

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
April 9, 2026**

UMC Providence Suite
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, April 9, 2026
10:00 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 10:15 a.m. by Chair Palenik and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:

Mary Lynn Palenik, Chair
Renee Franklin
Christian Haase (Via Teams)

Absent:

Harry Hagerty (Excused)
Dr. John Fildes

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

Items 2 & 3 were tabled as the Committee awaited a quorum.

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 12, 2026. (For possible action)

FINAL ACTION:

Tabled

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

FINAL ACTION:

Tabled

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive education on clinical, operational, and financial metrics in relation to strategic planning from Vick Gill, UMC Business Development Officer; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- PowerPoint Presentation

DISCUSSION:

Vick Gill, UMC Business Development Officer, provided education regarding hospital length of stay and the clinical and financial impacts.

Mr. Gill explained that hospitals are paid per case or per diem and this is based on medical necessity. Length of stay drives cost structure, bed capacity, and margin per case. This is one of the few controllable enterprise-wide levers at the hospital. Length of stay is not just an operational metric but is a strategic performance driver.

Terms Defined:

- Average length of stay (ALOS) is the total inpatient days divided by total discharges. This represents the actual hospital performance and real patient throughput, and reflects what is being done daily.
- GMLOS is the expected length of stay based on the Medicare Severity DRG. This represents the risk-adjusted expected length of stay and benchmarks based on national data and reflects what we should be doing.
- The LOS Index is the ALOS divided by the GMLOS. If the ALOS is less than 1.0 there is efficiency, but if it is greater than 1.0, there is opportunity to improve.

Clinical documentation drives coding and workflow, which in turn drives CMI, GMLOS, and reimbursements. Mr. Gill added that documentation impacts reported efficiency and financial performance, making it not just a clerical function of operation, but also a revenue and strategy function.

Mr. Gill then reviewed the clinical, operational, and financial impacts of length of stay. Length of stay is directly tied to throughput, OR utilization, case mix growth, and revenue capture, making it a multiplier across all performance levers. A brief discussion followed on the importance of accurate documentation and opportunities to improve processes.

At this time, the Committee returned to approve Items 2 and 3 of the agenda.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 12, 2026. (For possible action)

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

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

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

At this time, the Committee returned to discuss Item 4 regarding Length of Stay.

Mr. Gill continued the discussion by reviewing the strategic interpretation of the length-of-stay index (observed versus expected) and best practices for monitoring it by service line, DRG, and physician group. LOS drivers include clinical variation, operational delays, discharge barriers, and documentation gaps. A key focus for improving LOS should be reducing avoidable days, such as delays in consults, placement issues, and test wait times. Strategic levers were reviewed.

Key takeaways from the discussion were that LOS is a top 3 driver of hospital performance. ALOS equals performance, and GMLoS is the expected length of stay. Proper documentation results in accurate reimbursements. Optimal LOS balances quality, efficiency, and financial performance. The goal and strategy is ultimately to manage LOS intelligently.

A lengthy discussion ensued, reviewing initiatives in place to improve processes, documentation, and patient communication related to discharge planning. The team will continue to collaborate with the committee chair regarding topics listed on the executive dashboard slide.

FINAL ACTION TAKEN:

None taken.

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

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Chris Jones, Executive Director of Support Services, and Tony Marinello, Chief Operating Officer, reviewed Service Line updates for all service lines. Mr. Marinello noted that this is a new format that would be presented using the Strata system.

Ms. Wakem first few slides highlighted all primary service lines through February FY2026, inclusive of quick and primary care locations, hospital billing, physician

billing, and supplemental payments. Ms. Wakem also explained how the data was collected using Strata.

Quick care volumes were down approximately 5%. Commercial payor mix was down 1.59%, but revenue showed an increase of 1.13%. Net revenue was down 4%, variable costs were up 8%, and contribution margin was down 69%.

Chair Palenik noted that the goal is to assess the profitability of each service line in future presentations.

Primary care volumes were up 5%, commercial payor mix decreased 8%, and Medicare increased 1.13%. Net revenue was up 23%, variable costs were down 3%, and the contribution margin was up 102%. Mr. Jones noted that the care model changes are working. A brief discussion ensued regarding the payor mix variances related to seasonality in healthcare.

Strategic actions and initiatives were discussed, including strategies to fill vacancies, departmental realignments, total patient care options, and new contract negotiations. The Committee asked the team to set goals for negotiating new contracts and to define how success will be measured. Mr. Marinello responded that contract renewals would be based on the terms of each contract.

Ms. Pitz noted that the contract management system could help provide some of the information.

The Committee would like to receive more detailed results, outcomes, and achievements related to the listed strategic actions.

In cardiovascular, volumes were up 16%, and Medicaid cases were up 1.36%. The contribution margin was up 42%.

Strategic actions reviewed noting how FY26 is outperforming FY25 in volumes, revenue, and total contribution margin. Notable increases were seen in pacemaker, AICD, and TAVR cases. Mr. Marinello also reviewed strategic contribution margin, expense, and revenue highlights.

Orthopedic cases were up approximately 1,100 cases year over year. Contribution margin was up 7%. Inpatient joint replacement cases remained stable, payor mix was flat, net revenue was up, and costs were up due to implants. Mr. Jones showed slides highlighting the quality of orthopedic surgical procedures. Mr. Marinello briefly reviewed the strategic actions related to orthopedic surgery.

Surgery volumes are up by 673 cases, commercial payor mix was down 3%, and Medicaid increased by 1.62%. Net revenue was up 16%, as well as the contribution margin. Overall, there was an improvement of \$6 million year over year. Mr. Marinello highlighted the improvements in the Epic OR dashboards and other improvement processes.

The women's and children's service lines were next discussed, along with revenue enhancements and strategic next steps. In women's services, volumes, revenue, and charges are up. Costs are up slightly and the contribution margin is up.

In children's hospital, volumes were down 6%. Net revenue was up and payor mix was flat. Costs were up and contribution margins were up slightly. Mr. Marinello reviewed the operational updates and strategic next steps.

Lastly, interventional radiology showed net revenue up 64%. Revenue, costs, and contribution margins were also up.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive a report regarding UMC Market Share; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Chris Jones, Executive Director of Support Services, reviewed highlights of the market share. A map depicting the market in 3-, 5-, and 7-mile radius was shown.

UMC ranks #5 overall in market share, maintaining stability quarter over quarter with a 0.1% gain. West Henderson showed the largest gain.

Overall, UMC ranked #2 in the general surgery market, increasing by .1%, just behind Sunrise.

In Orthopedics, UMC is #2 in the market, up .5%. % of the market.

UMC ranked #6 in the market for cardiac services. UMC lost .2% in market share.

In Children's Hospital, UMC is ranked #3 in the market and was flat year-over-year in market share growth.

Overall, Women's services remains at #9 in the market but showed a 0.6% increase overall. HCA gained 1.4%

Market share by bed size was reviewed. UMC should be at 11.41% but currently sits at 8.98%. The Committee was pleased to receive this new data.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 7 Receive an update on the status of the FY26 Operational Performance Goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello briefly reviewed the goals and objectives related to the Strategy Committee. Currently, all goals are being met. There is still continued progress on completing the UMC Master Plan.

FINAL ACTION TAKEN:

None taken

ITEM NO. 8 Discuss Strategic Planning Committee priorities for CY2026; and direct staff accordingly. (For possible action)

DISCUSSION:

Chair Palenik reviewed the six priority items for the committee and the status of these items:

1. Update of the 2019 Strategic Plan – A timeline will be discussed at the next meeting.
2. Development of standard formats for strategic plans for each of the hospital service lines – Today’s presentation was a first step, and this remains in progress.
3. Investigation into the development of a centralized office of strategy and planning, which would oversee the strategic plan, business development, and enterprise project management – This task has not started.
4. Visibility into the UMC Foundation financial resources – This will be discussed at a future meeting.
5. Visibility into the UMC marketing plan and how it supports the strategic plan – This topic is in progress.
6. Inclusion of an educational component at each Strategic Planning Committee meeting – This will be a standing agenda item.

Chair Palenik would like the time for future meetings to be at 10:00 a.m. moving forward, and future meetings would take place on the Thursday following the Governing Board.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

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

DISCUSSION:

Member Franklin commented on the cost of supplies related to the supply chain and asked whether there could be a presentation on this subject. Ms.

Wakem informed the Committee that there would be a presentation from HPG at the next Governing Board meeting.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

There being no further business to come before the committee this time, at the hour of 12:29 p.m.

APPROVED: June 25, 2026

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary