GOVERNING BOARD

February 24, 2016 1:00 PM
Emerald Conference Room
Delta Point, 1st Floor
901 Rancho Lane, Las Vegas, NV
Notice is hereby given that a meeting of the UMC Governing Board has been called and will be held on Wednesday, February 24, 2016, commencing at 1:00 p.m. at the Delta Point Building, Emerald Conference Room (1st Floor), 901 Rancho Lane, Las Vegas, Nevada to consider the following:

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

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>University Medical Center</td>
</tr>
<tr>
<td>1800 W. Charleston Blvd.</td>
</tr>
<tr>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>(Principal Office)</td>
</tr>
<tr>
<td>City of Las Vegas</td>
</tr>
<tr>
<td>400 Stewart Ave.</td>
</tr>
<tr>
<td>Las Vegas, NV</td>
</tr>
</tbody>
</table>

The main agenda is available on University Medical Center of Southern Nevada’s website [http://www.umcsn.com](http://www.umcsn.com). For copies of agenda items and supporting back-up materials, please contact Terra Lovelin, Agenda Coordinator, at (702) 765-7949. The Governing Board may combine two or more agenda items for consideration.

- Items on the agenda may be taken out of order.
- The Governing Board 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 Governing Board to be routine and may be acted upon in one motion. Most agenda items are phrased for a positive action. However, the Governing Board may take other actions such as hold, table, amend, etc.
- Consent Agenda items are routine and can be taken in one motion unless a Governing Board 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 Governing Board 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 Board 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 Board wishes to extend the length of a presentation, this will be done by the Chair or the Board by majority vote.

2. Approval of minutes of the regular meeting of the UMC Governing Board on January 20, 2016. (Available at University Medical Center, Administrative Office) (For possible action)
3. Approval of Agenda.  

(For possible action)

SECTION 2: BUSINESS ITEMS

4. Receive training on the new UMC Customer Service Initiative, ICARE4U  
(For possible action)

5. Receive a report from the Human Resources and Executive Compensation Committee and take any action deemed appropriate.  
(For possible action)

6. Receive a report from the Clinical Quality and Professional Affairs Committee and take any action deemed appropriate.  
(For possible action)

7. Receive a report from the Audit and Finance Committee; and take any action deemed appropriate.  
(For possible action)

8. Receive the monthly financial report for December 2015; and direct staff accordingly.  
(For possible action)

9. Receive an update on the FY 2017 Budget process.  
(For possible action)

10. Receive an update on the University of Nevada School of Medicine; and direct staff accordingly.  
(For possible action)

11. Receive an update on the University of Nevada Las Vegas School of Medicine; and direct staff accordingly.  
(For possible action)

12. Receive an update from the Hospital CEO; and direct staff accordingly.  
(For possible action)

SECTION 3: CONSENT ITEMS

13. Approve and adopt the Charter establishing an independent UMC Internal Audit Department, separate from the Clark County Audit Department; providing for the appointment of the Auditing Supervisor; defining the scope of activities, responsibilities, and standards to be followed and reporting requirements of the office.  
(For possible action)

14. Approve Amendment A4 to Management Services Agreement between Aramark Healthcare Technologies, LLC and University Medical Center of Southern Nevada; and take action as deemed appropriate.  
(For possible action)

15. Approve the Amendment One between Cox Communications Las Vegas, Inc. d/b/a Cox Business and University Medical Center of Southern Nevada for Network Connectivity Services and authorize the Chief Executive Officer to execute the amendment and future Service Orders/Change Orders under the appropriate signing authority; and take action as deemed appropriate.  
(For possible action)

16. Approve the Colocation Facilities Agreement between Switch, Ltd. and University Medical Center of Southern Nevada for Data Center Services and authorize the Chief Executive Officer to execute the agreement and future Service Orders/Change Orders
under the appropriate signing authority; and take action as deemed appropriate. *(For possible action)*

17. Approve the Eighth Amendment to the PHCS Participating Provider Agreement between MultiPlan, Inc. and University Medical Center of Southern Nevada; and take action as deemed appropriate. *(For possible action)*

18. Accept the six (6) Program Letters of Agreement and Memorandum of Understanding for FY 2016 between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine and University Medical Center of Southern Nevada, subject to final approval by the Board of Hospital Trustees; and take action as deemed appropriate. *(For possible action)*

19. Approve an Agreement with Nevada Heart and Vascular Center (Resh) LLP for Cardiology Professional Services and related Medical Directorship; and take action as deemed appropriate. *(For possible action)*

20. Approve an Agreement with RABessler, M.D., P.C. d/b/a Sound Physicians of Nevada II, for Hospitalist Medical Services; and take action as deemed appropriate. *(For possible action)*

SECTION 4: EMERGING ISSUES

21. Identify emerging issues to be addressed by staff or by the Board 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 Board’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 Board’s action and jurisdiction.

UMCSN ADMINISTRATION KEEPS THE OFFICIAL RECORD OF ALL PROCEEDINGS OF UMCSN GOVERNING BOARD. IN ORDER TO MAINTAIN A COMPLETE AND ACCURATE RECORD OF ALL PROCEEDINGS, ANY PHOTOGRAPH, MAP, CHART, OR ANY OTHER DOCUMENT USED IN ANY PRESENTATION TO THE BOARD SHOULD BE SUBMITTED TO UMCSN ADMINISTRATION. IF MATERIALS ARE TO BE DISTRIBUTED TO THE BOARD, PLEASE PROVIDE SUFFICIENT COPIES FOR DISTRIBUTION TO UMCSN ADMINISTRATION AND COUNTY COUNSEL.

THE BOARD MEETING ROOM IS ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES. WITH TWENTY-FOUR (24) HOUR ADVANCE REQUEST, A SIGN LANGUAGE INTERPRETER MAY BE MADE AVAILABLE (PHONE: 765-7949).
UMC Emerald Room
901 Rancho Lane, Suite 180
Las Vegas, Clark County, Nevada
Wednesday January 20, 2016
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, January 20, 2016, at the hour of 2:00 p.m. The meeting was called to order at the hour of 2:06 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
Renee Franklin
Donald Mackay, M.D.
John White
Harry Hagerty
Michael Saltman
Laura Lopez-Hobbs

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

Ex-Officio Members:

Present:
Mason VanHouweling, Chief Operating Officer
Thomas Schwenk, M.D., Dean, University of Nevada School of Medicine
Dale Barbara Atkinson, M.D, Planning Dean, UNLV School of Medicine (arrived 3:21pm)
Dale Carrison, D.O., Chief of Staff

Absent:
None

Also Present:
Susan Pitz, General Counsel
Terra Lovelin, Board Secretary
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 on this agenda.

Speaker(s): Patricia Greaux representing employees of UMC and SEIU commented that she is in support of CEO VanHouweling receiving a raise.

Gwen Stevens, representing SEIU, also agrees with the decision to give CEO VanHouweling a raise.

Chair O'Reilly congratulated the Board on two years of service and thanked them all for their service.

ITEM NO. 2 Approval of minutes of the regular meeting of the UMC Governing Board on December 16, 2015. (Available at University Medical Center, Administrative Office) (For possible action)

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

ITEM NO. 3 Approval of Agenda (For possible action)
Chair O'Reilly wished to hold out item #26 for a brief comment.

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

SECTION 2. BUSINESS ITEMS

ITEM NO. 4 Accept nominations and elect a Chair and Vice-Chair and take other action as appropriate. (For possible action)

DOCUMENT(S) SUBMITTED: None Submitted

DISCUSSION: Chair O'Reilly stated he is comfortable remaining as Chair and he also spoke with Eileen Raney and she stated she wished to remain in her current position of Vice-chair as well.

FINAL ACTION: A motion was made by Member Saltman to move to continue the Chair and Vice Chair as existing. Motion carried by unanimous vote, with Chair O'Reilly abstaining from voting for himself.
ITEM NO. 5  Review the standing committee assignments and make any changes necessary for the calendar year 2016. *(For possible action)*

**DOCUMENT(S) SUBMITTED:** None Submitted

**DISCUSSION:** New committee assignments were sent out the board members the previous night based on requests by individual board members.

**FINAL ACTION:** A motion was made by Member Hagerty to move to accept the committee assignments for 2016. Motion carried by unanimous vote.

ITEM NO. 6  Receive a report from the Strategic Planning Committee; and take any action deemed appropriate. *(For possible action)*

**DOCUMENT(S) SUBMITTED:** None Submitted

**DISCUSSION:** Chair of the Strategic Planning Committee, John White gave a report from their last meeting. They met on December 17, 2015 and spent a great amount of time on market share data for UMC as well as other areas of the hospital. Some topics of interest included; bundled patient initiatives by CMS, hospice care, CEO report, UMC capital plans, and an update on the ICARE4U program.

**FINAL ACTION:** None taken.

ITEM NO. 7  Receive a report from the Audit and Finance Committee; and take any action deemed appropriate. *(For possible action)*

**DOCUMENT(S) SUBMITTED:** None Submitted

**DISCUSSION:** Member Mackay gave a report on behalf of Eileen who is absent today. The committee met January 13, 2016 and discussed and voted on multiple business items which are on today’s agenda as consent items 16 thru 25. Brian Rosenberg, consultant, gave a presentation on the selection of the EHR vendor, Epic. The committee voted unanimously to recommend to the Governing Board, the acceptance of Epic, pending negotiation of an acceptable agreement. There was also a financial report and budget process update given to the committee.

**FINAL ACTION:** No action taken.

ITEM NO. 8  Receive the monthly financial report for November 2015; and direct staff accordingly. *(For possible action)*

**DOCUMENT(S) SUBMITTED:** Management Discussion & Analysis FY 2016 November
DISCUSSION: Chief Financial Officer, Stephanie Merrill gave a review of the financials for November FY 2016.

Occupancy at the hospital remains high and our surgeries are still exceeding the prior year volumes. Our self pay is down 12% which is the lowest it has been since the change in the rules. Total operating costs are under budget by about $1 million dollars. Average daily census bounced up to around 355 in November. Emergency Department volumes are also ahead of 2015 and robotics is making a comeback.

Chair O'Reilly asked CEO VanHouweling if we are focusing on outpatient surgeries.

CEO VanHouweling replied that outpatient surgeries have been a focus since day one. We have been able to attract a lot of doctors back to UMC and we are currently around 17 to 18 starts in the OR a day now. We continue to work with the surgeons and we have also doubled our efforts with physician relations.

FINAL ACTION: None taken.

ITEM NO. 9 Receive a report from the Human Resources and Executive Compensation Committee and take any action deemed appropriate. *(For possible action)*

DOCUMENT(S) SUBMITTED: None Submitted

DISCUSSION: Chair of the Human Resources and Executive Compensation Committee, Laura Lopez-Hobbs gave a brief report from their last meeting held on January 19, 2016. Some of the items that were discussed were vacancy and turnover metrics, the purpose of the Workforce Planning Committee, and a total compensation statement to be distributed to employees.

Chair Lopez-Hobbs asked that CNO Debra Fox join them at their next meeting on March 22, 2016 to give them her observation on the nursing population and what she has learned.

Member Mackay asked if turnover in nursing includes traveling nurses.

CEO VanHouweling said the number does not include traveling nurses.

FINAL ACTION: None taken.

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

DOCUMENT(S) SUBMITTED: None Submitted
DISCUSSION: Dean Schwenk made some brief comments. UNSOM is very close to closing the UMC budget. There have been many intense meetings at the state level with regards to the transition of the Las Vegas campus to UNLV.

FINAL ACTION: None taken.

NOTE: Dean Barbara Atkinson is at another meeting and will be arriving shortly. Her item, #11 will be moved to the end of the agenda as we wait for her arrival.

ITEM NO. 12 Receive an update from the Hospital CEO; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED: None Submitted

DISCUSSION: Mr. VanHouweling complimented our cardiology program, we have been hitting some record numbers related to open heart cases. He wanted to commend Dr. Quynh Feikes and our cardiology team; we have had 112 open heart cases this year, a record at UMC. Dr. Feikes has been a phenomenal surgeon and a great leader in our OR. UMC is the first hospital in Las Vegas to complete chest pain certification, cycle five accreditation, one of the highest levels of accreditation for hospitals. We will promote that to EMS personnel so they are aware.

Operational updates:
- ICARE4U started January 4th and 2,400 employees have been through the training. To commend those employees for exceptional behaviors, they will be given cards that they can collect and then turn into administration for collector pins. Employees will also be given Starbucks chips for embracing the ICARE model and practicing it.
- On Tuesday the Board of County Commissioners recognized our Trauma team for their actions during the night of the Las Vegas strip incident. He commended Dr. Carrison and the entire ED team.
- 2 West was recently opened to help decompress the ED.
- Next week staff will begin going through the entire hospital to refresh every room and do renovations to bring up our rooms to presentable standards.
- The Surgeon General of the United States Air Force, Lt. General Mark A Ediger, will be visiting UMC on February 17, 2016.
  - The Colonel from the base hospital will be coming as well.

Chair O'Reilly asked if the Review Journal Publication gets exposed to these visits so it gets publicized.

CEO VanHouweling replied that the Air force brings their own media relations and it then gets disseminated to the local publications.

FINAL ACTION: None taken.
ITEM NO. 13  Approve future meeting dates and times through calendar year 2016 and direct staff accordingly. *(For possible action.)*

DOCUMENT(S) SUBMITTED: 2016 Calendar

DISCUSSION: Chair O'Reilly requested that the December 14th meeting be moved to 3pm to accommodate a business conflict.

FINAL ACTION: The December 14, 2016 Governing Board Meeting will be moved to 3pm.

ITEM NO. 14  Review and approve the award of the contract for the EHR system pending negotiation of an acceptable definitive agreement(s); and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED: EHR Timeline Handout

DISCUSSION: Brian Rosenberg, Consultant with The Rosenberg Group (TRG) presented a PowerPoint on the process and selection of the vendor to replace our current electronic health record system. This was also presented to the Audit and Finance Committee and they gave a unanimous vote to proceed with the recommendation of Epic to the Governing Board.

They are anticipating that a negotiated contract will be presented to the Board in March with implementation beginning in April. The hospital is expected to go live late 2017.

Member Hagerty commended that this is the most inclusive, comprehensive and thorough planning exercise he has seen in the many years he has been at UMC. He applauded Brian and the many people at UMC who took the extra time to be a part of this project. He also noted that the recommendation was based around what is the best solution, not the cheapest.

FINAL ACTION: A motion was made by Member Hagerty to move forward with the Epic recommendation and authorize contract negotiations with only them. Motion carried by unanimous vote.

(Dean Atkinson arrived at this time)

ITEM NO. 11  Receive an update on the University of Nevada Las Vegas School of Medicine; and direct staff accordingly. *(For possible action)*

DOCUMENT(S) SUBMITTED: None Submitted

DISCUSSION: Barbara Atkins, Dean of UNLV gave an overview of what has been happening this past month.
She is glad Epic was the product chosen as it is a great product and she would like to be one of the sub licensees.

At the last Board of Regents meeting they were given the ability to grant the MD degree.

The Board of Regents approved another year extension of the MOU between UNLV and the County for the land.

They have been recruiting the final people for this year and are up to 25 people.

Tracy Green has been recruited and will be the CEO of their practice plan.

Parvesh Kumar has been recruited as well and will be joining the team to set up clinical research and will ultimately be the Cancer Center Director. He was the Chair Radiation Oncologist for the Dean in Kansas.

**FINAL ACTION:** None taken.

**SECTION 3: CONSENT ITEMS**

All matters of this section were considered to be routine and were acted upon in one motion except for Item number 26, which was held for further comment.

**ITEM NO. 15** Recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees for University Medical Center of Southern Nevada (UMCSN) the amended Medical and Dental Staff Bylaws of University Medical Center of Southern Nevada; as accepted and voted on by the Medical Executive Committee and General Medical Staff on November 24, 2015. *(For possible action)*

**DOCUMENT(S) SUBMITTED:**
- Memorandum from the Bylaws Committee dated November 24, 2015

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 16** Approve the Provider Agreement between Alireza Farabi, M.D., PD and University Medical Center of Southern Nevada for primary care and infectious disease medical services to Ryan White participants; and take action as deemed appropriate. *(For possible action)*

**DOCUMENT(S) SUBMITTED:**
- Provider Agreement

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 17** Recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees for University Medical Center of Southern Nevada (UMCSN) the Participation Agreement between HealthTrust Purchasing Group, L.P. and University Medical Center of
Southern Nevada; and take action as deemed appropriate. *(For possible action)*

**DOCUMENT SUBMITTED:**
- HealthTrust Participation Agreement

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 18** Recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees for University Medical Center of Southern Nevada (UMCSN) the Lease Agreement for 2040 West Charleston Blvd. between University Medical Center of Southern Nevada (UMCSN) and Daniel L. Orr, D.D.S. M.S. LTD.; and take action as deemed appropriate. *(For possible action)*

**DOCUMENT SUBMITTED:**
- Lease Agreement

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 19** Approve RFP No. 2015-04 Prosthetic, Orthotic and Halo Services to Hanger Prosthetics & Orthotics, Inc. d/b/a Hanger Clinic; and take action as deemed appropriate. *(For possible action)*

**DOCUMENT SUBMITTED:**
- Agreement for Professional Services

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 20** Approve Agreement for Intraoperative Neuromonitoring Services with SpecialtyCare; and take action as deemed appropriate. *(For possible action)*

**DOCUMENTS SUBMITTED:**
- Agreement for Intraoperative Neuromonitoring Services
- Disclosure of Relationship

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 21** Approve the Clinical Trial Agreement between ZS Pharma, Dr. David Slattery and University Medical Center of Southern Nevada (UMC) (which includes an MOU between Dr. Slattery and UMC in connection with the
services of the Principal Investigator); and take action as deemed appropriate. *(For possible action)*

**DOCUMENTS SUBMITTED:**
- Clinical Trial Agreement
- MOU Between David Slattery and UMC

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 22** Approve the Facility Agreement between Medpace, Inc. and University Medical Center of Southern Nevada (UMC) (which includes a Letter of Indemnification (LOI) between Innocoll and UMC; and take action as deemed appropriate. *(For possible action)*

**DOCUMENTS SUBMITTED:**
- Facility Use Agreement
- Indemnity Letter Agreement

**FINAL ACTION:** A motion was made by Member Saltman 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

**FINAL ACTION:** A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

**ITEM NO. 24** Recommend for approval by the Board of County Commissioners also sitting as the Board of Hospital Trustees for University Medical Center of Southern Nevada (UMCSN) the Amendment to Group Enrollment Agreement between University Medical Center of Southern Nevada and Health Plan of Nevada, Inc. to provide health care coverage to UMCSN employees, retirees and dependents through a Health Maintenance Organization; and take action as deemed appropriate. *(For possible action)*

**DOCUMENTS SUBMITTED:**
- Fourth Amendment to Group Enrollment Agreement
FINAL ACTION: A motion was made by Member Saltman to approve as recommended. Motion carried by unanimous vote.

ITEM NO. 25  Approve Amendment One between The Rosenberg Group and University Medical Center of Southern Nevada for Project Consultant Services; and take action as deemed appropriate.  *(For possible action)*

**DOCUMENTS SUBMITTED:**
-Amendment One Project Consultant Agreement

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

**FOLLOWING ITEM REMOVED FROM CONSENT AGENDA**

ITEM NO. 26  Approve the recommendation of the Human Resources and Executive Compensation Committee’s review of CEO performance and recommended merit salary adjustment and incentive bonus for fiscal 2015.  *(For possible action)*

**DOCUMENTS SUBMITTED:**
-None Submitted

**DISCUSSION:** Dr. Carrison commented that this Administrative team is the best this hospital has ever had and the recommendation of the Human Resources and Executive Compensation Committee for CEO VanHouweling is well deserved.

Chair O’Reilly agreed and asked folks to join him in saying yes and standing up to give Mr. VanHouweling a sincere round of appreciation and applause.

CEO VanHouweling commented that he truly cares about what he does and he appreciated the employees support as well as the County and Board’s support.

**FINAL ACTION:** A motion was made by Member Mackay to approve as recommended. Motion carried by unanimous vote.

**SECTION 4: EMERGING ISSUES**

ITEM NO. 27  Identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly.  *(For possible action)*

Member Hagerty commented that the materials that come to the Board members are either missing items or are being revised up to the hour of the meeting. He suggested having a cut off time of at least 48 hours. He wants to make sure they are as prepared as they can be prior to the meeting.
COMMENTS BY THE GENERAL PUBLIC:

A period devoted to comments by the general public about matters relevant to the Board'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 Board’s action and jurisdiction.

Speaker(s): None

There being no further business to come before the Board at this time, at the hour of 3:35 p.m. Chairman O’Reilly adjourned the meeting.

Minutes Prepared by: Terra Lovelin

APPROVED: ______________________
## Agenda Item

**Issue:** Receive training on the ICARE4U Initiative

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<tr>
<th>Petitioner</th>
<th>Mason VanHouweling, Chief Executive Officer</th>
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**Recommendation:**

That the Governing Board receive training on the ICARE4U customer service initiative and take any action deemed appropriate. *(For possible action)*

**Fiscal Impact:**

None

**Background:**

The Governing Board will receive training on the new ICARE4U customer service model.

Respectfully submitted,

[Signature]

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item #
4
**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**  
**GOVERNING BOARD**  
**AGENDA ITEM**

<table>
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<th>Issue:</th>
<th>Report from Governing Board Human Resources and Executive Compensation Committee</th>
<th>Back-up:</th>
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<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
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</table>

**Recommendation:**

That the Governing Board receive a report from the Governing Board Human Resources and Executive Compensation Committee and take any action deemed appropriate. *(For possible action)*

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Governing Board will receive a report on the January 19, 2016 Governing Board Human Resources and Executive Compensation Committee

Respectfully submitted,

[Signature]

Mason VanHouweling  
Chief Executive Officer

Cleared for Agenda  
February 24, 2016

Agenda Item #  
5
**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**  
GOVERNING BOARD  
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>Report from Governing Board Clinical Quality and Professional Affairs Committee</th>
<th>Back-up:</th>
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<tr>
<td>Petitioner:</td>
<td>Mason Van Houweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
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Recommendation:

That the Governing Board receive a report from the Clinical Quality and Professional Affairs Committee and take any action deemed appropriate. *(For possible action)*

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Governing Board will receive a report on the December 15, 2015 Governing Board Clinical Quality and Professional Affairs Committee meetings.

Respectfully submitted,

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Mason Van Houweling  
Chief Executive Officer  

Cleared for Agenda  
February 24, 2016  
Agenda Item #  
6
<table>
<thead>
<tr>
<th>Issue: Report from Governing Board Audit and Finance Committee</th>
<th>Back-up:</th>
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<tbody>
<tr>
<td>Petitioner: Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
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**Recommendation:**

That the Governing Board receive a report from the Governing Board Audit and Finance Committee and take any action deemed appropriate. *(For possible action)*

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Governing Board will receive a report on the January 13, 2016 Governing Board Audit and Finance Committee meetings.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item # 7
**Issue:** Monthly Financial Report for December 2015

**Petitioner:** Mason VanHouweling, Chief Executive Officer

**Recommendation:**

That the Governing Board receive the monthly financial report for December 2015; and direct staff accordingly. *(For possible action)*

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Chief Financial Officer will present the Management Discussion and Analysis of the December 2015 financial report.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda item #

8
Six consecutive months with positive net operating income.

Continued volume and payor mix improvements have helped contribute to the favorable variance over budget.

Hospital occupancy remains at about 90% of capacity for eight consecutive months.

ED volumes exceeding prior years volumes.
### FY2016 December Financial Summary

Comparison to FY2016 Budget

<table>
<thead>
<tr>
<th></th>
<th>Monthly Total</th>
<th>Favorable (Unfavorable)</th>
<th>FYTD 2016</th>
<th>Favorable (Unfavorable)</th>
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<tr>
<td><strong>Net Revenue</strong></td>
<td>$51.9M</td>
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<td>$296.5M</td>
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<td><strong>Total Operating Expenses</strong></td>
<td>$48.4M</td>
<td>$(0.1)M</td>
<td>$282.4M</td>
<td>$7.1M</td>
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<td><strong>Net Operating Income</strong></td>
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<td>$14.1M</td>
<td>$46.3M</td>
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For the month ended December 31, 2015
- Net Patient AR improved over prior fiscal year due to a reduction in AR Days. (Net Patient AR: December $75.7M, Prior Year $128.3M)

- Due to aging facilities and equipment, Net PP&E continues to decrease and outpaces current capital expenditures. (Working Capital: December $72.5M, Prior Month $68.2M) (Net PP&E: December $170.4M, Prior Month $171.6M)

- Net Position improved due to December results, but still remains negative due to the recent implementation of GASB 68 and recording of net pension liability. (Net Position: December ($316M), Prior Month ($318M)) (GASB 68 pension liability from FY2015 $375M)

- Future major capital expenditures: required replacement EHR system
Net Patient Revenue
($ in 000’s)

For the month ended December 31, 2015

Net Patient Revenue:
• Exceeded budget by $9.3M
• Inpatient ancillary exceeded budget
• Outpatient revenue exceeded budget
• Change in payor mix
UMC Payor Mix
(as a % of Gross Revenue)

For the month ended December 31, 2015
Total Operating Costs
($ in 000’s)

For the month ended December 31, 2015

Operating Costs:
• Over budget $0.1M
• Increase in supply costs
• Increase in total wages
• Purchased services decrease due to process changes
Key Operational Expenses

Salaries & Benefits
($ in 000's)

- Over budget $0.2M
- Overtime at 6.1%
- Productivity at 103.2%

Supplies
($ in 000's)

- Over budget $0.8M
- Change in contracts
- Volume increase in OR
- Volume increase in Pharmacy
- Increase in acuity - Burn Care
Key Operational Expenses

Purchased Services
($ in 000’s)

- Under budget $0.5M
- Process changes – Pathology
- Volume changes vs. projections
- Actuals lower than budgeted

Professional Fees
($ in 000’s)

- Slightly under budget
- Net contract changes
Average Daily Census

For the month ended December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>334</td>
<td>328</td>
<td>332</td>
<td>328</td>
<td>355</td>
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<tr>
<td>2015</td>
<td>339</td>
<td>335</td>
<td>338</td>
<td>318</td>
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<tr>
<td>2014</td>
<td>360</td>
<td>370</td>
<td>331</td>
<td>322</td>
<td>334</td>
<td>340</td>
<td>332</td>
<td>332</td>
<td>357</td>
<td>354</td>
<td>353</td>
<td>346</td>
</tr>
</tbody>
</table>

Does not include observations
Average Daily Census w/Observations

For the month ended December 31, 2015

Total Occupancy 415
### Adjusted Patient Days

For the month ended December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>JUL 16</th>
<th>AUG 16</th>
<th>SEP 16</th>
<th>OCT 16</th>
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<th>FEB 16</th>
<th>MAR 16</th>
<th>APR 16</th>
<th>MAY 16</th>
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<tbody>
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<td>15,629</td>
<td>15,702</td>
<td>15,804</td>
<td>15,559</td>
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<tr>
<td>2014</td>
<td>16,881</td>
<td>17,676</td>
<td>15,043</td>
<td>15,820</td>
<td>15,675</td>
<td>16,075</td>
<td>15,784</td>
<td>13,787</td>
<td>16,343</td>
<td>16,790</td>
<td>16,690</td>
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</table>
ED Volume

For the month ended December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
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<tbody>
<tr>
<td>2016</td>
<td>9,456</td>
<td>9,488</td>
<td>9,617</td>
<td>9,818</td>
<td>9,232</td>
<td>9,872</td>
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<td>9,250</td>
<td>10,487</td>
<td>9,958</td>
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<td>2015</td>
<td>9,536</td>
<td>9,239</td>
<td>9,719</td>
<td>9,493</td>
<td>9,039</td>
<td>9,547</td>
<td>10,609</td>
<td>9,250</td>
<td>10,487</td>
<td>9,958</td>
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<td>9,689</td>
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<td>2014</td>
<td>10,299</td>
<td>10,491</td>
<td>9,628</td>
<td>9,845</td>
<td>9,762</td>
<td>10,344</td>
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<td>11,110</td>
<td>10,799</td>
<td>10,402</td>
<td>9,402</td>
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</table>
Outpatient Visits
(Includes Quick & Primary Care Centers)

For the month ended December 31, 2015

Excludes Ed & Closed Clinics

<table>
<thead>
<tr>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<td>2016</td>
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<td>20,609</td>
<td>22,290</td>
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<td>2015</td>
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<td>2014</td>
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<td>17,697</td>
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<td>23,259</td>
<td>21,937</td>
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</table>

For the month ended December 31, 2015
Outpatient Surgery

For the month ended December 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
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<th>FEB</th>
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<th>APR</th>
<th>MAY</th>
<th>JUN</th>
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</thead>
<tbody>
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<td>2016</td>
<td>640</td>
<td>592</td>
<td>636</td>
<td>661</td>
<td>540</td>
<td>587</td>
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<td>2015</td>
<td>594</td>
<td>631</td>
<td>557</td>
<td>715</td>
<td>523</td>
<td>608</td>
<td>531</td>
<td>529</td>
<td>666</td>
<td>625</td>
<td>617</td>
<td>628</td>
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<tr>
<td>2014</td>
<td>704</td>
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<td>606</td>
<td>652</td>
<td>572</td>
<td>584</td>
<td>541</td>
<td>505</td>
<td>567</td>
<td>556</td>
<td>580</td>
<td>415</td>
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</table>

Includes 148 robotic surgeries for FYTD 2016
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>FY 2017 budget</th>
<th>Back-up:</th>
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</thead>
<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board review and provide feedback on the FY 2017 budget to be submitted to Clark County for consideration; and direct staff accordingly (For possible action)

FISCAL IMPACT:

None

BACKGROUND:

The Chief Financial Officer will review the draft forms to be submitted to Clark County for the tentative FY 2017 operating budget.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 23, 2016

Agenda Item #
9
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>UNSOM Dean’s Update</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

**Recommendation:**

That the Governing Board receive an update on the University of Nevada School of Medicine; and
direct staff accordingly. *(For possible action)*

**FISCAL IMPACT:**

None

**BACKGROUND:**

The Governing Board will receive an update from Thomas Schwenk, M.D., Dean, University of
Nevada School of Medicine.

Respectfully submitted,

[Signature]

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item #: 10
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>UNLV School of Medicine Dean's Update</th>
<th>Back-up:</th>
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<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board receive an update on the University of Nevada Las Vegas School of Medicine; and direct staff accordingly. *(For possible action)*

FISCAL IMPACT:

None

BACKGROUND:

The Governing Board will receive an update from Barbara Atkinson, M.D., Dean, University of Nevada Las Vegas School of Medicine.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item #
11
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>CEO Update</th>
<th>Back-up:</th>
</tr>
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<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board receive an update from the Hospital CEO; and direct staff accordingly. *(For possible action)*

FISCAL IMPACT:

None

BACKGROUND:

None

Respectfully submitted,

[Signature]
Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item #
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>Office of UMC Internal Audit</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board approve and adopt the Charter establishing an independent UMC Internal Audit Department, separate from the Clark County Audit Department; providing for the appointment of the Auditing Supervisor; defining the scope of activities, responsibilities, standards to be followed and reporting requirements of the office.

FISCAL IMPACT:

None

BACKGROUND:

To the benefit of UMC and Clark County, the UMC Internal Audit Department is being established as a separate independent office. While the UMC Internal Audit Department was originally established and functioning under the governance of the Clark County Audit Department, structural changes necessitated its separation from the County.

The Charter establishing an independent UMC Internal Audit Department, defines the scope of its work, provides for access to UMC records, requires the reporting of irregularities, and directs final audit reports to be provided to the UMC Governing Board Audit and Finance Committee. This Charter is an important step for enhancing the independence of the UMC Internal Audit Department and for protecting the public and patients of UMC. The charter provides assurance of the continued compliance with the generally accepted government auditing standards adopted and approved by the Comptroller General of the United States.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item # 13
UNIVERSITY MEDICAL CENTER INTERNAL AUDIT DEPARTMENT CHARTER

Creation

A department hereinafter known as the University Medical Center (UMC) Internal Audit Department (Department) is authorized and established.

The mission of the Department is to provide independent audit and advisory services to further the organizational success of UMC.

Appointment, qualification, and powers of the Internal Audit Manager

For the purpose of acknowledging current structural and business needs and in deference to future growth, it shall be acknowledged hereafter the term “Auditing Supervisor” may be used interchangeably with the term “Internal Audit Manager” until such time an Internal Audit Manager is deemed to be a necessary addition to the Department.

The Auditing Supervisor shall be hired with approval by the Chief Financial Officer or appointed designee and ratified by a majority vote of the UMC Governing Board Audit and Finance Committee. If the Auditing Supervisor is removed from office, the Chief Financial Officer shall report this fact and the reasons for removal to the UMC Governing Board Audit and Finance Committee.

The Auditing Supervisor shall be knowledgeable in professional standards for auditing, as well as the healthcare sector and public sector environments. The Auditing Supervisor shall possess proficiency for the position, as demonstrated by more than three years experience in the professional practice of auditing, evaluation, or a substantially related discipline, and the possession of a bachelor degree in accounting, business administration, public administration, or a substantially related field.

The Auditing Supervisor shall establish a Department structure appropriate to carry out this Charter. The Auditing Supervisor will be empowered to assert administrative and policy making authority over the Department in accordance with this Charter, state, and federal law. The Auditing Supervisor shall have the power, within the rules of the UMC personnel system, to recommend staff employment or removal as necessary for the efficient and effective administration of the Department.

Audit standards and scope of audits

The Auditing Supervisor and Internal Audit Staff shall conduct audits in accordance with government auditing standards as promulgated by the Comptroller General of the United States.

The Auditing Supervisor and Internal Audit Staff shall have authority to conduct performance audit, financial audit, and non-audit services, to the extent allowed by law, of all UMC departments, offices, boards, committees, and UMC activities in order to independently and objectively evaluate (1)
effectiveness and efficiency of operations, (2) reliability of reporting for internal and external use, and (3) compliance with applicable laws and regulations.

Audit schedule

During the fourth quarter of each calendar year, the Auditing Supervisor shall develop and provide an audit schedule to the Chief Financial Officer and then the UMC Governing Board Audit and Finance Committee for review and comment. The schedule shall include the proposed plan as a guideline for auditing departments, offices, boards, activities, subcontractors and agencies for the period.

Full access to employees, records, and property when conducting duties under this Charter

In performance of duties authorized under this Charter, officers and employees of UMC shall furnish the Auditing Supervisor and Internal Audit staff with unrestricted access to property, facilities, equipment, assets, employees, information, records, methods of business, or communications related to any UMC operation or activity. Officer and employees will cooperate fully with the Auditing Supervisor and Internal Audit Staff when conducting duties under this Charter. If officers or employees fail to produce the aforementioned access or information without legal authority, the Auditing Supervisor may initiate a search to be made and exhibits to be taken from any book, paper, or record of any such official or employee, or outside contractor and subcontractor, except as prohibited by law. Further, all contracts with outside contractors and subcontractors shall provide access to all financial and performance related records, property, and equipment purchased in whole or in part with UMC funds.

Internal Audit employees shall not publicly disclose any information received during the performance of duties authorized under this Charter unless required by law.

Audit report and management response

Where appropriate, a final draft of the audit report will be forwarded to the audited department or agency for review and comment regarding factual content before it is released. The audited department should respond to the report in writing in such a manner as to make the information available for timely use by management and other interested parties. If no response is received, the auditor will note that fact in the transmittal letter and will release the audit report. In the case of contracted or fraud audits, audits may be released without inclusion of a response. Any subsequent responses shall be distributed to those who received the audit report.

Audit reports to UMC Governing Board

Each audit will result in a written report containing relevant background information and findings and recommendations. The Auditing Supervisor shall submit each written audit report to the UMC Governing Board. Reports presented at the UMC Governing Board Audit and Finance Committee meeting shall also be available for public examination. The Auditing Supervisor or designee shall be available to the UMC Governing Board Audit and Finance Committee members to respond to questions and inquiries.
Audit follow-up

When appropriate, the Auditing Supervisor or Internal Audit Staff shall follow-up on audit recommendations as practical to determine if administrative managers are implementing corrective action.

Report of irregularities

If the Auditing Supervisor becomes aware of irregularities indicating fraud or regulatory violations, the Auditing Supervisor shall immediately report the irregularities to the Chief Financial Officer, Privacy Officer, or Compliance Officer. If these individuals are believed to be a party to the irregularities, or do not appropriately act on irregularities previously reported by the Auditing Supervisor, the Auditing Supervisor may report the irregularities directly to the Chief Executive Officer, General Counsel, UMC Governing Board or UMC Governing Board Audit and Finance Committee. If it appears that the irregularity is criminal in nature, the Auditing Supervisor shall immediately notify the UMC General Counsel in addition to those officials previously cited.

Quality assurance reviews

Every three years, the audit activities of the Department shall be subject to quality assurance review in accordance with applicable auditing standards by a professional, nonpartisan, and objective group. A copy of the written report of this independent review shall be furnished to the Chief Financial Officer, the Chief Executive Officer, and the UMC Governing Board Audit and Finance Committee. This report shall be available to the public.

The quality assurance review shall determine compliance by the Department with professionally recognized auditing standards and the quality of the audit effort and reporting, including:

1. General standards such as staff qualifications, due professional care, and quality assurance;
2. Fieldwork standards such as planning, supervision, and audit evidence; and
3. Reporting standards such as report content, presentation and timeliness.

The UMC Governing Board Audit and Finance Committee must approve and enter into an agreement to reimburse the costs of the quality assurance reviewers before the review is requested or undertaken.

Contract auditors, consultants and experts

Within budget limitations and as authorized by the UMC Governing Board Audit and Finance Committee, the Department may obtain services of certified public accountants, qualified management consultants, or other professional experts necessary to perform services on behalf of UMC. Services must be conducted by persons who have no financial interests in the affairs of UMC or its officers. Except for the external audit of the UMC financial statements, the Internal Audit Manager will coordinate and monitor auditing performed by public accounting or other organizations employed under contract by UMC.
Employee performance

The Auditing Supervisor and Department employees will adhere to performance evaluations as established by the UMC merit personnel system, and applicable labor contracts. The Chief Financial Officer or designee shall evaluate the Auditing Supervisor’s performance annually and Auditing Supervisor’s salary shall be adjusted in accordance with the merit personnel policy.

Department funding

The Department shall be provided a department budget as deemed necessary by UMC to carry out the responsibilities and functions established in this chapter.

Records retention

The Auditing Supervisor shall retain for three years (or longer if so directed by statute, ordinance, or quality assurance review cycle), a complete file on each report and other examination, investigation, survey and review. The file should include audit workpapers and other supportive material directly pertaining to the audit report.

Eileen Raney, Chair

Nate Strohl, Acting Supervisor
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue: Amendment A4 to Management Services Agreement with Aramark Healthcare Technologies, LLC</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner: Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

**Recommendation:**

That the Governing Board approve Amendment A4 to Management Services Agreement between Aramark Healthcare Technologies, LLC and University Medical Center of Southern Nevada; and authorize the Chief Executive Officer to sign the amendment. *(For possible action)*

**FISCAL IMPACT:**

- Fund #: 5420.000
- Fund Name: UMC Operating Fund
- Fund Center: 3000847000
- Funded Pgm/Grant: N/A
- Description: Clinical Engineering Services

<table>
<thead>
<tr>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduction of monthly service fee from $195,725.48 to $181,373.34 (i.e., monthly cost savings of $14,352.14 or a 12-month cost savings of $172,225.68 commencing December 1, 2015).</td>
</tr>
<tr>
<td>• Since inception of Agreement in 2012, UMC has paid Aramark $8,249,065.60.</td>
</tr>
</tbody>
</table>

**BACKGROUND:**

On March 20, 2012, the Board of Hospital Trustees awarded RFP No. 2011-11, Clinical Engineering Services, to Aramark Healthcare Technologies, LLC (previously called Aramark Clinical Technology Services, LLC). Term is from April 1, 2012 through June 30, 2018 with the option to renew for two 2-year periods unless terminated with a 180-day written notice for convenience.

Amendment A1, effective October 1, 2012, adjusted the monthly service fee from $166,531.33 to $178,555.97. Amendment A2, effective April 1, 2013, adjusted the monthly service fee from $178,555.97 to $188,669.35. Amendment A3, effective April 1, 2014, adjusted the monthly service fee from $188,669.35 to $195,725.48.

A recent full reconciliation of the additions, deletions, service level changes, and fee adjustments was concluded by both parties resulting in a reduction/monthly cost savings to UMC. In order to resolve issues/claims related to this reconciliation, this Amendment A4 will adjust/reduce the monthly fee from

Cleared for Agenda
February 24, 2016

Agenda Item #14
$195,725.48 to $181,373.34 (a cost savings of $14,352.14 per month or $172,225.68 per year commencing December 1, 2015).

Aramark manages and maintains UMC’s Clinical Engineering Department including, but not limited to, equipment quality control, compliance with all regulatory requirements, training and development, operational and technical support, asset procurement support, and guaranteeing the financial outcome of the program.

Aramark currently holds a Clark County business license.

The following UMC staff member has reviewed and recommends approval of this Amendment: Associate Administrator-Operations. This Amendment has been approved as to form by the General Counsel’s office.

The amendment was reviewed by the Governing Board Audit and Finance Committee at their February 23, 2016 meeting and recommended for approval by the Governing Board.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
Amendment A4 to Management Services Agreement dated April 1, 2012, as amended (the “Agreement”), by and between Aramark Healthcare Technologies, LLC (“Aramark”) and University Medical Center of Southern Nevada (“UMC”).

The Parties hereby further amend the Agreement as set forth below in this amendment (the “Amendment”), which changes will be effective on December 1, 2015.

1. **Reconciliation of Amendments A1-A3.** The Parties have recently completed a full reconciliation of the additions, deletions, service level changes, and fee adjustments set forth in Amendments A1 through A3 relating to the Management Services for the period from October 1, 2012 (the effective date of Amendment A1) until the effective date of this Amendment (the “Reconciliation”). Based on the Reconciliation, the Parties have mutually agreed to adjust the Aramark Payment as follows:

<table>
<thead>
<tr>
<th>Aramark Payment Adjustment</th>
<th>Current Billing (Previous Amend A3)</th>
<th>Billing As Amended (Amend A4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$195,725.48 per month</td>
<td>$181,373.34 per month</td>
</tr>
<tr>
<td></td>
<td>$2,348,705.76 per year</td>
<td>$2,176,480.08 per year</td>
</tr>
</tbody>
</table>

The adjusted Aramark Payment will be reflected beginning in the December 2015 invoice. Section 5(b) of the Agreement shall be amended accordingly. The Parties agree that the adjustment of the Aramark Payment as described in this section shall fully resolve any issues or claims relating to the Reconciliation. Notwithstanding the foregoing, Exhibit A sets forth current invoices and past due invoices for the Management Services, all of which remain due and outstanding.

2. **Definitions.** Unless otherwise specified, capitalized terms used herein shall have the meanings set forth in the Agreement.

3. **Counterparts.** This Amendment may be executed in multiple counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. A facsimile or .pdf signature shall be considered valid as if an original signature.

4. **Agreement to Remain in Effect.** Except as specifically amended by this Amendment, all the terms and conditions contained in the Agreement remain in full force and effect. To the extent that there is any conflict between the provisions of this Amendment and the Agreement, the provisions of this Amendment shall control.

**IN WITNESS WHEREOF,** the Parties, through the signatures below of their duly authorized officers, have executed this Amendment as of the dates set forth below.

<table>
<thead>
<tr>
<th>ARAMARK HEALTHCARE TECHNOLOGIES, LLC</th>
<th>UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA</th>
</tr>
</thead>
<tbody>
<tr>
<td>By</td>
<td>By</td>
</tr>
<tr>
<td>Brian Van Horn</td>
<td>Mason VanHouweling</td>
</tr>
<tr>
<td>Vice President &amp; Chief Financial Officer</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Date: 2/3/16</td>
<td>Date: ____________________</td>
</tr>
</tbody>
</table>

ID #170021

December 10, 2015
### Exhibit A

<table>
<thead>
<tr>
<th>Trans. Number</th>
<th>Trans. Date</th>
<th>Trans. Type</th>
<th>Due Date</th>
<th>Days Outstanding</th>
<th>Days Past Due</th>
<th>Debits</th>
<th>Credits</th>
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<th>Notes</th>
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<td>HSI0034974</td>
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<td>4,654.50</td>
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<td>25-Jul-15</td>
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<td>27-Aug-15</td>
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<td>83</td>
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<td>2,163.00</td>
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<td>11-Oct-15</td>
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<td>22-Nov-15</td>
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<td>HSI0052719</td>
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<td>29-Dec-15</td>
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<td>0</td>
<td>911.12</td>
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<td>510016036</td>
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<td>Invoice</td>
<td>30-Dec-15</td>
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<td>0</td>
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<td>Invoice</td>
<td>30-Jan-16</td>
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<td>0</td>
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### Disclosure of Ownership/Principals

<table>
<thead>
<tr>
<th>Business Entity Type (Please select one)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Sole Proprietorship</td>
<td>[ ] Partnership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Designation Group (Please select all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] MBE</td>
<td>[ ] WBE</td>
</tr>
</tbody>
</table>

**Number of Clark County Nevada Residents Employed:** 18

<table>
<thead>
<tr>
<th>Corporate/Business Entity Name:</th>
<th>Aramark Healthcare Technologies, LLC (formerly ARAMARK Clinical Technology Services, LLC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include d.b.a., if applicable)</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Street Address:</td>
<td>10510 Twin Lakes Parkway</td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td>Charlotte, NC 26269</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone No:</td>
<td>704-948-5700</td>
</tr>
<tr>
<td>Nevada Local Street Address:</td>
<td></td>
</tr>
<tr>
<td>(If different from above)</td>
<td></td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Local Telephone No:</td>
<td></td>
</tr>
</tbody>
</table>

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Title</th>
<th>% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aramark CTS, LLC</td>
<td>Sole Member</td>
<td>100%</td>
</tr>
</tbody>
</table>

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? [x] Yes  [ ] No

1. Are any individual members, partners, owners or principals, involved in the business entity, a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
   - [ ] Yes  [x] No
     (If yes, please note that University Medical Center of Southern Nevada employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
   - [x] Yes  [ ] No
     (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature: [Signature]  
Print Name: [Print Name]  
Vice President, Finance: [Vice President, Finance]  
Date: [Date]  

[Page 50 of 333]
# DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)
* Response based on current officers and Aramark employees currently staffed to University Medical Center

<table>
<thead>
<tr>
<th>NAME OF BUSINESS OWNER/PRINCIPAL</th>
<th>NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE</th>
<th>RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL</th>
<th>UMC* EMPLOYEE'S/OFFICIAL'S DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aramark Larim Robinson</td>
<td>Ann Robinson</td>
<td>Wife</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>Shea Robinson</td>
<td>Son</td>
<td>2 South</td>
</tr>
<tr>
<td>Aramark Brittany Robinson</td>
<td>Ann Robinson</td>
<td>Mother</td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td>Shea Robinson</td>
<td>Brother</td>
<td>2 South</td>
</tr>
<tr>
<td>Aramak Jezel Alindog</td>
<td>Jame Alindog</td>
<td>Father</td>
<td>Central Stores</td>
</tr>
<tr>
<td></td>
<td>Maggie Alindog</td>
<td>Mother</td>
<td>3 West CNA</td>
</tr>
<tr>
<td>Bryton Smith Aramark</td>
<td>Robert Smith Cardiology tech</td>
<td>Father</td>
<td>Cardiology 7090</td>
</tr>
</tbody>
</table>

* UMC employee means an employee of University Medical Center of Southern Nevada

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

---

For UMC Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the UMC employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the UMC employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

[Signature]

Katrie Sig
Print Name
Authorized Department Representative

REVISED 7/25/2014
EXECUTIVE LEADERSHIP TEAM

ERIC FOSS
Chairman, President and Chief Executive Officer

LYNN MCKEE
Executive Vice President, Human Resources

STEVE REYNOLDS
Executive Vice President, General Counsel, Secretary

STEVE BRAMLAGE, JR.
Executive Vice President and Chief Financial Officer

MARC BRUNO
Chief Operating Officer, Sports, Leisure, Corrections and Business Dining

VICTOR CRAWFORD
Chief Operating Officer, Healthcare, Education and Facilities

BRAD DRUMMOND
Chief Operating Officer, Uniform and Refreshment Services

BRENT FRANKS
Chief Operating Officer, International
**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**  
**GOVERNING BOARD**  
**AGENDA ITEM**

<table>
<thead>
<tr>
<th>Issue:</th>
<th>Network Connectivity Services Amendment One with Cox Communications Las Vegas, Inc. d/b/a Cox Business.</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer, University Medical Center</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

**Recommendation:**

That the Governing Board approve the Amendment One between Cox Communications Las Vegas, Inc. d/b/a Cox Business and University Medical Center of Southern Nevada for Network Connectivity Services and authorize the Chief Executive Officer to execute the amendment and future Service Orders/Change Orders under the appropriate signing authority; and approve the Chief Executive Officer to sign the amendment. *(For possible action)*

**FISCAL IMPACT:**

<table>
<thead>
<tr>
<th>Fund #: 5420.000</th>
<th>Fund Name: UMC Operating Fund</th>
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</thead>
<tbody>
<tr>
<td>Fund Center: 3000854000</td>
<td>Estimated Amount: $1,963,053 (3 Year Term)</td>
</tr>
<tr>
<td></td>
<td>Estimated Savings: $102,360 Annually</td>
</tr>
</tbody>
</table>

**BACKGROUND:**

On December 21, 2010 the Board of Hospital Trustees approved the award of RFP 2010-15 to Cox Business for IT Infrastructure Services including data center co-location facility services, high-speed network circuits (T1, 100 mb, direct fiber and 1 gb fiber) for the Hospital and its affiliated Quick Care and Urgent Care facilities.

The current agreement for these services expired December 20, 2015 and UMCSN is requesting approval to extend the period for three (3) years through March 1, 2019. Additionally, IT is requesting approval of Amendment One to remove all Data Center Services and T1 connections no longer in use, update the Price Listing to receive Clark County group pricing and add the increased bandwidth for UMCSN’s guest wireless to the agreement. UMCSN is entering into a direct agreement with Switch, Ltd. for all Data Center Services for additional cost savings (see related agenda item).

IT Management has negotiated the proposed contract and fees associated, and found them equitable for the work to be performed. By executing Amendment One UMCSN will realize an annual savings estimated at $102,360.

*Cleared for Agenda*  
*February 24, 2016*

---

**Agenda Item # 15**

*Page 53 of 333*
Cox Business currently holds a Clark County business license.

Information Technology Management and Infrastructure staff have reviewed the Amendment and recommend approval by the Governing Board.

The Amendment was reviewed by the Governing Board Audit and Finance Committee at their February 23, 2016 meeting and recommended for approval by the Governing Board.

This Amendment has been approved as to form by UMCSN’s General Counsel.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
FIRST AMENDMENT TO CONTRACT FOR IT INFRASTRUCTURE SERVICES

THIS FIRST AMENDMENT TO CONTRACT FOR IT INFRASTRUCTURE SERVICES ("Amendment") is made and entered into this ___ day of February, 2016 by and between Cox Communications Las Vegas, Inc. dba Cox Business ("Cox" or "Provider") and the University Medical Center of Southern Nevada ("UMCSN" or "Owner").

WHEREAS, the parties agree to amend their Contract for IT Infrastructure Services issued pursuant to RFP No. 2010-15, dated December 21, 2010 (the "Agreement") incorporated herein by reference as follows:

1. **Term.** By mutual agreement of the parties, the term of the Agreement shall be extended for a period of three (3) years through January 15, 2019.

2. **Removal of Co-Location Services and T-1 Circuits.** All references to co-location services and T-1 circuits in the Agreement shall be deleted from the Agreement.

3. **Updated Service List and Pricing.**
   a. The full list and pricing for services that may be provided under the Agreement by Cox is described on the attached revised Exhibit G which shall delete and replace Exhibit B and G in the Agreement.
   b. All services must be ordered pursuant to a Service Order, a draft of which is attached as Exhibit "H" to the Agreement. All Service Orders are subject to Cox’s acceptance or rejection at its sole discretion. Services may be provided by an affiliate of Cox Communications Las Vegas, Inc.

4. **Notice.** The notice addresses in Section VII N. (titled 'Notice') of the Agreement shall be deleted and replaced as follows:

   TO OWNER:
   University Medical Center of Southern Nevada  
   1800 W Charleston Blvd.  
   Las Vegas, NV 89102  
   Attn: Contracts Management

   TO PROVIDER:
   Victoria Zebiec,  
   Account Manager Government and Education  
   1700 Vegas Drive  
   Las Vegas, NV 89117  
   702-545-1889 Office  
   702-449-4644 Cell  
   Victoria.zebic@cox.com

With a copy to:
Cox Communications, Inc.  
6205-B Peachtree Dunwoody Road  
Atlanta, GA 30328  
Attention: VP – Legal Operations  
Facsimile: 404-843-5845
5. Except for the terms that have been specifically amended by this Amendment, all of the remaining terms and conditions of the Agreement shall hereafter remain unmodified and in full force and effect, as the same have been amended herein.

IN WITNESS WHEREOF, the parties have executed this Amendment by their duly authorized officers effective as of the day and year first written above.

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

By: __________________________
Print: Mason VanHouweling
Title: CEO
Date: __________________________

COX COMMUNICATIONS LAS VEGAS, INC. D/B/A COX BUSINESS

By: __________________________
Print: Deanna K. Hill
Title: Vice President
Date: 2/12/16
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<th>Monthly Rate</th>
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</thead>
<tbody>
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<tr>
<td>40G</td>
<td>ICB</td>
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<table>
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<td>300 x 30</td>
<td>$302.00</td>
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<tr>
<td>CBI G</td>
<td>$10.95</td>
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<tr>
<td>WIFI</td>
<td>ICB</td>
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<table>
<thead>
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<th>COI (COX Optical Internet)</th>
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<tr>
<td>1G</td>
<td>$3,917.20</td>
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</tbody>
</table>
EXHIBIT “H”

FORM OF SERVICE ORDER

This Service Order (“Service Order”) is by and between the UMC and Cox. This Service Order is effective as of the date of Customer’s signature. The term of the provided services shall begin upon installation of services and shall continue for the term commitment set forth below. The undersigned represents that he/she is authorized to sign this Service Order. This Service Order is subject to the terms and conditions of the UMC Contract for IT Infrastructure Services issued pursuant to RFP No. 2010-15, dated December 21, 2010 (as amended) and Cox’s acceptance herein.

<table>
<thead>
<tr>
<th>Cox Account Rep:</th>
<th>Cox System Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer Information</th>
<th>Authorized Customer Representative Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name:</td>
<td>Full Name:</td>
</tr>
<tr>
<td>Company:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>Billing Contact:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Billing Address:</td>
<td>Contact Number:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Email Address:</td>
</tr>
<tr>
<td>Cox Account #:</td>
<td></td>
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<table>
<thead>
<tr>
<th>Taxes and Fees Not Included</th>
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</thead>
<tbody>
<tr>
<td>Service Description</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Totals:</td>
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</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Special Conditions</td>
</tr>
</tbody>
</table>

Customer: University Medical Center of Southern Nevada

By: ____________________________
Title: __________________________
Date: __________

Cox: Cox Communications Las Vegas, Inc. d/b/a Cox Business, Cox Nevada Telecom, LLC d/b/a Cox Business

By: ____________________________
Title: __________________________
Date: __________
DISCLOSURE OF OWNERSHIP/PRINCIPALS

Type of Business

☑ Individual  ☐ Partnership  ☐ Limited Liability Corporation  ☑ Corporation  ☐ Trust  ☐ Other

Business Designation Group (For informational purposes only)

☐ MBE  ☐ WBE  ☐ SBE  ☐ PBE  ☐ LBE  ☐ NBE


Business Name: COX COMMUNICATIONS LAS VEGAS, INC.

(Include d.b.a., if applicable)

Business Address: 1700 Vegas Drive  Las Vegas, NV 89106
Business Telephone: (702) 545-1912  Email: Thomas.Root@cox.com
Business Fax: (702) 545-2912
Local Business Address 1700 Vegas Drive  Las Vegas, NV 89106
Local Business Telephone: (702) 545-1912  Email: Thomas.Root@cox.com
Local Business Fax: (702) 545-2912

All non-publicly traded corporate business entities must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

“Business entities” include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Corporate entities shall list all Corporate Officers and Board of Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use transactions, extends to the applicant and the landowner(s).

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Title</th>
<th>% Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEO BRENNAN</td>
<td>Executive Officer</td>
<td>0%</td>
</tr>
<tr>
<td>TINA S DENICOLE</td>
<td>Executive Officer</td>
<td>0%</td>
</tr>
<tr>
<td>JOHN DYER</td>
<td>Executive Officer</td>
<td>0%</td>
</tr>
<tr>
<td>PAT ESSER</td>
<td>Executive Officer</td>
<td>0%</td>
</tr>
<tr>
<td>COX COMMUNICATIONS, INC.</td>
<td>Owner</td>
<td>100%</td>
</tr>
</tbody>
</table>

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes  ☒ No  (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, children, parent, in-laws or brothers/sisters, half-brothers/half-sisters, grandchildren, grandparents, in-laws related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes  ☒ No  (If yes, please disclose on the attached Disclosure of Relationship form.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature: [Signature]
Print Name: Michael F. Bolognini
Vice President: [Title]
Date: July 1, 2010
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UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

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<th>Issue:</th>
<th>Data Center Services with Switch, Ltd.</th>
<th>Back-up:</th>
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<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer, University Medical Center</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board approve the Colocation Facilities Agreement between Switch, Ltd. and University Medical Center of Southern Nevada for Data Center Services and authorize the Chief Executive Officer to execute the agreement and future Service Orders/Change Orders under the appropriate signing authority; and authorize the Chief Executive Officer to sign the agreement. *(For possible action)*

FISCAL IMPACT:

- Fund #: 5420.000
- Fund Center: 3000854000
- Fund Name: UMC Operating Fund
- Estimated Amount: $1,254,816 (3 Year Term)

BACKGROUND:

On December 21, 2010 the Board of Hospital Trustees approved the award of RFP 2010-15 to Cox Business for IT Infrastructure Services including data center co-location facility services, high-speed network circuits (T1, 100 mb, direct fiber and 1 gb fiber) for the Hospital and its affiliated Quick Care and Urgent Care facilities.

The current agreement for these services is with Cox Business. IT Management is requesting approval of the Colocation Facilities Agreement for Data Center Services direct with Switch, Ltd. to take advantage of cost savings estimated at $287,640 over the next 36 months. The Cox Communications agreement is also being amended (see related agenda item). Cox Business has agreed to transfer Data Center services to Switch, Ltd. without penalty or disruption of services.

The contract period is from the Effective Date and shall remain in effect until expiration of the last Service Order. After conclusion of the Service Commitment Period, the applicable Service Order shall automatically renew on a month-to-month basis unless thirty (30) days written notice is provided.

IT Management has negotiated the proposed contract and fees associated, and found them equitable for the work to be performed.

Switch, Ltd. currently holds a Clark County Business License.

Cleared for Agenda
February 24, 2016

Agenda Item #

16
Information Technology Management and Infrastructure staff have reviewed the agreement and recommend approval by the Governing Board.

The Agreement was reviewed by the Governing Board Audit and Finance Committee at their February 23, 2016 meeting and recommended for approval by the Governing Board.

This Agreement has been approved as to form by UMCSN’s General Counsel.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
COLOCATION FACILITIES AGREEMENT

This Colocation Facilities Agreement is made by and between Switch and the customer indicated in the signature block below ("Customer"). This Colocation Facilities Agreement is effective as of the date of Switch's signature below (the "Effective Date"); provided that neither party shall be bound until both parties have signed.

1. Colocation Facilities.

1.1 Definitions. "Agreement" means a collective reference to this Colocation Facilities Agreement and Exhibits hereto. "Colocation Space" means a collective reference to the colocation space described on a Service Order together with associated power, cooling and other services to be provided by Switch pursuant to a Service Order (exclusive of Carrier Services). "Carrier Services" means a collective reference to internet, transport and other services provided by one or more third-party telecommunications carriers (each a "Carrier") to Customer through Switch or procured directly by Customer. "Customer Equipment" means the computer equipment, software, hardware and other materials placed or for Customer in the Colocation Space, other than Switch equipment. Capitalized terms (e.g. the term "Premises") not defined herein have the meaning provided in the SLA or the applicable Service Order.

1.2 Service Orders. From time to time, the parties may execute Service Orders that reference this Agreement and this Agreement is hereby incorporated into such Service Orders. This Agreement shall govern over any inconsistent terms and conditions contained in a Service Order. For clarity, each Service Order is a separate and distinct agreement between Switch and Customer.

1.3 Commencement of License. The Colocation Space commencement date (the "Commencement Date") shall be the earlier of: (i) the date Switch makes the Colocation Space available to Customer (which shall not be prior to the Target Commencement Date) or (ii) the date Customer places any Customer Equipment in the Colocation Space. The Commencement Date for Carrier Services shall be the date on which the applicable Carrier makes the Carrier Services available to Customer.

1.4 Installation Documentation. Within sixty (60) days after the execution of each Service Order, Customer will provide Switch with all required installation documentation. If Customer fails to provide such documentation within the 60-day period, Switch may commence charging MRC (defined in Section 3) as a reservation fee.

2. Colocation Space.

2.1 License Grant. Starting on the applicable Commencement Date, Switch hereby grants Customer a limited, revocable license to install and operate, maintain and access, as well as transmit and receive to and from, the Customer Equipment within the Colocation Space and for no other purpose.

2.2 Installation and Management. Customer will be solely responsible for the immediate removal from the Premises of all packaging materials (especially flammable materials) associated with the Customer Equipment and will maintain the Colocation Space in a clean, safe and orderly fashion. Customer must adhere to industry standards for cable management. Cables must be properly installed and either enclosed in cable management trays or in clean bundles for proper presentation and identification.

2.3 Location and Configuration. The Colocation Space is located within a t-scif™ as described on Exhibit B, and Customer agrees to abide by the engineering standards inherent in such a structure, including minimizing Customer’s carbon footprint by working with Switch to maintain a hot aisle temperature between 100°F and 110°F. The standard cabinet height for the t-scif is 79 inches (42U). The standard cabinet width for the t-scif is 24 inches wide (600mm). All non-standard height cabinets may require a customization fee for installation within a thermal-scif. All non-standard width cabinets may require an increase in MRC due to the increased space allocation. No cabinets above 90 inches will be allowed. Modifications to the Customer Equipment configuration within the Colocation Space require Switch's prior written consent.

2.4 Customer Equipment. All Customer Equipment must be UL60950 compliant. The Colocation Space is not intended to provide the Special Requirements for an Information Technology Equipment Room as contemplated by ANSI/NFPA 70, Article 645 and NFPA 75. The Customer Equipment shall be listed and labeled under UL Standard 60950 or other standard reasonably acceptable to Switch. The Customer Equipment and its installation shall conform to the requirements contemplated by ANSI / NFPA 70, National Electric Code, Chapters 1 through 4. Customer shall not install Customer Equipment that requires the additional safeguards contemplated by ANSI / NFPA 70, Article 645 and NFPA 75.

2.5 Access. Customer will have access to the Colocation Space 24-hours a day, 7-days a week. All access to the Premises shall be in accordance with Switch's security and access procedures. Customer is responsible for any and all actions of Customer's representatives, agents and persons escorted by or on behalf of Customer (collectively, "Customer Representatives"). Switch may suspend access by any Customer Representative or other person to the Premises including the Colocation Space for security violations or in the event of an emergency. Switch shall promptly notify Customer in the event any such suspension occurs. Customer shall receive two access badges at no cost. Additional badges are available for $100 each.

2.6 Smarthands Services. At Customer's request, Switch may assist Customer in performing light duties or correcting minor problems with respect to the Customer Equipment. Customer agrees to pay Switch's fees for such services, provided Customer authorizes the charge, in writing, including via a quote or purchase order prior to any work being completed.

2.7 Removal of Customer Equipment. Customer will provide Switch with notice at least two (2) days before Customer desires to remove a significant piece of Customer Equipment from the Colocation
Space so logistics may be arranged within the Premises. Before authorizing the removal of any significant Customer Equipment, Switch’s accounting department will verify that Customer’s account is in good standing.

2.8 Vacating the Colocation Space. In the event Customer continues its presence in the Colocation Space after the termination of the applicable Service Order or this Agreement, Customer agrees to subject to all the terms and provisions of this Agreement during such occupancy period and to pay for such space an amount equal to twice the MRC due for the period immediately preceding termination of the Service Order or this Agreement. No occupancy of the Colocation Space or payments of money by Customer after termination shall prevent Switch’s immediate recovery of the Colocation Space. Consistent with any applicable limitations of liability provided in NRS Chapter 41, which Customer does not waive, Customer shall indemnify, defend and hold harmless Switch from and against any and all claims, actions, proceedings or demands (each a “Claim”) and related costs (defined below) arising from or related to Customer’s failure to timely vacate the Colocation Space. Upon termination of the Agreement or any Service Order, Customer agrees to promptly release any Internet Protocol (IP) numbers, addresses or address blocks assigned to Customer by Switch in connection with the Service (but not any URL or top-level domain or domain name) and will assist Switch with any steps necessary to change or remove any such IP addresses. Upon notice delivered at least sixty (60) days prior to the end of the Service Commitment Period, Customer may extend the termination date in a Service Order for Colocation Services, on a month to month basis by up to ninety (90) days.

2.9 Relocation of Customer Equipment. Switch shall not arbitrarily require Customer to relocate the Customer Equipment. However, upon prior notice of at least thirty (30) days, or in the event of an emergency, Switch may require Customer to relocate the Customer Equipment; provided that the relocation site shall afford comparable environmental conditions for and accessibility to the Customer Equipment. The reasonable direct costs of the relocation shall be borne by Switch unless the relocation is required to accommodate Customer’s requests or the physical requirements of the Premises. The Premises were designed to meet Uptime Institute’s Tier 4 standards for power throughputs. If Customer requires power in excess of these thresholds, then Customer shall comply with Switch’s request to move Customer to Switch’s higher density power data center at no cost to Customer.

2.10 Cross-Connections/Carrier Services. Upon request, Switch will provide Customer with a list of approved Carriers. Customer shall order all cross-connections from Switch. Such cross-connections are subject to Switch’s processes and procedures. All cross-connections shall be installed by Switch. Customer will notify the applicable Carrier and Switch when Customer desires to terminate or modify any cross-connections. Customer will be solely responsible for all payments due to the Carriers unless the Carrier Services are made available to Customer by Switch, in which case payment shall be made to Switch. Customer acknowledges and agrees that the Carrier Services will be provided by one or more third-party Carriers that are not under the control of Switch. Customer understands that Switch does not own or control any of the Carrier Services and agrees that Switch is not responsible or liable for performance or non-performance of the Carriers even when resold by Switch except that Switch shall pass through any service credits provided to Switch by a Carrier pursuant to the applicable Carrier service level agreement.

3. Fees and Billing.

3.1 Recurring MRC. Customer agrees to pay the minimum Monthly Recurring Charges indicated on the Service Order and all other amounts indicated in this Agreement (collectively, the “MRC”).

3.2 Non-Recurring Charges. Non-Recurring Charges indicated on a Service Order (“NRC”) are due and payable upon execution of the Service Order by Switch. Along with the NRC, Customer shall deliver to Switch a security deposit (the “Security Deposit”) equal to one month’s MRC or such other amount as may be indicated on the Service Order, which will be promptly returned to Customer upon expiration or termination of this Agreement, or applied against the MRC then due. In the event Switch needs to utilize all or any part of the Security Deposit, Customer agrees to replenish the Security Deposit within five (5) business days. Switch will not have any obligation to perform under any Service Order unless and until Switch receives the NRC and the Security Deposit.

3.3 Timing of Payment. Switch shall invoice Customer monthly for MRC in advance, and Customer shall pay such invoice within thirty (30) days of the invoice date. During the Service Commitment Period, MRC may increase by an amount not to exceed four percent (4%) in any calendar year. Power MRC may increase an additional amount to proportionately reflect increases in third-party utility charges.

3.4 Bankruptcy/Insolvency. If Customer fails to make any payments hereunder, or if a petition is brought by or against Customer under any state or federal insolvency law, Switch may modify the payment terms to secure Customer’s payment obligations before providing any services. To the extent permissible by law, Customer hereby grants Switch a security interest in the Customer Equipment to secure Customer’s obligations hereunder. Upon request, Customer shall execute any documents intended to perfect Switch’s security interest.

3.5 Taxes. NRC and MRC are exclusive of applicable taxes, duties and similar charges. Customer will be responsible for and will pay in full all such amounts (exclusive of income taxes payable by Switch), whether imposed on Switch or directly on Customer.

3.6 Service Credits. In the event of unavailability or failure of the Colocation Space, Customer will receive Service Credits as set forth in the Service Level Agreement (“SLA”) attached hereto as Exhibit A. Customer acknowledges and agrees that Customer’s sole and exclusive remedies regarding the Colocation Space are those provided in the SLA.


4.1 Customer Equipment. Customer has sole control and responsibility for installation, testing and operation of the Customer Equipment (including services not provided by Switch). In no event will the timely installation or non-operation of Customer Equipment (including Off-Net Local Access when procured by Customer) relieve Customer of its obligation to pay MRC.

4.2 Customer’s End Users. Customer is solely responsible for providing its end users with customer service.

4.3 Compliance with Law/AUP. Both Switch and Customer shall at all times fully comply with and faithfully carry out all laws, statutes, ordinances, regulations, promulgations and mandates of all duly constituted authorities applicable to the operations of their respective businesses, and any failure to do so shall constitute a default under this Agreement if not cured within the cure period set forth in
Section 5 in which the affected portion of this Agreement may be immediately terminated by either party by written notice delivered prior to the effect of a cure. Both Switch and Customer shall at all times maintain in good standing and effect all necessary and proper business licenses and other licenses and permits relating to its business operations. Customer acknowledges that Switch exercises no control over the content of the information passing through the Customer's telecommunications network and that it is Customer's sole responsibility to ensure that the information Customer transmits and receives complies with all applicable laws and regulations. Customer shall cooperate with any investigation by any governmental authority or Switch, and shall immediately rectify illegal use; failure to do so will be a material breach of this Agreement. Customer's use of the Colocation Space and operations therein shall comply with Switch's and each applicable Carrier's then current Acceptable Use Policy (each an "AUP"). Switch's AUP is available at www.supernap.com. Transmission of any material in violation of any law, regulation or an AUP is strictly prohibited. Any access made to other networks connected to the Switch Network must comply with the rules of the other network and the AUP.

5. Term and Termination.

5.1 Term. This Agreement is effective as of the Effective Date and shall remain in effect until expiration of the last Service Order issued hereunder unless terminated earlier as set forth in this Section 5. Service Orders shall remain in effect for the service commitment period stated in the applicable Service Order (the "Service Commitment Period"), unless terminated earlier as set forth in this Section 5. After conclusion of the Service Commitment Period, the applicable Service Order shall automatically renew on a month-to-month basis unless Customer provides written notice of its intent not to renew upon thirty (30) days written notice.

5.2 Conditions of Breach. A party is in breach of this Agreement if such party violates its obligations under this Agreement and such violation is not cured within thirty (30) days after notice by the other party (excepting payment obligations that are breached if not paid on the due date specified in Section 3.3).

5.3 Certain Remedies for Breach. If Customer is in breach of this Agreement, Switch may discontinue providing any or all of the services, Colocation Space, Carrier Services and deny access to the Premises. Customer agrees to pay the expenses Switch may incur in collection efforts including any reasonable attorneys' fees. Additionally, Switch reserves its rights in law and in equity, including the ability to collect the MRC for the balance of the Service Commitment Period. If Switch is in breach of this Agreement, then prior to the cure of such breach, Customer may terminate the breached Service Order at no penalty and pay only the MRC for such services through the termination date.

5.4 Service Commitment Period. Subject to Section 5.2 and 5.3, Service Orders are non-cancellable during the Service Commitment Period. As a material inducement for Switch to enter into this Agreement and each Service Order, Customer acknowledges, agrees and covenants that upon Customer's execution of each service order (i) Customer is responsible for full payment of the license for the entire Service Commitment Period regardless of the portion of the services actually consumed; and (ii) termination of the Service Order or this Agreement (other than for breach by Switch) or suspension of services as permitted in this Agreement shall not relieve Customer of its obligation to pay the full MRC for the duration of Service Commitment Period (subject to any applicable Service Credits).

5.5 Network Protection. In the event of an emergency and to the extent necessary to protect the Switch Network or to remedy AUP violations, Switch may temporarily restrict or suspend Customer's rights under this Agreement, including access to the Colocation Space, related services and Carrier Services, without liability to Customer. Switch will use reasonable efforts to notify Customer prior to any such restriction or suspension and will notify Customer promptly when such restriction or suspension is no longer necessary. Suspension of Colocation Space and/or Carrier Services pursuant to this Section 5 shall not be a violation of this Agreement or contribute towards Service Credits.

5.6 Effect of Termination. Upon termination of this Agreement: (i) Switch may immediately cease providing services; and (ii) all MRC will become immediately due and payable. In the event Customer has not removed the Customer Equipment as of the termination date, Switch may remove the Customer Equipment from the Colocation Space and place the Customer Equipment in storage at Customer's risk and expense and/or, after providing Customer with at least fifteen (15) days' notice, dispose of the Customer Equipment.

6. Resale. Customer may sub-license the Colocation Space only after receiving Switch's prior written approval. Should Customer sub-license any portion of the Colocation Space to any third party, Customer assumes all liabilities arising out of or related to use of the Colocation Space by such third party and Switch shall have no obligation or liability to such sub-licensee. Customer agrees to enter into written agreements with all parties to whom Customer resells any portion of the Colocation Space with terms at least as restrictive and as protective of Switch's rights as the terms of this Agreement; provided that such third party shall not have the right to further sub-license the Colocation Space. Sub-licensing by Customer of any or all of the Colocation Space shall not relieve or in any way diminish Customer's liability and obligations hereunder.

7. Insurance. At all times each party shall maintain (i) commercial general liability insurance of not less than $1,000,000 per occurrence and (ii) workers' compensation insurance at or greater than the minimum levels required by applicable law; Customer shall also maintain (a) "all risk" personal property insurance in an amount at least equal to the full replacement value of the Customer Equipment and (b) business loss and interruption insurance in an amount sufficient to compensate Customer and Customer's end users for loss of the Colocation Space related services or the Carrier Services. Customer retains the risk of loss for, loss of (including loss of use), or damage to, the Carrier Equipment and other personal property located in the Premises. Switch's insurance policies do not provide coverage for Customer's personal property. Customer agrees that Customer shall not and shall cause the Customer Representatives to not pursue any claims against Switch unless and until Customer or the Customer Representative, as applicable, first files a claim against Customer's insurance policy and the applicable insurance provider(s) finally resolve such claims. Customer shall name Switch as an additional insured on all general liability insurance policies, such policies may not be cancelled without thirty (30) days prior notice to Switch and Customer shall provide policy endorsements upon request. Customer shall ensure that each policy required hereunder contains a waiver of subrogation provision for the benefit of Switch. Customer may satisfy these obligations through self-insurance.

8. Limitations of Liability.

8.1 Personal Injury. Each Customer Representative and any other person visiting the Premises does so at his or her own risk, and Switch shall not be liable for any harm to such persons.
8.2 Liability. CONSISTENT WITH ANY APPLICABLE LIMITATIONS OF LIABILITY PROVIDED IN NRS CHAPTER 41, WHICH CUSTOMER DOES NOT WAIVE, IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER, OR ANY CUSTOMER REPRESENTATIVE, ANY THIRD PARTY OR OTHERWISE, FOR ANY INCIDENTAL, SPECIAL, PUNITIVE, INDIRECT OR CONSEQUENTIAL DAMAGES, INCLUDING LOST REVENUE, LOST PROFITS, DAMAGE TO CUSTOMER EQUIPMENT, LOSS OF TECHNOLOGY, LOSS OF DATA, NON- DELIVERIES, OR IN ANY WAY RELATED TO THE COLOCATION SPACE, SERVICES OR ANY ASPECT OF CUSTOMER'S BUSINESS, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER UNDER THEORY OF CONTRACT, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY OR OTHERWISE. IN NO EVENT WILL EITHER PARTY'S AGGREGATE LIABILITY ARISING FROM OR RELATED TO THIS AGREEMENT UNDER ANY THEORY OF LIABILITY EXCEED THE AMOUNT INVOICED AND, IN SWITCH'S CASE, PAID BY CUSTOMER FOR THE COLOCATION SPACE WHICH IS THE SUBJECT OF THE DISPUTE IN THE SIX (6) MONTHS IMMEDIATELY PRECEDING THE DATE ON WHICH THE SUBJECT CLAIM AROSE. THESE LIMITATIONS SHALL APPLY DESPITE THE FAILURE OF THE ESSENTIAL PURPOSE OF ANY REMEDY. THE PROVISIONS OF THIS SECTION SHALL NOT APPLY TO INDEMNITY OBLIGATIONS OR BE INTERPRETED TO REDUCE COMPENSATION WHICH IS OTHERWISE DUE TO SWITCH.

9. Indemnification. Consistent with any applicable limitations of liability provided in NRS Chapter 41, which Customer does not waive, Customer agrees and covenants to defend, indemnify and hold harmless Switch, its directors, officers, managers, members, employees, agents, affiliates and customers (collectively with Switch, the "Covered Entities") for, from and against any and all costs, expenses, damages, losses and/or liabilities (including attorney fees) (collectively, "Costs") arising from or related to Claims made by or against any of the Covered Entities alleging: (i) infringement or misappropriation of any intellectual property rights; (ii) damage caused by or related to Customer's operations, including any violation of Switch's or any Carrier's AUP (including anti-spam policies); (iii) any damage or destruction to the Colocation Space, the Premises, Switch equipment or to another Switch customer which damage is caused by or results from acts or omissions by Customer or any Customer Representative; (iv) any property damage or personal injury to any Customer Representative arising out of such individual's activities at the Premises; (v) any damage arising from or related to the Customer Equipment or Customer's business; or (vi) any warranties provided by or through Customer to any third parties regarding the Colocation Space or the Carrier Services (collectively, the "Covered Claims"). In the event of a Covered Claim, the Covered Entity may select its own counsel to participate in the defense of such Claim. Customer will not settle a Covered Claim in a manner that imposes liability or obligation upon a Covered Entity.

10. Hazardous Materials. "Hazardous Materials" means any substance referred to, or defined in any law, as a hazardous material or hazardous substance (or other similar term). Customer will not cause or permit any Hazardous Materials to be brought upon, kept, stored, discharged, released or used in, under or about any portion of the Premises. Customer will cause all Hazardous Materials brought to the Premises by or on behalf of Customer to be removed from the Premises in compliance with all applicable laws. If Customer or its agents perform any act or omission that contaminates or expands the scope of contamination of the Premises, then Customer will promptly, at Customer's expense, take all investigatory and remedial actions necessary to fully remove and dispose of such Hazardous Materials and any contamination so caused in compliance with all applicable laws. Customer will also repair all damage to the Premises caused by such contamination and remediation.


11.1 Force Majeure. Except for the payment of money, neither party will be liable for any failure or delay in its performance under this Agreement due to any cause beyond its reasonable control, including acts of war, acts of God, earthquake, flood, embargo, riot, sabotage, labor shortage or dispute, loss of the Premises (in whole or part) for any reason, governmental act or failure of the Carrier or the Internet.

11.2 No Lease. Customer acknowledges and agrees that Customer has not been granted any real property interest in the Colocation Space or the Premises, and Customer has no rights as a tenant or otherwise under any real property or landlord/tenant laws or regulations. Customer shall not record any notice of this Agreement. Customer shall not permit any liens to be placed on the Premises or portion thereof and shall have any such liens immediately removed.

11.3 Confidentiality. The parties acknowledge and agree: (i) the technical aspects of Customer's deployment in the Colocation Space is the confidential information of Customer and (ii) the design of the Premises and the manner by which Switch provides the Colocation Space and access to Carrier Services are the confidential information of Switch (collectively, "Confidential Information"). Confidential Information may be used by the recipient only in connection with its performance under this Agreement. Confidential Information may not be disclosed except to those employees or contractors of the recipient with a need to know and who agree to hold the information in confidence. If the recipient is legally compelled to disclose Confidential Information, the recipient shall provide the discloser with notice of such requirement prior to disclosure (if permissible) so that the discloser may seek any appropriate remedy. Confidential Information excludes information that: (i) is or becomes generally available to the public through no wrongful act of the recipient; (ii) is received from a third party with the right to supply it; or (iii) is independently developed by the recipient. Notwithstanding the foregoing, Switch acknowledges that Customer is public county-owned hospital which is subject to the provisions of the Nevada Public Records Act, Nevada Revised Statutes Chapter 239, as may be amended from time to time, and as such its contracts are public documents available to copying and inspection by the public. If Customer receives a demand for the disclosure of any information related to this Agreement which Switch has claimed to be confidential and proprietary, such as Switch's pricing, programs, services, business practices or procedures, Customer will immediately notify Switch of such demand and Switch shall immediately notify Customer of its intention to seek injunctive relief in a Nevada court for protective order. Switch shall be responsible for any claims or actions, including all associated costs and attorney's fees, demanding the disclosure of Switch's contracts in Customer's custody and control in which Switch claims to be confidential and proprietary. Upon written request, the recipient will return the Confidential Information to the discloser and shall not retain any copies of such Confidential Information. The parties acknowledge and agree that Switch does not require access to any Confidential Information (including end customer information) which may be located on the Customer Equipment. Switch covenants not to attempt to access any information on the Customer Equipment without the prior written consent of Customer and Customer covenants
not to provide Switch with access to such information without the prior written consent of Switch.

11.4 Assignment. Neither party may assign this Agreement without the prior written consent of the other party, except as part of a merger, acquisition or financing. Any attempted assignment in violation of this Section 11 will be null and void. This Agreement will bind and inure to the benefit of each party’s permitted successors and assigns. Successors and assigns shall assume the assignor’s obligations hereunder in a writing satisfactory to the non-assigning party.

11.5 Notices. Any notice or communication given hereunder may be delivered personally, by electronic mail (other than notices of breach or termination), deposited with an overnight courier or mailed by registered mail, return receipt requested, postage prepaid, to the address of the receiving party indicated on the Service Order, or at such other address as either party may provide to the other. Notices will be deemed delivered upon receipt.

11.6 No Waiver. No term or provision of this Agreement shall be deemed waived and no breach or default shall be deemed excused unless such waiver or consent is in writing and signed by the parties. A consent to waiver of or excuse for a breach or default by either party, whether express or implied, shall not constitute a consent to, waiver of, or excuse for any different or subsequent breach or default.

11.7 Relationship of Parties. Switch and Customer are independent contractors and this Agreement does not establish any relationship of partnership, joint venture, employment, franchise or agency between Switch and Customer. Neither Switch nor Customer will have the power to bind the other or incur obligations on the other’s behalf without the other’s prior written consent.

11.8 Choice of Law. This Agreement shall be construed in accordance with and all disputes hereunder shall be governed by the laws of the State of Nevada, excluding its conflict of law rules and the parties hereby consent to the exclusive jurisdiction of the state and federal courts located in and for the County of Clark, Nevada.

11.9 Entire Agreement. This Agreement represents the complete agreement of the parties with respect to the subject matter herein, and supersedes any other agreement or understanding, written or oral. This Agreement may be modified only through a written instrument signed by both parties. There are no third-party beneficiaries to this Agreement. Except as expressly stated herein, all rights and remedies herein are cumulative and without prejudice to each other or any other remedies available in law or equity.

11.10 Severability. In the event any provision of this Agreement is held by a court or other tribunal of competent jurisdiction to be unenforceable, that provision will be reformed and enforced to the maximum extent permissible under applicable law, and the other provisions of this Agreement will remain in full force and effect.

11.11 Warranties. Both parties represent and warrant that they have full corporate power and authority to execute and deliver this Agreement and to perform their obligations under this Agreement and the person whose signature appears on the Service Order is authorized to enter into this Agreement on behalf of the respective party. The Colocation Space itself is provided on an “AS-IS” basis. EXCEPT AS SET FORTH IN THIS SECTION AND THE SLA, SWITCH SPECIFICALLY DISCLAIMS ANY AND ALL EXPRESS, IMPLIED OR STATUTORY WARRANTIES WITH RESPECT TO THE COLOCATION SPACE, SERVICES AND THE PREMISES, INCLUDING THE IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, OF MERCHANTABILITY AND AGAINST INFRINGEMENT. SWITCH EXERVSES NO CONTROL WHATSOEVER OVER THE CONTENT OF THE INFORMATION PASSING THROUGH THE SWITCH NETWORK OR OVER THE INTERNET. USE OF ANY INFORMATION OBTAINED OVER THE SWITCH NETWORK OR THE INTERNET IS AT CUSTOMER’S OWN RISK.

11.12 Headings/Interpretation. Headings in this Agreement are for reference purposes only and in no way define, limit, or describe the scope or extent of a Section or in any way affect this Agreement. The word “including” shall be read as “including without limitation.” No provision of this Agreement shall be construed against or interpreted to the disadvantage of any party by any court or other authority by reason of such party having or being deemed to have drafted such provision.

11.13 Survival. The provisions of Sections 2.8, 3.3, 5.6, 8, 9, 10 and 11 shall survive the expiration or termination of this Agreement for any reason, along with all indemnity obligations hereunder.

11.14 Confirmation. Periodically, an entity with whom Switch has a financial relationship (such as a lender) may request confirmation from Customer that this Agreement is in existence, that it is then in force, that Switch is not in breach of this Agreement and similar information (a “Confirmation”). Within ten (10) days after request from Switch, Customer will execute and deliver to Switch a Confirmation in the form reasonably requested by the third party or a description of why the requested statements in the Confirmation are not accurate.

11.15 Counterparts. This Agreement may be executed in counterparts with the same force and effect as if each party had executed the same instrument, provided that no party shall be bound until both parties have executed and delivered a counterpart of this Agreement to the other.
WHEREFORE, intending to be bound, the parties have executed this Colocation Facilities Agreement through their authorized representative as of the dates set forth below.

SWITCH

Signature: 
Name: Lesley McVay 
Title: EVP Data Center Services 
Date: 2/8/16
Address: 7135 S. Decatur Blvd 
Las Vegas, NV 89118

UNIVERSITY MEDICAL CENTER

Signature: 
Name: Mason VanHouweling 
Title: Chief Executive Officer 
Date: 
Address: 1800 W. Charleston Blvd.
Las Vegas, NV 89102

Switch Confidential Document: Intended for Designated Customer Only

COLOCATION FACILITIES AGREEMENT

04292015

Customer Initials
This Service Level Agreement is a part of the Colocation Facilities Agreement (the "Agreement") between Customer and Switch. Capitalized terms not defined herein have the meaning provided in the Agreement.

1. **Service Credits**

Switch is pleased to offer Customer the following service levels regarding the following items:

- Network Availability
- Network Latency
- Packet Delivery
- Power Delivery

If Switch fails to meet any of these service levels, Switch will provide Customer with a service credit (a "Service Credit"), equal to the result of dividing (i) the MRC paid by Customer for the affected service during the calendar month in which the Service Credit was earned by (ii) 30 (the average number of days in a calendar month). "Network Access Fees" are the fees charged to Customer for access to and use of the Switch Network. "Switch Network" means the telecommunications/data communications network and network components owned, operated and controlled by Switch within the Premises. The Switch Network does not include any Customer Equipment or any networks or network equipment not operated and controlled by Switch.

2. **Switch Network Availability**

Switch provides 99.99% availability of the Switch Network in any calendar month, as calculated from the ingress to and egress from the Switch Network. For each cumulative hour or fraction thereof that Customer experiences Switch Network unavailability, Customer may request Service Credits. A Network Service Credit will be given only for those outages that were reported to Switch at the time of the outage. An outage is measured from the time it is reported to the time it is resolved.

3. **Switch Network Latency**

The Switch Network carries packets with an average Network Latency per month of less than 10 milliseconds. Switch monitors aggregate latency within the Switch Network by monitoring round trip times between a sample of backbone hubs on an ongoing basis. "Network Latency" (or "round trip time") means the average time taken for an IP packet to make a round trip between specified backbone hubs on the Switch Network.

After Customer notifies Switch of average Network Latency in excess of 10 milliseconds per month, Switch will use commercially reasonable efforts to determine the source of such excess Network Latency and to correct such problem to the extent that the source of the problem is on the Switch Network. If Switch fails to remedy such Network Latency on the Switch Network within 24 hours of being notified of any excess Network Latency and the average Network Latency for the preceding month has exceeded 10 milliseconds, Switch will issue Service Credits to Customer s account for each hour or fraction thereof from time of notification by Customer until the Network Latency is less than 10 milliseconds.

4. **Switch Network Packet Delivery**

The Switch Network has an average monthly Packet Loss of 0.1% (or successful delivery of 99.9% of packets). Switch monitors aggregate Packet Loss within the Switch Network on an ongoing basis and compiles the collected data into a monthly average Packet Loss measurement for the Switch Network. "Packet Loss" means the percentage of packets that are dropped within the Switch Network.

After being notified by Customer of Packet Loss in excess of 0.1% in a given calendar month ("Excess Packet Loss"), Switch will use commercially reasonable efforts to determine the source of such Excess Packet Loss and to correct such problem to the extent that the source of the problem is on the Switch Network. If Switch fails to remedy such Excess Packet Loss within 24 hours of being notified of any Excess Packet Loss on the Switch Network and average Packet Loss for the preceding month exceeds 0.1%, Switch will issue Service Credits to Customer's account for the period commencing at the time of receipt notification from Customer until the Packet Loss is less than 0.1%.
5. Power Service Availability

Switch is committed to providing 100% power availability if, and only if, Customer elects to properly deploy dual feed (A&B) power. Switch strongly recommends dual power and monitor-ready ATS and PDU's be correctly deployed in every rack and cabinet to ensure 100% uptime. Customer Equipment not properly utilizing A&B power will not receive Service Credits for power loss ("Power Service Credits"). Customer UPS's are not allowed to be used down-line from the Switch mission critical power system. Switch Operations must approve all power distribution systems deployed within the Customer's Colocation Space. All equipment must first be tested on house power prior to plugging into the Switch UPS receptacles. For each hour or fraction thereof that Customer experiences both A&B power unavailability, Customer may request Service Credits for the cabinets experiencing the power loss from Switch.

A Power Service Credit will be given only for those interruptions that were reported to Switch at the time of the interruption. If Customer only has single-sided power, Customer will not receive Power Service Credits. Customer must perform fail-over testing procedures at least twice each year to ensure all Customer Equipment will function properly in the unlikely event of a single sided power interruption. This is for the Customer's protection. Failure to perform this testing could result in forfeiture of Power Service Credits.


Switch guarantees the temperature and relative humidity in the cold aisle of the Colocation Space will be maintained within ASHRAE thresholds, as measured by Switch, excluding events caused by Customer. Customer may request a Colocation Space Service Credit for each 15 minutes in which these environmental thresholds are exceeded.


The concept behind offering a usage based Internet product is simple: charge the customer for what they actually use. This product is ideal for those customers that either experience substantial swings in monthly usage or are anticipating growth. When traffic patterns will be unpredictable, the customer can have the security of having enough bandwidth to handle heavy use months, but also retain the flexibility to pay less when traffic declines.

Customer's monthly burstable usage is determined by calculating the 95th percentile of data usage that is used over and above Customer's contracted floor amount. As is with most data, Internet traffic has peak times throughout the day. Actually, it has peak times within any measurement interval whether it be a day, an hour, or five minutes. Billing on the 95th percentile eliminates the top 5% of measurement peaks, and bills on the Mb level at the remaining highest measurement. The purpose for billing at the 95th percentile versus actual peak utilization is to eliminate any abnormal peaks throughout the month.

Within the router, a counter that keeps track of all bytes passed through each interface, a PERL script using SNMP will poll each applicable Customer interface every five minutes. At every five minute pass, the code will read the counter and compare the result against the previous reading. The difference between the two will be converted from byte counts to a data rate. Polling this data every five minutes results in 8640 data records per month. These records are then sorted from high to low usage and the top 5% are discarded. The remaining data rate is then used to determine the billing level for the month. For example, out of 100 data points the top ten are:

<table>
<thead>
<tr>
<th>100</th>
<th>97</th>
<th>94</th>
<th>91</th>
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<tbody>
<tr>
<td>34.2 Mb</td>
<td>34.08 Mb</td>
<td>33.91 Mb</td>
<td>33.66 Mb</td>
</tr>
<tr>
<td>34.18 Mb</td>
<td>34.02 Mb</td>
<td>33.84 Mb</td>
<td></td>
</tr>
<tr>
<td>34.11 Mb</td>
<td>33.98 Mb</td>
<td>33.70 Mb</td>
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</tbody>
</table>

Eliminating the top 5% leaves the data rate of 33.98Mb. This is the rate at which Switch will bill Customer for the month.

8. Conditions.

This SLA provides Customer's sole and exclusive remedies for any service interruptions, deficiencies or failures of any kind. The parties agree that the Service Credits constitute liquidated damages. No Service Credits shall be issued for Exempted Occurrences. "Exempted Occurrence" means any occurrence which impacts a service that is caused by: (i) any suspension of service pursuant to the Agreement; (ii) scheduled or emergency maintenance, alteration or implementation; (iii) force majeure events; (iv) the unavailability of necessary Customer Representatives, including as a result of failure to provide Switch with accurate, current contact information; (v) the acts or omissions of Customer or any Customer Representative; or (vi) failure or malfunction of equipment, applications or systems not owned or controlled by Switch. All performance measurements for the determination of Service Credits are based upon Switch's records.

The parties acknowledge and agree that Switch manages traffic on the Switch Network on the basis of its customers' utilization of the Switch Network and that changes in such utilization impact Switch's ability to manage network traffic. Therefore, notwithstanding any provision to the contrary herein or in the Agreement, if Customer significantly changes its utilization of the Switch Network and such change creates a material and adverse effect on the traffic balance of the Switch Network, Switch may either modify the Service Credits that may have otherwise accrued or modify Switch's provision of the affected services.

Customer must request any credit due hereunder within 60 days after the date on which the credit accrues. Customer waives any right to credits not requested within this 60 day period. Customer will not be eligible to accrue any otherwise applicable Service Credits while Customer is: (i) past due on MRC or other amounts owed under the Agreement or (ii) in violation of an AUP. In no event shall Service Credits exceed 50% of the MRC for the affected service(s) during the calendar month in which the Service Credits accrue.

Switch Confidential Document: Intended for Designated Customer Only

SERVICE LEVEL AGREEMENT

COLOCATION FACILITIES AGREEMENT

Page 69 of 333
All computerized equipment generates heat. The Switch t-scif™ is designed to protect all of the customers in the facility from heat outputs. All equipment placed into the t-scif must vent the heat directly into the enclosed center aisle, where it is then contained and prevented from mixing back into the cold room.
### DISCLOSURE OF OWNERSHIP/PRINCIPALS

<table>
<thead>
<tr>
<th>Business Entity Type (Please select one)</th>
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<tbody>
<tr>
<td>☐ Sole Proprietorship</td>
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<tr>
<th>Business Designation Group (Please select all that apply)</th>
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<tbody>
<tr>
<td>☐ MBE</td>
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### Number of Clark County Nevada Residents Employed: 353

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<tr>
<th>Corporate/Business Entity Name:</th>
<th>Switch, Ltd.</th>
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<tr>
<td>(Include d.b.a., if applicable)</td>
<td>Switch</td>
</tr>
<tr>
<td>Street Address:</td>
<td>P.O. Box 400850</td>
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<tr>
<td>City, State and Zip Code:</td>
<td>Las Vegas, NV 89140</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.supernap.com">www.supernap.com</a></td>
</tr>
<tr>
<td>POC Name:</td>
<td>Thomas Morton</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:tmo@supernap.com">tmo@supernap.com</a></td>
</tr>
<tr>
<td>Telephone No:</td>
<td>702-267-6736</td>
</tr>
<tr>
<td>Fax No:</td>
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#### Nevada Local Street Address:

<table>
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<tr>
<th>Address:</th>
<th>7135 S. Decatur Blvd.</th>
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</thead>
<tbody>
<tr>
<td>City, State and Zip Code:</td>
<td>Las Vegas, NV 89118</td>
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<tr>
<td>Website:</td>
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<tr>
<td>Local Telephone No:</td>
<td>702-444-4000</td>
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All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

<table>
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<th>Full Name</th>
<th>Title</th>
<th>% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)</th>
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<tbody>
<tr>
<td>Rob Roy</td>
<td>CEO</td>
<td>&gt;5%</td>
</tr>
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This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  
☐ Yes  
☐ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
   ☐ Yes  
   ☐ No
   (If yes, please note that University Medical Center of Southern Nevada employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
   ☐ Yes  
   ☐ No
   (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature: [Signature]

Title: CFO

Print Name: Thomas Morton

Date: 12/7/2015
DISCLOSURE OF RELATIONSHIP

List any disclosures below: N/A
(Mark N/A, if not applicable.)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS OWNER/PRINCIPAL</th>
<th>NAME OF UMC* EMPLOYEE/OFFICIAL AND JOB TITLE</th>
<th>RELATIONSHIP TO UMC* EMPLOYEE/OFFICIAL</th>
<th>UMC* EMPLOYEE'S/OFFICIAL'S DEPARTMENT</th>
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</table>

* UMC employee means an employee of University Medical Center of Southern Nevada

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

---

For UMC Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes  ☐ No  Is the UMC employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes  ☐ No  Is the UMC employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name
Authorized Department Representative
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue:</th>
<th>Eighth Amendment to PHCS Participating Provider Agreement with MultiPlan, Inc.</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

Recommendation:

That the Governing Board approve the Eighth Amendment to the PHCS Participating Provider Agreement between MultiPlan, Inc. and University Medical Center of Southern Nevada; and authorize the Chief Executive Officer to sign the agreement. (For possible action)

FISCAL IMPACT:

| Fund #: | 5420.0000 | Fund Name: | UMC Operating Fund |
| Fund Center: | Various | Funded Pgm/Grant: | N/A |
| Description: | Amendment to Managed Care Agreement | Amount: | Revenue based on volume |

BACKGROUND:

Since July 2003, UMC has had a contract with MultiPlan, Inc. (previously Private Healthcare Systems) to provide its members healthcare access to the UMC hospital and affiliated Quick Care facilities. The original Agreement has since been amended seven times; the previous amendments updated fee schedules, extended the term and updated exhibits.

This Amendment Eight updates Exhibit A-1 PPO Primary Network Preferred Payment Rates – Inpatient Services and Outpatient Services so that MultiPlan can change its rates per the UMC Chargemaster increase effective July 25, 2015, which was an across-the-board hospital CDM increase of 3 percent. The rates in this Amendment will be retroactively effective from July 25 – December 31, 2015.

Director of Managed Care/Business Development has reviewed the Amendment and recommends approval by the Governing Board.

This Amendment has been approved as to form by UMC’s General Counsel.

A Clark County business license is not required as UMC is the Provider of hospital services to this insurance fund.

This Agreement was reviewed by the Governing Board Audit and Finance Committee at its February 23, 2016 meeting and recommended for approval by the Governing Board.

Respectfully submitted,

[Signature]

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item #

Page 73 of 333
EIGHTH AMENDMENT OF
PHCS PARTICIPATING FACILITY AGREEMENT

This Eighth Amendment (the “Amendment”), effective as of the 25th day of July in the year of 2015, is entered into by and between MultiPlan, Inc., on behalf of itself and its subsidiaries (“MPI”) and University Medical Center of Southern Nevada, a publicly owned and operated hospital created by virtue of Chapter 450 of the Nevada Revised statutes (“Provider”).

WHEREAS, Provider entered into a PHCS Participating Provider Agreement with PHCS effective August 1, 2003, as amended (the “Agreement”) under which Provider agreed to accept the Preferred Payment Rates as reimbursement in full for Care rendered to Covered Individuals under a Contract issued or administered by customers of PHCS (“Payors”); and

WHEREAS, the Parties amended the Agreement on November 1, 2004 to update the rates and other terms; and

WHEREAS, the Parties amended the Agreement on November 1, 2007; to update the rates, allow access by Payors of MultiPlan, Inc., change various sections to clarify terms of negotiation and extend the Agreement through October 31, 2010; and

WHEREAS, the Parties amended the Agreement on November 1, 2010 to update the rates and other terms, and to extend the Agreement through October 31, 2011; and

WHEREAS, the Parties amended the Agreement on November 1, 2011 to substitute MultiPlan, Inc., on behalf of itself and its subsidiaries, as the contracting party in place of PHCS, to update the rates and other terms; and to extend the Agreement through October 31, 2012; and

WHEREAS, the Parties amended the Agreement on November 1, 2012, to update the rates and other terms and to extend the Agreement through October 31, 2014; and

WHEREAS, the Parties amended the Agreement on November 1, 2014 to update the rates and other terms, and to extend the Agreement through December 31, 2014; and

WHEREAS, the Parties amended the Agreement on January 1, 2015 to update the rates and other terms, and to extend the terms of the Agreement until December 31, 2016.

NOW THEREFORE, in consideration of the promises and undertakings hereinafter set forth, and other good and valuable consideration, the receipt of which hereby acknowledged, the parties agree as follows:

1. Delete Exhibit A-1, PPO Primary Network Preferred Payment Rates – Inpatient Services and Outpatient Services, and replace with the attached Exhibit A-1, PPO Primary Network Preferred Payment Rates – Inpatient Services and Outpatient Services.

2. Provider and MPI each ratifies and confirms the terms and conditions of the Agreement as modified herein, and each confirms all other provisions of the Agreement not amended by the foregoing remain valid and effective.

3. In the event of a conflict between the terms of the Agreement and this Amendment, this Amendment shall control.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed as of the date first referenced above.

<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>MultiPlan, Inc.: (on behalf of itself and its subsidiaries):</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Medical Center of Southern Nevada</td>
<td>Signature: ___________________________</td>
</tr>
<tr>
<td>Signature: ___________________________</td>
<td>Print Name: Mark Tabak</td>
</tr>
<tr>
<td>Print Name: Mason VanHouweling</td>
<td>Title: President and Chief Executive Officer</td>
</tr>
<tr>
<td>Title: Chief Executive Officer</td>
<td>Date: ___________________________</td>
</tr>
<tr>
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**DISCLOSURE OF OWNERSHIP/PRINCIPALS**

<table>
<thead>
<tr>
<th>Business Entity Type</th>
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<td>☐ Sole Proprietorship</td>
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<th>Business Designation Group</th>
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<th>MultiPlan, Inc.</th>
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<tr>
<td>(Include d.b.a., if applicable)</td>
<td>Private Healthcare Systems, Inc. (wholly-owned subsidiary)</td>
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<tr>
<td>Street Address:</td>
<td>115 Fifth Avenue, 7th Floor</td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td>New York, NY 10003</td>
</tr>
<tr>
<td>Telephone No:</td>
<td>(212) 780-2000</td>
</tr>
<tr>
<td>Fax No:</td>
<td>Website: <a href="http://www.multiplan.com">www.multiplan.com</a></td>
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<td>POC Name and Email:</td>
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<td>Number of Clark County Nevada Residents Employed:</td>
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All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

<table>
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*This section is not required for publicly-traded corporations.*

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
   
   ☐ Yes ☐ No  
   (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?
   
   ☐ Yes ☐ No  
   (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature: Jeff Doctoroff  
Senior Vice President, General Counsel  
Title:  
Print Name: Jeff Doctoroff  
Date: 2/10/16
### DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS OWNER/PRINCIPAL</th>
<th>NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE</th>
<th>RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL</th>
<th>COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT</th>
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<tr>
<td>N/A</td>
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* County employee means Clark County, University Medical Center, Department of Aviation, or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in anyway with the business in performance of the contract?

Notes/Comments:

______________________________
Signature

______________________________
Print Name
Authorized Department Representative
As of February 2016

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Sh fame &amp; Gask</td>
<td>Assistant Secretary</td>
</tr>
<tr>
<td>%</td>
<td></td>
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<tr>
<td>%</td>
<td>Vice President of Tax</td>
</tr>
<tr>
<td>%</td>
<td>Treasurer and Secretary</td>
</tr>
<tr>
<td>%</td>
<td>Executive Vice President, Chief Financial Officer</td>
</tr>
<tr>
<td>%</td>
<td>Director, President &amp; CEO</td>
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<td>% Ownership</td>
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**Officers:**

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**Directors:**

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<td>% Ownership</td>
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**Owner:**

MHP Acquisition Corporation Inc.
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue: Program Letters of Agreement and Memorandum of Understanding with the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine</th>
<th>Back-up:</th>
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<td>Petitioner: Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
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</tbody>
</table>

Recommendation:

That the Governing Board recommend to the Board of Hospital Trustees to approve the six (6) Program Letters of Agreement and Memorandum of Understanding for FY 2016 between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine and University Medical Center of Southern Nevada, subject to final approval by the Board of Hospital Trustees; and take action as deemed appropriate. *(For possible action)*

FISCAL IMPACT:

- **Fund #:** 5420,000  
  **Fund Center:** 3000824000  
  **Description:** Residency and Fellowship Programs  
- **Fund Name:** UMC Operating Fund  
  **Funded Pgm/Grant:** N/A  
  **Amount:**  
  - $14,742,939 for Graduate Medical Education (GME)  
  - $11,308,303 for Service Line Support  
  - $ 5,802,000 for On-Call Services  
  **Total:** $31,853,242

Additional Comments: UMC will receive a partial offset of $7 to $8 million through the Centers of Medicare and Medicaid Services (CMS) for the Federal Resident Program. Expenses are accounted for in the FY 2016 UMC Budget.

BACKGROUND:

On December 29, 1978, UMC entered into an Affiliation Agreement with the University of Nevada School of Medicine (UNSON) for the joint sponsorship of graduate medical education programs. This longstanding agreement has been regularly renewed to continue the commitment between the two organizations for the furtherance and achievement of medical higher education. The Accreditation Council for Graduate Medical Education (ACGME), which is the accrediting body for UNSON, requires that the Master Affiliation Agreement be updated and renewed every five (5) years.

On March 3, 2015, the Board of Hospital Trustees ratified the Master Affiliation Agreement ending June 30, 2019, Program Letters of Agreement (PLA) for FY 2015 & 2016, and the MOU/Budget for FY 2015. Either party may

_Cleared for Agenda_  
_February 24, 2016_
terminate the Master Affiliation Agreement and its Program Letters of Agreement with a six (6) month written notice.

This request is to approve the following PLAs: (i) Colorectal Fellowship, (ii) Plastic Surgery, (iii) Gastroenterology and Hepatology Fellowship, (iv) Female Pelvic Medicine and Reconstructive Surgery Fellowship, (v) Child and Adolescent Psychiatry Fellowship, and (vi) Orthopedic Surgery. Also, approve the Budget for FY 2016.

PLAs for Colorectal Fellowship, Female Pelvic Medicine and Reconstructive Surgery Fellowship, Child and Adolescent Psychiatry Fellowship, and Orthopedic Surgery updated the expiration date to June 30, 2016 to make the documents coterminous with the rest of the previously approved PLAs. PLAs for Plastic Surgery, and Gastroenterology and Hepatology Fellowship updated the Program Director names.

UNSOM’s portion of UMC’s FY 2016 budget is $31,853,242. The budget for GME and Service Line Support is divided among the departments of Surgery, Pediatrics, Obstetrics & Gynecology, Internal Medicine, Psychiatry, Family Medicine, and Emergency Medicine. For On-Call Services, the budget is divided among the departments of Trauma, General Surgery, Burn, Pediatric Surgery, ENT, Ortho/Pelvis, Spine and Hand which is subject to FMV analysis.

UMC will receive a partial offset of $7 to $8 million through the Centers of Medicare and Medicaid Services (CMS) for the Federal Resident Program.

The Department of Business License has determined that UNSOM is not required to obtain a Clark County business license nor a vendor registration since School is part of the Nevada System of Higher Education, which is an entity of the State of Nevada.

The following UMC staff members have reviewed and recommend approval of the Agreements: CFO, Assistant Hospital Administrator, Director of Reimbursement/Cost Reporting and Budget Manager. The Agreements were approved as to form by the General Counsel’s office.

These Agreements were reviewed by the Governing Board Audit and Finance Committee at their February 23, 2016 meeting and recommended for acceptance by the Governing Board, subject to final approval by the Board of Hospital Trustees.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
University Medical Center of Southern Nevada ("UMC") and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine ("UNSOM") hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the fellows.

1. It is agreed that Ovunc Bardakcioglu, MD shall serve as fellowship program director. Dr. Bardakcioglu will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of UNSOM's responsible academic department with the concurrence of UMC's Chief Executive Officer and UNSOM's Dean.

2. Ovunc Bardakcioglu, MD shall have administrative, educational and/or supervisory responsibility for fellows at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of fellows at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in fellowship teaching also requires the concurrence of the fellowship program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Colorectal Surgery Fellowship training are accomplished.

C. Period of assignment of the fellows to UMC.

1. Fellows' assignments for the academic year will be set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the Program Director, Dr. Bardakcioglu.
It is an understanding that the assignments will be adjusted on an ongoing basis to ensure the fellow is exposed to all required clinical goals and objectives.

D. UMC's responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.

1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at UMC. Formal evaluations must be completed at the end of each month based on the Educational Goals and Objectives published in the program's Fellowship Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program’s Fellowship Handbook, UMC’s Fellowship Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the fellows' education while rotating to UMC.

1. Policies and procedures that govern the fellows’ education while rotating to UMC are stated in UMC’s Bylaws, Rules and Regulations, and Fellowship Supervision Policy, in the ACGME Program Requirements, the Program’s Fellowship Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.

[SIGNATURE PAGE FOLLOWS]
UNIVERSITY MEDICAL CENTER OF
SOUTHERN NEVADA

BOARD OF REGENTS OF THE NEVADA
SYSTEM OF HIGHER EDUCATION ON
BEHALF OF THE UNIVERSITY OF NEVADA
SCHOOL OF MEDICINE

Recommended:

By: ___________________________________
Ovunc Bardakcioglu, MD                   Date
Program Director

By: ___________________________________
Miriam Bar-on, MD                            Date
Associate Dean of Graduate Medical
Education

Approved:

By: ___________________________________
Thomas L. Schwenk, MD                     Date
Vice President, Division of Health Sciences
Dean, School of Medicine
President, Integrated Clinical Services, Inc
**Exhibit A**

# Colon & Rectal Surgery Curriculum

## Description of Rotation or Educational Experience

### Patient Care

**Goal**: As outlined by the Core Competency requirements set forth by the ACGME, the colorectal surgery fellowship has been designed to provide an intense, integrated educational experience in the field of Colon & Rectal surgery, and in so doing, produce surgeons who are highly experienced and competent to become leaders in this discipline in either an academic or community-based setting.

By fostering an environment of collegial education, the fellow learns through example subtle yet important techniques in the care of patients with the results being fellows who demonstrate the following competency:

### Competencies

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

### Objectives:

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in the evaluation and management of patients with all of the essential colon and rectal surgical disorders. Proficiency in evaluation and management include: pre-operative diagnosis, indications, alternatives, risks and preparation; assessment of patient risk, nutritional status, co-morbidities, and need for preoperative treatment and peri-operative prophylaxis; appropriate non-operative management; operative management, including all technical aspects, intra-operative decision-making, avoidance and management of intra-operative complications, and management of unexpected findings; and, post-operative management, including
recognition and treatment of complications; and, appropriate follow-up and additional treatment.

The essential colon and rectal surgery disorders include:

**Abdominal and pelvic disorders**

carcinoma of the colon, rectum, and anus
colorectal infectious diseases, including sexually transmitted diseases (STDs) and other colidities, including *clostridium difficile* and HIV-related infection;
diverticular disease
gastrointestinal obstruction, including those due to adhesions, malignancy, volvulus, hernias and pseudo obstruction
inflammatory bowel disease, including Crohn's disease and ulcerative colitis
inherited colorectal disorders, including familial polyposis, hereditary cancer syndromes; other inherited polyposis syndromes and related genetic disorders
lower gastrointestinal hemorrhage
other neoplastic processes, including GIST tumors, lymphoma, carcinoid, desmoids, small bowel and mesenteric tumors; and, radiation enteritis and the effects of ionizing radiation.

**Anorectal and perineal disorders**

anal fissure; anorectal stenosis; fistulas, anorectal and rectovaginal; hemorrhoids; hidradenitis; meningocele, chordoma, and teratoma; necrotizing fasciitis; pilonidal disease; presacral/retrorectal lesions including cysts; and pruritus ani.
pelvic floor disorders, including: constipation, including clinical and physiological evaluation, dysmotility, anismus and other forms of pelvic outlet obstruction; fecal incontinence; and, rectal and pelvic prolapse, rectocele, and solitary rectal ulcer syndrome.

At the end of the fellowship the fellow will demonstrate a high level of skill and dexterity in the performance of all essential colon and rectal surgical procedures. The essential procedures include:

**Abdominal procedures**

abdominoperineal resection and total proctocolectomy
creation of stomas and surgical management of stoma complications;

ileal pouch-anal anastomosis

laparoscopic abdominal and gastrointestinal surgery, including colon and rectal resections, ostomy construction and prolapse repair

low anterior resection with colorectal and coloanal anastomosis

procedures for rectal prolapse

segmental colectomy, including ileocolic resection and colon resection;

small bowel resection; and, stricturoplasty.

**Anorectal and perineal procedures**

anoplasty; fistulotomies, including primary and staged advancement flap repairs of complex anorectal and rectovaginal fistulas

hemorrhoidectomy, including operative and office treatment;

internal sphincterotomy

perineal repairs of rectal prolapse

transanal excision of rectal neoplasms

treatment of hidradenitis; and, treatment of pilonidal disease.

**Endoscopic procedures**

anoscopy;

colonoscopy, including diagnostic and therapeutic; and sigmoidoscopy, including rigid and flexible.

administration of conscious sedation and local analgesia

pelvic floor procedures, including interpretation of clinical and laboratory study results to include anorectal manometry, anorectal ultrasound/pelvic magnetic resonance imaging (MRI), defecography, and transit time studies.

**Medical Knowledge**
Goal
The design of the program provides fellows with a framework to facilitate the acquisition of advanced knowledge in Colorectal Surgery. Background factual knowledge will be acquired through suggested (expected) reading from major texts;

The ASCRS Textbook of Colon and Rectal Surgery

Clinical education takes place at the bedside in the form of daily rounds. Clinical data on each patient are presented, physical exam is performed, and patient focused teaching takes place which is lead by the faculty and fellow. Teaching points are made, questions addressed and areas in need of increased study are identified with appropriate research topics assigned to team members. Through these activities we hope to produce fellows with the following competencies:

Competencies
Fellows will demonstrate:
1. knowledge of established and evolving biomedical, clinical, epidemiological and socialbehavioral sciences, as well as the application of this knowledge to patient care.

2. expertise in their knowledge of the anatomy, embryology and physiology of the colon, rectum, anus, and related structures

3. competence in their knowledge of the essential colorectal disorders

4. substantial familiarity with additional colon and rectal surgery-related issues, including: congenital disorders, including congenital pelvic and sacral neoplasms; Hirschsprung's disease; imperforate anus; and urogenital and sacral dysgenesis, including spina bifida; genetics and molecular biology as they apply to colorectal disorders; gynecological disorders, including endometriosis, considerations in managing the pregnant patient with colorectal disorders, and related intraoperative findings such as ovarian lesions, fibroids, endometrial implants, and gynecological prolapse; other pediatric and congenital disorders, including childhood fissure, encopresis, juvenile polyposis, malrotation, Meckel's diverticulum, and prolapse; other pelvic disorders, including cystocele, enterocele, urinary incontinence, and vaginal and uterine prolapse;

5. the pathology of colon and rectal disorders

6. radiological and other imaging modalities, including plain x-rays, contrast studies, computed tomography (CT), positron emission tomography (PET), CT colonography magnetic resonance imaging, nuclear medicine scans, angiography, defecography, abdominal ultrasound, evaluation for deep vein thrombosis and pulmonary embolism, fistulograms, and sinograms;

7. related medical conditions; urological disorders, including urinary incontinence, fistulas to the urinary tract, involvement of the ureters, bladder and urethra in CRD, and identifying and avoiding intraoperative injury to the ureters; vascular and mesenteric disorders affecting the colon and rectum.
The fellow will also demonstrate substantial familiarity with additional colon and rectal surgery-related procedures, including:

1. abdominal procedures, including continent ileostomy and pelvic exenteration

2. alternate pelvic pouch techniques, including colonic J-pouch and coloplasty anastomotic techniques, including both sewn and stapled methods of colonic and anal anastomoses

3. anorectal procedures, including alternative methods of fistula repair, including fibrin glue and/or plug placement; flaps and grafts for perineal reconstruction

4. indications for and interpretation of CT colonography

5. management of colorectal trauma and foreign bodies

6. other procedures for fecal incontinence, including alternative methods of sphincter repair, augmentation and implantable devices

7. pelvic floor and gastrointestinal physiological assessment and procedures, their uses, and indications, including performance and interpretation of anorectal manometry, electromyography and pudendal nerve testing, defecography/dynamic MRI, transit time assessment, pelvic floor exercise, rehabilitation, and directed biofeedback

8. procedures for pelvic prolapse in addition to rectal prolapsed, including rectocele and enterocele repair, transanal endoscopic microsurgery

Research:
Fellows will be involved with ongoing research projects. There is a bi-weekly research meeting which focuses on clinical research design. It is expected that each Fellow will present at a national meeting and complete and publish at least two papers per year.

Practice- Based Learning and Improvement

Goal

Practiced based learning is the corner-stone of the fellows’ educational experience. On daily rounds the decision process regarding patient care is reviewed and critiqued in reference to current literature. The department is strongly rooted in evidenced based medicine as the basis of our practice and strives to foster within the fellows the ability to:

Competencies

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology
• Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
• Obtain and use information about their own population of patients and the larger population from which their patients are drawn
• Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
• Use information technology to manage information, access on-line medical information; and support their own education
• Facilitate the learning of students and other health care professionals.

Objective:
• Attend interdisciplinary monthly gastrointestinal tumor board meeting at Sunrise Hospital
• Attend weekly General Surgery Mortality and Morbidity Conferences, weekly Colorectal Surgery Teaching conference, quarterly Colorectal Surgery Journal Club

Interpersonal and Communication Skills
Goal
The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates

Competencies
• Communicate effectively with physicians, other health professionals, and health related agencies
• Maintain comprehensive, timely, and legible medical records

Objectives
• Obtain a satisfactory score on an online e-value post rotation assessment on a measure communication skills
• Complete all outstanding medical records upon completion of the rotation and complete all eSignatures of procedures performed during the rotation

Professionalism
Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Competencies
• Compassion, integrity, and respect for others
• Respect for patient privacy and autonomy
• Accountability to patients, society, and the profession

Objectives
• Obtain a satisfactory score on an online e-value post rotation assessment on a
measure compassion
- Complete the HIPAA examination for the medical center.

**Systems Based Practice**

**Goal**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

**Competencies**
- Fellows will understand how ICU care and practices affect other health care professionals, the care organization, and the larger society.
- Fellows will practice cost-effective health care and research allocation that does not compromise quality of care.
- Junior/Peer/Faculty Education
  Fellows will be committed to the education of residents, medical students, and other health care providers on the critical care service.

**Objectives**
- Attend interdisciplinary rounds with nutrition, social services, rehabilitation on a semi-weekly basis.
- Attend administrative meetings as appropriate

**Teaching Methods**
Lectures, Assigned readings, direct Colorectal Surgery Attending supervision.

**Assessment Method (residents)**
Using an online method of anonymous evaluation (eValue), the preceptor will rate the fellow on a five point scale on several criteria.

**Assessment Method (Program Evaluation)**
Using the same eValue system of evaluation, the rotation will be assessed on several qualities including but not limited to value, accessibility, and relevance to practice.

**Level of Supervision**
Direct supervision by Attending physicians in the Division of Colon&Rectal Surgery, Department of Surgery

**Educational Resources**
ASCRS Textbook of Colon&Rectal Surgery
University Medical Center of Southern Nevada ("UMC") and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine ("UNSOM") hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the residents.

1. It is agreed that Richard Baynosa, MD shall serve as Residency Program Director. Dr. Baynosa will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new Residency program director, the appointment will be made by the Chair of UNSOM's responsible academic department with the concurrence of UMC's Chief Executive Officer and UNSOM's Dean.

2. Richard Baynosa, MD shall have administrative, educational and/or supervisory responsibility for residents at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of residents at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in resident teaching also requires the concurrence of the Residency program director. Faculty are appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Plastic Surgery inpatient and outpatient training are accomplished.

C. Period of assignment of the residents to UMC.

1. Residents' assignments for the academic year will be as set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the program director, Dr. Baynosa.
D. UMC’s responsibilities for teaching, supervision, and formal evaluation of the residents' performance.

1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at UMC. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program’s Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Resident supervision will be accomplished according to the guidelines established in the program’s Resident Handbook, UMC’s Resident Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the residents’ education while rotating to UMC.

1. Policies and procedures that govern the residents' education while rotating to UMC are stated in UMC’s Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program’s Resident Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.

[SIGNATURE PAGE FOLLOWS]
Exhibit A
GENERAL SURGERY (PGY-1) (3 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Shawn Tsuda, M.D.
Assigned Residents: PGY-1
Length of Rotation: 3 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the three months of general surgery, the plastic surgery resident will gain competencies in the provision of care to patients with surgical problems relating to the breast surgery, abdominal surgery, alimentary tract and digestive system, and liver surgery, biliary tract and pancreatic surgery.

OBJECTIVES

Medical Knowledge

Breast Surgery

• Describe the anatomy of the breast

• Explain the hormonal regulation of the breast

• Summarize the incidence, epidemiology, and risk factors associated with breast cancer

Abdominal Surgery

• Describe the embryological development of the peritoneal cavity and the positioning of the abdominal viscera

• Describe the anatomy of the abdomen

• Explain absorption and secretory functions of the peritoneal surfaces and the diaphragm
• Describe the anatomy of the omentum and its role in responding to inflammatory processes

Alimentary Tract and Digestive System

• Define the basic scientific principles of the alimentary tract and digestive system diseases

Liver and Biliary Tract

• Describe the anatomy of the liver and biliary system, including commonly found variations
• Describe the physiology and function of liver and biliary system
• Discuss the formation of bile, its composition, and its function in digestion
• Describe the pathophysiology of gallstone formation

Pancreas

• Describe the anatomy of the pancreas, including regional vascular anatomy
• Discuss the physiology of the pancreas, including endocrine and exocrine function and hormonal regulation

Patient Care

Breast Surgery

• Obtain an appropriate history to evaluate breast patients
• Demonstrate an increasing level of skill in the physical examination of the breast

Abdominal Surgery

• Perform, record, and report complete patient evaluation and assessment

Alimentary Tract and Digestive System

• Evaluate patients in the emergency department or clinic settings who present with problems referable to the GI tract

Liver and Biliary Tract
• Perform history and physical examination specifically focused on liver and biliary system

Pancreas

• Perform history and physical examination focusing on the pancreas

**Interpersonal and Communication Skills**

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient’s confidential information and medical records according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to medical students

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students by being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature

• Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

**Systems-Based Practice**

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources to provide optimal care for patients
EMERGENCY GENERAL SURGERY (UMC 4)
PGY 1 for 1-2 months

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: John Fildes, MD
Faculty: Tim Browder, MD, Michael Casey, MD
         Jay Coates, DO, Deborah Kuhls, MD

Assigned Residents: PGY-1
Length of Rotation: 1-2 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
         Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL: Understand the pathophysiology and clinical presentation of the following emergency/urgent surgical problems:

- appendicitis
- bowel obstruction
- cholecystitis
- colonic diverticulitis
- soft tissue infection (uncomplicated, non-necrotizing)

Understand the appropriate use of antibiotics in the following emergency/urgent surgical problems:

- appendicitis
- cholecystitis
- colonic diverticulitis
- soft tissue infection (uncomplicated, non-necrotizing)

Understand the general principles of wound care.
Understand the principles of postoperative feeding/nutrition.

OBJECTIVES:

- Describe symptoms and physical exam findings consistent with acute appendicitis.
- Name diagnostic studies useful in the evaluation of acute appendicitis.
- Describe symptoms and physical exam findings consistent with intestinal obstruction.
• Name the diagnostic studies used to evaluate bowel obstruction.
• Describe the pathogenesis, symptoms and physical exam findings typical of biliary colic, acute cholecystitis, and chronic cholecystitis.
• Name the diagnostic studies useful in the evaluation of gallbladder and biliary tract disease.
• Describe the symptoms and physical exam findings in a patient who presents with uncomplicated diverticulitis.
• Name the diagnostic studies used to evaluate diverticulitis.
• Define cellulitis and list the most common pathogens.
• Name the diagnostic tests useful in the workup of cellulitis and abscess.
• Describe appropriate perioperative antibiotic coverage for clean, clean contaminated, and dirty operations.
• Describe appropriate antibiotic coverage for patients with cellulitis; appropriate alternatives for patients who have penicillin allergies or MRSA.
• Describe appropriate antibiotic coverage for skin, soft tissue, and surgical site infections.
• Define:
  primary closure
  delayed primary closure
  healing by secondary intention
• Describe the signs and physical exam findings of postoperative wound infection.
• List the indications for and the complications of enteric feeding tubes (gastrostomy, jejunostomy, nasoduodenal).

PATIENT CARE

GOAL:
• Learn to synthesize all available information in order to make appropriate clinical decisions.
• Understand the importance of generating accurate, thorough medical records.
• Understand appropriate initial nonoperative management of:
  bowel obstruction
  uncomplicated diverticulitis
  cellulitis
• Develop technical skills for common procedures and operations encountered on the service appropriate for the intern level of training.

OBJECTIVES:
• Demonstrate the ability to produce a legible and thorough history and physical, which incorporates laboratory and diagnostic data, as well as an assessment and plan.
• Demonstrate the ability to dictate a thorough yet concise discharge summary.
• Justify daily selection of laboratory and diagnostic testing for each patient on the service.
• Describe the indications for nonsurgical management of bowel obstruction.
• Describe the indications for nonsurgical management of uncomplicated diverticulitis.
• Describe appropriate management of uncomplicated cellulitis.
• Develop technical skills for:
  Appendectomy  
gastrotomy  
feeding jejunostomy  
abscess drainage (including perirectal)  
central line placement  
opening of an infected postoperative wound  
chest tube placement  
orotracheal intubation

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL:
• Develop the ability to respectfully and clearly communicate with other healthcare professionals.
• Present patients to senior residents and attendings in an organized and precise manner.
• Function effectively as a member of a team.
• Communicate effectively with patients and their families.

OBJECTIVES:
• Consistently answer nursing questions/pages clearly and effectively.
• Present patients on inpatient rounds in an organized and concise manner.
• Gain experience in explaining results of evaluations and recommendations for treatment to patients and their families (practice patient education).

PROFESSIONALISM

GOAL:
• Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.
• Develop open-mindedness regarding alternative treatments.
• Understand need for continual self-assessment and improvement.
• Develop an attitude of responsibility for patient care requests by senior residents and attendings.

OBJECTIVES:
• Use appropriate speech and tone of voice when speaking to patients, families, and all other healthcare professionals.
• Allow others the chance to speak, and listen attentively when being spoken to.
• Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.

PRACTICE-BASED LEARNING AND IMPROVEMENT

GOAL:
• Develop an attitude of responsibility for the patients on the ward, and in so doing develop the skill of self-assessment with the goal of continuous improvement in practice management style.
• Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.

OBJECTIVES:
• Critically discuss performance with respect to care of patients and progress made during rotation with Chief of Service or designee at mid-rotation meeting.
• At least three times during the rotation, choose a pertinent issue pertaining to a patient on the service, and critically evaluate an article from the literature which addresses the problem, and present conclusions to the entire team on rounds.

SYSTEMS-BASED PRACTICE

GOAL:
• Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
• Develop a cost-effective attitude toward patient management.
• Develop an appreciation for the patients’ interests and convenience in care management plans.

OBJECTIVES:
• Facilitate discharge planning by daily communication with inpatient care manager.
• Facilitate daily communication with ancillary services.
ANESTHESIA (PGY-I) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Hosny Habashy, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month

Reference Sources: SCORE Curriculum

Conference Schedule: Tuesday, 8:00 am – 12:30 pm

Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of anesthesia rotation, the plastic surgery resident will gain competencies in describing the indications, principles, techniques, and complications of local, regional, and general anesthesia.

OBJECTIVES

Medical Knowledge

- Understand the physiology of inhalational and intravenous anesthetics as they apply to conscious sedation and general anesthesia

- Recognize all monitoring equipment in facilities used for general, regional, and local anesthesia

- Demonstrate and understands the treatment of complications from anesthesia

- Understand complications of local anesthesia

- Demonstrate knowledge of an accurate anesthetic record

Patient Care

- Obtain and perform a complete history and physical examination on patients as it pertains to anesthesia

- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned

- Demonstrate proper care and follow-up management
• Apply the techniques of local and regional anesthesia

• Formulate a plan to determine which technique of anesthesia to be used on his or her patients and provides supervised education to the patient and family

• Understand and respond with sensitivity and integrity to patient’s anxiety about anesthesia

**Interpersonal and Communication Skills**

• Demonstrate to the attending staff the ability to take a problem-oriented history and ethically manage patient’s confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Communicate with surgeon pre-operatively to formulate anesthetic plan

• Communicate and examine patient and medical record pre-operatively to determine class of anesthetic risk

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate ability to listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement

• Uses Pub-Med, Med-Line and other online search engines to review most updated literature

**Systems-Based Practice**

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
• Select appropriate anesthetic procedures based on cost-effectiveness and risks to patient

• Demonstrate knowledge of relative cost of anesthetic agents which impacts the hospital system
SURGICAL CRITICAL CARE (PGY-1) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Deborah Kuhls, M.D.
Assigned Residents: PGY-1
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of surgical critical care rotation, the plastic surgery resident will gain competencies in the provision of care to patients with serious postoperative complications and to manage shock states and multi-organ failure as practiced in a Surgical Intensive Care Unit (SICU).

The plastic surgery resident will also gain competencies in the management of cardio-respiratory, metabolic, and infectious complications in critically ill surgical patients.

OBJECTIVES

Medical Knowledge

• Discuss the physiology of respiratory care including ventilatory support

• Discuss cardiac parameters and circulatory performance including cardiac output, systemic vascular resistance, and normal/abnormal pressures in the cardiac chambers and circulatory system; and the pharmacologic support of low cardiac output states

• Describe physiologic and metabolic bases for various types of nutritional support including total parenteral nutrition (TPN)

• Review infection control and the pharmacology of antibiotic therapy as used in the SICU and understands basic hematology relevant to coagulopathy and the use of component therapy in transfusion

• Review cardiopulmonary resuscitation (CPR) and the pharmacology of drugs commonly used in CPR

• Recognize effects of pre-existing conditions on the postoperative patient such as: drugs or alcohol intoxication, diabetes mellitus, atherosclerotic cardiovascular disease, hypertension, chronic obstructive pulmonary disease

Patient Care
• Obtain and perform a complete history and physical examination on patients

• Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient assigned

• Perform arterial line placement (femoral, radial, axillary), insertion of a Swan-Ganz catheter, and other procedures such as spinal taps, closed tube thoracostomy, placement of subclavian venous catheters or jugular venous catheters bronchoscopy

**Interpersonal and Communication Skills**

• Communicate with critical care team (attendings, residents, students, nurses, respiratory therapists, etc) to formulate best plan for patient care

• Obtain a problem-oriented history in Intensive Care Unit and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques performed in Intensive Care Unit to medical students

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Communicate with family members in a manner in which they understand

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students and younger residents by being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard textbooks and pertinent medical literature

• Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning needs and for the care of one’s patients
Systems-Based Practice

- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Manage post transfer patients
NEUROSURGERY (PGY-1)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV 89102
Rotation Director: Albert Capanna, M.D.
Assigned Residents: PGY-1
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of neurosurgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the neurologic disease, neurologic trauma, and neurologic malignancy.

OBJECTIVES

Medical Knowledge

- Describe the patho-physiology of traumatic head injury patients
- Recognize and manage patients with head injury
- Recognize and manage patients with spine injuries
- Recognize and manage patients with cervical and lumbar disc disease
- Describe the indications for monitoring intracranial pressure

Patient Care

- Describe detailed neurological examination of patients in all states of consciousness
- Describe neurosurgical procedures and learn the skills required for such procedures by observation and participation
- Obtain and perform a complete history and physical exam on patients with traumatic head injury
- Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
Interpersonal and Communication Skills

- Communicate with ER physicians and Trauma surgeons about patients with traumatic head and spine injuries
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students

Professionalism

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students in being sensitive to patient confidential needs

Practice Based Learning and Improvement

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
- Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with radiology department for performing investigative tests for the diagnosis of neurosurgical disease including EEG, myelography, CT Scan, MRI Scan and angiography
ORTHOPEDICS (PGY-1) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Thomas Vater, D.O., James Dettling, MD
Assigned Residents: PGY-1
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of orthopedic surgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the simple and complex fractures, bone infection, bone neoplasm, fracture reduction and stabilization, reconstructive procedures for degenerative disease, and acute disease and trauma of spine.

OBJECTIVES

Medical Knowledge

• Describe elements of the orthopedic examination of the injured patient
• Discuss preoperative, operative, and postoperative care of orthopedic surgical patients
• Recognize the essentials of fracture management including management of soft tissue injuries and the use and complication of casts and fixation devices
• Discuss the basic principles of wound healing, bone physiology and bone healing
• Discuss the basic principles of musculoskeletal biomechanics
• Describe the basic principles of amputation surgery and rehabilitation
• Review proper plaster technique which also includes the technique of removal of casts
Patient Care

• Demonstrate the skills to aid in operative repair of major and minor fractures and the procedures of reconstructive surgery; this includes instrument, handling, bone
fixation techniques, joint replacement procedures and tendon repairs

• Demonstrate the skills to repair soft tissue injury, and perform selected lower extremity amputations

• Obtain and perform a complete history and physical examination on patients

• Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each cancer patient assigned

• Demonstrate proper management and follow-up care

**Interpersonal and Communication Skills**

• Communicate with patient and surgeon pre-operatively to formulate operative plan

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic orthopedic techniques to medical students

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offers compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

• Communicate with the family members in a manner which they understands

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrates expertise at reading and critically analyzing standard orthopedic textbooks and pertinent medical literature
• Use Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

**Systems-Based Practice**

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risks to patient

• Interact with social services and physical and occupational therapists to provide optimal care for patients

• Demonstrate knowledge of relative cost of various prosthesis which impact the hospital system
VASCULAR SURGERY (PGY-1) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Assigned Residents: PGY-1
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of vascular surgery, the plastic surgery resident will gain competencies in the provision of care to patients with vascular problems relating to the congenital and acquired disorders, including inflammatory, degenerative, thrombotic and traumatic processes of the arterial, venous and lymphatic systems.

The plastic surgery resident will gain competencies in the provision in discussing various diagnostic modalities for vascular disorders, including angiography, and the use of ultrasound and other non-invasive techniques.

OBJECTIVES

Medical Knowledge

- Recognize the symptoms of cerebrovascular disease, the variations of the carotid and vertebral basilar systems and the symptoms of subclavian steal syndrome
- Recognize CT scan findings of an ischemic insult as well as EEG evidence of cerebral ischemia, and radiological imaging of the aortic arch, carotid, including digital subtraction techniques
- Describe both medical and surgical treatments as well as the diagnostic non-invasive study of the cerebral system
- Recognize vasospastic diseases including diagnostic modalities as well as describes treatment of these diseases and including the sympathetic dystrophies
- Discuss abdominal aortic aneurysm including the clinical presentation, the physical findings, the findings on invasive and non-invasive studies, its treatment and immediate and remote postoperative complications
- Recognize aortofemoral and aortoiliac occlusive disease, including symptomatology such as gluteal claudication and vasculogenic impotence, and describes surgical intervention both by percutaneous transluminal angioplasty and by reconstructive surgery
• Recognize mesenteric vascular insufficiency syndromes, both acute and chronic, and their management
• Discuss aneurysmal disease of the femoral and popliteal systems, its symptomatology, diagnosis and treatment
• Discuss thromboembolic disease of the venous system including physical findings, symptomatology, noninvasive and invasive diagnostic work up and the medical and surgical treatment

Patient Care

• Perform exposure of vascular structures
• Assist with vascular anastamosis
• Obtain and perform a complete history and physical examination
• Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each assigned patient
• Demonstrate proper wound care and follow-up management

Interpersonal and Communication Skills

• Communicate with the patients of possible limb threatening vascular condition
• Communicate with patients on how to appropriately manage anticoagulation regimen
• Communicate with patient and surgeon pre-operatively to formulate operative plan
• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
• Coordinate and facilitate the interaction between resident team and medical students
• Teach basic vascular techniques to medical students

Professionalism

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
• Respond to criticism and correction with calm and attentive demeanor
• Listen to patient complaints and offers compassionate solutions
• Display leadership to medical students in being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard vascular textbooks and pertinent medical literature

• Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Consult cardiology for pre-operative clearance

• Interact with Coumadin clinic for management of their anticoagulation therapy

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal care for patients
TRAUMA (PGY-1) (2 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: John Fildes, M.D.
Assigned Residents: PGY-1
Length of Rotation: 2 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOAL

During the two months of trauma surgery, the plastic surgery resident will gain competencies in the provision of care to patients with problems relating to the evaluation and management of the trauma patient.

OBJECTIVES

Medical Knowledge

- Describe the initial management of the injured patient(s)
- Discuss the basic principles of triage in the emergency department
- Explain the ATLS protocol for the emergency resuscitation and stabilization of a seriously ill or injured patient
- Describe the considerations for establishing an airway appropriate to the patient's condition
- Describe the anatomy, and physiology of all body systems affected by trauma
- Review the anatomy, physiology, and pathology applicable to the general management of trauma patients

Patient Care

- Establish emergency stabilization of the traumatized patient via the following precautions: fracture management/stabilization, cervical spine protection and prevention of hypothermia
• Assess patients presenting emergency conditions using the appropriate diagnostic protocol

• Acquire skills to perform intravenous access, central venous line placement, arterial line placement, chest tube placement, and emergent intubations

**Interpersonal and Communication Skills**

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner

**Professionalism**

• Communicate as a team member with other residents from other departments

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate appropriate dress and decorum while on duty

• Demonstrate kindness, empathy and maturity in the interrelationship with patients with surgical problems related to trauma

• Demonstrate the ability to maintain composure in an emergency department environment

**Practice Based Learning and Improvement**

• Remain current on medical literature as it relates to surgical diseases and complications

• Perform online medical databases

• Teach medical students how to write surgical progress notes

• Describe and familiarize with resource management practices

**Systems-Based Practice**
- Interact with nurse practitioners and other personnel involved with the trauma team regarding day to day in-hospital care for post traumatic injuries and facilitates post-discharge rehabilitation when necessary

- Utilize the expertise of other services and support personnel

- Demonstrate good patient advocacy skills

- Recognize and understand how different health insurance companies affect the treatment plan for patients
PLASTIC SURGERY (PGY-1) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Richard Baynosa, M.D.
Faculty: Kayvan Khiabani, M.D. and John Menezes, M.D.
Assigned Residents: PGY-1
Length of Rotation: 1 month
Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s
Conference Schedule: Tuesday 10:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During this month, the plastic surgery resident will gain competencies in the provision of
care to patients with plastic surgical problems relating to the knowledge of anatomy,
physiology, and treatment for conditions of the integument, head and neck, trunk, breast
and lower extremity.

OBJECTIVES

Medical Knowledge

- Outline the components of a comprehensive focused history and physical examination
  pertinent to the evaluation and correction of congenital or acquired defects under the
  realm of plastic and reconstructive surgery

- Discuss and compares skin and connective tissue according to anatomy, normal
  physiology and biochemistry, pathophysiology of benign and malignant skin
  disorders, unique pathophysiology of connective tissue disorders

- Explain the basic techniques for surgical repair of superficial incisions and lacerations
  of the head, neck, trunk, and extremities

Patient Care

- Complete a comprehensive physical examination and clinical data history, including
  pertinent diagnostic laboratory and radiographic findings
• Evaluate and treat simple and intermediate lacerations and burns of the face, trunk, and extremities

• Demonstrate competency in assisting with various plastic reconstructive procedures

Interpersonal and Communication Skills

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitates the interaction between resident team and medical students

• Teach basic surgical techniques to medical students

Professionalism

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate ability to listen to patient complaints and offers compassionate solutions

• Display leadership to medical students by being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard Plastic Surgery textbooks and pertinent medical literature

• Uses Pub-Med, Med-Line and other online search engines to find updated literature to meet one’s learning needs and for the care of one’s patients

Systems-Based Practice

• Interact with various specialties and primary care services

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
EMERGENCY MEDICINE (PGY-1) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Ross Berkeley, M.D.

Assigned Residents: PGY-1

Length of Rotation: 1 month

Reference Sources: SCORE Curriculum

Conference Schedule: Tuesday, 8:00 am – 12:30 pm

Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month of emergency medicine, the plastic surgery resident will gain competencies in the provision of care to patients with variety of emergent and urgent diseases.

The plastic surgery resident will gain competencies in the provision of care to patients with medical and surgical emergencies and to perform initial evaluation and stabilization of patients.

OBJECTIVES

Medical Knowledge

- Discuss the patho-physiology of emergent and urgent diseases
- Discuss diagnosis and treatment of patients with diabetes, cardiac emergencies, acute airway emergencies, abdominal pain
- Understand GU, ENT, and Vascular surgery emergencies
- Describe physiology of various types of shocks and management

Patient Care

- Obtain and perform a complete history and physical examination
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each patient
- Demonstrate proper initial and follow-up management
Interpersonal and Communication Skills

- Discuss disposition of the patient (admission or discharge) with faculty
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to medical students

Professionalism

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students by being sensitive to patient confidential needs

Practice Based Learning and Improvement

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard vascular textbooks
- Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one’s knowledge and to provide care for one’s patients

Systems-Based Practice

- Discuss with patients for disposition
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
GENERAL SURGERY (PGY 2) (4 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Shawn Tsuda, M.D.
Assigned Residents: PGY-2
Length of Rotation: 4 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the four months of general surgery, the plastic surgery resident will gain competencies in the provision of care to patients with surgical problems relating to the breast, abdomen, alimentary tract and digestive system, the liver, biliary tract and pancreas.

OBJECTIVES

Medical Knowledge

Breast Surgery

• Explain the general indications, uses, and limitations of mammography

• Discuss the principles and historic context of the basic options available for the treatment of breast cancer such as: radical mastectomy, modified mastectomy, lumpectomy and axillary dissection

Abdominal Surgery

• List possible distinctions in the presentation and examination of the elderly patient with the following causes of acute abdomen: perforated viscus and cholecystitis

• Differentiate between the conditions favoring percutaneous drainage versus operative drainage for each of the abscesses above and describes the safest and most effective approach using each technique

• Explain the role of a fistulogram in the diagnosis of intra-abdominal fistulas and abscesses
Alimentary Tract and Digestive System

• Discuss some of the more common diseases of the esophagus in elderly patients

Liver and Biliary Tract

• Describe the pathophysiology of gallstone formation
• Discuss the enterohepatic circulation of bile

Pancreas

• Describe the pathophysiology of pancreatitis
• Describe the incidence of cholelithiasis, acute gallstone pancreatitis, and pancreatic carcinoma in the elderly patient

Patient Care

Breast Surgery

• Identify common lesions such as fibroadenomas, cysts, mastitis, and cancer
• Demonstrate the ability to satisfactorily orient the surgical specimen for pathologic examination

Abdominal Surgery

• Evaluate and diagnoses the acute abdomen
• Assist with hernia repairs in the groin or umbilicus, demonstrates a basic understanding of the anatomy and surgical repair

Alimentary Tract and Digestive System

• Assist primary surgeon during operations of the esophagus, stomach, small intestine, colon, and anorectum
• Accept responsibility for (under the guidance of the chief resident and attending surgeon) the postoperative management

Liver and Biliary Tract

• Assist in the perioperative management of patients undergoing hepatobiliary surgery
• Assist in management of patients with bleeding esophageal varices
Pancreas

- Select and interprets appropriate laboratory and radiologic examinations in evaluation of pancreatic disease
- Assist in management of patient with acute pancreatitis

Interpersonal and Communication Skills

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques

Professionalism

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offers compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

Practice Based Learning and Improvement

- Assess gaps in knowledge and develop a plan for personal improvement.
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and surgical literature.
- Use Pub-Med, Med-Line and other online search engines to find the most updated literature to improve one’s knowledge and to provide care for one’s patients

Systems-Based Practice

- Interact with internist and ER physicians in a timely fashion
- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources to provide optimal care for patients
EMERGENCY GENERAL SURGERY (UMC 4)  
PGY 2 for 1-2 months

COMPETENCY-BASED GOALS AND OBJECTIVES

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: John Fildes, MD
Faculty: Tim Browder, MD, Michael Casey, MD
Jay Coates, DO, Deborah Kuhls, MD

Assigned Residents: PGY-2
Length of Rotation: 1-2 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

MEDICAL KNOWLEDGE

GOAL:
- Understand the pathophysiology and clinical presentation of the following emergency/urgent surgical problems:
  appendicitis
  bowel obstruction
  cholecystitis
  colonic diverticulitis
  soft tissue infection (uncomplicated, non-necrotizing)
- Understand the appropriate use of antibiotics in the following emergency/urgent surgical problems:
  appendicitis
  cholecystitis
  colonic diverticulitis
  soft tissue infection (uncomplicated, non-necrotizing)
- Understand the general principles of wound care.
- Understand the principles of postoperative feeding/nutrition.

OBJECTIVES:
- Describe symptoms and physical exam findings consistent with acute appendicitis.
- Name diagnostic studies useful in the evaluation of acute appendicitis.
- Describe symptoms and physical exam findings consistent with intestinal obstruction.
- Name the diagnostic studies used to evaluate bowel obstruction.
• Describe the pathogenesis, symptoms and physical exam findings typical of biliary colic, acute cholecystitis, and chronic cholecystitis.
• Name the diagnostic studies useful in the evaluation of gallbladder and biliary tract disease.
• Describe the symptoms and physical exam findings in a patient who presents with uncomplicated diverticulitis.
• Name the diagnostic studies used to evaluate diverticulitis.
• Define cellulitis and list the most common pathogens.
• Name the diagnostic tests useful in the workup of cellulitis and abscess.
• Describe appropriate perioperative antibiotic coverage for clean, clean contaminated, and dirty operations.
• Describe appropriate antibiotic coverage for patients with cellulitis; appropriate alternatives for patients who have penicillin allergies or MRSA.
• Describe appropriate antibiotic coverage for skin, soft tissue, and surgical site infections.
• Define:
  - primary closure
  - delayed primary closure
  - healing by secondary intention
• Describe the signs and physical exam findings of postoperative wound infection.
• List the indications for and the complications of enteric feeding tubes (gastrostomy, jejunostomy, nasoduodenal).

PATIENT CARE

GOAL:
• Learn to synthesize all available information in order to make appropriate clinical decisions.
• Understand the importance of generating accurate, thorough medical records.
• Understand appropriate initial nonoperative management of:
  - bowel obstruction
  - uncomplicated diverticulitis
  - cellulitis
• Develop technical skills for common procedures and operations encountered on the service appropriate for the intern level of training.

OBJECTIVES:
• Demonstrate the ability to produce a legible and thorough history and physical, which incorporates laboratory and diagnostic data, as well as an assessment and plan.
• Demonstrate the ability to dictate a thorough yet concise discharge summary.
• Justify daily selection of laboratory and diagnostic testing for each patient on the service.
• Describe the indications for nonsurgical management of bowel obstruction.
• Describe the indications for nonsurgical management of uncomplicated diverticulitis.
• Describe appropriate management of uncomplicated cellulitis.
• Develop technical skills for:
  appendectomy
  gastrostomy
  feeding jejunostomy
  abscess drainage (including perirectal)
  central line placement
  opening of an infected postoperative wound
  chest tube placement
  orotracheal intubation

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL:
• Develop the ability to respectfully and clearly communicate with other healthcare professionals.
• Present patients to senior residents and attendings in an organized and precise manner.
• Function effectively as a member of a team.
• Communicate effectively with patients and their families.

OBJECTIVES:
• Consistently answer nursing questions/pages clearly and effectively.
• Present patients on inpatient rounds in an organized and concise manner.
• Gain experience in explaining results of evaluations and recommendations for treatment to patients and their families (practice patient education).

PROFESSIONALISM

GOAL:
• Demonstrate respect and compassion for patients and professional staff on the wards, in the clinics, and in the operating room.
• Develop open-mindedness regarding alternative treatments.
• Understand need for continual self-assessment and improvement.
• Develop an attitude of responsibility for patient care requests by senior residents and attendings.

OBJECTIVES:
• Use appropriate speech and tone of voice when speaking to patients, families, and all other healthcare professionals.
• Allow others the chance to speak, and listen attentively when being spoken to.
• Demonstrate a conscientious approach to patient care by minimizing delay of care and minimizing passage of incomplete tasks to fellow residents.
PRACTICE-BASED LEARNING AND IMPROVEMENT

GOAL:
- Develop an attitude of responsibility for the patients on the ward, and in so doing develop the skill of self-assessment with the goal of continuous improvement in practice management style.
- Understand the importance of critically reading and discussing medical literature pertinent to patients on the service.

OBJECTIVES:
- Critically discuss performance with respect to care of patients and progress made during rotation with Chief of Service or designee at mid-rotation meeting.
- At least three times during the rotation, choose a pertinent issue pertaining to a patient on the service, and critically evaluate an article from the literature which addresses the problem, and present conclusions to the entire team on rounds.

SYSTEMS-BASED PRACTICE

GOAL:
- Understand the importance of supporting medical and ancillary services in the complete and efficient care of the patient.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the patients’ interests and convenience in care management plans.

OBJECTIVES:
- Facilitate discharge planning by daily communication with inpatient care manager.
- Facilitate daily communication with ancillary services.
BURN SURGERY (PGY-2) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Richard Baynosa, M.D.
Assigned Residents: PGY-2
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the one month burn surgery rotation, plastic surgery residents will develop an understanding of the physiology of burns, initial resuscitation, management and complications relating to the burn injury. In addition, the resident will begin to understand the reconstruction of burn deformities and contractures.

OBJECTIVES

Medical Knowledge

• Review the effects of burn wounding on multiple organ systems, the metabolic requirements associated with a major burn, and inhalation injury

• Define differences in pathophysiology and apparent severity between different injury mechanisms such as thermal, electrical, and chemical injury

• Know the American Burn Association (ABA) classification of burns and protocols for burn unit transfer and triage of burn patients

• Describe all aspects of skin grafting and the theoretical basis for early burn wound coverage

• Identify the principles of and indications for operative techniques such as burn wound debridement, tangential excision, full thickness burn excision, and amputation in burn patients

• Identify the application of allografting with immunosuppression, and the use of xenografts, biomaterials, and skin autoculture

• Recognize the musculoskeletal consequences of a major burn including aspects of burn wound healing causing extremity contracture, special disability associated with
hand burns, and common techniques used in burn rehabilitation to prevent long-term
disability such as splinting, immobilization techniques, and physical therapy

Patient Care

• Obtain and perform a complete history and physical examination on patients with
burns

• Manage burn wound infection including antibiotic topical burn therapy, burn wound
cultures, septic workup and burn wound complications at special sites as eyes and
ears

• Perform appropriate burn management (such as escharotomy) and resuscitation

• Formulate an appropriate differential diagnosis, and records an independent, written
diagnosis for each patient assigned

• Demonstrate proper burn care and follow-up management

Interpersonal and Communication Skills

• Obtain a problem-oriented history in outpatient clinic and ethically manage patient
confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to medical students

• Work with the burn care team including physical therapists for post burn scar
management and range of motion exercises

Professionalism

• Demonstrate appropriate dress and decorum while on duty including conversations in
public places to be free of patient information.

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate ability to listen to patient complaints and offers compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to
patient confidential needs

Practice Based Learning and Improvement
• Assess gaps in knowledge about burns and their management and develop a plan for personal improvement.

• Demonstrate expertise at reading and critically analyzing standard burn surgery textbooks and the burn care literature

• Use Pub-Med, Med-Line and other online search engines to select most updated literature to improve one’s knowledge and care for one’s patients

Systems-Based Practice

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal care for patients

• Interact with therapists to order pressure garments for post burn scars and other members of the team to ensure specific burn care needs are met
PLASTIC SURGERY (PGY-2) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Richard Baynosa, M.D.
Faculty: Kayvan Khiabani, M.D. and John Menezes, M.D.
Assigned Residents: PGY-2
Length of Rotation: 1 month
Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s
Conference Schedule: Tuesday, 10 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOAL

During this one month rotation, residents will develop understanding of the basic principles of plastic surgery and will be able to define, translate and apply these principles to conditions of the integument, head and neck, trunk, breast and lower extremity.

OBJECTIVES

Medical Knowledge

• Describe the physiology of various techniques of skin and composite tissue transplantation

• Explain the assessment of facial skeletal trauma

• Define the tumor, node, and metastases (TNM) classification system as used for neoplasms of skin, soft tissue, and head and neck

• Discuss epidemiology, risk factors, treatment, and prevention of cutaneous malignancies in the geriatric patient

• Explain the methods for performing incisional and excisional biopsies of skin and oral cavity

Patient Care
• Perform simple incisional biopsies and excise small lesions on the skin and subcutaneous tissue of the trunk or extremities

• Provide definitive treatment plans for superficial incised and lacerated wounds of the neck, trunk, and extremities

• Master assisting skills at this level

**Interpersonal and Communication Skills**

• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Demonstrate the ability to teach basic surgical techniques to interns and medical students

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offers compassionate solutions

• Display leadership to medical students and younger residents by being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge of plastic surgery and develop a plan for personal improvement.

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and the plastic surgical literature

• Uses Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and one’s care of patients.

**Systems-Based Practice**
• Interact with Ophthalmologist, Dermatologist, Orthopedic Surgeon, and Trauma Service to coordinate care for one’s patients

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal patient care
SICU (PGY-2) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Deborah Kuhls, M.D.
Assigned Residents: PGY-2
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOAL

During this rotation, the resident will gain competencies in the assessment and management of critically ill patients.

OBJECTIVES

Medical Knowledge

- Define shock, explains the etiology and pathophysiology of each type of shock
- Describe the clinical presentation and hemodynamic parameters associated with each type of shock using clinical terms, such as heart rate, respiratory rate, and blood pressure and filling pressures
- Discuss the pathophysiology of cardiac arrest, including its mechanism
- Describe the indications for and the pharmacokinetics of each pressor available/used
- Describe the signs and symptoms of acute airway obstruction and define the appropriate intervention in adult and pediatric patients
- Describe the physiological impact of mechanically assisted ventilation on the cardiovascular/respiratory system
- Discuss methods for initiating and maintaining ventilator/ weaning support
- Describe the normal physiologic response to a variety of insults such as sepsis, trauma, or surgery
- Describe the concept of the Systemic Inflammatory Response Syndrome (SIRS)
• Describe the indications and methods for providing nutritional support

• Describe the principles of postoperative fever with respect to causes, empiric diagnostic modalities, and specific therapy

• Describe respiratory physiology and the specific pathology involved in ventilation and perfusion deficits

• Describe the pathophysiology of acute lung injury (ALI, with spectrum from mild to severe ALI, also known as ARDS) and the management of the long-term ventilator-dependent patient to include

• Discuss acid-base and electrolyte abnormalities common in critically-ill patients

• Describe the initial evaluation, ongoing, acute monitoring and long-term management of possible neurologic or behavioral abnormalities occurring in the ICU setting

**Patient Care**

• Complete and pass Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS)

• Recognize and manage airway obstruction

• Perform endotracheal and nasotracheal intubation

• Perform cricothyrotomy and tracheostomy

• Manage mechanical ventilator equipment

• Perform venous access procedures, including subclavian and jugular and femoral vein catheterizations and saphenous vein cutdown

• Estimate fluid volume requirements in acute trauma, burns, and hemorrhage; and institute replacement therapy

**Interpersonal and Communication Skills**

• Communicate effectively information and progress reports to patients and family members

• Develop and apply effective communication strategies to interact with patients and families from a diverse backgrounds
• Educate and counsel patients on the service

• Obtain essential information from patients; and accurately document patient encounters

• Interact with nurses, residents, attending surgeons, and ancillary staff to achieve the heath-related goals of the patient

Professionalism

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students and younger residents by being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Assess gaps in knowledge of critically ill patients and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard Critical Care textbooks and surgical literature

• Uses Pub-Med, Med-Line and other online search engines to select most updated literature to improve one’s knowledge and care to patients

Systems-Based Practice

• Interact with general and trauma surgeons in the care of one’s patients

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal patient care
TRAUMA (PGY-2) (3 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: John Fildes, M.D.
Assigned Residents: PGY-2
Length of Rotation: 3 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOAL
During this three month rotation, plastic surgery residents will develop an understanding of the evaluation and management of trauma patients.

OBJECTIVES

Medical Knowledge

- Discuss wound care management in the emergency department and other settings.
- Outline the management of the following drains and tubes: nasogastric tube (NGT), urinary bladder catheter, chest tube (CT), central venous line (CVL), arterial line (AL)
- Discuss the management of trauma involving the musculoskeletal system, including the need for casts, splints, and traction
- Identify the management principles for a trauma patient in the intensive care unit
- Discuss the indications for, and the provision of, nutritional support for elderly patients sustaining trauma
- Discuss the primary causes/mechanisms of injury in the following list that contribute to making trauma the fifth leading cause of death in those aged 65 and older

Patient Care

- Participate in trauma evaluation, resuscitation, operative management, and intensive care unit (ICU) supervision of a multiply-injured patient
• Evaluate critical care parameters and make decisions, under direct supervision, regarding change in care

• Master placement of chest tubes, diagnostic peritoneal lavage and FAST for any injuries

**Interpersonal and Communication Skills**

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrates the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients’ and support staffs’ questions in a positive manner

• Interact effectively with patients and family members from diverse backgrounds

• Gather essential information from patients; and accurately document patient encounters

• Interact with nurses, residents, attending surgeons and ancillary staff to achieve the health-related goals of the patient

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate as a team member with other residents from other departments

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate appropriate dress and decorum while on duty

• Demonstrates kindness, empathy and maturity in the interrelationship with patients with routine surgical problems related to trauma

• Demonstrates the ability to maintain composure in a trauma resuscitation environment

**Practice Based Learning and Improvement**
• Assess gaps in knowledge of trauma and develop a plan for personal improvement

• Remain current on medical literature as it relates to trauma and complications

• Perform online medical databases searches to select current articles to improve one’s knowledge and improve patient care

• Describe and familiarize one self with resource management practices

**Systems-Based Practice**

• Utilize the expertise of other services and support personnel in the care of one’s patients

• Demonstrate good patient advocacy skills

• Recognize and understand how different health insurance companies affect the treatment plan for patients

• Interact with nurse practitioners and other personal involved with the trauma team regarding day to day in-hospital care for post traumatic injuries and to facilitate post-discharge rehabilitation when necessary
UROLOGY (PGY-2) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Andrew Hwang, M.D.
Assigned Residents: PGY-2
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During this rotation, residents will develop competencies to enable them to describe, diagnose and treat common urologic disorders including renal calculi, and neoplasms of the kidney, urologic infections, congenital urinary tract anomalies, and abnormalities of the bladder, prostate, and testes. In addition these residents will be able to describe the management of renal and ureteral trauma and trauma to the bladder and urethra.

OBJECTIVES

Medical Knowledge

• Recognize the diagnosis of congenital and acquired urological disease, including principles of treatment (surgical and non-surgical) of prostatic disease, prostatic hypertrophy and carcinoma of the prostate

• Describe the indications for catheterization, the management of Foley catheters, the prevention of infection and other complications of catheterization

• Recognize the diagnosis and treatment of carcinoma of the bladder and of the kidney

• Describe the principles, pathophysiology, and consequences of urinary diversion procedures

• Recognize the role of reconstructive surgical procedures for impotence and bladder dysfunction, including the use of prosthetic devices

• Understand the indications for suprapubic catheter placement

• Describe the technique for correction of hypospadia and epispadius
Patient Care

- Demonstrate the skills to participate in both endoscopic and open urologic cases and observe the principles of urological surgical technique
- Obtain and perform a complete history and physical examination
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each cancer patient assigned
- Demonstrate proper wound care and follow-up management
- Perform cystoscopy under the supervision of attending

Interpersonal and Communication Skills

- Communicate with trauma service for urologic emergencies
- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students

Professionalism

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

Practice Based Learning and Improvement

- Assess gaps in knowledge of urology and develop a plan for personal improvement.
- Demonstrate expertise at reading and critically analyzing standard urologic textbooks and current urologic literature.
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and care to one’s patients.

Systems-Based Practice
• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources for optimal patient care
GENERAL SURGERY (PGY-3) (3 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Rotation Director: Shawn Tsuda, M.D.
Assigned Residents: PGY-3
Length of Rotation: 3 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During the three months of general surgery, the plastic surgery resident will gain competencies in the provision of care to patients with surgical problems relating to the breast, abdomen, alimentary tract and digestive system, the liver, biliary tract and pancreas.

OBJECTIVES

Medical Knowledge

Breast Surgery

- Discuss the role of mammography, needle aspiration, fine-needle biopsy, open biopsy, and mammographic needle localization and biopsy

- Explain the use of tumor, nodes, and metastases (TNM) staging in the treatment of breast cancer

Abdominal Surgery

- Describe hernia types that are most common in elderly patients, and explain how they may become problematic

- Define a Richter's hernia and describe its clinical presentation

- Define a sliding hernia and describe its repair

- Differentiate between incarceration and strangulation of a hernia

Alimentary Tract and Digestive System
• Describe the essential characteristics of routine and highly specialized diagnostic evaluation of the alimentary tract

• Discuss current medical management and its potential limitations

Liver and Biliary Tract

• Identify the most significant determinants of mortality in elderly patients following cholecystectomy

• Discuss various types of liver cysts (echinococcal or hydatid, nonparasitic) and the appropriate management of each

• Discuss the etiologies and management of pyogenic and amebic hepatic abscesses

Pancreas

• Discuss the pathophysiology of pancreatic carcinoma

• Discuss presentation, evaluation, and management of pancreatic pseudo cysts

• Describe the diagnosis and management of pancreatic ascites

Patient Care

Breast Surgery

• Determine the indications and special requirements for tissue processing for estrogen and progesterone receptors

• Educate patients to perform breast self-examination

Abdominal Surgery

• Coordinate pre- and post-operative care for the patient with an acute abdomen

• Assist in closure of abdominal incisions; exhibit competency in suture technique

Alimentary Tract and Digestive System

• Evaluate and manage nutritional needs (enteral and parenteral) of surgical patients until normal GI function returns

• Provide follow-up care to the surgical patient in the outpatient clinic or surgical office
Liver and Biliary Tract

- Perform uncomplicated hepatobiliary surgery under supervision, such as cholecystectomy, both laparoscopic and open, with operative cholangiography
- Assist in more advanced hepatobiliary operations

Pancreas

- Assist in perioperative management of patients undergoing pancreatic surgery
- Perform minor pancreatic procedures under supervision such as external drainage of pseudocyst or internal drainage via cystgastrostomy

Interpersonal and Communication Skills

- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic surgical techniques to students and junior residents

Professionalism

- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger residents in being sensitive to patient confidential needs

Practice Based Learning and Improvement

- Assess gaps in knowledge and develop a plan for personal improvement
- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current surgical literature
- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s knowledge and care for patients
Systems-Based Practice

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

- Select appropriate medical procedures based on cost-effectiveness and risk to patient

- Interact with social services and community agency resources to provide optimal patient care
OTOLARYNGOLOGY (PGY-3) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Robert Wang, M.D.
Assigned Residents: PGY-3
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During this rotation, plastic surgery residents will develop competence to describe, assess, diagnose and treat disorders of the ear, nose, pharynx, upper aerodigestive tract, as well as the management of emergencies in these areas of the body.

OBJECTIVES

Medical Knowledge

- Describe morphologic anomalies, infection, trauma, and tumors of the external ear, nose, paranasal sinuses, mouth, pharynx, and larynx
- Describe techniques needed to perform a thorough examination of the external ear, nose, paranasal sinuses, mouth, pharynx, and larynx as well as areas in the head and neck related to disease of these structures
- Understand staging of head and neck cancer
- Define techniques for acute airway management

Patient Care

- Use both rigid and fiberoptic instruments used to inspect the pharynx and larynx
- Assess airways and to obtain and maintain patency of the upper airway
- Acquire operative exposure and experience in the management of congenital anomalies, trauma, neoplasia and infections of the ear, nose, paranasal sinuses and upper airway
• Manage nasopharyngeal hemorrhage

• Obtain and perform a complete history and physical examination on patients with cancer

• Formulate an appropriate differential cancer diagnosis, and records an independent, written diagnosis for each cancer patient assigned

• Communicate with patient pre-operatively to formulate operative plan

• Perform a complete oral exam for head and neck malignancies

**Interpersonal and Communication Skills**

• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to students and junior residents

**Professionalism**

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Demonstrate ability to listen to patient complaints and offer compassionate solutions
• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

• Communicate with the family pre and post operatively

• Teach medical students how to write surgical progress notes

**Practice Based Learning and Improvement**

• Assess gaps in knowledge of ENT and develop a plan for personal improvement.

• Describe and familiarize oneself with resource management practices

• Demonstrate expertise at reading and critically analyzing standard textbooks and the current medical literature

• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care

**Systems-Based Practice**

• Interact with radiation oncologists for adjuvant treatment of head and neck malignancies

• Interact with plastic surgeons for head and neck reconstruction

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal patient care
PEDIATRIC SURGERY (PGY-3) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Michael Scheidler, MD
Assigned Residents: PGY-3
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS
During this rotation, residents will develop competence to define, describe, diagnose and treat neonates and children with congenital anomalies, gastrointestinal disease, malignancy, genitourinary disease and trauma.

OBJECTIVES

Medical Knowledge

• Discuss physiology of premature infants, neonates, and of children in relation to the fluid, nutrition, growth and energy requirements

• Discuss difference between adults and children in physiology, anatomy, fluid needs and blood requirements

• Describe congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies and general pediatric problems seen in this population.

• Identify commonly used medications in the pediatric surgical patient including analgesics, antibiotics, sedatives, antiemetics, cathartics, and anticonvulsants

• Know the choices of abdominal incisions and technique of opening and closing the abdomen

Patient Care

• Demonstrate correct preoperative preparation such as prepping the patient, draping, monitoring, temperature control etc.
• Demonstrate advancing mastery of general surgical skills such as tissue handling, instrument handling, knot tying, finesse in dissection and delicacy of technique

• Identify and manage congenital anomalies, pediatric malignancy, genitourinary disease, pediatric trauma and emergencies, general pediatric problems

• Obtain and perform a complete history and physical examination on pediatric patients

• Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each assigned patient

• Demonstrate proper care and follow-up management

• Communicate with patient and surgeon pre-operatively to formulate operative plan

**Interpersonal and Communication Skills**

• Communicate the diagnosis and treatment plan in detail with the patients and their parents

• Display a friendly disposition that is conducive to successful interaction with team members, patients and parents

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients’/parents’ and support staff’s’ questions in a positive manner

• Demonstrate to the attending staff the ability to take a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to students and junior residents

• Discuss with family the child’s long term prognosis in patients with malignancies

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate with the patients/parents and support staff politely and with respect

• Respond to pages and consults in a timely manner
• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient’s and family’s complaints and offers compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge of pediatric patients and develop a plan for personal improvement

• Describe and familiarize one self with resource management practices

• Demonstrate expertise at reading and critically analyzing standard textbooks and current literature

• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care

**Systems-Based Practice**

• Interact with Pediatricians for collaborative medical management

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources for optimal patient care
THORACIC SURGERY (PGY-3) (2 months)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Faculty: Demetrios Mavroidis, MD
Assigned Residents: PGY-3
Length of Rotation: 2 months
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During this rotation, the plastic surgery residents will develop competence to describe, analyze, diagnose and treat basic thoracic conditions, including infections and complications of infections, pulmonary malignancies, mediastinal and pericardial disease, and benign and malignant diseases of the esophagus. In addition, residents will be able to describe non-invasive and invasive diagnostic techniques, including endoscopic techniques, pulmonary and esophageal physiology management of thoracic trauma.

OBJECTIVES

Medical Knowledge

• Describe the pathologic classification of benign and malignant pulmonary tumors

• Describe the staging of lung carcinomas and the treatment including surgical, radiation and chemotherapeutic options

• Discuss the principles of esophageal surgery, including the diagnosis and treatment of esophageal perforation, the management of achalasia, gastroesophageal reflux disease, carcinoma of the esophagus and management of diverticular disease

• Discuss the management of pericardial tamponade and management by performing subxiphoid pericardial drainage or a transpleural subtotal pericardiectomy

Patient Care

• Obtain and perform a complete history and physical examination

• Demonstrate the skills to perform upper airway intubation, both nasal and oral-tracheal, cricothyroidotomy, tracheostomy, thoracentesis, pericardiocentesis, tube
thoracostomy, pulmonary resections including wedge resections, lobectomy, and pneumonectomy

- Formulate an appropriate differential cancer diagnosis, and record an independent, written diagnosis for each cancer patient assigned
- Demonstrate proper wound care and follow-up management
- Describe how to perform emergency thoracotomy in trauma patients

**Interpersonal and Communication Skills**

- Communicate the diagnosis and treatment plan in detail with the patients in a sensitive manner taking into account various cultural differences
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve conflict with patients
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients’ and support staffs’ questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitate the interaction between resident team and medical students
- Teach basic thoracic techniques to students and junior residents
- Teach medical students how to write surgical progress notes

**Professionalism**

- Communicate with the patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
- Respond to criticism and correction with calm and attentive demeanor
- Listen to patient complaints and offers compassionate solutions
• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Assess gaps in knowledge of thoracic surgery and develop a plan for personal improvement

• Describe and familiarize one self with resource management practices

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current medical literature

• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care

Systems-Based Practice

• Interact with oncologist and radiation oncologist for non-surgical management of thoracic malignancies

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources for optimal patient care
Site Location: University Medical Center  
1800 W. Charleston Blvd.  
Las Vegas, NV. 89102  
Rotation Director: John Ham, M.D.  
Assigned Residents: PGY-3  
Length of Rotation: 1 month  
Reference Sources: SCORE Curriculum  
Conference Schedule: Tuesday, 8:00 am – 12:30 pm  
Method of Assessment: Evaluation  
Annual In-Service Exam

GOALS

During this month rotation, plastic surgery residents will develop competence to define, describe, and treat patients undergoing kidney and pancreas transplant. In addition they will gain understanding in the management of immunosuppressive drugs and their complications, and be able to discuss social, ethical and legal issues involved in transplantation.

OBJECTIVES

Medical Knowledge

- Discuss pathophysiology and management of patients with acute renal failure
- Discuss pathophysiology and management of patients with chronic renal failure
- Describe complete history and physical examinations in transplant patients
- Understand patient selection criteria for cadaveric and living related transplant

Patient Care

- Obtain and perform a complete history and physical examination
- Manage post-transplant patients complications in long-term transplant recipients
- Describe step by step operative techniques for renal transplant
- Assess clinical problems rapidly and formulate care plans when complications arise from immuno suppression and clotted vascular accesses

Interpersonal and Communication Skills
• Communicate the diagnosis and treatment plan in detail with the transplant team and families

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients’ and support staffs’ questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Communicate with dialysis center in patients with failed renal transplants

• Communicate with radiologist for performing sonogram for renal transplant patients

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offers compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge of transplant medicine/surgery and develop a plan for personal improvement.

• Describe and familiarize oneself with resource management practices

• Demonstrate expertise at reading and critically analyzing the standard surgical textbooks and current medical literature
• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care.

**Systems-Based Practice**

• Interact with nephrologists for end stage renal failure patients requiring dialysis

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources for optimal patient care
GOALS

During this three month rotation, residents will apply the knowledge and skills gained in the previous year’s rotation to further develop their understanding of the principles of plastic surgery and will be able to define, translate and apply these principles to conditions of the integument, head and neck, trunk, breast and lower extremity.

OBJECTIVES

Medical Knowledge

- Explain the methods for performing incisional and excisional biopsies of lesions of the skin

- Describe the systematic examination of the hand to assess motor and sensory function

- Discuss the use of the reconstructive ladder (including skin grafts, local flaps, and regional and free microvascular flaps) in the definitive management of traumatic, chronic, and excised wounds

- Explain considerations in a geriatric patient undergoing major reconstructive operation

Patient Care

- Participate in the perioperative evaluation and management of congenital or acquired defects (traumatic and surgical)

- Perform major soft tissue repair including acute lacerations
• Assist in performing breast reductions, repair of facial fractures, carpal tunnel release, breast reconstruction, repair of hand fractures, lower extremity and trunk reconstruction

**Interpersonal and Communication Skills**

• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients’ and support staffs’ questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to junior residents and medical students

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offers compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in plastic surgery knowledge and develop an individual plan to improve knowledge
- Describe and familiarize one self with resource management practices

- Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current medical literature

- Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care

**Systems-Based Practice**

- Interact with Trauma surgeons, Ophthalmologists, Neurosurgeons, ENTs, and Orthopedic surgeons to provide collaborative care to a multi trauma patient

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

- Select appropriate medical procedures based on cost-effectiveness and risk to patient

- Interact with social services and community agency resources for optimal patient care
SURGICAL ONCOLOGY (PGY-3) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Rotation Director: Daniel Kirgan, M.D.
Faculty: Jennifer Baynosa, M.D., Charles St. Hill, M.D.
Assigned Residents: PGY-3
Length of Rotation: 1 month
Reference Sources: SCORE Curriculum
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS

During this one month rotation, the plastic surgery resident will develop competence to define, describe, and manage patients with malignancies.

OBJECTIVES

Medical Knowledge

• Discuss frequency/death rates of the top five malignant neoplasms in men, women, and children in the United States

• Describe trends of increasing, decreasing, and high incidence for certain solid neoplasms

• Describe the implications of the heterogeneous cellular makeup of most solid neoplasms with reference to clinical behavior and response to adjuvant treatment

• Define current theories of carcinogenesis

• Describe the principles of surgical technique for operative procedures designed for cure of malignant diseases and their application to endoscopic operative techniques

• Describe indications for curative versus palliative treatment, and formulate therapeutic plans for each approach

Patient Care

• Acquire skills for placing Portacath for chemo therapy
• Obtain and perform a complete history and physical examination on patients with cancer

• Formulate an appropriate differential cancer diagnosis, and record an independent, written diagnosis for each cancer patient assigned

• Demonstrate proper wound care and follow-up management

• Demonstrate skills in resections of cutaneous malignancies

• Assist oncologic surgeon in surgery of solid organ tumors

**Interpersonal and Communication Skills**

• Demonstrate compassion in dealing with patients with cancer
• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to students and junior residents

**Professionalism**

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students and younger residents in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**

• Assess gaps in knowledge of malignancies and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and current literature

• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care
**Systems-Based Practice**

- Interact with Oncologists, Radiation Oncologists, Plastic Surgeons, and Gastroenterologists to provide collaborative patient care

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

- Select appropriate medical procedures based on cost-effectiveness and risk to patient

- Interact with social services and community agency resources for optimal patient care
MICROSURGERY SKILLS AND BASIC RESEARCH ROTATION (PGY - 4) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
Multidisciplinary Clinical Skills Laboratory
1001 Shadow Lane, Suite B305
Las Vegas, NV. 89102

Faculty: Richard Baynosa, M.D.,
Wei Z. Wang, M.D.

Assigned Residents: PGY-4
Length of Rotation: 3 months

Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s

Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Evaluation
360 Degrees Evaluation

GOALS

• During the three months of this rotation, the plastic surgery resident will gain
competencies in the basics of microsurgical skills in a controlled laboratory setting &
obtain an understanding of the basic pathophysiology of the microvascular circulation as
well as ischemia-reperfusion injury. Basic science research methodology and laboratory
skills will also be stressed. The resident will gain initial experience in evaluating
traumatic hand injuries and amputations as well as become familiar with the rationale,
indications, contraindications, and techniques involved in replantation.

OBJECTIVES

Medical Knowledge

• Display knowledge of the function of the basic components that make up the operating microscope

• Recognize the proper setup for using the operating microscope effectively including determining &
optimizing the interpupillary distance, proper positioning, and ergonomics

• Describe the basic techniques of microsurgical dissection and microvascular anastomosis

• Discuss indications and contraindications for replantation

• Obtain proficiency in basic science research methodology and skill in laboratory techniques

Patient Care
• Obtain and perform a complete history and physical examination on patients with traumatic hand and digit amputations
• Determine whether a traumatic amputation is a viable candidate for replantation and describe the rationale behind the decision making process
• Describe step by step management of upper extremity replantation and/or microsurgical repair of neurovascular structures
• Demonstrate proper wound care and follow-up management after replantation in the upper extremity
• Communicate with patient and surgeon pre-operatively to formulate operative plan

**Interpersonal and Communication Skills**
• Communicate with research laboratory personnel to facilitate successful completion of projects
• Participate in teaching 4th year medical students during their microsurgery elective
• Display a friendly disposition that is conducive to successful interaction with team members and patients
• Communicate the treatment plans with the attending surgeon and support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner
• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

**Professionalism**
• Communicate with the patients and support staff politely and with respect
• Respond to pages and consults in a timely manner
• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
• Respond to criticism and correction with calm and attentive demeanor
• Display leadership to medical students in being sensitive to patient confidential needs

**Practice Based Learning and Improvement**
• Describe and familiarize with resource management practices
• Assess gaps in knowledge and develop a plan for personal improvement
• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature
• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients
Systems-Based Practice

- Interact with physical and occupational therapists for management of post operative hand therapy after replantation
- Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interact with social services and community agency resources to provide optimal care for patients
- Interact with workers compensation representative for disability ratings, functional capacity and ratability
RECONSTRUCTIVE MICRO SURGERY (PGY - 4) (6 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Faculty: Richard Baynosa, M.D.,
Kayvan Khiabani, M.D., John Menezes, M.D.

Assigned Residents: PGY-4

Length of Rotation: 3 months

Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s

Conference Schedule: Tuesday, 10:00 am – 12:30 pm

Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the six months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with complex reconstructive defects requiring microsurgical intervention including free tissue transfers for reconstruction of head and neck, breast, upper and lower extremity, and thoracic extirpative defects. The resident will also become familiar with the use of microsurgical skills for traumatic injuries including replantation, peripheral nerve transections, and coverage of open fractures.

OBJECTIVES

Medical Knowledge

• Define the anatomy of the numerous muscle, musculocutaneous, fasciocutaneous, and osteocutaneous flaps available for microvascular reconstruction including the associated vascular anatomy, arteries and veins, major nerves and their available perforators

• Describe the rationale for selecting a particular free tissue transfer for reconstruction in regards to defining the defect, the available donor tissues to reconstruct the defect, and the subsequent donor site morbidity associated with harvest of the selected free flap

• Define and recognize the signs and symptoms of impending microvascular anastomotic failure including arterial insufficiency or occlusion, venous obstruction or thrombosis, and ischemia-reperfusion injury

• Analyze the appropriate preoperative studies including CT scans, ultrasound/doppler, and angiography to assist in planning free tissue transfer for reconstruction including assessing for suitable donor and recipient vessels as well as cutaneous perforators

Patient Care

• Obtain and perform a complete history and physical examination on patients with complex defects requiring reconstructive microsurgery
• Organize a plan to reconstruct soft and hard tissue defects after removal of head and neck, breast, thoracic, and upper and lower extremity tumors

• Describe and perform microvascular anastomoses of arteries and veins as well as nerve coaptation using the operating microscope and acquired microsurgical skills

• Demonstrate proper wound care and follow-up management of patients undergoing free tissue transfer

Interpersonal and Communication Skills

• Communicate with patient and attending surgeon pre-operatively to formulate operative plan

• Handle and resolve patient’s conflict with oncologic and traumatic soft tissue and hard tissue defects and the psychological implications associated with altered body image

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner

• Coordinate and facilitates the interaction between resident team and medical students

• Teach basic surgical techniques to medical students and junior residents

• Communicate with patient and family risks, benefits, and alternatives for various procedures

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Display leadership to medical students in being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard hand surgery textbooks and pertinent medical literature

• Describe and familiarize with resource management practices

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Arrange rehabilitation of upper and lower extremity trauma following reconstructive microsurgical treatment
• Interact with speech therapists, physical and occupational therapists, nutritionists, and pharmacists in the multidisciplinary post-operative treatment of patients undergoing microvascular reconstruction of head and neck, breast, trunk, and extremity defects

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interacts with social services and community resource and workers compensation agencies to provide optimal care for patients
DERMATOLOGY ROTATION (PGY-4) (1 month)
Competency-Based Goals and Objectives

Site Location: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102
9280 W. Sunset, Suite 310
Las Vegas, NV 89148

Faculty: Douglas Fife, M.D.
Assigned Residents: PGY-4
Length of Rotation: 1 month
Reference Sources: Mathes “Plastic Surgery” 2nd Edition
Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Exam

GOALS
During this one month rotation, the plastic surgery resident will develop competence to define, describe, and manage patients with benign and malignant skin lesions.

OBJECTIVES

Medical Knowledge

• Discuss frequency/death rates of the top three malignant skin neoplasms in the United States
• Describe trends of increasing, decreasing, and high incidence for certain skin neoplasms
• Define current theories of carcinogenesis and transformation from benign to malignant lesions
• Describe the principles of surgical margins designed for cure of the malignant skin diseases

Patient Care

• Acquire skills for obtaining and preparing an adequate skin biopsy for diagnosis
• Obtain and perform a complete history and physical examination on patients with skin cancer
• Formulate an appropriate differential skin lesion diagnosis and the proper treatment algorithms for each lesion
• Demonstrate proper wound care and follow-up management
• Demonstrate skills in resections of cutaneous malignancies
• Assist dermatologist in MOHS procedures and preparation

Interpersonal and Communication Skills

• Demonstrate compassion in dealing with patients with skin cancer
• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Teach basic surgical biopsy and excisional techniques to students and junior residents

Professionalism

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Demonstrate consideration and empathy for parents and their concerns regarding their child’s skin lesion/lesions.

Practice Based Learning and Improvement

• Assess gaps in knowledge of benign and malignant skin lesions and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing current literature

• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and patient care

Systems-Based Practice

• Interact with Internists, Plastic Surgeons, Radiation Oncologists, and Pathologists to provide collaborative patient care

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources for optimal patient care
ORAL & MAXILLOFACIAL SURGERY ROTATION (PGY - 4) (1 month)

Competency-Based Goals and Objectives

Site Locations: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Faculty: Daniel Orr, M.D., D.D.S.
Katherine Keeley, M.D., D.D.S.
Jeff Moxley, M.D., D.D.S.

Assigned Residents: PGY-4
Length of Rotation: 1 month
Reference Sources: Mathes “Plastic Surgery” 2nd Edition
Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Examination

GOALS

During this one month rotation, the plastic surgery resident will gain competencies in the provision of care to patients with oral and maxillofacial surgical problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of congenital and acquired disorders of the maxillofacial skeleton including the diagnosis and surgical treatment of maxillary & mandibular trauma

OBJECTIVES

Medical Knowledge

• Apply knowledge of oral & maxillofacial anatomy in a variety of clinical settings

• Describe the anatomy of the teeth, alveolus, palate, and maxillofacial skeleton as it develops from birth through infancy, childhood, puberty, and adulthood

• Analyze and utilizes cephalometric studies in the pre-surgical planning of patients with congenital head and neck anomalies (specifically horizontal and vertical maxillary excess and deficiency as well as mandibular prognathism and retrognathy)

• Describe pathology and management of patients with closed and open fractures of the facial skeleton including closed reductions, open reductions, internal fixations, and bone grafting for complex mandibular fractures and severe Le Fort I – III fractures

• Describe the postoperative management of facial fractures and associated maxillomandibular fixation (MMF) and orthodontics

• Discuss the genetic etiology, embryology and anatomy of congenital disorders of the head and neck and maxillofacial skeleton

• Analyze CT scans in axial, coronal and 3D views as well as corroborating films including Panorex studies

Patient Care

• Obtain and perform a complete history and physical examination of patients with maxillofacial trauma, congenital defects, and malignancies
• Describe and perform various operative procedures for treatment of facial fractures, unilateral cleft lip and palate repair involving the alveolus and bone grafting, and assists with correction of mandibular and palatal deficiencies requiring distraction osteogenesis

• Describe and perform mandibular fracture repair and maxillary fracture repair including Le Fort I, II, and III fractures

• Communicate with patient and surgeon pre-operatively to formulate operative plan

Interpersonal and Communication Skills

• Communicate with dentists and oral and maxillofacial surgeons participating in the management of complex orthognathic defects

• Utilize effective communication skills specific to children and parents with oral and maxillofacial congenital and traumatic defects

• Communicate the diagnosis and treatment plan in detail with the patients

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Communicate with patient and family the risks, benefits, and alternatives of various procedures

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Communicate with the family pre- and post-operatively

Practice Based Learning and Improvement

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard Plastic Surgery, Craniofacial, and Oral/Maxillofacial textbooks and pertinent medical literature

• Describe and familiarize with resource management practices

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Interact with Dentist, Speech Therapist, Orthodontist for patients with craniofacial abnormalities
• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risks to patient

• Interact with social services and community agency resources to provide optimal care for patients
OPHTALMOLOGY ROTATION (PGY - 4) (1 month)
Competency-Based Goals and Objectives

Site Location: Nevada Institute of Ophthalmology
2800 N. Tenaya Way, Suite 102
Las Vegas, NV. 89128

Faculty: Tyree Carr, M.D.

Assigned Residents: PGY-4
Length of Rotation: 1 month
Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s Operative Hand Surgery, Vol I-II, 6th
edition

Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Evaluation
Annual In-Service Examination

GOALS
During this one month rotation the plastic surgery resident will gain competencies in the provision of care
to patients with ocular problems. The resident will experience an introduction to advanced diagnostic and
therapeutic ophthalmologic interventions including laser procedures, ophthalmic photography,
microsurgery, and oculo-plastics.

OBJECTIVES

Medical Knowledge

• Describe the anatomy of the peri-ocular area including the eyelid, globe, extraocular muscles, and
  lacrimal gland system

• Define the most common benign and malignant conditions associated with the eye and peri-ocular area

• Recognize the signs and symptoms of traumatic and post-surgical conditions requiring emergent
treatment including retro-orbital hematoma, acute angle-closure glaucoma, acute orbital compartment
  syndrome, and globe rupture

Patient Care

• Obtain and perform a complete history and physical examination on patients with ocular abnormalities
  resulting from congenital, acquired, or traumatic causes

• Describe and perform skin excision techniques and basic reconstructions for eyelid lesions

• Formulates an appropriate differential diagnosis, and records an independent, written diagnosis for
each ophthalmologic patient assigned

• Demonstrate proper peri-ocular wound care and follow-up management

Interpersonal and Communication Skills

• Communicate the diagnosis and treatment plan in detail with the patients

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential
  information and medical record according to HIPPA standards
• Communicate with patient and family risks, benefits, and alternatives for various procedures
• Display a friendly disposition that is conducive to successful interaction with team members and patients
• Demonstrate the ability to handle and resolve conflict with patients

**Professionalism**

• Communicate with the patients and support staff politely and with respect
• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
• Respond to criticism and correction with calm and attentive demeanor
• Listen to patient complaints and offer compassionate solutions
• Communicate with the family pre- and post-operatively

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement
• Demonstrate expertise at reading and critically analyzing standard plastic surgery textbooks and pertinent medical literature
• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients.
• Describe and utilize with resource management practices specific to an outpatient private practice population

**Systems-Based Practice**

• Communicate the treatment plans with the support staff and be able to listen and respond to the patient’s and support staff’s questions in a positive manner
• Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources to provide optimal care for patients
• Develop an ongoing treatment plan with the attending physician that facilitates long term care and well being for patients with chronic ocular conditions taking into account the patient’s available resources
AESTHETIC/ BREAST/ GENERAL RECONSTRUCTION (PGY- 4) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center and Ambulatory Surgery Centers
Rotation Director: Richard Baynosa, M.D.
Assigned Residents: PGY-4
Length of Rotation: 3 months
Conference Schedule: Tuesday, 8:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with plastic surgical problems relating to the anatomy, physiology, and basic principles of treatment for aesthetic facial surgery, aesthetic and reconstructive breast surgery, and reconstruction of the face, scalp, and trunk.

OBJECTIVES

Medical Knowledge

• Understand the anatomy of face as it relates aesthetic surgical operations

• Describe the anatomy, physiology, and embryology of the trunk and breast; applies this information to the comprehensive management of a variety of problems in these anatomic areas

• Know the congenital disorders of the trunk and breast; define plastic surgical management of such problems as Poland’s syndrome and asymmetric tuberous hypomastia

• Define biological behavior, histologic characteristics, and management principles of benign and malignant processes of the breast and trunk; define medical and surgical management of such problems
• Use flaps, grafts, and/or alloplastic insertions for head and neck reconstruction
• Describe surgical and liposuction techniques for body contouring
• Describe surgical options for unilateral and bilateral immediate breast reconstruction
• Define reconstructive options for the delayed mastectomy defect with and without radiation

Patient Care

• Obtain and perform a complete history and physical examination of patients with face, breast, and trunk abnormalities
• Plan surgical therapy for the aging face, including rhytidectomy, brow-lift, and platysmoplasty
• Analyze and treat patients with aesthetic problems of eyelid and performs blepharoplasty
• Apply office ancillary procedures for the aging face such chemical peeling, filler injection, and botox
• Understand and apply knowledge of LASER physics as it relates to skin resurfacing
• Perform basic body contouring surgery including lipoplasty, abdominoplasty, and brachioplasty
• Design and perform reconstruction of specific head and neck defects such as the eyelid, lips, nose, and oropharynx
• Design and perform reconstruction of breast using expander implant, autologous pedicle tissue transfer, nipple areola reconstruction and assist with free tissue breast reconstruction
• Formulate an appropriate differential diagnosis and record an independent, written diagnosis for each patient
• Demonstrate proper wound care and follow-up management
• Communicate with patient and surgeon pre-operatively to formulate operative plan

Interpersonal and Communication Skills
• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patient’s and support staff’s questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Communicate with patient and family about long term effects from reconstructive procedures

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate with the patients, attendings, and supports staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

• Communicate with the family pre- and post-operatively

**Practice Based Learning and Improvement**

• Describe and familiarize oneself with resource management practices

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard aesthetic and plastic surgery textbooks and pertinent medical literature
• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

**Systems-Based Practice**

• Interact with oncologist and radiation oncologist for further management of breast cancer patients post reconstruction

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal care for patients
CRANIOFACIAL SURGERY (PGY - 4) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Sunrise Hospital
3186 S. Maryland Pkwy.
Las Vegas, NV. 89109

Rotation Director: John Menezes, M.D.
Assigned Residents: PGY-4
Length of Rotation: 3 months
Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,

Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the three months of this rotation the plastic surgery resident will gain competencies in the provision of care to patients with craniofacial surgical problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of congenital disorders of the head and neck, and to obtain a working knowledge of the craniofacial skeleton as it pertains to facial fractures and their treatment.

OBJECTIVES

Medical Knowledge

• Apply knowledge of head and neck anatomy in a variety of clinical settings

• Describe the anatomy of the skull, facial bones, eye, ear, nose and septum and vascular structures of the head and neck

• Analyze and utilizes cephalometric studies in the pre-surgical planning of patients with congenital head and neck anomalies (specifically cleft lip & palate, and craniosynostosis)
• Describe management of patients with minor and major soft tissue injuries of the face, including injuries to the facial nerve, lacrimal apparatus, and parotid gland

• Describe pathology and management of patients with closed and open fractures of the facial skeleton including closed reductions, open reductions, internal fixations, and bone grafting

• Describe the postoperative management of facial fractures

• Demonstrate basic knowledge of the common congenital disorders of the head and neck including cleft lip and palate, craniofacial syndromes, vascular malformations, and auricular abnormalities

• Discuss the genetic etiology, embryology and anatomy of congenital disorders of the head and neck

• Analyze CT scan in axial, coronal and 3D views

Patient Care

• Obtain and perform a complete history and physical examination of patients with maxillofacial trauma, congenital defects, and malignancies

• Describe and perform various operative procedures for treatment of facial fractures, unilateral cleft lip and palate repair, and assists with correction of craniosynostosis

• Describe and perform mandibular fracture repair, frontal sinus repair, congenital ear deformity correction, excision and reconstruction of head and neck skin cancers

• Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each patient

• Communicate with patient and surgeon pre-operatively to formulate operative plan

Interpersonal and Communication Skills

• Understand effective communication skills specific to children and parents

• Communicate with Pediatricians and PICU attending for management of post craniosynostosis correction

• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients
• Communicate the treatment plans with the support staff and be able to listen and respond to the patient’s, parent’s and support staff’s questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to junior residents and medical students

• Communicate with patient and family the risks, benefits, and alternatives of various procedures

• Teach medical students how to write surgical progress notes

**Professionalism**

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students by being sensitive to patient confidential needs

• Communicate with the family pre- and post-operatively

**Practice Based Learning and Improvement**

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard Plastic Surgery, Craniofacial textbooks and pertinent medical literature

• Describe and familiarize with resource management practices

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

**Systems-Based Practice**
• Interact with Neurosurgery, Speech Therapist, Orthodontist for patients with craniofacial abnormalities

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risks to patient

• Interact with social services and community agency resources to provide optimal care for patients
HAND ROTATION (PGY - 4) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center, Sunrise Hospital and Ambulatory Surgery Centers
Rotation Director: Kayvan Khiabani, M.D.
Assigned Residents: PGY-4
Length of Rotation: 3 months
Conference Schedule: Tuesday, 10:00 am – 12:30 pm

GOALS

During the three months of on this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with hand problems relating to the understanding of the anatomy, physiology, and basic principles of treatment of benign and malignant tumors, compression neuropathy, trauma and reconstruction of the upper extremity.

OBJECTIVES

Medical Knowledge

- Define the anatomy of the muscles, tendons, ligaments, vascular anatomy, arteries and veins, major nerves and their branches including relationships to surrounding structures of hand and upper extremity
- Describe and perform a complete examination of the upper extremity
- Define symptoms of nerve compression and demonstrate appropriate examination techniques
- Define symptoms and surgical options for Dupuytren’s contracture, ganglion cyst, rheumatoid arthritic deformity, trigger finger, and hand infections
- Describe anatomy and pathophysiology of carpal bones and ligaments as it relates to wrist pain
- Identify abnormalities of the hand on plain films, MRI, CT scan
Patient Care

- Obtain and perform a complete history and physical examination on patients with hand trauma including nerve, tendon, and vascular injuries
- Identify, evaluate, and treat upper extremity infections
- Manage fractures of the hand, and injuries to the nail bed and fingertip
- Describe and surgically treat patients requiring restoration of functional cutaneous coverage of the hands and fingers including free tissue transfer
- Organize a plan to reconstruct soft and hard tissue defects after removal of upper extremity tumors
- Describe the traumatized upper extremity and performs initial emergency treatment
- Demonstrate the ability to debride and close simple wounds
- Describe various operative techniques to repair tendons, nerves, arteries, veins, and fractures
- Describe and perform various techniques for Dupuytren’s contracture excision
- Demonstrate proper wound care and follow-up management

Interpersonal and Communication Skills

- Communicate with patient and surgeon pre-operatively to formulate operative plan
- Communicate with patients their long term prognosis post hand injury
- Display a friendly disposition that is conducive to successful interaction with team members and patients
- Handle and resolve patient’s conflict with work related hand injury
- Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner
- Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards
- Coordinate and facilitates the interaction between resident team and medical students
- Teach basic surgical techniques to medical students and junior residents
• Communicate with patient and family risks, benefits, and alternatives for various procedures

• Teach medical students how to write surgical progress notes

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

• Communicate with the family pre- and post-operatively

Practice Based Learning and Improvement

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard hand surgery textbooks and pertinent medical literature

• Describe and familiarize with resource management practices

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Arrange rehabilitation of upper extremity trauma following surgical treatment

• Interact with physical and occupational therapists post hand injury

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Interacts with social services and community resource and workers compensation agencies to provide optimal care for patients
CRANIOFACIAL SURGERY (PGY - 5) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center
1800 W. Charleston Blvd.
Las Vegas, NV. 89102

Sunrise Hospital
3186 S. Maryland Pkwy
Las Vegas, NV. 89109

Rotation Director: John Menezes, M.D.
Assigned Residents: PGY-5
Length of Rotation: 3 months
Reference Sources: Mathes “Plastic Surgery” 2nd Edition
Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with craniofacial problems relating to the advanced understanding of the diagnosis, surgical treatment and subsequent multi-disciplinary team management of children with craniofacial disorders.

The Plastic surgery resident will also manage benign and malignant tumors of head and neck and to plan various reconstruction options.

OBJECTIVES

Medical Knowledge

• Demonstrate more advanced knowledge of the common congenital disorders of the head and neck including bilateral cleft lip and palate, and how to manage a craniofacial team (understanding its role in current standards of care)

• Recall the diagnostic criteria and discuss the evaluation and treatment for complex congenital anomalies such as: (syndromic craniosynostosis, hemifacial microsomia, Pierre-Robin sequence, microtia, and hemangioma

• Recognize the need for revisional procedures, especially with regard to cleft lip and palate and subsequent velopharyngeal insufficiency
• Assess and treat patients with benign and malignant processes of the head and neck
• Assess and treat patients with head and neck tumors of vascular and lymphatic origin
• Identify and treat patients with functional defects of the head and neck
• Identify and manage complex facial fractures

**Patient Care**

• Obtain and perform a complete history and physical examination on patients with craniofacial abnormalities
• State all of the approaches for the treatment of complex and panfacial facial fractures and be able to execute them as primary surgeon
• Manage the complications and sequelae of facial fracture treatment
• Use pedicle and local flaps, free tissue transfer, grafts, and/or alloplastic insertions for head and neck reconstruction
• Plan reconstruction of specific head and neck structures such as the eyelid, lips, nose, and oropharynx
• Describe and perform operative treatment for bilateral cleft lip, cleft palate, craniosynostosis and pharyngeal flap
• Demonstrate proper wound care and follow-up management for craniofacial patients
• Communicate with patient and surgeon pre-operatively to formulate operative plan

**Interpersonal and Communication Skills**

• Demonstrate leadership at the specialty craniofacial clinic
• Communicate the diagnosis and treatment plan in detail with the patients
• Display a friendly disposition that is conducive to successful interaction with team members and patients
• Demonstrate the ability to handle and resolve conflict with patients
• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner
• Obtain a problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to junior residents and medical students

• Communicate with the family pre- and post-operatively

• Communicate with patient and family risks, benefits, and alternatives for various procedures

• Teach medical students how to write surgical progress notes

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

Practice Based Learning and Improvement

• Describe and familiarize with resource management practices

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Interact with Ophthalmologist, Neurosurgeons, OMFS, for patients with craniofacial abnormalities
• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal care for patients
HAND ROTATION (PGY - 5) (3 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center
Sunrise Hospital and Ambulatory Surgery Centers
Rotation Director: Kayvan Khiabani, M.D.
Assigned Residents: PGY-5
Length of Rotation: 3 months
Reference Sources: Mathes “Plastic Surgery Vol I-VIII 2nd edition,
Green’s
Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the three months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with hand problems relating to the understanding of the anatomy, physiology, and advanced principles of treatment of congenital disorders, aesthetic and functional problems of the hand and upper extremity.

OBJECTIVES

Medical Knowledge

- Discuss preoperative evaluation of patients with congenital and developmental anomalies of the upper extremity; applies proper nomenclature in the diagnosis of these patients

- Describe pre and post operative instructions to parents of children with congenital anomalies of the upper extremity

- Evaluate and perform surgery on patients with nerve compression and entrapment neuropathies of the hand and the upper extremity

- Evaluate and treat with medical and surgical modalities patients with upper extremity circulatory disorders

- Evaluate and perform surgery on patients with aesthetic deformities of the upper extremity
• Evaluate and perform reconstructive surgical procedures on patients with contractures and Dupuytren’s disease of the upper extremity

• Display knowledge of splints, prostheses, and physical therapy for patients requiring upper extremity rehabilitation and follows these patients through their rehabilitation by coordinating all aspects of care.

• Discuss indication and contraindications for replantation

Patient Care

• Obtain and perform a complete history and physical examination on patients with hand abnormalities

• Describe surgical procedures for the treatment of congenital and developmental anomalies of the upper extremity

• Describe operative technique for ulnar nerve transposition, carpal tunnel release and tendon transfer

• Describe operative technique for corrections of carpometacarpal joint and rheumatoid arthritis

• Describe step by step management of upper extremity replantation

• Perform excision of hand tumors

• Manage acute hand injury including all fractures distal to the distal radius

• Manage patients with congenital and developmental anomalies of the upper extremity post-operatively

• Formulate an appropriate differential cancer diagnosis, and records an independent, written diagnosis for each patient

• Demonstrate proper wound care and follow-up management

• Communicate with patient and surgeon pre-operatively to formulate operative plan

Interpersonal and Communication Skills

• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients
• Handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

• Coordinate and facilitate the interaction between resident team and medical students

• Teach basic surgical techniques to residents and medical students

• Communicate with patient and family risks, benefits, and alternatives for various procedures

• Teach medical students how to write surgical progress notes

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

• Communicate with the family pre- and post-operatively

Practice Based Learning and Improvement

• Describe and familiarize with resource management practices

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard surgical textbooks and pertinent medical literature

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients
**Systems-Based Practice**

- Interact with physical and occupational therapists for management of post operative hand therapy

- Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

- Select appropriate medical procedures based on cost-effectiveness and risk to patient

- Interact with social services and community agency resources to provide optimal care for patients

- Interact with workers compensation representative for disability ratings, functional capacity and ratability
AESTHETIC / BREAST / GENERAL RECONSTRUCTION (PGY - 5) (6 months)
Competency-Based Goals and Objectives

Site Locations: University Medical Center and Ambulatory Surgery Centers
Rotation Director: Richard Baynosa, M.D.
Assigned Residents: PGY-5
Length of Rotation: 6 months
Conference Schedule: Tuesday, 10:00 am – 12:30 pm
Method of Assessment: Written Exam
Oral Exam
Simulated Patient Exam
Evaluation
360 Degrees Evaluation

GOALS

During the six months of this rotation, the plastic surgery resident will gain competencies in the provision of care to patients with aesthetic and reconstructive surgical problems relating to the specific treatment plans and management of complications as it relates to aesthetic facial surgery, aesthetic and reconstructive breast surgery, and general reconstruction of the face, scalp, and trunk.

The plastic surgery resident will gain competencies in developing independent operative skills applicable to aesthetic, breast, and general reconstructive surgery.

OBJECTIVES

Medical Knowledge

- Define biological behavior, histologic characteristics, and management principles of benign and malignant processes of the breast and trunk; carries out comprehensive medical and surgical management of such problems
- Analyze patients with post traumatic and cosmetic nasal deformity
- Analyze and treat patients with aesthetic and functional problems of the eyelid
- Analyze and treat patients with aesthetic problems of ear
- Identify and treat patients with facial atrophy and facial palsy
- Define the work up and management of gynecomastia
• Analyze patients with lipodystrophy and post bariatric skin laxity

• Describe the various techniques for liposuction

• Analyze and treat patients with functional and aesthetic problems of head and neck

Patient Care

• Obtain and perform a complete history and physical examination

• Design and perform aesthetic and reconstructive surgery on the trunk and breast including abdominoplasty, lower body lift, breast augmentation, and mastopexy

• Describe how to perform otoplasty and rhinoplasty

• Design and perform operations for the aging face including rhytidectomy, brow-lift, and platysmoplasty

• Manage post-operative complications from rhytidectomy

• Design and perform lipoplasty and tissue excision for gynecomastia

• Describe breast reconstruction options in detail and perform autologous pedicle and free tissue transfer as primary surgeon

• Demonstrate proper wound care and follow-up management

• Communicate with patient and surgeon pre-operatively to formulate operative plan

Interpersonal and Communication Skills

• Communicate the diagnosis and treatment plan in detail with the patients

• Display a friendly disposition that is conducive to successful interaction with team members and patients

• Demonstrate the ability to handle and resolve conflict with patients

• Communicate the treatment plans with the support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner

• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
• Coordinate and facilitates the interaction between resident team and medical students

• Teach basic surgical techniques to resident and students

• Communicate with patient and family risks, benefits, and alternatives for various procedures

• Teach medical students how to write surgical progress notes

Professionalism

• Communicate with the patients and support staff politely and with respect

• Respond to pages and consults in a timely manner

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information

• Respond to criticism and correction with calm and attentive demeanor

• Listen to patient complaints and offer compassionate solutions

• Display leadership to medical students in being sensitive to patient confidential needs

• Communicate with the family pre- and post-operatively

Practice Based Learning and Improvement

• Describe and familiarize with resource management practices

• Assess gaps in knowledge and develop a plan for personal improvement

• Demonstrate expertise at reading and critically analyzing standard Aesthetic and Plastic Surgery textbooks and pertinent medical literature

• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

Systems-Based Practice

• Describe proper ICD 9 and CPT coding for reconstructive plastic surgical procedures

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• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations

• Select appropriate medical procedures based on cost-effectiveness and risk to patient

• Interact with social services and community agency resources to provide optimal care for patients
University Medical Center of Southern Nevada ("UMC") and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine ("UNSOM") hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the residents.

1. It is agreed that Shahid Wahid, MD shall serve as fellowship program director. Dr. Wahid will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME’s Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of UNSOM’s responsible academic department with the concurrence of UMC’s Chief Executive Officer and UNSOM’s Dean.

2. Shahid Wahid, MD shall have administrative, educational and/or supervisory responsibility for fellows at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of fellows at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in fellow teaching also requires the concurrence of the fellowship program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Gastroenterology and Hepatology are accomplished.

C. Period of assignment of the fellows to UMC.

1. Fellow’s assignments for the academic year will be as set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the program director, Dr. Wahid.
D. UMC's responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.

1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at UMC. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Fellowship Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program's Fellowship Handbook, UMC's Fellowship Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the fellows' education while rotating to UMC.

1. Policies and procedures that govern the fellows' education while rotating to UMC are stated in UMC’s Bylaws, Rules and Regulations, and Fellowship Supervision Policy, in the ACGME Program Requirements, the Program’s Fellowship Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.

[SIGNATURE PAGE FOLLOWS]
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Recommended:

By: _________________________________
    Shahid Wahid, MD                   Date
    Program Director

By: _________________________________
    Miriam Bar-on, MD                  Date
    Associate Dean of Graduate Medical Education

Approved:

By: _________________________________
    Mason VanHouweling                 Date
    Chief Executive Officer

By: _________________________________
    Thomas L. Schwenk, MD              Date
    Vice President, Division of Health Sciences
    Dean, School of Medicine
EXHIBIT A
University of Nevada School of Medicine
Gastroenterology and Hepatology Fellowship Program

Goals and Objectives

Overview

Gastroenterology involves the diagnosis and management of disorders related to the lumenal gastrointestinal tract and related extra-lumenal organs of the pancreas, gallbladder and liver. The gastroenterologist should have a wide range of competencies in the evaluation and management of adult patients with gastrointestinal (GI) diseases. He or she must possess the ability to 1) conduct a GI-focused clinical evaluation including detailed history and physical examination, 2) formulate a thorough assessment and differential diagnosis to explain the patient’s presenting symptoms, 3) develop a focused and parsimonious plan, incorporating appropriate testing including laboratory evaluation, radiologic testing, manometry and endoscopy, 4) become competent in all aspects of proper indication for, performance of and identification of complications of endoscopic procedures, which include upper endoscopy, colonoscopy, enteroscopy and to a more limited extent, endoscopic retrograde cholangiopancreatography and endoscopic ultrasound, and 5) make decisions on a therapeutic plan and competently administer both medical and endoscopic therapies, in addition to being familiar with side effects, drug interactions and complications of GI-related therapies. Under the broad category of gastroenterology, there exist various recognized subspecialties such as hepatology, transplant hepatology, esophagology, GI functional and motility disorders, inflammatory bowel disease, pancreatology and advanced endoscopy.

The overall goal of the gastroenterology fellowship is to provide an advanced education to allow a fellow to acquire competency in the subspecialty with sufficient expertise to act as an independent consultant. The proposed gastroenterology fellowship will operate under the auspices of the University of Nevada School of Medicine (UNSOM), the sponsoring institution. Fellowship training will occur at several sites during the 36-month program. The primary site for training at UNSOM will be at the UNSOM outpatient clinics (Patient Care Center [PCC]). In addition, the fellowship training will include the following participating sites:
1. University Medical Center of Southern Nevada (UMC)
2. Veteran’s Administration (VA) Southern Nevada Healthcare System
3. Mike O’Callaghan Federal Hospital (MOFH), Nellis Air Force Base

Program Goals and Objectives

1. Provide broad training in the discipline of gastroenterology, focusing on the general competencies put forth by the American Council for Graduate Medical Education (ACGME).
2. Maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the health care team.
3. Foster academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. Ensure that fellows receive appropriate supervision for all the care they provide during their training.
5. Prepare fellows to function independently as effective members of health care teams.
6. Clearly define and raise awareness of the characteristics of the core competencies.
7. Develop and implement mechanisms to effectively measure competencies.
8. Evaluate outcome information and dynamically improve the program processes as appropriate.
9. Encourage the development of attitudes and interpersonal skills that will effect the highest standard of professional ethics.
10. Implement programs so that graduates will attain the professional, attitudinal, cognitive, and technical skills necessary to provide their patients with the highest quality of appropriate, compassionate care.
11. Nurture and support fellows in their role as teachers of medical residents and students.
12. Develop skills necessary for success in scholarly activities, including the formulation, design, conduct of and presentation – both oral and written - of clinical and/or basic research.

Competency-based* Goals and Objectives

<table>
<thead>
<tr>
<th>Learning Venues*</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct patient care/consultation</td>
<td>A. Attending evaluation</td>
</tr>
<tr>
<td>2. Attending rounds</td>
<td>B. Direct observation</td>
</tr>
<tr>
<td>3. Fellow GI Grand Rounds lecture series</td>
<td>C. Nurse evaluation</td>
</tr>
<tr>
<td>4. Self study</td>
<td>D. Written examination</td>
</tr>
<tr>
<td>5. GI Continuity care clinic</td>
<td>E. Self evaluation</td>
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<tr>
<td>6. GI Pathology and Radiology conferences</td>
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<tr>
<td>7. Basic endoscopy</td>
<td></td>
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<tr>
<td>8. Advanced endoscopy (ERCP, EUS)</td>
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<tr>
<td>9. Journal club</td>
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</tbody>
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Learning Sites

i. University Medical Center
ii. VA Southern Nevada
10. Motility Lab
11. Inflammatory Bowel Disease Clinic
12. Transplant Hepatology
13. Research block – clinical or basic

*See Appendix for details

**Fellowship Year 1 (PGY-4)**

<table>
<thead>
<tr>
<th>Competency: Patient Care</th>
<th>Learning venue</th>
<th>Evaluation</th>
<th>Learning Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain an accurate patient history regarding GI- and hepatology-related symptoms / prior endoscopy</td>
<td>1,2,3,4,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Perform a thorough physical exam on patients with GI symptoms/disease</td>
<td>1,2,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Generate a differential diagnosis, diagnostic strategy, and to define an appropriate therapeutic plan and modifications to ongoing therapy</td>
<td>1,2,3,4,5,6</td>
<td>A,B,C,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Learn appropriate indications for and interpretation of GI-related laboratory, radiologic and motility testing</td>
<td>1,2,3,4,5,6</td>
<td>A,B,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Learn appropriate long-term management of chronic or recurring GI disorders</td>
<td>4,5</td>
<td>A,B,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Learn appropriate indications for and identification and treatment of complications of endoscopic procedures and liver biopsy</td>
<td>1,2,3,4,5</td>
<td>A,B,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Develop expertise in the performance of basic endoscopic procedures, including diagnostic and therapeutic maneuvers</td>
<td>7</td>
<td>A, E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Understand the risks of basic endoscopic procedures and effectively communicate risks to patients</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii</td>
</tr>
<tr>
<td>Gain expertise in the indications /contraindications for and safe administration of IV conscious sedation, in addition to the indication for anesthesia assisted sedation during basic endoscopic procedures</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Competency: Medical Knowledge</th>
<th>Learning venue</th>
<th>Evaluation</th>
<th>Learning Site</th>
</tr>
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<tbody>
<tr>
<td>Recognize and appropriately manage GI emergencies</td>
<td>1,2,3,4,6</td>
<td>A,B,C,D</td>
<td>i,ii</td>
</tr>
<tr>
<td>Demonstrate the ability to order and interpret the appropriate diagnostic</td>
<td>1,2,3,4,5,6</td>
<td>A,B,C,D</td>
<td>i,ii</td>
</tr>
<tr>
<td>competency: Interpersonal and Communication Skills</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Interact in an effective way with physicians and nurses participating in the care of patients with GI disorders (including physicians requesting consultation, fellows, attending, students, endoscopy technicians and nurses)</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Understand differing patient preferences in diagnostic evaluation and management of GI disorders</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Maintain accurate and legible medical records</td>
<td>1,2,5</td>
<td>A,B,C,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Serve as a patient advocate</td>
<td>1,2,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Ensure adequate forwarding of information when transferring patient care to another physician</td>
<td>1,2,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Effectively communicate with referring physician regarding diagnosis, treatment, follow-up, and endoscopic findings</td>
<td>1,2,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>competency: Professionalism</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
</tr>
<tr>
<td>Treat team members, primary caregivers, nurses and technicians with respect and empathy</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Understand and adhere to a code of medical ethics</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Actively participate in consultations and rounds</td>
<td>1,2</td>
<td>A,B</td>
<td>i,ii</td>
</tr>
<tr>
<td>Attend and participate in all scheduled conferences</td>
<td>3,6,9</td>
<td>A,B</td>
<td>i</td>
</tr>
<tr>
<td>competency: Practice-Based Learning</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
</tr>
<tr>
<td>Incorporate case studies with relevant research outcomes and report those findings during clinical rounds</td>
<td>1,2</td>
<td>A,B</td>
<td>i,ii</td>
</tr>
<tr>
<td>Review patient care outcomes, including endoscopy outcomes, in</td>
<td>1,2,3,4,5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Competency: Systems-Based Practice</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
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</tr>
<tr>
<td>Understand need for effective communication between multiple caregivers and sites (e.g. primary care physicians, surgeons, nurses, social workers, hospitals, endoscopy staff) in delivering optimal care to patients with GI disorders</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Understand clinical trial design and statistical methods for evaluating scientific studies, in cooperation with attending and research personnel</td>
<td>1,2,3,4</td>
<td>A,B,E</td>
<td>i</td>
</tr>
<tr>
<td>Apply time and cost-effective strategies within the context of patient care delivery, including decision-making on the appropriateness of endoscopic procedures vs. radiology or other diagnostic/therapeutic modalities</td>
<td>1,2,4,5</td>
<td>A,B,D,E</td>
<td>i,ii</td>
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### Fellowship Year 2 (PGY-5)

<table>
<thead>
<tr>
<th>Competency: Patient Care</th>
<th>Learning venue</th>
<th>Evaluation</th>
<th>Learning Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain an accurate patient history regarding GI- and hepatology-related symptoms / prior endoscopy</td>
<td>1,2,3,4,5</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Perform a thorough physical exam on patients with GI symptoms/disease</td>
<td>1,2, 5</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Generate a differential diagnosis, diagnostic strategy, and to define an appropriate therapeutic plan and modifications to ongoing therapy</td>
<td>1,2,3,4,5,6</td>
<td>A,B,C,D,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Appropriately request and interpret GI-related laboratory, radiologic and motility testing</td>
<td>1,2,3,4,5,6</td>
<td>A,B,D,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Acquire skills in long-term management of chronic or recurring</td>
<td>4,5</td>
<td>A,B,D,E</td>
<td>ii,iv</td>
</tr>
<tr>
<td>GI disorders</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Properly identify and manage common and rare complications of endoscopic procedures</td>
<td>1,2,3,4,5</td>
<td>A,B,D,E</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Develop skills in the performance of basic endoscopic procedures, including diagnostic and therapeutic maneuvers</td>
<td>7</td>
<td>A, E</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Acquire broad familiarity with the risks of basic endoscopic procedures and demonstrate the ability to effectively communicate risks to patients</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii</td>
</tr>
<tr>
<td>Acquire broad familiarity with the indications/contraindications for safe administration of IV conscious sedation, in addition to the indications for anesthesia-assisted sedation in the performance of basic endoscopic procedures</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii,iii</td>
</tr>
<tr>
<td>Understand the indications for and how to interpret results of esophageal manometry testing</td>
<td>1,4,10</td>
<td>A,B,E</td>
<td>ii, iii</td>
</tr>
<tr>
<td>Gain expertise in the management of pre- and post-liver transplant patients</td>
<td>12</td>
<td>A, B</td>
<td>i</td>
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</table>

**Competency: Medical Knowledge**

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<thead>
<tr>
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<tbody>
<tr>
<td>Recognize and manage GI emergencies</td>
<td>1,2,3,4,6</td>
<td>A,B,C,D</td>
</tr>
<tr>
<td>Appropriately request diagnostic tests and properly interpret their results within the clinical context</td>
<td>1,2,3,4,5,6</td>
<td>A,B,C,D</td>
</tr>
<tr>
<td>Understand the role of endoscopy (EGD, colonoscopy, ERCP, EUS) in the work-up and treatment of GI disease, including indications, risks and complications</td>
<td>1,2,3,4,5,6</td>
<td>A,B,D</td>
</tr>
<tr>
<td>Acquire a broad fund of knowledge within all subspecialities of gastroenterology</td>
<td>1,2,3,4,5,6</td>
<td>A,B,D,E</td>
</tr>
<tr>
<td>Gain up-to-date expertise in the assessment and treatment of a broad array of GI conditions</td>
<td>2,9</td>
<td>A,D,E</td>
</tr>
<tr>
<td>Correctly interpret esophageal manometry test results, and apply toward appropriate management of the patient</td>
<td>1,4,10</td>
<td>A,B,E</td>
</tr>
<tr>
<td>Acquire a broad fund of knowledge of acute and chronic liver diseases</td>
<td>1,2,4,5,12</td>
<td>A,B,D</td>
</tr>
<tr>
<td>Participate in a supervised research project that incorporates proper formulation, methodology, results interpretation, and development of</td>
<td>4, 9,13</td>
<td>A, B</td>
</tr>
<tr>
<td>Competency: Interpersonal and Communication Skills</td>
<td>Learning venue</td>
<td>Evaluation</td>
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<tr>
<td>--------------------------------------------------</td>
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<td>------------</td>
</tr>
<tr>
<td>Interact effectively with physicians/nurses participating in the care of patients with GI disorders (including physicians requesting consultation, fellows, attendings, students, endoscopy technicians and nurses)</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
</tr>
<tr>
<td>Recognize and accommodate differing patient preferences in diagnostic evaluation and management of GI disorders</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
</tr>
<tr>
<td>Maintain accurate and legible medical records</td>
<td>1,2,5</td>
<td>A,B,C,E</td>
</tr>
<tr>
<td>Develop the ability to serve as a patient advocate</td>
<td>1,2,5</td>
<td>A,B,C</td>
</tr>
<tr>
<td>Ensure adequate forwarding of information when transferring patient care to another physician</td>
<td>1,2,5</td>
<td>A,B,C</td>
</tr>
<tr>
<td>Effectively communicate with referring physician(s) regarding diagnosis, treatment, follow-up, and endoscopic findings</td>
<td>1,2,5</td>
<td>A,B,C</td>
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<thead>
<tr>
<th>Competency: Professionalism</th>
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<th>Evaluation</th>
<th>Learning Site</th>
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<tbody>
<tr>
<td>Treat team members, primary caregivers, nurses and technicians with respect and empathy</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand and adhere to a code of medical ethics</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Actively participate in consultations and rounds</td>
<td>1,2</td>
<td>A,B</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Attend and participate in all scheduled conferences</td>
<td>3,6,9</td>
<td>A,B</td>
<td>i,ii</td>
</tr>
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</table>

<table>
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<tr>
<th>Competency: Practice-Based Learning</th>
<th>Learning venue</th>
<th>Evaluation</th>
<th>Learning Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate case studies with relevant research outcomes and report those findings during clinical rounds</td>
<td>1,2</td>
<td>A,B</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Review patient care outcomes, including endoscopy outcomes, in order to reflect on prior decision making</td>
<td>1,2,3,4,5</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Utilize established practice guidelines for individual diseases to devise care strategies</td>
<td>1,2,3,4,5</td>
<td>A,B,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand limitations of medical knowledge and endoscopic management of patients with GI diseases and use the medical literature (primary and reference) to</td>
<td>1,2,3,4,5,9</td>
<td>A,B,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Competency: Systems-Based Practice</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
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</tr>
<tr>
<td>Understand need for effective communication between multiple caregivers and sites (e.g. primary care physicians, surgeons, nurses, social workers, hospitals, endoscopy staff) in delivering optimal care to patients with GI disorders</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand clinical trial design and statistical methods for evaluating scientific studies, in cooperation with attending and research personnel</td>
<td>1,2,3,4</td>
<td>A,B,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Apply time and cost-effective strategies within the context of patient care delivery, including decision-making on the appropriateness of endoscopic procedures vs. radiology or other diagnostic/therapeutic modalities</td>
<td>1,2,4,5</td>
<td>A,B,D,E</td>
<td>i,ii,iii,iv</td>
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**Fellowship Year 3 (PGY-6)**

<table>
<thead>
<tr>
<th>Competency: Patient Care</th>
<th>Learning venue</th>
<th>Evaluation</th>
<th>Learning Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain an accurate patient history with emphasis on GI- and hepatology-related symptoms / prior endoscopy</td>
<td>1,2,3,4,5,11,12</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Perform a thorough physical exam on patients with GI symptoms/disease</td>
<td>1,2, 5</td>
<td>A,B,C</td>
<td>i,ii</td>
</tr>
<tr>
<td>Generate an appropriate differential diagnosis, request appropriate diagnostic tests and formulate a therapeutic plan with modifications to ongoing therapy as needed</td>
<td>1,2,3,4,5,6,11,12</td>
<td>A,B,C,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Acquire a broad understanding of the indications for and interpretation of GI-related laboratory, radiologic and motility testing</td>
<td>1,2,3,4,5,6,11,12</td>
<td>A,B,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Gain expertise in the long-term management of chronic or recurring GI and liver disorders</td>
<td>5, 11,12</td>
<td>A,B,D,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Develop expert knowledge of the appropriate indications for and identification and treatment of complications of basic endoscopic procedures</td>
<td>1,2,3,4,5,7</td>
<td>A,B,D,E</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Develop expert skills in the</td>
<td>7</td>
<td>A, E</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Task Description</td>
<td>Learning venue</td>
<td>Evaluation</td>
<td>Learning Site</td>
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<td>---------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Performance of basic endoscopic procedures, including diagnostic and therapeutic maneuvers</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii,iii</td>
</tr>
<tr>
<td>Understand the risks of basic endoscopic procedures and effectively communicate risks to patients</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii,iii</td>
</tr>
<tr>
<td>Acquire expert knowledge of the indications/contraindications for safe administration of IV conscious sedation, in addition to the indications for anesthesia-assisted sedation in the performance of basic endoscopic procedures</td>
<td>1,2,3,4,5,7</td>
<td>A,B,C,D,E</td>
<td>i, ii,iii</td>
</tr>
<tr>
<td>Develop expertise in the care of patients with liver disease, liver transplant, inflammatory bowel disease, and nutritional deficiencies</td>
<td>1,2,4,11,12</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand the indications/contraindications for and gain expertise in the performance of advanced endoscopic procedures</td>
<td>1,2,4,8</td>
<td>A,B</td>
<td>i,iii</td>
</tr>
<tr>
<td><strong>Competency: Medical Knowledge</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Recognize and appropriately manage GI emergencies</td>
<td>1,2,3,4,6</td>
<td>A,B,C,D</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Order and interpret the appropriate diagnostic tests and studies for a wide range of GI diseases/symptoms</td>
<td>1,2,3,4,5,6</td>
<td>A,B,C,D</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand the role of endoscopy (EGD, colonoscopy, ERCP, EUS) in the work-up and treatment of GI disease, including indications, risks and complications of endoscopy</td>
<td>1,2,3,4,5,6,7,8</td>
<td>A,B,D</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Demonstrate a baseline fund of knowledge within all subspecialities of gastroenterology</td>
<td>1,2,3,4,5,6</td>
<td>A,B,D,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Demonstrate up-to-date assessment and treatment of a broad array of GI conditions</td>
<td>2,9</td>
<td>A,D,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Complete supervised research project that incorporates proper formulation, methodology, results interpretation, and development of oral and written presentation skills</td>
<td>4, 9,13</td>
<td>A,B</td>
<td>i,ii</td>
</tr>
<tr>
<td><strong>Competency: Interpersonal and Communication Skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interact in an effective way with physicians and nurses participating in the care of patients with GI disorders (including physicians requesting consultation, fellows, attending, students, endoscopy)</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii,iii,iv</td>
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<tr>
<td>Competency: Professionalism</td>
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<tr>
<td>Treat team members, primary caregivers, nurses and technicians with respect and empathy</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understanding and adhere to a code of medical ethics</td>
<td>1,2,5,7</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Actively participate in consultations and rounds</td>
<td>1,2</td>
<td>A,B</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Attend and participate in all scheduled conferences</td>
<td>3,6,9</td>
<td>A,B</td>
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<tbody>
<tr>
<td>Incorporate case studies with relevant research outcomes and report those findings during clinical rounds</td>
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<td>A,B</td>
<td>i,ii,iii</td>
</tr>
<tr>
<td>Review patient care outcomes, including endoscopy outcomes, in order to reflect on prior decision making</td>
<td>1,2,3,4,5</td>
<td>A,B,C</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Utilize established practice guidelines for individual diseases to devise care strategies</td>
<td>1,2,3,4,5</td>
<td>A,B,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand limitations of medical knowledge and endoscopic management of patients with GI diseases and use the medical literature (primary and reference) to address these gaps in knowledge or ability</td>
<td>1,2,3,4,5,9</td>
<td>A,B,E</td>
<td>i,ii,iii</td>
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<tr>
<th>Competency: Systems-Based Practice</th>
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<th>Learning Site</th>
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<tbody>
<tr>
<td>Understand need for effective communication between multiple caregivers and sites (e.g. primary care physicians, surgeons, nurses, social workers, hospitals, endoscopy staff) in delivering optimal care to patients with GI disorders</td>
<td>1,2,5,7</td>
<td>A,B,C,E</td>
<td>i,ii,iii,iv</td>
</tr>
<tr>
<td>Understand clinical trial design and statistical methods for evaluating scientific studies, in cooperation with attending and research personnel</td>
<td>1,2,3,4</td>
<td>A,B,E</td>
<td>i,ii</td>
</tr>
<tr>
<td>Apply time and cost-effective strategies within the context of patient care delivery, including decision-making on the appropriateness of endoscopic procedures vs. radiology or other diagnostic/therapeutic modalities</td>
<td>1,2,4,5</td>
<td>A,B,D,E</td>
<td>i,ii,iii,iv</td>
</tr>
</tbody>
</table>

## APPENDIX

### ABMS/ACGME GENERAL COMPETENCIES

Beginning in July 2001, the Accreditation Council for Graduate Medical Education (ACGME) has introduced six newly defined areas of competency which residents must obtain over the course of their training. In our curriculum, educational program descriptions for the core rotations have been reorganized around these core competencies. Draft working definitions of the core competencies are as follows:

**Patient Care:** Fellows are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and at the end of life.

- Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgement, scientific evidence, and patient preference
- Develop, negotiate and implement effective patient management plans and integration of patient care
- Perform competently the diagnostic and therapeutic procedures considered essential to the practice of internal medicine

**Medical Knowledge:** Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

- Apply an open-minded, analytical approach to acquiring new knowledge
• Access and critically evaluate current medical information and scientific evidence

• Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of internal medicine

• Apply this knowledge to clinical problem-solving, clinical decision-making, and critical thinking

**Practice-Based Learning and Improvement:** Fellows are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

• Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care

• Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice

• Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care

• Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

**Interpersonal and Communication Skills:** Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

• Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues.

• Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families

• Interact with consultants in a respectful, appropriate manner

• Maintain comprehensive, timely, and legible medical records

**Professionalism:** Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.
• Demonstrate respect, compassion, integrity, and altruism in relationships with patients, families, and colleagues

• Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues

• Adhere to principles of confidentiality, scientific/academic integrity, and informed consent

• Recognize and identify deficiencies in peer performance

**Systems-Based Practice:** Fellows are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

  • Understand, access and utilize the resources, providers and systems necessary to provide optimal care

  • Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient

  • Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and disease management

  • Collaborate with other members of the health care team to assist patients in dealing effectively with complex systems and to improve systematic processes of care

**Learning Venues**

**In-patient Consults:** The primary educational goal of the consultative service is to gain experience and a sound knowledge base on the diagnosis and management of more complex and unusual medical problems related to the gastrointestinal system. Fellows will also learn how to function as a consultant to the medical and surgical teams. Fellows will be exposed to a full spectrum of acute GI complaints as well as the management of more chronic problems. Fellows are expected to see and evaluate all patients prior to teaching and work rounds, which normally occur in the afternoon. The fellow should prepare a full consult including a differential diagnosis and investigative and treatment plans. On rounds, the clinical findings will be overseen by the attending,
recommendations for further treatment and management will be reviewed. Each day the 
attending should select important points for discussion on the pathophysiology, 
investigation, and management of the conditions being evaluated. Consults should be 
seen and staffed by the attending physician within 24 hours.

**Introductory Course in Gastroenterology:** Weekly morning sessions will be held 
during the summer months for first year fellows. The aim of these lectures is to give the 
fellows a broad introduction to the pathophysiology of major gastrointestinal disease 
areas and clinical approach to a variety of clinical problems. The course will also provide 
practical advice on the more common inpatient GI consultations and review some of the 
important procedure-related questions including the indications for procedures and the 
management of a variety of endoscopically treatable conditions.

**GI Grand Rounds:** This is an interdisciplinary learning session held weekly. Each first 
year fellow (and, at times, one fellow from subsequent years) is responsible for three of 
these conferences each month. The conference normally consists of the presentation of 
2-3 cases of special interest, either unusual cases or cases which have caused diagnostic 
confusion or in which there is controversy as to the clinical management. Fellows 
present cases with the relevant pathology and radiological material assisted by members 
of the radiology and/or pathology departments. This is followed by a brief but 
authoritative review of the relevant medical literature. Each fellow is expected to have 
prepared a short summary of their presentation with references to the cited literature. 

**Invited speakers:** Fellows are responsible for arranging, with the help of the faculty, a 
series of invited lectures, which occur monthly throughout the year, as one of the four 
Grand Rounds presentations. Topics presented include both clinical and basic science 
areas of gastroenterology.

**GI Pathology and Radiology Conferences:** These occur on an alternating weekly 
schedule and are attended by all fellows, a radiology or pathology attending, and 
members of the GI faculty. During these conferences, several cases of particular interest, 
identified by the fellows and attending, are presented with a brief clinical history 
followed by review of the patient’s radiologic or pathologic findings. The fellows are 
taught the salient radiological or pathological features of each case and the subsequent 
evaluation and management of the case is discussed briefly. Both conferences often 
include a review from archival material of rarer less frequently seen conditions and the 
salient points necessary for their recognition.

**Research in Progress:** Research in progress conferences occur monthly throughout the 
year and are an opportunity for the first year fellows to familiarize themselves with the 
research being performed within the section and to select research projects for their 
second and third years. Second and third year fellows are expected to present their 
research projects, including planning, analysis and results, once during the year.

**GI Journal Club:** A monthly conference in which fellows are expected to review two or 
three published articles of particular interest once or twice yearly. The primary 
objectives of journal club are to 1) provide a forum to review recent important articles in
gastroenterology and basic science, 2) learn how to read articles critically, and 3) integrate new information into current clinical practice.

**GI Continuity Clinic:** During the weekly continuity clinic, the fellows are evaluated by the attending on service with them using ABIM standard evaluation forms and parameters. These evaluations are turned into the program office and reviewed with the fellow by the Program Director at the time of their bi-annual feedback meetings. The Program Director reviews all evaluations as they come into the office. If an unfavorable or marginal evaluation is received, an urgent appointment with the Program Director is scheduled with that fellow to review the issues in the evaluation.

**General endoscopy:** The primary educational goal is to learn the indications and performance of all routine upper and lower GI procedures and emergency procedures. This will be achieved by performance of all procedures under the direct supervision of an attending physician who will review the indications and techniques involved. All elective procedures are carried out in the UNSOM outpatient endoscopy units under the direct supervision of the attending gastroenterologist. This process emphasizes teaching the correlation between the clinical presentation and endoscopic findings, which are reviewed with the fellow, allowing for critical appraisal of the indication and recognition of potential complications associated with the procedure. PGY-4 fellows will participate in general endoscopic procedures which include EGD, colonoscopy, flexible sigmoidoscopy, and performance of esophageal dilation, gastrostomy tube placement, polypectomy, biopsy, and variceal banding and other hemostasis techniques.

**Advanced endoscopy:** Separate block time will be allotted in PGY-5 and PGY-6 for one to three month rotations in advanced endoscopy, which includes all aspects of ERCP, EUS, and luminal stent placement.

**Motility Lab:** This is a required one-month rotation in which the focus is on esophageal motility disorders and their diagnosis and management. Fellows will observe and assist in performing esophageal manometry testing on patients in the motility lab at MOFH. They will learn how to read and interpret test results and assimilate the results into the patient care plan.

**Inflammatory Bowel Disease:** The inflammatory bowel diseases (IBD), Crohn’s disease and ulcerative colitis, represent a unique sub-specialty within gastroenterology. A required 6-month block will occur during PGY-5 and PGY-6 in which fellows will rotate one half-day per week in the UNSOM IBD outpatient clinic, where they will gain additional specific expertise on the chronic outpatient management of this population of patients.

**Hepatology/Transplant Hepatology:** During PGY-4, fellows will rotate primarily on the UMC inpatient consultation service, in which a significant proportion of the patients are evaluated for acute and chronic general hepatology disorders. Among the conditions encountered are acute viral hepatitis, ischemic liver disease, acute liver toxicity as well as more chronic conditions such as Hepatitis B/C in fection, alcoholic liver disease,
autoimmune hepatitis. All aspects of cirrhosis and complications thereof will also be learned during the general hepatology service. In addition, PGY-4 fellows will participate in the general GI continuity clinical which will include general hepatology patients. PGY-5 and PGY-6 fellows will participate in specific block time on the transplant hepatology service. This will occur at UMC, where fellows will manage the care of pre- and post transplant patients, and at the UNSOM hepatology specialty clinic, where chronic outpatient management skills will be learned.
University Medical Center of Southern Nevada ("UMC") and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine ("UNSOM") hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the fellows.

1. It is agreed that Vani Dandolu, MD shall serve as fellowship program director. Dr. Dandolu will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of UNSOM's responsible academic department with the concurrence of UMC's Chief Executive Officer and UNSOM's Dean.

2. Joseph Thorton, MD and Robert McBeath, MD shall have administrative, educational and/or supervisory responsibility for fellows at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of fellows at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in fellow teaching also requires the concurrence of the fellowship program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Female Pelvic Medicine and Reconstructive Surgery are accomplished.

C. Period of assignment of the fellows to UMC.

1. Fellows' assignments for the academic year will be as set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the program director, Dr. Dandolu.

D. UMC's responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.
1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at UNSOM. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Fellow Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program’s Fellow Handbook, UMC’s Fellow Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the fellows' education while rotating to UMC.

1. Policies and procedures that govern the fellows’ education while rotating to UMC are stated in UMC’s Bylaws, Rules and Regulations, and Fellow Supervision Policy, in the ACGME Program Requirements, the Program’s Fellow Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.

[SIGNATURE PAGE FOLLOWS]
PROGRAM/ SITE DIRECTORS:

Joseph Thorton, MD  Date

Robert McBeath, MD  Date
COLORECTAL SURGERY
FPMRS FELLOW PGY 2

Site Location: University Medical Center
Rotation Director: Joseph Thorton, M.D.
Length of Rotation: 1 month
Reference Sources:
- "Fundamentals of Anorectal Surgery" David E. Beck, 2nd Ed. 1998
- "Surgery of the Anus, Rectum and Colon" Keighley, Williams, 3rd Ed. 2008
- "ASCRS Textbook of Colon and Rectal Surgery" Beck, Roberts, Saclarides, Senagore, Stamos, Wexner, 2nd Ed. 2011
Conference Schedule: Tuesday, 8:00 am – 11:00 am
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Surgical Skills Competency Evaluation

MEDICAL KNOWLEDGE

GOAL: The fellow will achieve knowledge of evaluation and management of surgical patients as it relates to alimentary tract and digestive system, and colorectal surgery.

- Define the basic scientific principles of the alimentary tract and digestive system diseases to include:
  - Anatomy of the gastrointestinal (GI) tract
  - GI physiology
    - Nutritional needs of surgical patients
- Outline the essential characteristics of routine and highly specialized diagnostic evaluation of the alimentary tract, including:
  - History
    - Pain
    - Prior episodes
    - Nausea/emesis
    - Past surgical history
  - Bowel function
    - Inspection
    - Percussion
  - Physical examination:
    - Palpation

PATIENT CARE

GOAL: The fellow will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Evaluate emergency department or clinic patients who present with problems referable to the GI tract.
- Serve as assistant to the primary surgeon during operations colon and anorectum.
- Assist in closure of abdominal incisions; exhibit competency in suture technique.
- Provide follow-up care to the surgical patient in the outpatient clinic or surgical office.
INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The fellow will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Demonstrate to attending staff the ability to take problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards.
- Lead team rounds when chief fellow is off
- Coordinate and facilitate the interaction between fellow team and medical students
- Demonstrate the ability to teach basic surgical techniques

PROFESSIONALISM

GOAL: The fellow will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Demonstrate appropriate dress and decorum while on duty; conversations in public places to be free of patient information. Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger fellows in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The fellow will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices

- Be adept at reading and critically analyze standard surgical textbooks.
- Use Pub-Med, Med-Line and other online search engines to find
- Apply information from medical literature in the care of patients; this includes ability to assess statistical validity of published studies.

SYSTEMS-BASED PRACTICE

GOAL: The fellow will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Recognize the differences between PPO’s HMO’s and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations. Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Discuss the economic and psychosocial issues associated with malignant disease, and analyze how they affect the management of patients with cancer, including:
  - Ethics of cancer management
  - Rehabilitation
  - Home care resources
  - Patient support groups
  - Family support groups
  - Enterostomal therapy
  - Cost containment
  - Pre-admission procedures and authorization
  - Conservation of in-patient resources
  - Special problems of the elderly
- Interact with social services and community agency resources to be able to address the above issues.
• Consult and interact with other members of the professional cancer team in explaining options to the newly diagnosed breast cancer patient.
COLORECTAL SURGERY
FPMRS FELLOW PGY 2

Site Location: University Medical Center
Rotation Director: Joseph Thorton, M.D.
Length of Rotation: 1 month
Reference Sources:
“Surgery of the Anus, Rectum and Colon” Keighley, Williams, 3rd Ed. 2008
“ASCRS Textbook of Colon and Rectal Surgery” Beck, Roberts, Saclarides, Senagore,Stamos, Wexner, 2nd Ed. 2011
Conference Schedule: Tuesday, 8:00 am – 11:00 am
Method of Assessment: End of Rotation Evaluation and 360 Evaluations Surgical Skills Competency Evaluation

MEDICAL KNOWLEDGE

GOAL: The fellow will achieve knowledge of evaluation and management of surgical patients as it relates to alimentary tract and digestive system, and colorectal surgery.

- **Analyze** the scientific principles of the alimentary tract and digestive system diseases to include:
  - Anatomy of the gastrointestinal (GI) tract
  - GI physiology
    - Nutritional needs of surgical patients
  - **Analyze and give examples** for the following aspects of gastrointestinal diseases:
    - Causes of GI obstruction
    - Causes of paralytic ileus
    - Radiologic examinations, including:
      - Computerized Tomography
      - Magnetic Resonance Imaging
      - Barium enema
      - Angiograms
    - Fiber optic colonoscopy
    - Rigid anoscopy and sigmoidoscopy
      - Analyze current medical management and its potential limitations; explain the role of surgical intervention when management fails
      - List and analyze the factors that prevent healing of a fistula.

PATIENT CARE

GOAL: The fellow will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Serve as participating surgeon during operations of colon and anorectum.
- Evaluate and manage nutritional needs (enteral and parenteral) of surgical patients until normal GI function returns.
- Institute drainage for abdominal wall fistula and protection of surrounding structures, especially skin.

INTERPERSONAL AND COMMUNICATION SKILLS
GOAL: The fellow will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

- Demonstrate to attending staff the ability to take problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards.
- Lead team rounds when chief fellow is off
- Coordinate and facilitate the interaction between fellow team and medical students
- Demonstrate the ability to teach basic surgical techniques

PROFESSIONALISM

GOAL: The fellow will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

- Demonstrate appropriate dress and decorum while on duty; conversations in public places to be free of patient information. Respond to criticism and correction with calm and attentive demeanor
- Demonstrate ability to listen to patient complaints and offer compassionate solutions
- Display leadership to medical students and younger fellows in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The fellow will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices

- Be adept at reading and critically analyze standard surgical textbooks.
- Use Pub-Med, Med-Line and other online search engines to find
- Apply information from medical literature in the care of patients; this includes ability to assess statistical validity of published studies.

SYSTEMS-BASED PRACTICE

GOAL: The fellow will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Recognize the differences between PPO’s HMO’s and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations. Select appropriate medical procedures based on cost-effectiveness and risk to patient
- Discuss the economic and psychosocial issues associated with malignant disease, and analyze how they affect the management of patients with cancer, including:
  - Ethics of cancer management
  - Rehabilitation
  - Home care resources
  - Patient support groups
  - Family support groups
  - Enterostomal therapy
  - Cost containment
  - Pre-admission procedures and authorization
  - Conservation of in-patient resources
  - Special problems of the elderly
- Interact with social services and community agency resources to be able to address the above issues.
- Consult and interact with other members of the professional cancer team in explaining options to the newly diagnosed breast cancer patient.
Site Location: University Medical Center
Rotation Director: Joseph Thorton, M.D.
Length of Rotation: 1 months
Reference Sources:
“Surgery of the Anus, Rectum and Colon” Keighley, Williams, 3rd Ed. 2008
“ASCRS Textbook of Colon and Rectal Surgery” Beck, Roberts, Saclarides, Senagore, Stamos, Wexner, 2nd Ed. 2011
Conference Schedule: Tuesday, 8:00 am – 11:00 am
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Surgical Skills Competency Evaluation

MEDICAL KNOWLEDGE

GOAL: The fellow will achieve knowledge of evaluation and management of surgical patients as it relates to alimentary tract and digestive system, and colorectal surgery.

- Define the advanced scientific principles of the alimentary tract and digestive system diseases
- Explain and give examples for the following aspects of gastrointestinal diseases:
  - Pathophysiology of fecal incontinence
  - Evaluation of a patient with FI
  - Surgical options for management of FI
  - Causes of GI obstruction
  - Causes of paralytic ileus
- Summarize current medical management and its potential limitations; explain the role of surgical intervention when management fails
- List the factors that prevent healing of a fistula.

PATIENT CARE

GOAL: The fellow will provide patient care that is compassionate, appropriate and effective for the treatment of the surgical patient.

- Evaluate emergency department or clinic patients who present with problems referable to the GI tract.
- Serve as assistant to the primary surgeon or primary surgeon during operations colon and anorectum.
- Perform surgical procedures such as:
  - Hemorrhoidectomy
  - Anal fissurectomy and fistulectomy
  - Lateral sphincterotomy
  - Anal condyloma fulguration and excision
  - Incision and drainage of perirectal abscesses
  - Trans-anal excision of polyps
INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: The fellow will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

• Demonstrate to attending staff the ability to take problem-oriented history in outpatient clinic and ethically manage patient confidential information and medical record according to HIPPA standards.
• Lead team rounds when chief fellow is off
• Coordinate and facilitate the interaction between fellow team and medical students
• Demonstrate the ability to teach basic surgical techniques

PROFESSIONALISM

GOAL: The fellow will demonstrate a commitment to carrying out professional responsibilities adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

• Demonstrate appropriate dress and decorum while on duty; conversations in public places to be free of patient information. Respond to criticism and correction with calm and attentive demeanor
• Demonstrate ability to listen to patient complaints and offer compassionate solutions
• Display leadership to medical students and younger fellows in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

GOAL: The fellow will investigate and evaluate his or her own patient care practices appraise and assimilate scientific evidence and improve patient care practices

• Be adept at reading and critically analyze standard surgical textbooks.
• Use Pub-Med, Med-Line and other online search engines to find
• Apply information from medical literature in the care of patients; this includes ability to assess statistical validity of published studies.
SYSTEMS-BASED PRACTICE

GOAL: The fellow will demonstrate an awareness of and responsiveness to the larger context and system of healthcare and be able to call on system resources to provide care that is of optimal value.

- Recognize the differences between PPO’s HMO’s and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations. Select appropriate medical procedures based on cost-effectiveness and risk to patient.
- Discuss the economic and psychosocial issues associated with malignant disease, and analyze how they affect the management of patients with cancer, including:
  - Ethics of cancer management
  - Rehabilitation
  - Home care resources
  - Patient support groups
  - Family support groups
  - Enterostomal therapy
  - Cost containment
  - Pre-admission procedures and authorization
  - Conservation of in-patient resources
  - Special problems of the elderly
- Interact with social services and community agency resources to be able to address the above issues.
- Consult and interact with other members of the professional cancer team in explaining options to the newly diagnosed breast cancer patient.
Site Locations: University Medical Center  
Multidisciplinary Clinical Skills Simulation Lab

Rotation Directors: Vani Dandolu, MD MPH MBA

Length of Rotation: 9 monthly blocks  
One day a week for the remaining 30 months

Reference Sources:  
“Ostregard’s Urogynecology and Pelvic Floor Dysfunction” Bent, Cundiff, Swift, 6th Ed., 2007  

Conference Schedule:  
Tuesday, 8:00 am – 11:00 pm

Method of Assessment:  
Written Exam  
Oral Exam  
360 Evaluations

GOALS

During the research rotation, the FPMRS fellow will gain an understanding of the basic pathophysiology of the pelvic floor disorders. Basic science research methodology and laboratory skills will also be stressed.

OBJECTIVES

MEDICAL KNOWLEDGE

- Obtain proficiency in basic science research methodology and skill in laboratory techniques  
- Analyze collected data.  
- Generate a conclusion on research project.  
- Identify the influence of research project on patient care.  
- Understand the basics of statistical analysis and their interpretation

PATIENT CARE

Depends on the type of project the fellow is pursuing  
- Identify potential study patients.  
- Educate patients on a particular active research project.  
- Enroll patients willing to participate in medical research project.

INTERPERSONAL AND COMMUNICATION SKILLS

- Communicate with research laboratory personnel to facilitate successful completion of projects  
- Participate in teaching 4th year medical students during their urogynecology elective  
- Display a friendly disposition that is conducive to successful interaction with team members and patients
• Communicate the treatment plans with the attending surgeon and support staff and be able to listen and respond to the patients and support staff’s questions in a positive manner
• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards

PROFESSIONALISM
• Communicate with the patients and support staff politely and with respect
• Respond to pages and consults in a timely manner
• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information
• Respond to criticism and correction with calm and attentive demeanor
• Display leadership to medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT
• Describe and familiarize with resource management practices
• Assess gaps in knowledge and develop a plan for personal improvement
• Demonstrate expertise at reading and critically analyzing standard urogynecology textbooks and pertinent medical literature
• Use Pub-Med, Med-Line and other online search engines to find most updated literature to meet one’s learning need and for the care of one’s patients

SYSTEM BASED PRACTICE
• Interact with physical and occupational therapists for management of post operative hand therapy after replantation
• Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources to provide optimal care for patients
• Interact with workers compensation representative for disability ratings, functional capacity and ratability
UROGYNECOLOGY
FPMRS FELLOW PGY 1

Site Location: University Medical Center
Rotation Director: Vani Dandolu, MD
Length of Rotation: 6 month
Conference Schedule: Tuesday, 8:00 am – 11:00 pm
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Annual In-Service Exam

GOALS
• At the conclusion of this rotation, the fellow physician should be able to:
  • Perform pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal fistula, sling mesh procedures
  • Perform a systemic evaluation of the urinary bladder cystoscopically and by cystometrics
  • Perform colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence

OBJECTIVES
MEDICAL KNOWLEDGE
• Describe operations used to treat uterovaginal prolapse and stress urinary incontinence
• Review the indications, complications, and contraindications of advanced surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, mesh suspension of bladder
• Describe the normal anatomical relationships of pelvic viscera and the pathophysiology involved in pelvic floor dysfunction
• Describe the tests useful in diagnosing pelvic floor dysfunction
• Describe the technique of cystoscopy and urodynamics
• Describe operations used to treat uterovaginal prolapse and stress urinary incontinence

PATIENT CARE
• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula, stress urinary incontinence.
• Perform procedures e.g. pelvic floor suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, stress incontinence
• Diagnose symptomatic pelvic relaxation
• Diagnose etiology of urine incontinence
• Perform a systemic evaluation of the urinary bladder and by cystometrics
• Perform colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence
• Perform procedures e.g. pelvic floor suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, and stress urinary incontinence
• Diagnose symptomatic pelvic relaxation
• Diagnose the etiology of urine incontinence
• Perform a systemic evaluation of the urinary bladder by cystometrics
• Perform colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence

INTERPERSONAL AND COMMUNICATION SKILLS

• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal fistula

PROFESSIONALISM

• Counsel patients requiring advanced surgical procedures such as pelvic floor suspension procedures
• Advise the Residency Director of situations which potentially or directly and adversely effect the fellows, hospital, and/or teaching faculty
• Record and submit the documentation of your clinical experience

PRACTICE-BASED LEARNING AND IMPROVEMENT

• Record and submit the documentation of your clinical experience
• Maintain case statistics and procedure competency log

SYSTEMS-BASED PRACTICE

• Recognize the importance of compliance and encourage compliance with requirements of governmental, hospital, and accrediting agencies
• Deploy the fellow staff effectively and efficiently to meet the needs of the urogynecology service
UROGYNECOLOGY
FPMRS FELLOW PGY 2

Site Location: University Medical Center
Rotation Director: Vani Dandolu, MD
Length of Rotation: 7 month
Reference Sources:
Conference Schedule: Tuesday, 8:00 am – 11:00 pm
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Annual In-Service Exam

GOALS

• At the conclusion of this rotation, the fellow physician should be able to:
• Perform pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal fistula, sling mesh procedures
• Perform a systemic evaluation of the urinary bladder cystoscopically and by cystometrics
• Perform colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence

OBJECTIVES

MEDICAL KNOWLEDGE

• Perform with guidance and supervision, operations used to treat uterovaginal prolapse and stress urinary incontinence
• Perform with guidance and supervision, advanced surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, mesh suspension of bladder
• Perform with guidance and supervision, the tests useful in diagnosing pelvic floor dysfunction
• Perform with guidance and supervision, cystoscopy and urodynamics
• Perform with guidance and supervision, operations used to treat uterovaginal prolapse and stress urinary incontinence

PATIENT CARE

• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula, stress urinary incontinence.
• Perform with guidance and supervision, procedures e.g. pelvic floor suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, stress incontinence
• Diagnose symptomatic pelvic relaxation
• Diagnose etiology of urine incontinence
• Perform with guidance and supervision, a systemic evaluation of the urinary bladder and by cystometrics
• Perform with guidance and supervision, colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence
• Diagnose symptomatic pelvic relaxation
• Diagnose the etiology of urine incontinence
• Perform with guidance and supervision, a systemic evaluation of the urinary bladder by cystometrics
• Perform with guidance and supervision, colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence

INTERPERSONAL AND COMMUNICATION SKILLS

• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal fistula

PROFESSIONALISM

• Counsel patients requiring advanced surgical procedures such as pelvic floor suspension procedures
• Advise the Residency Director of situations which potentially or directly and adversely affect the fellows, hospital, and/or teaching faculty
• Record and submit the documentation of your clinical experience

PRACTICE-BASED LEARNING AND IMPROVEMENT

• Record and submit the documentation of your clinical experience
• Maintain case statistics and procedure competency log

SYSTEMS-BASED PRACTICE

• Recognize the importance of compliance and encourage compliance with requirements of governmental, hospital, and accrediting agencies
• Deploy the fellow staff effectively and efficiently to meet the needs of the urogynecology service
University of Nevada
School of Medicine
Department of Obstetrics and Gynecology
FPMRS Fellowship Program Goals and Objectives

UROGYNECOLOGY
FPMRS FELLOW PGY 3

Site Location: University Medical Center
Rotation Director: Vani Dandolu, MD
Length of Rotation: 7 month
Reference Sources:
Conference Schedule: Tuesday, 8:00 am – 11:00 pm
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Annual In-Service Exam

GOALS
• At the conclusion of this rotation, the fellow physician should be able to:
  • Perform pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal
    fistula, sling mesh procedures
  • Perform a systemic evaluation of the urinary bladder cystoscopically and by cystometrics
  • Perform colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary
    incontinence

OBJECTIVES
MEDICAL KNOWLEDGE
• Demonstrate Competence and expertise in operations used to treat uterovaginal prolapse and stress
  urinary incontinence
• Demonstrate Competence and expertise in advanced surgical procedures such as pelvic floor
  suspension procedures, repair of vesicovaginal fistula, repair of rectovaginal fistula, mesh suspension
  of bladder
• Demonstrate competence and expertise in the tests useful in diagnosing pelvic floor dysfunction
• Demonstrate competence and expertise in cystoscopy and urodynamics
• Demonstrate competence and expertise in operations used to treat uterovaginal prolapse and stress
  urinary incontinence

PATIENT CARE
• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of
  vesicovaginal fistula, stress urinary incontinence.
• Demonstrate competence and expertise in procedures e.g. pelvic floor suspension procedures, repair
  of vesicovaginal fistula, repair of rectovaginal fistula, stress incontinence
• Demonstrate competence and expertise in diagnosing symptomatic pelvic relaxation
• Diagnose etiology of urine incontinence
• Demonstrate competence and expertise in systemic evaluation of the urinary bladder and cystometrics
• Demonstrate competence and expertise in colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence
• Demonstrate competence and expertise in diagnosing symptomatic pelvic relaxation
• Demonstrate competence and expertise in diagnosing the etiology of urine incontinence
• Demonstrate competence and expertise in performing a systemic evaluation of the urinary bladder by cystometrics
• Demonstrate competence and expertise in performing colpoperineorrhaphies, and transabdominal procedures for the correction of stress urinary incontinence

INTERPERSONAL AND COMMUNICATION SKILLS

• Counsel patients requiring surgical procedures such as pelvic floor suspension procedures, repair of vesicovaginal fistula and repair of rectovaginal fistula

PROFESSIONALISM

• Demonstrate competence and expertise in counseling patients requiring advanced surgical procedures such as pelvic floor suspension procedures
• Advise the Residency Director of situations which potentially or directly and adversely affect the fellows, hospital, and/or teaching faculty
• Record and submit the documentation of your clinical experience

PRACTICE-BASED LEARNING AND IMPROVEMENT

• Record and submit the documentation of your clinical experience
• Maintain case statistics and procedure competency log

SYSTEMS-BASED PRACTICE

• Demonstrate competence and expertise in complying with compliance requirements of governmental, hospital, and accrediting agencies
• Deploy the fellow staff effectively and efficiently to meet the needs of the urogynecology service
GOALS

During this rotation, fellows will develop competencies to enable them to describe, diagnose and treat common urologic disorders pertaining to female urology including stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae. In addition, these fellows will be able to describe the management of ureteral trauma and trauma to the bladder and urethra.

OBJECTIVES

MEDICAL KNOWLEDGE

- Recognize the diagnosis of congenital and acquired urological disease, including principles of treatment (surgical and non-surgical) of stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae.
- Describe the indications for catheterization, the management of Foley catheters, the prevention of infection and other complications of catheterization.
- Describe the principles, pathophysiology, and consequences of urinary diversion procedures.
- Understand the indications for suprapubic catheter placement.

PATIENT CARE

- Demonstrate the skills to participate in both endoscopic and open urologic cases and observe the principles of urological surgical technique.
- Obtain and perform a complete history and physical examination.
- Formulate an appropriate differential diagnosis, and records an independent, written diagnosis for each cancer patient assigned.
- Demonstrate proper wound care and follow-up management.
- Perform cystoscopy, ureteral stent placement, anti-incontinence procedures.

INTERPERSONAL AND COMMUNICATION SKILLS

- Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards.
• Coordinate and facilitate the interaction between fellow team and medical students

PROFESSIONALISM

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
• Respond to criticism and correction with calm and attentive demeanor
• Listen to patient complaints and offer compassionate solutions
• Display leadership to fellows and medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

• Assess gaps in knowledge of urology and develop a plan for personal improvement.
• Demonstrate expertise at reading and critically analyzing standard urologic textbooks and current urologic literature.
• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one's fund of knowledge and care to one's patients.

SYSTEMS BASED PRACTICE

• Recognize the differences between PPO’s, HMO’s, and standard medical insurance and the different requirements for authorizations needed for hospital admissions and operations
• Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources for optimal patient care
Site Location: University Medical Center
Rotation Director: Robert McBeath, MD
Length of Rotation: 1 month
Reference Sources: “Female Urology” Shlomo, Rodriguez, 3rd Ed., 2008
“Textbook of Female Urology and Urogynecology” Cardozo, Staskin, 3rd Ed., 2010
Conference Schedule: Tuesday, 8:00 am – 11:00 pm
Method of Assessment: End of Rotation Evaluation and 360 Evaluations
Annual In-Service Exam

GOALS

During this rotation, fellows will develop competencies to enable them to describe, diagnose and treat common urologic disorders pertaining to female urology including stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae. In addition, these fellows will be able to describe the management of ureteral trauma and trauma to the bladder and urethra.

OBJECTIVES

MEDICAL KNOWLEDGE

- Recognize and discuss the diagnosis of congenital and acquired urological disease, including principles of treatment (surgical and non-surgical) of stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae
- Perform with guidance and supervision, catheterization, and management of Foley catheters, without infection and other complications of catheterization
- Perform with guidance and supervision, urinary diversion procedures
- Perform with guidance and supervision, suprapubic catheter placement

PATIENT CARE

- Perform with guidance and supervision, both endoscopic and open urologic cases and report on the principles of the urological surgical technique
- Perform with guidance and supervision, a complete history and physical examination
- Formulate an appropriate differential diagnosis, and record an independent, written diagnosis for each cancer patient assigned
- Perform with guidance and supervision, wound care and follow-up management
- Perform with guidance and supervision, cystoscopy, ureteral stent placement, anti – incontinence procedures

INTERPERSONAL AND COMMUNICATION SKILLS
• Obtain a problem-oriented history in outpatient clinic and ethically manages patient confidential information and medical record according to HIPPA standards
• Coordinate and facilitate the interaction between fellow team and medical students

PROFESSIONALISM

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
• Respond to criticism and correction with calm and attentive demeanor
• Listen to patient complaints and offer compassionate solutions
• Display leadership to fellows and medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

• Assess gaps in knowledge of urology and develop a plan for personal improvement.
• Demonstrate expertise at reading and critically analyzing standard urologic textbooks and current urologic literature.
• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and care to one’s patients.

SYSTEMS BASED PRACTICE

• Appropriately use PPO’s, HMO’s, and standard medical insurance and know the different requirements for authorizations needed for hospital admissions and operations
• Select appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources for optimal patient care
GOALS
During this rotation, fellows will develop competencies to enable them to describe, diagnose and treat common urologic disorders pertaining to female urology including stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae. In addition, these fellows will be able to describe the management of ureteral trauma and trauma to the bladder and urethra.

OBJECTIVES

MEDICAL KNOWLEDGE
- Demonstrate competence and expertise in the diagnosis of congenital and acquired urological disease, including principles of treatment (surgical and non-surgical) of stress urinary incontinence, overactive bladder, interstitial cystitis, urethral diverticulum, vesico vaginal and other genitourinary fistulae.
- Demonstrate competence and expertise in catheterization, and management of Foley catheters, without infection and other complications of catheterization.
- Demonstrate competence and expertise in urinary diversion procedures.
- Demonstrate competence and expertise in suprapubic catheter placement.

PATIENT CARE
- Demonstrate competence and expertise in both endoscopic and open urologic cases.
- Demonstrate competence and expertise in performing a complete history and physical examination.
- Demonstrate competence and expertise in formulating an appropriate differential diagnosis, and recording an independent, written diagnosis for each cancer patient assigned.
- Demonstrate competence and expertise in performing wound care and follow-up management.
- Demonstrate competence and expertise in performing cystoscopy, ureteral stent placement, anti-incontinence procedures.

INTERPERSONAL AND COMMUNICATION SKILLS
• Demonstrate competence and expertise in obtaining a problem-oriented history in the outpatient clinic and ethically managing patients confidential information and medical record according to HIPPA standards
• Demonstrate competence and expertise in coordinating and facilitating the interaction between the fellow team and medical students

PROFESSIONALISM

• Demonstrate appropriate dress and decorum while on duty including conversations in public places to be free of patient information.
• Respond to criticism and correction with calm and attentive demeanor
• Demonstrate competence and expertise in listening to patient complaints and offering compassionate solutions
• Display leadership to fellows and medical students in being sensitive to patient confidential needs

PRACTICE BASED LEARNING AND IMPROVEMENT

• Assess gaps in knowledge of urology and develop a plan for personal improvement.
• Demonstrate expertise at reading and critically analyzing standard urologic textbooks and current urologic literature.
• Use Pub-Med, Med-Line and other online search engines to select the most updated literature to improve one’s fund of knowledge and care to one’s patients.

SYSTEMS BASED PRACTICE

• Appropriately use PPO’s, HMO’s, and standard medical insurance and know the different requirements for authorizations needed for hospital admissions and operations
• Demonstrate competence and expertise in selecting appropriate medical procedures based on cost-effectiveness and risk to patient
• Interact with social services and community agency resources for optimal patient care
University Medical Center of Southern Nevada ("UMC") and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine ("UNSOM") hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the fellows.

1. It is agreed that Lisa Durette, MD shall serve as fellowship program director. Dr. Durette will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designated to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new fellowship program director, the appointment will be made by the Chair of UNSOM's responsible academic department with the concurrence of UMC's Chief Executive Officer and the UNSOM's Dean.

2. Lisa Durette, MD shall have administrative, educational and/or supervisory responsibility for fellows at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of fellows at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in fellow teaching also requires the concurrence of the fellowship program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Child and Adolescent Psychiatry Medicine are accomplished.

C. Period of assignment of the fellows to UMC.

1. Fellows' assignments for the academic year will be set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the Program Director, Dr. Durette.
D. UMC’s responsibilities for teaching, supervision, and formal evaluation of the fellows' performance.

1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of fellows at UMC. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Fellowship Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Fellow supervision will be accomplished according to the guidelines established in the program’s Fellowship Handbook, UMC’s Fellow Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the fellows’ education while rotating to UMC.

1. Policies and procedures that govern the fellows' education while rotating to UMC are stated in UMC’s Bylaws, Rules and Regulations, and Fellow Supervision Policy, in the ACGME Program Requirements, the Program’s Fellowship Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.

[SIGNATURE PAGE FOLLOWS]
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Recommended:

By: ____________________________________
Lisa Durette, MD  Date
Program Director
Child and Adolescent Fellowship

By: ____________________________________
Miriam Bar-on, MD  Date
Associate Dean of Graduate Medical Education

Approved:

By: ____________________________________
Thomas L. Schwenk, MD  Date
Vice President, Division of Health Sciences
Dean, School of Medicine
President, Integrated Clinical Services, Inc
EXHIBIT A

**Overall Goals for Child and Adolescent Psychiatry**
University of Nevada School of Medicine  
Program Director: Lisa Durette, MD, FAPA

The University of Nevada Child and Adolescent Psychiatry Fellowship in Las Vegas is a two year program whose primary goal is to train the next generation of child psychiatrists. This program will provide training consistent with the general and special requirements of the Accreditation Council for Graduate Medical Education (ACGME) for accredited training in child and adolescent psychiatry.

**Training Sites:**
1. University Medical Center of Southern Nevada  
2. Desert Willows Treatment Center  
3. Juvenile Justice Services  
4. Department of Family Services / Healthy Minds

**General Goals:**
1. Provide a broad-based training experience, which prepares individuals to competently diagnose, treat, and manage the full spectrum of child, adolescent, and family psychiatric disorders.
2. Prepare individuals to competently pursue the multi-faceted leadership roles of a child and adolescent psychiatrist; i.e. clinician, educator, consultant, scholar, and administrator.
3. Instill the role of being an advocate for children into the core identity of child and adolescent psychiatrists.
4. Prepare individuals for effective and efficient collaboration with systems including medical, legal, educational, and social service agencies.
5. Prepare individuals for effective and efficient collaboration with other health care providers such as non-psychiatric physicians, nurses, aides, psychologists, social workers, educators, and speech/occupational/physical therapists.
6. Train individuals to successfully fulfill the requirements for certification of the American Board of Psychiatry and Neurology Committee on Certification in Child and Adolescent Psychiatry.

**Competency Based Learning Objectives:**

**Patient Care:**
1. Perform a comprehensive, developmentally sensitive clinical assessment of infants, preschoolers, school-age children, adolescents, and their families including history taking, data gathering, and detailed mental status examination.
2. Synthesize and organize clinical data into a differential diagnosis utilizing the DSM-IV-TR criteria until the full adoption of the DSM-5 occurs, and to determine and obtain ancillary data necessary to refine and establish the diagnosis.
3. Adequately synthesize a biopsychosocial formulation around predisposing, precipitating, protective, and perpetuating factors to help understand the psychopathology in children and adolescents.
4. Prescribe and direct a comprehensive, multimodal treatment plan consistent with
diagnosis and adequate for the biologic, psychologic, and sociocultural needs of
the child and family.
5. Implement as clinically indicated a variety of therapeutic modalities with children
and adolescents including psychodynamic, play therapy, planned short-term
treatments, cognitive behavioral, group, family, systemic, pharmacologic, and
milieu/inpatient therapies.
6. Determine medically necessary, and least restrictive, level of care adequate for
the needs of the child and family.
7. Facilitate/manage the treatment of the child and family at all levels of the
continuum of psychiatric services for children and adolescents.
8. Perform a comprehensive risk assessment of the patient.

**Medical Knowledge:**
1. Understand the standard nosology, descriptive nomenclature and diagnostic
criteria of DSM-IV TR, and successfully transition to the DSM-5 in accordance
with CMS guidance, for disorders of childhood and adolescence.
2. Describe development as an ongoing process across the life-span and its phases
which begin prenatally and include cognitive, emotional, moral, motor, language,
social, and sexual development.
3. Know of normal development and behavior, as well as of the range of childhood
and adolescent developmental psychopathology, including biological,
sociocultural, dynamic, and familial factors.
4. Be familiar with appropriate indications for a variety of therapeutic interventions
including psychodynamic, cognitive-behavioral, pharmacologic, group, systemic,
and family therapies.
5. Describe the indications for and limitations of psychometric assessment
instruments commonly utilized with children and adolescents.

**Interpersonal and Communication Skills:**
1. Communicate effectively with patients, families, family surrogates and the public
as appropriate across a broad range of socioeconomic and cultural backgrounds.
2. Provide effective consultation to individuals, systems, and agencies such as
schools, courts, social services, and non-psychiatric medical services.
3. Work collaboratively with allied health and mental health disciplines in the team
management of psychiatrically ill children and adolescents.

**Practice Based Learning and Improvement:**
1. Teach/supervise other practitioners engaged in delivery of mental health services
to children and adolescents, and to provide administrative leadership to systems,
programs and agencies engaged in the same.
2. Define appropriate and answerable questions for scientific inquiry, and to
critically appraise the current, clinically relevant literature.
3. Identify basic research principles necessary to define appropriate research
questions and to critically review current child and adolescent psychiatry
literature.

**Professionalism:**
1. Demonstrate high standards of ethical behavior which include respect for patient
privacy and autonomy, maintaining appropriate professional boundaries and
understanding the nuances specific to psychiatric practice.
2. Display compassion, integrity and respect for others.
3. Demonstrate responsiveness to patient needs that supersedes self-interest.

Systems Based Practice:
1. Describe the continuum of care available to children including acute inpatient, residential, day treatment, outpatient and school and community-based services.
2. Discuss the multidisciplinary team and the roles of the allied health and mental health disciplines in the collaborative management of psychiatrically ill children and adolescents
3. Describe the systems (e.g. medical, legal, social service, educational), and of the role of the child and adolescent psychiatrist as a consultant.
PROGRAM LETTER OF AGREEMENT
ATTACHMENT V to the MASTER AFFILIATION AGREEMENT
between UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA (UMC) and the
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION
on behalf of the
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE (UNSOM)
concerning the
ORTHOPEDIC SURGERY RESIDENCY PROGRAM

FOR THE PERIOD JULY 1, 2015 – JUNE 30, 2016

University Medical Center of Southern Nevada (“UMC”) and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine (“UNSOM”) hereby acknowledge this Program Letter of Agreement incorporated herein by reference, as required in Section I of the Master Affiliation Agreement between the parties.

A. Officials at UMC who will assume administrative, educational, and supervisory responsibility for the residents.

1. It is agreed that Michael Daubs, MD shall serve as residency program director. Dr. Daubs will have full authority to direct and coordinate the program’s activities in all participating institutions, including all responsibilities designated to the program director in the ACGME’s Institutional and Program Requirements. Should it be necessary to appoint a new residency program director, the appointment will be made by the Chair of UNSOM’s responsible academic department with the concurrence of UMC’s Chief Executive Officer and UNSOM’s Dean.

2. Michael Daubs, MD shall have administrative, educational and/or supervisory responsibility for residents at UMC during rotations to UMC.

3. All teaching staff participating in the clinical training of residents at UMC must have faculty appointments in a Department of UNSOM and must have clinical privileges at UMC. Participation in resident teaching also requires the concurrence of the residency program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. UMC policies control the granting of clinical privileges at UMC.

B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.

1. UMC will provide the educational setting in which the goals and objectives of the curricular elements of Orthopedic Surgery are accomplished.

C. Period of assignment of the residents to UMC.

1. Residents’ assignments for the academic year will be set forth in Exhibit A attached hereto and incorporated herein by this reference as determined by the program director, Dr. Daubs.
D. UMC's responsibilities for teaching, supervision, and formal evaluation of the residents' performance.

1. UMC agrees to cooperate with UNSOM in the appointment of clinical faculty as described in paragraphs A.1.-A.3., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at UMC. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.

2. Resident supervision will be accomplished according to the guidelines established in the program's Resident Handbook, UMC's Resident Supervision Policy and the ACGME accreditation requirements.

E. Policies and procedures that govern the residents' education while rotating to UMC.

1. Policies and procedures that govern the residents' education while rotating to UMC are stated in UMC's Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program's Resident Handbook, the Processes, Procedures, Rules for GME and the Board of Regents of the Nevada System of Higher Education Handbook.

F. Counterpart Signatures; Electronic Transmission.

1. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, and all of such counterparts shall constitute one agreement. Delivery of this Agreement may be accomplished by electronic transmission of this Agreement.
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Recommended:

By: ___________________________________
    Michael Daubs, MD                                      Date
    Program Director
    Orthopedic Surgery

By: ___________________________________
    Miriam Bar-on, MD                                      Date
    Associate Dean of Graduate Medical Education

Approved:

By: ___________________________________
    Thomas L. Schwenk, MD                                  Date
    Vice President, Division of Health Sciences
    Dean, School of Medicine
    President, Integrated Clinical Services, Inc
EXHIBIT A

University of Nevada School of Medicine Residency in Orthopaedic Surgery

Goals & Objectives

The goal of the Orthopaedic Residency program is to develop residents that are compassionate, competent, and ethical and have the knowledge base, technical and interpersonal skills necessary to practice Orthopaedic Surgery and who will remain competent through the critical evaluation, and incorporation into their practice of orthopaedic information from courses, meetings, and published material. The clinical training will hold strictly to the ACGME concept of “graded and progressive responsibility” through the use of competency-based methods of evaluation utilizing Orthopaedic Surgery Milestones. Our program values responsibility, honesty, integrity, and transparency in the educational development of our residents. The ultimate goal is to graduate Orthopaedic Surgeons who have developed all of the high level skills necessary to enter the unsupervised practice of Orthopaedic Surgery and who will maintain an exemplary level of practice through the life-long learning process. Physicians completing the Residency Program will be eligible for certification by the American Board of Orthopaedic Surgery.

Competency Based Objectives

At the conclusion of the program, the residents will have achieved the following competencies:

Patient Care and Procedural Skills:

1. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the practice of orthopaedic surgery.
   a. Demonstrate competence in the pre-admission care, hospital care, operative care, and follow-up care (including rehabilitation) of patients
   b. Demonstrate competence in their ability to:
      i. gather essential and accurate information about their patients
      ii. make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinic judgment
      iii. develop and carry out patient management plans
      iv. provide health care services aimed at preventing health problems or maintaining health
   c. Demonstrate competence in the diagnosis and management of adult and pediatric orthopaedic disorders
Medical Knowledge:

1. Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
   a. Demonstrate expertise in their knowledge of those areas appropriate for an orthopaedic surgeon
   b. Demonstrate an investigatory and analytic thinking approach to clinical situations

Practice Based Learning and Improvement:

1. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.
2. Develop skills and habits to be able to meet the following goals:
   a. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
   b. Set learning and improvement goals
   c. Identify and perform appropriate learning activities
   d. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
   e. Incorporate formative evaluation feedback into daily practice
   f. Locate, appraise and assimilate evidence from scientific studies related to their patients’ health problems
   g. Use information technology to optimize learning
   h. Participate in the education of patients, families, students, residents and other health professionals
   i. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

Interpersonal and Communication Skills:

1. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.
   a. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
   b. Communicate effectively with physicians, other health professionals, and health related agencies
   c. Work effectively as a member of a health care team or other professional group
   d. Act in a consultative role to other physicians and health professionals
   e. Maintain comprehensive, timely and legible medical records
   f. Create and sustain a therapeutic and ethically sound relationship with patients
   g. Use effective listening skills, and elicit and provide information using effective nonverbal, explanatory questioning and writing skills
Professionalism:

1. Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
   a. Demonstrate compassion, integrity and respect for others
   b. Show responsiveness to patient needs that supersedes self interest
   c. Demonstrate respect for patient privacy and autonomy
   d. Demonstrate accountability to patients, society and the profession
   e. Show sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation
   f. Show commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
   g. Demonstrate sensitivity and responsiveness to fellow health care professionals’ culture, age, gender and disabilities

Systems Based Practice:

1. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
   a. Work effectively in various health care delivery settings and systems relevant to orthopaedic surgery
   b. Coordinate patient care within the health care system relevant to orthopaedic surgery
   c. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based case as appropriate
   d. Advocate for quality patient care and optimal patient care systems
   e. Work in interprofessional teams to enhance patient safety and improve patient care quality
   f. Participate in identifying system errors and implementing potential systems solutions

Description

The program's primary teaching hospital is University Medical Center (UMC) in Las Vegas. Residents also rotate through several affiliated institutions, including Sunrise Hospital, St Rose Dominican-Sienna Hospital, Centennial Hospital, and Veterans Administration Medical Center, to round out their educational experience. Our medical center (UMC) contains the only Level I trauma facility for adults and children in the region.

Clinical Rotations

The PGY-1 year includes rotations in a broad range of clinical specialties including:

- Pediatric Orthopaedics
- Orthopaedic Trauma
During the PGY2- PGY5 years, Orthopaedic Residents will rotate on the following clinical services:

- Adult Reconstruction
- Foot and Ankle
- Hand
- Orthopaedic Oncology
- Pediatric Orthopaedics
- Spine
- Sports Medicine
- Orthopaedic Trauma

**Instructional Program**

The educational program will consist of regularly scheduled didactic sessions (at minimum of 4 hours per week) including grand rounds, Visiting Professors, seminars, journal clubs, Quality Assurance (QA), morbidity and mortality, teaching rounds, and basic surgical skills courses. Clinical and basic science subjects will be covered. As part of the care team, residents will also be responsible for teaching their colleagues and presenting cases during conferences and QA sessions.

The clinical training is focused on the development of the necessary knowledge and skills to become a proficient orthopaedic surgeon and enable graduates of the program to sit for the American Board of Orthopaedic Surgery certifying exam. Residents rotate at a variety of institutions to ensure that they maximize their clinical learning opportunities including operative skills, teamwork and healthcare delivery to a wide range of patients.

**Resident Role and Expectations**

Residents are an integral part of the health care team, and as such, are required to perform patient evaluations in the inpatient and outpatient settings. Residents are also expected to participate in the surgical management of patients – both operative and postoperative. A plan for graduated responsibility is utilized. Residents are expected to develop the skills necessary to allow for increased autonomy with each year of training leading to independent practice.

**Assessment Methods**

Residents are evaluated using a variety of methods:
• End of rotation, faculty evaluations based on the six core competencies (PC, MK, ICS, PBLI, P, SBP)
• Multi-source or 360 degree evaluations from nurses, OR techs, patients, self, peers and students
• Global inter-operative assessments with direct observation

Faculty evaluations are completed annually by residents.

Both faculty and residents have the opportunity to evaluate the training program annually.
Attachment W
Memorandum of Understanding

General Covenants

Contract year July 1, 2015 through June 30, 2016

1. University Medical Center (UMC) and the Board of Regents of the Nevada System of Higher Education (formerly University and Community College System of Nevada) on behalf of the University of Nevada School of Medicine (UNSOM) have entered into a long-term commitment for resident and student education. (Institutional Agreement between the University Medical Center of Southern Nevada and the Board of Regents of the University and Community College System of Nevada on behalf of the University of Nevada School of Medicine Concerning the Joint Sponsorship of Graduate Medical Education Programs). While either party may expand its programs with other partners, they do not intend to do so by reducing their commitment to each other.

2. UMC will seek input from UNSOM regarding agreements with other entities that may impact UNSOM’S teaching programs at UMC. UNSOM will seek input from UMC on agreements with healthcare facilities that impact clinical services provided by UMC.

3. UNSOM’S support for the faculty necessary for resident supervision, resident teaching, and clinical service components (i.e., budgeted FTE’s) are specifically for activity at UMC or UNSOM’S outpatient facilities.

4. All residents will be UNSOM employees and will receive employee benefits as approved by the Board of Regents. UNSOM will obtain malpractice coverage for the residents as well as State Industrial Insurance.

5. In order for UNSOM and UMC to maintain the resident reimbursement counts (Resident FTE’s), the parties have agreed to cooperatively institute and maintain a mandatory and auditable resident time record system. At a minimum, this system includes the date worked, number of hours worked, and location of training.

6. All resident hours spent at non-hospital sites such as freestanding clinics, physician offices or nursing homes, which are connected to any of the approved residency programs, must be identified and agreement established between the hospital and the clinical entity, and/or the supervising physician. (Medicare guidelines January 1, 1999) The purpose is to determine the actual number of FTE residents in the calculation to ascertain the hospital’s indirect and direct graduate medical costs and ultimately Medicare’s reimbursement.

Page 1 of 3
7. UNSOM warrants that all faculty will properly supervise residents in inpatient and outpatient systems by reviewing each case for clinical pertinence and signing each medical record to validate appropriate medical care.

8. UNSOM and UMC will continue to work together to integrate effective functioning of activities related to professional graduate supervision and education. These activities will be consistent with The Joint Commission and ACGME requirements.

9. UNSOM will provide certain on-call services at per diem rate amounts not to exceed those set forth in the attached budget and which shall be subject to change based upon fair market valuation.

10. UMC and UNSOM acknowledge that the “Institutional Agreement between the University Medical Center of Southern Nevada and the Board of Regents of the University and Community College System of Nevada on behalf of the University of Nevada School of Medicine Concerning the Joint Sponsorship of Graduate Medical Education Programs” (Institutional Agreement), entered into July 1, 2009, is in full force and effect, and that the Residency Program descriptions for Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Surgery, Psychiatry, Otolaryngology and Emergency Medicine are specifically delineated in Attachments to the Institutional Agreement.

11. In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under this Agreement between the parties shall not exceed those monies appropriated and approved by UMC for the then current fiscal year under the Local Government Budget Act. This Agreement shall terminate and UMC’s obligations under it shall be extinguished at the end of any of UMC’s fiscal years in which UMC’s governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under this Agreement. UMC agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to this Agreement. In the event this section is invoked, this Agreement will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve UMC of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

12. The budget for support for joint UMC/UNSOM programs for the 2015-2016 academic year is acknowledged and agreed upon by UMC and UNSOM and is attached hereto and incorporated herein by this reference.

13. Any re-programming of items in the approved annual budget must be proposed by the Dean of UNSOM and approved in writing by UMC’S CEO.

14. Payment of any amounts due under this Agreement shall be made no later than ninety (90) days from the date of invoice.

[SIGNATURE PAGE FOLLOWS]
University Medical Center of Southern Nevada

Approved:

By: Mason VanHouweling
Chief Executive Officer

Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine

Recommended:

By: Thomas L. Schwenk, MD
Vice President, Division of Health Sciences
Dean, School of Medicine
President, Integrated Clinical Services, Inc

By: Marc A. Johnson, President
University of Nevada, Reno

Approved:

By: Daniel J. Klaich
Chancellor, NSHE
## Support for Joint UMC and School of Medicine Programs
### FY 2016

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Residents</td>
<td>$11,681,634</td>
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<td>Resident Faculty Support</td>
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<tr>
<td>Surgery</td>
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<tr>
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<td><strong>Resident Total</strong></td>
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<td><strong>$14,742,939</strong></td>
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<td>Professional Services</td>
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<tr>
<td>Surgery</td>
<td>$4,233,583</td>
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<td>$</td>
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<tr>
<td><strong>Professional Services Total</strong></td>
<td><strong>$12,057,751</strong></td>
<td><strong>$11,308,303</strong></td>
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</tbody>
</table>

| Sub Total                         | $26,051,257                   | $26,051,242                  |

| On-Call Services                  |                               |                              |
| Trauma                            | $1,095,000                    | $1,095,000                   |
| General Surgery                   | $547,000                      | $547,000                     |
| Burn                              | $109,500                      | $255,500                     |
| Pediatric Surgery                 | $182,500                      | $182,000                     |
| ENT                               | $438,000                      | $438,000                     |
| Ortho/Pelvis                      | $2,190,000                    | $2,190,000                   |
| Spine                             | $182,500                      | $182,500                     |
| Hand                              | $912,000                      | $912,000                     |
| **On-Call Services Total**        | **$5,656,500**                | **$5,802,000**               |

| Grand Total                       | $31,707,757                   | $31,853,242                  |

*Note: On-Call support is an up to amount and is subject to FMV analysis.*

2/19/2016
**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**  
**GOVERNING BOARD**  
**AGENDA ITEM**

<table>
<thead>
<tr>
<th>Issue: Program Letters of Agreement and Memorandum of Understanding with the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine</th>
<th>Back-up:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petitioner: Mason VanHouweling, Chief Executive Officer</td>
<td>Clerk Ref. #</td>
</tr>
</tbody>
</table>

**Recommendation:**

That the Governing Board recommend to the Board of Hospital Trustees to approve the six (6) Program Letters of Agreement and Memorandum of Understanding for FY 2016 between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine and University Medical Center of Southern Nevada, subject to final approval by the Board of Hospital Trustees; and take action as deemed appropriate. *(For possible action)*

**FISCAL IMPACT:**

| Fund #: 5420,000 | Fund Name: UMC Operating Fund |
| Fund Center: 3000824000 | Funded Pgm/Grant: N/A |
| Description: Residency and Fellowship Programs | Amount: $14,742,939 for Graduate Medical Education (GME) |
| | $11,308,303 for Service Line Support |
| | $5,802,000 for On-Call Services |
| | $31,853,242 Total |

Additional Comments: UMC will receive a partial offset of $7 to $8 million through the Centers of Medicare and Medicaid Services (CMS) for the Federal Resident Program. Expenses are accounted for in the FY 2016 UMC Budget.

**BACKGROUND:**

On December 29, 1978, UMC entered into an Affiliation Agreement with the University of Nevada School of Medicine (UNSMOM) for the joint sponsorship of graduate medical education programs. This longstanding agreement has been regularly renewed to continue the commitment between the two organizations for the furtherance and achievement of medical higher education. The Accreditation Council for Graduate Medical Education (ACGME), which is the accrediting body for UNSOM, requires that the Master Affiliation Agreement be updated and renewed every five (5) years.

On March 3, 2015, the Board of Hospital Trustees ratified the Master Affiliation Agreement ending June 30, 2019, Program Letters of Agreement (PLA) for FY 2015 & 2016, and the MOU/Budget for FY 2015. Either party may

*Reported for Agenda*

February 24, 2016

Agenda Item #: 18
terminate the Master Affiliation Agreement and its Program Letters of Agreement with a six (6) month written notice.

This request is to approve the following PLAs: (i) Colorectal Fellowship, (ii) Plastic Surgery, (iii) Gastroenterology and Hepatology Fellowship, (iv) Female Pelvic Medicine and Reconstructive Surgery Fellowship, (v) Child and Adolescent Psychiatry Fellowship, and (vi) Orthopedic Surgery. Also, approve the Budget for FY 2016.

PLAs for Colorectal Fellowship, Female Pelvic Medicine and Reconstructive Surgery Fellowship, Child and Adolescent Psychiatry Fellowship, and Orthopedic Surgery updated the expiration date to June 30, 2016 to make the documents coterminous with the rest of the previously approved PLAs. PLAs for Plastic Surgery, and Gastroenterology and Hepatology Fellowship updated the Program Director names.

UNSOM’s portion of UMC’s FY 2016 budget is $31,853,242. The budget for GME and Service Line Support is divided among the departments of Surgery, Pediatrics, Obstetrics & Gynecology, Internal Medicine, Psychiatry, Family Medicine, and Emergency Medicine. For On-Call Services, the budget is divided among the departments of Trauma, General Surgery, Burn, Pediatric Surgery, ENT, Ortho/Pelvis, Spine and Hand which is subject to FMV analysis.

UMC will receive a partial offset of $7 to $8 million through the Centers of Medicare and Medicaid Services (CMS) for the Federal Resident Program.

The Department of Business License has determined that UNSOM is not required to obtain a Clark County business license nor a vendor registration since School is part of the Nevada System of Higher Education, which is an entity of the State of Nevada.

The following UMC staff members have reviewed and recommend approval of the Agreements: CFO, Assistant Hospital Administrator, Director of Reimbursement/Cost Reporting and Budget Manager. The Agreements were approved as to form by the General Counsel’s office.

These Agreements were reviewed by the Governing Board Audit and Finance Committee at their February 23, 2016 meeting and recommended for acceptance by the Governing Board, subject to final approval by the Board of Hospital Trustees.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

<table>
<thead>
<tr>
<th>Issue: Approve Agreement with Nevada Heart and Vascular Center (Resh) LLP for Physician Medical Directorship of the Cardiology Department and Related Professional Services</th>
<th>Back-up:</th>
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</thead>
<tbody>
<tr>
<td>Petitioner: Stephanie Merrill, Chief Financial Officer</td>
<td>Clerk Ref. #</td>
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</tbody>
</table>

Recommendation:

That the Governing Board approve a new Agreement with Nevada Heart and Vascular Center (Resh) LLP for Cardiology Professional Services and related Medical Directorship; and take action as deemed appropriate. *(For possible action)*

FISCAL IMPACT:

<table>
<thead>
<tr>
<th>Fund #: 5420.000</th>
<th>Fund Name: UMC Operating Fund</th>
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</thead>
<tbody>
<tr>
<td>Fund Center: Various</td>
<td>Funded Pgm/Grant: N/A</td>
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<tr>
<td>Description: Cardiology Professional Services and Related Medical Directorship</td>
<td>Amount: $78,000/yr for Med Directorship</td>
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<tr>
<td></td>
<td>$2,422,000/yr for Professional Services</td>
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<td>$2,500,000/yr Total</td>
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<tr>
<td></td>
<td>$12,500,000 for 5 yr Term</td>
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BACKGROUND:

This request is to approve a new agreement with Nevada Heart and Vascular Center (Resh) LLP, to provide 24/7/365 coverage to Unassigned Patients (requiring 4.25 FTEs dedicated to UMC comprised of 1.0 electrophysiology cardiologist and 3.25 interventional cardiologists) to include examination, assessment, diagnosis, medical intervention, follow-up inpatient care and discharge in a professional manner in the best interest of patients and in accordance with community standards.

The term of this Agreement is from March 1, 2016 through February 28, 2021, provided however it is subject to fair market value reassessment after the second anniversary date.

After the third anniversary date of this Agreement, either party may terminate this Agreement, without cause, upon three hundred sixty-five (365) days written notice to the other party.

In accordance with NRS 332.115-1 b) the competitive bidding process is not required as the services to be performed are professional in nature.

Cleared for Agenda
February 24, 2016

Agenda Item #

19
The UMC Assistant Hospital Administrator has reviewed and recommends approval of this Agreement.

This Agreement has been approved as to form by UMC’s General Counsel.

The Provider currently holds a valid Clark County Business License.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
PROFESSIONAL SERVICES AGREEMENT
(Clinical Services)

This Agreement, made and entered into this ___ day of February, 2016, by and between University Medical Center of Southern Nevada, a publicly owned and operated hospital created by virtue of Chapter 450 of the Nevada Revised Statutes (hereinafter referred to as “Hospital”) and Nevada Heart and Vascular Center (Resh), LLP, a Nevada limited liability partnership, existing under and by virtue of the laws of the State of Nevada, with its principal place of business at 3150 N Tenaya Way, Suite 320, Las Vegas, Nevada 89128 (hereinafter referred to as the “Provider”);

WHEREAS, Hospital is the operator of a cardiology department (the “Department”) located in Hospital which requires certain Services (as defined below); and

WHEREAS, Provider desires to contract for and provide for said Services in the specialty of cardiology, as more specifically described herein; and

NOW THEREFORE, in consideration of the covenants and mutual promises made herein, the parties agree as follows:

I. Definitions

For the purposes of this Agreement, the following definitions apply:

1.1 Allied Health Providers. Individuals other than a licensed physician, medical doctor (“M.D.”), doctor of osteopathy (“D.O.”), chiropractor, or dentist who exercise independent or dependent judgment within the areas of their scope of practice and who are qualified to render patient care services under the supervision of a qualified physician who has been accorded privileges to provide such care in Hospital.

1.2 Department. Unless the context requires otherwise, Department refers to Hospital’s Department of Cardiology.

1.3 Medical Staff. The Medical and Dental Staff of University Medical Center of Southern Nevada.

1.4 Medical Director. The Medical Director performs certain administrative services in coordination with the Hospital. Among other duties assigned to the Medical Director, he or she shall be responsible for scheduling the call coverage services detailed in this Agreement, and any other similar on-call agreements between Hospital and third party providers. Chowdhury H. Ahsan has been designated as the Medical Director.

1.5 Member Physicians. Physician(s) mutually appointed by Provider and Hospital (as listed on Exhibit A and which shall be subject to change from time to time) to provide Services pursuant to this Agreement.

1.5 Services. Clinical services in the specialty of cardiology performed for the diagnosis, prevention or treatment of disease or for assessment of a medical condition, including but not limited to the delivery to the Department and the Hospital certain Services to Unassigned Patients, 24 hours per day/seven days per week, as further described herein.
1.6 **Unassigned Patients.** Those patients seen by Provider during inpatient or outpatient service sessions (as applicable) at Hospital who are not designated patients of other cardiologists credentialed by Hospital’s Medical Staff or are not assigned a physician under a managed care plan. Unassigned patients include, but are not limited to, those patients who are uninsured. Where resident coverage has been assigned to another group or physician on a predetermined and agreed upon scheduled rotation, Hospital patients being covered by residents during such periods will not be considered Unassigned Patients for purposes of this Agreement. For purposes of this Agreement, Unassigned Patients shall not include persons who are patients of Provider or whom Provider chooses to provide services at Hospital. Notwithstanding the preceding, in the event of an emergency, Provider shall perform the Services regardless of payor source or status in order to ensure timely response to any and all patients consistent with Hospital policies. In such emergent situations all patients shall be defined as Unassigned Patients.

II. PROVIDER'S OBLIGATIONS

2.1 **Department Coverage for Services.** Provider, by and through its Member Physicians, shall deliver to the Department the following Services:

a. Provide full-time 24/7/365 coverage to Unassigned Patients (requiring 4.25 FTEs dedicated to UMC comprised of 1.0 electrophysiology cardiologist and 3.25 interventional cardiologists) to include examination, assessment, diagnosis, medical intervention, follow-up inpatient care and discharge in a professional manner in the best interest of patients and in accordance with community standards;

b. Provider shall conduct and professionally staff the Service at the levels indicated on Exhibit A so that Hospital, its Medical Staff, and Unassigned Patients shall at all times have adequate cardiology coverage. Provider shall render and supervise cardiology services and consult with the Medical Staff and Hospital when requested.

c. Accept any and all Unassigned Patients admitted from the emergency department, trauma service and patients from Hospital’s Quick Care and Primary Care facilities;

d. Respond to in-house adult cardiac emergencies while on site and provide service on an emergency and on-call basis to meet the needs of Hospital’s Unassigned Patients;

e. Provide cardiology consults and medical interventions to Unassigned Patients as reasonably requested by Hospital or private attending physicians subject to time response rates set forth in the Hospital bylaws, as may be amended from time to time;

f. Educate physicians on new protocols and programs (CPC and educate current practicing physicians on protocols and policies for chest pain center, CHF, etc, to improve patient outcomes, quality, and throughput.

g. Cooperate with Hospital to provide formal and informal staff training programs as deemed necessary for the professional staff training and continuing medical education of its Medical Staff;

h. On an annual basis, create a collaborative plan with Hospital’s affiliated medical school(s) for the provision of services in support of the medical resident program;
i. Work with Hospital to develop and administer Hospital’s care pathways and enhance such pathways based upon Member Physicians’ clinical experience;

j. Ensure clinical effectiveness by providing direction and supervision in accordance with the standards and recommendations of The Joint Commission and the Medical Staff Bylaws and related manuals, and any policies and procedures of applicable third party payors, as may then be in effect;

k. Coordinate and integrate clinically related activities both inter and intra departmentally within Hospital and its affiliated clinics; and

l. Such other Services, as more specifically described on Exhibit A, attached hereto and incorporated herein by reference.

2.2 Open Department.

a. In order to encourage the use of the Department of Cardiology and related facilities at Hospital by other qualified physicians on the Medical Staff, it is agreed by both parties that the performance of invasive procedures in the Cardiac Catheterization Lab, by such qualified and experienced physicians, will be permitted and encouraged. Similarly, the development and use of the other non-invasive cardiology procedures at Hospital will be encouraged.

b. Professional interpretation of those procedures performed by other qualified physicians credentialed by the Medical Staff, shall be billed by such other physicians to third party payors, as applicable. Such procedures may include invasive procedures in the Cardiac Catheterization Laboratory; non-invasive procedures may include treadmills, Holter monitors, echocardiogram, Doppler, EP Lab (cardiac mapping, ablation and defibrillator implantation), and pacemaker follow up procedures, as an example but not exhaustive list of services.

c. A qualified cardiologist may interpret patient studies for whom he is a primary or consulting physician or for whom he has been designated by a requesting physician. ECGs and stress tests are to be read within 24 hours and Routine ECHOs will be read within 48 hours and/or according to current medical staff guidelines.

2.3 Medical Directorship. During the Term, in addition to the Services provided by a Member Physician, the designated Medical Director shall provide the following administrative services (the “Medical Directorship Services”):

a. Oversee and supervise the overall cardiology program and perform all administrative, supervisory and education functions in relation to the operation of the Services, and as required from time-to-time by the Hospital’s CEO, or his/her designee.

b. Provide quarterly standardized reports on metrics, reviewed by Hospital administration, including the CEO, COO, CNO, Patient Safety and Quality Committees, and/or his or her designees.

c. Contribute to a positive relationship among Hospital’s administration, the Medical Staff and the community;
d. Promote the growth and development of the Department in conjunction with Hospital with special emphasis on expanding diagnostic and therapeutic services and expanding cardiac rehabilitation phase 2 and 3 studies, and supporting expanding CHF clinic;

e. Inform the Medical Staff of new equipment and applications;

f. Recommend innovative changes directed toward improved patient services;

g. Develop and implement guidelines, policies and procedures in accordance with recognized professional medical specialty standards and the requirements of local, state and national regulatory agencies and accrediting bodies;

h. Recommend the selection and development of appropriate methods, instrumentation and supplies to assure proper utilization of staff and efficient reporting of results;

i. Represent the Department on the Medical Staff committees and at Hospital department meetings as the need arises;

j. Participate in Quality Assurance and Performance Improvement activities by monitoring and evaluating care; communicating findings, conclusions, recommendations and actions taken and using established Hospital mechanisms for appropriate follow up;

k. Assess and recommend to Hospital administration and to the Department the need for capital expenditure for equipment, supplies and space required to maintain and expand the Department;

l. Provide for the education of Medical Staff and Hospital personnel in a defined organized structure and as the need presents itself;

m. Report any equipment malfunction to Hospital administration and the Department;

n. Assist Hospital in the appeal of any denial of payment of Hospital charges; and

o. Perform such other administrative duties as necessary to the Department as assigned.

Medical Director shall be required to submit monthly time records which details with reasonable specificity the time spent performing the Medical Directorship Services as further described in Section 5.3.

2.4 Faculty Responsibilities.

a. As Hospital is a teaching facility in affiliation with the University of Nevada School of Medicine, or successor medical school(s) (the “School of Medicine”) the Services provided hereunder and teaching responsibilities are interrelated. As such, Provider agrees to execute and maintain a separate teaching agreement with the School of Medicine affiliated with the Hospital during the Term.

b. Provider will hold faculty appointments with the School of Medicine, as deemed appropriate by the School of Medicine.
c. Notwithstanding the above, Provider acknowledges and agrees that the compensation paid by Hospital pursuant to the terms of this Agreement is fair market value compensation for the Services, as further described in Article V, and not compensation for any faculty teaching obligations, which at all times remains the responsibility of the School of Medicine.

2.5 Medical Staff Appointment.

a. Member Physicians employed or contracted by Provider shall at all times hereunder, be members in good standing of Hospital’s medical staff with appropriate clinical credentials and appropriate Hospital privileging. Any of Provider’s Member Physicians who fail to maintain staff appointment of clinical privileges in good standing will not be permitted to render the Services and will be replaced promptly by Provider. Provider shall replace a Member Physician who is suspended, terminated or expelled from Hospital’s Medical Staff, loses his license to practice medicine, tenders his resignation, or violates the terms and conditions required of this Agreement, including but not limited to those representations set forth in Section 2.6 below. In the event Provider replaces or adds a Member Physician, such new Member Physician shall meet all of the conditions set forth herein, and shall agree in writing to be bound by the terms of this Agreement. In the event an appointment to the Medical Staff is granted solely for purposes of this Agreement, such appointment shall automatically terminate upon termination of this Agreement.

b. Provider shall be fully responsible for the performance and supervision of any of its Member Physicians or others under its direction and control, in the performance of services under this Agreement.

c. Allied Health Providers employed or utilized by Provider, if any, must apply for privileges and remain in good standing in accordance with the University Medical Center of Southern Nevada Allied Health Providers Manual.

2.6 Representations of Provider and Member Physicians.

a. Provider represents and warrants that it:

i. holds an active business license with Clark County and is currently in good standing with the Nevada Secretary of State and Department of Taxation;

ii. has never been excluded or suspended from participation in, or sanctioned by, a Federal or state health care program;

iii. has never been convicted of a felony or misdemeanor involving fraud, dishonesty, moral turpitude, controlled substances or any crime related to the provision of medical services;

iv. at all times will comply with all applicable laws and regulations in the performance of the Services;

v. is not restricted under any third party agreement from performing the obligations under this Agreement;

vi. has not materially misrepresented or omitted any facts necessary for Hospital to analyze service level requirements (i.e., FTEs) and compensation paid hereunder;
vii. will comply with the standards of performance, attached hereto as Exhibit B and incorporated by reference.

b. Provider, on behalf of each of Provider’s Member Physicians, represents and warrants that he or she:

i. is Board Certified in Cardiology;

ii. possesses an active license to practice medicine from the State of Nevada which is in good standing;

iii. has an active and unrestricted license to prescribe controlled substances with the Drug Enforcement Agency and a Nevada Board of Pharmacy registration;

iv. is not and/or has never been subject to any agreement or understanding, written or oral, that he or she will not engage in the practice of medicine, either temporarily or permanently;

v. has never been excluded or suspended from participation in, or sanctioned by, a Federal or state health care program;

vi. has never been convicted of a felony or misdemeanor involving fraud, dishonesty, moral turpitude, controlled substances or any crime related to the provision of medical services;

vii. has never been denied membership or reappointment to the medical staff of any hospital or healthcare facility;

viii. at all times will comply with all applicable laws and regulations in the performance of the Services;

ix. is not restricted under any third party agreement from performing the obligations under this Agreement; and

x. will comply with the standards of performance, attached hereto as Exhibit B and incorporated by reference.

2.7 Notification Requirements. The representations contained in this Agreement are ongoing throughout the Term. Provider agrees to notify Hospital in writing within three (3) calendar days of any event that occurs that constitutes a breach of the representations and warranties contained in Section 2.6 or elsewhere in this Agreement. Hospital shall, in its discretion, have the right to terminate this Agreement if Provider fails to notify the Hospital of such a breach and/or fails to remove any Member Physician that fails to meet any of the requirements in this Agreement after a period of three (3) calendar days.

2.8 Independent Contractor. In the performance of the work duties and obligations performed by Provider under this Agreement, it is mutually understood and agreed that Provider is at all times acting and performing as an independent contractor practicing the profession of medicine. Hospital shall neither have, nor exercise any, control or direction over the methods by which Provider shall perform its work and functions.

2.9 Industrial Insurance.

a. As an independent contractor, Provider shall be fully responsible for premiums related to accident and compensation benefits for its shareholders and/or direct employees as required by the industrial insurance laws of the State of Nevada.
b. Provider agrees, as a condition precedent to the performance of any work under this Agreement and as a precondition to any obligation of Hospital to make any payment under this Agreement, to provide Hospital with a certificate issued by the appropriate entity in accordance with the industrial insurance laws of the State of Nevada. Provider agrees to maintain coverage for industrial insurance pursuant to the terms of this Agreement. If Provider does not maintain such coverage, Provider agrees that Hospital may withhold payment, order Provider to stop work, suspend the Agreement or terminate the Agreement.

2.10 Professional Liability Insurance. Provider shall carry professional liability insurance on its Member Physicians and employees at its own expense in accordance with the minimums established by the Bylaws, Rules and Regulations of the Medical and Dental Staff. Said insurance shall annually be certified to Hospital’s Administration and Medical Staff, as necessary.

2.11 Provider Personal Expenses. Provider shall be responsible for all its personal expenses, including, but not limited to, membership fees, dues and expenses of attending conventions and meetings, except those specifically requested and designated by Hospital.

2.12 Maintenance of Records.

a. All medical records, histories, charts and other information regarding patients treated or matters handled by Provider hereunder, or any data or data bases derived therefrom, shall be the property of Hospital regardless of the manner, media or system in which such information is retained. Provider shall have access to and may copy relevant records upon reasonable notice to Hospital.

b. Provider shall complete all patient charts in a timely manner in accordance with the standards and recommendations of The Joint Commission and Regulations of the Medical and Dental Staff, as may then be in effect.

2.13 Health Insurance Portability and Accountability Act of 1996.

a. For purposes of this Agreement, “Protected Health Information” shall mean any information, whether oral or recorded in any form or medium, that: (i) was created or received by either party; (ii) relates to the past, present, or future physical condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and (iii) identifies such individual.

b. Provider shall use its reasonable efforts to preserve the confidentiality of Protected Health Information it receives from Hospital, and shall be permitted only to use and disclose such information to the extent that Hospital is permitted to use and disclose such information pursuant to the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-1329d-8; 42 U.S.C. 1320d-2) (“HIPAA”), regulations promulgated thereunder (“HIPAA Regulations”) and applicable state law. Hospital and Provider shall be an Organized Health Care Arrangement (“OHCA”), as such term is defined in the HIPAA Regulations.
c. Hospital shall, from time to time, obtain applicable privacy notice acknowledgments and/or authorizations from patients and other applicable persons, to the extent required by law, to permit the Hospital, Provider and their respective employees and other representatives, to have access to and use of Protected Health Information for purposes of the OHCA. Hospital and Provider shall share a common patient’s Protected Health Information to enable the other party to provide treatment, seek payment, and engage in quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, and accreditation, certification, licensing or credentialing activities, to the extent permitted by law or by the HIPAA Regulations.

2.14 **UMC Policy #I-66.** Provider shall ensure that its staff and equipment utilized at Hospital, if any, are at all times in compliance with University Medical Center Policy #I-66, set forth in **Attachment 1,** incorporated and made a part hereof by this reference.

### III. HOSPITAL’S OBLIGATIONS

3.1 **Space, Equipment and Supplies.**

a. Hospital shall provide space within Hospital for the Department (excluding Provider’s private office space); however, Provider shall not have exclusivity over any space or equipment provided therein and shall not use the space or equipment for any purpose not related to the proper functioning of the Department.

b. Hospital shall make available during the term of the Agreement such equipment as is determined by Hospital to be required for the proper operation and conduct of the Department. Hospital shall also keep and maintain said equipment in good order and repair.

c. Hospital shall purchase all necessary supplies for the proper operation of the Department and shall keep accurate records of the cost thereof.

3.2 **Hospital Services.** Hospital shall provide the services of other hospital departments including, but not limited to, Accounting, Administration, Engineering, Human Resources, Material Management, Medical Records and Nursing.

3.3 **Personnel.** Other than Member Physicians and Allied Health Providers, all personnel required for the proper operation of the Department shall be employed by Hospital. The selection and retention of such personnel shall be in cooperation with Provider, but Hospital shall have final authority with respect to such selection and retention. Salaries and personnel policies for persons within personnel classifications used in Department shall be uniform with other Hospital personnel in the same classification insofar as may be consistent with the recognized skills and/or hazards associated with that position, providing that recognition and compensation be provided for personnel with special qualifications in accordance with the personnel policies of Hospital.

3.4 **Exclusivity of Services.** This Agreement does not preclude an attending physician on Hospital’s Staff from requesting a specific physician, not a party to this Agreement, to provide a specific procedure or consultation in the Department, subject to Provider’s right
to schedule all department procedures and services and provided that such independent physician is a member of Hospital’s Medical Staff.

IV. BILLING

4.1 Direct Billing. Except as otherwise specifically provided herein, Provider shall directly bill patients and/or third party payers for all professional components. Hospital shall provide within thirty (30) days of the date of service usual social security and insurance information to facilitate direct billing. Unless specifically agreed to in writing or elsewhere in this Agreement, Hospital is not otherwise responsible for the billing or collection of professional component fees. Provider agrees to maintain a mandatory assignment contract with Medicaid and Medicare.

4.2 Fees. Fees will not exceed that which are usual, reasonable and customary for the community. Provider shall furnish a list of these fees upon request of Hospital.

4.3 Third Party Payors. If Hospital desires to enter into preferred provider, capitated or other managed care contracts, to the extent permitted by law, Provider agrees to cooperate with Hospital and to attempt to negotiate reasonable rates with such managed care payors.

4.4 Compliance. Provider agrees to comply with all applicable federal and state statutes and regulations (as well as applicable standards and requirements of non-governmental third-party payors) in connection with Provider’s submission of claims and retention of funds for Provider’s services (i.e., professional components) provided to patients at Hospital’s facilities (collectively “Billing Requirements”). In furtherance of the foregoing and without limiting in any way the generality thereof, Provider agrees:

a. To use its best efforts to ensure that all claims by Provider for Provider’s services provided to patients at Hospital’s facilities are complete and accurate;

b. To cooperate and communicate with Hospital in the claim preparation and submission process to avoid inadvertent duplication by ensuring that Provider does not bill for any items or services that has been or will be appropriately billed by Hospital as an item or service provided by Hospital at Hospital’s facilities; and

c. To keep current on applicable Billing Requirements as the same may change from time to time.

V. COMPENSATION

5.1 Compensation for Professional Services. During the Term, and subject to Section 7.5 below, Hospital will compensate Provider for the Services, monthly payments in the amount of Two Hundred One Thousand Eight Hundred Thirty-three and 33/100 Dollars ($201,833.33), for an annual amount of Two Million Four Hundred Twenty-two Thousand Dollars ($2,422,000.00). Payment shall be made on the third (3rd) Friday of each month, or if the third (3rd) Friday falls on a holiday, the following Monday, for the previous month’s Services.

5.2 Compensation for Medical Directorship Services. As compensation for the Medical Directorship Services as described in Section 2.3, the Provider shall be entitled to an hourly compensation of Three Hundred Twenty-Five Dollars ($325.00) per hour for up to
twenty (20) hours per month, as documented and verified pursuant to accurate and complete time records submitted by the Medical Director.

5.3 **Time Studies/Payment.** Physician shall record in hourly increments time spent on the various responsibilities for the Medical Directorship Services on a weekly basis, and on the form prescribed on Attachment 3, attached hereto. Physician shall submit such time studies to the Hospital’s Fiscal Services Department by the 12th of each month for the preceding month. Failure to submit the required time study by the 12th of each month will delay that month’s payment until the time study is received. Physician will be paid on the third (3rd) Friday of each month, or if the third (3rd) Friday falls on a holiday, the following business day for the previous month’s Medical Directorship Services.

5.4 **Fair Market Value.** The compensation paid under this Agreement has been determined by the parties to be fair market value and commercially reasonable for the Services, and the Medical Directorship Services, provided hereunder.

VI. **TERM/MODIFICATIONS/TERMINATION**

6.1 **Term of Agreement.** This Agreement shall become effective on March 1, 2016 and shall remain in effect through February 28, 2021 (the “Term”), unless terminated earlier in accordance with this Agreement.

6.2. **Modifications.** Within three (3) calendar days, Provider shall notify Hospital in writing of:

a. Any change of address of Provider;

b. Any change in membership or ownership of Provider's group or professional corporation.

c. Any action against the license of any of Provider’s Member Physicians;

d. Any action commenced against Provider which could materially affect this Agreement; or

e. Any other occurrence known to Provider that could materially impair the ability of Provider to carry out its duties and obligations under this Agreement.

6.3 **Termination For Cause.**

a. This Agreement shall immediately terminate upon the exclusion of Provider from participation in any federal health care program;

b. This Agreement may be terminated by Hospital at any time with thirty (30) days written notice, upon the occurrence of any one of the following events which has not been remedied within thirty (30) days (or such earlier time period required under this Agreement) after written notice of said breach:

1. Professional misconduct by any of Provider’s Member Physicians as determined by the Bylaws, Rules and Regulations of the Medical and Dental Staff and the appeal processes thereunder; or
2. Conduct by any of Provider’s Member Physicians which demonstrates an inability to work with others in the institution and such behavior presents a real and substantial danger to the quality of patient care provided at the facility as determined by Hospital or Medical Staff; or

3. Disputes among the Member Physicians, partners, owners, principals, or of Provider’s group or professional corporation that, in the reasonable discretion of Hospital, are determined to disrupt the provision of good patient care; or

4. Absence of any Member Physician required for the provision of Services hereunder, by reason of illness or other cause, for a period of ninety (90) days, unless adequate coverage is furnished by Provider. Such adequacy will be determined by Hospital; or

5. Breach of any material term or condition of this Agreement; provided the same is not subject to earlier termination elsewhere under this Agreement.

c. This Agreement may be terminated by Provider at any time with thirty (30) days written notice, upon the occurrence of any one of the following events which has not been remedied within said thirty (30) days written notice of said breach:

1. The exclusion of Hospital from participation in a federal health care program; or

2. The loss or suspension of Hospital’s licensure or any other certification or permit necessary for Hospital to provide services to patients; or

3. The failure of Hospital to maintain full accreditation by The Joint Commission; or

4. Failure of Hospital to compensate Provider in a timely manner as set forth in Section V, above; or

5. Breach of any material term or condition of this Agreement.

6.4 Fair Market Value Review. On or before the second anniversary date of this Agreement, Hospital will engage the services of a third party valuation expert to reassess the commercial reasonableness and fair market value compensation paid under the terms of this Agreement. Provider will cooperate with Hospital to timely provide any necessary information and documentation in order to accomplish this valuation, including but not limited to all information supplied by Provider to Hospital for such purpose prior to the commencement of the Term (i.e., professional fee billings, physician compensation and work RVU requirements). The parties will cooperate in good faith to ensure accuracy and transparency in the process, utilizing best efforts to employ the same or similar fair market valuation terms and methodology, with the intention that the valuation is finalized no later than thirty (30) months from the commencement of this Agreement. In the event it is determined that this Agreement’s compensation terms have fallen outside of the fair market value range, the parties agree to amend the compensation paid hereunder to meet the then-applicable fair market valuation. If the parties fail to amend within the required
time frame, this Agreement will terminate immediately.

6.5  **Termination Without Cause.** After the third anniversary date of this Agreement, either party may terminate this Agreement, without cause, upon three hundred sixty-five (365) days written notice to the other party. If Hospital terminates this Agreement, Provider waives any cause of action or claim for damages arising out of or related to the termination.

**VII. MISCELLANEOUS**

7.1  **Access to Records.** Upon written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, Provider shall, for a period of four (4) years after the furnishing of any service pursuant to this Agreement, make available to them those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing its services. If Provider carries out any of the duties of this Agreement through a subcontract with a value or cost equal to or greater than $10,000 or for a period equal to or greater than twelve (12) months, such subcontract shall include this same requirement. This section is included pursuant to and is governed by the requirements of the Social Security Act, 42 U.S.C. ' 1395x (v) (1) (I), and the regulations promulgated thereunder.

7.2  **Amendments.** No modifications or amendments to this Agreement shall be valid or enforceable unless mutually agreed to in writing by the parties.

7.3  **Assignment/Binding on Successors.** No assignment of rights, duties or obligations of this Agreement shall be made by either party without the express written approval of a duly authorized representative of the other party. Subject to the restrictions against transfer or assignment as herein contained, the provisions of this Agreement shall inure to the benefit of and shall be binding upon the assigns or successors-in-interest of each of the parties hereto and all persons claiming by, through or under them.

7.4  **Authority to Execute.** The individuals signing this Agreement on behalf of the parties have been duly authorized and empowered to execute this Agreement and by their signatures shall bind the parties to perform all the obligations set forth in this Agreement.

7.5  **Budget Act and Fiscal Fund Out.** In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under this Agreement between the parties shall not exceed those monies appropriated and approved by Hospital for the then current fiscal year under the Local Government Budget Act. This Agreement shall terminate and Hospital's obligations under it shall be extinguished at the end of any of Hospital's fiscal years in which Hospital’s governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under this Agreement. Hospital agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to this Agreement. In the event this section is invoked, this Agreement will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve Hospital of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

7.6  **Captions/Gender/Number.** The articles, captions, and headings herein are for convenience and reference only and should not be used in interpreting any provision of this Agreement.
Whenever the context herein requires, the gender of all words shall include the masculine, feminine and neuter and the number of all words shall include the singular and plural.

7.7 **Confidential Records.** All medical records, histories, charts and other information regarding patients, all Hospital statistical, financial, confidential, and/or personnel records and any data or data bases derived therefrom shall be the property of Hospital regardless of the manner, media or system in which such information is retained. All such information received, stored or viewed by Provider shall be kept in the strictest confidence by Provider and its employees and contractors.

7.8 **Corporate Compliance.** Provider recognizes that it is essential to the core values of Hospital that its contractors conduct themselves in compliance with all ethical and legal requirements. Therefore, in performing its services under this contract, Provider agrees at all times to comply with all applicable federal, state and local laws and regulations in effect during the term hereof and further agrees to use its good faith efforts to comply with the relevant compliance policies of Hospital, including its corporate compliance program and Code of Ethics, the relevant portions of which are available to Provider upon request.

7.9 ** Entire Agreement.** This document constitutes the entire agreement between the parties, whether written or oral, and as of the effective date hereof, supersedes all other agreements between the parties which provide for the same services as contained in this Agreement. Excepting modifications or amendments as allowed by the terms of this Agreement, no other agreement, statement, or promise not contained in this Agreement shall be valid or binding.

7.10 **False Claims Act.**

a. The state and federal False Claims Act statutes prohibit knowingly or recklessly submitting false claims to the Government, or causing others to submit false claims. Under the False Claims Act, a provider may face civil prosecution for knowingly presenting reimbursement claims: (1) for services or items that the provider knows were not actually provided as claimed; (2) that are based on the use of an improper billing code which the provider knows will result in greater reimbursement than the proper code; (3) that the provider knows are false; (4) for services represented as being performed by a licensed professional when the services were actually performed by a non-licensed person; (5) for items or services furnished by individuals who have been excluded from participation in federally-funded programs; or (6) for procedures which the provider knows were not medically necessary. Violation of the civil False Claims Act may result in fines of up to $11,000 for each false claim, treble damages, and possible exclusion from federally-funded health programs. Accordingly, all employees, volunteers, medical staff members, vendors, and agency personnel are prohibited from knowingly submitting to any federally or state funded program a claim for payment or approval that includes fraudulent information, is based on fraudulent documentation or otherwise violates the provisions described in this paragraph.

b. Hospital is committed to complying with all applicable laws, including but not limited to Federal and State False Claims statutes. As part of this commitment, Hospital has established and will maintain a Corporate Compliance Program, has a Corporate Compliance Officer, and operates an anonymous 24-hour, seven-day-a-week compliance Hotline. A Notice Regarding False Claims and Statements is
attached to this Agreement as **Attachment 2**. Provider is expected to immediately report to Hospital’s Corporate Compliance Officer directly at (702) 383-6211, through the Hotline (888) 691-0772, or the website at [http://umcsn.alertline.com](http://umcsn.alertline.com), or in writing, any actions by a medical staff member, Hospital vendor, or Hospital employee which Provider believes, in good faith, violates an ethical, professional or legal standard. Hospital shall treat such information confidentially to the extent allowed by applicable law, and will only share such information on a bona fide need to know basis. Hospital is prohibited by law from retaliating in any way against any individual who, in good faith, reports a perceived problem.

7.11 **Federal, State, Local Laws.** Provider will comply with all federal, state and local laws and/or regulations relative to its activities in Clark County, Nevada.

7.12 **Financial Obligation.** Provider shall incur no financial obligation on behalf of Hospital without prior written approval of Hospital or the Board of Hospital Trustees or its designee.

7.13 **Force Majeure.** Neither party shall be liable for any delays or failures in performance due to circumstances beyond its control.

7.14 **Governing Law.** This Agreement shall be construed and enforced in accordance with the laws of the State of Nevada.

7.15 **Indemnification.** Provider shall indemnify and hold harmless, Hospital, its officers and employees from any and all claims, demands, actions or causes of action, of any kind or nature, arising out of the negligent or intentional acts or omissions of Provider, its employees, representatives, successors or assigns. Provider shall resist and defend at its own expense any actions or proceedings brought by reason of such claim, action or cause of action.

7.16 **Interpretation.** Each party hereto acknowledges that there was ample opportunity to review and comment on this Agreement. This Agreement shall be read and interpreted according to its plain meaning and any ambiguity shall not be construed against either party. It is expressly agreed by the parties that the judicial rule of construction that a document should be more strictly construed against the draftsperson thereof shall not apply to any provision of this Agreement.

7.17 **Non-Discrimination.** Provider shall not discriminate against any person on the basis of age, color, disability, sex, handicapping condition (including AIDS or AIDS related conditions), disability, national origin, race, religion, sexual orientation, gender identity or expression, or any other class protected by law or regulation.

7.18 **Notices.** All notices required under this Agreement shall be in writing and shall either be served personally or sent by certified mail, return receipt requested. All mailed notices shall be deemed received three (3) days after mailing. Notices shall be mailed to the following addresses or such other address as either party may specify in writing to the other party:

    To Hospital:   Chief Executive Officer
    University Medical Center of Southern Nevada
7.19 **Publicity.** Neither Hospital nor Provider shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted which identify the other party or its facilities with respect to this Agreement without the prior written consent of the other party.

7.20 **Performance.** Time is of the essence in this Agreement.

7.21 **Severability.** In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

7.22 **Third Party Interest/Liability.** This Agreement is entered into for the exclusive benefit of the undersigned parties and is not intended to create any rights, powers or interests in any third party. Hospital and/or Provider, including any of their respective officers, directors, employees or agents, shall not be liable to third parties by any act or omission of the other party.

7.23 **Waiver.** A party’s failure to insist upon strict performance of any covenant or condition of this Agreement, or to exercise any option or right herein contained, shall not act as a waiver or relinquishment of said covenant, condition or right nor as a waiver or relinquishment of any future right to enforce such covenant, condition or right.

7.24 **Other Agreements.** Provider and Hospital are parties under certain other agreements set forth below, if any: None

[SIGNATURE PAGE TO FOLLOW]
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

Provider: 

Hospital: 

University Medical Center of Southern Nevada

By: ____________________________  By: ____________________________

William H. Resh, M.D.         Mason VanHouweling
Managing Partner              Chief Executive Officer
Provider, by and through its Member Physicians, shall provide all Services, as specifically set forth in Section 2.1 of the Agreement and in this Exhibit A, and which are further described below, in accordance with the following requirements:

Services/Coverage Requirements:

1. Unless concurrent critical care needs exist, provide on-site response calls as stipulated in Hospital Policy #MS1-111, On Call Physician Policy and the Medical Staff Bylaws.
2. Carry pagers, cell phones, or other hospital required communication devices while on-site and respond to emergent, routine and any on-call requests as required in Hospital Policy #MS1-111, On Call Physician Policy and the Medical Staff Bylaws.
3. Provide adequate physician coverage required to meet this Agreement, which has been determined to be a minimum of 4.25 full time equivalent (FTE) MD/DOs.
4. Staffing of Hospital’s Heart Failure clinic.
5. Performance of inpatient/outpatient procedures, including but not limited to, catheterizations, cardiac stress tests, percutaneous transluminal coronary angioplasty, right heart catheterizations, transesophageal echocardiogram, electrophysiology studies, pacemaker placement/removal, implantable cardioverter defibrillator placement/removal.
7. Professional echocardiogram and EKG readings.
8. 24/7/365 coverage of Hospital’s STEMI patients in accordance with Hospital Policy #MS1-111, On Call Physician Policy and with AHA/ACC guidelines for management of STEMI and ACS.
9. 24/7/365 coverage of Hospital’s patients needing general cardiology and electrophysiology services.
10. Cardiac workup of Hospital’s renal pre-transplant patients.
11. Meets the goals as set forth in AHA/ACC guidelines for the management of CHF.
12. Support of Hospital’s cardiac research projects.

Performance Measures:

1. Improve core measures as mutually agreed upon.
2. Attend at least 80% of agreed upon committee meetings.
3. 95% ECGs read within 24 hours, ECHOs read within 24 – 48 hours, and stress tests read within 24 hours.
4. Any deviation from these measures will be addressed for a corrective action plan at an agreed upon Cardiology Committee meeting. Action items/corrections must be completed in mutually agreed upon and reasonable timeframes.

Patient Safety and Quality:

1. Assist with development and follow full implementation of clinical pathways.
   a. Over 95% of transfers to specialty services will follow guidelines requiring higher level of care, as indicated on retrospective audit.
2. All policies and procedures will be followed, including verbal orders charted in Hospital’s electronic medical record system.

**Service Location:** All Services are to be performed at Hospital’s main campus location at:

1800 W. Charleston Blvd  
Las Vegas, NV 89102

**Member Physicians and Allied Health Providers (if any):** See Exhibit A-1
EXHIBIT A-1

Provider’s Member Physicians

Ahsan, Chowdhury, M.D.
Aquino, Jose T., M.D.
Berkley, Robert N., M.D.
Bowers, John A., Jr., M.D.
Chanderraj, Raj, M.D.
Gururaj, Arjun, M.D.
Kalla, Sunil, M.D.
Khan, Shahabuddin, M.D.
Lee, John J., M.D.
Malhotra, Sanjay, M.D.
Marchand, Arturo E., M.D.
Miranda, Cres P., M.D.
Resh, William H., M.D.
Rhodes, Charles A., M.D.
Savran, Stephen V., M.D.
Sharma, Deepak, M.D.
Shehane, Richard R., M.D.
Tselikis, Nicholas, M.D.
Umakanthan, Branavan, D.O.
Valencia, Rafael, M.D.
Wesley, Robert C., Jr, M.D.
EXHIBIT B
STANDARDS OF PERFORMANCE

The Provider shall ensure that all Member Physicians comply with the standards of performance, attached hereto as Exhibit B and incorporate by reference.

a. Provider promises to adhere to Hospital's established standards and policies for providing exceptional patient care. In addition, Provider shall ensure that its Member Physicians shall also operate and conduct themselves in accordance with the standards and recommendations of The Joint Commission, all applicable national patient safety goals, and the Bylaws, Rules and Regulations of the Medical and Dental Staff, as may then be in effect.

b. Hospital expressly agrees that the professional services of Provider may be performed by such physicians as Provider may associate with, so long as Provider has obtained the prior written approval of Hospital. So long as Provider is performing the services required hereby, its employed or contracted physicians shall be free to perform private practice at other offices and hospitals. If any of Provider's Member Physicians are employed by Provider under the J-1 Visa waiver program, Provider will so advise Hospital, and Provider shall be in strict compliance, at all times during the performance of this Agreement, with all federal laws and regulations governing said program and any applicable state guidelines.

c. Provider shall maintain professional demeanor and not violate Medical Staff Physician's Code of Conduct.

d. Provider shall be in compliance with all surgical standards, pre-operative, intra-operative, and post-operative as defined by The Joint Commission.

e. Provider shall be in one-hundred percent (100%) compliance with active participation with time-out (universal protocol).

f. Provider shall assist Hospital with improvement of patient satisfaction and performance ratings.

g. Provider shall perform appropriate clinical documentation.

h. Member Physicians shall provide medical services to all Hospital patients without regard to the patient's insurance status or ability to pay in a way that complies with all state and federal law, including but not limited to the Emergency Medical Treatment and Active Labor Act ("EMTALA").

i. Provider and all Member Physicians shall comply with the rules, regulations, policies and directives of Hospital, provided that the same (including, without limitation any and all changes, modifications or amendments thereto) are made available to Provider by Hospital. Specifically, Provider and all Member Physicians shall comply with all policies and directives related to Just Culture, Ethical Standards, Corporate Compliance/Confidentiality, Dress Code, and any and all applicable policies and/or procedures.

j. Provider and all Member Physicians shall comply with Hospital’s Affirmative Action/Equal Employment Opportunity Agreement.
k. The parties recognize that as a result of Hospital's patient mix, Hospital has been required to contract with various groups of physicians to provide on call coverage for numerous medical specialties. In order to ensure patient coverage and continuity of patient care, in the event Provider requires the services of a medical specialist, Provider shall use its best efforts to contact Hospital's contracted provider of such medical specialist services. However, nothing in this Agreement shall be construed to require the referral by Provider or any Member Physicians, and in no event is a Member Physician required to make a referral under any of the following circumstances: (a) the referral relates to services that are not provided by Member Physicians within the scope of this Agreement; (b) the patient expresses a preference for a different provider, practitioner, or supplier; (c) the patient's insurer or other third party payor determines the provider, practitioner, or supplier of the applicable service; or (d) the referral is not in the patient's best medical interests in the Member Physician's judgment. The parties agree that this provision concerning referrals by Member Physicians complies with the rule for conditioning compensation on referrals to a particular provider under 42 C.F.R. 411.354(d)(4) of the federal physician self-referral law, 42 U.S.C. § 1395nn (the "Stark Law").

l. The disposition of patients for whom medical services have been provided, following such treatment, shall be in the sole discretion of the Member Physician(s) performing such treatment. Such Member Physician(s) may refer such patients for further treatment as is deemed necessary and in the best interests of such patients. Member physicians shall facilitate discharges in an appropriate and timely manner. Member Physicians will provide the patient's Primary Care Physician with a discharge summary and such other information necessary to facilitate appropriate post-discharge care. However, nothing in this Agreement shall be construed to require a referral by Provider or any Member Physician.

m. Provider agrees to participate in the Physician Quality Reporting Initiative ("PQRI") established by the Centers for Medicare and Medicaid Services ("CMS") to the extent quality measures contained therein are applicable to the medical services provided by Provider pursuant to this Agreement.

n. Provider shall meet quarterly with Hospital Administration to discuss and verify inpatient admission data collections.

o. Provider shall work in the development and maintenance of key clinical protocols to standardize patient care.

p. Provider shall maintain at a minimum ninety-five percent (95%) compliance with all applicable core value based measures. Any deviation from these measures will be addressed for a corrective action plan at an agreed upon Cardiology Committee meeting. Action items/corrections must be completed in mutually agreed upon and reasonable timeframes.

q. Provider shall maintain a minimum of the fiftieth (50th) percentile for all scores of the HCAHPS surveys applicable to Provider. Any deviation from these measures will be addressed for a corrective action plan at an agreed upon Cardiology Committee meeting. Action items/corrections must be completed in mutually agreed upon and reasonable timeframes.
r. Provider shall ensure that all medical record charts will be completed and signed as follows: 1) orders related to patient status and admission must be completed and signed in accordance with the timeframes set forth in the UMC Medical and Dental Staff Bylaws, 2) all other records must be completed and signed within thirty (30) days of treatment, for patients to whom services were provided. The 30 days is inclusive of all signatures including any residents and the attending physician.

s. Provider shall maintain a score within ten percent (10%) of University Health System Consortium (UHC) compare (currently 6.24%) for its thirty (30) day readmission score for related admissions. Any deviation from these measures will be addressed for a corrective action plan at an agreed upon Cardiology Committee meeting. Action items/corrections must be completed in mutually agreed upon and reasonable timeframes.

t. Upon request from the Hospital, the Provider shall provide a quarterly report to include data supporting the continued requirement for FTE support as measured by industry standards for, at a minimum, the following: (i) inpatient admissions, (ii) observation admissions, (iii) encounters, (iv) encounters per day, (v) average staffed hours per day, (vi) frequently used procedure codes, (vii) work RVUs per encounter, (viii) payor mix, (ix) average length of stay- unadjusted for inpatient and observation. Additional statistics may be reasonably requested by Hospital Administration with notice. Hospital staff/analysts can support requested data collection in collaboration with the Provider.

u. Provider shall be in 100% compliance with Drug Wastage Policy. Provider shall be in 100% compliance with patient specific Pyxis guidelines (charge capture), as applicable, to include retrieval of medication/anesthesia agents.

v. Provider shall collaborate with Hospital leadership to minimize and address staff and patient complaints. Provider shall participate with Hospital's Administration in staff evaluations and joint operating committees.

w. Provider shall participate in clinical staff meetings and conferences and represent the Services on Hospital’s Committees, initiatives, and at Hospital Department meetings as the appropriate.
**Attachment 1**

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**
**ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

<table>
<thead>
<tr>
<th>SUBJECT: Contracted Non Employees / Allied Health Non Credentialed / Dependent Allied Health / Temporary Staff / Third Party Equipment</th>
<th>ADMINISTRATIVE APPROVAL:</th>
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<td>POLICY #: I-66</td>
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<td>AFFECTS: Organization wide</td>
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**PURPOSE:**
To assure that contractual agreements for the provision of services are consistent with the level of care defined by Hospital policy; and, to ensure the priority utilization of contracted services, staffing and equipment.

**POLICY:**
1. All entities providing UMC with personnel for temporary staffing and Allied Health Providers must have a written contract that contains the terms and conditions required by this policy. Dependent Allied providers working with credentialed physicians without a contract must also abide by the policy.
2. All Credentialed Physicians, Physician Assistants, Nurse Practitioners and other credentialed Allied Health personnel will abide by the policies and procedures as set by the Medical Staff Bylaws.
3. All equipment provided and used by outside entities must meet the safety requirements required by this policy.
4. Contract(s) will be developed collaboratively by the department(s) directly impacted, the service agency and the hospital Contracts Management Department.
5. Contract(s) directly related to patient care must be reviewed and evaluated by the Medical Executive Committee to ensure clinical competency.
6. Contract(s) must be approved by the Chief Executive Officer or applicable board prior to the commencement of services.

**TEMPORARY STAFFING:**

**Contractual Requirements**
Contractor must meet and adhere to all qualifications and standards established by Hospital policies and procedures; The Joint Commission; and, all applicable regulatory and/or credentialing entities specific to services included in contract.

In the event a contractor contracts with an individual who is certified under the aegis of the Medical and Dental Staff Bylaws or Allied Health, the contract must provide contracted individuals applicable education, training, and licensure be appropriate for the assigned responsibilities. The contracted individual must fulfill orientation requirements consistent with other non-employee staff members.

Records concerning the contracted individual shall be maintained by Hospital’s Department of Human Resources (HR) and the clinical department directly impacted by the services provided. HR will provide Employee Health and Employee Education information with an on-going list of these individuals and the department in which they work.

**Laboratory Services**
All reference and contracted laboratory services must meet the applicable federal regulations for clinical laboratories and maintain evidence of the same.

**Healthcare Providers**

In the event a service agency employs or contracts with an individual who is subject to the Medical and Dental Staff Bylaws, or the Allied Health Providers Manual, the contract must provide individual’s applicable education, training, and licensure appropriate for his or her assigned responsibilities. The assigned individual must have an appropriate National Provider Identifier (NPI).

**Clinical Care Services**

Contractor may employ such Allied Health providers as it determines necessary to perform its obligations under the contract. For each such Allied Health provider, contractor shall be responsible for furnishing Hospital with evidence of the following:

1. Written job description that indicates:
   a. Required education and training consistent with applicable legal and regulatory requirements and Hospital policy.
   b. Required licensure, certification, or registration as applicable.
   c. Required knowledge and/or experience appropriate to perform the defined scope of practice, services, and responsibilities.

2. Completed pre-employment drug screen and background check consistent with UMC’s contracted background check protocol. Testing should include HHS Office of Inspector General (OIG), Excluded party list system (EPLS), sanction checks and criminal background. If a felony conviction exists, UMC’s HR department will review and approve or deny the Allied Health Practitioner’s access to UMC Campus. UMC will be given authorization to verify results online by contractor.

3. Physical examination or certification from a licensed physician stating good health.

4. Current (within the last 12 months) negative TB skin test or blood test, or for past positive individual’s a sign and symptom review and Chest X-ray if any documented positive signs and symptoms.

5. For individuals exposed to Blood and body fluids; Hepatitis B series, a titer showing immunity or a signed declination statement if vaccine refused. UMC will provide form for declination as needed.

6. A history of chicken pox, a titer showing immunity, or proof of 2 varivax vaccinations.

7. Measles, mumps and rubella titers showing immunity, or proof of 2 MMR vaccines

8. Current Influenza and Tdap vaccine. Influenza vaccine required between October 1st and March 31st. Any staff with a medical reason for refusing a vaccination must sign declination.

9. Ensure these records are maintained and kept current at the agency and be made available upon request. Contractor will provide authorization to University Medical Center to audit these files upon request. Measles/ Mumps/ Rubella Immunizations or adequate titers. Chicken Pox status must be established by either a history of chicken pox, a serology showing positive antibodies or proof of varivax and other required testing. Ensure these records are maintained and kept current at the agency and be made available upon request. Contractor will provide UMC authorization to audit these files upon request.

10. The contractor will complete a competency assessment of the individual (1) upon hire, (2) at the time initial service is provided, (3) when there is a change in either job performance or job requirements, and (4) on an annual basis.
   a. Competency assessments of allied health providers must clearly establish that the individual meets all qualifications and standards established by Hospital policies and procedures, The Joint Commission, and all other applicable regulatory and/or credentialing entities with specific application to the service provided.
   b. Competency assessments of allied health providers must clearly address the ages of the patients served by the individual and the degree of success the individual achieves in producing the results expected from clinical interventions.
c. Competency assessments must include an objective, measurable system, and be used periodically to evaluate job performance, current competencies, and skills.

d. Competency assessments must be performed annually, allow for Hospital input and be submitted to Hospital’s Department of HR.

e. The competency assessment will include a competency checklist for each allied health provider position, which at a minimum addresses the individual’s:
   i. Knowledge and ability required to perform the written job description;
   ii. Ability to effectively and safely use equipment;
   iii. Knowledge of infection control procedures;
   iv. Knowledge of patient age-specific needs;
   v. Knowledge of safety procedures; and
   vi. Knowledge of emergency procedures.

11. Contractor has conducted an orientation process to familiarize allied health providers with their jobs and with their work environment before beginning patient care or other activities at UMC inclusive of safety and infection control. The orientation process must also assess each individual’s ability to fulfill the specific job responsibilities set forth in the written job description.

12. Contractor periodically reviews the individual’s abilities to carry out job responsibilities, especially when introducing new procedures, techniques, technology, and/or equipment.

13. Contractor has developed and furnishes ongoing in-service and other education and training programs appropriate to patient age groups served by Hospital and defined within the scope of services.

14. Contractor submits to Hospital for annual review:
   a. The level of competence of the contractor’s allied health providers that meets UMC standards; and
   b. The patterns and trends relating to the contractor’s use of allied health providers.

15. Contractor ensures that each allied health provider has acquired an identification badge from Hospital’s Department of Human Resources before commencing services at Hospital’s facilities; and, ensures badge is returned to HR upon termination of service.

16. Contract requires the contractor, upon Hospital’s request, to discontinue the employment at Hospital’s facilities of an allied health provider whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships with Hospital staff, whose conduct may have a detrimental effect on patients, or who fails to adhere to Hospital’s existing policies and procedures. The supervising department will complete an exit review form and submit to HR for individual’s personnel file.

Non Clinical Short Term Temporary Personnel

Non clinical short term personnel on site for construction, remodeling or new project implementation purposes will abide by Hospital’s I-179 Vendor Roles and Responsibilities and/or Engineering Department processes. This process is applicable to anyone that is on property ninety (90) days or less.

EQUIPMENT:

In the event Hospital contracts for equipment services, documentation of a current, accurate and separate inventory equipment list must be provided to HR to be included in Hospital’s medical equipment management program.

1. All equipment brought into UMC is required to meet the following criteria:
   a. Electrical safety check which meets the requirements of Hospital’s Clinical Engineering Department.
   b. Established schedule for ongoing monitoring and evaluation of equipment submitted to Hospital’s Clinical Engineering Department.
c. Monitoring and evaluation will include:
   i. Preventive maintenance;
   ii. Identification and recordation of equipment management problems;
   iii. Identification and recordation of equipment failures; and
   iv. Identification and recordation of user errors and abuse.

d. Results of monitoring and evaluation shall be recorded as performed and submitted to Hospital’s Department of Clinical Engineering.

2. Documentation on each contractor providing medical equipment to assure users of equipment are able to demonstrate or describe:
   a. Capabilities, limitations, and special applications of the equipment;
   b. Operating and safety procedures for equipment use;
   c. Emergency procedures in the event of equipment failure; and
   d. Processes for reporting equipment management problems, failures and user errors.

3. Documentation on each contractor providing medical equipment to assure technicians maintaining and/or repairing the equipment can demonstrate or describe:
   a. Knowledge and skills necessary to perform maintenance responsibilities; and
   b. Processes for reporting equipment management problems, failures and user errors.

MONITORING:
The contractor will provide reports of performance improvement activities at defined intervals.
A contractor providing direct patient care will collaborate, as applicable, with Hospital’s Performance Improvement Department regarding Improvement Organization Performance (IOP) activities.

Process for Allied Health Provider working at UMC Hospital Campus

1. All Allied Health and Dependent Allied Health Provider personnel from outside contractors monitored by HR (non-credentialed/licensed) working at UMC will have the following documentation on file in Department of Human Resources:
   a. Copy of contract
   b. Copy of Contractor’s liability insurance (general and professional)
   c. Job description
   d. Resume
   e. Copy of current Driver’s License OR One 2x2 photo taken within 2 years
   f. Specialty certifications, Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), etc.
   g. Current license verification/primary source verifications
   h. Competency Statement/Skills Checklist (Contractor’s and UMC’s)
   i. Annual Performance Evaluation(s)
   j. UMC Department Specific Orientation
   k. Attestation form/letter from Contractor completed for medical clearances
   l. Completion of Non-Employee specific orientation

2. The following documents may be maintained at Contractor’s Office:
a. Medical Information to include: History and Physical (H&P), Physical examination or certification from a licensed physician that a person is in a state of good health, (Clinical Personnel) Annual Tuberculosis (TB)/health clearance test or Chest X-Ray, Immunizations, Hepatitis B Series or waiver, Measles/Mumps/Rubella Immunizations or adequate titers, Chicken Pox questionnaire, Drug tests results and other pertinent health clearance records as required. The results of these tests can be noted on a one (1) page medical attestation form provided by UMC.

b. Attestation form must be signed by the employee and contractor. The form can be utilized to update information as renewals or new tests. The form must be provided to Hospital each time a new employee is assigned to UMC. Once the above criteria are met, the individual will be scheduled to attend orientation, receive an identification badge, and IT security access.

c. Any and all peer references and other clearance verification paperwork must be maintained in the contractor’s office and be available upon request.

Non-Employee Orientation – Provided by the Employee Education Department

1. Non-Employee orientation must occur prior to any utilization of contracted personnel.

2. Orientation may be accomplished by attendance at non-employee orientation; or, by completion of the “Agency Orientation Manual” if scheduled by the Education Department.

3. Nurses must complete the RN orientation manual before working if Per Diem and within one week of hire if a traveler. RN orientation will be scheduled by the appropriate responsible UMC Manager.

4. Each contracted personnel will have a unit orientation upon presenting to a new area. This must be documented and sent to Employee Education. Components such as the PYXIS tutorial and competency, Patient Safety Net (PSN), Information Technology Services (IT), Glucose monitoring as appropriate and any other elements specific to the position or department.

Contractor Personnel Performance Guidelines

1. Arrive at assigned duty station at the start of shift. Tardiness will be documented on evaluation.

2. Complete UMC incident reports and/or medication error reports when appropriate using the PSN. The Contractual individual is to report to the Director of their employer all incidents and medication errors for which they are responsible. UMC will not assume this responsibility. UMC agrees to notify Agency when an employee(s) is known to have been exposed to any communicable diseases.

Agency Personnel Assignment Guidelines

1. Duties will be assigned by the Physicians, Department Manager, Charge Nurse/Supervisor that matches their skill level as defined on the competency checklist.

2. Administer care utilizing the standards of care established and accepted by UMC.

3. Be responsible to initiate update or give input to the plan of care on their assigned patients as defined in job description.

4. Will not obtain blood from the lab unless properly trained by the unit/department to do so. Training must be documented and sent to Employee Education department.

5. Administer narcotics as appropriate to position and scope of practice.
Attachment 2

Notice of False Claims and Statements

UMC’s Compliance Program demonstrates its commitment to ethical and legal business practices and ensures service of the highest level of integrity and concern. UMC’s Compliance Department provides UMC compliance oversight, education, reporting and resolution. It conducts routine, independent audits of UMC’s business practices and undertakes regular compliance efforts relating to, among other things, proper billing and coding, detection and correction of coding and billing errors, and investigation of and remedial action relating to potential noncompliance. It is our expectation that as a physician, business associate, contractor, vendor, or agent, your business practices are committed to the same ethical and legal standards.

The purpose of this Notice is to educate you regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste, and abuse in federally funded health care programs. As a Medical Staff Member, Vendor, Contractor and/or Agent, you and your employees must abide by UMC’s policies insofar as they are relevant and applicable to your interaction with UMC. Additionally, providers found in violation of any regulations regarding false claims or fraudulent acts are subject to exclusion, suspension, or termination of their provider status for participation in Medicaid.

Federal False Claims Act

The Federal False Claims Act (the “Act”) applies to persons or entities that knowingly and willfully submits, cause to be submitted, conspire to submit a false or fraudulent claim, or use a false record or statement in support of a claim for payment to a federally-funded program. The Act applies to all claims submitted by a healthcare provider to a federally funded healthcare program, such as Medicare.

Liability under the Act attaches to any person or organization who “knowingly”:

- Present a false/fraudulent claim for payment/approval;
- Makes or uses a false record or statement to get a false/fraudulent claim paid or approved by the government;
- Conspires to defraud the government by getting a false/fraudulent claim paid/allowed;
- Provides less property or equipment than claimed; or
- Makes or uses a false record to conceal/decrease an obligation to pay/provide money/property.

“Knowingly” means a person has: 1) actual knowledge the information is false; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information. No proof of intent to defraud is required.

A “claim” includes any request/demand (whether or not under a contract), for money/property if the US Government provides/reimburses any portion of the money/property being requested or demanded.

For knowing violations, civil penalties range from $5,500 to $11,000 in fines, per claim, plus three times the value of the claim and the costs of any civil action brought. If a provider unknowingly accepts payment in excess of the amount entitled to, the provider must repay the excess amount.

Criminal penalties are imprisonment for a maximum 5 years; a maximum fine of $25,000; or both.

Nevada State False Claims Act

Nevada has a state version of the False Claims Act that mirrors many of the federal provisions. A person is liable under state law, if they, with or without specific intent to defraud, “knowingly:”

- presents or causes to be presented a false claim for payment or approval;
- makes or uses, or causes to be made or used, a false record/statement to obtain payment/approval of a false claim;
- conspires to defraud by obtaining allowance or payment of a false claim;
• has possession, custody or control of public property or money and knowingly delivers or causes to be delivered to the State or a political subdivision less money or property than the amount for which he receives a receipt;
• is authorized to prepare or deliver a receipt for money/property to be used by the State/political subdivision and knowingly prepares or delivers a receipt that falsely represents the money/property;
• buys or receives as security for an obligation, public property from a person who is not authorized to sell or pledge the property; or
• makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state/political subdivision.

Under state law, a person may also be liable if they are a beneficiary of an inadvertent submission of a false claim to the state, subsequently discovers that the claim is false, and fails to disclose the false claim to the state within a reasonable time after discovery of the false claim.

Civil penalties range from $5,000 to $10,000 for each act, plus three times the amount of damages sustained by the State/political subdivision and the costs of a civil action brought to recover those damages.

Criminal penalties where the value of the false claim(s) is less than $250, are 6 months to 1 year imprisonment in the county jail; a maximum fine of $1,000 to $2,000; or both. If the value of the false claim(s) is greater that $250, the penalty is imprisonment in the state prison from 1 to 4 years and a maximum fine of $5,000.

Non-Retaliation/Whistleblower Protections

Both the federal and state false claims statutes protect employees from retaliation or discrimination in the terms and conditions of their employment based on lawful acts done in furtherance of an action under the Act. UMC policy strictly prohibits retaliation, in any form, against any person making a report, complaint, inquiry, or participating in an investigation in good faith.

An employer is prohibited from discharging, demoting, suspending, harassing, threatening, or otherwise discriminating against an employee for reporting on a false claim or statement or for providing testimony or evidence in a civil action pertaining to a false claim or statement. Any employer found in violation of these protections will be liable to the employee for all relief necessary to correct the wrong, including, if needed;
• reinstatement with the same seniority; or
• damages in lieu of reinstatement, if appropriate; and
• two times the lost compensation, plus interest; and
• any special damage sustained; and
• punitive damages, if appropriate.

Reporting Concerns Regarding Fraud, Abuse and False Claims

Anyone who suspects a violation of federal or state false claims provisions is required notify UMC via a hospital Administrator, department Director, department Manager, or Rani Gill, the Corporate Compliance Officer, directly at (702) 383-6211. Suspected violations may also be reported anonymously via the Hotline at (888) 691-0772 or http://umcsn.silentwhistle.com. The Hotline is available 24 hours a day, seven days a week. Compliance concerns may also be submitted via email to the Compliance Officer at Rani.Gill@umcsn.com.

Upon notification, the Compliance Officer will initiate a false claims investigation. A false claims investigation is an inquiry conducted for the purpose of determining whether a person is, or has been, engaged in any violation of a false claim law.

Retaliation for reporting, in good faith, actual or potential violations or problems, or for cooperating in an investigation is expressly prohibited by UMC policy.
MONTHLY PHYSICIAN TIME STUDY

Name: _____________________ Dates of Service: From ________ To ________

(Note: This form must be completed each week during the Term and returned monthly by the 12th of the following month to prevent delay in payment. Only report hours within the categories below which are related to Medical Directorship Services provided by Medical Director to Hospital and payments to be made to Provider by Hospital (exclude hours related to patient care or services related to a faculty position at the Hospital’s affiliated school of medicine, if any. PLEASE PRINT AS MANY SHEETS AS NEEDED.)

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Physician Signature: _____________________ Date: ______________

Submit/Mail Weekly Time Studies To:

UMC Fiscal Services
Attn: Director of Reimbursement
1800 W. Charleston Blvd., Suite 402
Las Vegas, NV 89102

B-3
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
GOVERNING BOARD
AGENDA ITEM

Issue: Approve Agreement with RABessler, M.D., P.C. d/b/a Sound Physicians of Nevada II for Hospitalist Medical Services

Petitioner: Mason VanHouweling, Chief Executive Officer

Recommendation:
That the Governing Board approve a new Agreement with RABessler, M.D., P.C. d/b/a Sound Physicians of Nevada II, for Hospitalist Medical Services; and take action as deemed appropriate. (For possible action)

FISCAL IMPACT:

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<td>$16,250,000.00 for the 5 year term</td>
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BACKGROUND:

This request is to approve a new agreement with RABessler, M.D., P.C. d/b/a Sound Physicians of Nevada II, to provide full-time hospitalist medical services at UMC. Services shall include, but are not limited to providing 24/7/365 coverage to Unassigned Patients, to include examination, assessment (including level of care for admissions), diagnosis, medical intervention, follow-up inpatient care and discharge in the best interest of patients, in a professional manner and in accordance with community standards.

The term of this Agreement is from March 1, 2016 through February 28, 2019 (the “Initial term”). At the end of the Initial Term, this Agreement shall automatically renew for two additional one-year periods (each a “Successive Term”) unless either party provides the other with written notice of its intent to not renew the Agreement no later than one hundred fifty (150) days prior to the termination of the then applicable Initial Term or Successive Term (together the Initial Term and any Successive Term(s) shall be referred to as the “Term”).

Either party may terminate this Agreement, without cause, upon Three Hundred Sixty-Five (365) days written notice to the other party.

Cleared for Agenda
February 24, 2016

Agenda Item # 20
In accordance with NRS 332.115-1 (b) the competitive bidding process is not required as the services to be performed are professional in nature.

The UMC Assistant Hospital Administrator has reviewed and recommends approval of this Agreement.

This Agreement has been approved as to form by UMC’s General Counsel.

The Provider is currently working with the Clark County Business License Office to update their Business License.

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer
This Agreement, made and entered into this ___ day of February 2016, by and between University Medical Center of Southern Nevada, a publicly owned and operated hospital created by virtue of Chapter 450 of the Nevada Revised Statutes (hereinafter referred to as “Hospital”) and RABESSLER, M.D., P.C., a professional corporation existing under and by virtue of the laws of the State of Nevada doing business as Sound Physicians of Nevada II, with its principal place of business at 1498 Pacific Avenue, Suite 400, Tacoma, WA 98402 (hereinafter referred to as the “Provider”);

WHEREAS, Hospital is the operator of an internal medicine department (the “Department”) located in Hospital which requires certain Services (as defined below); and

WHEREAS, Provider desires to contract for and provide for said Services in the specialty of hospitalist services in internal and family medicine, as more specifically described herein; and

NOW THEREFORE, in consideration of the covenants and mutual promises made herein, the parties agree as follows:

I. DEFINITIONS

For the purposes of this Agreement, the following definitions apply:

1.1 Allied Health Providers. Individuals other than a licensed physician, medical doctor (“M.D.”), doctor of osteopathy (“D.O.”), chiropractor, or dentist who exercise independent or dependent judgment within the areas of their scope of practice and who are qualified to render patient care services under the supervision of a qualified physician who has been accorded privileges to provide such care in Hospital. Allied Health Providers to be utilized by Provider for the provision of Services are listed on Exhibit A-1, which shall be subject to change from time to time.

1.2 Department. Unless the context requires otherwise, Department refers to Hospital’s Department of Internal Medicine.

1.3 Medical Staff. The Medical and Dental Staff of University Medical Center of Southern Nevada.

1.4 Member Physicians. Physician(s) mutually appointed by Provider and Hospital (as listed on Exhibit A-1 and which shall be subject to change from time to time) to provide Services pursuant to this Agreement.

1.5 Services. Clinical services performed for the diagnosis, prevention or treatment of disease or for assessment of a medical condition, including but not limited to the delivery to the Department and the Hospital certain Services to Unassigned Patients, 24 hours per day/seven days per week/365 days per year, as further described herein.

1.6 Unassigned Patients. Those adult patients (i.e., patients of the Hospital not admitted through the pediatric units) seen by Provider during inpatient or outpatient service sessions (as applicable) at Hospital who are not designated patients of other physicians credentialed by Hospital’s Medical Staff or are not assigned a physician under a managed
care plan. Unassigned patients include, but are not limited to, those adult patients who are uninsured. Where resident coverage has been assigned to another group or physician on a predetermined and agreed upon scheduled rotation, Hospital patients being covered by residents during such periods will not be considered Unassigned Patients for purposes of this Agreement. For purposes of this Agreement, Unassigned Patients shall not include persons who are patients of Provider or whom Provider chooses to provide services at Hospital.

II. PROVIDER'S OBLIGATIONS

2.1 Department Coverage for Services. Provider, by and through its Member Physicians, shall deliver to the Department the following Services:

a. Provide full-time 24/7/365 coverage to Unassigned Patients, to include examination, assessment (including level of care for admissions), diagnosis, medical intervention, follow-up inpatient care and discharge in the best interest of patients, in a professional manner and in accordance with community standards;

b. Accept any and all Unassigned Patients admitted from the emergency department, trauma service and patients from Hospital’s Quick Care and Primary Care facilities;

c. Provide exclusive medical management for all Unassigned Patients and coordinate care throughout the patient stay;

d. Respond to in-house adult medical emergencies while on site, such as cardiac or respiratory arrests;

e. Provide episodic consults and medical interventions to Unassigned Patients as reasonably requested by Hospital;

f. Provide house staff coverage and perform histories and physicals or other pre-operative medical evaluations in accordance with the Bylaws, related Manuals and the Rules and Regulations of the Medical Staff, as may then be in effect (collectively, the “Bylaws”), for all Unassigned Patients for whom this service is requested, provided there is sufficient Member Physician capacity;

g. Cooperate with Hospital to provide formal and informal staff training programs as deemed necessary for the professional staff training and continuing medical education of its Medical Staff;

h. On an annual basis, Provider shall use best efforts to create a collaborative plan with Hospital’s affiliated medical school(s) for the provision of services in support of the medical resident program. Such plan shall include the involvement of the Hospital and will include the residency program’s daily patient responsibility;

i. Work closely with primary care physicians, assigned outpatient physicians and hospital case management personnel, as applicable, to assess the most appropriate follow-up plan options and settings;

j. Work with Hospital to develop and administer Hospital’s care pathways and enhance such pathways based upon Member Physicians’ clinical experience;
k. Ensure clinical effectiveness by providing direction and supervision in accordance with the standards and recommendations of The Joint Commission and the Bylaws and any policies and procedures of applicable third party payors, as may then be in effect;

l. Coordinate and integrate clinically related activities both inter and intra departmentally within Hospital and its affiliated clinics;

m. Such other Services, as more specifically described on Exhibit A, attached hereto and incorporated herein by reference.

2.2 Medical Staff Appointment.

a. Member Physicians employed or contracted by Provider shall at all times hereunder, be members in good standing of Hospital’s medical staff with appropriate clinical credentials and appropriate Hospital privileging. Any of Provider’s Member Physicians who fail to maintain staff appointment of clinical privileges in good standing will not be permitted to render the Services and will be replaced promptly by Provider. Provider shall replace a Member Physician who is suspended, terminated or expelled from Hospital’s Medical Staff, loses his license to practice medicine, tenders his resignation, or violates the terms and conditions required of this Agreement, including but not limited to those representations set forth in Section 2.3 below. In the event Provider replaces or adds a Member Physician, such new Member Physician shall meet all of the conditions set forth herein, and shall agree in writing to be bound by the terms of this Agreement. In the event an appointment to the Medical Staff is granted solely for purposes of this Agreement, such appointment shall automatically terminate upon termination of this Agreement.

b. Provider shall be fully responsible for the performance and supervision of any of its Member Physicians, Allied Health Providers or others under its direction and control, in the performance of services under this Agreement.

c. Allied Health Providers employed or utilized by Provider must apply for privileges and remain in good standing in accordance with the University Medical Center of Southern Nevada Allied Health Providers Manual.

2.3 Representations of Provider and Member Physicians.

a. Provider represents and warrants that it:

   i. holds an active business license with Clark County and is currently in good standing with the Nevada Secretary of State and Department of Taxation;

   ii. has never been excluded or suspended from participation in, or sanctioned by, a Federal or state health care program;

   iii. has never been convicted of a felony or misdemeanor involving fraud, dishonesty, moral turpitude, controlled substances or any crime related to the provision of medical services;

   iv. at all times will comply with all applicable laws and regulations in the performance of the Services;
v. is not restricted under any third party agreement from performing the obligations under this Agreement; and

vi. will comply with the standards of performance, attached hereto as Exhibit B and incorporated by reference.

b. Provider, on behalf of each of Provider’s Member Physicians (and Allied Health Providers as applicable), represents and warrants to the best of Provider’s knowledge after reasonable inquiry that he or she:

i. is board certified or board eligible (pursuant to Medical Staff’s delineation of privileges) in internal medicine or family medicine;

ii. possesses an active license to practice medicine from the State of Nevada which is in good standing;

iii. has an active and unrestricted license to prescribe controlled substances with the Drug Enforcement Agency and a Nevada Board of Pharmacy registration;

iv. is not and/or has never been subject to any agreement or understanding, written or oral, that he or she will not engage in the practice of medicine, either temporarily or permanently;

v. has never been excluded or suspended from participation in, or sanctioned by, a Federal or state health care program;

vi. has never been convicted of a felony or misdemeanor involving fraud, dishonesty, moral turpitude, controlled substances or any crime related to the provision of medical services;

vii. has never been denied membership or reappointment to the medical staff of any hospital or healthcare facility;

viii. at all times will comply with all applicable laws and regulations in the performance of the Services;

ix. is not restricted under any third party agreement from performing the obligations under this Agreement; and

x. will comply with the standards of performance, attached hereto as Exhibit B and incorporated by reference.

2.4 Notification Requirements. The representations contained in this Agreement are ongoing throughout the Term. Provider agrees to notify Hospital in writing within three (3) business days after Provider becomes aware of any event that occurs that constitutes a breach of the representations and warranties contained in Section 2.3 or elsewhere in this Agreement. Hospital shall, in its discretion, have the right to terminate this Agreement if Provider fails to notify the Hospital of such a breach and fails to remove any Member Physician or Allied Health Provider that fails to meet any of the requirements in this Agreement after a period of three (3) calendar days.

2.5 Independent Contractor. In the performance of the work duties and obligations performed by Provider under this Agreement, it is mutually understood and agreed that Provider is at all times acting and performing as an independent contractor practicing the profession of medicine. Hospital shall neither have, nor exercise any, control or direction over the methods by which Provider shall perform its work and functions.

2.6 Industrial Insurance.
a. As an independent contractor, Provider shall be fully responsible for premiums related to accident and compensation benefits for its shareholders and/or direct employees as required by the industrial insurance laws of the State of Nevada.

b. Provider agrees, as a condition precedent to the performance of any work under this Agreement and as a precondition to any obligation of Hospital to make any payment under this Agreement, to provide Hospital with a certificate issued by the appropriate entity in accordance with the industrial insurance laws of the State of Nevada. Provider agrees to maintain coverage for industrial insurance pursuant to the terms of this Agreement. If Provider does not maintain such coverage, Provider agrees that Hospital may withhold payment, order Provider to stop work, suspend the Agreement or terminate the Agreement.

2.7 Professional Liability Insurance. Provider shall carry professional liability insurance on its Member Physicians and employees at its own expense in accordance with the minimums established by the Bylaws. Said insurance shall annually be certified to Hospital’s Administration and Medical Staff, as necessary.

2.8 Provider Personal Expenses. Provider shall be responsible for all its personal expenses, including, but not limited to, membership fees, dues and expenses of attending conventions and meetings, except those specifically requested and designated by Hospital.

2.9 Maintenance of Records.

a. All medical records, histories, charts and other information regarding patients treated or matters handled by Provider hereunder, or any data or data bases derived therefrom, shall be the property of Hospital regardless of the manner, media or system in which such information is retained. Provider shall have access to and may copy relevant records upon reasonable notice to Hospital.

b. Provider shall complete all patient charts in a timely manner in accordance with the standards and recommendations of The Joint Commission and Regulations of the Medical and Dental Staff, as may then be in effect.

2.10 Health Insurance Portability and Accountability Act of 1996.

a. For purposes of this Agreement, “Protected Health Information” shall mean any information, whether oral or recorded in any form or medium, that: (i) was created or received by either party; (ii) relates to the past, present, or future physical condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual; and (iii) identifies such individual.

b. Provider shall use its reasonable efforts to preserve the confidentiality of Protected Health Information it receives from Hospital, and shall be permitted only to use and disclose such information to the extent that Hospital is permitted to use and disclose such information pursuant to the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-1329d-8; 42 U.S.C. 1320d-2) (“HIPAA”), regulations promulgated thereunder (“HIPAA Regulations”) and applicable state law. Hospital and Provider shall be an Organized Health Care Arrangement (“OHCA”), as such term is defined in the HIPAA Regulations.
c. Hospital shall, from time to time, obtain applicable privacy notice acknowledgments and/or authorizations from patients and other applicable persons, to the extent required by law, to permit the Hospital, Provider and their respective employees and other representatives, to have access to and use of Protected Health Information for purposes of the OHCA. Hospital and Provider shall share a common patient’s Protected Health Information to enable the other party to provide treatment, seek payment, and engage in quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, and accreditation, certification, licensing or credentialing activities, to the extent permitted by law or by the HIPAA Regulations.

2.11 **UMC Policy #I-66.** Provider shall ensure that its staff and equipment utilized at Hospital, if any, are at all times in compliance with University Medical Center Policy #I-66, set forth in **Attachment 1**, incorporated and made a part hereof by this reference.

2.12 **Additional Personnel.** Provider may also provide the services of hospitalist registered nurses, program managers, site coordinators and/or other administrative assistants; provided the same will not increase any costs to the Hospital pursuant to this Agreement.

### III. HOSPITAL’S OBLIGATIONS

3.1 **Technical Support, Space, Equipment and Supplies.**

a. **Informational Technology.** Hospital’s Information Technology (IT) department will provide technical support at levels consistent with all members of the Medical Staff during normal working hours Monday – Friday 7am to 5pm and emergency support for work stoppage issues after hours, weekends and holidays 24x7x365.

b. **Monthly Reporting.** Hospital will provide monthly data reports to Provider of patient discharge information (inpatient and observation) in instances where Provider was responsible for the admitting, attending, consulting or discharging of patients; provided however, Provider must first submit a sample report at least thirty (30) days in advance of the first monthly report and prior to any requested changes to the report. All information supplied by Hospital must comply with the parties’ obligations under HIPAA and it “minimum necessary” standards (as described in Section 2.10).

c. **Outreach.** Hospital shall provide Medical Staff rosters in electronic format once per year and notify Provider within thirty (30) day of any new physicians who join the Medical Staff.

d. **Surveys.** Hospital shall provide staff emails for participation in annual feedback survey (i.e., nursing, ED physicians and case management/social work).

e. Hospital shall provide space within Hospital for the Department (including reasonable private space for the sole purpose of providing the Services hereunder).

f. Hospital shall make available during the term of the Agreement such equipment as is determined by Hospital to be required for the proper operation and conduct of
the Department. Hospital shall also keep and maintain said equipment in good order and repair.

g. Hospital shall purchase all necessary supplies for the proper operation of the Department and shall keep accurate records of the cost thereof.

3.2 **Hospital Services.** Hospital shall provide the services of other hospital departments including, but not limited to, Accounting, Administration, Engineering, Human Resources, Material Management, Medical Records and Nursing.

3.3 **Personnel.** Other than Member Physicians and Allied Health Providers, all personnel required for the proper operation of the Department shall be employed by Hospital. The selection and retention of such personnel shall be in cooperation with Provider, but Hospital shall have final authority with respect to such selection and retention. Salaries and personnel policies for persons within personnel classifications used in Department shall be uniform with other Hospital personnel in the same classification insofar as may be consistent with the recognized skills and/or hazards associated with that position, providing that recognition and compensation be provided for personnel with special qualifications in accordance with the personnel policies of Hospital.

3.4 **Exclusivity of Services.** Provider shall be the primary provider of hospitalist medical services at Hospital for the Unassigned Patients and shall provide all contracted eligible medical services as are required to be performed by the Hospital. This Agreement does not preclude an attending physician on Hospital’s Medical Staff from requesting a specific physician, not a party to this Agreement, to provide a specific procedure or consultation in the Department, subject to Provider’s right to schedule all department procedures and services and provided that such independent physician is a member of Hospital’s Medical Staff.

3.5 **Representations of Hospital.** Hospital represents and warrants to Provider that neither Hospital, nor to the best of Hospital’s knowledge after reasonable inquiry any of its employees, is:

a. Currently excluded, debarred, or otherwise ineligible to participate in any of the Federal Health Care Programs; or

b. Convicted of a criminal offense related to the provision of health care items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal Health Care Programs.

3.6 **Managed Care Coordination.** Hospital will use commercially reasonable efforts to assist Provider and each Member Physician to become a participating provider in managed care or prepaid health care programs with whom Hospital is contracted.

3.7 **Program Leadership.** Hospital shall identify an individual to serve as Provider’s primary point of contact with respect to this Agreement and the program. Hospital leadership will review Hospital’s annual business projections, goals and objectives with Provider to align and prioritize service focus.

3.8 **Insurance.** Hospital will provide and maintain professional liability coverage for all personnel employed by Hospital (physician or non-physician) covering the professional
conduct of such personnel in accordance with the self insurance provisions of Chapter 41 of Nevada Revised Statutes. Hospital shall provide Provider, upon request, with evidence of such coverage. If Hospital engages independent contractors (other than Provider), such contractors shall maintain professional liability insurance in accordance with the minimums established by the Bylaws, Rules and Regulations of the Medical and Dental Staff.

3.9 Removal of Provider Personnel. Hospital shall have the right to request the removal and replacement of any Provider personnel based upon any legitimate and lawful reason; provided however they will give Provider One Hundred Twenty (120) days to terminate such Member Physician’s underlying employment agreement, as applicable. Notwithstanding the preceding, Hospital shall not be required to provide notice under this Section 3.9 in the event the removal is related to Provider’s requirements to remove the Provider personnel for cause as described elsewhere in this Agreement.

IV. BILLING

4.1 Direct Billing. Except as otherwise specifically provided herein, Provider shall directly bill patients and/or third party payers for all professional components. Hospital shall provide within thirty (30) days of the date of service usual social security and insurance information to facilitate direct billing. Unless specifically agreed to in writing or elsewhere in this Agreement, Hospital is not otherwise responsible for the billing or collection of professional component fees. Provider agrees to maintain a mandatory assignment contract with Medicaid and Medicare.

4.2 Fees. Fees will not exceed that which are usual, reasonable and customary for the community. Provider shall furnish a list of these fees upon request of Hospital.

4.3 Third Party Payors. If Hospital desires to enter into preferred provider, capitated or other managed care contracts, to the extent permitted by law, Provider agrees to cooperate with Hospital and to attempt to negotiate reasonable rates with such managed care payors.

4.4 Compliance. Provider agrees to comply with all applicable federal and state statutes and regulations (as well as applicable standards and requirements of non-governmental third-party payors) in connection with Provider’s submission of claims and retention of funds for Provider’s services (i.e., professional components) provided to patients at Hospital’s facilities (collectively “Billing Requirements”). In furtherance of the foregoing and without limiting in any way the generality thereof, Provider agrees:

a. To use its best efforts to ensure that all claims by Provider for Provider’s services provided to patients at Hospital’s facilities are complete and accurate;

b. To cooperate and communicate with Hospital in the claim preparation and submission process to avoid inadvertent duplication by ensuring that Provider does not bill for any items or services that has been or will be appropriately billed by Hospital as an item or service provided by Hospital at Hospital’s facilities; and

c. To keep current on applicable Billing Requirements as the same may change from time to time.
V. COMPENSATION

During the Term, and subject to Section 7.5 below, Hospital will compensate Provider for the Services, a monthly payment in the amount of Two Hundred Seventy Thousand, Eight Hundred Thirty-Three and 33/100 Dollars ($270,833.33), for an annual amount of Three Million Two Hundred and Fifty Thousand Dollars ($3,250,000.00). Payment shall be made by Hospital to Provider on the third (3rd) Friday of each month, or if the third (3rd) Friday falls on a holiday, the following Monday, for the previous month’s Services. The compensation paid under this Agreement has been determined by the parties to be fair market value and commercially reasonable for the Services provided hereunder.

VI. TERM/MODIFICATIONS/TERMINATION

6.1 Term of Agreement. This Agreement shall become effective on March 1, 2016, and subject to Section 7.5, shall remain in effect through February 28, 2019 (the “Initial Term”). At the end of the Initial Term, this Agreement shall automatically renewal for two additional one-year periods (each a “Successive Term”) unless either party provides the other with written notice of its intent to not renew the Agreement no later than one hundred fifty (150) days prior to the termination of the then applicable Initial Term or Successive Term (together the Initial Term and any Successive Term(s) shall be referred to as the “Term”).

6.2. Modifications. Within three (3) calendar days, Provider shall notify Hospital in writing of:
   a. Any change of address of Provider;
   b. Any change in membership or ownership of Provider's group or professional corporation.
   c. Once Provider becomes aware any action against the license of any of Provider’s Member Physicians;
   d. Once Provider becomes aware of any action commenced against Provider which could materially affect this Agreement; or
   e. Once Provider becomes aware of any other occurrence known to Provider that could materially impair the ability of Provider to carry out its duties and obligations under this Agreement.

6.3 Termination For Cause.
   a. This Agreement shall immediately terminate upon the exclusion of Provider from participation in any federal health care program.

   b. This Agreement may be terminated by Hospital at any time with thirty (30) days written notice, upon the occurrence of any one of the following events which has not been remedied within thirty (30) days (or such earlier time period required under this Agreement) after written notice of said breach:
1. Professional misconduct by any of Provider’s Member Physicians or Allied Health Providers as determined by the Bylaws, and the appeal processes thereunder; or

2. Conduct by any of Provider’s Member Physicians or Allied Health Providers which demonstrates an inability to work with others in the institution and such behavior presents a real and substantial danger to the quality of patient care provided at the facility as determined by Hospital or Medical Staff and Provider does not remove such Member Physician or Allied Health Provider from performing any further Services hereunder, and continue to provide adequate staffing hereunder; or

3. Disputes among the Member Physicians, partners, owners, principals, or of Provider's group or professional corporation that, in the reasonable discretion of Hospital, are determined to disrupt the provision of good patient care; or

4. Absence of any Member Physician required for the provision of Services hereunder, by reason of illness or other cause, for a period of ninety (90) days, unless adequate coverage is furnished by Provider. Such adequacy will be determined by Hospital; or

5. Breach of any material term or condition of this Agreement; provided the same is not subject to earlier termination elsewhere under this Agreement.

c. This Agreement may be terminated by Provider at any time with thirty (30) days written notice, upon the occurrence of any one of the following events which has not been remedied within said thirty (30) days written notice of said breach:

1. The exclusion of Hospital from participation in a federal health care program; or

2. The loss or suspension of Hospital’s licensure or any other certification or permit necessary for Hospital to provide services to patients; or

3. Hospital at any time engages in any criminal conduct or fraud that Provider reasonably determines is harming or is likely to materially harm the goodwill or reputation of Provider; or

4. The failure of Hospital to maintain full accreditation by The Joint Commission; or

5. Failure of Hospital to compensate Provider in a timely manner as set forth in Section V above; or

6. Breach of any material term or condition of this Agreement.

6.4 Termination Without Cause. Either party may terminate this Agreement, without cause, upon Three Hundred Sixty-Five (365) days written notice to the other party. If Hospital terminates this Agreement, Provider waives any cause of action or claim for damages.
arising out of or related to the termination; provided however, it will not relieve Hospital of any payment due and owing to Provider for Services rendered under the terms of this Agreement.

VII. MISCELLANEOUS

7.1 Access to Records. Upon written request of the Secretary of Health and Human Services or the Comptroller General or any of their duly authorized representatives, Provider shall, for a period of four (4) years after the furnishing of any service pursuant to this Agreement, make available to them those contracts, books, documents, and records necessary to verify the nature and extent of the costs of providing its services. If Provider carries out any of the duties of this Agreement through a subcontract with a value or cost equal to or greater than $10,000 or for a period equal to or greater than twelve (12) months, such subcontract shall include this same requirement. This section is included pursuant to and is governed by the requirements of the Social Security Act, 42 U.S.C. 1395x (v) (1) (I), and the regulations promulgated thereunder.

7.2 Amendments. No modifications or amendments to this Agreement shall be valid or enforceable unless mutually agreed to in writing by the parties.

7.3 Assignment/Binding on Successors. No assignment of rights, duties or obligations of this Agreement shall be made by either party without the express written approval of a duly authorized representative of the other party. Subject to the restrictions against transfer or assignment as herein contained, the provisions of this Agreement shall inure to the benefit of and shall be binding upon the assigns or successors-in-interest of each of the parties hereto and all persons claiming by, through or under them.

7.4 Authority to Execute. The individuals signing this Agreement on behalf of the parties have been duly authorized and empowered to execute this Agreement and by their signatures shall bind the parties to perform all the obligations set forth in this Agreement.

7.5 Budget Act and Fiscal Fund Out. In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under this Agreement between the parties shall not exceed those monies appropriated and approved by Hospital for the then current fiscal year under the Local Government Budget Act. This Agreement shall terminate and Hospital's obligations under it shall be extinguished at the end of any of Hospital's fiscal years in which Hospital’s governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under this Agreement. Hospital agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to this Agreement. In the event this section is invoked, this Agreement will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve Hospital of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

7.6 Captions/Gender/Number. The articles, captions, and headings herein are for convenience and reference only and should not be used in interpreting any provision of this Agreement. Whenever the context herein requires, the gender of all words shall include the masculine, feminine and neuter and the number of all words shall include the singular and plural.

7.7 Confidential Records. All medical records, histories, charts and other information regarding patients, all Hospital statistical, financial, confidential, and/or personnel records
and any data or data bases derived therefrom shall be the property of Hospital regardless of the manner, media or system in which such information is retained. All such information received, stored or viewed by Provider shall be kept in the strictest confidence by Provider and its employees and contractors. Additionally, Hospital and Provider understand and agree that in connection with this Agreement, either party may acquire competitively sensitive information that is not known or ascertainable by third parties and that may cause a party to suffer competitive or economically if such information became known to other persons or entities. Unless legally required to disclose such information, including but not limited to requirements of Hospital pursuant to Nevada Public Records Act (NRS 239), Provider and Hospital agree to maintain the confidentiality of any confidential information provided under this Agreement for the Term, and for as long as such information remains confidential.

7.8 **Corporate Compliance.** Provider recognizes that it is essential to the core values of Hospital that its contractors conduct themselves in compliance with all ethical and legal requirements. Therefore, in performing its services under this contract, Provider agrees at all times to comply with all applicable federal, state and local laws and regulations in effect during the term hereof and further agrees to use its good faith efforts to comply with the relevant compliance policies of Hospital, including its corporate compliance program and Code of Ethics, the relevant portions of which are available to Provider upon request.

7.9 **Entire Agreement.** This document constitutes the entire agreement between the parties, whether written or oral, and as of the effective date hereof, supersedes all other agreements between the parties which provide for the same services as contained in this Agreement. Excepting modifications or amendments as allowed by the terms of this Agreement, no other agreement, statement, or promise not contained in this Agreement shall be valid or binding.

7.10 **False Claims Act.**

a. The state and federal False Claims Act statutes prohibit knowingly or recklessly submitting false claims to the Government, or causing others to submit false claims. Under the False Claims Act, a provider may face civil prosecution for knowingly presenting reimbursement claims: (1) for services or items that the provider knows were not actually provided as claimed; (2) that are based on the use of an improper billing code which the provider knows will result in greater reimbursement than the proper code; (3) that the provider knows are false; (4) for services represented as being performed by a licensed professional when the services were actually performed by a non-licensed person; (5) for items or services furnished by individuals who have been excluded from participation in federally-funded programs; or (6) for procedures which the provider knows were not medically necessary. Violation of the civil False Claims Act may result in fines of up to $11,000 for each false claim, treble damages, and possible exclusion from federally-funded health programs. Accordingly, all employees, volunteers, medical staff members, vendors, and agency personnel are prohibited from knowingly submitting to any federally or state funded program a claim for payment or approval that includes fraudulent information, is based on fraudulent documentation or otherwise violates the provisions described in this paragraph.

b. Hospital is committed to complying with all applicable laws, including but not limited to Federal and State False Claims statutes. As part of this commitment,
Hospital has established and will maintain a Corporate Compliance Program, has a Corporate Compliance Officer, and operates an anonymous 24-hour, seven-day-a-week compliance Hotline. A Notice Regarding False Claims and Statements is attached to this Agreement as Attachment 2. Provider is expected to immediately report to Hospital’s Corporate Compliance Officer directly at (702) 383-6211, through the Hotline (888) 691-0772, or the website at http://umcsn.alertline.com, or in writing, any actions by a medical staff member, Hospital vendor, or Hospital employee which Provider believes, in good faith, violates an ethical, professional or legal standard. Hospital shall treat such information confidentially to the extent allowed by applicable law, and will only share such information on a bona fide need to know basis. Hospital is prohibited by law from retaliating in any way against any individual who, in good faith, reports a perceived problem.

7.11 Federal, State, Local Laws. Provider will comply with all federal, state and local laws and/or regulations relative to its activities in Clark County, Nevada.

7.12 Financial Obligation. Provider shall incur no financial obligation on behalf of Hospital without prior written approval of Hospital or the Board of Hospital Trustees or its designee.

7.13 Force Majeure. Neither party shall be liable for any delays or failures in performance due to circumstances beyond its control.

7.14 Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of Nevada.

7.15 Indemnification.

   a. Provider shall indemnify and hold harmless, Hospital, its officers and employees from any and all claims, demands, actions or causes of action, of any kind or nature, arising out of the negligent or intentional acts or omissions of Provider, its employees, representatives, successors or assigns. Provider shall resist and defend at its own expense any actions or proceedings brought by reason of such claim, action or cause of action.

   b. To the extent expressly provided in Chapter 41 of Nevada Revised Statutes, and any other applicable statute, Hospital shall indemnify and hold harmless, Provider, its officers and employees from any and all claims, demands, actions or causes of action, of any kind or nature, arising out of the negligent or intentional acts or omissions of Hospital, its employees, representatives, successors or assigns. To the extent expressly provided in Chapter 41 of Nevada Revised Statutes, Hospital shall resist and defend at its own expense any actions or proceedings brought by reason of such claim, action or cause of action. Provider acknowledges Hospital is self-insured.

7.16 Interpretation. Each party hereto acknowledges that there was ample opportunity to review and comment on this Agreement. This Agreement shall be read and interpreted according to its plain meaning and any ambiguity shall not be construed against either party. It is expressly agreed by the parties that the judicial rule of construction that a
document should be more strictly construed against the draftsperson thereof shall not apply to any provision of this Agreement.

7.17 Non-Discrimination. Provider shall not discriminate against any person on the basis of age, color, disability, sex, handicapping condition (including AIDS or AIDS related conditions), disability, national origin, race, religion, sexual orientation, gender identity or expression, or any other class protected by law or regulation.

7.18 Notices. All notices required under this Agreement shall be in writing and shall either be served personally or sent by certified mail, return receipt requested. All mailed notices shall be deemed received three (3) days after mailing. Notices shall be mailed to the following addresses or such other address as either party may specify in writing to the other party:

To Hospital: Chief Executive Officer
University Medical Center of Southern Nevada
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

To Provider: RABessler, M.D., PC
c/o Sound Physicians
Attn: General Counsel
1498 Pacific Ave., Suite 400
Tacoma, WA 98402

7.19 Publicity. Neither Hospital nor Provider shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted which identify the other party or its facilities with respect to this Agreement without the prior written consent of the other party.

7.20 Performance. Time is of the essence in this Agreement.

7.21 Severability. In the event any provision of this Agreement is rendered invalid or unenforceable, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the error. The remainder of the provisions of this Agreement not in question shall remain in full force and effect.

7.22 Third Party Interest/Liability. This Agreement is entered into for the exclusive benefit of the undersigned parties and is not intended to create any rights, powers or interests in any third party. Hospital and/or Provider, including any of their respective officers, directors, employees or agents, shall not be liable to third parties by any act or omission of the other party.

7.23 Waiver. A party’s failure to insist upon strict performance of any covenant or condition of this Agreement, or to exercise any option or right herein contained, shall not act as a waiver or relinquishment of said covenant, condition or right nor as a waiver or relinquishment of any future right to enforce such covenant, condition or right.

7.24 Proprietary Rights.
a. **Provider Property.** Provider is and shall remain the sole and exclusive owner of all rights, title and interest in (a) Provider’s inpatient management model which defines operational principles, forms, protocols, policies and procedures for hospitalist programs (the “Program Policies”); (b) the information contained in the Program Policies; (c) any and all databases developed or utilized by Provider in performing its duties hereunder, including survey results (the “Databases”); (d) the communications system (including e-fax accounts, software and database with proprietary applications) utilized by Provider in performing its duties hereunder; (e) the physician contact management system utilized by Provider in performing its duties hereunder; (f) the patient and referring physician tracking system (including e-fax accounts, software and database with proprietary Provider applications) utilized by Provider in performing its duties hereunder; (g) all original works of authorship created by Provider or its employees, agents or representatives during the term of this Agreement and affixed in any tangible medium; (h) all of Provider’s concepts, software tools and interfaces, know how, advice, analyses, recommendations, information, methodologies, processes, techniques, ideas, models, templates, tools, method of operations, management systems, communication systems and any other work product designed, developed, implemented or maintained by Provider or Provider personnel in connection with the services provided hereunder ((a)-(h), collectively, “Provider Property”); and (i) any and all copyrights, trade secrets, know how or intellectual property in or to or related to any Provider Property. During the term of this Agreement, Hospital shall have the right to access the Program Policies for use solely in relation to the Program. At no time shall Hospital resell, give or otherwise transfer possession of any Provider Property to any third party. Upon termination or expiration of this Agreement, Hospital shall cease using any Provider Property and shall return all Provider Property to Provider or destroy within ten (10) business days of any termination or expiration.

b. **Jointly Developed Property.** With respect to any work jointly authored, created or developed in the performance of services pursuant to this Agreement, Hospital shall hold all rights, title and interest in any forms, protocols, policies, processes, templates and/or other clinical and operational tools developed in collaboration with Provider during the Term. Provider agrees that all identifying information about the Hospital, patient information and/or confidential business information of the Hospital is not owned by Provider and shall not be shared by Provider with any third parties.

**7.25 Dispute Resolution.** Subject to the right of any party to seek an injunction or other equitable relief from a court with applicable authority, all controversies, disputes, disagreements or claims arising out of or relating to this Agreement or the breach thereof, shall be resolved by binding arbitration. Such arbitration shall be conducted in Las Vegas, Nevada, and shall be administered by the American Health Lawyers Association in accordance with its Alternative Dispute Resolution Service Rules of Procedure for Arbitration. Such arbitration shall be conducted by a single arbitrator who shall have not represented either party or any affiliate of either party in any capacity nor reside or practice in the State of Nevada. Any decision rendered by the arbitrator shall be final and binding on the parties, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.
7.26 Cooperation Regarding Claims. The parties agree to fully cooperate in assisting each other and their duly authorized employees, agents, representatives and attorneys, in investigating, defending or prosecuting incidents involving potential claims or lawsuits arising out of or in connection with the services rendered pursuant to this Agreement including, without limitation, provision of copies of medical records. This paragraph will be without prejudice to the prosecution of any claims which any of the parties may have against each other and will not require cooperation in the event of such claims.

7.27 Non-Solicitation. During the Term and for a period of one (1) year following termination of this Agreement, Hospital agrees not to directly or indirectly induce or attempt to influence, whether itself or through a third party staffing company, any Member Physician to terminate his/her relationship with the Provider in order to engage his/her services for the Hospital directly. Notwithstanding the preceding, it shall not be a violation of this Section if at any time a Member Physician responds to a public recruitment or an advertisement publicly disseminated by or on behalf of the Hospital for the purposes of seeking the services of persons to provide professional services of the same or similar nature as those provided by Provider under the terms of this Agreement.

7.28 No-Hire/Buy-out. Hospital understands that Provider personnel are important assets of Provider. During the Term and for a period of one (1) year following termination of this Agreement, Hospital agrees not to employ, contract with, or engage as an independent contractor or employee, either directly or indirectly, any individual employed or otherwise associated with Provider (i.e., any Provider personnel), who has provided Services for/to Hospital during the Term. Notwithstanding the preceding, and so long as Hospital is not in violation of Section 7.27, Hospital shall be entitled to engage the services of a member of Provider personnel after paying Provider the sum of $75,000.00 per Member Physician, $50,000.00 per Allied Health Provider or one half of the annual salary of any other Provider personnel, at which time Provider shall release such individual from any restrictive covenant with Provider. The preceding amounts have been mutually agreed by the parties as accurately reflecting the value of Provider’s services.

7.28 Other Agreements. Provider and Hospital are parties under certain other agreements set forth below, if any: None
IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

PROVIDER:

RABESSLER, M.D., P.C.

By: ______________________________

Name: Robert A. Bessler, M.D.

Its: President

HOSPITAL:

University Medical Center of Southern Nevada

By: ______________________________

Name: Mason VanHouweling

Its: Chief Executive Officer
EXHIBIT A  
Professional Medical Services

Provider, by and through its Member Physicians and Allied Health Providers, shall provide all Services, as specifically set forth in Section 2.1 of the Agreement and in this Exhibit A, which shall be performed pursuant to the following requirements:

Coverage Requirements:

1. Coverage consists of onboard staffing 24/7/365
2. Unless concurrent critical care needs exist, provide a fifteen (15) minute or less on-site response call to the Emergency Department, Quick Care admissions via the Emergency Department, and Trauma Service, when requested.
3. Carry pagers, cell phones, or other hospital required communication devices while on-site and respond within five (5) minutes for requests from critical care (Leapfrog standard) or thirty (30) minutes from non-critical areas.
4. Provider shall make available a sufficient number of Member Physicians and Allied Health Providers (which has been determined to be a minimum of eighteen (18) full time equivalent (FTE) practitioners, no fewer than fourteen (14) of which must be Member Physicians) such that the Services are available to patients for both routine and related emergency care on a twenty-four (24) hour-a-day, seven (7) days-a-week basis.
5. Oversee and supervise the overall hospitalist program and perform all administrative, supervisory and educational functions in relation to the operation of the program, and as required from time-to-time by the Hospital’s CEO, or his/her designee.
6. Actively participate in Utilization Management (UM) Committee and related initiatives.
7. Provide quarterly standardized reports on mutually agreed upon metrics, reviewed by Hospital administration, including the CEO, COO, CNO and/or his or her designees.

Performance Measures:

1. On day of discharge greater than 50% of all discharge orders are to be written prior to Noon (12:00pm).
2. Reduce readmission rates below the national average, in accordance with Vizient peer review data.
3. Improve core measures as mutually agreed upon.
4. Attend at least 80% of upon appointed committee meetings, as reasonably assigned.

Patient Safety and Quality:

1. Assist with development and follow full implementation of clinical pathways.
   a. At least 90% of transfers to specialty services will follow guidelines requiring higher level of care.
2. All policies and procedures will be followed, including verbal orders charted in Hospital’s electronic medical record system.

Service Location: All Services are to be performed at Hospital’s main campus location at:

1800 W. Charleston Blvd  Las Vegas, NV 89102

Member Physicians and Allied Health Providers: See Exhibit A-1
EXHIBIT A-1

PROVIDER’S MEMBER PHYSICIANS AND ALLIED HEALTH PROVIDERS

Member Physicians

Ahmed, Shamoona – MD
Almeyda-Perez, Julian - MD
Anakwa, Cyclopea - MD
Asambadze, Ekaterine- MD
Balite-Lacap, Monette - MD
Elconsul, Haitham- MD
Hakki, Naser - MD
Hawkins, Lakisha – MD
Magoyag, Sikisam - MD
Ongtengco, Richard - MD
Polisetty, Sudheer – MD
Quintos, Robby Ann - MD
Shah, Pinak - MD
Tamayo, Raoul - MD
Wadhwani, Swati - MD
Yu, Jefferson- MD

Allied Health Professionals

Bailes, Emily
Espartero, Yoyen
Sambo, Emerlinda
EXHIBIT B
STANDARDS OF PERFORMANCE

The Provider shall ensure that all Member Physicians comply with the standards of performance, attached hereto as Exhibit B and incorporate by reference.

a. Provider promises to adhere to Hospital's established standards and policies for providing exceptional patient care. In addition, Provider shall ensure that its Member Physicians shall also operate and conduct themselves in accordance with the standards and recommendations of The Joint Commission, all applicable national patient safety goals, and the Bylaws, Rules and Regulations of the Medical and Dental Staff, as may then be in effect.

b. Hospital expressly agrees that the professional services of Provider may be performed by such physicians as Provider may associate with, so long as Provider has obtained the prior written approval of Hospital. So long as Provider is performing the services required hereby, its employed or contracted physicians shall be free to perform private practice at other offices and hospitals. If any of Provider's Member Physicians are employed by Provider under the J-1 Visa waiver program, Provider will so advise Hospital, and Provider shall be in strict compliance, at all times during the performance of this Agreement, with all federal laws and regulations governing said program and any applicable state guidelines.

c. Provider shall maintain professional demeanor and not violate Medical Staff Physician's Code of Conduct.

d. Provider shall be in compliance with all surgical standards, pre-operative, intra-operative, and post-operative as defined by The Joint Commission.

e. Provider shall be in one-hundred percent (100%) compliance with active participation with time-out (universal protocol).

f. Provider shall assist Hospital with improvement of patient satisfaction and performance ratings.

g. Provider shall perform appropriate clinical documentation.

h. Member Physicians shall provide medical services to all Hospital patients without regard to the patient's insurance status or ability to pay in a way that complies with all state and federal law, including but not limited to the Emergency Medical Treatment and Active Labor Act ("EMTALA").

i. Provider and all Member Physicians shall comply with the rules, regulations, policies and directives of Hospital, provided that the same (including, without limitation any and all changes, modifications or amendments thereto) are made available to Provider by Hospital. Specifically, Provider and all Member Physicians shall comply with all policies and directives related to Just Culture, Ethical Standards, Corporate Compliance/Confidentiality, Dress Code, and any and all applicable policies and/or procedures.

j. Provider and all Member Physicians shall comply with Hospital’s Affirmative Action/Equal Employment Opportunity Agreement.
k. The parties recognize that as a result of Hospital's patient mix, Hospital has been required to contract with various groups of physicians to provide on call coverage for numerous medical specialties. In order to ensure patient coverage and continuity of patient care, in the event Provider requires the services of a medical specialist, Provider shall use its best efforts to contact Hospital's contracted provider of such medical specialist services. However, nothing in this Agreement shall be construed to require the referral by Provider or any Member Physicians, and in no event is a Member Physician required to make a referral under any of the following circumstances: (a) the referral relates to services that are not provided by Member Physicians within the scope of this Agreement; (b) the patient expresses a preference for a different provider, practitioner, or supplier; (c) the patient's insurer or other third party payor determines the provider, practitioner, or supplier of the applicable service; or (d) the referral is not in the patient's best medical interests in the Member Physician's judgment. The parties agree that this provision concerning referrals by Member Physicians complies with the rule for conditioning compensation on referrals to a particular provider under 42 C.F.R. 411.354(d)(4) of the federal physician self-referral law, 42 U.S.C. § 1395nn (the "Stark Law").

l. The disposition of patients for whom medical services have been provided, following such treatment, shall be in the sole discretion of the Member Physician(s) performing such treatment. Such Member Physician(s) may refer such patients for further treatment as is deemed necessary and in the best interests of such patients. Member physicians shall facilitate discharges in an appropriate and timely manner. Member Physicians will provide the patient's Primary Care Physician with a discharge summary and such other information necessary to facilitate appropriate post-discharge care. However, nothing in this Agreement shall be construed to require a referral by Provider or any Member Physician.

m. Provider agrees to participate in the Physician Quality Reporting Initiative ("PQRI") established by the Centers for Medicare and Medicaid Services ("CMS") to the extent quality measures contained therein are applicable to the medical services provided by Provider pursuant to this Agreement.

n. Provider shall meet quarterly with Hospital Administration to discuss and verify inpatient admission data collections.

o. Provider shall work in the development and maintenance of key clinical protocols to standardize patient care.

p. Provider shall maintain at a minimum ninety-five percent (95%) compliance with all applicable core value based measures.

q. Provider shall maintain a minimum of the fiftieth (50th) percentile for all scores of the HCAHPS surveys applicable to Provider.

r. Provider shall ensure that all medical record charts will be completed and signed as follows: 1) orders related to patient status and admission must be completed and signed in accordance with the timeframes set forth in the UMC Medical and Dental Staff Bylaws, 2) all other records must be completed and signed within thirty (30) days of treatment, for patients to whom services were provided. The 30 days is
inclusive of all signatures including any residents and the attending physician.

s. Provider shall maintain a score within ten percent (10%) of University Health System Consortium (UHC) compare (currently 6.24%) for its thirty (30) day readmission score for related admissions.

t. Provider shall provide a quarterly report to include at a minimum the following: (i) inpatient admissions, (ii) observation admissions, (iii) encounters, (iv) encounters per day, (v) average staffed hours per day, (vi) frequently used procedure codes, (vii) work RVUs per encounter, (viii) payor mix, (ix) average length of stay- unadjusted for inpatient and observation. Additional statistics may be reasonably requested by Hospital Administration with notice.

u. Provider shall be in 100% compliance with Drug Wastage Policy. Provider shall be in 100% compliance with patient specific Pyxis guidelines (charge capture), to include retrieval of medication/anesthesia agents.

v. Provider shall collaborate with Hospital leadership to minimize and address staff and patient complaints. Provider shall participate with Hospital's Administration in staff evaluations and joint operating committees.

w. Provider shall participate in clinical staff meetings and conferences and represent the Services on Hospital’s Committees, initiatives, and at Hospital Department meetings as the appropriate.
PURPOSE:
To assure that contractual agreements for the provision of services are consistent with the level of care defined by Hospital policy; and, to ensure the priority utilization of contracted services, staffing and equipment.

POLICY:
1. All entities providing UMC with personnel for temporary staffing and Allied Health Providers must have a written contract that contains the terms and conditions required by this policy. Dependent Allied providers working with credentialed physicians without a contract must also abide by the policy.
2. All Credentialed Physicians, Physician Assistants, Nurse Practitioners and other credentialed Allied Health personnel will abide by the policies and procedures as set by the Medical Staff Bylaws.
3. All equipment provided and used by outside entities must meet the safety requirements required by this policy.
4. Contract(s) will be developed collaboratively by the department(s) directly impacted, the service agency and the hospital Contracts Management Department.
5. Contract(s) directly related to patient care must be reviewed and evaluated by the Medical Executive Committee to ensure clinical competency.
6. Contract(s) must be approved by the Chief Executive Officer or applicable board prior to the commencement of services.

TEMPORARY STAFFING:

Contractual Requirements
Contractor must meet and adhere to all qualifications and standards established by Hospital policies and procedures; The Joint Commission; and, all applicable regulatory and/or credentialing entities specific to services included in contract.

In the event a contractor contracts with an individual who is certified under the aegis of the Medical and Dental Staff Bylaws or Allied Health, the contract must provide contracted individuals applicable education, training, and licensure be appropriate for the assigned responsibilities. The contracted individual must fulfill orientation requirements consistent with other non-employee staff members.

Records concerning the contracted individual shall be maintained by Hospital’s Department of Human Resources (HR) and the clinical department directly impacted by the services provided. HR will provide Employee Health and Employee Education information with an on-going list of these individuals and the department in which they work.

Laboratory Services
All reference and contracted laboratory services must meet the applicable federal regulations for clinical laboratories and maintain evidence of the same.

**Healthcare Providers**

In the event a service agency employs or contracts with an individual who is subject to the Medical and Dental Staff Bylaws, or the Allied Health Providers Manual, the contract must provide individual’s applicable education, training, and licensure appropriate for his or her assigned responsibilities. The assigned individual must have an appropriate National Provider Identifier (NPI).

**Clinical Care Services**

Contractor may employ such Allied Health providers as it determines necessary to perform its obligations under the contract. For each such Allied Health provider, contractor shall be responsible for furnishing Hospital with evidence of the following:

1. Written job description that indicates:
   a. Required education and training consistent with applicable legal and regulatory requirements and Hospital policy.
   b. Required licensure, certification, or registration as applicable.
   c. Required knowledge and/or experience appropriate to perform the defined scope of practice, services, and responsibilities.
2. Completed pre-employment drug screen and background check consistent with UMC’s contracted background check protocol. Testing should include HHS Office of Inspector General (OIG), Excluded party list system (EPLS), sanction checks and criminal background. If a felony conviction exists, UMC’s HR department will review and approve or deny the Allied Health Practitioner’s access to UMC Campus. UMC will be given authorization to verify results online by contractor.
3. Physical examination or certification from a licensed physician stating good health.
4. Current (within the last 12 months) negative TB skin test or blood test, or for past positive individual’s a sign and symptom review and Chest X-ray if any documented positive signs and symptoms.
5. For individuals exposed to Blood and body fluids; Hepatitis B series, a titer showing immunity or a signed declination statement if vaccine refused. UMC will provide form for declination as needed.
6. A history of chicken pox, a titer showing immunity, or proof of 2 varivax vaccinations.
7. Measles, mumps and rubella titters showing immunity, or proof of 2 MMR vaccines
8. Current Influenza and Tdap vaccine. Influenza vaccine required between October 1st and March 31st. Any staff with a medical reason for refusing a vaccination must sign declination.
9. Ensure these records are maintained and kept current at the agency and be made available upon request. Contractor will provide authorization to University Medical Center to audit these files upon request. Measles/Mumps/Rubella Immunizations or adequate titters. Chicken Pox status must be established by either a history of chicken pox, a serology showing positive antibodies or proof of varivax and other required testing. Ensure these records are maintained and kept current at the agency and be made available upon request. Contractor will provide UMC authorization to audit these files upon request.
10. The contractor will complete a competency assessment of the individual (1) upon hire, (2) at the time initial service is provided, (3) when there is a change in either job performance or job requirements, and (4) on an annual basis.
   a. Competency assessments of allied health providers must clearly establish that the individual meets all qualifications and standards established by Hospital policies and procedures, The Joint Commission, and all other applicable regulatory and/or credentialing entities with specific application to the service provided.
   b. Competency assessments of allied health providers must clearly address the ages of the patients served by the individual and the degree of success the individual achieves in producing the results expected from clinical interventions.
c. Competency assessments must include an objective, measurable system, and be used periodically to evaluate job performance, current competencies, and skills.

d. Competency assessments must be performed annually, allow for Hospital input and be submitted to Hospital’s Department of HR.

e. The competency assessment will include a competency checklist for each allied health provider position, which at a minimum addresses the individual’s:
   i. Knowledge and ability required to perform the written job description;
   ii. Ability to effectively and safely use equipment;
   iii. Knowledge of infection control procedures;
   iv. Knowledge of patient age-specific needs;
   v. Knowledge of safety procedures; and
   vi. Knowledge of emergency procedures.

11. Contractor has conducted an orientation process to familiarize allied health providers with their jobs and with their work environment before beginning patient care or other activities at UMC inclusive of safety and infection control. The orientation process must also assess each individual’s ability to fulfill the specific job responsibilities set forth in the written job description.

12. Contractor periodically reviews the individual’s abilities to carry out job responsibilities, especially when introducing new procedures, techniques, technology, and/or equipment.

13. Contractor has developed and furnishes ongoing in-service and other education and training programs appropriate to patient age groups served by Hospital and defined within the scope of services.

14. Contractor submits to Hospital for annual review:
   a. The level of competence of the contractor’s allied health providers that meets UMC standards; and
   b. The patterns and trends relating to the contractor’s use of allied health providers.

15. Contractor ensures that each allied health provider has acquired an identification badge from Hospital’s Department of Human Resources before commencing services at Hospital’s facilities; and, ensures badge is returned to HR upon termination of service.

16. Contract requires the contractor, upon Hospital’s request, to discontinue the employment at Hospital’s facilities of an allied health provider whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships with Hospital staff, whose conduct may have a detrimental effect on patients, or who fails to adhere to Hospital’s existing policies and procedures. The supervising department will complete an exit review form and submit to HR for individual’s personnel file.

Non Clinical Short Term Temporary Personnel

Non clinical short term personnel on site for construction, remodeling or new project implementation purposes will abide by Hospital’s I-179 Vendor Roles and Responsibilities and/or Engineering Department processes. This process is applicable to anyone that is on property ninety (90) days or less.

EQUIPMENT:

In the event Hospital contracts for equipment services, documentation of a current, accurate and separate inventory equipment list must be provided to HR to be included in Hospital’s medical equipment management program.

1. All equipment brought into UMC is required to meet the following criteria:
   a. Electrical safety check which meets the requirements of Hospital’s Clinical Engineering Department.
   b. Established schedule for ongoing monitoring and evaluation of equipment submitted to Hospital’s Clinical Engineering Department.
c. Monitoring and evaluation will include:
   i. Preventive maintenance;
   ii. Identification and recordation of equipment management problems;
   iii. Identification and recordation of equipment failures; and
   iv. Identification and recordation of user errors and abuse.

d. Results of monitoring and evaluation shall be recorded as performed and submitted to Hospital’s Department of Clinical Engineering.

2. Documentation on each contractor providing medical equipment to assure users of equipment are able to demonstrate or describe:
   a. Capabilities, limitations, and special applications of the equipment;
   b. Operating and safety procedures for equipment use;
   c. Emergency procedures in the event of equipment failure; and
   d. Processes for reporting equipment management problems, failures and user errors.

3. Documentation on each contractor providing medical equipment to assure technicians maintaining and/or repairing the equipment can demonstrate or describe:
   a. Knowledge and skills necessary to perform maintenance responsibilities; and
   b. Processes for reporting equipment management problems, failures and user errors.

MONITORING:
The contractor will provide reports of performance improvement activities at defined intervals.

A contractor providing direct patient care will collaborate, as applicable, with Hospital’s Performance Improvement Department regarding Improvement Organization Performance (IOP) activities.

Process for Allied Health Provider working at UMC Hospital Campus

1. All Allied Health and Dependent Allied Health Provider personnel from outside contractors monitored by HR (non-credentialed/licensed) working at UMC will have the following documentation on file in Department of Human Resources:
   a. Copy of contract
   b. Copy of Contractor’s liability insurance (general and professional)
   c. Job description
   d. Resume
   e. Copy of current Driver’s License OR One 2x2 photo taken within 2 years
   f. Specialty certifications, Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), etc.
   g. Current license verification/primary source verifications
   h. Competency Statement/Skills Checklist (Contractor’s and UMC’s)
   i. Annual Performance Evaluation(s)
   j. UMC Department Specific Orientation
   k. Attestation form/letter from Contractor completed for medical clearances
   l. Completion of Non-Employee specific orientation

2. The following documents may be maintained at Contractor’s Office:
a. Medical Information to include: History and Physical (H&P), Physical examination or certification from a licensed physician that a person is in a state of good health, (Clinical Personnel) Annual Tuberculosis (TB)/health clearance test or Chest X-Ray, Immunizations, Hepatitis B Series or waiver, Measles/Mumps/Rubella Immunizations or adequate titers, Chicken Pox questionnaire, Drug tests results and other pertinent health clearance records as required. The results of these tests can be noted on a one (1) page medical attestation form provided by UMC.

b. Attestation form must be signed by the employee and contractor. The form can be utilized to update information as renewals or new tests. The form must be provided to Hospital each time a new employee is assigned to UMC. Once the above criteria are met, the individual will be scheduled to attend orientation, receive an identification badge, and IT security access.

c. Any and all peer references and other clearance verification paperwork must be maintained in the contractor’s office and be available upon request.

**Non-Employee Orientation – Provided by the Employee Education Department**

1. Non-Employee orientation must occur prior to any utilization of contracted personnel.

2. Orientation may be accomplished by attendance at non-employee orientation; or, by completion of the “Agency Orientation Manual” if scheduled by the Education Department.

3. Nurses must complete the RN orientation manual before working if Per Diem and within one week of hire if a traveler. RN orientation will be scheduled by the appropriate responsible UMC Manager.

4. Each contracted personnel will have a unit orientation upon presenting to a new area. This must be documented and sent to Employee Education. Components such as the PYXIS tutorial and competency, Patient Safety Net (PSN), Information Technology Services (IT), Glucose monitoring as appropriate and any other elements specific to the position or department.

**Contractor Personnel Performance Guidelines**

1. Arrive at assigned duty station at the start of shift. Tardiness will be documented on evaluation.

2. Complete UMC incident reports and/or medication error reports when appropriate using the PSN. The Contractual individual is to report to the Director of their employer all incidents and medication errors for which they are responsible. UMC will not assume this responsibility. UMC agrees to notify Agency when an employee(s) is known to have been exposed to any communicable diseases.

**Agency Personnel Assignment Guidelines**

1. Duties will be assigned by the Physicians, Department Manager, Charge Nurse/Supervisor that matches their skill level as defined on the competency checklist.

2. Administer care utilizing the standards of care established and accepted by UMC.

3. Be responsible to initiate update or give input to the plan of care on their assigned patients as defined in job description.

4. Will not obtain blood from the lab unless properly trained by the unit/department to do so. Training must be documented and sent to Employee Education department.

5. Administer narcotics as appropriate to position and scope of practice.
Attachment 2

Notice of False Claims and Statements

UMC’s Compliance Program demonstrates its commitment to ethical and legal business practices and ensures service of the highest level of integrity and concern. UMC’s Compliance Department provides UMC compliance oversight, education, reporting and resolution. It conducts routine, independent audits of UMC’s business practices and undertakes regular compliance efforts relating to, among other things, proper billing and coding, detection and correction of coding and billing errors, and investigation of and remedial action relating to potential noncompliance. It is our expectation that as a physician, business associate, contractor, vendor, or agent, your business practices are committed to the same ethical and legal standards.

The purpose of this Notice is to educate you regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste, and abuse in federally funded health care programs. As a Medical Staff Member, Vendor, Contractor and/or Agent, you and your employees must abide by UMC’s policies insofar as they are relevant and applicable to your interaction with UMC. Additionally, providers found in violation of any regulations regarding false claims or fraudulent acts are subject to exclusion, suspension, or termination of their provider status for participation in Medicaid.

Federal False Claims Act

The Federal False Claims Act (the “Act”) applies to persons or entities that knowingly and willfully submits, cause to be submitted, conspire to submit a false or fraudulent claim, or use a false record or statement in support of a claim for payment to a federally-funded program. The Act applies to all claims submitted by a healthcare provider to a federally funded healthcare program, such as Medicare.

Liability under the Act attaches to any person or organization who “knowingly”:

- Present a false/fraudulent claim for payment/approval;
- Makes or uses a false record or statement to get a false/fraudulent claim paid or approved by the government;
- Conspires to defraud the government by getting a false/fraudulent claim paid/allowed;
- Provides less property or equipment than claimed; or
- Makes or uses a false record to conceal/decrease an obligation to pay/provide money/property.

“Knowingly” means a person has: 1) actual knowledge the information is false; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information. No proof of intent to defraud is required.

A “claim” includes any request/demand (whether or not under a contract), for money/property if the US Government provides/reimburses any portion of the money/property being requested or demanded.

For knowing violations, civil penalties range from $5,500 to $11,000 in fines, per claim, plus three times the value of the claim and the costs of any civil action brought. If a provider unknowingly accepts payment in excess of the amount entitled to, the provider must repay the excess amount.

Criminal penalties are imprisonment for a maximum 5 years; a maximum fine of $25,000; or both.

Nevada State False Claims Act

Nevada has a state version of the False Claims Act that mirrors many of the federal provisions. A person is liable under state law, if they, with or without specific intent to defraud, “knowingly:”

- presents or causes to be presented a false claim for payment or approval;
- makes or uses, or causes to be made or used, a false record/statement to obtain payment/approval of a false claim;
- conspires to defraud by obtaining allowance or payment of a false claim;
has possession, custody or control of public property or money and knowingly delivers or causes to be delivered to the State or a political subdivision less money or property than the amount for which he receives a receipt;
- is authorized to prepare or deliver a receipt for money/property to be used by the State/political subdivision and knowingly prepares or delivers a receipt that falsely represents the money/property;
- buys or receives as security for an obligation, public property from a person who is not authorized to sell or pledge the property; or
- makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State/political subdivision.

Under state law, a person may also be liable if they are a beneficiary of an inadvertent submission of a false claim to the state, subsequently discovers that the claim is false, and fails to disclose the false claim to the state within a reasonable time after discovery of the false claim.

Civil penalties range from $5,000 to $10,000 for each act, plus three times the amount of damages sustained by the State/political subdivision and the costs of a civil action brought to recover those damages.

Criminal penalties where the value of the false claim(s) is less than $250, are 6 months to 1 year imprisonment in the county jail; a maximum fine of $1,000 to $2,000; or both. If the value of the false claim(s) is greater than $250, the penalty is imprisonment in the state prison from 1 to 4 years and a maximum fine of $5,000.

**Non-Retaliation/Whistleblower Protections**

Both the federal and state false claims statutes protect employees from retaliation or discrimination in the terms and conditions of their employment based on lawful acts done in furtherance of an action under the Act. UMC policy strictly prohibits retaliation, in any form, against any person making a report, complaint, inquiry, or participating in an investigation in good faith.

An employer is prohibited from discharging, demoting, suspending, harassing, threatening, or otherwise discriminating against an employee for reporting on a false claim or statement or for providing testimony or evidence in a civil action pertaining to a false claim or statement. Any employer found in violation of these protections will be liable to the employee for all relief necessary to correct the wrong, including, if needed;
- reinstatement with the same seniority; or
- damages in lieu of reinstatement, if appropriate; and
- two times the lost compensation, plus interest; and
- any special damage sustained; and
- punitive damages, if appropriate.

**Reporting Concerns Regarding Fraud, Abuse and False Claims**

Anyone who suspects a violation of federal or state false claims provisions is required to notify UMC via a hospital Administrator, department Director, department Manager, or Rani Gill, the Corporate Compliance Officer, directly at (702) 383-6211. Suspected violations may also be reported anonymously via the Hotline at (888) 691-0772 or [http://umcsn.silentwhistle.com](http://umcsn.silentwhistle.com). The Hotline is available 24 hours a day, seven days a week. Compliance concerns may also be submitted via email to the Compliance Officer at Rani.Gill@umcsn.com.

Upon notification, the Compliance Officer will initiate a false claims investigation. A false claims investigation is an inquiry conducted for the purpose of determining whether a person is, or has been, engaged in any violation of a false claim law.

Retaliation for reporting, in good faith, actual or potential violations or problems, or for cooperating in an investigation is expressly prohibited by UMC policy.
<table>
<thead>
<tr>
<th>Issue:</th>
<th>Emerging Issues</th>
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<tr>
<td>Petitioner:</td>
<td>Mason VanHouweling, Chief Executive Officer</td>
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Recommendation:

That the Governing Board identify emerging issues to be addressed by staff or by the Board at future meetings; and direct staff accordingly. *(For possible action)*

FISCAL IMPACT:

None

BACKGROUND:

None

Respectfully submitted,

Mason VanHouweling
Chief Executive Officer

Cleared for Agenda
February 24, 2016

Agenda Item # 21