

**University Medical Center of Southern Nevada
Governing Board Strategic Planning Committee
March 7, 2024**

UMC Providence Suite
Trauma Building, 5th Floor
800 Hope Place
Las Vegas, Clark County, Nevada
Thursday, March 7, 2024
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 9:04 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
Donald Mackay, M.D.
Robyn Caspersen (Via WebEx)
Renee Franklin (Via WebEx)
Christian Haase (Via WebEx)

Absent:

Mary Lynn Palenik (Excused)

Also Present:

Tony Marinello, Chief Operating Officer
Jennifer Wakem, Chief Financial Officer
Chris Jones, Executive Director of Support Services
Geoffery Empey, Project Manager
Bud Shawl, Executive Director of Post-Acute Care Services
Ernest Barela, Practice Plan Administrator
Dr. Medina-Garcia, Director of Telemedicine Services
Maria Sexton, Chief Information Officer
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 December 7, 2023. (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 Mackay 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 Performance Overview; and direct staff accordingly. (*For possible action*)

DOCUMENT SUBMITTED:

- Service Line Update

DISCUSSION:

Mr. Marinello introduced Ernest Barela as the new Physician Practice Plan Administrator, who will assist in building the physician employment model.

Chris Jones, Executive Director of Support Services, provided a high level overview of the financial status for all service lines.

Mr. Marinello reviewed the operational update for general surgery cases for Q2 of FY24.

Chair Hagerty stated although the surgery first case on time has shown improvement, it remains below 50%. Mr. Marinello responded that a new Medical Director of Surgical Services has been added to streamline processes and improve efficiencies.

Member Mackay commented that surgeon lateness has been and continues to be an ongoing issue.

Member Franklin added that it is important to analyze root causes and all failure modes related to late starts. Mr. Jones stated that a Lean Specialist will be on staff to review the process related to the failure modes. The discussion continued regarding other operational updates strategic next steps and strategies in technology, including the go-live of the LeanTaas platform on February 6th to improve OR efficiencies.

Chair Hagerty added that CEO Objectives for FY25 should be specific in improving first case on time percentages, which will also improve patient satisfaction.

Orthopedics volume statistics included a mix of surgical and clinic visits. Elective surgeries have increased and have remained a strategic focus. Total Joint class attendance has increased year-over-year. Leadership changes include Kevin Price and Director of Specialty Care Services and Dr. Angelina Vera as new Sports Medicine surgeon. In strategic next steps, UMC will employ orthopedically

trained primary care physicians to triage incoming referrals and improve efficiencies. Pain management and physical therapy services will be added in the future.

Cardiac services overall looks good year-over-year and continues to show improvement. Inpatient cardiac costs have increased slightly due to the types of cases. Outpatient margins are looking very good.

Cath lab volumes continue to increase and TAVR cases have fully transitioned to the Cath lab from the OR. Structural heart program is exceeding first year expectations. Construction has started on a new Cath lab procedure room, with estimated completion in June.

Ambulatory primary care volumes are down year-over-year. Charges and net revenue are up per case. Overall contribution margin has decreased approximately 5.5% due to increased costs. Quick Care contribution margin shows a significant drop. Ms. Wakem explained this is due to a compliance change in reporting physician offices. Mr. Marinello shared the updates and strategic next steps related to this service line. A discussion ensued regarding increased marketing of the overall primary care service and opportunities of growth in virtual primary care telehealth.

Chair Hagerty asked if UMC provides advanced notifications of scheduled appointments. Maria Sexton, CIO responded that patients receive automated reminders via text and telephone calls. A new texting service with Epic called Hello World technology is being integrated to streamline processes, including bill pay.

In Children's services, volumes are down slightly, revenue, cost and margins are up. Mr. Marinello continued that volumes continue to increase. Perinatal and NICU have been awarded Safe Sleep Gold Certification, which is the only gold certification in Nevada. Nitrous Oxide education for the Maternal and Pediatric patient population is underway and cross training of pediatric RNs and CNAs is taking place to help with volumes in the Peds ED.

Online service is doing well and continues to expand and grow. Average wait time is six minutes and patient satisfaction remains high at 98%. Strategic next steps were discussed regarding specialty telemedicine options, the Virtual First primary care pilot and the Primary Care at MD, which is converting to a hybrid model. The team is looking at more ways to market and integrate the telehealth service.

FINAL ACTION TAKEN:

None taken.

ITEM NO. 5 Receive an update on the FY24 Budget Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

-PowerPoint Presentation

DISCUSSION:

Mr. Marinello commented on the challenges that the team is facing with the FY24 initiatives, including a delayed opening of the Aliante location and staffing challenges.

Chair Hagerty would like to review the Q3 data at the next meeting to see if there is an improvement.

Although there have been increased volumes at the quick care, the primary care has seen challenges due to limited visits, patient no-show and staffing issues. Mr. Marinello is optimistic that this will turn around and two new physicians have been hired.

Cardiac Cath Lab margins looks good. Case volumes are down. Growth continues and we anticipate opening Saturdays, depending on staffing availability. The committee commented on the pattern of delays in projects and asked if the planning is too aggressive or is the execution too slow. Mr. Marinello responded that the team has been aggressive.

Orthopedic clinic is at half capacity, but still operational.

All other surgeries are doing well in the contribution margin. There have been challenges with block time operations.

Chair Hagerty commented that cardio and ortho is good and could be better, but there needs to be improvement in the ambulatory areas

FINAL ACTION TAKEN:

None taken

ITEM NO. 6 Receive an update on the FY25 Proposed Budget Initiatives; and direct staff accordingly. (For possible action)

DOCUMENT SUBMITTED:

- None

DISCUSSION:

The Committee received a high level overview of the Service Line Budget Initiatives for FY2025. A summary of the service lines including Ambulatory, Cardiology, Orthopedics, all other surgeries and employed providers were discussed.

Ambulatory – adding the Southern Highlands Quick Care and expansion of the primary care. The budgeted incremental increase in volumes is 7,770.

Mr. Marinello explained that the length of stay for orthopedics and all other surgeries are blended in the length of stay statistics. In ortho, it is a blended mix between elective and trauma cases. There is still work to do to decrease the length of stay.

The third cardiology lab is expected to open in July. Increases in cardiac surgery and cath cases are anticipated.

Orthopedics anticipate increased surgeries and clinic visits.

All other surgeries were next discussed. Mr. Marinello commented that employed anesthesia is fully loaded and increasing in surgery cases.

Chair Hagerty asked if there is an effort to target operational efficiencies and techniques from larger cities.

In the future, the Committee would like to have a three-year review of these initiatives and identify the improvements in revenue and contribution results.

FINAL ACTION TAKEN:

No action taken

SECTION 3: EMERGING ISSUES

ITEM NO. 7 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

DISCUSSION:

1. Clinical Trials has been suggested previously as a service line focus. Dr. Medina-Garcia suggested pursuing Center of Excellence status for specific service lines. This helps gain recognition for the particular area of specialty, creates research opportunities and improves academic relationships with university partners. The discussion continued regarding guidelines to obtain Center of Excellence status in various service lines, the clinical growth opportunities and the financial benefits.
2. Neurology: Ruvo Neurosurgery partnership
3. Invite Ron Roemer for clinical trials update at a future meeting.
4. Next meeting scheduled for May
5. Third Quarter statistics vs. budget

FINAL ACTION TAKEN:

No action taken

COMMENTS BY THE GENERAL PUBLIC:

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

A motion was made by Member Mackay that the go into closed session pursuant to NRS450.140(3). Motion carried by unanimous vote.

At the hour of 10:33 a.m., the Committee went into closed session.

SECTION 4. CLOSED SESSION

ITEM NO. 9 Go into closed session pursuant to NRS 450.140(3) to discuss new or material expansion of UMC's health care services and hospital facilities.

There being no further business to come before the committee this time, at the hour of 11:18 a.m.

APPROVED: May 2, 2024

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary