



UMC Strategic Planning Committee Meeting

Thursday, March 7, 2024 - 9:00 a.m.

Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
March 7, 2024, 9:00 a.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

Notice is hereby given that a meeting of the UMC Governing Board Strategic Planning Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted online at University Medical Center of Southern Nevada's website <http://www.umcsn.com> and at Nevada Public Notice at <https://notice.nv.gov/>, and at University Medical Center 1800 W. Charleston Blvd. Las Vegas, NV (Principal Office).

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

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment.

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on December 7, 2023. (For possible action)

3. Approval of Agenda. (For possible action)

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
5. Receive an update on the FY24 Budget Initiatives; and direct staff accordingly. *(For possible action)*
6. Receive a report on the FY25 Proposed Budget Initiatives; 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).

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
December 7, 2023**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, December 7, 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 9:01 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 (Via WebEx)
Renee Franklin (Via WebEx)
Christian Haase (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Maria Sexton, Chief Information Officer
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on October 5, 2023. (For possible action)

FINAL ACTION: A motion was made by Member Mackay that the minutes be approved as presented. Motion carried by majority vote. Member Caspersen abstained as she was not present at the last meeting.

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

Items 4 and 5 were combined due to the content flow of the slide presentation.

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

SECTION 2. BUSINESS ITEMS

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

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

The Committee received a report on the Service Line Performance and the Competitive Landscape and Market Share data.

Mr. Marinello shared the first slide, which highlighted the FY24 Service Line notes and budget initiatives in Ambulatory, Cardiology, Orthopedics and all other surgeries. Market share and service line performance were reviewed.

Chris Jones, Executive Director of Support Services, reviewed the overall market share update. UMC remains #4 overall in the market. There has been a steady increase in the market. It was suggested to include bed count for all facilities.

Overall as a system, UMC was up .1%, HCA was up .1%, the Valley Health System was down .1% and St. Rose was down .2%. There was continued discussion regarding market share changes.

In general surgery UMC is #3 in the market overall. Market share has increased quarter over quarter and as a system, UMC had the most growth with .4% in the market.

Ms. Wakem shared two new slides, one which provided a breakdown of market payor mix and weighed performance percentage by licensed beds and another slide shared actual payor mix by hospital facility. There was continued discussion regarding the changes in payor mix and demographics. Chair Hagerty commented that this is great data. There was continued discussion regarding the hospital system functionality with HCA, UHS and Valley Health.

Next, Ms. Wakem shared a statistical breakdown of the new Estimated Provider Assessment Model for private hospitals, which will begin January 1, 2024. The program is also applicable to acute care hospitals critical access hospitals, rehabs

and psych facilities. She noted that they will continue to monitor this program. There was continued lengthy discussion on this subject matter.

Mr. Jones reviewed service lines.

In Surgery, volumes are stable, charges and revenue are up. Cost is up on a per case basis 9% and contribution margin is up 12%. Chair Hagerty asked how this data compares to budget for first quarter of this year and suggested adding a budget column comparing data year over year vs budget for the quarter.

In operational updates and technology strategy, there has been improvement in first case on time starts and room turn-around times. OR remodels for suites 12, 14 and Endo are complete. Phase 2 of remodels for the heart rooms are in process. LeanTass platform education to providers and surgeon offices has been completed; Go-live date is February 2024. There was continued discussion regarding capacity utilization and the quality of revenue earned. Slides showing before and after OR room remodels and ribbon cutting ceremony were shown.

In Orthopedics, UMC went up .2%, but remained at #2 in the market following Sunrise. There continues improvement quarter over quarter. There was discussion regarding what is being done to continue leading the market in orthopedics.

Mr. Jones continued his review of the financial data which included ortho clinic visits. The initiatives, which were budgeted against actual, was down in revenue and costs. Contribution margin significantly below budget. Chair Hagerty suggested analyzing the data set quarterly. The service line update discussion included staff initiatives for performance and the addition of 2 APNs and new Sports Medicine surgeon who is scheduled to start in February. An RFP is out for remodel of the 2231 location and the team is looking at opportunities to bolster patient access for the community.

In Cardiac Services, there is continued market share gain quarter over quarter. UMC remains #8 in the market, but there has been a .4% gain in market share. Volume is down by 2%, but per case charges are up 20% and net revenue is up 29%. Costs are up 27% and the contribution margin is up 35% per case. Next the committee reviewed the FY24 initiatives in Cardio Cath and Open Heart.

Operational updates highlighted increasing Cath Lab volumes and TAVRs are all now being done in the Cath Lab. Cardiac CTA is now in operation to support growth. Revenue enhancements and strategic next steps were discussed. The team is working to increase clinical trials at UMC. A discussion ensued regarding benefits of having a stronger clinical trials presence at UMC and strategic benefits. Mr. Marinello commented that although the clinical trial program is not a strong revenue generating program, it could enhance the cardiac program.

In the Children's Hospital, UMC is #3 in the market behind Sunrise and Summerlin. In Women's Services, UMC sits at #8 in the market. Financials for Children's Hospital show volume was down, but charges and revenue were up 3% on a per case basis, costs were up 8% and the contribution margin was up 7%

per case. In Women's Services, volumes have increased, charges were up 11%, revenue was up 12%, costs were up 11% and the contribution margin was also up 11% on a per case basis. Mr. Marinello highlighted some of the operational updates, revenue enhancements, as well as strategic next steps to enhance the Women's and Children's service lines.

In Ambulatory, primary care volumes were down 17%, but charges were up 29%, revenue up 22% and costs were up only 15%. The contribution margin was up 48% on a per case basis. Quick care volumes were down 2%, but charges were up 19%, revenue was down 8% and costs are up 29%. The key driver was the soft opening of the Aliante Quick Care locations. The team may re-evaluate the business structure that is in place for the clinic locations. The Committee would like to review this in the future. Operational updates, strategic next steps and expense opportunities were reviewed.

A lengthy discussion ensued regarding the percentage of the population in the community that needs to establish a primary care physician relationship and the benefits of UMC pursuing this opportunity. Mr. Van Houweling invited the Committee and staff to share their ideas regarding outreach and approach within the community. Operational updates were briefly reviewed.

Lastly, Mr. Marinello shared updates in telehealth. There have been challenges with staffing. The team has been proactive in developing ideas to use staff more efficiently during down times.

FINAL ACTION TAKEN:

None taken.

- ITEM NO. 5 Receive an update regarding overall competitive landscape and market share data related to healthcare activity; and direct staff accordingly. (For possible action)**

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

This item was combined with Item 4 discussion.

FINAL ACTION TAKEN:

None taken.

- ITEM NO. 6 Receive a quarterly update on the UMC CEO/Organizational Performance Goals for FY2024; and direct staff accordingly. (For possible action)**

DOCUMENT SUBMITTED:

- None

DISCUSSION:

An update was provided on the strategic goals for the first quarter of FY24. At this time we are on track.

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.**

On target with this goal. Radiology is one service line that is being added. Chairman Hagerty suggested adding Lab as a service line.

Member Mackay agreed that radiology is a good service line. A discussion ensued regarding the temporary decline in procedures due to the challenges with radiology.

Chairman Hagerty would like to see a presentation on radiology and lab, why we would pursue these two service lines and what should be expected.

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

This goal is on track. The team will present updates at a future meeting.

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.**

This goal is still in progress.

4. **Enhance Strategic Initiatives in furtherance of the Academic Health Center.**

This goal is also on track.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

- ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (For possible action)**

DISCUSSION:

Report regarding two service lines.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called for prior to going into closed session. No such comments were heard.

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

At the hour of 10:43 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 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.

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

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

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

FISCAL IMPACT:

None

BACKGROUND:

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

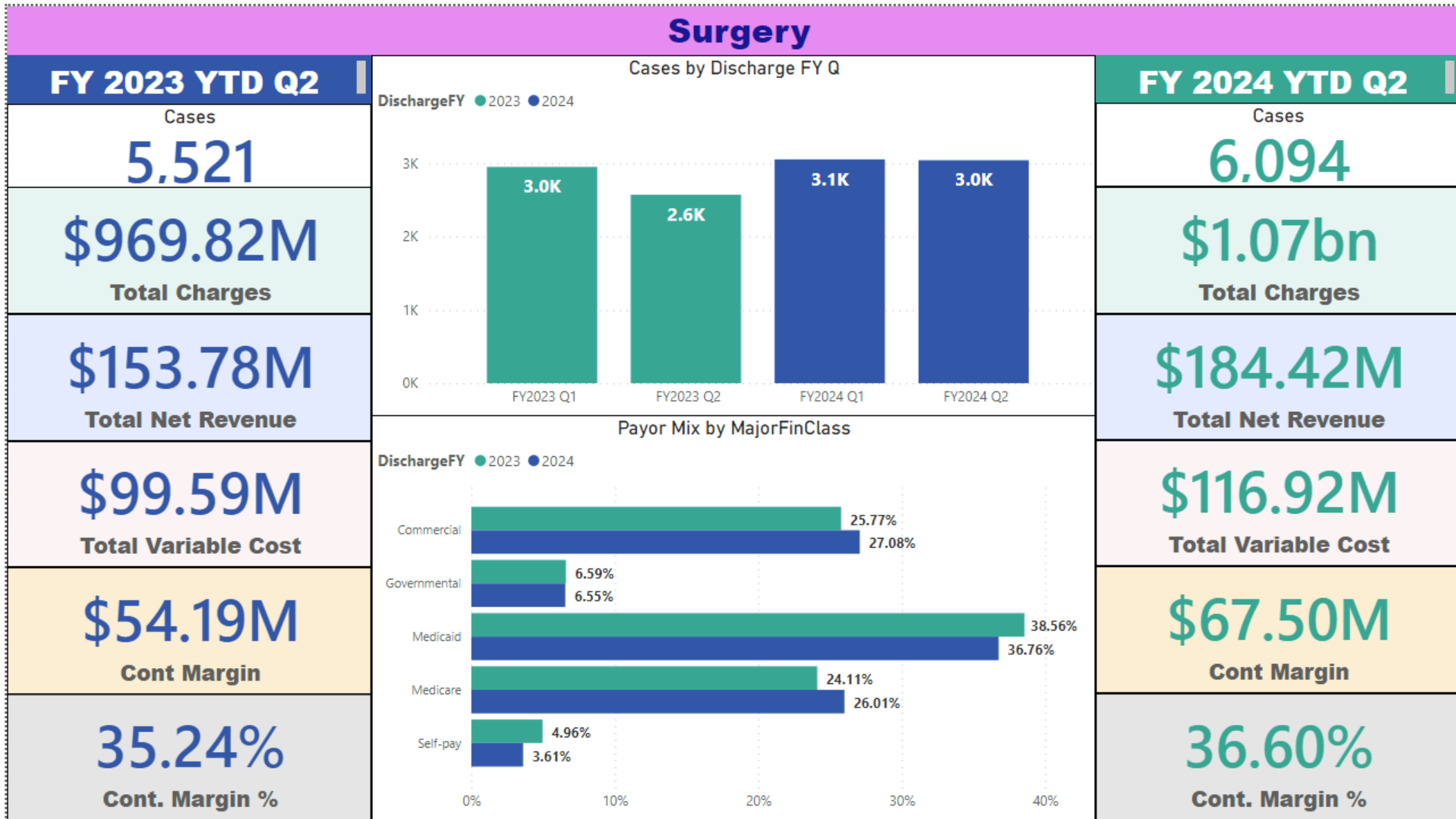
Cleared for Agenda
March 7, 2024

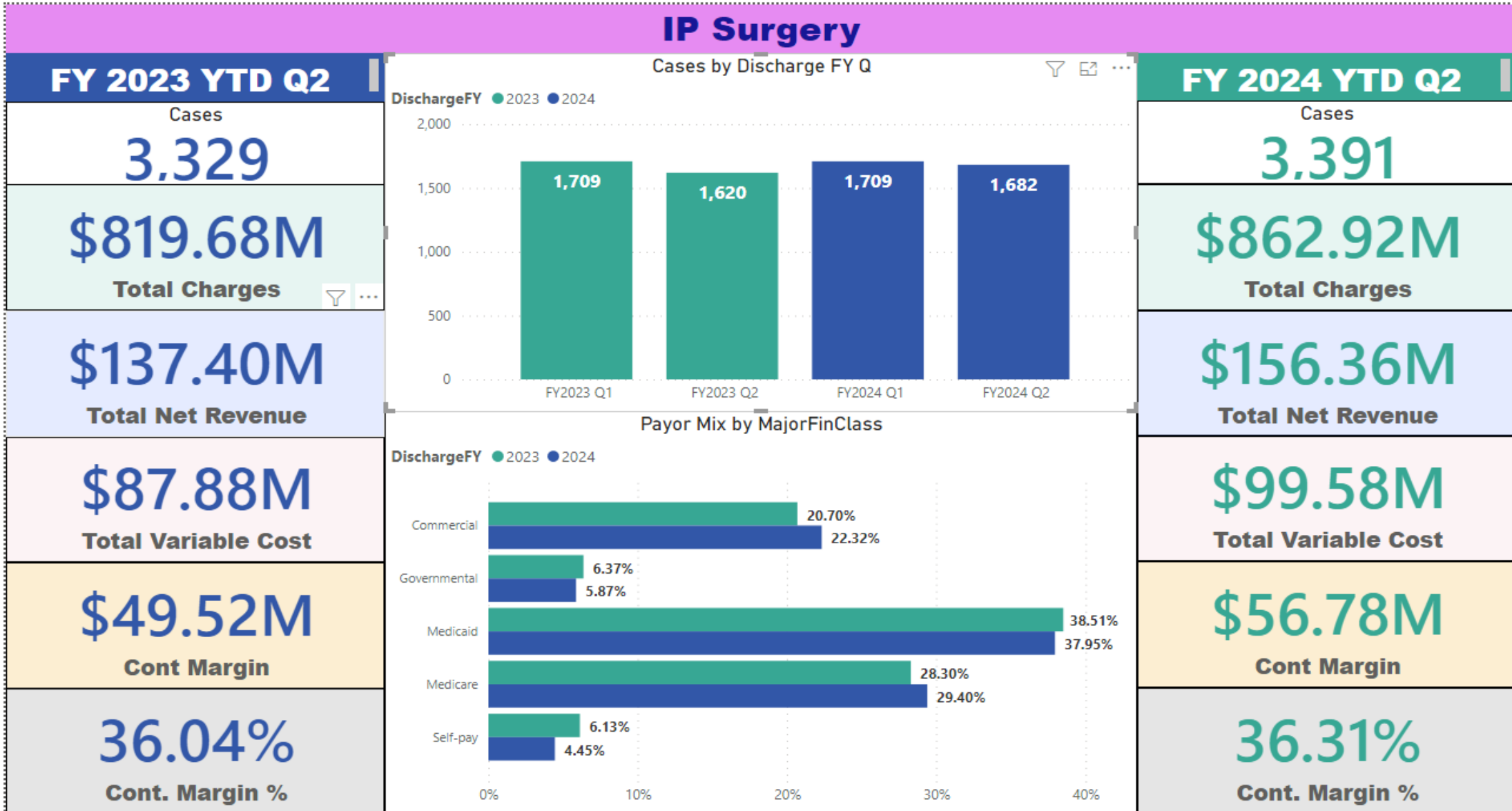
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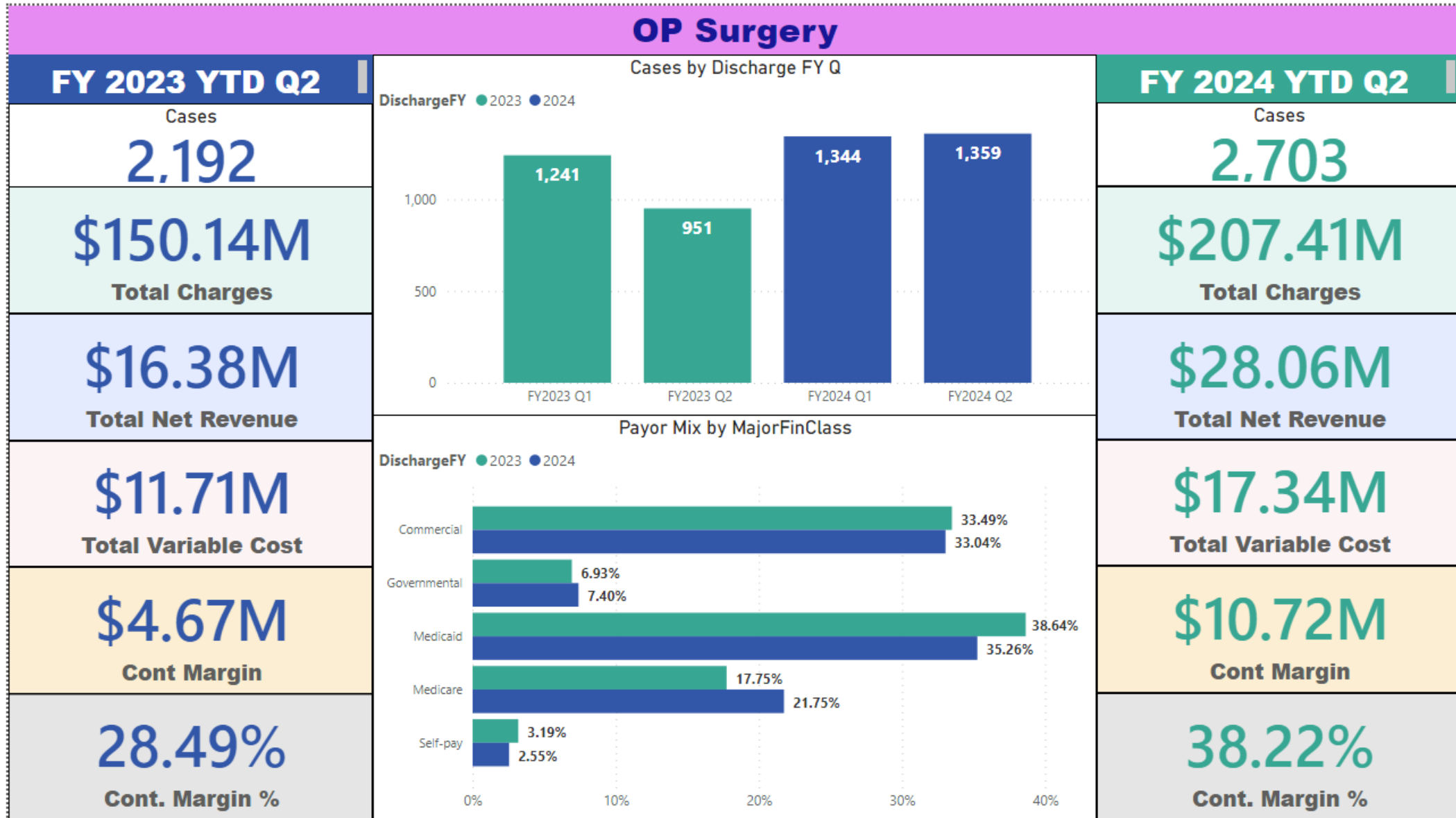
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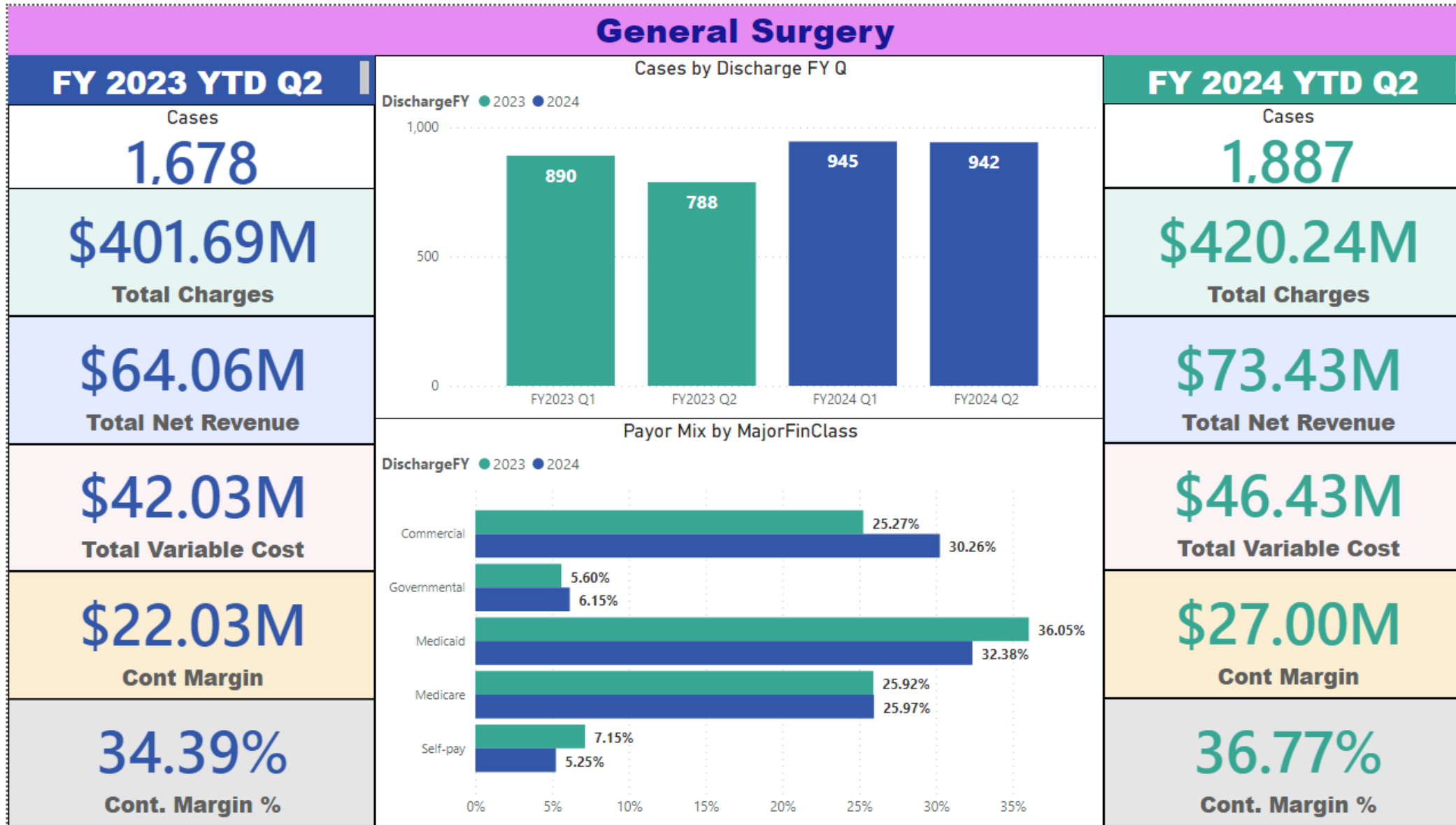


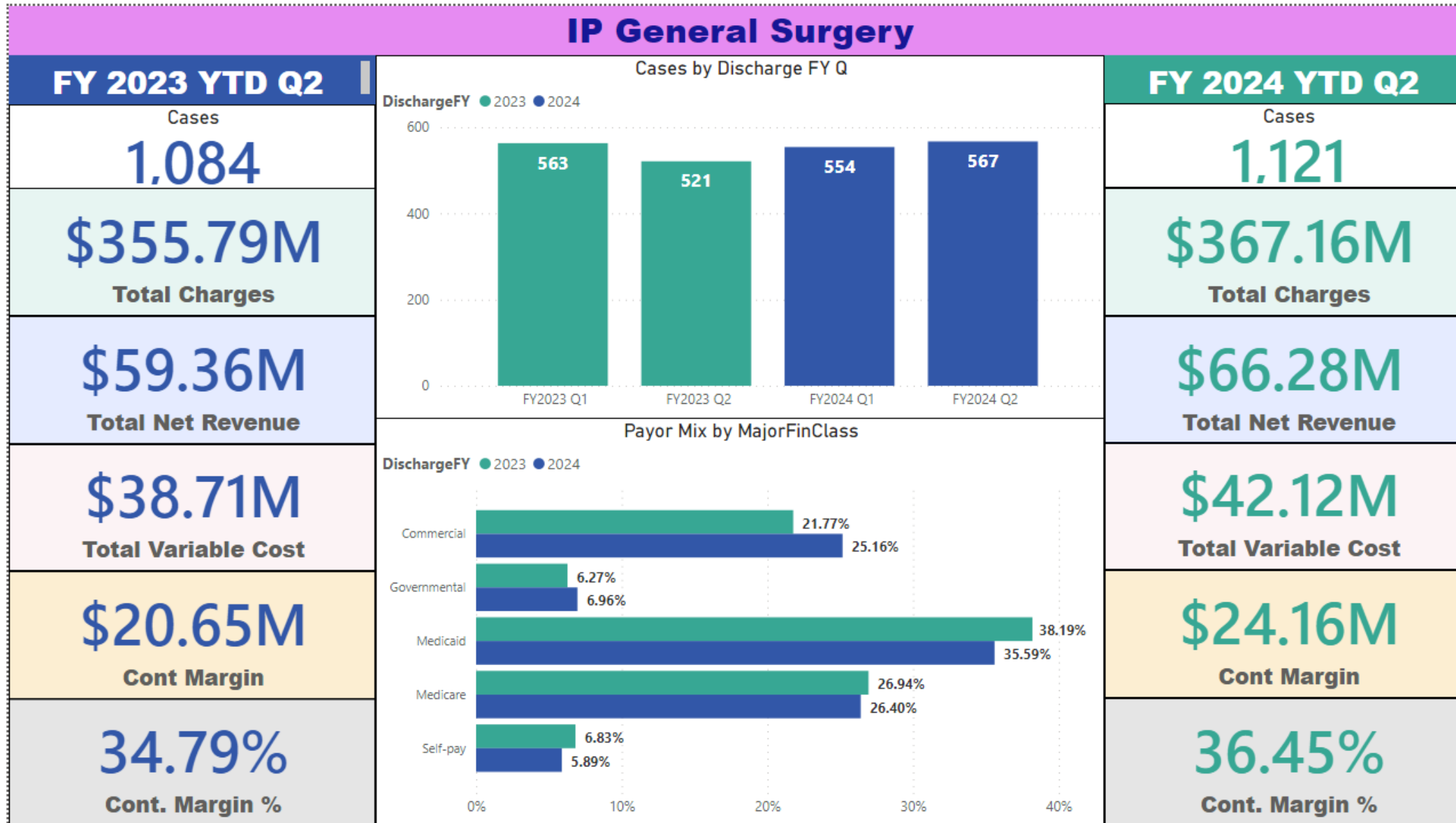
Strategy Committee
Service Line Update
March 7, 2024

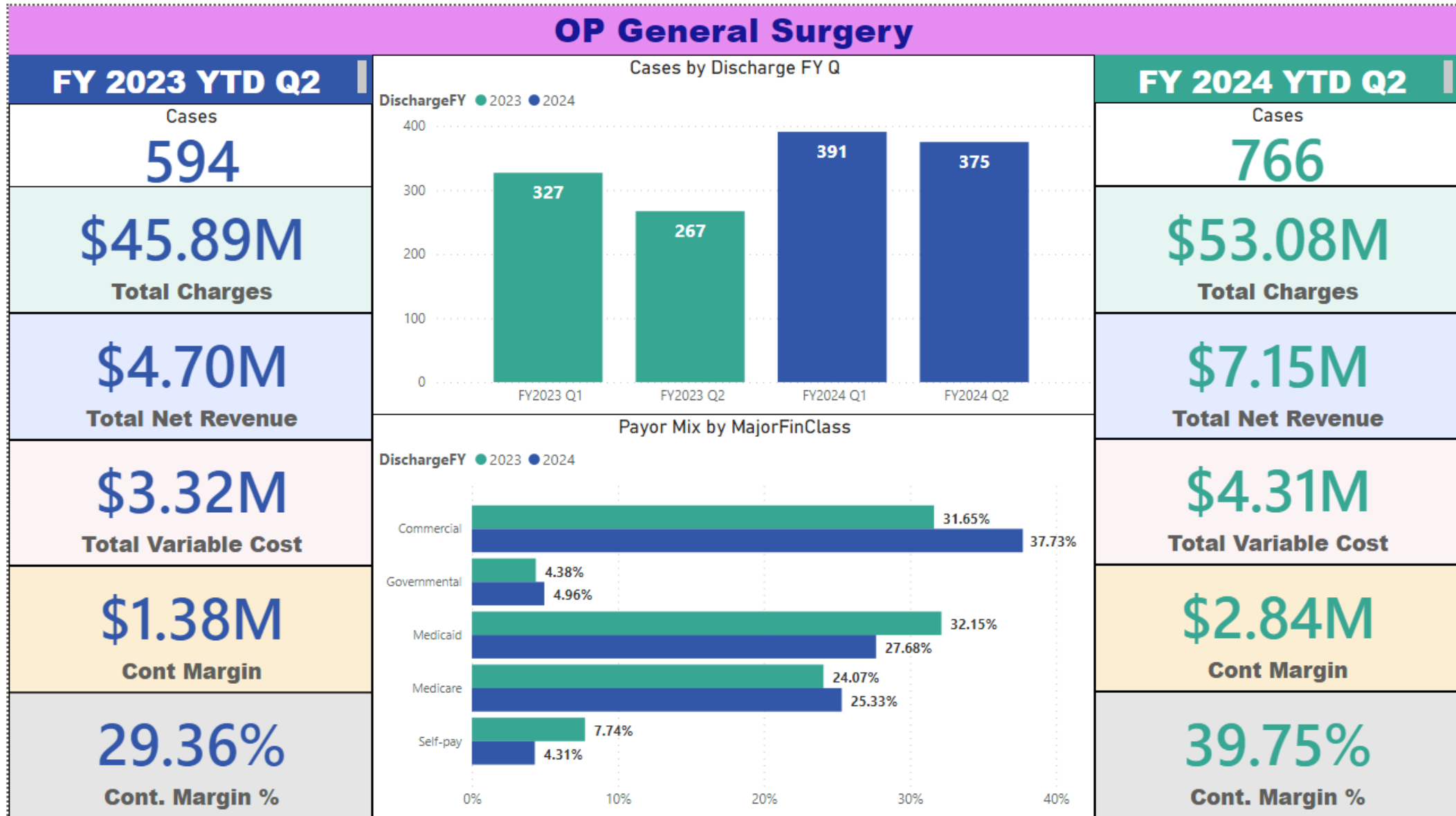












Service Line Update

Operational Update

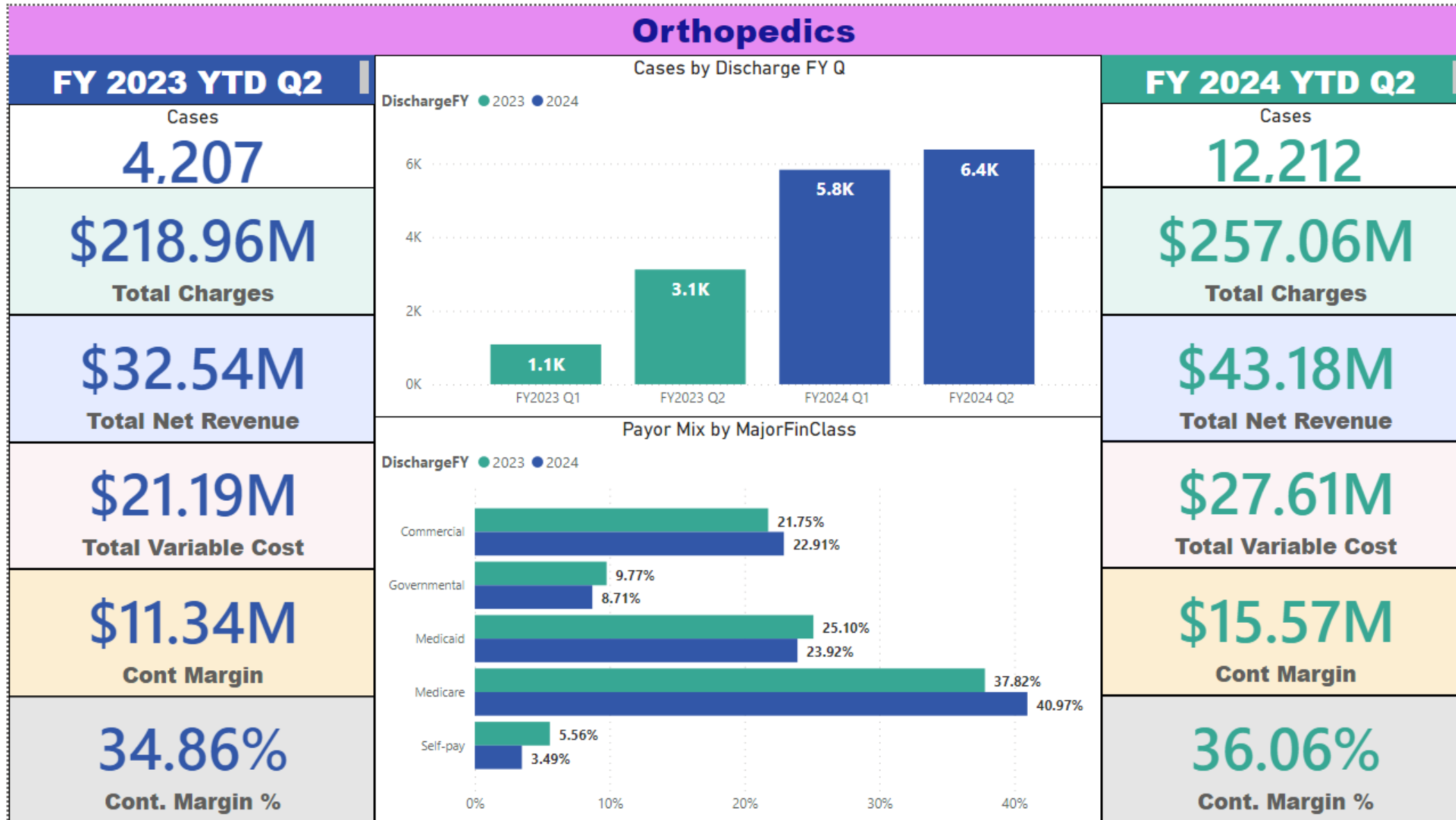
- FCOTS (First Case On Time Start) – at 43% , no change to prior timeframe
 - Collaboration between Dr. Hu, Dr. Flores, Admitting/Registration & Peri-op Department
 - Anesthesia/PAT appointment creation by registration towards the end of the authorization process
 - Daily OR Service Line Charge Nurse Meeting – to review next day cases to proactively mitigate issues and eliminate delays/cancellations on day of surgery
 - Room Turn Around Time (all cases) at Avg. of 30 minutes for the last quarter (goal of 30 minutes). Same Surgeon TAT at 23 minutes
 - Action Plans: Service Line Charge Nurse driven and dedicated EVS staff
- Multiple capital requests approved and installed
- 2 Dedicated Inpatient Surgical rooms 2/12/24 (LOS Improvement)

Strategic Next Steps

- Phase II OR renovation – OR 15 & 16 (Heart Rooms) Project started February 12th and will be completed near the end of May
- Obtained Phase III OR renovation quote – Remaining OR's (rooms 1, 2, 3, 4, 9, 10, 11 and 17) with expansion of rooms 2, 3, 10 and 11
- Adding a 3rd Heart Team due to increased volumes

Technology Strategy

- LeanTaas Platform for OR efficiency – Go-Live was February 6th. Comes with a 6-month trial refund
- EndoSoft – chosen as the better platform after evaluation of two systems from GI services with Physician Champion: Dr. Gordon Ohning
- Evaluation of Symani Robotic System and 3D Exoscope for micro-surgery and vascular anastomosis procedures. – Plastic, vascular, reconstruction service lines



Service Line Update

Operational Update

- Integrative Joint Program
 - Total Joints for 2022= 350, Class Attendance 32%
 - Total Joints for 2023= 413, Class Attendance 34%
 - Total Joints YTD 2024= 134
 - Enhanced Surgical Recovery After Surgery (ERAS) –
 - Best practice for Total Joint Replacements for pain management, and other procedures. Total of patients having ERAS has increased from 52% to 63%
 - Early Ambulation has increased to 88% from 47%, year over year
 - Working with EPIC to get PROMIS, HOOS JR. and KOOS JR. (all ortho surveys) added to EPIC flowsheet. CMS reportable in 2025

Expense Control and Revenue Enhancement

- Cost reduction on Hip and Knee implants estimated annual savings \$500K

Strategic Next Steps

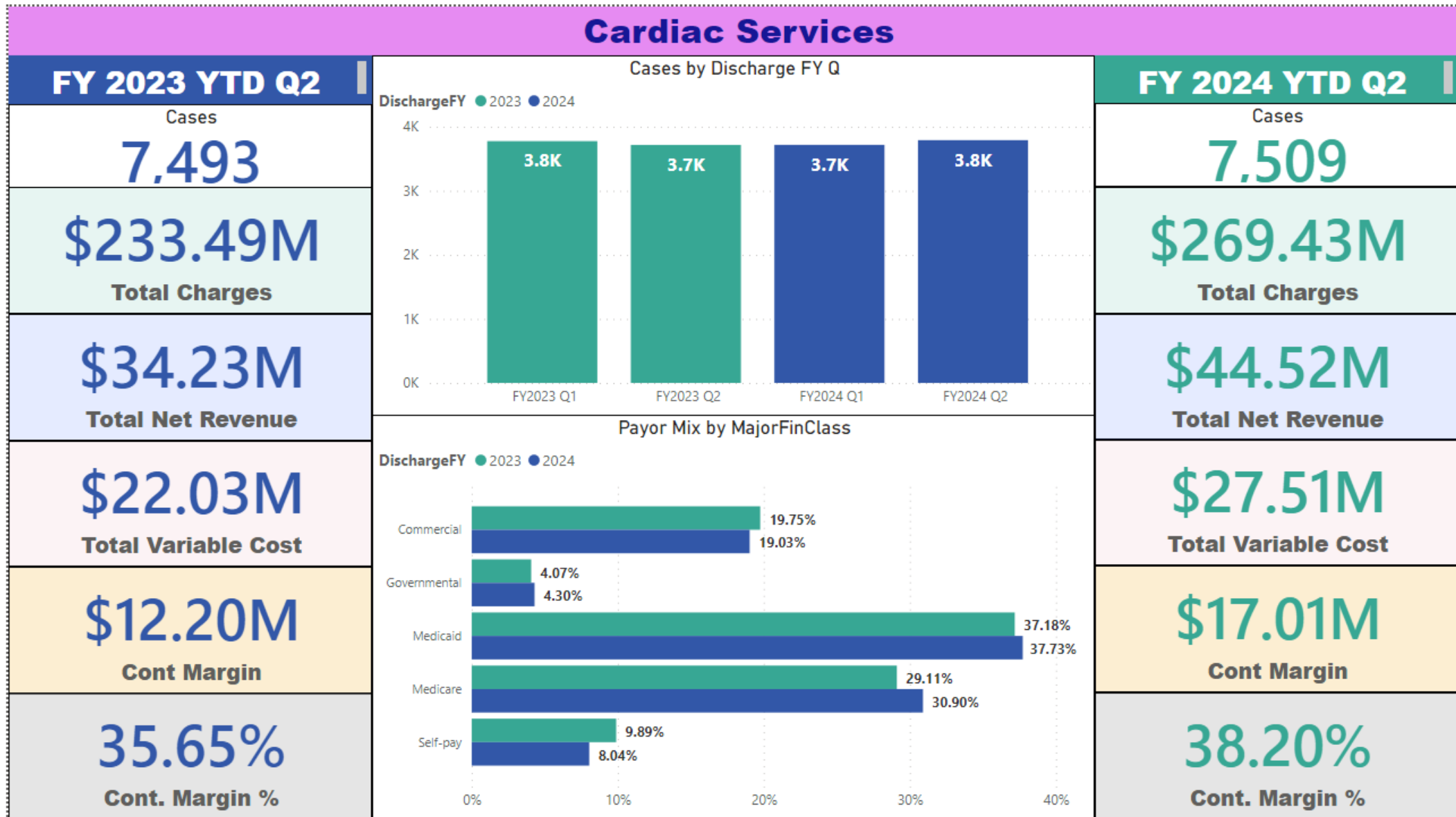
- Need to develop a new marketing campaign to encompass new Integrative Joint Program
- Gain “Gold Standard” Center of Excellence accreditation from the Joint Commission, Inpatient team reviewing data

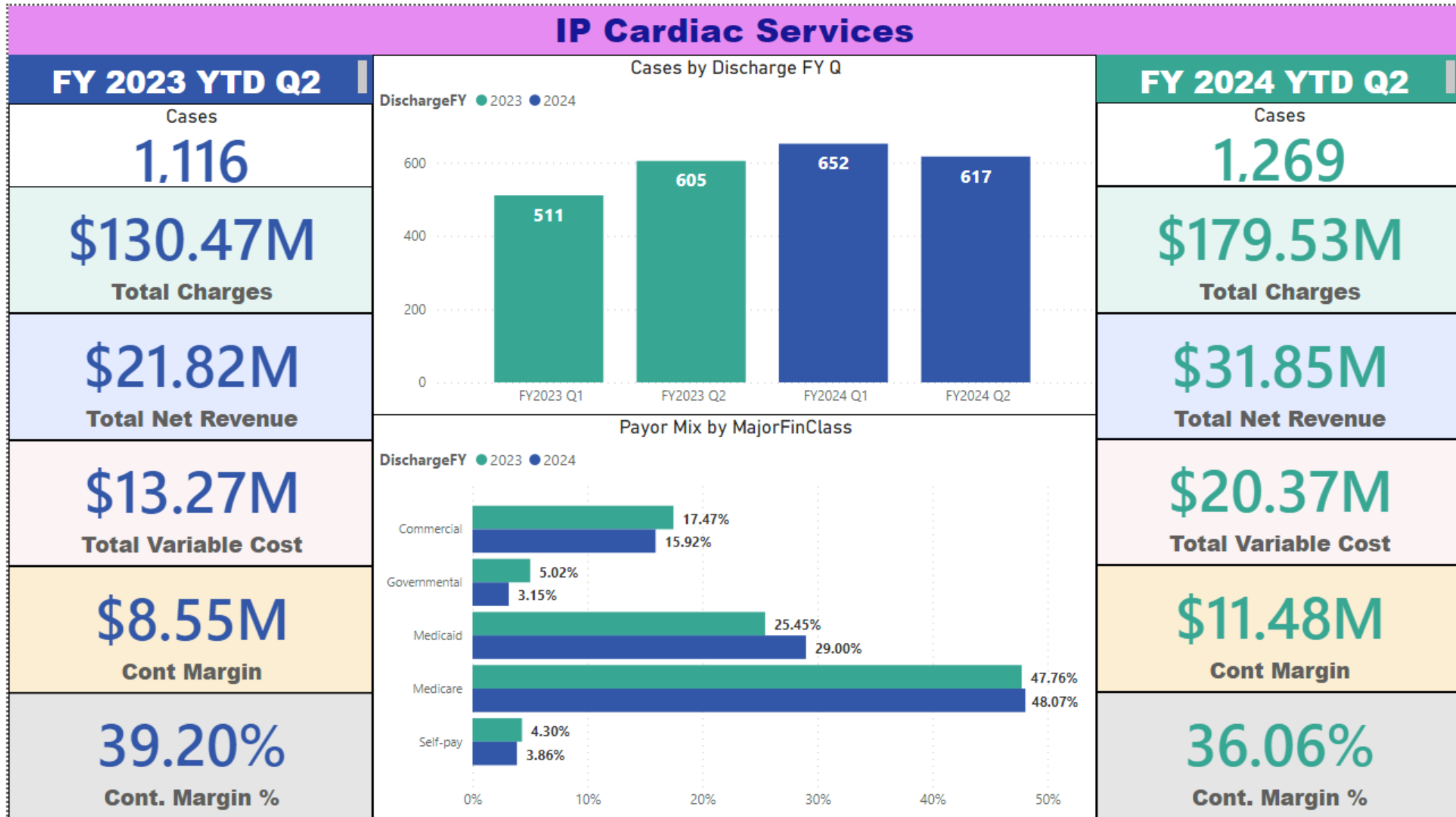
Operational Update

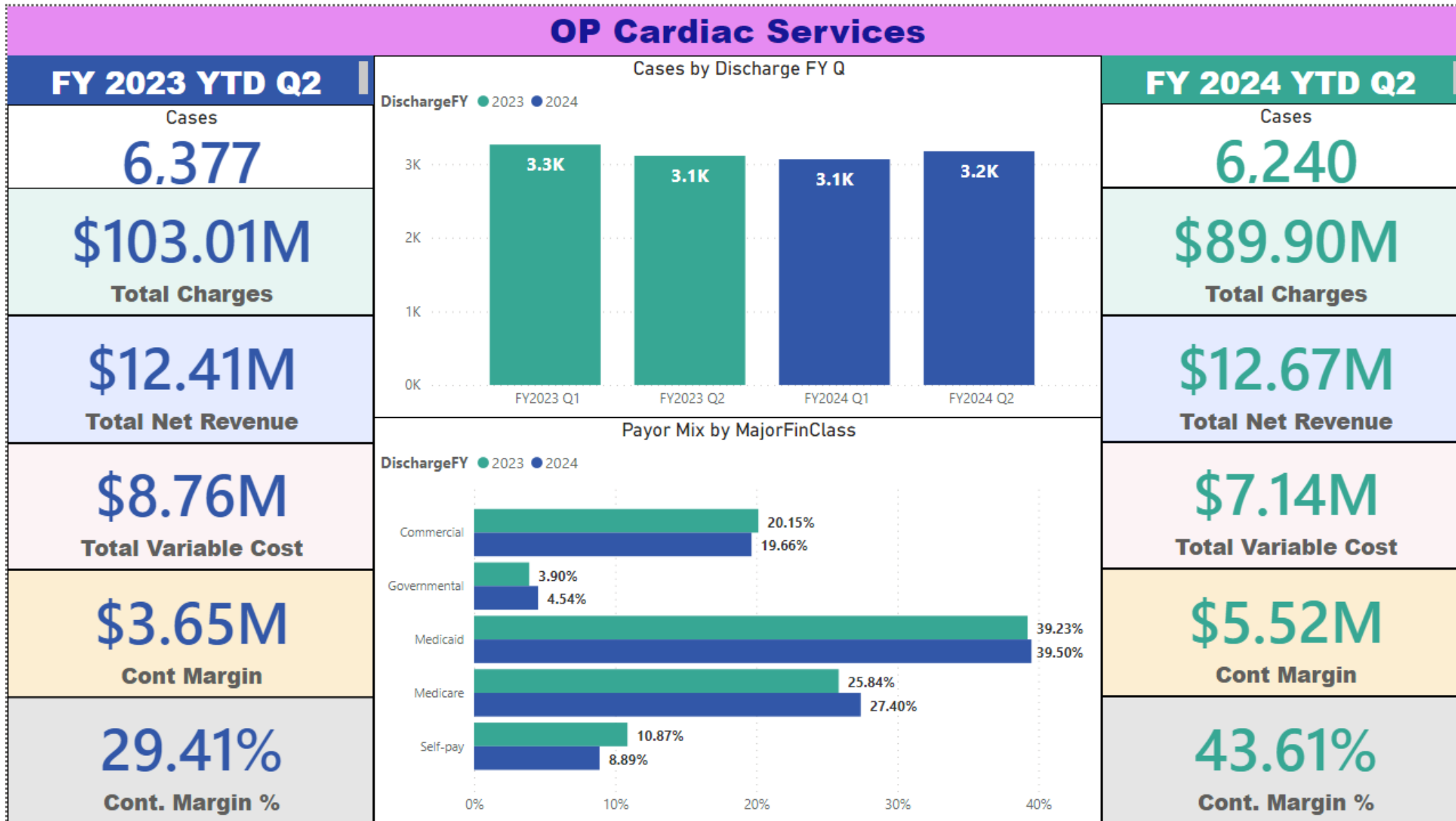
- Leadership change – Kevin Price, Director of Specialty Care Services
- Total number of Providers:
 - 15 Surgeons
 - 1 Non-operating physician
 - 4 APNs
- New Sports Medicine surgeon (Dr. Angelina Vera) started in February 2024
- 2 of the 4 approved APNs have been hired and continue their training
- Orthopedic and Spine Institute of UMC Clinic (last 12 months):
 - Total Visits: 22,189
 - No Show Rate: 12.2%
 - Calls received: 52,690
 - Calls answered: 48,684
 - Abandonment rate: 8%
 - Appointments made by Ortho Call Center: 9,226
- Permanent X-ray suite opened in February 2024

Strategic Next Steps

- Employ 3-4 Orthopedically trained primary care physicians to triage incoming referrals
- PO issued for refresh of the remaining parts of building, outside paint and additional permanent x-ray suite
- Looking for satellite clinical locations to bolster patient access for community
- Add Pain Management and Physical Therapy in the future







Service Line Update

Operational Update

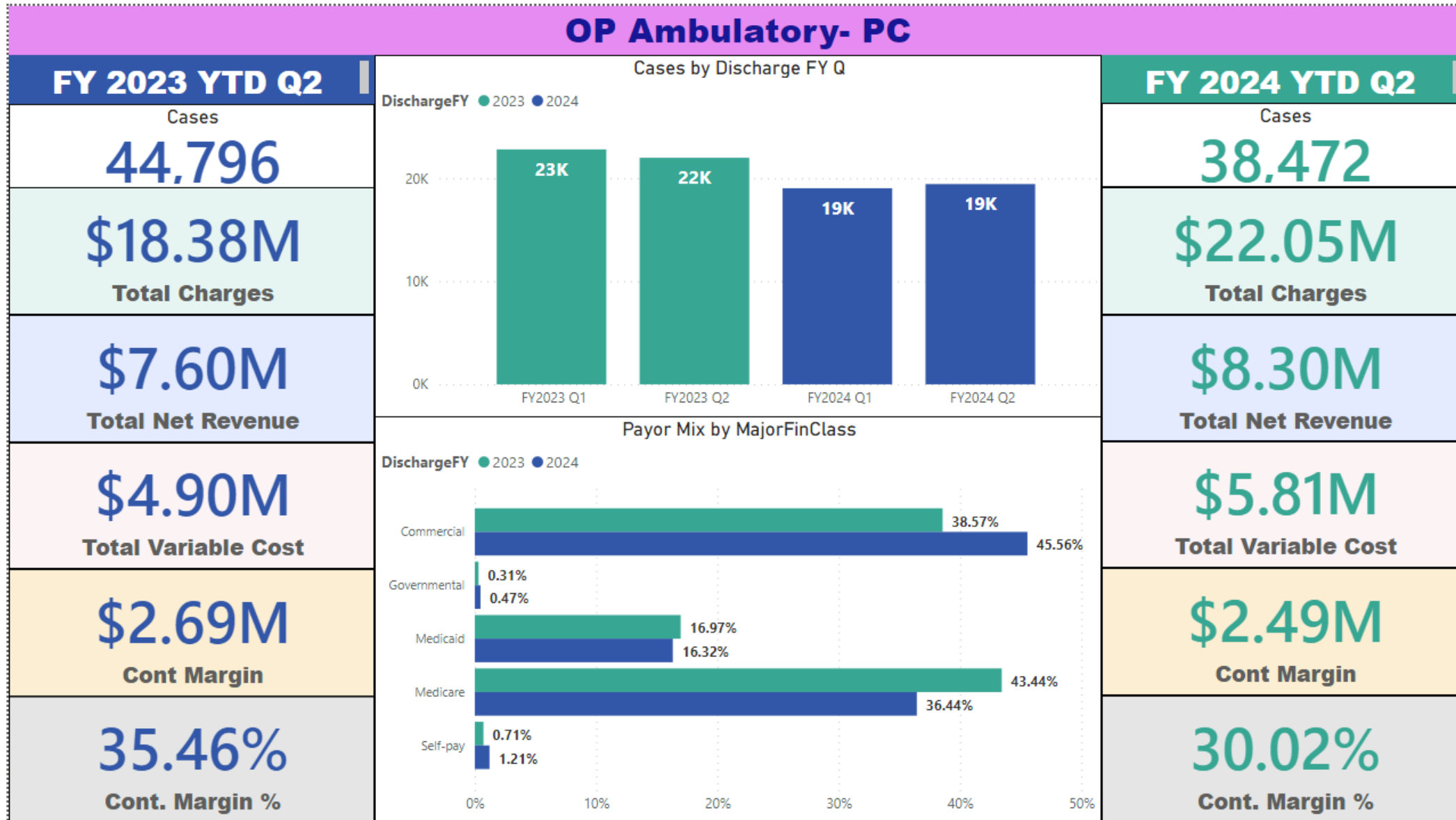
- Cath Lab volumes continue to increase. All-time highs in Nov and Dec. Outpatient volumes up to 10 per day compared to 7 previously
- TAVR cases have fully transitioned to Cath Lab from the OR with 89 cases performed to date
- Watchman (LAAO) - 74 procedures performed as of 2/29/24
- Structural Heart program exceeding first year expectations with TAVR, Watchman and now PASCAL
- Construction started on new Cath Lab Procedure room/Recovery area with estimated completion in June

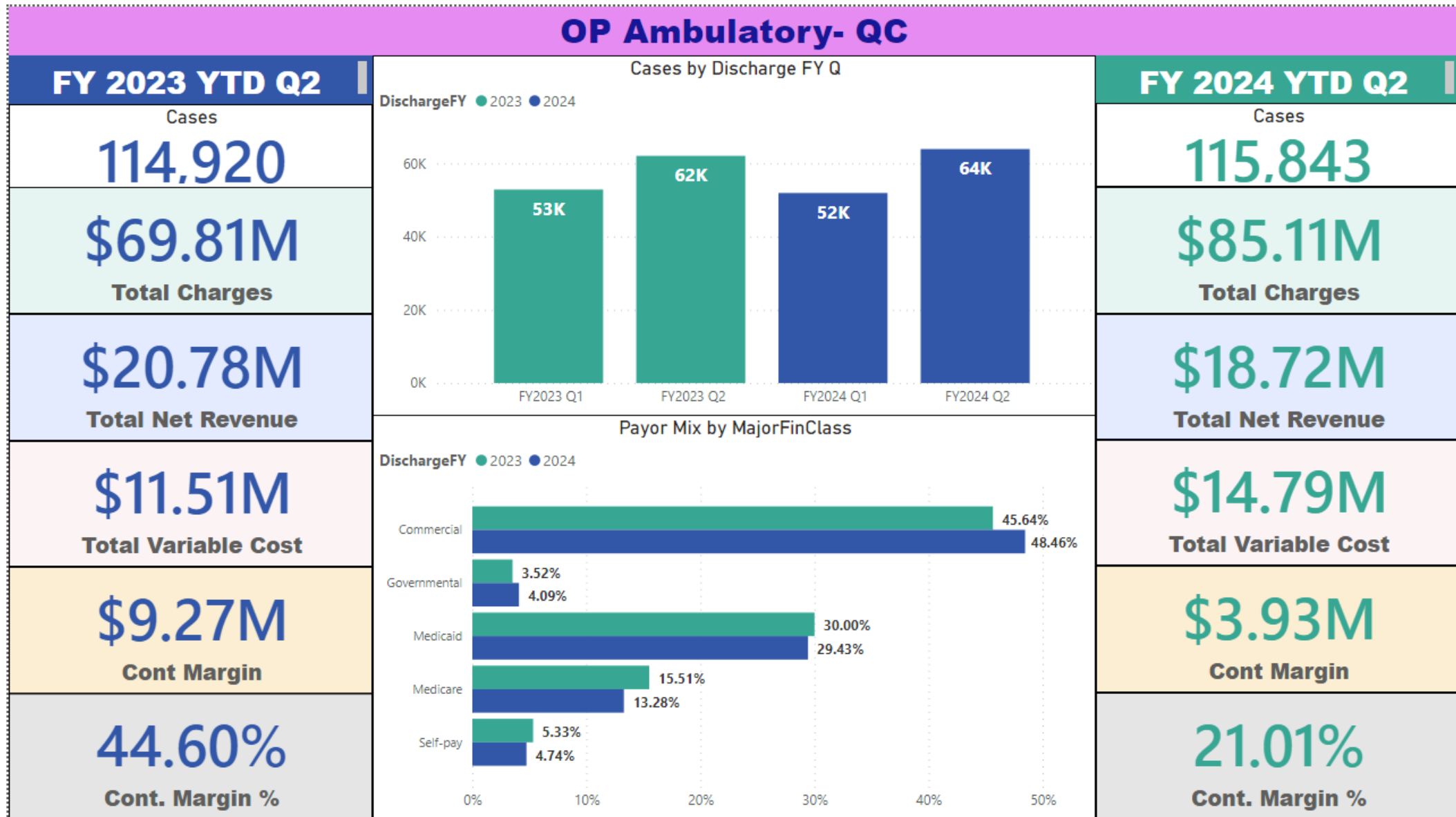
Expense Opportunities

- Qualifying for all rebates and expect \$80K in rebates this FY
- Drive financial improvements with increased revenue while controlling expenses
- Routinely meet with Cardiologists to increase OP procedures to UMC
- Decreased use of Cryo for EP procedures. Savings of \$800/CS, Avg. 40 cases/ month, \$32,000 savings per month

Strategic Next Steps

- Leverage Physician Engagement to continue to grow patient volume to UMC
 - Greatest opportunities include Structural Heart, EP, and Vascular
- Position ourselves to host clinical trials based on our excellent patient outcomes. This is in process
- Work with key stakeholders to develop structured program to decrease congestive heart failure (CHF) 30-day readmissions by 50% (Pilot project)
 - Follow-up via telephone to answer questions and be preemptive with medications with patients
- Offer additional procedure options, including peripherals, as new room is completed
- Develop plans to incorporate a 4th procedure room
- Robust Social Ad campaign to boost public knowledge of our excellent outcomes and reputation region-wide
- Work with Quality Dept. to enhance our professional recognition in the region and nation





Service Line Update

Operational Update

- Primary Care/Quick Care volumes
 - PC self scheduling use increased to 18% from the previous 9% since the implementation of Direct Scheduling (goal of 30%). Established patients have the ability to self-schedule with any PC provider in the UMC system.
- All clinics are live with Right Fax – faxes are now received electronically, significantly decreasing paper in the clinics and simplifying efforts to upload documents into Epic.
- Stanson Health – HCC Alerts Performance – Primary Care providers consistently perform exceptionally well with a 75% follow alert rate.

Expense Opportunities

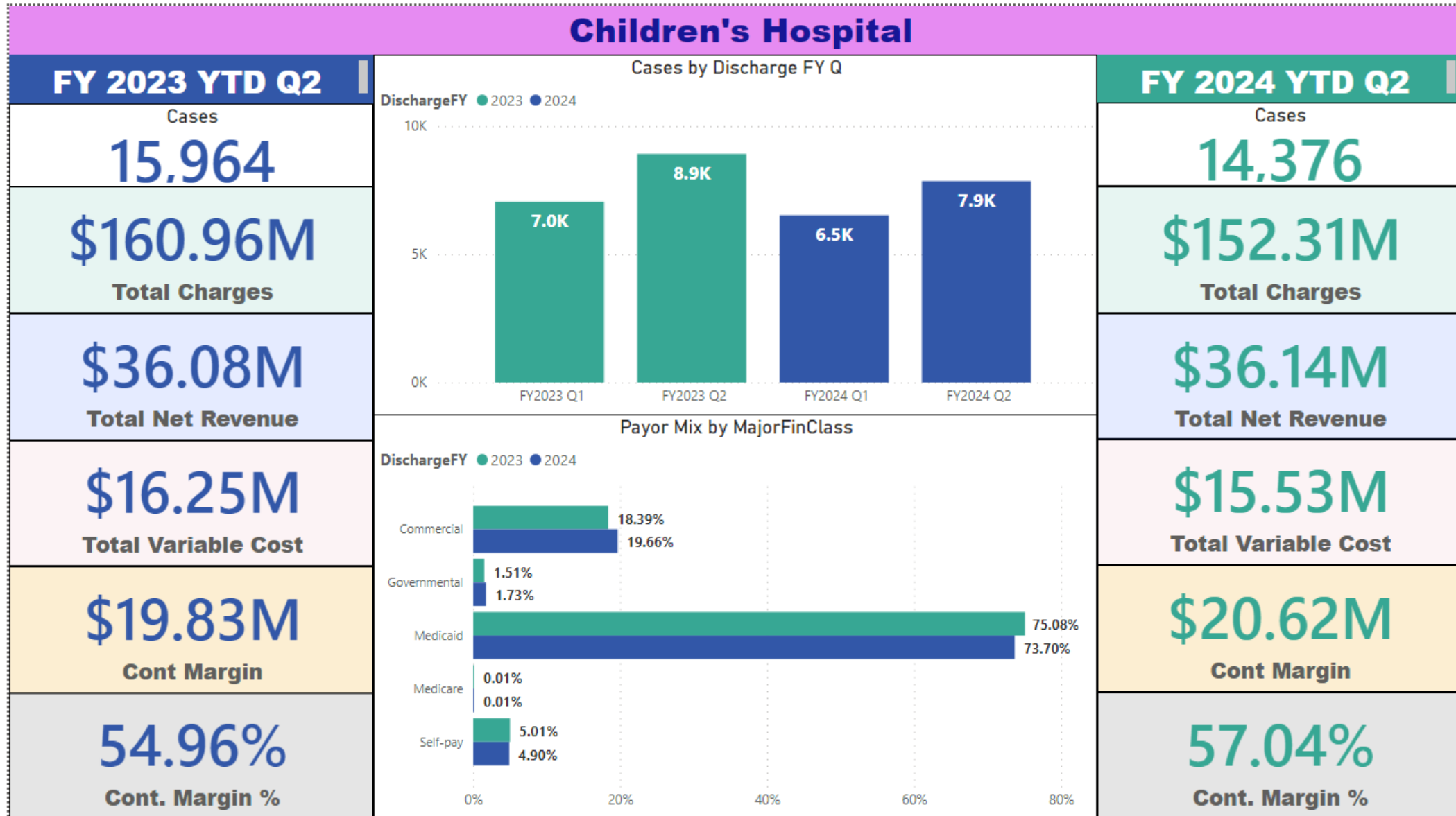
- POS Collections – upfront and balance collections continue to exceed our goals (Q2 Goal of \$1.2M / Collected \$1.4M)
- Refining processes to complete Annual Wellness Exams – MCOs are making significant changes to the Value Based Care incentive programs. Incentive opportunities are based on positive HEIDIS measures and patient satisfactions scores. 60% HEIDIS and 40% Pt. Satisfaction.
- Chronic Care Management (CCM) is the focus with the ACO's this year

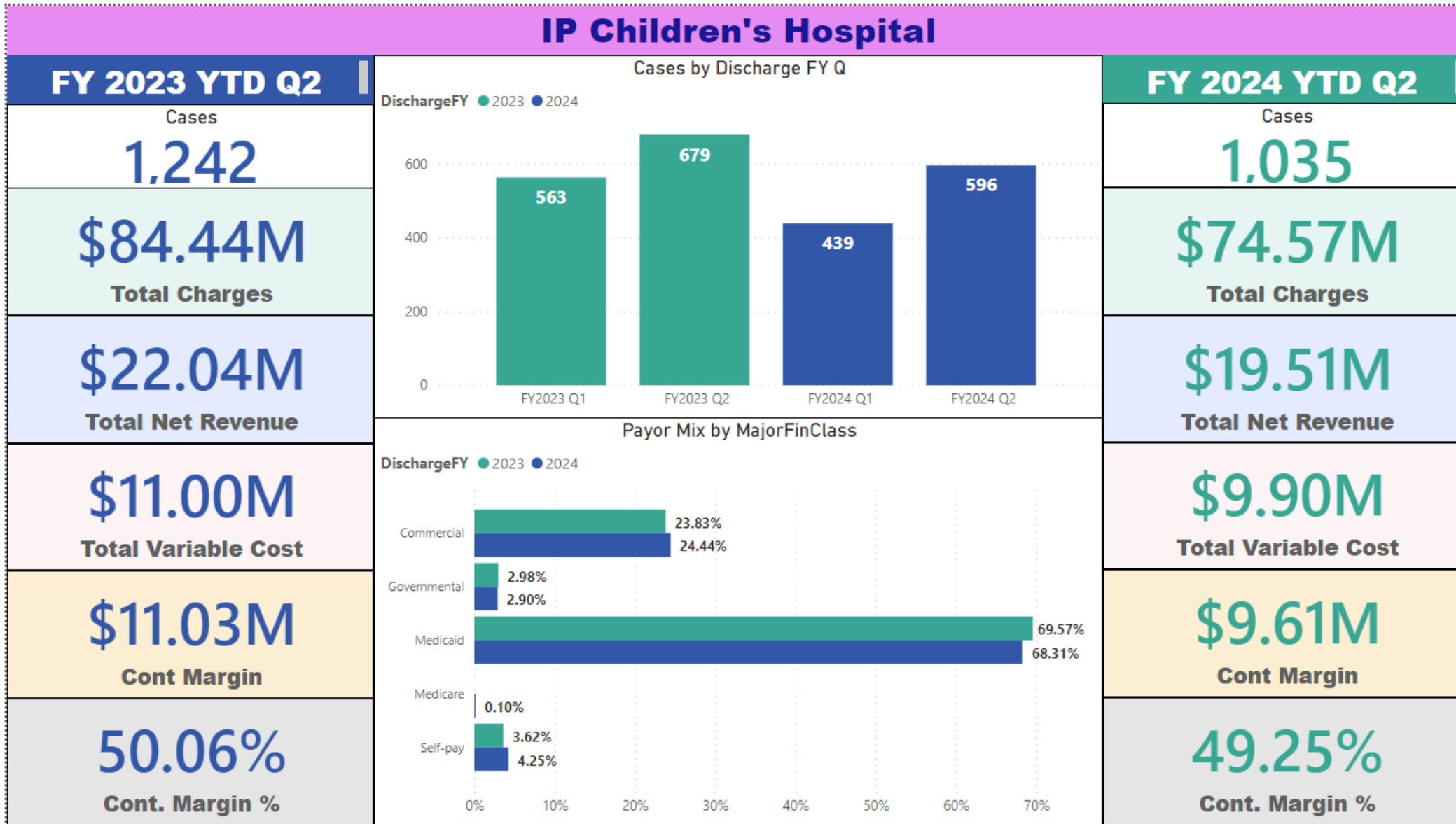
Strategic Next Steps

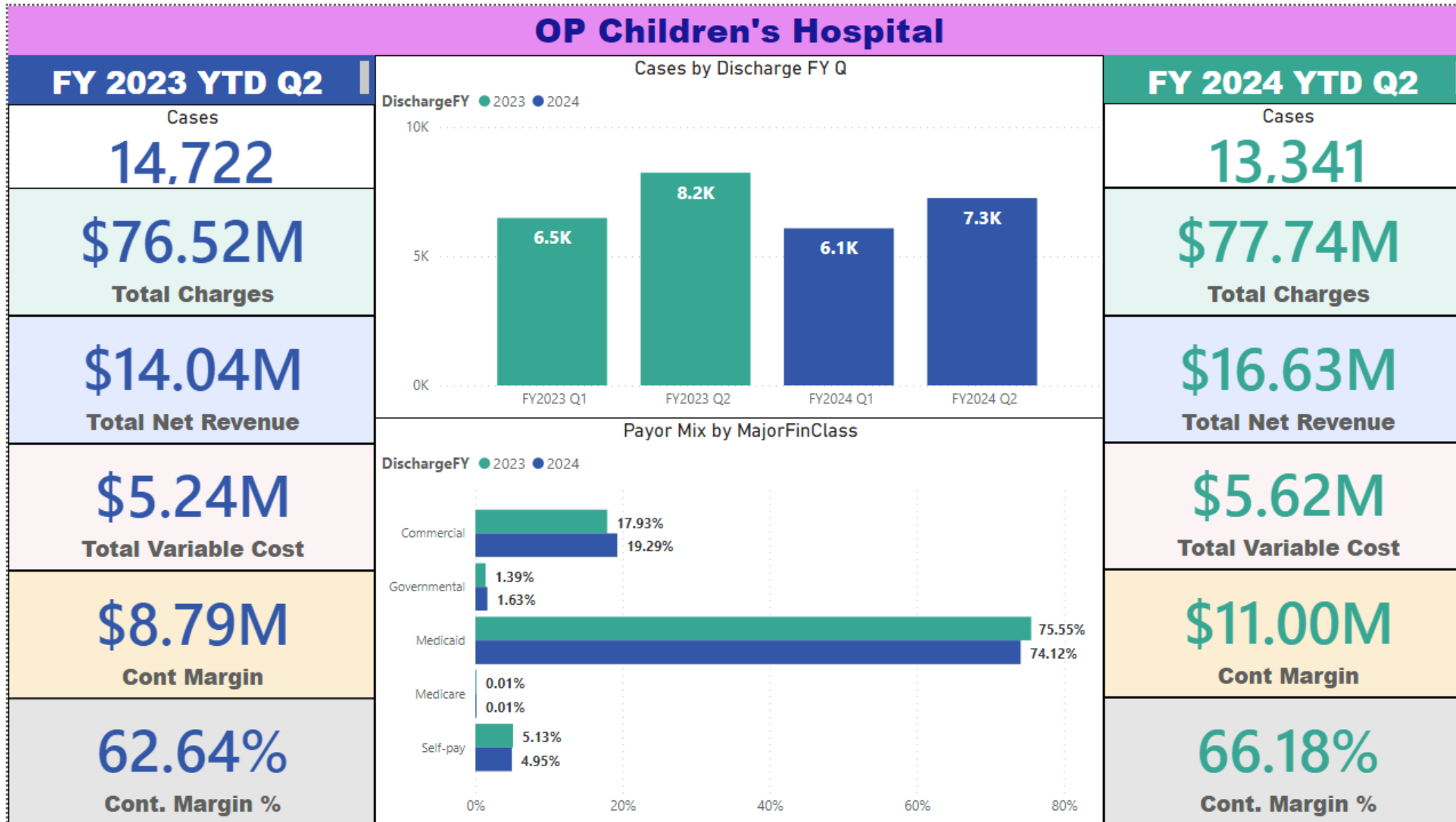
- Expand PC/QC Footprint – Southern Highlands expansion project approved and GB in February
- Expand UMC Physicals Department – Re-negotiate client contracts.
- Considering OCC Med name change to UMC Physicals Department.
- Epic is used for registration currently and actively building the clinical documentation module. Go-live within the next 3 months.
- Virtual First Primary Care – building scheduling templates to provide Primary Care Telehealth visits within 48 hours of discharge from an inpatient stay. Partnering with Arkos on this project.

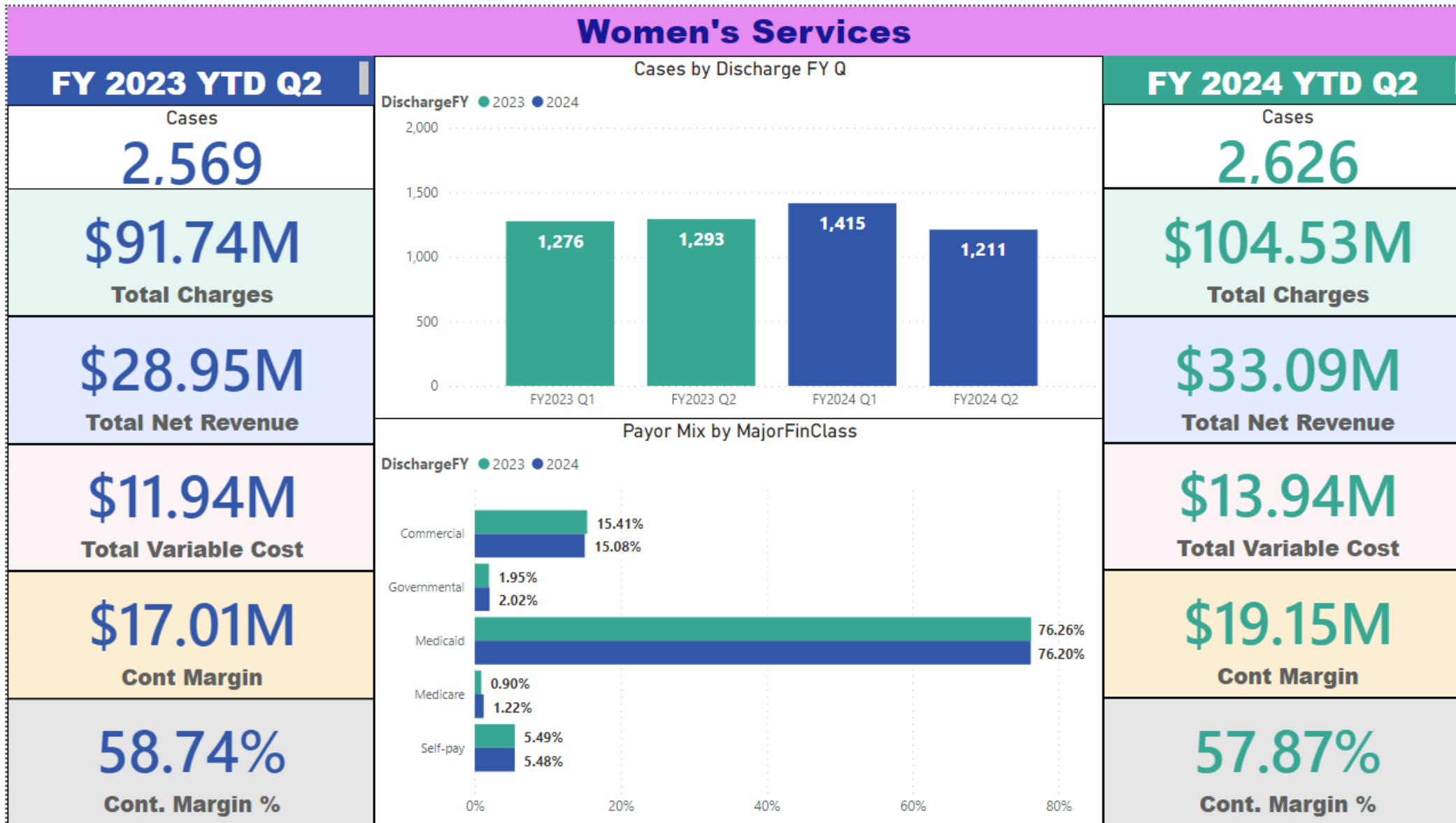
Technology Strategy

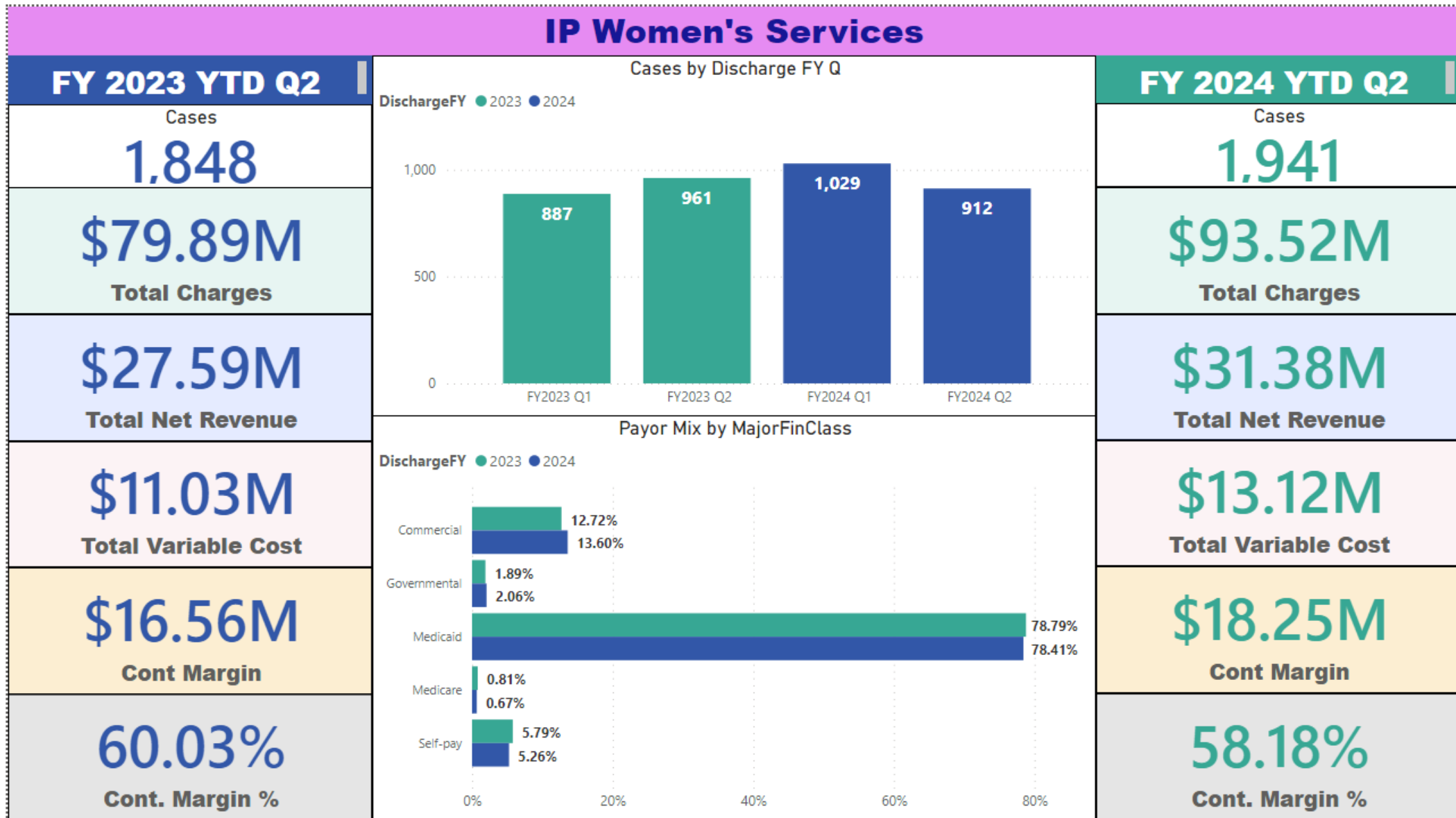
- Optimize MyChart Self-Scheduling Options – increase visit types that can be self-scheduled.
- Epicare Link – rolling the product out to community partners to upload consultation reports and results. Use of ECL reduces faxed paper, errors, and phone calls. This effort assists in closing the loop for referrals which provides valuable information to providers.
- Self Service Registration – exploring possibilities and technology requirements with IT.
- CarePort Connect – UMC currently uses other Care Port modules, this is a new product that will import ADT information from other facilities in the valley, making notification to our PC providers and TCM nurses. This information prompts outreach and reduces re-admissions.
- Assessment to streamline Epic InBasket workflows – providers receive ~100 messages per day.
- Update UMC Website to include all Primary Care providers bio and photo.
- ED Discharge Navigator has been updated to list all UMC Primary Care locations at the top of the list for referrals out of the ED.

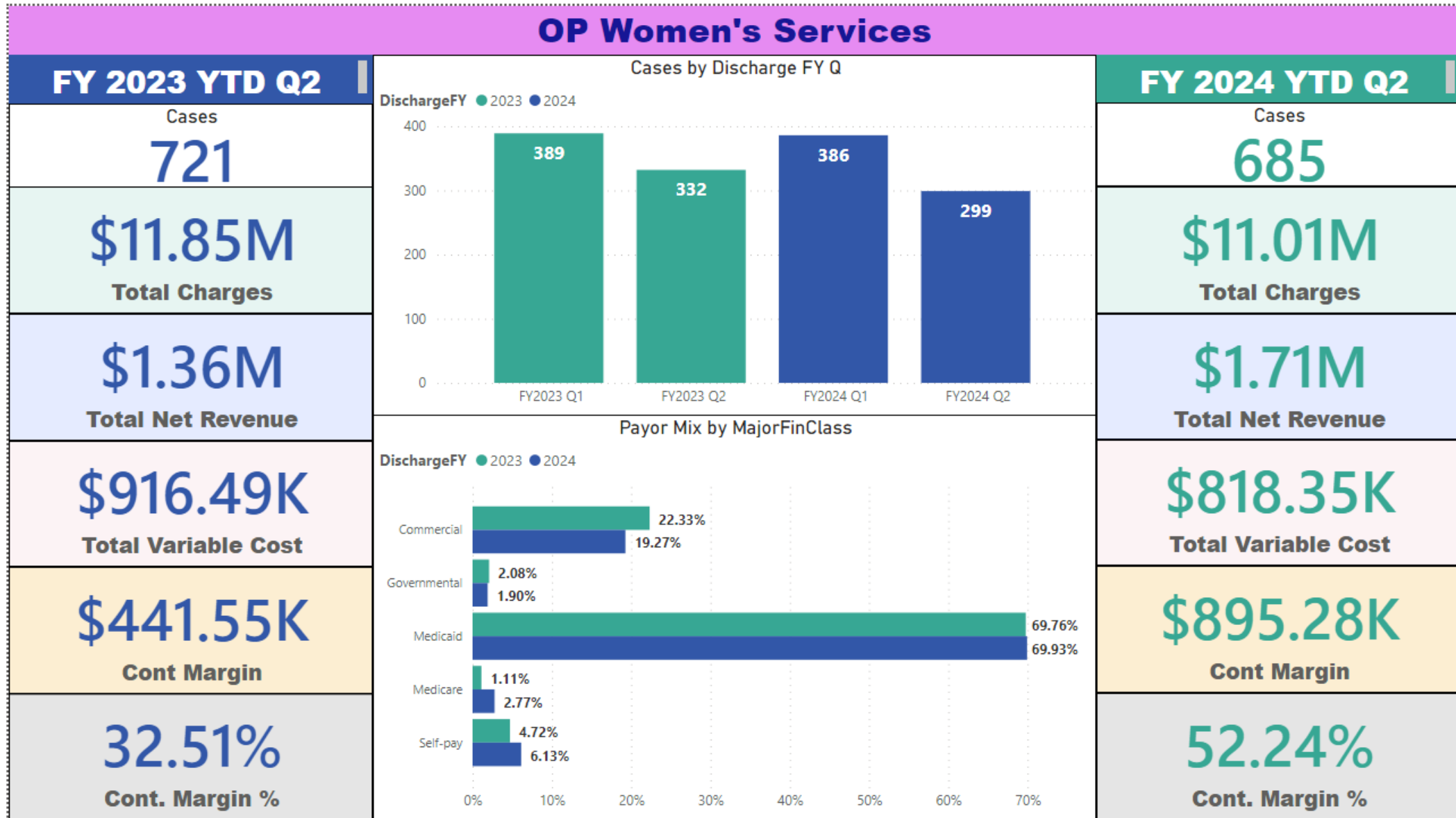












Service Line Update

Operational Update

- Perinatal volumes continue to be above 2020, 2021 and 2022
- Donor breast milk is in house and available.
- Dr. Annette Mayes, along with 2 other providers (UNLV) started on 10/02/2023 now are regular attending providers
- Safe Sleep performance improvement project continues in Pediatrics.
 - Perinatal and NICU are Safe Sleep Gold Certified (the only Gold Certification in Nevada)
- Patient controlled epidural anesthesia (PCEA) education is now underway on the perinatal unit. Will go-live once RN education is complete.
- Nitrous Oxide for Maternal and Pediatric patients education is also underway.

Revenue Enhancement

- Cross-training of Pediatric RN's and CNAs to help in the Peds' ED

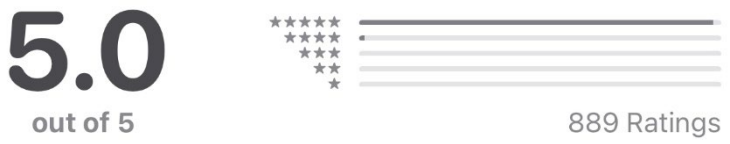
Strategic Next Steps

- Pediatric interdisciplinary team exploring a standardized treatment algorithm for asthma that could reduce length of stay and improve outcomes
- 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)



86 more 5 star reviews than prior!

Ratings & Reviews

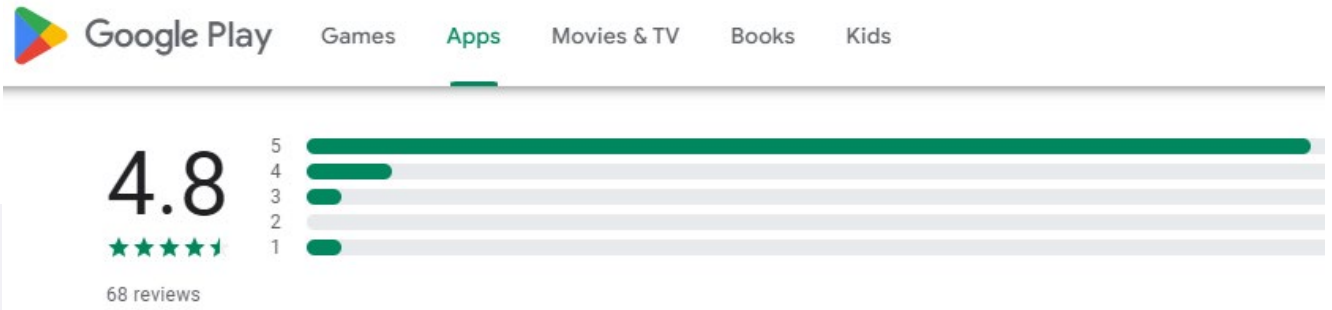


Excellent! Nov 18
★★★★★ AFM Dr visits
This online visit app is wonderful!! I had a visit with Dr. Robert Mull and it was very thorough. He listened to everything I had to say and let me know what was going on. Makes sense!

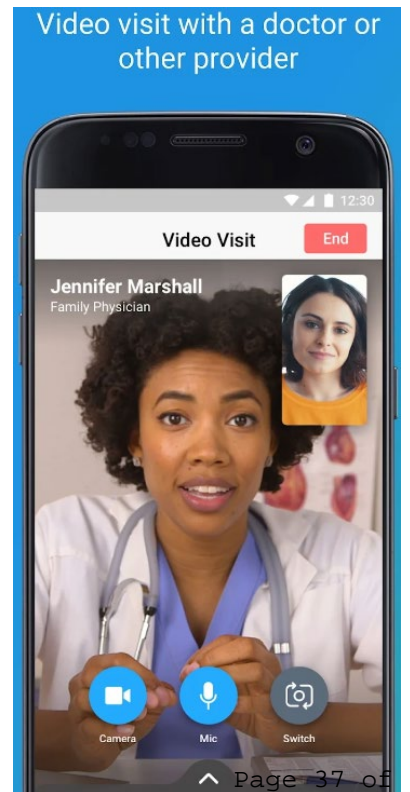
Fast and convenient Jun 17
★★★★★ Murph444
I find UMC physicians to be the best around. The online visits have a very short wait time and the doctors are very knowledgeable and kind.



App Store



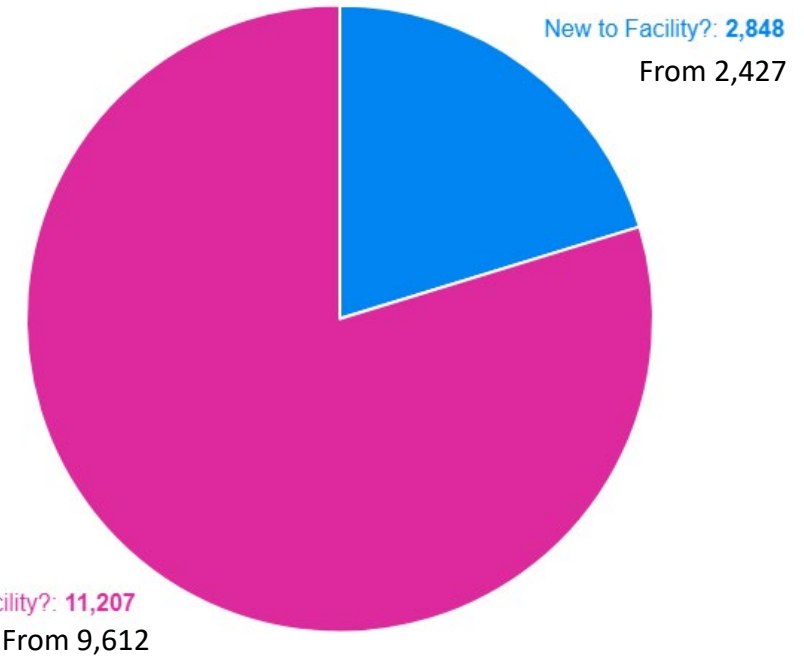
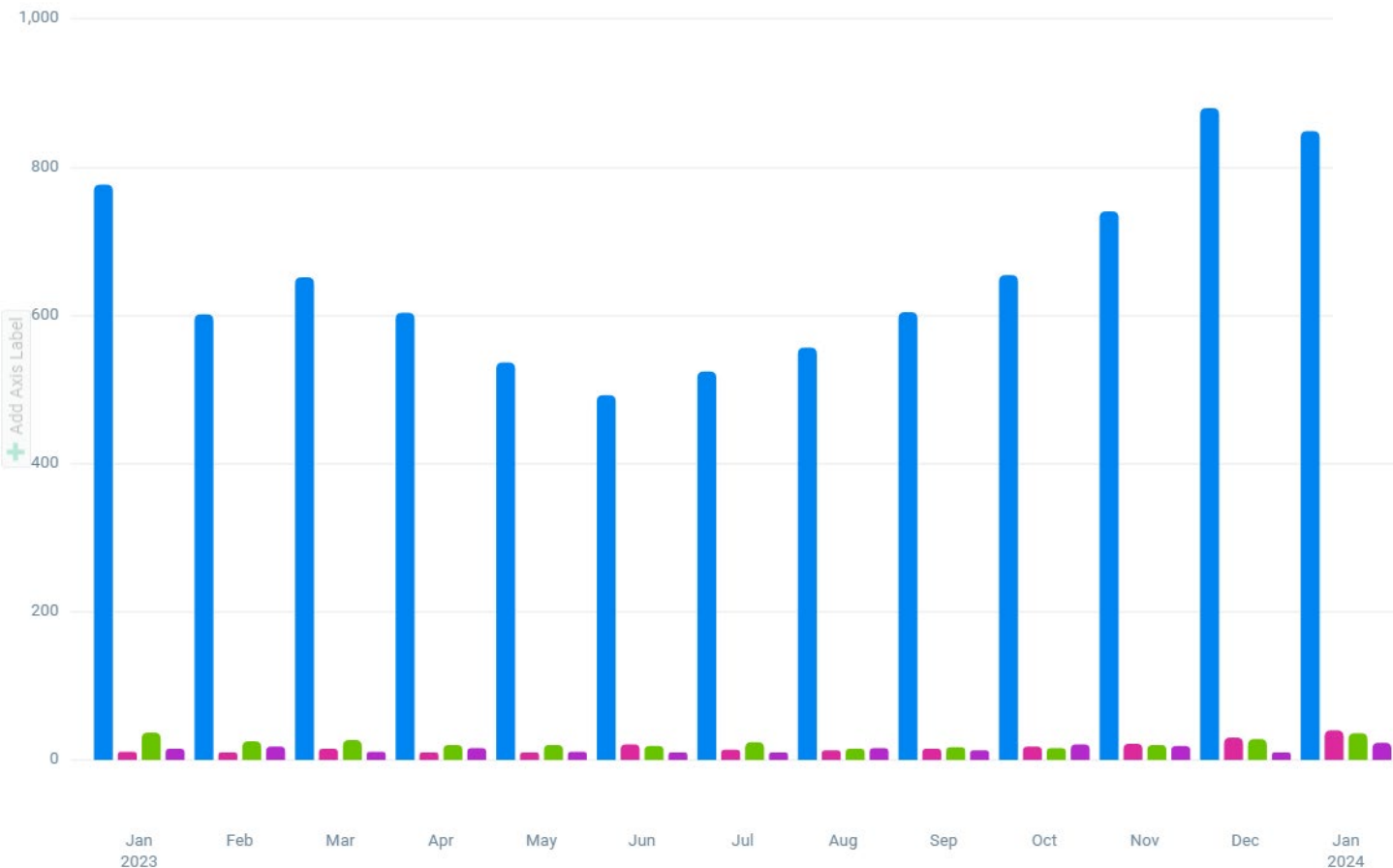
Average wait time



Visit volumes and percentage of new patients

UMC Amwell - # of Appointments By Status (Dashboard Dates)

Between 1/1/2023 and 1/31/2024 by month



14,278 all time visits

Service Line Update

Operational Update

- Over **14,278** total visits on UMC Online Care (average 757 per month last quarter). 157 more per month from prior.
- Patient satisfaction remains steady at 98%
- Average wait time steady at 6 mins. *Hard to bring it down further without removing the human process from the current workflow.*
- Telemedicine Upgrade for Primary Care completed March 7th. Direct scheduling can increase use.
- Nevada Corrections telemedicine program for HIV/HepC **COMPLETED**. Agreement in place, operations to start imminently.
- This is our first specialty telemedicine service line (Infectious Disease).

Expense Opportunities

- Creation of a P&L report for Telemedicine.
- Reduce no-show rate by converting to a telemedicine visit when patient calls to cancel or no-shows.
- In-clinic advertising for telemedicine in urgent care and primary care (Experience department assisting).
- Patient accounting: *payors are reimbursing our telemedicine encounters at “parity” with in-person care (in accordance with parity laws).*

Strategic Next Steps

- PC at MD, converting to hybrid model, led by Dr. Medina
- Continue 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).
- “Virtual First” primary care pilot (with touchpoints at LVMD clinic/LAS QC for in person care when needed) in process with Silver Summit to increase revenue through closing gaps of care for their panel of patients. **TBD**
- Transition to Epic native environment and away from Amwell as a vendor delayed, likely end of Q4 2024.

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

Issue: FY2024 Budget Initiatives	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update on the FY24 Budget Initiatives; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the FY24 budget initiatives.

Cleared for Agenda
March 7, 2024

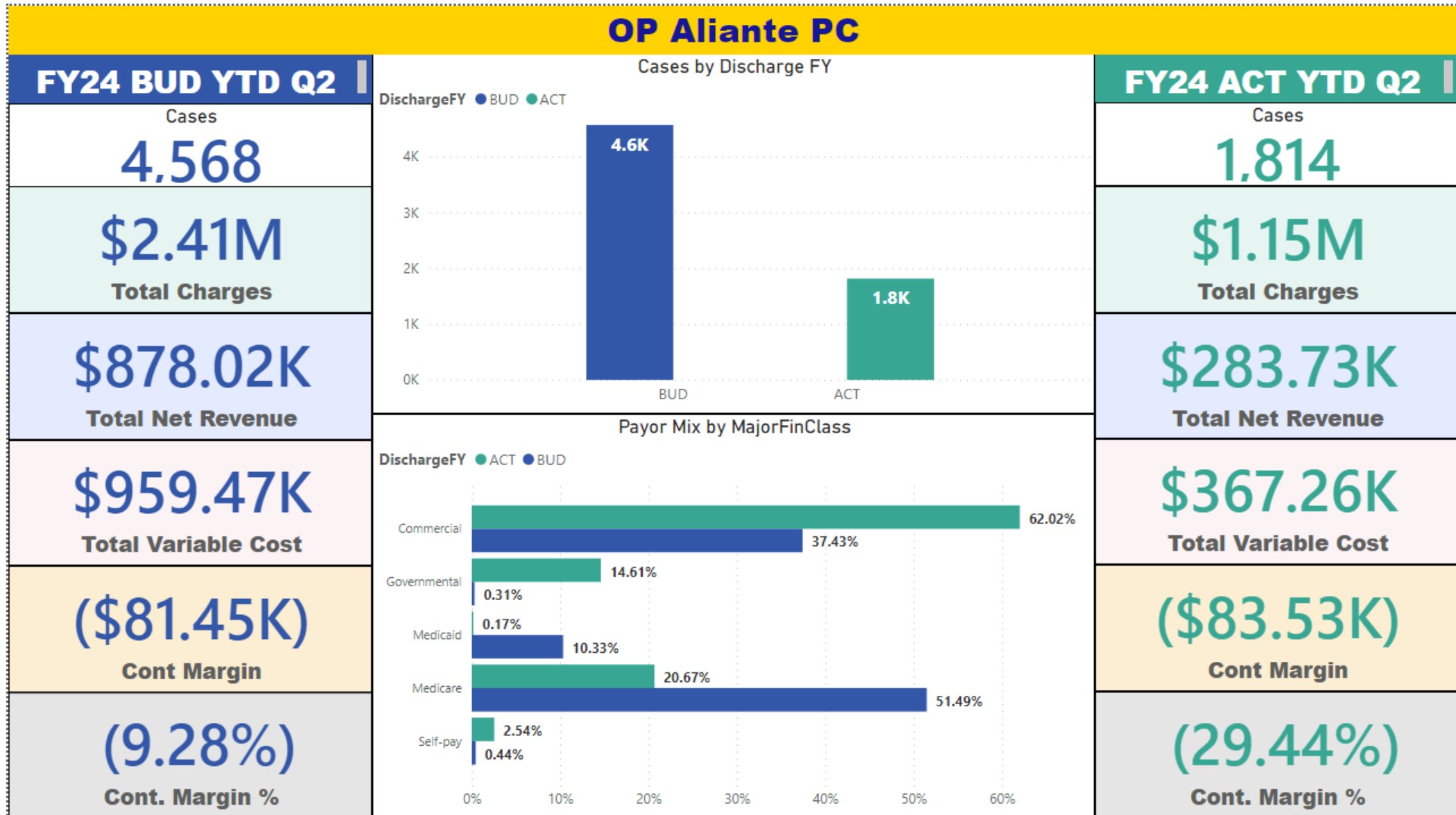
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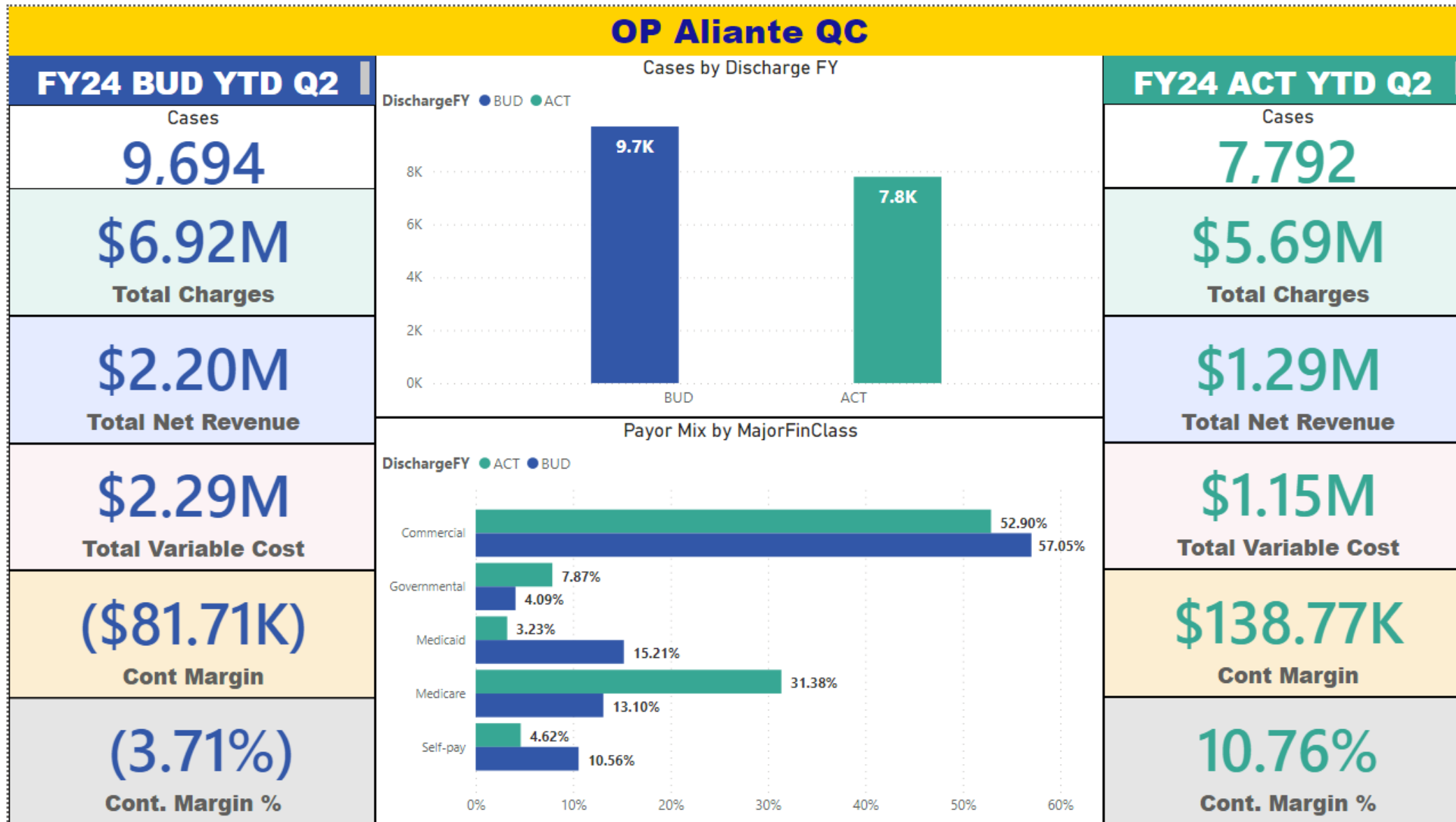
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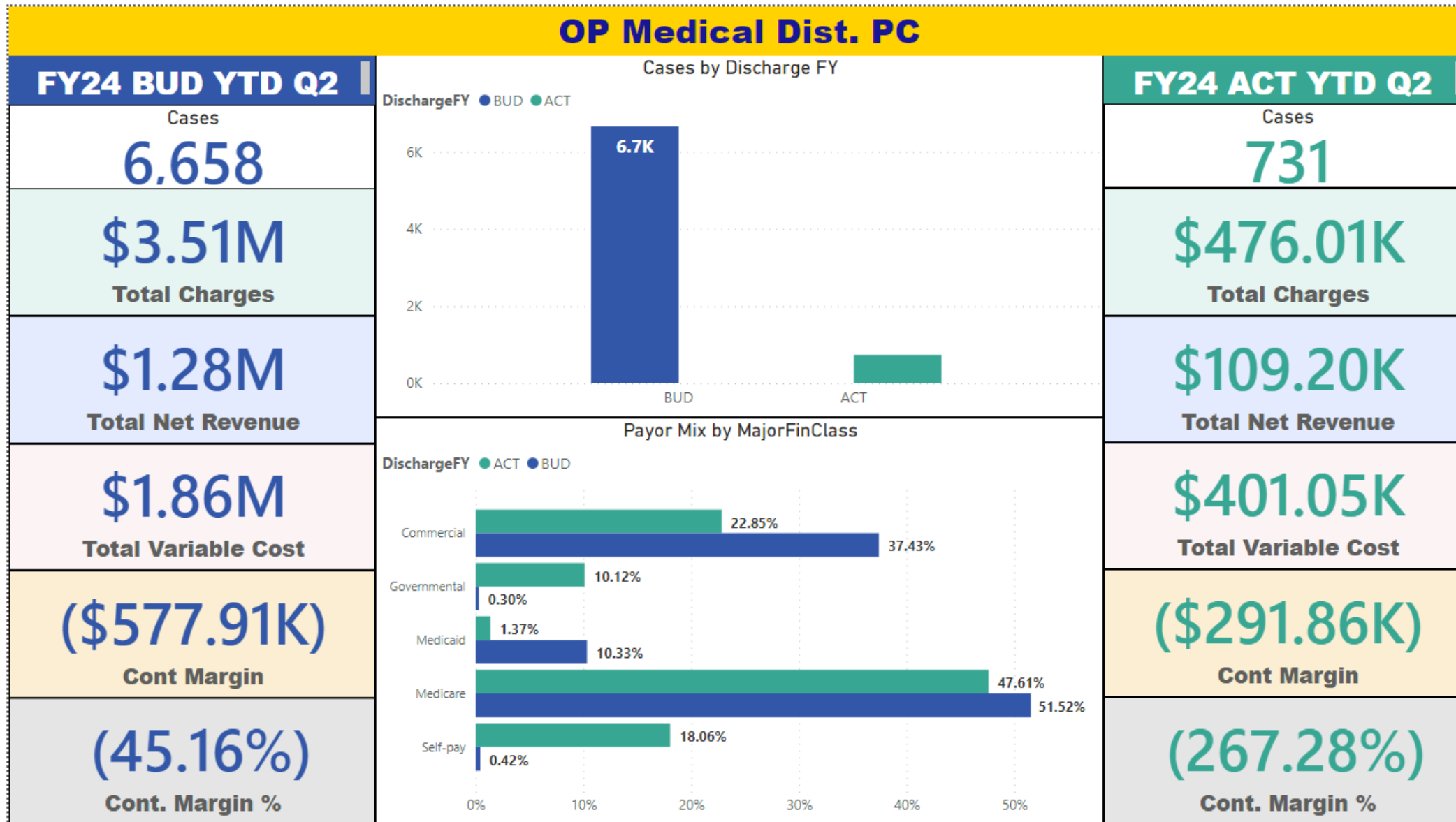


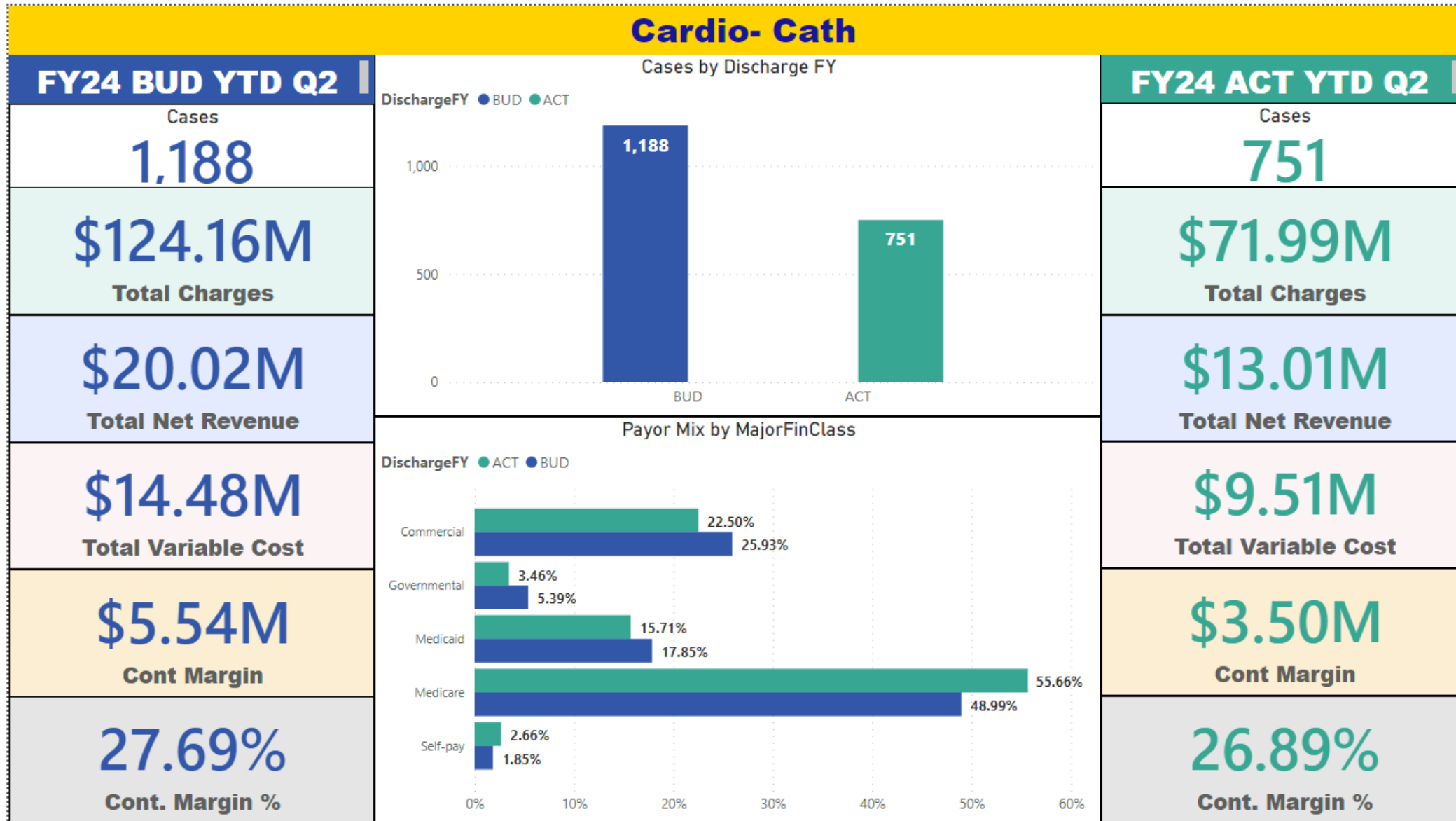
Strategy Committee
FY24 Initiatives
March 7, 2024

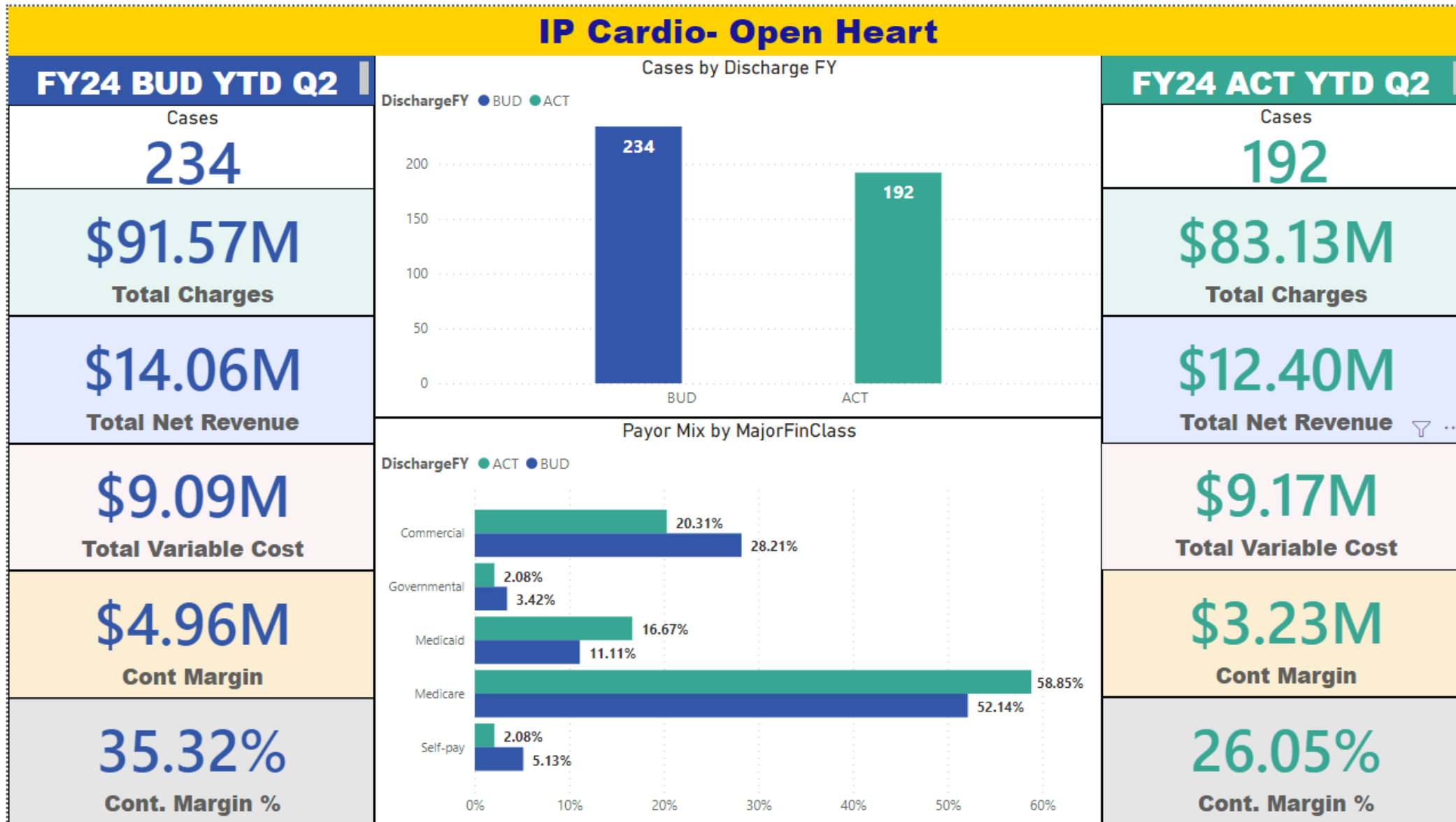
- Ambulatory
 - Southern Highland PC expansion
 - Southern Highland QC
 - Aliante PC
 - Aliante QC
 - PC at Medical District
 - Increase incentive payments
- Cardiology- “Building a 3rd Cath lab- Increase in Cath cases and increase in open heart surgeries”
 - Cath Lab
 - Open Heart
- Orthopedics- “Employed Physicians- Increase in Ortho surgery cases and clinic visits”
 - Ortho Clinic Expansion
 - Ortho Surgeries
- All Other Surgeries- "Employed Anesthesia- Increase in Surgery cases”

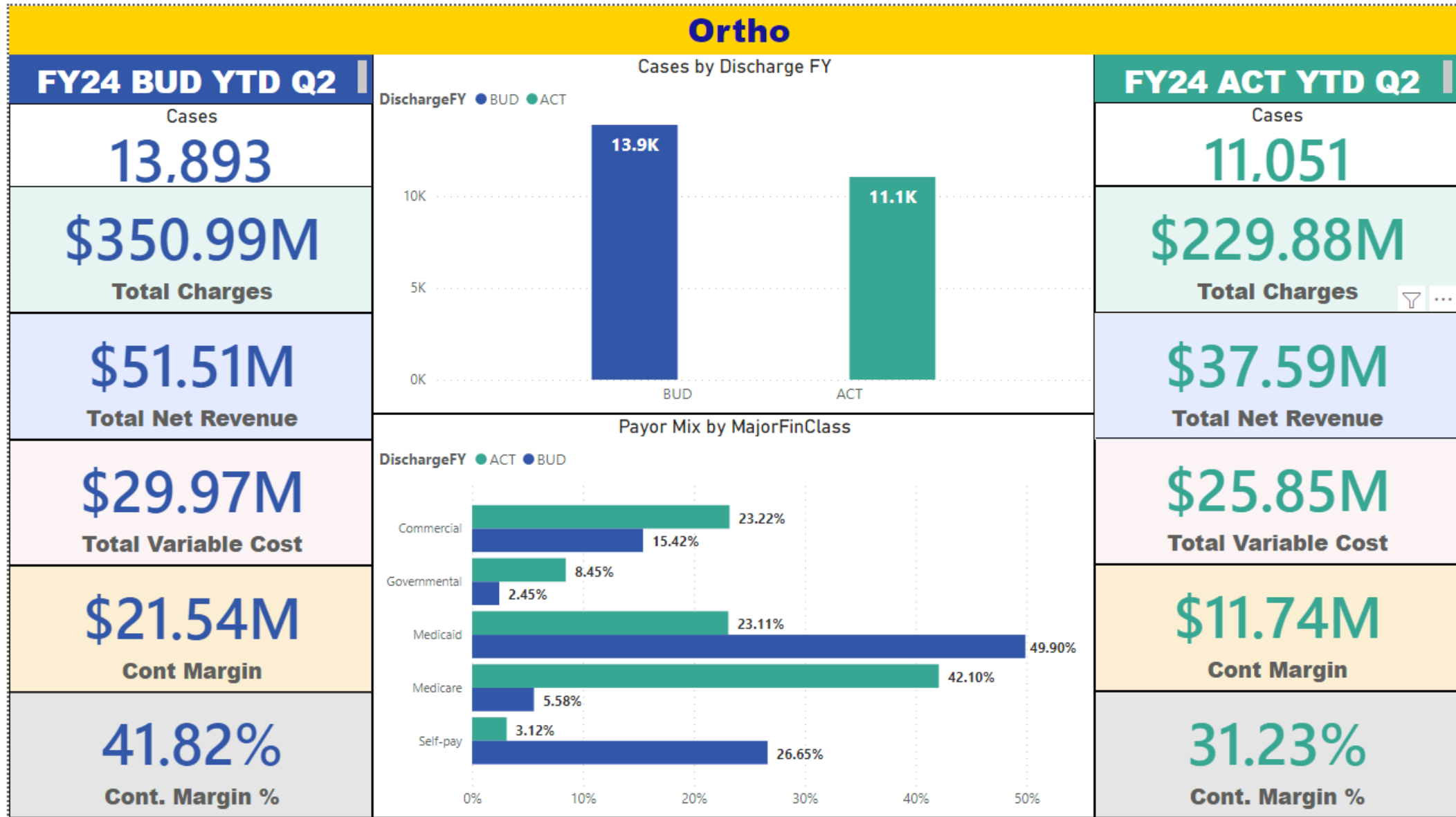


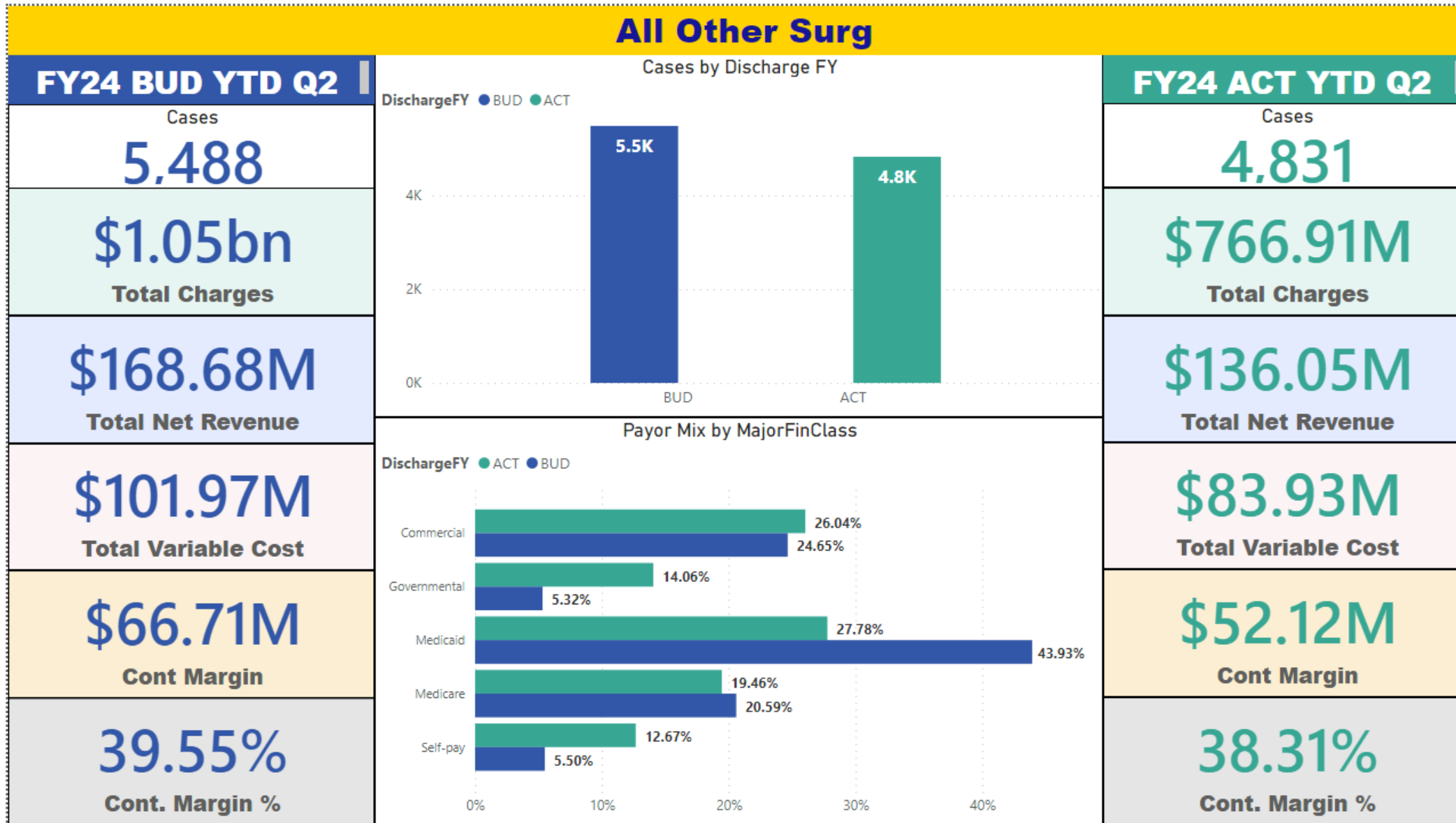












**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
AGENDA ITEM**

Issue: FY25 Proposed Initiatives Update	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update on the FY25 Proposed Budget Initiatives; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding budget initiatives for fiscal year 2025.

Cleared for Agenda
March 7, 2024

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FY 25 Proposed Service Line Budget Initiatives

FY 2025 Service Line Budget Initiative Summary



FY2025 Budget Initiatives	Visits	Patient Days	Admissions	Surgery/ Cath Cases	ALOS	Gross Rev	Net Rev	Other Revenue	Expenses	Income from Ops
Ambulatory	7,770	-	-	-	-	\$5,947,907	\$1,628,074	\$142,567	\$1,935,657	(\$165,016)
Cardiology	-	869	206	521	4.22	\$58,205,561	\$8,520,307	\$0	\$7,467,367	\$1,052,940
Orthopedics	2,640	553	78	285	7.09	\$28,131,545	\$3,176,177	\$0	\$2,853,593	\$322,583
All Other Surgeries	-	1,993	186	307	10.72	\$60,119,331	\$6,858,260	\$0	\$6,610,455	\$247,804
Other (Employed Providers)	-	-	-	-	-	\$112,362,559	\$19,000,000	\$0	\$16,434,678	\$2,565,322
Total Impact	10,410	3,415	470	1,113	7.27	\$264,766,903	\$39,182,817	\$142,567	\$35,301,750	\$4,023,633



Ambulatory BUD25 INITIATIVE

Adding Southern Highlands QC and expansion of Southern Highland PC

KPIs	FY25 Budget Impact	
Visits	↑	7,770

REVENUE	FY25 Budget Impact	
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Total Gross Patient Revenue	↑	\$5,947,907
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Supplemental Payments	↑	\$320,600
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Patient Revenue	↑	\$1,307,474
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Total Net Patient Revenue	↑	\$1,628,074
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Net Patient Revenue as a % of Gross		27.37%
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Total Other Revenue	↑	\$142,567
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EXPENSE	FY25 Budget Impact	
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Total Operating Expense	↓	\$1,935,657
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INCOME FROM OPS	FY25 Budget Impact	
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Total Inc from Ops	↓	(\$165,016)
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FY 25 BUD Initiative- Cardiology

Cardiology

FY25 BUD INITIATIVE

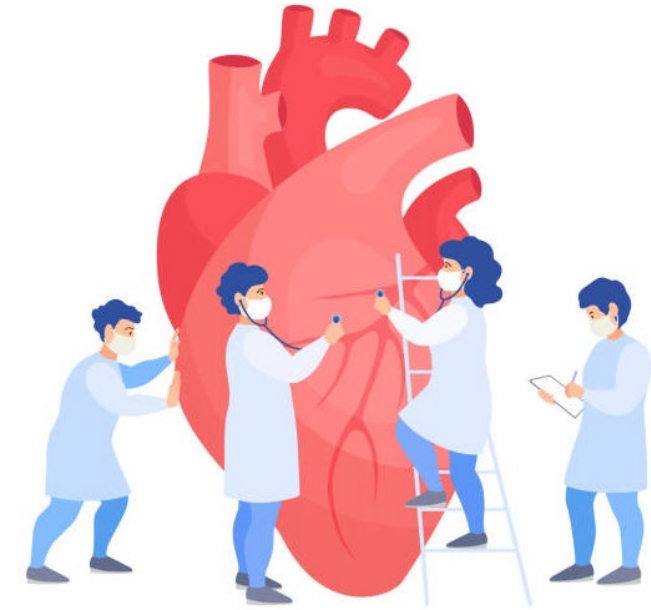
Increase in Cardiac Surgery and Cath cases

KPIs	FY25 Budget Impact	
Patient Days	↑	869
Admissions	↑	206
IP Surgeries	↑	206
ALOS		4.22
OP Surgeries	↑	315

REVENUE	FY25 Budget Impact	
Total Gross Patient Revenue	↑	\$58,205,561
Total Net Patient Revenue	↑	\$8,520,307
Net Patient Revenue as a % of Gross		14.64%

EXPENSE	FY25 Budget Impact	
Total Operating Expense (Var Cost)	↓	\$7,467,367

INCOME FROM OPS	FY25 Budget Impact	
Total Inc from Ops	↑	\$1,052,940



Orthopedics

BUD25 INITIATIVE

Increase in Ortho Surgeries and Clinic visits

KPIs	FY25 Budget Impact	
Patient Days	↑	553
Admissions	↑	78
IP Surgeries	↑	78
ALOS		7.09
OP Surgeries	↑	207
Visits	↑	2,640

REVENUE	FY25 Budget Impact	
Total Gross Patient Revenue	↑	\$28,131,545
Supplemental Payments	↑	\$127,581
Patient Revenue	↑	\$3,048,596
Total Net Patient Revenue	↑	\$3,176,177
Net Patient Revenue as a % of Gross		11.29%

EXPENSE	FY25 Budget Impact	
Total Operating Expense	↓	\$2,853,593

INCOME FROM OPS	FY25 Budget Impact	
Total Inc from Ops	↑	\$322,583





All Other Surgeries

FY25 BUD INITIATIVE

Employed Anesthesia- Increase in Surgery cases

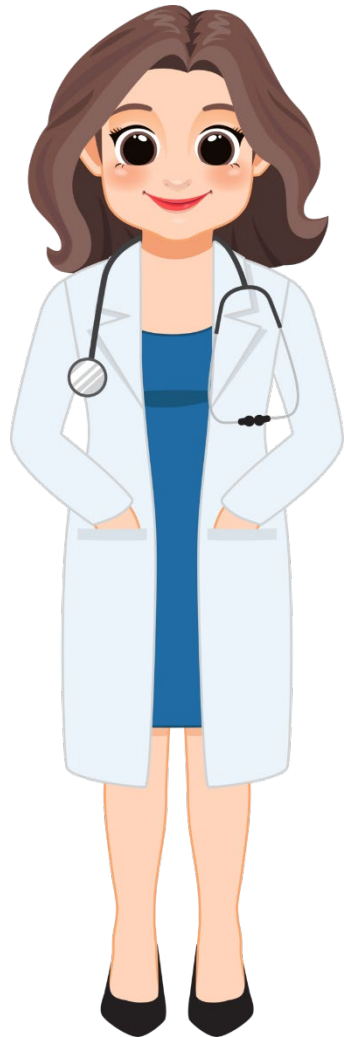
KPIs	FY25 Budget Impact	
Patient Days	↑	1,993
Admissions	↑	186
IP Surgeries	↑	186
ALOS		10.72
OP Surgeries	↑	121

REVENUE	FY25 Budget Impact	
Total Gross Patient Revenue	↑	\$60,119,331
Total Net Patient Revenue	↑	\$6,858,260
Net Patient Revenue as a % of Gross		11.41%

EXPENSE	FY25 Budget Impact	
Total Operating Expense (Var Cost)	↓	\$6,610,455

INCOME FROM OPS	FY25 Budget Impact	
Total Inc from Ops	↑	\$247,804





Other

FY25 BUD INITIATIVE

Employed Providers

REVENUE	FY25 Budget Impact	
Total Gross Patient Revenue	↑	\$ 112,362,559
Total Net Patient Revenue	↑	\$ 19,000,000
Net Patient Revenue as a % of Gross		16.91%

EXPENSE	FY25 Budget Impact	
Hospitalists SWB	↓	\$ 7,550,348
ER Docs SWB	↓	\$ 9,725,801
Management Fees	↓	\$ 2,251,721
Physician Assistant SWB	↓	\$ 3,431,724
Total Operating Expense	↓	\$ 22,959,594

Expense (Savings)	FY25 Budget Impact	
Sound physician pro-fees	↑	\$ (6,524,916)
Total Operating Expense (Savings)	↑	\$ (6,524,916)

INCOME FROM OPS	FY25 Budget Impact	
Total Inc from Ops	↑	\$ 2,565,322

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

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
March 7, 2024

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

Issue: Closed Session	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Strategic Planning Committee go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.	

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
March 7, 2024

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