UNM Hospital Board of Trustees  
Friday, April 29, 2016 9:00 a.m.  
Barbara and Bill Richardson Pavilion Conference Room 1500

AGENDA

I. CALL TO ORDER – Debbie Johnson, Chair, UNM Hospital Board of Trustees

II. ADOPTION OF AGENDA (Motion)

III. ANNOUNCEMENTS

IV. PUBLIC INPUT

V. APPROVAL OF THE MINUTES  
   • March 25, 2016, UNM Hospital Board of Trustees Meeting  (Motion)

VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA
   • Consent/Approval Items (Motion)  
     ❖ Jaynes  
     ❖ Siemens  
     ❖ Medline Industries

   • Clinical Privileging Approval (Motion)  
     ❖ UNMH General Surgery Clinical Privileges  
     ❖ UNMH Ophthalmology Clinical Privileges  
     ❖ UNMH Critical Care Clinical Privileges  
     ❖ UNMH Certified Nurse Midwife Clinical Privileges

VII. BOARD INITIATIVES
   • Strategic Plan – Sara Frasch (Motion)  
   • Charter for Native American Relations Subcommittee – Steve McKernan (Motion)  
   • Contract Negotiations with Medicaid Managed Care Organizations - Dr. Mike Richards (Update)  
   • Medical Staff Processes - Bob Bailey and Aimee Smidt (Update)

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

IX. UPDATES
   • March Financials – Ella Watt

X. COMMITTEE REPORTS
   • Performance Oversight / Community Benefits Committee – Dr. Raymond Loretto  
   • Finance, Audit & Compliance Committee – Jerry McDowell

XI. OTHER BUSINESS

XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session.

   a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.

   b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.

   c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.

   d. Vote to re-open the meeting

XIII. Certification that only those matters described in Agenda Item 12 were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
**UNM Hospital Board of Trustees**  
March 25, 2016 Meeting Minutes  
Barbara & Bill Richardson Pavilion 1500

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
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<tbody>
<tr>
<td>Voting Members Present:</td>
<td>Debbie Johnson, Jerry McDowell, Christine Glidden, Joseph Alarid, Dr. Donna Sigl, Michelle Coons, Michael Olguin, Nick Estes, Dr. Raymond Loretto</td>
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<td>Ex-Officio Members Present:</td>
<td>Stephen McKernan, Dr. Michael Richards, Dr. Aimee Smidt, Dr. Paul Roth, Ryan Berryman</td>
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<td>County Officials Present:</td>
<td>None</td>
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<tr>
<td>Call to Order</td>
<td>A quorum being established, the Chair, Ms. Debbie Johnson, called the meeting to order at 9:016AM.</td>
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<tr>
<td>I. Adoption of Agenda</td>
<td>The Chair, Ms. Debbie Johnson, requested a motion to adopt the agenda.</td>
<td>Mr. Jerry McDowell made a motion to adopt the agenda. Dr. Raymond Loretto seconded the motion. There being no objections, the motion carried.</td>
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<td>II. Public Input</td>
<td>None</td>
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<td>III. Announcements</td>
<td>None</td>
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<td>IV. Approval of Minutes</td>
<td>The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for February 26, 2016.</td>
<td>Dr. Raymond Loretto made a motion to approve the minutes of the February 26, 2016, Board of Trustees meeting. Mr. Jerry McDowell seconded the motion. There being no objections, the motion passed unanimously.</td>
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<td>V. Consent Agenda</td>
<td>There were no Consent Items to be approved. Following review of the Clinical Privileging descriptions, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted.</td>
<td>Dr. Donna Sigl made a motion to approve the Clinical Privileging descriptions, as submitted. Mr. Joseph Alarid seconded the motion. There being no objections, the motion passed unanimously.</td>
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<td>VI. Board Initiatives</td>
<td>Ms. Ella Watt presented the FY16 Revised and FY17 Operating Budget for approval. Ms. Ella Watt presented the FY16 Revised and FY17 Capital Budget for approval.</td>
<td>Mr. Joseph Alarid made a motion to approve the FY16 Revised and FY17 Operating Budget. Mr. Nick Estes seconded the motion. There being no objections, the motion passed unanimously. Mr. Jerry McDowell made a motion to approve FY16 Revised and FY17 Capital Budget. Ms. Michelle Coons seconded the motion. There being no objections, the motion passed unanimously.</td>
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<td>VII. Administrative Reports</td>
<td><strong>Chancellor’s Report</strong> – Dr. Roth did not provide a report at this meeting, but</td>
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<td>participated in the discussion related to Mr. McKernan’s report.</td>
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<td><strong>CEO Report</strong> – The CEO report is in the packet. Mr. McKernan answered questions related to the recent announcement by the Board of Regents.</td>
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<td><strong>CMO Report</strong> – The CMO report is in the packet.</td>
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<td>VIII. Updates</td>
<td><strong>Financial Report Card</strong> – Ms. Ella Watt presented the February financial dashboard.</td>
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| IX. Committee Reports | **Performance Oversight & Community Engagement Committee**  
The Performance Oversight & Community Engagement Committee met on March 18, 2016.                                                                 |                                                                                                                                                           |
|                    | **Finance, Audit, and Compliance Committee**  
| X. Other Business  | None                                                                                                                                                                                                               |                                                                                                                                                           |
| XI. Closed Session | At 9:45AM, the Chair, Ms. Debbie Johnson, requested a motion to close the open session of the meeting to the public.                                                                                                  | Mr. Nick Estes made a motion to move to closed session. Mr. Jerry McDowell seconded the motion. The motion passed unanimously.                  |
| XII. Certification | **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.** | Dr. Raymond Loretto made a motion to return the meeting to open session. Ms. Christine Glidden seconded the motion. The motion passed unanimously. |
| XIII. Vote to Re-Open meeting | At 11:13PM, 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. | Dr. Raymond Loretto made a motion to return the meeting to open session. Ms. Christine Glidden seconded the motion. The motion passed unanimously.  
Mr. Jerry McDowell made a motion to accept the minutes presented by the committees. Dr. Donna Sigl seconded the motion. The motion passed unanimously.  
Mr. Jerry McDowell made a motion to ratify the actions taken. Dr. Donna Sigl seconded the motion. The motion passed unanimously. |
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<td>XIV. Adjournment</td>
<td>The next scheduled Board meeting will be April 29, 2016 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, adjourned the meeting at 11:14PM.</td>
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Christine Glidden, Secretary  
UNM Hospital Board of Trustees
UNM Hospital Board of Trustees
Recommendation to HSC Committee
April 2016

Approval

Jaynes Corporation:
2906 Broadway NE
Albuquerque, NM 87107

Officers Information:
Rick Marquardt, Chairman & CEO, The Jaynes Companies
Shad James, President & COO, Jaynes Corporation

Source of Funds: UNM Hospital Capital Budget

Description: The scope of this project is to provide construction services for the installation of a new 3 Tesla MRI on the first floor of the Main Hospital. Project will include, but not necessarily be limited to, structural, architectural, mechanical, electrical, plumbing, low voltage and finishing work.

Procurement Process: UNMH RFP 1800-16: UNMH Main Hospital New MRI Installation

RFP Respondents: There were five respondents to the RFP:
Brycon Corporation Consolidated Builders of NM LLC Insight Construction LLC
Jaynes Corporation Mick Rich Contractors

Selection Criteria:
Management Plan and Technical and Organizational Capability 20%
Statement of Qualifications and Past Performance of General Contractor 20%
Statement of Qualifications and Past Performance of Subcontractors 20%
Price/Cost 40%

Selection Reason: Based upon above criteria, the RFP committee members reviewed and scored all vendor proposals, completed scheduled reference site meetings, and selected vendor via highest score. Final scoring by the RFP committee determined project would be awarded to Jaynes Corporation.

Total Cost: The total project budget is estimated at $1,000,000.
UNM Hospital Board of Trustees  
Recommendation to HSC Committee  
April 2016

Approval

(2) Siemens Medical Solutions USA, Inc.

Ownership:  
40 Liberty Boulevard  
Malven, PA 19355

Officers Information:  
President and CEO: Eric Spiegel  
Senior Vice President: Mike Panigel

Source of Funds: UNM Hospital Capital Budget

Description: Request approval to purchase from Siemens two (2) bi-plane angiographic rooms to replace two existing single plane angiographic rooms. The two rooms are a solution to meet the complex needs and growing service lines for Cardiology, Neurosurgery, and Interventional Radiology.

Currently, the Neurosurgery Stroke program performs interventional work in the one and only bi-plane room in Radiology. Since becoming a designated stroke center, UNMH has seen an increase in the need and demand for the room. Neurosurgery has increased from one provider to now three providers requiring use of the bi-plane room. In addition, the existing room has been in place for almost seven years and has had several maintenance issues, most recently in December; this room was down in excess of three weeks. The Component parts necessary to repair the viewing monitor in the room have recently been discovered to be obsolete.

The Cardiology service line has experienced growth in the Electrophysiology program and pediatric services. This has resulted in competing services for the one and only bi-plane resource in Cardiology.

There is also a need to have redundancy in resources; therefore, neurosurgery software packages will be included in the Cardiac Cath lab bi-plane equipment. In time, the existing radiology bi-plane unit will need to be replaced; therefore, we will ensure a minimum of two bi-plane angiographic rooms available to support our Stroke program.

Previous Contract, Previous Term, and Previous Operating Contract Amount: not applicable.

Process: RFI from Novation Vendors

RFI Respondents: There were 3 respondents to the RFI:
   1. Siemens
   2. Philips
   3. GE
Selection Criteria:

Selection was based upon highest scores for the following characteristics:
A) Vendor Qualification: Experience, Quality, and Stability
B) Solution for UNMH: Product Functionality
C) Training, Warranty and Maintenance
D) Implementation and Service Cost, and
E) Equipment Cost.

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

Total Cost: Equipment Cost for Two Bi-Plane Rooms is estimated at $3,500,000

Annual Service Cost is estimated as follows:

Atis Q Zen Biplane Annual $185,000
Artis Q Biplane Annual $165,000
UNM Hospital Board of Trustees
Recommendation to HSC Committee
April 2016

Approval

(1) Medline Industries

Ownership: Medline Industries
One Medline Place
Mundelein, Illinois 60060

Officers Information: Charlie Mills, Chief Executive Officer
Andy Mills, President

Source of Funds: UNM Hospital Operating Budget.

Description: Request approval for a five year agreement with Medline Industries for Custom Procedure Packs. Custom Packs are utilized in patient procedures by various hospital departments, such as surgical services, labor and delivery, radiology and the Cath lab. By providing disposable supplies needed for specific procedures, the packs can decrease set-up time and ensure that supplies are readily available. This efficiency is achieved by eliminating the need for staff having to pull individual supplies for each procedure. The packs help reduce waste while saving time and improving the efficiency and timeliness of patient care.

Process: Vizient (formerly Novation) contract # MS0231

Previous Contract: Medline, Industries
Previous Term: Five (5) years
Previous Contract Amount: $11,000,000

Total Cost: Supply cost is estimated at $2,200,000 per year with a total cost of $11,000,000 for the duration of the contract.
UNMH General Surgery Clinical Privileges

Name: 
Effective Dates: ___________ To: ___________

CORE PRIVILEGES: General Surgery

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

☐ Requested

General Surgery Core Procedures List

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

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

Performance of history and physical exam

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

Name: 
Effective Dates: ____________ To: ____________

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

Name: 
Effective Dates: ___________ To: ___________

57. Thoracoabdominal exploration
58. Thoracotomy
59. Tracheostomy
60. Transhiatal esophagectomy
61. Tube thoracostomy

62. **Utereral Repair**
63. **Urinary bladder resection or repair**

64. Vagotomy; truncal, selective, highly selective

Criteria approved by UNMH Board of Trustees on TBD
UNMH Ophthalmology Clinical Privileges

Name: ___________________________ Effective Dates: From _________ To ___________

QUALIFICATIONS FOR RETINA AND VITREOUS SURGERY:

Criteria: To be eligible to apply for clinical privileges in retina and vitreous surgery, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA accredited residency program in ophthalmology; AND
2. Successful completion of a fellowship in vitreoretinal surgery or the equivalent training and experience.

Required Current Experience: Demonstrated current competence and evidence of the performance of an adequate number of retina and vitreous surgery procedures with acceptable outcomes, reflective of the scope of privileges requested, in the past twelve (12) months or completion of training within the past twelve (12) months.

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

NON-CORE PRIVILEGES: Retina and Vitreous Surgery

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

1. Closed system vitrectomy, including peeling epiretinal or subretinal membranes
2. Laser for retinopathy of prematurity
3. Laser photocoagulation
4. Pneumatic retinopexy
5. Scleral buckle procedures

☐ Requested

Criteria Approved by UNMH Board of Trustees on (DATE TBD)
QUALIFICATIONS FOR PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE PLACEMENT:

Criteria: Must have proof of completion of twenty (20) supervised/proctored cases of PEG placement on patients at least 17 years old and have been signed off on this privilege by the Director of the Center for Surgical Critical Care, or Medical Director for Medical Intensive Care Unit and Division Chief General Surgery or Division Chief of Gastrointestinal Service.

Required Previous Experience: Demonstrated current competence and evidence of the performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

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

Supervising Physician Approval: The provider requesting Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement privileges meets the criteria defined above.

________________________________________________________________________________________
Signature                                      Date Signed

NON-CORE PRIVILEGES: Percutaneous Endoscopic Gastrostomy (PEG) Tube Placement

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

**QUALIFICATIONS FOR SPECIAL NON-CORE ENDOMETRIAL BIOPSY (EMB)**

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

1. **Initial applicants must qualify for, and be granted, core privileges as a CNM at UNM Hospitals and clinics; AND**
2. **Successful completion of training in requested procedure, or documentation of a special course for requested procedure accompanied with demonstrated proctoring for requested procedure with acceptable outcomes.**

**Required Current Experience:** Demonstrated current competence and evidence of performance of an adequate number of requested procedures with acceptable outcomes in the past twelve (12) months.

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

**NON-CORE PRIVILEGES: ENDOMETRIAL BIOPSY (EMB)**

☑ Requested
UNMH Certified Nurse-Midwife (CNM) Clinical Privileges

Name:_________________________________________ Effective Dates: From _________ To __________

Criteria Approved by UNMH Board of Trustees as of TBD
Mission Statement

Exceptional care for all of New Mexico through compassion, learning and discovery.
Feedback from Board—December

Vision to be:
- Concise
- Get in front of what the community needs
- Understanding what our community needs
- We are part of the community
- Set the standard and add excellence in quality and safety for patients
- Explicit recognition of health, social determinants—they are connected
Words from Mission Work

- Health
- Community
- Excellence
- Quality

- Caring
- Service
- Trustworthy
- Leader
- Innovative
Feedback from Board—December

- Shared Outcome
- Inclusive
- Teach
- Transformation/leading from disease treatment to wellness

- Treat
- Re-form (healthcare)
- Stages of health
- Strongly anchored
Feedback from POCEC—March

- Excellence (3)
- Caring
- Comprehensive
- Active
- Leading
- Forward thinking
- Stewards
- Health
- NM
- Patient Centered
- Investment
- Transform
- Sovereignty
- Shared
An Example...

Lead and Serve by...

- Treating the sick and injured
- Teaching the next generation of care givers
- Transforming the public awareness of health and well-being

...through public service to our community.
Example Statements

- Excellence today, tomorrow, and for all your future health needs
- Strong leadership in professional healthcare
- Provide best health outcomes for our patients and community
- Our job is to take care of patients and educate learners
- Concept of seamless process of teaching and optimal care
- We’re here for you no matter what
- We demonstrate our passion for our community through our continuum of services
- Excellence of care across the health continuum
- Exceptional medicine, extraordinary care, every person, every day
- Through excellence and commitment, serving our community
1. Share examples of statements with stakeholders
2. Ask them to dialogue about impressions or thoughts on shared statements
3. Share data about the organization
4. Lead discussion about common themes, ideas for the future, and what it is we want for our organization OR brainstorm a list of adjectives
5. Involve staff—brainstorm and generate dialogue by asking targeted questions
6. Draft statements based on feedback from prior steps
7. Member check statements until selection
Next Steps

- Executive Leadership Meeting—May 5, 2016
- Management Coffee—May 12, 2016
- Medical Executive Committee May 18, 2016
- Performance Oversight & Community Engagement Committee—May 19, 2016
- Board of Trustees—June 24, 2016
Thank You
POLICY PURPOSE
It is the policy of the UNM Hospital Board of Trustees Native American Services Committee to provide oversight of care and services to the Native American Community of the UNM Hospitals to fulfill the provisions of the 1952 Contract between the Indian Health Service and Bernalillo County that was assumed in 1999 Lease, as amended, between Bernalillo County and UNM as delegated by the UNM Hospital Board of Trustees (BOT).

REFERENCES
University of New Mexico Regents’ Policy Manual Section 3.6: UNM Hospital Board of Trustees

GENERAL INFORMATION AND DESIRED OUTCOME
The UNM Hospitals Native American Services Committee shall be authorized and expected to provide oversight as follows:

- Review services provided to Native Americans by UNM Hospitals.
- Review and recommend service standards for Native Americans to management
- Review operations of Native American Health Services Office
- Determine UNMH compliance with the 1952 Contract
- Determine compliance with 1999 Lease and amendments
- Determine compliance with the Consents of Amended Lease with Pueblos
- Review quarterly reports to the Indian Health Service
- Review agenda items for the annual consultative meeting with the All Pueblo Council of Governors (APCG)
- Review the annual report to the Native American tribal representatives
- Interact with the Indian Health Service on above matters
- Interact with APCG on above matters
- Interact with Bernalillo County on above matters

PROCEDURE
1. Native American Services Committee Structure and Membership
The UNM Hospitals Native American Services Committee Chair is a UNM Hospital Board of Trustees member and is nominated by the UNM Hospital Board of Trustees Chair. The UNM Hospitals Native American Services Committee Chair shall be nominated for one year and may
continue to serve as Chair at the request of the UNM Hospital Board of Trustees Chair or until a replacement is named.

1.1 The UNM Hospitals Native American Services Committee Chair shall:
   - Conduct the Native American Services Committee meetings
   - Establish the Native American Services Committee calendar
   - Direct the Native American Services Committee agenda
   - Make recommendations to the UNM Hospital Board of Trustees regarding operational plans, and any other appropriate informational or approval items to improve services for Native Americans
   - Advise the UNM Hospitals Chief Executive Officer (CEO) on recommendations to continue and or improve services for Native Americans
   - Ensure adequate operational knowledge and expertise of Native American Services Committee Board members
   - Report operational or service standard or contract compliance concerns to the UNM Hospital Board of Trustees

1.2. Membership:

   - The UNM Hospitals Native American Services Committee is comprised of the Native American Services Committee Chair plus two UNM Hospital Board of Trustees members and one or two physicians as designated by Native American Services Committee Chair
   - The UNM Hospitals CEO serves as primary staff and advisor to the UNM Hospitals Native American Services Committee Chair
   - Ad hoc staff include:
     - Executive Director of Behavioral Health Finance
     - Administrator for Ambulatory Services
     - Executive Director of Ambulatory Business Operations
     - Director, Diversity Equity & Inclusion
     - Manager, Native American Health Services
     - Contracts Specialist, Native American Health Services

2. Native American Services Committee Duties

UNM Hospital is part of UNM Health Sciences Center, a division of the University of New Mexico and are instrumentalities of a political subdivision of the State of New Mexico. The UNM Hospitals Native American Services Committee, as delegated by the UNM Hospital Board of Trustees, has the responsibility to ensure that UNMH is in compliance with all Contract, Lease, Consent and other agreements with the Indian Health Service, State, County and Native American governmental entities. The Chair of the UNM Hospitals Native American Services Committee must accept this role as the ultimate responsibility of his/her position.

DEFINITIONS
SUMMARY OF CHANGES

DOCUMENT Approval & Tracking

Item Contact Date Approval
Owner: UNMH Board of Trustees
Administration: Chief Executive Officer
Official Approver: Chair Board of Trustees
Official Signature Date: 4/29/2016
Effective Date: 4/29/2016
Origination Date: 4/2016
Issue Date: UNM Hospitals Policy Coordinator 4/29/2016

ATTACHMENTS
None
Thanks to Scot Sauder and Robb McLean, whose previous presentations I have significantly plagiarized.
Historical Roots of Medical Staff Governance

Because of its unique role and mission, the medical profession has historically been allowed to self-regulate, guided by three principles:

– patient quality of care;
– patient safety;
– professional conduct.

Organized Medical Staff self-governance is intended to help assure that medical decisions are based on those three principles rather than on political, personal or economic pressures.
Historical Roots of Medical Staff Governance

Current Medical Staff bylaws and professional review practices are significantly influenced nationally by:

- Center for Medicare and Medicaid Services (CMS) Conditions of Participation (CoP)
- Joint Commission (TJC) Accreditation Requirements and Standards
- Federal Health Care Quality Improvement Act of 1986 (HCQIA)
42 CFR 482: CMS Conditions of Participation for Hospitals, § 482.22: Medical Staff

• The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care.

• The medical staff must periodically conduct appraisals of its members.

• The medical staff must examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates.
The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:

- be approved by the governing body;
- include a statement of the duties and privileges of each category of medical staff;
- describe the organization of the medical staff;
- describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body;
- include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.
TJC Standards

• The organized medical staff develops medical staff bylaws, rules and regulations, and policies.

• After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval.

• The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.

• Neither the organized medical staff nor the governing body may unilaterally amend the medical staff bylaws or rules and regulations.
TJC Standards

The medical staff bylaws include the following requirements:

• the process for **credentialing and re-credentialing** licensed independent practitioners;
• the process for **appointment and re-appointment** to membership on the medical staff;
• indications and process for **automatic and summary suspensions** of a practitioner’s medical staff membership or clinical privileges;
• indications and process for recommending **termination or suspension of medical staff membership** and/or **termination, suspension, or reduction of clinical privileges**;
• the **fair hearing and appeal process** which at a minimum shall include:
  • the process for scheduling hearings and appeals;
  • the process for conducting hearings and appeals;
  • the composition of the fair hearing committee.
MS 01.01.01 Medical staff bylaws address self-governance and accountability to the governing body.

MS.01.01.03 Neither the organized medical staff nor the governing body may unilaterally amend the medical staff bylaws or rules and regulations.

MS.02.01.01 There is a medical staff executive committee.

MS.03.01.01 The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

MS.06.01.03 The hospital collects information regarding each practitioner’s current license status, training, experience, competence, and ability to perform the requested privilege.

MS.06.01.05 The decision to grant or deny a privilege(s), and/or to renew an existing privilege(s), is an objective, evidence-based process.

MS.06.01.07 The organized medical staff reviews and analyzes all relevant information regarding each requesting practitioner’s current licensure status, training, experience, current competence, and ability to perform the requested privilege.

MS.07.01.01 The organized medical staff provides oversight for the quality of care, treatment, and services by recommending members for appointment to the medical staff.
MS.07.01.03 Deliberations by the medical staff in developing recommendations for appointment to or termination from the medical staff and for the initial granting, revision, or revocation of clinical privileges include information provided by peer(s) of the applicant.

MS.08.01.01 The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner’s professional performance.

MS.08.01.03 Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.

MS.09.01.01 The organized medical staff, pursuant to the medical staff bylaws, evaluates and acts on reported concerns regarding a privileged practitioner’s clinical practice and/or competence.

MS.10.01.01 There are mechanisms including a fair hearing and appeal process for addressing adverse decisions regarding reappointment, denial, reduction, suspension, or revocation of privileges that may relate to quality of care, treatment, and services issues.
HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986 (HCQIA)

• Established the National Practitioner Data Bank (NPDB), a national tracking system of physicians with a history of medical malpractice payments or adverse actions.

• Encouraged participation in peer review activities by providing immunity from civil money damages (except for civil rights actions).
HCQIA

A professional review body means a health care entity, governing body, or any health care entity committee which conducts professional review actions, and any medical staff committee when it assists the governing body in a professional review activity.

A professional review activity means an activity of a health care entity with respect to an individual physician:

• to determine whether the physician may have clinical privileges or membership;
• to determine the scope or conditions of such privileges or membership; or
• to change or modify such privileges or membership.
HCQIA

A professional review action means an action or recommendation by a professional review body which is taken or made during a professional review activity.

- The action or recommendation must be based on the competence or professional conduct of an individual physician and which affects (or may affect) adversely the physician’s clinical privileges or membership in a professional society.
- The professional conduct of the physician in question must affect or could affect adversely the health or welfare of a patient or patients.
- A professional review action includes a formal decision to not take action or make a recommendation.
HCQIA

A professional review action must meet the standards set forth in the Act in order to qualify for immunity. The professional review action must be taken:

• in the reasonable belief that the action was in furtherance of quality health care;
• after a reasonable effort to obtain the facts of the matter;
• after adequate notice and hearing procedures afforded to physician or other such procedures that are fair to the physician; and
• in the reasonable belief that the action was warranted by the facts known after the reasonable effort to obtain the facts and adequate notice and hearing procedures have been afforded to the physician.
HCQIA

Information reported pursuant HCQIA shall be considered confidential and not to be disclosed (other than to the physician or practitioner in question) except with respect to professional review activity, as necessary to carry out queries to the National Practitioner Data Bank, or in accordance with federal regulations or state law.
Organization of the UNMH Medical Staff

- UNM Hospitals currently has ~965 Active Medical Staff and ~350 Allied Health Professionals.

- The Medical Staff at UNM Hospitals have an organized self-governance structure, as specified by the:
  - *UNMH Medical Staff Rules & Regulations*;
  - *UNMH Medical Staff Bylaws*;
  - UNMH Medical Staff policies, procedures, and guidelines.

- The *Bylaws* and *Rules & Regulations* are adopted by vote of the Medical Staff and approved by its Governing Body, the UNMH Board of Trustees.
  - The *Bylaws* detail a representative model through a Medical Executive Committee (MEC) and other standing committees.
  - Members of the Medical Staff elect a Chief of Staff (who chairs the MEC) and 4 MEC Members-at-Large.
The Medical Executive Committee (MEC)

- **Voting Members:** Chief of Staff (as Chair), Health System Executive Physician in Chief, Health System Executive Physician, UNMH CMO, Associate Dean for Clinical Affairs, immediate past Chief of Staff, Chairs of all Clinical Departments, up to five Executive Medical Directors (as appointed by the UNMH CMO), Cancer Center CMO, Associate Dean for Graduate Medical Education, four Members-at-Large, Chair of the Credentials Committee

- **Non-voting members:** CEO of UNMH, COO of UNMH, UNMH Chief Nursing Officer, UNMH Administrator for Professional and Support Services, UNMH Administrator for Ambulatory Services, UNMMG CMO, UNMMG CEO, SRMC CMO, SRMC CEO, UNMH Chief of Staff Elect, Dean of the School of Medicine, Health System Chief Quality Officer, UNMH Executive Director for Quality Outcomes, Cancer Center Clinical Operations Director, a Resident Physician representative, Chairs of Associate Departments
Standing Medical Staff Review Activities

Medical Staff review activities are organized around the six core clinical competencies of the national Accrediting Council for Graduate Medical Education (ACGME):

- Patient Care
- Medical Knowledge
- Practice-Based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice
Standing Medical Staff Review Activities

- Medical Staff Appointment/Reappointment (‘credentialing and privileging’)
- Level One and Level Two Focused Professional Practice Evaluations (FPPE’s)
- Ongoing Professional Practice Evaluations (OPPE’s)
- UNMH Quality Improvement and Patient Safety ongoing monitoring activities (e.g., NPSG)
- Patient Safety Intelligence (PSI) reports
- Risk Management reviews and conferences
- Departmental review activities – eg, Morbidity & Mortality conferences (M&M)
- Accreditation and regulatory compliance activities
- Patient/family/public complaint pathways
Medical Staff Professional Review -
Automatic Relinquishment of Membership

• More than 30 administrative suspension days for medical records delinquencies in a consecutive 12 month period
• Failure to report action restricting or stipulating a Member’s professional licensure
• Loss of faculty appointment status
• Exclusion from participation in a federal and/or state health care program
• Felony conviction
• NB: Loss or restriction of a DEA Certificate results in parallel actions on the Member’s prescribing privileges
Medical Staff Professional Review – Summary Suspension

• “The Dean, the Associate Dean for Clinical Affairs, or the Chief of Staff have the authority to take immediate action to prevent the substantial likelihood of imminent injury or danger to the health or safety of any patient, employee, or other persons at UNMH or in the best interests of patient care at UNMH or at other clinical facilities as assigned by UNMH, by summarily suspending or restricting all or any portion of the clinical privileges of a Member without the benefit of a hearing or personal appearance.”

  – written notice of the summary suspension is provided to the Member, the Member’s Chair, and the MEC, and

  – a Member whose clinical privileges have been summarily suspended for more than 14 consecutive days is entitled to request a Fair Hearing (as detailed below).
Bylaws – Professional Review Activities and Actions

Professional review activities, professional review actions, and associated fair hearings and appeals are the subject of approximately one-third of the UNMH Medical Staff Bylaws.

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“Professional review activity” means an activity of UNMH with respect to a physician or physician Member:

• to determine whether the Member may have clinical privileges with respect to, or Membership in the Medical Staff;
• to determine the scope or conditions of such privileges or Membership; or
• to change or modify such privileges or Membership.

“Professional review action” of a physician or physician member means an action or recommendation of the MEC:

• taken in the course of professional review activity;
• based on the competence or professional conduct of a Medical Staff Member, which affects or could affect adversely the health or welfare of a patient or patients; and
• adversely affects or may adversely affect the clinical privileges or Membership in the Medical Staff.
Formal Professional Review

• May be requested in writing by the Dean, the Associate Dean for Clinical Affairs, the Chief of Staff, a Department Chair or clinical division chief, or a chairperson of any standing Medical Staff committee. Any Member in good standing may recommend that a professional review be requested.

• Written notice will be provided to the Member and the Member’s Department Chair.

• The MEC will review the request and may:
  • decide that no action is indicated;
  • decide that the matter does not require formal professional review, and refer the matter to the Associate Dean for Clinical Affairs;
  • determine that additional information is needed, in which case it may refer the matter to an independent outside reviewer, to the Associate Dean for Clinical Affairs, or to an Ad Hoc Investigatory Committee (AHIC) for investigation.
Ad Hoc Investigatory Committee (AHIC)

• Composition:
  - one Member nominated by the affected Member’s Department Chair or the Chair’s designee;
  - one Member nominated by the Associate Dean for Clinical Affairs or the ADCA’s designee;
  - one Member nominated by the affected Member.

• The AHIC will:
  - select a Chair;
  - review applicable laws, regulations, and governing documents;
  - conduct interviews and review documents;
  - afford the affected Member an opportunity to provide information;
  - submit its findings and recommendations in writing to the Chief of Staff, who will forward them to the MEC.
MEC Review of AHIC Report

• The MEC will review the report and may:
  • determine that no corrective action is necessary;
  • defer action for a reasonable time if warranted;
  • issue letters of admonition, warning, reprimand, or censure;
  • direct the affected Member to undergo a fitness for duty examination, and/or treatment/counseling;
  • recommend reduction or limitation of any prerogatives directly related to Medical Staff membership;
  • recommend the imposition of terms of probation, or limitation upon continuing Medical Staff membership or exercise of clinical privileges;
  • **recommend reduction, modification, suspension or revocation of clinical privileges or membership.**
Fair Hearing and Appeal

• A Fair Hearing may be requested if:
  – an application for appointment or reappointment to the Medical Staff is denied;
  – a proposed action (e.g., summary suspension) will result in adverse action on a Member’s privileges for more than 14 consecutive days;
  – a recommended action of the MEC will adversely affect (revoke, restrict, or suspend) a Member’s privileges or Medical Staff membership.
  – essentially, these are adverse actions for which HCQIA requires a report to the Medical Board and the NPDB.
Fair Hearing and Appeal

• A Fair Hearing may not be requested for such things as:
  – lesser recommendations or actions, such as:
    • administrative or summary suspensions for <13 days
    • letters of admonishment or censure
    • appointment or reappointment peer reviews
  – ongoing or focused professional practice evaluations (OPPE’s and FPPE’s);
  – automatic or deemed resignations as specified in the Medical Staff Bylaws.
Fair Hearing and Appeal

• A Fair Hearing may be conducted by an Arbitrator, a Hearing Officer, or an Ad Hoc Hearing Committee (AHHC), at the MEC’s discretion and appointment.

• An AHHC is conducted by a 3-member committee of the affected Medical Staff Member’s peers who do not have a disqualifying conflict of interest.
  – The affected Member has the right to object to any of proposed members of the AHHC.
  – Objections are taken seriously by the MEC because of due process concerns.

• The hearing may take place only after written notice is provided to all parties not less than 30 days prior to the hearing date.
  – Notice must summarize the affected Member’s rights; describe reasons for MEC’s proposed action, and list the likely witnesses the MEC intends to call.
Fair Hearing and Appeal

- The affected Member is entitled to representation by a colleague or by legal counsel (at his/her own expense); to confront his/her accusers; to cross-examine witnesses; to limited discovery; and to call his/her own witnesses.

- The MEC is represented by a voting member of the MEC; if the affected Member retains legal counsel, the MEC may also be represented by counsel.

- At the hearing, the MEC has the initial burden to establish the factual basis for the MEC’s proposed action(s).
  - If the burden is carried, the burden of persuasion shifts to affected Member to rebut the factual basis of evidence by affirmatively showing that proposed adverse decision is “more likely than not” without merit. The affected Member need only satisfy the “preponderance of the evidence” standard, not the higher standards of “clear and convincing evidence” or “beyond a reasonable doubt”.
Fair Hearing and Appeal

• The hearing is transcribed for the record.
• After the conclusion of the hearing, the AHHC forwards a written report, with recommendations, back to the MEC.
• The MEC considers the report of the AHHC and determines its final recommended course of action, potentially including any adverse action(s) on the affected Member’s clinical privileges or Medical Staff membership.
• In the absence of further appeal, the MEC’s recommendations advance through the regular recommendation and approval process.
Fair Hearing and Appeal

• If the MEC’s final decision is adverse to the affected Member, the Member may appeal that decision to the UNMH Board of Trustees.
  – The Board of Trustees appoints an Appellate Review Committee, consisting of 3 of its Members, to consider whether the decision of the MEC was justified or erroneous, and whether or not it was arbitrary or capricious.
  – The appellate review is based upon the hearing record on which the MEC’s decision was based, supplemented by written statements of the affected Member and the MEC. The affected Member may also request the right to present oral arguments, which request may be approved or rejected by the Appellate Review Committee.
  – Failure to request an appeal within 15 days is deemed to be a waiver of right to an appellate review, and acceptance of the MEC’s recommendation.
Fair Hearing and Appeal

• The Appellate Review Committee makes a written report to the Board of Trustees as a whole with its recommendation(s) for the Board’s final decision.

• The Board of Trustees reviews the report, and determines its final decision.

• The Board of Regents is the final decision-maker as to renewal, non-renewal, termination or restriction of clinical privileges or Medical Staff membership. All such further appeals shall not be of right, and shall be conducted solely under the provisions of Regents’ Policy 1.5.
Questions?
MEMORANDUM

To: Board of Trustees
From: Stephen McKernan
Chief Executive Officer
Date: April 25, 2015
Subject: Monthly Hospital Activity Update

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

Accreditations and Recognitions: UNMH received its Stroke Reaccreditation from The Joint Commission. UNMH was recognized by the National Patient Safety Foundation and the Daisy (Diseases Attacking the Immune System) Foundation as the recipient of the national team award for Extraordinary Nursing for its Clinical Information Council based on the work that has been done on the hospital’s Electronic Medical Record. The team, led by Kim McKinley has done extraordinary work in improving the record to improve ease of use with a goal of improving the ability of the nursing staff to provide safe care for the hospital’s patients.

This year, amongst the management staff, 3 nurses will complete their Doctorates. There 8 more of the nurse management staff that are starting or in process of completing their Doctorates. This advancement of our staff will be instrumental to UNMH improving the quality of care and service we provide to our patients. This is a point of great pride at UNM.

Activities Levels: Activity levels, through March, are consistent with activity compared to the prior year. Patient days are 4% lower than the prior year but discharges are 4% higher than the prior year with similar increases in both pediatric and adult discharges. Clinic visits are recorded as being 30% higher than the prior year related to the catch up in coding as the result of the ICD-10 conversion and emergency room visits are 16% lower than the prior year. The Urgent Care Center staffing has improved and its level of activity is returning to base line. Surgeries were 9% higher than the prior year and births are 2% lower than the prior year. Overall activity, as measured by case mix adjusted patient days and discharges are approximately equal to the prior year.

Year to date, the patient days are close to the prior year, but the discharges are 3% below the prior year for adult and 13% below the prior year for children. Clinic visits are 6% higher than the prior year but the Emergency Room is below the prior year. Surgeries are 3% higher than the prior year and births have increased by 2%. The case mix index has increased by 7%. Overall work activity is about 7% greater than the prior year on a case mix adjusted basis.

Finances: The operating revenues of the hospitals are about 2% greater than the prior year at $659 million. Expenses have increased about 6% which is in lower than activity growth. This includes the compensation increase and increase in workforce. FTE’s have increased by about 250 since the prior year. Net margin is about $8 million, less than 2% of revenues. There has been no contribution to the capital initiatives fund this year.

Most of the change in revenues is related to the loss of disproportionate share payment for Medicaid. It has had about a $34 million negative impact on the hospital’s year to date revenues.
The balance sheet of the hospital is stable. Cash is above the prior year end amount. Accounts payable are up due to the accrual on the Disproportionate Share matter. The hospital has met its debt covenants.

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

**Strategic Planning:** Strategic planning is mostly related to the master facility plan and the next phases that the hospital would engage in to work on design of the replacement hospital. The requests for proposals have been received and the contract for services is being finalized.

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

**Human Resources:** The turnover rates are now around 14%, a little lower that most of the year. We have added almost 190 employees since the beginning of the year, although the vacancy rate is still close to 7% and 7% for nurses. We have increased the total compliment of nurses by 35 from June to March.

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

**Native American Liaison:** UNM Hospital Board will develop a new Committee of the Board to provide oversight and leadership on interactions with the Indian Health Service, the All Pueblo Council of Governors and the Native American Community. The primary focus will be to review compliance with the condition of the 1952 Contract, the Lease and the two Consents to amend the Lease. 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 County's engagement of a consultant and with an emphasis on improving behavioral health programs. There have been three meetings so far with a plan to meet every two weeks for the next two months.

If there are any questions on this or other matters, please feel free to contact me.
To: Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer
Date: April 29, 2016
Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of March was 9 hours and 37 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.
   - We sent 33 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:
   - 20 patients were triaged from the UNM Health System to Lovelace inpatient units.

3. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. The Studer Group has provided their assessment which we will share with the Board soon. We are working closely with Studer to move forward on our journey to excellence.

4. The Surgical Directions consultant is on site and we are creating a new operational structure to make our perioperative services more efficient and effective. Our new perioperative committee will begin meeting in May. This group will create our blueprint to run our perioperative services more efficiently.

5. Our ALOS (average length of stay) for March 2016 was 6.66 as compared to March 2015 which was 7.57. However for FYTD 2016 our ALOS is 7.01 which is slightly higher than FYTD 2015 when it was 6.90. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients.
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<th>3 Mo. Trend</th>
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<td></td>
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<td>6,720</td>
<td></td>
<td>7,203</td>
</tr>
<tr>
<td>Net Income (Loss) for all</td>
<td></td>
<td></td>
<td></td>
<td>$8,457</td>
<td>$10,259</td>
<td>$11,096</td>
</tr>
<tr>
<td>Operations (in thousands)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mix Index (CMI) - w/o</td>
<td>↓</td>
<td>↑</td>
<td>1.850</td>
<td>1.773</td>
<td>1.732</td>
<td></td>
</tr>
<tr>
<td>newborn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Admission Rates</td>
<td></td>
<td>↓</td>
<td>↑</td>
<td>8.01%</td>
<td>9.50%</td>
<td>8.63%</td>
</tr>
<tr>
<td>Days Cash on Hand for UNMH</td>
<td></td>
<td>↑</td>
<td>↑</td>
<td>84.37</td>
<td>35.02</td>
<td>70.61</td>
</tr>
</tbody>
</table>

**Human Resources:**

|                                |             |         |        |             |            |          |
| FTEs (Worked) per adj patient |             |         |        | 5.74        | 5.73       | 5.56     |
| day for all Operations        |             |         |        |             |            |          |
| Hours of Care - UNMH Nursing   |             |         |        | 17.79       | 17.94      | 17.58    |
| Paid FTE's for UNMH and BHOs  |             |         |        | 5,868       | 5,949      | 5,626    |
| Paid FTE's for CC             |             |         |        | 151         | 183        | 146      |
Community Benefits Reports

UNM Access Update – Dr. Irene Agostini, UNMH Chief Medical Officer

Dr. Agostini gave an update on patient throughput. The goal is for every patient at the University of New Mexico Hospital to have the appropriate length of stay for their illness by:
- Align goals in the Unified Operating Plan to reduce the length of stay
- Utilize technology (TeleTracking) and improved patient flow with real time information
- Created a Patient Flow Leadership Team
  - Update Code Purple Policy: Surge Capacity Management
  - Implement change in Hospital Workflow
  - Case Management to avoid unnecessary admissions from ED to hospital
  - Genesis Healthcare Contract for 4 beds expedites placement for indigent patients and those awaiting insurance prior authorizations
  - Created a Interservice Agreements Work Group to improve efforts between services
  - Community Resource Navigation

Grievances – Sheena Ferguson, UNMH Chief Nursing Officer

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

Finance, Audit and Compliance Committee Meetings

Wednesday, April 27, 2016 at 11:12 a.m.

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.

Compliance Committee Meeting:

I. Privacy Office and OCR Readiness presented by Sarah Morrow
II. ICD-10 Documentation Impact Results from Precyse presented by Judith Tallman
III. Compliance Update by Purvi Mody

Audit Committee Meeting:

I. Results of Facilities Internal Audit presented by Purvi Mody. Michael Chicarelli was there on behalf of management.

Finance Committee Meeting:

I. Consent Items presented by Jeff Gilmore
   - Jaynes – Approved
   - Siemens – Approved
   - Medline – Approved

   Disposition of Assets presented by Robert Gonzales – Approved

II. Strategic Plan Alignment with FY17 budget presented by Ella Watt
III. FY 16 UNMH financial results and dashboard for the nine months ended March 31, 2016 presented by Ella Watt
IV. CEO update presented by Steve McKernan – no updates
V. Human Resources Update presented by Sara Frasch
   - Three contracts up this year; will start negotiations mid-May
   - Currently reviewing benefit plan design

VI. The next UNMH BOT Finance, Audit and Compliance Committee meetings are scheduled for May 18, 2016.

Meeting adjourned at 1:09 p.m.