THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNM HOSPITALS

UNM Hospital Board of Trustees
Friday, September 30, 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
- Mission Excellence – Christine Glidden

IV. PUBLIC INPUT

V. APPROVAL OF THE MINUTES
- August 26, 2016, UNM Hospital Board of Trustees Meeting (Approval)

VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA
- **Consent/Approval Items (Approval)**
  - ❖ Disposition of Assets (Approval)
  - ❖ Human Resources Consent Items
    1. 401a Amendment (Approval)
    2. 457(f) Dissolution (Approval)

VII. BOARD INITIATIVES
- Community Mental Health Initiatives at UNM HSC – Dr. Richard Larson and Carli Bohham
- Studer Group Briefing to the Board – Paul Panico
- UNMH HSC History of the Hospital – Kendall Rogers
- Board of Trustees Retreat – Sara Frasch

VIII. ADMINISTRATIVE REPORTS
- Chancellor for Health Sciences - Paul Roth, MD
- CEO, UNM Hospitals - Steve McKernan
- CMO, UNM Hospitals – Irene Agostini, MD
- UNM Board of Regents Update – Steve McKernan

IX. UPDATES
- August Financials – Ella Watt

X. COMMITTEE REPORTS
- Performance Oversight / Community Benefits Committee – Dr. Donna Sigl
- Finance, Audit & Compliance Committee – Nick Estes
- Native American Services Committee – Erik Lujan

XI. OTHER BUSINESS
- August 24, 2016, UNM Hospital Native American Services Committee Meeting Minutes

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, Erik Lujan, Nick Estes, Christine Glidden, Dr. Raymond Loretto, Michelle Coons	
Ex-Officio Members Present:	Dr. Paul Roth, Dr. Michael Richards, Stephen McKernan, 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 9:09 AM.	
I. Adoption of Agenda	The Chair, Ms. Debbie Johnson, requested a motion to adopt the agenda.	Dr. Raymond Loretto made a motion to adopt the agenda. Dr. Donna Sigl seconded the motion. There being no objections, the motion carried.
II. Public Input	None	
III. Announcements	Carrie Tingley Hospital Foundation presented UNM Hospitals with two checks. The first was a $1.6 million dollar check representing the 10-year pledge which is now paid in full. The second was a $1.35 million dollar check representing the amount funded for equipment and research at Carrie Tingley Hospital since 2006. Mr. Stephen McKernan announced that the October 28, 2016 UNMH Board of Trustees meeting has been cancelled due to a lack of quorum. The next UNMH Board of Trustees meeting will be held at Prairie Star on November 18, 2016. Additional information will be sent out to the board members as it is available.	
IV. Approval of Minutes	The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for July 29, 2016.	Ms. Michelle Coons made a motion to approve the minutes of the July 29, 2016, Board of Trustees meeting. Mr. Nick Estes seconded the motion. There being no objections, the motion carried.
V. Consent Agenda	Following a review of the Consent Items, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted. Following a briefing and discussion of the Clinical Privileging descriptions, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted.	Mr. Nick Estes made a motion to approve the Consent Items, as submitted. Mr. Joseph Alarid seconded the motion. There being no objections, the motion passed unanimously. Dr. Raymond Loretto made a motion to approve the Clinical Privileging descriptions, as submitted. Dr. Donna Sigl seconded the motion. There being no objections, the motion passed unanimously

	Agenda Item	Subject/Discussion	Action/Responsible Person
VI.	Board Initiatives	Anndee Wright-Brown presented on the Beads of Courage Program. One of the UNM Children's Hospital patients, Nieves, along with his mother also discussed what the program means to them and shared his beads of courage with the Board members. Dr. Sara Frasch presented on Patient Satisfaction Scores. Presentation is included in the board packet. Mr. Stephen McKernan announced that the county commissioners voted unanimously to place the mil levy on the ballot for the November 8, 2016 election. The Chair, Ms. Debbie Johnson, requested a motion to approve the Native American Services Committee Charter as submitted.	Dr. Raymond Loretto made a motion to approve the Native American Services Committee charter, as submitted. Ms. Christine Glidden seconded the motion. There being no objections, the motion passed unanimously.
VII.	Administrative Reports	**Chancellor's Report** – Dr. Paul Roth provided an update to the Board on the Legislative Financial Conference. The top three topics of discussion were Medicaid cuts, managing finances and people. **CEO Report** – The CEO report is in the packet. **CMO Report** – The CMO report is in the packet. **UNM Board of Regents Update** – The UNM Board of Regents Update is in the packet.	
VIII.	Updates	**Financial Report Card –** Ms. Ella Watt presented the June financial dashboard.	
IX.	Committee Reports	**Performance Oversight & Community Engagement Committee** The Performance Oversight & Community Engagement Committee met on August 19, 2016. **Finance, Audit, and Compliance Committee** The Finance, Audit, and Compliance Committee met on August 24, 2016. **Native American Services Committee** The Native American Liaison Committee met on August 24, 2016.	
X.	Other Business	None	
XI.	Closed Session	At 11:17 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

Agenda Item	Subject/Discussion	Action/Responsible Person
		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 1:18 PM, the Chair, Ms. Debbie Johnson, requested a motion to be made to return the meeting to open session. The Chair, Ms. Debbie Johnson, requested a motion to be made that the Board accept the minutes of the meeting of those committees that were presented in Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept and approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in closed session.	Mr. Joseph Alarid made a motion to return to open session. Ms. Christine Glidden seconded the motion. The motion passed unanimously. Ms. Christine Glidden made a motion to accept the minutes presented by the committees. Mr. Joseph Alarid seconded the motion. The motion passed unanimously. Dr. Donna Sigl made a motion to ratify the actions taken. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.
XIV. Adjournment	The next scheduled Board meeting will be September 30, 2016 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, requested a motion to adjourn the meeting.	Ms. Christine Glidden made a motion to adjourn the meeting. Ms. Joseph Alarid seconded the motion. The motion passed unanimously. The meeting adjourned at 1:22 PM.

_____
Christine Glidden, Secretary
UNM Hospital Board of Trustees

UNM HOSPITALS

Surplus Property
Department Disposition
Detail List

Asset Number	Asset Description	Division Description	Model	Serial Number	Manufacturer	Acquisition Date	Acquisition Cost	Net Book Value	Disposal Method	Disposal Date
8039	2008 GMC GLAVAL TRANSIT BUS	PARKING AND TRANSPORT	GLAVAL	1GDE5V1979F401651	GMC	10/1/2008	$77,000.00	$0.00	AUCTION	9/28/2016
4885	2004 THOMAS BILT SHUTTLE PLATE	PARKING AND TRANSPORT	FS65	4UZAAXDC04CM36748	THOMAS BILT	7/1/2005	$56,980.00	$0.00	AUCTION	9/28/2016
2811	2003 FORD STARTRANS SENATOR BUS	PARKING AND TRANSPORT	SENATOR 25'	1FDXE45S93HA68510	FORD	8/1/2003	$43,885.00	$0.00	AUCTION	9/28/2016
2689	2003 FORD STARTRANS TRANSIT BUS	PARKING AND TRANSPORT	E-450	1FDXE45S13HA63577	FORD	5/1/2003	$40,666.66	$0.00	AUCTION	9/28/2016
2846	2004 CHEVROLET SILVERADO	PARKING AND TRANSPORT	SILVERADO EXT. CAB	2GCEC19VX41154985	CHEVY	9/1/2003	$16,949.00	$0.00	AUCTION	9/28/2016
5162	CARDIAC ABLATION SYSTEM	CARDIAC CATH LAB	EPT-1000XP	101351	BOSTON SCIENTIFIC CORP	1/1/2006	$30,120.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
7563	SCANNING SYSTEMS/TRANSDUCER	RADIOLOGY - ULTRASOUND	15L8W	66070	ACUSON CORP	6/1/2008	$24,250.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
2951	CAMERA VIEWING SYSTEM/CONTROLLER	OSIS OPERATING ROOM	LEI-750	LKP028830	LEICA INC	10/1/2003	$23,738.36	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
8950	PORTABLE GVL SYSTEM/LARYNGOSCOPES	MEDICAL/CARDIAC ICU	GLIDESCOPE GVL	PM101866	VERATHON INC	6/1/2010	$15,030.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
3275	SITE RITE II TWO PROBE SYSTEM	I/P HEMODIALYSIS	800064B02	35090	DYMAX CORP	7/1/2002	$12,300.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
19288	TRANSPORT INCUBATOR	NEWBORN NURSERY/LEVEL 1	TI-500	QD039686751570	HILL-ROM INC	8/1/2003	$10,161.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
19834	PROJECTOR	CHILD LIFE TULLY CONF ROOM	Projector	Projector	Projector	1/1/2008	$6,980.24	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
6572	WARMING CABINET	ED-NORTH	5624	L064126	GETINGE USA INC	7/1/2007	$6,268.84	$2,611.96	AUCTION/ DESTROY if Unsaleable	9/28/2016
7444	MONITORING SYSTEMS/ROBONURSE	NEUROSCIENCE ICU	Pro 400 V2	AAX06430015SA	GE HEALTHCARE USA	6/1/2008	$6,125.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
5885	SIGNATURE ELITE COAGULATOR/TIMER	LAB - ADMIN	Elite 4010	SE1533	HEMOCUE INC	12/1/2006	$6,005.08	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
6153	MONITORING SYSTEMS/ROBONURSE	CLINICAL ENGINEERING	Pro 400 V2	AAX06420056SA	GE HEALTHCARE USA	6/10/2007	$4,925.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
18584	ACCUTOR PLUS 2.5 NIBP (ROBONURSE)	MOTHER & BABY UNIT (3-E) BBRP	ACCUTOR PLUS	A714971-I0	DATASCOPE CORP	11/1/2000	$4,233.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
19390	MADISON OTTO-CAM CAMERA	CENTRAL	OTO CAM II	427780	GN OTOMETRICS	7/1/2005	$4,020.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
15658	PEDIATRIC SCALE, CART	PEDIATRIC EMERGENCY DEPARTMENT	56350	1407	NATUS MEDICAL INC	4/1/1997	$3,629.34	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
4537	CHAIR, LOMBART CS-IV SIGNATURE	OPHTHALMOLOGY OFF SITE CLINIC	OC-2200	224627	TOPCON MEDICAL SYSTEMS INC	4/1/2005	$2,909.00	$791.95	AUCTION/ DESTROY if Unsaleable	9/28/2016
4538	CHAIR, LOMBART CS-IV SIGNATURE	OPHTHALMOLOGY OFF SITE CLINIC	OC-2200	224624	TOPCON MEDICAL SYSTEMS INC	4/1/2005	$2,909.00	$791.95	AUCTION/ DESTROY if Unsaleable	9/28/2016
4539	CHAIR, LOMBART CS-IV SIGNATURE	OPHTHALMOLOGY OFF SITE CLINIC	OC-2200	224628	TOPCON MEDICAL SYSTEMS INC	4/1/2005	$2,909.00	$791.95	AUCTION/ DESTROY if Unsaleable	9/28/2016
4540	CHAIR, LOMBART CS-IV SIGNATURE	OPHTHALMOLOGY OFF SITE CLINIC	OC-2200	224625	TOPCON MEDICAL SYSTEMS INC	4/1/2005	$2,909.00	$791.95	AUCTION/ DESTROY if Unsaleable	9/28/2016
19238	PHOTOTHERAPY UNITS	NEWBORN ICU	Wallaby 3	2711	RESPIRONICS INC	6/1/2002	$2,413.77	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
549	2 DOOR REACH IN FREEZER	FOOD AND NUTRITION	GLT2-32-NUTH	2605606	TRAULSEN & CO.	7/1/2000	$2,350.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
3180	CABINET - STORAGE	MEDICINE CLINIC	CABINET	CABINET	AMERICAN SCIENTIFIC PRODUCTS	2/1/1981	$124.00	$0.00	AUCTION/ DESTROY if Unsaleable	9/28/2016
451	PRECOR 954 TREADMILL	CARDIAC REHAB	C954/C956	6RD26N0029	PRECOR USA	6/1/2001	$4,266.69	$0.00	DONATE	9/28/2016
3052	PRECOR TREADMILL - 120V	CARDIAC REHAB	954	PBK24Q0015	PRECOR USA	1/1/2004	$4,218.75	$0.00	DONATE	9/28/2016
3045	AMX4 GE PORTABLE X-RAY MACHINE	RADIOLOGY - GENERAL	531668	982353WK5	GE MEDICAL SYSTEMS	1/1/2004	$38,863.00	$0.00	DONATE	9/28/2016
5206	FASTBACK BINDING MACHINE	PRINT SHOP	15 XS 15664	15664	BINDING MACHINE	2/1/2006	$5,860.58	$0.00	METAL RECYCLE/DESTROY	9/28/2016
5880	COMB. BINDER PUNCH VELO	PRINT SHOP	VELO	VELO	VELO	5/1/1983	$2,930.00	$0.00	METAL RECYCLE/DESTROY	9/28/2016
4190	LASSCO PAPER DRILL	PRINT SHOP	FM2	558	LASSCO	7/1/2004	$2,295.47	$0.00	METAL RECYCLE/DESTROY	9/28/2016

Asset Deletion Count	**32**
Gross Acquisition Cost	**$ 468,224.78**
Total Disposition Book Value	**$ 5,779.76**

THIRD AMENDMENT TO THE
REGENTS OF THE UNIVERSITY OF NEW MEXICO FOR ITS PUBLIC OPERATION KNOWN AS
UNM HOSPITALS 401(a) PLAN

WHEREAS, the Regents of the University of New Mexico for its Public Operation Known as UNM Hospitals (the "Employer") established the Regents of the University of New Mexico for its Public Operation Known as UNM Hospitals 401(a) Plan (the "Plan") effective as of July 1, 2007; and

WHEREAS, it is necessary to amend the Plan to make changes requested by the Internal Revenue Service in connection with the request for a favorable determination letter with respect to the Plan; and

WHEREAS, Section 12.01 of the Plan authorizes the Board of Directors to amend the Plan in the manner hereinafter provided;

NOW, THEREFORE, the Plan is hereby amended as follows:

I.

Effective November 1, 2016, the first full paragraph of Section 3.04(c) is amended to read as follows:

7.01 Termination of Employment.

On termination of employment, the Participant shall have a right to receive a distribution of his Account, which shall be paid to him in either a single lump sum payment or annual installments for a period elected by the Participant not to exceed fifteen (15) years. Payment of the Participant's Account shall be made or commence as soon as practical after the Valuation Date which coincides with or next follows his termination of employment. Notwithstanding the preceding sentence, the Participant may elect to leave his Account in the Plan until any later date that is not later than his Normal Retirement Age, and any distribution made prior to the Participant's Normal Retirement Age will require the Participant's written consent.

Executed in Albuquerque, New Mexico on this _____ day of _____ 2016.

REGENTS OF THE UNIVERSITY OF NEW MEXICO FOR ITS PUBLIC OPERATION KNOWN AS UNM HOSPITALS

By: _____
Stephen W. McKernan
Chief Executive Officer

CERTIFICATE

UNM Hospitals Board of Trustees

I, _____ , Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adopting the attached Third Amendment to the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 401(a) Plan as Amended Effective November 1, 2016. The resolution was adopted by the UNM Hospitals Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _____ 2016.

_____
Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2016.

_____
Notary Public

My Commission Expires:

_____
(Notary Seal)

Resolution of the UNM Hospitals Board of Trustees

WHEREAS, the UNM Hospitals Board of Trustees, (hereinafter referred to as the "Board of Directors") maintains the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 401 (a) Plan (hereinafter referred to as the "Plan"); and

WHEREAS, Article XII of the Plan allows the Board of Directors to amend the Plan from time to time; and

WHEREAS, the Board of Directors wishes to amend the Plan to allow participants to elect upon termination of employment to receive their benefit in installment payments in addition to a lump sum payment; and

WHEREAS, the Board of Directors wishes to authorize the proper officers of the Employer to do all acts and things necessary and proper to carry out the purpose of said Plan and to make amendments and changes, from time to time, to comply with the applicable sections of the Internal Revenue Code of 1986, as amended, and related Income Tax Regulations; and

WHEREAS, the amended Plan has been prepared and presented to the Board of Directors for approval.

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 401(a) Plan As Amended Effective May 1,2012 ("the amended Plan"), copies of which have been presented to the Board of Directors at this meeting, is approved, ratified and affirmed effective as of the dates stated herein;

(2) The actions taken by the proper officers of this organization to adopt and effectuate the Third Amendment to the Plan are hereby ratified, approved and affirmed in all respects; and

(3) The proper officers of the Employer are hereby authorized to do all acts and things necessary and proper to carry out the purpose of said Plan and to make amendments and changes, if any, as may be necessary to comply with the applicable sections of the Internal Revenue Code of 1986, as amended and related Income Tax Regulations.

CERTIFICATE

UNM Hospitals Board of Trustees

I, _____, Secretary of the University Of New Mexico Hospitals Board Of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution terminating University of New Mexico Hospital 457(f) Supplemental Retirement Plan effective immediately. The resolution was adopted by the University Of New Mexico Hospitals Board Of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the University of New Mexico Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _____ 2016.

_____
Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2016.

_____
Notary Public

My Commission Expires:

_____
(Notary Seal)

RESOLUTION OF THE UNM HOSPITALS BOARD OF TRUSTEES

THE UNM HOSPITALS 457(f) PLAN

WHEREAS, the UNM Hospitals Board of Trustees, (hereinafter referred to as the "Board of Directors"), established the UNM Hospitals 457(f) Supplemental Retirement Plan ("Plan") but the Plan was never implemented; and

WHEREAS, the Board of Directors would now like to terminate the Plan; and

WHEREAS Section 12. 4 of the Plan allows the Board of Directors to terminate the Plan; and

WHEREAS, the Board of Directors wishes to authorize the proper officers of the Employer to do all acts and things necessary and proper terminate the Plan; and

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Plan is terminated effective as of the date of this resolution;

(2) The actions taken by the proper officers of this organization to terminate the Plan are hereby ratified, approved and affirmed in all respects; and

(3) The proper officers of the Employer are hereby authorized to do all acts and things necessary and proper to implement the termination of the Plan.

IN WITNESS WHEREOF, the Employer has adopted this Resolution to the Plan on this _____day of _____, 2016, in Albuquerque, New Mexico.

By: _____

Secretary of the Board

UNM HSC Behavioral Health Highlights

30 September 2016
UNMH Board of Trustees

Richard Larson MD, PhD
Executive Vice Chancellor
Vice Chancellor for Research

Spectrum of Behavioral Health Activities

Brain & Behavioral Health Institute

Bill Shuttleworth, PhD

Regents' Professor

Director, Brain & Behavioral Health Institute (BBHI)

UNM HEALTH SCIENCES CENTER
Brain & Behavioral Health Institute

Brain & Behavioral Health Institute

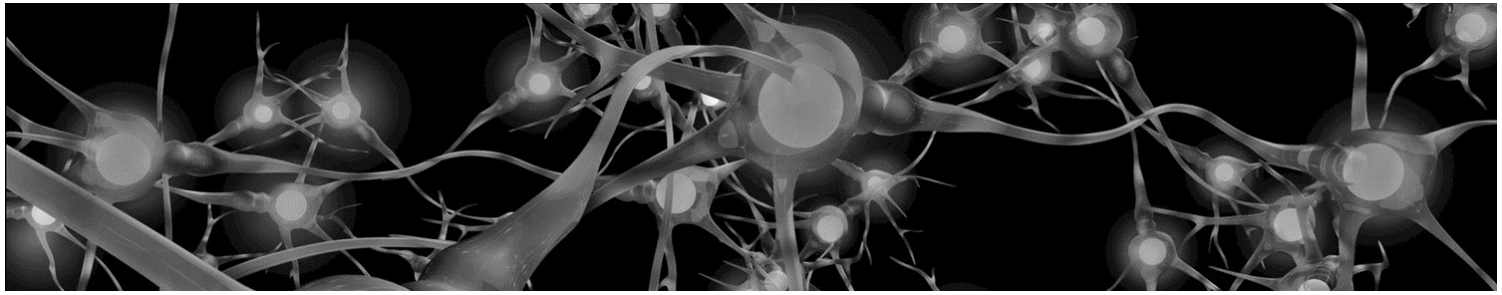
While there are hundreds of different brain and behavioral health disorders, the following are some of the most common:

- Alzheimer's Disease
- Autism and other Developmental Disorders
- Cerebral Cavernous Malformation (CCM)
- Epilepsy
- Fetal Alcohol Syndrome
- Schizophrenia, Bipolar Disorder
- Depression, Anxiety
- Substance Abuse
- Post Traumatic Stress Disorder (PTSD)
- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Traumatic Brain Injury

Brain & Behavioral Health Institute

Brain and behavioral disorders strike New Mexicans of all ages and from every background.

- It would be difficult to find a New Mexican family that hasn't been touched by at least one of the numerous brain/behavioral disorders.
- These disorders are devastating to families and are some of the most common and costly to society.



Objectives of BBHI

- Create a home for BBHI in Domenici Hall.
- Become a national leader in the development of effective interdisciplinary clinical teams.

- Facilitate or establish effective partnerships between the BBHI and communities throughout New Mexico.
- Develop new, interdisciplinary research programs.

Working with Community Partners to Develop BBHI

- Nearly 80 listening sessions and presentations across the state.
- Trips to 10 rural New Mexico communities.
- Established a coalition of 18 advocacy groups concerned about BBHI conditions.

- Collaborated on program grant applications.
- Coordinated speakers, space and support for community events.

Examples of BBHI Progress

- UNM Center for Brain Recovery and Repair
  - NIH Grant: 9/15/15-6/30/20

    $11.6 million awarded

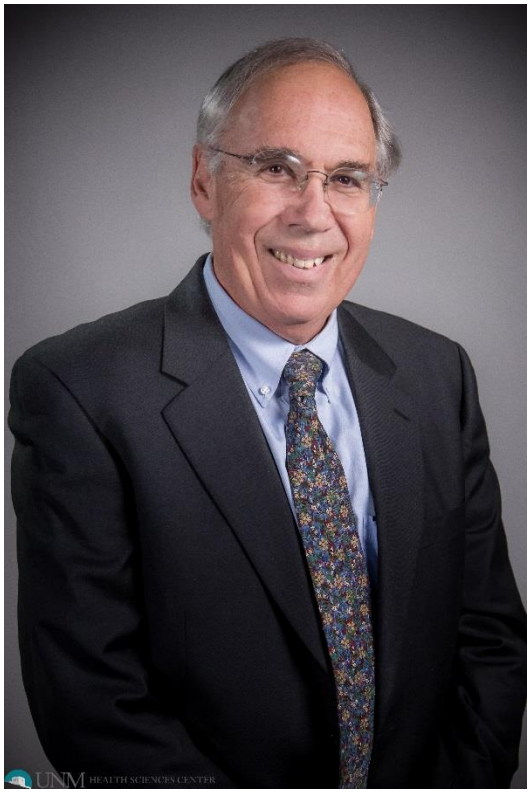
UNM Memory and Aging Center

Gary A. Rosenberg, MD

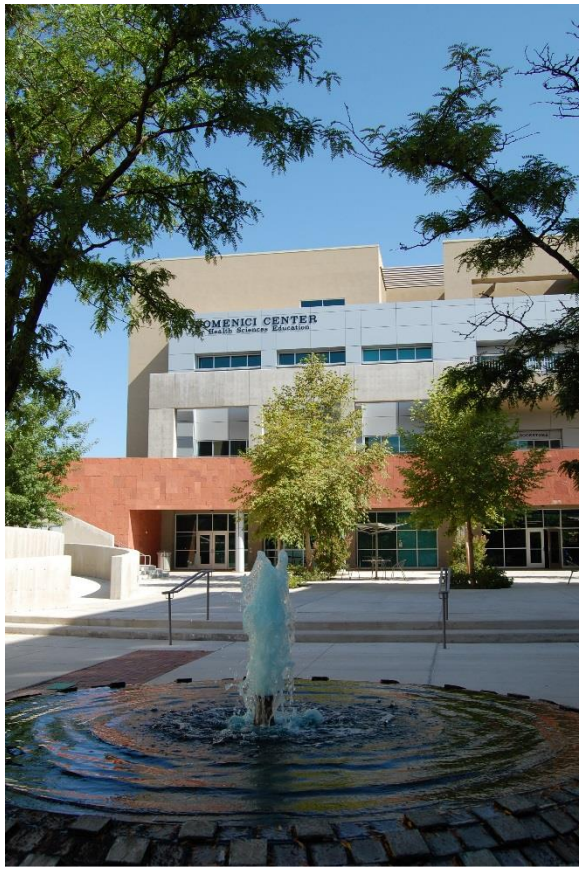
Professor of Neurology

Director, UNM Memory and Aging Center (UNM-MAC)

UNM MEMORY & AGING CENTER



UNM-MAC Background



- There is a major need in the state for the care of cognitively impaired elderly.
- January 2016: Chancellor Roth asked Dr. Rosenberg to open a clinical care and research center for dementia.
- This is the first center in the southwest specializing in Alzheimer's disease, vascular cognitive impairment and related dementias.

About UNM-MAC

- Provides comprehensive clinical care to patients with cognitive problems.
- A state-wide resource for basic research and clinical treatment trials.
- A major site for the training of medical students, nurses and residents who will be the next generation of care givers for elderly patients with dementia.

About UNM-MAC

- Only center for Alzheimer's disease and vascular dementia in the Southwest.
  - In the US, there are 31 Alzheimer's disease centers funded by the National Institute of Aging; none are located from New Mexico to the Canadian border.
- Only dementia specialists in New Mexico.
  - The UNM-MAC currently has three neurologists with expertize in dementia.
  - The Center will greatly expand clinical evaluations and treatment and will be a resource for basic research and clinical trials in all forms of dementia.

Research at UNM-MAC

- Basic research supported by grants:
  - Development of new drugs for the treatment of Alzheimer's disease and vascular dementia.
  - NIH studies on the link between vascular disease and Alzheimer's disease.
  - Tau vaccine development for Alzheimer's disease.

- Clinical research:
  - Studies of advanced MRI imaging to better diagnose different types of dementia.
  - Participation in clinical trials initiated by drug companies.

UNM-MAC Clinical Mission

Clinical care site for patients with memory and other cognitive problems.

- Assembling a team of physicians, nurse practitioners, nurses and social workers.
- Initial location in the Clinical Neurosciences Center.
  - Anticipated growth into a larger facility.
- Plan for expansion of services around the state.

Community Behavioral Health (CBH) and Behavioral Health Services (ASAP)

Caroline Bonham, MD

Division Chief, Division of Community Behavioral Health

Assistant Professor, Department of Psychiatry & Behavioral Sciences

UNM SCHOOL of MEDICINE

Department of Psychiatry and Behavioral Sciences

About Community Behavioral Health

- Interdisciplinary team from psychiatry, psychology, epidemiology, anthropology, nursing and social work.
- Address health disparities through clinical, educational and health services research activities.
- Hire community members as research assistants who live and work in their own communities in rural New Mexico.

Map of New Mexico Communities with Active CBH Projects

There are currently over 35 active research, evaluation, clinical and educational partnerships in communities across New Mexico.

Current CBH Clinical Activities

- 80-100 hours of direct clinical care a month via telehealth to rural communities (addictions, child psychiatry, counseling and general psychiatry services).
- Establishment of a medical home for patients with serious mental illness to improve treatment of their medical and psychiatric conditions.
- Specialized PTSD treatment for youth who have experienced neglect, abuse or other trauma.
- Early intervention and support to individuals with the first symptoms of psychosis and their families – emphasis on helping them to stay in school or work.

Current CBH Research Projects

- Does an intervention informed by the concept of historical trauma better treat depression amongst Native Americans compared to treatment as usual?
- Can people with personal experience of their own mental health problems be trained to deliver an intervention for substance use and PTSD as effectively as master's level therapists?
- How can we best adapt suicide prevention programs in Native American communities?
- How to improve health outcomes such as diabetes and heart disease for people with serious mental illnesses such as schizophrenia?

Current CBH Educational Initiatives

- Education and consultation to all New Mexico Native American communities on culturally tailored best practices for suicide prevention and intervention.
- Training and consultation to law enforcement on best practices when working with people with mental health conditions.
- Mental Health First Aid Trainings to first responders who encounter youth.
- Over 100 telehealth trainings a year to providers in rural communities across the U.S. on best practices in mental health and addictions.
  We reach over 9,000 participants a year.

Addiction & Substance Abuse Program (ASAP)

- Comprehensive care under one roof
- Opioid Replacement: psychiatric care, psychotherapy, primary care and case management primary care clinic on site
- Close alliance with UNM clinics: Milagro and the Focus
- Transitional age youth (ages 14-21)
- Trauma
- Waitlist 21 patients
- 300% Increase in intakes since 2015:
  - 4.5 per week in 2015, 15 per week in 2016

- 5 adults, 5 pregnant women, and 5 transitional age youths/week
- September 1, 2016, preadmission screen **same day**

ASAP Patients Served

- 650 patients currently under ASAP care
  - 1/2 - 2/3 dually diagnosed
  - 430 methadone maintenance treatment
  - 100 on buprenorphine
  - 64% females, 11% are currently pregnant
- 223 intakes in 2015
  - 66% were pregnant

ASAP Community Engagement

- Suboxone providers at First Choice, Healthcare for the Homeless, Casa de Salud, Milagro Program, FOCUS and UNM Psychiatric Center.
- Work with the Bernalillo County Opioid Accountability Initiative and Indian Health Services.

UNMH Inpatient Psychiatric Services

Beds: 32 Adult, 15 Geriatric, 35 Child

Year	Adult Inpatient Days	Child Inpatient Days	Total Inpatient Days
FY 2015	13,808	10,318	24,126
FY 2014	13,151	8,890	22,041
FY 2013	13,392	8,147	21,539
FY 2012	13,864	8,085	21,949

UNMH Outpatient Psychiatric Services

Year	Adult Encounters	Child Encounters	Methadone/ Suboxone Doses	Total Encounters
FY 2015	101,139	23,952	139,157	264,248
FY 2014	97,731	25,687	145,553	268,971
FY 2013	92,753	23,873	151,794	278,377
FY 2012	91,792	24,274	148,011	264,077

Mission: Excellence

UNM Hospitals Board of Trustees
September 30, 2016

Paul Panico PhD, MBA, FACHE
Studer Group Account Leader/Coach

About Studer Group

What We Do

- Apply evidence-based tactics to achieve and sustain exceptional clinical, operational, and financial outcomes
- Develop web-based software solutions for operational alignment and process efficiency
- Provide a wealth of educational resources—including books, training videos, webinars, and institutes

Mission

- Make HealthCare a better place for employees to work, physicians to practice and patients to receive care

Awards

- Received the 2010 Malcolm Baldrige Quality Award
- Ranked #5 on Great Place to Work® 2014 Best Small & Medium Workplaces List

By The Numbers

- Works with hundreds of healthcare organizations worldwide
- Employs over 80 professional coaches and 40 speakers

Health System Strategic Goals

Community Engagement	*Collaborate and partner with the community to fully understand and address their health needs.*
Patient Experience	*Patients will be treated with compassion and respect while receiving the safest, highest quality and well-coordinated clinical care.*
Culture of Excellence	*Employees and providers will model our values while making UNM a great place to receive care and work.*
Operations	*Achieve greater system integration, operational efficiency and maintain our financial strength for reinvestment in patient care.*
Strategic Growth & Partnerships	*Patients will have more choices for care and services due to our strategic partnerships, network of affiliated community resources and development of UNM programs.*

Culture: Our Expertise

BUILD SKILLS

- Educational Conferences
- Speakers
- Books
- Videos
- Online learning

TRAINING

GET RESULTS

Fast improvement on a key organizational metric, e.g. patient experience, employee & physician engagement, ED turnaround

IMPROVEMENT

CHANGE CULTURE

Comprehensive organizational transformation through expert coaching to hardwire evidence-based practices across the board

TRANSFORMATION

Sample of Studer Group Partners

Healthcare Systems / Community Hospitals	HCA Hospital Corporation of America; CHS Community Health Systems; Mayo Clinic; Dignity Health; Providence Health & Services; Adventist Health; CarolinaEast Health System; Kaiser Permanente; Sutter Health With You. For Life.; Intermountain Healthcare; SHARP; Advocate Health Care; Roper St. Francis Healthcare
Academic / Teaching Hospitals	Johns Hopkins Medicine; NYU Langone Medical Center; Vanderbilt University Medical Center; University of Washington Medical Center UW Medicine; MUSC Medical University of South Carolina; Hackensack University Medical Center; Brigham and Women's Hospital A Teaching Affiliate of Harvard Medical School; Ochsner Health System; UAB Health System Medicine that touches the world.; Baylor Health Care System
Specialty Hospitals	Lovelace Women's Hospital; Burke Rehabilitation & Research; Good Shepherd Rehabilitation; Medical City Children's Hospital Specialists. In children.; Rocky Mountain Hospital for Children; dell children's medical center of central texas A member of the Seton Family of Hospitals; Women & Children's Hospital of Buffalo A Kaleida Health Facility
Physician Practices	Physicians Health Texas; JPS Health Network; Geisinger Reliant Medical Group Atrius Health; Carle; MultiCare BetterConnected; Grady Bone & Joint
Rural and Critical Access Hospitals	Hocking Valley Community Hospital; Integris Health; Kahuku Medical Center; Neosho Memorial Regional Medical Center; Southwest Memorial Hospital; Sacred Heart Hospital Emerald Coast; Mary Lanning Healthcare
Canadian Hospitals	The Ottawa Hospital L'Hôpital d'Ottawa; RVH Royal Victoria Regional Health Centre; Trillium Health Partners; ARNPRIOR Regional Health; HDH Hanover & District Hospital; St. Joseph's Health Care London; Hôpital Montfort
Additional Healthcare Partners	Amerinet; EmCare; TEAMHealth; AHIMA American Health Information Management Association; ARAMARK; QHR

Studer Group Partners Make it Their Own

VANDERBILT
UNIVERSITY
MEDICAL
CENTER

UAB Medicine & The Kirklin Clinic

UAB MEDICINE
Medicine that touches the world.

Background

- Regional, not-for-profit Academic Medical Center (Birmingham, AL): 6 hospitals; 2,665 licensed beds; 80,938 inpatient admissions; 251,200 outpatient visits,
- 3rd largest Safety Net ED in the U.S.
- The Kirklin Clinic (TKC) is one of the busiest outpatient centers in America, seeing 2,000+ patients a day with 700+ providers in 35 specialties under one roof

Why We Partnered

- To improve patient experience and physician engagement
- To help UAB implement proven practices, provide hands-on coaching, and engage 900+ UAB Medicine leaders in intensive leadership development institute sessions

What We Did

- Deployed Evidence-Based Leadership^{SM} to align & develop clinic leaders, physicians and staff
- Hardwired Studer Group tactics to improve patient experience
- Decreased wait times and increased volume through flow and word-of-mouth branding

Results

Metrics	Before	After
Patient perception percentile rank (TKC)	39th percentile	**46th percentile**
CGCAHPS Overall Rating (TKC) – starting with first publicly reported period	50th percentile	**63rd percentile**
Physician engagement (% favorable)	50%	**61%**

Value Realized

$6.2M value realized in most recent year of relationship

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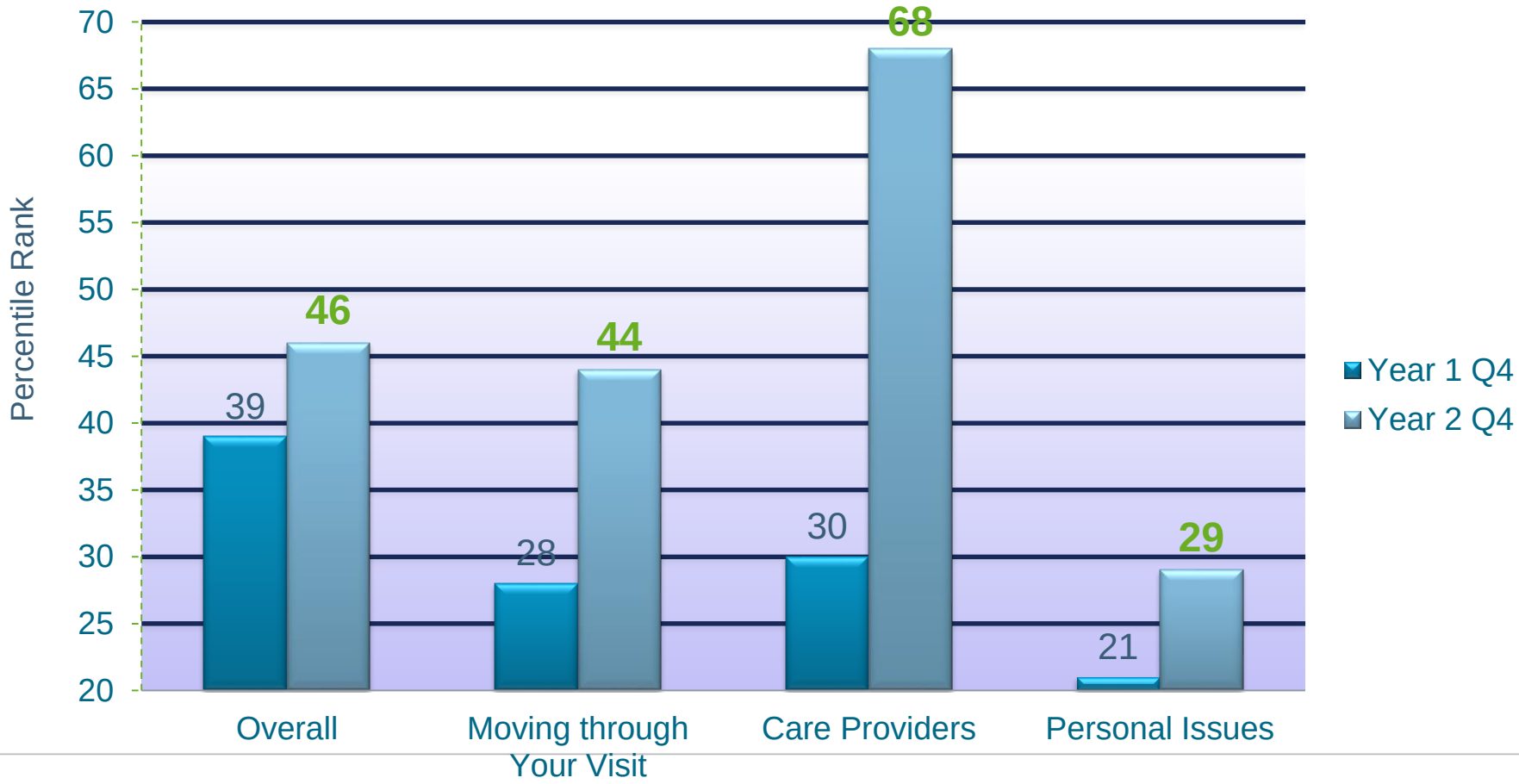
The Kirklin Clinic - Overall Patient Perception percentile rank **increased** from 39th percentile to 46th percentile



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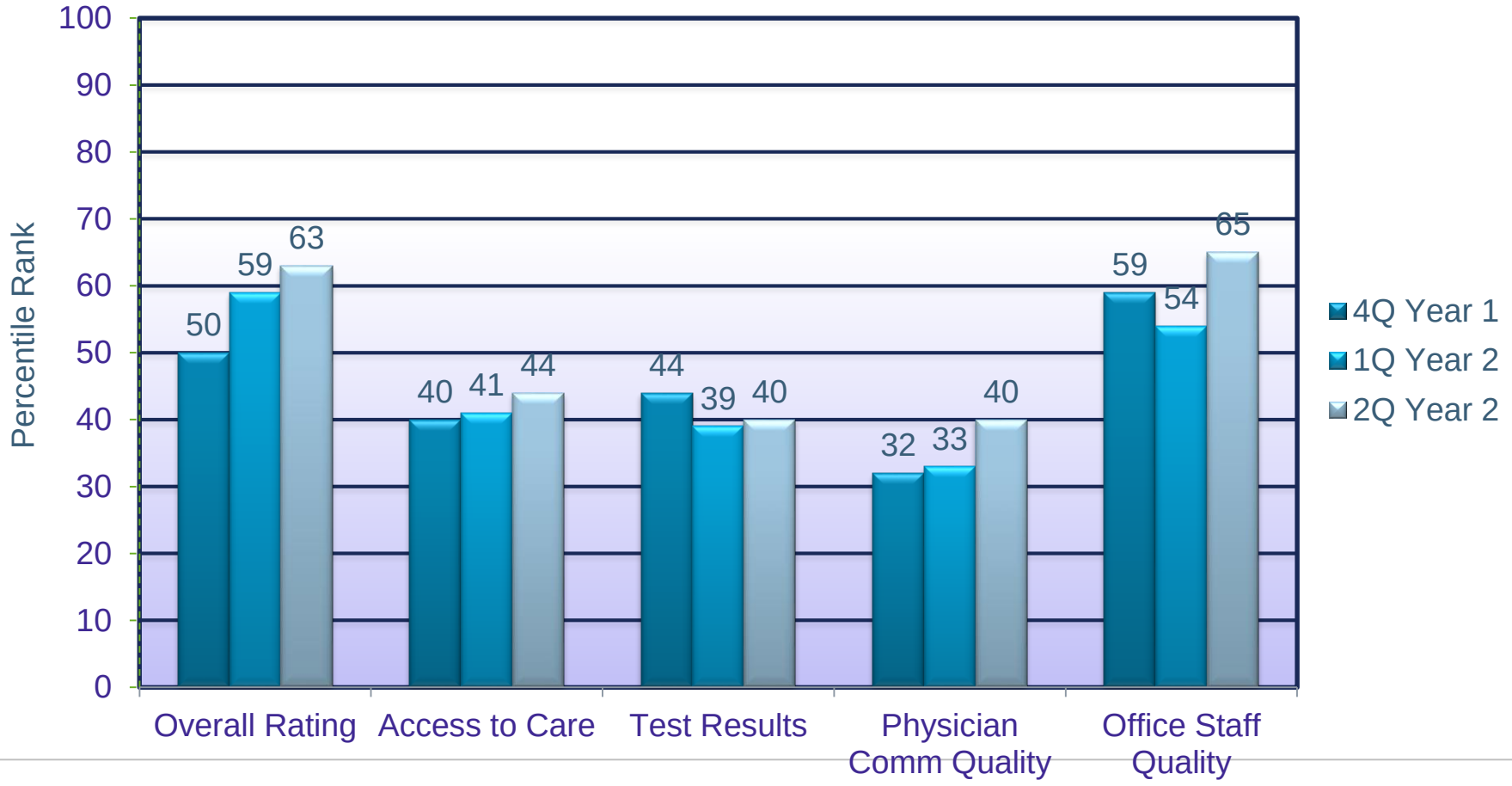
THE KIRKLIN CLINIC - CGCAHPS OVERALL RATING PERCENTILE RANK **INCREASED** FROM THE 50TH PERCENTILE TO THE 63RD PERCENTILE



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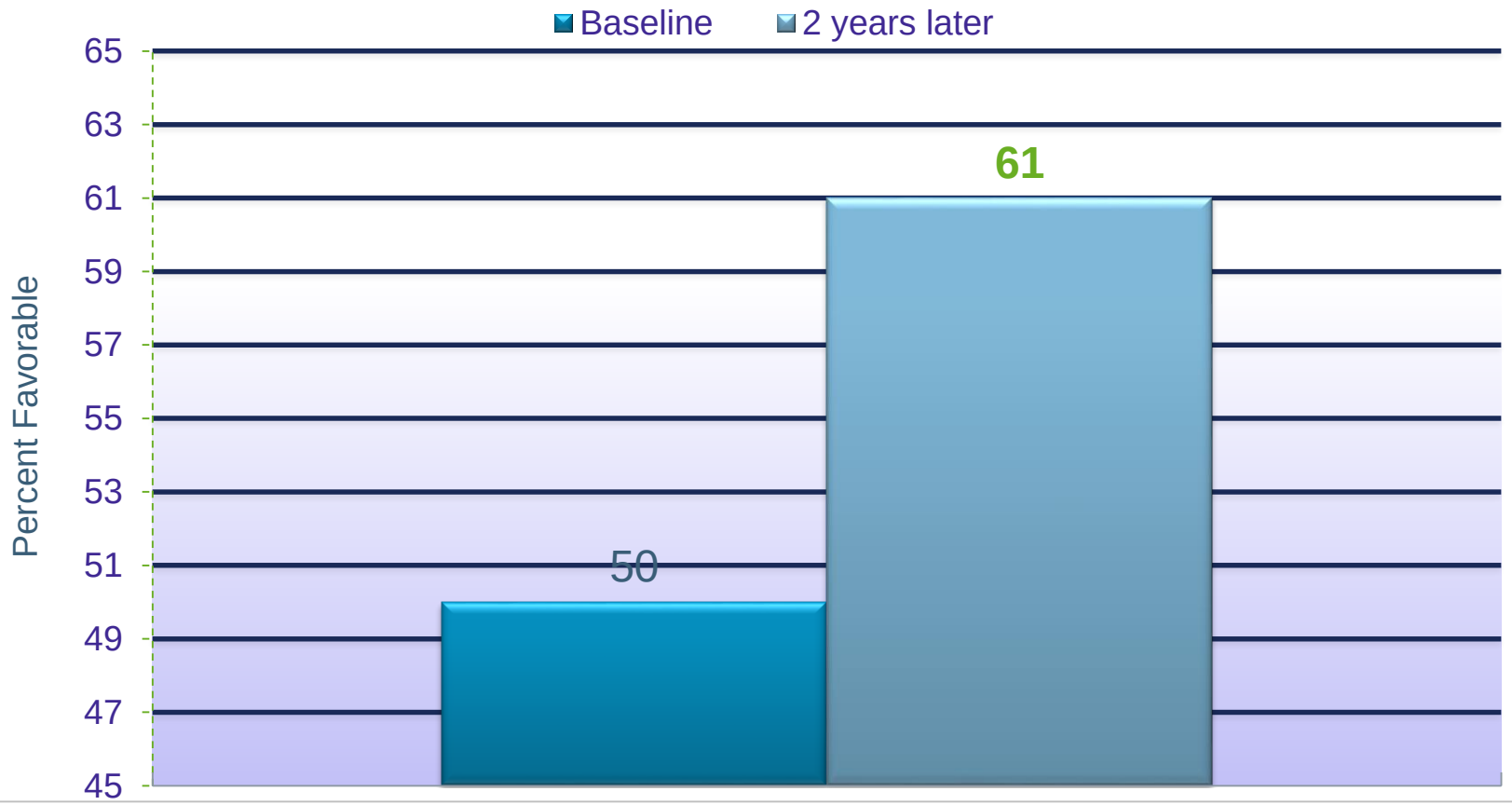
PHYSICIAN ENGAGEMENT **INCREASED** FROM 50% FAVORABLE PRIOR TO ENGAGEMENT TO 61% IN 2ND YEAR OF ENGAGEMENT



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OU Medicine & OU Physicians

- **Background**
  - For-Profit (HCA), Urban (Oklahoma City), academic medical center
  - 4 hospitals:1530 licensed beds; 49,985 admissions; 254,200 outpatient
  - OU Physicians: OK's largest physician group, with 750+ providers, 1100 employees & 65 clinic locations
- **Why They Partnered**
  - To shift from being a safety net provider to being provider of choice for the community
  - To achieve strategic initiative ("EXCEL") goals around service excellence, access, availability & convenience
- **What We Did**
  - Deployed Evidence-Based Leadership℠ to align & develop clinic leaders, physicians and staff
  - Set physician leader goals in LEM on the subject of provider communication
  - Studer Group physician coaching

Measurement	Before	After
OUP Overall Patient Satisfaction (percentile ranking)	18th percentile	78th percentile
OUP Voluntary turnover rate (employee)	27%	12%
OUP revenue increased $58M (43%) due to higher volume	$135.3M	$193M

$58M increase (43%) due to higher volume

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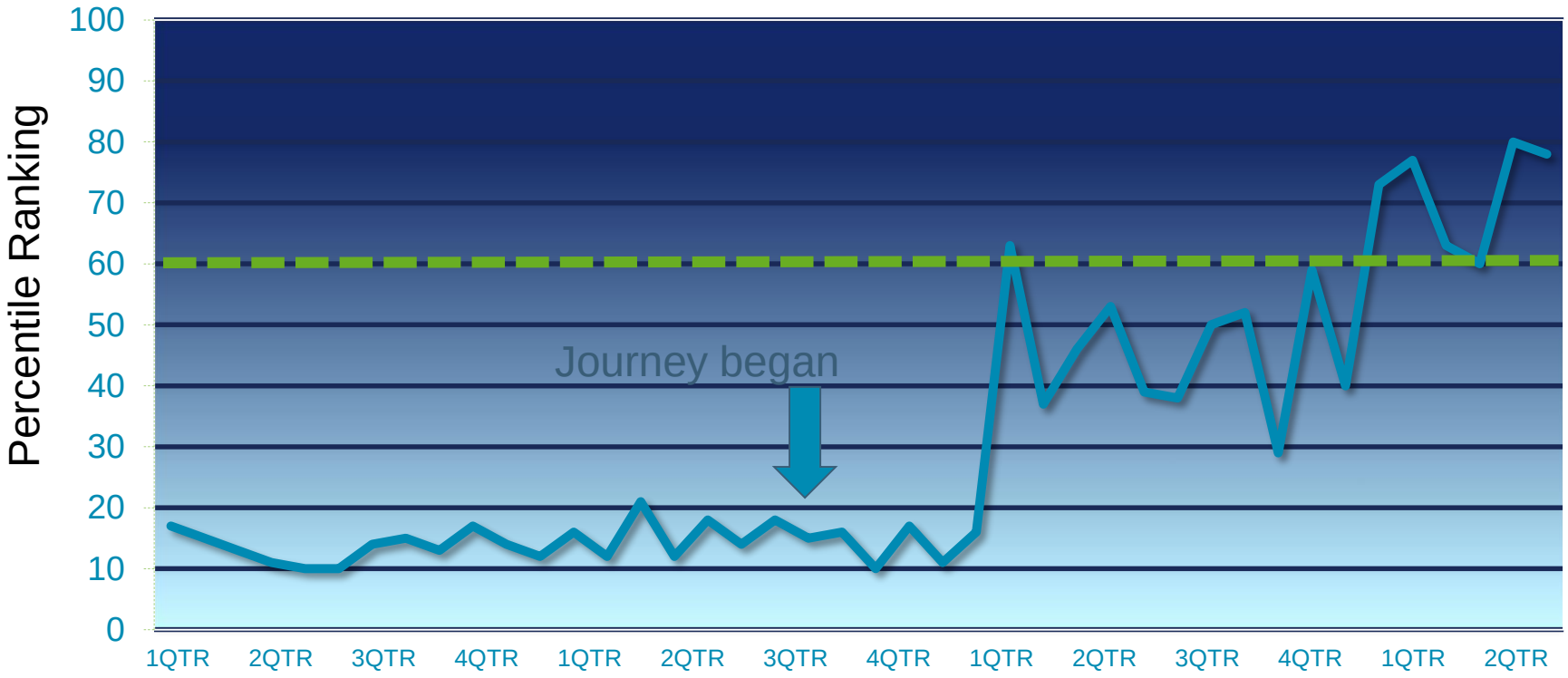
Overall Patient Satisfaction

All Facilities Percentile Rank

GOAL = Improve Patient Satisfaction Scores to 60th%tile



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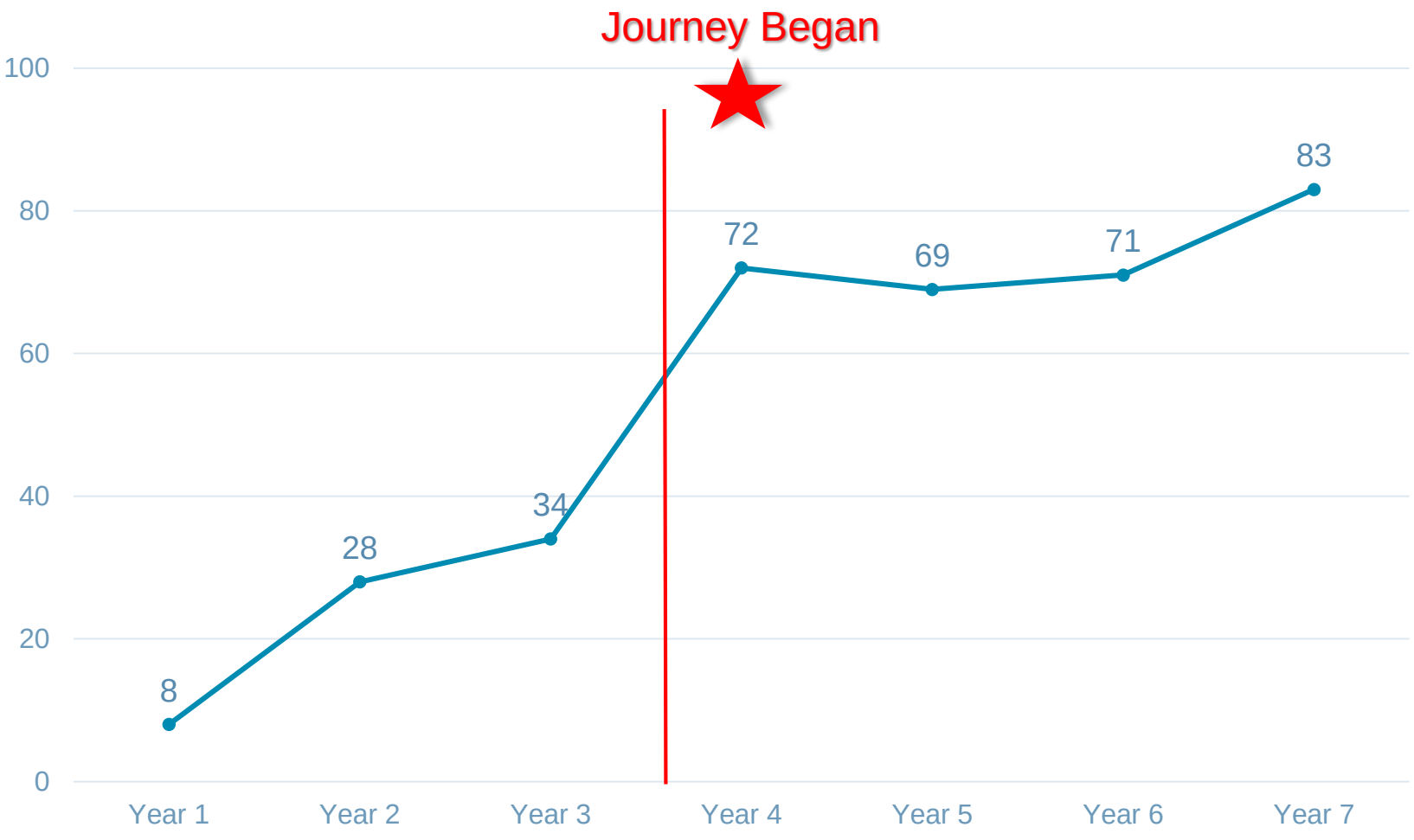
OU Physicians Patient Experience

Percentile Rank



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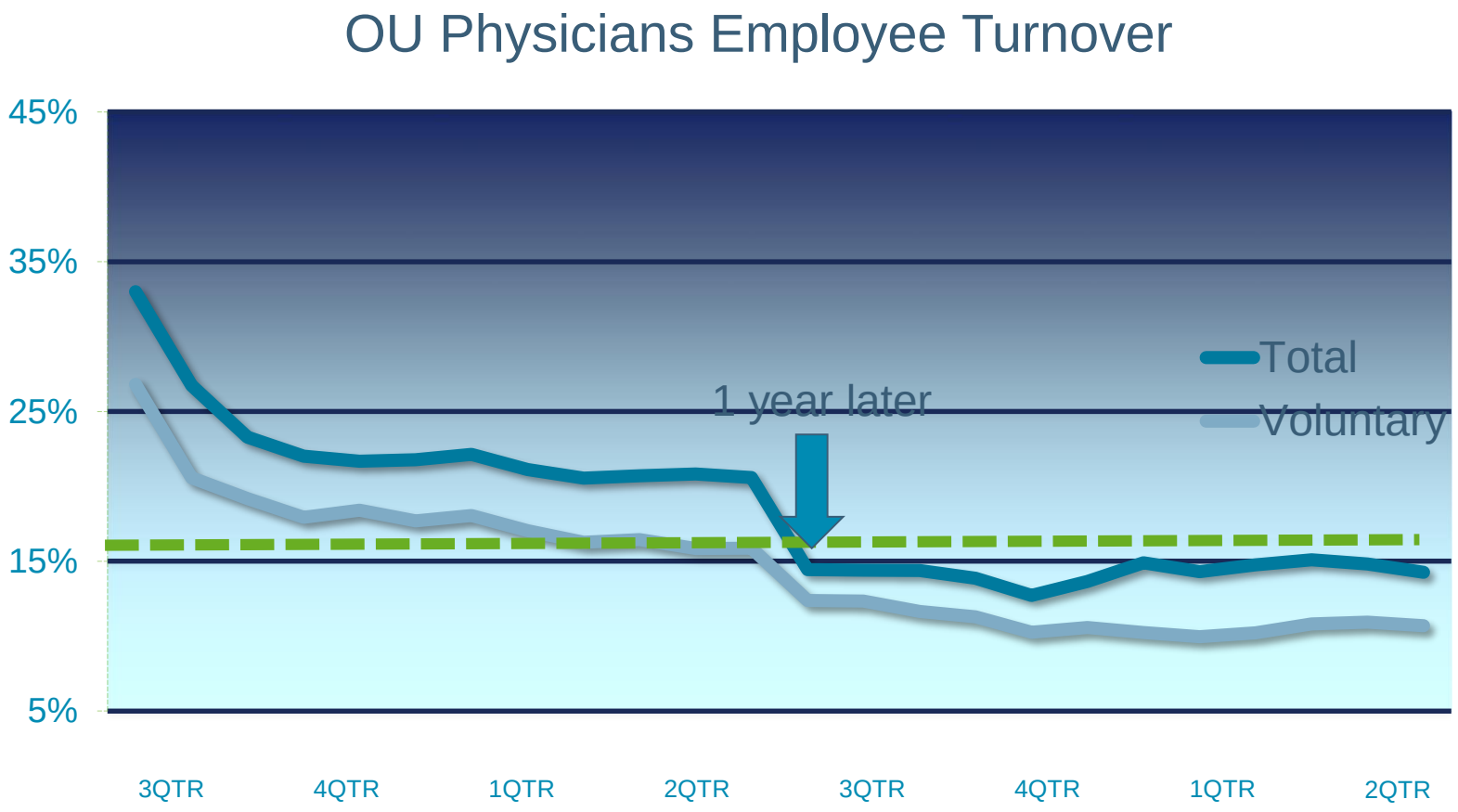
Voluntary Turnover Rate

GOAL = Maintain a Voluntary Turnover Rate of 15% or less



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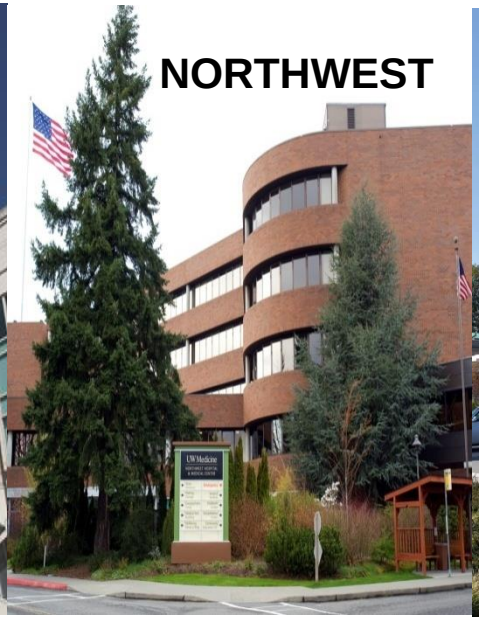
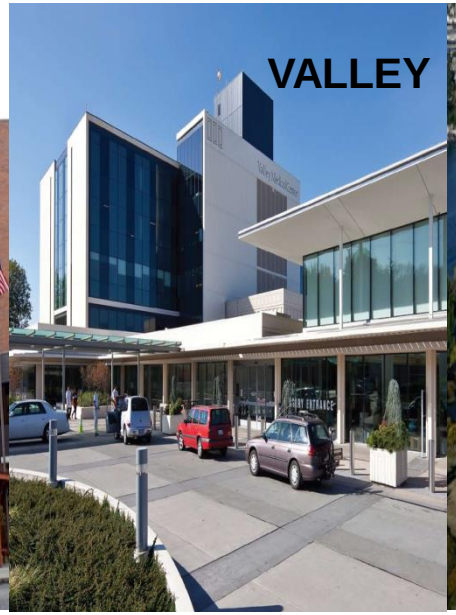
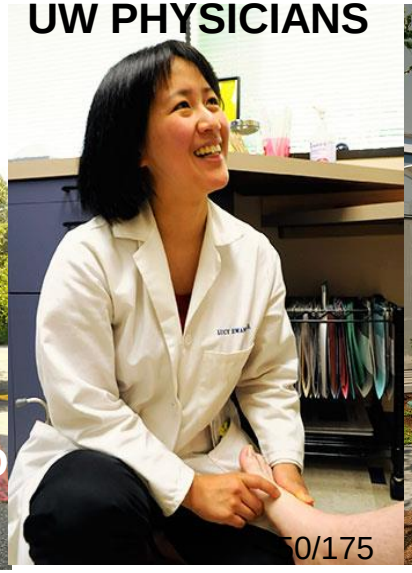
UW MEDICINE







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INPATIENT

Since UW Medicine **Patients Are First** launched, UW Medicine hospitals have ***improved*** our HCAHPS composites year-over-year

	UWMC						VMC						NWH						HMC					
HCAHPS %ile Comparison *as of 1/4/15	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Overall Rating	36	51	62	72	78	82	n/a	n/a	n/a	49	53	60	39	38	31	52	56	53	13	30	41	39	42	47
Willingness to Recommend	73	79	86	87	89	92	n/a	n/a	n/a	60	64	67	66	73	59	72	78	74	50	58	68	62	64	64
Communication with Nurses	13	21	46	49	61	64	n/a	n/a	n/a	16	20	31	4	8	10	25	40	50	2	7	30	20	29	31
Communication with Doctors	26	42	58	53	60	63	n/a	n/a	n/a	42	50	47	31	44	55	56	58	53	6	9	23	17	25	21
Communication about Medication	28	39	64	57	64	64	n/a	n/a	n/a	45	30	42	6	12	17	17	27	36	21	31	44	39	33	50
Responsiveness	10	18	31	37	53	51	n/a	n/a	n/a	34	32	34	10	29	43	45	51	58	6	11	22	22	26	28
Discharge Information	63	71	84	86	91	93	n/a	n/a	n/a	56	66	72	24	39	45	48	61	69	31	48	71	72	79	85
Pain Management	30	40	57	52	63	63	n/a	n/a	n/a	58	53	54	30	36	48	53	55	52	6	13	32	23	38	34
Cleanliness	12	15	22	36	51	45	n/a	n/a	n/a	48	64	63	21	25	26	33	43	48	14	25	36	52	5	37
Quietness	13	11	16	29	35	33	n/a	n/a	n/a	48	56	50	6	7	13	13	16	25	4	5	8	6	55	4
Composites at or above 75%ile	0	1	2	2	3	3	n/a	n/a	n/a	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1

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*2010-2015 represents Jan-Dec
** VMC data available as of July 2013
***Green- UP from previous year or at/over 75th%ile
****Red- BELOW previous year

EMERGENCY DEPARTMENT

Since **UW Medicine** **Patients Are First** launched, UW Medicine hospitals have ***improved*** our HCAHPS composites year-over-year

	UWMC						VMC						NWH						HMC					
HCAHPS %ile Comparison *as of 1/4/16	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Overall Rating	10	15	24	32	24	32	n/a	n/a	n/a	31	50	51	65	51	60	60	63	55	8	23	23	22	19	30
Entering ED	60	72	77	74	78	79	n/a	n/a	n/a	63	70	84	84	78	86	84	84	83	60	72	77	74	78	54
Leaving ED	37	34	34	51	37	49	n/a	n/a	n/a	15	60	51	80	60	73	65	76	73	37	30	29	51	37	35
Pain	1	1	2	4	2	7	n/a	n/a	n/a	3	21	14	37	14	22	21	32	23	1	1	2	4	2	10
Nursing	14	21	40	41	29	29	n/a	n/a	n/a	29	40	51	78	54	57	62	67	62	14	21	33	41	29	41
Providers	27	24	38	48	42	38	n/a	n/a	n/a	29	49	45	80	61	65	70	72	65	28	24	45	49	42	43
Waiting	1	3	11	21	10	24	n/a	n/a	n/a	14	21	29	48	47	50	49	43	33	1	3	11	21	10	19
Composites at or above 75%ile	0	0	1	0	1	1	n/a	n/a	n/a	0	0	1	4	1	1	1	2	1	0	0	1	0	1	0

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CG CAHPS

Since **Patients Are First** launched, UW Medicine hospitals have ***improved*** our CG CAHPS composites year-over-year (2010-2015).

	UW Neighborhood Clinics						VMC Clinic Network						NWH Clinics					
HCAHPS %ile Comparison *as of 1/4/16	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Overall Provider Rating	n/a	27	33	42	51	61	n/a	n/a	n/a	34	35	77	n/a	n/a	70	73	75	79
Would Recommend	n/a	71	56	61	61	57	n/a	n/a	n/a	47	48	74	n/a	n/a	83	73	75	80
Test Results	n/a	76	72	72	68	69	n/a	n/a	n/a	40	44	59	n/a	n/a	50	55	60	53
Access to Care	n/a	18	15	22	12	4	n/a	n/a	n/a	29	46	56	n/a	n/a	82	71	61	67
Provider Communication	n/a	67	67	70	74	72	n/a	n/a	n/a	52	54	77	n/a	n/a	82	75	77	79
Office Staff	n/a	16	45	54	55	62	n/a	n/a	n/a	49	41	58	n/a	n/a	67	64	66	72
Composites at or above 75%ile	n/a	1	0	0	0	0	n/a	n/a	n/a	0	0	2	n/a	n/a	3	1	3	3

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****Red- BELOW previous year

CG CAHPS

Since **Patients Are First** launched, UW Medicine hospitals have ***improved*** our CG CAHPS composites year-over-year (2010-2015).

	UWMC						HMC					
HCAHPS %ile Comparison *as of 1/4/16	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Overall Provider Rating	21	28	34	45	51	57	12	13	16	19	21	19
Would Recommend	44	52	44	57	59	64	24	22	24	27	26	21
Test Results	19	19	28	33	32	37	12	13	23	16	19	24
Access to Care	10	17	22	26	24	28	1	5	7	14	11	13
Provider Communication	32	34	36	57	64	63	13	16	21	26	27	29
Office Staff	32	45	53	57	59	63	20	22	27	40	41	43
Composites at or above 75%ile	0	0	0	0	0	0	0	0	0	0	0	0

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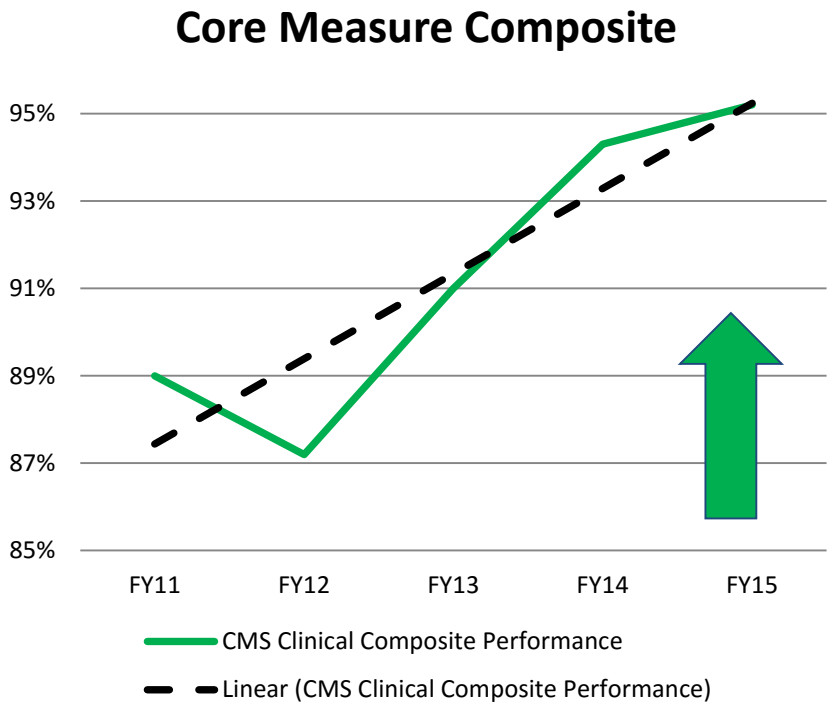
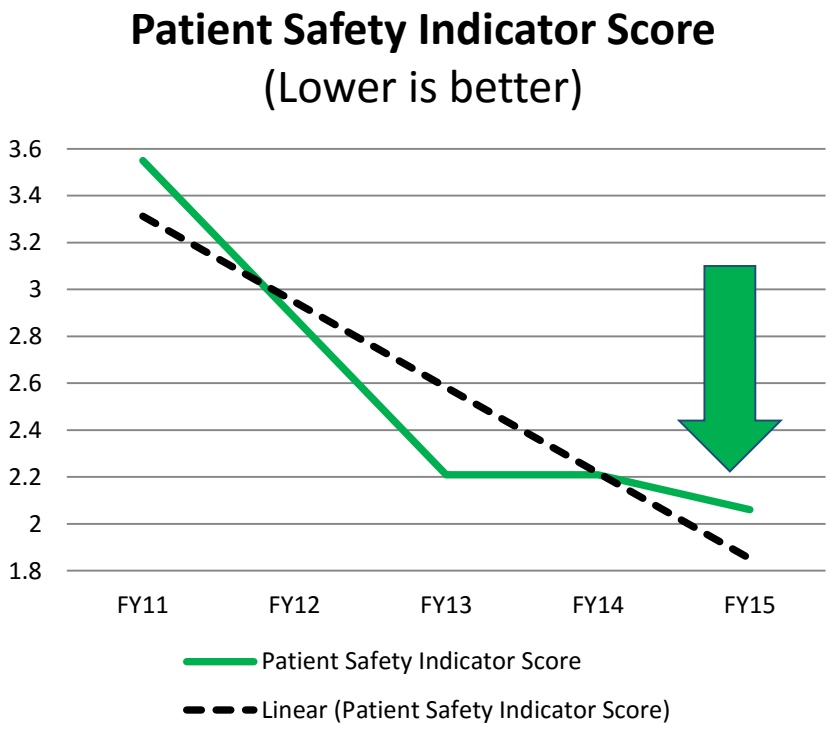
** VMC data available as of July 2013
***Green- UP from previous year or at/over 75th%ile
****Red- BELOW previous year

Core Measure Composite and Patient Safety Indicator Score reflect continual process improvements to implement best practices and standardized systems.





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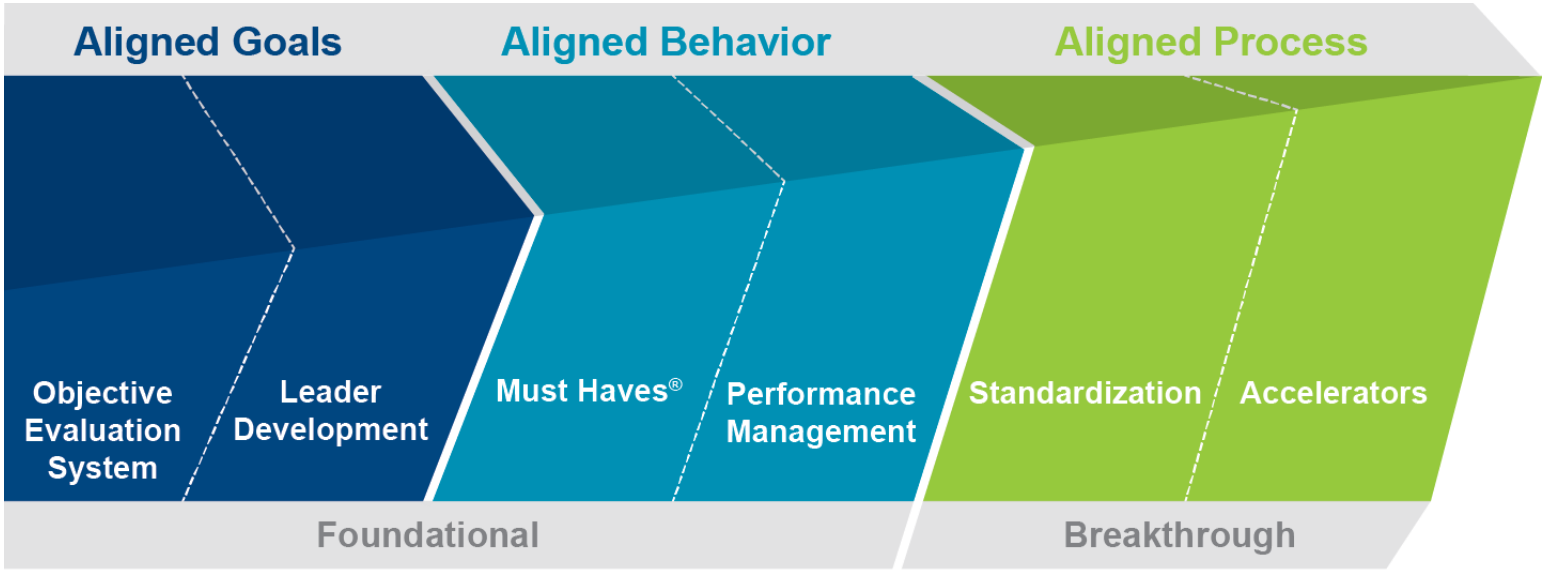
Execution Framework: Evidence-Based Leadership℠



LEADER EVALUATION
- Organization-wide evaluation system for clinical & administrative leaders
- Objective weighted goals
- Organizational goals cascaded down to drive organizational alignment
- Shared/Dyad leader goals to drive cross-functional alignment

LEADER DEVELOPMENT
- Leader Development Institutes
- Effective Dyad Leader Models
- Physician Leadership Involvement

MUST HAVES®
- Rounding for Outcomes
- Reward & Recognition
- Provider/Employee Selection
- Pre and Post Visit Communication
- Key Words at Key Times / AIDET®

PERFORMANCE MANAGEMENT
- Re-recruit high and middle performers
- Move low performers up or out
- Standards of Behavior
- Provider Code of Conduct

STANDARDIZATION
- Pillar Goals / Practice Scorecards
- Monthly Meeting Model
- Scheduling Templates & Referral practices
- PCMH Certification
- LEAN, Six Sigma, PDCA

ACCELERATORS
- Leader Evaluation Manager®
- Provider Feedback System℠
- Studer Group Rounding
- Patient Call Manager℠
- Learning Lab

LEVELS OF CONSISTENCY

MECHANICAL

•This person is "filling in the boxes" and going through the motions.

•If this person is given the choice to stop using the systems, they would stop.

•This person requires **constant follow up** to get things accomplished.

CONCEPTUAL

•This person is "filling in the boxes" and **has** used the system to improve their dept.

•This person does see the benefit of using the system but requires **some follow up** to continue their efforts for further improvement.

•This person is not leading their dept. to continually improve.

OWNERSHIP

•This person is using the system to identify additional opportunity and is taking corrective action.

•This person is **finding new ways** to use the system in their dept. to improve the system's effectiveness.

•This person sees the system as a necessary management tool for effectively managing their dept.

Why Organizational Change Fails

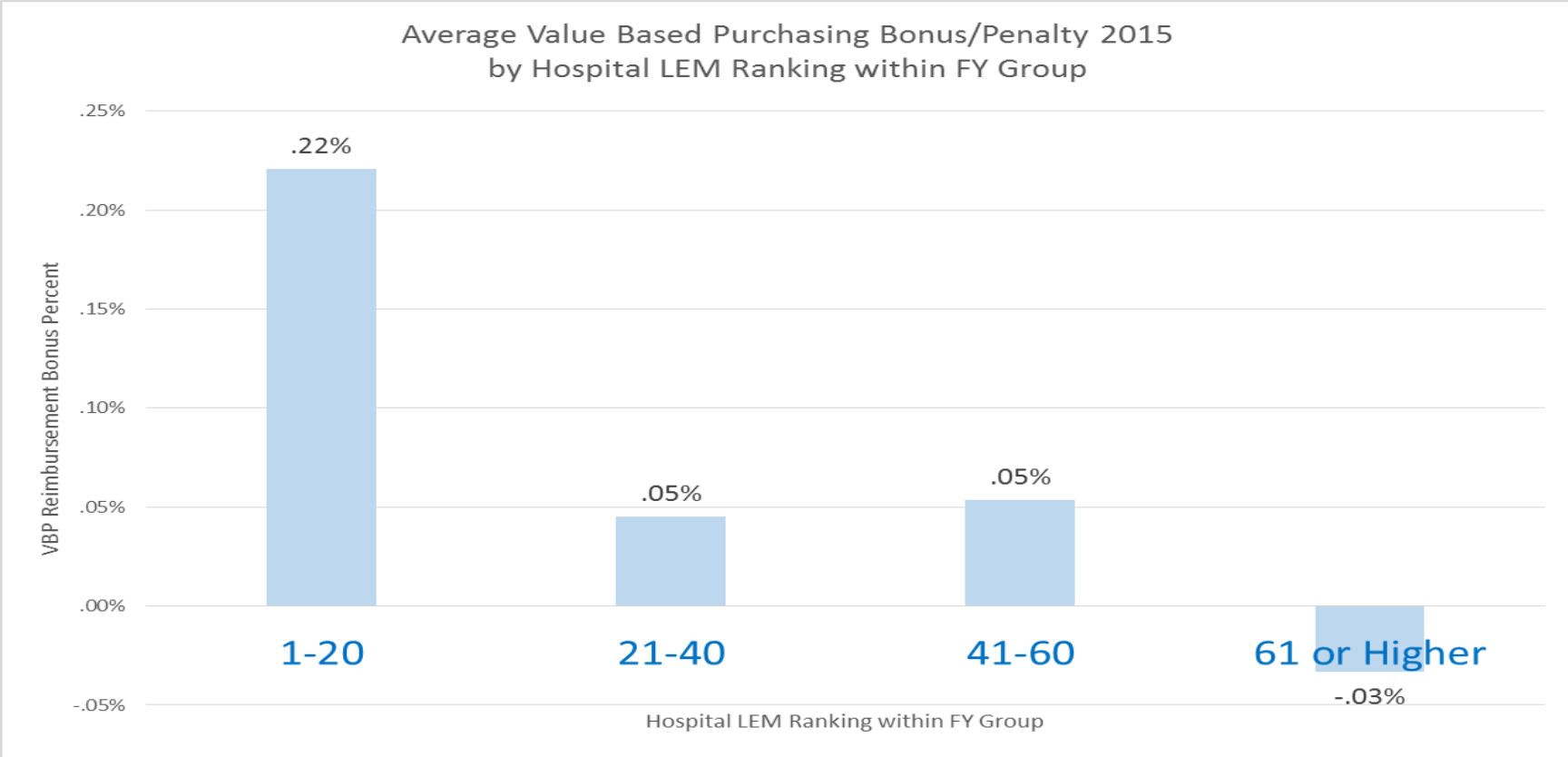
1. Dots are not connected consistently to purpose, worthwhile work and making a difference
2. Do not achieve critical mass - Lack of balanced approach
3. Absence of an objective accountability system
4. Leaders do not have the training to be successful
5. Too many new behaviors introduced at once – need of sequenced approach
6. No process in place to re-recruit the high and middle performers and address low performers
7. Inability to take best practices and standardize across organization
8. Failure to have leaders "always" do desired behaviors

Source: *Studer Group. Organizational Change Processes In High Performing Organizations: In-Depth Case Studies with Health Care Facilities. Alliance for Healthcare Research. 2005.*

How Most of Us Approach Change

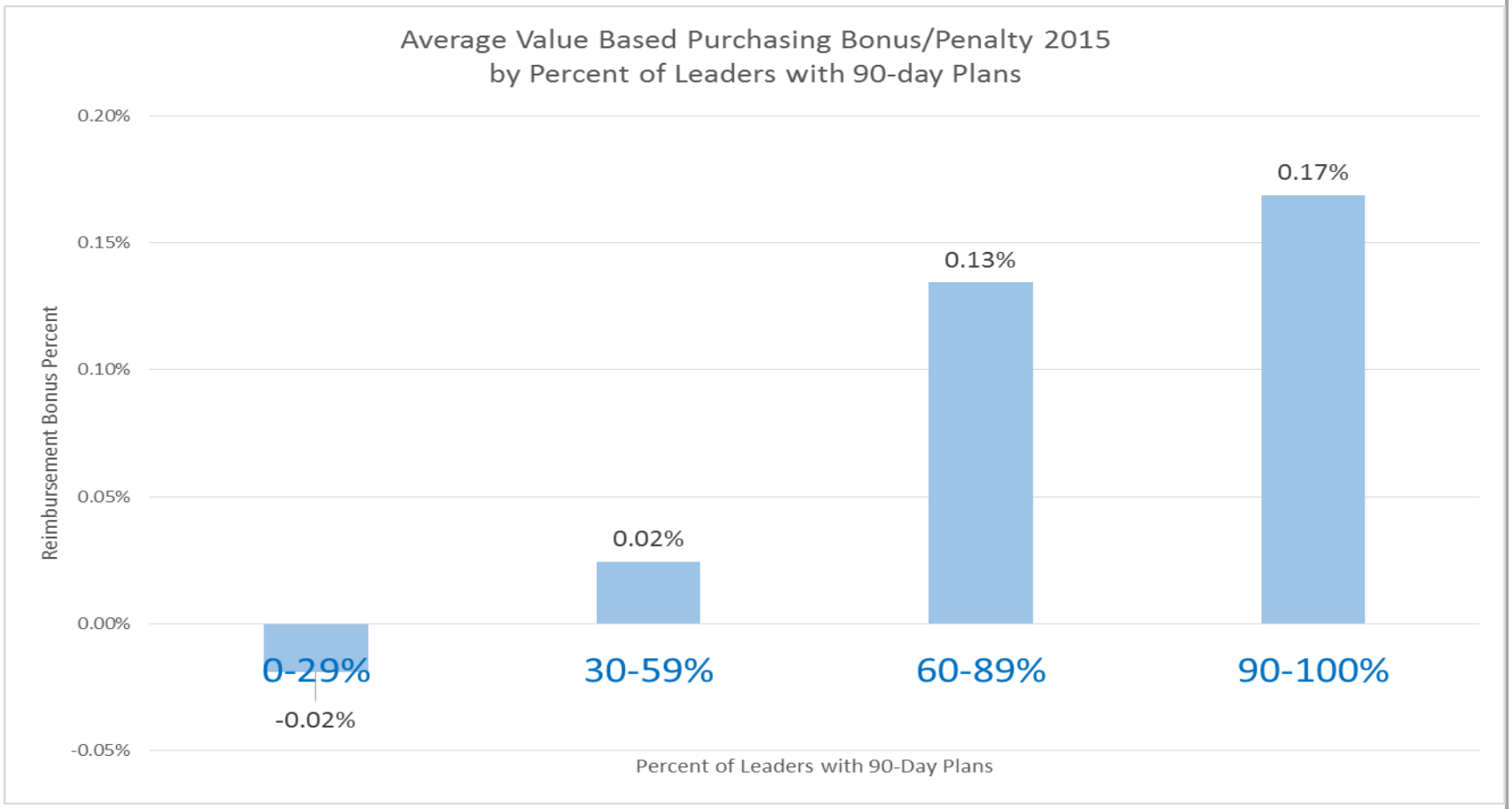
2015 Value Based Purchasing Bonus by Hospital LEM Ranking within FY Group

(1-20 are the top twenty, the highest ranked hospitals in their FY Group for hardwiring use of LEM)



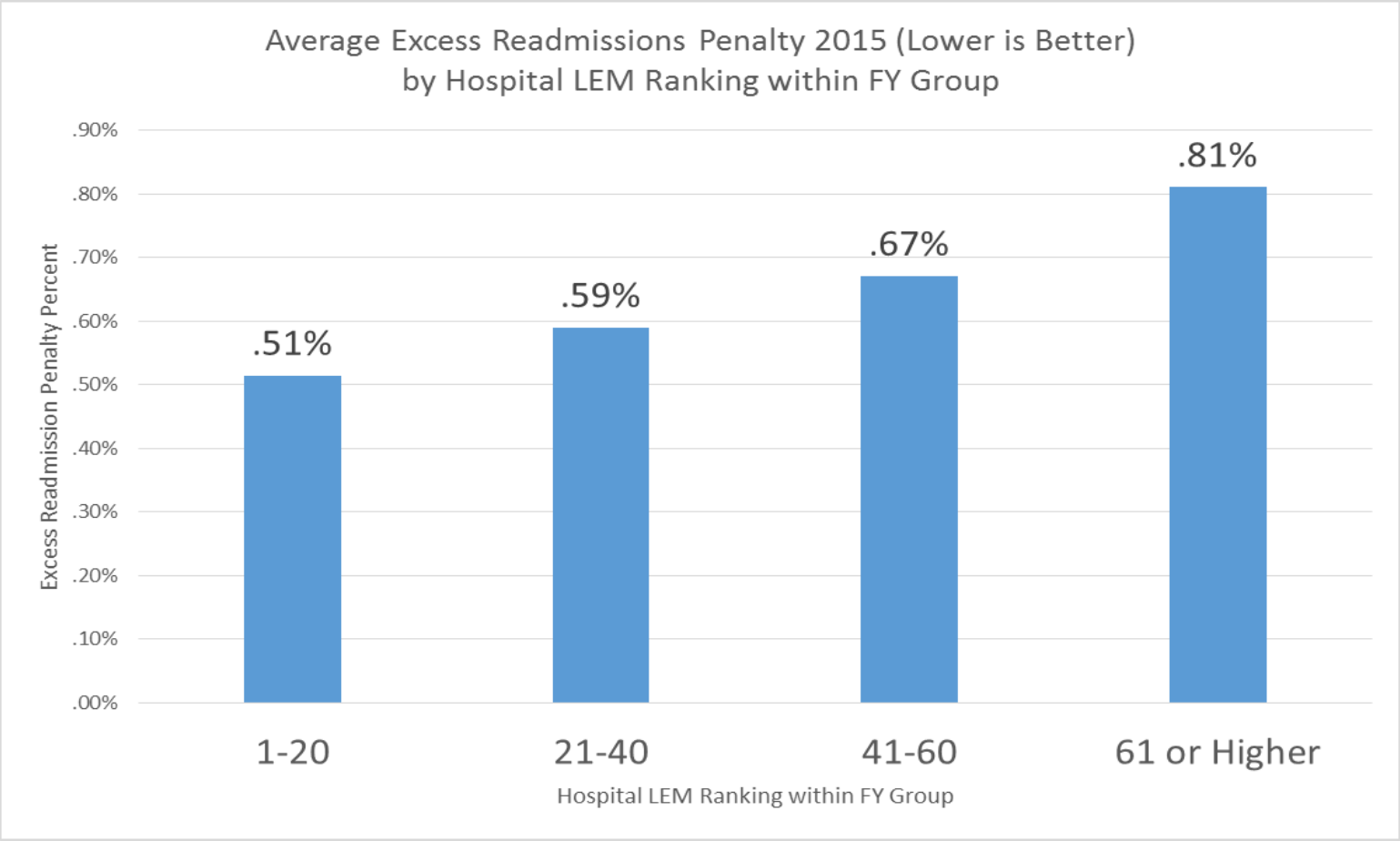
There is a statistically significant difference between hospital groups as determined by one-way ANOVA (F (3,361) = 4.7, p = .003). A Tukey post-hoc test revealed that VBP Reimbursements are statistically significantly higher for hospital groups that hardwire use of the Leader Evaluation Manager® (p=.003).

2015 Value Based Purchasing Bonus by Percent of Leaders with 90-Day Plans



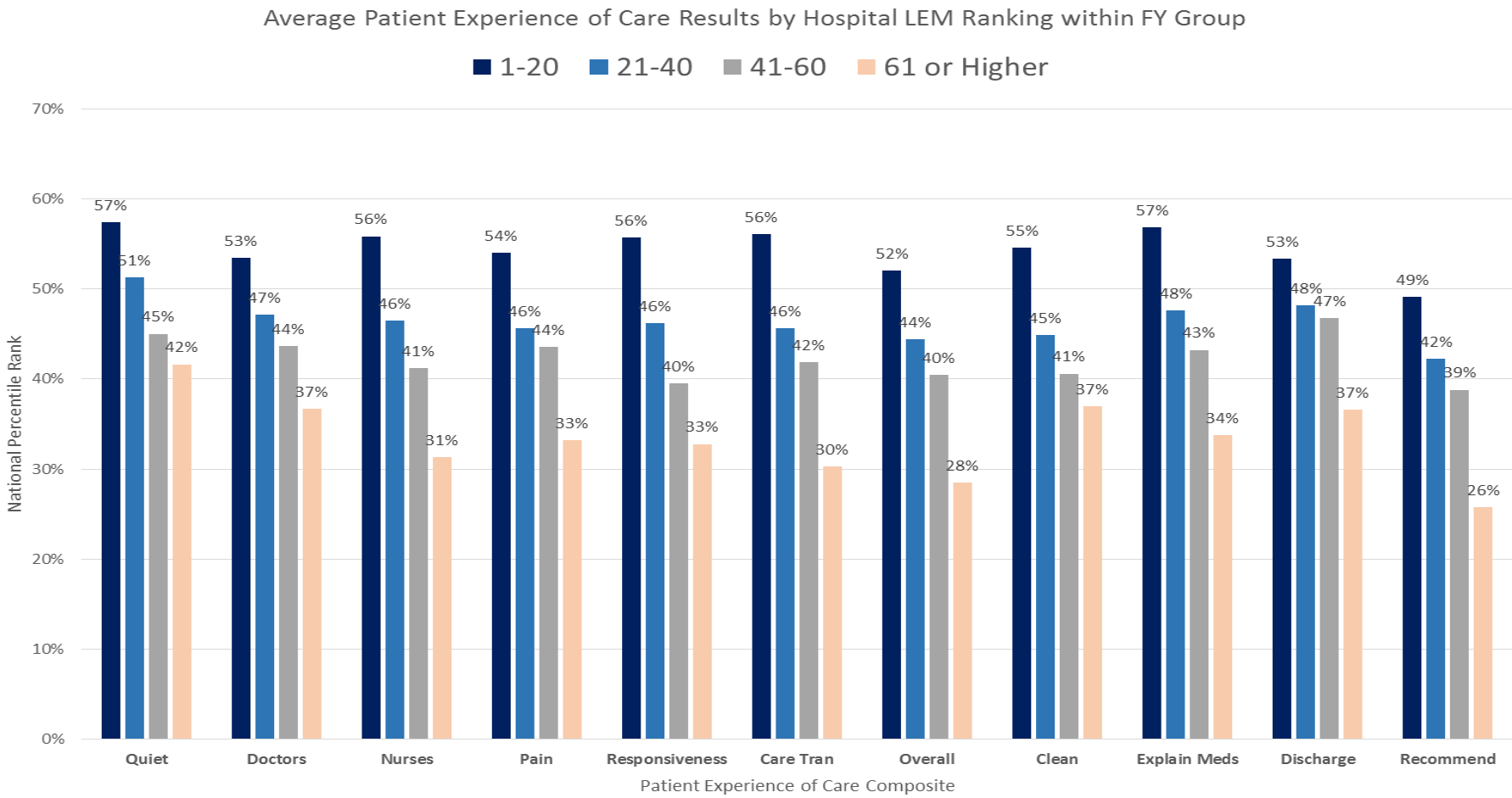
There is a statistically significant difference between hospital groups as determined by one-way ANOVA (F (3,302) = 2.9, p = .035). A Tukey post-hoc test revealed that VBP Reimbursements are statistically significantly higher for hospital groups that hardwire use of the 90-Day Plan (p=.035).

2015 Excess Readmission Penalties (Lower is Better) by Hospital LEM Ranking within FY Group



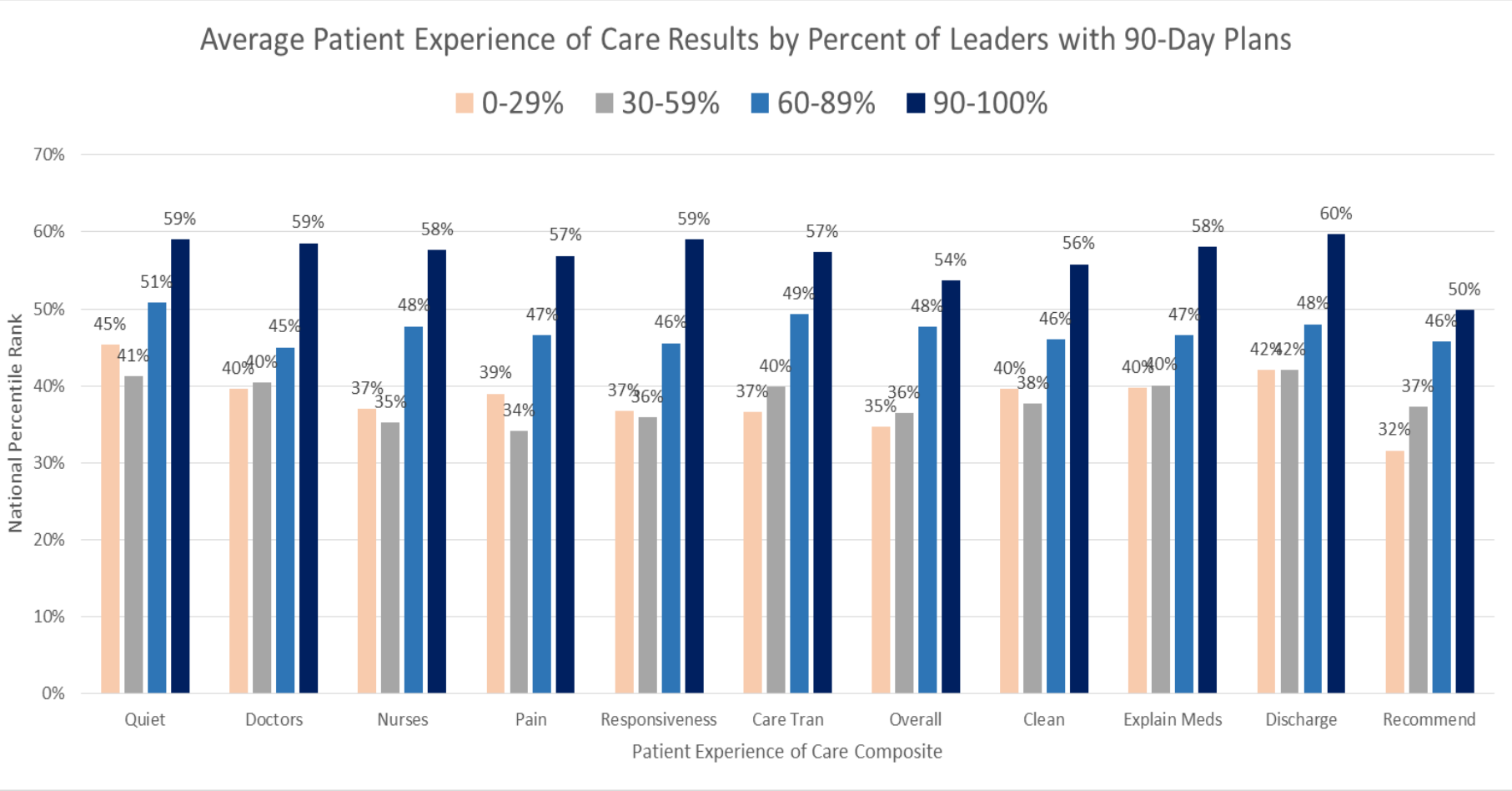
There is a statistically significant difference between hospital groups as determined by one-way ANOVA (F (3,367) = 3.4, p = .017). A Tukey post-hoc test revealed that Excess Readmission Penalties are statistically significantly lower for hospital groups that hardwire use of the Leader Evaluation Manager® (p=.017).

Patient Experience of Care by Hospital LEM Ranking within FY Group



There is a statistically significant difference between hospital groups as determined by one-way ANOVA (F (3,457) = 16.9, p = .000). A Tukey post-hoc test revealed that Patient Experience Ratings are statistically significantly higher for hospital groups that hardwire use of the Leader Evaluation Manager® (p=.000).

Patient Experience of Care by Percent of Leaders with 90-Day Plans



There is a statistically significant difference between hospital groups as determined by one-way ANOVA (F (3,376) = 10.9, p = .000). A Tukey post-hoc test revealed that Patient Experience Ratings are statistically significantly higher for hospital groups that hardwire use of the 90-Day Plan (p=.000).

Top Ten Keys to Coaching Success

1. Senior Leaders delegate appropriately, and role model **every** behavior and tactic
2. Ensure calendar discipline for meetings and tactics
3. Over communicate with leaders, employees, and physicians
4. Focus relentlessly on physician & employee engagement as a primary driver for patient experience
5. Engage in effective and ongoing communication and responsiveness with coaching team
6. Before moving on to a new tactic, ensure that current one is hardwired
7. Pace and sequence the introduction of new tactics
8. Ensure that leader evaluations are congruent with and can be tied to objective outcomes
9. Relentless and continuous leader focus on validation
10. Expect and embrace resistance.

Why Patient Experience?

We believe that there are two required, complementary approaches to improving the performance of the Health Center:

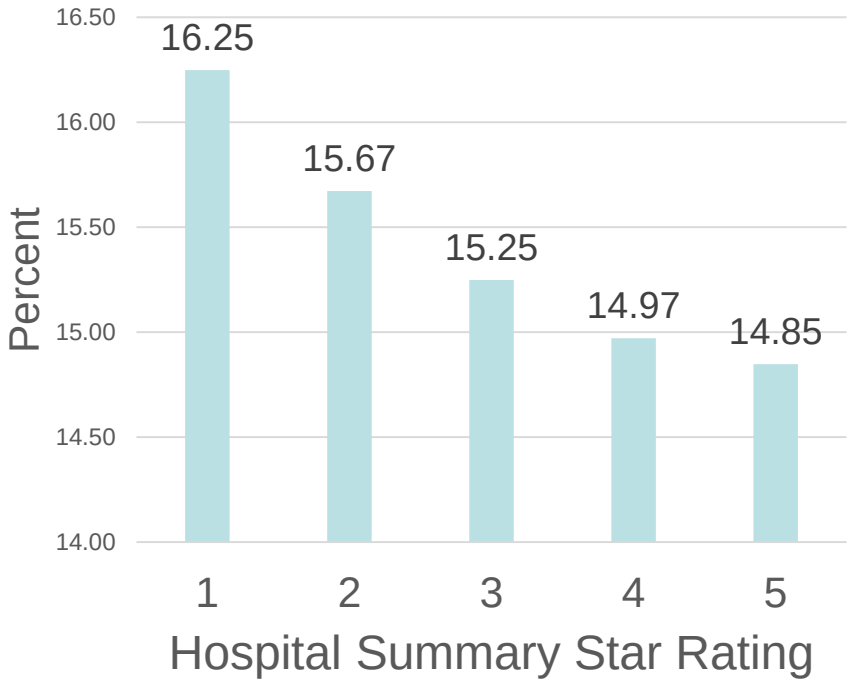
1. Goal alignment driven by principle-based, patient-centered care
2. More local influence and accountability

The over-arching goal of our Health System must be to provide the best possible patient experience. By patient experience, we mean the objective outcomes (such as quality indicators) and the subjective experience (how patients feel about their care). This patient-centered mission must be shared throughout the organization. Universally adopting this mission requires that Health System leaders and providers recognize and promote the patient experience as our overriding purpose.

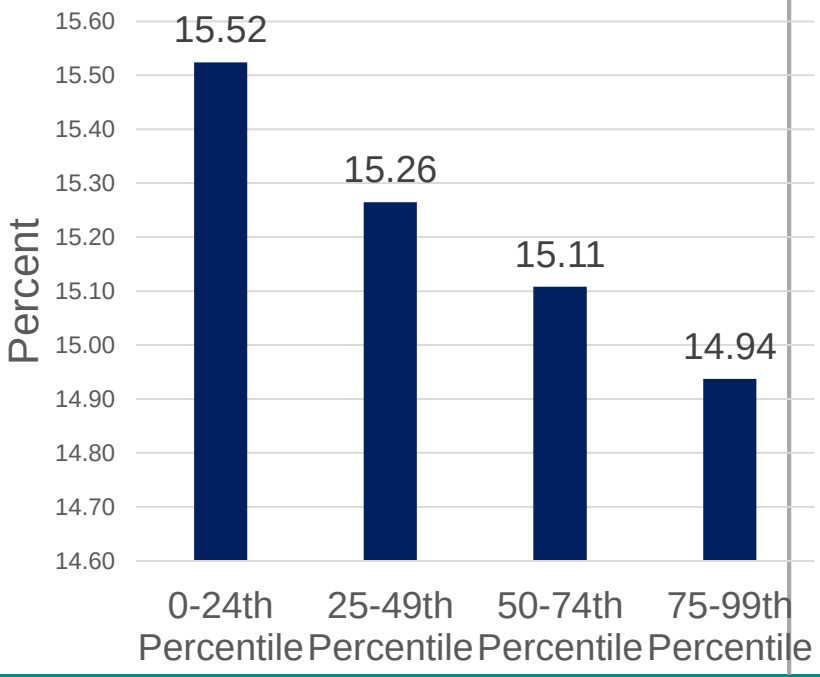
From: **The Physician Engagement and Alignment Position Paper,** UMM MG Physician Advisor Group and UNM HS Physician and Engagement Group, 2015, page 2

Hospitals with Better HCAHPS Patient Experience of Care Results Have Lower Readmission Rates

30-Day Hospital-Wide All-Cause Unplanned Readmission Rate by Hospital Summary Star Rating

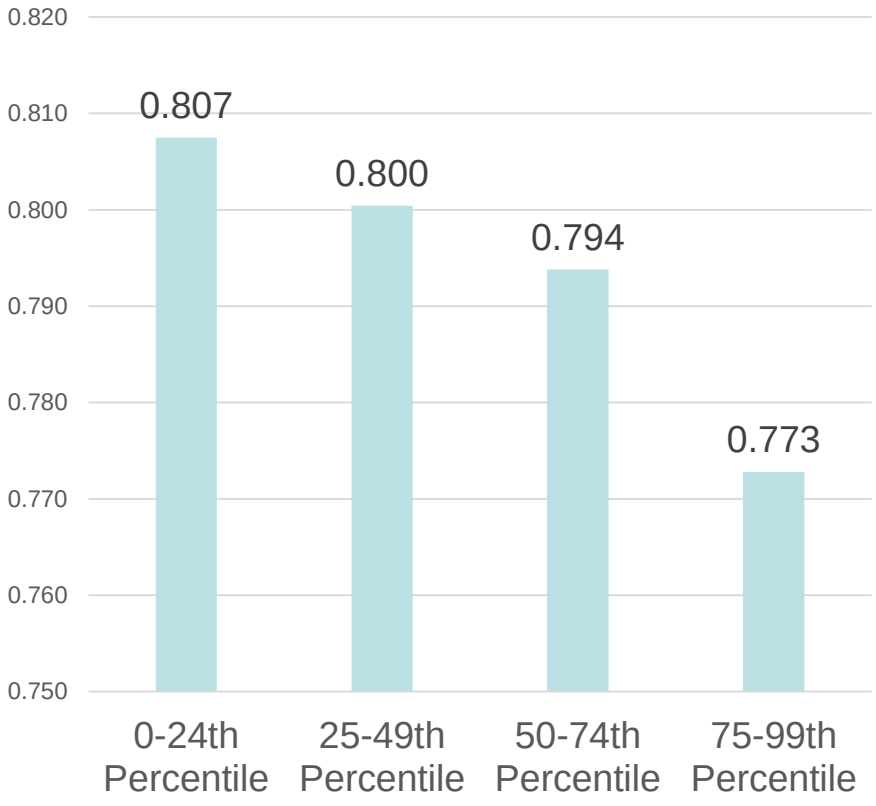


30-Day Hospital-Wide All-Cause Unplanned Readmission Rate by the Percent of Patients that Rate Hospital a 9 or 10

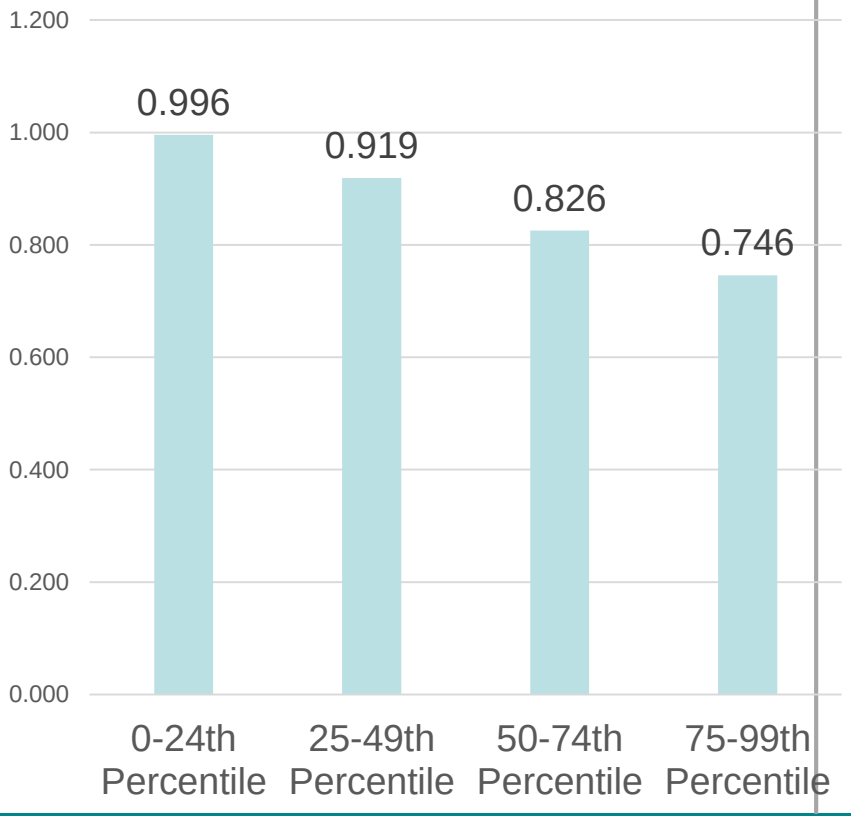


Hospitals with Better HCAHPS Patient Experience of Care Results Have Better Patient Safety Results

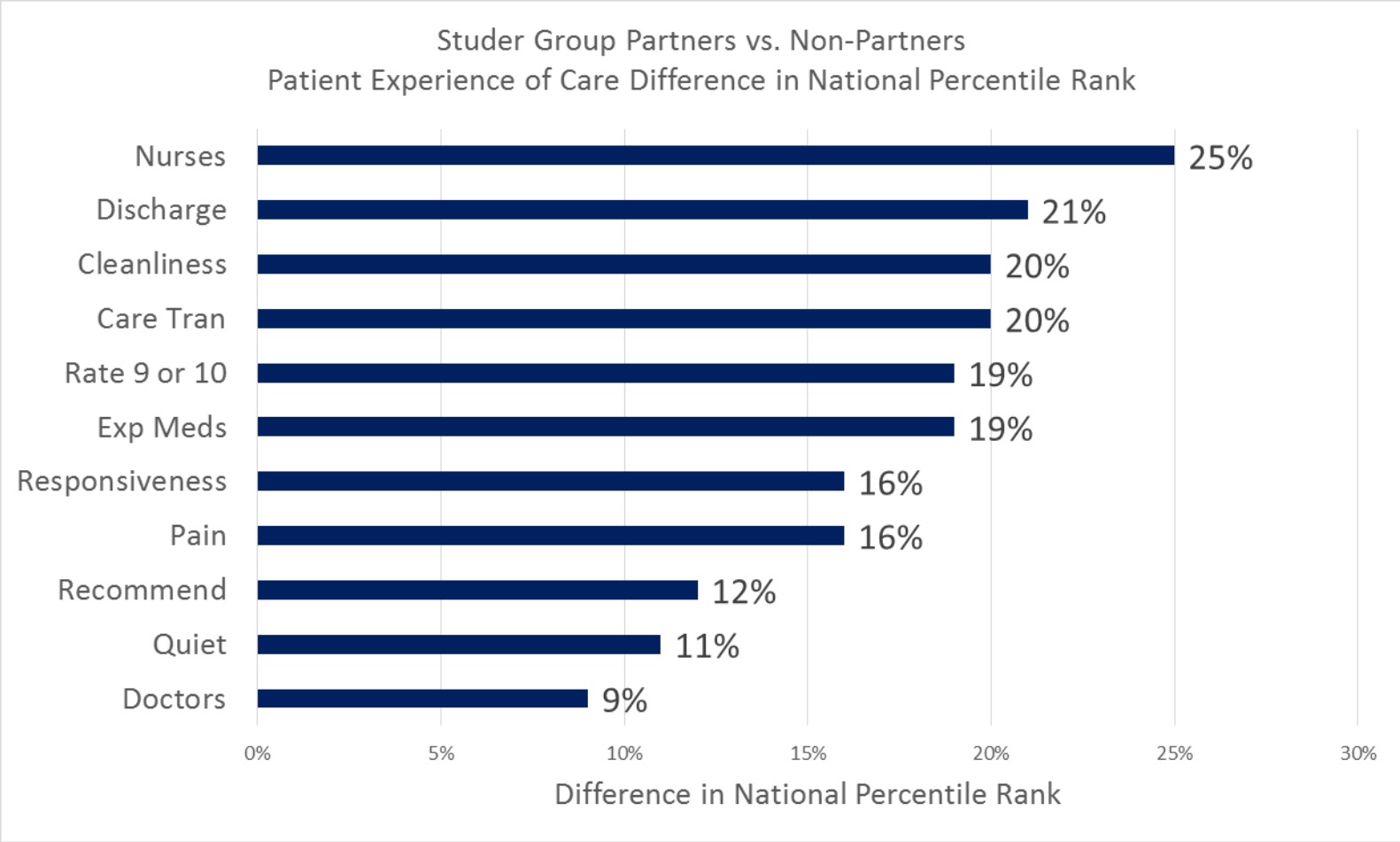
PSI90 Patient Safety Composite Index by the Percent of Patients that Rate Hospital a 9 or 10



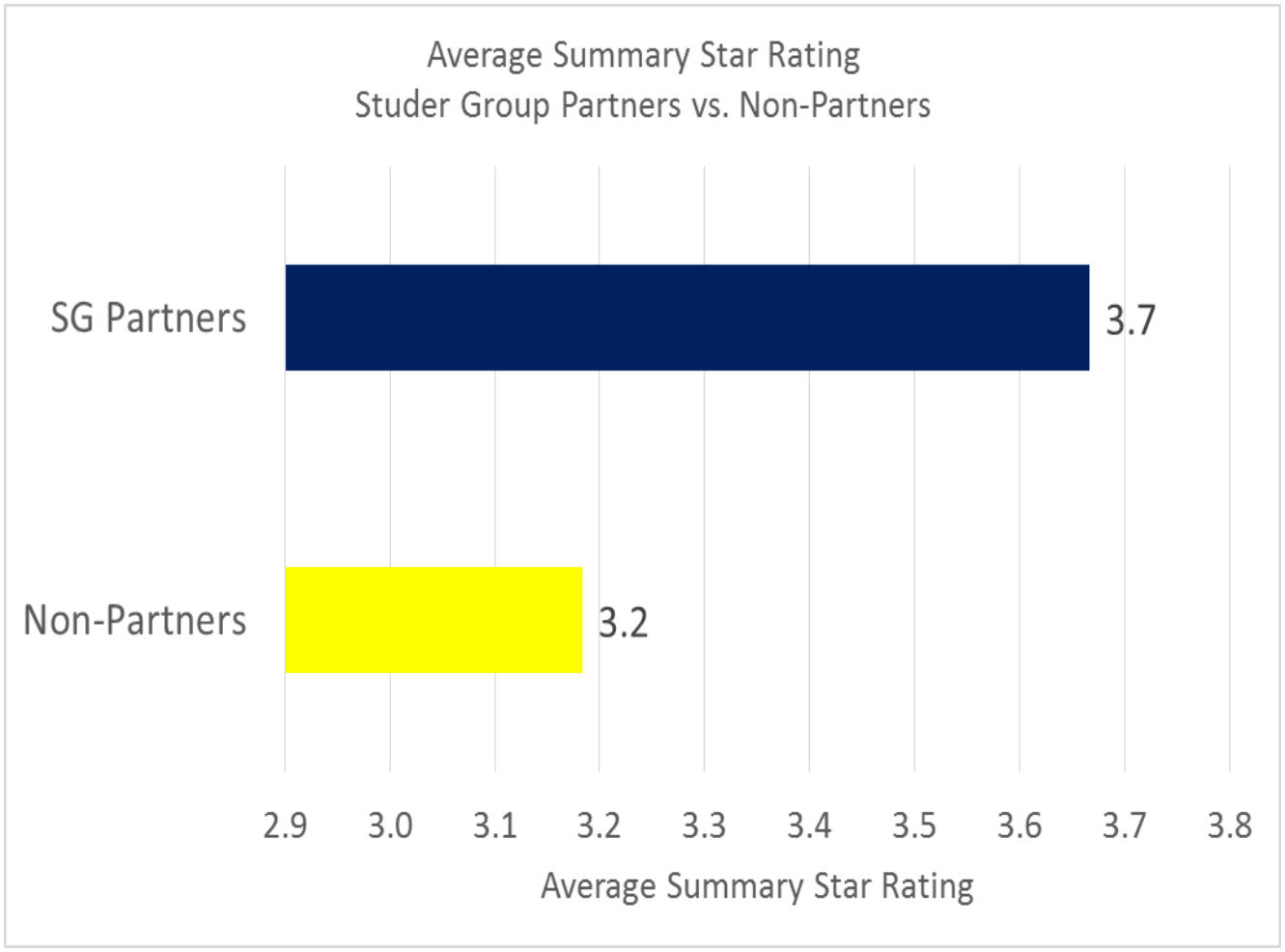
MRSA Standardized Infection Ratios by the Percent of Patients that Rate Hospital a 9 or 10



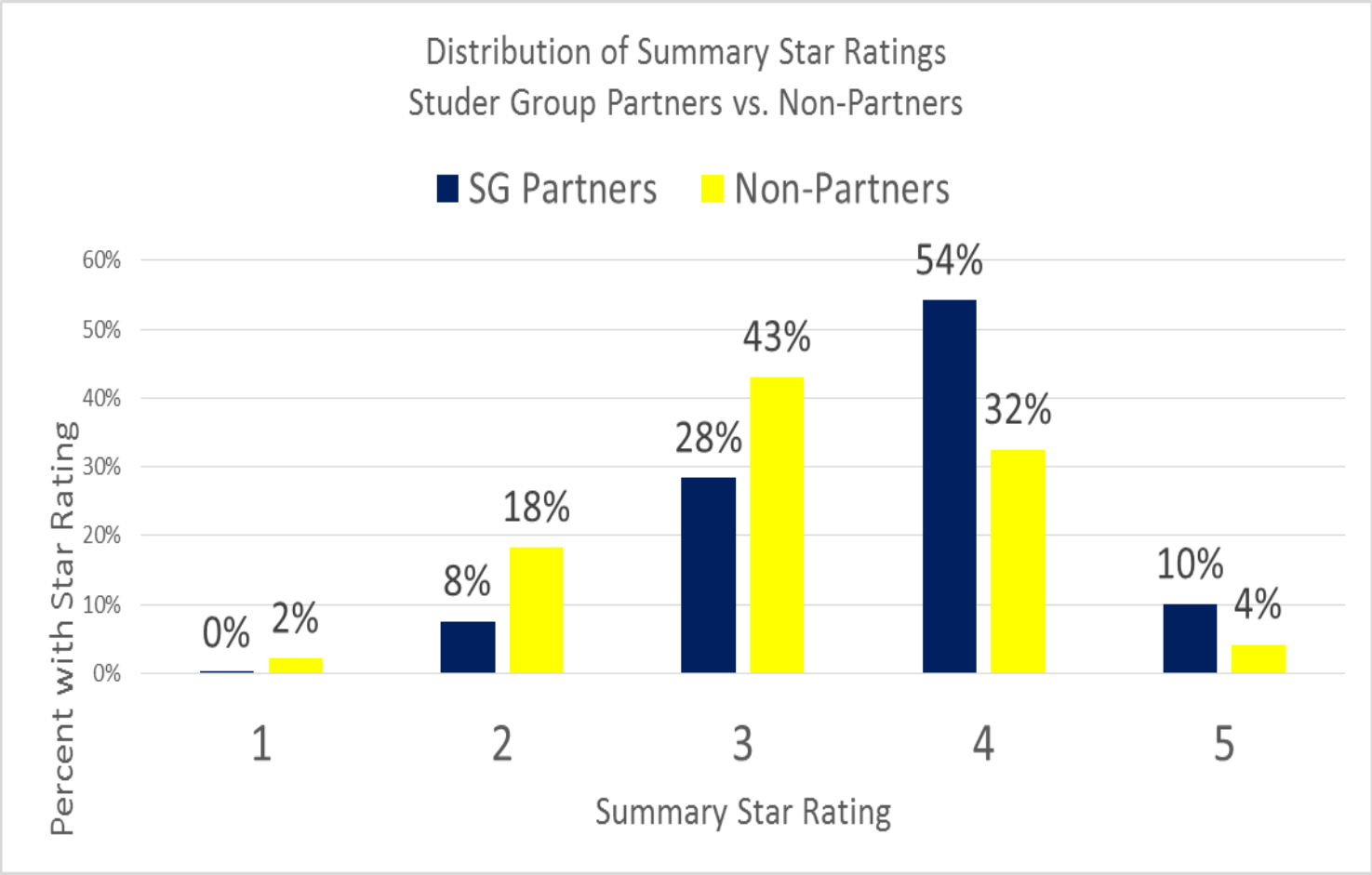
Studer Group Partners Consistently Outperform Non-Partners in Patient Experience of Care



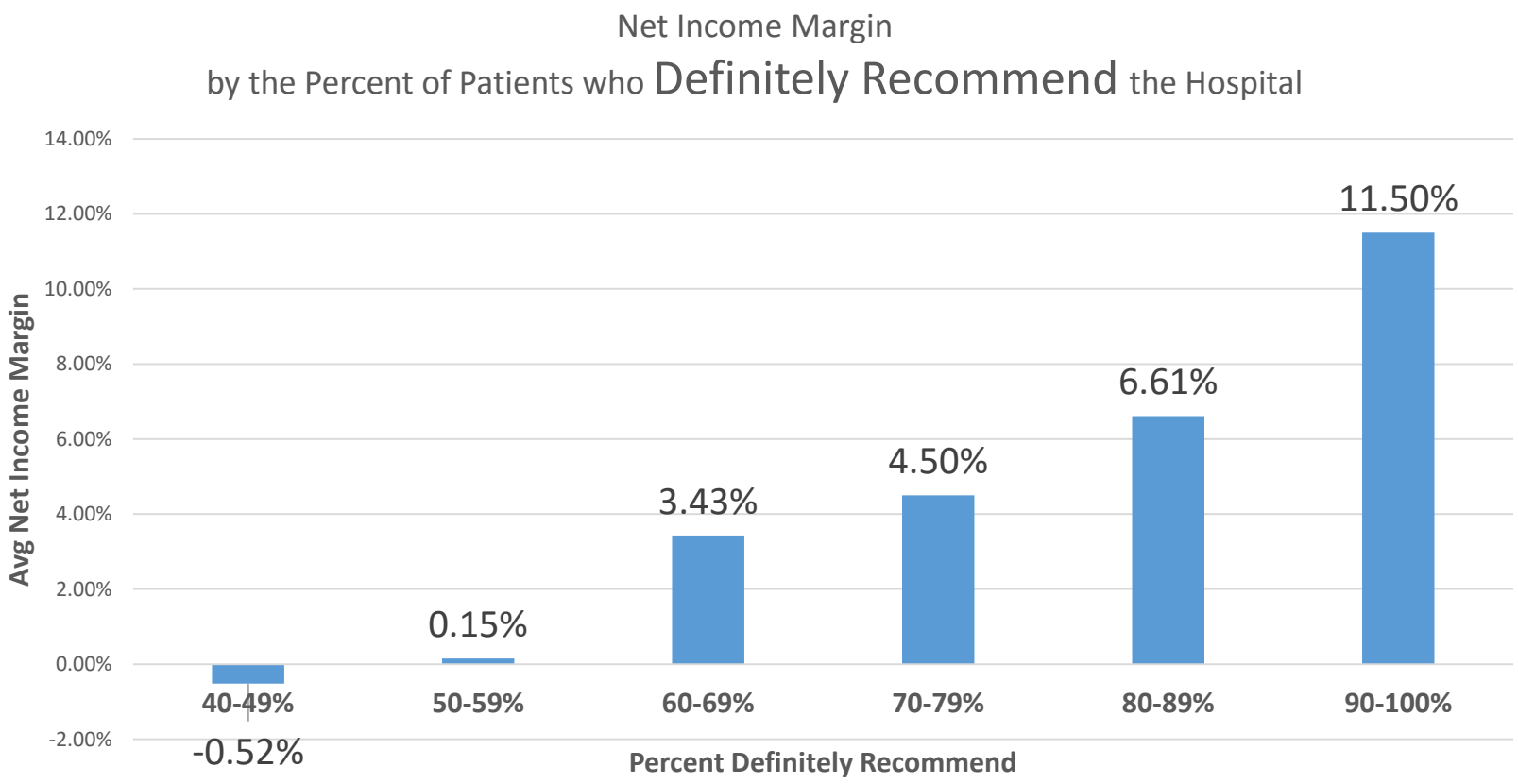
Hospital Star Ratings for Patient Experience of Care Studer Group Partners Outperform Non-Partners



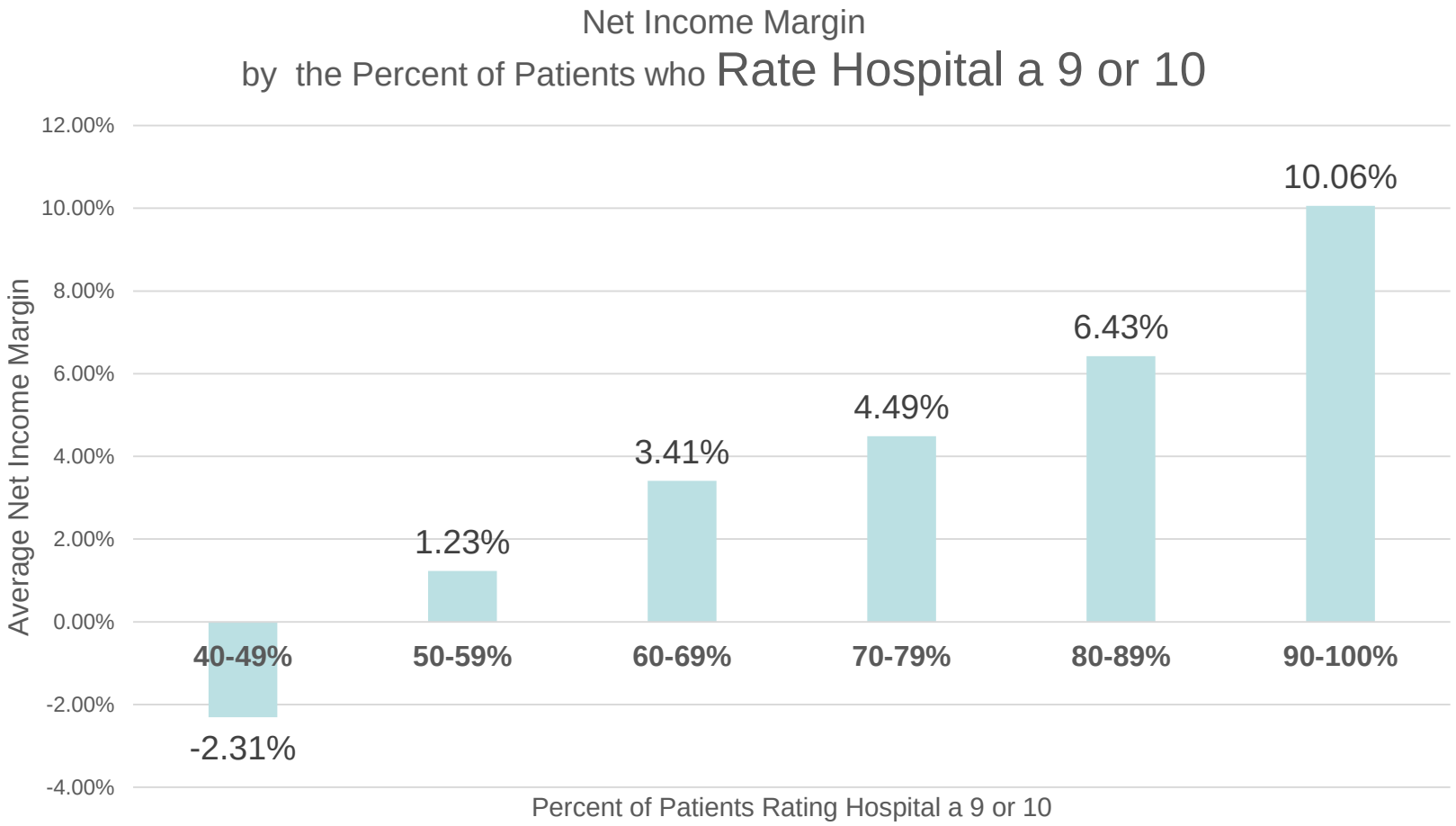
64% of Studer Group Partners are Rated 4 or 5 Stars, vs. 36% Nationwide



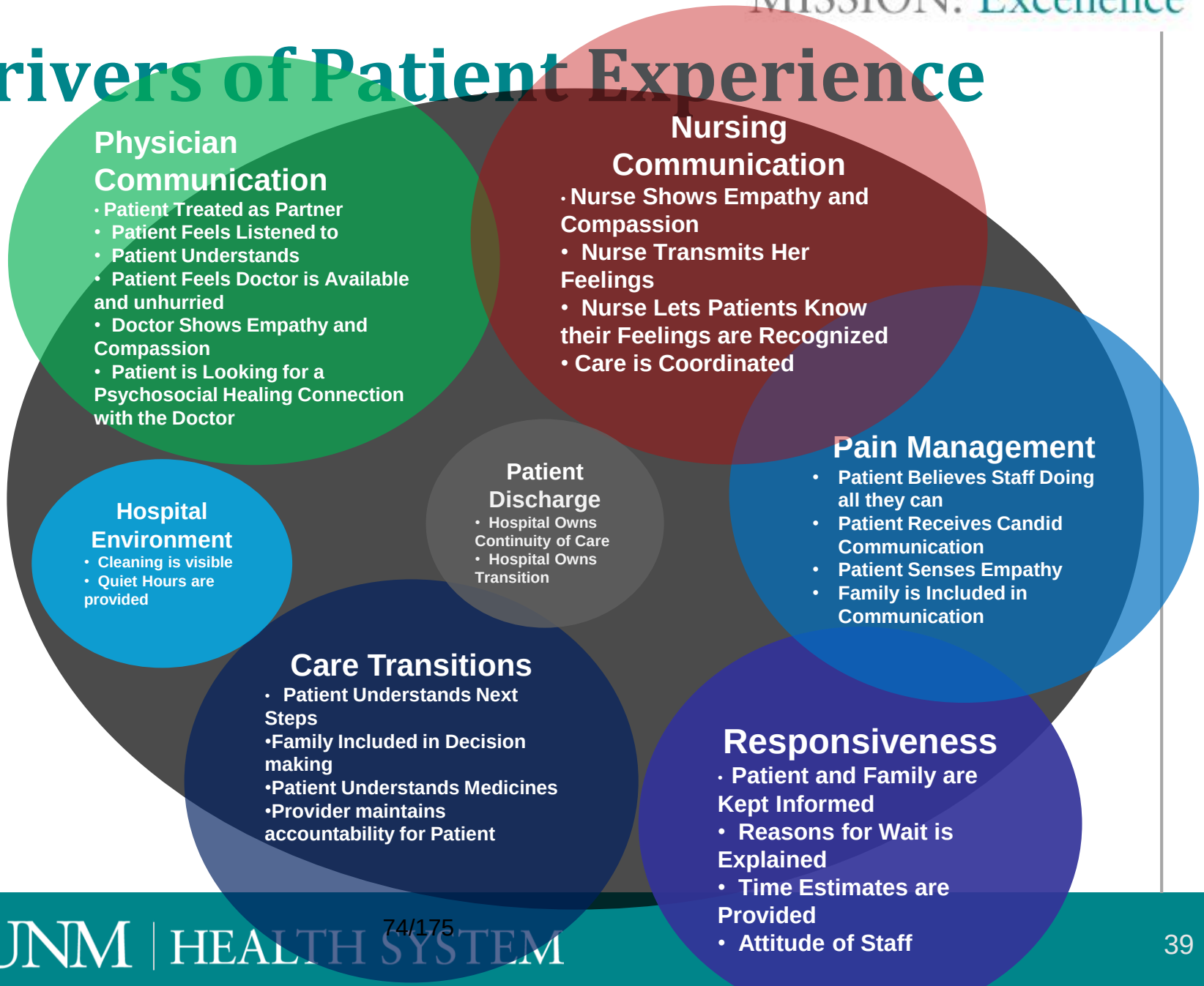
A superior patient experience doesn't just strengthen patient engagement — it also correlates to higher hospital margins.



Hospitals that patient rate highly for experience of care tend to perform better financially



Drivers of Patient Experience



UNM's Coaching Team

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Questions?

Thank You!

Paul Panico, PhD, MBA, FACHE

Account Leader and Coach

paul.panico@studergroup.com

(307) 287-2866

A History of UNM Hospital
Founding Our Mission

Kendall M. Rogers, MD CPE FACP SFHM
Professor and Chief
Division of Hospital Medicine

Disclosures

- Employed by the University of New Mexico

In 2014:

- UNM School of Medicine turned 50 (July 1964)
- UNM turned 125 (February 1889)
- UNM Hospital turned 60 (October 1954)

"I am doctor...
not a historian
...or a lawyer

Disclaimer of ‘History’

- The ‘eye of the beholder’
- Will Focus Primarily on:
  - UNM Hospital – Main
  - More on distant past, less on recent
  - Focus less on details of contracts, laws
  - Approach roughly in chronologic order

- The biggest challenge – what not to include
- My Apologies

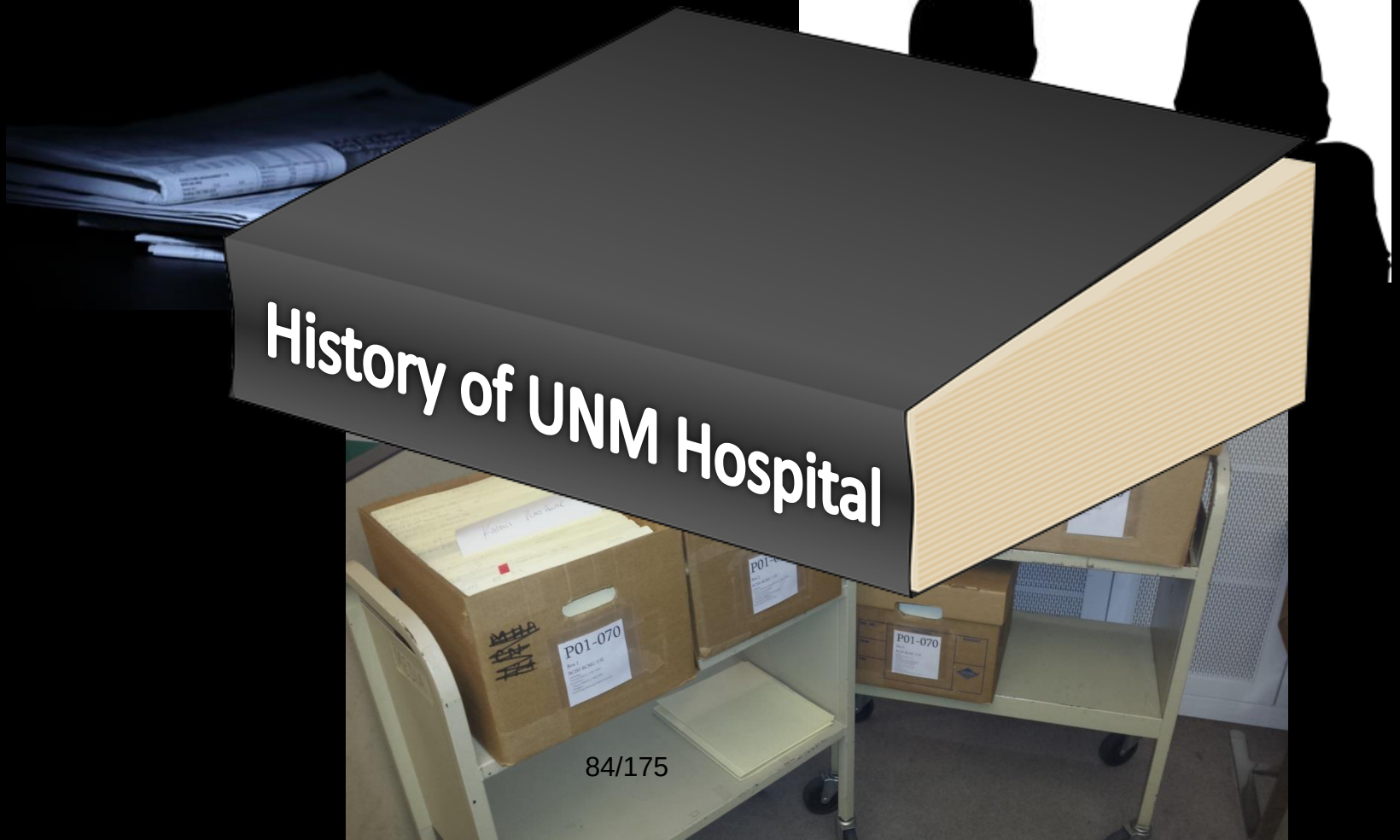
2007 1991 1985 1976 1970 1954 1932

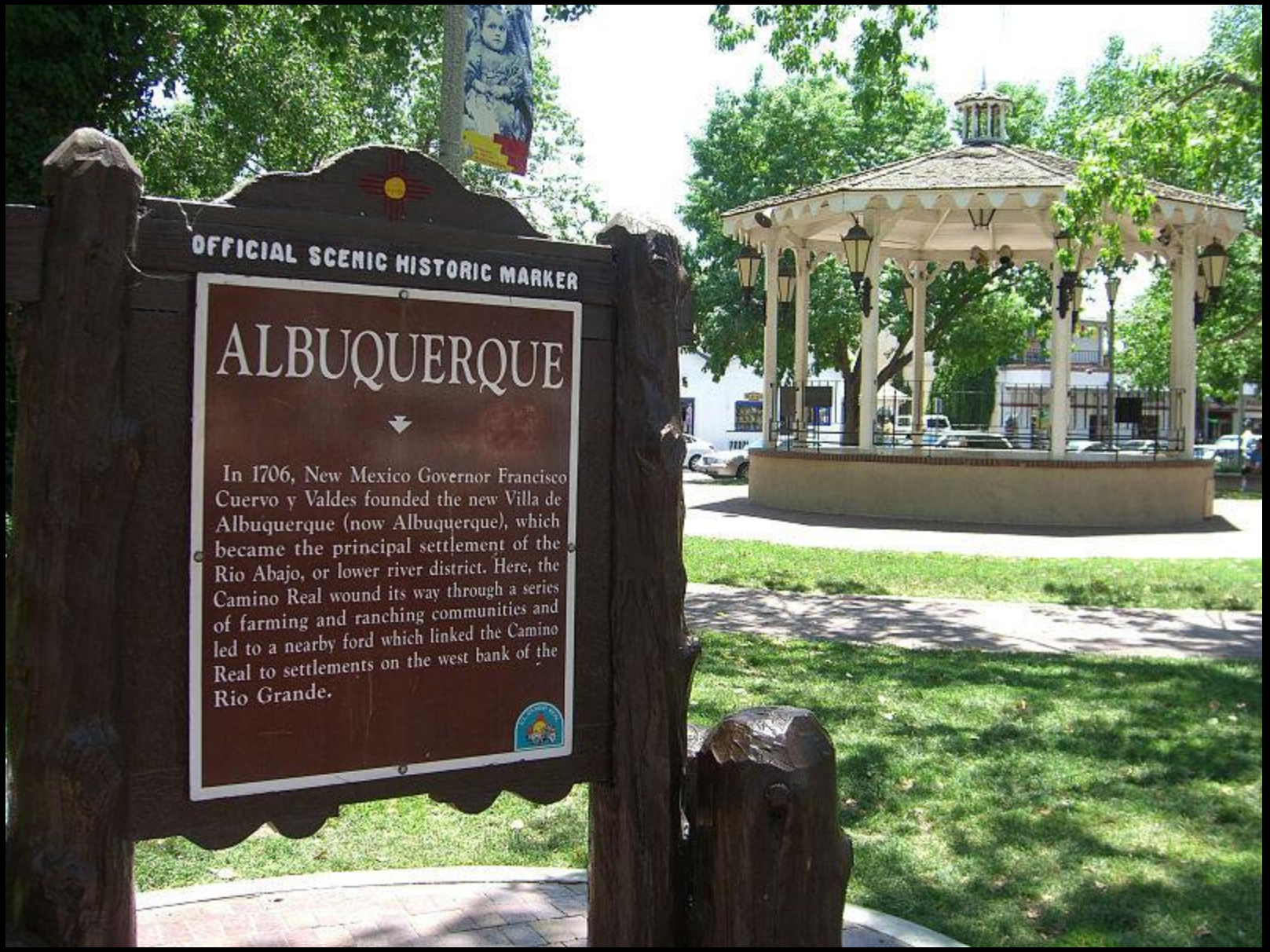
Know your audience…

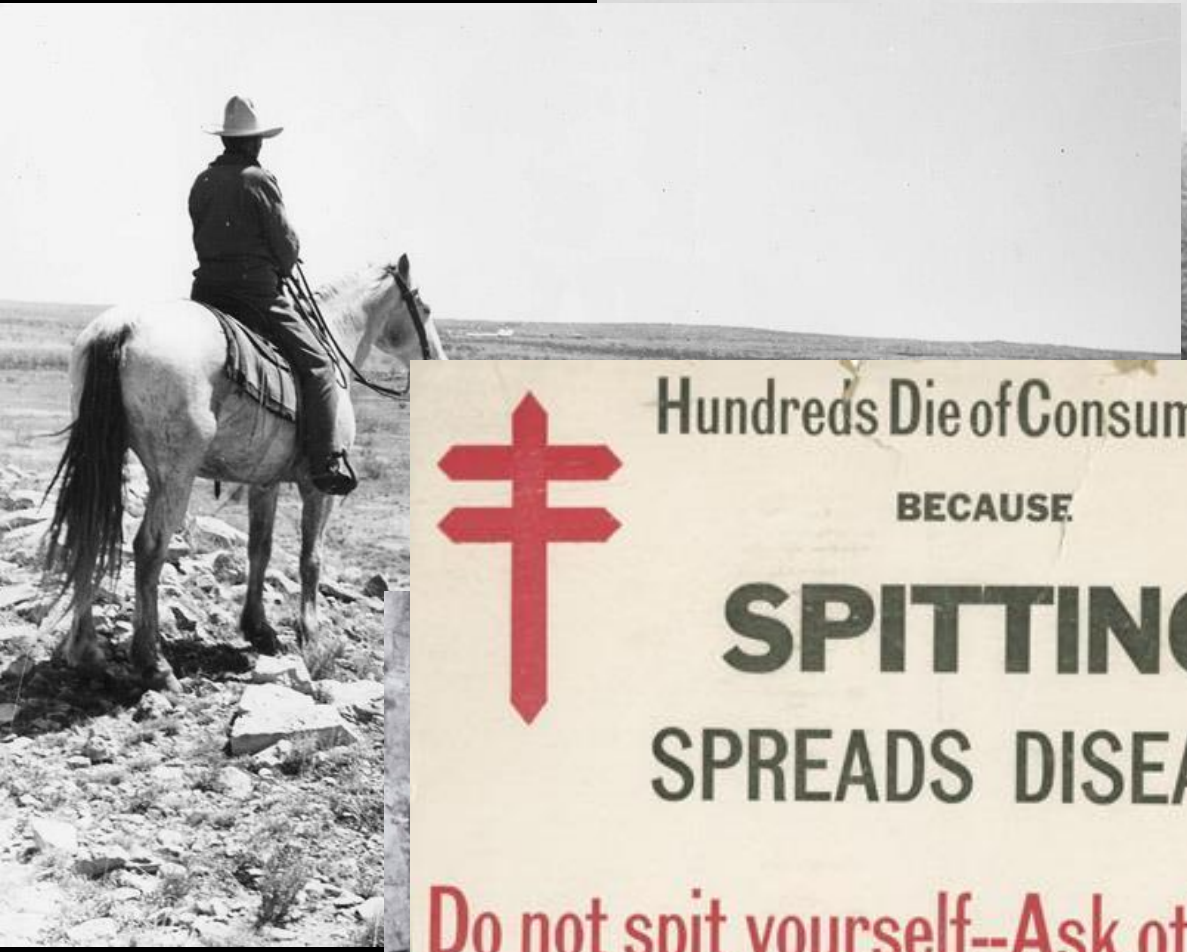
Sources

Newspapers
1885-1978

Interviews




OFFICIAL SCENIC HISTORIC MARKER
ALBUQUERQUE
In 1706, New Mexico Governor Francisco Cuervo y Valdes founded the new Villa de Albuquerque (now Albuquerque), which became the principal settlement of the Rio Abajo, or lower river district. Here, the Camino Real wound its way through a series of farming and ranching communities and led to a nearby ford which linked the Camino Real to settlements on the west bank of the Rio Grande.



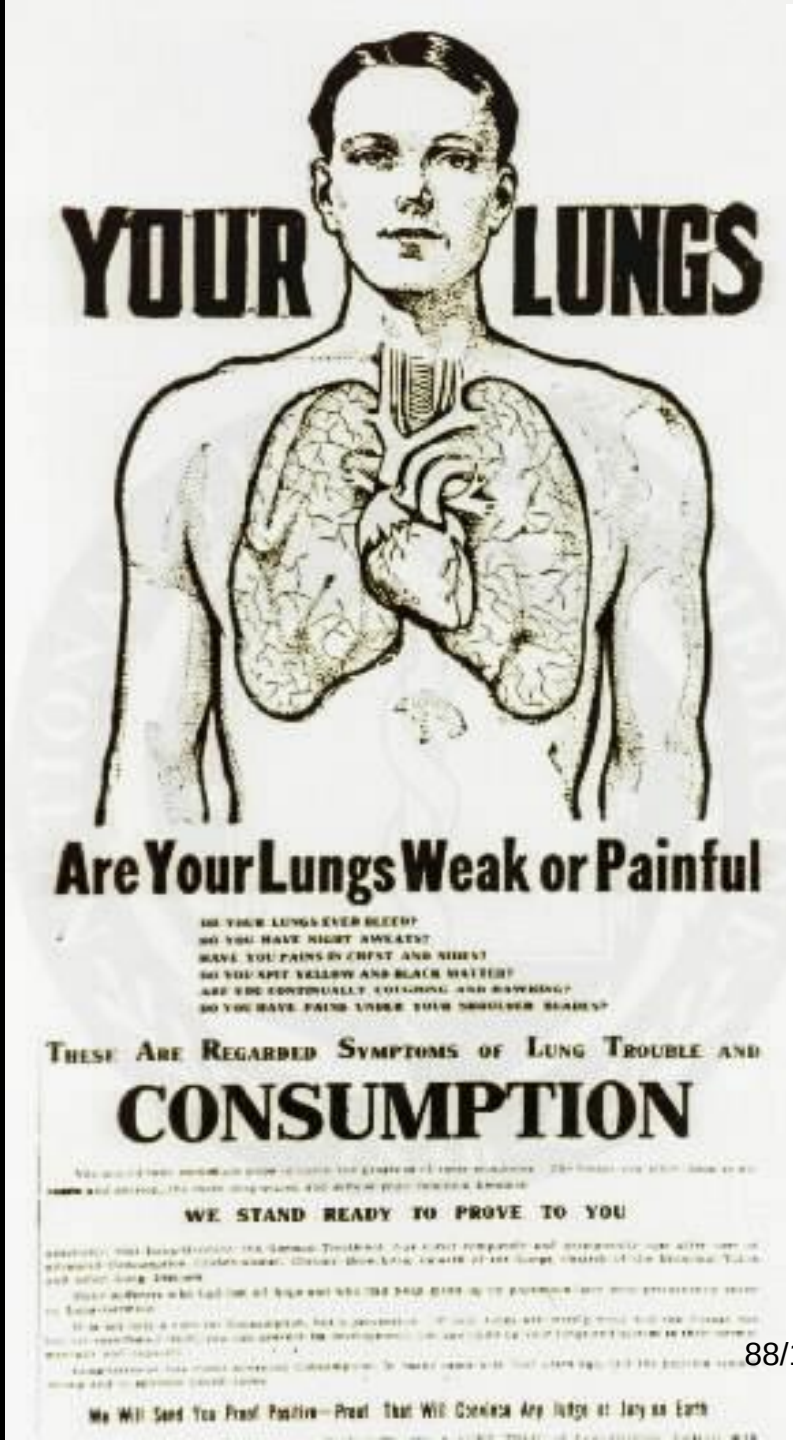
Hundreds Die of Consumption

BECAUSE

SPITTING

SPREADS DISEASE

Do not spit yourself--Ask others to stop



PROTECT

them from

TUBERCULOSIS

Keep them away from sick people
Insist on plenty of rest
Train them in health habits
Consult the doctor regularly

This campaign made possible through the sale of Christmas Seals

MEDICAL CENTER
NAME
AGE
ADDRESS
DATE
℞
Rest
Fresh Air
Ample Good Food
Positive Attitude
SIGNATURE
LABEL
REFILL 0 1 2 3 4 5 PRN NR

IN THE HEART OF THE WELL COUNTRY

The Successful Treatment of TUBERCULOSIS

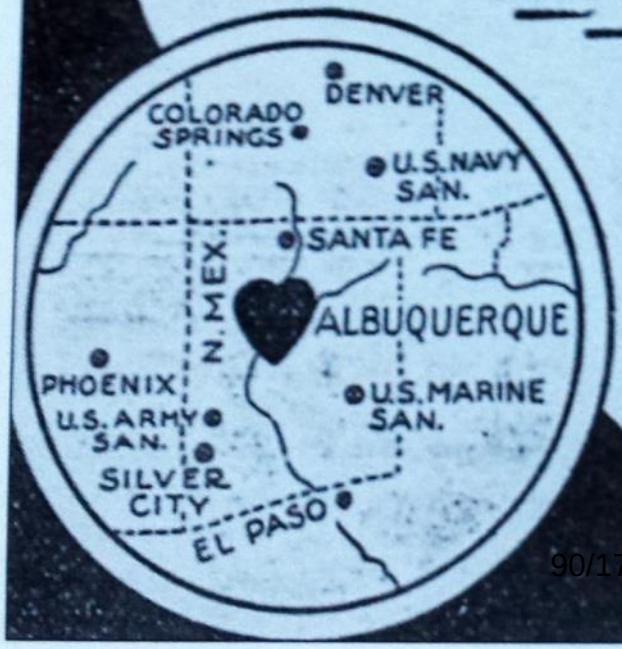
Depends upon proper care and a suitable climate. Albuquerque, the Heart of the Well Country, is the only city of any size in the Southwest that possesses the necessary altitude and low humidity. Also it is the only city with an ideal climate on the main line of a railroad. Freight facilities and agricultural development are responsible for the comparatively low cost of living. For full information, address.

Health Department

Commercial Club

Albuquerque

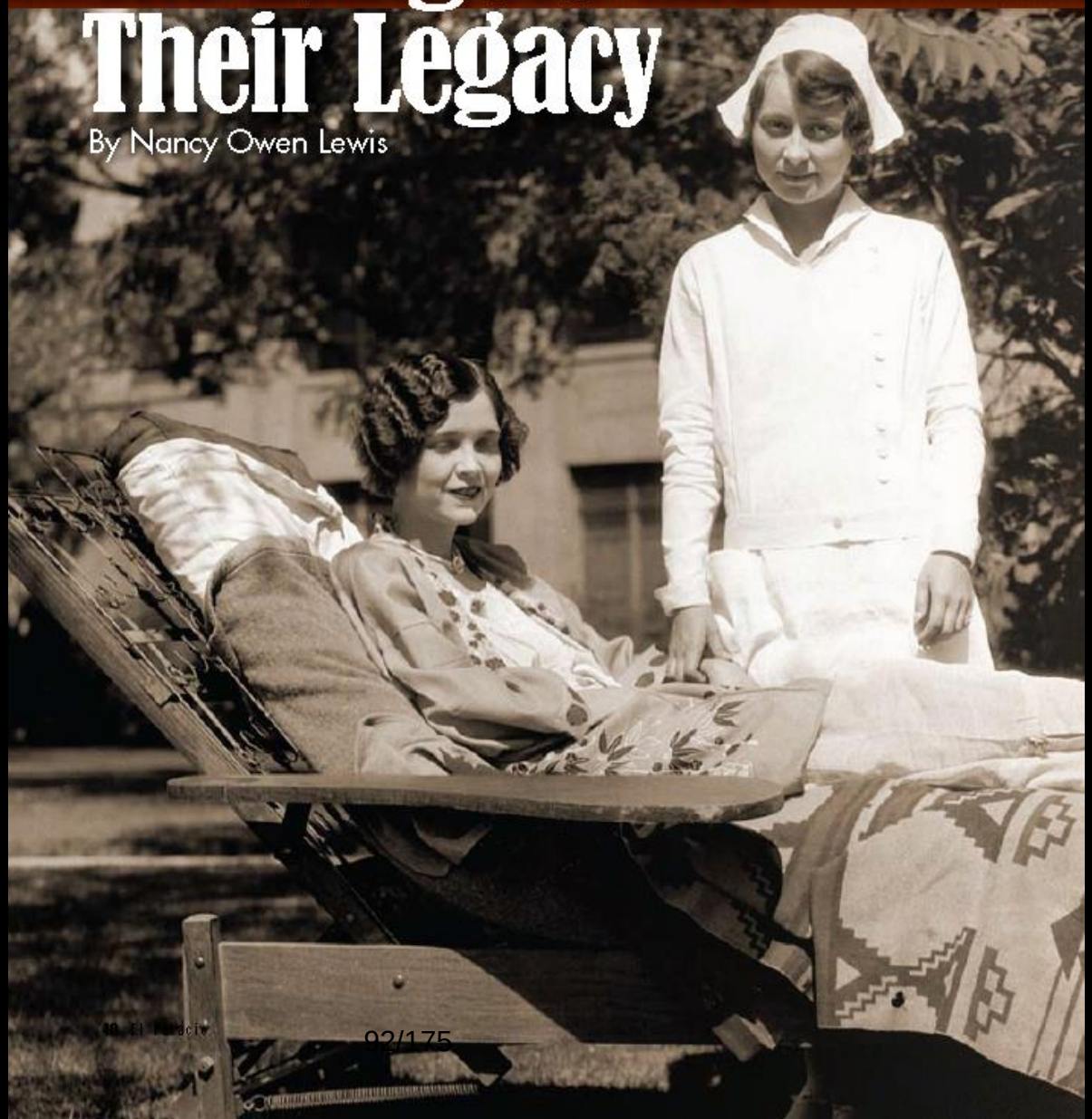
N. M.

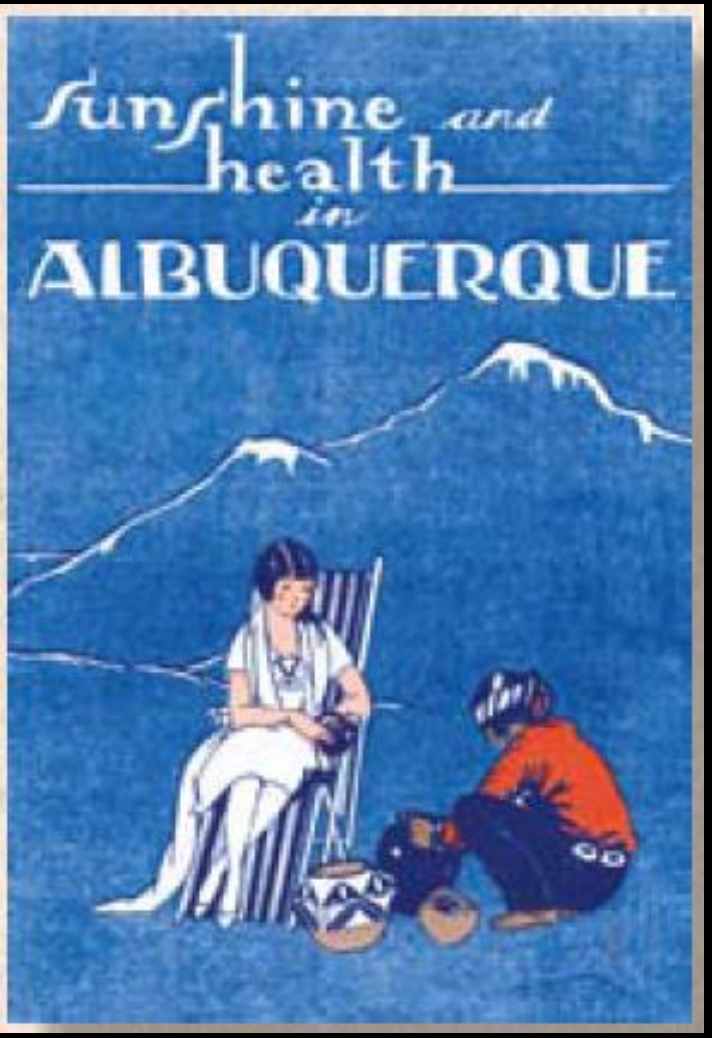


Chasing the Cure in New Mexico

The Lungers and Their Legacy

By Nancy Owen Lewis



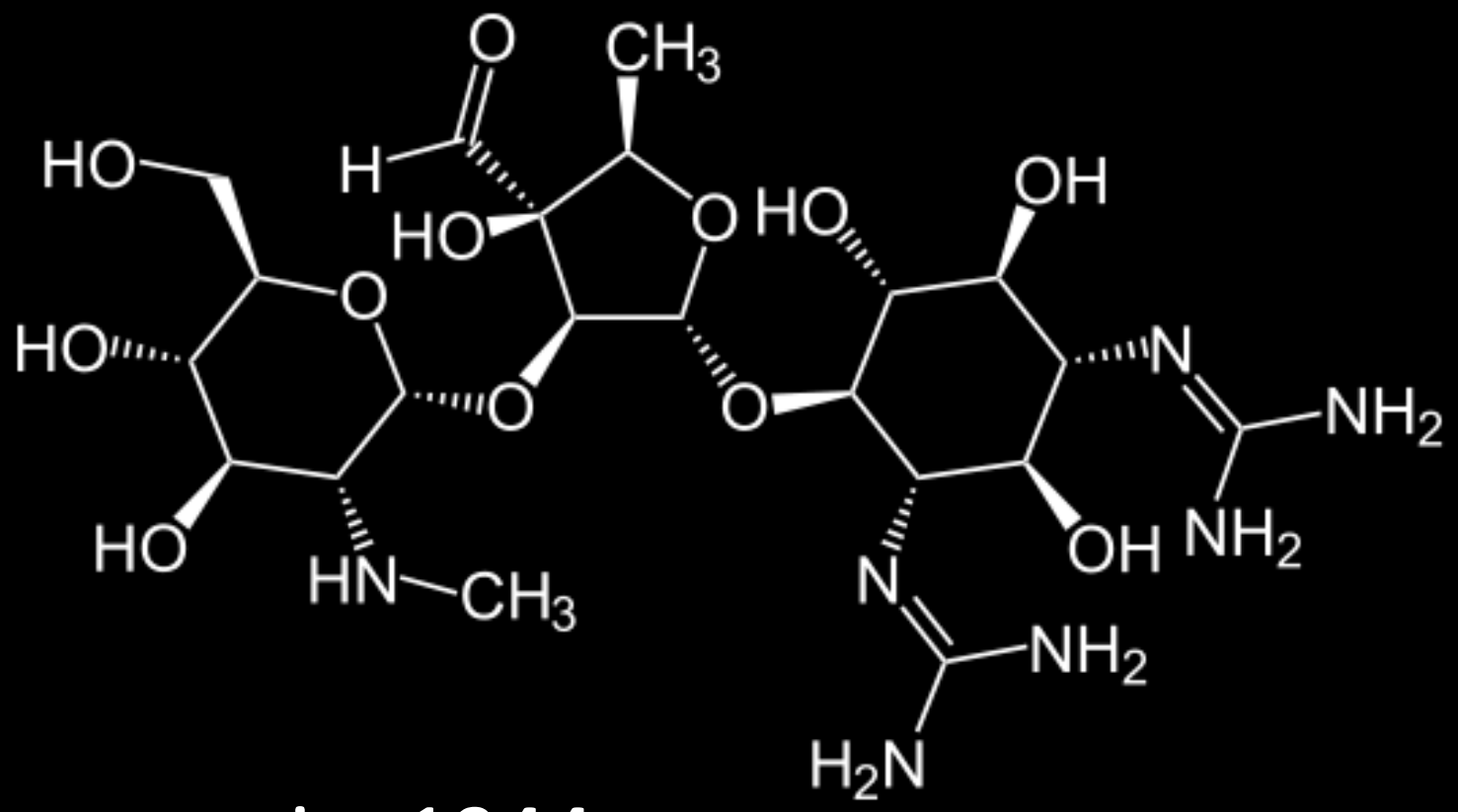


DON'T come to Albuquerque for health:

1. *If you are broke*
2. *As a last resort*
3. *Expecting to get well in a week*
4. *Albuquerque does not invite indigent or hopeless cases.*

TB Core Measures 100 years ago?

- TB Average LOS = 9 months
- Average in hospital Mortality: 25%
- Mortality at 5 years: 50%



Streptomycin 1944

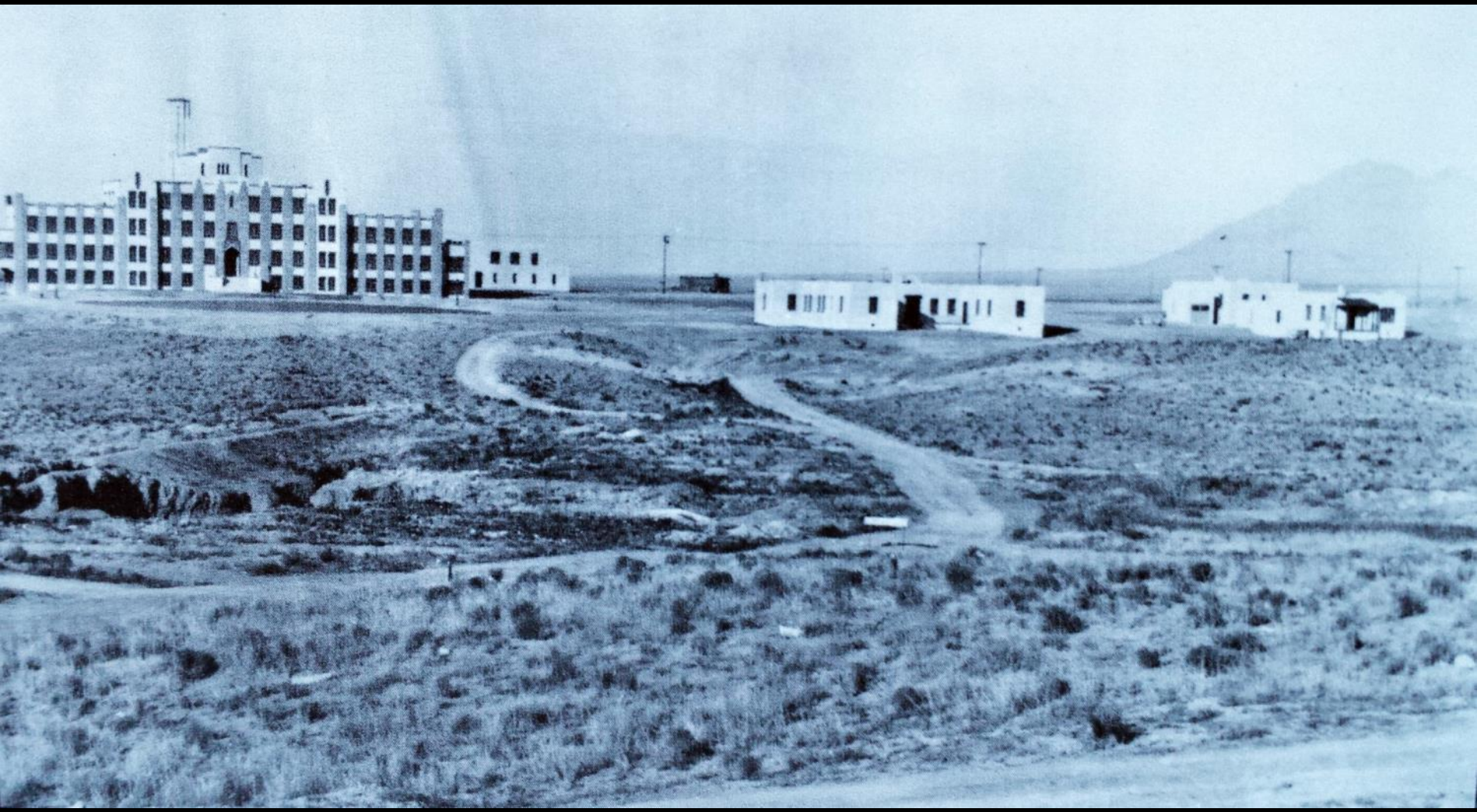
METHODIST SANATORIUM

St. Joseph's Sanitarium, Albuquerque, N. M.

OLD NEW BOSTON

D 3757 Presbyterian Sanitarium, Albuquerque, New Mex.

801
ALBUQUERQUE
INDIAN
SANATORIUM
U.S. DEPT. OF THE INTERIOR



U. S. Government Indian Hospital
Albuquerque, N. M.

2007 1991 1985 1976 1970 1954 1932

FIRST NATIONAL BANK
DE PAUL'S
Cafeteria
SUNSHINE
RIO
STURGES
HOTEL
CROWN
Fred Harvey
HOTEL
ALVARADO
FIRST NATIONAL BANK
KINGS
HOTEL
LIBERTY
CAFE

1940s

1940s Medical Needs in Albuquerque

- Growing issues with indigent care / no pay
- Welfare costing state $4000/ year
  - Paying $8.50/day but cost reported at $15/day
- 30 beds/day being used for indigent care at St. Joseph's alone
- 60 bed Indian hospital serving most of NM, inadequate for need

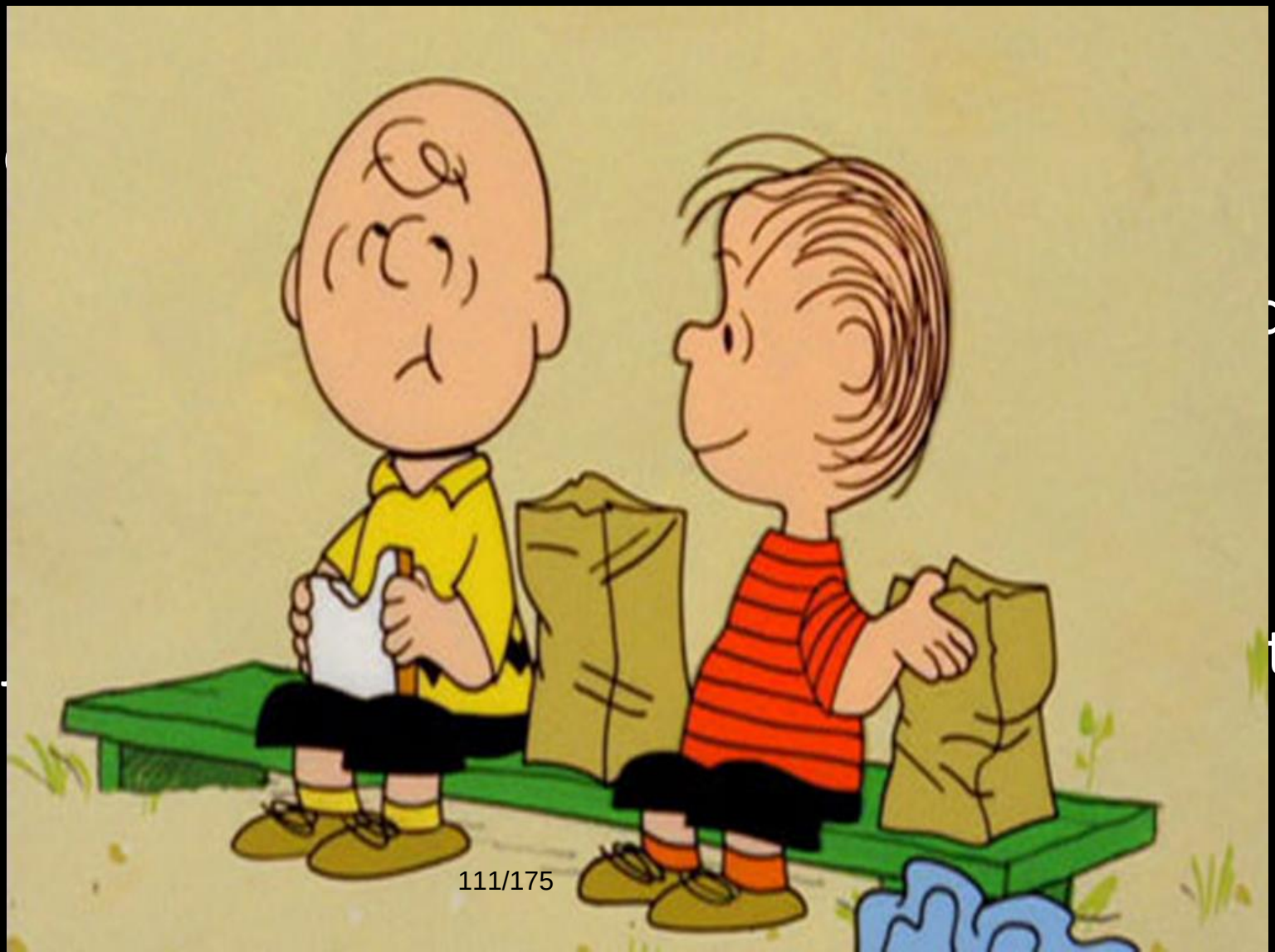
1947

- State Senator Leonard Ginn introduces bill to allow counties to finance construction of hospitals

Bernalillo County

- August 1947: Passed bond for 1 million

Over Lunch on March 4, 1949

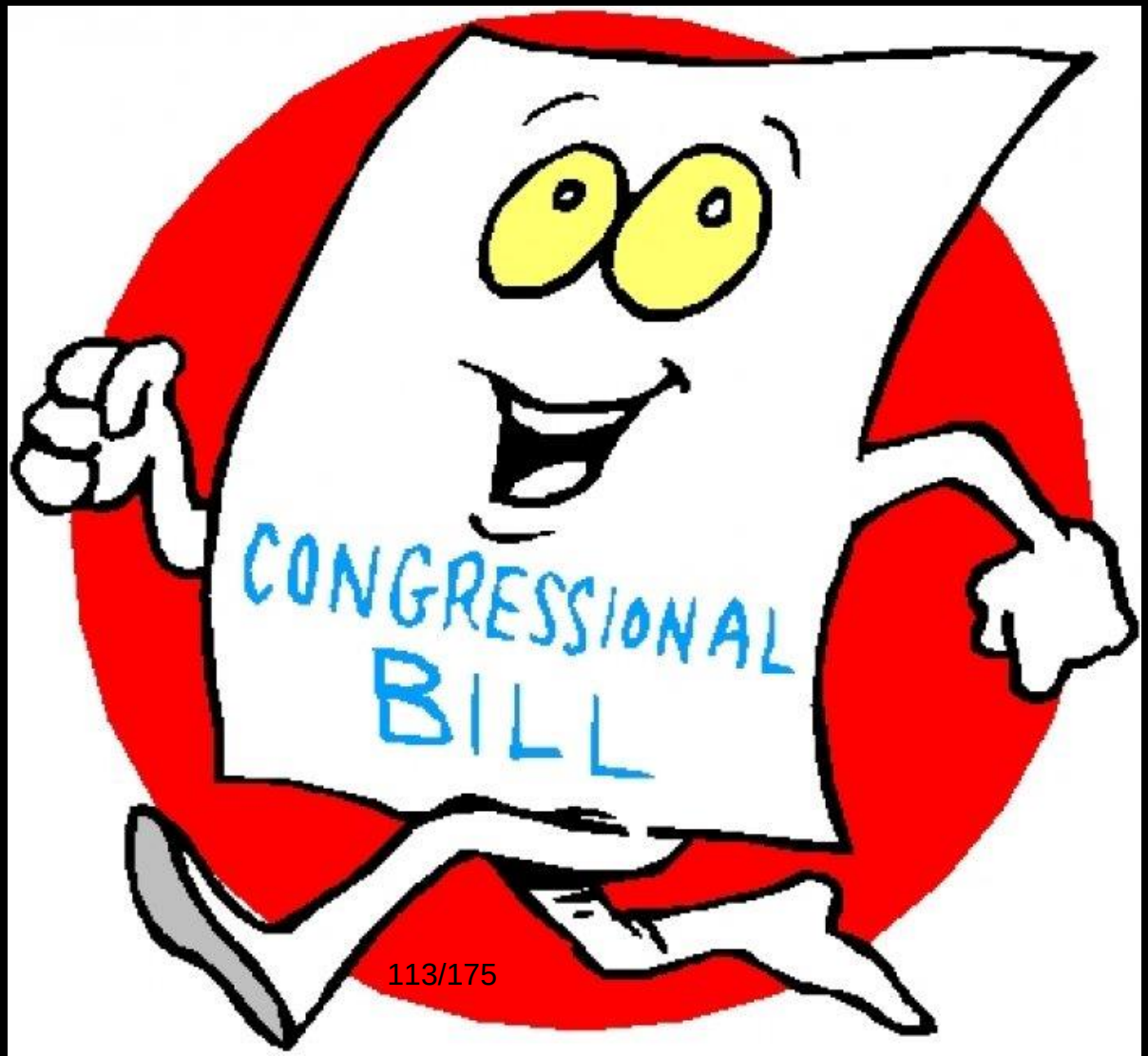


Road to Build A Hospital

Needs:

1. Funds to build a Hospital
2. Land to build hospital on
3. Funds to maintain the hospital

1949



- October 5, 1949: US Congress passes PL321 that transfers land to county of Bernalillo for construction of joint hospital

October 5, 1949
[H. R. 5670]

[Public Law 321]
63 Stat. 705

[CHAPTER 603]

AN ACT

Authorizing transfer of land to the county of Bernalillo, State of New Mexico, for a hospital site.

Bernalillo County, N. Mex.
Conveyance.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of the Interior be, and he is hereby, authorized, if he finds it to be for the best interest of the United States and the Indians of New Mexico, to convey to the county of Bernalillo, State of New Mexico, upon payment by said county of one-half of the appraised fair market value therof, as determined by the Secretary, such portion of the land in the city of Albuquerque, county of Bernalillo, State of New Mexico, now set aside and reserved for the use of the Bureau of Indian Affairs for hospital purposes as he may find necessary or desirable to enable said premises to be used for the construction and operation of a hospital by the county of Bernalillo, State of New Mexico: *Provided*, That if the county of Bernalillo and the Commissioner of Indian Affairs shall enter into a contract or contracts whereby facilities for the treatment of Indians are to be made available at a hospital constructed upon land transferred to the county of Bernalillo under the terms of this Act, of a value equal to or in excess of one-half of the appraised fair market value of the property so transferred, the Secretary of the Interior may make such transfer without reimbursement to the Treasury of the United States.

Contracts.

Approved, October 5, 1949.

S. 2404: Albuquerque Hospital Bill

1. Federal contribution $1,500,000
2. 100 beds be available to Indians at all times, when required
3. Government would guarantee per-diem payment for at least 80 beds, regardless of actual occupancy
4. Designated 5.4 acres adjacent to existing Public Health Service Indian Hospital

Law

- Octob nsfers land t ction of joint h
- Octob Congr
- Oct. 2 senting the Al

These are the guarantees Indians have asked for already:

1. There must be no discrimina

2. There should be an Indian o
be as many Indians on any board of advisors set up, as there are representa-
tives from any other group on the same board, as well as a representative
of Indian Service. Indians should also be represented on any special
administrative boards.

3. There should be an Indian Service doctor on the hospital staff.

4. There should be as many Indians employed, proportionally, in the new
hospital, as there are beds for Indians proportionally.

5. The hospital should be
standards of the American H
the American College of Sur

6. Indian Service must hav
the new hospital is living up to agreements and these guarantees. There
must be a way to force the County to live up to these.

7. The Indians should be g
hospital than there are in t
Indians' beds should be in e
can have their right share o

8. If there is any big chang
or if some State or Federal law changes Indian relationships, there should
be provision for new procedures so that the Federal government will still
make sure the agreement and th

9. Admission policy for India
regular Indian hospitals. Bes
keep up the same other health
Indian country.

10. There should be no politics

11. The burden of hospital operation should not be wholly on Indian Servic
contribution but should depend on a proper proportional State or County
contribution.

12. If the basic guarantees promising
non-discrimination are violated by
hospital management, the administration
of the hospital should revert to the
Indian Service.

Sincerely yours,

[redacted]

1. There must be no discrimination against Indians.

[redacted]

5. The hospital should be built, maintained, and managed by the high standards of the American Hospital Association, the Public Health Service, the American College of Surgeons, and the American Nursing Association.

[redacted]

7. The Indians should be guaranteed more beds for Indians in this new hospital than there are in the old Albuquerque Indian Hospital. The Indians' beds should be in every part of the hospital, so that the Indians can have their right share of every necessary kind of treatment.

[redacted]

9. Admission policy for Indians should be the same as for Indians in regular Indian hospitals. Besides the hospital, Indian Service should keep up the same other health services for Indians as in other parts of Indian country.

[redacted]

12. If the basic guarantees promising non-discrimination are violated by hospital management, the administration of the hospital should revert to the Indian Service.

(A true copy - typed from a thermofax copy of a Western Union telegram form.)

11/26/84 - jj

October 27, 1949

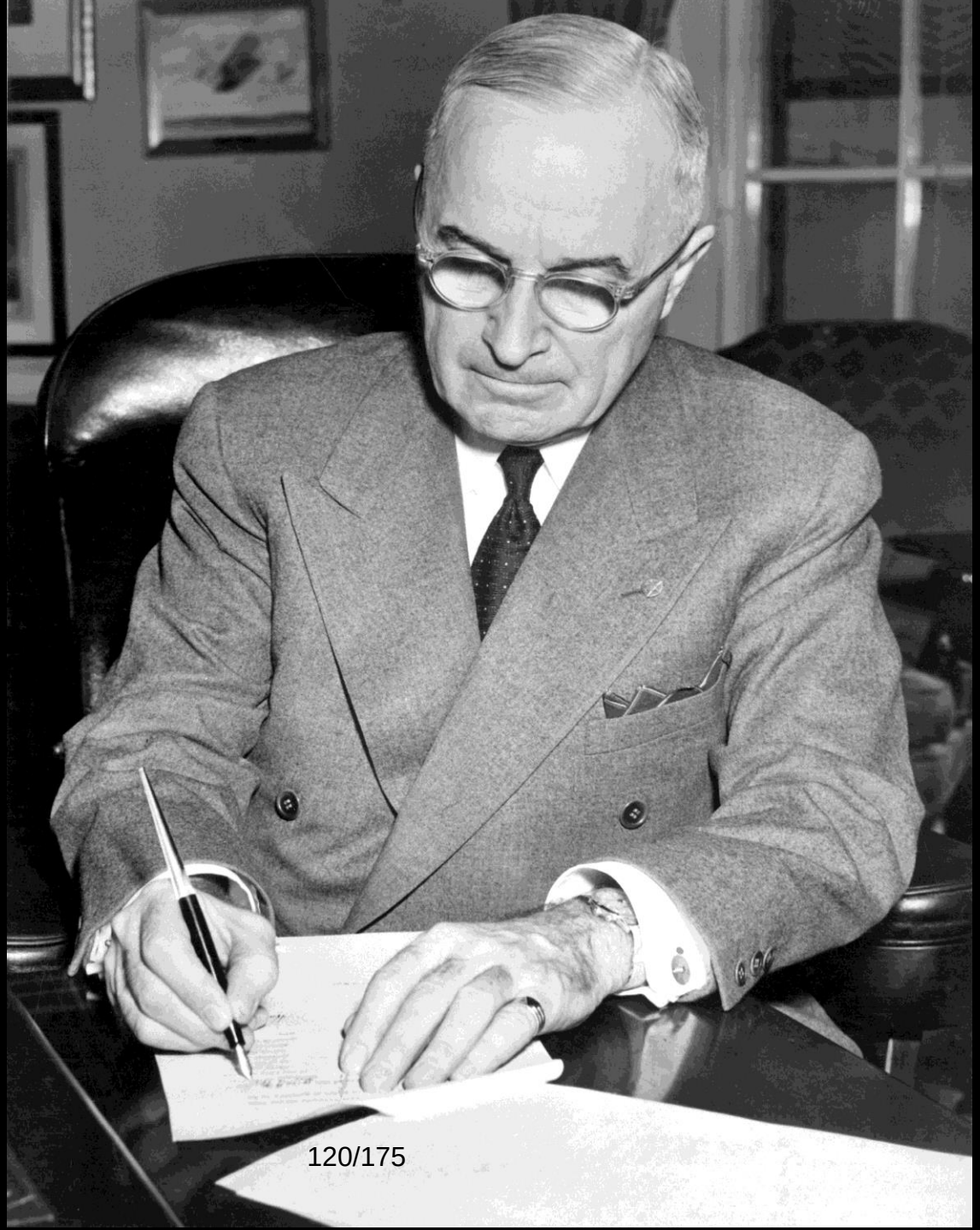
Harry S. Truman, President of the United States

The White House

Washington, D. C.

ALTHOUGH DISAPPOINTED AND CONCERNED OVER ELIMINATION OF ANTI-DISCRIMINATION SECTION ALL PUEBLO COUNCIL IN SPECIAL SESSION TODAY VOTED TO ASK APPROVAL OF S. 2404 THE ALBUQUERQUE HOSPITAL BILL. A LONG HISTORY OF BROKEN PROMISES CANNOT EASILY BE ERASED FROM INDIAN MEMORY. BUT WE DO NOT WISH TO OBSTRUCT EFFORTS TO PROVIDE NEEDED HOSPITAL FOR INDIANS AND NON-INDIANS ALIKE. THEREFORE IN RELIANCE UPON THE EXPLICIT PROMISES MADE BY INTERIOR DEPARTMENT OFFICIALS ON OCTOBER 26, 1949 AT A MEETING OF ALL PUEBLO COUNCIL AT ALBUQUERQUE, NEW MEXICO BY OSCAR CHAPMAN UNDERSECRETARY OF INTERIOR, J. R. NICHOLS COMMISSIONER OF INDIAN AFFAIRS, ERIC T. HAGBERG, SUPT., OF UNITED PUEBLOS AGENCY AND CHAS BRANACINI BERNALILLO COUNTY MANAGER, WILLIAM CORNELIUS CHAIRMAN BERNALILLO COUNTY COMMISSIONERS THAT ANY CONTRACT ENTERED INTO WITH COUNTY WILL INCLUDE SPECIFIC AND PERPETUAL GUARANTEES AGAINST DISCRIMINATION OR SEGREGATION ON BASIS OF RACE, CREED OR COLOR WE RESPECTFULLY ASK THAT YOU APPROVE THE BILL

ABEL PAISANO, CHAIRMAN
ALL PUEBLO COUNCIL



248 - Statement by the President Upon Signing Bill Providing Hospital Care for Indian Patients in New Mexico. *October 31, 1949*

I HAVE today signed S. 2404, a bill that authorizes an appropriation of $ 1,500,000 for the purpose of cooperating with the county of Bernalillo, State of New Mexico, in the construction at Albuquerque of a general hospital which will provide and make available when required not less than 100 beds for Indian patients, in addition to facilities which will be available to other patients. This measure also provides that, pursuant to a prescribed formula, the Federal Government will reimburse the hospital for treatment accorded indian patients.

I wish to express my full approval of the basic objective of this legislation, which is to encourage the integration of hospital facilities for the care of Indians and non-Indians in the same community.

I regret that in the last days of the recent session the Congress saw fit to delete from the bill, without discussion on the floor of either House, the meritorious provisions which would have guaranteed complete protection for Indian patients against possible future discriminatory practices. I am informed, however, that the Department of the Interior, in administering the funds authorized by this measure, will be able to make adequate contractual provisions guaranteeing fair and equal treatment to Indian patients. Likewise, assurances have been received from county officials to the effect that no forms of discrimination or segregated services were ever intended, nor will they be permitted, in the operation or maintenance of the hospital. Moreover, I am advised that at a recent meeting the All-Pueblo Council, representing most of the Indians directly affected by this legislation, voted to recommend favorable action on this bill in its present form.

With these assurances in mind, I have given my approval to this measure, fully confident that in accomplishing the desirable objectives of this legislation, fair and equal treatment will be accorded all patients of the hospital.

248 - Statement by the President Upon Signing Bill Providing Hospital Care for Indian Patients in New Mexico. *October 31, 1949*

I HAVE today signed S. 2404, a bill that authorizes an appropriation of $ 1,500,000 for the purpose of cooperating with the county of Bernalillo, State of New Mexico, in the construction at Albuquerque of a general hospital which will provide and make available when required not less than 100 beds for Indian patients, in addition to facilities which will be available to other patients. This measure also provides that, pursuant to a prescribed formula, the Federal Government will reimburse the hospital for treatment accorded indian patients.

I wish to express my full approval of the basic objective of this legislation, which is to encourage the integration of hospital facilities for the care of Indians and non-Indians in the same community.

I regret that in the last days of the recent session the Congress saw fit to delete from the bill, without discussion on the floor of either House, the meritorious provisions which would have guaranteed complete protection for Indian patients against possible future discriminatory practices. I am informed, however, that the Department of the Interior, in administering the funds authorized by this measure, will be able to make adequate contractual provisions guaranteeing fair and equal treatment to Indian patients. Likewise, assurances have been received from county officials to the effect that no forms of discrimination or segregated services were ever intended, nor will they be permitted, in the operation or maintenance of the hospital. Moreover, I am advised that at a recent meeting the All-Pueblo Council, representing most of the Indians directly affected by this legislation, voted to recommend favorable action on this bill in its present form.

With these assurances in mind, **I have given my approval to this measure, fully confident that in accomplishing the desirable objectives of this legislation, fair and equal treatment will be accorded all patients of the hospital.**

Road to Build A Hospital

Needs:

1. Funds to build a Hospital
   - 1.5 Million from Federal Government 1949
   - 1.0 Million From Bernalillo County 1947
2. Land to build hospital on
   - Land appropriated from Interior Secretary adjacent to the Indian Hospital 1949
3. Funds to maintain the hospital
   - Federal funding to support 80 beds per diem regardless of occupancy
   - County Mill Levy approved by voters in 1949 for ‘operating and maintaining a county hospital’

DEPARTMENT STORE
LEVINE'S
SEARS
KIMO
HOTEL
PUBLIC SERVICE COMPANY OF NEW MEXICO
MAISEL'S
CURIOS
INDIAN & MEXICAN
KRESS
HALL'S
INDIAN CURIOS
FRIGIDAIRE
© Vintage Roadside

1950s

Albuquerque Healthcare 1952

- 1508 beds in Albuquerque in 6 hospitals
- 782 indigent patient hospitalized in county

C O N T R A C T

Between

THE UNITED STATES OF AMERICA

and

THE BOARD OF COUNTY COMMISSIONERS OF BERNALILLO COUNTY, STATE OF NEW MEXICO, AND THE BOARD OF TRUSTEES OF THE BERNALILLO COUNTY HOSPITAL.

This agreement is made this 18 day of June, 1952 between the United States of America, acting by and through the Commissioner of Indian Affairs hereinafter referred to as the Commissioner, and the Board of County Commissioners of Bernalillo County, State of New Mexico, acting for the County of Bernalillo, State of New Mexico, hereinafter referred to as the County, and the Board of Trustees of the Bernalillo County Hospital, hereinafter referred to as Trustees, WITNESSETH: that the parties hereto mutually agree as follows:

RECITALS:

(A) Joseph R. McNeary, E. A. Dow and William H. Cornelius, Jr., are the duly qualified and acting Board of County Commissioners of Bernalillo County, State of New Mexico.

(B) Charles Brunacini, Ralph Jones, Arthur Ortega, Abel Paisano and J. Martin Hayden are the duly appointed, qualified and acting Board of Trustees of the Bernalillo County Hospital, having been appointed as such by the Board of County Commissioners of Bernalillo County, New Mexico, under authority of and pursuant to Chapter 95, Laws of New Mexico 1949, Sections 15-5010, et seq., N.M., Stat. 1941 Ann.

4. The County and the Trustees agree to have a

at all times when required not less than one hun

for Indians; provided that Pueblo Indians of New

first call on and priority to the use of said 10

for Indian use. Nothing contained in this contr

19. The County agrees th t

after construction of the hc

16. Subject to the guarante

provided, the County and the

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patients in or in connection

race, religion, color, langu

of patients on the basis of

other non-medical ground sha

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or in connection with the hc

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tion of any nature whatsoev

Eighty-eighth Congress of the United States of America

AT THE SECOND SESSION

Begun and held at the City of Washington on Tuesday, the seventh day of January, one thousand nine hundred and sixty-four

An Act

To enforce the constitutional right to vote, to confer jurisdiction upon the district courts of the United States to provide injunctive relief against discrimination in public accommodations, to authorize the Attorney General to institute suits to protect constitutional rights in public facilities and public education, to extend the Commission on Civil Rights, to prevent discrimination in federally assisted programs, to establish a Commission on Equal Employment Opportunity, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Civil Rights Act of 1964".

TITLE I—VOTING RIGHTS

SEC. 101. Section 2004 of the Revised Statutes (42 U.S.C. 1971), as amended by section 131 of the Civil Rights Act of 1957 (71 Stat. 637), and as further amended by section 601 of the Civil Rights Act of 1960 (74 Stat. 90), is further amended as follows:

(a) Insert "1" after "(a)" in subsection (a) and add at the end of subsection (a) the following new paragraphs:

"(2) No person acting under color of law shall—

"(A) in determining whether any individual is qualified under State law or laws to vote in any Federal election, apply any standard, practice, or procedure different from the standards, practices, or procedures applied under such law or laws to other individuals within the same county, parish, or similar political subdivision who have been found by State officials to be qualified to vote;

"(B) deny the right of any individual to vote in any Federal election because of an error or omission on any record or paper relating to any application, registration, or other act requisite to voting, if such error or omission is not material in determining whether such individual is qualified under State law to vote in such election; or

"(C) employ any literacy test as a qualification for voting in any Federal election unless (i) such test is administered to each individual and is conducted wholly in writing, and (ii) a certified copy of the test and of the answers given by the individual is furnished to him within twenty-five days of the submission of his request made within the period of time during which records and papers are required to be retained and preserved pursuant to title III of the Civil Rights Act of 1960 (42 U.S.C. 1974-74e; 74 Stat. 88): *Provided, however,* That the Attorney General may enter into agreements with appropriate State or local authorities that preparation, conduct, and maintenance of such tests in accordance with the provisions of applicable State or local law, including such special provisions as are necessary in the preparation, conduct, and maintenance of such tests for persons who are blind or otherwise physically handicapped, meet the purposes of this subparagraph and constitute compliance therewith.

"(3) For purposes of this subsection—

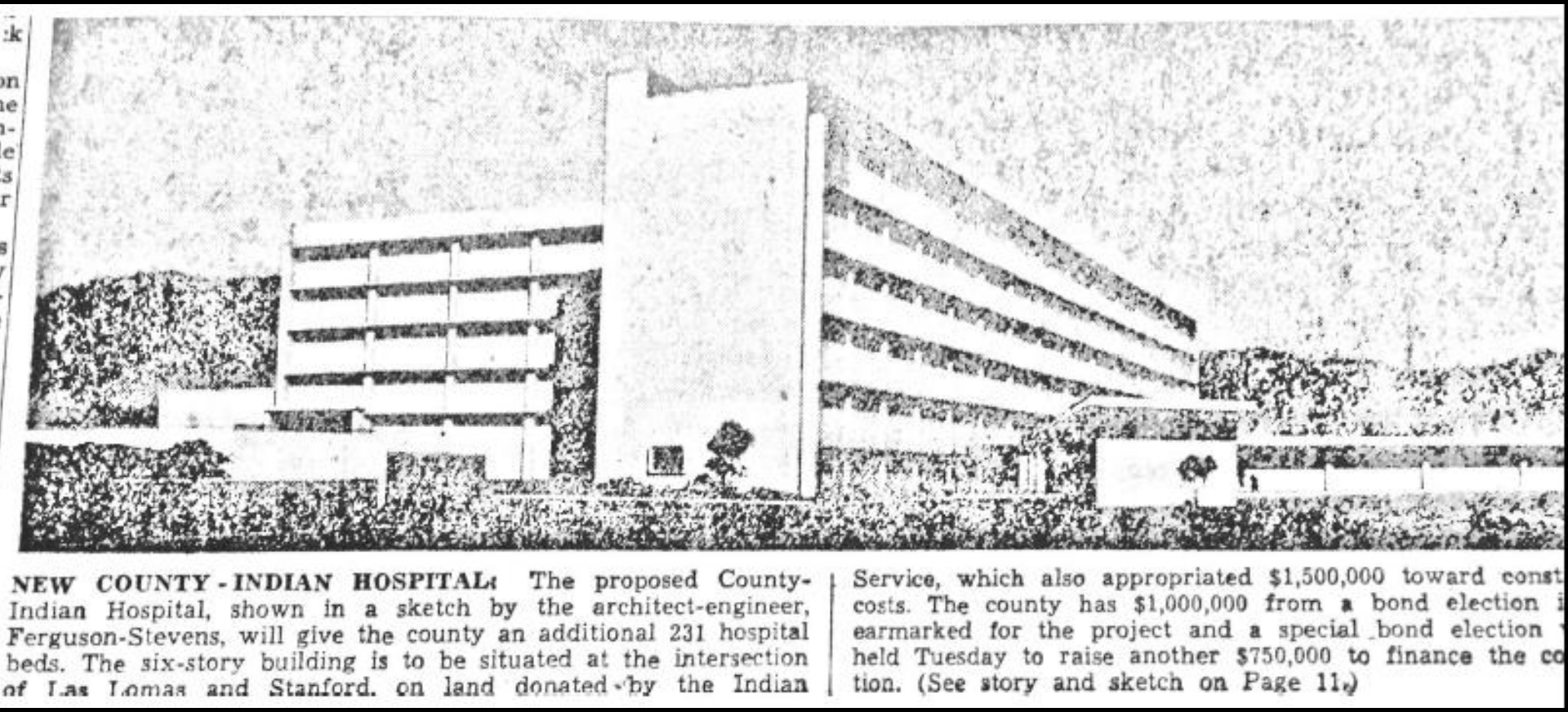
"(A) the term 'vote' shall have the same meaning as in subsection (e) of this section;

"(B) the phrase 'literacy test' includes any test of the ability to read, write, understand, or interpret any matter."

(b) Insert immediately following the period at the end of the first sentence of subsection (c) the following new sentence: "If in any such proceeding literacy is a relevant fact there shall be a rebuttable

Planning a New Hospital

- Initial structure 7 stories with 300 beds
- Bids all exceeded funds so project scaled back to 5 stories and 231 beds



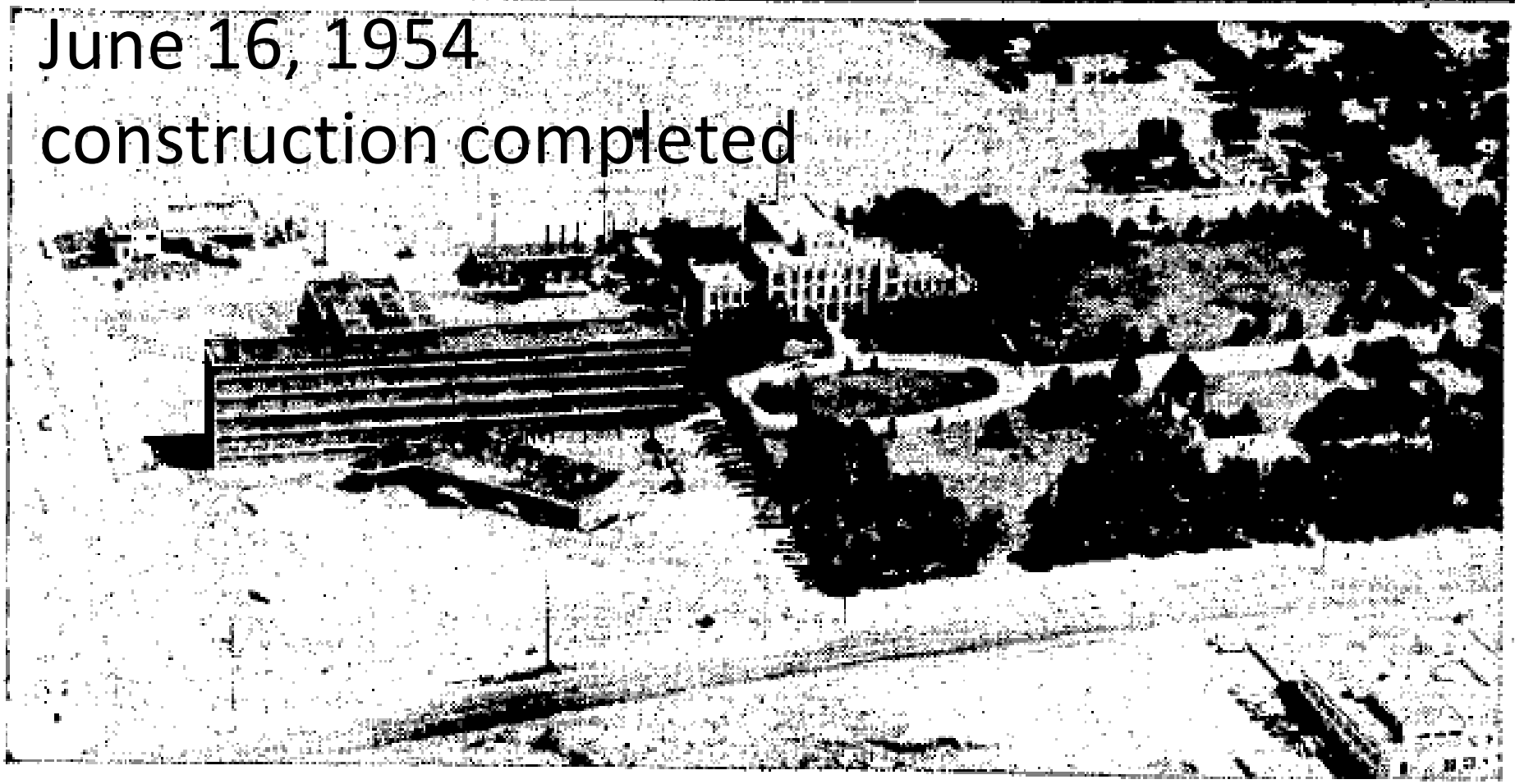
NEW COUNTY-INDIAN HOSPITAL: The proposed County-Indian Hospital, shown in a sketch by the architect-engineer, Ferguson-Stevens, will give the county an additional 231 hospital beds. The six-story building is to be situated at the intersection of Las Lomas and Stanford, on land donated by the Indian Service, which also appropriated $1,500,000 toward const costs. The county has $1,000,000 from a bond election earmarked for the project and a special bond election held Tuesday to raise another $750,000 to finance the co tion. (See story and sketch on Page 11.)

- Additional bond of $750,000 approved by tax payers in June, 1952
- Construction began July 1952, modifications during construction decreased beds to 211

Opening Preparations

- Initial Salaries Approved:
  - Controller office manager $130/month
  - Dishwasher $130/month
  - Staff Nurses $235/month
- Payment Categories developed:
  - No paying patients
  - “patients able to pay the full cost of services were eligible for admission only for services, ‘not available elsewhere in the community, in event of a ‘shortage of facilities’ elsewhere, or in the case of emergency”
  - County Medical Society agreed to provide free medical service to indigent patients in proposed hospital back in 1949

June 16, 1954 construction completed



OBJECT OF TODAY'S SPECIAL ELECTION: The Bernalillo County-Indian Hospital, shown above left, is completed and ready for opening to the public on Oct. 15. It is located at Lomas Blvd. and Stanford Dr. NE. Qualified voters (taxpayers registered to vote) are asked to cast their ballots today on a ¾ mill special levy to be used by the hospital as operating costs until its income picks up after the scheduled opening date. Shown to the right of the County-Indian Hospital is the Indian Service's Sanaterium. County officials have expressed doubt that more than 5000 voters will cast ballots in today's special election, which also will include a $100,000 bond issue for renovating and adding to the Juvenile Detention Home. In a special election last year, voters approved a $100,000 bond issue for the detention home and the ¾ mill special levy for the hospital by a vote of about 3800 to 850. Last year's bond issue was not used because of a technicality. (Goehring photo)

Bernalillo County Indian (BC-I) Hospital Opens October 26, 1954!

BERNALILLO COUNTY INDIAN HOSPITAL
ALBUQUERQUE, NEW MEXICO

Here, in this beautiful new building, New Mexico has created for its Indian citizenry, one of the most modern hospitals in the state. The building at lower right is the out-patient clinic. It is located at Lomas Blvd. and Stanford N.E.

Color Photography by Joel Barrett

PETLEY Color Card

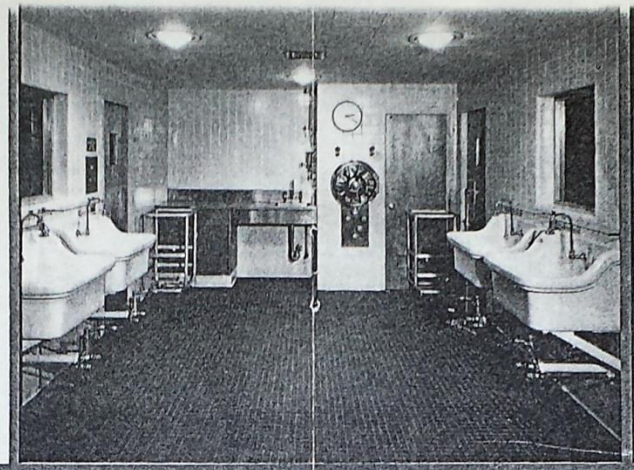
Published by Petley Studios, Phoenix, Arizona

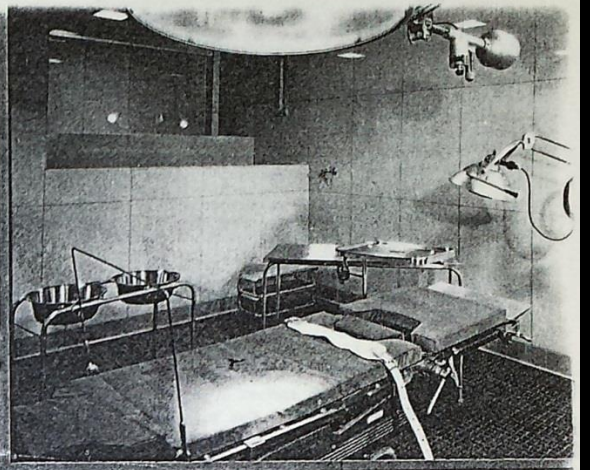
133/175

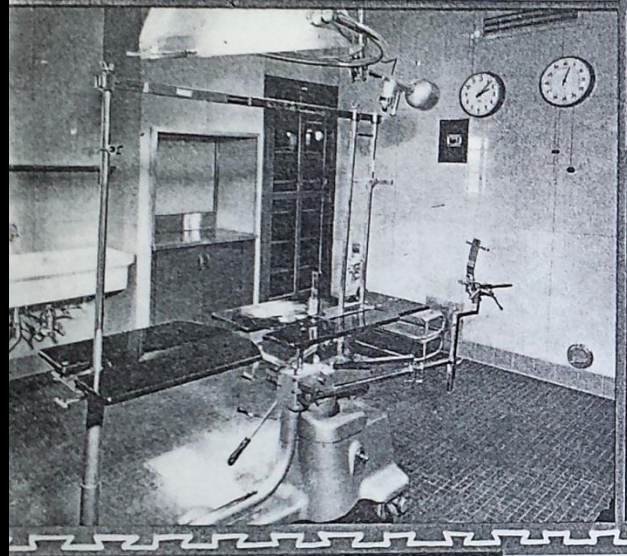
14214

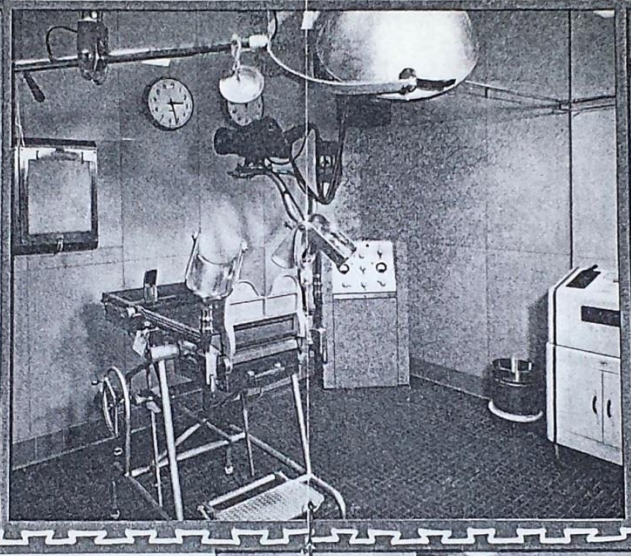
2007 1991 1985 1976 1970 1954 1932

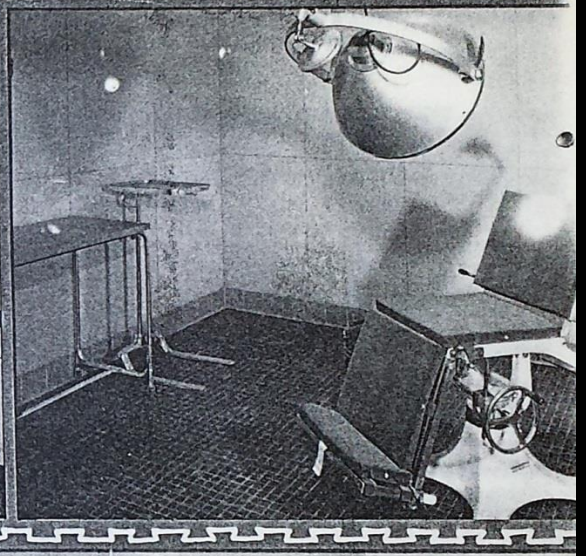
Facilities at the County-Indian Hospital are modern and complete, providing the medical staff with every necessity for treatment of the hospital's patients. Shown here is one of the wash-up areas for surgeons (top, center), one of three operating rooms for general surgery (top, right), an operating room for orthopedic surgery (below), and rooms for urological and ear-nose-throat treatment (center and right, below).

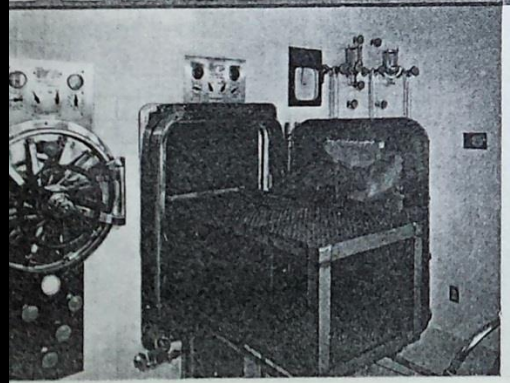






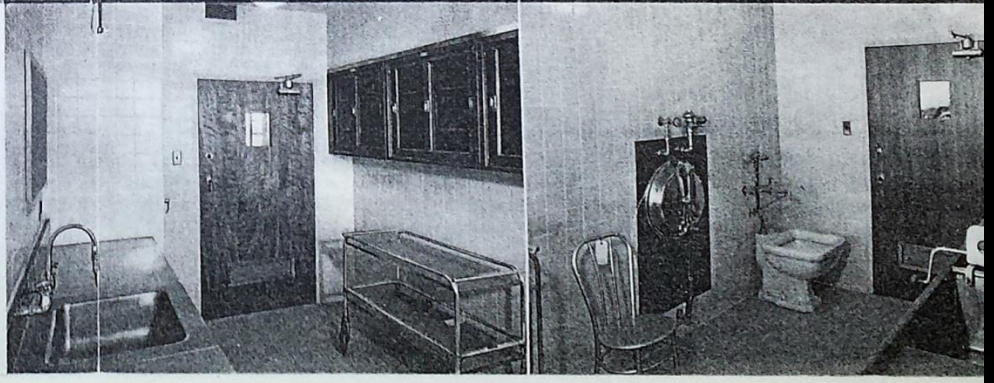




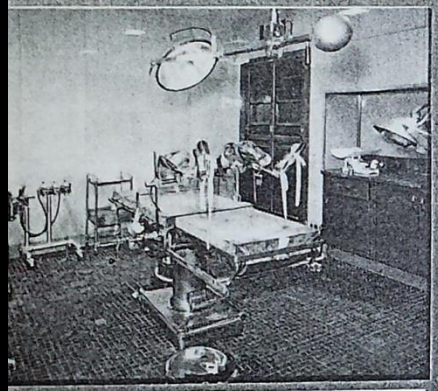


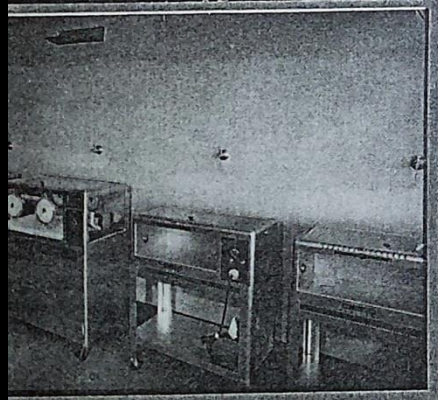
This huge sterilizer (left) is located in the hospital's Central Supply Center, which provides materials to all departments.

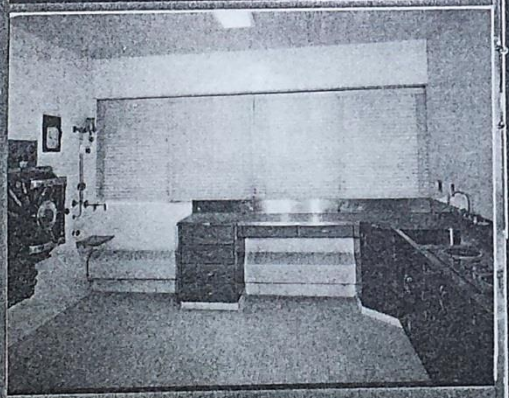
Treatment and utility rooms (right) are located on each floor of the hospital.

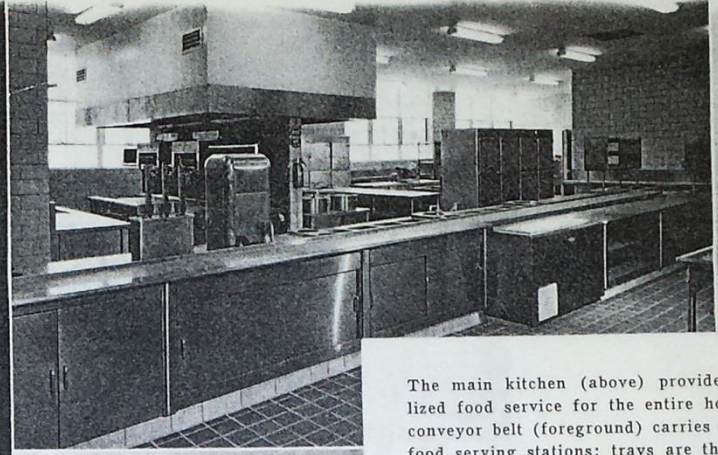


The Obstetrical Department and the nursery are located on the third floor. Shown on this page are a labor room (right), a delivery room (below), a portion of the 40-bassinet nursery (below, right), infant incubators (bottom, left), and the formula room (bottom, right) where the special diet requirements of the hospital's youngest patients are met.

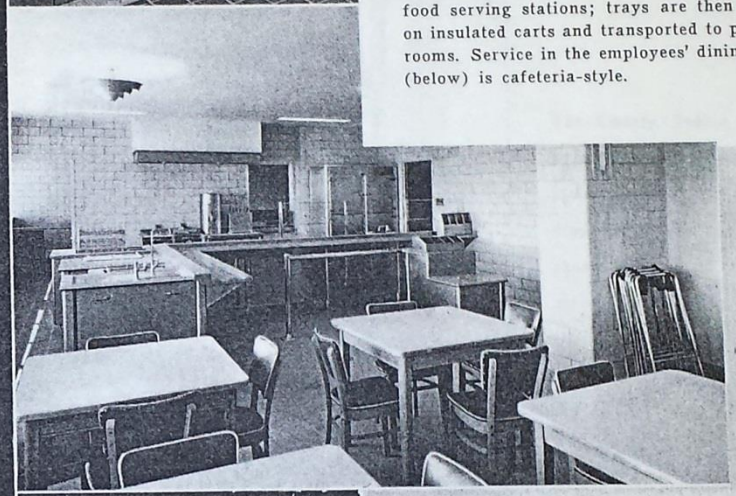




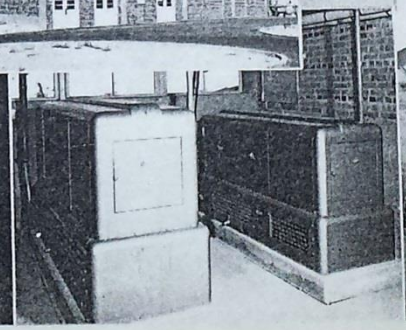


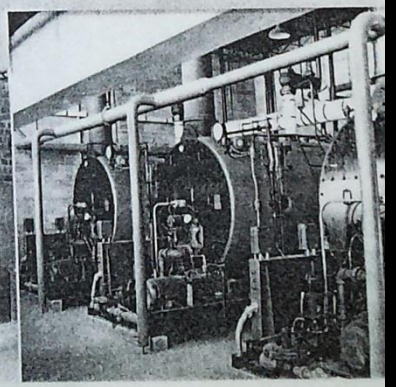


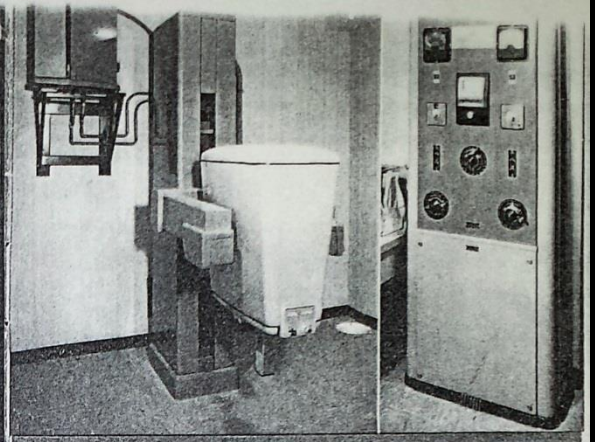
The main kitchen (above) provides centralized food service for the entire hospital. A conveyor belt (foreground) carries trays past food serving stations; trays are then loaded on insulated carts and transported to patients' rooms. Service in the employees' dining room (below) is cafeteria-style.

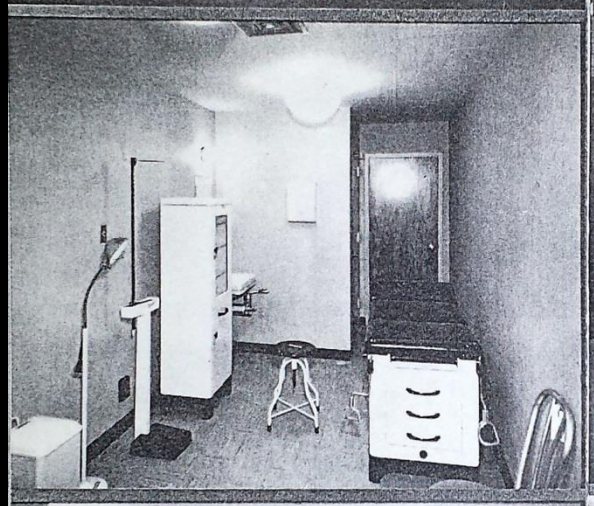


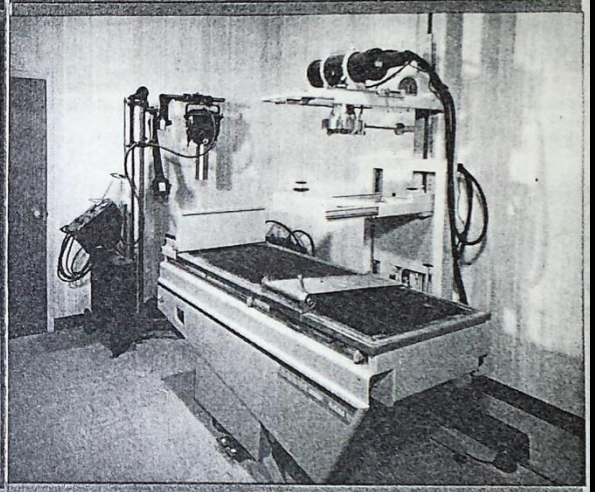
A separate utility building (left and below) houses the hospital's boiler plant, emergency power plant, and maintenance facilities.

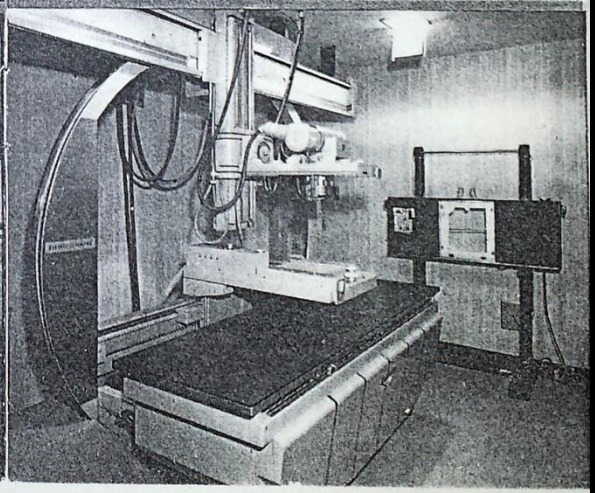


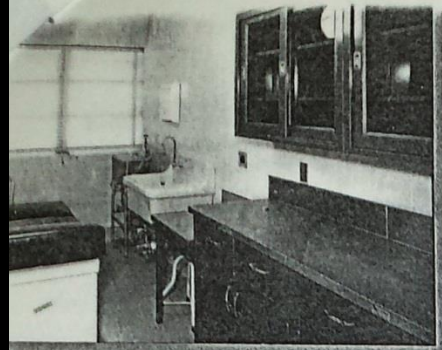


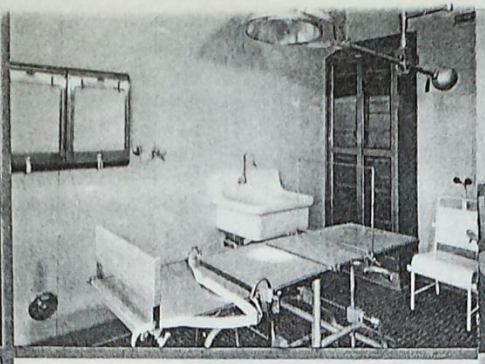


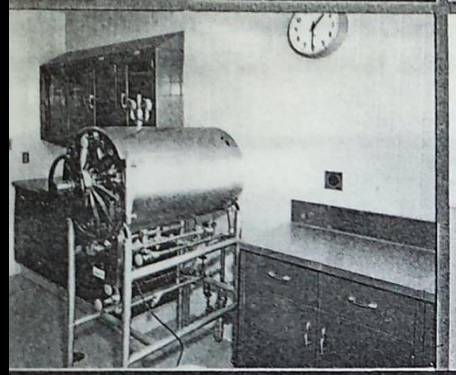




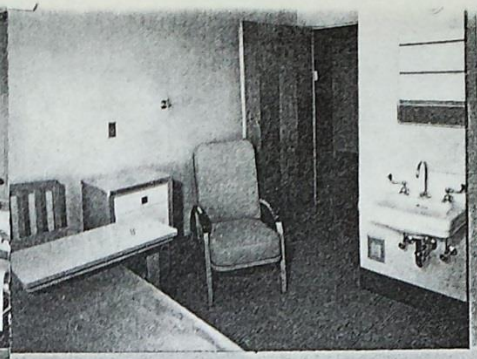


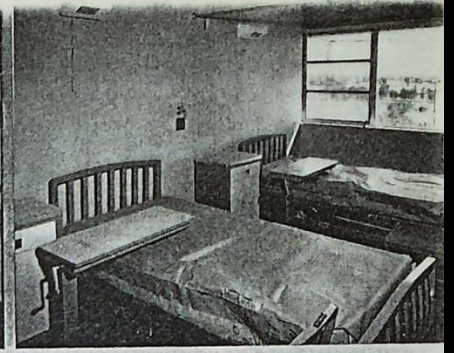






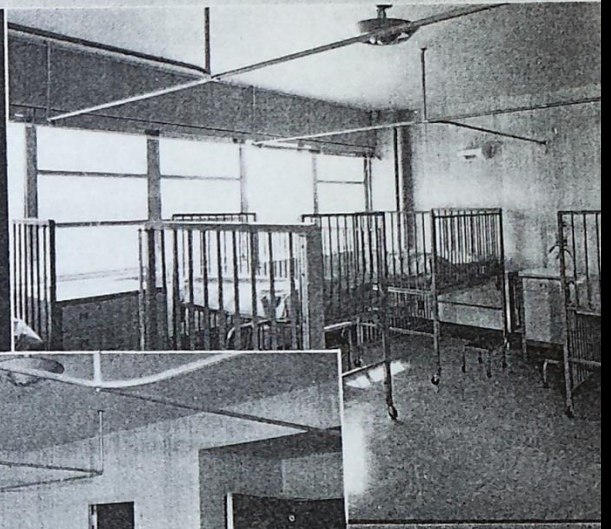
Emergency Department is located close to the ambulance entrance; includes examining room and emergency treatment room (left to right, above) and supply room (left).

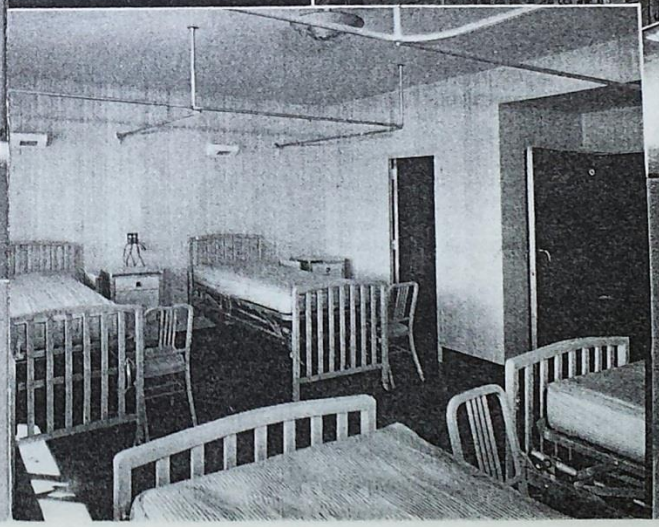




Rooms in the County-Indian Hospital are attractively decorated and furnished. The hospital has single, double, and 4-bed rooms, and separate accommodations for children.

Activities on each floor of the hospital are directed from centrally-located nursing stations (left, above). Each floor also has a comfortably-furnished lounge for visitors (right, above).





Postgraduate Medical Education

- BC-I accredited for training medical interns in November, 1955
- First arrived in 1956
- Made $250/month
- Same year allowed UNM to use BC-I for nursing students in UNM's new nursing school
- Norman Pond, pathologist, established clinical training program for medical technologists

rque Tribune

HOME EDITION

PRICE: SEVEN CENTS

tth briefly gusty afternoon winds and chance for thundershowers.

Tuesday, June 19, 1956 — Entered as second class matter Post Office, Albuquerque, N. M. — 36 Pages in Two Sections

State Board Raps Plans for Junior College Branches

SANTA FE, June 19 (UP) — Reported plans of state colleges to establish junior college level classes at branch schools were under fire from the State Board of Education Finance today.

The board said it viewed such proposals "with considerable alarm."

The board, in a statement released to newsmen and mailed to state institutions, said it had learned that some state institutions were planning branches in cities other than those indicated in the state Constitution.

The board said the plans were to organize and maintain college level classes to be operated with funds from student fees. The staff would consist of teachers from local public schools and with plant facilities provided by local schools.

Regular Credits

The credits earned in the classes in the branches would be counted as regular credits of the parent college or university.

The board said this seemed "distinctly opposed to the will of the Legislature which has consistently refused in the past to enact bills authorizing the establishment of branch institutions."

"According to the reports," the board said, "an unseemly competitive situation has developed whereby more than one institution is bidding for the privilege of establishing a branch in a given community."

Both the University of New Mexico and New Mexico A&M College have sought permission to establish such a branch at Farmington which is pushing a

County Plans One Third Cut In Road Work

Loss of Funds From Car Tag Sales Blamed

County road paving, maintenance and personnel will be slashed 30 per cent or more for the fiscal year starting July 1, County Commission Chairman Oscar Blueher said today.

Mr. Blueher said the total Road Department budget, which was $516,150 this year, would be $360,000 next year.

The cut, he said, results from action of the last Legislature which lowered the Road Department share of county license plate sales from 30 to 18½ per cent and raised the city's share from 7 to 17 per cent.

Blueher said the $156,000 drop would permit "almost no new paving that isn't now planned."

"I think we can plan on maintaining only the 750 miles of county roads as they now exist," he said. "The annual payroll is about $150,000, repair materials cost about the same yearly, and machine maintenance and gas will take up the rest."

Emergency work such as repair or replacement of washed out bridges and roads, and frost damaged road beds will take up

$5000 Bad Check Spree Is Laid to Smooth-Talker Here

By LOU LASH

City detectives have arrested a 35-year-old Virginia man who, they charge, cashed more than $5000 in bad checks in Albuquerque during a three-week spending spree.

During that time he met, wooed and married a woman with three children who said she believed he was wealthy.

He has been turned over to the district attorney's office for further investigation. No charges have been filed yet.

The Virginian, said by police to hold a bachelor of science degree in accounting, was described by a used car salesman as "the smoothest talker I ever met."

One of the checks was for $2100 with which he purchased a car.

Although his background is still a little hazy, detectives said his activities since coming here were easy to trace as he cashed checks in sizable amounts almost everywhere he went.

Police Tell Details

The police reports give the following account:

He apparently came to Albuquerque about three weeks ago after a trip around the country with another man, who is un-

Mr. Baca said he got acquainted to the tune of more than $200.

At about the same time the Virginia man tendered a $2100 check to purchase a car at the Fred Faust used car lot, 4323 Central NW.

Charles Meech, the salesman at the lot, told the following story:

"He was the smoothest talker I ever met. He not only fooled us once but several times. First he gave me a $500 check for the down payment on a bank in Roanoke, Va. I checked the bank and found he had no funds.

Accepted Check

"When he returned, instead of taking back the car I accepted a check for $2100 for the entire payment. He told me he won $13,000 in Las Vegas, Nev., and it hadn't been deposited in the bank yet. I believed him.

"Then the American Automobile Assn. called me and said he didn't have a cent because

FIRST JOB: Dr. Tom Downing, 44-year-old former Albuquerque businessman turned physician, works in the obstetrics ward of the Bernalillo County Indian Hospital as an intern. With nurse Beth Logan he is telling Mrs. Elizabeth Chino of San Fidel that her new-born son is "doing fine." (Linder photo)

Boyhood Dream Comes True

Businessman Turned Doctor Interns at County Hospital

By LIONEL LINDER

A boyhood dream of becoming a doctor has nearly come true for an energetic Albuquerque man. Today he is the first state authorized intern at the Bernalillo County-Indian Hospital.

The road to internship has been filled with many detours for Tom Downing, 44, of 721 17th NW, who began his apprenticeship at the Indian Hospital in April shortly after he was graduated from the University of Colorado Medical School at Denver.

He came to Albuquerque in 1931 to attend the University of New Mexico, taking premedical work. But after two years he which he was then assistant manager.

Purchases Steel Company

In 1941 he purchased the steel company he had worked for since 1933. When his brother Joe returned from the Navy in 1946 Downing made him a partner in the firm.

In 1949 he began seriously thinking about returning to school to become a doctor. In 1950 he took the initial step by top man in his graduating class, Dr. Downing applied for an internship at the County-Indian Hospital. Hospital officials were planning the first state authorized internship program and the Albuquerque man became the hospital's first intern.

During the required year's internship, Dr. Downing will spend time working in each of the various divisions of the hospital. He is now on duty in the obstetrics ward.

16 Weeks in Surgery

Rotation around the hospital will include work in pediatrics, 16 weeks of surgery—half in

140/175

CONOCO
FIRST NATIONAL BANK
AZTEC
MOTEL
TRAVELODGE
CARLISI
TAX

1960s

Alternate Funding

- County Election approves an increase in hospital mill levy tax to 4 ½ mills (maximum allowed) to start in 1962
- Medical Staff endorsed admitting paying patients if referred for ‘teaching purposes’

School of Medicine Founded

- 1961- 2 year Medical School founded by NM state legislature
- 1963 - Negotiations with hospital completed
- 1964 – first class of 24 starts as 2 year school
- 1966 – UNM SOM became 4 year medical school

1964 First Class

1968: Name Change

Bernalillo County Indian Hospital (BC-I)

Bernalillo County Medical Center (BCMC)

2007 1991 1985 1976 1970 1954 1932

BCMC to Dedicate Addition This Afternoon

Bernalillo County Medical Center will dedicate its $6 million addition at 1 p.m. this afternoon under the hospital's westside portico.

The public is invited to the ceremony and to see the results of their tax-dollar investment at an open house after the dedication until 5 p.m.

The new addition, two years in construction, more than doubles the size of the original hospital and adds some of the most modern medical facilities available in the Southwest, including 100 additional patient beds, three intensive care units, new outpatient and emergency facilities, a large surgical suite, new laboratories, a complete diagnostic radiology center, and admitting offices.

BCMC ADMINISTRATOR Fred E. Mondragon said today's dedication is an important milestone in the history of Bernalillo County and the University of New Mexico. This new addition will provide county and state residents with the latest in modern patient care and clinical teaching facilities."

Mondragon will preside at this afternoon's dedication. The program also includes Arturo G. Ortega, president of the UNM board of regents; Robert S. Stone, M. D., UNM vice president for health sciences and dean of the medical school; and Byron G. Brogdon, M.D., assistant dean for hospital affairs and BCMC medical director. The Reverend Harry G. Shelton will deliver the invocation.

Members of the Laguna Indian tribe will conclude the program with a ceremonial dance. BCMC department heads will conduct tours of the new addition after the ceremony throughout the afternoon.

All facilities in the new addition are designed and equipped for optimum efficiency and patient comfort. "The adult patient rooms are private and feature air-conditioning, electrically operated beds, TV sets, comfortable hospital stays as pleasant as possible," Mondragon said.

THE NEW ADDITION marks a highpoint in medical services provided by the hospital.

BCMC, formerly Bernalillo County-Indian Hospital, opened Oct. 27, 1954, with 204 beds to serve the medically indigent residents of Bernalillo County and Indians from nearby pueblos and reservations. The original building was constructed at a cost of $3,250,000 on 5½ acres of land provided by the U. S. Dept. of the Interior. Representatives of the U. S. Indian Service served as architects and the Lembke, Clough and King Construction Company were general contractors.

Planning and construction of the hospital was coordinated by the Bernalillo County Commission and the hospital's Board of Trustees. The board was organized in 1949 under the chairmanship of Charles C. Brunacini, who served as a trustee for 20 years. Other long-term board members included Don E. Woodward, 17 years; Martin W. Fleck, 14 years; and Gene Calkins, 10 years.

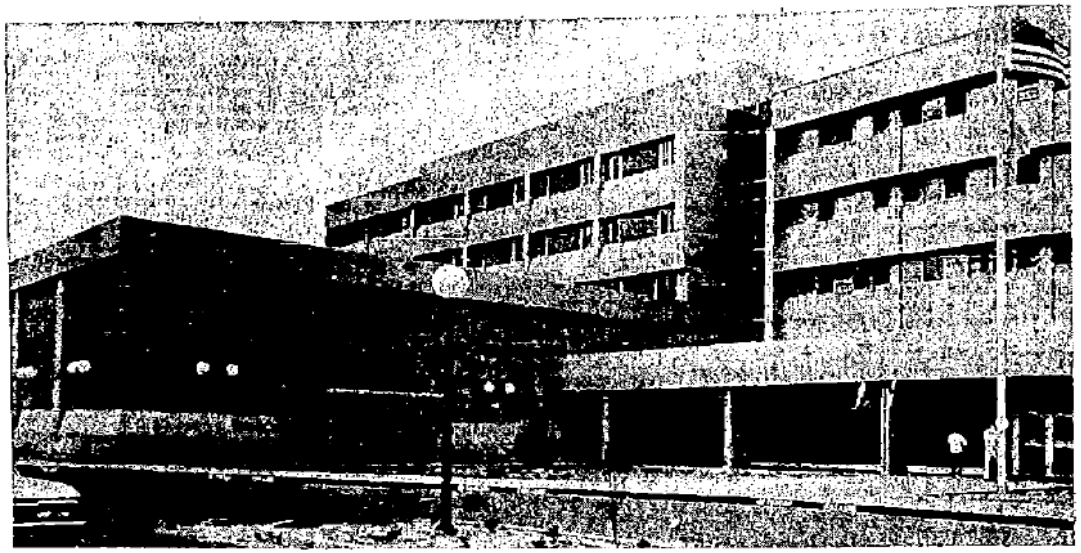
In 1963, BC-IH affiliated with the newly established University of New Mexico School of Medicine as the school's major clinical teaching facility. The School of Medicine at that time assumed responsibility for the professional care of patients. This relationship resulted in an increase in the number of private patients referred to and treated at the hospital.

VOTERS IN 1965 approved a $2 million bond issue to expand its facilities. This money served as matching funds for a $4 million grant awarded by the U. S. Public Health Service to improve the clinical teaching facilities and was obtained through the UNM School of Medicine.

Flatow, Moore, Bryan and Fairburn were retained as architects for the project and a contract was awarded to the George A. Rutherford Construction Company. County and University officials presided at the groundbreaking ceremony on August 29, 1968.

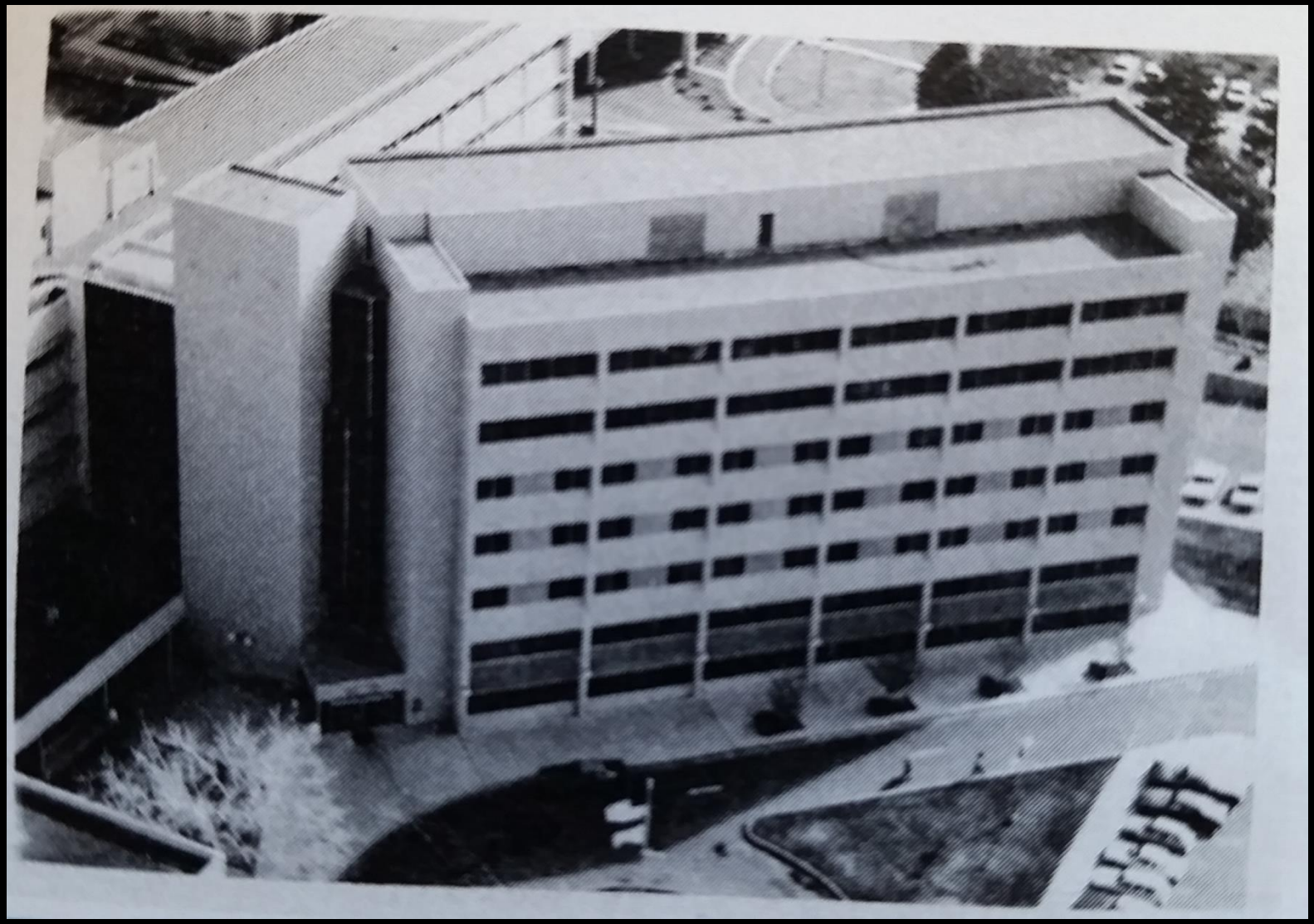
The name of the hospital was changed in 1968 to Bernalillo County Medical Center to reflect its new status. The hospital extended its services to private-paying and insurance patients from throughout the state.

In November 1969, the County Commission voted to transfer administrative control of BCMC to the University of New Mexico. A three-member budget Advisory Committee was appointed to supervise BCMC's fiscal administration. This committee consists of one member of the UNM Board of Regents, one Bernalillo County Commissioner and a representative of the All-Indian Pueblo Council. The hospital's medical Director, Byron G. Brogdon, M. D. and administrator Mondragon coordinate their activities with Dr. Stone.



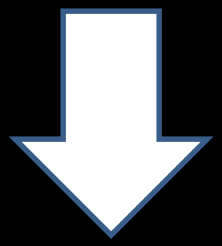
New BCMC Addition as Viewed From Lomas

2007 1991 1985 1976 1970 1954 1932



1979: Name Change

Bernalillo County Medical Center (BCMC)



University Of New Mexico Hospital (UNMH)

2007 1991 1985 1976 1970 1954 1932

2007 1991 1985 1976 1970 1954 1932

2007 1991 1985 1976 1970 1954 1932

2007

UNM HOSPITAL
EMERGENCY
EMERGENCY ENTRANCE
EMERGENCY ENTRANCE

2007 1991 1983 1976 1970 1954 1932

UNM
HOSPITALS

What does history tell us?

Trends in Our History

- We have always-
  - had significant financial challenges
  - been overcrowded and having facility issues driving us to expand to meet the community need
  - wrestled with complicated bureaucracies; never answering to only one authority
  - worked to balance competing missions of teaching and care for the indigent as a public and teaching hospital
  - treated patients equally regardless of race, religion, color, language, or ability to pay*

*Except we did discriminate against patient able to pay until mid 1960s

- We were founded on the premise of treating all patients equally – all patients who enter our hospital will be treated the same

c. As a specific matter referring to morale and attitude, the professional staff strongly believes that the Hospital must be perveded by the belief that all patients regardless of means or origin must be provided with a single high quality of care and that it is the mission and dedication of the hospital as a service group in society to help people who are sometimes unappreciative, unclean and invariably sick.

Summary

- We have a history to learn from
- We have a history to be proud of
- We have a history to make

Special Thanks to:

Thanks to all of you who have made this history I have been speaking about today.

- Laura Hall and UNM SOM Medical School Library Archives
- Dora Wang
- Steve McKernan
- Scott Sauder
- Many others!!

THANK YOU!

THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNM HOSPITALS

MEMORANDUM

To: Board of Trustees

From: Stephen McKernan
Chief Executive Officer

Date: September 25, 2016

Subject: Monthly Activity Update

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

Quality: The leadership of UNM Health Sciences Center and the Hospital has designed Mission Excellence to be focused on quality and safety of the patient care delivered to its patients. The goal is to improve medical staff and hospital staff engagement and communication for the purpose of improving the outcomes for patients and improving their experience with our delivery system. Last week we had training of almost 1,000 people from the organization to initiate basic management processes that we believe will allow us to achieve our goals.

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 main focus of the hospital is on severe harm events. Documentation in the medical records plays a significant role in how the harm events are classified. The Hospital upgraded its system in the past year which provides more capability to assist providers in the accurate assessment of the care they deliver to patients and it allows for the focus on harm events while the patient is still in the hospital. This allows providers to review their documents for accuracy.

Statistics: UNMH has started the fiscal year with increases in the volume of patient that it has provided care. Patient days were 5% above the prior year. Clinic visits increased 2%. Discharges are 7% more than the prior year. The Case Mix Index is 6% above the prior year. The Emergency Room increase is recorded as 23% above the prior year, which is also a function of some catch up in coding. The number of surgeries increased 2%. The number of births has decreased 11%, which is an area of significant concern. Overall activity is being recorded as being more than 10% greater than the prior year..

Financial: UNMH had revenues that were 3% above budget, but 5% below the prior year. The expectation is that the revenues for the Hospital will drop significantly from the prior year. Expenses are running about 3% above budget mostly due to salary and supplies expenses. There is a current focus in the organization to align the expenses with the revenue reductions with the goal of improved efficiency. The full time equivalent employees are about 5% greater than the prior year, although when adjusted for workload they are equivalent to the prior year. The work adjusted full time equivalents will need to drip about 5% over time.

The Balance Sheet was stable. Cash was $54 million more than the prior year and accounts receivable was $5 million less than the prior year. The increase in cash was mostly related to the collection of third party settlement accounts for Medicaid. Accounts payable grew by $15 million. The current ratio was stable at 1.8. All debt covenants were met.

Strategic Planning: The planning related to the replacement hospital is progressing. The process is about 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 is also being made. We would expect to bring back the recommendations at the November meetings.

Human Resources: The turnover rates are now around 14%, about the same for the past year. We have added almost 250 employees in the past year. We have increased the total compliment of nurses by 53 from past year.

UNM Health System has engaged the Studer group to lead the organization to improve its service, quality and internal staff engagement standards. Studer is routinely on site to help UNM implement its system tailored to this environment. Internally we are using the term Mission Excellence to orient the hospital and medical staff to the new systems. There is good progress and we will continue with updates 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.

The Mil Levy Resolution is scheduled to be on the agenda of the Bernalillo County Commission on August 23. We will provide an update on the status of the Resolution and the Memorandum of Understanding with the Indian Health Service and the County at the Board meeting.

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: September 30, 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 August was 10 hours and 24 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

- We sent 51 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:

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

4. Our ALOS (average length of stay) for August 2016 was 6.57 as compared to August 2015 which was 6.95. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients.

5. Our provider engagement and satisfaction work initiated by the Physician Advisory Group (PAG) continues to move forward. Our "LEADing to Excellence" quarterly retreat occurred on September 19th and 20th. Greater than 1,000 leaders attended over the course of the two days including Medical Directors, Nursing and Ancillary leadership. The Key Takeaways include the following:

- Rounding on staff and Thank-you notes
- Cascading goal alignment
- Quality and Safety as our number one priority
- Behavioral expectations for all
- ***We*** are in this together, removing the "us" vs. "them" mentality

6. UNMH and Surgical Directions consultants continue the passionate work of optimizing our Surgical Services. The main OR first case on time start (FCOTS) was 66%. The BBRP FCOTS was: 74%, OSIS FCOTS was: 75%. Next we will work on OR room turnaround time and provider block time optimization. All of this work will help quality and efficiency for our OR, ultimately improving care for our patients.

Meeting of the

UNM Health Sciences Center Committee (HSCC)

Tuesday, September 6, 2016

8:30 a.m.

Scholes Hall, Roberts Room

I. Call to Order and Confirmation of Quorum *(Marron Lee, Chair)*
II. Vote to Adopt Agenda
III. Vote to Approve Minutes: HSC Committee August 16, 2016 Meeting
IV. Comments from Regents
V. Chancellor's Administrative Report *(Paul Roth)*
VI. UNM Health System Report *(Steve McKernan, Mike Richards)*
VII. Public Comment
VIII. Action Items
    A. Request for the Approval of the UNM Health Sciences Center FY2018 RPSP Legislative Requests *(Connie Beimer)*
IX. Information Items
    A. Update: Dermatology *(Betty Chang)*
    B. HSC Financial Update *(Ava Lovell)*
    C. Update: HSC Compliance *(Stuart Freedman)*
    D. Minutes of the Meetings of the UNM Sandoval Regional Medical Center, Inc. Board of Directors for May 25, 2016, June 23, 2016 and July 27, 2016
X. Vote to Convene Executive Session
    A. Discussion and decision, if appropriate, of strategic plans or trade secrets of public hospitals pursuant to Section 10-15-1.H(9), NMSA (1978).
    B. Discussion and determination where appropriate of threatened or pending litigation pursuant to Section 10-15-1.H(7), NMSA (1978).
XI. Vote to Reconvene in Open Session and Certification that only those matters described in Agenda Item X above were discussed in Executive Session and, if necessary, final action with regard to those matters will be taken in Open Session.

September 27, 2016

To: UNM Hospital Board of Trustees
From: Steve McKernan
Re: UNM HSC Committee Meeting

Attached, please find the agenda from the September 6, 2016 UNM Health Sciences Center Committee meeting and notes from the meeting.

The UNM Health System, through Steve and Mike provided an update on activity levels of the Health System.

Vanessa Hawker and Connie Beimer presented asked for approval of the Legislative priorities for the HSC. The key item was a request for continued funding for the expansion of the residency programs in primary care specialties that was initiated 2 years ago. The motion was approved after significant discussion.

Betty Chang, MD, presented an update of the accreditation status for the graduate medical education programs at UNMH. After discussion that focused on the Dermatology Program, the Regents accepted the report.

Ava Lovell provided an update on the Finances of the Health Sciences Center for year end.

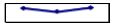
Stuart Friedman provided and update on the compliance plan for the HSC. The priority list was outlined and status of the initiatives was discussed.

The meeting was then moved to a closed session. The meeting was reconvened and adjourned.

THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER

UNM HOSPITALS

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

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
Adult Days for UNMH		↑	↑	19,717	18,997	18,496	IP Days up from PYTD and budget in ICU and Med Surg
Adult Discharges for UNMH		↑	↑	3,215	3,152	2,999	ICU and SAC/MedSurg discharges Increased from PYTD
Adult Average Length of Stay for UNMH				6.13	6.03	6.17	LOS for Adult Days and Adult OBS has descreased from 6.17 to 6.13
UHC Risk Based Adj ADULT LOS for UNMH				6.03	6.06	6.01	Current YTD is thru Apr, 2016, PYTD is thru Aug, 2015 as reported by UHC
Adult Observation Equivalent Patient Days		↑	↑	1,650	1,629	1,884	SAC/MEDSurg Decreased from PYTD and Budget
Adult Observation Discharges				1,364	888	1,313	
Adult Average LOS OBS Days				1.35	2.03	1.60	
Pediatric Days for UNMH		↑	↑	6,696	6,831	6,652	Days up from PY but down from budget
Pediatric Discharges for UNMH		↑	↑	681	730	643	Pedatric discharges increased from PYTD but down from budget
Pediatric Average Length of Stay for UNMH				9.83	9.36	10.35	Pediatric LOS down from previous year but up from budget
UHC Risk Based Adj PEDS LOS for UNMH				5.22	5.18	5.17	Current YTD is thru APR, 2016, PYTD is thru Aug, 2015
Pediatric Observation Equivalent Patient Days		↑	↓	325	341	449	
Pediatric Observation Discharges				291	306	379	
Pediatric Average LOS OBS Days				1.12	1.11	1.18	
Outpatient Clinic Visits for UNMH		↑	↑	82,257	86,383	80,948	
Emergency Department Visits for UNMH		↑	↑	15,535	12,559	12,676	
Urgent Care		↑	↑	2,975	3,900	2,491	Urgent care visits up from PY
Operations		↑	↑	3,550	3,474	3,487	Operations up from previous year and budget
Newborn Days for UNMH		↑	↑	853	851	945	Newborn days decreased from PYTD and up from budget
Births		↑	↓	494	500	554	Births decreased from PYTD and down from budget
Days for all Behavioral Operations		↑	↓	3,419	4,017	3,963	Decreased from PYTD and budget in UPC and CPC Acute Svcs
Visits for all Behavioral Operations		↑	↑	23,767	24,943	22,979	Increased from previous year but down from budget
UNM Care Enrollment				6,800		7,028	17,775 Medicaid applications processed
Net Income (Loss) for all Operations (in thousands)		> $0		$229	$720	$510	
Case Mix Index (CMI) - w/o newborn		↑	↑	1.919	1.864	1.845	
Re-Admission Rates		↓	↓	8.00%	9.50%	8.42%	Patients re-admitted within 30 days of discharge, thru Mar, 2016, PY through Apr, 2015 as reported by UHC
Days Cash on Hand for UNMH		↑	↑	78.68	34.89	76.59	
Human Resources:							
FTEs (Worked) per adj patient day for all Operations				5.96	6.09	5.80	
Hours of Care - UNMH Nursing				18.13	17.48	18.72	
Paid FTE's for UNMH and BHOs		171/175		6,176	5,919	5,719	
Paid FTE's for CC				148	196	146	

Performance Oversight & Community Engagement Committee
Report Summary – September 23, 2016
Community Benefits Reports

Community Engagement Report,
Rodney McNease, Executive Director, Behavioral Health Finances

During the last several months extensive work has been ongoing around reorganization of adult services to increase capacity and throughput. Clinical teams were formed at ASAP and UNMPC to address the following outpatient areas

- Assessment and Evaluation
- Episodes of Care (Ongoing Treatment)
- Addictions Services
- Specialized Services for high needs patients

The groups have brought forward recommendations that will move the outpatient adult services to more of a team based approach, and allow for increased assessment capacity and the ability to follow additional patients in ongoing treatment. The ASAP program has started to implement the addictions services plan and as a result has managed to significantly reduce waiting times for an assessment from several months to approximately 3 weeks currently. The UNMPC will begin implementation of redesigned Evaluation and Assessment services and Episodes of Care prior to the end of the calendar year with the goal of reducing appointment wait times by 25% in the first quarter of 2017.

UNMPC also opened the Cope primary Care clinic in July which was partially made possible a grant from the Mental Health and Substance Abuse Services Administration. The addition of primary care allows for an integrated medical home on site at UNMPC for high needs mental health patients.

In addition work and discussion continues with Bernalillo County related to developing a mental health system of care for Bernalillo County. Staff from UNMH is involved in various committees associated with this discussion.

UNM Behavioral Health submitted application with the State of New Mexico to become a Comprehensive Community Based Behavioral Health Center (CCBHC) over the summer. New Mexico is one of 23 states awarded a planning grant for this initiative from the Federal Government. In early 2017 eight states will be selected to actually go live with piloting CCBHCs. The advantage of this for UNMH is that if selected it would mean enhanced outpatient reimbursement for behavioral health services similar to the FQHC model for primary care.

II. Data from Reporting Committee

No update from last report.

III. Accomplishments

- Participation with Bernalillo County and community partners in system design and planning for crisis services in Bernalillo County.
- Development of planning teams for adult services to streamline services, increase access and to expand service availability.
- Completed application for CCBHC with the State of New Mexico

THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNM HOSPITALS

UNM HOSPITAL BOARD OF TRUSTEES

Finance, Audit and Compliance Committee Meetings

Wednesday, September 28, 2016 at 11:00 AM

UNM Hospitals Administration, Large Conference room

Objectives

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

Finance Committee Meeting:

I. Approval of meeting minutes from August 24, 2016.

II. Consent Items

   a. Disposition of Assets
   b. 401(a) Amendment
   c. 457f) Dissolution

III. FY 17 UNM Hospital's financial information for the two months ended August 31, 2016 – presented by Ella Watt

Audit Committee Meeting:

I. Approval of meeting minutes from August 24, 2016.

II. Internal Audit – Admitting – presented by Purvi Mody

III. External Audit exit conference and presentation of draft FY 16 External Financial Audit presented by Devon Wiens and Josh Lewis, Moss Adams

THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNM HOSPITALS

Native American Liaison Committee to UNMH Board of Trustees
August 24, 2016
CEO Conference Room

Steve McKernan	Kori Beech
Christine Glidden	Kristina Sanchez
Pablo Padilla	Chamiza Pacheco de Alas
Rodney McNease	Greg Ortiz
Erik Lujan	Gov. Riley
Misty Salaz	

I. In Mr. McDowell's absence, Ms. Glidden brought the meeting to order

II. Agenda was approved

III. There was no public comment

IV. Final review and discussion of the Charter Document. Mr. Padilla advised that the APCG had reviewed the document and were in support of the current version. The charter document was adopted.

V. Ms. Sanchez reviewed the draft annual report for the September 22nd Tribal Consultation meeting with APCG and IHS. The committee recommended several areas of input to make the report more useful for IHS and the Governors, including providing some additional detail on the Human Services Departments pilot proposal on 100% FMAP for some Native American patients.

VI. Brief discussion of training for UNM line staff on the requirements of the 1952 Contract. Opportunities were identified especially as it relates to inpatient services for staff training and education. There was also discussion of communication with patients on the status of their requests for service, so patients know that someone is attempting to resolve identified issue.

VII. Brief discussion of the status of the Mil Levy discussions with Bernalillo County.

VIII. The meeting was adjourned