

UNM Hospitals Board of Trustees
OPEN SESSION – AMENDED AGENDA
Friday, April 26, 2019 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500

- I. **CALL TO ORDER – Jerry McDowell, Ph.D., Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS (Informational)**
- III. **ADOPTION OF AGENDA (Approval/Action)**
- IV. **CONSENT ITEMS – Bonnie White (Approval/Action)**
 - [Disposition of Assets](#)
 - [Biosense Webster](#) (\$1.4 Million)
 - [Repair, Renew, Replace Capital – Project 1209 University Pharmacy Renovation and Coumadin Clinic](#) (\$2.4 Million)
 - [Repair, Renew, Replace Capital Project – UPC Adult Inpatient BHICU, Comfort Rooms](#) (\$1,850,000)
 - [Repair, Renew, Replace Capital Project – UPC PES Expansion without IOP Conversion Plan](#) (\$1,813,000)
 - [Repair, Renew, Replace Capital Project – UH Main Facilities Air Handling 117 Replacement](#) (\$473,000)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES**
 - [March 29, 2019 UNMH Board of Trustees Meeting Minutes](#) - Jerry McDowell, Ph.D., Chair **(Approval/Action)**
- VII. **[MISSION MOMENT](#) – Kate Becker (Presenting: Beth Jones, Unit Director, 7 South) (Informational)**
- VIII. **BOARD INITIATIVES**
 - Chairman’s Report – Jerry McDowell, Ph.D., Chair **(Informational)**
 - UNM Hospitals BOT Audit and Compliance Charter – Kate Becker **(Approval/Action)**
 - [Press Ganey Past Provider Engagement Results and Methodology](#) – Sara Frasch, Ph.D. **(Informational)**
 - [FY20 Operating Budget](#) - Bonnie White **(Approval/Action)**
- IX. **ADMINISTRATIVE REPORTS (Informational)**
 - Chancellor for Health Sciences - Paul Roth, MD
 - [HSC Committee Update](#) – Michael Richards, MD
 - [CEO Report UNM Hospitals](#) – Kate Becker
 - UNM Board of Regents Update – Kate Becker
 - [CMO Report UNM Hospitals](#) – Irene Agostini, MD
- X. **COMMITTEE REPORTS (Informational)**
 - Quality and Safety Committee – Raymond Loretto, DVM
 - [Finance Committee](#) – Terry Horn
 - [Audit & Compliance Committee](#) – Jerry McDowell
 - Native American Services Committee – Erik Lujan
 - Community Engagement Committee – Christine Glidden
- XI. **OTHER BUSINESS**
 - [March Financials](#) – Bonnie White **(Informational)**

XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session (Approval/Action – Roll Call Vote)

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

Initial Appointments	
Brennan, Matthew, MD	Obstetrics/Gynecology
Falik, Shelley, MD	Internal Medicine
Falk, Nadja, MD	Pathology
McKenna, Brenda, CNP	Psychiatry
Ruiz, Deborah, CNP	Internal Medicine
Stehr, Wolfgang, MD	Surgery

Initial Appointments with Discussion at UNMH BOT Quality and Safety Committee Meeting	
Berdecia, Mila, MD	Internal Medicine
Brown, Joan, CNP	Internal Medicine

Reappointments	
Abeyta, Maria, PA-C	Surgery
Andrews, Nicholas, MD	Obstetrics/Gynecology
Araiza, M Theresa, PA-C	Anesthesiology
Baldonado, Analicia, PA-C	Family Medicine
Bodziak, Jennifer, DDS	Dental Medicine
Chao, Conrad, MD	Obstetrics/Gynecology
Chari, Krishna, PsyD	Psychiatry
Chavez, Katherine, PhC	Internal Medicine
Cruz, Mario, MD	Psychiatry
Cushing, Tom, MD	Pediatrics
Cutchen, Lisa, MD	Internal Medicine
Erickson, Timothy PA-C	Internal Medicine
Eschen, Andrea, CNP	Internal Medicine
Fatemi, Lida, MD	Internal Medicine
Fish, Frank, MD	Pediatrics
Fleg, Anthony, MD	Family Medicine
Foucar, Mary, MD	Pathology
Geiger, Laura, MD	Pediatrics
Griggs, Joseph, DO	Pathology
Hallstrom, Jon, MD	Radiology
Helms, Clyde, MD	Radiology
Hubbard McGirt, Stephanie, MD	Family Medicine
Jones, Aisha, CNP	Psychiatry
Ketai, Loren, MD	Radiology
LeBaron, Ryan, MD	Radiology
Lew, Eric, DPM	Orthopaedics
Maita Zapata, Angel, PA-C	Family Medicine
McGrath, Jane, MD	Pediatrics

Reappointments	
Noronha, Leonard, MD	Internal Medicine
Parsons, Jeremy, MD	Pathology
Pavlakos, Nectarios, DDS	Dental Medicine
Perez, Steven, PA-C	Surgery
Peterson, Wendy, CNP	Pediatrics
Phelan, Sharon, MD	Obstetrics/Gynecology
Pitcher, John III, MD	Surgery
Rankin, Alexander, MD	Family Medicine
Rollstin, Amber, MD	Emergency Medicine
Safier, Jasmine, CNP	Family Medicine
Schuyler, Mark, MD	Internal Medicine
Singh, Abhinav, MD	Internal Medicine
Smith, Stacey, PA-C	Family Medicine
Snyder, Eugene, CNP	Pediatrics
Stokely, Sue, CNP	Internal Medicine
Stromberg, Nicole, PA-C	Family Medicine
Sturm, Joy, PA-C	Internal Medicine
Ventura, Norma, MD	Pediatrics

Reappointments with Discussion at UNMH BOT Quality and Safety Committee Meeting	
Bearer, Elaine, MD	Pathology
Carlson, Andrew, MD	Neurosurgery
Kunz, Geoffrey, MD	Internal Medicine
Pizanis, Charles, MD	Internal Medicine
Roth, Paul, MD	Emergency Medicine

Expansion of Privileges, Changes in Department, Change in Staff Status		
Beech, Kori, CNP	Nurse Practitioner	Change in department from Family & Community Medicine to Internal Medicine
Fleming, James, CNP	Nurse Practitioner	Change in department from Family & Community Medicine to Internal Medicine
Morad-McCoy, Lisa, LCSW	Program Therapist	Change in department from Pediatrics to Psychiatry
Nalda-Lyons, Janet, CNP	Nurse Practitioner	Change in department from Family & Community Medicine to Internal Medicine

Clinical Privileges			
UNMH Anesthesiology	UNMH Anesthesiology Assistant	UNMH Nurse Anesthetist	UNMH Pediatric Emergency Medicine

Other	
Umesh, Joashi, MD	Pediatrics

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

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

XIV. Adjourn Meeting (Approval/Action)

Disposition of Assets



Date: April 24, 2019

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – April 2019

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

Consistent with UNM Board of Regents Policy 7.9 Property Management and the Disposition of Surplus Property Act, 13-6-1, NMSA 1978, and based upon documentation submitted by the UNM Hospitals' departments responsible for the equipment, I certify that the equipment identified on the list is worn-out, unusable/unlocated or beyond useful life to the extent that the items are no longer economical or safe for continued use by UNM Hospitals. I recommend that the items be deleted from UNM Hospitals inventory and disposed of in accordance with the above noted Regents Policy and Surplus Property Act.



Property Disposition request
April 2019

Reason for Disposal	Count	Acquisition Cost	Book Value	Average Age
Monitor Upgrade	182	\$ 2,229,669.94	\$ 35,962.23	10.86
Unable to Inventory	6	\$ 150,405.35	\$ 415.01	9.17
Not Repairable	5	\$ 134,074.43	\$ 1,956.24	10.20
Obsolete	48	\$ 1,299,442.84	\$ 14,994.31	9.83
Grand Total	241	\$ 3,813,592.56	\$ 53,327.79	10.60

Description	Count of Lawson Number	Sum of Acquisition Cost	Sum of Book Value	Average of Age in Years
Furniture/Fixtures	1	\$ 70,301.90	\$ -	15.00
Medical Equipment	30	\$ 1,163,692.51	\$ 17,365.56	10.43
Monitors	188	\$ 2,342,826.76	\$ 35,962.23	10.78
Non Medical Equipment	3	\$ 105,847.99	\$ -	15.33
SW/Electronics	19	\$ 130,923.40	\$ -	8.05
Grand Total	241	\$ 3,813,592.56	\$ 53,327.79	10.60

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	Comments	
28804	91256	Case V6.7 Generic ATO Model	71030	Heart Station	CASE V6.7	SKY1424044OSA	07/01/14	\$	28,560.60	\$ 14,994.31	Auction	Obsolete	Medical Equipment	
32910	NONE	Dell/compellent SAN Disk Encl	96145	IT - Systems Support	EN-SC200	6H9MRP2	07/01/18	\$	12,312.50	\$ 10,465.61	Auction	Replaced	Monitors	Monitor Project
30542	95288	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ161247305A	04/01/16	\$	10,509.36	\$ 4,203.74	Auction	Replaced	Monitors	Monitor Project
30129	93477	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037395A	08/01/15	\$	12,467.80	\$ 3,324.74	Auction	Replaced	Monitors	Monitor Project
30130	93478	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037385A	08/01/15	\$	12,467.80	\$ 3,324.74	Auction	Replaced	Monitors	Monitor Project
30131	93479	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037355A	08/01/15	\$	12,467.80	\$ 3,324.74	Auction	Replaced	Monitors	Monitor Project
30132	93480	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037365A	08/01/15	\$	12,467.80	\$ 3,324.74	Auction	Replaced	Monitors	Monitor Project
30133	93481	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037375A	08/01/15	\$	12,467.80	\$ 3,324.74	Auction	Replaced	Monitors	Monitor Project
29464	91587	Dash 4000	75025	Radiology - Interventional R.	DASH 4000	SHQ145024335A	02/01/15	\$	14,007.56	\$ 2,334.59	Auction	Replaced	Monitors	Monitor Project
29465	91588	Dash 4000	75025	Radiology - Interventional R.	DASH 4000	SHQ145024335A	02/01/15	\$	14,007.56	\$ 2,334.59	Auction	Replaced	Monitors	Monitor Project
8687	73777	Thermogard Advanced Temperatur	12110	Neuroscience ICU	XP	TGX P0253	09/01/09	\$	36,126.44	\$ 1,505.27	With Manufacturer	Not Repairable	Medical Equipment	
26598	73304	System 1E Sterilization System	15500	OSIS Operating Room	1E	403279	07/01/12	\$	12,627.59	\$ 450.97	Auction	Not Repairable	Medical Equipment	
8852	None	DataRecorder 2C Kit	34430	Digestive Disease Health Ctr	FGS-0136	DR2-145638	01/01/10	\$	5,533.45	\$ 415.01	NA	Unable to Inventory	Medical Equipment	
7241	60619	OPMI Pentero Surgical Microsco	15000	Operating Room	OPMI PENTERO	6631402181	07/01/07	\$	222,205.09	\$ -	Donation	Obsolete	Medical Equipment	Surgical microscope was replaced with a further advanced microscope to improve diagnostic accuracy. Donate to SRMC
6351	62856	BV Pulsera Mobile X-Ray Unit	70020	Endoscopy Center	BV PULSERA	BV PULSERA	12/01/07	\$	144,274.00	\$ -	Auction	Obsolete	Medical Equipment	Mobile X-Ray unit with Table was replaced with new equipment to improve patient care.
6351	62857	Radiolucent Table	70020	Endoscopy Center	058-870	712176	12/01/07	\$	144,274.00	\$ -	Auction	Obsolete	Medical Equipment	Mobile X-Ray unit with Table was replaced with new equipment to improve patient care.
5793	67252	BV Pulsera Mobile X-Ray Unit C	75000	Radiology - General	BV PULSERA	000509	12/01/06	\$	126,750.00	\$ -	Donation	Obsolete	Medical Equipment	BV Pulsera was replaced with newly innovated equipment to improve patient care. Donate to SRMC
4060	MDD	Chairs Capitalize CIP 1755	15500	OSIS Operating Room	Chairs Capitalize		05/01/03	\$	70,301.90	\$ -	NA	Unable to Inventory	Furniture/Fixtures	
1693	None	Stero Dishwashing Machine	84000	Food and Nutrition	Stero Equipment	Stero Equipment	03/01/02	\$	68,553.44	\$ -	Auction	Obsolete	Non Medical Equipment	
7567	67233	M-Turbo Ultrasound System	21015	ED-North	Crestron System	Crestron System	06/01/08	\$	65,276.00	\$ -	Auction	Obsolete	Medical Equipment	
20055	70633	OrthoScan HD 1000 w/DVR	21020	Pediatric Emergency Depart	HD1000	SE0932	06/01/10	\$	60,000.00	\$ -	Auction	Not Repairable	Medical Equipment	
9046	70454	Medias D Flexipulse (Laser)	30110	Vein Center	FLEXIPULSE	D60-296	06/01/10	\$	56,290.00	\$ -	NA	Unable to Inventory	Medical Equipment	
19587	58587	CIC	12330	Family Practice (3-N)	CIC	SCH07110746GA	07/01/07	\$	52,748.50	\$ -	Auction	Replaced	Monitors	Monitor Project
6326	62512	Ultima Pulmonary Function Equi	71520	Pulmonary Diagnostics	ULTIMA	218000608	11/01/07	\$	46,728.32	\$ -	Auction	Obsolete	Medical Equipment	
8356	68921	CIC Pro & PRN-50	12250	Orthopedics (3-S)	CIC	SCH08466679	04/01/09	\$	41,536.59	\$ -	Auction	Replaced	Monitors	Monitor Project
4620	54344	Next Generation Salad Bar	84000	Food and Nutrition	TS5906FLM	4052630	05/01/05	\$	30,104.55	\$ -	Auction	Obsolete	Non Medical Equipment	
4092	46029	Model 422HC Steam Sterilizer C	15500	OSIS Operating Room	422HC	02M03575	05/01/03	\$	24,483.14	\$ -	Auction	Obsolete	Medical Equipment	
4093	46032	Model 422HC Steam Sterilizer C	15500	OSIS Operating Room	422HC	02M03565	05/01/03	\$	24,483.13	\$ -	Auction	Obsolete	Medical Equipment	
4094	46035	Model 422HC Steam Sterilizer C	15500	OSIS Operating Room	422HC	02M03571	05/01/03	\$	24,483.13	\$ -	Auction	Obsolete	Medical Equipment	
21452	82806	Solar 8000	15515	OSIS Anesthesia	8000I	SE411373381GA	03/01/12	\$	21,899.24	\$ -	Auction	Replaced	Monitors	Monitor Project
21453	82799	Solar 8000	15515	OSIS Anesthesia	8000I	SE411373375GA	03/01/12	\$	21,899.24	\$ -	Auction	Replaced	Monitors	Monitor Project
21454	82734	Solar 8000	15055	Anesthesia	8000I	SE411373372GA	05/01/12	\$	21,899.24	\$ -	Auction	Replaced	Monitors	Monitor Project
8939	70532	PICCO2 Monitor	12130	Trauma/Surgical ICU	PC 8500	A108500050	06/01/10	\$	19,655.00	\$ -	Auction	Obsolete	Monitors	
8938	70531	PICCO2 Monitor	12130	Trauma/Surgical ICU	PC 8500	A108500026	06/01/10	\$	19,655.00	\$ -	Auction	Obsolete	Monitors	
8937	70530	PICCO2 Monitor	12130	Trauma/Surgical ICU	PC 8500	A108500048	06/01/10	\$	19,655.00	\$ -	Auction	Obsolete	Monitors	
8053	54944	Hemomine Refrigerator	74070	Lab - Blood Bank	HEMOMINE	45844	08/01/08	\$	19,625.00	\$ -	Auction	Obsolete	Medical Equipment	
5754	55621	Giraffe Incubator	12455	Newborn ICU	GIRAFFE	HDHKS1534D1U	08/01/06	\$	18,130.40	\$ -	Auction	Not Repairable	Medical Equipment	
8386	73447	PICCO2 Monitor & Cart	12130	Trauma/Surgical ICU	PICCO2	I088500596	05/01/09	\$	18,063.94	\$ -	Auction	Obsolete	Monitors	
8387	68466	PICCO2 Monitor & Cart	12110	Neuroscience ICU	PICCO2	I088500333	05/01/09	\$	18,063.94	\$ -	Auction	Obsolete	Monitors	
8388	68467	PICCO2 Monitor & Cart	12130	Trauma/Surgical ICU	PICCO2	I088500593	05/01/09	\$	18,063.94	\$ -	Auction	Obsolete	Monitors	
4182	50906	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04190468GA	07/01/04	\$	17,193.70	\$ -	Auction	Replaced	Monitors	Monitor Project
4183	50904	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04210805GA	07/01/04	\$	17,193.69	\$ -	Auction	Replaced	Monitors	Monitor Project
4184	50919	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04210806GA	07/01/04	\$	17,193.69	\$ -	Auction	Replaced	Monitors	Monitor Project
4185	50917	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04210845GA	07/01/04	\$	17,193.69	\$ -	Auction	Replaced	Monitors	Monitor Project
4186	50923	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04210847GA	07/01/04	\$	17,193.69	\$ -	Auction	Replaced	Monitors	Monitor Project
4187	50905	DASH 4000 Monitor	12350	CRC/CTC (S-E)	DASH 4000	AAB04220923GA	07/01/04	\$	17,193.69	\$ -	Auction	Replaced	Monitors	Monitor Project
19422	82372	Digital Strobe Upgrade	76020	Speech/Language Pathology	9200C	24049-07	12/01/05	\$	17,032.13	\$ -	Auction	Obsolete	Medical Equipment	
4974	52250	Dash 4000 Monitor IR on rollin	75025	Radiology - Interventional R.	DASH 4000	DSH05199905GA	08/01/05	\$	15,882.00	\$ -	Auction	Replaced	Monitors	Monitor Project
8766	70305	CIC Pro Monitor	75025	Radiology - Interventional R.	CIC PRO	SDY08510307GR	02/01/10	\$	15,616.05	\$ -	Auction	Replaced	Monitors	Monitor Project
4959	52291	Dasn 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193063GA	08/01/05	\$	15,549.28	\$ -	Auction	Replaced	Monitors	Monitor Project
4960	52296	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193064GA	08/01/05	\$	15,549.28	\$ -	Auction	Replaced	Monitors	Monitor Project
4961	52292	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193066GA	08/01/05	\$	15,549.28	\$ -	Auction	Replaced	Monitors	Monitor Project
4962	52297	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193067GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
4963	52300	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193083GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
4965	52298	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193086GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
4966	52295	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193094GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
4967	52299	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193097GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
4970	52301	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05201003GA	08/01/05	\$	15,549.27	\$ -	Auction	Replaced	Monitors	Monitor Project
2779	46906	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	G3EH2421G	08/01/03	\$	15,396.61	\$ -	Auction	Replaced	Monitors	Monitor Project
8808	70106	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	SD009441242GA	12/01/09	\$	13,713.17	\$ -	Auction	Replaced	Monitors	Monitor Project
8809	70105	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	SD009410386GA	12/01/09	\$	13,713.17	\$ -	Auction	Replaced	Monitors	Monitor Project
8810	70107	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	SD009441240GA	12/01/09	\$	13,713.17	\$ -	Auction	Replaced	Monitors	Monitor Project
8811	70108	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	SD009441350GA	12/01/09	\$	13,713.17	\$ -	Auction	Replaced	Monitors	Monitor Project
8812	70109	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD009441227GA	12/01/09	\$	13,713.16	\$ -	Auction	Replaced	Monitors	Monitor Project
8814	70110	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD009441352GA	12/01/09	\$	13,713.16	\$ -	Auction	Replaced	Monitors	Monitor Project

6109	58725	Dash 4000	95700	Clinical Engineering	4000	SBG06233548GA	06/10/07	\$	13,287.55	\$	-	Auction	Replaced	Monitors	Monitor Project
7756	58726	Dash 4000	95700	Clinical Engineering	DASH 4000	SBG06233545GA	06/01/08	\$	13,287.54	\$	-	Auction	Replaced	Monitors	Monitor Project
21093	80300	Solar8000i Monitor	15055	Anesthesia	SOLAR 8000i	SE411039729GA	07/01/11	\$	13,195.00	\$	-	Auction	Replaced	Monitors	Monitor Project
21094	80334	Solar8000i Monitor	15055	Anesthesia	SOLAR 8000i	SE411039671GA	07/01/11	\$	13,195.00	\$	-	Auction	Replaced	Monitors	Monitor Project
21095	80339	Solar8000i Monitor	15055	Anesthesia	SOLAR 8000i	SE411039670GA	07/01/11	\$	13,195.00	\$	-	Auction	Replaced	Monitors	Monitor Project
21245	82900	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111230255A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21246	82901	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111438335A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21247	82902	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111336085A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21248	82903	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111335785A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21249	82904	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111438305A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21250	82905	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111336115A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21251	82906	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111336235A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21252	82930	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111335875A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
21254	82931	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111336155A	05/01/12	\$	13,110.86	\$	-	Auction	Replaced	Monitors	Monitor Project
7423	67948	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008199194GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7425	67949	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008199182GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7426	67950	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008188965GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7427	67951	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008188963GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7428	67952	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008199185GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7429	67953	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008188966GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7431	67955	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008188959GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
7432	67956	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008199193GA	06/01/08	\$	12,621.70	\$	-	Auction	Replaced	Monitors	Monitor Project
21083	80991	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111126675A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21084	80992	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438315A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21085	80993	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438325A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21086	82560	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438285A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21087	82561	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438295A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21088	82562	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438325A	02/01/12	\$	12,317.43	\$	-	Auction	Replaced	Monitors	Monitor Project
21089	82563	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438345A	02/01/12	\$	12,317.42	\$	-	Auction	Replaced	Monitors	Monitor Project
21090	82564	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SD0111438275A	02/01/12	\$	12,317.42	\$	-	Auction	Replaced	Monitors	Monitor Project
1826	38236	Dash 4000 CT/Di on rolling sta	75025	Radiology - Interventional R.	C10J8871G	C10J8871G	05/01/02	\$	12,259.39	\$	-	Auction	Replaced	Monitors	Monitor Project
1828	41999	Dash 4000 1w rm7	75025	Radiology - Interventional R.	M1DJ8233G	M1DJ8233G	05/01/02	\$	12,259.39	\$	-	Auction	Replaced	Monitors	Monitor Project
1829	42000	Dash 4000 1w-rm 8	75025	Radiology - Interventional R.	M1DJ8145G	M1DJ8145G	05/01/02	\$	12,259.39	\$	-	Auction	Replaced	Monitors	Monitor Project
3872	46047	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6357G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3873	46048	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6565G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3875	46041	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6568G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3877	46053	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6575G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3879	46050	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6577G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3881	46051	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	G2DJ6579G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3882	46042	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ6922G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3883	46043	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ6929G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3884	46045	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ6931G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3885	46038	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ6932G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3886	46008	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7091G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3887	46039	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7096G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3888	46049	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7079G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3890	46040	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7277G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3894	46046	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7329G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3895	46044	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7335G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3897	46037	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7360G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3898	46036	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7362G	05/01/03	\$	12,257.60	\$	-	Auction	Replaced	Monitors	Monitor Project
19033	42002	Dash 4000 in rms on rolling st	75025	Radiology - Interventional R.	M1DJ8248G	M1DJ8248G	04/01/01	\$	12,159.58	\$	-	Auction	Replaced	Monitors	Monitor Project
19034	42001	Dash 4000 in rm12 on rolling s	75025	Radiology - Interventional R.	M1DJ8231G	M1DJ8231G	04/01/01	\$	12,159.58	\$	-	Auction	Replaced	Monitors	Monitor Project
8352	68917	Dash 4000	12250	Orthopedics (3-5)	D3D08116G	SD008473480GA	04/01/09	\$	12,088.99	\$	-	Auction	Replaced	Monitors	Monitor Project
8353	68918	Dash 4000	12250	Orthopedics (3-5)	E3D08J724G	SD008462866GA	04/01/09	\$	12,088.99	\$	-	Auction	Replaced	Monitors	Monitor Project
8354	68919	Dash 4000	12250	Orthopedics (3-5)	E3D08J735G	SD008473481GA	04/01/09	\$	12,088.99	\$	-	Auction	Replaced	Monitors	Monitor Project
8355	68920	Dash 4000	12250	Orthopedics (3-5)	H2G41278G	SD008452714GA	04/01/09	\$	12,088.99	\$	-	Auction	Replaced	Monitors	Monitor Project
8339	68905	Dash 4000	12250	Orthopedics (3-5)	H2C96016G	SD008473783GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8340	68906	Dash 4000	12250	Orthopedics (3-5)	H2C96019G	SD008473776GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8341	68907	Dash 4000	12250	Orthopedics (3-5)	H2C96025G	SD008473420GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8342	68908	Dash 4000	12250	Orthopedics (3-5)	4000	SD0084734345GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8343	68909	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473780GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8344	68910	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473417GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8345	68911	Dash 4000	12250	Orthopedics (3-5)	4000	SD008452766GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8346	68912	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473799GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8348	68913	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473789GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8349	68914	Dash 4000	12250	Orthopedics (3-5)	4000	SD008463058GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8350	68915	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473635GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
8351	68916	Dash 4000	12250	Orthopedics (3-5)	4000	SD008473786GA	04/01/09	\$	12,088.98	\$	-	Auction	Replaced	Monitors	Monitor Project
7763	62683	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SD007335605GA	01/01/08	\$	12,086.30	\$	-	Auction	Replaced	Monitors	Monitor Project
7776	62695	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SD007377096GA	01/01/08	\$	12,086.30	\$	-	Auction	Replaced	Monitors	Monitor Project
9228	70740	Dash 4000 1W room 1	75025	Radiology - Interventional R.	DASH 4000	SD010261791GA	07/01/10	\$	12,070.71	\$	-	Auction	Replaced	Monitors	Monitor Project
9229	70758	Dash 4000 1W-room 5	75025	Radiology - Interventional R.	DASH 4000	SD010261812GA	07/01/10	\$	12,070.71	\$	-	Auction	Replaced	Monitors	Monitor Project
9230	70759	Dash 4000 1W-room 4	75025	Radiology - Interventional R.	DASH 4000	SD010261830GA	07/01/10	\$	12,070.71	\$	-	Auction	Replaced	Monitors	Monitor Project
9231	70760	Dash 4000 1W-rm2	75025	Radiology - Interventional R.	DASH 4000	SD010261799GA	07/01/10	\$	12,070.71	\$	-	Auction	Replaced	Monitors	Monitor Project
9232	70761	Dash 4000 1W-room3	75025	Radiology - Interventional R.	DASH 4000	SD010261785GA	07/01/10	\$	12,070.71	\$	-	Auction	Replaced	Monitors	Monitor Project
7875	58029	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SBG06493448GA	07/01/07	\$	12,053.24	\$	-	Auction	Replaced	Monitors	Monitor Project
7876	58030	Dash 4000	12350	CRC/CTC (5-E)	DASH 4000	SBG06493447GA	07/01/07	\$	12,053.24	\$	-	Auction	Replaced	Monitors	Monitor Project
1030	41417	Dash 4000 Monitor with Battery	12310	Adult Oncology Med/Surg	DASH 4000	E1D0893G	09/01/01	\$	12,008.38	\$	-	Auction	Replaced	Monitors	Monitor Project
1031	41418	Dash 4000 Monitor with Battery	12310	Adult Oncology Med/Surg	DASH 4000	E1D0897G	09/01/01	\$	12,008.38	\$	-	Auction	Replaced	Monitors	Monitor Project
1032	41419	Dash 4000 Monitor with Battery	12310	Adult Oncology Med/Surg	DASH 4000	E1D0912G	09/01/01	\$	12,008.38						

10424	60087	Dash 4000 Capitalize CIP 1630	15040	PACU (Recovery Room 1)	DASH 4000	SBG06462726GA	07/01/07	\$	11,743.61	\$	-	Auction	Replaced	Monitors	Monitor Project
7286	60741	Solar 8000I Capitalize CIP 163	15060	Anesthesia - BBRP	SOLAR 8000I	SBLO64361466GA	07/01/07	\$	11,006.83	\$	-	Auction	Replaced	Monitors	Monitor Project
7287	60744	Solar 8000I Capitalize CIP 163	15060	Anesthesia - BBRP	SOLAR 8000I	SBLO64361456GA	07/01/07	\$	11,006.83	\$	-	Auction	Replaced	Monitors	Monitor Project
7288	60826	Solar 8000I Capitalize CIP 163	15060	Anesthesia - BBRP	SOLAR 8000I	SBLO64361436GA	07/01/07	\$	11,006.83	\$	-	Auction	Replaced	Monitors	Monitor Project
7289	62458	Solar 8000I Capitalize CIP 163	15060	Anesthesia - BBRP	SOLAR 8000I	SBLO64361286GA	07/01/07	\$	11,006.83	\$	-	Auction	Replaced	Monitors	Monitor Project
7290	67300	Solar 8000I Capitalize CIP 163	15060	Anesthesia - BBRP	SOLAR 8000I	SBLO64361476GA	07/01/07	\$	11,006.82	\$	-	Auction	Replaced	Monitors	Monitor Project
7292	67132	Solar 8000I Capitalize CIP 163	15055	Anesthesia	SOLAR 8000I	SBLO64361446GA	07/01/07	\$	11,006.82	\$	-	Auction	Replaced	Monitors	Monitor Project
21092	82559	CIC Pro	12350	CRC/CTC (5-E)	CIC PRO	SDY11182646GA	02/01/12	\$	10,941.23	\$	-	Auction	Replaced	Monitors	Monitor Project
19571	60071	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG064192386GA	07/01/07	\$	10,774.42	\$	-	Auction	Replaced	Monitors	Monitor Project
19572	60072	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG064192446GA	07/01/07	\$	10,774.42	\$	-	Auction	Replaced	Monitors	Monitor Project
80654	57474	Ultima PF System	71520	Pulmonary Diagnostics	ULTIMA	222000108	11/01/08	\$	10,597.76	\$	-	Auction	Obsolete	Medical Equipment	
2654	51378	Server, Olympos, 25 User GI/P	70020	Endoscopy Center	6734-ACO	0071851	04/01/03	\$	10,560.00	\$	-	Auction	Obsolete	Medical Equipment	
7345	60235	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG064626486GA	07/01/07	\$	10,361.10	\$	-	Auction	Replaced	Monitors	Monitor Project
2849	46587	SLR8M Sngl Card Monitor, Multi	15000	Operating Room	SOLAR 8000	F3G46200G	09/01/03	\$	10,002.72	\$	-	Auction	Replaced	Monitors	Monitor Project
2854	46591	SLR8M Sngl Card Monitor, Multi	15000	Operating Room	SOLAR 8000	F3G46205G	09/01/03	\$	10,002.72	\$	-	Auction	Replaced	Monitors	Monitor Project
5654	52422	Solar 8000I	12130	Trauma/Surgical ICU	SOLAR 8000I	SBM05210002GA	11/01/05	\$	9,919.35	\$	-	Auction	Replaced	Monitors	Monitor Project
5661	52434	Solar 8000I	12130	Trauma/Surgical ICU	SOLAR 8000I	SBM05210007GA	11/01/05	\$	9,919.35	\$	-	Auction	Replaced	Monitors	Monitor Project
9484	74880	PowerEdge R710	96140	IT - Customer Service	R710	11B7FP1	04/01/11	\$	9,879.40	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
8338	68834	Dash 3000	12250	Orthopedics (3-5)	3000	SD008463072GA	04/01/09	\$	9,855.99	\$	-	Auction	Replaced	Monitors	Monitor Project
20087	82235	Dash 5000 Monitor	12430	General Pediatrics Unit	DASH 5000	SD008505497GR	04/01/11	\$	9,734.33	\$	-	Auction	Replaced	Monitors	Monitor Project
5690	52308	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S05240493GA	11/01/05	\$	9,516.42	\$	-	Auction	Replaced	Monitors	Monitor Project
5691	52310	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S052304856GA	11/01/05	\$	9,516.42	\$	-	Auction	Replaced	Monitors	Monitor Project
5693	52312	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S052204776GA	11/01/05	\$	9,516.42	\$	-	Auction	Replaced	Monitors	Monitor Project
5695	52316	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S052304866GA	11/01/05	\$	9,516.42	\$	-	Auction	Replaced	Monitors	Monitor Project
5696	52318	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S052204796GA	11/01/05	\$	9,516.42	\$	-	Auction	Replaced	Monitors	Monitor Project
5699	55182	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S052404926GA	11/01/05	\$	9,516.41	\$	-	Auction	Replaced	Monitors	Monitor Project
21030	32286	Dash 3000	12310	Adult Oncology Med/Surg	DASH 3000	SHQ121113925A	10/01/11	\$	9,336.50	\$	-	Auction	Replaced	Monitors	Monitor Project
1577	43103	SLR 8M BSIC/Hi-Res CRG Eng 100	95700	Clinical Engineering	SOLAR 8000M	K1MF7961G	12/01/01	\$	8,865.37	\$	-	Auction	Replaced	Monitors	Monitor Project
5879	55801	BiPap Vision Ventilatory Suppo	71510	Pulmonary Services	BiPAP VISION	124905	10/01/06	\$	8,643.04	\$	-	Auction	Obsolete	Medical Equipment	
5878	55800	BiPap Vision Ventilatory Suppo	71510	Pulmonary Services	BiPAP VISION	124903	10/01/06	\$	8,643.04	\$	-	Auction	Obsolete	Medical Equipment	
7033	58647	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	TRAM 451N	SB806422450GA	07/01/07	\$	8,335.14	\$	-	Auction	Replaced	Monitors	Monitor Project
7371	58424	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	451N	SB806432567GA	07/01/07	\$	8,335.14	\$	-	Auction	Replaced	Monitors	Monitor Project
19507	58676	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	TRAM 451N	SB806442686GA	07/01/07	\$	8,335.14	\$	-	Auction	Replaced	Monitors	Monitor Project
7015	58364	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	TRAM 451N	SB806432663GA	07/01/07	\$	8,335.12	\$	-	Auction	Replaced	Monitors	Monitor Project
7020	58544	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	TRAM 451N	SB806442705GA	07/01/07	\$	8,335.12	\$	-	Auction	Replaced	Monitors	Monitor Project
7295	60827	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	451N	SB806442703GA	07/01/07	\$	8,236.14	\$	-	Auction	Replaced	Monitors	Monitor Project
7349	58740	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	451N	SB806432656GA	07/01/07	\$	8,236.14	\$	-	Auction	Replaced	Monitors	Monitor Project
3900	46062	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	H2G41278G	H2G41278G	05/01/03	\$	8,124.80	\$	-	Auction	Replaced	Monitors	Monitor Project
26775	84559	Dash 3000 Transport Monitor	12130	Trauma/Surgical ICU	HZC96016G	SC563188382GA	06/01/13	\$	7,679.00	\$	-	Auction	Replaced	Monitors	Monitor Project
9427	74878	PowerEdge R710	96140	IT - Customer Service	HZC96019G	5G1TBP1	03/01/11	\$	7,547.91	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
7882	62374	Tram 451N	95700	Clinical Engineering	HZC96025G	SB807174606GA	09/01/07	\$	7,362.00	\$	-	Auction	Replaced	Monitors	Monitor Project
7893	62383	Tram 451N	95700	Clinical Engineering	TRAM 451N	SB8071444450GA	09/01/07	\$	7,362.00	\$	-	Auction	Replaced	Monitors	Monitor Project
3920	46086	Module Multigas Agent Capital	15510	OSIS PACU	HZC96016G	HZC96016G	05/01/03	\$	7,333.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3922	46086	Module Multigas Agent Capital	15510	OSIS PACU	HZC96019G	HZC96019G	05/01/03	\$	7,333.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3926	46086	Module Multigas Agent Capital	15510	OSIS PACU	HZC96025G	HZC96025G	05/01/03	\$	7,333.60	\$	-	Auction	Replaced	Monitors	Monitor Project
3264	None	Floor Mixer Capitalize CIP 165	84010	Food and Nutrition - BBRP	D340	31-1263-165	06/01/02	\$	7,190.00	\$	-	Electronics Recycling	Not Repairable	Non Medical Equipment	
21531	87975	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685901I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21532	87975	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685901I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21533	87968	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685900I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21534	87968	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685901I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21535	87966	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685900I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21536	87966	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685900I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21537	87969	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685901I	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21538	87969	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	CX30XGH15002E	10/01/11	\$	7,110.82	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21539	87997	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	PG21MCG50029	10/01/11	\$	7,110.81	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21540	87997	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG6DCS008I	10/01/11	\$	7,110.81	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
21542	87976	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PG685901I	10/01/11	\$	7,110.81	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
7954	62874	Tram 451N	95700	Clinical Engineering	TRAM 451N	SB807145666GA	01/01/08	\$	6,995.90	\$	-	Auction	Replaced	Monitors	Monitor Project
7955	62875	Tram 451N	95700	Clinical Engineering	TRAM 451N	SB807174622GA	01/01/08	\$	6,995.90	\$	-	Auction	Replaced	Monitors	Monitor Project
28624	STERILE	Transducer L25X/13-6 MHZ	12230	Gen Med/SAC (4-W)	125X	03XJPD	06/01/14	\$	6,900.00	\$	-	NA	Unable to Inventory	Medical Equipment	
3987	46510	UPA-P100MD/OFM Digital Video C	70020	Endoscopy Center	UPA-P100MD	10365	08/01/03	\$	6,880.00	\$	-	Auction	Obsolete	Medical Equipment	
6192	60091	Tram 451 N	95700	Clinical Engineering	451 N	SB806210690GA	06/10/07	\$	6,829.20	\$	-	Auction	Replaced	Monitors	Monitor Project
6193	60093	Tram 451 N	95700	Clinical Engineering	451 N	SB806210688GA	06/10/07	\$	6,829.20	\$	-	Auction	Replaced	Monitors	Monitor Project
21100	80338	SAM Module Multigas	15055	Anesthesia	SAM	RC911056043GA	07/01/11	\$	6,545.00	\$	-	Auction	Replaced	Monitors	Monitor Project
21101	80341	SAM Module Multigas	15055	Anesthesia	SAM	RC911046025GA	07/01/11	\$	6,545.00	\$	-	Auction	Replaced	Monitors	Monitor Project
21256	80204	Solar 8000I	15055	Anesthesia	SOLAR 8000I	SE410529426GA	07/01/11	\$	6,488.70	\$	-	Auction	Replaced	Monitors	Monitor Project
21257	80205	Solar 8000I	15055	Anesthesia	SOLAR 8000I	SE410529432GA	07/01/11	\$	6,488.70	\$	-	Auction	Replaced	Monitors	Monitor Project
9345	80123	CIC Station	12310	Adult Oncology Med/Surg	SMK-200A	401715760A	11/01/10	\$	6,212.50	\$	-	Auction	Replaced	Monitors	Monitor Project
21436	82780	CIC	15510	OSIS PACU	CIC PRO	SDY110778906A	05/01/12	\$	6,212.50	\$	-	Auction	Replaced	Monitors	Monitor Project
21437	82781	CIC	15510	OSIS PACU	CIC PRO	SDY11077883GA	05/01/12	\$	6,212.50	\$	-	Auction	Replaced	Monitors	Monitor Project
28625	STERILE	Transducer C60X/5-2 MHZ	12230	Gen Med/SAC (4-W)	C60X	03Y75D	06/01/14	\$	6,120.00	\$	-	NA	Unable to Inventory	Medical Equipment	
8823	87967	Dell Precision T7500 Workstati	90020	Radiology - Admin	T7500	JTG80R1	04/01/10	\$	6,003.42	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
8825	74185	Dell Precision T7500 Workstati	90020	Radiology - Admin	T7500	639LCK1	04/01/10	\$	6,003.42	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
8827	74563	Dell Precision T7500 Workstati	90020	Radiology - Admin	490	3FHGHF1	04/01/10	\$	6,003.42	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
8828	87998	Dell Precision T7500 Workstati	90020	Radiology - Admin	T7500	JTG7YQ1	04/01/10	\$	6,003.42	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
8829	87980	Dell Precision T7500 Workstati	90020	Radiology - Admin	7400	66F14J1	04/01/10	\$	6,003.42	\$	-	Electronics Recycling	Obsolete	SW/Electronics	
19547	60471	Transport Pro	21015	ED-North	TRANSPORT PRO	SCS0640449GA	07/01/07	\$	5,775.00	\$	-	Auction	Replaced	Monitors	Monitor Project
19007	68149	Vapotherm Precision Flow Unit	71510	Pulmonary Services	VAPOTHERM	PF00001744-P	02/01/09	\$	5,693.25	\$	-	Auction	Obsolete	Medical Equipment	
19008	68152	Vapotherm Precision Flow Unit	71510	Pulmonary Services	VAPOTHERM	PF00001743-P	02/01/09	\$	5,693.25	\$	-	Auction	Obsolete	Medical Equipment	
19009	68148	Vapotherm Precision Flow Unit	71510	Pulmonary Services	VAPOTHERM	PF00001740-P	02/01/09	\$	5,693.25	\$	-	Auction	Obsolete	Medical Equipment	
19010	68151	Vapotherm Precision Flow Unit	71510	Pulmonary Services	VAPOTHERM	PF00001745-P	02/01/09	\$	5,693.25	\$	-	Auction	Obsolete	Medical Equipment	
19011	68150	Vapotherm Precision Flow Unit	71510	Pulmonary Services	VAPOTHERM	PF00001746-P	02/01/09	\$	5,693.25	\$	-	Auction	Obsolete	Medical Equipment	
3989	46509	Sony 18 Inch Flat Panel LCD Ca	70020	Endoscopy Center	2001824	2001824	08/01/03</								

Biosense Webster

**UNM Hospital Board of Trustees
Recommendation to HSC Committee
April 2019**

Approval

(1) Biosense Webster

Ownership:

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

Officers Information:

Shlomi Nachman, President

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

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

Source of Funds: UNMH Operating Budget.

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

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

Process: Sole Source

Previous Contract: Biosense Webster (J & J)

Previous Term: 2 years

Previous Contract Amount: \$750,000.00

Total Cost: Supply cost is estimated at \$1.4 million per year and a total cost of \$1.4 million for the duration of the one year contract.

Repair, Renew, Replace Capital – Project 1209

University Pharmacy Renovation and Coumadin Clinic



CAPITAL PROJECT APPROVAL

1209 UNIVERSITY PHARMACY RENOVATION AND COUMADIN CLINIC

April 11, 2019

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for the **1209 University Pharmacy Renovation and new Coumadin Clinic**. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

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

RATIONALE:

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

PURCHASING PROCESS:

Project will be procured through competitive RFP process.

FUNDING:

Total project construction budget not to exceed \$2,400,000 from the UNM Hospital Capital Renovation Fund.

Repair, Renew, Replace Capital Project – UPC Adult Inpatient BHICU, Comfort Rooms



**CAPITAL PROJECT APPROVAL RESUBMITTAL
UNM HOSPITALS – UPC – ADULT INPATIENT – INPATIENT BHICU, COMFORT ROOMS**

April 11, 2019

REQUESTED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for UPC – PES RENOVATION. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

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

1. Provide the following spaces/functions on each Unit.
 - a. Behavioral Intensive Care patient room with visibility from the nurse station
 - b. Comfort room (Sensory Room) as an alternative to seclusion and restraint.
 - c. ADA compliant toilet room
 - d. Nurse station Remodel
 - e. Treatment room with direct access off the main corridor
 - f. Dirty and clean utility rooms
 - g. Housekeeping closet (separate from existing electrical infrastructure)
2. Displaced Services in Unit
 - a. Clinician offices will be provided in the Atrium in lieu of displacement within the units due to modifications. Maintained area provided for patient activities.

RATIONALE:

The scope of work includes a phased renovation of the East and West Inpatient Units. The inpatient service provided has a total of 32 adult psychiatric beds divided between 2 units. This is a safety net hospital for acutely ill psychiatric patients most of whom have chronic psychiatric illness. Some of

these patients are highly aggressive and may be on street drugs. The average rate of stay is seven days with an 85% occupancy rate.

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

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

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

PURCHASING PROCESS:

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

FUNDING:

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

UNMH is requesting an increase of the budget due to additional scope by \$450,000 for a total project budget of \$1,850,000 to complete this project. This will be funded over FY19 and FY20 via the Capital Renovation Fund. This project not to exceed \$1,850,000.

Repair, Renew, Replace Capital Project – UPC PES Expansion without IOP Conversion Plan



**CAPITAL PROJECT APPROVAL RESUBMITTAL
UNM HOSPITALS – UPC – PES EXPANSION WITHOUT IOP CONVERSION PLAN**

April 11, 2019

REQUESTED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for UPC – PES RENOVATION. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

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

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

RATIONALE:

Psychiatric Emergency Services (PES) provides assessment and disposition of patients seeking emergent behavioral health services. Monthly, PES provides care to an average of 650 Adults and 100 Pediatric patients. Currently, PES will serve up to 21 Adult and 4 Pediatric patients with a peak total of 35 patients. These services may include medication administration; vital signs every shift, drug screening, prescriptions for psychotropic medications, crisis counseling, referrals to other support or treatment agencies, or admission to the University Psychiatric Center and Children’s Psychiatric Center inpatient programs.

Currently, PES contains six patient rooms without providing separation of adult and pediatric patient rooms or restrooms. Proposed separation of patient populations with centralized staff increases safety. The remodel would double the capacity of PES, increase throughput, providing additional community behavioral health services and support. Flexible patient rooms provides additional space to meet adult and pediatric patient demand. The interior sally port with a decontamination area, allows for smooth transition from law enforcement to UNMH decreasing potential physical harm and infection exposure. The interior vestibule provides an interior screening area for patients/visitors prior to entering common areas of facility.

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

PURCHASING PROCESS:

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

FUNDING:

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

UNMH is requesting an increase of the budget due to additional scope by \$613,000 for a total project budget of \$1,813,000 to complete this project. This will be funded over FY19 and FY20. This project not to exceed \$1,813,000.

Repair, Renew, Replace Capital Project – UH Main Facilities Air Handling 117 Replacement



CAPITAL PROJECT APPROVAL

**PROJECT NAME: UH MAIN FACILITIES Air Handling Unit (AHU) 117 REPLACEMENT
April 11, 2019**

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **The UH Main Facilities Air Handling Unit (AHU) 117 Replacement**. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

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

RATIONALE:

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

PURCHASING PROCESS:

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

FUNDING:

Total project construction budget is not to exceed \$473,000.00 from the UNM Hospitals Capital Renovation Fund.

March 29, 2019 UNMH Board of Trustees Meeting Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Dr. Jerry McDowell, Ms. Christine Glidden, Dr. Raymond Loretto, Ms. Debbie Johnson, Mr. Nick Estes, Mr. Erik Lujan, Dr. Jennifer Phillips, and Mr. Joseph Alarid	
Ex-Officio Members Present	Dr. Michael Richards, Mrs. Kate Becker, Dr. Davin Quinn, and Mr. Rob Schwartz	
County Officials Present	Mr. Clay Campbell	
I. Call to Order	A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:06 AM	
II. Announcements	Dr. Jerry McDowell, Chair, and Mrs. Kate Becker welcomed Professor Rob Schwartz as an Ex-Officio Member of the Board of Trustees (Board of Regents Appointment)	
III. Adoption of Agenda	Dr. Jerry McDowell, Chair, requested a motion to adopt the Agenda	Mr. Nick Estes made a motion to adopt the agenda. Ms. Debbie Johnson seconded. Motion passed with no objections.
IV. Consent Approval	<p>Mrs. Bonnie White presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Nick Estes stated the UNMH BOT Finance Committee discussed/reviewed the Consent Items and recommend approval by the full Board of Trustees.</p> <ul style="list-style-type: none"> ❖ Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement (\$800,000) ❖ Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel (\$542,021) 	<p>Mr. Nick Estes made a motion to approve the Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement Consent Item as presented by Mrs. Bonnie White. Ms. Debbie Johnson seconded. Motion passed with no objections.</p> <p>Mr. Nick Estes made a motion to approve the Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel Consent Item as presented by Mrs. Bonnie White. Ms. Debbie Johnson seconded. Motion passed with no objections.</p>
V. Public Input	No Public Input	
VI. Approval of Minutes	Dr. Jerry McDowell, Chair, requested a motion to approve the February 22, 2019 UNMH Board of Trustees Meeting Minutes.	Dr. Jennifer Phillips made a motion to approve the February 22, 2019 UNMH Board of Trustees Meeting Minutes. Mr. Nick Estes seconded. Motion passed unanimously.

<p>VII. Mission Moment</p>	<p>Ms. Lori Ponge, Executive Director, Children's Psychiatric Center, presented "Child Psychiatric Center Saves Lives" (presentation included in BoardBook).</p> <p>Mr. Rodney McNease gave a brief summary of the Behavioral Health Department. Dr. Davin Quinn indicated that Ms. Ponge's presentation shows how important the relationship is between the hospital and law enforcement; a huge amount of behavioral health provided by staff is a benefit to patients.</p>	
<p>VIII. Action Items</p>		<p>Dr. Raymond Loretto requested a report outlining logistics Level 1, 2 and 3 Trauma Center(s); perhaps a presentation from Trauma personnel</p>
<p>IX. Board Initiatives</p>	<p>Chairman's Report: Dr. Jerry McDowell, Chair, reported that he and Mrs. Kate Becker recently met with Regent Schwartz and gave him an overview of UNMH and the Board of Trustees.</p> <p>Dr. Jerry McDowell thanked Mrs. Debbie Johnson for her willingness to continue as a Trustee until a replacement is announced. Chair McDowell indicated his term will end in June and a nominee is needed to replace his position. There is an upcoming meeting scheduled with Dr. Roth's office to discuss replacement nominee(s). Dr. McDowell requested Trustees submit nominee names and justification to him within the next couple of weeks. Per the new policy, nominees would be brought to the full Board of Trustees for approval and those approved, would move to the HSC Committee and then the Board of Regents for approval. Diversity is important to the Board of Trustees.</p> <p>Dr. McDowell indicated he will meet with the Executive Committee to discuss Board of Trustee Officers to bring to the full Board for approval.</p> <p>Infection Prevention and Control Plan 2019 (Plan in BoardBook): Dr. Michael Chicarelli presented the Infection Prevention and Control Plan 2019 as was discussed at the UNMH BOT Quality and Safety Committee.</p> <p>Mission Excellence Update: Sara Frasch, Ph.D. presented an update on Mission Excellence – Why Mission Excellence? Enhance provider and staff satisfaction and engagement; produce high-quality outcomes; improve the patient experience; align our Health System (presentation in BoardBook)</p> <p>Sara Frasch, Ph.D., gave a presentation on Employee Assistance Program and Hot Line Complaint Process (presentation in BoardBook)</p> <p>Ms. Bonnie White presented the Fiscal Year 2019 Capital Budget Revision and Fiscal Year 2020 Capital Budget (report in BoardBook). Mr. Nick Estes reported the Finance Committee heard presentation and recommend approval by full Board of Trustees.</p>	<p>Dr. Raymond Loretto made a motion to approve the Infection Prevention and Control Plan 2019. Ms. Christine Glidden seconded. Motion passed unanimously.</p> <p>Mr. Nick Estes made a motion to approve the FY19 Capital Budget Revision and FY20 Capital Budget. Mr. Erik Lujan seconded. Motion passed unanimously</p>

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

		<p>Roll Call: Dr. Jerry McDowell - Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson - Yes Ms. Christine Glidden – Not Present During Vote Mr. Terry Horn – Not Present During Vote Mr. Joseph Alarid – Not Present During Vote</p>
<p>XIV. 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 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>Vote to Re-Open Meeting</p>	<p>At 12:06 PM, Dr. Jerry McDowell, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p> <p>Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</p> <ul style="list-style-type: none"> ❖ UNMH Community Engagement Committee 02/08/19 Meeting Minutes ❖ Medical Executive Committee (MEC) 02/20/2019 Meeting Minutes ❖ UNMH BOT Finance Committee 02/20/2019 Meeting Minutes 	<p>Mr. Nick Estes made a motion to close the Closed Session and return to the Open Session. Dr. Raymond Loretto seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Dr. Jerry McDowell - Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson – Not Present During Vote Ms. Christine Glidden – Not Present During Vote Mr. Terry Horn – Not Present During Vote Mr. Joseph Alarid – Not Present During Vote</p> <p>The Board of Trustees acknowledged receipt of the following:</p> <ul style="list-style-type: none"> ❖ UNMH Community Engagement Committee 02/08/19 Meeting Minutes ❖ Medical Executive Committee (MEC) 02/20/2019 Meeting Minutes ❖ UNMH BOT Finance Committee 02/20/2019 Meeting Minutes

	<ul style="list-style-type: none"> ❖ UNMH BOT Native American Services Committee 02/20/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 02/21/19 Minutes <p>Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</p>	<ul style="list-style-type: none"> ❖ UNMH BOT Native American Services Committee 02/20/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 02/21/19 Minutes <p>Dr. Raymond Loretto made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Dr. Jennifer Phillips seconded. The motion passed unanimously.</p>
Adjournment	<p>The next scheduled Board of Trustees Meeting will take place on Friday, April 26, 2019 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.</p>	<p>Dr. Raymond Loretto made a motion to adjourn the meeting. Dr. Jennifer Phillips seconded. The motion passed unanimously. The meeting was adjourned at 12:07 PM.</p>

Dr. Raymond Loretto, Secretary
 UNM Hospitals Board of Trustees

MISSION MOMENT

Our Mission Moment:

Why We Are? The Best in Patient Care

- Beth J. Jones, RN, MSN, CCRN-CSC, Unit Director, 7 South Coronary Care Unit

Thank You - 7 South

“...who made our family’s well being their mission...”

- I am writing this letter to say thank you, even though those two simple words don't seem enough.
- On September 17, 2018, I was admitted to UNMH for surgery to remove cancer from my esophagus and stomach. As I have come to learn, cancer doesn't care who you are, how many children you have, or how much life you've lived. As I have also come to learn, the people who choose to suit up and fight it like those at UNMH are the most dedicated, skillful, and caring people I have ever met.
- When I first came to the hospital, I anticipated one surgery. Due to multiple complications, I ended up needing three major surgeries and spent almost two months in the hospital, complete with two stints in ICU. Needless to say, this stage of my battle with cancer was longer and more difficult than I could have imagined. It pushed me to the very brink of my spiritual and physical capacity, and there were many days when I had dwindling hope and wondered where the strength to fight on was going to come from.
- First, it came from the love of my family, but like me they had never been through anything like this, and we were all scared and unsure. We got strength and inspiration from the countless doctors, nurses, and staff who made our family's well being their mission. Including the ICU nurses, the radiology staff and laboratory technicians who exhibited the utmost care and concern for my condition.

The Moment

- When something life-changing like this happens to a person, it happens to a whole family. I wasn't the only one who spent time in the hospital. My wife was a constant support and always at my side - even sleeping there many nights. My brother and my three daughters spent every moment they could with me. This meant every doctor and nurse had not one, but six people's hearts to care for and they did so with superb grace and patience.
- There are so many people to thank, but I must begin with Dr. Jess Swartz. It was obvious from the beginning how seriously and personally he takes his work and as my case got more serious, it got more personal. He went above and beyond to connect with me as a person, not just as his patient. I trusted his expertise and skill as a physician from the outset but as my case progressed, daily visits, extended check-ins, and long conversations with Dr. Swartz made me trust his heart as a fellow human. I must also thank his entire team for their dedication and professionalism. Ted Gellert, Sherry Kenna and Shelby Sheldon all made me feel like a priority. I felt that they were truly invested in my case and this was greatly appreciated by me and my family. Thanks to Dr. Victor Phouc and his staff for joining the medical team. His assistance and expertise was important in my treatment and healing.

“...My Family and the UNMH Family Were One...”

- Spending extended time in a hospital is a trying experience to say the least, but everyone at 7 South brightened it in ways big and small. I must extend deep gratitude to all the nurses and techs for getting me through each day. Impromptu dance parties in my room, always keeping my cup of ice filled, the constant availability of hugs, or quiet moments of deep conversation, made me feel profoundly connected to each of these nurses, many of whom still check on me months after being discharged. Every one of these nurses always had a smile and never forgot to ask what they could do for me or for my family. They kept me going in my darkest hour. Their professionalism and compassion for their patients and families was amazing. I could not have made it without them. I consider them my Angels! God bless them all for restoring hope and dignity to my life.
- As I reflect back on this experience, I know that many good hospitals could have helped me through this experience physically, but the personal care I received at UNMH went above and beyond mere physical care. I never felt like "Patient X," they made their work about me and my entire family. I may never see most of these people again, but for the entire time I spent there, my family and the UNMH family were one.
- I would like to commend these employees and their departments for their dedication to their craft and amazing abilities. I have never been treated so well and with so much respect. A true breath of fresh air for the medical profession.
- Thank you, from the bottom of my heart.

The Team

- Dr. Jess Swartz
- Dr. Victor Phouc
- Beth J. Jones, RN, MSN, CCRN-CSC



- Ted Gellert, PA-C
- Sherry Kenna, NP
- Shelby Sheldon, NP

Press Ganey Past Provider Engagement Results and Methodology



Greg Stecklein

Regional Director

Lisa Downing

Advisor, Workforce Engagement

Marty Wright

Director, Transformational Workforce Solutions

April 26, 2019

Agenda

- **UNMH Mission Excellence - Framework**
 - Provider Engagement & Improving the Clinical Environment
- **Review of Provider Pulse Measurements & Insights:**
 - 2015-2018 Survey Design and Trends
 - 2017 Census and 2018 Recurring Pulse Results review
- **Partnership Recommendations**
 - Strategic Alignment around Provider Engagement & the Clinical Environment
 - Optimizing the Organizational Partnership
 - Supporting your Improvement Journey

UNMH MISSION: Excellence Framework

- **Clinician Well-Being & Professional Fulfillment**
 - **Organizational Effectiveness**
 - **Factors:**
 - System Efficiencies;
 - Professional Culture;
 - Personal Resilience
 - **Practice Efficiency**
- **UNMH Charge:**
 - **Optimize the Clinical Environment**

2015-2018 Provider Pulse Insights

Overview of the Provider 2015-2018 Survey Plan

- **Start: Fall 2015** **CENSUS Pulse Survey**
 - 17 Question survey with 2 Open Ended (as defined by UNM) for **ALL** Providers
 - Includes an Executive Overview and Advisory Support
 - Breakouts by Specialty and Comment Analysis
- **Ongoing: Fall 2016 & Winter 2017** **2 RECURRING Pulse Surveys**
 - Same 17 Question survey or as short as a 6-Question Survey – UNM CHOICE
 - **One third** of Provider population (600) invited to each of the **3 Pulse survey**
 - High Level results only
- **Follow-Up: Spring 2017** **CENSUS Pulse Survey**
 - 25 Question survey with **3 Open Ended questions** (as defined by UNM) for **ALL** Providers
 - 17 Question legacy Pulse + 8 Question **RESILIENCE Module**
 - Includes an Executive Overview and Advisory Support
 - Breakouts by Specialty and **Comment Analysis**
- **Finish: Summer 2018** **RECURRING Pulse Survey**
 - 25 Question survey with 2 Open-Ended questions
 - 17 Question legacy Pulse + 8 Question **RESILIENCE Module**
 - **One third** of Provider population (600) invited to the Pulse survey
 - High Level results only

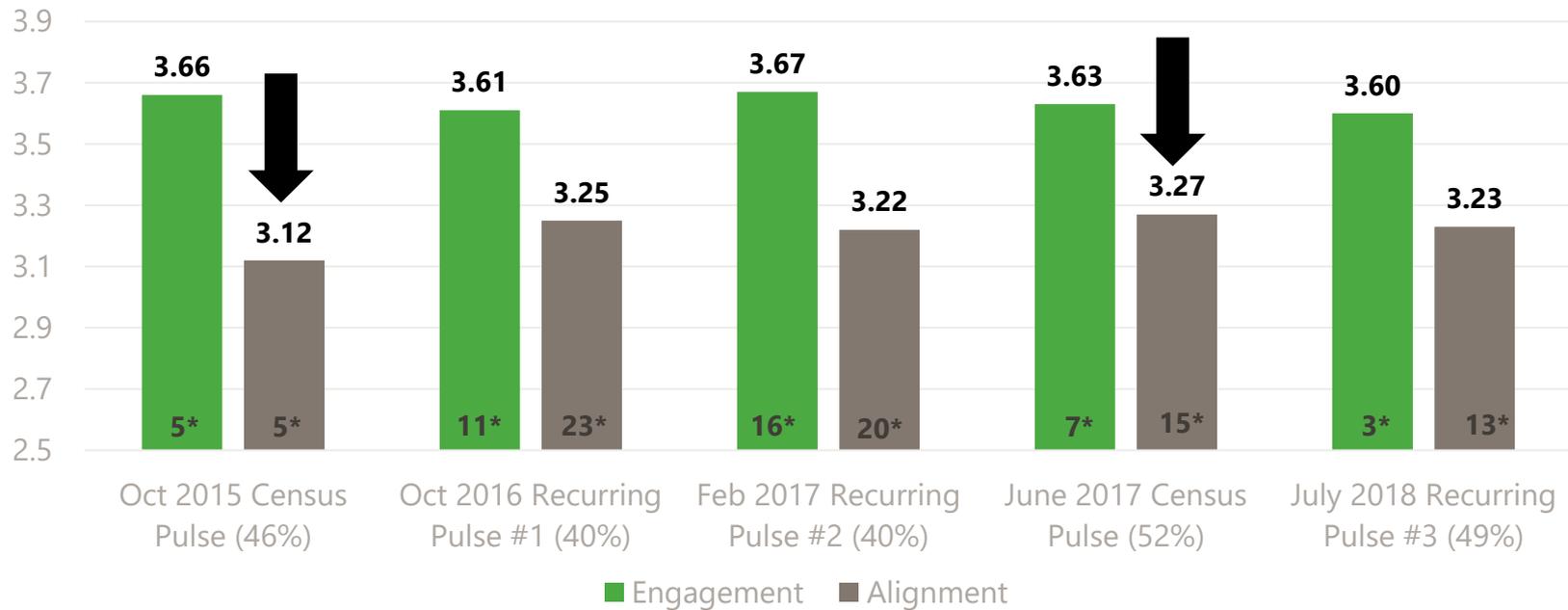
Results for Spring 2017 & Summer 2018 Surveys

2017 CENSUS & 2018 RECURRING PULSE METRICS	Spring 2017 (RR=52%)		Summer 2018 (RR=49%)	
	Engagement	Alignment	Engagement	Alignment
PHYSICIAN	3.54	3.16	3.45	3.05
APP	3.82	3.52	3.96	3.65

Key Question Highlights: HIGHEST PERFORMING MEASURE					Difference from:		
Item	HIGHEST PERFORMING vs. Nat'l Academic Physician Avg	Domain	2018 UNM	% Unfav	Natl Phys Avg	Natl Acad Phys Avg	2017 UNM
2.	I can easily communicate any ideas and/or concerns I may have to leadership.	LDR	3.74	17%	+.04	+.08	-.06

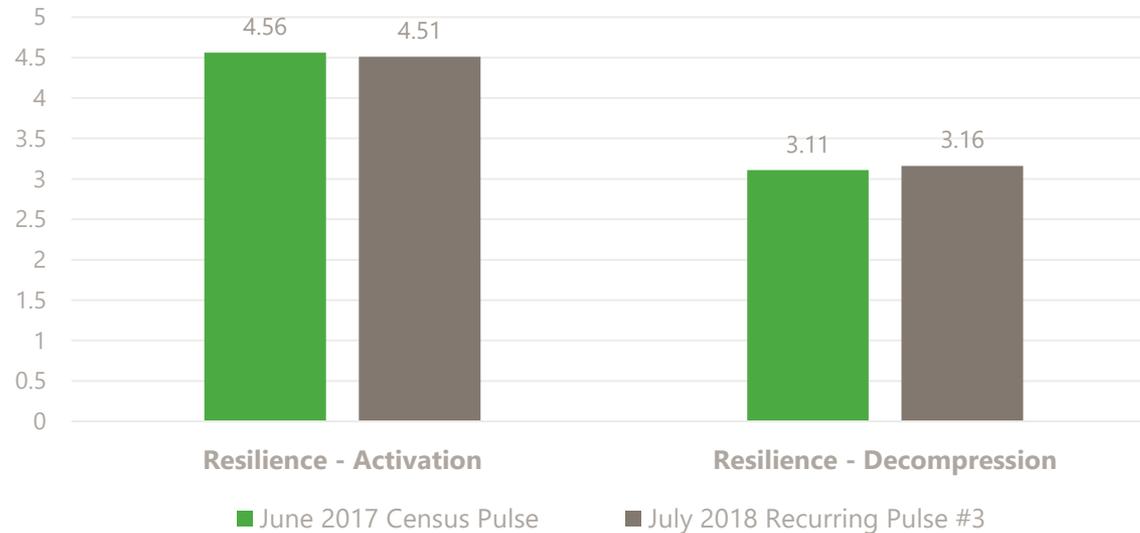
Key Question Highlights: LOWEST PERFORMING MEASURES					Difference from:		
Item	LOWEST PERFORMING vs. Nat'l Academic Physician Avg	Domain	2018 UNM	% Unfav	Natl Phys Avg	Natl Acad Phys Avg	2017 UNM
5.	This hospital treats providers with respect.	LDR	3.14	29%	-.66	-.62	-.10
6.	Overall, I am satisfied with the performance of the Health System's senior leadership.	LDR	3.06	31%	-.63	-.62	+.03
4.	I have confidence in the Health System's senior leadership.	LDR	3.07	30%	-.59	-.56	+.01

Engagement/Alignment Trending



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

Resilience: Early Warning System for Burnout



Activation: the ability to engage patients and others as individuals and derive intrinsic value from work (at work)

- UNM score is **not significantly different from the national average.**
- Slight decline from 2017 to 2018 is not significant

Decompression: the ability to disconnect and “recharge” (outside of work)

- UNM score is **significantly lower than the national average.**
- Slight increase from 2017 to 2018 is not significant

Provider Comments:

What's Working / Could be Better/ Resilience

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

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

Talk to the providers more often and be responsive to their need

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

Include medical staff and providers when making decisions that affect the way they practice medicine.

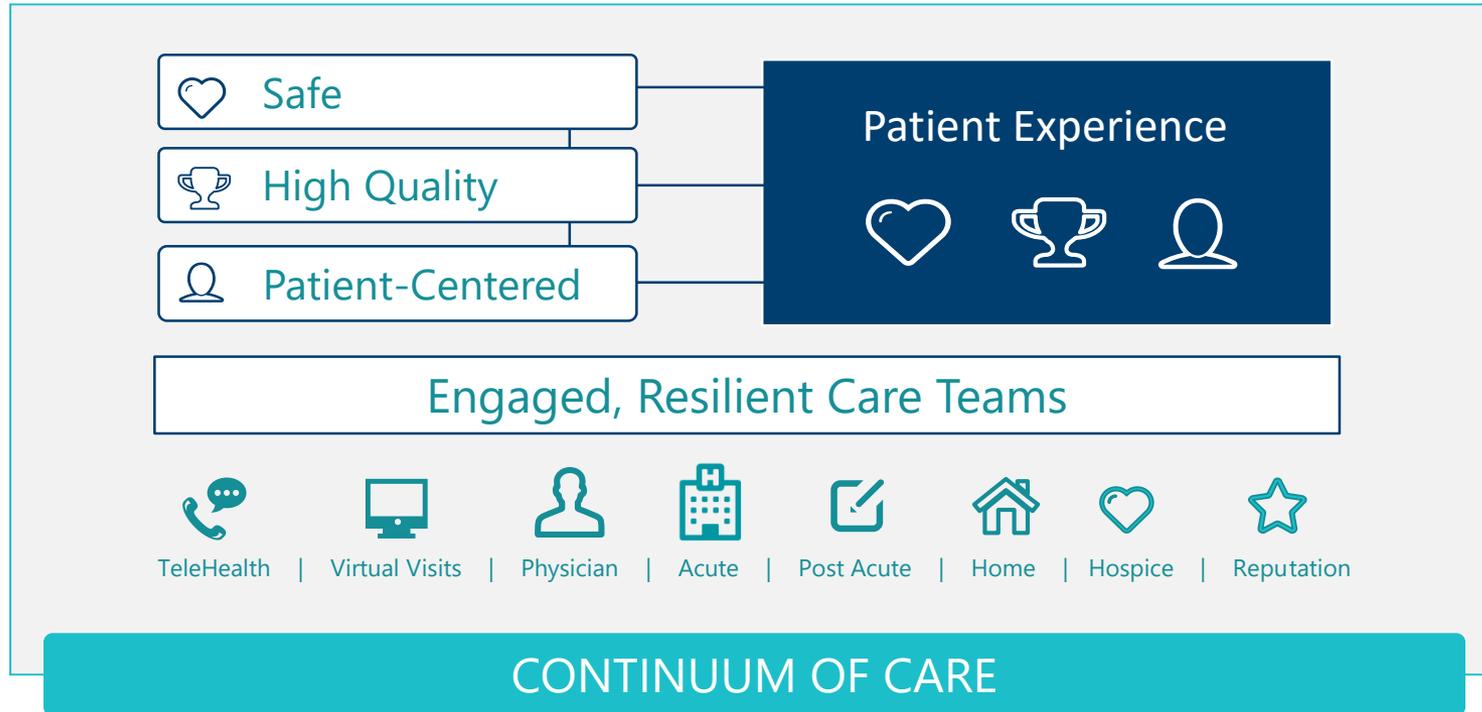
Administrators carry a lot of responsibility to keep the hospital financially solvent, but they may not fully understand how decisions impact patient care.

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

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

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

Our Challenge...Our Responsibility



Alignment: Clinical Environment Insights

▪ **Provider Insights (2015 – 2018)**

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

▪ **Employee Insights (2014-2018)**

Teamwork & Communications

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

▪ **Patient Insights**

(2018 Key Drivers)

Teamwork driven Care

- Inpatient **Staff worked Together** – to care for you
- Medical Practice **Staff worked Together**
- Ambulatory Surgery Degree **Staff worked Together**
- Emergency Depart. **Staff cared** about You as a Person
- Outpatient **Staff worked Together** to Provide Care

Strategic Acquisitions & Partnerships Build upon Press Ganey's Capabilities

<p>Patient Experience</p>	
<p>Workforce & Engagement</p>	
<p>Clinical Excellence</p>	
<p>Safety & High Reliability</p>	

2009



45/93

12

binaryfountain (strategic partner)

2019



Go-Forward Recommendation

- **Pulse Surveys provides Directional Insights but not Depth**
 - Ideal for the purpose of a **Scorecard metric**
 - By itself, **lacks key driver measures** to inform an Integrated Improvement Strategy
- **Analysis as shared, does illustrate Actionable Insights**
 - Provider **insights validated when aligned** with the deeper Employee and Patient measures
 - **Communication & Teamwork** indicate common Clinical Environment themes
- **RECOMMENDATIONS: Leverage & Align all available Measures and Resources**
 - Optimizing the **Clinical Environment includes Provider, Employee & Patient Experiences**
 - The Provider measurement tool should match the design of the Employee tool
 - While remaining Brief
 - An Organizational Framework should be focused around an **aligned, unified Strategy**
 - Improvement in two-way communication and teamwork recognition
 - Leverage **Organizational & Vendor-Partner alignments** to measure, support & improve

Aligning to Deliver on the Patient, (& Caregiver) Promise

The Problem

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

The Consequence

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



The Goal: Mission Excellence: Optimizing the Clinical Environment

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

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

Accelerate change by understanding the relationships between safety, quality, engagement and patient experience to build a focused improvement strategy to drive outcomes and sustain improvement across all measures.



Thank-you for your Partnership

APPENDIX

2017 Highest Performing Items: All Participants

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

2017 Lowest Performing Items: All Participants

LOWEST PERFORMING ITEMS Compared to the <u>National Physician Average</u>	Domain	2017 UNMHS Census Pulse All	% Unfav	Difference from:
				Natl Phys Avg
Overall, I am satisfied with the performance of the Health System's senior leadership.	LDR	3.03	32%	-.63
I have confidence in the Health System's senior leadership.	LDR	3.06	30%	-.58
This hospital treats providers with respect.	LDR	3.24	27%	-.52
I would recommend the UNM Health System to others as a good place to practice medicine.	E.I.	3.49	18%	-.51
Overall, I am satisfied working with this organization.	E.I.	3.49	20%	-.49

2018 Highest Performing Items vs. Natl Phys Avg: All Respondents

Item	Domain	2018 UNM	% Unfav	Difference from:		
				Natl Phys Avg	Natl Acad Phys Avg	2017 UNM
2. I can easily communicate any ideas and/or concerns I may have to leadership.	LDR	3.74	17%	+.04	+.08	-.06

2018 Lowest Performing Items vs. Natl Phys Avg: All Respondents

Item	Domain	2018 UNM	% Unfav	Difference from:		
				Natl Phys Avg	Natl Acad Phys Avg	2017 UNM
5. This hospital treats providers with respect.	LDR	3.14	29%	-.66	-.62	-.10
6. Overall, I am satisfied with the performance of the Health System's senior leadership.	LDR	3.06	31%	-.63	-.62	+.03
4. I have confidence in the Health System's senior leadership.	LDR	3.07	30%	-.59	-.56	+.01
3. The Health System's senior leadership is responsive to feedback from providers.	LDR	2.99	34%	-.52	-.49	-.03
20. I rarely lose sleep over work issues.	STF	3.15	33%	-.16	-.07	+.01

FY20 Operating Budget

UNM Hospitals

FY 20 Operating Budget
April 24, 2019

Budget Driving Variables

- Inpatient beds at capacity
 - Length of Stay reductions necessary to increase capacity
- Increased surgical volumes
- Outpatient volumes increases
- Impact of Gross Receipts Tax
- Pending outcomes of Medicaid State Appropriation
- High level operational improvement assumptions
 - Revenue cycle operations improvements
 - Improved collections
 - Improved Case Mix Index
 - Improved charge capture
 - Specialty Pharmacy
 - Expense reductions
 - Workforce management
 - Supply expense management
 - Vendor management
- Behavioral Health Program Development

Overview of Budget Process

- Statistics
 - Developed from current trends and known changes in providers/programs
 - Includes assumptions on new recruitments of providers
 - Includes assumptions on access improvements
 - Projections coordinated across the Health System (Hospitals, Medical Group, School of Medicine)
- Revenues
 - Current year as base line
 - Incorporates changes in projected statistics
 - Includes assumptions on payer reimbursement (Medicare, Medicaid, contracted payers)
 - Operational improvements included
- Expenses
 - FTEs in alignment with volume changes
 - Standard inflation assumptions
 - Incorporate known changes to line items
 - Operational improvements to be included top level and departmentalized as further identified
- Non operating revenues/expenses
 - Current year as base line
 - Mil Levy increased based on historical increases
 - Interest Expense based on amortization schedule
 - Donations based on historical trend

FY 20 Budget Statistics

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

FY 20 Preliminary Budget Behavioral Health Statistics

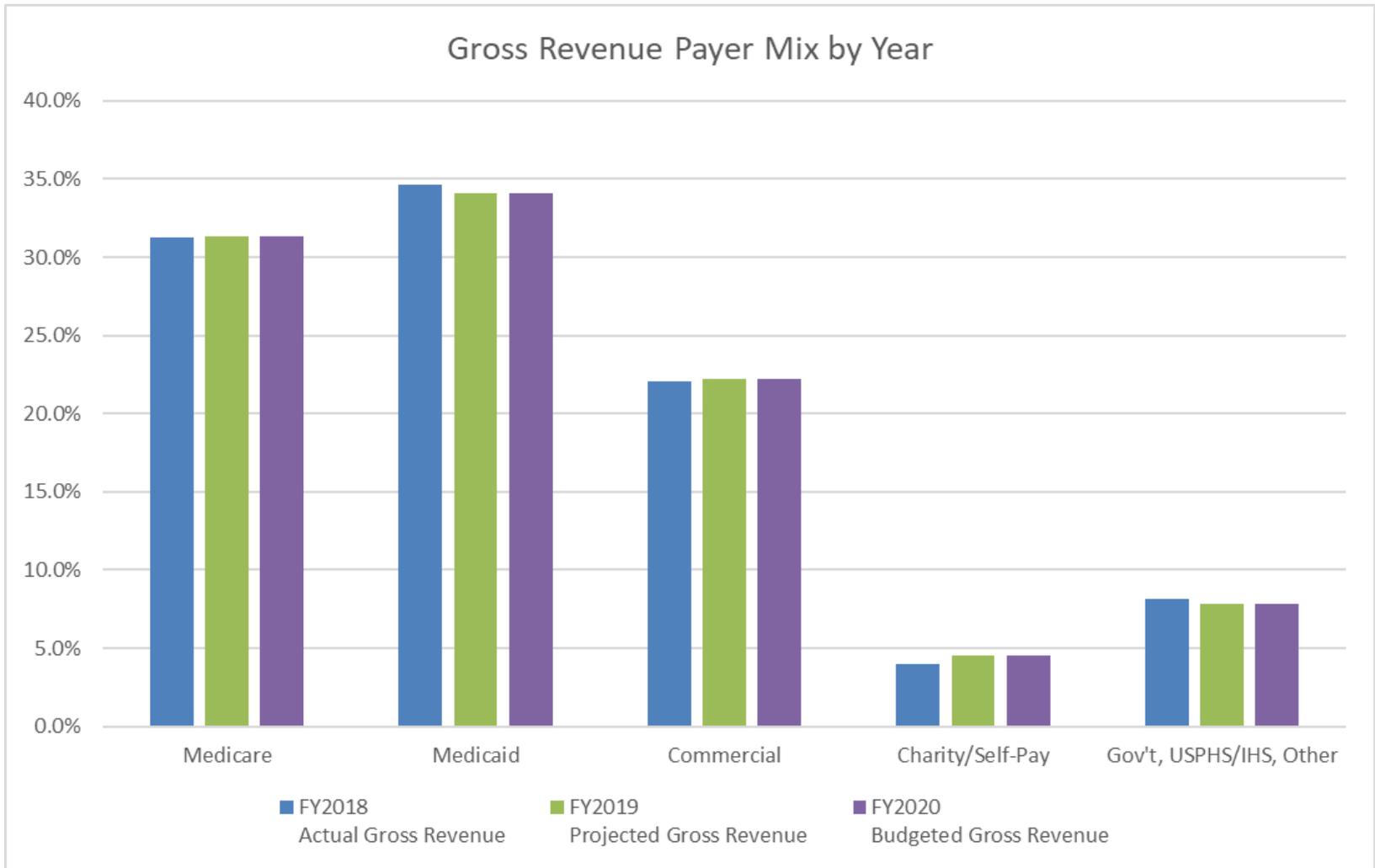
	FY2017 Actual	FY2018 Actual	FY2019 Projected	FY2020 Budget	% Incr / (Decr) from FY 2019
Patient Days	23,301	23,809	23,680	23,934	1.1%
Other Stats					
Outpatient Visits	45,229	49,971	59,899	64,778	8.1%
Midlevel	95,447	105,165	102,638	105,835	3.1%
Methadone & Buprenorphine	149,971	146,096	148,805	148,805	0.0%
Average Patients per day	411	400	408	408	0.0%

FY20 Revenue Budget

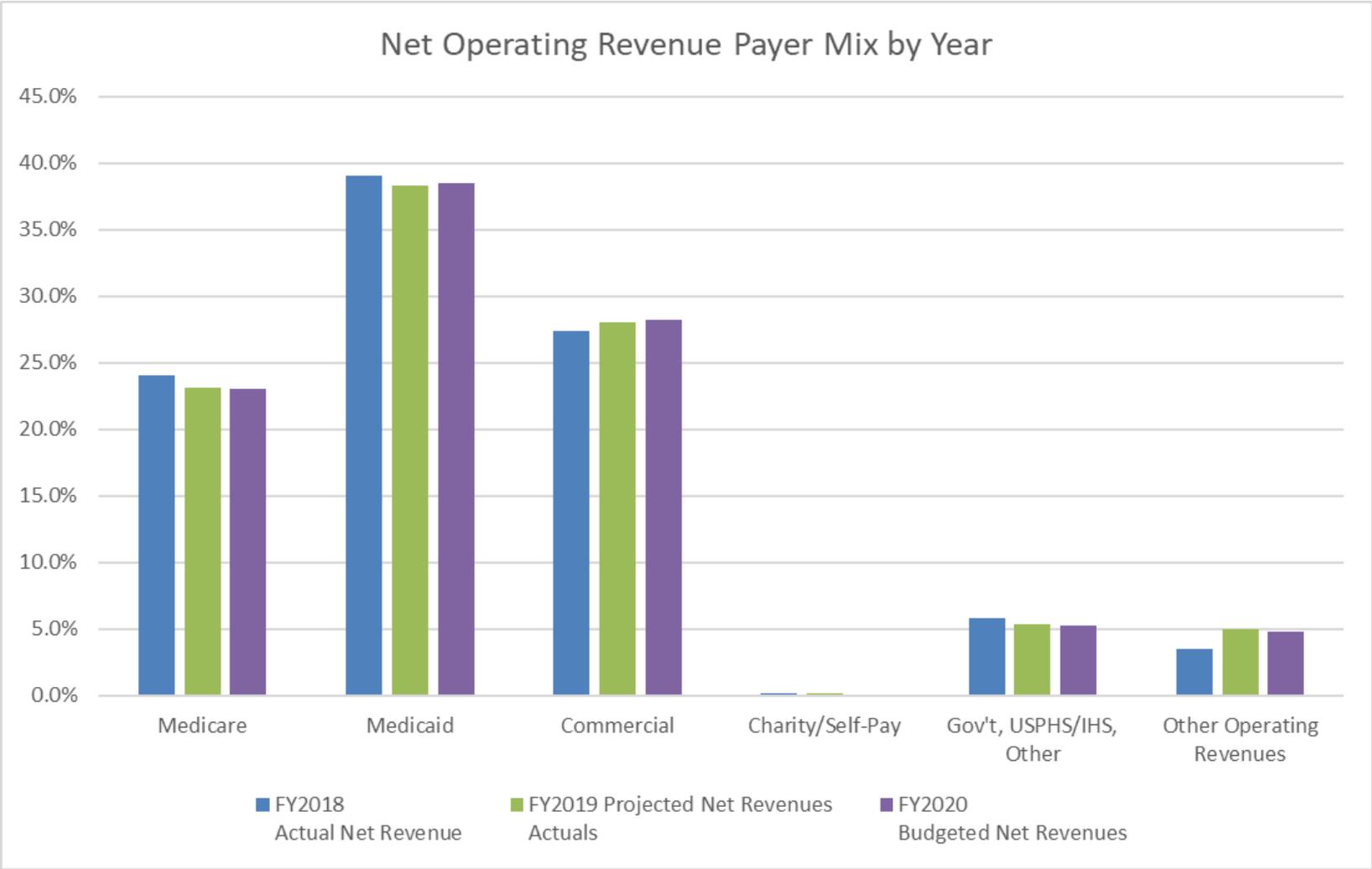
- Increased Volumes - \$13.3 million
 - Inpatient access and throughput
 - Increase UNMH discharges based on 10% (.6 days) reduction in Adult LOS – additional 1,600 discharges
 - Maintain ratio of Adult IP/Observation discharges
 - Increase Ambulatory access and throughput
 - Increase clinic & surgical volumes
 - Primary Care Clinics preliminary increase 4.4%
 - Specialty Clinics preliminary increase 1.7%
 - Surgeries preliminary increase 4.1%
- Revenue Cycle Operational Improvement – \$22.0 million
 - Case Mix Index Improvement 4%
 - Charge Capture Improvement
 - Denial Avoidance
 - Improved Workflows
 - Specialty Pharmacy Enhancement

- Medicaid Reductions under renegotiated Centennial Care 2.0 Contracts – (\$27 million)
 - Continued pressure from MCO's for reductions
 - Redistribution of Medicaid patients
 - Presbyterian 57%
 - Blue Cross Blue Shield 33%
 - Western Sky 10%
- State Appropriation for Medicaid to increase rates for Hospitals – Estimated at \$21 million
 - Details to be determined by NM HSD
 - Estimating rate changes with offset new Gross Receipts Tax (GRT), resulting in \$0 impact to UNMH
- Medicare Uncompensated Care decreases based on regulation changes – (\$2.5 million)
- 340B Medicare Payment Reduction litigation pending – no changes estimated for FY20
- Medicaid Buy In – no impact on FY20

Gross Payer Mix



Net Payer Mix



FY20 Expense Budget

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

FY20 Expense Budget

- Supplies increase - \$11.4 million increase
 - General supplies - 3% inflation
 - Pharmaceuticals - 4% inflation
 - Volume increase in surgical services, cancer center and discharges
 - Operational Improvement – improved vendor contracting, standardization of products
- Equipment/Occupancy/Depreciation - \$5.6 million increase
 - OB/Maternity EHR
 - Ophthalmology EHR
 - Case Management
 - Electronic Prescription
 - Real-Time Eligibility
 - Employee Scheduling and Productivity
 - Cost Accounting
 - Utilities inflation
 - Property Insurance increase from State Risk Management
- Purchased Services/Supplies/Other
 - Inflation increases on remote hosted software
 - Inflation on other supplies and other (food services, housekeeping, shipping)

FY20 Non Operating Budget

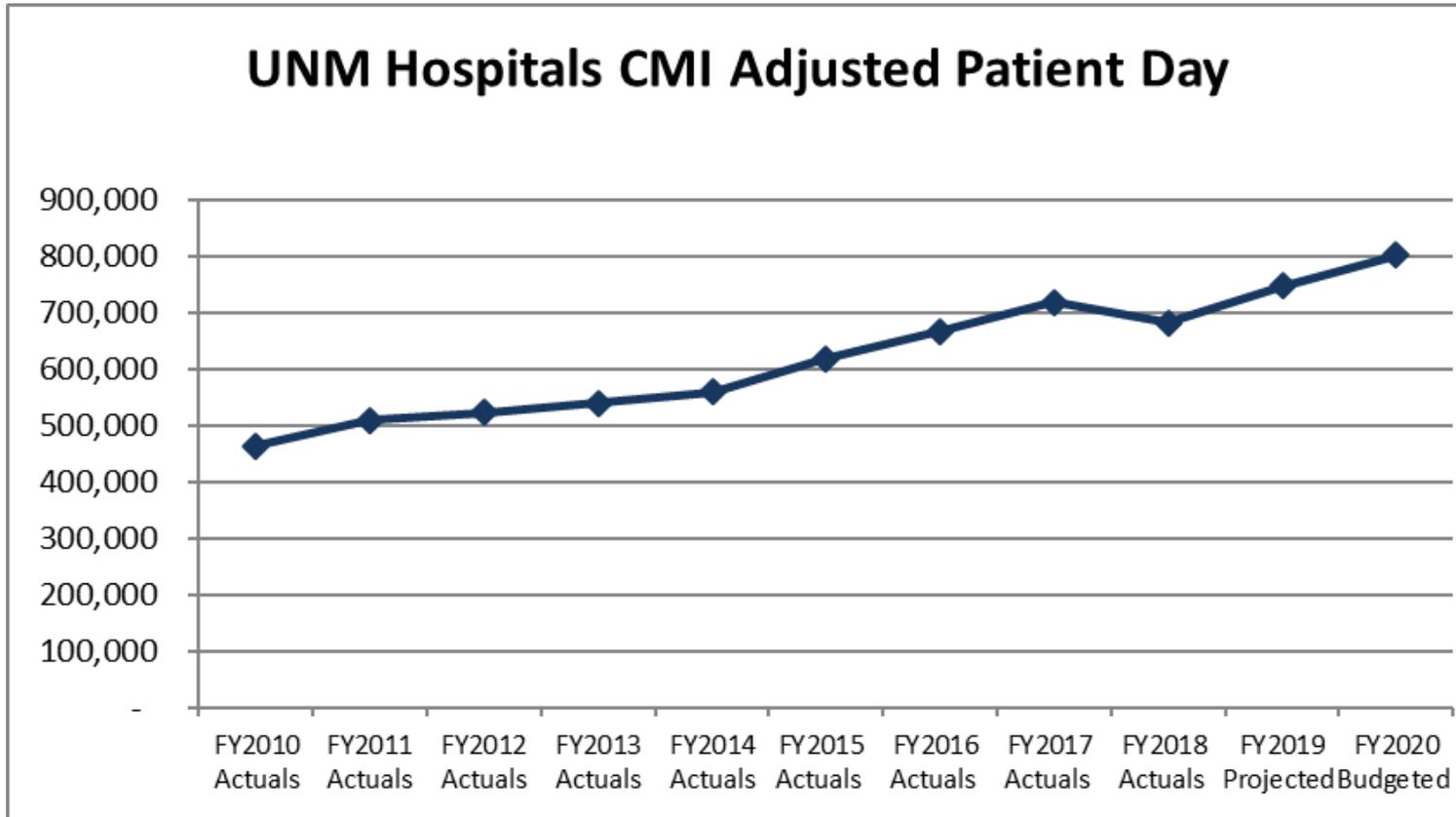
- Non Operating Revenue and Expense
 - Mill levy – 1.0% increase
 - State Appropriations – \$1.5 million for state funded salary and fringe increases
 - HSC Mission Support - replaced by additional Medicaid funding to be received by UNM Medical Group
 - Interest Expense – decrease as per debt service schedule
 - Reserve for Facility Replacement – Board designated funds for future replacement of aging facilities

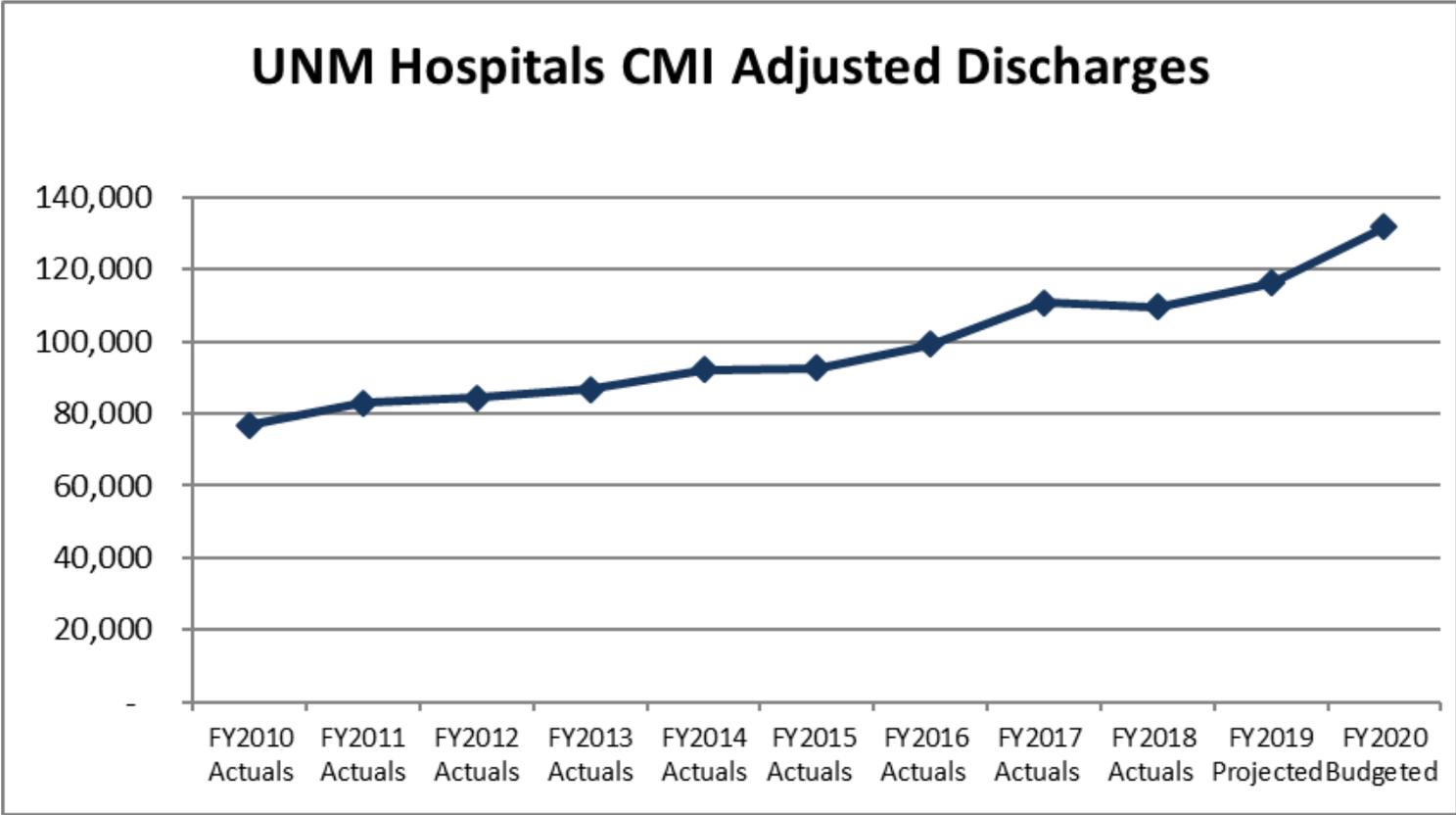
Behavioral Health Program Included in Budget

- MDC Discharge Planning
- Resource Re-entry Center
- Pathways Program Expansion
- Expansion of Case Management Services
- Fast Track program for high needs behavioral health patients released from MDC
- Expansion and renovation of Psychiatric Emergency Services with expanded observation capacity for adults
- Behavioral Health Home expansion for high needs patients
- MATS program Development

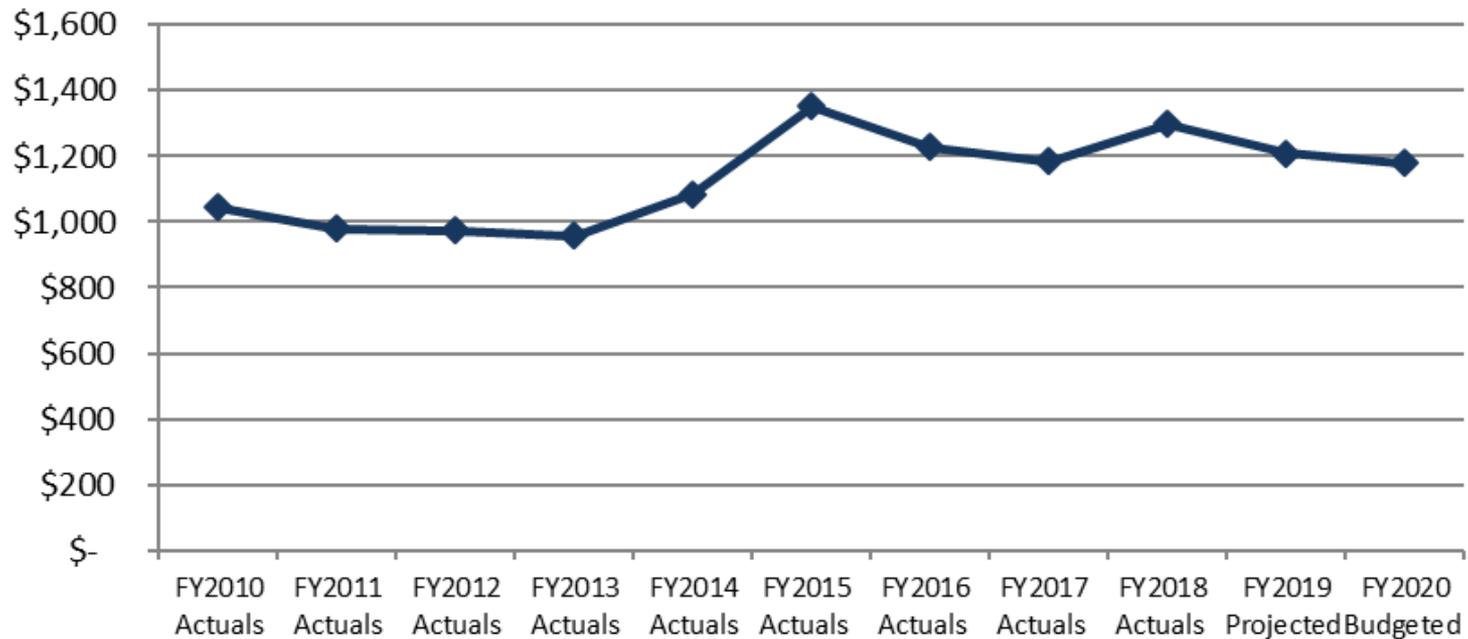
FY20 Budget

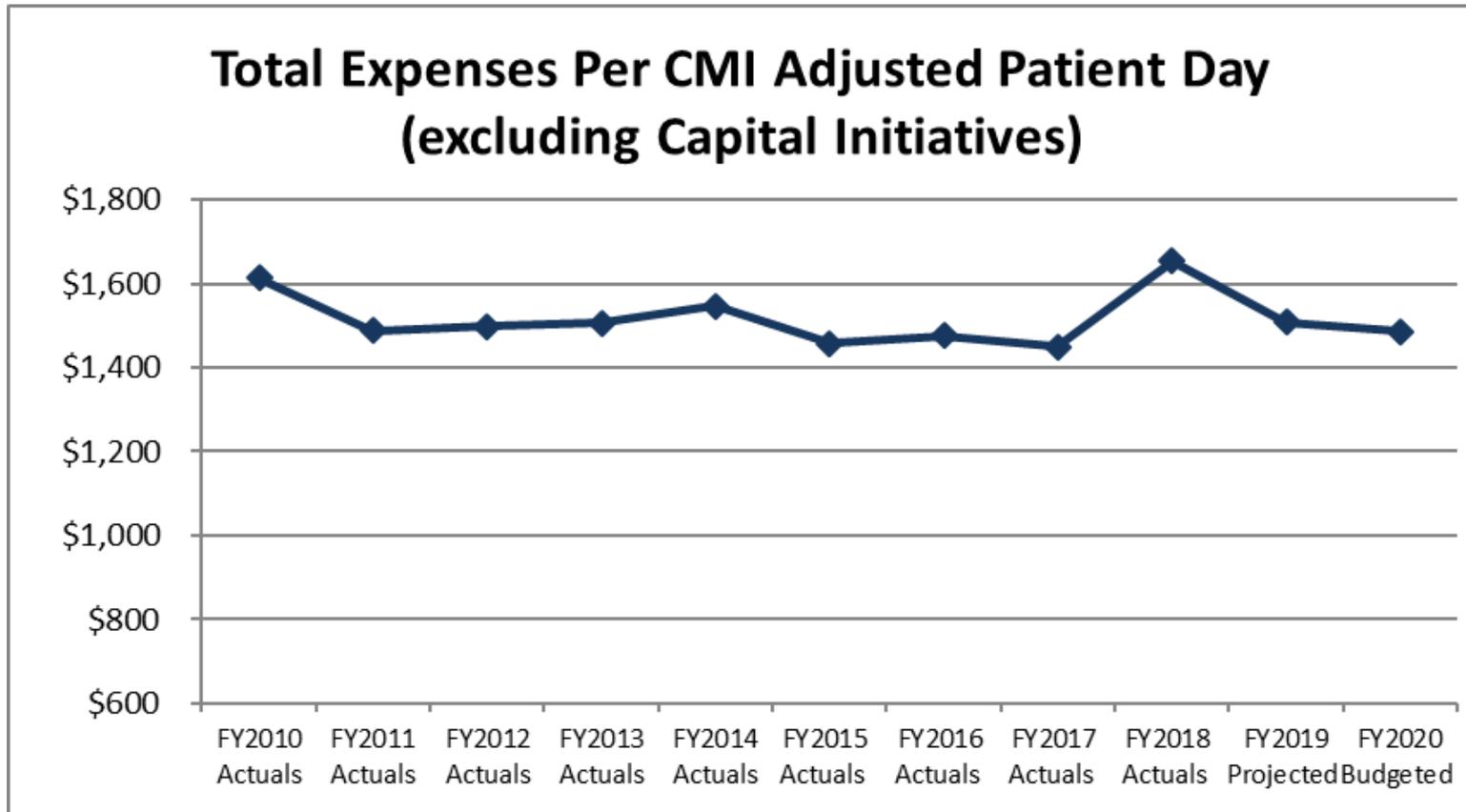
	FY2017 Actuals	FY2018 Actuals	FY2019 Reforecast	FY2020 Budget	FY19 to FY20 Difference
Total Operating Revenues	\$ 957,974,027	\$ 996,167,228	\$ 1,036,438,110	\$ 1,083,866,032	\$ 47,427,922
Expenses:					
Salaries & Benefits	499,696,465	504,855,423	535,740,309	555,732,458	19,992,149
Housestaff	29,604,190	30,475,561	32,879,755	34,636,505	1,756,750
UCP	76,506,746	79,901,490	81,552,097	81,249,975	(302,122)
Cancer Center	20,707,898	20,538,720	24,441,923	27,271,363	2,829,440
Other Medical Services	47,102,631	46,863,474	52,147,287	54,044,286	1,896,999
Medical Supplies	178,683,262	188,195,050	196,719,457	208,143,583	11,424,126
Equipment/Occupancy/Depreciation	95,079,171	101,768,072	93,721,354	99,357,149	5,635,795
Purchased Services/Supplies/Other	74,027,439	78,056,371	82,366,211	83,913,089	1,546,878
Health System	10,165,957	8,678,809	18,299,679	19,121,468	821,789
Gross Receipts Tax	-	-	-	21,534,189	21,534,189
Institutional Support	8,589,134	9,069,389	9,069,387	10,069,387	1,000,000
Total Expenses	1,040,162,893	1,068,402,359	1,126,937,460	1,195,073,453	68,135,993
Total Operating Gain (Loss)	(82,188,866)	(72,235,131)	(90,499,351)	(111,207,422)	(20,708,071)
Non Operating Revenue and Expenses					
Mill Levy	96,635,062	101,792,680	102,274,789	103,297,537	1,022,748
State Appropriations	12,158,100	12,036,500	12,733,199	14,158,700	1,425,501
Interest Expense	(3,170,552)	(3,120,623)	(3,040,023)	(2,937,537)	102,486
HSC Mission Support	(11,814,704)	(10,696,838)	(10,066,836)	-	10,066,836
Other Non Operating Revenues	4,745,145	5,059,207	7,291,188	7,370,354	79,166
Other Non Operating Expenses	(1,075,312)	(1,302,254)	(711,973)	(892,182)	(180,209)
Reserve for Facility Replacement	-	-	(14,000,000)	(5,400,000)	8,600,000
Total Non Operating	97,477,739	103,768,672	94,480,345	115,596,872	21,116,527
Increase (Decrease) in Net Position	\$ 15,288,873	\$ 31,533,541	\$ 3,980,994	\$ 4,389,451	\$ 408,457



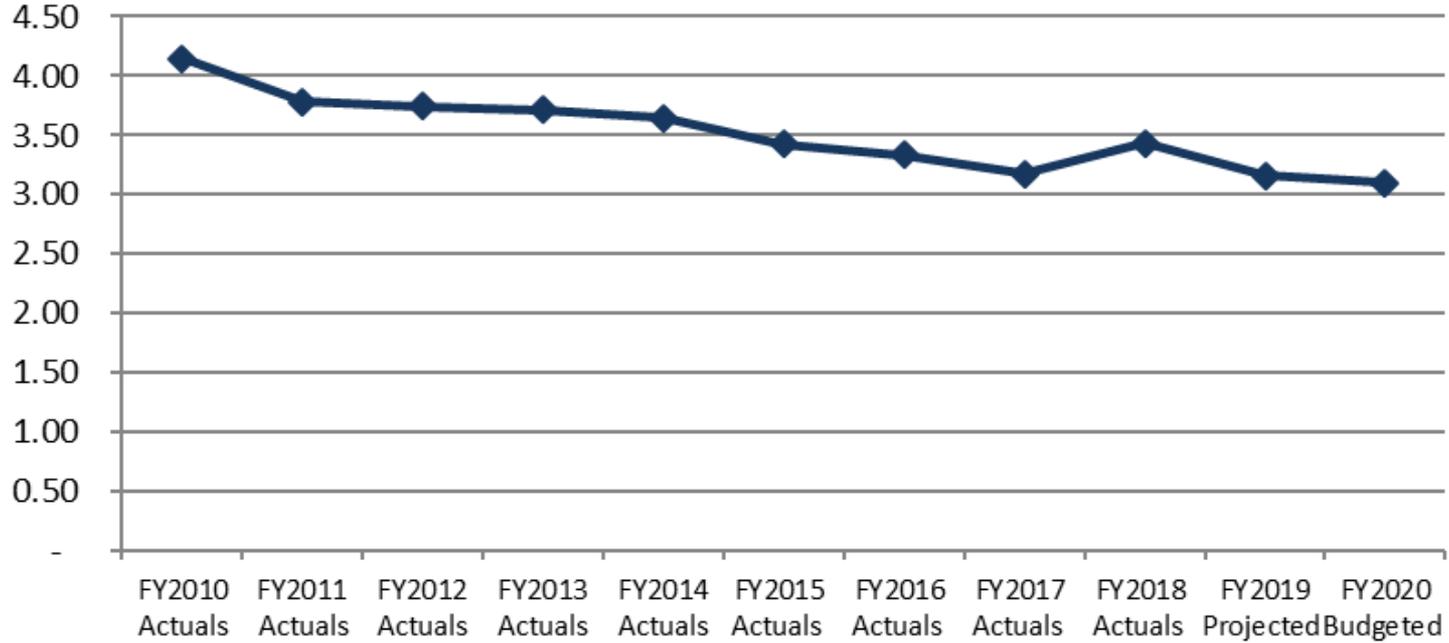


Core Patient Revenue Per CMI Adjusted Patient Day





FTE Per CMI Adjusted Occupied Bed



HSC Committee Update

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: April 2, 2019

Subject: Monthly Health System Activity Update

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

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

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

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

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

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

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

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

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

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

Medical Group RVUs are down 2% FY19 over prior year.

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

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

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

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

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

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

CEO Report UNM Hospitals

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: April 26, 2019

Subject: UNMH Monthly Activity Update

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

Quality: UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report, specifically mortality and hospital acquired infection. The Vizient data has been released through February 2019 with five of the eight indicators in the green which indicates at or better than goal. UNMH has a much improved month specific to CDI and met the monthly target however, had slightly higher than goal scores in mortality, SPHE and surgical site infection.

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

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

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

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

Native American Liaison:

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

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

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

CMO Report UNM Hospitals



To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: April 26, 2019

Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of March 2019 was 13 hours and 48 minutes. For March 2018 it was 8 hours. This is an increase of 5 hours and 48 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

- We sent 67 patients to an SRMC Inpatient unit instead of placing at UNM Hospital.

2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the “Patient First”, allowing continued access to those patients that can only be cared for by UNMH. In the month of March:

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

3. The ALOS (average length of stay) for adults without OB at UHMH for March 2019 has increased to 6.97 days as compared to March 2018 which was 6.42. The FYTD 2019 ALOS is 6.76 which is a decrease as compared to FYTD 2018 when it was 6.84. Proactive planning of patient discharge will continue to evolve as we identify and address barriers and shift focus and work with Huron Partners.

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

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

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

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

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

Finance Committee

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

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

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

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

Next UNM Hospital Finance Committee meeting is scheduled to convene May 29, 2019.

Audit & Compliance Committee

UNM HOSPITAL BOARD OF TRUSTEES

Audit and Compliance Committee Meeting

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

Objectives

- Provide audit and compliance oversight of UNM Hospitals.

Finance Committee Meeting:

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

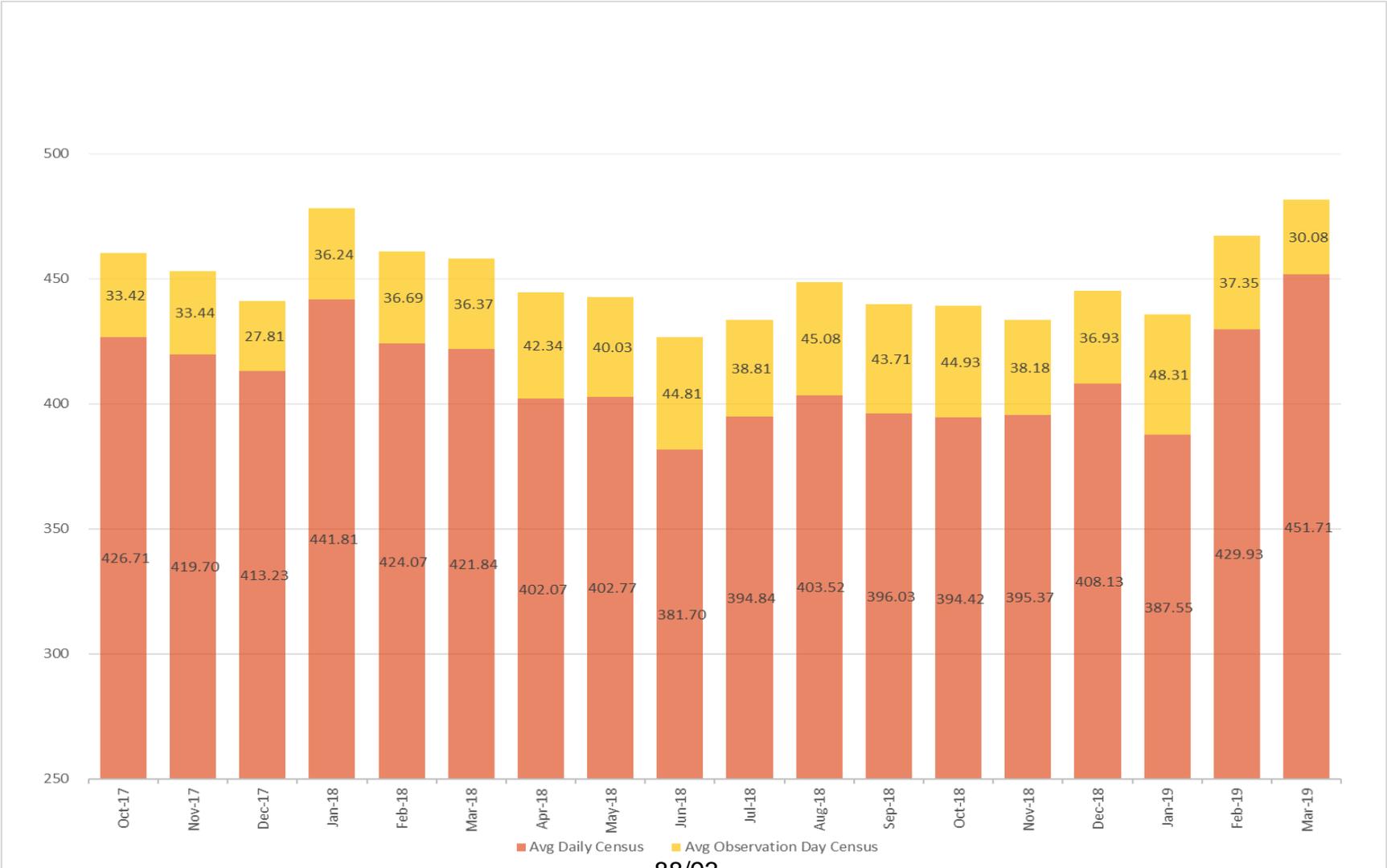
Next UNM Hospital Finance Committee meeting is scheduled to convene July 28, 2019.

March Financials

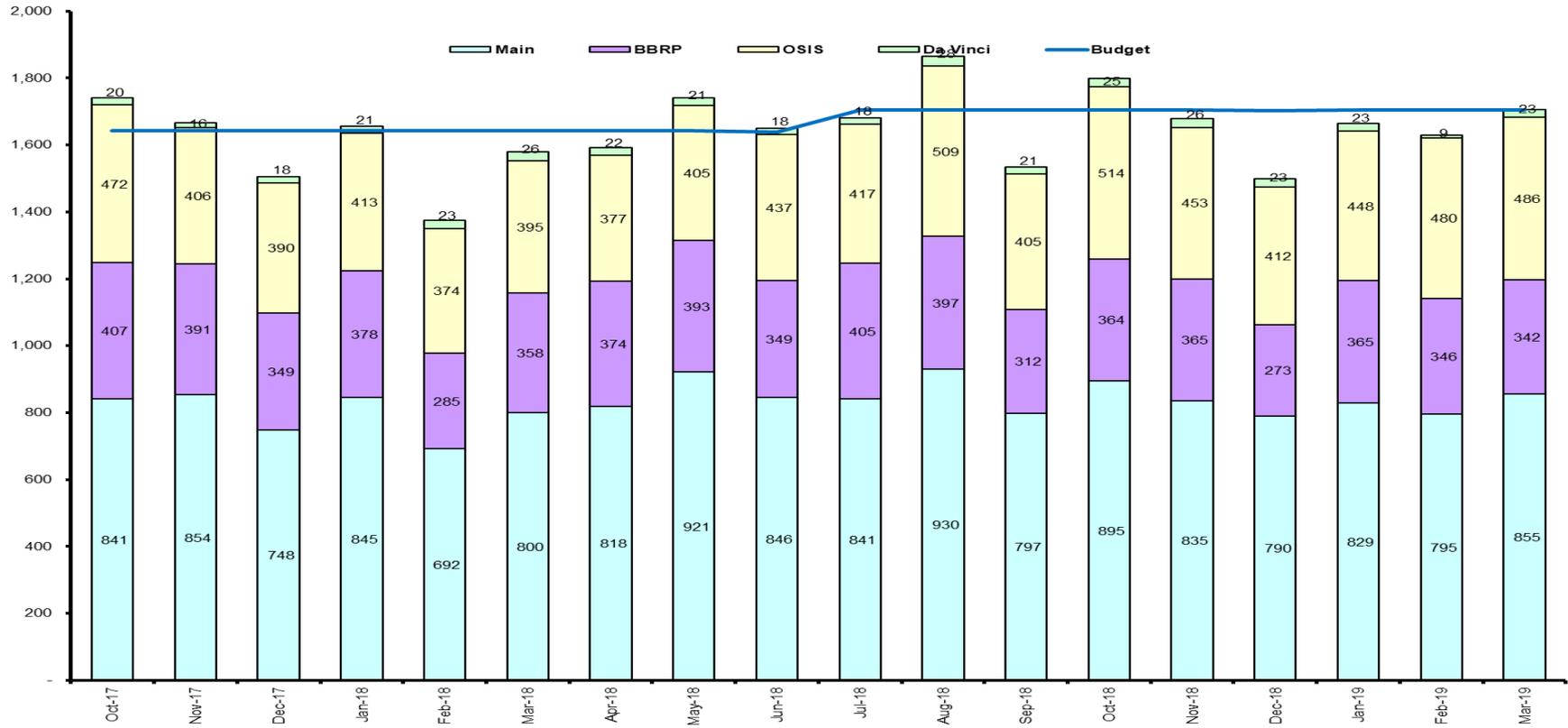
UNM Hospitals

Financial Update
Through March 2019

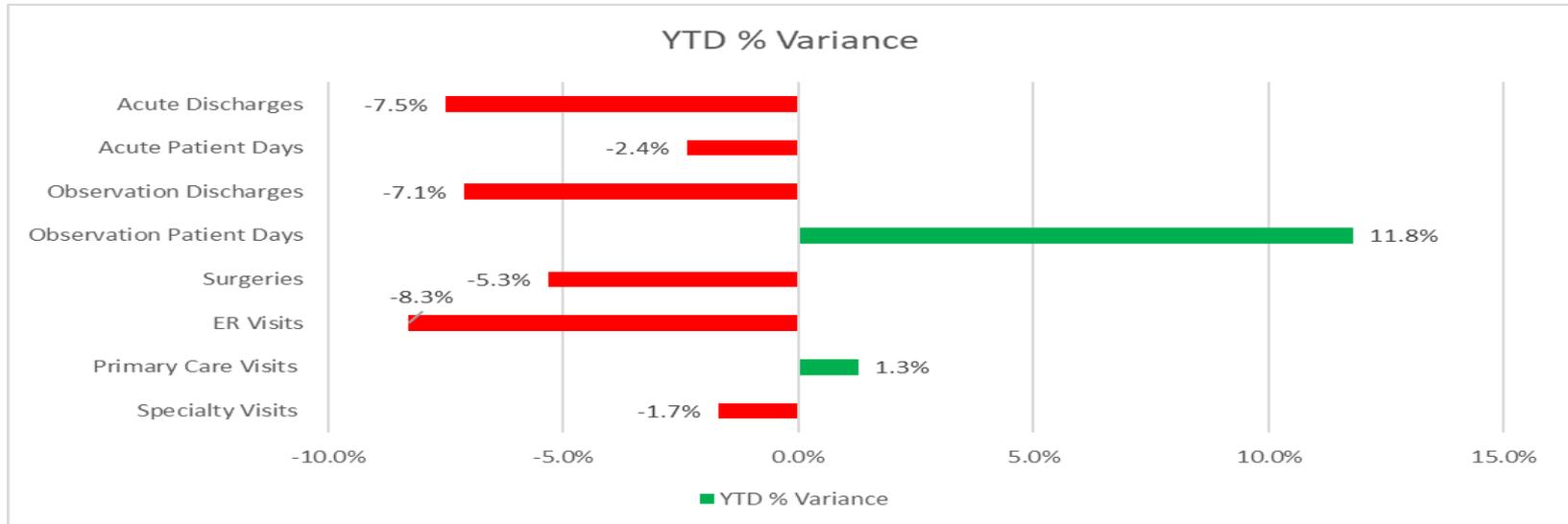
**UNM Hospital
Average Daily Census
Through March 2019**



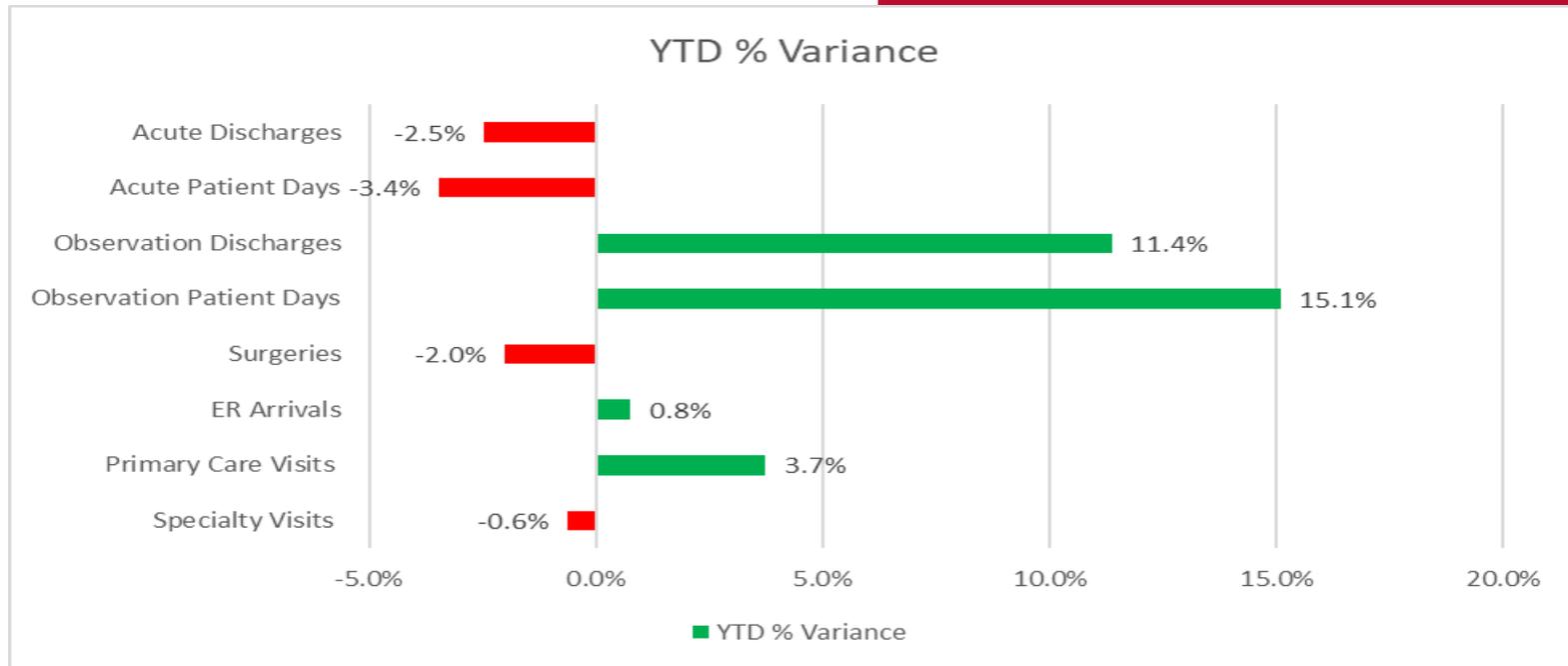
UNM Hospital Surgical Cases Through March 2019



**UNM Hospital
YTD Stats Variance to Budget
Through March 2019**



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	2,157	2,176	(19)	-0.9%	17,128	18,517	(1,389)	-7.5%
Acute Patient Days	14,003	12,684	1,319	10.4%	111,425	114,125	(2,700)	-2.4%
Observation Discharges	848	1,025	(177)	-17.2%	8,566	9,222	(656)	-7.1%
Observation Patient Days	932	1,095	(162)	-14.8%	11,014	9,851	1,163	11.8%
Surgeries	1,683	1,744	(61)	-3.5%	14,859	15,695	(836)	-5.3%
ER Visits	7,793	7,005	788	11.2%	57,819	63,043	(5,224)	-8.3%
Primary Care Visits	14,496	14,942	(446)	-3.0%	136,186	134,469	1,717	1.3%
Specialty Visits	31,793	31,132	661	2.1%	275,382	280,174	(4,792)	-1.7%



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

UNM Hospitals	Action OI Benchmark	Mar-19	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		6.49	6.51	6.16	-5.55%	6.57	-1.01%
Case Mix Index		1.91	1.96	1.93	1.53%	1.94	1.04%
CMI Adjusted Patient Days *	52,561	55,498	477,254	460,829	3.56%	464,879	2.66%
Net Core Patient Revenues (\$ in thousands)		\$ 78,651	\$ 672,323	\$ 647,707	3.80%	\$632,511	6.29%
Total Operating Expenses** (\$ in thousands)		\$ 96,117	\$ 827,782	\$ 798,539	-5.22%	\$786,098	-5.30%
Total Operating Expenses*** (\$ in thousands)		\$ 93,386	\$ 818,620	\$ 798,530	-4.14%	\$785,578	-4.21%
Net Operating Income (\$ in thousands)		\$ (6,340)	\$ (67,600)	\$ (76,882)	12.07%	\$ (71,274)	5.16%
Net Income (\$ in thousands)		\$ 3,227	\$ 13,117	\$ 2		\$ 4,336	
Net Core Revenue/CMI Adj Patient Day		\$ 1,417	\$ 1,409	\$ 1,406	0.23%	\$ 1,361	3.54%
Cost**/CMI Adj Patient Day	\$ 1,794	\$ 1,732	\$ 1,734	\$ 1,733	-0.09%	\$ 1,691	-2.57%
Cost***/CMI Adj Patient Day	\$ 1,794	\$ 1,683	\$ 1,715	\$ 1,733	1.01%	\$ 1,690	-1.50%
FTEs		6,396	6,420	6,484	1.00%	6,332	-1.38%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2018 the 50th percentile is 157,684. The metric above divided by three months for comparative purposes.

** Operating expenses exclude 340B Contract Expense

*** Operating expenses exclude 340B Contract Expense & HS Exec Initiatives

**UNM Hospital
Budget to Actual Variance
(in thousands)
Through March 2019**

