Strategic Planning Committee

Thursday, October 8, 2020 9:00am

ProVidence Suite

Las Vegas, NV 89102

Conference Dial-in Number: (844) 740 1264 Participant Access Code: 1339558820

AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
October 8, 2020 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:

Pursuant to the Governor's Emergency Directive on Public Meetings, this meeting will not be open to the public.

This will be a telephonic meeting. You may access the meeting by dialing 844-740-1264 and pass code 1339558820.

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).

If you wish to comment on an item marked "For Possible Action" appearing on this agenda, you may send an e-mail to publiccomment@umcsn.com. Please identify on which agenda item you are commenting. Any comments not so identified will be read at the end of the meeting.

- 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

2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on August 5, 2020. *(For possible action)*

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

SECTION 2. BUSINESS ITEMS

4. Receive a report regarding UMC Service Line and Operational Performance; and direct staff accordingly. *(For possible action)*

5. Receive a report regarding national impacts from COVID-19 on service line performance; and direct staff accordingly. *(For possible action)*

6. Discuss CEO annual FY21 goals and objectives as it relates to the subject matter relevant to the Strategic Planning Committee and make a recommendation to the Human Resources and Executive Compensation Committee. *(For possible action)*

7. Receive a report regarding UMC's top 10 strategic goals; and direct staff accordingly. *(For possible action)*

SECTION 3: EMERGING ISSUES

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

COMMENTS BY THE GENERAL PUBLIC

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

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

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

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Wednesday, August 5, 2020
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 – via phone
Renee Franklin – via phone
Dr. Mackay – via phone
Mary Lynn Palenik – via phone
Robyn Caspersen – via phone

Absent:
Christian Haase

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
James Conway, Assistant General Counsel
Danita Cohen, Chief Experience Officer
Deb Fox, Chief Nursing Officer
Marcia Turner, Chief Administrative Officer
Maria Sexton, Interim Chief Information Officer
Kayla Hillegass, Management Analyst
Stephanie Ceccarelli, Governing 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.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 6, 2020. *(For possible action)*

Dwayne Murray was added as an attendee present for the meeting.

A correction was made to a comment made by Mr. VanHouweling on page 7 last paragraph.

A motion for approval of the minutes for the February 6, 2020 meeting was postponed, as a quorum was not present for approval.

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

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

FINAL ACTION: A motion was made by Member Caspersen 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 and Market Dynamics; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- Service Line Update - Powerpoint

DISCUSSION: Tony Marinello, COO provided a brief overview of service line updates.

Operational Updates: Sandie Boyadjian was announced as the New Cardiology Director.

The Cath Lab is still on target with an expected completion of construction at the end of August, inspection by the State is scheduled for mid to late September and a target opening date of October 2, 2020. This will add additional volume and expands cardiology service. Phase 2 target completion is the end of the year.

TAVR procedures are estimated to start in the 2nd quarter and the nuclear medicine cameras are on target for January 2021.

PAPRs have been provided to clinical staff for use with patients needing cardiac procedures and telehealth medicine has been implemented in the heart failure clinic.

Chair Hagerty asked how COVID has affected patient volumes. Mr. Marinello stated that volumes did drop but they have started to increase since May.

Mr. VanHouweling added that EMS volumes were down by approximately 40%, as people were apprehensive to come into the hospital due to COVID. The discussion continued with an over view of statistical year over year data trends in inpatient cardiac services, cath procedures and cardiovascular surgery. A

discussion ensued regarding the COVID impacts on the sacred six service lines and cardiac services.

Statistical data in Oncology was reviewed. The deadline to complete the Commission on Cancer Accreditation has been extended to December 28, 2020 in order to resolve survey deficiencies and in response to the coronavirus, the American College of Surgeons has granted a one-year extension for hospitals that are accredited and verified.

The Oncology Practice head has been invited to join the next strategy meeting to discuss an alignment in outpatient oncology. There is also interest in developing a Lung Cancer Center.

Surgical Services have been robust. Peri-operative meetings are held weekly to discuss operation matters such as first case on time start initiatives, transplant services and new COVID policies. Two new surgeons have been hired to the UMC team to conduct transplant services. The conversation continued regarding extending the service line to include kidney, liver and pancreas procurements.

COVID policies were reviewed.

Orthopedics services is very positive and the service line continues to grow. Mr. Marinello discussed opportunities that have been identified to reduce costs. A new Zimmer Rosa robot has been introduced for knee replacement surgery. Cost savings initiatives in total shoulder implants and total joint program discussed.

Mr. Marinello briefly spoke about plans with the Children's Hospital. UMC is finalizing construction plans for the last phase of the AG Grand. Construction is aimed to start the fall of 2020. Mr. Marinello highlighted that UMC is the only hospital in Las Vegas to offer COVID testing to all perinatal patients. He added that the Pediatrics ER residency is starting this month. Volumes are down about .5%.

In ambulatory, updates were provided on clinic expansions at Nellis and in the Southeast and Northeast. Our Infectious Disease Clinic will be opening August 13th, with dedicated follow up days for adults and pediatrics.

Lastly, building 2231 has been transformed to the UMC Advanced Center for Health, which will be utilized for COVID testing. The center is scheduled to open August 6th.

Chair Hagerty if there are marketing strategies with regards to COVID testing. Mr. Marinello stated that this is a service line that we are marketing.

FINAL ACTION TAKEN: None taken.

ITEM NO. 5 Receive a report regarding UMC COVID-19 Response Strategy and Testing Services; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- COVID-19 Update - Powerpoint

DISCUSSION: Kayla Hillegass, Management Analyst provided an overview of the strategy and service line development in response to COVID-19. UMC's operational readiness structure that has been in place since March 6, 2020, with the first Incident Command meeting which provided information to hospital staff regarding COVID-19. She went on to describe the daily operational team briefings and the workflows created by the clinical team for ER, pediatrics and OB. Negative pressure units and a CDU atrium has also been created to care for COVID patients and reduce the spread. We have implemented temperature screening and door access monitoring in order to track everyone who enters the facility.

UMC is responsible for 38 % of all testing done in Nevada and to date, approximately 230k tests have been performed. There is also a dedicated lab with the ability to test 10k samples per day.

The discussion continued with a description of the COVID testing service lines in Clinical testing, Community testing and testing with Corporate partnerships.

She concluded by sharing the operational efficiencies that UMC has created, including a daily testing operational call, patient texting lab results, automated result uploads and MyChart access with our corporate partners and interfaces with COVID-19 lab analyzers. We are at 24 to 48 testing return times.

Discussion continued regarding the COVID testing and anti-body testing capabilities of the hospital.

FINAL ACTION TAKEN: No action taken

ITEM NO. 6 Receive an update regarding FY20 CEO Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- FY 20 CEO Performance Objectives

DISCUSSION:

Objective #1
Develop a five-year financial plan (FY 20 – FY 24 inclusive) for UMC as a whole with a consolidated income statement, balance sheet and cash flow statement. The plan will be granular down to the department level and, within departments (where applicable) will forecast volumes, revenue and expenses by DRG.

Finance team has successfully completed the initial implementation of Axiom Financial Planning module with capability to project volumes, revenues, and expenses for 5-10 years based on base years and scenarios. The projected completion and presentation for the 5-year plan is January 2021.

Chair Hagerty suggests that this would be a performance objective for 2021.

Objective #2
Improved Results in the Six Focus Areas: Deliver improved results (financial and clinical) in the six focus areas (Ambulatory, Cardiology, General Surgery, Oncology, Orthopedics and Pediatrics).

Mr. VanHouweling stated we have developed committees with the six service lines to review how to better our services and improve our operational and clinical opportunities. He noted the development of P&L by service line and short and long term strategies based on vision statements and market data. With the addition of a new dean at UNLV, there is a better partnership in marketing and organizational alignment.

Chair Hagerty continued the discussion regarding promoting growth in the Oncology service line.

Objective #3
Marketing Plan with UNLV SOM: Develop and implement a joint branding and marketing campaign with the UNLV School of Medicine to promote the two institutions' cooperation as Las Vegas's premier Academic Medical Center.

The branding of a joint logo has been created between UMC and UNLV. Though it has been approved, it has not been officially rolled out due to funding constraints and focus on COVID-19. Mr. VanHouweling is working with Dean Kahn to seek opportunities to co-market and co-brand when possible.

Objective #4
Continued Leadership in Las Vegas Medical District: Continue to play a leading role in the development of the Las Vegas Medical District.

Marcia Turner, Chief Administrative Officer, provided an overview of city developments, plans and work with Councilman Knudsen in development of the Las Vegas Medical District.

She informed the Committee of a Joint City/County meeting that was held during the year to focus on everything going on in the medical district. She added that we are a key contributor in multiple committees and we have coordinated with the Nevada Department of Transportation and RTC in the development of transit services and other projects.

We continue to work with the City regarding the UMC Façade Upgrade project, as well as supporting development of the UNLV School of Medicine building and easement expansion along Charleston and Shadow Lane.

UMC has been involved with the City on a special marketing campaign to welcome patients and encourage them to continue regular medical routines despite COVID-19.

Ms. Turner concluded the discussion by informing the Committee of many of the partnerships in the medical district that UMC has been involved with in community testing.

The discussion ensued regarding the recommendation of bonus based on achievement of the performance objectives and also in response to COVID-19.

Chair Hagerty suggested that the goals be weighted the following:

Goal 1: Partially met.

Goal 2: Partially met.

Goal 3: Partially met.

Goal 4: This goal was met.

Chair Hagerty stated that the performance against the goals would be 40% and with the addition of the COVID response the percentage would be doubled to 80%. He would recommend to the HR Committee an accrual of the 80%.

Member Franklin agrees with the 80%.

Member Palenik agrees with the 80%.

Member Dr. Mackay also agrees with the percentage, but added that COVID has created such a struggle on the operations of the hospital and that it is hard to determine how much the objectives were set back because of COVID.

Mr. VanHouweling stated that we have overcome many challenges and feels that 80% is very fair and represents what has been accomplished during the year.

FINAL ACTION TAKEN:

A motion was made by Chair Hagerty that the Strategic Planning Committee recommend to the HR Committee that we accrue for payment 80% of the amount of the bonus attributable to the performance objectives in Strategic Planning. Motion carried by unanimous vote.

Member Caspersen wanted to clarify that this is for services related to FY 2020 and the indication that it would not be paid out until FY2021 is not an indication of the earnings of this incentive. This would be an expense in 2020; when it would be paid out is to be determined.

ITEM NO. 7 Receive a report regarding County Bill Draft; and provide any recommendations to staff and the County. (*For possible action)*

DOCUMENT SUBMITTED:
- None.

DISCUSSION: Ms. Turner stated that each legislative session, Clark County is allowed to sponsor up to 4 Bill Draft Requests. UMC's request was presented and is allowed to proceed with the bill. The proposals submitted were:

1. Add a third category to NRS Chapter 450.140 allowing meetings to go into closed session to discuss matters related to HIPAA protections, personnel matters or process improvements,

2. To clean up the language to change “Advisory” to “Governing Board”, and to also make it clear that the Governing Board has the same provisions and opportunities, such as going into closed session, as the Hospital Board of Trustees.

This was presented to the County and has their support. Edits will be made and this will be submitted to the Legislative Counsel Bureau. We will keep you informed as this moves forward.

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)*

Three topics were suggested for future meetings by Chair Hagerty:

1. Meet monthly until we get caught up and suggest having a meeting in September. Board Secretary Stephanie Ceccarelli will schedule a future meeting that works with everyone’s schedules.

2. Meet with Dean Kahn to discuss decisions made so far regarding the sacred 6 service lines and tightly integrating the joint efforts of UMC and UNLV.

3. Discuss changes that might influence future decisions regarding strategy and capital as a result of COVID.

4. Member Dr. Mackay report on Intermountain Health and how it affects our strategy.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Hagerty asked if there were any comments from the general public. No such comments were heard.

There being no further business to come before the Committee this time, at the hour of 11:12 a.m. Chair Hagerty adjourned the meeting.

APPROVED:

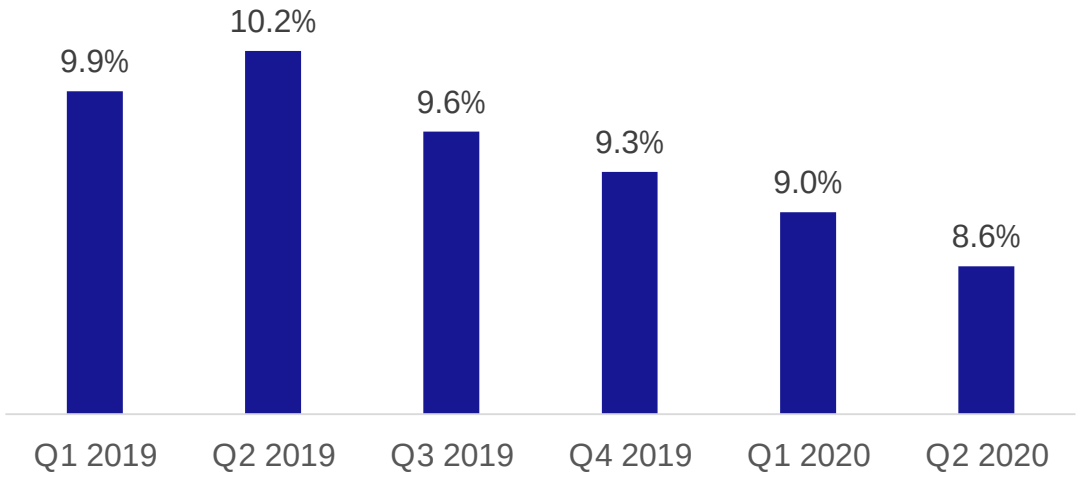
MINUTES PREPARED BY: Stephanie Ceccarelli

Service Line Update

Market Share Update

UMC Market Share

UMC Trended Market Share



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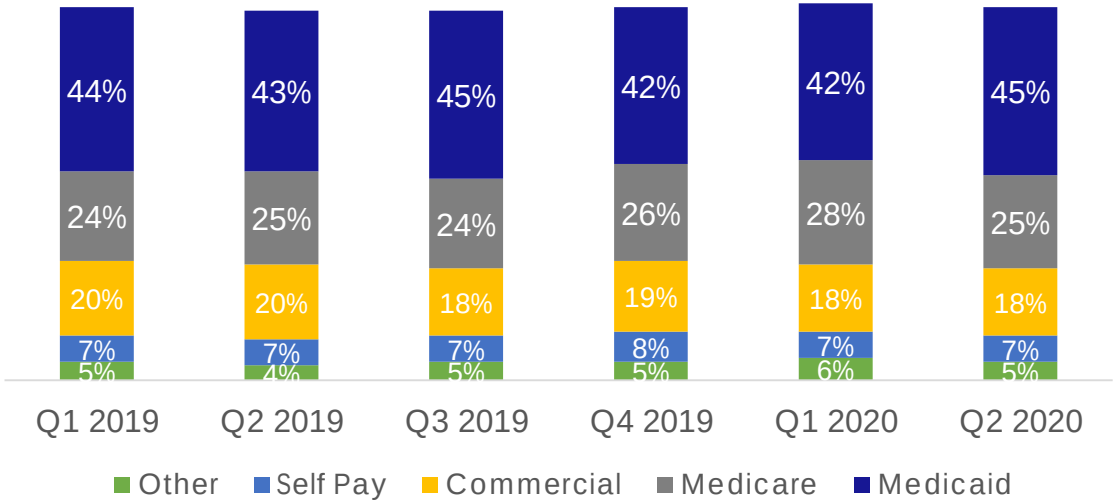
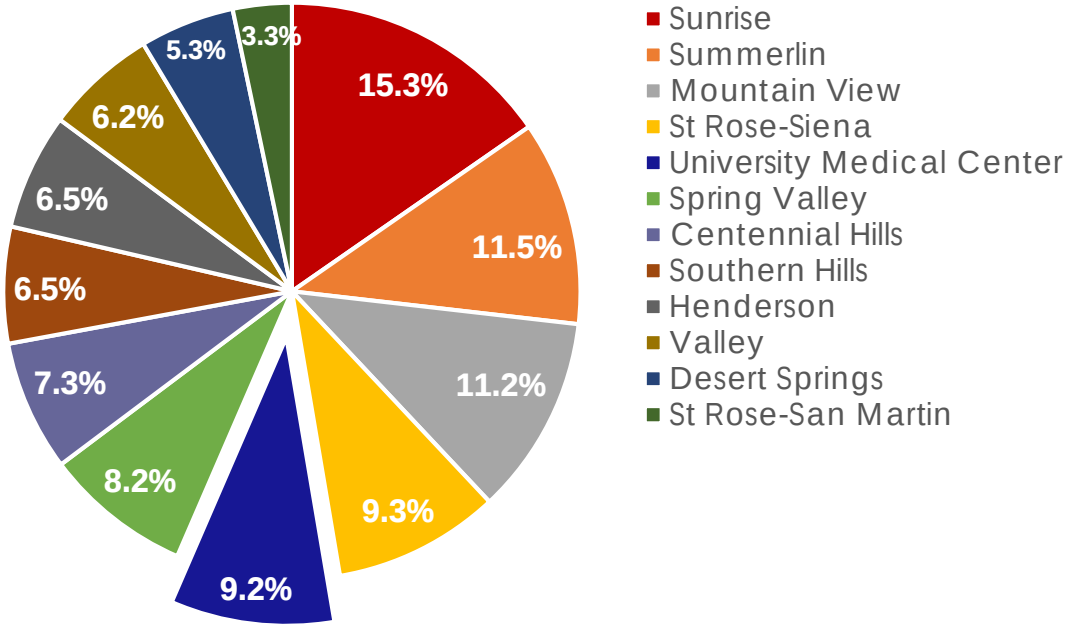


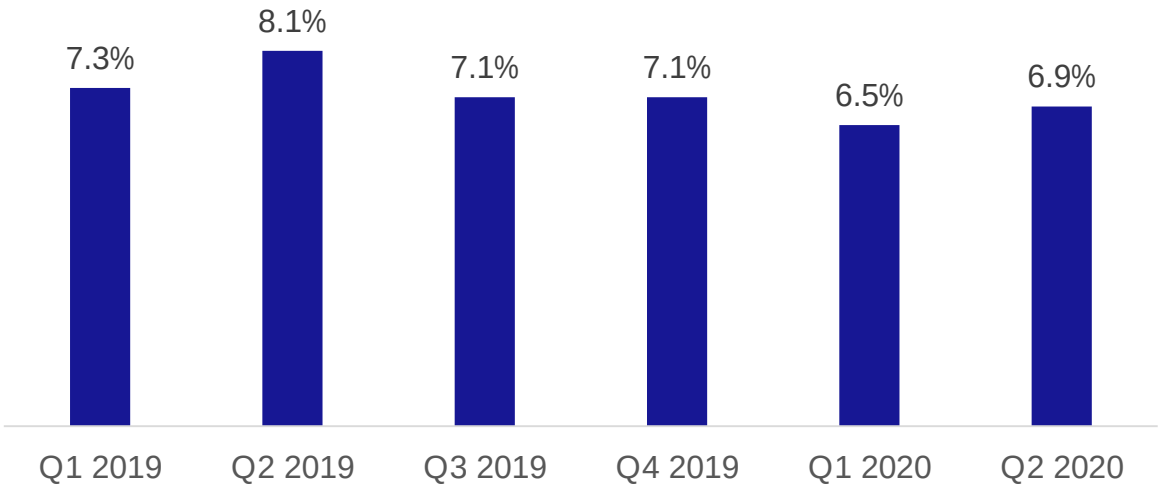
Market Share FY 2020



Market Share Update

Cardiac Services Market Share

UMC Trended Market Share



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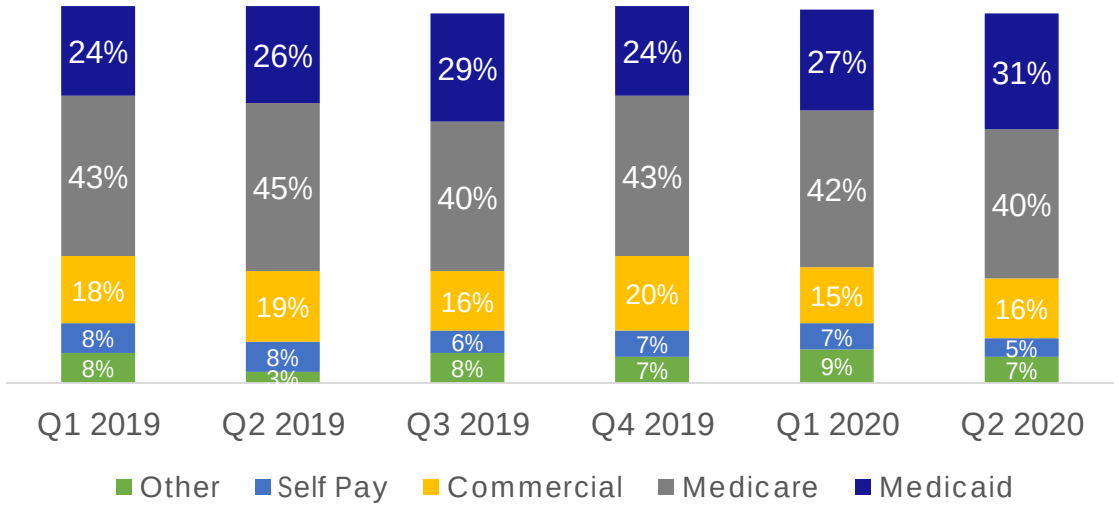
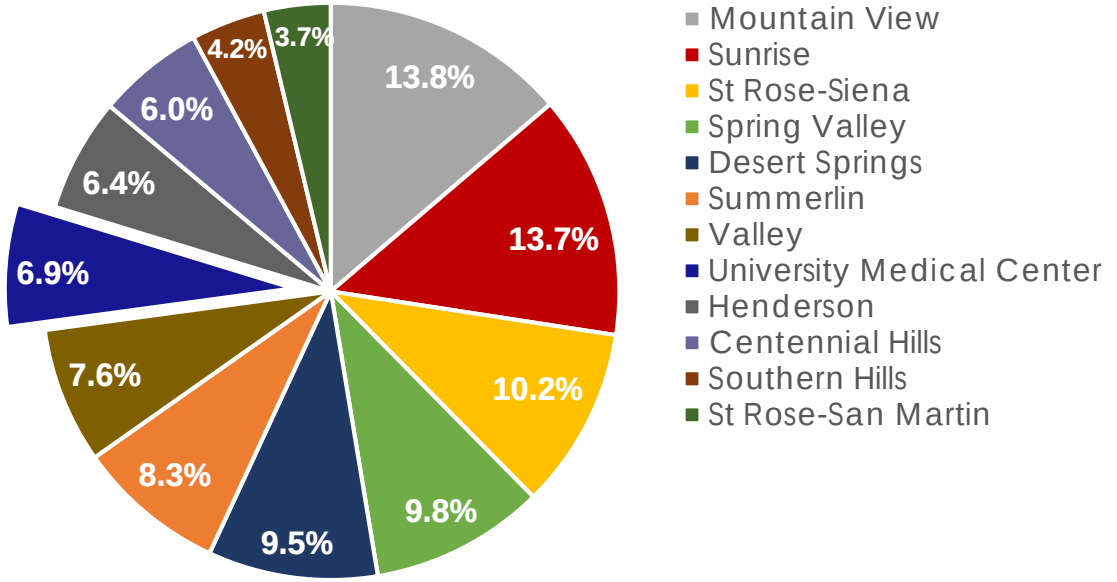
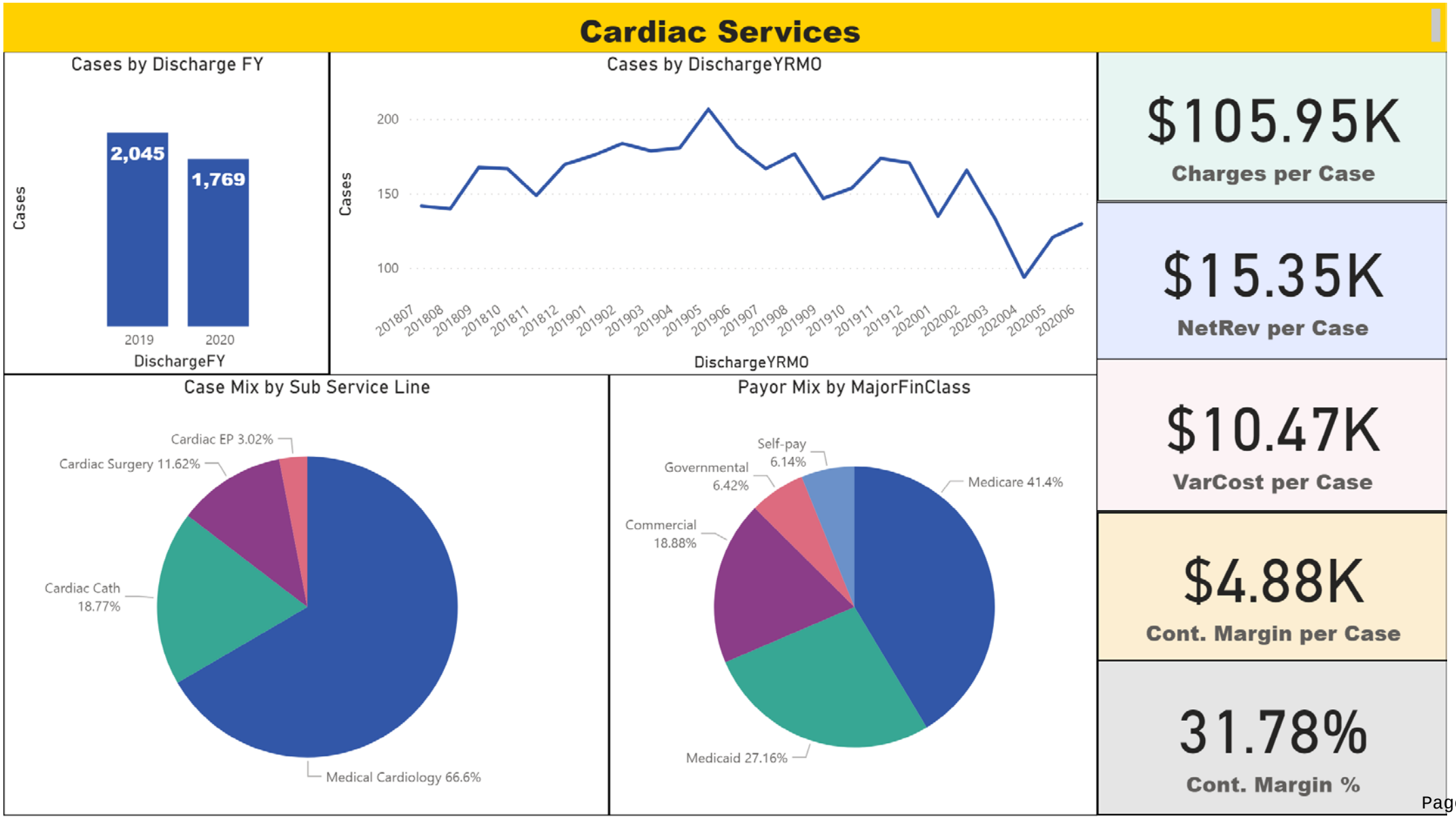


Cardiac Services Market Share FY 2020



Service Line P&L Dashboard

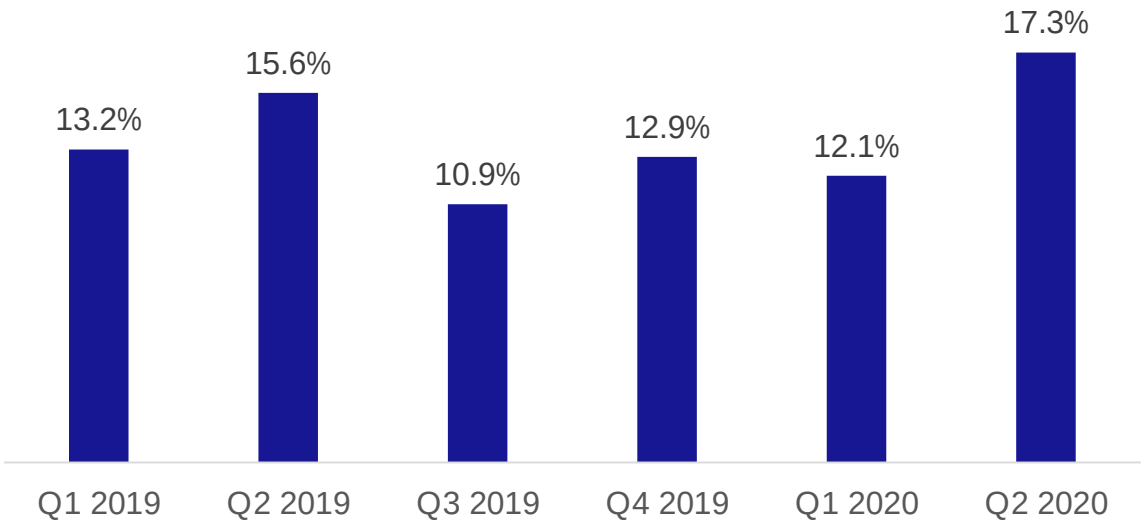
Cardiac Services



Market Share Update

Oncology Services Market Share

UMC Trended Market Share



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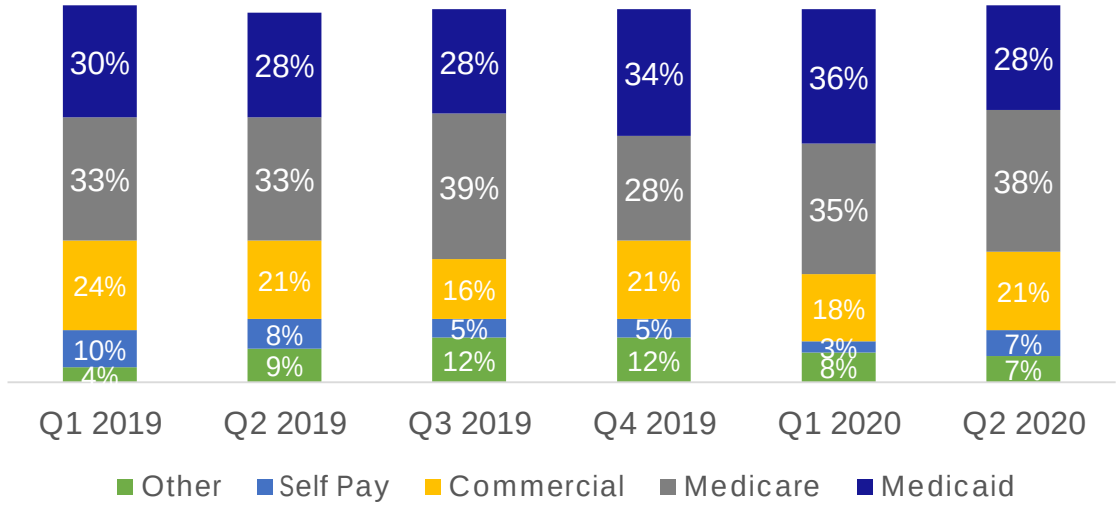
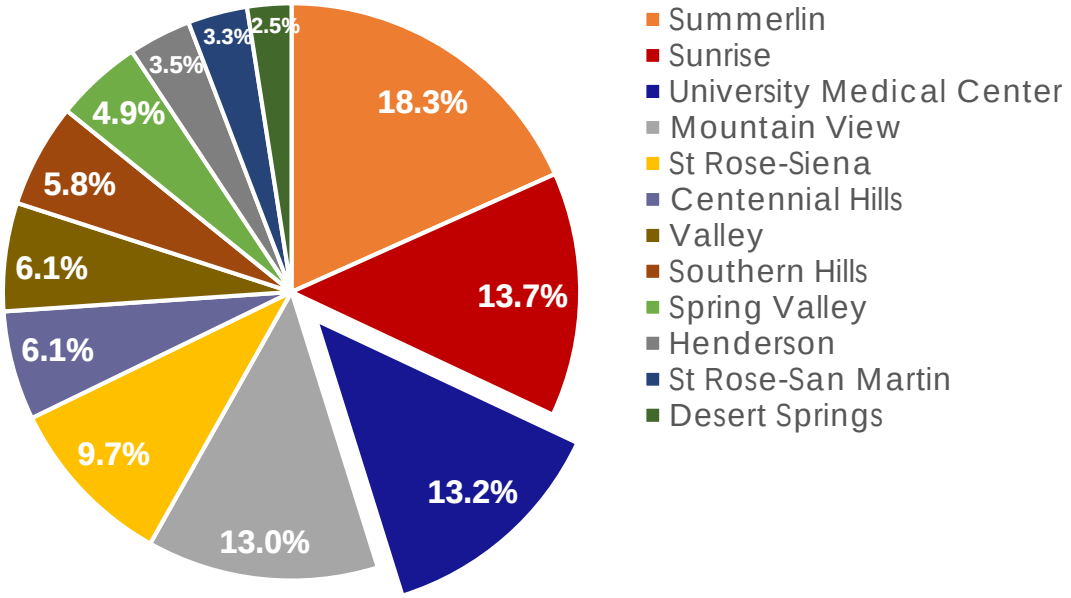


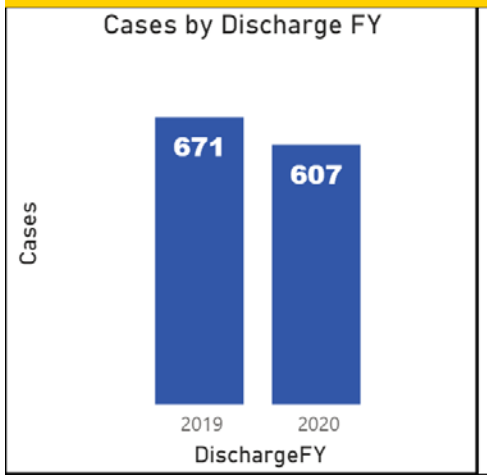
Oncology Services Market Share FY 2020

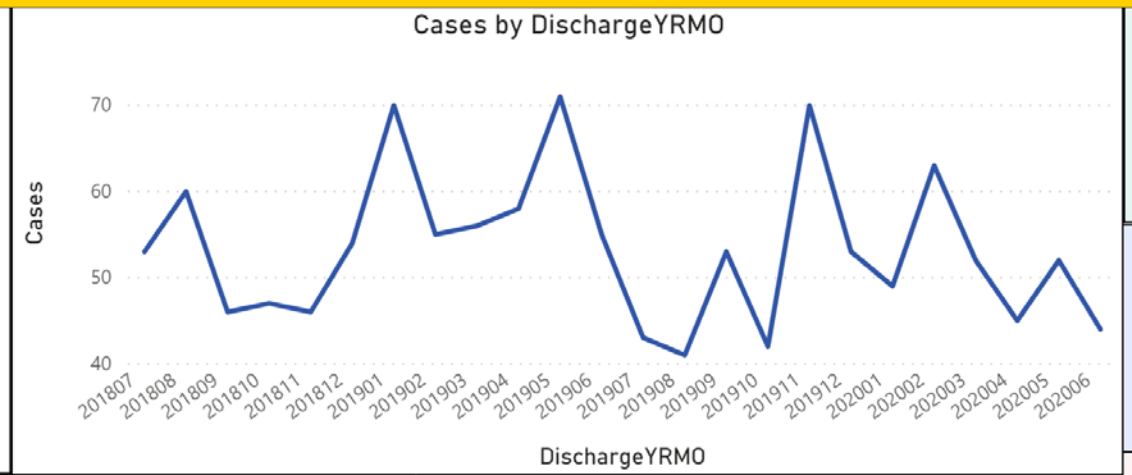


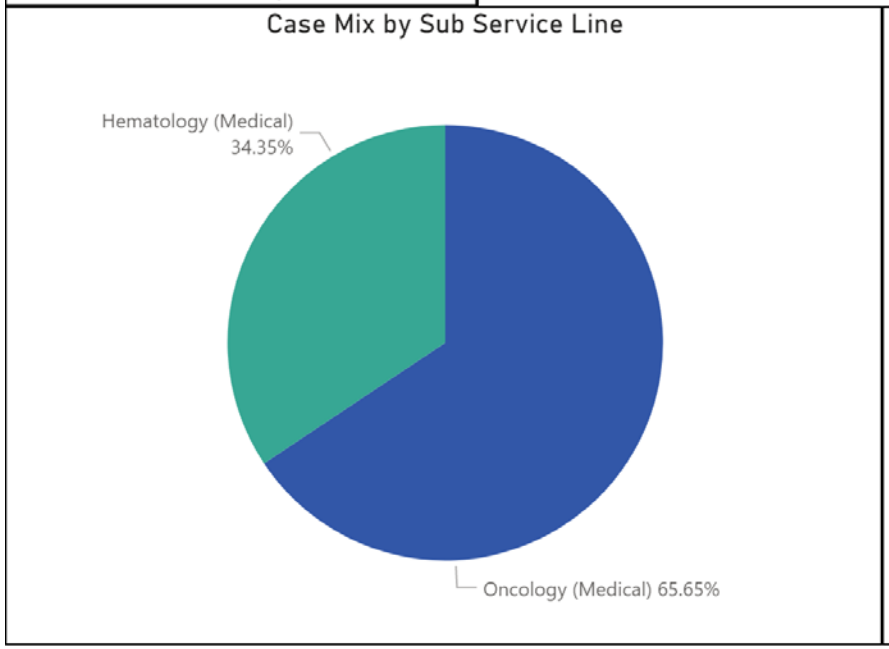
Service Line P&L Dashboard

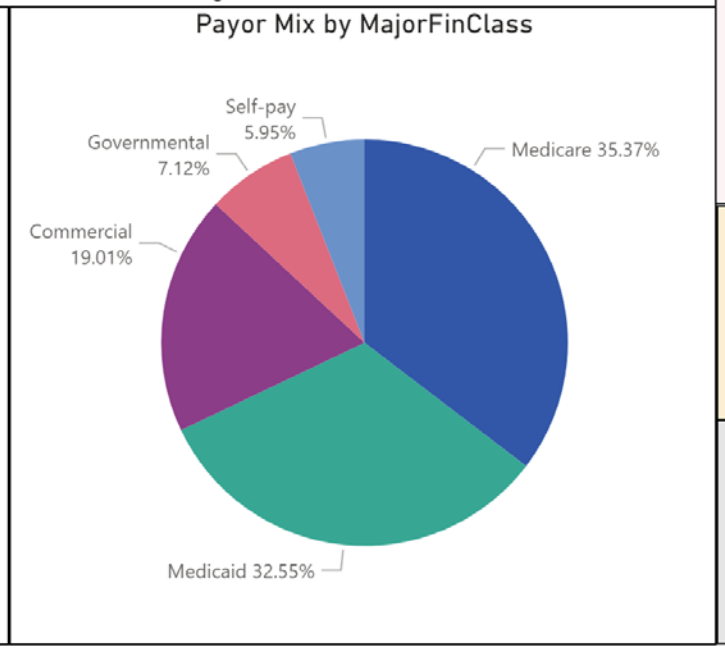
Oncology Services

Oncology









$78.70K
Charges per Case

$13.41K
NetRev per Case

$15.10K
VarCost per Case

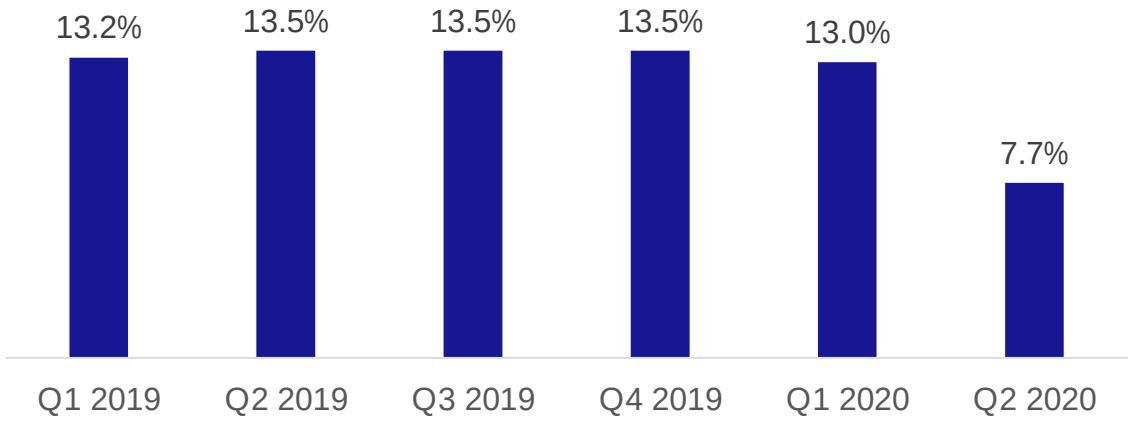
($1.69K)
Cont. Margin per Case

(12.61%)
Cont. Margin %

Market Share Update

Surgical Services Market Share

UMC Trended Market Share



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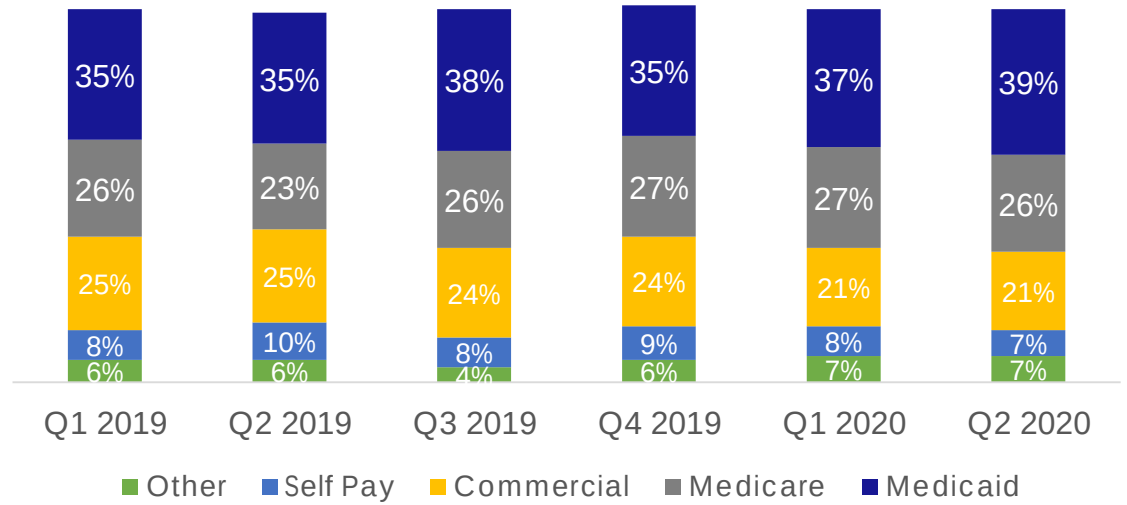
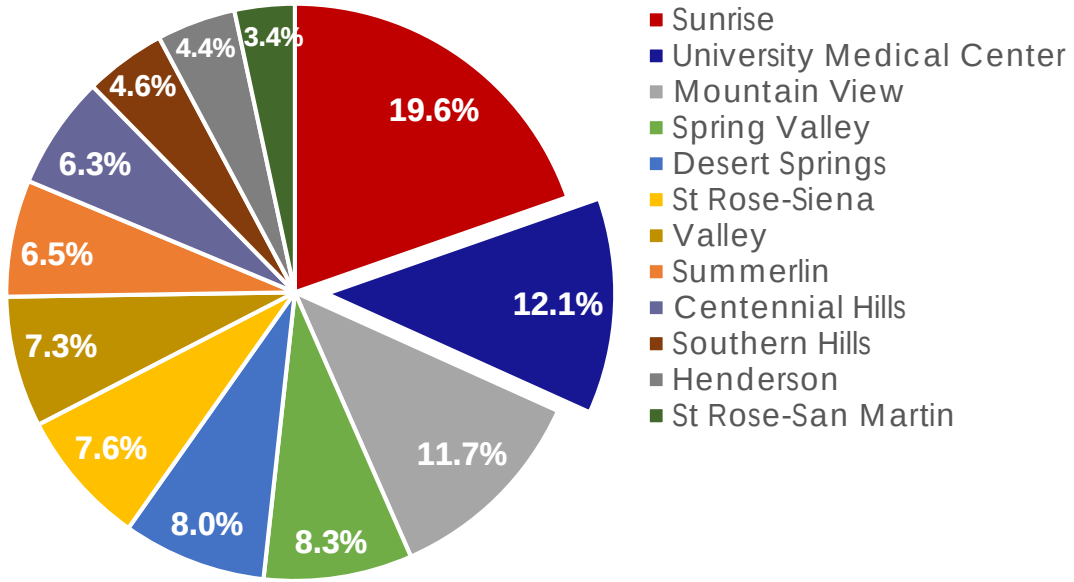
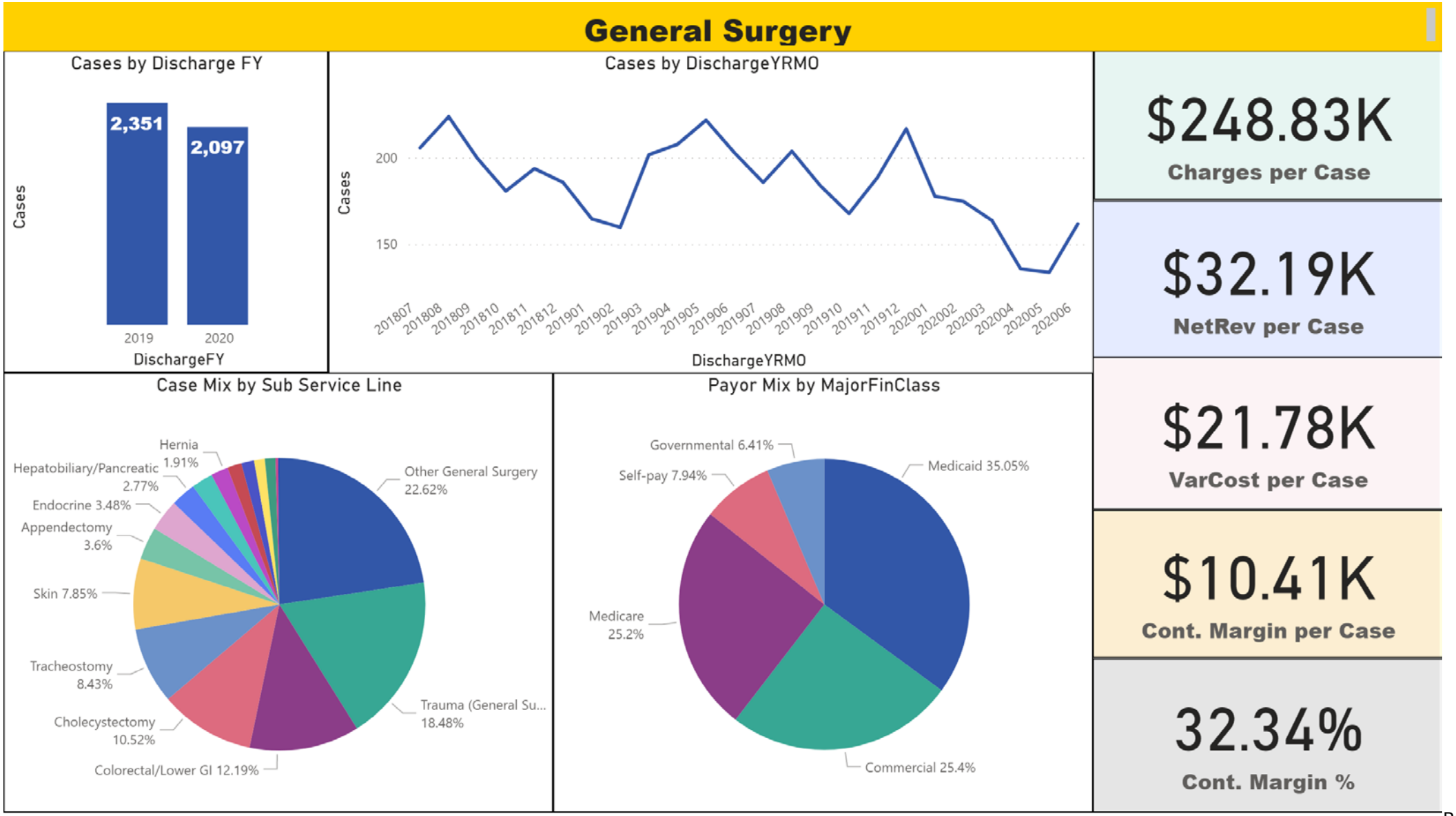


Surgical Services Market Share FY 2020



Service Line P&L Dashboard

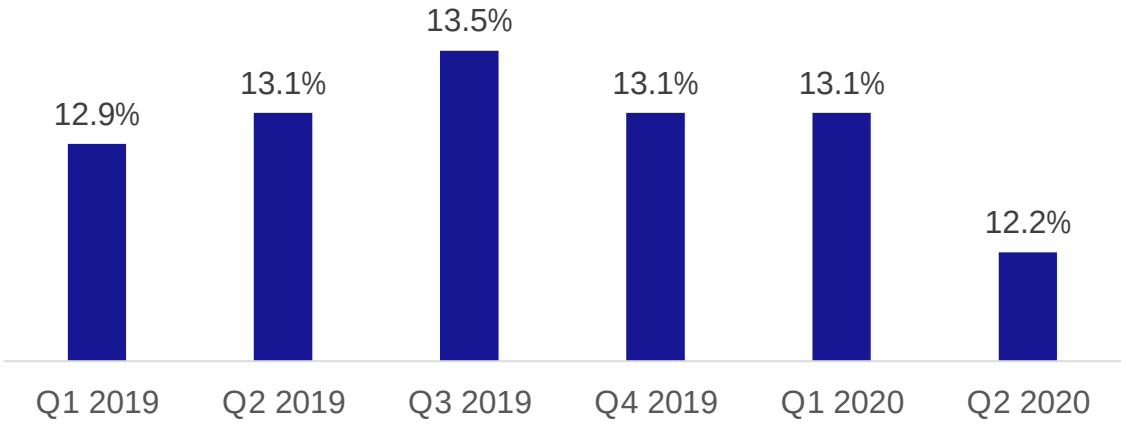
General Surgery Services



Market Share Update

Orthopedics Services Market Share

UMC Trended Market Share



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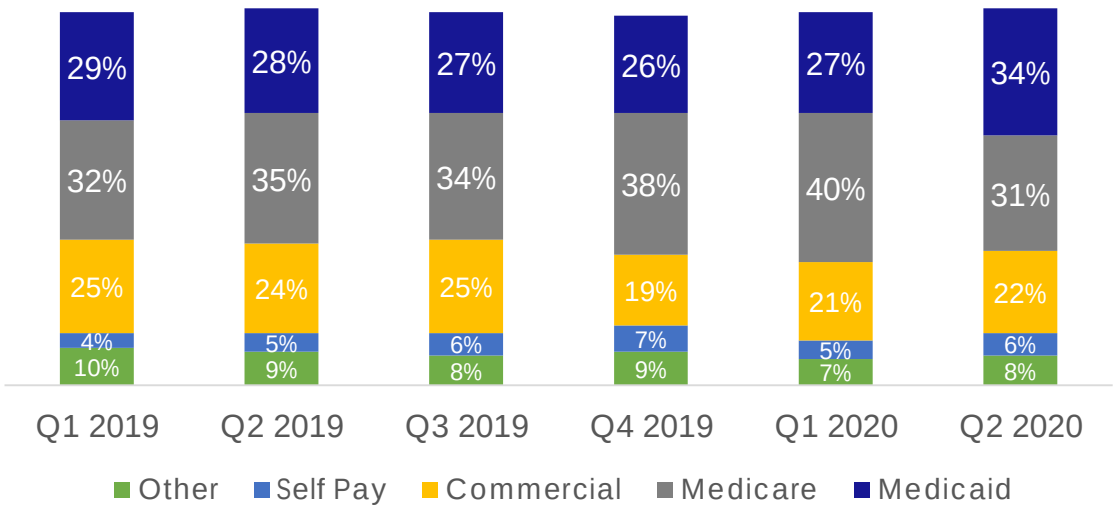
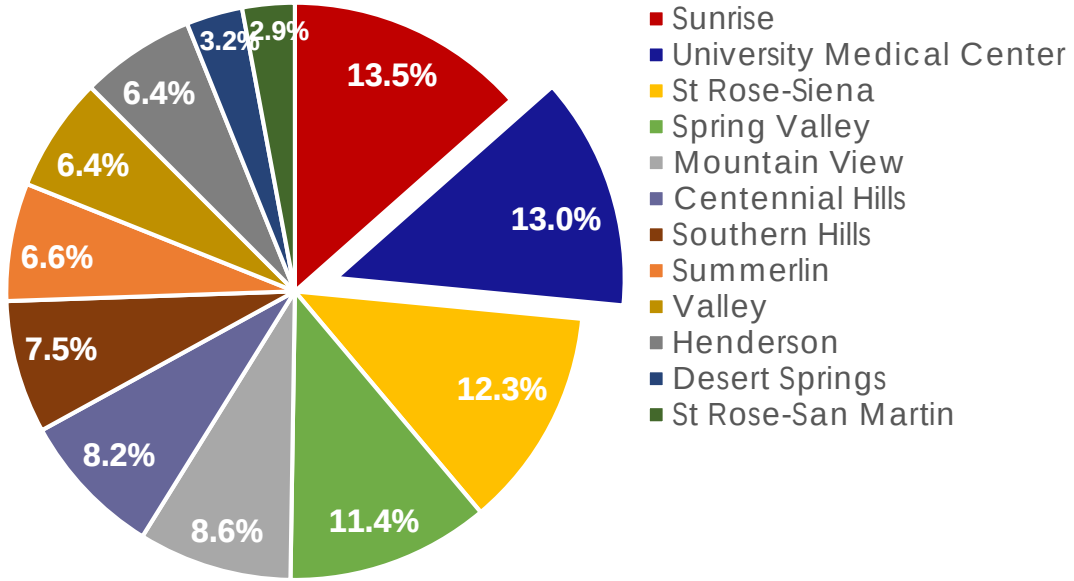


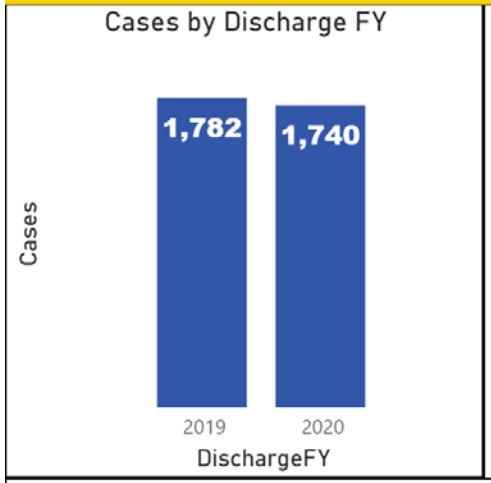
Orthopedics Market Share FY2020

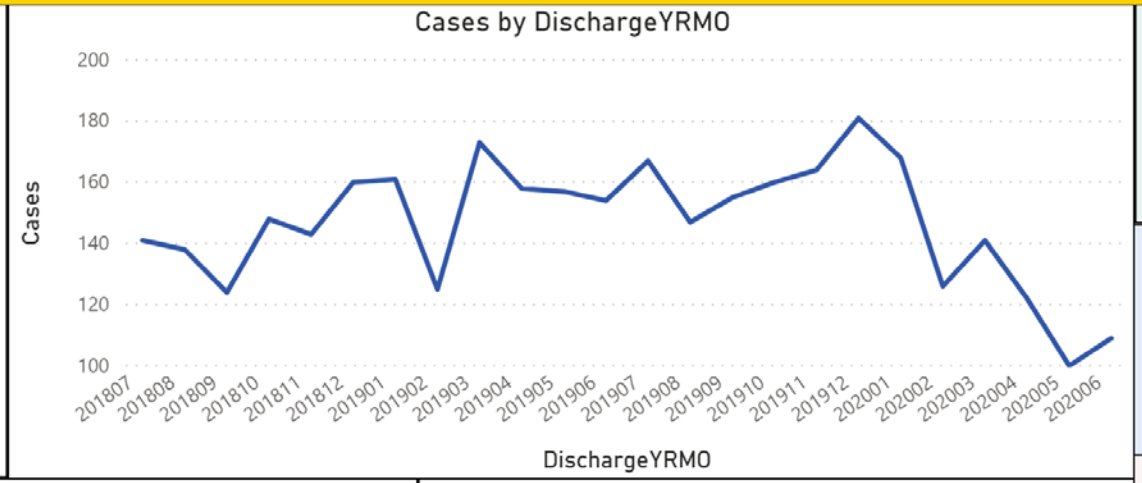


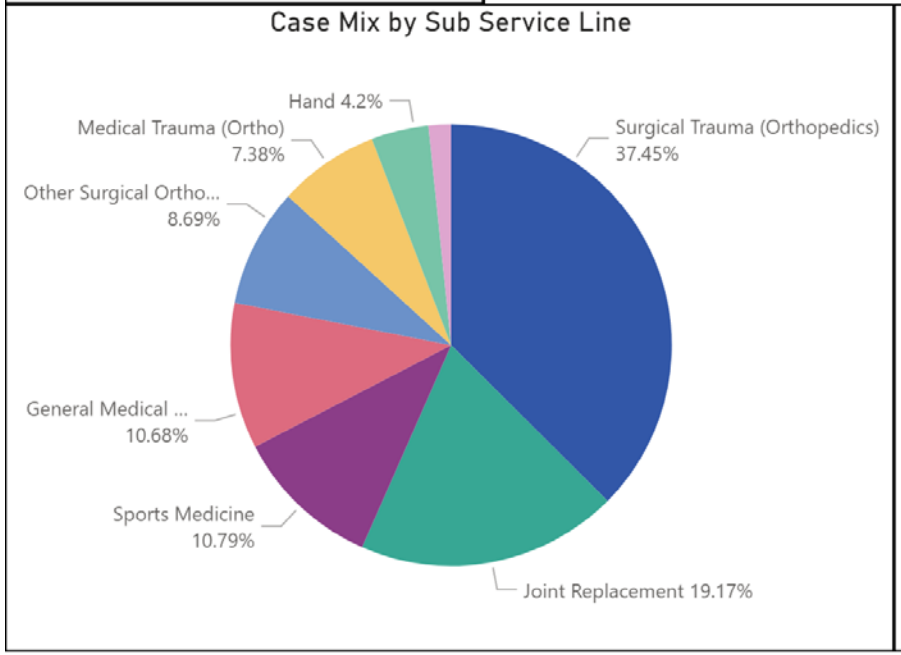
Service Line P&L Dashboard

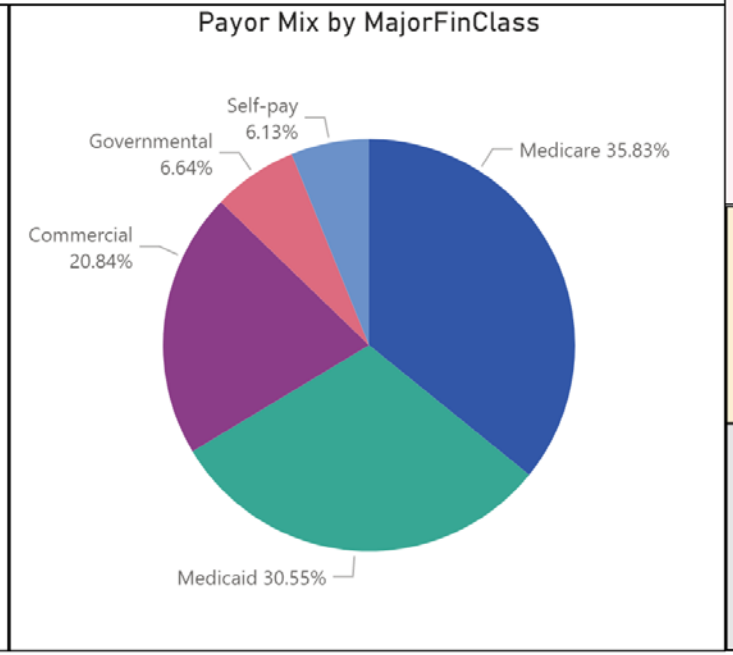
Orthopedics Services

Orthopedics









$136.64K
Charges per Case

$17.89K
NetRev per Case

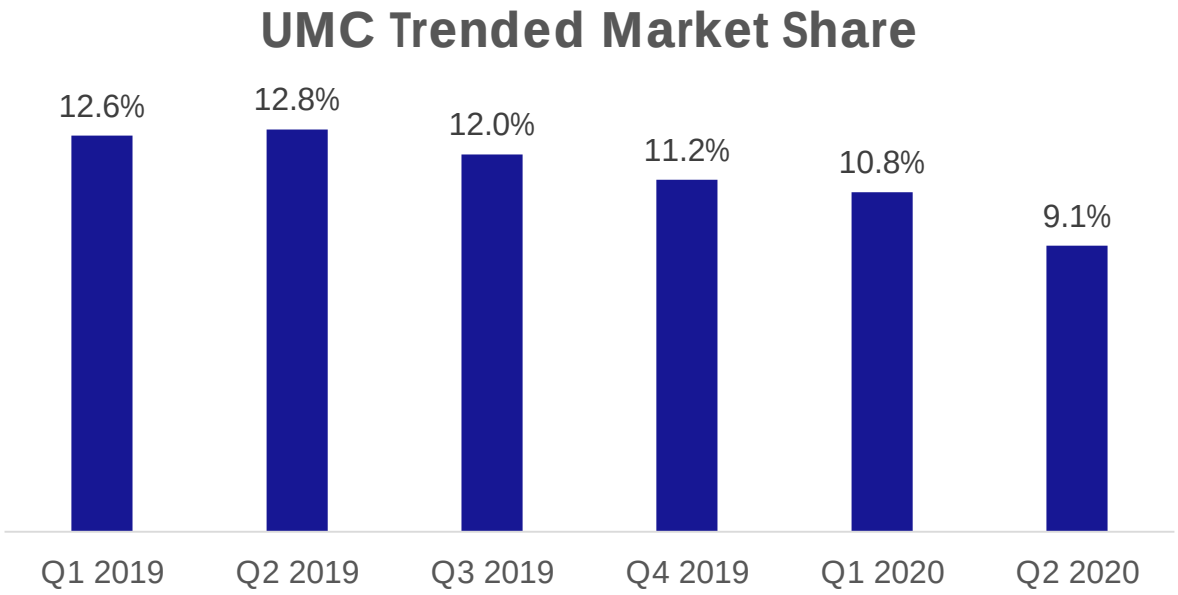
$12.30K
VarCost per Case

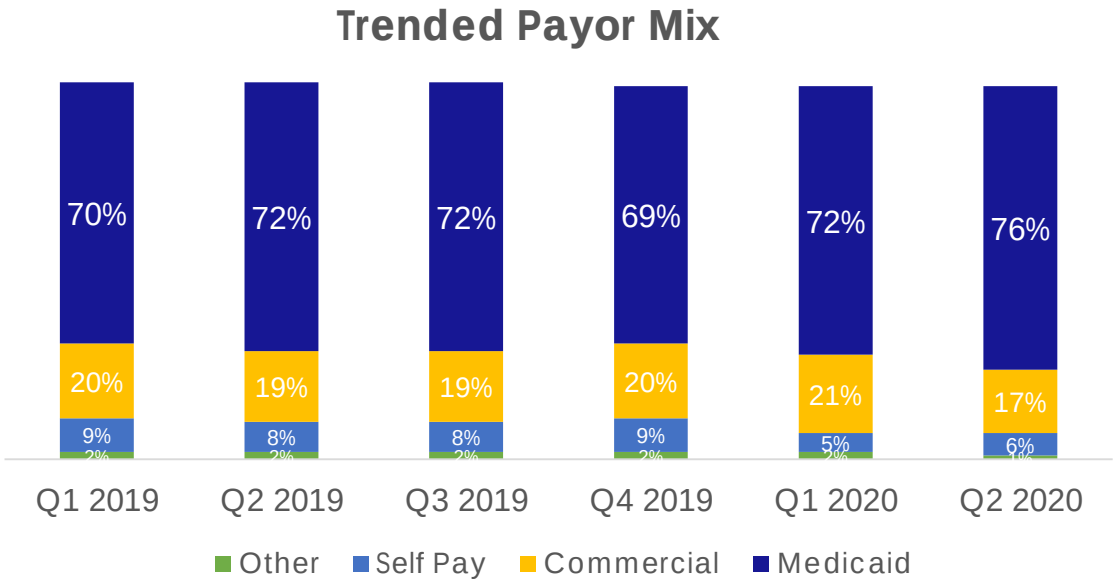
$5.59K
Cont. Margin per Case

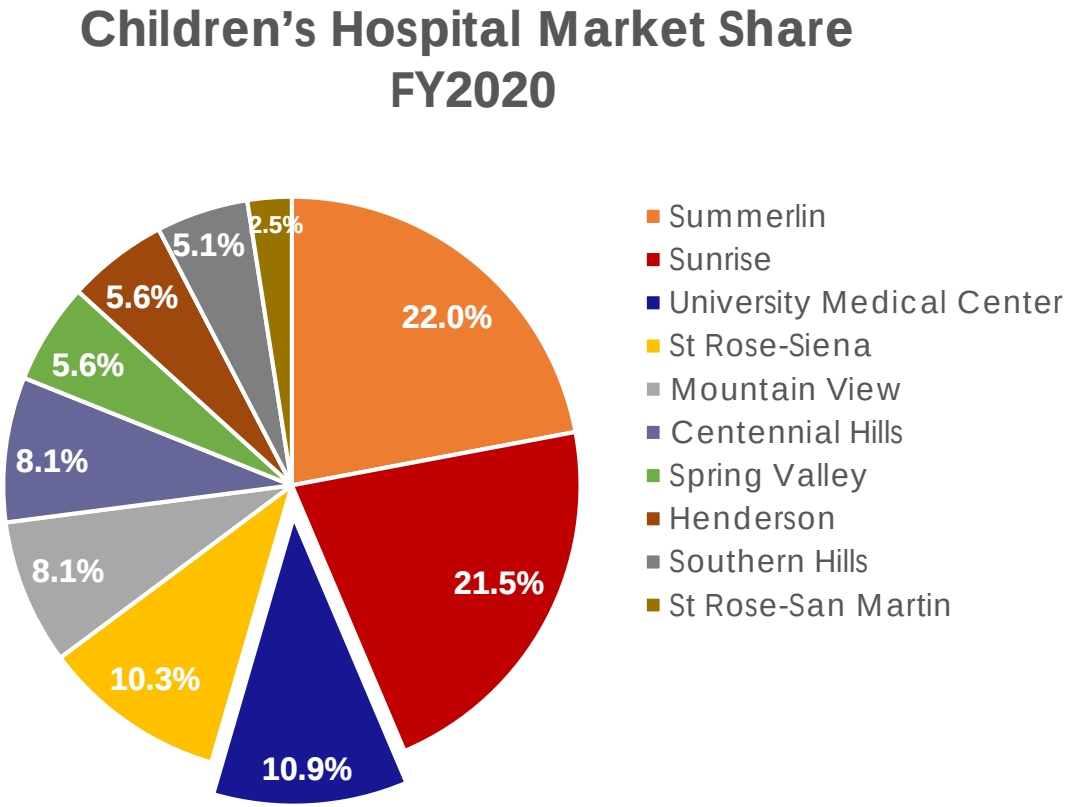
31.25%
Cont. Margin %

Market Share Update

Children's Hospital Services Market Share



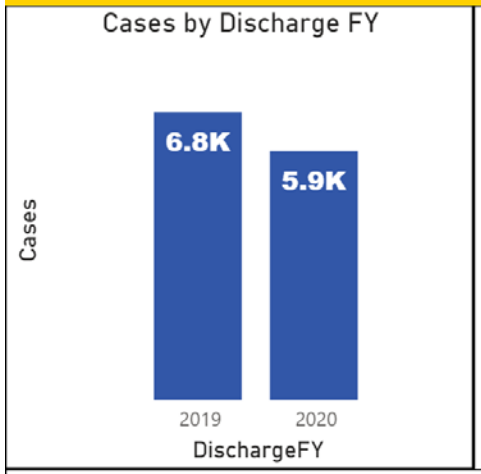


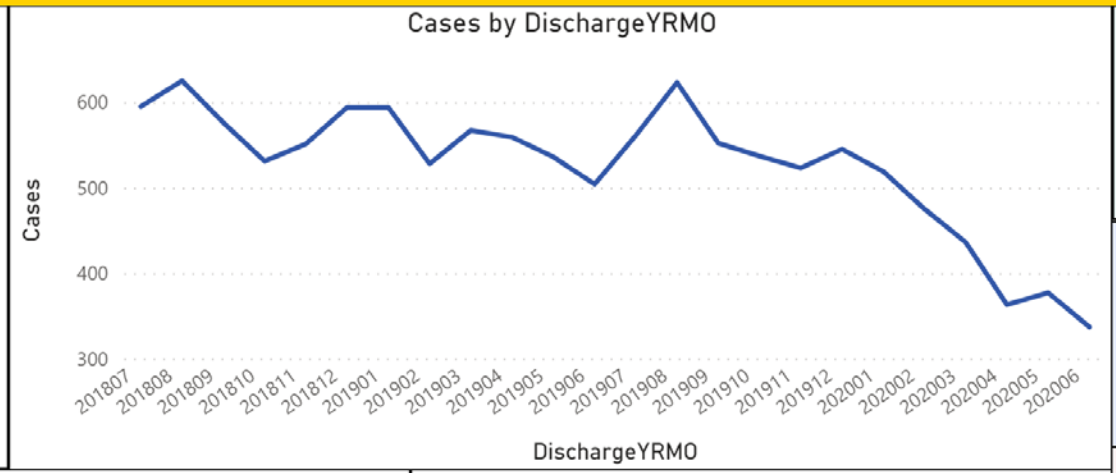


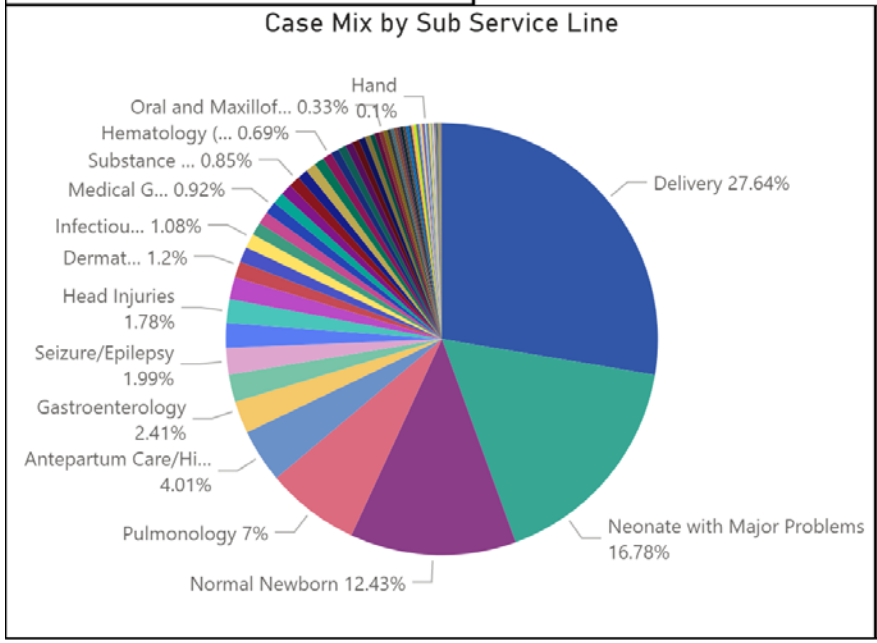
Service Line P&L Dashboard

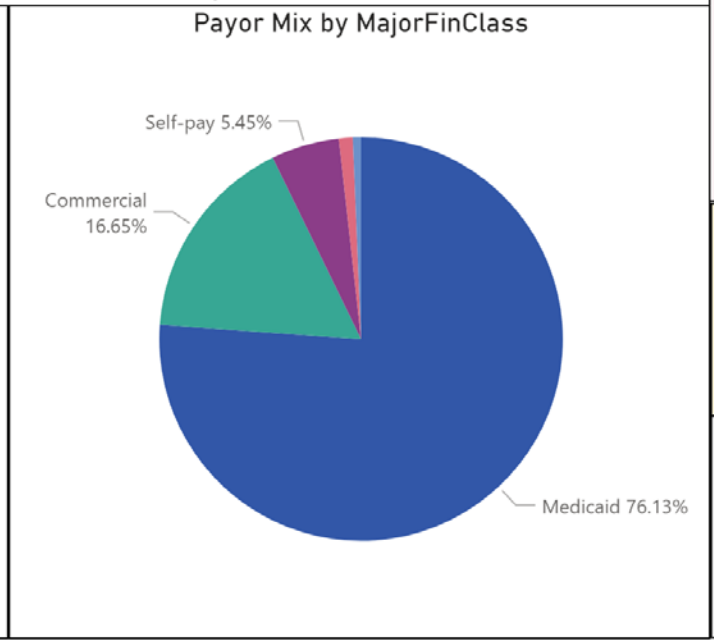
Children's Hospital Services

Women and Children









$44.88K
Charges per Case

$6.36K
NetRev per Case

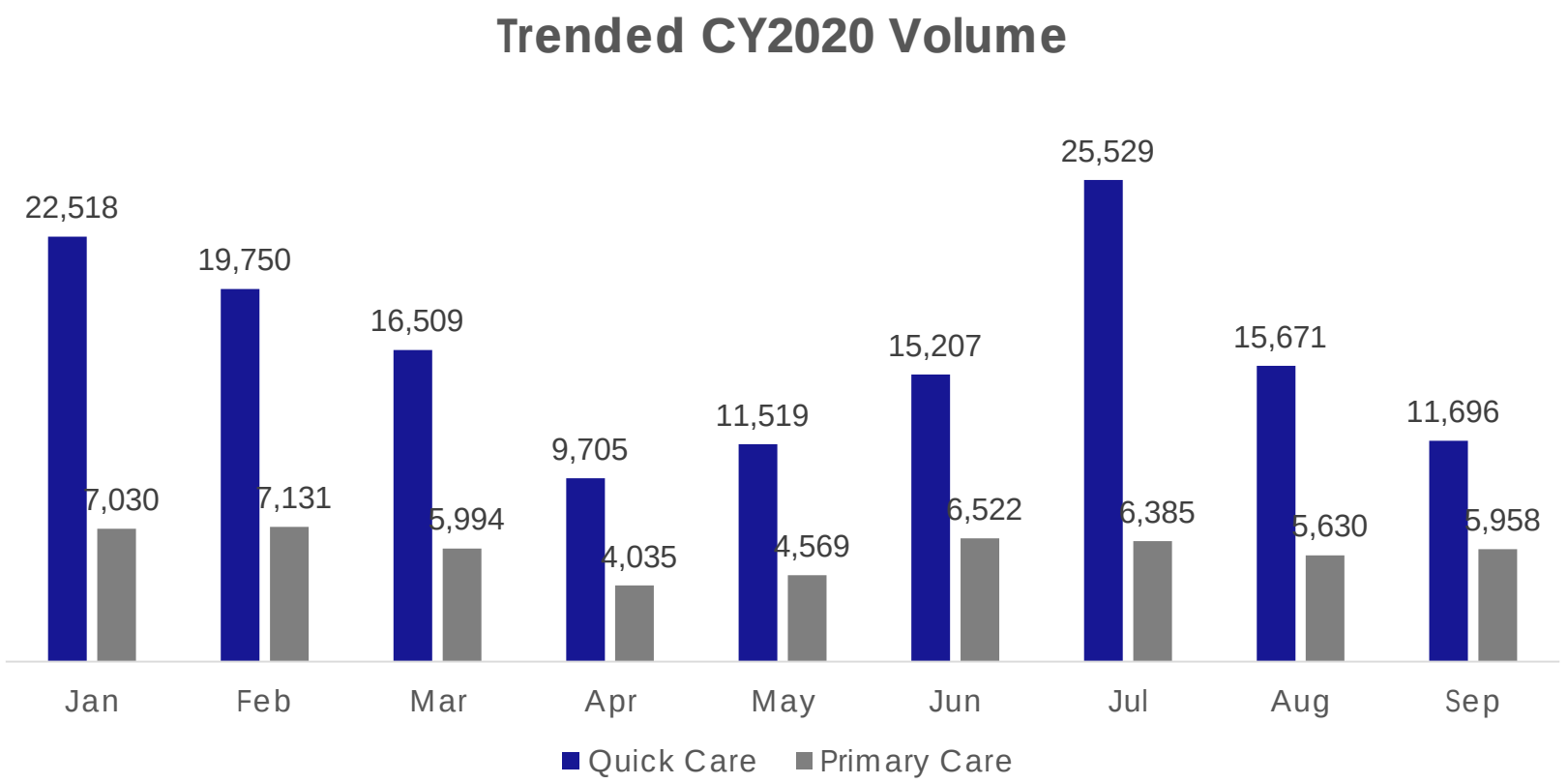
$6.98K
VarCost per Case

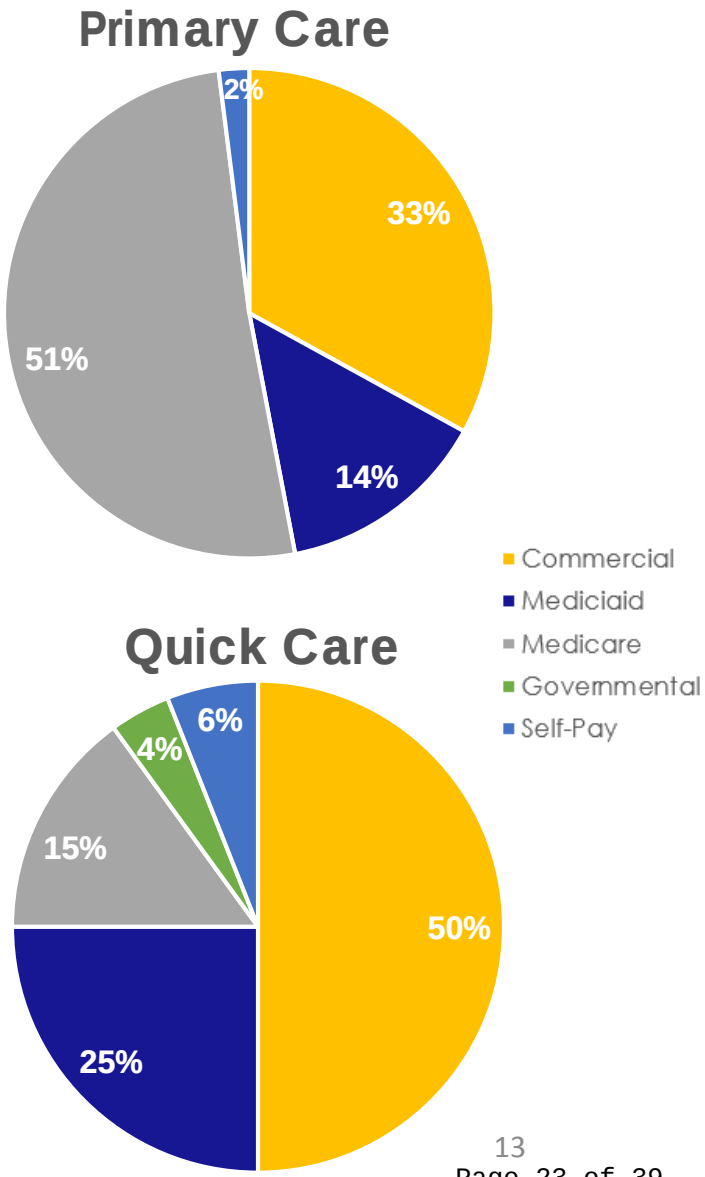
($624.87)
Cont. Margin per Case

(9.83%)
Cont. Margin %

Market Share Update

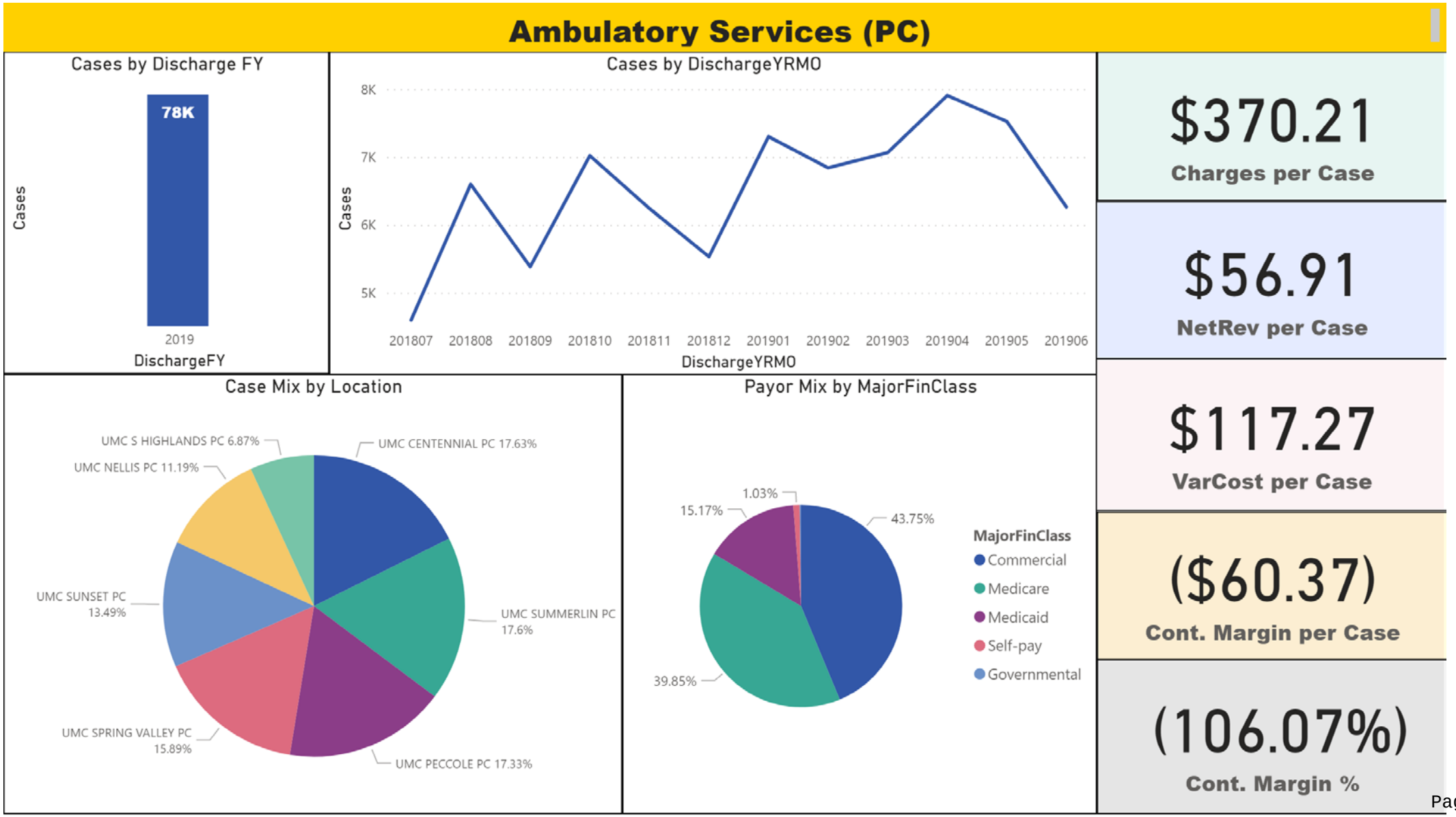
Ambulatory Services Market Share





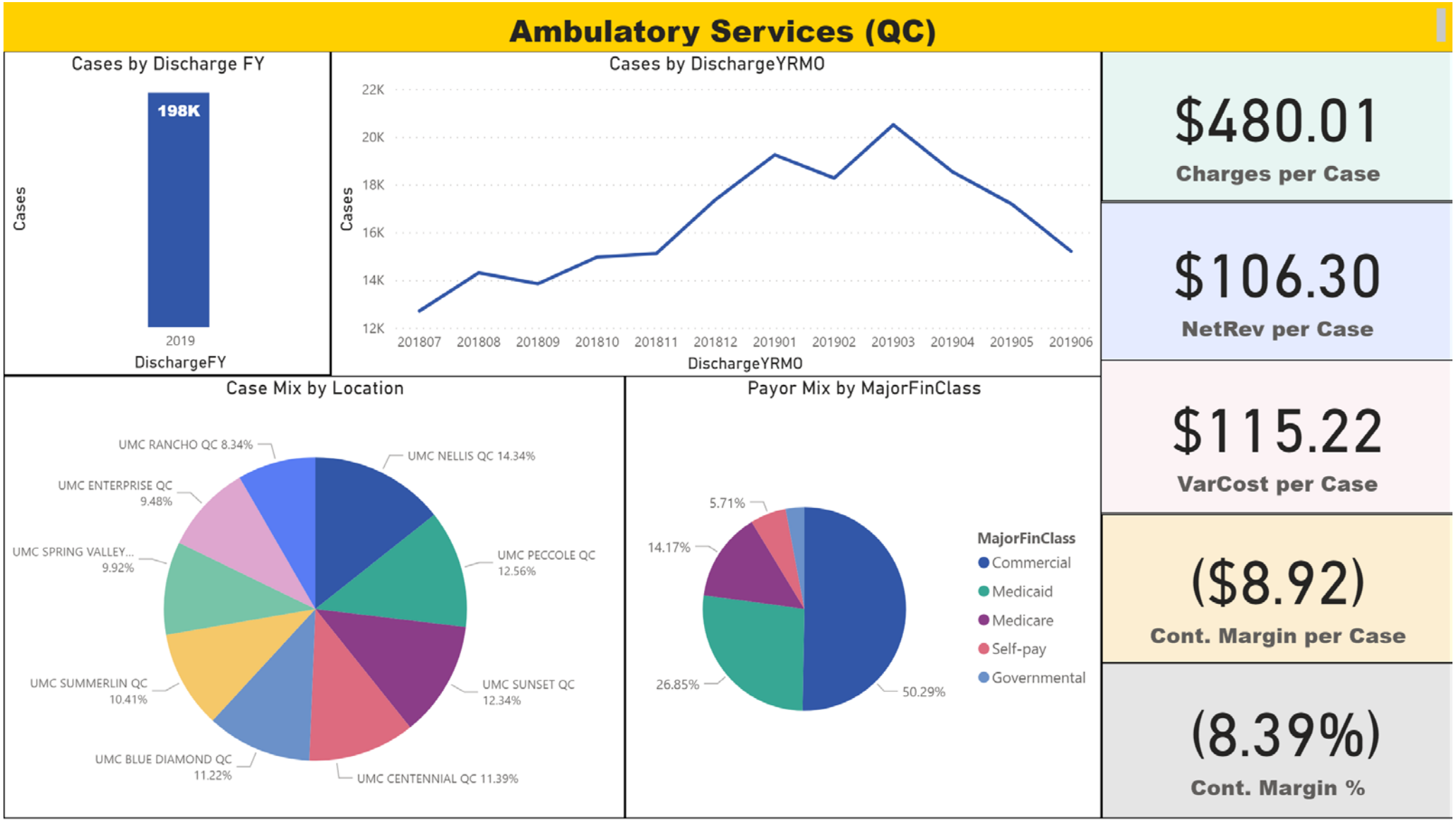
Service Line P&L Dashboard

Ambulatory Services



Service Line P&L Dashboard

Ambulatory Services



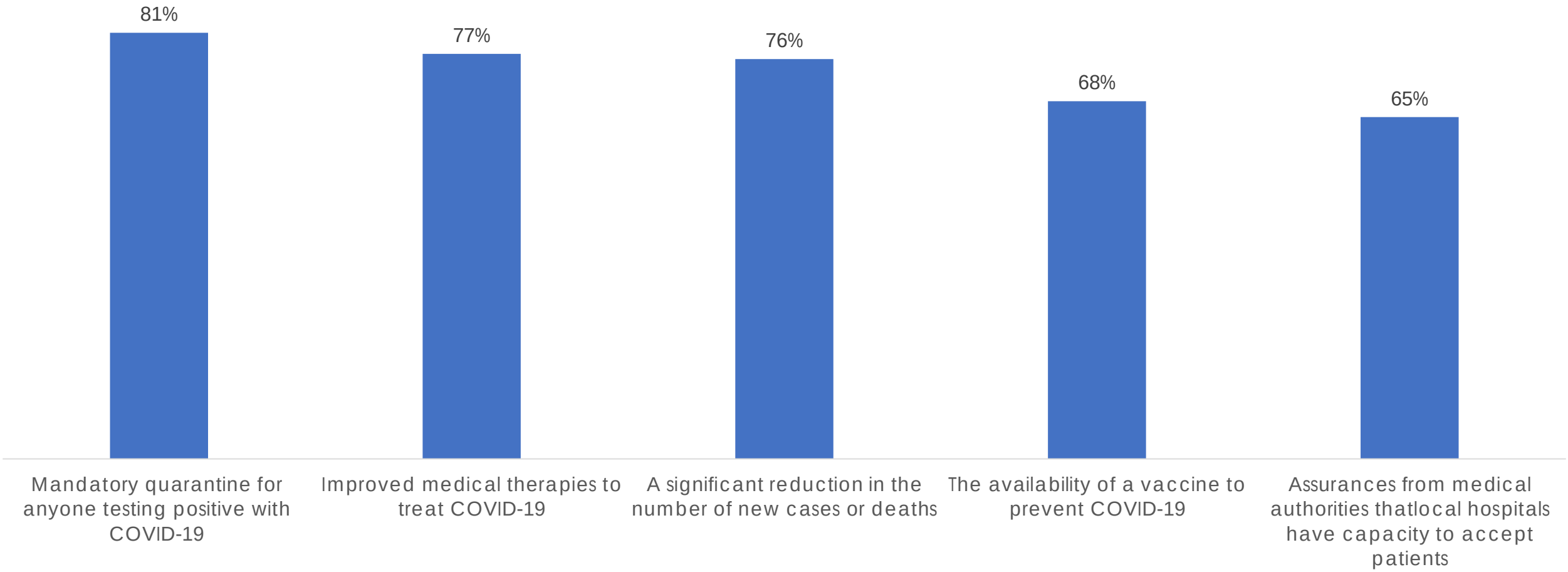
COVID-19 Service Line Impact

October 8, 2020

The antidote to fear is knowledge and preparedness.

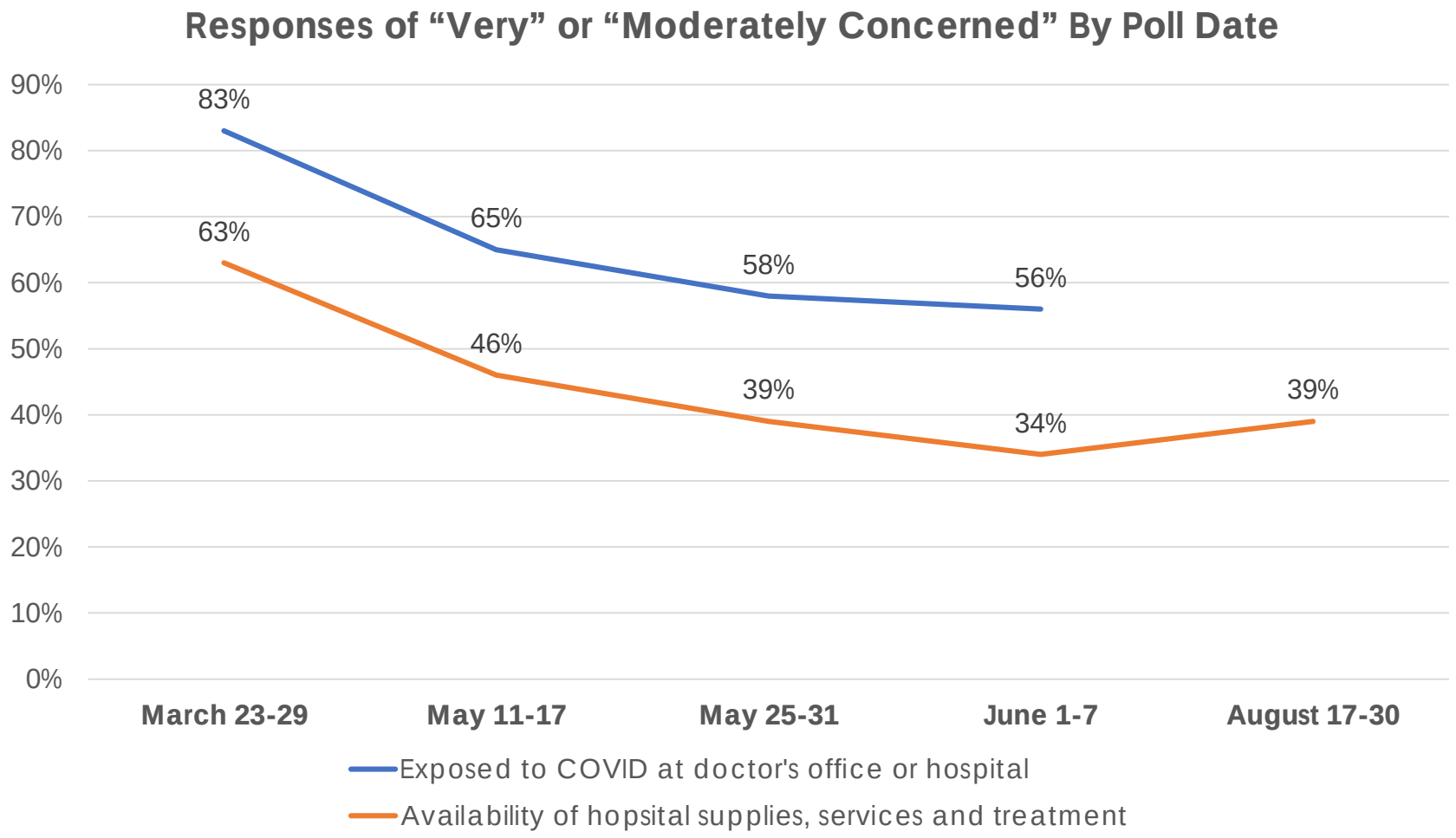
Assurances of Safety

How important are each of the following factors to you when thinking about your willingness to return to your normal activities? (Responses of Very Important)



Source: American Hospital Association; Gallop Polls on Coronavirus Pandemic, https://news.gallup.com/poll/308222/coronavirus-pandemic.aspx

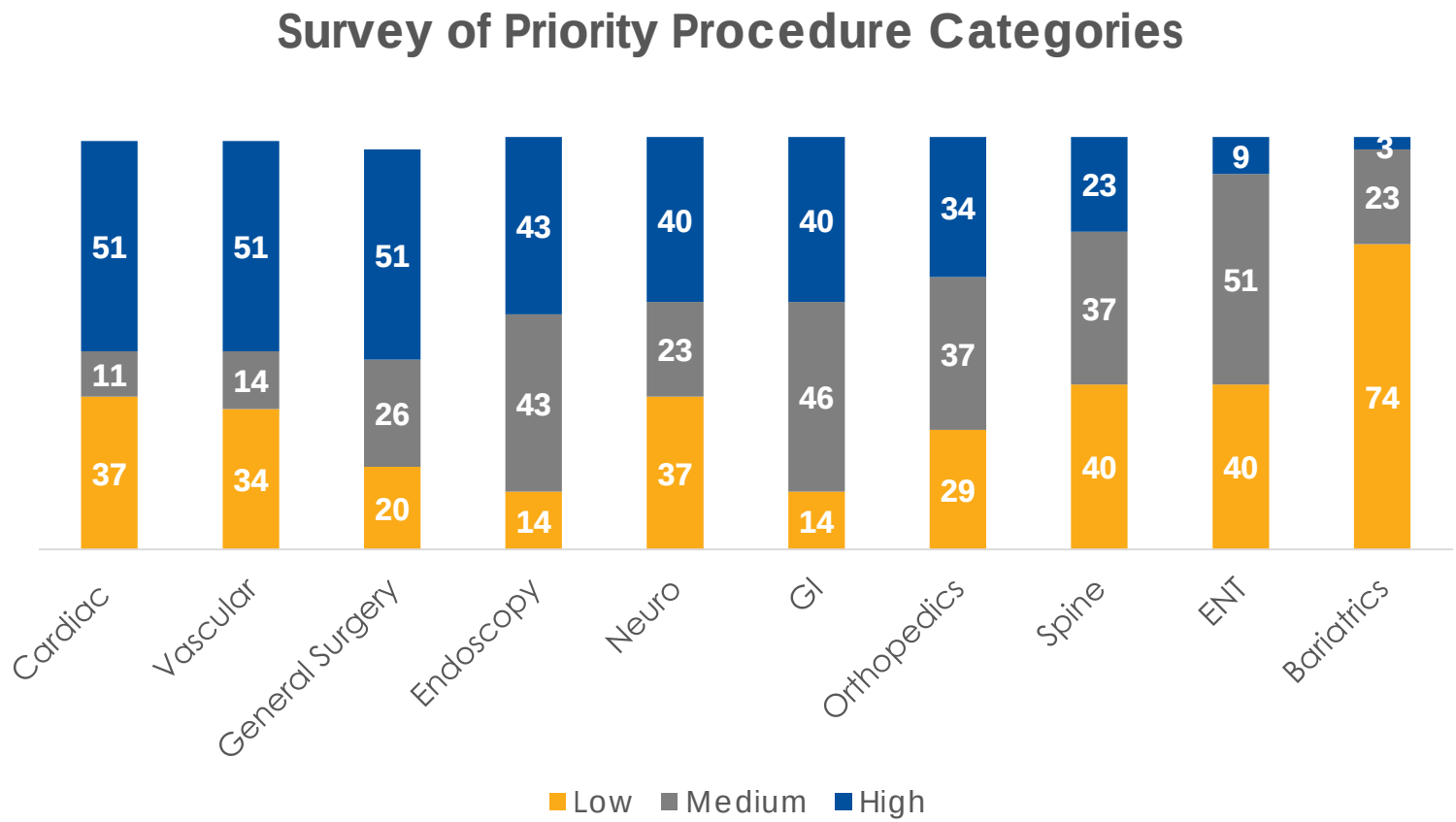
Patients Worry about COVID's Effect on Hospitals



Source: American Hospital Association; Gallop Polls on Coronavirus Pandemic, https://news.gallup.com/poll/308222/coronavirus-pandemic.aspx

Restarting Procedures Prioritization

Respondents' prioritization of service lines for restarting procedures; n = 100 hospital administrators and clinicians from diverse hospitals



Source: LEK Consulting Survey: Covid-19 Impact on U.S. Hospitals, April 29, 2020. Available at https://www.lek.com/insights/impact-covid-19-us-hospitals-edition-5 Service Line Strategy Advisor research and analysis.

Cardiovascular

Top Elective Cardiovascular Procedures by Volumes	
• PCI • Peripheral Vascular Intervention • CABG	• Valve Replacement/ Repair • Carotid Stenting/ Angioplasty

Demand Impacts

- Accelerated shift from acute care settings to outpatient and freestanding sites
- Increased utilization of remote monitoring/telehealth as patients continue to avoid the hospital
- Increased use of medical management may reduce demand for procedural care
- Covid-19 can exacerbate heart failure and worsen blood clotting, potentially resulting in higher CV patient volumes

Barriers to Clearing Backlog

- The first CV patients to return to the hospital will likely require more intensive care due to increased complexity due to delayed care
- Increased complexity of these patients will increase the time needed per case
- The resources required to treat these complex patients, such as bed availability for patients who have long LOS and anesthesiologist and pulmonologist availability, will be spread thin as providers are tasked with ongoing Covid-19 response

Source: Advisory Board Service Line Strategy Advisor research and analysis.

Cardiovascular

Subservice Line	Estimated Percent Elective	Phasing Restart by Clinical Urgency	Estimated Drop Off in Future Demand
OP medical cardiology	90%	Phase 1	Low
OP electrophysiology	90%	Phase 1	Medium
OP cardiac cath	80%	Phase 1	Low
OP vascular surgery	80%	Phase 2	Low
OP vascular cath	80%	Phase 2	Low
OP medical vascular	80%	Phase 2	Low
IP arterial disease	70%	Phase 1	None
IP cardiac surgery	60%	Phase 1	Low
IP cardiac EP	60%	Phase 1	Medium
IP cardiac cath	50%	Phase 1	Low
IP venous disease	50%	Phase 2	Medium

Source: Advisory Board Service Line Strategy Advisor research and analysis.

Orthopedics & Spine

Top Elective Orthopedics & Spine Procedures by Volumes	
• OP general surgical orthopedics • OP sports medicine • IP joint replacement • IP fusion	• OP pain pumps and stimulators • OP other spine procedures • OP decompression

Demand Impacts

- Mid-term reduction in sports medicine demand amid sporting event cancellations
- Orthopedic trauma suppressed during stay-at-home period
- Ambulatory Surgery Centers may attract more elective, commercially-insured orthopedic and spine patients
- Outpatient shift of joint replacement and shift of TKAs to ASCs are likely to accelerate

Barriers to Clearing Backlog

- Working through backlog will require expanded OR hours, including weekends
- Willingness of surgeons and other staff to flex capacity beyond standard operating hours

Source: Advisory Board Service Line Strategy Advisor research and analysis.

Orthopedics & Spine

Subservice Line	Estimated Percent Elective	Phasing Restart by Clinical Urgency	Estimated Drop Off in Future Demand
OP fusion	90%	Phase 2	High
OP vertebral compression fracture treatment	90%	Phase 2	Medium
OP pain pumps and stimulators	90%	Phase 2	Low
OP decompression	90%	Phase 2	High
OP excision/osteotomy	90%	Phase 2	High
OP other spine procedures	90%	Phase 2	Medium
OP foot and hand	90%	Phase 3	Medium
OP joint replacement	90%	Phase 2	Medium
IP joint replacement	80%	Phase 2	Low
IP fusion	80%	Phase 2	Low
IP other surgical spine	80%	Phase 2	Low
OP sports medicine	60%	Phase 2	Low
IP foot and hand	50%	Phase 3	Low
IP other surgical orthopedics	50%	Phase 2	Low
IP sports medicine	50%	Phase 2	Low
OP general surgical orthopedics	50%	Phase 3	Low

Source: Advisory Board Service Line Strategy Advisor research and analysis.

General Surgery & Urology

Top Elective Orthopedics & Spine Procedures by Volumes	
• General urology • Urodynamics • Breast • Colorectal/lower GI • Male genital system	• Prostate • Hernia • Urolithiasis • Incontinence • Bone marrow/stem cell procedures

Demand Impacts

- Many procedures will require anesthesiologist and ventilator availability
- Physician availability may be needed for extended hours, including weekends
- PPE supply levels, as well as bed and operating room capacity, may be limiting factors to clearing procedure backlogs

Barriers to Clearing Backlog

- Working through backlog will require expanded OR hours, including weekends
- Willingness of surgeons and other staff to flex capacity beyond standard operating hours

Source: Advisory Board Service Line Strategy Advisor research and analysis.

General Surgery & Urology

Subservice Line	Estimated Percent Elective	Phasing Restart by Clinical Urgency	Estimated Drop Off in Future Demand
IP/OP bariatric	90%	Phase 3	Medium
OP abdomen	80%	Phase 3	Medium
OP bone marrow/stem cell procedures	80%	Phase 3	Medium
OP male genital system	80%	Phase 3	Medium
OP other urological diagnostic testing	80%	Phase 3	Medium
OP urodynamics	80%	Phase 3	Medium
IP/OP prostate	70%	Phase 1	Medium
OP lymphatic	70%	Phase 2	Medium
OP general urology	70%	Phase 2	Medium
OP renal procedures	70%	Phase 2	Medium
OP urolithiasis	60%	Phase 1	Medium
OP incontinence	60%	Phase 2	Medium
IP/OP colorectal/lower GI	50%	Phase 1	Low
IP/OP breast	50%	Phase 1	Low
OP spleen	50%	Phase 1	Low
IP/OP hernia	50%	Phase 2	Low

Source: Advisory Board Service Line Strategy Advisor research and analysis.

Oncology

Top Elective Oncology Procedures by Volumes

- The vast majority of procedural oncology volumes are not elective. However, some cancer surgeries have been delayed
- According to an Advisory Board survey from mid-April 2020:
  - 54% of cancer programs said they were experiencing a decrease greater than 20% in their inpatient surgery volumes
  - 67% saw a similar decline in outpatient surgery volumes
  - Fewer than 2% of surveyed programs saw infusion or radiation volumes drop by more than 20%

Demand Impacts

- Potential increase in late-stage diagnoses due to delayed screenings
- Shift to virtual for select patient management services, including follow-up consults and some support services (e.g., genetic counseling)
- Ramp up of screening services and PCP visits required for sustained treatment volumes as patients in active treatment during Covid-19 surge complete treatment

Barriers to Clearing Backlog

- Most cancer programs had steady infusion and radiation volumes during Covid19 surge, so there is likely no or only small backlog for these services
- Some low-risk cancer surgeries were delayed; these procedures will need to integrate with ongoing surgery schedule
- Delayed pre-treatment consults should be able to resume without major barriers

Source: Advisory Board Service Line Strategy Advisor research and analysis.

Oncology

Subservice Line	Estimated Percent Elective	Phasing Restart by Clinical Urgency	Estimated Drop Off in Future Demand
OP Chemotherapy	5%	Phase 1	Low
OP Radiation therapy	25%	Phase 1	Medium
IP Oncology (medical)	25%	Phase 1	Low
IP Radiation oncology	61%	Phase 2	Medium
IP Hematology (medical	6%	Phase 1	Low
OP/IP Cancer surgeries	25%	Phase	Low

Source: Advisory Board Service Line Strategy Advisor research and analysis.

FY 21 CEO Performance Objectives

CEO Performance Objective Recommendations

FY21 Performance Objectives

1. **Continued Leadership in Las Vegas Medical District: Continue to play a leading role in the development of the Las Vegas Medical District.**

2. **Improved Results in the Six Focus Areas: Deliver improved results (financial and clinical) in the six focus areas (Ambulatory, Cardiology, General Surgery, Oncology, Orthopedics and Pediatrics).**

3. **Establish at least one new Ambulatory service for UMC to strategically respond to COVID-19 needs for the community in partnership with UNLV SoM.**

4. **Develop new Annual Strategic Plan and a five-year financial plan (FY 21 – FY 25 inclusive) for UMC as a whole with a consolidated income statement and cash flow statement. The plan will be granular down to the service line level and, within service lines will forecast volumes, revenue and expenses by sub service line**