University Medical Center of Southern Nevada
Governing Board
June 24, 2020

UMC Emerald Conference Room
Delta Point Building (1st Floor)
901 Rancho Lane
Las Vegas, Clark County, Nevada
Wednesday, June 24, 2020
2:00 PM.

The University Medical Center Governing Board met in regular session, at the location and date above, at the hour of 2:00 PM. The meeting was called to order at the hour of 2:04 PM by Chair O'Reilly. The following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
John O'Reilly, Chair
Donald Mackay, M.D., Vice-Chair
Robyn Caspersen
Harry Hagerty (via phone)
Laura Lopez-Hobbs
Christian Haase (via phone)
Renee Franklin
Jeff Ellis – (via phone)
Mary Lynn Palenik – (via phone)

Ex-Officio Members:

Present:
Dr. Frederick Lippmann, Chief of Staff (via phone)
Barbara Fraser, Ex-Officio (via phone)
Dr. John Fildes, Interim Dean UNLV

Others Present:
Mason VanHouweling, Chief Executive Officer (via phone)
Susan Pitz, General Counsel
Lonnie Richardson, Chief Information Officer
Jennifer Wakem, Chief Financial Officer
Tony Marinello, Chief Operating Officer
Stephanie Ceccarelli, Board Secretary

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

PLEDGE OF ALLEGIANCE

INVOCATION

ITEM NO. 1 PUBLIC COMMENT

Chair O'Reilly asked if there were any persons present in the audience wishing to be heard on any item on this agenda.

Speakers: None

ITEM NO. 2 Approval of Minutes of the regular meeting of the UMC Governing Board on May 27, 2020. *(Available at University Medical Center, Administrative Office) (For possible action)*

FINAL ACTION: A motion was made Dr. Mackay that the minutes be approved. The motion was carried by a unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

FINAL ACTION: A motion was made by Dr. Mackay that the agenda be approved as recommended. The motion was carried by a unanimous vote.

SECTION 2. CONSENT ITEMS

A motion was made by Member Hagerty to approve the items on the Consent Agenda listed below as recommended. The motion was carried by a unanimous vote.

ITEM NO. 4 Approve the Provider Agreement between Board of Regents College of Southern Nevada and University Medical Center of Southern Nevada for dental services to Ryan White participants; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Dental Ryan White Provider Agreement
- Disclosure of Ownership

ITEM NO. 5 Approve the Provider Agreement between Michelle Lisoskie, MD and University Medical Center of Southern Nevada for psychiatry services to Ryan White participants; authorize the Chief Executive Officer to exercise any extension options; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Michelle Lisoskie, MD Provider Agreeement
- Michelle Lisoskie, MD Disclosure of Ownership

ITEM NO. 6 Review and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada the Supply Agreement for COVID-19 Related Products between Life Technologies Corporation and

University Medical Center of Southern Nevada; authorize the Chief Executive Officer to sign the Agreement; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Life Technologies Corporation Supply Agreement for COVID 19 Related Products

ITEM NO. 7 Review and recommend for award by the Governing Board Bid No. 2020-03, Trauma 2nd Floor Waste Water Replacement Project to P.J. Becker and Sons Construction, LLC, the lowest responsive and responsible bidder; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Trauma 2nd Flr Waste Water Replacement Bid PJ Becker
- PJ Becker Disclosure of Ownership
- Notice of Intent to Award
- Notice of Required Documents Pre-Award
- Letter of Award

ITEM NO. 8 That the Governing Board review and approve for award RFP No. 2020-09 Underpayment Recovery Services to FIRM Revenue Cycle Management Services, Inc.; authorize the Chief Executive Officer to sign the Agreement; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Underpayment Recovery Services Agreement

ITEM NO. 9 That the Governing Board review and recommend for ratification by the Governing Board the Agreement for Rapid Patient Service Desk Activation with Bluetree Network, Inc.; authorize the Chief Executive Officer to exercise any extension options; and take action as deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED
- BlueTree Network - Purchase Order
- BlueTree Network Disclosure of Ownership
- BlueTree Network Rapid Service Desk Activation Agreement

ITEM NO. 10 That the Governing Board award RFI No. 2020-14 Oral and Maxillofacial Surgery Services to various physicians; authorize the Chief Executive Officer to sign the Professional Services Agreements for Individuals and Groups; and exercise any extension options. *(For possible action)*

DOCUMENT(S) SUBMITTED
- Oral and Maxillofacial Surgery Associates of Nevada Agreement
- Canyon Oral and Facial Surgery Agreement
- Jeff Moxley, DDS Agreement

ITEM NO. 11 That the Governing Board approve the Professional Services Agreement for Emergency Medicine Clinical Services with Sound Physicians

Emergency Medicine of Nevada (Bessler), PLLC; and authorize the Chief Executive Officer to sign the Agreement. *(For possible action)*

DOCUMENT(S) SUBMITTED
- Physician Services Agreement

FINAL ACTION: A motion was made by Member Franklin to approve the items on the Consent Agenda as recommended. Motion carried by unanimous vote.

SECTION 3: BUSINESS ITEMS

ITEM NO. 12 Receive an annual required training from Rani Gill, Compliance Officer, on compliance for hospital governing boards. (*For possible action)*

DOCUMENT(S) SUBMITTED:
- Compliance Education Slides

Rani Gill, Compliance Officer, provided the 2020 annual compliance training to the Governing Board.

She began with a refresher of the current UMC compliance program and outlined the 7 elements of an effective compliance program from the Federal Government, which was shown as a progressive circle and divided into 3 quadrants, prevention, detection and response.

Ms. Gill gave a brief history of the current health emergency in the United States and the events that enacted the National Emergencies Act, 1135 Waivers, to be granted to address the COVID-19 outbreak. Using this section of the 1135 Social Security Act, CMS granted blanket waivers, modifying or waiving certain Medicare, Medicaid and HIPAA requirements. Examples of the blanket waivers issued include telehealth, EMTALA, physical environments and temporary expansion locations. A plan for ending the use of these waivers was discussed.

Next, the updated Department of Justice Evaluation of Compliance Programs was shared with the Board. The noted that there was a change to 3 fundamental questions on which the entire guidance is based. A copy of the updated Department of Justice document will be provided to the Board members.

Member Casperson asked if the DOJ assessments of the compliance program come into affect only when there is an investigation or do we have an obligation because of receiving federal funds. Ms. Gill responded that it is when an investigation takes place.

ITEM NO. 13 Receive a status report on COVID-19 progress and recovery from Administration and Infectious Disease. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- COVID-19 Slides

Carissa Rey, Associate Administrator shared some of the impacts COVID-19 has had on UMC. Trended key statistics showed that there was an immediate impact on patient volume and operations at UMC and there was a dramatic shift in the types of patients we cared for and how we cared for them.

She went on to relate that though COVID-19 has resulted in a significant impact on UMC with financial losses, staffing issues and operational setbacks, our staff has been able to quickly make adjustments and changes to provide needed resources and be prepared and ready for worst case scenarios. She highlighted our operational readiness, referring to the implementation of the incident command team, daily operation briefings, the addition of internal surge capacity plan, designated COVID units and so on. It was noted that the endurance, sacrifices, adjustments and accomplishments that have been made by staff through these historical and difficult times have been greatly appreciated by the hospital administration.

Margaret Caveilli, Assistant Chief Medical Officer, next reviewed the clinical excellence statistics. The statistics of COVID patient treatment, vent days, proning, length of stay and death rate was shared. She went on to describe treatment options and tools that have been made available to assist in treatment of patients. Cross training has been beneficial in allowing staff to be flexible and used in areas of greater need. The addition of Telehealth has enabled staff to talk to patients over the phone and via video, to receive assistance without having to leave their homes.

Employee screening and universal masking for employees, guests and patients was discussed. Ms. Cavelli also highlighted employee centric benefits such as telework, no parking fees, relaxed dress code and clear communication from CEO, Mason VanHouweling to provide updates.

At this time, Ms. Cavelli reviewed pricing for PPE and displayed samples of the PPE items that are being purchased and used by staff. PPE nurse experts are in place to manage supplies.

Member Franklin asked what the difference is between the face mask and the surgical masks? Ms. Cavelli stated that the face mask has elastic pieces that go around the ears and the surgical masks have to be tied around the head.

Member Hobbs asked if the N95 mask is made of harder material. Ms. Cavelli stated that the layers are different and the technology of the fabrics that are used. The material blocks 95% of particulate matter. The medical grade material is different. KN95 is construction grade. The discussion continued regarding the products that are used and the counterfeit PPE that is being marketed.

Dr. Louis Medina-Garcia, Infectious Disease Physician for UMC briefly reviewed the roles and achievements that have taken place and stated that this would not be possible without incredible collaborations.

UMC is a leader in COVID-19 response for our community. He noted the positive outcomes that have occurred from being a host of the Healthcare Forum which represented every hospital system. This led to the formation of MSAC which created avenues for hospitals to care for patients affected by this disease. Alternative care sites, Cashman ISO-Q and community tesing, physician leadership and the Governors Task Force were all established and were instrumental in helping the testing program to be a success in the community. The discussion continued with processes that are in place for a successful reopening.

To date, UMC has performed 74,178 tests. Testing is available for all employees, patients at the time of admission and all surgery patients. All patients are tested within 72 hours prior to procedure. Large scale anti-body testing will begin soon.

The current state of affairs of the hospital capacity was reviewed, including 4500 acute care beds, 71% occupied, 603 ICU beds with 78% occupied and 701 ventilators with 29% used. Staffing levels are stable and PPE stock is moderate. To close, the Nevada rodemap to recovery was presented.

Chair O'Reilley asked for clarification regarding the bed occupancy and are there any studies or data that shows the percentage of the virus passed by those touchting their face. Dr. Medina responded that the infection is passed primarily by droplets and aerosols. Surfaces are not a primary mode of spread. Hand washing is very important.

ITEM NO. 14 Receive a report from the Governing Board Clinical Quality and Professional Affairs Committee and take any action deemed appropriate. ***(For possible action)***

DOCUMENT(S) SUBMITTED:
- None submitted

DISCUSSION: Member Dr. Mackay provided a report of the meeting held on June 8, 2020. The meeting began at 3:03 pm. and a quorum was present. There was no public comment, and the minutes from the meeting held February 10, 2020 were approved, and the agenda was approved.

An update on the COVID-19 pandemic was received from Dr. Asad. She presented data dated prior to June 6th. She highlighted the PCR tests that have been done within the state, daily growth rates of deaths have been relatively flat since mid-April and hospitalizations for confirmed and suspected cases have decreased; however, there has been a slight increase in the number of patients with positive testing in recent weeks. UMC is the only hospital in the state that screens all patients that present for surgery. A COVID-19 Clinical Task Force was established which will allow physicians to be part of the decision making process. Treatments for inpatients at UMC were listed. Dr. Asad stated that she

has stopped using Hydroxicloroquine for inpatients as she has not seen any clinical benefit.

Next, Deb Fox, CNO provided an update on the recent Pathways to Excellence designation was received. UMC is one of only 3 hospitals in the state and the only hospital in southern Nevada that has achieved this award. It is a standard for nursing excellence and is a precursor to Magnet status. The designation is awarded for 3 years and the application for Magnet status has been submitted.

Patty Scott provided update on the Quality, Safety and Infection Prevention program and performance improvement activities for 2019 and 2020. The Patient Safety Program must meet the requirements outlined in the NRS . Sentinel events for 2019 were reported and reviewed and compared to the events in 2018. In 2020, safety huddles were increased to 3 times per week. Improvements were listed in central line infections, vent infections, flu vaccinations and hand hygiene and other areas. 2020 risks, priorities and interventions involving patients, community, hospital environment and healthcare workers were reviewed.

There was a brief review of CEO goals and approved the activities of the UMC Policy and Procedures Committee.

There was no public comment and the meeting adjourned at 4:10 pm

FINAL ACTION: None

ITEM NO. 15 Receive a report from the Governing Board Human Resource and Executive Compensation Committee and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- None submitted

DISCUSSION: Member Ellis provided a summary from the meeting held on Monday June 15, 2020. The Human Resources meeting was called to order at 2pm. There was no public comment and the minutes of February 25, 2020 and agenda were approved.

The first two agenda items were consolidated. The first business item discussed was regarding the Voluntary Separation Program ("VSP") and overall potential reduction in FTEs. There were almost 200 applications and the final date to submit an application is June 30th. There are additional staff reductions that will be targeted and implemented depending on hospital volumes.

The CEO goals for 2020 were discussed. Some goals have been delayed due to the current state of affairs, but overall, the goals are in good shape.

Emerging issues were discussed regarding how we will evaluate the CEO goal setting in all committees. This will be reviewed in more detail in the future. Member Ellis mentioned that recognition needs to be given to staff, and he stated

that staff has responded tremendously through the trials that the hospital has faced over the past several months.

There was no public comment and the meeting adjourned at 3:00 pm.

FINAL ACTION: None

ITEM NO. 16 Receive a report from the Governing Board Audit and Finance Committee and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- None submitted

DISCUSSION: Member Robyn Casperson provided a report of the meeting held on June 17, 2020. All members were in attendance to make a quorum. There was no public comment, and the agenda was approved.

There were a number business items and all of the contracts that were approved were part of today's consent agenda.

The focus of the meeting was financial performance of the hospital. Financial results for the month of May was given by the CFO and how they have been negatively impacted by the COVID-19 response. The reduction of net revenue and expenses were main topics. It was noted that there have been significant increases for COVID-19 supplies. There was discussion about opportunities to receive federal funding to balance the loss of revenue. The revised and improved forecast of FY20 was reviewed.

Cashflow forecasts and monitoring trends for FY2021 were discussed.

There was no public comment and no emerging issues were identified. The meeting adjourned at 3:10.

FINAL ACTION: None

ITEM NO. 17 Receive the monthly financial report for May FY20, and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- FY20 May

DISCUSSION: Jennifer Wakem, Chief Financial Officer, provided a summary of the May 2020 financial report.

Key indicators for the month were reviewed. Ms. Wakem noted that admissions were down about 33% against budget. Length of stay was up 6.10%, which was driven by COVID patients; they stay on average about 11 days. CMI was below budget about 15% and the Medicare CMI was down 27%. She highlighted the outpatient surgeries are increasing. Total ER visits were 32% below budget but the ED to admission conversion rate remains strong at 23%. Quick cares and primary cares were both down 45%.

Income statement summary for the month of May showed improvement due to receiving Cares Act funding and 340B revenue. Total income from operations showed a loss of $2.8 million. Discussion continued regarding the revenue classification.

The income statement year to date shows that we are $20 million below budget year to date. She reminded the Board that prior to COVID-19 we were exceeding budget. There is more money from the federal government that is available, but yet to be allocated.

Salaries, wages and benefits were favorable to budget. Other expenses exceeded budget by $5 million; COVID-19 related supplies were the main driver.

FINAL ACTION: None

ITEM NO. 18 Receive an update on the University of Nevada Las Vegas School of Medicine, and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- None submitted

DISCUSSION: Dean Kahn provided a presentation and summary of the State of the School Address. He began by expressing the importance of the collaboration between the hospital and the school.

Curbside testing has been done for 14 weeks, with about 13k individual tests being performed with assistance from the National Guard. The military medical group has been assisting in delivering care packages and supplies to residents and families in the community.

Lastly, a Resident and Fellows Research competition was held recently and the Resident that won the competition donated his award money to the UMC Children's Hospital.

Member Caspersen asks what is the practice plan and what is the challenge in the classroom during the pandemic. Dr. Kahn stated that they implemented

remote education for preclinical students. Clinical rotations were suspended for several months, though they were used in other areas in the community.

Clinical students have resumed their activities and have been working in the hospital and preclinical students will begin later this summer.

A class of 60 students was recruited.There is now a full component of students that is very diverse. The accredidation visit will be in October.

FINAL ACTION: None

ITEM NO. 19 Receive an update from the Hospital CEO and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:
- CEO Update

DISCUSSION:
Mason VanHouweling, CEO, provided a brief update on the current COVID status at the hospital. There are 25 positive patients inhouse. This is down from our peak in April with 107. We are seeing a 4.5% positive rate at all of the testing areas. He listed the testing stations that are performing tests. Antibody testing is now available and are stationed parallel to the COVID testing stations.

Mr. VanHouweling mentioned the importance of maintaining a 30-day supply of PPE on-hand.

Surgery volume has gone up with over 400 cases so far in the month of June.

We are transitioning the ER Physician Group to Sound Physicians. They will start on July 1, 2020. Phase one of the Cath Lab is on track to open in September.

Mr. Hagerty asked a about the potential consequences of the insurance pricing disclosures would affect the industry as a whole. Mr. VanHouweling stated that it would undermine the ability to negotiate and would affect pricing transparency.

Chairman O'Reilly asked of percentage of individuals that have been tested, how many were hospitalized or passed away. Mr. VanHouweling stated that there is a higher percentage of those that come in through the ER, but a lower percentage in the community. Dr. Medina added that there are 487 deaths statewide and overall the death rate in the state is low.

FINAL ACTION: None

SECTION 4: EMERGING ISSUES

ITEM NO. 20 Identify emerging issues to be addressed by staff or by the Board at future meetings and direct staff accordingly. *(For possible action)*

There were no emerging issues identified and not public comments

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called before going into closed session. No such comments were heard.

A motion was made by Dr. Mackay to go into closed session pursuant to NRS 241.015(3)(b)(2).

There being no further business to come before the Board at this time, at the hour of 3:23 PM, Chair O'Reilly adjourned the meeting, and the Board recessed to go into closed session. 3:58pm

SECTION 5: CLOSED SESSION

ITEM NO. 21 Go into closed session pursuant to NRS 450.140(3) to receive information from the General Counsel regarding potential or existing litigation involving matters over which the Board had supervision, control, jurisdiction or advisory power, and to deliberate toward a decision on the matters; and direct staff accordingly. *(For possible action)*

The meeting was reconvened in closed session at 4:10 PM.

At the hour of 5:05 PM, the closed session on the above topic ended.

FINAL ACTION: No action was taken by the Board.

Minutes Prepared by Stephanie Ceccarelli

APPROVED: July 29, 2020