UNM Hospital Board of Trustees
OPEN SESSION - AGENDA
Friday, August 25, 2017 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500

I. CALL TO ORDER – Jerry McDowell, Chair, UNM Hospital Board of Trustees

II. ANNOUNCEMENTS
   ● Acknowledgement Presentation (Debbie Johnson) – Steve McKernan

III. ADOPTION OF AGENDA

IV. PUBLIC INPUT

V. CONSENT APPROVAL/INFORMATIONAL AGENDA
   ● Consent/Approval Items (Approval)
     ○ Resolution of the UNM Hospitals 401(a) Plan (Approval) – Sara Frasch
     ○ First Amendment UNM Hospitals 415 (m) Retirement Plan (Approval) – Sara Frasch

VI. APPROVAL OF THE MINUTES
   ● July 28, 2017 UNMH Board of Trustees Meeting Minutes (Approval)

VII. BOARD INITIATIVES
   ● UNMH Security Program – Felix Funes
   ● Mission Excellence Update – Sara Frasch

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

IX. COMMITTEE REPORTS
   ● Quality and Safety (formerly POCEC) Committee – Dr. Raymond Loretto / Christine Glidden
   ● Finance, Audit & Compliance Committee – Jerry McDowell
   ● Native American Services Committee – Jerry McDowell

X. OTHER BUSINESS
   ● June Financials – Ella Watt

XI. 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

XII. Certification that only those matters described in Agenda Item XII were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
RESOLUTION OF THE UNM HOSPITALS BOARD OF TRUSTEES

THE UNM HOSPITALS 401(a) PLAN

WHEREAS, the UNM Hospitals Board of Trustees (hereinafter referred to as the “Board of Directors”, established the UNM Hospitals 401(a) Plan (“Plan”) effective July 1, 2007; and

WHEREAS, the Board of Directors has delegated certain powers to officers of the Employer; and

WHEREAS, the Plan, in Article III Contribution and Benefits, provides for a discretionary profit sharing contribution; and

WHEREAS, in Section 3.01 of the Plan, “Formula for Determining Employer’s Contribution,” the Plan provides that the Executive Vice President of the University of New Mexico Health Sciences Center shall set forth the allocation each year.

NOW, THEREFORE, BE IT RESOLVED THAT: for the 2016 Plan Year, July 1, 2016 to June 30, 2017, the discretionary employer contribution to the Plan shall be allocated as follows, and as detailed on the attached spreadsheet:

- The CEO shall receive the maximum allocation of $53,000
- The Administrative CFO shall receive a fixed allocation of $52,000
- Other Administrators shall receive a fixed allocation of $40,000
- Sr. Executive Director shall receive a fixed allocation of $20,000
- Executive Directors shall receive a fixed allocation of $8,000

IN WITNESS WHEREOF, the Employer has adopted this Resolution to the Plan on this _______ day of _______, 2017, in Albuquerque, New Mexico.

By:_____________________

Secretary of the Board
CERTIFICATE

UNM Hospitals Board of Trustees

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

IN WITNESS WHEREOF, I have hereunto affixed my name this _______ day of ____________, 2017.

_______________________________
Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ day of ________, 2017.

_______________________________
Notary Public

My Commission Expires:

_______________________________
(Notary Seal)
WHEREAS, the UNM Hospitals Board of Trustees ("Board") for its Public Operation Known as UNM Hospitals ("Employer") established the Supplemental 415 (m) Retirement Plan ("Plan") effective as of July 1, 2018; and

WHEREAS, the Board desires to amend the Plan to change the effective date of the plan; and

WHEREAS, Section 10.1 of the Plan authorizes the Board to amend the Plan in the manner hereinafter provided;

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

I. Effective September 1, 2017, Section 1.5 is amended to read as follows:

1.6 Effective Date
Effective Date means December 1, 2017.

Executed in Albuquerque, New Mexico on this _____ day of ___________________ 2017.

UNM HOSPITALS BOARD OF TRUSTEES

By: __________________________________________
    Stephen W. McKernan
    Chief Executive Officer
CERTIFICATE

UNM Hospitals Board of Trustees

I, ________________________, Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adopting the attached First Amendment to the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals Supplemental 415 (m) Retirement Plan as Amended Effective December 1, 2017. The resolution was adopted by the UNM Hospitals Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of ____________________ 2017.

____________________________
Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ day of ____________________, 2017.

____________________________
Notary Public

My Commission Expires:

____________________________
(Notary Seal)
Resolution of the UNM Hospitals Board of Trustees

WHEREAS, the UNM Hospitals Board of Trustees, ("Board") maintains the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals Supplemental 415 (m) Retirement Plan ("Plan"); and

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

WHEREAS, the Board of Directors wishes to amend the Plan to change the effective date of the Plan to December 1, 2017; and

WHEREAS, the Board of Directors wishes to authorize the proper officers of the Employer to do all acts and things necessary and proper to carry out the purpose of said Plan and to make amendments and changes, from time to time; and

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

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Plan is hereby amended effective September 1, 2017; and

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

(3) The proper officers of the Employer are hereby authorized to do all acts and things necessary and proper to carry out the purpose of said Plan.
### Agenda Item

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<tr>
<th>Voting Members Present</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
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<tr>
<td>Debbie Johnson, Jerry McDowell, Christine Glidden, Erik Lujan, Dr. Raymond Loretto, Dr. Aimee Smidt, and Nick Estes</td>
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| Ex-Officio Members Present | | |
|-----------------------------| | Dr. Paul Roth, Dr. Michael Richards, Stephen McKernan and Garrett Adcock |

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<th>County Officials Present</th>
<th>Monica Roybal and Timothy Olivas</th>
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I. **Call to Order**

A quorum being established, Ms. Debbie Johnson, Chair, called the meeting to order at 9:08 AM

II. **Adoption of Agenda**

Ms. Debbie Johnson, Chair, requested a motion to adopt the agenda.

Mr. Jerry McDowell made a motion to adopt the agenda. Dr. Raymond Loretto seconded the motion. There being no objections, the motion carried.

III. **Announcements**

Mr. Stephen McKernan welcomed Mr. Garrett Adcock as a new Student Regent Ex-Officio Member to the Board of Trustees appointed by the Board of Regents.

Mr. Stephen McKernan indicated UNMH was recognized on the 2017 Most Wired Survey Winners by State/County (information in packet).

Mr. Stephen McKernan announced the Open House of the Women’s Primary Care New Eubank Clinic on Friday, August 4, 2017 – all welcome to attend (flyer included in packet).

IV. **Public Input**

Public Input was given by Michelle Melendez, Karla Castaneda, Camille Vasquez, Anjali Taneja, Abuko D. Estrada, and Itzel Monteglongo in reference to experiences they and/or family members have encountered at UNMH in reference to the surgical procedures, the Financial Assistance Policy and Patient Payment Policies. Patient Advocate, Ms. Natalie Younger, joined the meeting to assist and/or guide the public with concerns they may have experienced at UNMH. Ms. Melendez handed out the following documents for the record.

- Governor Richardson's Health Care Summit on the UNM HSC Held 12/5/05
- International Journal for Equity in Health
- UNMH Mission, Vision & Core Values, Leadership, Quality Care, Mill Levy & County Support, Our History
- Anticipated Services and UNMH Income Chart for Financial Assistance
- UNMH Finance Guidelines for Surgical Cases for Providers (Non-Emergency Cases)
- Financial Assistance Internal Procedures
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<td>V. Consent Approval</td>
<td>Mr. Stephen McKernan gave a briefing on the Consent Item, Delta Dental, which the Finance &amp; Audit Committee reviewed at their meeting and approved. Ms. Debbie Johnson, Chair, requested a motion to approve as submitted.</td>
<td>Mr. Jerry McDowell moved to approve the Delta Dental consent item. Dr. Aimee Smidt seconded the motion. There being no objections, the motion passed.</td>
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<td>VI. Approval of Minutes</td>
<td>Ms. Debbie Johnson, Chair, requested a motion to approve the July 28, 2017 UNM Hospital Board of Trustees Meeting Minutes.</td>
<td>Dr. Raymond Loretto made a motion to approve the July 28, 2017 UNMH Board of Trustees Meeting Minutes. Mr. Jerry McDowell seconded motion. The motion passed unanimously.</td>
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| VII. Board Initiatives | Nominating Committee Board Election: Ms. Debbie Johnson, Chair, reported that the Executive Committee met on July 26, 2017 and the Nominating Committee discussed the Board of Trustees and Committee Member assignments and agreed upon the following:  
  Board Chair: Mr. Jerry McDowell  
  Board Vice Chair: Ms. Christine Glidden  
  Board Secretary: Dr. Raymond Loretto  
Ms. Debbie Johnson, Chair, reported that the Nominating Committee agreed to defer the Committee Chairs and appointments until the August Board of Trustees Meeting. | Mr. Nick Estes made a motion to approve the Nominating Committee’s recommendation of Chair, Vice Chair, and Secretary as presented by the Executive Committee. Dr. Aimee Smidt seconded the motion. The motion passed unanimously. |
| | State Board of Finance Meeting: Mr. Stephen McKernan and Dr. Paul Roth gave a summary of their meeting on July 18, 2017 at the State Board of Finance in Santa Fe, New Mexico (Albuquerque Journal Article included in packet). | Dr. Raymond Loretto made a motion that the issue of the new surgical procedures, the Financial Assistance and Patient Payment Policies be referred back to management and that based on today's discussion management's recommendations/report be brought back to the Quality and Safety Committee (formerly POCEC) at the August meeting to discuss. The Quality and Safety Committee will then make recommendations to the full Board of Trustees at the August meeting. Mr. Nick Estes seconded the motion. All members were in favor of the motion. Motion passed unanimously. |
| | Patient Payment Plan: Dr. Michael Richards reported that he and Dr. Irene Agostini have been reviewing the Patient Payment Plan and that the Guiding Principles are done through academic mission. Dr. Richards said they have certain obligations which are embraced and that we recognize we play an important role in the community. Mr. Rodney McNease gave a presentation of the Financial Assistance Discussion for Surgical Cases (presentation included in packet).  
  Operating Plan: Ms. Sara Frasch gave an updated on the Operating Plan (presentation in packet).  
  Mission Excellence Update: Ms. Sara Frasch gave an updated on the Operating Plan (presentation in packet). | |
<p>| VIII. Administrative Reports | Chancellor for Health Services Report: Dr. Paul Roth reported that he and Steve McKernan gave a briefing on the Modern Medical Facility at the State Board of Finance. He believes one of the primary questions we need to address revolved around the uncertainty around Medicaid. Dr. Roth reported that a full day of orientation was given to new Regent Romero and Student Regent Adcock. An all-time high was hit in research funding; we are over $200 million in annual funding which is up 28% from 2016. We also received a Healthy Neighborhoods Award. | |</p>
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<td><strong>IX. Updates</strong></td>
<td>N/A</td>
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<td>Finance, Audit &amp; Compliance Committee: The Finance, Audit &amp; Compliance Committee met on July 26, 2017. Mr. Jerry McDowell gave a brief summary (minutes in packet).</td>
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<td>Native American Services Committee: The Native American Services Committee met on June 28, 2017. Mr. Jerry McDowell gave a brief summary (minutes in packet).</td>
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<td>Executive Committee: The Executive Committee met on July 26, 2017. Ms. Debbie Johnson, Chair, reported the Nominating Committee discussed Board positions and committee members.</td>
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<td><strong>XI. Other Business</strong></td>
<td>May Financials: Ms. Ella Watt gave an update on the May Financials.</td>
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<td><strong>XII. Closed Session</strong></td>
<td>At 11:57 AM Ms. Debbie Johnson, Chair, requested a motion to close the Open Session of the meeting.</td>
<td>Dr. Raymond Loretto made a motion to move to Closed Session. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
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<td><strong>XIII. Certification</strong></td>
<td>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.</td>
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<td><strong>XIV. Vote to Re-Open Meeting</strong></td>
<td>At 1:05 PM, Ms. Debbie Johnson, Chair, requested a motion be made to return the meeting to Open Session.</td>
<td>Mr. Nick Estes made a motion to return to Open Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</td>
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Ms. Debbie Johnson, Chair, requested a motion be made to approve the May 17 and June 21, 2017 Medical Executive Committee (MEC) Meeting Minute as presented in the 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/approve the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.

Mr. Erik Lujan made a motion to approve the Medical Executive Committee Meeting Minutes. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.
## Agenda Item

**Ms. Debbie Johnson, Chair, requested a motion be made to approve the May 19, 2017 Quality and Safety Committee (formerly POCEC) Meeting Minutes as 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/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. Debbie Johnson, Chair, requested a motion be made to approve the Credentialing (UNMH Pathology, UNMH CNP/PA Appendix, UNMH General Surgery, and UNMH Gastroenterology) as presented in Closed Session

Mr. Jerry McDowell made a motion to approve the Quality and Safety Meeting Minutes. Ms. Christine Glidden seconded the motion. The motion passed unanimously.

Dr. Raymond Loretto McDowell made a motion to approve the Credentialing. Ms. Christine Glidden seconded the motion. The motion passed unanimously.

**The next scheduled Board of Trustees Meeting will take place on Friday, August 25, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara & Bill Richardson Pavilion 1500. There being no further business, Ms. Debbie Johnson, Chair, requested a motion to adjourn the meeting.**

Ms. Christine Glidden made a motion to adjourn the meeting. Mr. Jerry McDowell seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:55 PM.

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**Dr. Raymond Loretto, Secretary**

**UNM Hospital Board of Trustees**
UNM HOSPITALS
Security Program

Felix L. Funes, CPP
Protection Force

Security Operations for UNMH:

- 4,489,799 SQ FT of Response Area
- 2016 Responded to over 63,000 calls for service
- Security Systems and Badge Operations UNM/HSC
- Total Budgeted Staff:
  - 52 Security Officers
  - 8 Supervisors
  - 1 Operations Manager
  - 1 Technical Operations Manager
  - 3 Clerical Support staff
  - 1 Locksmith
  - 1 Director
Security Systems

Integrated Systems Monitoring 24/7

• Alarm Monitoring and Response
  • 664

• Access Control (1,782)
  • 1,782 Card Access Doors
  • 21,400 Active Badge Holders

• CCTV
  • 1,400

• Dispatch for services (2016)
  • 2,420 Mental Health Transports
  • 2,532 Disorderly Conduct Calls
Anatomy of The Security Program

• Risk Assessment and vulnerability analysis
• Security Management Plan
• Policy, procedures, and guidelines
• Physical Security protection measures
• Security Officer Deployment
• Training/Education
The "Security of the Healthcare Organization" is a collaborative effort, as the security department is seldom responsible for all the components of the protection program and security management plan. Courtesy of "Hospital & Healthcare Security", 5th Edition, Russ Colling & Tony York.
Policy, Procedure, and Guidelines

Security Program PP&G 35

- **Patient Care Related:** 10
  - Behavioral Health Transports
  - Patient Elopement
  - Security’s Role in Patient Management

- **Security Department Specific:** 20
  - Systems Testing & Validation
  - Access Authorization
  - Requesting Security Video & Audio

- **Emergency Management:** 5
  - Code Sliver
  - Code Pink
  - Bomb Threats & Suspect Packages
Security Officer Training

- IAHSS Certified HealthCare Security Officers
- Management of Aggressive Behavior™
- Crisis Intervention Training
- Handcuffing and Defensive Tactics
- CPR, Defensive Driving, CPI, FEMA, DHS,
Violence in Healthcare

- 80% of emergency medical workers will encounter physical violence in their career.
- 70% of staff members in mental health settings are physically assaulted each year.

2015-2016

Assault and Battery

![Graph showing assault, battery, and total cases in 2015 and 2016](image-url)
Security Response

- Increased Video Surveillance (106)
- Increased Access Control (46)
- Increased Patrols
- Increased Training for Staff (682)
  - Clinical Staff Education/De-escalation (MOAB)
  - Personal Safety Videos
- Enhanced Visitor Policy
- Added Security Coverage to ED
- Researched the use of Tasers
Contraband Identified via Security Screening

Contraband 2016

- UPC: 741
- ER: 325
- OTHER: 100
Contraband Logged for Safekeeping

Security
Buildings and People
Taser Program

1. Policy, Procedures, and Guidelines
2. Mandatory Training Requirements
3. Organizational Review Process
4. CEW Unit
   - Downloadable Information
   - Serial Numbers
   - Preventive Maintenance
   - Video: Unit Cameras & Security Cameras
5. Security Incident Report
6. Use of Force Report
7. CEW Incident (spreadsheet)
8. Security Peer Review
9. Security Management
10. Administrative Review
    - Security Sub Committee
Questions?

Thank you!
In alignment with the Execution Framework for Studer Group’s Evidence Based Leadership, current activity solidified the goal setting processes across the Health System entities. On June 9, UNM Hospitals’ Administrators and Executive Directors met with the School of Medicine Department Chairs to agree upon goals for the next fiscal year. This effort was aimed at aligning goals for an objective system-wide leadership evaluation system to hardwire objective accountability. All goals cascade from the CEO-level goals, and Health System Strategic priorities. On August 9, 60 members of dyad teams worked together to 1) verify alignment of goals 2) discuss cascading goal to next level of leadership, and to 3) brainstorm tactics to successfully meet goals. We also gained buy-in and agreement on a MISSION: Excellence goal with four metrics. The goal, “Achieve >=90% compliance with M:E Initiatives” will be measured by four metrics:

1. AIDET training,
2. Rounding on direct reports,
3. LEADing To Excellence (LTE) attendance, and
4. Goals in the LEM

This step, aligning goals and entry into an objective leader evaluation tool are a foundational component of the MISSION: Excellence effort. Next steps include regular measurement of the goals and action-planning to stay on track for goal achievement.
MEMORANDUM

To: Board of Trustees

From: Stephen McKernan
Chief Executive Officer

Date: August 22, 2017

Subject: Monthly Activity Update

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

Quality: Quality indicators are stable with the prior year and have shown some improvement recently. The focus is around those events that are also tracked by CMS and Vizient. There are trends with some infection rates that have opportunities for improvement. We will continue to provide updates at the Board and Committee meetings. We believe that the Mission Excellence project will hold the organization to higher standards for patient safety outcomes. The goals are to move to a three star rating in the Vizient quality and safety measurement system within a year.

Statistics: UNMH has stable patient activity in July. The report on activity will be available next month.

Financial: UNMH finances through July are stable. The report on the results will be available next month.

Strategic Planning: The Board has been working with a consultant on its governance processes and the Executive Committee met to review the recommendations and will present in the August meeting.

The planning related to the replacement hospital has been approved by the Regents. Management is bidding the engagement to retain the architects and engineers for the project and we will bring that back to the Board.

Management will also be reviewing the Strategic Planning process with the Board in the meeting today to develop the plan to move forward.

Human Resources: The turnover rates are now around 15% for the full workforce and 14% for nurses as a subset, about the same for the past year. We have almost 170 less employees on a base of 6,329 from the past year. We have decreased the total compliment of nurses by 68 on a base of 2,102 from the past year.

UNM Health System is continuing the journey on Mission Excellence and is using the Studer Group as a consultant. The organization has another quarterly Leadership Training Session next week, which will be a two day event that will feature significant skill building sessions. A briefing will be provided at the meeting to review the status of the engagement.

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 compliance with the 100 bed provision of the Contract. We have provided a legal opinion about UNM’s interpretation of the provision and are waiting for an opportunity to engage in a dialogue on the matter. We have gotten a request on the areas of focus for
service from the IHS for the budget for Fiscal Year 2018. We will host the All Pueblo Council of Governors at the Cancer Center in September and will provide an update from the Hospital.

**Bernalillo County:** Management has been interacting with the County and the Indian Health Service on the next steps to develop the Memorandum of Understanding. All parties have each of the others party’s evaluations of the last version of the County’s MOU draft.

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

To: UNMH Board of Trustees

From: Stephen McKernan
      Chief Executive Officer

Date: August 22, 2017

Subject: Modern Medical Facility

1. The UNMH’s current census is about 95% of capacity, where optimal capacity would be lower than 85%
2. UNMH’s old main facility has approximately 60 semi-private rooms that are not optimal for care to patient
3. UNMH’s old main facility cannot be renovated to meet good practices in support for the provision of care to patients – the inpatient units are to narrow and floor to ceiling spacing is not high enough, nor is the pillar spacing adequate to make rooms that would allow for the provision of efficient care.
4. UNMH does not have adequate space to properly allow for preventive maintenance of its current nursing, diagnostic, therapeutic or support units.
5. Access to the current hospital is very difficult for patient.
6. Patient satisfaction is significantly affected by the old facility, its inability to control light and sound, its lack of space and the issues with the semi-private rooms.
7. UNMH should have a hospital with approximately 360 Inpatient Adult Medical Surgical beds. UNMH currently has 308 beds.
8. The rational for the 360 bed hospital is based on market research that was conducted by the strategic health care consulting firm KSA in 2015.
9. The current plan is to be a new wing for the hospital with:
   • 120 Inpatient acute medical surgical beds
   • 6 Operating Rooms
   • Specialty Clinic Rooms
   • Diagnostic Capability
11. Financing will probably a combination of cash and debt, to be determined by UNM.
12. Timeline would to schedule opening in July 2022.
13. The site will accommodate a 360 bed hospital with full capabilities, including an Emergency Room, a full 24 room surgical venue, a full medical office building attached to the main hospital and full diagnostic capabilities.
14. The build out of the 360 bed hospital would be over a 10 to 12 year horizon.
15. The site would include a 48 bed Adult Behavioral Health Center with clinics and treatment capabilities.
16. Build out for the 360 / 408 bed hospital would be an additional $450 million, for a total project cost for the two phases of $700 million.
17. The site could eventually support a 600 bed hospital with clinics and treatment capability.
To: Board of Trustees  
From: Irene Agostini, MD  
UNMH Chief Medical Officer  
Date: August 24, 2017  
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 July was 9 hours and 48 minutes which is higher compared to July of 2016 with a wait time of 8 hours and 36 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   • We sent 37 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:

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

4. Our ALOS (average length of stay) for July 2017 was 6.83 as compared to July 2016 which was 6.85. UNMH ended FY2017 with our ALOS being 6.63 which is an improvement from FYTD 2016 when it was 6.93. As we begin FY2018 we continue to hardwire our new processes to decrease our ALOS while continuing to accept higher acuity patients and use community resources to the fullest potential.

5. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. Our next “Mission Excellence” retreat will occur September 18th and 19th as our organization settles in to a new best practice standard. Mission Excellence Quarterly Forums will begin in late September through mid-October with offerings on several different days to accommodate schedules and encourage participation.

6. UNMH and Surgical Directions consultants continue the passionate work of optimizing our Surgical Services with a solid foundational structure. The work of creating reliable and consistent process to serve the needs of New Mexican’s has shown good results. In the month of July the UNMH OR has a 75% On-Time start of all cases which have been stable for the last several months.

The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. The overall target is 45 minutes, for the month of June the TOT was 59 minutes for the UNMH OR. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.
I. Executive Summary

Regulatory History. The Office of Interpreter Language Services (ILS) was created in 2001 in response to Dept of Justice issued regulation 65 FR 50123 on enforcement of national origin discrimination against Limited English Proficient (LEP) persons, and the signing of executive order 13166 in August of 2000 to Improve Access to Services for persons with Limited English Proficiency. Enforcement is tied to Title VI of the Civil Rights Act of 1964 42 USC 2000d-1 Section 601. In addition, services to the hearing impaired are covered under Section 504 of the Rehabilitation Act of 1973 and its provisions including 45 CFR Part 84. In 2005, departmental services were expanded and improved upon as a result of a settlement agreement. The current department services and configuration were developed through close engagement with and feedback from community members. UNMH’s Office of Diversity, Equity and Inclusion (DEI) began with a task force on health literacy in 2008; the department and a budget was established in October 2010 in response to increasing national focus on disparities and social determinants of health. The Affordable Care Act and other regulatory bodies all require non-discrimination on the basis of age, sex, race, national origin, sexual orientation, etc., while provision of culturally and linguistically appropriate services (CLAS standards) are an expectation of care provision that eliminates or reduces disparities in care. All of these govern the structure and focus of our language and diversity programs at UNM.

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

Language Services. The Interpreter Language Services (ILS) department provides interpretation and translation services across the health system. Our patient population is approximately 17% LEP. Spoken language preference is captured during intake and documented in the Electronic Health Record. Top languages in demand are English followed by Spanish, Vietnamese, American Sign Language, Navajo and Arabic. Emerging languages in our community are monitored through data & community settlement/immigration trends; for example, Sango is currently on the upswing in the Albuquerque area due to a recent influx of refugees who have settled here. Critical documents are translated into Spanish and Vietnamese, as these two languages represent the majority of our LEP patients. Language services are provided 24/7 through a combination of qualified professional staff interpreters (23.75 FTE) and dual-role interpreters (230+), on-site ASL is now available as we have two state-licensed and RID-certified ASL Interpreters on staff. Overflow will continue to be supported via vendor, and on-demand video and telephonic interpreting. A number of tools including I-Speak cards, posted
announcements, and initiator cards are available to our patients. Interpreters round on LEP inpatients every morning and afternoon to supply them with initiator cards. For inpatients speaking languages of lesser diffusion, an iPad is assigned directly to the patient for communication. Quarterly workshops began in spring of 2017 to provide continued education to our professional interpreters and dual role interpreters.

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

**II. Staff and Provider Training**

On-line competencies, New Employee Orientation, leader/staff/provider in-services, recurring Patient Safety Rounds, PSI/PSN reports, and Diversity, Equity & Inclusion training initiatives help us to keep LEP access & Diversity/Non-Discrimination and Compliance issues at the forefront. UNM HSC organizations partner with us for training of providers and staff on compliance requirements, accessing interpreters, and on Diversity & Intercultural Competence. Additionally, all professional and dual-role staff interpreters undergo rigorous skills and language proficiency testing, a required 40-hour Bridging the Gap course, and mandatory shadowing sessions prior to being permitted to perform medical interpretation in-person or on video. Vendor interpretation and translation companies contracted with UNM Hospitals must meet the same standards. The following listing identifies courses available and/or required for employees:

- Bridging the Gap (Required of any dual-role or staff interpreter)
- Diversity & Intercultural Competence I & II
- Diversity & Intercultural Competence for Leaders (Required Supervisor & up)
- Are Your Documents Reader-Friendly? Assessing Forms & Handouts and Creating Reader-Friendly Material
- Teach Back Training – How to Make Teach Back Efficient, Effective and Everyday (Communication Strategy Training)
- Caring for the LGBT Community
- Safe Zone Training
- No Judgment Zone Training (Part of Frontline Education & required of all intake/registration & scheduling staff)
- Identity Matters (mandatory training for Frontline Staff)
- On-line Competency ‘Diversity Equity and Inclusion’
- On-line Competency ‘Health Literacy’
- Webinars (Spring each year) offered through Human Rights Campaign Healthcare Equality Index
- Additional trainings are facilitated annually per individual departmental requests.
III. Data

A data dashboard is monitored monthly in Interpreter Language Services and Quarterly in Diversity Equity & Inclusion (see Dashboards, attached.) Highlights: Interpreter Language Services has focused on efficiency, increasing service provision, and improving % ‘need met’ for LEP patients. The following graph identifies the frequency in modality used for interpretation (in-person, video or telephonic) across the health system.
A second indicator monitored is ‘need met.’ This is a reflection of the number of ambulatory LEP patients in our system who also had a documented interpretation event during their visit divided by the total number of ambulatory LEP patients in our system, over a given period of time. Our current ‘need met’ average over the past six months is 65% compared to the previous six months at 55%. This significant jump in need met is the result of intensive work on the part of the ILS management team and Educators who are promoting documentation of interpretation events and the ability to capture a direct-service encounter with a bilingual care provider.

IV. Current Accomplishments and Recent Events

- Interpreter Services received the Bravo Award from NM Donor Services as critical to the success of transplant services.
- In-person services for Spanish graveyard shift extends to 7 days/week coverage and we also cover Navajo languages 24/7 through a second staff interpreter, on-call services, and occasional vendor support via telephonic interpretation.
- Added two educators in FY17 to handle competence verification & ongoing education for UNMHS dual-role interpreters program and for professional staff interpreters.
- Sent both ILS educators to become MIT-licensed teachers of our new curriculum.
- Upgraded old Video equipment to Dx-70 model; developing plan for deployment.
- UNMH has achieved status as a Leader in LGBT Healthcare Equality, with recognition from the Human Rights Campaign annually from 2013-2016. In 2017, we received ‘Top Performer’ recognition but lost designation due to a change in criteria which required proof of ‘promotion of LGBT patient-centered care’ to the LGBT community through an ad or specific marketing campaign. In 2018, we are expected to return to full ‘Leader’ status. The ‘Core Four’ criteria are: a) patient non-discrimination policies; b) equal visitation policies; c) employment non-discrimination and d) training in LGBT patient-centered
care. We are the only hospital in New Mexico to have achieved and maintained this status for four years in a row (the VA Hospital achieved recognition in 2013 and 2016.)

- ABQ Pride 2017 highest marcher turnout (40) since UNMH began participating in 2012.
- Added Diversity & Intercultural Competence training as required for all leaders beginning in 2016; rollout is nearing completion – due date is end of 2017.
- Taskforce formed in response to PPACA Section 1557:
  - Created and posted a notice informing individuals about non-discrimination & accessibility requirements
  - Redesigned Patient Rights poster to include information on patient’s rights to an interpreter free of charge with additional 15 taglines in various languages; displays were all updated.
  - Updated our demographic data collection form to include sexual orientation and gender identity.

V. Future Action Items and Strategic Planning

- Remaining effort for PPACA Section 1557: inclusion of data fields in Cerner PowerChart & provider training
- Continue Teach Back initiative in Ambulatory Services & Take-Two for Health Literacy poster campaign
- Monitor and respond to emerging language needs in the community & vendor responsiveness to telephonic access requests (currently problem-solving around increased requests for Sango language.)
- Continue to focus on Quality while improving efficiency and staff productivity. This will position us to maintain high standards of service while supporting increased patient throughput without additional staff.
- Roll out our new curriculum Medical Interpreter Training MIT in Fall of 2017. This replaces the former 40-hour Bridging the Gap curriculum and offers improved depth of coverage, current trends in the industry, applicability and competence of interpreters.
- Move to an electronic method of routing interpreters to gain efficiencies (explore vendor offerings)
**UNM Hospital Board of Trustees**  
**Native American Liaison Committee**

<table>
<thead>
<tr>
<th>Date</th>
<th>July 26, 2017</th>
</tr>
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<tbody>
<tr>
<td>Time</td>
<td>1:00 PM</td>
</tr>
<tr>
<td>Location</td>
<td>CEO Conference Room, UNM Hospital Administration</td>
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**Meeting Attendees**  
Steve McKernan, Rodney McNease, Jerry McDowell, Erik Lujan, Scot Sauder, Kristina Sanchez, Misty Salaz, Kori Beech, Pablo Padilla

**Minutes**

<table>
<thead>
<tr>
<th>Agenda # /Subject</th>
<th>Status / Discussion</th>
<th>Action / Next Step</th>
<th>Responsible Party</th>
</tr>
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<tbody>
<tr>
<td>I.</td>
<td>Call To Order – 1. Ms. Glidden brought the meeting to order</td>
<td></td>
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</tr>
<tr>
<td>II.</td>
<td>Approval of Agenda- Motion made by Mr. Lujan</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Approval of Minutes – Motion made by Mr. Lujan</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Public Comment– There was no Public Comment</td>
<td></td>
<td></td>
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<tr>
<td>V.</td>
<td>Mr. Sauder gave an update on the 100 bed language discussion. A draft Policy has been created and is being discussed by Mr. Sauder and Mr. Padilla. APCG asked that they be allowed to review on the proposed policy prior to going out for distribution.</td>
<td>Scot Sauder, Pablo Padilla</td>
<td></td>
</tr>
<tr>
<td>VI.</td>
<td>Discussion of September Tribal Consultation meeting and agenda. Discussion of possible location at the CRTC Board room with presentations from Dr. Willman on Native American trends and research and population health issued impacting Native Americans. Ms. Sanchez and Ms. Salaz will work to confirm the venue and availability of Dr. Willman for this discussion.</td>
<td>Kristina Sanchez, Misty Salaz</td>
<td></td>
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<tr>
<td>VII.</td>
<td>Bernalillo County Update- Brief discussion of the status of the proposed MOU with Bernalillo County and IHS around the hospital lease. The MOU continues to be in discussion between the parties.</td>
<td>Accepted as information</td>
<td></td>
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<tr>
<td>VIII.</td>
<td>Discussion of 100% FMAP and initial opinion from CMS that UNMH does not meet the requirements to be considered an IHS like facility. UNMH has provided the Lease and relevant consent information to HSD and is following up with the APCG Health Council and IHS.</td>
<td>Accepted as information</td>
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<td>IX.</td>
<td>New Business- There was no new business</td>
<td></td>
<td></td>
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<tr>
<td>X.</td>
<td>Adjournment – Meeting was adjourned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metric</td>
<td>3 Mo. Trend</td>
<td>Desired</td>
<td>Actual</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------</td>
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<td>--------</td>
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<tr>
<td>Adult Days for UNMH</td>
<td>vv</td>
<td>112,125</td>
<td>113,983</td>
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<tr>
<td>Adult Discharges for UNMH</td>
<td>vv</td>
<td>18,572</td>
<td>19,018</td>
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<tr>
<td>Adult Average Length of Stay for UNMH</td>
<td>v</td>
<td>6.04</td>
<td>5.99</td>
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<td>UHC Risk Based Adj ADULT LOS for UNMH</td>
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<td>6.68</td>
<td>6.06</td>
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<td>Adult Observation Equivalent Patient Days</td>
<td>vv</td>
<td>10,626</td>
<td>9,774</td>
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<td>Pediatric Days for UNMH</td>
<td>vvv</td>
<td>40,272</td>
<td>40,988</td>
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<td>Pediatric Discharges for UNMH</td>
<td>vv</td>
<td>4,446</td>
<td>4,415</td>
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<td>Pediatric Observation Equivalent Patient Days</td>
<td>vv</td>
<td>2,123</td>
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<td>Outpatient Clinic Visits for UNMH</td>
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<td>521,869</td>
<td>513,127</td>
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<td>Emergency Department Visits for UNMH</td>
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<td>Urgent Care</td>
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<td>17,613</td>
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<td>Operations</td>
<td>vv</td>
<td>20,887</td>
<td>20,845</td>
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<td>Newborn Days for UNMH</td>
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<td>5,027</td>
<td>5,103</td>
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<tr>
<td>Births</td>
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<td>2,867</td>
<td>2,999</td>
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<td>Days for all Behavioral Operations</td>
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<td>23,301</td>
<td>24,102</td>
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<td>Visits for all Behavioral Operations</td>
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<td>152,811</td>
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<td>UNM Care Enrollment</td>
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<td>6,715</td>
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<td>Net Income (Loss) for all Operations</td>
<td>&gt; $0</td>
<td>$15,289</td>
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<td>(in thousands)</td>
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<td></td>
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<td>Case Mix Index (CMI) - w/o newborn</td>
<td>vv</td>
<td>1.987</td>
<td>1.864</td>
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<td>Re-Admission Rates</td>
<td></td>
<td>10.16%</td>
<td>9.50%</td>
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<td>Days Cash on Hand for UNMH</td>
<td>vv</td>
<td>67.35</td>
<td>33.23</td>
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**Human Resources:**

- **FTEs (Worked) per ad day for all Operations:** 5.53 5.58 5.79
- **Hours of Care - UNM Nursing:** 17.64 17.02 17.89
- **Paid FTE's for UNMH and BHOs:** 6,059 5,919 5,925
- **Paid FTE's for CC:** 171 196 153

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**Finance and Audit Committee Dashboard Report**

**Year To Date as of June 2017**

**Unaudited 3 Mo. Trend**

**Comment**