



UNM Hospital Board of Trustees  
Friday, January 22, 2016 9:00 a.m.  
Barbara and Bill Richardson Pavilion Conference Room 1500

**AGENDA**

- I. CALL TO ORDER – Debbie Johnson, Chair, UNM Hospital Board of Trustees**
- II. ADOPTION OF AGENDA**
- III. ANNOUNCEMENTS**
- IV. PUBLIC INPUT**
- V. APPROVAL OF THE MINUTES**
  - [December 18, 2015, UNM Hospital Board of Trustees Meeting](#)
- VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA**
  - **Consent/Approval Items**
    - ❖ [MSI Consulting, LLC. Db a Surgical Directions](#) (Approval)
  - **Clinical Privileging Approval**
    - ❖ [UNMH Nurse Practitioner & Physician Assistant \(CNP & PA\) Emergency Medicine Special Procedures Clinical Privileges – Appendix E](#) (Approval)
    - ❖ [UNMH Nurse Practitioner \(CNP\) Emergency Medicine Clinical Privileges](#) (Approval)
    - ❖ [UNMH Physician Assistant \(PA\) Emergency Medicine Core Privileges](#) (Approval)
- VII. BOARD INITIATIVES**
  - [Architect Program Development for Replacement Hospital](#) (Approval) – Steve McKernan
- VIII. ADMINISTRATIVE REPORTS**
  - Chancellor for Health Sciences - Paul Roth, MD
  - [CEO, UNM Hospitals](#) - Steve McKernan
  - [CMO, UNM Hospitals](#) – Irene Agostini, MD
- IX. UPDATES**
  - [December Financials](#) – Ella Watt
- X. COMMITTEE REPORTS**
  - [Performance Oversight / Community Benefits Committee](#) – Dr. Raymond Loretto
  - [Finance, Audit & Compliance Committee](#) – Jerry McDowell
- XI. OTHER BUSINESS**
- XII. CLOSED SESSION:** Vote to close the meeting and to proceed in Closed Session.
  - a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.
  - b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.
  - c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
  - d. Vote to re-open the meeting
- XIII.** Certification that only those matters described in Agenda Item 12 were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.



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# Approval of Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present:	Debbie Johnson, Jerry McDowell, Michael Olguin, Christine Glidden, Nick Estes, Dr. Donna Sigl, Joseph Alarid, Michelle Coons, Raymond Loretto	
Ex-Officio Members Present:	Stephen McKernan, Dr. Michael Richards, Dr. Irene Agostini, Dr. Aimee Smidt, Ryan Berryman	
County Officials Present:	Mario Ruiz	
Call to Order	A quorum being established, the Chair, Ms. Debbie Johnson, called the meeting to order at 9:05AM.	
I. Adoption of Agenda	The Chair, Ms. Debbie Johnson, requested a motion to adopt the agenda.	Ms. Michelle Coons made a motion to adopt the agenda. Mr. Jerry McDowell seconded the motion. There being no objections, the motion carried.
II. Public Input	None	
III. Announcements	<p>Mr. Steve McKernan acknowledged the nurses who received recognition from New Mexico Nursing Excellence.</p> <p>Dr. Raymond Loretto introduced his Executive Secretary, Jaime Loretto, who has provided support during his time as Governor of the Jemez Pueblo.</p> <p>Mr. Steve McKernan acknowledged recertification of UNM Hospitals' Level 1 Trauma Center.</p> <p>Mr. Steve McKernan presented Mr. Jim Pendergast with a retirement plaque and expressed his appreciation for his service and noted some of his accomplishments during his tenure.</p> <p>Mr. Steve McKernan presented Ms. Erin Doles with a retirement plaque and expressed his appreciation for her dedication and service to the patients of the UNMH organization over the last 33 years.</p>	
IV. Approval of Minutes	The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospitals Board of Trustees meeting minutes for November 20, 2015.	Mr. Jerry McDowell made a motion to approve the minutes of the November 20, 2015, Board of Trustees meeting. Mr. Michael Olguin seconded the motion. There being no objections, the motion carried.
V. Consent Agenda	<p>Following review of the Consent Approval items, the Chair, Ms. Debbie Johnson, requested a motion to approve as follows:</p> <p>Cerner Remote Hosting</p>	Following a brief discussion regarding the consent items, Mr. Jerry McDowell made a motion to approve the Consent Approval items, as submitted. Dr. Raymond Loretto seconded the motion. There being no objections, the motion passed



Agenda Item	Subject/Discussion	Action/Responsible Person
	<p>Infor Remote Hosting</p> <p>Multi Year Renewal TomoTherapy</p> <p>Following review of the Clinical Privileging descriptions, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted.</p>	<p>unanimously.</p> <p>Following a brief discussion regarding the consent items, Dr. Raymond Loretto made a motion to approve the Consent Approval items, as submitted. Mr. Jerry McDowell seconded the motion. There being no objections, the motion passed unanimously.</p> <p>Following a brief discussion regarding the consent items, Mr. Jerry McDowell made a motion to approve the Consent Approval items, as submitted. Ms. Christine Glidden seconded the motion. There being no objections, the motion passed unanimously.</p> <p>Dr. Raymond Loretto made a motion to approve the Clinical Privileging descriptions, as submitted. Ms. Christine Glidden seconded the motion. There being no objections, the motion passed unanimously.</p>
<p>VI. Board Initiatives</p>	<p>Dr. Sara Frasch initiated a discussion regarding the revision of the Vision / Values Statement for UNMH. No action was taken at this time.</p>	
<p>VII. Administrative Reports</p>	<p><b>Chancellor's Report</b> – Dr. Roth was not present to provide a report, but Dr. Richards commented briefly on the impact of post-acute care and the need to be connected to follow up on post-acute care delivery systems. UNM School of Medicine recently implemented a PMR department and residency program so this will be possible.</p> <p><b>CEO Report</b> – Mr. Steve McKernan deferred his report to Closed Session.</p> <p><b>CMO Report</b> – The CMO report is in the packet. Dr. Irene Agostini presented an update related to the physician satisfaction survey. She indicated both positive and negative feedback has been gathered and the results would be shared. Dr. Agostini and Mr. Steve McKernan noted the consulting group (Studer) would be assisting UNMH with this concern. The board members were given copies of the book <i>Hardwired Excellence</i>.</p>	
<p>VIII. Updates</p>	<p><b>Financial Report Card</b> – The financial dashboard for November was in the packet.</p>	
<p>IX. Committee Reports</p>	<p><b>Performance Oversight &amp; Community Engagement Committee</b>                      The Performance Oversight &amp; Community Engagement Committee met on December 17, 2015. No Community Engagement Reports were presented.</p> <p><b>Finance, Audit, and Compliance Committee</b></p>	

Agenda Item	Subject/Discussion	Action/Responsible Person
	The Finance and Audit Committee did not meet in December 2015.	
X. Other Business	None	
XI. Closed Session	At 10:52AM, the Chair, Ms. Debbie Johnson, requested a motion to close the open session of the meeting to the public.	Mr. Nick Estes made a motion to move to closed session. Mr. Jerry McDowell seconded the motion. The motion passed unanimously.
XII. Certification	<b>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</b>	
XIII. Vote to Re-Open meeting	<p>At 12:43PM, the Chair, Ms. Debbie Johnson, requested a motion to be made to return the meeting to open session.</p> <p>The Chair, Ms. Debbie Johnson, requested a motion to be made that the Board accept the minutes of the meeting of those committees that were presented in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept and approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in closed session.</p>	<p>Mr. Michael Olguin made a motion to return to open session. Ms. Michelle Coons seconded the motion. The motion passed unanimously.</p> <p>Mr. Michael Olguin made a motion to accept the minutes presented by the committees. Ms. Michelle Coons seconded the motion. The motion passed unanimously.</p> <p>Mr. Jerry McDowell made a motion to ratify the actions taken. Dr. Donna Sigl seconded the motion. The motion passed unanimously.</p>
XIV. Adjournment	The next scheduled Board meeting will be January 29, 2015 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, adjourned the meeting at 12:44PM.	

Christine Glidden, Secretary  
 UNM Hospital Board of Trustees



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# **Consent Approvals**

**UNM Hospital Board of Trustees  
Recommendation to HSC Board of Directors  
January, 2016**

**Approval**

**(1) Vendor Name:** MSI Consulting, LLC dba/Surgical Directions

**Ownership:**

Surgical Directions  
541 N. Fairbanks Ct.  
Suite 2740  
Chicago, IL 60611  
312-870-5600  
[www.SurgicalDirections.com](http://www.SurgicalDirections.com)

**Officers Information:**

President and CEO: Jeffrey Peters

**Source of Funds:** UNM Hospitals Operating Budget

**Description:** Request approval for two year contract with Surgical Directions to identify opportunities to improve perioperative services system-wide in terms of clinical outcomes, operational improvements, and financial improvements. Expected outcomes are listed below:

- Improved surgeon engagement and satisfaction
- Increase in patient access to surgical care
- Decrease in overall Length-of-Stay
- Reduction in 30-day readmissions
- Improved clinical outcomes
- Enhanced recruitment and retention of both faculty and hospital staff
- Improved patient satisfaction
- Improved operational performance
- Improved financial performance

**Initiatives for Funding Request:**

- Perioperative services optimization through identified recommendations within the Surgical Directions Assessment Report
- Supply Chain optimization through identified recommendations within the Surgical Directions Assessment Report
- Ambulatory and Clinic Optimization through identified recommendations with the Surgical Directions Assessment Report
- Interim Placements – if required, to implement the recommendations within the Surgical Directions Assessment Report

**Process:** RFP # P318-15. Amendment provision established for implementation of perioperative services assessment recommendations – ‘option to renew as provided for in NMSA 13-1-150 (Multi-term Contract)’.

**Previous Contract:** What vendor was used previously? None

**Previous Term:** How many years? NA

**Previous Contract Amount:** How much did it cost? NA

**RFP Respondents:** There were six (6) respondents to the RFP:

1. Surgical Directions
2. The Chartis Group
3. Kurt Salmon
4. Cleveland Clinic
5. Navigant
6. Cerner

**Selection Criteria:**

Selection was based upon highest scores for the following characteristics:

1. The Vendor’s commitment in writing to meet the specifications described in the RFP: 20 points.
2. The Vendor’s health care experience and reputation in providing described services: 30 points.
3. Demonstrated professional ability in terms of staff assigned to search process, quality of work product, and client recommendations: 30 points.
4. Cost and Benefit services to be provided: 20 points.

Based upon above criteria, the RFP committee members reviewed and scored all vendors, completed vendor oral presentation, interview and product/software / service demonstration of written proposal submittals and selected via highest score the vendor that brought the best value to UNM Hospitals.

**Total Cost:** Total cost of \$2,253,200 for the following services:

Phase I Perioperative Strategic assessment - \$178,200

Phase II Perioperative Improvement engagement - \$1,200,000

Phase III Supply chain Optimization - \$875,000

Management approval is required before consummation of each phase.



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# Clinical Privileging Approvals

**UNMH Nurse Practitioner & Physician Assistant (CNP & PA)**  
**Emergency Medicine Special Procedures (Appendix E)**

**Name:**

**Effective Dates:** \_\_\_\_\_ **To:** \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: DRAFT*

**INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNMHospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**UNMH Nurse Practitioner & Physician Assistant (CNP & PA)**  
**Emergency Medicine Special Procedures (Appendix E)**

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

***Qualifications for Special Procedures in Emergency Medicine***

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**Criteria:** Currently privileged with core privileges as a CNP or PA at UNM Hospital in the Department of Emergency Medicine. Successful completion of training in requested procedure(s), or documentation of a special course for requested procedure(s) accompanied with demonstrated proctoring for requested procedures with acceptable outcomes.

**Required Current Experience:** Demonstrated current competence and evidence of performance of an acceptable volume of requested procedure(s) with acceptable results in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**NON-CORE PRIVILEGES: *Arthrocentesis/ Saline Arthrogram***

**Requested**

***Qualifications for Lumbar Puncture***

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**Criteria:** Demonstrated current competence with evidence of training and supervised performance of at least 5 lumbar punctures with acceptable outcomes.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of lumbar punctures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**NON-CORE PRIVILEGES: *Lumbar Puncture***

**Requested**

**UNMH Nurse Practitioner & Physician Assistant (CNP & PA)**  
**Emergency Medicine Special Procedures (Appendix E)**

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

***Qualifications for Paracentesis***

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**Criteria:** Demonstrated current competence with evidence of training and supervised performance of at least 5 paracentesis procedures with acceptable outcomes.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of paracentesis procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**NON-CORE PRIVILEGES: *Paracentesis***

**Requested**

***Qualifications for Thoracentesis***

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**Criteria:** Demonstrated current competence with evidence of training and supervised performance of at least 5 thoracentesis procedures with acceptable outcomes.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of thoracentesis procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**NON-CORE PRIVILEGES: *Thoracentesis***

**Requested**

**UNMH Nurse Practitioner & Physician Assistant (CNP & PA)**  
**Emergency Medicine Special Procedures (Appendix E)**

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

***Qualifications for Ultrasound as adjunct to privileged procedure***

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**Criteria:** Demonstrated current competence with evidence of training and supervision of at least 5 ultrasound procedures specific to the procedure requested with acceptable outcomes.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of ultrasound procedures with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

***NON-CORE PRIVILEGE: Ultrasound as adjunct to privileged procedure***

1. Paracentesis
2. Thoracentesis
3. Venous or Arterial lines

**Requested**

**UNMH Nurse Practitioner & Physician Assistant (CNP & PA)**  
**Emergency Medicine Special Procedures (Appendix E)**

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

**Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on DRAFT

# UNMH Nurse Practitioner (CNP) Emergency Medicine Privileges

Name:  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: DRAFT*

## **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

## **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNMHospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## UNMH Nurse Practitioner (CNP) Emergency Medicine Privileges

Name:  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### *Qualifications for Nurse Practitioner (CNP) Emergency Medicine*

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**Initial privileges** - *To be eligible to apply for privileges as a nurse practitioner (CNP), the applicant must meet the following criteria:*

Completion of a master's/post-master's degree in an accredited nursing program within the NP's specialty area that included 500 hours of supervised clinical practicum

AND

Current certification by the American Nurses Credentialing Center (ANCC) in Adult, Acute, or Family Practice

OR

American Academy of Nurse Practitioners (AANP) in Adult or Family Practice

OR

American Association of Critical-Care Nurses (AACN) in Acute Care or Acute Care Adult-Gerontology

AND

Current active licensure to practice professional nursing in the state of New Mexico, and current active certification by the Board of Nursing as an advanced nurse practitioner in the nurse practitioner category

~~AND~~

~~Maintenance of age-appropriate advance life support training (ALS) based on patient population~~

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months.

**Reappointment (Renewal of Privileges) Requirements** - *To be eligible to renew privileges as a nurse practitioner (CNP), the reapplicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. ~~Maintenance of ACLS certification is also stipulated.~~

# UNMH Nurse Practitioner (CNP) Emergency Medicine Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

## **CORE PRIVILEGES: *Nurse Practitioner (CNP) - Emergency Medicine***

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages, who present in the ED with any symptom, illness, injury or condition. Privileges do not include long-term care of patients on an in-patient basis. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Requested**

### ***Nurse Practitioner (CNP) Emergency Medicine Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Abscess Incision and Drainage
2. Administer Medications
- ~~3. Advanced Life Support~~
4. Anoscopy
5. Cast and Splint Application, Removal, and Management
6. Counsel and Instruct Patients and Significant Others as Appropriate on Medications, Disease, and Preventive Healthcare
7. Epistaxis Management including cautery, anterior and posterior nasal packing.
8. Immobilization (Spine, Long Bone, Soft Tissue)
9. Local Anesthesia
10. Nail Trephination and Removal
11. NG Tube Placement and Gastric Lavage
12. Ophthalmologic Evaluation (Including Slit Lap Exam, Flouroscein Stain, Tonometry and Superficial Corneal Foreign Body Removal)
13. Ordering and Preliminary Interpretation of Laboratory and Diagnostic Imaging Examinations
14. Order, Prescribe, and Dispense Orthosis, Orthotics, Braces, and Other Orthopedic Devices
15. Perform History and Physical
16. Perform Minor Outpatient Surgical Procedures Such As, But Not Limited to, Laceration Repair, Wound Management, Wound Debridement, and Irrigation
17. Perform Vaginal Speculum Exam (Includes Wet Preps)
18. Peripheral Nerve Blocks of the Following Sites: Facial, Oral, Digital, and Ulnar at the Wrist
19. Reduction of Joint Dislocations and Fractures

# UNMH Nurse Practitioner (CNP) Emergency Medicine Privileges

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

## **Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Department Chair recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on DRAFT

## UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: DRAFT*

### **INSTRUCTIONS**

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

# UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

## **Qualifications for Physician Assistant (PA) Emergency Medicine**

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**Initial privileges** - *To be eligible to apply for privileges as a physician assistant (PA) in emergency medicine, the applicant must meet the following criteria:*

Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)-approved program (prior to January 2001, completion of a Commission on Accreditation of Allied Health Education Programs-approved program) that included training in the emergency department (ED) procedures for which privileges are sought, or demonstrate completion of an accredited emergency medicine PA residency program

AND

Current certification by the National Commission on Certification of Physician Assistants (NCCPA)

AND

Current licensure to practice as a physician assistant issued by the NM State Medical Board

AND

Documentation of current medical staff supervising physician in area of clinical practice

~~AND~~

~~Maintenance of age-appropriate advance life support training (ACLS and/or PALS) based on patient population~~

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months.

**Reappointment (Renewal of Privileges) Requirements** - *To be eligible to renew privileges as a physician assistant (PA) in emergency medicine care, the reapplicant must meet the following maintenance of privilege criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. ~~Maintenance of age appropriate ALS certification.~~

## UNMH Physician Assistant (PA) Emergency Medicine Core Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

### **CORE PRIVILEGES: *Physician Assistant (PA) - Emergency Medicine***

Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients of all ages, who present in the ED with any symptom, illness, injury or condition. Privileges do not include long-term care of patients on an in-patient basis. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

#### **Requested**

### ***Physician Assistant (PA) Emergency Medicine Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Abscess Incision and Drainage
2. Administer Medications
- ~~3. Advanced Life Support~~
4. Anoscopy
5. Cast and Splint Application, Removal, and Management
6. Counsel and Instruct Patients and Significant Others as Appropriate on Medications, Disease, and Preventive Healthcare
7. Epistaxis management including cautery, anterior and posterior nasal packing.
8. Immobilization (Spine, Long Bone, Soft Tissue)
9. Local Anesthesia
10. Nail Trephination and Removal
11. NG Tube Placement and Gastric Lavage
12. Ophthalmologic Evaluation (Including Slit Lap Exam, Flouroscein Stain, Tonometry and Superficial Corneal Foreign Body Removal)
13. Ordering and Preliminary Interpretation of Laboratory and Diagnostic Imaging Examinations
14. Order, Prescribe, and Dispense Orthosis, Orthotics, Braces, and Other Orthopedic Devices
15. Perform History and Physical
16. Perform Minor Outpatient Surgical Procedures Such As, But Not Limited to, Laceration Repair, Wound Management, Wound Debridement, and Irrigation
17. Perform Vaginal Speculum Exam (Includes Wet Preps)
18. Peripheral Nerve Blocks of the Following Sites: Facial, Oral, Digital, and Ulnar at the Wrist
19. Reduction of Joint Dislocations and Fractures

**UNMH Physician Assistant (PA) Emergency Medicine Core Privileges**

Name: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

**Acknowledgment of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.
- c. The UNMH Supervising Physician is: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Department recommendation(s)**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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\_\_\_\_\_  
\_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Criteria approved by UNMH Board of Trustees on DRAFT**



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITAL

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## **Board Initiatives**



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

# UNM HOSPITAL

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## MEMORANDUM

April 3, 2015

To: UNM Hospital Board of Trustees

From: Stephen McKernan

Re: Planning for Replacement Hospital

UNM Hospital would like to initiate formal planning with an architecture firm to develop plan for replacement of the adult and behavioral inpatient beds for the hospital.

The current Master Facility Plan of the University identified that at some time the oldest parts of UNM Hospital that house the Operating Rooms, diagnostic services and inpatient beds along with the Adult Psychiatric Hospital inpatient beds and clinics would need to be replaced. That study identified the land west of University Boulevard and north of Lomas as the preferred location for that facility.

The current hospital has wings that were put into service in 1954, 1966, 1976 and 2004. The 2004 facility is in good condition and can be used for many years as a children's hospital, which was its original intent. The other wings have significant building deficiencies that make them difficult to deliver high quality care. The old wings are not suitable to be renovated. Many of the rooms in the old wings are semi-private, which compromises their ability to be used in many cases to provide standard level care to patients. Transferring the rooms to private status would lead to a significant reduction in capacity to admit and care for patients. The operating rooms are in the 1954 wing of the hospital and it is very challenging to provide the standard of care in the rooms because their size is too small and their infrastructure is inadequate. The rooms cannot be used interchangeably for different types of cases which would optimize utilization. The diagnostic rooms, especially for radiology are mostly in the 1954 wing and are too small, do not have adequate infrastructure and are very difficult to be retrofitted for new radiology imaging equipment.

One of the main concerns is that UNM Hospital is currently operating at a very high capacity. Because of the care demands, the hospital does not have a back-up plan for managing situations if part of the building were to fail. The hospital does not have the capability to provide much needed repairs and renovations to many of the patient care treatment areas. If there were to be a major failure in the operating rooms or the diagnostic suits, there are very few options to be able to fulfill the hospitals obligation to serve as a trauma center, transplant center, stroke center, surgical cancer center or burn center. This creates a significant vulnerability for the county and the state in its health care delivery capacity. Many hospitals and first responders depend on UNMH for these services and there is no other hospital in the state that has most of these services or capabilities.

The hospital has been preparing its finances to be able to develop this project. The hospital saved net margin and has been using the FHA insurance as the mechanism to provide the financing for the project.

The basic components of the project would be a new adult hospital with something around 300 beds, with a new emergency room, new diagnostic suites and new operating rooms and attendant support components. Addition needs that have been identified are professional office building to support the medical staff practice at the inpatient hospital. Additionally, the adult psychiatric facilities need to be replaced.

The Request for Proposal would retain an architecture firm to provide the leadership of the UNM Hospital with the steps necessary to prepare a master development plan for the replacement hospital for adult patients. The proposal would be developed so that the replacement hospital could have different phases for implementation. The proposal provides the ability for the leadership of the hospital to retain the requisite professionals with respect to the master development plan and financing alternatives. The results of that planning and modeling are to be reported back to leadership and governance at the appropriate time.

This proposal would cost approximately \$3 million. It would take about 6 months to complete and would provide the governance with cost, phasing and program plans for the facility. A subsequent RFP would be issued depending on the authority provided by governance to proceed with final design, schematics, final construction documents, bidding and construction management of the project.

Management of the hospital recommends that the board endorse the proposal to proceed with retaining an architecture firm to provide initial planning for the replacement hospital.

# UNM HOSPITAL BOARD OF TRUSTEES

I move that the UNM Hospital Board of Trustees authorize and approve leadership of the UNM Hospital taking the steps necessary to prepare a master development plan and modeling of potential financing opportunities and alternatives with respect to an adult replacement acute care teaching hospital, to include a design of a project that could be phased in, and to retain the requisite professionals with respect to the master development plan and financing alternatives. The results of that planning and modeling are to be reported back to leadership and governance at the appropriate time.



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# **Administrative Reports**



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# UNM HOSPITALS

## MEMORANDUM

**To:** Board of Trustees

**From:** Stephen McKernan  
Chief Executive Officer

**Date:** January 25, 2015

**Subject:** Monthly Hospital Activity Update

The Hospital has been involved in a variety of activities and this report will focus on services delivered through December.

**Activities Levels:** Activity levels through December show patient days were about 1% lower than the prior year. Discharges are about 4% lower than the prior year. Length of stay is about 5% higher than the prior year at 6.7 days with most of the increase related to Pediatric stays. Clinic visits are 3% higher than the prior year. The Urgent care and Emergency visits were significantly below the prior years. Surgeries and births were 1% higher than the prior year. Overall activity as measured by case mix adjusted patient days are about 6% higher than the prior year.

**Finances:** The operating revenues of the hospitals are about 10% greater than the prior year at \$441 million. Expenses have increased about 7% which is in line with overall activity growth. This includes the compensation increase and increase in workforce. FTE's have increased by about 250 since the prior year.

There had been an accrual in the prior year and the current year for Disproportionate Share revenue under the Medicaid program. UNMH has historically received about \$21 million in DSH payments each year. During the cost report evaluation, it would appear that the increase in patients covered by Medicaid and the payments for those patients have reduced the level of uncompensated care costs. The uncompensated care costs are part of the formula used to calculate the amount of DSH payments that a hospital is eligible for under Medicaid. UNMH has a significant uncompensated cost related to the write off of deductibles and out of pocket costs for high deductible commercial insurance and Medicare patients. CMS has ruled that those uncompensated care write offs do not qualify to be taken into consideration for the formula to calculate the amount of DSH payment that a hospital is eligible for. The \$21 million revenue for the prior year and the \$9 million accrued for the current year will need to be reversed out of revenues of the hospital and the funds returned to the State. This process is consistent with how the cost report reconciliation process works.

The balance sheet of the hospital is stable. The effects of the DSH change have been made to the balance sheet. Cash is close to the prior year end amount. Accounts payable are up slightly. The hospital has met its debt covenants.

**Strategic Planning:** Strategic planning is mostly related to the master facility plan and the next phases that the hospital would engage in to work on design of the replacement hospital. Management would plan to bring the next phase of planning to the Board at its meeting and review the processes that have been engaged it to bring planning to the position.

**Human Resources:** The turnover rates are now around 14%, little lower that most of the year. We have added almost 150 employees since the beginning of the year, although the vacancy rate is still close to 9% and 8% for nurses. We have increased the total compliment of nurses by 40 from June to 1,928.

UNM Health System has engaged the Studer group to lead the organization to improve its service, quality and internal staff engagement standards. Studer is one of the top consulting groups in the country in this arena. We will have the system kick off on February 4, 2016, and look forward to the work they will do. We handed out their book at the last board meeting.

**Information System:** There are a number of very important computer upgrades and conversions in process. The most significant activity is coordinating new billing systems, new diagnosis coding systems and the implementation of ICD 10. As with any major system change, there are many issues, but they are getting worked out.

**Bernalillo County:** Management is engaged in discussions with a group assigned by the County Commission to discuss how UNM Hospital could be involved in improvement of health delivery systems in the County consistent with the task force report the County received, the County's engagement of a consultant and with an emphasis on improving behavioral health programs. There have been two meetings so far. The goal of developing and Memorandum of Understanding to support the Mil Levy, which is to be on the ballot this fall is part of the goal of this engagement. Management is simultaneously working with Indian Health Service in coordination with the All Pueblo Council of Governors and its Health Council in a parallel manner.

If there are any questions on this or other matters, please feel free to contact me.



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# UNM HOSPITALS

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**To:** Board of Trustees

**From:** Irene Agostini, MD  
UNMH Chief Medical Officer

**Date:** January 29, 2016

**Subject:** Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of November was 8 hours and 46minutes. UNMH continues to remain above 90% capacity on average. We have not cancelled any surgeries due to capacity in 9 months.

- We sent 40 patients to an SRMC Inpatient unit instead of placing at UNM Hospital.

2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the “Patient First”, allowing continued access to those patients that can only be cared for by UNMH. In the month of November:

- 18 patients were triaged from the UNM Health System to Lovelace inpatient units.

3. The Physician Advisory Group (PAG) provider engagement and satisfaction work is in full swing. The Studer Group is the consultant service that has been chosen with a system wide “Kick-Off” to occur on February 4, <sup>2016</sup> at the annual LEAD conference for Hospital and Medical staff.

4. Surgical Direction Services consultant group has completed the initial assessment and has shared their findings to improve all of our surgical sites. We will keep the Board updated as this work progresses.



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**UNM HOSPITAL**

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## **Updates**

**Finance and Audit Committee Dashboard Report**  
Year To Date as of December 2015

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
Adult Days for UNMH		↑	↑	56,709	58,785	57,138	Days in ER down from PYTD, OB days down from budget
Adult Discharges for UNMH		↑	↓	9,205	10,288	9,550	ICU and SAC/MedsSurg discharges decreased from PYTD and bud
Adult Average Length of Stay for UNMH				6.16	5.71	5.98	
UHC Risk Based Adj ADULT LOS for UNMH				7.26	6.06	5.67	Current YTD is thru July, 2015, PYTD is thru November, 2014 as reported by UHC
Pediatric Days for UNMH		↑	↓	19,108	20,978	19,624	
Pediatric Discharges for UNMH		↑	↓	2,182	2,687	2,516	Pedatric discharges decreased from PYTD and budget CTH pts for IV antibiotics, newborns weaned off methadone and rehab pts resulting in longer lengths of stay for pediatrics
Pediatric Average Length of Stay for UNMH				8.76	7.81	7.80	
UHC Risk Based Adj PEDS LOS for UNMH				5.40	5.18	5.08	Current YTD is thru July, 2015, PYTD is thru October, 2014
Outpatient Clinic Visits for UNMH		↑	↑	249,644	251,383	241,994	Includes 15,941 Flu Shots YTD and 13,561 PYTD, core clinic visits increased compared to PYTD
Emergency Department Visits for UNMH				35,358	38,707	40,033	
Urgent Care		↑	↓	7,100	11,762	11,481	Provider vacancies in Urgent Care
Operations		↑	↑	9,898	10,171	9,798	Improved from PYTD
Newborn Days for UNMH		↑	↑	2,676	2,482	2,472	Newborn days increased from PYTD and budget
Births		↑	↑	1,547	1,493	1,527	Births increased from PYTD and budget
Days for all Behavioral Operations		↑	↓	11,820	12,151	12,098	CPC days decreased from PYTD and budget
Visits for all Behavioral Operations		↑	↓	69,061	75,676	73,479	Decreased from PYTD and budget due to vacancies
UNM Care Enrollment				7,048		10,968	16,545 Medicaid applications processed
Net Income (Loss) for all Operations (in thousands)		> \$0		\$7,499	\$3,746	\$5,952	
Case Mix Index (CMI) - w/o newborn		↑	↑	1.831	1.773	1.735	
Re-Admission Rates		↓	↑	8.42%	9.50%	8.27%	Patients re-admitted within 30 days of discharge, thru June, 2015 as reported by UHC
Days Cash on Hand for UNMH		↑	↓	59.51	34.87	61.97	
<b>Human Resources:</b>							
FTEs (Worked) per adj patient day for all Operations				5.87	5.75	5.70	
Hours of Care - UNMH Nursing				18.38	18.01	18.39	
Paid FTE's for UNMH and BHOs				5,902	5,949	5,589	
Paid FTE's for CC				151	183	141	





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# **Committee Reports**

**Performance Oversight & Community Engagement Committee**  
Report Summary – January 22, 2016

**Community Benefits Reports**

**Grievances** – Crystal Frantz, Executive Director, Care Management

The Patient Assistance Department and the Patient Assistance Coordinator are responsible for receiving and responding to complaints and grievances from patients, visitors and staff. Per the CMS Conditions of Participation, a written response must be sent for any grievance within 7 days and resolution of the grievance within 30 days. The definition of a grievance per the Conditions of Participation is a formal or informal written (letter, e-mail or fax) or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR.489.

**Interpreter Language Services** – Kristina Sanchez, Executive Director, Ambulatory Business Operations

Regulatory History. The Office of Interpreter Language Services (ILS) was created in 2001 in response to Department of Justice issued regulation 65 FR 50123 on enforcement of national origin discrimination against Limited English Proficient (LEP) persons, and the signing of executive order 13166 in August of 2000 to Improve Access to Services for persons with Limited English Proficiency. Enforcement is tied to Title VI of the Civil Rights Act of 1964 42 USC 2000d-1 Section 601. In addition, services to the hearing impaired are covered under Section 504 of the Rehabilitation Act of 1973 and its provisions including 45 CFR Part 84.

The UNM Hospitals Program. Our program covers the entire UNM Health System; the department serves to coordinate provision of language services for UNM Hospitals, UNM Medical Group Clinics, UNM Sandoval Regional Medical Center, and UNM HSC Departments. Our patient population is approximately 17% LEP. Spoken language preference is captured during intake and documented in the Electronic Health Record. Top languages served are English followed by Spanish, Vietnamese, American Sign Language, Navajo and Arabic. Emerging languages in our community are monitored through data & community input. Critical documents are translated into Spanish and Vietnamese, as these two languages represent the majority of our LEP patients. Signage is either universal or multilingual in new buildings; however, way-finding and signage remain a work in progress in our older facilities. A number of tools including I-Speak cards, posted announcements, and initiator cards are available to our patients. Interpreters round on LEP inpatients during downtime. On-line competencies, New Employee Orientation, leader/staff/provider in-services, recurring Patient Safety Rounds, PSN reports, and Diversity, Equity & Inclusion training initiatives help us to keep LEP access issues at the forefront. UNM HSC partners with us for training of providers on working with interpreters (nurses, residents, pharmacists, and medical students.)

Managing Language Access Demand. We are located on-site at the main hospital, with in-person interpreters of Spanish language 24/7; Vietnamese, Arabic, and Navajo in-person interpreters are available during daytime hours. ASL is covered 24/7 through video access or contracted for in-person services through a local vendor, Community Outreach Programs for the Deaf. Video units are deployed to all clinics and inpatient floors. Demand for language services is managed internally through our dispatch office, where we deploy in-person staff interpreters house-wide and through a Video Remote Interpreting call center for Spanish, Vietnamese and Arabic languages, with overflow through the Health Care Interpreter Network (HCIN) 24/7. Document translation into Spanish, Vietnamese, and Arabic languages is handled through our professional staff interpreter-translators. Overflow telephonic interpretation and written translation in over 300+ languages is available through our contracts with Language Line and Pacific Interpreters 24/7. Our 25.75 full-time staff and additional 290 dual role bilingual staff interpreters are qualified through language testing, completion of a 40-hour Bridging the Gap course, 8 hours of shadowing, and special badging. Staff reaches us through the AMION system or schedules through our dispatch desk. UNM Medical Group, UNM HSC Departments, and UNM SRMC access language services through Memorandums of Agreement with UNM Hospitals.

**Patient Financial Services Advisory Committee Report - Rodney McNease, Behavioral Health Finances**

Medicaid Expansion through Centennial Care has continued at a rate much higher than original projections. As of August 2015 enrollment is over 822,000 with projected enrollment of nearly 920,000 by June 2017.

Health Exchange open enrollment has started for coverage effective 2016. For the month of November the Health Exchange enrolled 14,675 members in coverage. Enrollment is open through January 31, 2016. There is a substantial increase in penalties for non-enrollment starting with tax returns filed for 2016.

The UNM Hospital Board of Trustees approved revisions to the Financial Assistance and Payment Policies effective at the end of October 31, 2015. UNMH staff and vendors are working on system configuration related to the new policies. New policy information has been sent out to community and advocacy groups with an offer for UNMH to provide more detailed information and training related to policy changes.



**UNM HOSPITAL BOARD OF TRUSTEES**

**Finance, Audit and Compliance Committee Meetings**

Wednesday, January 28, 2015 at 11:00 AM

UNM Hospitals Administration, CEO Office

**Objectives**

- Provide compliance oversight of UNM Hospitals.
- Provide audit oversight of UNM Hospitals.
- Provide financial and human resources oversight of UNM Hospitals.

**Audit Committee Meeting:**

- I. Approval of meeting minutes from October 28, 2015.
- II. Healthcare IT Security presented by Glen Jornigan
- III. 2016-2018 Internal Audit Work Plan presented by Purvi Mody

**Compliance Committee Meeting:**

- I. Approval of meeting minutes from November 18, 2015.
- II. 2016 Compliance Work Plan presented by Purvi Mody
- III. 2015 Compliance Audit Update presented by Purvi Mody

**Finance Committee Meeting:**

- I. Approval of meeting minutes from November 18, 2015.
- II. Approval of Consent Items:
  1. MSI Consulting, LLC dba Surgical Directions
- III. Approval for Architect Program Development for Replacement Hospital
- IV. FY 2016 UNM Hospitals’ financial results for the six months ended December 31, 2015 presented by Ella Watt
- V. FY 17 Budget Calendar presented by Ella Watt
- VI. Human Resources Update by Sara Frasch
  1. Focus on filling vacant positions
  2. Developing overall compensation strategy
- VII. CEO Update by Ella Watt
  1. State deficit budget update
  2. LFC budget response update
  3. Protest update
- VIII. The next UNMH BOT Finance, Audit and Compliance Committee meetings are scheduled for February 24, 2016.