

UMC Strategic Planning Meeting

Thursday, June 12, 2025 9:00 am

UMC Trauma Building - Providence Suite - 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE June 12, 2025, 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 April 3, 2025. *(For possible action)*
- **3.** Approval of Agenda. (For possible action)

SECTION 2: BUSINESS ITEMS

- **4.** Review the Governing Board Policies and Procedures, as they relate to the Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)
- **5.** Receive a report regarding UMC Market Share Overview; and direct staff accordingly. *(For possible action)*
- **6.** Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
- **7.** Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. *(For possible action)*
- **8.** Receive an update on the FY26 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)

SECTION 3: EMERGING ISSUES

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

COMMENTS BY THE GENERAL PUBLIC

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

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

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

University Medical Center of Southern Nevada Governing Board Strategic Planning Committee April 3, 2025

UMC Providence Suite Trauma Building, 5th Floor 800 Hope Place Las Vegas, Clark County, Nevada Thursday, April 3, 2025 9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:02 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

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

Absent:

Also Present:

Mason Van Houweling, Chief Executive Officer (Via WebEx)
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Danita Cohen, Chief Experience 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 February 6, 2025. (For possible action)

<u>FINAL ACTION</u>: A motion was made by Member Franklin that the minutes be approved as presented. Motion carried by unanimous vote.

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

<u>FINAL ACTION</u>: A motion was made by Member Franklin that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2: BUSINESS ITEMS

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

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

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

Overall general surgery volumes for inpatient and outpatient were up 10%. Charges, revenue, and contribution margins remained consistent with the previous guarter's statistics. Case mix is favorable.

Chairman Hagerty asked if there is a capacity metric with regards to available surgical hours and if they are being monitored. Mr. Marinello responded that an analysis has been done, and it is being monitored by staff.

Ms. Franklin agreed that it is important to monitor and calculate the utilization and turnover times, in an effort to optimize and increase capacity and improve efficiency.

The Committee continued by discussing the key drivers in year-over-year case increases by service lines. Mr. Marinello responded that the key driver is robotics in general surgery, urology, and GYN services. General surgery operational updates, strategic next steps, and expense controls were reviewed, highlighting goals, action plans, and utilization improvements.

Mr. Marinello highlighted the substantial growth of the robotic surgical cases at UMC over previous quarters. A discussion ensued regarding case growth in robotic surgeries, the improved technology in the Da Vinci Robot, cost savings, and increased patient satisfaction.

Although orthopedic volumes are up quarter over quarter, primarily in clinic locations, the contribution margin decreased slightly due to the addition of employed physicians during the year. Operational updates remained consistent with the previous quarter. Mr. Marinello highlighted that joint classes are at 77%.

Staff reviewed the demographics of the outpatient orthopedic clinics by age, as requested by the Committee at the previous meeting.

Cardiac showed an increase in volumes for inpatient and outpatient services. Chairman Hagerty commented that there is capacity for approximately 300 cases per month. Staff is implementing strategies to improve outreach and scheduling processes. Updates for this service line were reviewed, highlighting the first renal denervation procedure at UMC. The 3rd Cath lab is fully open and operational, averaging over 200 cases per month. TAVR and Watchman procedures continue to show growth. Expense opportunities, marketing campaign promotions, and the next steps in service line expansion were discussed briefly.

Ambulatory volumes year over year are down for the quick care locations. Charges and revenue are good, and the contribution margin is up. Operational updates highlighted primary care self-scheduling at 73%, and the quick care statistic for patients who left without being seen was at an impressive 0.02%. The Committee asked if there was information regarding returning patients. Staff will track these statistics.

The Committee suggested comparing the standards for messages received in MyChart for 48 and 24-hour responses and possibly adjusting the standard. Strategic next steps and technology were reviewed.

There was continued discussion regarding pediatric services in underserved communities, as it relates to ambulatory and emergency department locations.

Children's hospital volumes were good overall, primarily in outpatient services. Charges and revenue were good, but the contribution margin was down. Although deliveries are down, net revenue remains flat. Mr. Marinello highlighted initiatives, including a Diabetic Educator for pediatric patients and mothers, dedicated parking spaces for OB doctors, and reserved patient rooms for ER patients. There is now a dedicated Business Development Officer assigned to this service line.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello provided an update on the Strategic Planning Committee Organizational Goals.

The following goals were discussed. All goals are currently on target and on track to be met.

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 4th and 5th 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.

The team would like to discuss the rehab expansion plan and Proforma at a future Audit and Finance meeting, and a brief conversation ensued regarding the timeline to bring it to Audit and Finance for discussion and approval.

Mr. Jones stated that the dental residency will begin in the next few months. UMC has been awarded 1.67 FTEs in the pediatric slots. UMC has been approved as a sponsoring institution and UMC has applied for a radiology residency program. A site visit is anticipated before the end of the fiscal year.

Currently, UMC has the Primary Stroke Certification and is on track to achieve Comprehensive Stroke Center Certification by June 2025.

Chairman Hagerty asked what will change operationally because of this certification and what can be done to drive awareness within the community. Mr. Marinello responded that an education campaign will be provided to EMS and medical staff. The committee suggested that the Governing Board be educated on this program once certification is received.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update from Danita Cohen, Chief Experience Officer on Physician Engagement Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Danita Cohen, Chief Experience Officer, provided an update on physician recruitment at UMC.

UMC offers a dedicated team of three Physician Experience Coordinators who focus their efforts on physician outreach, retention, and support in the following three areas:

- 1. Surgical Services, the UMC Cardiovascular Center, Transplantation;
- 2. UMC Children's Hospital, UMC Women & Newborn Care Center, UMC Lions Burn Care Center; and
- 3. UMC Orthopedic & Spine Institute, Ambulatory Care, Employed Practice Groups

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There was continued discussion regarding how orthopedic services are driven to UMC. The committee asked how the effectiveness of physician referrals are tracked and measured. The team can pull the data to share with the committee at a future meeting. It was noted that the physician survey is done annually.

Targeted community physician outreach to external physicians increases awareness of services at UMC. This includes educational programs, provider meetings, and tours. Employed physicians are provided with knowledge about inhospital services and referral practices. The team maintains relationship management/physician retention through daily rounding and gathering feedback, offering concierge-level support, and communicating with clinical leadership and staff. Marketing materials, organized physician onboarding, collaboration with business development officers, and a data-driven approach promote opportunities for growth.

Lastly, Ms. Cohen reviewed the core service lines at UMC, and the specific focus areas promoted for each service line at UMC. A lengthy discussion ensued regarding opportunities for refinement in the recruitment process of physicians, patient throughput, and patient satisfaction at UMC.

FINAL ACTION TAKEN:

None taken.

SECTION 3: EMERGING ISSUES

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

DISCUSSION:

At future meetings, the Committee would like an update at a future meeting on the following:

- 1. Benefits of Renal Denervation procedure to treat hypertension.
- 2. How is UMC building patient relationships with Primary Care Physicians?

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the committee this time, the meeting adjourned at the hour of 11:25 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

Issue:	Policies and Procedures	Back-up:
Petitioner:	Tony Marinello, Chief Operating Officer	
Recommendation:		

That the Governing Board Strategic Planning Committee review the Governing Board Policies and Procedures, as they relate to the Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)

FISCAL IMPACT:

None

BACKGROUND:

The Committee will review and discuss the section of the UMC Governing Board Policies and Procedures related to the responsibilities and activities of the Strategic Planning Committee:

STRATEGIC PLANNING COMMITTEE

Purpose and Responsibilities

The Strategic Planning Committee shall be responsible, with the assistance of outside advisors, for reviewing, evaluating and making recommendations to the Governing Board concerning UMC's mission and vision, strategic goals and capital planning including: (a) UMC leadership in examining the health care environment of Clark County and the strategic programmatic plans and annual business plans designed to meet the health care needs of the citizens of Clark County; (b) UMC development of and monitoring long-term and strategic plans which are consistent with its mission and which reflect the needs of the population; (c) UMC review of the current and future healthcare reimbursement horizon and appropriate program development; (d) UMC's plans and processes to gain cooperation of most or all healthcare constituencies within Clark County; (e) UMC coordination with the County relating to County-wide healthcare concerns; and (g) review and recommend consideration and/or action on potential strategic partnerships and affiliations.

Meetings

The Strategic Planning Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

Cleared for Agenda June 12, 2025

Agenda Item#

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UMC GOVERNING BOARD POLICIES AND PROCEDURES

Approved: February 12, 2014 Revised: June 21, 2017 Revised: October 28, 2020 Reviewed: July 27, 2022

Revised:

In support of the University Medical Center of Southern Nevada's ("UMC") mission, the UMC Governing Board (the "Governing Board") hereby adopts the following Policies and Procedures:

I. BOARD COMMITTEES

To efficiently discharge its responsibilities, the Governing Board will support a division of authority and responsibility delegating and entrusting specific work to be performed by Governing Board committees, in support of the Governing Board's decisions and actions. Such committees of the Governing Board shall be Standing Committees or Special Committees (each a "Committee" and collectively, "Committees").

A Standing Committee is one whose functions are determined by a continuous need. Members of Standing Committees of the Governing Board will be appointed at a regular meeting of the Governing Board to serve for a term of one year. Each Standing Committee shall include at least two (2) Governing Board members, including a Chair of the Committee as appointed by the Chair of the Board, provided that if a Standing Committee has only two (2) Governing Board members, the Chair of the Board shall serve as a third Governing Board member of such Committee.

The Governing Board may additionally appoint both voting and non-voting public members to such Standing Committees, provided that members of the Governing Board shall constitute a majority of voting members of such Standing Committees and that a member of the Governing Board shall chair all such Standing Committees. Public members shall be advisory to the Standing Committee and shall have no vote, unless otherwise authorized by the Governing Board.

A Special Committee is one whose function and duration shall be determined by its specific assignment, as stated in a resolution of the Governing Board creating it. Special Committees may be created from time to time for specific purposes, including but not limited to receiving community advisory input on new programs or activities. Appointments to Special Committees need not be Governing Board members, provided that a member of the Governing Board shall chair any such Special Committee. Although a member of the Governing Board will chair any such Special Committee, it is anticipated that the majority of the members of any Special Committee would be public members. The goal of any Special Committee shall be to provide the

opportunity for broader, specialized and/or community input. Special Committees are not generally intended to be permanent, but rather are most often intended to provide advice to the Governing Board on specific matters within a limited period of time.

There will be strong reliance on highly effective and focused Committees. Committees shall be working Committees, performing background work and specialized tasks, whose output supports the full Governing Board. Minutes of Committee meetings shall be in form of reports to the Governing Board and shall be submitted to the next subsequent regular meeting of the Governing Board for consideration and action. Work of and between Committees will be coordinated and integrated but not duplicated.

The UMC Governing Board shall be knowledgeable about the content and operation of compliance and ethics program and shall exercise reasonable oversight with respect to the implementation of the compliance and ethics program. It shall have oversight to evaluate the effectiveness of the compliance program, including the receipt of quarterly reports from the Compliance Officer regarding compliance and the state of the compliance program; mechanism and process for compliance issue-reporting within UMC; the compliance programs approach to identifying regulatory risk; and methods used to encourage enterprise-wide accountability for achievement of compliance goals and objectives.

The Governing Board may approve the appointment of the following Standing Committees: Audit and Finance Committee, Clinical Quality and Professional Affairs Committee, Strategic Planning Committee and Human Resources and Executive Compensation Committee.

AUDIT AND FINANCE COMMITTEE

Purpose and Responsibilities

The Audit and Finance Committee shall be responsible for reviewing contractual agreements and evaluating the financial results, plans and audits of UMC for the purpose of assessing the overall financial risks and capacities of UMC and the congruity of the financial management, plans and objectives of UMC. The Audit and Finance Committee shall review and evaluate: (a) with the assistance of outside auditors, the financial records of UMC and the preparation and maintenance of the same in accordance with Generally Accepted Accounting Principles; (b) the preparation of annual operating and capital budgets; (c) periodic financial reports of UMC and receive explanations regarding variations from capital and operating budgets; (d) the audit process and review the results of internal and external audits; (e) the financial aspects of the strategic plans of UMC; (f) the contracts and arrangements for goods and services; and (g) coordinate issues of strategy with the Strategic Planning Committee.

Meetings

The Audit and Finance Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

CLINICAL QUALITY AND PROFESSIONAL AFFAIRS COMMITTEE

Purpose and Responsibilities

The Clinical Quality and Professional Affairs Committee shall, with the assistance of outside advisors, be responsible for reviewing and evaluating the patient safety and quality programs of UMC including: (a) the quality assurance and performance improvement process for UMC; (b) patient services in order to improve the quality of care of patients; (c) infection control programs—malpractice prevention programs; (d) utilization of information gathered pursuant to the programs to review and to the approval of revise policies and procedures as recommended by the hospital and the medical staff; (e) the progress of UMC toward meeting appropriate goals and objectives related to its health care programs; (f) approval of policies and procedures related to the credentialing of physicians, as recommended by the medical staff; (g) research and ongoing clinical trials conducted at the hospital development and implementation of medical education programs; (h) the development or amendment of bylaws of the medical staff of UMC; and (i) the medical staff's on-going review and evaluation of the quality of professional care rendered at UMC and review the medical staff's reports on such activities and their results.

Meetings

The Clinical Quality and Professional Affairs Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

STRATEGIC PLANNING COMMITTEE

Purpose and Responsibilities

The Strategic Planning Committee shall be responsible, with the assistance of outside advisors, for reviewing, evaluating and making recommendations to the Governing Board concerning UMC's mission and vision, strategic goals and capital planning including: (a) UMC leadership in examining the health care environment of Clark County and the strategic programmatic plans and annual business plans designed to meet the health care needs of the citizens of Clark County; (b) UMC development of and monitoring long-term and strategic plans which are consistent with its mission and which reflect the needs of the population; (c) UMC review of the current and future healthcare reimbursement horizon and appropriate program development; (d) UMC's plans and processes to gain cooperation of most or all healthcare constituencies within Clark County; (e) UMC coordination with the County relating to County-wide healthcare concerns; and (g) review and recommend consideration and/or action on potential strategic partnerships and affiliations.

Meetings

The Strategic Planning Committee shall meet at the call of the Chair of the Committee and as requested by the Board, but not less than quarterly.

HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE

Purpose and Responsibilities

The Human Resources and Executive Compensation Committee shall engage in oversight of the development of personnel policies and procedures for employees of the Hospital.

The Committee shall advise the Governing Board and executive management with respect to employee compensation and benefit structures for employees who are members of a bargaining unit, employees who are not members of a bargaining unit, and management employees. The Committee shall advise the Governing Board and executive management with respect to:

(a) strategic high level workforce planning, including oversight of education and training programs; (b) strategies for recruitment and retention of highly trained, motivated and skilled employees; and (c)the promotion of employee satisfaction, efficiency and teamwork throughout UMC.

The Committee shall oversee the annual evaluation of the UMC Chief Executive Officer and senior management. The Committee shall then, based upon the evaluation and market metrics in comparable health care systems, make a compensation recommendation to the Governing Board for approval. In conducting this review, the Committee, may, but need not, use outside advisers.

Meetings

The Human Resources and Executive Compensation Committee shall meet at the call of the Chair of the Committee as often as necessary, but not less than quarterly.

II. MEETINGS

Meetings will be designed to focus on major strategic or policy issues and action items, and will encourage productive dialogue specific to issues under consideration. Each Governing Board member shall:

- Prepare for and actively participate at Governing Board meetings and meetings for those Committees on which the member serves: ask questions, take responsibility, and follow through.
- Review agenda and supporting materials prior to Governing Board and Committee meetings.
- Discuss any additional items to be added to the proposed meeting agendas with the Board Chair or Chair of the Committee, as applicable.

• Make every reasonable effort to attend all meetings, as applicable, in order to effectively participate in the governance of UMC.

The Governing Board will focus its energies primarily on strategic and policy issues, and not on operational details. To facilitate this focus, timely information and reports will be made available to all Governing Board members and all information to be considered in a Governing Board meeting will be made available, to the extent reasonably possible, at least three (3) working days in advance of each meeting, except in the case of emergencies.

The Chair of the Board will be responsible for prioritizing agenda items, and critical items will receive priority placement, or if appropriate called out of order, on the agenda. To the extent possible a consent agenda will be used for minutes, some Committee reports and other items determined to be routine in nature. Individual items may be removed from the consent agenda by request of any Governing Board member, the chief executive officer, or as otherwise provided in the Nevada Open Meeting Law, as discussed below.

To the extent Committee reports are presented to the full Governing Board, members will be presumed to have read them in advance of the meeting. They are to be presented in reasonably concise summaries. Governing Board meeting minutes will also be presented concisely, with the primary emphasis on actions taken.

Meetings of the Governing Board and its Committees shall be conducted in compliance with the Nevada Open Meeting Law (Nevada Revised Statutes Chapter 241). The following procedures shall apply to all meetings:

Notice. Except in an emergency, written notice of all meetings must be given at least three (3) working days before the meeting. The content and manner of notice shall comply with the Nevada Open Meeting Law.

Agendas. The Chair of the Board shall coordinate preparation of a clear and complete agenda of all topics to be considered at meetings of the Governing Board in accordance with the Nevada Open Meeting Law. The Chair of the Committee shall coordinate preparation of a clear and complete agenda of all topics to be considered at Committee meetings in accordance with the Nevada Open Meeting Law. Agenda items shall be prioritized with critical items receiving priority placement or, as reasonably required, called out of order. No item of business shall be considered at a meeting unless it first shall have been entered upon the agenda for that meeting; provided, however, that items not appearing on the agenda may be taken up when it has been determined that the matter is an emergency or otherwise as permitted under the Nevada Open Meeting Law.

Remote Communication. Members of the Governing Board and its Committees may participate in a meeting by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting. In the event that all members of the Governing Board or its Committee participate by means of teleconference or videoconference, a physical location will be designated for the meeting to permit for members of the public to attend and participate in the meeting.

<u>Parliamentary Authority</u>. Where consistent with Nevada law and not otherwise provided in these Policies and Procedures, the conduct of the meetings shall be governed by the rules and procedures adopted by County Commission for the Hospital Board of Trustees, modified as appropriate to meet the needs of the Governing Board.

Order of Business. The Chair of the Board, for purposes of preparing the agenda, shall determine the order of business at each meeting of the Governing Board. The Chair of the Committee, for purposes of preparing the agenda, shall determine the order of business at each Committee meeting. During a meeting, agenda items may be taken out of the order presented on the agenda; combined for consideration; or removed from the agenda at the discretion of the Chair of the Board or Chair of the Committee, as applicable, unless the agenda item has been given a day or time certain.

Minutes. The Governing Board and its Committees shall keep written minutes of meetings in accordance with the Nevada Open Meeting Law. Minutes of meetings shall be complete, shall reflect deliberations of members as well as action taken. All materials submitted for the information of the Governing Board or Committee shall, to the extent required by law, be included with the permanent minute record so as to constitute a permanent record of all proceedings.

<u>Audio Recordings</u>. The Governing Board and its Committees shall, for each of their meetings, whether public or closed, record the meeting on audiotape or another means of sound reproduction or cause the meeting to be transcribed by a court reporter. Audio recordings will be maintained for the greater of three (3) years or such other amount of time which may be required by Nevada law or Clark County policy.

<u>Closed Session</u>. The Governing Board and its Committees may hold closed sessions if specifically authorized by the Nevada Open Meeting Law. All closed sessions shall be conducted in full compliance with the Nevada Open Meeting Law. Notice of a closed session shall be placed upon the agenda in the same manner as any other agenda item with the exception of an emergency closed session. Any motion to close a meeting to the public must set forth the subject matter or nature of the business to be considered at the closed meeting. Only the subject matter or business identified in the motion to close an open session may be discussed in a closed session.

Attendance. The Governing Board shall adhere to the attendance policy set forth in Clark County Ordinance 3.01.10. Such policy provides that, except in the case of an emergency, a Governing Board member's absence at a Governing Board meeting will be considered "unexcused" if the Governing Board member failed to notify, in writing or by phone, the Chair of the Board or an assigned staff member prior to the meeting that he or she will not be attending. Excused and unexcused absences must be noted in the minutes of the meeting. Three unexcused absences by a Governing Board member from regular Governing Board meetings during a calendar year shall be deemed grounds for mandatory removal from the Governing Board for good cause or neglect of duty. The Chair of the Board or an assigned staff member shall immediately notify the county manager or his designee when a member of the Governing Board is charged with his or her third unexcused absence, and the county manager or his or her designee shall provide that information to the Board of County Commissioners. Within thirty days of receipt of the

information, the Board of County Commissioners shall remove the Governing Board member and the procedures for the appointment of his or her replacement shall be commenced in accordance with the UMC Governing Board Bylaws. If the Board of County Commissioners does not act within the thirty-day period, the Governing Board member shall be automatically removed and a vacancy declared on the Governing Board.

III. BOARD EDUCATION

The Governing Board, and each of its members, with the support of UMC executive management, shall be responsible for being educated in both the general knowledge of UMC policies, programs, services and financial situation and the general situation of UMC within the local and national healthcare industry. The Governing Board shall plan and implement orientation and continuing education programs.

IV. BOARD EVALUATION

The Governing Board, with the support and assistance of executive management, shall be responsible for conducting periodic self-evaluation of the Board's role and its effectiveness in carrying out its duties and responsibilities with respect to that role. The Governing Board shall, in conjunction with individual Governing Board members, conduct an annual review of Governing Board performance.

V. CONFIDENTIALITY

The Governing Board, and each of its members, shall maintain the confidentiality of any and all information that has been discussed in closed session. No individual member of the Governing Board has the authority to waive the confidentiality of a matter discussed in closed session.

VI. HOSPITAL POLICIES

Each Governing Board member shall be generally knowledgeable of UMC administrative policies to the extent necessary to provide guidance and oversight as needed to the CEO and hospital management. A table of contents of UMC administrative policies is attached hereto as <u>Appendix</u> A.

VII. REVIEW OF BYLAWS AND POLICIES AND PROCEDURES

The Governing Board shall review the Bylaws and these Policies and Procedures andrecommend revisions as necessary (and at least every two (2) years) to comply with applicable statutes, regulations, and accreditation requirements.

VIII. AMENDMENT

These Policies and Procedures may be amended from time to time by a majority vote of the Governing Board.

UMC Governing Board Policies and Procedures APPROVED and ADOPTED this	
day of 2025.	

UMC GOVERNING BOARD:

By: John F. O'Reilly, Chair

ATTEST:

By: Stephanie Ceccarelli, Board Secretary

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

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

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the market share.

Cleared for Agenda June 12, 2025

Agenda Item#

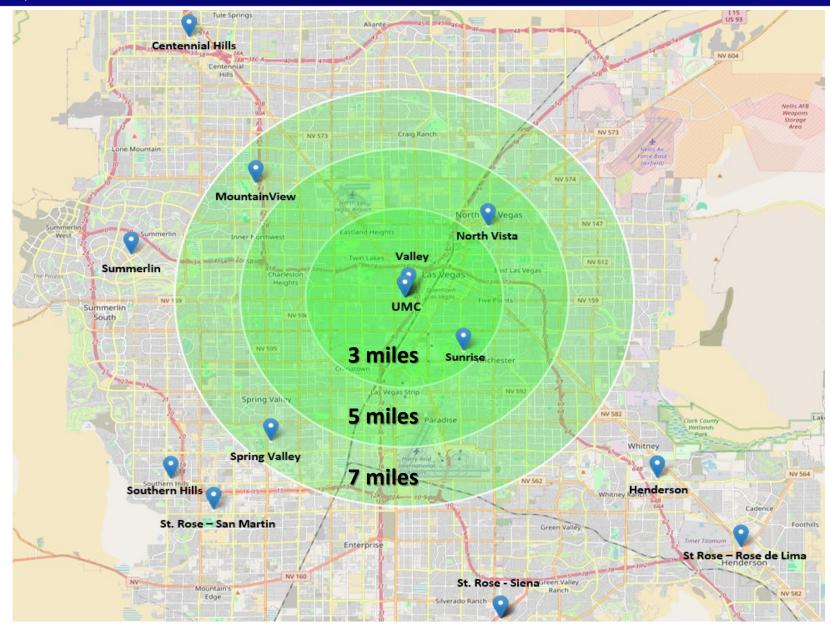


Service Line Market Update
06/12/2025

UMC's Primary and Secondary Market Share Map

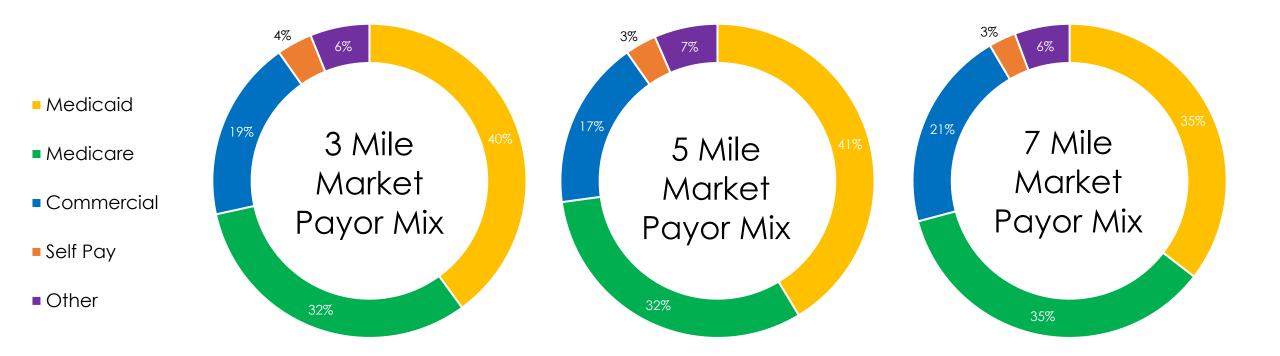


UMC 3 Mile, 5 Mile, 7 Mile Radius



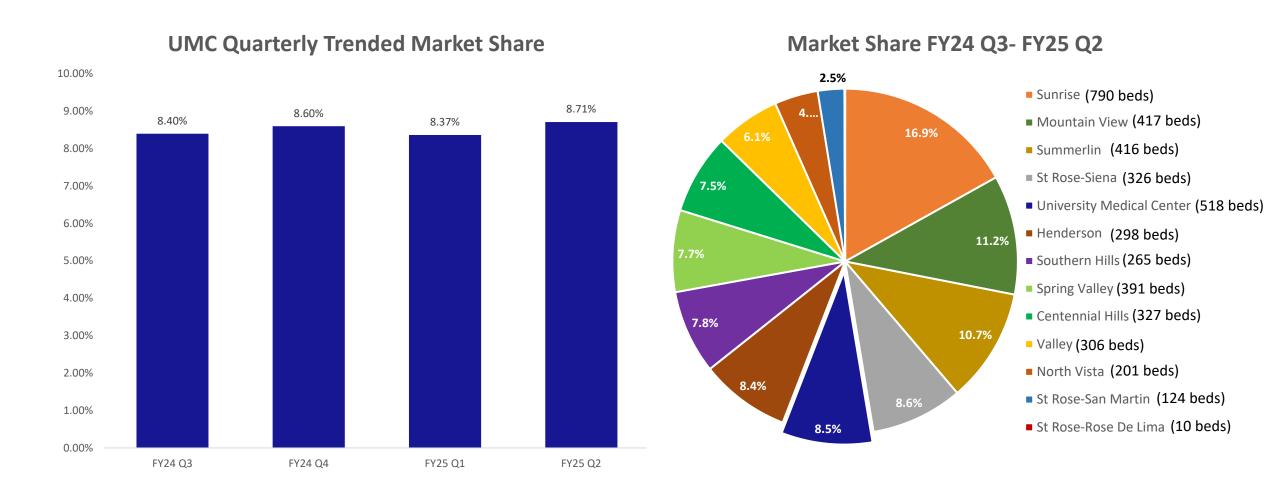


UMC Overall Market Share- (IP, All Ages, FY23 Q3 to FY24 Q2)



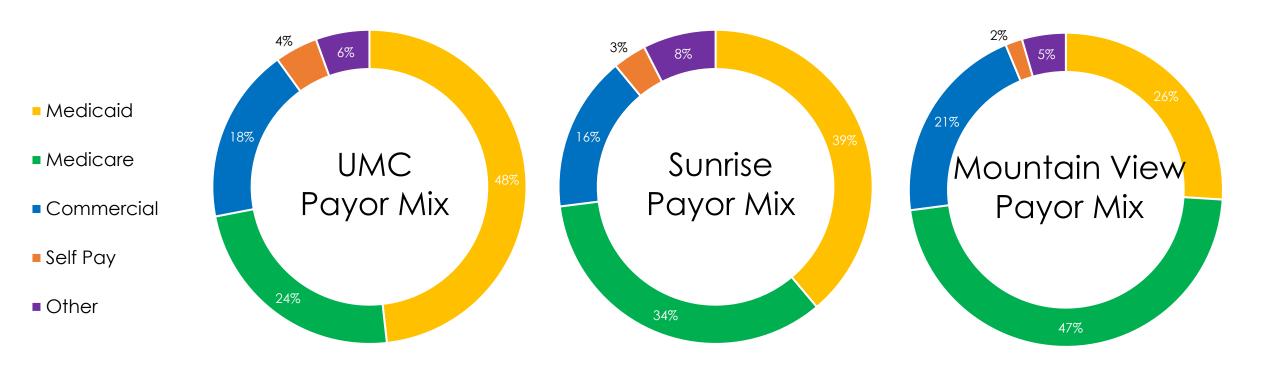


UMC Overall Market Share- (IP, All Ages)



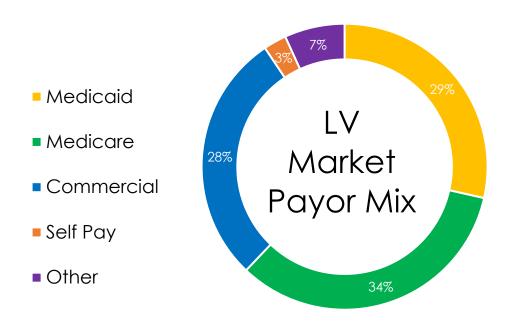


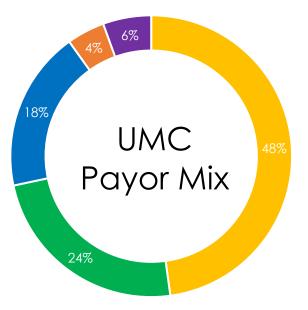
UMC Overall Market Share- (IP, All Ages, FY23 Q3 to FY24 Q2)





UMC Overall Market Share- (IP, All Ages, FY23 Q3 to FY24 Q2)



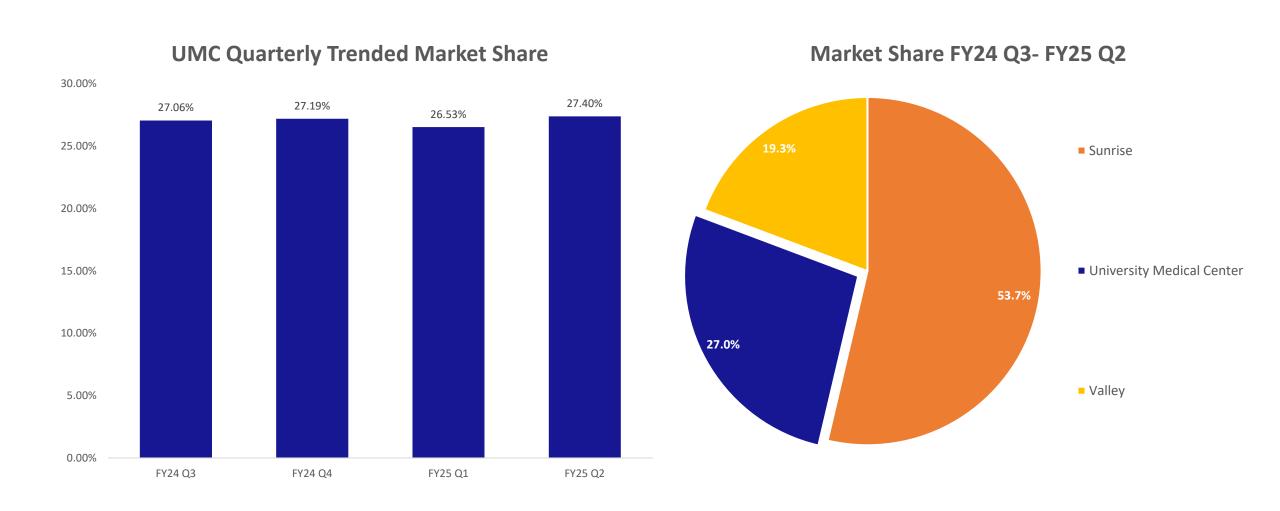


Market Gross Revenue	UMC Gross Revenue	
\$43.1 B	\$3.0 B	
UMC Net Revenue		
Assumption of 18.08% = \$537.8 M		
Annual Market Share Potential		
Net Revenue	Volume	
• 1% = \$63.1 M	• 1% = 2,658 discharges	
• 3% = \$189.4 M	• 3% = 7,975 discharges	
• 5% = \$315.7 M	• 5% = 13,292 discharges	

UMC Patient Population By Age Group		
0-18	15%	
19-30	11%	
31-45	18%	
46-64	28%	
65-104	29%	

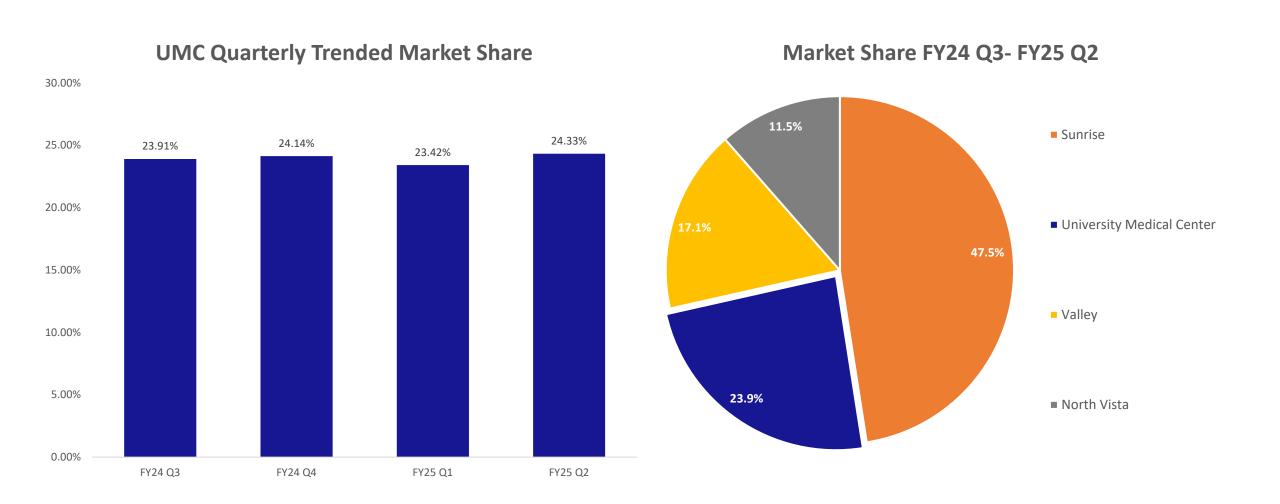


UMC Market Share- (IP, All Ages, 3 Mile Radius from UMC)



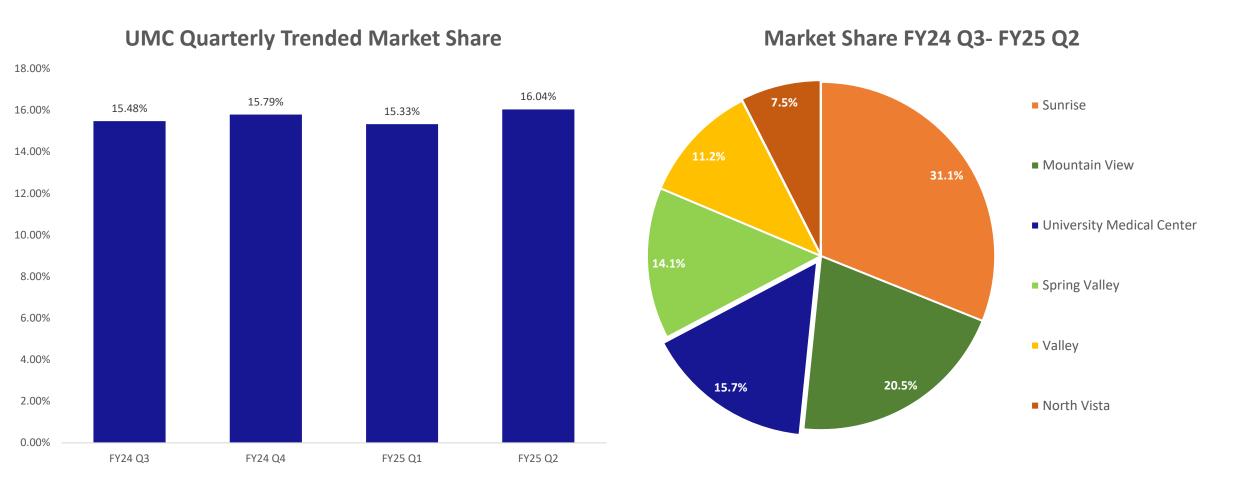


UMC Market Share- (IP, All Ages, 5 Mile Radius from UMC)



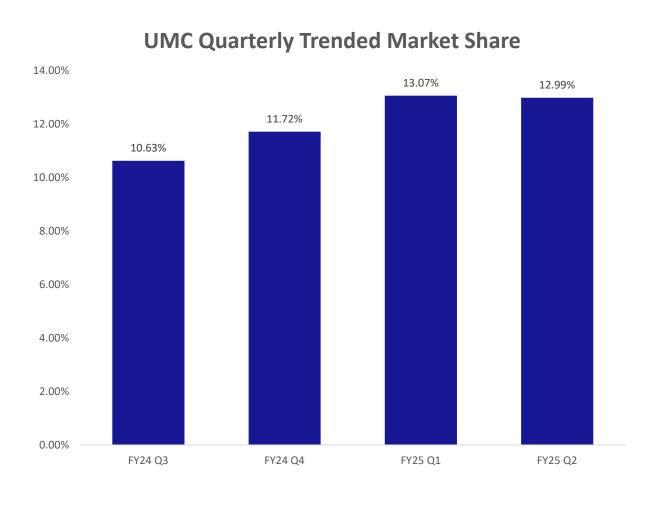


UMC Market Share- (IP, All Ages, 7 Mile Radius from UMC)

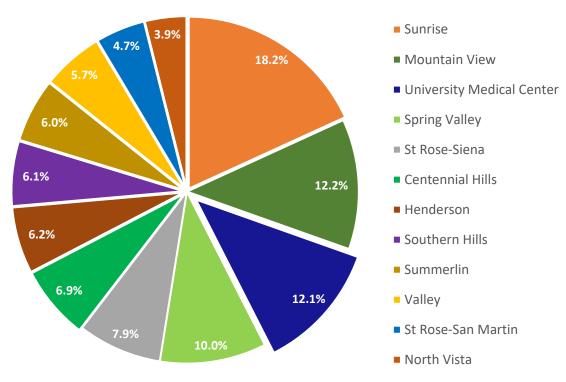




General Surgery Overall Market Share- (IP, Adult)

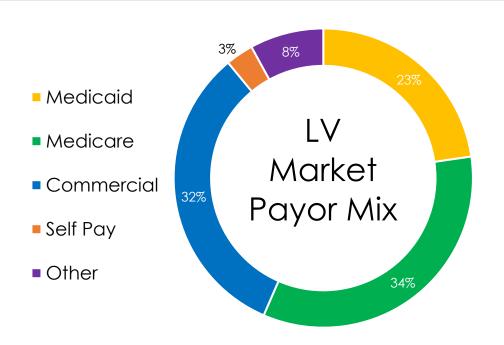


Market Share FY24 Q3- FY25 Q2





General Surgery Overall Market Share- (IP, Adult, FY23 Q3 to FY24 Q2)



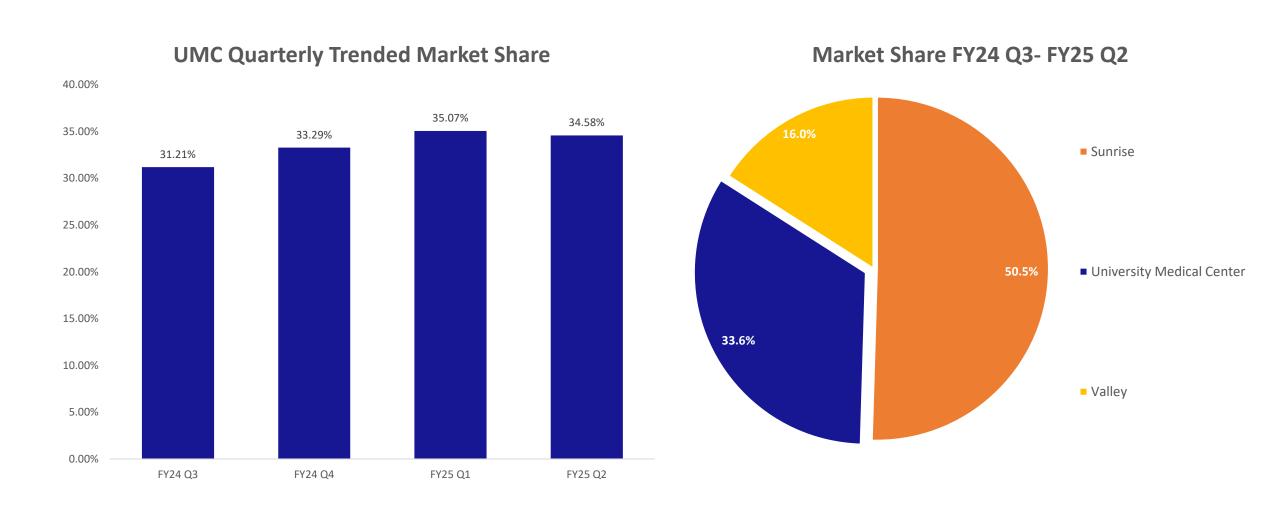
9%	7%
24%	UMC Payor Mix
	21%

Market Gross Revenue	UMC Gross Revenue	
\$6.9 B	\$697.4 M	
UMC Net Revenue		
Assumption of 16.21% = \$ 113.0 M		
Annual Market Share Potential		
Net Revenue	Volume	
• 1% = \$9.3 M	• 1% = 181 discharges	
• 3% = \$28.0 M	• 3% = 542 discharges	
• 5% = \$46.7 M	• 5% = 903 discharges	

UMC Patient Population By Age Group		
0-18	1%	
19-30	13%	
31-45	24%	
46-64	40%	
65-104	24%	

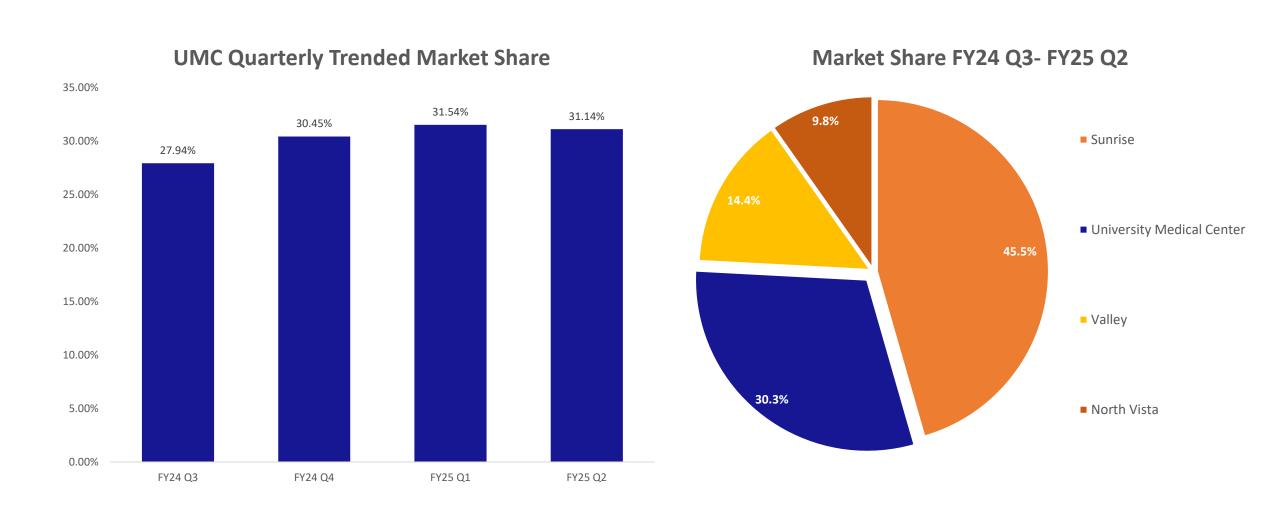


General Surgery Market Share- (IP, Adult, 3 Mile Radius from UMC)



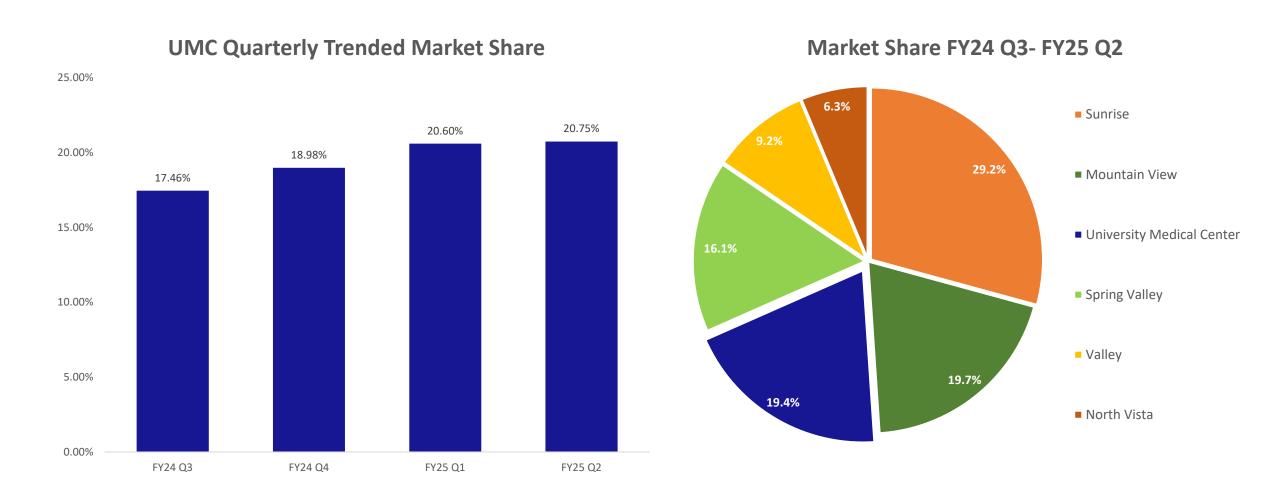


General Surgery Market Share- (IP, Adult, 5 Mile Radius from UMC)



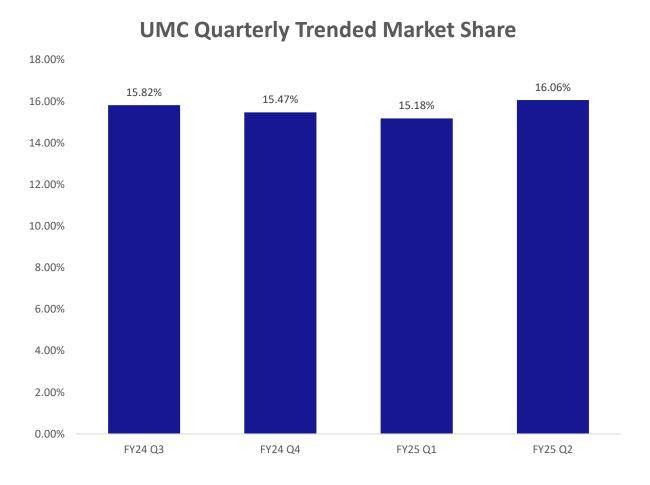


General Surgery Market Share- (IP, Adult, 7 Mile Radius from UMC)

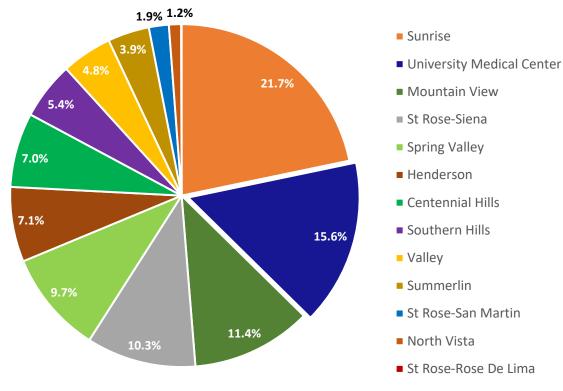




Orthopedics Overall Market Share- (IP, Adult)

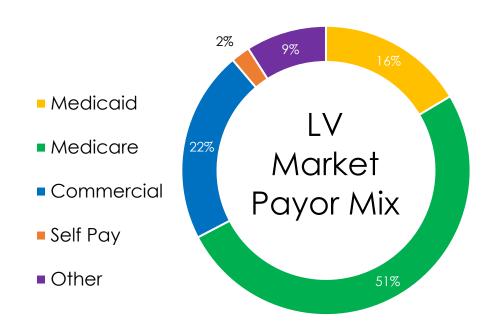


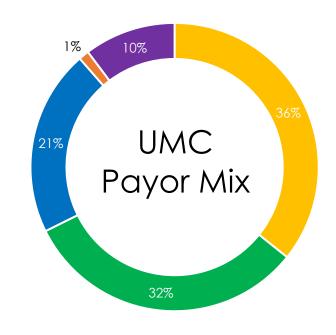
Market Share FY24 Q3- FY25 Q2





Orthopedics Overall Market Share- (IP, Adult, FY23 Q3 to FY24 Q2)



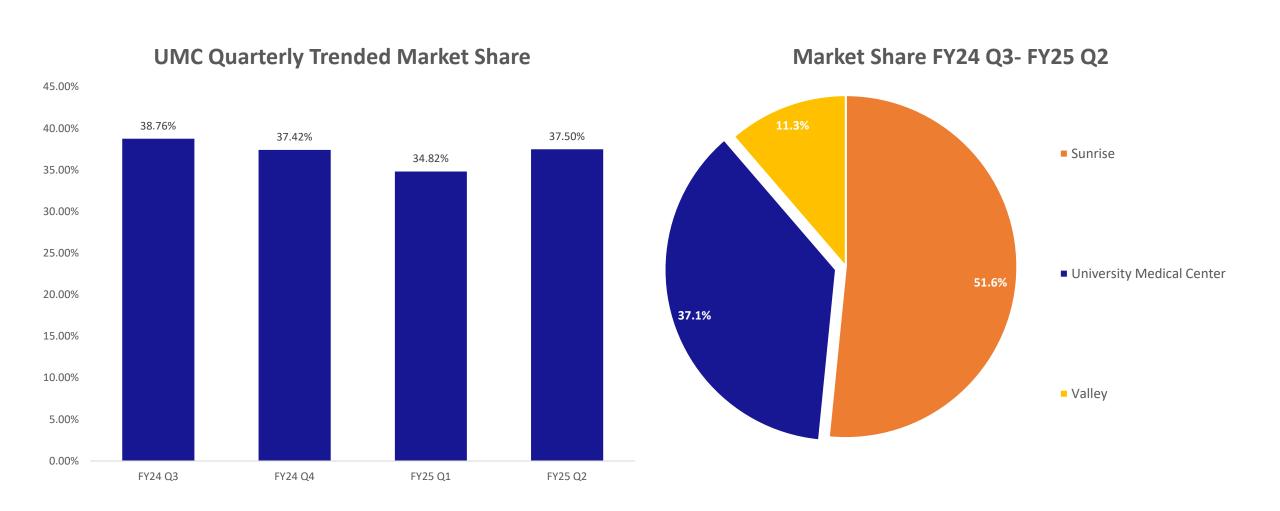


Market Gross Revenue	UMC Gross Revenue	
\$2.3 B	\$314.3 M	
UMC Net Revenue		
Assumption of 14.87% = \$46.7 M		
Annual Market Share Potential		
Net Revenue	Volume	
• 1% = \$3.0 M	• 1% = 110 discharges	
• 3% = \$9.0 M	• 3% = 331 discharges	
• 5% = \$15.0 M	• 5% = 551 discharges	

UMC Patient Population By Age Group		
0-18	1%	
19-30	12%	
31-45	19%	
46-64	26%	
65-104	43%	

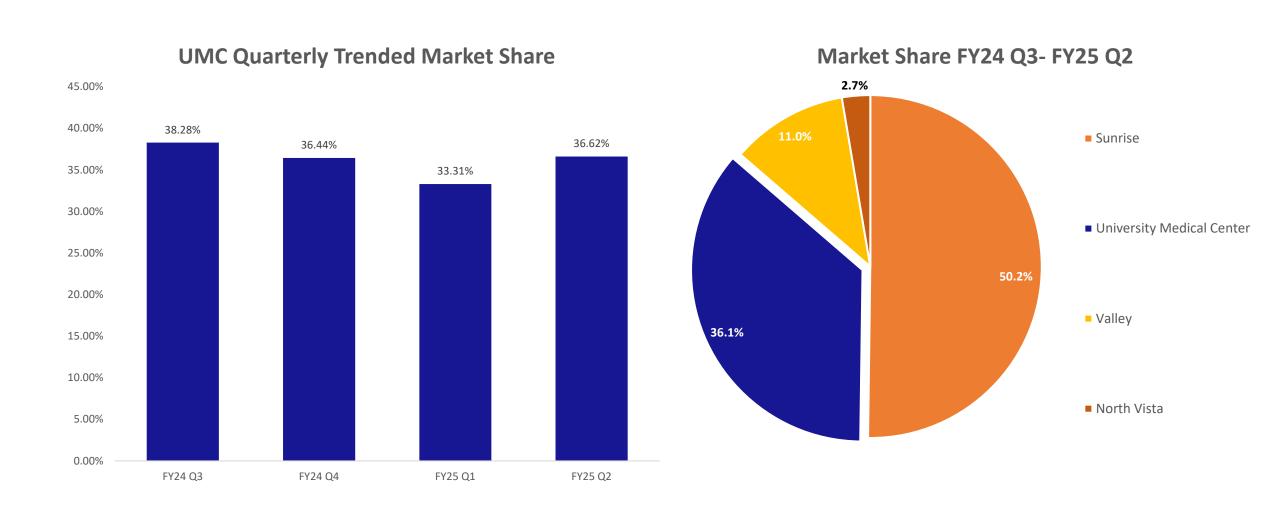


Orthopedics Market Share- (IP, Adult, 3 Mile Radius from UMC)



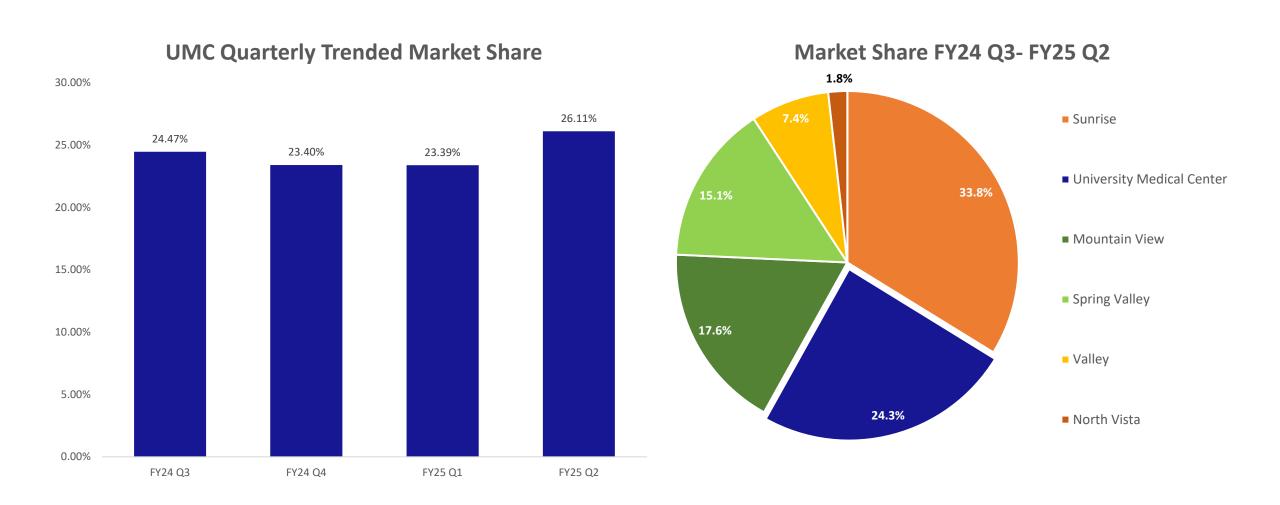


Orthopedics Market Share- (IP, Adult, 5 Mile Radius from UMC)



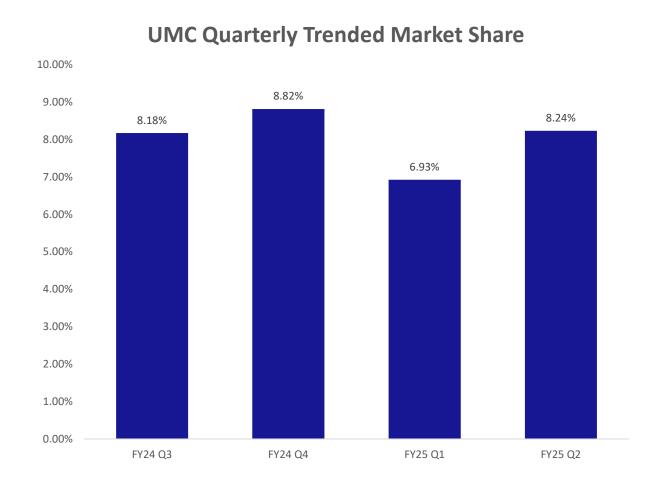


Orthopedics Market Share- (IP, Adult, 7 Mile Radius from UMC)

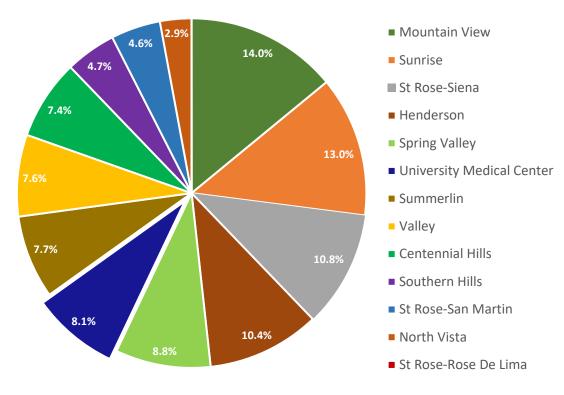




Cardiac Services Overall Market Share- (IP, Adult)

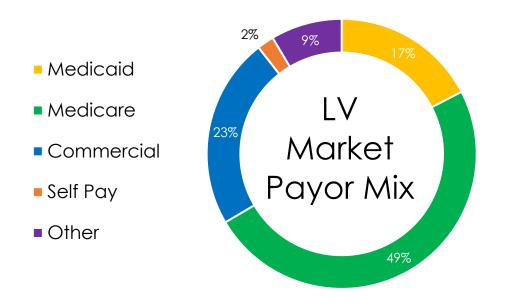


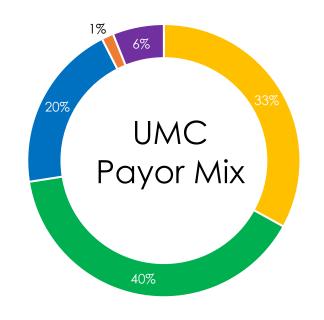
Market Share FY24 Q3- FY25 Q2





Cardiac Services Overall Market Share- (IP, Adult, FY23 Q3 to FY24 Q2)



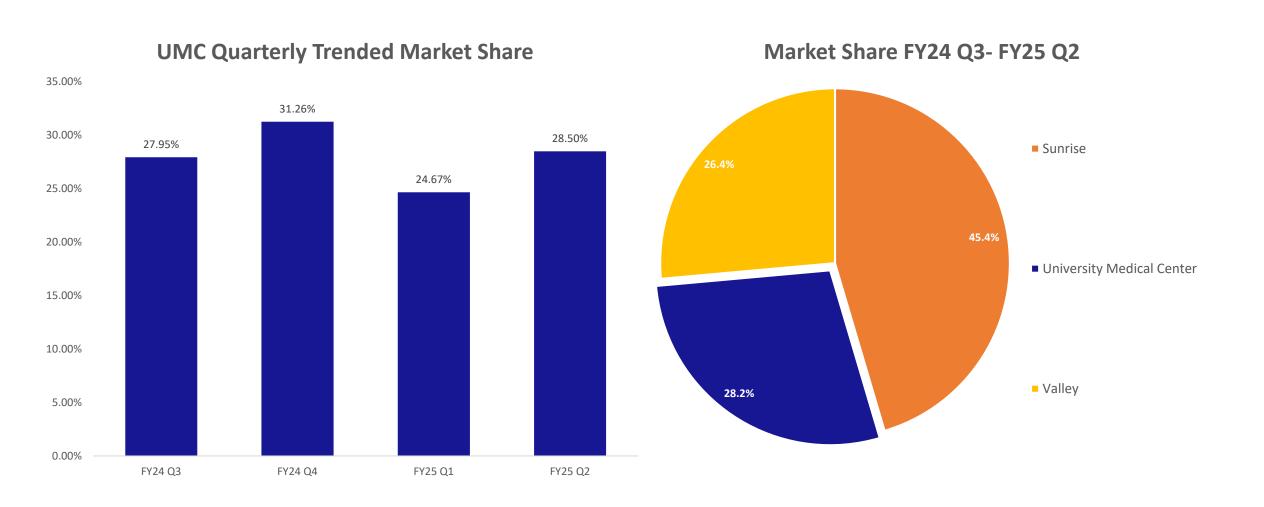


Market Gross Revenue	UMC Gross Revenue				
\$5.4 B	\$321.7 M				
UMC Net Revenue					
Assumption of 15.74% = \$50.6 M					
Annual Market Share Potential					
Net Revenue	Volume				
• 1% = \$6.3 M	• 1% = 274 discharges				
• 3% = \$18.8 M	• 3% = 821 discharges				
• 5% = \$31.4 M	• 5% = 1,368 discharges				

UMC Patient Population By Age Group				
0-18	0%			
19-30	1%			
31-45	9%			
46-64	37%			
40-04	37 /0			
65-104	53%			

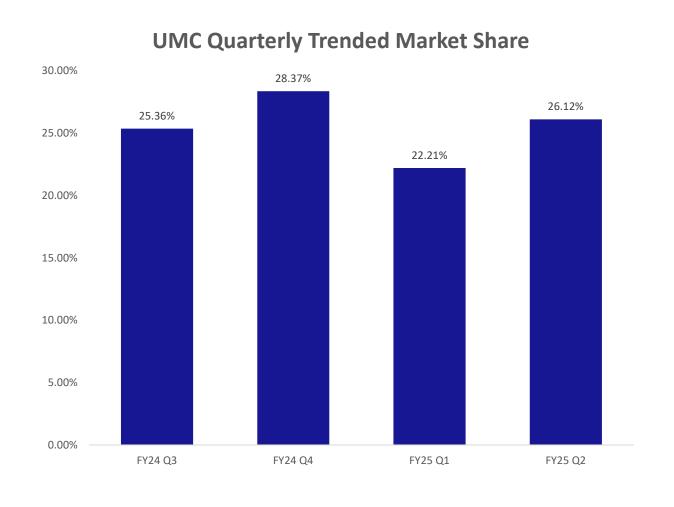


Cardiac Services Market Share- (IP, Adult, 3 Mile Radius from UMC)

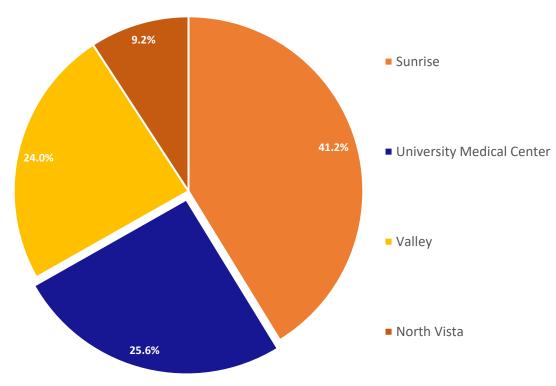




Cardiac Services Market Share- (IP, Adult, 5 Mile Radius from UMC)

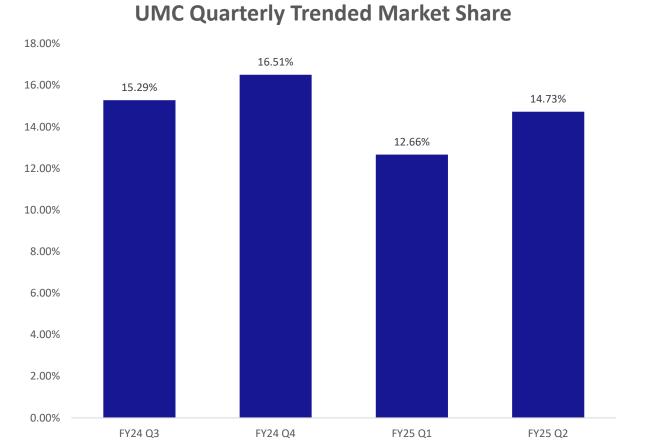


Market Share FY24 Q3- FY25 Q2

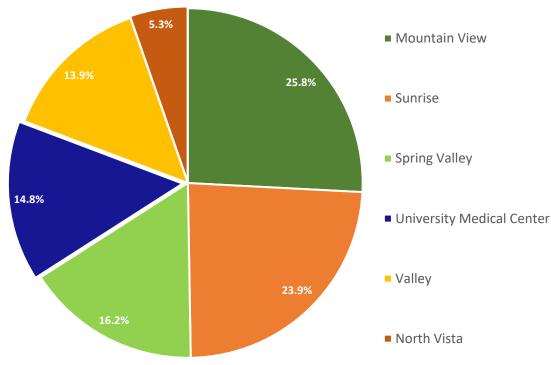




Cardiac Services Market Share- (IP, Adult, 7 Mile Radius from UMC)

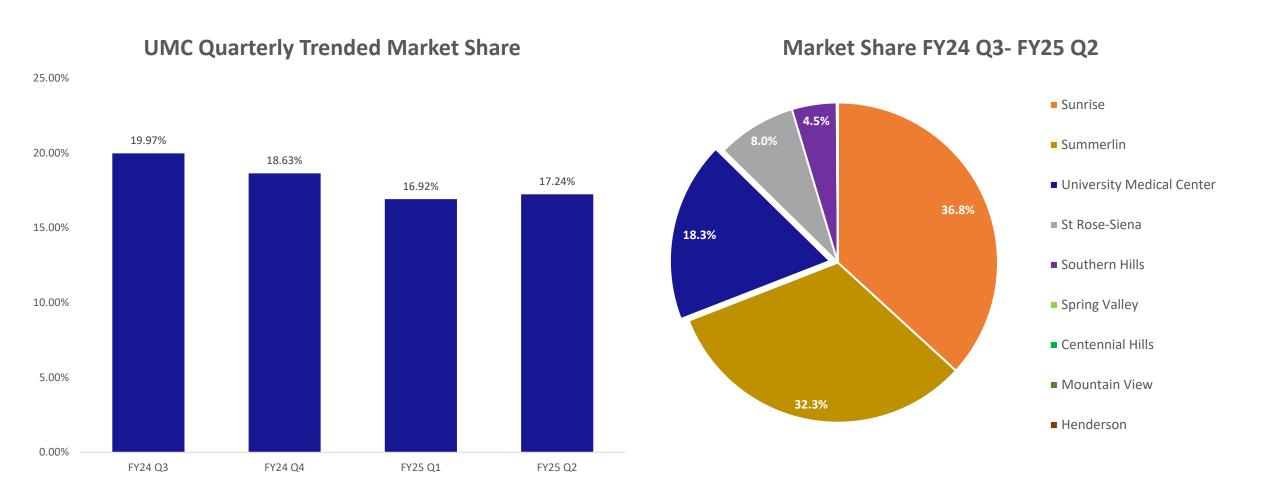


Market Share FY24 Q3- FY25 Q2



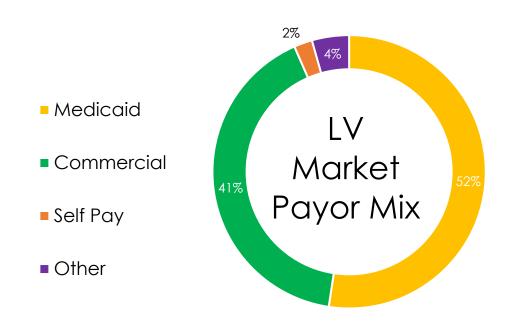


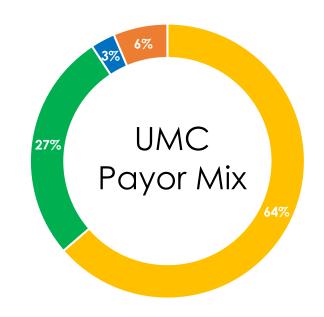
Children's Hospital Overall Market Share- (IP, <18, Excl. Gynecology, Neonatology, Obstetrics)





Children's Hospital Overall Market Share- (IP, <18, FY23 Q3 to FY24 Q2, Excl. Gynecology, Neonatology, Obstetrics)



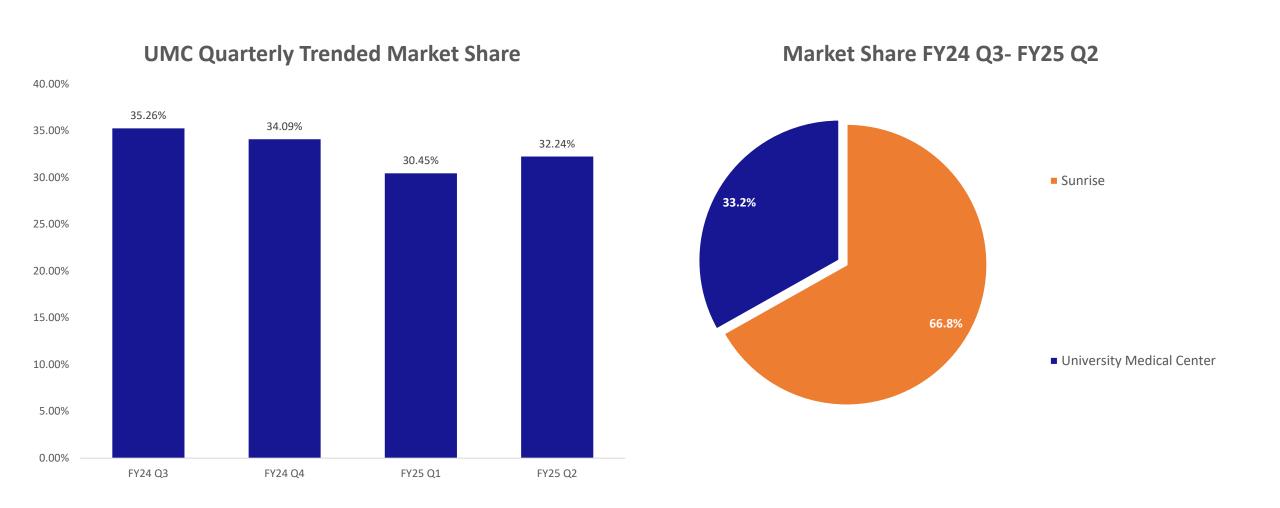


Market Gross Revenue	UMC Gross Revenue				
\$1.0 B	\$95.6 M				
UMC Net Revenue					
Assumption of 23.25% = \$22.2 M					
Annual Market Share Potential					
Net Revenue	Volume				
• 1% = \$1.0 M	• 1% = 36 discharges				
• 3% = \$3.1 M	• 3% =108 discharges				
• 5% = \$5.2 M	• 5% = 180 discharges				

UMC Patient Population By Age Group				
7%				
8%				
16%				
32%				
36%				

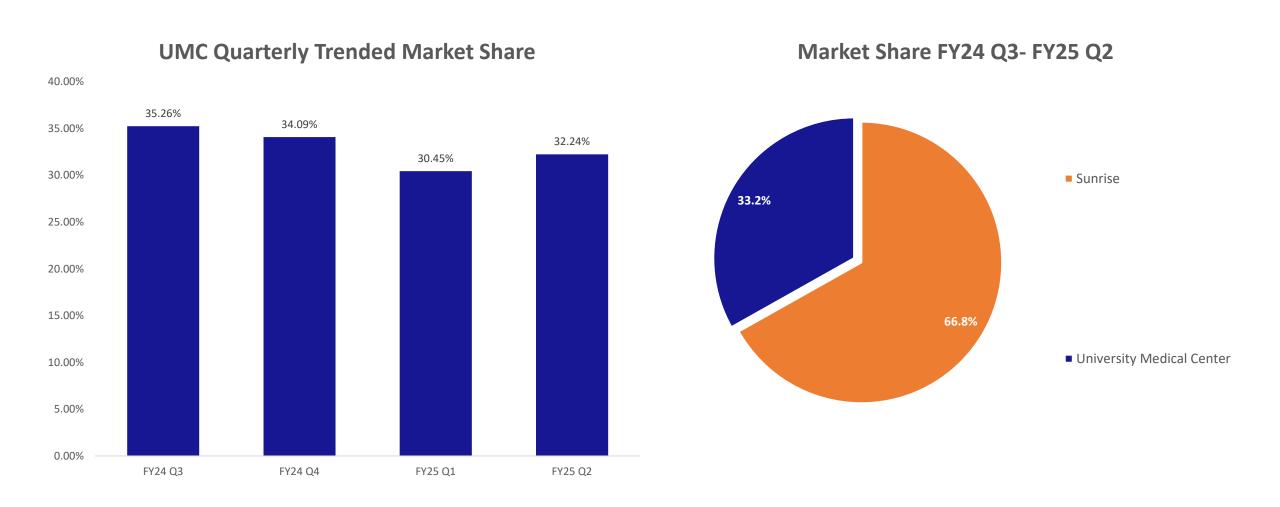


Children's Hospital Market Share- (IP, <18, 3 Mile Radius from UMC Excl. Gynecology, Neonatology, Obstetrics)



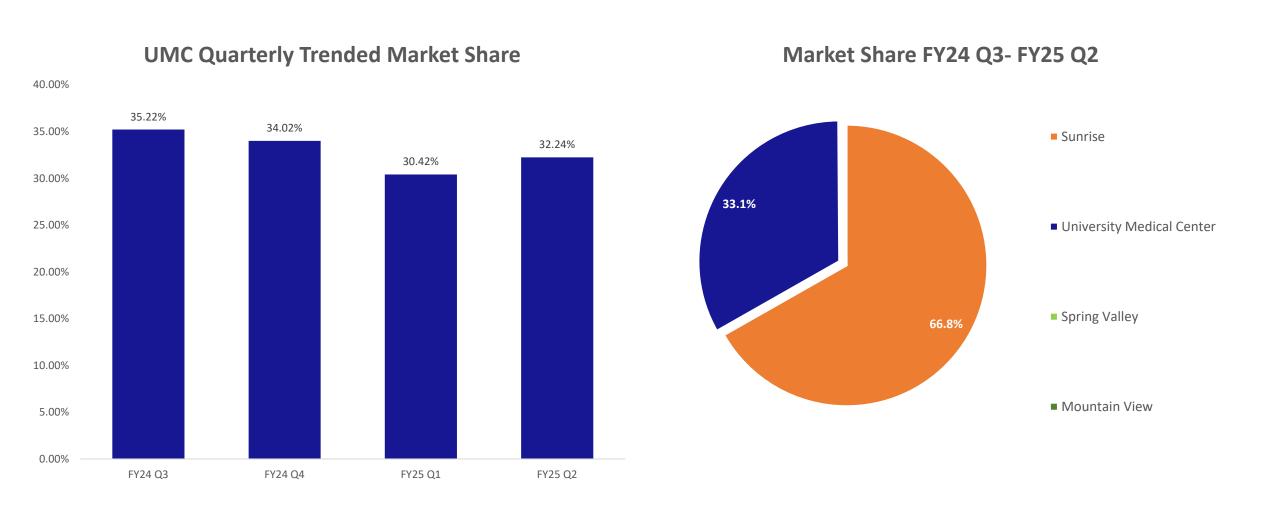


Children's Hospital Market Share- (IP, <18, 5 Mile Radius from UMC Excl. Gynecology, Neonatology, Obstetrics)



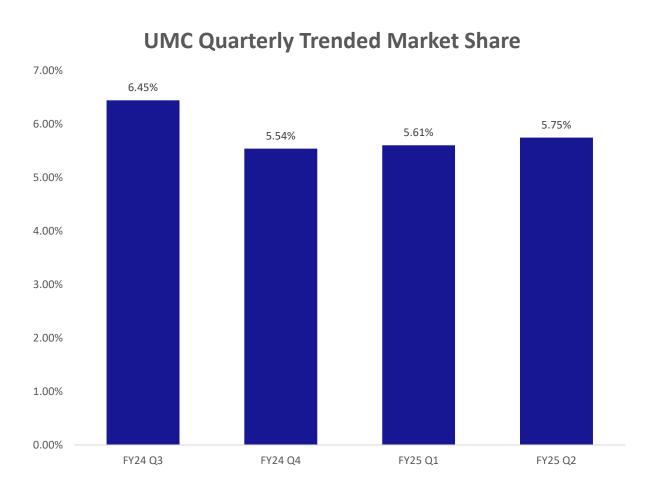


Children's Hospital Market Share- (IP, <18, 7 Mile Radius from UMC Excl. Gynecology, Neonatology, Obstetrics)

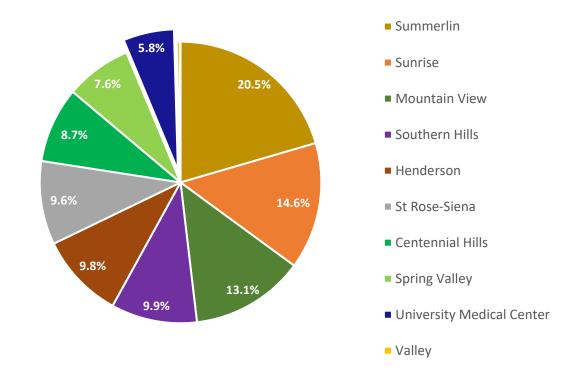




Women's Services Overall Market Share- (IP, Gynecology, Neonatology, Obstetrics)

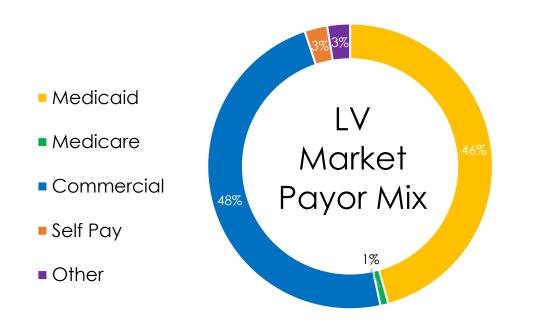


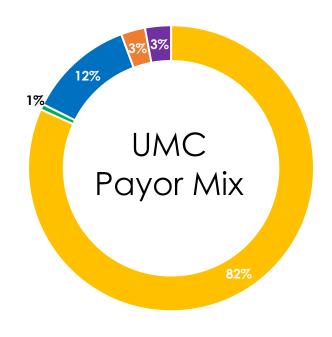
Market Share FY24 Q3- FY25 Q2





Women's Services Overall Market Share- (IP, Gynecology, Neonatology, Obstetrics, FY23 Q3 to FY24 Q2)



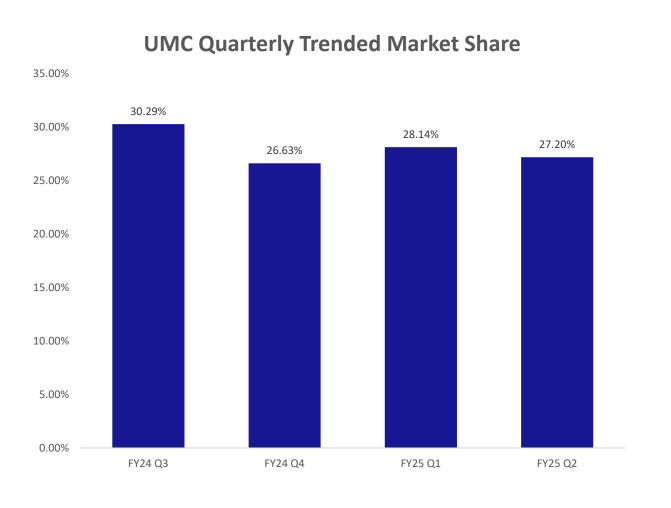


Market Gross Revenue	UMC Gross Revenue				
\$3.2 B	\$168.1 M				
UMC Net Revenue					
Assumption of 29.89% = \$50.2 M					
Annual Market Share Potential					
Net Revenue	Volume				
• 1% = \$8.6 M	• 1% = 520 discharges				
• 3% = \$25.8 M	• 3% = 1,561 discharges				
• 5% = \$43.0 M	• 5% = 2,602 discharges				

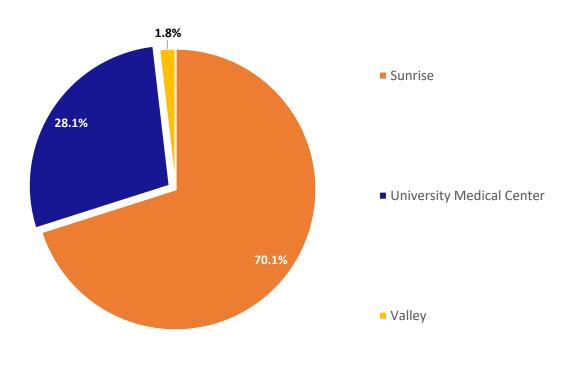
UMC Patient Population By Age Group				
0-18	47%			
19-30	28%			
31-45	23%			
46-64	1%			
10 0 1	170			
65-104	1%			



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

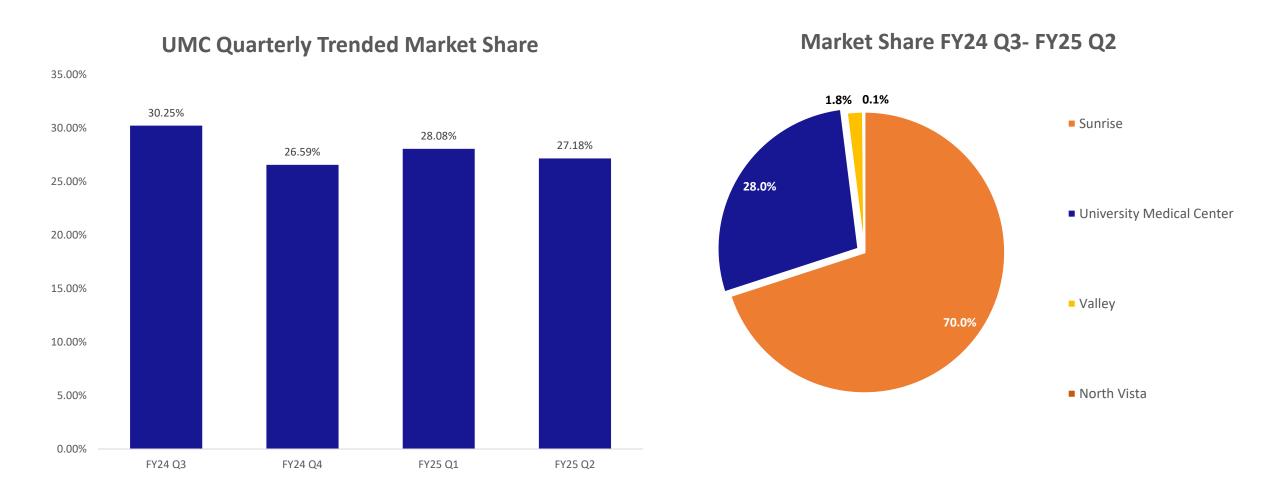


Market Share FY24 Q3- FY25 Q2



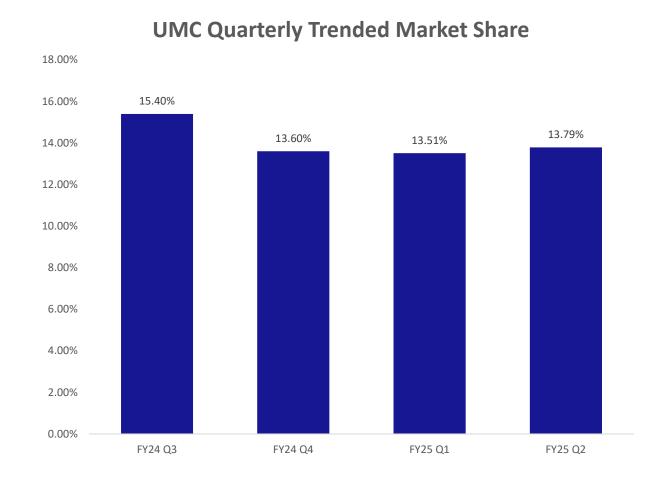


Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, 5 Mile Radius from UMC)

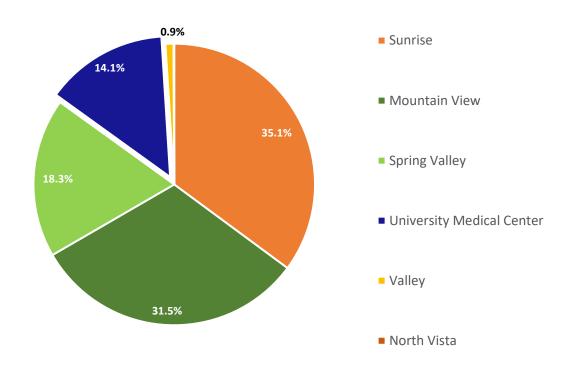




Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, 7 Mile Radius from UMC)



Market Share FY24 Q3- FY25 Q2



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

Issue:	e: UMC Service Line Performance Overview					
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.

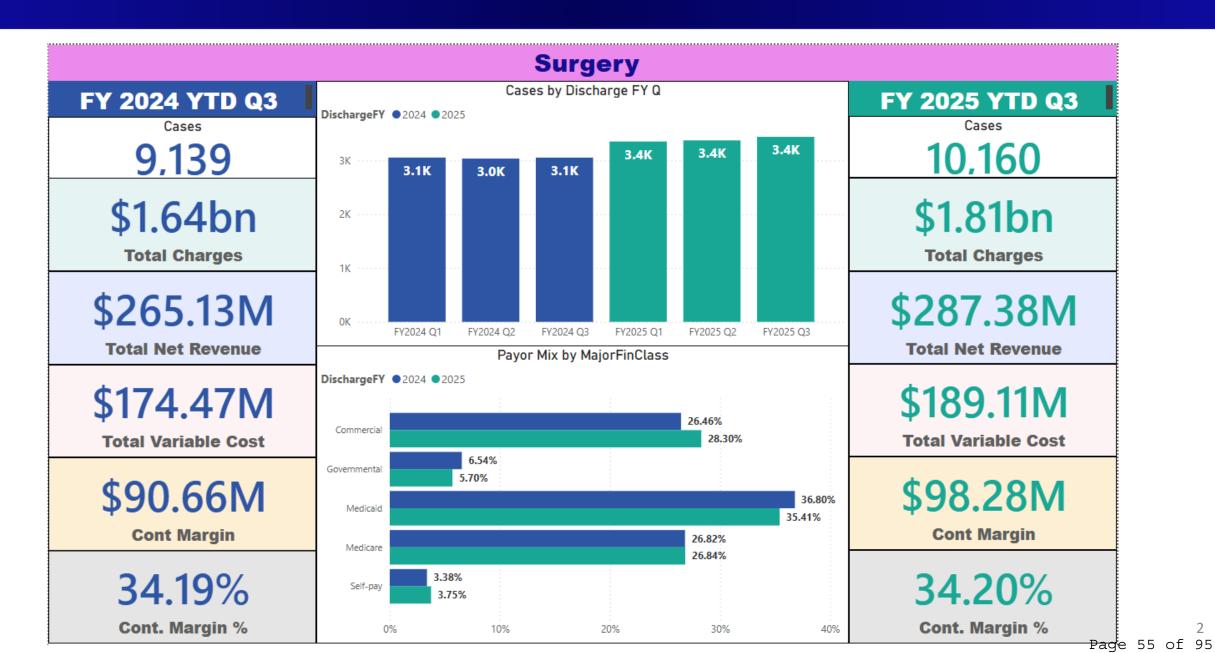
Cleared for Agenda June 12, 2025

Agenda Item#

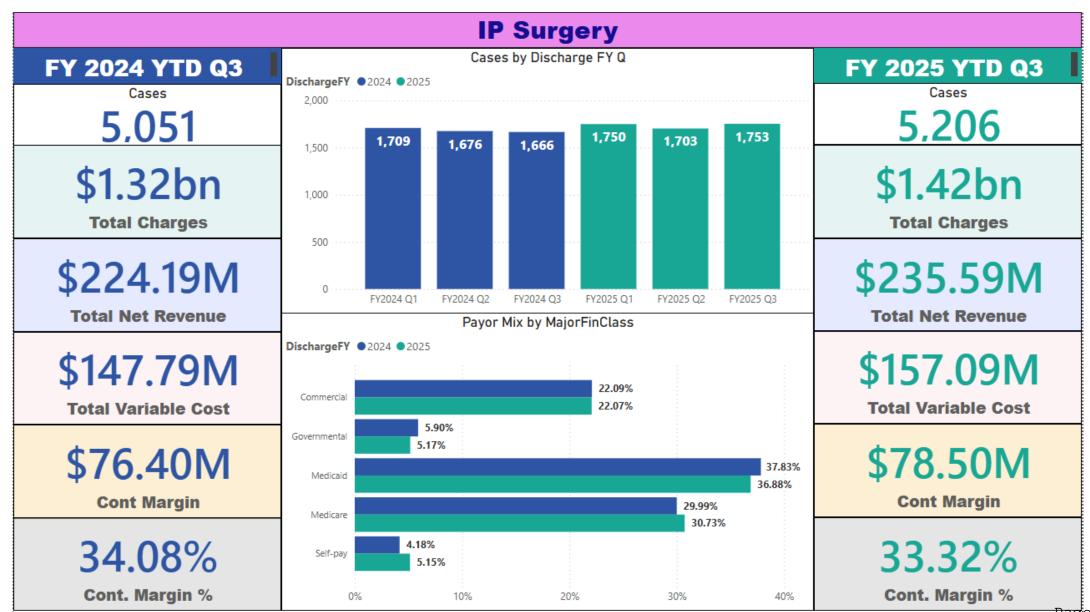


Strategy Committee Service Line Update June 12, 2025

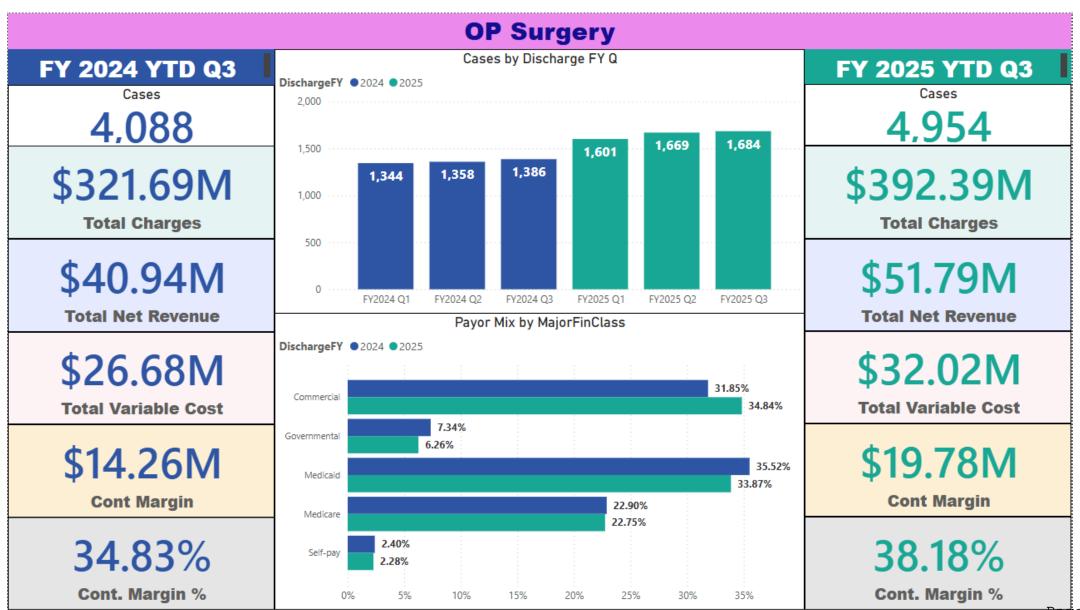




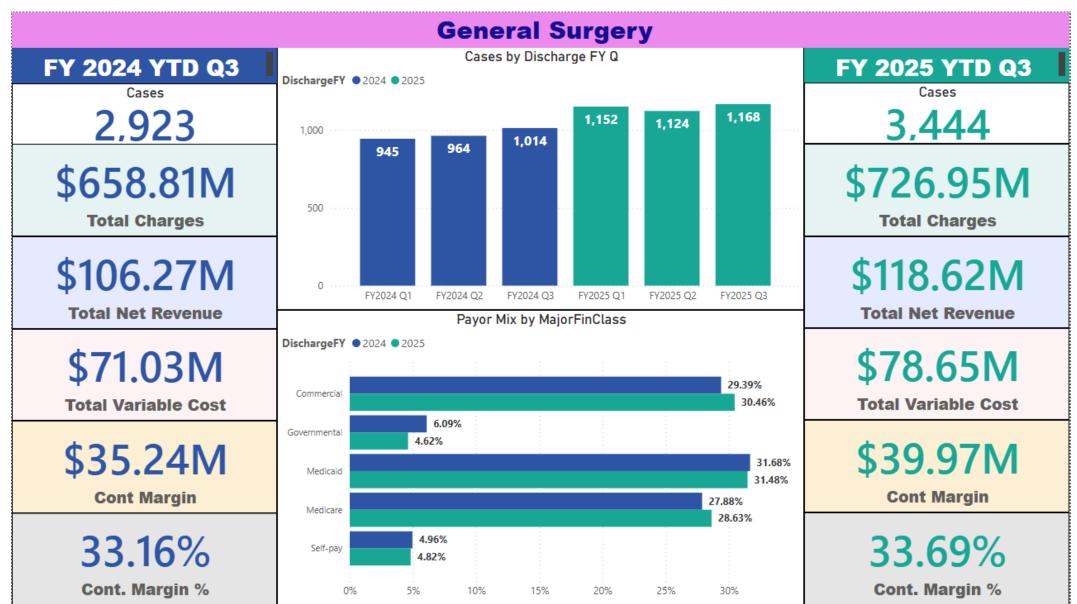




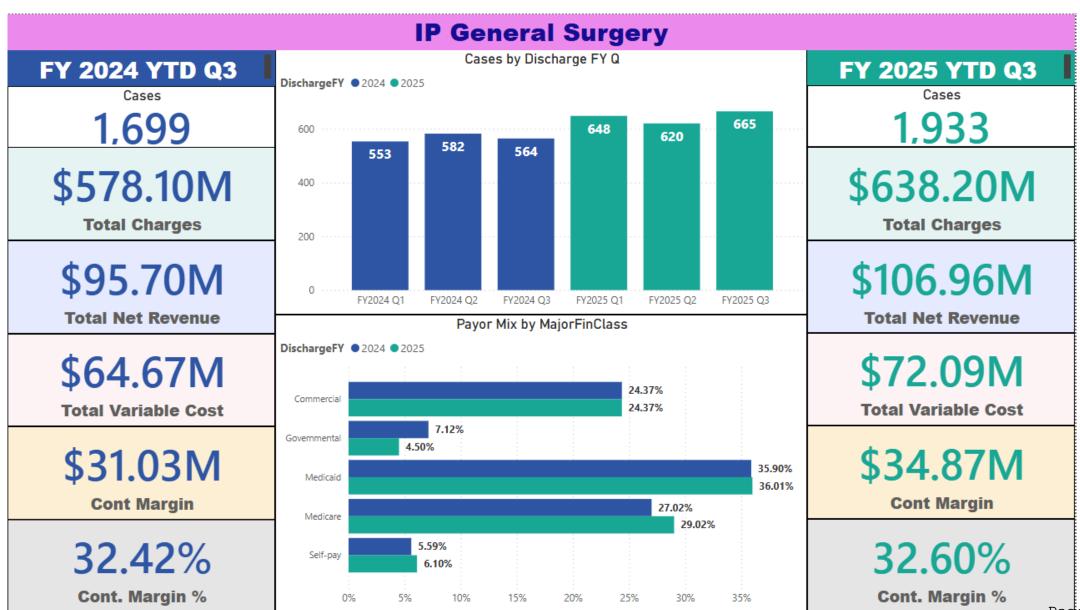








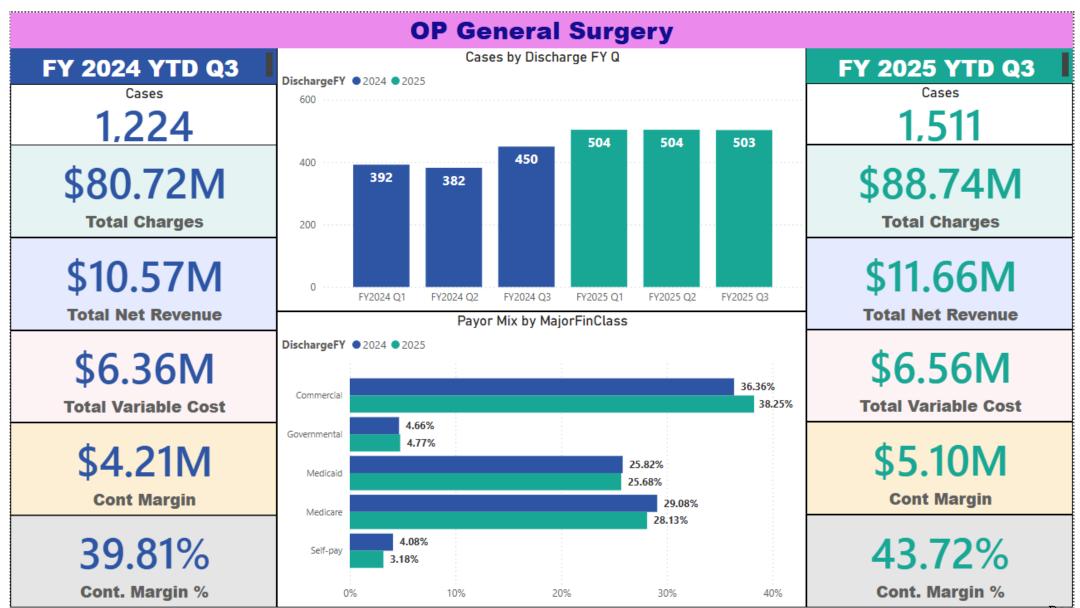




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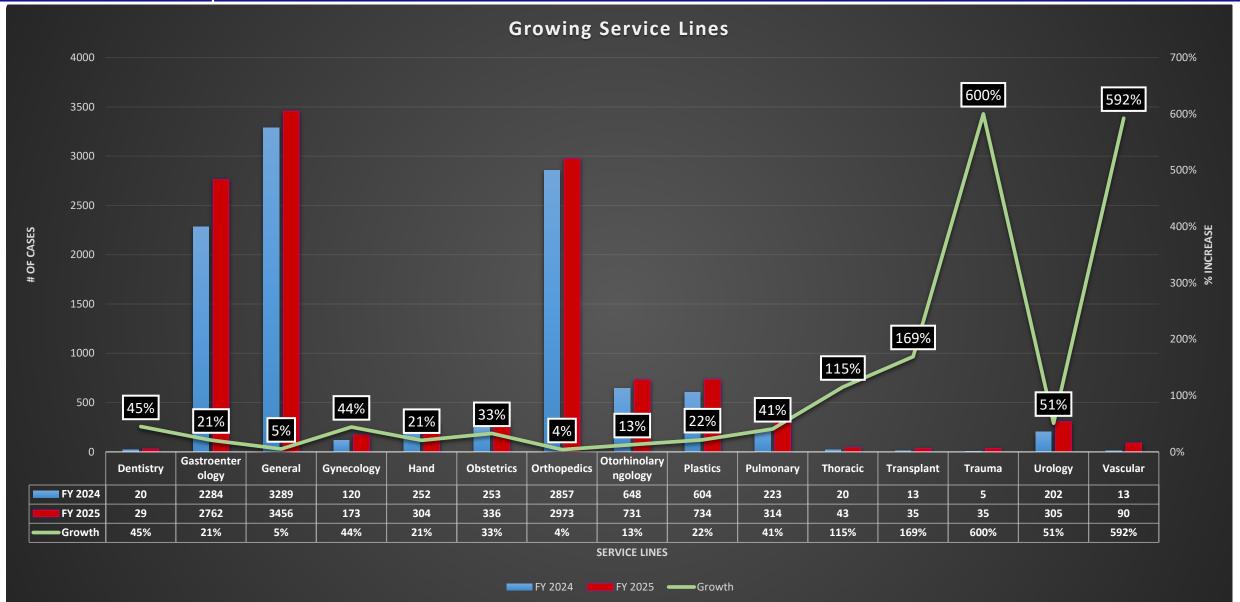




General Surgery Services Q3 FY25



Service Line Update



General Surgery Services Q3 FY25



Service Line Update

Operational Update

- Goals and Action Plans:
 - FCOT Actual 81%. Goal of 80%.
 - Letters are sent to non-compliant surgeons on a monthly basis
 - Three surgeons with removal of first-case privileges beginning July 1, 2025, for one month
 - Policy revision underway for long term goal
 - Monthly Scorecard posting of compliant and non-compliant surgeons
 - Room Turnover Times currently at 42 Minutes with a short-term goal of 35 37 Min, Goal 30 minutes
 - Turnover Time Report now excludes Endoscopy cases
 - Daily report of facility issues related to turnover delay reviewed daily during staff hardwiring period
 - Internal action plans underway for creation of data-driven tracking
 - 24 hr. Cancellations remains at 15% for same-day cancellations
 - Most cancellations happening in Pre-Op, due to medical conditions
 - Subcommittee including Dr. Hu, UMC and Dr. Gomez, UNLV, working with both UNLV and UMC surgeons to utilize PAT
 - Collaboration with the patient access team to ensure full authorization prior to scheduling
 - Reviewing cases for PAT visit and Authorization 5 days in advance, with removal from schedule 3 days in advance missing these
- Operational Improvements
 - Consolidation of resources resulting in increased prime time (7am-5pm) utilization. Actual 55% up from 45% Goal 75% (industry standard)
 - Robotic Surgery Program Continued Growth

General Surgery Services Q3 FY25

UNIVERSITY MEDICAL CENTER

Service Line Update

Strategic Next Steps

- UMC and UNLV Team's Scheduling Collaboration Scheduling initiative to go paperless
 - Case Request case requests, pre-operative orders pre-authorization by office
 - Surgeon OR Case Utilization
- Department Realignment:
 - Sterile Processing Department (SPD) improved communication and coordination between SPD, OR and Supply Chain
 - New Materials Manager Management Supply Inventory and Security Initiatives
 - Storage solutions in-house to organize and secure core and supply areas
 - Indexing all equipment in inventory

Expense Control and Revenue Enhancement

- Case audits are conducted for high-cost implants to identify opportunities for reducing expenses
- Analyze reimbursement on high-dollar implants to negotiate better pricing with vendors
- Reduction of overtime (reduction from 800 hours/month down to 150/month) in the past 5 months
- Updated PACU charges target go live 7/1/25, additional \$829 to \$1790 per case based on patient acuity

Da Vinci Robotic Statistics



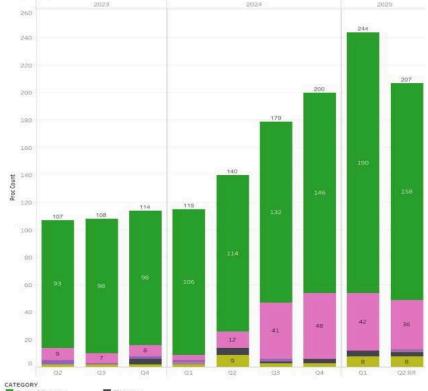
Da Vinci Robotic Growth and Data Driven Recommendations from MACA



System Utilization By Quarter - dV

Model		2025			2024				2025		
	Systemname	02	Q3	04	Q1	Q2	03	0.4	01	Q2 RR	
da Vinci 5	SQ0280							52	54	62	
da Vinci Xi	SK0206	71.	80	79	54	49	108	78	100	57	
	SK3381	36	28	35	61	91	71	70	90	80	





Key Findings and Recommendations

UMC Southern Nevada ('22 - '24)

Key Findings

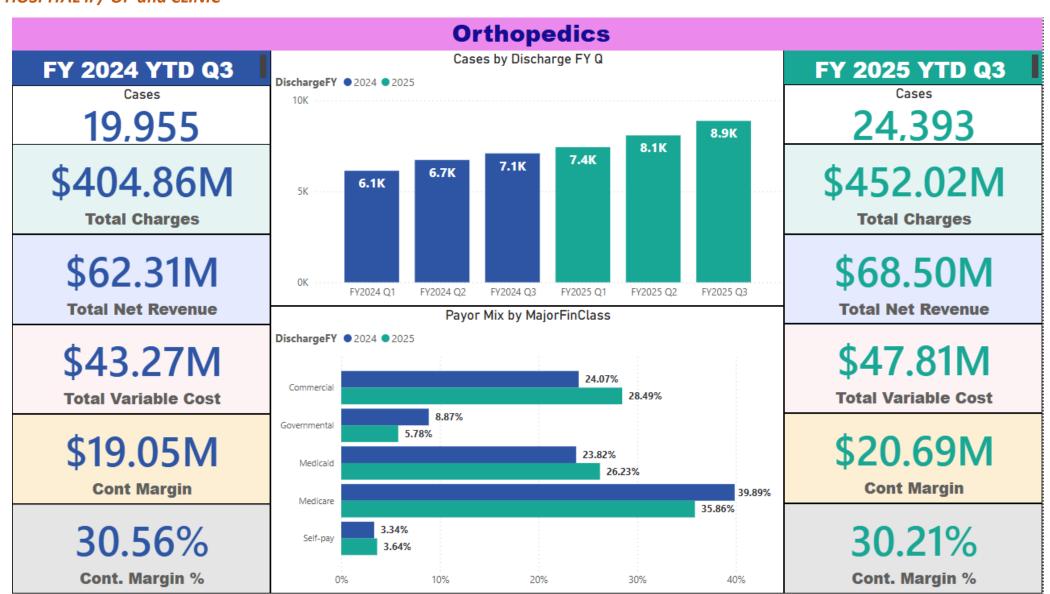
- Since 2022, soft tissue surgical program has grown 13%, Da Vinci has grown 28%.
- 2. UMC Da Vinci program outperforms the national standard in many clinical indicators (SSI %, Convert to Open %, and blood transfusion %).
- Big opportunity to help reduce blood transfusion cost by adopting into an MIS Strategy (+\$300k annual opportunity).
- 4. Surgeon variation in OR efficiencies with Outpatient procedures.
- Length of Stay Opportunity to reduce avoidable days (+\$250k annually).
- 6. Early assessment on dV5 efficiencies (Outpatient Benign Hysterectomy).

Recommendations

- Strive to reduce Open surgery in Colorectal and Ventral Hernia.
- 2. Identify best demonstrated practice for surgeon efficiency and share practices.
- 3. Focus on the reduction of blood transfusions

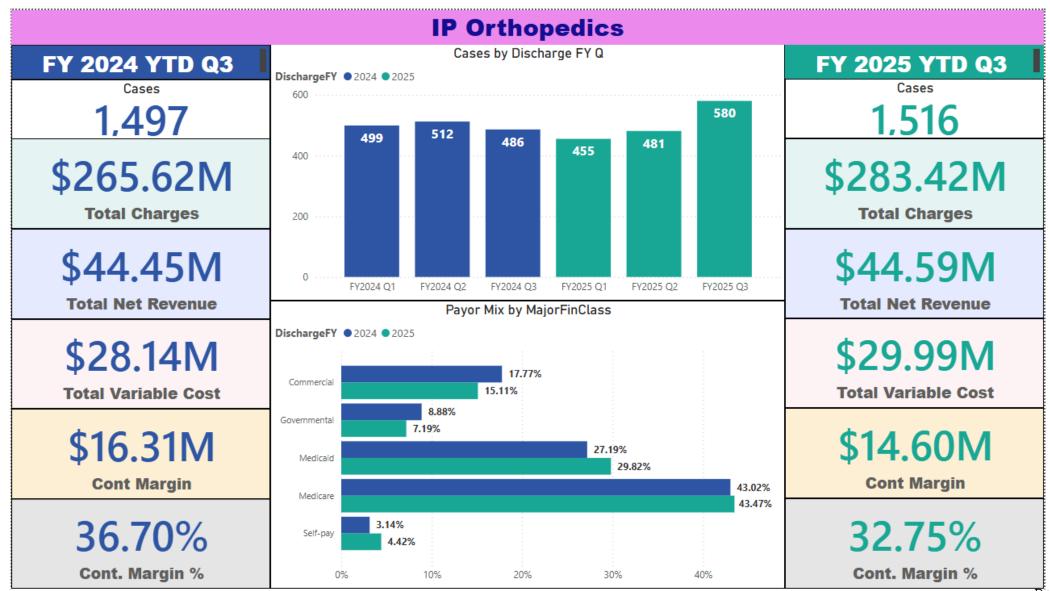


ORTHO HOSPITAL IP/ OP and CLINIC



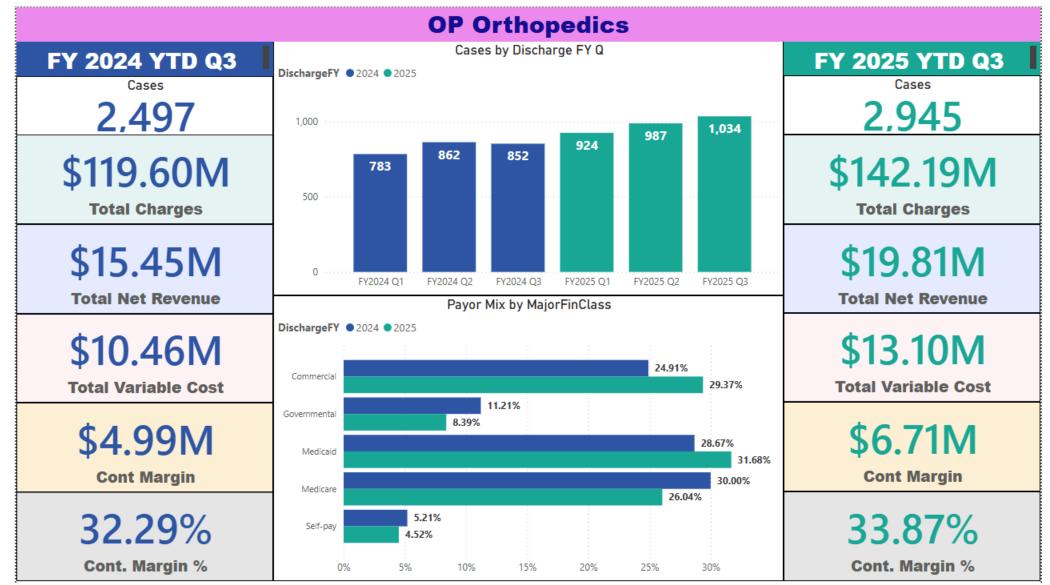


ORTHO HOSP IP





ORTHO HOSP OP



Orthopedic Services IP Q3 FY25



Service Line Update

Operational Update

- Total Hip/Knee Arthroplasty: 96 TKA/THA (up from 85 Q2 FY25), Total Shoulder Arthroplasty: 25 TSA (up from 13 Q2 FY25).
- Regional Block for Total Hip/Knees: Hip blocks **100**% & Knee blocks **100%** (up from 89% for hip blocks)
- Early Ambulation THA/TKA: 100%
- Discharge home THA/TKA: 89% (83% Prior Quarter)
- Length of Stay at 2.6 (Benchmark of 1.98, down from 2.8 in Q2 FY2025).
- Integrative Joint Camp Class attendance: **75%** (down from 84% Q2 FY2025)
 - Nurse Navigator working with Marketing team to have class on UMC Website in June 2025
- UMC belongs to the AJRR (American Joint Replacement Registry)

Expense Control and Revenue Enhancement

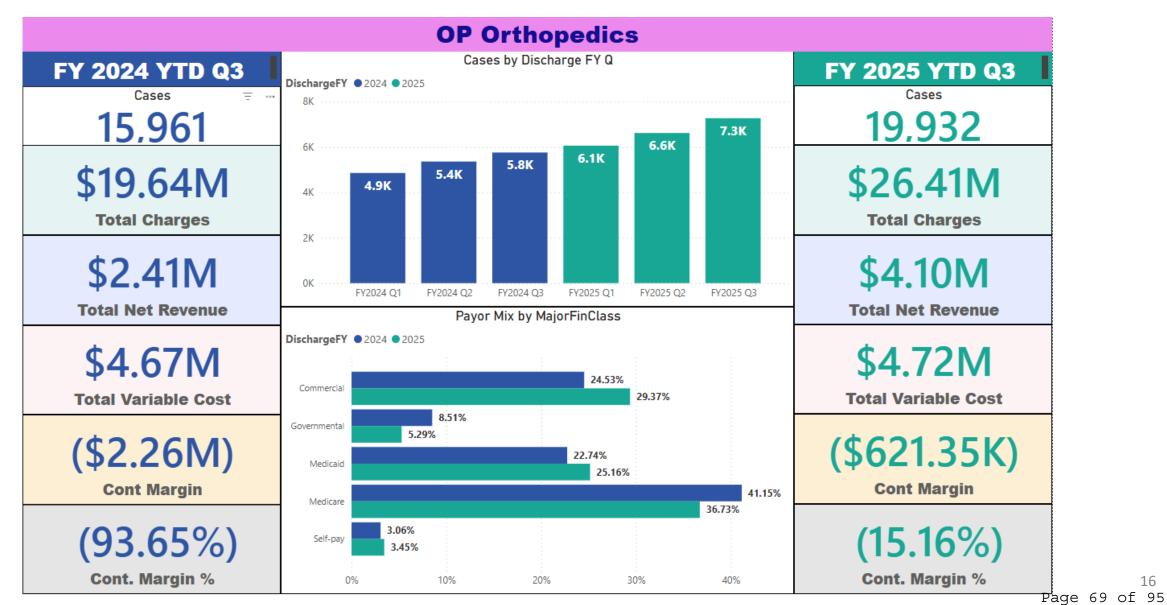
- Collaboration between OP Clinic, Inpatient Floor and Surgical Services to continually improve efficiencies and flow
- Working with Business Development Office to identify revenue streams and areas for growth
- Quarterly Orthopedic Service line review meeting bringing the Outpatient center, Operating room and Inpatient areas together

Strategic Next Steps

- Review Marketing campaigns and word of mouth to bring referrals
- Apply for Hip/Knee Advanced Certification (DNV criteria now formalized) 2nd Quarter of 2026
- Exploring sending a survey to all patients post surgical or post outpatient appointment for areas of improvement OR hosting a "patient roundtable" experience to glean areas of best practice or for improvement.



ORTHO CLINIC



Orthopedic Services OP (Clinic) Q3 FY25



Service Line Update

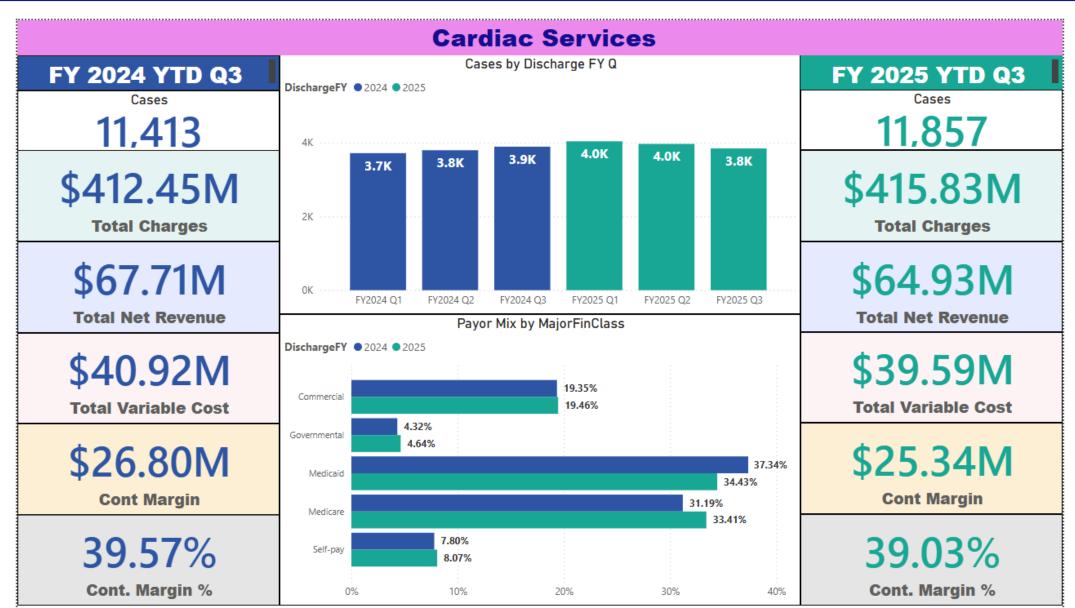
Operational Update

- Orthopedic and Spine Institute of UMC Clinic:
 - Opened clinic at Southern Highlands on May 13th with a triage, non-surgical provider. Averaging 4.75 visits/day so far
 - Q3 FY25 compared to Q3 FY24
 - Elective Surgeries up 35%
 - Total Surgical Cases up 29%
 - Completed visits up 27%
 - Incoming referrals up 95%
 - Call volume up 16%
 - Collections up by 42%
 - New patient visits account for 32.2% of total clinic visits

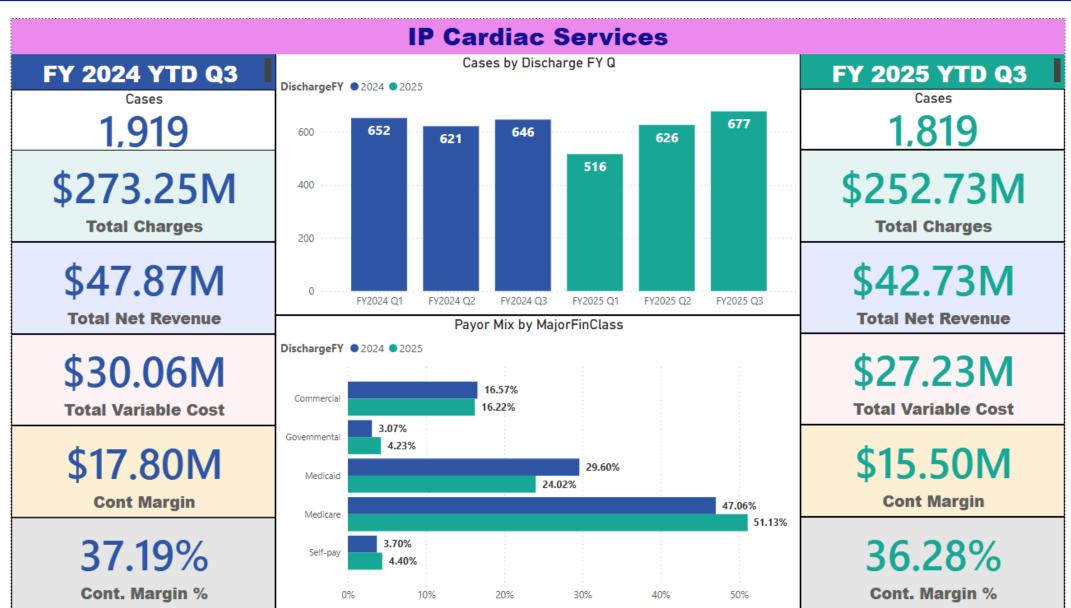
Strategic Next Steps

- Continue to expand clinic footprint in the valley for patient convenience
- Expanding clinic capacity as additional practitioners will be triaging patients prior to seeing the surgeons
 - Resulting in streamlining the pathway to surgery (Goal average 200 visits per day)
- Implementing Nuance Dax AI within clinics to speed up the charting process for physicians, resulting in increased patient volume
- Develop MSK express care clinic to capture ortho-related injuries in a more focused and expedient environment
- Continue education with Primary/Quick care doctors to streamline appropriate referrals to Ortho
- BDO has been assigned to assist with growing this service line

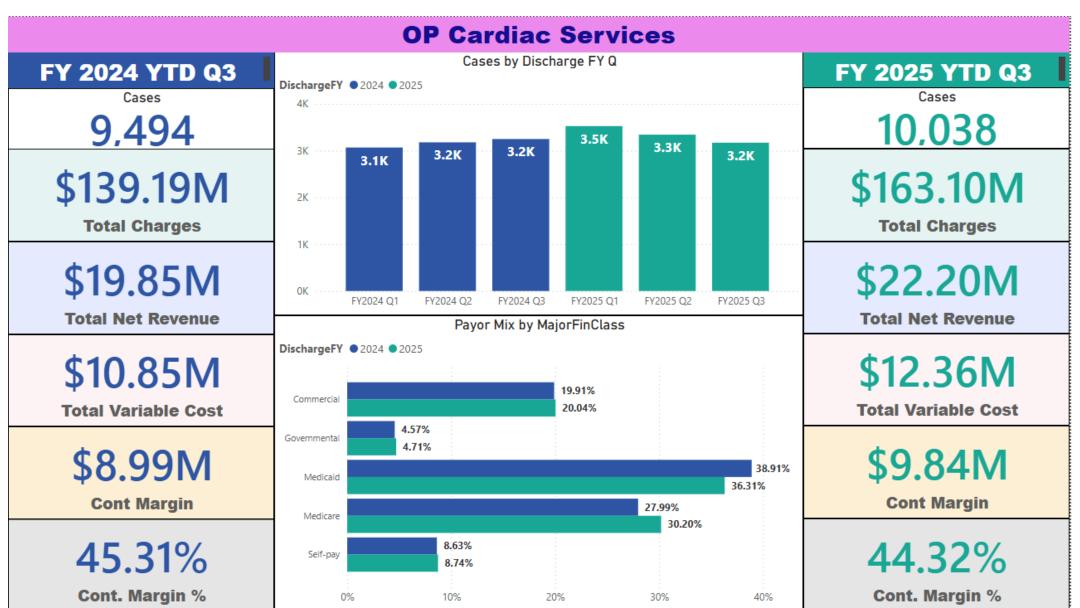












Cardiac Services Q3 FY25



Service Line Update

Operational Update

- Continued case volume growth in EP procedures, Structural Heart (TAVR, Watchman, Pascal) and complex PCI
- Watchman and Amulet implants continue to grow quarter over quarter, triggering maximum rebate tiers
- Future plans include installing a second EP system by Carto so that the EP physician can increase daily cases by 50%
- Total revenue for inpatients and outpatients shows steady growth over the past 12 months (increase of 30%)
- Exceptional outcomes across Structural Heart & Coronary programs
 - Zero mortality in TAVR and LAAO cases to date
 - Over 98% device success rate in Structural Heart Procedures
 - PCI program consistently achieves >95% door-to-balloon time with the guideline metrics

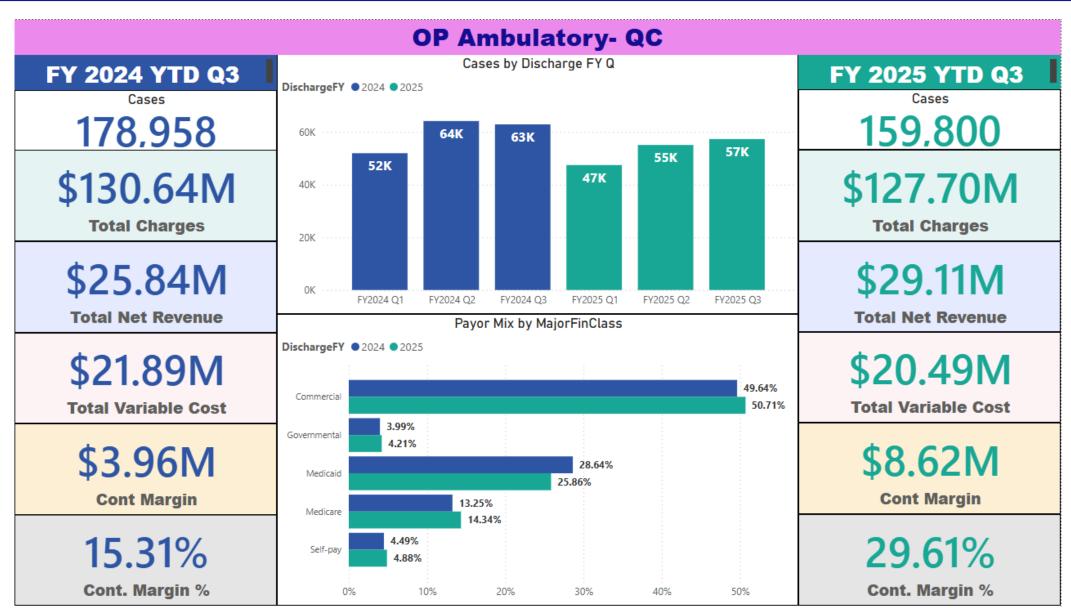
Expense Opportunities

- Increased use of Room 3 (for IR cases) in the Cath Lab will decrease LOS, reduce OT, and increase patient and physician satisfaction
- Pascal is now offering an exclusive rebate program to UMC, once we get to 10 devices per quarter
- Renegotiating STENT contracts to encourage rebates using volume-based agreements
- Combined staff of Cath Lab and IR/Specials to allow for mutual support of staff and supplies, reduces redundancy of equipment, and will allow less dependency of traveler staff in IR.

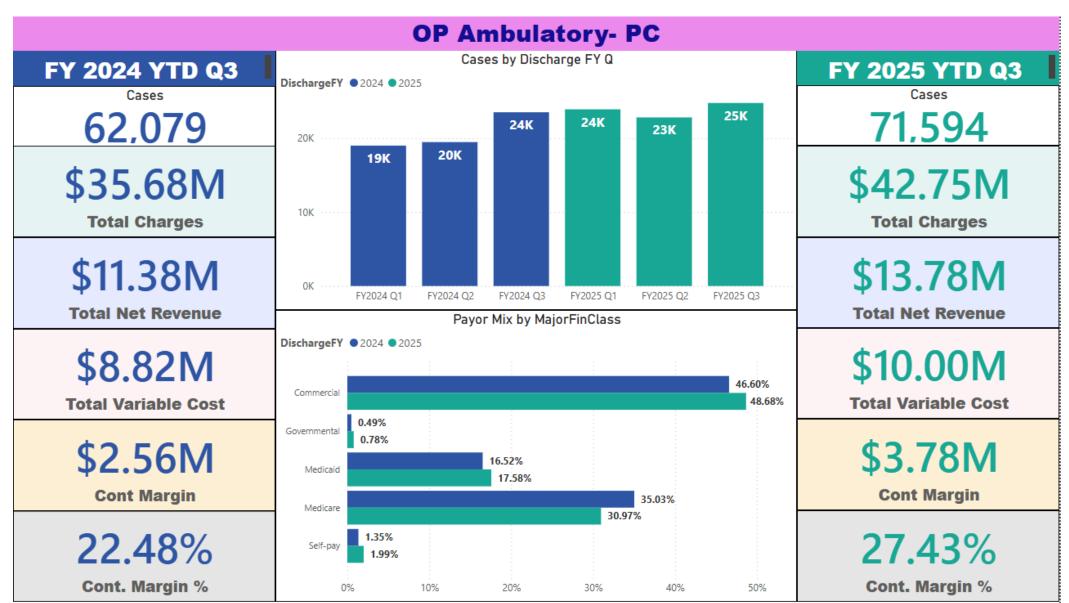
Strategic Next Steps

- On the path to receive Advanced Chest Pain Accreditation from DNV (November 2025)
- Develop an aggressive Ad campaign for the region for Advanced Structural Heart procedures that are now available
- Heart Failure Clinic driving down 30-day readmissions (UMC at 4% vs national average of 16%)
- Recognize and respond to the shift in cardiovascular care, where structural heart and EP procedures are becoming the primary drivers of growth, necessitating a strategic pivot away from reliance on routine CATH procedures.









UMC Ambulatory Care Q3 FY25

UNIVERSITY MEDICAL CENTER

Service Line Update

Operational Update

- PC Self-Scheduling 73% expanding NP schedules and utilizing the waitlist will increase schedule utilization rates
- PC Average no show rate of 11.46% Goal is 10%
 - Appointment reminders sent via Bi-way text messaging, phone calls, and emails (patient can confirm, cancel, or reschedule in system)
- QC Left without being seen 0.03%
- POS collection \$1.4M 3.68% above goal
- Call Center 53,533 incoming calls (reduced calls due to MyChart self-scheduling, increase in E-check, and in-person appointments)
 - 10.90% abandonment rate goal is > 8%
- Total generated referrals 46,548 (32% increase from last quarter)
- Appointment reminders are sent via Bi-way text messaging, phone calls, and emails
 - Hello World Appointment reminder text messages 25,478
 - MyChart medical advice messages received 11,565 86% of messages handled within 48 hours goal is 98%
 - Medical Assistants are tasked with prepping charts with results and consult notes to reduce provider response time

Expense Opportunities

- Increase Value-Based Care incentive payments
 - Targeted outreach for Annual Wellness Visit scheduling using patient rosters. Admitting, Nursing, and providers involved
- Phase 1 of PC/QC Retooling plan beginning to streamline processes
- Chronic Care Management has been implemented rolling out new clinics every month anticipated > \$600k annual revenue

UMC Ambulatory Care Q3 FY25

UNIVERSITY MEDICAL CENTER

Service Line Update

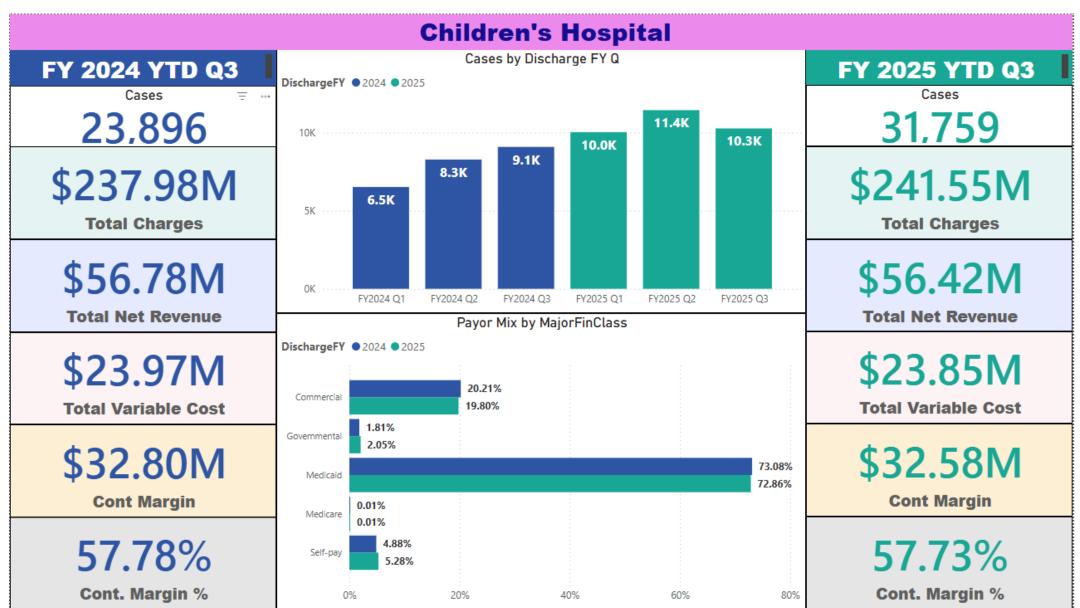
Strategic Next Steps

- Realigning Ambulatory Care Model to expand access to care, including specialty services
 - Incorporate PC Walk-In and Telehealth visits as an alternative option
- Southern Highlands Clinic Expansion opened March 31, 2025
- New Nellis clinic construction bid is underway tentative opening in Q2 2026
- New clinics in underserved communities throughout the valley

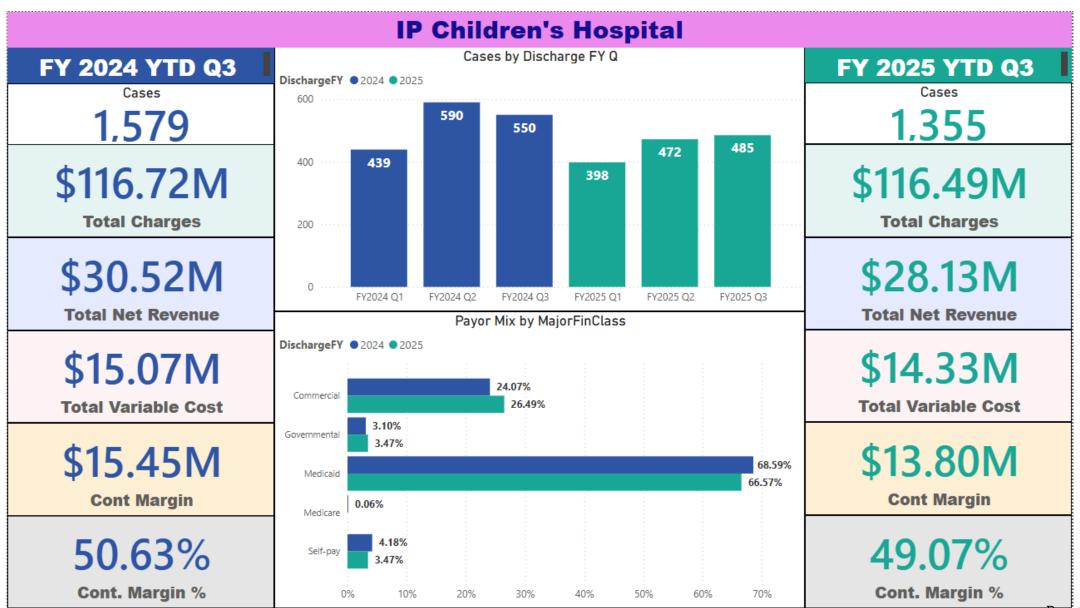
Technology Strategy

- EpicareLink met with 60 community partners (on-going) to connect via ECL, allowing outside facilities to upload consults and results via the Epic portal. Records automatically attach to the patient record and notify the provider via In-basket
- Digital Arrival self-service registration, questionnaires, and payment
- Nuance DAX Copilot Microsoft ambient listening AI software integration into EPIC. Go-live April 2025 at Spring Valley Clinic
- CHEERS optimizes scheduling processes and promotes ability for centralized scheduling of multi-specialties on the roadmap for 2025
- Epic Value-Based Care module to upload VBC agreements track and report progress and opportunities on the roadmap in 2025
- TIPS/DIMES targeted list of optimization for clinical workflows on the roadmap in 2025

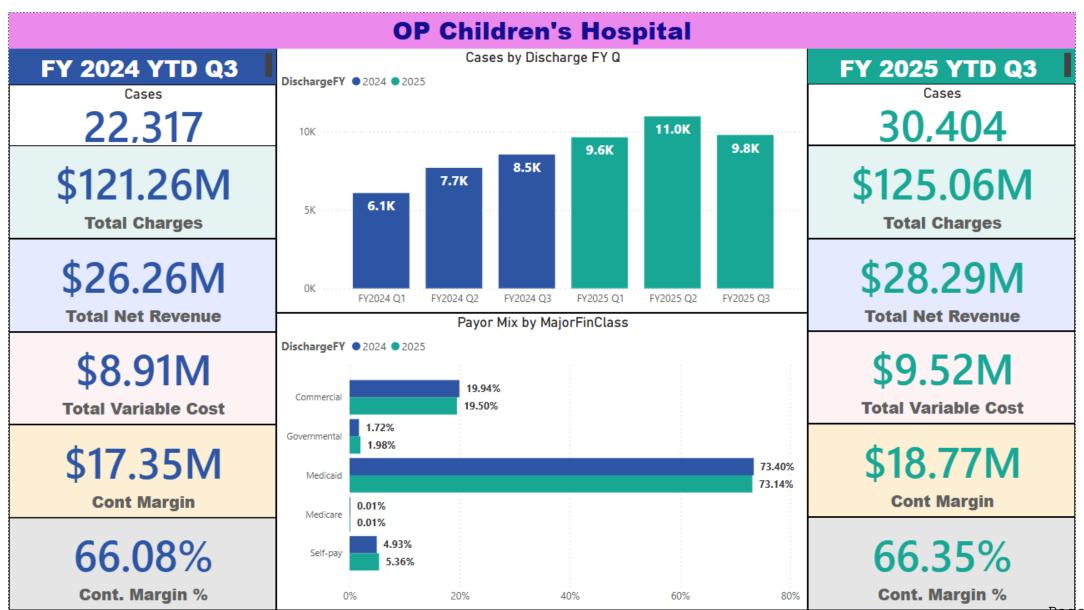




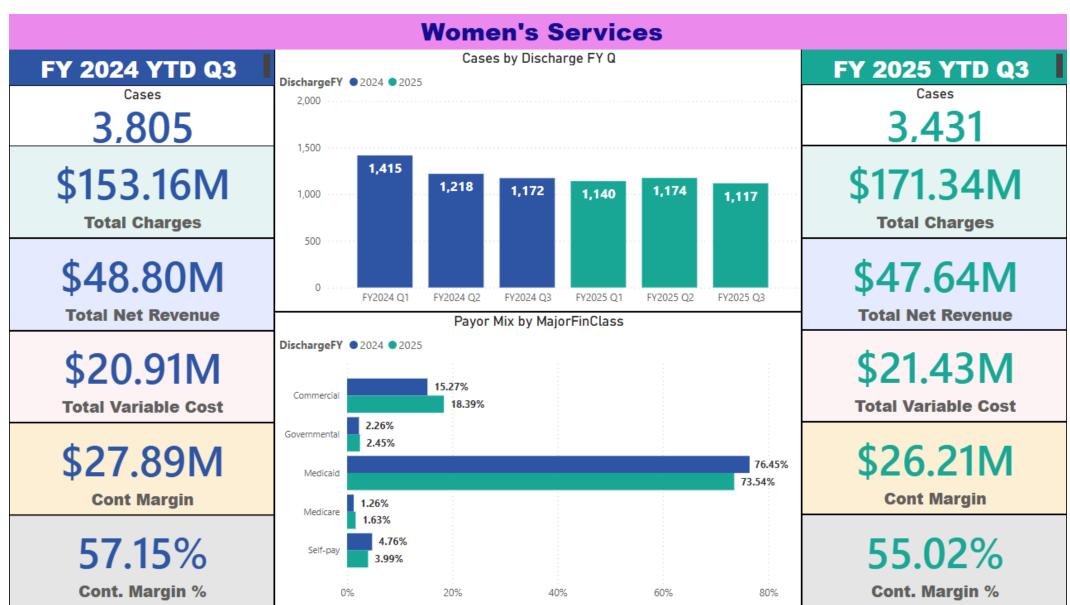




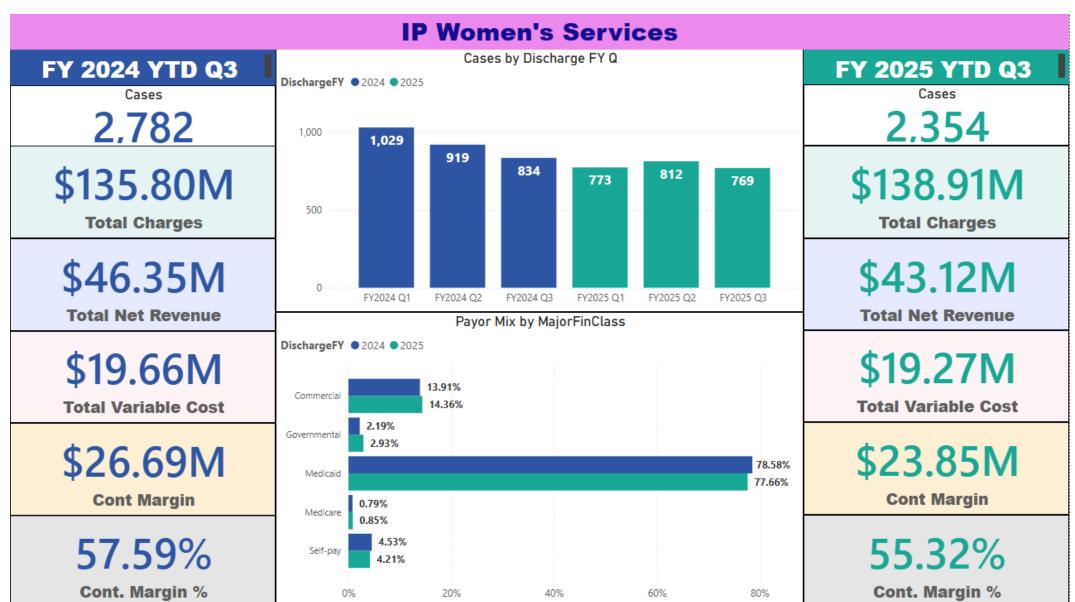








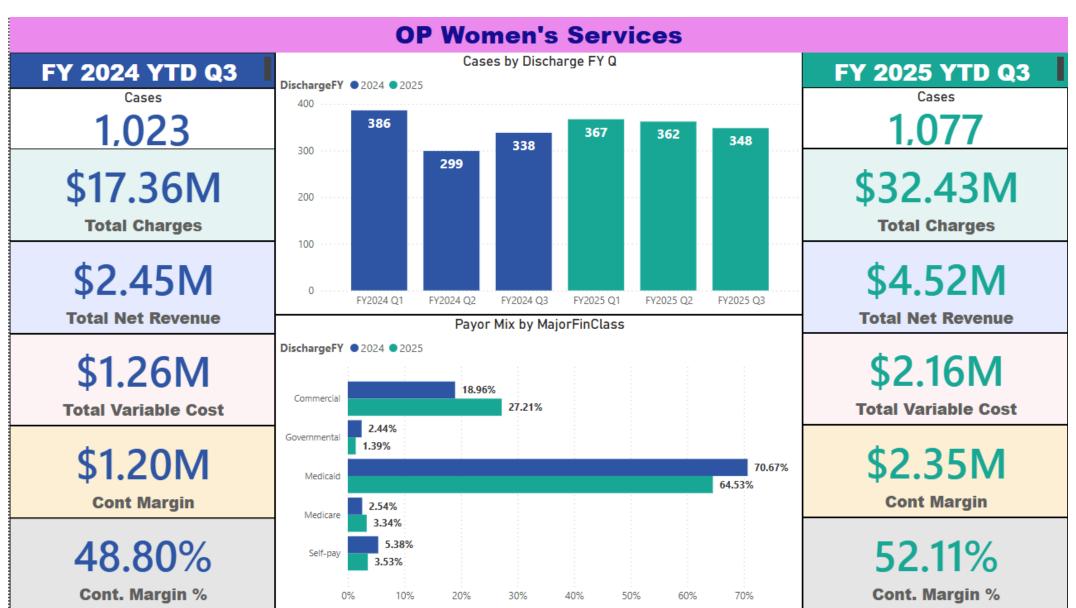




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Women's and Children's Hospital Q3 FY25



Service Line Update

Operational Update

- Focusing on processes to allow for tracking and measuring Baby Steps to drive volume and conversion.
- Enhanced process for daily rounding to ensure optimal patient experience.
- CEO lead, the team implemented a new recurring OB Leadership Collaborative Dinner to support the UNLV and UMC relationship.
- Scheduling a Welcome Luncheon for the new UNLV Residents coming on June 27th at noon.
- Rolled out a comprehensive strategic plan for Perinatal in our hospital committee meeting, as the first step in the Women's and Children's service line overall volume plan.

Revenue Enhancement

- Exploring the potential of OBED (Obstetrics Emergency Dept.) to increase revenue and provide more robust patient care.
- Evaluating a new maternal transport service to serve rural areas, increase deliveries, and NICU admissions.
- Vetting a new Midwifery and in-hospital Birthing Center service.

Strategic Next Steps

- Monitor and hardwire new operational processes for efficiency and efficacy.
- Continue hospital committee meetings with our Board member to execute strategic plan.
- Continue UNLV/UMC collaborative dinner meetings.
- Continue to implement the goals of the strategic plan.

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

Issue:	FY25 Organizational Performance Goals Update	Back-up:		
Petitioner:	Tony Marinello, Chief Operating Officer			
Recommendation:				
That the Governing Board Strategic Planning Committee receive an update on the FY25 Operational Performance Goals; and direct staff accordingly. (For possible action)				

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the status of the FY25 organizational performance goals.

Cleared for Agenda June 12, 2025

Agenda Item#



FY 25 Organizational Goals Update June 12, 2025

Organizational Performance Objectives



FY25 Strategic Planning Committee Goals

- 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 4th and 5th 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

Organizational Performance Goal #2



Finalize Rehab Business Plan

Finalize Rehab Business Plan and Proforma for the expansion of 4th and 5th floor trauma building and submit through the approval process:

- Rehab Business Plan and Proforma have been completed
- Business Plan and Proforma presented and approved to move forward at the Audit & Finance Committee Meeting (May 2025)

Organizational Performance Goal #3



FY25 Enhance Strategic Initiatives in furtherance of the Academic Health Center

- UNLV Dental Anesthesia Residency July 1, 2025
- GME Federal and State Bipartisan Legislative Involvement: GME Reform
- CMS Expansion Grant application submitted for additional slots in 2025
 - Awarded 1.67 FTE in Pediatrics
 - 5506 Expansion Waiver (Other Hospital Closure Slots: ENT-0.52 and Plastics-3.3) in 2026
- Academic Software Implementation Resident Management Suite
- Sponsoring Institution in January 2025, with the first program being Radiology Residency in 2026
 - Site visit 05/19/25 (Pending Approval)
 - VA agreement for Mammography and PET Scan
 - Faculty Development
 - Research Design
- Legislation: SB408 (Passed) Employment of Residents and Fellows
- Successful DOD U.S. Government Accountability Office review of Military Civilian Partnerships
- Department of Defense Skillsbridge: Military/CIV partnership

Organizational Performance Goal #4



FY25 Continue on the Journey to Achieve Comprehensive Stroke Certification

- Currently have Primary Stroke Certification with the Joint Commission
- UMC is also transitioning specialty certifications/centers of excellence to DNV as well
- UMC is on track to achieve Comprehensive Stroke Center Certification from DNV in 2025.
 - November 2024: Application Approved by DNV
 - May 20-21, 2025: DNV site visit survey
 - June 2, 2025: Received report from DNV with needed corrections within 10 business days
 - June 10, 2025: Corrective Action Plan submitted back to DNV
 - June 2025: Certification anticipated

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

Issue:	FY2026 Proposed Organizational Goals	Back-up:		
Petitioner:	Tony Marinello, Chief Operating Officer			
Recommendation:				
That the Governing Board Strategic Planning Committee receive an update on the FY26 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)				

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the FY26 proposed goals.

Cleared for Agenda June 12, 2025

Agenda Item#



FY 26 Organizational Goals (Proposed) June 12, 2025

Organizational Performance Objectives



FY26 Strategic Planning Committee Goals

- 1. Continue to deliver improved clinical and financial outcomes in the existing five service lines, while adding a sixth service line of Interventional Radiology
- 2. Enhance Strategic Initiatives in furtherance of the Academic Health Center
- 3. Achieve Cardiac Center of Excellence Designation through DNV
- 4. Set up Liver Care Service
- 5. Achieve Advanced Certification in Hip & Knee Surgery through DNV

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 June 12, 2025

Agenda Item#