



# QUARTERLY REPORT

## June, 2022

**Bernalillo County Commissioner Trend Report**

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# A. ACCOUNTABILITY

## Balance Sheet

### Statements of Net Position

(In Thousands)

<b>Assets</b>	<b>May 2022</b>	<b>(audited)* June 2021</b>
Cash and marketable securities	\$ 256,181	\$ 289,487
Cash restricted by management for capital replacement	138,000	138,000
Cash restricted for donor specified expenses	19,901	19,072
Cash restricted for capital appropriation	-	8,033
Cash restricted for Medicare advance payment program***	25,457	69,713
Cash restricted by Mgmt for capital initiatives	4,595	23,558
Patient receivables, net	163,223	148,942
Other receivables and current assets	159,222	129,107
Capital initiatives receivable	96,000	146,000
Capital assets, net	391,319	272,211
Restricted for mortgage reserve, bonds	24,882	18,169
Other noncurrent assets	42,270	39,459
<b>Total assets</b>	<b>1,321,050</b>	<b>1,301,751</b>
<b>Liabilities</b>		
Accounts payable	67,515	60,631
Payable to related parties (UNM)	66,309	38,284
Interest payable bonds	1,190	74
Medicare advance payment program	25,457	69,713
Other accrued current liabilities	186,631	191,263
Bonds payable, non current	74,250	74,250
Mortgage Payable - NHT	46,669	-
Other long term liabilities	11,388	11,388
<b>Total liabilities</b>	<b>479,409</b>	<b>445,603</b>
<b>Net Position</b>		
Restricted for expendable grants, bequests, and contributions	19,901	19,072
Restricted capital appropriation	-	8,033
Restricted by management for capital replacement	234,000	284,000
Restricted for trust indenture and debt agreement	24,882	18,169
Assets invested in capital	310,964	191,856
Unrestricted from operations	251,894	335,018
<b>Total net assets</b>	<b>\$ 841,641</b>	<b>\$ 856,148</b>
<b>Current Ratio</b>	<b>1.80</b>	<b>1.82</b>
<b>Days Cash on Hand**</b>	<b>70.00</b>	<b>96.00</b>

\* Net Assets have been reclassified to expanded categories to reflect operational intentions

\*\*Days cash on hand is calculated on unrestricted cash and Advance Medicare Payment funds

\*\*\* Cash set aside to repay Medicare Advances but available for use in operations

## Income Statement

### UNM HOSPITALS

Statements of Revenues, Expenses, and Changes in Net Assets  
For the eleven (11) months ended May 31, 2022

<i>(In Thousands)</i>	<u>May</u>
Operating revenues:	
Net Patient Service	\$ 1,196,919
Other	52,138
Total Operating Revenues	<u>1,249,057</u>
Operating expenses:	
Employee Compensation and Benefits	690,943
UNM School of Medicine Medical Services	160,862
Medical Services Oncology	23,653
Medical Services non-SOM	41,713
Medical Supplies	187,422
Oncology Drugs	47,226
Occupancy/Equipment	72,169
Depreciation	31,882
Purchased Services	68,927
Health System Expenses	14,887
Gross Receipts Tax	23,482
Other	16,914
Total Operating Expenses	<u>1,380,080</u>
Operating loss	<u>(131,023)</u>
Nonoperating Revenues (Expenses):	
Bernalillo County Mill Levy	104,991
State Appropriation	12,109
Interest Expense	(2,454)
Other Revenue and (Expense)	1,870
Net Nonoperating Revenues	<u>116,516</u>
Total Increase in Net Assets	<u>(14,507)</u>
Net Assets Reserved for capital assets*	\$ -
Net Assets Available for operations*	<u>\$ (14,507)</u>

\* Presentation has been adjusted from GAAP to reflect sources and uses consistent with operational intent.

## Mill Levy Distribution Detail by Department FY2021

(Audited)

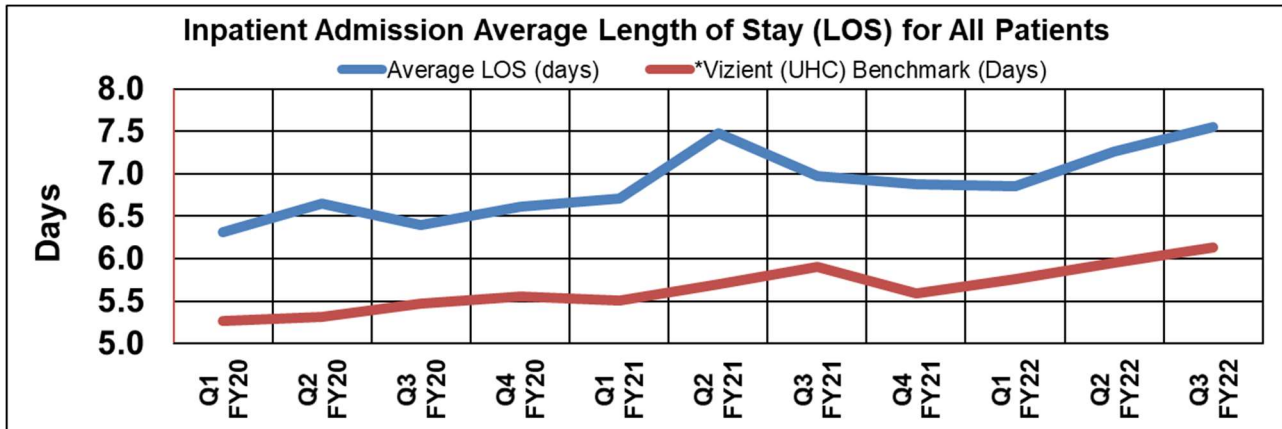
Total Bernalillo County Mill Levy \$ 112,132,446.00

Note: 15% of the Mill Levy is allocated to Behavioral Health (see p42)

UNMH - 85%	
Mill Levy	\$ 95,312,579
<b>Expenses</b>	<b>Total Spending</b>
<i>Facilities</i>	
Facilities Maintenance	\$ 15,988,679
Environmental Services	11,309,284
Insurance	5,930,574
Plant Operations & Maintenance	5,362,298
Utilities	4,419,652
Clinical Engineering	3,669,313
Parking Structure and Support	2,396,905
Security	4,245,770
Off Site/Ambulatory Maintenance	4,431,947
Life Safety/Fire Protection	1,491,747
Facilities Planning	2,928,570
Facilities Other	1,135,766
Total Facilities	63,310,505
Finance	8,404,361
HR	12,753,965
<i>Information Technology</i>	
IT - Open Clinic/Mgt	5,342,580
IT - Patient Financial Services	3,485,859
Communications	6,295,237
IT Cerner Millennium RHO	8,581,741
Clinical Applications	3,520,961
Customer Service	3,099,558
Network & Infrastructure	2,719,046
Systems Support	3,514,504
System Develop and Applications	2,348,622
Network & Cyber Security	1,884,486
IT Non Capital Equipment	982,440
Computer Learning Technologies	1,329,560
Medical Records	1,369,500
IT - EVOLVE3	797,905
IT Admin, Oversight and Support	1,246,091
IT Other	3,774,645
Total Information Technology	50,292,735
<i>Revenue Cycle</i>	
Patient Financial Services	14,115,179
Coding	9,012,081
Revenue Cycle Initiatives	1,365,454
Medical Records Support Svcs	2,917,195
HIM Clinical Documentation	1,755,113
Collection Agencies	986,821
Revenue Other	409,349
Total Revenue Cycle	30,561,192
Food & Nutrition	8,589,671
<i>Other</i>	
Administration	16,975,064
FHA Bonds	6,536,087
Admin Support for Facilities/Planning	1,876,222
Admin Other	567,265
Total Other	25,954,638
<b>Total Mill Levy Expenditures</b>	<b>\$ 199,867,067</b>



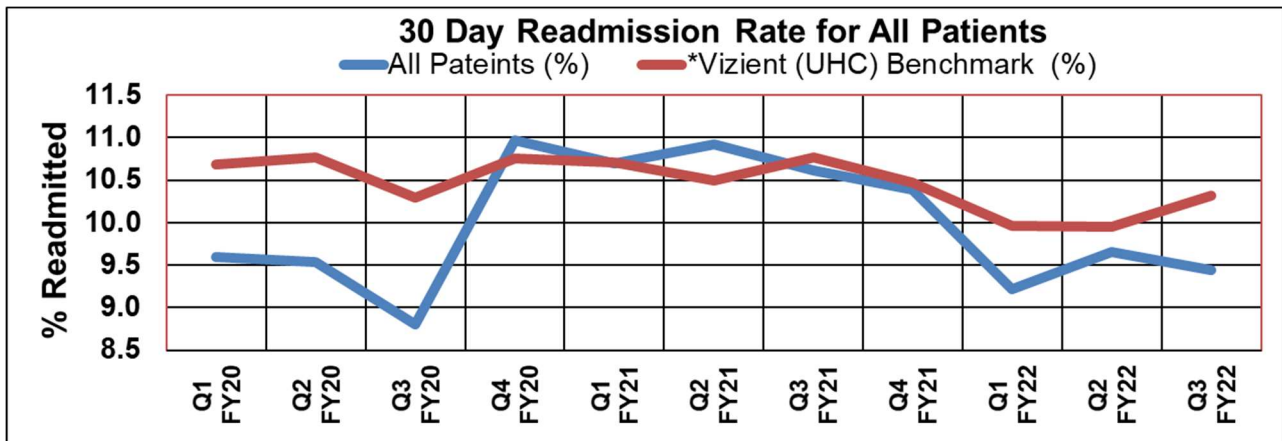
## Average Length of Stay (LOS) for Inpatient Admissions



Fiscal Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
Average LOS (days)	6.31	6.65	6.40	6.61	6.71	7.48	6.98	6.88	6.85	7.26	7.55
*Vizient (UHC) Benchmark (Days)	5.27	5.31	5.47	5.56	5.51	5.70	5.91	5.59	5.76	5.95	6.13

(There is a three-month delay in Vizient data.)

## 30 Day Readmission for All Patients



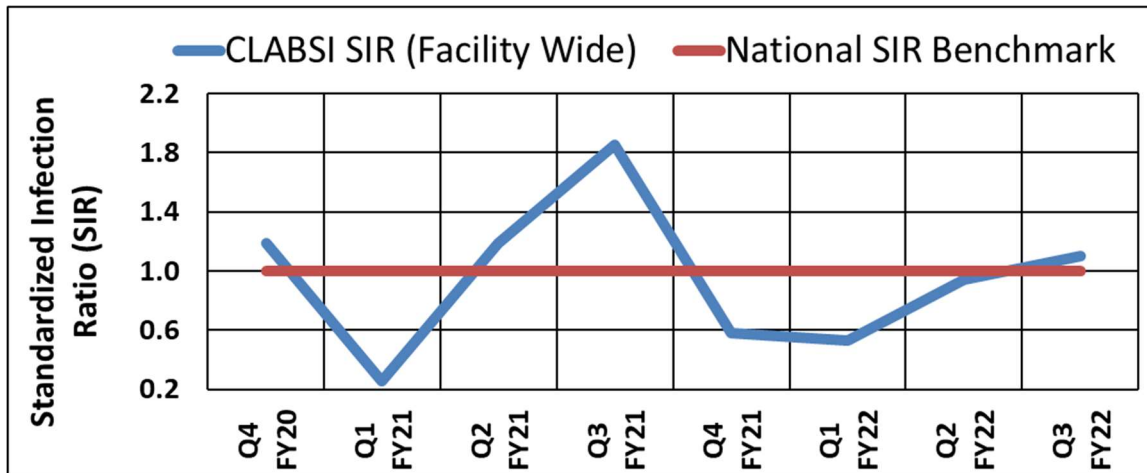
Fiscal Quarter	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
All Patients (%)	9.59	9.54	8.80	10.97	10.70	10.92	10.61	10.39	9.22	9.66	9.44
*Vizient (UHC) Benchmark (%)	10.68	10.77	10.29	10.75	10.71	10.50	10.77	10.47	9.96	9.95	10.32

(There is a three-month delay in Vizient data.)

\*Vizient, Inc. (formerly, "UHC") is an alliance of the nation's leading academic medical centers ("AMCs") and associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.



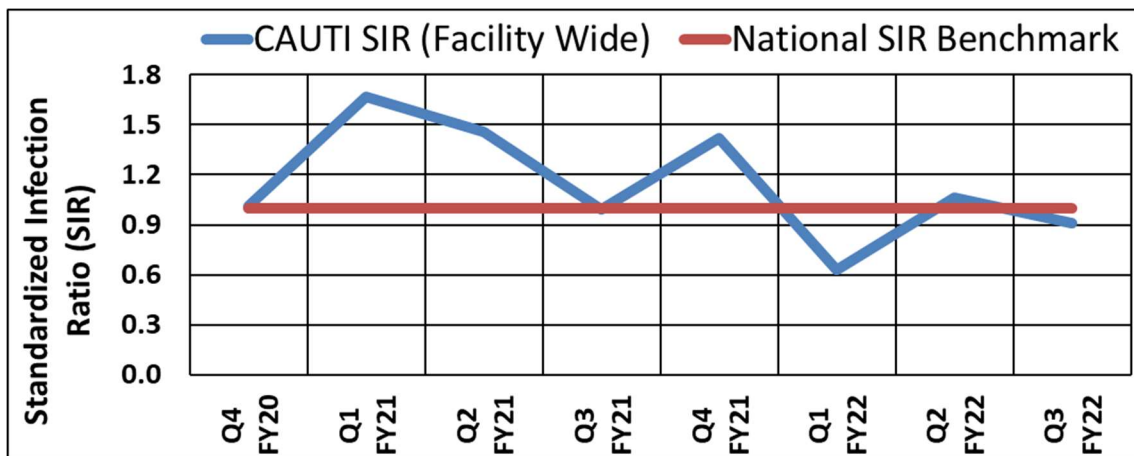
## Catheter Central Line-associated Bloodstream Infection



Central Line-associated Bloodstream Infection (CLABSI)	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
CLABSI SIR (Facility Wide)	1.19	0.26	1.19	1.85	0.58	0.53	0.94	1.10
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CLABSI Count	12	3	10	23	7	6	11	12
*NHSN Expected	10.1	11.4	12.4	12.4	12.1	11.4	12.5	13.0

Catheter data is delayed by one quarter.

## Catheter Associated Urinary Tract Infection



Catheter-Associated Urinary Tract Infection (CAUTI)	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22
CAUTI SIR (Facility Wide)	1.01	1.67	1.46	0.99	1.42	0.63	1.06	0.91
National SIR Benchmark	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CAUTI Count	12	22	23	14	13	14	16	15
*NHSN Expected	11.8	13.1	15.7	14.2	13.4	14.2	15.8	14.0

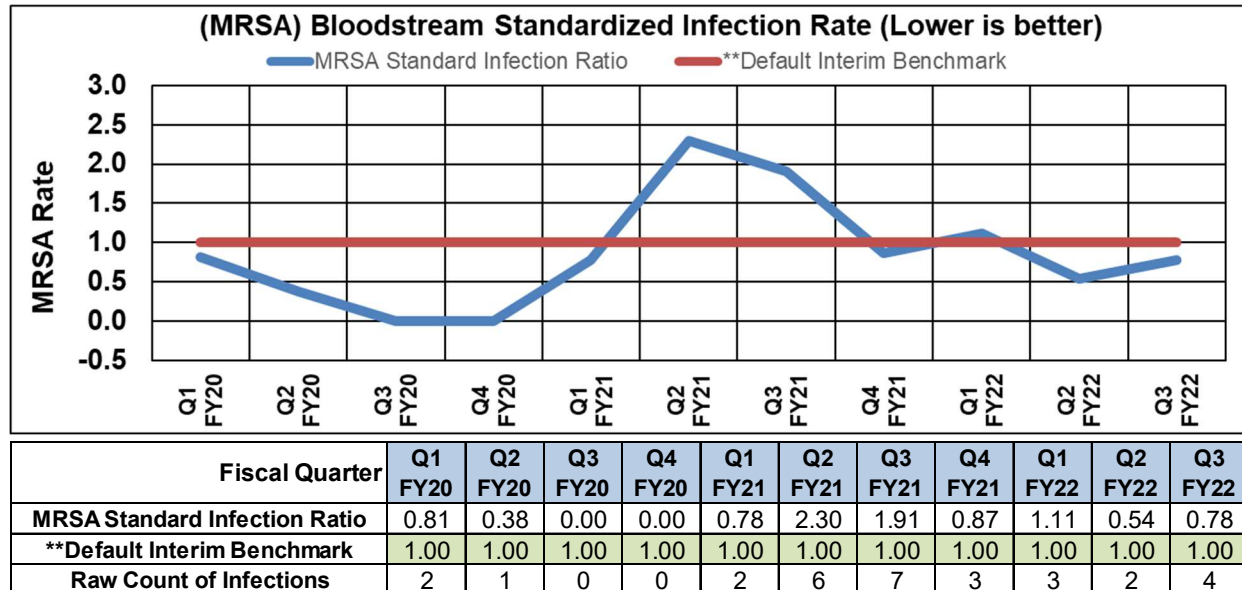
Catheter data is delayed by one quarter.

\*NHSN = National Healthcare Safety Network.

NHSN provides the figure for Expected. The SIR ratio is calculated by dividing UNMH **Observed** by the NHSN **Expected**, where observed is the count.

## MRSA Bloodstream Standardized Infection Rate

For Methicillin-resistant Staphylococcus Aureus (MRSA) Bloodstream Standardized Infection Rate, lower is better.



MRSA data is delayed by one quarter.

\*\*Default Interim Benchmark is a temporary measure until a national benchmark is defined.

## Total Number of Inpatient Days

FY21 Actual based on the twelve (12) months ended June 30, 2021.

FY22 Actual based on the twelve (12) months ended June 30, 2022

Inpatient Days	FY21 Actual	FY22 Actual
Adult	131,400	142,655
Pediatric	35,774	42,313
Newborn	4,498	4,895
<b>Total Inpatient Days</b>	<b>171,672</b>	<b>189,863</b>

## Nursing Hours of Care

	FY2020 Actual	FY2021 June	FY2022 May
<b>UNMH Nursing Hours of Care Per Patient*</b>	16.75	17.42	15.83

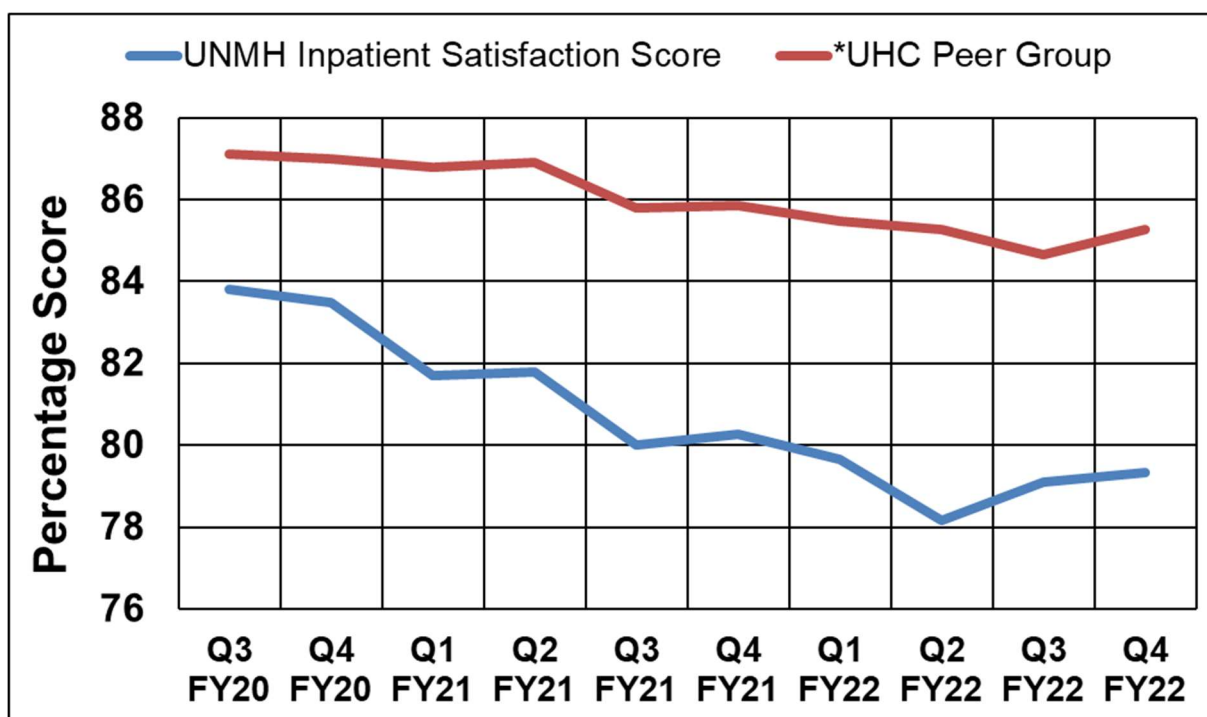
\*Nursing Hours of Care includes all paid hours in the inpatient nursing departments (Adult ICU, SAC/Med Surg, Pediatrics, OB and Newborn nursery) divided by the total statistics for each department.

## Number of RN FTE's and Retention Rate

Category	Number of FTES as of June, 2021	Number of FTES as of June 2022	FY2022 Hires (Headcount)	FY2022 Terms (Headcount)	Rolling Retention Rate
RN's	1,963	1,742	249	554	73.3%
*National Retention Rate Benchmark					82.3%

\* Per the 2021 National Healthcare Retention & RN Staffing Report Published by: NSI Nursing Solutions, Inc., the 2020 national RN turnover rate is 17.7%.

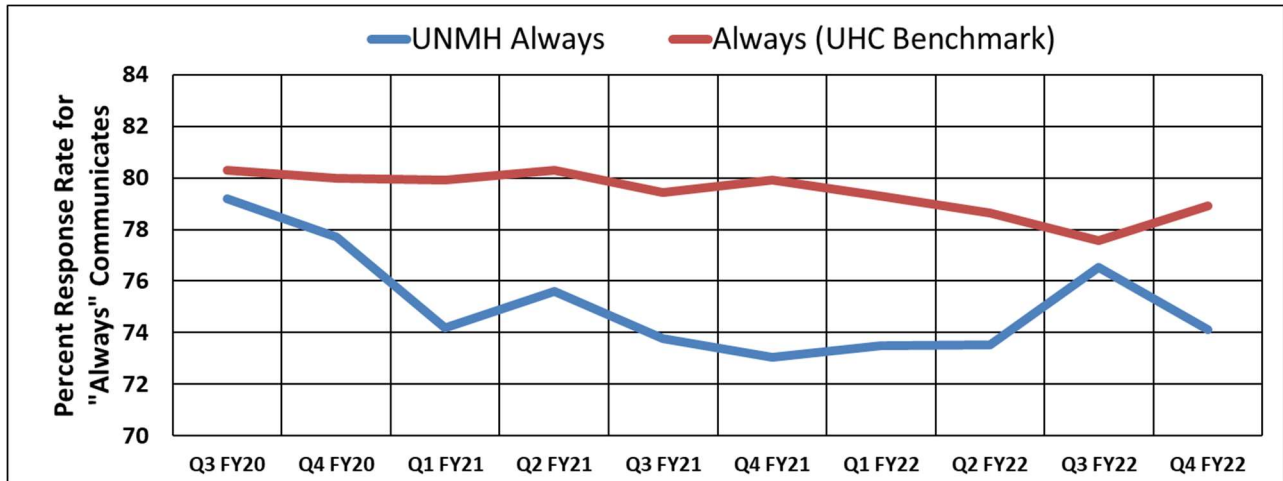
## Press Ganey Inpatient Satisfaction Score



Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
UNMH Inpatient Satisfaction Score	83.8	83.5	81.7	81.8	80.0	80.3	79.6	78.2	79.1	79.3
*UHC Peer Group	87.1	87.0	86.8	86.9	85.8	85.9	85.5	85.3	84.7	85.3

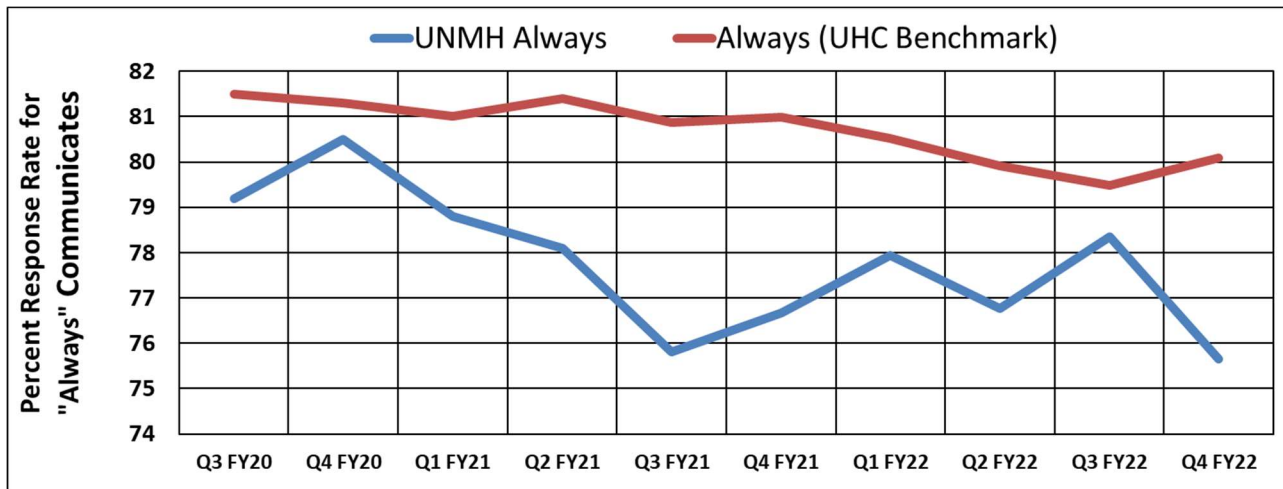
\*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

### HCAHPS Satisfaction – Communications with Nurses



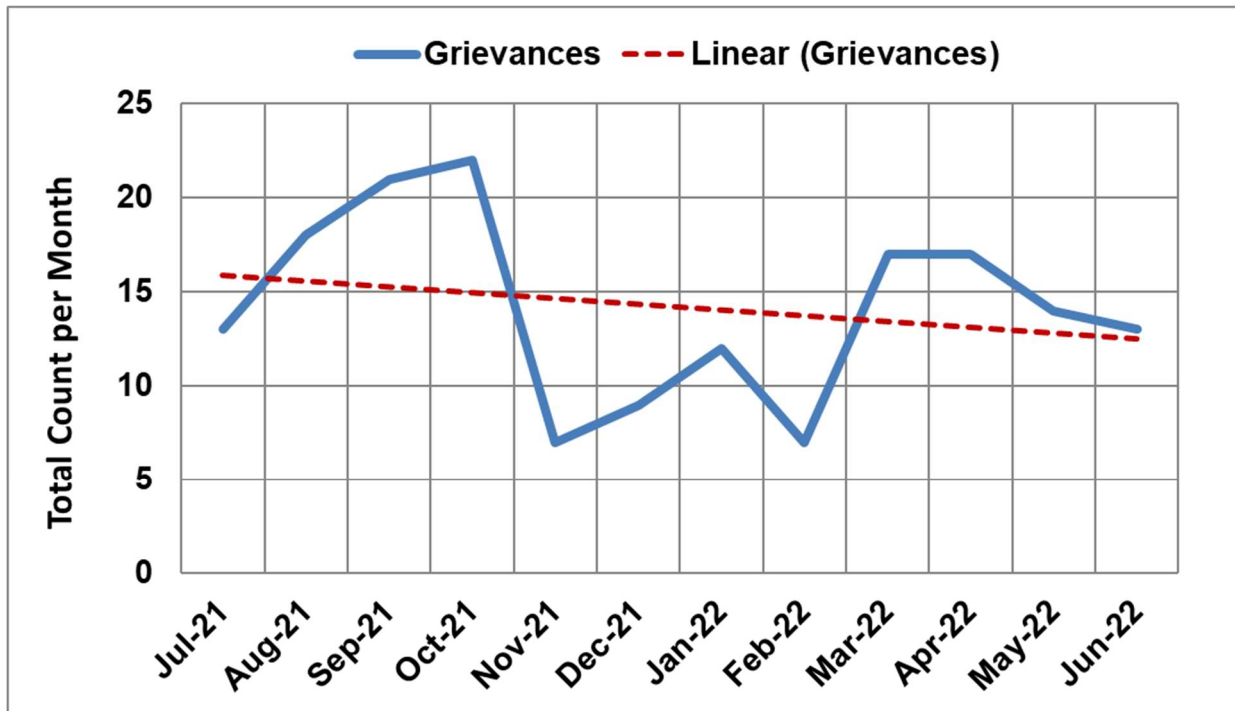
Communication with Nurses	Response	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
H-COMP-1-A-P	UNMH Always	79.2	77.7	74.2	75.6	73.8	73.0	73.5	73.5	76.5	74.1
H-COMP-1-U-P	UNMH Usually	15.6	16.9	17.4	18.1	19.7	19.2	18.4	18.8	17.0	18.4
H-COMP-1-SN-P	UNMH Sometimes/Never	5.1	5.4	8.5	6.3	7.2	7.7	8.1	7.7	6.5	5.8
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>80.3</b>	<b>80.0</b>	<b>79.9</b>	<b>80.3</b>	<b>79.5</b>	<b>79.9</b>	<b>79.3</b>	<b>78.7</b>	<b>77.6</b>	<b>78.9</b>

### HCAHPS Satisfaction – Communications with Doctors



Communication with Doctors	Response	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
H-COMP-2-A-P	UNMH Always	79.2	80.5	78.8	78.1	75.8	76.7	77.9	76.8	78.4	75.7
H-COMP-2-U-P	UNMH Usually	15.9	13.4	15.3	14.7	17.3	17.5	15.8	14.5	15.7	16.0
H-COMP-2-SN-P	UNMH Sometimes/Never	4.9	6.2	5.9	7.2	6.9	5.9	6.3	8.7	6.0	8.3
<b>UHC Benchmark</b>	<b>Always (UHC Benchmark)</b>	<b>81.5</b>	<b>81.3</b>	<b>81.0</b>	<b>81.4</b>	<b>80.9</b>	<b>81.0</b>	<b>80.5</b>	<b>79.9</b>	<b>79.5</b>	<b>80.1</b>

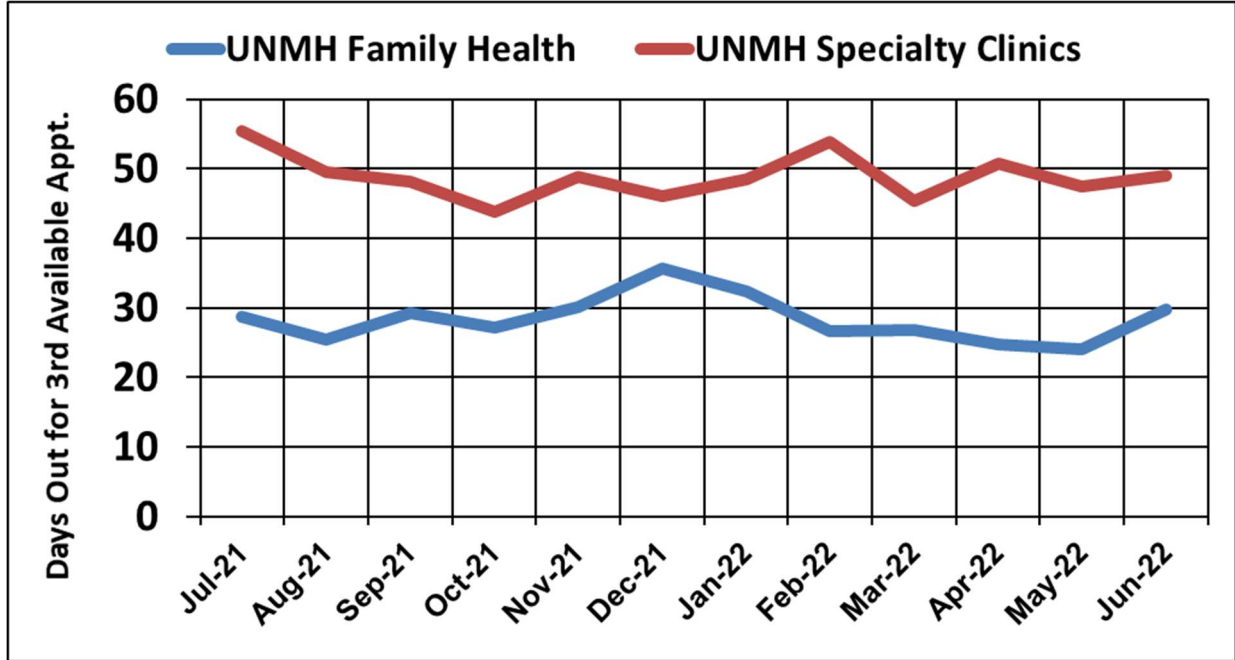
## Grievances



Month-Year	Grievances
Jul-21	13
Aug-21	18
Sep-21	21
Oct-21	22
Nov-21	7
Dec-21	9
Jan-22	12
Feb-22	7
Mar-22	17
Apr-22	17
May-22	14
Jun-22	13

## Average time for an Appointment for Primary and Specialty Care

Average 3rd Next Available\* Day out for Appointments.

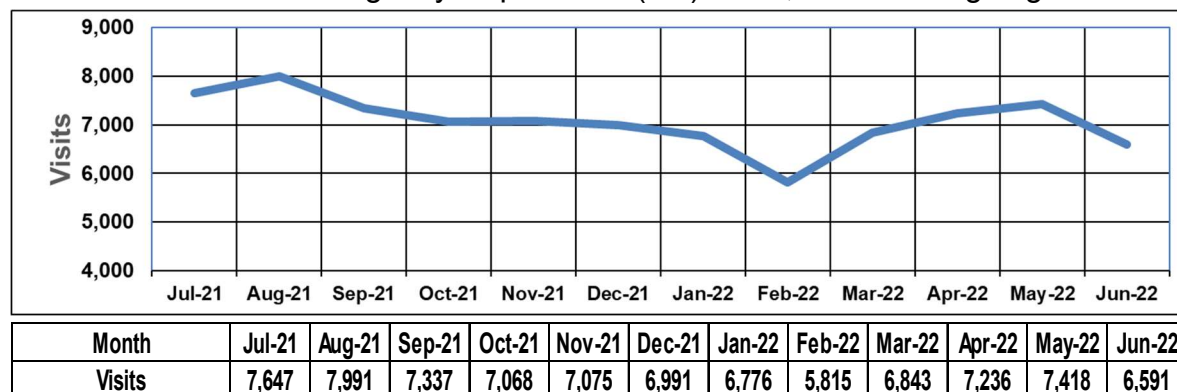


Month	UNMH Family Health	UNMH Specialty Clinics
Jul-21	28.7	55.5
Aug-21	25.5	49.5
Sep-21	29.3	48.2
Oct-21	27.2	43.9
Nov-21	30.1	48.8
Dec-21	35.6	46.0
Jan-22	32.4	48.6
Feb-22	26.6	54.0
Mar-22	26.8	45.3
Apr-22	24.8	50.8
May-22	24.1	47.4
Jun-22	29.7	49.0

\* “3rd Next Available” is the industry standard for measuring appointment access and best represents the performance of the appointment access system as a whole.

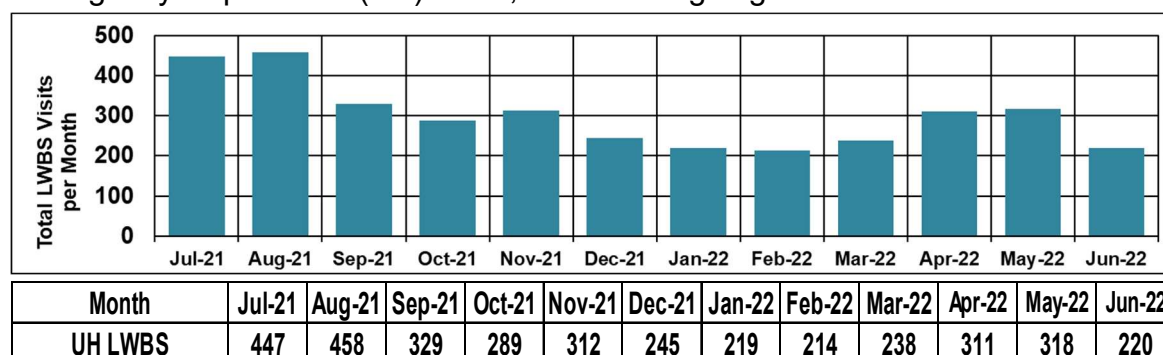
## Number of Emergency Department (ED) Visits

Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.

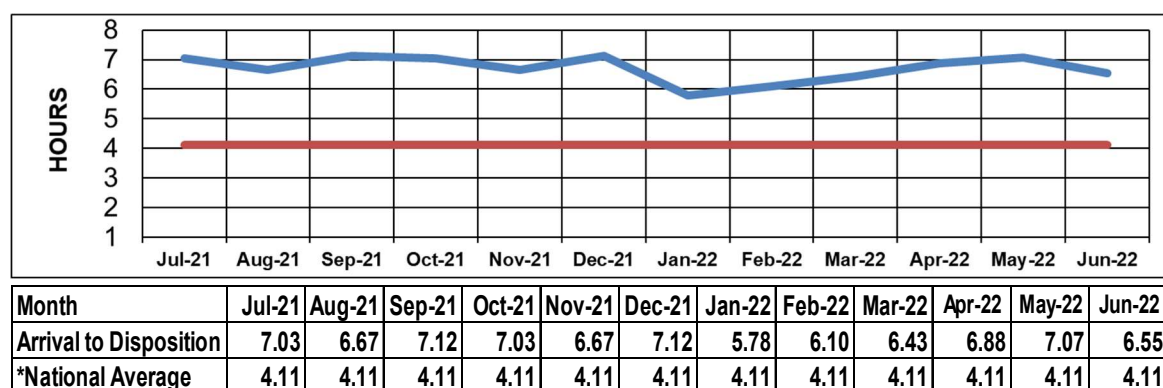


## Total ED Patients Left without Being Seen

Patients who "Left Without Being Seen" (LWBS), including all Adult and Pediatric Emergency Department (ED) Visits, not including Urgent Care visits.



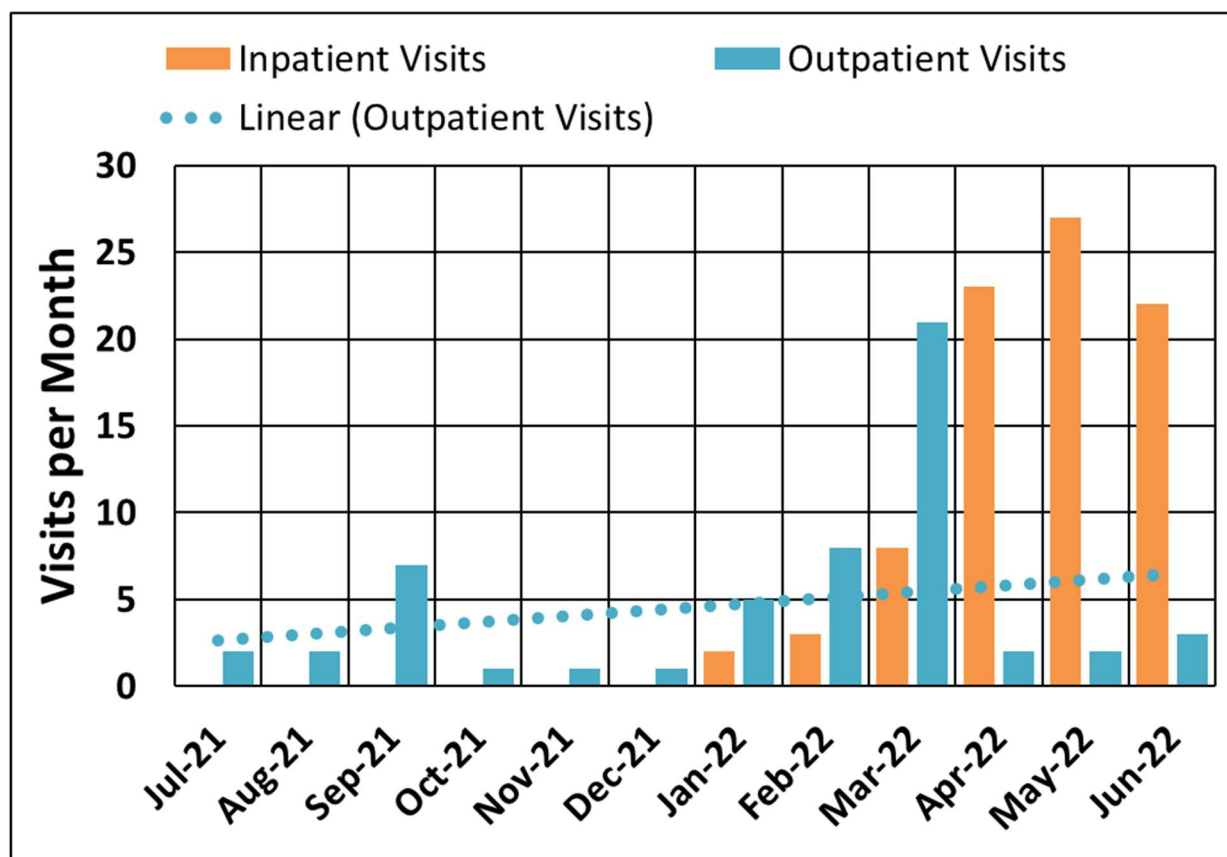
## ED Average Hours from Arrival to Disposition



\* Press Ganey, ED Pulse Report, 2010 - Average LOS in ED: 4 hours, 7 minutes.



## MDC Inmates Receiving Hospital Services



Month	Inpatient Visits	Outpatient Visits
Jul-21	0	2
Aug-21	0	2
Sep-21	0	7
Oct-21	0	1
Nov-21	0	1
Dec-21	0	1
Jan-22	2	5
Feb-22	3	8
Mar-22	8	21
Apr-22	23	2
May-22	27	2
Jun-22	22	3

Bernalillo County Metropolitan Detention Center (MDC) inmates receiving care at UNM Hospitals and registered as Metro BCDC (MDC ABQ Metro).

Typically, patients use their own insurance when possible.

## Bernalillo County Encounters by Funding Source

All Bernalillo County encounters for the twelve (12) months ended June 30, 2022, broken down by funding source.

Source	Bernalillo County Encounters
Charity Care - Bernalillo County	18,715
EMSA	489
IHS	3,162
Medicaid	284,139
Medicare	274,077
Uninsured	32,893
HMO's & Insurance	247,207
All Other *	60,974
<b>Total Encounters</b>	<b>921,656</b>
<b>Native American Encounters **</b>	<b>107,211</b>

### Encounters:

Bernalillo County consist of Inpatients and Outpatients who provided a Bernalillo County zip code during their registration. Categories are based on Primary Payer Code. Native American Encounters are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above. Includes Acute and Behavioral Health.

\***All Other** includes: Champus, Veteran Affairs, Tricare and Out of State Medicaid

\*\***Native American Encounters** are based on race as provided during registration, are not restricted to only Bernalillo County zip codes and could be duplicate of the Bernalillo encounters by payer above.

## Financial Assistance to Patients by County

Total financial assistance for the twelve (12) months ended June 30, 2022, based on primary and secondary coverage.

County	Charity Care Cost	Uninsured Cost	Total Uncompensated Care Cost
Bernalillo	\$ 33,029,626	\$ 18,190,239	\$ 51,219,865
Catron	18,741	14,154	32,895
Chaves	554,750	208,331	763,081
Cibola	497,107	256,188	753,295
Colfax	36,839	10,853	47,692
Curry	172,805	14,656	187,462
De Baca	-	-	-
Dona Ana	190,068	72,704	262,771
Eddy	159,796	219,054	378,850
Grant	56,408	24,410	80,818
Guadalupe	49,754	32,895	82,649
Harding	65	-	65
Hidalgo	219	-	219
Lea	48,034	93,498	141,532
Lincoln	150,284	28,363	178,647
Los Alamos	12,105	2,695	14,799
Luna	173,081	2,009	175,090
Mc Kinley	679,012	447,133	1,126,145
Mora	68,246	1,112	69,358
Otero	82,016	42,085	124,101
Quay	11,424	50,778	62,202
Rio Arriba	409,938	206,160	616,097
Roosevelt	90,146	7,101	97,247
San Juan	835,888	362,811	1,198,699
San Miguel	669,051	68,618	737,669
Sandoval	1,892,806	1,136,721	3,029,527
Santa Fe	2,093,346	807,690	2,901,036
Sierra	24,247	45,182	69,429
Socorro	513,359	192,307	705,666
Taos	393,202	162,562	555,763
Torrance	502,799	301,772	804,571
Union	30,324	18,822	49,146
Valencia	4,842,712	3,676,973	8,519,685
Out Of State	-	3,494,444	3,494,444
<b>Grand Total</b>	<b>\$ 48,288,197</b>	<b>\$ 30,192,317</b>	<b>\$ 78,480,514</b>

Total Uncompensated Care Cost: Cost of care for UNM Hospitals is the actual cost of providing care - salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

## Financial Assistance to Bernalillo County Patients by Zip Code

Totals for the twelve (12) months ended June 30, 2022.

Bernalillo County Zip	Inpatient Encounter Count	Inpatient Charity Care and Uninsured Cost	Outpatient Encounter Count	Outpatient Charity Care and Uninsured Cost	Total Encounter Count	Total Patient Charity Care and Uninsured Cost
87008	4	\$33,791	135	\$ 38,778	139	\$ 72,570
87022	4	16,520	110	39,731	114	56,251
87047	12	84,303	243	120,078	255	204,381
87059	20	134,399	378	67,481	398	201,880
87100	-	-	1	21	1	21
87101	1	1,084	7	4,678	8	5,761
87102	153	1,158,292	3,655	1,339,490	3,808	2,497,782
87103	2	2,128	25	11,313	27	13,441
87104	59	347,010	1,164	262,272	1,223	609,283
87105	360	3,175,952	10,618	4,659,217	10,978	7,835,168
87106	135	1,433,758	3,063	1,288,405	3,198	2,722,163
87107	131	1,148,950	3,468	1,153,895	3,599	2,302,846
87108	314	2,962,995	6,152	2,750,176	6,466	5,713,171
87109	131	760,450	2,899	845,340	3,030	1,605,790
87110	137	761,411	3,531	962,682	3,668	1,724,093
87111	91	331,133	2,673	850,964	2,764	1,182,097
87112	144	748,705	4,025	1,025,435	4,169	1,774,140
87113	38	369,841	1,180	449,015	1,218	818,856
87114	108	714,810	3,337	1,015,408	3,445	1,730,218
87115	-	-	-	-	-	-
87116	4	7,955	67	39,801	71	47,756
87117	-	-	4	2,919	4	2,919
87119	2	3,237	64	45,225	66	48,462
87120	125	1,009,642	3,602	1,198,491	3,727	2,208,133
87121	506	4,947,648	16,029	7,585,416	16,535	12,533,064
87122	15	35,703	483	198,015	498	233,718
87123	219	2,009,822	5,690	2,166,325	5,909	4,176,147
87125	8	40,184	160	39,415	168	79,599
87128	-	-	-	-	-	-
87130	-	-	-	-	-	-
87131	-	-	13	3,352	13	3,352
87140	-	-	-	-	-	-
87151	3	59,720	64	75,295	67	135,015
87153	1	1,885	10	1,615	11	3,500
87154	2	2,440	128	8,918	130	11,358
87158	-	-	-	-	-	-
87176	4	45,297	108	25,326	112	70,623
87181	1	403	33	4,467	34	4,870
87184	1	1,070	11	1,228	12	2,298
87185	-	-	-	-	-	-
87187	1	46	12	677	13	723
87190	1	1,711	51	7,647	52	9,357
87191	-	-	17	1,159	17	1,159
87192	2	15,060	16	6,965	18	22,026
87193	2	41,663	72	14,730	74	56,393
87194	2	6,998	31	4,299	33	11,298
87195	4	21,789	143	13,167	147	34,956
87196	-	-	56	2,782	56	2,782
87197	3	26,075	126	8,075	129	34,150
87198	9	396,170	106	7,616	115	403,786
87199	4	1,985	113	10,525	117	12,511
<b>Grand Total</b>	<b>2,763</b>	<b>\$ 22,862,033</b>	<b>73,873</b>	<b>\$ 28,357,832</b>	<b>\$ 76,636</b>	<b>\$ 51,219,865</b>

## Financial Assistance to Bernalillo County Patients by Service Type

Totals for the twelve (12) months ended June 30, 2022.

Bernalillo County Zip	Medicine Count	Surgery Count	Cancer Count	Ortho-pedics Count	Womens Health Count	Cardio-vascular/Respiratory/Cardiac Care Count	Neuro-sciences/Neuro-logical Count	Spine Count	Other Count	Neo-natology/Normal Newborn/Childrens Count	Behavioral Health Count	Trauma Count	Total Count
87008	33	15	47	15	2	8	2	4	1	-	12	-	139
87022	22	13	46	6	7	7	3	4	-	-	6	-	114
87047	83	47	29	29	4	28	15	11	2	-	7	-	255
87059	124	46	59	40	6	27	28	13	5	-	50	-	398
87100	1	-	-	-	-	-	-	-	-	-	-	-	1
87101	4	-	-	2	-	-	-	-	-	-	2	-	8
87102	1,310	532	298	323	313	206	168	106	41	15	496	-	3,808
87103	15	3	-	-	1	-	1	-	1	1	5	-	27
87104	389	204	97	123	97	71	42	36	13	5	146	-	1,223
87105	3,631	1,596	1,005	1,144	1,300	615	480	313	118	30	746	-	10,978
87106	980	393	251	273	323	166	167	71	41	12	521	-	3,198
87107	1,262	458	236	322	404	187	151	102	48	6	423	-	3,599
87108	2,418	793	474	492	654	350	251	124	95	24	791	-	6,466
87109	995	332	374	249	209	209	120	71	47	6	418	-	3,030
87110	1,255	504	323	380	169	251	230	115	47	6	388	-	3,668
87111	883	350	345	199	172	163	202	79	31	2	338	-	2,764
87112	1,362	485	510	405	289	262	209	116	42	11	478	-	4,169
87113	352	138	323	89	55	89	44	27	10	1	90	-	1,218
87114	1,201	389	373	337	227	177	217	98	44	6	375	1	3,445
87115	-	-	-	-	-	-	-	-	-	-	-	-	-
87116	24	4	25	2	10	2	1	-	2	-	1	-	71
87117	1	1	-	-	-	-	-	-	-	-	2	-	4
87119	25	12	3	10	4	8	2	-	-	1	1	-	66
87120	1,206	438	391	385	311	173	264	109	47	10	392	1	3,727
87121	5,543	2,227	1,606	1,485	2,558	973	672	406	207	55	803	-	16,535
87122	207	76	54	54	17	30	18	13	6	-	23	-	498
87123	2,236	782	554	445	565	330	278	168	79	18	453	1	5,909
87125	61	21	16	10	1	9	7	8	1	-	34	-	168
87128	-	-	-	-	-	-	-	-	-	-	-	-	-
87130	-	-	-	-	-	-	-	-	-	-	-	-	-
87131	11	1	-	-	-	-	-	1	-	-	-	-	13
87140	-	-	-	-	-	-	-	-	-	-	-	-	-
87151	14	17	4	7	-	3	4	1	1	-	16	-	67
87153	7	-	-	1	-	1	1	-	1	-	-	-	11
87154	40	10	21	28	-	7	13	5	1	-	5	-	130
87158	-	-	-	-	-	-	-	-	-	-	-	-	-
87176	33	25	18	10	4	10	5	3	-	-	4	-	112
87181	13	7	7	2	-	2	2	1	-	-	-	-	34
87184	3	1	1	4	-	-	2	-	-	-	1	-	12
87185	-	-	-	-	-	-	-	-	-	-	-	-	-
87187	4	-	5	2	-	-	1	-	-	-	1	-	13
87190	13	1	6	2	1	1	16	2	-	-	10	-	52
87191	9	5	-	1	-	1	1	-	-	-	-	-	17
87192	7	1	1	1	-	5	-	1	-	-	2	-	18
87193	17	20	4	11	4	2	8	2	1	-	5	-	74
87194	14	4	1	8	-	1	-	3	-	-	2	-	33
87195	55	30	7	13	7	12	5	5	1	-	12	-	147
87196	34	4	2	7	1	-	1	1	2	-	4	-	56
87197	65	20	14	5	1	11	9	1	-	-	3	-	129
87198	46	10	4	17	2	18	5	2	1	-	10	-	115
87199	31	12	26	12	-	6	12	4	2	-	12	-	117
<b>Grand Total</b>	<b>26,039</b>	<b>10,027</b>	<b>7,560</b>	<b>6,950</b>	<b>7,718</b>	<b>4,421</b>	<b>3,657</b>	<b>2,026</b>	<b>938</b>	<b>209</b>	<b>7,088</b>	<b>3</b>	<b>76,636</b>

## Primary Reason for Bernalillo County Indigent Resident Visits

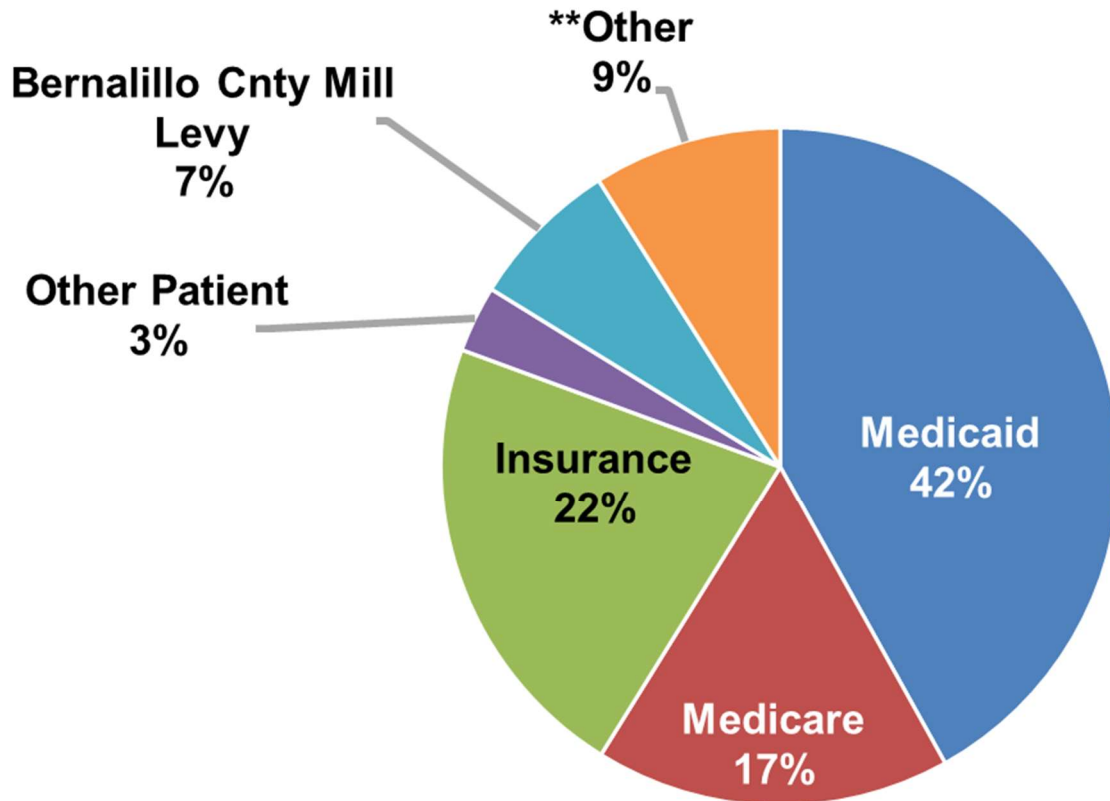
Totals are for each of the eight (8) quarters ended June 30, 2022.

Description	2022Q4	2022Q3	2022Q2	2022Q1	2021Q4	2021Q3	2021Q2	2021Q1
Factors influencing health status and contact with health services	4,018	4,057	4,342	5,045	5,022	5,396	9,582	8,432
undefined	2,810	1,823	1,883	2,086	2,302	2,359	3,644	4,135
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,594	1,547	1,684	1,939	2,042	1,874	2,484	2,762
Diseases of the musculoskeletal system and connective tissue	1,544	1,462	1,560	1,905	1,990	1,894	2,560	2,943
Injury, poisoning and certain other consequences of external causes	947	802	955	1,210	1,238	1,018	1,527	1,984
Endocrine, nutritional and metabolic diseases	898	871	962	1,192	1,293	1,245	1,598	1,882
Mental and behavioral disorders	876	908	981	1,162	1,318	1,345	1,626	1,808
Diseases of the circulatory system	839	845	887	991	1,091	1,052	1,435	1,655
Diseases of the nervous system	695	685	777	843	910	959	1,197	1,288
Diseases of the respiratory system	657	571	681	665	556	468	939	1,386
Neoplasms	605	622	716	887	959	841	1,140	1,314
Diseases of the genitourinary system	590	564	628	743	802	814	1,144	1,360
Diseases of the digestive system	580	512	547	628	730	743	966	1,102
Diseases of the skin and subcutaneous tissue	464	438	464	568	613	548	784	943
Pregnancy, childbirth and the puerperium	429	443	495	613	625	574	771	878
Diseases of the eye and adnexa	306	313	306	405	426	394	529	636
Certain infectious and parasitic diseases	227	200	241	238	243	198	329	341
Diseases of the ear and mastoid process	220	189	206	240	205	183	240	334
Codes for special purposes	130	292	174	91	55	207	1,120	275
Congenital malformations, deformations and chromosomal abnormalities	129	117	126	150	156	162	196	247
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	110	113	117	137	146	148	198	218
Certain conditions originating in the perinatal period	29	28	32	34	22	21	26	35
External causes of morbidity and mortality	0	0	0	1	0	1	1	0
	<b>18,697</b>	<b>17,402</b>	<b>18,764</b>	<b>21,773</b>	<b>22,744</b>	<b>22,444</b>	<b>34,036</b>	<b>35,958</b>

The visit count consists of indigent patients who provided a Bernalillo County zip code during their registration. Categories are based on CMS diagnosis codes.

## Revenues by Payor Source

### FY 2021 Revenue (Audited)



	<b>FY2021</b>
Medicaid	\$ 649,447,760
Medicare	262,835,228
Insurance	337,499,932
Other Patient	49,228,950
Bernalillo Cnty Mill Levy	112,132,446
**Other	139,472,539
<b>Total</b>	<b>\$ 1,550,616,855</b>

**\*Other Patient:** Champus, Veteran Affairs, Tricare and Out of State Medicaid

**\*\*Other:** All other revenues that are not patient related. Such as State and Local Contracts, Other Operating Revenue, State Appropriations, Capital Appropriations, CARES ACT Funding and Contributions, and Investment Income.



# B. GOOD PRIMARY CARE SYSTEM

## Total Number of Outpatient Clinic Visits

FY20 is based on the twelve (12) months ended June 30, 2020.

FY21 is based on the twelve (12) months ended June 30, 2021.

FY22 is based on the twelve (12) months ended June 30, 2022

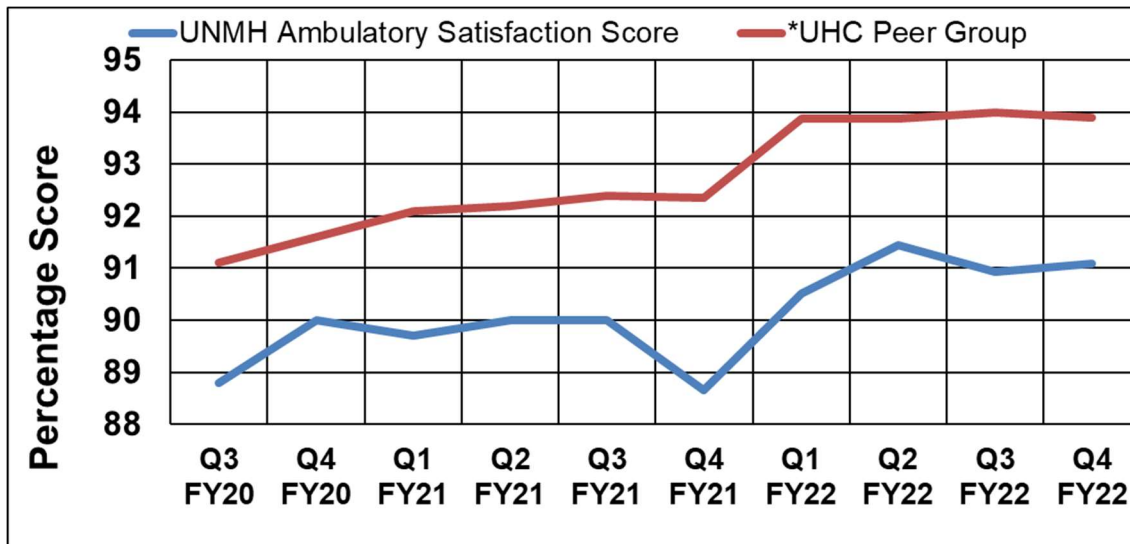
507,363	<b>FY20 Actual (12 Months)</b>
534,607	<b>FY21 Actual (12 Months)</b>
562,253	<b>FY22 Actual (12 Months)</b>

Outpatient visit total by Fiscal Year, including all Primary and Specialty clinics.

## Number of Evening and Weekend Clinics (To deflect ED visits)

Clinic:	Location:	Hours:
Adult Urgent Care	Main Hospital - 1st Floor, 2211 Lomas Blvd NE	Mon-Fri: 7am-8pm, Sat 7am-6pm
Peds Urgent Care	Main Hospital - 3rd Floor, 2211 Lomas Blvd NE	Mon-Fri: 8am-7pm, Sat 9am-2pm
Young Children's Health Center	306 San Pablo ST SE, Suite A	Mon-Fri: 8am-7pm, Sat 9am-2pm

## Press Ganey Ambulatory Satisfaction Score

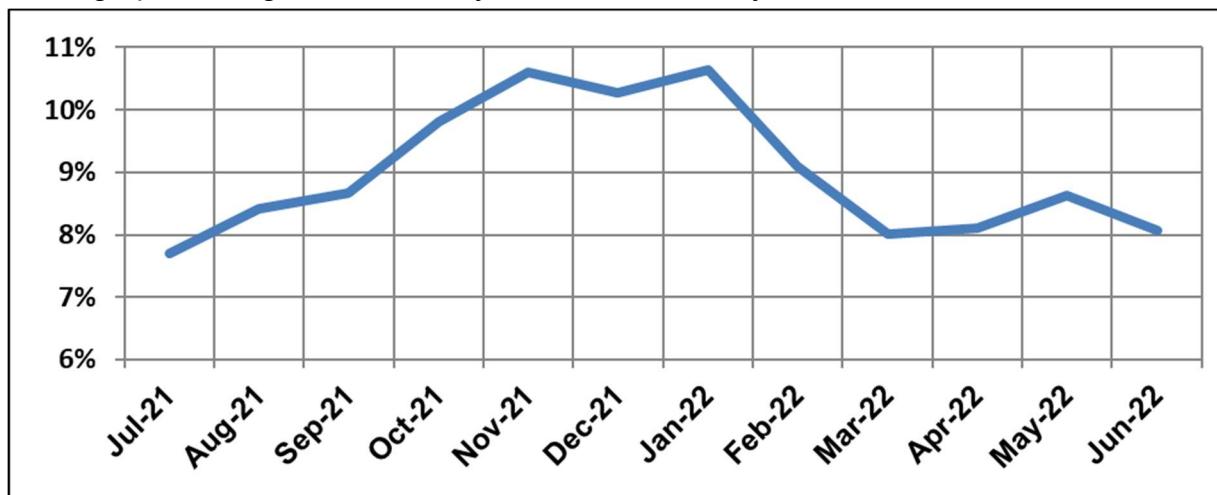


Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
<b>UNMH Ambulatory Satisfaction Score</b>	88.8	90.0	89.7	90.0	90.0	88.7	90.5	91.4	90.9	91.1
<b>*UHC Peer Group</b>	91.1	91.6	92.1	92.2	92.4	92.4	93.9	93.9	94.0	93.9

\*The University Health System Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

## Percentage of Primary Care Patients with Same Day Clinic Appointments

Average percentage of Same Day Access for Primary Care Clinics.



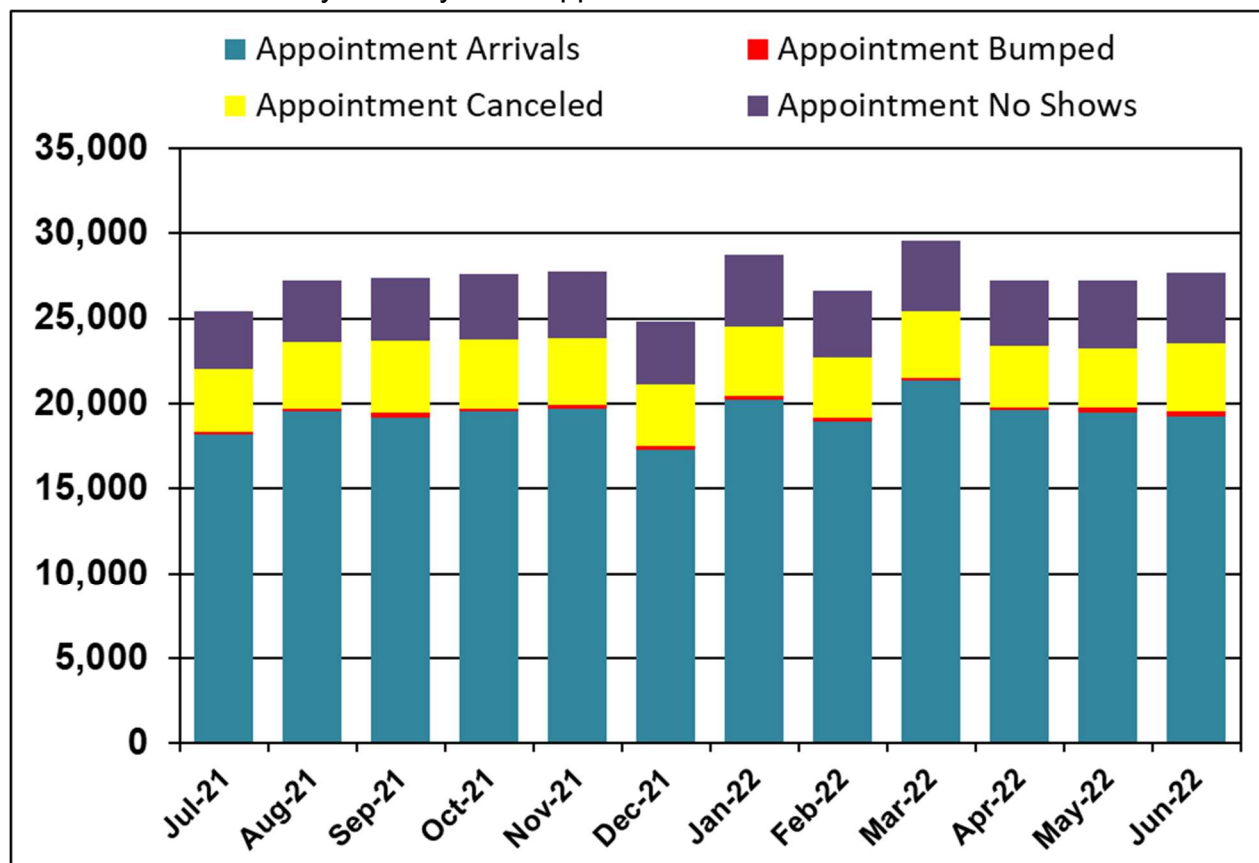
Month	Same Day	Total Arrived	Same Day Rate
Jul-21	1,096	14,224	7.7%
Aug-21	1,300	15,445	8.4%
Sep-21	1,290	14,890	8.7%
Oct-21	1,525	15,547	9.8%
Nov-21	1,676	15,813	10.6%
Dec-21	1,418	13,810	10.3%
Jan-22	1,751	16,461	10.6%
Feb-22	1,347	14,803	9.1%
Mar-22	1,349	16,837	8.0%
Apr-22	1,259	15,525	8.1%
May-22	1,327	15,377	8.6%
Jun-22	1,236	15,304	8.1%

Most recent three (3) month average for Same Day Access by Primary Care Clinic.

Average	Primary Care Clinics
6.7%	1209 Clinic
8.3%	Alamo Primary Care Clinic
6.6%	Family Practice Clinic
2.3%	General Pediatric Clinic
5.7%	Northeast Heights Clinic
5.0%	Senior Health Center
6.7%	Southeast Heights Clinic
4.0%	Southwest Mesa Clinic
4.1%	SRMC FP Clinic
6.4%	UH 4th Street NV Clinic
8.2%	UH Atrisco Heritage
60.3%	UNM Lobocare Clinic
4.5%	UNMMG Family Health Grande
5.8%	Westside Clinic
7.4%	Young Childrens Health Center

## Primary Care Outpatient Appointment Dispositions

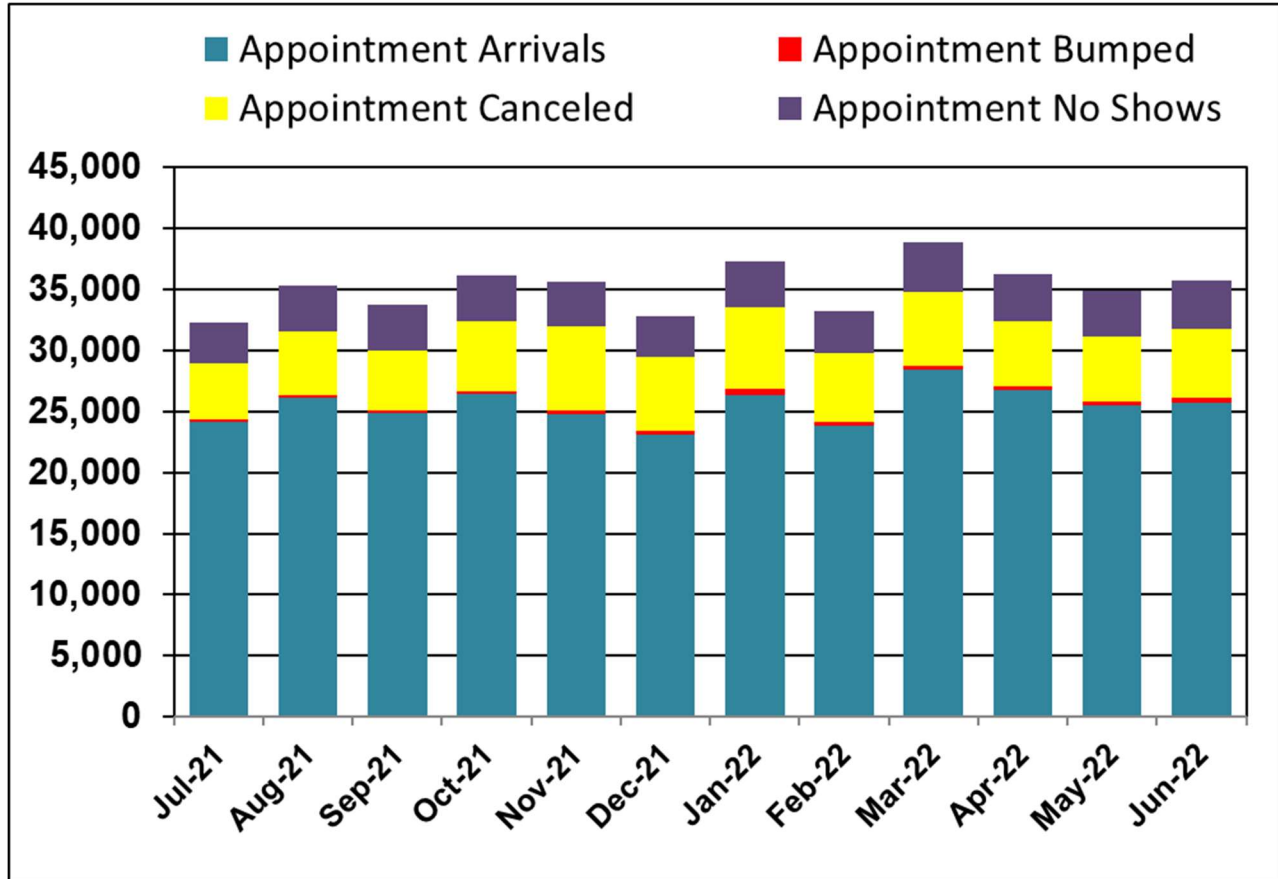
This data includes only Primary Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-21	18,209	152	3,682	3,338
Aug-21	19,519	164	3,915	3,617
Sep-21	19,192	251	4,235	3,720
Oct-21	19,510	168	4,079	3,806
Nov-21	19,725	186	3,920	3,900
Dec-21	17,290	249	3,561	3,735
Jan-22	20,207	242	4,029	4,272
Feb-22	18,946	186	3,609	3,880
Mar-22	21,318	205	3,861	4,188
Apr-22	19,647	128	3,591	3,862
May-22	19,502	232	3,521	3,954
Jun-22	19,260	314	3,939	4,155

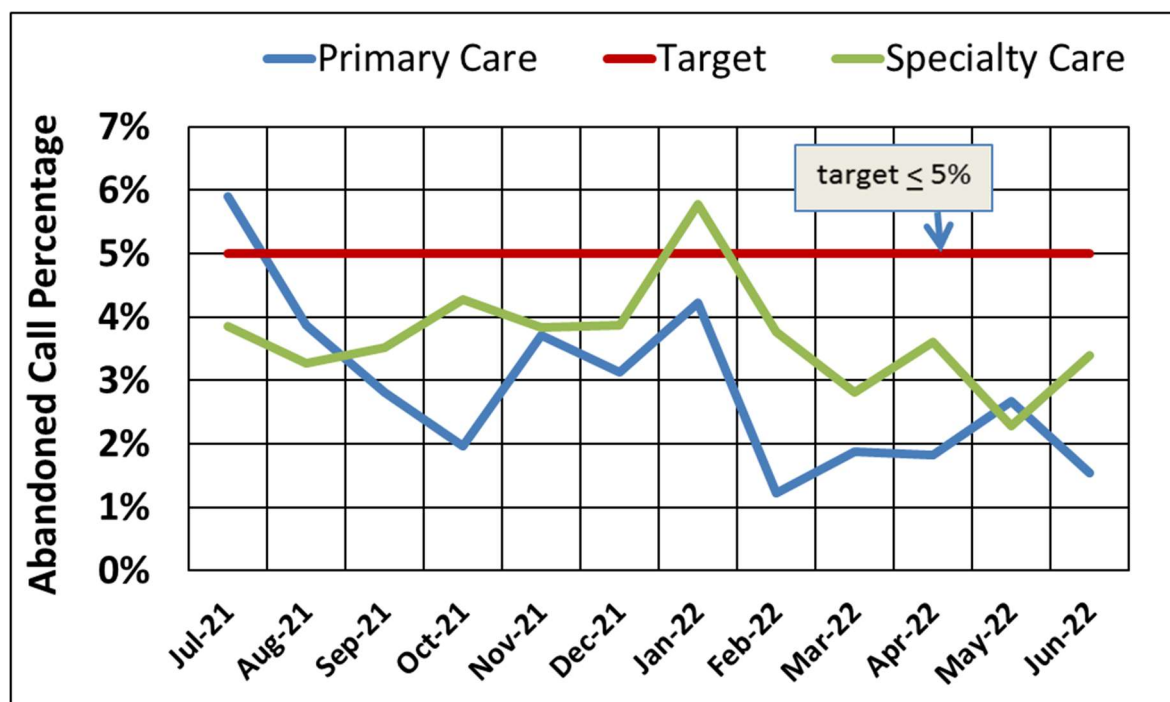
## Specialty Care Outpatient Appointment Dispositions

This data includes only Specialty Care appointments.



Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-21	24,131	197	4,604	3,372
Aug-21	26,132	248	5,138	3,791
Sep-21	24,875	213	4,896	3,784
Oct-21	26,415	294	5,698	3,767
Nov-21	24,827	292	6,864	3,678
Dec-21	23,101	330	6,096	3,281
Jan-22	26,375	503	6,685	3,687
Feb-22	23,855	328	5,614	3,462
Mar-22	28,420	350	6,048	4,060
Apr-22	26,757	285	5,357	3,859
May-22	25,513	341	5,308	3,771
Jun-22	25,718	388	5,662	3,986

## Percentage Abandoned Phone Calls for Primary and Specialty Care



Area: Month	UNMH Primary Care Scheduling ACD	UNMH Specialty Care Scheduling ACD	Goal Standard for Call Center
Jul-21	5.90%	3.86%	5%
Aug-21	3.87%	3.27%	5%
Sep-21	2.81%	3.52%	5%
Oct-21	1.96%	4.28%	5%
Nov-21	3.72%	3.83%	5%
Dec-21	3.13%	3.88%	5%
Jan-22	4.22%	5.77%	5%
Feb-22	1.23%	3.76%	5%
Mar-22	1.88%	2.82%	5%
Apr-22	1.82%	3.61%	5%
May-22	2.67%	2.29%	5%
Jun-22	1.55%	3.39%	5%

## Medication Reconciliation Goals Primary and Specialty Care

UNMH Medication reconciliation as of June 2022.

61.2%	National Patient Safety Goal - Medication Reconciliation Primary Care
36.9%	National Patient Safety Goal - Medication Reconciliation Specialty Care

## Percentage of Patients with Access to Electronic Medical Record

The statistics below are only for online access to medical records.

As of July 5, 2022.

339,488	Invitations sent out to patients who provided an email address.
156,954	Patients who have claimed invitation to sign up.
<b>136,191</b>	*Active Users who have accessed their medical records.
<b>40%</b>	Percentage of patients who can potentially access their medical records electronically .

\*The number of Active Users shown is the current number. It does not allow for deceased patients, nor children under age 13 covered under Children's Online Privacy Protection Act (COPPA).

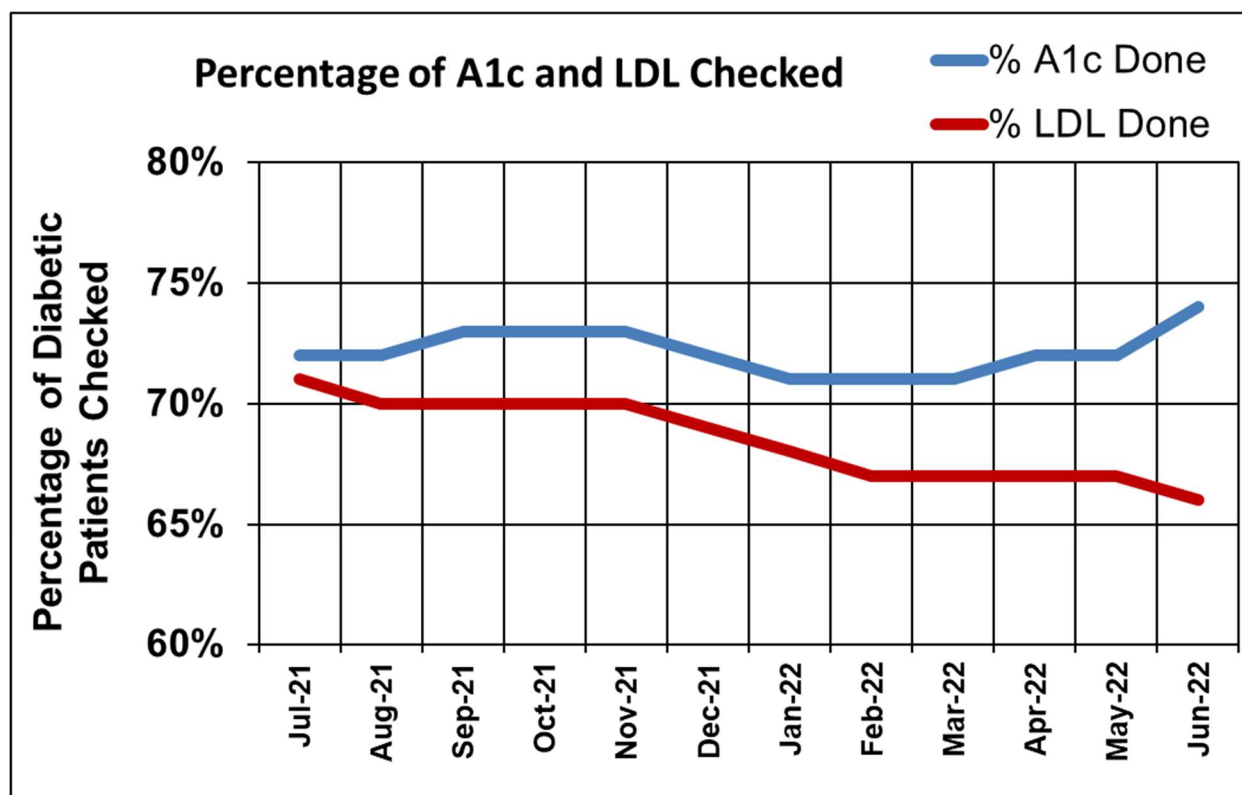
One hundred percent (100%) of all patients may access their medical records in person at UNMH Health Information Management (HIM).

UNMH turned on the **MyHealth** on October 31, 2012 to provide patients on-line access to their medical records. **MyHealth** is UNM's patient portal where you can manage your health care outside of the traditional office visit.

What to expect from MyHealth at UNM:

- See appointment information anytime.
- See your lab results and data.
- HIPAA-compliant, secure way to communicate with your Doctors and Healthcare Providers.
- View, download, and share parts of your UNM health record.

## Diabetes Management Indicators for HgbA1C and LDL <100



Month	Total Patients	A1c Done	% A1c Done	LDL Done	% LDL Done
Jul-21	7,574	5,425	72%	5,368	71%
Aug-21	7,687	5,570	72%	5,399	70%
Sep-21	7,697	5,571	73%	5,363	70%
Oct-21	7,723	5,621	73%	5,343	70%
Nov-21	7,797	5,613	73%	5,362	70%
Dec-21	7,851	5,537	72%	5,312	69%
Jan-22	7,876	5,601	71%	5,360	68%
Feb-22	7,892	5,587	71%	5,298	67%
Mar-22	7,957	5,669	71%	5,308	67%
Apr-22	8,023	5,750	72%	5,344	67%
May-22	8,079	5,843	72%	5,379	67%
Jun-22	8,103	5,953	74%	5,381	66%

As of January 1, 2019, diabetes reporting converted to a new data source, which resulted in capturing a more complete population of patients. This led to an overall 18% increase in total number of patients captured for tracking Diabetes and LDL.



## C. FINANCIAL SERVICES

### UNM Care Enrollment, Self-Pay and Medicaid Applications

Month	UNM Care Plan Enrollment Counts	Number of Self Pay Patients Seen on Discount Program	Number of Medicaid applications completed at UNMH
Jul-21	5,848	124	115
Aug-21	5,825	75	141
Sep-21	5,702	57	92
Oct-21	4,305	57	172
Nov-21	4,571	60	126
Dec-21	4,295	45	151
Jan-22	3,680	27	160
Feb-22	5,154	24	129
Mar-22	5,020	17	187
Apr-22	4,182	18	126
May-22	5,389	10	163
Jun-22	4,142	13	115

### Total Uncompensated Care – Charity Care and Uninsured

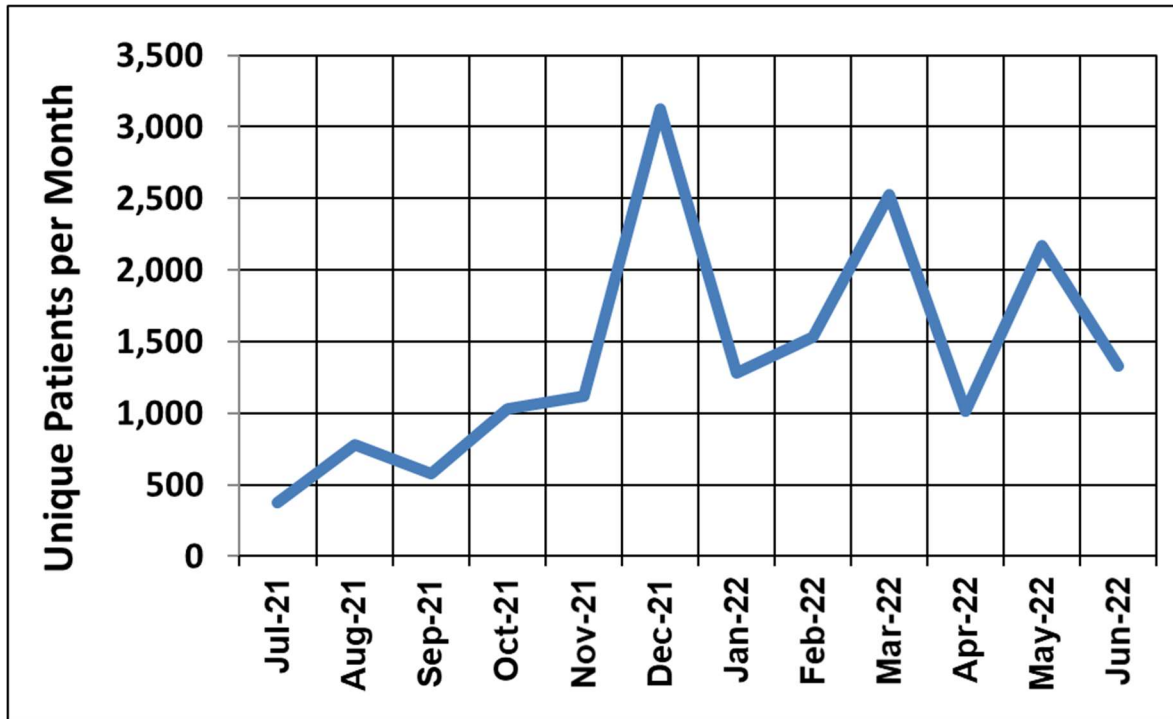
For the twelve (12) months ended June 30, 2022, based on primary and secondary coverage.

Bernalillo County	Charity Care	Uninsured	Total Uncompensated Care
Unduplicated Census	15,982	9,423	25,405
Encounters	55,202	21,434	76,636
<b>Cost</b>	<b>\$ 33,029,626</b>	<b>\$ 18,190,239</b>	<b>\$ 51,219,865</b>

**Total Uncompensated Care Cost:** Cost of care for UNM Hospitals is the actual cost of providing care - salary, benefits, supplies, drugs, blood, organs, utilities, depreciation, contracts, services.

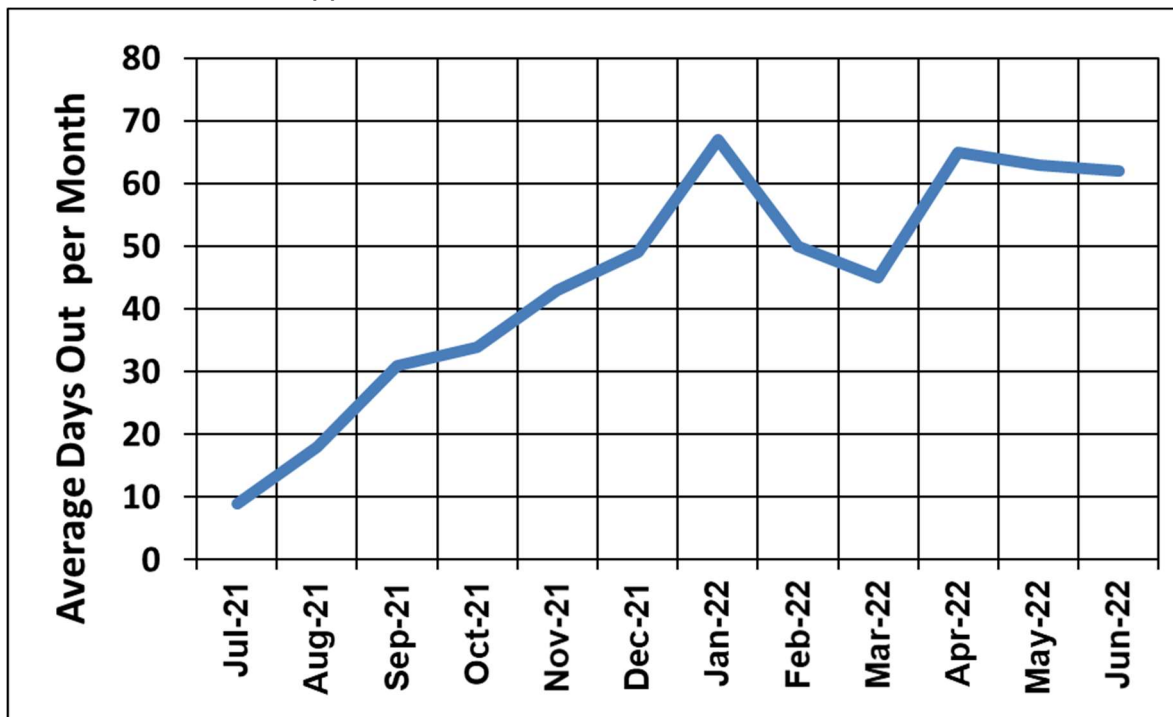
## Number of Unique Patients Sent to Collections

The following trend is the monthly number of unique patient accounts sent to the UNMH contracted collection agency and includes all counties.



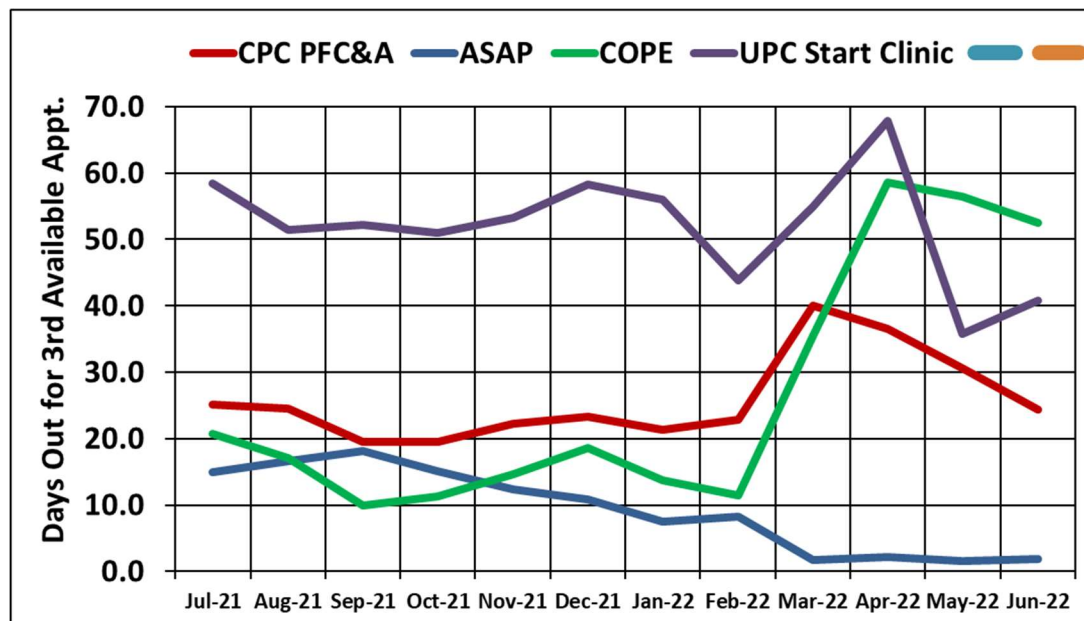
## Days Out For Scheduling Financial Assistance Appointment

The statistics below are the average number of “days out” each month for scheduling a financial assistance appointment.



## D. BEHAVIORAL HEALTH

### Average Appointment Time for BH Outpatient Services



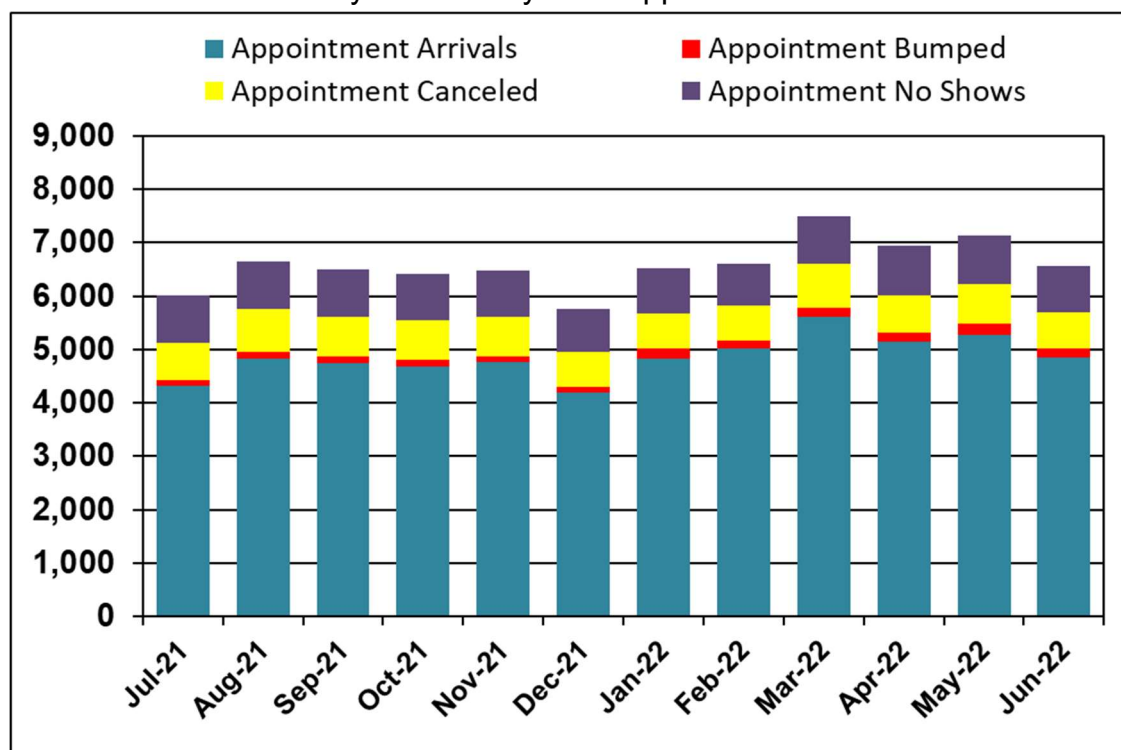
Month	CPC PFC&A	ASAP	COPE	UPC Start Clinic
Jul-21	25.1	14.9	20.8	58.5
Aug-21	24.5	16.6	17.0	51.5
Sep-21	19.5	18.1	9.9	52.2
Oct-21	19.5	15.1	11.3	51.0
Nov-21	22.2	12.3	14.7	53.3
Dec-21	23.3	10.9	18.6	58.3
Jan-22	21.3	7.5	13.7	56.0
Feb-22	22.9	8.3	11.5	43.9
Mar-22	40.1	1.7	35.4	55.0
Apr-22	36.6	2.1	58.6	67.8
May-22	30.6	1.6	56.5	35.8
Jun-22	24.3	1.9	52.5	40.8

#### Definitions For Above Acronyms

<b>CPC PFC&amp;A</b>	Children's Psychiatric Center Programs for Children and Adolescents
<b>ASAP</b>	Alcohol and Substance Abuse Program
<b>COPE</b>	Chronic Occurrences of Psychotic Episodes Clinic. The Center for Recovery and Resiliency consolidated into COPE
<b>UPC Start Clinic</b>	University Psychiatric - Start Clinic (General Clinic)

## BH Specialty Care Outpatient Appointment Disposition

The statistics below are for just Behavioral Health (BH) Specialty Care appointments and does not include any BH Primary Care appointments.



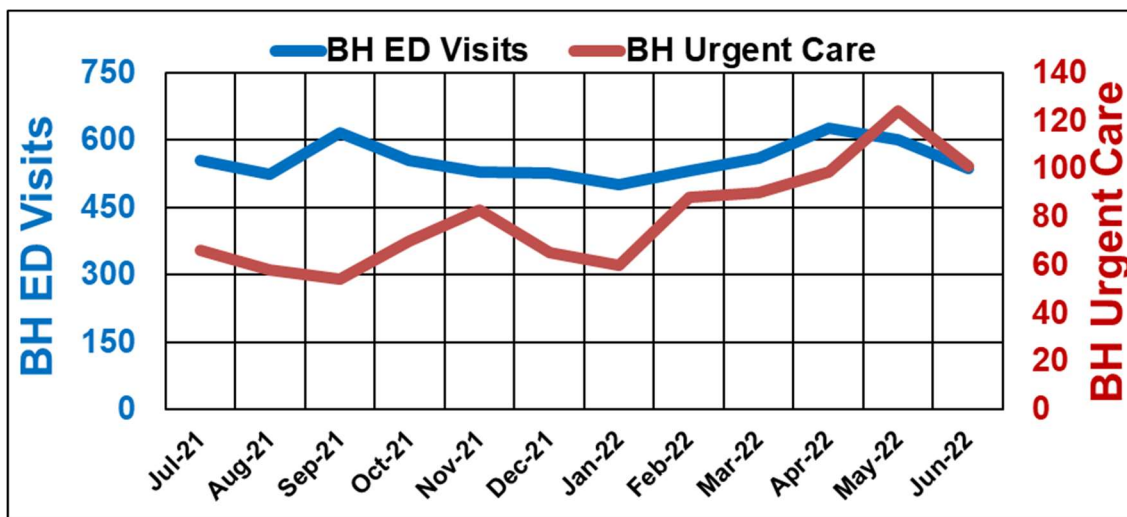
Month	Appointment Arrivals	Appointment Bumped	Appointment Canceled	Appointment No Shows
Jul-21	4,315	117	702	888
Aug-21	4,824	134	807	890
Sep-21	4,750	119	744	887
Oct-21	4,682	120	737	877
Nov-21	4,758	115	733	872
Dec-21	4,187	123	645	797
Jan-22	4,837	178	655	842
Feb-22	5,019	150	659	773
Mar-22	5,620	170	824	876
Apr-22	5,136	177	700	924
May-22	5,280	215	727	905
Jun-22	4,850	180	672	866

## Number of Unique Outpatients and Number of Encounters CY2021

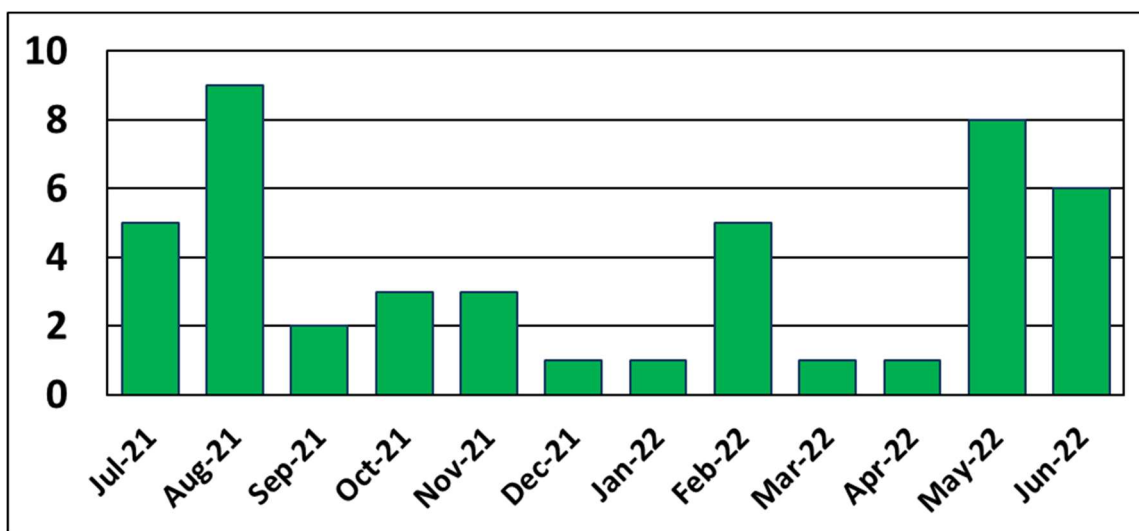
Patient Group	Patients Served	Total Encounters
BH UPC Outpatient*	10,673	69,895
BH CPC Outpatient	3,186	20,478

\* Excluding all Suboxone and Methadone Visits

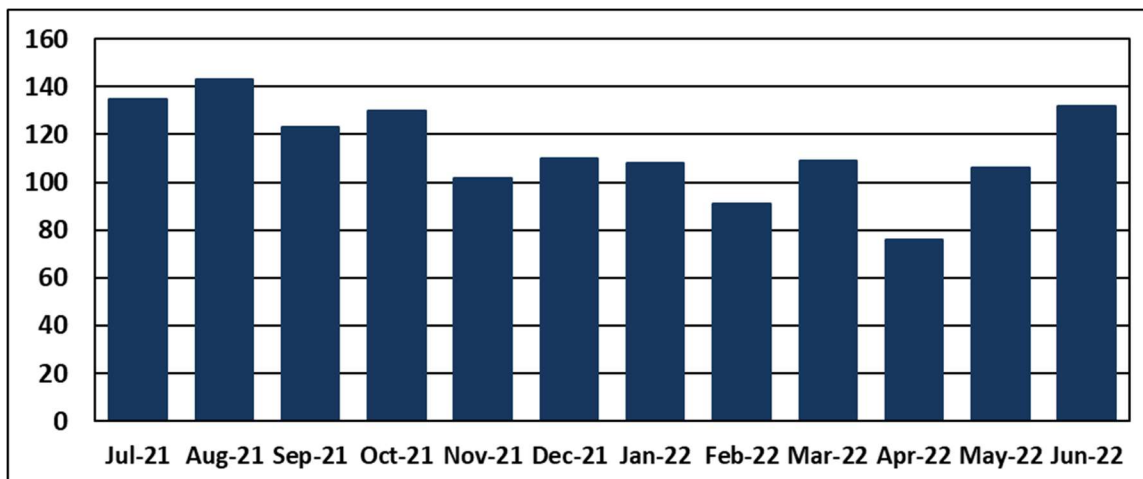
### Psychiatric Emergency Department and Urgent Care Encounters



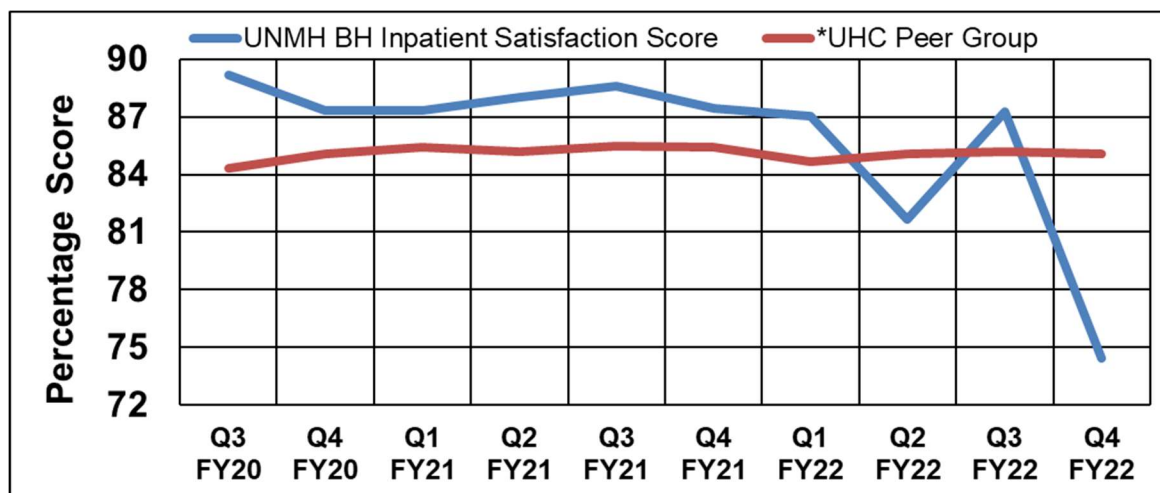
### Number of Fast Track Patients Seen



### Law Enforcement Drop offs at Psychiatric Emergency Services

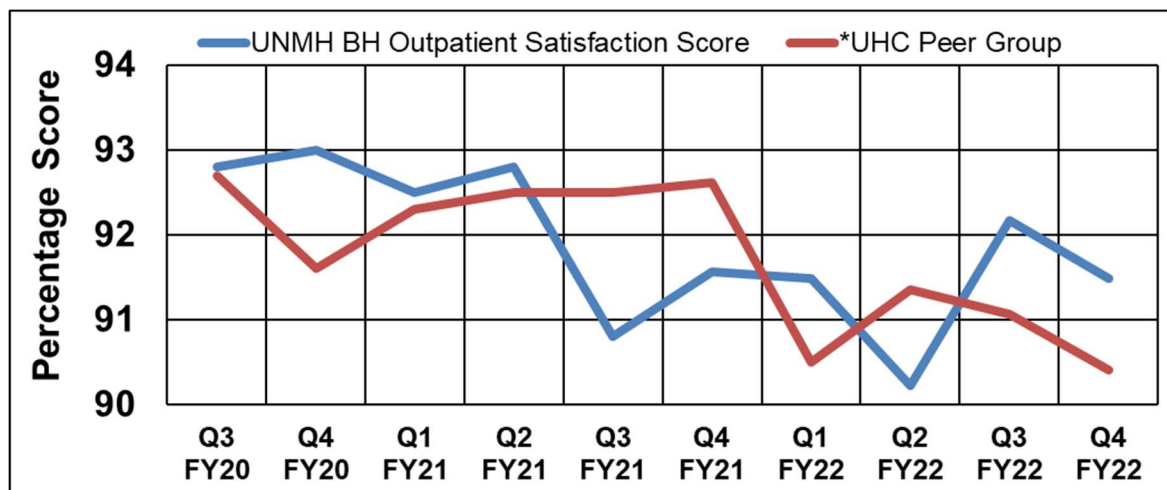


### Press Ganey Behavioral Health Inpatient Satisfaction Score



Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
UNMH BH Inpatient Satisfaction Score	89.2	87.3	87.3	88.0	88.6	87.5	87.0	81.7	87.2	74.5
*UHC Peer Group	84.3	85.1	85.4	85.2	85.5	85.4	84.7	85.1	85.2	85.1

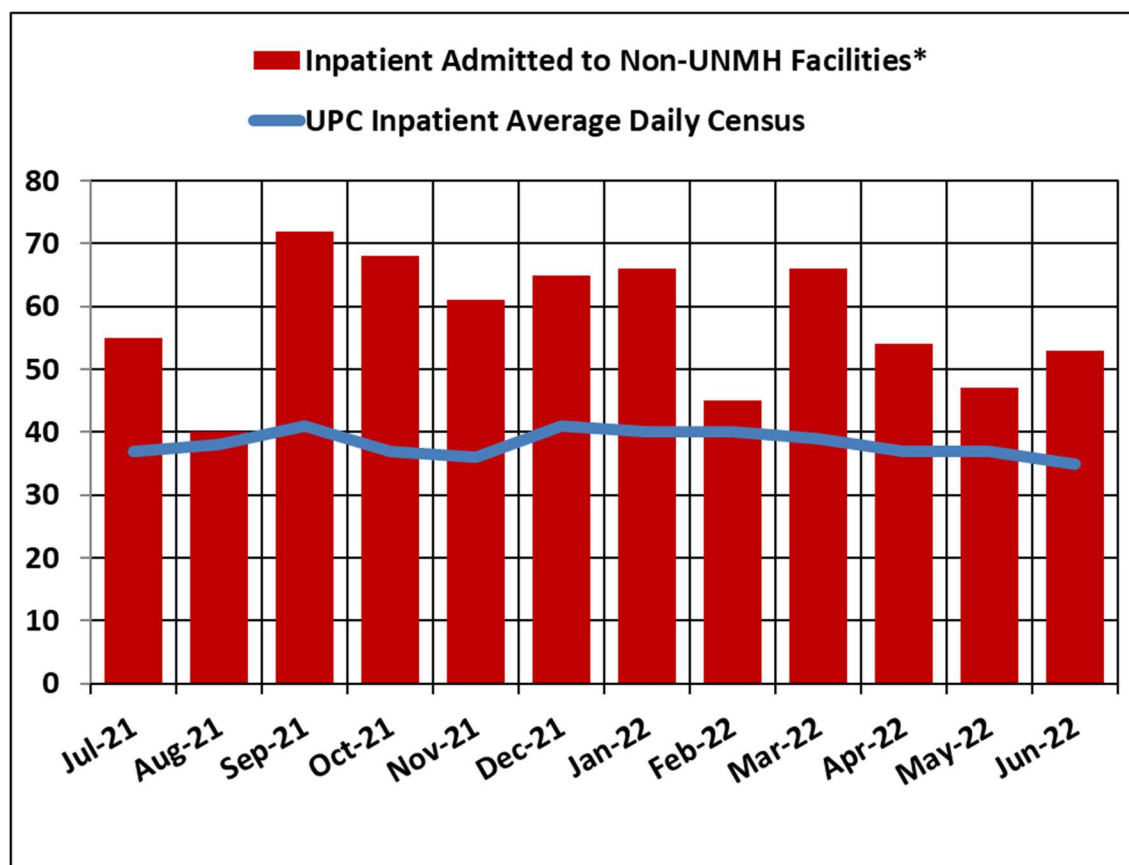
### Press Ganey Behavioral Health Outpatient Satisfaction Score



Quarter	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22	Q3 FY22	Q4 FY22
UNMH BH Outpatient Satisfaction Score	92.8	93.0	92.5	92.8	90.8	91.6	91.5	90.2	92.2	91.5
*UHC Peer Group	92.7	91.6	92.3	92.5	92.5	92.6	90.5	91.4	91.1	90.4

\*The University HealthSystem Consortium ("UHC") is an alliance of 98 of the nation's leading academic medical centers ("AMCs"), and 143 associate member institutions affiliated with those academic medical centers, which represents over 90% of the nonprofit academic medical centers in the United States.

## Behavioral Health Inpatient Admitted to Non-UNMH Facilities

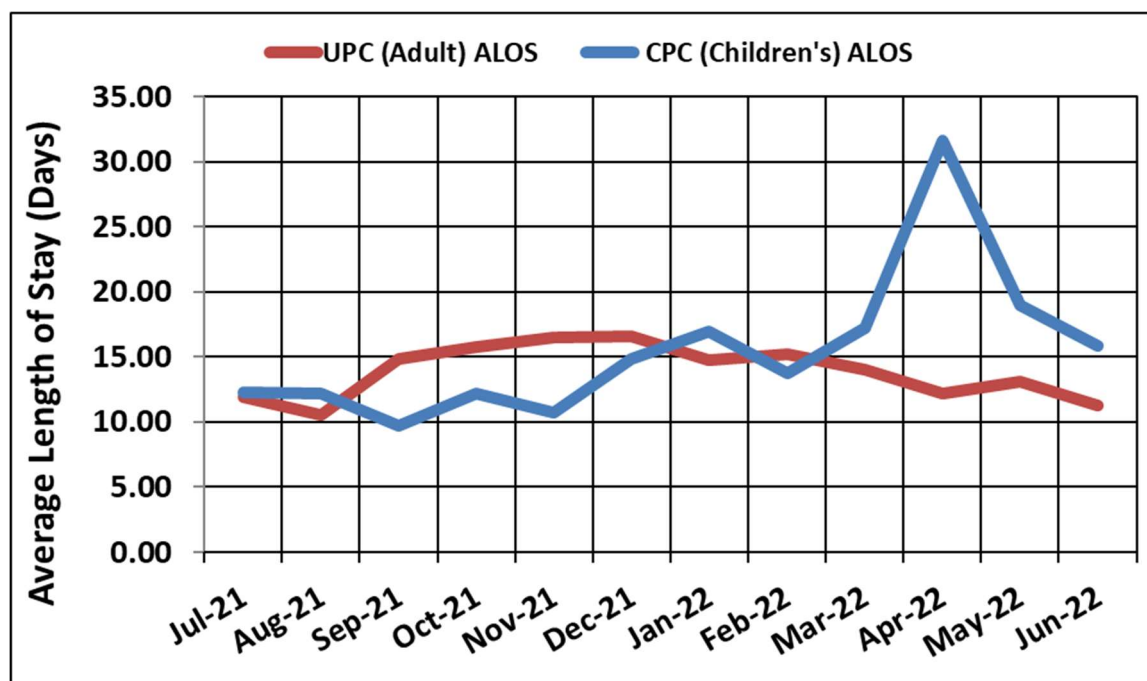


Month	Inpatient Admitted to Non-UNMH Facilities*	UPC Inpatient Average Daily Census
Jul-21	55	37
Aug-21	40	38
Sep-21	72	41
Oct-21	68	37
Nov-21	61	36
Dec-21	65	41
Jan-22	66	40
Feb-22	45	40
Mar-22	66	39
Apr-22	54	37
May-22	47	37
Jun-22	53	35

\*Includes transfers based on patient's network provider, healthcare coverage and clinically appropriate level of care for a patient who may need a different type of bed for which we currently do not have capacity. Behavioral Health has a maximum of 47 licensed inpatient beds.

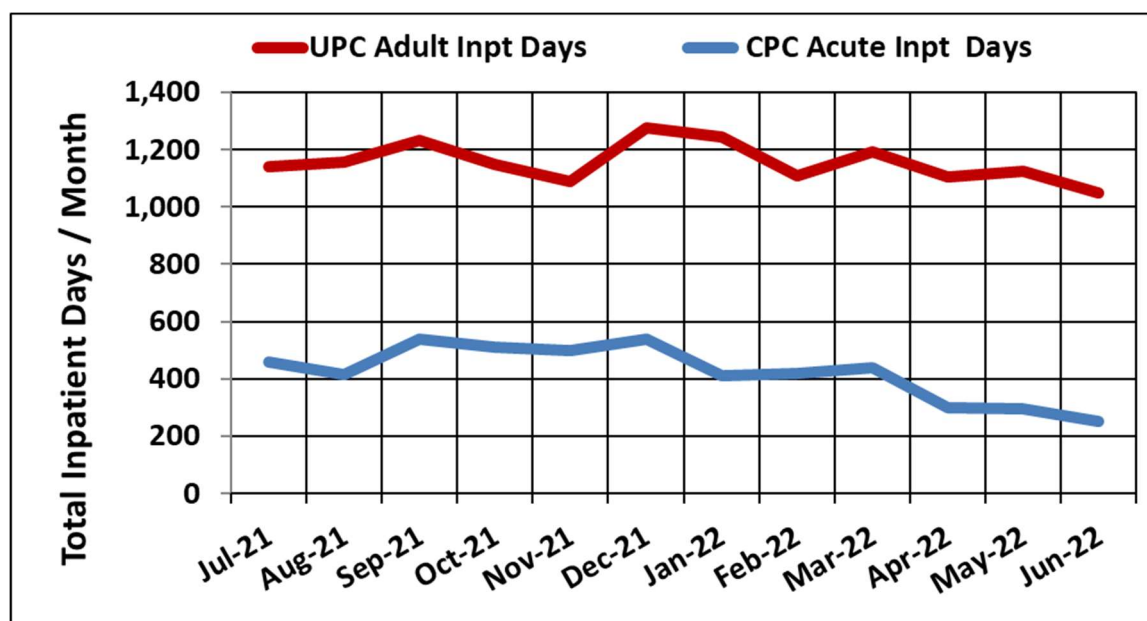


## Behavioral Health Average Length of Inpatient Stay



Children's Psychiatric Center (CPC) Average Child National Benchmark: **7.12**  
 University Psychiatric Center (UPC) Average Adult National Benchmark: **10.18**

## Number of BH Adult and Child/Adolescent Inpatient Days



## Number of Unique Inpatients and Number of Encounters CY2021

Patient Group	Patients Served	Total Encounters
BH UPC Inpatient	983	1,352
BH CPC Inpatient	616	725

## Number of COPE Medical Home Encounters for High Needs Patients

Fiscal Year	Count
FY2019	11,702
FY2020	11,170
FY2021	12,615
FY2022	11,755

### Total Opioid Patients

Month	Census
Jul-21	639
Aug-21	634
Sep-21	607
Oct-21	590
Nov-21	573
Dec-21	554
Jan-22	540
Feb-22	540
Mar-22	542
Apr-22	537
May-22	538
Jun-22	483

### Total Methadone Encounters

Month	Count
Jul-21	2,309
Aug-21	2,537
Sep-21	2,570
Oct-21	2,555
Nov-21	2,559
Dec-21	2,485
Jan-22	2,309
Feb-22	1,807
Mar-22	2,174
Apr-22	2,032
May-22	2,160
Jun-22	2,102

### Number of Methadone and Suboxone Doses \*

Month	Pharmacy Suboxone Rx Filled	Prescription Suboxone Doses	ASAP Methadone Doses
Jul-21	601	32,027	13,546
Aug-21	599	32,480	13,133
Sep-21	600	32,837	13,162
Oct-21	526	29,213	12,765
Nov-21	516	28,399	13,113
Dec-21	490	27,023	11,952
Jan-22	620	35,480	12,201
Feb-22	534	29,135	12,230
Mar-22	595	30,769	11,224
Apr-22	544	28,468	11,890
May-22	465	24,600	11,699
Jun-22	584	31,596	11,991

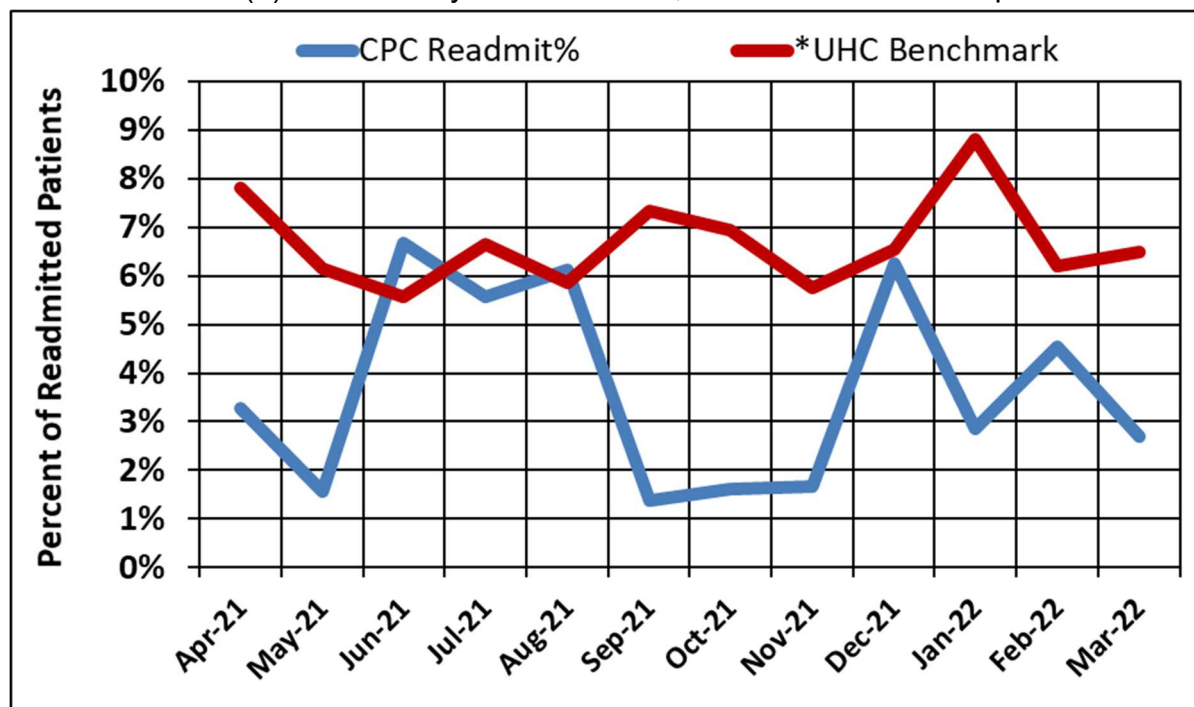
### Total Suboxone Encounters

Month	Count
Jul-21	50
Aug-21	47
Sep-21	58
Oct-21	49
Nov-21	46
Dec-21	55
Jan-22	48
Feb-22	30
Mar-22	43
Apr-22	41
May-22	65
Jun-22	72

\*The total number of Methadone and Suboxone doses per month includes all of the Methadone Liquid doses distributed at ASAP, Suboxone Dispensed at ASAP and all of the prescriptions from the UNM System for buprenorphine-naloxone (Suboxone) doses dispensed through the UNMH pharmacies.

## 30 Day Readmission Rate – Children’s Psychiatric Center (CPC)

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

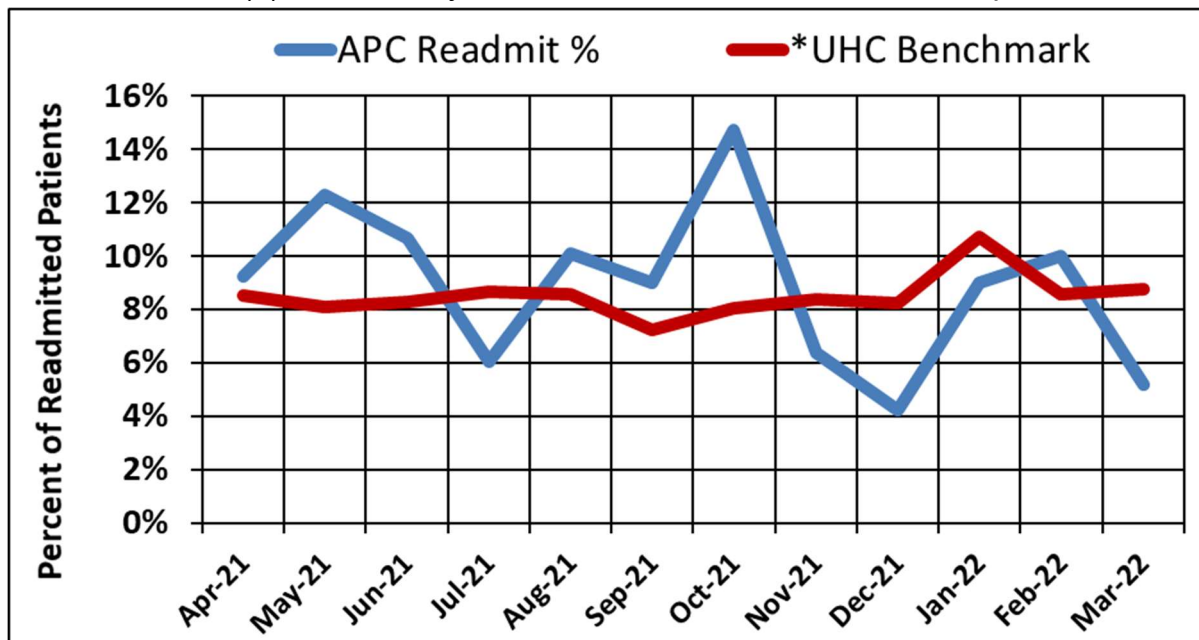


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-21	61	2	3.3%	7.8%
May-21	64	1	1.6%	6.2%
Jun-21	45	3	6.7%	5.6%
Jul-21	54	3	5.6%	6.7%
Aug-21	49	3	6.1%	5.8%
Sep-21	72	1	1.4%	7.3%
Oct-21	62	1	1.6%	6.9%
Nov-21	60	1	1.7%	5.7%
Dec-21	48	3	6.3%	6.5%
Jan-22	35	1	2.9%	8.8%
Feb-22	44	2	4.5%	6.2%
Mar-22	37	1	2.7%	6.5%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of < 18 years old.

## 30 Day Readmission Rate – Adult Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

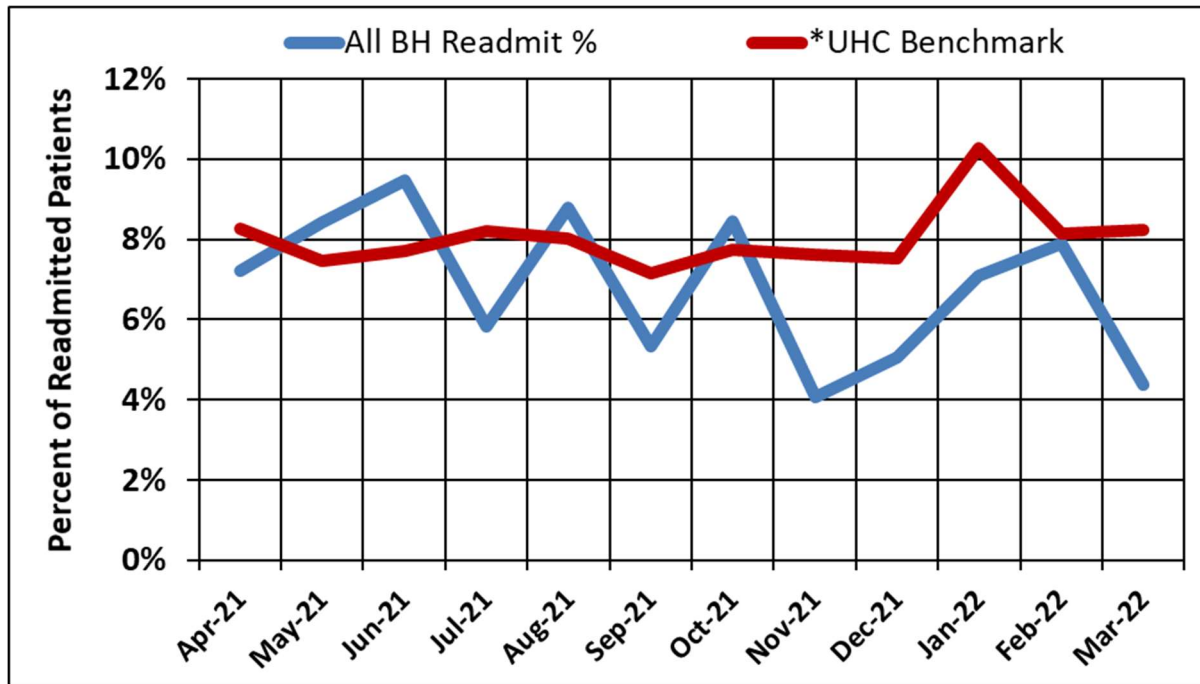


Discharge Month	Total Cases (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-21	119	11	9.2%	8.5%
May-21	114	14	12.3%	8.1%
Jun-21	103	11	10.7%	8.3%
Jul-21	83	5	6.0%	8.6%
Aug-21	99	10	10.1%	8.5%
Sep-21	78	7	9.0%	7.2%
Oct-21	68	10	14.7%	8.1%
Nov-21	63	4	6.3%	8.4%
Dec-21	71	3	4.2%	8.2%
Jan-22	78	7	9.0%	10.7%
Feb-22	70	7	10.0%	8.6%
Mar-22	77	4	5.2%	8.7%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19 ("Mental Disease & Disorders) and age of > 18 years old.

### 30 Day Readmission Rate – Both Adult and CPC Psychiatric Center

There is a three (3) month delay in Vizient data, so statistics are one quarter behind.

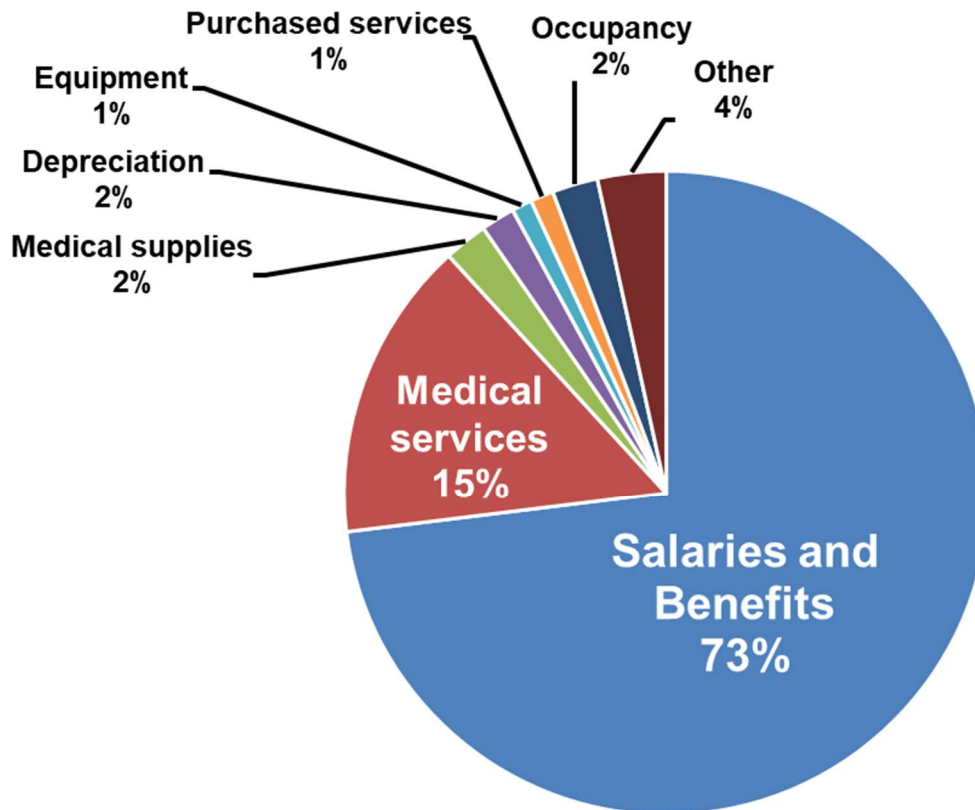


Discharge Month	Total Discharges (Denominator Cases)	30 Day (Readmit Cases)	Percent 30 Day Readmit Rate	*UHC Benchmark
Apr-21	180	13	7.2%	8.3%
May-21	178	15	8.4%	7.5%
Jun-21	148	14	9.5%	7.7%
Jul-21	137	8	5.8%	8.2%
Aug-21	148	13	8.8%	8.0%
Sep-21	150	8	5.3%	7.2%
Oct-21	130	11	8.5%	7.7%
Nov-21	123	5	4.1%	7.6%
Dec-21	119	6	5.0%	7.5%
Jan-22	113	8	7.1%	10.3%
Feb-22	114	9	7.9%	8.1%
Mar-22	114	5	4.4%	8.2%

\*The University Health System Consortium ("UHC") Benchmark data is based upon only those UHC/Vizient Hospitals with a psychiatric patient volume or greater than the UNM Hospitals facility. Patient population for compare group defined as an assigned MDC code of 19.

## Mill Levy Dollars Allocated to Behavioral Health

### FY2021 BHO Mill Levy Operating Expense by Category (Audited)

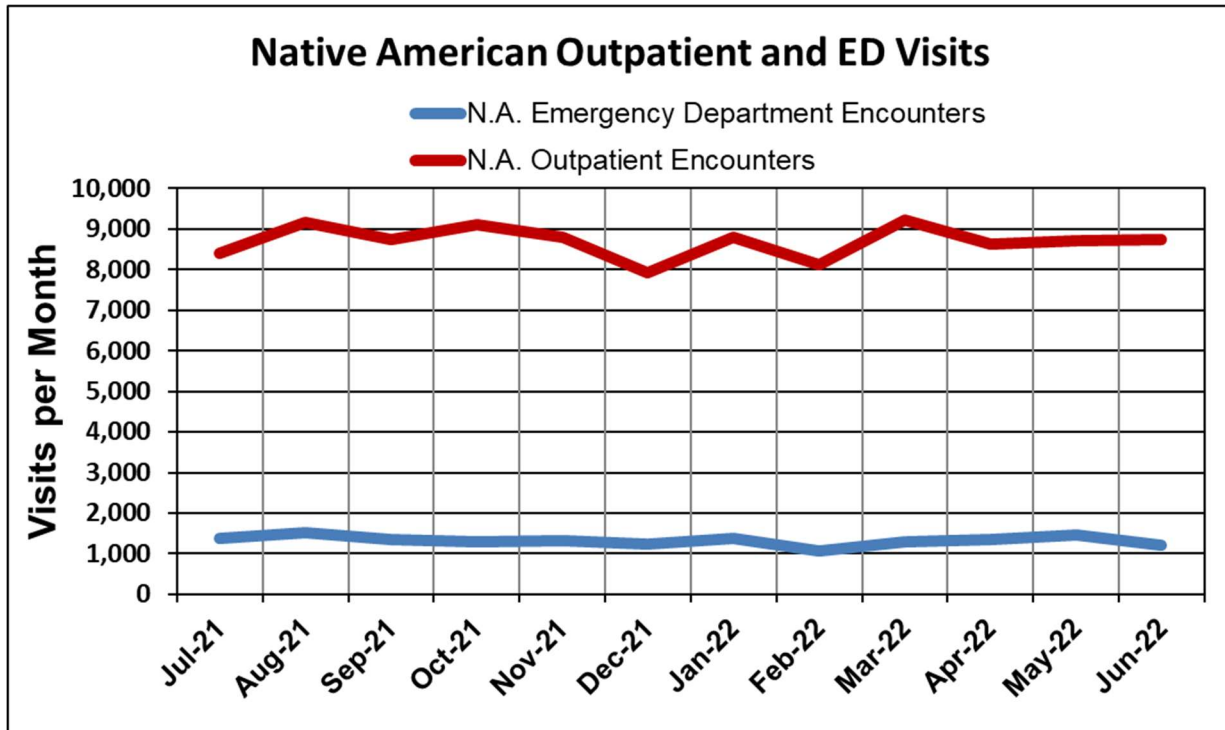


	<b>FY2021</b>
Salaries and Benefits	\$ 12,287,888
Medical services	2,546,358
Medical supplies	368,137
Depreciation	286,806
Equipment	170,603
Purchased services	195,849
Occupancy	385,572
Other	578,655
<b>Total Expense</b>	<b>\$ 16,819,867</b>

The Behavioral Health Mill Levy distribution is proportional to the Income Statement.

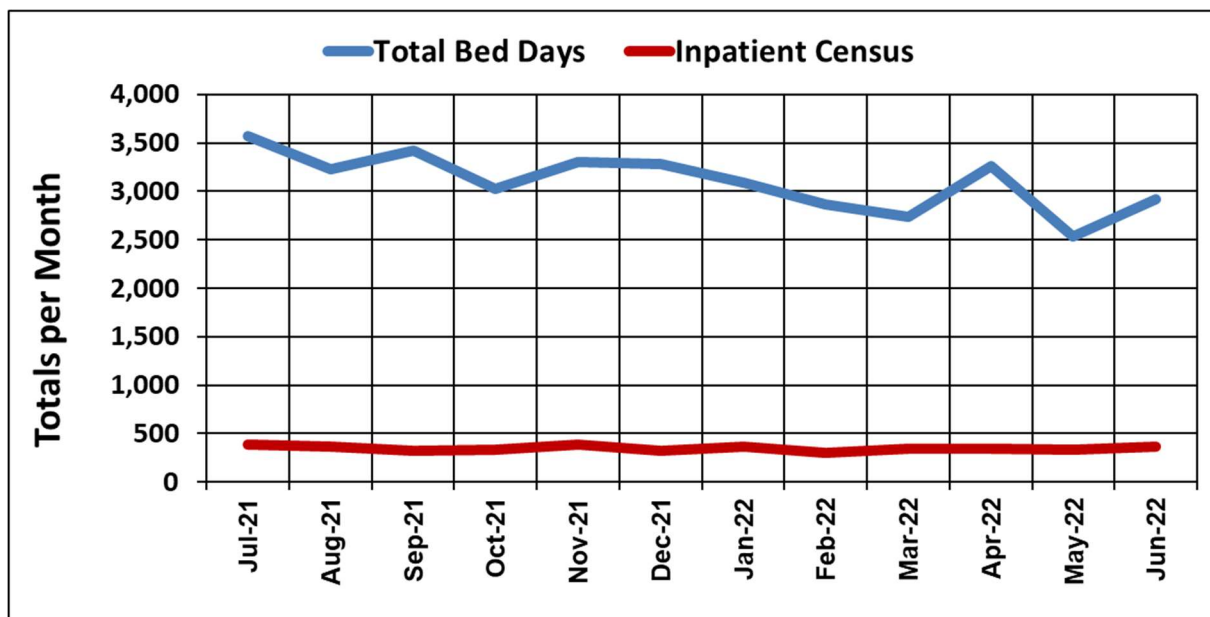
## E. NATIVE AMERICAN SERVICES

### Native American UNM Care Enrollment, Outpatient and ED Visits



Month	Native American UNM Care Enrollment	N.A. Emergency Department Encounters	N.A. Outpatient Encounters
Jul-21	21	1,390	8,398
Aug-21	22	1,525	9,160
Sep-21	20	1,357	8,731
Oct-21	12	1,282	9,124
Nov-21	13	1,322	8,799
Dec-21	13	1,236	7,922
Jan-22	12	1,391	8,803
Feb-22	12	1,060	8,125
Mar-22	13	1,299	9,215
Apr-22	9	1,349	8,618
May-22	11	1,456	8,723
Jun-22	10	1,206	8,741

## Native American Bed Days and Monthly Inpatient Census

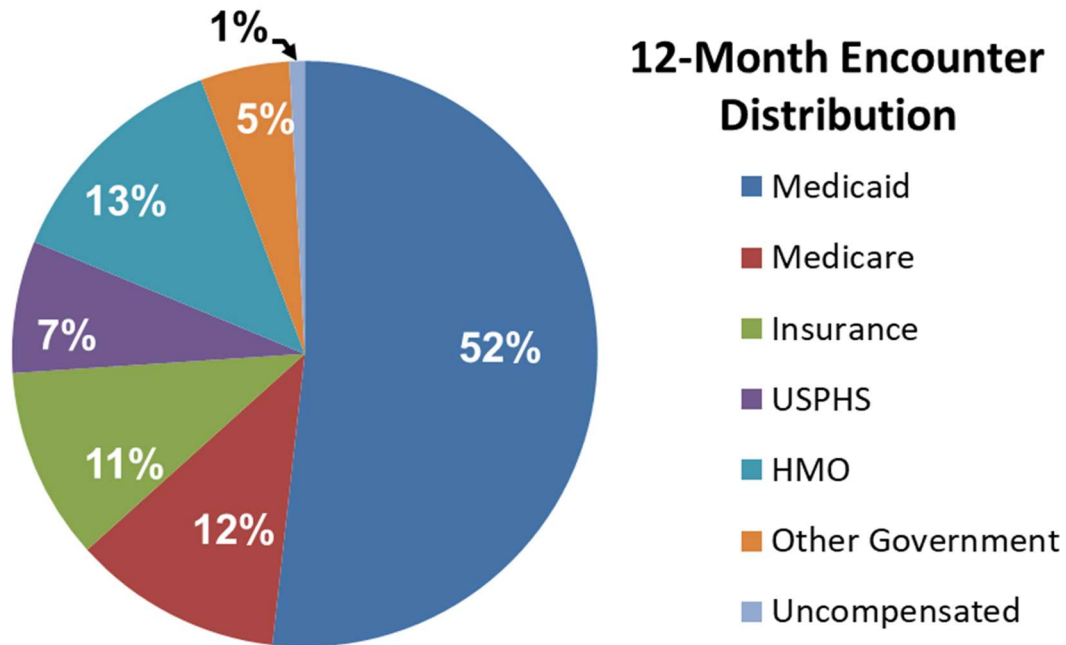


Month	Inpatient Admissions (Census)	Total Bed Days
Jul-21	382	3,570
Aug-21	368	3,224
Sep-21	322	3,419
Oct-21	338	3,022
Nov-21	386	3,302
Dec-21	327	3,288
Jan-22	365	3,088
Feb-22	306	2,861
Mar-22	348	2,733
Apr-22	343	3,258
May-22	330	2,532
Jun-22	363	2,918



## Native American Encounter Distribution by Payor Group

The following summary of Native American encounters by payor group is based on the previous 12-month period.



<i>Month</i>	Medicaid	Medicare	Insurance	USPHS	HMO	Other Government	Uncompensated
Jul-21	5,402	1,219	1,117	741	1,261	575	94
Aug-21	5,798	1,402	1,199	861	1,414	502	92
Sep-21	5,436	1,312	1,197	812	1,256	545	88
Oct-21	5,522	1,251	1,108	767	1,675	511	101
Nov-21	5,592	1,290	1,105	758	1,350	514	95
Dec-21	4,897	1,090	992	768	1,320	434	93
Jan-22	5,502	1,187	1,184	750	1,439	506	99
Feb-22	4,906	1,077	1,004	745	1,340	478	95
Mar-22	5,852	1,219	1,159	813	1,371	511	88
Apr-22	5,365	1,264	1,109	750	1,340	514	90
May-22	5,735	1,174	1,082	757	1,375	572	62
Jun-22	5,523	1,158	1,182	717	1,298	566	77
<b>TOTAL</b>	<b>65,530</b>	<b>14,643</b>	<b>13,438</b>	<b>9,239</b>	<b>16,439</b>	<b>6,228</b>	<b>1,074</b>
	<b>52%</b>	<b>12%</b>	<b>11%</b>	<b>7%</b>	<b>13%</b>	<b>5%</b>	<b>1%</b>

# APPENDIX A

## MOU Exhibit A Progress Updates

UNM Hospital Memorandum of Understanding with Bernalillo County  
UNM/Bernalillo County MOU Deliverables Updated November, 2021

- Covenants:
  - UNMH will allocate at least 15% of the Mill Levy transferred from Bernalillo County to Behavioral Health.
  - UNMH will fund one or more navigational services and a transition planning and case management service (Re-entry Center) at \$2,060,000 adjusted annually
  - UNMH will provide efforts in compliance with Exhibit A and B to the Lease MOU

## Exhibit A – Reporting

Action Item	Implementation Status	
UNMH will report on a quarterly basis to the County Commission on the items identified in Exhibit B along with national benchmarks	Information requested by Bernalillo County is collected and reported in the Bernalillo County Quarterly Report.	
UNMH will establish mechanisms for public input on Board Committees including representation from the County and IHS consistent with existing Bylaws	Healthcare Taskforce workgroup established with community participation. Native American and Community Engagement Committees of the Board.	
UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives	UNMH completed the 2020 Community Health Needs Assessment with extensive community input in March 2020. Regular meetings with IHS and Bernalillo County.	
Enable the County and the IHS to have input to and comment on the goals for the upcoming year for each area outlined in Exhibit A	Bernalillo County, IHS and UNMH established Semi-Annual goals outlined in Exhibit C.	
UNMH will cooperate with the County's Behavioral Health Initiatives regarding evaluation of needed programs	UNMH is significantly involved in the planning for Behavioral Health Initiatives with the County.	
UNMH will obtain meaningful input to the UNMH Budget from Bernalillo County and IHS prior to the UNMH budget being adopted by the Hospital Board.	UNMH Currently holds periodic budget meetings with County Commissioners and quarterly meetings with IHS.	

## Exhibit A - Accountability and Transparency

Action Item	Implementation Status	
UNMH will report on National Patient Safety Goals with Benchmark data.	This information is included in the Bernalillo County Quarterly Report.	
UNMH will provide reports on its financial audits to the County Manager and IHS, and shall participate in meetings as reasonably requested to discuss the information	Audits are provided to Bernalillo County and IHS. Quarterly Financial Information is part of the Quarterly Report.	
UNMH will provide financial information to the County Commission and IHS as to the expenditure of Mil Levy funding by UNMH department.	UNMH and Bernalillo County have developed a methodology for reporting Mil Levy funding by department. Reported as part of the Quarterly Report.	
UNMH will provide additional financial information as reasonably requested by the County Manager or IHS.	Ongoing per discussion topics and requests.	
UNMH will work with the County and IHS to update and change data reporting as requested on a frequency of not greater than semi-annually.	Data and program priorities reviewed and outlined in Exhibit C on a Semi Annual Basis.	
UNMH will publish the data reported to Bernalillo County on its public website unless prohibited by law.	Bernalillo County Report Financial Information, and Financial Audits are available on the UNMH website.	
UNMH will collect all Grievances regarding the patient payment polices and financial assistance programs and will report that information to the County and IHS on a quarterly basis.	Grievance information has been added to the quarterly report.	

## Exhibit A – Primary Care

Action Item	Implementation Status	
UNMH will access its current primary care network with the intent to attempt to increase its number of primary care facilities by one per year over the next four (4) years	UNMH is working on new Primary Care access and has completed a survey to inform possible sites. Expanded access in progress for Lobocare and Senior Health.	
UNMH will inform the County and IHS prior to any material change to coordinated care delivery programs with other community providers. UNMH will work to provide space to NM Department of Health Clinics at future UNMH Clinical sites.	UNMH continues to work to build community partnerships to increase access and to coordinate care. No new sites have been added to consider addition of DOH Clinics with Hospital sites.	
UNMH will encourage and assist Bernalillo County Residents and Native Americans to access healthcare coverage	Ongoing outreach through the office of Native American Services at UNMH.	
To reduce Emergency Room wait times UNMH will explore alternative care venues for care consistent with EMTALA	Active Transfer agreements allow UNM to move low acuity admits to SRMC and Lovelace; alleviates some ER congestion.	
UNMH will coordinate with the County to make available secure parking and a secure entry for patients from the Metropolitan Detention Center (MDC)	Law enforcement parking dedicated at Psychiatric Emergency. MDC part of planning for new UNMH Tower.	
UNMH will explore the use of Telemedicine Consultation between UNM HSC and the MDC	Possible discussion topic with new MDC vendor.	
UNMH shall provide increased funding to recruit two physician specialists in areas most needed by Native Americans.	IHS continues to identify priority needs to UNMH at quarterly meetings.	
UNMH will consult with the County, Albuquerque Public Schools and any tribal schools in Bernalillo County on the provision of medical and behavioral health for school based clinics. UNMH may collaborate with UNMMG or other providers as needed.	Initial discussion with Bernalillo County on current school based services currently on hold based on COVID-19.	

## Exhibit A – Financial Assistance

Action Item	Implementation Status	
UNMH will maintain the current Financial Assistance policy as it relates to Native Americans. Any proposed changes will be discussed with IHS prior to the change.	UNMH continues to offer financial assistance for Native Americans with no proposed changes.	
UNMH will adopt patient payment policies and financial assistance program policies that are designed to improve access to healthcare services	UNMH Financial Assistance policies developed and approved by Board in October 2021 including coverage for undocumented patients and elimination of copayments.	
UNMH's financial assistance program will offer financial assistance to medically necessary care for low income patients at UNMH facilities	UNMH Financial Assistance and other programs continue in place with expansion of undocumented patients.	
UNMH will endeavor to assure that any fees, down payments, or co-payments for medically necessary care will be reasonably related to income.	Financial Policy Revisions in October 2021 eliminated all required copayments for patients on financial assistance.	
UNMH will establish patient payment policies for low income patients who are not financial assistance-eligible that do not create a material barrier to such patients' access to medically necessary care.	Financial Assistance program changes approved in October 2021 allowing for coverage of undocumented patients. The change was effective 7/1/2021.	
Patients with income levels that do not meet the requirements for financial assistance or other programs will be given the opportunity to establish re-payment plans which are reasonably related to income.	Patients have the opportunity to create repayment plans with Patient Financial Services.	
UNMH will make reasonable efforts to notify patients with outstanding bills of their right to seek financial assistance or to establish payment plans	Patient bills have information incorporated in them on how to contact financial assistance. Patients also receive other notifications at the time of services.	

## Exhibit A – Financial Services

Action Item	Implementation Status	
UNMH will subject to CMS regulations assure that no indigent patient is sent to collections.	Implemented with 2015 policy change. UNMH monitors on ongoing basis.	
UNMH will work with other component entities of the UNMH Health System to look at producing one consolidated bill for services.	UNMH working on tools to have consolidated account information across entities.	
UNMH will coordinate and consult with community organizations and the County to maximize outreach to patients needing financial assistance or having difficulty accessing insurance or Medicaid including those released from incarceration.	UNMH currently works with various community navigator groups around financial assistance issues.	
UNMH will assist the County in Coordinating Care for individuals released from incarceration.	UNMH continues to operate the Fast Track Program and provides discharge planning at MDC and the RRC.	

## Exhibit A – Native Americans

Action Item	Implementation Status	
UNMH shall develop a written methodology related to the 100 bed language in the Federal Contract.	UNMH Board has approved the Pueblo Preference Policy related to the Federal Contract language.	
UNMH will provide care to Native Americans consistent with the Federal Contract.	Access to some services remains challenging. UNMH continues to work on improving wait times.	
UNMH will evaluate and improve Native American access to specialty clinics.	Access to specialty care continues to be an issue. Progress made in some areas.	
UNMH will consult with IHS to review compliance with the Federal Contract and for the provision of needed additional services and Native American Service priorities.	Quarterly Federal Contract meetings with IHS.	
UNMH will complete an evaluation of how to sustain and improve Native American healthcare services in primary and specialty care clinics operated by UNMH. The evaluation will be presented to the County and IHS.	Reporting has been reviewed with APCG and IHS as part of quarterly meetings. Data updated quarterly.	
UNMH will establish written procedures for the identification of Native Americans and will ensure Native American patients receive any financial assistance for which they are eligible.	Ongoing through office of Native American Health Services and Financial Services.	

## Exhibit A - Behavioral Health

Action Item	Implementation Status	
UNMH will work with the SOM to provide medical staff for the MDC Triage Center and will provide case management services for the RRC.	UNMH is staffing the RRC in conjunction with the pathways program.	
UNMH will evaluate the expansion of Behavioral Health services within its own operation and with other community providers	UNMH has worked with the County on service expansion at the Care Campus and is in the process of Development of a Crisis Center at UNM including expanded PES capacity.	
UNMH shall engage with County and IHS on the programming and design of future space for UNMH Behavioral Health Services including Crisis Services.	UNMH and Bernalillo County are actively working on short and long-term planning on crisis services.	
Any changes impacting integrated behavioral health and primary care integrated services or peer services will be discussed with the County and IHS prior to implementation	No current planned changes with these services.	
UNMH will evaluate the ability to provide identifiable patient information to first responders consistent with applicable laws.	MOU completed with City related to providing information to APD Crisis response from Psychiatric Emergency Services.	
Evaluate the viability of expanding behavioral health services in school based clinics	TBD on hold based on COVID-19.	
UNMH will evaluate the possible provision of expanding existing BH services or new programs in a wide range of service categories.	UNMH continues to evaluate service expansion within provider availability.	
UNMH will evaluate data sharing with the County for analyzing outcome data for behavioral health patients and to track utilization of behavioral health patients across programs consistent with State and Federal law.	Legal issues created by New Mexico Mental Health code limit providing identifiable information.	

# APPENDIX B

## UNM Hospital Semi-Annual Report on the Status of Deliverables

Period July 2022 - December 2022

UNM Lease MOU with Bernalillo County - Exhibit C

The following semi-annual goals are prepared in response to Exhibit A, item A4 that enables Bernalillo County and the Indian Health Services to have input and to comment on the semi-annual goals for each section of Exhibit A. (Priorities from previous period are continued forward after all parties reviewed 10/2021)

### Exhibit A Reporting Area - Reporting and Interaction

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
A.2 UNMH Will establish mechanisms for the public to provide input on medical and behavioral health operations, planning and development.	<p>The UNMH Community Health Needs Assessment was completed in the spring of 2020 and is available online at:  <a href="https://hsc.unm.edu/health/about/community-health-needs-assessment.html">https://hsc.unm.edu/health/about/community-health-needs-assessment.html</a>.</p> <p>UNMH has established meetings with Community Stakeholders that served on the Bernalillo County Lease Taskforce to discuss status of deliverables under the lease and to discuss other topics of concern from the group. The group continues to meet bi-monthly</p>
A.3 UNMH will establish a mechanism for collaboration with Bernalillo County and IHS on programmatic public and community health initiatives.	IHS, UNMH and Bernalillo County have established a small working group with representatives from the three organizations to meet periodically around programmatic public and community health initiatives.
A.6 UNMH will establish procedures related to it budget development, which will allow meaningful input into the budget by the County and IHS.	UNMH established budget planning meetings with both the County and IHS for updates and input related to the Budget and Capital process for the new Hospital Tower. These meeting occur prior to finalizing the UNMH budget each year.



## Exhibit A Reporting Area - Accountability and Transparency

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
B.2 UNMH will report on national patient safety goals for the hospital with comparative benchmark information.	UNMH continues to produce the Bernalillo County Quarterly Report outlining patient safety, quality, operational and financial data with corresponding benchmark data where available. The report is provided to Bernalillo County, IHS and APCG. The report is publically available on the UNMH and Bernalillo County Websites.
B.4 UNMH will provide financial information to the County Commission and IHS as to the expenditure of mill levy finding by UNMH Departments.	UNMH currently published financial, quality and operational data on the UNMH intranet site that include mill levy funding by department as part of the Bernalillo County Quarterly Report. The format and information were agreed to by Bernalillo County.
B.7 Subject to applicable laws UNMH will publish data required under Subsection B of the MOU on its public website.	Bernalillo County Quarterly Reports are available online at: <a href="https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html">https://hsc.unm.edu/health/about/financial-reports/bernalillo-county-reports.html</a>

## Exhibit A Reporting Area - Primary Care

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
C.3 UNMH will encourage and assist Bernalillo County residents and Native Americans to access health care coverage.	<p>UNMH has opened a mulita-specialty clinic in Gallup that has been well received. UNMH is also in the process of expanding primary care access through expansion of the LoboCare Clinic, Senior Health Clinic and is in the planning phase for a new clinic located in Southwest Mesa.</p> <p>UNMH offers financial assistance through the UNM Care and other programs to patients.</p> <p>UNMH is moving forward with the New Tower Project to expand Access to Critical Care, Trauma, Surgical and other inpatient services for patients.</p>
C.7 UNMH shall provide increased funding to either the UNM School of Medicine or UNM Medical Group to recruit and retain specialist for a minimum of two medical specialties most needed by Native Americans.	UNMH continues to discuss need specialty access at ongoing quarterly lease compliance meetings with representation from IHS and the Tribes. Reporting is provided quarterly on access and services to Native Americans.

## Exhibit A Reporting Area - Native American Care

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
E1. UNMH in collaboration with the IHS, the All Pueblo Council of Governors and the county shall develop a written methodology acceptable to the parties on the 100 bed Native American patients' provision in the Federal Contract.	UNMH in conjunction with the All Pueblo Council of Governors and with review by IHS has developed an operational guideline for addressing access issues for Native American patients under the requirements of the Federal Contract. UNMH has started reporting Inpatient Utilization by tribe at the request of IHS.
E.4 UNMH will consult with the IHS to review compliance with Federal Contract and for the provision of additional services, the quality of care for Native Americans, and priorities for additional services.	UNMH has ongoing quarterly operational meetings with IHS to discuss compliance with the Federal Contract and operational issues affecting Native Americans. UNMH also participates in Semi-annual Consultations with IHS and the APGC.
E.5 UNMH will evaluate the opportunity to sustain and improve healthcare services available to Native Americans.	UNMH meets with the IHS quarterly to review utilization and access data for Native American patients and to discuss opportunities for improved performance. Reporting on access and utilization by tribe is provided as a part of these meetings.

## Exhibit A Reporting Area - Behavioral Health Services

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
<p>F1. UNMH will work with UNM School of Medicine to coordinate with the county to provide medical staff for the MDC triage center. UNMH will provide case management services to the Resource Re-entry Center for individuals released from MDC.</p>	<p>UNMH continues to provide staffing for discharge planning activities for the MDC and to assist with staffing the Resource Re-entry Center. This group focuses on identification of high needs patients with behavioral health issues. Law enforcement and first responders will have a dedicated entry in the new Crisis triage Center.</p>
<p>F2. UNMH will evaluate the opportunity to expand behavioral health services to County residents and Native Americans, both within its own operations as well as with other community providers, subject to inclusion of IHS in the process.</p>	<p>UNMH is currently working on expanded Behavioral Health programming within the UNMH infrastructure in the forms of health home implementation, Crisis Triage Center Development with the County and expanded Psychiatric Emergency Capacity.</p> <p>UNMH also continues to work with the County to expand Behavioral Health services at the Cares Campus and on new programs within UNMH including development of a transitional age program, partial hospital programs, and intensive outpatient programs to expand system resources.</p>

## Exhibit A Reporting Area - Impact of COVID-19

Semi - Annual Focus Areas July 2022 - December 2022	Status Update as of July 6, 2022
<p>Operational Note.</p>	<p>During this period all areas of the Hospital were impacted by ongoing capacity challenges from delayed procedures, COVID-19 patients and other factors.</p>