***University Medical Center of Southern Nevada***
***Governing Board Strategic Planning Committee***
***August 27, 2026***

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UMC Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, August 27, 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 10:04 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
Harry Hagerty
Dr. John Fildes
Christian Haase (Via Teams)

Absent:
None

Also Present:
Mason Van Houweling, Chief Executive Officer
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
Vick Gill, Business Development Officer

**SECTION 1. OPENING CEREMONIES**

**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 June 25, 2026 and the special meeting held on August 13, 2026. *(For possible action)***

Chair Palenik noted two minor amendments to the minutes.

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

**ITEM NO. 3 Approval of Agenda *(For possible action)***
***Item 5 was moved to be heard after Item 7.***

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

**SECTION 2. BUSINESS ITEMS**

**ITEM NO. 4 Receive a presentation from Vick Gill, Business Development Officer, regarding Salaries, Wages, and Benefits (SWB); and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:
- PowerPoint Presentation

DISCUSSION:

Mr. Gill reviewed the current SWB landscape at UMC and explained why SWB matters strategically. SWB is UMC's single largest investment and the foundation of our ability to deliver quality care to the patients we serve.

Traditionally, SWB includes base salaries for staff, hourly wages and overtime, payroll taxes, insurance and retirement plan contributions, paid time off, workers' compensation, and employee education and training benefits. It was noted that bonuses are accrued within SWB.

Mr. Gill reviewed the benefits package specific to UMC, which includes an employer-paid pension plan, consolidated annual leave, 11-12 paid holidays, an extended illness bank, a comprehensive medical benefits package, and public service loan forgiveness for student loans. Employees do not pay Social Security or state income tax. These benefits are part of the compensation package, providing advantages over competitors. This competitive compensation is necessary to sustain workforce stability and growth.

The current SWB landscape was reviewed. Labor costs remain the largest and most significant operational investment. Annual merit increases and COLA adjustments drive SWB, and 67% of net revenue is attributable to SWB. A brief discussion followed regarding the employer-paid pension plan offered to UMC employees. The plan is fully funded by UMC and provides 36.75% participation for its employees.

Competitive compensation is necessary to sustain workforce stability and service growth. Challenges related to market adjustments, retention and turnover, hard-to-fill positions, specialty staffing recruitment, remote work, and restrictions on hiring outside of Clark County were discussed.

Strategic investment in the workforce supports patient care and services, improves financial performance, reduces turnover, and fosters a culture that promotes organizational growth and employee engagement.

Management is focusing on mitigating labor-related risks, including inflation, market wage adjustments, and workforce burnout, and is proactively monitoring productivity and engaged in workforce planning to reduce organizational risks.

UMC's ability to deliver on its mission and strategic plan depends on maintaining a stable, engaged, and high-performing workforce. Thoughtful management of salaries, wages, and benefits is essential to achieving that goal.

Lastly, Mr. Gill highlighted the advanced scheduling and productivity reporting platform that uses the UKG workforce management tool. A discussion followed on the data that will be generated through UKG to support workforce management.

Chair Palenik would like a follow-up SWB presentation at the October meeting that includes productivity data. She added that it would be helpful to see how the data compares with market share and asked the team to consider which metrics the committee should review and focus on from an SWB perspective. A brief discussion ensued regarding implementing process efficiencies throughout the hospital.

Mr. Van Houweling informed the Committee that they will receive updates at future board meetings on Lean Six Sigma and key takeaways from the Epic UGM Technology Conference.

FINAL ACTION TAKEN:

None taken.

**ITEM NO. 6 Review and discuss the selection of the Priority Service Lines as they relate to the FY27 Strategic Planning Committee's Organizational Performance Goals; and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:
-PowerPoint Presentation

DISCUSSION:

Ms. Wakem began the discussion with a review of the Service Line Group Prioritization Matrix. The goal is to have an objective way to establish the focus of the organization's service lines. She provided a review of the service lines and the groups associated with each service line. Mission-related criteria, financials, and fair-share opportunities were discussed. Examples of ranking and percentages of the service lines were reviewed and discussed.

Chair Palenik commented that this mapping tool will help management compare market share and fair share and allow the Committee to focus on specific metrics. She added that this will help the Committee and staff be aligned on the hospital's goals and focus areas.

Member Hagerty would like to review the materials in more detail.

Member Fildes added that it would be helpful to determine which services would be considered more useful in the equation in an outpatient or inpatient setting.

A discussion ensued regarding the concept of a "hospital at home" patient care model. Mr. Van Houweling would like to discuss this concept at a future meeting.

FINAL ACTION TAKEN:

None taken.

**ITEM NO. 7 Review and discuss the FY27 Organizational Goals as they relate to the Strategic Planning Committee; and make a recommendation to the Human**

**Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)***

DISCUSSION:

The following goals were reviewed for FY27.

**GOAL 1: SERVICE-LINE FINANCIAL AND CLINICAL PERFORMANCE (25%)**

**Improve the financial and clinical performance of the five FY2027 priority service-line groups using the normalized FY2026 results as the baseline.**

**•GOAL 2: ACCESS, THROUGHPUT & CAPACITY (25%)**

**Optimize capacity through efficient throughput management and improve timely access to care through measurable improvements in emergency and ambulatory performance.**

**GOAL 3: ENTERPRISE STRATEGY AND SERVICE-LINE GOVERNANCE (25%)**

**Secure Governing Board approval of an integrated FY2027-FY2029 enterprise strategic plan and begin execution through standardized service-line, accountable ownership, and performance reporting every two months.**

**•GOAL 4: STRATEGIC GROWTH, ACADEMIC MISSION & INFRASTRUCTURE (25%)**

**Achieve the Board-approved FY2027 milestones for strategic growth, the Academic Health Center, and priority capital projects.**

A lengthy discussion ensued regarding the necessity of detail and specificity presented for each goal. Chair Palenik noted that it is important to receive clear definitions of what is expected to be achieved for each goal from management for accountability and to allow the Committee to measure and score the goals accurately.

Ms. Wakem provided a brief explanation of how the data will be collected from the Strata tool and Epic.

Chair Palenik would like to establish a working group to discuss the individual measures and the evaluation criteria for each goal, and report back at the next meeting.

Member Hagerty commented that the Committee should annually reflect on the changes, opportunities, and threats affecting the healthcare community in Southern Nevada and take action to move forward and minimize threats. Mr. Van Houweling suggested a discussion focused on addressing some of the threats

affecting the community. A brief discussion followed on facilitating a working group for the goals and strategic initiatives.

The Committee agreed to approve the overall FY27 goals as presented and can determine the service lines and specific weights and measures for each at the October meeting.

FINAL ACTION TAKEN:
A motion was made by Member Fildes to approve the FY27 goals as presented and recommend to the Governing Board for approval. Motion carried by unanimous vote.

**ITEM NO. 5 Receive a report regarding UMC Market Share; and direct staff accordingly. *(For possible action)***

DOCUMENT SUBMITTED:
- Market Share Update

DISCUSSION:

Chris Jones provided a high-level overview of the new SG2 Inpatient Market Share data for Q4 FY25 through Q3 FY26 across all major service lines, including performance signals, financial data, and operational performance data for each service line. Market share has been stable, ending the year at 8.9%. Based on the total number of beds, UMC is 2.5% short of the fair share market share total.

Member Hagerty inquired who is gaining and who is losing market share and why.

Mr. Jones informed the committee that the data that will be reviewed is new SG2 data, and therefore, it will be compared to previous data.

The payor mix for 3-, 5-, and 7-mile data across all service lines was reviewed.

FINAL ACTION TAKEN:

None taken.

At 11:53 a.m., a motion was made by Member Fildes to go into closed session pursuant to NRS450.140(3). Motion carried by unanimous vote.

At 11:54 a.m. the Committee reconvened in closed session.

**SECTION 3: 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.**

At 12:09 p.m., the closed session ended on the above-referenced matter, and the Committee reconvened in open session.

**SECTION 4: 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:

The Committee would like to discuss the issue related to the social needs of ER patients, specifically the countywide issue of homelessness.

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 12:15 p.m. the meeting adjourned.

APPROVED: October 29, 2026

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary