

UNM Hospitals Board of Trustees**OPEN SESSION – AGENDA****Friday, June 29, 2018 at 9:00 AM****Barbara and Bill Richardson Pavilion Conference Room 1500**

- I. CALL TO ORDER – Jerry McDowell, Ph.D., Chair, UNM Hospital Board of Trustees**
- II. ANNOUNCEMENTS**
- III. ADOPTION OF AGENDA**
- IV. CONSENT APPROVAL/INFORMATIONAL AGENDA**
 - **Consent/Approval/Informational Items – Ella Watt**
 - ❖ [UNM Pharmacy – Inpatient Pharmacy Renewal](#) (Approval)
 - ❖ [Ricoh Lease Agreement](#) (Approval)
 - ❖ [UNMH Emergency Room Ligature Abatement](#) (Informational)
- V. PUBLIC INPUT**
- VI. APPROVAL OF THE MINUTES**
 - [May 25, 2018 UNMH Board of Trustees Meeting Minutes](#) – Jerry McDowell, Ph.D., Chair (Approval)
- VII. APRIL ACTION ITEMS**
 - Update on HSC Committee at Board of Trustee Meetings
 - Vizient Scorecard Update when released (yearly)
 - Submit potential new Board of Trustee Member to replace Debbie Johnson's Membership, which expires in July
 - Chair McDowell will prepare a proposal of New Committee Structure – Separating Finance and Audit Committee into two committees with different members on each committee
- VIII. BOARD INITIATIVES**
 - Chairman's Report – Jerry McDowell, Ph.D., Chair
 - [Board Policies](#) -- Michael Chicarelli, DNP, RN, CEN (Approval)
 - [Patient Payment Policies Update](#) -- Michael Chicarelli, DNP, RN, CEN / Rodney McNease
 - [Mission Excellence](#) – Sara Frasc, Ph.D., SPHR
 - [Nursing Presentation](#) – Sheena Ferguson
 - Attendees Update on American Essential Hospitals VITAL2018 Conference
- IX. ADMINISTRATIVE REPORTS**
 - Chancellor for Health Sciences - Paul Roth, MD
 - HSC Committee Update – Michael Richards, MD
 - [CEO Report UNM Hospitals](#) – Michael Chicarelli, DNP, RN, CEN
 - UNM Board of Regents Update – Michael Chicarelli, DNP, RN, CEN
 - [CMO Report UNM Hospitals](#) – Irene Agostini, MD
- X. 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
- XI. OTHER BUSINESS**
 - [May 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 XII were discussed in Closed Session; consideration of and action on the specific limited personnel matters discussed in Closed Session**

UNM Pharmacy – Inpatient Pharmacy Renewal



CONSTRUCTION APPROVAL
UNMPC Inpatient Pharmacy Renovation
June 2018

REQUESTED ACTION:

As required by Section 7.12 of the Board of Regents Policy Manual the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **UNMPC PHARMACY RENOVATION.**

DESCRIPTION:

Renovate the existing Inpatient Pharmacy, while in use, to be an inpatient and outpatient pharmacy. Remove existing casework, ceiling, sink, carpet and partitions at office and maintenance offices to enlarge the pharmacy space. Provide smoke and security wall enhancements to perimeter walls, add new transaction windows with security glass and security grill and LVT (vinyl) flooring. Provide standby power to refrigerators, lights, and computers, lighting to be upgraded to LED, add new power and data. Replace terminal units and change pneumatic controls to Direct Digital Controls (DDC). Provide hand washing sink plumbing, with Reverse Osmosis (RO) filtration and a tankless water heater. Replace and install all new pharmacy fixtures and security cameras.

RATIONALE:

The Board of Pharmacy requires that prescription drugs, which are sold to inpatients and outpatients, have storage, order, picking and dispensing in distinctively separate areas. This is not possible in the current 485 square foot space. The existing space would be expanded into adjacent office space and removing partition walls by effectively doubling the pharmacy area to 1008 square feet. A new functional plan that includes new fixtures and separate transaction windows will provide the distinction of the two service lines. Currently, the transaction window does not meet HIPAA or accessibility requirements, which is corrected in the redesign. Existing heating and cooling are poorly controlled and often put temperature-sensitive drugs at risk; new digital controls will be installed to correct this condition. The existing lighting does not meet IES (Illuminating Engineer Society) Standards and will be replaced.

PURCHASING PROCESS:

The Architectural firm, Fanning Bard Tatum, was hired through the Cooperative Educational Services to provide design. The Job Order Contract purchasing process was used to award to Jaynes Corporation for the construction of this project.

FUNDING:

The total construction budget is estimated at \$488,000 and will be funded by UNM Hospital Capital Renovation Fund.

Ricoh Lease Agreement



**UNM Hospital Board of Trustees
June 2018
Recommendation to HSC Committee
July 2018**

Approval

(1) Ricoh USA, Inc.

Ownership:

3920 Arkwright Road
Macon, GA 31210

Officers Information:

Joji Tokunaga
President and CEO, Ricoh Americas

Source of Funds: UNM Hospital Operating Budget

Description: Request approval to enter into a five year agreement with Ricoh USA, Inc. to lease All-in-One Copier/Printer/Fax devices. The agreement will cover existing machines currently under lease with Ricoh, as well as new and replacement devices as requested by UNM Hospitals departments.

Projected Annual Cost: Estimated to range between \$475,000 up to \$575,000 per year, dependent on the number of machines leased and volume of copies processed. This Ricoh contract will fall under the Vizient rebate program allowing for a 3% annual rebate on the Ricoh spend. Spend in contract is based on converting to all-in-one devices (printer, scanner, fax).

Process: Vizient (formerly Novation) Group Purchasing Organization

Contract Term: 60 month term

Termination Provision: Customer may terminate any Order under the Master Lease Agreement for convenience with at least thirty (30) days prior written notice.

Previous Contract: State of New Mexico Price Agreement Number 50-000-15-00066

Previous Term: July 1, 2015 – June 30, 2019 which coincides with the State of New Mexico Price Agreement.

Previous Contract Amount: \$475,065 estimated annual spend FY18.

UNMH Emergency Room Ligature Abatement



RENOVATION PROJECT INFORMATIONAL ITEM

Emergency Department Ligature Abatement

June 2018

REQUESTED ACTION (INFORMATIONAL):

Renovation project Informational Item for Repair, Renewal and Replacement for UNMH Emergency Department.

DESCRIPTION:

The scope of this project includes ligature abatement to reduce the risk of in-hospital suicide to an existing area located within the Emergency Department. The area of the proposed work will involve four patient rooms, and the patient restroom. Project includes replacing existing fixtures that pose ligature risks such as lighting, mechanical vents, plumbing fixtures, and restroom accessories. Modifications of patient rooms include renovation of interior walls with access panels for medical air and equipment. Integrated blinds are provided for each of the four patient rooms that will allow for the removal of privacy curtains. Fixtures in the restroom will be replaced with ligature resistant substitutes. Homogeneous sheet vinyl flooring with integral cove base will be provided in all rooms with solid surface wall covering in the restroom. This project will provide a safe environment for our patients. Renovation in an operating patient care area will require increased infection control precautions and phased construction at an additional cost.

RATIONALE:

It has been determined through Behavioral Health Facility Consulting, LLC and Vizient reports that the current conditions in Emergency areas are a widespread patient and staff safety risk. Under current conditions this has the potential for an Immediate Threat to Life (ITTL) by the Joint Commission and could affect the accreditation process for UNMH.

PURCHASING PROCESS:

The Architectural firm, Design Studio Southwest Architects was hired using a Price for Proposal (PRP), and construction will be procured through Cooperative Educational Services RS Means Job Order Contract with Bradbury Stamm Construction.

FUNDING:

The total renovation budget is estimated at \$540,000. Funding will be UNM Hospital Operating Budget.

May 25, 2018 UNMH Board of Trustees Meeting Minutes

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
Voting Members Present	Dr. Jerry McDowell, Christine Glidden, Debbie Johnson, Erik Lujan, Terry Horn, Joe Alarid, and Dr. Raymond Loretto	
Ex-Officio Members Present	Dr. Michael Richards, Dr. Michael Chicarelli, Garnet Stokes, Dr. Irene Agostini, Dr. Jennifer Phillips, and Garrett Adcock	
County Officials Present	Clay Campbell	
I. Call to Order	A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:06 AM.	
II. Announcements	<p>Congratulations expressed to the Pediatric Hospice Program for their CLABSI rate being zero central line infections in the last two years per last month's Quality Oversight Committee.</p> <p>Ms. Christine Glidden, Co-Chair, thanked UNM President Stokes for attending the King of Bemba's presentation on the culture and importance of his Tribe and expressed appreciation to Dr. Paul Roth for visiting with the King to discuss how healthcare impacts everyone. Unfortunately the King and another person in his delegation suffered a health issue while visiting; luckily a couple of people stepped in and took over within minutes. Ms. Glidden thanked Dr. Irene Agostini, Dr. Paul Roth and Ms. Chamiza Pacheco de Alas for assisting and doing an extra-ordinary fast, complete job – "we do great work". Dr. Agostini said it was a huge team effort with many doctors involved; "we do crisis well and have physicians that do great jobs". Dr. Agostini is proud of the whole team.</p>	
III. Adoption of Agenda	Dr. Jerry McDowell, Chair, requested a motion to adopt the agenda with a change of having the Finance Committee update moved up on the agenda per Mr. Terry Horn's request of departing the meeting early for a prior commitment.	Dr. Raymond Loretto made a motion to adopt the agenda. Ms. Debbie Johnson seconded the motion. Motion passed with no objections.
IV. Public Input	No Public Input	
V. Approval of Minutes	Dr. Jerry McDowell, Chair, requested a motion for approval of the April 27, 2018 UNMH Board of Trustees Meeting Minutes.	Ms. Debbie Johnson made a motion to approve the April 27, 2018 UNMH Board of Trustees Meeting Minutes. Mr. Terry Johnson seconded the motion. Motion passed unanimously.
VI. Action Items		<p>Update on HSC Committee at Board of Trustees Meetings</p> <p>Chair McDowell will prepare a proposal of New Committee Structure – Separating Finance and Audit Committee into two committees with different members on each committee</p> <p>Vizient Scorecard update when released (yearly)</p>

Agenda Item	Subject/Discussion	Action/Responsible Person
		<p>Chair McDowell requested Council create a process to guarantee confidentiality and vetting of Advisory Members to Committees</p> <p>Submit potential new Board of Trustee Member to replace Debbie Johnson's Membership, which expires in July</p>
VII. Board Initiatives	<p>Chairman's Report: Jerry McDowell, Ph.D.</p> <ul style="list-style-type: none"> Kate Becker accepted the UNMH CEO position; she will be reporting for duty in mid-July. Chair McDowell sent her an e-mail on behalf of the Board of Trustee's extending congratulations. Chair McDowell reported there will be no July meeting; however, the Committees consider meeting – in particular the Quality and Safety Committee and perhaps the Finance Committee. Ms. Debbie Johnson's term on the Board of Trustees will end in July. The Board and management wish to have an opportunity to express appreciation perhaps at the August meeting (if Ms. Johnson is available). In the meantime, another Trustee needs to be recommend to the Board of Regents to appoint replacing Ms. Johnson's membership. Anyone with suggested members should send names and resumes to Dr. McDowell and Dr. Chicarelli for review and discussion. Chair McDowell reported that Mr. Joseph Alarid's term also ends in July. Mr. Alarid has expressed an interest in remaining on the Board of Trustees for another term –a recommendation will be made to the Board of Regents. Chair McDowell met with Dr. Leonard Thomas, IHS Director. Dr. Thomas expressed his appreciation for the progress that took place this Spring, in particular, the approval of the MOU with Bernalillo County. Chair McDowell continues to reach out to Ms. Julie Morgas-Baca, Bernalillo County Manager, for a formal meeting. Kudos to the partnership between UNM HSC Research and Sandia Labs. The summer program, which brings together graduate students and researchers from around the world, including Sandia and UNM, will be held in June and in August at UNM. The program seeks to tackle research challenges in the field of nonlinear mechanics and dynamics. Dr. McDowell had a conversation with UNM audit community and the practice of having a separation from finance and audit; and if we want to mirror what the Board of Regents are doing, we are, according to the Bylaws able to reform committees as appropriate. Mr. Terry Horn agreed that the two should be separate; however, he would not want same members in both committees. Jerry said if no objections, per the Bylaws, the Chair is able to make changes to committee structure. Therefore, he will prepare a draft proposal of new committee structure – separating Finance and Audit Committee into two committees with different members on each committee for review and comment with intent to approval at the June meeting. 	

Agenda Item	Subject/Discussion	Action/Responsible Person
	<ul style="list-style-type: none"> Chair McDowell presented a review of actions from the May Board of Trustees Meeting to the HSC Committee. Dr. McDowell is interested in strengthening Governance and would like to discuss further with President Stokes. New Board of Regent, Brasher, had some comments on waiting room space and a brief comment about the 100-bed policy. Dr. McDowell, Chair, informed the Board of Regents of the discussion at the last Board of Trustees Meeting about adding advisors members to committees. He also briefly discussed Huron progress. <p>Board of Trustees Resolution: Dr. Jerry McDowell, Chair, presented Dr. Michael Chicarelli, Interim CEO, with a Resolution and thanked him for doing an admiral job. He also thanked the staff that stood with him in this transition and HSC Leadership in helping maintain the hospital. Ms. Christine Glidden indicated the team is powerful and thanked Dr. Chicarelli for the outstanding job as Interim CEO; she appreciates him going from an Administrator level to a different level. She said she was sure it was exciting and terrifying at the same time. Chair McDowell thanked Steve McKernan, Emeritus CEO, for assisting him with the writing of the Resolution.</p> <p>Advisory Member(s) Possible Appointments to Board of Trustee Committee(s):</p> <ul style="list-style-type: none"> Advisory Member(s) Possible Appointment(s) to Board of Trustee Committee(s): Jerry McDowell, Ph.D., Chair, reported at last month's meeting, members present discussed making recommendations of individuals they believe would be beneficial as Advisory Members on Board of Trustee Committee(s). Mr. Terry Horn recommended Ms. Lisa Eden for the Finance Committee. Mr. Horn has known Ms. Eden since 2001 and believes she is a person of high finance degrees that would bring some financial strength to the committee; she ran financial plan and budget plan for PNM and was Treasurer for PNM. Mr. Horn thinks she will strengthen the committee. Mr. Terry Horn's second recommendation for the Finance Committee is Mr. Kirk Meyer, who early in his career audited hospitals; he is a person of high integrity and currently works for Don Chalmers Ford, Inc. Chair McDowell indicated the motivation behind adding Advisory Members to Board of Trustees Committees is from the recommendations made by Larry Gage; he compared this Board to high level Boards and said as a nine member board we fall out of the norm because typically membership is much larger. However, without a Lease change, we are unable to add additional Voting Members, but the Bylaws indicate authority to appoint non-voting advisors to the committees. The Advisory Members would be asked to participate and be bound by Conflict of Interest and other rules/regulations of the Board of Trustees to lend their expertise in the committees. Dr. McDowell said the person would not be useful if the committee is not interested in Advisory Members. Chair McDowell's recommendation of Mr. Bruce Walker was for an opportunity to place an individual on the Quality and Safety Committee that does not have a hospital background but does have a quality background. Dr. Raymond Loretto voiced that he would like to have on-going discussion with the Quality and Safety Committee regarding this appointment. Dr. McDowell agreed with Dr. Loretto and offered Mr. Walker as a candidate for the Quality and Safety Committee's review and possible recommendation. 	

Agenda Item	Subject/Discussion	Action/Responsible Person
	<ul style="list-style-type: none"> Ms. Christine Glidden asked for definition of an Advisory Member. Dr. Jerry McDowell said it would entail a competency of interest, a person willing to attending meetings and listen to items brought to committees, and offer recommendations. Dr. Loretto indicated his main concern is when implementing items into committees, he believes you should discuss with committee members before taking to the full Board. Within the Quality and Safety Committee they are discussing potential items of topic for Board of Trustees in Closed Session. Dr. Loretto has a lot of respect for Quality and Safety personnel. Chair McDowell shares Larry Gage's recommendation to bring greater expertise to the Board and he also honors the path Dr. Loretto is taking. Chair McDowell thanked Dr. Loretto for voicing his concern and asked that Council prepare a document for Advisory Members to sign. Ms. Christine Glidden agreed that receiving the investment of the committee members is critical; working in this environment is close and personal and having a chance to meet recommended person and feel comfortable with them not to mention the issue of confidentiality. Ms. Glidden would like to make sure Dr. Richard Crowell is comfortable with what committee is doing. Dr. Irene Agostini said we strongly need to look at our quality and the board has authority to make us do that - it is people's lives - we need to be as aggressive as we can in quality and safety – she feels very passion about this topic. Ms. Debbie Johnson agrees and said it may be worth further discussion. We should also take time to look at nomination process and think more strategically. Strategic discussion should be held. Dr. Jerry McDowell agreed -- think about gaps that may level the boards. Mr. Terry Horn said both of his recommendations have had interaction on Boards. Mr. Horn indicated that he discussed the recommendations with Ella Watt in advance to ensure she was in agreement. Dr. Jerry McDowell seeks Board concurrence and said to table Mr. Walker's recommendation; however, asked if Mr. Horn was in agreement with proceeding on his recommendations of Ms. Lisa Eden and Mr. Kirk Meyer. Mr. Horn said yes. Chair McDowell asked Council to create a process to guarantee confidentiality and vetting for the June Meeting and then recommendation and approvals can be made to committees and then to the full Board. All agreed. <p>All Pueblo Council of Governors (APCG) Resolution No. APCG 2018-08: Mr. Erik Lujan reported that after 2 years of discussion and input, we received a workable policy in place which was passed at last month's Board of Trustees meeting. APCG also passed at their last meeting. The only question APCG had was in reference to newborn children because they are not technically tribal members yet, it is complex but the Governors were confident any issues could and would be worked out in the Committee. Dr. Jennifer Phillips said when babies are born in the hospital there is space for the babies born. Chair McDowell asked if there may be any interest in an APCG representative present at a Board of Regents Meeting. President Stokes said she believes that could occur.</p> <p>UNMH Board of Trustees Conflict of Interest: Dr. Michael Chicarelli reported that the Conflict of Interest paperwork is signed each year and asked that Board Members and Ex-Officio Members sign and return. Dr. Jerry McDowell, Chair, encouraged Board Members to review the Policy, particularly important for Committee Chairs.</p>	

Agenda Item	Subject/Discussion	Action/Responsible Person
	<p>Resolution of the UNMH Board of Trustees Authorizing Trauma Re-Verification (Approval): Dr. Michael Chicarelli said every three (3) years Trauma re-verification is required and the Board needs to be made aware in the form of a Resolution. Chair McDowell requested a motion to approve the Resolution.</p> <p>5th Amendment to the UNMH 401(a) Plan (Approval): Dr. Sara Frasch explained the 401(a) Plan was inadvertently changed to a 5 year vesting last year when it was paired with and approved with the 415(m) Plan. Dr. Frasch is requesting an approval to revert the vesting provision back to the original vesting provisions as identified in the Resolution (included in BoardBook). Mr. Terry Horn reported that Dr. Frasch thoroughly explained the request at the Finance Committee Meeting, and the Committee approved this request to be recommended for approval to the full Board. Chair McDowell asked if there were any concerns or questions for management or the committee. With no concerns or questions being brought forward, Chair McDowell requested a motion for approval.</p> <p>Mission Excellence: Dr. Sara Frasch gave an update (report in BoardBook).</p> <p>Mr. Robert Perry, MSN, RN, CEN, Manager of Emergency Preparedness, presented the UNMH Readiness to a Mass Shooting/Terrorist Type Event (presentation in BoardBook).</p> <p>Dr. Michael Chicarelli hosted a tour of the Emergency Department to the Board of Trustees.</p>	<p>Dr. Raymond Loretto made a motion to approve the Trauma Re-Verification Resolution. Ms. Debbie Johnson seconded the motion. Motion passed unanimously.</p> <p>Ms. Debbie Johnson made a motion to approve the 5th Amendment to the UNMH 401(a) Plan. Mr. Joseph Alarid seconded the motion. Motion passed unanimously.</p>
VIII. Administrative Reports	<p>CEO Report: (report in the Board Book).</p> <p>CMO Report: (report in the Board Book).</p> <p>UNM Board of Regents Report: Dr. Michael Chicarelli reported the financial and budgets were reviewed and approved.</p>	
IX. Committee Reports	<p>Quality and Safety Committee: Dr. Raymond Loretto gave a brief overview with further discussion in the Closed Session.</p> <p>Finance, Audit & Compliance Committee: Mr. Terry Horn reported the Finance Committee met with a quorum present. They discussed financial update through April. Management reported that they implemented Specialty Pharmacy Program, which generated \$8.1 million; however, the benefit we are receiving from Specialty Pharmacy Program is a catch up payment; we are seeing a windfall now but it will not be this way in future years. Revenue opportunities were discussed – finance team working diligently. Mr. Horn said that Dr. Sara Frasch discussed Affirmative Action EEO1 Report – indicator of hiring practices -- snapshot as of July 1, 2017. UNMH is a minority employer trending in the correct direction. Dr. Frasch also discussed the request for the approval of the 401(a) Plan.</p> <p>Native American Services Committee: Mr. Erik Lujan reported the Policy was approved by All Pueblo Council of Governors (APCG) with Resolution No. APCG 2018-08. The Committee also discussed Medicaid and coordinating with Tribal Programs on identifying special care.</p>	

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
	Community Engagement Committee: No report Executive Committee: No report.	
X. Other Business	April Financials reviewed (dashboard in BoardBook)	
XI. Closed Session	At 11:37 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	Ms. Debbie Johnson made a motion to move to Close Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.
XII. Certification	After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.	
Vote to Re-Open Meeting	<p>At 12:55 PM, Dr. Jerry McDowell, Chair, requested a motion be made to return the meeting to Open Session.</p> <p>Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the April 18, 2018 Medical Executive Committee (MEC) Meeting Minutes, the April 20, 2018 Quality and Safety Committee Meeting Minutes, and the April 25, 2018 Finance 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.</p> <p>Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</p>	<p>Ms. Debbie Johnson made a motion to return to Open Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</p> <p>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.</p> <p>Ms. Debbie Johnson made a motion to approve the Credentialing and Clinical Privileges as presented in Closed Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously.</p>
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, June 29, 2018 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Mr. Joseph Alarid made a motion to adjourn the meeting. Mr. Erik Lujan seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:00 PM.

Dr. Raymond Loretto, Secretary
UNM Hospitals Board of Trustees

Board Policies

Adv board nom redline

Title: Advisory Board Member Nomination and Invitation to Meetings
--

Policy

Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult
---------------------------	---	-----------------------------------	-----------------------------------	------------------------------------	--------------------------------

POLICY STATEMENT:

It is the policy of the UNM Hospital (UNMH) Board of Trustees to consider nominations of ~~potential~~ Advisory Board members ~~by HSC Advisory Boards.~~ Members of ~~Clinical Component~~component Advisory Boards may be invited to the UNMH Board of Trustees general meetings or meetings of its committees.

Advisory Board Nominations

Vacancies of advisory ~~boards~~board positions will be filled by appointment of the UNM Board of Regents, upon recommendation of the UNMH Board of Trustees, (UNMH BoT), in accordance with ~~advisory board~~the UNMH Board of Trustees bylaws.

1. The applicable advisory board may submit nominations to fill advisory board vacancies for consideration by the UNMH ~~Board of Trustees.~~BoT.
 - 1.1 ~~Such~~ nominations will be submitted in writing to the Chair of the UNMH ~~Board of Trustees.~~
2. BoT. The UNMH ~~Board of Trustees~~BoT will consider ~~a suggested~~ nominations and make a decision on whether to accept or deny the recommendation.
 - 2.1 Upon acceptance, the nomination will be forwarded by the UNMH BoT Chair to the UNM Board of Regents for their consideration, ~~and the~~. The chair of the applicable advisory board will be notified of the nominations progress in writing.
 - 2.2 If the UNMH Board of Trustees acts in a manner not to accept the ~~nominations~~nomination, the UNMH BoT Chair will notify the applicable advisory board chair of the decision in writing. The UNMH Board of Trustees will defer action on a substitute nomination for a period of one (1) month to allow consultation with the Advisory Board.
 - 2.3 The UNMH Board of Trustees may make ~~its own nominations~~a nomination for potential advisory board members after following one (1) month from the receipt of receiving advisory board nominations. UNMH Board of Trustees nominations may be forwarded to the Regents in addition to or instead of nominations recommended by an advisory board.

Clinical Component Advisory Board Invitation

Clinical Component Advisory Board Members

1. May attend any general UNMH Board of Trustees meeting pursuant to the New Mexico Open Meetings Act. The Chair of the UNMH Board of Trustees may request a presentation or briefing from the Advisory Board ~~for any of its meetings.~~
2. May attend a UNMH Board of Trustees Committee meeting or portion of a Committee meeting at the invitation of the Chair of the Committee and will be for the purpose of providing advice to the Committee. The Advisory Board Member may participate in discussions at the meeting or make presentations present based on the discretion of the Committee Chair. Votes of the Committee will be restricted to members of the UNMH Board of Trustees.

SUMMARY OF CHANGES

Combines and replaces documents **Advisory Board ~~Nominations~~ Member Nomination and Invitation ~~of Clinical Component Advisory Board Members to Meetings~~**, last revisions 2/~~2009~~2014.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration and Board of Trustees		
Consultant(s)			
Human Resources			Y
Official Approver	Michelle Coons, Board of Trustees Secretary		Y
Official Signature		Date: 4/25/2014	
Origination Date			4/25/2014
Revised Date			01/12/09
Approved Date	Clinical Operations Policy Coordinator	5/2/2014	af

Planning redline



Title: UNM Hospital Board of Trustees Statement of Strategic Planning		Applies To: UNM Hospitals Responsible Department: Administration Revised: 02/2017 05/28/2018
		Policy
Patient Age Group:	(X) N/A () All Ages () Newborns () Pediatric () Adult	

POLICY STATEMENT

This policy will define the UNM Hospital ~~Board's~~ Board of Trustees role in strategic planning.

DETAILED POLICY STATEMENT

This policy will also define management's role in strategic planning and implementation.

APPLICABILITY

UNM Hospitals Board of Trustees

POLICY AUTHORITY

~~Board Chair~~

UNM Hospital Board of Trustees and CEO of UNM Hospitals.

IMPLEMENTATION PROCEDURES

1. In carrying out its role, the board will ensure that management has effective strategic planning and implementation process in place, that the process examines community need and incorporates input from key stakeholders, and that the long-range and annual strategic and financial plans are integrated and aligned.
2. The UNM Hospital Board of Trustees (UNMH BoT) will ~~play~~have an active role in the strategic planning process, while ensuring it does not ~~usurp~~interfere with management responsibilities.

The board will:

~~2.1 Conduct a careful review at every third annual retreat after first adoption, or at any point earlier at COB discretion.~~

~~2.2.1~~ Formally initiate updates to the Hospital strategic plan.

~~2.3~~ Participate in educational sessions about healthcare trends and community/stakeholders needs, including, but not limited to the UNM Regents, Bernalillo County, Business Community, ~~at~~All Indian Pueblo Council, Indian Health Services and Health Care

Advocacy

groups.

~~2.4~~ Share ~~its counsel ideas and feedback~~ about critical strategic issues and community/stakeholder needs, ~~and~~

and provide feedback on draft plans and updates.

~~2.5~~ Approve the final strategic plan.

~~2.6~~ Review and approve major transactions and programmatic changes to ensure consistency with the strategic plan, financial viability and responsiveness to community needs.

~~2.7~~ Help communicate strategic plans and programs to key stakeholders and the general public.

~~2.8~~ Monitor strategic plan progress on a regular basis.

3. Time will be allotted on board meeting agendas to discuss strategy issues and monitor implementation of the plan.

Formatted: Indent: Left: 0"

4. Management is responsible for preparing for board review and approval ~~of~~ a rolling 3 to 5 year strategic plan that provides direction for decision-making by the ~~UNMUNMH BoT and Hospital Board of Trustees and Senior Leadership to meet the mission, vision, and goals of the organizationmanagement.~~ The plan will include major strategic goals key initiatives to achieve each goal, and measures of success by which the board and management monitor implementation.
- ~~5. Management is responsible for preparing an annual assessment and an annual operational implementation plan, including updates to the Strategic Plan based on environmental changes.~~
6. Management will provide to the board a quarterly dashboard report on the key goals and measures in the strategic plan. The dashboard report will be included in the board packets ~~that are sent out prior to the board meetings.~~

SUMMARY OF CHANGES

Replaces document of same name last revision, 2/~~2009~~2014.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration & Board of Trustees		
Consultant(s)			
Human Resources			
Official Approver	Michelle Coons, Board of Trustees Secretary		Y
Official Signature		Date: 4/25/2014	
Effective Date		4/25/2014	
Origination Date		1/2009	
Approved Date	Clinical Operations Policy Coordinator	5/2/2014 af	

QAPI Redline

Title: Governing Body Approval of Quality Assessment-Performance Improvement		Policy
Patient Age Group: (X) N/A () All Ages () Newborns () Pediatric () Adult		

POLICY STATEMENT

The UNM Board of Regents has delegated to the UNM Hospital Board of Trustees the responsibility ~~for~~of delegation and/or approval of policies, procedures, and appointments.

UNM Hospital Board of Trustees retains overall responsibility and accountability for the quality of patient care, including the safety of patients, staff and visitors and the appropriate utilization of resources.

POLICY AUTHORITY

UNM Hospital Board of Trustees, ~~Stephen W. McKernan, and~~ CEO, ~~of~~ UNM Hospitals.

REFERENCES

Centers for Medicare & Medicaid Services (CMS) Conditions of Participation §482.21
 The Joint Commission (TJC) LD.01.03.01

IMPLEMENTATION PROCEDURES

1. The UNM Hospital Board of Trustees (UNMH BoT) ensures that the performance improvement program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.
2. The ~~Board~~UNMH BoT has established the Quality ~~Oversight and Safety~~ Committee (~~QOC~~) to implement and maintain an effective hospital-wide, data-driven quality assessment and performance improvement (QAPI) program. Part of the ~~QOC's~~Quality and Safety Committee responsibility ~~will be~~is the identification of the frequency and detail of data collection and recommending QAPI priorities to the ~~Board~~UNMH BoT at least annually.
3. The ~~Board~~UNMH BoT reviews, revises, and approves the QAPI priorities on an annual basis.

SUMMARY OF CHANGES

~~Added specific responsibility of the Board; changed Committee on Excellence to Quality Oversight Committee~~

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration		Y
Consultant(s)	Erin Doles, Administrator, Professional Support Services		
Official Approver	Michelle Coons, Board of Trustees Secretary		Y
Official Signature		Date: 4/25/2014	
Effective Date		4/25/2014	
Origination Date		1/2009	
Issue Date	Policy Coordinator	5/2/2014 af	

Rad svs redline

Title: Governing Body Approval of Radiological Services
--

Patient Age Group:	(X) N/A	() All Ages	() Newborns	() Pediatric	() Adult
---------------------------	---------	-------------	-------------	--------------	----------

STATEMENT

The UNM Board of Regents has delegated responsibility to the UNM Hospital Board of Trustees ~~the responsibility~~ for ~~delegation and/or~~ approval of policies, procedures, and appointments.

DETAILED POLICY STATEMENT

UNM Hospital Board of Trustees retains overall responsibility and accountability for the scope and complexity of radiological services offered at UNM Hospitals.

APPLICABILITY

UNM Hospitals and Clinics.

POLICY AUTHORITY

UNM Hospital Board of Trustees

~~Stephen W. McKernan, Vice President, Hospital Operations and CEO, and CEO of~~ UNM Hospitals.

REFERENCES

Centers for Medicare & Medicaid Services (CMS) Conditions of Participation §482.26
 The Joint Commission (TJC) LD.01.03.01

IMPLEMENTATION PROCEDURES

UNM Hospital Board of Trustees in conjunction with the medical staff approves the scope of radiological services offered at UNM Hospitals and Clinics (outlined in the Radiology Operation Plan).

SUMMARY OF CHANGES

Replaces document of same name, last revision 2/~~2009~~2017

RESOURCES/TRAINING

Resource/Dept	Internet/Link
UNM Intranet, Administrative policies	

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration		Y
Consultant(s)	Administrator, Professional Support Services		
Official Approver	Michelle Coons, Board of Trustee Secretary		Y
Official Signature		Date: <u>4/25/2014</u>	
Effective Date		<u>4/25/2014</u>	
Origination Date		<u>1/2009</u>	
Issue Date	Clinical Operations Policy Coordinator	<u>5/2/2014</u> <u>afar</u>	

Griev redline



Applies To: **UNMH**
Responsible Department: **Care Management**
Revised: **2/2012**

Applies To: **UNMH**
Responsible Department: **Care Management**
Revised: **05/28/2018**

Title: UNM Hospital Board of Trustees Patient Grievance					Policy
Patient Age Group:	(X) N/A	() All Ages	() Newborns	() Pediatric	() Adult

POLICY STATEMENT

It is the policy of the UNM Hospital Board of Trustees (BOT) that patients and their authorized representatives' grievances will be resolved in a timely, reasonable and consistent manner.

DETAILED POLICY STATEMENT

- ~~UNMH~~CUNM Hospitals staff that become aware of a patient concern or complaint about patient care, patient rights, or who become aware of a concern or complaint about barriers to disabled visitors or patients, are authorized to attempt to resolve the concern or complaint as promptly as the circumstances allow, in a courteous and reasonable manner.
 - Immediate attention must be given to grievances about situations that endanger the patient, such as neglect or abuse due to the seriousness of the allegations and the potential for harm to the patient(s).
- Documentation of oral or written grievance, including the date of incident, the patient/ visitor name, address and phone number, the employee's name who took the complaint, and all other pertinent information including how the concern or complaint was resolved, must be forwarded to the PAC.
- If the complaint cannot be resolved at the point of contact or service within the time frame identified in this policy under the circumstances by staff present, then the patient, patient's representative will be referred to the PAC or the Administrative Supervisor for assistance in making an oral or written grievance:
Patient Assistance Coordinator: 272-2121 0800 - 1700 M-F
Administrative Supervisor: 272-2111 ~~1701-0759 M-F~~
~~Administrative Supervisor: 272-2111 Sat, Sun, Holiday~~Outside of the
above hours
- The patient/patient representative shall be informed that he or she has the right to file a grievance directly with: the New Mexico Department of Health ("DOH") Division of Health Improvement
~~New Mexico Department of Health ("DOH")~~
~~Division of Health Improvement~~
~~P.O. Box 26110~~
~~Santa Fe, NM 87502-6110~~
~~1-800-445-6242~~
- Complaints or grievances related to quality of care or premature discharge will be forwarded to the appropriate medical department for review.
- Medicare beneficiaries follow the process outlined in "An Important message From Medicare about Your Rights" which is given on admission and within 2 days of discharge. Concerns regarding quality of care or premature discharge may be reported to the Quality Improvement Organization (QIO): HealthInsight at toll-free 1-800-663-6351 or voice at 1-505-998-9898 as outlined in the Important Message.

Title: UNM Hospital BoT-Patient Grievance
Owner: Director, Admitting and Patient Assistance
Effective Date: 2/20/2012
Doc. # 2819

7. Approaches for resolving complaints and grievances include the following as well as any other approaches that support communication in a language and manner that the patient or patient's representative understands.
 - 7.1 Face-to-face meetings with the patient and/or their legally authorized representative;
 - 7.2 Referral for a biomedical ethics consultation by any staff member, patient, or patient family member or decision-maker (dedicated digital pager: 951-3614; cell phone number 688-9137);
 - 7.3 Request for Care Management services;
 - 7.4 Referral for UNMHSC financial counseling; (billing issues are not considered grievances for the purpose of the Conditions of Participation);
 - 7.5 Request for housekeeping services, food and nutrition services, and parking services;
 - 7.6 Referral to Children, Youth & Families Department for child and adult protective services for abuse, neglect or exploitation;
 - 7.7 Referral to UNMHSC legal counsel via Risk Management for protective services regarding healthcare decision-making, such as guardianship and treatment orders;
 - 7.8 Referral to UNMH Risk Management for information on filing a grievance when the concern or complaint includes a request for money.
 - 7.9 Referral to Security.
8. Complaints and grievances that have not been resolved within 30 days or when reasonable efforts to resolve the issue have been ineffective after review by the Grievance Committee will be referred to the Vice President for Hospital Operations and CEO, or the BOT.
9. The patient or his or her authorized representative will be notified in writing of the investigative outcome of all grievances (oral or written). This will be done within 7 days unless additional time is needed for resolution. If additional time is needed, the patient or representative will be notified. This notification will include the:
 - 9.1 Name of the UNMHSC contact person who can provide additional information;
 - 9.2 Steps taken to investigate the grievance;
 - 9.3 Results of the grievance process; and
 - 9.4 Date of completion.
 - 9.5 Additional contact information as needed.
10. Complaints or grievances that involve patient safety should also be reported in Patient Safety Net (PSN).
11. A report on grievances will be made to the Quality Committee on a quarterly basis.

APPLICABILITY

UNM Hospitals and Clinics.

POLICY AUTHORITY

UNM Hospital Board of Trustees

~~Stephen W. McKernan, Vice President, Hospital Operations~~ and CEO, of UNM Hospitals.

Formatted: Indent: Left: 0", Tab stops: 0.25", Left

REFERENCES

- 45 CFR Part 84 as implementing the Rehabilitation Act of 1973, as amended, (29 USC, 94) and the Americans with Disabilities Act of 1990 (42 USC, 12101-12213).
- Uniform Health Care Decisions Act, NMSA 1978, and Sections 24-7A-1, et seq. (1995, as amended through 2000).
- Uniform Anatomical Gift Act, NMSA 1978, and Sections 24-6A-1, et seq. (1995, as amended through 2000).

Title: UNM Hospital BoT-Patient Grievance
Owner: Director, Admitting and Patient Assistance
Effective Date: 2/20/2012
Doc. # 2819

- Department of Health Regulations, 7.7.2.19 NMAC (2000)
- Board of Regents' Policy Manual, HSC Quality of Care (2.13.1)
- CMS Conditions of Participation (482.13(a)(2) (Rev. 37, 10-17-08)
- The Joint Commission (RI01.07.01)

IMPLEMENTATION PROCEDURES

1. The UNM Board of Regents delegates to the Board of Trustees who then delegates the responsibility to assure the effective operation of the patient grievance process to the Grievance Committee and Patient Assistance Coordinator (PAC).
2. Grievances (as defined in the Conditions of Participation) that cannot be resolved by the Grievance Committee and PAC will be forwarded to the Vice President, Hospital Operations and CEO, UNM Hospitals or the BOT. All resolution letters will be forwarded to the PAC for trending purposes.
3. All grievances will be resolved within 7 days, unless the grievant is notified that the appropriate investigation will require additional time.
4. This policy and procedure applies to all patients or patient's representatives, but does not apply to requests for money.
 - 4.1. Requests for money (e.g., lost items) or billing issues are required by state law to follow a procedure, which includes written notice to the facility. The notice may be mailed to UNMH Risk Management, 2211 Lomas NE, Albuquerque, NM 87106 or to the New Mexico Risk Management Division, PO Drawer 26110, Santa Fe, NM 87502-6110. For information regarding the notice procedure and deadlines, contact the PAC or UNMH Risk Management.
5. Billing issues are not considered grievances for the purposes of this policy. However, a Medicare beneficiary billing complaint related to patient care rights and limitations provided by 42 CFR 489 may be considered a grievance. All questionable cases should be referred to the PAC.
6. Notices to patients or their authorized representative of their right to make an oral or written grievance is included in the "Patient Rights and Responsibilities," which is posted prominently throughout the facility and is included in the patient's admission packet. Copies of the "Patient Rights and Responsibilities" are available from the PAC.
7. When applicable, referrals will be made to the state designated Quality Improvement Organization (QIO) for quality of care issues, disagreements with coverage decisions, and premature discharges.
8. Grievances will not be documented in the patient's paper or electronic medical record.
9. A grievance will be considered resolved when the patient or patient's representative is satisfied with the actions taken on their behalf. In situations where the UNMHSC has taken appropriate and reasonable actions on the patient's behalf in order to resolve the patient's grievance and patient or patient's representative remain unsatisfied, UNMHSC may consider the grievance closed with appropriate documentation of its efforts.

DEFINITIONS

1. **Authorized representative** means a person appointed by the patient such as in an advance directive, by a court order such as guardianship, or according to the New Mexico Healthcare Decisions Act, NMSA 1978, Section 24-7-1, et seq. (1995, as amended through 2000), the New Mexico Anatomical Gifts Act, NMSA 1978, Section 24-6A-1, et seq. (1995, as amended through

2000), and other applicable laws. For purposes of this Policy and Procedure, family members are also considered to be authorized representatives unless the patient has indicated otherwise.

2. **Complaint** means an issue, concern, or complaint about patient care or access to care issues, including complaints regarding barriers to care or other services, which are encountered, by patients or patient representatives resolved by staff present. For example, a relatively minor request such as a request to change bedding, housekeeping of a room and serving preferred food and beverages may be made relatively quickly and would not usually be considered a “grievance” and therefore would not require a written response.
3. **Grievance** is a formal or informal written (letter, e-mail or fax) or verbal complaint that is made to the hospital by a patient, or the patient’s representative, regarding the patient’s care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital’s compliance with the CMS Hospital Conditions of Participation or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR.489.
4. **Grievant** means the patient on whose behalf an oral or written grievance has been filed, or the disabled visitor’s or patient’s legally authorized representative who has filed the grievance on behalf of the patient.
5. **Grievance Procedure** means the procedure used when the patient’s concern or complaint cannot be resolved at the point of contact or service by staff present.
6. **Point of service or contact:** means the place and time the services are or were to be provided or where a barrier was encountered, or where a majority of patients will receive services, including Admitting, Business Office, clinic registration counters, etc.

SUMMARY OF CHANGES

~~Owner changed to the Director, Admitting and Patient Assistance. Replaces document with same name, last revision 1/2009. Under policy statement number 9 in writing removed to reflect condition of participation since verbal, phone or written notification is appropriate.~~

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Director, Admitting and Patient Assistance.		
Consultant(s)	Executive Director, Care Management		
Committee(s)	Grievance Committee		Y
Human Resources			Y
Official Approver	Board of Trustees Representatives Erin Doles , Administrator		Y
Official Signature		Effective Date: 2/20/2012	
Origination Date		unknown	
Issue Date	Clinical Operations Policy Coordinator	2/23/2012	af

ATTACHMENTS

None

Policy on Public redline

Title: UNM Hospital Board of Trustees Policy on Public Participation in Board Meetings

Policy

Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult
---------------------------	---	-----------------------------------	-----------------------------------	------------------------------------	--------------------------------

POLICY:

It is the policy of the UNM Hospital Board of Trustees (the "Board") to provide opportunities for public participation in meetings of the Board, in accordance with the New Mexico Open Meetings Act and applicable Regents' and University policies, ~~as well as the Board's resolution adopted each year for compliance with the Open Meetings Act.~~

AUTHORITY: The Regents of the University of New Mexico have delegated ~~primary~~ responsibility to the Board for review of certain matters related to oversight of the non-research, non-educational clinical activities of ~~the Health Sciences Center's~~ UNM Hospitals clinical facilities. As such, the Board is an integral part of the governance structure of ~~the Health Sciences Center~~ UNM Hospitals and its role and responsibilities must be safeguarded from disruption.

PURPOSE: The purpose of this policy is to generally outline how the public will be permitted to participate in open meetings of the Board, and is supplemental to the Board's Open Meetings Resolution adopted annually.

PROCEDURE:

1. Participation as part of the "public comment" portion of the agenda:
 - 1.1 Persons who wish to provide public comment should sign in on the log provided by the Board ~~at the~~ upon entry to the meeting.
 - 1.2 The Chairperson of the Board, as the presiding officer, will determine ~~at which point in the agenda~~ when public comment will be presented to the Board.
 - 1.3 In order to facilitate the presentation of comment by the public, the Chairperson will recognize the person formally prior to the ~~person who wishes to provide beginning of the~~ beginning their presentation. Once recognized, the person will state their name, organizational affiliation, ~~if any,~~ and profession, ~~if any,~~ for the record.
 - 1.4 In order to provide adequate opportunity for the presentation of all public comment to the Board, each person who wishes to provide public comment will be provided an appropriate amount of time as determined by the Chairperson of the Board. ~~However, if several individuals wish to speak on the same subject and there is not sufficient time to hear all of them, they will select from among themselves the number of persons permitted by the Board Chairperson designated to speak on their behalf for such period of time as allowed by the Board Chairperson.~~
 - 1.5 Persons addressing the Board may submit their presentation in writing rather than presenting it orally.
 - 1.6 Public comments will be delivered in a manner that is respectful of the Board.

1.7 If any disruption of a Board meeting occurs, the Chairperson may recess or adjourn the Board meeting or may call for a motion to begin the closed portion of the meeting, after which the meeting room will be cleared or the meeting will be closed. A closed meeting may be reopened after the disruption has subsided so that the Board may continue with its scheduled business in open session. No business that is on the agenda for an open session will be discussed in closed session.

2. Participation as part of the Board's published agenda:

2.1 If a member of the public or any other individual wishes to place any item of business on the agenda for a Board meeting, they will be required to present their request in writing to the Board Chairperson, in care of the Vice President for Hospital Operations, at least ten (10) days prior to the date of the next scheduled regular meeting of the Board.

2.2 The procedures for presentation of agenda items by members of the public will be the same as described under ~~1-above~~section 1 for public comment.

SUMMARY OF CHANGES

Replaces document of same name, last revision 2/~~2009~~2014.

DOCUMENT APPROVAL AND TRACKING

Item	Contact	Date	Approval
Owner	Administration		
Consultant(s)			
Human Resources	Jim Pendergast, Administrator, Human Resources		Y
Official Approver	Michelle Coons, Board of Trustees Secretary		Y
Official Signature		Date: 4/25/2014	
Effective Date	4/25/2014		
Origination Date	9/2000		
Issue Date	Policy Coordinator	5/2/2014 ar	

Patient Payment Policies Update

Financial Policy Update

UNM Hospitals Board of Trustees
June 29 , 2018

New Policy Documents

- Approved by UNM Board of Trustees 10/27/17
 - Financial Assistance Policy
 - Patient Payment Policy
 - Discount Program Policy

Summary of Changes

- A separate Discount Program Policy was created to provide increased clarity for the rules associated with the program.
- The New Discount Program Policy changes the patient payment obligations to align exactly with the current UNM Care program.
- The amounts expected under the Discount Program payment plan will be reasonably related to patient income.
- Eliminated the language around medically urgent care and instead uses medically necessary care.

Financial Counselors

- Identified patients potentially impacted by May 2017 Guideline
- Financial Counselor outreach to patients to determine eligibility under new policy.
- All Financial Counselors retrained in October 2017 on the new policy.
- New Policy Manual Developed for staff based on new policies
- Audits of staff performing under the new policy started in January 2019.

Financial Counselors

- Staff performing below 90 on observed audit receive training and re-education.
- Currently Financial Counselor re-education is re-occurring to be completed by July 11, 2018



Financial Counselor Discount Program Trends January-June 2018

Clinical Area	Number of Discount Program Patients	Number Approved for Procedure	Number Denied	Number making copayment consistent with policy
Ophthalmology	67	67	0	35
Ambulatory/ Surgical Specialties	45	45	0	33
Women's Services	43	43	0	26
General Ortho	8	8	0	2
Ortho Faculty Clinic	11	11	0	0
Dermatology	8	8	0	0
Totals	182	182	0	96

Education and Outreach

- New Policies updated on the UNMH website
- New Policies presented to office supervisor forms and patient care coordinator forums in November 2017
- Financial Service documents were updated and revised to assure alignment with new policies
- New Policies presented at Financial Counselor Forum in November 2017.
- Surgical Management and Staff updated around policy changes in November 2017.
- Outreach to Pathways Navigators on New Policy
- Outreach to First Choice and other community partners on new Policies

NMHIP

- UNMH and SRMC have started offering patients who qualify with assistance in enrolling for coverage under the New Mexico High Risk Pool Insurance Plan.
- Undocumented patients may qualify for the plan and in some circumstances may have significantly less out of pocket costs for surgical procedures than coverage under the Discount Program.
- NMHIP does have premiums and deductibles based on patient income.
- The patient would always choose which coverage is best for them including the Discount Plan.

Questions?



MISSION: Excellence

SARA M. FRASCH, PH.D.

LEADing to Excellence

June 14

High—Solid—Low Conversations

***Pam Beitlich, DNP, ARNP, RN, NEA-BC
Studer Group***

Breakouts

- **Compassion Fatigue & Stress Management**
- **Mindfulness**
- **MyRounding**
- **Managing Up**
- **Safety in the Workplace**
- **Patient Experience**



By the Numbers

UNMH	HSC	UNMMG	SRMC	Total
616	148	64	29	857

72% Participation Rate (1184 invited)

94%

High-Solid-Low

What it IS -

- Re-recruitment tool
90% are positive conversations
- Methodology for moving organizational performance
- Cascaded from the top down
Leaders first, then staff
- Sequenced
Highs first, then middle and finally low performers

What it is NOT-

- Not a performance appraisal
To review the annual performance with competencies and behaviors – what is done well and improvement opportunities
- Not tied to compensation
- No mandated percentages in each category

June 2018

Introduction and Education at
LEADing to Excellence Conference
(LTE)

HighMiddleLow[®] Implementation Phases

July 2018 – September 2018

All leaders at UNMH, SOM, SRMC and UNMMG
become familiar with HML toolkit and identify
barriers to implementation, support needed, and
actions to overcome barriers

September 2018

Leadership implementation of HML, cascading
from senior leadership to frontline leadership

Education at September 2018 LTE

December 2018 – March 2019

Implementation of HML with frontline staff

Education at December 2018 LTE

Providers and employees are invited to the

MISSION: Excellence Quarterly Forums

Hear from senior leaders about what's happening at the UNM Health System!

*Please **REGISTER** for one of the following sessions via [Learning Central](#)*

Date	Time	Location
Thursday, July 5	11:00 a.m. – 12:00 p.m.	Pavilion 1500 (BBRP)
Friday, July 6	7:30 a.m. – 8:30 a.m.	Carrie Tingley Hospital
Saturday, July 7	1:00 a.m. – 2:00 a.m. (Yes, AM!)	Pavilion 1500 (BBRP)
Tuesday, July 10	11:30 a.m. – 12:30 p.m.	UNM Cancer Center
Friday, July 13	12:00 p.m. – 1:00 p.m.	Eubank Clinic
Monday, July 16	7:30 a.m. – 8:30 a.m.	Pavilion 1500 (BBRP)
Tuesday, July 17	3:30 p.m. – 4:30 p.m.	2ACC Learning Center (UNMH)
Thursday, July 19	12:00 p.m. – 1:00 p.m.	SRMC 3 rd Floor Conference Rm.
Friday, July 20	2:30 p.m. – 3:30 p.m.	Pavilion 1500 (BBRP)
Wednesday, July 25	7:30 a.m. – 8:30 a.m.	Domenici Center West, 3010
Wednesday, July 25	12:30 p.m. – 1:30 p.m.	HOPE Large Breakroom
Thursday, July 26	10:00 a.m. – 11:00 a.m.	HOPE Large Breakroom
Monday, July 30	7:30 a.m. – 8:30 a.m.	Domenici Center West, 3010

Cascading Communication

Email template to explain leaders' absence

Talking points about the sessions

|

Dear Team,

On Thursday, June 14, I was away from the **unit/office/department** attending the MISSION: Excellence LEADing to Excellence Conference.

Breakout Sessions

Compassion Fatigue and Stress – Joan Deis, MSN, RN-BC. Stress management and techniques were presented and practiced, such as positive thinking, relaxation breathing and “me time.” Attendees participated in self-reflection activities

What’s New With MyRounding Software Application – Gianna Joerg, M Martinez. There are new enhancements to the MyRounding Software Application. Features were reviewed and items to remember when using the system were discussed. Attendees were treated to a Q&A session to answer any questions regarding

The Dyad Journey: On the Road to Success – Tom Norris, MD, Sara Frasca McLaughlin, MD, Jennifer Phillips, MD, and Arlenda Thompson, RN, MS session focused on recapping the June 2017 dyad model rollout, identifying behind the dyad model and reviewing the roles and expectations of dyad participants. Steps for the dyad model implementation were explored, as well as tools and strategies for achieving optimal dyad functioning.

These quarterly offsite meetings provide UNM Health System leaders a way to grow the needed to improve our organizational performance, learn best practices from our care experts and receive leadership development training so that we can better lead our teams.

Attendees received updates about the UNM Health System, the larger health care environment and our progress with MISSION: Excellence activities. There was a strong emphasis on physician partnership and the importance of having cohesive physician administrators.

Dyad Advancements

What's Happening Now?

- *Meeting shortly with your “1 Up”*
- Receive Dyad Onboarding packet
- Goal alignment of dyads
- Finish up training



DYAD ONBOARDING PACKET

What is in the Packet???

Contents

Expectations & Outcomes	2
GEOGRAPHIC MEDICAL DIRECTOR.....	3
DIR INPT UNIT.....	6
Reporting Structure & Dyad List (See Attachment)	9
Medical Director Time Allocation (see Attachment).....	11
Clinical Dyad Leadership Education Description & Schedule	12
Master Unit Director Standard Work 2018 (Ambulatory)	14
Dyad Partnership Resources.....	17

Page2

Expectations & Outcomes

Expected Outcomes:

- Shared goal of providing excellent patient care to all of our patients every time
- Creation of an excellent working environment for our people

Overarching Expectations:

- Clearly define shared responsibilities and which are different and develop a process of consultation for the areas which do not overlap
- Support each other and work together to improve the clinical area

Monthly

1. Meet to discuss:

- a. Operational Issues
- b. 90-day work plans
- c. Budget review
- d. Goal metric review
- e. Quality metric review
- f. Patient experience scores
- g. Staff performance
- h. Faculty performance
- i. Hiring status for staff

Our next monthly
meeting is: _____

Location: _____

Thank You!

Nursing Presentation

Board of Trustees Nursing Division Annual Report



SHEENA M. FERGUSON, CNO
ON BEHALF OF THE NURSING LEADERSHIP
TEAM
JUNE 2018



Today's Agenda



- Introduction
- People/Engagement
- Service/Satisfaction
- Quality/Safety
- Growth/Innovation
- Finance/Efficiency
- Comments, Questions, Thoughts

People/Engagement



To meet organizational needs:

- Future of Nursing Report preparing the workforce
- Changes/increases in financial pressures
- Staffing Ratios, Legislative Mandates
- Do More with Less, Higher Quality
- Address Generational Forces

Clinical Ladder



- Clinical Advancement Program aka “CAP”
- Five Levels: Each level higher compensation
- State of the Science & Best of the Art
- Tenets: Shared Governance, Peer Review, Just Culture
- Tools: Education & Certification
- Tracks:
 - Clinical Expert
 - Advanced Practice
 - Researcher
 - Educator
 - Management/Leadership

January - April 2018 CAP Change



- CAP I 14 (0)
- CAP II 304 (-14)
- CAP III 1025 (+8)
- CAP IV 487 (-2)
- CAP V 75 (+2)

• Total **1905**

• IV & V = **562**

- CAP I 16 (+2)
- CAP II 293 (-11)
- CAP III 1015 (-10)
- CAP IV 503 (+18)
- CAP V 81 (+6)

• Total **1908**

• IV & V = **584**

Workforce Metrics



- Nurses 14% off-market
- Cost us our Pathways 2 Excellence designation
- Tougher workplace > More Violence
- BSN preference (PHS, VA, etc)
- Raiding: Huge Sign-on Bonuses
(Holy Cross \$30K, \$3-15K in town)
- Increasing Retirements: January



12 / 17	2093	5	25	1.19%
01 / 18	2089	31	19	0.91%
02 / 18	2093	14	18	0.86%
03 / 18	2086.5	10	19	0.91%
04 / 18	2078	16	24	1.15%
05 / 18	2063.5	4	25	1.21%

Semester Stretch Goal < 14%

Many Organizations

reporting

15-18%

Nursing Turnover: 12.48%

Total Turnover Rate Calculated for period is: **6.24%**

Vacancy Rate



TOTALS FOR UNM HOSPITALS RN INCLUDING NP

BUDGETED	ACTUAL	VARIANCE	% OF TOTAL
2181.16	2027.65	153.51	7.04 %

On the Horizon



- Nurse Ratios

California> legal mandate

5 states mandatory reporting of Hours of Care

Texas: Safe Harbor Act

Protects Nurses from unsafe ratios

Protects Nurses from unsafe orders

New Mexico: Legislative call for SH Act

Nationwide: Number of patients in a shift

Programs that have Upfront Expense

- Intern w/ UNM CON
 - ~ 60 each year
- Extern w/ CNM SON
 - ~ 40 each year
- Nurse Residency
 - ~ 150 each year
- NP Fellowship
 - 4, hard to fill specialties
 - Dyad Partners
- UNMH Nurse Residency
- Accredited by National
- Site Visit in October
- Metrics:
 - 1 Year 98%
 - 5 Year 65%
- *Boomerangs: ~ 50%

Turnover: Top 3 Issues



Hospitals face unprecedented turnover, attrition rates: 4 survey findings

May 11, 2017 Becker:

Hospitals today are facing higher turnover and attrition rates than ever before, according to a [survey report](#) from Leaders for Today, a hospital management staffing firm. What's more, increasing turnover isn't limited to certain healthcare jobs — it is affecting every role from the C-suite to the front desk and the front lines. Survey data from LFT show hospitals will need to **replace nearly half of their staff every five years**. This challenge is compounded by a shrinking talent pool as more hospital employees retire.

"This study confirmed what is the worst-case scenario for many hospitals, they are losing critical employees faster than they can replace them," said Bill Haylon, CEO of LFT. The report includes survey responses from 852 participants, including C-suite executives, clinical and non-clinical administration, staff physicians and staff nurses. The survey was administered in April 2017 to hospital workers across the nation.

1. Continuity in hospital employment is lacking. Nearly 43 percent of respondents reported they have been with their current hospital for fewer than two years and 65.7 percent said they have been with their hospital for fewer than five years.

More than one-third (37 percent) of respondents plan to leave their current organization within the next two years, and 68.6 percent plan to leave within five years. The rapid pace at which all hospital employees are switching jobs is widening the knowledge gap.

2. The current hospital environment promotes high turnover. More than a quarter (27.4 percent) of respondents left their job for a promotion or a better opportunity for advancement. Another 14.4 percent left for better compensation. The largest proportion (58.2 percent) left for other reasons, such as long work hours, frustration and burnout.

3. The growing proportion of retiring employees poses an additional challenge. As the workforce ages, hospitals are looking at a significantly smaller pool of experienced talent to fill retirees' positions. The survey found 47.7 percent of respondents indicated they plan to retire within the next decade, while 22.1 percent expect to retire within five years.

Quality & Safety: NDNQI



- Benchmark against all Academic Medical Centers
- Other AMC's are getting better
- Measure is performance > 50% of UNMH units are better than the Mean
- The range is closing.....

2017 NDNQI RN Survey with Job Satisfaction Scales

Total Number of Units: 61

Peer Group: Academic Medical Centers



Comparison Group: Teaching Status

Data Source: National Database of Nursing Quality Indicators

Table 1. Number of Units that Outperformed the National Benchmark for RN

Benchmark	Autonomy	RN-RN Interaction	Nursing Admin	Prof Dev Oppty*	Prof Dev Access*
Compared against the National Mean	21 (34.4%)	36 (59.0%)	33 (54.1%)	44 (72.1%)	31 (50.8%)

Metric: Falls with Injury per 1,000 patient days and 1,000 patient visits
Total Number of Units: **51**



Peer Group: Academic Medical Centers

Comparison Group: Teaching Status

Data Source: National Database of Nursing Quality Indicators

Table 2. Number of Units that Outperformed the National Benchmark for Falls with Injury

Benchmark	Outperforming in the past 8 quarters (2016 Q1 – 2017 Q4)	Outperforming in the most recent quarter (2017 Q4)
Compared against the National Mean	45 (88.2%)	42 (82.4%)

Metric: Percent of Surveyed Patients with Hospital Acquired Pressure Injuries Stage 2 and Above



Total Number of Units: **20**
Peer Group: Academic Medical Centers
Comparison Group: Teaching Status

Data Source: National Database of Nursing Quality Indicators

Table 3. Number of Units that Outperformed the National Benchmark for HAPU +2

Benchmark	Outperforming in the past 8 quarters (2016 Q1 – 2017 Q4)	Outperforming in the most recent quarter (2017 Q4)
Compared against the National Mean	15 (75.0%)	12 (60.0%)

Metric: Catheter Associated Urinary Tract Infection per 1,000 Catheter Days
Total Number of Units: 18



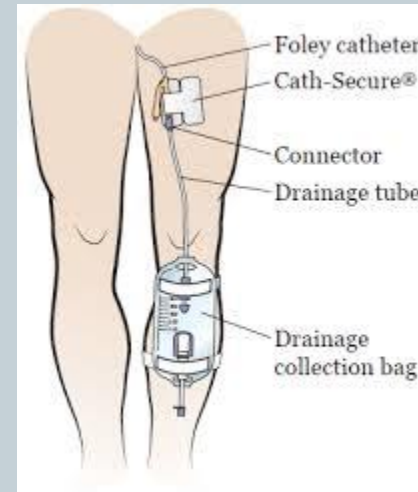
Peer Group: Academic Medical Centers

Comparison Group: Teaching Status

Data Source: National Database of Nursing Quality Indicators

Table 4. Number of Units that Outperformed the National Benchmark for CAUTI

Benchmark	Outperforming in the past 8 quarters (2016 Q1 – 2017 Q4)	Outperforming in the most recent quarter (2017 Q4)
Compared against the National Mean	10 (55.6%)	13 (72.2%)



Metric: Central Line Associated Blood Stream Infections per 1,000 Central Line Days
Total Number of Units: 19



Peer Group: Academic Medical Centers

Comparison Group: Teaching Status

Data Source: National Database of Nursing Quality Indicators

Table 5. Number of Units that Outperformed the National Benchmark for CLABSI

Benchmark	Outperforming in the past 8 quarters (2016 Q1 – 2017 Q4)	Outperforming in the most recent quarter (2017 Q4)
Compared against the National Mean	12 (63.2%)	14 (73.7%)



Metric: Certification Rate
Total Number of nurses in the database: 2177
Data Source: UNMH's Nurse Database



Three years of nursing and/or a BSN to be eligible for certification
100% Nurse Practitioners are Certified
98% of Nurse Leaders are Certified
No National Benchmark, Action Plan required.

Cert. Data Source	Metric	Statistic	n	Calculation
Nurse Database (Data pulled: 2018-05-21)	Certifications in the UNMH Nurse Database - Includes all nurses at all levels that have entered required data	32.98%	2177	Counting 1 active certification per nurse with an awarded date and expiration date of the certification. Certification must be an approved certification from the ANCC/ANA National Certification List. Number of all UNMH nurses at all levels entered into the Nurse Database and have an active certification $[(718/2177)*100] = 32.98\%$



Metric: Nursing Degree Rate
Total Number of Nurses in the database: 2177



Data Source: UNMH's Nurse Database

*Calculations include registered nurses at all levels across UNMH
+One (highest) nursing degree per registered nurse counted

2018 Nurse Database Nursing Degree Calculations* (2018-05-21)			2019	2020
Total Nurses in Nurse Database	2177		Goal	Goal
BSN	1337	61.41%	60%	65%
MSN	293	13.46%	14%	15%
PhD/DNP/EdD	27	1.24%	2%	3%
BSN or Higher+	1657	76.11%	76%	83%

Why more Education & national Certification? Patient outcomes depend on it.

Calculations include registered nurses at all levels across UNMH
+One nursing degree per registered nurse counted

Thank-you for the Opportunity & Support!



- Questions
- Comments
- smferguson@salud.unm.edu

CEO Report UNM Hospitals

MEMORANDUM

To: Board of Trustees

From: Michael Chicarelli
Interim Chief Executive Officer

Date: June 29, 2018

Subject: Monthly Activity Update

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

Quality: This section reflects data through March 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. The March data shows significant improvement overall with fifteen of the eighteen indicators at or below improvement targets

Management continues to develop plans to further address low performance indicators, specifically C. Difficile infection and overall mortality. Dr. Crowell is scheduled to provide a full update to the Board during this meeting.

Statistics (Financial data): UNMH patient volume remains flat overall year to date compared to prior year. Patient days are 1% lower year over year in total with pediatric patient days accounting for a 9% 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 2% better than budget. Emergency visits are 7% greater than budget and 14% higher than prior year. Case mix index is 2% below prior year and 3% lower than FY 18 budget.

Financial: UNMH finances through May 2018 remain strong. Net margin year to date is positive at \$9,939,000 year to date. As with the prior month, the sudden increase in margin continues to be 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. A scoring session was held on June 22nd and a vendor was chosen. Details will be discussed at the Board meeting.

Human Resources: The turnover rate rolling year to date is 15.61% for the full workforce and 15.02% for nurses as a subset. Each category is about a percentage point higher than the usual run rate. It is not uncommon to see an increase in turnover close to the end of the fiscal year due to an increase of retirement activity. UNMH currently has 5998 employed FTEs which is 356 (5.61%) 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 and expect to award a contract in the near future.

Contract negotiations with the District 1199 and CWA Unions have completed and the wage contracts ratified for all three bargaining units. The outcome is a 2% pay increase for all three units which covers all employees in the organization.

Native American Liaison: Hospital management continues to develop the operational details regarding the 100 bed Native American Services Inpatient Priority Access policy. A report on status of that work will be included for a future Board meeting once complete.

Bernalillo County: Pursuant to the MOU, the agreements for case management services and the County's Resource Re-entry Center have been developed in coordination with Bernalillo County leadership and the Pathways Community Advisory Group. The agreements have been agreed to by all parties and signatures executing the agreements were obtained last month. The Resource Reentry Center (RRC) has become operational and basic performance and operational data is being collected and will be shared at a future Board meeting.

Management is in the process of arranging a meeting with Bernalillo County and IHS leadership to discuss the execution of the most recent memorandum of understanding. Representatives from the Board will be included in the invitation and discussion.

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

CMO Report UNM Hospitals

To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: June 29, 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 May 2018 was 10 hours. For May of 2017 it was 8 hours and 54 minutes, this is an increase wait time of 1 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 60 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 May:
 - 86 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 May 2018 was 6.94 days as compared to May 2017 which was 6.46. The FYTD 2018 ALOS is 6.82 which is an increase as compared to FYTD 2017 when it was 6.65. We continue to hardwire processes to decrease our ALOS.

Our Internal Length of Stay Index for April was 0.98 with a Case mix index (CMI) of 2.11 as reported through our nationally comparative systems network Vizient. Vizient metrics have a 6 week lag time for return reporting.

4. Our “Mission Excellence” journey moves forward with proven tools, expectations and behaviors. Our Mission Excellence retreat occurred on June 14th with excellent attendance from providers, nurses and administration. We will be offering 13 quarterly forums that will begin on July 5 and conclude on July 30th.
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 May the UNMH main OR has a 63.8% on-time start of all cases, BBRP has a 63.8% and OSIS has a 72% 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 May the TOT was 68 minutes for the UNMH main OR, BBRP has 58 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.

Finance, Audit & Compliance Committee

UNM HOSPITAL BOARD OF TRUSTEES**Finance Committee Meeting**

Wednesday, June 27, 2018 10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide financial and human resources oversight of UNM Hospitals.






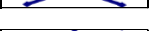
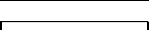
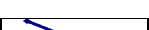
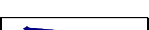
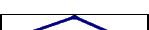



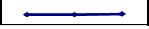


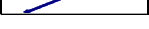

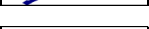



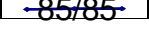

Finance Committee Meeting:

- I. Approval of May 23, 2018 Meeting Minutes
- II. Consent Items for recommendation for approval to full Board of Trustees – Presented by Ella Watt
 - a. Purchasing contract – Ricoh USA Inc.
 - b. Construction project - UNMPC – Pharmacy – Inpatient Pharmacy Remodel

Repair, Renewal and Replacement Items (Informational)

 - a. Repair, Renewal, Replacement Project - UNMH Emergency Room Ligature Abatement
- III. Financial Update for the eleven Months Ended May 31, 2018 – Presented by Ella Watt
- IV. Revenue Cycle Update – Presented by Ella Watt
- V. Benchmarking Information – Presented by Ella Watt
 - Inpatient medical necessity and bundling
- VI. Patient Financial Advisory Committee Report – Presented by Rodney McNease
- VII. HR Update – Presented by Sara Frasch
 - Sick Leave sellback and annual leave conversion is in progress
 - Bargaining Update
 - Benefits open enrollment
 - Compensation study RFP and status of award

Finance and Audit Committee Dashboard Report Year To Date as of May 2018

	3 Mo. Trend	Desired	Actual	YTD	YTD Budget	Prior YTD	Comment
ult Days for UNMH		↑	↑	105,600	105,048	103,140	IP Days up from budget and PYTD, primarily in Womens
ult Discharges for UNMH		↑	↑	17,064	17,482	17,010	Discharges up from PYTD
ult Average Length of Stay for UNMH				6.19	6.01	6.06	LOS for Adult Days is up from budget and PYTD
C Risk Based Adj ADULT LOS for UNMH				5.94	6.06	6.69	Current YTD is thru April 18, PYTD is thru April 17
ult Observation Equivalent Patient Days		↓	↑	9,933	9,298	9,439	SAC/Med Surg are up from budget and PYTD
ult Observation Discharges		↓	↑	7,709	7,216	7,875	CY running below PY
ult Average LOS OBS Days				1.29	1.29	1.20	
iatric Days for UNMH		↑	↓	34,351	38,048	37,800	Pediatric down from PYTD and budget, primarily Intermediate Care Nursery
iatric Discharges for UNMH		↑	↑	4,285	4,056	4,102	Pedatric discharges up from budget and up from PYTD, primarily in Newborn ICU
patient Clinic Visits for UNMH		↑	↑	504,434	496,026	476,230	Visits up from budget and up from PYTD, primarily in Womens
ergency Department Visits for UNMH		↑	↑	83,422	78,027	73,087	Emergency Department Visits up from budget and PYTD
ent Care		↑	↑	19,164	18,781	15,934	Urgent Care up due to filled positions
erations		↑	↓	18,700	19,614	19,082	Operations down due to physician vacancies, primarily Neurosurgery
wborn Days for UNMH		↑	↑	4,824	4,613	4,610	Newborn Days up from budget and up from PYTD
hs		↑	↑	2,721	2,700	2,641	Births up from budget and PYTD
ys for all Behavioral Operations		↑	↑	21,872	21,332	21,436	Up from budget and up from PYTD, primarily in Adult
ts for all Behavioral Operations		↑	↑	149,993	145,776	141,426	Up from budget and up from PYTD
M Care Enrollment				7,079		6,634	20,524 Medicaid applications processed
Income (Loss) for all Operations (ousands)		> \$0		\$9,939	\$4	\$583	Related to specialty pharmacy and HQII
se Mix Index (CMI) - w/o newborn		↑	↓	1.936	1.987	1.985	CMI went down from Jan to Mar, trending up April and May
Admission Rates		↓	↑	10.50%	9.50%	10.41%	Patients re-admitted within 30 days of discharge, thru August, 2018, PY through December, 2016 as reported by UHC
ys Cash on Hand for UNMH		↑	↑	85.35	27.09	75.95	
Human Resources:							
Es (Worked) per adj patient day for all Operations				5.63	5.48	5.55	
urs of Care - UNMH Nursing				17.49	16.63	17.86	
d FTE's for UNMH and BHOs				6,159	6,114	6,069	