

BOARD OF TRUSTEES - OPEN SESSION AGENDA

September 24, 2021 @ 9:30 AM

<https://hsc-unm.zoom.us/j/91343180702> Meeting ID: 913 4318 0702 / Passcode: 725240

1-346-248-7799 / 913 431 807 02# 725240# US (Houston)

1-669-900-6833 / 913 431 807 02# 725240# US (San Jose)

- I. **CALL TO ORDER – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustees (Informational – 5 Minutes)**
 - Welcome New UNMH Board Members, Mrs. Monica Zamora and Dr. Davin Quinn
- III. **ADOPTION OF AGENDA – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustees (Approval/Action - 5 Minutes)**
- IV. **CONSENT ITEMS – Mrs. Bonnie White, UNMH CFO (Approval/Action – 15 Minutes)**
 - Disposition of Assets
 - Cerner Corporation – 7 Year Initial Term Agreement e-Consent Software System (\$2,275,648)
 - Cerner Corporation – 5 Year Agreement Cloud-Based Dictation and Transcription Platform Software (\$5,000,000)
 - Capital Project – UNMH Crisis Triage Center Design (\$2,900,000)
 - Capital Project – Psychiatric Emergency Services Design (\$1,750,000)
 - Capital Project – UH Main 2nd Floor Sterile Processing Department – Decontamination Renovation (\$1,290,000)
 - Capital Project - 1600 University Eye Clinic Renovation and Addition (\$5,750,000)
 - Capital Project – Operational Project – UNMH Main Section 16 Roof and Skylight Replacement (1,225,000)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustees**
 - July 30, 2021 UNMH Board of Trustees Meeting Minutes (Approval/Action – 5 Minutes)
- VII. **MISSION MOMENT – Mr. Kurt Riley, Vice Chair, to introduce Dr. Michael Chicarelli, UNMH Chief Operating Officer and Dr. Jennifer Vosburgh, Associate Chief Nursing Officer (Informational – 15 Minutes)**
- VIII. **BOARD INITIATIVES**
 - UNM Hospital Board of Trustees Committee Assignments – Mr. Kurt Riley, Vice Chair (Action/Approval – 5 Minutes)
 - UNM Hospital Financial Assistance Policy – Mrs. Bonnie White, UNM Hospital CFO (Action/Approval – 10 Minutes)
- IX. **ADMINISTRATIVE REPORTS (Informational – 20 Minutes)**
 - Executive Vice President Update – Dr. Douglas Ziedonis
 - HSC Committee Update – Dr. Michael Richards
 - UNMH CEO Report – Dr. Michael Chicarelli
 - UNMH CMO Report – Dr. Irene Agostini
 - Chief of Staff Update – Dr. Nathan Boyd
- X. **UNM HOSPITAL BOT COMMITTEE REPORTS (Informational – 10 Minutes)**
 - Finance Committee – Mr. Terry Horn
 - Audit & Compliance Committee – Mr. Terry Horn
 - Quality and Safety Committee – Mr. Erik Lujan
 - Native American Services Committee – Mr. Erik Lujan
- XI. **OTHER BUSINESS**
 - Financials – Mrs. Bonnie White, UNMH CFO (Informational – 10 Minutes)
- XII. **CLOSED SESSION:**
 - **Roll Call 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.
 - b. 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.
- 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 – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustee (Approval/Action)**
- XIV. **Adjourn Meeting – Mr. Kurt Riley, Vice Chair, UNM Hospital Board of Trustee (Approval/Action)**

CONSENT ITEMS



Date: September 16, 2021

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – September 2021

Attached for your review and submission to the Board of Regents is the Property Disposition Detail list for the month of September 2021.

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.

Description Summary				
Description	Count of Items	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Food & Nutrition	1	\$ 6,118.45	\$ 339.92	14
Furniture/Office Equipment	6	\$ 210,287.82	\$ -	11
Medical Equipment	111	\$ 1,975,345.00	\$ 141,281.43	12
Non-Medical Equipment	2	\$ 59,415.08	\$ 3,901.10	20
Pharmaceutical	2	\$ 309,800.00	\$ -	10
SW & Electronics	13	\$ 411,012.10	\$ -	10
Vehicles	4	\$ 153,641.00	\$ -	17
Grand Total	139	\$ 3,125,619.45	\$ 145,522.45	13

Disposal Summary				
Description	Count of Items	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Auction	89	\$ 1,711,412.92	\$ 139,162.09	12
Electronics Recycling	11	\$ 325,687.20	\$ -	10
Metal Recycling	1	\$ 6,118.45	\$ 339.92	14
Unable to Inventory	23	\$ 321,970.33	\$ 2,119.34	12
Uninstalled	11	\$ 606,789.55	\$ 3,901.10	13
UNM Automotive	4	\$ 153,641.00	\$ -	17
Grand Total	139	\$ 3,125,619.45	\$ 145,522.45	13

Property Disposition Request
September 2021

Company	Lawson Number	Asset Control Number	Description	Accounting Unit	Division Description	Model	Serial Number	Acquisition Date	Acquisition Cost	Book Value	Proposed Method of Disposal	Reason for Disposal	Generalized Description
10	36935	117211	Power LED 300 Light Source	15000	Operating Room	TL300	WP09376	11/01/2020	\$ 9,140.16	\$ 8,454.64	Auction	Not Repairable	Medical Equipment
10	30737	93122	DBI Decubitus Breast Biopsy Ta	75105	OSIS Mammography	DECUBITUS	804850	10/01/2015	\$ 18,000.00	\$ 7,500.00	Auction	Not Repairable	Medical Equipment
10	26958	66906	Affinity Birthing Bed	12000	Labor and Delivery	P3700	162AA0390	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26959	66907	Affinity Birthing Bed	12000	Labor and Delivery	P3700	158AA0374	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26960	66908	Affinity Birthing Bed	12000	Labor and Delivery	P3700	157AA0372	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26961	66909	Affinity Birthing Bed	12000	Labor and Delivery	P3700	165AA0417	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26962	66910	Affinity Birthing Bed	12000	Labor and Delivery	P3700	157AA0362	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26963	66911	Affinity Birthing Bed	12000	Labor and Delivery	P3700	158AA0376	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26964	66912	Affinity Birthing Bed	12000	Labor and Delivery	P3700	157AA0371	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26965	66913	Affinity Birthing Bed	12000	Labor and Delivery	P3700	157AA0365	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26966	66914	Affinity Birthing Bed	12000	Labor and Delivery	P3700	129AA0212	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26967	66915	Affinity Birthing Bed	12000	Labor and Delivery	P3700	168AA0421	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26968	66916	Affinity Birthing Bed	12000	Labor and Delivery	P3700	156AA0359	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26969	66917	Affinity Birthing Bed	12000	Labor and Delivery	P3700	157AA0364	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	26970	66918	Affinity Birthing Bed	12000	Labor and Delivery	P3700	112AA0069	07/01/2013	\$ 16,001.00	\$ 7,378.25	Auction	Replaced	Medical Equipment
10	31398	98867	Cadwell EMG Machine	34305	Neurosurgery Clinic	SIERRA SUMMIT	19027205AA117505	01/01/2017	\$ 12,491.38	\$ 5,334.87	Auction	Obsolete	Medical Equipment
10	26772	84004	Cerebral Somatic Oximeter Syst	12130	Trauma/Surgical ICU	5100C	13-G10207	06/01/2013	\$ 25,030.81	\$ 4,588.99	Auction	Replaced	Medical Equipment
10	32437	None	Microdebrider Handle	71520	Pulmonary Diagnostics	MS	01-00643169588127	06/01/2018	\$ 11,261.94	\$ 4,129.37	Auction	Obsolete	Medical Equipment
10	29047	89308	Zimmer Electric Dermatome	15000	Operating Room	DERMATOME	2114KABM	12/01/2014	\$ 11,760.12	\$ 3,920.05	Auction	Obsolete	Medical Equipment
10	7619	None	Cabinets, Built-In - Capitaliz	15000	Operating Room	Furniture		09/01/2007	\$ 54,015.08	\$ 3,901.10	Uninstalled	Replaced	Non-Medical Equipment
10	9081	70348	S2605 Surgery Chair Mobile bas	15000	Operating Room	S-2605	335858	03/01/2010	\$ 12,692.00	\$ 3,031.98	Auction	Obsolete	Medical Equipment
20	28791	88982	BabyPod II	70060	Fixed Wing Transport	BABYP0D II	NONE	08/01/2014	\$ 7,060.00	\$ 2,118.00	Auction	Obsolete	Medical Equipment
10	30549	95327	Force FX-C-S ESU	15500	OSIS Operating Room	FORCE FX-C=S	S6A20696AX	05/01/2016	\$ 8,333.89	\$ 2,083.47	Auction	Obsolete	Medical Equipment
10	30550	95328	Force FX-C-S ESU	15500	OSIS Operating Room	FORCE FX-C=S	S6A20696AX	05/01/2016	\$ 8,333.89	\$ 2,083.47	Auction	Obsolete	Medical Equipment
20	25323	82299	I2.5 Z/pH System	70020	Endoscopy Center	ZEPHR	D129029C	07/01/2012	\$ 13,060.00	\$ 1,197.17	Unable to Inventory	Unable to Inventory	Medical Equipment
20	25324	82298	I2.5 Z/pH System	70020	Endoscopy Center	ZEPHR	D129030C	07/01/2012	\$ 10,060.00	\$ 922.17	Unable to Inventory	Unable to Inventory	Medical Equipment
10	6910	None	Work Counter - F&N IP Equipmen	84000	Food and Nutrition	Furniture		07/01/2007	\$ 6,118.45	\$ 339.92	Metal Recycling	Obsolete	Food & Nutrition
10	5863	None	Cardiac Hemodynamic Monitoring	71040	Cardiac Cath Lab	451	RXK060419875A	04/01/2007	\$ 251,761.75	\$ -	Uninstalled	Obsolete	Medical Equipment
10	9478	88636	Parata Max Automation Dispensi	77140	Pharmacy - SE Heights	PARATA MAX	PARATA MAX	04/01/2011	\$ 154,900.00	\$ -	Auction	Not Repairable	Pharmaceutical
10	9690	80850	Parata Max Automation Robotic	77135	Pharmacy - SW Mesa	03121140803	03121140803	06/01/2011	\$ 154,900.00	\$ -	Auction	Replaced	Pharmaceutical
10	7270	62100	HP Proliant Server Capitalize	12000	Labor and Delivery	ML370	USE540N480	07/01/2007	\$ 135,213.83	\$ -	Electronics Recycling	Replaced	SW & Electronics
10	7268	62099	HP Proliant Server Capitalize	12000	Labor and Delivery	ML370	USE624NCKL	07/01/2007	\$ 135,213.82	\$ -	Electronics Recycling	Replaced	SW & Electronics
10	9457	MOD	Modular Furniture - SW Mesa Cl	32045	Southwest Mesa Clinic	Furniture		12/01/2010	\$ 86,397.77	\$ -	Uninstalled	Replaced	Furniture/Office Equipment
10	30178	93498	RC Specimen Radiography System	75000	Radiology - General	TRIDENT	8500815042	09/01/2015	\$ 85,025.00	\$ -	Auction	Obsolete	Medical Equipment
10	30742	93126	Trident RC Specimen Radiograph	75105	OSIS Mammography	ASY-04212	85006150392	07/01/2015	\$ 84,000.00	\$ -	Auction	Obsolete	Medical Equipment
10	5379	VEH #1307	2006 GMC Glaval Bus - 24-Passe	80030	Parking and Transport	TITAN	1GDE5V1246F420186	06/01/2006	\$ 69,790.00	\$ -	UNM Automotive	Not Repairable	Vehicles
10	3442	IT EQUIP	MGE Comet 150kVA 120kw UPS Uni	96000	Information Technology	B04-12044	B04-12044	06/01/2004	\$ 65,137.00	\$ -	Auction	Obsolete	Medical Equipment
10	9672	MOD	Modular Furniture	90280	Ambulatory Pre-Processing Ctr	Furniture		12/01/2010	\$ 57,610.86	\$ -	Uninstalled	Replaced	Furniture/Office Equipment
10	4884	VEH #1266	2004 Thomas Blitt Shuttle Plate	80030	Parking and Transport	F565	4UZAAXDC74CM36746	07/01/2005	\$ 56,980.00	\$ -	UNM Automotive	Not Repairable	Vehicles
10	21427	80260	Ophthalmic Microscope	15000	Operating Room	M691	001074194	07/01/2011	\$ 45,810.00	\$ -	Auction	Obsolete	Medical Equipment
10	29543	91772	INW Server Upgrade	71040	Cardiac Cath Lab	CL/MLG8V6.9.5	SIY14460141TA	03/01/2015	\$ 45,324.90	\$ -	Uninstalled	Obsolete	SW & Electronics
10	30882	93769	Neoprobe GDS Control Unit	15500	OSIS Operating Room	2300	167068485	07/01/2016	\$ 40,225.80	\$ -	Unable to Inventory	Unable to Inventory	Medical Equipment
10	7989	SW	Magnetom Symphony Syngo Blade	75040	Radiology - MRI	BLADE #5	BLADE #5	07/01/2008	\$ 40,000.00	\$ -	Uninstalled	Replaced	SW & Electronics
10	4095	46015	Model 4656 Washer/Disinfecto	15500	OSIS Sterile Processing	4656	SEVO244181	05/01/2003	\$ 38,967.22	\$ -	Auction	Not Repairable	Medical Equipment
10	8161	68003/11257	VIO System	70020	Endoscopy Center	VIO	11263055	03/01/2009	\$ 34,767.00	\$ -	Auction	Obsolete	Medical Equipment
10	4461	105860	Table, Battery-Powered 120V	12000	Labor and Delivery	VCDS21914-1M	B431004017	01/01/2005	\$ 32,693.50	\$ -	Auction	Trade in	Medical Equipment
10	4462	52034	Table, Battery-Powered 120V	12000	Labor and Delivery	VCDS21914-1M	B432804086	01/01/2005	\$ 32,693.50	\$ -	Auction	Trade in	Medical Equipment

10	30711	95325	NIM Response 3.0 System	15500	OSIS Operating Room	NIM REPONSE 3.0	INR3-3473	05/01/2016	\$	29,476.52	\$	-	Auction	Obsolete	Medical Equipment
10	15421	None	Exam Tables (20) CIP 1493 - 12	32055	1209 Clinic	Multiple	Multiple	02/01/1997	\$	29,143.80	\$	-	Auction	Replaced	Medical Equipment
20	30916	95997	ABL825 Blood Gas Analyzer	71510	Pulmonary Services	ABL25	754R2223N005	07/01/2016	\$	28,500.00	\$	-	Auction	Replaced	Medical Equipment
20	30917	95998	ABL825 Blood Gas Analyzer	71510	Pulmonary Services	ABL25	754R2254N001	07/01/2016	\$	28,500.00	\$	-	Auction	Replaced	Medical Equipment
10	21226	80618	Life Tech Urolab	34250	Urology	JANUS IV	OL1160003	07/01/2011	\$	27,161.00	\$	-	Auction	Obsolete	Medical Equipment
10	4000	48331	S & S Motorized Viewer Capital	75000	Radiology - General	MV112B	03-52167	05/01/2003	\$	25,359.81	\$	-	Auction	Obsolete	Medical Equipment
20	20039	None	SCA Full Human Pack (Semen Ana	34120	Repro/Endo Clinic	SCA-PACK-H-02	1760301704	04/01/2010	\$	24,047.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	21482	80107	Image 1 Output & Image Capture	15000	Operating Room	22201011U112	5V685130-P	07/01/2011	\$	23,304.13	\$	-	Auction	Obsolete	Medical Equipment
20	31304	98178	Anorectal Manometry System	70025	Endoscopy/GI-Pediatric	MCOMPASS	0195	09/01/2016	\$	23,065.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
30	20577	MOD	Modular Furniture	60370	OCO Forensics Services	Furniture	Furniture	08/01/2010	\$	20,537.31	\$	-	Uninstalled	Replaced	Furniture/Office Equipment
10	30944	SCOPE	Strobo Video-Rhino Laryngoscop	34225	ENT Surgical Specialty Clinic	11101VNS	36176	07/01/2016	\$	20,128.75	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	21288	MOD	Workstations	32040	NE Heights Clinic	IT Equip	IT Equip	07/01/2011	\$	19,983.22	\$	-	Uninstalled	Replaced	Furniture/Office Equipment
10	24535	83404	Cryostat	34655	Dermatology Clinic 1021 Med	CM 1850	0471311178/6925	07/01/2012	\$	19,724.27	\$	-	Auction	Not Repairable	Medical Equipment
10	3859	46596	VIO 300D Electrosurgical Unit	70020	Endoscopy Center	V10 300D	11230666	08/01/2003	\$	19,718.00	\$	-	Auction	Obsolete	Medical Equipment
10	21480	None	AIDA HD DVD Recorder	15000	Operating Room	20205601-140	RY602194-T	07/01/2011	\$	19,025.12	\$	-	Auction	Obsolete	Medical Equipment
10	7385	59053	CR Workstation CR21 hardware b	75000	Radiology - General	GX620	JXFBC1	07/01/2007	\$	17,787.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	7386	59054	CR Workstation CR22 Hardware b	75000	Radiology - General	GX620	HYFBC1	07/01/2007	\$	17,787.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	2957	46301	Harmonic Scalpel Generator	15500	OSIS Operating Room	GEN-04	GN4035680	10/01/2003	\$	17,680.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	17710	34464	Generator Versa Point System (15500	OSIS Operating Room	VERSAPOINT	9921273	02/01/2000	\$	17,250.00	\$	-	Auction	Obsolete	Medical Equipment
10	30452	95011	EV1000 Platform Monitor	12130	Trauma/Surgical ICU	EV1000 DB	EVD80833	01/01/2016	\$	17,240.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	4795	46991	Neptune Rover	15500	OSIS Operating Room	NEPTUNE	0331802543	12/01/2004	\$	16,280.04	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	4796	46992	Neptune Rover	15500	OSIS Operating Room	NEPTUNE	0335303823	12/01/2004	\$	16,280.04	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	6289	62369	BVI 3000 Bladderscan	12430	General Pediatrics Unit	BVI 3000	07337943	09/01/2007	\$	15,994.95	\$	-	Auction	Replaced	Medical Equipment
10	5385	BULK	Bassinetts	12520	Mother & Baby Unit (3-E) BBRP	Medical Equipment	Medical Equipment	07/01/2005	\$	15,853.10	\$	-	Auction	Replaced	Medical Equipment
10	4097	46132	Model 2460UC Ultrasonic Cleane	15506	OSIS Sterile Processing	2460UC	KSA03037	05/01/2003	\$	15,414.13	\$	-	Auction	Not Repairable	Medical Equipment
10	4988	Veh #1283	2006 Ford Truck Econoline Van	80030	Parking and Transport	E250	1FTNE24L16HA43215	10/01/2005	\$	14,922.00	\$	-	UNM Automotive	Not Repairable	Vehicles
10	5565	MOD	Chairs - Capitalize CIP 1874	90000	Administration	Chairs	Chairs	05/01/2006	\$	14,830.40	\$	-	Uninstalled	Replaced	Furniture/Office Equipment
20	19496	57299	Trio Mobile Surgery Platform C	75050	Radiology - Ultrasound	TRIO	070394552	07/01/2007	\$	13,636.80	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
20	19259	45212	AUDIO METER W/ACCESSORIES FOR	76025	Audiology	20020437	20020437	09/01/2002	\$	12,144.00	\$	-	Auction	Obsolete	Medical Equipment
10	9268	70247	Audera ASSR / ABR Test Equipme	76025	Audiology	AUDERA	20020632	07/01/2010	\$	11,996.00	\$	-	Auction	Replaced	Medical Equipment
30	20350	VEH #1021	1999 Chevy Cavalier Plate #G-4	60365	Case Management	CAVALIER	1G1JC5243X722468	03/01/1999	\$	11,949.00	\$	-	UNM Automotive	Not Repairable	Vehicles
10	26561	83797	GlideScope AVL System	12130	Trauma/Surgical ICU	GLIDESCOPE AVL	AM131638	03/01/2013	\$	11,576.84	\$	-	Auction	Replaced	Medical Equipment
10	2842	46458	Bladderscan	32047	Women's Care - Eubank	BVI3000	03295440	09/01/2003	\$	11,445.00	\$	-	Auction	Not Repairable	Medical Equipment
10	2843	46436	Bladderscan	15040	PACU (Recovery Room 1)	BVI3000	03305497	09/01/2003	\$	11,445.00	\$	-	Auction	Obsolete	Medical Equipment
30	21128	MOD	Modular Furniture	90000	Administration	Furniture	Furniture	07/01/2011	\$	10,928.26	\$	-	Uninstalled	Replaced	Furniture/Office Equipment
20	19836	67827	Olympus BX41 Microscope	34120	Repro/Endo Clinic	BX41	8C22456	06/01/2008	\$	10,341.12	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	2917	46295	Force FX-C Generator (Electros	15500	OSIS Operating Room	FORCE FX-C	F3G27911A	09/01/2003	\$	9,472.18	\$	-	Auction	Obsolete	Medical Equipment
10	2918	46294	Force FX-C Generator (Electros	15500	OSIS Operating Room	FORCE FX-C	F3G27909A	09/01/2003	\$	9,472.17	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	4049	46018	Force FX-C Generator Electro S	15500	OSIS Operating Room	FORCE X	CF3C26196A	05/01/2003	\$	9,347.11	\$	-	Auction	Obsolete	Medical Equipment
10	4050	46019	Force FX-C Generator Electro S	15500	OSIS Operating Room	FORCE X	CF3C26194A	05/01/2003	\$	9,347.11	\$	-	Auction	Obsolete	Medical Equipment
10	4051	46020	Force FX-C Generator Electro S	15500	OSIS Operating Room	FORCE X	CF3C26197A	05/01/2003	\$	9,347.11	\$	-	Auction	Obsolete	Medical Equipment
10	5212	52680	Force FX-C Generator	15500	OSIS Operating Room	FX-C	41382A	02/01/2006	\$	8,970.53	\$	-	Auction	Obsolete	Medical Equipment
10	7207	60525	Monopolar Electrosurgical Unit	15005	Operating Room - BBRP	FORCE FX-C	F6K50650A	07/01/2007	\$	8,950.47	\$	-	Auction	Obsolete	Medical Equipment
10	7210	60520	Monopolar Electrosurgical Unit	15005	Operating Room - BBRP	FORCE FX-C	F6K50719A	07/01/2007	\$	8,950.47	\$	-	Auction	Obsolete	Medical Equipment
10	7211	60524	Monopolar Electrosurgical Unit	15005	Operating Room - BBRP	FORCE FX-C	F6K50717A	07/01/2007	\$	8,950.47	\$	-	Auction	Obsolete	Medical Equipment
10	7212	60521	Monopolar Electrosurgical Unit	15005	Operating Room - BBRP	FORCE FX-C	F6K50720A	07/01/2007	\$	8,950.47	\$	-	Auction	Obsolete	Medical Equipment
10	7214	60519	Monopolar Electrosurgical Unit	15005	Operating Room - BBRP	FORCE FX-C	F6K50705A	07/01/2007	\$	8,950.47	\$	-	Auction	Obsolete	Medical Equipment
20	19423	88648	Camera, 3CCD With Asset No 221	76020	Speech/Language Pathology	3CCD	30611517	12/01/2005	\$	8,922.13	\$	-	Auction	Obsolete	Medical Equipment
10	21231	80800	GSI Tympan V2	76025	Audiology	2000-97XX	G539313	07/01/2011	\$	8,180.00	\$	-	Auction	Obsolete	Medical Equipment
10	30610	88981	BabyPod II	70060	Fixed Wing Transport	BPOD	8397-11	05/01/2016	\$	8,007.00	\$	-	Auction	Obsolete	Medical Equipment
10	8642	73803	Valley Lab Bowie	15000	Operating Room	FX-CS	SF9B03906A	09/01/2009	\$	7,947.30	\$	-	Auction	Obsolete	Medical Equipment
10	8644	73801	Valley Lab Bowie	15000	Operating Room	FX-CS	SF9B03905A	09/01/2009	\$	7,947.30	\$	-	Auction	Obsolete	Medical Equipment
20	19840	64053	Maxi Move 2008 w/Scale	12220	Med/Surg Subacute (4-E)	MAXI MOVE 2008	KMC-00478	07/01/2008	\$	7,791.17	\$	-	Auction	Not Repairable	Medical Equipment
10	9687	80646	CEREBRAL OXIMETER S100C	12110	Neuroscience ICU	INVOS(S100C)	11-10635	06/01/2011	\$	7,511.54	\$	-	Auction	Replaced	Medical Equipment
10	9688	80647	CEREBRAL OXIMETER	12110	Neuroscience ICU	INVOS(S100C)	11-10638	06/01/2011	\$	7,511.53	\$	-	Auction	Replaced	Medical Equipment
10	3921	46084	Module Multigas Agent Capitali	15510	OSIS PACU	H2C96018G	H2C96018G	05/01/2003	\$	7,333.60	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	3923	46085	Module Multigas Agent Capitali	15510	OSIS PACU	H2C96020G	H2C96020G	05/01/2003	\$	7,333.60	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	3924	46087	Module Multigas Agent Capitali	15510	OSIS PACU	H2C96021G	H2C96021G	05/01/2003	\$	7,333.60	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
20	30479	93849	PillCam Recorder Kit DR3	70025	Endoscopy/GI-Pediatric	FGS-0347	DR30811135	12/01/2015	\$	7,295.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
20	30480	93851	PillCam Recorder Kit DR3	70025	Endoscopy/GI-Pediatric	FGS-0347	DR30811391	12/01/2015	\$	7,295.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	6278	62423	Force Fx-C Generator	15000	Operating Room	FORCE FX-C	F7H5530A	09/01/2007	\$	7,251.33	\$	-	Auction	Obsolete	Medical Equipment
10	6279	62424	Force Fx-C Generator	15000	Operating Room	FORCE FX-C	F7H55540A	09/01/2007	\$	7,251.33	\$	-	Auction	Obsolete	Medical Equipment
10	6281	62425	Force Fx-C Generator	15000	Operating Room	FORCE FX-C	F7H55534A	09/01/2007	\$	7,251.33	\$	-	Auction	Obsolete	Medical Equipment
10	6271	62416	Force FX-C Generator	15000	Operating Room	FORCE FX-C	F7H55495A	09/01/2007	\$	7,251.32	\$	-	Auction	Obsolete	Medical Equipment
10	6274	62419	Force FX-C Generator	15000	Operating Room	FORCE FX-C	F7H55533A	09/01/2007	\$	7,251.32	\$	-	Auction	Obsolete	Medical Equipment
10	6275	62420	Force FX-C Generator	15000	Operating Room	FORCE FX-C	F7H55535A	09/01/2007	\$	7,251.32	\$	-	Auction	Obsolete	Medical Equipment
10	6276	62421	Force FX-C Generator	15000	Operating Room	FORCE FX-C	F7H55528A	09/01/2007	\$	7,251.32	\$	-	Auction	Obsolete	Medical Equipment
10	6364	58024	Vigilance II Monitor	15055	Anesthesia	VIG2	VG002907	07/01/2007	\$	7,000.00	\$	-	Auction	Obsolete	Medical Equipment
10	7227	60899	Vigilance Cardiac Monitor/Cath	12110	Neuroscience ICU	692515	VG003021	07/01/2007	\$	7,000.00	\$	-	Auction	Obsolete	Medical Equipment
10	9097	None	Motorized Bariatric Tilt Table	34340	Pain Clinic	TWG101134	TWG101134	06/01/2010	\$	6,960.00	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment
10	29035	IT EQUIP	PowerEdge M620 Blade/Server	96140	IT - Customer Service	M620	85GKV12	01/01/2015	\$	6,600.94	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	21492	IT EQUIP	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	9NCW1V1	06/01/2012	\$	6,456.69	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	21494	IT EQUIP	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	BNCW1V1	06/01/2012	\$	6,456.69	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	7055	IT EQUIP	Quad Core Xeon E5430 Processor	96000	Information Technology	E5430	B1FWJF1	03/01/2008	\$	6,364.19	\$	-	Electronics Recycling	Obsolete	SW & Electronics
20	19868	68674	Water Caloric Stimulator	76025	Audiology	NCI-480F	926	12/01/2008	\$	6,259.23	\$	-	Auction	Replaced	Medical Equipment
10	29233	82928	26" Wide HD LED Display Monito	15500	OSIS Operating Room	9426L5	14-241953	10/01/2014	\$	6,197.21	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment

10	27105	74450	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	B7T14Y1	07/01/2013	\$	6,100.10	\$	-	Electronics Recycling	Obsolete	SW & Electronics
10	24497	86374	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	J51QDV1	09/01/2012	\$	6,082.55	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	24504	86381	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	361QDV1	09/01/2012	\$	6,082.55	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	21522	83002	Vapotherm Precision Flow	71510	Pulmonary Services	PRECISION FLOW	PF00003950-P	05/01/2012	\$	5,906.56	\$	-	Auction	Obsolete	Medical Equipment
10	21523	83003	Vapotherm Precision Flow	71510	Pulmonary Services	PRECISION FLOW	PF00004555-P	05/01/2012	\$	5,906.56	\$	-	Auction	Obsolete	Medical Equipment
10	21524	83004	Vapotherm Precision Flow	71510	Pulmonary Services	PRECISION FLOW	PF00003949-P	05/01/2012	\$	5,906.56	\$	-	Auction	Obsolete	Medical Equipment
10	21525	83005	Vapotherm Precision Flow	71510	Pulmonary Services	PRECISION FLOW	PF00004565-P	05/01/2012	\$	5,906.56	\$	-	Auction	Obsolete	Medical Equipment
10	21526	83006	Vapotherm Precision Flow	71510	Pulmonary Services	PRECISION FLOW	PF00003948-P	05/01/2012	\$	5,906.55	\$	-	Auction	Obsolete	Medical Equipment
10	28202	IT EQUIP	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	DQ046Y1	10/01/2013	\$	5,798.99	\$	-	Electronics Recycling	Replaced	SW & Electronics
20	20102	61439	Cassettes & Imaging Plates	75200	CTH Radiology-General	CR-IR362	57022355	07/01/2006	\$	5,655.00	\$	-	Auction	Obsolete	Medical Equipment
10	3849	46212	Table Ultra Pro Scanning Biode	75100	OSIS Ultrasound	056-672	0302398	05/01/2003	\$	5,463.25	\$	-	Auction	Not Repairable	Medical Equipment
10	16796	33876	ESU Force 2-2PCH (Electrosurgi	15000	Operating Room	FORCE 2	F9836506T	04/01/1999	\$	5,412.21	\$	-	Auction	Obsolete	Medical Equipment
10	14580	None	Cabinet, Biohazard	15000	Operating Room	Furniture	Furniture	06/01/1996	\$	5,400.00	\$	-	Uninstalled	Replaced	Non-Medical Equipment
10	28684	IT EQUIP	PowerEdge M620 Blade Server	96140	IT - Customer Service	M620	8WZJV12	06/01/2014	\$	5,316.85	\$	-	Electronics Recycling	Replaced	SW & Electronics
10	21479	80110	26" Wideview Panel Monitor HD	15000	Operating Room	9426HDA	11-179716	07/01/2011	\$	5,234.73	\$	-	Auction	Obsolete	Medical Equipment
10	4084	46133	Model 5624 Warming Cabinet Cap	15500	OSIS Operating Room	5624	B032248	05/01/2003	\$	5,131.60	\$	-	Unable to Inventory	Unable to Inventory	Medical Equipment

**UNM Hospital Board of Trustees
Recommendation to HSC Board of Directors Finance and Audit Committee
September 2021**

Approval

Ownership:

Cerner Corporation
2800 Rockcreek Parkway
Kansas City, MO 64117

Officer Information:

Brent Shafer, Chairman
Zane Burke, President

Source of Funds: UNM Hospitals Operating Budget

Description: Request a seven (7) year Initial Term Agreement with Cerner Corporation for an integrated electronic consent and signature system which includes, Equipment, Software Licenses, Professional and Educational Services and Maintenance for the UNM Hospitals (“UNMH”). Cerner’s system provides technology integrated into the current Electronic Health Record. Cerner’s hosting and engineering teams are the most equipped to configure, optimize and ensure that clinical and financial solutions are highly-available, accessible and reliable.

The agreement provides pricing for the installation and support of the **Software System**; to allow the electronic capture of patient consent documentation including patient, provider, and staff signatures into the electronic health record. Along with associated integrated workflows to maintain patient safety through the accurate and timely capture of consent in existing systems.

Projected Cost for Initial Term: \$2,275,648 total contractual value for a seven (7) year Initial Term

Process: Sole Source - UNMH intends to make a sole source purchase in accordance with section 13-1-126 NMSA.

Previous Contract: N/A

Previous Term: N/A

Previous Contract Amount: N/A

Contract Term: Anticipated effective date is October 1, 2021 and will continue for a period of seven (7) years, with option to renew on mutual agreement consistent with the NM Procurement Code

Termination Provision: Termination for cause as a result of a material breach that has not been cured and/or waived within 60 days after written notice has been provided by the non-breaching party.

Contract Amount: Total contract award is estimated at and not to exceed \$2,275,648 over the term of the contract.

**UNM Hospital Board of Trustees
September 2021**

**Recommendation to HSC Committee
October 2021**

Approval

(1) Cerner Corporation

Ownership:

2800 Rockcreek Parkway
Kansas City, MO 64117

Officer Information:

Brent Shafer, Chairman
Zane Burke, President

Source of Funds: UNM Hospitals Operating Budget

Description: Request a five (5) year Agreement with Cerner Corporation (“Cerner”) for the purchase of a replacement Dictation and Transcription Platform and Platform Software Support System for UNM Hospital and Sandoval Regional Medical Center. This purchase will move all transcription services to cloud-based and includes equipment, software licenses, professional and educational services and maintenance. The Cerner Solution contains multiple solutions, front-end speech, computer assisted physician documentation (for surgeons), and back-end speech/HIM/transcription services. The solution will facilitate the use of mobile devices for transcription services

Currently, HIM/Transcription services are provided by Nuance Communications, Inc. (“Nuance”) and Delivery Health Solutions, LLC (“DHS”). The Cerner Agreement will consolidate the more current technology offered by these third-party vendors. Under Cerner, Nuance Communications, Inc. (“Nuance”) will provide hosted SaaS platforms, which includes Dragon Medical One, PowerMic Mobile, Dragon Medical Advisor and Nuance Surgical CAPD. Under Cerner, DHS will provide eScripton (hosted SaaS platform and Transcription labor services). A Master License Agreement, between UNMH and Nuance and UNMH and DHS, governs the solutions and will be incorporated into the Cerner Agreement as pass-through provisions.

Process: RFP 424-21 Cloud-Based Dictation and Transcription Platform and Platform Software Support System

Previous Contract: Nuance Communications, Inc., Healthcare Master Agreement & Managed Speech Solutions Addendum

Previous Term: Initial Term of 36 months & continued until expiration or termination of last existing Order.

Previous Contract Amount: \$804,000.00 annually

Contract Term: Five Years

Termination Provision: Termination for cause as a result of a material breach that has not been cured and/or waived within 60 days after written notice has been provided by the non-breaching party.

Contract Amount: Estimated total cost per year is estimated at \$1,000,000 annually; total amount for the Initial Term of 5 year is estimated at and shall not exceed \$5,000,000



CAPITAL PROJECT RE-APPROVAL

PROJECT NAME: Crisis Triage Center

DATE: September 2021

ORIGINAL APPROVAL: Consent Docket, February 16, 2021

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 approval of increased funding that exceeds the ten percent threshold of the original approval for the **UNMH Crisis Triage Center - Design**. This project was originally approved for \$1,300,000 for design professional services from the Capital Renovation Fund in the Approval of Consent Docket on February 16, 2021. For the project described below, UNM Hospital 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:

In collaboration with Bernalillo County, UNM Hospital plans to design and construct a new building on the University Psychiatric Center (UPC) campus for use as a Crisis Triage Center. This includes demolition of the building currently used by Program for Children and Adolescents (PFCA) and Physician Access Line Service (PALS). These programs are planned for relocation to 1031 Lambertson NE.

The Crisis Triage Center is intended to provide development of crisis triage services in our community with a physical connection to existing resources co-located on the University Psychiatric Center campus. The project program includes, but is not limited to,: Two patient wings with eight patient beds each, support services areas, offices, law enforcement areas, and modifications required to meet the most current code requirements. The project programming is expanded to include the Peer Living Room Model resulting in a combined programmatic building gross square footage (BGSF) of 20,147.

[Please note a separate request will be submitted for the Psychiatric Emergency Services (PES) program to be included in this building. The two requests are submitted separately as the PES program is a UNM Hospital project absent Bernalillo County Funding.]

RATIONALE:

Significant gaps exist in the crisis continuum of care in Bernalillo County. Although crisis services exist, clients are often contemplating next steps once they have been evaluated in the emergency room or inpatient facility. Due to medical necessity criteria, many patients in need of continued stabilization

are deferred care until they are able to connect with outpatient services and continue to rotate through the emergency services creating a cyclical pattern. In addition to the need for continued stabilization, centralized triage, observation, and triage services are in high demand in order to facilitate a full continuum of crisis services. The crisis continuum is further expanded with the inclusion of the Peer Living Room Model (PLR). This model has demonstrated efficacy in the use of certified peer support workers and peer volunteers in providing the following services: de-escalation during crises, short-term goal setting, safety plan development, teaching coping skills, connecting with community and hospital resources, medical and behavioral health system navigation, job search and employment preparation, supportive coaching, etc. within a drop-in setting. The current request expands funding for the inclusion of design of the Peer Living Room Model by the county into the program and expands the building by 1,680 building gross square feet (BGSF) for a total of 20,147 BGSF. This request also captures the costs of omissions from the original request for indirect costs necessary to support the project design effort including but not limited to: surveying services, asbestos testing and reporting, geotechnical investigations, commissioning services, subsurface utility investigations and LEED Consulting services.

PURCHASING PROCESS:

Procurement of the LEED and commissioning Consulting services will utilize Limited Solicitations with UNMH On-Call Contracts, and small purchase requests in accordance with procurement thresholds. Amendment to design services for inclusion of the Peer Living Room Model would utilize an existing design professional contract executed via a Request for Proposals (RFP) 2256-21 with McClain + Yu Architecture and Design.

FUNDING:

Total indirect costs, which includes the design budget, for this project shall not to exceed \$2,900,000 from the Capital Renovation Fund and Bernalillo County. This is an increase of \$1,600,000 from the original \$1,300,000 request approved for design services on the February 16, 2021 Consent Docket.

CAPITAL PROJECT RE-APPROVAL**PROJECT NAME: Psychiatric Emergency Services****DATE: September 2021****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 being presented for approval for the **Psychiatric Emergency Services (PES)** project. 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:

UNM Hospital is proposing the inclusion of the Psychiatric Emergency Services (PES) function into the Crisis Triage Center (CTC) to promote synergy and maximize resources. The addition of PES to the building will be tracked and funded separately from the CTC. Funding will be from the UNM Hospital Capital Renovations Fund.

The Crisis Triage Center is intended to provide crisis triage services in our community with a physical connection to existing services co-located on the UNM Psychiatric Center campus. The inclusion of PES programmatic component includes, but is not limited to, the following: ten patient rooms with flexibility to serve a differing census of pediatric and adult population, seclusion suite with two patient rooms, utilization of the same law enforcement areas with entrances, and required support service areas to meet the most current code requirements. The request further includes a second floor cold-shell space to facilitate a future programmatic build out to meet expansion of behavioral health services on the UNM Psychiatric Campus.

RATIONALE:

PES is the only 24-hour a day, 7-days a week Psychiatric Emergency Room in New Mexico and serves clients who present acute psychiatric care levels and are identified as at risk to self and/or others. The Psychiatric Emergency Service primarily services the Albuquerque Metropolitan area and draws patients from Bernalillo, Sandoval and Valencia counties. PES has experienced a higher demand for its services than had been projected during the 2019 consideration of PES renovations. The current PES capacity constraints and associated overflow results in a burden on the existing UNMH Emergency Department. Patients treated in the Emergency Room with an acute psychiatric need require additional staffing for 1:1 supervision. The inclusion of PES within CTC would allow expansion of services to accommodate patient care demand. 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, and provides necessary support areas that are not currently included in the space.

UNMH is recommending inclusion of PES into the new CTC. This will allow for expanded services to accommodate patient care demand and facility design to meet the required healthcare occupancy. PES co-located with the CTC provides a synergy between the services with a consistent level of care. The inclusion of PES within CTC will better serve our community and streamline the intake process minimizing significant gaps existing in the crisis continuum to provide a more robust level of care in Bernalillo County.

UNMH is requesting a second floor cold shell to facilitate possible future expansion at the UNM Psychiatric Center campus. The ability to pursue a cold shell concurrent with the requested design is advantageous as it utilizes structural efficiencies inherent in the design to support vertical construction, creates a continuous building envelope with decreased total roof area, which reduces energy demands, and requires minimal utility upsizing compared to a standalone facility. This approach allows for rapid programmatic growth while reducing construction costs. This consideration allows for flexibility to meet future facility needs and aligns with UNMH's long term planning approach for this campus.

The addition of the Psychiatric Emergency services would expand the CTC building by 6,461 building gross square feet (BGSF). The second-floor cold shell would add approximately 18,000 BGSF, for a total of 44,608 BGSF.

This request is inclusive of indirect costs necessary to support the project design effort including but limited to: surveying services, asbestos testing and reporting, geotechnical investigations, commissioning services, and LEED Consulting services to meet or exceed Governor's Executive Order 2006-001 for minimum LEED Silver Certification USGBC.

PURCHASING PROCESS:

Procurement of the LEED and commissioning Consulting services shall be done utilizing Limited Solicitations with UNMH On-Call Contracts, and small purchase requests in accordance with procurement thresholds. Amendment to design services for inclusion of Psychiatric Emergency Services and Cold-Shell second floor would utilize an existing design professional contract executed via a Request for Proposals (RFP) 2256-21 with McClain + Yu Architecture and Design.

FUNDING:

Total indirect costs, including the design budget for this project, shall not to exceed \$1,750,000 from the Capital Renovation Fund.

CAPITAL PROJECT RE-APPROVAL

PROJECT NAME: CIP 3157 UH Main 2nd Floor Sterile Processing Department – Decontamination Renovation.

DATE: September 2021

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 **UNMH Main 2nd Floor Sterile Processing Department – Decontamination Renovation**. For the project described below, UNM Hospital 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:

Requesting an increase in the approval of this project from \$600,000 to \$1,290,000. The original project scope includes the expansion of the existing Decontamination Space to create improved access and work flow areas. The expansion will provide much needed additional space to properly don and doff personal protection equipment and improve the processing circulation. Existing mechanical unit upgrades were also included to ensure proper airflow, air exchange, and exhaust to maintain negative air pressures.

As the renovation work has progressed, several unforeseen conditions have been identified which requires additional work to include but not limited to: sewer pipe replacement due to compromised conditions, asbestos remediation, wall reconstruction, new flooring, and temporary facilities to accommodate a mobile sterile processing unit as required to maintain hospital processing demand. These corrections will improve the workflow, condition, and safety within the Sterilization Processing Department.

RATIONALE:

The work is based on increased demand and volume in the Sterile Processing Department as well as compliance with The Joint Commission guidelines. The renovations are needed to increase workflow efficiency, support increased volumes, and replace compromised utilities. These improvements will provide a safe and modern work environment.

PURCHASING PROCESS:

The project will use the UNMH Vizient Job Order Contracting method, and will extend the purchase order previously approved.

FUNDING:

Total project construction budget not to exceed at \$1,290,000 from the UNMH Hospital Capital Improvement Funds. This is an increase of \$600,000 from the original \$690,000 request approved on the Regents Consent Docket of March 9, 2020.

CAPITAL PROJECT APPROVAL

PROJECT NAME: 1600 University – Clinic Renovation and Addition

DATE: September 2021

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 **UNMH Eye Clinic Renovation and Addition for 1600 University**. For the project described below, UNM Hospital 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:

Construction services are needed to renovate and construct additional square footage to increase the patient waiting area and provide a cold shell building expansion for three operating rooms to provide surgical eye procedures in the future. This renovation and addition will allow for reorganization of the patient entrance and improve access throughout the clinic. Additional exam and diagnostic rooms will be added to provide for increased patient throughput while reducing the wait times for appointments. Corrections to code deficiencies necessitated by the Facility Guidelines Institute (FGI) recommendations and the Americans with Disabilities Act (ADA) regulations will also be completed as part of the project. The work will correct Health Insurance Portability and Accountability Act (HIPAA) violations by providing compliant spatial configuration for patient check-in and reception areas. The project will include reconfiguring patient restrooms to comply with ADA requirements. Lastly, finishes will be updated in the remodeled areas.

RATIONALE:

This clinic is in a newly acquired building that does not meet current code in a number of areas. Correction of these deficiencies are required to address patient throughput concerns, improve spatial and programmatic efficiencies, increase throughput and enhance staff and patient experience.

PURCHASING PROCESS:

The construction project will be procured through a RFP for construction. Professional design services procured through an RFP for Professional Services.

FUNDING:

Total project budget not to exceed at \$5,750,000 from the UNMH Hospital Capital Improvement Funds and may be funded over multiple fiscal years.

CAPITAL PROJECT APPROVAL**PROJECT NAME: UNMH Main Section 16 Roof and Skylight Replacement****DATE: September 2021****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 **UNMH Main Section 16 Roof and Skylight Replacement**. For the project described below, UNM Hospital 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 project scope includes the replacement of the existing roof and skylight systems. Both systems are beyond their expected life cycle and present continued maintenance issues. The project will mitigate further water damage to the interior space as well as improve upon the comfort level of the work environment.

RATIONALE:

The roof system is at the end of its life cycle. This roof is primarily located above the Administration offices and Rehabilitation Services areas and exceeds the 30-year manufacturer's warranty. The existing skylight glazing system is antiquated and does not offer adequate insulation or UV values; the light is harsh and the area is subjected to temperatures swings. The new roof will consist of a single-ply roof membrane system with associated rigid insulation that will increase positive drainage and energy efficiency. A new skylight system with insulating values will be installed along with a new structural system that will moderate the temperature and diffuse the natural light.

PURCHASING PROCESS:

This project will utilize the UNMH Vizient Job Order Contracting method.

FUNDING:

Total project budget not to exceed at \$1,225,000 from the UNMH Hospital Capital Improvement Funds.

Public Input

Board of Trustees Meeting Minutes 07 30 2021

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Terry Horn, Del Archuleta, Erik Lujan, Kurt Riley, Tamra Mason, Joseph Alarid, Michael Brasher, and Trey Hammond	
Ex-Officio Members Present	Doug Ziedonis, Kate Becker, Rob Schwartz, Garnett Stokes, Nathan Boyd, and Davin Quinn	
Staff Members Present	Mike Chicarelli, Sara Frasch, Tom Roha, Barry Benson, Anna Duran, Kori Beech, Irene Agostini, Dawn Harrington, Bonnie White, Rohini McKee, Rodney McNease, Paula Williams, Jennifer James, Sireesha Koppula, Rodney McNease, Ryan Randall, Mark Rudi, and Fontaine Whitney	
County Officials Present	Julie Morgas-Baca and Clay Campbell	
I. Call to Order	A quorum being established, Mr. Terry Horn, Chair, called the meeting to order at 9:30 AM	
II. Announcements	<p>Mrs. Kate Becker, UNM Hospital CEO, and Mr. Terry Horn, UNM Hospital Board of Trustees Chair, thanked and recognized Dr. Jennifer Phillips and Judge Joseph Alarid on their accomplishments and participation on the UNM Hospital Board of Trustees. Several other participants voiced their appreciation and wished them good luck.</p> <p>Mr. Terry Horn, UNM Hospital Board of Trustees Chair, recognized Dr. Michael Richards on Governor Lujan Grisham's honor of being one of eight health care workers with an individual gubernatorial proclamation, declaring a celebratory day in honor of each of them; Wednesday, July 21, 2021 was named Dr. Michael Richards Day in New Mexico.</p>	
III. Adoption of Agenda	Mr. Terry Horn, Chair, stated Item IV. Consent Items " <i>Specific Project Professional Liability Insurance – HDR and FBT (\$950,000)</i> " was discussed in detail at the UNMH BOT Finance Committee Meeting on July 28 th . Based on the discussion, the Committee passed a motion to table this consent item until the September meeting allowing UNM Hospital management to gather more detailed information to determine exposure and logistics. Mr. Horn asked if there were any other changes required to the Agenda. Hearing none, he requested a motion to adopt the Agenda with change as noted.	Mr. Del Archuleta made a motion to adopt the agenda with the changes as noted by Chair Horn. Mr. Joseph Alarid seconded the motion. Motion passed with no objections.
IV. Consent Items	<p>Mrs. Bonnie White, UNM Hospital Chief Financial Officer, presented the below identified Consent Items (documents in BoardBook) for review and approval. Mr. Terry Horn, Chair, indicated the UNMH BOT Finance Committee discussed/reviewed the Consent Items in detail at their July 28th meeting and recommend approval by the full UNM Hospital Board of Trustees. After discussion, Chair Horn requested a motion to approve the Consent Items listed below.</p> <ul style="list-style-type: none"> • Cerner Corporation – Pediatric Oncology System (\$2,020,467) • 1031 Lamberton Building and Land Purchase (not to exceed \$3,800,000) 	Mr. Del Archuleta made a motion to approve the Consent Items as presented and discussed by Mrs. Bonnie White. Mr. Michael Brasher seconded the motion. Motion passed with no objections.

	<p>Dr. Sara Frasch, UNM Hospital Human Resources Chief, presented Resolution: UNM Hospital 401(a) Plan for review and approval. The 2020 Plan Year (July 1, 2021 to June 30, 2021) the employer contribution to the Plan shall be allocated as follows:</p> <ul style="list-style-type: none"> • CEO and COO shall receive the maximum allocation of \$58,000 • All other Chief Officers shall receive 16% of their base annual salary as of 06/30/2021 • Associate Chief Officers and Senior Executive Directors shall receive 10% of their base annual salary as of 06/30/2021 • Executive Directors shall receive 5% of their base annual salary as of 06/30/2021 <p>Dr. Sara Frasch, UNM Hospital Human Resources Chief, presented Resolution: UNM Hospital 415(m) Plan for review and approval. The 2020 Plan Year (July 1, 2021 to June 30, 2021) the employer contribution to the Plan shall be allocated as follows:</p> <ul style="list-style-type: none"> • CEO shall receive \$46,219.65 • COO shall receive \$14,453.89 <p>Mr. Terry Horn, Chair, indicated the UNMH BOT Finance Committee discussed/reviewed the 401(a) and 415(m) Resolutions in detail at their July 28th meeting and recommend approval by the full UNM Hospital Board of Trustees. After discussion, Chair Horn requested a motion to approve the 401(a) and 415(m) Resolutions as presented by Dr. Sara Frasch.</p>	<p>Mr. Del Archuleta made a motion to approve the 401(a) and 415(m) Resolutions as presented and discussed by Dr. Sara Frasch. Mr. Michael Brasher seconded the motion. Motion passed with no objections.</p>
<p>V. Public Input</p>	<p>N/A</p>	
<p>VI. Approval of Minutes</p>	<p>Mr. Terry Horn, Chair, asked for any revisions to the April 30, 2021 UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Mr. Horn requested a motion to approve the April 30, 2021 UNM Hospital Board of Trustees Meeting Minutes as presented.</p> <p>Mr. Terry Horn, Chair, asked for any revisions to the May 7, 2021 Special UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Chair Horn requested a motion to approve the May 7, 2021 Special UNM Hospital Board of Trustees Meeting Minutes as presented.</p>	<p>Mr. Del Archuleta made a motion to approve the April 30, 2021 UNM Hospital Board of Trustees Meeting Minutes. Mr. Joseph Alarik seconded the motion. Motion passed unanimously.</p> <p>Mr. Michael Brasher made a motion to approve the May 7, 2021 Special UNM Hospital Board of Trustees Meeting Minutes. Mr. Erik Lujan seconded the motion. Motion passed unanimously.</p>
<p>VII. Mission Moment</p>	<p>Mrs. Kate Becker, UNM Hospital CEO, introduced Mr. Tom Roha, Executive Director, Clinical Services, Adult Critical Care, Dialysis/Apheresis, Pulmonary Services, ECMO, and Mr. Barry Benson, Unit Director, Neuroscience ICU, to present the Mission Moment. The Mission Moment was a letter appreciation from the family of a patient who suffered a massive stroke. Board Members and staff expressed their appreciation to Mr. Roha, Mr. Benson and their staff.</p>	

<p>VIII. Board Initiatives</p>	<p>Election of New UNMH BOT Officers: Mr. Terry Horn, Chair, stated that the UNMH BOT Executive Committee met and are recommending approval of the following Officers through July 2022 and a rotation in July 2023</p> <ul style="list-style-type: none"> • Mr. Del Archuleta, Chair from July 2021 thru July 2022 • Mr. Kurt Riley, Vice Chair from July 2021 thru July 2022 • Dr. Tamra Mason, Secretary from July 2021 thru July 2022 <p>It was recommended by the Executive Committee that Kurt Riley become Chair in July 2022, Tamra Mason become Vice Chair in July 2022 and then Chair in July 2023. Although this staging of future officers is recommended by the Executive Committee, new officers beginning in July 2022 and July 2023 will need to be approved by the sitting UNM Hospital Board of Trustees at that time. After discussion, Chair Horn requested a motion to approve the new UNMH BOT Officers as indicated above.</p> <p>Based on the approval of UNMH BOT Officers, Mr. Terry Horn, welcomed Mr. Del Archuleta as the new Chair.</p> <p>UNM Hospital Board Members: Mr. Del Archuleta, Chair, stated that Mrs. Kate Becker, Mr. Terry Horn and he met with potential candidates to replace Judge Joseph Alarid's position on the UNMH Board and determined Judge Monica Zamora was the candidate they wished to move forward for approval. Chair Archuleta indicated Judge Zamora served on the New Mexico Court of Appeals from December 2012 until her retirement in January 2021. Mrs. Kate Becker stated that Judge Zamora served as a District Court Judge in the Second Judicial District in Bernalillo County and was assigned to the Children's Court Division presiding primarily over child welfare and juvenile delinquency. Mr. Archuleta said Judge Zamora was born and raised in northern New Mexico and graduated from the University of New Mexico School of Law in 1987. After discussion, Chair Archuleta requested a motion to approve the nomination of Judge Monica Zamora to move forward to the Board of Regents for approval as a new UNM Hospital Board of Trustees Member replacing Judge Joseph Alarid.</p> <p>Mr. Del Archuleta, Chair, stated that Dr. Davin Quinn as former Chief of Staff will replacing Dr. Jennifer Phillips' position on the UNMH Board of Trustees and requested a motion to approve this replacement to move forward to the Board of Regents for approval.</p> <p>Mrs. Kate Becker presented a review of the Press Ganey Engagement Results (report in BoardBook) Highlights included the overall engagement performed in the 31st percentile compared to National Physician Academic average, an improvement from 15th in 2019; 53rd percentile against the National Academic Healthcare average, an improvement from 32nd in 2019.</p> <p>Mrs. Kate Becker stated that the Financial Assistance and Self Pay Discount Policies are not hospital policies, they are Board of Trustees policies and have been for a long time. The reason they are Board of Trustees policies is because the community wants to be assured that the Board has input and awareness and knows what is happening with those policies. At the last Legislative Session the Legislature passed a Bill that changed financial assistance policies across the state so immigration status could be considered a condition of those policies. Because the Legislature passed the Bill</p>	<p>Mr. Michael Brasher made a motion to approve the new UNMH BOT Officers as recommended by the UNMH BOT Executive Committee. Mr. Trey Hammond seconded the motion. Motion passed unanimously.</p> <p>Mr. Joseph Alarid made a motion to approve the nomination of Judge Monica Zamora to move forward to the Board of Regents for approval as a new UNM Hospital Board of Trustees Member. Mr. Michael Brasher seconded the motion. Motion passed with no objections.</p> <p>Mr. Michael Brasher made a motion to approve Dr. Davin Quinn as discussed. Mr. Kurt Riley seconded the motion. Motion passed with no objections.</p>
--------------------------------	---	--

	<p>effective July 1st, the hospital would go ahead make operational changes to the policies. In 2014 Bernalillo County created a Task Force Committee to advise them; however, this committee did not continue. In 2018 Mrs. Becker reconvened/restructured the committee and have been meeting regularly. Management will take these policies to the Task Force Committee for review and then will bring back to the Board of Trustees for review and approval.</p>	
<p>VIII. Administrative Reports</p>	<p>Dr. Doug Ziedonis presented the Executive Vice President Update (report in BoardBook).</p> <p>Mrs. Kate Becker presented the HSC Committee Update in Dr. Michael Richards absence (report in BoardBook)</p> <p>Mrs. Kate Becker presented the UNM Hospital CEO Update (report in BoardBook). Mrs. Becker also gave a presentation on her First 100 Days....Three Years Later. Dr. Michael Chicarelli showed a live webcam of the UNM Hospital Tower construction</p> <p>Dr. Irene Agostini presented the UNM Hospital CMO update (report in BoardBook). Dr. Agostini highlighted the High Census Steering Committee and subcommittees and announced the Ribbon Cutting ceremony for the Gallup UNM Specialty Care Clinic.</p> <p>Dr. Nathan Boyd presented a Chief of Staff Update highlighting Medical Peer Reviews</p>	
<p>IX. UNMH BOT Committee Reports</p>	<p>Mr. Terry Horn gave a brief summary of the UNMH BOT Finance Committee Meeting. The committee discussed consent items for approval, received an update on TriCore Labs, received revenue cycle update and a progress update of the UNM Hospital Tower project.</p> <p>Mr. Terry Horn gave a brief summary of the UNMH BOT Audit & Compliance Committee Meeting. The committee received the following presentations:</p> <ul style="list-style-type: none"> • Internal audit presentation from CliftonLarsonAllen (CLA) • Cyber Security update from Dawn Harrington, UNM Hospital IT Chief • KPMG presented the Entrance Conference – 2021 External Audit • UNM Hospital Procurement Audit Report from Victor Griego, UNM Interim Director <p>Mr. Erik Lujan gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting. The committee reviewed/approved credentialing and privileges and received a presentation on Clinical Improvement Initiative Timeline.</p> <p>Mr. Erik Lujan gave a brief summary of the UNMH BOT Native American Services Committee Meeting. The committee discussed the ribbon cutting ceremony for the Gallup Clinic, the 100-beds document and the APCG Spring Consultation.</p>	
<p>X. Other Business</p>	<p>Mrs. Bonnie White, UNM Hospital CFO, stated that with the timing of the meeting and the close of the quarter, the financial update did not have any significant changes from the April meeting. There will be an update at the September meeting.</p>	

<p>XI. Closed Session</p>	<p>At 11:04 AM Mr. Del Archuleta, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p>	<p>Mr. Michael Brasher made a motion to close the Open Session and move to the Closed Session. Mr. Kurt Riley seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Del Archuleta – Yes Mr. Kurt Riley – Yes Dr. Tamra Mason – Yes Mr. Terry Horn – Yes Mr. Joseph Alarid -- Yes Mr. Erik Lujan - Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Yes Dr. Jennifer Phillips – Not Present</p>
<p>Vote to Re-Open Meeting</p>	<p>At 11:50 AM Mr. Del Archuleta, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mr. Michael Brasher made a motion to close the Closed Session and return to the Open Session. Mr. Erik Lujan seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Del Archuleta – Yes Mr. Kurt Riley – Yes Dr. Tamra Mason – Yes Mr. Terry Horn – Yes Mr. Joseph Alarid -- Yes Mr. Erik Lujan - Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Not Present Dr. Jennifer Phillips – Not Present</p>
<p>XII. Certification</p>	<p>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.</p> <p>Mr. Del Archuleta, Chair, reported that the following items were acknowledged as approved by the UNMH BOT Quality and Safety Committee in their July 23, 2021 Meeting.</p> <ul style="list-style-type: none"> • Clinical Privileges and Credentialing 	

	<p>Mr. Del Archuleta, Chair, reported that the following items were acknowledged as received and approved by each committee as presented.</p> <ul style="list-style-type: none"> • Medical Executive Committee 04/21/2021 Meeting Minutes • Medical Executive Committee 05/19/2021 Meeting Minutes • Medical Executive Committee 06/16/2021 Meeting Minutes • UNMH BOT Quality and Safety Committee 04/23/2021 Meeting Minutes • UNMH BOT Quality and Safety Committee 05/21/2021 Meeting Minutes • UNMH BOT Quality and Safety Committee 06/18/2021 Meeting Minutes • UNMH BOT Audit and Compliance Committee 04/27/2021 Meeting Minutes • UNMH BOT Finance Committee 04/28/2021 Meeting Minutes • Special UNMH BOT Finance Committee 05/03/2021 Meeting Minutes • UNMH BOT Native American Services 04/26/2021 Meeting Minutes 	
<p>XIII. Adjournment</p>	<p>The next scheduled Board of Trustees Meeting will take place Friday, September 24, 2021 at 9:30 AM via Zoom Conference Call. There being no further business, Mr. Del Archuleta, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Kurt Riley made a motion to adjourn the meeting. Mr. Michael Brasher seconded the motion. The motion passed unanimously. The meeting was adjourned at 11:53 AM.</p>

Dr. Tamra Mason, Secretary
 UNM Hospital Board of Trustees

Mission Moment 09 24 2021 Chicarelli and Vosburgh



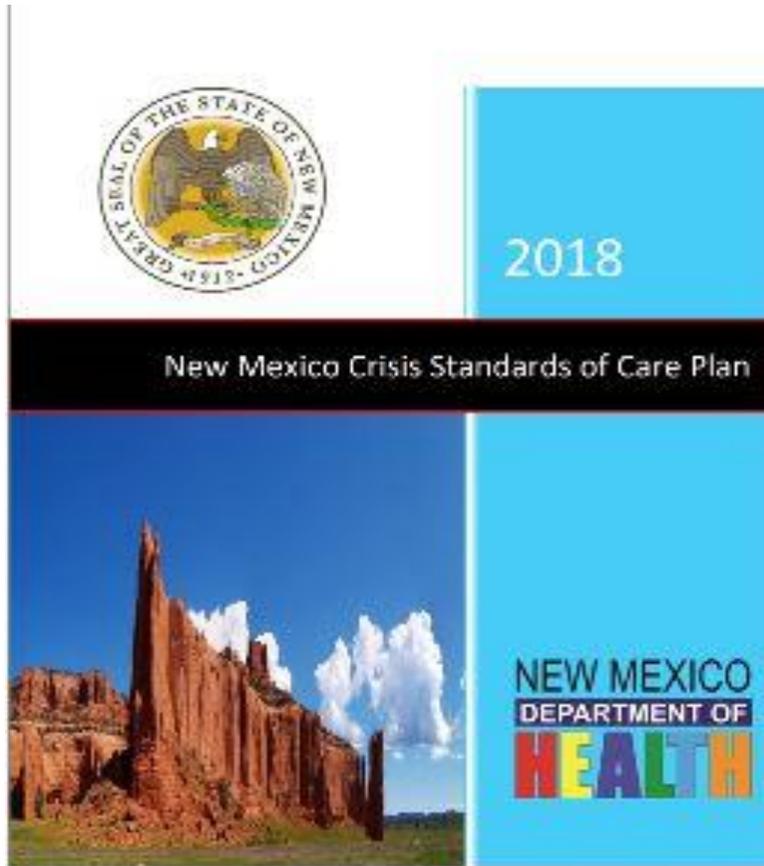
MISSION MOMENT- MEDICAL ADVISORY TEAM
BOARD OF TRUSTEES- SEPTEMBER 24TH, 2021

Medical Advisory Team (MAT)

- MAT came into existence shortly after the Governor's public health order in March of 2020

- The MAT consists of state officials, healthcare providers, and community members throughout NM, who are tasked with developing responses to three questions:
 1. How do we best use existing capacity and resources in the response to the pandemic?
 2. How do we create more capacity and resources?
 3. How do we allocate capacity and resources when they become scarce?

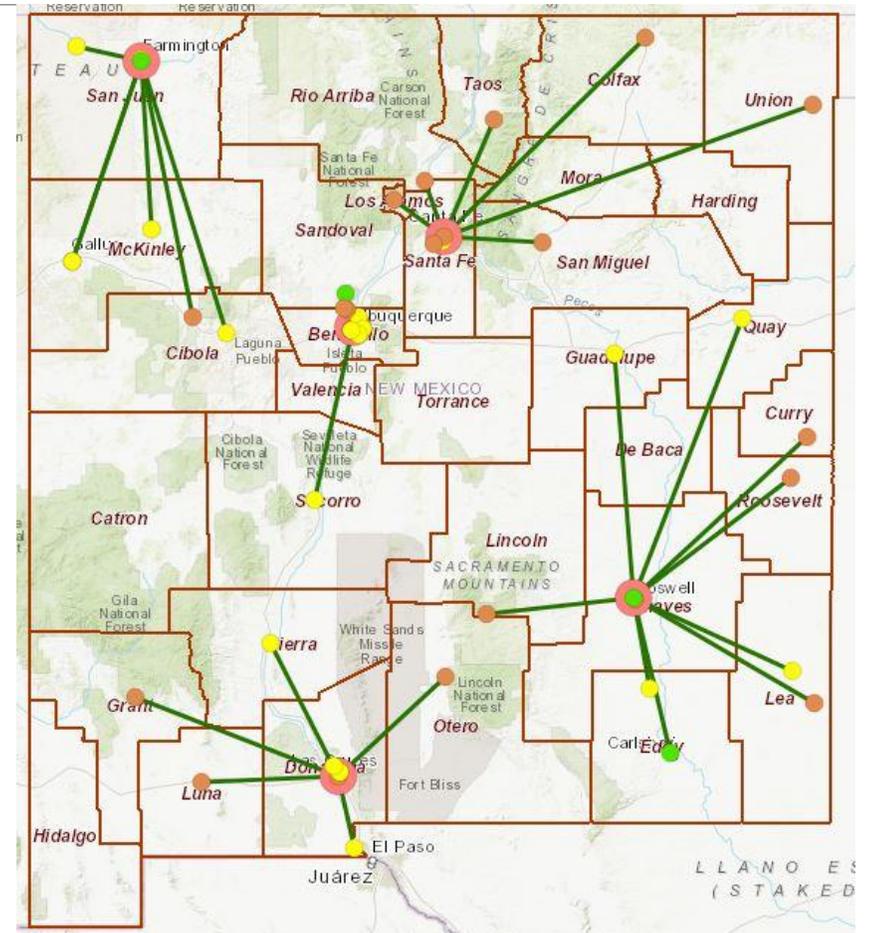
Medical Advisory Team (MAT)



- The Crisis Standards of Care document describes the State's approach for responding to a public health crisis.
- The document language establishes the MAT to address resources and scarcity.

MAT Activity

- Support for NM Hospitals
- Revised the New Mexico Crisis Standard of Care document
- Established contingency and crisis beds in hospitals across the State
- Advise on EO and PHOs
- Established “gating criteria”
- Supply chain (goods and distribution)
- Vaccine and Monoclonal antibody administration
- Established the “hub and spoke” healthcare model
- Statewide Transfer Center for ICU patients



State Call and Transfer Center (SCTC)

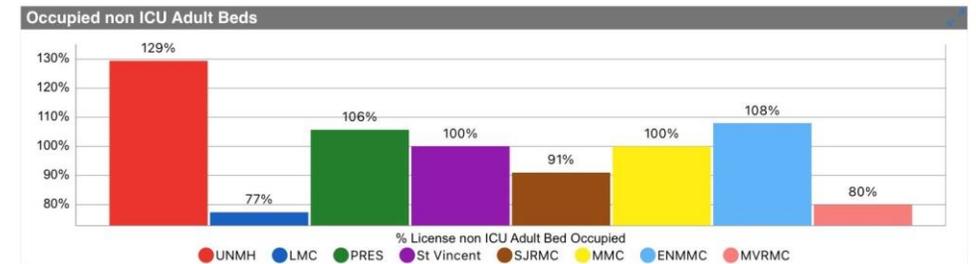
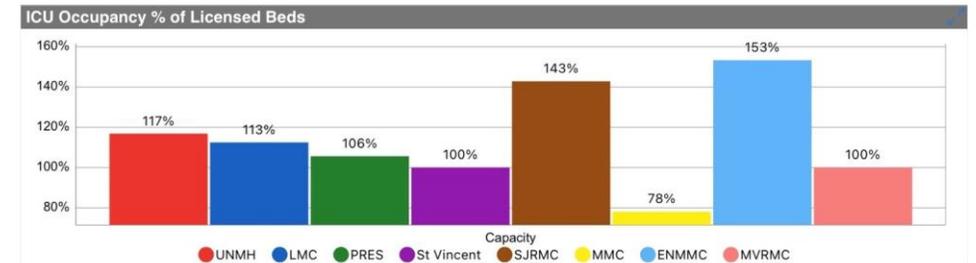
Presbyterian March 2020-May 2020

UNMH December 2020-April 2021

UNMH August 2021-current

Primary goal is to load level and ensure even distribution of ICU patients between the HUB hospitals

All ICU transfers go through the SCTC and are provided an available bed then connected to that HUB hospital



Organization	Non ICU adult beds open	ICU adult beds open	CA-Total Beds	CA-Occupied Beds	CO- Total Beds	CO=Occupied Beds	CR-Total Beds	CR-Occupied Beds	Non ICU Adult Licensed Bed Occupied	Number of ED Holds
	Non ICU adult beds open	ICU adult beds open	Licensed Available	Total Occupied	Contingency Available	Contingency Occupied	Crisis Available	Crisis Occupied	Non ICU Adult Licensed Bed Occupied	Number of ED Holds
LMC	Yes	Yes	56	63	15	7	28	0	215	13
UNMH	Yes	Yes	83	97	28	14	47	0	365	32
PRES	Yes	Yes	53	56	9	3	14	0	462	40
St Vincent	Yes	No	18	18	2	2	2	2	122	9
SJRC	Yes	Yes	14	20	9	6	10	0	111	5
MMC	Yes	Yes	32	25	20	0	0	0	199	6
ENMMC	Yes	No	15	23	0	8	4	0	27	4
MVRMC	Yes	No	23	23	8	0	4	0	100	4

SCTC, cont.

24/7 nurse run operation

Ability to ensure adequate resource allocation

Frequent collaboration/partnership with hub hospitals around the state

Small waitlist for unit specific demographics



Questions?

2021 proposed committee assignments- UNMH

**UNMH BOARD OF TRUSTEES
PROPOSED COMMITTEE ASSIGNMENTS**

Finance Committee

Terry Horn, Chair
Del Archuleta
Kurt Riley
Michael Brasher

Audit / Compliance Committee

Tamra Mason, Chair
Terry Horn
Del Archuleta
Kurt Riley

Quality and Safety Committee

Kurt Riley, Chair
Erik Lujan
Tamra Mason
Davin Quinn
Monica Zamora
Trey Hammond
Nathan Boyd, COS

Native American Services Committee

Erik Lujan, Chair
Monica Zamora
Michael Brasher
Trey Hammond

Financial Assistance Policy Revised 09-21-22 Clean Final (1)

Title: Financial Assistance Program		Policy			
Patient Age Group:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult



POLICY STATEMENT

UNM Hospital offers financial assistance for the patient's medical bill(s) for qualified patients, which is known as "UNM Care," who meet each of the following:

1. Certain identity requirements;
2. State and county residency requirements;
3. Is not covered or is only partially covered by government or private insurance; and
4. Established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below;
5. Medical necessity criteria and
6. The services are covered by the UNM Care financial assistance program.

UNM Hospital will abide by the federal Emergency Medical Treatment and Labor Act (EMTALA) in providing care to patients at UNM Hospital. The UNM Hospital will abide by applicable federal, state, and local laws in determining eligibility for financial assistance. Individuals will be screened for indigent status and financial assistance if the patient has no other healthcare coverage. Screening will occur at each Self Pay encounter or at least annually. Patient will be determined eligible when documentation is submitted to UNM Hospital Financial Services Department. As UNM Care is not a fund for payment of medical services but rather a financial assistance program, medical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital.

APPLICABILITY

This policy pertains to all UNM Hospitals, Pharmacy Services and Clinics including the UNM Hospitals-based clinics at the UNM Comprehensive Cancer Center.

POLICY AUTHORITY

Chief Executive Officer

REFERENCES

Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. § 1621. In this Policy, the Personal Responsibility and Work Opportunity Reconciliation Act is referred to as "PRWORA."

CMS Provider Reimbursement Manual, Chapter III, Section 310.

CMS Provider Reimbursement Manual, Chapter III, Section 312.

UNM Hospital Discount Program Policy.

UNM Hospital Patient Payment Policy.

UNM Hospital Bad Debt Policy

IMPLEMENTATION PROCEDURES

Identity Requirements

A patient seeking financial assistance under the UNM Care program must provide documentation to demonstrate his or her identity. Any of the following documents may demonstrate identity: Social Security card, U.S. Passport, state-issued identification, birth certificates, citizenship/naturalization records, Visa, Indian census records, certificate of Indian Blood, court records, voter registration card, divorce papers, licensed school records, licensed day care center records or a letter from a licensed physician or nurse.

Residency Requirements

To be eligible for financial assistance under the UNM Care program, the patient must be living in New Mexico and demonstrate an intention to remain in the state. Residency in New Mexico and Bernalillo County is established by living in the state and county and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, attaining a New Mexico driver's license or New Mexico State issued identification card, renting a post office box, obtaining employment within Bernalillo County or the State of New Mexico.

The patient can demonstrate this residency by bank statements, home ownership, rental leases, and letters addressed to the patient at a home address, utility bills, and proof of enrollment of self or child in an educational institution, pay stubs, income tax returns, or other similar documents.

Patients who meet residency requirements for the State, but are not residents of Bernalillo County, will only be eligible for indigent status and financial assistance if the service they are to receive or have received at the UNM Hospital is not available in their county of residence, as determined by the Medical Staff of UNM Hospital. These patients should apply for their home county indigent funds before applying for coverage under the UNM Care financial assistance program.

Financial Requirements

The patient must verify income by providing: employment pay stubs; income tax returns; letter from employers; direct bank deposits; letters or copies of checks from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian affairs, or other similar documents. Homeless patients and patients in Bankruptcy will meet the definition of this requirement.

The patient must verify assets. Assets may be verified by providing bank statements, investment statements or other similar documents. Retirement funds, primary residence, and vehicles are not considered in the asset level.

Medical Necessity Criteria

Only medically necessary services, as determined by the treating UNM Hospital medical staff provider, will be eligible for coverage under the UNM Care financial assistance program. All services are subject to review by the Medical Director of the Utilization Review Department.

Certain undocumented patients meeting the criteria outlined below should continue to be screened for Emergency Services for Aliens (EMSA) as part of their coverage:

1. A patient is treated for an emergency medical condition, as determined and documented by the treating provider;
2. A patient is treated for the signs or symptoms of a communicable disease, as determined and documented by their treating provider, whether or not those symptoms are caused by a communicable disease; or
3. A patient is treated for immunizations, as documented in the medical record.

The following are services that are typically not considered covered services within the meaning of this Policy:

- cosmetic surgery,
- reversal of vasectomy,
- elective pregnancy terminations,
- tuboplasty
- infertility studies and treatment,
- other services not routinely provided by UNMH medical staff or facilities as determined by the medical staff of UNM Hospitals.(for example, liver or cardiac transplantation)

Exceptions to non-covered services will be considered by the Medical Director of the service in question and Chief Medical Officer.

Other Coverage

With limited exceptions as described below, the UNM Care financial assistance program is the financial program of last resort. This means that third party government or private insurance will be a primary financial payment source before the UNM Care financial assistance program will be applied. Medicaid-eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for indigent status and financial assistance. Notwithstanding, Indian Health Service Contract health coverage is secondary to the UNM Care financial assistance program for those Native Americans who reside in Bernalillo County and who meet the financial assistance and medical necessity criteria.

A patient can be eligible for indigent status and financial assistance with respect to any unpaid amounts after the third party government or private insurance has fully paid UNM Hospital as required under the terms of that third party government or private insurance plan. UNM Hospital will subrogate with a liability payer for third party tortfeasor cases.

Denial and Appeal Process

A patient will receive a letter from UNM Hospital if the patient is denied eligibility for participation in the UNM Care financial assistance program for any reason. If a patient is not granted indigent status or financial assistance because of lack of documentation for identity, residency, income, asset or medical necessity reasons, they can appeal that decision to the

Medical Director of the Utilization Review Department and the UNM Hospital Chief Medical Officer.

Any patient with an outstanding account balance can, and are strongly encouraged to, make payment arrangements for monthly payments for their unpaid balance(s). UNM Hospital will not accrue interest on any balance owed for an account with UNMH for a self-pay contract account.

Other

If a patient otherwise qualifies for indigent status but is not eligible for full financial assistance and they reside outside of Bernalillo County, they may be eligible to participate in other forms of assistance.

SUMMARY OF CHANGES

This policy replaces: UNMH Financial Assistance Policy Effective dated 11/7/2017

RESOURCES/TRAINING

Resource/Dept	Contact Information
Patient Financial Services	http://hospitals.unm.edu/pfs/

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	UNMH Board of Trustees		
Committee(s)	UNMH Board of Trustees Finance Committee		Y
Legal (Required)	Scot Sauder, HSC		Y
Official Approver	Dr. Tamra Mason, Secretary		Y
Official Signature			
Effective Date	11/2017		
Origination Date	10/1986, 11/1999, 12/1999, 11/2003, 12/2009, 10/2015 respectively		

ATTACHMENTS

None

Administrative Reports

EVP Health Sciences & CEO UNM Health System Report to UNM Hospitals Board of Trustees.

September 24, 2021

Good Morning Board of Trustees members and CEO Becker.

First, I want to thank Dr. Michael Richards, our Senior Vice President of Clinical Affairs, for being able to read my summary report to you all.

This morning I am presenting to the State's Legislative Finance Committee (LFC) in Santa Fe, and I am sorry that I will not be able to join you in person today.

Since our last meeting two months ago, I am very grateful for all the hard work of our leaders, faculty, staff, students, volunteers, and teams across our Health System and Health Sciences. We continue to push critical and strategic initiatives forward.

I want to again thank Dr. Martha Cole McGrew for her many years of service to UNM in numerous leadership roles, including as she now retires at the end of September as Interim Dean for the School of Medicine. We are in the midst of a national search for the new Dean with many excellent candidates already having been nominated and expressing interest. I want to thank Dr. Richards for stepping into the interim Dean role starting October 1st as he continues in his SVP for Clinical Affairs with some modifications and delegation of those responsibilities.

This month is Hispanic Heritage Month. I hope you all are able to join us in one of our celebratory activities that started last week and will be running through the 15th of October. The activities are posted on our HSC website and links are included in our newsletter updates.

Mandating Vaccines Across all of UNM:

Since our last meeting, the FDA has approved the Pfizer vaccine, which lifted the Emergency Use Authorization, and Governor Michelle Lujan Grisham has made a Public Health Order to require vaccinations for all health system employees. All of UNM is now requiring vaccinations or to have a medical or religious exemption with routine COVID testing. This has been a complex process; however, we all have done extremely well with almost all the HSC becoming vaccinated or having an exemption. Overall at UNM, 86.1% of staff, 93.4% of faculty, and 74.6% of students are fully vaccinated against COVID-19 and have reported their vaccination status. Lots of gratitude and thanks to the many leaders and peer influencers who have helped us achieve these outcomes already. We have had very few separations from the organization as a result of this mandate, but those numbers remain low and have not impacted staffing levels. These are difficult times to manage a public health crisis that persists and is changing everything.

Health System and Health Matters updates

CEO Becker and Drs. Agostini, Chicarelli, and Boyd will next provide important health system details in their administrative reports; however, I wanted to update you on four items: Health Equity, COVID stressors, New Clinic and Program Openings, and the NCI Comprehensive Cancer Center renewal.

1. The focus on health equity and patient experience and access is vital to our improving the health of all New Mexicans. We have a terrific “pre-planning team” that has made progress and been engaging many community leaders in how we might approach this topic, including expanding the participants in a new planning group that is inclusive of community, state, counties, cities, and our faculty, staff, and students in the planning of a Health Equity Summit later this year.
2. We continue to be concerned about COVID and the delta variant and the likely new variants in the future. The increase of cases is putting additional burdens and stressors on our already stressed workforce and there isn’t much relief in the hospitals as we continue to be over capacity. We are increasing programming and support for faculty, staff, and student wellness and this might be a topic for future BOT meetings. Also, I do want to take a moment to encourage you, and everyone, to receive your flu shot. Our Fiesta de Flu campaign is off and running and we will continue to mandate the flu vaccine for all those working in and around the clinical setting.
3. Since we last saw each other we have celebrated the opening of the new Rio Grande Clinic in Rio Rancho. Others may share more about this event and the site – but I wanted to share how terrific the community leaders were in all the steps leading up to the clinic opening and in their enthusiasm at the ribbon cutting event. This UNM Medical Group primary care clinic will fill a void in that community. We also continue to look forward to the opening on the new Center of Excellence for Orthopaedic Care and Rehabilitation and the opening of the Nene and Jamie Koch Movement Disorders Center being built just outside these doors on North campus.
4. We also announced this week that the National Cancer Institute has renewed the UNM Comprehensive Cancer Center designation for another five years. We continue to be the only NCI designated institution in the state, a critical component of the world-class care and research happening in our adult cancer center.

Government Relations

In the past month, there were several important government relations meetings. These were very informative and provided new insights for all of us in attendance.

First, U.S. Senator Ben Ray Lujan and his team have been working tirelessly on an important new funding proposal which would increase support for having people of color have more opportunities to join clinical trials for Alzheimer’s and other illnesses with Memory Difficulties. These illnesses are disproportionately increased in people of color, especially blacks, Hispanics, and Native Americans. Many community leaders and UNM leaders met to review see our clinical services and to discuss this important legislation. I want to thank Vice President for Research, Dr. Richard Larson, our UNM Government Relations Office, and UNM Hospital CEO Kate Becker, as well as Senator Ben Ray Lujan and his team, for organizing and facilitating that meeting.

Second, we also had a great all-day visit last week with our colleagues at the Legislative Finance Committee (LFC) which included an important tour of the Children's Psychiatric Center, which we are asking for \$40Million to build a new facility of about 24,500 GSF, to demolish the extremely dated current facility, and to be completed by November 2025. There were very thoughtful questions and concerns about how child and transition age youth services are coordinated pre and post hospitalization. Today I am speaking with the LFC about this request and many others. This new facility will enable the needed high-quality inpatient care services, better efficiencies, and abilities to manage behavioral ICU situations. We are also hoping this will lead to a focus on enhancing pre / post hospitalization care, coordination of resources, enhanced partial hospitalization capabilities, and state-wide telehealth support to professionals as well as patients and their families in their communities.

In addition, I wanted to thank Dr. Barbara Damron for her outstanding work in leading the Government Relations Office. As many of you may know, she has announced that she is stepping down from the Chief Government Relations Officer position at UNM at the end of October. This is a great loss for UNM but we are thankful that she will return in her role at the College of Nursing. The search for an HSC government relations officer continues and another search will begin for replacing Dr. Damron. I want to thank Gina Urias-Sandoval, my chief of staff, as well as others who are assisting us all during this interim as we continue to move legislative priorities forward with main campus and prepare for the 2022 legislative session.

Veterans Affairs Health System Leadership Changes

Our VA strategic advisory group has started and continues to meet monthly. Unfortunately for us, Director Welch recently retired; however, the new interim Director is making the transition smooth as there is a national search for the next Director. Interim Director Gurga and I are continuing the progress with the VA-UNM HSC partnership to increase research, faculty opportunities, our commitment to veterans and our educational opportunities.

College of Nursing Honors

We continue to move forward with strengthening the ties between our colleges and our health system. I am proud to announce the College of Nursing ranked 43rd out of nearly 700 collegiate university nursing programs, placing it in the top 6% of all bachelor of science in nursing programs in the nation, as reported by [U.S. News & World Report's 2022 edition of Best Colleges](#).

Summary

Thank you all for your leadership and service. Thank you, Dr. Richards, for presenting this update. I look forward to our next meeting and am again sorry that I was unable to attend today.

Douglas Ziedonis, MD, MPH
EVP of UNM Health Sciences
CEO of the UNM Health System

MEMORANDUM

To: UNMH Board of Trustees

From: Mike Richards, MD
Senior Vice Chancellor Clinical Affairs, UNM Health System

Date: Sep 24, 2021

Subject: Monthly Health System Activity Update

This report represents unaudited year to date July 2021 activity and is compared to unaudited year to date July 2020 activity.

Activity Levels: Health System clinical activity remains exceptionally high, particularly in adult inpatient activity. In comparison to prior year, key clinical measures include:

- Total inpatient days are up 14%
 - UNM adult inpatient days are up 17%
 - SRMC adult inpatient days are up 11%
- Total discharges are up 18%
 - UNM adult discharges are up 12%
 - SRMC adult discharges are up 15%
- Adult length of stay (without obstetrics) is up 3%
- Case Mix Index (CMI) is down 6%
- Total outpatient activity is up 3%
 - Primary care clinic visits are up 4%
 - Specialty and other clinic visits are up 12%
 - Emergency visits are down 33% over prior year
- Surgical volume is up 10%
- Births are up 2%
- UNM Medical Group RVUs are up 12%

Finances: Health System had total year-to-date operating revenue of \$138 million, representing a 6% increase over prior year. Total non-operating revenue was \$12 million, representing an 8% increase over prior year. Total operating expenses were \$143.5 million, representing a 10% increase over prior year. Health System margin was \$6 million as compared to \$10.5 million prior year.

The balance sheet is stable with a current ratio of 2.40 as compared to 2.38 prior year. The cash and cash equivalents for UNM Health System is \$587.8 million as compared to \$606.9 million prior year. Net patient receivables are up 3% and total assets are flat on a percentage basis. Total liabilities are also flat over prior year on a percentage basis. Total net position is up 1% over prior year.

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: September 24, 2021

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through August 2021.

Finance: Inpatient adult volume is better than budget by 16% for the fiscal year to date. Inpatient pediatric volume is better than budget by 3% for the year. Observation days are below budget by 14% year to date. Total inpatient discharges are 1% higher than budget year to date. Case mix index is lower than prior year by 4% at 2.12 year to date and average length of stay is up 1.7% compared to prior year. Outpatient clinic visits are 4% less than budget for the year. Emergency department arrivals are below year to date budget by 5%. Behavioral health patient days are under budget by 13% and behavioral health clinic visits are under budget by 13% year to date. Net margin year to date is positive at \$7.3 million with \$2.3 million available for operations after setting aside \$5 million for capital investment. Net patient revenues are positive compared to year to date budget and prior year. Operating expenses are over budget by \$6.7 million, primarily in employee compensation and benefits. Non-operating revenues are over budget by \$2.6 million.

Native American Liaison: Our Q2 CY2021 report on Inpatient and Outpatient volumes was sent to I.H.S. in June; referrals steadily increased over first quarter volumes, with 2,175 outpatient referrals and 1,338 inpatient admissions between April and June 2021. Average Daily Census remains high, averaging 112 Native American patients in a bed per day during May - June 2021. For comparison, ADC was 103 beds during CY2020. This information is shared with I.H.S., the county, and the board subcommittee during regularly scheduled meetings. The Native American Services committee of the board met on August 31, 2021 to review the agenda and data points to be shared at the UNMH Annual Fall Meeting with NM Pueblos, Tribes and Nations, which was held on September 16, 2021. In addition to our annual report, Dr. Jon Femling shared information about COVID-19 vaccinations and staying safe measures. UNMH sent out care packages to all Pueblos that included UNM Health items, our first-ever Native American Health Services newsletter, and brochures of UNMH services available. We'd also like thank and recognize two of the Pueblos who have provided letters of attestation for Pueblo members who are fluent in Pueblo languages. This allows UNMH the opportunity to provide medical interpreter training, so we can now provide in-person interpretation for Zuni and Keres.

Bernalillo County: UNMH and Bernalillo County have continued to meet with architects related to the New Crisis Triage Center. In addition to the Crisis Triage Center UNMH has made the decision to rebuild and expand Psychiatric Emergency Services as part of this project. This will allow for a consolidated Crisis Services platform for behavioral health patients as well as streamlining how first responders access resources. The project will also incorporate a peer living room model that will provide an alternative for stabilized patients to access needed support services. UNMH also continues to proceed with the purchase of a community based building to allow for relocation of Behavioral Health Programs for Children and the Transfer Center to allow for construction of the Crisis Center.

Date: September 24, 2021
To: UNMH Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer

General Updates

Laboratory Subcommittee Update

In the last report, we explained the structure of the High Census Steering and Operations Committees. One of the important areas of this structure is the Lab Subcommittee. The Lab Subcommittee meets weekly. They have completed data analysis and stakeholder interviews both inside the lab as well as on key inpatient units. Next steps are to:

- Pilot a Point of Care Urine testing machine in the ED to open capacity in the main Lab for other testing needs.
- Evaluate the possibility of blood testing Point of Care options for the floors—current Pilot underway in the ICUs.
- Explore feasibility of implementation for a Cerner-Tricore IT integration to allow for printing correct Lab barcodes on the units to send with RN-collect blood draws. This will reduce processing time in the Main Lab and result in faster turnaround times.
- Consider ways to reduction overall lab utilization, from Provider Orderset revisions to educational efforts around commonly over-utilized tests.

CMO Information Technology Update

Huron

- To date, we've completed EHR improvements in provider documentation, scheduling and orders for more than 24 clinics including Family Medicine and General Pediatrics.
- We are now in the process of optimizing Transplant, Vascular Surgery, Nephrology, Cardiology, Orthopedics and Digestive Diseases.
- Huge shout out to our Ambulatory colleagues and Medical Directors for all their work in designing these enhancements with us!

Telehealth

- We completed the rigorous RFP process and contracted with Teladoc as our new telehealth technology platform! [Check out their website](#) to learn more.
- We've also kicked off the IT implementation team, are in the process of building the project timeline and are making design decisions in collaboration with the Center for Telehealth and the awesome Dr. Schevchuck (the Center's new Medical Director)!

Pediatric Oncology

- This implementation will allow us to electronically order chemotherapy in our pediatric population with the goals of improving patient safety and facilitating care delivery.
- We have obtained sole-source procurement with Cerner and Board approval.
- This will be an 18-month project starting later this year. Thanks in advance to our Pediatric Oncology specialists who will be working with us on this initiative.

Electronic Consent

- This project will give us the ability to electronically sign consents and other forms in the EMR. No more hunting for consents – yay!
- Demos have been completed with stakeholder groups and we are currently working on sole-source procurement.

Cloud-Based Front-End Dictation Application

- We are wrapping up the contracting process for a new front-end dictation program to replace the current (older) on-site Dragon application.
- In addition to current functions, this upgrade will give us more advanced functionality, more accurate dictations, as well as the ability to dictate using your mobile device from home.
- Kick-off scheduled for late Q4 of 2021.

CMO Quality & Safety Update

Coming Soon! Did You Make A "Good Catch" Today?

The Quality Team is working on relaunching and rebranding the Patient Safety Intelligence System (PSI). This will help streamline forms, improve the categorization of events and improve feedback on events entered into the system.

As part of this effort, the Good Catch program will provide an opportunity to recognize those who catch near misses, which are errors where harm did not reach the patient. Near misses are historically under-reported and examining these events provide an opportunity to identify gaps and/or flaws in the system. It's also a great way to recognize our colleagues who make a "Good Catch". We will be able to submit these via the PSI system starting in October.

CMO Ambulatory Update

Congratulations to the New Associate Ambulatory CMOs!

Congratulations to **Dr. Valerie Carrejo (left)**, our new Associate Ambulatory CMO for Primary Care! Another congratulations to **Dr. Suzzane Emil (right)**, the new Associate Ambulatory CMO for Medical Specialties!



In addition, we are currently interviewing candidates for the new Associate Ambulatory CMO for Surgical Specialties and will update you once the candidate has been selected.

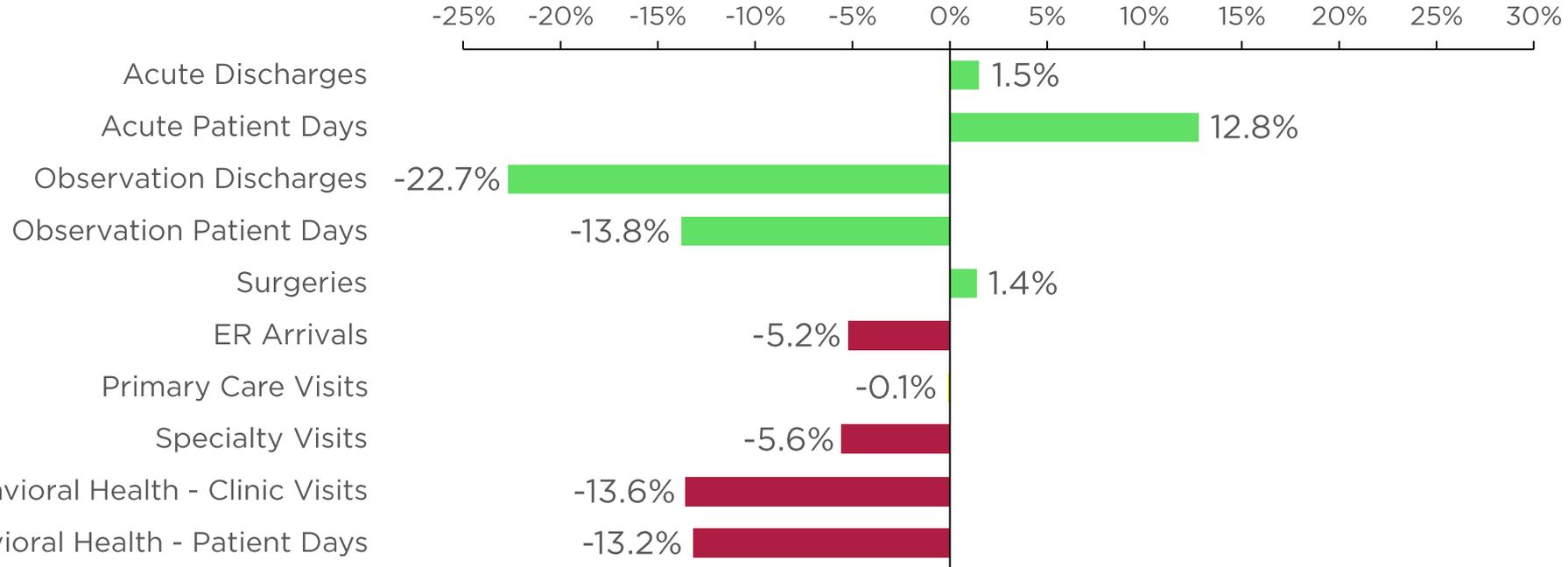
UNMH BOT Committee Reports

PD 2 Finance BOT Presentation August 2021

UNM Hospitals

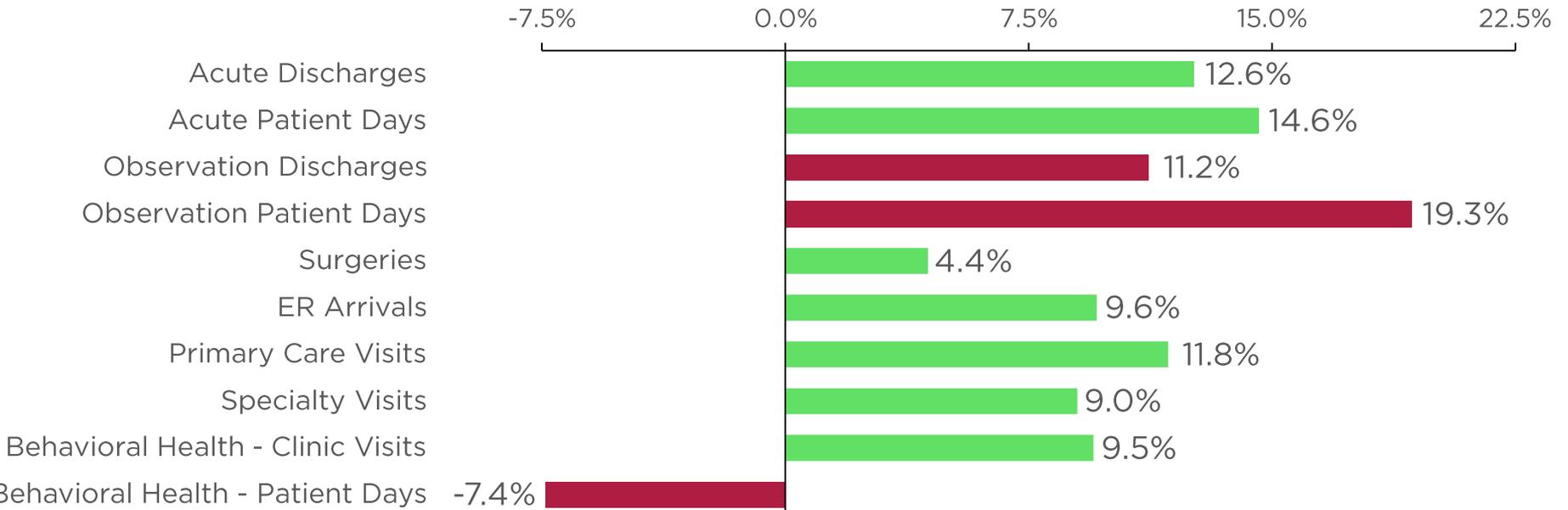
Financial Update Through August 2021

**UNM Hospital
YTD Stats Variance to Budget
Through August 2021**



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	2,085	2,100	(15)	-0.7%	4,261	4,200	61	1.5%
Acute Patient Days	15,178	13,644	1,534	11.2%	30,777	27,287	3,490	12.8%
Observation Discharges	799	1,095	(296)	-27.0%	1,694	2,190	(496)	-22.7%
Observation Patient Days	1,154	1,389	(235)	-16.9%	2,395	2,778	(383)	-13.8%
Surgeries	1,730	1,749	(19)	-1.1%	3,524	3,475	49	1.4%
ER Arrivals	7,991	8,252	(261)	-3.2%	15,638	16,504	(866)	-5.2%
Primary Care Visits	15,523	15,393	130	0.8%	30,063	30,095	(32)	-0.1%
Specialty Visits	30,107	31,704	(1,597)	-5.0%	58,531	62,016	(3,485)	-5.6%
Behavioral Health - Clinic Visits	17,826	20,357	(2,531)	-12.4%	34,405	39,798	(5,393)	-13.6%
Behavioral Health - Patient Days	1,787	2,101	(314)	-14.9%	3,614	4,162	(548)	-13.2%

**UNM Hospital
YTD Stats Variance to Prior YTD
Through August 2021**



	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	2,085	1,892	193	10.2%	4,261	3,783	478	12.6%
Acute Patient Days	15,178	13,385	1,793	13.4%	30,777	26,867	3,910	14.6%
Observation Discharges	799	854	(55)	-6.4%	1,694	1,523	171	11.2%
Observation Patient Days	1,154	1,063	91	8.5%	2,395	2,008	387	19.3%
Surgeries	1,730	1,700	30	1.8%	3,524	3,376	148	4.4%
ER Arrivals	7,991	5,795	2,196	37.9%	15,638	14,265	1,373	9.6%
Primary Care Visits	15,523	13,217	2,306	17.4%	30,063	26,882	3,181	11.8%
Specialty Visits	30,107	26,836	3,271	12.2%	58,531	53,700	4,831	9.0%
Behavioral Health - Clinic Visits	17,826	14,573	3,253	22.3%	34,405	31,426	2,979	9.5%
Behavioral Health - Patient Days	1,787	1,914	(127)	-6.6%	3,614	3,901	(287)	-7.4%

UNM Hospitals	Action OI Benchmark	Jun-21	YTD - Unaudited	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		7.21	7.25	6.61	-9.73%	6.73	-7.74%
Case Mix Index		2.15	2.20	2.08	5.93%	2.08	5.93%
CMI Adjusted Patient Days *	57,688	68,001	758,115	702,001	7.99%	665,444	13.93%
Net Core Patient Revenues (\$ in thousands)		\$ 89,916	\$ 1,063,498	\$ 979,965	8.52%	\$ 969,079	9.74%
Total Operating Expenses** (\$ in thousands)		\$ 115,190	\$ 1,373,959	\$1,235,425	-11.21%	\$ 1,209,266	-13.62%
Total Operating Expenses*** (\$ in thousands)		\$ 114,991	\$ 1,369,881	\$1,225,230	-11.81%	\$ 1,170,581	-17.03%
Net Operating Income (\$ in thousands)		\$ 10,464	\$ (46,735)	\$ (79,517)	41.23%	\$ (84,722)	44.84%
Increase in Net Assets before Capital Reserve (\$ in thousands)		\$ 181,109	\$ 344,283	\$ 48,758		\$ 97,901	
Increase in Net Assets after Capital Reserve (\$ in thousands)		\$ 6,109	\$ 73,283	\$ 48,758		\$ 34,901	
Net Core Revenue/CMI Adj Patient Day		\$ 1,322	\$ 1,403	\$ 1,396	0.49%	\$ 1,456	-3.67%
Cost**/CMI Adj Patient Day	\$ 1,956	\$ 1,694	\$ 1,812	\$ 1,760	-2.98%	\$ 1,817	0.27%
Cost***/CMI Adj Patient Day	\$ 1,956	\$ 1,691	\$ 1,807	\$ 1,745	-3.53%	\$ 1,759	-2.72%
FTEs		6,847	6,871	7,062	2.71%	6,424	-6.95%

* 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 January - March 2021 the 50th percentile is 173,065. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

*** Operating expenses exclude Contract Retail Pharmacy & HS Exec Initiatives

UNM Hospitals	Action OI Benchmark	Aug-21	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		7.28	7.22	6.50	-11.17%	7.10	-1.70%
Case Mix Index		2.11	2.12	2.20	-4.02%	2.19	-3.52%
CMI Adjusted Patient Days *	59,230	67,155	134,618	124,833	7.84%	122,029	10.32%
Net Core Patient Revenues (\$ in thousands)		\$ 89,168	\$ 174,566	\$ 176,914	-1.33%	\$ 172,416	1.25%
Total Operating Expenses** (\$ in thousands)		\$ 116,441	\$ 229,227	\$ 222,428	-3.06%	\$ 206,020	-11.26%
Total Operating Expenses*** (\$ in thousands)		\$ 116,140	\$ 228,738	\$ 221,864	-3.10%	\$ 205,086	-11.53%
Net Operating Income (\$ in thousands)		\$ (6,898)	\$ (14,107)	\$ (17,054)	17.28%	\$ (2,293)	-515.22%
Net Income (\$ in thousands)		\$ 3,647	\$ 7,280	\$ 1,695		\$ 24,318	
Net Core Revenue/CMI Adj Patient Day		\$ 1,328	\$ 1,297	\$ 1,417	-8.50%	\$ 1,413	-8.22%
Cost**/CMI Adj Patient Day	\$ 1,942	\$ 1,734	\$ 1,703	\$ 1,782	4.43%	\$ 1,688	-0.86%
Cost***/CMI Adj Patient Day	\$ 1,942	\$ 1,729	\$ 1,699	\$ 1,777	4.40%	\$ 1,681	-1.10%
FTEs		6,942	6,922	7,168	3.44%	6,579	-5.20%

* 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 April - June 2021 the 50th percentile is 177,691. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

*** Operating expenses exclude Contract Retail Pharmacy & HS Exec Initiatives