

UNM Hospital Board of Trustees
Friday, July 29, 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**
 - [June 24, 2016, UNM Hospital Board of Trustees Meeting](#)
- VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA**
 - **Consent/Approval Items (Motion)**
 - ❖ [Disposition of Assets](#) (Approval)
 - **Clinical Privileging Approval**
 - ❖ [Summary of Proposed Medical Staff Bylaws Revision](#) (Approval)
 - ❖ [UNMH General Surgery Privilege Revisions](#) (Approval)
 - ❖ [UNMH Physical Medicine and Rehabilitation Revisions](#) (Approval)
 - ❖ [UNMH Clinical Nurse Specialist Clinical Privileges](#) (Approval)
- VII. BOARD INITIATIVES**
 - [Throughput wait time work plan](#) – Kori Beech and Dr. Gomez
 - [Vision Statement](#) – Sara Frasch (Approval)
 - Board Election– Steve McKernan (Approval)
- VIII. ADMINISTRATIVE REPORTS**
 - Chancellor for Health Sciences - Paul Roth, MD
 - [CEO, UNM Hospitals](#) - Steve McKernan
 - [CMO, UNM Hospitals](#) – Irene Agostini, MD
- IX. UPDATES**
 - [June Financials](#) – Ella Watt
- X. COMMITTEE REPORTS**
 - [Performance Oversight / Community Benefits Committee](#) – Dr. Raymond Loretto
 - [Finance, Audit & Compliance Committee](#) – Jerry McDowell
 - Native American Liaison 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.

| Agenda Item | Subject/Discussion | Action/Responsible Person |
|-----------------------------|---|--|
| Voting Members Present: | Debbie Johnson, Joseph Alarid, Dr. Donna Sigl, Michael Olguin, Nick Estes, Dr. Raymond Loretto, Christine Glidden, Michelle Coons, Erik Lujan | |
| Ex-Officio Members Present: | Dr. Paul Roth, 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 9:14 AM. | |
| I. Adoption of Agenda | The Chair, Ms. Debbie Johnson, requested a motion to adopt the agenda. | Mr. Nick Estes 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 | Mr. Nick Estes, Dr. Raymond Loretto, Dr. Donna Sigl and Ms. Christine Glidden shared the highlights of the America's Essential Hospital Conference Trip. Mr. Stephen McKernan recognized and thanked Mr. Michael Olguin for his seven years of service as a UNMH Board of Trustees member. Mr. Stephen McKernan introduced Mr. Erik Lujan as a new UNMH Board of Trustees member and shared a short bio with the Board. | |
| IV. Approval of Minutes | The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for May 20, 2016. | Mr. Michael Olguin made a motion to approve the minutes of the May 20, 2016, Board of Trustees meeting. Ms. Michelle Coons seconded the motion. There being no objections, the motion carried. |
| V. Consent Agenda | None | |
| VI. Board Initiatives | Mr. Stephen McKernan requested the Board approve Michael Shannon for a second term to the CTH Advisory Board. Mr. Stephen McKernan provided a mil levy update to the Board stating there will be an upcoming meeting with Bernalillo County on June 28, 2016 at 2 PM; the board members are encouraged to attend as it is a public meeting. Mr. Stephen McKernan presented the UNM Hospital Unified Operating Plan FY 17. | Ms. Michelle Coons made a motion to approve the appointment of Michael Shannon to the CTH Advisory Board. Dr. Donna Sigl seconded the motion. There being no objections, the motion carried. |

| Agenda Item | Subject/Discussion | Action/Responsible Person |
|-------------------------------|--|---|
| | <p>Dr. Sara Frasch presented the UNM Hospital Studer initiative MISSION: Excellence.</p> <p>Mr. Stephen McKernan reminded the board that per the bylaws the Chair must select a nominating committee in July to establish members of board committees and officers for the 2016-2017 year. The Chair, Ms. Debbie Johnson selected Ms. Christine Glidden and Ms. Michelle Coons as her nominating committee. The selections will be reviewed at the next board meeting on July 29, 2016.</p> | |
| VII. Administrative Reports | <p>Chancellor's Report – Dr. Paul Roth provided an update to the Board on Select Panel on Infant Lives.</p> <p>CEO Report – The CEO report is in the packet.</p> <p>CMO Report – The CMO report is in the packet.</p> | |
| VIII. Updates | Financial Report Card – Ms. Ella Watt presented the May financial dashboard. | |
| IX. Committee Reports | <p>Performance Oversight & Community Engagement Committee The Performance Oversight & Community Engagement Committee met on June 24, 2016.</p> <p>Finance, Audit, and Compliance Committee The Finance, Audit, and Compliance Committee met on June 22, 2016.</p> <p>Native American Liaison Committee The Native American Liaison Committee met on June 22, 2016.</p> | |
| X. Other Business | None | |
| XI. Closed Session | At 11:00 AM, the Chair, Ms. Debbie Johnson, requested a motion to close the open session of the meeting to the public. | Dr. Raymond Loretto made a motion to move to closed session. Dr. Donna Sigl seconded the motion. The motion passed unanimously. |
| XII. Certification | 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. | |
| XIII. Vote to Re-Open meeting | At 12:09 PM, the Chair, Ms. Debbie Johnson, requested a motion to be made to | Dr. Raymond Loretto made a motion to return to |

| Agenda Item | Subject/Discussion | Action/Responsible Person |
|------------------|---|---|
| | <p>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>open session. Ms. Michelle Coons seconded the motion. The motion passed unanimously.</p> <p>Ms. Michelle Coons made a motion to accept the minutes presented by the committees. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</p> <p>Mr. Nick Estes made a motion to ratify the actions taken. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</p> |
| XIV. Adjournment | <p>The next scheduled Board meeting will be July 29, 2016 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, requested a motion to adjourn the meeting.</p> | <p>Mr. Joe Alarid made a motion to adjourn the meeting. Ms. Christine Glidden seconded the motion. The motion passed unanimously. The meeting adjourned at 12:12 PM.</p> |

Christine Glidden, Secretary
 UNM Hospital Board of Trustees

Surplus Property Department Disposition Detail List 7/27/16



| Asset Number | Description | Division Description | Model | Serial # | Vendor Name | Acquisition Date | Acquisition Cost | Book Value | Proposed Method of Disposal | Date of Disposal |
|--------------|--|-------------------------------|---------------|---------------|--|------------------|------------------|------------|-----------------------------|------------------|
| 727 | Pacemakers/ Cardiac/ External | Heart Station | 5388 | PFG015073P | Medtronic Inc. | 5/1/2001 | \$4,800.00 | \$0.00 | Auction | After approval |
| 1304 | Monitors/ Bedside/ Blood Pressure | Pacu (Recovery Room 1) | Pro 400 | 010M2479030 | Ge Medical Systems | 11/1/2001 | \$4,600.00 | \$0.00 | Auction | After approval |
| 1333 | Monitors/ Bedside/ Blood Pressure | Westside Family & Senior Hlth | Pro 400 | 010M2499136 | Ge Medical Systems | 11/1/2001 | \$4,600.00 | \$0.00 | Auction | After approval |
| 2950 | Scanning Systems/ Ultrasonic | Women's Ultrasound Clinic | 531841 | 08276WX8 | Ge Medical Systems | 8/1/2003 | \$45,000.00 | \$0.00 | Auction | After approval |
| 4198 | Irrigation/ Distention Systems | Endoscopy Center | OFP | 412407 | Olympus America Inc. | 7/1/2004 | \$1,485.00 | \$0.00 | Auction | After approval |
| 4264 | Monitors/ Bedside/ Fetal | Labor And Delivery | 129 | RUX04273847PA | Corometrics Medical Systems Inc. | 8/1/2004 | \$15,672.02 | \$0.00 | Auction | After approval |
| 4657 | Electrosurgical Units/ Bipolar | Operating Room | Malis Cmc-III | RPI9115 | Codman & Shurtleff Inc. | 5/1/2005 | \$18,833.75 | \$0.00 | Auction | After approval |
| 4917 | Monitors/ Bispectral Index | Operating Room | Xp Platform | C021484 | Aspect Medical Systems Inc. | 8/1/2005 | \$9,500.00 | \$0.00 | Auction | After approval |
| 5911 | Auditory Function Screening Devices/ Newborn | Audiology | ALGO 3 | 51828 | Natus Medical Inc. | 5/3/2007 | \$15,866.68 | \$1,718.91 | Auction | After approval |
| 6327 | Metabolic Carts | Pulmonary Diagnostics | Ultima Pfx | 222000630 | Medical Graphics Corp | 11/1/2007 | \$28,913.34 | \$3,011.82 | Auction | After approval |
| 10407 | Monitoring Systems/ Physiologic/ Acute Care | Cth Rehab-Ortho Unit | Pro 400 V2 | AAX05450259SA | Ge Healthcare Usa | 2/1/2006 | \$4,454.00 | \$0.00 | Auction | After approval |
| 12086 | Monitors/ Bedside/ Blood Pressure | Sports Medicine | Accutor 4 | 9970-B2 | Datascope Corp | 4/7/1992 | \$2,496.00 | \$0.00 | Auction | After approval |
| 12129 | Phototherapy Units/ Visible Light/ Hyperbilirubine | Newborn ICU | M0-420-Olq | 907 | Fiberstars | 5/15/1992 | \$1,831.00 | \$0.00 | Auction | After approval |
| 12222 | Electrosurgical Units/ Monopolar/ Bipolar | Operating Room | Force 2 | F8K36288T | Tyco Healthcare Group | 8/8/1988 | \$4,994.00 | \$0.00 | Auction | After approval |
| 12642 | Phototherapy Units/ Visible Light/ Hyperbilirubine | Newborn ICU | M0-420-Olq | 882 | Fiberstars | 7/1/1992 | \$1,831.68 | \$0.00 | Auction | After approval |
| 12796 | Battery Chargers | Operating Room | Pro 2600 | BBD48671 | Hall Surgical | 8/4/1993 | \$2,585.25 | \$0.00 | Auction | After approval |
| 13685 | Infusion Pumps/ Syringe | Anesthesia | 2010 | 33704 | Medfusion Inc. | 7/1/1994 | \$1,895.10 | \$0.00 | Auction | After approval |
| 15669 | Warming Units/ Patient/ Forced-Air | Pediatric ICU | 6000-1110U | J00151 | Augustine Medical Inc Sub Arizant Inc. | 5/1/1997 | \$9,038.00 | \$0.00 | Auction | After approval |
| 16801 | Phototherapy Units/ Visible Light/ Hyperbilirubine | Intermediate Care Nursery | Md2000 | 615110 | Kentec Medical Inc. | 5/1/1999 | \$2,331.59 | \$0.00 | Auction | After approval |
| 16810 | Phototherapy Units/ Visible Light/ Hyperbilirubine | Newborn ICU | Md2000 | 615051 | Kentec Medical Inc. | 5/1/1999 | \$2,333.97 | \$0.00 | Auction | After approval |
| 18178 | Phototherapy Units | Newborn ICU | Wallaby 3 | 1560 | Respiroics Inc. | 5/1/2000 | \$2,329.16 | \$0.00 | Auction | After approval |
| 26604 | Washers/ Flexible Endoscope | Operating Room | IE | 405351 | Steris Corp | 5/3/2012 | \$12,627.59 | \$6,013.13 | Auction | After approval |

| | |
|-------------------------------------|---------------------|
| Asset Disposition Count | 22 |
| Gross Acquisition Cost | \$198,018.13 |
| Total Disposition Book Value | \$10,743.86 |

UNMH Hospitals - Bylaws of the Medical Staff - Proposed Revisions
Approved by Medical Executive Committee on May 18, 2016
Approved by Active (Voting) Medical Staff as of June 14, 2016
Added verbiage denoted in ***italics***; deleted verbiage denoted as ~~strikethrough~~

BYLAWS SECTION 2: MEDICAL STAFF MEMBERSHIP

The board certification requirements detailed below in Section 2.003 will apply for all new applicants as of July 1, 2016, while current Medical Staff members will not be subject to these requirements until January 1, 2018.

Section 2.003 **Board Certification Requirements:** Physician members who are M.D.s must have completed ~~a the appropriate years of~~ residency training ***program***, and must be board certified (the term, “board certification” as used in this Section includes sub-specialty board certification) in their primary area(s) of practice as specified by the American Board of Medical Specialties. Physician Members who are D.O.s are required to ***have successfully completed a residency training program and*** be board certified ~~and to have completed the appropriate years of residency training~~ in their primary area(s) of practice as specified by the American Osteopathic Association. Board certification must be awarded by a board approved by the American Board of Medical Specialties or the American Osteopathic Association. ~~Foreign board certification can be accepted from the following countries: Canada, United Kingdom (England, Scotland, Ireland, and Wales), New Zealand, South Africa, or Australia.~~ Board certification from ***other*** countries ~~not listed~~ may ***also be*** considered ***on an individual basis by the Medical Executive Committee, whose decision shall be final and without appeal*** and approved by the Credentialing Committee pending confirmation by the MEG. In addition,

(a) Physician Members must maintain board certification in their primary area(s) of practice or be in the process of recertification.

i. Physician Members who are lifetime certificate holders are encouraged, but not required, to participate in Maintenance of Certification activities within their board specialty.

(b) Physician Members who have been certified in more than one specialty must maintain board certification in their primary area(s) of practice but may allow other board certifications to lapse. If board certification in his/her primary area of practice is dependent upon also maintaining another board certification, both certifications must be maintained.

~~(c) A board-certified physician certified by the College of Family Physicians of Canada or by the American Board of Family Medicine may have completed only two years of residency, so long as this meets the requirements of their respective boards for certification.~~

Section 2.004 **Exceptions to Board Certification Requirement:** Carefully considered exceptions for physicians may be made on an individual basis. Substantiating documentation for the following exceptions must be included with the initial application for appointment or application for reappointment to the Medical Staff. All exceptions to the board certification requirement must be reviewed and approved through the regular credentialing and privileging process prior to granting the physician Medical Staff Membership and privileges at the UNMH. The following exceptions to the board certification requirement may be considered as part of the application for Medical Staff Membership:

(a) **Pursuing Initial Board Certification:** An exception may be made for a non-board certified provider applying for initial appointment to the Medical Staff. Providers applying under this exception must have successfully completed education and training requirements for their intended board certification, and must provide either written documentation of active candidacy for initial certification, or written attestation that they will take the Board examination (or other qualifying steps) at the next opportunity. ~~A provider who has failed three (3) attempts at board certification will no longer qualify for Medical Staff Membership under this exception.~~ ***This exception applies during the first six (6) years***

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following completion of a residency or fellowship program and does not apply in the case of individuals who are no longer board eligible.

(b) Pursuing Board Recertification: *If a member's board certification has lapsed, an An* exception may be made *at Department recommendation for up to three (3) years from the time of certification lapse while members pursue recertification* ~~a Medical Staff Member applying for reappointment whose designated specialty board certification has lapsed, if the Member is actively pursuing recertification. Members applying under this exception must have successfully completed prior board certification in their designated specialty and~~ *the* ~~must provide either written documentation of active candidacy for recertification, or written attestation that they will take the Board examination at the next opportunity~~ *Department must submit a focused professional practice evaluation documenting a pathway to recertification for the Medical Staff member with progressive milestones.* ~~A provider who has failed three attempts at recertification will no longer qualify for Medical Staff Membership under this exception.~~

(c) Grandfather Exception: *If, as of July 1, 1999, a provider was a non-board certified member of the Medical Staff, and has maintained continuous Medical Staff membership without board certification since July 1, 1999,* ~~With the written recommendation of the appropriate Department Chair, a non-board certified provider may be allowed to continue as a Medical Staff Member with privileges~~ *and without board certification.* ~~if he/she was granted UNMH Medical Staff Membership and privileges prior to July 1, 1999 and has continuously maintained Medical Staff Membership and privileges at UNMH since that date.~~

(d) UNMH Fellow Exception: A non-board certified, *but board eligible and* licensed, Fellow may be appointed to the Medical Staff while in training in a non-accredited fellowship program at UNMH. Upon completion of his/her training, he/she must meet the requirements of board certification as stated in these Bylaws.

(e) Unique Specialty Skill Exception: A non-board certified provider may be appointed to the Medical Staff, if he/she has a specialty skill that is under-represented and needed by the UNMH. Written documentation of the specialty skill, and the UNMH need, must accompany the application. It is anticipated that qualification for the unique specialty skill exception will be rare.

(f) Other Exceptions: *Requests for board certification exceptions not listed above may be considered at the discretion of the Credentials Committee and Medical Executive Committee. Refusals to waive board certification not detailed above are not subject to appeal nor to any reporting requirements as any such applicants will not have met the criteria for application to the Medical Staff. Circumstances (such as personal health, alternative pathways to board eligibility, etc.) are highly individual. Unique situations may be considered by the Credentials Committee at the recommendation of the Department Chair in extraordinary circumstances but shall not serve as precedent for any other applicant. More stringent board recertification requirements may be required by specific clinical privileges and /or implemented as part of a focused professional practice evaluation plan.*

BYLAWS SECTION 12: PROFESSIONAL REVIEW AND CORRECTIVE ACTION

Section 12.021 Administrative or Automatic Relinquishment of Privileges or Limitation of Medical Staff Member. The following shall result in administrative or automatic relinquishment or revocation of a Medical Staff Member's Membership and/or clinical privileges and shall not entitle the affected Medical Staff Member to rights provided under these Bylaws.

- (g) *Loss of Board Certification.* *Revocation of board certification for cause by a certifying board of the American Board of Medical Specialties or American Osteopathic Association, for reasons other than failure to meet requirements for Maintenance of Certification, shall constitute a voluntary resignation of Medical Staff membership and clinical privileges at such time as an order of revocation shall be final.*

SECTION 8 - COMMITTEES OF THE MEDICAL STAFF

Section 8.019 Bylaws Committee

(a) ***Composition.*** *The Bylaws Committee shall consist of the Chief of Staff, the Immediate Past Chief of Staff, the Associate Dean for Clinical Affairs, the Executive Medical Director Medical Staff Affairs, and three (3) additional Active Staff members, and a representative from the HSC Office of University Counsel who will provide support and advice to the committee. The chair and committee members shall be appointed by the Chief of Staff, subject to consultation with, and approval by, the Medical Executive Committee.*

(b) ***Term of Office.*** *Terms of Office for committee members shall be for one year renewable terms.*

(c) ***Duties.*** *The Bylaws Committee shall review the Medical Staff Bylaws and other related documents (including, but not limited to, the Medical Staff Rules and Regulations) and make recommendations for appropriate amendments and revisions.*

(d) ***Meetings.*** *The committee shall meet at least annually, shall maintain a permanent record of its proceedings and recommendations, and shall make a written report thereof after each meeting to the Medical Executive Committee.*

SECTION 5 – PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF

Section 5.004 **Applicant's Burden.** The applicant for appointment or reappointment shall have the burden of producing adequate information for a proper evaluation of his/her experience, background, training, and demonstrated ability. Upon request of the Credentials Committee, the Medical Executive Committee, ~~the UNM HSC Board of Directors,~~ or the Governing Body, the applicant shall produce information concerning his/her physical or mental health status. The applicant shall have the burden of resolving any doubts about any of his/her basic qualifications.

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective May 20, 2016.

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.

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.

QUALIFICATIONS FOR GENERAL SURGERY:

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

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited postgraduate training program in general surgery; **AND/OR**
2. Current certification or active participation in the examination process, leading to subspecialty certification in general surgery by the American Board of Surgery or the American Osteopathic Board of Surgery; **AND**
3. Completion of certification in advanced cardiac life support (ACLS), advanced trauma life support (ATLS), and fundamentals of laparoscopic surgery, or equivalent clinical training or experience; **AND**
4. Required current experience: An adequate volume of general surgery procedures, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrated successful completion of an ACGME or AOA-accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in general surgery, the applicant 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 twenty-four (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 PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

CORE PRIVILEGES: General Surgery

Admit, evaluate, diagnose, consult, and provide pre-, intra-, and post-operative 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 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 below procedure lists, and other such 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 general surgery 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination.

Trauma, Abdomen, Alimentary

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

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ **EFFECTIVE DATES: FROM** _____ **TO** _____

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

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ **EFFECTIVE DATES: FROM** _____ **TO** _____

- 58. Thoracoabdominal exploration
- 59. Thoracotomy
- 60. Tracheostomy
- 61. Transhiatal esophagectomy
- 62. Tube thoracostomy
- 63. Uteral repair
- 64. Urinary bladder resection or repair
- 65. Vagotomy (truncal, selective, highly selective)

Breast, Skin, and Soft Tissue

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

Vascular Surgery

- 82. Hemodialysis access procedures
- 83. Peritoneal venous shunts, shunt procedure for portal hypertension
- 84. Peritoneovenous drainage procedures for relief of ascites
- 85. Sclerotherapy
- 86. Vein ligation and stripping

SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. 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 competency.

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR ADVANCED LAPAROSCOPIC PROCEDURES:

Criteria: To be eligible to apply for advanced laparoscopic procedures, the applicant must meet the following criteria:

1. Successful completion of an accredited residency in general surgery that included advanced laparoscopic training or completion of a hands-on CME course; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of advanced laparoscopic procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Advanced Laparoscopic Procedures

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

☐ Requested

QUALIFICATIONS FOR BREAST CRYOABLATION

Criteria: To be eligible to apply for breast cryoablation, the applicant must meet the following criteria:

1. Successful completion of an ACGME OR AMA accredited residency training program in general surgery that included formal training in ultrasound and breast cryoablation; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of breast cryoablation procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: Breast Cryoablation

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR COLONOSCOPY WITH POLYPECTOMY

Criteria: To be eligible to apply for colonoscopy with polypectomy, the applicant must meet the following criteria:

1. Successful completion of an accredited residency training program in general surgery that included training in lower endoscopy procedures with 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**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of colonoscopy procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: COLONOSCOPY WITH POLYPECTOMY

☐ Requested

QUALIFICATIONS FOR ESOPHAGOGASTRODUODENOSCOPY (EGD) WITH AND WITHOUT BIOPSY

Criteria: To be eligible to apply for EGD with and without biopsy, the applicant must meet the following criteria:

1. Successful completion of an accredited residency training program in general surgery that included training in upper endoscopy procedures with 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**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of EGD procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: EGD WITH AND WITHOUT BIOPSY

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR ENDOVENOUS LASER THERAPY (EVLT)

Criteria: To be eligible to apply for EVLT biopsy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency or fellowship training 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; applicants must demonstrating training and experience with the specific energy course to be used; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of EVLT procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: ENDOVENOUS LASER THERAPY

☐ Requested

QUALIFICATIONS FOR LAPAROSCOPIC NISSEN FUNDOPLICATION (ANTIREFLUX SURGERY)

Criteria: To be eligible to apply for laparoscopic Nissen fundoplication (antireflux surgery), the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency program 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**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: LAPAROSCOPIC NISSEN FUNDOPLICATION (ANTIREFLUX SURGERY)

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR SENTINEL LYMPH NODE BIOPSY

Criteria: To be eligible to apply for sentinel lymph node biopsy, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency program in general surgery that included training in sentinel lymph node biopsy or successful completion of hands-on CME and proficiency in the standard diagnosis and surgical management of breast cancer; **AND**
2. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NOTE: It is recommended that if the physician performing 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.

NON-CORE PRIVILEGES: SENTINEL LYMPH NODE BIOPSY

☐ Requested

QUALIFICATIONS FOR STEREOTACTIC BREAST BIOPSY

Criteria: To be eligible to apply for stereotactic breast biopsy, the applicant must meet the following criteria:

1. 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**
2. Required current experience: Demonstrated current competence and successful completion of at least fifteen (15) hours of Category I CME in stereotactic breast biopsy, or performance of an acceptable volume of stereotactic breast biopsies in the past three (3) 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 four (4) hours of Category I 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.

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

Reappointment Requirements: 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

QUALIFICATIONS FOR USE OF LASER

Criteria: To be eligible to apply for use of laser, the applicant must meet the following criteria:

1. Successful completion of an approved residency program in a specialty or subspecialty which included training in laser principles, or completion of an approved eight (8) to ten (10) hour minimum CME course which included training in laser principles; **AND**
2. Applicant should spend time after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges and is 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 they have attended a wavelength and specialty-specific laser course and also present documentation as to the content of that course; **AND**
3. Required current experience: Demonstrated current competence and evidence of the performance of an acceptable volume of the requested procedure in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF LASER

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR USE OF A ROBOTIC-ASSISTED SYSTEM FOR SURGICAL PROCEDURES

Criteria: To be eligible to apply for use of a robotic-assisted system for surgical procedures, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA postgraduate training program that included training in minimal access (laparoscopic) procedures and therapeutic robotic devices and their use; **OR**
2. 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**
3. Must hold open/laparoscopic privileges to perform the procedures being requested for use with the robotic system; **AND**
4. 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 twelve (12) months; first three (3) cases must be proctored in the operating room 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 operating room 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.

Reappointment Requirements: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes.

NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR SURGICAL PROCEDURES

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

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

NON-CORE PRIVILEGES: USE OF A ROBOTIC-ASSISTED SYSTEM FOR GASTROINTESTINAL SURGICAL PROCEDURES

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

☐ Requested

QUALIFICATIONS FOR RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA (REBOA)

Criteria: To be eligible to apply for resuscitative endovascular balloon occlusion of the aorta (REBOA), the applicant must meet the following criteria:

1. Hold clinical privileges in vascular surgery core; **OR**
2. Hold clinical privileges in general surgery core with relevant trauma surgical practice; **AND**
3. Completion of the following items within the preceding twelve-month period:
 - a. Performance of five (5) bedside sonographic imaging studies demonstrating vascular arterial anatomy: common femoral-superficial artery-profunda femoris artery bifurcation;
 - b. Performance of five (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);
 - c. Participation in three (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;
 - d. Attendance of a 1:1 teaching session on emergent endovascular access principles and REBOA deployment technique by a member of the vascular surgery faculty;

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

- e. Performance of two (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;
- f. Successful completion of a post-training REBOA mini exam with 80% of questions answered correctly; this exam will be created by the vascular surgery faculty and be administered after completion of steps (a) through (e) above;
- g. Agreement to participate in quarterly REBOA trauma divisional reviews for performance improvement;
- h. 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 procedures 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 reappointment (must be privileged in REBOA):

The provider requesting REBOA privileges meets the criteria defined above:

Signature, Certifying Physician

Date Signed

**NON-CORE PRIVILEGES: RESUSCITATIVE ENDOVASCULAR
BALLOON OCCLUSION OF THE AORTA (REBOA)**

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

QUALIFICATIONS FOR BARIATRIC SURGERY INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

Criteria: To be eligible to apply for Bariatric Surgery, the applicant must meet the following criteria:

1. Successful completion of an accredited residency in general surgery including operative experience of bariatric procedures (both open and laparoscopic) with an acceptable volume of procedures with performed during training, **AND/OR**
2. Experience obtained outside a formal program that is equivalent to that obtained within the formal residency program; **AND**
3. Privileges to perform advance laparoscopic surgery; **AND**
4. **Required current experience:** Demonstrated current competence with evidence of the performance of an acceptable volume of Open and Laparoscopic Bariatric surgical procedures in the past twelve (12) months or completion of training in the past twelve (12) months.

Reappointment Requirements: Demonstrated current competence with evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twenty-four (24) months based on results of ongoing professional practice evaluations and outcomes.

NON-CORE PRIVILEGES: BARIATRIC SURGERY INVOLVING STAPLING OR DIVISION OF THE GASTROINTESTINAL TRACT

☐ Requested

UNMH GENERAL SURGERY PRIVILEGES

NAME: _____ EFFECTIVE DATES: FROM _____ TO _____

Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ 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 conditions/modifications noted below
- ☐ Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria approved by UNMH Board of Trustees on May 20, 2016

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective March 27, 2015:

- ☐ Initial Privileges (initial appointment)
- ☐ Renewal of Privileges (reappointment)
- ☐ Expansion of Privileges (modification)

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.

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.

QUALIFICATIONS FOR PHYSICAL MEDICINE AND REHABILITATION:

Initial Privileges: To be eligible to apply for privileges in physical medicine and rehabilitation, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation, or a combined pediatric/physical medicine and rehabilitation residency, or a combined internal medicine/physical medicine and rehabilitation residency; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, physical medicine and rehabilitation by the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation; **AND**
3. Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

Renewal of Privileges: To be eligible to renew privileges in physical medicine and rehabilitation, the applicant 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 twenty-four (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.

CORE PRIVILEGES: Physical Medicine and Rehabilitation

Admit, evaluate, diagnose, and provide consultation and management to patients of all ages with physical and cognitive impairments and disability. Includes the diagnosis and treatment of patients with painful or functionally limiting conditions, the management of co-morbidities and co-impairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine and emphasis on the prevention of complications of disability from secondary conditions. May provide care to patients in the intensive care setting in conformance with unit policies. 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 listed below and such other procedures that are extensions of the same technique and skill.

☐ Requested

Physical Medicine and Rehabilitation Core Procedures List

This list is a sampling of procedures included in the pediatric cardiology 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Diagnostic and therapeutic injections at the axial and appendicular structures (peripheral nerve, myoneural junction, sympathetic chain/ganglia, facet nerve, epidural – interlaminar, transforaminal, caudal, intervertebral discs)
3. Arterial puncture
4. Diagnostic and therapeutic arthrocentesis at the axial and appendicular joint structures and related soft tissue, both aspiration and injection (joints, bursae)
5. Percutaneous neurolysis, paralytic and non-paralytic, including chemolysis (chemical agents e.g. phenol, and biologic agents e.g. botulinum toxin), and thermocoagulation – intramuscular, peripheral nerve, cauda equina
6. Impairment and disability evaluations
7. Ergonomic evaluations
8. Fitness for duty evaluations

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

9. Independent medical evaluations
10. Manipulation/mobilization – peripheral/spinal – direct/indirect, cranial (to exclude high velocity, low amplitude thrust techniques to the cervical spine)
11. Routine non-procedural medical care
12. Serial casting
13. Diagnostic and therapeutic soft tissue injections, including ligament, tendon sheath, muscle, fascia, prolotherapy
14. ***Skin biopsy for nerve fiber density***
15. Work determination status
16. Performance and interpretation of:
 - a. Electrodiagnosis – electromyography (EMG), nerve conduction studies
 - b. Ergometric studies
 - c. Gait laboratory studies
 - d. Muscle/muscle motor point biopsies
 - e. Small, intermediate, or major joint arthrogram
 - f. Radiological and lab procedures including fluoroscopy and ultrasound for diagnosis and needle guidance
 - g. Work physiology testing – treadmill and pulmonary ECG monitoring

QUALIFICATIONS FOR SPINAL CORD INJURY MEDICINE:

Initial Privileges: To be eligible to apply for privileges in spinal cord injury medicine, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in physical medicine and rehabilitation, followed by an accredited fellowship in spinal cord injury medicine; **AND/OR**
2. Current certification in, or active participation in the examination process leading to certification in, spinal cord injury medicine by the American Board of Physical Medicine and Rehabilitation; **AND**
4. Required current experience: Inpatient, outpatient, or consultative services for an acceptable volume of patients, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME- or AOA accredited residency or clinical fellowship within the past twelve (12) months.

Renewal of Privileges: To be eligible to renew privileges in spinal cord injury medicine, the applicant 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 twenty-four (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.

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

CORE PRIVILEGES: Spinal Cord Injury Medicine

Evaluate, diagnose, treat, provide consultation and management of patients of all ages with traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunctions, including the prevention, diagnosis, and treatment of related medical, physical, psychological, and vocational disabilities and complications during the life of the patient. 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 listed below and such other procedures that are extensions of the same techniques and skills.

☐ Requested

Spinal Cord Injury Medicine Core Procedures List

This list is a sampling of procedures included in the child neurology 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 listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Performance of history and physical examination
2. Evaluation, prescription and supervision of medical and comprehensive rehabilitation goals and treatment plans for spinal cord injuries and syndromes
3. Manage abnormalities and complications in other body systems resulting from spinal cord injury
4. Manage skin problems utilizing various techniques of prevention
5. Treat, with appropriate consultation, complications such as deep vein thrombosis, pulmonary embolus, autonomic hyperreflexia, substance abuse, pain, spasticity, depression, and the sequelae of associated illnesses and pre-existing diseases
6. Recognize, diagnose, and coordinate treatment for respiratory complications
7. Recognize, diagnose and treat orthostatic hypotension and other cardiovascular abnormalities
8. Spinal cord rehabilitation, including neuromuscular, genito-urinary and other advanced techniques
9. Spinal immobilization

UNMH Physical Medicine and Rehabilitation Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ 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 conditions/modifications noted below
- ☐ Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on May 20, 2016

UNMH Clinical Nurse Specialist (CNS) 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 Clinical Nurse Specialist (CNS) Clinical Privileges

Name:

Effective Dates: _____ To: _____

Qualifications for Clinical Nurse Specialist (CNS) Core

Initial privileges -To be eligible to apply for privileges as a clinical nurse specialist (CNS), the applicant must meet the following criteria:

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

AND

For Adult/Adolescent/Geriatric Core

Current certification by the American Nurses Credentialing Center (ANCC) in Adult Health CNS, Adult-Gerontology CNS, or Diabetes Management – Advanced CNS

OR

Current certification by the American Association of Critical-Care Nurses (AACN) in Acute/Critical Care CNS

For Pediatric Core

Current certification by the American Nurses Credentialing Center (ANCC) in Pediatric CNS

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 clinical nurse specialist category

AND

Maintain current BLS and current area specific advance life support (i.e. ACLS, PALS, NRP, etc.) as required by job if applicable

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. Experience must correlate to the privileges requested.

Reappointment Requirements: To be eligible to renew privileges as a clinical nurse specialist (CNS), the re-applicant 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 ability to perform privileges requested is required of all applicants for renewal of privileges.

UNMH Clinical Nurse Specialist (CNS) Clinical Privileges

Name:

Effective Dates: _____ To: _____

CORE PRIVILEGES: *Clinical Nurse Specialist (CNS) - Adolescent/Adult/Geriatric*

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the inpatient and/or outpatient settings. This includes the development of treatment plans, health counseling, and appropriate patient and family education. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

☐ **Requested**

CORE PRIVILEGES: *Clinical Nurse Specialist (CNS) - Pediatrics*

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill newborn patients through young adulthood in the inpatient and/or outpatient settings. This includes the development of treatment plans, health counseling, and appropriate child and family education. 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 procedure list and such other procedures that are extensions of the same techniques and skills.

☐ **Requested**

Clinical Nurse Specialist (CNS) 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. Make daily rounds on hospitalized patients including admission and discharge documentation
2. Initiate therapeutic modalities such as medications, treatments, IV fluids and electrolytes
3. Ordering of and preliminary interpretation of laboratory, diagnostic imaging and electrocardiographic examinations
4. Use of local/topical anesthesia for minor procedures
5. Incision, drainage and packing of superficial abscesses
6. Perform debridement, suturing, and general care for minor wounds/non facial lacerations/burns
7. Perform minor superficial surgical procedures including foreign body removal
8. Intrauterine device removal
9. Brace, cast and splint application of extremity fractures, removal, and management

UNMH Clinical Nurse Specialist (CNS) 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 _____

Clinical Director/Division Chief recommendation(s) *(if applicable)*

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

Name _____ Signed _____ Date _____

Name _____ 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 _____

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



UNM Specialty Clinics Access and Workflow Improvement

UNMH Board of Trustees Meeting
July 29, 2016

Range of Patient-Provider Relationships

| Primary Care | Specialty Care |
|--|---|
| Center of Care, Hub | Consultations/Evaluations/Dx/Rx |
| Permanent Care (Longer term, relationship based) | Temporary Care (Shorter term, disease or condition based) |
| Example | Example |
| Family Medicine | Cardiology/CHF |
| Internal Medicine | Neurology/Seizures |
| Pediatrics | Oncology/Lung/GI Cancer |
| Women's Health Services | Rheumatology/Rheumatoid Arthritis |

Patient Centered Medical Home

- UNMH developed NCQA recognized Level 3 PCMH for multiple primary care clinics to address issues of access, quality and patient experience in primary care
- These PCMH's function well but are limited to primary care
- Specialty Care current design does not take full advantage of the PCMH model used at UNMH Clinics
- NCQA has developed strategies to address challenges with certain types of specialty practices
 - Overlaps with PCMH
 - Enhances PCMH
 - Improves PCMH and Specialty Care Functionality

Specialty Care Challenges

- Time to get into appointments/adequacy/availability of providers and necessary support infrastructure
- Is the patient showing up to the right provider for the right condition?
- Medical Care Organization (MCO)/Insurance requirements for access and referrals
- Appropriate and timely pre-visit diagnostic testing
- Adequate visit time for complex problems with new patients

Specialty Care Challenges

- Documentation/IT interoperability/lack of a Health Information Exchange
- Delivery of information to and from each visit to the right person
- Coordination, duplication of testing, lack of communication
- Delegation of care plans back to referring Providers or continuing care in a Specialty environment
- Coordination of activities/follow-up care plans/changes in location, MCO's, IT and Health Systems

Two Step Plan

- **2016-2017**

- 1. Develop Patient Centered Specialty Practices (PCSP) at UNMH Clinics**

- Follows Patient Centered Medical Home Template
 - Improves access
 - Eliminates waste/duplication
 - Improves care coordination with PCP/PCMH
 - Improves throughput
 - Improves condition management
 - Improves patient, staff & provider experience

What is the NCQA Patient-Centered Specialty Practice Recognition program?

- PCSP recognition program for clinicians is designed to improve quality and reduce waste and poor patient experiences that result from poorly designed and coordinated care
- Program focuses on coordinating and sharing information among primary care clinicians and specialists
- Requires clinicians to organize care around patients—across all clinicians seen by a patient—and to include patients and their families or other caregivers in planning care and as partners in managing condition

Why is a Specialist Recognition Program Important?

- Program recognizes specialty practices that successfully coordinate patient care and communicate with their primary care colleagues, other specialists and patients
- Like NCQA's Patient-Centered Medical Home (PCMH) program, PCSP recognition has specific expectations for providing timely access to care and continuous quality improvement
- Practices who earn recognition have made a commitment to providing high quality patient-centered care in a specialty model that works best for certain types of care and leverages PCMH care whenever able

Patient Centered Specialty Practice

- ✓ Integrates primary and specialty care
- ✓ Aligns processes that improve quality and eliminate waste
- ✓ Promotes coordinated teamwork
- ✓ Improves patient experience with patient and family engagement
- ✓ Allow for care between visits and pre-work before visits
- ✓ Enables use of clinical performance measures

Two Step Plan

- **2016-2017**

2. Interim Practice Re-design

- Scheduling Center Initiative system-wide implementation (improve access)
- Standardized workflow process in EHR to include Dynamic Documentation (improve provider workflow)
- Updating facilities, IT infrastructure (workflow)
- Staff training, team-based care focused on service quality, friendliness and competency

Two Step Plan

- **2016-2017**

2. Interim Practice Re-design

- Increase provider clinical time (reallocation/incentives)
- Focus on patient experience from start to finish
- Implement continuous quality improvement programs using population health principles such as Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) and other quality ratings

Target

- **Specialty appointments access target:**
 - Within 3 business days
- Currently
 - Routine appointment wait times range from 12 to more than 100 days
 - There are triage systems in place for emergencies in all specialty areas

Barriers

- **Coordinated specialty practice model**
 - PCSP will answer this
- **Lack of Adequate Numbers of Specialists**
 - Neurologists, Endocrinologists, others
- **Space constraints within the facility/utilization optimization**
- **Ancillary services**
 - IT
 - Pharmacy
 - Dietary
 - Psychology
 - Diagnostic Testing

Timeline

- **August 15th**
 - PCSP Manager starts
- **August 29th**
 - Readiness survey results available
- **September 26th**
 - Clinics begin to apply for PCSP designation

Timeline

- **January 15th, 2017**
 - Begin roll-out of EHR workflow to Specialty Care
- **July, 2017**
 - Reallocate clinic time for providers
 - Incorporate full time clinicians into clinics (NP's, PA's and Physicians)

QUESTIONS ?

UNMH Vision Work

JULY 29, 2016

100



Initiative

- ▶ August 2015: Board member identified that our Mission was not easily explainable to the public
- ▶ September: collected information from POCEC members, hospital executive and physician leadership
- ▶ October: collected information from hospitals leadership and medical executive committee
- ▶ October: culled information and generated five top contenders. POCEC narrowed down to specific key concepts
- ▶ November: Top two versions voted on by hospitals' leadership and medical staff



Initiative

- ▶ November 2015: Board approved Mission statement
- ▶ December 2015: Kicked off Vision work
- ▶ March 2016: POCEC initiated verbiage for Vision Statement
- ▶ May 2016: MEC and leadership feedback on proposed Vision statement
- ▶ July 2016: Final version of Vision statement to Hospitals Board of Trustees



HSC Vision

The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state.

HSC Mission

Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health with a focus on the priority health needs of our communities. As a majority-minority state, our mission will ensure that all populations in New Mexico have access to the highest quality health care.

In order to realize our Vision and Mission, we will achieve the following goals:

- ▶ Improve health and health care to the populations we serve with community-wide solutions
- ▶ Build the workforce of New Mexico by providing a premier education and transformative experience that prepares students to excel in the workplace
- ▶ Foster innovation, discovery and creativity; and translate our research and discoveries into clinical or educational practice;
- ▶ Provide the environment and resources to enable our people and programs to do their best
- ▶ Deliver a well-integrated academic health center that provides high quality of care and service while being accessible to all New Mexican
- ▶ Nurture and embrace an environment of diversity, integrity and transparency

UNMH Vision

- ▶ UNMH will lead in improving New Mexico's health outcomes through our academic specialty programs and our community responsive, inclusive, patient care, education, and clinical research programs.
- ▶ UNMH will provide for New Mexicans what nobody else can by setting the standard through excellence in quality and patient safety in public teaching hospitals.

UNMH Vision

UNM Hospitals will lead health improvement in New Mexico.

UNMH Mission Statement

**Exceptional care for all of
New Mexico through
compassion, learning and
discovery.**

Example Statements—concepts included in vision statement

- ▶ Excellence today, tomorrow, and for all your future health needs
- ▶ Strong leadership in professional healthcare
- ▶ Provide best health outcomes for our patients and community
- ▶ Our job is to take care of patients and educate learners
- ▶ Concept of seamless process of teaching and optimal care
- ▶ We're here for you no matter what
- ▶ We demonstrate our passion for our community through our continuum of services
- ▶ Excellence of care across the health continuum
- ▶ Exceptional medicine, extraordinary care, every person, every day
- ▶ Through excellence and commitment, serving our community



Thank You

MEMORANDUM

To: Board of Trustees

From: Stephen McKernan
Chief Executive Officer

Date: July 27, 2016

Subject: Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on services delivered through June. The final financials for Fiscal year 2016 have not been finalized and will be presented next month.

Financial: The financial situation at UNMH is mostly being driven by a reduction in revenues from Medicaid providers that has occurred since the budget was finalized in March. The State has issued regulations to reduced rates by 5% for inpatient and 3% for outpatient. UNMH was worked with the State on the intergovernmental transfers and the teaching hospital issues. United Healthcare has cancelled their contract with UNMH for its Medicaid patients and will only pay the regulation rates which are 40% lower than the contract rates. Molina has asked that its contract with UNM be reopened to reduce its rates. The new projected revenues will be presented today and the plan to adjust the budget to meet the revenues will be outlined.

Quality: Quality indicators are stable with the prior year and have shown some improvement recently. Most of the change is due to documentation related to significant events.

The Centers for Medicare and Medicaid are releasing their Star Rating system. UNM Hospital scored on 1 star which is the lowest rating. We are analyzing the data to understand the ranking. It would appear that the low rating is a function of 3 issues for UNM. The first is the readmission rate. For the data that UNMH has had in the past, it had been rated as a good performer for this metric. CMS apparently expanded the definitions of readmissions to the hospital to include any readmission by a Medicare patient to any hospital. UNMH has many patients referred from around the state and when the patients are discharged, UNMH has a well-defined discharge plan for the patient, but if they are readmitted to another hospital for the same or different condition, UNMH would not have knowledge of that event. Additionally, the health resources in rural New Mexico are not strong which will cause patients to be readmitted. Other causes for the low rating are the number of high harm score events. Our data would indicate that this is a function of the level of documentation provided in the patient record. We have concerted efforts to improve the documentation. The third metric that scores low for UNMH is wait times in the Emergency Department. The social determinants of health are not taken into consideration for this rating. We have continued to review the hospital scores on the Hospital Compare web site and have not identified any significant disparities from the federal benchmarks. We will bring back a plan at the next meeting to explain the situation in more depth.

Strategic Planning: We will review the Vision statement at the meeting in contemplation of finalizing it to complete the Strategic Plan. The planning related to the replacement hospital is progressing. The process is about 4 weeks behind schedule but many of the decisions that need to be made related to location and scope of the programs are in progress. Options related to sizing and orientation of the facility are also being made.

Human Resources: The turnover rates are now around 13%, a little lower than most of the year. We have added almost 284 employees in the prior year. We have increased the total complement of nurses by 76 from July to June of the prior year.

UNM Health System has engaged the Studer group to lead the organization to improve its service, quality and internal staff engagement standards. Studer has been on site last week to perform their assessment and make recommendations on the next steps in the process. We will provide information on how we will bring the progress of this project back to the Board.

Native American Liaison: UNM Hospital Board created the Native American Liaison Committee to review compliance with the condition of the 1952 Contract, the Lease and the two Consents to amend the Lease. There is a request to review the Hospital access and treatment of Native Americans and we will collaborate with the Indian Health Service on this request. We will also look to enhance the dialogue on topics of concern.

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. There have been multiple meetings so far and draft documents are being developed.

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

To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: July 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 June was 6 hours and 36 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

- We sent 47 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:















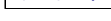

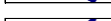








- 9 patients were triaged from the UNM Health System to Lovelace inpatient units.

4. Our ALOS (average length of stay) for June 2016 was 6.08 as compared to June 2015 which was 6.98. However for FYTD 2016 our ALOS is 6.93 which is an improvement from FYTD 2015 when it was 7.0. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients.

5. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. Our First “Mission Excellence” retreat occurred on June 22nd; this retreat included all Medical Directors, Nursing and Ancillary leadership. Studer training has begun at all levels of the organization as well as process development. Mission Excellence Quarterly Employee Forums begun on July 21, 2016 with offerings on five different days to accommodate schedules and encourage participation.

6. UNMH and Surgical Directions consultants remain passionate as the work of optimizing our Surgical Services with foundational structure is secure. This work of creating reliable process to serve the needs of New Mexican's has preliminarily shown good results in the On-Time start of operating room cases. In the month of July thus far the UNMH OR has a 62.50% On-Time start of all cases this is an improvement from June On-Time start of 37.39%.

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

| | 3 Mo. Trend | Desired | Actual | YTD | YTD Budget | Prior YTD | Comment |
|--|---|---------|--------|---------|------------|-----------|---|
| Adult Days for UNMH |  | ↑ | ↓ | 112,936 | 117,569 | 113,948 | IP Days down from PYTD and budget |
| Adult Discharges for UNMH |  | ↑ | ↓ | 18,071 | 20,571 | 18,179 | ICU and SAC/MedSurg discharges decreased from PYTD and budget |
| Adult Average Length of Stay for UNMH |  | | | 6.25 | 5.72 | 6.27 | LOS for Adult Days and Adult OBS has decreased from 5.19 to 4.93 |
| UHC Risk Based Adj ADULT LOS for UNMH |  | | | 7.26 | 6.06 | 6.85 | Current YTD is thru Apr, 2016, PYTD is thru May, 2015 as reported by UHC |
| Adult Observation Equivalent Patient Days |  | ↑ | ↑ | 11,124 | 5,882 | 7,984 | Increases in SAC/MedSurg |
| Adult Observation Discharges | | | | 7,088 | 4,056 | 5,337 | |
| Adult Average LOS OBS Days | | | | 1.57 | 1.45 | 1.50 | |
| Pediatric Days for UNMH |  | ↑ | ↓ | 40,353 | 41,955 | 41,665 | Days down from PYTD and budget |
| Pediatric Discharges for UNMH |  | ↑ | ↓ | 4,457 | 5,369 | 5,009 | 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 |  | | | 9.05 | 7.81 | 8.32 | |
| UHC Risk Based Adj PEDS LOS for UNMH |  | | | 5.40 | 5.18 | 5.44 | Current YTD is thru APR, 2016, PYTD is thru May, 2015 |
| Pediatric Observation Equivalent Patient Days |  | ↑ | ↑ | 2,287 | 1,207 | 1,696 | |
| Pediatric Observation Discharges | | | | 1,733 | 993 | 1,418 | |
| Pediatric Average LOS OBS Days | | | | 1.32 | 1.22 | 1.20 | Total Pediatric Discharges are down 208 from PYTD |
| Outpatient Clinic Visits for UNMH |  | ↑ | ↑ | 520,038 | 502,767 | 488,423 | Includes 20,064 Flu Shots YTD and 18,918 PYTD, core clinic visits increased compared to PYTD |
| Emergency Department Visits for UNMH |  | | | 84,523 | 77,415 | 80,020 | |
| Urgent Care |  | ↑ | ↓ | 17,665 | 23,523 | 23,704 | Provider vacancies in Urgent Care. Visit increase 1.9k from prior month. |
| Operations |  | ↑ | ↑ | 19,947 | 20,342 | 19,460 | Improved from PYTD |
| Newborn Days for UNMH |  | ↑ | ↑ | 5,321 | 4,964 | 4,899 | Newborn days increased from PYTD and budget |
| Births |  | ↑ | ↑ | 3,024 | 2,987 | 2,979 | Births increased from PYTD |
| Days for all Behavioral Operations |  | ↑ | ↓ | 23,242 | 24,301 | 24,126 | CPC down 6.4% from PYTD, UPC down 1.6% from PYTD |
| Visits for all Behavioral Operations |  | ↑ | ↓ | 142,887 | 151,351 | 146,576 | Decreased from PYTD and budget due to vacancies |
| UNM Care Enrollment |  | | | 6,812 | | 7,002 | 17,775 Medicaid applications processed |
| Case Mix Index (CMI) - w/o newborn |  | ↑ | ↑ | 1.864 | 1.773 | 1.773 | |
| Re-Admission Rates |  | ↓ | ↓ | 8.00% | 9.50% | 8.47% | Patients re-admitted within 30 days of discharge, thru Mar, 2016, PY through Apr, 2015 as reported by UHC |
| Human Resources: | | | | | | | |
| FTEs (Worked) per adj patient day for all Operations |  | | | 5.81 | 5.72 | 5.57 | |
| Hours of Care - UNMH Nursing |  | | | 17.85 | 17.86 | 18.01 | |
| Paid FTE's for UNMH and BHOs |  | | | 5,925 | 5,949 | 5,654 | |
| Paid FTE's for CC |  | | | 153 | 183 | 148 | |

Performance Oversight & Community Engagement Committee

Report Summary – July 22, 2016

Community Benefits Reports

Language Access Services and Diversity Equity & Inclusion/Health Literacy Update- Kris Sanchez, Executive Director

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 & Governance. Our Interpreter Language Services program covers the entire UNM Health System while the Diversity Equity Inclusion & Health Literacy department covers UNM Hospitals but serves in a consultative role for the rest of the system. Kristina Sanchez, Executive Director, Ambulatory Business Operations has oversight responsibility for both programs; Sandra Mora, Director, Ambulatory Support Operations carries responsibility for ILS while Misty Salaz, Director, DEI carries responsibility for DEI and Health Literacy. All have other responsibilities for the system including Frontline Education, Pre-Registration, Appointment Center, and Native American Health Services. These leaders report up chain of command to Kori Beech, Administrator, Ambulatory Services and to Steve McKernan, CEO, UNM Hospitals, but are additionally accountable for effective performance to other leaders within the Revenue Cycle and Health System.

Language Services. The ILS department provides interpretation and translation services across the health system. Our patient population is approximately 17% LEP. Spoken language preference is captured during intake and documented in the Electronic Health Record. Top languages in demand are English followed by Spanish, Vietnamese, American Sign Language, Navajo and Arabic. Emerging languages in our community are monitored through data & community settlement/immigration trends; for example Swahili is currently on the upswing in the Albuquerque area. Critical documents are translated into Spanish and Vietnamese, as these two languages represent the majority of our LEP patients. Language services are provided 24/7 through a combination of qualified professional staff interpreters (25 FTE) and dual-role interpreters (290+), on-site ASL interpreting via vendor, and on-demand video and telephonic interpreting. 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, a staff training reinforcement initiative and patient empowerment intervention begun in 2015.

DEI & Health Literacy. UNMH DEI leads the effort to make sure that every UNMH patient receives the safest, most effective, most sensitive medical care possible, regardless of the patient's race, ethnicity or any other group identity. Identifying and addressing health disparities in the care patients receive at UNMH is the first, and principle, goal of the DEI initiative. Although officially housed in Ambulatory, DEI programming focuses on the entire system and is closely linked with UNM HSC for coordination efforts. A DEI Steering Committee comprised of physician, Quality, Compliance/Risk and others oversees two active task forces—Compliance & Community. A full-time health literacy specialist was hired in 2012, and a second full-time staff member was added in 2014. The mission of UNMH Health Literacy office is to explore and research approaches to addressing issues of health communication in patient care and create a coherent, comprehensive, evidence-based plan for incorporating systemic attributes of health literacy. The program focuses on two primary tasks: the proliferation of the Teac hBack technique for communication with patients, and the creation of and access to reader-friendly patient-facing forms, documents, brochures and other information distributed during the care process. Our goal with DEI is to improve services and patient outcomes for all patients. We do this through a rich and diverse suite of training programs.

| |
|---------------------------------------|
| UNM HOSPITAL BOARD OF TRUSTEES |
|---------------------------------------|

| |
|---|
| Finance, Audit and Compliance Committee Meetings |
|---|

Wednesday, July 27, 2016 at 11:00 AM

UNM Hospitals Administration, Large Conference room

| |
|-------------------|
| Objectives |
|-------------------|

- | |
|--|
| <ul style="list-style-type: none"> • 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 June 22, 2016.
- II. IT Technology Trend – presented by David Grisham and Glen Jornigan

Finance Committee Meeting:

- I. Approval of meeting minutes from June 22, 2016.
- II. Disposition of Assets
- III. FY 2016 UNM Hospitals’ selected financial and statistical information for the twelve months ended June 30, 2016 – presented by Ella Watt
- IV. CEO Update
 - a. Intergovernmental transfer update
 - b. Medicaid Managed Care contract negotiation update
- V. HR Update
 - a. Union negotiation update

The next UNMH BOT Finance, Audit and Compliance Committee meetings are scheduled for August 24, 2016.