UNM Hospital Board of Trustees
OPEN SESSION
Friday, February 24, 2017 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500
AGENDA

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

II. ADOPTION OF AGENDA

III. ANNOUNCEMENTS

IV. PUBLIC INPUT

V. CONSENT APPROVAL/INFORMATIONAL AGENDA
   - Consent/Approval Items (Approval)
     - Cyberonics Vagus Nerve Stimulators (Approval)

VI. APPROVAL OF THE MINUTES
   - January 27, 2017 UNMH Board of Trustees Meeting Minutes (Approval)
   - February 14, 2017 UNMH Special Board of Trustees Meeting Minutes (Approval)

VII. BOARD INITIATIVES
   - Mission Excellence Update – Sara Frasch
   - Operating Plan – Steve McKernan
   - Operating Budget Assumptions – Ella Watt

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

IX. UPDATES
   - Neurosurgery Presentation – Howard Yonas, MD

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

XI. OTHER BUSINESS
    - January Financials – Ella Watt

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.
STRATEGIES TO ADDRESS AFRICAN-AMERICAN HEALTH & HEALTHCARE WORKFORCE DISPARITIES IN NEW MEXICO

Toyese Oyeyemi Jr. MPH, CHES
Health Extension Regional Officer
UNMHSC Office for Community Health
COMMUNITY PRIORITIES

- Access to quality care
- Education and limited academic opportunities
- Difficulty navigating UNM system and resources
HEALTH STATUS DISPARITIES

Cardiovascular Disease in Adults Ages 18 and Older
(Diagnosed Stroke, Myocardial Infarction, or Coronary Heart Disease)

Percentage of Live Born Infants with Low Birth Weight (0-2499g)

Cardiovascular Disease in Adults Ages 18 and Older
(Diagnosed Stroke, Myocardial Infarction, or Coronary Heart Disease)

Newly Diagnosed HIV Infections per 100,000 Population
(Adults and Adolescents)

Percent without Health Insurance in New Mexico
2010-2014 (1YR Estimates)
ACCESS & CARE RECOMMENDATIONS

- Invest in Community Health Workers as frontline practitioners tasked with addressing social determinants of health of Black community
- Share UNMH racial health disparities data with community
- Include health equity indicators as official evaluation indicators of UNMH
- Acknowledge specific disparities between African-American patients and specific marginalized groups (e.g. refugee population)
- Sustain community partnership through a community based patient advisory council
<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Total Enrollment</th>
<th>Number of African-American Students</th>
<th>Percentage of Total Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Pharmacy</td>
<td>326</td>
<td>11</td>
<td>3.4%</td>
</tr>
<tr>
<td>College of Nursing</td>
<td>525</td>
<td>9</td>
<td>1.7%</td>
</tr>
<tr>
<td>SOM – Medical Students</td>
<td>438</td>
<td>12</td>
<td>2.7%</td>
</tr>
<tr>
<td>SOM – Doctoral Students (DPT/PhD)</td>
<td>98</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>SOM – Masters Students**</td>
<td>276</td>
<td>7</td>
<td>2.5%</td>
</tr>
<tr>
<td>SOM – Undergraduate Students</td>
<td>289</td>
<td>3</td>
<td>1.0%</td>
</tr>
<tr>
<td>Health Science Center</td>
<td>1,952</td>
<td>42</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

*Based on information from the 2015-2016 HSC Databook
**includes College of Population Health
## HEALTH WORKFORCE DISPARITIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of &amp; Access to University Resources/Programs</td>
<td>• Black students are not receiving adequate college prep and program information early enough.</td>
</tr>
<tr>
<td>Perception of Cost</td>
<td>• Students and their parents perceive inability to finance college as a major barrier.</td>
</tr>
<tr>
<td>Self Efficacy &amp; Visualization</td>
<td>• Students lack visual images and acknowledgement of health professionals who look like them due to perceived lack of racial/cultural representation in health careers.</td>
</tr>
<tr>
<td>Prior Experience</td>
<td>• Students not accepted into undergraduate or supplemental prep programs report lack of clinical/community/volunteer experience as important factor.</td>
</tr>
<tr>
<td>Scope of Career Choices</td>
<td>• Many students are unfamiliar with non-MD and nursing health professions.</td>
</tr>
</tbody>
</table>
WORKFORCE RECOMMENDATIONS

- Provide support for a health professions development program as suggested in 2014 New Mexico Healthcare Workforce Committee Annual Report
- Provide UNMH-based clinical shadowing opportunities through matched mentorship programs
- Partner with APS, OAAA, and HSC graduate/professional programs to create focused pathway programs for African-American students interested in health professions
- Review hiring practices to ensure recruitment efforts reflect institutional priorities and workforce diversity
- Introduce a Health Workforce Equity Institute
OTHER CONSIDERATIONS

- Cost saving potential
- Diversity and inclusion
- Vision 2020 and HSC commitment to equity
Toyese Oyeyemi Jr. MPH, CHES
Health Extension Regional Officer
UNMHSC Office for Community Health

toyeyemi@salud.unm.edu
505.382.3735
UNM Hospital Board of Trustees
February 2017
Recommendation to HSC Committee
March 2017

Approval

(1) Cyberonics, Inc.

Ownership: 100 Cyberonics Boulevard
Houston, Texas  77058

Officers Information:
Daniel Moore, Chairman
Damien McDonald, CEO and Director

Source of Funds: UNM Hospital Operating Budget

Description: Request approval to purchase the Vagus Nerve Stimulation (VNS) Therapy System for use in the Operating Room. Vagus Nerve Stimulation is an FDA approved treatment of refractory epilepsy and treatment-resistant depression. The Vagus Nerve Stimulation System is a surgically implanted device that delivers pulsed electrical signals to the vagus nerve which helps patients with epilepsy achieve long-term seizure control.

Process: Sole Source which has met the 30-day posting period.

Previous Contract: Cyberonics is the sole provider of these stimulators. Purchases were made under a sole source procurement in prior years.
Previous Term: N/A
Previous Contract Amount: Fiscal Year 2016 expenditures were $1.1 million

Contract Term: One year
Termination Provision: Either party may terminate the agreement by delivering written notice to the other party at least 30 days in advance of the proposed date of termination.

Contract Amount: Current year estimated cost of $1,300,000 based on prior year usage, amount of spend is based on patient demand and may fluctuate. Contract reflects a 10% savings over list price. Fiscal Year 2016 expenditures were $1.1 million. Utilization of these devices has increased from an annual spend of $230K in fiscal year 2014. Patients who may benefit from the stimulator are referred to Neurosurgery from the Epilepsy Clinic. Surgery is performed by the UNM Neurosurgeons. Cyberonics is the only vendor on the market that offers these devices.
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Members Present</td>
<td>Debbie Johnson, Jerry McDowell, Christine Glidden, Aimee Smidt, Joseph Alarid, Erik Lujan, Raymond Loretto, and Nick Estes</td>
<td></td>
</tr>
<tr>
<td>Ex-Officio Members Present</td>
<td>Stephen McKernan, Dr. Irene Agostini, Dr. Paul Roth, and Dr. Michael Richards</td>
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</tr>
<tr>
<td>County Officials Present</td>
<td>Commissioner Wayne Johnson</td>
<td></td>
</tr>
<tr>
<td>I. Call to Order</td>
<td>A quorum being established, Ms. Debbie Johnson, Chair, called the meeting to order at 9:08 AM</td>
<td>Dr. Raymond Loretto made a motion to adopt the agenda. Mr. Jerry McDowell seconded the motion. There being no objections, the motion carried.</td>
</tr>
<tr>
<td>II. Adoption of Agenda</td>
<td>Ms. Debbie Johnson, Chair, requested a motion to adopt the agenda</td>
<td>Mr. Jerry McDowell made a motion to adopt the agenda. Dr. Raymond Loretto seconded the motion. There being no objections, the motion carried.</td>
</tr>
<tr>
<td>III. Announcements</td>
<td>Mr. Steve McKernan and Ms. Debbie Johnson, Chair, congratulated and thanked Dr. Donna Sigl for her participation as a Member on the Board of Trustees. Mr. McKernan presented Dr. Sigl with a recognition plaque.</td>
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<td>IV. Public Input</td>
<td>N/A</td>
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</tr>
<tr>
<td>V. Approval of Minutes</td>
<td>Ms. Debbie Johnson, Chair, requested a motion to approve the UNM Hospital Board of Trustees December 21, 2016 Best Practices &amp; Board Engagement Processes Meeting Minutes, December 22, 2016 Meeting Minutes, and January 10, 2017 Special Board of Trustees Meeting Minutes.</td>
<td>Dr. Raymond Loretto made a motion to approve the minutes of December 21, 2016, December 22, 2016, and January 10, 2017 Meeting Minutes. Mr. Jerry McDowell seconded motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>VI. Consent Agenda /</td>
<td>Following a briefing by Mr. Steve McKernan and discussion of the Disposition of Assets, Ms. Debbie Johnson, Chair, requested a motion to approve as submitted.</td>
<td>Mr. Jerry McDowell made a motion to approve the Consent item as submitted. Dr. Raymond Loretto seconded the motion. There being no objections, the motion carried.</td>
</tr>
<tr>
<td>Informational Agenda</td>
<td></td>
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</tr>
<tr>
<td>VII. Board Initiatives</td>
<td>Mr. Steve McKernan indicated the Board Members need to sign and return the UNMH Board of Trustees Annual Conflict of Interest Certification. Dr. Michael Richards and Dr. Irene Agostini presented an update of Mission Excellence (document included in packet). Mr. Larry Gage gave a follow-up presentation on the Best Practices and Board Engagement Processes (document included in packet).</td>
<td></td>
</tr>
<tr>
<td>Agenda Item</td>
<td>Subject/Discussion</td>
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</tr>
<tr>
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</tr>
<tr>
<td>IX.</td>
<td>Updates</td>
<td>December Financials: Ms. Ella Watt presented the November financials (report in packet)</td>
</tr>
<tr>
<td>XI.</td>
<td>Other Business</td>
<td>Mission Excellence – Summary of Board of Trustees Retreat: Dr. Michael Richards presented a summary of the Board of Trustees Retreat (report in packet).</td>
</tr>
<tr>
<td>XII.</td>
<td>Closed Session</td>
<td>At 10:54 AM, Ms. Debbie Johnson, Chair, requested a motion to close the Open Session of the meeting. Ms. Christine Glidden made a motion to move to Closed Session. Mr. Nick Estes seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>XIII.</td>
<td>Certification</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>
</tr>
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<td>Agenda Item</td>
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<tr>
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<tr>
<td>XIV. Vote to Re-Open Meeting</td>
<td>At 12:40 PM, Ms. Debbie Johnson, Chair, requested a motion be made to return the meeting to Open Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board accept/approve the December Credentialing and Clinical Privileges as presented by Dr. Robb McLean. Approval of the December 21, 2016 Medical Executive Committee Meeting Minutes and approval of the December 22, 2016 Performance Oversight Committee (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.</td>
<td>Ms. Christine Glidden made a motion to return to Open Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously. [Dr. Raymond Loretto made a motion to accept/approve the December Credentialing and Clinical Privileges as presented. Ms. Christine Glidden seconded the motion. The motion passed unanimously.] [Mr. Joseph Alarid made a motion to accept/approve the Medical Executive Committee Meeting Minutes as presented. Ms. Christine Glidden seconded the motion. The motion passed unanimously.] [Dr. Raymond Loretto made a motion to accept/approve the POCEC Meeting Minutes as presented. Ms. Christine Glidden seconded the motion. The motion passed unanimously.]</td>
</tr>
<tr>
<td>XV. Adjournment</td>
<td>The next scheduled Board of Trustees Meeting will take place on Friday, February 24, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara &amp; Bill Richardson Pavilion 1500. There being no further business, Ms. Debbie Johnson, Chair, requested a motion to adjourn the meeting.</td>
<td>Mr. Jerry McDowell made a motion to adjourn the meeting. Ms. Christine Glidden seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:17 PM.</td>
</tr>
</tbody>
</table>

Christine Glidden, Secretary
UNM Hospital Board of Trustees
## UNM Hospital Special Board of Trustees
### February 14, 2018
### UNM Hospital Large Conference Room

### Voting Members Present
Debbie Johnson, Jerry McDowell, Christine Glidden, Joseph Alarid, Erik Lujan, Raymond Loretto, and Nick Estes

### Ex-Officio Members Present
Stephen McKernan, Dr. Irene Agosti, Dr. Michael Richards, and Dr. Jennifer Phillips

### County Officials Present
None Present

### I. Call to Order
A quorum being established, Mr. Jerry McDowell, Co-Chair, called the meeting to order at 4:19 PM

### II. Adoption of Agenda
Mr. Jerry McDowell, Co-Chair, requested a motion to adopt the agenda

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<tr>
<td>I. Call to Order</td>
<td>A quorum being established, Mr. Jerry McDowell, Co-Chair, called the meeting to order at 4:19 PM</td>
<td>Mr. Joseph Alarid made a motion to move to adopt the agenda. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
</tr>
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<td>II. Adoption of Agenda</td>
<td>Mr. Jerry McDowell, Co-Chair, requested a motion to adopt the agenda</td>
<td>Mr. Joseph Alarid made a motion to move to adopt the agenda. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>III. Closed Session</td>
<td>At 4:19 PM, Mr. Jerry McDowell, Co-Chair, requested a motion to close the Open Session of the meeting.</td>
<td>Mr. Joseph Alarid made a motion to move to Closed Session. Ms. Christine Glidden seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>IV. Certification</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>
<td></td>
</tr>
</tbody>
</table>

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**UNM Hospital Board of Trustees**
**Minutes January 27, 2017**

15/102
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Subject/Discussion</th>
<th>Action/Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Vote to Re-Open Meeting</td>
<td>At 5:47 PM, Ms. Debbie Johnson, Chair, requested a motion be made to return the meeting to Open Session. Ms. Debbie Johnson, Chair, requested a motion be made that the Board approve the below motion as presented in Closed Session. Mr. Jerry McDowell made a motion that the MOU should include a preamble that identifies the Mission, Vision and Values of UNMH in which UNM (Board of Regents), Bernalillo County and the Indian Health Services concur. A way to be unified with a level of values that appeal to people’s sense of service and care for members of the County.</td>
<td>Dr. Raymond Loretto made a motion to return to Open Session. Mr. Jerry McDowell seconded the motion. The motion passed unanimously. Mr. Joseph Alarid made a motion to approve the motion. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</td>
</tr>
<tr>
<td>VI. Adjournment</td>
<td>The next scheduled Board of Trustees Meeting will take place on Friday, February 24, 2017 @ 9:00 AM at the University of New Mexico Hospital in the Barbara &amp; Bill Richardson Pavilion 1500. There being no further business, Ms. Debbie Johnson, Chair, requested a motion to adjourn the meeting.</td>
<td>Mr. Jerry McDowell made a motion to adjourn the meeting. Ms. Christine Glidden seconded the motion. The motion passed unanimously. The meeting was adjourned at 5:47 PM.</td>
</tr>
</tbody>
</table>

Christine Glidden, Secretary
UNM Hospital Board of Trustees
MISSION: Excellence Update from BOT Board Retreat

February 24, 2017
Top 5

1. Make processes evidence-based, empower middle management and designated leaders to make decisions

2. Consider one organization

3. Align goals across systems—too many “competing” priorities in silos

4. Transparency (financial, structure, compensation)

5. Well-defined leadership
Empowerment

- Rounding
- Stoplight Reports
- LEADING to Excellence sessions

We asked for:
Make processes evidence-based; empower middle management
Structure

We asked for:
Consider One Organization

- Alignment of dyad partners
- Job titles & Descriptions
- Alignment and cascading of goals
We asked for:
 Align goals across systems—too many “competing” priorities in silos

• Leader Evaluation Manager (LEM)
• Pared down UOP to 12 clinical foci
Transparency

We asked for: Financial, structure, compensation

• Share quality metrics, financial performance, and patience experience scores at:
  • Quarterly Employee Forums (1/2017)
  • Management Coffee
  • Posted Online and on Pillar Boards
  • LEM shows structure and accountabilities
Leadership

We asked for:
Well-defined

- Leader Development (LTE)
- Job descriptions
- Role definition
- Dyad partnerships
Execution Framework: Evidence-Based Leadership SM

**Leadership SM**

**Aligned Goals**
- Objective Evaluation System
- Leader Development

**Aligned Behavior**
- Must Haves®
- Performance Management

**Aligned Process**
- Standardization
- Accelerators

**Foundational**

**Breakthrough**

**LEADER EVALUATION**
Implement an organization-wide leadership evaluation system to hardwire objective accountability

**LEADER DEVELOPMENT**
Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

**MUST HAVES®**
- Rounding, Thank You Notes, Employee Selection, Pre and Post Phone Calls, Key Words at Key Times

**PERFORMANCE GAP**
- Re-recruit high and middle performers, Move low performers up or out

**STANDARDIZATION**
- Agendas by pillar, peer interviewing, 30/90 day sessions, pillar goals

**ACCELERATORS**
- Leader Evaluation Manager®
- Validation MatrixSM
- Provider Feedback SystemSM
- Studer Group Rounding
- Patient Call Manager™
Strategic Framework:
UNMHS Vision

<table>
<thead>
<tr>
<th>UNMHS Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>As UNM HSC helps New Mexico make more progress in health and health equity than any other state, New Mexicans will choose UNMHS as their gateway to advancing patient care, clinical innovation, and continuous healthy living.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNM Hospital Vision</th>
<th>UNM Hospital Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNMH will be the leader in improving New Mexico's health outcomes through both our academic specialty programs and our community responsive, culturally competent, patient care, education, and clinical research programs.</td>
<td>Exceptional care for all of New Mexico through compassion, learning and discovery.</td>
</tr>
<tr>
<td>We aspire to be one of the nation's leading university hospitals which captures the synergy in being both an excellent academic institution and an innovative, community oriented public teaching hospital. UNMH will set the standard for excellence in quality and patient safety in public teaching hospitals.</td>
<td></td>
</tr>
</tbody>
</table>
# Strategic Framework: Ten UNMHS Strategic Goals

<table>
<thead>
<tr>
<th>Strategic Issues</th>
<th>Strategic Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Integration and Clinical Focus</strong></td>
<td>- System Integration</td>
</tr>
<tr>
<td></td>
<td>- Clinical Focus</td>
</tr>
<tr>
<td></td>
<td>- Health System Identity</td>
</tr>
<tr>
<td></td>
<td>- Clinician Relationships</td>
</tr>
<tr>
<td><strong>Operational and Financial Performance</strong></td>
<td>- Enhanced Patient Value</td>
</tr>
<tr>
<td></td>
<td>- Operational and Financial Strength</td>
</tr>
<tr>
<td></td>
<td>- Culture of Excellence</td>
</tr>
<tr>
<td><strong>Health Reform Preparation</strong></td>
<td>- Patient Access</td>
</tr>
<tr>
<td></td>
<td>- Patient Management and Health</td>
</tr>
<tr>
<td></td>
<td>- Strategic Partnerships</td>
</tr>
</tbody>
</table>
Strategic Framework: Integration with the University

University Mission, Values, Vision

HSC Mission, Values, Vision

Clinical
Teaching
Research

Health System Vision

SRMC
UNMMG
UNMH
School / Colleges*

*Clinical components within the School of Medicine of Colleges of Nursing and Pharmacy
<table>
<thead>
<tr>
<th>Health System Strategic Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement</td>
</tr>
<tr>
<td>Patient Experience</td>
</tr>
<tr>
<td>Culture of Excellence</td>
</tr>
<tr>
<td>Operations</td>
</tr>
<tr>
<td>Strategic Growth &amp; Partnerships</td>
</tr>
</tbody>
</table>
UNM Health System Strategic Goals linkage to UNMH Operating Plan Pillars

- Culture of Excellence
- Community Engagement
- Patient Experience
- Operations
- Strategic Growth & Partnerships

- People
- Service
- Quality & Safety
- Finance
- Growth & Strategic Plan
## Strategic Framework: Summary of High Priority Strategies

<table>
<thead>
<tr>
<th>Maximize Assets</th>
<th>1. High Risk OB and Pediatrics</th>
<th>Grow OB &amp; Pediatrics services within the existing Richardson Pavilion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Long-Stay Patients</td>
<td>Relocate long-stay patients from UNMH to post-acute setting and back fill with high complexity patients</td>
<td></td>
</tr>
<tr>
<td>3. SRMC</td>
<td>Accelerate the growth of inpatient admissions at SRMC</td>
<td></td>
</tr>
<tr>
<td>Enhance Access</td>
<td>4. Lands West</td>
<td>Proceed with the development of a new 96-bed patient tower</td>
</tr>
<tr>
<td>5. Transfer Network</td>
<td>Establish a &quot;preferred transfer network&quot; with select health care provider systems across the State</td>
<td></td>
</tr>
<tr>
<td>6. Ambulatory Services</td>
<td>Establish an integrated organizational and reporting structure and improve access to clinical services through the existing ambulatory platform</td>
<td></td>
</tr>
<tr>
<td>Infrastructure</td>
<td>7. IT Integration</td>
<td>Develop a comprehensive, independently-vetted IT Strategic Plan for the health system</td>
</tr>
<tr>
<td>8. Culture of Excellence</td>
<td>Engage staff so that they are respectful of one another, clinicians, patients and their families, and set the standard for care delivered in the community</td>
<td></td>
</tr>
<tr>
<td>9. Risk Based Population Mgmt</td>
<td>Invest in systems infrastructure that can support the bundling of select clinical services</td>
<td></td>
</tr>
<tr>
<td>10. Revenue Cycle</td>
<td>Ensure that the institution maximizes the cash flow associated with the clinical care it delivers</td>
<td></td>
</tr>
<tr>
<td>11. Funds Flow</td>
<td>Simplify funds flow between the various system entities to encourage system performance</td>
<td></td>
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</tbody>
</table>
Strategic Framework: System Integration

Description: Achieve greater integration through IT infrastructure development, alignment of incentives, management redesign, and funds flow between each system entity

System Integration Strategies

1. Enhance the UNMHS management structure to coordinate the development of shared goals, strategic priorities and system-wide incentives, to promote greater levels of integration and shared standards across the clinical enterprise.

2. Simplify funds flow between the various system entities to encourage system performance.

3. Establish an integrated ambulatory organizational and reporting structure with clear accountability, with the purpose of clarifying and integrating performance measurement and incentives associated with ambulatory care delivery.

4. Develop a comprehensive, independently-vetted IT Strategic Plan for the health system, which identifies existing gaps and sets priorities for IT/system investments to enable greater clinical integration and improved interactions between stakeholders.
Strategic Framework: Clinical Focus

**Description:** Grow programs that leverage UNMHS’ capabilities in delivering high-intensity care, while improving coordination across all services

**Clinical Focus Strategies**

1. Prioritize recruitment and alignment in high-risk obstetrics and pediatrics (potentially with other providers across the State) with the intent to grow these services within the Richardson Pavilion, while preparing for the eventual development of a dedicated Women's & Children's Hospital

2. Recruit select specialists with the intent to continue growing inpatient and outpatient oncology services

3. Establish a "preferred transfer network" with select health care provider systems across the State and dedicate 12 beds to this initiative, encouraging the flow of patient volume of the appropriate complexity to UNMH and SRMC
Strategic Framework: Clinical Focus (cont.)

Clinical Focus Strategies

4. Relocate select long-stay patients (begin with those that have LOS > 3 standard deviations above the mean) from UNM Hospital to post-acute capacity -- through partnerships with existing or new players in the market. Redeploy these inpatient beds to establish dedicated inpatient capacity for growth in high-complexity programs at UNM Hospital.

5. Proceed with the development of a new 96-bed patient tower at Lands West, seeding its development through the initial movement of surgical specialties and cancer from the old hospital. Prepare for the eventual development of a women's/children's hospital.
Strategic Framework: Health System Identity

**Description:** Promote and advance UNMHS's academic depth and capabilities, while continuing to maintain its mission to the underserved

**Health System Identity Strategies**

1. Create marketing campaigns that actively promote UNMHS's vital role as New Mexico's only academic medical center, safety net provider and children's hospital, and emphasize the capabilities of key clinical services

2. Explore opportunities to expand UNMHS's clinical research, training capabilities and scholarship focus to SRMC and other delivery sites across the State, and use this to differentiate UNMHS from PHS and Lovelace with independent providers

3. Brand a "UNMHS Gateway" strategy, with dedicated partners that work to coordinate and promote the delivery of cost-effective care

4. Continue to foster strong community engagement, proactively address community concerns, and be a leading innovator in meeting the needs of our communities and serving the public mission in a changing reimbursement environment
Strategic Framework: Clinician Relationships

**Description:** Continue strengthening relationships with all Faculty clinicians, while developing a broader network of affiliated community clinicians

**Clinician Relationship Strategies**

1. Create a pluralistic physician model -- leveraging different faculty tracks and the potential development of an IPA -- to attract clinically-focused physicians that are not interested in a traditional tenure model
2. Increase alignment with select FQHCs across the State, and explore the potential of shifting some of all of UNMHS's residency clinics into an existing or new FQHC/FQHC look-alike
3. Explore opportunities to leverage pharmacy, nursing and other health practitioners to extend patient care in the community and enhance patient care in the clinics and hospitals
Strategic Framework: Enhanced Patient Value

**Description:** Improve customer service, clinical quality & patient safety while continuing to become operationally efficient

**Enhanced Patient Value Strategies**

1. Achieve the goal of becoming the safest health system in New Mexico

2. Become a mature Lean organization, with a goal of eliminating waste, improving throughput and quality, and hard-wiring the use of best practices to help provide care more efficiently across the system

3. Establish, monitor and report (internally and externally) a select range of quality, patient safety and clinical outcomes, with an emphasis on surpassing benchmarks in areas where quality dollars will initially be at risk (e.g., patient readmissions, hospital acquired conditions, value-based purchasing programs)

4. Elevate the institution's culture to embrace customer service for the patients and family in all departments and across all patient settings, and create the incentives and accountability necessary to make this cultural change a reality
Operational & Financial Strategies

1. Demonstrate value to external funding sources for ongoing coverage of care for the uninsured/underinsured populations in Bernalillo and Sandoval Counties, as well as the rest of the State
2. Utilize system integration to improve operational efficiency and strengthen the balance sheet
3. Continue to focus on revenue cycle management, ensuring that the institution maximizes the cash flow associated with the clinical care it delivers
Strategic Framework: Culture of Excellence

**Description:** Engage staff so that they are respectful of one another, clinicians, patients and their families, and set the standard for care delivered in the community

#### Culture of Excellence Strategies

1. Create an environment that continues to support diversity efforts and strengthens the cultural competency of UNMHS employees
2. Create an internal "Institute" that promotes the development of highly skilled, technically competent and respectful employees and clinicians through ongoing learning and training
3. Complete succession planning for all key positions, and use retention initiatives for individuals identified as the next generation of leadership
4. Proactively recruit, engage and retain nursing talent
Strategic Framework: Patient Access (cont.)

**Description:** Create greater access to specialty care physicians, acute care beds, primary care clinics, and post-acute services

**Patient Access Strategies**

1. Create a position with accountability for placement of patients in beds across the system

2. Focus any ambulatory investment on the HSC campus in renovation, and potentially reorganization, of existing space. Pilot a model ambulatory space that more closely aligns departmental and institutional incentives (e.g., "rent" model)

3. Explore the development of new ambulatory capacity off the HSC campus, providing new geographic access points for the population
Strategic Framework: Patient Management & Health

**Description:** Improve the health and health equity of UNMHS patient populations by managing their care across the continuum and position UNMHS to be successful in a post Health Reform environment.

**Patient Management & Health Strategies**

1. Invest in the development of systems infrastructure that can support the bundling of select clinical services, to prepare UNMHS to manage the care of selected populations.

2. Work with the State to expand the UNMHS SCI program over the next 15 months and then successfully direct patients into Medicaid plans or other health plans on the Health Exchange where UNMH is a preferred provider.
Strategic Framework: Strategic Partnerships

**Description:** Explore strategic partnerships to achieve market growth and align resources to better serve the continuum of care

**Strategic Partnership Strategies**

1. Create preferred partnerships with local providers for preventative and post-acute care, and begin discussions around joint protocols and data sharing
Define the cascade among:

– Health System Strategy
– UNMH Mission Excellence Pillars
– Strategic Priorities
– Unified Operating Plan Goals
– Mission Excellence Tactics
Strategic Growth & Partnerships

Replacement Hospital

- Strategic Growth & Partnerships
- Growth
- Replacement Hospital
- Complete planning process and staging options

Mission:
- Excellence

Tactics:
- Involvement and engagement
- Shared/Dyad leader goals to drive cross-functional alignment
Strategic Growth & Partnerships

Ambulatory Access

Health System Strategic Goals

• Strategic Growth & Partnerships

UNMH Pillar

• Growth

Strategic Priority

• Improve Ambulatory Access

UOP Operating Goal

• Increase clinic volume by 4%

MISSION: Excellence Tactics

• Outpatient Experience Team
• AIDET
Strategic Growth & Partnerships

Inpatient Access

- Strategic Growth & Partnerships
- Growth
- Improve Inpatient Access
- Increase discharges by 2%

- Pre and Post Visit Communication
- Key Words at Key Times

Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal

MISSION: Excellence Tactics

48/102
Strategic Growth & Partnerships

Transfer Network

- Strategic Growth & Partnerships
- Growth
- Provide Increased Access through the Transfer Network
- Increase number of outside transfers by 2%

MISSION:

Excellence

Tactics

- Patient Rounding
- Key Words at Key Times
- AIDET

Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal

MISSION: Excellence Tactics

49/102
Strategic Growth & Partnerships

Improve Information Systems

• Strategic Growth & Partnerships

Health System Strategic Goals

UNMH Pillar

• Growth

Strategic Priority

• Improve Information Systems

UOP Operating Goal

• EMR Usability, Electronic quality measures, Healthy Intent Population Management, Theradoc

MISSION: Excellence Tactics

• Physician Leadership Involvement
Strategic Growth & Partnerships

Surgical Access

- Strategic Growth & Partnerships

UNMH Pillar

- Growth

Strategic Priority

- Improve Surgical Throughput

UOP Operating Goal

- Increase Surgical Volume by 5%

MISSION: Excellence Tactics

- Inpatient Experience Team
- Key Words at Key Times
Patient Experience / Quality / Safety

Health System Strategic Priorities

- Patient Experience

UNMH Pillar

- Quality & Safety

Strategic Priority

- Improve Patient Safety and Outcomes

UOP Operating Goal

- CMS License
- TJC Accreditation

MISSION: Excellence Tactics

- 90-day Action Plans
- Leader Evaluation System

52/102
Patient Experience / Quality
Reduce Mortality

- Patient Experience
- Quality
- Reduce Mortality for improved Patient Outcomes
- Mortality Index < .95 (2015 Risk Model)

Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal

MISSION: Excellence Tactics

• Leader evaluation system
• Aligned goals
Health System Strategic Goals

UNMH Pillar

Patient Experience

Quality

Strategic Priority

Reduce Harm Events to Patients to Improve Outcomes

UOP Operating Goal

Improve Patient Harm Events to <131 events

MISSION: Excellence Tactics

Leader evaluation system

90-day action plans

Aligned goals
Health System Strategic Priorities

UNMH Pillar

Strategic Priority

UOP Operating Goal

MISSION: Excellence Tactics

Patient Experience / Service

Patient Satisfaction

• Service

• Service

• Patient Satisfaction

• CGCAHPS – Top Box 81.4
• HCAHPS - Top Box 70

• Patient Experience Teams
• 10/5 Rule
• Standards of Behavior
Culture of Excellence / People

Employee Engagement

- Culture of Excellence
- People
- Employee Satisfaction and Engagement
- Turnover rate for Non-RN & RN Staff less than 14%

MISSION: Excellence Tactics
- Leader Rounding
- Thank you Notes
- Peer Interviewing
- Reward & Recognition

Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal

56/102
Culture of Excellence / People

Medical Staff Engagement

- **Health System Strategic Goals**
  - Culture of Excellence

- **UNMH Pillar**
  - People

- **Strategic Priority**
  - Medical Staff Satisfaction and Engagement

- **UOP Operating Goal**
  - Voice Survey Physician Engagement increase of 10%

**MISSION: Excellence Tactics**
- Re-recruit high performers
- Provider Selection
- Provider Code of Conduct
Health System Strategic Goals

Operations

UNMH Pillar

Finance

Strategic Priority

Adequate Investment in Capital Plant

UOP Operating Goal

Equal to or Greater than Depreciation

MISSION: Excellence Tactics

• Sr. Leader Rounding
  • Stoplight & Scouting Reports
Improving Revenues

- Operations
- Finance

- Increase Revenues
- Improve Revenue Cycle by 2%

MISSION: Excellence Tactics

- Objective weighted goals
- Pre and Post Visit Communication

UNM Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal
Operations / Finances

Value Based Purchasing

- Operations
- Finance
- Prepare for Value Based Purchasing
- Implement Population Management and Cost based programs to
  - Shared weighted quality goals
  - Pt. Experience Teams

Health System Strategic Goals

UNMH Pillar

Strategic Priority

UOP Operating Goal

MISSION: Excellence Tactics

61/102
MISSION: Excellence Roadmap

Where We’ve BEEN (Foundational)
- Assessment & Planning
- Steering Team Development
- Foundational & Sub-team Development
- LEADing to Excellence Conferences
- Quarterly Employee Forums

Where we ARE (Current Priorities)
- Goal Setting & Alignment
- Rounding and Thank you Notes
- Pulse Surveys
- Expectations of Behavior
- AIDET/KWKT
- Use of Rounding Tool
- Use of LEM

Where We’re GOING (Up Next!)
- Senior Leader Rounding
- Internal Customer Rounding
- Leader Rounding on Patients
- Support Services Surveys
- Highsolidlow™

STUDER GROUP®
GOAL
Better than 50%

Rating in each category

Safety
Efficiency
Experience

More ↔ Better ↔ Less

63/102
<table>
<thead>
<tr>
<th>Pillar</th>
<th>Goal</th>
<th>Strategy</th>
<th>Leaders</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth &amp; Strategic Plans</td>
<td>1.1. Complete the Replacement Hospital Facility &amp; Strategic Plan through the approval process</td>
<td>Develop Clinical Master Facility Plan</td>
<td>Steve McKernan</td>
<td>Complete the Master Facility &amp; Strategic Plans through Board and Regent approval. Develop initial architectural plans for the highest priority projects.</td>
</tr>
<tr>
<td></td>
<td>2.1. Increase UNMH Clinic Volume by 4%</td>
<td>Increase Ambulatory Access and Throughput</td>
<td>Kori Beech/Charles North</td>
<td>Year Over Year Increase of Key Stat (billed) clinic visits. Implement the Women's Clinic. Rich to identify and provide national access metrics.</td>
</tr>
<tr>
<td></td>
<td>3.1 Decrease Adult LOS (without OB) at UNMH to 6.5 days and 70 discharges/day with LOS index equal or less than 1</td>
<td>Increase inpatient capacity through decreased length of stay for growth in high-complexity programs at UNM Hospital.</td>
<td>Irene Agostini/Sheena Ferguson</td>
<td>Key Stats Adult LOS without OB, as posted in month of discharge. Average Daily discharges and by 2pm for Adult Non-OB from Internal systems (Quality Outcomes).</td>
</tr>
<tr>
<td></td>
<td>4.1. Increase number of outside transfers accepted to UNMH by 2% (increment) or an additional 6/month</td>
<td>Improve Tertiary Referral Transfer Capabilities</td>
<td>Irene Agostini/Sheena Ferguson</td>
<td>Number of outside transfers from Teletracking data</td>
</tr>
<tr>
<td></td>
<td>5.1. Implement alignment of electronic quality measures</td>
<td>Information Technology Implementation</td>
<td>Glen Jornigan/Gary Iwamoto</td>
<td>Implementation complete, Meaningful Use Stage 2 Requirements met, and Theradoc initiated</td>
</tr>
<tr>
<td></td>
<td>6.1. Increase Surgical Volume by 5%</td>
<td>Increase Surgical Volume</td>
<td>April Jaglo/Tim Nelson</td>
<td>Year Over Year Increase of Key Stat (billed) surgical cases</td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>7.1. Achieve and maintain TJC accreditation Status &amp; CMS license deemed status (GATEWAY)</td>
<td>Maintain accreditation deemed status</td>
<td>Richard Crowell/Michael Chicarelli</td>
<td>Accreditation Status</td>
</tr>
<tr>
<td></td>
<td>8.1 Mortality Index &lt; .925% (2015 risk model)</td>
<td>Improve Mortality Index</td>
<td>Richard Crowell/Michael Chicarelli</td>
<td>Mortality Index from Quality Outcomes</td>
</tr>
<tr>
<td></td>
<td>9.1 Reduce Severe Patient Harm Events and Infections to 50% percentile UHC levels</td>
<td>Improve Patient Harm-related Outcomes</td>
<td>Richard Crowell/Michael Chicarelli</td>
<td># of CAUTI &amp; CLABSI cases &amp; SPHEE's</td>
</tr>
<tr>
<td>Service</td>
<td>10.1 HCAHPS - Percentage of Top Box (9 or 10) averaged for last quarter (70% on Rate the hospital)</td>
<td>Improve Inpatient Satisfaction</td>
<td>Sheena Ferguson/Perryman Collins</td>
<td>6 month average Press Ganey HCAHPS Reports</td>
</tr>
<tr>
<td></td>
<td>11.1 CGCAHPS - Percentage of Top Box (9 or 10) averaged for last quarter (81.4% on Recommend provider office)</td>
<td>Improve Outpatient Satisfaction</td>
<td>Kori Beech/Charles North</td>
<td>6 month average Press Ganey CGCAHPS Reports</td>
</tr>
<tr>
<td>People</td>
<td>13.1 Turnover rate for Staff &amp; RN less than 14%</td>
<td>Improve Staff and Faculty engagement &amp; satisfaction</td>
<td>Sara Frasch - Turnover Irene Agostini - Provider</td>
<td>Turnover rates from Turnover Report of UNMH Intranet. Implement efficiency programs and report on outcomes.</td>
</tr>
<tr>
<td></td>
<td>13.2 Physician engagement score increase of 10% to 3.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>14.1 Positive Net margin (GATEWAY)</td>
<td>Strong Financial Performance</td>
<td>Ella Watt</td>
<td>UNM Hospital Income Statement - Increase in net operating revenue</td>
</tr>
<tr>
<td></td>
<td>15.1 Invest at capital depreciation (amount….)</td>
<td>Manage the capital planning &amp; expenditure process</td>
<td>Ella Watt</td>
<td>UNM Hospital Income Statement (Depreciation) &amp; Statement of Cash Flow (Purchase of Capital Assets)</td>
</tr>
<tr>
<td></td>
<td>16.1 Increase in Net Revenue/CMI adjusted patient day by &gt;= 2% by bringing up ORBIT (Our Revenue Building Implementation Team)</td>
<td>Improve the revenue cycle through billing improvements &amp; organization structure</td>
<td>Steve McKernan</td>
<td>Year over Year Increase in Net Revenue/CMI adjusted patient day (Income Statement, CMI, and Key Stats)</td>
</tr>
<tr>
<td></td>
<td>17.1 Improve value based purchasing outcomes</td>
<td>Develop systems to succeed under value based purchasing</td>
<td>Steve McKernan</td>
<td>Year over Year Improvement in value based purchasing outcomes</td>
</tr>
<tr>
<td></td>
<td>17.2 Develop programs to profitably manage capitated lives through UNM Hospitals ambulatory contracting</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNM Hospitals

FY 18 Budget Assumptions
February 22, 2017
Operational Imperatives

Quality
- Improve Quality and Safety Scores

Service
- Improve Patient Experience

People
- Mission Excellence

Growth
- Increase Clinical Volume and VBC

Finance
- Cost Control and Maintain Margin
Operating Plan – Growth and Strategic Plans Budget Alignment

- Goal 1 – Finalize Adult Replacement Hospital Programing
- Goal 2 – Increase Ambulatory access and throughput
  - Increase clinic volumes 4%

<table>
<thead>
<tr>
<th>Outpatient Visits</th>
<th>FY2016 Actual</th>
<th>FY2017 Projected</th>
<th>FY2018 Budget</th>
<th>Incr / (Decr) from FY 2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Clinics</td>
<td>157,471</td>
<td>161,912</td>
<td>166,906</td>
<td>4,994</td>
<td>3%</td>
</tr>
<tr>
<td>Specialty Clinics</td>
<td>316,951</td>
<td>311,941</td>
<td>324,203</td>
<td>12,262</td>
<td>4%</td>
</tr>
<tr>
<td>CTH Clinics</td>
<td>31,526</td>
<td>30,759</td>
<td>33,232</td>
<td>2,473</td>
<td>8%</td>
</tr>
<tr>
<td>YCHC Clinics</td>
<td>14,091</td>
<td>13,605</td>
<td>14,338</td>
<td>733</td>
<td>5%</td>
</tr>
<tr>
<td>Total Outpatient Visits</td>
<td>520,039</td>
<td>518,217</td>
<td>538,679</td>
<td>20,462</td>
<td>4%</td>
</tr>
</tbody>
</table>
Operating Plan – Growth and Strategic Plans Budget Alignment

- Goal 3 – Increase Inpatient capacity
  - Increase adult discharges by 2%
  - Increase CMI by 3.5%

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Projected</th>
<th>FY2018 Budget</th>
<th>Incr / (Decr) from FY 2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Days</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>101,792</td>
<td>103,582</td>
<td>103,637</td>
<td>55</td>
<td>0%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>40,353</td>
<td>41,318</td>
<td>41,513</td>
<td>195</td>
<td>0%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>11,144</td>
<td>10,973</td>
<td>11,005</td>
<td>32</td>
<td>0%</td>
</tr>
<tr>
<td>Total Patient Days</td>
<td>153,289</td>
<td>155,873</td>
<td>156,155</td>
<td>282</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Discharges</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>14,689</td>
<td>15,468</td>
<td>15,779</td>
<td>311</td>
<td>2%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>4,429</td>
<td>4,419</td>
<td>4,439</td>
<td>20</td>
<td>0%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3,382</td>
<td>3,321</td>
<td>3,333</td>
<td>12</td>
<td>0%</td>
</tr>
<tr>
<td>Total Discharges</td>
<td>22,500</td>
<td>23,208</td>
<td>23,551</td>
<td>343</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Average Length of Stay</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>6.93</td>
<td>6.70</td>
<td>6.57</td>
<td>(0.13)</td>
<td>-2%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>9.11</td>
<td>9.35</td>
<td>9.35</td>
<td>0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>3.30</td>
<td>3.30</td>
<td>3.30</td>
<td>(0.00)</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>6.81</td>
<td>6.72</td>
<td>6.63</td>
<td>(0.09)</td>
<td>-1%</td>
</tr>
</tbody>
</table>
Operating Plan – Growth and Strategic Plans Budget Alignment

- Goal 4 – Information Technology Implementation
  - EMR improvements
  - Population Health
  - Quality Surveillance System
  - 3M 360

- Goal 5 – Increase surgical volumes by 5%

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Projected</th>
<th>FY2018 Budget</th>
<th>Incr / (Decr) from FY 2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>19,947</td>
<td>20,452</td>
<td>21,406</td>
<td>954</td>
<td>5%</td>
</tr>
</tbody>
</table>
• Goal 6 – Maintain accreditation deemed status

• Goal 7 – Improve Mortality Index Outcomes
  – Mortality index of less than 0.935

• Goal 8 – Reduce severe patient harm events (SPHEs)
  – Decrease non-infection-related SPHEs
  – Decrease Central Line Associated Blood Stream Infection (CLABSI) events
  – Decrease Catheter Associated Urinary Tract Infections (CAUTI)
Operating Plan – Service Budget Alignment

- **Goal 9 – Improve inpatient satisfaction**
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) of less than or equal to 50th percentile

- **Goal 10 – Improve outpatient satisfaction**
  - Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) of less than or equal to 50th percentile

- **Goal 11 – Achieve greater than 80% compliance with Mission Excellence initiatives**
Operating Plan – Culture of Excellence
Budget Alignment

- Goal 12 – Improve staff and faculty engagement and satisfaction
  - Turnover rates less than 14%
  - Conduct Provider Voice Pulse Survey
• Goal 13 – Net margin >1
• Goal 14 – Prepare for transition to value-based care
  – Risk based
  – Bundled payment models
  – Shared savings models based on reduced costs
  – Tiered Diagnosis Related Groupings by service lines
  – Value-based purchasing outcomes
• Goal 15 – Manage capital planning and expenditure process
• Goal 16 – Improve the revenue cycle
  – Increase Net Revenue/CMI adjusted patient day by 2% or more
Operating Plan - Finance
Revenue Assumptions - Contracting

- Medicare
  - Scheduled Medicare reductions - $2.7m
  - Bundled payment models (hip, knees, no cardiac)
  - Medicare Advantage plan reductions in DRG - Shared savings models based on reduced costs
  - Zero change for Quality and Risk adjustments

- Medicaid
  - Subcapitated Payment for Defined Populations (primary)*
  - Shared savings (ACO, PCMH, Obstetrics - reductions in C-Sections)*
  - Bundled payment models for bariatric, maternity, pneumonia and colonoscopies*
  - No anticipated reductions in Medicaid reimbursements, pending payer re-negotiations

- Commercial
  - No expected commercial payer increases

*Based on January Medicaid Waiver Committee
Operating Plan - Finance
Expense Assumptions

• Expense:
  – UNMH Expense / CMI adjusted discharges in alignment with revenue growth
  – UNMH FTEs / CMI adjusted patient discharges in alignment with revenue growth
  – Compensation increase for staff
  – Medical Services increases to support recruitment of providers
### Other UNM Hospital Statistics

<table>
<thead>
<tr>
<th>Service</th>
<th>FY2016 Actual</th>
<th>FY2017 Projected</th>
<th>FY2018 Budget</th>
<th>Incr / (Decr) from FY 2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>84,522</td>
<td>84,627</td>
<td>85,139</td>
<td>512</td>
<td>1%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>17,665</td>
<td>17,725</td>
<td>19,392</td>
<td>1,667</td>
<td>9%</td>
</tr>
<tr>
<td>Births</td>
<td>3,024</td>
<td>2,978</td>
<td>2,950</td>
<td>(28)</td>
<td>-1%</td>
</tr>
</tbody>
</table>
## Behavioral Health Statistics

<table>
<thead>
<tr>
<th></th>
<th>FY2016 Actual</th>
<th>FY2017 Projected</th>
<th>FY2018 Budget</th>
<th>Incr / (Decr) from FY 2017</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Days</td>
<td>23,242</td>
<td>22,769</td>
<td>23,282</td>
<td>513</td>
<td>2%</td>
</tr>
<tr>
<td>Other Stats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>36,741</td>
<td>42,489</td>
<td>46,517</td>
<td>4,028</td>
<td>9%</td>
</tr>
<tr>
<td>Midlevel</td>
<td>93,204</td>
<td>96,374</td>
<td>100,461</td>
<td>4,087</td>
<td>4%</td>
</tr>
<tr>
<td>Methadone &amp; Buprenorphine</td>
<td>143,151</td>
<td>144,943</td>
<td>154,420</td>
<td>9,477</td>
<td>7%</td>
</tr>
</tbody>
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MEMORANDUM

To:          Board of Trustees

From:       Stephen McKernan
             Chief Executive Officer

Date:       February 21, 2017

Subject:    Monthly Activity Update

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

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. The principal issues are related to infections and other events like lacerations and punctures. Documentation in the medical records plays a significant role in how the harm events are classified. Rick Crowell, MD, the Chief Medical Safety Officer will provide an update at this week’s meeting with a condensed report card that can allow for expansion based on the Board’s interest.

Statistics: UNMH has stable and increasing patient activity. Patient days were 2% above the prior year. Discharges are running 4% higher than the prior year. Clinic visits increased 3% above the prior year. The Case Mix Index is 8% above the prior year. The Emergency Room increase is 11% above the prior year. The number of surgeries increased 4%. The number of births has decreased 3%. Overall activity is being recorded as being more than 11% greater than the prior year with a significant proportion of that increase represented by the Case Mix Index increase of 6% above the prior year.

Financial: UNMH had revenues that were equal to the budget and 5% greater than the prior year. The expectation was that the revenues for the Hospital will drop from the prior year based on the rate cuts. The improvement in the Case Mix Index and the improvement in clinical activity has resulted in higher revenues that projected earlier in the year, but in line with the original budget. Expenses are recorded very close to budget and are about 5% above the prior year mostly due to salary and supplies expenses. The expenses related to pharmacy items have grown $11 million on a base of $75 million or 16% compared to the prior year. This is a nationwide issue. There is a current focus in the organization to align the expenses with the revenues with the goal of improved efficiency. The full time equivalent employees are about 2% greater than the prior year, although when adjusted for workload they are equivalent to the prior year.

Strategic Planning: The planning related to the replacement hospital is progressing. The architects have delivered their draft report which will be briefed to the Board through Committee. Options related to sizing and orientation of the facility is also being made. I can brief any board member about specifics.

Management is also reviewing the last Strategic Plan that was presented about 4 years ago and is developing a process to reevaluate this important function of the Board for the Hospital.

Human Resources: The turnover rates are now around 14%, about the same for the past year. We have added almost 66 employees on a base of 6141 from the past year. We have decreased the total compliment of nurses by 13 on a base of 2051 from the past year.
UNM Health System has initiated Mission Excellence and is using the Studer Group as a consultant. The organization conducted a leadership training program last week in which over 900 leaders of the organization attended. A briefing will be provided at the meeting to review the status of the engagement. All the Mission Excellence documents have been posted to Board Vantage so that the Board members can reference them.

**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.

**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.
To: Board of Trustees  
From: Irene Agostini, MD  
UNMH Chief Medical Officer  
Date: February 14, 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 January was 8 hours and 18 minutes. This is down significantly from January of 2016 when the average wait time was 13 hours and 6 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

- 37 patients were triaged 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:

- 61 patients were triaged from the UNM Health System with 43 patients being directly accepted into the Lovelace Health System.

4. Our ALOS (average length of stay) for January 2017 was 6.78 an improvement as compared to January 2016 which was 8.0. Our ALOS FYTD for 2017 is 6.70 which is an improvement from FYTD 2016 when it was 7.03. We continue to hardwire our processes to decrease our ALOS despite accepting higher acuity patients by planning for discharge upon patient admit.

5. The Physician Advisory Group (PAG) provider engagement and satisfaction work continues. Our “Mission Excellence” journey is well underway with proven tools, expectations and behaviors. Our next Leading to Excellence retreat is to occur mid-March, with a focus on utilizing and hardwiring the AIDET (Acknowledge, Introduce, Duration, Explanation and Thank) Toolkit.

6. UNMH and Surgical Directions consultants continue the passionate work of optimizing our Surgical Services with a solid foundational structure. This work of creating reliable process to serve the needs of New Mexican’s has preliminarily shown good results in the On-Time start of operating room cases. In the month of January the UNMH OR has a 77.1% On-Time start of all cases.

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 55 minutes, for the month of January the TOT was 61 minutes for the UNMH OR. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.
Department of Neurological Surgery-Initiatives....

Howard Yonas MD
Chair of Department of Neurosurgery
Current Departmental Status.

• UNM Neurosurgery today provides the full breath of neurosurgical care.

• Faculty of 8 neurosurgeons 2 of which are also cerebrovascular surgeons and endovascular specialists, 3 neurocritical care specialists, 1 interventional neuroradiologist and 2 rehabilitation spine specialists.

• Recently added pediatric and a neuro oncology fellowship trained physicians
Telemedicine with IHS

• On arrival at UNM I was impressed by the large numbers of patients being flown from remote hospitals with wrong diagnoses or simply with none emergent problems...

• Obtained a contract with IHS to use telemedicine to allow emergent neurosurgical consultations in Gallup..

  Resulted in reduction of neurosurgical transfers by 50% and a savings of air fare of over 1 million dollars..
CMS (Medicare, Medicaid)

• ACCESS grant offered to provide neuro emergent consultations in rural New Mexico.
• To improve the quality of both neurological and neurosurgical consultation.
• Increase the knowledge level and comfort of rural hospitals to care for neurological disorders
ACCESS

• 15.2 million dollar award from CMS
  – To create a new billing model for rural hospitals... charge only for consult- low cost technology and no hidden charges.
  – Needed better means of communicating requiring not only image transfer but also live audio and visual consultation. (Net Medical Inc- Cloud based technology).
  – Needed docs... both in and out of New Mexico to have enough to cover 24/7
WE ARE IN EMERGENCY ROOMS THROUGHOUT THE STATE OF NEW MEXICO
ACCESS

• in first 24 months and 1200 consults-
  - Increased use of tPA from 2 to 18% for patients with ischemic strokes
  - Converted a 80% transfer to 80% keep
  - Saved $20+ million dollars in air fares.
  - Added $12+ million to bottom line of rural hospitals that kept more of their patients..
ACCESS

• Built a model for sustainability post CMS funding..

-Savings to CMS, MCO and hospitals is so great that small costs of consult is not a barrier.

-Working with Medicaid leadership and CMS to develop a charge code so that even small consult fee ($600) would be reimbursed to hospitals.
Cerebrovascular Program

• Goal is Comprehensive Stroke Center Status— a center capable of delivering the full spectrum of care for all types of ischemic and hemorrhagic stroke..

• Smaller brain vessel blockage is optimally treated with tPA but large vessel occlusion requires removing the blood clot with special devices that can remove blood clots from blocked brain artery..

• However- clots blocking large arteries not opened by tPA... results in severe strokes..
Comprehensive Stroke Center

• UNMH has the only team of endovascular stroke doctors (2 neurosurgeons and 1 neuro radiologist) capable of removing a blood clot from a major brain artery on a 24/7 basis within an hour of arrival at UNMH.

• With clot removal 53% of patients become independent while without only 29%.
Cerebrovascular Program

• Patients being emergently transferred from across New Mexico for Large Vessel Occlusion (LVO) treatment as well as for all hemorrhagic disorders.

• All hemorrhagic disorders also treated by our vascular team—intracerebral hemorrhage (Mistie trial to remove blood with sterio tactic placed cannula), aneurysms (60% treated with coils), AVMs, cavernoma
Spine Health

• Spine disorders are a major health problem
• 80+% do not need a surgeon but instead a medical specialist specializing in care of the spine..
• 2012 we hired Dr. Evan Rivers who as a specialist in rehabilitation medicine joined us to help triage patients more appropriately.
Spine Health

• Dr. Anthony Yeung, orthopedic surgeon who has pioneered endoscopic spine surgery, liked our team model and gave us $2.5 million for creation of the first endoscopic neurosurgical program in the US.
  Dr. Peter Shin is driving this rapidly growing program.

Local anesthesia
Out patient surgery

• Have hired two additional physiatrists to help care for the very large clinical need in New Mexico
Spine Health

• Team of 4 neurosurgeons that provide a full spectrum of care for spine disorders.
• Minimally invasive approaches to the spine are the basis approach to all surgical procedures.
• Dr. Chohan, trained at UNM and fellowship trained at Sloan Kettering, directing new approach to tumors of the spine involving minimal surgery combined with stereotactic radiation therapy.
Thank you for the opportunity to share
Community Engagement Report - Rodney McNease, Executive Director of BH Finance

The Fourth Quarter Community Meeting was held on December 1st 2016 at the UNMH Southwest Mesa Clinic. The event did not have any participation from members of the clinic or the community.
### UNM HOSPITAL BOARD OF TRUSTEES

#### Finance, Audit and Compliance Committee Meetings

Wednesday, February 22, 2017 at 11:00 AM

UNM Hospitals Administration, Large Conference Room

<table>
<thead>
<tr>
<th>Objectives</th>
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</table>
| - 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 January 25, 2017.

II. IT Assessment – Presented by David Grisham, IT

### Finance Committee Meeting:

I. Approval of meeting minutes from January 25, 2017

II. Consent Item – Presented by Ella Watt
   a. Cyberonics Vagus Nerve Stimulator

III. FY 17 UNM Hospital’s financial information for the seven months ended January 31, 2017 – Presented by Ella Watt

IV. FY 18 Budget – Presented by Ella Watt

V. CEO Update – Presented by Steve McKernan
   - No updates

VI. Human Resources Update – Presented by Sara Frasch
   - Wage negotiations are beginning early

**Compliance Committee did not meet.**
**UNM Hospital Board of Trustees**  
**Native American Liaison Committee**

**Date** | January 25, 2017  
**Time** | 1:00 PM  
**Location** | CEO Conference Room, UNM Hospital Administration

**Meeting Attendees**
Jerry McDowell, Erik Lujan, Christine Glidden, Rodney McNease, Kristina Sanchez, Kori Beech, Chamiza Pacheco de Alas

**Minutes**

<table>
<thead>
<tr>
<th>Agenda # /Subject</th>
<th>Status / Discussion</th>
<th>Action / Next Step</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Call To Order – I. Ms. Glidden brought the meeting to order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Approval of Agenda- Motion made by Ms. Glidden</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Approval of Minutes – Motion made by Ms. Glidden</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Public Comment- There was no Public Comment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V.</td>
<td>Discussion of 100% FMAP initiative between UNMH, IHS, and HSD. The Human Service Department has submitted a plan to CMS to report all Native American encounters under the enhanced federal matching based on UNMH unique status under the 1952 contract.</td>
<td>Accept as information</td>
<td></td>
</tr>
<tr>
<td>V.</td>
<td>Discussion of 100 bed preference issue. There is a meeting scheduled with APCG to discuss this issue with Mr. Padilla. UNMH is awaiting response back from Mr. Padilla.</td>
<td>Ongoing Legal Discussion</td>
<td>Pablo Padilla Chamiza Pacheco de Alas</td>
</tr>
<tr>
<td>VI.</td>
<td>Discussed Bernalillo County Lease Negotiation status and gave a brief update.</td>
<td>Accept as information</td>
<td></td>
</tr>
<tr>
<td>VII.</td>
<td>New Business- There was no new business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VII.</td>
<td>Adjournment – Meeting was adjourned</td>
<td></td>
<td></td>
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### Finance and Audit Committee Dashboard Report

**Year To Date as of January 2017**

<table>
<thead>
<tr>
<th></th>
<th>3 Mo. Trend</th>
<th>Desired</th>
<th>Actual</th>
<th>YTD</th>
<th>YTD Budget</th>
<th>Prior YTD</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Days for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>66,824</td>
<td>66,490</td>
<td>66,354</td>
<td>IP Days up from PYTD and budget in ICU and Med Surg</td>
</tr>
<tr>
<td>Adult Discharges for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>10,960</td>
<td>11,089</td>
<td>10,533</td>
<td>SAC/MedSurg discharges increased from PYTD</td>
</tr>
<tr>
<td>Adult Average Length of Stay for UNMH</td>
<td>↓</td>
<td>↓</td>
<td>6.10</td>
<td>6.00</td>
<td>6.30</td>
<td>LOS for Adult Days and Adult OBS has decreased</td>
<td></td>
</tr>
<tr>
<td>UHC Risk Based Adj ADULT LOS for UNMH</td>
<td></td>
<td></td>
<td>6.03</td>
<td>6.06</td>
<td>5.98</td>
<td>Current YTD is thru Nov, 2016, PYTD is thru Jan, 2016</td>
<td></td>
</tr>
<tr>
<td>Adult Observation Discharges</td>
<td></td>
<td></td>
<td>4.891</td>
<td>3.145</td>
<td>4.388</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Days for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>24,102</td>
<td>23,910</td>
<td>22,575</td>
<td>Days up from PY and up from budget</td>
</tr>
<tr>
<td>Pediatric Discharges for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>2,578</td>
<td>2,574</td>
<td>2,466</td>
<td>Pediatric discharges increased from PYTD and increased from budget</td>
</tr>
<tr>
<td>Pediatric Observation Discharges</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>1,041</td>
<td>827</td>
<td>1,075</td>
<td>Pediatric OBS Discharges down from previous year and up from budget</td>
</tr>
<tr>
<td>Outpatient Clinic Visits for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>296,747</td>
<td>299,327</td>
<td>288,663</td>
<td>Outpatient Visits up from PYTD</td>
</tr>
<tr>
<td>Emergency Department Visits for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>49,366</td>
<td>43,957</td>
<td>44,338</td>
<td>Emergency Department Visits Up from YTD Budget and PYTD</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>9,496</td>
<td>13,650</td>
<td>7,990</td>
<td>Urgent care visits up from PYTD</td>
</tr>
<tr>
<td>Operations</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>11,984</td>
<td>12,160</td>
<td>11,571</td>
<td>Operations up from PYTD</td>
</tr>
<tr>
<td>Births</td>
<td>↑</td>
<td>↓</td>
<td></td>
<td>1,739</td>
<td>1,749</td>
<td>1,788</td>
<td>Births decreased from PYTD and down from budget</td>
</tr>
<tr>
<td>Days for all Behavioral Operations</td>
<td>↑</td>
<td>↓</td>
<td></td>
<td>13,241</td>
<td>14,060</td>
<td>13,718</td>
<td>Decreased from PYTD and budget in UPC and CPC Acute Svcs</td>
</tr>
<tr>
<td>Visits for all Behavioral Operations</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>88,575</td>
<td>87,299</td>
<td>80,047</td>
<td>Increased from previous year and up from budget</td>
</tr>
<tr>
<td>UNM Care Enrollment</td>
<td></td>
<td></td>
<td></td>
<td>6,355</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income (Loss) for all Operations</td>
<td></td>
<td>&gt; $0</td>
<td></td>
<td>$168</td>
<td>$1,599</td>
<td>$7,947</td>
<td></td>
</tr>
<tr>
<td>Case Mix Index (CMI) - w/o newborn</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>1.964</td>
<td>1.864</td>
<td>1.847</td>
<td></td>
</tr>
<tr>
<td>Re-Admission Rates</td>
<td>↓</td>
<td>↓</td>
<td></td>
<td>10.16%</td>
<td>9.50%</td>
<td>8.42%</td>
<td>Patients re-admitted within 30 days of discharge, thru Oct, 2016, PY through Jan, 2016 as reported by UHC</td>
</tr>
<tr>
<td>Days Cash on Hand for UNMH</td>
<td>↑</td>
<td>↑</td>
<td></td>
<td>64.75</td>
<td>33.56</td>
<td>74.63</td>
<td></td>
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### Human Resources:

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</thead>
<tbody>
<tr>
<td>FTEs (Worked) per adj patient day for all Operations</td>
<td></td>
<td></td>
<td>5.56</td>
<td>5.64</td>
<td>5.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours of Care - UNMH Nursing</td>
<td></td>
<td></td>
<td>17.84</td>
<td>17.16</td>
<td>17.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid FTE's for UNMH, BHOs</td>
<td></td>
<td></td>
<td>6.266</td>
<td>6.117</td>
<td>6.137</td>
<td></td>
<td></td>
</tr>
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</table>