



# UMC Strategic Planning Meeting

Thursday, October 3, 2024 9:00 a.m.

UMC Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

## AGENDA

**University Medical Center of Southern Nevada**  
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE  
October 3, 2024 9:00 a.m.  
800 Hope Place, Las Vegas, Nevada  
UMC Trauma Building, ProVidence Suite (5<sup>th</sup> Floor)

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

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

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

### SECTION 1. OPENING CEREMONIES

#### CALL TO ORDER

1. Public Comment.

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on August 15, 2024. *(For possible action)*

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

## **SECTION 2: BUSINESS ITEMS**

4. Receive a report regarding UMC Service Line Market data; and direct staff accordingly. *(For possible action)*
5. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
6. Receive a report regarding UMC Ambulatory Operations; 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  
August 15, 2024**

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UMC Providence Suite  
Trauma Building, 5<sup>th</sup> Floor  
800 Hope Place  
Las Vegas, Clark County, Nevada  
Thursday, August 15, 2024  
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:03 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

**CALL TO ORDER**

**Board Members:**

**Present:**

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

**Absent:**

None

**Also Present:**

Mason Van Houweling, Chief Executive Officer  
Tony Marinello, Chief Operating Officer  
Chris Jones, Executive Director of Support Services  
Bud Shawl, Executive Director of Post-Acute Care Services  
Frederick Lippmann, Chief Medical Officer  
Susan Pitz, General Counsel  
Stephanie Ceccarelli, Board Secretary

**SECTION 1. OPENING CEREMONIES**

**ITEM NO. 1 PUBLIC COMMENT**

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

**ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on June 13, 2024. (For possible action)**

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

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

FINAL ACTION: A motion was made by Member Mackay that the agenda be approved as 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 stated this would be a review of the close of FY2024 performance metrics for the service lines, which include general surgery, orthopedics, cardiology, oncology and ambulatory.

Chairman Hagerty asked that staff focus the discussion on the ambulatory service line financials, as all other service lines seem to be doing well year over year in revenue and contribution margins.

Mr. Marinello reminded the Committee that there were changes in clinic reimbursement that affected revenue. He added that staff is currently reviewing the managed care contracts to ensure proper reimbursements.

Quick care location volumes and expenses are up but net revenue is down. Primary cares show revenue and expenses up. Mr. Marinello commented that staffing is a key driver in increased expense and the team is considering retooling the staffing models, while maintaining and ensuring efficiency. Mr. Van Houweling suggested including data that shows conversion to admissions from the primary and quick care locations.

Member Franklin noted that improving quality and throughput, as the team reviews the staffing model, will improve financial outcomes and volumes. She commended the team on the performance and improvements of staff at the quick care and primary care locations.

At this time the Committee reviewed the service line updates from all service lines.

In general surgery there is focus on establishment of guidelines and implementation of corrective actions pertaining to perioperative and documentation and KPI initiatives.

Chair Hagerty asked if there are standard data and metrics to track efficiency and productivity of the OR suite, as well as other service lines, that the Committee can begin to review. There was continued discussion regarding management of the OR rooms and block times and review of dashboard data.

Member Caspersen asked if the OR rooms are interchangeable. Mr. Marinello explained that they are not all interchangeable and explained the constraints of the different operating rooms. UMC has 23 OR rooms facility wide. There was continued discussion regarding OR surgery tracking processes.

In orthopedic surgery, case volumes decreased due to the clinic remodels during the 4<sup>th</sup> quarter. UMC ranks #2 overall in the market. Arthroplasty cases have increased and joint camp class attendance has increased. There was brief discussion regarding making the class attendance mandatory education for patients. Mr. Marinello continued by discussing length of stay, expense controls and strategic next steps.

Ms. Wakem commented that as of August 19<sup>th</sup>, dedicated case managers would be assigned to units, which will help improve patient throughput. A discussion ensued regarding UMC's ranking of orthopedics in the state.

Cardiac services has shown continued growth, averaging 215 cases per month. The third Cath lab will open August 28<sup>th</sup>. UMC will begin renal ablations and sleep apnea procedures in August. A new marketing campaign will begin in November.

Women's and Children's services highlighted Safe Sleep performance improvement project continues in pediatrics. UMC is working to improve volumes in deliveries. The team is working to enhance the service line with pediatric transplants.

The Committee asked if there are any outreach programs that can assist patients in making decisions regarding prenatal services and delivery choices. The team discussed the Baby Steps program where patients are able to receive assistance and education. Mr. Van Houweling added that there is also the Daddy Boot Camp for new fathers. A discussion ensued regarding how UMC can continue to provide support and educate to the community in labor and delivery services.

**FINAL ACTION TAKEN:**

None taken.

**ITEM NO. 5 Discuss the FY24 Organizational Performance Goals as it relates to the subject matter relevant to the Strategic Planning Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and take action as deemed appropriate. (For possible action)**

**DOCUMENT SUBMITTED:**

-PowerPoint Presentation

**DISCUSSION:**

- 1. Continue to 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.**

- The team felt this goal was met overall. There as an increased growth of \$30 million.
  - Future service lines were planned and/or developed for rehab, outpatient pharmacy, radiology and ED and Hospitalist services.
- 2. Continue to play a leading role in the Medical District.**
- This goal was met.
- 3. Expand physician employment model- decrease expenses and capture additional market share.**
- This goal has been met with the employment of radiologist, 21 internal medicine providers and inpatient hospitalist medicine, 45 emergency medicine providers and a specialty physician for surgical services.
- 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.**
- The plan was presented in June and was agreed upon. The committee suggested this be a roadmap for growth and will be presented on a semi-annual basis.
- 5. To enhance Strategic Initiatives in furtherance of the Academic Health Center.**

This goal was met. Mr. Marinello listed several accomplishments, including:

- Approved GME Master Agreements with UNLV
- Rheumatology Fellowship with UNLV
- Joined Association of American Medical Colleges (AAMC)
- Joint Leadership Meetings (Monthly)
- Created Internal Academic Affairs Department
- Developed bimonthly Resident Newsletter
- Dental Anesthesia Residency CODA approval to start in July 2025
- Pediatric Rotation UNLV/UMC Related to Social Determinants of Health/Patient Eligibility
- New School Affiliation Agreements: Nursing, Pharmacy, Paramedic Program, Respiratory, Coders
- Office of Military Medicine Training Expansion: Radiology and Pharmacy

Chair Hagerty began the discussion stating that goals 2-5 were met in full. Goal one fell short. He commented that overall 95% of the total goals were met.

The committee agreed with the 95%. The total amount allotted to the Strategy is 25%.

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

FINAL ACTION TAKEN:

A motion was made by Member Franklin to award 95% of the FY24 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

- ITEM NO. 6 Finalize proposed Organizational Performance Goals for FY25 related to the Strategic Planning Committee and make a recommendation to the Human Resources and Executive Compensation Committee; and direct staff accordingly. (For possible action)**

DOCUMENT SUBMITTED:

- PowerPoint

DISCUSSION:

The proposed goals for FY25 included:

1. **Continue to deliver improved clinical and financial outcomes in the existing 5 service lines.**
2. **Finalize Rehab Business Plan and Proforma for the expansion of 4<sup>th</sup> and 5<sup>th</sup> floor trauma building and submit through approval process**
3. **Enhance Strategic Initiatives in furtherance of the Academic Health Center**
4. **Continue on the Journey to Achieve Comprehensive Stroke Certification**

After brief discussion, the committee agreed to accept the goals as presented.

FINAL ACTION TAKEN:

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

**SECTION 3: EMERGING ISSUES**

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

DISCUSSION:

Member Caspersen reminded the committee that there would be a presentation regarding the UMC Emergency Preparedness program at the Audit and Finance Committee.

COVID resurgence preparation.



FINAL ACTION TAKEN:

None

**COMMENTS BY THE GENERAL PUBLIC:**

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

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

At the hour of 11:04 a.m., the Committee went into closed session.

**SECTION 4. CLOSED SESSION**

**ITEM NO. 10 Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.**

There being no further business to come before the committee this time, at the hour of 11:30 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

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

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Committee will receive a report regarding service line market data.

Cleared for Agenda  
October 3, 2024

Agenda Item #

**4**

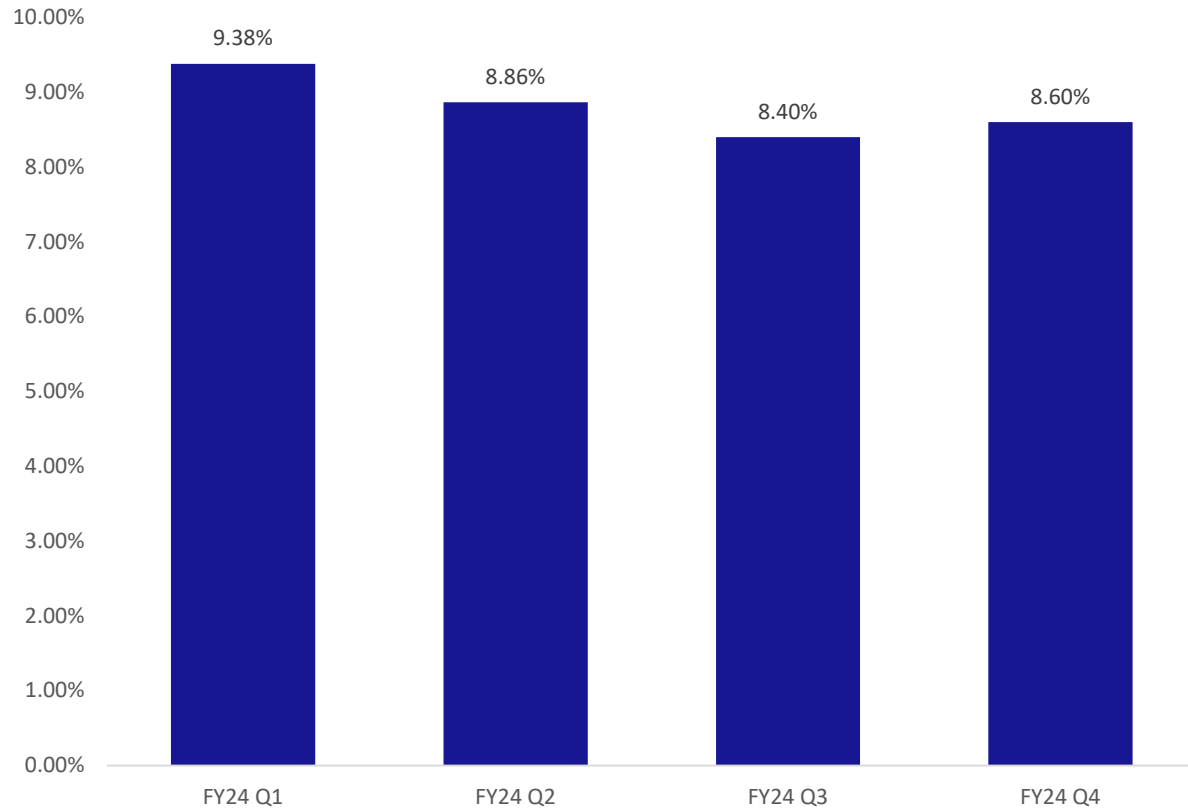


# Service Line Market Update October 3, 2024

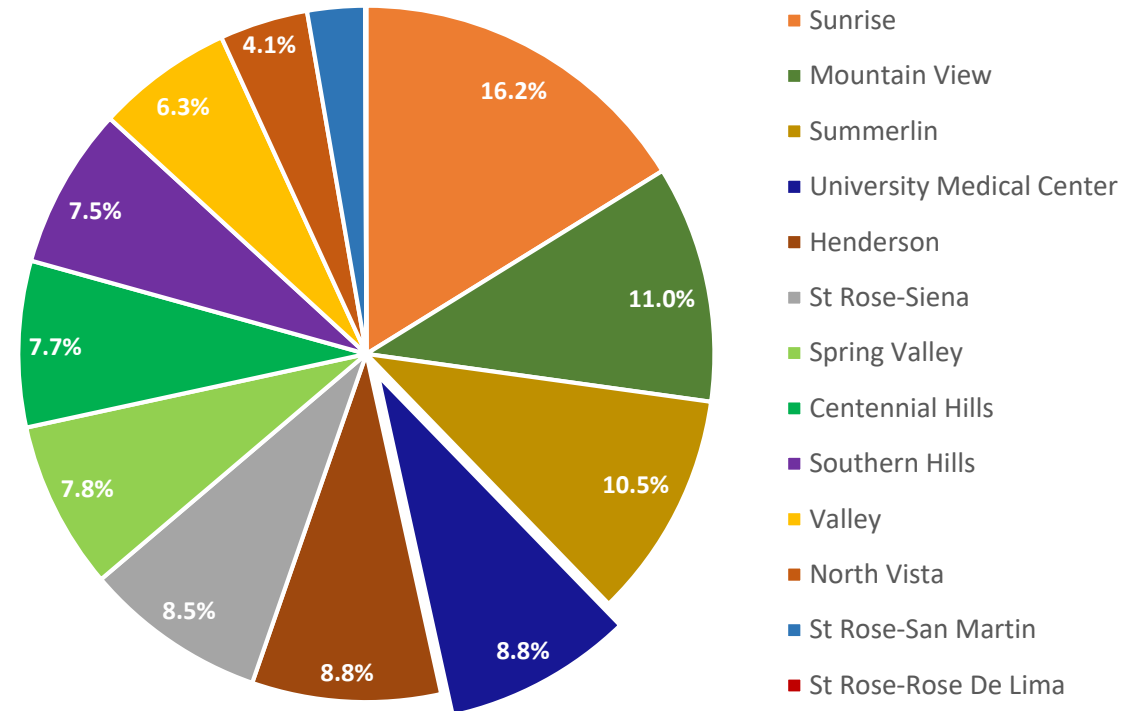
# Market Share Update

## UMC Market Share- (IP, All Ages)

### UMC Quarterly Trended Market Share



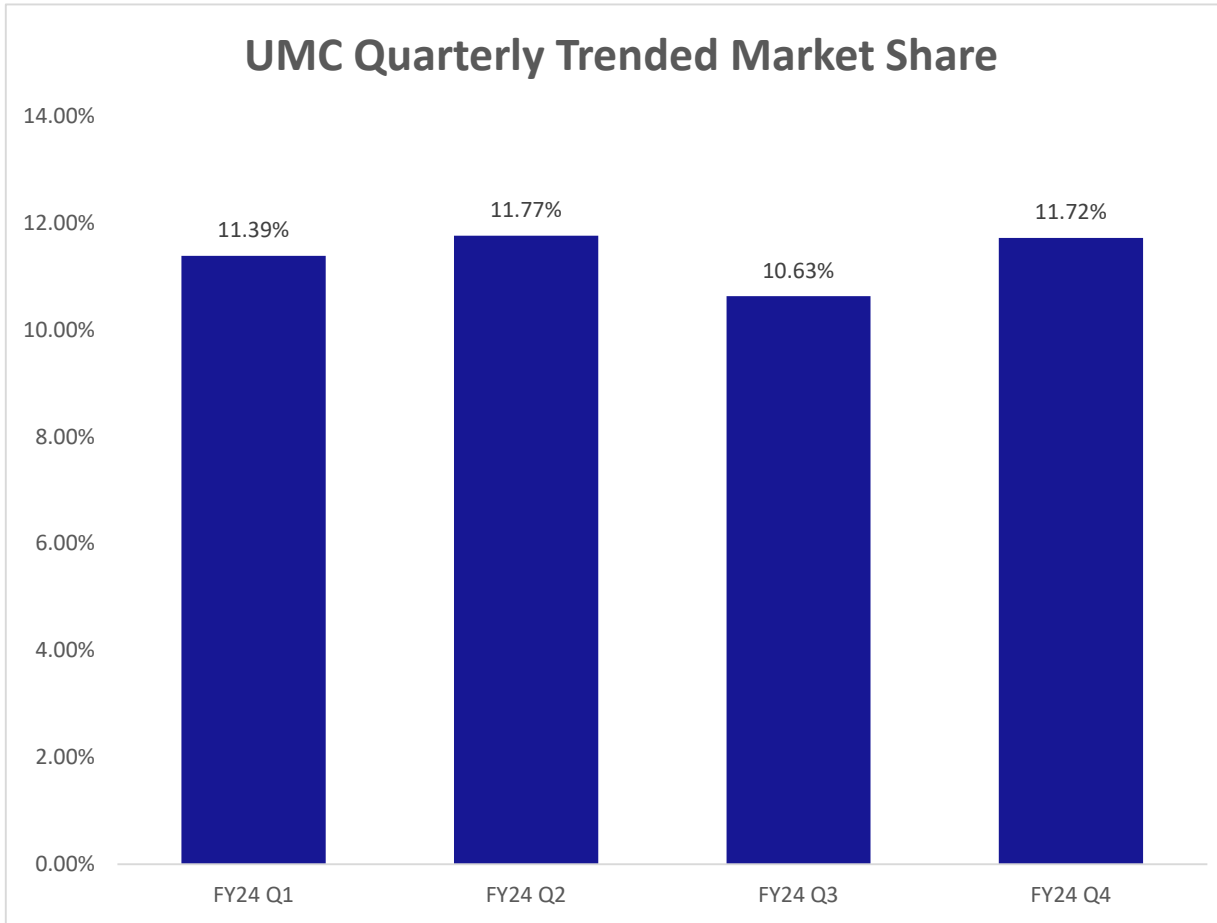
### Market Share FY24 Q1 - FY24 Q4



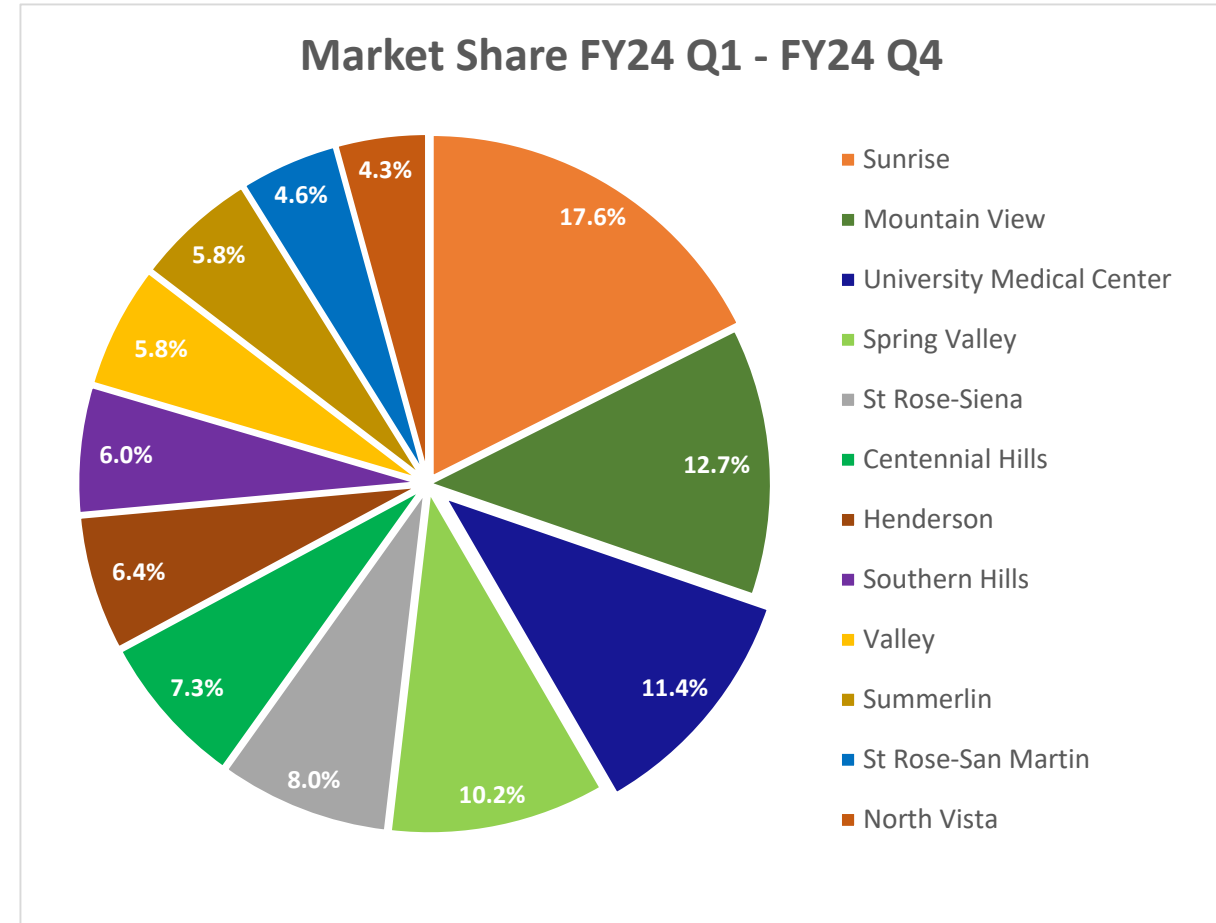
# Market Share Update

## General Surgery Market Share- (IP, Adult)

UMC Quarterly Trended Market Share



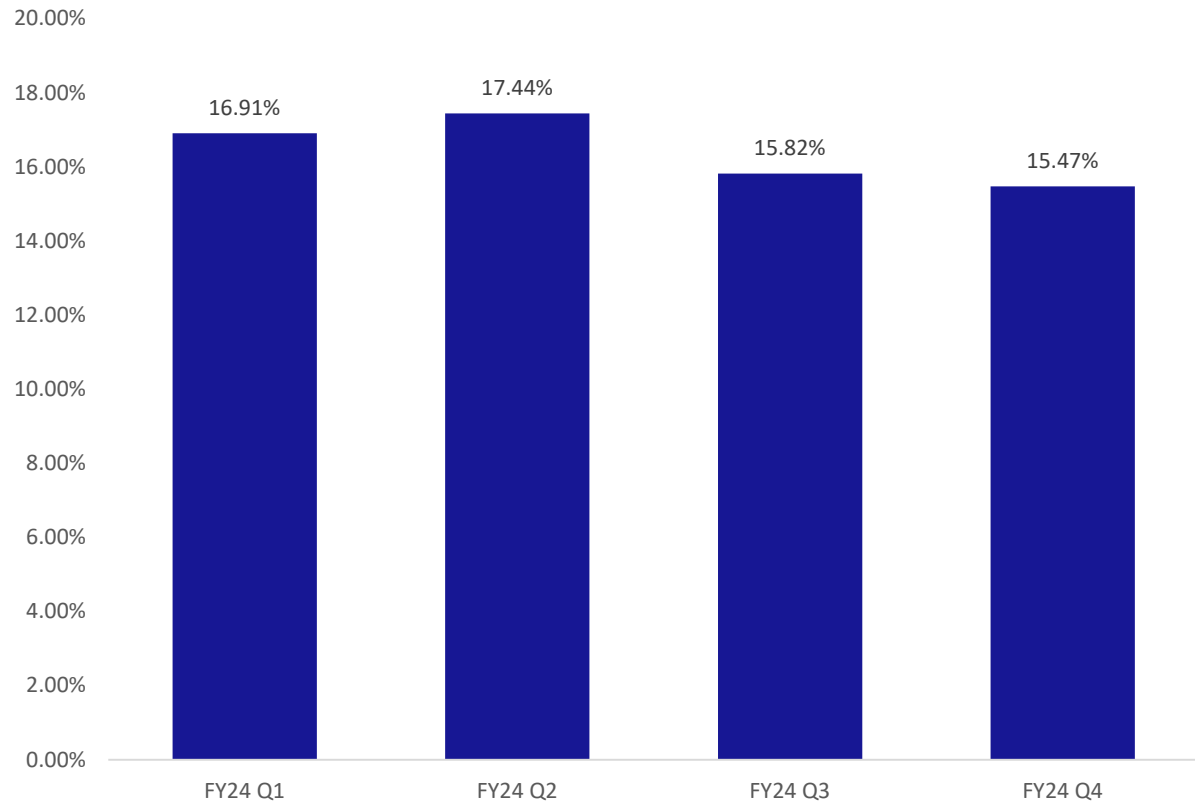
Market Share FY24 Q1 - FY24 Q4



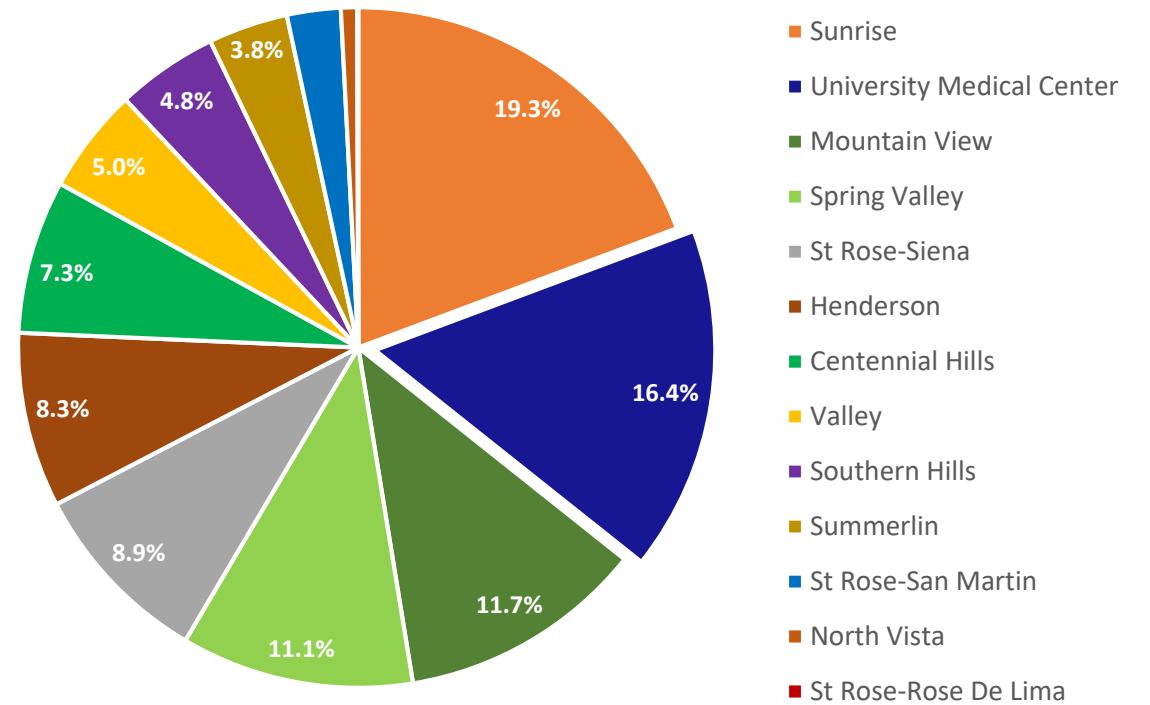
# Market Share Update

## Orthopedics Market Share- (IP, Adult)

### UMC Quarterly Trended Market Share



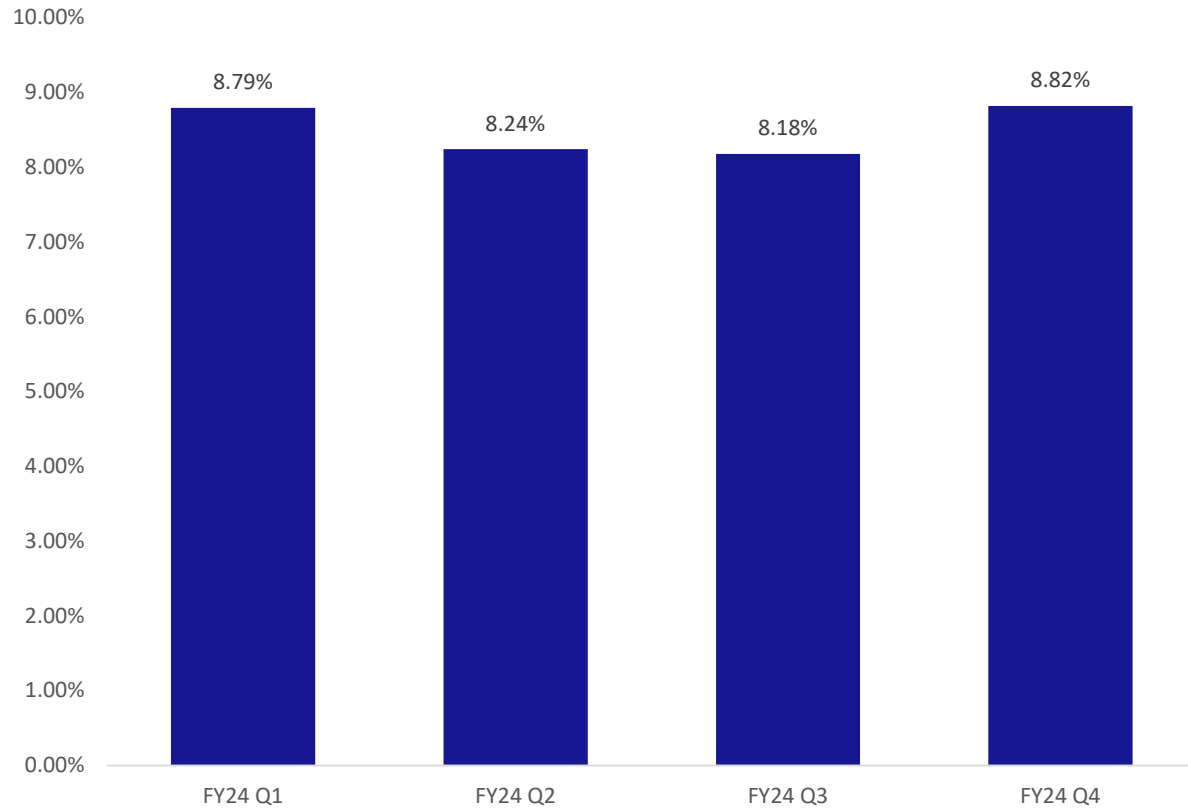
### Market Share FY24 Q1 - FY24 Q4



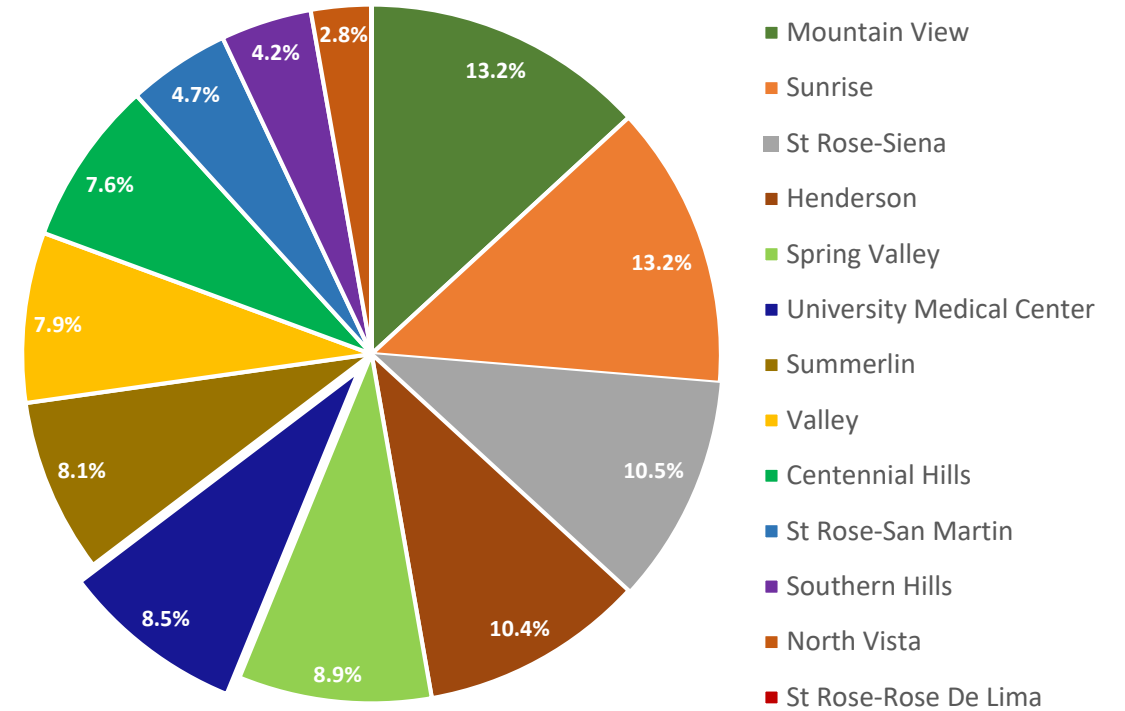
# Market Share Update

## Cardiac Services Market Share- (IP, Adult)

### UMC Quarterly Trended Market Share



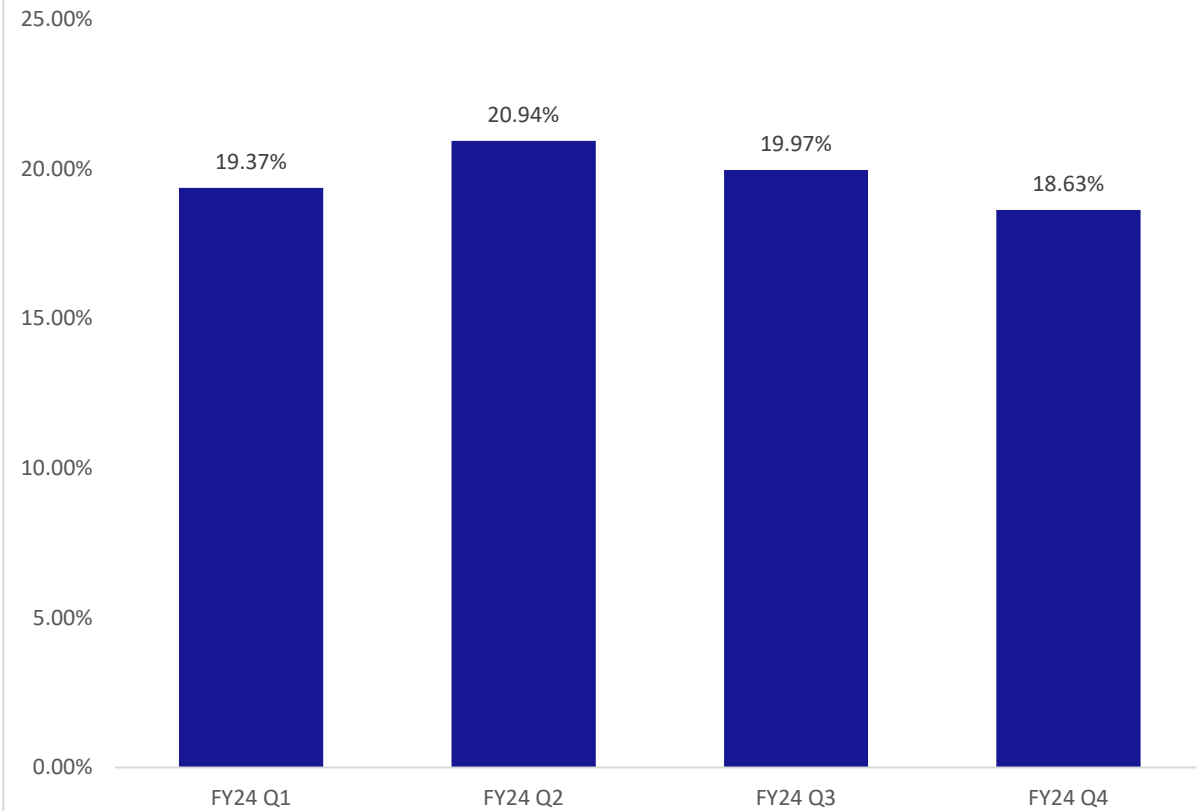
### Market Share FY24 Q1 - FY24 Q4



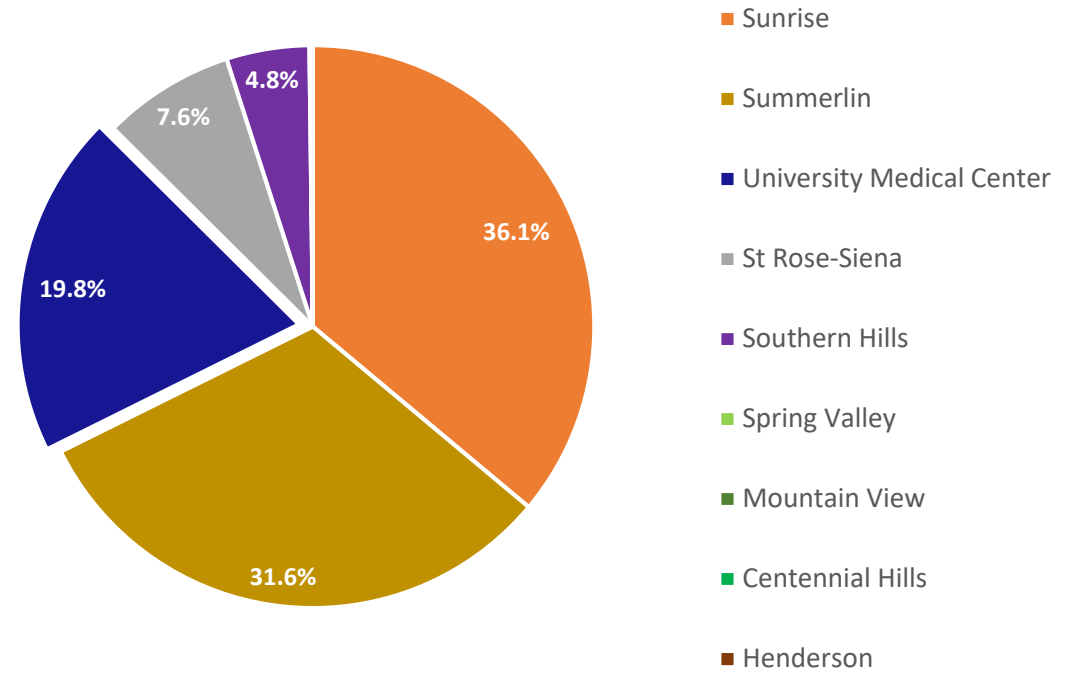
# Market Share Update

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

### UMC Quarterly Trended Market Share



### Market Share FY24 Q1 - FY24 Q4

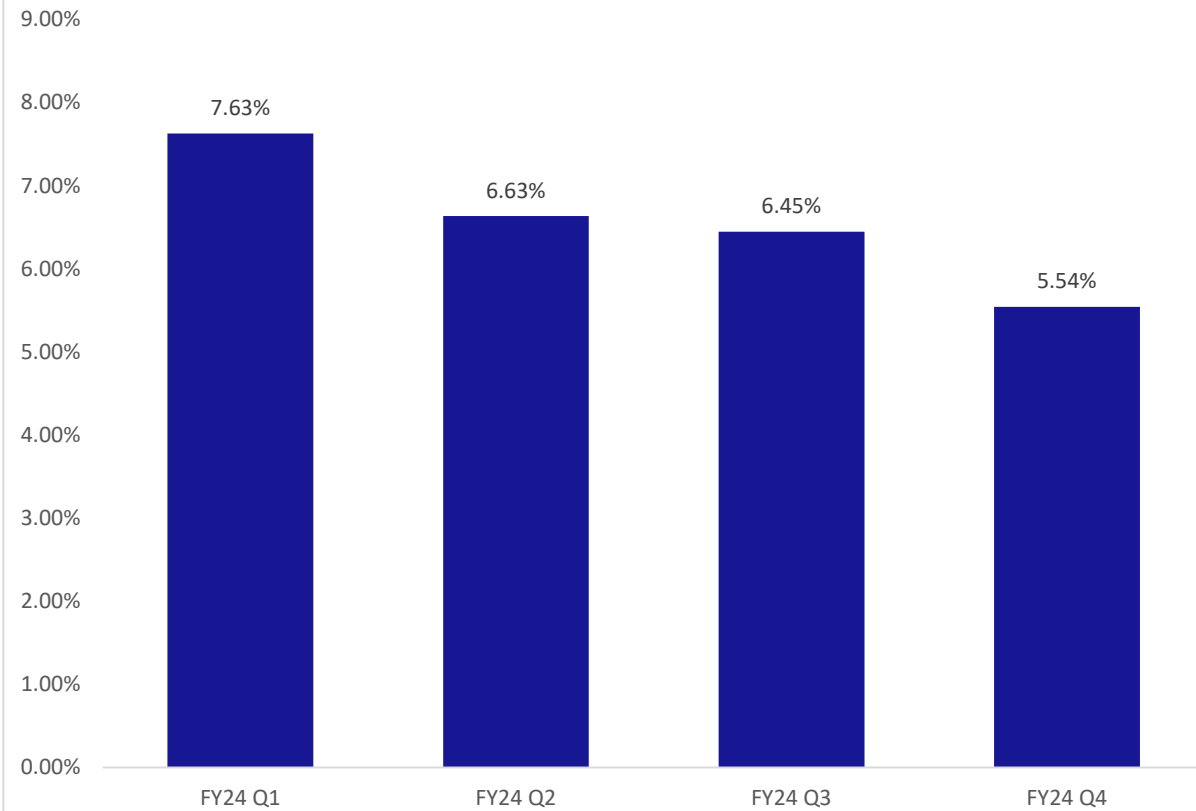




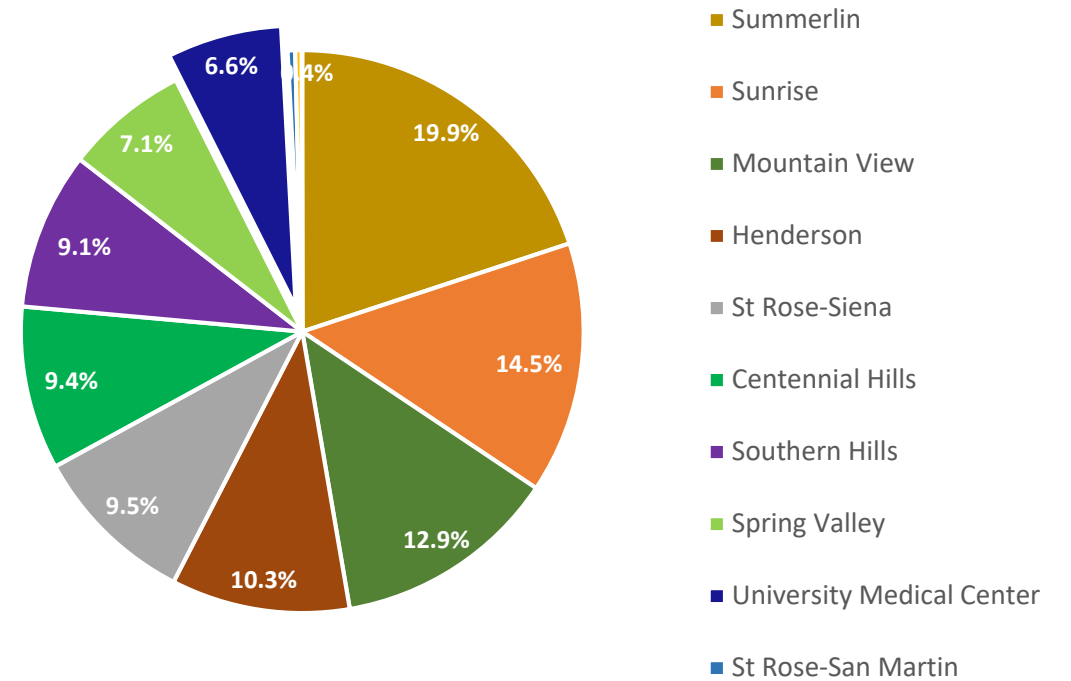
# Market Share Update

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

UMC Quarterly Trended Market Share



Market Share FY24 Q1 - FY24 Q4



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

<b>Issue:</b> UMC Service Line Performance Overview	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>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></b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

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

Cleared for Agenda  
October 3, 2024

Agenda Item #

**5**



# Strategy Committee Service Line Update October 3, 2024

### Operational Update

- Guidelines and implementation of corrective actions pertaining to perioperative documentation and KPI initiatives
  - FCOT has risen to 64% with a goal of 80% by end of the year
    - Causative factors continue to decrease with the exception of “surgeon late”. Action – FCOT policy pending committee approval
  - Room Turnover Times at 36 minutes (+6 minutes from last quarter)
    - Solutions include: Finalizing Consistent EVS staff, Charge RN participating in the turnover, and cleaning post procedure
  - 24 hr. Cancellations at 12% for same-day cancellations, tracking enhanced in July (GI and Gen Surg. Industry standard is 5% or less)
    - Solutions include: 7-day patient outreach with scheduling to be 3-4 days prior to scheduled surgery and use of the new EPIC build
- Institution of evidence-based protocols to decrease surgical site infection rates and hospital-acquired pressure injuries
  - Surgical Site Infection Committee formed (multi-disciplinary)
  - Scott Triggers program anticipated for “go live” in November 2024 to address HAPI’s (Hospital Acquired Pressure Injuries)
- Purchased latest DaVinci Robot series dV5 with go-live in October (first hospital in the state to offer this technology)
- Collaboration with industry to increase and diversify robotic surgery application and volume
  - Robotic volume increase seen (up 29% over last quarter)
  - Increasing the number of credentialed robotic surgeons
  - Increase the diversification of robotic cases offered (thoracic, urologic, bariatrics and complex GYN surgeries)

### Strategic Next Steps

- OR Renovation Plan Capital – Remaining OR's (Main OR rooms 1, 2, 3, 4, 9, 10, 11 and 17)
  - Staging plan is to complete 2 rooms at each phase
    - Update of electrical capabilities, ceilings, plumbing, airflow, and square footage expansion in 4 of the rooms
- 3<sup>rd</sup> Heart Team added and completing orientation
- Refinement and promotion of evidence-based staff research projects and education initiatives that originate within and promote our organization
  - The OR department will be submitting eight abstracts to the UMC Research Empowerment Day (and plan to submit these for publication in peer journals in the future)

### Technology Strategy

- Maximization of Optime in EPIC underway
- New NaviCam for Endoscopy to compliment the PillCam
- Capital Purchases
  - Olympus equipment tower to support GYN surgeries
  - Spica table for Orthopedics
  - Hip Distractor fro Orthopedics
  - SPD Workstations which are ergonomically designed to help staff
  - Intra-operative Neuro Monitoring (NIM)

## Service Line Update

### Operational Update

- Total Hip/Knee Arthroplasty: 80 in Q1 (66 in Q4)    Total Shoulder Arthroplasty: 27 in Q1 (9 in Q4)
  - Integrative Joint Camp Class attendance is 81% (up 3%). Have also added a Spanish class
  - Regional Block for Total Hip/Knees up to 94% (up from 82%) Hip blocks trending up! From 65% to 89%! Knee blocks up to 100%
  - Early Ambulation is 97% (no change)
  - Regional block for Total Hip/Knee is 94% (up 12%)
  - Discharge home is 93% (up 6%)
  - Length of Stay at 2.4 days (Benchmark of 1.98) and is trending downward
  - Zero CLABSI, CAUTIs or SSI (Q4 FY 2024)
- Completed Dashboard/Reports for Orthopedic & Spine Center AAOS

### Expense Control and Revenue Enhancement

- Decreasing LOS and sending more patients home
- Working with new Case Management Director to ensure case management needs are met
- BDO, Developed DME process, to be put in process and monitored by Unit Director and PT Director

### Strategic Next Steps

- Work with Business Development Officer to ensure in and out patient Orthopedic Program is cohesive
- Apply for Hip/Knee Advanced Certification (DNV criteria now formalized)
- Monthly Orthopedic Program meeting to review data, processes and areas for improvement

# Orthopedic Services IP OSC Dashboard Q1 FY25

## Service Line Update

FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quart)	3Q FY 2024	4Q FY 2024	1Q FY 2025	42Q FY 2025	Data Analysis/Improvement	Action
Total Hip Arthroplasty Procedural Totals	40	➔ 23	⬆️ 31	47			
Total Knee Arthroplasty Procedural Totals	50	⬆️ 39	⬆️ 35	33			
Total Shoulder Arthroplasty Procedural Totals	13	⬇️ 6	⬇️ 9	27			
Procedural Totals (Hips, Knees, and Shoulders combined).	103	68	75	107			
<b>THKR-IP-1 Regional Anesthesia (Block)</b>							
THKR-IP-1a Regional Anesthesia - Hip and Knee Overall		84%	82%	94%			
THKR-IP-1b Regional Anesthesia - Hip	80%	⬇️ 61%	⬇️ 65%	89%			Add regional block to Pre-operative order sets, discuss with Anesthesia
THKR-IP-1c Regional Anesthesia - Knee	81%	⬆️ 97%	⬆️ 97%	100%			
<b>THKR-IP-2 Postoperative Ambulation on Day of Surgery</b>							
THKR-IP-2a Postoperative Ambulation on Day of Surgery - Hip & Knee Overall		97%	97%	97%			
THKR-IP-2b Postoperative Ambulation on Day of Surgery - Hip	82%	⬆️ 96%	⬆️ 100%	100%		Patients are being ambulated within 4 hours postoperatively, even in PACU	Continue early ambulation and Ortho Nurse Navigator will be working with PACU team
THKR-IP-2c Postoperative Ambulation on Day of Surgery - Knee	83%	⬆️ 97%	⬆️ 94%	94%		Patients are being ambulated within 4 hours postoperatively, even in PACU	Continue early ambulation and Ortho Nurse Navigator will be working with PACU team
<b>THKR-IP-3 Discharged to Home-Hip and Knee</b>							
THKR-IP-3 Discharged to Home-Hip and Knee Overall		89%	87%	93%			
THKR-IP-3 Discharged to Home-Hip	84%	⬆️ 96%	⬇️ 87%	81%		Percentage of patients DC'd to Rehab	Set expectation for discharge to home before surg
THKR-IP-3 Discharged to Home-Knee	85%	⬇️ 85%	⬇️ 83%	89%		Many patients discharged to Rehab	Set expectation for DC home and have chillers on hand to go home with patient
Discharged to Home-Elbow	85%	⬆️ 100%	⬆️ 100%	0 pt		3Q FY 2024 we had 2 elbow patients both DC home; Q4 FY 2024 we only have one elbow	
Discharged to Home-Shoulder	85%	➔ 91%	➔ 93%	85%			

FY2024 - FY 2025 Total Joint Program (Joint Camp) Dashboard	National Benchmark (Per Quarter)	3Q FY 2024	4Q FY 2024	1Q FY 2025	4Q FY 2025	Data Analysis/Improvement	Action
<b>THKR-IP-4 Preoperative Functional/Health Status Assessment</b>							
THKR-IP-4 Preoperative Functional/Health Status Assessment-Hip and Knee Overall within 90 days to surgery and 90 days postoperatively	100%	100%	92%	84%			PROMs done in Joint Class or PAT. DNN collects them and sends out EPIC reminders
THKR-IP-4 Preoperative Functional/Health Status Assessment-Hip within 90 days to surgery and 90 days postoperatively	100%	100%	94%	85%			
THKR-IP-4 Preoperative Functional/Health Status Assessment-Knee within 90 days to surgery and 90 days postoperatively	100%	100%	91%	79%			
<b>THKR-IP-5 Postoperative Functional/Health Status Assessment</b>							
THKR-IP-5 Postoperative Functional/Health Status Assessment-Hip and Knee Overall within 300-425 days postoperatively	100%						Still reviewing and setting up how to collect data
THKR-IP-5 Postoperative Functional/Health Status Assessment-Hip within 300-425 days postoperatively	100%						
THKR-IP-4 Preoperative Functional/Health Status Assessment-Knee within 300-425 days postoperatively	100%						
<b>Other Quality Measures</b>							
Pre Surgery Education (Joint Camp Attendance)	85%	52%	78%	81%		All physicians need to send patients to class.	Ka is adding shoulder and elbow classes. Also added a spanish class once a quarter
VTE Prophylaxis	100%	100%	100%	100%			
ERAS Orders Utilized	100%	56%	80%	71%		Some are not familiar of how or where to find them, some have created their own ordersets.	Pre-Op ERAS order sets being reviewed
Pre Op Carbohydrate Drink	100%	63%	62%	64%		Review ERAS order sets	Review process (PAT vs Clinic)
Antibacterial Bath (CHG)	100%	98%	97%	100%			Review process (PAT vs Clinic)
Nasal Decolonization (62% alcohol nasal swab)	100%	90%	100%	94%			
Surgical Site Infections	0	2	*	*			*Not reported to date
CLABSI	0%	0%	0%	0%			
CAUTI	0%	0%	0%	0%			
Fall Rates	0	0	0	1			
Length of Stay	1.98	4	3				
Length of Stay Greater than 5 days	<3	4	3	8		1Q FY2025 we have 8 patients out of 80 that stayed 6 or more days	
Discharge Education	100%	100%	100%	100%			
<b>Blue Distinction Specialty Program Metrics</b>							
90 Day Unplanned Readmission Rate	4.50%	2%		7.0%		We have 6 Re-admissions this last quarter, TIGLF, T increased	
90 Day Complication	4.20%						
90 Day Post-Operative Mortality	0.13%						



## Service Line Update

### Operational Update

- Total number of Providers:
  - 12 Surgeons, including one trauma fellow
  - 1 Non-operating physician
  - 4 APNs
- Orthopedic and Spine Institute of UMC Clinic (2023 versus 2024 first 8 months):
  - Elective Surgeries: up 26%
  - Total Surgical Cases: up 16.5%
  - Completed visits: up 4,367 visits
  - Incoming referrals: up 2,391 referrals
  - Call volume: up 12,498 calls
- Second location (Rancho) opened and running at full capacity
- Refresh of present Ortho building to be completed by mid-November with both floors being fully operational

### Strategic Next Steps

- Addition of 2 new triage physicians to the clinic: One started in September and one starting in October
- Adding a new Trauma surgeon in December and a Pediatric Trauma surgeon in November (this will bring the physician roster to 17)
- Reviewing Third clinic location, 1<sup>st</sup> and 2<sup>nd</sup> floors Lied building opening by the end of 2024
  - 1<sup>st</sup> floor X ray suites under design
  - Long term expand into 3<sup>rd</sup> floor, once vacated late 2025
- PC MD, located on the second floor of Lied building is performing medical clearance for surgery
- Looking for Ambulatory Surgery Center (ASC) location

### Operational Update

- Cath Lab volume averaging 215 per month. Now limited only by lack of procedure rooms.
- TAVR with 120 cases performed to date.
- Watchman (LAAO) - 109 procedures performed as of 8/30/24
- Structural Heart program exceeding first year expectations with TAVR, Watchman and now PASCAL.
- Recently added new procedure, Amulett as alternative LAAO procedure.
- Cath Lab 3 operational. Grand Opening was 9/25/24

### Expense Opportunities

- Qualifying for all rebates and expect \$40K in rebates this Q1 FY 25
- Negotiated decreased Drug Eluting Stent prices, est. annual savings of 10K.
- 150K Trade in credit for Cryo machine, no longer in use. Will pay for Ngen EP equipment for new procedure to reduce case times.

### Strategic Next Steps

- Coordinate with cardiac physician practices in the market to drive additional procedures to UMC, such as peripheral and LAAO procedures
- Expand service line to include non-traditional procedures.
- Starting Renal Ablations (for HTN) and Sleep Apnea procedures in October 2024
- Work with Materials Management to replace current inventory system, resulting in cost efficiency, enhanced productivity, scalability and utilization management
- Marketing campaign to be launched late November

## Service Line Update

### Operational Update

- Safe Sleep performance improvement project continues in Pediatrics
- Pediatrics implementing iPads with games and Disney+ for distribution to inpatient pediatric patients while hospitalized
- NICU reunion for NICU graduates scheduled for October 26, 2024 at the Clark County Amphitheater
- PICU and Patient Experience working together to develop a volunteer policy
- Child Life Specialists rotating through the Ortho Clinic 2x per week
- Working with community physicians to bring their deliveries and surgical business to UMC

### Revenue Enhancement

- Bedside Ultrasound revenue audit
- Antepartum Testing approved and EPIC build is ongoing
- EPIC build for Perinatal and outpatient procedures

### Strategic Next Steps

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

## Service Line Update

### Operational Update

- Primary Care/Quick Care volumes
  - PC – 23,145 = 22% above budget
  - QC – 43,937 = 9% below budget – Sunset and Nellis closed intermittently for environmental concerns
- 76% PC Self-Scheduling utilization rate
- PC Average no show rate 13% - Goal is 10%
- 17,571 appointment reminder text messages sent via Hello World – this system went live July 2024
- QC Left without being seen – 4% (Stretch goal is 0%) Nursing is to watch lobby, focus on throughput and act with a sense of urgency
- POS collection - \$1,142,123.88 - 5% below goal
- Call Center - 65,270 incoming
  - 9.3% abandonment rate – goal is > 8%. Need to hire PDS staff and float staff to cover call-offs
- Average incoming referrals per month 11,500
- 10,319 MyChart medical advice messages received - average days to handle 1.7 – 59% responded to in > 1 day
- New Telehealth project at Wellness with Nevada Department of Corrections with target go-live of Mid October.
- Increase Annual Wellness and Comprehensive Exam visits – Adding a another physician

### Expense Opportunities

- Increase Value Based Care incentive payments
  - CCM Vendor Master Agreement completed. Estimated 90 day process to onboard
  - Close gaps in care

## Service Line Update

### Strategic Next Steps

- Laughlin - Telemedicine
- Southern Highlands Primary Care expansion to be opened Jan 2025
- Real estate opportunities to move outdated PC/QC – Sunset and Summerlin
- Digital Arrivals – patient to self register and check in using a kiosk – Self-service

### Technology Strategy

- Hello Patient – Customize bulk text messages via Epic
- Epicare Link – provide portal access to partners to schedule wellness visits and upload consult reports to close gaps in care
- RME – import empaneled primary care member lists
- Experian Quality Assessment module – registration quality review in real time
- Building interface for Cologuard results – closes care gaps – resulted directly to the order
- Building Epic workflow to identify in-network providers for radiology orders
- Build interface with Motion MD – orders sent electronically to DME vendor
- Epic Value Based Care module to upload VBC agreements – track and report progress and opportunities
- TIPS/DIMES – targeted list of optimization for clinical workflows

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

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

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
October 3, 2024

Agenda Item #

**6**

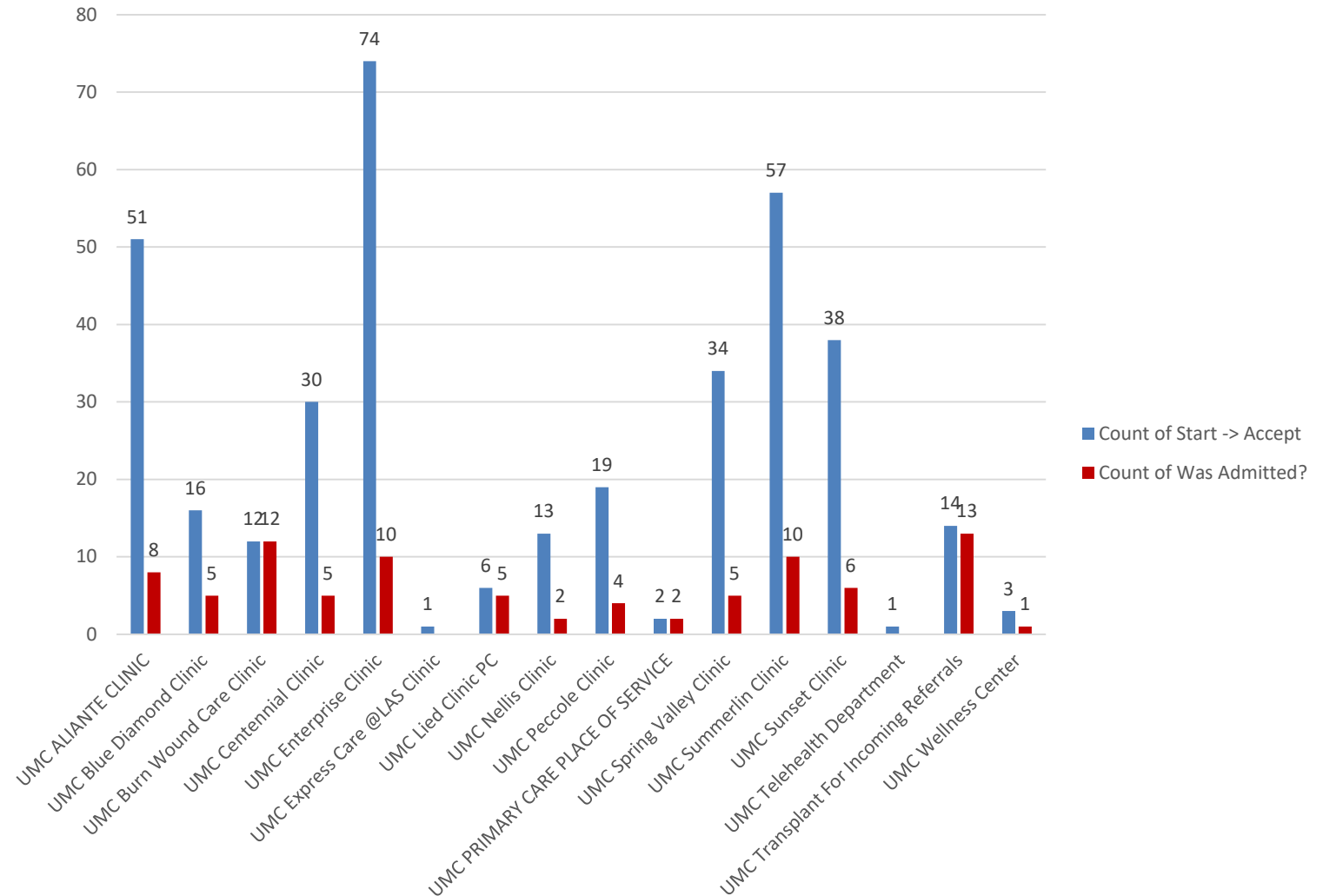


Strategy Committee  
UMC System Referrals  
October 3, 2024

## UMC System Transfers

July 24 Location	Transferred	Admitted
UMC ALIANTE CLINIC	51	8
UMC Blue Diamond Clinic	16	5
UMC Burn Wound Care Clinic	12	12
UMC Centennial Clinic	30	5
UMC Enterprise Clinic	74	10
UMC Express Care @LAS Clinic	1	
UMC Lied Clinic PC	6	5
UMC Nellis Clinic	13	2
UMC Peccole Clinic	19	4
UMC PRIMARY CARE PLACE	2	2
UMC Spring Valley Clinic	34	5
UMC Summerlin Clinic	57	10
UMC Sunset Clinic	38	6
UMC Telehealth Department	1	
UMC Transplant For Incoming	14	13
UMC Wellness Center	3	1
<b>Grand Total</b>	<b>371</b>	<b>88</b>

July 2024 UMC System Transfers

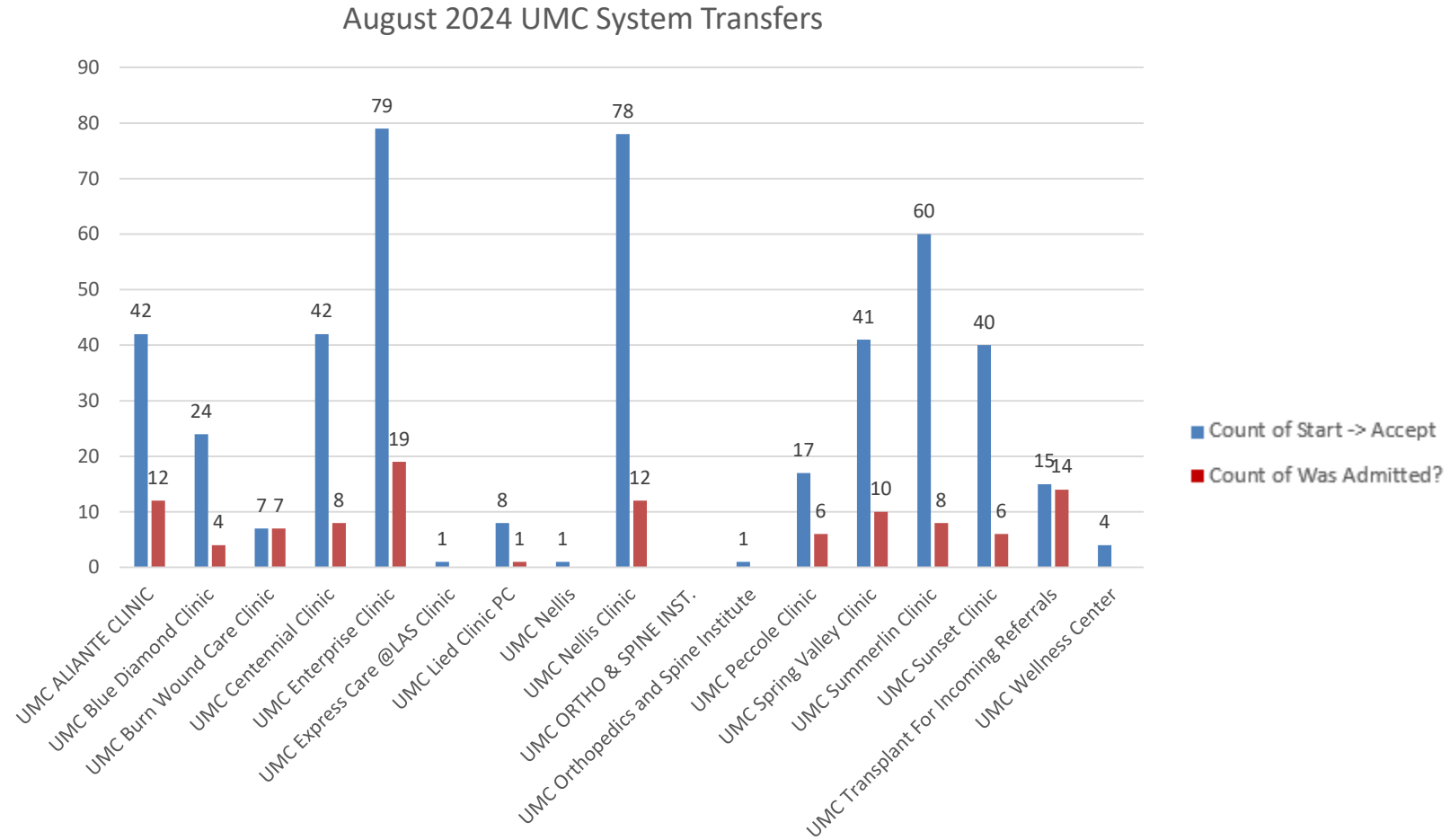




# PC/QC to Hospital August FY25

## UMC System Transfers

August 24 Location	Transferred	Admitted
UMC ALIANTE CLINIC	42	12
UMC Blue Diamond Clinic	24	4
UMC Burn Wound Care Clinic	7	7
UMC Centennial Clinic	42	8
UMC Enterprise Clinic	79	19
UMC Express Care @LAS Clinic	1	0
UMC Lied Clinic PC	8	1
UMC Nellis	1	0
UMC Nellis Clinic	78	12
UMC ORTHO & SPINE INST.	0	0
UMC Orthopedics and Spine Institute	1	0
UMC Peccole Clinic	17	6
UMC Spring Valley Clinic	41	10
UMC Summerlin Clinic	60	8
UMC Sunset Clinic	40	6
UMC Transplant for Incoming	15	14
UMC Wellness Center	4	0
<b>Grand Total</b>	<b>460</b>	<b>107</b>

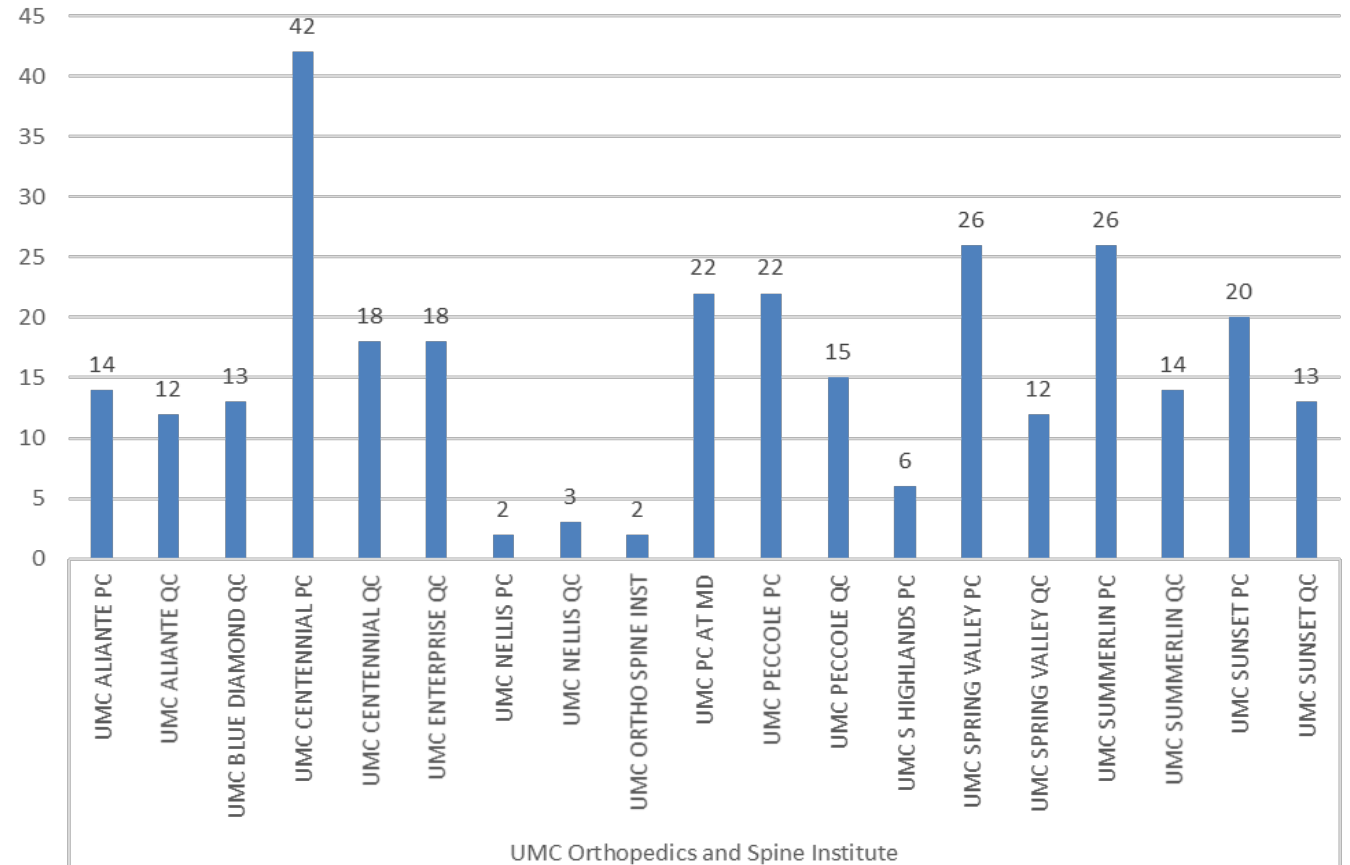


# PC/QC to UMC Ortho Spine July 24 FY25

## UMC System Transfers Ortho

July 24 PC/QC to UMC Ortho Spine	Referred
UMC ALIANTE PC	14
UMC ALIANTE QC	12
UMC BLUE DIAMOND QC	13
UMC CENTENNIAL PC	42
UMC CENTENNIAL QC	18
UMC ENTERPRISE QC	18
UMC NELLIS PC	2
UMC NELLIS QC	3
UMC ORTHO SPINE INST	2
UMC PC AT MD	22
UMC PECCOLE PC	22
UMC PECCOLE QC	15
UMC S HIGHLANDS PC	6
UMC SPRING VALLEY PC	26
UMC SPRING VALLEY QC	12
UMC SUMMERLIN PC	26
UMC SUMMERLIN QC	14
UMC SUNSET PC	20
UMC SUNSET QC	13
<b>Grand Total</b>	<b>300</b>

July 24 OC/PC to UMC Ortho & Spine Institute

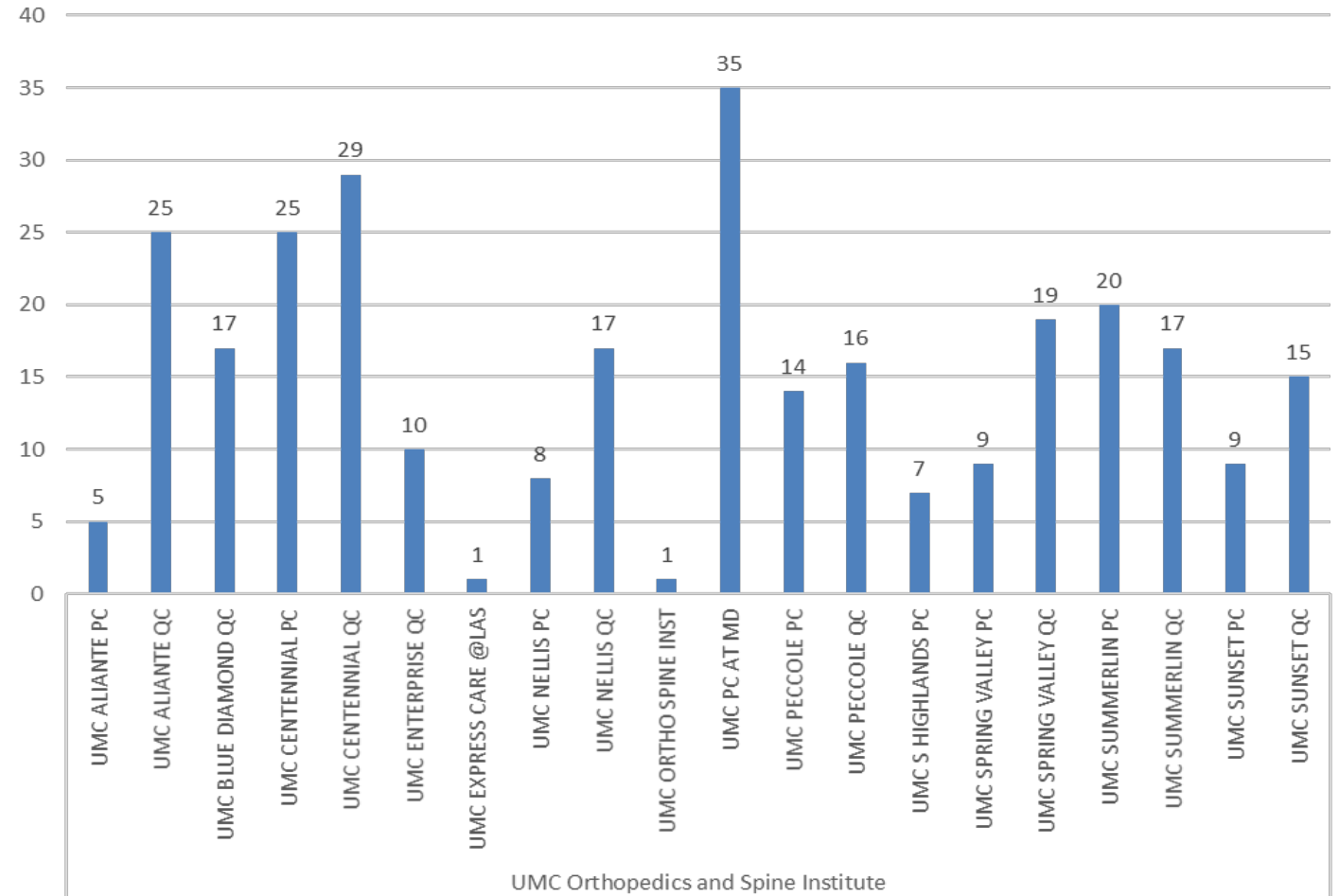


# PC/QC to UMC Ortho Spine August 24 FY25

## UMC System Transfers Ortho

August 24 PC/QC to UMC Ortho Spine	Referred
UMC ALIANTE PC	5
UMC ALIANTE QC	25
UMC BLUE DIAMOND QC	17
UMC CENTENNIAL PC	25
UMC CENTENNIAL QC	29
UMC ENTERPRISE QC	10
UMC EXPRESS CARE @LAS	1
UMC NELLIS PC	8
UMC NELLIS QC	17
UMC ORTHO SPINE INST	1
UMC PC AT MD	35
UMC PECCOLE PC	14
UMC PECCOLE QC	16
UMC S HIGHLANDS PC	7
UMC SPRING VALLEY PC	9
UMC SPRING VALLEY QC	19
UMC SUMMERLIN PC	20
UMC SUMMERLIN QC	17
UMC SUNSET PC	9
UMC SUNSET QC	15
<b>Grand Total</b>	<b>299</b>

August 24 QC/PC to UMC Ortho & Spine Institute



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

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

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
October 3, 2024

Agenda Item #

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

<b>Issue:</b> <b>Closed Session</b>	<b>Back-up:</b>
<b>Petitioner:</b> Tony Marinello, Chief Operating Officer	
<b>Recommendation:</b>  <b>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.</b>	

**FISCAL IMPACT:**

None

**BACKGROUND:**

None

Cleared for Agenda  
October 3, 2024

Agenda Item #

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