UMC Strategic Planning Committee Meeting

Thursday, December 11, 2025 9:00 a.m.

Delta Point Building - Emerald Conference Room - 1st Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
December 11, 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 the minutes from the regular meetings of the UMC Governing Board Strategic Planning Committee on October 9 and 16, 2025. (For possible action)

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

SECTION 2: BUSINESS ITEMS

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

5. Receive an update on the Strategic Planning Committee organizational performance goals; 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)*

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).

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, October 9, 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
Renee Franklin
Mary Lynn Palenik (Via WebEx)
Dr. Donald Mackay (Via WebEx)
Christian Haase (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
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 August 14, 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 Competitive Landscape; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- Market Share PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, provided an overview of the dynamics of the Las Vegas market share.

Compared to the other multisystem hospitals in the community, UMC is a single-site acute care 541-room hospital with twenty-two sites around the community, including 18 total quick care/primary care facilities, 2 orthopedic clinics and 2 specialty clinics. There is capacity for growth and expansion, with plans for additional offices, parking, 24/7 quick care and IR and radiology growth. It was noted that there are no other 24/7 quick care locations in the valley.

UHS/Valley Health System has had continued growth throughout the community. A list of the facilities throughout the valley was shown with 5 hospitals, including the newest location, West Henderson Hospital, with 150 beds. Also discussed were the specialty and behavioral health facilities, and the medical group, cardiovascular and gastroenterology practices within the health system.

HCA/Sunrise Health was discussed next. Sunrise has 790 beds, followed by Mountainview and Southern Hills. The expansion of the Southern Hills hospital began in January to incorporate an inpatient rehab unit and 20 new patient rooms. In September, the Healthcare Center for Clinical Advancement was opened adjacent to Southern Hills. In June, Mountain View added services to treat cancer patients and provide services including transfusions, procedures, and transplants. New construction has been observed near Maryland Parkway and Desert Inn. Mr. Marinello continued with a review of the freestanding ER and clinic locations.

Dignity Health, now known as CommonSpirit, has three campuses but has not experienced significant growth. There was a brief discussion about challenges faced by the hospital system due to facility size, location, and demographic growth. A lengthy conversation followed about growth in the valley and how to continue developing UMC as the center of excellence for top level of care and strategically expanding to other areas.

Mr. Van Houweling suggested that the Experience and IT teams showcase marketing and outreach efforts happening throughout the community to highlight the care provided at UMC.

The discussion continued with a brief overview of Intermountain Health, Encompass Health, Cleveland Clinic, and the Culinary Health Center.

Finally, Mr. Marinello gave a brief summary of area hospitals that offer robotic surgery.

Member Mackay inquired about the protocol that first responders use to determine where to bring patients. Mr. Van Houweling confirmed that there are protocols, which may be based on hospital trauma level and the type of clinical need.

Member Palenik commented on the growth in the southern valley of Las Vegas and the opportunities for marketing primary care.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive a report regarding UMC Service Line Updates, 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. Financial updates will be provided at the December meeting.

In general surgery, First Case On Time Starts score achieved 81% for Q1 of 2026, maintaining a target of at least 80%. Room turnover times are now 38 minutes, excluding endoscopy.

In operational improvements, the electronic surgical case request project for UNLV has been completed, with a go-live date of August 4, 2025. The Ortho and UNLV groups have been given access to Epic Marketplace, which improves visibility to available OR block times. An anesthesia nurse practitioner is now reviewing patient charts daily to optimize all surgical cases and reduce cancellations. Implementation of instrument tracking system has improved efficiencies.

UMC transitioned to the new UKG timekeeping system for staff, which will improve compliance and labor management. The discussion continued with a review of other expense control opportunities and strategic next steps, highlighting a sterile processing refresh project will include new sinks for instrument reprocessing efficiency.

Mr. Jones next several slides highlighted growth in all service lines year-over-year, improved room turnover times, increased robotic surgery volumes, and efficiency highlights.

Chair Hagerty asked if more robots are needed. Mr. Jones replied yes, highlighting usage, robot volume, and shift efficiency. The goal for utilization is set at 70%. The

discussion proceeded to cover the advantages of robotic education, training, and other medical technology opportunities.

Vick Gill commented on medical school virtual training that is being done using Da Vinci.

UMC is focused on contract compliance in surgical services. UMC Surgical Services achieved 100% contract compliance on biologic spend in Q1, ensuring cost control.

Statistical updates in orthopedic services showed total hip and knee arthroplasty down by 10 cases, but highlighted improvements in shoulder and elbow arthroplasty. Regional block, early ambulation, and discharge home statistics remain consistent with those of the previous quarter. Length of stay was up slightly, and the joint camp class attendance is at a record high of 85%. Expense control and strategic next steps were reviewed briefly. The application process for Hip and Knee Advanced Certification is in process through DNV.

Cardiac service volumes average approximately 202 cases per month, with a goal of 275 cases.

Chair Hagerty asked what efforts are being made to improve volumes. Mr. Marinello responded that the second EP unit is in process of being finalized.

Mr. Jones continued the discussion, noting departmental realignments, inventory controls, as well as expense controls and strategic next steps.

Mr. Marinello reviewed statistics related to the UMC Practice Plan Ambulatory Care and provided operational updates to improve volumes and identify expense opportunities. A discussion followed about restructuring call center workflows and using AI technology to reduce abandonment rates.

Mr. Marinello updated that CMS announced that Medicare will no longer cover Telehealth visits, except for rural areas and mental health services.

Chair Hagerty inquired about the reason for the change with telehealth coverage. Ms. Pitz responded that the waiver put in place during COViD is currently expired. Mr. Marinello informed the Committee that a new employee has been hired for the Laughlin UMC online telehealth service. The update continued with other expense opportunities and quick care and primary care service improvements.

Lastly, Mr. Jones provided highlights in Women’s and Children’s services. Births increased by 52% from February to August 2025. Staff continues to focus on optimization of the Baby Steps program to increase births.

Member Haase asked if there is a physical construction in the restructuring of the quick and primary care services. Mr. Marinello responded that there is no reconstruction, just flow and efficiencies of staffing and entry points at the facility locations.

FINAL ACTION TAKEN:

None taken.

SECTION 3: EMERGING ISSUES

ITEM NO.6 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 an update regarding Information Technology. A report will be provided at the Governing Board meeting.

Mr. Marinello commented that data from Strata will be provided.

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.

FINAL ACTION TAKEN:

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 10:29 a.m., the Committee recessed to go into closed session.

At the hour of 10:35 a.m., the Committee reconvened into closed session.

SECTION 3: CLOSED SESSION

ITEM NO.6 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.

DISCUSSION:
None

FINAL ACTION TAKEN:

No action taken

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 11:30 a.m.

APPROVED:
MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, October 16, 2025
10:00 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 10:05 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Harry Hagerty, Chair
Renee Franklin
Mary Lynn Palenik (Via Teams)
Christian Haase (Via Teams)

Absent:
Robyn Caspersen (Excused)
Dr. Donald Mackay (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
Vick Gill, Business Development Officer
Bud Shawl, Executive Director of Continuum of Care
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 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: EMERGING ISSUES

ITEM NO. 3 Identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. *(For possible action)*

DISCUSSION:

None

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.

FINAL ACTION TAKEN:

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 10:06 a.m., the Committee recessed to go into closed session.

At the hour of 10:07 a.m., the Committee reconvened into closed session.

SECTION 3: CLOSED SESSION

ITEM NO.6 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.

DISCUSSION:
None

FINAL ACTION TAKEN:

No action taken

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 11:31 a.m.

APPROVED:
MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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 Updates; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
December 11, 2025

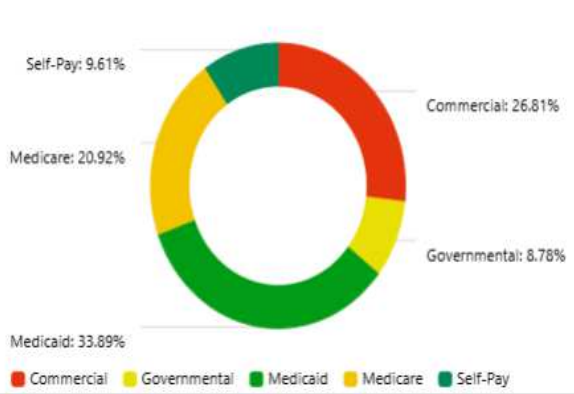
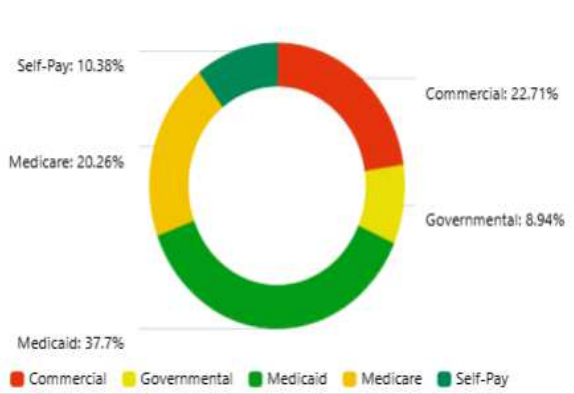
Agenda Item #

4

STRATEGY COMMITTEE
Service Line Update
December 11, 2025

General Surgery - Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
5,651	6,732	3,377	3,355	866	5,490
	6,180 | 552 | 8.93%	3,248 | 128 | 3.95%	2,932 | 424 | 14.45%	844 | 22 | 2.63%	

Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
204,754,297			232,591,583

Net Revenue (Incl. Supplemental Payments)			Net Revenue (Incl. Supplemental Payments)
34,923,455			36,958,617

Variable Cost			Variable Cost
18,356,651			18,537,711

Contribution Margin	Volume by Patient Type		Contribution Margin
16,566,804			18,420,906

General Surgery - Q1 FY26

Operational Update

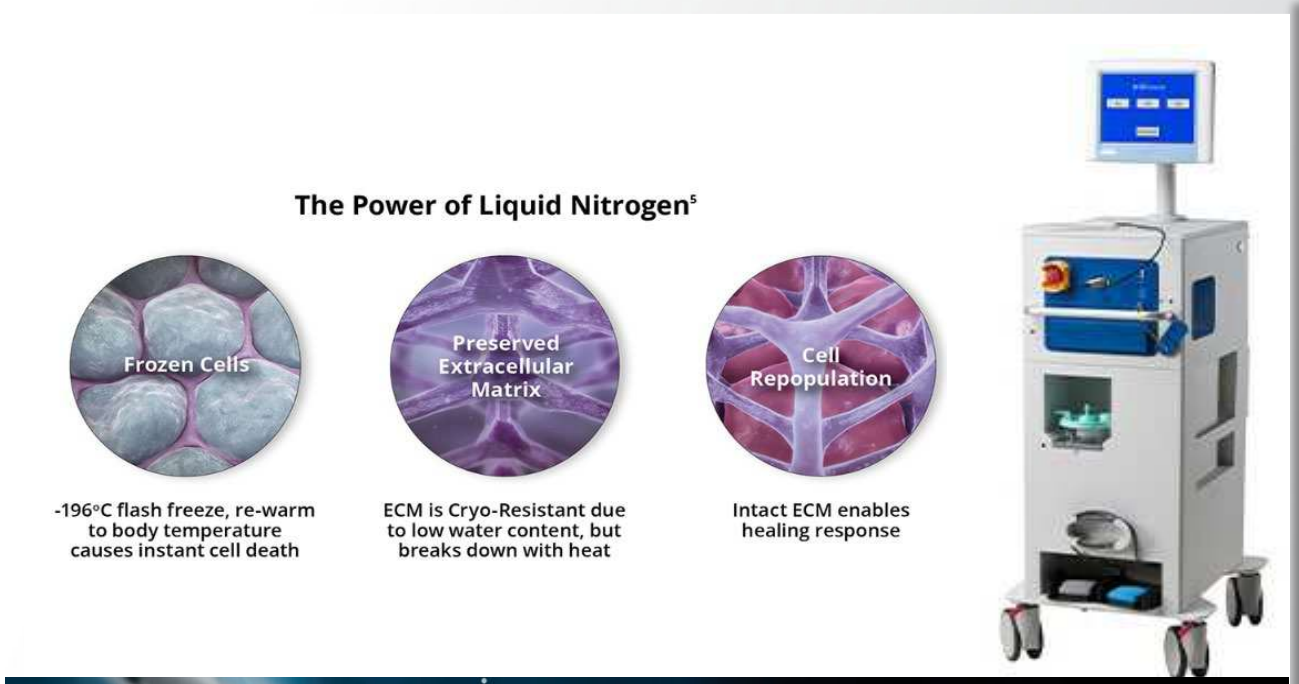
- Anesthesia NP leading patient optimization efforts to reduce surgical case cancellations, non-performed surgeries, and reschedules
  - Assigned an Office Specialist to Pre-Assessment Testing for patient optimization
  - Achieved a 20% reduction in case cancellations in 2025 compared to 2024 (goal: 25%)
- Pre-assessment workflow redesigned and implemented to link pre-assessment testing appointments with scheduled surgical cases
- Reprocessing Initiative – Buy Back and Recycling Program with Medline
- Revising and updating all Peri-Operative Contracts
- Lean Six Sigma project for all Peri-Op departments focused on supply standardization
- TruFreeze Spray Cryotherapy System (first case 10/13/25). UMC is the only hospital in the valley performing these procedures

Strategic Next Steps

- Block availability optimization with weekly meetings to address concerns and improve block time efficiency
- Collaboration with Admitting/Insurance Verification team to audit and review Same-Day procedural changes to eliminate denials
- CensisTrac Instrument Tracking Project to begin Q2; team assessing project timeline and resource allocation
- Sterile Processing Refresh Project, including new sinks to enhance instrument-reprocessing efficiency

Expense Control and Revenue Enhancement

- Reprocessing Initiative – Buy Back and Recycling Program with Medline
  - Achieved cost savings of ~$232,000
- Renegotiated contracts resulting in savings of $1,669 per outpatient case and $1,760 per inpatient case
- Review and cancellation of 10 Peri-Operative contracts as part of cost savings efforts
- Standardization of all surgical carts following Lean process improvements



TrūFreeze® Spray Cryotherapy System

- It uses liquid nitrogen (LN2) for the cryogenic destruction of tissue in the gastrointestinal tract and upper airway. LN2 is the coldest cryogen available and the only cryogen capable of ablating benign and malignant cells at -196˚C in the gastrointestinal (GI) tract. Spray cryotherapy is a non-contact ablation technology that traps and flash-freezes water in cells, causing cell death while preserving the extracellular matrix and promoting a rejuvenating healing response. Because freezing, unlike heat therapies, does not burn tissue, the underlying cell structure is preserved, and new tissue will regrow where the diseased tissue has been frozen and sloughed off with medical freeze spray, leaving little to no scarring.
- UMC is the only hospital in the valley performing these procedures
- Completed first cases during the week 10/13/25

General Surgery / Case Request Project

Operational Update

- Case Request Surgery Scheduling Project
- Goal: Automate surgery scheduling between UNLV and UMC using Case Request through EPIC Marketplace
- UMC Orthopedic & Spine Clinic has been utilizing the system for the past 18 months
- Project launched May 28, 2025
- Executive Sponsors: Dr. Anderson Hu, Tony Marinello (COO, UMC), and Dr. Nadia Gomez (UNLV)
- UMC team met internally to review outstanding items
- Certain radiology orders for special surgical procedures require additional fine-tuning
- Meeting is being coordinated between UMC Radiology, IT, and UNLV teams
  - Once completed, this will close out this project
- At the last meeting, both teams agreed to work together to optimize the scheduling process from the UNLV side

Strategic Next Steps

- UNLV obtaining internal access for their Data Analyst to pull the UNLV surgeon data
  - Once access is available on the UNLV side, the UMC team will work with UNLV to ensure dashboards align
- Dr. Hu will work with Dr. St. Hill to develop a process for the UNLV General Surgeon to review the scheduling board daily
- Review will occur with the Anesthesiologist Board Runner to accommodate open OR times for inpatient surgeries
  - Comparable to the current UMC Orthopedic model, which has improved throughput
- UMC surgery scheduler will coordinate a meeting with the UMC Ortho Lead Scheduler to share the scheduling process with the UNLV team
- Scheduling Depot requires further development

General Surgery / Magnet Participation

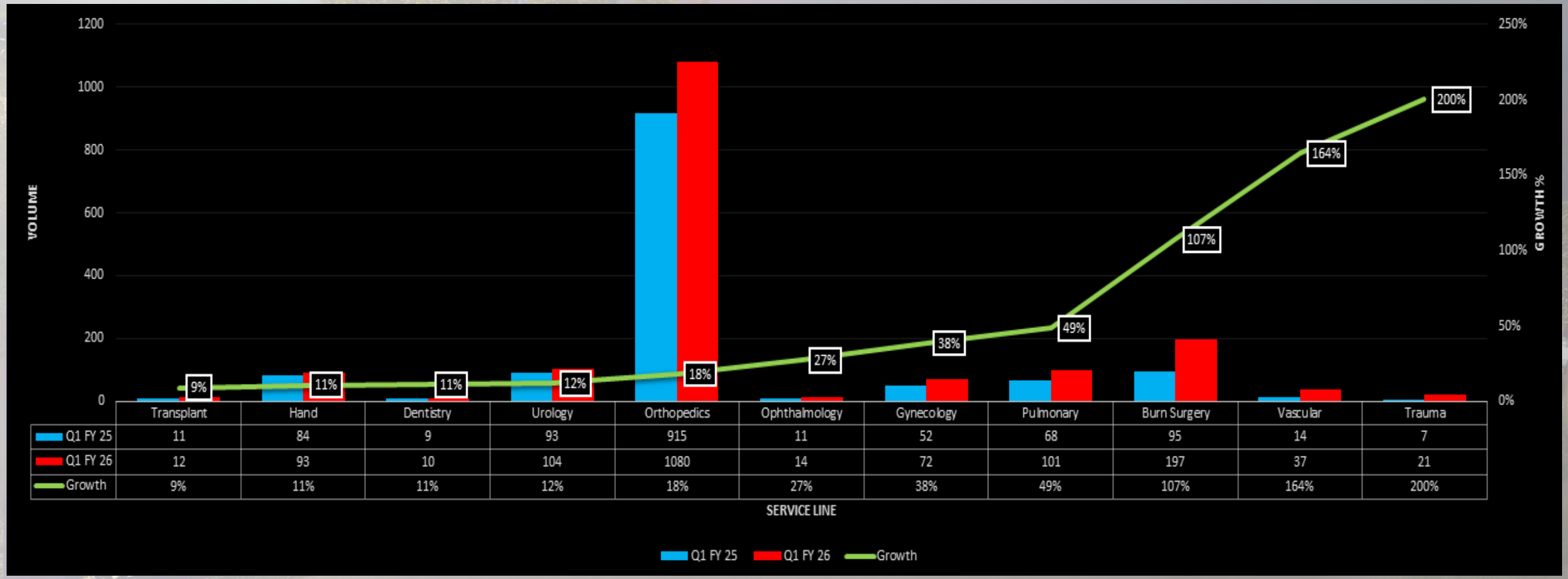
Peri-OP departments have an active Unit Base Council (UBC)

- Active Magnet boards
- Strong department engagement at Magnet tables, rounding, and participation activities

Operating Room

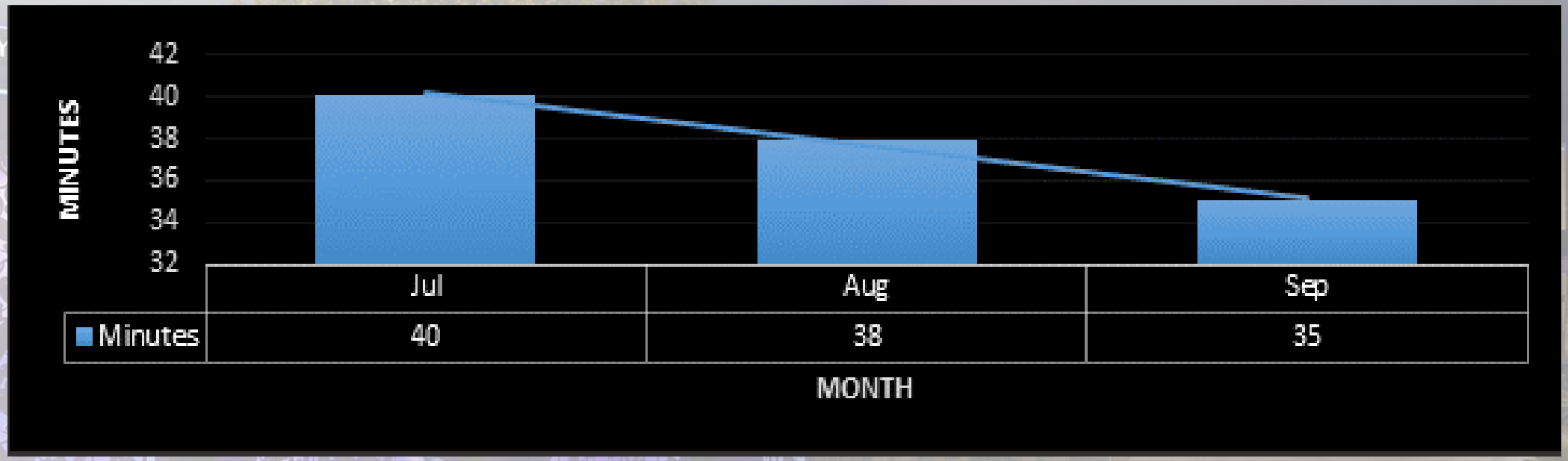
- Leadership and UBC staff conduct monthly meetings
- Active UBC projects: Lean Project, Room Reset Process, Velcro Initiative (gurney)
- CNOR Certification Project: Increased by 17% from last year; 7 additional staff expected to certify within the next 6 months
- Active KPI Tracking: FCOT and TAT using PDSA (Plan, Do, Study, Act) and DMAIC (Define, Measure, Analyze, Improve, and Control)

Growing Service Lines: FY25 Q1 vs FY26 Q1



	Transplant	Hand	Dentistry	Urology	Orthopedics	Ophthalmology	Gynecology	Pulmonary	Burn Surgery	Vascular	Trauma
Q1 FY 25	11	84	9	93	915	11	52	68	95	14	7
Q1 FY 26	12	93	10	104	1080	14	72	101	197	37	21
Growth	9%	11%	11%	12%	18%	27%	38%	49%	107%	164%	200%

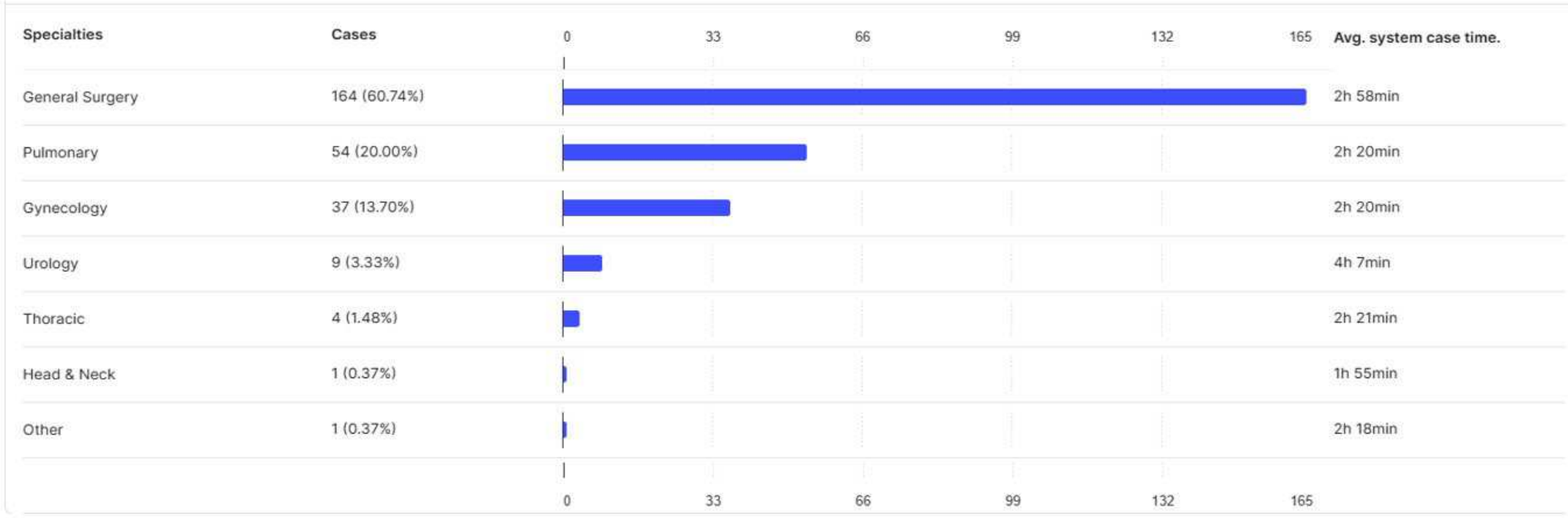
FY26 Q1 – Room Turnaround: Average 38 mins



FCOT Q1: 81%
- Goal: 80%

TAT Q1: 38 minutes
- Goal: 30 minutes or less

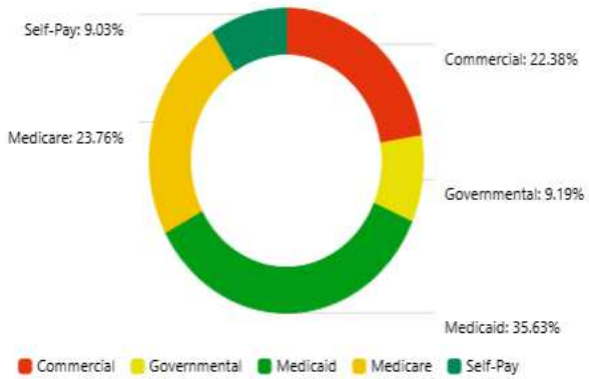
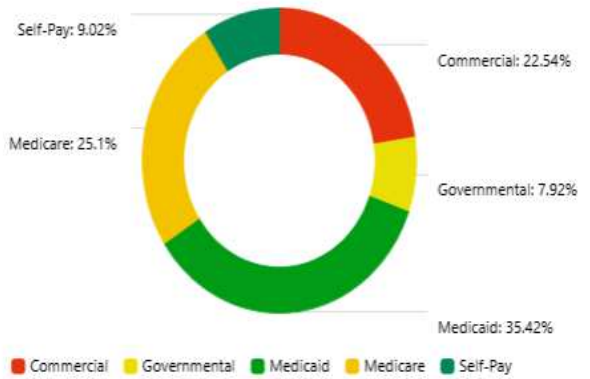
Robotic Volume: By Specialty FY Q1



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

Hospital Orthopedics Service Line – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
3,699	8,019	4,311	3,708	3,391	4,255
	8,637 | -619 | -7.16%	5,194 | -883 | -17.00%	3,443 | 264 | 7.68%	3,138 | 252 | 8.04%	

Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
207,536,029			238,718,596
Net Revenue (Incl. Supplemental Payments)			**Net Revenue (Incl. Supplemental Payments)**
31,949,803			34,119,345
Variable Cost			**Variable Cost**
19,213,262			18,343,846
Contribution Margin			**Contribution Margin**
12,736,541			15,775,499

Volume by Patient Type

Hospital Orthopedics Service Line – Q1 FY26

Operational Update

- **Total Hip/Knee Arthroplasty:** 114 (↓ 10)
- **Total Shoulder Arthroplasty:** 26 (↑ 3)
- **Total Elbow Arthroplasty:** 3 (↑ 1)
- **Regional Block Utilization:** THA – 100%, TKA – 97%
- **Early Ambulation:** THA – 98%, TKA – 98%
- **Discharge Home Rates:** THA – 82%, TKA – 81%
- **Length of Stay:** 2.4 days (Benchmark 1.98; down from 2.6 in Q4 FY25)
  - Hospitalists and surgeons continue work to streamline discharges
- **Integrative Joint Camp Class Attendance:** 85% (↑ from 77% in Q4 FY25)
  - Weekly Joint Classes and Monthly Spanish Class
  - Nurse Navigator collaborating with Marketing Team to host classes on UMC Website
- Submitting the 2026 AJRR contract in December

Expense Control and Revenue Enhancement

- Ongoing collaboration across OP Clinic, Inpatient Floors, and Surgical Services to improve efficiencies
- Standardizing post-operative care dressing protocols with Supply Chain and Surgeons
- Quarterly Orthopedic Service Line review meetings (next in January 2026)

Strategic Next Steps

- Strengthen collaboration between inpatient and outpatient leadership
- Begin application process for Hip/Knee Advanced Certification through DNV in December
  - Planning for 2026 site visit and certification
- Partner with EPIC to streamline the entire patient-facing process: Appointment scheduling, care pathway mapping, automated reminders, and post-operative surveys/education

Hospital Orthopedics Service Line – Q1 FY26

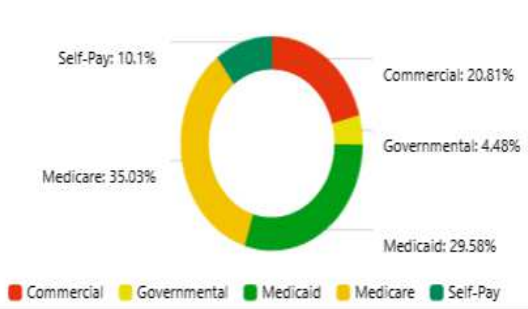
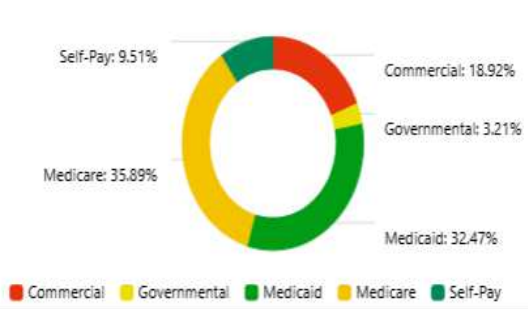
FY2025 - FY 2026 Total Joint Program (Joint Camp) Dashboard	National Benchma (Per Quarter)	3Q FY 2025	4Q FY 2025	1Q FY 2026	Oct	Nov	Dec	2Q FY 2026	Data Analysis/Improvement	Action
Total Hip Arthroplasty Procedural Totals	40	42	66	52						
Total Knee Arthroplasty Procedural Totals	50	54	58	62						
Total Shoulder Arthroplasty Procedure Totals	13	25	23	26						
Total Elbow Arthroplasty Procedure Totals	5		2	3						
Procedural Totals (Hips, Knees, and Shoulders combined).	103	121	149	143					Exceeding National Benchmark	
THKR-IP-1 Regional Anesthesia (Block)										
THKR-IP-1a Regional Anesthesia - **Hip and Knee Overall**		100%	99%	98%					Exceeding National Benchmark	
THKR-IP-1b Regional Anesthesia - **Hip**	80%	100%	98%	100%						
THKR-IP-1c Regional Anesthesia - **Knee**	81%	100%	100%	97%						
THKR-IP-2 Postoperative Ambulation on Day of Surgery										
THKR-IP-2a Postoperative Ambulation on Day of Surgery - **Hip & Knee Overall**		97%	98%	99%					Exceeding National Benchmark	
THKR-IP-2b Postoperative Ambulation on Day of Surgery - **Hip**	82%	95%	95%	98%						
THKR-IP-2c Postoperative Ambulation on Day of Surgery - **Knee**	83%	98%	100%	98%						
THKR-IP-3 Discharged to Home-Hip and Knee										
THKR-IP-3 Discharged to Home-**Hip and Knee Overall**		89%	82%	82%					Exceeding National Benchmark	Will continue to educate patient and family in Joint class to set expectation for discharge to home before surgery.
THKR-IP-3 Discharged to Home-**Hip**	84%	83%	82%	82%						
THKR-IP-3 Discharged to Home-**Knee**	85%	93%	83%	81%						
Discharged to Home-**Elbow**	85%	0 pt	100%	100%						
Discharged to Home-**Shoulder**	85%	92%	96%	100%						
THKR-IP-4 Preoperative Functional/Health Status Assessment										
THKR-IP-4 Preoperative Functional/Health Status Assessment-**Hip and Knee Overall** within 90 days prior to surgery	100%	88%	95%	91%					**Nearing Benchmark** Inpatient and Clinic working to streamline the survey process	For all the patients that did not attend the joint class, questionnaire is done via phone call, MyChart and the clinic with pre-op visit
THKR-IP-4 Preoperative Functional/Health Status Assessment-**Hip** within 90 days prior to surgery	100%	94%	97%	96%						

Hospital Orthopedics Service Line – Q1 FY26

FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quarter)	3Q FY 2025	4Q FY 2025	1Q FY 2026	Oct	Nov	Dec		Data Analysis/Improvement	Action
Other Quality Measures										
Pre Surgery Education (Joint Camp Attendance)	85%	75%	77%	85%					Meeting Benchmark	Working on getting all surgeons to send patients to Joint class.
VTE Prophylaxis	100%	99%	99%	100%					Meeting Benchmark	
ERAS Orders Utilized	100%	71%	78%	76%					Below Benchmark	Discussed ERAS order sets with surgeons and residents
Pre Op Carbohydrate Drink	100%	69%	73%	68%					Review ERAS order sets	Review process (PAT vs Clinic)
Antibacterial Bath (CHG)	100%	99%	100%	99%					At Benchmark	Review process (PAT vs Clinic)
Nasal Decolonization (62% alcohol nasal swab)	100%	98%	100%	100%					At Benchmark	
Surgical Site Infections	0	2	*	*						*Not reported to date
CLABSI	0%	0%	0%	0%						
CAUTI	0%	0%	0%	0%						
Fall Rates (Inpatient)	0	0	0	0						
Length of Stay	1.98	2.5	2.6	2.4						
Length of Stay Greater than 5 days	<3	9.2	7.7	7.5						
Discharge Education	100%	100%	100%	100%						

Cardiac Services – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
2,792	7,387	4,861	2,526	3,624	3,366
	8,081 | -694 | -8.59%	5,257 | -396 | -7.53%	2,824 | -298 | -10.57%	3,562 | 61 | 1.72%	

Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
136,549,948			162,236,935

Net Revenue (Incl. Supplemental Payments)	Net Revenue (Incl. Supplemental Payments)
22,562,336	24,863,347

Volume by Patient Type

Variable Cost	Variable Cost
14,677,455	16,361,902

Contribution Margin	Contribution Margin
7,884,881	8,501,445

Cardiac Services – Q1 FY26

Operational Update

- Q1 case volume: 607 cases (average of 202.3 per month)
  - July: **212**, August: **173**, and September: **222** (goal: 275 cases per month)
- Growth in EP procedures: Watchman, Amulet, and PASCAL cases are increasing. PASCAL now has a Rebate Program
- Expansion of Structural Heart (TAVR, Watchman, Pascal), and complex PCI volumes
  - EP Carto System – Capital approved; awaiting arrival of new system
  - EP physician committed to increasing daily case volume from 4 per day to 6 per day
- Departmental realignment in progress
- Dedicated Inventory Specialist providing real-time tracking and supporting product standardization

Expense Control and Revenue Enhancement

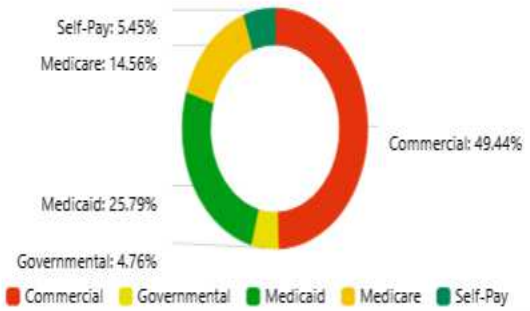
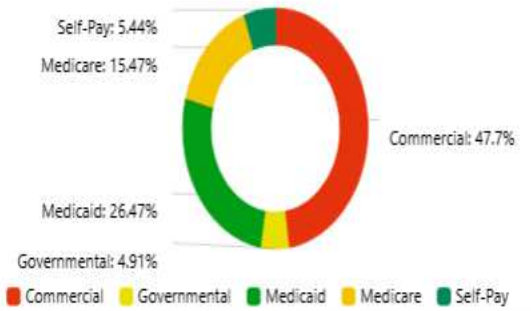
- Reprocessing of EP supplies with up to $1M per year in projected savings
- Reduction of redundant supplies, generating $150K annual savings
- Watchman rebates averaging $25K per quarter

Strategic Next Steps

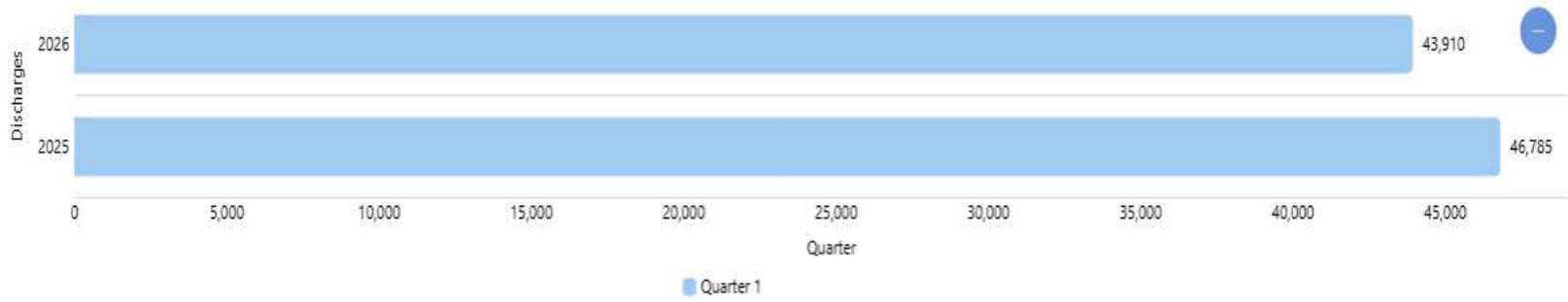
- Realignment of IR Specials and Cath Lab to extend coverage hours and reduce premium pay
- Shared staffing model across IR Specials, Cardiac Cath Lab, and Recovery Area
- Develop a regional ad campaign to promote the Renal Denervation procedure; media team engaged

Quick Care – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	1st Qtr. 2026
46,785	159	190	-31	43,910
	170 | -11 | -6.39%	159 | 32 | 19.89%	11 | -42 | -372.34%	

Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
36,662,539			36,279,333

Net Revenue (Incl. Supplemental Payments)			Net Revenue (Incl. Supplemental Payments)
7,953,976			6,988,458

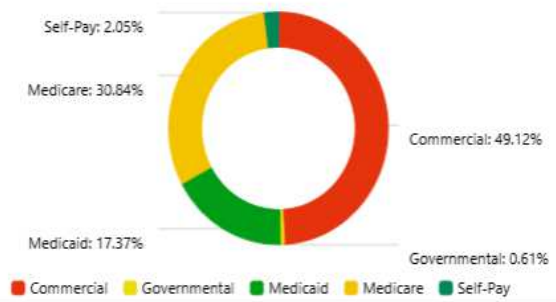
Variable Cost	Cases by Discharge FY Q	Variable Cost
7,421,120		8,350,457

Contribution Margin		Contribution Margin
532,855		-1,361,999

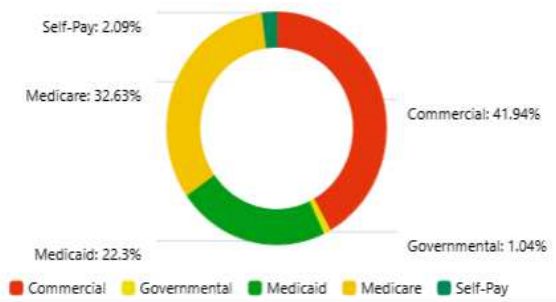
Primary Care – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	1st Qtr. 2026
23,910	114	155	-41	24,444
	122 | -8 | -6.27%	151 | 4 | 2.50%	-30 | -11 | 38.39%	

Payor Mix by Financial Class FY2025

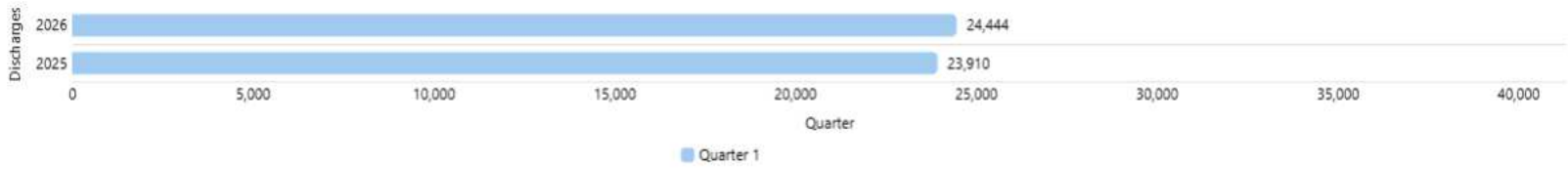


Payor Mix by Financial Class FY2026



Total Charges	Total Charges
13,983,375	14,440,224
Net Revenue (Incl. Supplemental Payments)	**Net Revenue (Incl. Supplemental Payments)**
2,905,664	2,784,245
Variable Cost	**Variable Cost**
3,617,523	3,790,865
Contribution Margin	**Contribution Margin**
-711,495	-1,006,621

Cases by Discharge FY Q



Operational Update

Primary Care/Quick Care Volume

- Primary Care – 24,444 = <1% (134 visits below budget)
- Quick Care – 43,910 = 15.5% (8,045 visits below budget)
- PCP Schedule Utilization Rate – 95.7%
- Primary Care No-Show Rate – 8.06% (Goal: 10%)
- Text messages sent via Hello World – 17,887 for appointment reminders, billing notifications, and patient self-arrival
- Quick Care Left After Triage – 0.01% (Goal: 0%)

UMC Call Center and Referrals

- Incoming Calls – 60,337
- Overall Abandonment Rate – 8.6% (Goal: <8%)
  - Call center: 8%, Referrals: 8%, Ortho: 10%
  - Restructuring workflows and days of work (to include weekends)

Other

- MyChart medical advice messages received in Q1 – 10,961; handled within 48hrs – 90.9% (Goal: 98%)
- CMS announced Medicare will no longer cover Telehealth visits except for rural areas and mental health services
- New employee hired for Laughlin UMC online telehealth services

Expense Opportunities

Increase Value-Based Care Incentive Payments

- CCM Vendor: 1,200 patients enrolled as of June 30, 2025 (Goal: 1,000 patients enrolled by Dec 2025)
- Closing care gaps with the help from our telehealth providers
- DME Program – Motion MD implementation at all clinics, improves access to orthopedic DME, and Reduces DME supply costs for UMC

Operational Update

- Unified Brand: UMC Quick Care & Primary Care
- All services will transition under the UMC Quick Care Brand (PC and QC)
  - Integrated urgent and primary care access for same-day care
  - All clinics will have capacity for walk-in patients (with or without appointments)
  - Increase Value-Based Care incentive payments
- Clinic-by-clinic implementation process
  - Next clinic implementation: Southern Highlands and Blue Diamond
  - Extended hours will be assigned to specific clinics

Strategic Next Steps

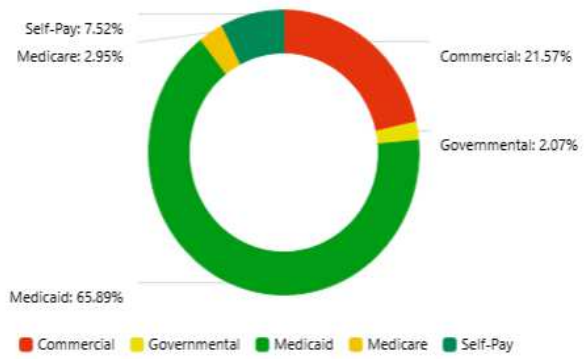
- Management staff reduction in September 2025
- Ortho Clinic physicians are assisting with the process of improvement and flow, Similar to our growth in Orthopedic practice
- Staffing alignment across all clinics to improve patient flow, expand access to care, and reduce expenses
- Extend Call Center hours to include early and late evenings and weekends I
- Staffing the department on early and late hours, also on Saturday and Sunday
- Revising payment agreements with insurance providers.
- Collaborate with payors to determine which clinics to extend hours
- 24-Hour Quick Care drawings completed:
  - Capital Approved
  - Awaiting A&F approval

Women's Services – Q1 FY26

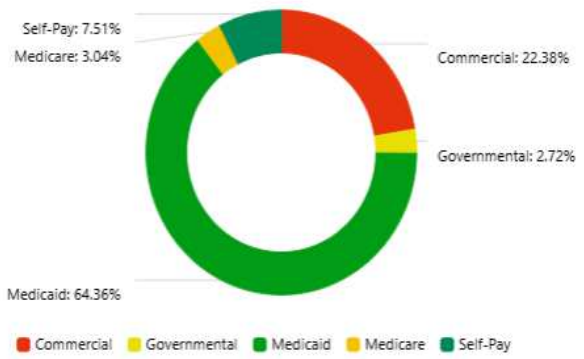
1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
1,595	5,458	2,641	2,817	2,345	1,877
	5,430 | 28 | 0.52%	2,527 | 114 | 4.51%	2,903 | -86 | -2.96%	2,529 | -184 | -7.27%	

Total Charges	Net Revenue (Incl. Supplemental Payments)	Variable Cost	Contribution Margin
44,941,820	8,660,616	4,030,976	4,629,640

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026

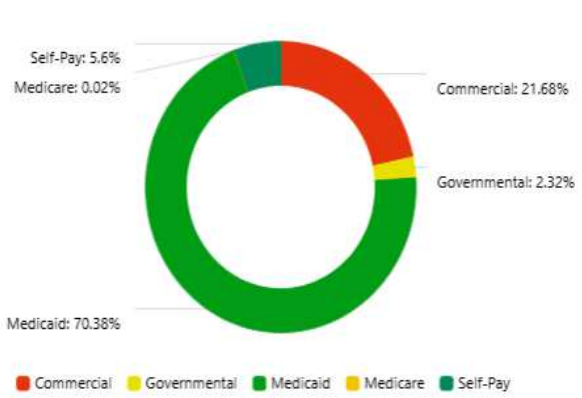
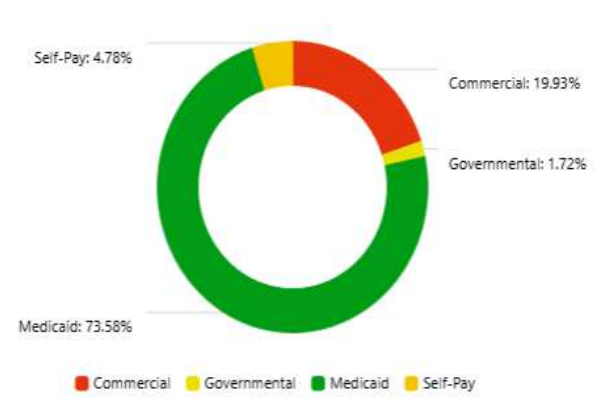


Volume by Patient Type

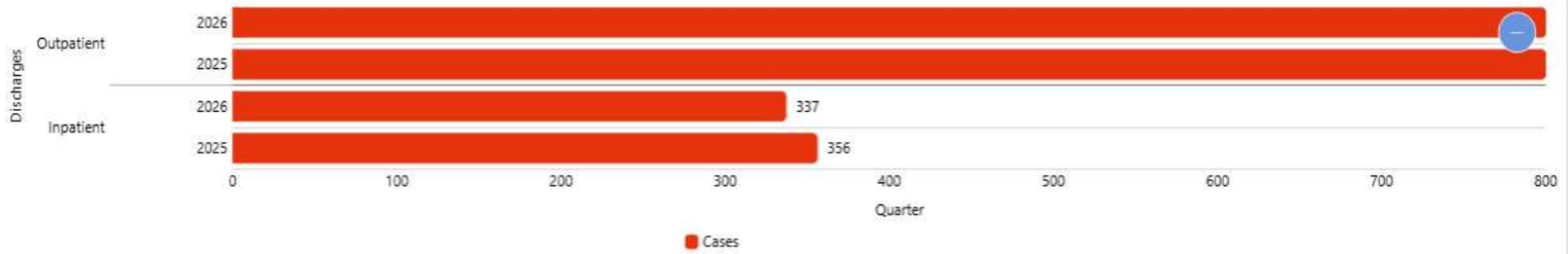
Total Charges	Net Revenue (Incl. Supplemental Payments)	Variable Cost	Contribution Margin
56,882,945	10,244,450	4,957,391	5,287,059

Children's Hospital – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
4,879	2,643	1,245	1,397	1,698	4,481
	2,684 | -42 | -1.56%	1,322 | -76 | -5.78%	1,363 | 35 | 2.53%	1,593 | 105 | 6.57%	

Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
68,083,140			65,906,852
Net Revenue (Incl. Supplemental Payments)			**Net Revenue (Incl. Supplemental Payments)**
13,097,590			11,841,418
Variable Cost			**Variable Cost**
6,449,537			5,580,977
Contribution Margin			**Contribution Margin**
6,648,054			6,260,441

Volume by Patient Type



Women's and Children's Hospital – Q1 FY26

Operational Update

Infant/Child Security System

- Site visit completed for the installation of the Hugs Security System; pending PO

Perinatal

- Ongoing collaboration with IT for Baby Steps integration
- Continued meetings with UNLV to improve communication and operational efficiencies
- Physician Experience Representative incorporated into daily patient rounding, supported by Google campaign
- Family Focused Care task force continues work to enhance patient experience and promote gentle C-sections

NICU

- Continuing bi-monthly meetings with Dr. Jackson and NICU Neonatologists

Children's Hospital

- Working with One Call to streamline pediatric direct admits and newborn referrals

Expense Control and Revenue Enhancement

Perinatal/NICU

- Automatic flag for ambulatory providers to send Baby Steps consultations
- Continued to vet Antepartum testing for high-risk moms
- Working closely with Molina Medicaid to encourage referral to UMC to their pregnant moms

Children's Hospital

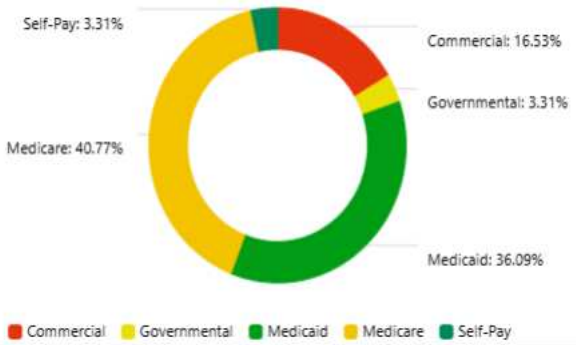
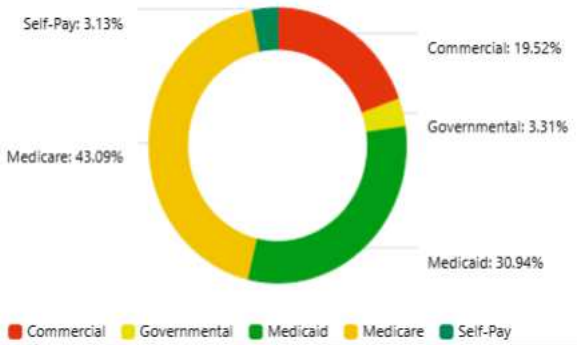
- Reviewing pediatric transfer denials to ensure no missed opportunities

Strategic Next Steps

- Continue strategic planning for Children's Hospital
- Finalize Antepartum due diligence
- Continue advancing the Maternal Child strategic plan

Interventional Radiology – Q1 FY26

1st Qtr 2025	Net Rev per Case	Variable Cost per Case	Contribution Margin per Case	Variable Cost per Day	1st Qtr. 2026
363	26,264	17,526	8,739	2,934	543
	24,340 | 1,924 | 7.90%	14,474 | 3,052 | 21.08%	9,866 | -1,128 | -11.43%	2,418 | 516 | 21.33%	

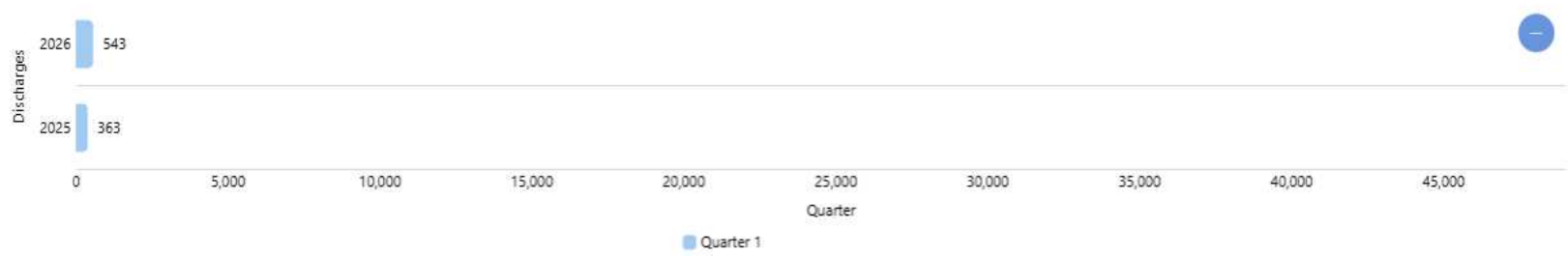
Total Charges	Payor Mix by Financial Class FY2025	Payor Mix by Financial Class FY2026	Total Charges
44,971,248			87,802,608

Net Revenue (Incl. Supplemental Payments)			Net Revenue (Incl. Supplemental Payments)
8,835,597			14,261,614

Variable Cost			Variable Cost
5,254,062			9,516,469

Contribution Margin			Contribution Margin
3,581,535			4,745,145

Cases by Discharge FY Q



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

Issue: **FY2026 Proposed Organizational Goals**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Governing Board Strategic Planning Committee receive an update on the Strategic Planning Committee organizational performance goals; and take any action deemed appropriate.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will review the organizational performance goals for FY26.

Cleared for Agenda
December 11, 2025

Agenda Item #
5

UMC
UNIVERSITY MEDICAL CENTER

Organizational Goals Update – FY26

December 11, 2025

FY26
Strategic Planning Committee Goals

- Continue to deliver clinical and overall financial outcomes in the existing five focused service line reviews of the Strategic Planning Committee
- Add, implement, and measure a sixth focused service line review for Interventional Radiology
- Scope and analyze the establishment of a liver care service, including the future potential growth into liver transplant
- Enhance strategic initiatives in furtherance of the Academic Health Center
- Determine the next step(s) of UMC's Master Plan and secure appropriate funding for the first phase

Organizational Performance Goals

Add, implement, and measure a sixth focused service line review for Interventional Radiology

- Interventional Radiology Service Line is active and continuing to growing
- New procedures and programs launching:
  - Limb Salvage Program
  - Y90 Treatment for Liver Cancer
  - Prostate Embolization
  - Genicular RF Ablation
  - Renal Denervation
  - Cryoneurolysis of Lower Extremity
- Using Strata to measure volumes and financial performance

Organizational Performance Goals

Scope and analyze the establishment of a Liver Care Service, including the future potential growth into liver transplant

- Soft opening of the Liver Care Clinic for low acuity patients on October 8, 2025
- Sharing clinic space with the existing Transplant Clinic
- Nurse Practitioner hired
- Identifying and recruiting an MD to staff the clinic twice per month
- 18 patients seen to date
- Internal marketing to begin December 11, 2025 for UMC Primary Care physicians

Organizational Performance Goals

Enhance Strategic Initiatives to further the Academic Health Center

- **UNLV Dental Anesthesia Residency** – Launched July 1, 2025
- **GME Reform** – Active involvement in Federal and State Bipartisan legislative efforts
- **Academic Software Implementation** – Resident Management Suite
- **Radiology Residency Program** – Target start date: July 2026
- **Interventional Radiology (IR) Residency Program** – Target Start 2027/2028
- **Roseman Medical Student Affiliation and Rotations in 2026/2027**
- **Department of Defense SkillBridge Program** – Military/Civilian workforce partnership
- **Academic Affiliation Portfolio Expansion** – Library partnership, simulation lab development, Affiliation agreement sited for Radiology Residency
- **Mission Zero Act (MZA) Grant** – $215,000 application for 2026
- **GME State Grant Funding**
- **Expanding Military Medicine Specialty Training**
- **UMC/UNLV Community Engagement Educator**
- **Resident Recognition Campaign**
- **Academic Summit**

Organizational Performance Goals

Determine the next step(s) of UMC's Master Plan and secure appropriate funding for the first phase

- Continued progress on completing UMC's Master Plan, including:
  - Drawings
  - Bed counts
  - Projected costs
  - Financing