University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
April 7, 2022

UMC ProVidence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, April 7, 2022
9:00 a.m.

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

CALL TO ORDER

Board Members:

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

Absent:

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
Maria Sexton, Chief Information Officer
Susan Pitz, General Counsel
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

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

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on February 3, 2022. *(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 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. The overall observation was that with the increased volumes, there was increased revenue and costs. The discussion was focused around what is being done now to ensure better future results.

Mr. Marinello added that the goal moving forward is to have the hospital sub-committees provide a more detailed summary of statistics from each service line.

The overall case mix index for all inpatient service lines is being led by Medicaid at 44.8%, followed by Medicare with 27.8%. The percentage of cases is led by Children's Hospital at 21%, followed by Women's Services at 12.7%. The percentage of net revenue is led by general surgery at 23.3%, followed by orthopedics at 9.5% and cardiac services at 8.6%.

He noted that in many of the service lines, the percentage of Medicaid payor mix has gone down, but Medicare percentages have gone up.

All outpatient service lines are being led by Commercial at 35%, followed by Medicaid at 28% and Medicare at 19.7%. The number of cases and net revenue are being led by the quick care and primary care locations. A summary of the data from each service line was presented. Operational updates and strategic next steps were provided.

Transplant cases were down, but net revenue increased per case.

Orthopedics showed increases in volumes, revenue and contribution margin. There was a 2% overall increase in Medicare CMI. To date, there have been 69 procedures completed with the Rosa orthopedic robot and the Ortho Grid software has been used in approximately 138 cases. HPG met with key stakeholders to review current pricing compared to others and to develop a strategy to go back to vendors for better/fair pricing.

Volumes are up in cardiac services, with a slight increase in Medicare payor mix by approximately 1.5%. In the service line update, the Cryo hardware is operational. A new Director of Cardiovascular Services and a new TAVR Coordinator are now on board. Capital investments were reviewed, highlighting

the new Shockwave system, as well as revenue enhancements for the Cath lab, and strategic next steps. There was a brief discussion regarding the EP service line.

Trended volumes were shown for quick cares and primary cares. Primary care volumes are up, but the contribution margin is down. Quick care volumes have increased substantially. The contribution margin is at 19.29%. Commercial is down 3% and Medicaid is up 4.5%.

Mr. Marinello stated, due to declining cases with COVID-19, the Advanced Center for Health was closed on March 31st. Aliante PC and QC is scheduled to open late Q2 FY23. Clinic refreshes and upgrades multiple locations were reported. Plans to extend hours of operations at the Sunset and Centennial locations to 24/7. Revenue enhancements were reviewed.

Oncology overall has shown increase in volumes, as well as contribution margin. Inpatient payor mix has gone up in Medicaid and Medicare has decreased slightly. In outpatient, net revenue decreased slightly.

Chair Hagerty asked if this is a service line that should be dropped, or is there something that could be done to increase profitability. Mr. Marinello added that the key is getting an outpatient treatment setting. UMC is exploring an outpatient setting with UNLV. The oncology service line with updates in operations, revenue enhancement, and strategic next steps.

The Children's Hospital volume has increased significantly. Peds volume is up. Inpatient and outpatient volumes, variable costs and contribution margins are up. The Medicaid payor mix is up 5% in outpatient pediatrics.

The operational update highlights the newborn nursery service led by 2 NP's and we are exploring the use of Nitrous Oxide to relax pediatric patients for procedures. Human trafficking screening is also being done in the pediatric areas and we are partnering with the University of Utah to build a Child Abuse Program. Mr. Marinello suggested a presentation on human trafficking for the next Governing Board meeting.

Women's services volumes continue to climb. Charges and revenue are up, but costs are down which contributed to a positive contribution margin. Human trafficking screening is now being done. UMC continues strategic alignment with UNLV for service line opportunities.

Chair Hagerty commented that the Intelemed data has a lag, and would like to see data in a more timely manner moving into FY2023.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update regarding Telehealth; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello provided a brief overview on telemedicine.

UMC's Vision is to provide Telemedicine Services as part of the day to day operations as a strategic part of UMC's healthcare delivery model to better serve our community.

The brand is UMC Online Care. The operation is 24/7 and there have been 158 visits as of January 25th. Volumes are increasing and UMC plans to extend services to include primary care and specialty consults, which will help reduce ED visits and hospital length of stay.

Some of the local media and social media sources were shown, estimating 6.5 million impressions. Additional UMC marketing includes the UMC Pulse, county employee emails, patient discharge folder magnet and instruction and mailers and flyers.

Average patient wait time is less than 8 minutes and average visit duration is approximately 10 minutes. Statistics including visits by day of week, time of day and entry source was also reviewed. This is a tool that we hope to use for discharge.

Chair Hagerty inquired if this is a tool that can be used to drive primary care relationships.

There was continued discussion regarding patient access into the application and scheduling an appointment. Member Franklin suggested it would be useful to track the statistics in the platform by average wait-times. The discussion continued regarding this subject matter.

FINAL ACTION TAKEN:

Non taken.

ITEM NO. 6 Receive an update regarding Technology Strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

DISCUSSION:

Maria Sexton, CIO, provided an update regarding UMC's technology roadmap of past, present and future plans for the facility. Technology is a key aspect of strategy. Items presented to the Committee ranged from innovative to necessary upgrades. The update covered 2 calendar years of technology upgrades.

Ms. Sexton described all of the tech updates that have been implements since Q1 2021 continuing through Q4 2023.

We will be replacing WebEx and Skype for Business with Microsoft Teams, with the intent to expand it out to all collaborative services.

From a planning viewpoint, the three items of major focus are enterprise wide fiber network and wireless access point upgrade, cloud telephony services and Microsoft teams. A discussion ensued regarding the how items are categorized strategically, operationally and by risk mitigation, as well as the technology upgrades needed for the Emerald and ProVidence conference rooms.

FINAL ACTION TAKEN:

No action taken

ITEM NO. 7 Receive an update regarding the Medical District and Façade progress; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:

Shana Tello provided a brief update on the background and planning progress with the Medical District and Façade projects.

In addition to more medical services in the Medical District, there will be other amenities including, a pharmacy, coffee shops, retail, restaurants, etc.

A meeting was held recently with the developer to discuss opportunities regarding land use to service medical tourism. Project renderings were discussed.

In response to a question from Chair Hagerty as to what the future of a hospital or a medical district look likes, Ms. Tello provided a summary of some of the innovative and futuristic services would be. Discussions continue with the city and other local officials on this subject matter. The City would like feedback from UMC on gaps in medical services we see in the Medical District.

A discussion ensued regarding the future of genetic technology and treatment in medicine. Ms. Tello stated that we are working with UNLV and we need to engage other entities within the Medical District in order to continue to move forward. Next steps were provided.

Lastly, a timeline of where we are with the façade project was shared with the Committee.

ITEM NO. 8 Receive an update regarding UMC/UNLV business strategy; and direct staff accordingly. *(For possible action)*

DOCUMENT SUBMITTED:
- None

This item was tabled for discussion at a future meeting.

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:
Continue the discussion regarding hospitals and medicine of the future.

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 10:43 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 10 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 11:02 a.m.

APPROVED: June 2, 2022

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary