Governing Board

Strategic Planning Committee

September 24, 2015 3:00PM
ProVidence Suite (Formerly Conference Room I/J)
Trauma Building, 5th Floor
801 Rose Street, Las Vegas, NV
AGENDA

University Medical Center of Southern Nevada
UMC GOVERNING BOARD STRATEGIC PLANNING COMMITTEE
September 24, 2015, 3:00 p.m.
800 Rose Street, Las Vegas, Nevada
UMC Trauma Building, ProVidence Suite (Formerly Conference Room I/J) (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>Location</th>
<th>Address</th>
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<tbody>
<tr>
<td>University Medical Center</td>
<td>1800 W. Charleston Blvd.</td>
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<tr>
<td></td>
<td>Las Vegas, NV (Principal Office)</td>
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<tr>
<td>CC Government Center</td>
<td>500 S. Grand Central Pkwy.</td>
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<tr>
<td>Third Street Building</td>
<td>309 S. Third St.</td>
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<tr>
<td>Regional Justice Ctr</td>
<td>200 Lewis Ave., 1st Fl</td>
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<tr>
<td>Las Vegas, NV</td>
<td>Las Vegas, NV</td>
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<td>City of Las Vegas</td>
<td>City of Henderson</td>
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<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 June 15, 2015. (For possible action)

3. Approval of Agenda. (For possible action)

SECTION 2. BUSINESS ITEMS

4. Receive an update on the UNLV School of Medicine from Maureen Shafer, UNLV School of Medicine Chief of Staff. (For possible action)

5. Receive a report on the current market share data and initiatives to increase specific service line market share. (For possible action)

6. Receive an update from Dr. Hidenobu Shigemitsu on the SPOTS pulmonary clinic. (For possible action)

7. Receive an update on UMC Director’s Impact committee initiatives on Leadership, Patient Experience, Physicians, Employees, Marketing, Operations and Service Lines. (For possible action)

8. Receive an update on UMC’s new ICARE4U framework of desired behaviors during all patient and employee interactions. (For possible action)

9. Receive an update on UMC’s capital plans. (For possible action)

10. Receive an update on UMC’s beautification plans. (For possible action)

11. Discuss four possible areas of assessment goals to include productivity improvement, performance improvement and efficiency. (For possible action)

12. Receive an update on UMC’s proposed partnership with Tri-West and as a Department of Defense pilot site. (For possible action)

13. Receive the results of the Las Vegas Medical District Resident Survey and proposed organization chart. (For possible action)

14. Receive an update on the meeting between UMC Leadership and Project Neon discussing construction details and access and signage for UMC. (For possible action)

15. 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.
UMC Conference Room I/J
Trauma Building, 5th Floor
800 Rose Street
Las Vegas, Clark County, Nevada
Wednesday June 18, 2015
9:30 a.m.

The University Medical Center Governing Board Strategic Planning Committee met in Conference Room I/J, UMC Trauma Building, 5th Floor, Las Vegas, Clark County, Nevada, on Wednesday, June 18, 2015, at the hour of 9:30 a.m. The meeting was called to order at the hour of 9:36 by Chair John White and the following members were present, which did not constitute a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:  
John White, Chair
Donald Mackay, MD

Absent:  
Jeff Ellis (Excused)
Eileen Raney (Excused)
Michael Saltman (Excused)

Also Present:  
Mason VanHouweling, Chief Executive Officer
Danita Cohen, Executive Director, Strategic Development and Marketing
Cindy Dwyer, Board Secretary

SECTION 1. OPENING CEREMONIES

ITEM NO. 1  PUBLIC COMMENT

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

Speaker(s): None

ITEM NO. 2  Approval of minutes of the regular meeting of the UMC Governing Board Strategic Planning Committee meeting on April 15, 2015. (For possible action)

Item tabled due to lack of quorum.

FINAL ACTION: None taken.
ITEM NO. 3  Approval of Agenda *(For possible action)*

No action, though no changes to published agenda.

**FINAL ACTION:** None taken.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4  Receive an update on the Las Vegas Medical District development; and direct staff accordingly. *(For possible action)*

**DISCUSSION:**

Billy Johnson, Director of Philanthropy, who represents UMC at the Las Vegas Medical District meetings, provided an update for the Committee on the planning of the Medical District. They are beginning discussions about the structure of the District management, and Mr. Johnson noted that UMC should be thinking about what kind of influence it would have on that structure.

They're getting into more detail of the physicality of what the overall District would like. Mr. Johnson has identified the following potential opportunities/benefits for UMC:

- **Parking** - Parking could positively impact the patient experience and employee recruitment/retention

- **Improved public perception** – UMC could capitalize on aesthetics that invite people in, i.e., beautification, curb appeal, public safety, access (roads, mass transit, adjacent features) and adjacent features (retail/residential, destination based) to increase the number of patients choosing to come to UMC for their care.

- **Employee recruitment/retention** – UMC could also benefit from attractors to improve recruitment/retention including, design and placement of green spaces, mass transit access, destination neighborhood, pedestrian features (public art)

- **Technological infrastructure** – There is discussion about laying conduit and to accommodate fiber optics. UMC needs to engage experts to see how we can benefit as well.

- **The Committee gave staff direction to form an internal Committee to coordinate with the District Planning.** Mr. Johnson suggested that the two priorities for the Committee should be the involvement and benefits of UMC regarding the District management Structure, and the anticipation and planning necessary to plan for the disruptions of Project Neon and then the eventual breaking ground of the development of the District.

There was a discussion about the anticipated technical infrastructure and the need to strategize about how UMC can benefit.
The Committee suggested that the staff be in direct communication with the Department of Transportation about the Project Neon development, with the main goal of ensuring access and signage to hospital during construction.

**FINAL ACTION:** No action taken.

**ITEM NO. 5** Discuss future plans for the UMC campus, including beautification and the Facilities Master Plan; and direct staff accordingly. *(For possible action)*

**DOCUMENT SUBMITTED:**
- University Medical Center Facility Master Plan, March 2012
- DGA UMC Project Proposal

**DISCUSSION:** CEO VanHouweling reported on the need for some short-term beautification around the facility, as well as some Facilities Master Planning, in concert with the Las Vegas Medical District and the Smith Group.

Mr. VanHouweling will bring this item back to the next meeting, when there is a quorum, to officially request the Committee’s support.

**FINAL ACTION:** No action taken.

**ITEM NO. 6** Receive an update on the Hospital Strategic Plan service lines; and direct staff accordingly. *(For possible action)*

**DOCUMENT SUBMITTED:**
- UMC Strategic Plan 2015 (excerpt)

**DISCUSSION:**

CEO VanHouweling gave an update on the progress staff has made with the strategic initiative to seek a 10% increase in market share for the five key service lines - Surgery, Cardiology, Pulmonology, Emergency Department and the Children’s Hospital. The Committee reviewed the steps taken to develop these business lines, including the addition of state-of-the-art equipment and implementation of new approaches, with a goal to increase volume and efficiencies in these areas. Significant progress has been made and is on target for all five areas.

Chair White requested that this information be shared with the Board at their June meeting.

**FINAL ACTION:** No action taken.

**ITEM NO. 7** Review hospital capital acquisitions to ensure alignment with Hospital Strategic Plan service lines; and direct staff accordingly. *(For possible action)*

**DOCUMENT(S) SUBMITTED:**
- Fiscal Year 2015-16 Capital Requests (Service Lines)
DISCUSSION:  Andrew Chung, Associate Administrator, highlighted the FY 2016 capital requests related to the development of the five service in the Strategic Plan.

FINAL ACTION:  No action taken

ITEM NO. 8  Receive a report on the current state and future plans for the Ambulatory Care Division; and direct staff accordingly.  (For possible action)

DOCUMENT(S) SUBMITTED:  UMC – 2014 ED:
     - FY 16 Primary/Urgent Care Strategic Plan, 6/18/15

DISCUSSION:  Andrew Chung, Associate Administrator, provided a high level overview of the current financial performance and opportunities for UMC’s Primary and Urgent Care Centers.  Urgent Care volume has increased, managed care rates have been renegotiated, and margins are significantly improving.  With a goal to increase UMC’s market share, staff is working to identify and promote services in additional market areas and modernize existing facilities.

FINAL ACTION:  No action taken

ITEM NO. 9  Receive an update of Senate Bill 33; and direct staff accordingly.  (For possible action)

DOCUMENT SUBMITTED:  Senate Bill No. 33 – Committee on Health and Human Services

DISCUSSION:  The Committee received an update of Senate Bill 33, which will be very helpful, but will not allow the kinds of strategic planning discussions the original bill draft intended.  The new law will allow the Governing Board and its Committees to meet in closed session to discuss the provision of a new service or material changes to existing service, as well as acquiring an additional facility or materially expanding the existing facility.  There can be no deliberations or action taken at the closed session; such discussions/actions must be appropriately noticed for a public meeting.

FINAL ACTION:  No action taken

ITEM NO. 10  Receive a report and market share information on demographics of the Las Vegas valley; and direct staff accordingly.  (For possible action)

DOCUMENT SUBMITTED:  UMC – 2014 Demographic Snapshot for Clark County, NV; ESRI Demographic Snapshot

DISCUSSION:  Danita Cohen, Executive Director of Strategic Development and Marketing, provided a snapshot of UMC’s demographics for 2014 and projected demographics for 2019 to be utilized in future marketing strategies.  Of particular note:
- The fastest growing age group is 70+. It's important to continue to market and re-invigorate the Senior Celebrations and our outreach to that age group.

- The female child bearing population is going to increase, making it important to market maternal child services and the Children's Hospital.

- The Hispanic population is the largest and fastest growing ethnic group. It is important to target this group in marketing and outreach. It is also important to be sure that staff is aware of cultural needs and communicating effectively with the patients and their families.

**FINAL ACTION:** No action taken

**ITEM NO. 11** Identify emerging issues to be addressed by staff or by the Strategic Planning Committee at future meetings, and direct staff accordingly. *(For possible action)*

No emerging issues.

**COMMENTS BY THE GENERAL PUBLIC:**

At this time, Chair White 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 11:21 a.m. Chairman White adjourned the meeting.

**APPROVED: _________________________________**
Shadow Lane – After Improvements
PROPOSED IMPROVEMENTS

- Widened 10 foot sidewalk with unobstructed walkways
- Decorative dual-arm streetlights
- Distinctive, iconic bus shelters
- Shade trees
- Gateway elements
- Enhanced pedestrian crossings
- Replace existing driveways with ADA compliant driveways
- Investigating costs to underground overhead utilities
MEDICAL DISTRICT STANDARDS
ROADWAY SECTION

Typical Shadow Lane 60’ R-O-W (Type A Streetscape as shown on Map 2)
EXISTING CONDITION
PLAN VIEW
SCHEDULE

• Horrocks Engineers Inc., Began Design February 2, 2015
• Survey, Conceptual Design and Stakeholder Input (to 15% Design) – Now
• Final Plans – March, 2016
• Construction Begins – Summer 2016
  Complete Spring 2017
ADVANTAGES

• Cohesive, core to the Medical District
• Safer access for all modes (pedestrians, bicycles, vehicles and transit)
• Attractive, walkable corridor
women's health issues.

$8M total split evenly between UMSOM and UMC to fund

- $4M Attorney General Pfizer Settlement Funds

- Available if UMC achieves budgeted financial targets

- $10M Capital / Operational Budget Reserve

- $15M Capital Expense

FY 16 Capital Budgeting Update
$50M for EHR Replacement

Committee will convene Nov 2015. Will provide recommendation via 9 voting members and support function representatives.

$50M for Capital Committee Prioritization

- (Re) Producing Strategic Plan Service Lines = $700K
- (Qualify, Patient Safety, End of Life) = $3.1M
- ER and Ortho Clinic Renovation = $1.2M

$5M for Priority Equipment and Renovation

$15M Capital Expense:
$2.1M for Prioritization by Nurse/Physician Committee
Equipment (Portable Ultrasound, Monitors)
OB Gyn OR Tables and Beds
L&D NICU Post-Partum Renovations

$1.9M Initial Prioritization

$4M Attorney General Pfizer Settlement:
$4M Master Planning Initial Project Reserve

$1M Facilities Master Plan
$5M EHR Reserve

$10M Capital / Operational Budget Reserve