

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
December 11, 2025**

Emerald Conference Room
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, December 11, 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 9:00 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
Renee Franklin (Via Teams)
Robyn Caspersen (Via Teams)
Mary Lynn Palenik (Via Teams)
Dr. Donald Mackay (Via Teams)
Christian Haase (Via Teams)

Absent:

None

Also Present:

Mason Van Houweling, Chief Executive Officer (Via Teams)
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 October 9 and 16, 2025. (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 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 Service Line Updates; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, and Chris Jones, Executive Director of Support Services, provided service line updates for general surgery, orthopedics, cardiology, women's and children's, and ambulatory. They also provided an overview of the service line data. This is the first presentation using Strata data.

Chair Hagerty asked for background on the implementation of Strata. Mr. Marinello provided background on Strata integration and how the platform will be used moving forward. Ms. Wakem added that case mapping will be more detailed and will include outpatient services. Mr. Jones added that a capital planning module is available and could be used in the future.

Overall, general surgery volumes decreased by 3% year over year. Charges, revenue, and contribution margins increased, while costs increased slightly due to the types of procedures performed. The commercial payer mix decreased by 4%, and Medicaid increased by 4% year over year. Outpatient volume decreased by 4%, and inpatient volume increased by 2%. There was a brief discussion of the significant difference between outpatient and inpatient ratios.

In strategic initiatives, an anesthesia NP is leading patient optimization efforts to reduce surgical case cancellations. There has been a 20% reduction in case cancellations in 2025 compared with 2024. Other initiatives to lower costs include redesigning the patient pre-assessment workflow for scheduled surgical cases, updating perioperative contracts, and Lean Six Sigma training. Mr. Marinello also discussed the goal of automating surgery scheduling between UMC and UNLV using the Case Request Project module through EPIC Marketplace.

In October, UMC performed the first TruFreeze Spray Cryotherapy System procedure in the valley. Strategic next steps and cost-saving initiatives were reviewed. A slide highlighting the TruFreeze Spray Cryotherapy System was also reviewed. This therapy is used in GI cases and reduces tissue burn, leaving little to no scarring.

Member Palenik asked whether there would ever be an opportunity to observe a surgical procedure. Mr. Marinello responded that there is no observatory, but there are policies and processes for viewing surgery. There was continued discussion regarding the process and procedures for allowing observation of surgery.

Mr. Jones continued with a review of the participation of the general surgery peri-op and OR departments in the Magnet survey.

A graph showing the growth of all service lines was discussed. Although there has been growth in all service lines year over year, orthopedics has seen the highest growth and volume. There was a brief discussion of the urology service line's growth.

In Q1 of 2026, room turnaround times have improved, with a decrease from 40 minutes to 35 minutes between July and September. First Case On Time Start cases are at 81% in the first quarter. The committee asked whether anything can be done to reduce turnaround times. Mr. Marinello stated that there are initiatives to allow the room floater to begin clean-up and to use equipment to decontaminate the room in under an hour.

Robotic volume by specialty shows general surgery leading in standard practice, followed by pulmonary, gynecology, and urology. The goal is to leverage current efficiencies to increase overall robotic volume without expanding prime-time hours.

Orthopedics volumes, revenue, and contribution margins were up significantly year over year. Costs are down. Medicare payor mix was up slightly, while commercial was down year over year. Outpatient orthopedics was up 14%, and inpatient was down 7%.

Mr. Marinello highlighted operational updates, noting a decline in total hip and knee arthroplasty. Shoulder and elbow arthroplasty cases are up. Regional block, early ambulation, and discharge-to-home were reviewed. Hospitalists and surgeons are working to streamline discharges to reduce length of stay. Integrative joint camp classes are up 85%. The application process for Advanced Hip/Knee Certification through DNV has begun. Expense control and strategic next steps were reviewed. Slides detailing benchmark statistics and quality metrics were shown.

Chair Hagerty asked whether benchmarking pre-surgery training excludes trauma. Mr. Marinello confirmed that the statistics reviewed would exclude trauma. Pre-surgery education is available online.

Cardiac services were reviewed, including inpatient and outpatient services. Volumes were up 17% year over year, and charges, net revenue, and the contribution margin also increased. Costs are down. Chair Hagerty noted there is still room for growth. Mr. Jones stated that October volumes increased.

Commercial and governmental payor mix was down slightly, and Medicaid increased by 3%. Outpatient volumes were up 18%, and inpatient volumes were down 11%.

Growth in EP procedures, structural heart procedures, and complex PCI was discussed. Opportunities for growth include increasing the use of Room 3 for IR cases, reducing supply costs, and shortening length of stay.

Ambulatory volumes year over year are down at the quick care location. Charges, net revenue, and the contribution margin are down. Commercial was down 1.7%, and Medicare was up 1%.

Primary care volumes continue to grow, up 2% year over year. Net revenue and contribution margins are down, while charges are up. The commercial payor mix is down 7%, but Medicaid is up 5% and Medicare is up 7%. Operational updates highlighted data from primary care and quick care services. Initiatives to improve overall patient call volume, no-show rates, and MyChart medical advice messages were discussed. The Telehealth Clinic in Laughlin opened in October. Mr. Marinello also described expense opportunities to address care gaps and reduce supply costs. Operational updates and strategic next steps were reviewed, with a focus on using ortho clinic physicians to assist with patient care.

Chair Hagerty asked how to improve public awareness of orthopedic care at the quick care locations. Mr. Marinello responded that marketing is the key to public awareness. A discussion ensued about target marketing.

Member Haase asked whether it is possible to backfill gaps with telehealth appointments. Mr. Marinello confirmed that this is part of the process to fill gaps.

The committee asked how much of the net revenue is attributable to supplemental payments. Ms. Wakem responded that these could be separated out, but the supplemental payments are proportionate to the Medicaid payments.

Women's service volumes have increased 15% year over year. Charges and net revenue are good, and costs per case and contribution margins are up. Payor mix was up in commercial and government and down in Medicaid. Outpatient volumes were up 17%, but inpatient volumes were down 10%.

Children's hospital volumes were down 8%, as were charges, costs, net revenue, and contribution margin. Medicaid payor mix was up 3%, while commercial and self-pay were down 1.5%. Outpatient volumes were down 8%, and inpatient volumes were down 5%.

Operational updates highlighted the installation of the Hugs Security System, collaboration with IT on Baby Steps integration, meetings with UNLV to improve communication and operational efficiency, and improvements in the physician experience. The team is focused on expense controls and strategic next steps to advance the maternal-child strategic plan and plan for Children's Hospital.

Lastly, Mr. Jones shared interventional radiology data. Volumes are up 33%, along with charges, net revenue, costs, and contribution margin. Medicaid was down 5%, Medicare was up 2%, and commercial was up 3%. Volumes are mainly outpatient. Mr. Marinello noted the processes in place to promote continued growth.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update on the Strategic Planning Committee organizational performance goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Jones provided an update of the Organizational Performance Goals.

1. Continue to deliver clinical and overall financial outcomes in the existing five focused service line reviews of the Strategic Planning Committee

This goal is in progress and is on track to be met.

2. Add, implement, and measure a sixth focused service line review for Interventional Radiology

This service line is growing and active. The committee asked how this service is being tracked. Strata is used to measure volumes and financial performance. A list of new procedures and programs that have launched were reviewed.

3. Scope and analyze the establishment of a liver care service, including the future potential growth into liver transplant

The Liver Care Clinic had a soft opening in October. An NP is on staff to assist with patient care. To date, 18 patients have been seen. The team is identifying and recruiting and MD to staff in the clinic twice a month. Internal marketing begins in December.

4. Enhance strategic initiatives in furtherance of the Academic Health Center

Mr. Jones reviewed all of the strategic initiatives implemented during the year, including residency programs.

5. Determine the next step(s) of UMC's Master Plan and secure appropriate funding for the first phase

Mr. Marinello noted continued progress toward completing the UMC Master plan.

FINAL ACTION TAKEN:

None taken

SECTION 3: EMERGING ISSUES

ITEM NO.6 Identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. (For possible action)

DISCUSSION:

Technology using microbots in cardiac procedures.

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

FINAL ACTION TAKEN:

None

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 10:13 a.m.

APPROVED: February 12, 2026

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary