UMC Strategic Planning Committee Meeting

Trauma Building - Providence Conference Room - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
October 5, 2023 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 August 10, 2023. *(For possible action)*

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

SECTION 2: BUSINESS ITEMS

4. Receive an update from Maria Sexton, Chief Information Officer, regarding technology strategy updates; and direct staff accordingly. *(For possible action)*

5. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*

6. Discuss dates and times for the Strategic Planning Committee meeting calendar for the 2024 calendar year; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

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

SECTION 4. CLOSED SESSION

8. 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).

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, August 10, 2023
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 9:03 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
Robyn Caspersen
Renee Franklin (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:
Christian Haase (Excused)

Also Present:
Tony Marinello, Chief Operating Officer
Chris Jones, Executive Director of Support Services
Bud Shawl, Executive Director of Post-Acute Care Services
Frederick Lippmann, Chief Medical Officer
Doug Metzger, Controller
Steven Hughey, Assistant Controller
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on June 7, 2023. *(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 recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

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

DOCUMENT SUBMITTED:
- Service Line Update

DISCUSSION:

Chris Jones, Executive Director of Support Services, reviewed the Service Line Updates for general surgery, orthopedics, cardiology, oncology and ambulatory.

All inpatient service lines are being led by Medicaid and Medicare, followed by commercial, self-pay and governmental. Mr. Jones shared a comparison of the percentages of case s and net revenue by service lines:

Children's Hospital and Women's makes up about 33% of cases and 11% of net revenue.
Cardiac services is at 8% and 11% of net revenue.
General surgery is 8% of cases, but 23.5% of revenue.
Orthopedics is at 7.5% of cases and 11% of net revenue.

Outpatient services lines are being led by commercial, followed by Medicaid and Medicare. The number of cases and net revenue are being led by the quick care and primary care locations combined; about 70% of cases and 27% of net revenue. Although surgery volumes decreased in the second quarter year over year due to the challenges with anesthesia, there was a rebound by the 4th quarter. The discussion continued with a review of the major service lines. Chair Hagerty would like the team to track FY24 performance against budget for future reports.

Although surgery showed a decrease per case overall year over year by 28%, charges were up 17%, net revenue was up 15% and costs were up 17%. There was continued discussion regarding the process of managing surgical cases due to anesthesia shortages throughout the valley. Contribution margin was up 10% year over year.

The Committee asked about the supplemental payments and how these are applied and allocated per service line. Mr. Marinello responded that they are distributed by patient payor.

The service line update for general surgery highlighted the 12% improvement in first case on time start and the improvements in room turnaround time; charge

nurses have been tracking issues that cause delays. Next steps highlighted the OR Module Pack review, First Assist position and OR renovation projects. Technology updates were reviewed. The discussion continued regarding vascular and ECMO services.

Orthopedics showed an increase in volumes year over year, as surgery and clinic volumes are combined. There was an 11% overall increase in Medicare CMI and Medicaid dropped by 7%.

Chair Hagerty asked if there is anything that could be done to differentiate the surgery visits from the clinic visits. Management has been working on this to try to separate the data.

The service line update for orthopedics included a review of increasing staff, opening new exam rooms to accommodate volumes and exceed collection goals. A discussion ensued regarding the need for additional staffing to assist with patient scheduling. Revenue enhancement, expense control and strategic next steps were briefly discussed.

Volumes are up in cardiac services 7.7%, charges are up 31%, net revenue up 25%, costs are up 17% and the contribution margin is up 40% on a per case basis. Overall contribution margin is up 4%. There was continued discussion regarding opportunities for continued growth.

Cath lab procedures are up over 200 cases per month. Cardiac CTA is now available to support the TAVR program. Revenue enhancements highlighted the streamline of intake process and TAVRS have been moved to the Cath lab. The new Cath lab construction is slated to begin in mid-October. Next steps include marketing of new minimally invasive CT surgery and bloodless medicine program to support community needs, explore expansion of hybrid rooms and expansion of prep/recovery area was discussed.

Ambulatory volumes have increased year over year. Overall percentage increased 3% per case. Total charges were up 7.5%, revenue up 10% and costs were up 7% and contribution margin was up 18% on a case by case basis.

Chair Hagerty asked how capacity is measured in quick care and primary care locations and is there room to grow. Mr. Marinello noted that the biggest challenge is recruitment and salaries, but there is capacity to grow. The Southern Highlands location will be opening soon. Mr. Van Houweling commented on the challenges with patients unable to reach their appointments.

Women’s and Children’s show volumes up over 6% year over year, charges are down 5% per case and costs are down 3%. The overall contribution margin is up 1% per case. Safety measures and system updates were highlighted in the service line update.

Lastly, the Committee reviewed the UMC Online Care and updates and growth opportunities.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
-None

DISCUSSION:

A strategy meeting and offsite retreat is being scheduled with the school.

Developer meeting with G2 to discuss Medical District development will take place in the future.

FINAL ACTION TAKEN:

None

ITEM NO. 6 Discuss the FY23 CEO/Organizational Performance Goals as it relates to the subject matter relevant to the Strategic Planning Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take action as deemed appropriate. (*For possible action)*

DOCUMENT SUBMITTED:
-PowerPoint Presentation

DISCUSSION:

1. **Continue to play a leading role in the development of the Las Vegas Medical District.**

   This goal has been met. UMC has been very active regarding the changes and progress within the Medical District.

2. **Improve Focused Six service Lines financial outcomes and next steps (identify and enhance existing strategic service line initiatives and incorporate into 5 year financial plan, utilizes Proforma)**

   This goal has been met. FY23 was normalized for anesthesia, but some service lines were able to there was still improvement even without normalization.

   Chair Hagerty commented that the goal was achieved qualitatively and quantitatively despite challenges.

3. **Expand upon the five-year financial plan for UMC Enterprise to include consolidated income statement cash flow statement and facility wide capital plan. The plan will be detailed down to the service line level and**

within service lines will forecast volumes, revenue and expensed by sub service line.

This goal was met. Chair Hagerty added that an objective for 2024 should be to receive data from the department level and roll it up to the top level in order to drive revenue and reduce cost results over the 5-year plan. The mix of capital and operations should be more granular.

Mr. Marinello reviewed the initiatives and assumptions in supplemental payments, patient revenue and cost management. There was a lengthy discussion regarding how cost savings can be managed departmentally.

Key indicators were reviewed for the FY24 through FY28. Evidence of growth and expansion are evident by FY2026 with an increase in revenue and volume.

Chair Hagerty commented after reviewing the plan, that the plan is a great and realistic first start.

A discussion ensued regarding the driving telehealth and monitoring length of stay.

The Committee feels that this goal was met overall.

4. **Align UMC/UNLV strategic initiatives**

This goal was met. Administration has been holding monthly senior leadership meetings, working with UNLV on developing oncology, shared valuations, Radiology and Anesthesia residencies, expanding GME and Resident slots, as well as collaborating during the legislative sessions.

Mr. Van Houweling suggested a presentation on the military relationship in the future.

FINAL ACTION TAKEN:

A motion was made by Member Mackay to award 100% of the FY23 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

ITEM NO. 8 Receive a review of the FY24 goals for approval; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- PowerPoint

DISCUSSION:

The proposed goals for FY24 included:

1. Improve Focused Service Lines financial outcomes; Expand Outpatient Services

- Discharge Clinic
- Post-Acute Care Services
- Ambulatory Clinic

2. Real Estate – Expand Physical Presence in The Medical District and Continue to play a leading role in The Medical District
3. Expand Physician Employment Model – Decrease Expenses and Capture additional Market Share
4. Expand upon the five-year financial plan for UMC Enterprise to include consolidated income statement, cash flow statement and facility wide capital plan. The plan will be detailed down to the service line level and, within service lines will forecast volumes, revenue and expenses by sub service line.

Chair Hagerty continued the discussion with the 5-year plan. The Committee would like to see more granularity with initiatives that will drive revenue and reduce expenses, with emphasis on the capital plan that utilizes assets.

The Committee would like the team to consider other service lines that would be an opportunity for growth and there was a lengthy discussion that ensued regarding this topic.

The Committee established the FY24 goals, which were set as follows:

1. ***Continue to deliver improved clinical and financial outcomes in the existing 5 service lines and develop a business plan for 2 other service lines that will be critical to help UMC deliver an important service line to the community going forward.***

2. ***Continue to play a leading role in the Medical District.***

3. ***Expand physician employment model - decrease expenses and capture additional market share.***

4. ***Expand upon the five-year financial plan for UMC Enterprise to include consolidated income statement cash flow statement and facility wide capital plan. The plan will be detailed down to the service line level and within service lines will forecast volumes, revenue and expensed by sub service line.***

5. ***To enhance Strategic Initiatives in furtherance of the Academic Health Center.***

FINAL ACTION TAKEN:

A motion was made by Member Mackay to make a recommendation to the Human Resources and Executive Compensation Committee of the FY24 CEO/Organizational Performance goals as they relate to the Strategic Planning Committee. Motion passed unanimously.

SECTION 3: EMERGING ISSUES

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

DISCUSSION:
None

FINAL ACTION TAKEN:
None

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 10:59 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 10 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 11:14 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

Issue: **Technology Strategy**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	

Recommendation:

That the Governing Board Strategic Planning Committee receive an update from Maria Sexton, Chief Information Officer, regarding technology strategy updates; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding technology strategy.

Cleared for Agenda
October 5, 2023

Agenda Item #

4

UMC
UNIVERSITY MEDICAL CENTER

Offering Nevada's Highest Level of Care

UMC Technology Update
October 5, 2023

Enterprise Technology

Completed

- *Customer Experience*
  - Deployed new computers and monitors
  - Upgraded audio/video services in flagship Emerald Conference Room
  - Implemented RightFax network faxing at all ambulatory clinics
- *Clinician Experience*
  - Replaced 40% of Workstations on Wheels (WOW) fleet
  - Refreshed more than 100 wireless scanners, most in Surgical Services
  - Installed Fluency Direct Mmodal mics throughout enterprise
  - Added additional computers in Surgical Services for Providers to complete pre and post surgery tasks
- *UMC Online Care (Telehealth)*
  - Added Scheduled Visits (Primary Care) telemedicine services
  - Implemented Specialty Consults with NV Dept. of Corrections
- *Telephony*
  - Moved to AT&T for mobile telephone services
  - All phones will be part of FirstNet priority calling platform
- *Compute and Storage*
  - Replaced all end of life/end of support compute infrastructure with faster, more efficient systems
- *Data Network*
  - Refreshed data network infrastructure equipment
  - Upgraded wireless access points and controllers
  - Increased bandwidth for wireless services (guests and Providers)
- *Cybersecurity*
  - Improved critical/high patching program and advanced patching technology
  - Installed advanced data backup solution with robust data protection capabilities and processes
  - Implemented system and process to assess third-party risk
  - Installed pen testing and vulnerability scanning system, and created testing and scanning program

Next 12 to 18 Months

- *Customer Experience*
  - Move to Microsoft Office 365 (O365), deploy Teams
  - Move email to O365 and expand mailbox sizes
  - Upgrade and expand RightFax network faxing throughout the enterprise
- *Clinician Experience*
  - Finish WOW Refresh, approximately 120 remain
  - Implement Nuance DAX ambient documentation system
- *UMC Online Care (Telehealth)*
  - Expand Specialty Consults, NV Heart and Vascular next
- *Telephony/Unified Communications*
  - Move telephony to cloud hosted service
  - Integrate with Teams for virtual meetings, replace WebEx
- *Compute and Storage*
  - Consolidate outdated and disparate storage devices with faster, denser and more efficient systems
- *Data Network*
  - Upgrade fiber network throughout the main campus
- *Cybersecurity*
  - Implement network segmentation to better protect high risk data and systems
  - Expand single sign on (SSO) capabilities to decrease login friction points for customers

  - Implement Imprivata SSO readers on all systems for tap in/out authentication services enterprise wide
  - Partner with Clinical Engineering to risk assess medical devices, identify opportunities to ensure security and resiliency
  - Upgrade Active Directory domain to support increased functionality and security
  - Implement self-service password reset with multi-factor authentication

Completed

- *New Service Line Build*
  - Outpatient Orthopedic services
  - Anesthesia
  - Infusion Clinic
- *Hyperdrive*
  - New Epic end user platform, 3+ years in development
  - Wave 1 complete, 500 users live, Transplant, Patient Accounting, IT
- *MyChart*
  - Open scheduling; PCP, preferred clinic, UMC system-wide

Next 12 to 18 Months

- *New Service Line Build*
  - Radiology
- *Hyperdrive*
  - Wave 2 10/10, Ortho & Spine, Wellness
  - Wave 3 11/8, all remaining users
- *Payer Platform*
  - Interoperability network to support communication between payers and providers; clinical documents sent electronically, improve care coordination, less administrative overhead
  - Starting with Elevance (Anthem), determine which plans
- *Surgery/OR Optimization*
  - Complete LeanTaaS project
  - Improve block scheduling and OR utilization

- *New Modules Installs*
  - Transfer Center, estimated go live January 2024
  - Wisdom, estimated go live February 2024
- *Patient Experience*
  - Implement Epic Hello World for SMS-text based appointment reminders and other information
  - Investigate options for patient bill payment via SMS-texting
- *My Chart*
  - Implement patient payment estimates and payment plans

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.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
October 5, 2023

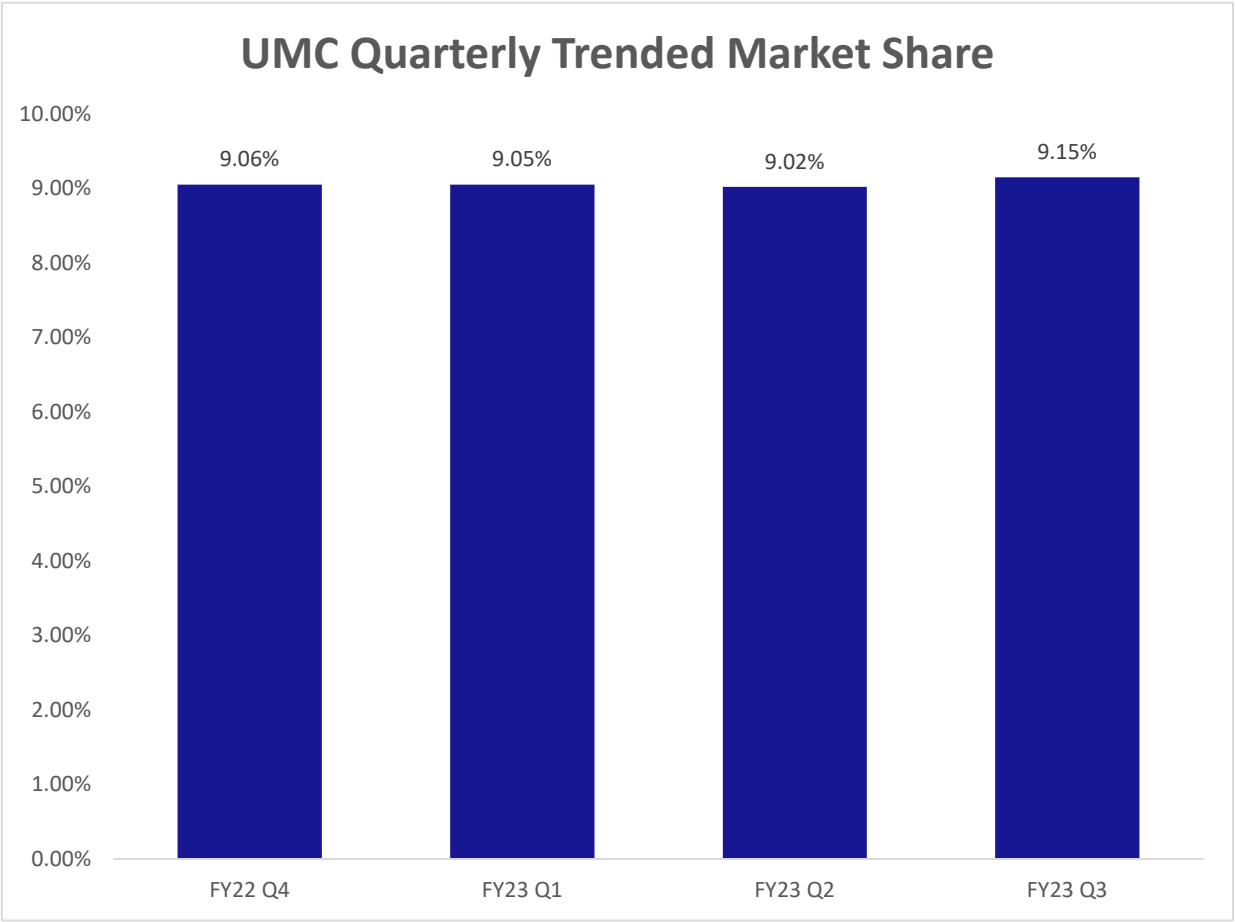
Agenda Item #
5

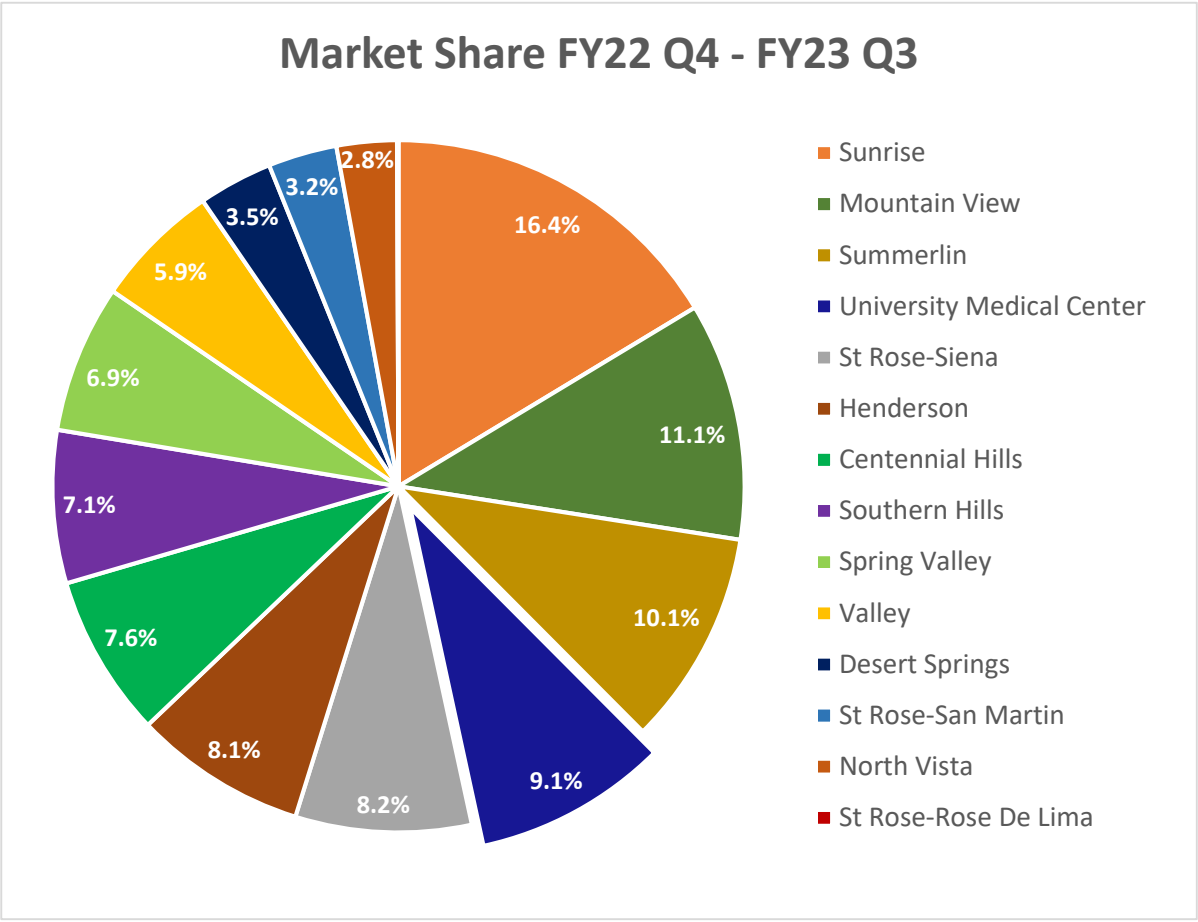
UMC
UNIVERSITY MEDICAL CENTER

Strategy Committee Service Line Update October 5, 2023

Market Share Update

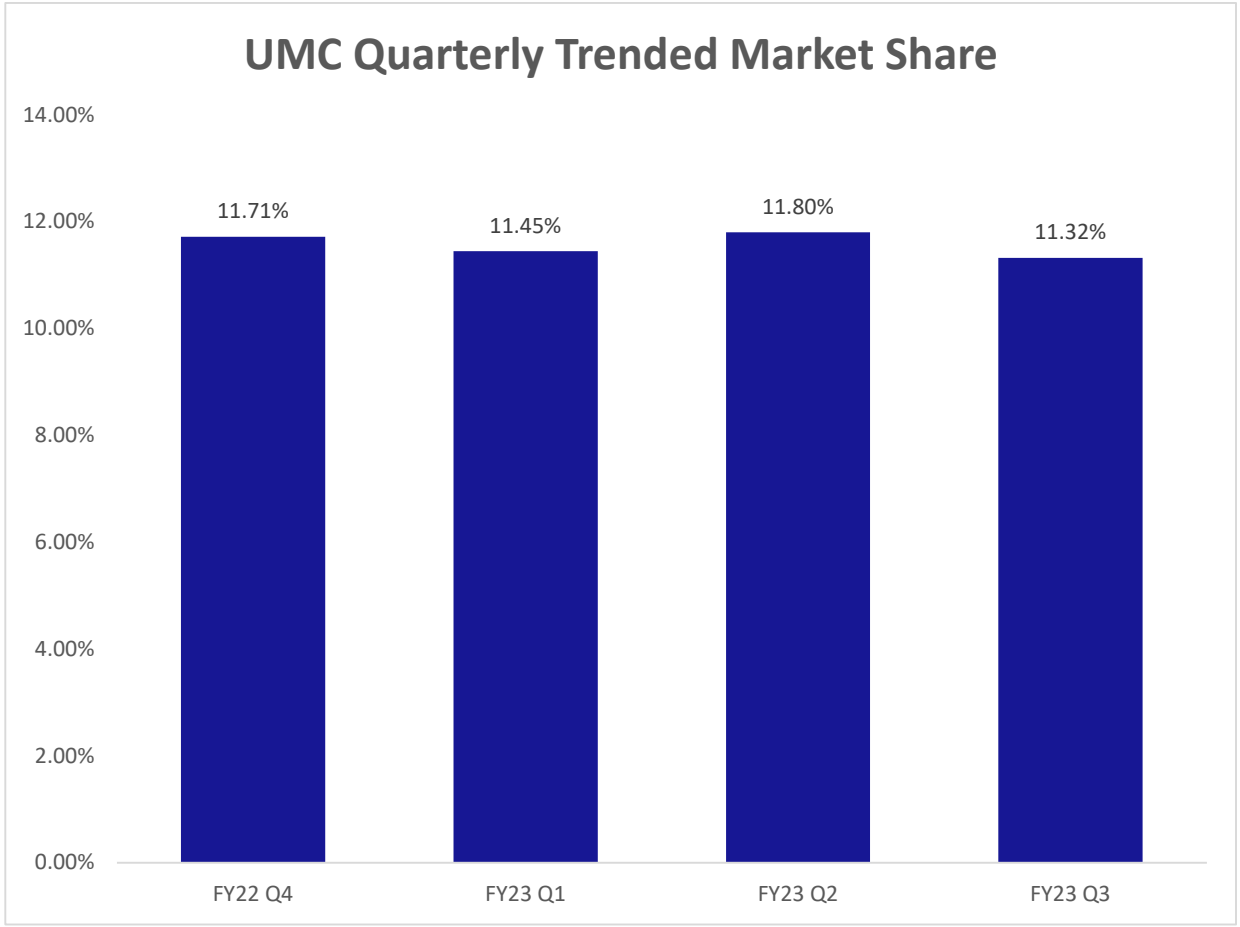
UMC Market Share- (IP, All Ages, FY 2022 Apr- FY 2023 Mar)

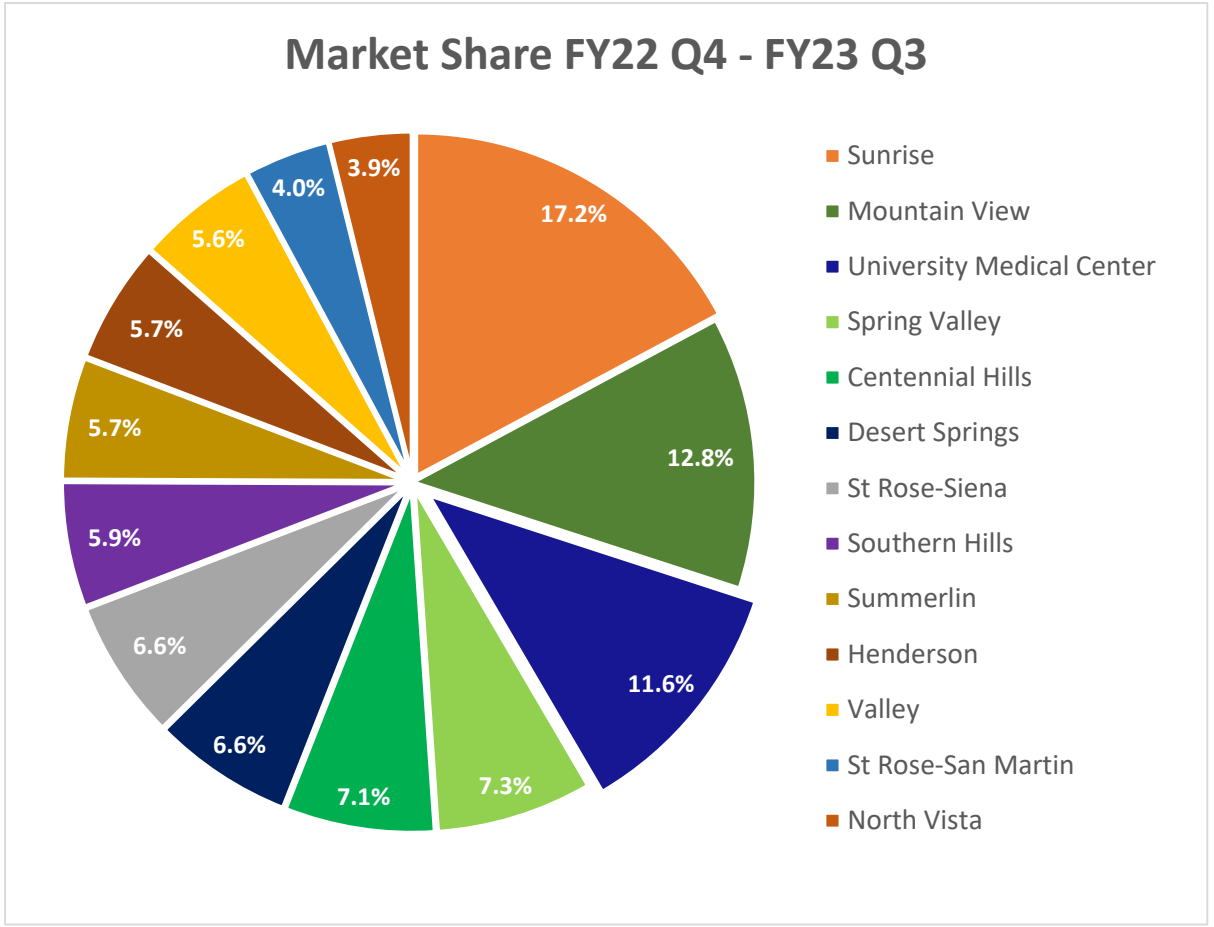




Market Share Update

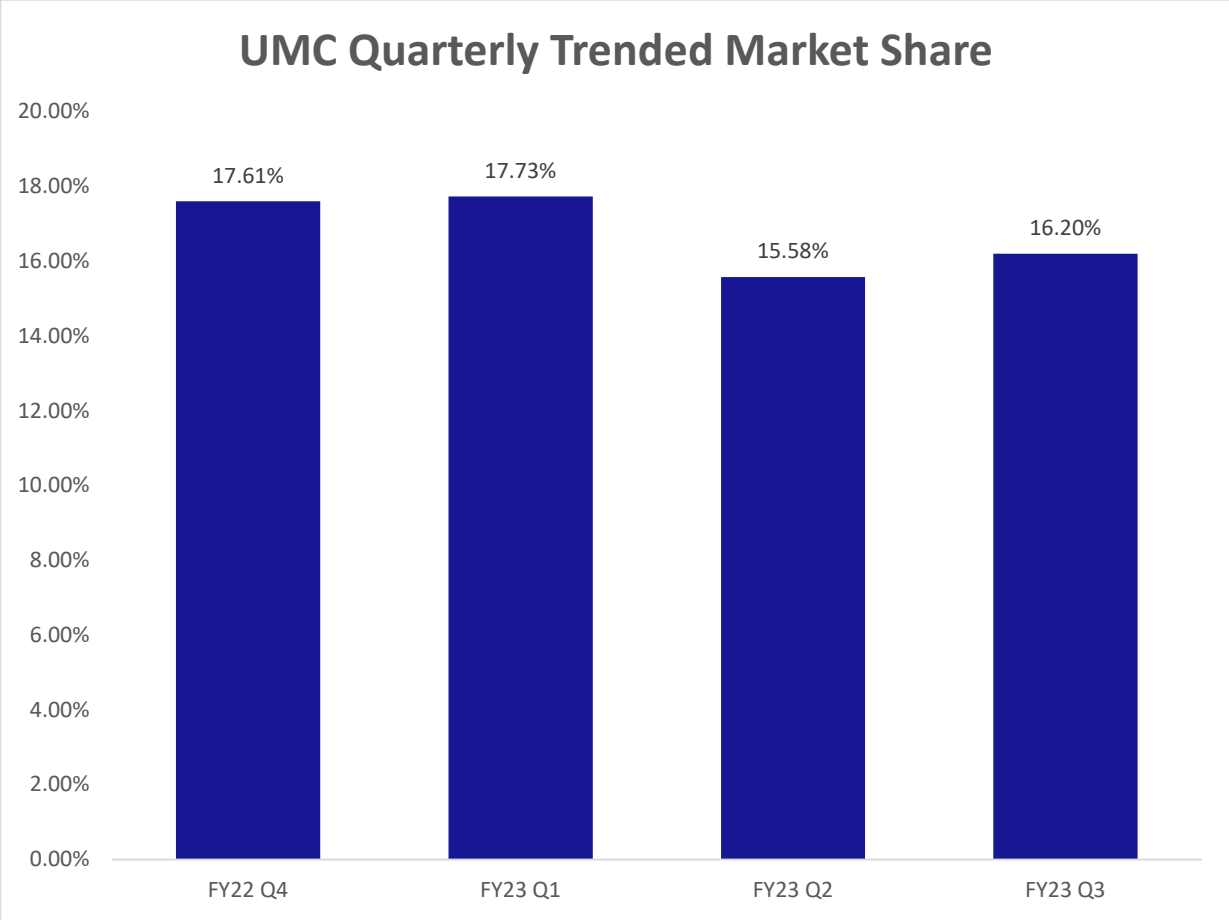
General Surgery Market Share- (IP, Adult, FY 2022 Apr- FY 2023 Mar)

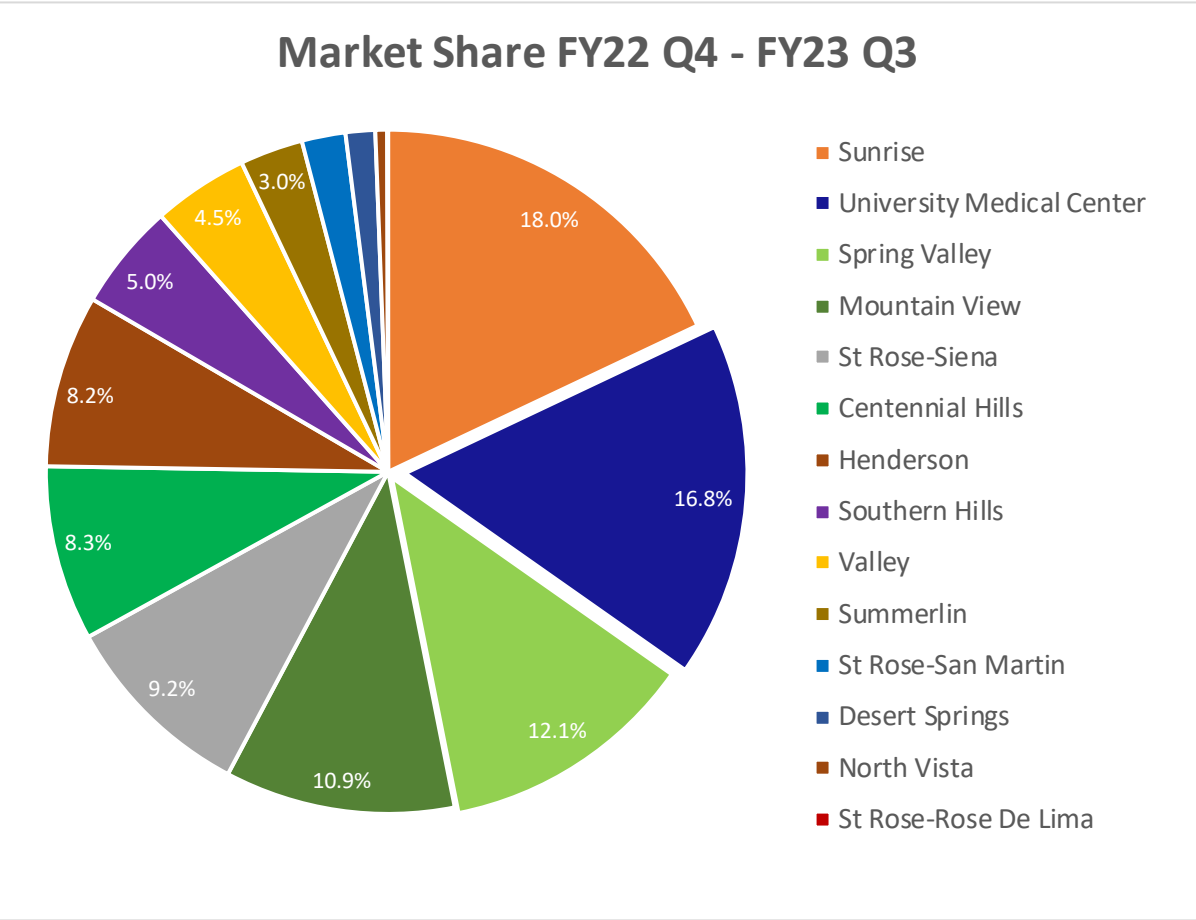




Market Share Update

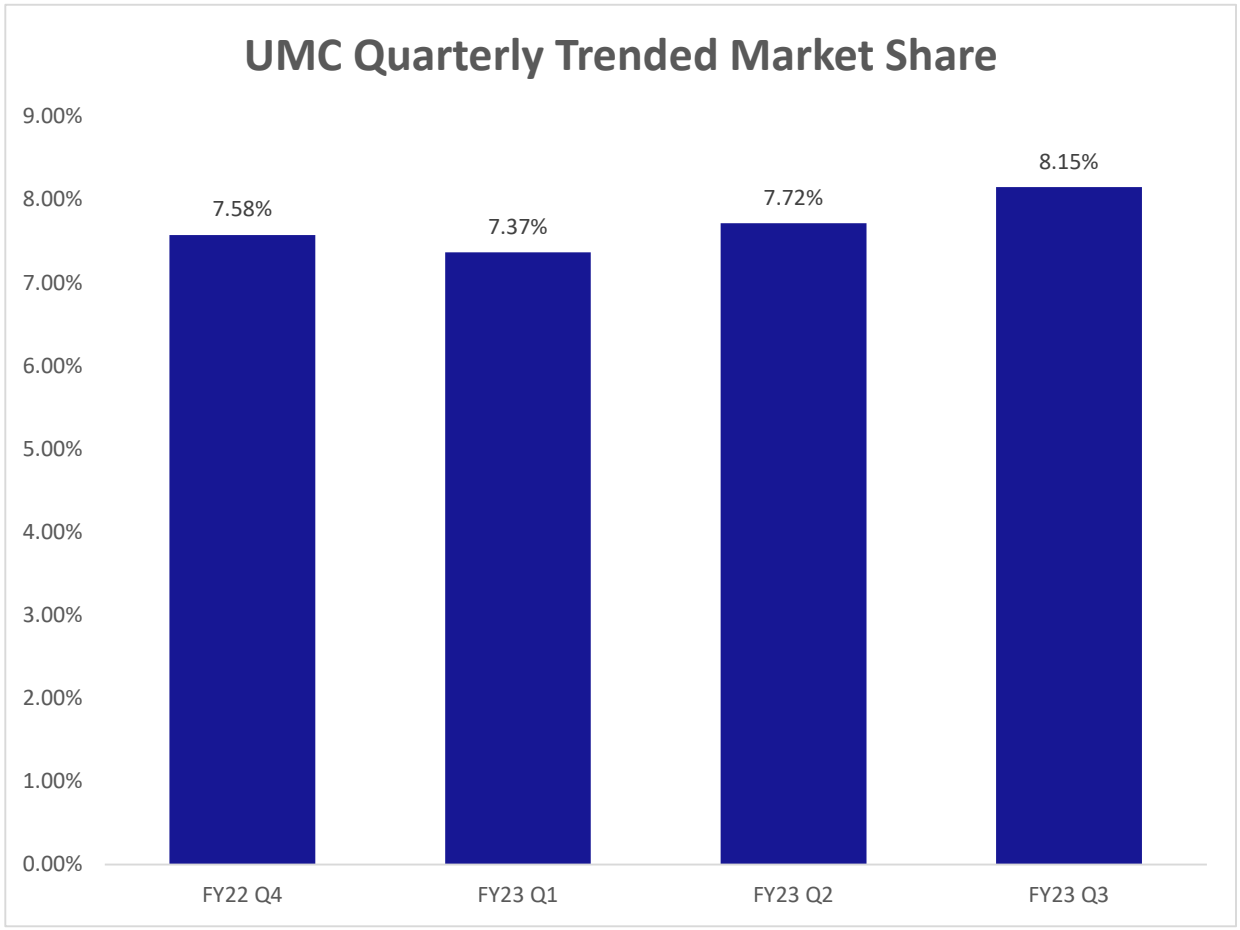
Orthopedics Market Share- (IP, Adult, FY 2022 Apr- FY 2023 Mar)

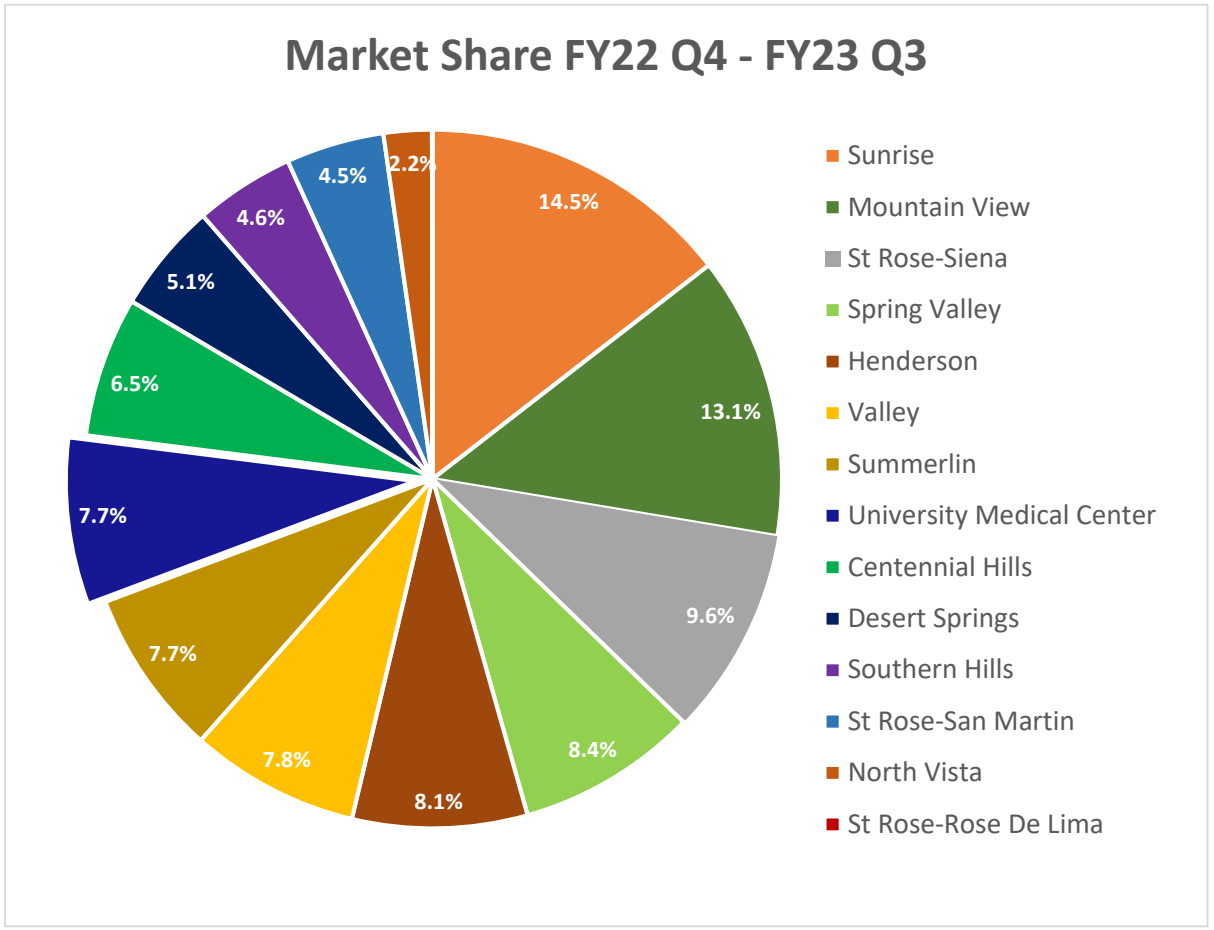




Market Share Update

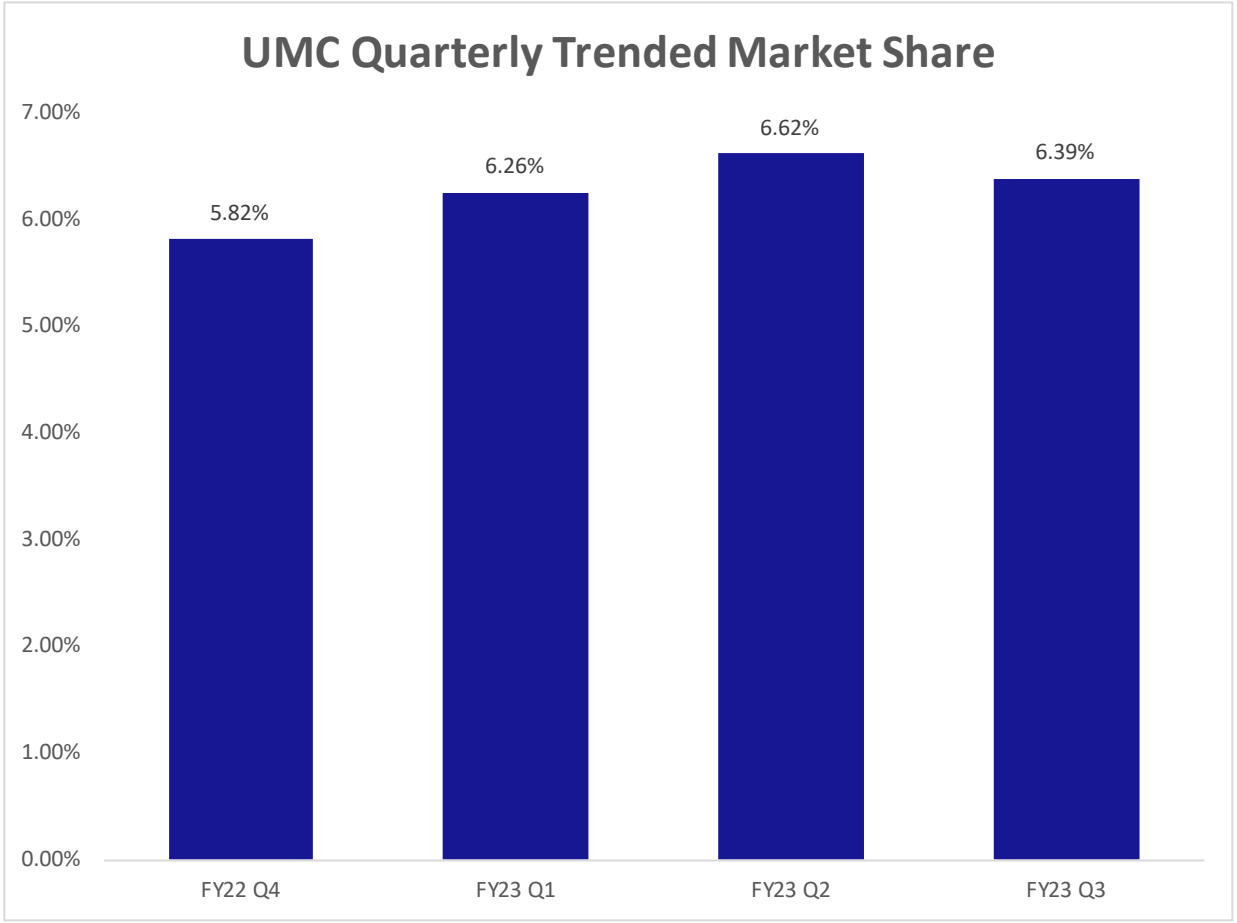
Cardiac Services Market Share- (IP, Adult, FY 2022 Apr- FY 2023 Mar)

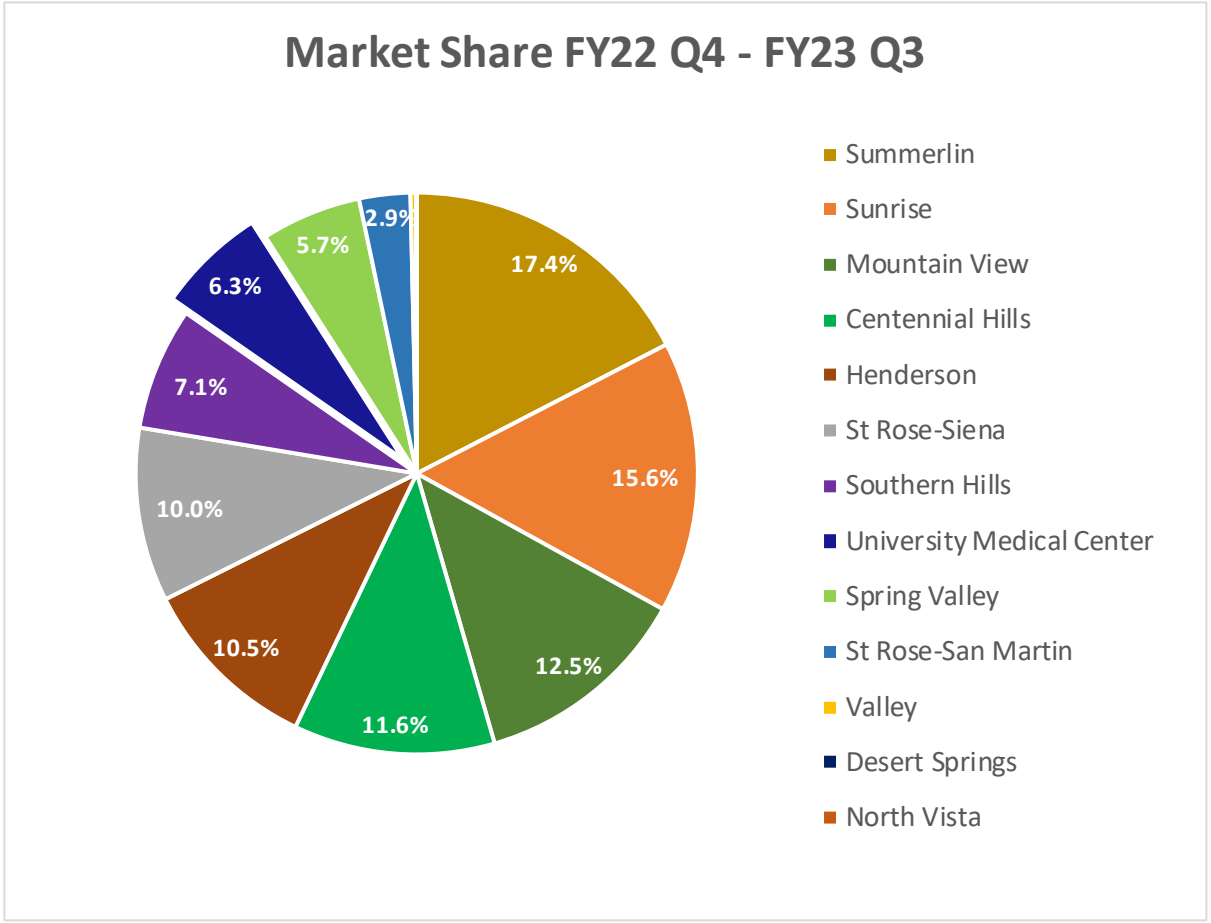




Market Share Update

Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, FY 2022 Apr- FY 2023 Mar)

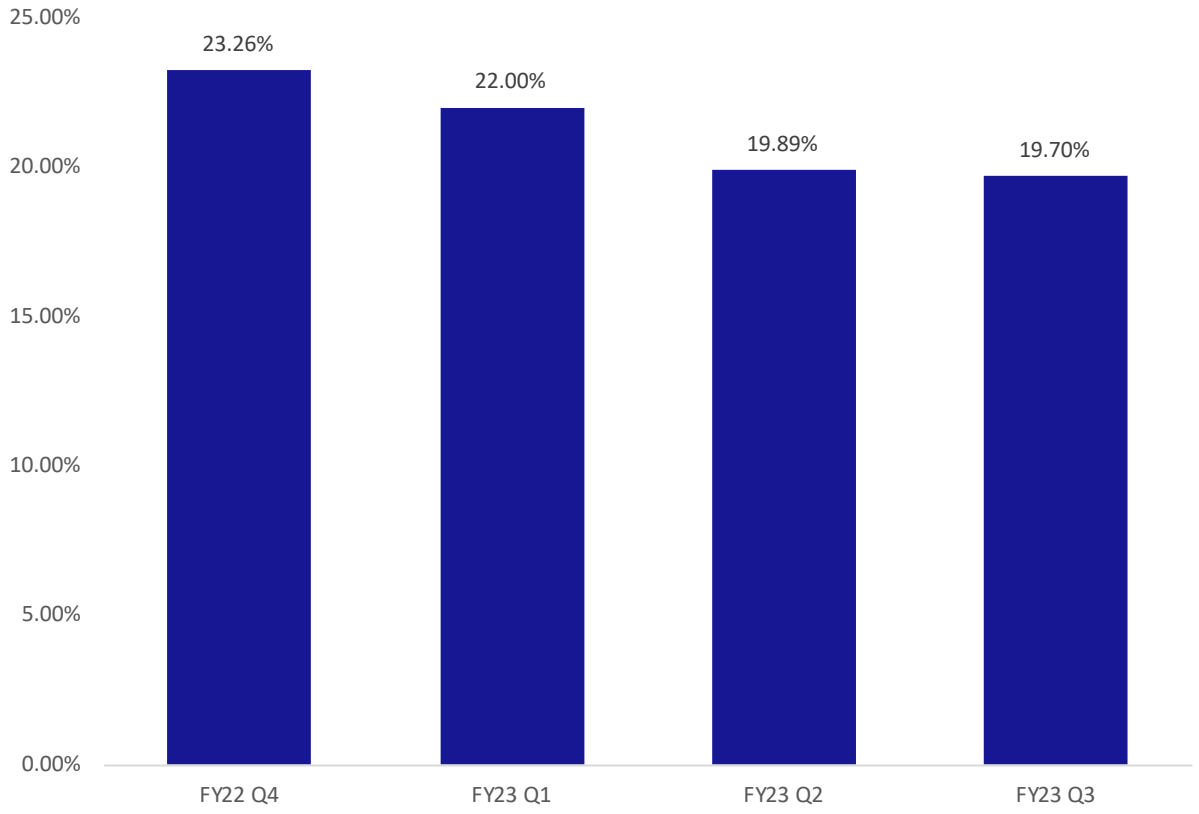




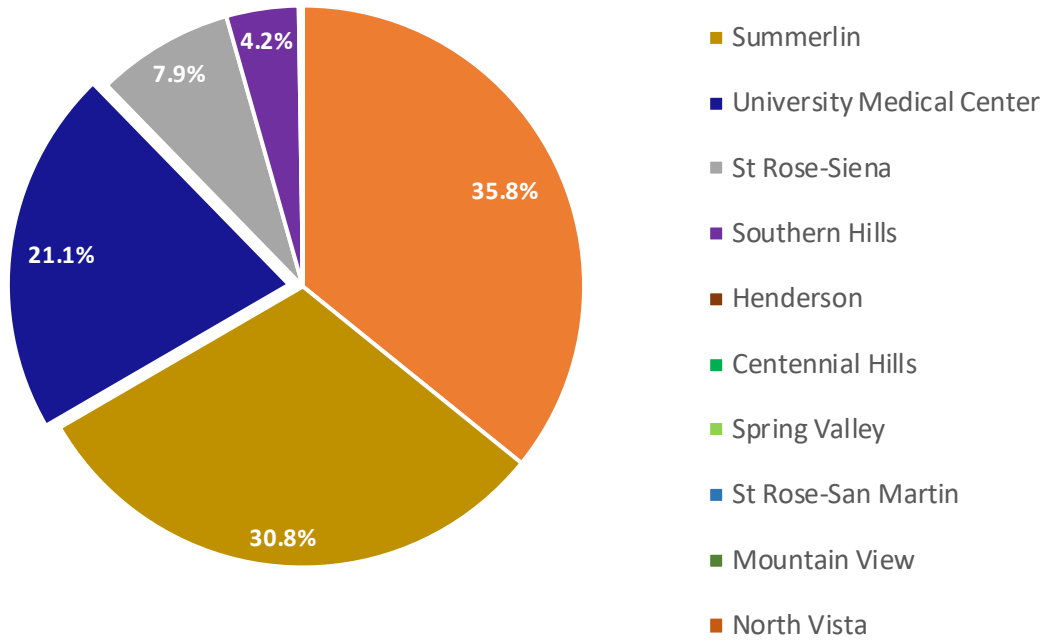
Market Share Update

Children's Hospital Market Share- (IP, <18, Excl. Gynecology, Neonatology, Obstetrics, FY 2022 Apr- FY 2023 Mar)

UMC Quarterly Trended Market Share



Market Share FY22 Q4 - FY23 Q3



General Surgery Services

Service Line Update

Operational Update

- FCOTS (First Case On Time Start) at 38% , decrease of 10% compared to last quarter
- Service Line Charge RN's have identified issues that have caused delays and are implementing changes; Deliberate Actions are as follows:
    - Start times being moved to 7:30am after shift bid the week of 10/16/23
    - Pre-op Check List to be used proactively to reduce delays,
        - Pre-op RN calling outpatients and units the night before for first start cases
        - Algorithm for PAT built and will be launched on November 1st
- Room Turnaround time at 37 minutes, 3 minute increase (goal of 30 minutes); Deliberate Actions are as follows:
    - Room turnover: Service Line CN's assisting in room turnover
        - Picking up trash during cases, rather than waiting for case completion
        - Case carts not ready for dirty instruments: Solution is to train RN to pull sterile instruments and supplies out during case
        - Inconsistent EVS staff: Solution is to train additional staff to cover as needed

Strategic Next Steps

- OR Renovation Project- OR 12, 14 and Endo Suite with completion date of 10/06/23
- Increasing GI capabilities with Dr. Ohning (Manometry and Pill Cam) and charge RN
- Replacement of all Surgical Light Systems and Bovie/Cautery project

Technology Strategy

- LeanTaas Platform - Perioperative optimization for data efficiency – Connectivity complete Block Policy and Template nearing completion.
- Provation technology for GI (middleware allowing data flow into EPIC) in the future

General Surgery Services

Renovation

Orthopedic Services

Service Line Update

Operational Update

- Orthopedic and Spine Institute of UMC Clinic - YTD 2023:
  - Scheduled visits: 15,546
  - Completed visits: 13,482
  - No Show Rate: 12.7%
- Integrative Joint Program – Total Joint Replacements seeing increased volumes YOY
  - 2021 – 299 replacements / 2022 – 350 replacements / 2023 – on pace for 390 replacements
  - Weekly Joint Camps beginning November 2, 2023
- Biweekly OR Ortho Service line meetings to improve process and flow
- Call Center continues to improve with call abandonment rate (down to 5% routinely)
- New Trauma surgeon started Oct 2nd, Dr. Janel Pietyga
- Dedicated 2 Rooms for Ortho Trauma, improve patient flow
- Sports Medicine and Ortho Oncology instrument trays arrived; Can now increase volumes and run multiple rooms

Expense Control and Revenue Enhancement

- Collections averaging 150% of the goal
- Continued focus on Spine and Ortho implant cost reductions

Strategic Next Steps

- Construction has begun on permanent x-ray suite in Ortho Clinic, completion by the end of October
- Continue to recruit new providers for Spine, Trauma, Hand and Foot
- Satellite clinic location to expand access
- Gain “Gold Standard” Center of Excellence accreditation from Joint Commission, Inpatient team reviewing data

Cardiac Services

Service Line Update

Operational Update

- Continued high volumes in cardiac catheterization procedures
- TAVR cases have fully transitioned to Cath Lab from the OR with 44 cases performed YTD
  - Watchman (LAAO) procedures now being done with 28 procedures performed as of 9/15/23
- Pascal training of physicians completed. Performed the first two patients in NV on 9/25/23
  - Allows the Structural Heart program to take the leading role in the region and negates needing to transport patients off-site
- Cardiac CTA now available to support the TAVR program

Revenue Enhancement

- Moved TAVR's from OR to Cath lab, increased contribution margin and decreased LOS by 1 day, lowered cost on average by $3,500/case
- Streamline intake process for outside facilities, including UMC Quick Cares and Primary Cares
  - Focusing on outreach with our referral source (Focusing on one call system)

Strategic Next Steps

- Dr. UmaKanthan moving his Tricuspid valve cases to UMC in late October
- New Phillips Cath Lab – Construction scheduled to begin in late October
- Further expansion of Prep/Recovery area from 8-12 beds
- Marketing of new Minimally Invasive CT Surgery and Bloodless Medicine
- Explore expansion to include hybrid room to accommodate increase in peripheral and structural heart procedures
- Investigate niche procedure opportunities (i.e., renal ablations and carotid stenting)

Women's and Children's Hospital

Service Line Update

Operational Update

- Perinatal volumes continue to increase month over month (getting back to 2019 census)
- Infant/Child security system update with Centrak – most areas up and operating
- Donor breast milk
- Dr. Annette Mayes, along with 2 other providers (UNLV) started on 10/02/2023
- Safe Sleep performance improvement project
- Pediatric Fall Kits
- Nitrous Oxide for Maternal and Pediatric patients to be implemented this winter

Revenue Enhancement

- Updating PAR numbers in both service lines to ensure little excess of ordered supplies and manage possible waste
- Cross-training of Pediatric RN's and CNAs to help in the Peds' ED

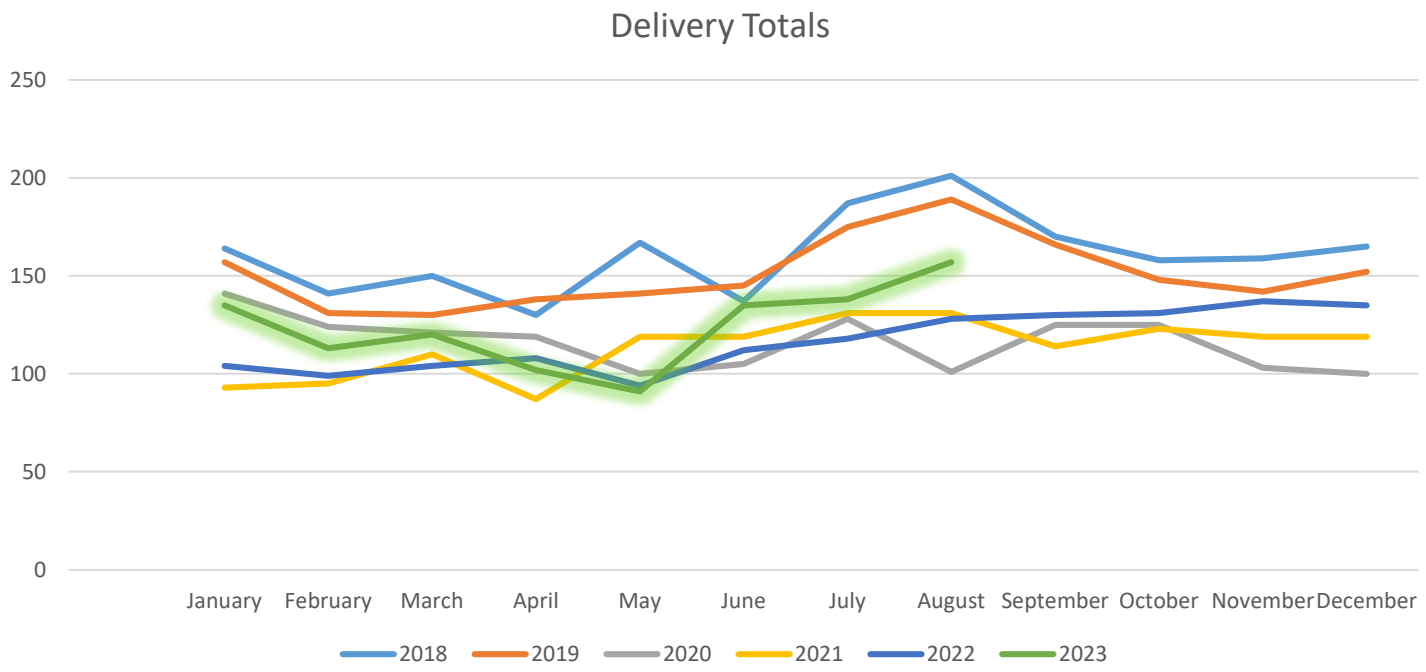
Strategic Next Steps

- Enhance Women's and Children's service line's
  - Pediatric Transplants and Antepartum Testing (EPIC build needed)
- Site visit by ACME to be a clinical site for the UNLV Nursing – School of Midwifery. Currently two Certified Nurse Midwives credentialed.
- Evaluating the feasibility of creating an "Along-side" Midwifery Unit
  - Would be an accredited unit that gives the atmosphere of a birthing center at the far end of the post-partum unit (3 rooms)

Women's and Children's Hospital

Service Line Update

UMC Delivery Totals						
	2018	2019	2020	2021	2022	2023
January	164	157	141	93	104	135
February	141	131	124	95	99	113
March	150	130	121	110	104	120
April	130	138	119	87	108	102
May	167	141	100	119	94	91
June	137	145	105	119	112	135
July	187	175	128	131	118	138
August	201	189	101	131	128	157
September	170	166	125	114	130	
October	158	148	125	123	131	
November	159	142	103	119	137	
December	165	152	100	119	135	
Total	1929	1814	1392	1360	1400	



Highest census since 2019

Ambulatory Services

Service Line Update

Operational Update

- Aliante Primary Care and QC – opened February 28, 2023. PC total visits = 1,709 and QC total visits = 6,519 since opening
- Yelp and Google review scores increased year over year (CY21/CY22) with a couple of clinics receiving 4.5 stars
- HCAHPS scores have continually improved quarter over quarter for the past year
- Primary Care at the Medical District (PCMD) opened 8/21/23. 106 visits completed (87 are hospital f/u appointments)
- Updating equipment and furniture in the clinics

Revenue Enhancement

- 23% increase ($1.5M) in POS collections
- $700K increase in P4P program incentive payments
- Goal to increase the relay of diagnostic results to 75% (patient satisfaction and incentive dollars attached to this metric)
- Campaign to collect past due balances

Strategic Next Steps

- Refresh of Summerlin clinic on track for 2023
- Expansion of Southern Highlands to expand PC and add Express Care. Opening in March 2024.
- Self-scheduling via MyChart set to begin on 10/09/23
- Virtual Care in QC
- Expand PC/QC footprint

52 more 5 star reviews than prior!

UMC Online Care

Search OPEN

Ratings & Reviews See All

5.0 out of 5

720 Ratings

Tap to Rate: ☆ ☆ ☆ ☆ ☆

Convenient and Very Professional Jul 17

★★★★★ Matt73174

I took advantage of UMC's online care and had a visit with a nurse practitioner. The visit was just like being there in person and I got the care I needed.

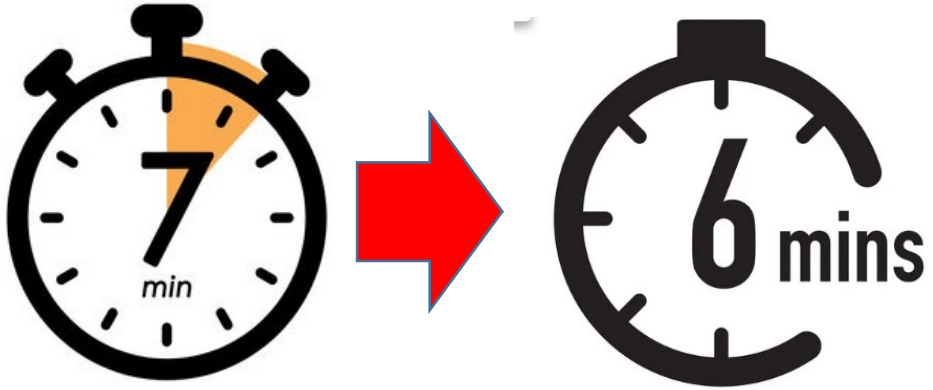
App Store

Google Play Games Apps Movies & TV Books Kids

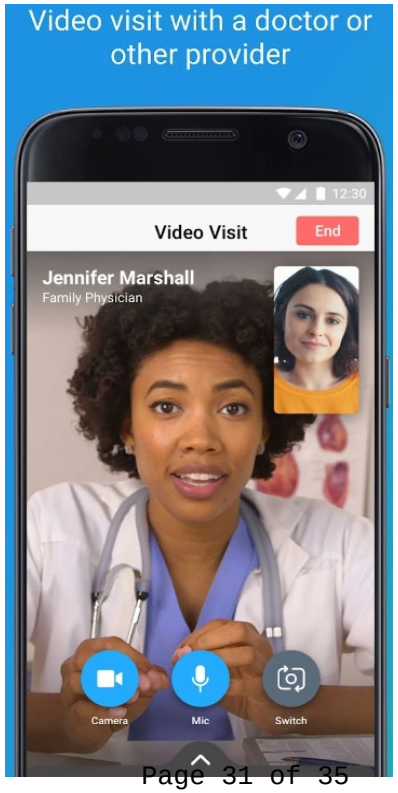
4.8 ★★★★½

68 reviews

5 4 3 2 1



Average wait time



UMC online care

Service Line Update

Operational Update

- More than 11,000 visits on UMC online care (average 500 urgent care visits per month). *Recovering from a decrease 2 months prior.*
- Patient satisfaction remains steady at 98% (only 1 formal complaint in 1 ½ years of operation, successfully addressed).
- Average wait time (mins): 6:11 (from 6:56), average visit duration: 7:40 (from 7:42).
- Telemedicine Upgrade for Primary Care completed March 7th. (**61.25% INCREASE** in visits from 8 weeks ago)
- Nevada Corrections telemedicine program for HIV/HepC *COMPLETED* but expected to launch this month (pending MOU signature).

Expense Opportunities

- Refine "Halo Effect" calculation for capturing downstream revenue from telehealth (very difficult, finance assisting).
- Reduce no-show rate by offering to convert a traditional appointment to telemedicine when patient calls to cancel, or no-shows (*see PC*)
- In-clinic advertising for telemedicine in urgent care and primary care (experience department assisting).
- Patient accounting: *payers are reimbursing our telemedicine encounters at "parity" with in-person care*.

Strategic Next Steps

- Increase marketing investment/efforts to grow volume. Continue to engage PC providers to participate and offer patients virtual care as clinically appropriate.
- *Specialty telemedicine build completed for outpatient.* IP build continues (with capabilities to perform incoming and outgoing consults).
- Continue efforts to pilot new ER workflows to streamline care for patients referred to a brick and mortar location ("click and mortar").
- Developing a "Virtual First" primary care pilot (with physical presence at LVMD clinic/LAS QC for in person care when needed).
- Advance the Telemedicine booth project (goal of working prototype by end of year).

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

Issue: **2024 Meeting Calendar**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: **That the Strategic Planning Committee discuss dates and times for the Strategic Planning Committee meeting calendar for the 2024 calendar year; and direct staff accordingly.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 5, 2023

Agenda Item #

6

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

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 5, 2023

Agenda Item #
7

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

Issue: **Closed Session**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	

Recommendation:

That the Strategic Planning Committee go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
October 5, 2023

Agenda Item #

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