University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
June 6, 2019

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday June 6, 2019
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 9:01 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
Robyn Caspersen
Renee Franklin
Christian Haase
Dr. Mackay
Mary Lynn Palenik

Absent:
David Struve, Ex-Officio (Excused)

Also Present:
Mason VanHouweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Marcia Turner, Chief Administrative Officer
Jennifer Wakem, Chief Financial Officer
Danita Cohen, Chief Experience Officer
Deb Fox, Chief Nursing Officer
Lonnie Richardson, Chief Information Officer
Susan Pitz, General Counsel
Vick Gill, Associate Administrator
Terra Lovelin, 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 April 11, 2019. *(For possible action)*

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

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

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a report regarding UMC market share and service line performance; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- Market share and Service Line Update

DISCUSSION: Vick Gill went over payor mix and trended information with regards to market share.

There was an increase in orthopedic surgery and a shift in case type.

The team is making sure that patients are being discharged quickly in the ED when needed but if they meet the inpatient need then the patient will be admitted. Making these decisions quickly is helping with admission volume and throughput.

One of the current focuses is making sure ED to observations ratios aren't so high. When those numbers are high you will see a decrease in the ED to admission ratios, which is not beneficial to the hospital.

Mr. VanHouweling commented that deliveries at UMC are down but the NICU volume is up due to UMC providing services that other hospitals do not provide. Babies are being delivered elsewhere but then being transferred to UMC for specialized treatment.

Mr. Gill explained that in the subcommittee meetings the teams will dive further into each service line.

Chair Hagerty asked if it made sense from an economic perspective to do chemotherapy treatments as an in-patient service.

Mr. Gill replied that usually chemotherapy treatments are done as outpatient for various reasons but also it is more comfortable for the patient.

Mr. VanHouweling added that Oncology is a very expensive service line but it should be part of our strategic focus. Summerlin has an entire wing for oncology and has over 1,200 cases a year, compared with UMC's 241 cases.

Member Palenik said that oncology in pediatrics is very small as well as hematology, profit wise. It is a very costly service line and we just don't have a large number of cases.

With regards to ambulatory, we have had significant growth on the quick care side.

Market Dynamics as well as Legislative updates were summarized by Mr. Gill,

The following bills were recently passed during the recent legislative session.

- SB77 adds certain services to be purchased through the GPO
- AB170 mandates healthcare providers provide coverage for pre-existing conditions
- AB469 is designed to prevent out-of-network providers from charging more for emergency medical treatment than they would charge an in-network patient
- AB317 addresses the Certification of Need (CON), trauma designation, and rate regulation of trauma activation fees. Requires State Board of Health to adopt criteria for trauma designation.
- AB232 requires all hospitals to participate in Medicare and follow the rules of EMTALA
- Dignity is looking at making some changes with their micro hospital.
- Trauma update: The RTAB was presented with the trauma applications and is continuing to modify the needs assessment tool and timing of utilization.

FINAL ACTION TAKEN: None taken.

ITEM NO. 5 Receive an update regarding UMC's service line committees; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
-None submitted

DISCUSSION: Chair Hagerty provided a summary from the cardiology service line committee. The new echo cardio software was implemented this week. The construction on the Cath lab starts on June 24th

The most significant information that was learned during the meeting is that Kaufman Hall is now showing profits by service lines. Most of the service lines are

in the red in Kaufmann Hall but being able to see the data will help the team decide what direction they should go.

Member Palenik's committee, pediatrics' is currently focusing on three things. The committee is diving into data in order to make the best decisions; they are looking for a dashboard for pediatric metrics so they can see results.

The committee is also looking for the pediatric P&L but the most important task is to identity the constraints that are limiting UMC's growth in that field. Dr. Vohra mentioned she would like to attend a few meetings a year to provide her input on how the hospital could grow pediatrics.

Dr. Mackay provided an update on the orthopedics service line committee. Over 40% of trauma patients are orthopedic patients. Tony is working with the vendors on joint replacements and costs. Las Vegas is the 6th worst major place for physician reimbursement which does not help when trying to recruit physicians.

Orthopedic surgeons are working with the OR staff in helping ensure things run smoothly. Dr. Mackay added that his fellow surgeons who are currently operating in our OR, reported back to him that they have zero complaints and feel that things are running very well in that department.

UMC is number two in market share in orthopedics and things are looking pretty good. A new group of residents are coming in July.

Member Haase reported on the meeting that was held on May 24th and noted that Dr. Lippmann attended. UMC has 9 Primary Care locations and 7 Quick Care locations. The overall ambulatory payor mix is favorable as we have 21% primary care growth year-to-date. UMC's call center has expanded hours to better accommodate scheduling in the clinics. On average, 200 patients per month are referred out of our Quick Care clinics.

Chair Hagerty asked if they had any comparisons to prior years and Mr. Marinello replied that they can provide those numbers to him as they do track it.

The committee also reviewed a heat map showing areas of possible expansion.

Member Caspersen summarized the oncology service line committee meeting. One third of our oncology practice for the last 9 months are from hematology services and 2/3 from general oncology services. UMC only offers in-patient oncology services here at UMC and is currently third in market share. The market is 19% Medicaid and we are 34% Medicaid. The committee discussed the accreditation process and how to best offer outpatient services.

Member Franklin provided a report from the general surgery committee. The committee spent time discussing the process and operational needs to create capacity in the surgical wing. She mentioned that the surgeons are involved in various committee's and this is helping daily tasks run smoother. A 3-point report card is being developed for surgeons. These report cards will help greatly with communication and improvement in the field. One of the things identified is the need for a certified surgical assistant; the position is currently being discussed.

It was also noted that the frozen section (where they analyze lab samples) is now on the same floor as surgery and this is helping to speed up the process when operating.

Chair Hagerty reminded each committee member that they will need to give a brief update at an upcoming Governing Board meeting.

FINAL ACTION TAKEN: No action taken

ITEM NO. 6 Receive a report on the FY19 CEO Performance Objectives from the Strategic Planning Committee; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- FY 19 CEO Performance Objectives

DISCUSSION:

Objective #2
Position UMC as a strategic and active leader in the development of the Las Vegas Medical District

Marcia Turner explained that the city has started the planning of the Medical District about seven years ago and UMC has been participating since the beginning in the committee and planning meetings.

The city is proposing a three-year plan for the four key stake-holders focusing on security, neighborhood improvements, development and leadership. There is a proposal before UMC for the hiring of some staff; an Executive Director and a Security Manager. The budget would be a $200,000 for the two positions.

UMC has been participating in the discussions and are now waiting for the formal document regarding the legal structure of how this will move forward.

Objective #3
Execute a Master Affiliation Agreement with UNLV School of Medicine by June 30, 2019

Mason explained that the preliminary affiliation agreement is strong. The discussions for a Master Affiliation Agreement were very one sided.

Ms. Turner explained that the Preliminary Agreement is a ten-year agreement and we still have discussions going on regarding the Master Agreement. One of the things we had to have done for timing purposes was the funding agreement for the residents and academic mission support. This 4th Amendment was approved last month by the Board and is moving forward.

Mason believes when the new dean comes on board with UNLV there will be another agreement. There is an active search committee that Mason sits on to recruit a new Dean.

Objective #4
Develop joint branding between UMC and UNLV School of Medicine as a plan to promote the partnership to the community

President Meehan is very engaged and acknowledged the short comings associated with marketing. The school told staff they do not understand the importance of any marketing, with themselves or with UMC.

UNLV doesn't believe we have anything to market. We presented UNLV with two branding and marketing campaigns through B&P Advertising and both parties have not been able to agree on a joint marketing plan.

This objective is currently at a standstill until a new Dean comes on board.

Vick will disseminate the 10-year Strategic Plan to the committee members and if they have any questions they can get in touch with him.

FINAL ACTION: 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)*

None

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the committee this time, at the hour of 11:00 a.m. Chair Hagerty adjourned the meeting and motioned to go into closed session.

SECTION 4: CLOSED SESSION

ITEM NO. 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.

The meeting was reconvened in closed session at 11:02 p.m.

At the hour of 11:20 a.m. the closed session on the above topic ended.

FINAL ACTION: No action was taken.

APPROVED: August 8, 2019

MINUTES PREPARED BY: Terra Lovelin