UNM Hospitals Board of Trustees
OPEN SESSION – AMENDED AGENDA
Friday, April 26, 2019 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 (Informational)

III. ADOPTION OF AGENDA (Approval/Action)

IV. CONSENT ITEMS – Bonnie White (Approval/Action)
   - Disposition of Assets
   - Biosense Webster ($1.4 Million)
   - Repair, Renew, Replace Capital – Project 1209 University Pharmacy Renovation and Coumadin Clinic ($2.4 Million)
   - Repair, Renew, Replace Capital Project – UPC Adult Inpatient BHICU, Comfort Rooms ($1,850,000)
   - Repair, Renew, Replace Capital Project – UPC PES Expansion without IOP Conversion Plan ($1,813,000)
   - Repair, Renew, Replace Capital Project – UH Main Facilities Air Handling 117 Replacement ($473,000)

V. PUBLIC INPUT (Informational)

VI. APPROVAL OF THE MINUTES
   - March 29, 2019 UNMH Board of Trustees Meeting Minutes - Jerry McDowell, Ph.D., Chair (Approval/Action)

VII. MISSION MOMENT – Kate Becker (Presenting: Beth Jones, Unit Director, 7 South) (Informational)

VIII. BOARD INITIATIVES
   - Chairman’s Report – Jerry McDowell, Ph.D., Chair (Informational)
   - UNM Hospitals BOT Audit and Compliance Charter – Kate Becker (Approval/Action)
   - Press Ganey Past Provider Engagement Results and Methodology – Sara Frasch, Ph.D. (Informational)
   - FY20 Operating Budget - Bonnie White (Approval/Action)

IX. ADMINISTRATIVE REPORTS (Informational)
   - Chancellor for Health Sciences - Paul Roth, MD
   - HSC Committee Update – Michael Richards, MD
   - CEO Report UNM Hospitals – Kate Becker
   - UNM Board of Regents Update – Kate Becker
   - CMO Report UNM Hospitals – Irene Agostini, MD

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

XI. OTHER BUSINESS
   - March Financials – Bonnie White (Informational)
XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session (Approval/Action – Roll Call Vote)

a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA as to the following:

<table>
<thead>
<tr>
<th>Initial Appointments</th>
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<tbody>
<tr>
<td>Brennan, Matthew, MD</td>
<td>Obstetrics/Gynecology</td>
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<td>Falik, Shelley, MD</td>
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<td>Falk, Nadja, MD</td>
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<td>Ruiz, Deborah, CNP</td>
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<td>Stehr, Wolfgang, MD</td>
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<table>
<thead>
<tr>
<th>Initial Appointments with Discussion at UNMH BOT Quality and Safety Committee Meeting</th>
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</thead>
<tbody>
<tr>
<td>Berdecia, Mila, MD</td>
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<td>Brown, Joan, CNP</td>
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<tr>
<td>Abeyta, Maria, PA-C</td>
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<tr>
<td>Andrews, Nicholas, MD</td>
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<td>Chao, Conrad, MD</td>
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<td>Chavez, Katherine, PhC</td>
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<td>Cushing, Tom, MD</td>
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<td>Erickson, Timothy PA-C</td>
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<td>Eschen, Andrea, CNP</td>
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<td>Fatemi, Lida, MD</td>
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<td>Fish, Frank, MD</td>
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<td>Geiger, Laura, MD</td>
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<td>Helms, Clyde, MD</td>
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<td>Ketai, Loren, MD</td>
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<td>LeBaron, Ryan, MD</td>
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<td>Lew, Eric, DPM</td>
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<td>Maita Zapata, Angel, PA-C</td>
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<tr>
<td>McGrath, Jane, MD</td>
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## Reappointments

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Noronha, Leonard, MD</td>
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<td>Parsons, Jeremy, MD</td>
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<td>Pavlakos, Nectarios, DDS</td>
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<td>Perez, Steven, PA-C</td>
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<td>Peterson, Wendy, CNP</td>
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<td>Phelan, Sharon, MD</td>
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<td>Pitcher, John III, MD</td>
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<td>Rankin, Alexander, MD</td>
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<td>Rollstin, Amber, MD</td>
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<td>Safier, Jasmine, CNP</td>
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<td>Schuyler, Mark, MD</td>
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<td>Singh, Abhinav, MD</td>
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<td>Smith, Stacey, PA-C</td>
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<td>Snyder, Eugene, CNP</td>
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<td>Stokely, Sue, CNP</td>
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<td>Stromberg, Nicole, PA-C</td>
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<tr>
<td>Sturm, Joy, PA-C</td>
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<tr>
<td>Ventura, Norma, MD</td>
<td>Pediatrics</td>
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## Reappointments with Discussion at UNMH BOT Quality and Safety Committee Meeting

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<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Bearer, Elaine, MD</td>
<td>Pathology</td>
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<tr>
<td>Carlson, Andrew, MD</td>
<td>Neurosurgery</td>
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<tr>
<td>Kunz, Geoffrey, MD</td>
<td>Internal Medicine</td>
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<tr>
<td>Pizanis, Charles, MD</td>
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<tr>
<td>Roth, Paul, MD</td>
<td>Emergency Medicine</td>
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</table>

## Expansion of Privileges, Changes in Department, Change in Staff Status

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Change in department from Family &amp; Community Medicine to Internal Medicine</th>
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</thead>
<tbody>
<tr>
<td>Beech, Kori, CNP</td>
<td>Nurse Practitioner</td>
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<tr>
<td>Fleming, James, CNP</td>
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<tr>
<td>Morad-McCoy, Lisa, LCSW</td>
<td>Program Therapist</td>
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<tr>
<td>Nalda-Lyons, Janet, CNP</td>
<td>Nurse Practitioner</td>
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## Clinical Privileges

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<thead>
<tr>
<th>UNMH Anesthesiology</th>
<th>UNMH Anesthesiology Assistant</th>
<th>UNMH Nurse Anesthetist</th>
<th>UNMH Pediatric Emergency Medicine</th>
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## Other

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Umesh, Joashi, MD</td>
<td>Pediatrics</td>
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</tbody>
</table>

b. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
c. Vote to re-open the meeting (Approval/Action)

XIII. Certification that only those matters described in Agenda Item XII were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session. (Approval/Action)

XIV. Adjourn Meeting (Approval/Action)
Disposition of Assets
Date: April 24, 2019

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – April 2019

Attached for your review and submission to the Board of Regents is the Property Disposition Detail list for the month of April 2019.

Consistent with UNM Board of Regents Policy 7.9 Property Management and the Disposition of Surplus Property Act, 13-6-1, NMSA 1978, and based upon documentation submitted by the UNM Hospitals’ departments responsible for the equipment, I certify that the equipment identified on the list is worn-out, unusable/unlocated or beyond useful life to the extent that the items are no longer economical or safe for continued use by UNM Hospitals. I recommend that the items be deleted from UNM Hospitals inventory and disposed of in accordance with the above noted Regents Policy and Surplus Property Act.
<p>| Property Disposition report | April 2019 |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Model</th>
<th>Quantity</th>
<th>Cost</th>
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<td>Dash 6000 Capsule OP F1630</td>
<td>DASH 6000</td>
<td>10440</td>
<td>117,615</td>
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<td>Auction</td>
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<td>Unused</td>
<td>Auction</td>
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- **Note:** Each row represents a different device or component with specifications and actions taken. The columns denote the date, description, model, quantity, cost, status, and action for each item.
UNM Hospital Board of Trustees
Recommendation to HSC Committee
April 2019

Approval

(1) Biosense Webster

Ownership: Biosense Webster (J & J)
33 Technology Drive
Irvine, CA 92618, USA

Officers Information: Shlomi Nachman, President

Requested action: As required by Section 7 of the Board or Regents Policy Manual, consent item approval is requested. For the project described below, UNM Hospitals requests the following actions, with action requested upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendations of approval to the UNMH Board of Trustees.
- UNMH Board of Trustees approval of and recommendation of approval to the UNM Board of Regents HSC Committee.
- UNM Board of Regents HSC Committee approval and recommendations of approval to the UNM Board of Regents.
- UNM Board of Regents approval.

Source of Funds: UNMH Operating Budget.

Description: Biosense Webster’s line of diagnostic and ablation catheters are used with the Cardio 3 System to allow the cardiac electrophysiologist unlimited options in their ablation procedures. The proprietary NAV catheters allow the Cardio 3 to start building the map of the patient’s heart as soon as the catheter is placed into the chamber of the heart that is being treated. The ablation catheters allow the physician to ablate, map and pace, all from the same catheter.

Usage has increased two fold over the past year in the Cath Lab. This is still a sole source and based on projections the Cath Lab will exceed the commitment level. Both Huron and Materials Management have reviewed and feel this is the best deal we can get at this time. Savings over the previous contract based on current spend trending will reduce by 12%- 18%.

Process: Sole Source

Previous Contract: Biosense Webster (J & J)
Previous Term: 2 years
Previous Contract Amount: $750,000.00

Total Cost: Supply cost is estimated at $1.4 million per year and a total cost of $1.4 million for the duration of the one year contract.
Repair, Renew, Replace Capital – Project 1209
University Pharmacy Renovation and Coumadin Clinic
CAPITAL PROJECT APPROVAL
1209 UNIVERSITY PHARMACY RENOVATION AND COUMADIN CLINIC
April 11, 2019

RECOMMENDED ACTION:
As required by Section 7.12 of 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 the 1209 University Pharmacy Renovation and new Coumadin Clinic. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNMH Board of Trustees.
- UNMH Board of Trustees approval of and recommendation of approval to the UNM Board of Regents HSC Committee.
- UNM Board of Regents HSC Committee approval and recommendation of approval to the UNM Board of Regents.
- UNM Board of Regents approval.

PROJECT DESCRIPTION:
This project is to move the existing Coumadin Clinic, currently located at the main hospital, to the 1209 University Blvd Pharmacy location and to renovate the existing 1209 Pharmacy to improve efficiency. This project will renovate and reduce the existing 5,213 square foot pharmacy to a more efficient 2,600 square feet, add a 305 square foot specialty pharmacy and include a 2,000 square foot Coumadin outpatient clinic. HVAC equipment will be replaced to provide reliable temperature control for temperature sensitive prescription drugs. The new Coumadin Clinic will have six consultation/exam rooms, office and staff space, medication room, and a waiting area for 18 patients. This project includes exterior building upgrades to a new exterior insulation and finish system (EIFS) to improve energy efficiency and parking lot upgrades. The project is anticipated to be completed in 3 phases of construction, while the Pharmacy continues to function.

RATIONALE:
The current 700 square foot Coumadin Clinic is located in the Main Hospital, and is in need of additional space for consultation/exams and the waiting area is insufficient. The 1209 Pharmacy is inefficient, is accommodating Specialty Pharmaceutical functions, but is not arranged according to industry standards.

PURCHASING PROCESS:
Project will be procured through competitive RFP process.

FUNDING:
Total project construction budget not to exceed $2,400,000 from the UNM Hospital Capital Renovation Fund.
Repair, Renew, Replace Capital Project – UPC Adult Inpatient BHICU, Comfort Rooms
CAPITAL PROJECT APPROVAL RESUBMITTAL
UNM HOSPITALS – UPC – ADULT INPATIENT – INPATIENT BHICU, COMFORT ROOMS

April 11, 2019

REQUESTED ACTION:
As required by Section 7.12 of 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 UPC – PES RENOVATION. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNMH Board of Trustees.
- UNMH Board of Trustees approval of and recommendation of approval to the UNM Board of Regents HSC Committee.
- UNM Board of Regents HSC Committee approval and recommendation of approval to the UNM Board of Regents.
- UNM Board of Regents approval

PROJECT DESCRIPTION:
Remodel of existing adult inpatient behavioral health units at the University Psychiatric Center (UPC). The scope of work includes a phased renovation of the East and West inpatient units to include the following:

1. Provide the following spaces/functions on each Unit.
   a. Behavioral Intensive Care patient room with visibility from the nurse station
   b. Comfort room (Sensory Room) as an alternative to seclusion and restraint.
   c. ADA compliant toilet room
   d. Nurse station Remodel
   e. Treatment room with direct access off the main corridor
   f. Dirty and clean utility rooms
   g. Housekeeping closet (separate from existing electrical infrastructure)

2. Displaced Services in Unit
   a. Clinician offices will be provided in the Atrium in lieu of displacement within the units due to modifications. Maintained area provided for patient activities.

RATIONALE:
The scope of work includes a phased renovation of the East and West Inpatient Units. The inpatient service provided has a total of 32 adult psychiatric beds divided between 2 units. This is a safety net hospital for acutely ill psychiatric patients most of whom have chronic psychiatric illness. Some of
these patients are highly aggressive and may be on street drugs. The average rate of stay is seven days with an 85% occupancy rate.

There are currently no private rooms within units, making milieu management very difficult at times, and addition of behavioral health intensive care rooms with nurse station visibility provides a private space for patients with high acuity and aggressiveness to recover in a less restrictive space, while keeping other patients on the unit safe. This area would include a bathroom and space for eating and relaxing. Providing a comfort room within each unit allows patients a place for voluntary respite. The addition of ADA compliant restroom and shower provides increase accessibility within units. Nurse station improvements provide increased staff interaction and patient satisfaction within units. Providing a treatment room with direct access to corridor increases staff safety with the process of admitting a patient and physical exam. Removal of non-required office space within the units provides expanded space for development of patient and support areas.

The current housekeeping closet does not meet code having a floor sink within 3’ of electrical panel. Separating the electrical panel from the housekeeping closet will bring the room to code compliance.

**Additional Scope:** UNMH requested additional scope for this project to include over door alarms on all inpatient doors in the east and west unit. This will resolve safety concerns illustrated in a recent behavioral facility report. Also, the relocation of water heater to provide ADA restroom/shower in east unit. Following environmental testing of area, additional funding is required for abatement.

**PURCHASING PROCESS:**
The architectural firm, Dekker Perich Sabatini was hired to provide design utilizing professional services RFP awarded for design of behavioral health facilities. Design documents will be submitted out for qualified public contractors using RFP (Request for Proposal).

**FUNDING:**
The original total project construction budget approved by Board of Regents on February 12, 2019 was $1,400,000.

UNMH is requesting an increase of the budget due to additional scope by $450,000 for a total project budget of $1,850,000 to complete this project. This will be funded over FY19 and FY20 via the Capital Renovation Fund. This project not to exceed $1,850,000.
Repair, Renew, Replace Capital Project – UPC PES
Expansion without IOP Conversion Plan
CAPITAL PROJECT APPROVAL RESUBMITTAL
UNM HOSPITALS – UPC – PES EXPANSION WITHOUT IOP CONVERSION PLAN

April 11, 2019

REQUESTED ACTION:
As required by Section 7.12 of 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 UPC – PES RENOVATION. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNMH Board of Trustees.
- UNMH Board of Trustees approval of and recommendation of approval to the UNM Board of Regents HSC Committee.
- UNM Board of Regents HSC Committee approval and recommendation of approval to the UNM Board of Regents.
- UNM Board of Regents approval

PROJECT DESCRIPTION:
Remodel existing Psychiatric Emergency Services (PES) at the University Psychiatric Center (UPC) for expansion of services which includes select program requests per Bernalillo County as follows:

1. Provide a clear separation between adult and pediatric patient populations.
2. Addition of observation room with four (4) adult recliners, and two (2) pediatric patient rooms while maintaining existing flexible patient room, and six (6) patient rooms.
3. Separated restrooms provided for adult patients, pediatric patients, and staff.
4. Expanded observation area with recliners to accommodate adult patients.
5. Interior padded sally port with law enforcement access to include decontamination area.
6. Additional support areas include soiled workroom, patient storage, and medication room.
7. Secured, interior vestibule for patient/visitors screening prior to entering lobby area.
8. Larger registration area with secluded staff access into area.

RATIONALE:
Psychiatric Emergency Services (PES) provides assessment and disposition of patients seeking emergent behavioral health services. Monthly, PES provides care to an average of 650 Adults and 100 Pediatric patients. Currently, PES will serve up to 21 Adult and 4 Pediatric patients with a peak total of 35 patients. These services may include medication administration; vital signs every shift, drug screening, prescriptions for psychotropic medications, crisis counseling, referrals to other support or treatment agencies, or admission to the University Psychiatric Center and Children’s Psychiatric Center inpatient programs.
Currently, PES contains six patient rooms without providing separation of adult and pediatric patient rooms or restrooms. Proposed separation of patient populations with centralized staff increases safety. The remodel would double the capacity of PES, increase throughput, providing additional community behavioral health services and support. Flexible patient rooms provides additional space to meet adult and pediatric patient demand. The interior sally port with a decontamination area, allows for smooth transition from law enforcement to UNMH decreasing potential physical harm and infection exposure. The interior vestibule provides an interior screening area for patients/visitors prior to entering common areas of facility.

Additional Scope: Following an internal determination, for the benefit of patients and staff an additional sequence of design/construction was added to provide temporary relocation of Psychiatric Emergency Services within the building rather than relocate it to an offsite location. This provides vacancy of area for expansion and remodel of Psychiatric Emergency Services as listed in the description.

PURCHASING PROCESS:
The architectural firm, Dekker Perich Sabatini was hired to provide design utilizing professional services RFP awarded for design of behavioral health facilities. Design documents will be submitted out for qualified public contractors using RFP (Request for Proposal).

FUNDING:
The original total project construction budget approved by Board of Regents on February 12, 2019 was $1,200,000.

UNMH is requesting an increase of the budget due to additional scope by $613,000 for a total project budget of $1,813,000 to complete this project. This will be funded over FY19 and FY20. This project not to exceed $1,813,000.
Repair, Renew, Replace Capital Project – UH Main Facilities Air Handling 117 Replacement
CAPITAL PROJECT APPROVAL
PROJECT NAME: UH MAIN FACILITIES Air Handling Unit (AHU) 117 REPLACEMENT
April 11, 2019

RECOMMENDED ACTION:
As required by Section 7.12 of 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 The UH Main Facilities Air Handling Unit (AHU) 117 Replacement. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNMH Board of Trustees.
- UNMH Board of Trustees approval of and recommendation of approval to the UNM Board of Regents HSC Committee.
- UNM Board of Regents HSC Committee approval and recommendation of approval to the UNM Board of Regents.
- UNM Board of Regents approval

PROJECT DESCRIPTION:
The scope of this project includes equipment change out of an existing UH Main Air Handling Unit 117, associated condensing units, electrical, enclosure modifications and duct work.

RATIONALE:
UH Main AHU 117 is over 25 years old, beyond its useful life and must be replaced. This project will increase the outside air this unit provides to patient areas 3rd, 4th & 5th floors of the east wing, provide dual condensing units as well as a nine-unit fan wall instead of a single large fan. Redundancy and reliability will be increased substantially.

PURCHASING PROCESS:
UNM Hospital will procure this work through the UNM Hospitals Vizient Job Order Contract with J.B. Henderson (JBH). JBH was selected because of their reputation as well as previous successful HVAC projects at UNM Hospitals. JBH self performs mechanical and plumbing aspects of any project they are prime contractors for. This is a great assurance of outcome and provides for greater control of schedules and quality which this project is primarily composed of those disciples.

FUNDING:
Total project construction budget is not to exceed $473,000.00 from the UNM Hospitals Capital Renovation Fund.
### Agenda Item | Subject/Discussion | Action/Responsible Person
--- | --- | ---
**Voting Members Present** | Dr. Jerry McDowell, Ms. Christine Glidden, Dr. Raymond Loretto, Ms. Debbie Johnson, Mr. Nick Estes, Mr. Erik Lujan, Dr. Jennifer Phillips, and Mr. Joseph Alarid |  
**Ex-Officio Members Present** | Dr. Michael Richards, Mrs. Kate Becker, Dr. Davin Quinn, and Mr. Rob Schwartz |  
**County Officials Present** | Mr. 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 | Dr. Jerry McDowell, Chair, and Mrs. Kate Becker welcomed Professor Rob Schwartz as an Ex-Officio Member of the Board of Trustees (Board of Regents Appointment) |  
III. Adoption of Agenda | Dr. Jerry McDowell, Chair, requested a motion to adopt the Agenda |  
IV. Consent Approval | Mrs. Bonnie White presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Nick Estes stated the UNMH BOT Finance Committee discussed/reviewed the Consent Items and recommend approval by the full Board of Trustees.  
- Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement ($800,000)  
- Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel ($542,021) |  
V. Public Input | No Public Input |  
VI. Approval of Minutes | Dr. Jerry McDowell, Chair, requested a motion to approve the February 22, 2019 UNMH Board of Trustees Meeting Minutes. |  

Mr. Nick Estes made a motion to approve the Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement Consent Item as presented by Mrs. Bonnie White. Ms. Debbie Johnson seconded. Motion passed with no objections.

Mr. Nick Estes made a motion to approve the Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel Consent Item as presented by Mrs. Bonnie White. Ms. Debbie Johnson seconded. Motion passed with no objections.

Dr. Jennifer Phillips made a motion to approve the February 22, 2019 UNMH Board of Trustees Meeting Minutes. Mr. Nick Estes seconded. Motion passed unanimously.
### VII. Mission Moment

Ms. Lori Ponge, Executive Director, Children’s Psychiatric Center, presented “Child Psychiatric Center Saves Lives” (presentation included in BoardBook).

Mr. Rodney McNease gave a brief summary of the Behavioral Health Department. Dr. Davin Quinn indicated that Ms. Ponge’s presentation shows how important the relationship is between the hospital and law enforcement; a huge amount of behavioral health provided by staff is a benefit to patients.

### VIII. Action Items

Dr. Raymond Loretto requested a report outlining logistics Level 1, 2 and 3 Trauma Center(s); perhaps a presentation from Trauma personnel

### IX. Board Initiatives

- **Chairman’s Report**: Dr. Jerry McDowell, Chair, reported that he and Mrs. Kate Becker recently met with Regent Schwartz and gave him an overview of UNMH and the Board of Trustees.

  Dr. Jerry McDowell thanked Mrs. Debbie Johnson for her willingness to continue as a Trustee until a replacement is announced. Chair McDowell indicated his term will end in June and a nominee is needed to replace his position. There is an upcoming meeting scheduled with Dr. Roth’s office to discuss replacement nominee(s). Dr. McDowell requested Trustees submit nominee names and justification to him within the next couple of weeks. Per the new policy, nominees would be brought to the full Board of Trustees for approval and those approved, would move to the HSC Committee and then the Board of Regents for approval. Diversity is important to the Board of Trustees.

  Dr. McDowell indicated he will meet with the Executive Committee to discuss Board of Trustee Officers to bring to the full Board for approval.

- **Infection Prevention and Control Plan 2019** (Plan in BoardBook): Dr. Michael Chicarelli presented the Infection Prevention and Control Plan 2019 as was discussed at the UNMH BOT Quality and Safety Committee.

- **Mission Excellence Update**: Sara Frasch, Ph.D. presented an update on Mission Excellence – Why Mission Excellence? Enhance provider and staff satisfaction and engagement; produce high-quality outcomes; improve the patient experience; align our Health System (presentation in BoardBook)

  Sara Frasch, Ph.D., gave a presentation on Employee Assistance Program and Hot Line Complaint Process (presentation in BoardBook)

  Ms. Bonnie White presented the Fiscal Year 2019 Capital Budget Revision and Fiscal Year 2020 Capital Budget (report in BoardBook). Mr. Nick Estes reported the Finance Committee heard presentation and recommend approval by full Board of Trustees.

Dr. Raymond Loretto made a motion to approve the Infection Prevention and Control Plan 2019. Ms. Christine Glidden seconded. Motion passed unanimously.

Mr. Nick Estes made a motion to approve the FY19 Capital Budget Revision and FY20 Capital Budget. Mr. Erik Lujan seconded. Motion passed unanimously.
| X. Administrative Reports | Chancellor for Health Sciences: Paul Roth, MD, introduced Ms. Jessica Kelly, Sr. Policy Analyst, who took lead on Legislature process. Ms. Kelly gave an update on the recent Legislative Session.  
Michael Richards, MD, gave an update an HSC Committee Update (report in BoardBook)  
CEO Report UNM Hospitals: Mrs. Kate Becker reported the Governor has approved $30 million Capital Appropriations to support the hospital. The hospital team is working on implementation of the recently passed Gross Receipt Tax.  
Mrs. Becker stated there was a very nice/positive article in the Albuquerque Journal “Letters To The Editor” section from a patient complimenting the nurse team (“I would honestly say that these staff members were outstanding and run the department in the same great way I had experience at Memorial Sloan Kettering. Thanks again for the amazing – and consistently amazing – care I received, not just for a single night, but every night I was there…..”).  
UNM Board of Regents Update: Mrs. Kate Becker announced the appointment of Regent Schwartz as an Ex-Officio Member of the Board of Trustees.  
CMO Report UNM Hospitals: Irene Agostini, MD reported that the ER continues to be busy with high volume of patients. Dr. Agostini thanked all the CEOs, Dr. Mike Chicarelli and Mrs. Kris Sanchez and their teams for the huge commitment this year to Doctors’ Day. |
| --- | --- |
| XI. Committee Reports | Quality and Safety Committee: Dr. Raymond Loretto, Secretary, gave a brief summary of the March Quality and Safety Committee Meeting.  
Finance Committee: Mr. Nick Estes gave a brief summary of the March Finance Committee Meeting.  
Audit and Compliance Committee: N/A – no meeting held in March.  
Native American Services Committee: Mr. Erik Lujan reported the committee discussed the upcoming APCG Tribal Council Meeting and how to streamline relations with Native Americans with UNMH.  
Community Engagement Committee: Mrs. Christine Glidden, Co-Chair, stated that Dr. Arthur Kaufman gave an informal presentation to the committee on health and health outcomes. |
| XII. Other Business | Mrs. Bonnie White reviewed the February Financials (report is in BoardBook) |
| XIII. Closed Session | At 11:36 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session. Dr. Raymond Loretto made a motion to close the Open Session and move to the Closed Session. Ms. Debbie Johnson seconded the motion. Per Roll Call, the motion passed. |
## Roll Call:
- Dr. Jerry McDowell - Yes
- Dr. Raymond Loretto – Yes
- Mr. Erik Lujan - Yes
- Dr. Jennifer Phillips - Yes
- Mr. Nick Estes – Yes
- Ms. Debbie Johnson - Yes
- Ms. Christine Glidden – Not Present During Vote
- Mr. Terry Horn – Not Present During Vote
- Mr. Joseph Alarid – Not Present During Vote

### XIV. 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
At 12:06 PM, Dr. Jerry McDowell, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.

Mr. Nick Estes made a motion to close the Closed Session and return to the Open Session. Dr. Raymond Loretto seconded the motion. Per Roll Call, the motion passed.

Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the following 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.

- UNMH Community Engagement Committee 02/08/19 Meeting Minutes
- Medical Executive Committee (MEC) 02/20/2019 Meeting Minutes
- UNMH BOT Finance Committee 02/20/2019 Meeting Minutes

The Board of Trustees acknowledged receipt of the following:

- UNMH Community Engagement Committee 02/08/19 Meeting Minutes
- Medical Executive Committee (MEC) 02/20/2019 Meeting Minutes
- UNMH BOT Finance Committee 02/20/2019 Meeting Minutes
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNMH BOT Native American Services Committee 02/20/2019 Meeting Minutes</td>
<td>UNMH BOT Native American Services Committee 02/20/2019 Meeting Minutes</td>
</tr>
<tr>
<td>UNMH BOT Quality and Safety Committee 02/21/19 Minutes</td>
<td>UNMH BOT Quality and Safety Committee 02/21/19 Minutes</td>
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</tbody>
</table>

Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:

Dr. Raymond Loretto made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Dr. Jennifer Phillips seconded. The motion passed unanimously.

Adjournment

The next scheduled Board of Trustees Meeting will take place on Friday, April 26, 2019 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.

Dr. Raymond Loretto made a motion to adjourn the meeting. Dr. Jennifer Phillips seconded. The motion passed unanimously. The meeting was adjourned at 12:07 PM.
Our Mission Moment:

Why We Are? The Best in Patient Care

- Beth J. Jones, RN, MSN, CCRN-CSC, Unit Director, 7 South Coronary Care Unit
I am writing this letter to say thank you, even though those two simple words don't seem enough.

On September 17, 2018, I was admitted to UNMH for surgery to remove cancer from my esophagus and stomach. As I have come to learn, cancer doesn't care who you are, how many children you have, or how much life you've lived. As I have also come to learn, the people who choose to suit up and fight it like those at UNMH are the most dedicated, skillful, and caring people I have ever met.

When I first came to the hospital, I anticipated one surgery. Due to multiple complications, I ended up needing three major surgeries and spent almost two months in the hospital, complete with two stints in ICU. Needless to say, this stage of my battle with cancer was longer and more difficult than I could have imagined. It pushed me to the very brink of my spiritual and physical capacity, and there were many days when I had dwindling hope and wondered where the strength to fight on was going to come from.

First, it came from the love of my family, but like me they had never been through anything like this, and we were all scared and unsure. We got strength and inspiration from the countless doctors, nurses, and staff who made our family's well being their mission. Including the ICU nurses, the radiology staff and laboratory technicians who exhibited the utmost care and concern for my condition.
The Moment

• When something life-changing like this happens to a person, it happens to a whole family. I wasn’t the only one who spent time in the hospital. My wife was a constant support and always at my side - even sleeping there many nights. My brother and my three daughters spent every moment they could with me. This meant every doctor and nurse had not one, but six people's hearts to care for and they did so with superb grace and patience.

• There are so many people to thank, but I must begin with Dr. Jess Swartz. It was obvious from the beginning how seriously and personally he takes his work and as my case got more serious, it got more personal. He went above and beyond to connect with me as a person, not just as his patient. I trusted his expertise and skill as a physician from the outset but as my case progressed, daily visits, extended check-ins, and long conversations with Dr. Swartz made me trust his heart as a fellow human. I must also thank his entire team for their dedication and professionalism. Ted Gellert, Sherry Kenna and Shelby Sheldon all made me feel like a priority. I felt that they were truly invested in my case and this was greatly appreciated by me and my family. Thanks to Dr. Victor Phouc and his staff for joining the medical team. His assistance and expertise was important in my treatment and healing.
“...My Family and the UNMH Family Were One...”

• Spending extended time in a hospital is a trying experience to say the least, but everyone at 7 South brightened it in ways big and small. I must extend deep gratitude to all the nurses and techs for getting me through each day. Impromptu dance parties in my room, always keeping my cup of ice filled, the constant availability of hugs, or quiet moments of deep conversation, made me feel profoundly connected to each of these nurses, many of whom still check on me months after being discharged. Every one of these nurses always had a smile and never forgot to ask what they could do for me or for my family. They kept me going in my darkest hour. Their professionalism and compassion for their patients and families was amazing. I could not have made it without them. I consider them my Angels! God bless them all for restoring hope and dignity to my life.

• As I reflect back on this experience, I know that many good hospitals could have helped me through this experience physically, but the personal care I received at UNMH went above and beyond mere physical care. I never felt like “Patient X,” they made their work about me and my entire family. I may never see most of these people again, but for the entire time I spent there, my family and the UNMH family were one.

• I would like to commend these employees and their departments for their dedication to their craft and amazing abilities. I have never been treated so well and with so much respect. A true breath of fresh air for the medical profession.

• Thank you, from the bottom of my heart.
The Team

- Dr. Jess Swartz
- Dr. Victor Phouc
- Beth J. Jones, RN, MSN, CCRN-CSC
- Ted Gellert, PA-C
- Sherry Kenna, NP
- Shelby Sheldon, NP
Press Ganey Past Provider Engagement Results and Methodology
Agenda

▪ UNMH Mission Excellence - Framework
  ▪ Provider Engagement & Improving the Clinical Environment

▪ Review of Provider Pulse Measurements & Insights:
  ▪ 2015-2018 Survey Design and Trends
  ▪ 2017 Census and 2018 Recurring Pulse Results review

▪ Partnership Recommendations
  ▪ Strategic Alignment around Provider Engagement & the Clinical Environment
  ▪ Optimizing the Organizational Partnership
  ▪ Supporting your Improvement Journey
UNMH MISSION: Excellence Framework

- Clinician Well-Being & Professional Fulfillment
  - Organizational Effectiveness
  - Factors:
    - System Efficiencies;
    - Professional Culture;
    - Personal Resilience
  - Practice Efficiency

- UNMH Charge:
  - Optimize the Clinical Environment
2015-2018 Provider Pulse Insights
Overview of the Provider 2015-2018 Survey Plan

▪ **Start:** Fall 2015  
  - 17 Question survey with 2 Open Ended (as defined by UNM) for **ALL Providers**  
  - Includes an Executive Overview and Advisory Support  
  - Breakouts by Specialty and Comment Analysis

▪ **Ongoing:** Fall 2016 & Winter 2017  
  - Same 17 Question survey or as short as a 6-Question Survey – UNM CHOICE  
  - **One third** of Provider population (600) invited to each of the **3 Pulse survey**  
  - High Level results only

▪ **Follow-Up:** Spring 2017  
  - 25 Question survey with **3 Open Ended questions** (as defined by UNM) for **ALL Providers**  
    - 17 Question legacy Pulse + 8 Question RESILIENCE Module  
  - Includes an Executive Overview and Advisory Support  
  - Breakouts by Specialty and **Comment Analysis**

▪ **Finish:** Summer 2018  
  - 25 Question survey with 2 Open-Ended questions  
    - 17 Question legacy Pulse + 8 Question RESILIENCE Module  
  - **One third** of Provider population (600) invited to the Pulse survey  
  - High Level results only
Results for Spring 2017 & Summer 2018 Surveys

<table>
<thead>
<tr>
<th>2017 CENSUS &amp; 2018 RECURRING PULSE METRICS</th>
<th>Spring 2017 (RR=52%)</th>
<th>Summer 2018 (RR=49%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engagement</td>
<td>Alignment</td>
</tr>
<tr>
<td>PHYSICIAN</td>
<td>3.54</td>
<td>3.16</td>
</tr>
<tr>
<td>APP</td>
<td>3.82</td>
<td>3.52</td>
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**Key Question Highlights: HIGHEST PERFORMING MEASURE**

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<tbody>
<tr>
<td>2. I can easily communicate any ideas and/or concerns I may have to leadership.</td>
<td>LDR</td>
<td>3.74</td>
<td>17%</td>
<td>+.04</td>
<td>+.08</td>
<td>-.06</td>
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**Key Question Highlights: LOWEST PERFORMING MEASURES**

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<tr>
<td>5. This hospital treats providers with respect.</td>
<td>LDR</td>
<td>3.14</td>
<td>29%</td>
<td>-.66</td>
<td>-.62</td>
<td>-.10</td>
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<tr>
<td>6. Overall, I am satisfied with the performance of the Health System's senior leadership.</td>
<td>LDR</td>
<td>3.06</td>
<td>31%</td>
<td>-.63</td>
<td>-.62</td>
<td>+.03</td>
<td></td>
</tr>
<tr>
<td>4. I have confidence in the Health System's senior leadership.</td>
<td>LDR</td>
<td>3.07</td>
<td>30%</td>
<td>-.59</td>
<td>-.56</td>
<td>+.01</td>
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</tbody>
</table>
Engagement/Alignment Trending

- **Response rate** ranged from 40-52% with 2017 & 2018 at 50% +/- 2%
  - Our National Average is = 45%. Providers engaged enough to participate
- **Engagement** Indicator is essentially flat survey over survey
- **Alignment** Indicator showed immediate improvement, had a statistically significant increase from the 2015 to the 2017 Census Pulse, and improvement is maintained

*Percentile rank based on Physician Nat’l Academic Healthcare norm*
Resilience: Early Warning System for Burnout

**Activation:** the ability to engage patients and others as individuals and derive intrinsic value from work (at work)
- UNM score is **not significantly different from the national average**.
- Slight decline from 2017 to 2018 is not significant

**Decompression:** the ability to disconnect and “recharge” (outside of work)
- UNM score is **significantly lower than the national average**.
- Slight increase from 2017 to 2018 is not significant
**Provider Comments:**

**What’s Working** / **Could be Better** / **Resilience**

- *This hospital does give good patient care.* I think it is because the people who stay here really do care about the needs of their patients and serving the people of NM. *If they didn’t have this altruistic approach to medicine they would leave* because of the pay and difficulties of working within the UNM system.

- I am excited to see how the new leadership team does. This is a mid-transition period, so I answered neutral to leadership questions. *I think there is reason to be encouraged, and I remain optimistic.*

- The physicians need more control over their practice environment. An example is centralized scheduling. this does not work for our specialty.

- Simple. *Tell providers that you appreciate what they are doing.*

- *The communication around Mission Excellence and strong desire to make improvements* to improve provider well-being, as well as patient care.

- *Talk to the providers more often* and be responsive to their need.

- *Include medical staff and providers when making decisions that affect the way they practice medicine.*Administrators carry a lot of responsibility to keep the hospital financially solvent, but they may not fully understand how decisions impact patient care.

- *“Excessive silos, interdisciplinary communication can be challenging, which leads to fragmentation of care,* excessive spending of medical resources on a small subgroup of high utilizers, and replication of services that may have already been provided by someone else in the recent past.”
Our Challenge...Our Responsibility

CONTINUUM OF CARE

- Safe
- High Quality
- Patient-Centered

Patient Experience

Engaged, Resilient Care Teams

TeleHealth | Virtual Visits | Physician | Acute | Post Acute | Home | Hospice | Reputation
Alignment: Clinical Environment Insights

- **Provider Insights (2015 – 2018)**
  - Concern: 47% responded unfavorably to “It is easy to care for patients at UNM”
  - Concerns: Respect for Providers, Confidence in Leadership
  - Comments: Staffing, tools & resources, quality of patient care, Listening & inclusion
  - Theme: Excessive silos & interdisciplinary communication challenges driving fragmented care.

- **Employee Insights (2014-2018)**

- **Teamwork & Communications**
  - Concern: Communication between departments/groups
  - Concern: Teamwork and Staffing Concerns
  - Drivers: Delivering High Quality Care / Respect for Employees

- **Patient Insights (2018 Key Drivers)**

- **Teamwork driven Care**
  - Inpatient: Staff worked Together – to care for you
  - Medical Practice: Staff worked Together
  - Ambulatory Surgery: Degree Staff worked Together
  - Emergency Depart.: Staff cared about You as a Person
  - Outpatient: Staff worked Together to Provide Care
Strategic Acquisitions & Partnerships Build upon Press Ganey’s Capabilities

<table>
<thead>
<tr>
<th>Patient Experience</th>
<th>Workforce &amp; Engagement</th>
<th>Clinical Excellence</th>
<th>Safety &amp; High Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Logos of PatientImpact, avatar, Bivarus, HealthStream, iRound]</td>
<td>[Logos of MOREHEAD, avatar, Bivarus, HealthStream, iRound]</td>
<td>[Logos of Data Advantage Corp., Qi, DCS, NDNQI, CALNOC]</td>
<td>[Logos of PatientFlow Technology, HPI]</td>
</tr>
</tbody>
</table>

2009 - 2019

binaryfountain (strategic partner)

45/93
Go-Forward Recommendation

- **Pulse Surveys provides Directional Insights but not Depth**
  - Ideal for the purpose of a **Scorecard metric**
  - By itself, **lacks key driver measures** to inform an Integrated Improvement Strategy

- **Analysis as shared, does illustrate Actionable Insights**
  - Provider **insights validated when aligned** with the deeper Employee and Patient measures
  - **Communication & Teamwork** indicate common Clinical Environment themes

- **RECOMMENDATIONS: Leverage & Align all available Measures and Resources**
  - Optimizing the **Clinical Environment includes Provider, Employee & Patient Experiences**
  - The Provider measurement tool should match the design of the Employee tool
    - While remaining Brief
  - An Organizational Framework should be focused around an **aligned, unified Strategy**
    - Improvement in two-way communication and teamwork recognition
  - Leverage **Organizational & Vendor-Partner alignments** to measure, support & improve
Aligning to Deliver on the Patient, (& Caregiver) Promise

The Problem
The typical approach to performance improvement consists of unique initiatives within individual functions, each targeting individual goals that do not consider the relationships and important connections to advance improvement across the organization.

The Consequence
Focusing solely on individual metrics and priorities rather than on collective impact of meeting patient needs can result in inconsistent delivery of care, variable quality, inefficient processes, a disengaged workforce, and lack of necessary support of top-level administration.

[Diagram showing interconnections between Safety, Quality, Experience of Care, Caregiver Engagement, and Process Improvement]
The Goal: Mission Excellence: Optimizing the Clinical Environment

Holistic approach focused on one culture of human performance, operational improvement, and clinical excellence to meet patient needs across the continuum of care.

**HIGH RELIABILITY** enables the entire organization to perform at the highest standards, consistently over time. It is the chassis that supports improvement across the organization, across safety, quality and experience of care.

Accelerate change by understanding the relationships between safety, quality, engagement and patient experience to build a focused improvement strategy to drive outcomes and sustain improvement across all measures.
Thank-you for your Partnership
### 2017 Highest Performing Items: *All* Participants

<table>
<thead>
<tr>
<th>HIGHEST PERFORMING ITEMS Compared to the National Physician Average</th>
<th>Domain</th>
<th>2017 UNMHS Census Pulse All</th>
<th>% Unfav</th>
<th>Difference from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can easily communicate any ideas and/or concerns I may have to leadership.</td>
<td>LDR</td>
<td>3.80</td>
<td>14%</td>
<td>+.12</td>
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<tr>
<td>The work I do makes a real difference.</td>
<td>STF</td>
<td>4.51</td>
<td>1%</td>
<td>+.05</td>
</tr>
<tr>
<td>I am able to disconnect from work communications during my free time (emails/phone etc.).</td>
<td>STF</td>
<td>3.04</td>
<td>39%</td>
<td>+.05</td>
</tr>
<tr>
<td>My work is meaningful.</td>
<td>STF</td>
<td>4.57</td>
<td>0%</td>
<td>+.01</td>
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</table>
### 2017 Lowest Performing Items: All Participants

| Domain | 2017 UNMHS Census Pulse All | % Unfav | Difference from: 
<table>
<thead>
<tr>
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<td>Overall, I am satisfied with the performance of the Health System’s senior leadership.</td>
<td>LDR</td>
<td>3.03</td>
<td>32%</td>
</tr>
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<td>I have confidence in the Health System’s senior leadership.</td>
<td>LDR</td>
<td>3.06</td>
<td>30%</td>
</tr>
<tr>
<td>This hospital treats providers with respect.</td>
<td>LDR</td>
<td>3.24</td>
<td>27%</td>
</tr>
<tr>
<td>I would recommend the UNM Health System to others as a good place to practice medicine.</td>
<td>E.I.</td>
<td>3.49</td>
<td>18%</td>
</tr>
<tr>
<td>Overall, I am satisfied working with this organization.</td>
<td>E.I.</td>
<td>3.49</td>
<td>20%</td>
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### 2018 Highest Performing Items vs. Natl Phys Avg: *All* Respondents

<table>
<thead>
<tr>
<th>Item</th>
<th>Domain</th>
<th>2018 UNM</th>
<th>% Unfav</th>
<th>Natl Phys Avg</th>
<th>Natl Acad Phys Avg</th>
<th>2017 UNM</th>
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<td>2. I can easily communicate any ideas and/or concerns I may have to leadership.</td>
<td>LDR</td>
<td>3.74</td>
<td>17%</td>
<td>+.04</td>
<td>+.08</td>
<td>-.06</td>
</tr>
</tbody>
</table>
### 2018 Lowest Performing Items vs. Natl Phys Avg:

**All** Respondents

<table>
<thead>
<tr>
<th>Item</th>
<th>Domain</th>
<th>2018 UNM</th>
<th>% Unfav</th>
<th>Natl Phys Avg</th>
<th>Natl Acad Phys Avg</th>
<th>2017 UNM</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. This hospital treats providers with respect.</td>
<td>LDR</td>
<td>3.14</td>
<td>29%</td>
<td>-.66</td>
<td>-.62</td>
<td>-.10</td>
</tr>
<tr>
<td>6. Overall, I am satisfied with the performance of the Health System's senior leadership.</td>
<td>LDR</td>
<td>3.06</td>
<td>31%</td>
<td>-.63</td>
<td>-.62</td>
<td>+.03</td>
</tr>
<tr>
<td>4. I have confidence in the Health System's senior leadership.</td>
<td>LDR</td>
<td>3.07</td>
<td>30%</td>
<td>-.59</td>
<td>-.56</td>
<td>+.01</td>
</tr>
<tr>
<td>3. The Health System's senior leadership is responsive to feedback from providers.</td>
<td>LDR</td>
<td>2.99</td>
<td>34%</td>
<td>-.52</td>
<td>-.49</td>
<td>-.03</td>
</tr>
<tr>
<td>20. I rarely lose sleep over work issues.</td>
<td>STF</td>
<td>3.15</td>
<td>33%</td>
<td>-.16</td>
<td>-.07</td>
<td>+.01</td>
</tr>
</tbody>
</table>
FY20 Operating Budget
• Inpatient beds at capacity
  • Length of Stay reductions necessary to increase capacity

• Increased surgical volumes

• Outpatient volumes increases

• Impact of Gross Receipts Tax

• Pending outcomes of Medicaid State Appropriation

• High level operational improvement assumptions
  • Revenue cycle operations improvements
    • Improved collections
    • Improved Case Mix Index
    • Improved charge capture
    • Specialty Pharmacy
  • Expense reductions
    • Workforce management
    • Supply expense management
    • Vendor management

• Behavioral Health Program Development
Overview of Budget Process

• Statistics
  • Developed from current trends and known changes in providers/programs
  • Includes assumptions on new recruitments of providers
  • Includes assumptions on access improvements
  • Projections coordinated across the Health System (Hospitals, Medical Group, School of Medicine)

• Revenues
  • Current year as base line
  • Incorporates changes in projected statistics
  • Includes assumptions on payer reimbursement (Medicare, Medicaid, contracted payers)
  • Operational improvements included

• Expenses
  • FTEs in alignment with volume changes
  • Standard inflation assumptions
  • Incorporate known changes to line items
  • Operational improvements to be included top level and departmentalized as further identified

• Non operating revenues/expenses
  • Current year as base line
  • Mil Levy increased based on historical increases
  • Interest Expense based on amortization schedule
  • Donations based on historical trend
## FY 20 Budget Statistics

<table>
<thead>
<tr>
<th></th>
<th>FY17 Actual</th>
<th>FY18 Actual</th>
<th>FY19 Projected</th>
<th>FY20 Budget</th>
<th>Incr / (Decr) from FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Division</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>157,424</td>
<td>156,667</td>
<td>153,294</td>
<td>153,162</td>
<td>-0.1%</td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>25,248</td>
<td>25,407</td>
<td>24,829</td>
<td>26,471</td>
<td>6.6%</td>
</tr>
<tr>
<td>Observation Days</td>
<td>12,749</td>
<td>13,416</td>
<td>14,719</td>
<td>14,834</td>
<td>0.8%</td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>7,892</td>
<td>9,863</td>
<td>10,054</td>
<td>10,719</td>
<td>6.6%</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>78,467</td>
<td>89,022</td>
<td>79,546</td>
<td>84,915</td>
<td>6.7%</td>
</tr>
<tr>
<td>Urgent Care Visits</td>
<td>17,613</td>
<td>20,867</td>
<td>20,712</td>
<td>23,000</td>
<td>11.0%</td>
</tr>
<tr>
<td>Operations</td>
<td>20,887</td>
<td>20,404</td>
<td>19,905</td>
<td>20,712</td>
<td>4.1%</td>
</tr>
<tr>
<td>Births</td>
<td>2,867</td>
<td>2,987</td>
<td>2,970</td>
<td>2,971</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Ambulatory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Clinics</td>
<td>159,816</td>
<td>162,051</td>
<td>168,717</td>
<td>176,211</td>
<td>4.4%</td>
</tr>
<tr>
<td>Specialty Clinics</td>
<td>361,913</td>
<td>389,355</td>
<td>378,558</td>
<td>385,127</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Ancillary Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Services</td>
<td>2,851,028</td>
<td>2,849,008</td>
<td>2,840,877</td>
<td>2,872,037</td>
<td>1.1%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>4,059,797</td>
<td>4,105,885</td>
<td>4,190,112</td>
<td>4,195,231</td>
<td>0.1%</td>
</tr>
<tr>
<td>Radiology</td>
<td>317,278</td>
<td>321,074</td>
<td>322,515</td>
<td>326,339</td>
<td>1.2%</td>
</tr>
<tr>
<td>Rehab Services</td>
<td>590,434</td>
<td>597,166</td>
<td>566,380</td>
<td>600,304</td>
<td>6.0%</td>
</tr>
<tr>
<td><strong>Case Mix Index</strong></td>
<td>1.86</td>
<td>1.99</td>
<td>1.99</td>
<td>2.07</td>
<td>4%</td>
</tr>
</tbody>
</table>

59/93
<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actual</th>
<th>FY2018 Actual</th>
<th>FY2019 Projected</th>
<th>FY2020 Budget</th>
<th>% Incr / (Decr) from FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Days</td>
<td>23,301</td>
<td>23,809</td>
<td>23,680</td>
<td>23,934</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other Stats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>45,229</td>
<td>49,971</td>
<td>59,899</td>
<td>64,778</td>
<td>8.1%</td>
</tr>
<tr>
<td>Midlevel</td>
<td>95,447</td>
<td>105,165</td>
<td>102,638</td>
<td>105,835</td>
<td>3.1%</td>
</tr>
<tr>
<td>Methadone &amp; Buprenorphine</td>
<td>149,971</td>
<td>146,096</td>
<td>148,805</td>
<td>148,805</td>
<td>0.0%</td>
</tr>
<tr>
<td>Average Patients per day</td>
<td>411</td>
<td>400</td>
<td>408</td>
<td>408</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
• Increased Volumes - $13.3 million
  • Inpatient access and throughput
    – Increase UNMH discharges based on 10% (.6 days) reduction in Adult LOS – additional 1,600 discharges
    – Maintain ratio of Adult IP/Observation discharges
  • Increase Ambulatory access and throughput
    – Increase clinic & surgical volumes
      – Primary Care Clinics preliminary increase 4.4%
      – Specialty Clinics preliminary increase 1.7%
      – Surgeries preliminary increase 4.1%

• Revenue Cycle Operational Improvement – $22.0 million
  • Case Mix Index Improvement 4%
  • Charge Capture Improvement
  • Denial Avoidance
  • Improved Workflows
  • Specialty Pharmacy Enhancement
• Medicaid Reductions under renegotiated Centennial Care 2.0 Contracts – ($27 million)
  – Continued pressure from MCO’s for reductions
  – Redistribution of Medicaid patients
    – Presbyterian 57%
    – Blue Cross Blue Shield 33%
    – Western Sky 10%
• State Appropriation for Medicaid to increase rates for Hospitals – Estimated at $21 million
  – Details to be determined by NM HSD
  – Estimating rate changes with offset new Gross Receipts Tax (GRT), resulting in $0 impact to UNMH
• Medicare Uncompensated Care decreases based on regulation changes – ($2.5 million)
• 340B Medicare Payment Reduction litigation pending – no changes estimated for FY20
• Medicaid Buy In – no impact on FY20
FY20 Expense Budget

- Compensation and benefits increase - $20 million
  - Compensation increase
  - Salary Market Analysis
  - New Behavioral Health Programs
  - Operational improvement impacts
- Physician Services 2% increase - $2.6M
- Housestaff – 2% increase and 13.7 new FTEs
  - Addiction Medicine
  - Complex Surgical Oncology
  - Dermatology
  - Gynecologic Oncology
  - Interventional Radiology
  - Neurology (Neurological Surgery, Vascular Neurology, Child Neurology)
  - Otolaryngology
  - Physical Medicine and Rehabilitation
  - Plastic Surgery
  - Psychiatry
FY20 Expense Budget

• Supplies increase - $11.4 million increase
  • General supplies - 3% inflation
  • Pharmaceuticals - 4% inflation
  • Volume increase in surgical services, cancer center and discharges
  • Operational Improvement – improved vendor contracting, standardization of products

• Equipment/Occupancy/Depreciation - $5.6 million increase
  • OB/Maternity EHR
  • Ophthalmology EHR
  • Case Management
  • Electronic Prescription
  • Real-Time Eligibility
  • Employee Scheduling and Productivity
  • Cost Accounting
  • Utilities inflation
  • Property Insurance increase from State Risk Management

• Purchased Services/Supplies/Other
  • Inflation increases on remote hosted software
  • Inflation on other supplies and other (food services, housekeeping, shipping)
• Non Operating Revenue and Expense
  • Mill levy – 1.0% increase
  • State Appropriations – $1.5 million for state funded salary and fringe increases
  • HSC Mission Support - replaced by additional Medicaid funding to be received by UNM Medical Group
  • Interest Expense – decrease as per debt service schedule
  • Reserve for Facility Replacement – Board designated funds for future replacement of aging facilities
• MDC Discharge Planning
• Resource Re-entry Center
• Pathways Program Expansion
• Expansion of Case Management Services
• Fast Track program for high needs behavioral health patients released from MDC
• Expansion and renovation of Psychiatric Emergency Services with expanded observation capacity for adults
• Behavioral Health Home expansion for high needs patients
• MATS program Development
<table>
<thead>
<tr>
<th></th>
<th>FY2017 Actuals</th>
<th>FY2018 Actuals</th>
<th>FY2019 Reforecast</th>
<th>FY2020 Budget</th>
<th>FY19 to FY20 Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Operating Revenues</strong></td>
<td>$957,974,027</td>
<td>$996,167,228</td>
<td>$1,036,438,110</td>
<td>$1,083,866,032</td>
<td>$47,427,922</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housestaff</td>
<td>$29,604,190</td>
<td>$30,475,561</td>
<td>$32,879,755</td>
<td>$34,636,505</td>
<td>$1,756,750</td>
</tr>
<tr>
<td>UCP</td>
<td>$76,506,746</td>
<td>$79,901,490</td>
<td>$81,552,097</td>
<td>$81,249,975</td>
<td>($302,122)</td>
</tr>
<tr>
<td>Cancer Center</td>
<td>$20,707,898</td>
<td>$20,538,720</td>
<td>$24,441,923</td>
<td>$27,271,363</td>
<td>$2,829,440</td>
</tr>
<tr>
<td>Other Medical Services</td>
<td>$47,102,631</td>
<td>$46,863,474</td>
<td>$52,147,287</td>
<td>$54,044,286</td>
<td>$1,896,999</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$178,683,262</td>
<td>$188,195,050</td>
<td>$196,719,457</td>
<td>$208,143,583</td>
<td>$11,424,126</td>
</tr>
<tr>
<td>Equipment/Occupancy/Depreciation</td>
<td>$95,079,171</td>
<td>$101,768,072</td>
<td>$93,721,354</td>
<td>$99,357,149</td>
<td>$5,635,795</td>
</tr>
<tr>
<td>Purchased Services/Supplies/Other</td>
<td>$74,027,439</td>
<td>$78,056,371</td>
<td>$82,366,211</td>
<td>$83,913,089</td>
<td>$1,546,878</td>
</tr>
<tr>
<td>Health System</td>
<td>$10,165,957</td>
<td>$8,678,809</td>
<td>$18,299,679</td>
<td>$19,121,468</td>
<td>$821,789</td>
</tr>
<tr>
<td>Gross Receipts Tax</td>
<td>$8,589,134</td>
<td>$9,069,389</td>
<td>$9,069,387</td>
<td>$10,069,387</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Institutional Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$1,040,162,893</td>
<td>$1,068,402,359</td>
<td>$1,126,937,460</td>
<td>$1,195,073,453</td>
<td>$68,135,993</td>
</tr>
</tbody>
</table>

**Total Operating Gain (Loss):**

- FY2017: $(82,188,866)
- FY2018: $(72,235,131)
- FY2019: $(90,499,351)
- FY2020: $(111,207,422)
- FY19 to FY20 Difference: $(20,708,071)

**Non Operating Revenue and Expenses**

- Mill Levy: $96,635,062
- State Appropriations: $12,158,100
- Interest Expense: $(3,170,552)
- HSC Mission Support: $(11,814,704)
- Other Non Operating Revenues: $4,745,145
- Other Non Operating Expenses: $(1,075,312)
- Reserve for Facility Replacement: $(14,000,000)

**Total Non Operating:**

- $97,477,739
- $103,768,672
- $94,480,345
- $115,596,872
- $21,116,527

**Increase (Decrease) in Net Position**

- FY2017: $15,288,873
- FY2018: $32,533,541
- FY2019: $3,980,994
- FY2020: $4,389,451
- FY19 to FY20 Difference: $408,457
UNM Hospitals CMI Adjusted Discharges
Core Patient Revenue Per CMI Adjusted Patient Day

$ - $1,600

Total Expenses Per CMI Adjusted Patient Day (excluding Capital Initiatives)
FTE Per CMI Adjusted Occupied Bed

FY20 Budget
HSC Committee Update
MEMORANDUM

To: UNM Regent Health Sciences Center Committee

From: Mike Richards, MD
Vice Chancellor, UNM Health System

Date: April 2, 2019

Subject: Monthly Health System Activity Update

This report represents unaudited year to date February 2019 activity and is compared to audited year to date February 2018 activity.

Quality and Safety: For FY19 thru January 2019, UNM Hospitals have 8/13 metrics at or better than fiscal year targets set for the UNMH unified operating plan (UOP). For non-infection Severe Patient Harm Events, 4/6 remain at or better than target. For infection Severe Patient Harm Events, 3/5 are at or better than target.

For SRMC, 9/13 metrics are at or better than fiscal year targets set for the SRMC UOP. For non-infection Severe Patient Harm Events, 5/6 remain at or better than target. For infection Severe Patient Harm Events, 3/5 are at or better than target.

Activity Levels: Health System total inpatient discharges and observation discharges are up 2% as compared to prior year.

Health System total inpatient discharges are down 3% compared to prior year, with discharges down 3% at UNMH and 5% at SRMC. Health System adult length of stay (without obstetrics) is down 4% compared to prior year, with length of stay down 2% at UNMH and down 4% SRMC.

Health System observation discharges are up 15% compared to prior year, with adult observation discharges up 19% at UNMH and up 18% at SRMC.

Case Mix Index (CMI) is flat compared to prior year and up 1% compared to FY 19 budget.

Births are down 3% year over year and flat to budget.

Health System total outpatient activity is 4% higher compared to prior year. Primary care clinic visits are up 8% compared to prior year. Specialty clinic visits are up 1% compared to prior year. Emergency visits are 12% lower than prior year.

Surgeries overall are down 4% year over year due to decrease in community physician surgical volume at SRMC. UNM surgical volume is down 1% compared to prior year.

Medical Group RVUs are down 2% FY19 over prior year.
Finances: Health System had total year-to-date operating revenue of $871.2 million, representing a 5% increase over prior year. Total non-operating revenue was $74.1 million, representing a 8% increase ($5.6 million) over prior year. Total operating expenses were $933.2 million, representing a 5% increase over prior year. Net margin was $12.1 million as compared to $3.1 million prior year.

The balance sheet is stable with a current ratio of 1.95 as compared to 2.04 prior year. The cash and cash equivalents for UNM Health System is $305.4 million as compared to $289.4 million prior year. Net patient receivables are up 7% and total assets are up 4%. Total liabilities are up 5% over prior year. Total net position is up 3% over prior year.

SRMC Mill Levy: The Trauma and Behavioral Health teams are continuing to meet to fine tune programs, which will be included in the FY20 budget. Dr. McLean and Pam Demarest are leading these efforts. Legal and the County have a series of meetings to discuss next steps with the Health Facilities agreement.

Mission Excellence: SRMC continues to work with our Studer consultants with a focus on hardwiring strategies and systems/tools; areas of focus are inpatient, outpatient, emergency services and provider engagement. Leadership Training Event (LTE) scheduled for SRMC Management/Dyads in April.

UNM Hospitals: UH management continues to partner with Bernalillo County to develop behavioral health programs that will improve access and diversify treatment options for our community. UH management recently provided Bernalillo County Commissioners with a FY20 budget assumption overview and will continue to provide updates.

UNM Medical Group: UNM Medical Group achieved 100% on CMS Merit Based Incentive Program (MIPS) for 2018. This is a program whereby performance is measured through the data clinicians report in four areas - quality, improvement activities, Promoting Interoperability (formerly Advancing Care Information), and cost. MIPS is designed to update and consolidate previous programs, including the Medicare EHR Incentive Program, Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VBM).
MEMORANDUM

To:        Board of Trustees
From:      Kate Becker
            Chief Executive Officer
Date:      April 26, 2019
Subject:   UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through March 2019.

Quality: 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, specifically mortality and hospital acquired infection. The Vizient data has been released through February 2019 with five of the eight indicators in the green which indicates at or better than goal. UNMH has a much improved month specific to CDI and met the monthly target however, had slightly higher than goal scores in mortality, SPHE and surgical site infection.

Statistics (Financial data): For the month of March, inpatient volume exceeded prior year by 7% due to the increase in seasonal flu and respiratory illnesses. As of the nine months ended March, UNMH inpatient volume is 3% lower compared to prior year. Patient days are 2.3% lower than budget in total with adult patient days accounting for -1.9%. Adult equivalent observation days are up 15%, or 1,171 days from budget. Total pediatric days are 3.6% below budget. Inpatient discharges are 7.5% lower than budget and slightly lower compared to prior year activity. Outpatient visits are 0.7% below budget year to date through March and 0.7% higher compared to prior year. Billed emergency visits are 7% lower than budget and 11% lower than prior year. Case mix index remains greater than prior year and average length of stay is down 1% compared to prior year.

Financial: Net margin year to date is positive at $13,117,000. Net patient revenues continue on a positive trend while salaries, benefits, purchased services and medical services continue trending over budget.

Strategic Planning: Management continues to make positive progress in partnering with Bernalillo County regarding the planning of behavioral health programs to improve access and diversify treatment options available to the community. Management will provide an update to the Board once the plans become more solidified.

Human Resources: The turnover rate rolling year-to-date is 17.20% for the full workforce and 15.39% for nurses. This represents an increase over the last month’s results and exceeds the goals of 15% for both the full workforce and for the nurse specific workforce. Overall hiring is in pace with the current turnover rates. UNMH currently has 5,957 FTEs which is 520.58 (8.04%) less than budget. Employee wellness screenings have provided 3,326 employees with biometrics. There are still 2,110 who need screening by May 17, 2019. The Healthcare Committee has been reviewing recommendations and costs associated with providing an additional health plan and moving the plan year to a calendar year for easier budgeting for employees. Contract negotiations are continuing for the 1199 Licensed & Technical and 1199 Support Staff bargaining units.

Native American Liaison: Our annual spring 2019 consultative session with the All Pueblo Council of Governors is set for April 25, 2019. The Native American Services committee adopted the following agenda for our presentation: Our relationship today; Data Trends and Access; the Native American Health Services office; What’s New in New Mexico Medicaid 2019; Growth: New Hospital Tower; Growth: Behavioral Health; Open Dialogue and Questions. Native American Services Committee board members have been invited to attend the session. UNM SRMC will also present information.

Bernalillo County: UNMH Management met with Bernalillo County to review the final revenue and expense budgets for FY 20 and to review budget assumptions. UNMH also finalized a reporting framework with the County and IHS to report on areas of focus under Exhibit A to the UNMH MOU. The first report period will be for the six months ending in September 2019. Representatives from IHS, UNMH and the County will meet at least semi-annually to define areas of focus.

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: April 26, 2019

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 March 2019 was 13 hours and 48 minutes. For March 2018 it was 8 hours. This is an increase of 5 hours and 48 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

   • We sent 67 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:

   • 91 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 March 2019 has increased to 6.97 days as compared to March 2018 which was 6.42. The FYTD 2019 ALOS is 6.76 which is a decrease as compared to FYTD 2018 when it was 6.84. Proactive planning of patient discharge will continue to evolve as we identify and address barriers and shift focus and work with Huron Partners.

   Our Internal Length of Stay Index (adult without OB) for January was 0.95 with a Case mix index (CMI) of 2.38 as reported through our nationally comparative systems network Vizient.

4. Our “LEADing to Excellence” work continues with much of our focus centered on change leadership and Huron recommendations with key takeaways:

   • *We* are in this together, removing the “us” vs. “them” mentality
   • Critical Conversations, High/Solid/Low performers
   • Standard work, accountability and expectations
   • Realignment of departments and services and work: Interviews underway for
     o Pediatric ACMO and
     o ACMO of Throughput and Transfer Center

5. UNMH Surgical Services continues to monitor foundational structure. This work of creating reliable process to serve the needs of New Mexican’s has shown good results in on-time start of operating room cases. In the month of March the UNMH main OR has a 68% on-time start of all cases, BBRP has a 70% and OSIS has a 62% on-time start.

   The team is also monitoring the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of March the TOT was 61 minutes for the UNMH main OR, BBRP has 53 minute TOT and OSIS has a 33 minute TOT. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.

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Finance Committee
UNM HOSPITAL BOARD OF TRUSTEES

Finance Committee Meeting

Wednesday, April 24, 2019  10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

- Approval of March 27, 2019 meeting minutes
- Consent Items for recommendation for approval to full Board of Trustees and further recommendation to the Board of Regents:
  - Disposition of Assets
  - Consent item – Biosense Webster $1.4 million
  - Repair, Renew, Replace Capital Project 1209 University Pharmacy Renovation and Coumadin Clinic $2.4 million
  - Repair, Renew, Replace Capital Project UPC Adult Inpatient BHICU, Comfort Rooms $1,850,000
  - Repair, Renew, Replace Capital Project UPC PES Expansion without IOP Conversion Plan $1,813,000
  - Repair, Renew, Replace Capital Project UH Main Facilities Air Handling 117 Replacement $473,000
- Financial Update for the nine months ended March 31, 2019
- FY20 Operating Budget

Next UNM Hospital Finance Committee meeting is scheduled to convene May 29, 2019.
Audit & Compliance Committee
Audit and Compliance Committee Meeting

Wednesday, April 24, 2019  2:00 p.m.
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide audit and compliance oversight of UNM Hospitals.

Finance Committee Meeting:

I. Approval of January 23, 2019 and February 6, 2019 meeting minutes
II. FY19 Financial Statement Audit Entrance Conference - KPMG
III. Compliance and Internal Audit Committee Charter
IV. Privacy Office

Next UNM Hospital Finance Committee meeting is scheduled to convene July 28, 2019.
March Financials
UNM Hospitals

Financial Update Through March 2019
### YTD Stats Variance to Budget

#### Through March 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>MTD Actual</th>
<th>MTD Budget</th>
<th>MTD % Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>YTD % Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Discharges</td>
<td>2,157</td>
<td>2,176</td>
<td>-7.5%</td>
<td>17,128</td>
<td>18,517</td>
<td>-7.5%</td>
</tr>
<tr>
<td>Acute Patient Days</td>
<td>14,003</td>
<td>12,684</td>
<td>-5.3%</td>
<td>111,425</td>
<td>114,125</td>
<td>-7.5%</td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>848</td>
<td>1,025</td>
<td>-7.1%</td>
<td>8,566</td>
<td>9,222</td>
<td>-7.1%</td>
</tr>
<tr>
<td>Observation Patient Days</td>
<td>932</td>
<td>1,095</td>
<td>-5.3%</td>
<td>11,014</td>
<td>9,851</td>
<td>-7.1%</td>
</tr>
<tr>
<td>Surgeries</td>
<td>1,683</td>
<td>1,744</td>
<td>-3.5%</td>
<td>14,859</td>
<td>15,695</td>
<td>-5.3%</td>
</tr>
<tr>
<td>ER Visits</td>
<td>7,793</td>
<td>7,005</td>
<td>11.2%</td>
<td>57,819</td>
<td>63,043</td>
<td>8.3%</td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>14,496</td>
<td>14,942</td>
<td>-5.3%</td>
<td>136,186</td>
<td>134,469</td>
<td>1.3%</td>
</tr>
<tr>
<td>Specialty Visits</td>
<td>31,793</td>
<td>31,132</td>
<td>2.1%</td>
<td>275,382</td>
<td>280,174</td>
<td>-1.7%</td>
</tr>
</tbody>
</table>

#### YTD % Variance

- **Acute Discharges**: -7.5%
- **Acute Patient Days**: -7.1%
- **Observation Discharges**: -7.1%
- **Observation Patient Days**: -5.3%
- **Surgeries**: -5.3%
- **ER Visits**: 11.2%
- **Primary Care Visits**: -3.0%
- **Specialty Visits**: 2.1%

**YTD % Variance**

- **Acute Discharges**: -7.5%
- **Acute Patient Days**: -7.1%
- **Observation Discharges**: -7.1%
- **Observation Patient Days**: -5.3%
- **Surgeries**: -5.3%
- **ER Visits**: 11.2%
- **Primary Care Visits**: -3.0%
- **Specialty Visits**: 2.1%

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## UNM Hospital YTD Stats Variance to Prior YTD Through March 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>MTD Actual</th>
<th>Prior MTD</th>
<th>MTD Variance</th>
<th>MTD % Variance</th>
<th>YTD Actual</th>
<th>Prior YTD</th>
<th>YTD Variance</th>
<th>YTD % Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Discharges</td>
<td>2,157</td>
<td>2,089</td>
<td>68</td>
<td>3.3%</td>
<td>17,128</td>
<td>17,560</td>
<td>(432)</td>
<td>-2.5%</td>
</tr>
<tr>
<td>Acute Patient Days</td>
<td>14,003</td>
<td>13,077</td>
<td>926</td>
<td>7.1%</td>
<td>111,425</td>
<td>115,403</td>
<td>(3,978)</td>
<td>-3.4%</td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>848</td>
<td>962</td>
<td>(114)</td>
<td>-11.9%</td>
<td>8,566</td>
<td>7,691</td>
<td>875</td>
<td>11.4%</td>
</tr>
<tr>
<td>Observation Patient Days</td>
<td>932</td>
<td>1,127</td>
<td>(195)</td>
<td>-17.3%</td>
<td>11,014</td>
<td>9,570</td>
<td>1,444</td>
<td>15.1%</td>
</tr>
<tr>
<td>Surgeries</td>
<td>1,683</td>
<td>1,656</td>
<td>27</td>
<td>1.6%</td>
<td>14,859</td>
<td>15,164</td>
<td>(305)</td>
<td>-2.0%</td>
</tr>
<tr>
<td>ER Arrivals</td>
<td>8,111</td>
<td>7,648</td>
<td>463</td>
<td>6.1%</td>
<td>67,449</td>
<td>66,941</td>
<td>508</td>
<td>0.8%</td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>14,496</td>
<td>16,760</td>
<td>(2,264)</td>
<td>-13.5%</td>
<td>136,186</td>
<td>131,295</td>
<td>4,891</td>
<td>3.7%</td>
</tr>
<tr>
<td>Specialty Visits</td>
<td>31,793</td>
<td>34,802</td>
<td>(3,009)</td>
<td>-8.6%</td>
<td>275,382</td>
<td>277,114</td>
<td>(1,732)</td>
<td>-0.6%</td>
</tr>
</tbody>
</table>

-5.0% 0.0% 5.0% 10.0% 15.0% 20.0%

### YTD % Variance

<table>
<thead>
<tr>
<th>Category</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Discharges</td>
<td>-2.5%</td>
<td></td>
</tr>
<tr>
<td>Acute Patient Days</td>
<td>-3.4%</td>
<td></td>
</tr>
<tr>
<td>Observation Discharges</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>Observation Patient Days</td>
<td>15.1%</td>
<td></td>
</tr>
<tr>
<td>Surgeries</td>
<td>-2.0%</td>
<td></td>
</tr>
<tr>
<td>ER Arrivals</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Specialty Visits</td>
<td>-0.6%</td>
<td></td>
</tr>
<tr>
<td>UNM Hospitals</td>
<td>Action OI Benchmark</td>
<td>Mar-19</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------</td>
<td>--------</td>
</tr>
<tr>
<td>ALOS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Mix Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMI Adjusted Patient Days *</td>
<td>52,561</td>
<td>55,498</td>
</tr>
<tr>
<td>Net Core Patient Revenues (in thousands)</td>
<td>78,651</td>
<td>672,323</td>
</tr>
<tr>
<td>Total Operating Expenses** (in thousands)</td>
<td>$96,117</td>
<td>$827,782</td>
</tr>
<tr>
<td>Total Operating Expenses*** (in thousands)</td>
<td>$93,386</td>
<td>$818,620</td>
</tr>
<tr>
<td>Net Operating Income (in thousands)</td>
<td>(6,340)</td>
<td>(67,600)</td>
</tr>
<tr>
<td>Net Income (in thousands)</td>
<td>$3,227</td>
<td>$13,117</td>
</tr>
<tr>
<td>Net Core Revenue/CMI Adj Patient Day</td>
<td>$1,417</td>
<td>$1,409</td>
</tr>
<tr>
<td>Cost**/CMI Adj Patient Day</td>
<td>$1,794</td>
<td>$1,732</td>
</tr>
<tr>
<td>Cost***/CMI Adj Patient Day</td>
<td>$1,794</td>
<td>$1,683</td>
</tr>
<tr>
<td>FTEs</td>
<td>6,396</td>
<td>6,420</td>
</tr>
</tbody>
</table>

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2018 the 50th percentile is 157,684. The metric above divided by three months for comparative purposes.
** Operating expenses exclude 340B Contract Expense
*** Operating expenses exclude 340B Contract Expense & HS Exec Initiatives
UNM Hospital
Budget to Actual Variance
(in thousands)
Through March 2019

* % change relative to budget

<table>
<thead>
<tr>
<th>Category</th>
<th>Budget (in thousands)</th>
<th>Actual (in thousands)</th>
<th>Variance (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Revenue *4%</td>
<td>30,065</td>
<td>30,164</td>
<td>100</td>
</tr>
<tr>
<td>3408 Revenues *69%</td>
<td></td>
<td>13,578</td>
<td></td>
</tr>
<tr>
<td>Other Revenues *3%</td>
<td></td>
<td>199</td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits *(2)%</td>
<td>(8,346)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3408 Expenses *(58)%</td>
<td>(5,318)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Services and Supplies *(2)%</td>
<td>(6,677)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchased Services *(27)%</td>
<td>(11,220)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy, Depreciation &amp; Equipment *(3)%</td>
<td>(2,307)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other *(3)%</td>
<td>(693)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net, Other Non Op Rev (Exp) *5%</td>
<td></td>
<td>3,834</td>
<td></td>
</tr>
<tr>
<td>Increase (decrease) in net assets</td>
<td></td>
<td>13,115</td>
<td></td>
</tr>
</tbody>
</table>

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