



UMC Strategic Planning Committee Meeting

Thursday, December 5, 2024 9:00 a.m.

UMC Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
December 5, 2024, 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 October 3, 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 a report regarding UMC Service Line Market Share Update; and direct staff accordingly. *(For possible action)*
6. Receive a report regarding Overall Market Comparison; and direct staff accordingly. *(For possible action)*
7. Receive an update on the FY25 Organizational Performance Goals; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

8. 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

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.

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
October 3, 2024**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, October 3, 2024
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 9:00 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. Don Mackay
Renee Franklin (Via WebEx)
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
Ernest Barela, Physician Practice Plan Administrator
Emelia Allen, Assistant 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 15, 2024. (For possible action)

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

SECTION 2. BUSINESS ITEMS

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

DOCUMENT SUBMITTED:

- Market Data

DISCUSSION:

Mr. Jones provided an update on the service line market data.

UMC is number 4 in the market and quarterly trends have decreased year over year.

The committee asked if there was a way to adjust the trend to reflect the number of beds relative to like facilities.

In general surgery, UMC holds #3 in the market with 11.4% of the market. There was discussion regarding actual number of surgery beds throughout the hospital.

In orthopedics, UMC has decreased slightly in the market. UMC is at #2 in the market, down .5%. There have been challenges with expansion in the clinic location.

In cardiac services, volumes are increasing in the market share. UMC holds 8.2% of market share. UMC is at #6 in the market.

Children's Hospital holds 18.63% of the market and remains #3 in the market after Sunrise and Summerlin.

In Women's services, the volume has been trending downward during the quarter. UMC is at #9 in the market.

FINAL ACTION TAKEN:

No action 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:

Mr. Marinello reviewed the Service Line Updates for general surgery, orthopedics, cardiology, oncology and ambulatory. He noted that FY25 first quarter updates are not available.

First case on time starts has risen to 64% with a goal of 80% by the end of the year. There has been an update in policy to decrease late start times. Fifteen minutes would be considered late. Room turnover has gone up 6 minutes from last quarter. Same day cancellations have been tracked since July; the rate is currently at 12%, with a goal of a 5% or less cancellation rate. The solution includes 7-day patient outreach with scheduling to be 3-4 days prior to surgery. There was continued discussion regarding the variance between inpatient vs. outpatient cancellations and the benefits of employed anesthesiologists, which has reduced cancellations.

UMC has purchased the latest DaVinci Robot with a go-live set in October. UMC is the first hospital in the state to offer this technology. There has been collaboration within the industry to increase and diversify robotic surgery in the community.

General surgery renovation will be staged with 2 rooms at a time in order to maintain cost effectiveness. A 3rd heart team has been added due to increased volumes. Research projects promoting our organization will be submitted for UMC Research Empowerment day. These will be submitted for publication in peer journals in the future. Technology strategies in Epic were discussed, as well as multiple capital purchases.

Mr. Marinello briefly reviewed updates in orthopedic services, which remained consistent to the previous report. The team continues to show improvement in joint class attendance and discharge to home percentages. The goal is to strive to reach Center of Excellence certification. Mr. Marinello showed slides of the dashboard used to track and measure goals. Operational updates and strategic next steps were reviewed. UMC will be adding 2 new triage physicians to the clinics in September and October, a new trauma surgeon in December and a pediatric trauma surgeon in November.

Cardiac services show increased volumes and there have been 120 TAVR cases performed to date. New procedures starting in October are the renal ablations and sleep apnea procedures. Marketing campaigns for cardiac services will be launched in late November.

In Women's and Children's the NICU reunion is scheduled for October 26th at the Clark County Amphitheater. UMC is working with the community physicians to bring deliveries and surgeries to UMC.

Primary care volumes are up 22% and quick care volumes are below budget 9% due to the intermittent closure of the Sunset and Nellis locations. Mr. Marinello continued with a brief review of service line statistics and expense opportunities.

There was continued discussion regarding capacity at the primary care locations and challenges and improvements in patient scheduling at the clinics. It was noted

by Ms. Sexton, CIO, how patients are able to schedule appointments through MyChart, as well as open scheduling for patients that are not established patients at UMC. Average incoming referrals are 11,500 per month. Expense opportunities, strategic next steps and technology strategies were reviewed briefly.

FINAL ACTION TAKEN:

None taken

ITEM NO. 7 Receive a report regarding UMC Ambulatory Operations; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

None

DISCUSSION:

Mr. Marinello provided an overview of data how UMC manages its referral system.

For the month of July, UMC transferred 371 patients from clinic locations, and 88 were admitted. In August there were 460 with 107 admitted from various locations.

Chair Hagerty asked if data is available for tracking patients that go to other hospitals. A lengthy discussion ensued regarding helping patients remain within the hospital system, in order to obtain the best patient care and outcomes.

Next, Mr. Marinello reviewed the referrals that are coming from the clinic locations to the Ortho clinics. We received approximately 300 patients during the months of July and August.

The committee would like to see market share financials for the next meeting.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (For possible action)

DISCUSSION:

1. Update Performa on Rehab for 4th and 5th Floor project.
2. Update on the pathway toward Center of Excellence in Stroke. What is the stroke side of cardio and how will it help reach this certification. Mr. Marinello will also bring an update on the stroke/cardiology logo that was at the Cath Lab dedication.

There was continued discussion regarding a Medical Office Building (MOB) on campus.

3. Outreach to community leaders and influencers to build our reputation within the community. Brand leader in the community.

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 Mackay that the go into closed session pursuant to NRS450.140(3). Motion carried by unanimous vote.

At the hour of 10:15 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 11:21 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 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 data.

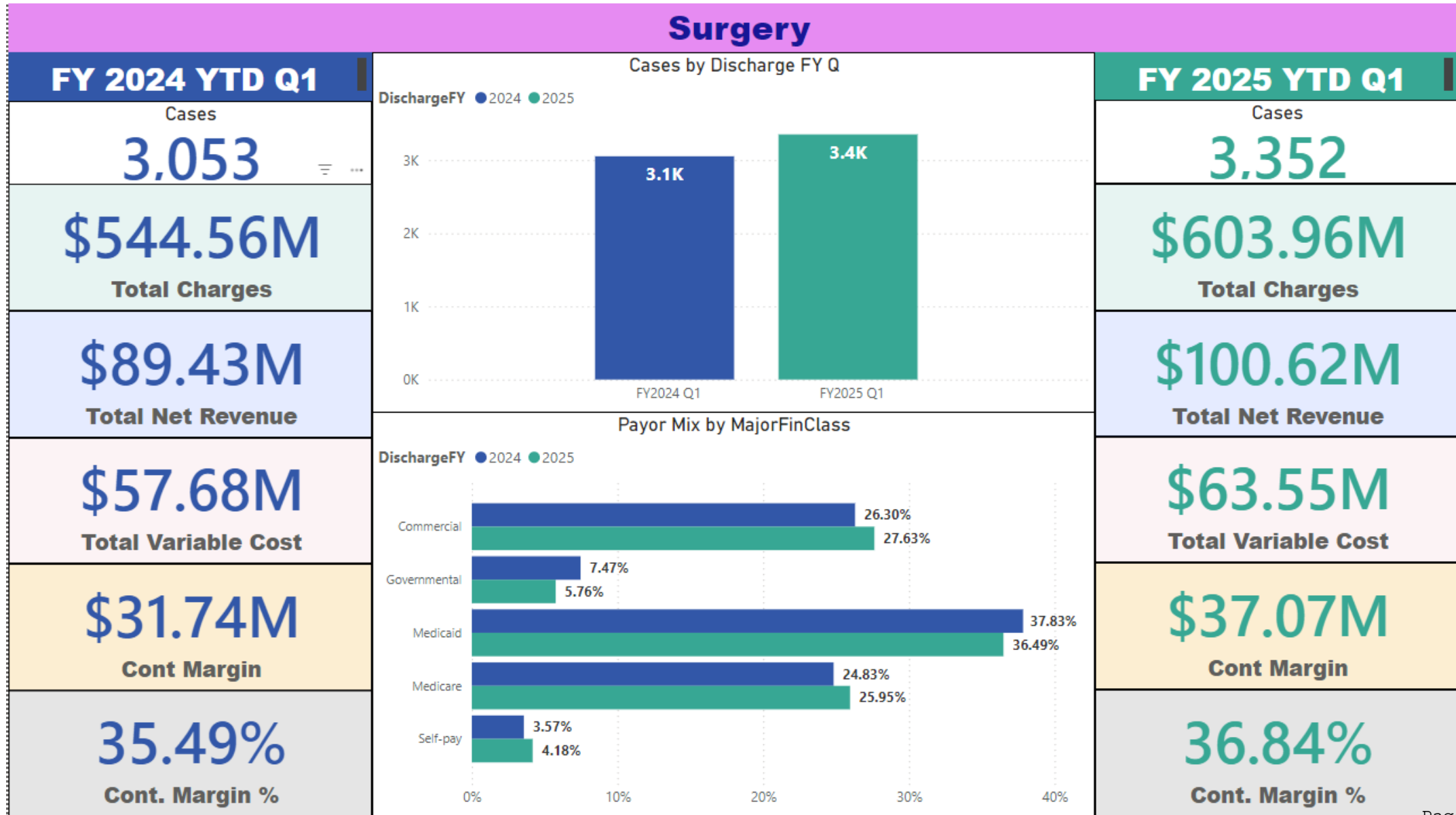
Cleared for Agenda
December 5, 2024

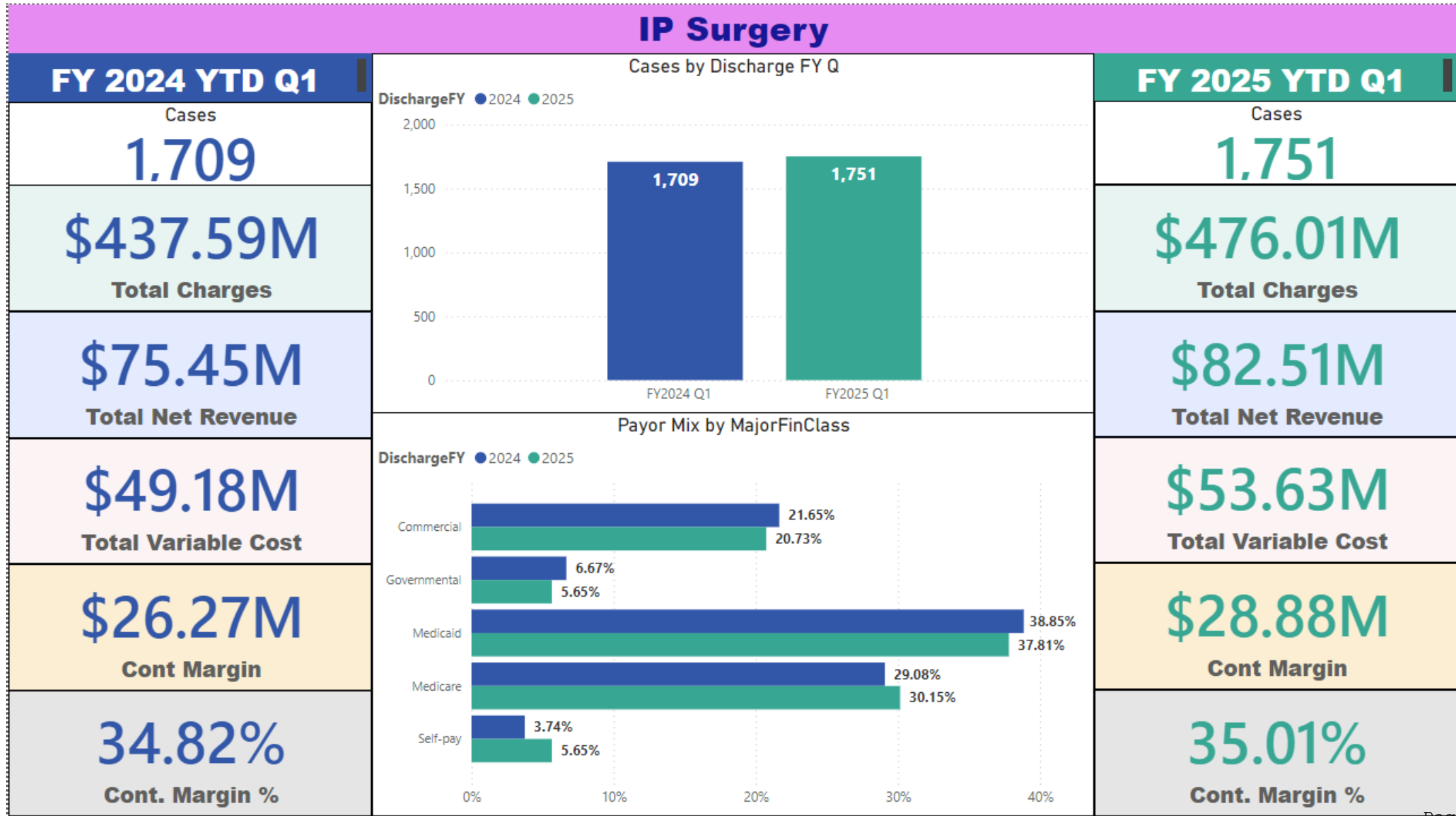
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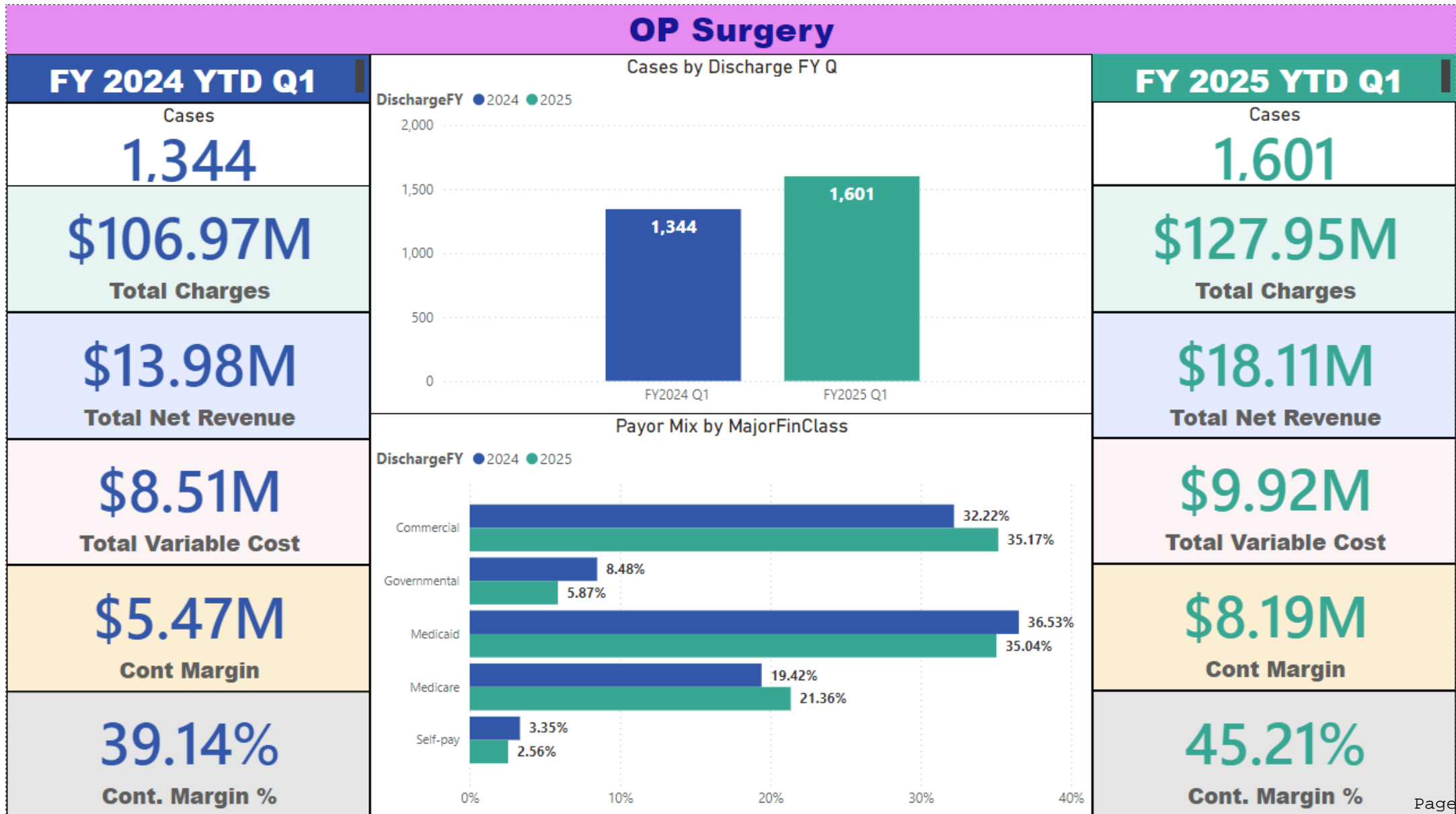
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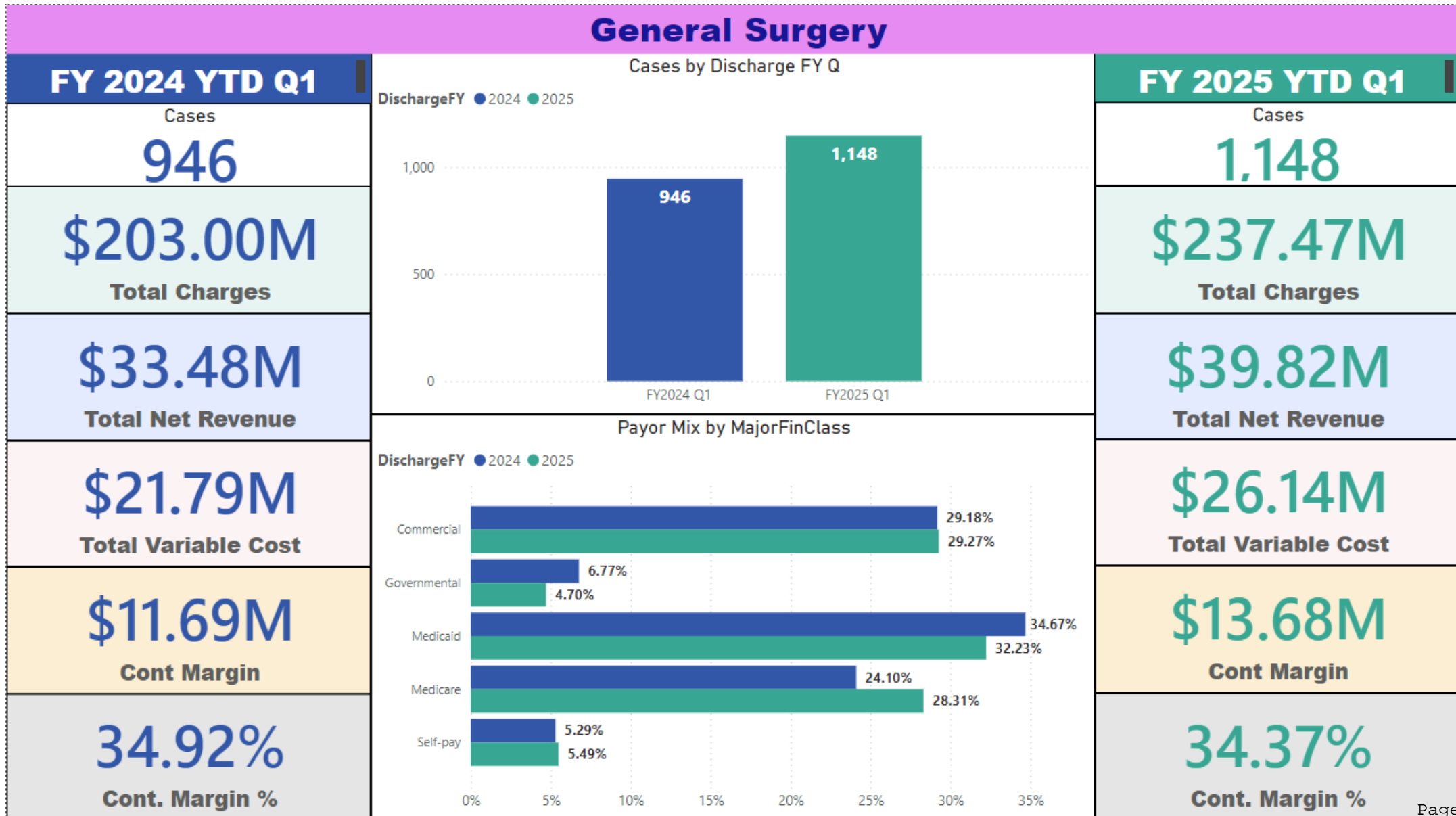


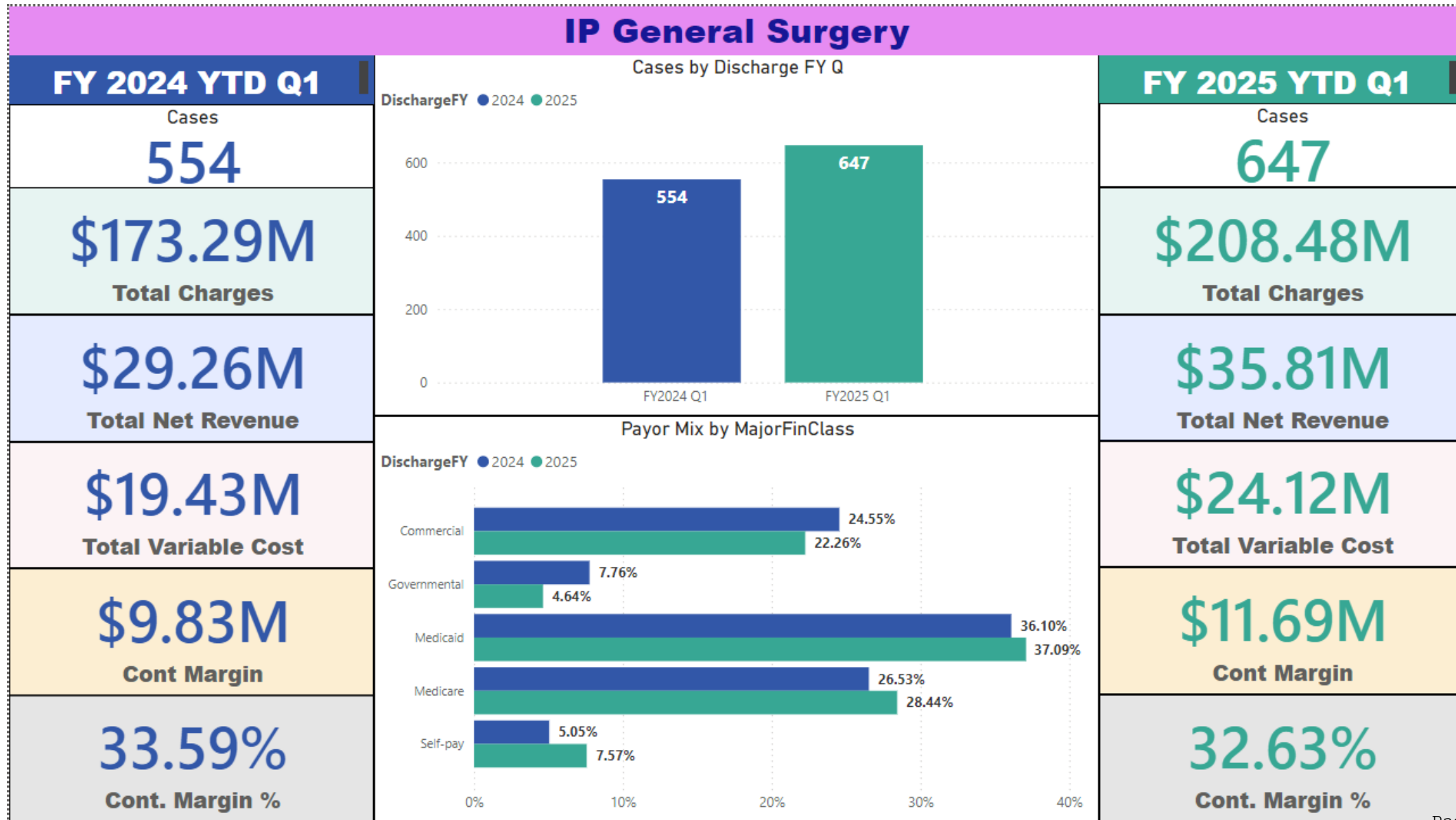
Strategy Committee
Service Line Update
December 5, 2024











OP General Surgery

FY 2024 YTD Q1

Cases
392

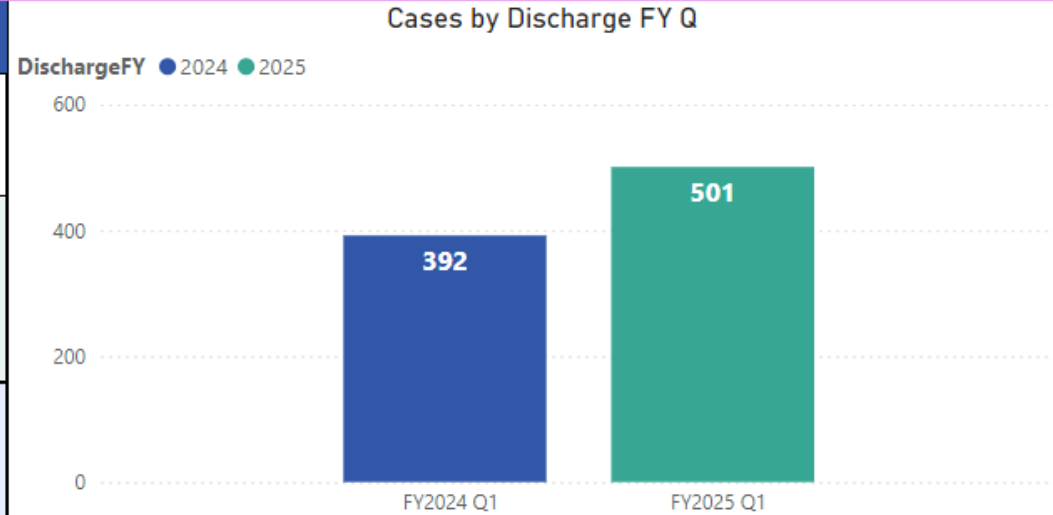
\$29.71M
Total Charges

\$4.22M
Total Net Revenue

\$2.36M
Total Variable Cost

\$1.86M
Cont Margin

44.15%
Cont. Margin %



FY 2025 YTD Q1

Cases
501

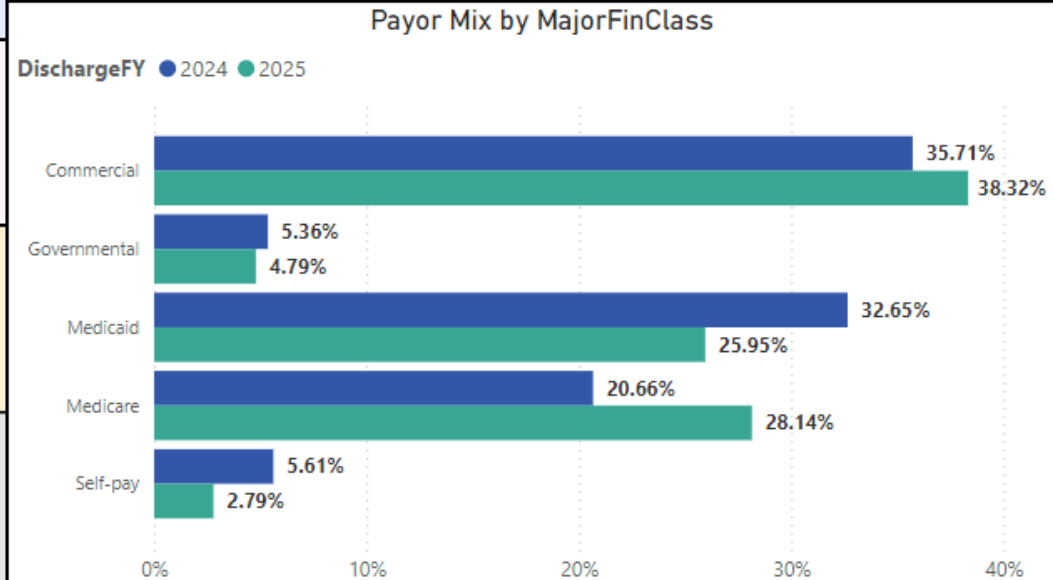
\$28.99M
Total Charges

\$4.01M
Total Net Revenue

\$2.01M
Total Variable Cost

\$2.00M
Cont Margin

49.83%
Cont. Margin %



Operational Update

- Guidelines and implementation of corrective actions pertaining to perioperative documentation and KPI initiatives
 - FCOT has risen to 66% (up 2%) with a goal of 80% by the end of the year
 - FCOT policy approved Nov 2024. Enforcement of policy violations with help of CMO and Administration
 - Weekly posting of compliant and non-compliant surgeons
 - Room Turnover Times at 33 minutes (down 3 minutes from last quarter)
 - Solutions include: Finalized Consistent EVS staff, Charge RN participating in the turnover, and cleaning post procedure
 - 24 hr. Cancellations at 12% for same-day cancellations, tracking enhanced in July. Industry standard is 5% or less
 - Solutions: 7-day patient outreach with scheduling to be 3-4 days prior to scheduled surgery and use of the new EPIC build
- Institution of evidence-based protocols to decrease surgical site infection rates and hospital-acquired pressure injuries
 - Monthly multi-disciplinary meetings to discuss incidents on a case-by-case basis to decrease HAI's and Pressure injuries
 - Implementation of SCIP criteria. Already seeing decreases since last quarter.
- Rebirth of Robotic Surgery Program under UMC leadership and with partnership with Intuitive
 - Robotic volume increase seen (up 46% over last quarter). Highest volume ever noted since inception of Robotic Surgery Program
 - Increasing the number of credentialed robotic surgeons
 - Increased the diversification of robotic cases offered (General, OB/GYN and Thoracic Surgeons)
- Utilization improvements
 - Addressed overextension of block allocation and underutilization
 - Prime Time Utilization increased by 12% compared to Q2 2024
 - 12/03/24: "Go Live" date to move more complex surgical cases to the L&D OR's to enhance continuity and patient experience

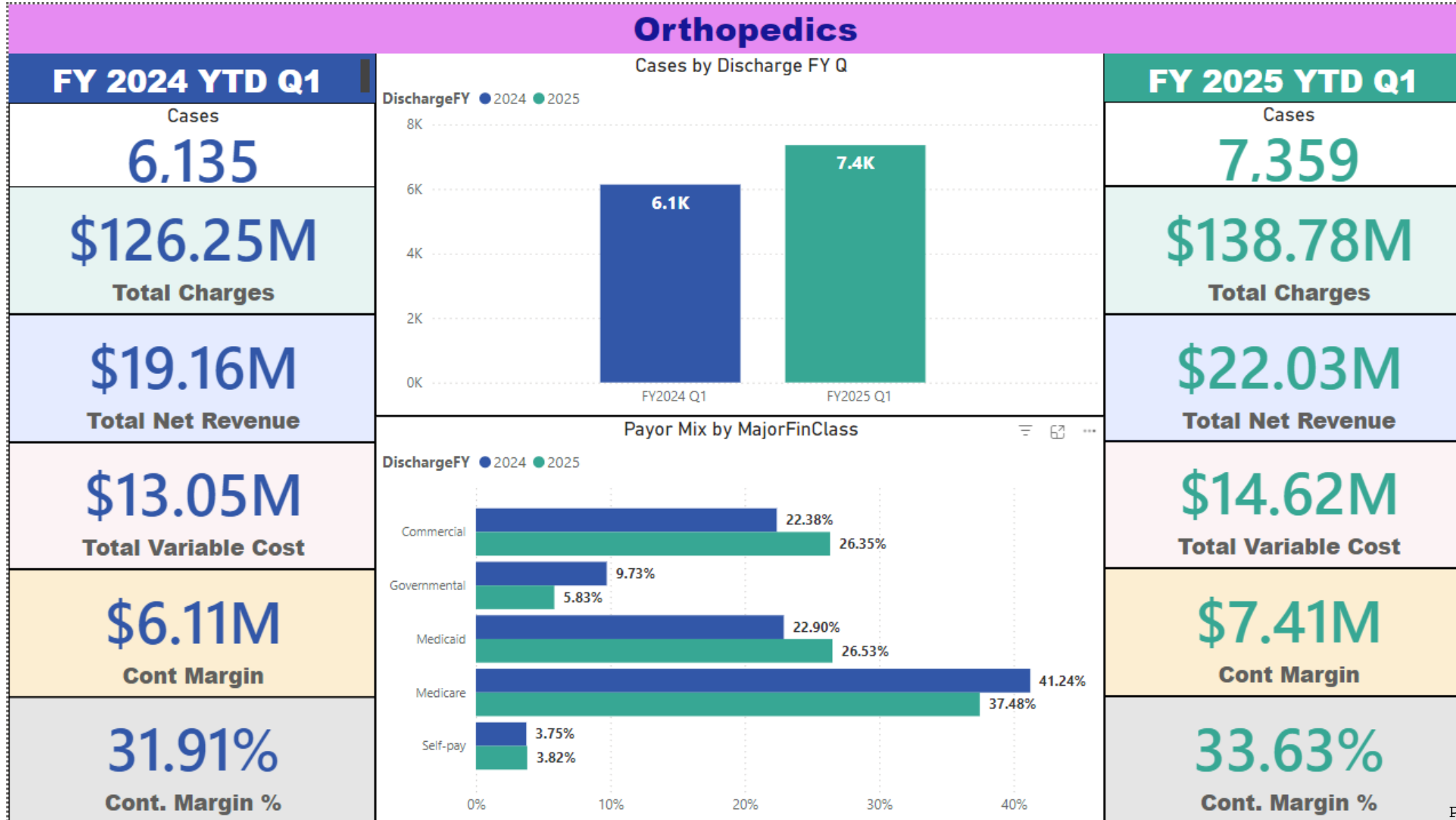
Strategic Next Steps

- OR Renovation Capital Plan – Remaining OR's (Main OR rooms 1, 2, 3, 4, 9, 10, 11 and 17)
 - Staging plan is to complete 2 rooms at each phase
 - Update of electrical capabilities, ceilings, plumbing, airflow, and square footage expansion in 4 of the rooms
 - Currently reviewing a potential to add 4 large OR Suites
- 3rd Heart Team added
- Refinement and promotion of evidence-based staff research projects and education initiatives that originate within and promote our organization
 - The OR department submitted nine abstracts to the UMC Research Empowerment Day held on 12/03/24 (plan to submit these for publication in peer journals in the future)

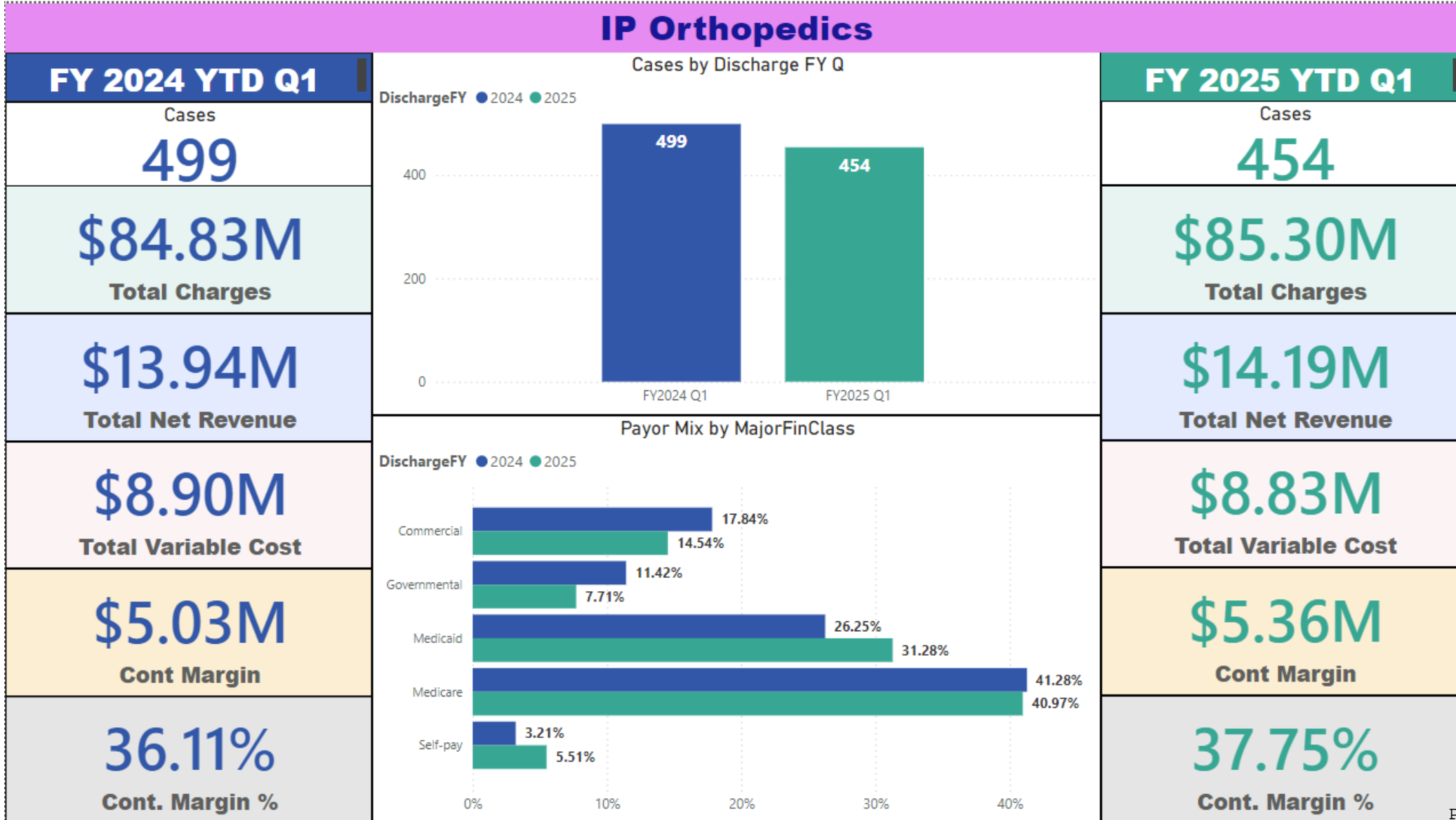
Technology Strategy

- Maximization of Optime in EPIC underway
- Capital Purchases
 - Robotic Bed, Cameras and Supplies
 - Engage a Consultant to redesign SPD Work area
 - Faxitron for Breast Biopsies (Specimen Imaging)
 - New Back Tables and Ring Stands

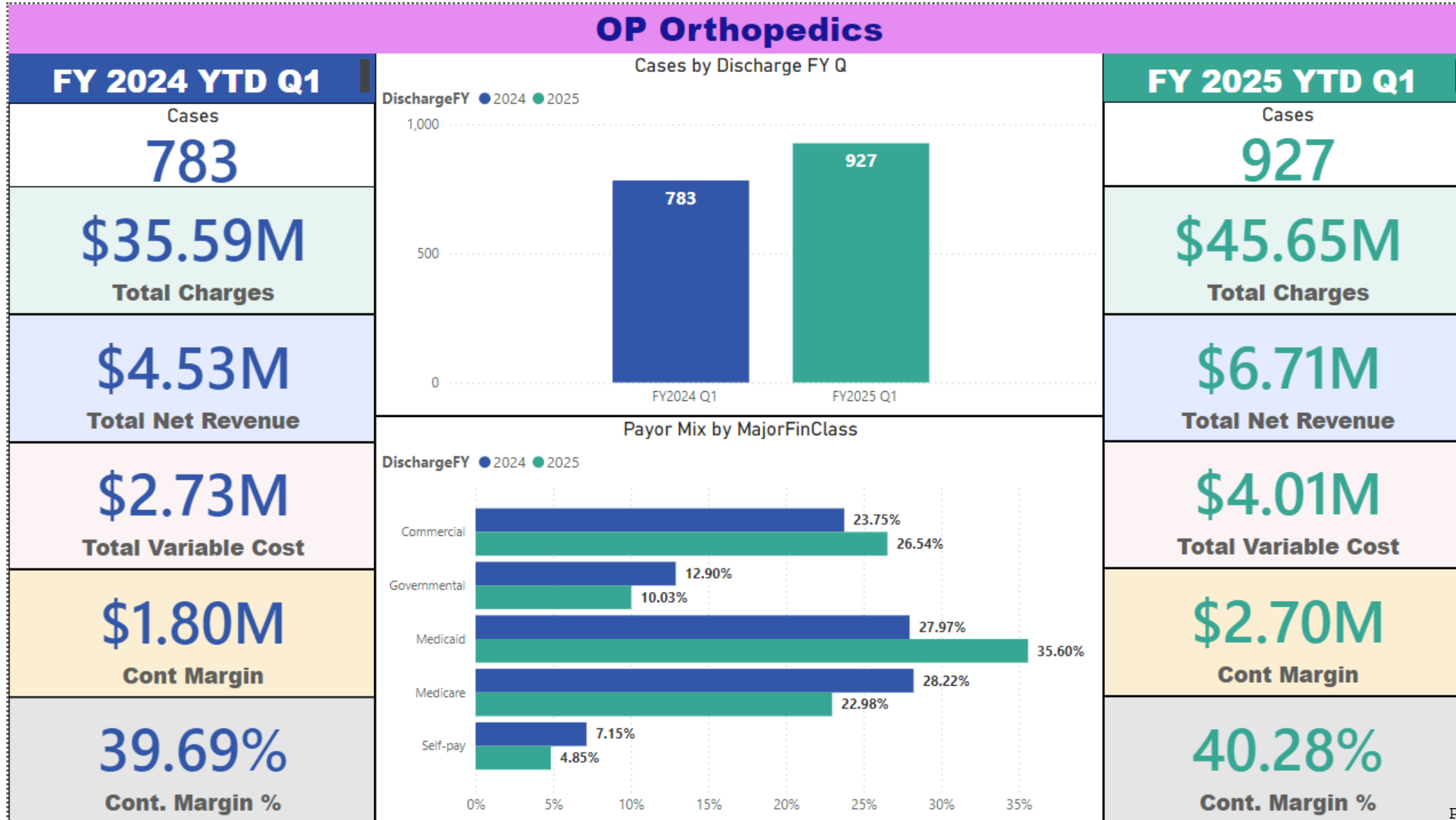
ORTHO HOSP IP/ OP and CLINIC



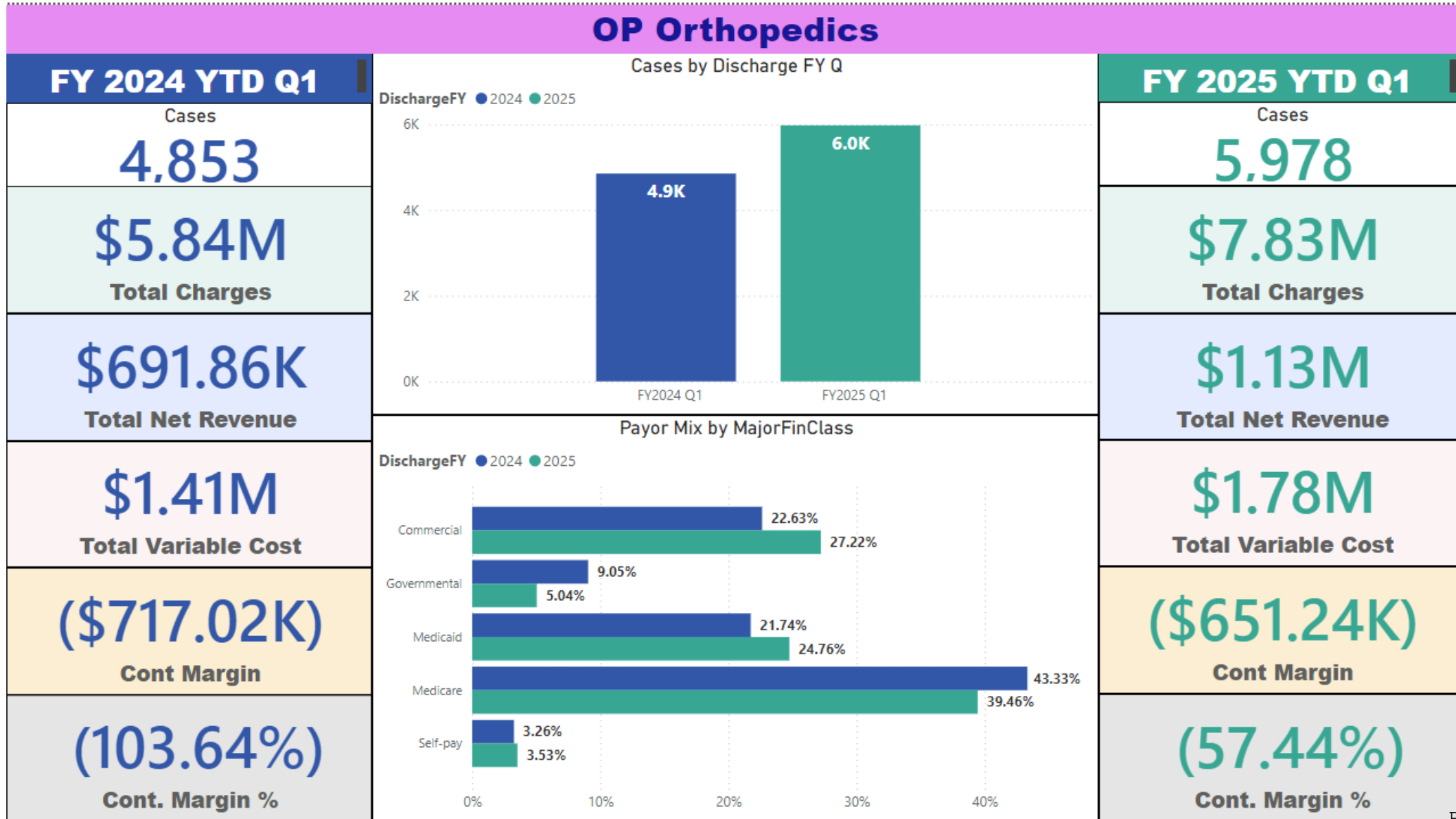
ORTHO HOSP IP



ORTHO HOSP OP



ORTHO CLINIC



Service Line Update

Operational Update

- Total Hip/Knee Arthroplasty: 140 Total Shoulder Arthroplasty: 33
 - Integrative Joint Camp Class attendance is 78% (down 3%). Have also added a Spanish class once a month
 - Regional Block for Total Hip/Knees down to 89% (down 5%) Hip blocks up from 79% to 89% and Knee blocks stable at 100%
 - Early Ambulation is 89% (down 8%)
 - Discharge home is 70% (down 23%)
 - Length of Stay at 2.9 days (Benchmark of 1.98)
 - Zero CLABSI, CAUTIs or SSI (Q4 FY 2024)
- Completed Dashboard/Reports for Orthopedic & Spine Center AAOS

Expense Control and Revenue Enhancement

- Focus on decreasing LOS, that can be discharged to home
- The Ortho Nurse Navigator has met with UMC Hospitalist group and reviewed post-operative order needs for the Ortho patients
- Orthopedic Program Meeting is in place quarterly to ensure that all aspects of the program are met and streamlined
- BDO Team developed DME process, to be put in process and monitored by Unit Director and PT Director

Strategic Next Steps

- Work with Business Development Officer to ensure inpatient and outpatient Orthopedic Program is cohesive
- Apply for Hip/Knee Advanced Certification (DNV criteria now formalized)

Orthopedic Services IP OSC Dashboard

Service Line Update

FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quarter)	3Q FY 2024	4Q FY 2024	1Q FY 2025	Oct-24	Nov.-24	Dec.-24	2Q FY 2025	Data Analysis/Improvement	Action
Total Hip Arthroplasty Procedural Totals	40	23	31	47	12	14				
Total Knee Arthroplasty Procedural Totals	50	39	35	33	21	13				
Total Shoulder Arthroplasty Procedural Totals	13	6	9	27	4	2				
Procedural Totals (Hips, Knees, and Shoulders combined).	103	68	75	107	37	29				
THKR-IP-1 Regional Anesthesia (Block)										
THKR-IP-1a Regional Anesthesia - Hip and Knee Overall		84%	82%	94%	94%	89%				
THKR-IP-1b Regional Anesthesia - Hip	80%	61%	65%	90%	83%	79%				Add regional block to Pre-operative order sets, discuss with Anesthesia
THKR-IP-1c Regional Anesthesia - Knee	81%	97%	97%	100%	100%	100%				
THKR-IP-2 Postoperative Ambulation on Day of Surgery										
THKR-IP-2a Postoperative Ambulation on Day of Surgery - Hip & Knee Overall		97%	97%	97%	100%	89%				
THKR-IP-2b Postoperative Ambulation on Day of Surgery - Hip	82%	96%	100%	100%	100%	93%			Patients are being ambulated within 4 hours postoperatively, even in PACU	Continue early ambulation and Ortho Nurse Navigator will be working with PACU team
THKR-IP-2c Postoperative Ambulation on Day of Surgery - Knee	83%	97%	94%	94%	100%	85%			Patients are being ambulated within 4 hours postoperatively, even in PACU	Continue early ambulation and Ortho Nurse Navigator will be working with PACU team
THKR-IP-3 Discharged to Home-Hip and Knee										
THKR-IP-3 Discharged to Home-Hip and Knee Overall		89%	87%	93%	94%	70%				
THKR-IP-3 Discharged to Home-Hip	84%	96%	87%	81%	100%	64%			Percentage of patients DC'd to Rehab. For Nov. we have 5 pts DC to SNF, & 4 pts DC to IRF.	Set expectation for discharge to home before surgery
THKR-IP-3 Discharged to Home-Knee	85%	85%	83%	89%	86%	77%			Many patients discharged to Rehab	Set expectation for DC home and have chillers on hand to go home with patient
Discharged to Home-Elbow	85%	100%	100%	0 pt	0 pt	0 pt			3Q FY 2024 we had 2 elbow patients both DC home; Q4 FY 2024 we only have one elbow	
Discharged to Home-Shoulder	85%	91%	93%	85%	75%	50%			Nov -2 Shoulders, 1 D/C home, 1 D/C to SNF	

THKR-IP-4 Preoperative Functional/Health Status Assessment

THKR-IP-4 Preoperative Functional/Health Status Assessment- Hip and Knee Overall within 90 days to surgery and 90 days postoperatively	100%	100%	92%	84%	70%	81%				PROMs done in Joint Class or PAT. ONN collects them and sends out EPIC reminders
THKR-IP-4 Preoperative Functional/Health Status Assessment- Hip within 90 days to surgery and 90 days postoperatively	100%	100%	94%	85%	67%	86%				
THKR-IP-4 Preoperative Functional/Health Status Assessment- Knee within 90 days to surgery and 90 days postoperatively	100%	100%	91%	79%	71%	77%				

THKR-IP-5 Postoperative Functional/Health Status Assessment

THKR-IP-5 Postoperative Functional/Health Status Assessment- Hip and Knee Overall within 300-425 days	100%									Still reviewing and setting up how to collect data
THKR-IP-5 Postoperative Functional/Health Status Assessment- Hip within 300-425 days postoperatively	100%									
THKR-IP-4 Preoperative Functional/Health Status Assessment- Knee within 300-425 days postoperatively	100%									

FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quarter)	3Q FY 2024	4Q FY 2024	1Q FY 2025	Oct-24	Nov.-24	Dec.-24	2Q FY 2025	Data Analysis/Improvement	Action
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Other Quality Measures

Pre Surgery Education (Joint Camp Attendance)	↑ 85%	↓ 52%	↑ 78%	→ 81%	→ 81%	78%			All physicians need to send patients to class.	Ka is adding shoulder and elbow classes. Also added a spanish class once a quarter
VTE Prophylaxis	↑ 100%	↑ 100%	↑ 100%	↑ 100%	↑ 97%	100%				
ERAS Orders Utilized	↑ 100%	↓ 56%	→ 80%	↓ 71%	→ 79%	78%			Some are not familiar of how or where to find them, some have created their	Pre-Op ERAS order sets being reviewed
Pre Op Carbohydrate Drink	↑ 100%	↓ 63%	↓ 62%	↓ 64%	↓ 70%	70%			Review ERAS order sets	Review process (PAT vs Clinic)
Antibacterial Bath (CHG)	↑ 100%	→ 98%	↓ 97%	↑ 100%	↑ 100%	100%				Review process (PAT vs Clinic)
Nasal Decolonization (62% alcohol nasal swab)	↑ 100%	↓ 90%	↑ 100%	→ 94%	↑ 97%	↑ 100%				
Surgical Site Infections	0	2	1	1	*	*			Just got reports from Infection Control for Q4 FY 2024 & 1Q FY 2025	*Not reported to date
CLABSI	0%	0%	0%	0%	0%	0%				
CAUTI	0%	0%	0%	0%	0%	0%				
Fall Rates	0	0	0	2	0	0				
Length of Stay	1.98	4	3	2.4	2.5	2.9				
Length of Stay Greater than 5 days	<3	4	3	8	4	5				
Discharge Education	100%	100%	100%	100%	100%	100%				

Blue Distinction Specialty Program Metrics

90 Day Unplanned Readmission Rate	4.50%	2%		7.0%		1.0%			We have 6 Re-admissions this last quarter, 1 GLF, 1 increased pain, and 4 possible infections. Nov- 1 re-admission for Shoulder Revision	
90 Day Complication	4.20%									
90 Day Post-Operative Mortality	0.13%									

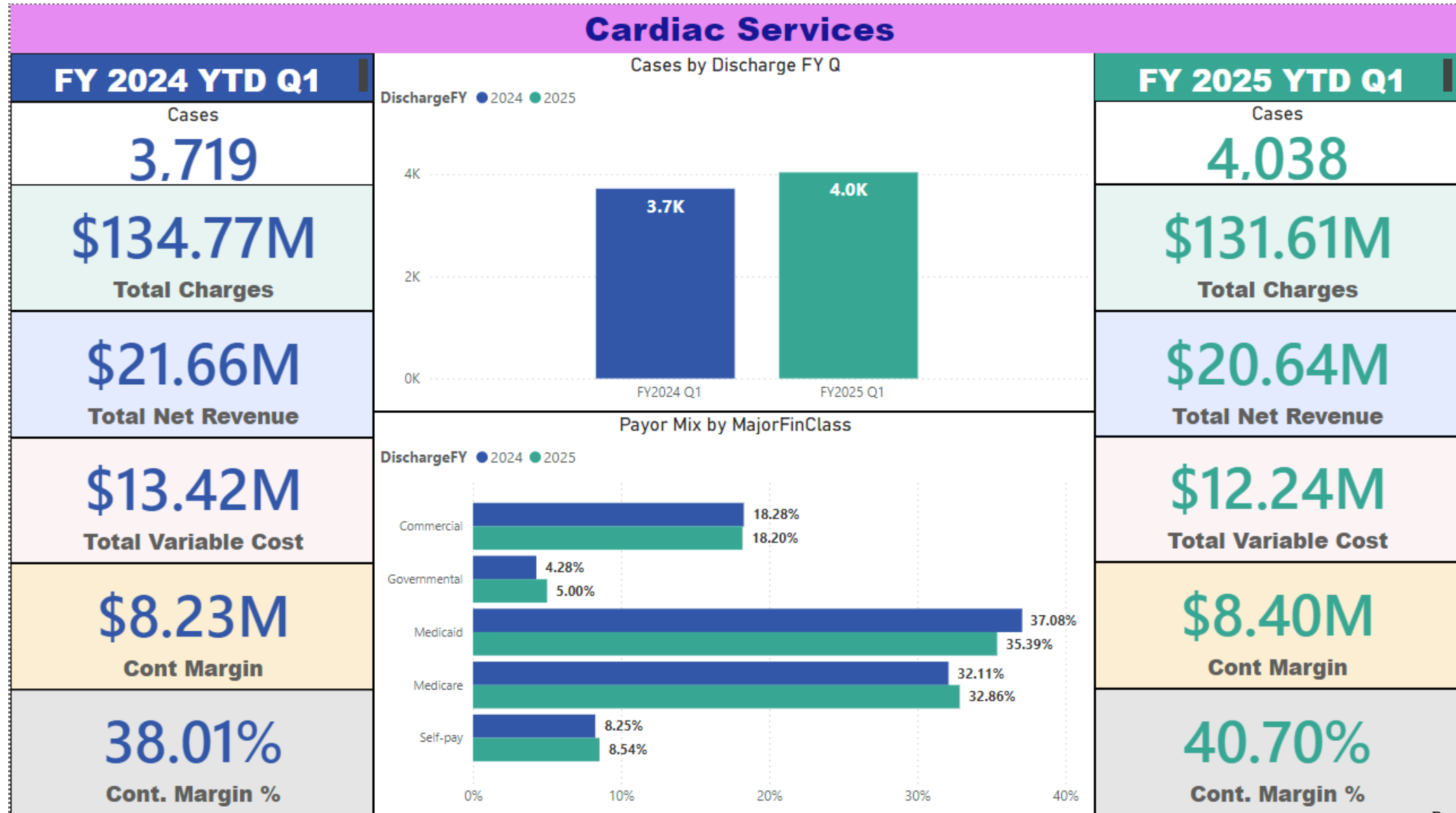
Service Line Update

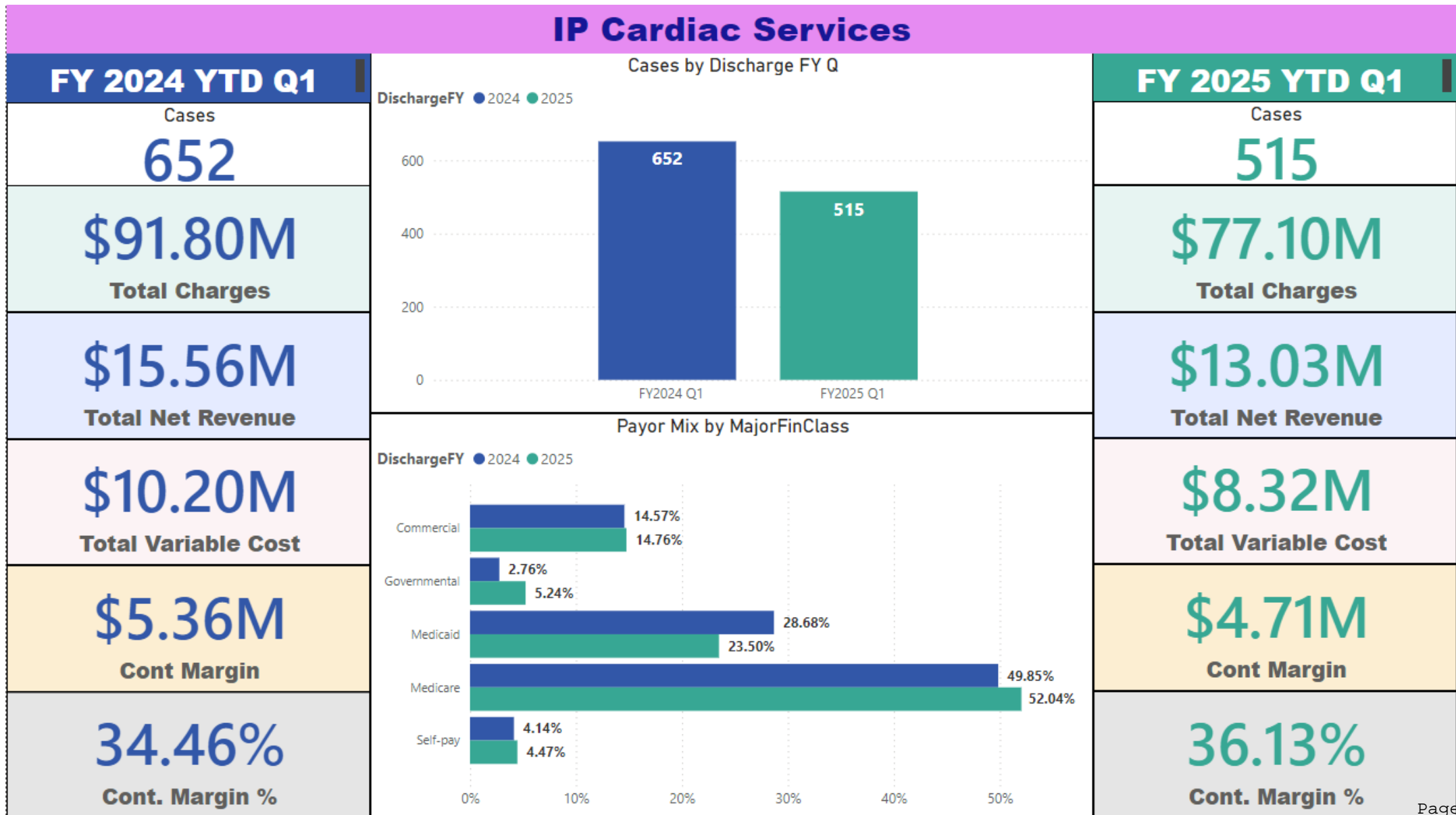
Operational Update

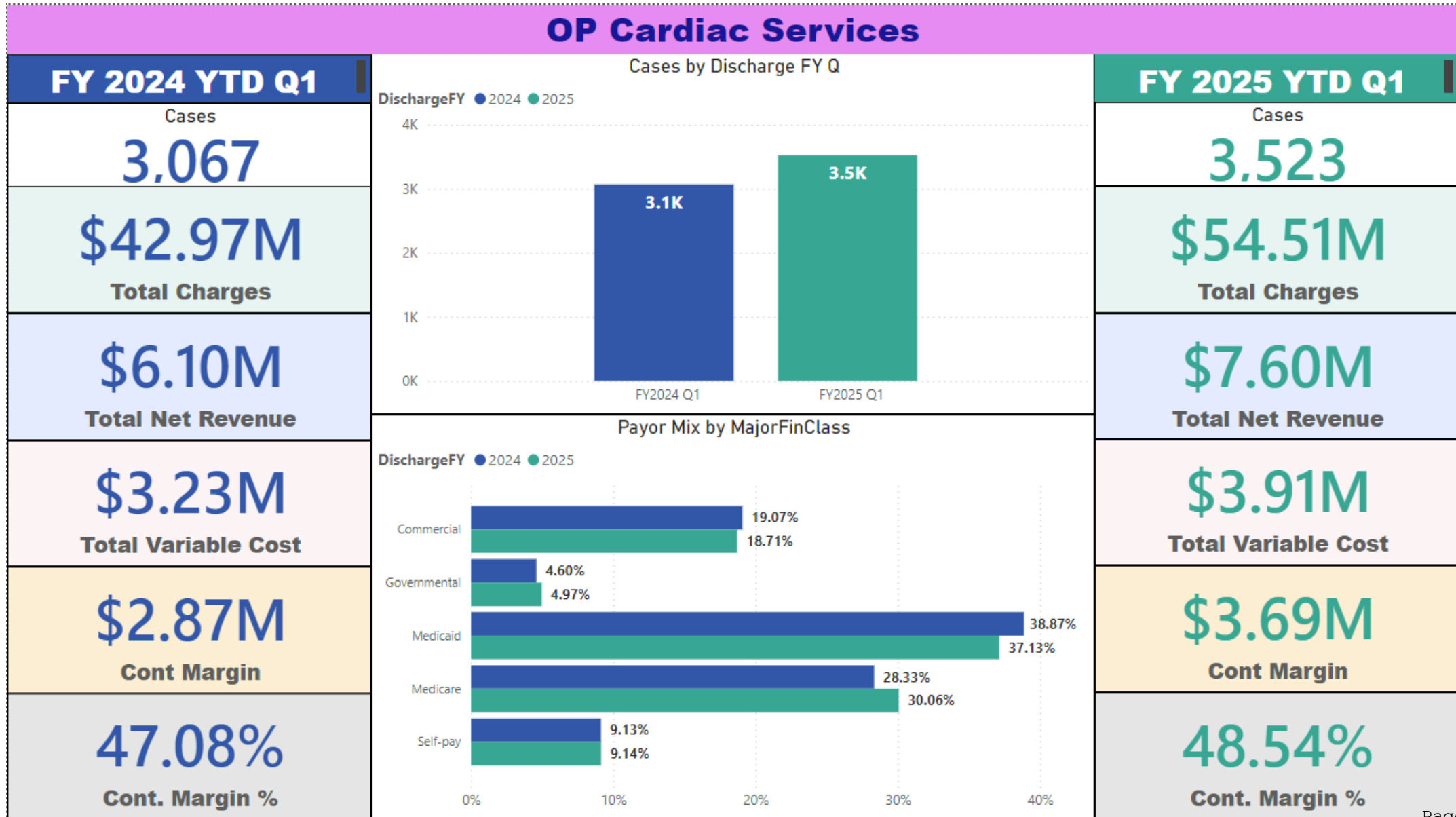
- Total number of Providers:
 - 12 Surgeons, plus one trauma fellow
 - 2 Non-operating physician
 - 4 APNs
- Orthopedic and Spine Institute of UMC Clinic (2024 versus 2023 first 10 months):
 - Elective Surgeries: up 33%
 - Total Surgical Cases: up 16%
 - Completed visits: up 4,934 visits
 - Incoming referrals: up 3,402 referrals
 - Call volume: up 7,359 calls
- Refresh the 2231 Charleston Ortho building to be completed by mid-December with both floors being fully operational

Strategic Next Steps

- Addition of 1 new Pediatric surgeon and another Trauma surgeon starting in December
- Reviewing Third clinic location, 1st and 2nd floors Lied building opening in 2025
 - 1st floor X ray suites under design
 - Long term expand into 3rd floor, once vacated late 2025
- PC MD, located on the second floor of Lied building is performing medical clearance for surgery
- Looking for Ambulatory Surgery Center (ASC) location







Operational Update

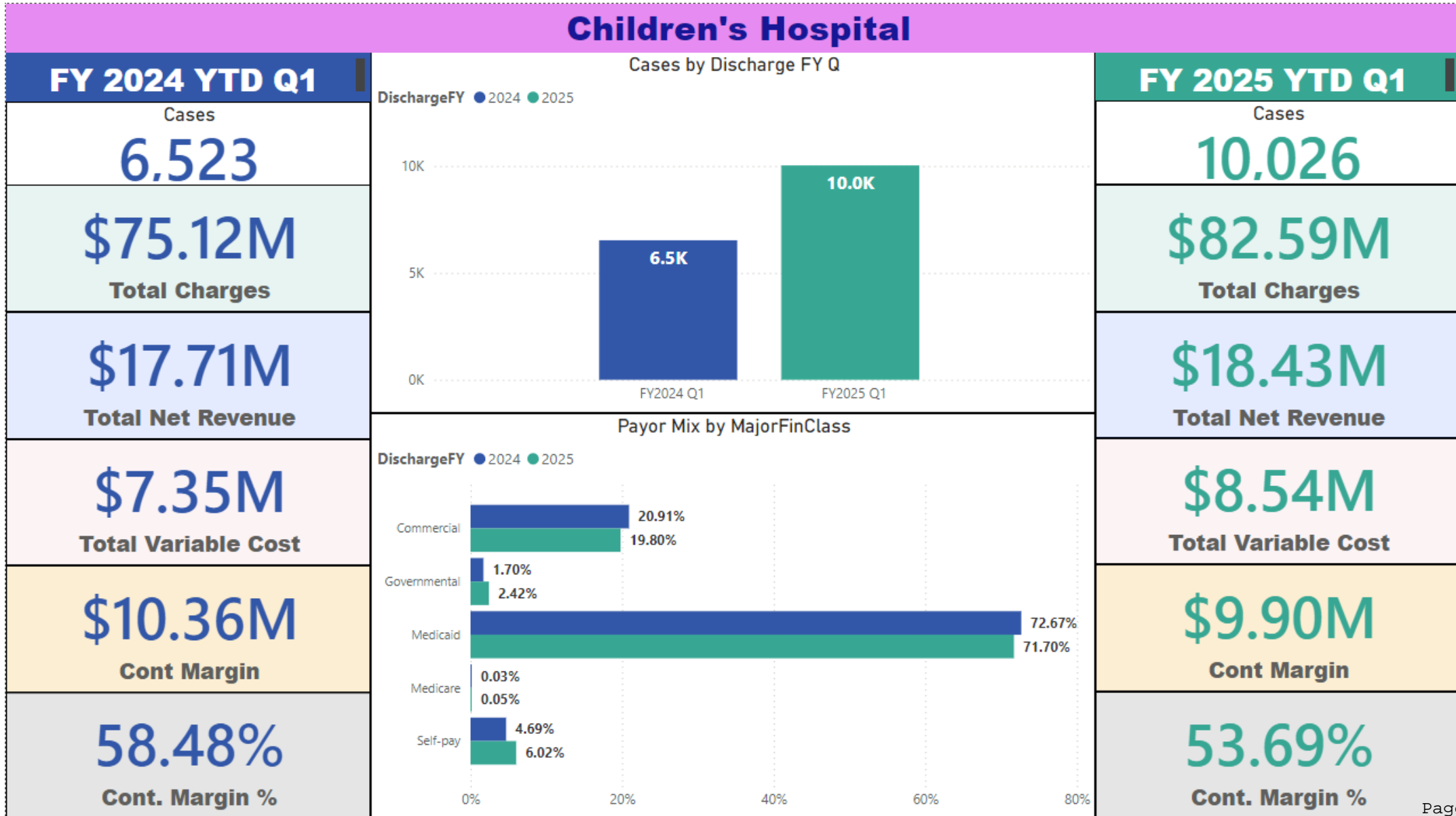
- Cath Lab 3 operational. Grand Opening was 10/08/24
- Cath volume averaging 200 cases per month. New Cath Lab is doing more complex cases without reducing routine procedures.
- TAVR program with 132 cases performed to date.
- Watchman (LAAO) - 118 procedures performed as of 12/1/2024
- Structural Heart program exceeding first year expectations with TAVR, Watchman and now PASCAL (first in state)
- Recently added new procedure, Amulett (LAAO device) that attracted another EP physician to operate at UMC.

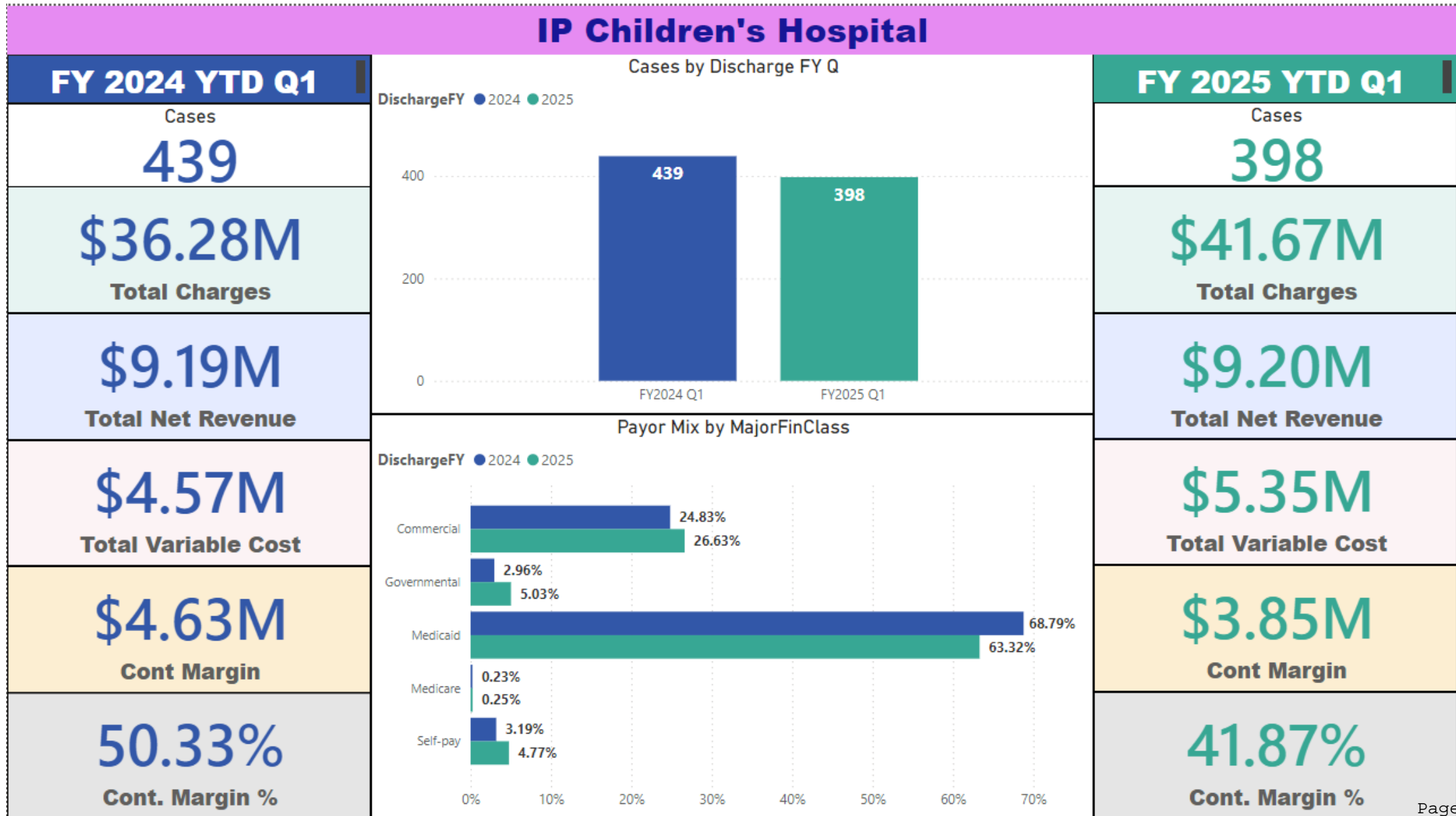
Expense Opportunities

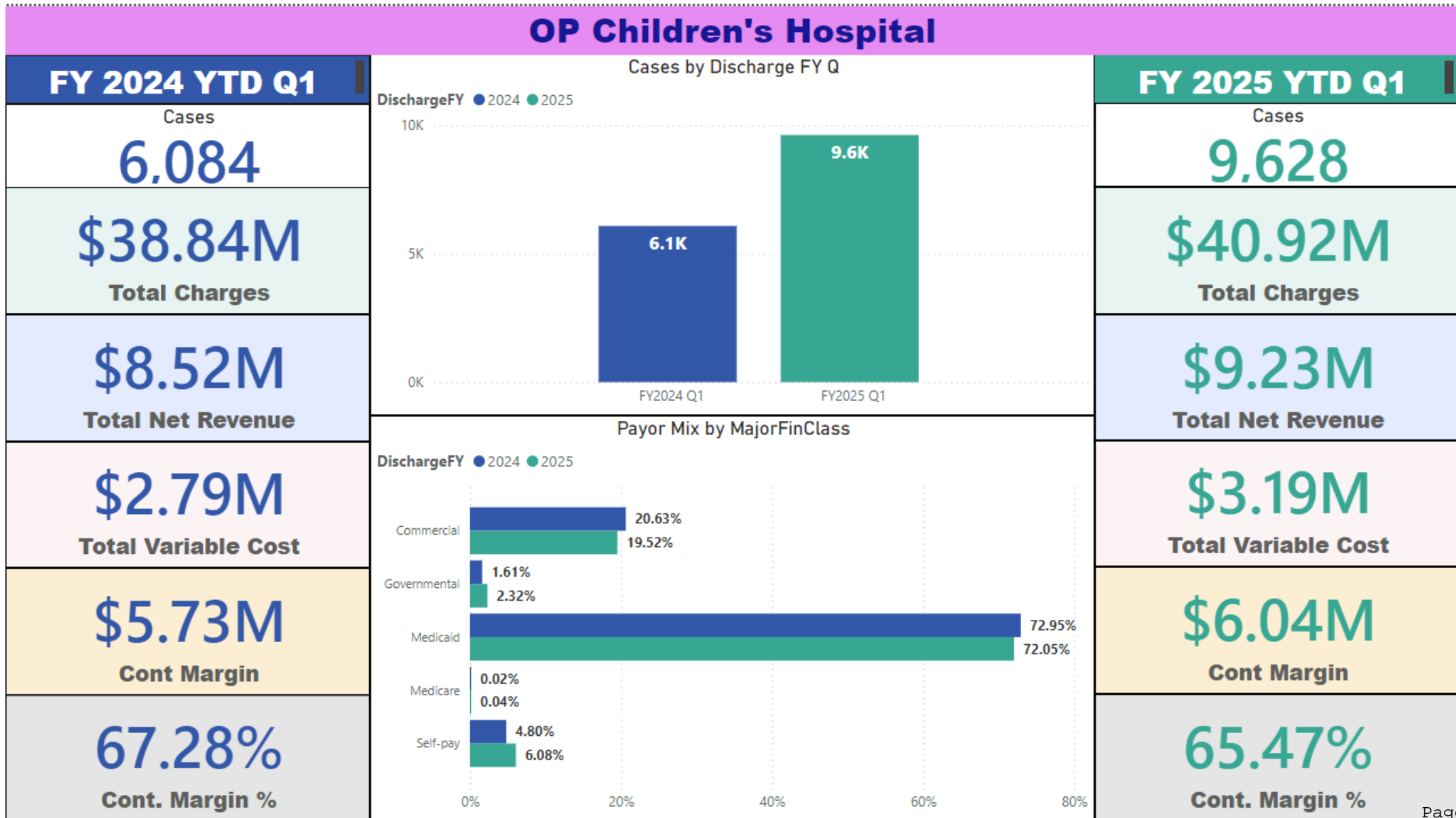
- Qualifying for all rebates and expect \$40K in rebates in Q2 FY25
- Switching to disposable surgical supplies to reduce sterilization costs and combat infections.
- \$150K Trade-in credit for Cryo machine, no longer in use. Will pay for Ngen EP equipment. Will allow use of less expensive disposables. Estimated savings of \$100K annually.

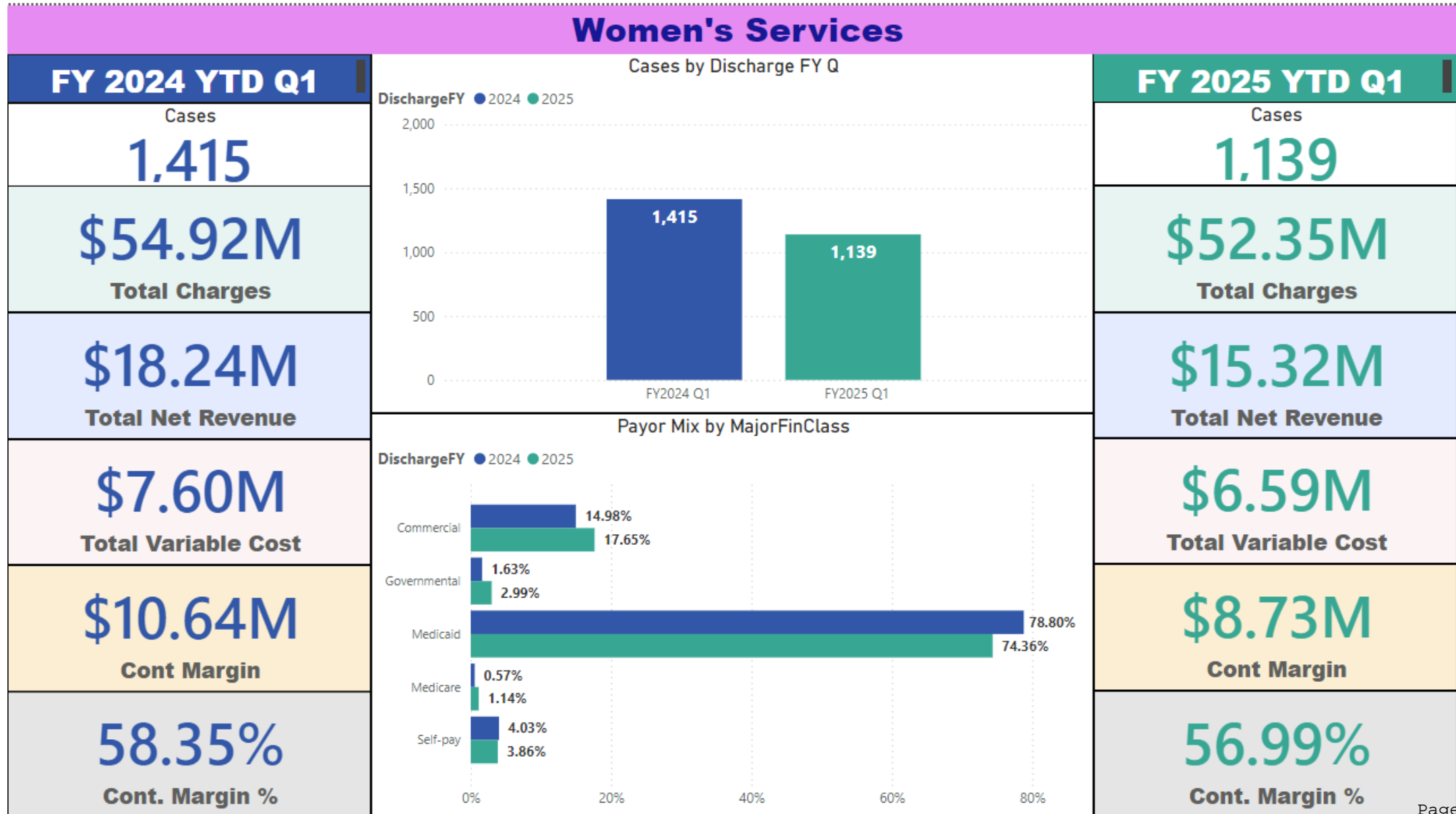
Strategic Next Steps

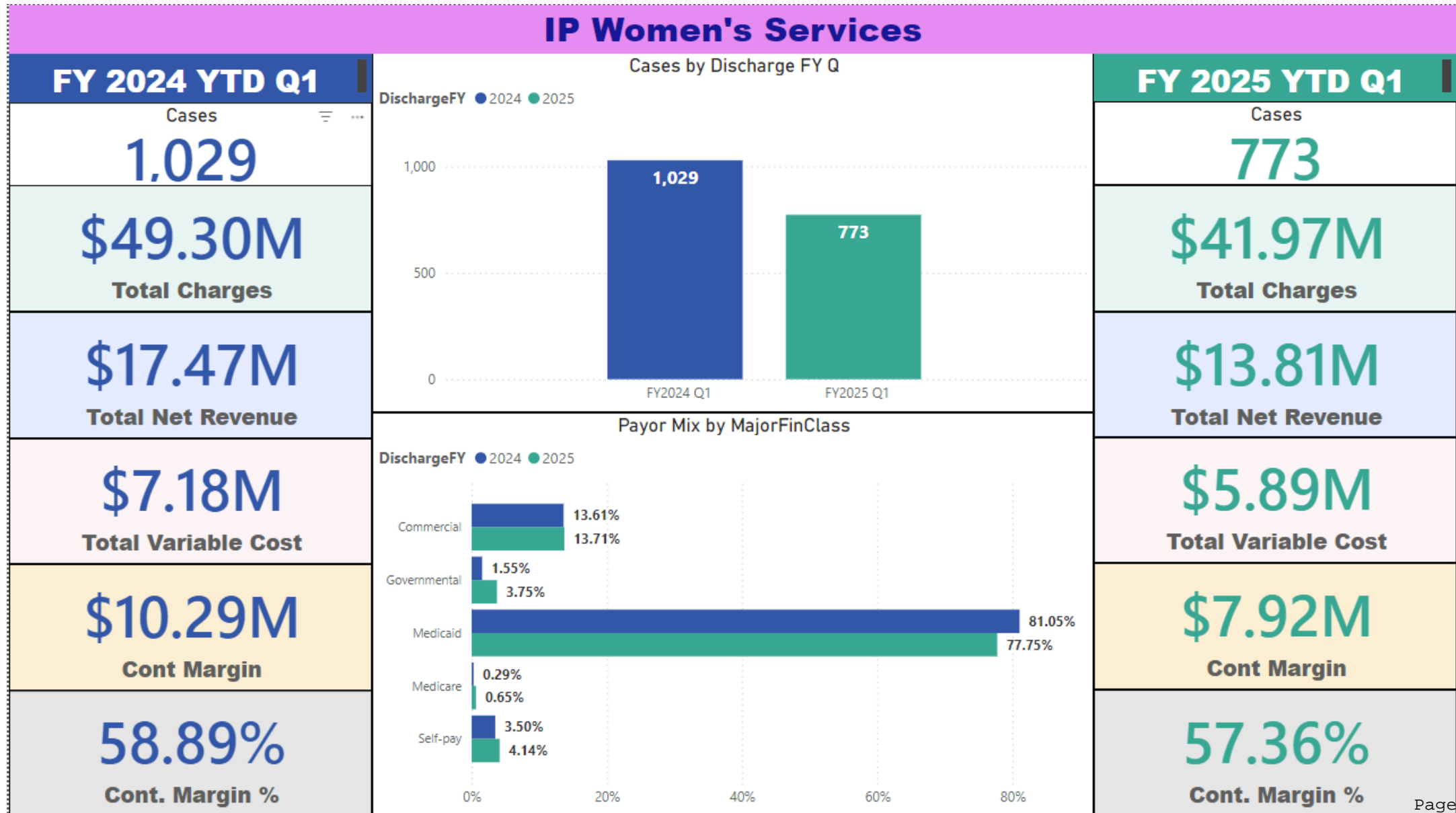
- Coordinate with cardiac/vascular physician practices in the market to drive additional procedures to UMC, such as complex peripheral cases. Evaluate additional procedures for inclusion in the Cardiovascular Department.
- Expand service line to include complex cases such as chronic total occlusions (CTO's) and advanced EP procedures (PFO).
- Starting Renal Ablations (for HTN). This will cast a wide net for our patients who do not respond to anti-hypertensive medications. Good reimbursement and steady stream of patients.
- Meeting with various vendors to incorporate robust inventory system to reduce waste and ensure just-in-time ordering.
- Work with marketing department to promote our quality cardiac program as a Center of Excellence.

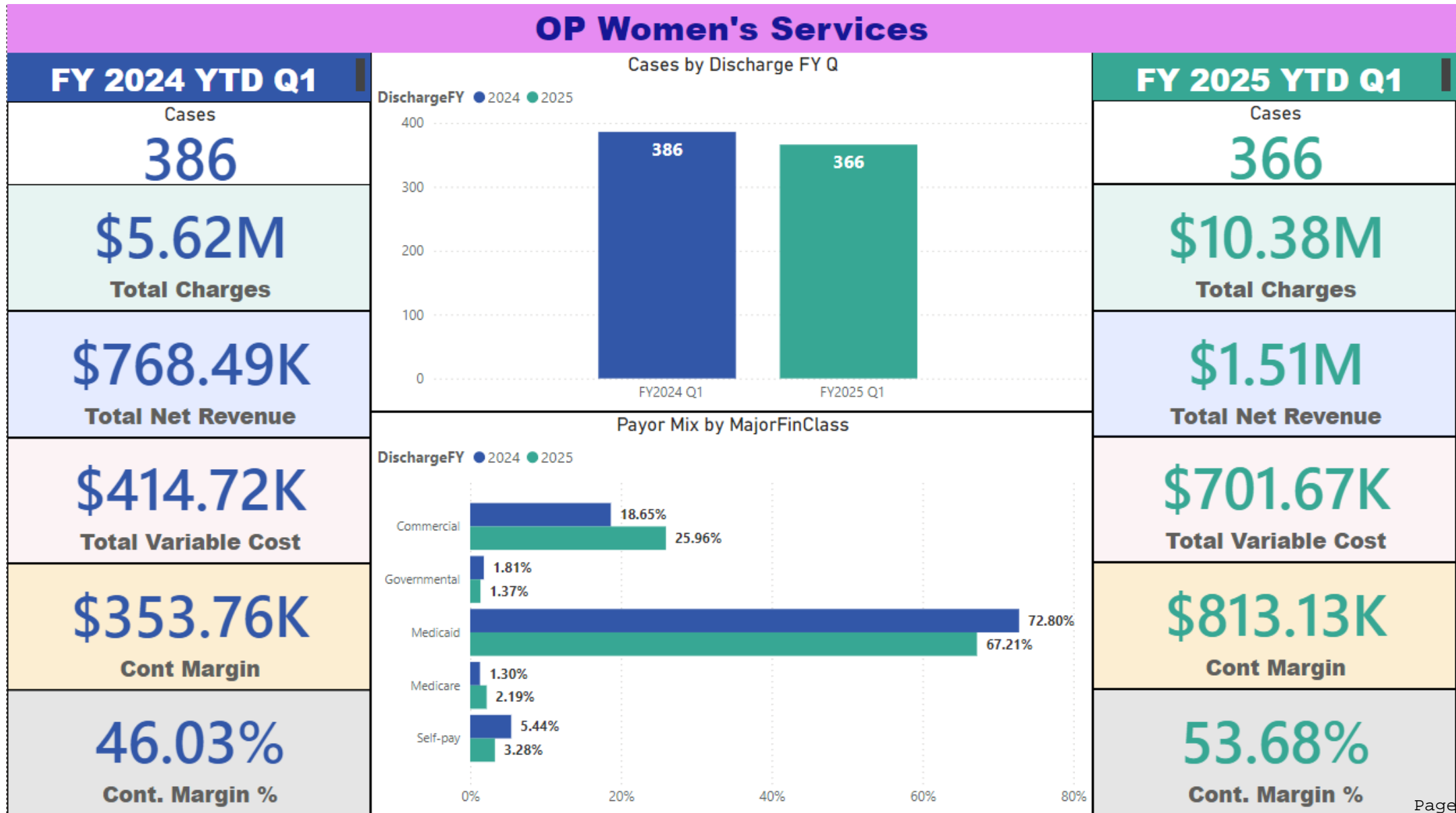












Service Line Update

Operational Update

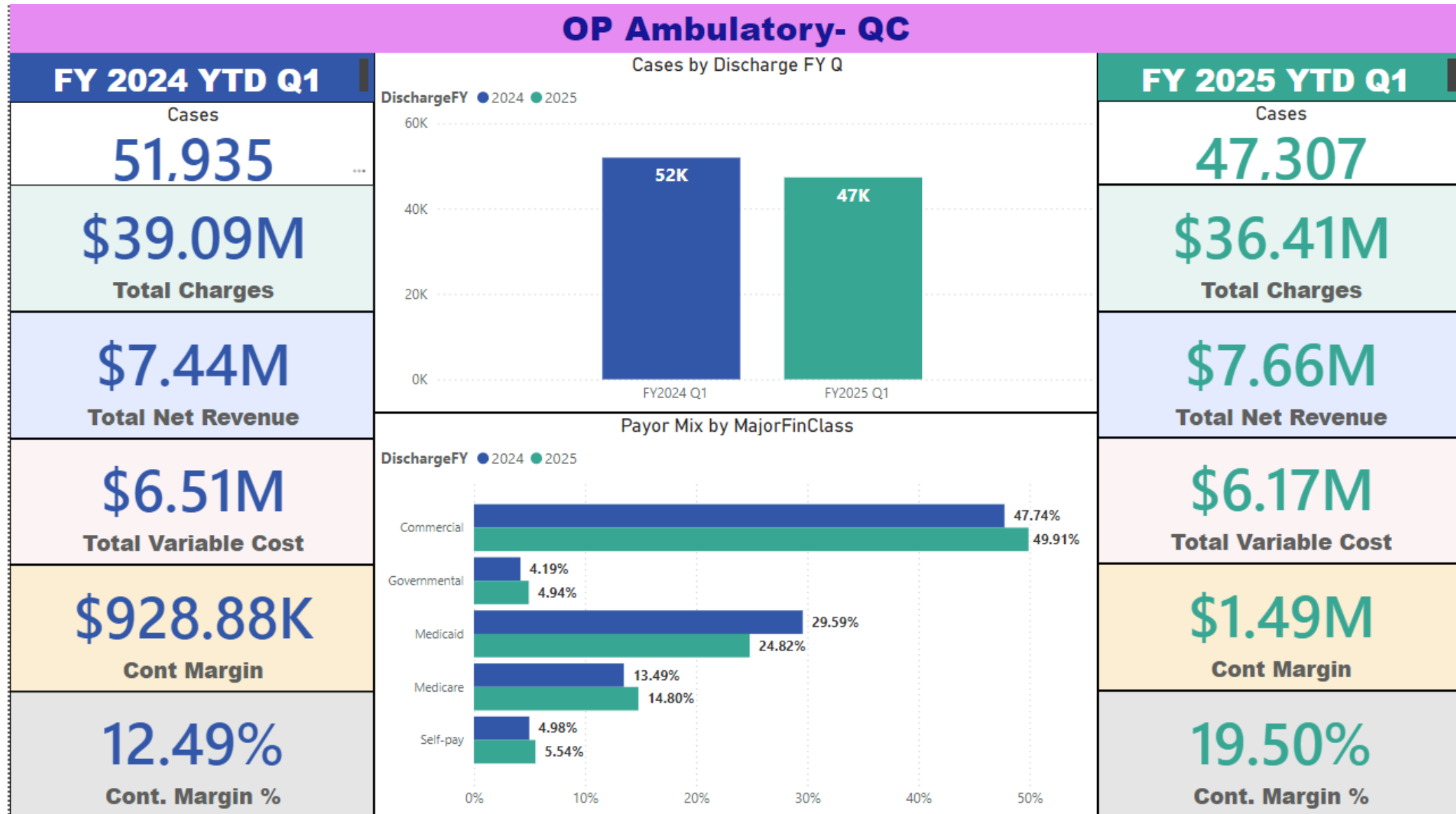
- Safe Sleep performance improvement project continues in Pediatrics – NICU and Perinatal remain Safe Sleep Gold Certified
- NICU reunion for NICU graduates was held October 26, 2024 at the Clark County Amphitheater – more than 200 NICU graduates attended
- A communication tool for non-verbal pediatric patients is being implemented by the Child Life Specialists
- PICU and Patient Experience working together to develop a volunteer policy
- Child Life Specialists rotating through the Ortho Clinic daily
- Working with community physicians to bring their deliveries and surgical business to UMC
- A Certified Diabetic Educator now available for both pediatric patients and pregnant women with pre-existing or gestational diabetes

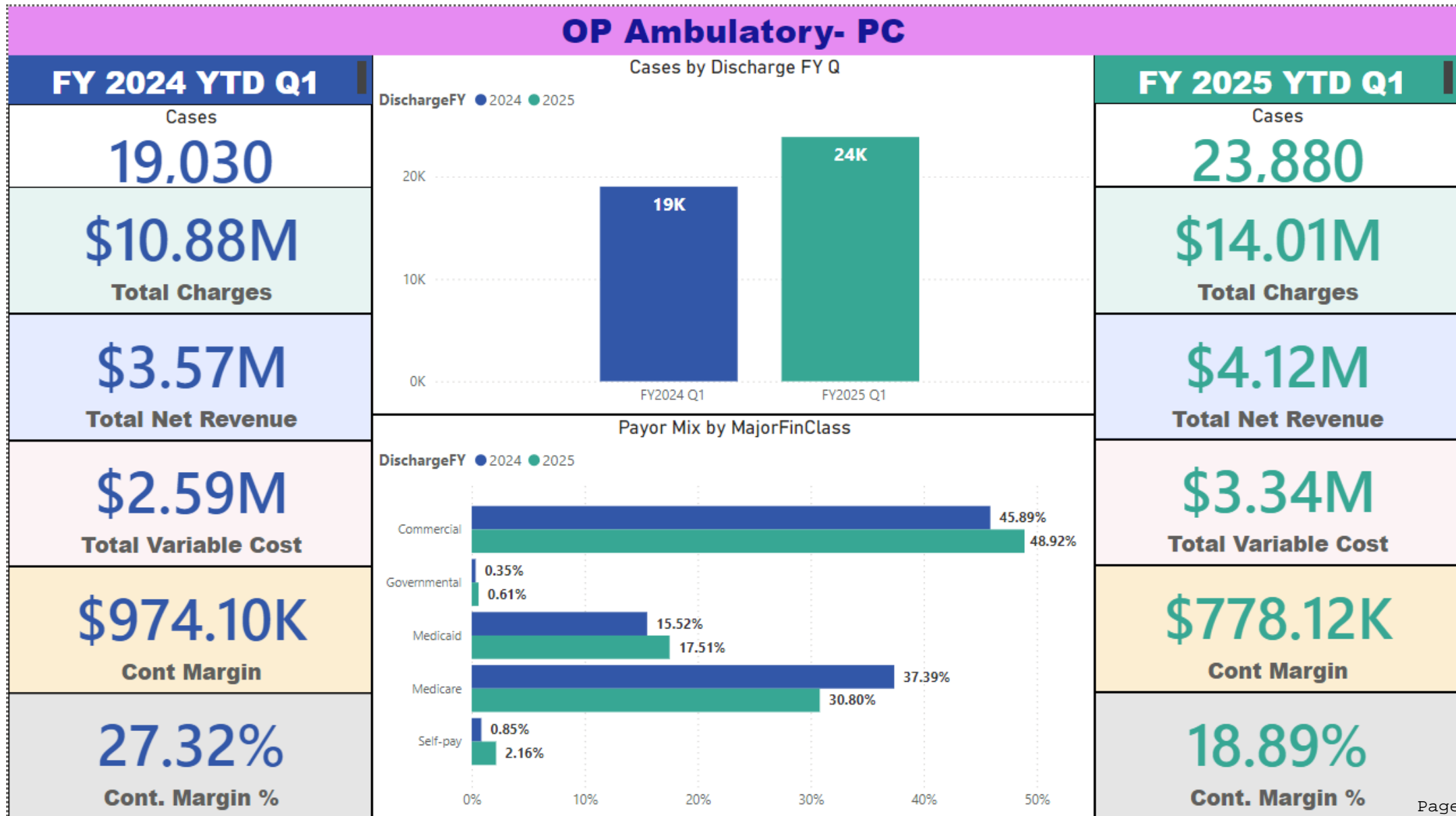
Revenue Enhancement

- Bedside OB Ultrasound revenue audit continues
- Antepartum Testing approved and EPIC build is ongoing
- EPIC build for Perinatal and outpatient procedures
- Some GYN procedures being done in the 7th floor OR's

Strategic Next Steps

- Pediatric interdisciplinary team is adopting a standardized treatment algorithm for asthma that could reduce LOS and improve outcomes
- Enhance Women's and Children's service line with Pediatric Transplants in the future
- Increase census of antenatal patients on the unit and encourage these patients to deliver at UMC
- Perinatal and Surgery continue working together in order to move some GYN procedures to the 7th Floor OR's
- Asthma protocol in development
- Site visit completed to gather ideas for a Pediatric Department refresh





Service Line Update

Operational Update

- Primary Care/Quick Care volumes
 - PC – 29,992 = 17% above budget
 - QC – 62,239 = 4% below budget – Sunset and Nellis closed intermittently for environmental concerns
- 76% PC Self-Scheduling utilization rate
- PC Average no show rate 13% - Goal is 10%
- 17,887 appointment reminder text messages sent via Hello World – this system went live July 2024
- QC Left without being seen – 0.01% (Vast improvement from the previous 4%)
- POS collection - \$1,142,123.88 - 3% below goal
- Call Center - 65,270 incoming calls
 - 7.8% abandonment rate – goal is > 8%.
- Average incoming referrals per month 11,000
- 10,319 MyChart medical advice messages received
- Telehealth project at Wellness with Nevada Department of Corrections went live in October – still working through this on the DOC side
- Increase Annual Wellness and Comprehensive Exam visits. Adding a another physician
- Phase 1 of PC/QC Retooling plan beginning to streamline processes – Eve and Nights utilizing Hospitalist for Telehealth \$50K/mo. Savings
- New Contract Rate with 1 Payor - Year 1 (18.5%), Year 2 (11%) and Year 3 (11%)

Expense Opportunities

- Increase Value Based Care incentive payments
 - CCM Vendor Master Agreement completed. Implementation at the New Southern Highlands Primary Care 12/9/24. Will roll out to additional PCs each month.
 - Close gaps in care – Rolling out nurse encounter telehealth visits to close gaps in care. Epic build is complete education in progress, go live in 90 days.

Service Line Update

Strategic Next Steps

- Laughlin Telemedicine – Establishing a network connection in Laughlin
- Southern Highlands Primary Care expansion to be opened 12/16/2024
- Southern Highlands QC expansion construction will start on 12/16/2024 ETA Opening 3/1/25
- Real estate opportunities to move outdated PC/QC – Sunset and Summerlin
- Digital Arrivals – patient to self register and check in using a kiosk – Self-service
- Each Clinic will have one Practice Manager to run daily operations

Technology Strategy

- Hello Patient – Customize bulk text messages via Epic
- Epicare Link – provide portal access to partners to schedule wellness visits and upload consult reports to close gaps in care
- RME – import empaneled primary care member lists – currently in the testing phase of UHC rosters
- Experian Quality Assessment module – registration quality review in real time to decrease denials
- Building interface for Cologuard results – closes care gaps – resulted directly to the order – Contract is complete, in the process of building the interface
- Building Epic workflow to identify in-network providers for radiology orders
- 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

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

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

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding service line market share.

Cleared for Agenda
December 5, 2024

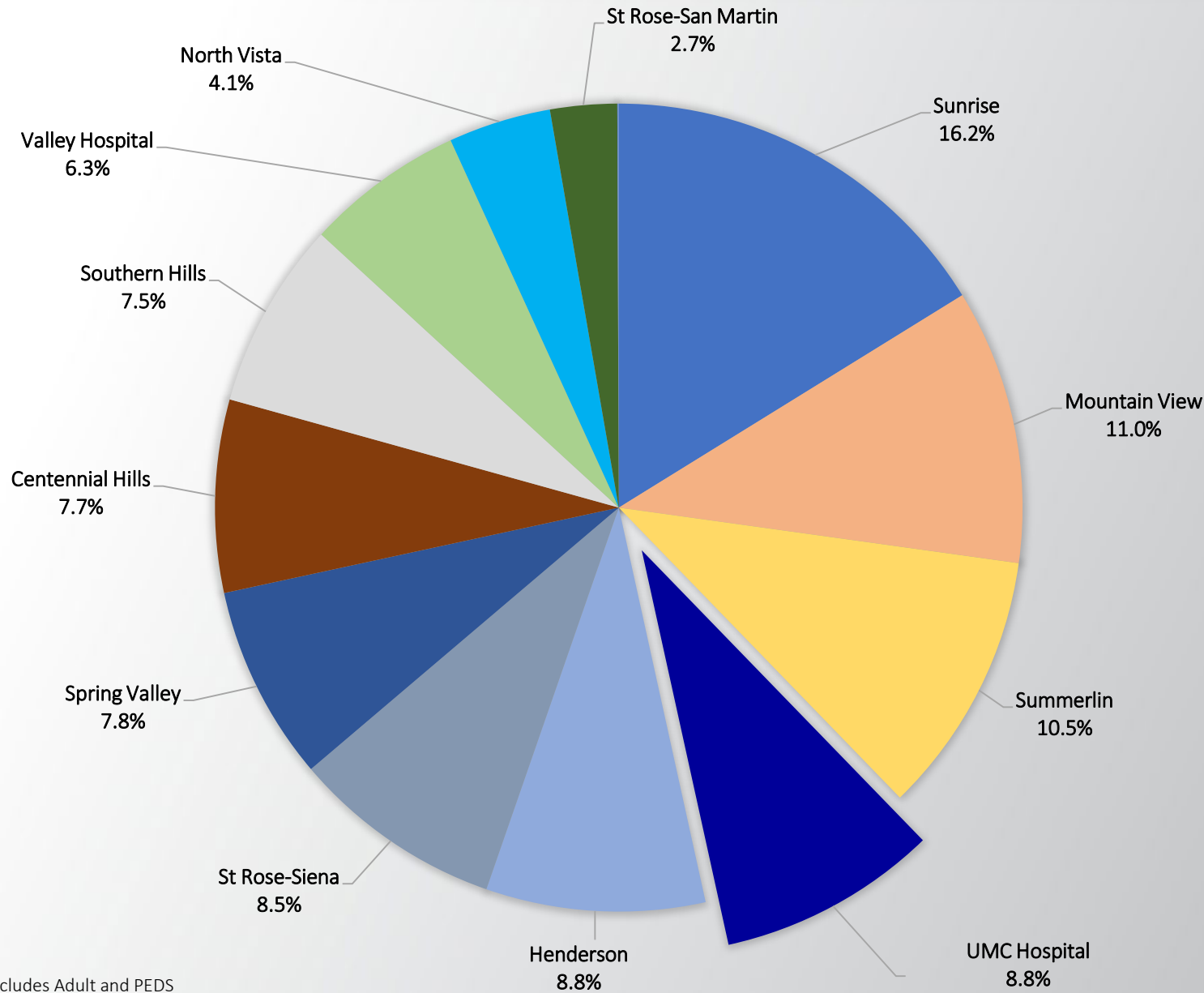
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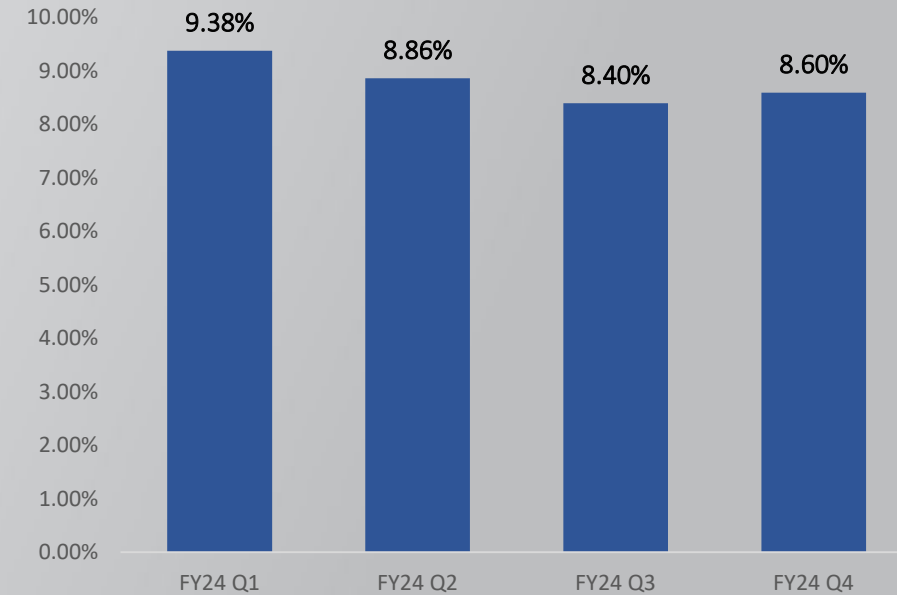


Market Share by Bed Size

December 5, 2024

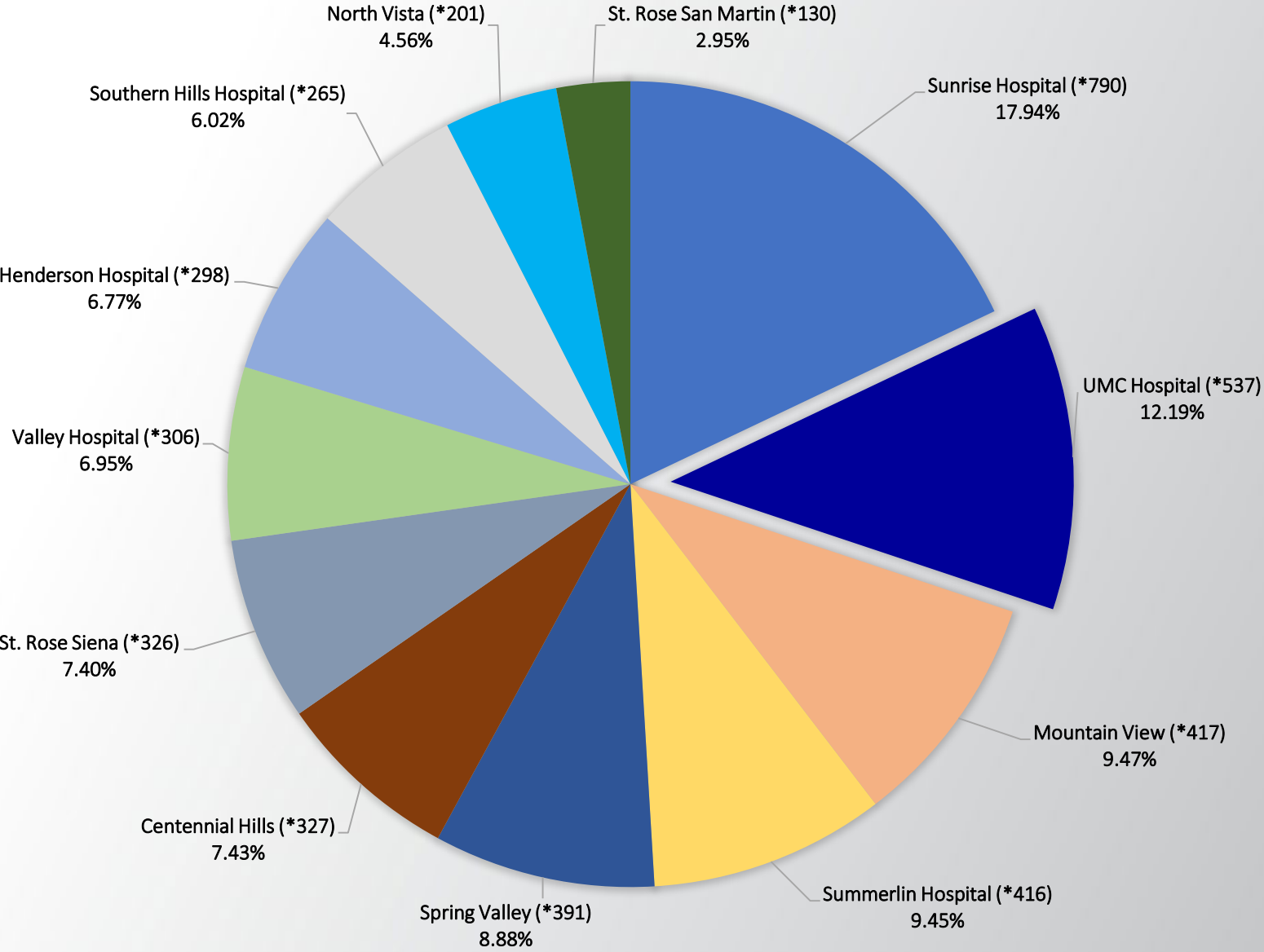


UMC 2024 Trended Market Share (By Cases)

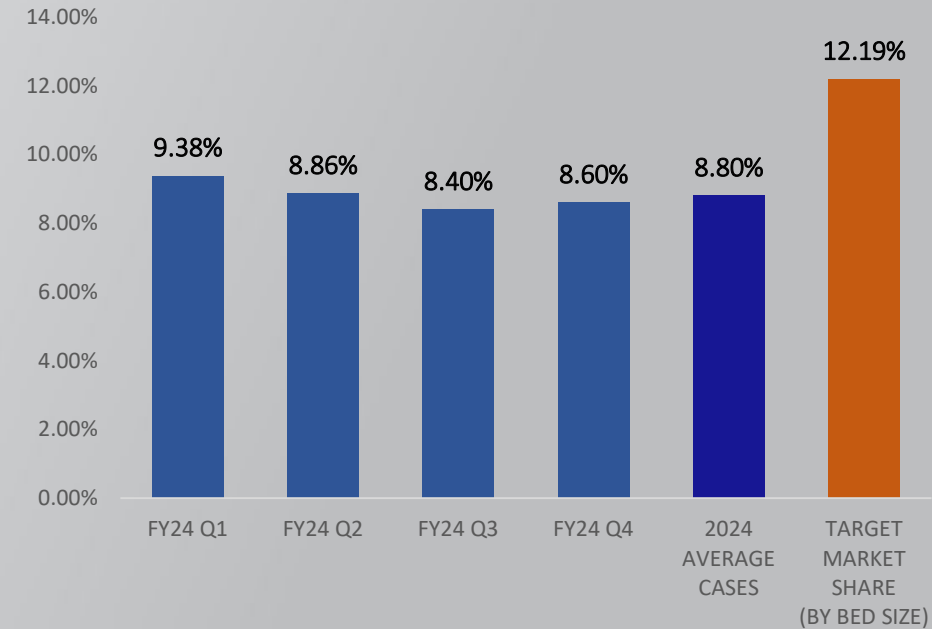


Includes Adult and PEDS
Includes all service line cases

CALCULATION:
 Market Share of Hospital =
 (Hospital Capacity / Total Bed Capacity across competing hospitals) x 100
 (Total bed capacity across competing hospitals = 4,404)
UMC = (537 / 4,404) * 100 = 12.19%

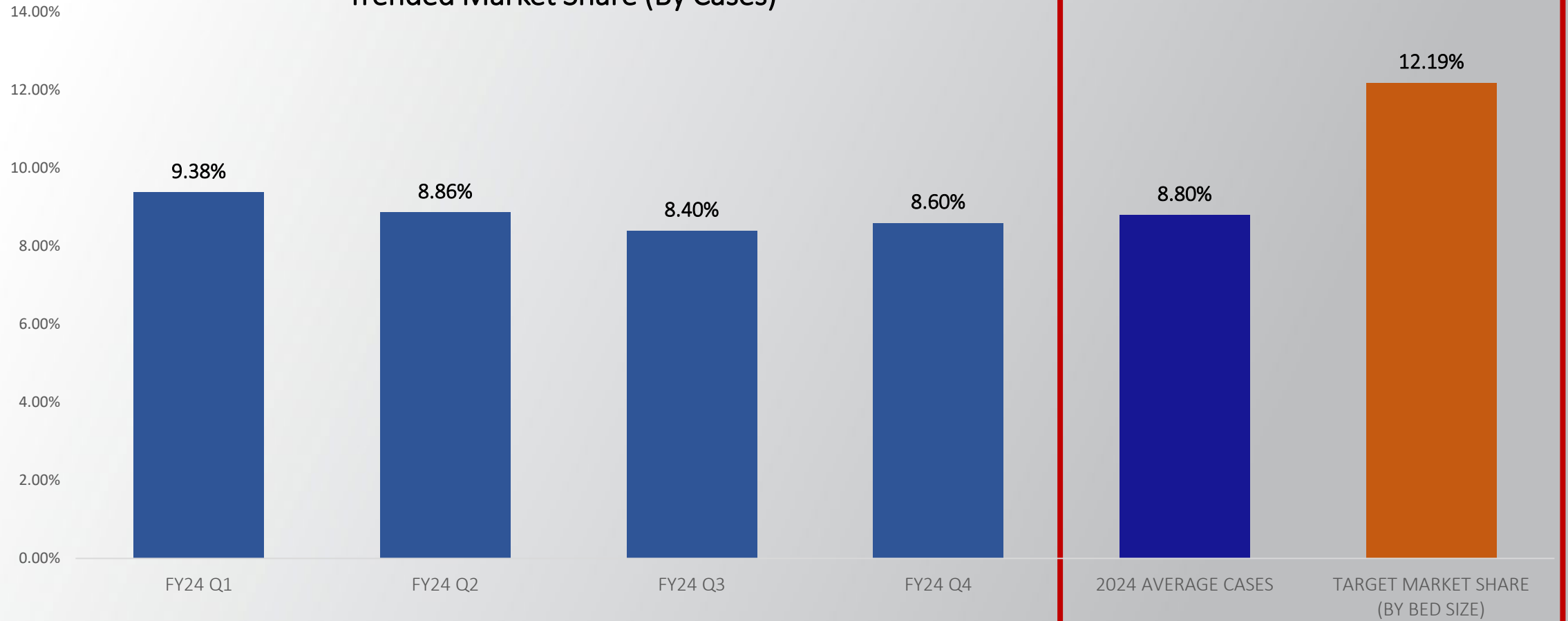


UMC 2024
 Trended Market Share (By Cases)



*Hospital Bed Count

UMC 2024 Trended Market Share (By Cases)



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

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

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding market share data.

Cleared for Agenda
December 5, 2024

Agenda Item #

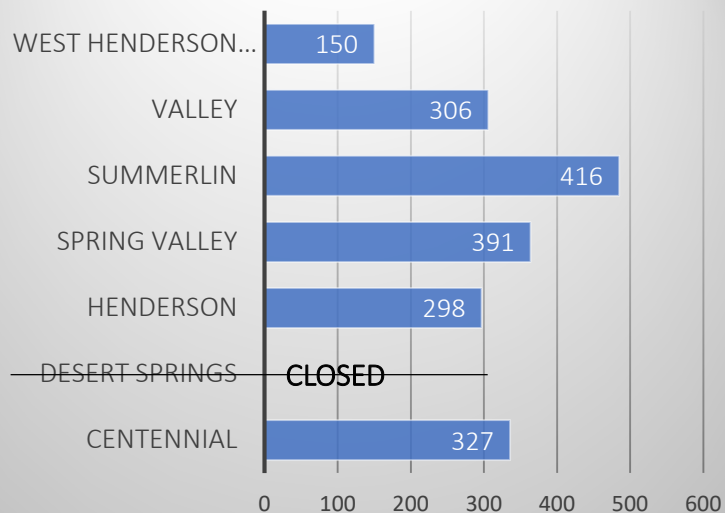
6



Market Competitive Landscape

December 5, 2024

Hospital Bed Count



[American Hospital Directory - Individual Hospital Statistics for Nevada](#)

- ✓ 7 Freestanding ER
- ✓ Multiple Specialty Clinics
- ✓ 3 Ambulatory Surgery Center

Henderson Hospital

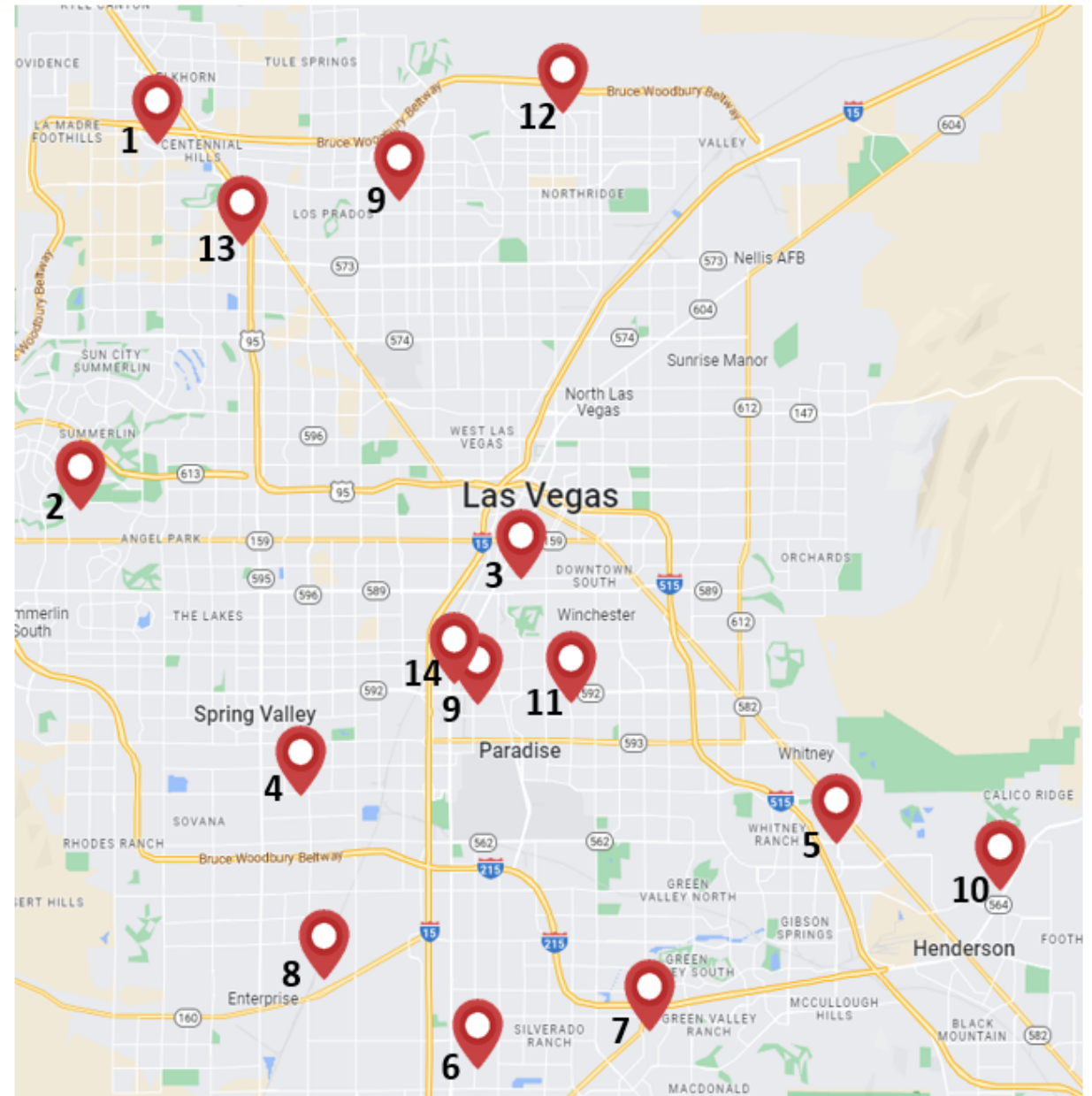
- ER at Cadence, an extension of Henderson Hospital opened on August 15th
 - 865 E. Lake Mead Pkwy
 - 2nd freestanding ER operated by Henderson Hospital
 - Diagnostic capabilities include an on-site laboratory, CT scanner and imaging equipment, along with multiple treatment rooms, exam rooms, a decontamination room with shower and entrances for both walk-in patients and ambulance arrivals
- Joyce Malaskovitz, new CNO – May 2024

West Henderson Hospital

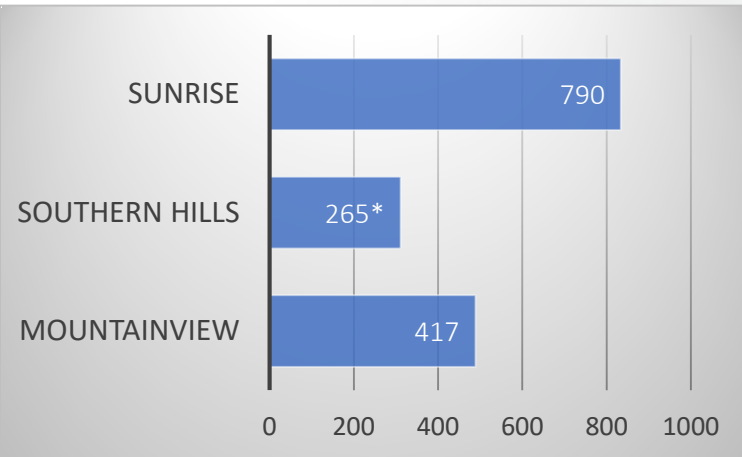
- Opened December 3, 2024



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



Hospital Bed Count



[American Hospital Directory - Individual Hospital Statistics for Nevada](#)

* Expanding to 311

- ✓ 6 Freestanding ER
- ✓ 18 CareNow

Sunrise Hospital

- ER at Boulder’s Edge (Boulder Hwy and Wagon Wheel)
 - Opening date: September 2024
 - 12 private treatment spaces that will treat both adults and children; includes onsite imaging and laboratory services

Southern Hills Hospital

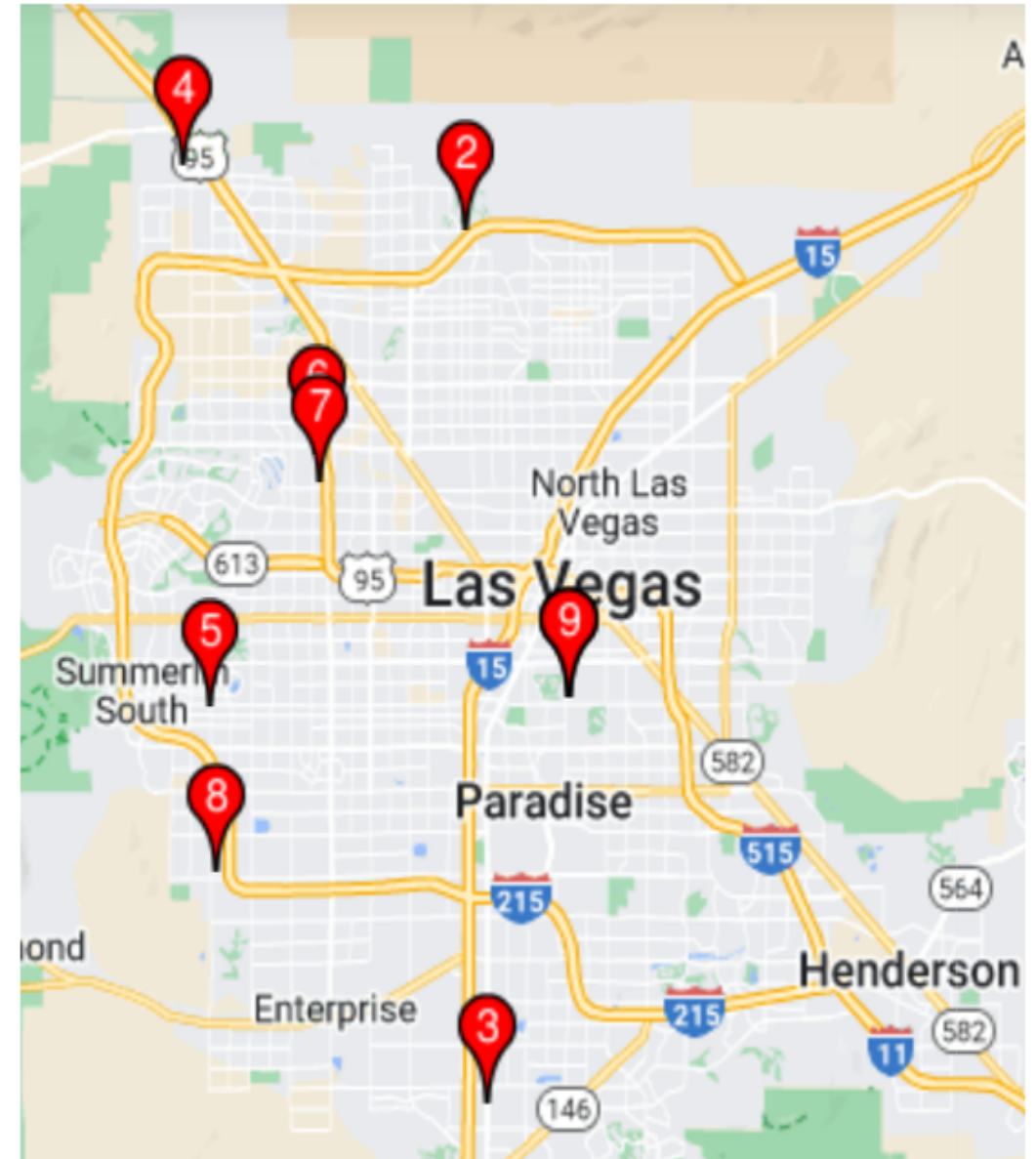
- 6th Floor Vertical Expansion
 - Opened in August 16th
 - 35,000 square feet with 46 patient rooms
 - For illness, surgical recovery and oncology treatment
- April 24th – official opening of its Level III NICU
 - 15 beds, including 6 private rooms, spanning over 7,062 square feet
- ER at Desert’s Edge
 - Opening date: September 25, 2024
 - Blue Diamond & El Capitan Way
 - 11,000 square feet with 12 private exam rooms that can treat adults and children; includes onsite imaging and laboratory services
- Performed the first Cryoballoon procedure

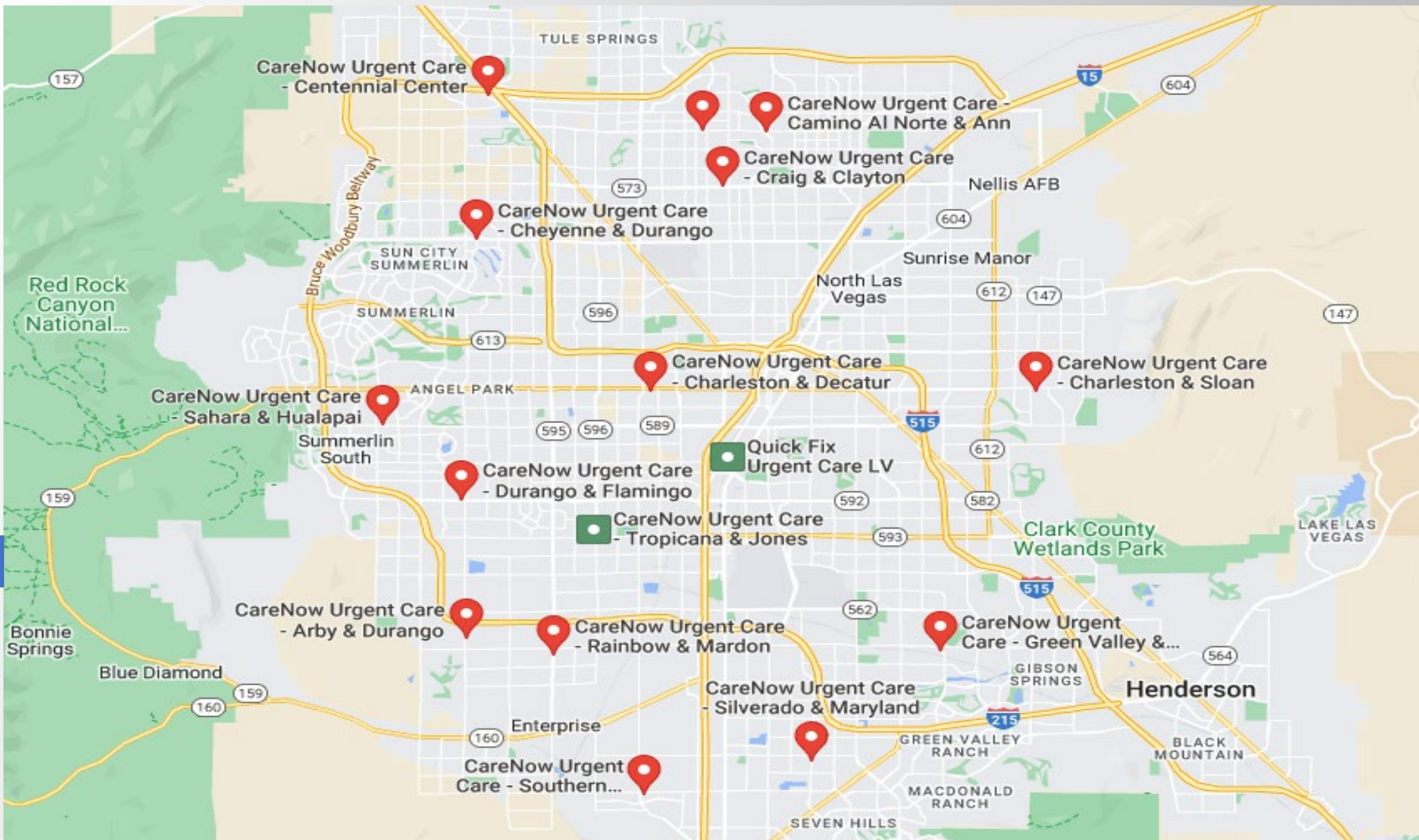
MountainView Hospital

- Sonia Baughman, new CFO – May 2024
- Dr. Jin Kim, new Chief Medical Officer – August 2024
- First hospital to conduct Pulsed Field Ablation (PFA) in Nevada



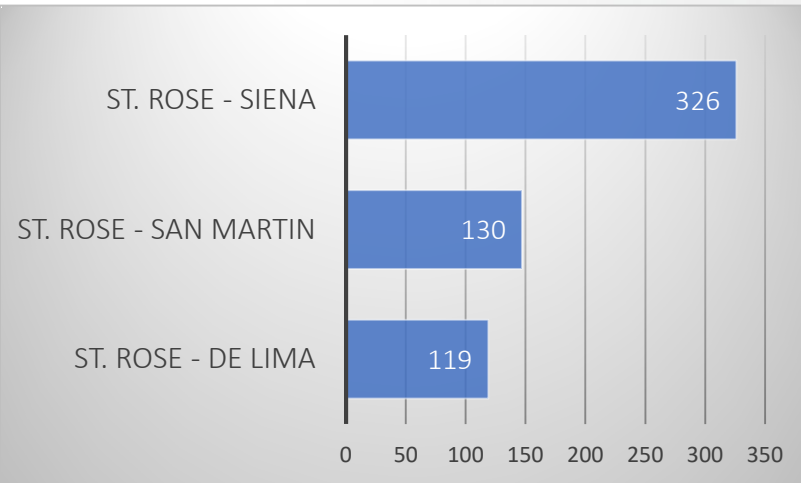
- 1 Sunrise Hospital and Medical Center
- 2 ER at Aliante
- 3 ER at S. Las Vegas Blvd.
- 4 ER at Skye Canyon
- 5 ER at The Lakes
- 6 Mountain View Hospital
- 7 Red Rock Radiology
- 8 Southern Hills Hospital and Medical Center
- 9 Sunrise Children's Hospital





✓ 18 CareNow

Hospital Bed Count



[American Hospital Directory - Individual Hospital Statistics for Nevada](#)

- ✓ 1 Urgent Care Clinic
- ✓ 4 Primary Care Clinics
- ✓ Multiple Specialty Clinics
- ✓ 3 Outpatient Surgery Centers

Dignity Health and Wellness Center

- Opened their 7th Wellness Center in June 2024 (Sahara & Decatur)
- 3,382 square foot facility, second floor of Dignity Health Neighborhood Hospital Campus
- The new center features a large classroom space for classes, fitness and program sessions, two consult rooms for private counseling, five staff offices, and 18 community health workstations

Siena Hospital

- 5th floor expansion is nearly complete
 - This will add 36 new patient room
- Received \$5.1 million from Helmsley Charitable Trust to expand cardiac services and availability of ECMO programs
 - The facility will add 4 arrest, or awaiting a lung or heart transplant and adjacent sleep room for on-site provider
 - Helmsley also provided additional \$1.7 million to renovate one of the Siena Hospital's 4 cardiac catheterization laboratories, upgrading vascular disease imaging services
- Katherine Vergos, new Las Vegas Market President – May 2024

De Lima Hospital

- January 2024 – completed patient room renovations, adds Community Wellness Center, Professional Education Center and Foundation offices

HOSPITALS

- St. Rose – Siena Campus
- St. Rose – San Martin Campus
- St. Rose – De Lima Campus

ER LOCATIONS

- Sahara Campus
- Blue Diamond
- West Flamingo

URGENT CARE LOCATIONS

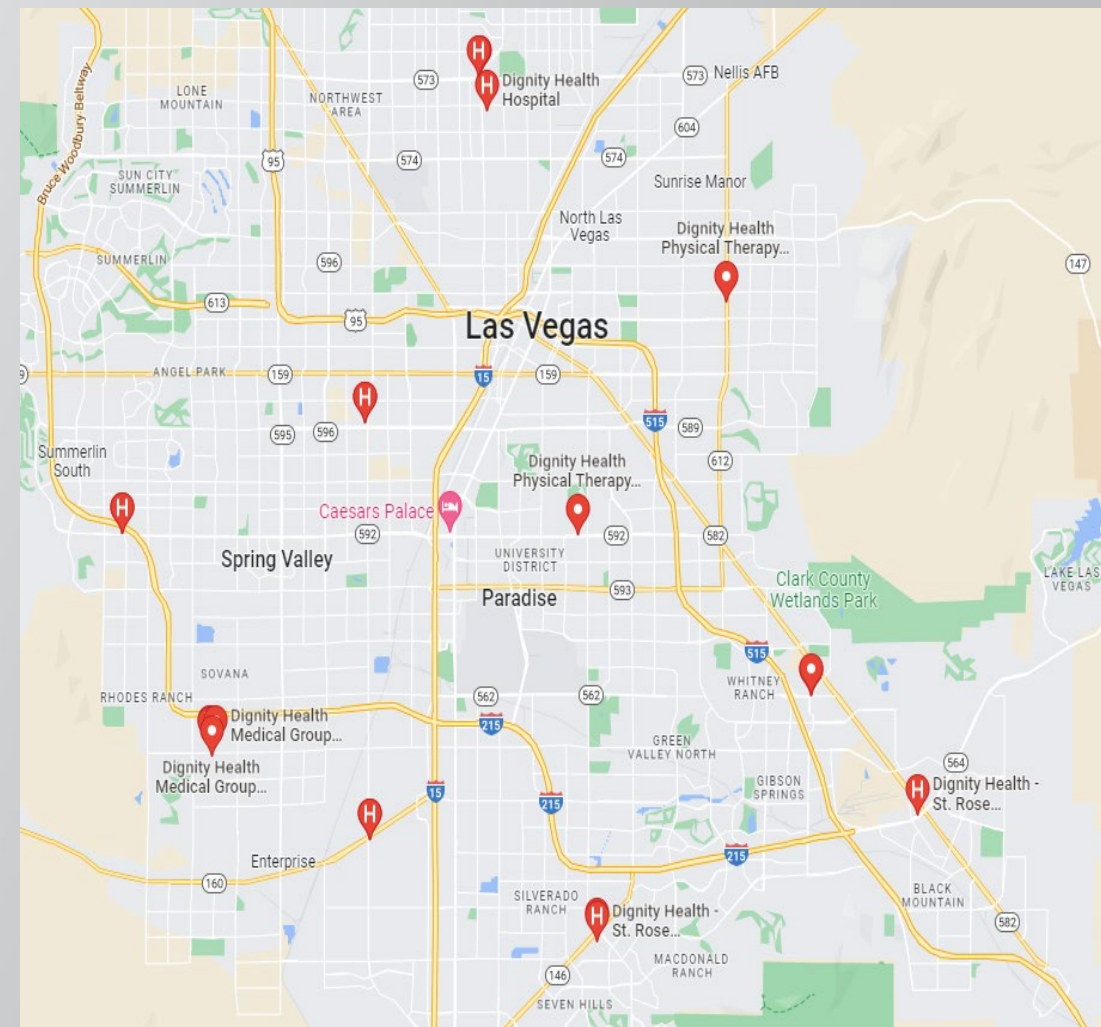
- Pavilion – Henderson

PRIMARY CARE LOCATIONS

- Blue Diamond Clinic
- Henderson Primary Care
- Pavilion Primary Care
- West Flamingo Clinic

SPECIALTY CLINICS

- WomensCare/Outreach
- Wound Healing and Hyperbaric Medicine Center
- Wellness Center
- Cardiovascular & Thoracic Surgery Clinic
- Multispecialty Clinic
- Pediatric Endocrinology Dream Fund Clinic
- Orthopedics Clinic
- Physical Therapy





New Medical Office opening in Spring 2025



Children's Hospital opening in 2030

Intermountain Health

- Primary care and Specialty Services Healthcare Facility
 - Broke ground on June 2024 – A 90,000 square foot healthcare facility in Southwest Las Vegas (West Badura Ave and South Agilysis Way)
 - The three-story building is expected to be completed in Spring 2025, with patient care potentially beginning June 2025
 - Services that will be offered at the new facility will include pediatrics, women's health, radiation and oncology, adult primary care, and senior primary care
 - It will feature a linear accelerator, infusion center and healing garden for patient
- First standalone children's hospital in Las Vegas (150-bed)
 - Groundbreaking in 2025, opening in 2030
 - \$1 billion project that will be built at UNLV's Harry Reid Research and Technology Park

VA Hospital – North Las Vegas (90-bed)

- Temporarily closing its operating rooms between Nov 12 – Dec 22
 - To remove and replace operating room equipment that is nearing its service life

Michael O'Callaghan Military Medical Center (80-bed)

- Dr. Fortune Egbulefu, new Chief of Surgery – January 2024

UNLV Health

- New quick care that is 22,000 square foot located on North Tenaya
- Offers everything from family and general practitioners to plastic surgery

HOSPITALS	LEVEL
UMC Hospital	1 – Adult / 2 – PEDS
Sunrise Hospital	2 – Adult
St. Rose Siena	3
Michael O’Callaghan Military Medical Center	3

[Southern Nevada Trauma System – Southern Nevada Health District](#)

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

Valley Health System

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

Michael O'Callaghan Military Medical Center

- Da Vinci Robotic Surgery for General Surgery

HOSPITAL	PEDIATRIC	PICU	CARDIAC PICU	NICU – LEVEL III
HCA Sunrise	43	24	14	72
UHS Summerlin	35	12	0	53
UMC	30	20	0	25
Dignity Siena	8	6	0	26
UHS Henderson Hospital	0	0	0	34
UHS Spring Valley	0	0	0	30
UHS Centennial Hills	0	0	0	25
HCA MountainView	0	0	0	24
HCA Southern Hills	0	0	0	15
Dignity San Martin	0	0	0	6
UHS West Henderson	0	0	0	0
TOTAL	116	62	14	310

Southern Nevada, 2024
Source: Trip Umbach

**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	
<p>Recommendation:</p> <p>That the Governing Board Strategic Planning Committee receive an update on the FY25 Organizational Performance Goals; and direct staff accordingly. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the status of the FY25 Organizational Performance goals.

Cleared for Agenda
December 5, 2024

Agenda Item #

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FY 25
Organizational Goals
Update
December 5, 2024

- 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
- CMS Expansion – Grant application submitted for additional slots in 2025
- Academic Software Implementation – Resident Management Suite

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
 - Early 2025: DNV site visit survey
 - June 2025: Certification anticipated

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

Issue: Emerging Issues	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
<p>Recommendation:</p> <p>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></p>	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
December 5, 2024

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**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
December 5, 2024

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