



UMC Strategic Planning Committee Meeting

Thursday, October 9, 2025 9:00 a.m.

Delta Point Building - Emerald Conference Room - 1st Floor

901 Rancho Lane

Las Vegas, NV

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
October 9, 2025, 9:00 a.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 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 901 Rancho Lane, Las Vegas, NV.

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

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment.

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on August 11, 2025. *(For possible action)*

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

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding the Market Competitive Landscape; and direct staff accordingly. *(For possible action)*
5. Receive a report regarding UMC Service Line Updates; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

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

SECTION 4: CLOSED SESSION

7. Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

COMMENTS BY THE GENERAL PUBLIC

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
August 14, 2025**

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, August 14, 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 9:02 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

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

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer (Via WebEx)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
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 June 12, 2025. (For possible action)

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

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

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

SECTION 2: BUSINESS ITEMS

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

DOCUMENT SUBMITTED:

- Market Share PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, introduced the market share overview and Chris Jones, Executive Director of Support Services, reviewed highlights of the market share. A map depicting the market in 3, 5, and 7-mile radius was shown.

In the UMC overall market share, most of the service lines showed an increase in the 4th quarter. Inpatient market share was 9.06% and is at number four in the market, up one spot, following Summerlin, Mountain View, and Sunrise. He noted that the West Henderson Hospital opened in the 4th quarter and assumed .6% of the market share.

Next, the Committee reviewed the market share for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

General surgery overall, UMC ranked #2 in the market, up by .9% in the market, and the 4th quarter has shown the most significant growth for the year.

Member Palenik noted that UMC continues to retain its market share as the geographical radius from the hospital increases. Mr. Marinello added that there are a lot more efficiencies in throughput and an increase in surgical needs.

Overall, in Orthopedics, UMC increased 3.7% quarter over quarter. UMC is at #2 in the market, up 1.7% .

UMC remains consistent year over year, sitting at #6 in the market for cardiac services.

Chair Hagerty voiced disappointment in the outcomes of the cardiac statistics. Mr. Marinello stated there have been challenges that have had an impact on volumes.

In Children's Hospital, UMC is ranked #3 in the market with 17.3% of market share. UMC lost 1% of market share, with a split gain of .5% by Sunrise and Summerlin.

Overall women's services remains at #9 in the market but showed a .1% increase in the market.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive a report regarding UMC Service Line Performance Overview, and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Chris Jones, Executive Director of Support Services, provided service line updates for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

Overall surgery volumes for inpatient and outpatient procedures look very good, up 10% year over year. Charges, revenue, and contribution margins are good, and costs are down. Case mix is favorable. General surgery volumes are up 15% over prior year. A slide depicting overall growth in general surgery service lines was discussed briefly.

Chair Hagerty asked if any service lines could benefit from more focus and meaningful increases. Mr. Marinello responded that there has been more focus on gynecologic robotic surgeries, and the team is collaborating with UNLV to achieve further growth and utilization. Mr. Van Houweling added that there is also opportunity in urology services.

In strategic initiatives, First Case On Time Starts has increased to 82%. Room turnover times are now 39 minutes, a 3-minute improvement from the previous month. Same-day cancellations have decreased due to better physician and patient access collaboration and increased efficiencies.

Chair Hagerty emphasized the importance of staying focused on operational improvements in time utilization. There was continued discussion about communication with surgeons using monthly compliance scorecards. A brief update was given on the status of renovating some surgical rooms and department realignment in sterile processing and supply chain.

Orthopedics volumes, revenue, and contribution margins are up significantly quarter over quarter. Medicare payor mix is down slightly, but commercial is up year over year, possibly due to the addition of employed physicians during the year.

Mr. Marinello highlighted operational updates in overall inpatient statistics noting improvements in total hip and knee arthroplasty, regional block and early ambulation and discharge-to-home. Hospitalists and surgeons are working to streamline discharges to lower length of stay statistics. Integrative joint camp classes are up 2% over Q3 of 2025. The application process for Advanced Hip/Knee Certification through DNV has begun.

Cardiac services experienced a slight decline in inpatient volumes, but outpatient volumes increased. Mr. Jones noted opportunities for improvement in this service.

Focus on enhancing case volume in EP procedures, structural heart procedures, and complex PCI was discussed. The opportunities for growth include increasing use of Room 3 for IR cases, reducing costs in supplies, and decreasing length of stay. UMC is on the path to receiving Advanced Chest Pain Accreditation from DNV.

Ambulatory volumes year over year are down for the quick care locations due to the competitive market share. Charges and revenue are good, and the contribution margin is up. UMC received supplemental payments, which improved revenue.

Primary care volumes continue to grow. Revenues increased, along with volumes and contribution margins. Operational updates highlighted data from primary care and quick care services, including changes in the services offered under the UMC Quick Care brand.

Member Caspersen asked when the customer service survey would be available. Mr. Marinello responded that a short survey will be implemented and available in Epic in the future. Staff will follow up on an anticipated start date.

Member Haase asked if a 10% no-show rate is typical in the industry. Mr. Marinello confirmed that it is standard.

Children's hospital volumes were good overall, primarily in outpatient services, up 30%. Charges and revenue were good.

Women's services volumes are down year over year, primarily in inpatient volumes. This is an area of focus to grow volumes. Outpatient volumes are up 8%. Mr. Marinello provided the service line update and shared initiatives to improve this service line. Staff will focus on optimization of the Baby Steps program.

Member Palenik provided an update on the Women's and Children's hospital committee, which was reestablished earlier this year. The committee recognizes five distinct but interconnected service lines: obstetric and perinatal labor and delivery, NICU, Children's ER, Pediatric ICU, and Pediatric Sedation. The structure and strategic plan of the committee were discussed. The goal of the committee is to increase UMC's market share in areas where a higher level of care is needed within the community. The committee will work to develop new and existing relationships, expand community outreach, as well as improve operational efficiencies and physician relationships, etc. The committee will continue to provide updates to the Strategy Committee.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello reviewed the status of the Strategic Planning Committee Organizational Goals.

The following goals were discussed. All goals are currently on target and on track to be met.

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.**

Chair Hagerty began the discussion, stating that goals were met, with the exception of the shortfall in the Cardiac service line. He felt that 95% of the total goals had been achieved.

The committee unanimously agreed with the 95% award. The total amount allotted to Strategy is 25%.

FINAL ACTION TAKEN:

A motion was made by Member Caspersen to award 95% of the FY25 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

ITEM NO. 7 Receive an update on the FY26 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

The following proposed FY26 Organizational goals were presented to the Committee for discussion.

1. **Continue to improve clinical and overall financial outcomes in the existing five service lines, while adding a sixth service line focused on Interventional Radiology.**
2. **Enhance Strategic Initiatives to support the Academic Health Center**
3. **Establish a Liver Care Service**
4. **Obtain Advanced Certification in Hip and Knee Surgery through DNV**
5. **Secure capital funding to implement the Master Plan for replacing and upgrading patient rooms throughout the campus.**

Chair Hagerty believes that goal one has two parts. Improving clinical and financial outcomes is already underway. The evaluation of establishing Interventional Radiology as a service line will happen in 2026. He asked if there is data available to measure the IR service line. Mr. Marinello confirmed that it is available through finance.

Member Franklin agreed that the IR service needs further development and should also be established as a separate goal. A discussion ensued about developing this service line.

Chair Hagerty proposed removing goal #4, adding a new goal focused on interventional radiology, and editing the language in goals #3 and #5.

Ms. Caspersen added that there should be a reference to the capital contribution to sustain the targeted service lines.

Member Franklin added that if a goal is cut, it does not diminish its importance, and the expectation remains that the goal would still be achieved.

Member Palenik stated that the 5th goal could reference that the master plan goal could encompass capital needs for all existing strategies.

The committee continued the discussion by commenting on goal #5, noting that a timeframe for implementing the Master Plan has not been determined. It was suggested that the Committee could establish a goal to determine the phased approach and components for the master plan projects.

After lengthy discussion, the Committee agreed on the following goals for FY2026:

1. **Continue to improve clinical and overall financial outcomes in the existing five focused service line reviews of the Strategic Planning Committee.**
2. **Work on adding, implementing, and measuring a sixth focused service line review for interventional radiology.**

3. **Scope and analyze the establishment of a liver care service to include the future potential growth into liver transplant.**
4. **Enhance strategic initiatives to support the Academic Health Center.**
5. **Determine the next step(s) of UMC's Master Plan and secure appropriate funding for the first phase.**

FINAL ACTION TAKEN:

A motion was made by Member Franklin to approve the FY2026 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

SECTION 3: EMERGING ISSUES

ITEM NO. 9 Identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. *(For possible action)*

DISCUSSION:

The Committee would like a report on the impacts of HR1 as they relate to the objectives of the Strategy Committee.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 10:54 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

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

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the market share.

Cleared for Agenda
October 9, 2025

Agenda Item #

4



STRATEGY COMMITTEE

Market Competitive Landscape

October 9, 2025

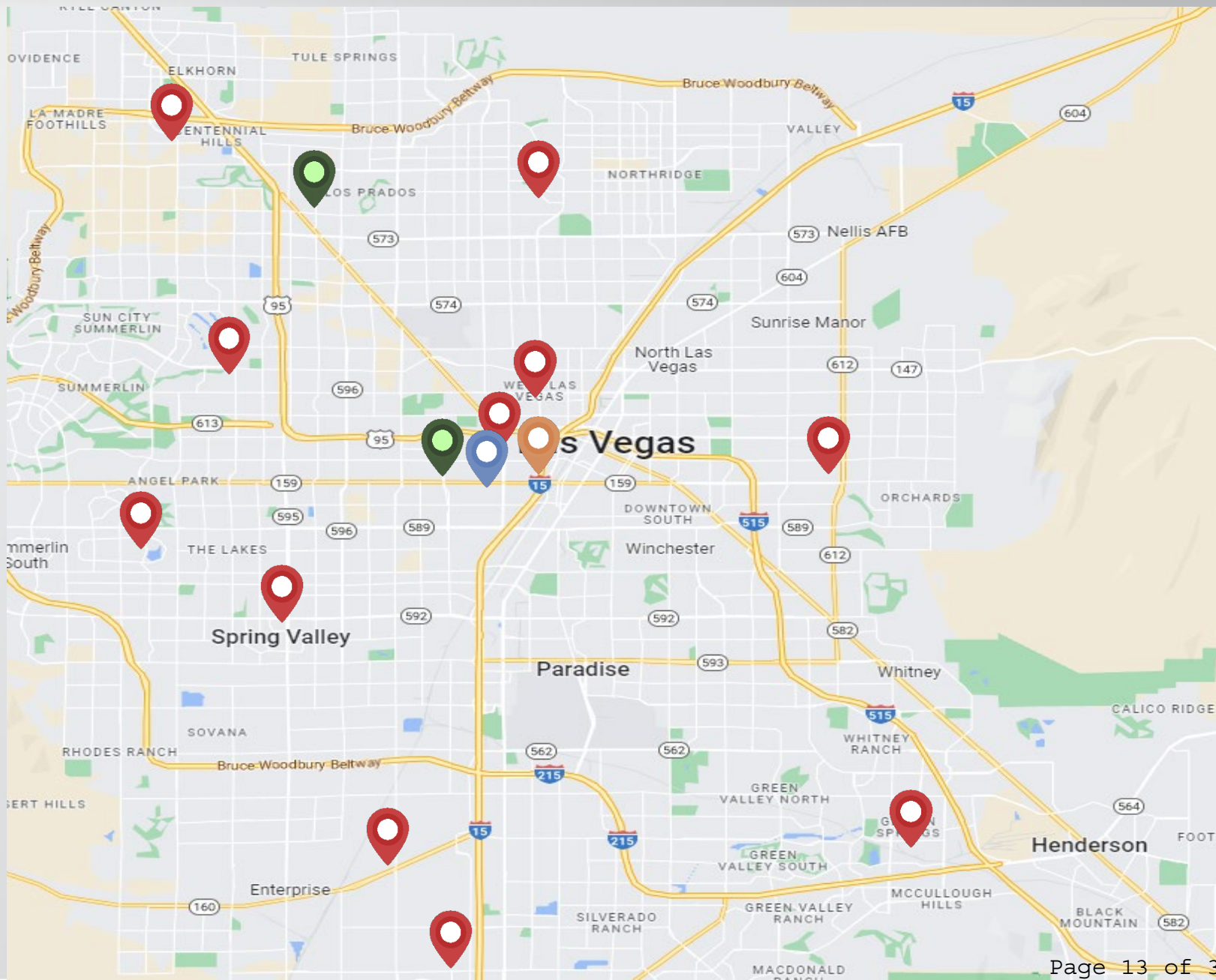


University Medical Center System

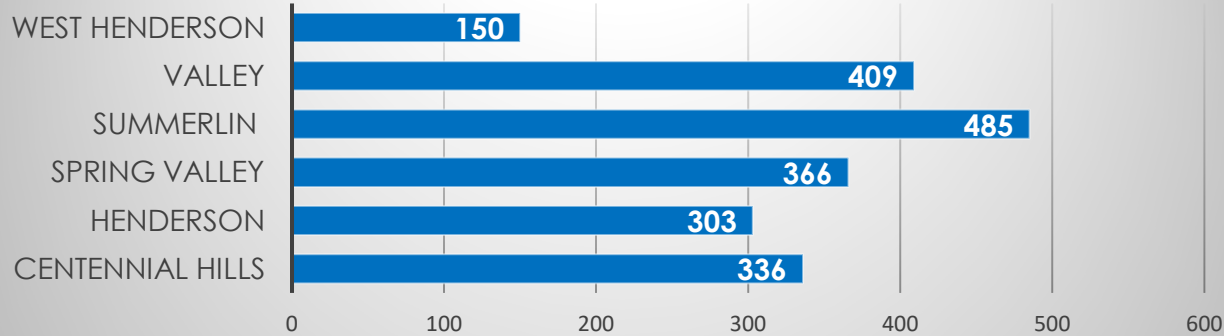
-  ✓ Acute Hospital Beds: 541
-  ✓ Quick Care: 9
-  ✓ Primary Care: 9
-  ✓ Orthopedic: 2
-  ✓ Specialty Clinic: 2

COMING SOON!

- 706 S Tonopah Dr. – IR and Radiology
- 710 S Tonopah Dr. – 3-Story Parking
- 2101 W Charleston – Parking/Office
- 2100 W Charleston – 24/7 QC



Hospitals and Beds



- 1 ER at North Las Vegas
- 2 ER at Valley Vista
- 3 ER at West Craig
- 4 Centennial Hills Hospital
- 5 Summerlin Hospital
- 6 Valley Hospital
- 7 ER at South Summerlin (NEW)
- 8 Spring Valley Hospital
- 9 Elite Medical Center
- 10 ER at Desert Springs
- 11 ER at Blue Diamond
- 12 West Henderson Hospital
- 13 ER at Green Valley Ranch
- 14 Henderson Hospital
- 15 ER at Cadence

Valley Health Specialty Hospital

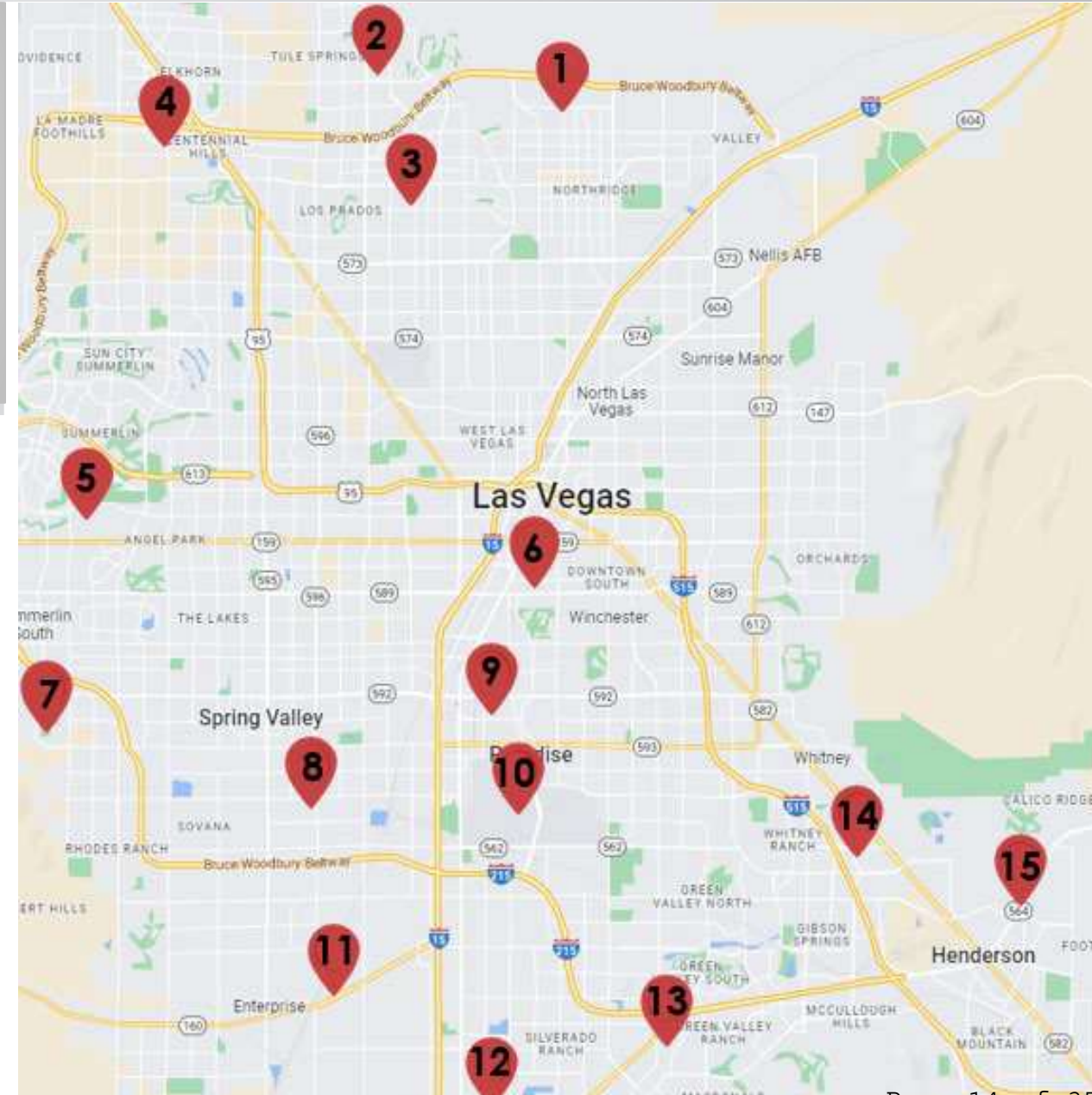
- Orthopedic Surgery and Inpatient Rehab

Spring Mountain Treatment Center

- Behavioral Health

Medical Practice

- Las Vegas Cardiovascular
- Las Vegas Medical Group
- South Hills Gastroenterology





Southern Hills Hospital

- January 2025
- Start of construction on its 7th floor vertical expansion project
- 18,000 sq. ft. current shell space will turn into an inpatient rehab unit
- The new floor will feature 20 patient rooms

- **Healthcare Center for Clinical Advancement (HCCA)**

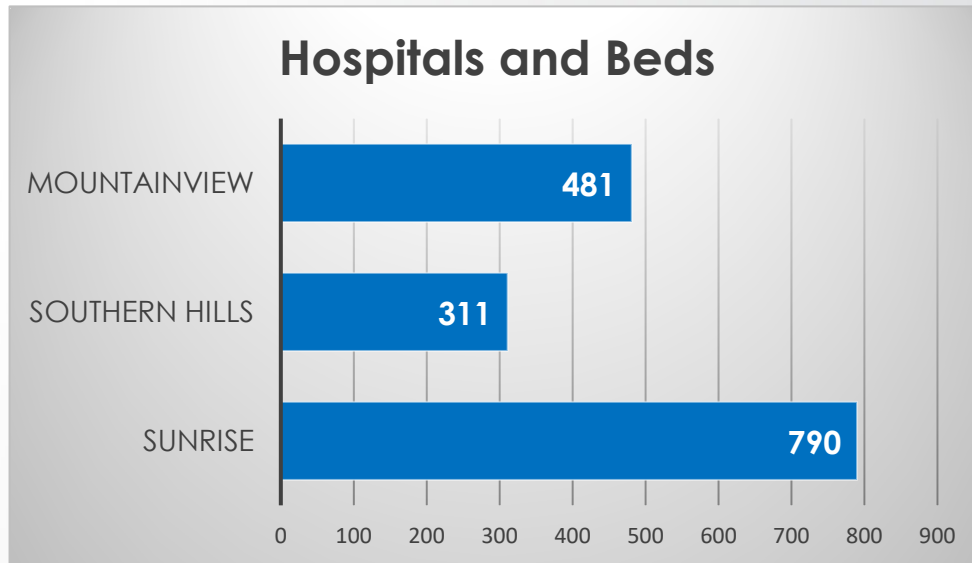
- Adjacent to Southern Hills
- Opened September 2025
- 15,000 sq. ft. Simulation and Training Center
- To give medical staff real-world experience in the classroom

MountainView Hospital

- Sarah Cannon Transplant & Cellular Therapy Day Hospital to serve patients with blood cancer (\$3M)
 - Opened June 2025
 - 12,000 sq. ft. outpatient setting
 - Services include transfusions, procedures, and eventually transplants

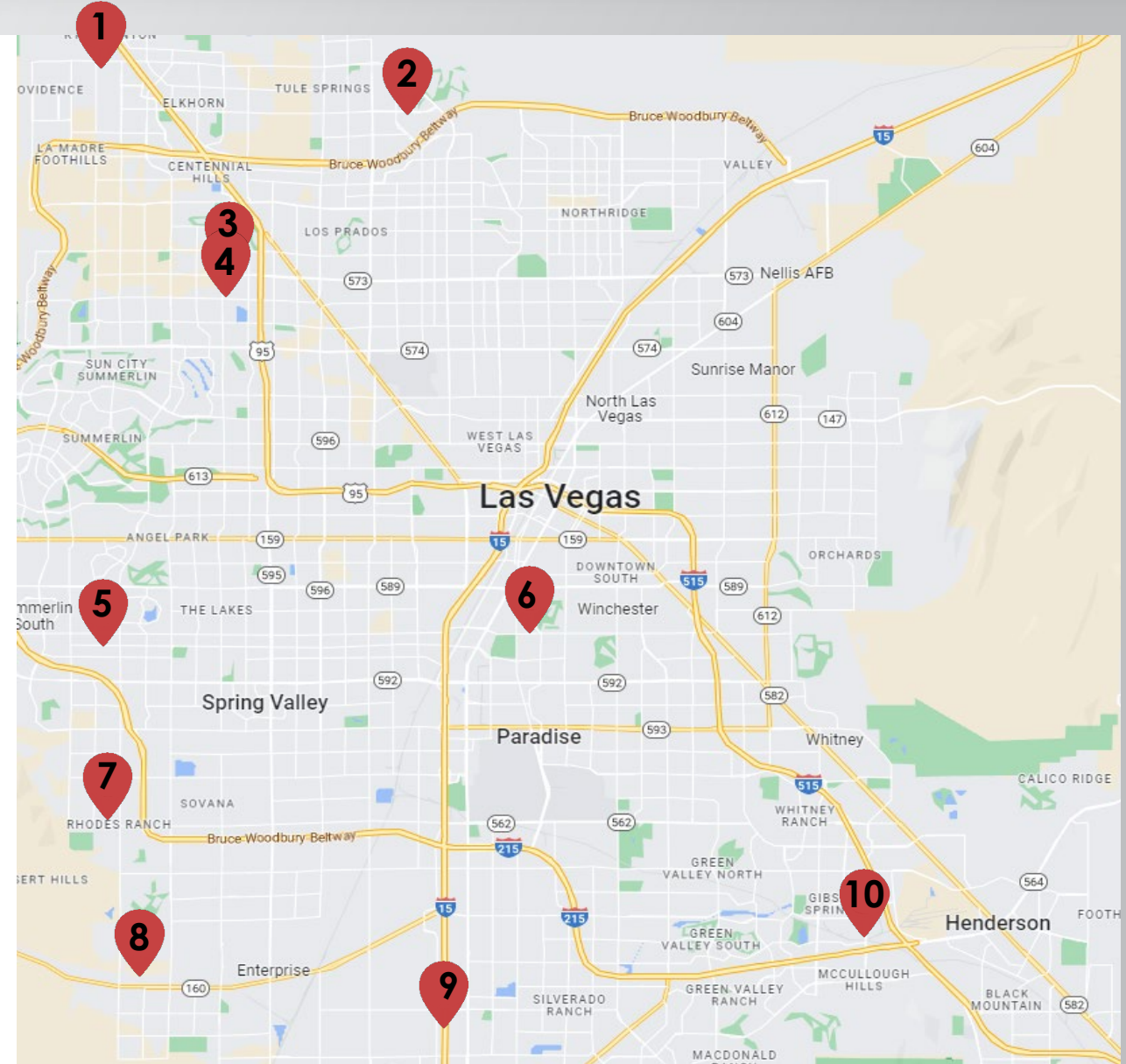
Sunrise Hospital

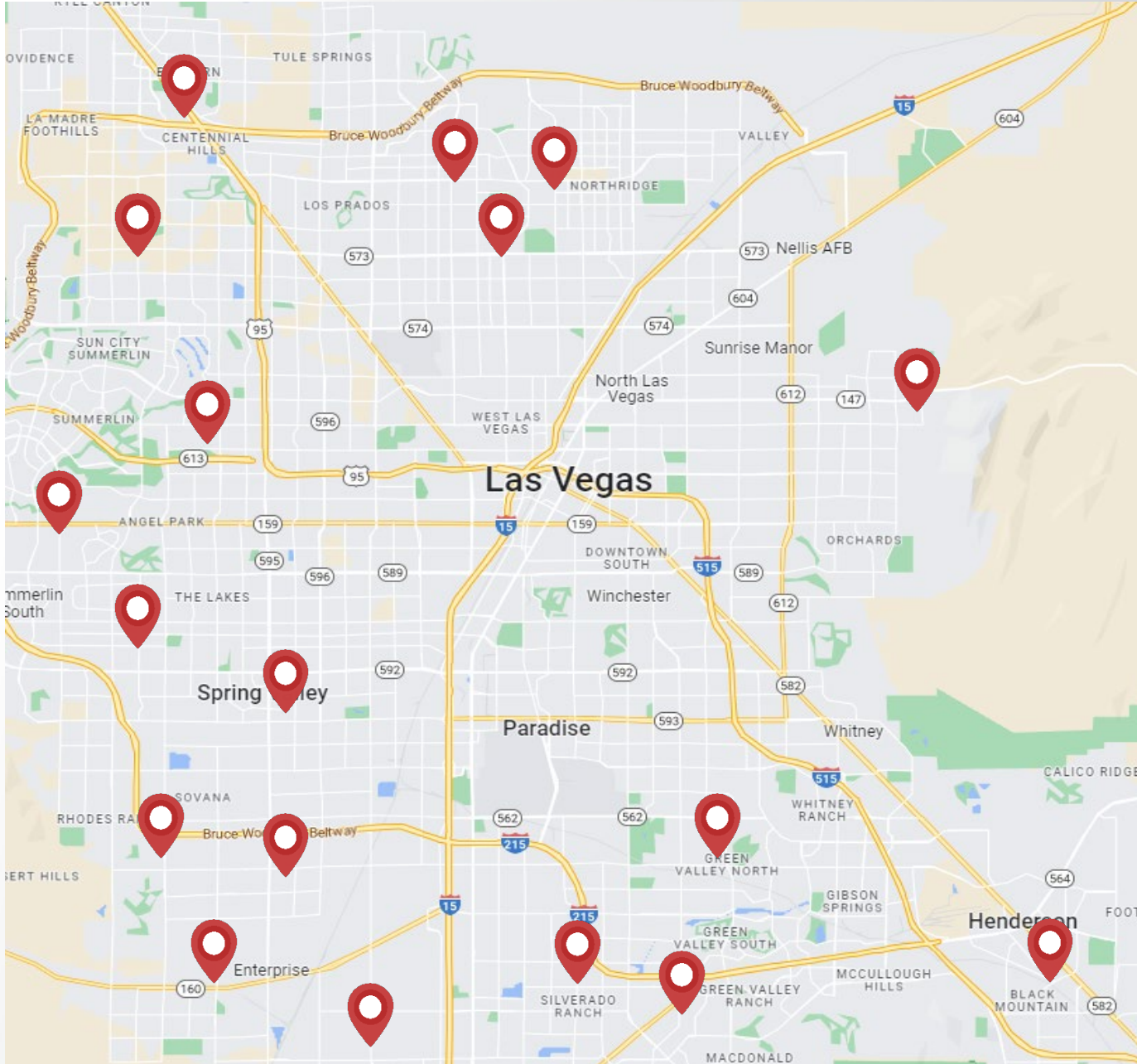
- Construction on the corner of Maryland Pkwy. and Desert Inn





1. ER at Sky Cannon
2. ER at Aliante
3. MountainView Hospital
4. Red Rock Radiology
5. ER at The Lakes
6. Sunrise Hospital
7. Southern Hills Hospital
8. ER at Desert's Edge
9. ER at South Las Vegas Blvd
10. ER at Boulder's Edge



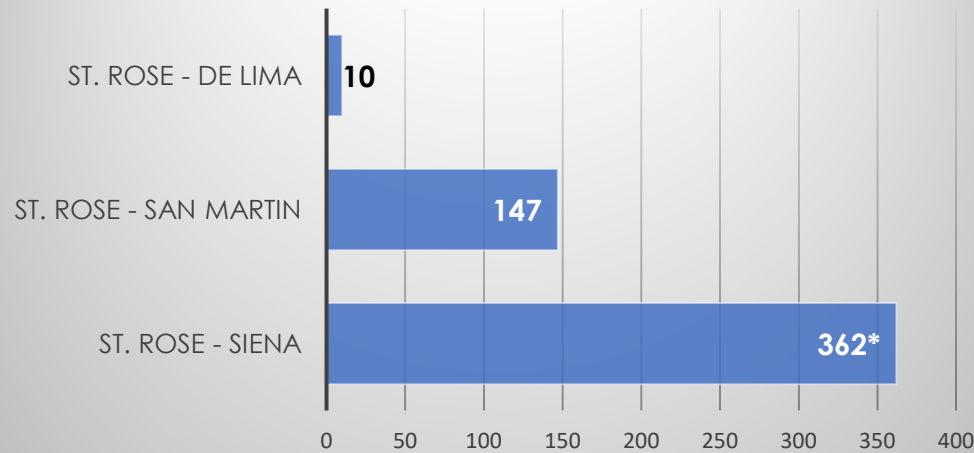


CARE NOW URGENT CARE

- 18 Care Now Locations
- Newest Location
 - ER at Boulder's Edge (01/2025)

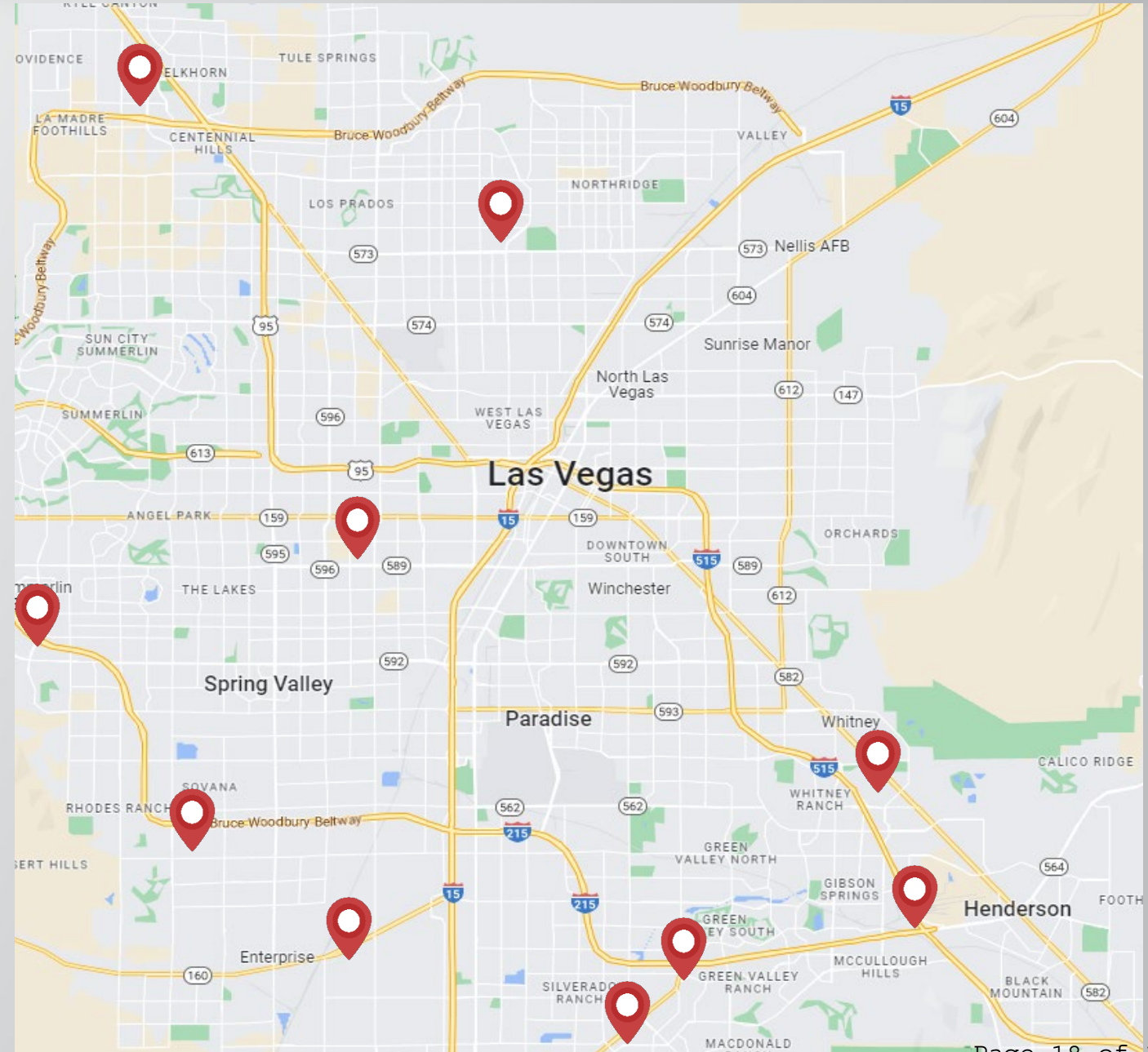


Campus and Beds



*Added 36 beds in May 2025

- 1 Pavilion Urgent Care Clinic
- 3 Outpatient Surgery Centers
- 3 WomensCare/Outreach Center
- Multiple Specialty Clinics
- 5 Neighborhood Hospitals (Micro Hospitals)
 - Centennial Campus – 06/2025 **(New)**





New Medical Office opening TBD



Children's Hospital opening in 2030



Intermountain Health

- Primary Care and Specialty Services Healthcare
 - EPIC EHR conversion September 2025
 - Broke ground on June 2024
 - A 90,000 square foot healthcare facility in Southwest Las Vegas (West Badura Ave and South Agilysis Way)
 - Facility is projected to open June 2025, but has not opened
- Children's Hospital (150-bed)
 - Groundbreaking in 2025, opening in 2030



Encompass Health

June 2025

- Announced preliminary plans to build a freestanding, 50-bed inpatient rehabilitation hospital in North Las Vegas, Nevada
- Expected to open by 2028, becoming its 4th location in Nevada

Cleveland Clinic

3rd Quarter of 2025

- Started to accept patients in their Concierge Medicine Program – members only, 24/7 access to primary care provider

Culinary Health Center

Summer 2026

- West Tropicana
- Fourth medical facility
- Serving Culinary Union members and their families only

HOSPITALS	NO. OF ROBOTIC SYSTEM
UMC Hospital	4
Sunrise Health	9
Dignity Health	1
Valley Health System	5
Michael O'Callaghan	1

University Medical Center

- Da Vinci 5 Robotic General Surgery (1)
- Da Vinci Xi Robotic General Surgery (2)
- Ion Robotic Bronchoscopy (1)

Sunrise Health

- Offered at MountainView, Sunrise, Southern Hills
- Da Vinci Robotic Surgery for General Surgery

Dignity Health

- Offered at Siena and San Martin
- Da Vinci Robotic General Surgery

Valley Health System

- Offered at Centennial, Henderson, Spring Valley, Summerlin, Valley
- Da Vinci Robotic General Surgery
- Mazor X Stealth Edition for Spine Surgery
- Mako® for hip and knee replacement

Michael O'Callaghan Military Medical Center

- Da Vinci Robotic General Surgery

**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
October 9, 2025

Agenda Item #

5



STRATEGY COMMITTEE

Service Line Update

October 9, 2025



General Surgery Services – Q1 FY26

Service Line Update

Operational Update

Goals and Action Plans:

- FCOT (First Case On Time) Goal: Achieved 81% for Q1, with a target of 80%.
 - Monthly Communication Letters are sent to non-compliant surgeons each month
 - Monthly Scorecards showing compliant and non-compliant surgeons are posted monthly
- Current room turnover times is 38 minutes (excluding Endoscopy), an improvement of 1 minute from the previous quarter
 - Short-term goal was 35 minutes by September 2025 (September was at 35 minutes)
 - Long-term goal is 30 minutes or less
 - Daily report of facility issues related to turnover delays are reviewed daily

Operational Improvements:

- Electronic Surgical Case Request project for UNLV completed
 - Go-Live date: 08/04/2025
- UMC Ortho and UNLV groups provided access to Marketplace-increased accessibility and visibility to available OR time
 - Block availability optimization
 - Weekly meeting to discuss concerns and block time efficiency
- Assigned Office Specialist to Pre-Assessment Testing department for patient optimization
- Anesthesia Nurse Practitioner participates with patient optimization for all surgical cases
 - This process will significantly reduce cancellations
- Implementation of Censitrac instrument tracking system to improve efficiency with instrumentation and productivity

General Surgery Services – Q1 FY26

Service Line Update

Expense Control and Revenue Enhancement

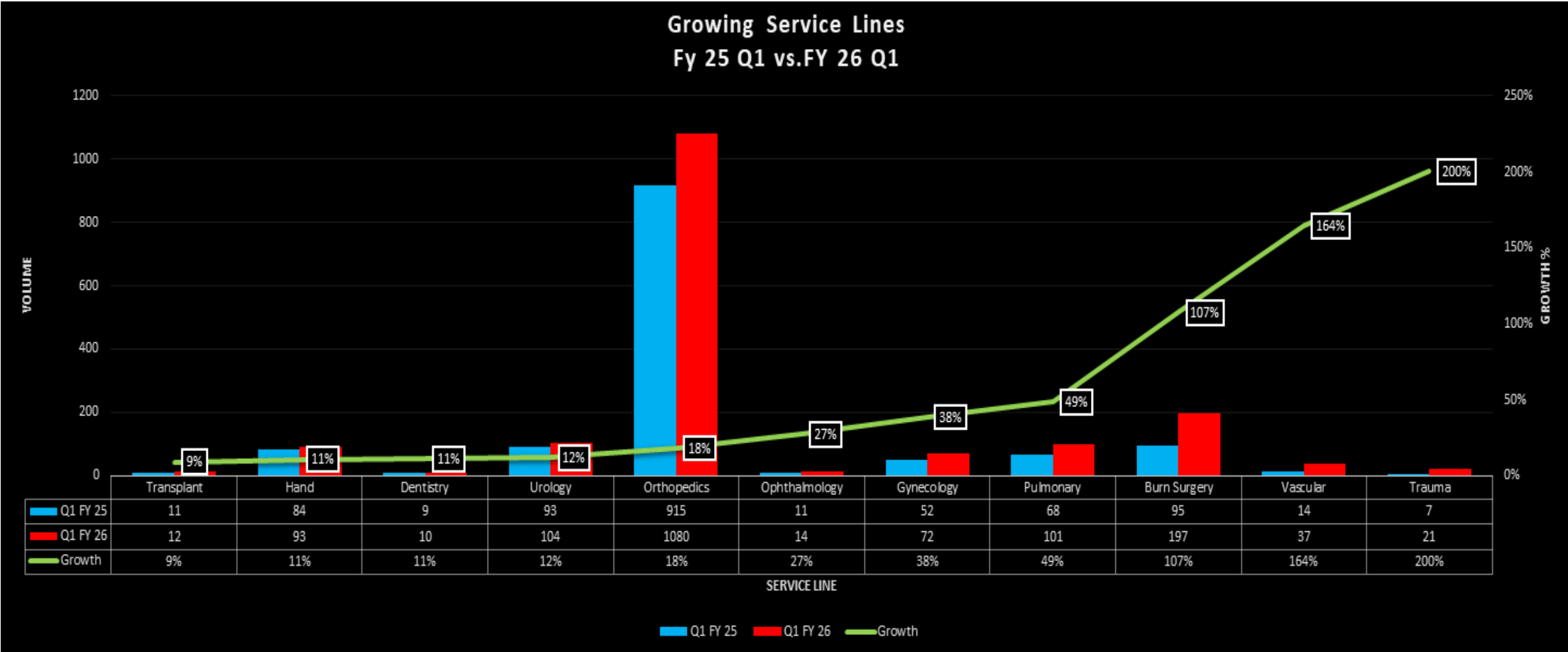
- Transitioned to new timekeeping system: UKG
- Case audits are conducted for high-cost implants to identify opportunities for reducing expenses
- Reinstitution of VAT (Value Analysis Team) with physician and multidisciplinary representation
- Analyze reimbursement on high-dollar implants to negotiate better pricing with vendors
- Revising and actively updating all Peri-Operative Contracts
- 5-S project, Lean Six Sigma Project, for all Peri-Op department supply standardization
- Reprocessing Initiative-Buy back and recycling program with Medline

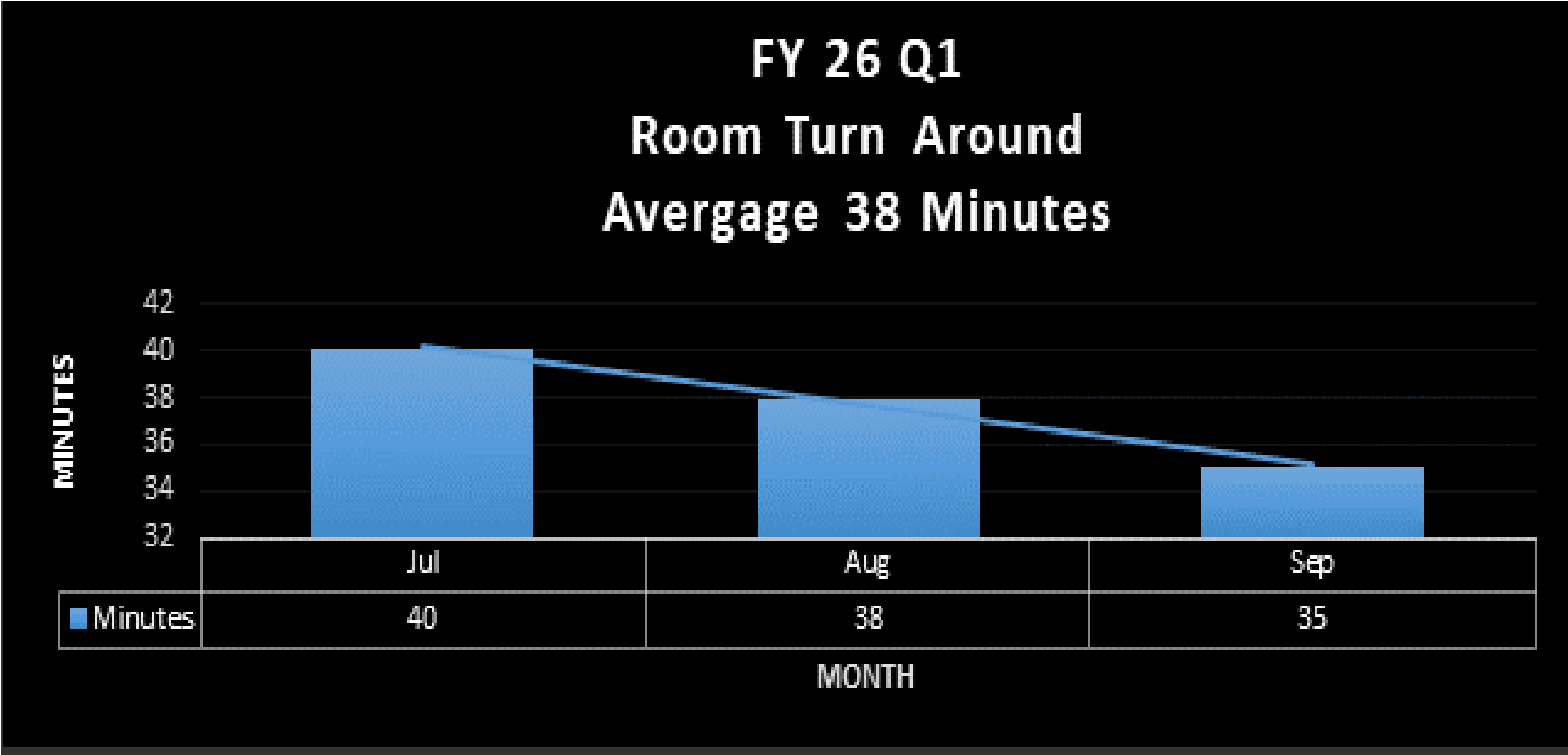
Strategic Next Steps

- Collaboration with Admitting/Insurance verification to audit and review Same-Day procedural changes to ensure department is updating required documentation and authorization
- 25% reduction in Same-Day Cancellations post Nurse Practitioner case review
 - Case review to include inpatient consult requests
- Censis Instrument tracking project start date 10/07/25
- IT and department will assess project timeline and resource allocation for instrument installation and logistics
- Sterile Processing Refresh project to include new sinks for instrument reprocessing efficiency

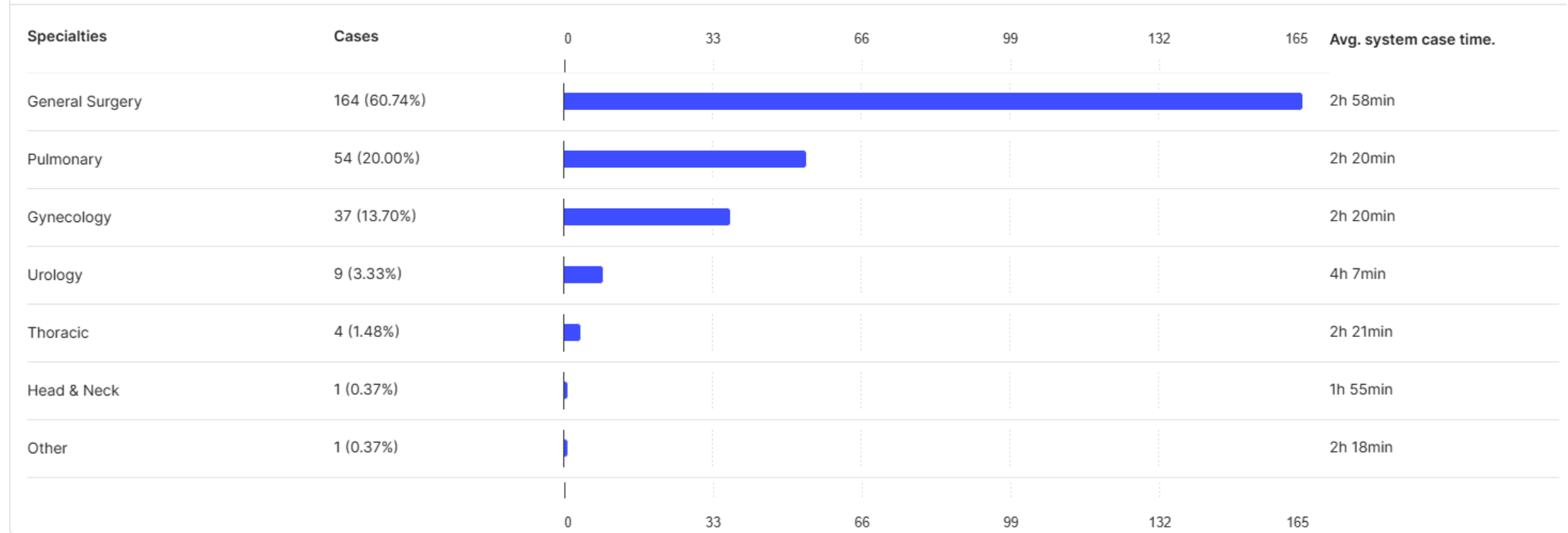
General Surgery Services – Q1 FY26

Service Line Update



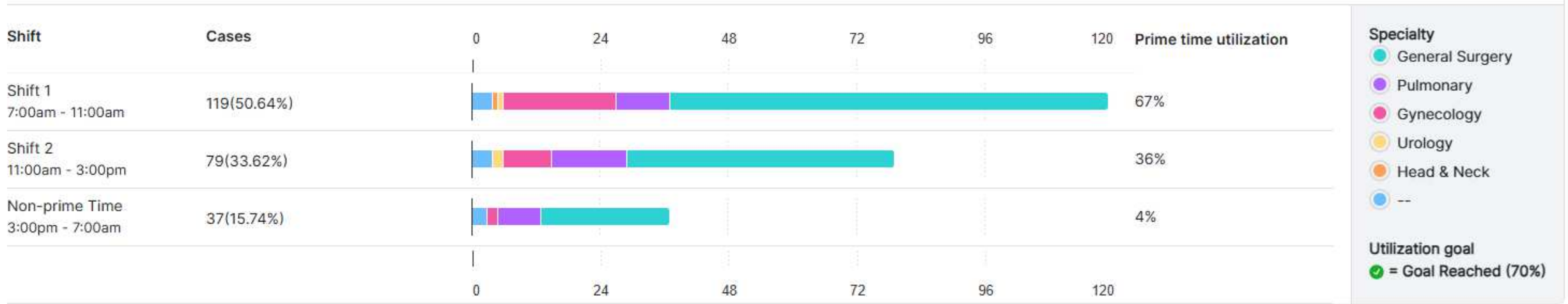


Robotic Volume: By Specialty – FY Q1



General Surgery has firmly established robotics as standard practice; the next frontier for growth lies in expanding Pulmonary, leveraging current efficiency to increase overall robotic volume without expanding prime-time hours

Robotic Volume: Shift Efficiency Highlights



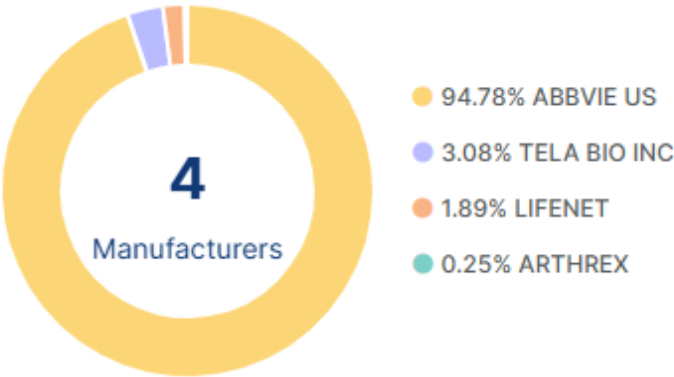
Operational Alignment

- A clear definition of prime vs non-prime time volumes highlights intentional shift carve-outs that improved throughput
- Four new robotic surgeons started in late September 2025

Interdepartmental Collaboration

- Positive impact seen through coordinated scheduling of specialties and the assistance of the supporting departments
 - Shift 1 achieved 67% prime time utilization, showing efficient scheduling and consistent case flow
 - Shift 2 maintained utilization, supporting extended capacity and flexibility for surgeons

Contract Compliance: Surgical Services



Item (7) ↕	Quantity ↕	HealthTrust Compliance	Compliance % ↕
ALLOGRAFT SELECT RESTORE LG PERF... ABBVIE US	35	Compliant	100%
GRAFT ST TIS 12CMX4CMX.75-1.5MM... LIFENET	6	Compliant	100%
MATRIX TISS PRS PERMANENT 20X20.5CM... TELA BIO INC	1	Compliant	100%
MESH HRN PLGLY 20X16CM RSRB GRID 1... TELA BIO INC	1	Compliant	100%
MATRIX TISS 16X10CM STRTTCE LIFECELL... ABBVIE US	1	Compliant	100%
MESH HRN PLGLY 12X10CM RSRB GRID 1... TELA BIO INC	1	Compliant	100%

Operational Excellence

- UMC Surgical Services Q1 – achieved 100% contract compliance on biologic spend, ensuring cost control
- Successful collaboration between Surgical Services and Supply Chain ensures the right product, right contract, every time

Orthopedic Services IP Q1 FY26

Service Line Update

Operational Update

- Total Hip/Knee Arthroplasty: **114 TKA/THA** (down 10), Total Shoulder Arthroplasty: **24** (up 1), Total Elbow Arthroplasty: **3** (up 1)
- Regional Block: **THA – 100% , TKA - 97%**
- Early Ambulation: **THA – 98%, TKA – 98%**
- Discharge home: **THA – 82%, TKA – 81%**
- Length of Stay at **2.4** (Benchmark of 1.98, down from 2.6 in Q4 2025)
 - Hospitalists and Surgeons are working to streamline discharges
- Integrative Joint Camp Class attendance: **85%** (up 7% from Q4 FY25)
 - Weekly classes launched to include a monthly Spanish class
 - Nurse Navigator working with the Marketing team to have a class on UMC Website in fall of 2025

Expense Control and Revenue Enhancement

- Collaboration between OP Clinic, Inpatient Floor, and Surgical Services to continue to improve efficiencies and flow
- Post-operative care dressing standard protocols: working with Supply Chain and Surgeons
- Quarterly Orthopedic Service Line Review Meeting

Strategic Next Steps

- Application process for Hip and Knee Advanced Certification through DNV
- Working with the EPIC team to distribute patient questionnaires via MyChart and text messages
- Partnering with the Business Development Office to strategize and grow the service line

Cardiac Services Q1 FY26

Service Line Update

Operational Update

- FY26 Q1 volume of 607 cases (average of 202.3/month)
 - July: **212**, August: **173**, and September: **222** with a goal of 275 cases per month
- Watchman, Amulet, and PASCAL cases are increasing; PASCAL now has a rebate program
- Enhance case volume growth in EP procedures, Structural Heart (TAVR, Watchman, Pascal) and complex PCI
 - EP Carto system capital approved and awaiting arrival of new system
 - EP physician committed to growing case volume from 4 per day to 6 per day
- Departmental realignment in process
- Dedicated Inventory Specialist to provide real-time tracking of supplies and work with team to standardize products

Expense Control and Revenue Enhancement

- Transitioned to new timekeeping system: UKG
- Reprocessing of EP supplies with a savings up to \$1M per year
- Inventory reduction and elimination of redundant supplies, resulting in recent savings of \$150,000 per year
- Watchman device rebates averaging \$25K per quarter

Strategic Next Steps

- Realignment of IR Specials, and Cath Lab in process to extend coverage hours and reduction of premium pay
- Utilization of staff for IR Specials, Cardiac Cath Lab, and Recovery Area
- Develop Ad campaign for the region to promote the successful Renal Denervation procedure; media team engaged

UMC Practice Plan (Ambulatory Care) – Q1 2026

Service Line Update

Operational Update

Primary Care/Quick Care Volume

- PC – 23,431 = 4.49% (1,051) visits below budget
- QC – 45,722 = 4.56% (2,086) visits below budget
- 95.7% PCP schedule utilization rate
- PC no-show rate: 8.06% (Goal: 10%)
- 17,887 text messages sent via Hello World for appointment reminders, billing notifications, and patient self-arrival
- QC Left After Triage – 0.01% (Goal: 0%)

UMC Call Center and Referrals – 60,337 incoming calls

- Overall Abandonment Rate – 8.6% (Goal: <8%)
 - Call center: 8%, Referrals: 8%, Ortho: 10%
 - Restructure workflows

Other

- 10,961 MyChart medical advice messages received in Q1; 90.9% handled within 48hrs (Goal: 98%)
- CMS announced Medicare will not cover Telehealth visits except for Rural areas and mental Health Services, and other specific visits
- **Hired a new employee for Laughlin UMC online Telehealth services**

Expense Opportunities

Increase Value-Based Care incentive payments

- CCM Vendor, 1200 patients enrolled as of June 30, 2025 (Goal: 1,000 patients enrolled by Dec 2025)
- Redesign the intake flow and extend call center hours
- Closing gaps in care will increase the implementation of the new model
- DME program through Motion MD implemented at all clinics, providing high-quality access to Orthopedic DME at the clinics and reducing DME supply costs for UMC

UMC Ambulatory Care – Q1 FY26

Service Line Update

Operational Update

Unified Brand: UMC Quick Care

- All services will be unified under the UMC Quick Care Brand, PC, and QC
 - Providing integrated urgent and primary care access for same-day care
 - All clinics will have capacity for walk-in patient care, with or without an appointment
 - Increase Value-Based Care incentive payments
- Clinic-by-clinic implementation process will be followed
 - PC/QC at the Medical District is now live
 - Mailers and Mason's message have been sent to all employees
 - Next clinic implementation is Southern Highlands and Blue Diamond
 - Extended hours will be dedicated to specific clinics

Strategic Next Steps

- Management staff reduction in September 2025
- Staffing alignment throughout all clinics to improve patient flow, expand access to care and reduce expense
- Extend Call Center hours
- Working closely with payors to determine which clinic(s) to extend hours
- 24-hour Quick Care drawings completed
 - Capital Approved
 - A & F for approval

Women's and Children's Hospital – Q1 FY26

Service Line Update

Operational Update

Perinatal

- Converting the Baby Steps process to EPIC
- Continued collaboration between UMC and UNLV to improve operational efficiencies and growth
- Daily rounding on patients to identify potential opportunities for patient experience
- Family Focused Care task force started to enhance patient experience
- Increased births to 52% from Feb 2025 through August 2025

NICU

- Dr. Jackson UNLV MFM and UMC NICU neonatologists met September 23rd to strategize building volume

Children's Hospital

- Conducted SWOT analysis in Pediatric ED with both physicians and nurses for Children's Hospital strategic plan

Revenue Enhancement

Perinatal/NICU

- Structured tracking for the Baby Steps program for good conversion rates to increase births
- Started due diligence for 24/7 Antepartum Testing outpatient service for high risk mothers to increase high risk births

Children's Hospital

- Continue to bring stakeholders together to write a Strategic Plan

Strategic Next Steps

- Finalize Antepartum due diligence
- Complete Children's Services Strategic Plan

**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
October 9, 2025

Agenda Item #

6

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

Issue: Closed Session	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Strategic Planning Committee 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.	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 9, 2025

Agenda Item #

7