

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
August 14, 2025**

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, August 14, 2025
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 (Via WebEx)
Robyn Caspersen (Via WebEx)
Renee Franklin
Mary Lynn Palenik
Dr. Donald Mackay (Via WebEx)
Christian Haase (Via WebEx)

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer (Via WebEx)
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

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 June 12, 2025. *(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 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 Overview; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- Market Share PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, introduced the market share overview and 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.

In the UMC overall market share, most of the service lines showed an increase in the 4th quarter. Inpatient market share was 9.06% and is at number four in the market, up one spot, following Summerlin, Mountain View, and Sunrise. He noted that the West Henderson Hospital opened in the 4th quarter and assumed .6% of the market share.

Next, the Committee reviewed the market share for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

General surgery overall, UMC ranked #2 in the market, up by .9% in the market, and the 4th quarter has shown the most significant growth for the year.

Member Palenik noted that UMC continues to retain its market share as the geographical radius from the hospital increases. Mr. Marinello added that there are a lot more efficiencies in throughput and an increase in surgical needs.

Overall, in Orthopedics, UMC increased 3.7% quarter over quarter. UMC is at #2 in the market, up 1.7% .

UMC remains consistent year over year, sitting at #6 in the market for cardiac services.

Chair Hagerty voiced disappointment in the outcomes of the cardiac statistics. Mr. Marinello stated there have been challenges that have had an impact on volumes.

In Children's Hospital, UMC is ranked #3 in the market with 17.3% of market share. UMC lost 1% of market share, with a split gain of .5% by Sunrise and Summerlin.

Overall women's services remains at #9 in the market but showed a .1% increase in the market.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 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, provided service line updates for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

Overall surgery volumes for inpatient and outpatient procedures look very good, up 10% year over year. Charges, revenue, and contribution margins are good, and costs are down. Case mix is favorable. General surgery volumes are up 15% over prior year. A slide depicting overall growth in general surgery service lines was discussed briefly.

Chair Hagerty asked if any service lines could benefit from more focus and meaningful increases. Mr. Marinello responded that there has been more focus on gynecologic robotic surgeries, and the team is collaborating with UNLV to achieve further growth and utilization. Mr. Van Houweling added that there is also opportunity in urology services.

In strategic initiatives, First Case On Time Starts has increased to 82%. Room turnover times are now 39 minutes, a 3-minute improvement from the previous month. Same-day cancellations have decreased due to better physician and patient access collaboration and increased efficiencies.

Chair Hagerty emphasized the importance of staying focused on operational improvements in time utilization. There was continued discussion about communication with surgeons using monthly compliance scorecards. A brief update was given on the status of renovating some surgical rooms and department realignment in sterile processing and supply chain.

Orthopedics volumes, revenue, and contribution margins are up significantly quarter over quarter. Medicare payor mix is down slightly, but commercial is up year over year, possibly due to the addition of employed physicians during the year.

Mr. Marinello highlighted operational updates in overall inpatient statistics noting improvements in total hip and knee arthroplasty, regional block and early ambulation and discharge-to-home. Hospitalists and surgeons are working to streamline discharges to lower length of stay statistics. Integrative joint camp classes are up 2% over Q3 of 2025. The application process for Advanced Hip/Knee Certification through DNV has begun.

Cardiac services experienced a slight decline in inpatient volumes, but outpatient volumes increased. Mr. Jones noted opportunities for improvement in this service.

Focus on enhancing case volume in EP procedures, structural heart procedures, and complex PCI was discussed. The opportunities for growth include increasing use of Room 3 for IR cases, reducing costs in supplies, and decreasing length of stay. UMC is on the path to receiving Advanced Chest Pain Accreditation from DNV.

Ambulatory volumes year over year are down for the quick care locations due to the competitive market share. Charges and revenue are good, and the contribution margin is up. UMC received supplemental payments, which improved revenue.

Primary care volumes continue to grow. Revenues increased, along with volumes and contribution margins. Operational updates highlighted data from primary care and quick care services, including changes in the services offered under the UMC Quick Care brand.

Member Caspersen asked when the customer service survey would be available. Mr. Marinello responded that a short survey will be implemented and available in Epic in the future. Staff will follow up on an anticipated start date.

Member Haase asked if a 10% no-show rate is typical in the industry. Mr. Marinello confirmed that it is standard.

Children's hospital volumes were good overall, primarily in outpatient services, up 30%. Charges and revenue were good.

Women's services volumes are down year over year, primarily in inpatient volumes. This is an area of focus to grow volumes. Outpatient volumes are up 8%. Mr. Marinello provided the service line update and shared initiatives to improve this service line. Staff will focus on optimization of the Baby Steps program.

Member Palenik provided an update on the Women's and Children's hospital committee, which was reestablished earlier this year. The committee recognizes five distinct but interconnected service lines: obstetric and perinatal labor and delivery, NICU, Children's ER, Pediatric ICU, and Pediatric Sedation. The structure and strategic plan of the committee were discussed. The goal of the committee is to increase UMC's market share in areas where a higher level of care is needed within the community. The committee will work to develop new and existing relationships, expand community outreach, as well as improve operational efficiencies and physician relationships, etc. The committee will continue to provide updates to the Strategy Committee.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello reviewed the status of the Strategic Planning Committee Organizational Goals.

The following goals were discussed. All goals are currently on target and on track to be met.

1. **Continue to deliver improved clinical and financial outcomes in the existing 5 service lines.**
2. **Finalize Rehab Business Plan and Proforma for the expansion of 4th and 5th floor trauma building and submit through approval process.**
3. **Enhance Strategic Initiatives in furtherance of the Academic Health Center.**
4. **Continue on the Journey to Achieve Comprehensive Stroke Certification.**

Chair Hagerty began the discussion, stating that goals were met, with the exception of the shortfall in the Cardiac service line. He felt that 95% of the total goals had been achieved.

The committee unanimously agreed with the 95% award. The total amount allotted to Strategy is 25%.

FINAL ACTION TAKEN:

A motion was made by Member Caspersen to award 95% of the FY25 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

ITEM NO. 7 Receive an update on the FY26 Proposed Organizational Performance Goals related to the UMC Governing Board Strategic Planning Committee; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

The following proposed FY26 Organizational goals were presented to the Committee for discussion.

1. **Continue to improve clinical and overall financial outcomes in the existing five service lines, while adding a sixth service line focused on Interventional Radiology.**
2. **Enhance Strategic Initiatives to support the Academic Health Center**
3. **Establish a Liver Care Service**
4. **Obtain Advanced Certification in Hip and Knee Surgery through DNV**
5. **Secure capital funding to implement the Master Plan for replacing and upgrading patient rooms throughout the campus.**

Chair Hagerty believes that goal one has two parts. Improving clinical and financial outcomes is already underway. The evaluation of establishing Interventional Radiology as a service line will happen in 2026. He asked if there is data available to measure the IR service line. Mr. Marinello confirmed that it is available through finance.

Member Franklin agreed that the IR service needs further development and should also be established as a separate goal. A discussion ensued about developing this service line.

Chair Hagerty proposed removing goal #4, adding a new goal focused on interventional radiology, and editing the language in goals #3 and #5.

Ms. Caspersen added that there should be a reference to the capital contribution to sustain the targeted service lines.

Member Franklin added that if a goal is cut, it does not diminish its importance, and the expectation remains that the goal would still be achieved.

Member Palenik stated that the 5th goal could reference that the master plan goal could encompass capital needs for all existing strategies.

The committee continued the discussion by commenting on goal #5, noting that a timeframe for implementing the Master Plan has not been determined. It was suggested that the Committee could establish a goal to determine the phased approach and components for the master plan projects.

After lengthy discussion, the Committee agreed on the following goals for FY2026:

1. **Continue to improve clinical and overall financial outcomes in the existing five focused service line reviews of the Strategic Planning Committee.**
2. **Work on adding, implementing, and measuring a sixth focused service line review for interventional radiology.**

3. **Scope and analyze the establishment of a liver care service to include the future potential growth into liver transplant.**
4. **Enhance strategic initiatives to support the Academic Health Center.**
5. **Determine the next step(s) of UMC's Master Plan and secure appropriate funding for the first phase.**

FINAL ACTION TAKEN:

A motion was made by Member Franklin to approve the FY2026 Strategic Planning Organizational Goals and to recommend approval to the Human Resources and Executive Compensation Committee. Motion passed unanimously.

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:

The Committee would like a report on the impacts of HR1 as they relate to the objectives of the Strategy Committee.

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, Chair Hagerty adjourned the meeting at the hour of 10:54 a.m.

APPROVED: October 9, 2025

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary