UNM Hospital Board of Trustees
Friday, June 24, 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
   • Board Member Recognition

IV. PUBLIC INPUT

V. APPROVAL OF THE MINUTES
   • May 20, 2016, UNM Hospital Board of Trustees Meeting

VI. CONSENT APPROVAL/ INFORMATIONAL AGENDA

VII. BOARD INITIATIVES
   • Request for Approval of Michael Shannon to the CTH Advisory Board (Approval)
   • Mil Levy Status – Steve McKernan
   • Operating Plan for the Hospital – Steve McKernan
   • Studer/MISSION: Excellence Update – Irene Agostini, MD / Sara Frasch
   • Board Nominating Committee – Steve McKernan

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

IX. UPDATES
   • May Financials – Ella Watt

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

XI. OTHER BUSINESS

XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session.
   a. Discussion and determination where appropriate of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA.
   b. Discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant pursuant to Section 10-15-1.H (7), NMSA.
   c. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
   d. Vote to re-open the meeting

XIII. Certification that only those matters described in Agenda Item 12 were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
## Agenda Item  
Subject/Discussion | Action/Responsible Person
--- | ---
**Voting Members Present:** | Debbie Johnson, Jerry McDowell, Joseph Alarid, Dr. Donna Sigl, Michael Olguin, Nick Estes, Dr. Raymond Loretto, Christine Glidden
**Ex-Officio Members Present:** | Dr. Paul Roth, Stephen McKernan, Dr. Irene Agostini, Dr. Aimee Smidt
**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. Mr. Jerry McDowell made a motion to adopt the agenda. Mr. Joseph Alarid seconded the motion. There being no objections, the motion carried.
II. **Public Input** | None
III. **Announcements** | Mr. Steve McKernan announced October UNMH Board of Trustees date will be changed from October 28 to October 21, 2016. Sheena Ferguson announced Daisy Recognition and a short presentation was given by Nicole Weimer, Kim McKinley and Mary Blessing.
IV. **Approval of Minutes** | The Chair, Ms. Debbie Johnson, requested a motion to approve the UNM Hospital Board of Trustees meeting minutes for April 29, 2016. Mr. Jerry McDowell made a motion to approve the minutes of the April 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. Dr. Raymond Loretto made a motion to approve the Consent Items, as submitted. Mr. Jerry McDowell seconded the motion. There being no objections, the motion passed unanimously.
| Following review of the Clinical Privileging descriptions, the Chair, Ms. Debbie Johnson, requested a motion to approve, as submitted. Dr. Raymond Loretto made a motion to approve the Clinical Privileging descriptions, as submitted. Ms. Christine Glidden seconded the motion. There being no objections, the motion passed unanimously.
VI. **Board Initiatives** | Mr. Steve McKernan reminded Board of the need to approve the Resolution on Open Meetings Act annually. The Chair, Ms. Debbie Johnson, requested a motion to approve. Mr. Nick Estes made a motion to adopt the charter. Dr. Donna Sigl seconded the motion. There being no objections, the motion carried.
### Agenda Item | Subject/Discussion | Action/Responsible Person
--- | --- | ---

| Dr. Betty Chang presented on Accreditation status of programs. |  |
| Mr. Steve McKernan gave an update on the UNMH Replacement Plan. |  |
| Kori Beech presented a UNMH Ambulatory Update. |  |

#### VII. Administrative Reports

- **Chancellor's Report** – Dr. Paul Roth provided an update to the board on the Studer Group Initiative and Surgical Directions group.
- **CEO Report** – The CEO report is in the packet.
- **CMO Report** – The CMO report is in the packet.

#### VIII. Updates

- **Financial Report Card** – Ms. Ella Watt presented the March financial dashboard.

#### IX. Committee Reports

- **Performance Oversight & Community Engagement Committee**
  The Performance Oversight & Community Engagement Committee met on May 19, 2016.
- **Finance, Audit, and Compliance Committee**
  The Finance, Audit, and Compliance Committee met on May 18, 2016.
- **Native American Liaison Committee**
  The Native American Liaison Committee met on May 18, 2016.

#### X. Other Business

- None

#### XI. Closed Session

- At 11:56AM, the Chair, Ms. Debbie Johnson, requested a motion to close the open session of the meeting to the public.

#### 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.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>XIII.</td>
<td>Vote to Re-Open meeting</td>
<td>At 1:01PM, 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. Ms. Christine Glidden made a motion to return to open session. Mr. Nick Estes seconded the motion. Dr. Donna Sigl made a motion to accept the minutes presented by the committees. Mr. Jerry McDowell seconded the motion. The motion passed unanimously. Mr. Jerry McDowell made a motion to ratify the actions taken. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>XIV.</td>
<td>Adjournment</td>
<td>The next scheduled Board meeting will be June 24, 2016 @ 9:00AM. There being no further business, the Chair, Ms. Debbie Johnson, requested a motion to adjourn the meeting. Mr. Jerry McDowell made a motion to adjourn the meeting. Ms. Christine Glidden seconded the motion. The motion passed unanimously. The meeting adjourned at 1:04 PM.</td>
</tr>
</tbody>
</table>
Michael F. Shannon  
1419 Saunders Rd. SW  
Albuquerque, New Mexico, 87105  
(W) 505-224-4000, ext. 52323  
(C) 505-385-1127  
mshannon3@cnm.edu

PROFILE:

Masters prepared Registered Nurse with a comprehensive knowledge of nursing and direct patient care. Have strong leadership, organizational, analytical and communication skills with a record of superior achievement. In-depth knowledge and experience in program management training and staff supervision.

EDUCATION:

Master’s of Science in Nursing Administration/Education, Organization Learning and Instructional Technology  
University of New Mexico, Magna Cum Laude, 1997

Bachelor of Science in Nursing  
University of New Mexico, Magna Cum Laude, 1995

Diploma Graduate in Nursing, Registered Nurse  
New York State School of Nursing, 1975

PROFESSIONAL EXPERIENCE:

Coordinator, Level I, Nursing Program  
Central New Mexico Community College, Albuquerque, New Mexico, 1/12-Present  
Serve as Program Coordinator, Level I and site acquisition for Associate Degree Nursing Program. Clinical instructor for Medical Surgical Nursing. Primary didactic instructor for Complex Nursing I, Nursing I Clinical. Faculty Advisor for the Student Nurse Association.
Clinical Director, Nursing Program  
Pima Medical Institute, Albuquerque, New Mexico, 7/11-12/11  
Serve as Clinical Director and site acquisition for Associate Degree Nursing Program. Clinical instructor for Critical Care, Emergency Care, Medical Surgical Nursing. Primary didactic instructor for Complex Nursing IV, Nursing V Clinical, Nursing VI Clinical and didactic and Professional Transition II/Senior Nursing. Outstanding Faculty Member for 2011/PIMA Medical Institute.

Clinical Rural Health Nurse Coordinator  
Raymond G. Murphy, VA Medical Center, New Mexico, 12/08-7/11  
Serves as Clinical Rural Health Nurse Coordinator for 6 Community Based Outpatient Clinics (CBOC) and 4 Contracted Satellite Clinics for the Albuquerque, VA Hospital throughout the state of New Mexico and 1 Contracted Clinic in southern Colorado. Proficient in CPRS and all aspects of patient specific continuity of care. Monitors facility and CBOC performance measures and specifically Ambulatory Care Services reports. Fluent in Joint Commission requirements, OIG, SOARS, OSHA regulations and tracers. Instrumental in LMS training on Telehealth and TeleMedicine training. Manages and assists in coordinating the recruitment and retention of registered nurses, licensed practical nurses and nursing assistants. Manages all nursing scholarship programs for the New Mexico VA system which includes: Employee Incentive Scholarship Program, National Nursing Education Initiative, VA Learning Opportunities Residency, and VA Nursing Education for Employees Program and coordinates the tuition reimbursements. Serves on the Human Resource Recruitment Collaborative Committee and Nurse Professional Affairs Committee.

Special Assistant to the Director, Navy Nurse Corps  
Served as consultant and advisor to Active duty and Reserve nurse corps officers regarding accession, promotion, recruitment and retention. Analyzes, evaluates and interprets Nurse Corps manpower statistics and data. Makes recommendations for recruiting and promotion plans. Liaisons with Bureau of Medicine, Federal Nursing Service Council, Recruit Command, and Reserve Force Command. Served as Chairperson, for Navy Medicine and the Navy Nurse Corps to the American Military Surgeons of the United States Annual Symposium. Prepares input and responses for the Navy Nurse Corps testimony before Congress relating to nursing issues. Maintains Instructor/Faculty status for the Defense Medical Readiness Training Institute and National Naval Medical Center in ABLS, ACLS, ENPC, PALS, PHTLS, TNCC. Maintains clinical proficiency in Emergency/Trauma subspecialty by working and mentoring in the emergency room at the National Naval Medical Center.
Chairman of the Recruitment Committee for the Medical Recruitment and Retention Working Group of the Office of the Secretary of Defense, networks with Army, Air Force and Navy. Championing the interoperable paradigm for Recruitment and Retention within the Uniform Services.

Clinical Coordinator/Paramedic Instructor
Responsible for clinical assignments and paramedic instruction for the Air Force Para-rescue/Combat Rescue Officer School. Instructor in Basic Life Support, EMT-B and Paramedic Courses governed by the Air Force Education and Training Command
Reason for leaving: Recall to Active Duty; United States Navy.

Charge Nurse/Trauma Nurse Specialist
University of New Mexico, Regional Trauma Center, Emergency Department, 1/2000-4/2005, retired
Served as Charge Nurse in the Emergency Room conducting care, triage and treatment for emergent patients in a Level I Trauma Center.
Analyze the ongoing emergency room operations including patient flow and staffing issues

Unit Director
University of New Mexico Hospital, NM, 4/1999-1/2000
Responsible for management of Behavior Health Nursing Department
Managed 30 bed inpatient Psychiatric Unit
Supervised 28 RN’s and 49 Mental Health Technicians
Served as primary representative for the inpatient units for JCAHO
Served on the University Hospital Practice Council
Served on the Redesign Initiative Discharge Process Task Force

Administrative Supervisor
University of New Mexico Hospital, NM, 8/1995-4/1999
Developed and implemented the Administrative Supervisor role.
Assumed primary and administrative responsibility and accountability for hospital functions after hours
Served as on-site representative of University Hospital and liaison between physicians, nursing staff, patients, families and hospital departments
Facilitated communication and decision-making through direct intervention, consultation and/or referral to resources as appropriate to each individual situation

Navy Nurse Corps, Lieutenant Commander
Fleet Hospital Six, Bahrain 12/1990-4/1991
Division Officer/Flight Nurse Casualty Receiving

Emergency Room Nurse
University of New Mexico, NM 1/1979-8/1995
Served as Emergency Room Staff nurse/Charge nurse/Flight nurse
Conducted triage for emergency care, making initial patient assessment and instituting emergency procedures

MILITARY EXPERIENCE

Deputy, Chief of Staff, Navy Medicine West
December 2008-December 2010
Served as the Deputy, Chief of Staff, Total Force Integration, Navy Medicine West, San Diego
Collaborated with 3 Commanding Officers of the Reserve Component of the United States Navy and their staff of greater than 1200 Physicians, Nurses, Corpsman
Preside as the direct link between Reserve and Active Duty affairs

Commanding Officer, United States Navy/Reserve Component
October 2004-October 2005
Served as the Commanding Officer, Operational Health Support Unit, Naval Hospital, Camp Pendleton, California
Managed unit of greater than 350 Physicians, Nurses, Corpsman
Preside as the direct link to the Active Duty counterpart

Senior Nurse Executive, United States Navy/Reserve Component
October 2003-October 2004
Served as the Senior Nurse Executive, Operational Health Support Unit, Naval Hospital, Bremerton, Washington
Managed staff of greater than 100 Nurse Corps Officers
Preside as direct link to Commanding Officer of Echelon 4 level of care

Executive Officer, United States Navy/Reserve Component
October 2001-October 2003
Served as Executive Officer for Fleet Hospital Dallas, PML 500, Combat Zone Hospital
Manage medical staff of greater than 500 Physicians, Nurses and Hospital Corpsman
Preside as direct link in the Echelon 3 level of care in theater of operation
Exercise Commander: Medical Outreach Program, West Africa, Ghana
Navy Nurse Ambassador, Australia June 2003

Faculty, Defense Medical Readiness Training Center
San Antonio, TX, 1991- present
Faculty, Course Director
Serve as Instructor, course director for the following course:
ABLS     PALS     ENPC
ACLS     PHTLS    PICC-LINE Certified
TNCC     CBRNE
Logged greater than 3500 hours didactic teaching for the Defense Medical Readiness Training Center. Instruction included care and treatment lectures in: Psycho-social aspects of Trauma Care; Head Trauma; Chemical Burns; Electrical Burns; Stabilization and Transport; Cardiac Arrhythmias; Airway Maintenance and Management; Thoracic Trauma; Pediatric Burns and Trauma; Pathophysiology of Trauma Care; Extremity Trauma; Abdominal Trauma; Pharmacological Interventions for Burns and Trauma; Trauma Pregnancy; Chemical, Biological, and Radiation Emergency Care.

SEMINARS
CONFERENCES:

American Military Surgeons of the United States 2010
HRRO Conference VA Recruiter University 2009
Surgeon General of the Navy Leadership Conference 2009
TriCare Financial Management Executive Program 2008
Military Health System Conference 2008
American Military Surgeons of the United States 2007
Interagency Institute for Federal Health Care Executives 2007
American Military Surgeons of the United States 2006
Navy Corporate Business Course 2005
CO/XO Conference 2004
American Military Surgeons of the United States 2003
Triage, Staging, and Receiving Naval Forces, Korea 2002
Cold Weather Survival Course 2002
Chemical/Biological Casualties Course 2001
Strategic Medical Readiness Contingency Course 2001
Steven Covey “7 Habits of Highly Effective People” 2000
MCBC U.S. Army 1999
Military Leadership Conference 1996
Operations Other than War 1996
PROFESSIONAL

AFFILIATIONS:

- United States Navy Reserve
- Sigma Theta Tau Nursing Honor Society
- Federal Nursing Service Council
- Registered Nurse, New Mexico
- United States Gymnastic Federation
- Naval Reserve Association
- American Military Surgeons of the United States
- Emergency Nurses Association
  Nursing Advisory Committee, Albuquerque Public School Practical Nursing Program

PROFESSIONAL

CERTIFICATIONS:
Registered Nurse New Mexico Board of Nursing
Credentialed through United States Navy as Medical Surgical Nurse Subject Matter Expert

Instructor:
  Advanced Burn Life Support
  Emergency Nurse Pediatric Course
  Combat Trauma Nurse Course
  Pre-hospital Trauma Life Support
  Trauma Nurse Core Curriculum
  Pediatric Advanced Life Support

AWARDS:

Personal decorations include: Meritorious Service Medal (2 Gold Stars), Joint Service Commendation Medal, Navy and Marine Corps Commendation Medal (Gold Star), National Defense Medal (Bronze Star), Kuwait Liberation Medal, Southeast Asia Medal and additional service medals.

REFERENCES:
Upon Request
UNM Hospital
Unified Operating Plan
FY 2017
UNMH Operating Plan – Growth and Strategic Plans

• Goal – Develop Clinical Master Facility Plan
  – Metric – Complete the Master Facility Plan through the approval process
  – Metric – Complete the Strategic Plan through the approval process

• Goal – Increase Ambulatory access and throughput
  – Metric - Increase UNMH Clinic volume by 4%
  – Metric – Complete centralized scheduling project for Adult Clinics
  – Metric – Implement the full scope of PCMH model
  – Expand ambulatory capacity with new clinics
UNMH Clinic Volume

- Growth and Strategic Plan – Increase UNMH Clinic Volume by 4%
UNMH Operating Plan – Growth and Strategic Plans

• Goal – Increase inpatient capacity through decreased length of stay for growth in high-complexity programs at UNMH
  – Metric – 20% reduction in adult LOS>15 days
  – Metric – Decrease adult (without OB) ALOS to 6.5 days by increasing daily discharges by 3/day or 8%
  – Metric – Increase daily discharges by 2pm to 15/day or 30%
• Growth and Strategic Plan – Reduce adult (without OB) average LOS to 6.5 days by increasing daily discharges by 3/day or 8%
UNMH Operating Plan – Growth and Strategic Plans

• Goal – Improve tertiary referral transfer capabilities
  – Metric – Increase number of outside transfers by 2% or an additional 6/month

• Goal – Information Technology Implementation
  – Metric – Bring Population Health Application into Production Mode
  – Metric – Roll out the “Provider Experience” functionality of Dynamic Space Doc plus Mpage workflow
  – Metric – Implement the required Quality reporting system.
  – Metric – Implement the automated outpatient revenue cycle coding application.

• Goal – Increase UNM HS Surgical Volume
  – Metric - Increase surgical volume by 5%
UNMH Surgical Volume

- Growth and Strategic Plan – Increase Surgical Volume by 5%
UNMH Operating Plan – Quality and Safety

• Goal – Maintain accreditation deemed status
  – Metric – Maintain TJC Accreditation Status and CMS license

• Goal – Improve Patient Harm-Related Outcomes
  – Metric – Mortality Index <.925 (UHC 2015 Mortality Model)
  – Metric – CLASBI <48 cases
  – Metric – CAUTI <80 cases
UNMH Operating Plan – Service

• Goal – Improve Inpatient satisfaction on HCAHPS. Improve Outpatient satisfaction on CGCAHPS.
  – Metric – Rate the Hospital stay for HCAHPS > 70
  – Metric – Recommend this provider office for CGCAHPS > to 84
  – Metric – Overall Doctor Rating for CGCAHPS > 77

• Goal – Foster strong community engagement, proactively address community concerns and meet community needs.
  – Metric – Interact with County on the Lease
  – Metric – Demonstrate a significant community interaction program
HCAHPS

"Rate the hospital 0-10"

Rate the Hospital 0-10
50th percentile

Jan-Jun '12: 61.1%
Jul-Dec '12: 63.4%
Jan-Jun '13: 64.7%
Jul-Dec '13: 66.9%
Jan-Jun '14: 68.7%
Jul-Dec '14: 69.7%
Jan-Jun '15: 71.7%
Jul-Dec '15: 71.8%
Jan-Jun '16 (to date): 71.9%

Jan-Jun '12: 69.4%
Jul-Dec '12: 69.7%
Jan-Jun '13: 70.0%
Jul-Dec '13: 70.9%
Jan-Jun '14: 71.3%
Jul-Dec '14: 71.7%
Jan-Jun '15: 71.8%
Jul-Dec '15: 71.8%
Jan-Jun '16 (to date): 66.3%
CGCAHPS

"Recommend this provider office"

Recommend this provider office
50th percentile

- Jan-Jun '12: 83.0%
- Jul-Dec '12: 83.0%
- Jan-Jun '13: 84.7%
- Jul-Dec '13: 84.3%
- Jan-Jun '14: 88.1%
- Jul-Dec '14: 88.0%
- Jan-Jun '15: 89.1%
- Jul-Dec '15: 88.6%
- Jan-Jun '16 (to date): 83.7%
CGCAHPS

"Overall Doctor Rating 0-10"

Overall Doctor Rating 0-10
50th percentile
HCAHPS Inpatient Overall

HCAHPS/PG Overall
January - June'16

- HCAHPS (Rate the hospital 0-10) (Top box %age)
- PG Overall

<table>
<thead>
<tr>
<th>Month</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June (to date)</th>
<th>Jan-Jun'16 (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS</td>
<td>68.0</td>
<td>67.1</td>
<td>66.4</td>
<td>68.9</td>
<td>64.2</td>
<td>62.3</td>
<td>66.4</td>
</tr>
<tr>
<td>PG Overall</td>
<td>84.4</td>
<td>82.6</td>
<td>81.9</td>
<td>83.5</td>
<td>82.7</td>
<td>81.7</td>
<td>82.8</td>
</tr>
</tbody>
</table>
UNMH Operating Plan – People

• Goal – Improve staff and Faculty engagement and satisfaction
  – Metric – Turnover rate for staff less than 14% and for nursing less than 14%
  – Improve Staff Satisfaction by 10%
  – Implement Provider Ease of Practice Programs
  – Conduct Physician Satisfaction Survey

• Goal – Create an organization structure and system that promotes HSC goals
  – Metric – Increase number of shared governance committees by 20%
  – For Magnet accreditation division will implement 50th %ile targets for 2 indicators for each unit or clinic
UNMH RN Turnover

- People – Turnover rate for nursing less than 15%
UNMH Non-RN Turnover

- People – Turnover rate for Non-RN staff less than 15%
UNMH Operating Plan – Finance

• Goal – Strong Financial Performance
  – Metric – Positive Net Margin
• Goal – Manage the capital planning and expenditure process
  – Metric – Invest in capital at a level close to depreciation
• Goal – Improve the revenue cycle through billing improvements and organization structure
• Goal – Develop systems to succeed under value based purchasing
  – Metric – Develop programs to manage capitated lives, develop specific disease specific pathways.
Mission: Excellence

UNM Hospitals Board of Trustees
June 22, 2016
Why MISSION: Excellence?

- Name
- Purpose of our cultural transformation
- Your role
Initial Assessment

- Straight A Leadership survey
- Focus Groups
- Coaching Plan
### Organizational Assessment

**Please list the top 3 things your organization does well & should continue to do.**

<table>
<thead>
<tr>
<th>Position</th>
<th>Top 3 Things</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive (27)</td>
<td>Education, Training, and Skill Development</td>
</tr>
<tr>
<td>Department Chair (6)</td>
<td>Focus on Mission/Vision/Values</td>
</tr>
<tr>
<td>Division Chief (11)</td>
<td>Quality of Care</td>
</tr>
<tr>
<td>Medical Director (27)</td>
<td>Quality of Care</td>
</tr>
<tr>
<td>Department Administrator (9)</td>
<td>Quality of Care</td>
</tr>
<tr>
<td>Director (66)</td>
<td>Quality of Care</td>
</tr>
<tr>
<td>Manager (29)</td>
<td>Education, Training, and Skill Development</td>
</tr>
<tr>
<td>Supervisor (109)</td>
<td>Quality of Care</td>
</tr>
</tbody>
</table>
### Organizational Assessment

Please list the top 3 opportunities for improvement at your organization.

<table>
<thead>
<tr>
<th>Role</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive (27)</td>
<td>Accountability, Communication (transparent and open), Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Department Chair (6)</td>
<td>Physician Engagement and Satisfaction, Dealing with Low Performers, Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Division Chief (11)</td>
<td>Physician Engagement and Satisfaction, Leadership (engagement, visibility, and support), Communication (transparent and open)</td>
</tr>
<tr>
<td>Medical Director (27)</td>
<td>Physician Engagement and Satisfaction, Leadership (engagement, visibility, and support), Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Department Administrator (9)</td>
<td>Physician Engagement and Satisfaction, Accountability, Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Director (66)</td>
<td>Communication (transparent and open), Employee Compensation and Benefits, Employee Engagement and Satisfaction</td>
</tr>
<tr>
<td>Manager (29)</td>
<td>Employee Engagement and Satisfaction, Communication (transparent and open), Leadership (engagement, visibility, and support)</td>
</tr>
<tr>
<td>Supervisor (109)</td>
<td>Employee Compensation and Benefits, Communication (transparent and open), Employee Engagement and Satisfaction</td>
</tr>
</tbody>
</table>
Straight A Leadership

Also asked questions:
• Top 3 barriers to achieving results
• External healthcare market on our results
• Readiness for change
• Patient/employee recommendation
• Leadership consistency
• Leadership accountability
Focus Groups

• Questions on culture
  – What we do well
  – Opportunities
  – Why people work here
  – Communication
  – Leadership
  – Quality & Service
Scope of Partnership

- UNM Hospital & Clinics including:
  - UNM Cancer Center
  - UNM Ambulatory Surgery Center
- UNM Medical Group Clinics

- Evidence-Based Leadership Coaching
- 4 National Speakers
- 20 Registrations to National Conferences
- National Learning Lab
- Books
- Videos
- Software Accelerators
Healthcare Flywheel®

MISSION: Excellence

Prescriptive To Do’s

PRINCIPLES

Purpose, worthwhile work and making a difference

PILLAR RESULTS

Bottom Line Results (Transparency and Accountability)

PASSION

Self-Motivation

®
UNM’s Team!

Angie Esbenshade
ED Service Line Leader
Angie.Esbenshade@studergroup.com

Dr. Dan Smith
Physician Coach
Dan.Smith@studergroup.com

Paul Panico
Account Leader
Paul.Panico@studergroup.com

Laura Malone
Coach
Laura.Malone@studergroup.com

Gwen Natola
Coach
Gwen.Natola@studergroup.com

Julie O’Shaughnessy
Coach Leader
Julie.oshaughnessy@studergroup.com

Lynne Mahony
Coach Leader
LynneMahony@studergroup.com

Molly Nowlan
Partner Relations Coordinator
Molly.nowlan@studergroup.com

Betsy Palmer
Partner Relations Coordinator
Betsy.Palmer@studergroup.com

Margarette Johnson
Partner Relations Coordinator
Margarette.Johnson@studergroup.com
Proposed Coaching Model

Executive Steering Team

Executive Sponsors

Benefit Metrics Champion

Accountability

Leader Development / LEAD

Quality Impact Teams
Steering Team Members:

- Irene Agostini
- Bob Avery
- Kori Beech
- Jonathan Bolton
- John Brandt
- Mike Chicarelli
- Rick Crowell
- Paul Echols
- Nicole Elzy
- Eve Espey
- Sheena Ferguson
- Sara Frasch
- Robert Fritch
- Michael Gomez
- Siobhan Kilbride
- Martha McGrew
- Steven McLaughlin
- Kendall Rogers
- Eileen Sanchez
- Aimee Smidt
- Gordon Weimer
Upcoming Activities

• Revised leadership evaluation & goals
• LEADing to Excellence sessions
• Quarterly forums
• Monthly coaching by Studer coaches
• Foundational teams meeting and preparing action
Thank you!
MEMORANDUM

To: Board of Trustees  
From: Stephen McKernan  
Chief Executive Officer  
Date: June 21, 2016  
Subject: Monthly Activity Update

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

**Activity:** Activity levels, through May, are consistent with activity compared to the prior year. Patient days are 1% lower than the prior year but discharges are 4% lower than the prior year with 2% less in adults and 12% less in pediatrics. There has been a significant change in the method of accounting for patient days and discharges. CMS has issued a rule, commonly called the two day rule that indicates that in most cases, if a patient is admitted into the hospital for less than 2 days that the stay must be classified as an outpatient episode of care and not counted as an inpatient admission. The patients, for the most part are admitted to inpatient units and are in inpatient beds and must be staffed and cared for by inpatient physicians and nurses, but the statistics are not attributed to the inpatient units. For FY 2016, the reclassified days have increased 41% over the prior year and admissions are 31% greater than the prior year. These observation discharges represent 32% of total discharge activity and 8% of total patient days. When the observation discharges and days are eliminated for the traditional calculations for length of stay, it will cause the length to increase because the short lengths of stay are eliminated.

Clinic visits are recorded as being 3% higher than the prior year. Emergency room visits are 6% lower than the prior year. Surgeries were 2% higher than the prior year and births are the same as the prior year. Overall activity, as measured by case mix adjusted patient days and discharges are approximately 7% greater than the prior year, most of which is accounted for by a 6% increase in case mix index.

**Finances:** The operating revenues of the hospitals are equivalent at $794 million. Expenses have increased about 8% which is slightly than activity growth. This includes the compensation increase and increase in workforce. FTE's have increased by about 260 since the prior year. Net margin is about $13 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 $40 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 and other payables to UNM. It is expected the cash balances will be paid down against the payables by the end of the fiscal year. The hospital has met its debt covenants.

**Quality:** Quality indicators are stable with the prior year and have shown some improvement recently. Most of the change is due to documentation related to significant events. There is a specific effort to improve the standardization of certain procedures related to central lines and catheterizations.
**Strategic Planning:** The planning related to the replacement hospital is progressing. The process is about 4 weeks behind schedule but many of the decisions that need to be made related to location and scope of the programs are in progress. Options related to sizing and orientation of the facility are also being made.

The strategic plan and vision will be shown at this meeting.

**Human Resources:** The turnover rates are now around 13%, a little lower than most of the year. We have added almost 270 employees since the beginning of the year, although the vacancy rate is still close to 6% and 5% for nurses. We have increased the total compliment of nurses by 72 from July to May.

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

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

**Bernalillo County:** Management is engaged in discussions with a group assigned by the County Commission to discuss how UNM Hospital could be involved in improvement of health delivery systems in the County, consistent with the task force report the County received, the County’s engagement of a consultant and with an emphasis on improving behavioral health programs. There have been six 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.
EXHIBIT F

AMENDED AND RESTATED
DELEGATION OF AUTHORITY AND POWERS BY REGENTS TO
THE UNIVERSITY OF NEW MEXICO HOSPITALS BOARD OF TRUSTEES

Delegation

The authority and powers listed below are hereby delegated by the Regents of the University of New Mexico (the “Regents”) to the University of New Mexico Hospitals Board of Trustees (the “UNMH BOT”), pursuant to Section V of that certain Lease Agreement for Operation and Lease County Healthcare Facilities dated as of July 1, 1999, as amended by that certain First Amendment to Lease Agreement for Operation and Lease of County Healthcare Facilities dated as of November 18, 2004 (as amended, the “Lease”), effective as of ___________, 2007, and continuing in effect unless revised as provided in Section V of the Lease. This delegation amends, restates, and supersedes any and all previous delegations and/or conflicting or inconsistent provisions in Regents' policies existing on the effective date of the Lease or adopted thereafter, except for Regents' policies revising this delegation in accordance with the provisions of Section V of the Lease.  

1. Oversight of the operations of the UNM Hospitals in a proper and responsible manner so as to enable the UNM Hospitals to provide or arrange for provision of high quality healthcare services to patients of the UNM Hospitals and to support the teaching and clinical research missions of the HSC; provided, however, that nothing contained in this delegation shall be construed to be a delegation of authority to the UNMH BOT of any matter covered and addressed by the University of New Mexico Labor Management Relations Resolution adopted by the Regents on May 9, 2006 (the “Labor Resolution”).

2. Review and approval of the UNM Hospitals' operating and capital budgets.

3. Review and approval, subject to and in compliance with applicable Regents’ Policies, University Policies, UNM Health Science Center policies, UNMH policies, and applicable laws, rules, and regulations, of

   (a) the procurement by the UNM Hospitals of equipment (whether by purchase, lease, and other forms of acquisitions);

   (b) execution by the UNM Hospitals of contracts for services with third parties; or

   (c) acquisition, divestiture, or lease by the UNM Hospitals of real estate.

4. Review and approval of the UNM Hospitals' operating plan and strategic plan.

1 Capitalized terms not otherwise defined herein shall have the meanings ascribed to such terms in Regents’ Policy 2.13.
5. Review and approval of policies of the UNM Hospitals that require review and approval by the governing body under applicable laws, regulations or accreditation standards; other than policies that are covered by the Labor Resolution.

6. Review and approval of the Medical Staff Bylaws and HSC Medical Staff Rules and Regulations and amendments thereto.

7. Assurance that the Medical Staff has reasonable policies and procedures in place regarding credentialing of physicians and ancillary providers who practice at the UNM Hospitals.

8. Receipt of and action upon recommendations of the Medical Staff related to appointment and reappointment of members of the Medical Staff and the granting of privileges to physicians and ancillary providers who practice at the UNM Hospitals or at other patient care facilities as assigned by the HSC. In this connection, all action by the UNMH BOT related to the appointment and reappointment of members of the Medical Staff shall be fully effective at the time of such action, even if the Regents’ shall not have taken action to ratify such action. With respect to “Professional Review Actions” as defined in the Medical Staff Bylaws and related Manuals and in applicable Federal and State laws, rules, regulations, and accreditation standards, the affected member or members of the Medical Staff shall have such appellate rights as are specified in the Medical Staff Bylaws and related manuals.

9. Receipt of and action upon, as appropriate, periodic reports and recommendations of the Medical Staff and administrators of the UNM Hospitals related to quality assurance for patient care delivered at the UNM Hospitals.

10. Coordination with and oversight of any advisory/advocacy boards existing or created for UNM Hospitals for other than research and education purposes, and establishment of reporting mechanisms between those advisory/advocacy boards and the UNMH BOT.

11. Review and approval of the bylaws of those advisory/advocacy boards and submission of the bylaws of those advisory/advocacy boards to the Regents for review and approval in accordance with Regents' policy.

12. Oversight of, and action upon, issues involving compliance by the UNM Hospitals and the employees thereof with applicable federal and state health care regulatory requirements including, without limitation, billing issues, anti-kickback statute issues, Stark law issues, and other regulatory requirements and with the HSC Institutional Compliance Program as contemplated in Regents’ Policy 2.13.3.

13. Oversight of, and action upon, issues involving compliance by the UNM Hospitals and the employees thereof with applicable federal and state health care regulatory requirements including, without limitation, compliance with HIPAA and the Regulations and with the University’s HIPAA compliance program as contemplated in Regents’ Policy 2.13.4.
Communication with Regents/Ratification of Actions Taken by UNMH BOT

1. The Chairperson of the UNMH BOT will attend regular meetings of the Regents and will report directly to the Regents on matters within the UNM BOT’s delegated responsibility and will report for ratification, all matters required to be ratified and approved by the governing body under applicable laws, regulations or accreditation standards and Regents’ policies; other than policies that are covered by the Labor Resolution.

2. Actions by the UNMH BOT pursuant to this delegation are subject to approval or ratification by the Regents as required by applicable federal and state laws and regulations, accreditation standards, and provisions of the Lease. As provided in Section V of the Lease, consistent with the Regents' constitutional and statutory responsibilities, the Regents will retain the right to consider, determine, and act upon any matter relating to the UNM Hospitals. However, the Regents will neither modify nor decline to ratify actions by the UNMH BOT, within the scope of the authority and powers delegated by the Regents to the UNMH BOT, except after consultation with one or more representatives of the UNMH BOT designated by the Chairperson of the UNMH BOT. In this connection, matters approved by the UNMH BOT that are within the powers delegated by the Regents to the UNMH BOT, shall, consistent with Regents’ Policy 1.2 (pertaining to “Consent Agenda Items”) be placed on the Regents’ Regular or Consent Agenda, as appropriate under the circumstances.
To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: June 20, 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 May was 6 hours and 40 minutes. In May of 2015 the Adult Emergency Department placement time was 8 hours and 53 minutes. We continue to improve our wait times for patients to be admitted. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   • We sent 34 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:

   • 5 patients were triaged from the UNM Health System to Lovelace inpatient units.

3. The UNMH Adult Capacity Management Plan went live May 3, 2016. Since then UNMH has been on “Code Purple” only two days, one in May and one in June. The definition of “Code Purple” is that the Adult Hospital has 20 or greater admitted boarding patients in the ED. This specific definition has allowed less variability in moving to the “Code Purple” status.

4. Our ALOS (average length of stay) for May 2016 was 7.11 as compared to May 2015 which was 7.47. However for FYTD 2016 our ALOS continues to be 7.0 which is equal to FYTD 2015. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients.

5. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. The Studer Group has provided their assessment which we will be shared with the Board at a later date. Our First “Mission Excellence” retreat occurred this week on June 22nd which included all Medical Directors, Nursing and Ancillary leadership.

6. UNMH and Surgical Directions continue to work towards optimizing our Surgical Services. They are creating the foundational structure, as well as metrics and goals to improve our perioperative services. Dr. Marco Ricci is now the chair of the Surgical Services Operations Committee (SSOC).
### Adult Days for UNMH
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<thead>
<tr>
<th>3 Mo. Trend</th>
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<td>IP Days down from PYTD and budget</td>
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### Adult Discharges for UNMH
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<thead>
<tr>
<th>3 Mo. Trend</th>
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<td>ICU and SAC/MedSurg discharges decreased from PYTD and budget</td>
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### Adult Average Length of Stay for UNMH
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<tr>
<th>3 Mo. Trend</th>
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<td>LOS for Adult Days and Adult OBS has decreased from 4.99 to 4.74</td>
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### UHC Risk Based Adj ADULT LOS for UNMH
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<th>3 Mo. Trend</th>
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<td>Current YTD is thru APR, 2016, PYTD is thru April, 2015 as reported by UHC</td>
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### Adult Observation Equivalent Patient Days
<table>
<thead>
<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
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<td>Increases in Gen Med, Ortho and Neurosciences</td>
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### Adult Observation Discharges
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<th>3 Mo. Trend</th>
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### Adult Average LOS OBS Days
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### Pediatric Days for UNMH
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<td>Days down from PY, due to Pediatric Viral season peaking in Jan15</td>
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### Pediatric Discharges for UNMH
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<th>3 Mo. Trend</th>
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<td>Pediatric discharges decreased from PYTD and budget</td>
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### Pediatric Average Length of Stay for UNMH
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<th>3 Mo. Trend</th>
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<td>Current YTD is thru APR, 2016, PYTD is thru April, 2015</td>
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### UHC Risk Based Adj PEDS LOS for UNMH
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<th>3 Mo. Trend</th>
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### Pediatric Observation Equivalent Patient Days
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<th>3 Mo. Trend</th>
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<td>Total Pediatric Discharges are down 221 from PYTD</td>
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### Pediatric Observation Discharges
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<th>3 Mo. Trend</th>
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### Outpatient Clinic Visits for UNMH
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<th>3 Mo. Trend</th>
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<td>Includes 20,061 Flu Shots YTD and 18,992 PYTD, core clinic visits increased 3.28% compared to PYTD</td>
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### Emergency Department Visits for UNMH
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<th>3 Mo. Trend</th>
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### Urgent Care
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<td>Provider vacancies in Urgent Care. Visit increase 681 from prior month.</td>
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### Operations
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<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
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<td>Improved from PYTD</td>
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### Newborn Days for UNMH
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<th>3 Mo. Trend</th>
<th>Desired</th>
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<th>YTD</th>
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<td>Newborn days increased from PYTD and budget</td>
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### Births
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<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
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<td>Births increased from PYTD</td>
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### Days for all Behavioral Operations
<table>
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<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
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<td>Decreased from PYTD and budget in UPC and CPC Acute Svcs</td>
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### Visits for all Behavioral Operations
<table>
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<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
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<td></td>
<td>Decreased from PYTD and budget due to vacancies</td>
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### UNM Care Enrollment
<table>
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<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
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### Net Income (Loss) for all Operations
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<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Prior YTD</th>
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<tbody>
<tr>
<td>&gt; $0</td>
<td>$12,937</td>
<td>$12,539</td>
<td>$16,026</td>
<td>CY includes $7.8M of non-recurring adjustments</td>
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### Case Mix Index (CMI) - w/o newborn
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<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
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### Re-Admission Rates
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<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
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<td></td>
<td>Patients re-admitted within 30 days of discharge, thru Mar, 2016, PY through Mar, 2015 as reported by UHC</td>
</tr>
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### Days Cash on Hand for UNMH
<table>
<thead>
<tr>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
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### Human Resources:

#### FTEs (Worked) per adj patient day for all Operations
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<th>3 Mo. Trend</th>
<th>Desired</th>
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#### Paid FTE’s for UNMH and BHOs
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50/52
Community Benefits Reports

A special “Credentialing Only” meeting was held at 8:30 am on Friday, June 24, 2016. There were no Community Benefits Reports.
UNM HOSPITAL BOARD OF TRUSTEES

Finance, Audit and Compliance Committee Meetings

Wednesday, June 22, 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.

Audit Committee Meeting:

I. Approval of meeting minutes from May 18, 2016.
II. Patient Access internal audit – presented by Purvi Mody

Finance Committee Meeting:

I. Approval of meeting minutes from May 18, 2016.
II. FY 2016 UNM Hospitals’ financial results for the eleven months ended May 31, 2016
III. CEO Updates by Ella Watt
   a. Emergency room incident
   b. Reworking the projections for the FY17 budget

Compliance Committee Meeting:

I. Approval of meeting minutes from May 18, 2016.
II. Compliance Update presented by Purvi Mody

The next UNMH BOT Finance, Audit and Compliance Committee meetings are scheduled for July 27, 2016.