

UNM Hospital Board of Trustees  
Friday, March 25, 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**
  - [February 26, 2016, UNM Hospital Board of Trustees Meeting](#)
- VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA**
  - **Clinical Privileging Approval**
    - ❖ [UNMH General Surgery Clinical Privileges](#) (Approval)
    - ❖ [UNMH Vascular Surgery Clinical Privileges](#) (Approval)
- VII. BOARD INITIATIVES**
  - [FY16 Revised and FY17 Operating Budget](#) (Approval) – Ella Watt
  - [FY16 Revised and FY17 Capital Budget](#) (Approval) – Ella Watt
- VIII. ADMINISTRATIVE REPORTS**
  - Chancellor for Health Sciences - Paul Roth, MD
  - [CEO, UNM Hospitals](#) - Steve McKernan
  - [CMO, UNM Hospitals](#) – Irene Agostini, MD
- IX. UPDATES**
  - [February 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.



## Approval of Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present:	Debbie Johnson, Jerry McDowell, Christine Glidden, Dr. Donna Sigl, Joseph Alarid, Michelle Coons, Michael Olguin, Nick Estes	
Ex-Officio Members Present:	Stephen McKernan, Dr. Michael Richards, Dr. Irene Agostini, Dr. Aimee Smidt, Dr. Paul Roth, 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 9:06AM.	
I. Adoption of Agenda	The Chair, Ms. Debbie Johnson, requested a motion to adopt the agenda.	Dr. Donna Sigl made a motion to adopt the agenda. Ms. Christine Glidden seconded the motion. There being no objections, the motion carried.
II. Public Input	None	
III. Announcements	None	
IV. Approval of Minutes	<p>The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for January 25, 2016.</p> <p>The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for February 1, 2016.</p>	<p>Ms. Michelle Coons made a motion to approve the minutes of the January 29, 2016, Board of Trustees meeting. Mr. Joseph Alarid seconded the motion. There being no objections, the motion carried.</p> <p>Mr. Joseph Alarid made a motion to approve the minutes of the February 1, 2016, Board of Trustees meeting. Dr. Donna Sigl seconded the motion. There being no objections, the motion carried.</p>
V. Consent Agenda	<p>Following a review of the Consent Items, the Chair, Ms. Debbie Johnson, requested a motion to approve the Approval of the FY15 UNM Hospital and Behavioral Health Operations Financial Statement External Audit Reports.</p> <p>Following review of the Clinical Privileging descriptions, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted.</p>	<p>Mr. Michael Olguin made a motion to approve the Consent Item, as submitted. Dr. Donna Sigl 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>
VI. Board Initiatives	Following presentation of the 2016 Infection Control Plan by Dr. Meghan Brett and Ms. Claudia Tchiloyans, the Chair, Ms. Debbie Johnson, requested a motion for approval.	Ms. Michelle Coons made a motion to approve the 2016 Infection Control Plan. Dr. Raymond Loretto seconded the motion. There being no objections,

Agenda Item	Subject/Discussion	Action/Responsible Person
	<p>Ms. Ella Watt presented the FY17 Budget Assumptions.</p> <p>Dr. Michael Chicarelli and Dr. Richard Crowell presented the board with an update on Press Ganey Culture of Safety.</p>	the motion passed unanimously.
VII. Administrative Reports	<p><b><u>Chancellor's Report</u></b> – Dr. Roth provided an update on the State budget cuts and the effect on the School of Medicine for the upcoming fiscal year. Effectively, the cuts entail approximately a \$1 million cut to our operating budget. It is possible to work through this, but certainly poses a challenge.</p> <p><b><u>CEO Report</u></b> – The CEO report is in the packet. Mr. McKernan recognized Mr. Garry Feld for his work related to the successful completion of the TJC survey.</p> <p><b><u>CMO Report</u></b> – The CMO report is in the packet.</p>	
VIII. Updates	<b><u>Financial Report Card</u></b> – Ms. Ella Watt presented the January financial dashboard.	
IX. Committee Reports	<p><b><u>Performance Oversight &amp; Community Engagement Committee</u></b> The Performance Oversight &amp; Community Engagement Committee met on February 19, 2016.</p> <p><b><u>Finance, Audit, and Compliance Committee</u></b> The Finance, Audit, and Compliance Committee met on February 24, 2016.</p>	
X. Other Business	None	
XI. Closed Session	At 11:33AM, the Chair, Ms. Debbie Johnson, requested a motion to close the open session of the meeting to the public.	Mr. Jerry McDowell made a motion to move to closed session. Ms. Michelle Coons 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	At 12:29PM, the Chair, Ms. Debbie Johnson, requested a motion to be made to return the meeting to open session.	Mr. Michael Olguin made a motion to return to open session. Mr. Jerry McDowell seconded the motion. The motion passed unanimously.

Agenda Item	Subject/Discussion	Action/Responsible Person
	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.	Mr. Jerry McDowell made a motion to accept the minutes presented by the committees. Mr. Michael Olguin seconded the motion. The motion passed unanimously.  Mr. Jerry McDowell made a motion to ratify the actions taken. Mr. Michael Olguin seconded the motion. The motion passed unanimously.
XIV. Adjournment	The next scheduled Board meeting will be March 25, 2016 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, adjourned the meeting at 12:30PM.	

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Christine Glidden, Secretary  
 UNM Hospital Board of Trustees



# **Clinical Privileging Approvals**

## UNMH General Surgery Clinical 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 General Surgery Clinical Privileges

Name:

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

### *Qualifications for General Surgery*

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**Initial privileges -** *To be eligible to apply for privileges in general surgery, the applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in general surgery.

AND/OR

Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

AND

Completion of certification in advanced cardiac life support, advanced trauma life support, and fundamentals of laparoscopic surgery, or equivalent clinical training or experience

AND

**Required current experience:** An adequate volume of general surgery procedures, reflective of the scope of privileges requested, during the past 12 months or demonstrated successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Reappointment (Renewal of Privileges) Requirements -** *To be eligible to renew privileges in general surgery, the reapplicant must meet the following 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 physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.



## UNMH General Surgery Clinical Privileges

Name:

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

### ***CORE PRIVILEGES: General Surgery***

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and postoperative care and perform surgical procedures to patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, trauma, and non-operative trauma; and the vascular system. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

☐ **Requested**

### ***General Surgery 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.

Performance of history and physical exam

#### **Trauma, abdomen, alimentary**

1. Abdominoperineal resection
2. Amputations, above and below the knee, toe, transmetatarsal, digits, upper extremity
3. Anoscopy
4. Appendectomy
5. Circumcision
6. Colectomy (abdominal)
7. Colon surgery for benign or malignant disease
8. Colotomy, colostomy
9. Correction of intestinal obstruction
10. Drainage of intra-abdominal, deep ischiorectal abscess
11. Emergency thoracostomy
12. Endoscopy (intraoperative)
13. Enteric fistulae, management
14. Enterostomy (feeding or decompression)
15. Esophageal resection and reconstruction
16. Distal esophagogastrrectomy
17. Excision of fistula in ano/fistulotomy, rectal lesion
18. Excision of pilonidal cyst/marsupialization

## UNMH General Surgery Clinical Privileges

**Name:**

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

19. Gastric operations for cancer (radical, partial, or total gastrectomy)
20. Gastroduodenal surgery
21. Gastrostomy (feeding or decompression)
22. Genitourinary procedures incidental to malignancy or trauma
23. Gynecological procedure incidental to abdominal exploration
24. Hepatic resection
25. Hemorrhoidectomy, including stapled hemorrhoidectomy
26. Incision and drainage of abscesses and cysts
27. Incision and drainage of pelvic abscesses
28. Incision, excision, resection, and enterostomy of small intestine
29. Incision/drainage and debridement, perirectal abscesses
30. Insertion and management of pulmonary artery catheters [determine whether core or non-core]
31. IV access procedures, central venous catheter, and ports
32. Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning
33. Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma
34. Liver biopsy (intraoperative), liver resection
35. Management of burns
36. Management of intra-abdominal trauma, including injury, observation, paracentesis, lavage
37. Management of multiple trauma
38. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, including biliary tract reconstruction
39. Pancreatectomy, total or partial
40. Pancreatic sphincteroplasty
41. Panniculectomy
42. Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision
43. Pyloromyotomy
44. Radical regional lymph node dissections
45. Removal of ganglion (palm or wrist; flexor sheath)
46. Repair of perforated viscus (gastric, small intestine, large intestine)
47. Repair of traumatic cardiac injuries
48. Scalene node biopsy
49. Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy
50. Small-bowel surgery for benign or malignant disease
51. Splenectomy (trauma, staging, therapeutic)
52. Sternotomy
53. Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic and inguinal hernias, and orchiectomy in association with hernia repair
54. Thoracentesis
55. Thoracoabdominal exploration
56. Thoracotomy

## **UNMH General Surgery Clinical Privileges**

**Name:**

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

- 57. Tracheostomy
- 58. Transhiatal esophagectomy
- 59. Tube thoracostomy
- 60. Vagotomy; truncal, selective, highly selective

### **Breast, skin, and soft tissue**

- 61. Complete mastectomy with or without axillary lymph node dissection
- 62. Excision of breast lesion
- 63. Breast biopsy
- 64. Incision and drainage of abscess
- 65. Management of soft-tissue tumors, inflammations, and infection
- 66. Modified radical mastectomy
- 67. Operation for gynecomastia
- 68. Partial mastectomy with or without lymph node dissection
- 69. Radical mastectomy
- 70. Skin grafts
- 71. Subcutaneous mastectomy
- 72. Endocrine system
- 73. Excision of thyroid tumors
- 74. Excision of thyroglossal duct cyst
- 75. Parathyroidectomy
- 76. Thyroidectomy and neck dissection

### **Vascular surgery**

- 77. Hemodialysis access procedures
- 78. Peritoneal venous shunts, shunt procedure for portal hypertension
- 79. Peritoneovenous drainage procedures for relief of ascites
- 80. Sclerotherapy
- 81. Vein ligation and stripping

## UNMH General Surgery Clinical Privileges

Name:

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

### **Special Non-Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Advanced laparoscopic procedures***

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**Initial privileges:** Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME course.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of advanced laparoscopic procedures in the past 12 months or completion of training in the past 12 months.

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

### ***NON-CORE PRIVILEGES: Advanced laparoscopic procedures***

#### ☐ **Requested**

1. Adrenalectomy
2. Colectomy
3. Common duct exploration/stone extraction
4. Donor nephrectomy
5. Splenectomy

## UNMH General Surgery Clinical Privileges

Name:

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

### *Qualifications for Breast cryoablation*

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**Initial privileges:** Successful completion of an ACGME- or AOA -accredited residency training program in general surgery that included formal training in ultrasound and breast cryoablation.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of breast cryoablation procedures in the past 12 months or completion of training in the past 12 months.

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

#### ***NON-CORE PRIVILEGES: Breast cryoablation***

☐ **Requested**

### *Qualifications for Colonoscopy with polypectomy*

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**Initial privileges:** Successful completion of an accredited residency in general surgery that included training in lower endoscopy procedures with an acceptable volume of procedures performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of colonoscopy procedures in the past 12 months or completion of training in the past 12 months.

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

#### ***NON-CORE PRIVILEGES: Colonoscopy with polypectomy***

☐ **Requested**

## UNMH General Surgery Clinical Privileges

Name:

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

### *Qualifications for EGD with and without biopsy*

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**Initial privileges:** Successful completion of an accredited residency in general surgery that included training in upper endoscopy procedures with an acceptable volume of procedures performed during training or equivalent training and/or experience obtained outside a formal program that is at least equal to that obtained within the formal residency program.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of esophagogastroduodenoscopy (EGD) procedures in the past 12 months or completion of training in the past 12 months.

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

### ***NON-CORE PRIVILEGES: EGD with and without biopsy***

☐ **Requested**

### *Qualifications for Endovenous laser therapy (EVLT )*

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**Initial privileges:** Successful completion of an ACGME or AOA-accredited residency or fellowship program, a hands-on CME course that included supervised training in the diagnosis and treatment of varicose veins, training in interpreting ultrasound examinations of the legs, and the performance/interpretation of an acceptable volume of EVLT procedures. Applicant must demonstrate training and experience with the specific energy source to be used.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of EVLT procedures in the past 12 months or completion of training in the past 12 months.

**Renewal of privilege:** Applicant must be able to show maintenance of competence with evidence of the performance and or interpretation of an acceptable volume of EVLT procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### ***NON-CORE PRIVILEGES: Endovenous laser therapy (EVLT)***

☐ **Requested**

## UNMH General Surgery Clinical Privileges

Name:

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

### *Qualifications for Laparoscopic nissen fundoplication (antireflux surgery)*

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**Initial privileges:** Successful completion of an accredited ACGME or AOA residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME course in laparoscopic Nissen fundoplication that included preceptorship by a surgeon experienced in the procedure.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of laparoscopic Nissen fundoplication procedures in the past 12 months or completion of training in the past 12 months.

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

### ***NON-CORE PRIVILEGES: Laparoscopic nissen fundoplication***

☐ **Requested**

### *Qualifications for Sentinel lymph node biopsy*

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**Initial privileges:** Successful completion of an ACGME or AOA-accredited residency in general surgery that included training in sentinel lymph node biopsy or successful completion of a hands-on CME course and proficiency in the standard diagnosis and surgical management of breast cancer.

AND

**Required current experience:** Demonstrated current competence and evidence of the performance of an acceptable volume of sentinel lymph node biopsy procedures in the past 12 months or completion of training in the past 12 months.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an acceptable volume of sentinel lymph node biopsy procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**Note:** *It is recommended that if the physician performing sentinel lymph node biopsy does not have direct training or experience in both nuclear medicine and pathology, then the physician must have access to individuals who have expertise in those areas.*

## UNMH General Surgery Clinical Privileges

Name:

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

### ***NON-CORE PRIVILEGES: Sentinel lymph node biopsy***

☐ **Requested**

### ***Qualifications for Stereotactic breast biopsy***

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**Initial privileges:** Successful completion of training in the stereotactic- and ultrasound-guided technique of breast biopsy during residency or in an accredited course or institution and possession of privileges for breast imaging interpretation.

AND

**Required current experience:** Demonstrated current competence and successful completion of at least 15 hours of category 1 CME in stereotactic breast biopsy or performance of an acceptable volume of stereotactic breast biopsies in the past three years; successful evaluation of an acceptable volume of mammograms per year in the past two years in consultation with a physician who is qualified to interpret mammography under the Mammography Quality Standards Act (MQSA); successful completion of at least 4 hours of category 1 CME in medical radiation physics; performance of either an acceptable volume of stereotactic breast biopsies or an acceptable number of hands-on procedures with a physician who is qualified to interpret mammography under the MQSA and has performed at least 24 procedures.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an acceptable volume of stereotactic breast biopsies in the past 24 months and continued evaluation of an acceptable volume of mammograms every two years in consultation with a physician who is qualified to interpret mammograms under MQSA. In addition, at least three hours of category I CME in stereotactic breast biopsy every three years is required or requalification of those requirements specified under the criteria and required current experience for new applicants.

### ***NON-CORE PRIVILEGES: Stereotactic breast biopsy***

☐ **Requested**



## UNMH General Surgery Clinical Privileges

Name:

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

### *Qualifications for Use of Laser*

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**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 -10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

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

### **NON-CORE PRIVILEGES: *Use of Laser***

☐ **Requested**

## UNMH General Surgery Clinical Privileges

Name:

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

### ***Qualifications for Use of a Robotic Assisted System for Surgical Procedures***

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***Initial Criteria:*** *To be eligible to apply for privileges in robotic assistance in surgical procedures, the applicant must meet the following criteria:*

Successful completion of ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use

OR

Completion of approved structured training program that included didactic education on the specific technology, animal laboratory training, and the specialty specific approach to organ systems.

AND

Must hold open/laparoscopic privileges to perform the procedures being requested for use with robotic system

AND

Must hold privileges in, or demonstrate training and experience in, general laparoscopic procedures.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, or completion of training program within the last 12 months. First three (3) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #1 (above) or applicants with verified current competency after #2. First ten (10) cases must be proctored in the OR by a physician holding robotic privileges at UNMH for applicants meeting criteria #2 and without verified current competency. Additional proctoring may be required as deemed appropriate by the proctor.

**Renewal of privileges:** 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.

Name:

Effective Date:

Termination Date:

***NON-CORE PRIVILEGES: Use of a Robotic-Assisted System for General Surgical Procedures***

Robotic-assisted oncological procedures

☐ **Requested**

1. Colon Cancer
2. Esophageal tumors
3. Gastric cancer
4. Thymoma
5. Retromediastinal tumors

***NON-CORE PRIVILEGES: Use of a Robotic-Assisted System for Gastrointestinal Surgical Procedures***

Robotic-assisted gastrointestinal procedures

☐ **Requested**

1. Adrenalectomy
2. Antireflux operations
3. Cholecystectomy
4. Esophagectomy
5. Gastric banding colectomy
6. Gastric bypass
7. Gastrojejunostomy
8. Heller's myotomy
9. Pancreatic resection
10. Splenectomy

## UNMH General Surgery Clinical Privileges

Name:

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

### ***Qualifications for REBOA (Resuscitative endovascular balloon occlusion of the aorta)***

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**Criteria: Privileged in vascular surgery core**

**OR**

**Privileged in general surgery core with relevant trauma surgical practice**

**AND**

The following items completed within the preceding 12-month period:

- 1) Performance of 5 bedside sonographic imaging studies demonstrating vascular arterial anatomy: Common Femoral-Superficial femoral artery-Profunda Femoris artery bifurcation.
- 2) Performance of 5 successful Common Femoral Artery groin arterial access procedures involving use of either micro-puncture kits or 4-Fr sheath placement (with post procedure CT or angiographic confirmation of successful access puncture and location).
- 3) Participation in 3 endovascular procedures involving initial vascular access with sheath placement (either in room F or interventional radiology embolization). Participation involves obtained initial vascular arterial access with a micro-puncture kit, advancement of initial guidewire, placement of an initial sheath, and advancement of a diagnostic catheter for initial aortography.
- 4) Attendance of a 1:1 teaching session on emergent endovascular access principles and REBOA deployment technique by a member of vascular surgery faculty.
- 5) Performance of 2 endovascular balloon inflations during elective vascular procedures (at least one of which is aortic balloon inflation). An example of this would be participating in the aortic balloon inflation portion of an EVAR procedure.
- 6) Successful completion of a post-training REBOA mini exam with 80% of questions answered correctly. This exam will be created by vascular surgery faculty and be administered after completion of steps 1-5.
- 7) Agreement to participate in quarterly REBOA Trauma Divisional reviews for performance improvement.
- 8) Agreement to participate in joint vascular-trauma/critical care review of all deployment related complications or adverse outcomes.

## UNMH General Surgery Clinical Privileges

Name:

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

***Required previous experience:*** Demonstrated current competence according to the criteria listed above.

***Reappointment requirements:*** Demonstrated current competence, participation in Quarterly REBOA Trauma Division reviews and joint vascular surgery/trauma surgery/critical care review of all deployment related complications or adverse outcomes and evidence of the performance of an adequate number of specific procedure(s) requested, with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Certifying Physician Approval for initial appointment or re-appointment (must be privileged in REBOA):

The provider requesting REBOA privileges meets the criteria defined above:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NON-CORE PRIVILEGES: *REBOA (Resuscitative endovascular balloon occlusion of the aorta)***

☐ **Requested**

## UNMH General Surgery Clinical 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 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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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

Criteria approved by UNMH Board of Trustees on 07/25/2014

## UNMH Vascular Surgery Clinical 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 Vascular Surgery Clinical Privileges

Name:

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

### *Qualifications for Vascular Surgery*

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**Initial Applicant** - *To be eligible to apply for privileges in vascular surgery, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in general surgery followed by successful completion of an ACGME- or AOA-accredited fellowship in vascular surgery, or successful completion of an ACGME / AOA accredited integrated vascular residency.

AND/OR

Current subspecialty certification or active participation in the examination process leading to subspecialty certification or special/added qualifications in vascular surgery by the American Board of Surgery or the American Osteopathic Board of Surgery.

***Required previous experience:*** Applicants for initial appointment must be able to demonstrate the performance of a minimum of an adequate number of vascular surgery procedures, reflective of the scope of privileges requested, within the past 12 months, the majority being of a reconstructive nature excluding cardiac surgery; or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months

**Reappointment (Renewal of Privileges) Requirements** - *To be eligible to renew privileges in vascular surgery, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience in vascular surgery procedures with acceptable outcomes, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants' renewal of privileges.

### **CORE PRIVILEGES: Vascular Surgery**

Admit, evaluate, diagnose, provide consultation, and treat patients of all ages with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the intracranial vessels or the heart. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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.



## UNMH Vascular Surgery Clinical Privileges

Name:

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

☐ Requested

### *Vascular Surgery 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. Amputations, upper extremity, lower extremity
2. Aneurysms repair, abdominal aorta, and peripheral vessels emergent and elective both open and endovascular
3. Angiography, venography, both diagnostic and intra-operative
4. Angioplasty / stents, of all peripheral vessels (excluding coronaries)
5. Bypass grafting all vessels excluding coronary and intracranial vessels
6. Carotid endarterectomy
7. Central venous access catheters and ports
8. Cervical, thoracic or lumbar Sympathectomy
9. Diagnostic biopsy or other diagnostic procedures on blood vessels
10. Embolectomy or thrombectomy for all vessels excluding coronary and intracranial vessels
11. Endarterectomy for all vessels excluding coronary
12. Extracranial carotid and vertebral artery surgery
13. Hemodialysis access procedures
14. Intraoperative angioplasty / stenting
15. Other major open peripheral vascular arterial and venous reconstructions
16. Placement and/or removal of inferior vena cava (IVC) filter
17. Reconstruction, resection, repair of major vessels with anastomosis or replacement (excluding cardiopulmonary, intracranial)
18. Sclerotherapy
19. Spine exposure
20. Performance of intra-operative duplex scanning of all arteries/veins for diagnosis/post- operative assessment
21. Temporal artery biopsy
22. Thoracic outlet decompression procedures including rib resection
23. Vein ligation and stripping, vein ablation, microphlebectomies
24. Venous reconstruction
25. Use of ultrasound for percutaneous access of veins/arteries
26. Performance of intra-operative duplex scanning of all arteries/veins for diagnosis/post- operative assessment

## UNMH Vascular Surgery Clinical Privileges

Name:

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

### **Special Non-Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### ***Qualifications for Endovascular repair of thoracic aortic aneurysms (TAA) and abdominal aortic aneurysms (AAA)***

**Initial privileges:** Successful completion of an ACGME or AOA – accredited postgraduate training program in vascular surgery and successful completion of a Society of Thoracic Surgeons (STS) – American Association for Thoracic Surgery - , or Society for Vascular Surgery – sponsored endovascular training course. Applicant agrees to limit procedure to use of endovascular graft device for which she/he has demonstrated training and experience. Physicians performing elective aneurysms agree to participate in emergency room call for patients who present with symptomatic aneurysms.

OR

Demonstrated current competence and longitudinal experience patients with aortic diseases (an adequate number of patients in the past 2 years), documentation of experience in adequate volume of endovascular repairs of TAA and/or AAA procedures with acceptable results, 10 in the last 12 months. Physicians performing elective aneurysms agree to participate in emergency room call for patients who present with symptomatic aneurysms.

**Renewal of privileges:** Demonstrated current competence and evidence of the performance of an adequate volume of endovascular repair of TAA and/or AAA procedures with acceptable results, reflective of the scope of privileges requested in the past 24 months based on results of ongoing professional practice evaluation and outcomes. Physicians performing elective aneurysms agree to participate in emergency room call for patients who present with symptomatic aneurysms.

### ***NON-CORE PRIVILEGES: Endovascular Repair of Thoracic (TAA) and Abdominal Aortic Aneurysms (AAA)***

☐ **Requested**

## UNMH Vascular Surgery Clinical Privileges

Name:

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

### ***Qualifications for Transcranial Doppler Ultrasonography (TCD)***

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**Criteria:** Successful completion of one of the following training tracks:

- 1) an ACGME OR AOA accredited residency or fellowship program which included training in TCD performance/interpretation and experience in interpreting at least 100 studies while under supervision or
- 2) an accredited post graduate Category I CME program of a minimum of 40 hours within the past 3 years that included training in TCD performance /interpretation and experience in interpreting at least 100 cases while under the supervision of a physician , or
- 3) 3 years of practice experience which included the performance/interpretation of 300 TCD studies

**Required Current Experience:** Demonstrated current competence and evidence of the performance and/or interpretation of an adequate volume of TCD studies with acceptable results in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of the performance and/or interpretation of an adequate volume of TCD studies with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes. In addition, a minimum of 15 hours of CME in vascular laboratory testing is required every three years, of which at least 10 hours are Category I.

#### **NON-CORE PRIVILEGE: *Transcranial Doppler Ultrasonography (TCD)***

☐ **Requested**

### ***Qualifications for Percutaneous Thrombolysis/Thrombectomy***

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**Criteria:** Successful completion of an ACGME – or AOA – accredited vascular surgery residency or vascular surgery fellowship that included training in percutaneous thrombolysis/thrombectomy or completion of a hands-on CME training, and evidence of the performance of an adequate number of cases.

**Required previous experience:** Demonstrated current competence and evidence of the performance of an adequate number of percutaneous thrombolysis/thrombectomy procedures in the past 12 months

**Reappointment requirements:** Demonstrated current competence and evidence of the performance of an adequate number of percutaneous thrombolysis/thrombectomy procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

#### **NON-CORE PRIVILEGE: *Percutaneous Thrombolysis/Thrombectomy***

☐ **Requested**

## UNMH Vascular Surgery Clinical Privileges

Name:

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

### *Qualifications for Endovenous Laser Ablation Via All Energy Sources*

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**Criteria:** Successful completion of an ACGME – OR AOA – accredited training program that included supervised training in the diagnosis and treatment of varicose veins and training in interpreting ultrasound examinations of the legs. Applicants must demonstrate completion of training in endovenous laser ablation, which included the performance/interpretation of an adequate number of endovenous laser ablation procedures. Applicant must demonstrate training and experience with specific energy source to be used.

**Required previous experience:** Demonstrated current competence and evidence of the performance and/or interpretation of an adequate number of endovenous laser ablation procedures in the past 12 months.

**Reappointment requirements:** Demonstrated current competence and evidence of the performance and/or interpretation of an adequate number of endovenous laser ablation procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

#### **NON-CORE PRIVILEGE: *Endovenous Laser Ablation Via All Energy Sources***

☐ **Requested**

### *Qualifications for the Interpretation of Vascular Laboratory Studies*

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**Criteria:** Applicant must demonstrate an appropriate level of training and experience by meeting one or more of the following:

Successful completion of an ACGME – or AOA – accredited vascular surgery residency or vascular surgery fellowship that included appropriate didactic and clinical vascular laboratory experience as an integral part of the program and included the minimum of an adequate number of carotid duplex ultrasound procedures while under supervision,

**Reappointment requirements:** Obtain RPVI or RVT certification

#### **NON-CORE PRIVILEGE: *Interpretation of Vascular Laboratory Studies***

☐ **Requested**

## UNMH Vascular Surgery Clinical Privileges

Name:

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

### *Qualifications for Carotid Stenting*

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**Criteria:** Successful completion of an ACGME – or AOA – accredited residency or fellowship in vascular surgery or in neurovascular fellowship that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under supervision of a qualified physician instructor. Applicants must also have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate that they have performed an acceptable volume of diagnostic cerebral angiograms if they have no prior catheter experience or an adequate number of diagnostic cerebral angiograms if they have experience sufficient to meet the AHA requirements for peripheral vascular interventions.

**Required Current Experience:** Demonstrated current competence and evidence of an adequate volume of carotid artery stenting procedures with acceptable results in the past 12 months with at least half as the primary operator or completion of training in the past 12 months.

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

### **NON-CORE PRIVILEGE: Carotid Stenting**

☐ **Requested**

### *Qualifications for Peripheral Vascular Interventions to Include Diagnostic and Therapeutic Angiography, Angioplasty and Stenting (Arterial, Venous, Grafts, and Fistulas) Excludes Carotid Stenting and Intracranial Interventions*

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**Criteria:** Successful completion of an ACGME-accredited fellowship in vascular surgery that included 12 months training in peripheral catheter-based interventions OR equivalent training as follows:

- Diagnostic peripheral angiograms—100 cases (50 as primary operator) reflective of all vascular areas, or 30 cases (8 as primary operator) in the subset vascular area requested
- Peripheral interventions—50 cases (25 as primary operator) reflective of all vascular areas, or 15 peripheral interventions per vascular area requested

AND

No fewer than 20 diagnostic/10 interventional cases in each area. Must include aortoiliac arteries as

## UNMH Vascular Surgery Clinical Privileges

Name:

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

initial area of competency.

***Required previous experience:*** Demonstrated current competence and evidence of the performance of an adequate number of peripheral vascular intervention cases, reflective of the scope of the privileges requested, in the past 12 months or completion of training in the past 12 months. Physicians performing elective vascular interventions agree to participate in emergency call for patients who present with acute limb ischemia.

***Reappointment requirements:*** Demonstrated current competence and evidence of the performance of an adequate number of peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Physicians performing elective vascular interventions agree to participate in emergency call for patients who present with acute limb ischemia.

### **NON-CORE PRIVILEGES: *Peripheral vascular interventions***

Aortoiliac and brachiocephalic arteries

☐ **Requested**

### **NON-CORE PRIVILEGES: *Peripheral vascular interventions***

Abdominal visceral and renal arteries

☐ **Requested**

### **NON-CORE PRIVILEGES: *Peripheral vascular interventions***

Infrainguinal arteries

☐ **Requested**

## UNMH Vascular Surgery Clinical Privileges

Name:

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

### *Qualifications for Use of Laser*

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**Criteria:** Successful completion of an approved residency in a specialty or subspecialty which included training in laser principles or completion of an approved 8 - 10 hour minimum CME course which includes training in laser principles. In addition, an applicant for privileges should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges acting as a preceptor. Practitioner agrees to limit practice to only the specific laser types for which they have provided documentation of training and experience. The applicant must supply a certificate documenting that she/he attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course.

**Required Current Experience:** Demonstrated current competence and evidence of the performance of an adequate volume of experience with acceptable results, in the past 12 months or completion of training in the past 12 months.

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

### **NON-CORE PRIVILEGE: *Use of Laser***

☐ **Requested**

### ***Qualifications for REBOA (Resuscitative endovascular balloon occlusion of the aorta)***

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**Criteria: Privileged in vascular surgery core**

**OR**

**Privileged in general surgery core with relevant trauma surgical practice**

**AND**

**The following items completed within the preceding 12-month period:**

**1) Performance of 5 bedside sonographic imaging studies demonstrating vascular arterial anatomy: Common Femoral-Superficial femoral artery-Profunda Femoris artery bifurcation.**



## UNMH Vascular Surgery Clinical Privileges

Name:

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

- 2) Performance of 5 successful Common Femoral Artery groin arterial access procedures involving use of either micro-puncture kits or 4-Fr sheath placement (with post procedure CT or angiographic confirmation of successful access puncture and location).
- 3) Participation in 3 endovascular procedures involving initial vascular access with sheath placement (either in room F or interventional radiology embolization). Participation involves obtained initial vascular arterial access with a micro-puncture kit, advancement of initial guidewire, placement of an initial sheath, and advancement of a diagnostic catheter for initial aortography.
- 4) Attendance of a 1:1 teaching session on emergent endovascular access principles and REBOA deployment technique by a member of vascular surgery faculty.
- 5) Performance of 2 endovascular balloon inflations during elective vascular procedures (at least one of which is aortic balloon inflation). An example of this would be participating in the aortic balloon inflation portion of an EVAR procedure.
- 6) Successful completion of a post-training REBOA mini exam with 80% of questions answered correctly. This exam will be created by vascular surgery faculty and be administered after completion of steps 1-5.
- 7) Agreement to participate in quarterly REBOA Trauma Divisional reviews for performance improvement.
- 8) Agreement to participate in joint vascular-trauma/critical care review of all deployment related complications or adverse outcomes.

**Required previous experience:** Demonstrated current competence according to the criteria listed above.

**Reappointment requirements:** Demonstrated current competence, participation in Quarterly REBOA Trauma Division reviews and joint vascular surgery/trauma surgery/critical care review of all deployment related complications or adverse outcomes and evidence of the performance of an adequate number of specific procedure(s) requested, with acceptable outcomes in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

Certifying Physician Approval for initial appointment or re-appointment (must be privileged in REBOA):

The provider requesting REBOA privileges meets the criteria defined above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## UNMH Vascular Surgery Clinical Privileges

Name:

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

**NON-CORE PRIVILEGES: REBOA (*Resuscitative endovascular balloon occlusion of the aorta*)**

☐ **Requested**

### **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 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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Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Practice Area Code: 71

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Version Code: DRAFT

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**UNMH Vascular Surgery Clinical Privileges**

**Name:**

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

Department Chair Signature

Title \_\_\_\_\_

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

Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on DRAFT

## **Board Initiatives**

# ***UNM Hospitals***

## ***Revised FY 2016 Operating Budget and FY 2017 Operating Budget***

	FY2015 Actual	FY2016 Projected	FY2017 Budget	Incr/Decr from FY2016	% Change
<b>Total Patient Days</b>	155,613	152,573	154,971	2,399	2%
<b>Total Discharges</b>	23,188	22,130	23,433	1,304	6%
<b>Total Length of Stay</b>	6.71	6.89	6.61	(0.3)	-4%
Newborn Days	4,899	5,330	5,103	(227)	-4%
Newborn Discharges	2,140	2,301	2,203	(98)	-4%
<b>Total Clinic Visits</b>	488,423	498,468	517,227	18,759	4%
<b>Total Emergency</b>	80,020	76,609	76,454	(155)	0%
<b>Urgent Care</b>	23,704	16,580	22,300	5,720	34%
<b>Total Operations</b>	19,460	19,581	20,845	1,264	6%
<b>Births</b>	2,979	3,045	3,000	(45)	-1%

# ***Behavioral Health Statistics***

	<b>FY2015 Actual</b>	<b>FY2016 Projected</b>	<b>FY2017 Budget</b>	<b>Incr / (Decr) from FY 2016</b>	<b>% Change</b>
Patient Days	24,126	23,307	24,102	795	3%
Other Stats					
Outpatient Visits	40,709	34,524	38,792	4,268	12%
Midlevel	93,871	89,611	97,270	7,659	9%
Methadone & Buprenorphine	137,423	143,150	144,910	1,761	1%

## ***FY 16 and FY 17 High Level Revenue Summary***

	<b>FY2016 Reforecast</b>	<b>FY2017 Budget</b>
Operating Revenue Prior Year	\$ 938,161,520	\$ 889,603,535
ACA prior year impact	(38,137,149)	
Loss of Medicaid Disproportionate Share	(40,839,439)	19,273,890
Volume loss at Behavioral Health	(2,850,258)	3,503,832
Increase in Medicaid Indirect Medical Education	10,683,477	1,245,875
Volume and Revenue Cycle impact	22,585,384	40,044,723
Medicare Enacted Cuts		(4,405,600)
Medicaid reductions in reimbursement		(28,458,156)
Contracted commercial payer increases		1,435,488
<b>Reforecasted Operating Revenues</b>	<b>\$ 889,603,535</b>	<b>\$ 922,243,587</b>

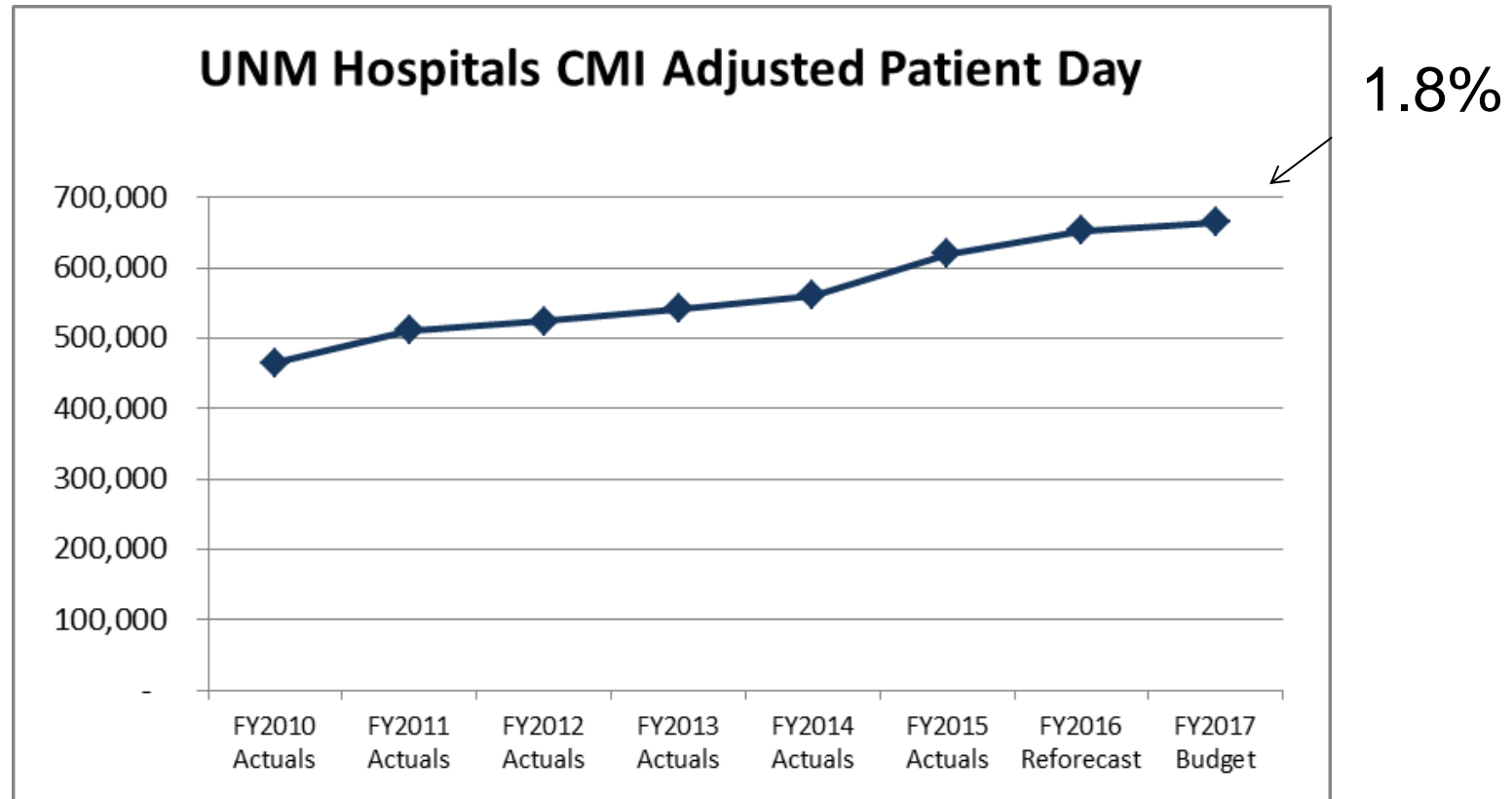
- Inpatient discharges
  - Increase in discharges associated with throughput initiatives.
- Outpatient Services
  - Clinic Visits - UNMH clinic visits are expected to increase 4% based on increase in additional providers, efficiencies within clinics as well as the opening for Eubank Women's Care clinic.
- Operations – increase in cases due to improved efficiencies (Surgical Directions contract)

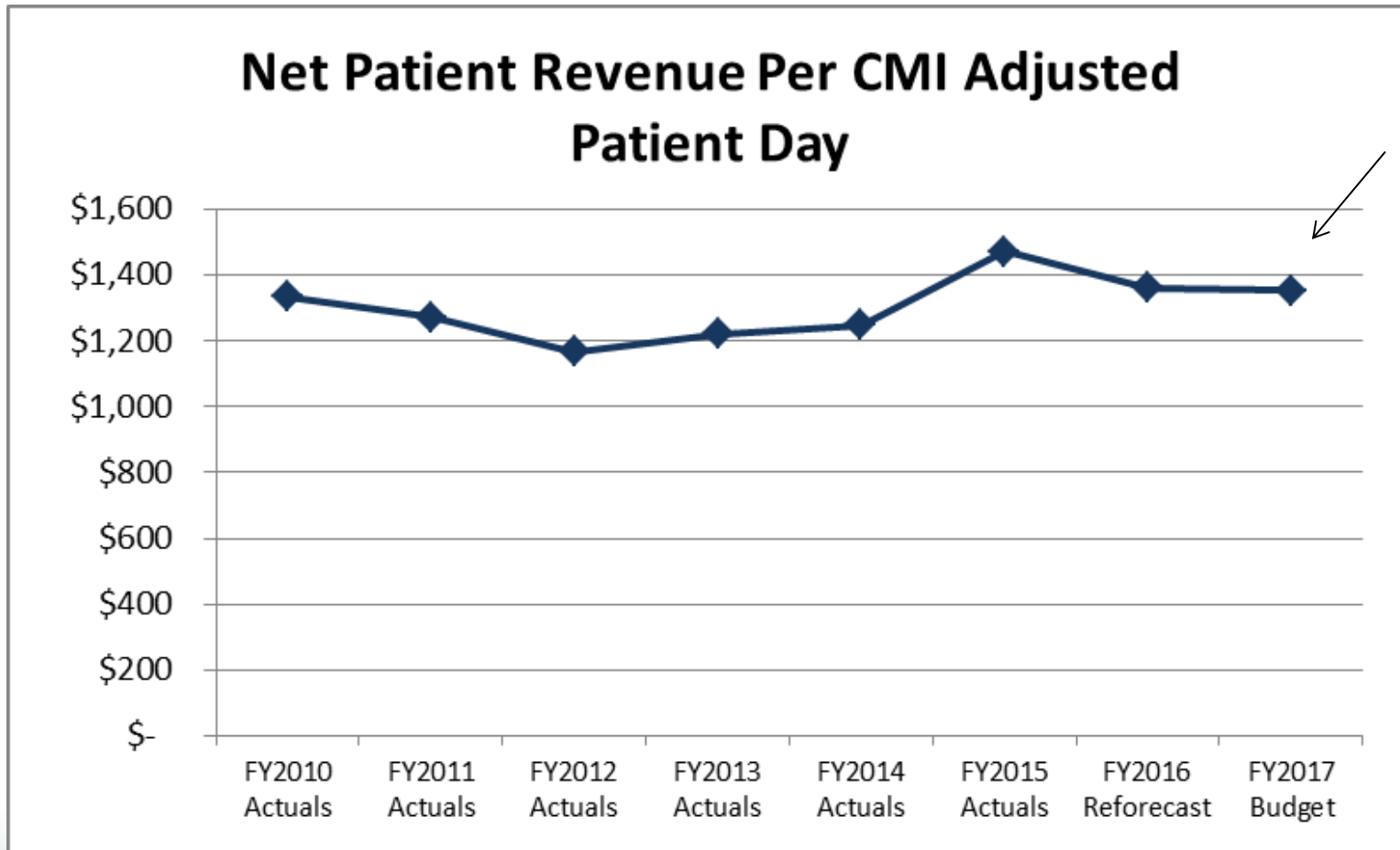


- Other Revenue Impacts
  - State Appropriations
    - State Appropriations were cut at the State level for CTH, CPC, YCHC - decrease of \$79K in FY 16 and decrease of \$240K in FY 17

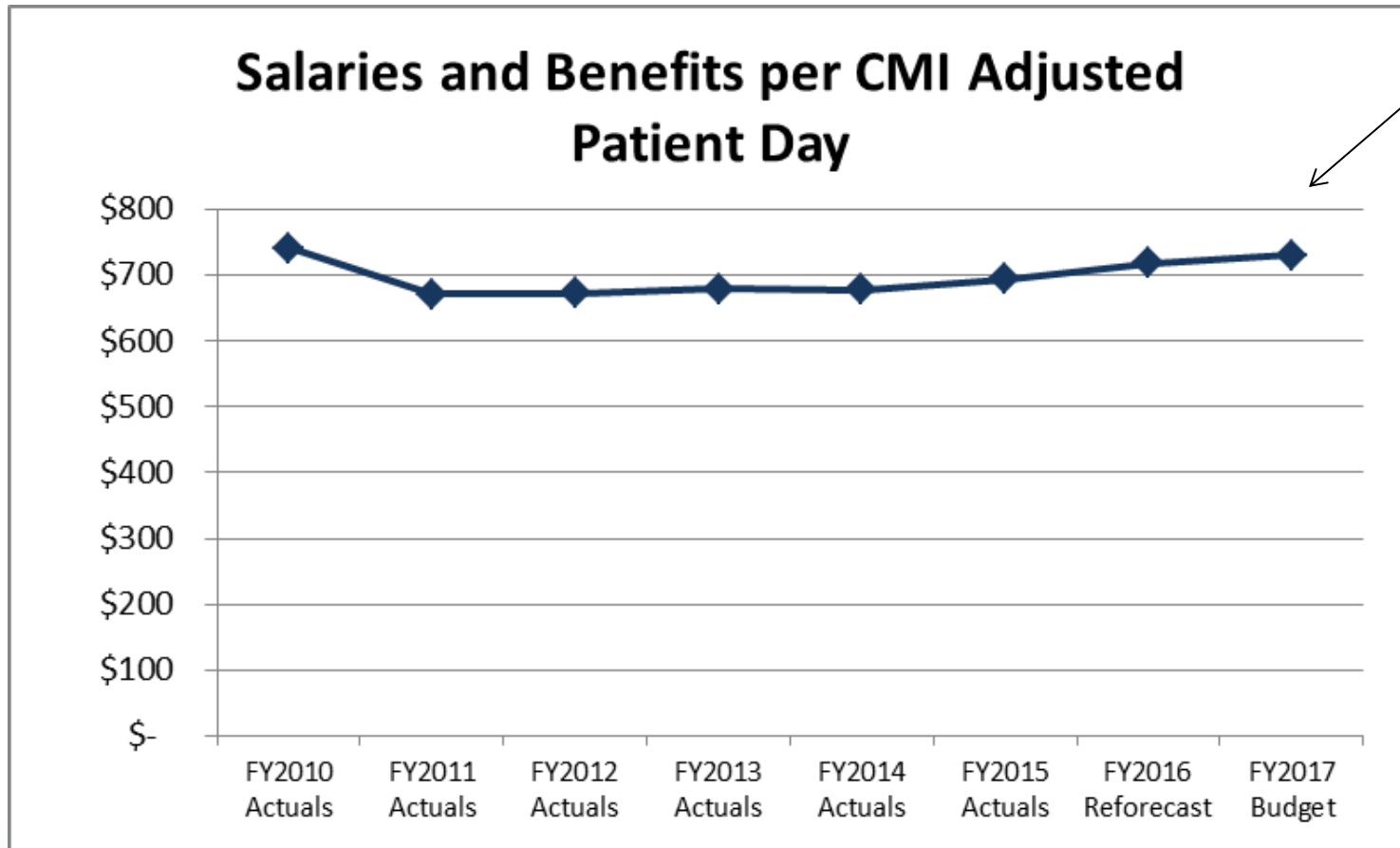
- Medicare reductions (primarily DSH at the federal level) - \$4.4 million
- Medicaid reductions in reimbursement (capitation, bundling, fee schedule reductions) ~ \$28.5 million
- Improvements in volumes at BHO - \$3.5 million
- Revenue cycle and volume improvements at UNMH - \$41.3 million

- Revenues due to implementation of ACA collected in FY15 for prior years, non-recurring for FY16 - \$38.1 million
- Loss of Medicaid Disproportionate Share funding for FY15 and FY16. DSH is supposed to pay for the increased costs of Medicaid enrollment - \$40.8 million
- Loss of volumes at Behavioral Health - \$2.9 million
- Increase in Medicaid IME via discharges - \$10.7 million
- Revenue cycle improvements - \$22.5 million

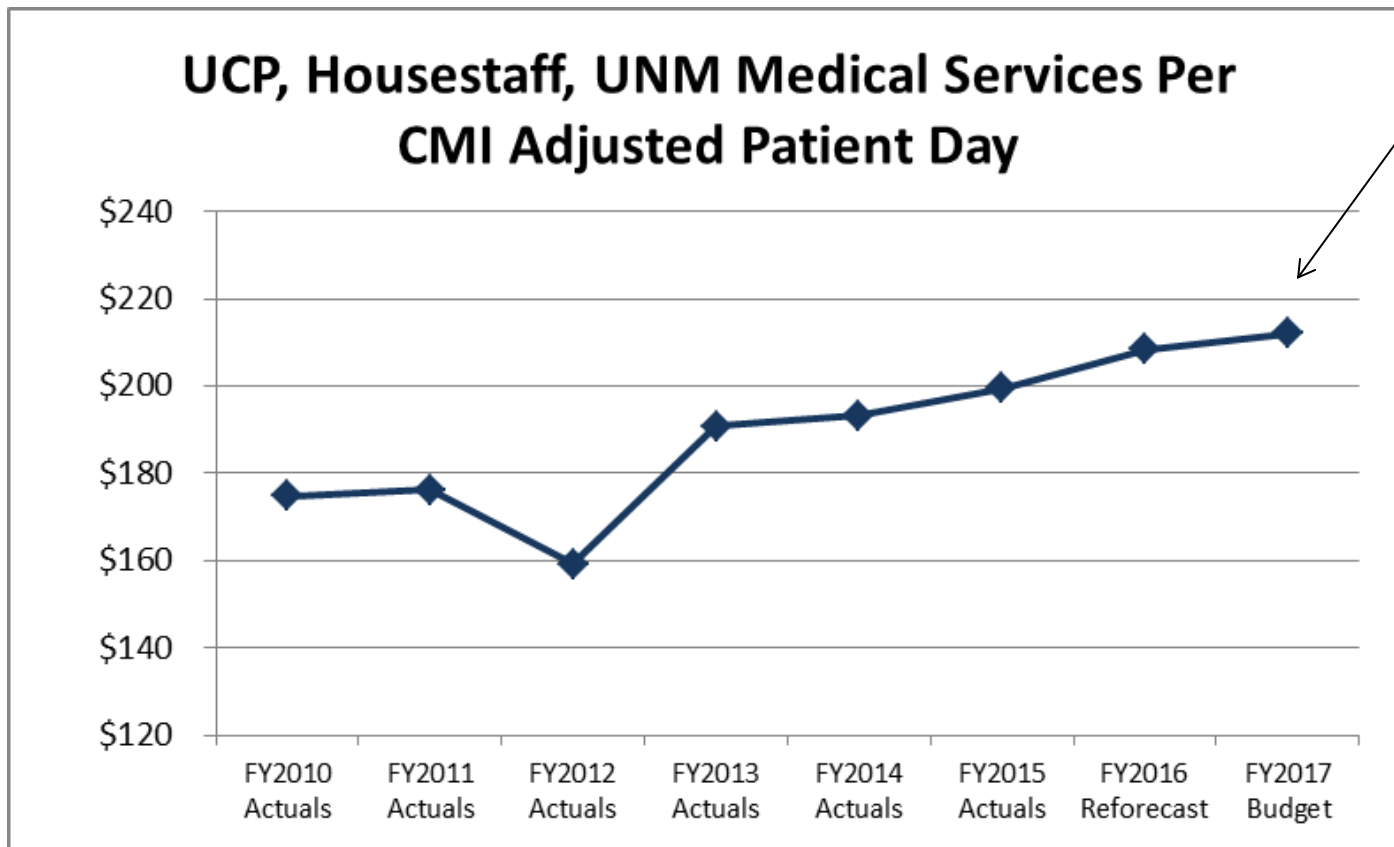




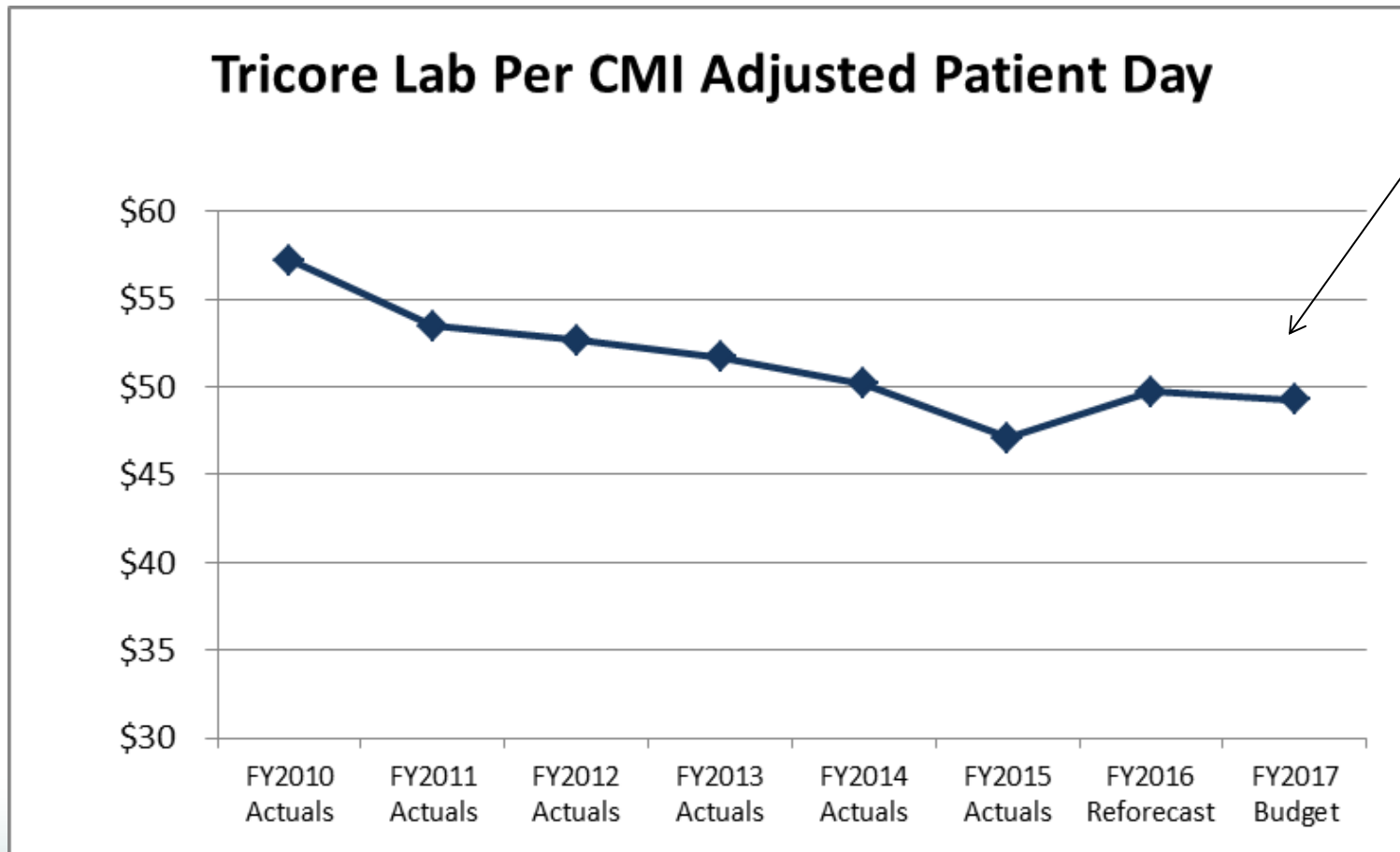
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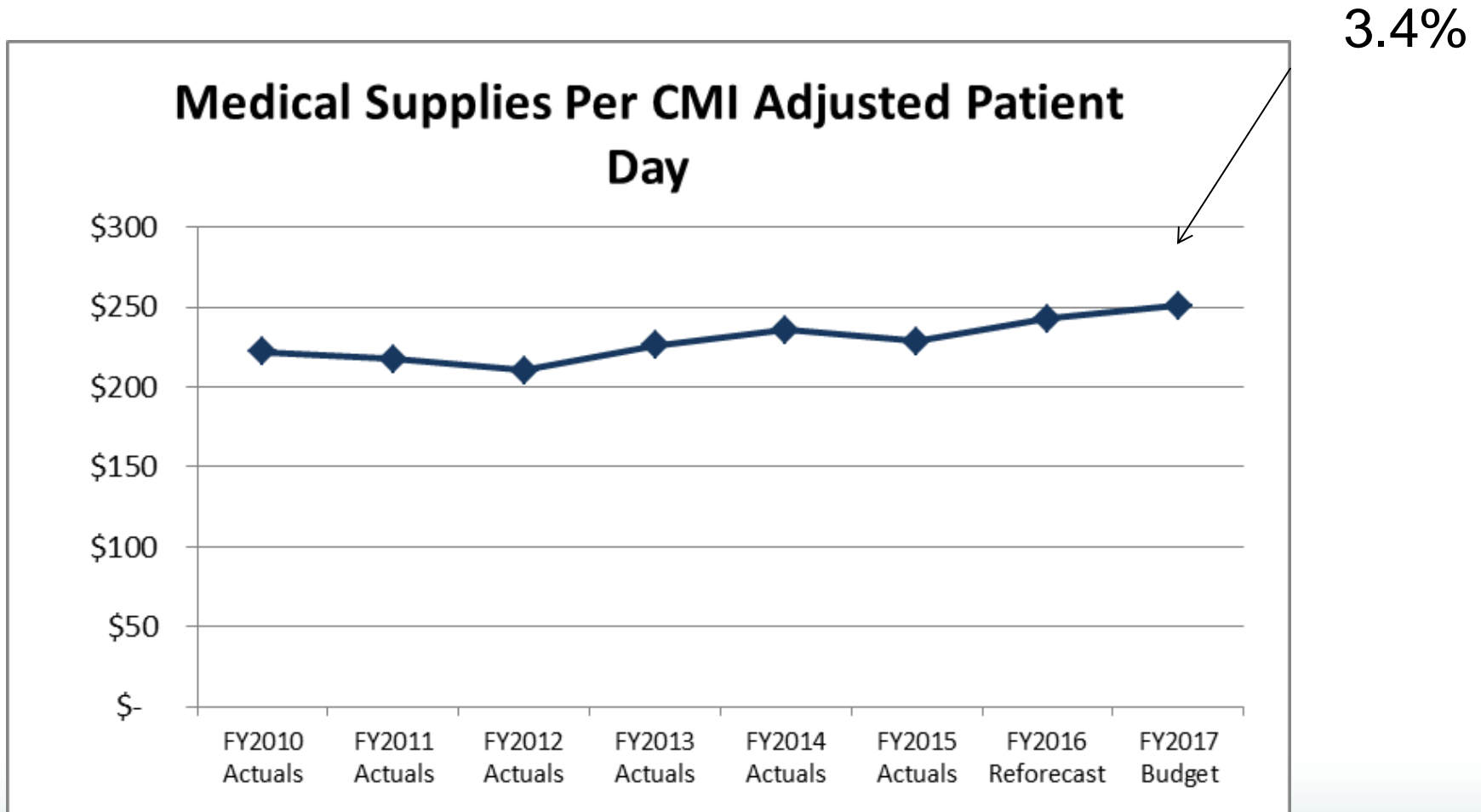


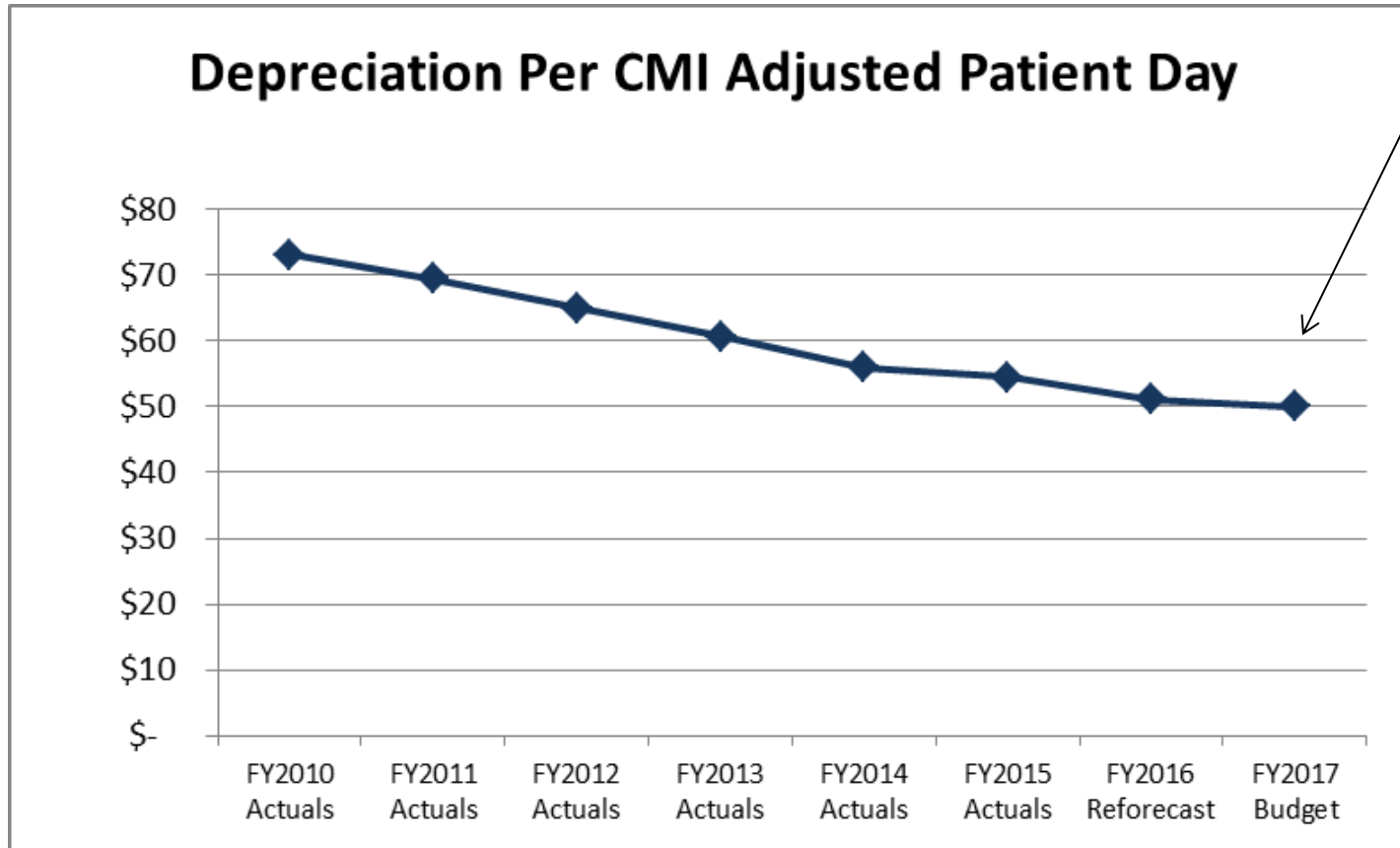
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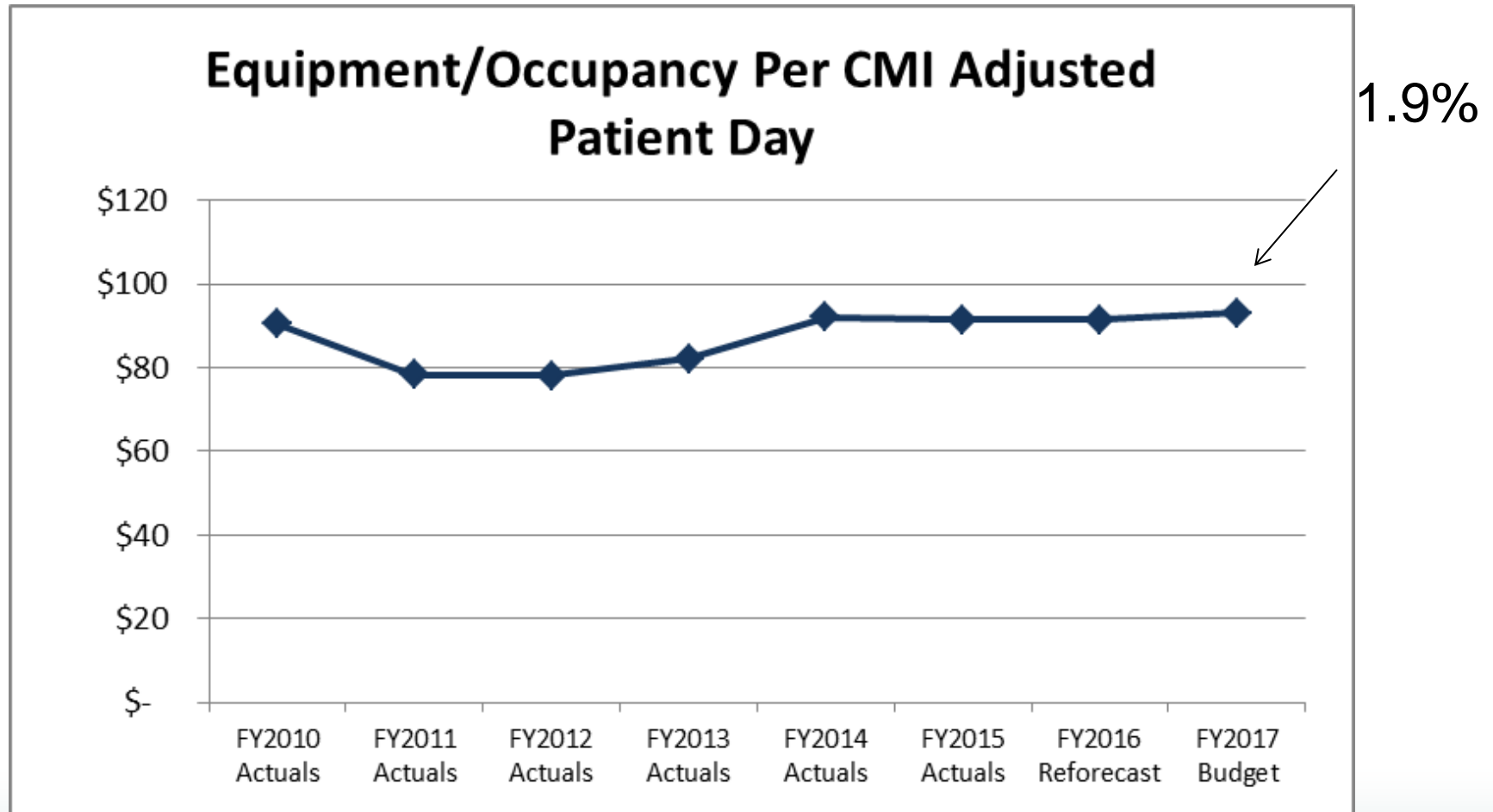
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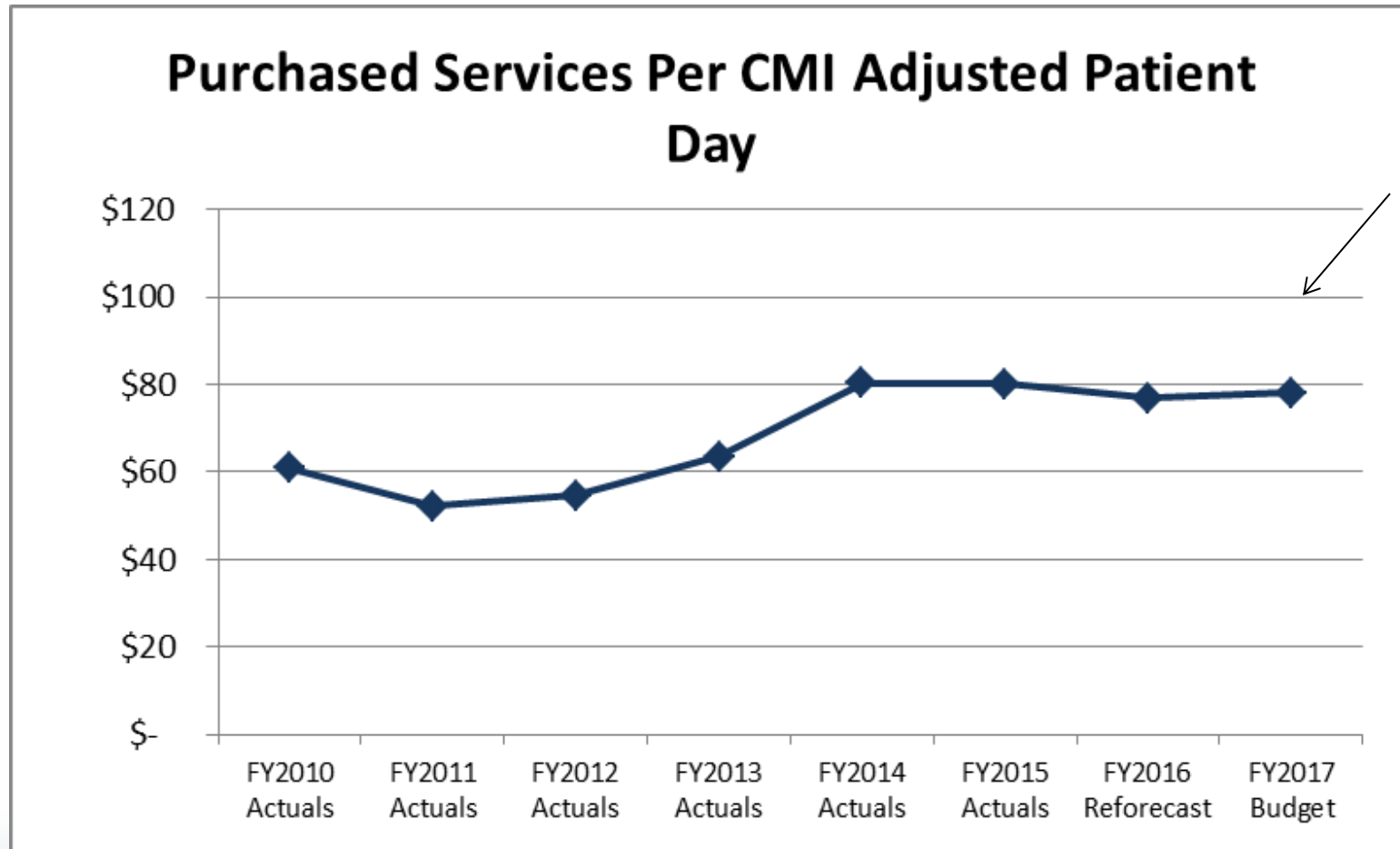




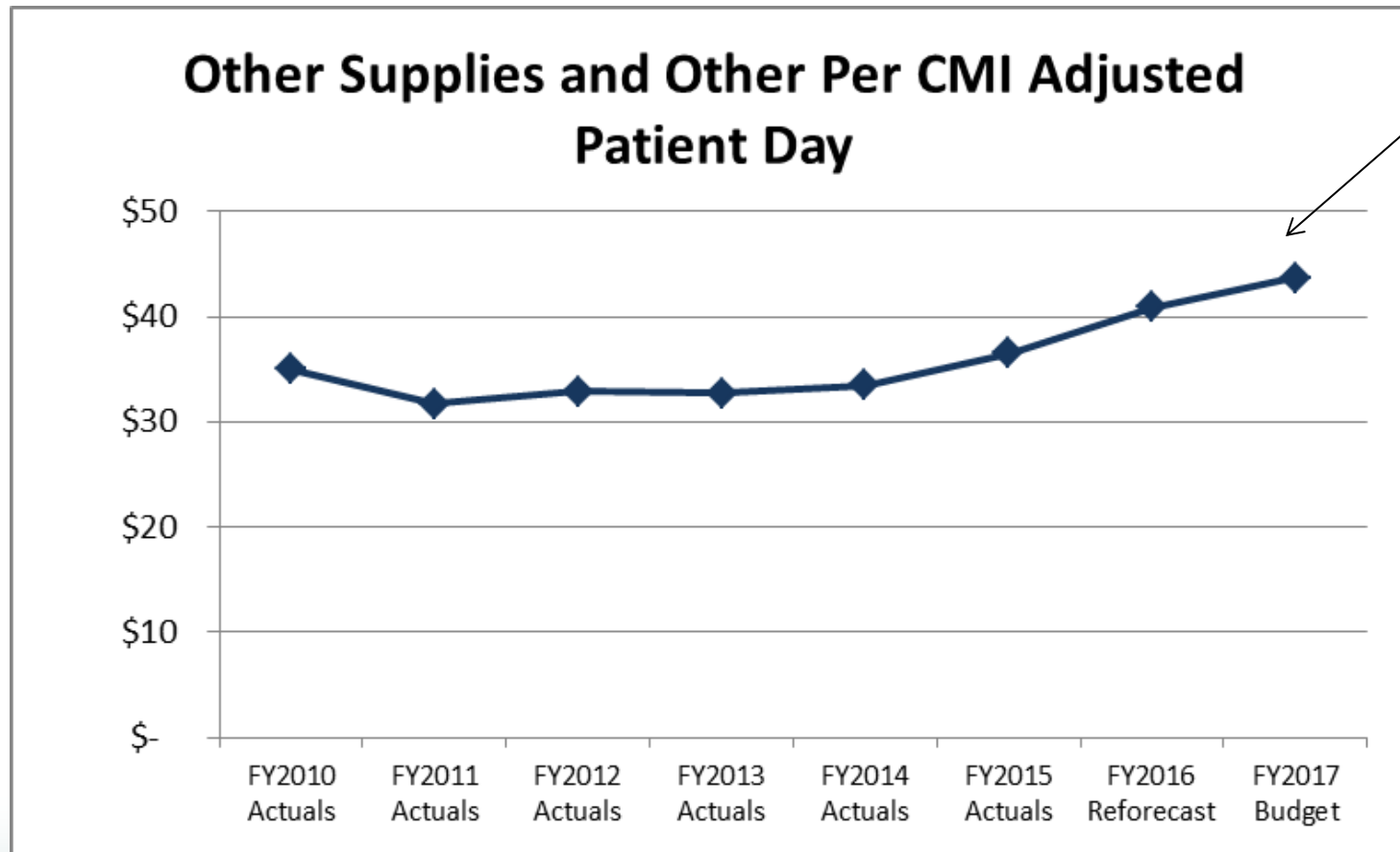


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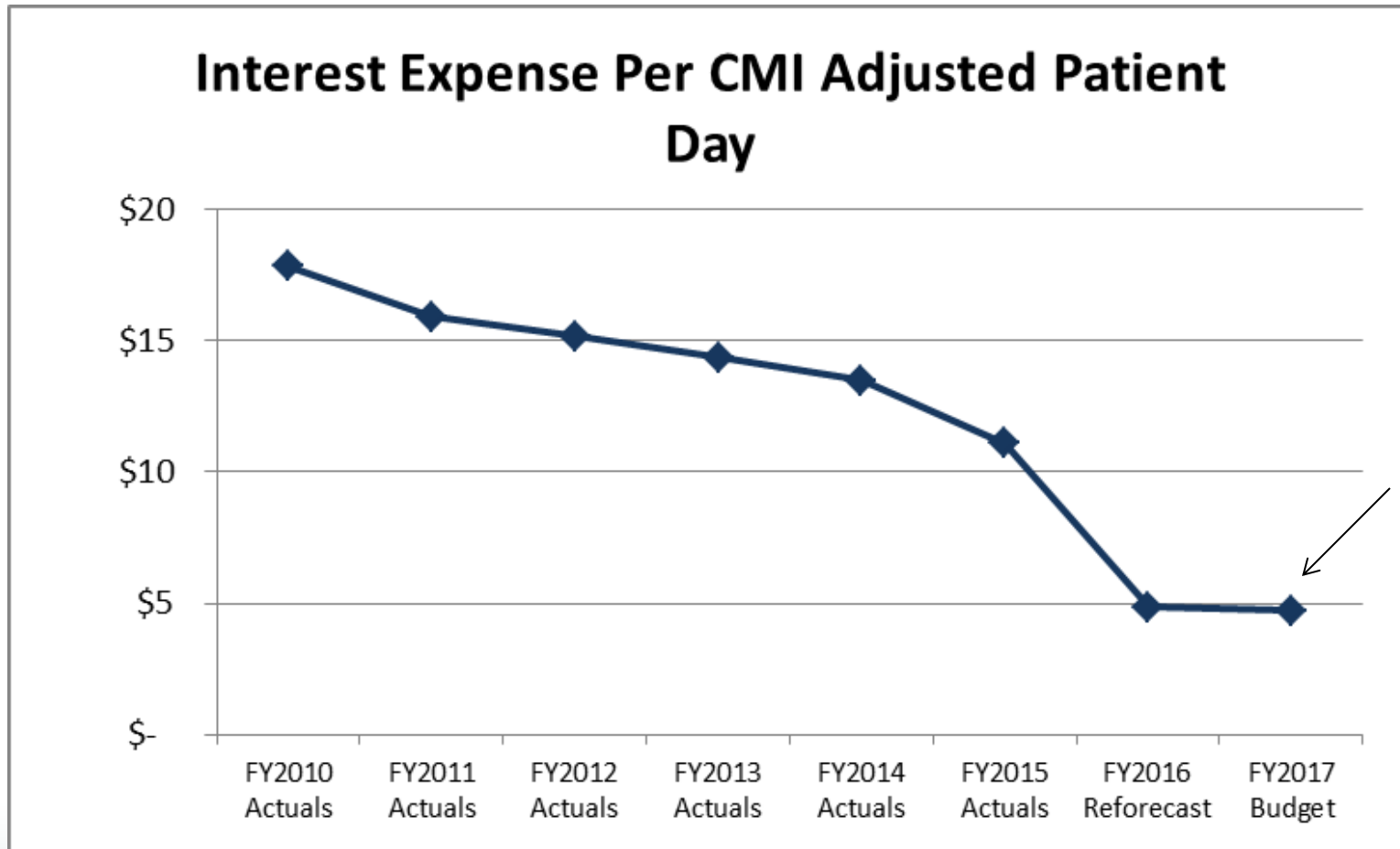




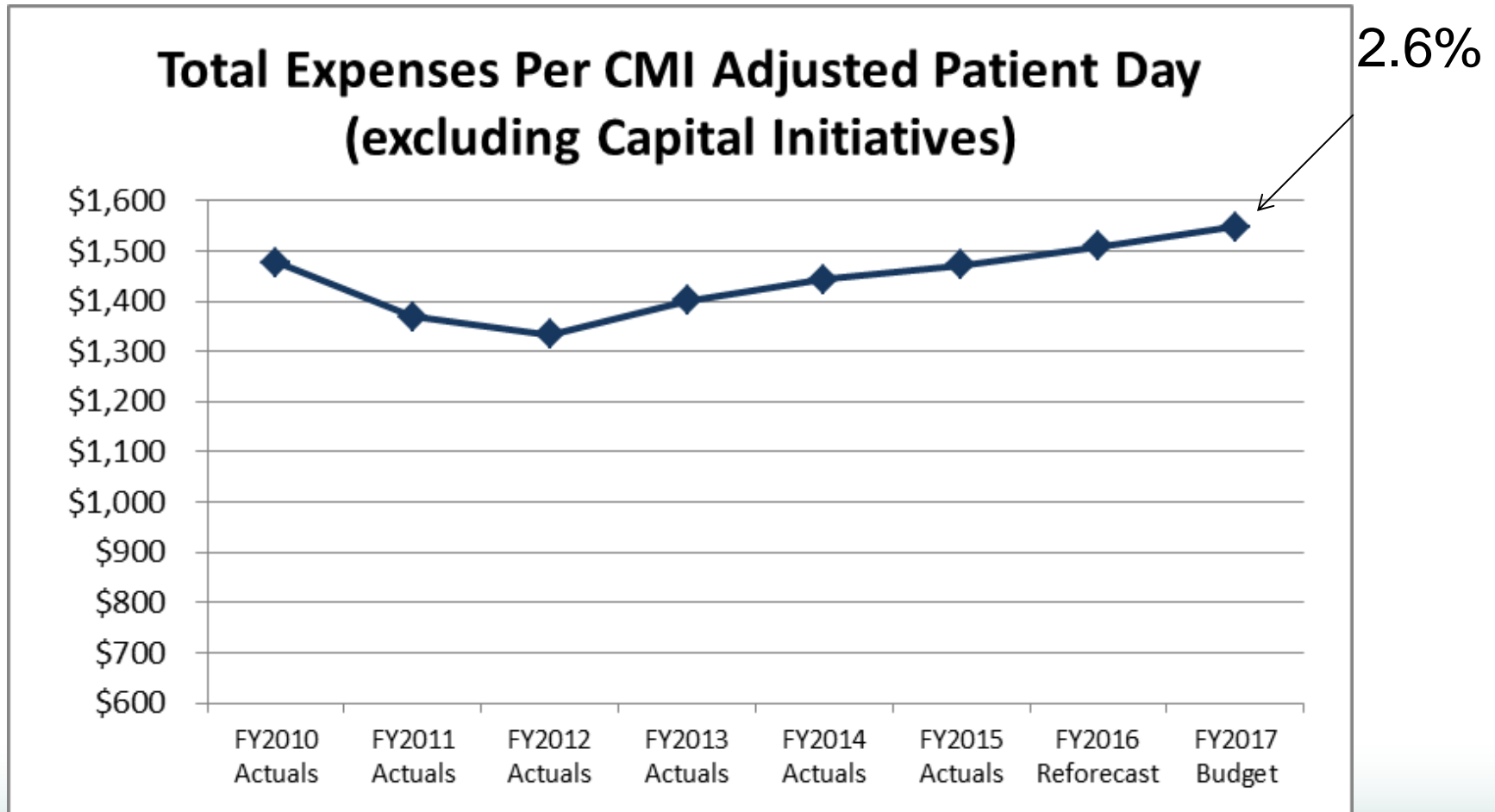
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6.8%



-2.6%



## ***FY 17 Expense Assumptions***

- County Programs
- Medical Services support for Obstetrics, Pediatrics, Neurology, Internal Medicine, Family Community Medicine, Dermatology and Radiology
- Housestaff – 7 FTE increase plus remainder of wage increase effective January 1, 2016 (Dental, Emergency Medicine, Hospice & Pallative, Neurological Surgery, Otolaryngology, Surgery, and ED Psychiatry)
- Full year of staffing for 4<sup>th</sup> Street clinic and FY 16 Program Adds
- Full year impact from anniversary increases from FY16
- Tricare volume and price increase



## ***FY 17 Expense Assumptions***

- Pharmaceutical pricing increase due to shift to specialty pharmacy
- Tissue for burn patients
- Utilities increases
- Additional service contracts for expired warranties
- Population Health maintenance
- Electronic Medical Record Expansion on new services
- Institutional Support

## ***FY 2016 Program Adds***

- Impact of cost of living increases occurring on anniversary dates
- Inpatient and Outpatient Advanced Practice Nurse Adds for diabetic care and trauma services
- Final consolidation of centralized scheduling for adult ambulatory clinics
- Opening of 4<sup>th</sup> Street Clinic
- Opening of additional Endoscopy procedure room
- Expansion of Women's Outreach Services
- Support increased volumes in surgical, neurosciences, cardiology and CTH outpatient services areas
- Stroke, Pediatric Trauma and Quality Outcomes due to expansion of reporting requirements internally and to external sources
- Dynamic documentation - Support for increased clinical applications and networking requirements

## ***FY 2016 Program Adds***

- Mid Year Additional physician support for Anesthesia, Emergency Services, Internal Medicine, Obstetrics/Gynecology, Pathology and Pediatrics
- Pharmaceutical pricing increase due to shift of pharmaceuticals to specialty
- IV Pumps - new functionality for wireless prescription libraries and EMR connectivity
- Population Health
- Theradoc

# UNM Hospitals Operating Revenue by Payer

	FY2014 Actuals	FY14 % of Total	FY2015 Actuals	FY15 % of Total	FY2016 Reforecast	FY16 % of Total	FY2017 Budget	FY17 % of Total
Medicare	\$ 155,337,761	21%	\$ 184,242,186	20%	\$ 183,629,427	21%	\$ 195,236,697	21%
Commercial	245,826,568	34%	246,173,624	26%	233,070,852	26%	243,277,839	26%
Medicaid	260,011,206	36%	436,485,446	47%	409,786,003	46%	421,148,746	46%
Self-Pay	20,246,692	3%	18,492,087	2%	14,276,351	2%	15,172,237	2%
Government & Other	16,087,426	2%	20,014,618	2%	18,859,075	2%	19,893,709	2%
USPHS/IHS	11,928,195	2%	6,347,390	1%	4,303,170	0%	4,524,058	0%
Other Operating Revenues	22,152,703	3%	26,406,169	3%	25,678,658	3%	22,990,301	2%
<b>Total Operating Revenues</b>	<b>\$ 731,590,551</b>	<b>100%</b>	<b>\$ 938,161,520</b>	<b>100%</b>	<b>\$ 889,603,535</b>	<b>100%</b>	<b>\$ 922,243,587</b>	<b>100%</b>

# ***UNM Hospitals Operating Revenue – Medicaid***

	<b>FY2014 Actuals</b>	<b>FY2015 Actuals</b>	<b>FY2016 Reforecast</b>	<b>FY2017 Budget</b>
Medicaid Patient Revenues	\$ 164,870,669	\$ 357,155,707	\$ 357,711,028	\$ 348,554,006
Indirect Medical Education	26,863,048	51,355,067	64,990,092	66,235,967
Graduate Medical Education	6,375,300	6,409,123	6,358,773	6,358,773
Disproportionate Share	23,775,551	21,565,549	(19,273,890)	-
State Coverage Initiative	20,116,613	-	-	-
Upper Payment Limit	18,010,025	-	-	-
<b>Total Medicaid Revenues</b>	<b>\$ 260,011,206</b>	<b>\$ 436,485,446</b>	<b>\$ 409,786,003</b>	<b>\$ 421,148,746</b>

	FY2014 Actuals	FY2015 Actuals	FY2016 Reforecast	FY2017 Budget
<b>Revenues:</b>				
Total Operating Revenues	\$ 731,590,551	\$ 938,161,520	\$ 889,603,535	\$ 922,243,587
Mill Levy	92,020,266	93,249,305	93,409,257	93,569,483
State Appropriations	12,550,200	13,116,900	13,038,100	12,798,000
Investment Income	40,688,121	15,908,081	299,928	315,209
Other Revenue	3,632,892	3,398,018	3,579,251	3,604,797
<b>Total Revenue</b>	<b>\$ 880,482,030</b>	<b>\$ 1,063,833,824</b>	<b>\$ 999,930,071</b>	<b>\$ 1,032,531,076</b>
<b>Expenses:</b>				
Salaries & Benefits	408,253,067	430,505,417	469,861,403	486,327,586
UCP/Housestaff	104,243,483	114,097,697	123,123,106	127,995,661
Tricare Lab Expense	28,132,986	29,176,546	32,475,160	32,729,777
Other Medical Services	8,769,433	20,985,220	25,998,437	27,114,450
Medical Supplies	134,571,269	141,717,606	158,357,656	166,617,232
Equipment/Occupancy/Depreciation	83,018,362	90,316,757	94,242,845	96,284,433
Purchased Services	49,978,228	54,717,196	57,653,131	59,066,251
Other Supplies and Other	14,507,111	15,722,671	17,998,593	18,955,741
OPEB	527,000	492,000	(6,811,183)	-
Institutional Support	4,266,990	6,873,661	8,714,002	10,080,361
Interest Expense/Other non operating exp	9,211,668	9,645,294	4,638,532	4,617,658
Capital Initiatives	26,000,000	128,981,761	-	-
<b>Total Expenses</b>	<b>\$ 871,479,597</b>	<b>\$ 1,043,231,826</b>	<b>\$ 986,251,681</b>	<b>\$ 1,029,789,150</b>
<b>Increase (Decrease) in Net Assets</b>	<b>\$ 9,002,433</b>	<b>\$ 20,601,998</b>	<b>\$ 13,678,390</b>	<b>\$ 2,741,926</b>

## ***Expense by Division***

	<b>FY15 Actual</b>	<b>FY16 Revised</b>	<b>FY17 Budget</b>
Nursing Division	\$ 362,832,513	\$ 392,022,657	\$ 406,869,007
Ambulatory	68,102,662	75,768,724	80,904,142
Ancillary & Professional	228,067,519	249,655,131	255,193,483
Finance	46,274,593	50,008,187	50,730,573
Human Resources	7,805,000	8,190,877	8,507,202
Information Technology	32,373,098	32,731,543	35,486,619
UCP, Housestaff, Health System	100,992,927	116,293,151	120,636,815
AR Runout	-	(859,432)	-
OPEB	-	(6,197,964)	-
Cancer Center	58,156,460	64,000,273	66,843,651
Interest Expense/Other Nonoperating	9,645,294	4,638,532	4,617,658
Capital Initiatives	128,981,761	-	-
<b>Total Expenses</b>	<b>\$ 1,043,231,826</b>	<b>\$ 986,251,681</b>	<b>\$ 1,029,789,150</b>

## Hours of Care – Nursing Units

Nursing Department	FY2015			FY2016 Projected			FY2017 Budget		
	FTEs	ADC	HOC	FTEs	ADC	HOC	FTEs	ADC	HOC
Neuroscience ICU	92.3	20	25.9	88.8	20	25.3	87.6	21	24.3
Medical/Cardiac ICU	88.5	21	24.5	92.1	21	24.8	89.0	21	24.4
Trauma/Surgical ICU	78.2	15	29.2	80.2	15	30.3	74.6	15	27.9
Burn Unit	15.6	5	17.4	12.0	5	13.2	12.1	5	13.5
<b>Total Adult ICU</b>	<b>274.6</b>	<b>61</b>	<b>25.6</b>	<b>273.2</b>	<b>62</b>	<b>25.3</b>	<b>263.1</b>	<b>62</b>	<b>24.3</b>
Coronary Care Subacute	49.9	19	15.2	50.9	19	15.1	50.5	19	15.3
Med/Surg Subacute (4-E)	53.9	20	15.6	53.8	20	15.6	55.4	20	16.0
Gen Med/SAC (4-W)	110.0	34	18.6	104.4	36	16.7	102.9	36	16.5
General Surgery (6-S)	55.8	19	16.4	52.6	20	15.3	53.7	20	15.7
Orthopedics (3-S)	43.9	15	16.5	42.0	15	15.5	41.9	15	15.6
Adult Oncology Med/Surg	25.0	9	15.8	25.8	9	15.9	29.0	9	18.0
General Medicine (5-W)	76.7	26	16.8	78.9	27	16.7	76.8	27	16.5
Family Practice (3-N)	27.6	10	16.0	26.8	10	15.6	28.4	10	16.5
Surgical Specialty Unit (4-S)	67.1	28	13.7	70.1	29	13.8	68.3	28	13.7
CRC/CTC (5-E)	41.7	14	17.0	43.0	14	17.1	43.6	14	17.3
Neuroscience	81.4	27	17.5	78.8	28	16.2	79.5	27	16.6
<b>Total SAC/MedSurg</b>	<b>633.1</b>	<b>220</b>	<b>16.4</b>	<b>627.0</b>	<b>226</b>	<b>15.8</b>	<b>629.9</b>	<b>225</b>	<b>16.0</b>
Pediatric Specialty Care	50.3	17	16.9	49.4	16	17.4	47.4	17	16.3
Intermediate Care Nursery	56.1	22	14.4	57.6	22	14.7	60.9	23	15.4
General Pediatrics Unit	66.5	26	14.5	66.9	24	16.0	67.9	25	15.2
Newborn ICU	99.5	30	19.2	97.8	26	21.8	101.2	27	21.0
Pediatric ICU	55.5	11	27.6	54.4	11	27.0	60.3	13	27.2
CTH Rehab-Ortho Unit	38.3	13	17.4	40.3	13	17.6	39.0	13	16.9
<b>Total Pediatrics</b>	<b>366.2</b>	<b>119</b>	<b>17.6</b>	<b>366.4</b>	<b>113</b>	<b>18.5</b>	<b>376.7</b>	<b>118</b>	<b>18.2</b>
Newborn Nursery/Level 1	12.0	13	5.1	11.3	15	4.5	11.4	14	4.6
OB Special Care	34.2	10	18.7	37.3	12	17.7	37.9	12	18.7
Mother & Baby Unit (3-E) BBRP	54.2	14	21.6	54.7	15	20.9	56.1	14	22.1
<b>Total Newborn and OB</b>	<b>88.4</b>	<b>25</b>	<b>20.4</b>	<b>103.3</b>	<b>41</b>	<b>14.2</b>	<b>105.4</b>	<b>40</b>	<b>15.0</b>
<b>Total I/P Nursing Departments</b>	<b>1362.2</b>	<b>425</b>	<b>18.3</b>	<b>1369.9</b>	<b>442</b>	<b>17.7</b>	<b>1375.1</b>	<b>444</b>	<b>17.6</b>



## Hours of Care - Ambulatory

Department	FY2015				FY2016 Projected				FY2017 Budget		
	FTEs	YTD Actual Stats	HOC		FTEs	YTD Actual Stats	HOC		FTEs	YTD Actual Stats	HOC
Total Primary Care Clinics	175.53	148,039	2.47		185.69	150,437	2.57		192.40	153,523	2.61
Women's Services Clinics	70.86	55,465	2.66		84.61	54,489	3.23		100.31	62,367	3.35
Pediatric Clinics	43.09	36,776	2.44		40.79	34,490	2.46		44.05	35,798	2.56
Surgical Clinics	34.38	26,580	2.69		43.14	26,542	3.38		43.38	28,287	3.19
Neuro Sciences Clinics	34.26	21,268	3.35		37.61	23,680	3.30		35.25	23,464	3.12
Medicine Clinics	26.73	18,132	3.07		27.06	17,453	3.23		27.90	18,108	3.20
Digestive Disease	11.37	8,894	2.66		14.64	9,697	3.14		15.78	9,867	3.33
Orthopaedic Clinics	36.62	38,477	1.98		42.61	39,185	2.26		41.69	40,884	2.12
Ophthalmology Clinics	28.00	25,907	2.25		29.58	25,597	2.40		31.10	26,790	2.41
Dermatology Clinics	13.41	16,298	1.71		14.25	15,951	1.86		14.44	15,751	1.91
ENT / Allergy Clinics	5.03	6,283	1.66		6.04	6,253	2.01		6.50	7,082	1.91
YCHC Outpatient Clinics	18.03	14,154	2.65		17.70	13,985	2.63		18.62	16,273	2.38
CTH Outpatient Clinics	47.82	27,403	3.63		46.29	30,398	3.17		50.21	28,062	3.72
Other Specialty Clinics	80.69	50,224	3.34		81.39	56,286	3.01		78.53	57,168	2.86
Total Specialty Clinics	450.28	345,861	2.71		485.70	354,006	2.85		507.77	369,901	2.86
Ambulatory Pre-Processing Ctr	25.19				28.47				29.10		
Centralized Scheduling	15.69				40.36				79.11		
Total Ambulatory	<b>666.70</b>	<b>493,900</b>	<b>2.81</b>		<b>740.22</b>	<b>504,443</b>	<b>3.05</b>		<b>808.38</b>	<b>523,424</b>	<b>3.21</b>

## ***FTE by Division***

	<b>FY2015 Actuals</b>	<b>FY2016 Revised</b>	<b>FY2017 Budget</b>
Nursing Division	2,699	2,850	2,890
Ambulatory Services	721	834	880
Ancillary & Professional	1,076	1,154	1,199
Finance	342	393	375
Human Resources	111	121	130
Information Technology	121	141	142
Other	21	15	21
<b>Total UNMH</b>	<b>5,090</b>	<b>5,508</b>	<b>5,637</b>

# **Fiscal Year 2016 Capital Budget Revision**

## **Fiscal Year 2017 Capital Budget**

**March 22, 2016**

## Areas of Focus Capital

- Renovations - \$24.9M
  - Cancer Center 2<sup>nd</sup> & 4<sup>th</sup> floor buildout - \$8.2M
  - Eubank - \$3.8M
  - Life safety, HVAC, Electrical, Fire Sprinklers, Chillers, Plumbing, Roof Repairs - \$8.8M
  - Installation of 2<sup>nd</sup> Helipad - \$2.5M
  - Replacement Hospital design and planning - \$1M
- Information Technology - \$6M
  - Backup hardware, storage expansion, networking - \$2.8M
  - Electronic Medical Record— \$1.7M
  - Clinical systems (radiology, glycemic control, fetal monitoring) - \$1.5M
- Medical Equipment - \$16.3M
  - Monitor replacements - \$4.3M
  - Radiology (Bi-plane, ultrasound, portable X-ray and CT) - \$2.6M
  - Endoscopy - \$1M

## FY 2016 and FY 2017 Sources of Funds- Major Projects

	FY 2016 Original	FY 2016 Revised	FY 2017 Budget
UNMH Capital Funding	\$ 31,492,178	\$ 31,872,882	\$ 33,611,889
Other Funding	1,179,586	973,129	716,826
UNMH Capital Initiatives Funding	19,194,257	7,798,370	12,919,272
<b>Total Funding Sources</b>	<b>\$ 51,866,021</b>	<b>\$ 40,644,381</b>	<b>\$ 47,247,987</b>

### Sources of Funds

## FY 2016 and FY 2017 Major Projects

	FY 2016 Original	FY 2016 Revised	FY 2017 Budget
<b>Inpatient Units</b>			
IV Pumps, Monitors and Ventilators	\$ 31,267	\$ 102,521	\$ 4,250,000
ICU and Med Surg Beds	6,000,000	-	-
Other Medical Equipment/ Reno	1,099,960	2,465,308	1,037,790
<b>Total Inpatient Units</b>	<b>\$ 7,131,227</b>	<b>\$ 2,567,828</b>	<b>\$ 5,287,790</b>

	FY 2016 Original	FY 2016 Revised	FY 2017 Budget
<b>Ancillary Areas</b>			
Surgical Services Renovation and Equipment	\$ 386,146	\$ 2,593,683	\$ 2,486,175
Lab Renovation	1,700,000	1,747,600	-
Rehabilitation Clinic at 1025 Med Arts	-	1,157,683	-
Other Radiology Equipment and Renovations	3,890,415	5,602,408	4,604,715
Other Ancillary Renovations	285,000	558,649	524,000
Other Ancillary Equipment	-	193,675	35,509
<b>Total Ancillary</b>	<b>\$ 6,261,561</b>	<b>\$ 11,853,698</b>	<b>\$ 7,650,399</b>

## FY 2016 and FY 2017 Major Projects

### Ambulatory

Eubank  
 Clinics  
 Other Clinic Equipment  
**Total Ambulatory**

FY 2016 Original	FY 2016 Revised	FY 2017 Budget
\$ 5,000,000	\$ 1,748,048	\$ 3,751,952
719,000	1,074,486	798,000
530,841	2,462,663	3,478,779
<b>\$ 6,249,841</b>	<b>\$ 5,285,197</b>	<b>\$ 8,028,731</b>

### Building and Infrastructure

Plumbing repairs, domestic soil pipe replacem \$ 732,000  
 Transportation - 601,901  
 Replacement Hospital - Architect 723,516  
 Life Safety, fire sprinklers, bldg renovations 7,955,850  
**Total Building and Infrastructure**

FY 2016 Original	FY 2016 Revised	FY 2017 Budget
\$ 732,000	\$ 250,000	\$ 889,938
-	601,901	122,921
	723,516	1,012,922
7,955,850	6,435,631	5,771,017
<b>\$ 8,687,850</b>	<b>\$ 8,011,048</b>	<b>\$ 7,796,798</b>

## FY 2016 and FY 2017 Major Projects

	FY 2016 Original	FY 2016 Revised	FY 2017 Budget
<b>Information Technology</b>			
Electronic Medical Record	\$ 1,305,000	\$ 1,305,000	\$ 1,652,000
Systems upgrades and expansions	1,201,178	1,401,443	2,525,000
Network	111,031	405,265	358,969
Switch Replacement	1,400,000	250,000	-
Wireless IV Cards	849,447	-	-
Other IT Hardware and Software	1,982,791	3,612,557	1,464,031
<b>Total Information Technology</b>	<b>\$ 6,849,447</b>	<b>\$ 6,974,265</b>	<b>\$ 6,000,000</b>

	FY 2016 Original	FY 2016 Revised	FY 2017 Budget
<b>Other Clinical Operations and Support Services</b>			
ASAP/Carrie Tingely/UNMPC/CPC clinic	\$ 7,056,838	\$ 1,390,971	\$ 1,363,471
Installation of 2nd Helipad		-	2,500,000
Cancer Center 2nd & 4th Floor Buildout	8,894,257	3,505,802	8,154,398
UNMPC and CPC Safety and Code	735,000	1,055,572	466,400
<b>Total Other Clinical Operations &amp; Sup</b>	<b>\$ 16,686,095</b>	<b>\$ 5,952,345</b>	<b>\$ 12,484,269</b>



# UNMH Capital Initiatives Fund

	FY 2016 Original Budget	FY 2016 Revised Budget	FY 2017 Budget
<b>Beginning Balance</b>	<b>\$ 128,433,415</b>	<b>\$ 212,465,644</b>	<b>\$ 204,667,274</b>
Eubank Clinic	(5,000,000)	(1,748,048)	(3,751,952)
Cancer Center 2nd & 4th Floor Buildout	(8,894,257)	(3,505,802)	(8,154,398)
Children's Psychiatric Center	(5,300,000)	-	-
Rehabilitation Services		(1,157,683)	-
Replacement Hospital		(723,516)	(1,012,922)
Other expenditures	-	(663,321)	-
<b>Ending Balance</b>	<b><u>\$ 109,239,158</u></b>	<b><u>\$ 204,667,274</u></b>	<b><u>\$ 191,748,002</u></b>

## **Administrative Reports**

## MEMORANDUM

**To:** Board of Trustees

**From:** Stephen McKernan  
Chief Executive Officer

**Date:** March 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 February.

**Activities Levels:** Activity levels, through February, appear to be consistent activity compared to the prior year. Patient days are within 1% of the prior year. Discharges are 7% lower than the prior year with most of the change related to pediatric discharges. Clinic visits are 3% higher than the prior year and emergency room visits are 6% lower than the prior year. Surgeries and births are 2% greater than the prior year. Overall activity, as measured by case mix adjusted patient days, is about 10% higher than the prior year.

**Finances:** The operating revenues of the hospitals are about 5% greater than the prior year at \$586 million. Expenses have increased about 5% which is in lower than activity growth. This includes the compensation increase and increase in workforce. FTE's have increased by about 300 since the prior year. Net margin is about \$8 million, less than 2% of revenues. There has been no contribution to the capital initiatives fund this year.

Most of the change in revenues is related to the loss of disproportionate share payment for Medicaid. It has had about a \$34 million negative impact on the hospital's year to date revenues.

The balance sheet of the hospital is stable. Cash is above the prior year end amount. Accounts payable are up due to the accrual on the Disproportionate Share matter. The hospital has met its debt covenants.

**Quality:** The quality metrics at UNMH are stable. The focus recently has been on the coding issues related to ICD-10 and some work done to identify documentation that must be in the record related to significant conditions that a patient has been identified with but is unrelated to billing activity. In the past, almost all coding was driven by and related to billing activity.

**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. The requests for proposals have been received and the contract for services is being finalized.

The strategic plan and vision are still in draft form and will be addressed to finalize at the next meeting.

**Human Resources:** The turnover rates are now around 14%, a little lower than 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 complement of nurses by 35 from June to March.

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. Their initial assessment will be completed next week and we will be reporting back the results.

**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 the issues 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 will be to develop a Memorandum of Understanding to support the Mil Levy, which is to be on the ballot this fall. 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. Management met with the County Commissioners last week to discuss the budget.

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



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

# UNM HOSPITALS

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**To:** Board of Trustees

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

**Date:** March 18, 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 February was 11 hours and 51 minutes. UNMH continues to remain above 90% capacity on average. We have not cancelled any surgeries due to capacity for one year.

- We sent 53 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:

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

3. The Physician Advisory Group (PAG) provider engagement and satisfaction work has begun. The Studer Group is meeting with providers, staff and administration in the assessment phase on our journey. The findings will be shared with the board as they become available.

4. The Surgical Directions consultant is on site and we are creating a new operational structure to make our perioperative services more efficient and effective.





















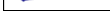




5. Our ALOS (average length of stay) for the first 6 months of the fiscal year- 2016 (July-December) is 6.88 for adult patients. The ALOS for the last 6 months of fiscal year 2015 was 7.39. We continue to work on new processes to decrease our ALOS despite accepting higher acuity patients.



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER  
**UNM HOSPITAL**

## Updates

**Finance and Audit Committee Dashboard Report**  
**Year To Date as of February 2016**

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
Adult Days for UNMH		↑	-	75,338	78,380	75,763	Overflow days down from budget, OB days down from budget
Adult Discharges for UNMH		↑	↓	11,886	13,698	12,394	ICU and SAC/MedsSurg discharges down from PYTD and budget
Adult Average Length of Stay for UNMH				6.34	5.72	6.11	
UHC Risk Based Adj ADULT LOS for UNMH				7.26	6.06	5.80	Current YTD is thru Jan, 2016, PYTD is thru November, 2014 as reported by UHC
Pediatric Days for UNMH		↑	↓	26,429	27,970	27,248	
Pediatric Discharges for UNMH		↑	↓	2,881	3,575	3,422	Pediatric 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				9.17	7.82	7.96	
UHC Risk Based Adj PEDS LOS for UNMH				5.40	5.18	5.33	Current YTD is thru Jan, 2016, PYTD is thru November, 2014
Outpatient Clinic Visits for UNMH		↑	↑	332,299	335,178	321,808	Includes 18,324 Flu Shots YTD and 17,435 PYTD, core clinic visits increased compared to PYTD
Emergency Department Visits for UNMH				49,928	51,610	53,339	
Urgent Care		↑	↓	8,585	15,682	15,709	Provider vacancies in Urgent Care
Operations		↑	↑	13,054	13,561	12,773	Improved from PYTD
Newborn Days for UNMH		↑	↑	3,553	3,309	3,219	Newborn days increased from PYTD and budget
Births		↑	↑	2,030	1,991	1,983	Births increased from PYTD and budget
Days for all Behavioral Operations		↑	↓	15,389	16,202	15,887	Decreased from PYTD and budget in CPC Acute Svcs
Visits for all Behavioral Operations		↑	↓	91,992	100,901	96,693	Decreased from PYTD and budget due to provider vacancies
UNM Care Enrollment				6,643		7,157	17,128 Medicaid applications processed
Net Income (Loss) for all Operations (in thousands)		> \$0		\$7,984	\$4,995	\$9,079	
Case Mix Index (CMI) - w/o newborn		↑	↑	1.847	1.773	1.734	
Re-Admission Rates		↓	↓	8.42%	9.50%	8.69%	Patients re-admitted within 30 days of discharge, thru Dec, 2015 as reported by UHC
Days Cash on Hand for UNMH		↑	↑	78.73	34.68	65.37	
<b>Human Resources:</b>							
FTEs (Worked) per adj patient day for all Operations				5.74	5.72	5.56	
Hours of Care - UNMH Nursing				17.83	17.91	17.73	
Paid FTE's for UNMH and BHOs				5,847	5,949	5,641	
Paid FTE's for CC				151	183	146	

## **Committee Reports**



**Performance Oversight & Community Engagement Committee**  
Report Summary – March 18, 2016

**Community Benefits Reports**

**Behavioral Health Services Update –** Rodney McNease, Executive Director, Behavioral Health Finances

UNMH has been working with Bernalillo County around a plan for development of behavioral health services. These potential services include:

- Expansion of Fast Track Program
- Case Management Services
- Assessment and Evaluation Services
- Addictions Services expansion including Intensive Outpatient
- Partial Hospital Program
- Expanded Capacity for Mental Health Services
- Crisis Respite Medical Support
- Assertive Community Treatment Team (based on identified need)
- Data reporting
- Access to Electronic Medical Record

UNMH and Psychiatric Leadership have worked to establish a framework for program development that will facilitate expanded access. Teams have been established in the following areas.

- Community Based Services
- Inpatient Services
- Assessment and Psychiatric Emergency
- Addictions Services
- Episodes of Care for ongoing Mental Health Treatment
- Consultation and Primary Care Expansion
- Medical Home for high need patients

UNMH will continue to work with Bernalillo County and other community stakeholders around development of needed services in the Albuquerque area and UNMs role in these serves. Much of the focus is on re-organizing the clinical delivery system to create a more efficient and responsive system for patients and to fill in identified service gaps.

Children's Psychiatric Center continues to experience significant issues around discharge planning based on the lack of statewide resources and constraints imposed by managed care companies. These are outlined in detail in the Behavioral Health Presentation.

<b>UNM HOSPITAL BOARD OF TRUSTEES</b>
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<b>Finance, Audit and Compliance Committee Meetings</b>
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Wednesday, March 23, 2016 at 11:00 AM

UNM Hospitals Administration, Large Conference Room

<b>Objectives</b>
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| <ul style="list-style-type: none"> <li>• Provide compliance oversight of UNM Hospitals.</li> <li>• Provide audit oversight of UNM Hospitals.</li> <li>• Provide financial and human resources oversight of UNM Hospitals.</li> </ul> |
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**Finance Committee Meeting:**

- I. Approval of meeting minutes from February 24, 2016.
- II. FY 16 Revised and FY 17 Operating Budget presented by Ella Watt - Approved for presentation to the Board of Trustees
- III. FY 16 Revised and FY 17 Capital Budget presented by Ella Watt – Approved for presentation to the Board of Trustees
- IV. FY 16 UNM Hospital’s financial results and dashboard for the eight months ended February 29, 2016 presented by Ella Watt
- V. CEO Update presented by Steve McKernan
  1. Update on contracting with United Healthcare for Medicaid Centennial Care
  2. Update on Status of Medicaid with the State
  3. Update on IPRA Request for Leonard Tire