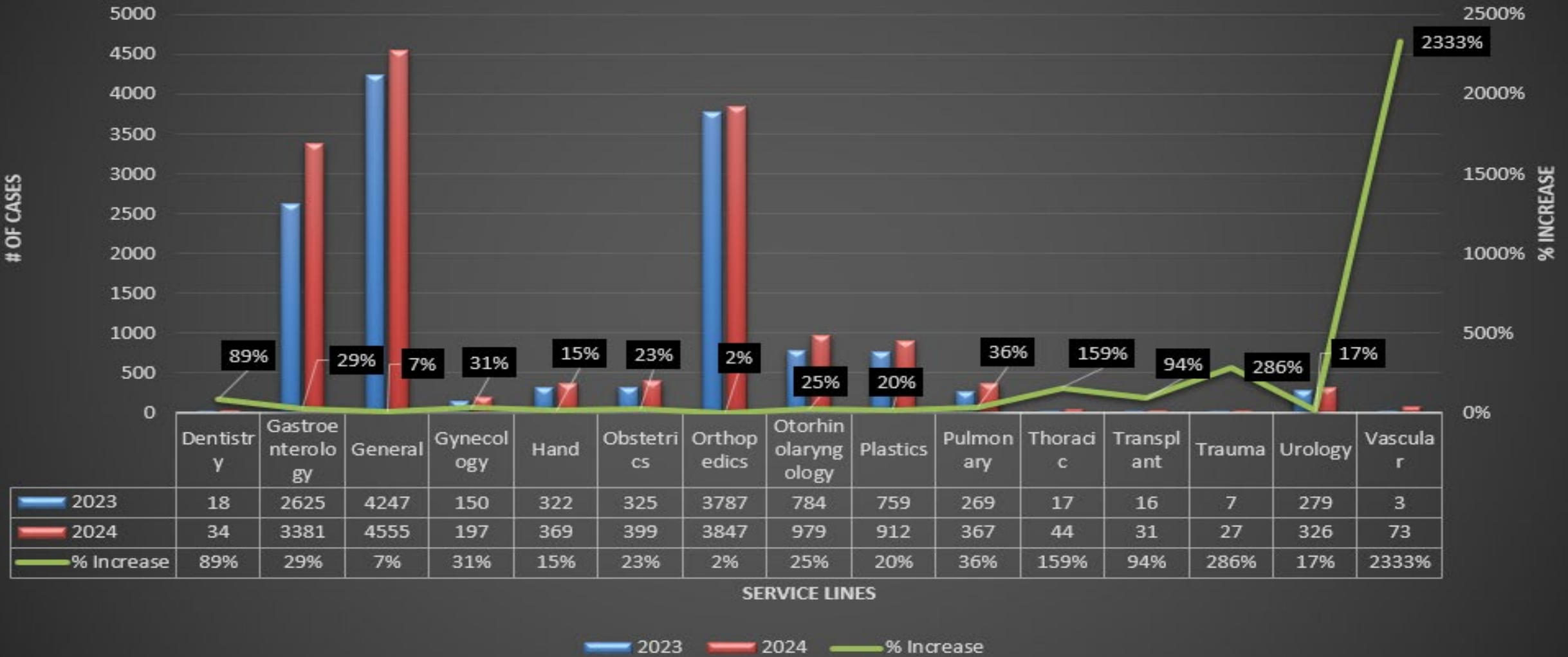






Service Line Update

Growing Service Lines



Service Line Update

Operational Update

- Goals and Action Plans:
 - FCOT Actual 73%. Goal of 80%.
 - Letters sent to non-compliant surgeons
 - Weekly posting of compliant and non-compliant surgeons
 - Room Turnover Times at 34 minutes – Team building between all ancillaries
 - Dedicated EVS staff
 - OR Management oversight of OR Staff
 - 24 hr. Cancellations at 14% for same-day cancellations
 - Reach out to patients 7 days in advance of surgery for preadmission testing, effective Feb 2025
 - Pre-emptive review of cases by the anesthesia team
- Utilization improvements
 - Case Length Comparisons of Surgeon vs Surgeon and National Average
 - Implement efficient block time utilization through consolidation of resources, i.e., staff, anesthesia and OR rooms
 - Review and Revise Surgical Case Scheduling with EPIC Data
 - Supply Chain Revamp and Sterile Processing Department
 - Robotic Surgery Program Continued Growth

Service Line Update

Strategic Next Steps

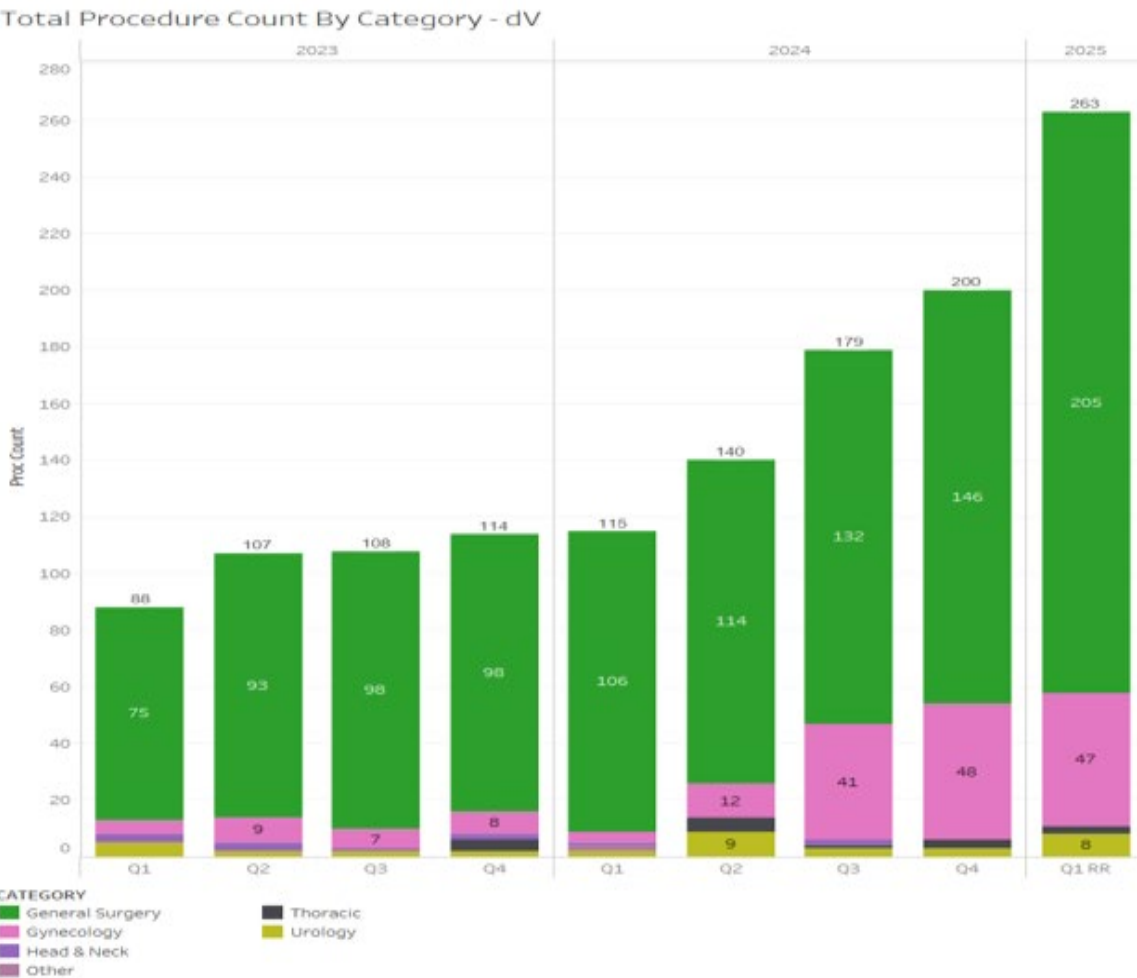
- Anesthesia Technician Training for Professional Growth
- Sterile Processing Department (SPD)
 - SPD Vendor and Instrument Inventory Management (CensiTrac) System Technology
 - SPD Workstation Improvement – tables and sinks to enhance ergonomics and infection prevention compliance
 - SPD Decontamination – replace 3-compartment sink, update water dispenser capability to allow for power spray
 - SPD Liaison Study – 90-day study to validate the need of liaison between OR (1st floor) and SPD (3rd floor)
- EndoSoft is a multi-specialty procedure documentation and image management software that integrates with EPIC
 - Standard reports, AI for CPT input, and coding
 - Additional reports include procedures per room, procedures per physician, registry reporting and statistical illustrations
 - Endoscopy and Orthopedics are growing quickly and both utilize pictures and videos (increased cost)
 - Improve efficiencies, estimated to save 15 minutes of OR time per case

Expense Control and Revenue Enhancement

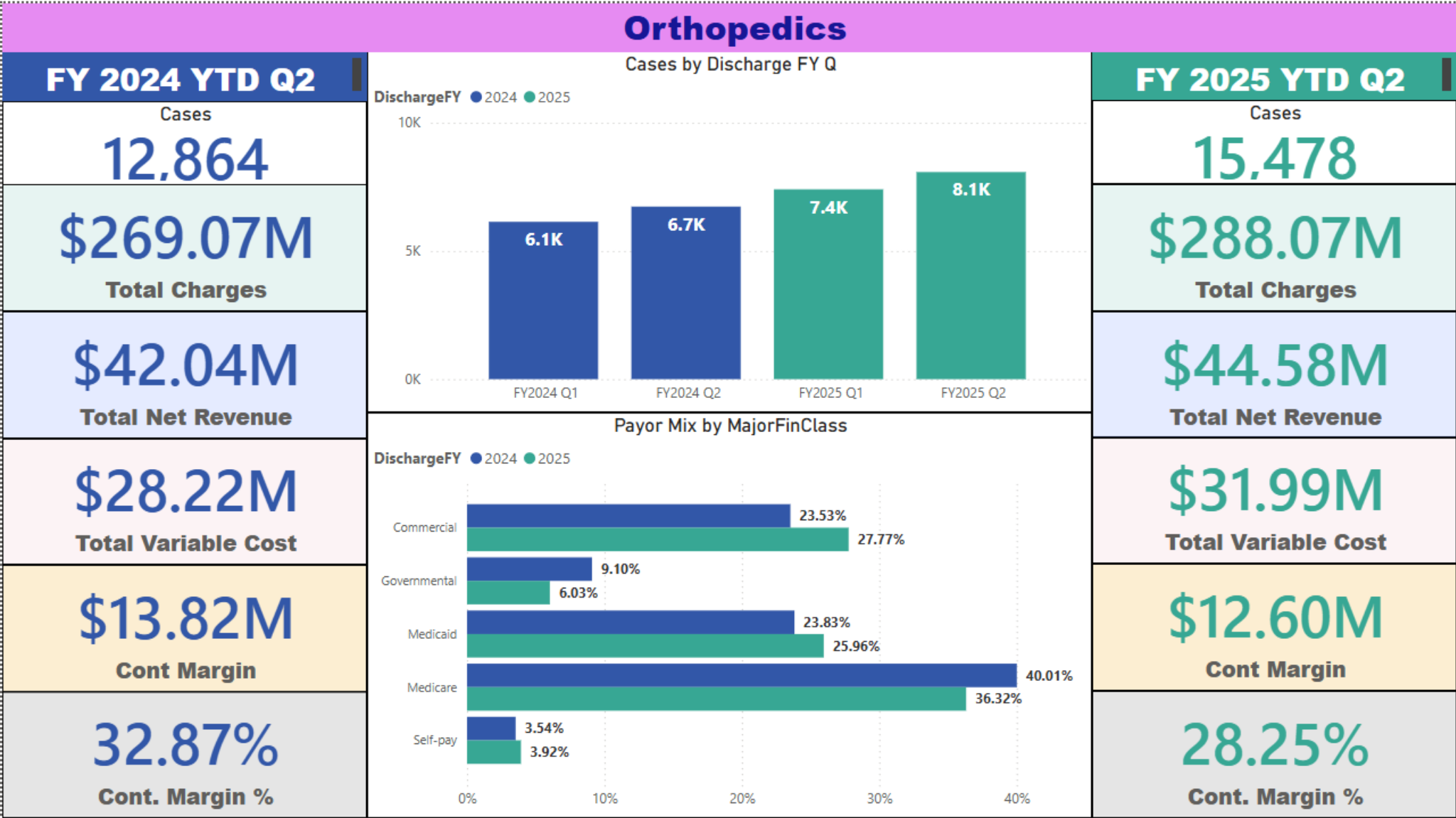
- Case audits are conducted for high-cost implants to identify opportunities for reducing expenses
- Analyze reimbursement on high-dollar implants in order to negotiate better pricing with vendors
- Reduction of overtime (reduction from 800 hours/month down to 150/month) in the past 5 months
- Ex-fix Reprocessing Program with Stryker (estimated savings of \$200k annually)
- Zimmer placement agreement with no capital expense, no lease, and no rental costs (estimated savings of \$84k)
- Arthrex usage agreement to provide Saver Console (estimated savings of \$151k)

Da Vinci Robotic Growth

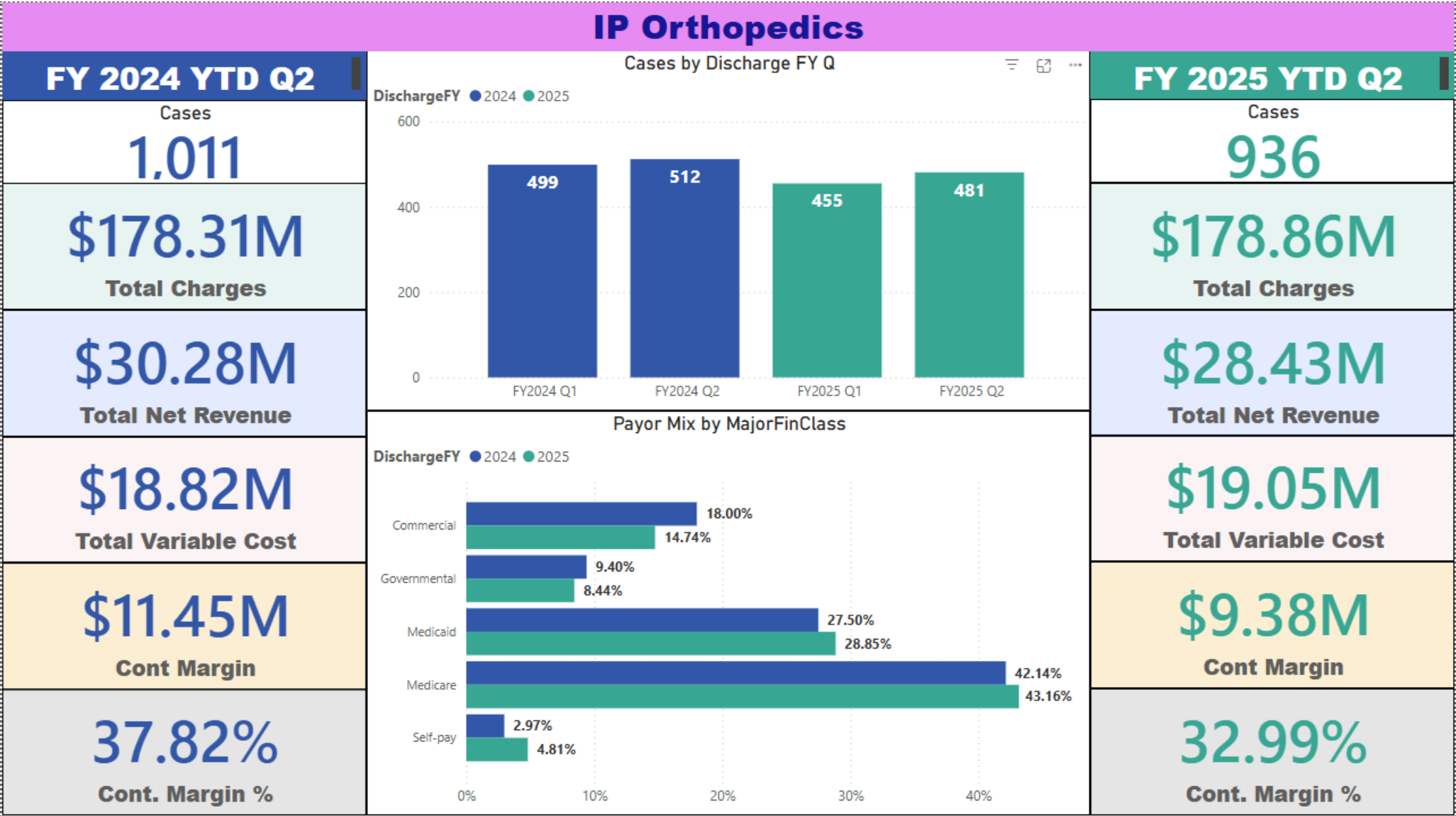
System Utilization by Quarter by Unit						
Calendar Year 2023						
Model	System Name	Q1	Q2	Q3	Q4	Total
da Vinci XI	SQK0206	66	71	80	79	296
da Vinci XI	SK3381	22	36	28	35	121
Total Cases		88	107	108	114	417
Calendar Year 2024						
Model	System Name	Q1	Q2	Q3	Q4	Total
da Vinci 5	SQ0280				52	52
da Vinci XI	SQK0206	54	49	108	78	289
da Vinci XI	SK3381	61	91	71	70	293
Total Cases		115	140	179	200	634
Calendar Year 2025						
Model	System Name	Q1	Q2	Q3	Q4	Total
da Vinci 5	SQ0280	61				
da Vinci XI	SQK0206	104				
da Vinci XI	SK3381	96				
Total Cases		263				



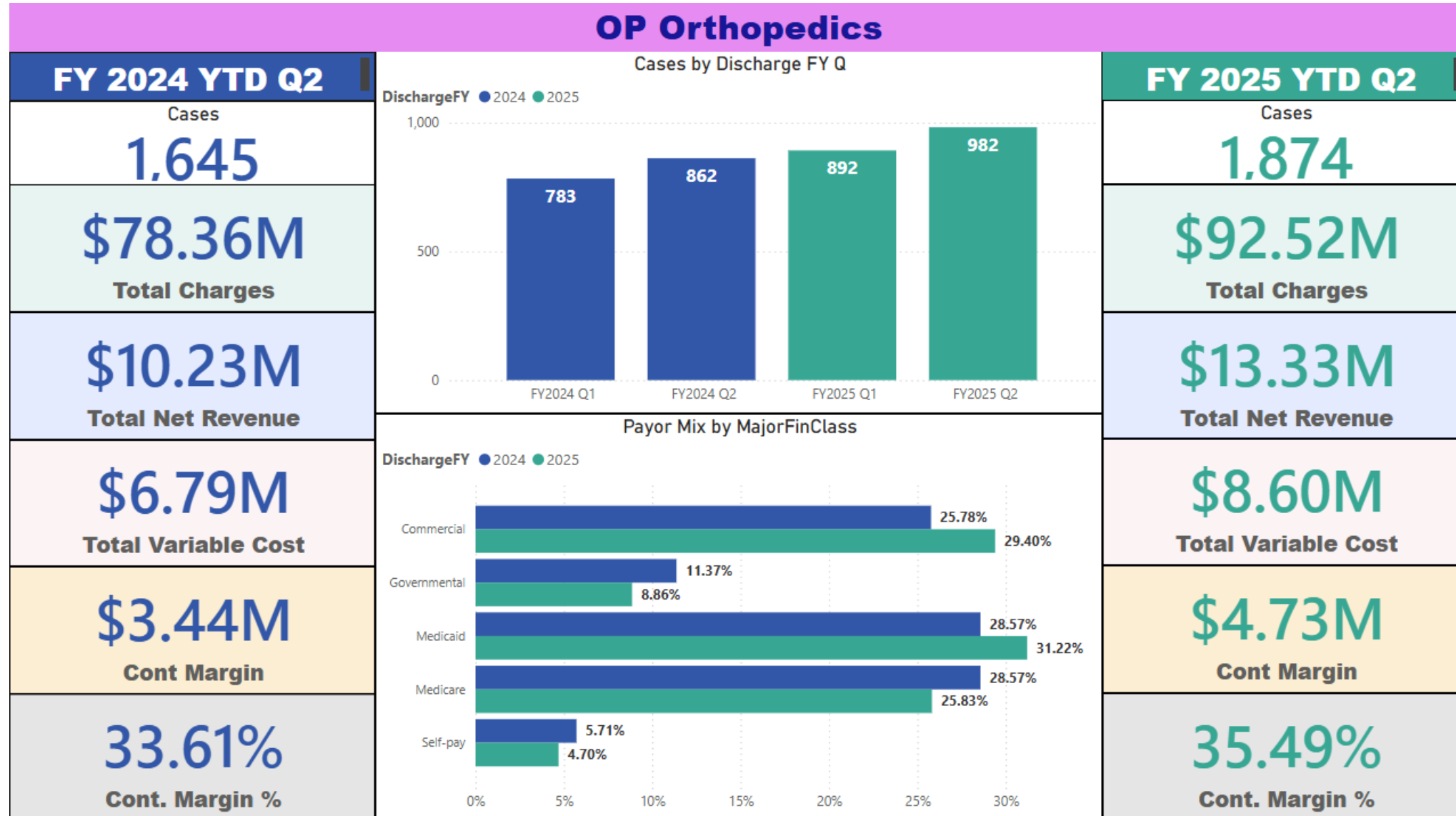
ORTHO HOSP IP/ OP and CLINIC



ORTHO HOSP IP



ORTHO HOSP OP



Orthopedic Services IP Q2 FY25

Service Line Update

Operational Update

- Total Hip/Knee Arthroplasty: 85, up from 80 in Q1 FY2025. Total Shoulder Arthroplasty: 13, down from 27 in Q1 FY2025
- Regional Block for Total Hip/Knees: Hip blocks **86%**, (10% improvement from Q1) Knee blocks at **98%**
- Early Ambulation is **94%**. Discharge home (Hip and Knee) **86%**
- Length of Stay at **2.6 days** (Benchmark of 1.98, down from 2.9). 1 Outlier TKA patient, total hospital stay of 24 days
- **Integrative Joint Camp Class attendance is 77%**
 - Weekly Classes Launch. Monthly Spanish class.
 - Nurse Navigator working with Marketing team to have class on UMC Website in June 2025
 - Staff assists patient and family members with support on a one-on-basis
- UMC belongs to the AJRR (American Joint Replacement Registry)

Expense Control and Revenue Enhancement

- Collaboration between OP Clinic, Inpatient Floor and Surgical Services to continually improve efficiencies and flow
- Developed Orthopedic Post-operative care dressing standard protocols
- Quarterly Orthopedic Service line review meeting

Strategic Next Steps

- Collaboration between inpatient and outpatient leadership to ensure smooth processes
- Apply for Hip/Knee Advanced Certification (DNV criteria now formalized)
- Inpatients receive a signed Thank you note from Surgeon and Staff along with a Fruit Basket
- Working with the EPIC team to push out patient questionnaires in MyChart

Orthopedic Services OP (Clinic) Q2 FY25

Service Line Update

Operational Update

- Orthopedic and Spine Institute of UMC Clinic:
 - Elective Surgeries: up 20% compared to Q2 FY24
 - Total Surgical Cases: up 24% compared to Q2 FY24
 - Completed visits: up 30% over budget
 - New patient consult appointments 32.7% of total clinic visits
 - Incoming referrals: up 43% compared to Q2 FY24
 - Call volume: up 32% this quarter
 - Collections this quarter are up by 33% compared to last year's average
 - Expanded our Pediatric Access, with two Pediatric Ortho Surgeons along with new marketing material
 - Developing an efficient process for X-ray throughput to eliminate bottleneck in clinic flow, due to high volumes

Strategic Next Steps

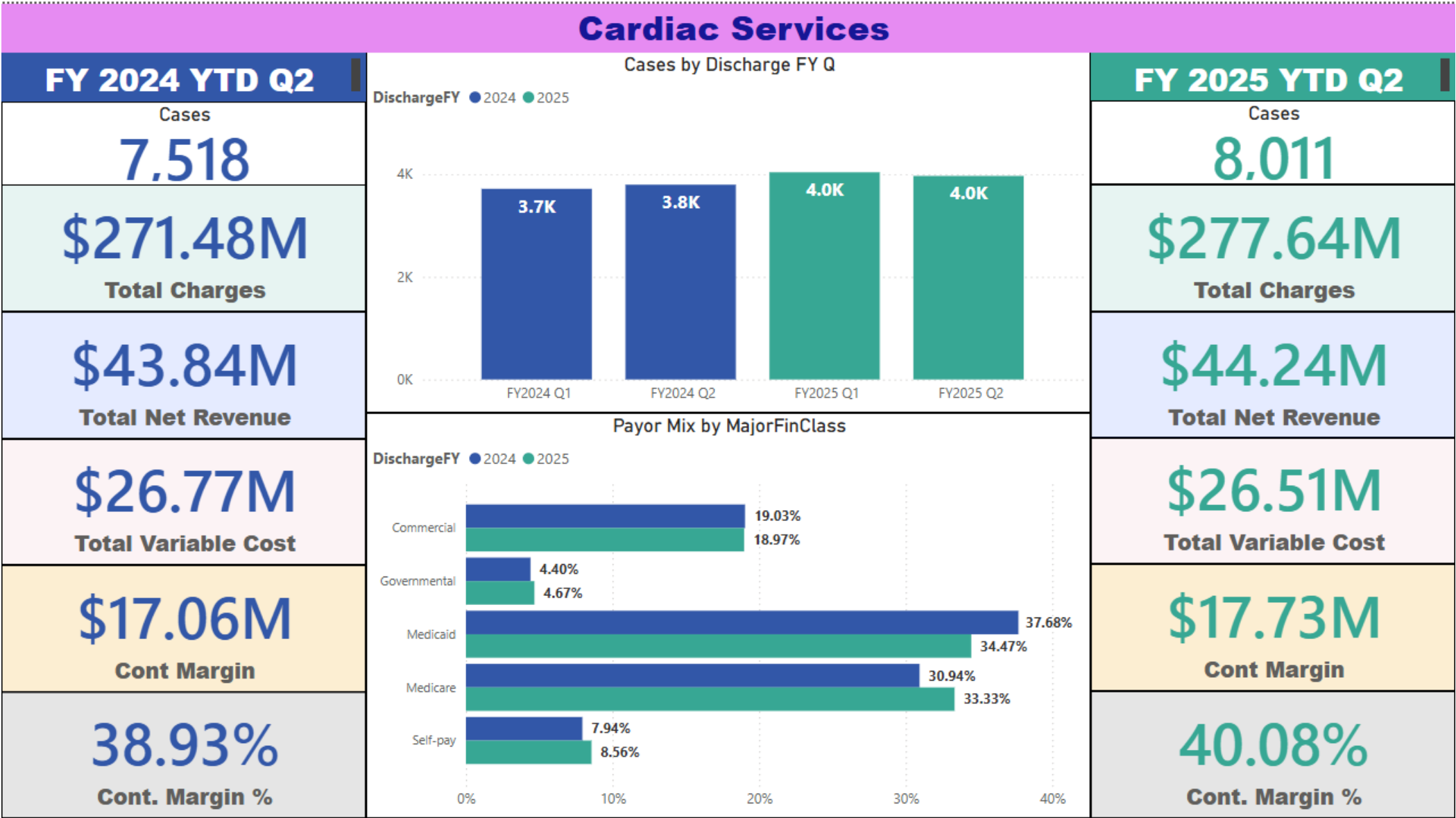
- Expand clinic footprint in the valley for patient convenience
- Expanding clinic capacity as additional practitioners will be triaging patients before seeing the surgeons
 - Resulting in streamlining the pathway to surgery. (Goal - average 200 visits per day)
- Implementing Nuance Dax AI within clinics to speed up the charting process for physicians, resulting in increased patient volume
- Develop a muscular/skeletal express care clinic to capture ortho related injuries
- Continue education with Primary/Quick care doctors to streamline appropriate referrals to Ortho

Orthopedic Services OP (Clinic)

Service Line Update

2024 Orthopedic OP Clinic By Age

2024 Orthopedic OP Clinic By Age		
Age Range	Volume	Percentage
0-20	2,257	12%
21-30	1,427	7%
31-40	1,860	10%
41-50	1,902	10%
51-60	2,980	15%
61-70	4,101	21%
71+	4,907	25%
Total	19,434	100%



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FY 2024 YTD Q2

6.245

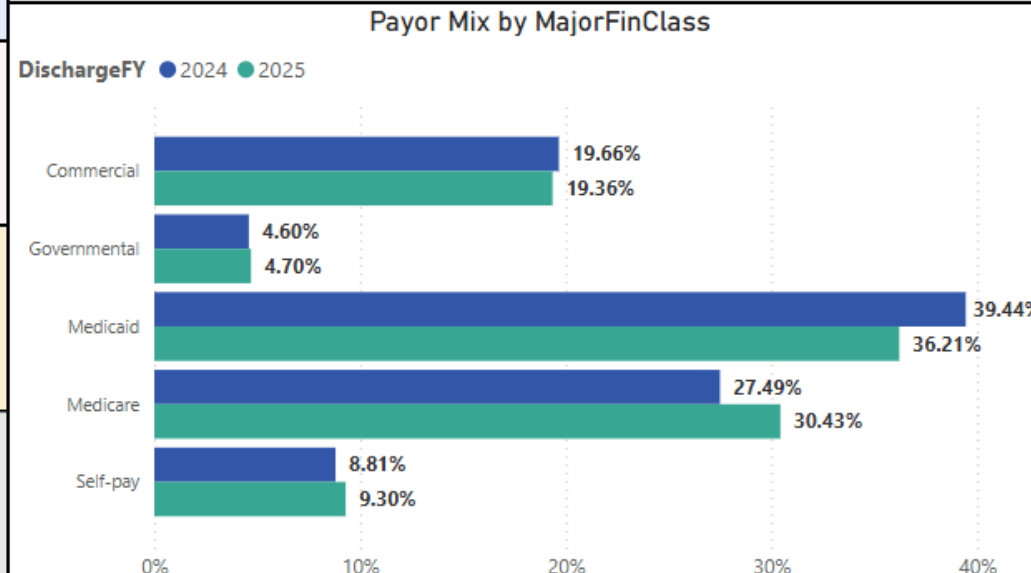
\$89.97M

\$12.73M

\$6.78M

\$5.95M

46.72%

Cont. Margin %

FY 2025 YTD Q2

6.871

\$110.09M

\$15.49M

\$8.36M

\$7.13M

46.03%

Cont. Margin %

Cardiac Services Q2 FY25

Service Line Update

Operational Update

- Room 3 is fully operational and supports a wide variety of procedures, structural heart and IR procedures
- Total Net Revenue for inpatients and outpatients shows steady growth of 10% for FY25 YTD Q2 compared to FY24 YTD Q2
- The Structural Heart program remains strong with excellent outcomes
- The dedicated Inventory Control Specialist position has been filled (Goal of heightened inventory management and decreased waste)
- Performed first Renal Denervation case in Nevada, positioning UMC to be a referral center for cases of uncontrolled HTN
- Training IR staff to perform point-of-care testing will decrease lab testing times and improve patient flow

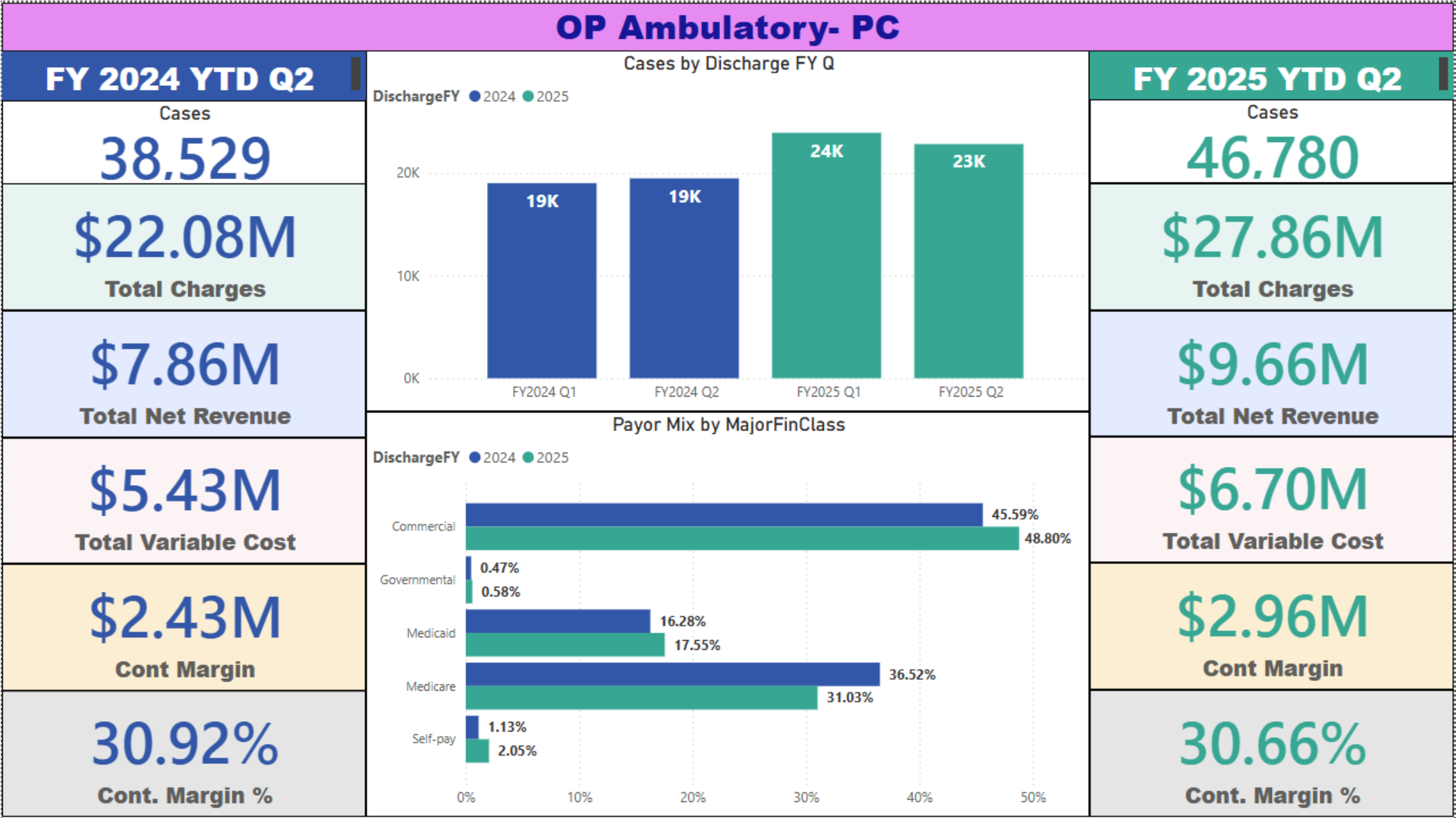
Expense Control and Revenue Enhancement

- Utilize available Q-Dot EP catheters to negate the need for costly new technology with similar results
- The additional use of 2nd LAAO device (Amulet), UMC is eligible for additional rebates from two vendors
- Purchase additional anesthesia machine
 - Allows less complex procedures to be performed in noninvasive procedure rooms, freeing up main labs
- Oversight of IR/Specials allows for mutual support of staff and supplies and reduces redundancy of equipment
 - IR to provide a second shift to reduce LOS and prevent delay of care

Strategic Next Steps

- Install a second EP system by Carto which will allow 2 EP rooms to run simultaneously
- Enhance Collaboration with Invasive Specialists to utilize all rooms to maximum capacity
- Add Renal Denervation to the current Marketing Campaign (First and Only at this point)
- Continue to drive the reduction of Heart Failure 30-day readmissions (UMC at 4% vs national average of 16%)
- Shifting focus in cardiovascular care, to structural heart and EP procedures, which are primary drivers of growth

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Service Line Update

Operational Update

- PC Self Scheduling 73% – expanding NP schedules and utilizing the waitlist will increase schedule utilization rates
- PC Average no show rate of 11.57% - Goal is 10%
- QC Left without being seen – 0.02%
- POS collection - \$919,270.03 – 5.48% above goal
 - POS National avg. is 2.5% of net revenue, UMC is at 4.5% of net revenue
- Call Center – 40,893 incoming calls (reduced calls due to MyChart self-scheduling, increase in E-check, and in-person appointments)
 - 10.24% abandonment rate – goal is > 8%
- Total generated referrals – 31,195
- Appointment reminders sent via Bi-way text messaging, phone calls, and emails
 - Hello World Appointment reminder text messages - 23,546
- MyChart medical advice messages received – 86% of messages handled within 48 hours – goal is 98%
 - Medical Assistants are tasked with prepping charts with results and consult notes to reduce provider response time

Expense Opportunities

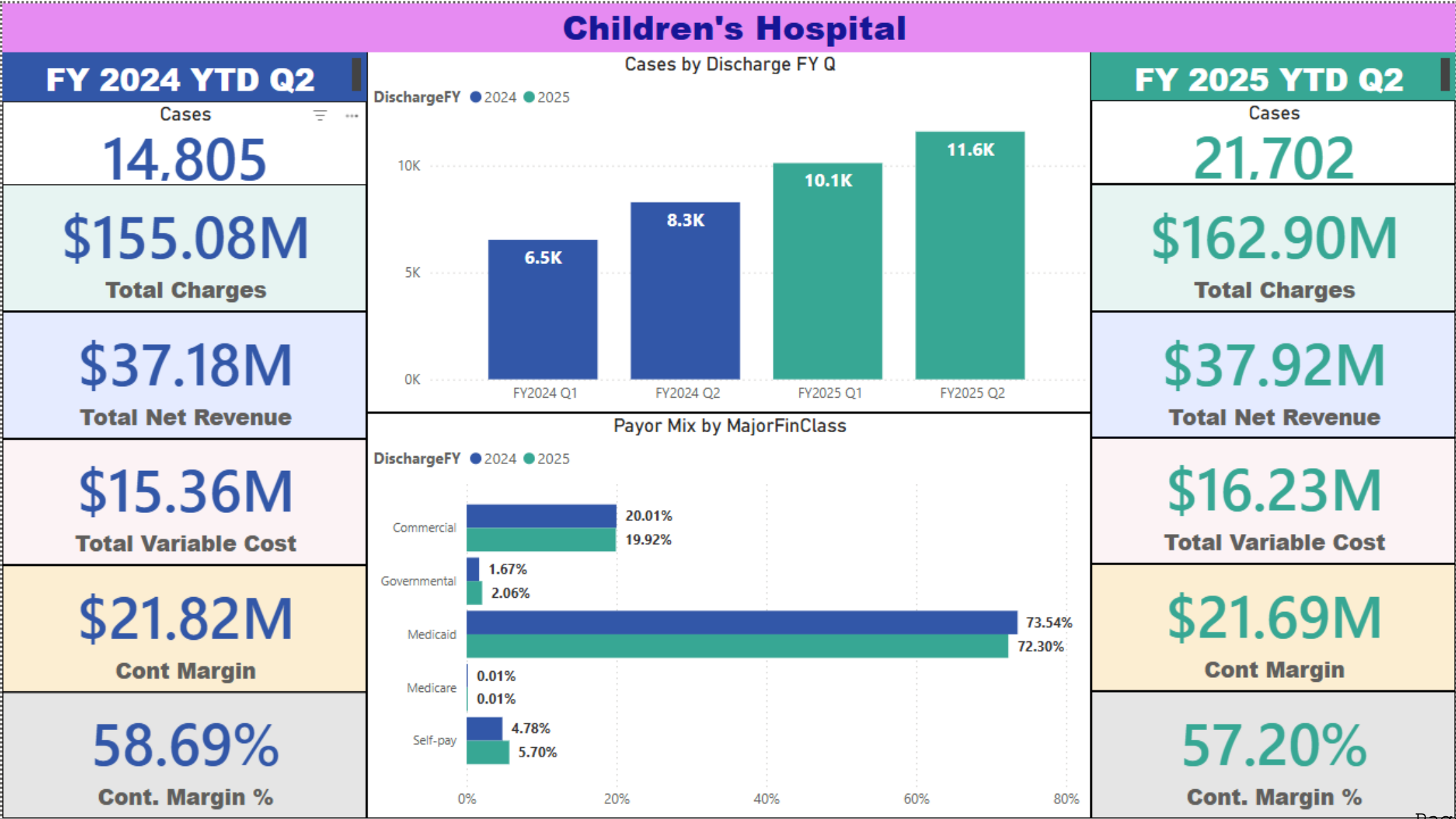
- Increase Value-Based Care incentive payments
 - Targeted outreach for Annual Wellness Visit scheduling using patient rosters. Admitting, Nursing, and providers involved
- Phase 1 of PC/QC Retooling plan beginning to streamline processes
- Chronic Care Management has been implemented – rolling out new clinics every month – anticipated > \$600k annual revenue

Strategic Next Steps

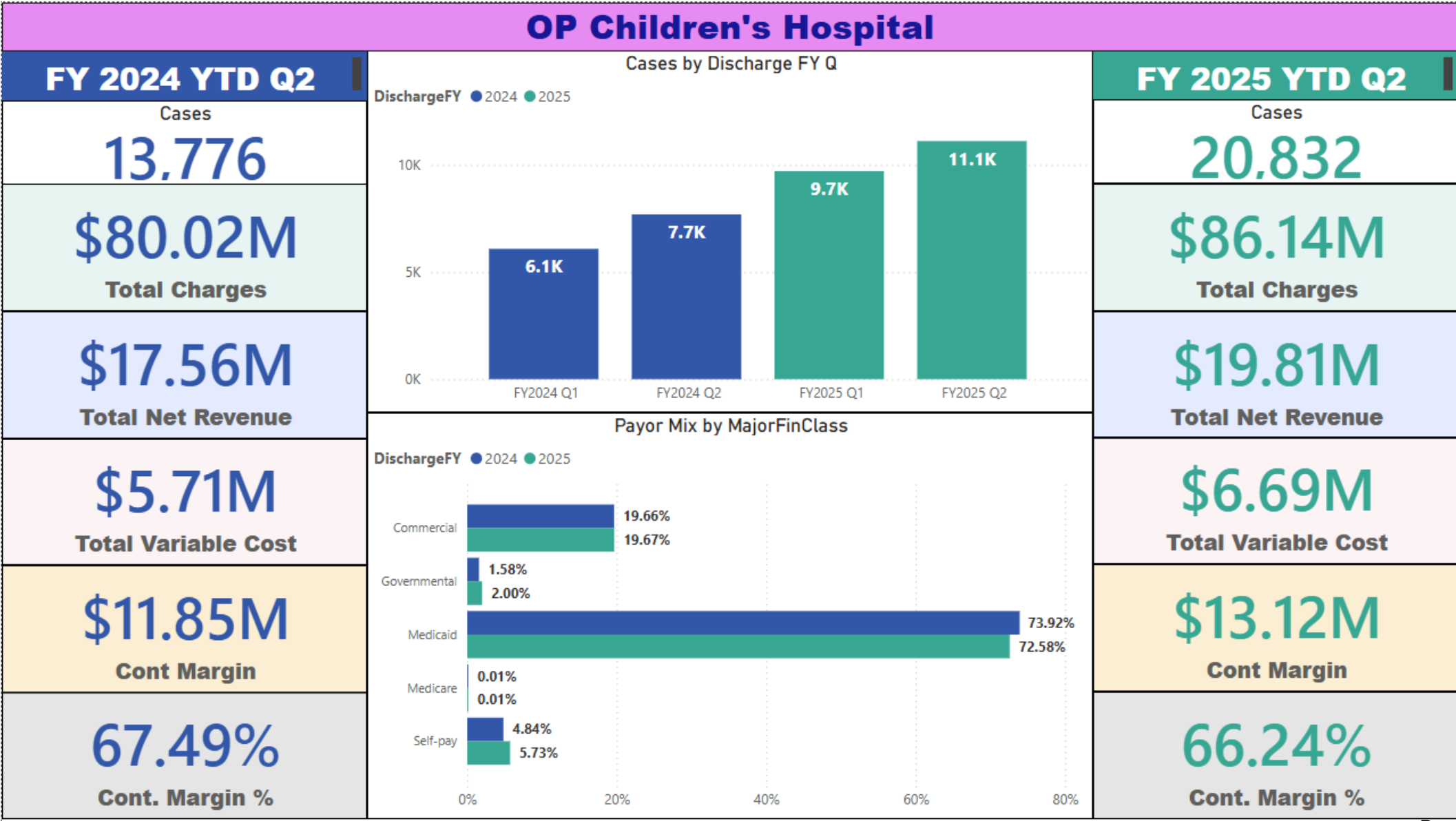
- Realigning Ambulatory Care Model to expand access to care, including specialty services
 - Incorporate PC Walk-In and Telehealth visits as an alternative option
- Southern Highlands Clinic Expansion opened March 31, 2025
- New Nellis clinic – construction bid is underway – tentative opening in Q2 2026
- New clinics in underserved communities throughout the valley

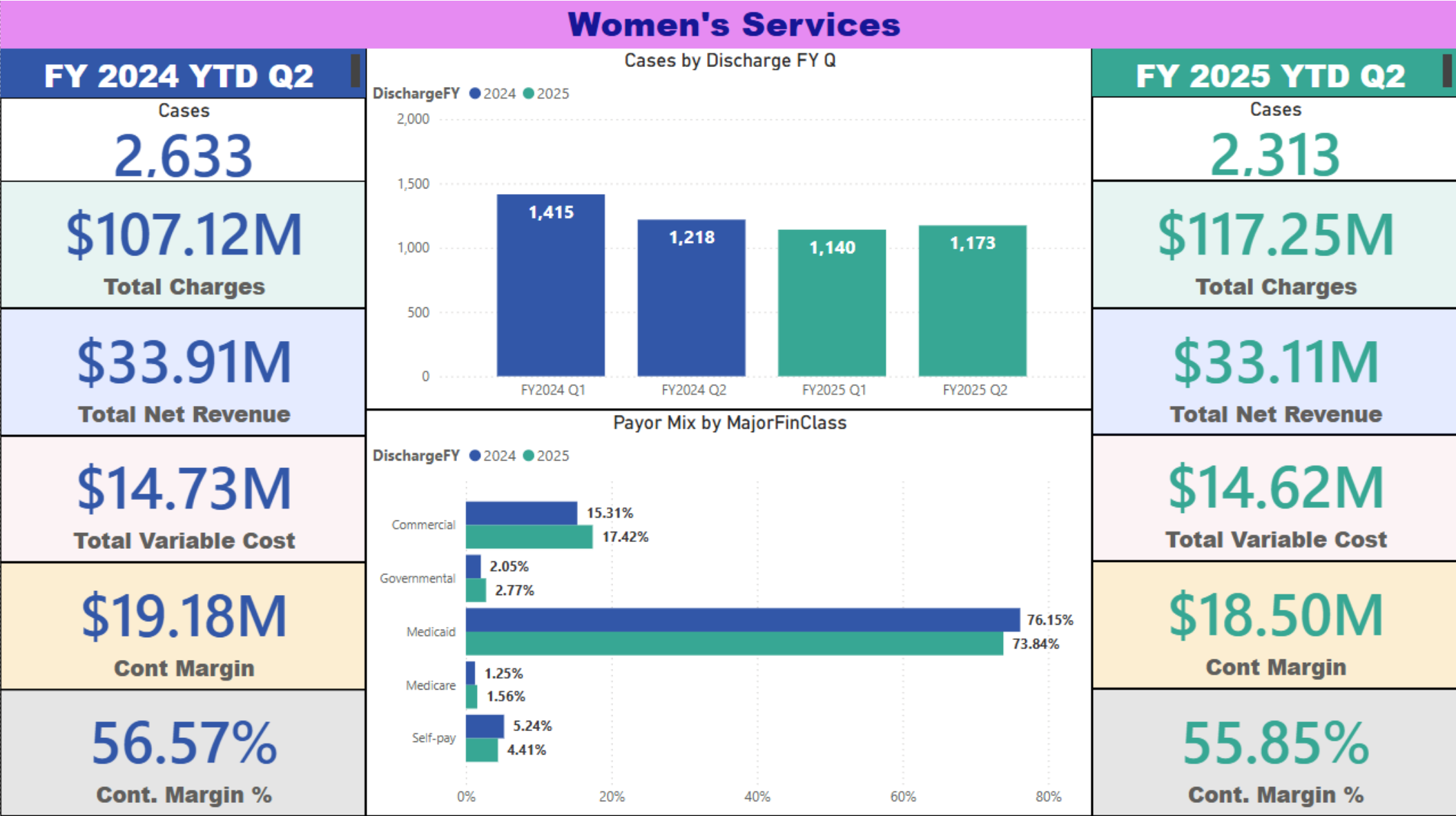
Technology Strategy

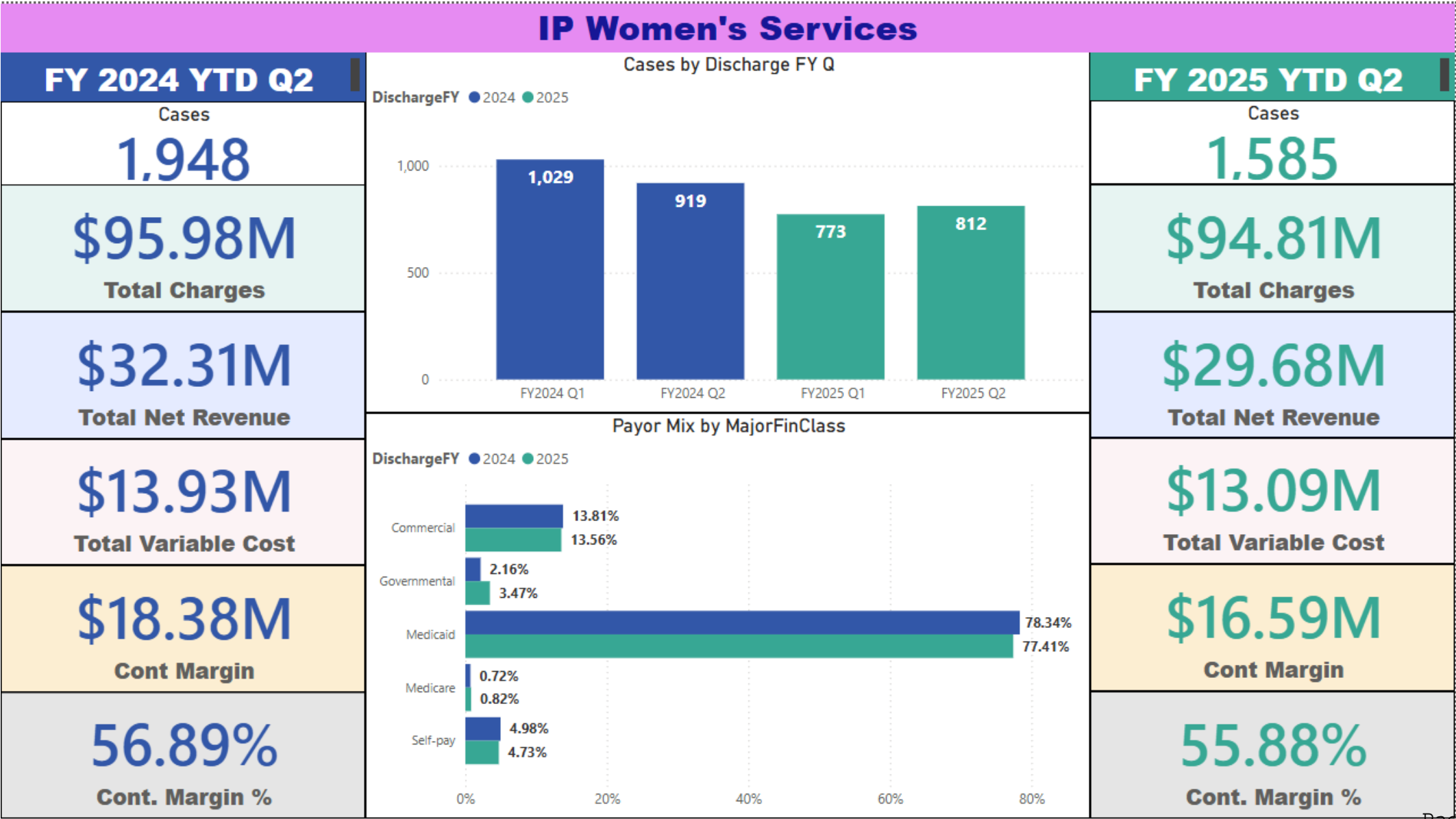
- EpicareLink – met with 21 community partners (on-going) to connect via ECL, allowing outside facilities to upload consults and results via the Epic portal. Records automatically attach to the patient record and notify the provider via In-basket
- RME – manages patients attributed to Silver State ACO – assists in closing gaps in care and increases shared savings
- Digital Arrival – new kiosks to be delivered in May promoting self-service – registration, questionnaires, and payment
- Nuance DAX Copilot – Microsoft ambient listening AI software integration into EPIC . Go live April 2025 at Spring Valley
- CHEERS – optimizes scheduling processes and promotes ability for centralized scheduling of multi-specialties – on the roadmap for 2025
- Epic Value-Based Care module to upload VBC agreements – track and report progress and opportunities – on the roadmap in 2025
- TIPS/DIMES – targeted list of optimization for clinical workflows – on the roadmap in 2025











OP Women's Services																				
FY 2024 YTD Q2	Cases by Discharge FY Q	FY 2025 YTD Q2																		
Cases 685	<table><thead><tr><th>Discharge FY</th><th>Q1</th><th>Q2</th></tr></thead><tbody><tr><td>2024</td><td>386</td><td>299</td></tr><tr><td>2025</td><td>367</td><td>361</td></tr></tbody></table>	Discharge FY	Q1	Q2	2024	386	299	2025	367	361	Cases 728									
Discharge FY		Q1	Q2																	
2024		386	299																	
2025		367	361																	
Total Charges \$11.14M	Total Charges \$22.43M																			
Total Net Revenue \$1.60M	Total Net Revenue \$3.43M																			
Total Variable Cost \$801.75K	Payor Mix by MajorFinClass	Total Variable Cost \$1.52M																		
Cont Margin \$802.87K	<table><thead><tr><th>MajorFinClass</th><th>2024</th><th>2025</th></tr></thead><tbody><tr><td>Commercial</td><td>19.56%</td><td>25.82%</td></tr><tr><td>Governmental</td><td>1.75%</td><td>1.24%</td></tr><tr><td>Medicaid</td><td>69.93%</td><td>66.07%</td></tr><tr><td>Medicare</td><td>2.77%</td><td>3.16%</td></tr><tr><td>Self-pay</td><td>5.99%</td><td>3.71%</td></tr></tbody></table>	MajorFinClass	2024	2025	Commercial	19.56%	25.82%	Governmental	1.75%	1.24%	Medicaid	69.93%	66.07%	Medicare	2.77%	3.16%	Self-pay	5.99%	3.71%	Cont Margin \$1.91M
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Cont. Margin % 50.04%		Cont. Margin % 55.58%																		

Service Line Update

Operational Update

- Diabetic Educator assisting the Experience Team with education of providers in the community to increase the high-risk census in L&D
- Reserved a patient room for ER patients to help decompress the ER. Communication campaign ongoing
- Installed 2 new OB on-call parking spaces for private OB's coming to the hospital for emergent needs
- Assigned BDO to Service Line
 - Scheduled first service line Subcommittee meeting to be held in April
 - Attending a gala of one of our referral sources to strengthen relationship with the UMC Baby Steps program
- Implement Antepartum testing

Revenue Enhancement

- Continued focus on Productivity and Overtime to staff to volumes
- Continue to integrate perinatal, GYN, and outpatient surgical procedures in the Labor and Delivery operating rooms
- Charge Capture improvement for OB US with Residents

Strategic Next Steps

- Implement all revenue enhancement projects by FY 2026
- Partner with business development and physician experience to review L&D strategic plan and implement processes
- Measure results internally to track strategic plan progress Continue to
- Create a Strategic Plan for the Service Line with the Business Development Office

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

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

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
April 3, 2025

Agenda Item #

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

Issue: FY25 Organizational Performance Goals Update	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update on the FY25 Operational Performance Goals; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the status of the FY25 operational performance goals.

Cleared for Agenda
April 3, 2025

Agenda Item #

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FY 25
Organizational Goals
Update
April 3, 2025

- 1. Continue to deliver improved clinical and financial outcomes in the existing 5 service lines.**
- 2. Finalize Rehab Business Plan and Proforma for the expansion of 4th and 5th floor trauma building and submit through approval process**
- 3. Enhance Strategic Initiatives in furtherance of the Academic Health Center**
- 4. Continue on the Journey to Achieve Comprehensive Stroke Certification**

Organizational Performance Goal #3

FY25 Enhance Strategic Initiatives in furtherance of the Academic Health Center

- UNLV Dental Anesthesia Residency - July 2025
- GME - Federal and State Bipartisan Legislative Involvement: GME Reform
- CMS Expansion – Grant application submitted for additional slots in 2025
 - Awarded 1.67 FTE in Pediatrics
- Academic Software Implementation – Resident Management Suite
- Became a Sponsoring Institution in January 2025, with the first program being Radiology Residency in 2026 (3-4 residents)
- Department of Defense Skillsbridge: Military/CIV partnership

Organizational Performance Goal #4

FY25 Continue on the Journey to Achieve Comprehensive Stroke Certification

- Currently have Primary Stroke Certification with the Joint Commission
- UMC also transitioning specialty certifications / centers of excellence to DNV as well
- UMC on track to achieve Comprehensive Stroke Center Certification from DNV in 2025.
 - November 2024: Application Approved by DNV
 - May 20-21, 2025: DNV site visit survey
 - June 2025: Certification anticipated

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

Issue: Physician Engagement Update	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update from Danita Cohen, Chief Experience Officer, on Physician Engagement Initiatives; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding UMC’s physician engagement initiatives.

Cleared for Agenda
April 3, 2025

Agenda Item #

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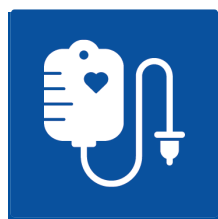


UMC Physician Experience

Supporting Nevada's Highest Level of Care

Our Team

UMC offers a dedicated team of three Physician Experience Coordinators who focus their efforts on physician outreach, retention and support.



Surgical Services

UMC Cardiovascular Center

UMC Center for Transplantation



UMC Children's Hospital

UMC Women & Newborn Care Center

UMC Lions Burn Care Center



UMC Orthopedic & Spine Institute

Ambulatory Care

Employed Practice Groups

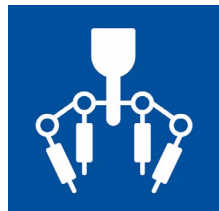
Key Responsibilities

- **Community Physician Outreach:** Targeted outreach to external physicians to raise awareness of services, promote referrals and encourage key providers to bring cases to UMC. This includes the coordination of educational events, provider meetings and tours.
- **Employed Physician Outreach:** Educating Ambulatory Care providers about in-hospital services and referral processes to promote referrals back to UMC. Includes reviewing referral patterns and identifying opportunities for improvement.
- **Relationship Management/Physician Retention:** Daily rounding in assigned clinical areas to connect with physicians, gather feedback, and identify potential barriers and issues.
- **Concierge-Level Support:** The Physician Experience team is available around the clock to respond to the needs of physicians, facilitating solutions by collaborating with key departments across UMC.
- **Engagement with Clinical Leadership and Staff:** Maintains close communication with clinical leaders and front-line staff to find solutions to physician-related needs and challenges. These relationships also help the team identify physician outreach opportunities.

Key Responsibilities

- **Development of Marketing Materials:** Supports the creation of physician-facing marketing materials by identifying needs, gathering information from clinical staff and distributing the finalized content to community physicians.
- **Physician Onboarding:** Connects with providers to offer personalized tours, organize meetings with key contacts, and facilitate Epic training and badging.
- **Collaboration with Business Development Officers:** Works closely alongside UMC's Business Development Officers, gaining valuable insights to guide outreach initiatives.
- **Data-Driven Approach:** In addition to information gathered from clinical leaders across UMC, this team also utilizes Intellimed and Epic data to identify leakage and opportunities for growth.

Core Service Lines



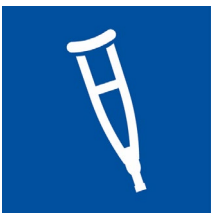
Surgical Services

- Positioning UMC as Nevada's leader in robotic surgery
- Collaboration with Medical Director and Business Development Officers
- Realignment of block time
- Improvement of utilization
- Targeted physician accommodation
- Physician retention strategies
- Refinement of internal processes to support growth, including robotic cases
- Continued media coverage of new services and technology



UMC Cardiovascular Center

- Positioning UMC as the “Heart Hospital of Nevada”
- Promoting cardiac specialty services and structural heart program, including TAVR, Watchman and the new renal denervation system to treat hypertension
- Internal marketing to employed physicians, limiting out-migration of cardiology cases
- Collaboration with contracted group to further increase volume due to expanded capacity
- Promoting new procedures and technologies through media coverage



UMC Orthopedic & Spine Institute

- Internal marketing and education to Quick Care and Primary Care providers
- Development of physician- and patient-facing marketing materials
- Expansion of website to include physician bios and support search engine optimization
- Frequent rounding to identify and address physician feedback



Ambulatory Care

- Continued expansion of market footprint of Primary Care, Quick Care and Specialty Care
- Community-based marketing of Primary Care and Quick Care locations
- Provider education and marketing to prevent out-migration
- Frequent rounding to identify and address physician feedback



UMC Children's Hospital

- Outreach to pediatric neurologists, surgeons, urologists and general pediatricians to promote Pediatric Sedation services
- Community pediatrician office visits, including visits with physician leadership
- Nellis Air Force base outreach to promote additional transfers
- Internal marketing to employed physicians, limiting out-migration of Pediatric Emergency Department patients



UMC Women & Newborn Care Center

- Community OB/GYN outreach, including office visits and tours to promote increased deliveries and surgical GYN volume.
- Community and provider outreach to promote Baby Steps program
- Coordinate meetings with resource centers to support referrals
- Further development of high-risk pregnancy service to support NICU volume
- Facilitate tours for expectant mothers and gather feedback from families

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

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
April 3, 2025

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