

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
February 12, 2026**

UMC Providence Suite
Delta Point Building, 1st Floor
901 Rancho Lane
Las Vegas, Clark County, Nevada
Thursday, February 12, 2026
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 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. Donald Mackay
Renee Franklin (Via Teams)
Christian Haase (Via Teams)

Absent:

Dr. John Fildes (Excused)

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
Lia Allen, Assistant General Counsel
Stephanie Ceccarelli, Board Secretary

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 December 11, 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)

Agenda Item #6 was removed from the agenda.

FINAL ACTION: A motion was made by Member Hagerty that the agenda be approved as amended. 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:

- Service Line Update

DISCUSSION:

Chris Jones, Executive Director of Support Services and Tony Marinello, Chief Operating Officer, reviewed second quarter FY2026 Service Line updates for all service lines.

There has been year-over-year growth in general surgery by 4%. Total charges are up 18%, while revenue and costs both increased by 12%, and contribution margin rose by 11%. The commercial payor mix decreased by 3.5%, and Medicaid increased by 2%. Growth has been seen in both inpatient and outpatient volumes. A discussion took place regarding the reasons behind the increase in Medicaid patients.

Mr. Marinello presented the key points of operational updates. Initiatives designed to decrease surgical case cancellations led to a 20% reduction in cancellations. He mentioned Lean Six Sigma projects aimed at improving documentation and reducing claim denials. Block time efficiency and optimization are underway. Expense control initiatives were also reviewed. Images of the new pure processing sinks were shown.

Mr. Jones presented a graph showing the year-over-year growth in all general surgery service lines ranging from 2% to 113%. Areas of focus are urology and vascular surgery. Room turnaround times average 38 minutes. First case on time starts slipped slightly to 78%. It was noted that approximately half of the delays are due to surgeon-related delays. Staff is working on realignment strategies to improve delays.

Orthopedics volumes are up 11% and remain a good story. There was a slight dip in commercial and Medicare was down 1%. Elective procedures have shown an increase. Discussion ensued regarding the focus on growth in the orthopedic service line and working with Ortho and Anesthesia physicians to expand OR availability to accommodate growth. UMC is applying to become an Orthopedic Center of Excellence and will be surveyed in 2027. Hospital statistics were displayed, and Mr. Jones added that UMC is exceeding most hospital benchmarks.

In cardiac service updates, volumes are up 15%. Revenue, charges, and contribution margin is up. Commercial payor mix is down 2%, Medicaid up was up 1% and Medicare down 1%. There was continued discussion regarding the variance in volumes and costs.

Member Hagerty inquired about community physicians' awareness of the UMC Cardiology program. Mr. Marinello commented on the opportunities to market UMC's improvements in this service line.

Mr. Marinello highlighted expense and cost-saving opportunities, along with strategic next steps to promote growth in the service line, including the opening of a third Cath lab, tricuspid procedures, and the EP Carto system.

In ambulatory, quick care volumes are down 5% year over year. Charges are down 1%, net revenue and costs are up. The contribution margin was down, due to an increase in SWB.

Primary care volumes, charges, and revenue are up slightly. Costs were up 1% and contribution margin was up.

In operational updates, the no-show rate in primary care is below 10%. Over 17K Epic Hello World messages have been sent to patients for appointment reminders, billing notifications, and patient self-arrival. UMC continues to offer integrated quick care and primary care services, reducing care gaps with telehealth access for same-day care. Telehealth services are available 24/7 and goal is to incorporate telehealth visits as an alternative for patients who are unable to keep in-person appointments.

The East Charleston Clinic grand opening was January 28th, 2026 and the 24-hour Quick Care is estimated to open in the fall 2026. Marketing to begin for Aliante Peds Urgent Care.

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. Mr. Jones noted that outpatient volumes are up 12% year-over-year.

In children's hospital, volumes were down 10%. Charges were up and net revenue was down. Costs were managed and contribution margins were down. Mr. Jones explained a 3T Magnet quench, which affected patient service volumes. Mr. Marinello reviewed the operational updates and strategic next steps.

Interventional radiology showed improvement in volumes and charges. Revenue, costs, and contribution margins were also up. Outpatient volumes were up 60% and inpatient was up 35%.

The Committee would like to understand what is driving community awareness and how it can be replicated to attract patients. There was ongoing discussion regarding marketing and promotion of cardiology and other services.

FINAL ACTION TAKEN:

None taken.

**ITEM NO. 5 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. A review compared payor mix volumes between Sunrise and Mountain View. UMC has the highest Medicaid patient volume compared to Sunrise and Mountain View. Ongoing discussions addressed the disproportionate volumes within the payor mix. Ms. Wakem reminded the Committee that the supplemental payment program adjusts Medicaid to reflect commercial rates. Member Hagerty suggested showing percentages without the supplemental payments to provide a more fair comparison.

Mr. Jones next shared an inpatient payor mix comparison to all hospitals in the Las Vegas market. Chair Palenik asked if the data was based on fair share. The team will provide this data in the future.

In the 3-, 5-, and 7-mile market share comparison, UMC increased by 0.7% in the 3-mile market, 0.4% in the 5-mile radius, and 0.3% in the 7-mile radius. Compared to other healthcare systems, UMC is the only hospital showing an increase in the market.

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

Overall, UMC ranked second in the general surgery market, increasing by .5%, just behind Sunrise. Payor mix graphs for general surgery were reviewed. UMC remains high in Medicare and has a lower overall presence in Medicaid compared to competitors, with a smaller share in commercial insurance as well. UMC holds a 38.1% market share within the 3, 5, and 7-mile radius, gaining .8% of the market. Discussion continued regarding opportunities to drive the contribution margin. Gaining 1% in volume and revenue would be a significant difference in market share for UMC.

Overall, in Orthopedics, UMC is #2 in the market, up 1.3%. Mr. Jones continued by providing an overview of the 3-, 5-, and 7-mile comparisons. As a whole, UMC gained 2.6% of the market.

Chair Palenik would like to see fair share, share premiums, share deficits, as well as the year-over-year comparison.

UMC remains steady year over year, ranking #6 in the market for cardiac services. UMC lost .2% in market share, HCA also lost .2%, the Roses lost .2%, and UHS gained .6%. West Henderson gained 1.7% in market share. The comparison to the Las Vegas market was reviewed. In the 3-mile radius, UMC decreased by 0.8%, while Sunrise gained .5%. In the 5-mile radius, UMC lost .9%, Sunrise gained .2%, and North Vista gained .5%. In the 7-mile radius, UMC decreased by 0.4%, HCA lost .1%, UHS gained .2%, and North Vista gained .3%.

In Children's Hospital, UMC is ranked #3 in the market and was flat year-over-year in market share growth. Sunrise was down by .1% and Southern Hills was down 2.5% overall. The graph comparing the overall market was shown, as well as a slide showing payor mix trends. In the 3-, 5-and 7-mile radius there was no change.

Overall, Women's services remain at #9 in the market but showed a 0.6% increase overall. HCA gained 0.4%, and UHS lost 1%. The payor mix compared to the market was reviewed, and there was a brief discussion regarding the percentage of Medicare payor mix. UMC is up 1.8% within the 3- and 5-mile radius and up 1.2% within the 7-mile radius.

A discussion ensued regarding how to replicate the growth had in Ortho across to the other service lines.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 Receive an update on the status of the FY26 Budget Strategic Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

This item was removed from the agenda.

FINAL ACTION TAKEN:

None taken

ITEM NO. 7 Receive an update on FY27 Budget Strategic Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello discussed the following draft budget initiatives for FY2027, to focus on ambulatory, nurse call, cardiology, hospitalist program, liver care, orthopedics, lab testing, and operating room efficiencies.

Ambulatory

- Open 24-Hour quick care
- Continue to refine care model

Launch 24-Hour Nurse Call Program

- UMC one call
- Provide continuous nurse- led triage and post-discharge support
- Direct patients in next steps, follow-up care, and telehealth
- Scheduling of primary care appointments

Orthopedics Services

- Expand Orthopedic Practice
- Launch Sports Medicine
- Located additional orthopedic office space to meet increased patient demand and reduce access delays.

Operating Room Department Efficiencies

- Redesign anesthesiology workflows and coverage models
- Ability to add 2 additional ORs for general surgery and orthopedics
- Improve OR throughput and surgical scheduling efficiency

Strategic Growth Initiatives for Cardiology:

- Monthly Leadership Meetings with the Cardiologist and the President of the group
- Relaunch ECMO service line to support critical care and advanced cardiac interventions
- Expand vascular services within the Cath Lab to drive higher-acuity case volumes
- Achieve a Comprehensive Cardiac Center of Excellence designation

Hospitalist Program:

- Develop a detailed plan for the transition to close the hospitalist program.
- Reduce payer denials tied to hospitalist billing
- Improve patient throughput

Liver Care Program

- Soft opening October 2025, 50 Patients to date
- 1 NP seeing patients, Offer out for Per Diem Hepatologist

NHBC Laboratory- March 2027

- Confirmatory Drug Testing
- Histocompatibility Laboratory: Transplant Testing
- Blood Donor Center & Blood Processing Center by Vitalant

A discussion ensued regarding the NHBC lab. Mr. Van Houweling explained that UMC would be leasing space.

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 highlighted the following six items that could be considered throughout the year on future meeting agendas:

1. Update of the 2019 strategic plan
2. Development of standard formats for strategic plans for each of the hospital service lines
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
4. Visibility into the UMC Foundation financial resources
5. Visibility into the UMC marketing plan and how it supports the strategic plan
6. Inclusion of an educational component at each Strategic Planning Committee meeting. Topic for April's meeting is to address analysis methods for hospital metrics, and the linkage of key metrics and drivers to profitability

Member Hagerty responded that he could update the Committee with a brief report and the current status of the UMC Foundation. They agreed that there should be a strategic plan, but he cautioned that the Committee would want to avoid overwhelming or overloading management to provide additional data.

Mr. Van Houweling agreed that educating the Committee about hospital operations and data would be valuable.

Member Hagerty added that strategy is defining what one wants to achieve and why, while tactics are how to accomplish it. Once the strategy is agreed upon, tactical initiatives can then be implemented. A discussion ensued regarding future growth opportunities and initiatives.

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:

1. Mr. Van Houweling informed the Committee that Siena Hospital will be applying to become a Level 2 Trauma Center.
2. Strategic plan and growth related to the Academic Health Center
3. CSN Meeting
4. Healthcare Summit in May

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 11:11 a.m.

APPROVED: April 9, 2026

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary