

**University Medical Center of Southern Nevada
Governing Board Meeting
April 24, 2024**

Emerald Conference Room
Delta Point Building (1st Floor)
901 Rancho Lane
Las Vegas, Clark County, Nevada
Wednesday, April 24, 2024
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 2:08 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
Mary Lynn Palenik (WebEx)
Laura Lopez-Hobbs
Chris Haase (WebEx)
Jeff Ellis (via WebEx)

Ex-Officio Members:

Present:

Dr. Meena Vohra, Chief of Staff
Dr. Marc Kahn, Dean of Kirk Kerkorian SOM at UNLV
Bill Noonan, Ex-Officio (WebEx)

Absent:

Renee Franklin
Steve Weitman, Ex-Officio

Others Present:

Mason Van Houweling, Chief Executive Officer
Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Steven Hughey, Assistant Controller
Shana Tello, Academic and External Affairs Administrator
Jessica Dragna, Management Analyst
Maria Sexton, Chief Information Officer
Susan Pitz, General Counsel
Stephanie Ceccarelli, Governing Board Secretary
Epic Representatives

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 meeting of the UMC Governing Board held on March 27, 2024. (Available at University Medical Center, Administrative Office) (For possible action)

FINAL ACTION:

A motion was made by Member Mackay that the minutes be approved as recommended. Motion carried by unanimous vote.

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

FINAL ACTION:

A motion was made by Member Mackay that the agenda be approved as presented. Motion carried by unanimous vote.

SECTION 2: CONSENT ITEMS

ITEM NO. 4 Approve the April Medical and Dental Staff Credentialing Activities for University Medical Center of Southern Nevada (UMC) as authorized by the Medical Executive Committee (MEC) on April 23, 2024; and take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- April Credentialing

ITEM NO. 5 Approve the UMC Policy and Procedures Committee's activities of February 7 and March 6, 2024, including the recommended creation, revision, and/or retirement of UMC policies and procedures; and take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- February Policies
- March Policies

ITEM NO. 6 Approve the UMC Contract evaluations as recommended by the UMC Clinical Quality and Professional Affairs Committee; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Contract Evaluations

ITEM NO. 7 Ratify the Amendment One to the Hospital Agreement with Alignment Health Plan of Nevada, Inc. for Managed Care Services; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Hospital Services Agreement - Amendment 1 – Redacted
- Disclosure of Ownership

ITEM NO. 8 Approve and authorize the Chief Executive Officer to sign the First Amendment to the Value-Based Payment Programs with Molina Healthcare of Nevada, Inc.; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Value Based Payment Programs – Amendment 1 - Redacted
- Disclosure of Ownership

ITEM NO. 9 Approve and authorize the Chief Executive Officer to sign the Equipment Schedule No. 015 to Master Agreement 21237667 with Flex Financial, a division of Stryker Sales, LLC; authorize the Chief Executive Officer to exercise any extension options; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Schedule 16 – Redacted
- Sourcing Letter
- Disclosure of Ownership

ITEM NO. 10 Approve and authorize the Chief Executive Officer to sign the Purchaser-Specific Agreement with Vero Biotech Inc. for tankless inhaled nitric oxide and accompanying services in NICU and PICU; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Contract – Redacted
- HPG-GPO Sourcing Letter
- Disclosure of Ownership

ITEM NO. 11 Approve and authorize the Chief Executive Officer to sign the Amendment One and Quote with Clinical Computer Systems, Inc. for OBIX Support Services and Perinatal Solutions; authorize the Chief Executive Officer to execute extensions and amendments; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Price Quotation – Redacted
- Support Agreement Amendment – Redacted
- Disclosure of Ownership

ITEM NO. 12 Approve and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the Professional Services Agreement for surgery services with UNLV Medicine and the Board of Regents of the Nevada System of Higher Education of behalf of the Kirk Kerkorian School of Medicine at UNLV; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Surgery Professional Services Agreement

ITEM NO. 13 Approve and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the Professional Services Agreement (Individual Diagnostic Teleradiology Coverage) template for use with various providers; or take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Professional Services Agreement

ITEM NO. 14 Approve and recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the Change Order with Philips Healthcare, a division of Philips North America LLC for the Catheterization Laboratory replacement project; authorize the Chief Executive Officer to execute any future change orders within the not-to-exceed amount of these Agreements; and take action as deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

- Cath Lab Change Order
- Disclosure of Ownership

ITEM NO. 15 Recommend for approval by the Board of Hospital Trustees for University Medical Center of Southern Nevada, the settlement in the matter of District Court Case No. A-21-837197-C, entitled *Asusena Soto Gonzalez v. University Medical Center of Southern Nevada, et al*; and authorize the Chief Executive Officer to execute any necessary settlement documents. (For possible action)

DOCUMENT(S) SUBMITTED:

- Settlement Release

FINAL ACTION:

A motion was made by Member Mackay that Consent Items 4-15 be approved as presented. Motion carried by unanimous vote.

SECTION 3: BUSINESS ITEMS

ITEM NO. 16 Recognize members of the Firefighters of Southern Nevada Burn Foundation for their service to the community; and direct staff accordingly. (For possible action)

DOCUMENT(S) SUBMITTED:

None

DISCUSSION:

Mr. Van Houweling introduced members of the Firefighters of Southern Nevada Burn Foundation, representing all municipalities in southern Nevada. Activities that they have been able to participate in the community were highlighted.

Erlantz Muguira, Clark County Fire representative and President of the Burn Foundation provided an overview of the activities of the foundation. There are a total of thirteen members on the board, representing seven fire departments within the Las Vegas Valley.

In 2003 the foundation became a 501 (c) 3 charitable organization and has continued to grow. An informational overview of programs and partnerships that have benefited members of the community who have been affected by fires. The toy drive has provided over 31K children with toys in 2023. Nine title one schools and 53 organizations are assisted with toys for children. The Burn Survivor Initiative program partners with UMC Lions Burn Center to send children affected by fires to burn camp. He went on to describe other projects that take place to assist those affected by fires throughout the valley.

Next, Keith Armington, Vice President of the Firefighters of Southern Nevada Burn Foundation, continued by expressing the dedication that the foundation has to serve the community and help burn survivors. Their goal at the hospital burn unit is to have a bell on the 3rd floor which would represent what survivors have endured.

Megan Draney, Critical Care Nurse concluded the discussion by explaining the WBC which is the World Burn Congress event for those impacted by a burn injury and the ABA, which is the American Burn Association Conference, which provides education and training for staff members.

The Board expressed appreciation for all that the foundation and the firefighters do for the community.

FINAL ACTION:

None

ITEM NO. 17 Receive and informational presentation from an Epic Representative on the Epic System strategy and roadmap; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

PowerPoint Presentation

DISCUSSION:

Maria Sexton, Chief Information Officer introduced Epic representatives Caroline Scott, Technical Coordinator and Bob Metzel, BFF (Best Friend Forever).

Mr. Metzel provided a high-level overview of the current Epic programs and some of the projects that are being developed for use in the future. Epic has developed all of the platforms that have been used within the Epic community. As a part of the Epic community Peer Group which allows organizations to imitate and innovate using epicshare.org, their foundation system for success, the community library and literature.

Over 90% of medical staff train on Epic as their primary EHR. A large area of growth has been in the payer platform, which enhances communication with US health plan memberships. This collaboration helps automate prior authorizations, reduce denials, and reduce costs and other areas.

Mr. Metzel highlighted the Generative AI program, which has been effectively used within the healthcare. This dashboard has allowed clinicians to be more efficient, improve the patient experience and save time and money.

MyChart is the top rated patient portal used by more than 188 million patients worldwide. He reviewed the benefits of this platform for patients, such as self-scheduling and registration, increased revenue generation and healthier and happier patients. Epic is continuing to explore opportunities to simplify data share to improve patient outcomes.

Lastly, he highlighted Cosmos, which is a database connecting approximately 240 million patients to improve research outcomes in clinical studies and treatment plans.

There was a continued discussion regarding Generative AI technology and continued development. There was also discussion regarding the security of patient information with the Cosmos platform.

FINAL ACTION:

None

ITEM NO. 18 Review and discuss the Governing Board 2024 Action Plan, to include an informational update on the GME program and an overview of CMS reimbursement; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

PowerPoint Presentation

DISCUSSION:

Steven Hughey, Assistant Controller and Jessika Dragna, Management Analyst, provided a presentation on UMC's commitment and contribution to the GME program and UMC Resident support.

There are two components of the Medicare reimbursement program. One is DGME, which is the Direct Medical Education program, which covers the direct costs of covering the residency program, such as salaries, fringe benefits, and stipends. The second is the IME program, Indirect Medical Education, which is intended to cover the costs associated with having a teaching program.

Both programs are determined by statutory formulas and are limited by the number of residents that CMS will reimburse. This is called the CAP. The CAP program was established in 1996 and there are different CAP amounts for each of the programs. Recently with the cooperation of UNLV, UMC was awarded 2.5 slots on the IME and DGME starting this fiscal year. Starting next year, we will receive 1.93 FTE slot on the IME program. Both programs apply a 3-year rolling rotation average when reviewing FTE CAPS. For example, CMS will average this year with the two preceding years to determine how many FTEs will be reimbursed.

Mr. Hughey next reviewed the formulas in determining the DGME and IME reimbursements. There are three steps in determining DGME reimbursements:

1. Determine the hospital's Per Resident Amount (PRA) for the cost reporting year;
2. Multiply the PRA by the number of *reimbursable* resident FTEs
3. Multiply the result of *Step 2* by the hospital's Medicare Utilization Ratio

He added that although UMC operates above the CAP, reimbursement is limited to the CAP. A slide showing an example of the calculation was provided.

IME payments are add-ons to the Inpatient Prospective Payment System (IPPS) payments that are based on a statutory formula, which estimates the effect of teaching activity on hospital operating costs. The adjustment for indirect medical education costs is only a proxy to account for a number of factors which may legitimately increase costs in teaching hospitals.

The IRB ratio is the ratio of interns and residents to beds and is intended to measure teaching intensity. This is also based on the cap and the 3-year rolling average. It is also calculated by the bed days available divided by the number of days in the cost reporting period. He added that the full financial benefit of increasing teaching intensity is not seen in the reimbursement for 3-5 years. No benefit is realized for operating over the cap.

Mr. Hughey summarized how the DGME is only covering 45% of the resident salary. UMC uses 80% of the IME to ensure that the resident salary is covered and UMC is responsible for the additional costs. He made clear that neither program takes current year costs into consideration, although it is reported.

Member Caspersen asked if the statistics regarding reimbursed vs. not reimbursed under the program is available to the public to view. He stated that

the cost report data is publicly available as to the residents that are trained vs. those reimbursed and capped.

Dean Kahn thanked Mr. Hughey for his report. He commented on the DGME and IME statistics that are found in the Graham Report that the Board should review, which provides the funding amount provided to teaching hospitals throughout the country. He added that the work product provided by residents should not be neglected in the salary discussions, and appreciates the training provided at UMC.

Mr. Hughey responded that although the statistics mentioned sound reasonable, there are additional costs in operating the residency program outside of just the resident salaries, and that is what the IME is intended for.

Member Hobbs asked for clarification on the \$20 million received by the hospital and asked if it is inclusive of both the DGME and the IME. Mr. Hughey responded yes, about 75% IME and 25% DGME.

Member Hobbs asked if more funding is received from the government because there is more cost on the IME side; assuming is it due to the cost of running a hospital. Mr. Hughey said that we have applied for the slots and the government is grading us against other hospitals.

Mr. Van Howeling added that the ratio is higher because of stipends and costs for space, utilization, and training. It all goes back to the cost to run the program. It should go to the facility but it doesn't. There is work product included in the funding that goes to UNLV as part of our mission. The cost is complex and UMC holds the burden to manage the program. It is UMC's GME slots, but it is UNLV's residents.

Dean Kahn added that the hospital gets the GME, DGME, and the IME. The school pays the residents and invoices the hospital.

The board asked if the school could pay more money or fundraise.

Dean Kahn and Dr. Kate Martin responded that the school does not have the source of payment for that and Dean Kahn added that the payments were decided by CMS in 1985 to go to the hospitals.

Member Hobbs responded that we would have to go to the tax payers.

Mr. Hughey explained that dollars are funded by the DGME is intended to support the resident salaries/stipends. The IME is for the utilization costs.

UMC trains over 200 residents but the reimbursement is for approximately 162.

Mr. Van Houweling added that UMC and UNLV work together daily to advocate for GME slots on the national level. Dean Kahn echoed the importance of the relationship between UMC and UNLV.

Chairman O'Reilly asked how many residents were in the audience and thanked them for attending the Board meeting. He continued by stating that the business of medicine is complicated and this is a deliberative annual process. He asked that those present take time to learn the business of the process in order to understand it. The discussion continued regarding the intent behind the DGME payments for residents and IME expenses.

Chairman O'Reilly asked if there are billings that were made for the professional services provided by residents. Dean Kahn responded that that would be illegal.

Chairman O'Reilly continued questioning whether the school would be able to pay the residents more. The Dean responded that the school would not have the fiscal ability to do so, nor is that what other academic health centers do or what other teaching hospitals do. A discussion ensued regarding the benefits payments for residents.

The Dean again commented that he truly appreciates the partnership the school has with UMC to improve care for the community.

Chairman O'Reilly went on to explain how funds paid to UNLV are allocated and commented on the push to pay residents at the 25th percentile. The Chairman encouraged those individuals to look at the AAMC chart which includes other jurisdictions and compare cost of living in those areas compared to Las Vegas. The 25th percentile is based on the area one lives.

Dean Kahn said that he was referring to the 25th percentile of all resident employees in the western region, not the 50th percentile, because Las Vegas is a less expensive city than other regions.

Chairman O'Reilly concluded with the message that UMC appreciates the dedication of the residents to UMC and its patients. We do not want this dialog to create issues and it should not be a burden of the residents. This topic will be back on the agenda in May.

The discussion continued regarding the allocation of funding reimbursement and finding a satisfactory resolution.

Mr. Van Houweling wanted to clarify that the school bills for resident's time.

Ms. Pitz commented that under the CMS Teaching Physician rule for attendings to bill time of residents under proper supervision. A brief discussion continued regarding this subject matter.

Dean Kahn added that after the first six months of residency, residents can see patients and they have to sign everyone out with an attending. Attending's bill for the teaching and clinical care time, but no check goes to a resident. CMS does not pay residents directly.

Member Hobbs asked what is average paid to residents. Ms. Dragna responded that it is approximately \$56K for a year-one resident. Average is approximately \$63K.

Ms. Hobbs inquired regarding the statement in the presentation that mentioned that only one provider may claim a resident per day. Mr. Hughey responded that residents that are splitting time between multiple facilities may only be claimed by one hospital facility. There was continued discussion regarding the programs that are split with UMC and the importance of residents documenting time appropriately. UMC does not pay for residents going to other hospitals.

Dean Kahn made clear that when residents go to other hospitals, UMC is not paying for the resident's time. UMC and another hospital cannot ask for the same reimbursement.

Mr. Van Houweling stated that we would be noticed by CMS if the time was logged somewhere else.

A discussion ensued regarding the total amount that is paid to UNLV for each resident including fringe benefits. Ms. Tello explained that the amount paid to resident depends on the program year.

Chairman O'Reilly asked why the school elected to carry malpractice insurance based on the statutory limitation. The Dean responded that residents were not covered under the state sovereign immunity clause.

At this time, Jessika Dragna presented the GME update and recapped some of the survey items discussed at the last meeting.

1. The Sponsor a Resident Program will be for those in the southern Nevada community to become mentors, advisors and friends to medical residents during their training. We are working with UNLV on this program had a kick off meeting last week to discuss. This program will hopefully be up and running by the summer.
2. The Resident Roundup launching May 1st to be distributed into all resident workrooms at UMC.
3. Final approval has been given of changing and increasing the meal stipend. Beginning May 1st, residents will obtain \$24 daily for meals (\$12 per transaction)

The Board discussion continued regarding the Sponsor a Resident Program and they look forward to updates at the next meeting.

FINAL ACTION:

None

ITEM NO. 19 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

DISCUSSION:

Member Mackay provided a report on the meeting held on Monday, April 1, 2024 at 2:07 pm. There was a quorum in attendance. There was no public comment. The minutes and the agenda were both approved.

An update on medication management was received from Jaime King, Director of Pharmacy. She provided an overview of the opioid stewardship and antibiotic programs and other initiatives that have been implemented. Plans are underway for reopening the outpatient pharmacy in 2025.

An update was received on the Quality, Safety and Regulatory program. All safety reports were reported within the appropriate State time frames and corrective actions were taken. All 3rd and 4th quarter grievances were reviewed and approved and appropriate recommendations. An update was also provided on the 3rd quarter FY24 CEO Performance goals.

The Committee approved the Policies and Procedures and Contract Evaluations, which were approved as a part of today's consent agenda.

There were no emerging issues discussed and after last call for public comment, the meeting was adjourned.

FINAL ACTION:

None

ITEM NO. 20 Receive an update a report from the Governing Board Audit and Finance Committee; and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED:

None

DISCUSSION:

Member Caspersen provided a report on the meeting which was held on Wednesday, April 17, 2024 at 2:00 pm. There was a quorum in attendance. There was no public comment and minutes and the agenda were both approved unanimously.

The Committee received a report regarding financial results from March and year to date financials, which included key financial performance indicators, trended stats data and actual results compared to budget.

The proposed final operating budget for FY2025 was reviewed. The Committee reviewed the various primary assumptions, changes from the preliminary budget, year-over-year comparisons, as well as operating and strategic service line initiatives. A proposed final budget was reviewed and was approved by the committee and is a part of today's consent agenda.

There were other business items that were reviewed and approved by the Committee during the meeting. All of the contracts that were approved during the meeting are a part of today's consent agenda.

Emerging issues were discussed, and after a brief public comment and the meeting adjourned at 3:16 PM.

FINAL ACTION:

None

ITEM NO. 21 Receive the monthly financial report for March FY24; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

March FY24 Financials

DISCUSSION:

Ms. Wakem provided a summary of the monthly financial reports for March FY24.

The key indicators for March showed admissions below budget. The AADC was 553. Average length of stay dropped to 6.25 days. Overall hospital acuity was 1.92 and Medicare CMI was 2.35, which is a record high. Inpatient surgeries were down 20%. Outpatient surgeries were 577 for the month, 15% below budget. There were 18 transplant cases. ER visits were below budget 18%. Approximately 23.75% of ED patients are being admitted.

Quick cares were down 8.5% and primary cares were almost 30% below budget. There were 577 telehealth visits for the month and Orthopedic Clinic volumes were 1,726 patient visits. Deliveries were 16.5% below budget.

The income statement for the month showed operating revenue above budget \$3.6 million. Total operating expenses exceeded budget \$3.6 million. Total income from ops was \$6.7 million on a budget of \$6 million, leaving us \$700K above budget. The year-to-date income statement was reviewed briefly.

Salaries, wages and benefits were \$1.2 million over budget for the month primarily due to radiology and contract labor. Overtime is over budget by approximately 3%. All other expenses were reviewed. Supplies are a little over budget.

Member Hagerty asked why the depreciation and amortization is \$5.4 million higher than budget. It was clarified that this is due to operating leases that are now added to the balance sheet.

FINAL ACTION:

None

ITEM NO. 22 Approve the Proposed Final FY 2025 Operating Budget to be submitted to Clark County and discuss any changes; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

Proposed FY 25 Budget

DISCUSSION:

Ms. Wakem reviewed the budget for FY2025. Ms. Wakem reviewed the methodology that is used to build the budget, beginning with run rate, as well as the key assumptions in volumes, length of stay, payor mix, and expenses.

Major strategic initiatives are incorporated by service line, including Ambulatory, Cardiac Services, Orthopedics, All Other Surgeries and Women's and Children. Another new key initiative of focus is the new employment model for physicians and hospitalists. Revenue increases were built in to support this new initiative.

Expenses included estimated wage rate adjustments to include COLA, merit and new FTEs. The employment model for radiology and hospitalists was incorporated, as well as increases to support resident salaries. HPG inflationary factors were built in, plus volume adjustments. CPI from existing contracts was also considered.

Ms. Wakem next reviewed the changes in the key statistics. Key indicators showed admissions up 4%, ER visits were pushed up 2% and quick care locations went down slightly and primary care locations were increased.

The income statement showed adjusted net revenue going up \$60.8 million. Supplemental payments decreased. Net patient revenue is going up \$44 million and other revenue is decreasing. Operating revenue is \$1 billion, up \$43.3 million for FY25. Expenses is up \$74.9 million. Total income from ops; plus depreciation and amortization was \$69.2 million.

The final budget will go to the County after approval by the Board.

Lastly, Ms. Wakem reviewed significant changes in county contributions to UMC. A lengthy discussion ensued regarding this subject matter.

FINAL ACTION:

A motion was made by Member Mackay to approve and recommend the Final Operating Budget for FY25 be submitted to Clark County as presented. Motion carried by unanimous vote.

ITEM NO. 23 Receive an update on the Kirk Kerkorian School of Medicine at UNLV; and take any action deemed appropriate. (For possible action)

DOCUMENT(S) SUBMITTED:

None

DISCUSSION:

The Dean commented that UNLV, along with UMC, is working at the state level for GME support and there was a recent visit to Reno to discuss this matter with leadership in northern Nevada. There is a request for \$20 million in state support for GME, which would be \$5 million each year of the biennium to be allocated to the two state medical schools. Discussions will go through the next legislative session, which begins in February 2025.

The Dean commented that new programs needed in the community include stroke, anesthesia, radiology, and ophthalmology. This is a 5/5/5 Plan; \$5 million dollars to start five programs in five years. The school and hospital will continue to work together on this and other issues.

Graduation is Friday, May 3rd at 2:00 pm. The school has a goal of expanding the class size and hiring 80 more faculty members over the next couple of years. This will help expand services.

An accreditation visit is expected from the LCME in October 2025. The school has been preparing for this visit. The goal is to request a class increase to 90 students.

The discussion continued regarding the increase request in class size and how this would be funded and financially sustained over time.

FINAL ACTION:

None

ITEM NO. 24 Receive an update from the Hospital CEO; and take any action deemed appropriate. (*For possible action*)DOCUMENT(S) SUBMITTED:

CEO Update

DISCUSSION:

Mason Van Houweling, UMC CEO provided the following updates:

Mr. Van Houweling reviewed some of the hospital updates and recent community events included in the UMC Community brochure.

- FTC – non-compete update – This is being monitored closely.
- RTAB update/Trauma – Sunrise has submitted an application to become a Level I Trauma center.
- Trauma Resus re-opened – This is fully remodeled and operational.
- SANE update – UMC is the only hospital in the community doing SANE exams. Approximately 300 patients who are victims of crimes are seen at UMC each month. We are working with the school to get more nursing education in this field.
- Rancho QC is converting to an Ortho Clinic 2nd location on April 29th to help with volumes. The 2231 location will also be remodeled in the future.
- Southern Highlands expansion construction starts mid-May.
- Orthopedic and Spine remodel to start May 6

- Internal Medicine and ER update – UMC will employ approximately 75 beginning July 1st.
- Time Capsule Celebration was highlighted in the UMC news brochure.
- Congratulations to the 40 under 40 staff members highlighted.

FINAL ACTION:

None

SECTION 4: EMERGING ISSUES

ITEM NO. 25 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. (For possible action)

DISCUSSION:

None

FINAL ACTION:

None

COMMENTS BY THE GENERAL PUBLIC:

Comments from the general public were called.

Speaker: Mason Deschamps commented that it was discovered that a professor at UNLV, who is also the Director of the Family Planning division and Chief of OBGYN at UMC hospital, was charged with seven counts of sexual assault against minors in 1998, and convicted of child abuse and neglect. Details were provided regarding what is contained in the public court records. Concern for the safety of the patients and integrity of the hospital was expressed. Mr. Deschamps asked that UMC take appropriate action regarding this matter.

Speaker: Jenna Sutton – 2nd year Resident – Department of Internal Medicine

Ms. Sutton stated that it was difficult to come up again to speak. A lot of the students are becoming disheartened about the resistance during the meeting. They are asking to be able to afford to live in the city. She said speaking for all residents, they are feeling disrespected, undervalued, and all they are asking for is to live here. The conversation seems to bring into question what residents are worth, and this is not the correct question to be asked. She added that the residents are the backbone of the hospital and they are living paycheck to paycheck and struggling month to month to be able to afford to live. A recent study came out stating that a comfortable salary to be able to afford to live in Las Vegas is \$94K and she makes \$53K and works 60-80 hours a week. She said they are not asking to be comfortable, they are asking to no be suffering. They are asking to meet the 25th percentile in the western region and competitive pay to bring good doctors here and provide good care and to be treated as humans, not numbers. She said that it is clear that the Board does not understand the role and responsibilities of the residents. Hypothetically, if no residents were able to come to work, UMC would 100% cease to function, guaranteed. She implored the Board to educate themselves and ask and talk to residents to walk through

and understand the amount of work they do daily and why asking for the bare minimum is not asking a lot. She said that it is not fair to say that an increase in salary is a dichotomous choice between hospital repairs and upgrades.

Speaker: Dr. Laeeq, Henderson, NV –

She referenced the same study mentioned previously by Smart Asset, saying minimum wage is \$96K for one single adult living in Nevada, in the city of Las Vegas. For a family of two people who have two children, the comfortable wage is \$236K in Vegas. Though we should not compare ourselves to California or other cities in the western region, the study shows Las Vegas listed as 51 out of 99 cities in terms of cost of living. She also commented on a student who lost his life due to his desperate situation. She ended by saying to be compassionate with patients, they need to be shown compassion too.

Speaker: Kyle Shepard – TY1 Family Medicine Resident

He thanked the Board for allowing him to speak. He commented on his family dynamics and his year in review. The hospital has provided excellent care to his family. The growth of his family and medical issues have caused increased costs to his family budget. He went on to describe the living situation for his family, the neighborhood he lives in and the struggles they go through. He is grateful for the training and consideration of the issues.

Speaker: Nezia Rahman

She spoke with regard to the conversation regarding resident salaries. She said there may be two arguments, 1. Do residents need a raise?, and 2. Who is responsible for that raise? She continued that the answer to the arguments regarding the need for a raise has been made, backed up with data and first-hand accounts of the impacts of cost of living on residents. There is an evident need for a substantial raise. She continued with her own personal anecdote and family circumstances. She makes \$56K a year with over \$300K in student debt. There is no back up plan and sacrifices have been made. Currently she struggles to support her parents and herself.

FINAL ACTION TAKEN:

None

There being no further business to come before the Board at this time, at the hour of 4:33 PM. Chair O'Reilly adjourned the meeting.

APPROVED: May 29, 2024

Minutes Prepared by: Stephanie Ceccarelli, Board Secretary