AGENDA
HSC Master Plan Oversight Committee

DATE: 20 SEP 07
TIME: 08:15
LOCATION: HSSB Rm 316

1. Overall Process (see flow chart p. 2)
   a. Update to NBBJ Planning Documents

2. Master Plan Components
   a. Strategic Planning (refer to Summary chart, p. 3)
      i. Education
      ii. Research
      iii. Clinical Care
         1. Coordination of RFP 115-07 for Strategic Planning for Clinical Enterprise with DRAFT RFP for HSC Master Plan and UNM Overall Master Plan
      iv. Administration/Finance
         1. Partnerships as a strategy
   b. Functional Planning
   c. Physical Planning

3. Master Plan Update Topics – from meetings of 2nd May and 25th Jul 07
   a. Services for Day Car Adults & Children
   b. Student Food service
   c. Education integration w/Research & Patient Care
   d. 10-20 yrs planning horizon – What will research look like in 10-20 yrs
   e. w/ changes in NIH funding then what impact to research space
   f. What are workforce issues & impact to programs
   g. Where will we be RE remote vs. simulated (on-site)
   h. Health Care reform impacts
   i. Rio Rancho (Hospital or Campus Hospital) (A. Boule, S. McKernan, P. Burge)
   j. Out-patient site
      i. Wellness/Prevention
      ii. Mesa del Sol
   k. Tri-Lab
   l. Commercial Development
   m. University/Lomas NE Corner
   n. Links/Coordination with Research Park Corp. (STP)
   o. Other services

4. Consultant Selection – RFP scope – coord w/ RFP 115-07 (see above)
HSC Master Plan Taskforce Meeting
Thursday, September 20, 2007
HSSB Rm 316
8:15 am – 9:15 am

Attendees:
Paul Roth  Mary Kenney  Joe Brawley  Steve McKernan  Andrew Cullen
Pug Burge  Andrew Cullen  Jeffery Griffith  John Pieper  Karen Carlson
Ava Lovell  Greg Gaillard (for Holly Buchanan)

Work Group Member(s) Not in Attendance:
Holly Buchanan

Notes prepared by Tabia Murray

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Responsible Party</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Oversight Committee ½ day meeting for strategic planning in Mid-Oct.</td>
<td>Patrice Martin</td>
<td>ASAP</td>
</tr>
<tr>
<td>In advance of the ½ day meeting Roth wants to visit with Joe and Mary to define the deliverables of the ½ day.</td>
<td>Mary Kenney, Joe Brawley</td>
<td></td>
</tr>
<tr>
<td>Meet with the Deans &amp; Hospital to determine the groups and present to the ½ day. DRAFT Agenda to group in-advance for comment and deliverables to the committee.</td>
<td>MKenney, JBrawely, HBuchanan</td>
<td></td>
</tr>
</tbody>
</table>

Review of Agenda
Send out the Precinct Footprint for HSC – general guideline for HSC on campus

Planning Status

Item:  Overall Process

Discussion:  Joe Brawley led the discussion of the Comprehensive Master Plan update process and the various levels of master plans.

Level 1 Plan – Comprehensive MP
Level 2 Plan – Athletics, HSC, Main, STP
Level 3 Plan – HSC: Research, Educational, Clinical, Administrative

JBrawley and MKenney have meet with Ryan Deller to gather most current strategic planning for HSC.

HSC MP will be coordinated so as to be able to merge into the Comprehensive Master Plan.

HSC Executive Oversight Committee:
Current Strategic Plan is for CY 2007 and therefore more of an action plan and reflects each of the HSC components short-term goals. The HSC Executive Oversight Committee needs to meet to determine the long-term strategies and “mega goals” for the HSC.

**Actions:**

1. Executive Oversight Committee 1/2 day meeting for strategic planning in Mid-Oct (Patrice Martin).

**Item:** Coordinated Efforts

**Discussion:** Currently the Hospital is working on an RFP that is focused on clinical enterprise strategic planning. Dr. Roth feels that there is no need for a consultant for the education, research, administrative strategic plans; these will be handled in-house (as noted above).

**STRATEGIC PLANNING**

HSC has two levels of Strategic Planning:

I. HSC Strategic Planning for the broad/global view of the HSC (research, education, administration). This level of strategic planning is to be done primarily by the Executive Oversight Committee.

II. Strategic plans for Research, Education and Administration. This level of strategic planning will be done primarily by selected faculty and staff task committees yet to be named:

a. Education (changes for colleges, teaching programs, technology innovations for education, etc.), Administration & Finance (HSLIC – IT infrastructure, daycare facility for staff and students, etc), Research (connections to education and clinical, how research is changing, etc.)

b. The qualitative and quantitative assumptions for programs, and validation of those assumptions.

c. Asking the educators: methodology changes, where education is heading, brainstorming – innovative models of education, etc.

**FUNCTIONAL PLANNING**

Functional plan is driven by the Strategic plan and the future needs of the HSC. In the case of the Education component; once the strategic plan indicates what is to be taught and the numbers of students served, Functional Planning will identify the space needs in quantity and quality for each of the programs. This will include the analysis of existing space and space utilization.

Research, Clinical Service/Enterprise and Administration/Finance will be treated similarly. It is a description of the proposed activity in these spaces, the configuration of the space, backfill opportunities, capital budget estimates, O&M costs, etc.

**PHYSICAL PLAN**

Physical plan is the graphic representation of the space (site, parking, utilities infrastructure, buildings including labs, classrooms, offices, etc.), etc. Physical plan is based on the existing and, from the functional plan outcomes, the proposed space needs.

Timeframes, questions for the groups to answer, naming the groups.
- Want to have the Comprehensive plan finished by Fall of 2008.
- Clinical strategic plan will not be completed until June 30, 2008. Need to coordinate clinical with the other strategic plans because it will be the biggest consumer of land, needs to tied tightly to the rest of the planning – planning the parallel.

1996 Barton Myers Campus Development Plan – Once the HSC refines the strategic direction, how do we modify the Barton Myers plan to accomplish the new direction? This effort is to update the Barton Myers plan and to recommend the changes to that plan based on analysis as provided to President Schmidly and central administration. (i.e. the 1996 green space connecting Core and HSC campuses in the 1996 Plan – create a symbolic connection between north and main campus. HSC is pursuing more programmatic connections between north and main campus – do we need to have a physical connection? Do we challenge the Master Planning team to create a connection that is financially achievable and meets the need of the revised Strategic Plan?)

The Hospital Strategic plan is what will drive the timeframe for the HSC process. Will target July 1, 2008 for the adoption of the HSC Strategic Plan; will begin with the research, academic, service questions to incorporate into Hospital strategic plan. Executive Oversight Committee will create teams to work on the strategic planning at the half day meeting (as noted above) and should have plan done by end of calendar year 2007.

**Action:**

1. In advance of the meeting Roth wants to visit with Joe and Mary to define the deliverables of the half day, and what the questions are.

2. Make-up of the working group: have a tentative list for the half day. MKenney, JBrawely, HBuchanan will meet with the Deans & Hospital to determine the groups and present to the ½ day. DRAFT Agenda to group in-advance for comment and deliverables to the committee.

3. Schedule half day retreat with Executive Oversight Committee.

4. Need schedule for the strategic level and then schedule for the functional level (RFP).

*Next Meeting: Friday, October 19, 2007  
HSSB Rm 316, 1:00 – 5:00 pm*