

**University Medical Center of Southern Nevada  
Governing Board Strategic Planning Committee  
October 9, 2025**

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Emerald Conference Room  
Delta Point Building, 1st Floor  
901 Rancho Lane  
Las Vegas, Clark County, Nevada  
Thursday, October 9, 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  
Renee Franklin  
Mary Lynn Palenik (Via WebEx)  
Dr. Donald Mackay (Via WebEx)  
Christian Haase (Via WebEx)

**Absent:**

Robyn Caspersen (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  
Vick Gill, Business Development 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 August 14, 2025. *(For possible action)***

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

## **SECTION 2: BUSINESS ITEMS**

### **ITEM NO. 4 Receive a report regarding UMC Market Competitive Landscape; and direct staff accordingly. (For possible action)**

DOCUMENT SUBMITTED:

- Market Share PowerPoint

DISCUSSION:

Tony Marinello, Chief Operating Officer, provided an overview of the dynamics of the Las Vegas market share.

Compared to the other multisystem hospitals in the community, UMC is a single-site acute care 541-room hospital with twenty-two sites around the community, including 18 total quick care/primary care facilities, 2 orthopedic clinics and 2 specialty clinics. There is capacity for growth and expansion, with plans for additional offices, parking, 24/7 quick care and IR and radiology growth. It was noted that there are no other 24/7 quick care locations in the valley.

UHS/Valley Health System has had continued growth throughout the community. A list of the facilities throughout the valley was shown with 5 hospitals, including the newest location, West Henderson Hospital, with 150 beds. Also discussed were the specialty and behavioral health facilities, and the medical group, cardiovascular and gastroenterology practices within the health system.

HCA/Sunrise Health was discussed next. Sunrise has 790 beds, followed by Mountainview and Southern Hills. The expansion of the Southern Hills hospital began in January to incorporate an inpatient rehab unit and 20 new patient rooms. In September, the Healthcare Center for Clinical Advancement was opened adjacent to Southern Hills. In June, Mountain View added services to treat cancer patients and provide services including transfusions, procedures, and transplants. New construction has been observed near Maryland Parkway and Desert Inn. Mr. Marinello continued with a review of the freestanding ER and clinic locations.

Dignity Health, now known as CommonSpirit, has three campuses but has not experienced significant growth. There was a brief discussion about challenges faced by the hospital system due to facility size, location, and demographic growth. A lengthy conversation followed about growth in the valley and how to continue developing UMC as the center of excellence for top level of care and strategically expanding to other areas.

Mr. Van Houweling suggested that the Experience and IT teams showcase marketing and outreach efforts happening throughout the community to highlight the care provided at UMC.

The discussion continued with a brief overview of Intermountain Health, Encompass Health, Cleveland Clinic, and the Culinary Health Center.

Finally, Mr. Marinello gave a brief summary of area hospitals that offer robotic surgery.

Member Mackay inquired about the protocol that first responders use to determine where to bring patients. Mr. Van Houweling confirmed that there are protocols, which may be based on hospital trauma level and the type of clinical need.

Member Palenik commented on the growth in the southern valley of Las Vegas and the opportunities for marketing primary care.

**FINAL ACTION TAKEN:**

None taken.

**ITEM NO. 5    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, provided service line updates for general surgery, orthopedics, cardiology, women's and children's and ambulatory. Financial updates will be provided at the December meeting.

In general surgery, First Case On Time Starts score achieved 81% for Q1 of 2026, maintaining a target of at least 80%. Room turnover times are now 38 minutes, excluding endoscopy.

In operational improvements, the electronic surgical case request project for UNLV has been completed, with a go-live date of August 4, 2025. The Ortho and UNLV groups have been given access to Epic Marketplace, which improves visibility to available OR block times. An anesthesia nurse practitioner is now reviewing patient charts daily to optimize all surgical cases and reduce cancellations. Implementation of instrument tracking system has improved efficiencies.

UMC transitioned to the new UKG timekeeping system for staff, which will improve compliance and labor management. The discussion continued with a review of other expense control opportunities and strategic next steps, highlighting a sterile processing refresh project will include new sinks for instrument reprocessing efficiency.

Mr. Jones next several slides highlighted growth in all service lines year-over-year, improved room turnover times, increased robotic surgery volumes, and efficiency highlights.

Chair Hagerty asked if more robots are needed. Mr. Jones replied yes, highlighting usage, robot volume, and shift efficiency. The goal for utilization is set at 70%. The

discussion proceeded to cover the advantages of robotic education, training, and other medical technology opportunities.

Vick Gill commented on medical school virtual training that is being done using Da Vinci.

UMC is focused on contract compliance in surgical services. UMC Surgical Services achieved 100% contract compliance on biologic spend in Q1, ensuring cost control.

Statistical updates in orthopedic services showed total hip and knee arthroplasty down by 10 cases, but highlighted improvements in shoulder and elbow arthroplasty. Regional block, early ambulation, and discharge home statistics remain consistent with those of the previous quarter. Length of stay was up slightly, and the joint camp class attendance is at a record high of 85%. Expense control and strategic next steps were reviewed briefly. The application process for Hip and Knee Advanced Certification is in process through DNV.

Cardiac service volumes average approximately 202 cases per month, with a goal of 275 cases.

Chair Hagerty asked what efforts are being made to improve volumes. Mr. Marinello responded that the second EP unit is in process of being finalized.

Mr. Jones continued the discussion, noting departmental realignments, inventory controls, as well as expense controls and strategic next steps.

Mr. Marinello reviewed statistics related to the UMC Practice Plan Ambulatory Care and provided operational updates to improve volumes and identify expense opportunities. A discussion followed about restructuring call center workflows and using AI technology to reduce abandonment rates.

Mr. Marinello updated that CMS announced that Medicare will no longer cover Telehealth visits, except for rural areas and mental health services.

Chair Hagerty inquired about the reason for the change with telehealth coverage. Ms. Pitz responded that the waiver put in place during COVID is currently expired. Mr. Marinello informed the Committee that a new employee has been hired for the Laughlin UMC online telehealth service. The update continued with other expense opportunities and quick care and primary care service improvements.

Lastly, Mr. Jones provided highlights in Women's and Children's services. Births increased by 52% from February to August 2025. Staff continues to focus on optimization of the Baby Steps program to increase births.

Member Haase asked if there is a physical construction in the restructuring of the quick and primary care services. Mr. Marinello responded that there is no reconstruction, just flow and efficiencies of staffing and entry points at the facility locations.

**FINAL ACTION TAKEN:**

None taken.

**SECTION 3: EMERGING ISSUES**

**ITEM NO.6 Identify emerging issues to be addressed by staff or by the Board at future meetings, and direct staff accordingly. (For possible action)**

**DISCUSSION:**

The Committee would like an update regarding Information Technology. A report will be provided at the Governing Board meeting.

Mr. Marinello commented that data from Strata will be provided.

**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.

**FINAL ACTION TAKEN:**

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

At the hour of 10:29 a.m., the Committee recessed to go into closed session.

At the hour of 10:35 a.m., the Committee reconvened into closed session.

**SECTION 3: CLOSED SESSION**

**ITEM NO.6 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.**

**DISCUSSION:**

None

**FINAL ACTION TAKEN:**

No action taken

There being no further business to come before the committee this time, Chair Hagerty adjourned the meeting at the hour of 11:30 a.m.

APPROVED: December 11, 2025

MINUTES PREPARED BY: Stephanie Ceccarelli, Board Secretary