



UMC Strategic Planning Committee Meeting

Thursday, February 12, 2026 9:00 am

Delta Point Building - Emerald Conference Room - 1st Floor

901 Rancho Lane

Las Vegas, NV

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
February 12, 2026 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 December 11, 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 a report regarding UMC Market Share; and direct staff accordingly. *(For possible action)*
6. Receive an update on the status of the FY26 Budget Strategic Initiatives; and direct staff accordingly. *(For possible action)*
7. Receive an update on FY27 Budget Strategic Initiatives; and direct staff accordingly. *(For possible action)*
8. Discuss Strategic Planning Committee priorities for CY2026; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

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

COMMENTS BY THE GENERAL PUBLIC

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

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

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

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
December 11, 2025**

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, December 11, 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 9:00 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
Renee Franklin (Via Teams)
Robyn Caspersen (Via Teams)
Mary Lynn Palenik (Via Teams)
Dr. Donald Mackay (Via Teams)
Christian Haase (Via Teams)

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer (Via Teams)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1: OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on October 9 and 16, 2025. (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 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 Service Line Updates; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, and Chris Jones, Executive Director of Support Services, provided service line updates for general surgery, orthopedics, cardiology, women's and children's, and ambulatory. They also provided an overview of the service line data. This is the first presentation using Strata data.

Chair Hagerty asked for background on the implementation of Strata. Mr. Marinello provided background on Strata integration and how the platform will be used moving forward. Ms. Wakem added that case mapping will be more detailed and will include outpatient services. Mr. Jones added that a capital planning module is available and could be used in the future.

Overall, general surgery volumes decreased by 3% year over year. Charges, revenue, and contribution margins increased, while costs increased slightly due to the types of procedures performed. The commercial payer mix decreased by 4%, and Medicaid increased by 4% year over year. Outpatient volume decreased by 4%, and inpatient volume increased by 2%. There was a brief discussion of the significant difference between outpatient and inpatient ratios.

In strategic initiatives, an anesthesia NP is leading patient optimization efforts to reduce surgical case cancellations. There has been a 20% reduction in case cancellations in 2025 compared with 2024. Other initiatives to lower costs include redesigning the patient pre-assessment workflow for scheduled surgical cases, updating perioperative contracts, and Lean Six Sigma training. Mr. Marinello also discussed the goal of automating surgery scheduling between UMC and UNLV using the Case Request Project module through EPIC Marketplace.

In October, UMC performed the first TruFreeze Spray Cryotherapy System procedure in the valley. Strategic next steps and cost-saving initiatives were reviewed. A slide highlighting the TruFreeze Spray Cryotherapy System was also reviewed. This therapy is used in GI cases and reduces tissue burn, leaving little to no scarring.

Member Palenik asked whether there would ever be an opportunity to observe a surgical procedure. Mr. Marinello responded that there is no observatory, but there are policies and processes for viewing surgery. There was continued discussion regarding the process and procedures for allowing observation of surgery.

Mr. Jones continued with a review of the participation of the general surgery peri-op and OR departments in the Magnet survey.

A graph showing the growth of all service lines was discussed. Although there has been growth in all service lines year over year, orthopedics has seen the highest growth and volume. There was a brief discussion of the urology service line's growth.

In Q1 of 2026, room turnaround times have improved, with a decrease from 40 minutes to 35 minutes between July and September. First Case On Time Start cases are at 81% in the first quarter. The committee asked whether anything can be done to reduce turnaround times. Mr. Marinello stated that there are initiatives to allow the room floater to begin clean-up and to use equipment to decontaminate the room in under an hour.

Robotic volume by specialty shows general surgery leading in standard practice, followed by pulmonary, gynecology, and urology. The goal is to leverage current efficiencies to increase overall robotic volume without expanding prime-time hours.

Orthopedics volumes, revenue, and contribution margins were up significantly year over year. Costs are down. Medicare payor mix was up slightly, while commercial was down year over year. Outpatient orthopedics was up 14%, and inpatient was down 7%.

Mr. Marinello highlighted operational updates, noting a decline in total hip and knee arthroplasty. Shoulder and elbow arthroplasty cases are up. Regional block, early ambulation, and discharge-to-home were reviewed. Hospitalists and surgeons are working to streamline discharges to reduce length of stay. Integrative joint camp classes are up 85%. The application process for Advanced Hip/Knee Certification through DNV has begun. Expense control and strategic next steps were reviewed. Slides detailing benchmark statistics and quality metrics were shown.

Chair Hagerty asked whether benchmarking pre-surgery training excludes trauma. Mr. Marinello confirmed that the statistics reviewed would exclude trauma. Pre-surgery education is available online.

Cardiac services were reviewed, including inpatient and outpatient services. Volumes were up 17% year over year, and charges, net revenue, and the contribution margin also increased. Costs are down. Chair Hagerty noted there is still room for growth. Mr. Jones stated that October volumes increased.

Commercial and governmental payor mix was down slightly, and Medicaid increased by 3%. Outpatient volumes were up 18%, and inpatient volumes were down 11%.

Growth in EP procedures, structural heart procedures, and complex PCI was discussed. Opportunities for growth include increasing the use of Room 3 for IR cases, reducing supply costs, and shortening length of stay.

Ambulatory volumes year over year are down at the quick care location. Charges, net revenue, and the contribution margin are down. Commercial was down 1.7%, and Medicare was up 1%.

Primary care volumes continue to grow, up 2% year over year. Net revenue and contribution margins are down, while charges are up. The commercial payor mix is down 7%, but Medicaid is up 5% and Medicare is up 7%. Operational updates highlighted data from primary care and quick care services. Initiatives to improve overall patient call volume, no-show rates, and MyChart medical advice messages were discussed. The Telehealth Clinic in Laughlin opened in October. Mr. Marinello also described expense opportunities to address care gaps and reduce supply costs. Operational updates and strategic next steps were reviewed, with a focus on using ortho clinic physicians to assist with patient care.

Chair Hagerty asked how to improve public awareness of orthopedic care at the quick care locations. Mr. Marinello responded that marketing is the key to public awareness. A discussion ensued about target marketing.

Member Haase asked whether it is possible to backfill gaps with telehealth appointments. Mr. Marinello confirmed that this is part of the process to fill gaps.

The committee asked how much of the net revenue is attributable to supplemental payments. Ms. Wakem responded that these could be separated out, but the supplemental payments are proportionate to the Medicaid payments.

Women's service volumes have increased 15% year over year. Charges and net revenue are good, and costs per case and contribution margins are up. Payor mix was up in commercial and government and down in Medicaid. Outpatient volumes were up 17%, but inpatient volumes were down 10%.

Children's hospital volumes were down 8%, as were charges, costs, net revenue, and contribution margin. Medicaid payor mix was up 3%, while commercial and self-pay were down 1.5%. Outpatient volumes were down 8%, and inpatient volumes were down 5%.

Operational updates highlighted the installation of the Hugs Security System, collaboration with IT on Baby Steps integration, meetings with UNLV to improve communication and operational efficiency, and improvements in the physician experience. The team is focused on expense controls and strategic next steps to advance the maternal-child strategic plan and plan for Children's Hospital.

Lastly, Mr. Jones shared interventional radiology data. Volumes are up 33%, along with charges, net revenue, costs, and contribution margin. Medicaid was down 5%, Medicare was up 2%, and commercial was up 3%. Volumes are mainly outpatient. Mr. Marinello noted the processes in place to promote continued growth.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update on the Strategic Planning Committee organizational performance goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Jones provided an update of the Organizational Performance Goals.

1. Continue to deliver clinical and overall financial outcomes in the existing five focused service line reviews of the Strategic Planning Committee

This goal is in progress and is on track to be met.

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

This service line is growing and active. The committee asked how this service is being tracked. Strata is used to measure volumes and financial performance. A list of new procedures and programs that have launched were reviewed.

3. Scope and analyze the establishment of a liver care service, including the future potential growth into liver transplant

The Liver Care Clinic had a soft opening in October. An NP is on staff to assist with patient care. To date, 18 patients have been seen. The team is identifying and recruiting and MD to staff in the clinic twice a month. Internal marketing begins in December.

4. Enhance strategic initiatives in furtherance of the Academic Health Center

Mr. Jones reviewed all of the strategic initiatives implemented during the year, including residency programs.

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

Mr. Marinello noted continued progress toward completing the UMC Master plan.

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:

Technology using microbots in cardiac procedures.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

FINAL ACTION TAKEN:

None

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 10:13 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

DRAFT

**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. (<i>For possible action</i>)	

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
February 12, 2026

Agenda Item #

4



STRATEGY COMMITTEE Service Line Update

February 12, 2026



FY 2025 YTD Q2

10,540

Net Rev per Case

\$7,155

\$6,480 | \$675 | 10.41%

Variable Cost per Case

\$3,673

\$3,323 | \$350 | 10.54%

Contribution Margin per Case

\$3,482

\$3,157 | \$324 | 10.28%

Variable Cost per Day

\$984

\$882 | \$101 | 11.51%

FY 2026 YTD Q2

10,790

Total Charges

\$394,696,107

Net Revenue (Incl. Supplemental Payments)

\$68,302,258

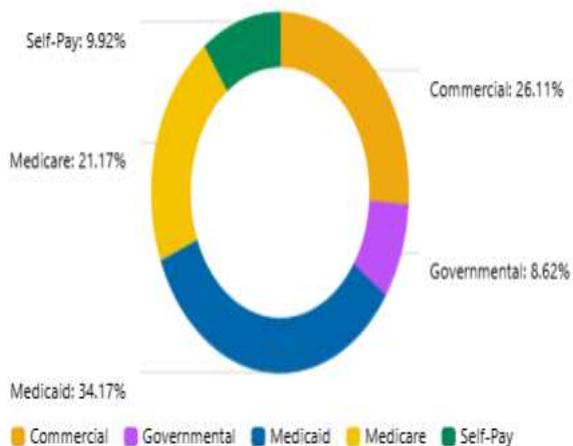
Variable Cost

\$35,025,674

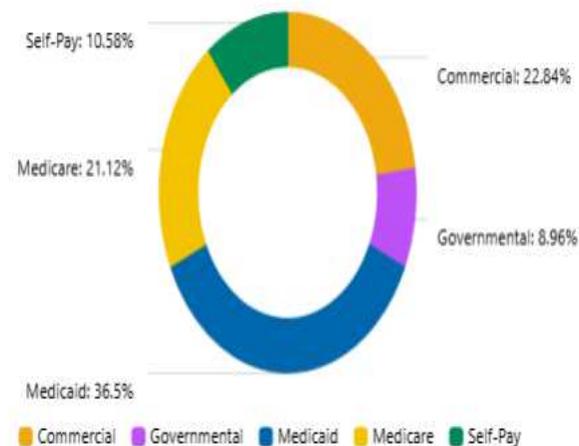
Contribution Margin

\$33,276,584

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$481,539,512

Net Revenue (Incl. Supplemental Payments)

\$77,201,192

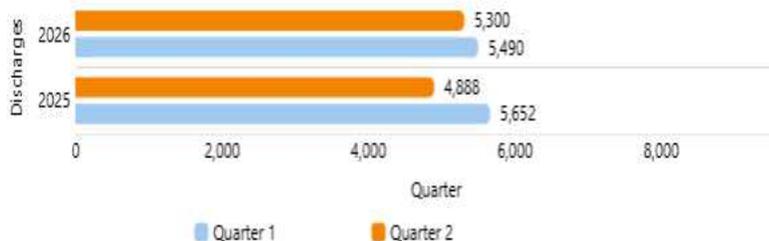
Variable Cost

\$39,634,267

Contribution Margin

\$37,566,925

Cases by Discharge FY Q



Volume by Patient Type



Operational Update

- Assigned Office Specialist to the Pre-Assessment Testing department for patient optimization, satisfaction, and collaboration
- Anesthesia NP leads the process for patient optimization to reduce surgical case cancellations, non-performed surgeries, and reschedules
 - 20% reduction in case cancellations in 2025 compared to 2024 (goal of 25%)
- Reprocessing Initiative-Buy Back and Recycling Program with Medline
- Revising and updating all Peri-Operative Contracts – Eliminated 5 contracts from Q1 - Q2
- Lean Six Sigma – key team members to participate in projects specific to surgery scheduling and insurance claim denials

Strategic Next Steps

- Block availability optimization. Weekly meetings to discuss concerns and block time efficiency
- Partnering with Admitting, OR, and PAT to create an efficient process for same-day changes to the schedule
- COO, CNO, working with Anesthesia Medical Directors, to expand additional rooms
 - This will increase surgical growth in Ortho and General
- Dedicated EVS positions approved for OR, to improve turnaround

Expense Control and Revenue Enhancement

- Censistac Instrument tracking project start date Q2. Team assessing project timeline and resource allocation
- Sterile Processing Refresh Project completed instrument reprocessing efficiency
- Reprocessing Initiative-Buy Back and Recycling Program with Medline, cost saving of ~\$232,000
- Working Physician leaders on implement pricing and compliance
- Lean project completed to standardized all surgical carts
- Robotic Steering Committee Relunched

BEFORE



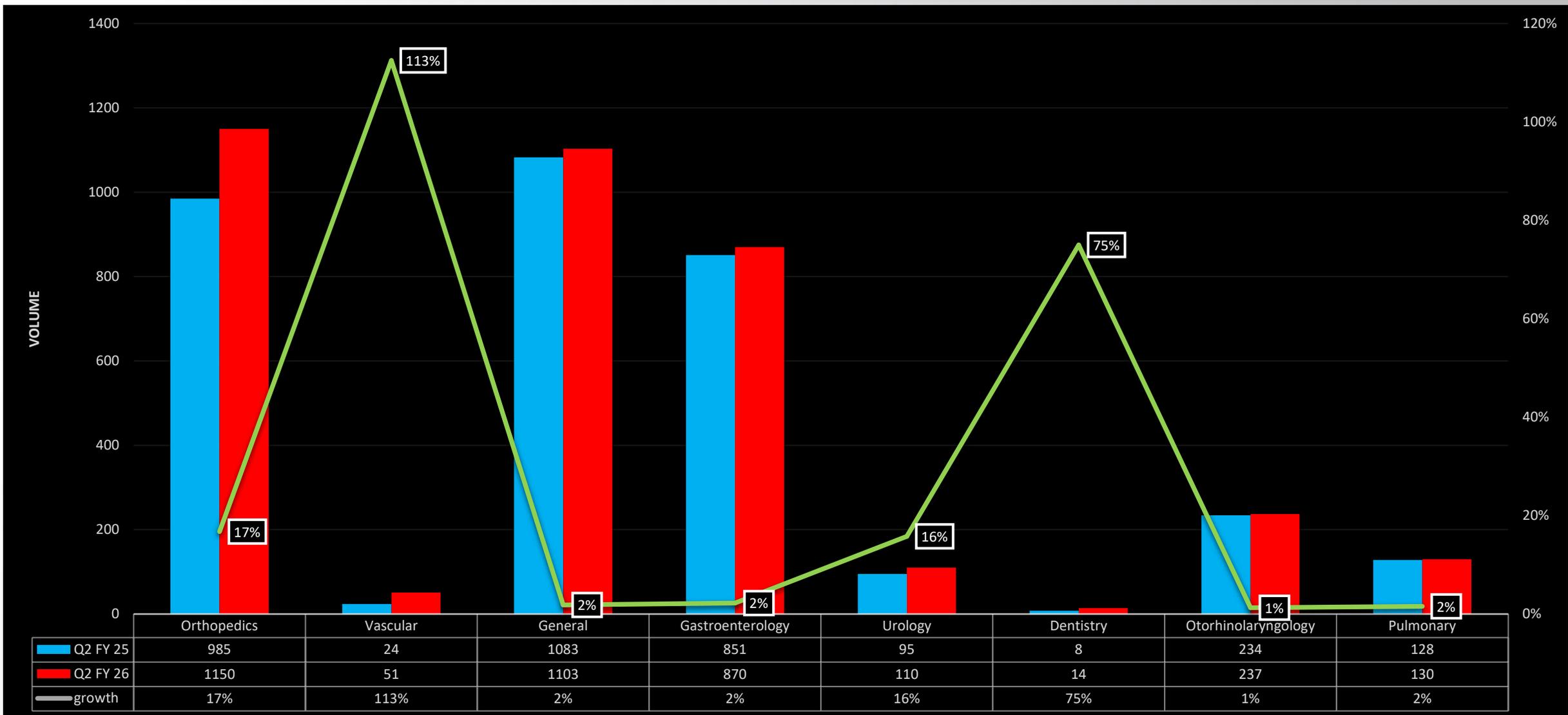
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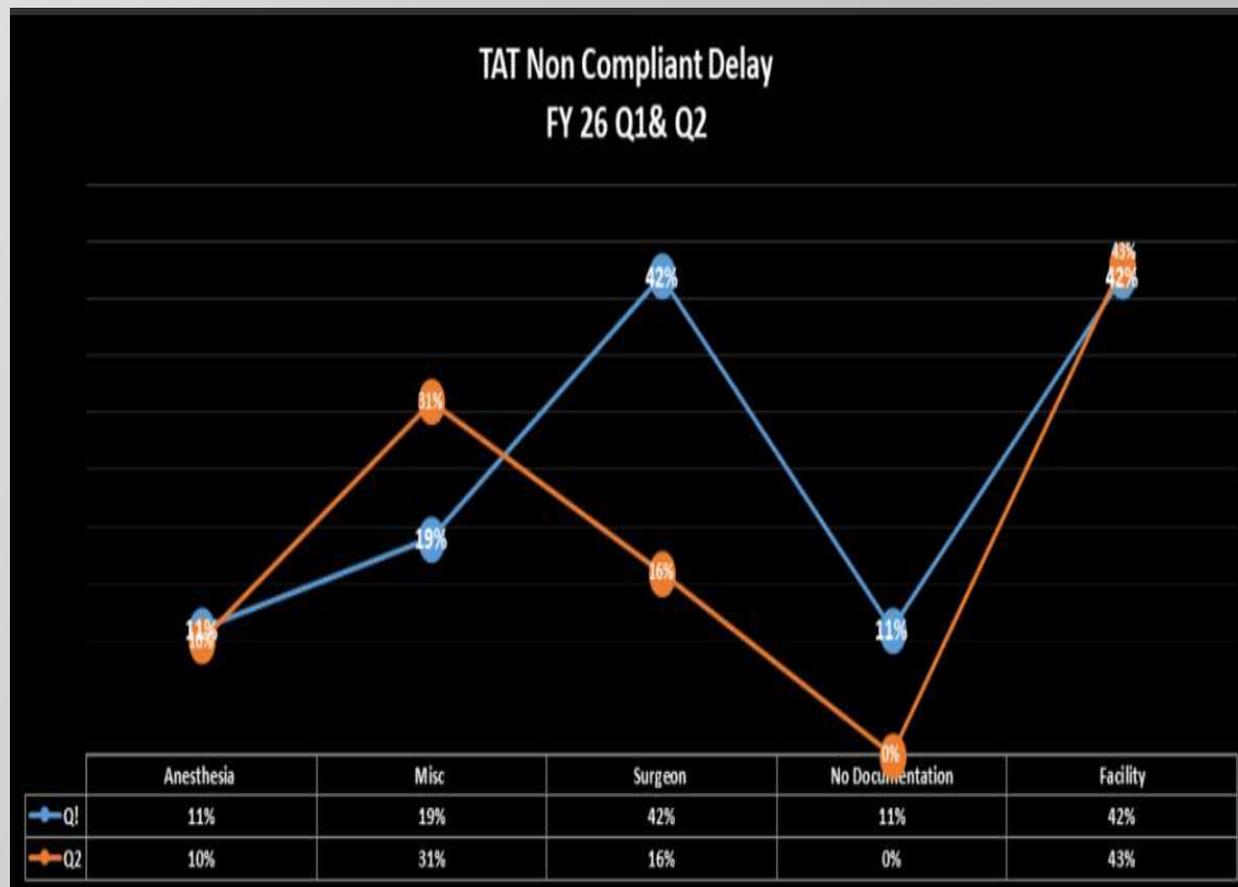
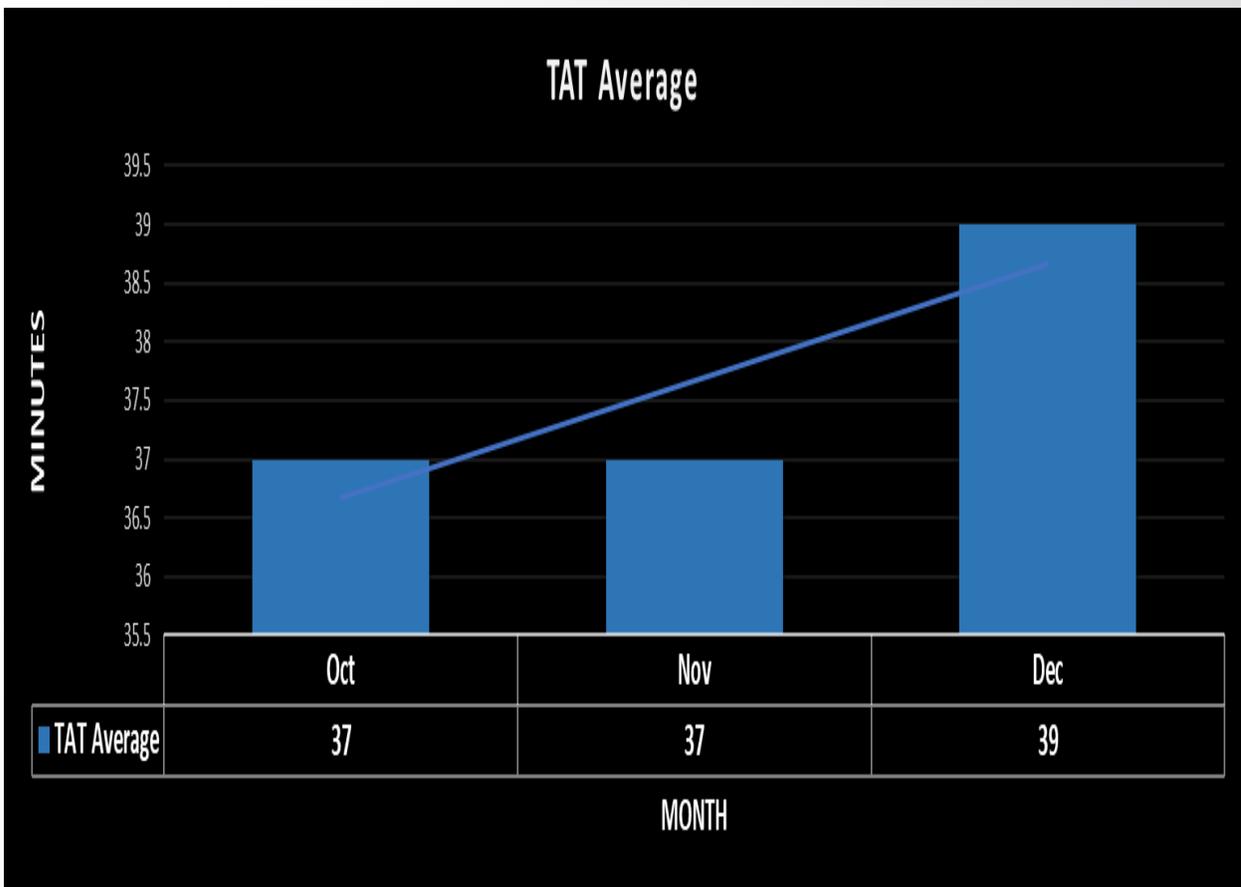
New Pure Processing sinks were installed in Sterile Processing. The new sinks include:

- Hands-free soap pump dispensers
- Timers
- Linen flushing, ensuring compliance and standards are upheld
- Ergonomically designed to reduce fatigue and stress
- Illuminating lights to provide extra safety
- 3-sink system reduces cross-contamination

Growing Service Lines – Q2FY25 vs Q2FY26

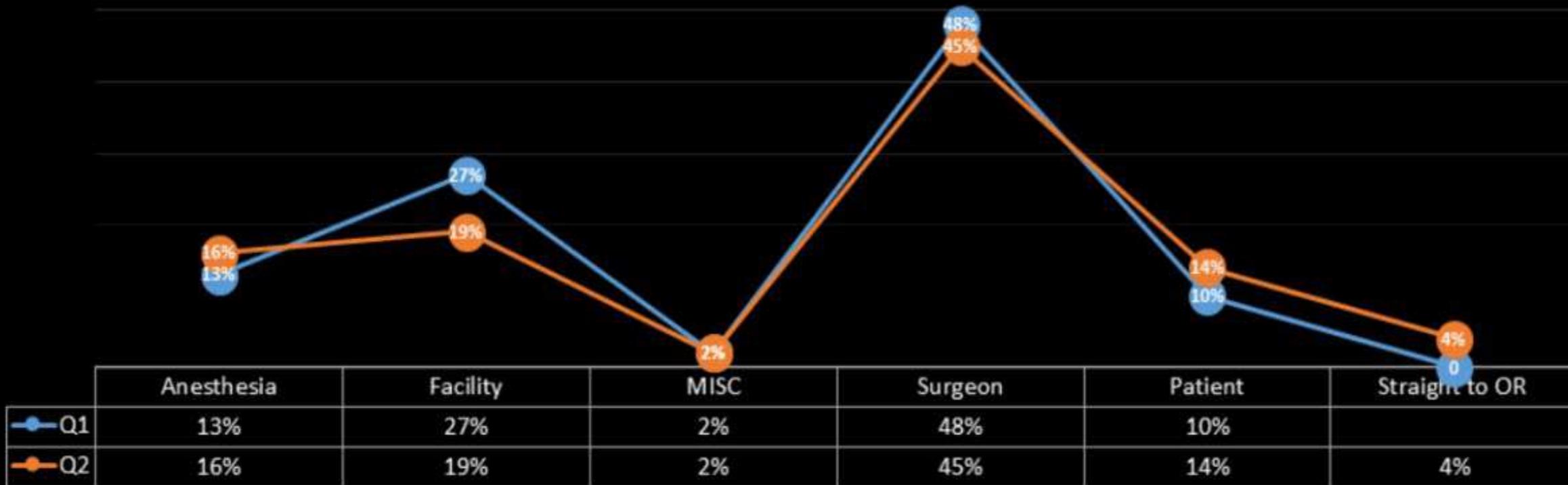


Q2FY26 – Room Turnaround: Average 38 mins (goal of 30 min)



FCOT Q2: 78% (Goal of 80%)

**FCOT Delays by Category
FY 26 Q1 & Q2**



FY 2025 YTD Q2

7,556

Net Rev per Case

\$7,941

\$8,361 | \$(420) | -5.03%

Variable Cost per Case

\$4,374

\$4,812 | \$(437) | -9.09%

Contribution Margin per Case

\$3,566

\$3,549 | \$17 | 0.48%

Variable Cost per Day

\$3,350

\$3,193 | \$157 | 4.91%

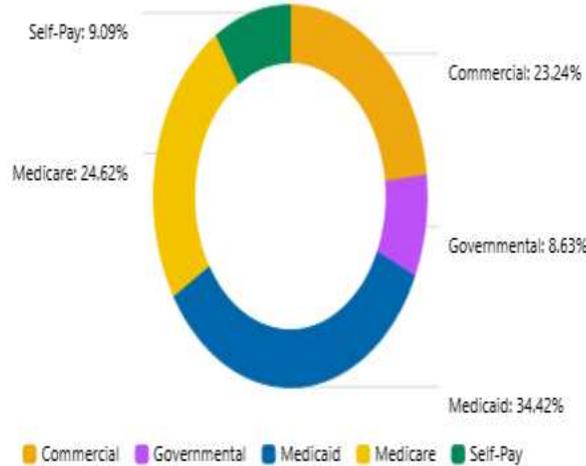
FY 2026 YTD Q2

8,496

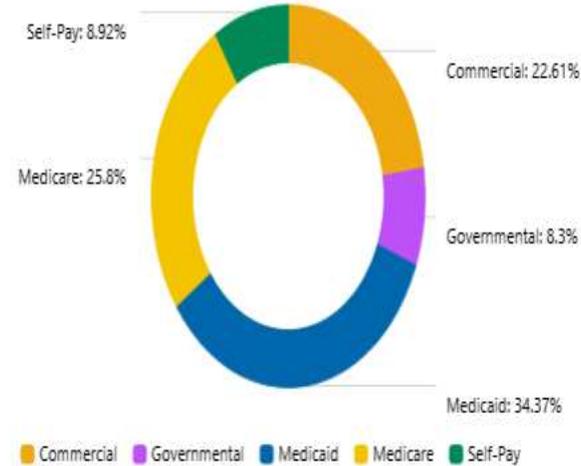
Total Charges

\$415,731,009

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$474,524,187

Net Revenue (Incl. Supplemental Payments)

\$63,175,823

Net Revenue (Incl. Supplemental Payments)

\$67,464,962

Variable Cost

\$36,356,681

Variable Cost

\$37,165,183

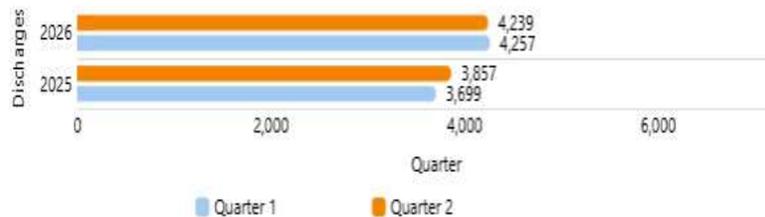
Contribution Margin

\$26,819,142

Contribution Margin

\$30,299,778

Cases by Discharge FY Q



Volume by Patient Type



Operational Update

- Regional Block: **THA - 97% , TKA - 100%**
- Early Ambulation: **THA – 94%, TKA – 95%**
- Discharge home: **THA – 89%, TKA – 82%**
- Length of Stay at **2.6** (Benchmark of 1.98, up 0.2 in Q1 2026. Team is working to streamline discharges)
- Integrative Joint Camp Class attendance: **83%** (down from 85% Q1 FY26)
 - Weekly Joint Classes and Monthly Spanish class
 - Nurse Navigator working with the Marketing team to have a class on the UMC Website Est. Date March
- Submitted the 2026 AJRR contract in December
- Collaboration between OP Clinic, Inpatient Floor, and Surgical Services to improve efficiencies and flow
- Post-operative care dressing standard protocols: working with the Supply Chain and Surgeons

Expense Control and Revenue Enhancement

- COO, working with Ortho and Anesthesia Medical Directors to expand OR availability to accommodate growth
- Orthopedic Surgeon working with COO and CFO on vendor contracting for implants

Strategic Next Steps

- Working with EPIC to streamline patient-facing process and care path/mapping/reminders
 - Beginning with appointments to post-operative care, including surveys, reminders, and education
- Applying to become an Orthopedic Center of Excellence and will be surveyed in 2027



Hospital Orthopedics Service Line – Q2 FY26

FY2025 - FY 2026 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quart	3Q FY 2025	4Q FY 2025	1Q FY 2026	Oct	Nov	Dec	2Q FY 2026	Data Analysis/Improvement	Action
Elective Procedures										
Total Hip Arthroplasty Procedural Totals	40	42	66	52	21	17	25	63		
Total Knee Arthroplasty Procedural Totals	50	54	58	62	21	17	23	61		
Total Shoulder Arthroplasty Procedure Totals	13	25	23	26	9	7	3	19		
Total Elbow Arthroplasty Procedure Totals	5		2	3	1	0	0	1		
Procedural Totals (Hips, Knees, and Shoulders combined).	103	121	149	143	52	41	51	144	Exceeding National Benchmark	
Trauma Related Procedures										
Traumatic total Hip Arthroplasty totals		23	23	24	9	7				
Traumatic Total Knee Replacement totals		1	4	3	0	0				
Traumatic Total Shoulder Replacement totals		1	2	0	0	2				
Traumatic Total Elbow Arthroplasty totals		1	2	2	0	0				
Traumatic Total Ankle Arthroplasty totals		2	0	1	0	0				
Traumatic Total Wrist Arthroplasty totals		0	1	1	0	0				
THKR-IP-1 Regional Anesthesia (Block)										
THKR-IP-1a Regional Anesthesia - Hip and Knee Overall		100%	99%	98%	98%	97%	100%	97%	Exceeding National Benchmark	Add regional block to Pre-Operative order sets, discuss with Anesthesia and Dr. Hansen
THKR-IP-1b Regional Anesthesia - Hip	80%	100%	98%	100%	96%	94%	100%	97%		
THKR-IP-1c Regional Anesthesia - Knee	81%	100%	100%	97%	100%	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%	98%	99%	98%	91%	100%	97%	Exceeding National Benchmark	
THKR-IP-2b Postoperative Ambulation on Day of Surgery - Hip	82%	95%	95%	98%	100%	94%	88%	94%		
THKR-IP-2c Postoperative Ambulation on Day of Surgery - Knee	83%	98%	100%	98%	95%	88%	100%	95%		
THKR-IP-3 Discharged to Home-Hip and Knee										
THKR-IP-3 Discharged to Home-Hip and Knee Overall		89%	82%	82%	88%	76%	90%	85%	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%	90%	88%	88%	89%		
THKR-IP-3 Discharged to Home-Knee	85%	93%	83%	81%	86%	65%	91%	82%		
Discharged to Home-Elbow	85%	0 pt	100%	100%	100%	0pt%	0pt%	100%		
Discharged to Home-Shoulder	85%	92%	96%	100%	100%	100%	100%	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%	95%	85%	85%	89%	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%	95%	88%	80%	87%		10
THKR-IP-4 Preoperative Functional/Health Status Assessment- Knee within 90 days prior to surgery	100%	83%	93%	86%	95%	82%	91%	90%		

THKR-IP-5 Postoperative Functional/Health Status Assessment										
THKR-IP-5 Postoperative Functional/Health Status Assessment- Hip and Knee Overall within 300-425 days postoperatively										
THKR-IP-5 Postoperative Functional/Health Status Assessment- Hip within 300-425 days postoperatively										
THKR-IP-4 Preoperative Functional/Health Status Assessment- Knee within 300-425 days postoperatively										
FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard										
Other Quality Measures										
										First submission to CMS, All Files accepted. The number listed are the surveys that were completed, matched and sent to CMS.
	100%			11/13 85%						
	100%									
	100%									
National Benchmark (Per Quarter)		3Q FY 2025	4Q FY 2025	1Q FY 2026	Oct	Nov	Dec		Data Analysis/Improvement	Action
Pre Surgery Education (Joint Camp Attendance)	85%	75%	77%	85%	79%	94%	77%	83%	Meeting Benchmark	Working on getting all surgeons to send patients to Joint class.
VTE Prophylaxis	100%	99%	99%	100%	100%	100%	100%	100%	Meeting Benchmark	
ERAS Orders Utilized	100%	71%	78%	76%	79%	88%	69%	79%	Below Benchmark	Discussed ERAS order sets with surgeons and residents
Pre Op Carbohydrate Drink	100%	69%	73%	68%	73%	88%	65%	75%	Review ERAS order sets	Review process (PAT vs Clinic)
Antibacterial Bath (CHG)	100%	99%	100%	99%	73%	88%	65%	100%	At Benchmark	Review process (PAT vs Clinic)
Nasal Decolonization (62% alcohol nasal swab)	100%	98%	100%	100%	100%	100%	100%	100%	At Benchmark	
Surgical Site Infections	0	5	3	*	*	*	*	*	3QFY2025: 1 Spine, 3 Hip, 1 Knee 4QFY2025: 2 Spine, 1 Hip, 0 Knee	*Not reported to date
CLABSI	0%	0%	0%	0%	0%	0%	0%	0%		
CAUTI	0%	0%	0%	0%	0%	0%	0%	0%		
Fall Rates (Inpatient)	0	0	0	0	0	0	0	0		
Length of Stay	1.98	2.5	2.6	2.4	2.2	2.6	2.9	2.6	Oct: 1 Pt stayed 12 days, Nov: 1 Pt stayed 25 days, Dec: 1 Pt stayed 18 days, and 1 Pt stayed 19 days	
Length of Stay Greater than 5 days	<3	9.2	7.7	7.5	9.0	12.7	9.8	10.2		
Discharge Education	100%	100%	100%	100%	100%	100%	100%	100%		11

FY 2025 YTD Q2

5,599

Net Rev per Case

\$7,447

\$8,456 | \$(1,009) | -11.93%

Variable Cost per Case

\$4,905

\$5,730 | \$(825) | -14.40%

Contribution Margin per Case

\$2,542

\$2,726 | \$(184) | -6.74%

Variable Cost per Day

\$3,364

\$3,680 | \$(316) | -8.59%

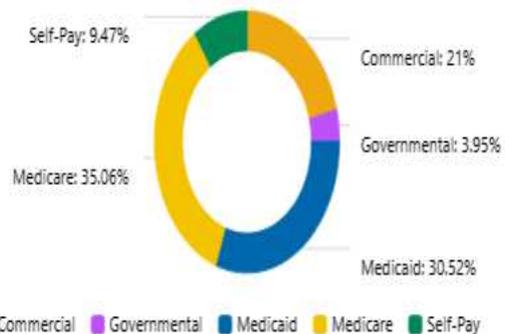
FY 2026 YTD Q2

6,641

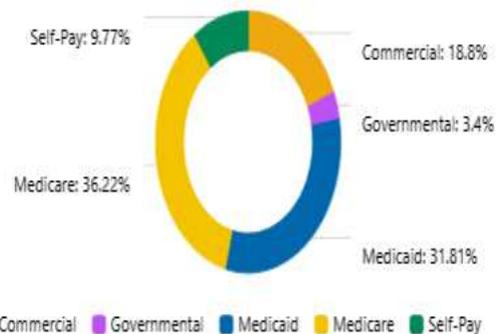
Total Charges

\$290,833,313

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$325,510,759

Net Revenue (Incl. Supplemental Payments)

\$47,347,194

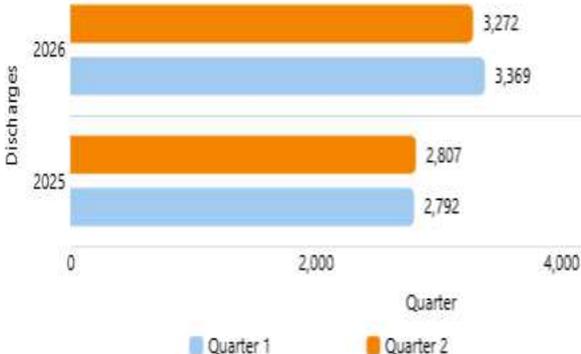
Net Revenue (Incl. Supplemental Payments)

\$49,456,637

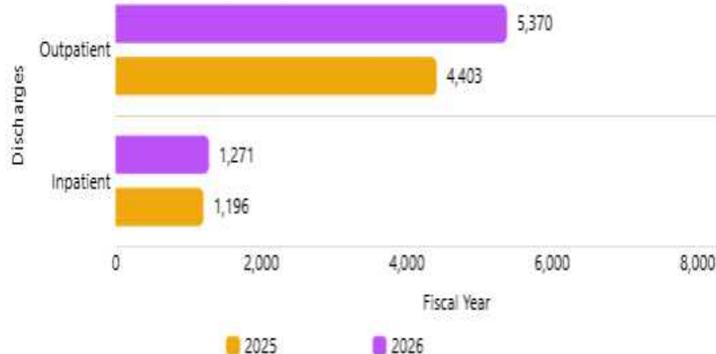
Variable Cost

\$32,084,404

Cases by Discharge FY Q



Volume by Patient Type



Variable Cost

\$32,573,976

Contribution Margin

\$15,262,790

Contribution Margin

\$16,882,661

Operational Update

- FY26 Q1 volume of 605 cases vs 652, 7% increase even during holiday season, (Oct best volume month 253)
- Departmental realignment completed
- Inventory Specialist in place for real-time tracking of supplies and standardize products
- Ivus System in place, better imaging and stent placement

Expense Control and Revenue Enhancement

- Finalized leadership structure Q1, resulting in \$500k labor savings FYTD (6mos)
- Reprocessing of EP supplies with expected savings of up to \$700K per year
- Inventory reduction and elimination of redundant supplies, resulting in recent savings of \$150K/year
- Watchman device rebates averaging \$50K per quarter

Strategic Next Steps

- Bi-monthly Operational meeting to be conducted to include the Cardiologist CEO and primary cardiologist, UMC CEO, COO and Cardiology Director
 - Goal: further develop the program, expense control, and patient throughput
- Realignment of IR Specials and Cath Lab is in process to extend coverage hours and reduce premium pay
- Shared utilization of staff for IR Specials, Cardiac Cath Lab, and Recovery Area
- Working with vascular surgeon to streamline peripheral vascular cases
- Tricuspid procedures
- EP Carto system, new quote submitting to capital approved

FY 2025 YTD Q2
102,711

Charge per Case
\$833
\$789 | \$44 | 5.58%

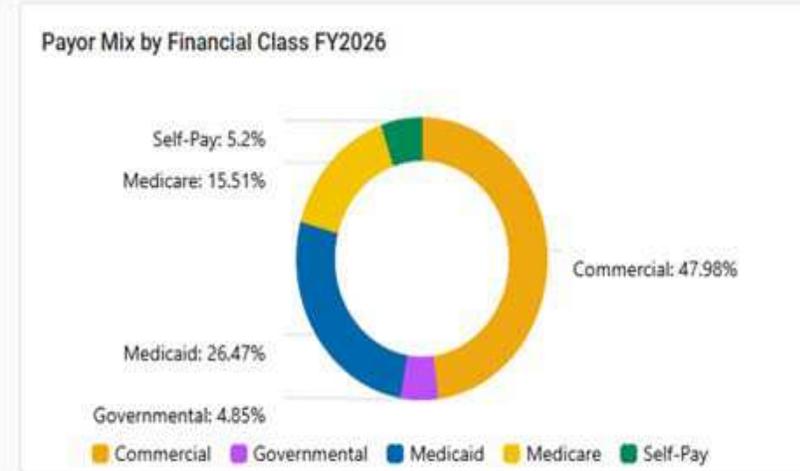
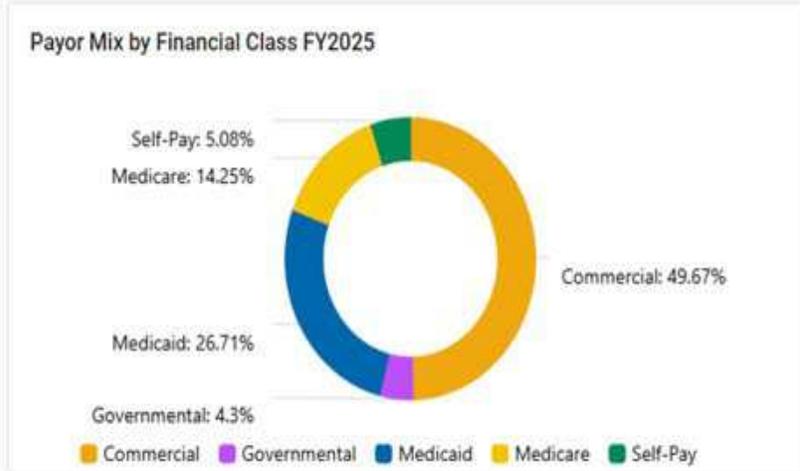
Net Rev per Case
\$192
\$179 | \$13 | 7.33%

Variable Cost per Case
\$189
\$151 | \$38 | 25.12%

Contribution Margin per Case
\$3
\$28 | \$(25) | -90.34%

FY 2026 YTD Q2
97,659

Total Charges
\$81,965,855



Total Charges
\$ 81,349,947

Net Revenue (Incl. Supplemental Payments)
\$18,388,238

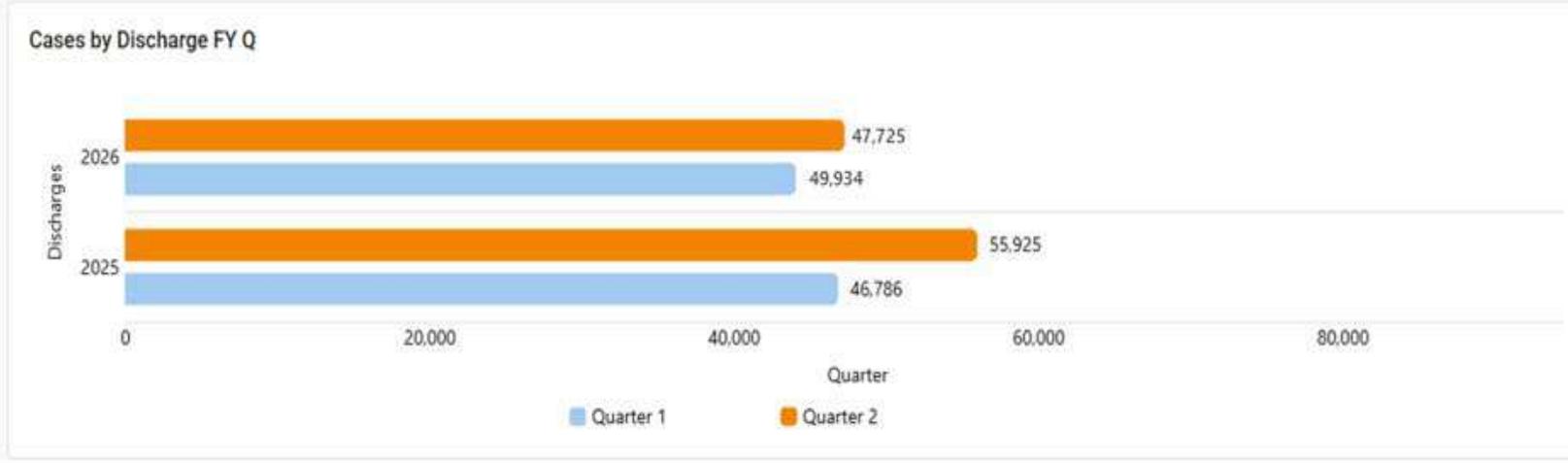
Net Revenue (Incl. Supplemental Payments)
\$ 18,750,528

Variable Cost
\$15,632,344

Variable Cost
\$ 18,457,551

Contribution Margin
\$2,755,906

Contribution Margin
\$ 292,977



FY 2025 YTD Q2

46,731

Charge per Case

\$596

\$593 | \$2 | 0.35%

Net Rev per Case

\$142

\$126 | \$16 | 12.61%

Variable Cost per Case

\$156

\$155 | \$0 | 0.25%

Contribution Margin per Case

\$(14)

\$(29) | \$15 | 52.55%

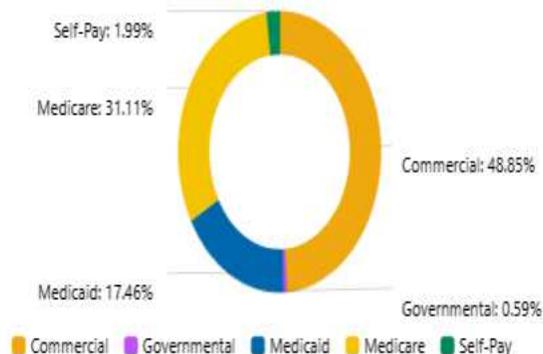
FY 2026 YTD Q2

47,023

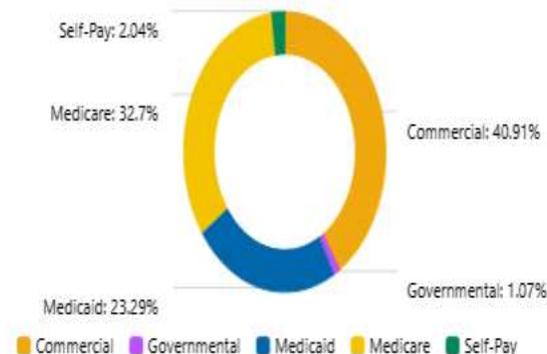
Total Charges

\$27,733,091

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$28,003,741

Net Revenue (Incl. Supplemental Payments)

\$5,882,910

Net Revenue (Incl. Supplemental Payments)

\$6,666,368

Variable Cost

\$7,259,477

Variable Cost

\$7,323,391

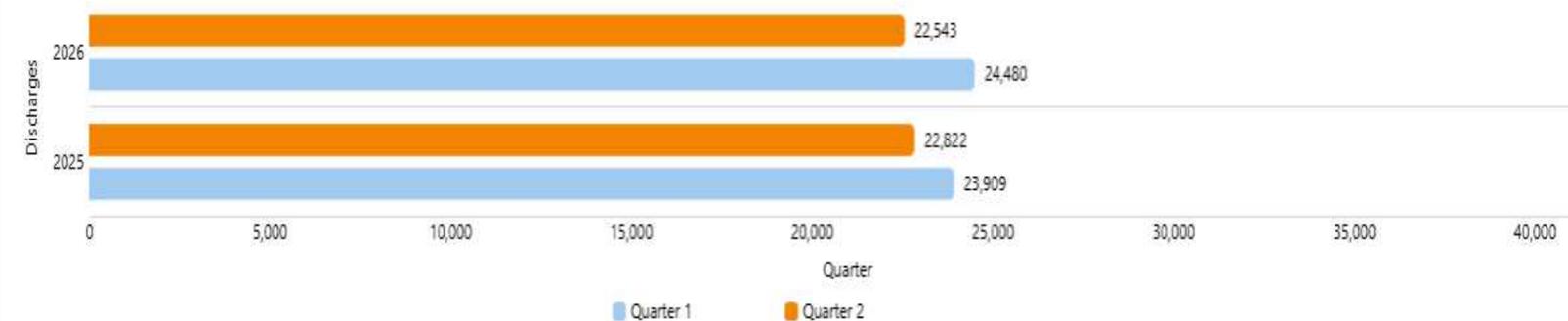
Contribution Margin

\$(1,376,206)

Contribution Margin

\$(657,024)

Cases by Discharge FY Q



Operational Update

Primary Care/Quick Care Volume

- 102% PCP Schedule Utilization Rate (previous Q 97%)
- PC No-Show Rate: 8.55% (Goal: 10%)
- 17,887 text messages sent via Hello World for appointment reminders, billing notifications, and patient self-arrival
- QC Left After Triage – 0.02% (Goal: 0%)
- UMC QC, PC, and Telehealth
 - Providing integrated QC, PC, and Telehealth access for same-day care
 - Increase Value-Based Care incentive payment

UMC Call Center and Referrals

- 54,755 Incoming Calls
- Overall Abandonment Rate – Goal <8%
 - Call center: 8%, Referrals: 8%, Ortho: 10%
 - Call response time improved; 3:38 minutes to 2:24 minutes
 - Call center hours restructured; M-F 6:30 am – 6:30 pm, Weekends 8 am – 4:30pm
 - Weekend call center hours are providing 50 additional appointments/per weekend
- 9,762 MyChart medical advice messages received in Q1; 90.2% handled within 48hrs (Goal: 98%)

UMC QC, PC, and Telehealth

- Providing integrated QC, PC, and Telehealth access for same-day care
- Increase Value-Based Care incentive payments

Expense Opportunities

Improved Value-Based Quality Care

- CCM Vendor, 1,200 patients enrolled as of June 30, 2025 (Goal: 1,000, enrolled by Dec 2025)
- DME program (Motion MD) implemented at all clinics, reducing DME supply costs for UMC
- Managed Care Department negotiated new contracts for QC, estimated improvement of \$1.5M
- Reduced courier services expense by 35%
- Continued staff and scheduled realignment

Strategic Next Steps

- East Charleston Clinic Grand Opening January 28th, 2026
- 24-hour Quick Care approved by the Governing Board, estimated opening fall 2026
 - Completely new model staffing
 - QC, Telehealth, Adolescences, Workman's Comp, and follow-up care
- UMC One Call, 24-hour Nurse
 - Call, patient assistant, scheduling discharged hospital patients to clinics
- Aliante Peds Urgent Care

FY 2025 YTD Q2

3,283

Net Rev per Case

\$5,400

\$5,697 | \$(297) | -5.22%

Variable Cost per Case

\$2,697

\$2,761 | \$(64) | -2.30%

Contribution Margin per Case

\$2,702

\$2,936 | \$(234) | -7.95%

Variable Cost per Day

\$2,416

\$2,647 | \$(232) | -8.75%

FY 2026 YTD Q2

3,688

Total Charges

\$97,410,865

Net Revenue (Incl. Supplemental Payments)

\$18,702,972

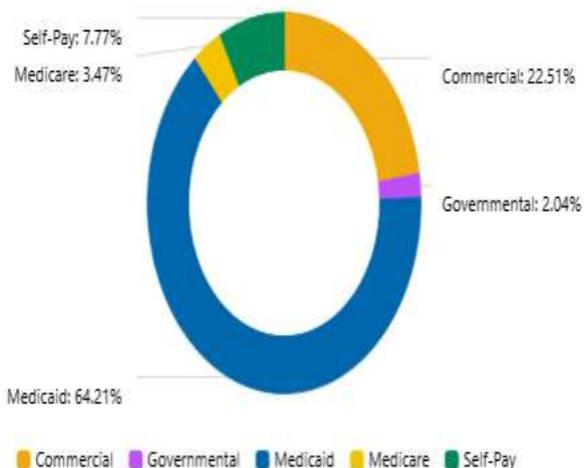
Variable Cost

\$9,064,528

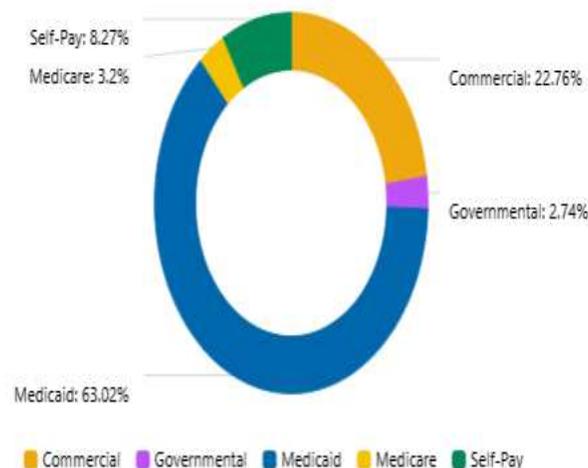
Contribution Margin

\$9,638,444

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$112,888,029

Net Revenue (Incl. Supplemental Payments)

\$19,914,331

Variable Cost

\$9,948,065

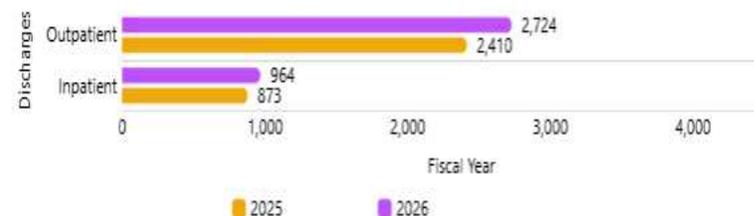
Contribution Margin

\$9,966,266

Cases by Discharge FY Q



Volume by Patient Type



FY 2025 YTD Q2

10,697

Net Rev per Case

\$2,810

\$2,638 | \$171 | 6.49%

Variable Cost per Case

\$1,356

\$1,250 | \$107 | 8.54%

Contribution Margin per Case

\$1,453

\$1,389 | \$65 | 4.65%

Variable Cost per Day

\$1,944

\$1,731 | \$214 | 12.34%

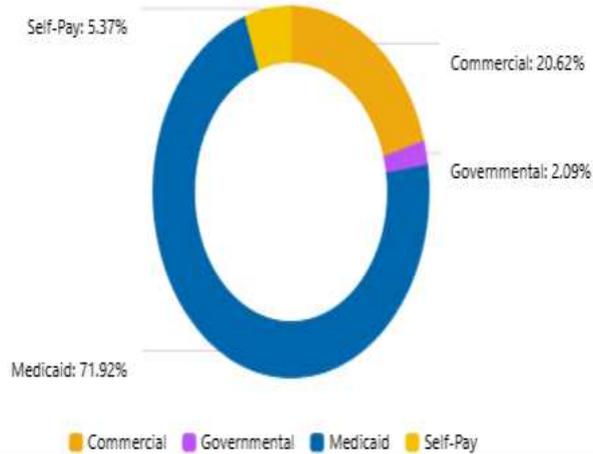
FY 2026 YTD Q2

9,685

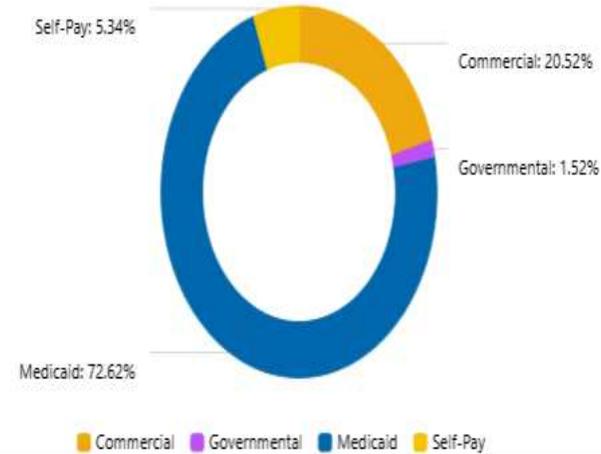
Total Charges

\$138,969,294

Payor Mix by Financial Class FY2025



Payor Mix by Financial Class FY2026



Total Charges

\$146,316,916

Net Revenue (Incl. Supplemental Payments)

\$28,221,434

Net Revenue (Incl. Supplemental Payments)

\$27,210,155

Variable Cost

\$13,366,530

Variable Cost

\$13,135,351

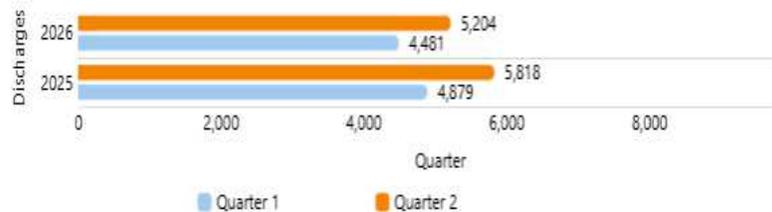
Contribution Margin

\$14,854,904

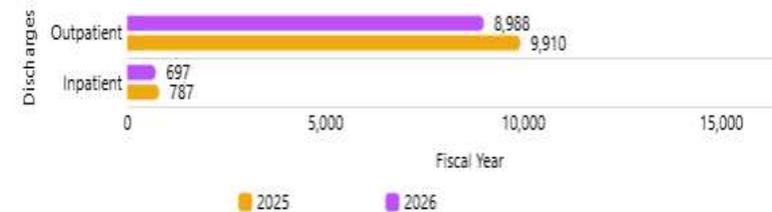
Contribution Margin

\$14,074,805

Cases by Discharge FY Q



Volume by Patient Type



Operational Update

Infant/Child Security System

- HUGS system is in Ntracts

Perinatal

- Finalizing IT integration of Baby Steps
- Ongoing meeting with UNLV for good communication and operational efficiencies
- Continuing daily rounding on patients and continuing to offer the opportunity to rate us on Google
- The Family Focused Care Task Force is moving forward with gentle C-section initiatives
- Increased volume from private physicians

NICU

- Angel Eyes NICU camera system kick-off meeting; awaiting installation

Children's Hospital

- Update One Call transfer protocols to limit unnecessary denials of pediatric patients

Expense Control and Revenue Enhancement

Perinatal/NICU

- Baby Steps conversion is 71%. Continuing to optimize and increase utilization of program
- Evaluating innovative new programs to develop to support volume

Children's Hospital

- Working to review pediatric transfer denials to ensure there are no missed opportunities

Strategic Next Steps

- Continue strategic plan for Children's Hospital
- Finalize Antepartum due diligence
- Continue to work from the Maternal Child strategic plan

FY 2025 YTD Q2
733

Net Rev per Case
\$23,828
\$24,526 | \$(698) | -2.85%

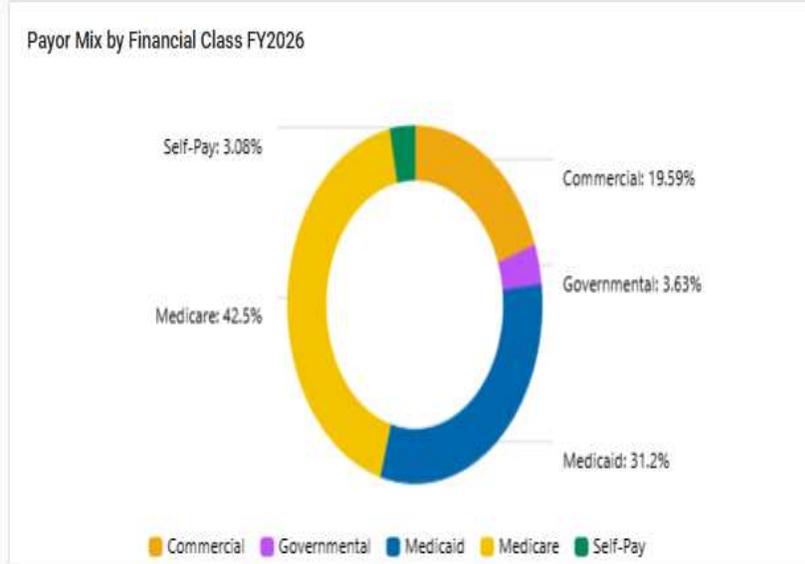
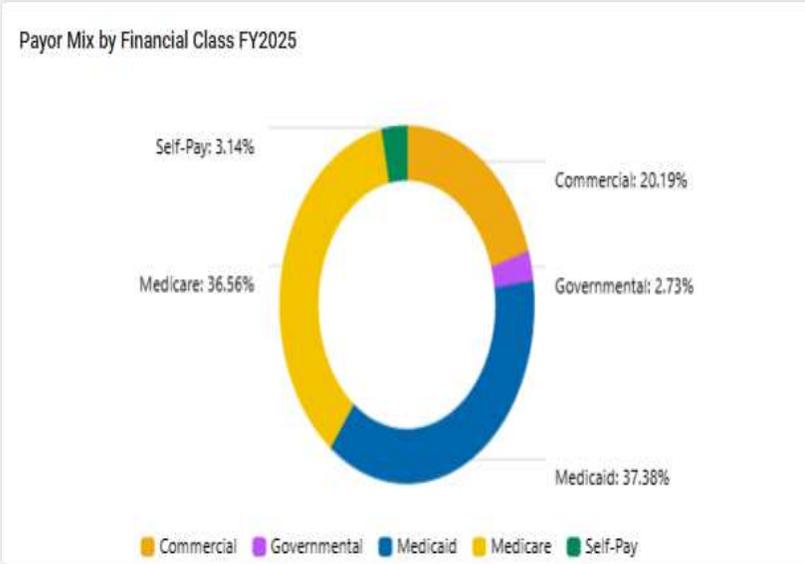
Variable Cost per Case
\$15,557
\$16,153 | \$(596) | -3.69%

Contribution Margin per Case
\$8,271
\$8,373 | \$(102) | -1.22%

Variable Cost per Day
\$2,837
\$2,357 | \$479 | 20.34%

FY 2026 YTD Q2
1,266

Total Charges
\$99,615,766



Total Charges
\$190,512,847

Net Revenue (Incl. Supplemental Payments)
\$17,977,806

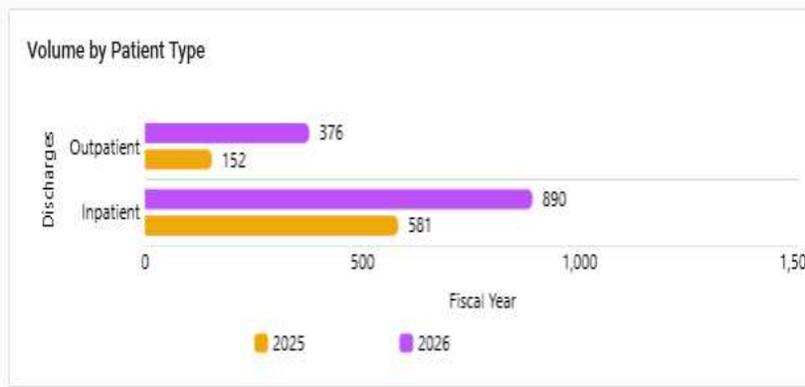
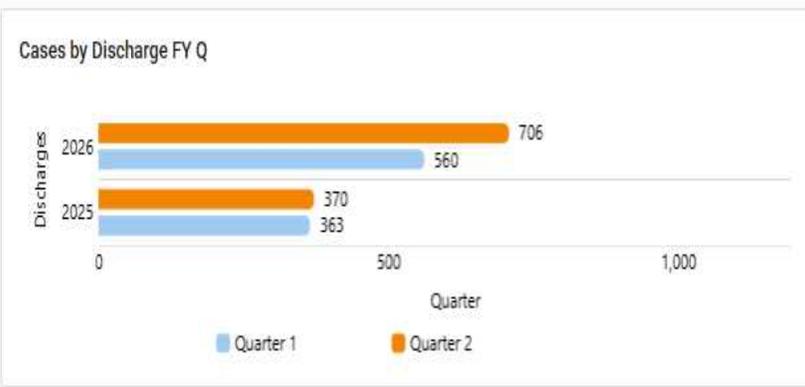
Net Revenue (Incl. Supplemental Payments)
\$30,166,249

Variable Cost
\$11,840,484

Variable Cost
\$19,695,239

Contribution Margin
\$6,137,322

Contribution Margin
\$10,471,009



**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 Market Share; 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
February 12, 2026

Agenda Item #

5



Service Line Market Update

February 12, 2026



Concentric Circle Map

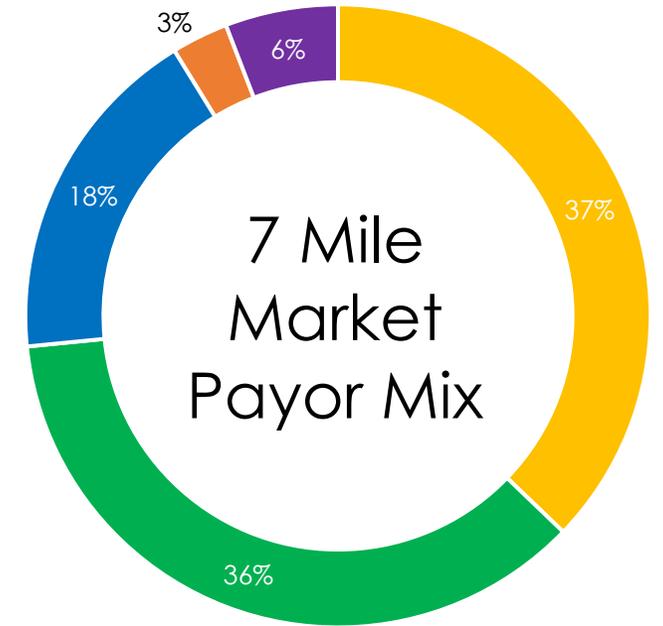
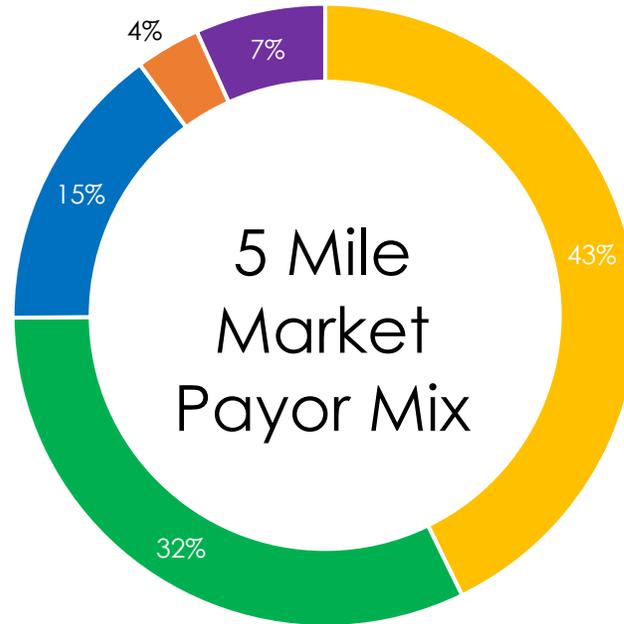
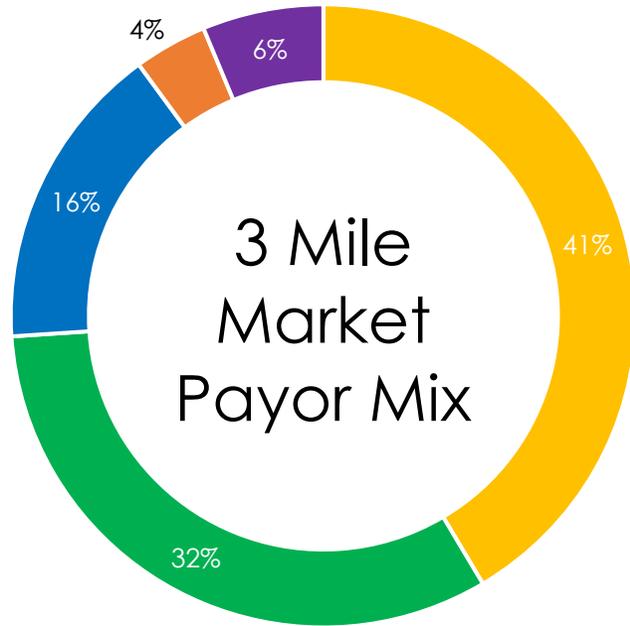
UMC 3 mile, 5 mile, 7 mile radius



Market Share Update

UMC Overall Market Share- (IP, All Ages, FY25 Q2 - F26 Q1)

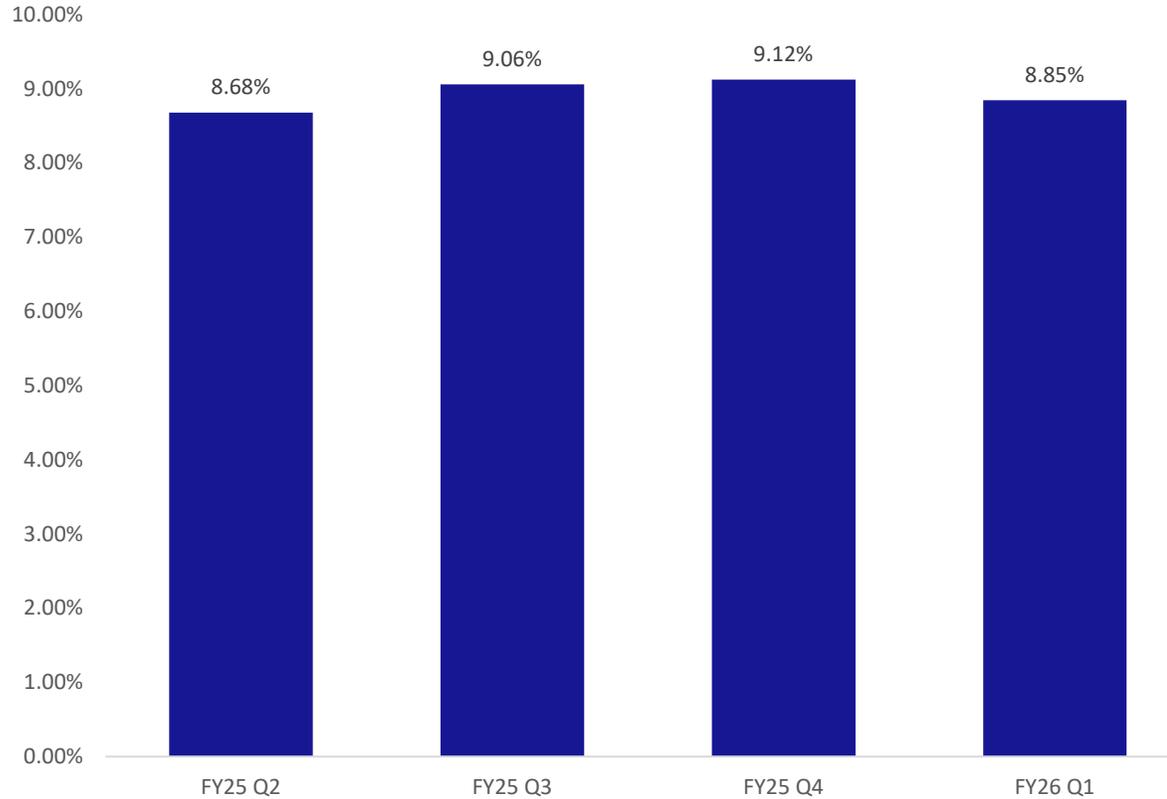
- Medicaid
- Medicare
- Commercial
- Self Pay
- Other



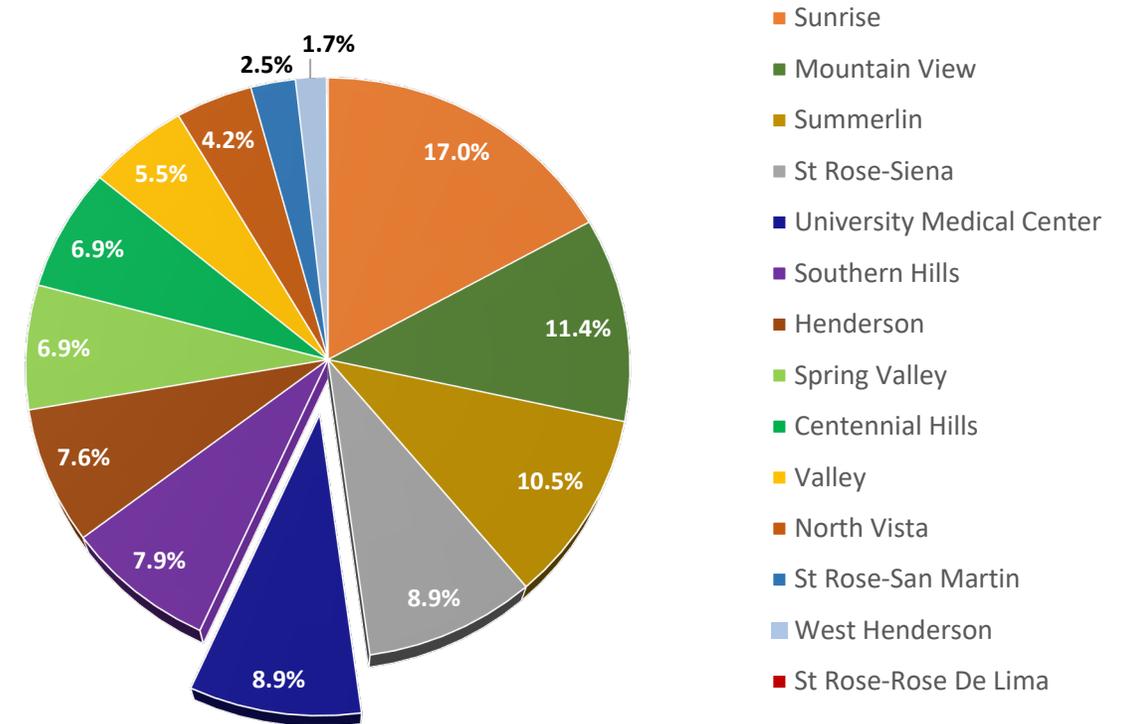
Market Share Update

UMC Overall Market Share- (IP, All Ages, FY25 Q2 - F26 Q1)

UMC Quarterly Trended Market Share



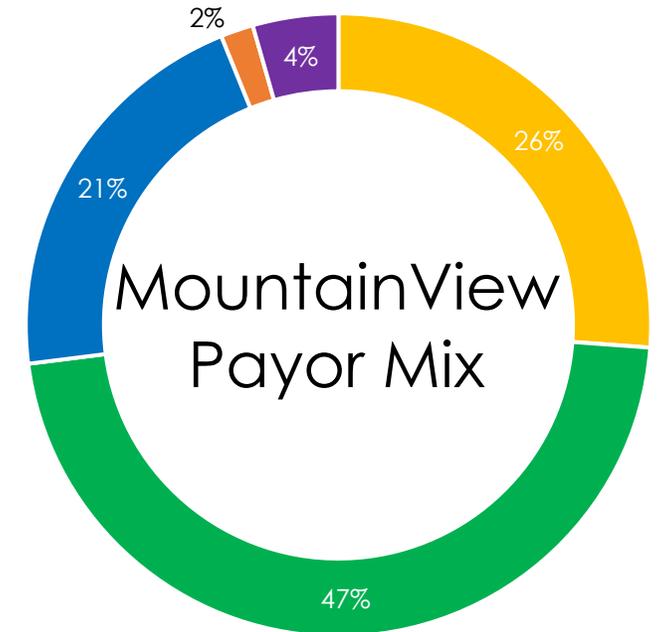
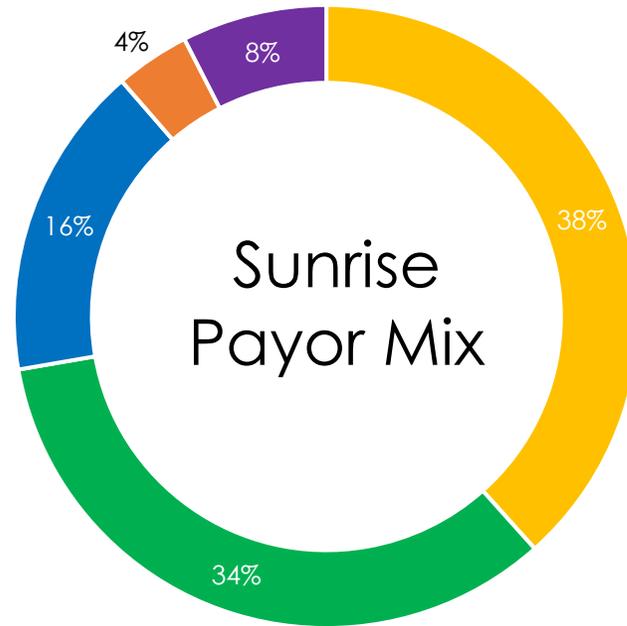
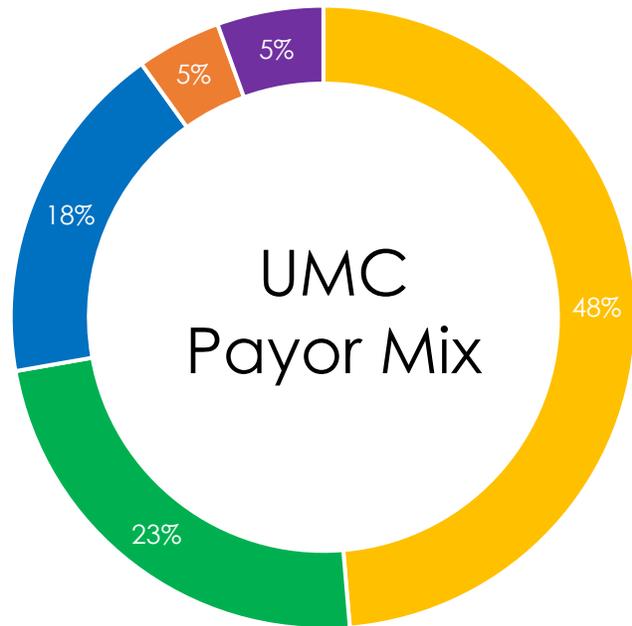
Market Share FY25 Q2-FY26 Q1



Market Share Update

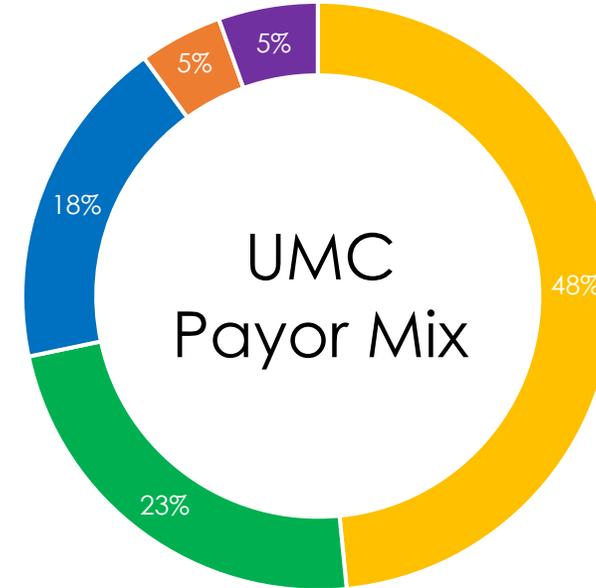
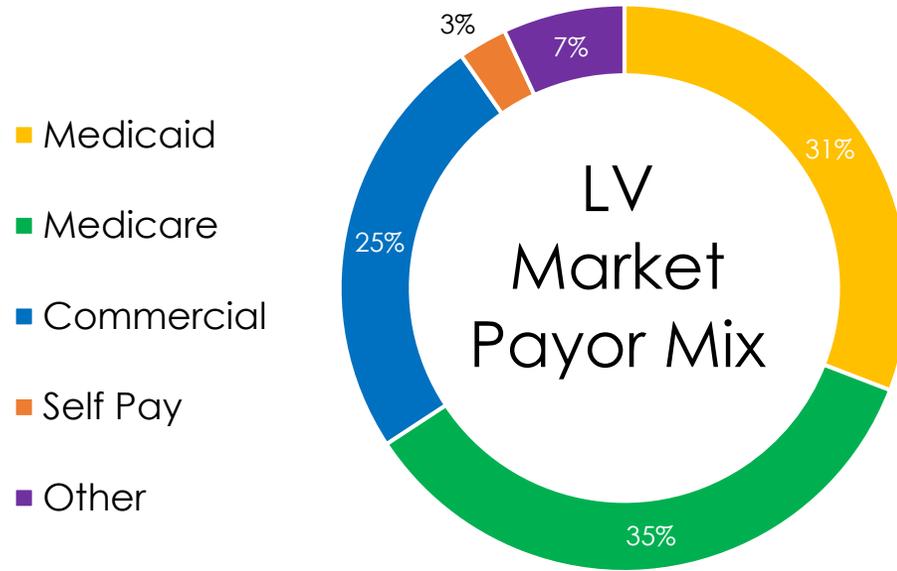
UMC Overall Market Share- (IP, All Ages, FY25 Q2 - F26 Q1)

- Medicaid
- Medicare
- Commercial
- Self Pay
- Other



Market Share Update

UMC Overall Market Share- (IP, All Ages, FY25 Q2 - F26 Q1)



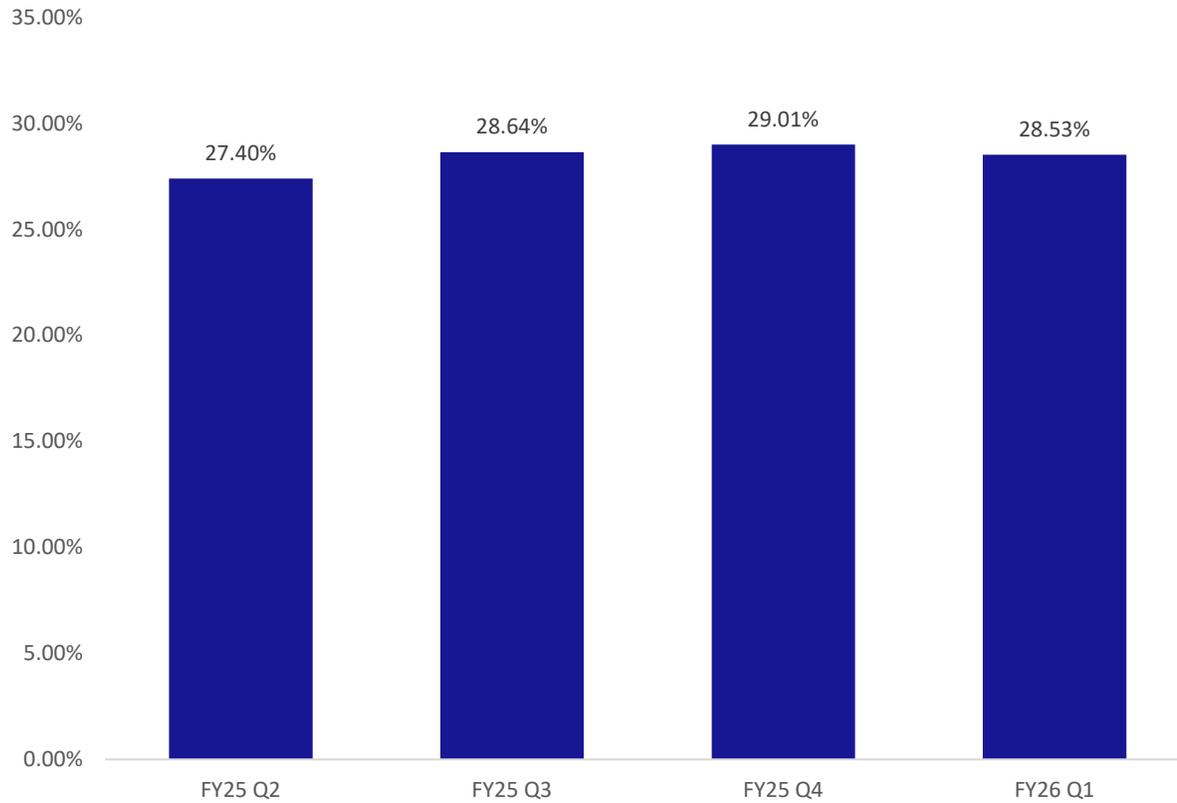
Market Gross Revenue	UMC Gross Revenue
\$45.1 B	\$3.2 B
UMC Net Revenue	
Assumption of 18.08% = \$575.9 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> 1% = \$64.5 M 3% = \$193.5 M 5% = \$322.5 M 	<ul style="list-style-type: none"> 1% = 2,705 cases 3% = 8,114 cases 5% = 13,523 cases

UMC Patient Population By Age Group	
0-18	14%
19-30	11%
31-45	18%
46-64	28%
65-104	30%

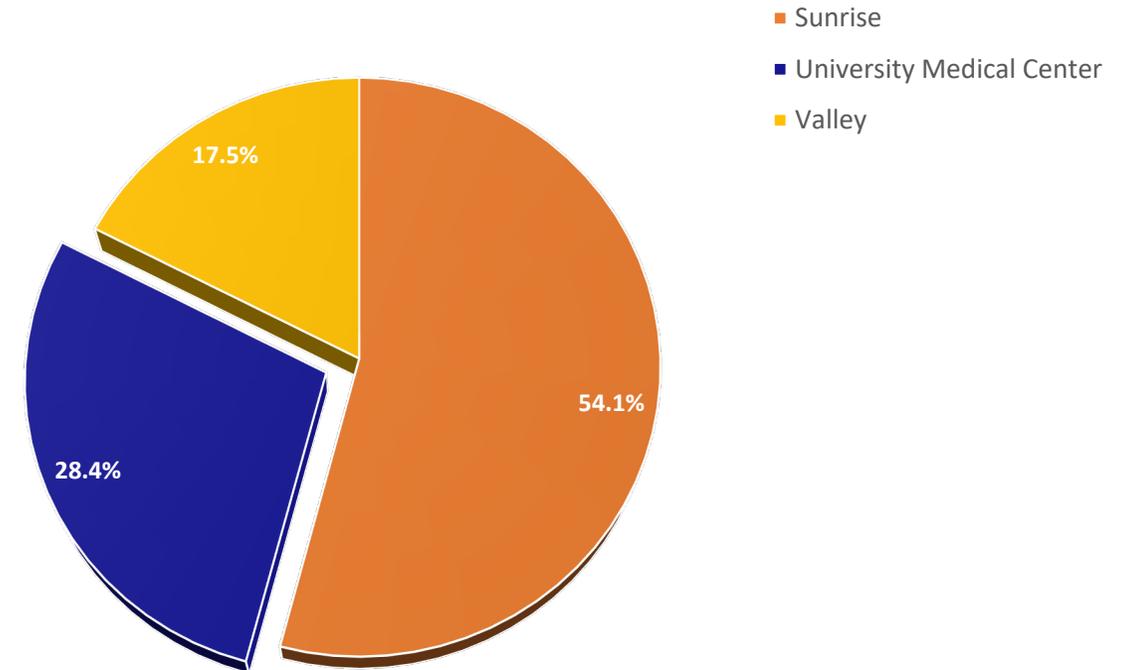
Market Share Update

UMC Market Share- (IP, All Ages, 3 Mile Radius from UMC)

UMC Quarterly Trended Market Share



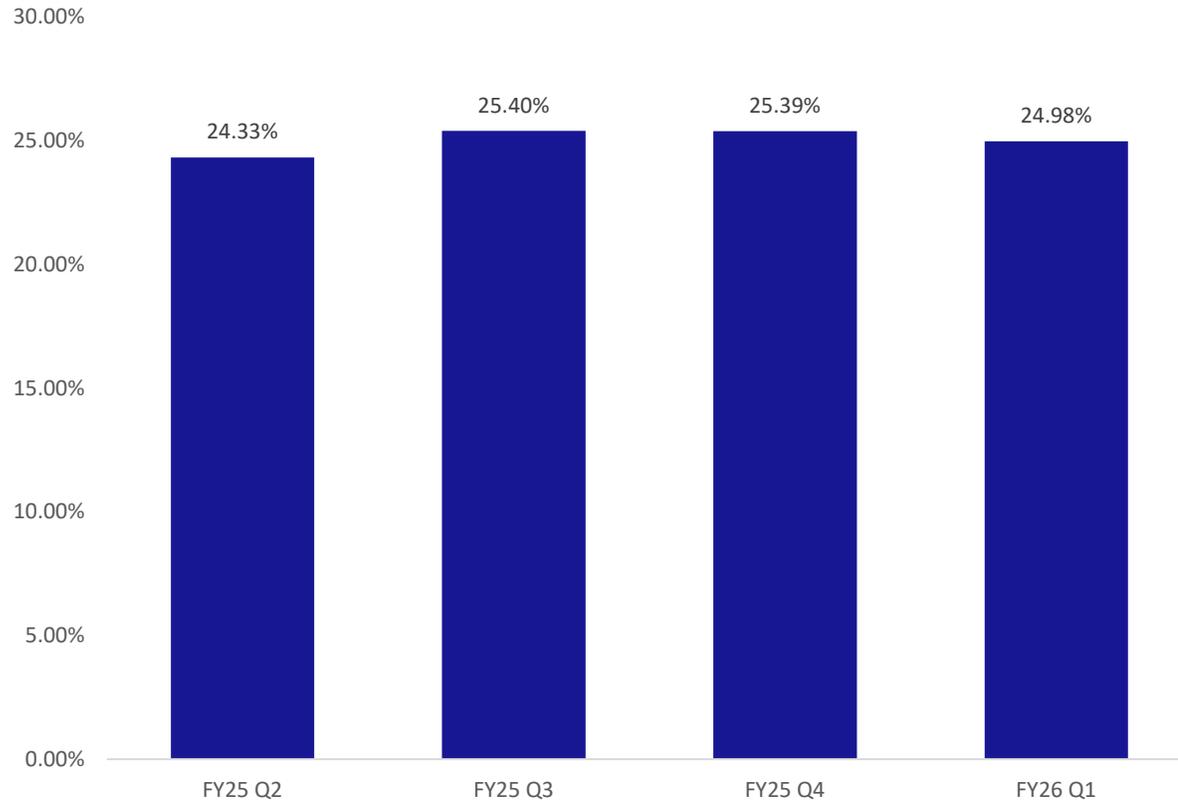
Market Share FY25 Q2 - FY26 Q1



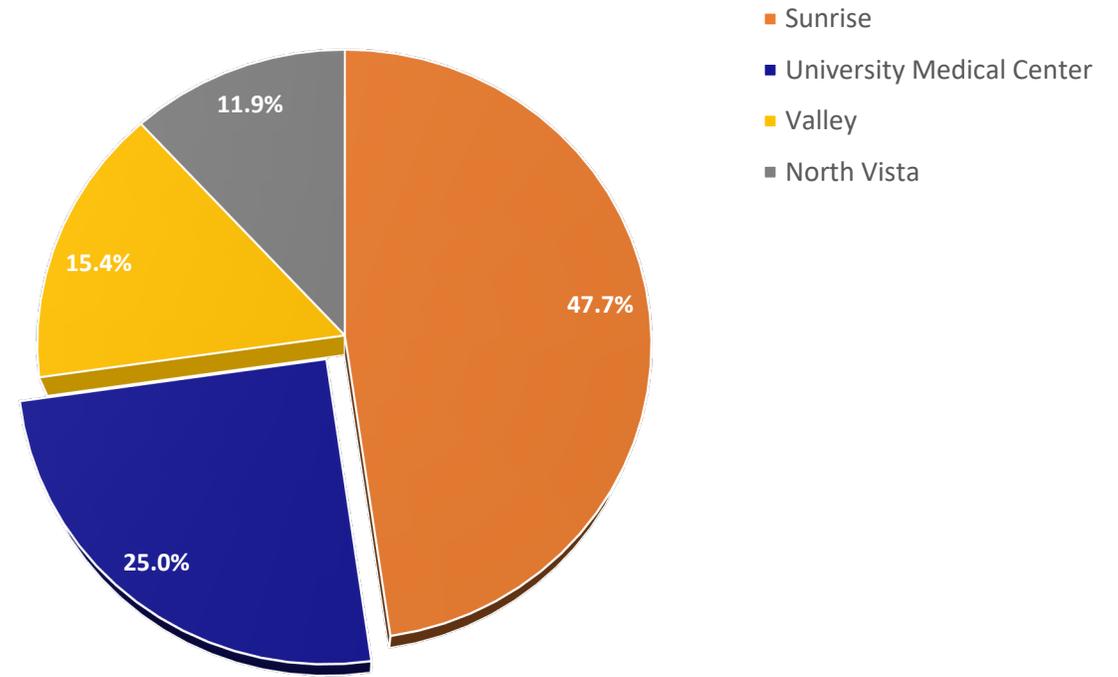
Market Share Update

UMC Market Share- (IP, All Ages, 5 Mile Radius from UMC)

UMC Quarterly Trended Market Share



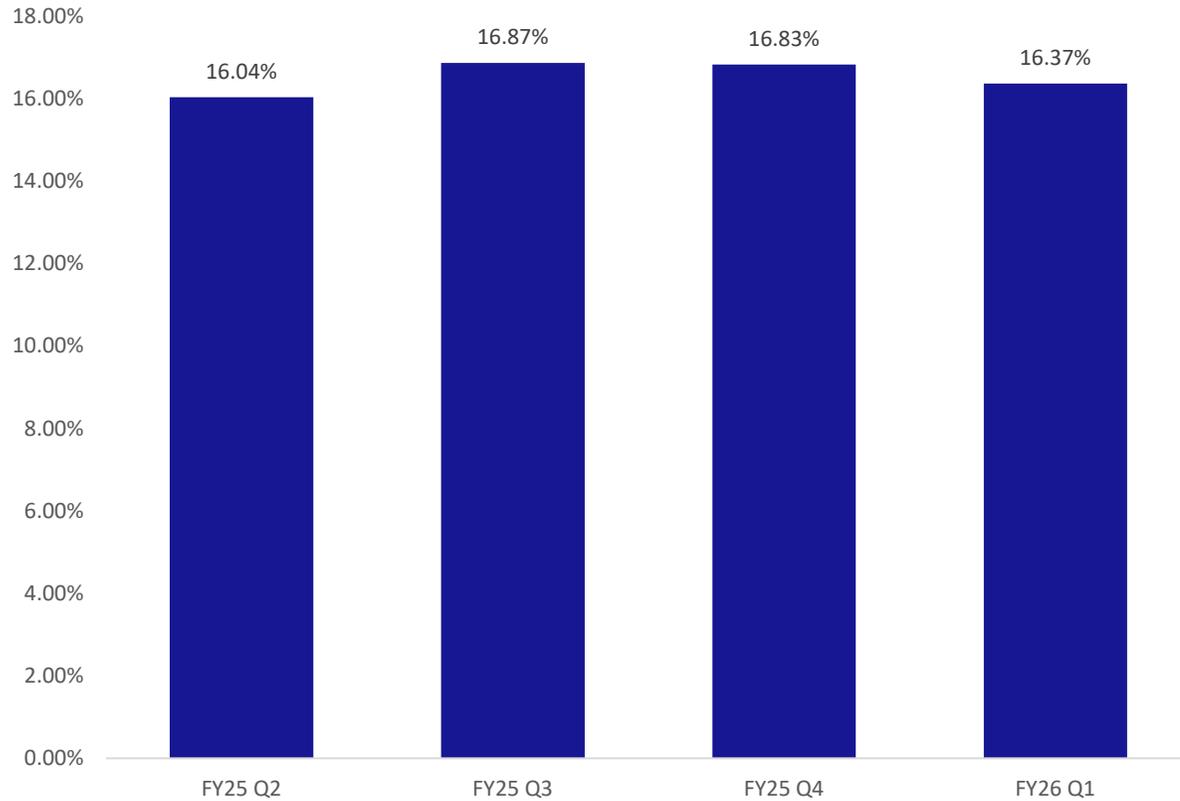
Market Share FY25 Q2 - FY26 Q1



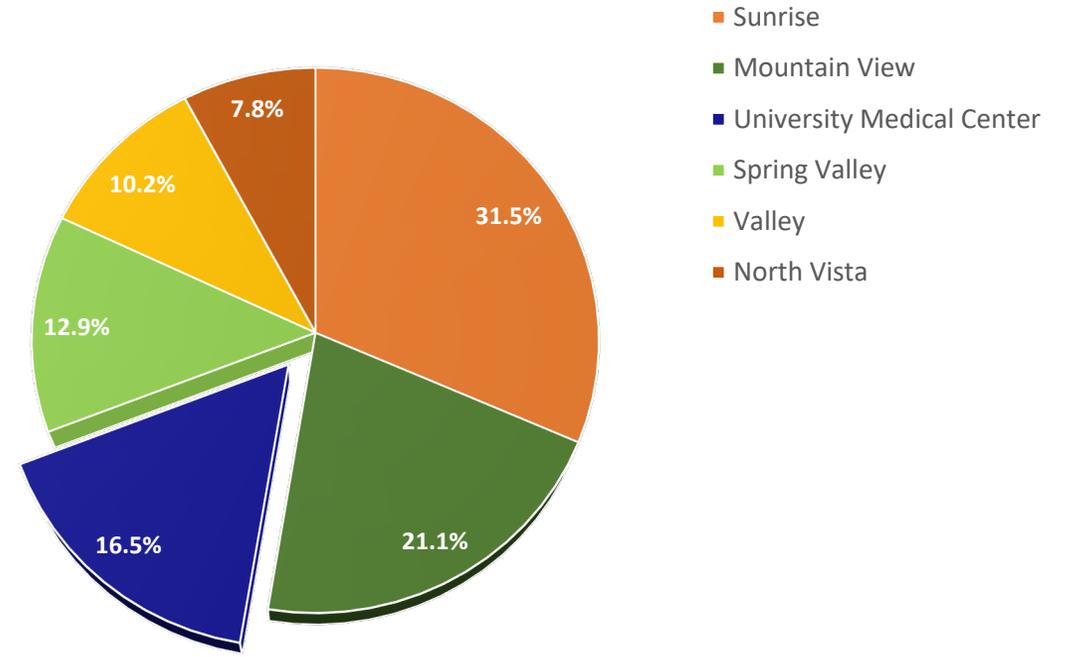
Market Share Update

UMC Market Share- (IP, All Ages, 7 Mile Radius from UMC)

UMC Quarterly Trended Market Share



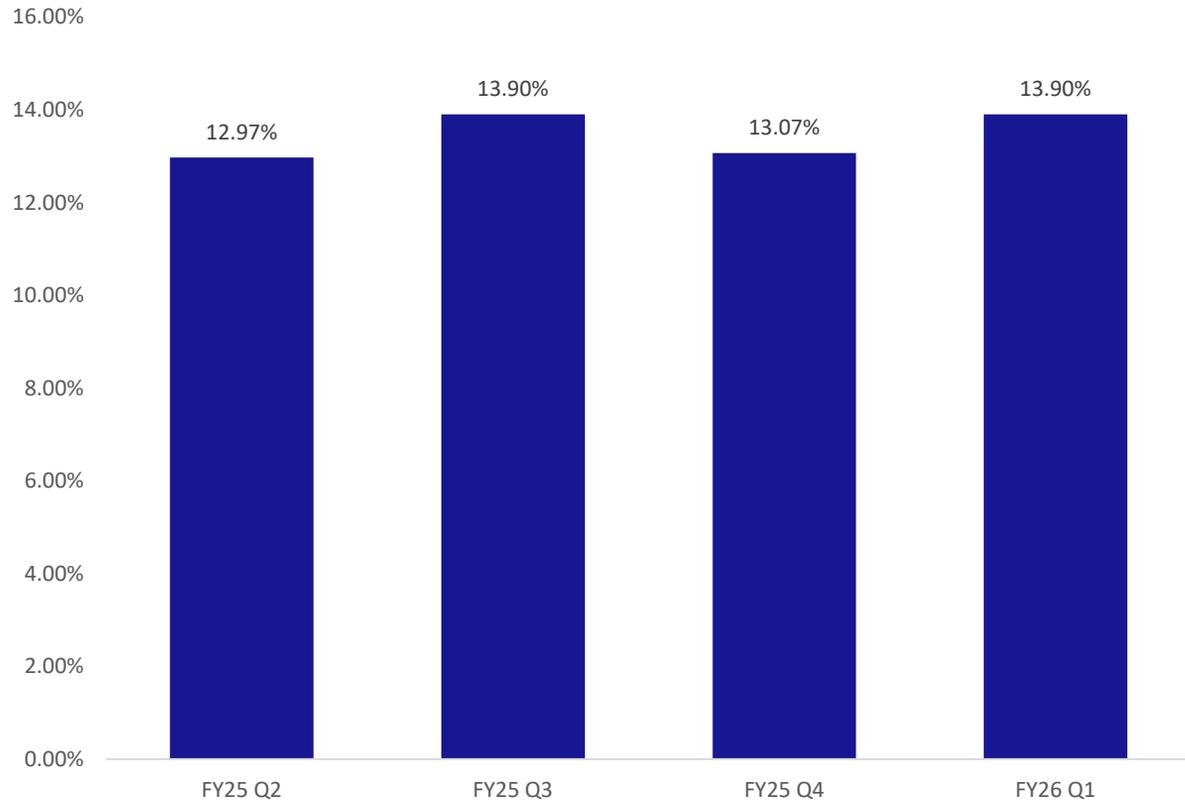
Market Share FY25 Q2 - FY26 Q1



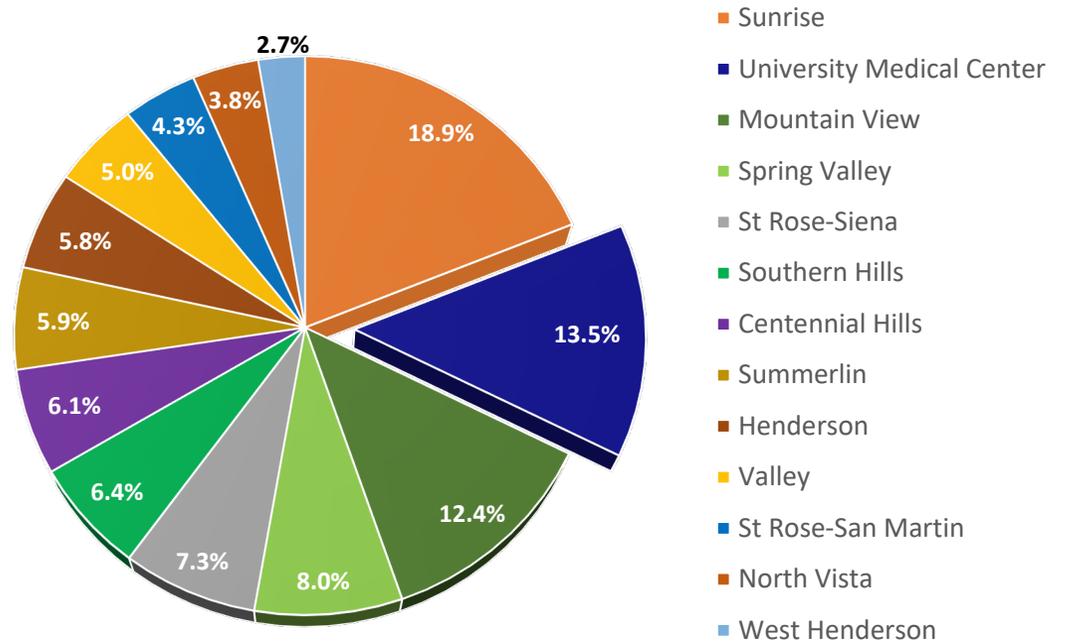
Market Share Update

General Surgery Overall Market Share- (IP, Adult)

UMC Quarterly Trended Market Share

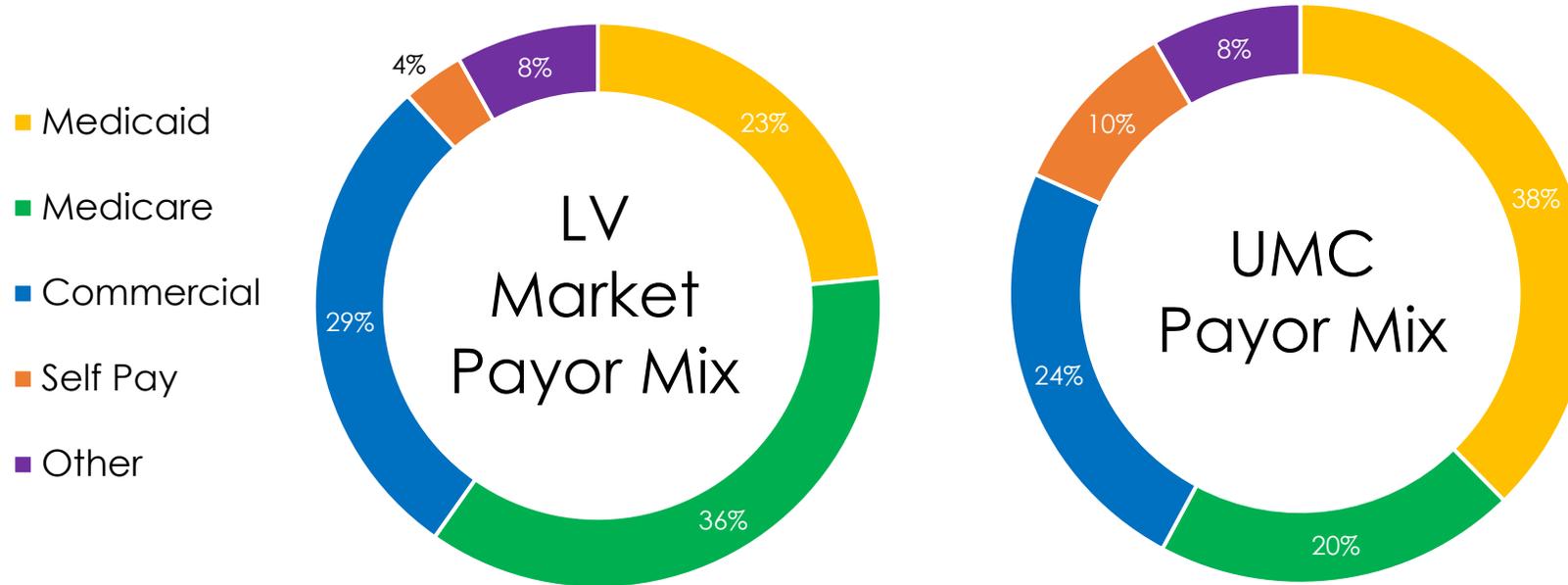


Market Share FY25 Q2 - FY26 Q1



Market Share Update

General Surgery Overall Market Share- (IP, Adult , FY25 Q2 - F26 Q1)



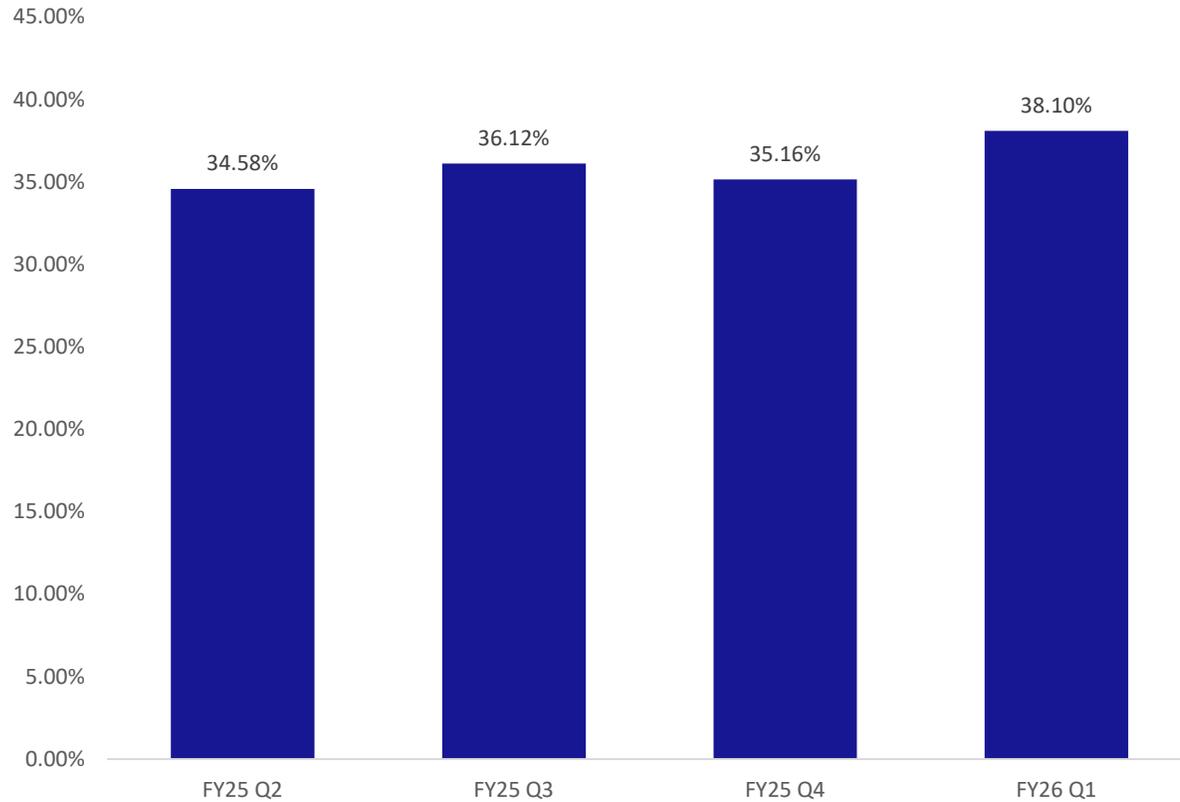
Market Gross Revenue	UMC Gross Revenue
\$7.4 B	\$764.1 M
UMC Net Revenue	
Assumption of 16.21% = \$123.9 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> 1% = \$9.2 M 3% = \$27.6 M 5% = \$46.0 M 	<ul style="list-style-type: none"> 1% = 182 cases 3% = 547 cases 5% = 911 cases

UMC Patient Population By Age Group	
0-18	1%
19-30	11%
31-45	24%
46-64	39%
65-104	26%

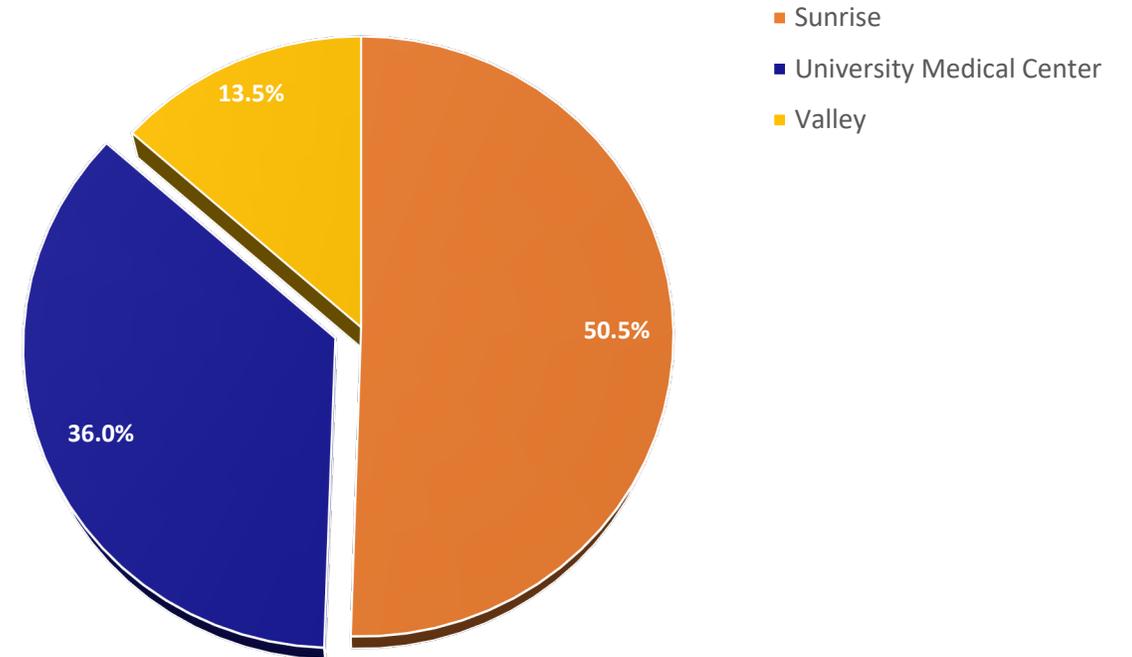
Market Share Update

General Surgery Market Share- (IP, Adult, 3 Mile Radius from UMC)

UMC Quarterly Trended Market Share



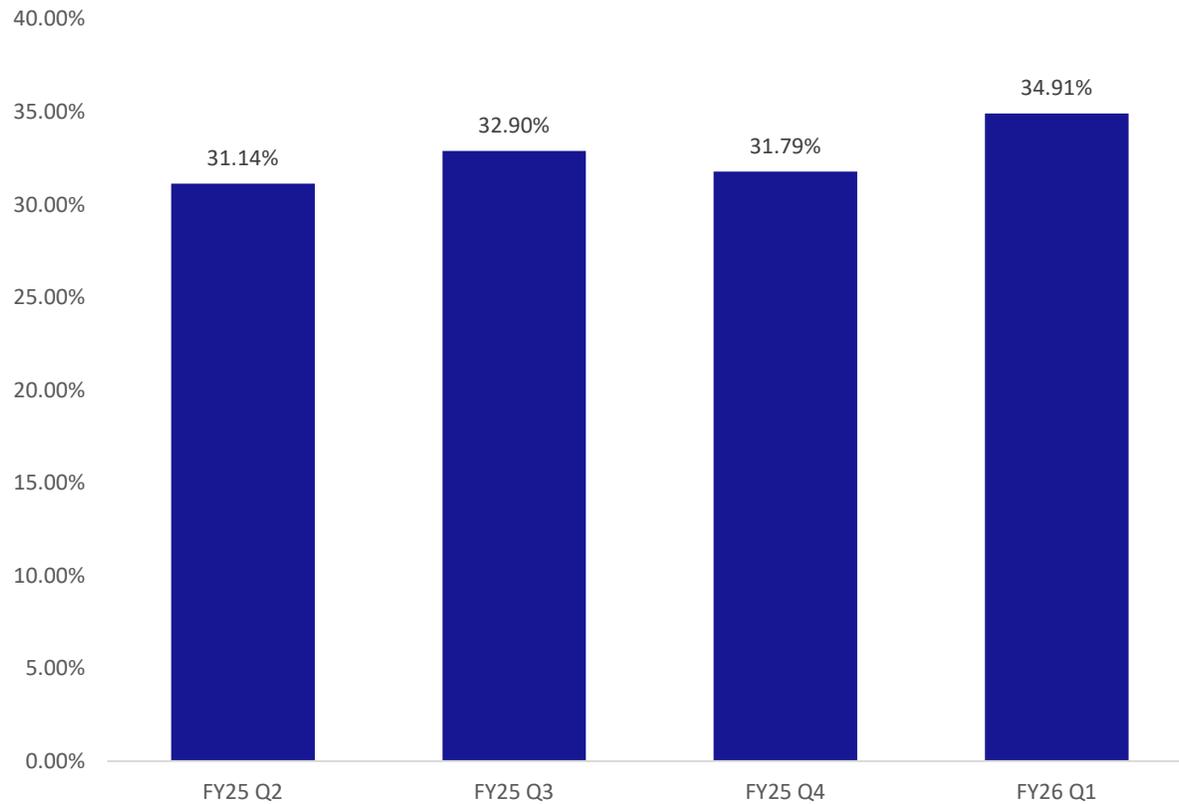
Market Share FY25 Q2 - FY26 Q1



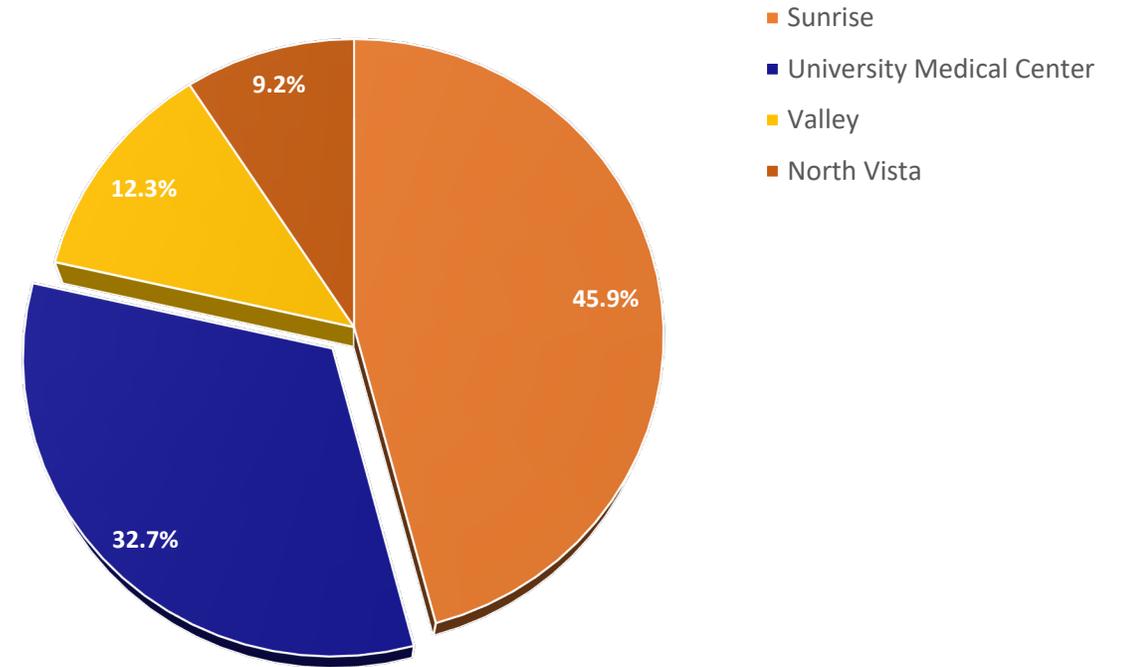
Market Share Update

General Surgery Market Share- (IP, Adult, 5 Mile Radius from UMC)

UMC Quarterly Trended Market Share



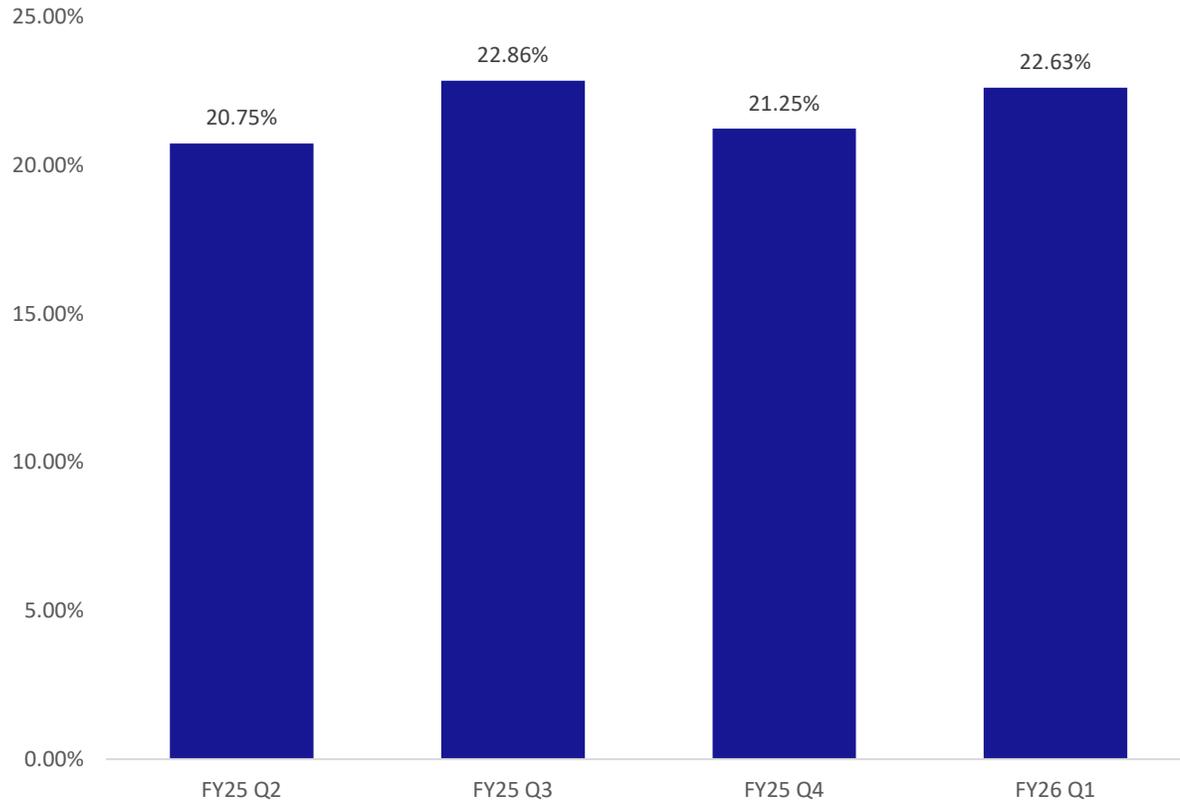
Market Share FY25 Q2 - FY26 Q1



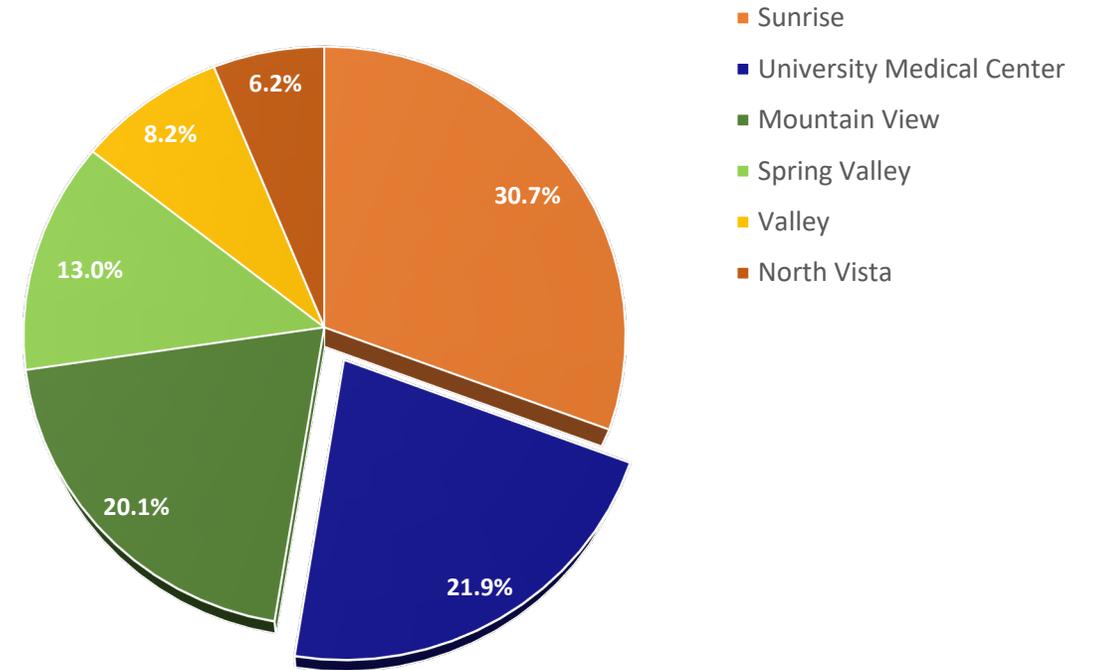
Market Share Update

General Surgery Market Share- (IP, Adult, 7 Mile Radius from UMC)

UMC Quarterly Trended Market Share



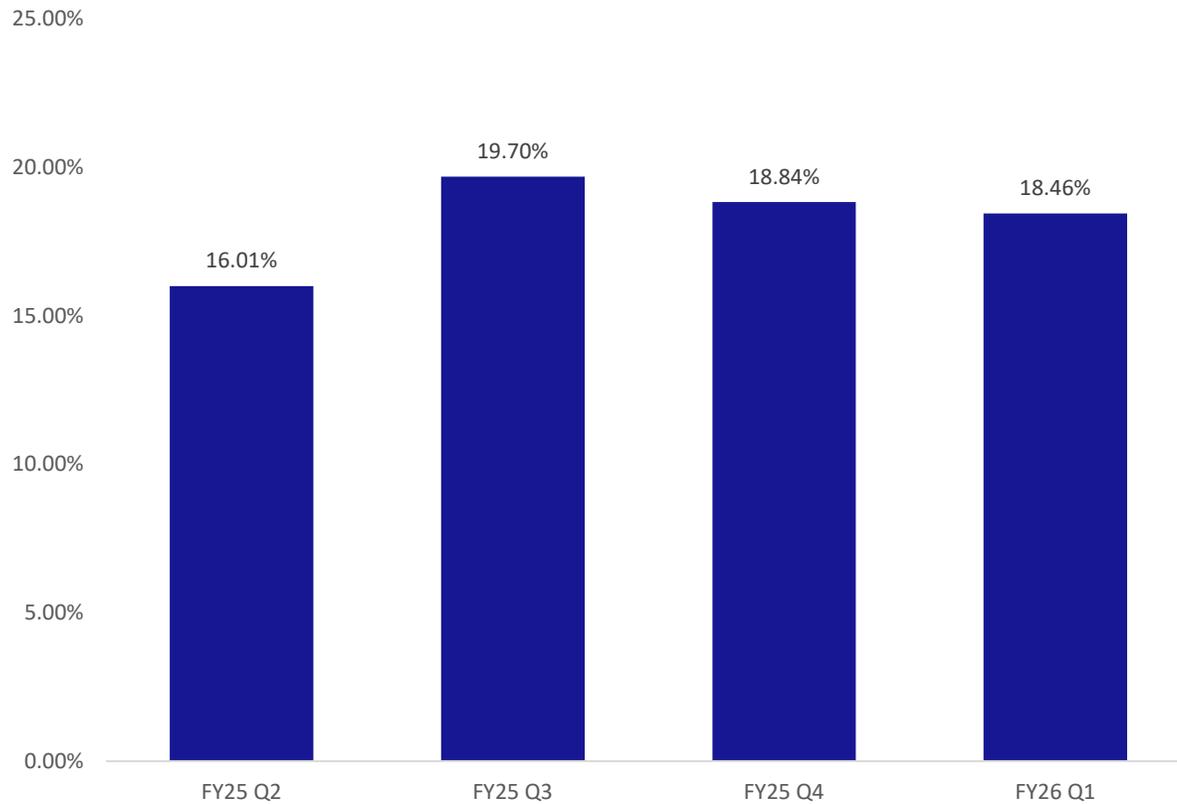
Market Share FY25 Q2 - FY26 Q1



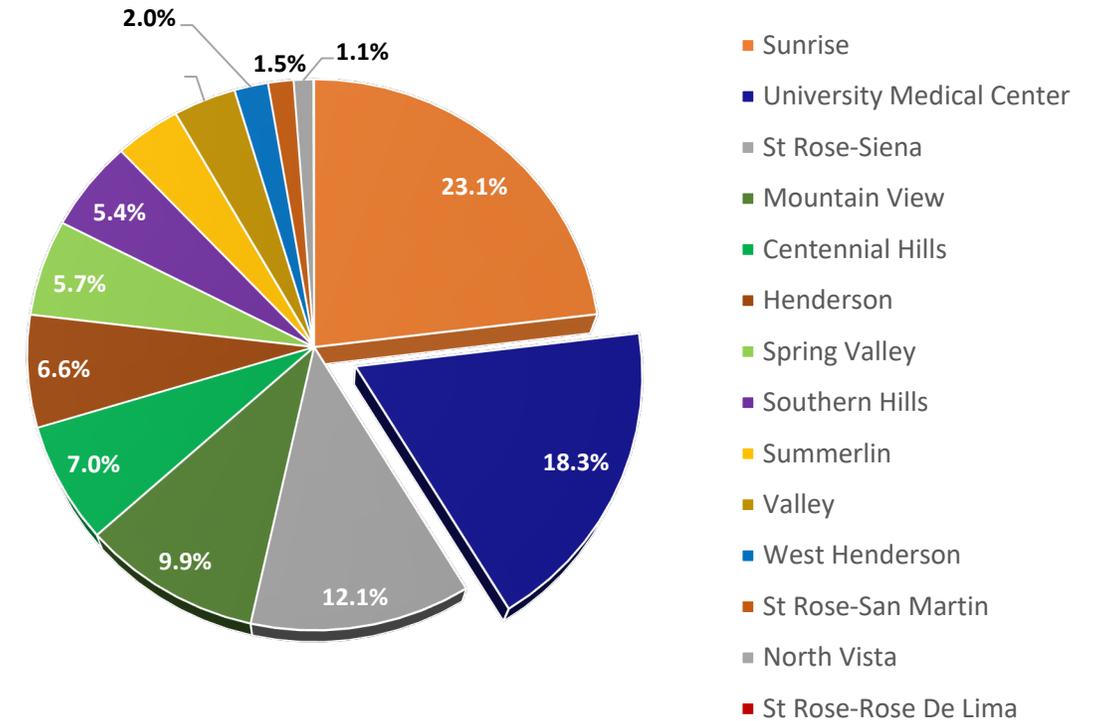
Market Share Update

Orthopedics Overall Market Share- (IP, Adult)

UMC Quarterly Trended Market Share

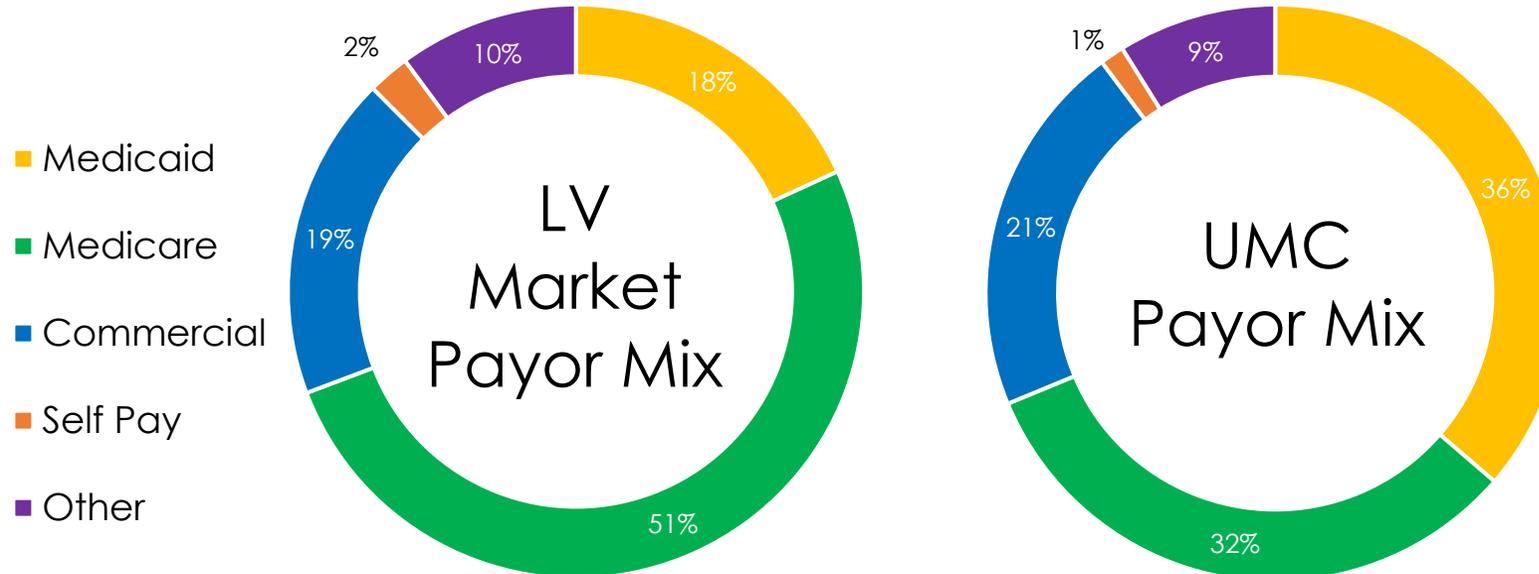


Market Share FY25 Q2 - FY26 Q1



Market Share Update

Orthopedics Overall Market Share- (IP, Adult , FY25 Q2 - F26 Q1)



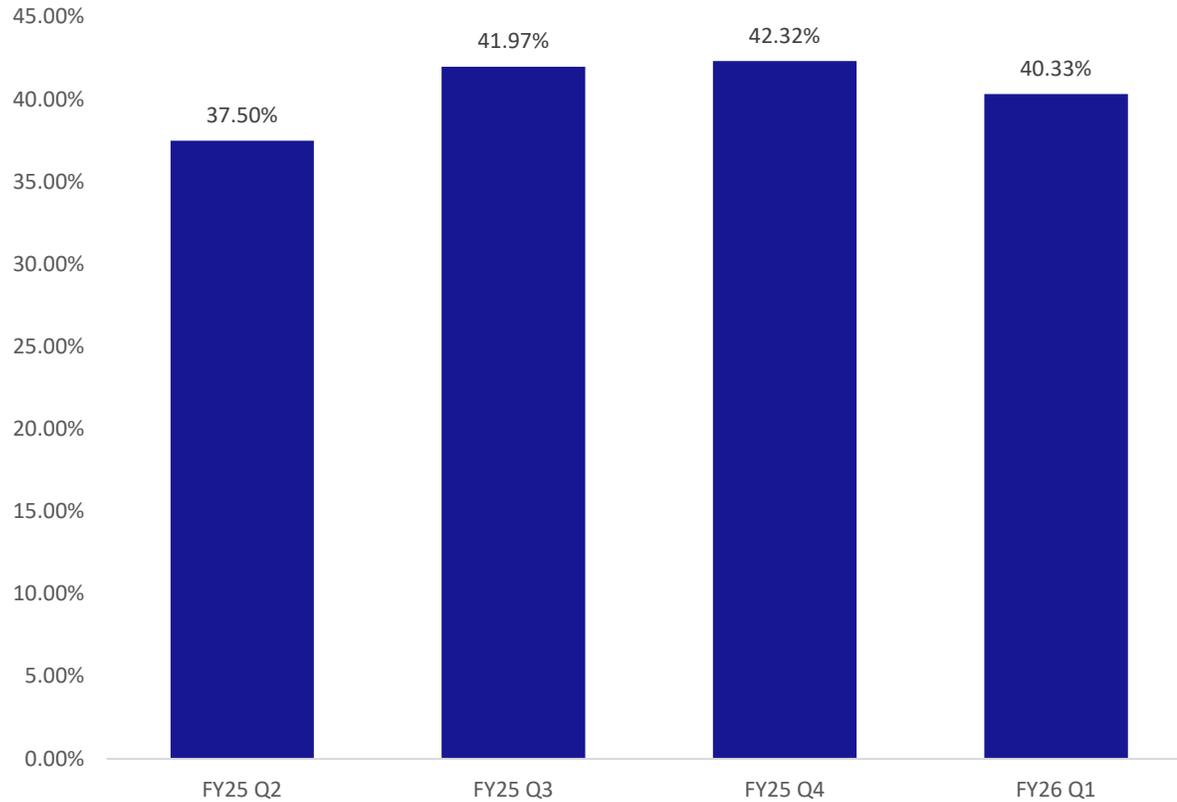
Market Gross Revenue	UMC Gross Revenue
\$2.4 B	\$368.2 M
UMC Net Revenue	
Assumption of 14.87% = \$54.8 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> • 1% = \$3.0 M • 3% = \$9.0 M • 5% = \$15.0 M 	<ul style="list-style-type: none"> • 1% = 109 cases • 3% = 328 cases • 5% = 547 cases

UMC Patient Population By Age Group	
0-18	1%
19-30	11%
31-45	19%
46-64	26%
65-104	43%

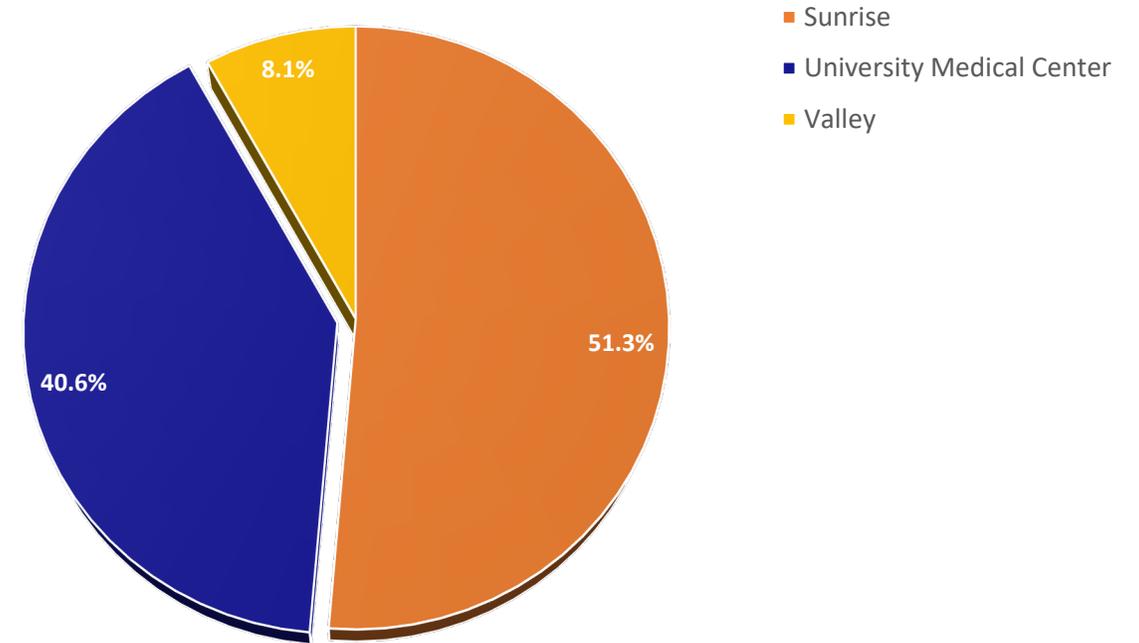
Market Share Update

Orthopedics Market Share- (IP, Adult, 3 Mile Radius from UMC)

UMC Quarterly Trended Market Share



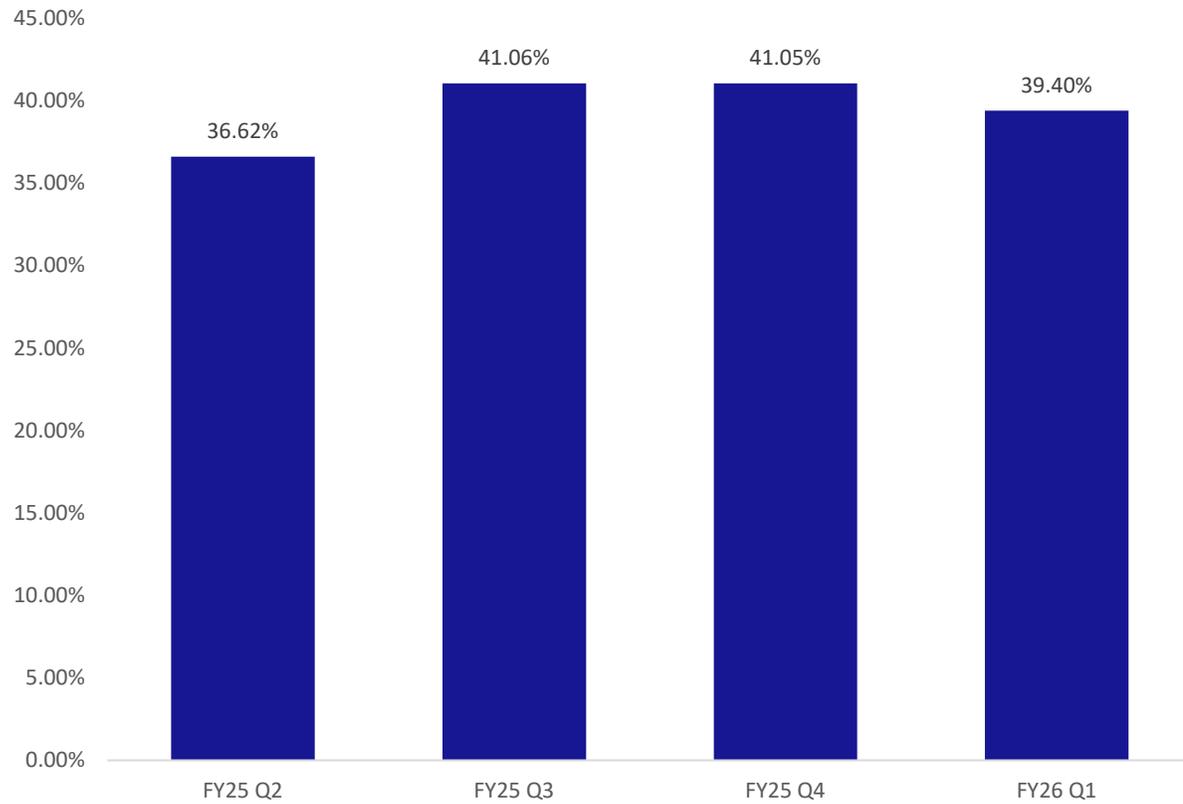
Market Share FY25 Q2 - FY26 Q1



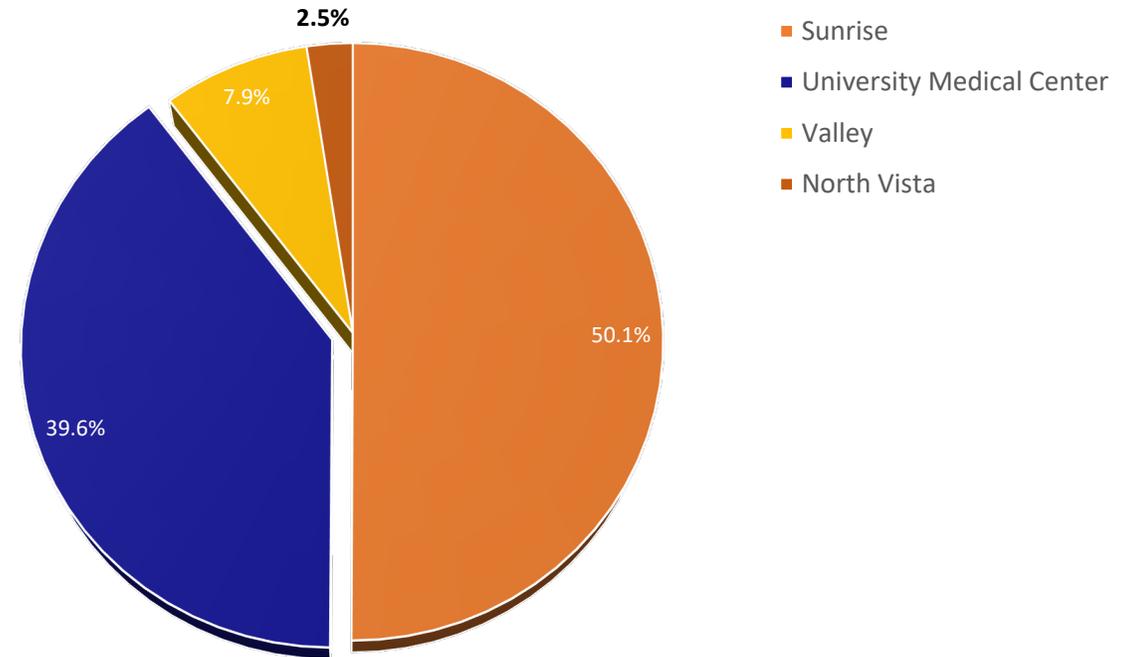
Market Share Update

Orthopedics Market Share- (IP, Adult, 5 Mile Radius from UMC)

UMC Quarterly Trended Market Share



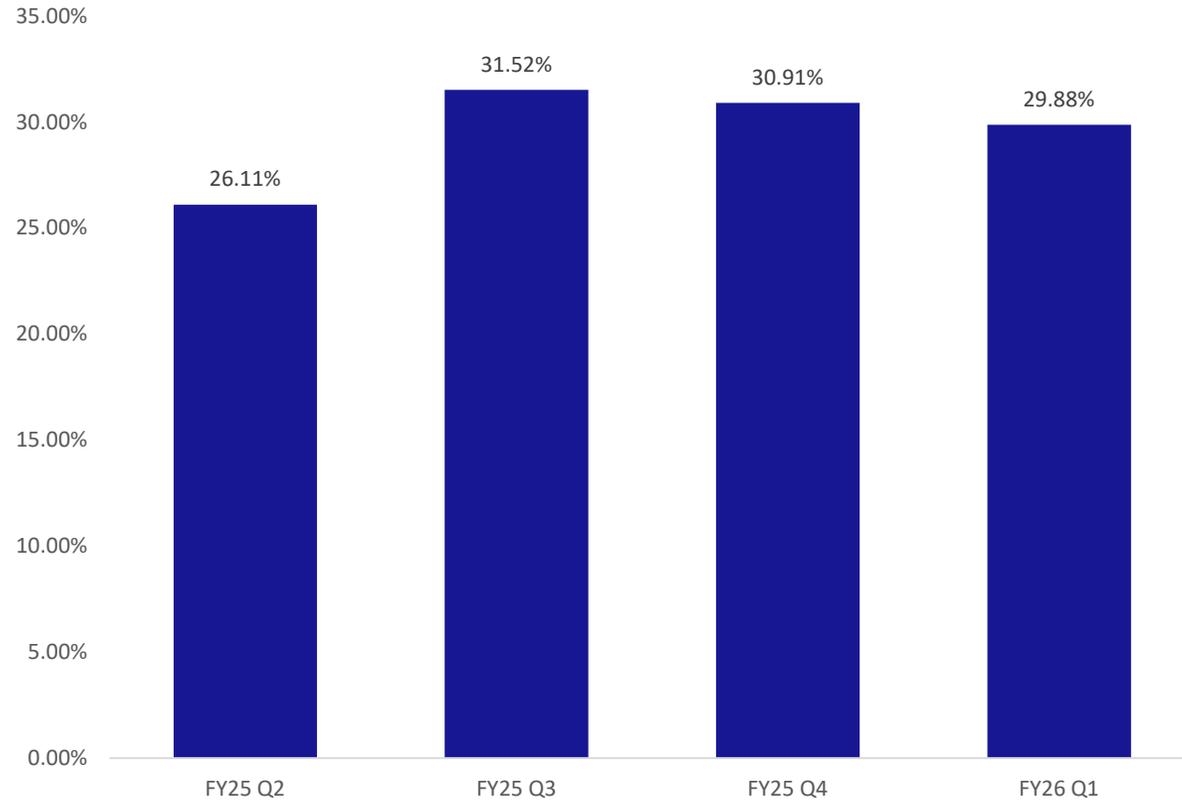
Market Share FY25 Q2 - FY26 Q1



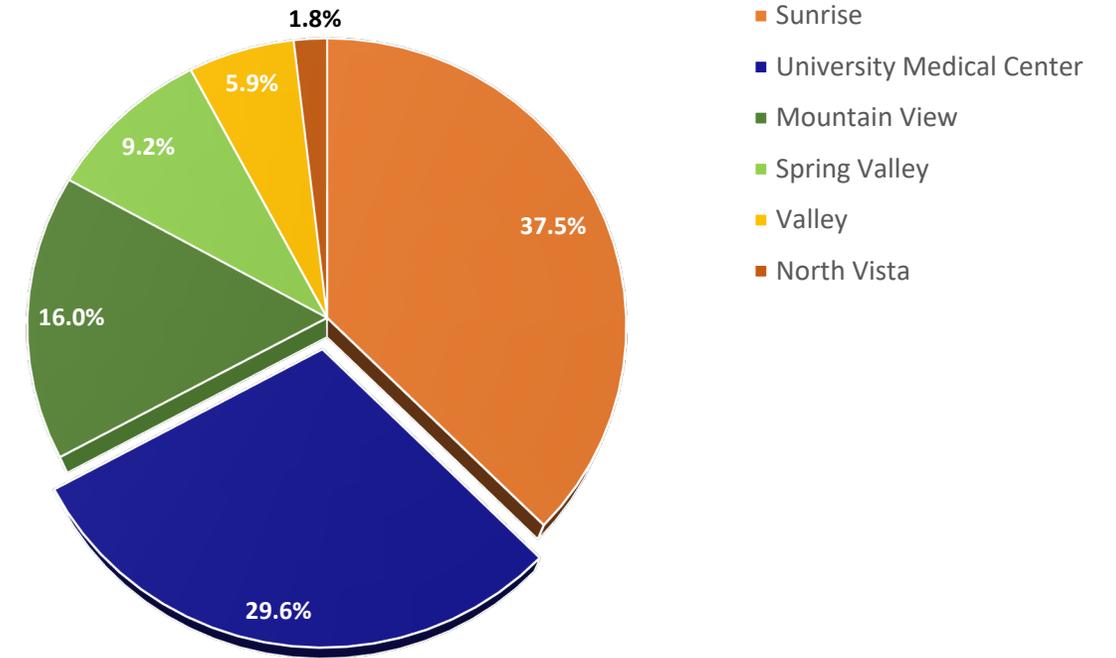
Market Share Update

Orthopedics Market Share- (IP, Adult, 7 Mile Radius from UMC)

UMC Quarterly Trended Market Share



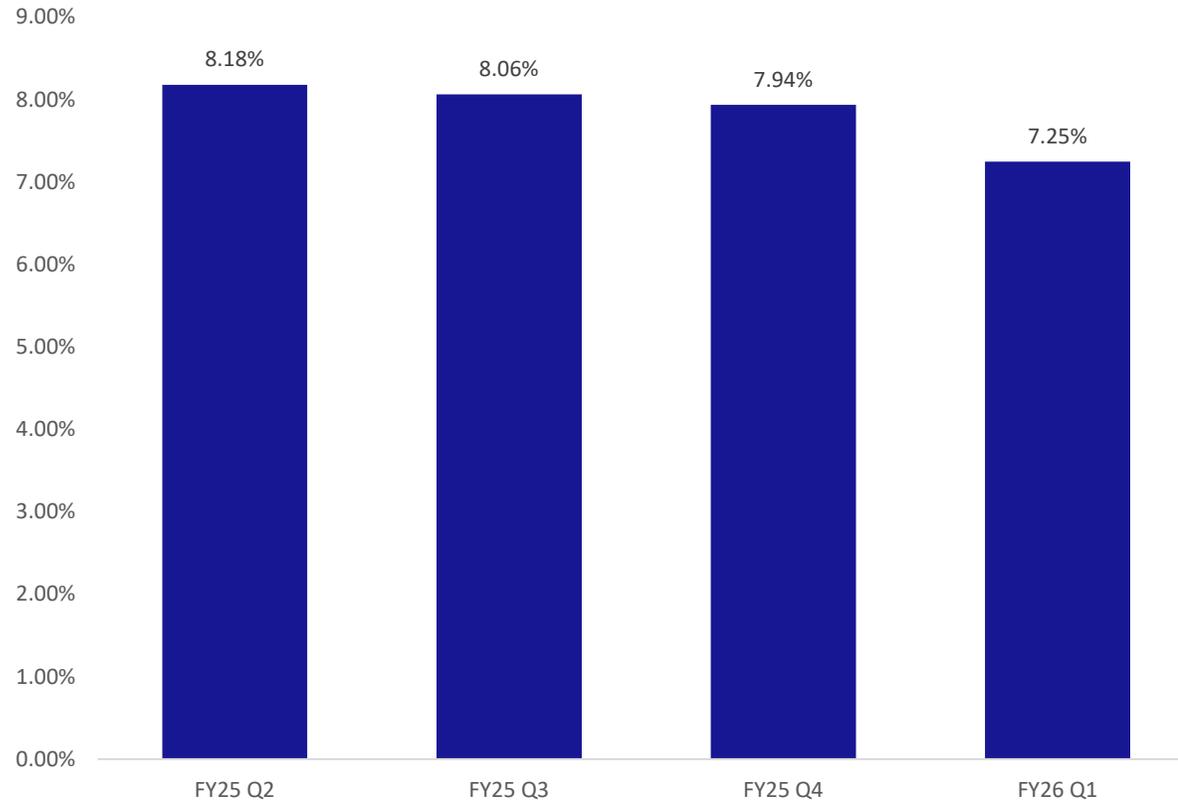
Market Share FY25 Q2 - FY26 Q1



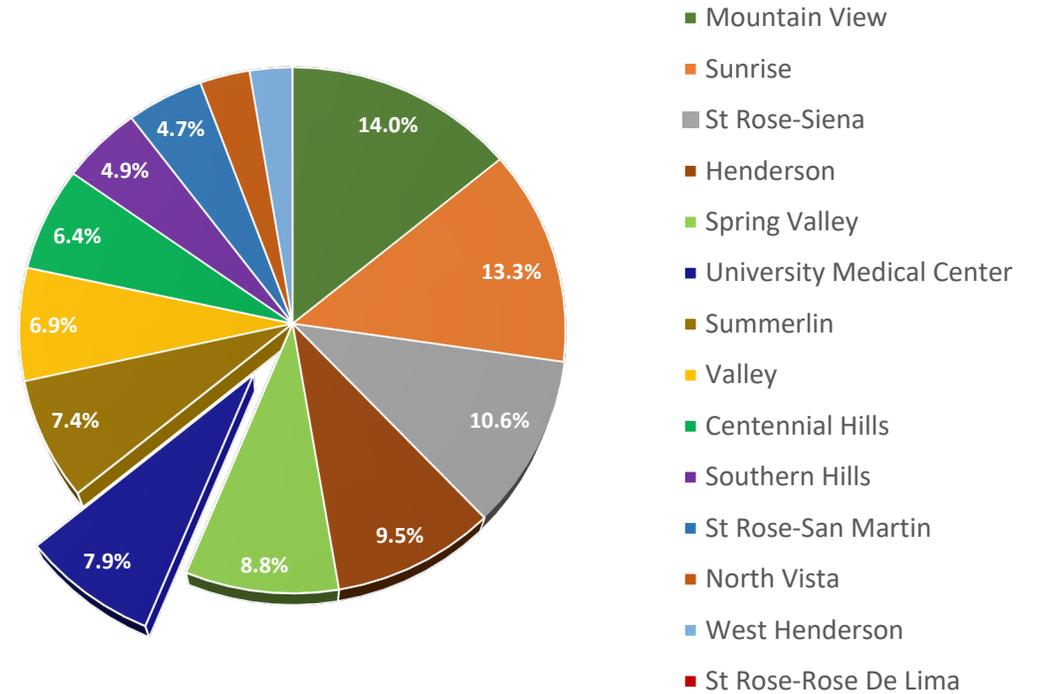
Market Share Update

Cardiac Services Overall Market Share- (IP, Adult)

UMC Quarterly Trended Market Share

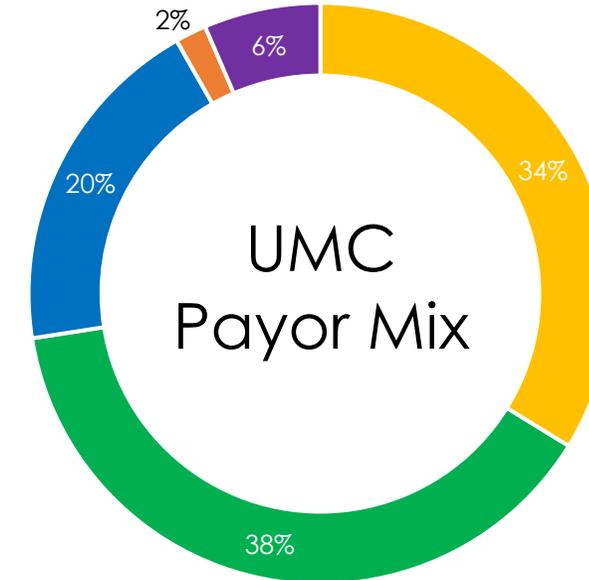
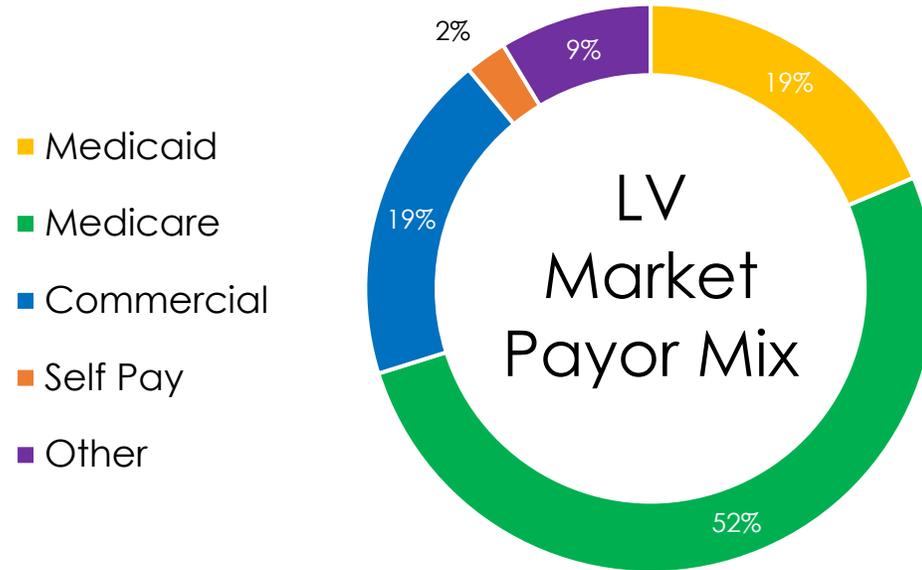


Market Share FY25 Q2 - FY26 Q1



Market Share Update

Cardiac Services Overall Market Share- (IP, Adult , FY25 Q2 - F26 Q1)



- Medicaid
- Medicare
- Commercial
- Self Pay
- Other

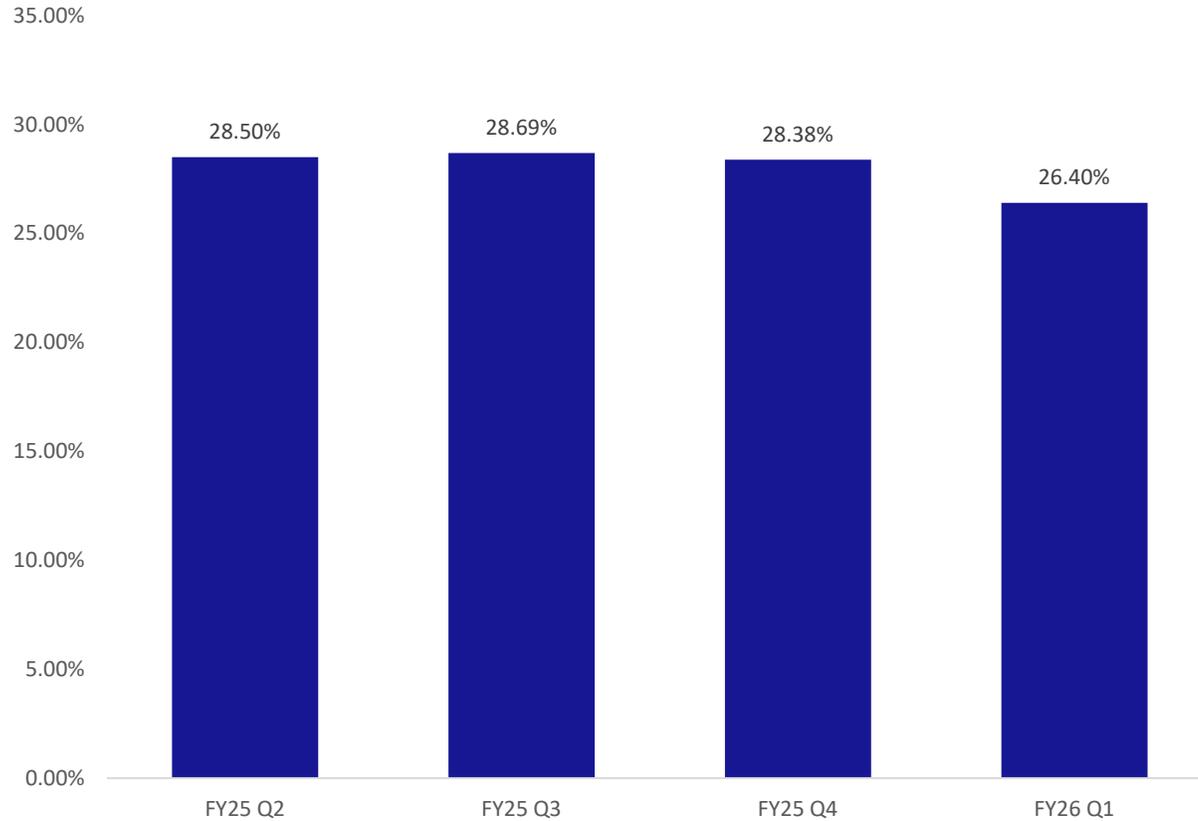
Market Gross Revenue	UMC Gross Revenue
\$5.8 B	\$304.0 M
UMC Net Revenue	
Assumption of 15.74% = \$47.9 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> • 1% = \$6.1 M • 3% = \$18.3 M • 5% = \$30.5 M 	<ul style="list-style-type: none"> • 1% = 288 cases • 3% = 865 cases • 5% = 1,442 cases

UMC Patient Population By Age Group	
0-18	0%
19-30	2%
31-45	9%
46-64	37%
65-104	52%

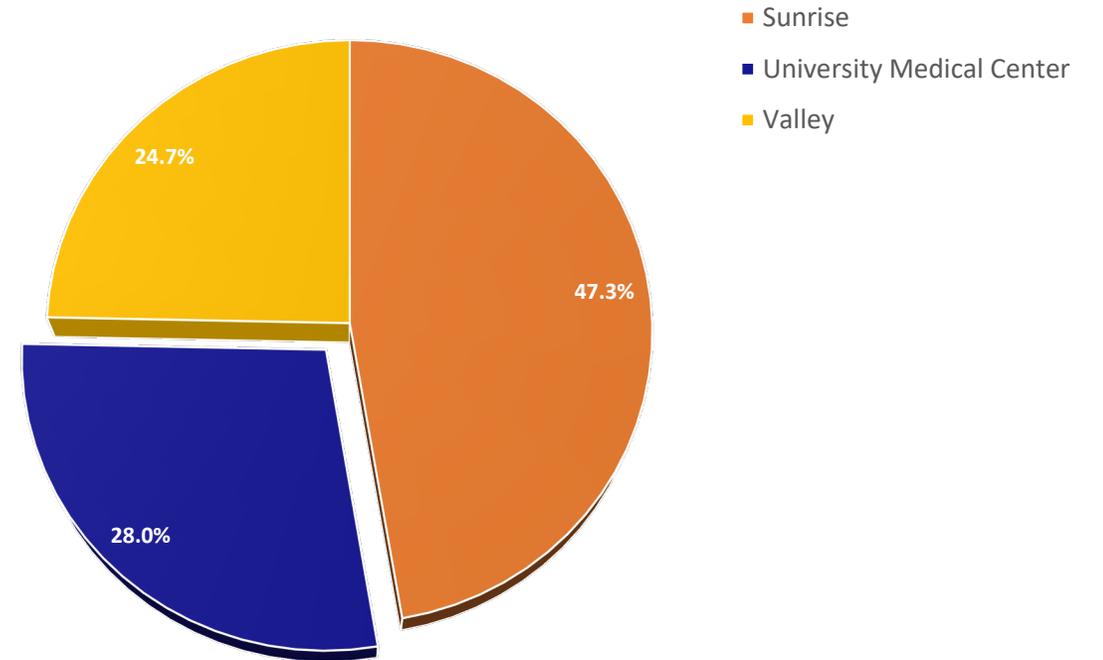
Market Share Update

Cardiac Services Market Share- (IP, Adult, 3 Mile Radius from UMC)

UMC Quarterly Trended Market Share



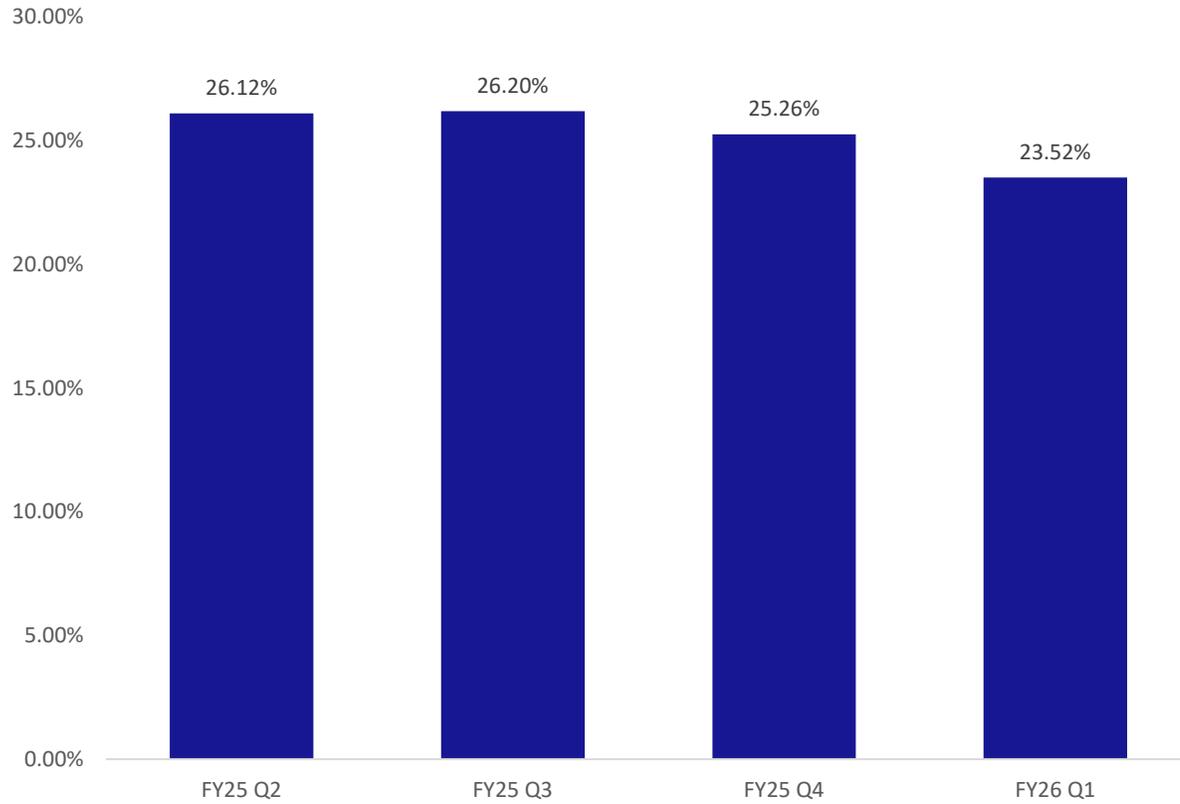
Market Share FY25 Q2 - FY26 Q1



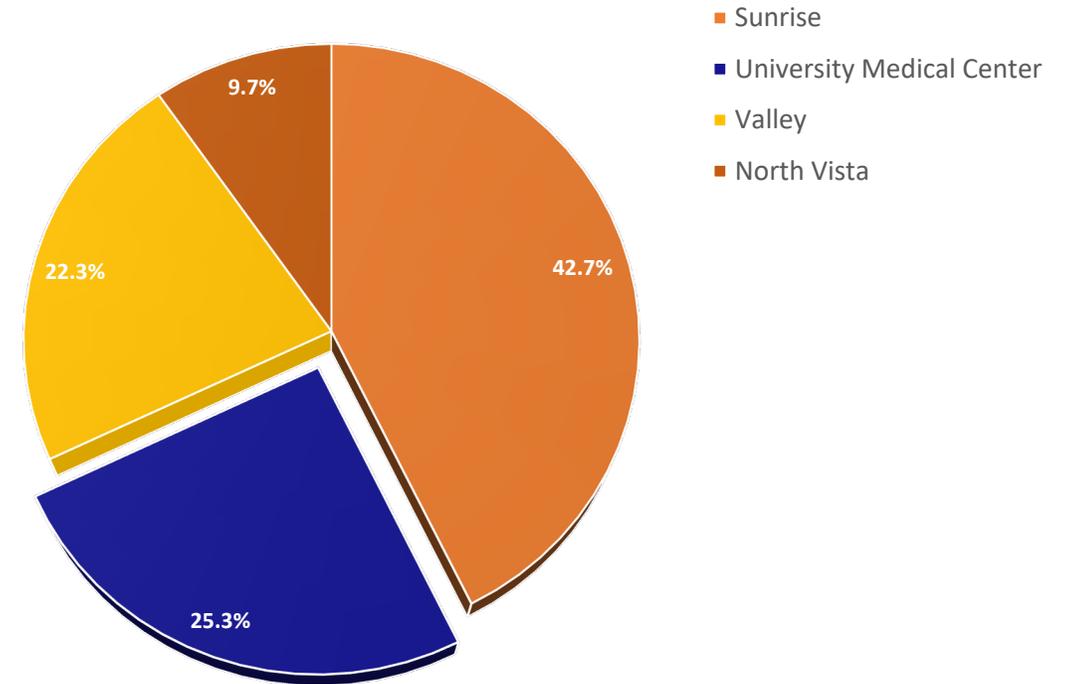
Market Share Update

Cardiac Services Market Share- (IP, Adult, 5 Mile Radius from UMC)

UMC Quarterly Trended Market Share



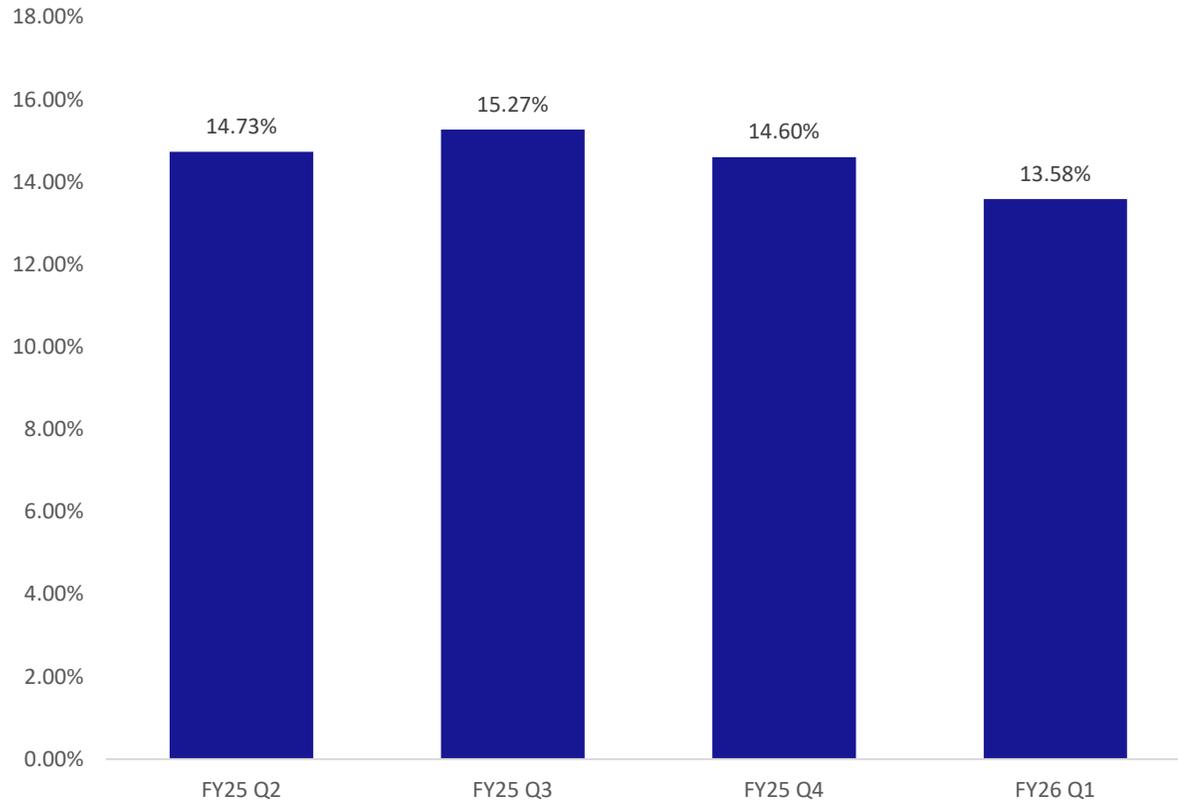
Market Share FY25 Q2 - FY26 Q1



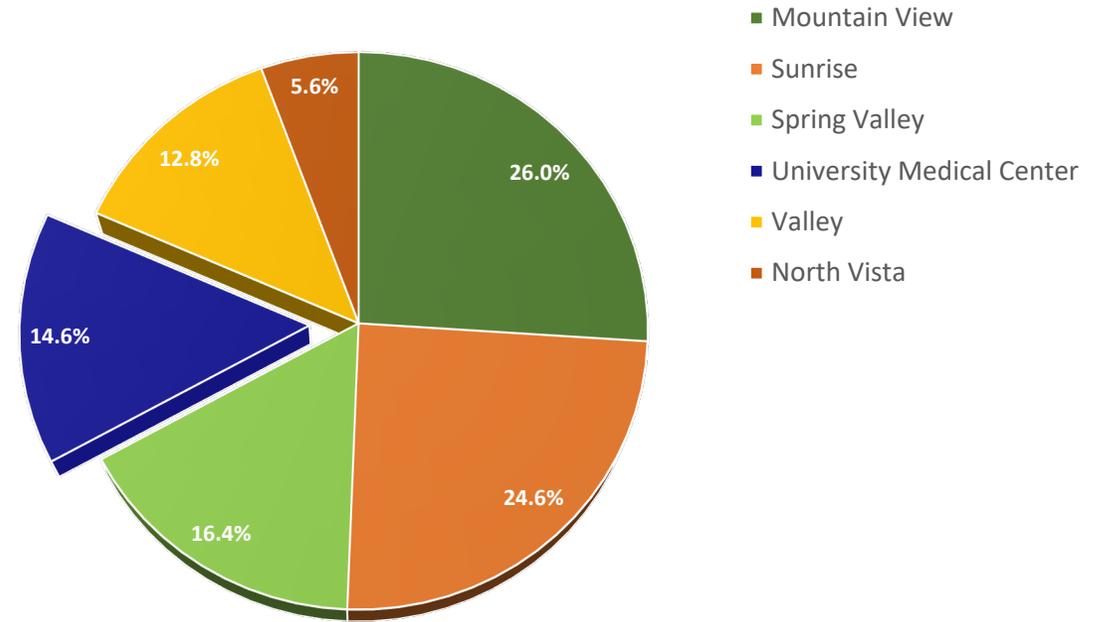
Market Share Update

Cardiac Services Market Share- (IP, Adult, 7 Mile Radius from UMC)

UMC Quarterly Trended Market Share



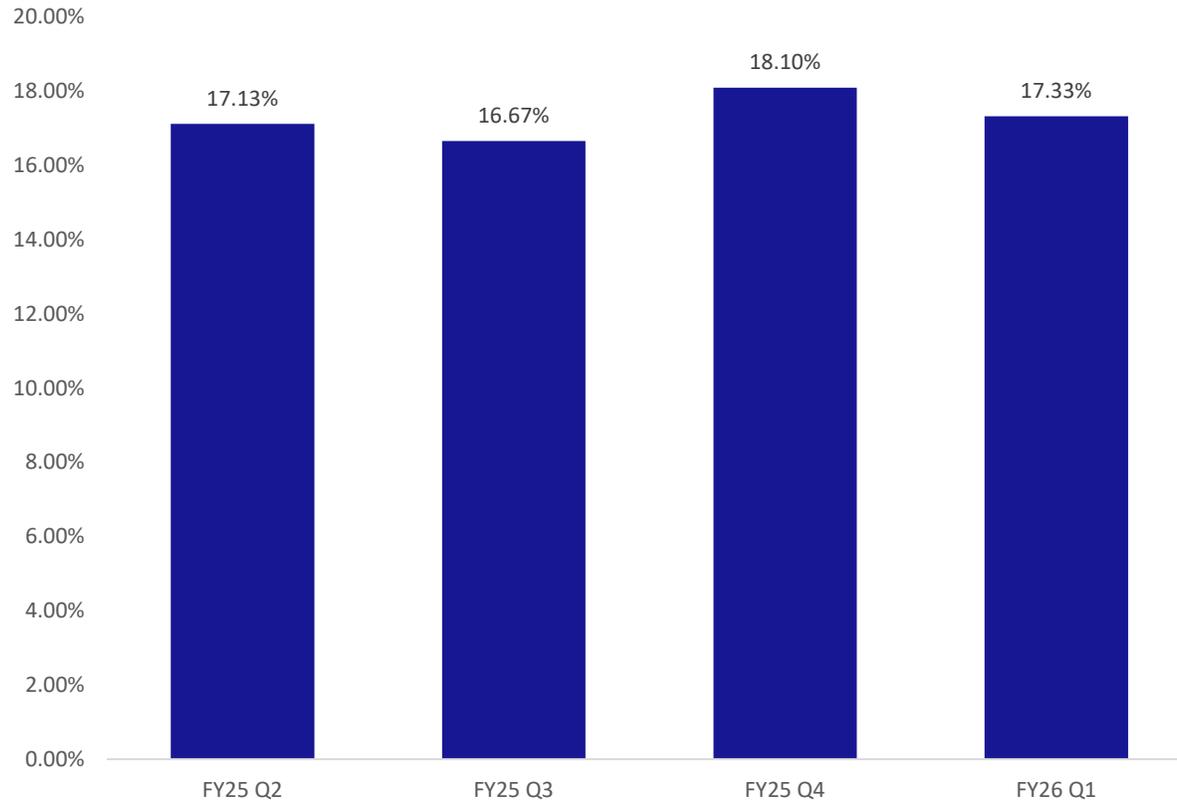
Market Share FY25 Q2 - FY26 Q1



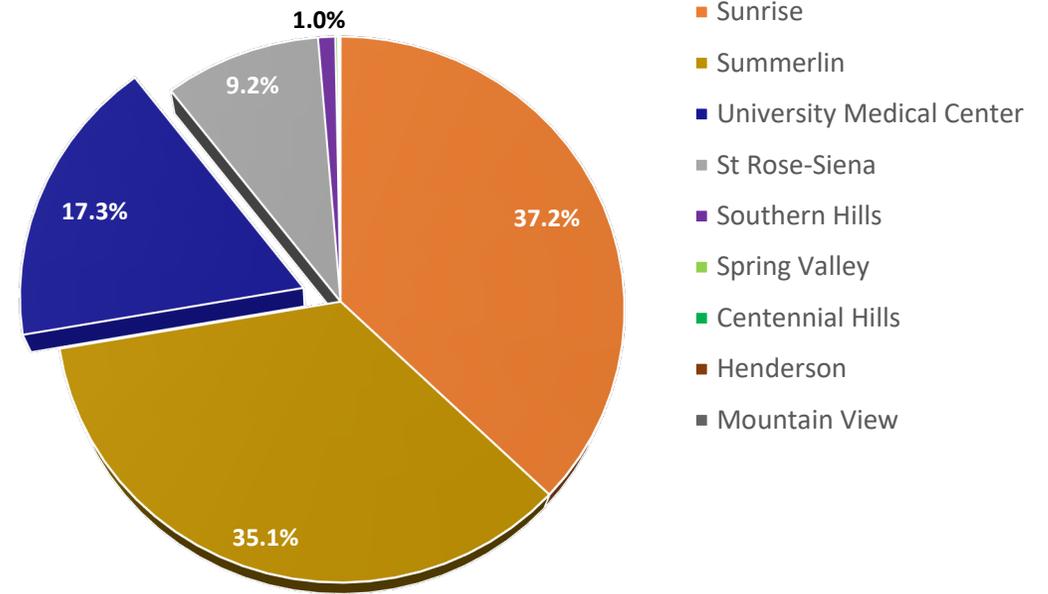
Market Share Update

Children's Hospital Overall Market Share- (IP, <18, Excl. Gynecology, Neonatology, Obstetrics)

UMC Quarterly Trended Market Share

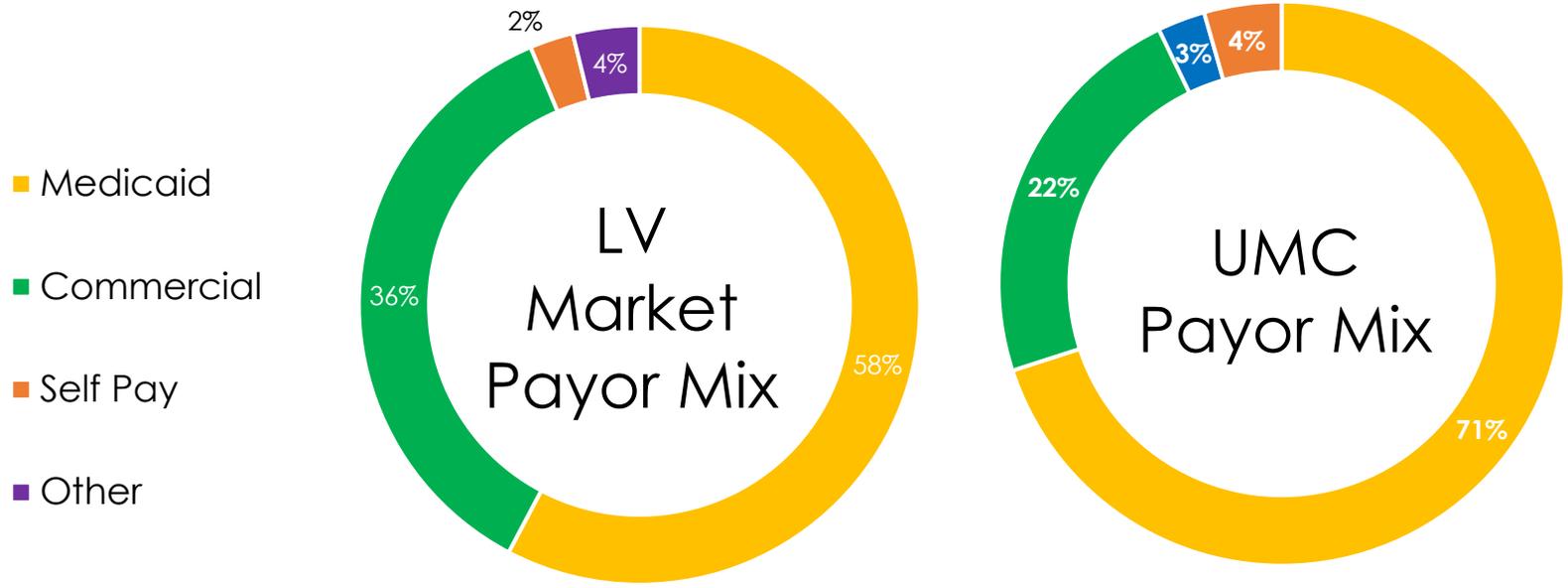


Market Share FY25 Q2 - FY26 Q1



Market Share Update

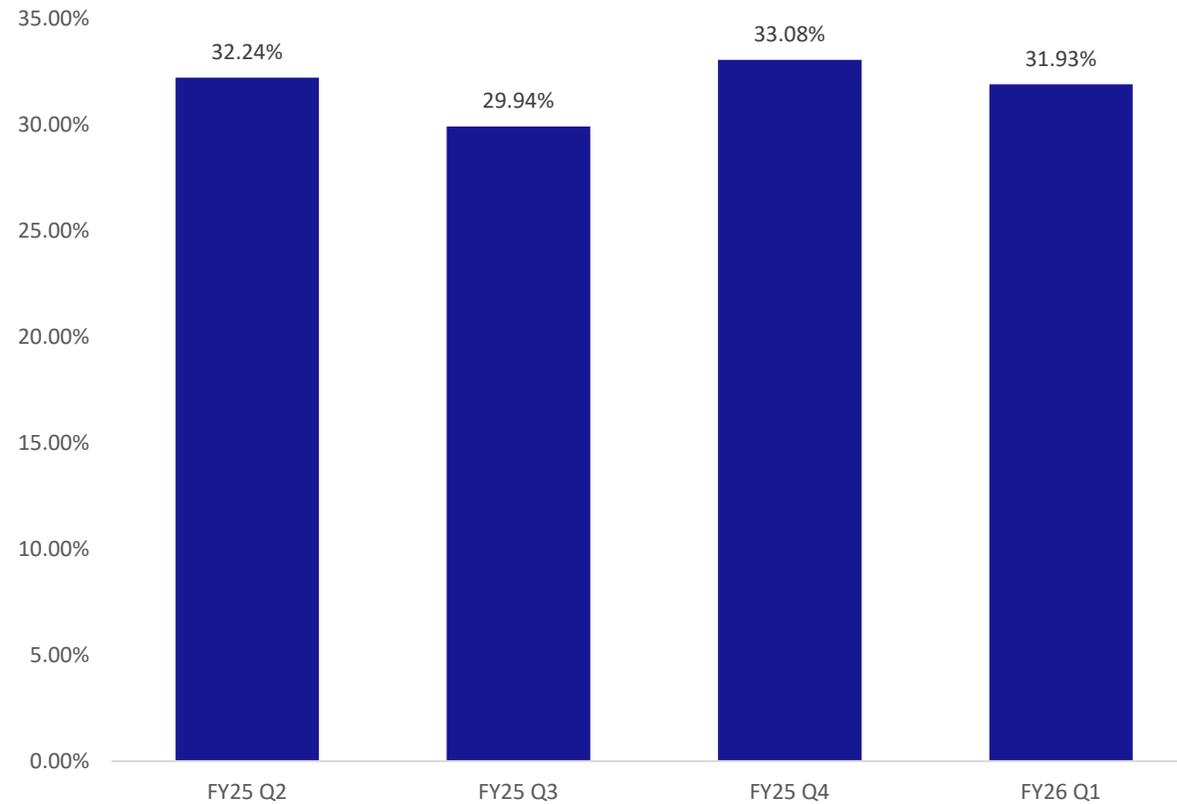
Children's Hospital Overall Market Share- (IP, <18, FY25 Q2 - F26 Q1, Excl. Gynecology, Neonatology, Obstetrics)



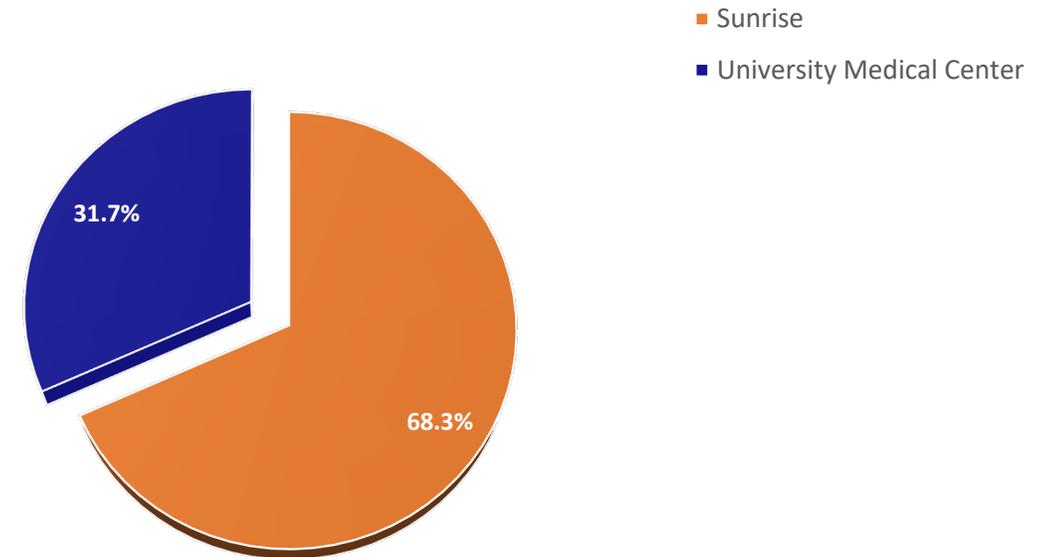
Market Gross Revenue	UMC Gross Revenue
\$1.6 B	\$148.9 M
UMC Net Revenue	
Assumption of 23.25% = \$34.6 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> • 1% = \$2.0 M • 3% = \$6.0 M • 5% = \$10.0 M 	<ul style="list-style-type: none"> • 1% = 101 cases • 3% = 302 cases • 5% = 504 cases

UMC Patient Population By Age Group	
0-18	9%
19-30	8%
31-45	17%
46-64	32%
65-104	34%

UMC Quarterly Trended Market Share



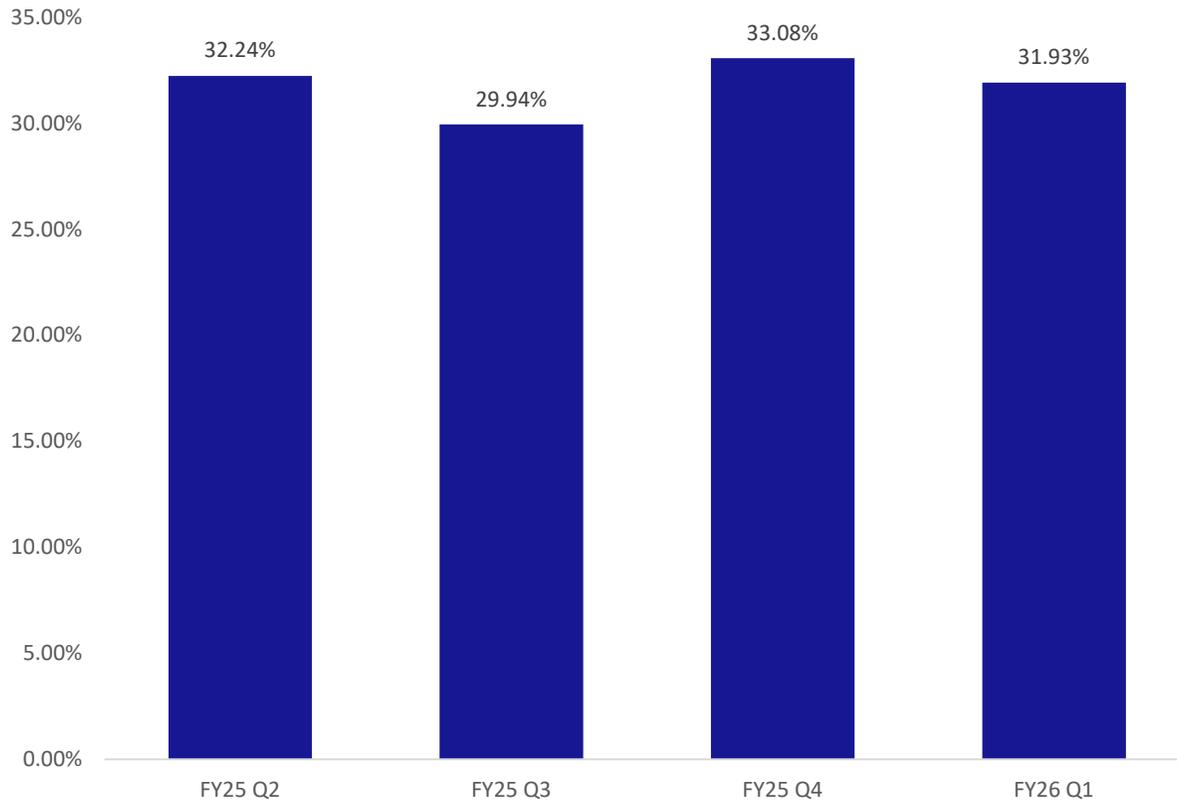
Market Share FY25 Q2 - FY26 Q1



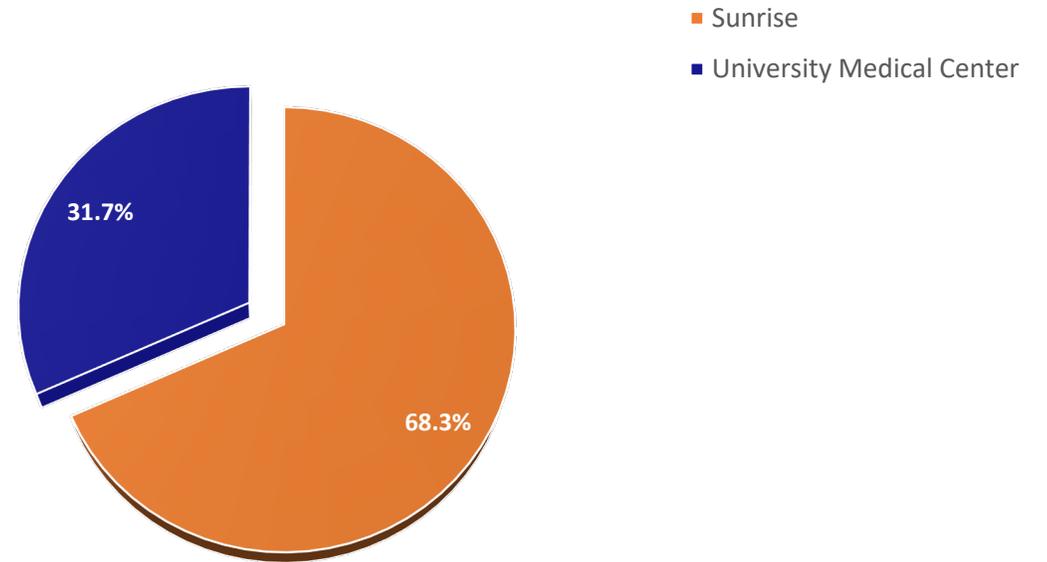
Market Share Update

Children's Hospital Market Share- (IP, <18, 5 Mile Radius from UMC Excl. Gynecology, Neonatology, Obstetrics)

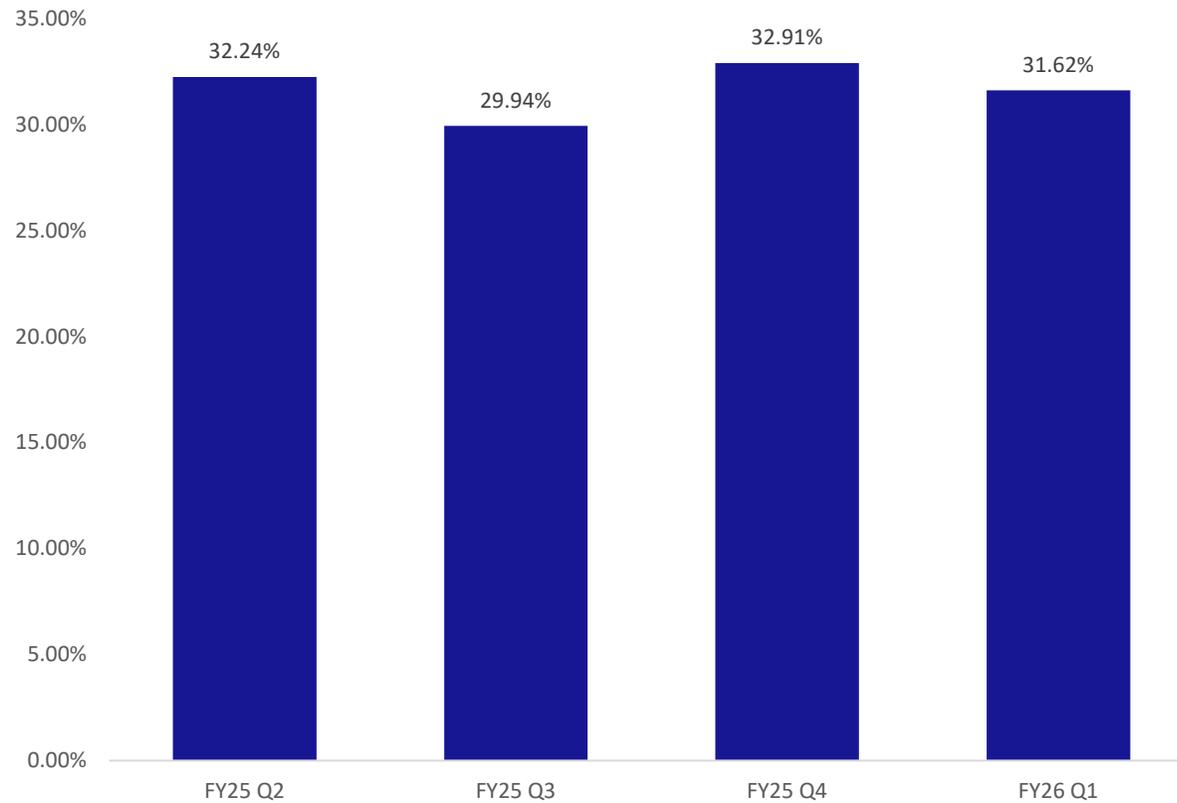
UMC Quarterly Trended Market Share



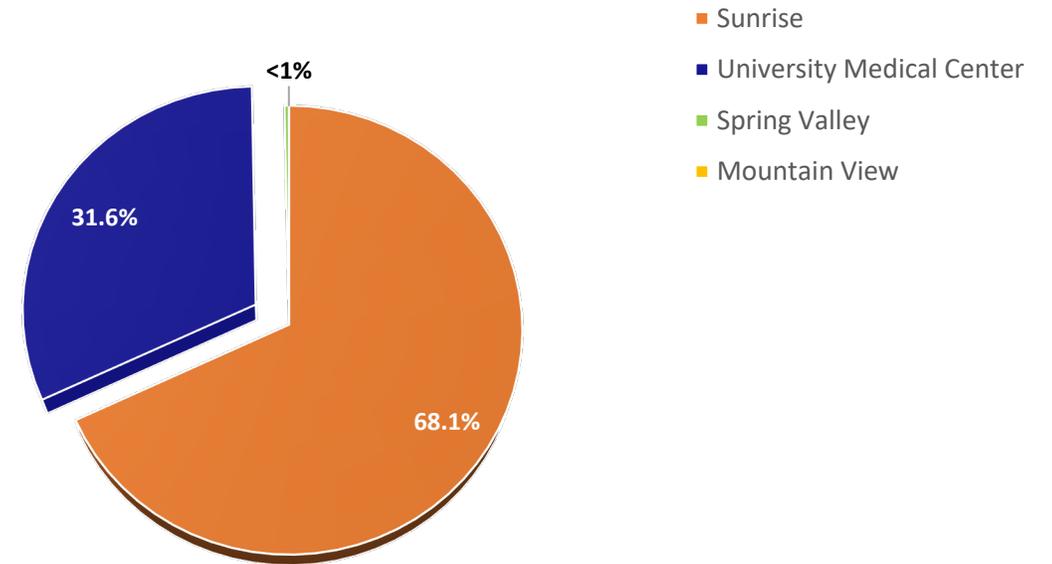
Market Share FY25 Q2 - FY26 Q1



UMC Quarterly Trended Market Share



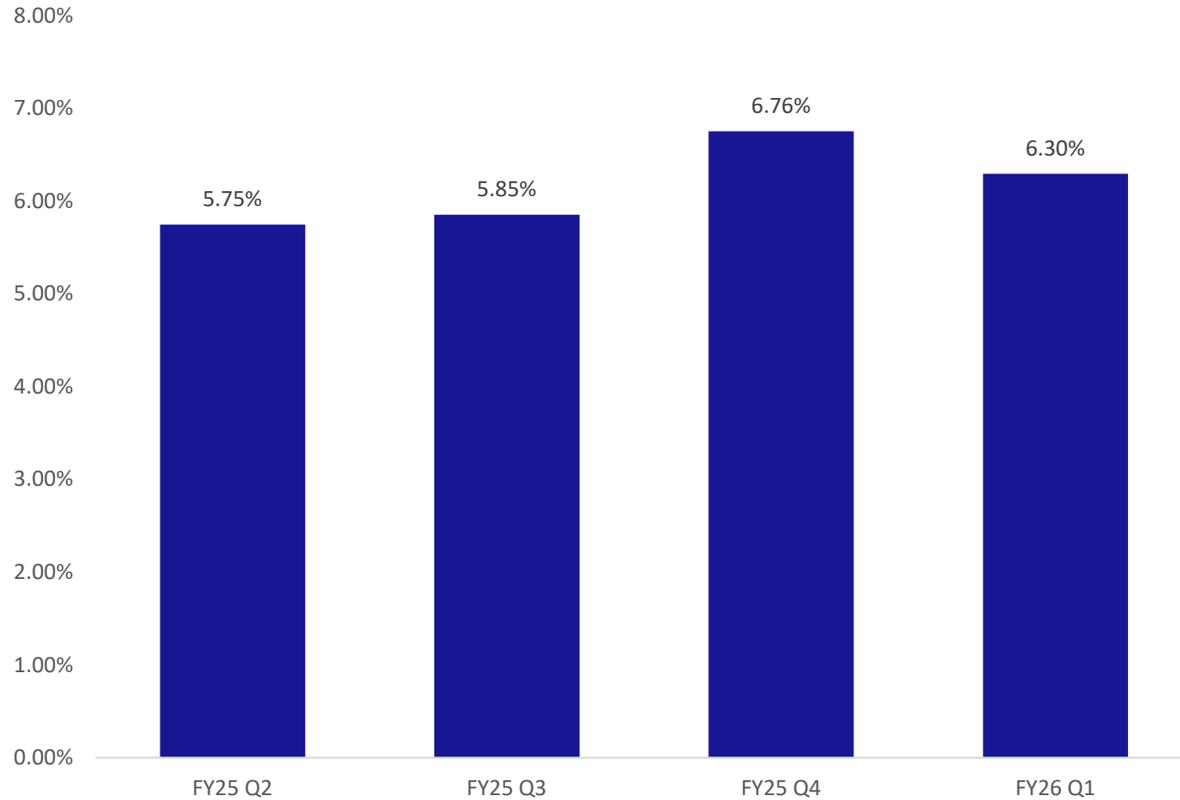
Market Share FY25 Q2 - FY26 Q1



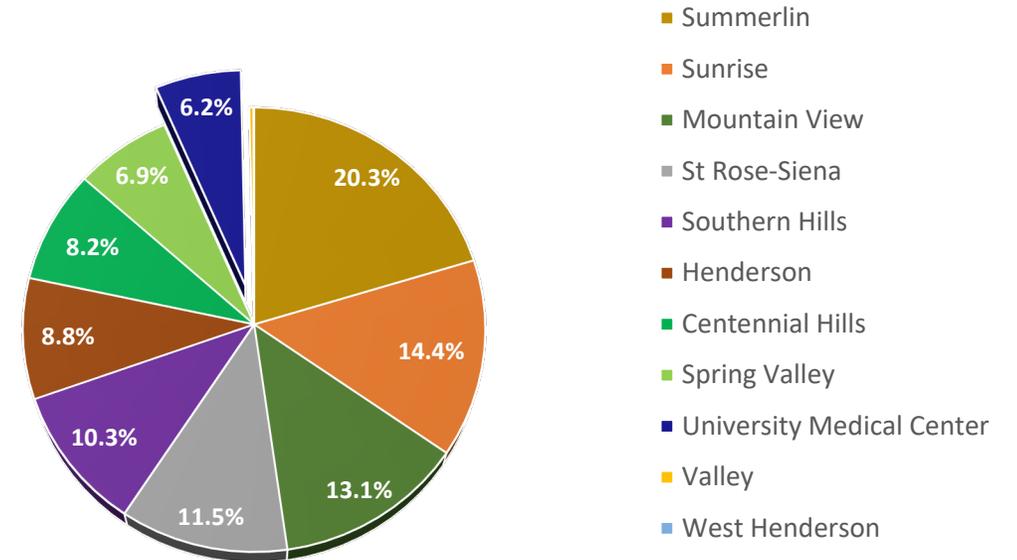
Market Share Update

Women's Services Overall Market Share- (IP, Gynecology, Neonatology, Obstetrics)

UMC Quarterly Trended Market Share

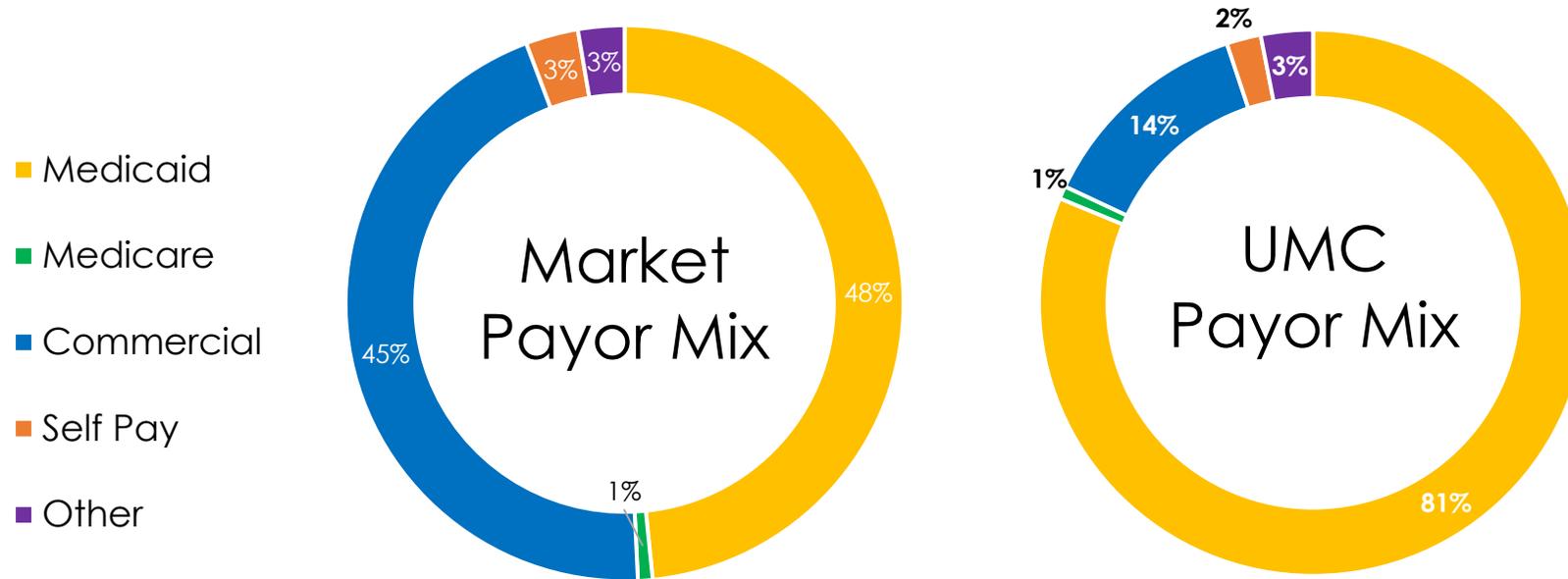


Market Share FY25 Q2 - FY26 Q1



Market Share Update

Women's Services Overall Market Share- (IP, Gynecology, Neonatology, Obstetrics , FY25 Q2 - F26 Q1)



- Medicaid
- Medicare
- Commercial
- Self Pay
- Other

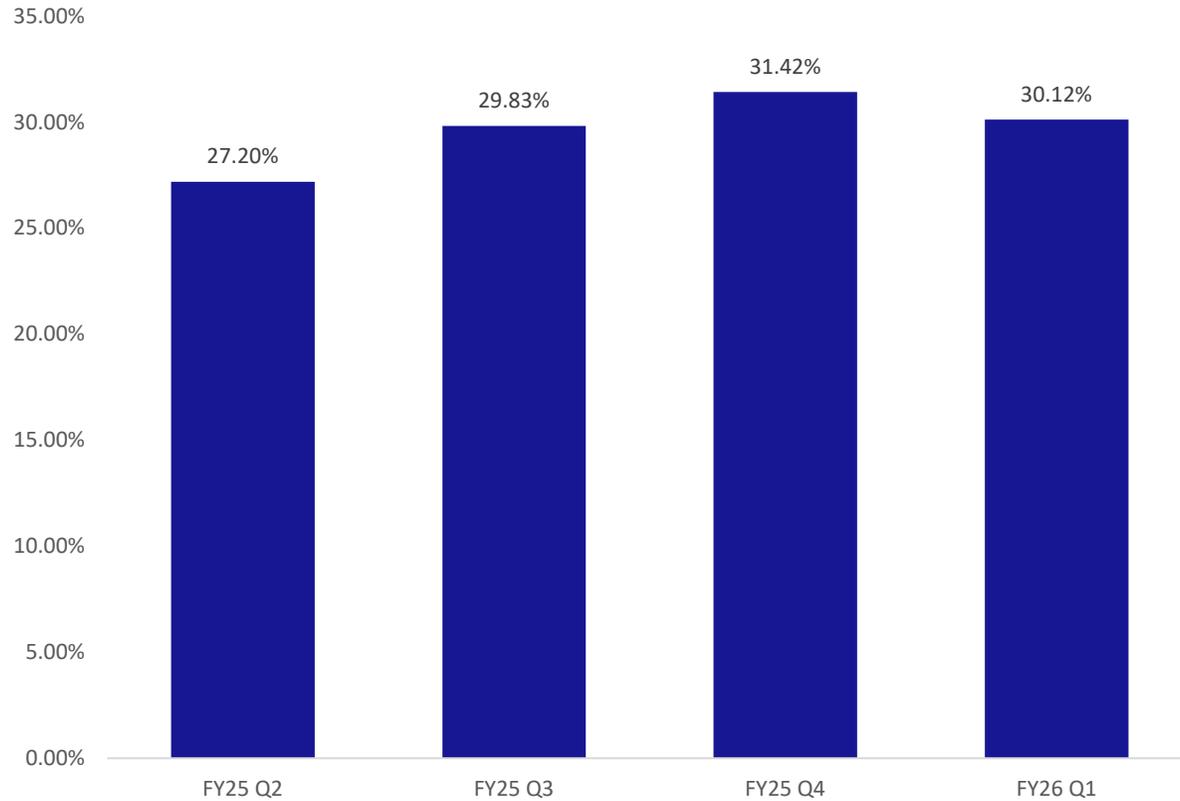
Market Gross Revenue	UMC Gross Revenue
\$3.6 B	\$195.7 M
UMC Net Revenue	
Assumption of 29.89% = \$58.5 M	
Additional UMC Market Share	
Net Revenue	Volume
<ul style="list-style-type: none"> • 1% = \$9.5 M • 3% = \$28.5 M • 5% = \$47.5 M 	<ul style="list-style-type: none"> • 1% = 527 cases • 3% = 1,582 cases • 5% = 2,636 cases

UMC Patient Population By Age Group	
0-18	46%
19-30	27%
31-45	25%
46-64	2%
65-104	1%

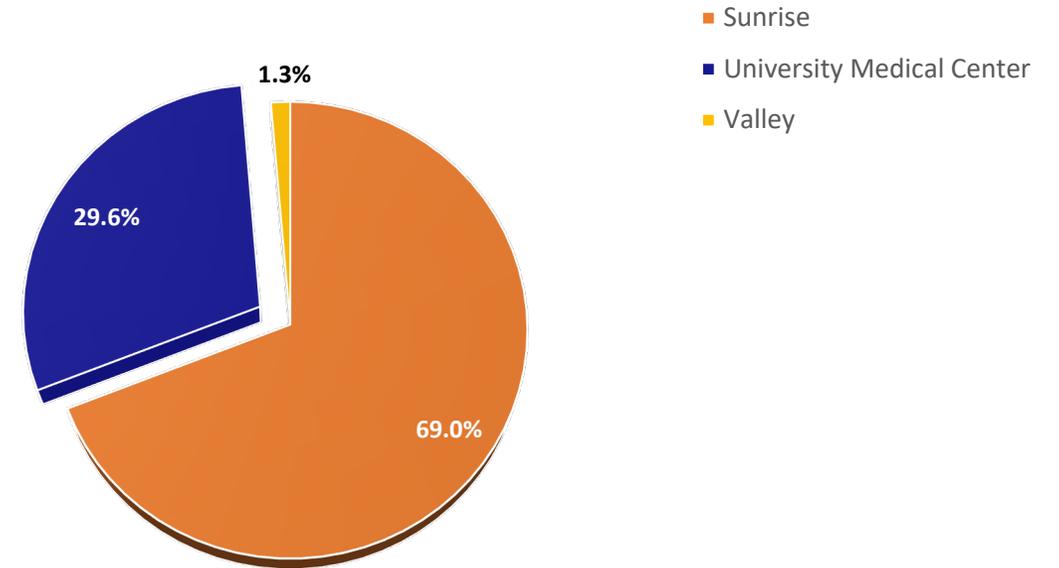
Market Share Update

Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, 3 Mile Radius from UMC)

UMC Quarterly Trended Market Share



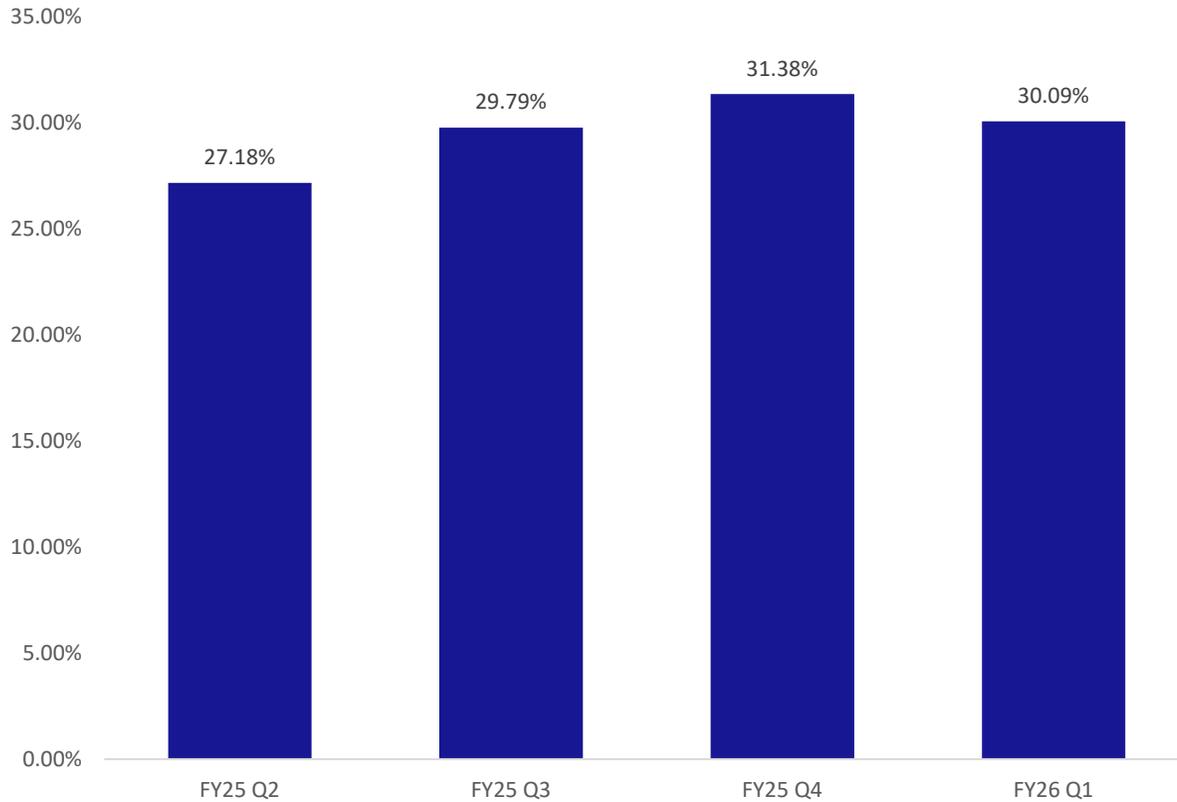
Market Share FY25 Q2 - FY26 Q1



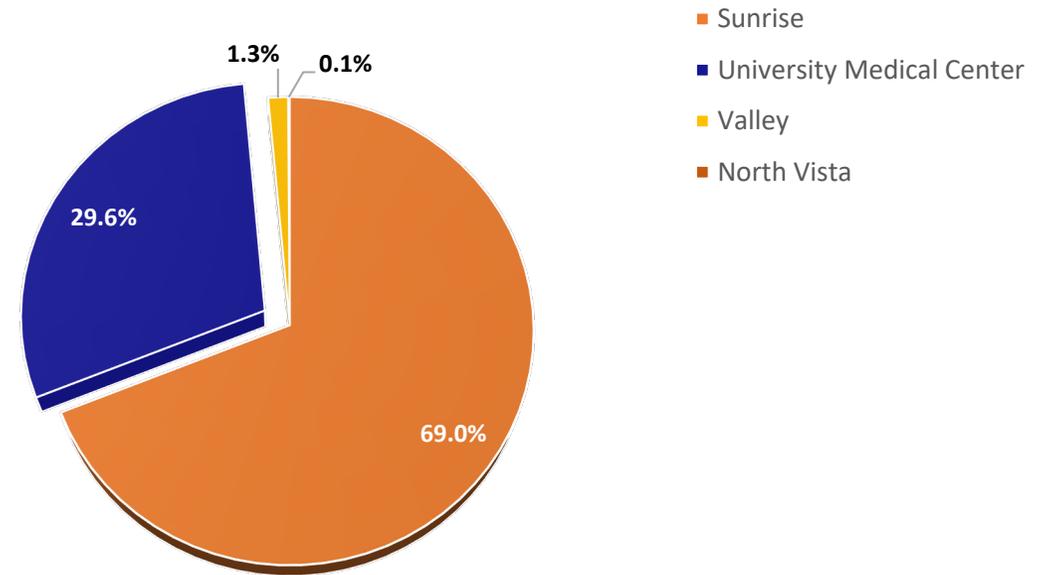
Market Share Update

Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, 5 Mile Radius from UMC)

UMC Quarterly Trended Market Share



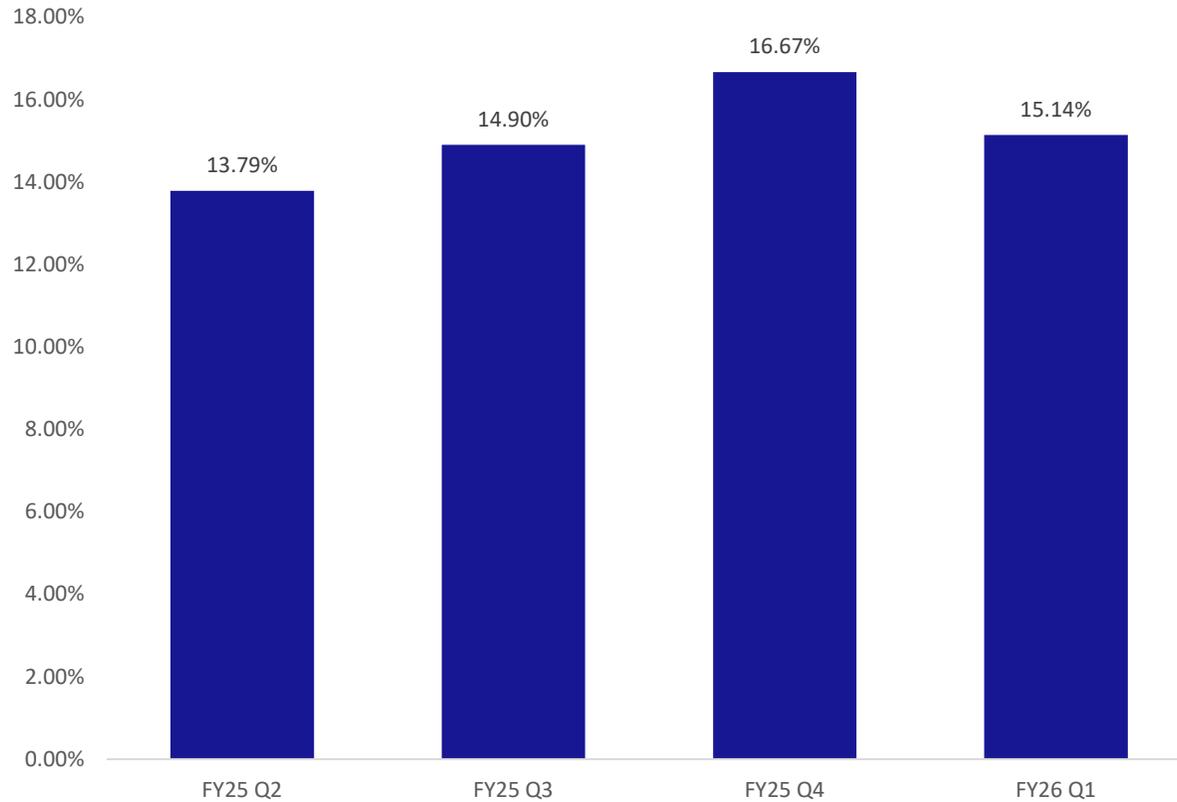
Market Share FY25 Q2 - FY26 Q1



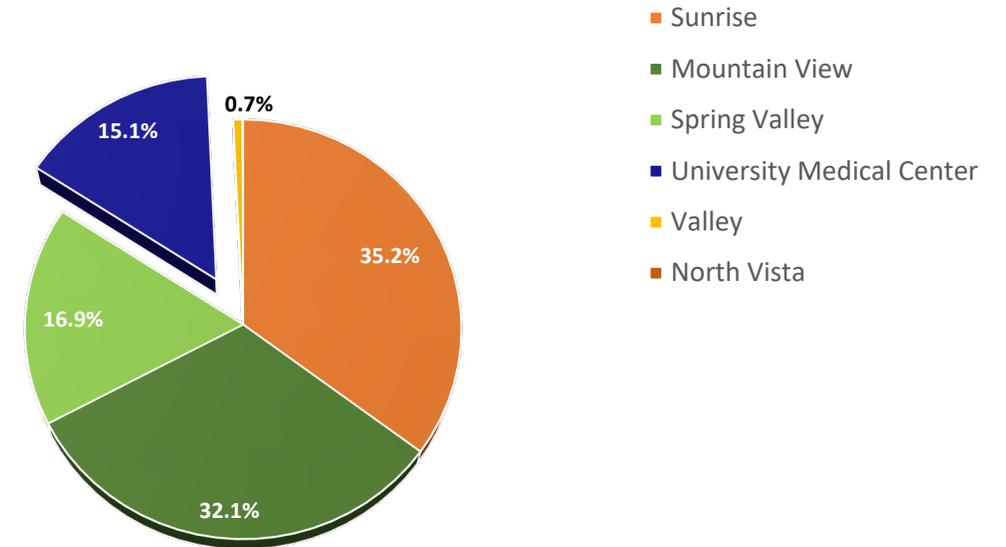
Market Share Update

Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, 7 Mile Radius from UMC)

UMC Quarterly Trended Market Share



Market Share FY25 Q2 - FY26 Q1



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

Issue: FY2026 Budget Initiatives	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update on the status of the FY26 Budget Strategic Initiatives; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the FY26 budget initiatives.

Cleared for Agenda
February 12, 2026

Agenda Item #

6

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

Issue: FY2027 Budget Initiatives	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
<p>Recommendation:</p> <p>That the Governing Board Strategic Planning Committee receive an update on FY27 Budget Strategic Initiatives; and direct staff accordingly. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will review the budget initiatives related to FY2027.

Cleared for Agenda
February 12, 2026

Agenda Item #

7



FY 27 Proposed Service Line Budget Initiatives

February 12, 2026

Ambulatory:

- Open: 24-hour Quick Care (Formerly CVS Location) Fall 2026
 - Services: Workman's Comp, Urgent Care, Follow-up Care, Telehealth, and Pediatrics
- Continue to refine Care Model

Launch 24-Hour Nurse Call Program:

- 24-Hour Nurse Call through **UMC One Call**
- Provide continuous nurse-led triage and post-discharge support
- Direct patients to appropriate next steps, including follow-up care, telehealth visits, or in-person evaluation
- Schedule primary care appointments for patients without an established PCP to support safe discharge

Orthopedics Services:

- Expand Orthopedic Practice
- Launch Sports Medicine Marketing Campaign
- Located additional orthopedic office space to meet increased patient demand and reduce access delays.

Operating Room Efficiencies:

- Redesign anesthesiology workflows and coverage models
- Ability to add two additional ORs dedicated to General Surgery and Orthopedics.
- Improve OR throughput and surgical scheduling efficiency.

Strategic Growth Initiatives for Cardiology:

- Monthly Leadership Meetings with the Cardiologist and the President of the group
 - Enhance the latest technology in Cardiovascular Arena
- Relaunch ECMO service line to support critical care and advanced cardiac interventions
- Expand vascular services within the Cath Lab to drive higher-acuity case volumes
- Achieve a Comprehensive Cardiac Center of Excellence designation

Hospitalist Program:

- Develop a detailed plan for the transition to close the hospitalist program.
- Reduce payer denials tied to hospitalist billing
- Improve patient throughput

Liver Care Program

- Soft opening October 2025, 50 Patients to date
- 1 NP seeing patients, Offer out for Per Diem Hepatologist

NHBC Laboratory- March 2027

- Confirmatory Drug Testing
- Histocompatibility Laboratory: Transplant Testing
- Blood Donor Center & Blood Processing Center by Vitalant

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

Issue: Committee Initiatives	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
<p>Recommendation:</p> <p>That the Governing Board Strategic Planning Committee discuss Strategic Planning Committee priorities for CY2026; and direct staff accordingly. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will discuss initiatives related to CY2026.

Cleared for Agenda
February 12, 2026

Agenda Item #

8

**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
February 12, 2026

Agenda Item #

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