

Palomar Pomerado Health
JOINT BOD/STRATEGIC PLANNING COMMITTEE
POMERADO – CONFERENCE ROOM E
March 16, 2006

AGENDA ITEM	DISCUSSION	CONCLUSION/ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
CALL TO ORDER	Dr. Rivera opened the Joint BOD/Strategic Planning Committee meeting at 6:00 p.m.		
ESTABLISHMENT OF QUORUM	Dr. Rivera, Dr. Larson, Michael Covert, Nancy Bassett, RN, Linda Greer, Bruce Krider, Nancy Scofield, and Dr. Trifunovic. Also attending were Gerald Bracht, Dr. Buringrud, Jim Flinn, Lorie Harmon, Marcia Jackson, Lorie Shoemaker, and Al Stehly. Guests: Tom Chessum, Harold Fisher, Stephanie Heames, Andy Hoang, Dr. Kolins, Dr. Kung, Dennis McFadden, Craig McInroy, Mary Oelman, Greg Palmer, Eyal Perchik, Stonish Pierce, Mike Shanahan, Andy Spurlock, Jerzey Wollak, Nick Xenitopoulos, and Steve Yundt.		
NOTICE OF MEETING	The notice of meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	There were no requests for public comments.		
MINUTES Feb. 21, 2006		Approval of the February 21, 2006 Strategic Planning Committee minutes was deferred to the April 18, 2006 Strategic Planning Committee meeting.	

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<p>QUARTERLY FACILITY UPDATE</p>	<p>Marcia Jackson presented feedback from the second PPH Innovation Week, (January 31 to February 3, 2006). She also included a meeting summary of the Expert Advisory Panel (January 30, 2006), as well as a summary of the Physician Facilities Innovation Retreat (January 20, 2006).</p> <p>Marcia noted several common themes from the above events, including the following:</p> <ul style="list-style-type: none"> • Mock-up rooms provide very important benefits, including the capacity to pre-test materials and products quickly • Information Technology advances and implementations, present and future, have a significant impact, and much is available already (i.e., monitoring ICU departments from a central location) • Increasing consumerism, with a continuous life-span of health and information availability, including accessibility to medical care • Opportunity to undertake pilot projects today to prepare for tomorrow • More procedures mean more equipment needs at the patient room <p>Linda Greer asked about bar-coding versus RFID (radio-frequency identification), and commented that RFID needs to be in place prior to construction. Michael Covert responded that PPH is looking into this. He reminded us that the goal of the quarterly Facility Updates is to provide a snapshot, a broad overview, using one time and location to combine, rather than hold separate, the following meetings: the Strategic Planning Committee, the Finance</p>		

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	<p>Committee, and the Facilities & Grounds Committee meetings.</p> <p>Steve Yundt presented mock-ups of the patient rooms, noting that employing certain aspects of these updated mock-ups can result in the following:</p> <ol style="list-style-type: none"> 1. Improved family-centered care 2. Improved staff efficiency, patient safety <p>The mock-up diagrams included private patient rooms, with private bathrooms. In the current floor plan, 50% of the rooms will have ADA-accessible bathrooms, which is considerably higher than the 10% required by code. The rooms also included a four-foot span around the patient bed, as well as a family zone. He commented that the patient rooms were not mirrored rooms, but would be the same layout everywhere. The same-handed room layout is theorized to improve patient safety.</p> <p>The next steps included the following:</p> <ul style="list-style-type: none"> • Build next iteration of same-handed room • Build first iteration of: <ul style="list-style-type: none"> ○ Operating Room ○ IR/Cath Lab ○ LDR ○ NICU ○ ED Treatment <p>Dr. Rivera commented on the column with electronics, and asked if the arm could be flush to ceiling, and Steve responded that this is not available yet.</p> <p>Tom Chessum of Anshen & Allen discussed the overall design aspects for POM and PMC West, noting that the</p>		

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	<p>Design Team has met a total of five times, with phenomenal results. The design process is iterative.</p> <p>He discussed the architectural expression, which is the design form & shape, including the fluidity of the design, as well as the organic, the nature, and the garden designs. Developing a design involves searching to find a balanced decision, as we begin to shape the buildings, including visibility and flexibility.</p> <p>The Design Team has looked at the scale in depth. Tom linked the design form and shape to PPH's Balanced Scorecard matrix, utilizing the following:</p> <ul style="list-style-type: none"> • Flow • Flexibility • Functional Adjacencies • Expandability • Daylight/Nature • Identity/Sense of Place <p>Tom noted that labor is the biggest cost in construction.</p> <p><u>POMERADO HOSPITAL</u> Jerzey Wollak, from Anshen & Allen, presented the Pomerado Hospital Architectural Design agenda item, including segments on the campus plan, Outpatient Services Pavilion, and hospital expansion.</p> <p>Pomerado's ground-breaking ceremony will be held on March 21. The expansion will more than double the size of the facility, and includes a new nursing tower, an Outpatient Services Pavilion, and a new parking structure. The design will feature a resort-like ambience, with many gardens (spiritual healing, meditation, sensory, social),</p>		

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	<p>water features, courtyards, indoor-outdoor terraces including a cafeteria-dining terrace, a porte-cochere circular entrance and arrival gateway, an open 3-story atrium lobby, glass elevators, a conference center, and breakout spaces (indoor and outdoor). One of the key priorities at POM is to maintain the natural setting and sense of openness, including extensive landscaping and a stepped, curved façade.</p> <p><u>PMC WEST</u> Dennis McFadden of Anshen & Allen presented the architectural design for PMC West, including segments on the campus plan, hospital, and Women's and Children's Center. The architects strove to find a balance in the dual nature of the hospital, both as a machine (facility of the future) and also as a "green" facility with healing gardens as well as a roof garden.</p> <p>The design evolution for PMC West included changing the perimeter, bending the "spine" to offer a less institutional look. A shade structure feature on the conservatory was a topic of considerable discussion, with comments that the feature was reminiscent of Venetian blinds.</p> <p>Dr. Rivera challenged the Board of Directors to envision the way that they had perceived the structure of the new facility, and decide whether they wanted PMC West to be an "urban hospital" or to have a softer, more spread-out feel like Pomerado Hospital.</p> <p>Board member comments included the following:</p> <ul style="list-style-type: none"> • More fluid, rounder building, with porte-cochere, façade changes, possibly a bell tower 		

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	<ul style="list-style-type: none"> • Less rectangular buildings with different shapes • More of a resort-style feeling like POM • Facility needs flavor, character <p>Michael Covert reminded the Committee that one of the difficulties with the model is the issue of scale; the lot size is already the size of 1.5 football fields, and that possibly we might not want the new hospital to “fit in,” and to think about giving notice as a monument, a beacon of health care.</p> <p>PPH expects to submit building plans this year for PMC West and Pomerado to the Office of Statewide Health Planning and Development, and hopefully get the plans approved in 12 to 18 months.</p> <p>Marcia Jackson and Mike Shanahan presented a brief update on the Ramona and Rancho Peñasquitos satellite centers.</p> <p>RAMONA</p> <p>PPH continues to be limited by the lack of available and reasonably priced land sites in Ramona. The following two site options were discussed:</p> <ol style="list-style-type: none"> 1. The Auerbach parcel, Main Street & 13th – 14th Streets - Bob Hemker is working with the realtors, but it appears that the Auerbach family doesn't really want to sell; plus, there were substantial discrepancies between the appraisal value and the asking price. PPH is looking at developer-partnership options. 2. The Old Post Office off Main Street is for sale, 		

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	<p>and this could be the 2nd option.</p> <p>Dr. Rivera reminded the Committee that the Ramona residents have waited a long time for a satellite clinic. Michael Covert responded that there is not much for sale in Ramona at the present time, and that PPH may have to look at options, including leasing property. Mr. Covert stressed that if PPH does not consider leasing for at least the present time, it is possible that the Ramona residents could continue to wait for years.</p> <p>RANCHO PENASQUITOS</p> <p>Mike Shanahan reviewed the two options for the Rancho Peñasquitos property that were discussed at the February 2006 Strategic Planning Committee meeting:</p> <ol style="list-style-type: none"> 1. Construct a new 55,000 square foot (SF) Clinic 2. Retain the 15,000 SF Church Nave, and add a secondary 40,000 SF Clinic <p>Partnering with a developer is also being examined. We currently have a parking arrangement with the Mormon Church. Marcia and Mike discussed that the preferred option is to retain the Nave for PPH education and wellness programs, which offer community benefit, but minimal reimbursement. Financial considerations will continue to be reviewed.</p> <p>Mike Shanahan also discussed the project status for Pomerado Hospital, Phase 1, including the interim parking, north access road, utilities, new parking structure, waste management center relocation, mobile MRI relocation, and city-required offsite improvements.</p>		

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COMMITTEE COMMENTS, SUGGESTIONS	There were no further Committee comments at this time.		
FINAL ADJOURNMENT	9:10 p.m.		
SIGNATURES Committee Chairperson Recording Secretary	<hr/> Marcelo Rivera, M.D., Chairman of the Board <hr/> Lorie Harmon		

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