University Medical Center of Southern Nevada
Governing Board
August 19, 2015

UMC Emerald Room
901 Rancho Lane, Suite 180
Las Vegas, Clark County, Nevada
Wednesday, August 19, 2015
2:00 p.m.

The University Medical Center Governing Board met in regular session, at the regular place of meeting in the Emerald Room, 901 Rancho Lane, Suite 180, Las Vegas, Clark County, Nevada, on Wednesday, August 19, 2015, at the hour of 2:00 p.m. The meeting was called to order at the hour of 2:02 p.m. by Chair John O'Reilly and the following members were present, which constituted a quorum of the members thereof:

CALL TO ORDER

Board Members:

Present:
John O'Reilly, Chair
Jeff Ellis
Renee Franklin
Laura Lopez-Hobbs
Donald Mackay, M.D.
John White
Harry Hagerty
Michael Saltman [via teleconference]

Absent:
Eileen Raney, Vice Chair (Excused)

Ex-Officio Members:

Present:
Mason VanHouweling, Chief Executive Officer
Thomas Schwenk, M.D., Dean, University of Nevada School of Medicine
Barbara Atkinson, M.D, Planning Dean, UNLV School of Medicine

Absent:
Dale Carrison, D.O., Chief of Staff

Also Present:
Susan Pitz, Legal Counsel
Raquel Johnson, Executive Assistant to the CEO

SECTION 1. OPENING CEREMONIES

ITEM NO. 1 PUBLIC COMMENT

Chair O'Reilly asked if there were any persons present in the audience wishing to be heard on any item set forth on this agenda.

Speaker(s): None

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board on June 24, 2015. *(Available at* University *Medical Center, Administrative Office) (For possible action)*

FINAL ACTION: A motion was made by Renee Franklin that the minutes be approved as recommended. Motion carried by unanimous vote.

ITEM NO. 3 Approval of Agenda *(For possible action)*

DISCUSSION: Counsel Susan Pitz requested a change to Agenda Item No. 17. It was clarified that the item in question is Item No. 16 on the official agenda, not the agenda distributed at the meeting. Chair O'Reilly opted to review the change to the item separately from Consent Items for clarification.

FINAL ACTION: A motion was made by Laura Lopez-Hobbs that the agenda be approved with the above-mentioned change. Motion carried by unanimous vote.

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Receive an update from the Hospital CEO; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**
- Book Signing Flyer - From Tragedy to Testimony
- UNLV School of Medicine - Save the Date - September 21, 2015

DISCUSSION: CEO VanHouweling provided the following operational updates:

- Distributed a Calendar of Events from August to December 2015, where UMC is involved or leading the event, affording opportunities to attend or be involved.
- Provided the most recent copy of DAVID Magazine, August 2015, highlighting one of the top surgeons in the city. The magazine is mailed to households and sold on newsstands. The article, A Surgeon and His Robot, Cutting-Edge Technology in UMC's O.R., features Dr. Shawn Tsuda and the robot at UMC.
- UMC was featured in an Las Vegas Review story by Steve Moore, titled "GPS For The Body?" The articles highlights three hospitals in the area. UMC is featured first, showcasing the hospital's superDimension Electromagnetic Navigation Bronchoscopy system, technology UMC has recently implemented.
- Letters from patients, from a cross-section of areas throughout the hospital, who expressed their gratitude were distributed, including how UMC helps those face the loss of a loved one.

- CEO VanHouweling read a portion of a Hero Outcome Memorandum dated 7/30/15 from the Nevada Donor Network, regarding a 70 year-old female who ended up in our Trauma department. This one patient helped six other individuals. VanHouweling complimented the Trauma and Transplant department teams for their efforts.
- Members were invited to the Green Valley Ranch Hotel, where two UMC physicians, Dr. Devon Moore and Dr. Ross Berkeley will be honored at the Healthcareheroes2015 event. Also, Dr. Paul Bandt will be honored. UMC has a table there to recognize these special doctors.
- The Trauma lobby project has started, thanks to Harry Hagerty and the Foundation team. Their leadership funded the project. The area will provide special consultation area for family members.
- With our continuing partnership with UNLV, on Monday, we will commence our externship with the UNLV Law department. We will have a second year law student working with Susan Pitz on legal projects. Ultimately, we hope to grow to two students per semester.
- UMC Wellness Center, the State's largest provider for HIV/Aids care, will be receiving the Cornerstone Award from the Community Counseling Center of Southern Nevada at their 5th Annual Gala held at the Las Vegas Springs Preserve. They are honoring UMC for our commitment and advocacy for the communities' vulnerable patients.
- UMC is currently participating in a CLER visit, a Clinical Learning Environment Review, with the University of Nevada, School of Medicine, coordinated by Dr. Bar-On. CLER is reviewing the residency program and collaboration between the School and the institution, which is UMC. The ACGME process reviews six areas: patient safety, quality improvement, transitions of care, supervision, duties and hours of fatigue management, and professionalism. Once the survey is completed, the CEO will report the findings back to the Board.

FINAL ACTION: No action taken.

ITEM NO. 9 Receive an update on the University of Nevada School of Medicine; and direct staff accordingly. *(For possible action)*

DISCUSSION: Dean Schwenk provided the following updates:

- Dean Schwenk complimented UMC and team for their preparations for the ACGME review process opening session, getting the review off to a great start.
- Commented on the budget process, carrying over into the current fiscal year, and moving more productively. Met last week with UNSOM and UMC leaders to get on track with the process, people involved, how to deal with existing programs, accounting for school contributions to UMC, and UMC funding for those contributions, dealing with new added programs, faculty members who leave and arrive, the size of the residency, and a number of other issues.
- Overviewed the discussions on the Orthopedic Residency program. Dr. Atkinson will add her update on the transition of the new residency program.

Structure and process was discussed regarding the contributions and funding plan.

- Dean Schwenk expressed the extraordinary loss of Dr. William Zamboni, who recently passed away. UNSOM, UMC, the community, and his patients are all affected. UNSOM is trying to compensate the extreme sadness with the interim appointment of Dr. John Fildes, while exploring future leadership with Dr. Fildes. Chair O'Reilly invited everyone for an observance of a moment of silence to recall all the contributions that Dr. Zamboni made to the community.
- Chair O'Reilly inquired on the recent meeting between UNSOM and UMC, asking for a description of how the budget process will go forward with the transition to UNLV. Dean Schwenk clarified the discussions were for Fiscal Year 2015/16, which involves faculty contracts for clinical services, budgets for residents, and faculty/teaching of residences. It is premature to involve UNLV in those discussions. In the FY16/17 year, it would be a different situation, exploring the details for how that transition would occur for residence accreditation by July 2017 and other teaching transitions, including faculty practice plan and faculty clinical services. O'Reilly suggested to the CEO to consider the benefit of including Dean Atkinson in terms of the transition process to have UNLV present in future discussions to avoid 'starting over.'
- Chair O'Reilly thanked and congratulated UNSOM for the support of the orthopedic residency; it is important to everyone and was glad it is moving forward at good pace.
- Dean Schwenk, at the request of the Chair, reported on the status of Mountain View's Residency Programs and the extent to which UNSOM is involved.

ITEM NO. 5 Receive a report from the Audit and Finance Committee; and take any action deemed appropriate. *(For possible action)*

DISCUSSION: Committee Chair Member Donald Mackay provided an overview of the July 8, 2015 and August 12, 2015 meetings of the Audit and Finance Committee.

In review of the July 8, 2015 meeting:

- Several contracts were approved and recommended for approval by the Governing Board, which appear on the Governing Board agenda as consent items today, including:
    - There was an extension letter for the newborn hearing screening program between the Pokroy Medical Group of Nevada d/b/a Pediatrix Medical Group of Nevada and UMC. The provision is extended through July 31, 2016. The newborn testing requirement is mandated by the State.

- There was discussion regarding the Two Midnight Rule, pertaining to Medicare patients and the criteria for admission.

- Rose Coker had provided an update report on a variety of Managed Care Contracts.
- The financial status of the Primary and Quick Care centers were discussed.
- The profitability of the Robotic Surgery Service line was discussed. There were 82 cases from December 2014 to March 2015, 42 inpatient and 40 outpatient.
- A schedule of activities was prepared for the Audit and Finance Committee, prepared by Member Robin Casperson, Vice-Chair Eileen Raney, and CFO Stephanie Merrill. The schedule is series of goals for the Audit and Finance Committee.
- A monthly update was received on the replacement of the McKesson Horizon System.

In review of the August 12, 2015 meeting:

- As in the prior month, there were business items that now appear sequentially as consent items for the current Governing Board agenda.
- Legal Counsel Susan Pitz clarified that the agenda distributed to the public at the meeting has different numbering than the posted agenda. The posted agenda is the correct agenda. Therefore, to the public, Item No. 13 is actually Item No. 12 on the posted agenda and what Board Members are viewing, etc.
- The dental care services listed is for HIV patients, covered by the Ryan White Grant and results in no cost to UMC.
- Regarding the new lease of the 1524 Pinto Lane medical office, the agreement would allow for 15,108 additional square feet of office space; totaling 19,297 sq. ft, resulting in a revenue to UMC of $1.3 million.
- Regarding the agreement for Nephrology Services with Berstein, Pokroy, et al., covering the transplant patients. There was an accommodation of partners between two competing groups that are now one group.
- Regarding the Prosthetic Centers of Excellence, Member Mackay reminded everyone that there are only two local providers. The anticipated cost is $450,000 which is used for purchase of braces for Medicaid patients.
- Member Mackay went on to highlight the agreement between Primaris Holdings.
- Member Mackay noted there is a problem with the outpatient software ability to bill patients and track patients that will need to be addressed very soon. Andrew Chung will presented an initial report on the ambulatory electronic health record vendor review and selection. A full report with additional information will be presented at the next Audit and Finance Committee meeting.

FINAL ACTION: No action taken.

ITEM NO. 6 Receive the monthly financial report for June 2015 (unaudited); and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED**:**

- June 2015 (Unaudited) Financials
- Fiscal Year End 2015 Financial Analysis

DISCUSSION: Stephanie Merrill, Chief Financial Officer, reviewed the financials for June 2015, with the following highlights:

- For the month of June, Net Revenue was $8.2M ahead of budget for a total of $523M for the full fiscal year.
- Total Operating Expenses were $1.4M less than budget.
- Net Operating Deficit was better than budget by $9.7M, a $3.3M gain.
- Key Operational Expenses
    - Salaries and Benefits were $600,000 over budget. Overtime was at $4.7%, and Productivity was 106.
    - Supplies were $1.4M better than budget.
    - Purchase Services was $500,000 better than budget.
- Net Patient Revenue came in, for the fourth month in a row, above last year and the budget.
    - Total operating costs continue to fall under both the prior fiscal year and the budget.
    - Salaries and benefits remain under budget for the fiscal year. FTE's are up 16 from the previous month but down 220 from the prior fiscal year to date.
    - Supplies continue to fall under the prior fiscal year and under budget.
    - Purchase Services fall below both budget and the prior year and Professional Fees fell below both budget and prior year. Professional Fees are affected by accruals done in the month of June.
- Average Daily Census for the past few months have been steady.
- Adjusted Patient Days is closer to what it was last year and in the budget.
- ED Volume bumped up ahead of last year and for the first time this fiscal year.
- Outpatient visits continues its trend of running ahead of last year and the budget.
- Inpatient and Outpatient combined surgery continues to notch upwards in June. Endoscopy is up in June over prior year and Robotics is steady for a couple of months.

CFO Merrill presented The Financial Analysis for Fiscal Year End 2015 with the following highlights:

- Comparing FY15 budget against FY15 actual was interesting. Throughout the year, there was discussion of the additional UPL and the closed clinics. Therefore, the information was presented two ways:
    - First presentation includes everything with all the additional UPL and the clinics and the second version will take those out.
    - Comparing to the budget, our Net Operating loss is $31.5M, compared to the Budget of $85M, increasing the positive variance of 63%, mostly due to operating revenues.
    - Revenue compared to budget was $3M or less than 1% off of what was anticipated.
    - Salaries and Benefits was $3M over budget or 1%.

- Total Non-Salary Expenses came in $8M under budget by 3.8%.
- Net Operating Loss, without UPL or closed clinics, $76.4M, compared to $78.4M, representing a 2.6% improvement.
- The Payor Mix, going back a few years, the slide shows improvements in Medicare and Commercial, HMO, PPO as a percentage of our business.
- Adjusted Patient Days statistics, with the additional UPL and the expense of the closed clinics, show the net revenue per adjusted patient days has climbed to 2776 from 2461 the prior year.
- Expenses per APD were slightly lower than last year at 2943, leaving a deficit of $167 per Adjusted Patient Day.
- Professional fees remain flat, supplies are down over all four years.
- Purchase services climbed a little to $385 per adjusted patient day.
- Expenses show a slight improvement over last year, making the net operating deficit give out $406 APD opposed to $506 from last year.

Member Harry Hagerty inquired on the County Commission's reaction to the headline numbers moving in the right direction. He wondered if UMC is receiving recognition. Communication with the Clark County Comptroller is primarily centered on cash basis discussions rather than income statement basis. When the audited financial statements are finalized, it will be more announced. However, Clark County is aware of the additional UPL and what that has done for UMC and therefore were able to reduce their subsidy in FY16. Member Hagerty asks to keep the public relations aspect and perception in mind. The CEO and Marketing department have a plan to present the message once audited financials are complete.

FINAL ACTION: No action taken.

ITEM NO. 7 Receive a report from the Human Resources and Executive Compensation Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION: Member Lopez-Hobbs reported on the July 27, 2015 Human Resources Committee meeting, highlighting the following:

- The Human Resources committee provided updates on the following:
  - UMC student programs that work with nursing students in order to mentor them into UMC positions;
  - Mentorship programs of current nurses and transitioning nursing staff into nursing managers;
  - Management compiled a turnover, longevity, and compensation study on the nursing population for review, with emphasis 'how' and what UMC targets in the recruitment process and how to potentially adjust that to meet UMC's long term strategic needs for keeping the nursing staff and not losing them to competition.

- Turnover is at 13% overall. While turnover is in line with industry standard, they asked management to identify turnover by department and identify potential issues at the next level.
- Compensation and benefit statements were discussed.
- The committee is passionate about communicating the total compensation and benefit package to the hospital's employees. Management will keep the committee informed as the communication program is developed, including the employees so they know the cost of the benefits, along with the total dollar published, so they understand it is not just their amount, but their amount multiplied by the number of employees, with the overall amount that is in the millions of dollars.

- Management did a review of the Human Resources accomplishments to date. A few areas were highlighted:
  - Created a stoplight dashboard for members of the management team.
  - With regard to talent acquisition and retention, they hired Brenna Leising last year. She has propped up the recruitment process with online and social media, and has been able to recruit in a very efficient, effective, and creative way, with low cost.
  - In terms of personnel services, they established an annual wellness fair, initiated a tobacco free facility, and implemented a 24/7 nurse call program for injured workers as part of the workers compensation program.
  - The Board approved a revised the HR policy and procedures manual and the Equal Opportunity Affirmative Action Plan, as well. Training of employees and setting up new processes followed the approval and was accomplished.
  - In terms of training, they have conducted soft skill management training to help their supervisors be better managers. They also centralized their clinical education and training for the nursing staff, including nursing orientation.
  - UMC has a robust Employee Assistance Program, handled by one employee that reports to the CHRO. He has implemented a new lunch and learn program with nine workshops of which 141 employees participated.

- Overall, Human Resources had a busy year and so much was accomplished. The committee looks forward to future endeavors.

FINAL ACTION: None taken.

ITEM NO. 8 Receive a report from the Clinical Quality and Professional Affairs Committee; and direct staff accordingly. *(For possible action)*

DISCUSSION: Member Franklin reported on the August 18, 2015 Clinical Quality and Professional Affairs Committee meeting. She commended the UMC administration and staff for the support as we have gone through the process in

the last year and a half of bringing the Board up to speed and helping members understand clinical quality issues.

Member Franklin reported on the following:

- There is a standing agenda item to receive an update on patient satisfaction scores, utilizing the HCHAP system. The results of the survey is reported to CMS. The vendor was changed to get better data and save money in the process. Departments are starting to be able to view the program. We will have seamless transition with CMS, as patient satisfaction is an area we are evaluated on. The reports will be easier to navigate and we will be able to drill down more deeply into the data.
- Within the focus areas in the HCHAP survey, we want to focus on improved doctor and nurse communications with patients.
- There are currently white boards in the rooms and a team effort was established to distinguish what needs to be communicated on the boards. The boards will be bilingual, in English and Spanish. The boards are a prompt, not just for better standardized communication, but to have two-way communication between the patient and the nurse, the patient and the doctor, as well as other family members or concerned people that are there. If a patient or family member has a question, they can write question on the board so they remember what to ask when the physician comes by. This will help ensure questions are answered.
- Related to HCHAPs, there has been a lot more effort to disseminate information to departments to share how they are doing and to share best practices across the departments.
- One of the goals is to infuse the voice of physician in meetings. Related to patient experience and satisfaction, speaking to patients in the language they understand to discuss their condition and treatment. The most positive outcome is that conversations are taking place between patient experience department, medical staff, and various physicians in the organization.
- On the calendar distributed by the CEO, there is a physician orientation. This was not a current practice and now there is an effort to bring new physicians to orient them to UMC and our quality initiatives. This initiative is commended.
- In the Emergency Department, the physicians look at physician patient satisfaction scores and they talk about them as group. Everyone can see what everyone else scores are, creating a healthy competition. They also do the same review with residents, getting feedback to them earlier, developing them into the doctors they want to be and building good behaviors up front.
- Regarding Quality Metrics, we have challenges related to how we code information on charts and how coding impacts with CMS or CDC. The key factor is the information that is reported to CMS and coding directly impacts this. The process improvement focuses on the quality of coding and does two things:

  1) Improves the information that is given to CMS to ensure it is the most accurate; and

  2) Allows us to have a much better focus on the areas where we need to continue process improvements.

- As Dr. Mackay reported, proper coding is essential to proper reimbursement rates. We have been providing higher level care and complexity at times where we may not have been able in the past to capitalize reimbursement.
- A report was received regarding the consumer reports survey. The survey focused on infections, infection rates, re-admissions, as well as adverse events, and mortality. The data lags, showing older information provided to CMS from 2013 and 2014 and some aspects have even older data.
- UMC has process improvement efforts ongoing for catheter procedures, pre-surgical bathing, discharge instructions, etc. The team is very focused on improving quality.

Member Mackay commented that Dr. Carrison was very complimentary to administration for their willingness to listen and get things done. In prior years, administration was not approachable and the mood was darker between administration and physicians. It is encouraging to hear that the doctors are positive with changes made by administration.

FINAL ACTION: None taken.

ITEM NO. 10 Receive an update on the University of Nevada Las Vegas School of Medicine; and direct staff accordingly. *(For possible action)*

DISCUSSION: Dean Atkinson provided the following updates:

- Regarding the transition planning, there is an agreement between the UNLV SOM and UNSOM, that as of July 1, 2017, everything transfers over to the UNLVSOM from UNSOM from Reno. UNSOM will be transferring their students back to Reno; they will keep their academic affiliation with Mountain View. Everything else is transferring. The next two years will be very busy. It is the same year UNLV SOM will be starting their first class. The faculty will be starting on July 1st. There will be secondary appointments for both schools, starting December this year with some having two appointments for both places. A few faculty will be shared across the whole spectrum. The facilities will transfer and the residency program will transfer. Dean Schwenk suggested that UNLV hire Dr. Miriam Bar-On as UNLV's designated institutional official so she can manage the transfer. She has agreed. She already organized and discussed with the organization that does the institutional accreditations for UNLV to be able to sponsor residencies for the April meeting. The accreditation document will be ready in March.
- With the prepared documents, they agreed that they would transfer the residency programs in one swoop, instead of individual programs, as it is the same hospitals, faculty, patients, and residents. The programs will still be UNSOM programs until 2017; UNLVSOM will be able to recruit residents next year to be UNLV residents when they start, a big advantage.
- Dean Atkinson recognized an Orthopedic residency gift of $2M from Dr. Anthony Marlon, helping the orthopedic program move to UNLVSOM quickly, by January 1st. The faculty members will move. There is an agreement that by January 1st, renovations will start. Recruiting new faculty recruitment will begin in July 1, 2016.

- Regarding the transition planning, a combined presentation by Dean Schwenk and Dean Atkinson will be delivered at the September 11th Board of Regents meeting. Each developed a list of transition planning steps. Many steps overlap.
- They are working on interim space. They need space for faculty. UNLV will lease the 2040 Charleston building space that UNSOM moved out of.
- UNLV SOM needs donations of $100M. Moving toward that, they hired an architect to plan the building and that will help with the donor piece to have the building specifically outlined.
- A firm has been hired to manage the architecture for the project and a national architect to work with them. The combination of local and national firms is a good one.
- They are finalizing the MOU with the County to use the land at the old health district hospital near UMC.
- Consultants have been hired to help with variety of big issues related to plans, reviewing accreditation documents and helping with a practice plan with better incentives to help physicians general more revenue for the school and their own salaries. They anticipate accepting a class in 2016, recruiting students in October for the first class. They will look at practice sites, how clinical practices are set up for a specialty practice and primary care practices. Specialty practices will be important as they will have students in outpatient setting one entire year, rather than inpatient clerkships the way the standard medical schools are doing it. Inpatient experience will be in the fourth year. Specialty practices will be Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Psychiatry, and Surgery. Referrals will be to their own specialists from those practices. They are looking at IT systems needed for admissions, curriculum, and managing practices.
- Chair O'Reilly asked for a reminder regarding tuition. The first class tuition is fully paid for the whole four years. For the second, third, and fourth class, they have 25 full four year scholarships. The average student debt for medical students is $200K. They may be able to choose specialties that weren't as popular because they don't generate as much income for the resident. Member Hagerty inquired on whether they will be required to come back to Nevada. The first class will not, as they will not start with a school that is fully accredited. They will be imbedded in the community, but the first class is not required to pay back. There will be further discussion after that class.
- Chair O'Reilly inquired on who bears the burden of the new eight year lease for the building down the street where UNSOM is involved. O'Reilly offered his assistance to UNLVSOM with respect to the lease.

FINAL ACTION: None taken.

ITEM NO. 11 Approve the settlement agreement in the matter of Bryant Konesavanh, and authorize the Chief Executive Officer to execute the necessary settlement documents. *(For possible action)*

DOCUMENT SUBMITTED:
- Settlement agreement in the matter of Bryant Konesavanh.

DISCUSSION:

- Shaunda Phillips, Director Risk Management, summarized the terms of the settlement related to alleged damages resulting from an IV infiltration with second degree burns, treated on an outpatient basis.

FINAL ACTION: A motion was made by Harry Hagerty to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 16 Approve Amendment Four to Agreement for Services between Prosthetic Center of Excellence and University Medical Center of Southern Nevada; and authorize the Chief Executive Officer to sign the amendment. (For possible action)

DOCUMENT SUBMITTED:

- Amendment Four to Agreement between Prosthetic Center of Excellence and UMC

DISCUSSION:

- A reminder that the agenda item in reference is number 16 or item number 17 on the distributed agenda at the meeting.
- The change to the language is removing the month to month after six months. It originally went to the Audit and Finance Committee, asking for one year. It was preferred that it would be reduced to six months.

FINAL ACTION: A motion was made by John White to approve as amended and recommended. Motion carried by unanimous vote.

SECTION 3: CONSENT ITEMS

All matters of this section were considered to be routine and were acted upon in one motion, unless requested to be taken separately. For all items left on the Consent Agenda, the action taken was staff's recommendation as indicated on the item.)

ITEM NO. 12 Approve Amendment Two to Clinical Affiliation Agreement between The Board of Regents of the Nevada System of Higher Education (NSHE), on behalf of the University of Nevada, Las Vegas and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:

- Amendment Number Two to Clinical Affiliation Agreement between NSHE, UNLV, and UNSOM and UMC

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 13 Approve Amendment I to the Provider Agreement between Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the College of Southern Nevada (CSN) and University Medical Center of Southern Nevada for dental care services; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment I between the Board of Regents NSHE, CSN, and UMC

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 14 Review and recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees the Interlocal Medical Office Lease for 1524 Pinto Lane between the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of University of Nevada School of Medicine (UNSOM) and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Interlocal Medical Office Lease
- Exhibits A-F

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 15 Ratify Amendment Two to Agreement for Physician Medical Directorship and Physician Professional Services for Nephrology Services between Bernstein, Pokroy & Lehrner, Ltd. d/b/a Kidney Specialists of Southern Nevada and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment Two to Agreement between Kidney Specialists of Southern Nevada and UMC

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 17 Approve the Provider Agreement between Dr. Aruni Tawney and University Medical Center of Southern Nevada for psychiatry services; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Agreement between Dr. Tawney and UMC
- Disclosure of Ownership/Principals

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 18. Approve Amendment One to Quality Measures Abstraction Agreement between Primaris Holdings, Inc. and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Amendment One to the Agreement between Primaris Holdings, Inc. and UMC
- Disclosure of Ownership/Principals

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 19 Ratify Nutanix Hardware purchase with cStor; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Quotation by cStor
- Disclosure of Ownership/Principals

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 20 Approve the Location Release Agreement between Cineflix (Vegas 911) Inc. and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Location Release Agreement between Cineflix Inc. and UMC
- Confidentiality Agreement
- Disclosure of Ownership/Principals
- Disclosure of Relationship

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 21 Approve the Amendment I to the Lease Agreement for multiple UMC business units with AHP of Nevada, Inc.; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- First Amendment to Lease Agreement between AHP of Nevada and UMC
- Disclosure of Ownership/Principals
- Disclosure of Relationship

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 22 Approve the Single Site Agreement for Harmonic and Enseal products between Ethicon US, LLC and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Single Site Agreement between Ethicon and UMC

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 23 Approve the Agreement between McKesson Technologies, Inc. and University Medical Center of Southern Nevada for Staff Augmentation Services for support of all HL7 Interfaces and take action as deemed appropriate. *(For possible action)*

DOCUMENTS SUBMITTED:
- Order Form from McKesson
- Disclosure of Ownership/Principals
- Disclosure of Relationship

FINAL ACTION: A motion was made by Renee Franklin to approve as recommended. Motion carried by unanimous vote.

SECTION 4: EMERGING ISSUES

ITEM NO. 24 Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

Member Hagerty noticed in recent travels that free standing hospitals that he used to know are now part of regionally combined hospital systems. He wondered if the nationwide consolidation trend is something UMC may or may not be able to take advantage of because of UMC's unique situation. Member Hagerty asked in the Audit and Finance Committee for administration to address the acquisition of practice plans by other hospitals and the effects, to review the merger and acquisition trend; the report is pending.

Dean Atkinson suggested UMC discuss the topic with their consultants. She will ask if they will share their findings with UMC. CEO VanHouweling will be meeting with them, as well.

COMMENTS BY THE GENERAL PUBLIC:

At this time, Chair O'Reilly 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 3:30 p.m., Chairman O'Reilly adjourned the meeting.

Prepared by: Raquel Johnson

APPROVED: September 23, 2015