



UMC Strategic Planning Meeting

Thursday, December 7, 2023 9:00am

UMC Trauma Building Providence Suite 5th Floor

Las Vegas, NV 89102

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
December 7, 2023, 9:00 a.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

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

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

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

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment.

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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on October 5, 2023. *(For possible action)*

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

SECTION 2: BUSINESS ITEMS

4. Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. *(For possible action)*
5. Receive an update regarding overall competitive landscape and market share data related to healthcare activity; and direct staff accordingly. *(For possible action)*
6. Receive a quarterly update on the UMC CEO/Organizational Performance Goals for FY2024; 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
October 5, 2023**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, October 5, 2023
9:00 a.m.

The University Medical Center Governing Board Strategic Planning Committee met at the time and location listed above. The meeting was called to order at the hour of 9:00 a.m. by Chair Hagerty and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

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

Absent:

Robyn Caspersen (Excused)

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Shana Tello, Academic and External Affairs Administrator
Geoffey Empey, Specialty Services Manager
Maria Sexton, Chief Information Officer (WebEx)
Emelia Allen, Assistant 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 August 10, 2023. (For possible action)

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update regarding Technology Strategy; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- None

DISCUSSION:

Mr. Marinello began the discussion by introducing Geoffrey Empey, UMC Specialty Services Manager.

Maria Sexton, CIO, provided an update regarding UMC's technology with some of the items that have been completed in recent months. Approximately 40% of work stations have been improved or changed. There have also been upgrades in online care, data network, compute and storage and cyber security. New and additional computers have been incorporated. The discussion continued with a review of the expansive list of items that have been completed facility wide.

Mobile services are in the process of moving from T-Mobile service to the AT&T First Net priority platform, which is a priority calling system for those with first responder classifications. There was continued discussion regarding telephony strategy and the benefit of using mobile devices rather than land line desk phones. Ms. Sexton explained the benefit and flexibility of cloud-based telephony.

Chair Hagerty asked if there was a county-wide initiative that UMC could benefit from and utilize with the use of the mobile service. Ms. Sexton will look into this.

In the next 12-18 months, UMC will begin moving to the new platforms of Microsoft Office 365 and Teams, refresh of WOWs, expand specialty consults in Online Care and move telephony communications to a cloud hosted service. Ms. Sexton detailed the implementation of the Nuance DAX ambient documentation system technology, which will benefit the provider experience. There was continued discussion regarding the benefit of AI technology in clinical and non-clinical environments.

The last slide highlighted some of the Epic modules that have been completed, including new service line builds, the new Hyperdrive Epic platform transition and MyChart open scheduling. In the next 12-18 months there will be new Epic implementations in the Radiology service line, continued Hyperdrive upgrades, Surgery and OR optimization, MyChart, and other module installs.

Lastly, Ms. Sexton informed the Committee of the future cost increase in hosting fees that will be coming from Epic. Updates will be provided in the future regarding this topic and UMC's plans to offset costs.

A discussion ensued regarding automating tasks through technology to create more productive opportunities and efficiencies for staff. UMG updates were shared.

FINAL ACTION TAKEN:

No action taken

ITEM NO. 5 Receive a report regarding UMC Service Line Performance Overview; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

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

Chair Hagerty encouraged the team to review market share statistics on a fair share calculation based on room count calculations.

In overall market share, UMC sits at #4, up slightly over previous year. As a corporate structure, UMC has had the highest market share gain overall, with .4%.

In general surgery, UMC slid to number 3 in market share, following Mountain View and Sunrise. Although UMC lost .9% in the market during Q3, there have been increases recently due to the addition of anesthesia.

In Orthopedics, UMC sits at number 2. HCA has picked up 5.1% of volume.

In Cardiac services, UMC remained in the number 8 position in market share, but did gain .5% overall.

Women's Services was at number 8 in the market, but is up .6% in the market share over prior year.

The Children's Hospital market share dropped 3% quarter over quarter behind Sunrise and Summerlin. There was continued discussion regarding what is driving losses with other healthcare systems. Mr. Marinello responded that payor issues, other employment opportunities for providers, population growth and patient wait times.

Member Franklin asked what drives the business of other systems and what can we learn from in order to get better.

Next was a review of the service line updates:

In general surgery, there was a decrease of the first case start times of 10%.

The Committee voiced frustration with this topic, adding this is a culture issue and there needs to be accountability. This is an operational issue which has become a strategic issue. There was a lengthy discussion on this subject matter.

Mr. Marinello continued the discussion by sharing strategic next steps and technology strategies with general surgery. A slide showcasing the renovation project was shown.

Orthopedic services continues to grow. Bi-weekly Ortho Service Line meetings are in place to improve process and flow. There is continued focus on implant cost reductions. Construction has begun on a permanent x-ray suite in the Ortho Clinic, with completion by the end of October.

Cardiac services show increased volumes and TAVRs have transitioned to Cath lab. Intake process has been streamlined for outside facilities, including UMC Quick Cares and Primary Cares. Strategic next steps were reviewed, highlighting new Cath lab construction which is anticipated to be completed in March. Marketing the new minimally invasive CT surgery and bloodless medicine.

Chair Hagerty would like to know the size of the market for bloodless surgery and identify the size of the Jehovah's Witness population in the area. This should not be limited to Clark County. Mr. Marinello responded that the team will gather more information.

Volumes are up in Women's and Children's month over month, there have been updates with the Centrak security system. Dr. Annette Mayes, along with 2 other providers have started October 2nd. Cross training has begun with staff to assist with the pediatric ED. Deliveries have been the highest since 2019.

Lastly, Mr. Marinello provided reviewed ambulatory and telemedicine updates.

FINAL ACTION TAKEN:

None taken

ITEM NO. 7 Receive an update calendar rotation; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

None

DISCUSSION:

The Committee agreed to keep the schedule the same. The objective is to have the financials available quarterly and share service line updates related to performance vs. budget in the quarter.

Chair Hagerty stated that he would like to receive updates on service line in volume, revenue, cost and contribution margin, based on what was projected to occur.

Mr. Marinello clarified that it would be updates in year over year and budget statistics.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 8 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

DISCUSSION:

None

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

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

At the hour of 10:38 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 9 Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

There being no further business to come before the committee this time, at the hour of 11:03 a.m.

APPROVED:

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary

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

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

FISCAL IMPACT:

None

BACKGROUND:

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

Cleared for Agenda
December 7, 2023

Agenda Item #

4



Strategy Committee
Service Line Update
December 7, 2023

- **FY24 Initiatives**

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

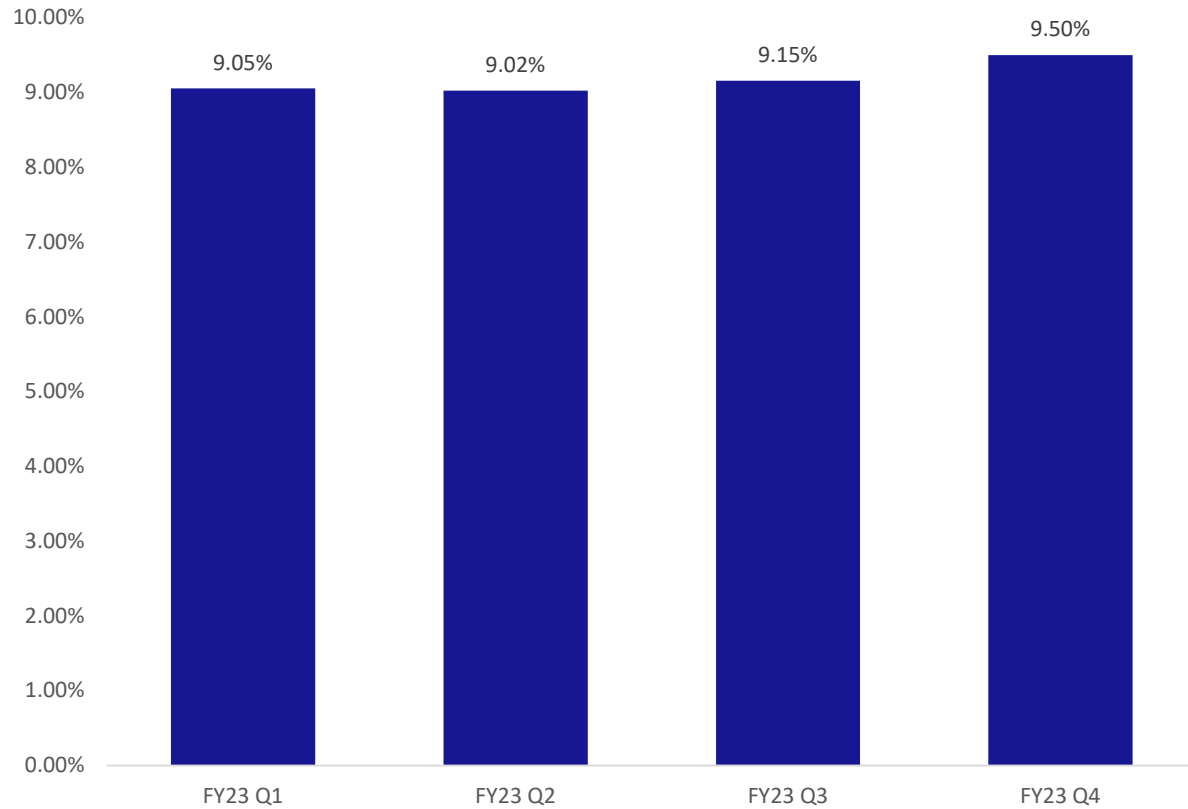
- **Notes:**

- Service Line data is by Discharge Date
- Case = HAR (Hospital Account Record) = 1 visit to hospital or clinic
- Net Revenue includes below where applicable:
 - Payor and patient payments
 - Supplemental payments
 - Incentive payments
 - Capitation payments
 - PB Pro-fee billing payments

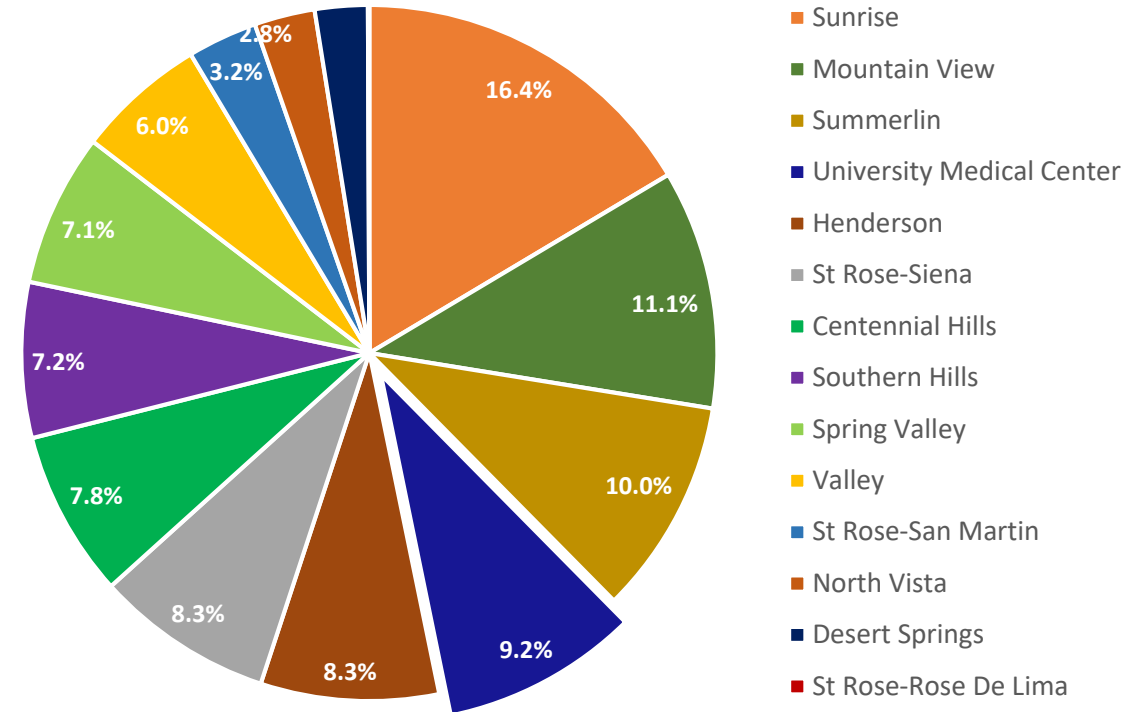
Market Share Update

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

UMC Quarterly Trended Market Share



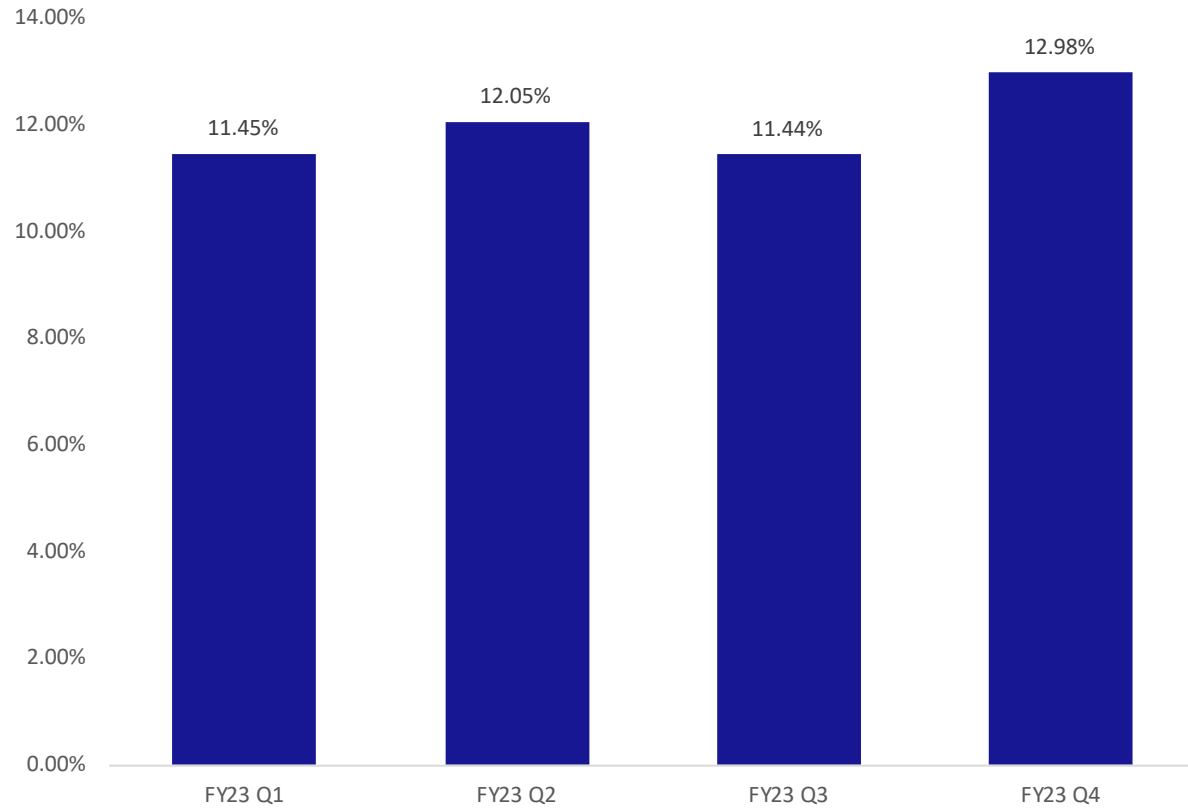
Market Share FY23 Q1 - FY23 Q34



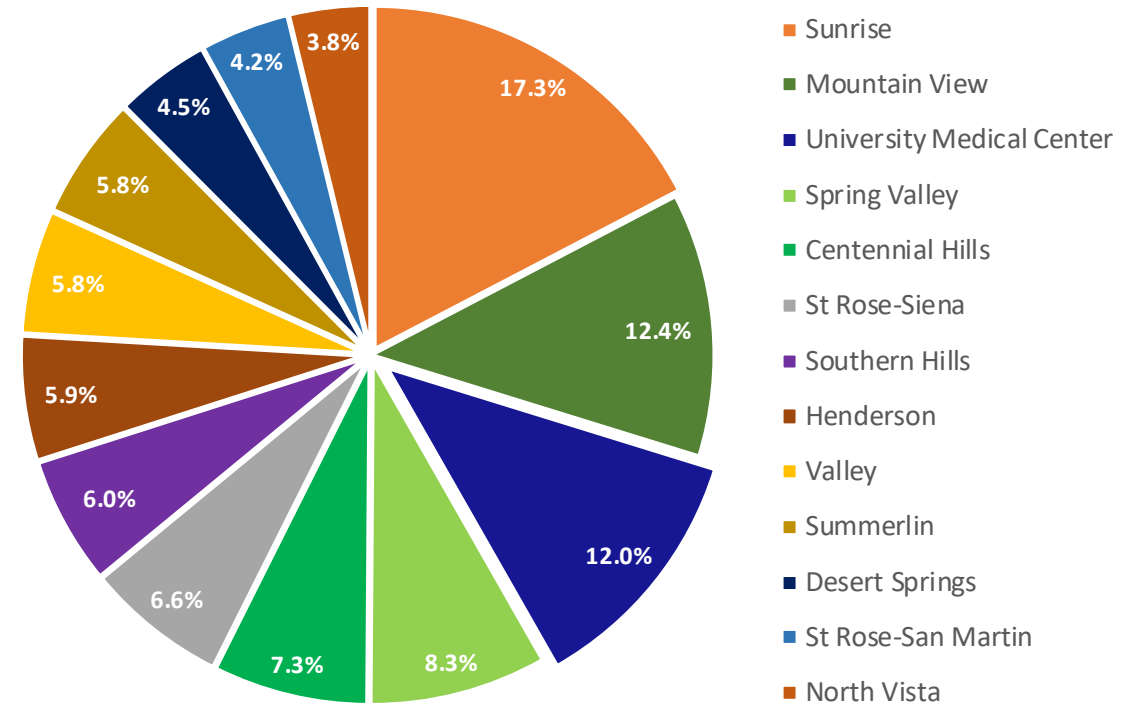
Market Share Update

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

UMC Quarterly Trended Market Share



Market Share FY23 Q1 - FY23 Q4



Market Share Update

Market Payor Mix and Weighted performance percentage by Licensed Beds

Hospital	Medicaid	Medicare	Other	Commercial /HMO	Grand Total	Licensed Beds	Beds Percentages	Variance
Centennial Hills Hospital and Medical Center	4.84%	7.63%	5.28%	11.28%	7.75%	339	6.87%	● 0.88%
Desert Springs Hospital and Medical Center	1.82%	2.85%	1.82%	2.79%	2.46%	190	3.85%	● -1.40%
Dignity Health-Saint Rose Dominican Hospital-Rose De Lima	0.03%	0.06%	0.20%	0.07%	0.07%	130	2.64%	● -2.57%
Dignity Health-Saint Rose Dominican Hospital-San Martin	1.35%	2.69%	9.54%	3.92%	3.24%	147	2.98%	● 0.26%
Dignity Health-Saint Rose Dominican Hospital-Siena	2.98%	7.81%	18.91%	10.83%	8.26%	326	6.61%	● 1.65%
Henderson Hospital	5.97%	8.11%	4.81%	11.55%	8.28%	170	3.45%	● 4.83%
Mountain View Hospital	10.51%	14.83%	8.71%	8.22%	11.11%	425	8.62%	● 2.49%
North Vista Hospital	4.77%	3.16%	0.70%	1.17%	2.81%	201	4.08%	● -1.26%
Southern Hills Hospital and Medical Center	7.84%	7.78%	4.65%	6.72%	7.22%	265	5.37%	● 1.85%
Spring Valley Hospital and Medical Center	4.60%	8.50%	4.28%	8.69%	7.11%	430	8.72%	● -1.61%
Summerlin Hospital and Medical Center	8.31%	7.77%	4.91%	15.57%	10.04%	628	12.73%	● -2.69%
Sunrise Hospital and Medical Center	24.44%	16.42%	18.98%	8.28%	16.44%	834	16.91%	● -0.47%
University Medical Center	15.89%	5.97%	13.69%	5.21%	9.18%	541	10.97%	● -1.79%
Valley Hospital and Medical Center	6.63%	6.41%	3.51%	5.71%	6.02%	306	6.20%	● -0.18%
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	4,932	100.00%	

*Volume based on Cases

*Other includes Self-Pay, Governmental, and International

Market Share Update



Payor Mix by Hospital

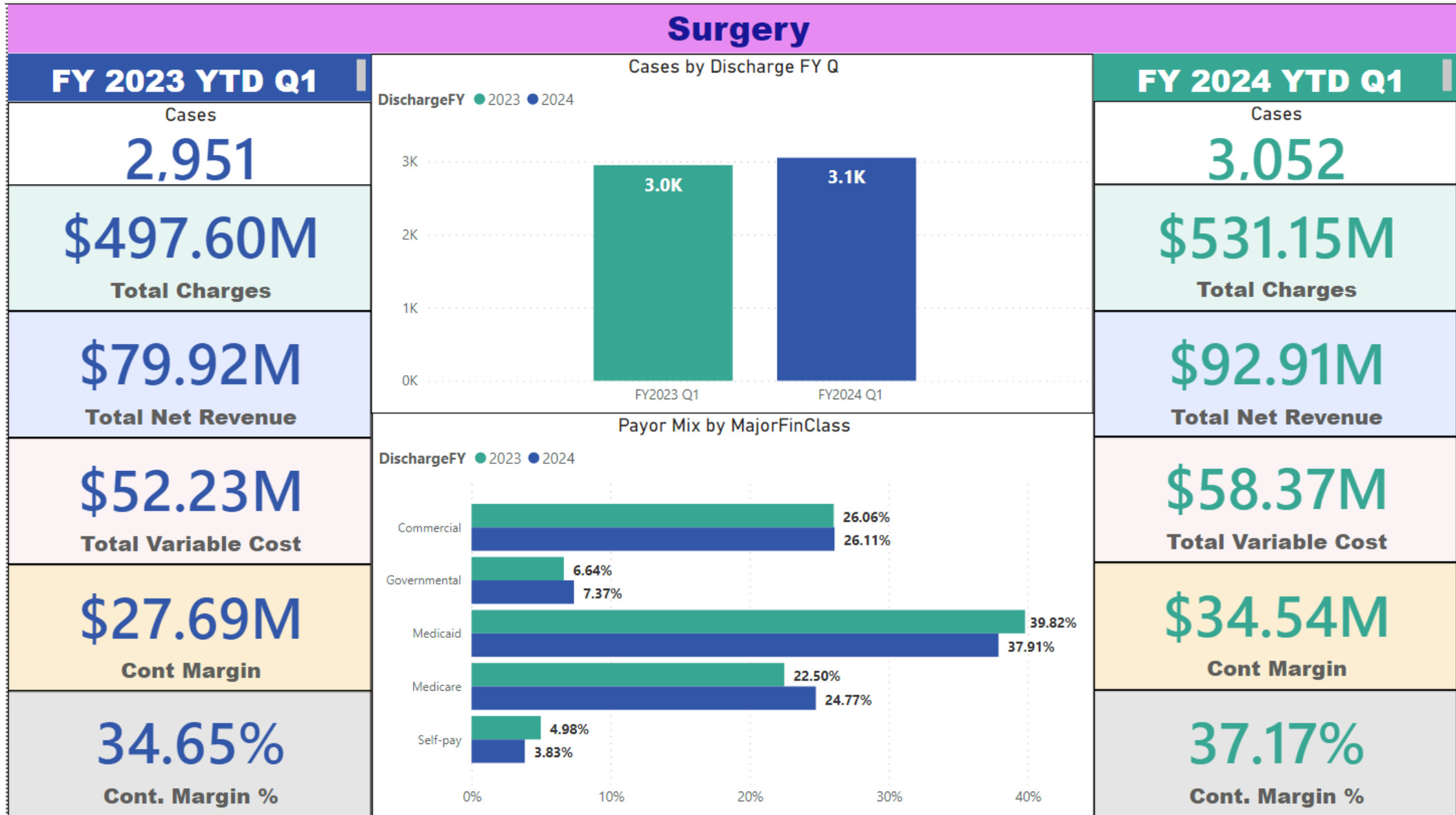
Row Labels	Medicaid	Medicare	Other	Commercial/ HMO	Grand Total
Centennial Hills Hospital and Medical Center	17.67%	32.84%	5.59%	43.90%	100.00%
Desert Springs Hospital and Medical Center	20.98%	38.69%	6.07%	34.26%	100.00%
Dignity Health-Saint Rose Dominican Hospital-Rose De Lima	11.70%	32.75%	24.56%	30.99%	100.00%
Dignity Health-Saint Rose Dominican Hospital-San Martin	11.78%	27.66%	24.12%	36.44%	100.00%
Dignity Health-Saint Rose Dominican Hospital-Siena	10.19%	31.52%	18.77%	39.53%	100.00%
Henderson Hospital	20.42%	32.70%	4.77%	42.12%	100.00%
Mountain View Hospital	26.74%	44.53%	6.43%	22.31%	100.00%
North Vista Hospital	47.96%	37.46%	2.03%	12.55%	100.00%
Southern Hills Hospital and Medical Center	30.73%	35.92%	5.28%	28.08%	100.00%
Spring Valley Hospital and Medical Center	18.31%	39.87%	4.93%	36.89%	100.00%
Summerlin Hospital and Medical Center	23.41%	25.81%	4.01%	46.77%	100.00%
Sunrise Hospital and Medical Center	42.03%	33.32%	9.47%	15.19%	100.00%
University Medical Center	48.96%	21.70%	12.23%	17.11%	100.00%
Valley Hospital and Medical Center	31.14%	35.50%	4.78%	28.58%	100.00%
Grand Total	28.28%	33.35%	8.20%	30.17%	100.00%

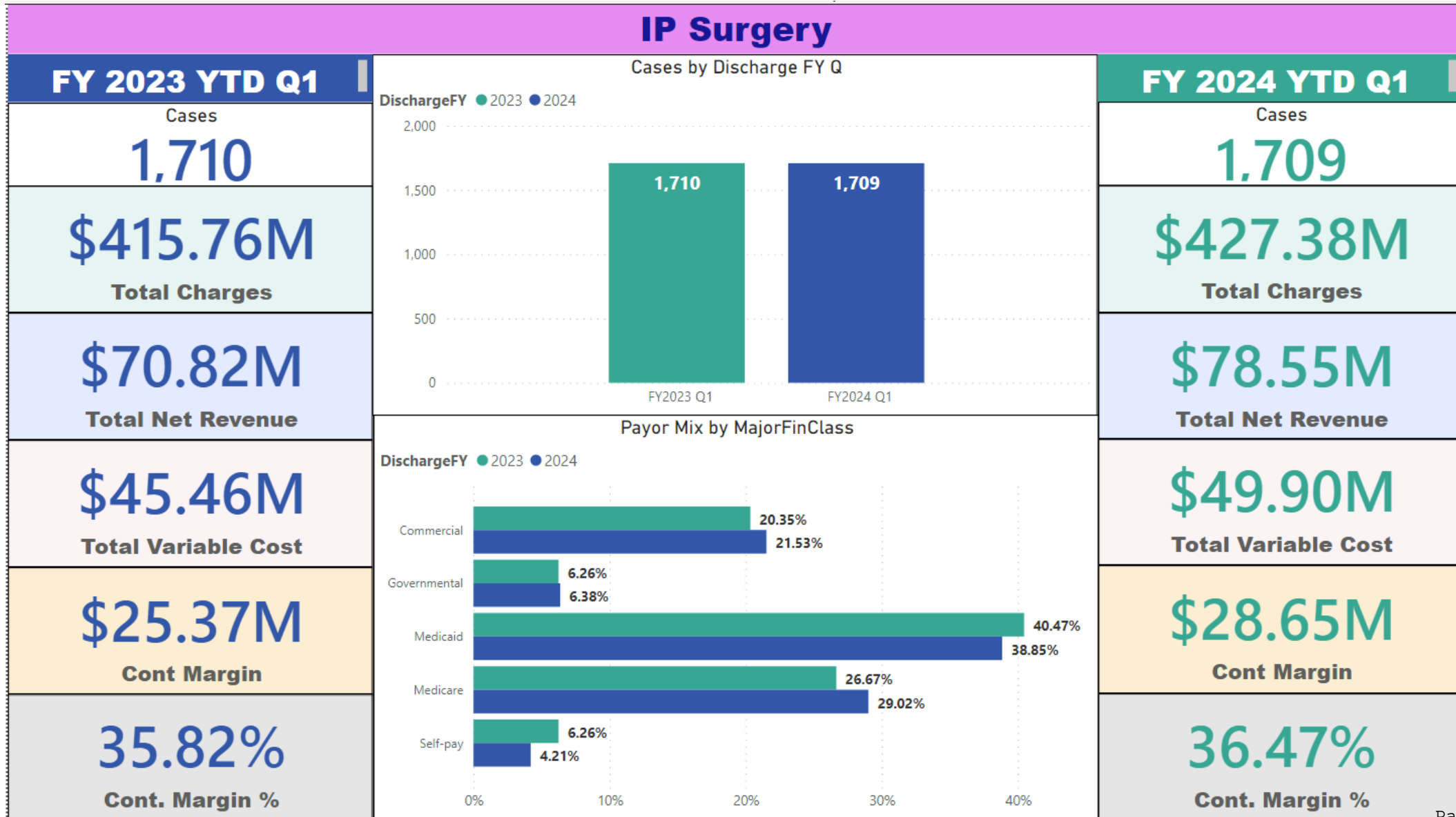
*Volume based on Cases

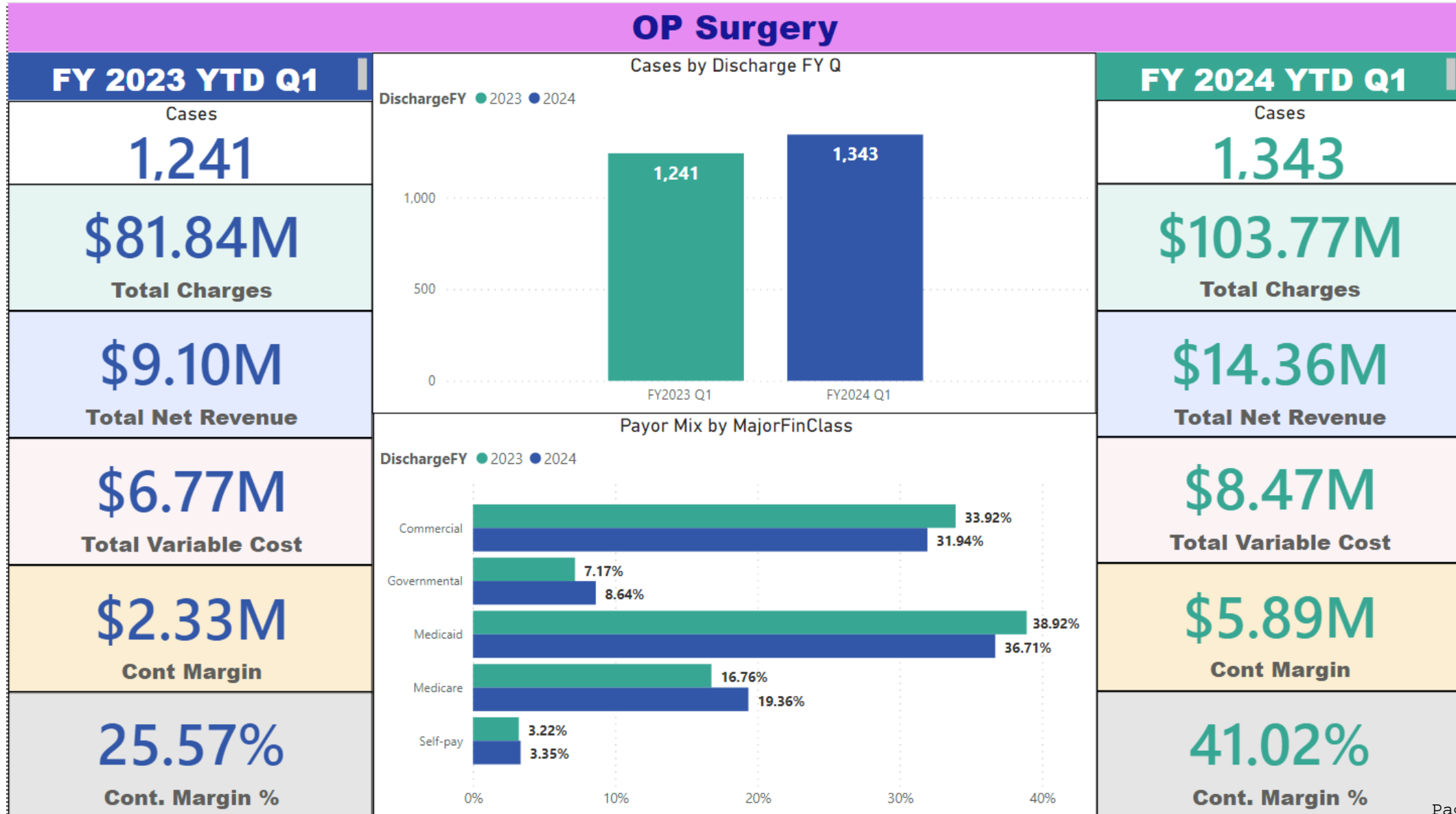
*Other includes Self-Pay, Governmental, and International

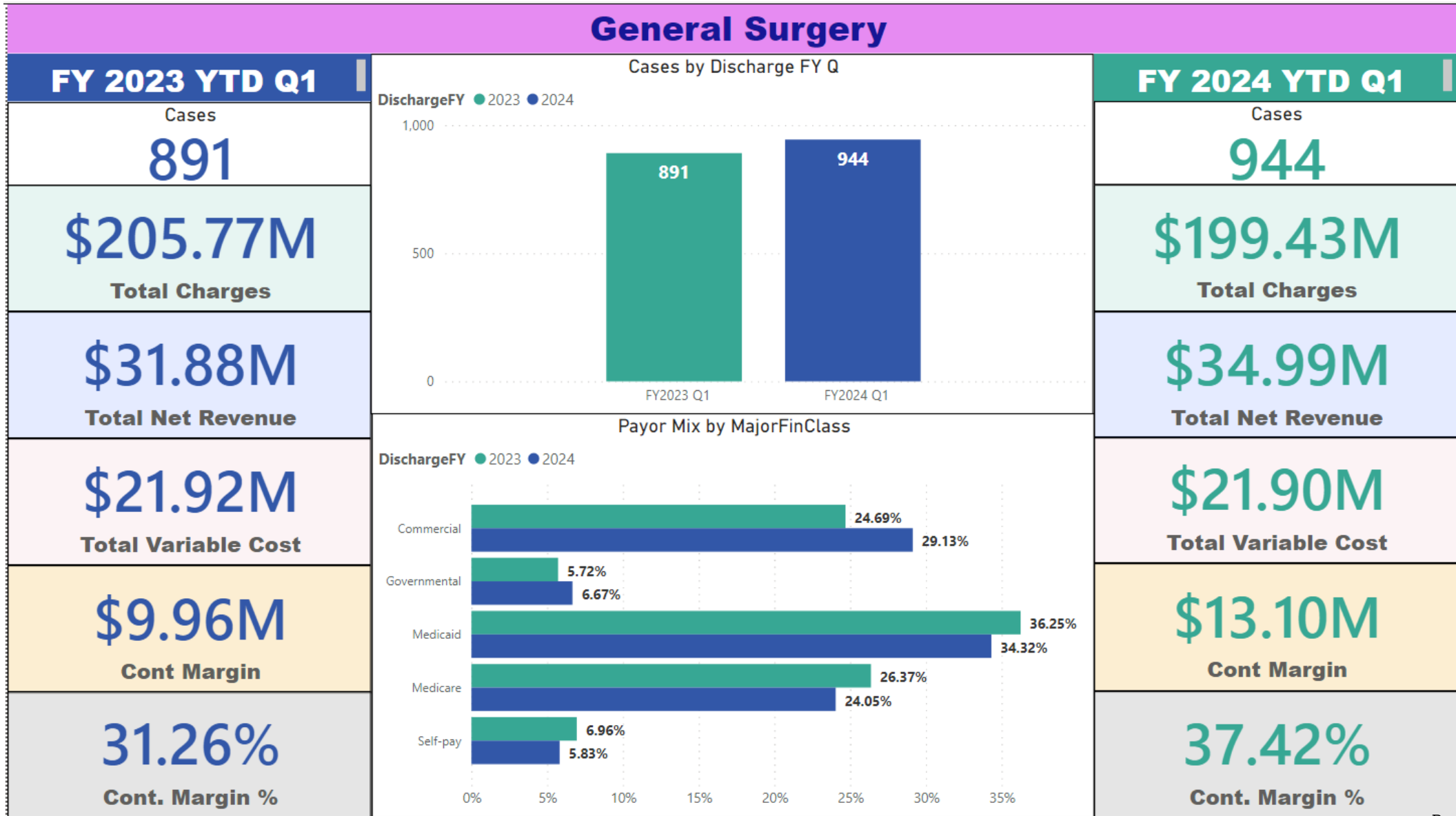
Estimated Provider Assessment Model

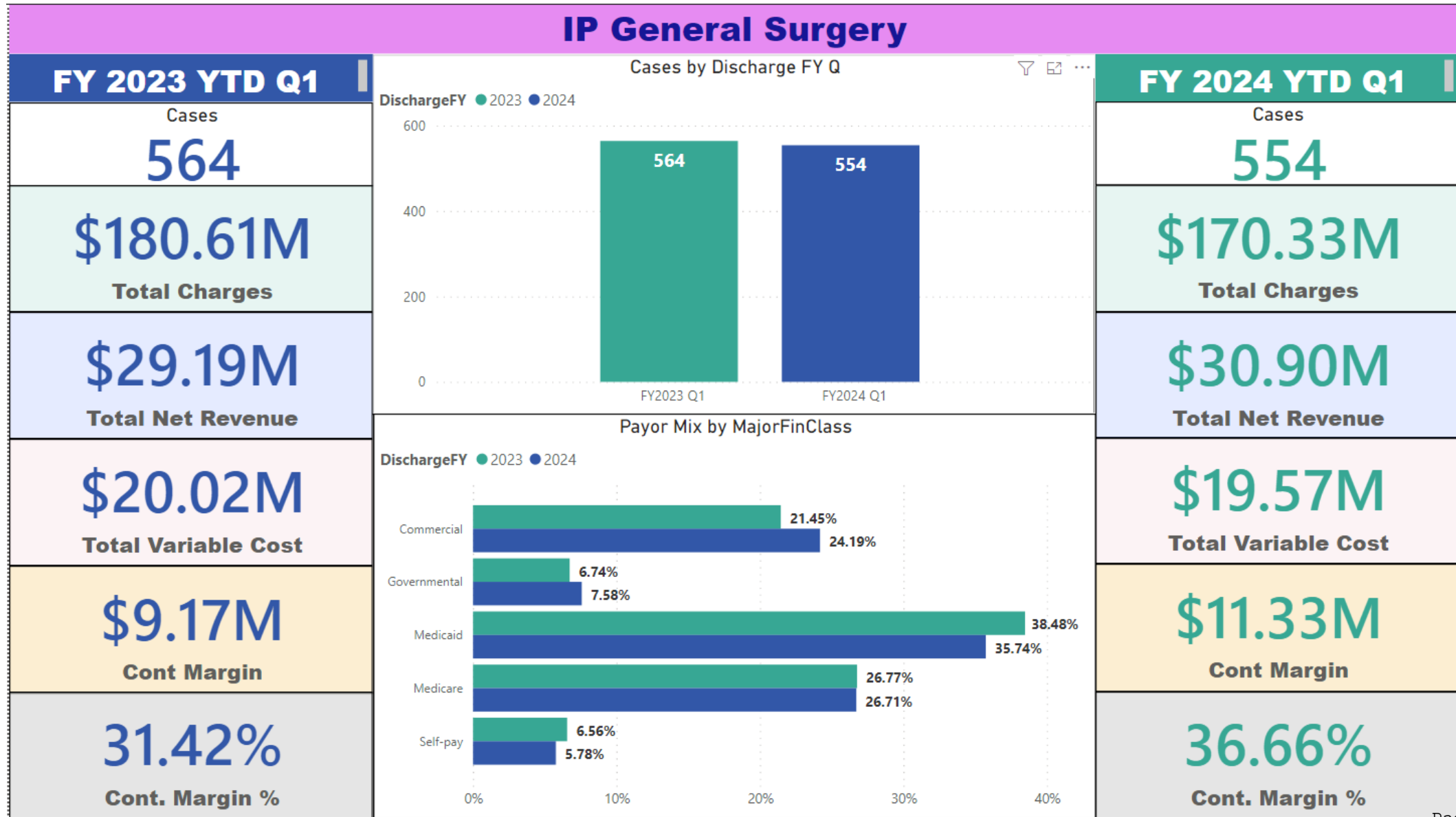
Hospital	Total Assessment:	Total Federal/State Payments:	Total Est. Net Gain or Net Loss:
SUNRISE HOSPITAL & MEDICAL CENTER	\$31,902,963	\$154,727,176	\$122,824,213
RENOWN REGIONAL MEDICAL CENTER	\$35,395,795	\$105,088,725	\$69,692,930
MOUNTAIN VIEW HOSPITAL	\$21,208,997	\$66,442,828	\$45,233,831
SUMMERLIN HOSPITAL MEDICAL CENTER	\$18,966,509	\$57,019,060	\$38,052,551
VALLEY HOSPITAL MEDICAL CENTER	\$11,327,406	\$45,258,404	\$33,930,998
HENDERSON HOSPITAL	\$13,476,650	\$45,988,341	\$32,511,691
NORTH VISTA HOSPITAL	\$5,142,191	\$34,800,645	\$29,658,454
SOUTHERN HILLS HOSPITAL & MEDICAL CENTER	\$12,669,377	\$39,140,934	\$26,471,557
Dignity Health - ST ROSE DOMINICAN - MICRO HOSPITALS	\$3,664,493	\$28,903,080	\$25,238,586
SPRING VALLEY HOSPITAL MEDICAL CENTER	\$15,227,445	\$39,561,761	\$24,334,316
CENTENNIAL HILLS HOSPITAL	\$12,698,395	\$36,072,152	\$23,373,757
SAINT MARYS REGIONAL MEDICAL CENTER	\$10,907,445	\$29,541,283	\$18,633,837
Dignity Health - ST ROSE DOMINICAN HOSPITAL SIENA	\$19,525,706	\$32,179,082	\$12,653,377
Dignity Health - ST ROSE DOMINICAN HOSP ROSE DELIMA	\$1,568,016	\$7,688,732	\$6,120,716
NORTHERN NEVADA MED CENTER	\$5,596,582	\$9,315,885	\$3,719,303
Dignity Health - ST ROSE DOMINICAN HOSPITAL SAN MARTIN	\$8,309,211	\$11,445,216	\$3,136,005
RENOWN SOUTH MEADOWS MEDICAL CENTER	\$7,245,418	\$10,073,606	\$2,828,188
NORTHEASTERN NEVADA REGIONAL HOSPITAL	\$3,734,409	\$4,221,704	\$487,295
CARSON TAHOE REGIONAL MEDICAL CENTER	\$11,258,511	\$11,263,415	\$4,904
Subtotal Acute Hospitals	\$249,825,519	\$768,732,029	\$518,906,510

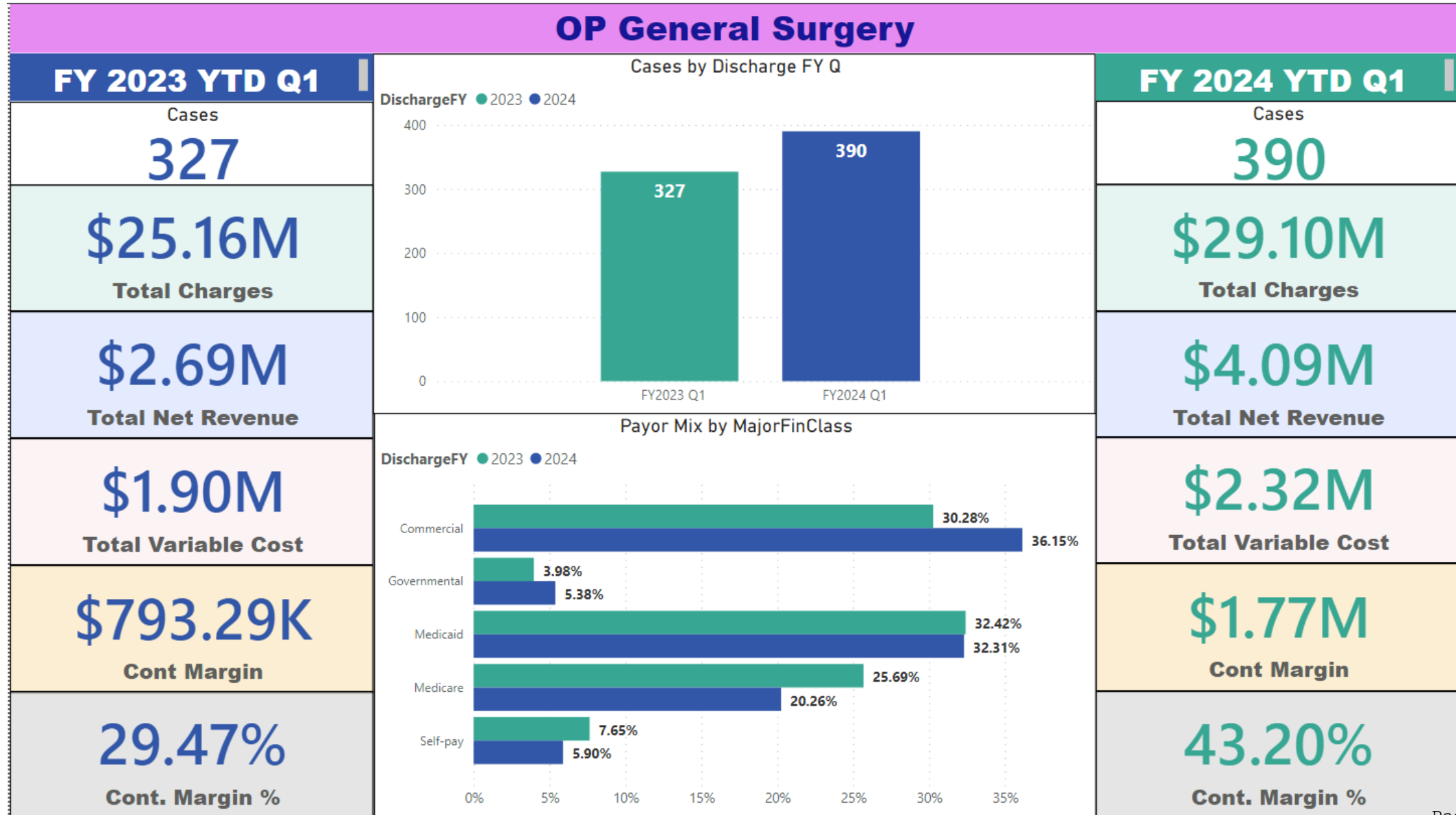


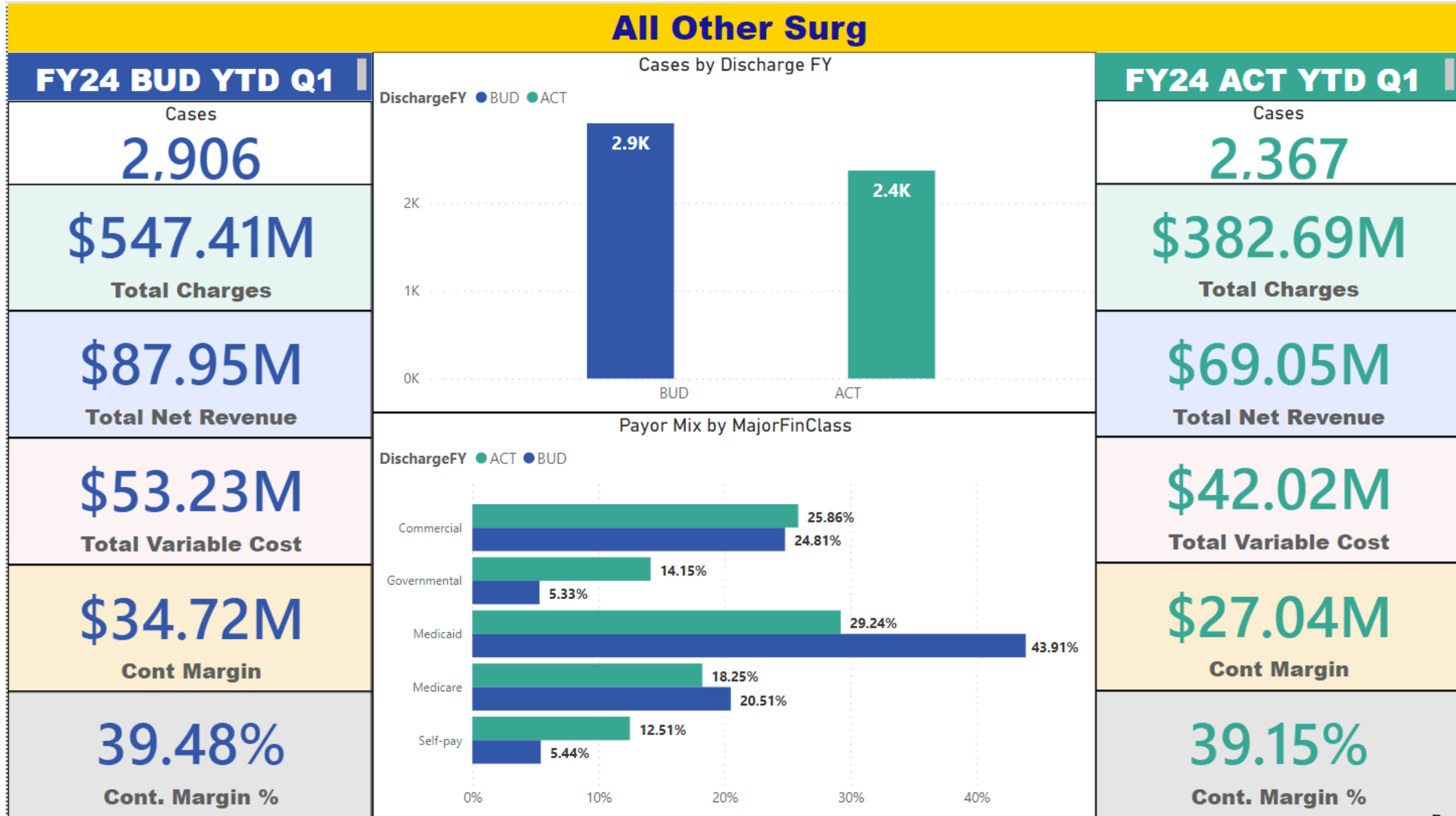












Service Line Update

Operational Update

- FCOT (First Case On Time Start) – at 43% , increase by 5% over last quarter. Service line charge nurses are boots on the ground for on-time start
 - Shift bid completed and OR start time is now 0730 but will honor starts at 0700 upon surgeon request
 - OR Service Line Charge Nurse – Meets M-F at 1300 to go over next day cases to discuss needs, conflicts and risks to proactively mitigate. Included is an SPD Sr. Lead Tech, Pre-Op CN and a scheduler
- Room Turn Around Time at Avg. of 29 minutes, reduction of 8 minutes on average over last quarter (goal of 30 minutes)
 - Action Plans: Service Line Charge Nurse driven, rounding and converge with team to turn over rooms as soon as announced overhead – “all hands on deck”
- OR 5, 7, 8, 18 & 19 OR light replacement: 2 of the 5 OR have arrived and coordinating install
- OR 12, 14 and ENDO 1 completed, Passed State Health Inspection on Nov. 29
 - Training currently taking place for OR staff before releasing for use
 - Setting up ENDO 1 as primary Pulmonology Procedural Room and back-up GI Suite

Strategic Next Steps

- Phase II OR renovation – OR 15 & 16 (Heart Rooms) Performing the electrical assessment before moving heart cases out of OR 15 & 16.
 - OR 4 & 9 temporary Heart Rooms during renovation, 3-4 month project
- Obtaining Phase III OR renovation quote – Remaining OR's

Technology Strategy

- LeanTaas Platform: Education to providers and surgeon offices completed.
 - LeanTaas, onsite visit scheduled 2nd and 3rd week of Jan. 2024 for at-the elbow assistance. Go-Live date Feb. 6, 2024
- EndoSoft - Platform evaluation in process vs. Provation GI Technology:
 - Goal is to find a middleware that will streamline the flow of a GI Procedures and images into EPIC EHR – Physician Champion: Dr. Gordon Ohning
- Evaluation of Symani Robotic System and 3D Exoscope for micro-surgery and vascular anastomosis procedures. – Plastic, vascular, reconstruction service lines





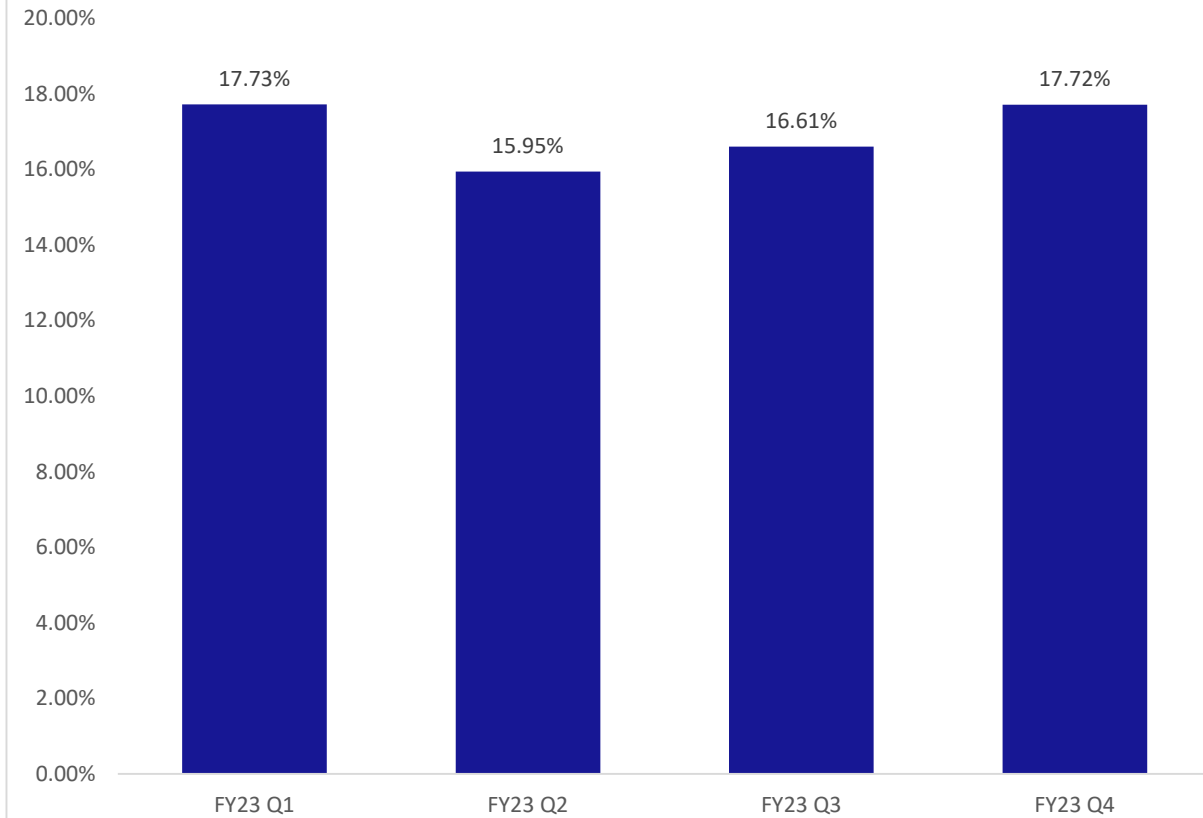
New OR Ribbon Cutting Ceremony



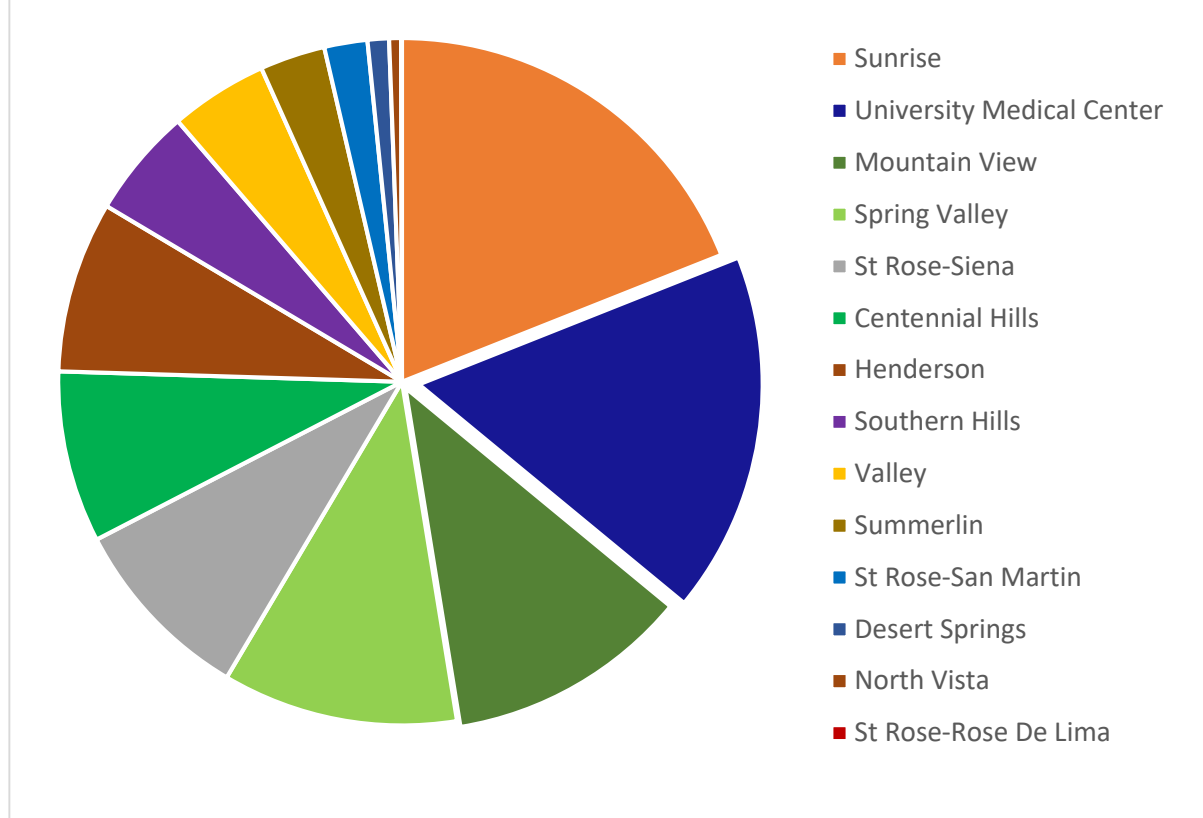
Market Share Update

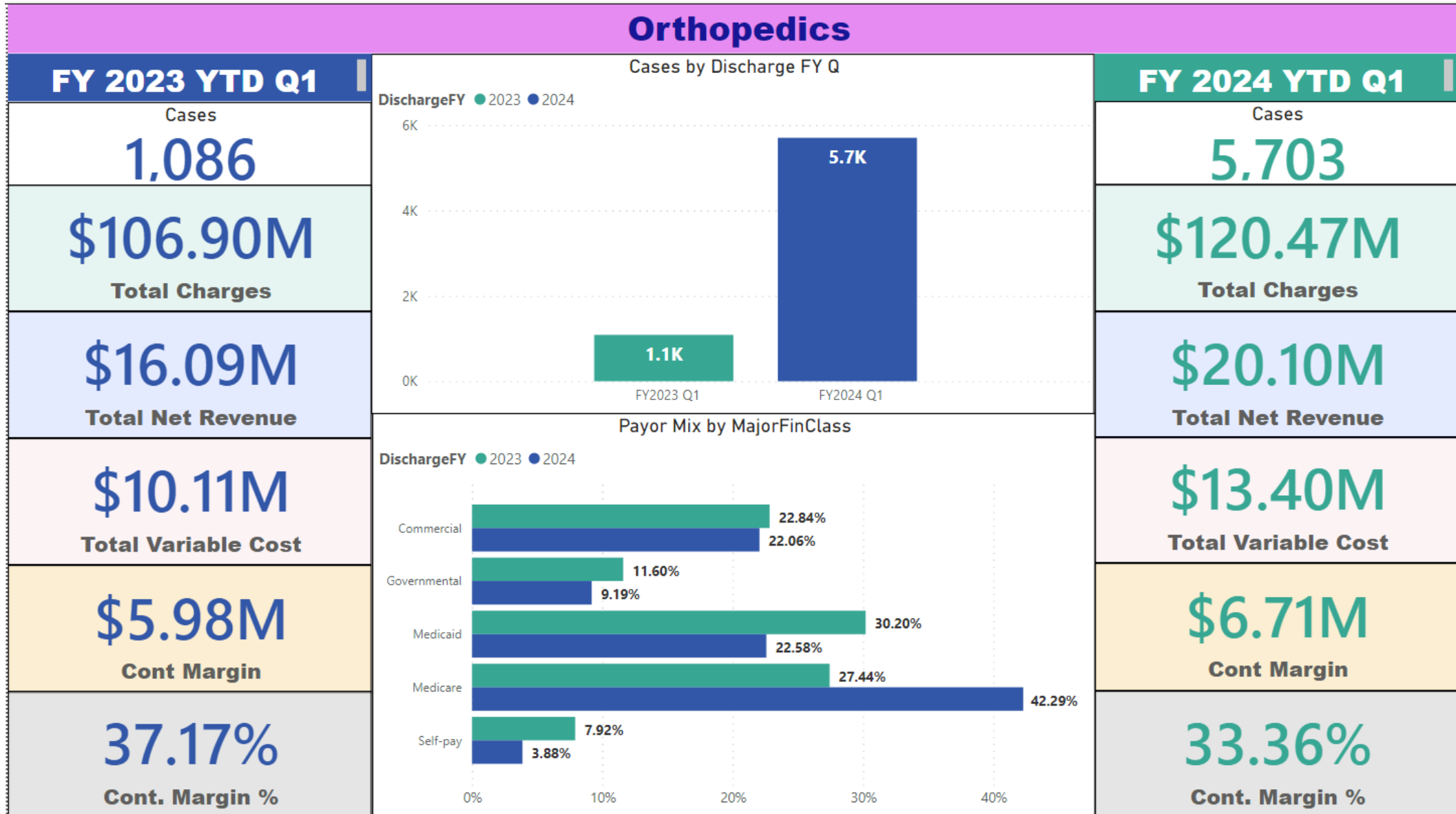
Orthopedics Market Share- (IP, Adult, FY 2022 Apr- FY 2023 Mar)

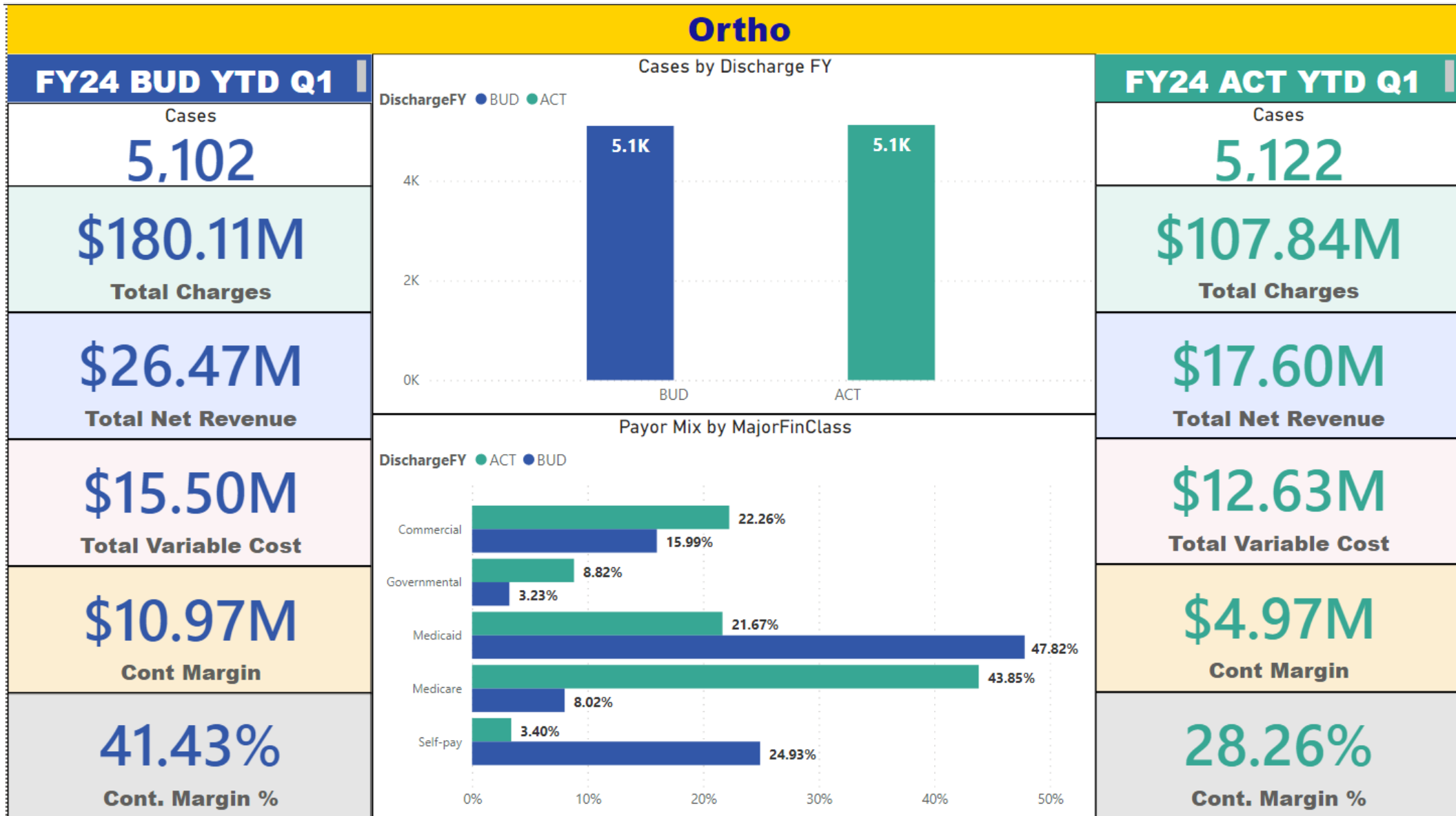
UMC Quarterly Trended Market Share



Market Share FY23 Q1 - FY23 Q4







Operational Update

- Anesthesia pre-op clinics started to ensure all pre-op testing is appropriately done prior to surgery to avoid delays and cancellations
- Added an additional RN to ensure optimal surgical outcomes for all patients who come through the Ortho & Spine clinic
- RNs have been reviewing pre-op testing ordered by Surgeon, if aberrant results come back, the RNs take the appropriate actions to ensure cases don't get canceled or delayed.
- Integrative Joint Program – Total Joint Replacements : Total hips=157, Total knees= 176, Total shoulders= 51.
- Grand total of 384 see goal for 2023 below
 - 2021 – 299 replacements / 2022 – 350 replacements / 2023 – on pace for 390 replacements
- Jennifer Millet, et al has successfully registered our group with AAOS registry to track the above

Expense Control and Revenue Enhancement

- Cash Collections exceeding targeted goal
- Reviewing all opportunities on implant costs
 - Entering into local spinal implant contract for cost savings

Strategic Next Steps

- Acquire musculoskeletal trained Primary care doctors to ensure UMC Ortho & Spine Institute can take ALL community referrals.
- Expand subspecialty offerings to hand, foot and ankle surgeons
- Exploring use of area surgery center to bolster surgical output

Operational Update

- Two of 4 approved APNs have been hired and began training
- Orthopedic and Spine Institute of UMC Clinic:
 - Total Visits: 4245
 - No Show Rate: 11%
 - Ortho Call Center:
 - Calls received: 15,320
 - Calls answered: 14,539
 - Abandonment rate: 5%
- New Sports Medicine surgeon to start in Feb. 2024

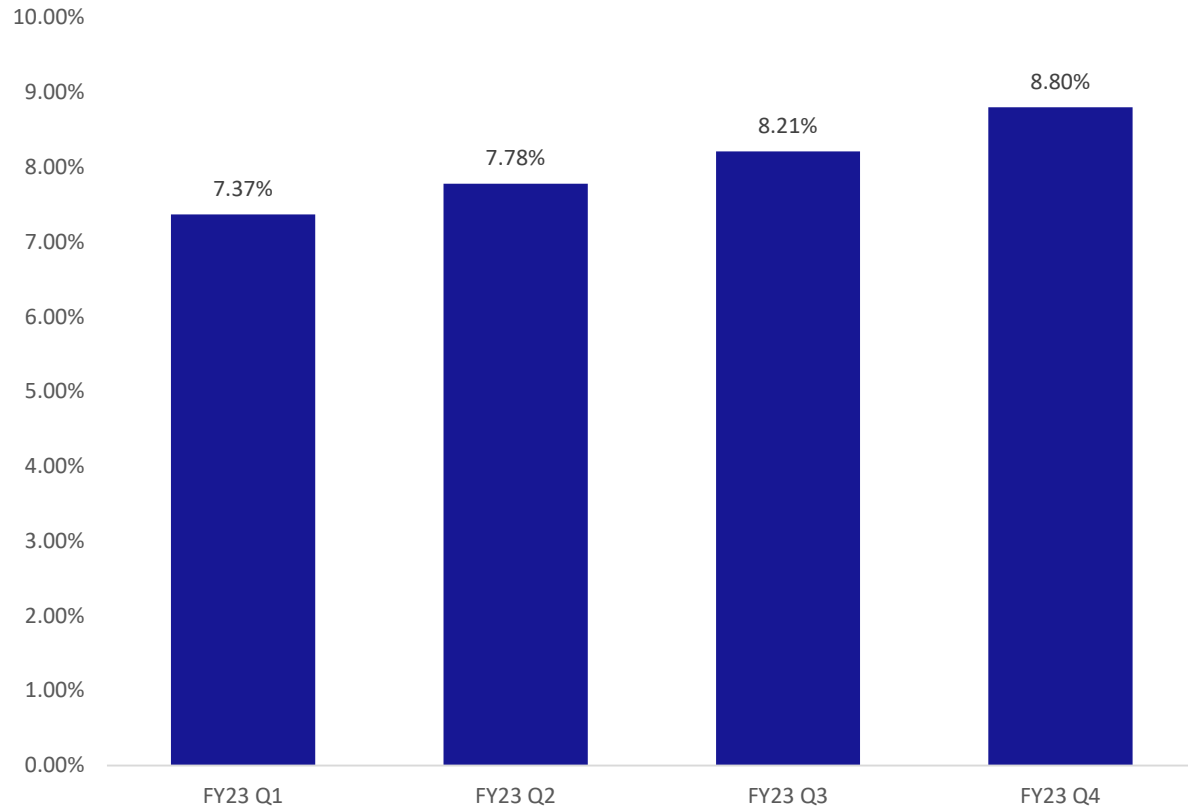
Strategic Next Steps

- Construction has begun on one permanent x-ray suite in the Ortho Clinic on the first floor mid December
- RFP is out to remodel 2231
- Looking for satellite clinical locations to bolster patient access for community

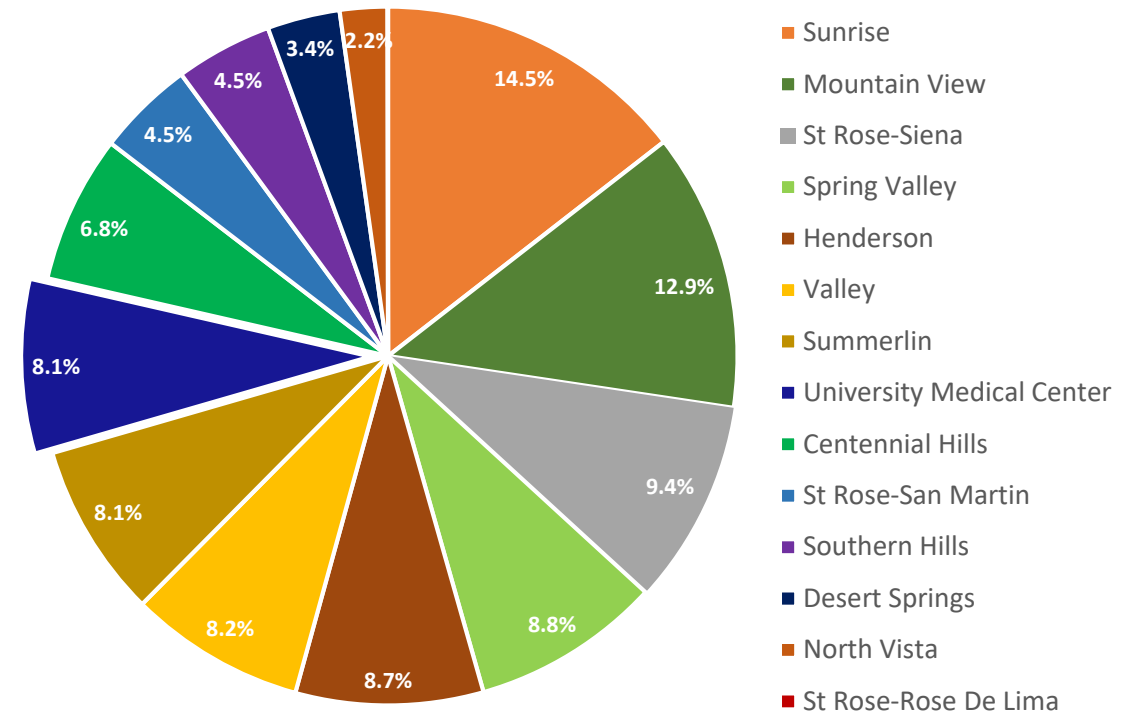
Market Share Update

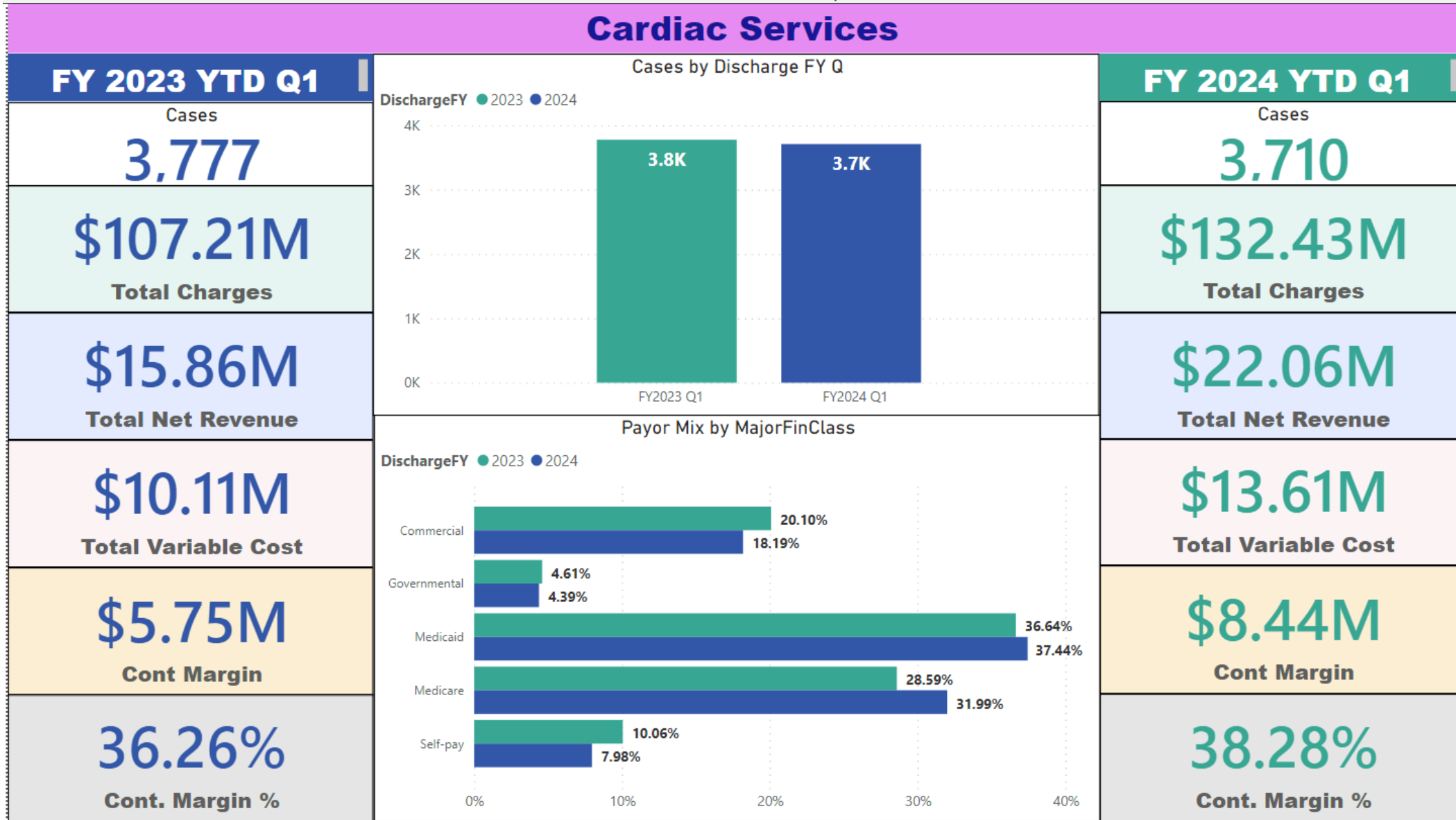
Cardiac Services Market Share- (IP, Adult, FY 2022 Apr- FY 2023 Mar)

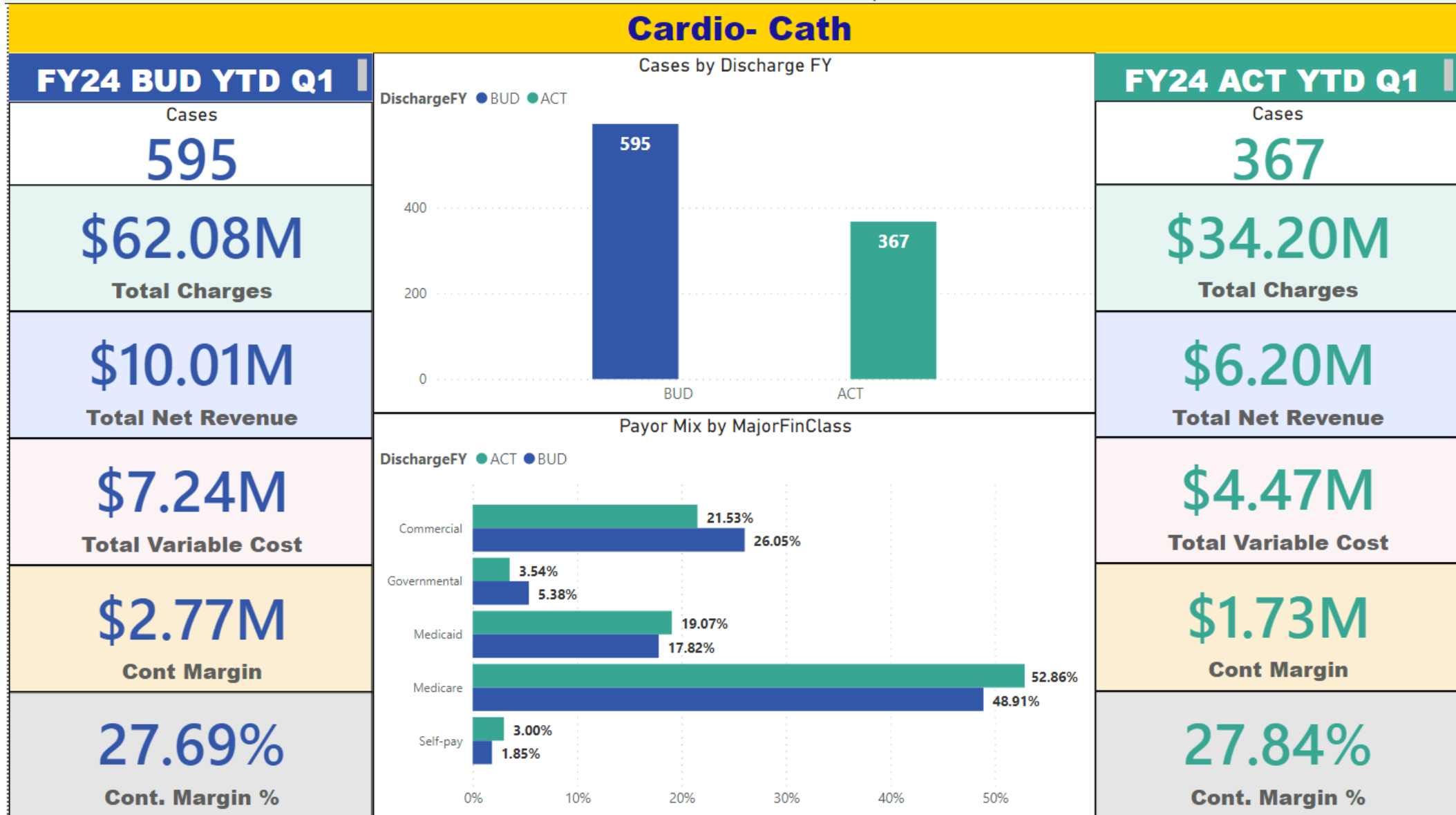
UMC Quarterly Trended Market Share

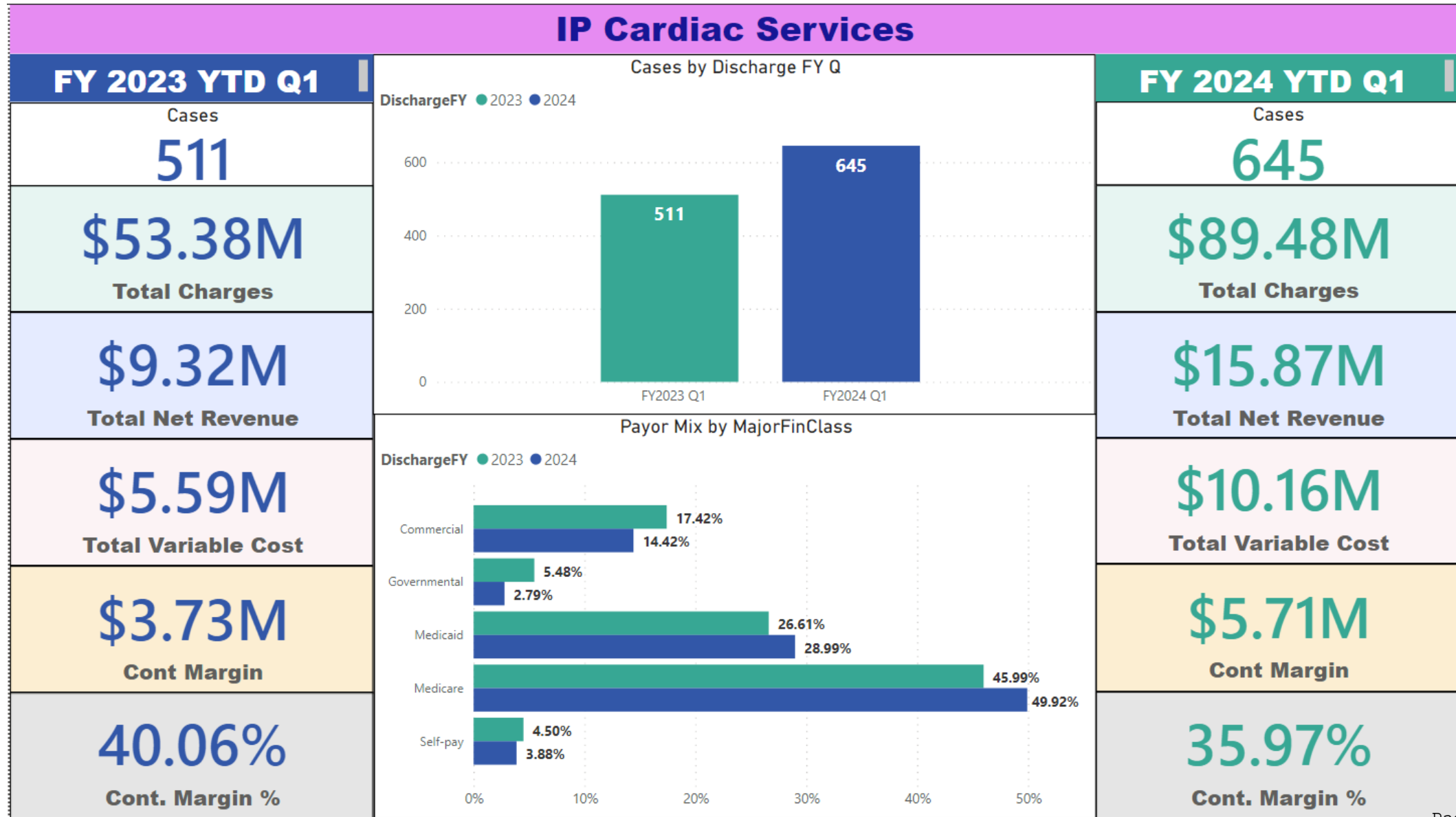


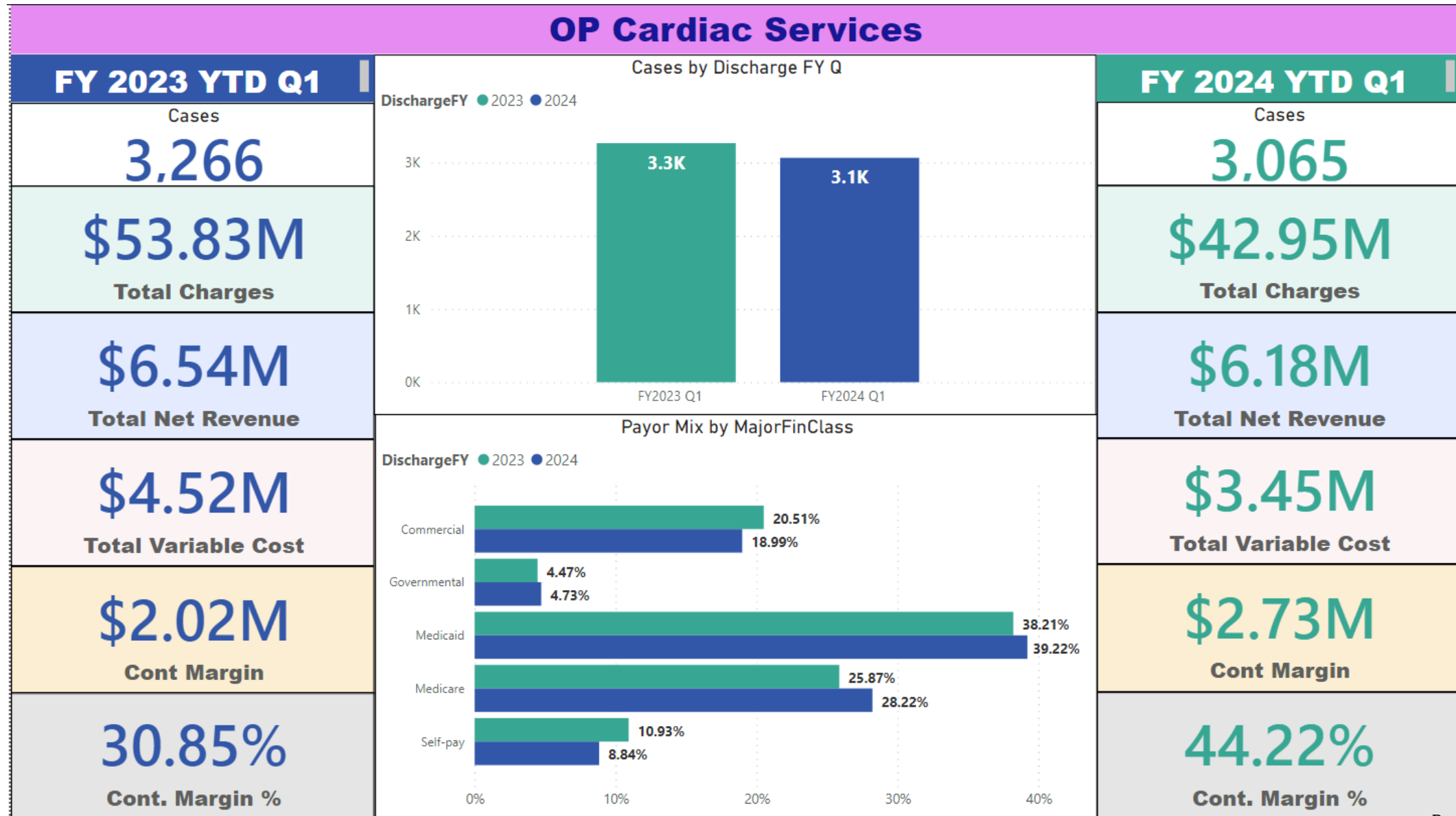
Market Share FY23 Q1 - FY23 Q4

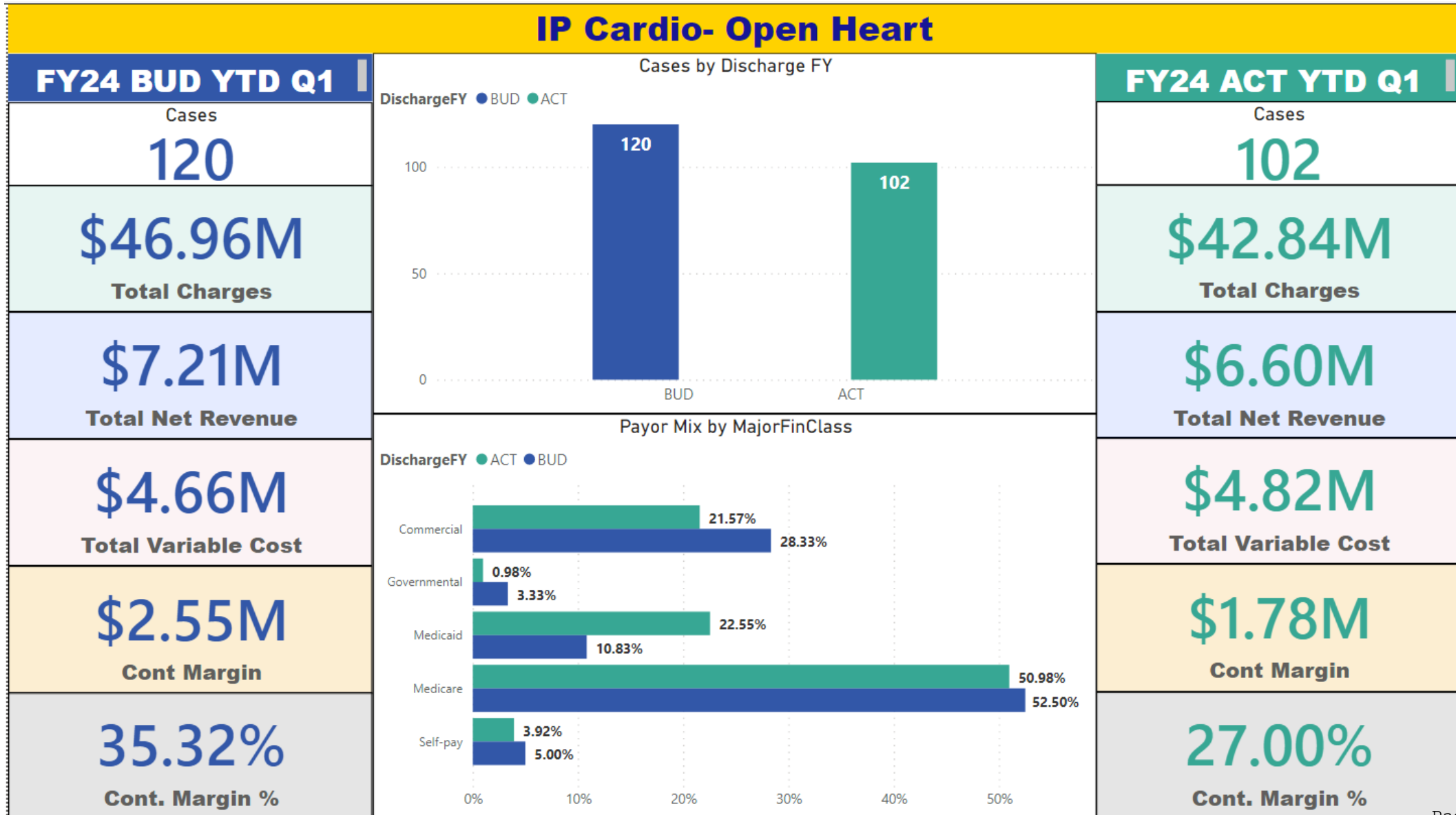












Service Line Update

Operational Update

- Cath Lab volumes are increasing after a slow start to the quarter
- TAVR cases have fully transitioned to Cath Lab from the OR with 66 cases performed YTD
- Watchman (LAAO) procedures now being done with 45 procedures performed as of 9/15/23
- Pascal training of physicians completed. Performed the first procedure in State of Nevada. Allows the Structural Heart program to take the leading role in the region and negates needing to transport patients off-site
- Cardiac CTA now in operation to support growth in the Cardiovascular Division
- Construction started on new Cath Lab Procedure room. May 2024, estimated completion

Revenue Enhancement

- 1st Rebate check for Watchman procedure issued 40K. UMC will qualify for next tier pricing this coming quarter, 60K.
- We have fully replaced OR staff during TAVR cases with all Cath Lab staff. Resulting in decreased case expenditures.
- Working with Cardiologist to increase OP procedures to UMC. Cardiologist are no longer using Surgical Center
- Decreased use of Cryo for EP procedures has decreased costs of procedures. Savings of \$800/CS, Avg. 40 cases/ month, \$32,000 savings per month

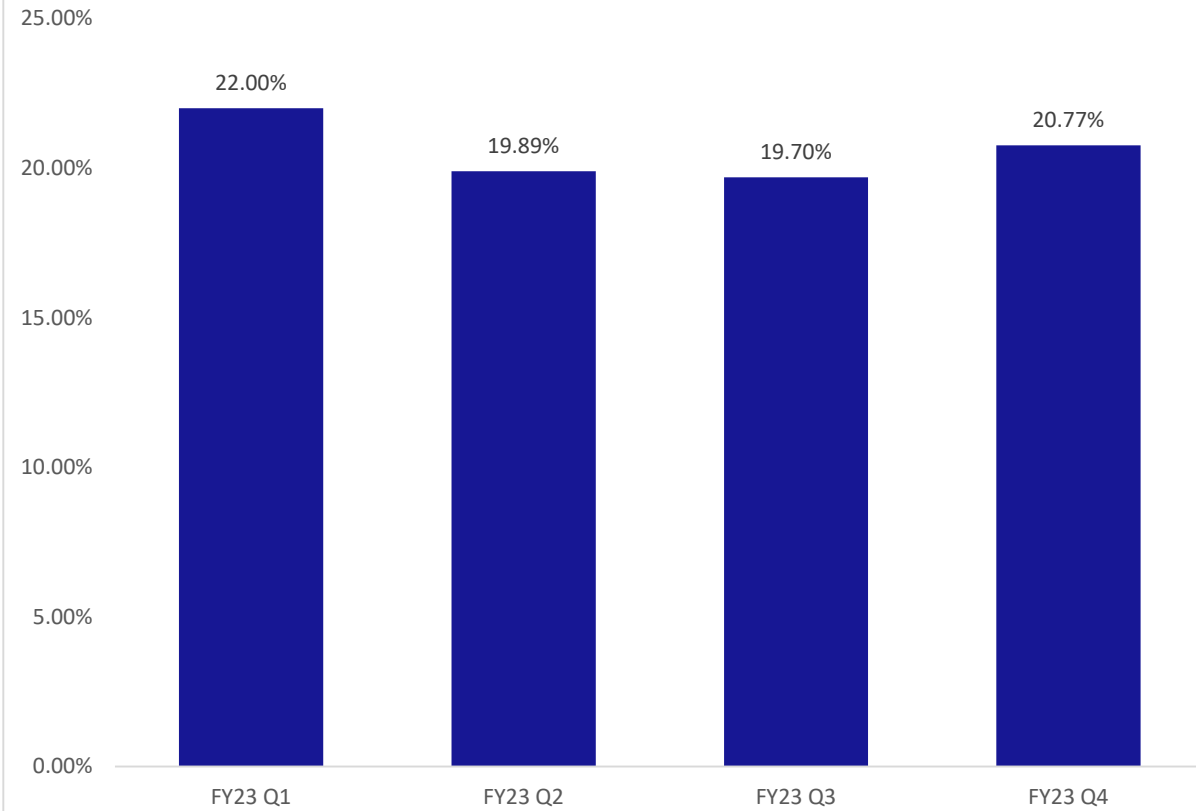
Strategic Next Steps

- Continue to work with physicians to bring more patients to UMC. Greatest opportunities include Structural Heart, EP, and Vascular.
- Position ourselves to host clinical trials based on our excellent patient outcomes. This is in process.
- Further expansion of Prep/Recovery area from 8-12 beds. Starting construction in January, 2024.
- Work with key stakeholders to develop structured program to decrease congestive heart failure (CHF) 30-day readmissions by 50%.
- Offer additional procedure options, including peripherals, as new room is completed.
- Develop plans to incorporate a 4th procedure room.
- Robust Social Ad campaign to boost public knowledge of our excellent outcomes and reputation region-wide.
- Work with Quality Dept. to enhance our professional recognition in the region and nation.

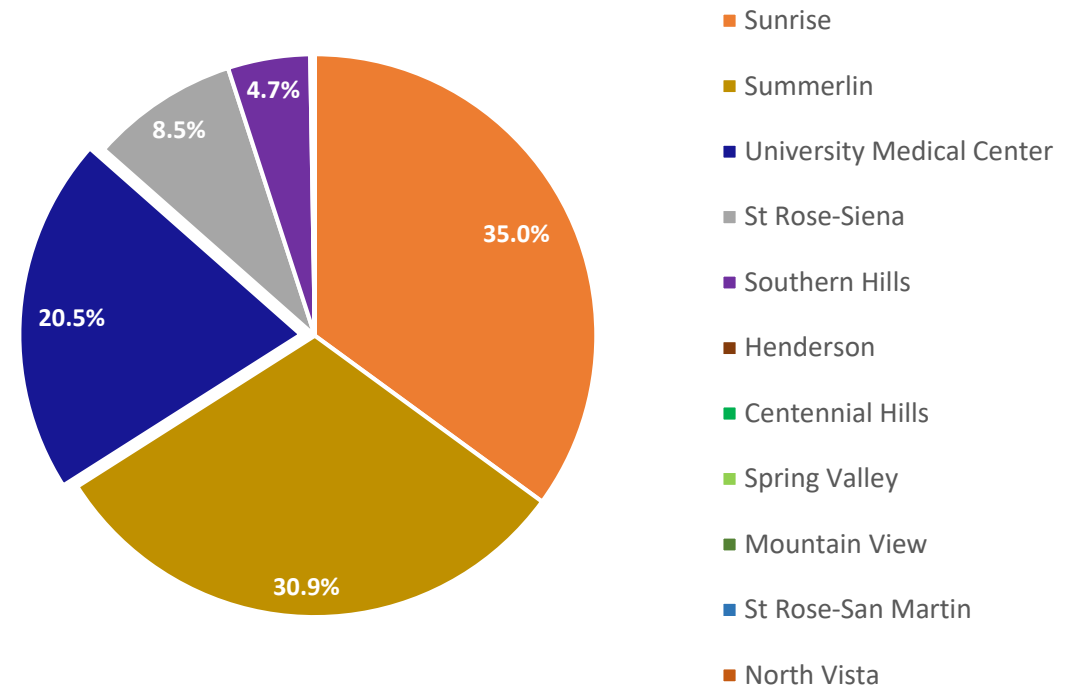
Market Share Update

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

UMC Quarterly Trended Market Share



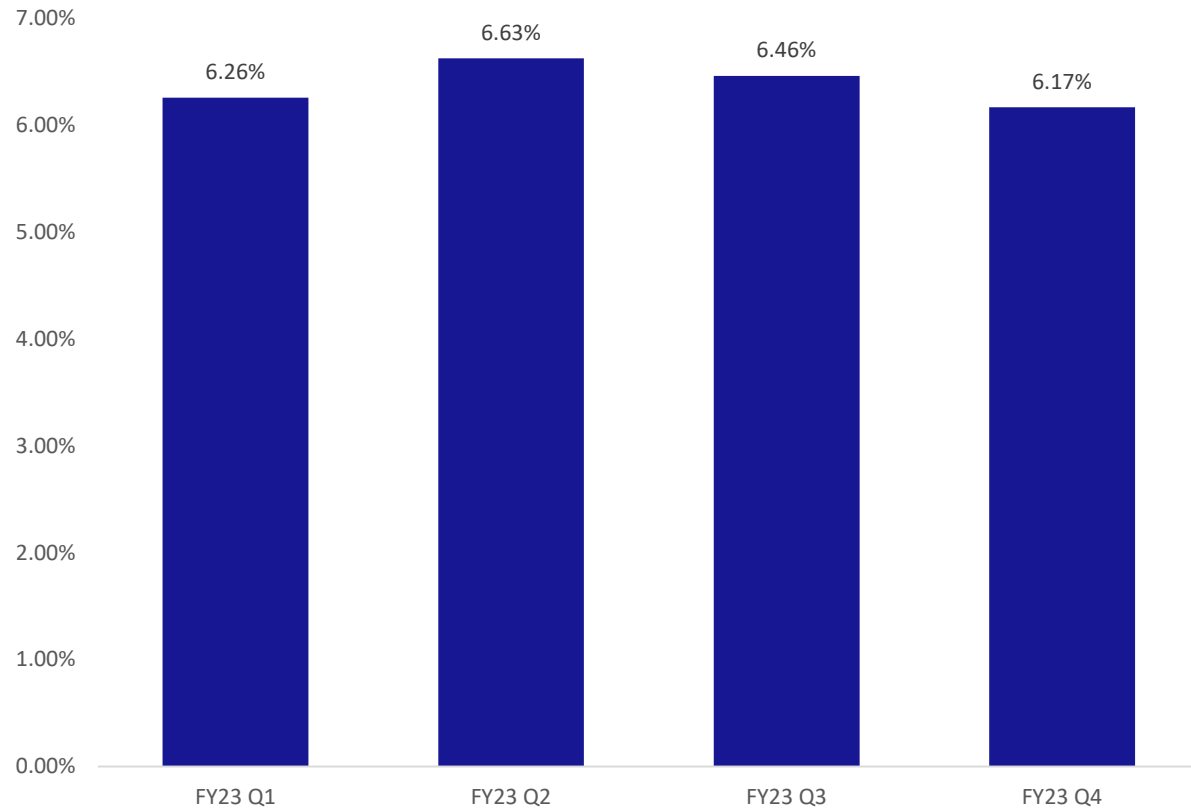
Market Share FY23 Q1 - FY23 Q4



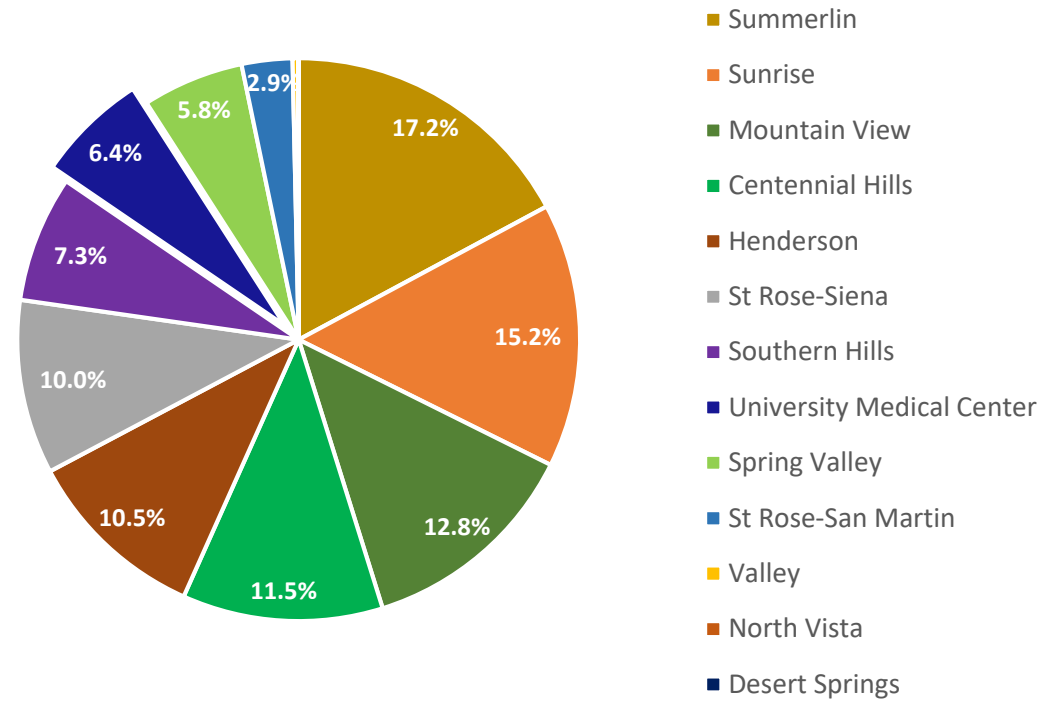
Market Share Update

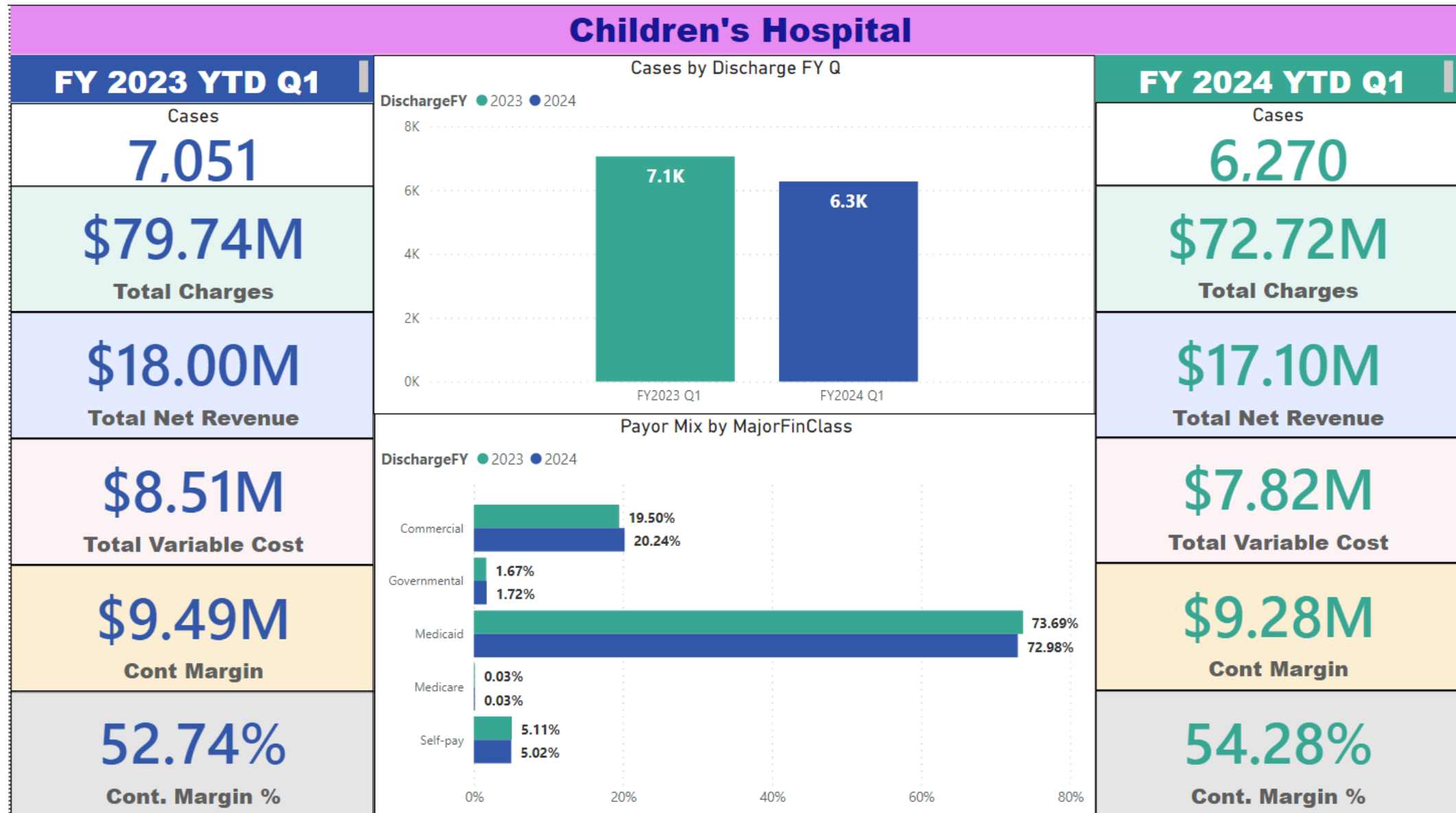
Women's Services Market Share- (IP, Gynecology, Neonatology, Obstetrics, FY 2022 Apr- FY 2023 Mar)

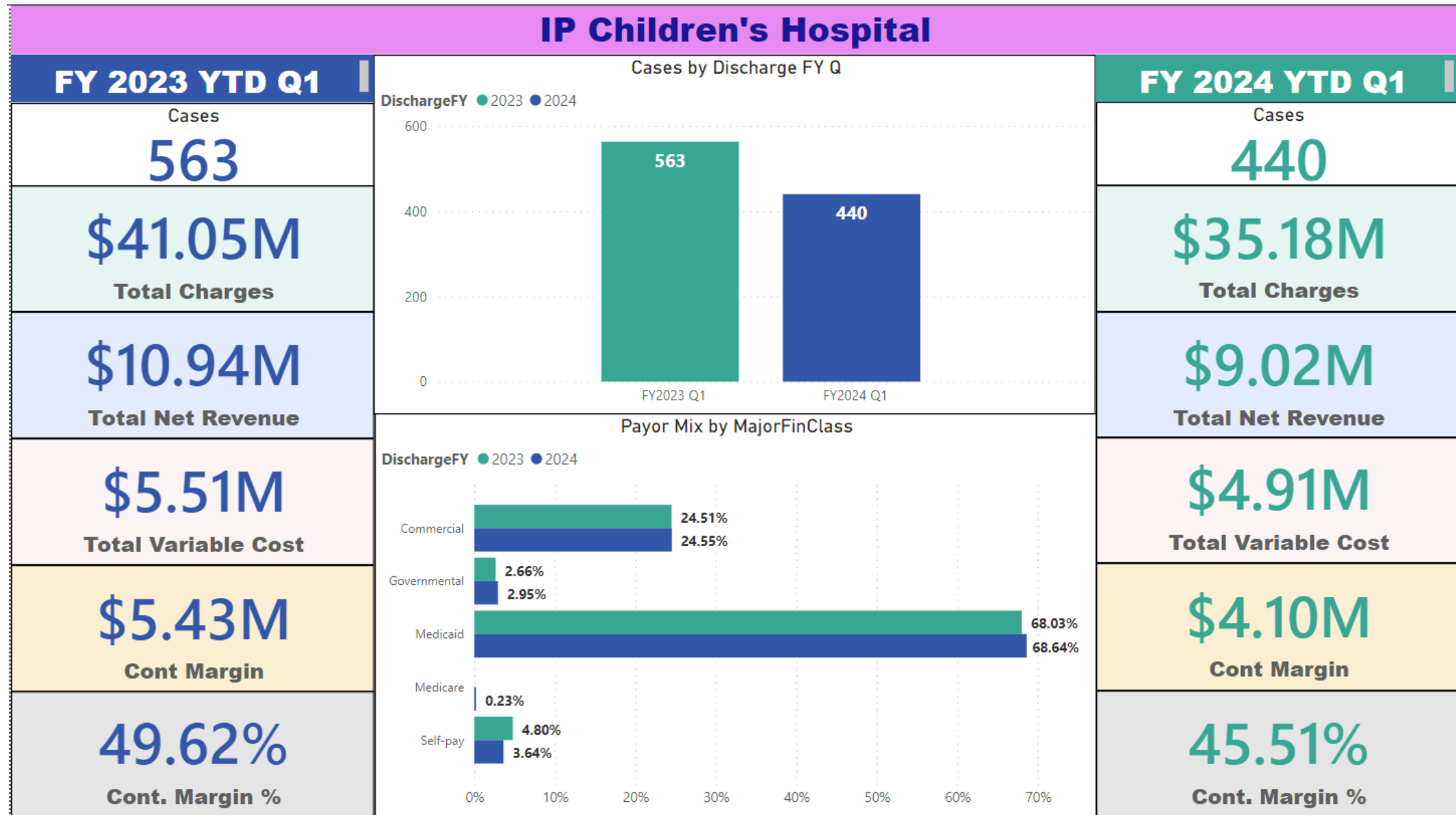
UMC Quarterly Trended Market Share

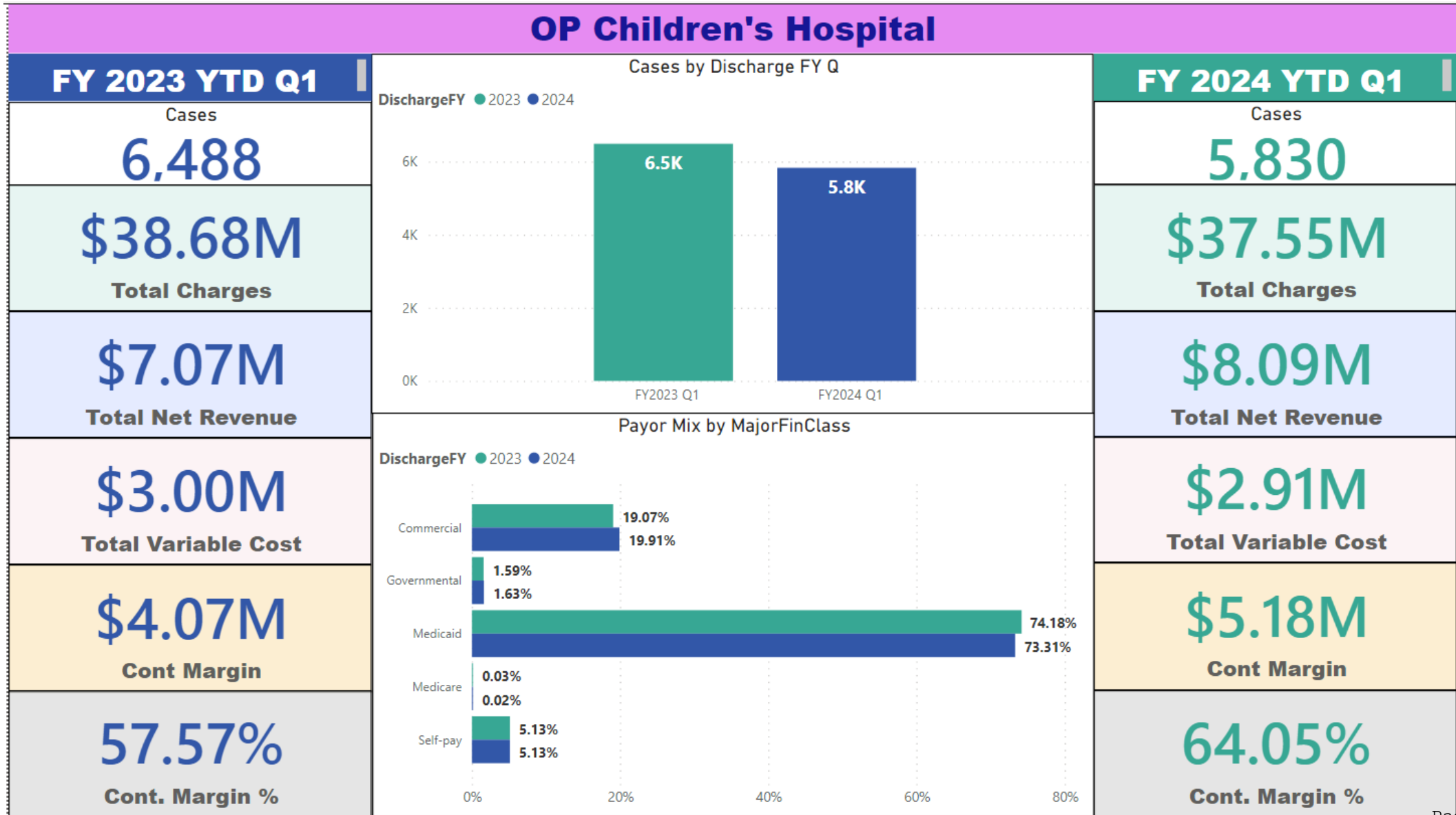


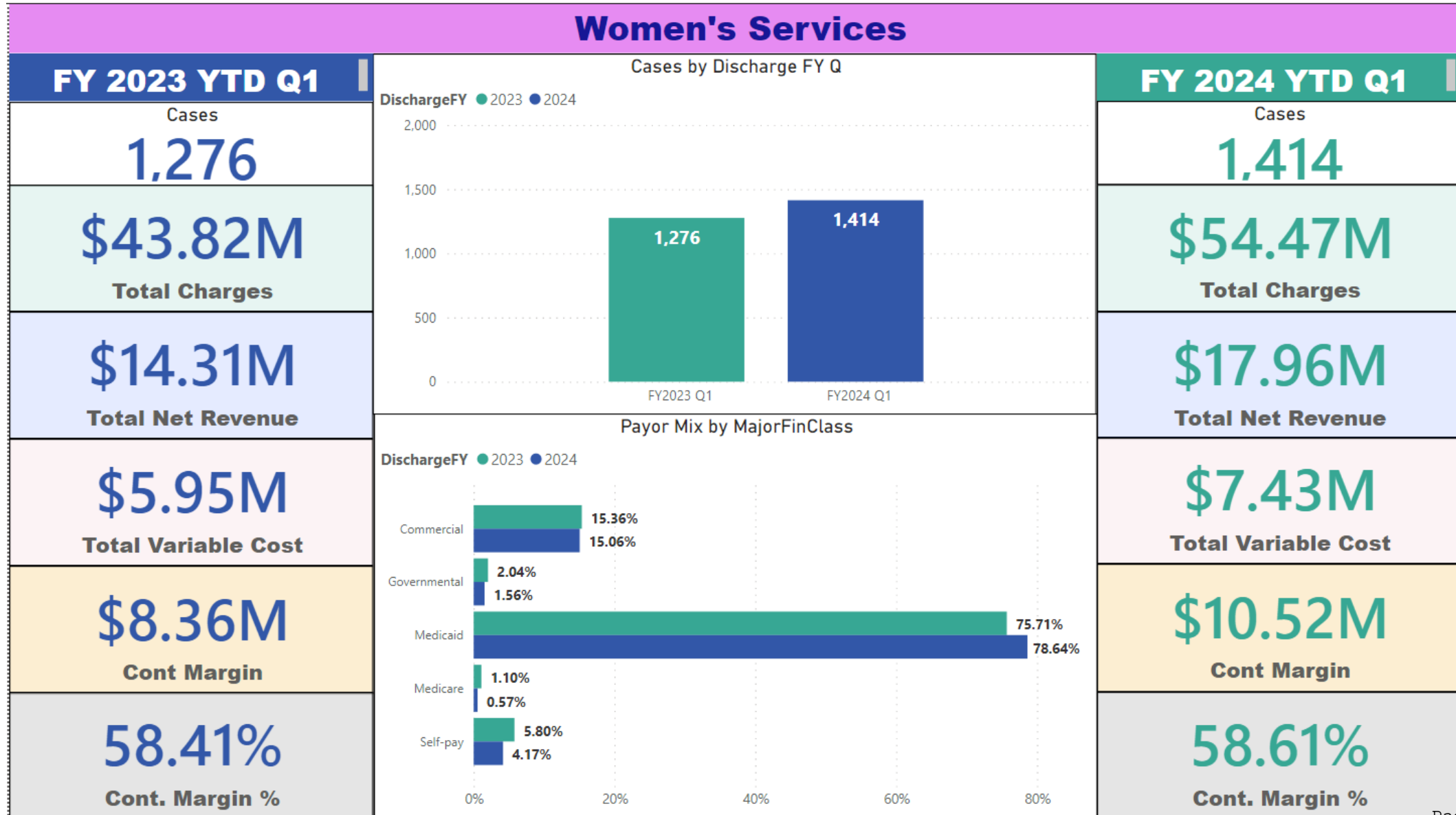
Market Share FY23 Q1 - FY23 Q4

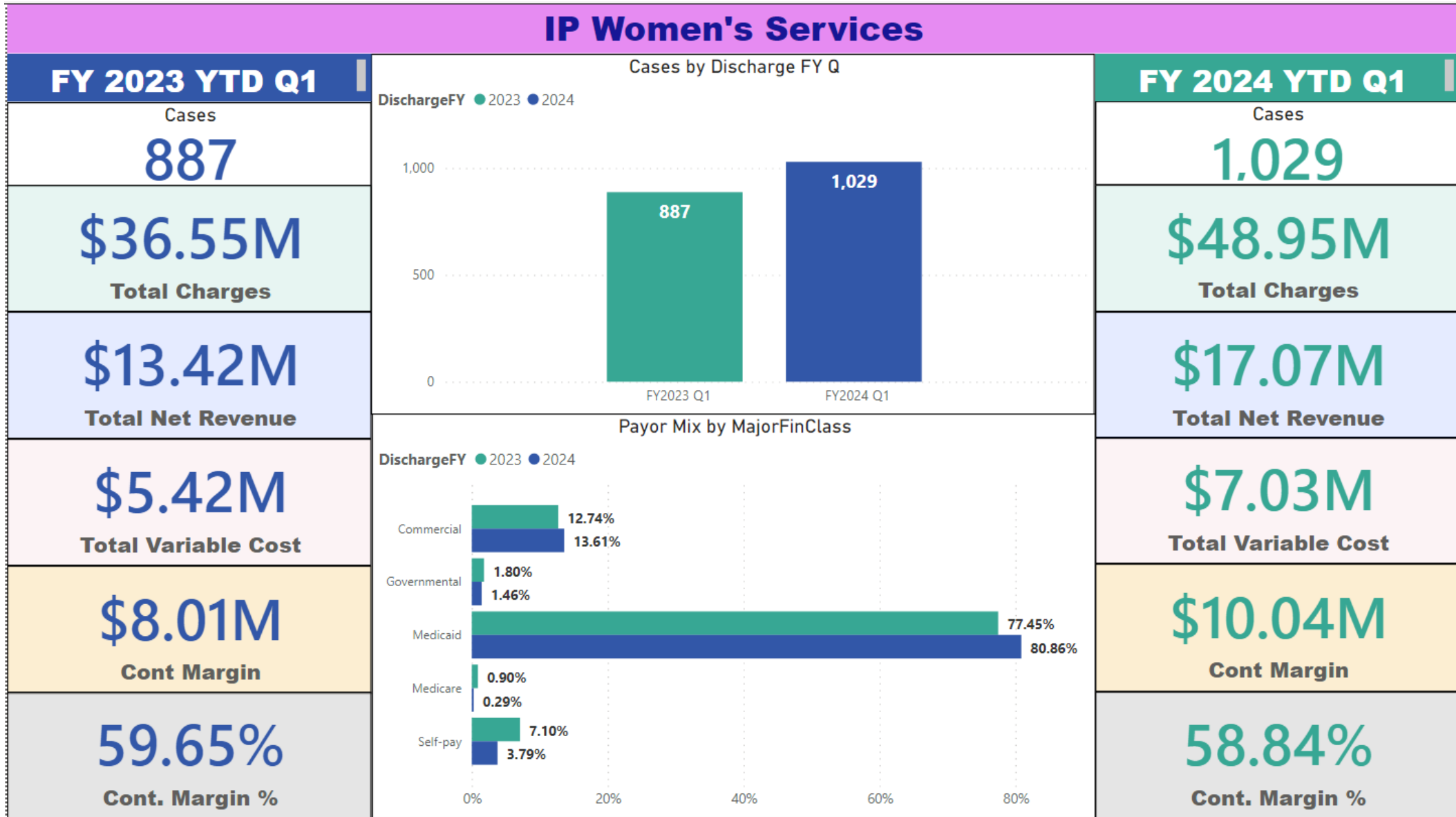


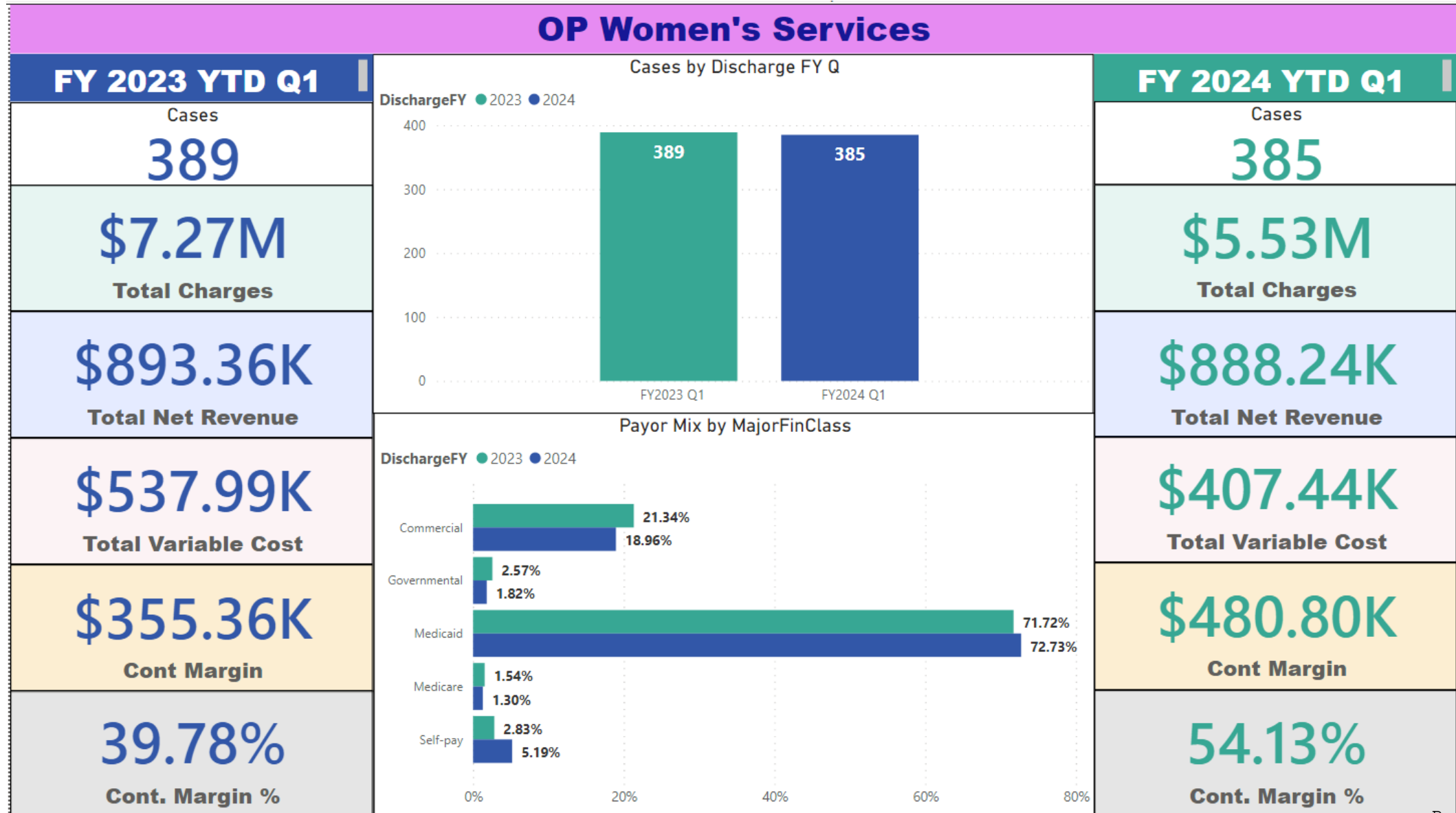












Service Line Update

Operational Update

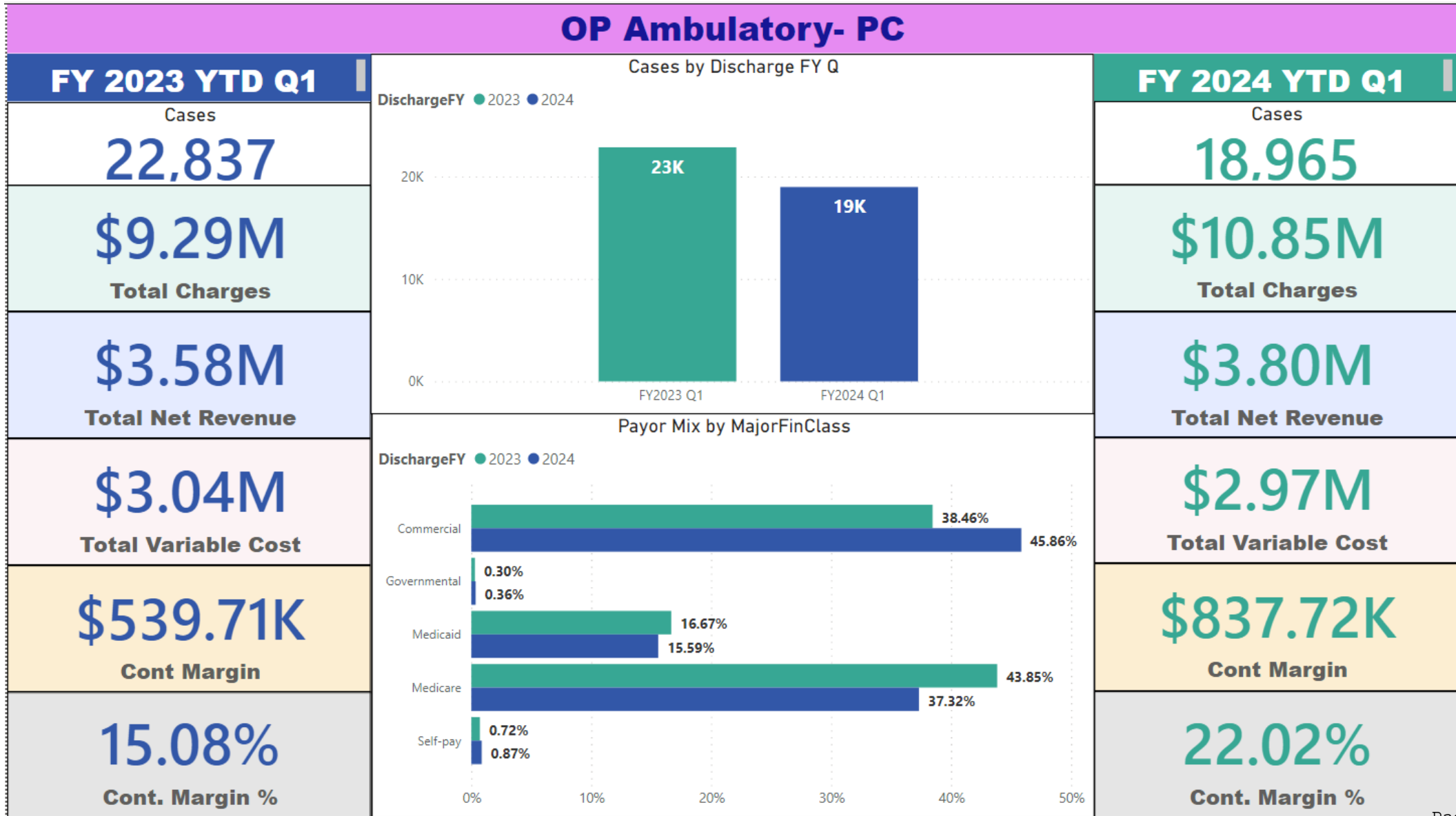
- Perinatal volumes continue to be above 2020 and 2021
- Infant/Child security system update with Centrak – system is now up and operating
- Donor breast milk is in house
- Dr. Annette Mayes, along with 2 other providers (UNLV) started on 10/02/2023 and are now regular attending providers
- Safe Sleep performance improvement project continues in Pediatrics.
 - Perinatal and NICU are Safe Sleep Gold Certified (the only Gold Certification in Nevada)
- Pediatric Fall Kits
- Nitrous Oxide for Maternal and Pediatric patients to be implemented this winter
 - Waste gas management system currently being installed. Machines are in house.

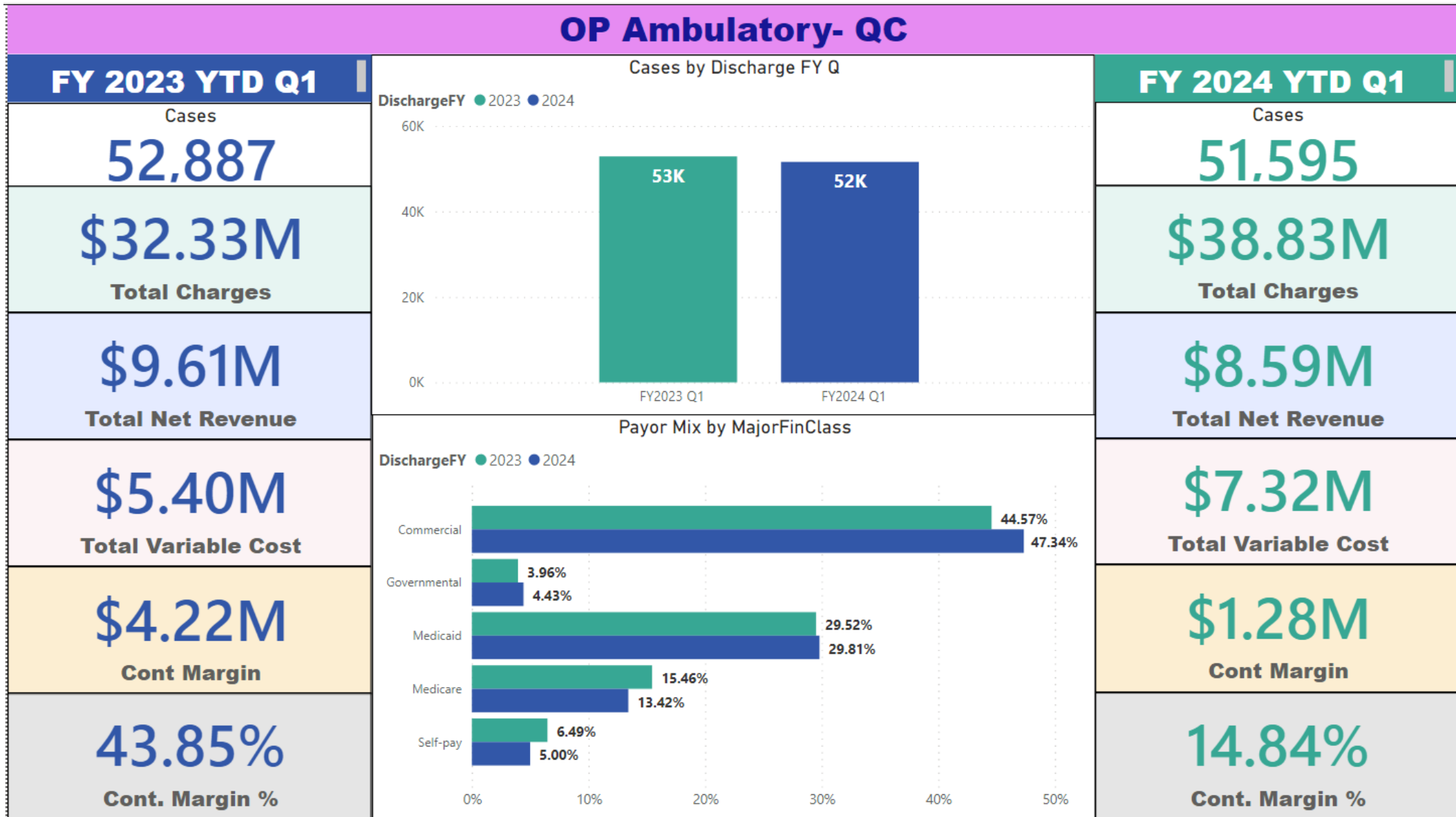
Revenue Enhancement

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

Strategic Next Steps

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





Service Line Update

Operational Update

- Primary Care/Quick Care volumes
 - PC self scheduling increased by 26% with the implementation of Direct Scheduling. Established patients have the ability to self-schedule with any PC provider in the UMC system. QC totaled 17,000 visits in September.
- All clinics are live with Right Fax – faxes are now received electronically, significantly decreasing paper in the clinics and simplifying efforts to upload documents into Epic.
- Stanson Health – HCC Alerts Performance – Primary Care providers consistently perform exceptionally well with a 75% follow rate.

Expense Opportunities

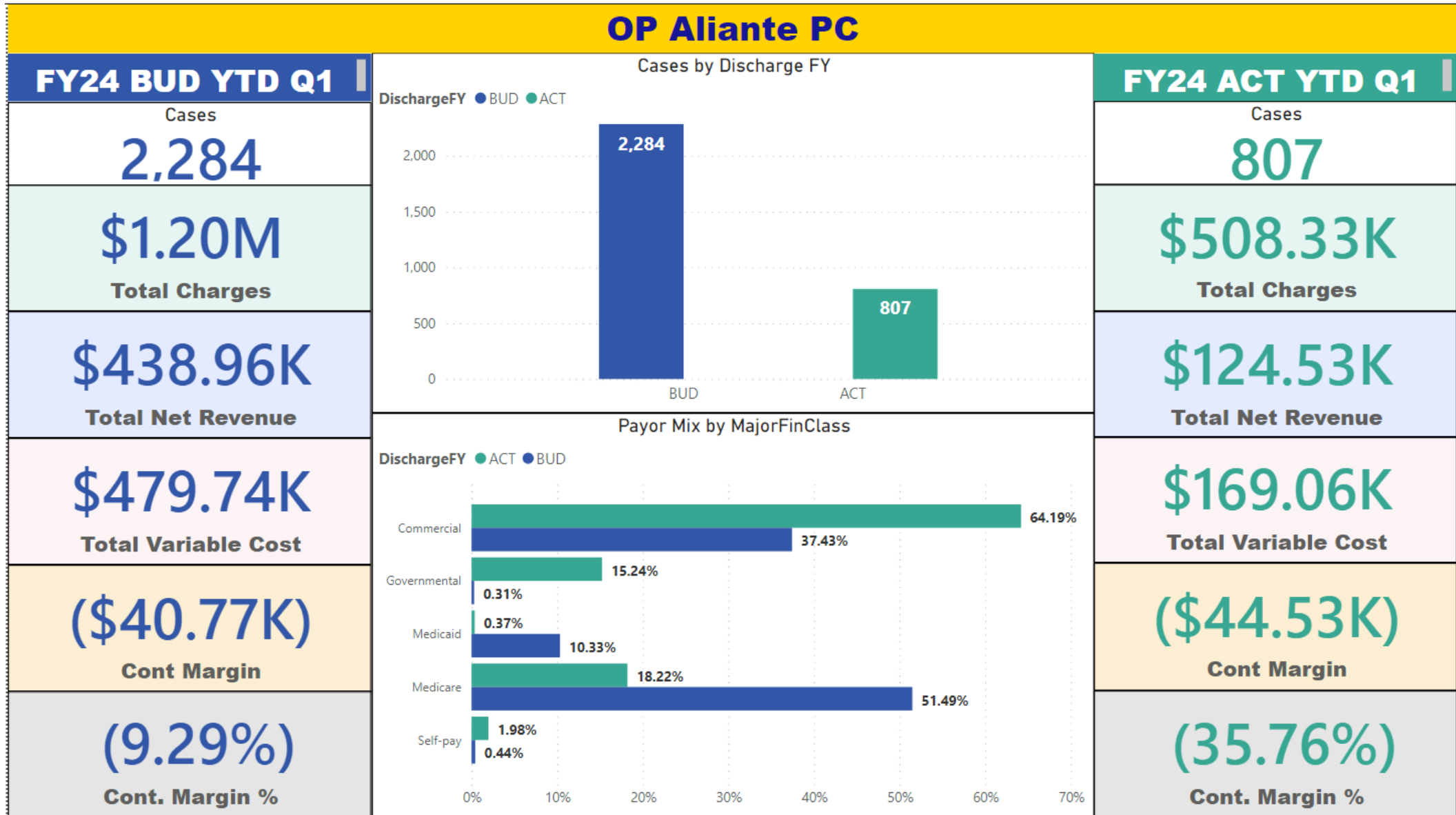
- POS Collections – Ambulatory has surpassed the target collection goal each month in Q1 FY24.
- Refining processes to complete Annual Wellness Exams – MCOs are making significant changes to the Value Based Care incentive programs. Incentive opportunities are based on positive HEIDIS measures and patient satisfactions scores. 60% HEIDIS and 40% Pt. Satisfaction.
- Replacing Sophia machines with a new test strips - \$250K savings.

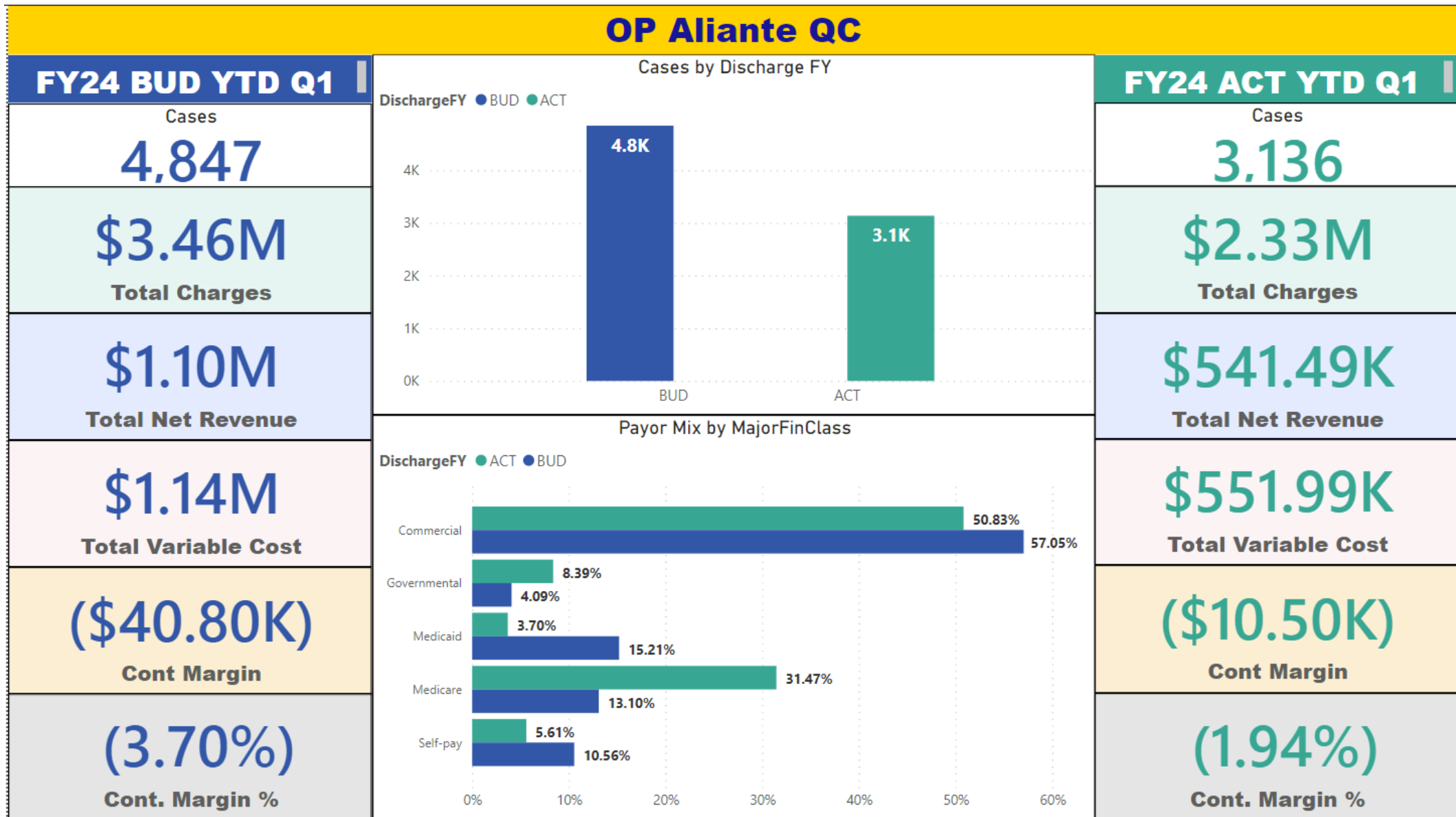
Strategic Next Steps

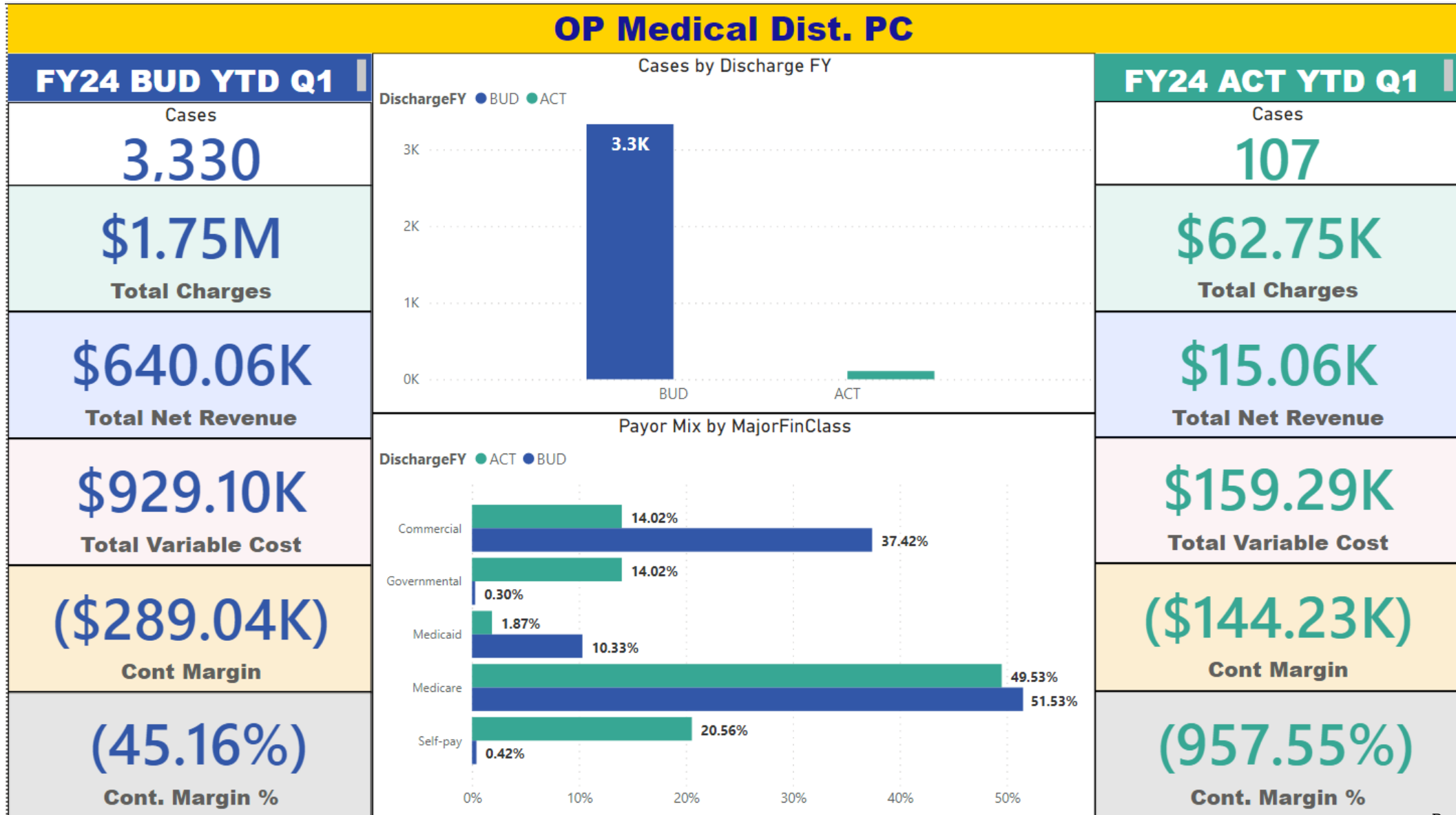
- Expand PC/QC Footprint – Southern Highlands expansion is moving thru the construction bidding process.
- Satellite sites to expand Ortho – looking at other site options.
- Expand UMC Physicals Department – continue to re-negotiate client contracts. In the process of changing the name from OCC Med to UMC Physicals Department. The department currently uses Epic for registration only and we are actively building the clinical documentation module. Go-live within the next 3 months.
- Virtual First Primary Care – building scheduling templates to provide Primary Care Telehealth visits within 48 hours of discharge from an inpatient stay. Partnering with Arkos on this project.

Technology Strategy

- Optimize MyChart Self-Scheduling Options – increase visit types that can be self-scheduled.
- Epicare Link – rolling the product out to community partners to upload consultation reports and results. Use of ECL reduces faxed paper, errors, and phone calls. This effort assists in closing the loop for referrals which provides valuable information to providers.
- Self Service Registration – exploring possibilities and technology requirements with IT.
- CarePort Connect – UMC currently uses other Care Port modules, this is a new product that will import ADT information from other facilities in the valley, making notification to our PC providers and TCM nurses. This information prompts outreach and reduces re-admissions.
- Improve electronic workflows for RX Refill Requests – looking at 1 click button to go directly to provider to approve.
- Assessment to streamline Epic InBasket workflows – providers receive ~100 messages per day.
- Update UMC Website to include all Primary Care providers bio and photo.
- ED Discharge Navigator has been updated to list all UMC Primary Care locations at the top of the list for referrals out of the ED.







83 more 5 star reviews than prior!



Ratings & Reviews [See All](#)

5.0 out of 5 803 Ratings

Ratings & Reviews

Omg thank you 🙌💜💜💜 Oct 18 JazzLV
 ★★★★★

I am so happy for apps like this. I went to the emergency room and literally couldn't find a parking spot. So I proceeded to go to an urgent care and they literally didn't have a physician on site. Who does that? So I googled, "talk to a doctor online" and saw this app. In just a few minutes, I spoke to an amazing Nurse Practitioner, Latricia. She was kind, patient, and fun to speak with. She made sure my medication was sent within five minutes and advised me on how to pick up the prescription same night before it closed within a hour. Thank you so much. I feel better already!

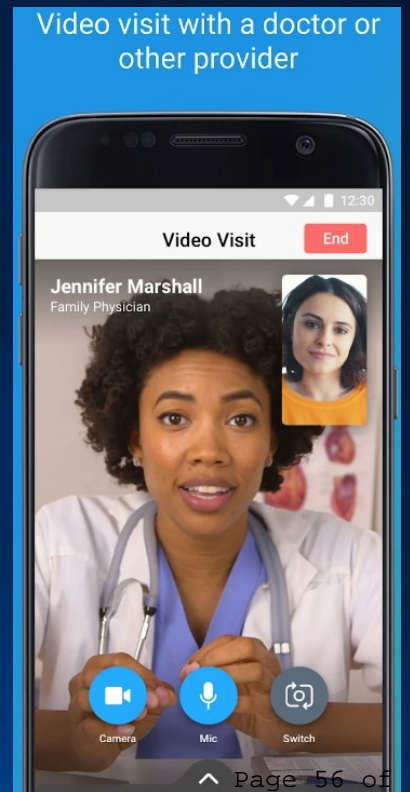
Google Play Games Apps Movies & TV Books Kids

4.8 68 reviews

5 stars: 100%
 4 stars: 0%
 3 stars: 0%
 2 stars: 0%
 1 star: 0%

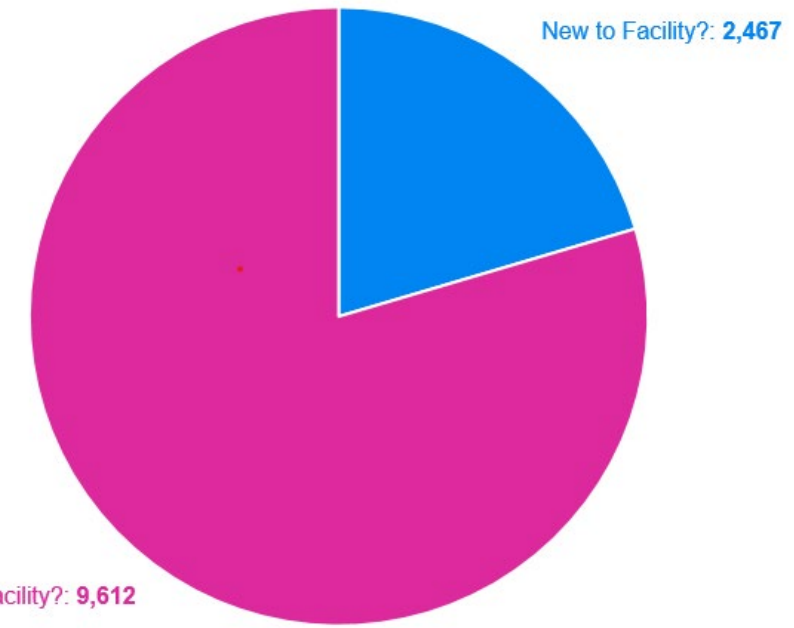
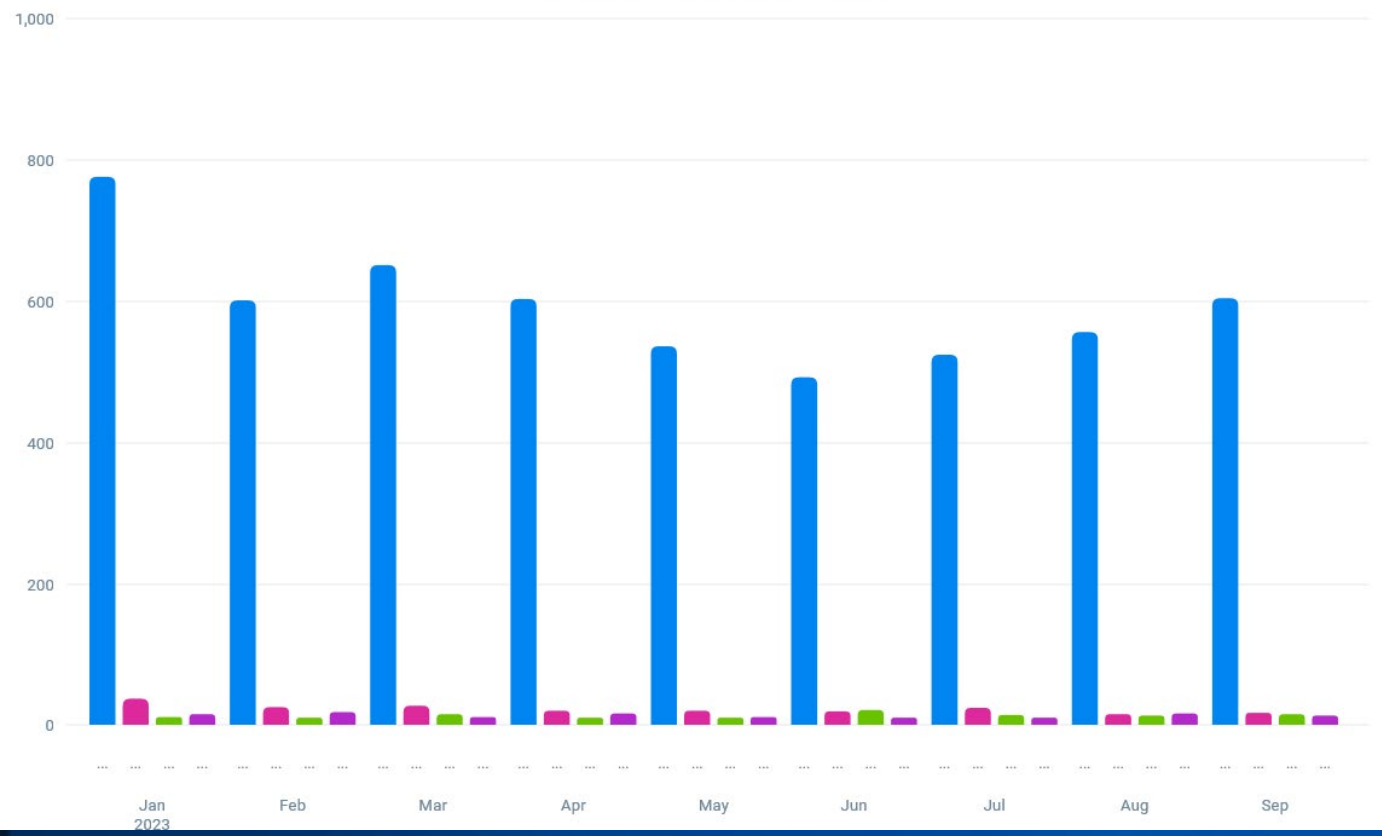


Average wait time



Visit volumes and percentage of new patients

UMC Amwell - # of Appointments By Status (Dashboard Dates)
Between 1/1/2023 and 9/30/2023 by month



12,421 all time visits

Operational Update

- Over **12,421** visits on UMC Online Care (average 600 urgent care visits per month). 100 more per month from prior.
- Patient satisfaction remains steady at 98% (only 1 formal complaint in almost 2 years of operation, successfully addressed).
- Average wait time (mins): 6:22 (from 6:11), average visit duration: 7:02 (from 7:40).
- Telemedicine Upgrade for Primary Care completed March 7th. Open scheduling can increase use.
- Nevada Corrections telemedicine program for HIV/HepC **COMPLETED**, expected to launch in December (pending executed agreement)
This is our first specialty telemedicine service line (Infectious Disease).

Expense Opportunities

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

Strategic Next Steps

- Continue marketing investment/efforts to grow volume. Continue to engage PC providers to participate and offer patients virtual care as clinically appropriate. *RVU model may help increase provider participation.*
- Specialty telemedicine build completed for outpatient. IP build continues (with capabilities to perform incoming and outgoing consults).
- Ortho simple visit follow up pilot in early planning stage.
- “Virtual First” primary care pilot (with touchpoints at LVMD clinic/LAS QC for in person care when needed) in process with Silver Summit to increase revenue through closing gaps of care for their panel of patients.
- Transition to Epic native environment and away from Amwell as a vendor planned for end of Q1 2024.

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

Issue: Market Share Data	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
Recommendation: That the Governing Board Strategic Planning Committee receive an update regarding overall competitive landscape and market share data related to healthcare activity; and direct staff accordingly. <i>(For possible action)</i>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding market share data.

Cleared for Agenda
December 7, 2023

Agenda Item #

5

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

Issue: FY24 Organizational Goals Update	Back-up:
Petitioner: Tony Marinello, Chief Operating Officer	
<p>Recommendation:</p> <p>That the Governing Board Strategic Planning Committee receive a quarterly update on the UMC CEO/Organizational Performance Goals for FY2024; and direct staff accordingly. <i>(For possible action)</i></p>	

FISCAL IMPACT:

None

BACKGROUND:

The Committee will receive an update regarding the Organizational Goals for fiscal 2024.

Cleared for Agenda
December 7, 2023

Agenda Item #

6



FY 24 Organizational
Performance Objectives
Update
December 7, 2023

- 1. Continue to deliver improved clinical and financial outcomes in the existing 5 service lines and develop a business plan for 2 other service lines that will be critical to help UMC deliver an important service line to the community going forward.**
- 2. Continue to play a leading role in the development of the Las Vegas Medical District**
- 3. Expand upon the five-year financial plan for UMC Enterprise to include consolidated income statement cash flow statement and facility wide capital plan. The plan will be detailed down to the service line level and within service lines will forecast volumes, revenue.**
- 4. Enhance Strategic Initiatives in furtherance of the Academic Health Center.**

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

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
December 7, 2023

Agenda Item #

7

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

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

FISCAL IMPACT:

None

BACKGROUND:

None

Cleared for Agenda
December 7, 2023

Agenda Item #

8