AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
February 8, 2018 9:00 a.m.
800 Hope Place, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (5th Floor)

Notice is hereby given that a meeting of the UMC Governing Board Strategic Planning Committee has been called and will be held at the time and location indicated above, to consider the following matters:

This meeting has been properly noticed and posted in the following locations:

<table>
<thead>
<tr>
<th>University Medical Center</th>
<th>CC Government Center</th>
<th>Third Street Building</th>
<th>Regional Justice Ctr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1800 W. Charleston Blvd.</td>
<td>500 S. Grand Central Pkwy.</td>
<td>309 S. Third St.</td>
<td>200 Lewis Ave., 1st Fl</td>
</tr>
<tr>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
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<tr>
<td>(Principal Office)</td>
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<tr>
<td>City of Las Vegas</td>
<td>City of Henderson</td>
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<tr>
<td>400 Stewart Ave.</td>
<td>240 Water St.</td>
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<tr>
<td>Las Vegas, NV</td>
<td>Henderson, NV</td>
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</tbody>
</table>

- The main agenda is available on University Medical Center of Southern Nevada’s website http://www.umcsn.com. For copies of agenda items and supporting back-up materials, please contact Terra Lovelin, Board Secretary, at (702) 765-7949. The Strategic Planning Committee may combine two or more agenda items for consideration.
- Items on the agenda may be taken out of order.
- The Strategic Planning Committee may remove an item from the agenda or delay discussion relating to an item at any time.
- Consent Agenda - All matters in this sub-category are considered by the Strategic Planning Committee to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Strategic Planning Committee may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Strategic Planning Committee member requests that an item be taken separately. For all items left on the Consent Agenda, the action taken will be staff's recommendation as indicated on the item.
- Items taken separately from the Consent Agenda by Committee members at the meeting will be heard in order.

SECTION 1. OPENING CEREMONIES

CALL TO ORDER

1. Public Comment

PUBLIC COMMENT. This is a period devoted to comments by the general public about items on this agenda. If you wish to speak to the Committee about items within its jurisdiction but not appearing on this agenda, you must wait until the “Comments by the General Public” period listed at the end of this agenda. Comments will be limited to three minutes. Please step up to the speaker's podium, clearly state your name and address and please spell your last name for the record. If any member of the Committee wishes to extend the length of a presentation, this will be done by the Chair, or the Committee by majority vote.
2. Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on December 7, 2017. (For possible action)

3. Approval of Agenda. (For possible action)

SECTION 2. BUSINESS ITEMS

4. Receive a report on Market Share; and direct staff accordingly. (For possible action)

5. Receive an update on ambulatory clinics; and direct staff accordingly. (For possible action)

6. Receive an update on telemedicine; and direct staff accordingly. (For possible action)

7. Receive an update on CEO goals for 2018; and direct staff accordingly. (For possible action)

8. Identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings, and direct staff accordingly. (For possible action)

COMMENTS BY THE GENERAL PUBLIC

A period devoted to comments by the general public about matters relevant to the Committee’s jurisdiction will be held. No action may be taken on a matter not listed on the posted agenda. Comments will be limited to three minutes. Please step up to the speaker’s podium, clearly state your name and address and please spell your last name for the record.

All comments by speakers should be relevant to the Committee’s action and jurisdiction.
The University Medical Center Governing Board Strategic Planning Committee met in the ProVidence Suite, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, at the time and place listed above. The meeting was called to order at the hour of 9:02 a.m. Chair Eileen Raney and the following members were present, which constituted a quorum of the members thereof:

**CALL TO ORDER**

Board Members:

Present:
- Eileen Raney - Chair
- Donald Mackay, MD
- Robyn Caspersen
- Renee Franklin (via phone)
- Mary Lynn Palenik (via phone)

Also Present:
- Mason VanHouweling, Chief Executive Officer
- Tony Marinello, Chief Operating Officer
- Jennifer Wakem, Chief Financial Officer
- Susan Pitz, General Counsel
- Terra Lovelin, Board Secretary

**SECTION 1. OPENING CEREMONIES**

**ITEM NO. 1 PUBLIC COMMENT**

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

None present

**ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on September 21, 2017. (For possible action)**
FINAL ACTION: A motion was made by Dr. 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 Dr. Mackay that the agenda be approved as recommended. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive a Telehealth Strategy Overview. *(For possible action)*

DOCUMENT SUBMITTED:
- Telehealth Strategy Overview

DISCUSSION:
Tony Marinello, COO announced that UMC received the Gold Award from the Review Journal for the best Quick Care in Las Vegas.

Brian Rosenberg explained what telehealth is and how it can be helpful to patients.

Telehealth is: *The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. (HRSA Definition)*

Nevada laws require that telehealth visits must be reimbursed the same as in person visit. A health plan must include coverage for services provided to an enrollee through telehealth to the same extent as those provided in-person.

Nevada was given a “F” for access to healthcare and notes that Nevada ranks 50th in the nation for Primary Care Physicians per 100,000 people.

With telehealth, a patient can remain at the site they are being treated at and via a telemedicine device, seek advice from a physician at another location. This would be beneficial for those patients in rural locations or those who can’t or do not wish to travel to a distant medical office.

Chair Raney asked about extended hours and if this would help.

Mr. Rosenberg replied that it would help with the flow of patients within the clinics that are busier than others. Available physicians at other clinics could use telehealth to see patients at those clinics that have higher capacity using the telehealth room.

The benefits of using this is increased revenue without more beds or locations, extension of the UMC brand and reduced costs for patient/prisoner transportation.
The location of the telehealth center could be located anywhere and be staffed with mid-level providers, residents and/or physicians/specialists. The equipment needs would be cameras, monitors and headphones at the telehealth center.

Next steps for Telehealth at UMC include a presentation on ROI as well as a pilot approach and then an implementation plan.

Mr. Rosenberg will bring this strategy back to the committee in the next 60 to 90 days with an ROI presentation.

Member Raney commented that this is a great idea

**FINAL ACTION:** The committee has asked Mr. Rosenberg to move ahead and bring back the Telehealth strategy plan with a ROI to the Strategy Committee to see if it makes financial sense.

**ITEM NO. 5  Receive an update on the ambulatory clinics. (For possible action)**

**DOCUMENT SUBMITTED:**
- Ambulatory Update

**DISCUSSION:**
Tony Marinello reviewed Quarter One 2018 versus Quarter One of 2017 at the clinics.

UMC has seven primary cares, eight urgent cares, one occupational medicine and the Enterprise and Wellness clinics.

We are at a 22% decrease in primary care due mainly to the implementation of Epic.

Southern Highlands is doing well and is picking up.

The Quick Cares decreased 7% quarter over quarter but in the month of August they picked up 13%.

The big increase UMC saw was in occupational medicine; there was a 72% increase due to Metro’s hiring surge and Clark County Fire Department.

Chair Raney pointed out that the Nellis location numbers didn’t reflect well on either side and she wanted to know why.

Mr. Marinello replied that a physician transferred out of Nellis and this location also has the highest cancellations; this was reflected in the decreased number of visits.

Advertising has been in full effect including, TV, mailers, billboards, and advertisements in David Magazine, Nevada business magazines, etc.
A few changes are on the horizon including utilizing nurses at the proper level, reduce leakage, reduce cancellations and no shows, and expand clinic hours.

Chair Raney asked for a proforma at the next meeting on Southern Highlands; one year versus now.

**FINAL ACTION:** None taken.

**ITEM NO. 6** Receive an overview on services for Workers Compensation claims within UMC clinics. *(For possible action)*

**DOCUMENT SUBMITTED:**
- Occupational Medicine

**DISCUSSION:**
Mr. Marinello explained that our Enterprise Clinic is the only UMC clinic that offers occupational medicine.

Chair Raney asked what the timeline is to start offering occupational medicine at our Blue Diamond and Centennial Hills clinics.

Mr. Marinello replied that he hopes within 60 days to start offering services. Centennial Hills is projected to open in February of 2018.

Member Caspersen asked for a proforma for both clinics to be done.

Blue Diamond had 507 visits in the first 15 days and opened a head of schedule and under budget. Staff is looking at offering occupational medicine at this clinic first, due to its success.

**FINAL ACTION:** The committee asked Mr. Marinello for proformas for the locations they have in mind with the opportunities that they have in mind. Strategy would like to see the proformas at the February meeting.

**ITEM NO. 7** Discuss 2018 Calendar for Strategy Committee. *(For possible action)*

**DOCUMENT SUBMITTED:**
- 2018 Meeting Date Calendar

**DISCUSSION:** No comments

**FINAL ACTION:** None taken.
ITEM NO. 8  Emerging Issues.  (For possible action)

Mr. Rosenberg provided a brief update on the Epic rollover.

Member Caspersen asked for a 6 month update on Mr. VanHouweling’s goals.

Vick Gill, Associate Administrator provided an update on behalf of CEO VanHouweling.

- Optum (United Health Group) purchased Davita Medical Group for $4.9 billion.
- Mountain View Hospital broke ground on their first free standing emergency room set to open in summer of 2018.
- Sunrise will have a new tower on their campus; a 5 story tower to open in 2018.
- Valley health will have a free standing ED open in 2018.
- Dignity’s Sahara location will open at the end of the month.

Chair Raney requested an analysis on whether UMC should have a free standing ED and although this may not be ready to present now, perhaps in 2018 this committee could revisit it.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair Raney asked if there were any persons present in the audience wishing to be heard on any items not listed on the posted agenda.

SPEAKER(S):  None

There being no further business to come before the Board at this time, at the hour of 10:55 a.m. Chair Raney adjourned the meeting.

APPROVED:
MINUTES PREPARED BY: Terra Lovelin
Overall Clark County Market Share Analysis: 2017

Comparison from 2017 Q2 to Q3

- **Overall Service Area**
  - Overall market admissions decreased by 2% or 1,110 admissions
  - Sunrise decreased by 4% or 341 admissions
  - Mountain View decreased by 3% or 200 admissions

- **Internal**
  - UMC regained its position of 3rd in overall market volume
  - Increased by 3% or 145 admissions from Q2 to Q3
Major Service Line Market Share Analysis: 2017 Q3

- **General Surgery**: 42% UMC, 15% Sunrise, 12% Summerlin, 9% Mountain View, 9% St. Rose-Sienna, 6% Valley, 7% Remaining Hospitals
- **Neurosurgery**: 22% UMC, 26% Sunrise, 15% Summerlin, 8% Mountain View, 11% St. Rose-Sienna, 15% Valley, 6% Remaining Hospitals
- **Orthopedics**: 44% UMC, 13% Sunrise, 12% Summerlin, 10% Mountain View, 8% St. Rose-Sienna, 7% Valley, 6% Remaining Hospitals
- **General Medicine**: 35% UMC, 17% Sunrise, 15% Summerlin, 8% Mountain View, 8% St. Rose-Sienna, 9% Valley, 7% Remaining Hospitals
- **Pulmonary**: 39% UMC, 16% Sunrise, 10% Summerlin, 9% Mountain View, 10% St. Rose-Sienna, 10% Valley, 6% Remaining Hospitals
- **Cardiac Services**: 40% UMC, 13% Sunrise, 13% Summerlin, 10% Mountain View, 10% St. Rose-Sienna, 9% Valley, 7% Remaining Hospitals

Legend:
- UMC
- Sunrise
- Summerlin
- Mountain View
- St. Rose-Sienna
- Valley
- Remaining Hospitals
Overview of UMC Market Share: 2017 Q3

<table>
<thead>
<tr>
<th>Service Line Analysis Overall</th>
<th>Volume Positive</th>
<th>Volume Decline</th>
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<tbody>
<tr>
<td>Volume Positive</td>
<td></td>
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</tr>
<tr>
<td>Neonatology (+78)</td>
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<tr>
<td>Obstetrics-Delivery (+65)</td>
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<td></td>
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<tr>
<td>Nephrology (+43)</td>
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<td></td>
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<tr>
<td>Rheumatology (+17)</td>
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<tr>
<td>General Medicine (+32)</td>
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<tr>
<td>General Surgery (+25)</td>
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<tr>
<td>Neurology (+27)</td>
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<tr>
<td>Hepatobiliary (+22)</td>
<td></td>
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<tr>
<td>Burns (+18)</td>
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</tr>
<tr>
<td>Neurosurgery (+15)</td>
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<tr>
<td>Urology (+14)</td>
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<td>Vascular (+13)</td>
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<td>Gynecology (+11)</td>
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<tr>
<td>Plastic Surgery (+11)</td>
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<tr>
<td>Orthopedics (+10)</td>
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<tr>
<td>Psychiatry (+10)</td>
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<td>Ophthalmology (+8)</td>
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<td>Hematology (+7)</td>
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<tr>
<td>Infectious Disease (+7)</td>
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<tr>
<td>Otolaryngology (+4)</td>
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<tr>
<td>Dentistry (+2)</td>
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<tr>
<td>Volume Decline</td>
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<td>Pulmonary (-123)</td>
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<td>Oncology (-42)</td>
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<td>Normal Newborns (-24)</td>
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<td>HIV (-18)</td>
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<td>Trauma (-18)</td>
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<td>Cardiology (-16)</td>
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<td>Cardiology Invasive (-13)</td>
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<td>Gastroenterology (-13)</td>
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<td>Obstetrics-Other (-8)</td>
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<td>Transplant (-5)</td>
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<td>Dermatology (-3)</td>
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<tr>
<td>Cardiac Surgery (-2)</td>
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<tr>
<td>Endocrinology (-2)</td>
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<tr>
<td>Thoracic Surgery (-1)</td>
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## Overview of UMC Market Share: 2017 Q3

<table>
<thead>
<tr>
<th>UMC Services Ranked Top 4 or Higher in Market</th>
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<tbody>
<tr>
<td>Burns</td>
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<tr>
<td>Dentistry</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>General Medicine</td>
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<td>General Surgery</td>
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<td>Gynecology</td>
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<td>Hematology</td>
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<td>Nephrology</td>
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<td>Neurosurgery</td>
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<td>Obstetrics-Other</td>
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<tr>
<td>Ophthalmology</td>
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<tr>
<td>Orthopedics</td>
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<td>Otolaryngology</td>
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<td>Pulmonary</td>
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<td>Rheumatology</td>
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<tr>
<td>Thoracic Surgery</td>
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<tr>
<td>Transplants</td>
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<tr>
<td>Trauma</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Vascular</td>
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</table>
Overview of UMC Market Share: 2017 Q3

Admissions by Payor Mix 2017 Q3

Payor Mix by Quarter

- Medicaid
- Medicare
- HMO
- Other

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>HMO</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>2016 Q3</td>
<td>19%</td>
<td>17%</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>2016 Q4</td>
<td>21%</td>
<td>17%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>2017 Q1</td>
<td>24%</td>
<td>18%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>2017 Q2</td>
<td>24%</td>
<td>17%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>2017 Q3</td>
<td>23%</td>
<td>18%</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Service Area Analysis by Hospital: 2017 Q3

**Urban Core**
- University Medical Center: 17%
- PSA: 23%
- Mountain View Hospital: 17%
- Valley Hospital and Medical Center: 11%
- Summerlin Hospital: 9%
- Remaining Hospitals: 29%

**PSA**
- University Medical Center: 8%
- Sunrise Hospital and Medical Center: 12%
- Mountain View Hospital: 4%
- Valley Hospital and Medical Center: 14%
- Summerlin Hospital: 16%
- Remaining Hospitals: 46%

**SSA**
- University Medical Center: 5%
- Sunrise Hospital and Medical Center: 5%
- Mountain View Hospital: 7%
- Valley Hospital and Medical Center: 3%
- Summerlin Hospital: 14%
- Remaining Hospitals: 66%
Overview of UMC Market Share: 2017 Q3

Admissions by Service Area 2017 Q3

- Urban Core: 58%
- SSA: 17%
- PSA: 15%
- Other: 10%
Blue Diamond Quick Care: Budgeted for 40 visits/day, 1,216/month

- Opened ahead of schedule and below budget ($180K)
- Focused Customer Service Training and Throughput
- 15 days of November, 34 visits/day (507 total visits)
- December, 53 visits/day (1,597 total visits)
- January, 71 visits/day (2,128 total visits)

Centennial Hills Primary Care and Quick Care

- Open House March 1st at 10am for General Public
- Focused Customer Service Training
- Rancho PC relocates to Centennial Hills Clinic opens March 5th
  - 3 Physician, 1 Midlevel Provider
  - 12 Exam Rooms (previous 6), 1 Procedure Room
- Quick Care opens March 5th 8am-8pm 7days/wk.
  - 1 Physician, 1 Midlevel Provider
  - 9 exam rooms, 2 triage, 2 obs bays, 1 procedure room, lab, and x-ray
  - Marketing Billboards Targeted direct mailers, local print, billboard, online
Projected vs Actual Year 1 July 2016 thru June 2017

- Projected Visits 4,335 vs Actual Visits 2,138
- Net Profit/Loss ($91,236) vs Actual ($216,000)
  - Clinic opened August vs projected July
  - Delayed Physician start date January 2017
- Next Steps: Extend hours to 10 hour day
  - Increase visit volume by 5 per day
  - 334 visits January 2018
Ambulatory Strategies

• Extend hours at Southern Highlands PC to 10 hour day
  • Increase visit volume by 5 per day
  • Next step to open half day on Saturday’s
• New patient visits-20 minute time slots
• Post hospital discharge follow-up visits (Wellness Clinic)
• Mid-Level Recruitment and Retention- add 4
  • Increase number of Comprehensive Exams, Extend Clinic Hours
  • Providing CME, incentive
• Extend hours at Quick Care Clinics 8am-8pm
• Launch Workman’s Comp programs at Quick Care Locations
• Potential reopening of Laughlin Clinic
• Implementation of Telemedicine
### INTERNAL FACTORS

<table>
<thead>
<tr>
<th>STRENGTHS (+)</th>
<th>WEAKNESSES (-)</th>
</tr>
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<tbody>
<tr>
<td>• Level 1 Trauma &amp; Children’s Hospital</td>
<td>• No dedicated funding source</td>
</tr>
<tr>
<td>• Comprehensive service lines- “One and Only’s”</td>
<td>• Poor Payor Mix</td>
</tr>
<tr>
<td>• Academic based learning environment</td>
<td>• Lack of physician committed network</td>
</tr>
<tr>
<td>• 80+ year relationship with the community</td>
<td>• Lack of Medicare Admissions from PSA/SSA</td>
</tr>
<tr>
<td>• Only safety net mission in the state</td>
<td>• High volume of semi-private rooms</td>
</tr>
<tr>
<td>• Solid “Quickcare” presence</td>
<td>• Employee/ Patient Engagement</td>
</tr>
<tr>
<td>• Positive reputation with first responders and healthcare providers</td>
<td>• Underfunded operational budget/ plan</td>
</tr>
<tr>
<td>• Strong relationship with military, police, and fire</td>
<td>• Inconsistent culture of customer service delivery</td>
</tr>
<tr>
<td>• UMC governing board</td>
<td>• Below market wages (MGMT/Staff)</td>
</tr>
<tr>
<td>• No dedicated funding source</td>
<td>• No cost data</td>
</tr>
<tr>
<td>• Poor Payor Mix</td>
<td>• Difficult to staff for demands</td>
</tr>
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### EXTERNAL FACTORS

<table>
<thead>
<tr>
<th>OPPORTUNITIES (+)</th>
<th>THREATS (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expansion of Service lines- Sub acute services</td>
<td>• Designated Trauma Expansion</td>
</tr>
<tr>
<td>• Expansion of Quick and Primary Care</td>
<td>• Affiliation and expansion of competing hospitals</td>
</tr>
<tr>
<td>• UMC Event Medicine</td>
<td>• Possible reduction of current subsidy</td>
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<tr>
<td>• Telemedicine</td>
<td>• Possible repeal of ACA</td>
</tr>
<tr>
<td>• Contracts with payers/physicians</td>
<td>• County hospital brand</td>
</tr>
<tr>
<td>• Dedicated funding source</td>
<td>• Proliferation of teaching hospitals</td>
</tr>
<tr>
<td>• Increase Access to UMC network</td>
<td>• Expansion of outpatient clinical based competition</td>
</tr>
<tr>
<td>• Reputation with community</td>
<td>• New regulation</td>
</tr>
<tr>
<td>• Expand Community Provider Relationship</td>
<td>• Misuse of ED (Lack of mental health solutions/Dialysis)</td>
</tr>
<tr>
<td>• Philanthropy opportunities</td>
<td>• Throughput Issues</td>
</tr>
<tr>
<td>• Implementation of Electronic Medical Record</td>
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2018 Strategic Vision

**Vision**
- Enhance Market Presence

**Strategies**
- Community Growth Opportunities
- Operational & Clinical Excellence Strategies
- Foster Stronger Partnerships
- Develop UMC's Pathway of Care
- Capacity Management Improvements

**Objectives**
- Clinical Integration and Physician Alignment
- Enhance Practice Management & Increase Elective Admissions
- Broaden Referral Network
- Expand and Mature Service Lines to Better Serve our Community
- Increase Access Points
- Variance and Cost Reduction
- Optimize and Improve Revenue Cycle

**Initiatives**
- Maximize EPIC Capabilities to Develop Data and Metric Systems
- UNLV School of Medicine Affiliation
- Employment of MDs
- Partnership with Silver State ACO
- Identify Opportunity for Occupational Medicine and Urgent Care Expansion
- Implementation of Telemedicine and Peds Robotics
- Expand Event Medicine Program
- Capital Expense Projects
- Implement ED throughput Initiatives and Construction Expansion
- Expansion of UMC's Campus through Master Plan Initiatives
Overall Clark County Market Share Analysis

UMC Market Share

<table>
<thead>
<tr>
<th>Year</th>
<th>Market Share</th>
</tr>
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<tbody>
<tr>
<td>FY 13-14</td>
<td>13.0%</td>
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<tr>
<td>FY 14-15</td>
<td>11.1%</td>
</tr>
<tr>
<td>FY 15-16</td>
<td>10.5%</td>
</tr>
<tr>
<td>FY 16-17</td>
<td>10.1%</td>
</tr>
<tr>
<td>2017 Q3</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

Comparison of FY15-16 to FY16-17

- **Overall Service Area**
  - Admissions increased by 5% or 10,922 admissions
  - FY 16-17 Introduced the opening of Henderson Hospital

- **Internal**
  - 3rd in overall volume for market
  - Admissions increased by 67 admissions from FY15-16 to FY16-17

Market Share

- Sunrise Hospital and Medical Center: 15.4%
- Summerlin Hospital and Medical Center: 11.8%
- University Medical Center: 10.13%
- Mountain View Hospital: 10.0%
- Saint Rose Dominican Hospital - Siena Campus: 9.6%
- Spring Valley Hospital and Medical Center: 8.3%
- Centennial Hills Hospital and Medical Center: 7.4%
- Valley Hospital and Medical Center: 6.6%
- Desert Springs Hospital and Medical Center: 5.8%
- Southern Hills Hospital and Medical Center: 4.4%
- Saint Rose Dominican Hospital - San Martin Campus: 3.5%
- North Vista Hospital: 2.7%
- Henderson Hospital: 1.9%
- Henderson Hospital: 1.9%
**Finance and Operations**

Meet Fiscal Year budget income from operations.

- **Update:**

Ensure all Fiscal Year budgeted capital expenditures are completed or activated.

- **Update:**

Meet 75% of total identified initiatives in operations and financial efficiencies for Fiscal Year 2018.

- **Update:**
### Clinical Quality

- Improve publicly reported core measure scores from Fiscal Year 2017 average to include early elective deliveries, VTE discharge instruction, Influenza Immunization and Endoscopy/Polyp Surveillance.

  - **Update:**

- Improve patient satisfaction of HCAHPS top box scores for “Hospital rating” by 10%, over Fiscal Year 2017 average.

  - **Update:**

- Completion of Leapfrog survey with maintained grade of C and increase on overall score by 5%.

  - **Update:**

- Ensure constant state of regulatory readiness to include compliance with state licensure, TJC accreditation and CMS Conditions of participation.

  - **Update:**
### Human Resources

Develop key measures to incorporate into employee engagement survey to establish baseline employee feedback regarding the integration of UMC’s mission, vision, and values for incorporation into future goals.

- **Update:**

Develop framework necessary to introduce a revised employee performance evaluation system aligned with organizational goals and mission and transition to a fiscal year review to be implemented by September 2018.

- **Update:**

Identify fiscal 2018 weighted performance objectives to be cascaded to all leadership levels in the organization for measurable performance assessment and recognition.

- **Update:**

Establish a succession development strategy that identifies leadership competencies and provides skill assessment and development opportunities for management to create individual development plans.

- **Update:**
**Strategic Planning Committee**

Create new Annual Strategic Plan for UMC addressing short and long term goals including but not limited to addressing budget, staffing, operations, capital needs, and potential changes in reimbursement.

- Annual Plan designed, developed, and presented

Establish at least one network UMC can contract with as well as other external strategic relationships and partnerships that support the overall Hospital objectives.

- Alignment with Silver State Accountable Care Organization (ACO)
  - Member on board- Dr. Onyema
  - Silver State presenting at Primary Care meeting Feb. 20\(^{th}\), & will have ongoing meetings
  - Attending educational sessions and receiving Monthly newsletters

- Ambulatory Strategies
  - Processes of negotiating to launch Worker’s Comp Program
  - Extended hours of operation

- Continued Event Medicine Expansion Efforts
- Cath Lab project to go to Audit and Finance

Achieve a 10\% increase in market share of commercial and Medicare payers over July 1, 2017 to June 30, 2018

- QC/PC increase of 7\% in HMO / PPO from July-17 to December-17
- Hospital Admits increase of 2\% in HMO / PPO from July-17 to December-17

Signed and Board approved Master Affiliation agreement with UNLV.

- UMC Administration meets regularly with UNLV School of Medicine Dean, Vice Deans and other School representatives in a series of regularly-scheduled and ad-hoc meetings. In particular, we have a standing monthly meeting schedule of a UMC/UNLV SOM Leadership Committee, and a series of Sub-Committees including: Research, EPIC, Marketing, Finance and Business Strategies, as well as regular meetings to support development of Graduate Medical Education.