UMC Strategic Planning Committee Meeting

Thursday, August 10, 2023 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
August 10, 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 June 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 regarding UMC/UNLV business strategy; and direct staff accordingly. (*For possible action)*

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)*

7. Discuss and establish the annual CEO/Organizational Performance Goals for FY24 related 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)*

SECTION 3: EMERGING ISSUES

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

SECTION 4. CLOSED SESSION

9. Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

COMMENTS BY THE GENERAL PUBLIC

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

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

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

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, June 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 9:00 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
Harry Hagerty, Chair
Dr. Don Mackay
Robyn Caspersen (Via WebEx)
Renee Franklin (Via WebEx)
Christian Haase (Via WebEx)
Mary Lynn Palenik (Via WebEx)

Absent:
None

Also Present:
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Shana Tello, Academic and External Affairs Administrator
Dr. Frederick Lippmann, Chief Medical Officer
Dr. Marc Kahn, Dean of Kirk Kerkorian School of Medicine
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 April 6, 2022. *(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:

Mr. Marinello began the discussion regarding the service line. He commented that cost differences seen in the presentation were due to payments for anesthesia. He noted that there will also be a change to how supplemental payments will be presented moving forward.

Chris Jones next reviewed the Service Line Updates for general surgery, orthopedics, cardiology, oncology and ambulatory.

Inpatient service line payor mix was led by Medicaid, followed by Medicare. The percentage of cases were highest in general medicine, Children's Hospital and Women's services. The percentage by net revenue was led by general surgery at 22.8%, followed by general medicine at 21.47%, orthopedics at 11% and cardiac services at 10.4%.

All outpatient service 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. A summary of the data from each service line was presented.

Although surgery has been impacted by anesthesia, volumes have increased in the 2nd and 3rd quarters by 23%. There was discussion regarding what volumes need to get to in order to overcome the cost increases. Management will provide this information at a future meeting.

In general surgery, volumes have been down year over year, total charges are up and net revenue is up. Costs are up 14% on a case by case basis and the contribution margin has dropped significantly. The first quarter of the new DSH supplemental payment has been received.

Transplant volumes, as well as costs are up, due to increased kidney costs. Mr. Marinello shared the operational updates, strategic next steps and the technology strategy. He highlighted the changes in First Case On-Time Start to improve the start times.

Orthopedics is doing very well. Year over year, volumes showed an increase of 14% volumes. Chair Hagerty asked how Ortho can overcome the anesthesia problem. Mr. Marinello responded that there were more rooms dedicated to Ortho due to the backlog.

There are many growth opportunities. The Orthopedic and Spine Institute has seen over 8,000 patients since November 1st. Ortho now has a dedicated call center that has been very successful, as well as the pilot program for a dedicated Case Manager. There was continued discussion regarding expansion opportunities.

There was a 2% overall increase in Medicare CMI. To date, there have been 69 procedures completed with the Rosa orthopedic robot and the Ortho Grid software has been used in approximately 138 cases. HPG met with key stakeholders to review current pricing compared to others and to develop a strategy to go back to vendors for better/fair pricing.

Volumes are up in cardiac services, cases are up 10% year over year. The contribution margin is up 32% on a case by case basis. The Cardiology Symposium was held on June 3rd and Dr. Anthony Marlon was honored at the Fellowship Graduation dinner. In revenue enhancement, TAVRs have been moved from the OR to the Cath Lab. Strategic next steps highlighted the kick off meeting for the new Cath Lab is June 14th, marketing for new minimally invasive CT surgery and bloodless medicine and development plans for a hybrid room for prep and recovery.

Chair Hagerty asked if we are working on getting appropriate reimbursement on EP. Ms. Wakem responded that this was addressed with the state, but was told it is not budgeted at this time.

Dr. Ali Namazi is now the new EP Clinical Director. Mr. Marinello added that the first Guardian Implant Procedure was done at UMC and this is the first in the state.

Primary care volumes and charges are good, but there is still a struggle in the contribution margin, due to delayed supplemental payments. Quick care volumes are good, although there was a slight decrease in the last quarter.

Ambulatory Yelp and Google scores have increased year over year. HCAHPS scores in Q1 improved in 90% of the categories. The UMC Primary Care at the Medical District is set to open in July 10th. This clinic will assist with post follow-up care and discharges from the hospital. Point-of-service collections have increased 3%. Strategic next steps were next reviewed, highlighting marketing campaigns, a virtual quick care model and school based clinics. The infusion clinic is scheduled to open July 1st.

The Children's Hospital volume has continued to increase year over year. Peds volume dropped slightly in the last quarter. Women's services volumes continue to climb. Charges and revenue are up; costs are up slightly and there is a positive contribution margin. Operational updates highlighted the re-certification as a Level

3 NICU, updates to the pediatric units, system updates to the security system and the Car Seat program with HLI. The discussion continued with revenue enhancements and strategic next steps.

Dean Kahn added the school is in the process of hiring a Chair of Ob/Gyn.

Ms. Wakem next provided a breakdown of the the new federal supplemental payment program and the affect it will have on the hospital's directed payment program.

Telehealth has had over 9,000 visits, 5 star reviews and 98% patient satisfaction. The average wait time is 7 minutes and visit duration is approximately 8 minutes. An upgrade for primary care was competed in March. Expense opportunities were listed. Telemedicine booths and development of Virtual First clinics were among the strategic future plans. Lastly, a slide of statistics for telehealth was shown.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding pending real estate acquisitions; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
-PowerPoint Presentation

DISCUSSION:

Mr. Jones provided an update on the strategies regarding real estate properties acquisition.

The strategy has been to expand access to care within the Medical District and maintain UMC as one of the anchor tenants in the area. UMC has increased specialty services, planned opening of an outpatient pharmacy with 340B pricing, infusion clinic, primary care follow-up care clinic and outpatient surgery center. Physician employment in Ortho and Anesthesia has had positive results. Plans are in process to move non-clinical staff offsite. Discussion continued regarding the initiatives to eliminate lease expenses and the thought process behind this action.

A map of the properties of interest was shown. Mr. Jones provided an update on three properties:

1. 710 South Tonopah – This property has been purchased and is set to close on June 21st and will have office use for non-clinical services.
2. 820 Rancho Lane – An offer has been made and may be used for non-clinical staff to support UMC operations.
3. 2101 West Charleston Blvd. – This property would be used for parking for the main campus and Ortho Clinic staff.

A slide was shown of all UMC Quick Care and Primary Care locations. The Southern Highlands Quick Care property has been purchased and will expand service in the area.

There was continued discussion regarding the need of a Children's Hospital in the area. It was suggested that this be a topic for future discussion.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update regarding Medical District and Façade progress; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- PowerPoint Presentation

DISCUSSION:

Shana Tello provided a brief update on the progress with the Medical District and Façade projects.

A timeline and images of where we are with the façade project was shared with the Committee. Demolition has started at the Trauma building, the 7th story tower, removal of Trauma building signage, as well as the north visitor and employee parking lot. There are approximately 5 offsite parking locations that employees are able to use. Other construction updates for Phase 1 were discussed. Ms. Tello highlighted the IT Fiber project that is interfacing with the façade project. Potential funding updates were discussed. The project is on track.

Next, Ms. Tello provided a high level overview of the Medical District progress. The final consultant report has been received. A map depicting boundaries of the LVMD was shown, including the areas currently owned by LVMD stakeholders and additional areas where stakeholders believe there may be additional opportunity for healthcare services. A SWOT analysis was reviewed. There was brief discussion regarding the workforce housing and concerns about security and lighting in the area.

The migration trends assessment, which could determine the inpatient and outpatient service area gaps for residents within the Las Vegas city codes, was next reviewed. Ophthalmology, orthopedics, and cancer outpatient services are service lines of opportunity for the LVMD to keep care in the area. She added that only 30% of primary care is provided in the medical district and 66% is provided in the surrounding area, representing an opportunity to offer more services within the medical district. There was continued discussion regarding medical office and ambulatory surgery centers needs in the area.

The current capacity assessment for outpatient specialties was next discussed. A breakdown of the demographics and migration trends and service area gaps were reviewed.

Ms. Tello pointed out three strategic actions health systems are contemplating in the near term, intermediate term and long term. Telemedicine and virtual access is the way the future is headed for the generation. Challenges with office space and parking is an example of why we need to partner better within the medical district and share resources.

Lastly, the Committee briefly discussed upcoming projects in the medical district and the strategic alignment that has been established.

FINAL ACTION TAKEN:

No action taken

ITEM NO. 7 Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:

Dean Kahn commented on the priority areas that UMC and UNLV share.

He commented on three areas that the school is aligned with UMC. A proposal submitted during the legislative session was approved for additional funding, which will allow an increase in class size by hiring new faculty.

One area we should lead in the community is in stroke. With the additional funding, the desire is to hire national/international stroke expert and team. UMC and UNLV should be the leader in stroke care in the community.

The second priority would be an ambulatory surgery center and third would be an anesthesia residency program. He emphasized the need for an anesthesia training program and expand it with other area facilities. Initial priorities should be in cancer care and urology.

FINAL ACTION TAKEN:

No action taken

ITEM NO. 8 Receive an update on the FY23 Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

Mr. Marinello gave a verbal update on the status of the organizational performance goals. We are on track to meet all of the organizational goals. The final goals will be reviewed at the Strategic Planning meeting in August.

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:

1. Desert Radiologist has served a 180-day term notice effective December 15th. The plan is to bring this service in-house.

2. Laboratory services

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 10:23 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 10:43 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.** ***(For possible action)***	

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
August 10, 2023

Agenda Item #

4

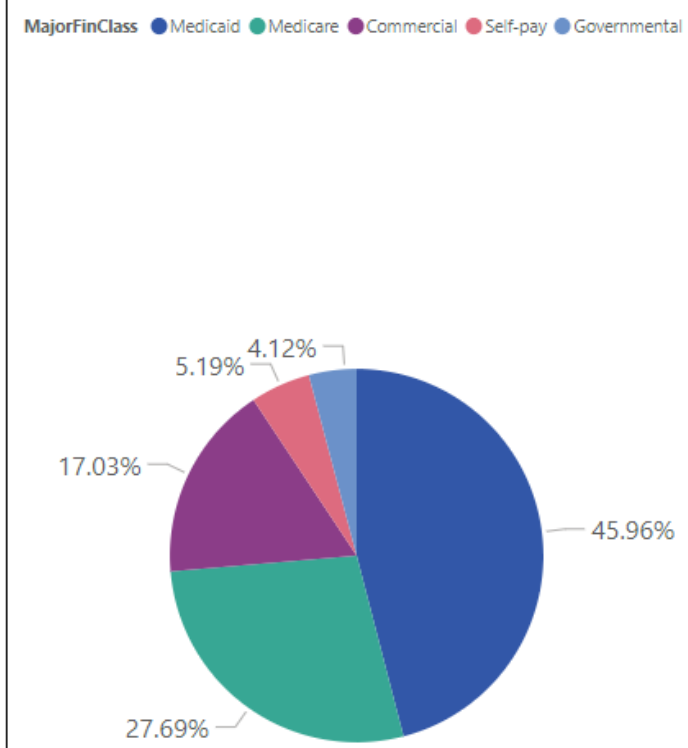
UNIVERSITY MEDICAL CENTER

Strategy Committee Service Line Update August 10, 2023

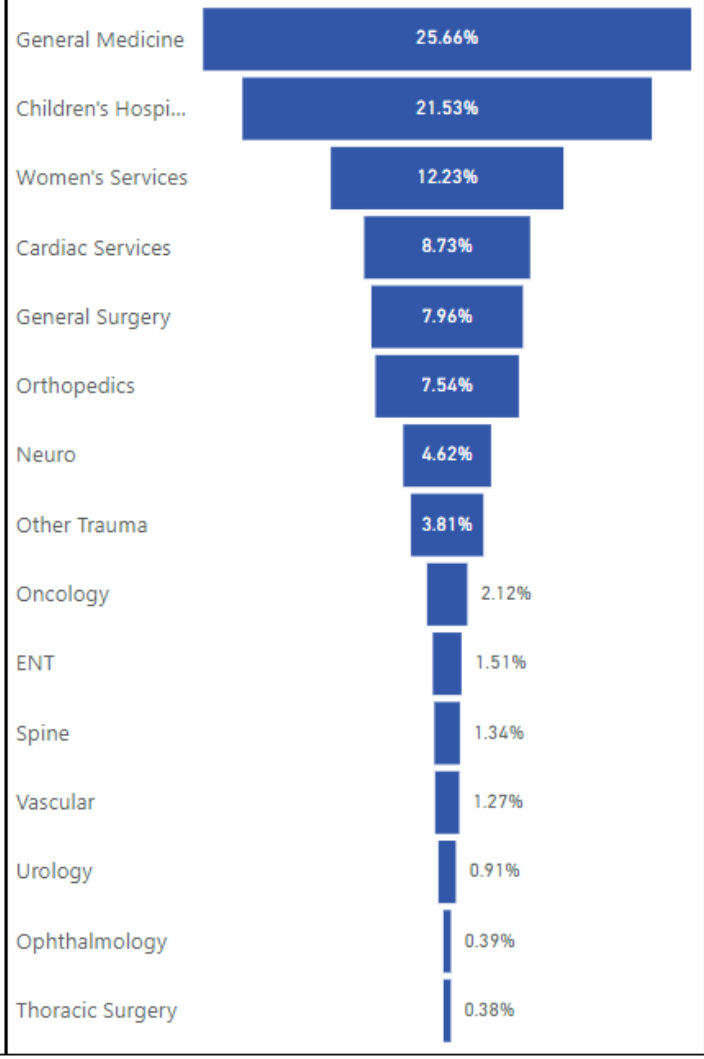
Service Line P&L Dashboard

All IP- Service Line and Payor Mix (FY 2023 YTD Q4)

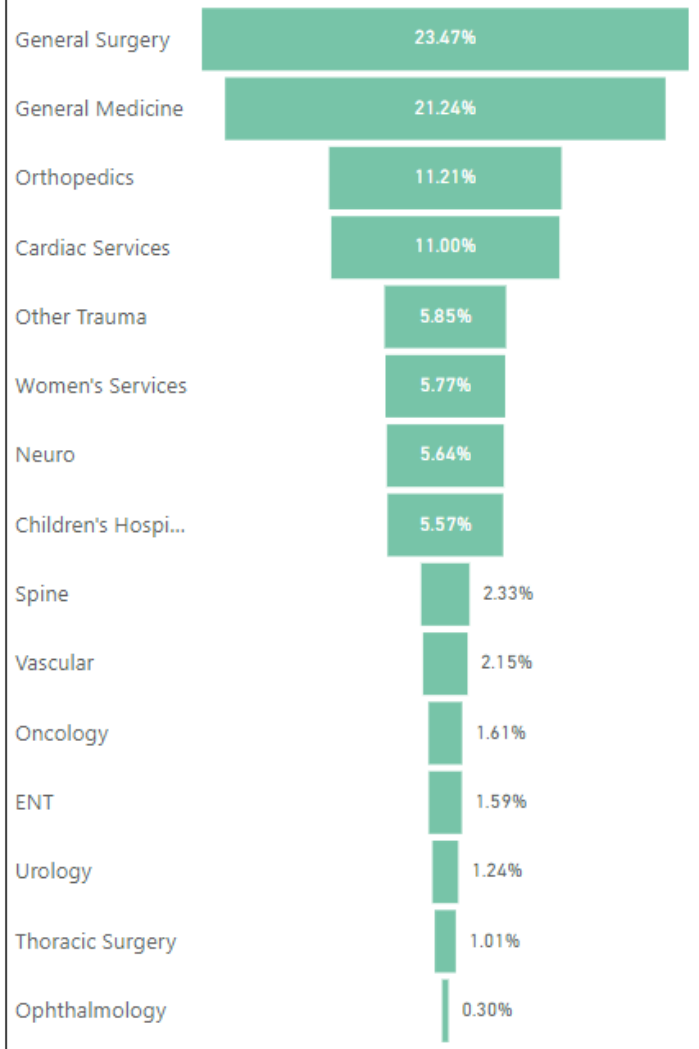
Cases by MajorFinClass



% by # of Cases



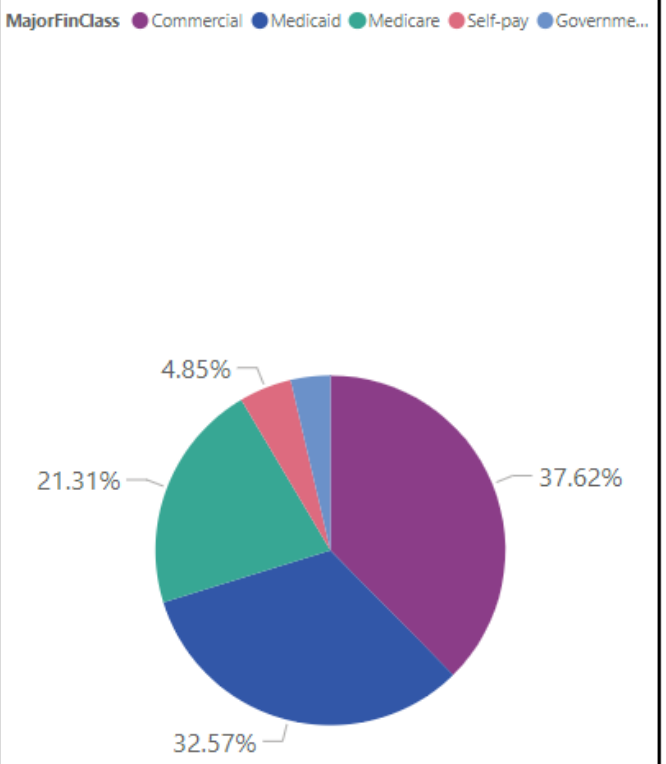
% by Net Revenue



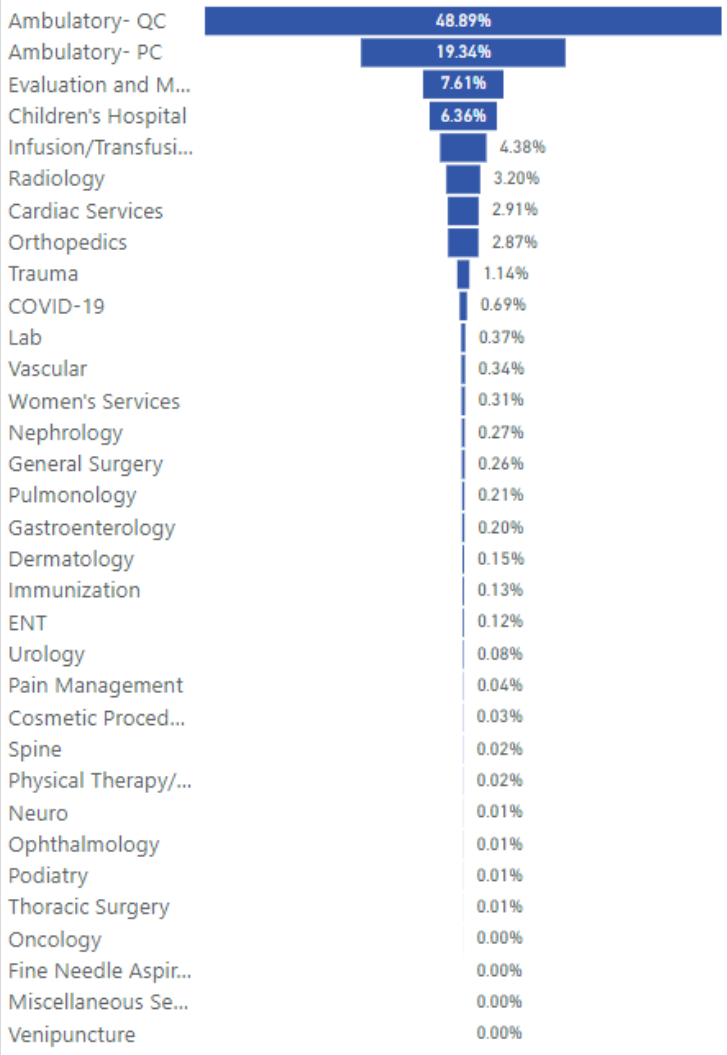
Service Line P&L Dashboard

All OP- Service Line and Payor Mix (FY 2023 YTD Q4)

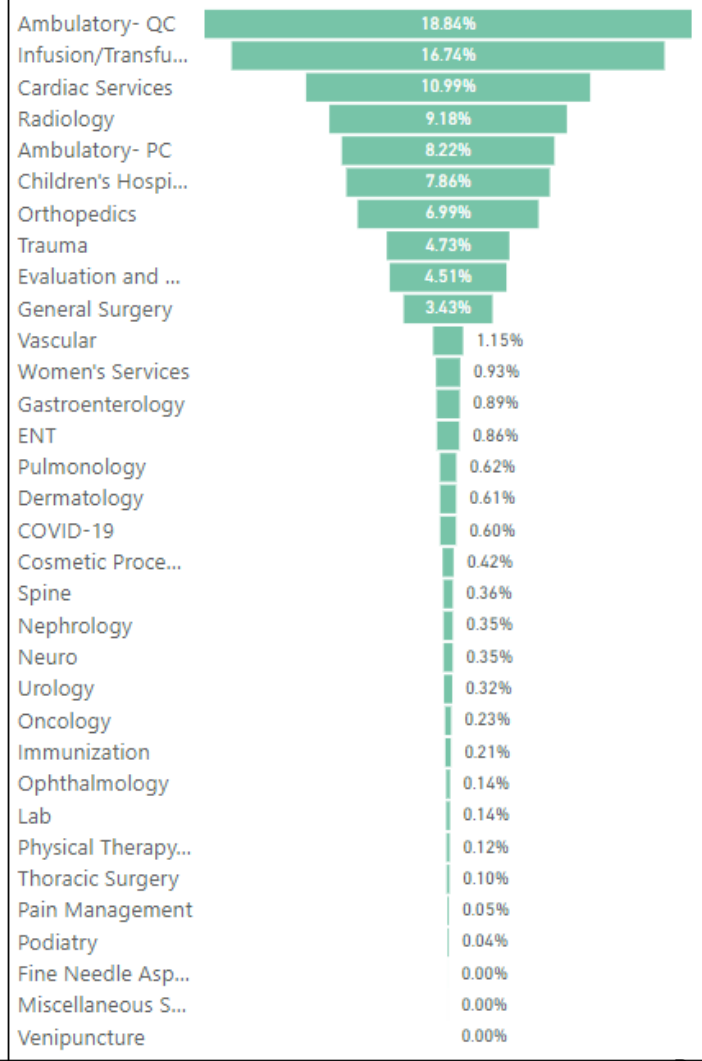
Cases by MajorFinClass



% by # of Cases



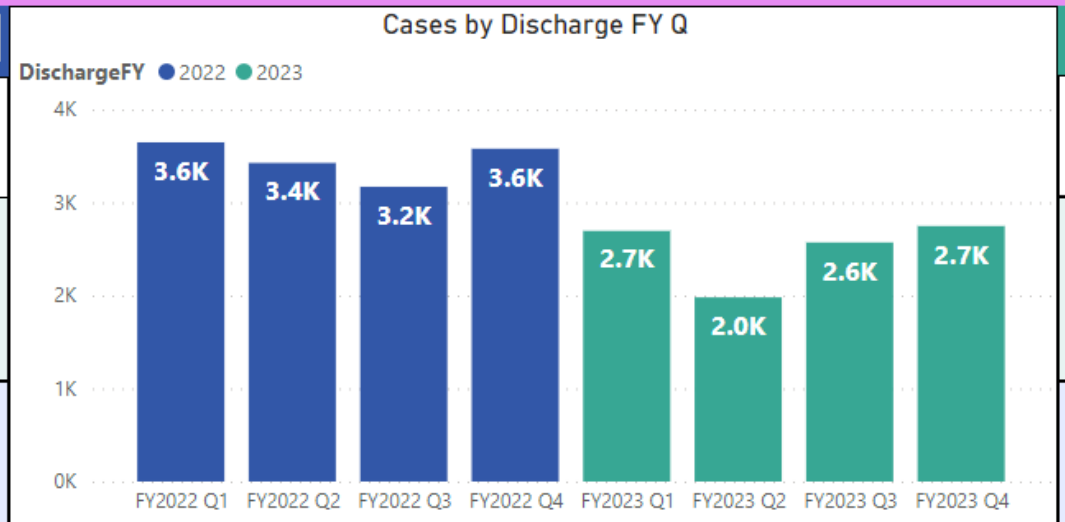
% by Net Revenue

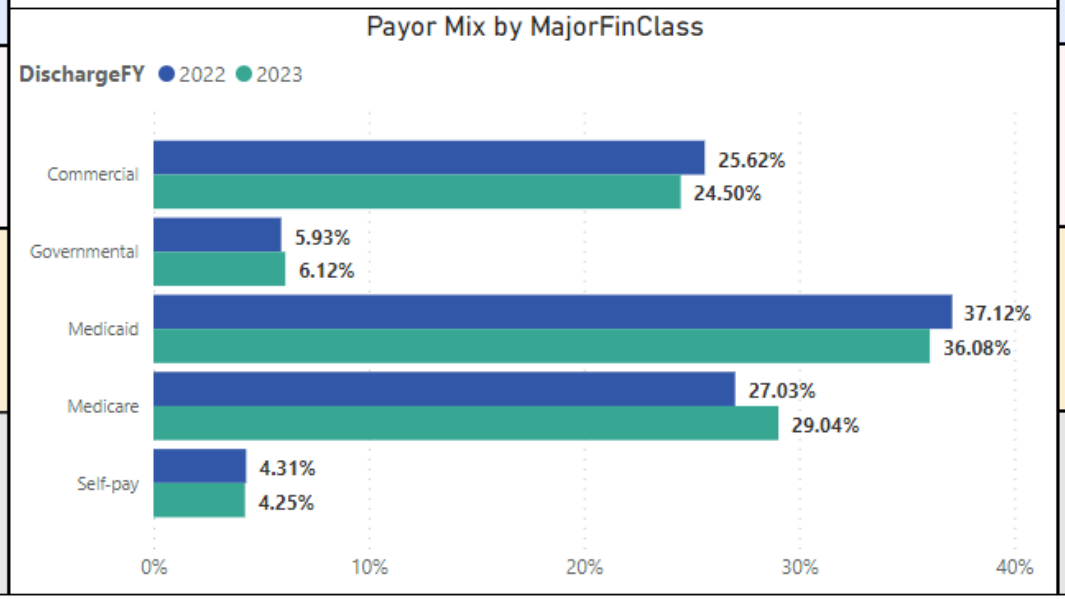


Service Line P&L Dashboard- with Supplemental Payments

Surgery

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 13,819		Cases: 9,992
$1.97bn Total Charges		$1.63bn Total Charges
$314.63M Total Net Revenue		$266.85M Total Net Revenue
$196.59M Total Variable Cost		$172.30M Total Variable Cost
$118.04M Cont Margin		$94.54M Cont Margin
37.52% Cont. Margin %		35.43% Cont. Margin %

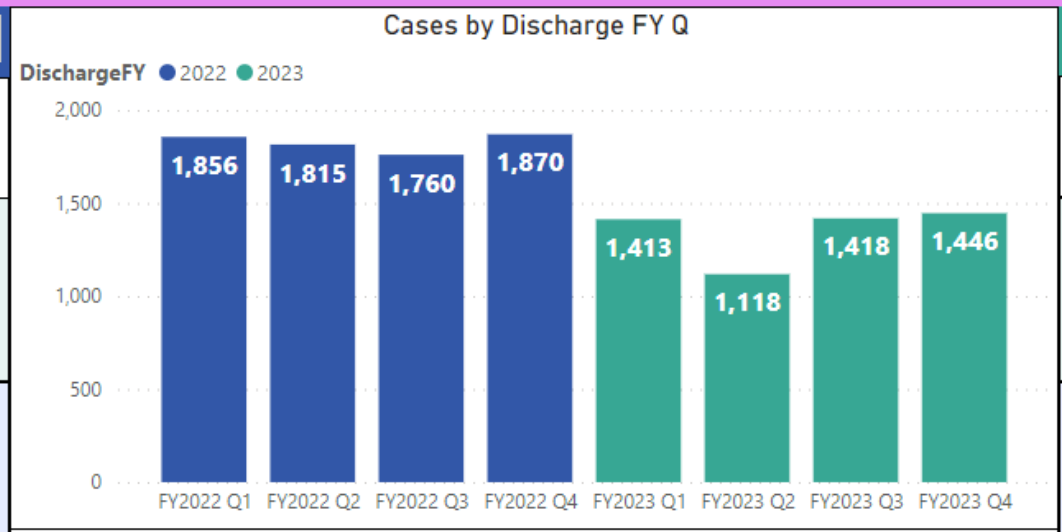


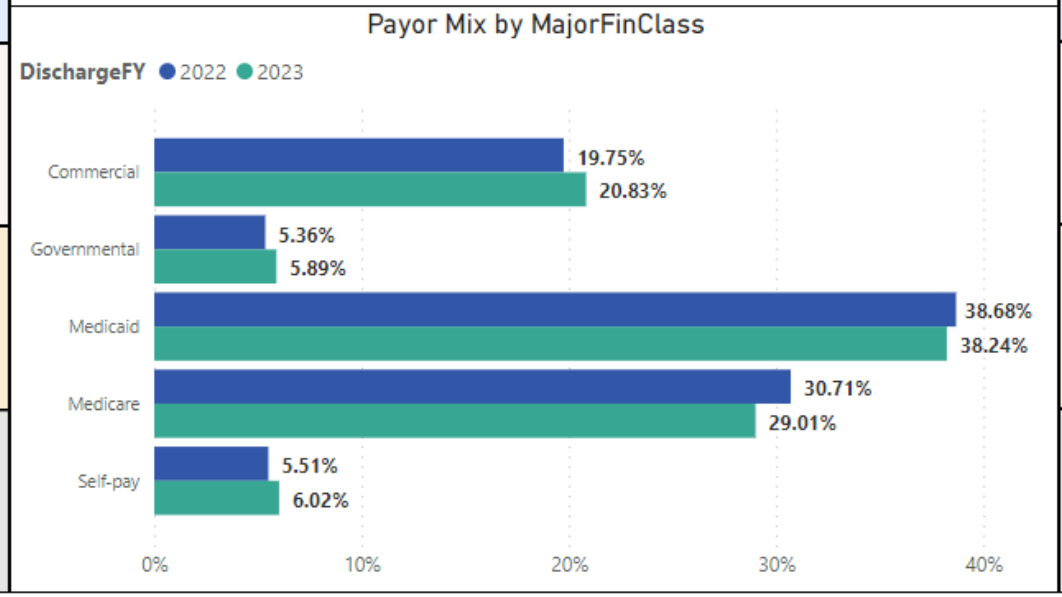


Service Line P&L Dashboard- with Supplemental Payments

IP Surgery

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 7,301		Cases: 5,395
$1.61bn Total Charges		$1.34bn Total Charges
$275.22M Total Net Revenue		$230.82M Total Net Revenue
$168.80M Total Variable Cost		$146.21M Total Variable Cost
$106.42M Cont Margin		$84.61M Cont Margin
38.67% Cont. Margin %		36.66% Cont. Margin %

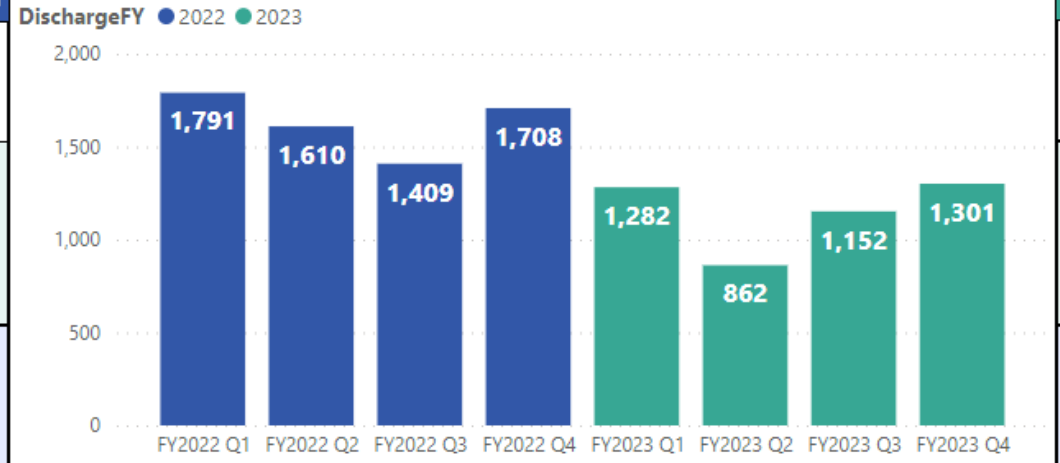


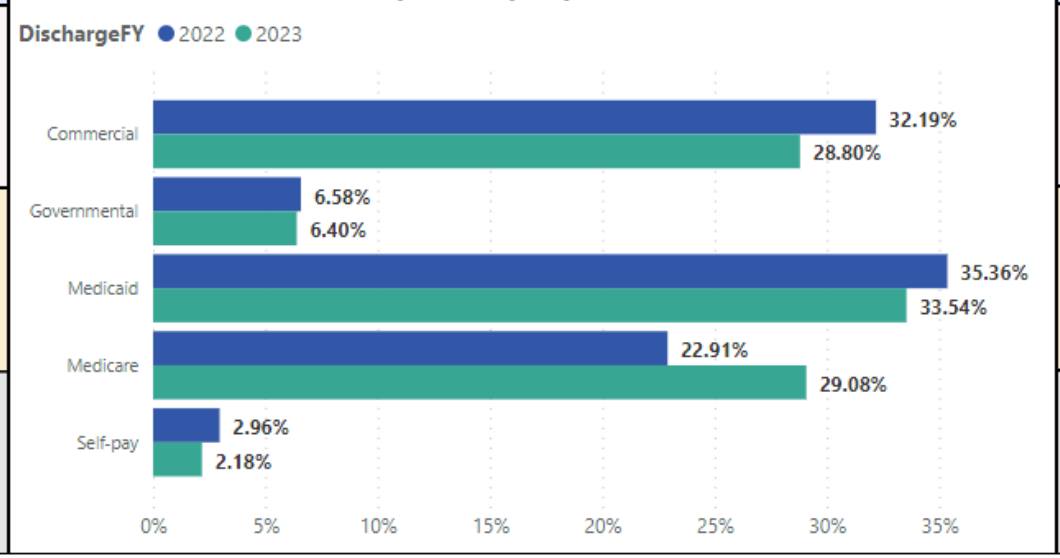


Service Line P&L Dashboard- with Supplemental Payments

OP Surgery

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 6,518	Cases by Discharge FY Q	Cases: 4,597
$355.37M Total Charges		$291.32M Total Charges
$39.41M Total Net Revenue		$36.02M Total Net Revenue
$27.79M Total Variable Cost	Payor Mix by MajorFinClass	$26.09M Total Variable Cost
$11.62M Cont Margin		$9.93M Cont Margin
29.48% Cont. Margin %		27.57% Cont. Margin %





Service Line P&L Dashboard- with Supplemental Payments

General Surgery

FY 2022 YTD Q4

Cases
3,435

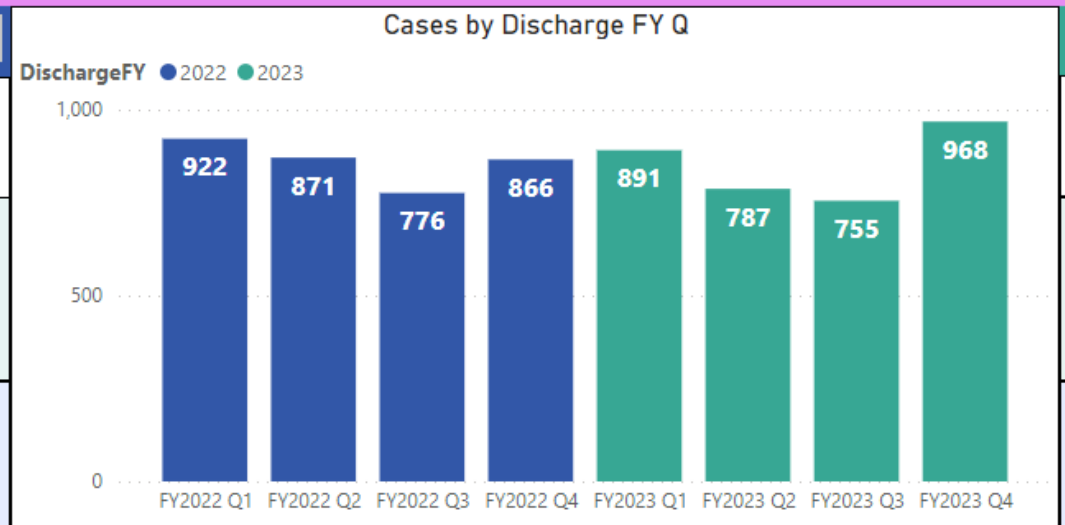
$766.54M
Total Charges

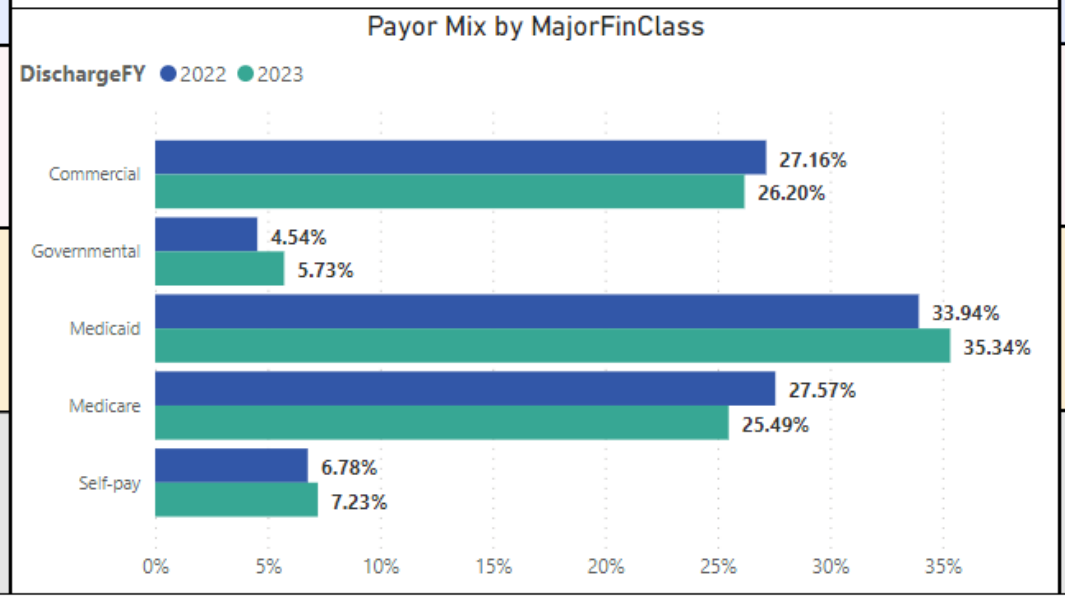
$126.54M
Total Net Revenue

$77.94M
Total Variable Cost

$48.60M
Cont Margin

38.41%
Cont. Margin %





FY 2023 YTD Q4

Cases
3,401

$811.47M
Total Charges

$133.36M
Total Net Revenue

$88.59M
Total Variable Cost

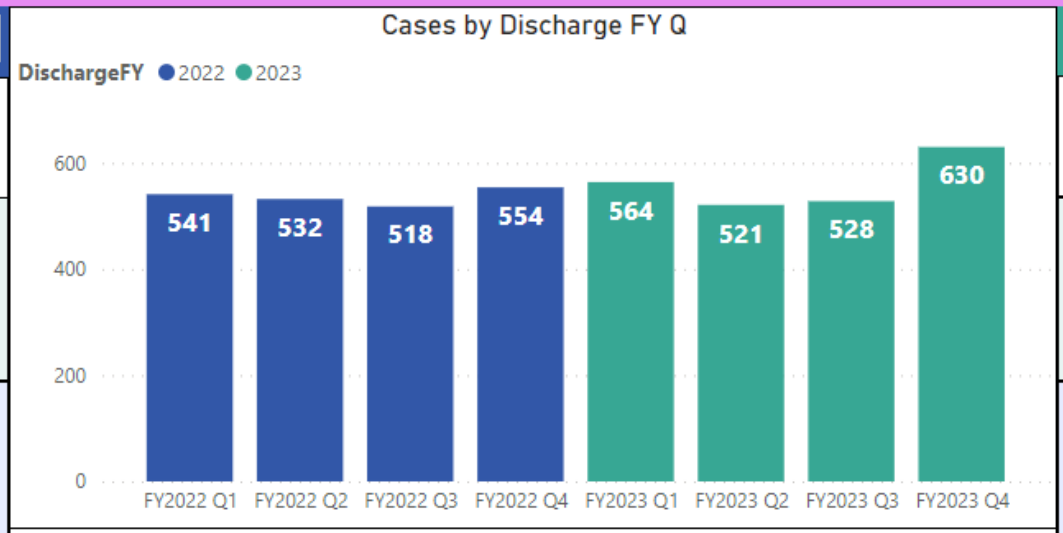
$44.77M
Cont Margin

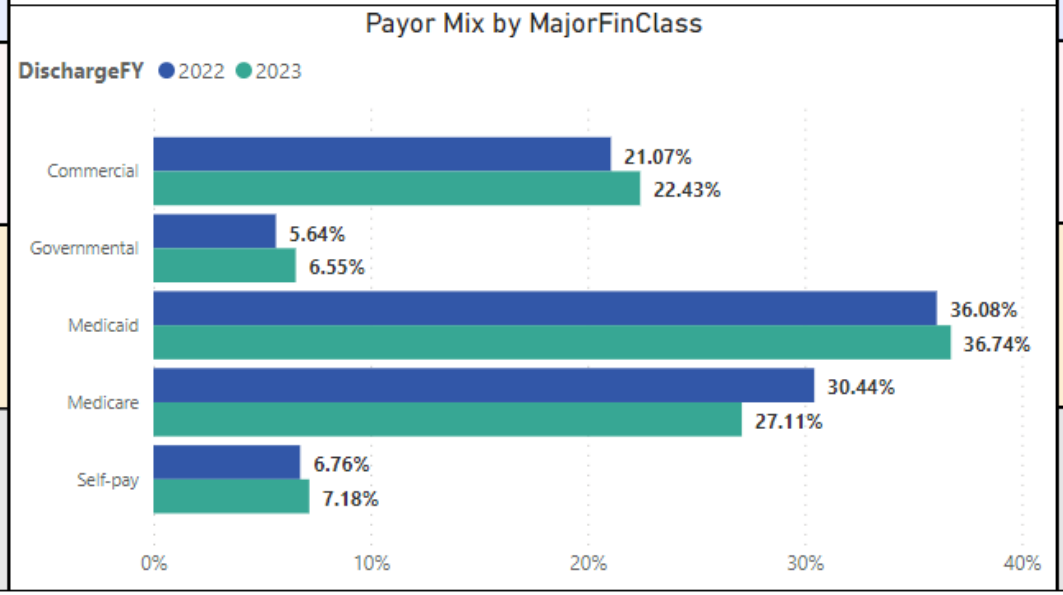
33.57%
Cont. Margin %

Service Line P&L Dashboard- with Supplemental Payments

IP General Surgery

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 2,145		Cases: 2,243
$684.77M Total Charges		$726.47M Total Charges
$118.33M Total Net Revenue		$123.87M Total Net Revenue
$72.78M Total Variable Cost		$81.87M Total Variable Cost
$45.55M Cont Margin		$42.00M Cont Margin
38.49% Cont. Margin %		33.90% Cont. Margin %

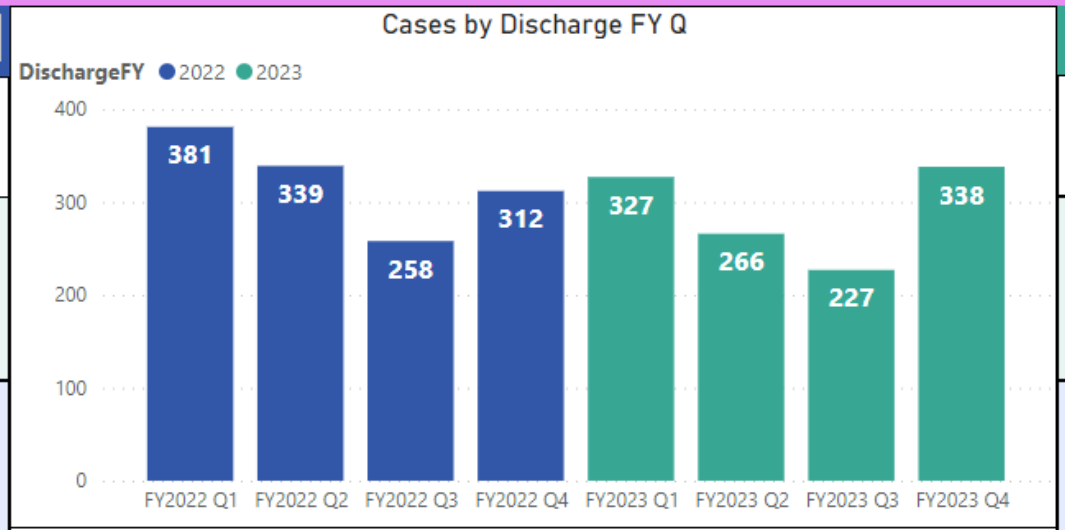


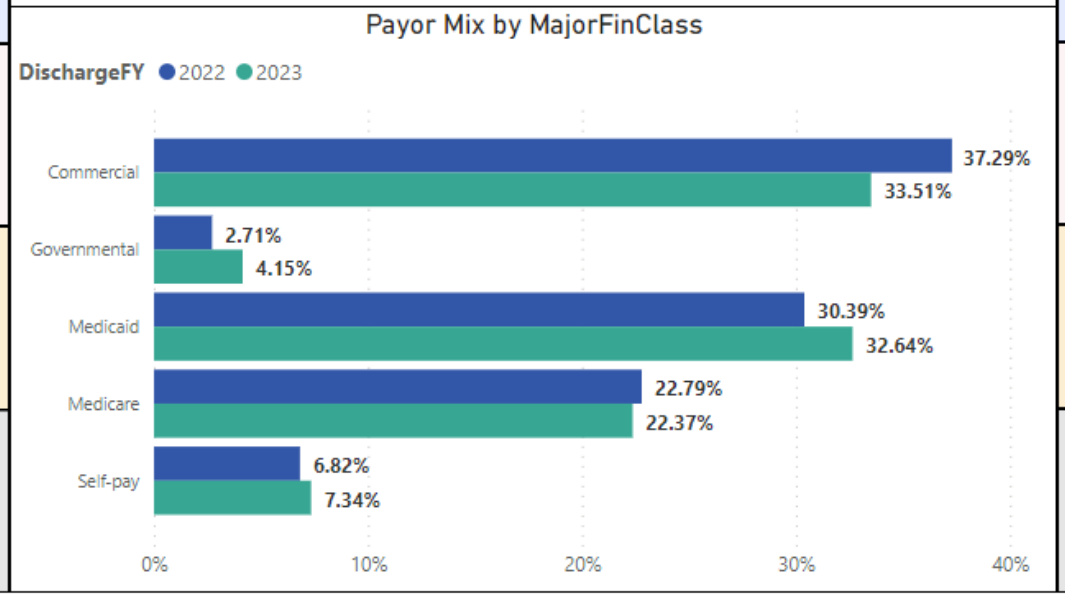


Service Line P&L Dashboard- with Supplemental Payments

OP General Surgery

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 1,290		Cases: 1,158
$81.77M Total Charges		$85.00M Total Charges
$8.21M Total Net Revenue		$9.49M Total Net Revenue
$5.16M Total Variable Cost		$6.72M Total Variable Cost
$3.05M Cont Margin		$2.78M Cont Margin
37.20% Cont. Margin %		29.24% Cont. Margin %





Service Line P&L Dashboard- with Supplemental Payments

Transplant

FY 2022 YTD Q4

Cases
137

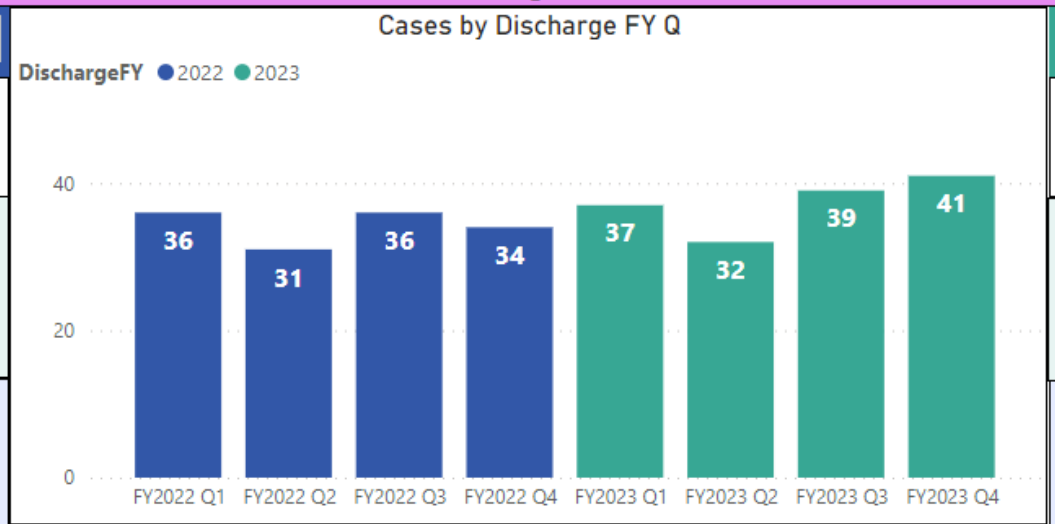
$96.60M
Total Charges

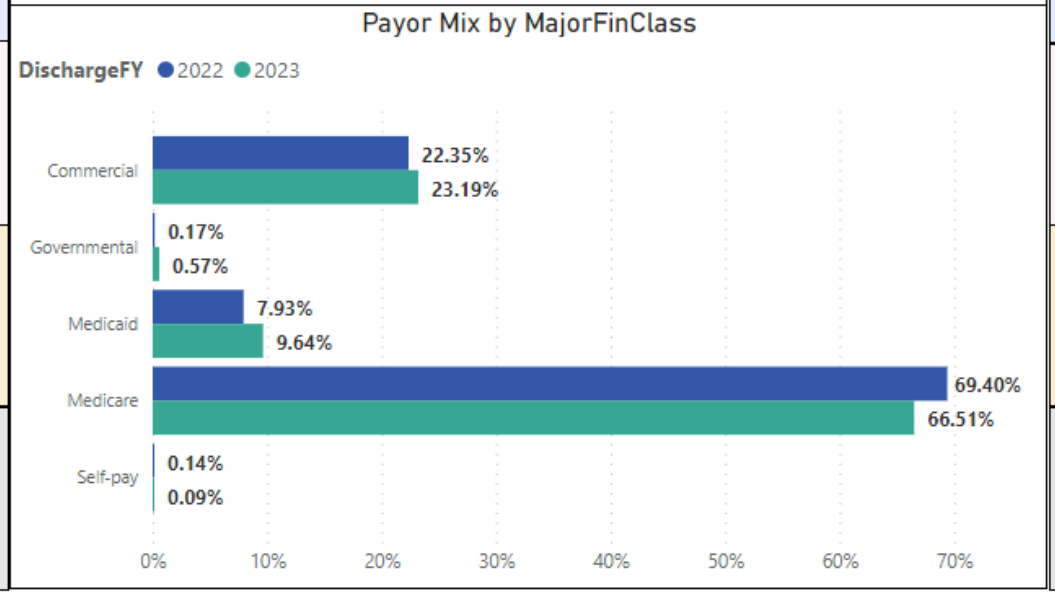
$24.25M
Total Net Revenue

$19.43M
Total Variable Cost

$4.82M
Total Contribution Margin

19.87%
Cont. Margin %





FY 2023 YTD Q4

Cases
149

$104.45M
Total Charges

$28.68M
Total Net Revenue

$24.57M
Total Variable Cost

$4.11M
Total Contribution Margin

14.33%
Cont. Margin %

General Surgery Services

Service Line Update

Operational Update

- FCOTS (First Case On Time Start) 48% , improvement of 12% compared to last quarter
  - Service Line Charge RN's in place
  - Pre-op Check List to be used proactively to reduce delays (Physicians and Anesthesia) Development of pre-op testing
  - Anesthesiologist doing pre-op visits with inpatients the night before to reduce any delays
  - Shift bid to occur
- Room Turnaround time at 34 minutes, 2 minute improvement (goal of 30 minutes)
  - Service Line Charge RN's are tracking issues that are causing delays and implementing changes
  - Anesthesia employment model fully staffed and operational

Strategic Next Steps

- OR Module Pack Review in collaboration with Materials Management department
- Both First Assist under fill positions started program with focus on CVT and Vein Harvesting – in clinical phase and case hours portion
- OR Renovation Project- OR 12, 14 and Endo Suite with completion date at the end of August.
- Service line trays completed this quarter include Open Heart, Hand and Eyes.

Technology Strategy

- LeanTaas Platform – Technology and AI for Perioperative optimization for data efficiency – working with IT and EPIC on data validation. Tentative go-live of September 25, 2023
- Increasing GI capabilities with Dr. Ohning (Bravo, Diggitrapper, Manometry and Barrx)
- Provation technology for GI (middleware allowing data flow into EPIC)

Service Line P&L Dashboard- with Supplemental Payments

Orthopedics

FY 2022 YTD Q4

Cases
4,361

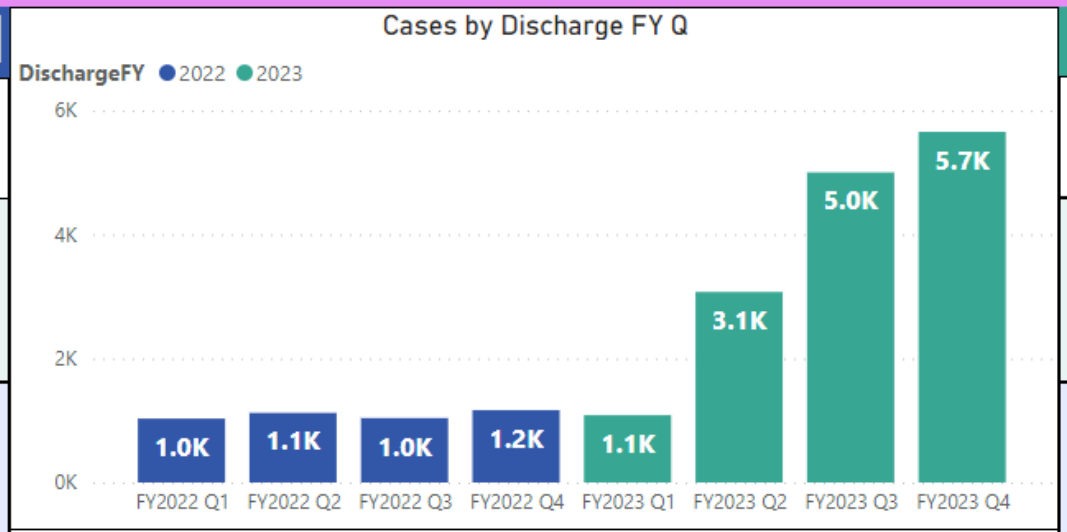
$414.92M
Total Charges

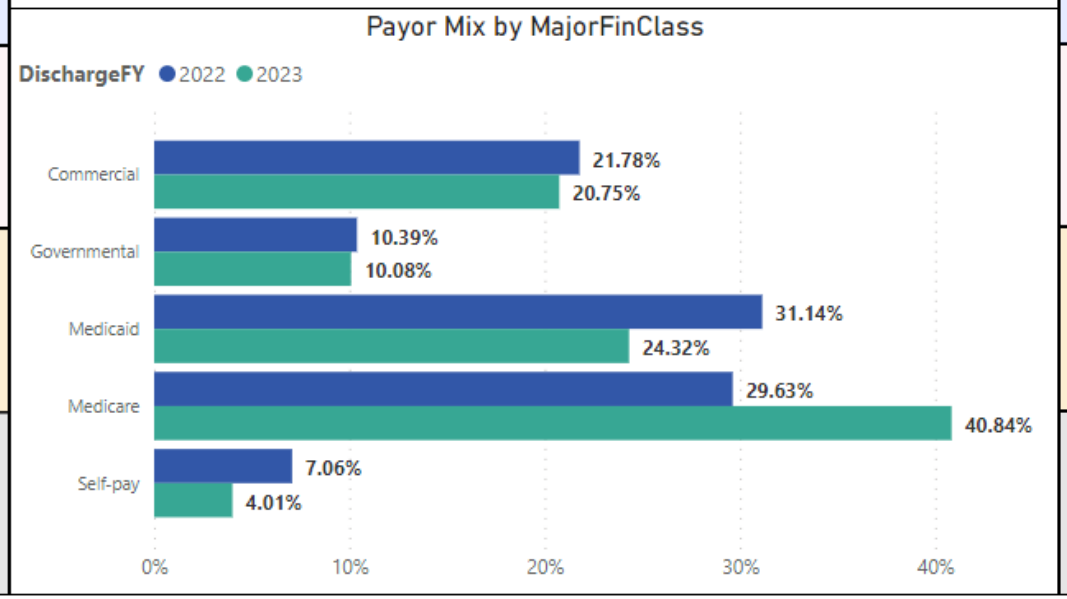
$59.84M
Total Net Revenue

$37.88M
Total Variable Cost

$21.96M
Cont Margin

36.69%
Cont. Margin %





FY 2023 YTD Q4

Cases
14,815

$475.58M
Total Charges

$74.56M
Total Net Revenue

$48.54M
Total Variable Cost

$26.01M
Cont Margin

34.89%
Cont. Margin %

Orthopedic Services

Service Line Update

Operational Update

- Orthopedic and Spine Institute of UMC since opening on November 1, 2022 has had:
  - Scheduled visits: 15,907
  - Completed visits: 13,937
  - No Show Rate: 12.3%
- Opened exam rooms downstairs to accommodate volumes and reduce patient scheduling wait times
- Expanding nursing staff to usher patients through the surgical process efficiently (positive effect on OR room utilization)
- Call Center continues to improve with call abandonment rate (from 18% down to 7% routinely)
  - Additional Surgery Schedulers to be added due to volume increase
  - RN Navigator to be added
- Building up the Triage Stable of providers (expanding hours of Dr. Libby and have hired 2 new APN's)
- Regularly exceed in-office collection goals with over $25k or more collected

Expense Control and Revenue Enhancement

- Clinic capacity drives revenue in the OR, as we increase clinic capacity, the revenue will increase
- Continued focus on Spine and Ortho implant cost reductions

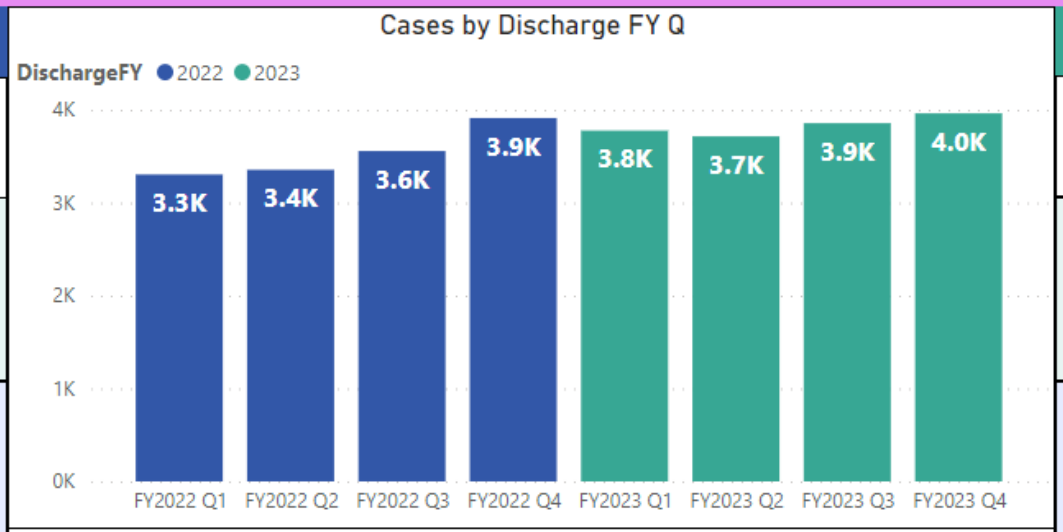
Strategic Next Steps

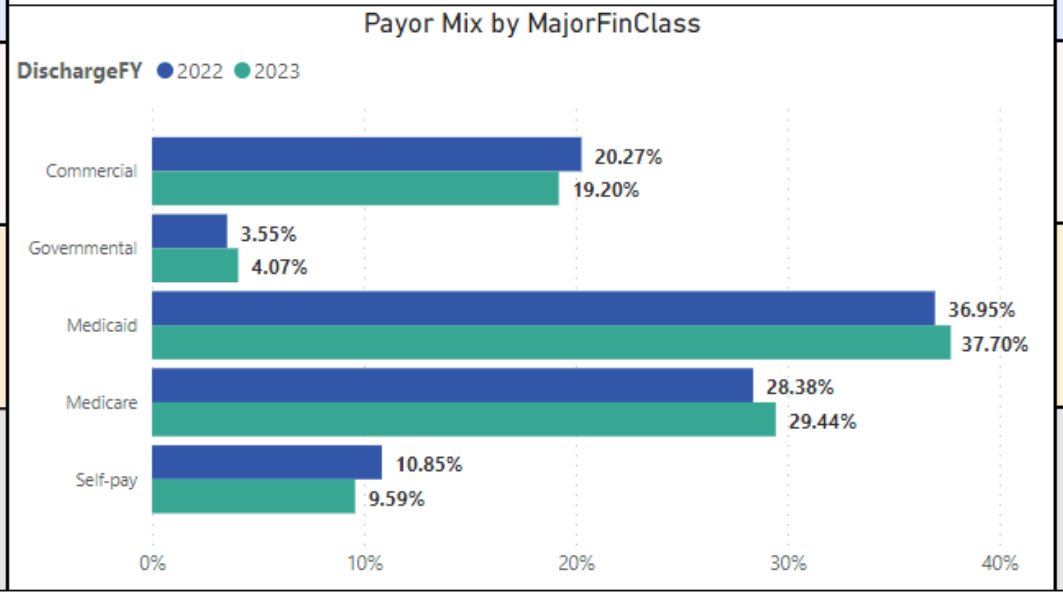
- Permanent x-ray suite to begin construction in early August on lower level of clinic
- Continue to recruit new providers for Spine, Trauma, Hand and Foot
- Proposal to remodel Ortho Clinic received, next step A & F Committee
- Satellite clinic location to expand access

Service Line P&L Dashboard- with Supplemental Payments

Cardiac Services

FY 2022 YTD Q4	FY 2023 YTD Q4
Cases: 14,128	Cases: 15,312
$351.39M Total Charges	$499.30M Total Charges
$57.25M Total Net Revenue	$78.01M Total Net Revenue
$36.96M Total Variable Cost	$47.07M Total Variable Cost
$20.28M Cont Margin	$30.94M Cont Margin
35.43% Cont. Margin %	39.66% Cont. Margin %

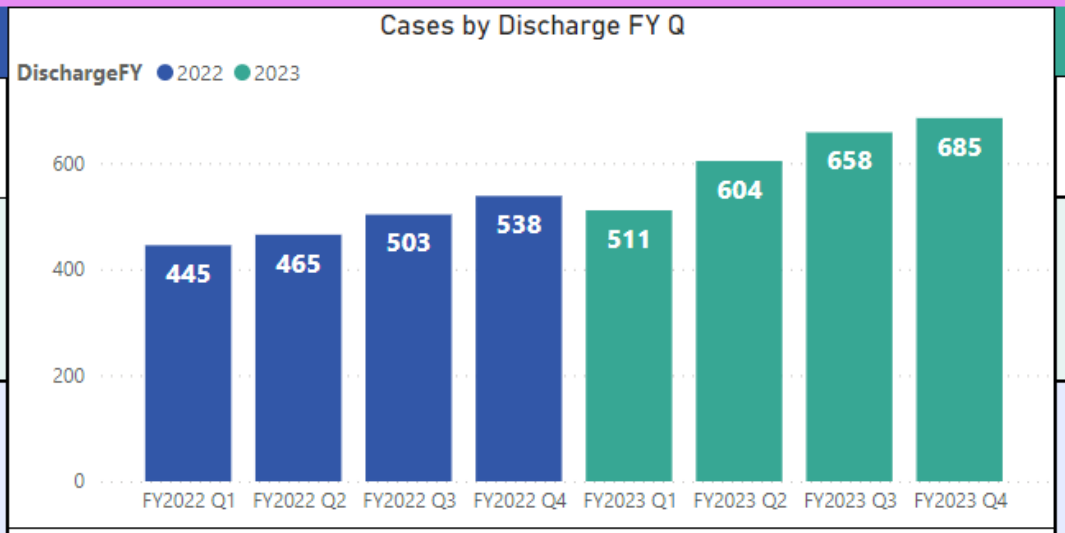


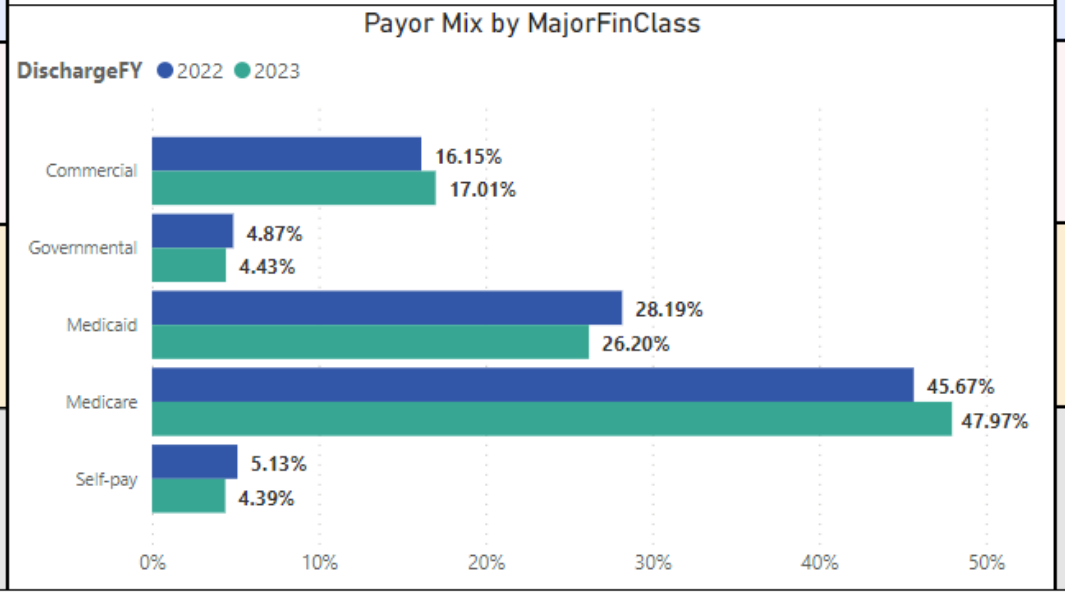


Service Line P&L Dashboard- with Supplemental Payments

IP Cardiac Services

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
1,951		2,458
$217.99M		$303.28M
Total Charges		Total Charges
$39.69M		$53.27M
Total Net Revenue		Total Net Revenue
$24.60M		$30.93M
Total Variable Cost		Total Variable Cost
$15.09M		$22.34M
Cont Margin		Cont Margin
38.02%		41.94%
Cont. Margin %		Cont. Margin %





Service Line P&L Dashboard- with Supplemental Payments

OP Cardiac Services

FY 2022 YTD Q4

Cases
12,177

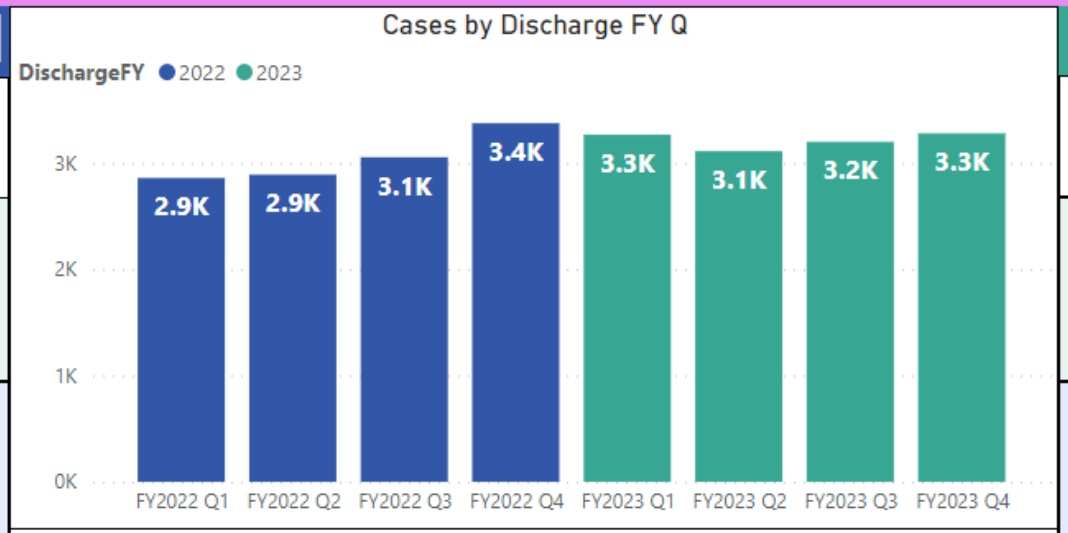
$133.41M
Total Charges

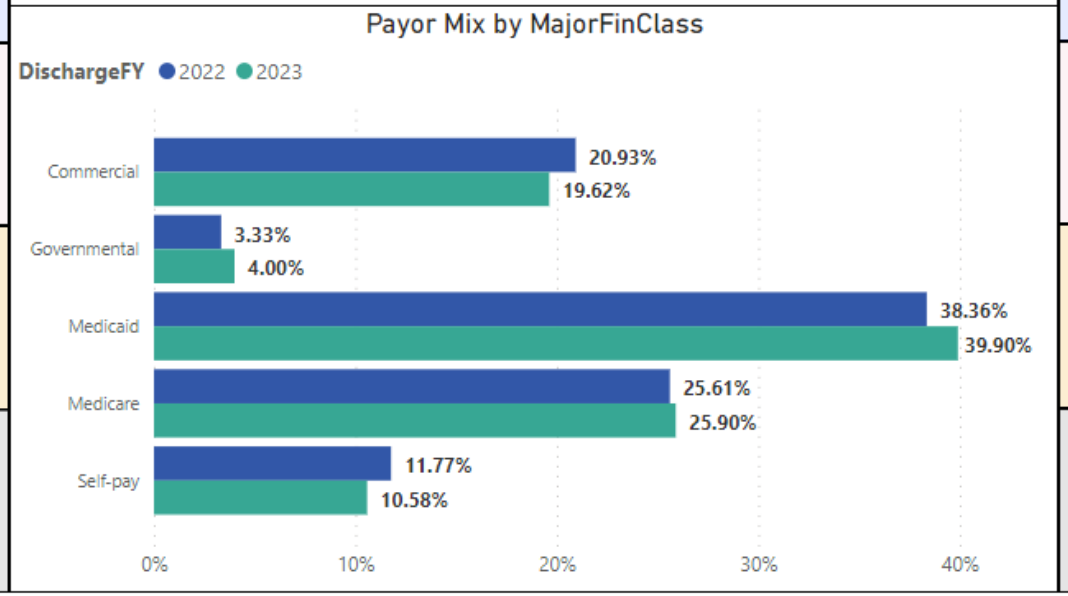
$17.56M
Total Net Revenue

$12.36M
Total Variable Cost

$5.19M
Cont Margin

29.58%
Cont. Margin %





FY 2023 YTD Q4

Cases
12,854

$196.02M
Total Charges

$24.74M
Total Net Revenue

$16.14M
Total Variable Cost

$8.60M
Cont Margin

34.75%
Cont. Margin %

Cardiac Services

Service Line Update

Operational Update

- Cath procedures over 200 cases/month (Additional Specials Lab in Process to accommodate continued growth)
- TAVR cases have fully transitioned to Cath Lab from the OR with 40 cases performed YTD
  - Watchman procedures now being done with an average of 4/day (increase of 1/day)
  - Mitral Valve Repair (Pascal Device) slated to start at the beginning of September 2023 (1st in the State of NV)
- Dr. UmaKanthan moving his Tricuspid valve cases to UMC beginning at the end of August 2023
- 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)

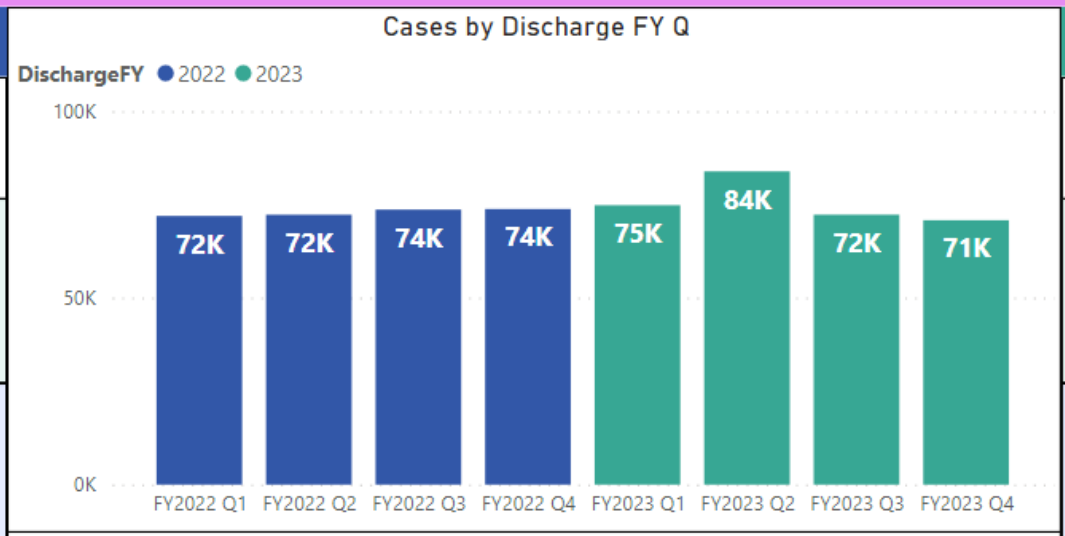
Strategic Next Steps

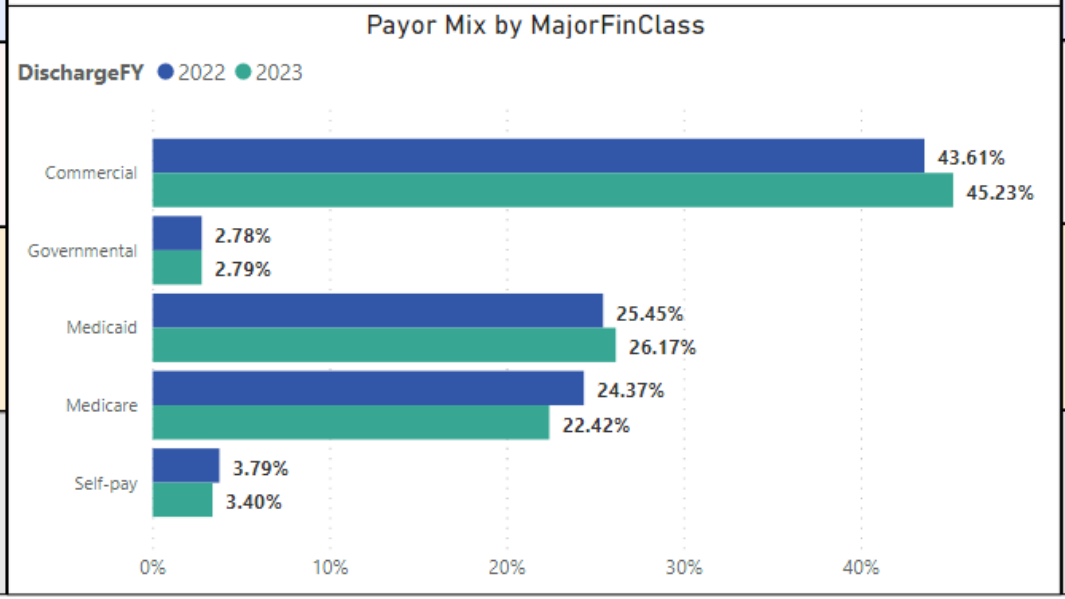
- New Phillips Cath Lab – Construction scheduled to begin in mid-October
- Further expansion of Prep/Recovery area from 8-12 beds
- Marketing of new Minimally Invasive CT Surgery and Bloodless Medicine
- Continued critical support from CV Anesthesia to support short and long term growth
- Explore expansion to include hybrid room to accommodate increase in peripheral and structural heart procedures

Service Line P&L Dashboard

Ambulatory

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
291,591		301,705
$165.47M		$184.15M
Total Charges		Total Charges
$46.79M		$53.43M
Total Net Revenue		Total Net Revenue
$33.20M		$36.84M
Total Variable Cost		Total Variable Cost
$13.59M		$16.60M
Cont Margin		Cont Margin
29.05%		31.06%
Cont. Margin %		Cont. Margin %





Service Line P&L Dashboard- with Supplemental Payments

OP Ambulatory- PC

FY 2022 YTD Q4

Cases
81,107

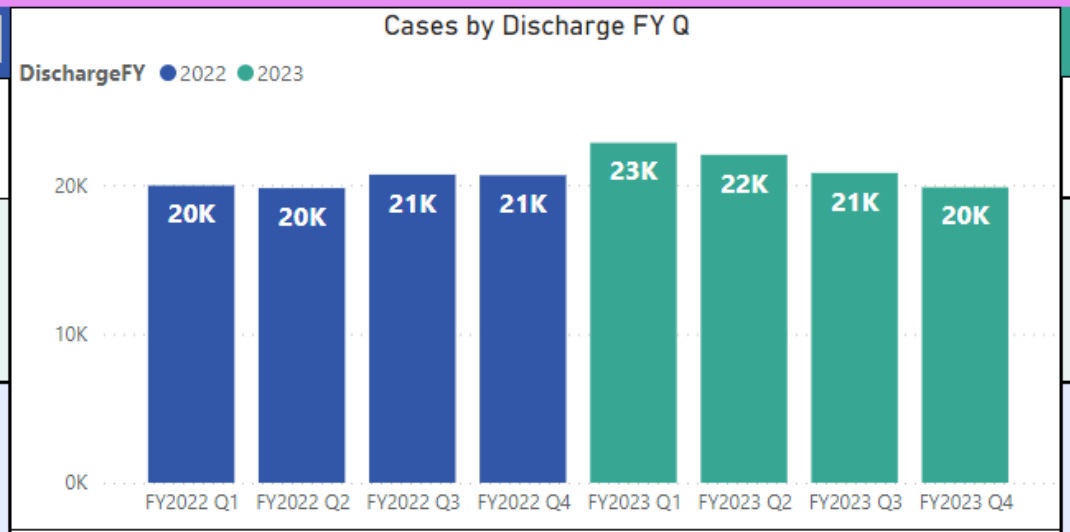
$32.14M
Total Charges

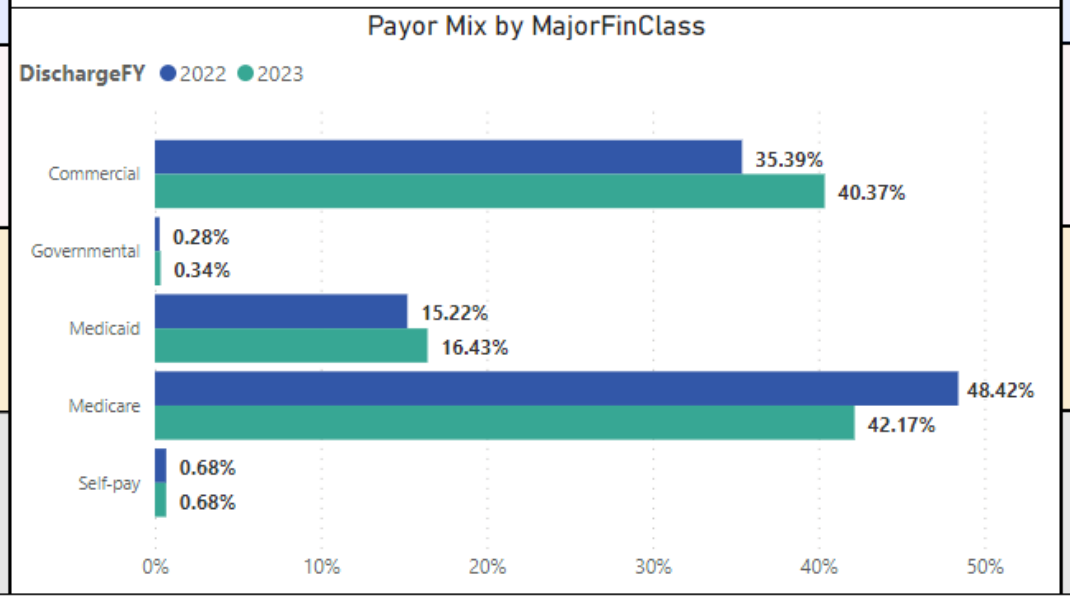
$13.37M
Total Net Revenue

$9.50M
Total Variable Cost

$3.87M
Cont Margin

28.92%
Cont. Margin %





FY 2023 YTD Q4

Cases
85,522

$40.04M
Total Charges

$15.37M
Total Net Revenue

$11.40M
Total Variable Cost

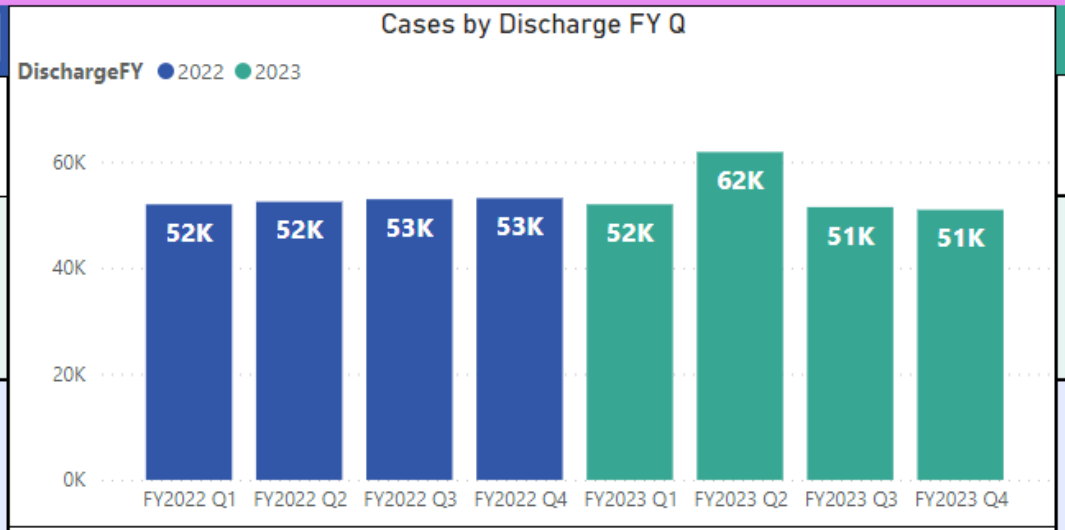
$3.97M
Cont Margin

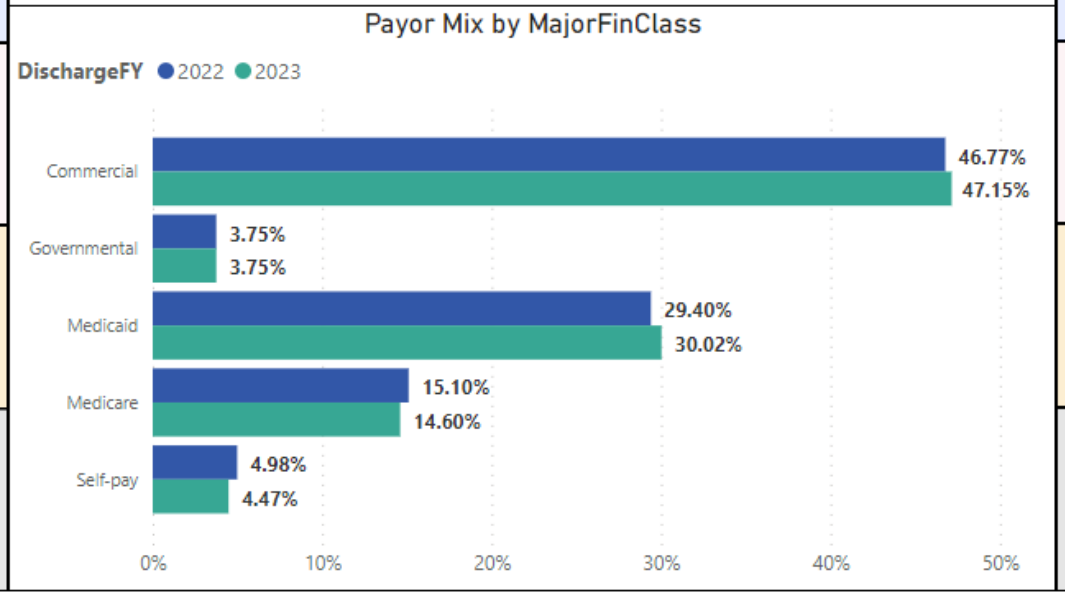
25.83%
Cont. Margin %

Service Line P&L Dashboard- with Supplemental Payments

OP Ambulatory- QC

FY 2022 YTD Q4	FY 2023 YTD Q4
Cases: 210,482	Cases: 216,183
$133.34M Total Charges	$144.11M Total Charges
$33.42M Total Net Revenue	$38.06M Total Net Revenue
$23.69M Total Variable Cost	$25.43M Total Variable Cost
$9.73M Cont Margin	$12.63M Cont Margin
29.10% Cont. Margin %	33.17% Cont. Margin %





Ambulatory Services

Service Line Update

Operational Update

- Aliante Primary Care and QC – opened February 28, 2023. PC total visits = 1,300 and QC total visits = 4,500 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
- Opening of UMC Primary Care at the Medical District (PCMD) on August 21, 2023
- Heavy recruitment for providers and revising compensation plans

Revenue Enhancement

- Annual 3% increase in POS collections - 8 out of 12 months
- More than $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)

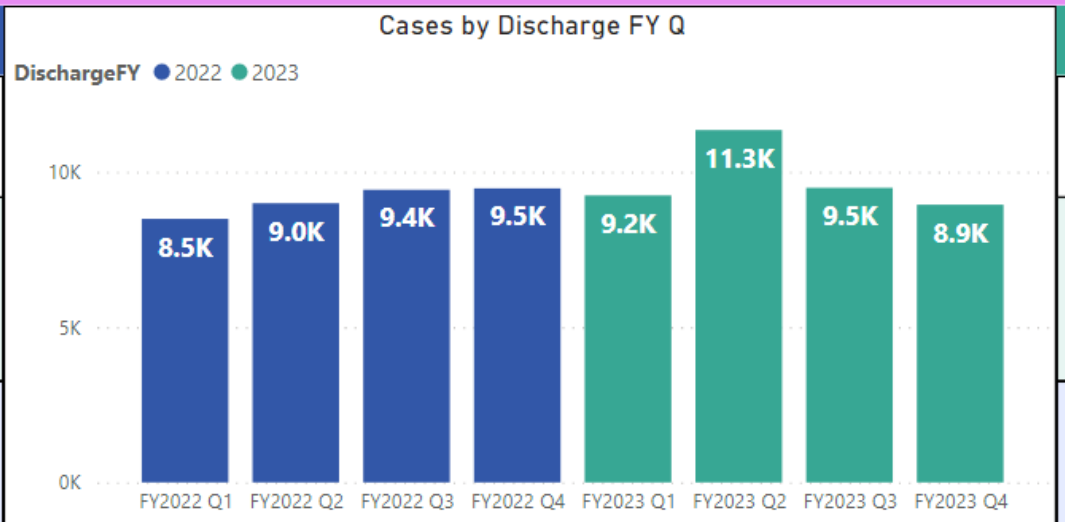
Strategic Next Steps

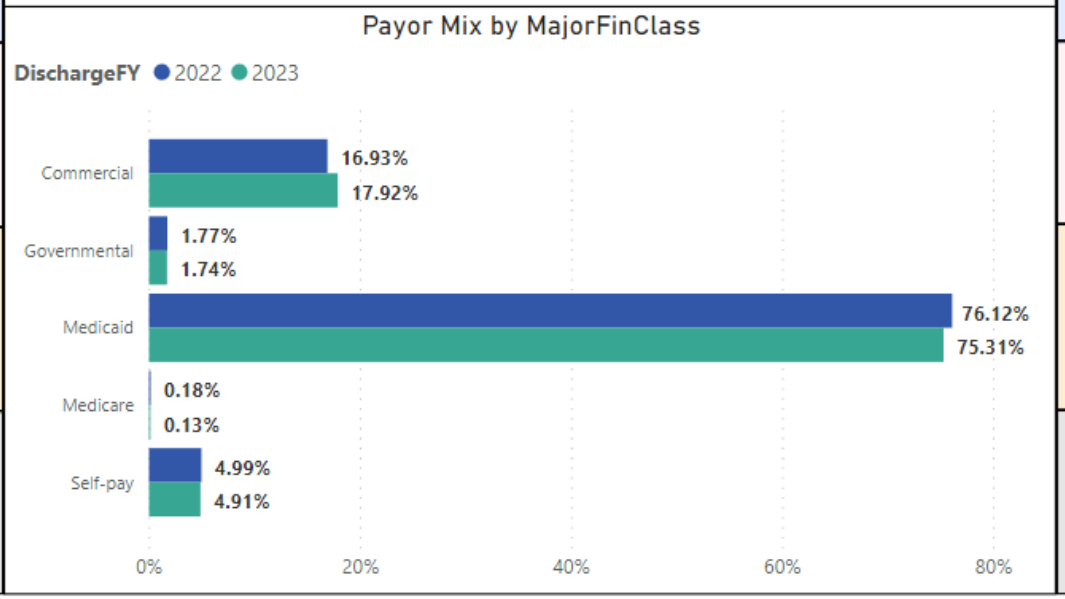
- Refresh of Summerlin clinic on track for 2023
- Expansion of Southern Highlands slated to begin in October 2023 to expand PC and add Express Care. Opening in March 2024.
- Increase patient ability to self-schedule via MyChart (working with IT)
- Overhauling templates for nurses and physicians.
- Virtual Care in QC
- School based clinics

Service Line P&L Dashboard

Children and Women Services

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
36,363		39,010
$480.30M		$487.86M
Total Charges		Total Charges
$117.74M		$125.75M
Total Net Revenue		Total Net Revenue
$51.60M		$53.90M
Total Variable Cost		Total Variable Cost
$66.14M		$71.85M
Cont Margin		Cont Margin
56.17%		57.14%
Cont. Margin %		Cont. Margin %

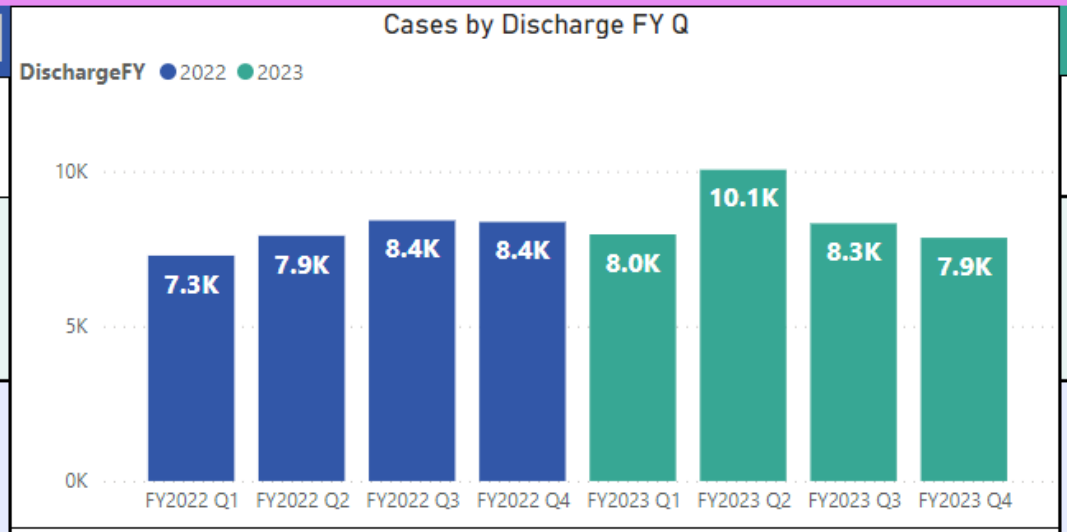


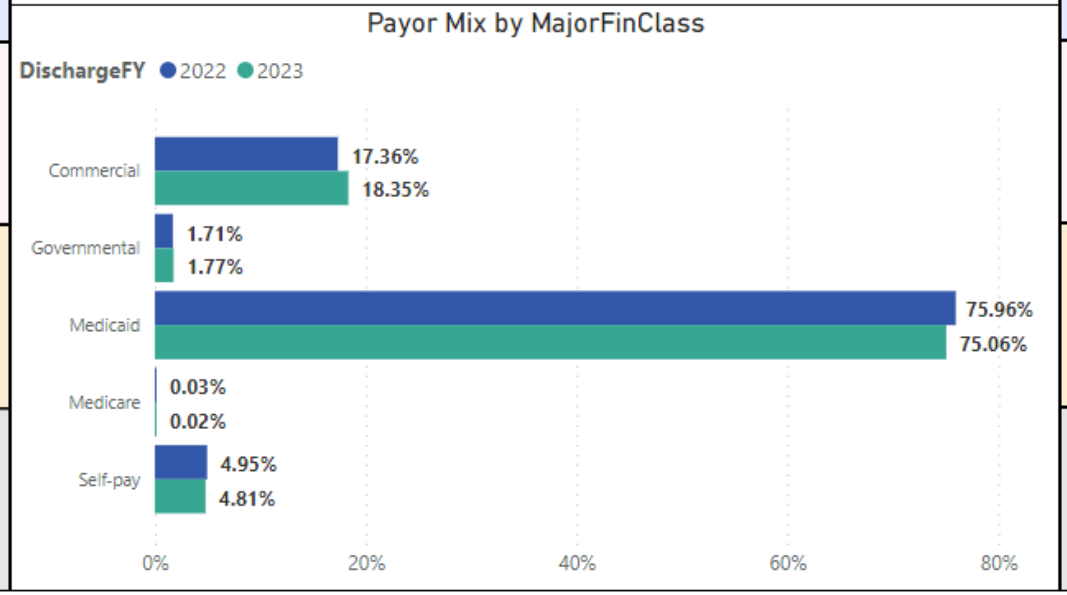


Service Line P&L Dashboard- with Supplemental Payments

Children's Hospital

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
31,971		34,184
$336.36M		$310.13M
Total Charges		Total Charges
$76.28M		$69.80M
Total Net Revenue		Total Net Revenue
$31.86M		$31.00M
Total Variable Cost		Total Variable Cost
$44.43M		$38.80M
Cont Margin		Cont Margin
58.24%		55.59%
Cont. Margin %		Cont. Margin %

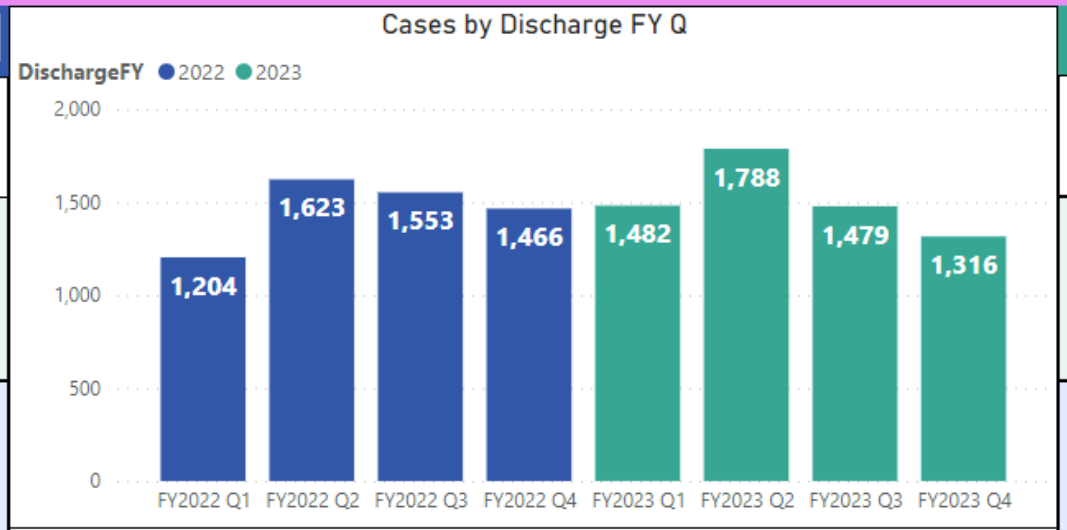


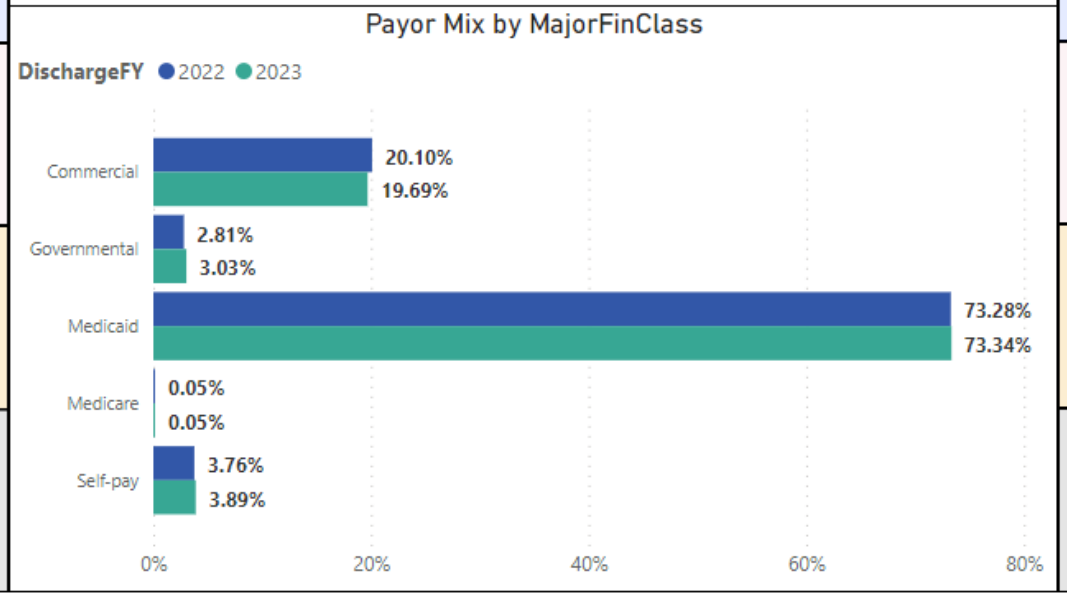


Service Line P&L Dashboard- with Supplemental Payments

IP Children's Hospital

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 5,846		Cases: 6,065
$194.88M Total Charges		$163.11M Total Charges
$53.24M Total Net Revenue		$43.28M Total Net Revenue
$21.85M Total Variable Cost		$20.08M Total Variable Cost
$31.39M Cont Margin		$23.20M Cont Margin
58.96% Cont. Margin %		53.61% Cont. Margin %

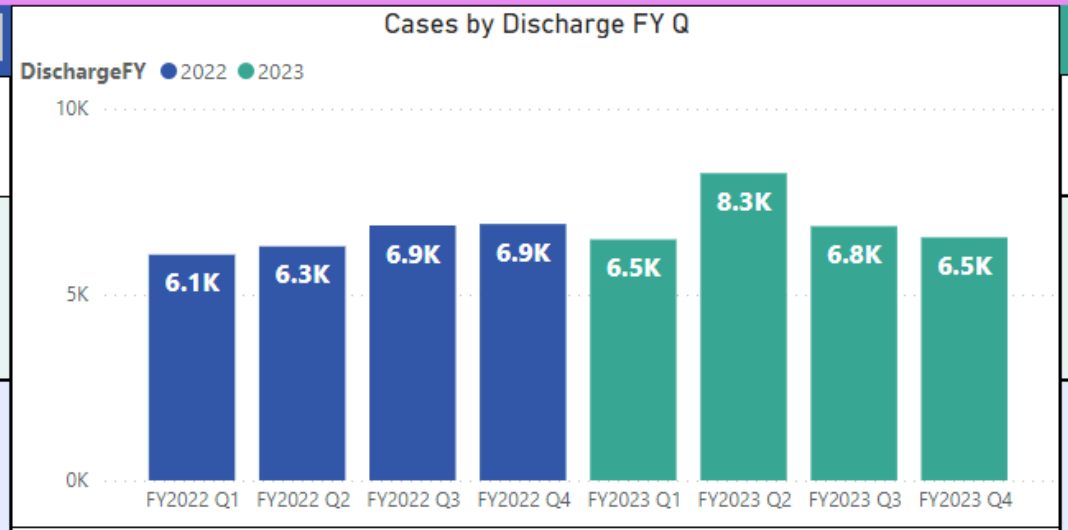


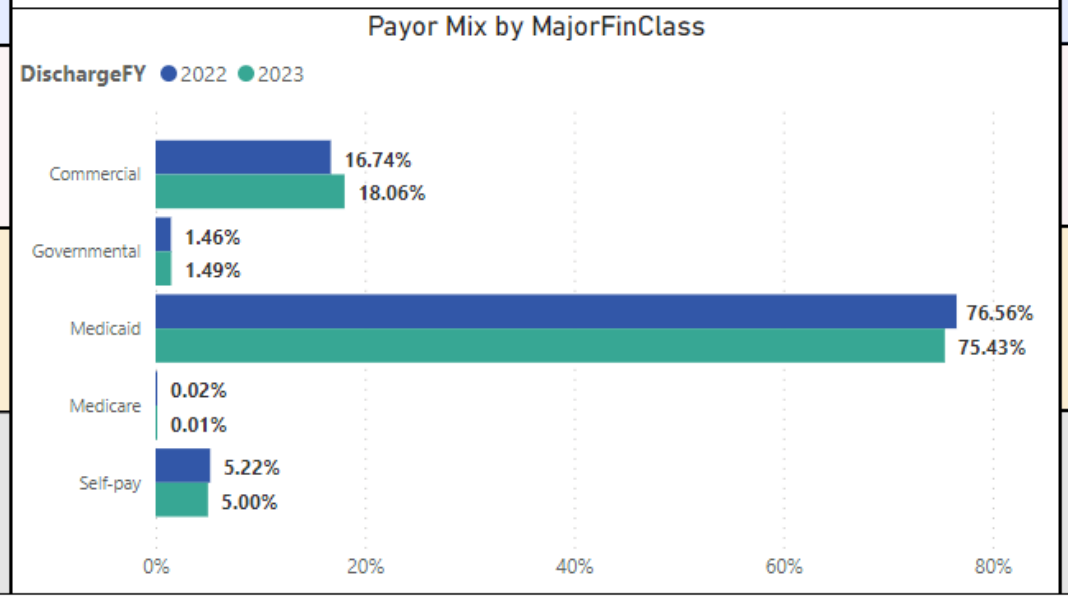


Service Line P&L Dashboard- with Supplemental Payments

OP Children's Hospital

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases: 26.125		Cases: 28.119
$141.48M Total Charges		$147.02M Total Charges
$23.04M Total Net Revenue		$26.52M Total Net Revenue
$10.00M Total Variable Cost		$10.92M Total Variable Cost
$13.04M Cont Margin		$15.60M Cont Margin
56.58% Cont. Margin %		58.82% Cont. Margin %

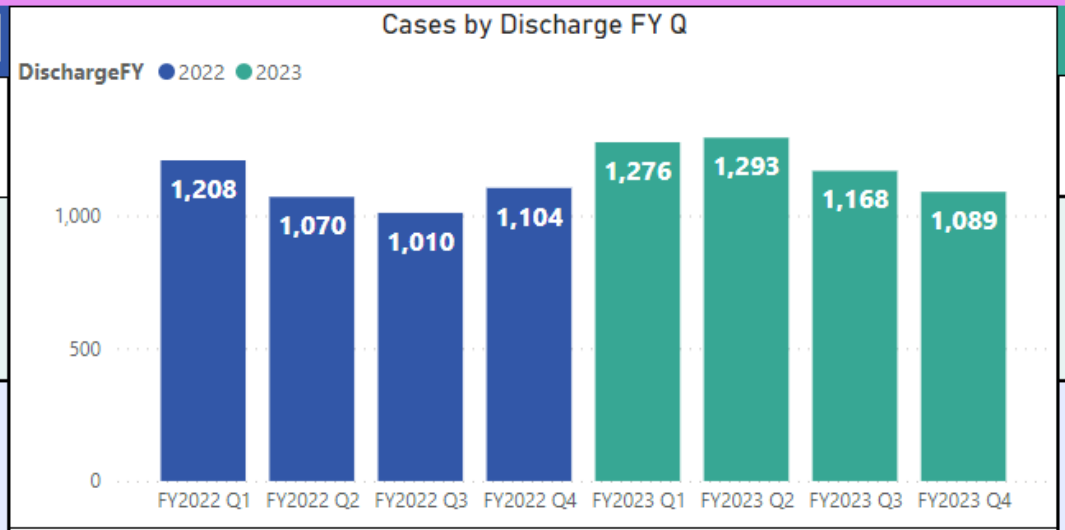


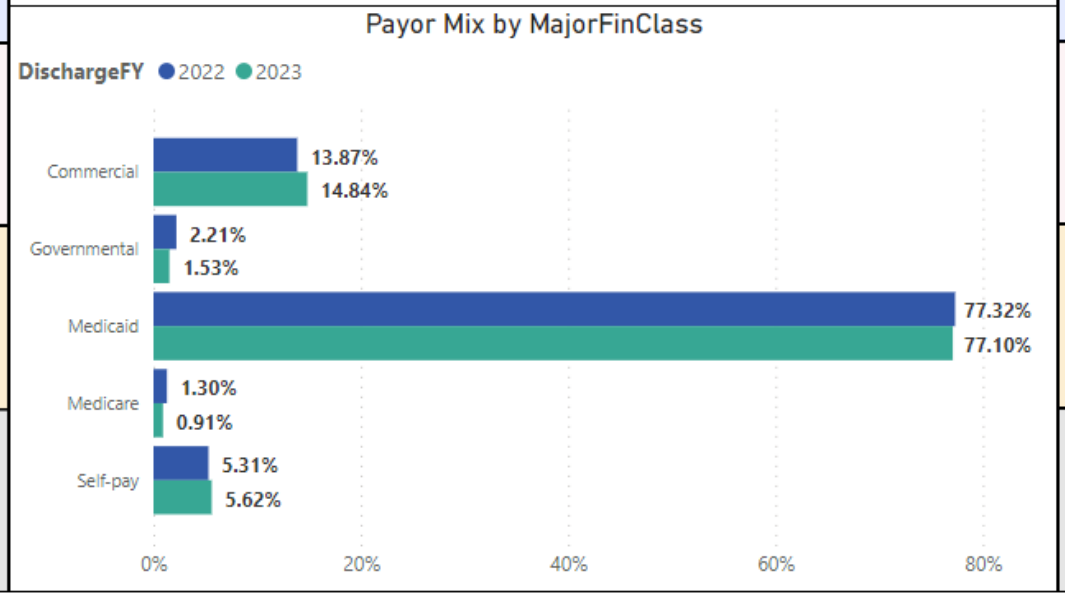


Service Line P&L Dashboard- with Supplemental Payments

Women's Services

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
4,392		4,826
$143.94M		$177.73M
Total Charges		Total Charges
$41.46M		$55.95M
Total Net Revenue		Total Net Revenue
$19.75M		$22.90M
Total Variable Cost		Total Variable Cost
$21.71M		$33.05M
Cont Margin		Cont Margin
52.37%		59.07%
Cont. Margin %		Cont. Margin %



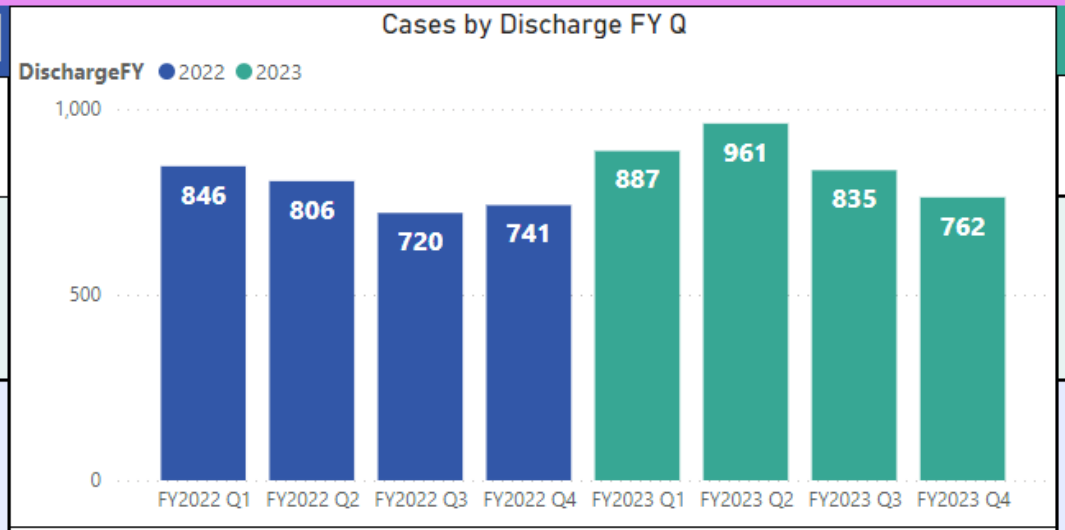


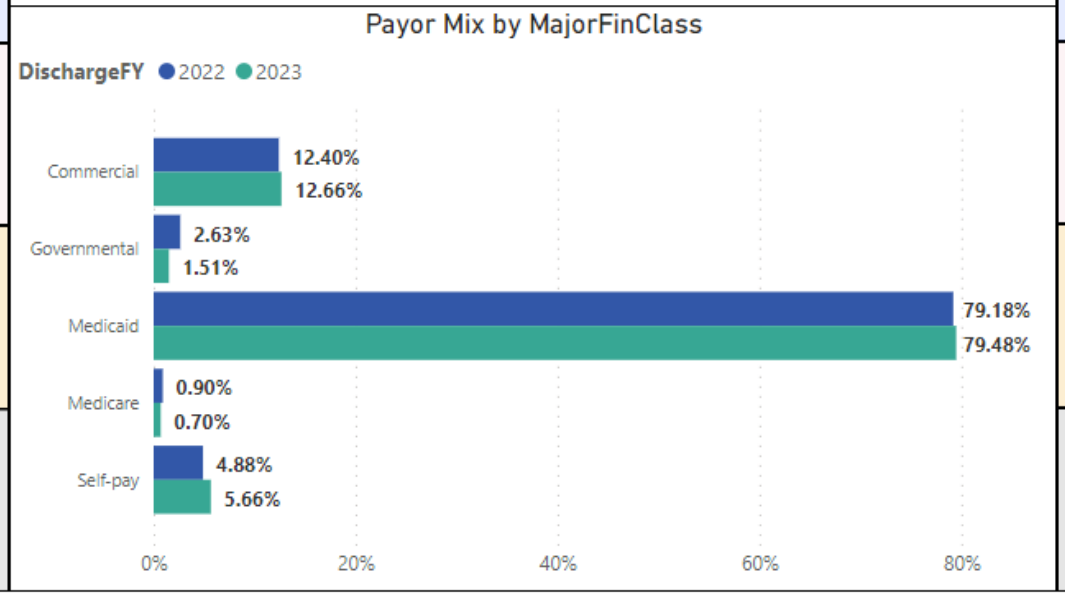
Service Line P&L Dashboard- with Supplemental Payments

IP Women's Services

FY 2022 YTD Q4

Cases	3,113
Total Charges	$120.48M
Total Net Revenue	$39.07M
Total Variable Cost	$18.19M
Cont Margin	$20.88M
Cont. Margin %	53.45%





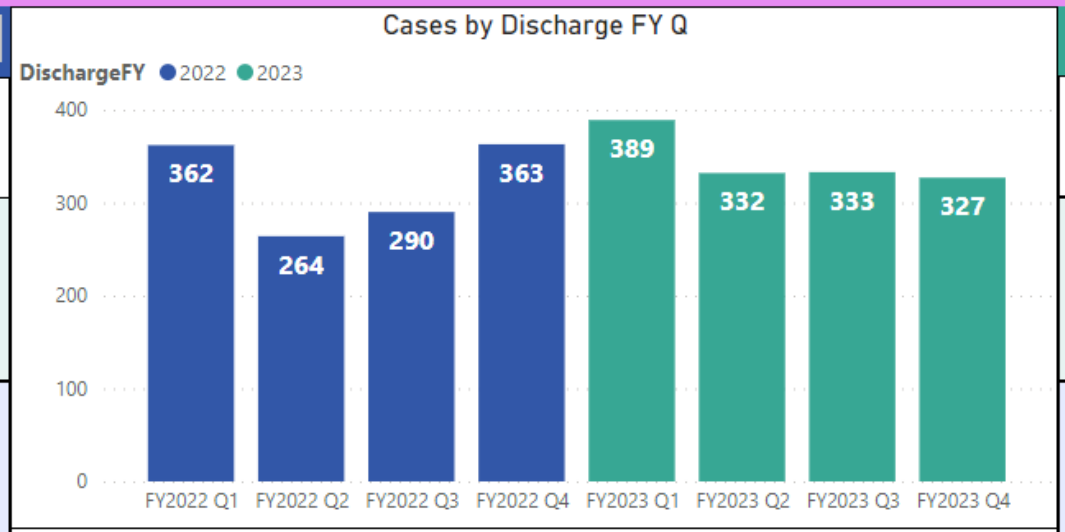
FY 2023 YTD Q4

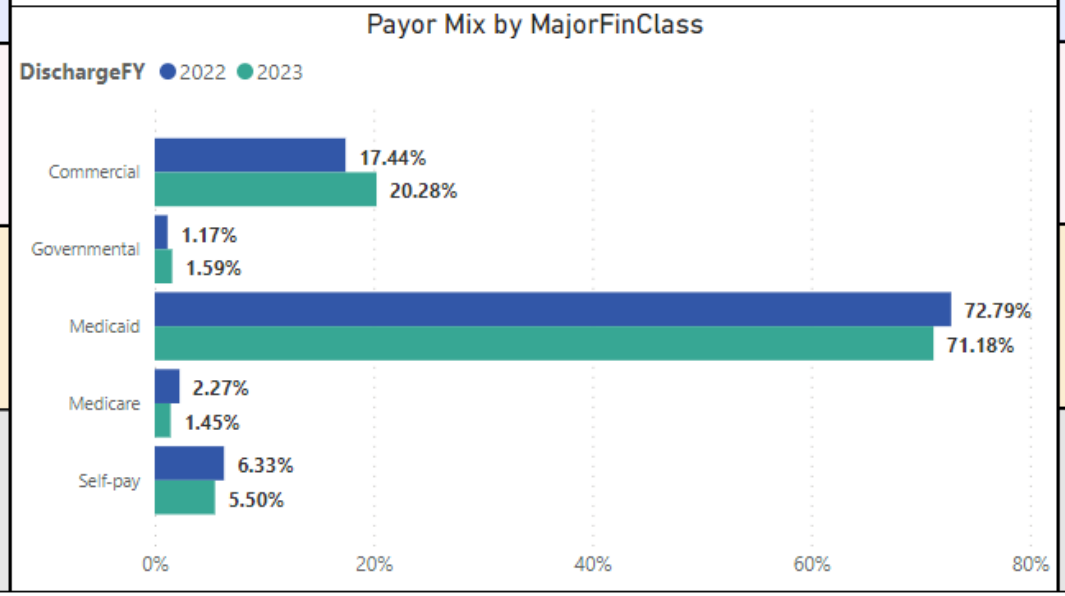
Cases	3,445
Total Charges	$153.45M
Total Net Revenue	$52.75M
Total Variable Cost	$21.15M
Cont Margin	$31.59M
Cont. Margin %	59.90%

Service Line P&L Dashboard- with Supplemental Payments

OP Women's Services

FY 2022 YTD Q4		FY 2023 YTD Q4
Cases		Cases
1,279		1,381
$23.46M		$24.28M
Total Charges		Total Charges
$2.39M		$3.20M
Total Net Revenue		Total Net Revenue
$1.56M		$1.75M
Total Variable Cost		Total Variable Cost
$828.53K		$1.46M
Cont Margin		Cont Margin
34.68%		45.50%
Cont. Margin %		Cont. Margin %





Women's and Children's Hospital

Service Line Update

Operational Update

- Perinatal volumes continue to increase (138 in July compared to 91 in May)
- Infant/Child security system update with Centrak - Go-live delayed due to joint commission survey
- Perinatal safety measures:
  - Code Crimson is a nationally recognized code for maternal hemorrhage. Now instituted at UMC
    - Organized response to hemorrhage with algorithm to guide providers outside of OB to respond to support OB staff
    - Bio-refrigerator (blood refrigerator) added on the Perinatal unit for faster delivery

Revenue Enhancement

- Managing charges and supply usage
- Increasing Pediatric Surgical Cases, Dedicated Pediatric Anesthesia (4)

Strategic Next Steps

- Enhance Women's and Children's service line's
  - Pediatric Transplants
  - Antepartum Testing (EPIC build needed)
- Exploring feasibility of an "along-side Midwifery Unit" on the 7th floor
- Possible replacement of NicView (EOL) cameras with new product called AngelEyes. This is a very popular and expected service for parents.

UMC Online Care

App Store

Ratings & Reviews See All

5.0 out of 5

668 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.

Google Play Games Apps Movies & TV Books Kids

4.8

68 reviews

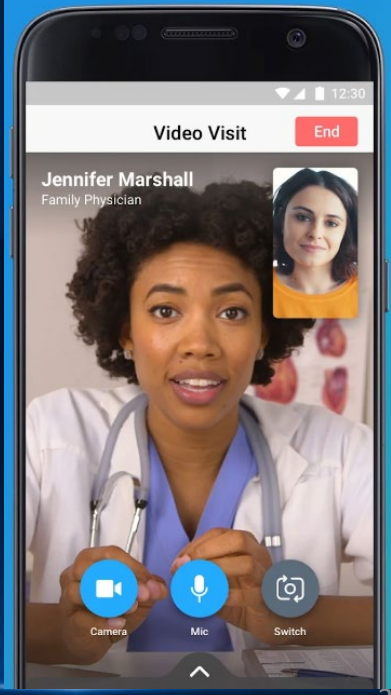
UMC UNIVERSITY MEDICAL CENTER

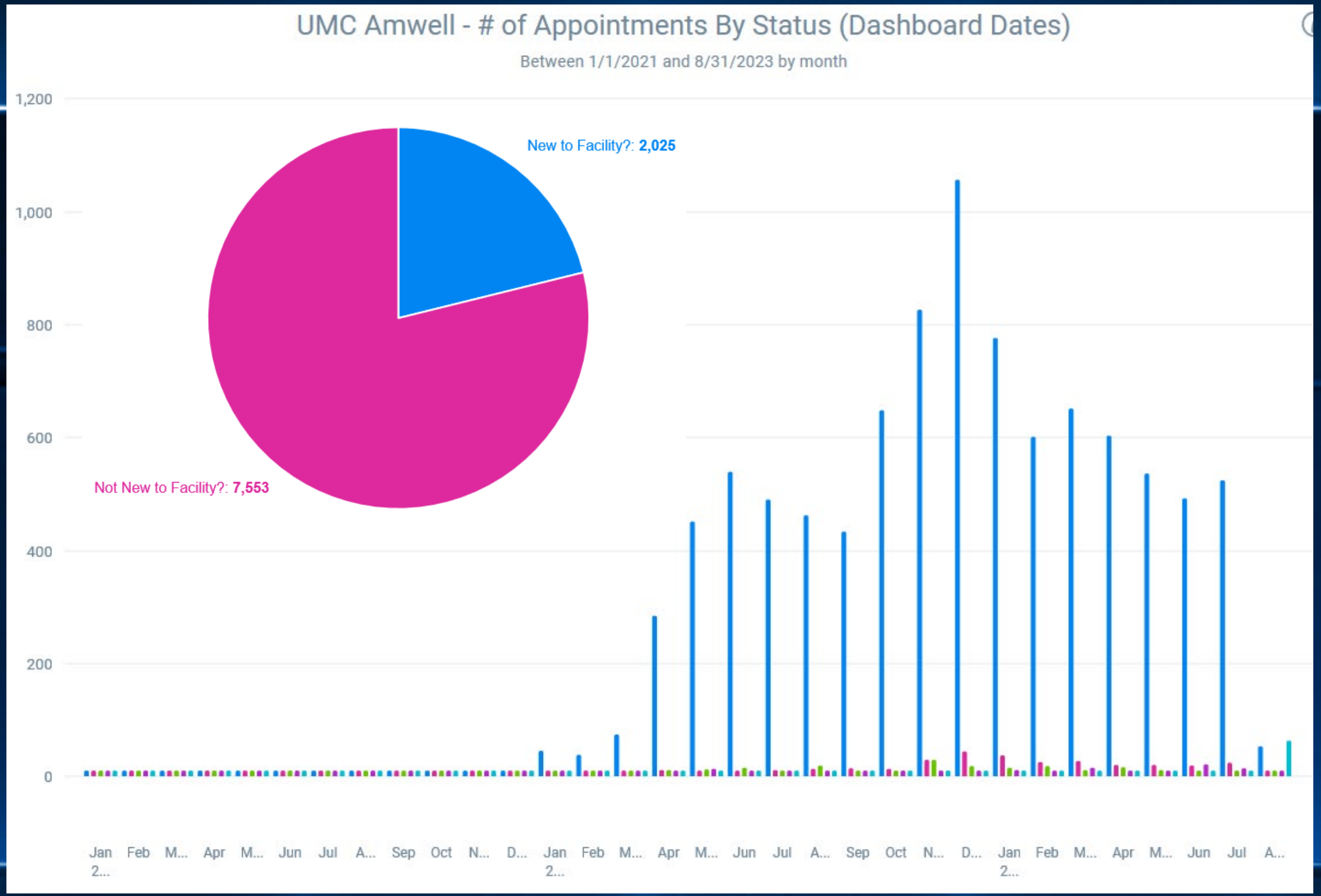
98%

7 min

Average wait time

Video visit with a doctor or other provider




UMC Amwell - # of Appointments By Status (Dashboard Dates)
Between 1/1/2021 and 8/31/2023 by month
New to Facility?: 2,025
Not New to Facility?: 7,553
1,200
1,000
800
600
400
200
0
Jan 2...
Feb
M...
Apr
M...
Jun
Jul
A...
Sep
Oct
N...
D...
Jan 2...
Feb
M...
Apr
M...
Jun
Jul
A...
Sep
Oct
N...
D...
Jan 2...
Feb
M...
Apr
M...
Jun
Jul
A...

UMC online care

Service Line Update

Operational Update

- Almost 10,000 visits on UMC online care (average 500 urgent care visits per month). *Slight decrease in past 2 months*
- Patient satisfaction remains steady at 98% (only 1 formal complaint in 1 ½ years of operation, successfully addressed)
- Average wait time (mins): 6:56 (from 7:01), average visit duration: 7:42 (from 7:45)
- Telemedicine Upgrade for Primary Care completed March 7th. (average 80 visits per month for all clinics in PC)
- Nevada Corrections telemedicine program for HIV/HepC delayed but expected to launch this month (pending MOU)

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
- In-clinic advertising for telemedicine in urgent care and primary care
- Consider an internal audit to ensure payers are reimbursing our telemedicine encounters at "parity" with in-person care

Strategic Next Steps

- Increase marketing investment/efforts to grow volume. Engage PC providers to participate and offer patients virtual care as clinically appropriate
- Specialty telemedicine 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")
- Develop a "Virtual First" primary care pilot (with physical presence at LVMD clinic 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: **UMC/UNLV Business Strategy**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	

Recommendation:

That the Strategic Planning Committee receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. ***(For possible action)***

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
August 10, 2023

Agenda Item #

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

Issue: **FY23 CEO Goals**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	

Recommendation:

That the Governing Board Strategic Planning Committee 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)***

FISCAL IMPACT:

None

BACKGROUND:

The Committee will discuss and finalize the FY23 CEO/Organizational Performance Goals.

Cleared for Agenda
August 10, 2023

Agenda Item #

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FY 23 Organizational Performance Goals
August 10, 2023

Organizational Performance Goals

FY 23 Strategic Planning Committee Goals

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

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 expenses by sub service line.**

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

Organizational Performance Goal #1

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

- UMC continues to be one of the leaders in the Medical District
- UMC attends quarterly LVMD stakeholders meetings
- Provided input related to Public Art Placement and art selection
- Integration of UMC and LVMD by inclusion of signage on Charleston and Shadow Lane and provided LVMD Marketing Integration Plan to UMC Marketing team to include UMC featured in Trauma Care
- Economic and Urban Development: Attended Lumina Memory Care Residential Grand Opening and connected UNLV Residents with services; introduced UMC service lines to new healthcare businesses
- Work with the City of LV in relation to Infrastructure Construction Phasing Plan
- UMC meets with project developers to provide insight and recommendations for needed service lines
- Campus façade plans which will enhance the aesthetics of the Medical District

Organizational Performance Goal #2

FY 23 Strategic Planning Committee

FY23 Goal	Cont. Margin %			
Service Line	FY22	FY23	FY23 Normalized for Anesthesia	Normalized Variance
Ambulatory	29.05%	31.06%	N/A	2.01%
Cardiac Services	35.43%	39.66%	40.53%	5.10%
Children and Women Services	56.17%	57.14%	57.14%	0.97%
General Surgery	38.41%	33.57%	36.84%	-1.57%
Orthopedics	36.69%	34.89%	38.99%	2.30%
Total	**41.79%**	**40.89%**	**42.63%**	**0.84%**

Organizational Performance Goal #3

Goal 3. Expand upon the five-year financial plan for UMC Enterprise

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.

- **Reviewed and approved by Strategy Chairman on June 16th**

Organizational Performance Goal #4

Goal 4. Align UMC/UNLV strategic initiatives

- Monthly Senior Leadership Meeting
- Shared valuations
- UMC and UNLV, working to develop a Oncology service
- Anesthesia Residency
- Radiologist Residency
- Team working together to expand on GME/Resident Slots
- Medical Student rotations in Radiology and Ambulatory Care clinics
- Participate and represent UMC in Dean's Forum and GME meetings
- Collaborated with UNLV Government Relations during legislative session

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

Issue: **FY24 CEO/Organizational Performance Goals**	**Back-up:**
Petitioner: Tony Marinello, Chief Operating Officer	

Recommendation:

That the Governing Board Strategic Planning Committee discuss and establish the annual CEO/Organizational Performance Goals for FY24 related 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)***

FISCAL IMPACT:

None

BACKGROUND:

The Committee will have a discussion regarding the FY24 CEO/Organizational Performance Goals.

Cleared for Agenda
August 10, 2023

Agenda Item #
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FY 24 Organizational Proposed Goals August 10, 2023

Proposed Organizational Performance Goals

FY 24 Strategic Planning Committee Goals

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.**

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
August 10, 2023

Agenda Item #

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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
August 10, 2023

Agenda Item #
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