

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
RFP NO. 2013-14
UMC Master Plan

August 16, 2013

ADDENDUM NO. 1

Questions and Answers

- Q1** Will your INTENT to “create a Master Plan for University Medical Center (UMC) of Southern Nevada” permit a TRANSPARENT MP Process which allows the consultant access to historical workloads and statistical data suitable to project growth trends over time? This requires validation of those numbers by checking both Nevada reimbursement records and those of UMC for purposes of developing Departmental Gross Square Foot (DGSF) area summaries.
- A1** UMC will share these reports with the finalist(s)(s) prior to negotiating an agreement between the parties.
- Q2** Does UMC have a FACILITY PLANNING and/or MASTER PLANNING committee in place to conduct this study (we understand the reference to EXECUTIVE COMMITTEE is this the same as the MP leadership team. If yes, please list suggested membership and/or composition for purposes of this RFP.
- A2** UMC does not currently have a Facility or Master Planning Committee. If the finalist(s)(s) deems such a committee is needed during the creation of the Master Plan, then UMC believes the following staff to be an integral part of the process: CEO, CFO, COO, CMO, CIO, CNO, Dean of UNSOM, County Manager, and other key UMC personnel.
- Q3** Will UMC permit interviews with select departmental leaders, departmental directors and management responsible for the operation of each service line and nursing unit?
- A3** Yes.
- Q4** Will UMC permit Consultant usage of “abbreviated questionnaires” prepared in electronic format suitable to survey each service line and department?
- A4** Yes.
- Q5** Will UMC make available historical planning studies that may be relevant to this work effort suitable to compare building surveys, code studies, Joint Commission surveys, inspections by regulatory bodies and other documents that may be supportive of space adjustments and improvements to the existing facilities?
- A5** Yes. UMC will endeavor to provide any and all necessary data requested by the finalist(s) for use in preparing the Master Plan.
- Q6** Does UMC have a SPACE MANAGEMENT system in place at this time? Please describe vendor and/or methods utilized. The purpose of this question is to ascertain if UMC can provide existing DGSF space sizes for all facilities to be included within this study (impacts MP fee)?
- A6** No.
- Q7** The RFP mentions the scope objective being the 22 acre main campus in Item A of the Exhibit A on page 8 and the system-wide features of the UMC program in No. 3: Scope

of Project found on page 2. Please explain if the other sites beyond the 22 acres will be included (size, address and site plans would be helpful if possible to provide prior to selection).

- A7 The UMC Master Plan's primary focus is to be the Main Campus located in the Medical District, however; the proposer should consider the current off-site locations with respect to current and changing healthcare delivery environment, strategic planning relating to operations and their affects to the business and financial model, and other constraints as the proposer may deem necessary for consideration in the creation of the Master Plan.
- Q8 Would it be possible to provide the consultant a listing of BUILDINGS to be included in the scope of the MP along with an "approximate gross area size" of those buildings?**
- A8 Yes. Please see attachments; Building and Location Map, Building Age Matrix
- Q9 Does UMC have as-is floor plans to scale and are those plans in electronic format for the UMC main campus (AutoCAD, Revit, etc.)?**
- A9 UMC does not have complete floor plans at this time, and the finalist(s) should consider that this work will need to be completed as part of the scope of work in creating the Master Plan.
- Q10 Does UMC have as-is floor plans for the 10+/- satellite urgent care and ambulatory care clinics and those plans in electronic format (AutoCAD, Revit, etc)?**
- A10 UMC does not have complete floor plans at this time, and the finalist(s) should consider that this work will need to be completed as part of the scope of work in creating the Master Plan.
- Q11 If No to question #6 and #7, can UMC provide hard copy floor plans to scale of all buildings to be considered in this MP engagement?**
- A11 UMC will provide all available plans and related documents to the finalist(s). Proposers should be aware that hard-copy floor plans available are not to scale.
- Q12 Will UMC permit interviews with "select physician" leadership to determine goals and objectives and to discuss clinical issues related to the MP and the development of improved clinical pathways and services?**
- A12 Yes.
- Q13 Has UMC conducted PROCESS IMPROVEMENT studies and, if so, please explain?**
- A13 A study was performed in 2011 by FTI Consulting for UMC, providing direction regarding Process Improvement and other strategic planning concerns. The document can be found at:
<http://system.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Agendas/11/sept/hss/HSS-6.pdf>
- Q14 Does UMC have a STRATEGIC PLAN in place at this time for UMC and satellite facilities?**
- A14 See response to Question 13.
- Q15 Does UMC have a County or District mandate to complete an area-wide and COMMUNITY NEEDS ASSESSMENT (CHNA) per pending federal legislation?**
- A15 No. Currently UMC is aware that the surrounding municipalities are currently working on such assessments, of which UMC is an integral part.

- Q16** Does UMC have a **MARKET ASSESSMENT** and/or **MARKET STUDY** in place at this time as referred to in the “Expectations of Business Partner”?
- A16 See UMC's response to Question 15.
- Q17** Will UMC permit a **TOUR OF EXISTING FACILITIES** suitable for the MP candidate to gain a better insight into; scope, character, condition and environmental features of “all facilities” being considered for this MP engagement?
- A17 Yes. Please contact Larry Silver at 702-207-8291 or larry.silver@umcsn.com to schedule a site tour.
- Q18** Would UMC permit “small scale floor plans” be provided for purposes of this RFP to better determine location and affinities of existing functions, flow patterns and wayfinding systems?
- A18 UMC is amendable to many options for the RFP. It is the proposer's responsibility to provide all information and the format(s) in which they deem to be the best representation of the Master Plan.
- Q19** Would UMC please provide a listing of all departments and their existing DGSF areas for purposes of completing this RFP and offering clarity in the comparison of departmental areas to other programs around the USA as suggested in the RFP?
- A19 Yes. Please see attachment.
- Q20** Does UMC have a concern about **LONG DISTANCE PLANNING EFFORTS** that may involve the use of “electronic and internet” interviews, for example, Go To Meeting (GTM)?
- A20 No. UMC is amendable to all options when working with the finalist(s) in the creation of the Master Plan.
- Q21** What does the term “any proprietary information” mean in the second sentence found on page 5 of the RFP No. 2013-14?
- A21 Proposer is the party whom deems their information as “proprietary”, not UMC.
- Q22** Will **ALL QUESTIONS AND ANSWERS** provided by candidate consultants be made public?
- A22 Yes. Per Article 14 of the RFP.
- Q23** Does the **FEE SCHEDULE** mentioned in Item F, page 6 of the RFP require that the Consultant guarantee those fees prior to completion of an “agreed to” MP contract following the RFP illustrations? Scope is still not clear, with all due respect, thanks in advance for this clarification, a period of negotiation might be helpful to all parties.
- A23 No. The fee schedule is to be the proposed fee schedule based upon the tasks and deliverables that the proposer deems representative of their work and understanding of the scope at the time of the RFP. Once a finalist(s) has been identified the proposer and UMC will negotiate the final scope to include; all tasks and deliverables and the overall cost.
- Q24** Could the **FEE SCHEDULE** be prepared with “alternative tasks and deliverables” since some items are still in question? If no, please explain.

- A24 Yes. UMC is amendable to all considerations in response to the RFP. UMC understands that each proposer will approach the RFP and the deliverables in different but comparable ways. It is the responsibility of each individual proposer to provide their best interpretation of the RFP.
- Q25 Does UMC have an anticipated completion date for this MP study? For example, upon award of the MP contract on February 14, 2014, when would UMC anticipate delivery of the final MP report? Please explain any other major milestones over that proposed time frame, please. This will help with completion of Exhibit D. This candidate will prepare a step by step process for typical MP engagements but will adjust this Scope of Work once we have clarification to these questions...thanks in advance.**
- A25 UMC will allow the finalist(s) a reasonable amount of time to complete the scope of work which will be negotiated prior to award of a Contract. The expectation is that the timeframe should be in the eight (8) to twelve (12) months timeframe, depending on the final contracted scope and deliverables.
- Q26 Will UMC permit MP discussions with members of the MEDICAL DISTRICT to discuss previous studies, common goals and objectives suitable to determine “overlapping” and synergistic healthcare delivery and facility planning interests?**
- A26 Yes.
- Q27 Please explain in more detail Item C. Scope of Project found in Exhibit A. Does the consultant need to provide PARKING COUNTS, vehicular and pedestrian survey quantities and/or other time sensitive details suitable to determine “roadway connections and design standards”. If yes, please explain in detail since this is an expensive and labor intensive exercise that could impact the overall feasibility of this MP engagement.**
- A. What agencies and/or authorities would UMC advise the Consultant contact for this RFP?**
- B. Has a UMC or Medical District and Metro transportation Task Force been assembled?**
- A 27 Yes. The proposer should include any and all necessary tasks and deliverables they deem are needed to completely respond to the RFP. Currently parking is a choke-point for the primary campus and should be a focal point in the Master Plan. UMC cannot recommend any consultants for any scope of work, and is amendable to all properly licensed consultants or sub-consultants to provide respective scopes of work to complete the Master Plan. No, UMC does not have transportation task force.
- Q28 In Item D. Scope of Project found in Exhibit A, UMC refers to “all utility needs, including water, power and sewer, please explain if this is for the 22 acre main campus or for all sites mentioned within the UMC system.**
- A. Are documents available to illustrate this historical utilization of these area?**
- B. Are there UMC staff available to discuss and explain the anomalies of this usage?**
- C. Has UMC conducted energy audits and/or previous studies of mentioned utilities?**
- A28 Yes. The focus for the Master Plan is for the primary campus site located in the Medical District. Please see response to Question 8. UMC will make all staff necessary in the creation of the Master Plan available to the finalist(s). No. UMC does not have any energy audits or studies currently available.
- Q29 In Item E. Scope of Project found in Exhibit A, UMC refers to UNSOM “growth plan options” and the “changing inpatient hospital model and acute care environment as it relates to inpatient bed requirements” which is a relevant and central theme to all**

HEALTHCARE PLANNING FOR major tertiary providers around the USA today. Will UMC make available studies and/or documents defining this “Scope of Project” question? Does UMC have a committee and/or Task Force addressing this important question at this time?

A. Has the study entitled; “Development of an Academic Health Center: UNSOM/NSHE and UMC , Draft submitted August 19, 2011 been completed? If yes, would this be made available to the Consultant prior to submission of this RFP or possible later if short listed by UMC?

B. Are there other MP studies that would be made available related to the Healthcare District that could be utilized by the Consultants to better understand GOALS, OBJECTIVES and deliverable outcomes for the Medical District?

C. Does Shadow Lane MP studies and updates have relevance to UMC and, if yes, would those studies be made available for on-going dialogue between this MP Leadership team and the consultant?

A29 Yes. Please see response to Questions 5 and 13.

Q30 In Item F. Scope of Project found in Exhibit A, UMC refers to “the plan will have the flexibility to allow portions of scope to intermingle or be completed separately” and to be “defined and prepared so as to move into construction drawings, based on available funding”, could you please explain if this requires that the MP scope be of sufficient detail to begin FUNCTIONAL PROGRAMMING followed by TRADITIONAL SCHEMATIC DESIGN and DESIGN DEVELOPMENT leading to CONSTRUCTION DOCUMENTS? We believe the RFP intent is to simple prioritize “next phase projects” is that the intent of this scope request, please explain for fee projection purposes.

A30 Yes, the proposer is correct in understanding the intent of this RFP. It is possible that this could change during the negotiations for the final contract once the finalist(s) has been chosen; as tasks and deliverable may change, but not the overall scope and intent.

Q31 In Item H. Scope of Project found in Exhibit A, UMC refers to two very important PLANNING SERVICES which require clarification for this candidate to successfully complete the RFP, for example:

A. We believe the first item refers to an inventory of buildings on the main campus, 22 acres, is that correct or should the RFP include satellite facilities as mentioned previously herein? Could you clarify this question as to scope, number of buildings and range of size to give clarity to the question, please?

B. We believe you are requesting a COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) for the “Las Vegas Valley” could you clarify the counties and deliverable outcomes for this question, please? Our team is prepared conduct this study as defined by the Accountable Care Act (ACA) to be administered under the new law and presented to IRS for compliance as may be required. Is this the intent of this scope question, please?

C. We anticipate the MARKET STUDY of medical facilities “not found elsewhere in Clark County” would be referring to “gaps within the delivery system” arising out of the CHNA findings, is that the intent of this request?

D. Please clarify the “case study of comparable medical districts in other southeastern states, including compilation of illustrations and plans”, for example:

i. Which states might be include?

ii. Can you offer illustrations and benchmark examples for further clarification?

1. Private Providers?

2. Public Providers?

3. Major Medical Centers?

4. Investor Owned or Major Integrated Healthcare Networks?

iii. What types of “plans”; floor plans, operational plans, strategic plans, etc.?

iv. We assume you desire a comparison to the current MEDICAL DISTRICT and this would be referring to similar VISIONARY and WHAT IF SCENARIOS that might be relevant and similar to your situation at UMC, is that correct?

v. Scope of effort and labor impacting the MP fee are key to this question.

E. The BUSINESS ANALYSIS and the FINANCIAL ASSESSMENT referencing; Market Analysis, Operation and Management Structure, Marketing Strategies, Funding Scenarios and Prospective Financial Data is VERY COMPREHENSIVE. Do you desire that this work product run parallel to the FACILITY MASTER PLAN and, if so, please explain. Would it be possible to provide more detail as to the genesis of this deliverable and would this product relate to other Medical District studies completed (or not completed) and subject to final development? Please help us determine SCOPE AND INTENT of this exercise in order that our team fully comply with UMC objectives.

F. We understand the EXECUTIVE COMMITTEE concept and wholeheartedly support that approach (is this for both MP and Business Plan and who would serve in this capacity?). Could you please help our Consulting team determine scope of this item as illustrated on page 9:

i. Our team generally interviews Departmental Directors and Service Line Managers during a MP engagement; please define who you are describing as “focused stakeholders”?

ii. Which User Surveys are you anticipating; is this directors, service lines throughout the system, satellite Urgent Care Centers, Medical District, etc?

iii. Could you please list the PUBLIC OUTREACH MEETINGS to give some scope to this effort, for example; 1 public forum per week, evening sessions over 30 days, defined public hearings, email write in and suggestions, open Q and A forums, etc. We have used numerous effective methods to glean “excellent feedback” with our clients and would need just a bit more guidance here, thanks in advance.

iv. Please explain “public presentation to BCC and UMC Management; who, what and approximately how many?

v. Please explain the reference to “internet technologies, including the development and management of a project website, beyond posting meeting schedules and documents will be necessary for public outreach”, for example:

1. How might UMC anticipate this expense be covered (contract, hourly, fixed fee)?

2. Who might UMC anticipate managing this site along with routine updates and continuation beyond the initial MP?

3. Could this be a PARTNERSHIP handled within the Medical District proper or is this an exercise solely owned and managed for UMC?

4. Are there examples UMC could provide to the Consultants for scope purposes?

5. Could this be discussed in more detail during subsequent site visits and possibly during face to face interviews (could be costly exercise if properly developed and effectively managed).

6. Excellent suggestion, just needs “clarification to permit proper pricing”!

(b) The UMC main campus is situated in the Medical District within the City of Las Vegas, which is in Clark County. Finalist(s) should include any and all regulatory requirements as part of the scope and deliverables in response to this RFP.

(c) and (d) The surrounding SOUTHWESTERN states of; California, Utah, and Arizona should be considered at a minimum. UMC is the only Level I Trauma Center in the State of Nevada, and also a municipal entity. These specific criteria make UMC a unique stand-out within our geographic location. This type of information should be considered in how it can/could affect the level of detail and information required in response to the RFP.

(e) Yes this scope and its respective deliverables should be considered as part of (running parallel) to the work in the Master Plan.

(f) Yes. Please see response to Question 2. Additionally, the number of meetings weather internal and/or external to UMC is to be negotiated with the finalist(s). The expectation is that the proposer should include at least three to four public presentations or speaking engagements to UMC Administration and the Hospital Board of Trustees. Public outreach meetings would fall under the discretion of the proposer and what type and how many meetings would be required to meet the intent of the RFP. "Internet website" identified in the RFP refers to the proposer to include in their response to the RFP scope and deliverables related to providing UMC website content regarding the Master Plan that can be added to the existing UMC website which would inform the public of the Master Plan and the intent, timeline and any other pertinent information for public consumption. Again, the final deliverables and costs for the Contract will be determined at a later date between UMC and the finalist(s); the proposed fee is just that, proposed.

Q32 On page 10: Business License Requirements, may our Las Vegas Partner serve as the "limited vender" representative if the PRIME CONSULTANT is located out of state? If the answer is no, how does Clark County recommend the business license be obtained within the Las Vegas City proper? We have inquired and been told the CITY OF LAS VEGAS handles these arrangements...please advise with further city/county direction. Our MP team is licensed to conduct architectural and engineering work in the State of Nevada and will comply with ALL LOCAL BUSINESS statutes if UMC would please help clarify. We also have both Women Owned (WBE) and Minority Owned (MBE) representation on our project team at this time.

A32 Clark County requires that any entity properly licensed to do business with Clark County. Please see the Clark County Business License Website:

http://www.clarkcountynv.gov/Depts/business_license/Pages/BusinessLicenseServiceSpotlight.aspx

Q33 In Exhibit B – Sample Contract for MP 2013-14 we have a couple questions which are likely negotiable and we would request UMC clarification:

- A. Are you requesting a formal agreement be submitted with the names and titles included for this submission as noted on pages 12 – 19 including supportive Exhibits?**
- B. If the answer is YEA to 33 a above, may we arrange for a conference call to clarify a fee details of this contract, for example; clarification of questions cited herein and subsequently used as Exhibits in Exhibit B Sample Contract**
- C. Clarification of TIME SCHEDULE.**
- D. Clarification of Section VII: Miscellaneous Provisions, particularly Item No. 4.**
- E. Clarification of Section O: ADA Requirements as they relate to Clark County and the reference to "built facilities prior to January 26, 1992" and those facilities built after that date.**

A33 No, all items regarding scope, tasks, deliverables, and timeline relating to the final Contract will be negotiated with the finalist(s) at a later date. (e) Several of the existing facilities were build prior to January 26, 1992; therefore the proposer should be aware of any and all requirements surround ADA and Clark County Building Code when addressing modifications of these facilities in the scope of the final Contract.

- Q34** Please clarify the statement in the RFP on page 2 item 3 Scope of Project, section on Expectations of Business Partner: “. . . It is expected that, as a result of this relationship, the business partner will work with UMC to ensure that the agreement remains competitive with continual review of market conditions.” What is meant by ‘continual’ review?
- A34 The intent of the statement was to notify all proposers that UMC expects the finalist(s) to provide the highest quality of services and/or product throughout the Contract life (engagement) and provide the greatest value on an on-going basis.
- Q35** Please clarify the statement in the RFP on page 7 under the Evaluation Criteria, Section H “Document Samples” – Could you list document examples that you would expect to be in this section, such as: Excel Spreadsheet, Published Report, PowerPoint Presentation, Site Plan, Facility Section, Typical Room Floor Plan, Engineering Diagram, Questionnaire, Photographs, etc.
- A35 Examples provided by the respective proposer’s can be in any readable format that they deem appropriate to adequately convey their response to the RFP to UMC.
- Q36** Please clarify the statement in the RFP on page 8 Exhibit A item F- “. . . prepared so as to move into construction drawings, based on available funding.” Are plans and specs meant to be completed through Design Development?
- A36 No. That specific scope(s) will be addressed later in separate Design and Construction related Contracts, and is not part of this RFP.
- Q37** What is your budget? If no budget has been agreed upon, what will be your process for arriving at how much to invest in this master plan effort?
- A37 UMC has defined a budget for the Master Plan, but does not want to use this as a constraint at this time. UMC will negotiate with the finalist(s)(s) to more clearly define the scope, tasks, deliverables and timetables post RFP.

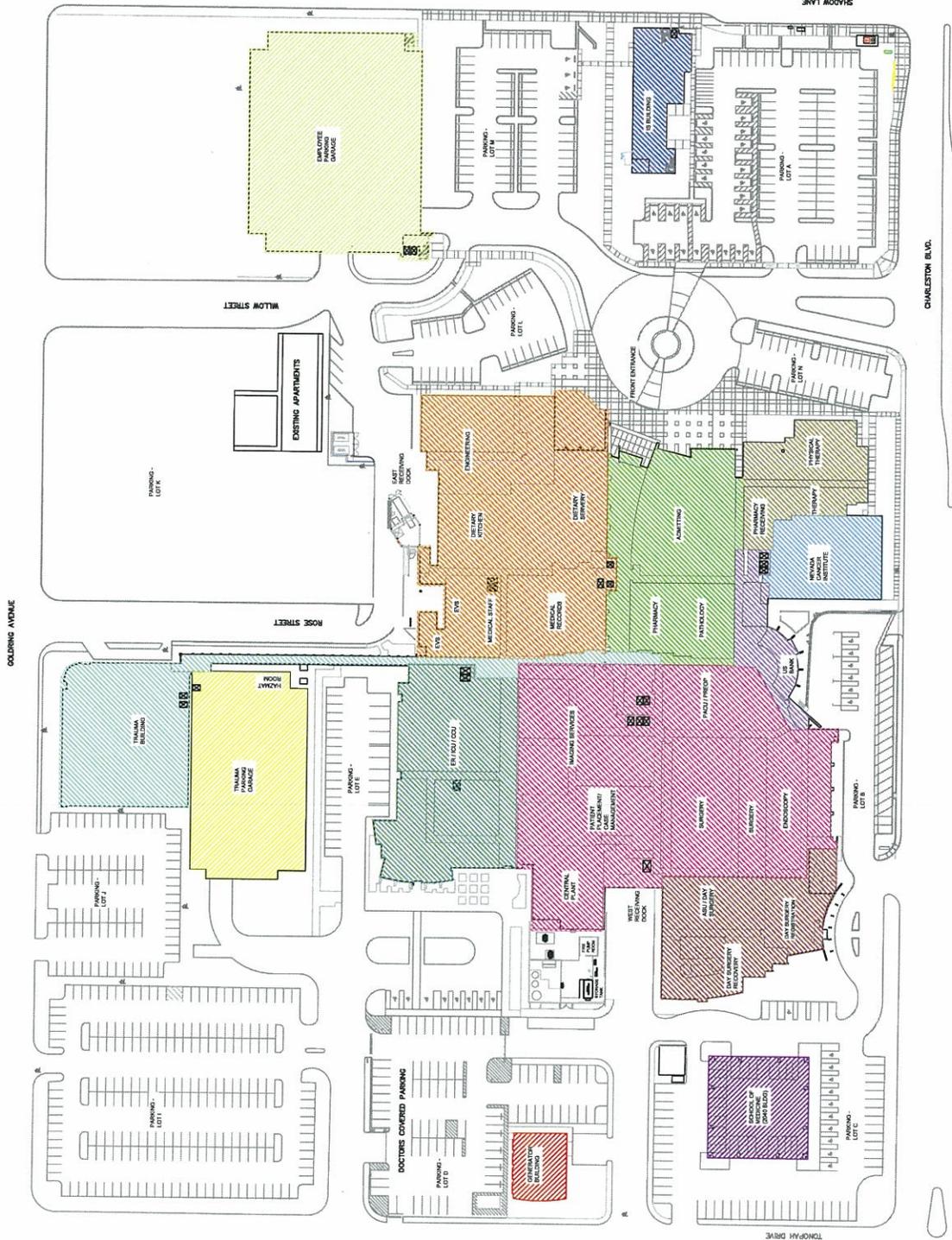
The RFP Opening date of August 30, 2013; 2:00:00 p.m. remains unchanged.

Should you have any questions, please contact me at (702) 207-8291 or via email at larry.silver@umcsn.com.

Issued by:

Larry Silver
Contracts Management

Attachment(s): Building and Location Map, Building Age Matrix, UMC Cost Centers
cc: None



- 1000 Building**
Northside Building
Built: 2007
Stories above grade: 5
Square Footage: 104,261
Construction Type: V (443)
- 2000 Building**
South Tower
Built: 2004
Stories above grade: 3
Square Footage: 33,617
Construction Type: I (443)
- 3000 Building**
South Tower
Built: 1954
Stories above grade: 3
Square Footage: 30,569
Construction Type: I (232)
- 4000 Building**
South Tower
Built: 1972
Stories above grade: 3
Square Footage: 30,569
Construction Type: II (222)
- 5000 Building**
Navy Tower
Built: 1977
1977 (Basement-1st Fl)
1979 (3-5 Fl)
1981 (6-7 Fl) grade: 6
Square Footage: 144,313
Construction Type: I (443)
- 6000 Building**
ASU
Built: 2002
Stories above grade: 2
Square Footage: 25,529
Construction Type: I (443)
- 7000 Building**
BRICUCCO Building
Built: 1962
Stories above grade: 2
Square Footage: 54,868
Construction Type: I (443)
- 8000 Building**
Trauma Building
Built: 1962
Stories above grade: 5
Square Footage: 54,868
Construction Type: I (443)
- PT Building**
Built: 1945
Stories above grade: 1
Square Footage: 11,111
Construction Type: V (111)
- IS Building**
Built: 1975
Stories above grade: 2
Square Footage: 19,469
Construction Type: V
- Trauma Parking Garage**
Stories above grade: 5
Square Footage: 186,000
- Employee Parking Garage**
Built: 2002
Stories above grade: 4
Square Footage: 172,000
- 2040 Building**
Built: 1985
Stories above grade: 6
Square Footage: 172,000
Construction Type: Masonry & Metal Stud
- Generator Building**
Built: 2002
Square Footage: 3,770

Campus Building Age

Building	Name	Floors	Year Built
1000	North East	5	2007
2000	South East	2	2009
3000	South Wing	3	1954
4000	West Wing (Round)	3	1972
5000	North Tower	7	
	1st Floor		1977
	3rd - 5th Floors		1979
	6th - 7th Floors		1981
6000	ASU	2	2002
7000	ER	2	2001
8000	Trauma	5	1992
	2040	6	1977
	IT Cast Clinic	2	1956
	PT	1	1945
	Trauma Parking Garage	5	1994
	Employee Parking Garage	4	2002
	Generator Building (3MW)	1	2002

University Medical Center of Southern Nevada
Department List

Dept #	Department Name
6010	MICU
6035	CCU/CVCU
6060	TICU
6064	Burn Care Unit
6080	1300 West
6083	1500 Oncology
6084	Medical/Surgical (4 North)
6085	Medical/Surgical (3 South)
6086	Medical/Surgical (4 South)
6088	1400 MS
6090	Medical/Surgical (5 North)
6092	Medical (2 West)
6094	Medical/Surgical (2 South)
6120	Pediatrics Unit
6130	PICU
6171	NICU
6180	Medical/Surgical (5 South)
6230	I/P Holds
6250	SICU/NSCU
6270	3-West
6385	Family Birth Care Center
7010	Labor & Delivery Services
7018	Mid-Wifery
7020	Clinical Nutrition
7021	Surgical Services
7022	Endoscopy
7024	Day Surgery
7027	Post Anesthesia Care Unit
7040	Anesthesiology
7050	Central Supply
7051	Sterile Processing
7070	Pathology
7077	Lied - Pediatric Outpatient Services
7078	Total Life Care
7080	Primary Care Specialists - Summerlin PC
7090	Cardiology
7091	Cath Lab
7095	Telemetry
7110	Electrocardiography
7130	Neurodiagnostic Laboratory
7140	Diagnostic Radiology
7141	Special Procedures

University Medical Center of Southern Nevada
Department List

Dept #	Department Name
7145	CAT Scan
7149	Ultrasound
7155	HDR
7160	MRI
7161	Nuclear Medicine
7171	Pharmacy
7175	Outpatient Pharmacy
7181	Respiratory Therapy
7190	Renal Dialysis
7192	Kidney Transplant
7200	Physical Therapy
7202	Outpatient Rehabilitation
7206	Burn Care Therapy
7210	Occupational Therapy
7221	Speech & Audiology
7223	OP Ortho Clinic
7227	Chest Pain Center
7230	Emergency Department
7231	ED ESP
7233	Pediatric Emergency Department
7235	Trauma Emergency Department
7245	Patient Transportation
7250	Lied - Outpatient Clinic
7261	Peds OP Services
7263	Wellness Center
7268	Oncology Ancillary
7270	Peccole Quick Care
7271	Enterprise Quick Care
7275	Peccole Primary Care
7280	Nellis Charleston Quick Care
7282	Nellis Primary Care
7283	Occupational Medicine
7290	Spring Valley Quick Care
7293	Spring Valley Primary Care
7295	Summerlin Area Quick Care
7310	Sunset Quick Care
7315	Sunset Primary Care
7320	Craig / Clayton Quick Care
7325	Craig / Clayton Primary Care
7340	Laughlin Quick Care
7360	Boulder/ Tropicana Quick Care
7365	Boulder/ Tropicana Primary Care

University Medical Center of Southern Nevada
Department List

Dept #	Department Name
7420	Hospitalists
7870	Hyperbaric
8260	Organizational Development
8270	Medical Education
8280	Clinical Education & Research
8290	Case Management
8310	Print Shop
8340	Food Services
8360	Social Services
8370	Central Transportation
8420	Materiel Management
8440	Public Safety
8460	Environmental Services
8470	Clinical Engineering (Bio Med)
8480	Plant Operations
8490	Eligibility/Financial Counseling
8500	Managed Care & Business Devolpment
8505	Budget and Financial Planning
8510	Fiscal Services
8513	Medicare Compliance
8515	Internal Auditing
8530	Patient Accounting Services
8540	IS Development
8560	Patient Access Services
8562	PAS-Peccole
8563	PAS-Enterprise
8564	PAS-Nellis.
8566	PAS-Spring Valley
8567	PAS-Summerlin Area
8568	PAS-Sunset
8569	PAS-Craig/Clayton
8570	PAS-Laughlin
8571	PAS-Boulder/Trop
8572	PAS-Rancho
8610	Administration
8612	Trauma Service Administration
8615	Quick Care Administration
8618	Emergency Admin
8634	Patient Advocacy
8635	Government & Community Relations
8636	Interpretation Services
8637	Patient Placement

University Medical Center of Southern Nevada
Department List

Dept #	Department Name
8638	Marketing & Public Relations
8640	Physician Referral
8650	HR-Employee Services
8651	HR-Personnel Services
8653	Bargaining Units
8670	Risk Management
8690	Medical Library
8700	Medical Records
8710	Medical Staff Services
8720	Nursing Administration
8725	Family Resource Center
8730	Nursing Float Pool
8735	Ambulatory Float Pool
8760	Performance Improvement
8765	Temporary Light Duty
8770	Epidemiology
17281	Rancho Quick Care
17286	Rancho Primary Care