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

II. ANNOUNCEMENTS

III. ADOPTION OF AGENDA

IV. PUBLIC INPUT

V. APPROVAL OF THE MINUTES
   - April 27, 2018 UNMH Board of Trustees Meeting Minutes – Jerry McDowell, Ph.D., Chair (Approval)

VI. APRIL ACTION ITEMS
   - Dr. Sara Frasch will present PAG Whitepaper Dashboard at a future Board of Trustees Meeting (consider this item to be presented in Closed Session)
   - Board Member Estes requested the complete Employee and Physician Engagement Surveys, which give the detailed comments be posted on BoardVantage (UNMH Management will discuss and determine)
   - Board Member Estes requested that a Studer representative present at a future Board of Trustees Meeting to discuss how they see progress
   - Chair McDowell requested a briefing and tour of Carrie Tingley Hospital at a future Board of Trustees Meeting
   - A Strategic Planning Process Overview (Retreat) with all Boards (UNMH, SRMC, UNMMG) will be scheduled

VII. BOARD INITIATIVES
   - Chairman’s Report – Jerry McDowell, Ph.D., Chair
   - Board of Trustees Resolution -- Jerry McDowell, Ph.D., Chair
   - Advisory Member(s) to a Board of Trustee Committee — Jerry McDowell, Ph.D., Chair
   - All Pueblo Council of Governors (APCG) Resolution No. APCG 2018-08 - Erik Lujan
   - UNMH Board of Trustees – 2019 Conflict of Interest – Michael Chicarelli, DNP, RN, CEN
   - Resolution of the UNMH BOT Authorizing Trauma Re-Verification -- Michael Chicarelli, DNP, RN, CEN (Approval)
   - 5th Amendment to the UNM Hospitals 401(a) Plan - Sara Frasch, Ph.D., SPHR (Approval)
   - Mission Excellence — Sara Frasch, Ph.D., SPHR
   - UNMH Readiness of a Mass Shooting / Terrorist Type Event -- Robert Perry, MSN, RN, CEN
   - Tour of ED – Michael Chicarelli, DNP, RN, CEN

VIII. ADMINISTRATIVE REPORTS
   - Chancellor for Health Sciences - Paul Roth, MD
   - CEO Report UNM Hospitals – Michael Chicarelli, DNP, RN, CEN
   - CMO Report UNM Hospitals – Irene Agostini, MD
   - UNM Board of Regents Update – Michael Chicarelli, DNP, RN, CEN

IX. COMMITTEE REPORTS
   - Quality and Safety Committee – Raymond Loretto, DVM
   - Finance, Audit & Compliance Committee – Terry Horn
   - Native American Services Committee – Erik Lujan
   - Community Engagement Committee – Christine Glidden

X. OTHER BUSINESS
   - April 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 XI were discussed in Closed Session; consideration of, and action on the specific limited personnel matters discussed in Closed Session.
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<th>Agenda Item</th>
<th>Subject/Discussion</th>
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<tr>
<td>Voting Members Present</td>
<td>Jerry McDowell, Christine Glidden, Debbie Johnson, Erik Lujan, Terry Horn, Joe Alarid, and Nick Estes</td>
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<td>Ex-Officio Members Present</td>
<td>Dr. Paul Roth, Dr. Michael Chicarelli, Garnet Stokes, Dr. Irene Agostini, Dr. Jennifer Phillips, and Ava Lovell</td>
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<td>County Officials Present</td>
<td>Clay Campbell</td>
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<td>I. Call to Order</td>
<td>A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:01 AM. Chair McDowell thanked Ms. Christine Glidden, Co-Chair, for chairing the March meeting in his absence.</td>
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<td>II. Announcements</td>
<td>N/A</td>
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<td>III. Adoption of Agenda</td>
<td>Dr. Jerry McDowell, Chair, requested a motion to adopt the agenda</td>
<td>Ms. Debbie Johnson made a motion to adopt the agenda. Mr. Joseph Alarid seconded the motion. Motion passed with no objections.</td>
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<td>IV. Public Input</td>
<td>No Public Input</td>
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<td>V. Approval of Minutes</td>
<td>Dr. Jerry McDowell, Chair, requested a motion for approval of the March 30, 2018 UNMH Board of Trustees Meeting Minutes.</td>
<td>Mr. Terry Horn made a motion to approve the March 30, 2018 UNMH Board of Trustees Meeting Minutes. Ms. Debbie Johnson seconded the motion. Motion passed unanimously.</td>
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<td>VI. Action Items</td>
<td>Dr. Sara Frasch will present PAG Whitepaper Dashboard at a future Board of Trustees Meeting (consider this item to be presented in Closed Session) Board Member Estes requested the complete Employee and Physician Engagement Surveys, which give the detailed comments be posted on BoardVantage (UNMH Management will discuss and determine) Board Member Estes requested that a Studer representative present at a future Board of Trustees Meeting to discuss how they see progress Chair McDowell requested a briefing of Carrie Tingley Hospital at a future Board of Trustees Meeting and a tour of CHE facility</td>
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| VII. Board Initiatives | Chairman’s Report: Jerry McDowell, Ph.D., Chair, commented, as everyone is aware, discussion has been held regarding inviting Community Members as Advisory Members to the Board of Trustees Committees. Chair McDowell has reached out to someone and has an individual he would like to propose as an Advisory Member to the Quality and Safety Committee. Mr. Terry Horn indicated that he has two people he would like to propose. Chair McDowell requested that any Board Members wishing to propose someone as an Advisory Member to a Board of Trustee Committee, and, in order to maintain discipline around process, should send the individual(s) resume to Dr. Michael Chicarelli, Interim CEO, and be prepared to discuss their qualifications and justification for proposing them at a future Board Meeting (possibly May or June).  

Ms. Christine Glidden said she reported on the Community Engagement Committee to the HSC Committee / Board Regents in Chair McDowell’s absence last month and she believes it went well. Ms. Glidden reported at the last Community Engagement Committee Meeting the additional of Community Advisory Members were discussed and names will be proposed at the next meeting to be brought to the Board of Trustees.  

Chair McDowell reported the CEO search activity has been continuing and that he tried faithfully to represent the Board Members and their views -- Dr. Agostini has been his accountability person. Activity on the search is moving forward and he yields to Dr. Roth on status/update.  

Employee Engagement and Physician Engagement: Dr. Michael Richards presented on Employee Engagement and Physician Engagement (report in BoardBook). Mr. Terry Horn is interested in seeing how things change with new CEO and is also interested in seeing how things progress between the two groups. Mr. Horn believes the person at the top can affect employee based results. Dr. Richards said direct conversations were held with CEO candidates about what is needed in the next CEO and they understand it is a complex business hat. Dr. Richards said they recognize that leader have to be able to make the connection and help formulate this mission through leadership. When reviewing the CEO candidates, they looked at people skills and competency skills. Chair McDowell said everyone in the room has responsibility for helping the new CEO succeed.  

Chair McDowell requested a PAG Whitepaper Dashboard be presented at a future Board Meeting. Dr. Irene Agostini agreed with Dr. Richards and said that the IT Committee has meet several times; the physicians are working with Mr. Matt Braun, IT. Working with Huron seems to have people optimistic and excited. Dr. Richard Crowell said there is another group that is integrating with IT from physician’s quality and safety working on a tool to facilitate and make easier. Dr. Martha McGrew believes PAG progressing well and | A Strategic Planning Process Overview (Retreat) with all Boards (UNMH, SRMC, UNMMG) will take place in the near future |
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<td>that everyone understands it is important. Dr. Jennifer Phillips is excited we are working on issues brought up in Whitepapers. Mr. Nick Estes agreed with Chair McDowell about having a PAG Whitepaper Dashboard presentation and suggested it is most appropriate to hold in Closed Session. Mr. Estes also requested a complete survey which gives details of comments be placed on BoardVantage. Mr. Estes suggested a Studer representative present on how see things progressing at future Board Meeting. <strong>Mission Excellence Update:</strong> Dr. Sara Frasch gave a summary on Mission Excellence progress (report in BoardBook). Chair McDowell said he sees we are continuing to work on the scores and that we should consider working on mission. Chair McDowell said there is a great administrative strategy and asked if joy in work will be brought back and understands it is hard to do but don’t let that weigh you down. Dr. Frasch said Studer’s methodology is leadership down first and our organization is a trend setter with Studer in the case of the bottom up and they have been able to help us with the lowest level, which is the DYAD Partnership and that may be why we are moving up. Dr. McGrew said the focus is on leadership listening to the front line and that is why rounding is occurring. Dr. Mike Chicarelli presented the update of the Modern Medical Facility. Mr. Terry Horn indicated that he would like the Finance, Audit, and Compliance Committee to review the Strategic Plan / Risk / Cost and determine what could cause this to work well and what could cause it not to work well. Ms. Debbie Johnson agreed and suggested making the findings part of the timeline. Dr. Chicarelli said we have a great vision on this facility and we need to be aware of what this will look like in 50 years, in 100 years, and how it progresses and grows in the future. Mr. Nick Estes acknowledged appreciation to everyone – nice to see an institution taking another look. Chair McDowell has heard a lot of good comments but cautions everyone to remember that we still have the responsibility of being #1 trauma hospital. Dr. Richards said there was a process of how we got to this point including number of beds recommended and all assumptions are still valid – we started off with a very detailed NM / ABQ Demographic perception and then layered in through assistance of external consultant, KSA, and everything was factored into the bed numbers. <strong>100 Bed Preference – Native American Services Inpatient Priority Access Policy:</strong> Mr. Erik Lujan reported that over a year ago the APCG met with the Board of Regents and one of the issues the Board of Trustees was charged with was coming up with written policy. There is language in the contract but there was not a policy in place to operationalize. The Native American Services Committee has been working on this policy for 10 months. This is not a perfect policy but is a document that everyone agrees they can agree upon. Mr. Lujan spoke with the Governors recently and they are comfortable moving forward with this policy with the understanding that it will be reviewed yearly and possibly revised. Mr. Joseph Alarid said the Committee had in-depth discussions and efforts to put a document in writing and said the last paragraph indicates annual review of policy. Ms. Debbie Johnson suggested considering fostering something out of the box like Ms. Debbie Johnson made a motion to approve the Native American Services Inpatient Priority Access Policy. Ms. Christine Glidden seconded the motion. Motion passed unanimously.</td>
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<td>educational opportunities for Native American leaders. Chair McDowell said 100 beds was a way to venture care to Native Americans. Mr. Nick Estes believes it is helpful to have the Native American Services Committee and suggested working with medical staff to obtain their feedback. Dr. Jerry McDowell, Chair, entertained a motion to approve the Native American Services Inpatient Priority Access Policy. Chair McDowell indicated he would report the approval of the policy to the HSC Committee and asked that Mr. Erik Lujan verify APCG agrees. Mr. Lujan will verify with APCG and send Chair McDowell confirmation.  Carrie Tingley Hospital Healthcare Member Vacancy Nominee: Per Article Seven of the Bylaws, the Board is responsible for coordination with and oversight of any advisory/advocacy committees existing or created for UNMH for non-research and non-education purposes. Dr. Mike Chicarelli indicated Carrie Tingley Hospital is the Board’s advisory/advocacy committee and as such, he brings forth the nomination of Karen Lanin as a new Advisory Board Community Member. Ms. Lanin was nominated by Julie Barker, Advisory Board Community Member (resume in BoardBook). Chair McDowell does not recall ever having a briefing on this responsibility and would further be interested in a tour of CTH. Dr. Chicarelli said he attends the CTH Board Meetings and they are mostly operational. Ms. Debbie Johnson recalls this occurring in the past and also recalls holding Board of Trustee Meetings at this facility. Dr. Jerry McDowell entertained a motion to approve the nomination. Ms. Christine Glidden said she knows Ms. Lanin and believes she is a wonderful choice.  Mr. Joseph Alarid made a motion to approve Karen Lanin as a new Advisory Board Community Members. Mr. Terry Horn seconded the nomination. Motion passed unanimously.</td>
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<td>VIII.</td>
<td><strong>Chancellor for Health Sciences Report:</strong> Dr. Paul Roth asked Chamiza Pacheco de Alas to introduce new member of team. Ms. Pacheco de Alas introduced Ms. Jessica Kelly, Strategic Support Manager, who comes from the Office of Governor. Ms. Kelly also worked for the City Councilors and the Mayor. She will be assisting Dr. Roth with Government Relations presentations. Dr. Roth asked Melissa Romine, Marketing Director, to give a brief summary of her role. Ms. Romine said she is working to give leaders tools to work with frontline and is also working marketing on billboards. Ms. Romine would like to begin sharing our change of culture and will start to do internal recognition. Dr. Roth said an offer has been made to one of the three CEO candidates and he hopes for candidate to review the offer and give decision next week. Dr. Roth expressed his appreciation for assistance of search team and from other staff members that assisted and appreciate to the Community. Dr. Roth believes the CEO candidates were highly qualified. The Board of Regents participated in interview process as did UNM President Stokes. All in all it was a very inclusive and comprehensive process.</td>
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Dr. Roth reported that his team is starting to set schedule for Legislative Session. Finalizing budgets, developing and having series of meetings for performance plans for his direct reports and their direct reports; setting targets and metrics for the next six months. Dr. Roth has met with CIR, which is Union for House Staff, this is done on alternate years, discussion of compensation and other interests that relate to House Staff – it has always been a cordial discussion. Chair McDowell suggested Mr. Terry Horn, Chair of Finance, Audit, and Compliance Committee, consider getting an assessment of hospital’s general salary – how are we doing – any issues with gender – historically the Board has asked for this type of information – retrieve information that has already been generated. Mr. Horn indicated this would be under HR in the FACC – Dr. Sara Frasch agreed.

**CEO Report:** (report in the Board Book).

**CMO Report:** (report in the Board Book).

**UNM Board of Regents Report:** Dr. Michael Chicarelli reported the Board of Regents approved the three consent items from the March Board of Trustees Meeting, which were approved.

### IX. Committee Reports

#### Quality and Safety Committee: Mr. Joe Alarid gave a brief summary of the Quality and Safety Committee, which met on April 20, 2018, was abbreviated due to CEO Candidate Town Hall. The Committee discussed / approved credentialing and privileging to be presented for approval in Closed Session of today’s Board of Trustees Meeting.

#### Finance, Audit & Compliance Committee: Mr. Terry Horn reported the committee met on April 25, 2018 and discussed year-to-date financials / opportunities / risks / how services being provided are recorded.

#### Native American Services Committee: Mr. Erik Lujan reported the committee met on April 25, 2018 and discussed the 100 Bed Preference – Native American Services Inpatient Priority Access Policy:

#### Community Engagement Committee: Ms. Christine Glidden reported the committee met on April 13, 2018 where they discussed identifying community sources and how to get them involved. Ms. Glidden also apologized to Mr. Nick Estes because of the confusion of him being a member of this committee and then not being a member of the committee. Chair McDowell said his original intent was to have Mr. Estes as a member of the Community Engagement Committee. The committee agreed to invite Mr. Estes as a member. Mr. Nick Estes agreed and is now a member.

#### Executive Committee: No report.

### X. Other Business

March Financials reviewed (dashboard in BoardBook)
## Agenda Item

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<td><strong>XI. Closed Session</strong> At 11:15 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</td>
<td>Mr. Terry Horn made a motion to move to Close Session. Mr. Nick Estes seconded the motion. The motion passed unanimously.</td>
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<td><strong>XII. Certification</strong> 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>Vote to Re-Open Meeting</strong> At 1:15 PM, Dr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session.</td>
<td>Mr. Nick Estes made a motion to move return to Open Session. Mr. Terry Horn seconded the motion. The motion passed unanimously.</td>
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<td>Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the March 21, 2018 Medical Executive Committee (MEC) Meeting Minutes and the March 23, 2018 Quality and Safety Committee Meeting Minutes 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 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>The Board of Trustees acknowledged receipt of the March 21, 2018 Medical Executive Committee (MEC) Meeting Minutes and the March 23, 2018 Quality and Safety Committee Meeting Minutes. Mr. Nick Estes made a motion to approve the Credentialing and Clinical Privileges as presented in Closed Session. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.</td>
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<td>Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</td>
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<td><strong>Adjournment</strong> The next scheduled Board of Trustees Meeting will take place on Friday, May 25, 2018 @ 9:00 AM at the University of New Mexico Hospitals in the Barbara &amp; Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.</td>
<td>Mr. Terry Horn made a motion to adjourn the meeting. Mr. Nick Estes seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:24 PM.</td>
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Advisory Member(s) to a Board of Trustee Committee
Elisabeth (Lisa) A Eden Advisory Member Candidate
Nominated by Terry Horn (2)
ELISABETH ("Lisa") A. EDEN

Finance & Administration

Leadership roles in the financial and utility industries. In-depth expertise in corporate finance, including financing, banking, credit analysis and rating agency management; cash management; asset trust management; insurance programs; commodity and counterparty risk management; shareholder services; investor relations; financial planning; and business analysis.

PNM Resources, Inc.

**Vice President, Human Resources**, April 2018 – Present

**Vice President and Treasurer**, April 2015 – April 2018

**Executive Director, Financial Planning and Business Analysis**, May 2012 – March 2015

**Assistant Treasurer**, June 2009 – April 2012

**Director, Corporate Strategy**, August 2008 – June 2009

**Other various roles**, August 2001 – August 2008

EDUCATION

University of New Mexico
Master of Business Administration, Emphasis: Financial Management

University of New Mexico
Bachelor of Business Administration, Emphasis: Financial Management and Operations Research

Chartered Financial Analyst charter holder

COMMUNITY INVOLVEMENT

- United Way of Central New Mexico, Board of Directors
- New Mexico Community Capital Audit Committee
W. KIRK MEYER, CPA

EDUCATION

BS Central Methodist University, Accounting
Minored in Mathematics

WORK EXPERIENCE

Chief Financial Officer, Don Chalmers Ford, Inc. 9/2007 to Present


Head of Internal Audit, Western Bank, Las Cruces 9/1991 to 3/1992


COMMUNITY ENGAGEMENT

Samaritan Counseling Center of Albuquerque
Board President, 2014 to Present
Board Member, 2012 to Present

Rotary Club of Albuquerque, 2008 to Present
Treasurer, 2010 to 2014

Rotary Club of Albuquerque Foundation
Board Member, 2010 to 2014
Board Member and Treasurer, 2017 to Present

Make a Wish of New Mexico
Treasurer, October 2012 to Present
Central Methodist University Board of Trustees
  Board Member, 9/2011 to 4/2017, 4/2018 to Present
  Chair, Finance Committee, 4/2012 to 4/2017

Albuquerque Basketball Officials Association
  Member, 2/1997 to Present
  Treasurer, 7/2013 to Present
Bio for Bruce Walker Advisory Member Candidate
Nominated by Jerry McDowell
Bio for  
Bruce C. Walker

Over 37 years of technical and managerial experience as a vice president, center director, senior manager, department manager, and project leader in numerous, broad-based national security assignments at Sandia National Laboratories. Breadth of experience spans the National Nuclear Security Administration (NNSA), across the Nuclear Weapon Enterprise (NWE) and Nonproliferation Programs. Extensive experience in nuclear weapon safety and quality. Broad experience outside of nuclear weapons with numerous DoD, other government agency, and industrial partnerships and programs. Extensive organizational expertise in leading large, complex organizations (up to $1B yearly revenue and over 1800 people) responsible for design and development of high-consequence systems and in leading large, challenging product-development programs (up to $4B total) requiring high project-management rigor in execution.

While a VP and center director, instituted lean six sigma (LSS) in all laboratories, demonstrating improvements in efficiency and effectiveness of operations while significantly reducing safety hazards. Improved cost management and customer transparency by leading the establishment of an earned value management system (EVMS) in large product development and production Programs. Improved software quality by leading the ISO 9000 certification for a large satellite program. Lean Six Sigma Champion of the Year at Sandia, 2009.
RESOLUTION

ALL PUEBLO COUNCIL OF GOVERNORS

RESOLUTION NO. APCG 2018-08

APPROVAL OF A NATIVE AMERICAN PATIENTS POLICY FOR THE UNIVERSITY OF NEW MEXICO HOSPITAL

WHEREAS, the All Pueblo Council of Governors (APCG) is comprised of the Pueblos of Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, Picuris, Pojoaque, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Zia and Zuni, and one pueblo in Texas, Ysleta Del Sur, each having the sovereign authority to govern their own affairs;

WHEREAS, the purpose of the APCG is to advocate, foster, protect, and encourage the social, cultural and traditional well-being of the Pueblo Nations;

WHEREAS, through their inherent and sovereign rights, the APCG will promote the language, health, economic and natural resources, and educational advancement of all Pueblo people;

WHEREAS, since 2015, the APCG Health Committee has represented APCG on negotiations with UNM Hospital, Bernalillo County, and the Indian Health Service ("I.H.S.") concerning: (a) the 1952 Contract, (b) the 1999 Lease of land where UNM Hospital currently sits, and (c) associated legal matters (collectively the “Contract”);

WHEREAS, APCG also directed the Health Committee to request from UNM Hospital a written policy to implement the Contract to include policy to implement the reservation of 100-beds to Indian patients and the first call and priority of those beds to Pueblo Indians of New Mexico;

WHEREAS, UNM Hospital created a committee composed of Board of Trustees, the CEO and staff to draft such a policy with input from APCG Health Committee;

WHEREAS, for the past 12 months, the APCG Health Committee has participated in committee meetings concerning the drafting of the UNMH Native American Services Policy;

WHEREAS, the Policy is required to be reviewed on an annual basis by UNM Hospital and APCG;

WHEREAS, the APCG Health Committee has reviewed Policy and recommends that APCG enact this Resolution approving it;
NOW THEREFORE BE IT RESOLVED the All Pueblo Council of Governors hereby approves the UNM Hospital Native American Services Policy, as attached to this Resolution as Exhibit A.

BE IT FURTHER RESOLVED, the All Pueblo Council of Governors tasks the Health Committee to continue to represent APCG to assist UNM Hospital to implement the Policy.

CERTIFICATION

We, the undersigned officials of the All Pueblo Council of Governors hereby certify that the foregoing Resolution No. APCG 2018-08 was considered and adopted at a duly called council meeting held on the _17th_ day of _May_, and at which time a quorum was present and the same was approved by a vote of _17_ in favor, _0_ against, _0_ abstain, and _3_ absent.

ALL PUEBLO COUNCIL OF GOVERNORS

By: ___________

APCG Chairman E. Paul Torres

ATTEST:

Val Panteah, APCG Secretary
1. POLICY STATEMENT
The purpose of this Conflict of Interest Policy is to protect the interests of the UNM Hospitals (the “UNM Hospitals”) when the UNM Hospitals is contemplating entering into a transaction or an arrangement that might benefit the private interest of an officer or director of the UNM Hospitals. This policy is intended to supplement but not replace any applicable New Mexico state or federal laws governing conflicts of interest applicable to nonprofit, governmental and charitable entities as well as to supplement and amplify the Regents Code of Conduct and Conflict of Interest Policy, which is directly applicable to the members of the Board of Trustees of the UNM Hospitals.

2. APPLICABILITY
UNM Hospitals Board of Trustees and Senior Administrators of UNM Hospitals.

3. POLICY AUTHORITY
UNM Hospitals Board of Trustees Chair

4. DEFINITIONS
4.1 Interested Person. Any member of the Board of Trustees of the UNM Hospitals, officer of the UNM Hospitals, or member of a committee with board-delegated powers who has a direct or indirect financial interest, as defined below, is an interested person. If a person is an interested person with respect to any entity in the UNM Hospitals' health care system, he or she is an interested person with respect to all entities in this health care system.

4.2 Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment or a family member:

4.2.a. An ownership or investment interest in any entity with which the UNM Hospitals has a transaction or arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation);

4.2.b. A compensation or consulting arrangement with the UNM Hospitals or with any entity or individual with which the UNM Hospitals has a transaction or arrangement;

4.2.c. An ownership or investment interest in, management position with, or compensation arrangement with, any entity or individual who is in a business that competes with the UNM Hospitals;
4.2.d. An ownership, potential ownership or investment interest in, or a compensation arrangement with, any entity or individual with which the UNM Hospitals is negotiating a financial or transactional arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation with which the UNM Hospitals is negotiating a financial or transactional arrangement).

4.3. Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature, including but not limited to, bonuses, increases in annual compensation, overall departmental budget increases and the like.

4.4. Committees. For purposes of this Conflict of Interest Policy, the committees of the UNM Hospitals’ boards of directors which have board-delegated powers include the Finance Committee and the Performance Oversight Committee.

5. PROCEDURES

5.1 Duty to Disclose. In connection with any actual or possible conflicts of interest, an interested person shall disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Directors and members of committees with board-delegated powers considering the proposed transaction or arrangement.

5.2. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, the interested person shall leave the board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

5.3 Procedures for Addressing the Conflict of Interest.

5.3.a. An interested person may make a presentation at the board or committee meeting regarding a proposed transaction but after such presentation, the interested person shall leave the meeting during the discussion of and the vote on the transaction or arrangement that may result or results in the conflict of interest;

5.3.b. The chairperson of the board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement;

5.3.c. After exercising due diligence, the board or committee shall, unless the transaction or arrangement is competitively bid pursuant to the New Mexico Procurement Code and evaluated without any involvement by the person with the financial interest in the transaction, determine whether the UNM Hospitals can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest; and

5.3.d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee
shall, unless the transaction or arrangement is competitively bid pursuant to the New Mexico Procurement Code and evaluated without any involvement by the person with the financial interest in the transaction, determine by a vote of the Board or any committee whether the transaction or arrangement is in the UNM Hospitals’ best interests and for its own benefit and whether the transaction is fair and reasonable to the UNM Hospitals and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination and the record keeping procedures set forth in Article IV herein.

5.4. Violations of the Conflicts of Interest Policy.

5.4.a. If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

5.4.b. If, after reviewing the response of the member and making such further investigation as may be warranted under the circumstances, the board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action as set forth in Article IX herein, and shall document such action as set forth in Article IV herein.

6. RECORDS OF PROCEEDINGS

6.1 Records. The minutes of all board and committees with board-delegated powers shall contain:

6.1.a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of such financial interest, any action taken to determine whether a conflict of interest was present, and the board’s or committee’s decision as to whether a conflict of interest in fact existed.

6.1.b. The names of the persons who were present for all discussions and votes related to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of all votes taken in connection therewith, specifically identifying each member’s vote.

6.1.c. Any corrective action taken with regard to any member has in fact failed to disclose an actual or possible conflict of interest.

7. COMPENSATION MATTERS

7.1. Compensation. Any Director or a voting member any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the UNM Hospitals is precluded from voting on matters pertaining to compensation. No voting member of the board or any committee thereof whose jurisdiction includes compensation matters may be present during discussions pertaining to the approval of those compensation matters giving rise to the financial interest in question. Notwithstanding the foregoing, no voting member is precluded from making presentations and/or providing
information to the board or a committee regarding the transaction or arrangement in question or, as the case may be, his or her compensation for purposes of fair market value analysis to assist the board or committee in making compensation decisions.

8. ANNUAL STATEMENTS
8.1. Annual Disclosure. Each Appointed Director, principal officer and member of a committee with board-delegated powers shall annually sign a statement, in the form attached to this Policy as Exhibit A, which affirms that such person:

8.1.a. Has received a copy of this Conflicts of Interest Policy;
8.1.b. Has read and understands this Policy and the reasons therefor;
8.1.c. Has agreed in writing to comply with the Policy; and
8.1.d. Understands that the UNM Hospitals is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

9. USE OF OUTSIDE EXPERTS
10.1. Outside Experts. In conducting the periodic reviews provided for in Article VII herein, the UNM Hospitals may, but need not, use outside advisors, experts or consultants. If outside contractors are used, their use shall not relieve the board of its responsibility for ensuring that this Policy is adhered to in all transactions; that periodic reviews of such transactions are conducted; and that all necessary corrective action is taken pursuant to such reviews.

10. DISCIPLINARY ACTION
11.1. Disciplinary Action. In the event that a Director, principal officer or committee member fails to disclose an actual or possible conflict of interest, the Directors, by majority vote may enforce disciplinary action as necessary and appropriate, including, but not limited to, requiring re-education or further education concerning conflicts of interest or taking such other action as may be permitted under the Bylaws of the UNM Hospitals, as is applicable under the circumstances.

11. SUMMARY OF CHANGES
New Document

DOCUMENT APPROVAL & TRACKING

<table>
<thead>
<tr>
<th>Item</th>
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<th>Date</th>
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<td>Board of Trustee Representative</td>
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<td>Nursing Officer</td>
<td>Sheena Ferguson, Chief Nursing Officer</td>
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<td>Medical Director/Officer</td>
<td>David Pitcher, Chief Medical Officer</td>
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<td>Human Resources</td>
<td>Jim Pendergast, HR Administrator UNMH</td>
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<td>Finance Officer</td>
<td>Ella Watt, Chief Financial Officer, UNMH</td>
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<td>Legal (Required)</td>
<td>Scot Sauder, Sr. Associate University Counsel, UNM</td>
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<td>Official Approver</td>
<td>Chairman of the UNMH BOT</td>
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Title: UNM Hospital Board of Trustees Conflict of Interest
Owner: Administration
Effective Date:
Doc. #
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ATTACHMENTS
UNM HOSPITALS BOARD OF TRUSTEES

ANNUAL CONFLICT OF INTEREST CERTIFICATION

The undersigned [a trustee / a principal officer] of UNM Hospitals ("UNMH"), does hereby affirm as follows:

- That the undersigned has received a copy of the UNM Hospital Board of Trustees' Conflict of Interest Policy;

- That the undersigned has read and understands the UNM Hospital Board of Trustee's Conflict of Interest Policy and the reasons therefor;

- That the undersigned, by and through this Certification, agrees that he/she has complied with and will continue to comply with the terms, conditions and provisions of UNM Hospital Board of Trustee's Conflict of Interest Policy. More specifically, except as set forth on the Disclosure Exhibit attached hereto, the undersigned further certifies as follows:

  - That neither he/she nor any family member has an ownership or investment interest in any entity with which UNMH has a transaction or arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation);

  - That neither he/she nor any family member has a compensation or consulting arrangement with UNMH or with any entity or individual with which UNMH has a transaction or arrangement;

  - That neither he/she nor any family member has an an ownership or investment interest in, management position with, or compensation arrangement with, any entity or individual who is in a business that competes with UNMH;

  - That neither he/she nor any family member has an ownership, potential ownership or investment interest in, or a compensation arrangement with, any entity or individual with which UNMH is negotiating a financial or transactional arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation with which UNMH is negotiating a financial or transactional arrangement); and

  - That the undersigned understands that UNMH is an organization that is tax exempt under and pursuant to the Internal Revenue Code and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

By: ________________________________ Date: ________________

Signature

Printed Name: ________________________________

Title: ________________________________

Title: UNM Hospital Board of Trustees Conflict of Interest
Owner: Administration
Effective Date:
Doc. #
Resolution of the UNMH BOT Authorizing Trauma Re-Verification
RESOLUTION OF THE UNIVERSITY OF NEW MEXICO HOSPITALS BOARD OF TRUSTEES
AUTHORIZING TRAUMA RE-VERIFICATION

BE IT RESOLVED by the University of New Mexico Hospitals Board of Trustees:

WHEREAS, University of New Mexico Hospitals ("UNM Hospitals") is the only state designated Level 1 Trauma Center and Trauma Hospitals in the State of New Mexico, and, as such serves as the regional resource center and tertiary care facility for the critically injured, and forms the hub of the State trauma plan;

WHEREAS, UNM Hospitals is a trauma center verified by the American College of Surgeons, a designation and verification which is dependent on passing a formal site visit by the State and the American College of Surgeons;

WHEREAS: UNMH Hospitals has been scheduled for a site review in August of 2018;

WHEREAS: The American College of Surgeons will choose two internationally known surgeons as the surveyors and Ms. Liana Lujan, RN will represent the State Emergency Medical Services Bureau;

WHEREAS, it is a requirement of the State and of the American College of Surgeons that a Level 1 Trauma Center have the capability of providing leadership and total care for every aspect of injury, from prevention through rehabilitation, as well as provide professional education, injury prevention strategies, participate at the local and national level and conduct research into the care of the injured patient.

NOW, THEREFORE, BE IT RESOLVED:

That the UNM Hospitals Board of Trustees does hereby authorize the management of UNM Hospitals to seek re-verification of UNM Hospitals as a Level 1 Trauma Center and Hospitals in the State of New Mexico. The UNM Hospitals Board of Trustees commits to maintain the high standards needed to provide optimal care of all trauma patients and that the multidisciplinary trauma performance review committee has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective action.


__________________________________________________
Jerry McDowell, Ph.D., Board of Trustees Chair
SECRETARY'S CERTIFICATE

UNM Hospitals Board of Trustees

______________________________ , Secretary of the UNM Hospitals Board of Trustees, do hereby certify that:

1. Attached to this Certificate is a true, complete, and correct copy of Resolution (the "Resolution") adopting the attached Regents of the University of New Mexico, for its operation known as the UNM Hospitals Trauma Re-verification, as created effective May 25, 2018.

2. The Resolution was adopted by the UNM Hospitals Board of Trustees (the "Board") at a meeting held on May 25, 2018, in accordance with the Open Meetings Act, Section 10-15-1 et seq., NMSA 1978, the Board's Bylaws, and the Board's annually adopted Open Meetings Resolutions.

3. A quorum of the members of the Board was present at said meeting and that the Resolution has not been altered, modified, or rescinded, and are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _______, 2018.

________________________________________

Board Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _______, 2018

Notary:
State of New Mexico
County of Bernalillo

________________________________________

My Commission Expires:

(Notary Seal)
5th Amendment to the UNM Hospitals 401(a) Plan
WHEREAS, the Regents of the University of New Mexico for its Public Operation Known as UNM Hospitals (the "Employer") established the UNM Hospitals 401(a) Plan (the "Plan") effective as of July 1, 2007; and

WHEREAS, the employer desires to amend the Plan to change the vesting provisions under the Plan; and

WHEREAS, Section 12.01 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 July 1, 2018, the definition of “Vesting Service” added to Section 1.02 by the Fourth Amendment is hereby deleted.

II.

Effective July 1, 2018, Article VI is amended in its entirety to read as follows:

A participant shall at all times have a completely non-forfeitable interest in all amounts credited to his or her Account.

Executed in Albuquerque, New Mexico on this _____ day of ________________ 2018.

UNM HOSPITALS BOARD OF TRUSTEES

By: ______________________________
    Michael Chicarelli
    Interim, 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 Fifth Amendment to the UNM Hospitals 401(a) Plan as Amended Effective July 1, 2018. 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 _______________________ 2018.

______________________________________________
Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ day of ______________________, 2018.

______________________________________________
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 UNM Hospitals 401 (a) Plan ("Plan"); and

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

WHEREAS, the Board wishes to amend the Plan to change the vesting provisions under the Plan; and

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

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

NOW THEREFORE, BE IT RESOLVED THAT:

(1) The Fifth Amendment to the Plan effective July 1, 2018, copies of which have been presented to the Board at this meeting, is approved, ratified and affirmed effective as of the dates stated herein;

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

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

SARA M. FRASCH, PH.D.
Consulting Team

Jill Ellis—Account Lead
Laura Malone—Inpatient Nursing Coach
Jenn Miley—Outpatient Coach
Julie O’Shaughnessey—Coach Leader
Tom Norris—Physician Coach
Pam Steenbergen—ED Coach
Tom Norris, MD

April 10-11

His primary focus is improving provider engagement

Presentations on the current status of engagement enhancement efforts to the Committee of Chairs and the Oversight Committee

May visit will include extra effort concentrated on the larger UNM departments of Medicine, Pediatrics, and Surgery.
Wins

Efforts by UNM leadership are underway to address provider needs and improve practice efficiency by:

- Addressing/resolving/closing the open issues from rounds on providers in the MyRounding® site;
- Responding to the recommendations from the PAG (Provider Advisory Group), especially those relating to improving practice effectiveness and ease of practice.

Inclusion of Department Chairs in LEM, with a goal of rounding for each of them. Regular review of department chair progress with expectations for rounding on clinicians by Senior Leaders.

A successful meeting was held with over 20 vice and associate department chairs responsible for clinical care. These individuals can play a key role in engagement of front-line providers. Tools that can be used by physician leaders to improve engagement were reviewed.
Opportunities

Data suggest that physician leader rounding is only at 60-70% penetration. UNM must **fully institute physician leader rounding** in order to improve provider engagement.

There has been some discussion about cancelling the June PULSE survey of provider engagement. **Strong consideration should be given to proceeding with the June survey** in order to maintain momentum, provide additional data to advise evidence-based leadership prior to the full survey in the fall, and to promote accountability for support of engagement efforts.

There are many opportunities to **communicate** progress with Mission Excellence to front-line providers. Currently many are not aware of the substantial progress that has been made. Hopefully implementation of the new communications plan will address this deficit.
Laura Malone, RN, BSN, MPA

April 10-11

4East, 4 West, Respiratory Therapy, Environmental Services, Radiology Scheduling, 7 South, 3East/5East, 4 South, 5 South

“I would like to give special recognition to Gianna Joerg from Organizational & Professional Development that accompanied me during part of my visit. I appreciated Gianna’s dedication, enthusiasm and commitment to excellence.”
Wins

Both 3 East/5 East and 4 South Nurse/Physician Communication

Three physicians participated this month:

1. Dr. Cox on 7 South,
2. Dr. Tarnower on 3 East/5 East
3. Dr. Pizanis on 4 West.

4 West leadership: Jay, Dr. Pizanis the nursing leadership team were fully present and leaned into the discussion and coaching. Pizanis and Jay have been rounding together on patients and Jay is holding staff accountable for the must have behaviors.

Environmental Services has been trialing a card that the housekeeper leaves in the room after daily cleanings or after terminal cleanings. Both Juan and Beth from 7 South say that the cards have brought numerous positive comments from patients. The plan is to roll out the card house-wide.
Opportunities

1. Pain is a nursing focus for most patients, but in many units, the pain section on the patient communication boards are not being completed. The new HCAHPS questions are about how well we communicate about the patient’s pain and how well do we communicate about treatment options. We need to be leveraging the communication boards as they help us communicate even when we are not in the room.

2. While validating 3 EVS workers on AIDET® during their daily cleanings, I observed significant variation in how rooms are cleaned. I talked with Juan about the benefits of creating standard work and reducing variation.

3. There is an opportunity to look at the current process for post-discharge phone calls and the questions being asked. For example, on 5 South, the third question the caller is asking the patient is, “How are you feeling”? This should be moved to question #1.
Thank You!
UNMH Readiness of a Mass Shooting / Terrorist Type Event
UNMH Readiness to a Mass Shooting/Terrorist Type Event

Emergency Management
Risk of Mass Shootings and Bombing Events
Recent Mass Shooting Events
Lessons Learned

University of Colorado Hospital
Orlando Regional Medical Center

104 Total Patients

- More than 20 surgeries within the first 24 hours
- 12 Critical Patients
- 21 Patients transferred from area hospitals to UMC
- 0 Patients transferred from UMC to area hospitals
- 44 Treated and Released within the first 24 hours
- 70 Blood Units
  - 33 packed red blood cells
  - 29 units of fresh frozen plasma
  - 3 units of single donor platelets
  - 6 units of cryoprecipitate
- 60 Patients Admitted

3 No one who arrived alive died

49/64
Notification and Response of an External Event

- EMSSystems – EMResource and EMTrack
- ED Activation and Response
- Operating Room
- Family Assistance Center
- Emergency Operations Center
- Public Affairs and Joint Messaging
- Securing Facility
- Staff Support and Rehabilitation
- Alternative Care Sites – The Pit, Johnson Gym, EMS Consortium, BBRP 1500, Clinics
Notification and Response to an Internal Event
Internal Training and Education

Have a plan
Perform a SAFETY Walk
Practice drills

RUN/ESCAPE
IF POSSIBLE

HIDE
IF ESCAPE IS NOT POSSIBLE

FIGHT
ONLY AS A LAST RESORT
Planning and Training

PLANNING

- Albuquerque Regional Coalition on Healthcare Preparedness (ARCH-P)
- former Metropolitan Medical Response System (MMRS)
- Real Events
- Surge Planning
- Bernalillo County EMS Protocols
- Tactical EMS
- Risk Assessments and Threat Assessments

TRAINING

- Stop the Bleed Campaign
- Active Shooter Exercises – UNM HSC, SNL, UNMH
- Annual First Responder MRI Training
- Joint Free Federal Training Centers – Alabama, Tennessee, Socorro
Where do we go from here?

- Increase staff situational awareness
- Increase training frequency - Trauma, ED and OR
- Improve mass notification systems
- Strengthen relationships with law enforcement
- Complete another internal active shooter exercise
- Enhance family assistance center
Question and Answer

Robert Perry MSN, RN, CEN
Manager of Emergency Preparedness
505-272-4315 Office
505-410-7453 Cell
reperry@salud.unm.edu
References


CEO Report UNM Hospitals
MEMORANDUM

To: Board of Trustees

From: Michael Chicarelli
Interim Chief Executive Officer

Date: May 25, 2018

Subject: Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through April 2018.

Quality: This section reflects data through February 2018 which is the latest data available through Vizient. UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report. As of the writing of this memo, the March data is partially available and will be presented in closed session during this meeting. April data is not available at this time but will be presented in a future Board meeting.

Statistics (Financial data): UNMH patient volume remains flat year to date compared to prior year. Patient days are 1% lower year over year in total with pediatric patient days accounting for an 8% decrease year over year. Adult days are about 2% over prior year. Discharges are 1% lower than budget and 1% higher over prior year activity. Outpatient activity is reported as 6% favorable compared to prior year and 1% better than budget. Emergency visits are 6% greater than budget and 12% higher than prior year. Case mix index is 2% below prior year and 3% lower than FY 18 budget.

Financial: UNMH finances through April 2018 are improved. Net margin year to date is positive at $7,430,000 YTD. As with the prior month, the sudden increase in margin is related to the expansion of the specialty pharmacy program which delivered increased revenue this month as well as the control of expenses.

Strategic Planning: Related to the Modern Medical Facility- the multidisciplinary scoring team has heard presentations by each of the four architectural firm respondents. Potential dates for a scoring meeting are being explored and should be scheduled in the next 10-14 days. The scoring team will be tasked at this meeting to determine a rank order scoring that will be presented to Management and then to the Board members during the June meeting.

Human Resources: The turnover rate rolling year to date is 14.52% for the full workforce and 13.73% for nurses as a subset. Each data point is improved as compared to year over year. UNMH currently has 5963 employed FTEs which is 371 (5.85%) less than budget. The hiring rate of nurses and non-nursing staff continues to be stable. UNMH is actively assessing responses to a request for proposal related to a compensation study.

Management has entered contract negotiations with the District 1199 and CWA Unions. Management will keep the Board updated on the progress and outcomes of the negotiation process at future meetings.

Native American Liaison: The All Pueblo Council of Governors passed the resolution unanimously related to the UNMH policy regarding Native American Services Inpatient Priority Access. This action culminates the work of many over the last two years and adds clarity to the conditions of the 1952 Contract. The Native American Liaison Committee will continue to review compliance with the conditions of the 1952 Contract, the Lease and the two Consents to amend the Lease and now this policy.

Bernalillo County: Pursuant to the MOU, the agreements for case management services and the County’s Resource Re-entry Center are being developed in coordination with Bernalillo County leadership and the Pathways Community Advisory Group. The agreements are near completion and will be discussed during this Board Meeting.

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: May 25, 2018
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 April 2018 was 8 hours. For April 2017 it was 9 hours and 30 minutes, this is a decrease wait time of one hour and 30 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   - We sent 45 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 March:

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

3. The ALOS (average length of stay) for adults without OB at UHMH for April 2018 was 6.5 days as compared to April 2017 which was 6.47. The FYTD 2018 ALOS is 6.81 which is an increase as compared to FYTD 2017 when it was 6.67. We continue to hardwire processes to decrease our ALOS while continuing to accept higher acuity patients by planning for discharge upon patient admit. This proactive planning of patient discharge will continue to evolve as we identify and address barriers and shift focus.

   Our Internal Length of Stay Index for February was 0.94 with a Case mix index (CMI) of 2.15 as reported through our nationally comparative systems network Vizient, we are awaiting updated metrics.

4. Our “Mission Excellence” journey moves forward with proven tools, expectations and behaviors. We are concluding our Quarterly Forums this week. Our next retreat will occur on June 14th and we anticipate a great turnout of providers, nurses and administration.

5. UNMH Surgical Services continues to build 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 April the UNMH main OR has a 73% on-time start of all cases, BBRP has a 71% and OSIS has a 70% on-time start.

   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. For the month of April the TOT was 67 minutes for the UNMH main OR, BBRP has 57 minute TOT and OSIS has a 42 minute TOT. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.
UNM HOSPITAL BOARD OF TRUSTEES
Finance Committee Meeting

Wednesday, May 23, 2018  10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

I. Approval of April 25, 2018 Meeting Minutes
II. Financial Update for the Ten Months Ended April 30, 2018 – Presented by Ella Watt
III. Revenue Cycle Update – Presented by Ella Watt
IV. HR Update – Presented by Sara Frasch
   a. Affirmative Action EEO1 Report
   b. 401(a) Approval
V. Chairman Horn advised that a CEO Update would no longer be required at the Finance Committee Meeting. The CEO Update is presented at the Board of Trustees Meeting
April Financials
### Finance and Audit Committee Dashboard Report
#### Year To Date as of April 2018

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<th>Desired</th>
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<tr>
<td>Emergency Department Visits for UNMH</td>
<td>↑</td>
<td>↑</td>
<td>75,413</td>
<td>70,938</td>
<td>67,094</td>
<td></td>
<td>Emergency Department Visits up from budget and PYTD</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>↑</td>
<td>↑</td>
<td>17,301</td>
<td>17,074</td>
<td>14,118</td>
<td></td>
<td>Urgent care visits up due to filled positions</td>
</tr>
<tr>
<td>Operations</td>
<td>↑</td>
<td>↓</td>
<td>16,872</td>
<td>17,832</td>
<td>17,187</td>
<td></td>
<td>Operations down due to physician vacancies</td>
</tr>
<tr>
<td>Births</td>
<td>↑</td>
<td>↑</td>
<td>2,466</td>
<td>2,455</td>
<td>2,421</td>
<td></td>
<td>Births up from budget and PYTD</td>
</tr>
<tr>
<td>Days for all Behavioral Operations</td>
<td>↑</td>
<td>↑</td>
<td>19,859</td>
<td>19,394</td>
<td>19,298</td>
<td></td>
<td>Up from PYTD in UNMPC and CPC</td>
</tr>
<tr>
<td>Visits for all Behavioral Operations</td>
<td>↑</td>
<td>↑</td>
<td>135,291</td>
<td>132,566</td>
<td>128,287</td>
<td></td>
<td>Up from budget and up from PYTD</td>
</tr>
<tr>
<td>UNM Care Enrollment</td>
<td></td>
<td></td>
<td>7,067</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income (Loss) for all Operations</td>
<td></td>
<td>&gt; $0</td>
<td>$7,431</td>
<td>$3</td>
<td>$199</td>
<td></td>
<td>Related to specialty pharmacy and HQII</td>
</tr>
<tr>
<td>Case Mix Index (CMI) - w/o newborn</td>
<td>↑</td>
<td>↓</td>
<td>1.934</td>
<td>1.987</td>
<td>1.981</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-Admission Rates</td>
<td></td>
<td>↓</td>
<td>10.52%</td>
<td>9.50%</td>
<td>10.42%</td>
<td></td>
<td>Patients re-admitted within 30 days of discharge, thru December, 2017, PY through December, 2016 as reported by UHC</td>
</tr>
<tr>
<td>Days Cash on Hand for UNMH</td>
<td></td>
<td>↑</td>
<td>86.00</td>
<td>26.18</td>
<td>59.01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Human Resources:**

- FTEs (Worked) per adj patient day for all Operations: 5.63 5.53 5.53
- Hours of Care - UNMH Nursing: 17.49 16.60 17.79
- Paid FTE’s for UNMH and BHOs: 6,156 6,114 6,067
- Paid FTE’s for CC: 185 221 165