

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
June 12, 2025**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, June 12, 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 (WebEx)
Robyn Caspersen (WebEx)
Dr. Donald Mackay (Via WebEx)
Christian Haase (Via WebEx)

Absent:

Renee Franklin (Excused)
Mary Lynn Palenik (Excused)

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
Vick Gill, Business Development Officer
Danita Cohen, Chief Experience Officer
Emelia Allen, Assistant 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 April 3, 2025. *(For possible action)*

FINAL ACTION: A motion was made by Member Haase 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 Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2: BUSINESS ITEMS

ITEM NO. 4 Review the Governing Board Policies and Procedures, as they relate to the Governing Board Strategic Planning Committee; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Governing Board Policies and Procedures

DISCUSSION:

The Committee was able to review the Governing Board Policies and Procedures as they relate to the responsibilities and activities of the Strategic Planning Committee. After a brief discussion, the Committee agreed with the policies as presented and did not have any changes.

FINAL ACTION TAKEN:

A motion was made by Member Haase to approve the Policies and Procedures as presented and recommend approval by the Governing Board. Motion carried by unanimous vote.

ITEM NO. 5 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, reviewed the market share of UMC's primary and secondary market share. A map depicting the market in 3, 5, and 7-mile radius was shown and discussed. This is a standard industry measure of the market.

The hospitals within a 3-mile radius are UMC, Valley Health, and Sunrise. The 5-mile radius adds North Vista, and the 7-mile radius includes Mountain View and Spring Valley. Mr. Marinello reviewed the overall market share percentages. Mr. Jones noted that UMC ranks 5th overall, behind Sunrise, Mountain View, Summerlin, and St. Rose Siena. Payor mix in Medicare increases as the radius expands.

There was ongoing discussion about the differences in Medicare and Medicaid patient volumes, as well as market share relative to bed size across other facilities. Mr. Marinello noted that the main factor would be where the patient population is located and the types of services requested. Mr. Van Houweling added that patient acuity and length of stay also play a role.

The Committee emphasized the importance of managing length of stay.

In the UMC overall market share, Mr. Marinello's 1% annual growth could potentially generate approximately \$63 million in net revenue. Other opportunities to increase revenue were discussed.

Next, the Committee reviewed the market share in the 3, 5, and 7-mile radius for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

Overall, for inpatient services, UMC ranks #2 within the 3- and 5-mile radius behind Sunrise and is #3 within the 7-mile radius behind Mountain View. Chair Hagerty asked if length of stay influences the volume. Mr. Van Houweling noted that the geographic location of patient volume also impacts it.

General surgery overall, UMC remains at #3 in the market, but has trended upward slightly quarter over quarter.

Orthopedics overall, UMC increases quarter over quarter. UMC is at #2 in the market. Mr. Marinello added that there are opportunities to increase volumes by 1% by increasing elective procedures.

UMC sits at #6 in the market for cardiac services. There was a decrease in volumes in Q1 of 2025, but it increased in the 2nd quarter. There was a brief discussion regarding the benefits of the Cardiac Symposium.

In Children's Hospital, UMC is ranked #3 in the market, ahead of Southern Hills and St. Rose-Siena, but is at #2 in the 3, 5, and 7-mile radius.

Women's services overall is at #9 in the market. The team is reviewing opportunities to improve in this service line and increase revenue.

Mr. Marinello highlighted the opportunities for growth in the 7-mile radius and beyond.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 6 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, highlighted the Service Line Updates for general surgery, orthopedics, cardiology, women's and children's and ambulatory.

Chair Hagerty suggested that moving forward, the team review the service lines without sub-specialties and possibly provide commentary on challenges and opportunities related to those subspecialties if needed.

Overall general surgery volumes for inpatient and outpatient look very good year over year. Charges, revenue, and contribution margins are up, and costs are down. Case mix is favorable.

Mr. Marinello commented on the continued growth in general surgery and orthopedics. In strategic initiatives, First Case Starts has increased to 82%. Room turnover times are at 42 minutes, with a goal of 35-37 minutes. There has been substantial growth of the robotic surgical cases at UMC over previous quarters. A discussion ensued regarding case growth in robotic surgeries, the improved technology in the Da Vinci Robot, cost savings, and increased patient satisfaction. Strategic next steps and expense controls were reviewed. There was continued discussion regarding the 15% for same-day cancellation rate for surgeries. Mr. Marinello responded that although this is high, it is standard nationwide. UMC does preadmission testing in an effort to improve this statistic. The discussion continued regarding this subject matter.

Mr. Jones reviewed the orthopedic service line, which included inpatient, outpatient, and clinic data. The volumes, revenue, and contribution margins are up quarter over quarter. The contribution margin decreased slightly due to the addition of employed physicians during the year. Mr. Marinello highlighted that joint classes are at 74%. The team is reviewing the marketing campaigns and has applied for Hip/Knee Advanced Certification. Mr. Jones added that the addition of a 3rd ortho clinic has improved volumes. New patient visits account for 32% of total clinic visits.

Cardiac showed a slight increase in volumes overall. Revenue is up and costs and contribution margin are down. There has been continued case volume in EP procedures, structural heart procedures and complex PCI. The opportunities for growth is to increase use of Room 3 for IR cases and decrease length of stay. UMC is on the path to receive Advanced Chest Pain Accreditation from DNV.

Ambulatory volumes year over year are down for the quick care locations. Charges and revenue are good, and the contribution margin is up. UMC received \$2.4 million in supplemental payments, which improved revenue. There was continued discussion regarding the significance of this supplemental payment.

Primary care volumes continue to increase. Revenues were up; volumes and contribution margins were up. Operational updates highlighted primary care self-scheduling at 73%, and the quick care statistic for patients who left without being seen was at an impressive 0.03%. The average no-show percentage is 11.5%. The new Nellis location has an anticipated opening in Q2 of 2026. There was continued discussion regarding EpicareLink and how this can be used by providers in the community.

Children's hospital volumes were good overall, primarily in outpatient services. Charges and revenue were good, but there are opportunities for improvement.

Women's services volumes have come down quarter over quarter over quarter over quarter overall, primarily in inpatient volumes. This is an area of focus to

grow volumes. Mr. Marinello provided the service line update and shared initiatives to improve this service line.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 7 Receive an update on FY25 Operational Performance Goals; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello provided an update on 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.**

The Committee will review and finalize the goals in August.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 8 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 deliver improved clinical and financial outcomes in the existing five service lines, while adding a sixth service line of Interventional Radiology.**
2. **Enhance Strategic Initiatives in furtherance of the Academic Health Center**
3. **Achieve Cardiac Center of Excellence Designation through DNV**
4. **Set up Liver Care Service**
5. **Achieve Advanced Certification in Hip & Knee Surgery through DNV**

Mr. Jones explained what the Interventional Radiology service line is, and a discussion continued about the opportunities to meet the needs of Interventional Radiology services in the community. The Committee wants to know if this goal can be measured. Ms. Wakem responded that the financial data can be tracked.

Chair Hagerty questioned whether goals 3 and 5 were ambitious enough. Mr. Marinello responded that these designations help determine quality outcomes for our patients and payors and this will drive volumes. A lengthy discussion ensued regarding the potential goals for future expansion and capital needs.

Chair Hagerty suggested setting a goal for seeking capital funding for a large project.

Member Caspersen agreed with this idea.

The team will return in August with final proposed goals.

FINAL ACTION TAKEN:

None 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:

Suggestion to move meetings to the 2nd Thursday of the month for Strategic Planning meetings. The next meeting will be on August 14th. Staff was instructed to amend the recurring meeting to the 2nd Thursday of the month.

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, the meeting adjourned at the hour of 11:15 a.m.

APPROVED: August 14, 2025

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary