

BOARD OF TRUSTEES - OPEN SESSION AGENDA

February 23, 2024 @ 9:30 AM

Join Zoom Meeting https://hsc-unm.zoom.us/i/99446166537 Meeting ID: 994 4616 6537 / Passcode: 333268 +1-253-215-8782, 99446166537# *333268# US (Tacoma) or +1-346-248-7799, 99446166537# *333268# US (Houston)

- I. CALL TO ORDER Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees
- II. ANNOUNCEMENTS Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees (Informational 5 Minutes)
- III. ADOPTION OF AGENDA Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees (Approval/Action 2 Minutes)
- IV. PUBLIC INPUT (Informational)
- V. APPROVAL OF THE MINUTES Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees
 - January 26, 2024 UNM Hospital Board of Trustees Meeting Minutes (Approval/Action 2 Minutes)
- VI. MISSION MOMENT Mrs. Kate Becker to introduce Mrs. Maribeth Thornton, Associate Chief Nursing Officer, UNM Women's and Children's Hospital (Informational 15 Minutes)
- VII. FINANCIAL UPDATE Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (Informational 15 Minutes)
- VIII. ITEMS FOR APPROVAL

Recommend for Approval by UNM Hospital Board of Trustees moving forward to HSC Committee and UNM Board of Regents Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (Approval/Action – 30 minutes)

- Children's Psychiatric Center Campus Upgrades (\$55,000,000)
- SRMC TriCore Laboratory Renovation (nte \$527,781)
- IX. ADMINISTRATIVE REPORTS (Informational 20 Minutes)
 - Executive Vice President Update Dr. Richards for Dr. Doug Ziedonis
 - HSC Committee Update Dr. Mike Richards
 - UNMH CEO Report Mrs. Kate Becker
 - UNMH CMO Report Dr. Steve McLaughlin
 - Chief of Staff Update Dr. Alisha Parada
- X. UNM HOSPITAL BOT COMMITTEE REPORTS (Informational 10 Minutes)
 - Finance Committee Mr. Del Archuleta
 - Audit & Compliance Committee Mrs. Monica Zamora
 - Quality and Safety Committee Mr. Trey Hammond
 - Native American Services Committee Dr. Ken Lucero
- XI. CLOSED SESSION: Roll Call Vote to close the meeting and to proceed in Closed Session Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees (Approval/Action Roll Call Vote)
 - a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions
- XII. Certification that only those matters described in Agenda Item XI were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session Dr. Tamra Mason, Chair, UNM Hospital Board of Trustee (Approval/Action)
- XIII. Adjourn Meeting Dr. Tamra Mason, Chair, UNM Hospital Board of Trustee (Approval/Action)

Call To Order

Announcements

Adoption of Agenda

Public Input

UNMH Board of Trustees Meeting Minutes 01 26 2024



Agenda Item	Subject/Discussion	Action/Responsible Person
UNM Hospital Board of Trustee Voting Members Present	Dr. Tamra Mason , Mrs. Monica Zamora, Mr. Trey Hammond, Mr. Kurt Riley, Mr. Del Archuleta, Mr. Henry Monroy, and Dr. Anjali Taneja	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Michael Richards, President Garnett Stokes, and Dr. Alisha Parada	
Staff Members Present	Dr. Michael Chicarelli, Dr. Rohini McKee, Dr. Sara Frasch, Mrs. Dawn Harrington, Dr. Dusadee Sarangarm, Dr. Steve McLaughlin, Mr. Aaron Williams, Mr. Fabian Armijo, Mrs. Milly Ledwith, Mrs. Patti Kelley, Mr. Robby Tolendano, Mrs. Eileen Sanchez, Mr. Doug Brooks, Mrs. Jamie Silva-Steele, Mr. Rodney McNease, Mrs. Jennifer James, Ms. Emily Luke, Mr. Ryan Randall, Mr. Alex Walker, Mr. Phil Pelleriti, Dean Patricia Finn, Mrs. Shelly Villareale, and Ms. Fontaine Whitney	
Union Personnel not Public Input Representatives	Ms. Christine Schroeder, Mr. Jared Vanderpool, Ms. Debi Saylor, Ms. Dianne Harris, Ms. Suzanne Bell, Erik,	
County Officials Present	Mrs. Julie Morgas-Baca	
I. Call to Order	A quorum established, Dr. Tamra Mason, Chair, called the meeting to order at 9:33 AM.	
II. Announcements	N/A	
III. Adoption of Agenda	Dr. Tamra Mason, Chair, asked for any revisions to the Agenda. Mrs. Kate Becker, CEO, UNM Hospital, stated that Mrs. Bonnie White, CFO, would not be present today, and stated she would be presenting in her absence. Chair Mason requested a motion to adopt the Agenda with Mrs. Becker's amendment.	Ms. Monica Zamora made a motion to adopt the agenda with Mrs. Becker's amendment. Mr. Henry Monroy seconded the motion. Motion passed with one change as noted.
IV. Public Input	Ms. Maria Burke attended the meeting and provided public input.	
V. Approval of Minutes	Dr. Tamra Mason, Chair, asked for any revisions to November 17, 2023 UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Chair Mason requested a motion to approve the November 17, 2023 UNM Hospital Board of Trustees Meeting Minutes as written.	Mr. Del Archuleta made a motion to approve the November 17, 2023 UNM Hospital Board of Trustees Meeting Minutes as written. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.
VI. Mission Moment	Mrs. Kate Becker, CEO, UNM Hospital, said today we have a two part Mission Moment, which represents some of UNM Hospital's initiatives in the community and our employment pipeline (presentations in BoardBook). Mrs. Becker introduced Mrs. Milly Ledwith, Director, Community Engagement, and Mr. Alex Walker, Project Coordinator, HR Talent Acquisition.	
	Mrs. Ledwith presented Go Girl, Empowerment Summit, which UNM Hospital started in September 2023 to promote positive change, investment in the future, to inspire, encourage, and empower young girls of color to	



	achieve their full potential, and to be seen, heard, and supported. This year more than 325 middle school students attended (14 middle schools, 40+ counselors and more than 80 volunteers). Mr. Walker gave an overview of The Nene & Jamie Koch Project SEARCH Training Program at UNM Hospital, which is a partnership between UNMH, UNM Center for Development & Disability, Albuquerque Public Schools, Best Buddies, NM Department of Vocational Rehab, and NM Department of Health for 18–22-year-olds which began in 2013 with over 50 students graduating from the program. Mr. Walker also gave an overview of Future Focused Education NeXt and X3 NeXt Internship Programs, which is paid healthcare internships through partnership between UNM Hospital and Future Focused Education and provides tangible pathways and meaningful, career-oriented work. Meeting participants expressed compliments and words of appreciation.	
VII.SRMC Advisory Board Bylaws	Mrs. Kate Becker, CEO, UNM Hospital, stated January 1 st was the day UNM Hospital integrated SRMC under the UNM Hospital's license. Therefore the UNM Hospital Board of Trustees is now the Board for the entire entity (write-up in BoardBook). Prior to January 1 st , SRMC a non-profit corporation, they had their own Board of Directors and with this transition that Board sunsets. Today, we are proposing an approval for an Advisory Board for SRMC that would be similar to the Advisory Board for Carrie Tingley Hospital. Mrs. Becker stated that Mrs. Jamie Silva-Steele has done an amazing job working with the SRMC Board of Directors through the process. Chair Mason was able to attend several of the transition meetings/conversations.	Mr. Del Archuleta made a motion to approve the SRMC Board of Advisors Bylaws as presented. Mr. Henry Monroy seconded the motion. The motion was approved unanimously.
	Mrs. Silva-Steele stated a consultant was hired to work with the SRMC Board of Directors discussing changing from a fiduciary body to an advisory body and on the process of transitioning. Mrs. Silva-Steele reviewed the proposed Bylaws for the SRMC Board of Advisors. UNM Hospital Board of Trustee Membership would remain at nine (9) voting members.	
	After discussion, Dr. Tamra Mason, Chair, requested a motion to approve SRMC Board of Advisors Bylaws as presented by Mrs. Kate Becker and Mrs. Silva-Steele.	
VIII. Financial Update	Mrs. Kate Becker, CEO, UNM Hospital, presented the Financial Update through December 2023 (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the financials in detail at their meeting earlier in the week. Highlights included the below:	
	 Adult Capacity Pediatric Capacity 	
	 Average Daily Census Clinic Visits per Business Day 	
	Inpatient and Outpatient Surgical Cases per Business Day	
	 ER Arrivals YTD Stats Variance to Budget 	
	YTD Stats Variance to Prior YTD	
	 CMI and ALOS CMI and ALOS Monthly Trends 	
	Financial Results	
	Executive Summary	
IX. Items for Approval	Mrs. Kate Becker, CEO, UNM Hospital, presented the below request for review and approval to move forward to the HSC Committee and UNM Board of Regents for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair requested a motion to approve this item to move forward to HSC	Mr. Del Archuleta made a motion to approve the Children's Psychiatric Center – Administration HVAC Upgrade



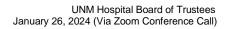
UNMH BOT Finance Committee Meeting and they recommend approval. Children's Psychiatric Center – Administration HVAC Upgrade (nte \$1,700,000) Mrs. Kate Backer, CEO, UNM Hospital, presented the below request for review and approval to move forward to the HSC Committee and UNM Board of Regents for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair requested a motion to approve this term. Mr. Del Archuleta made a motion to approve this term. Mr. Del Archuleta made a motion to approve this term. Mr. Del Archuleta stated this manual to the HSC Committee and UNM Board of Regents for review and approval. Dr. Michael Chicarelli, COO, UNM Hospital, presented the below request for review and approval to move forward to the HSC Committee and UNM Board of Regents for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair requested and a motion to approve whise time. Mr. Del Archuleta stated this is ferm was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval. Wrs. Kate Bocker, CEO, UNM Hospital, presented the below request for review and approval to move forward to the HSC Committee and UNM Board of Regents for approval. Wrs. Kate Bocker, CEO, UNM Hospital, presented the below request for review and approval to move forward to the HSC Committee and UNM Board of Regents for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair requested a motion to approve this term. Mr. Del Archuleta stated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval. Wrs. Kate Becker, CEO, UNM Hospital, presented the below request for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair requested a motion to approve this term. Mr. Del Archuleta made a motion to approve the UNM Min objections. Wrs. Categories and UNM Board of Regents for review and approval (write-up in BoardBook). After discussion, Dr. Tamra Mason, Chair req			
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	X. Administrative Reports		
(report in Open Session BoardBook).		Dr. Michael Richards, Senior Vice President for Clinical Affairs, UNM, presented the HSC Committee Update (report in Open Session BoardBook).	



Mrs. Kate Becker presented the UNM Hospital CEO Update (report in Open Session BoardBook).	
Dr. Steve McLaughlin presented the UNM Hospital CMO update (report in Open Session BoardBook).	
Dr. Alisha Parada presented the Chief of Staff Update.	
Mr. Del Archuleta gave a brief summary of the UNMH BOT Finance Committee Meeting.	
Mrs. Monica Zamora gave a brief summary of the UNMH BOT Audit & Compliance Committee Meeting.	
Mr. Trey Hammond gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting.	
The UNMH BOT Native American Services Committee Meeting did not meet this month – no report.	
At 11:09 AM Dr. Tamra Mason, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	Mr. Henry Monroy made a motion to close the Open Session and move to the Closed Session. Mr. Del Archuleta seconded the motion. Per Roll Call, the motion passed.
	Roll Call: Dr. Tamra Mason – yes Mrs. Monica Zamora – yes Mr. Trey Hammond – yes Mr. Kurt Riley – yes Mr. Del Archuleta – yes Mr. Henry Monroy – yes Dr. Anjali Taneja – yes Dr. Nathan Boyd – not present Dr. Ken Lucero – not present
Mr. Del Archuleta, Chair, Friends of UNMH PAC, gave an update discussing the importance of the upcoming Mil Levy.	
Mr. Ryan Randall, Executive Director, HR Labor Relations, UNM Hospital, gave an update of the UNMH FY24 Union Negotiations.	
Dr. Rohini McKee, Chief Quality and Safety Officer, UNM Hospital, gave a Quality update.	
Mrs. Kate Becker, Chief Executive Officer, UNM Hospital, gave a Legislature update.	
Dr. Michael Chicarelli, Chief Operating Officer, UNM Hospital, gave a Critical Care Tower update.	
Dr. Tamra Mason, Chair, stated that the Clinical Privileges and Credentialing were acknowledged as approved from the UNMH BOT Quality and Safety Committee Meetings of December 22, 2023 and January 19, 2024 as identified in the Closed Session.	
Dr. Tamra Mason, Chair, stated that the below items were acknowledged as approved from the UNMH BOT Quality and Safety Committee Meeting of January 19, 2024 as identified in the Closed Session. Medical Staff Peer Review	
	Dr. Alisha Parada presented the Chief of Staff Update. Mr. Del Archuleta gave a brief summary of the UNMH BOT Finance Committee Meeting. Mrs. Monica Zamora gave a brief summary of the UNMH BOT Audit & Compliance Committee Meeting. Mr. Trey Hammond gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting. The UNMH BOT Native American Services Committee Meeting did not meet this month – no report. At 11:09 AM Dr. Tamra Mason, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session. Mr. Ryan Randall, Executive Director, HR Labor Relations, UNM Hospital, gave an update of the UNMH FY24 Union Negotiations. Dr. Rohini McKee, Chief Quality and Safety Officer, UNM Hospital, gave a Quality update. Mrs. Kate Becker, Chief Executive Officer, UNM Hospital, gave a Legislature update. Dr. Michael Chicarelli, Chief Operating Officer, UNM Hospital, gave a Critical Care Tower update. Dr. Tamra Mason, Chair, stated that the Clinical Privileges and Credentialing were acknowledged as approved from the UNMH BOT Quality and Safety Committee Meetings of December 22, 2023 and January 19, 2024 as identified in the Closed Session.



	 Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) for Cause Policy for Current Practitioners Validation of Behavioral Rule Indicator Occurrences Telemedicine Credentialing by Proxy for Contractual Practitioners Providing Clinical Services to UNMH Patients – Inbound Telemedicine Credentialing by Proxy for UNMH Credentialing/Privileged Practitioners Providing Clinical Services to Other Facilities – Outbound UNMH Medical Staff Professional Practice Committee (PPC) Charter Dr. Tamra Mason, Chair, stated that the Meeting Minutes as identified below were acknowledged as received. Medical Executive Committee (MEC) November 15th and December 20, 2023 Meeting Minutes UNMH BOT Quality and Safety Committee October 20th and November 16, 2023 Meeting Minutes UNMH BOT Audit & Compliance Committee November 14, 2023 Special Meeting Minutes NMH BOT Finance Committee November 15, 2023 Meeting Minutes 	
Vote to Re-Open Meeting	At 12:53 PM Dr. Tamra Mason, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	Mr. Henry Monroy made a motion to close the Closed Session and return to the Open Session. Mr. Trey Hammond seconded the motion. Per Roll Call, the motion passed. Roll Call: Dr. Tamra Mason – yes Mrs. Monica Zamora – yes Mr. Trey Hammond – yes Mr. Kurt Riley – yes Mr. Del Archuleta – yes Mr. Henry Monroy – yes Dr. Anjali Taneja – yes Dr. Nathan Boyd – not present Dr. Ken Lucero – not present
XIII. Certification	After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.	Mr. Trey Hammond made a motion to approve the Certification. Mr. Henry Monroy seconded the motion. The motion passed with no objections.
XIV. Adjournment	The next scheduled Board of Trustees Meeting will take place Friday, February23, 2023 at 9:30 AM, via Zoom Conference Call. There being no further business, Dr. Tamra Mason, Chair, requested a motion to adjourn the meeting.	M. Kurt Riley made a motion to adjourn the meeting. Mr. Trey Hammond seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:54 PM.





Mr. Trey Hammond, Secretary UNM Hospital Board of Trustees

Separator Page

Mission Moment 02.23.24 MThornton



Mission Moment: UNMH Board of Trustees

FEBRUARY 23, 2024







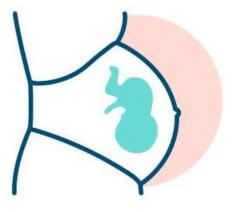
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Financial Update

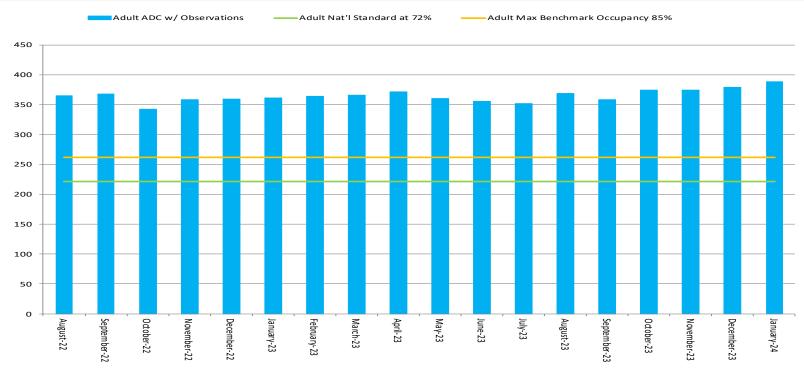
PD 7 BOT Finance Presentation January 2024

UNM Hospital

Financial Update
Through January 2024

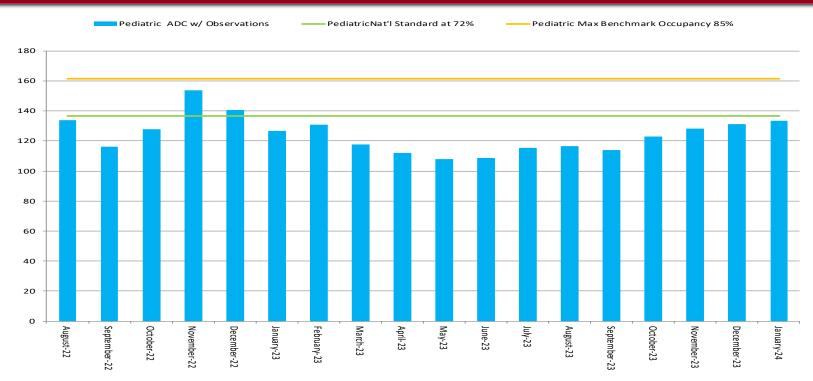


UNM Hospital, Lomas Campus Adult Capacity Through January 2024



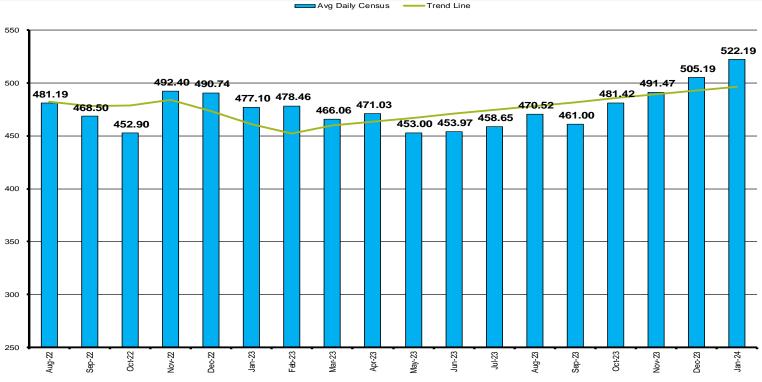


UNM Hospital, Lomas Campus Pediatric Capacity Through January 2024





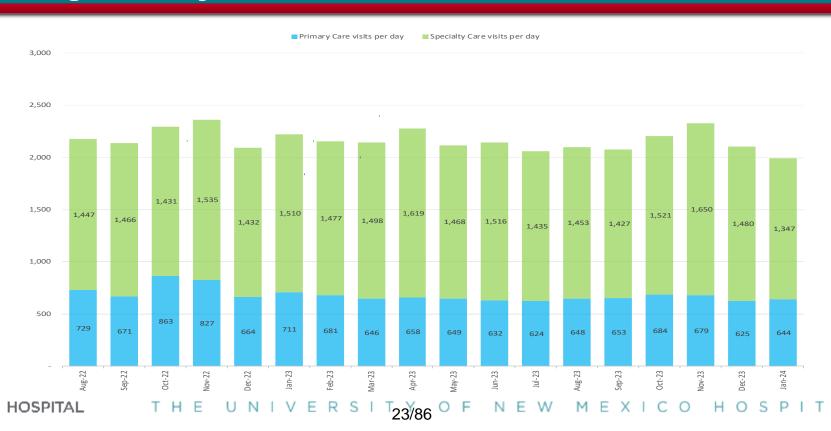
UNM Hospital, Lomas Campus Average Daily Census Through January 2024



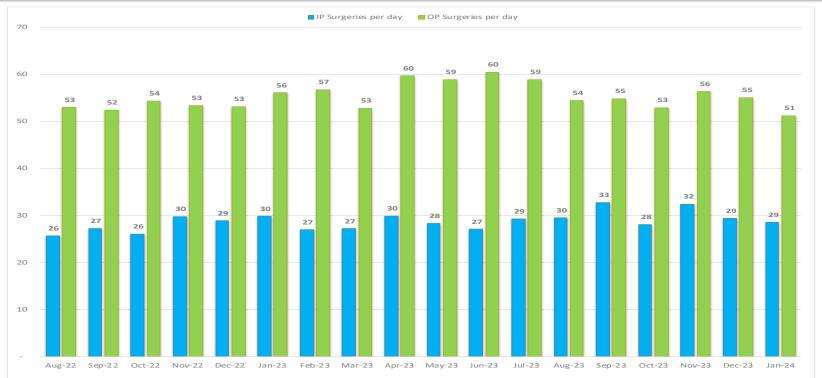


THE UNIVERSITATION OF NEW MEXICO HOSPITA

UNM Hospital, Lomas Campus Clinic Visits per Business Day Through January 2024

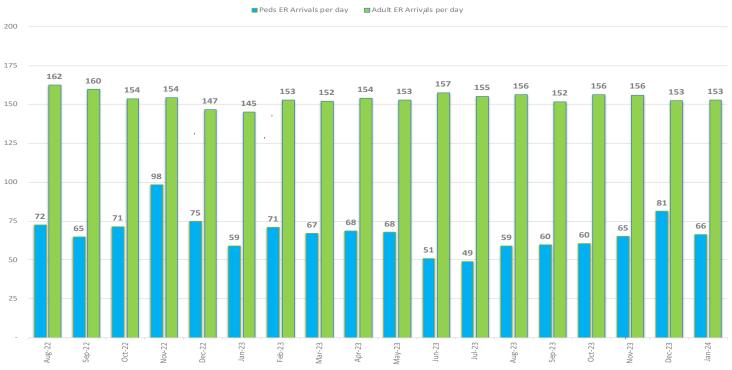


UNM Hospital, Lomas Campus Inpatient & Outpatient Surgical Cases per Business Day Through January 2024



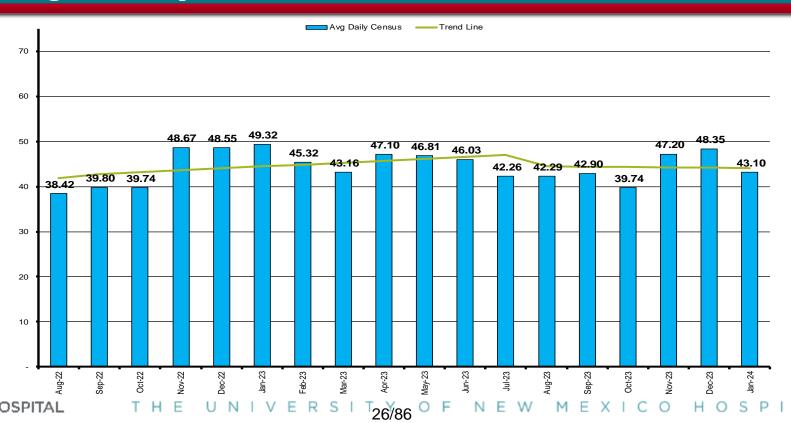


UNM Hospital, Lomas Campus ER Arrivals per Calendar Day Through January 2024

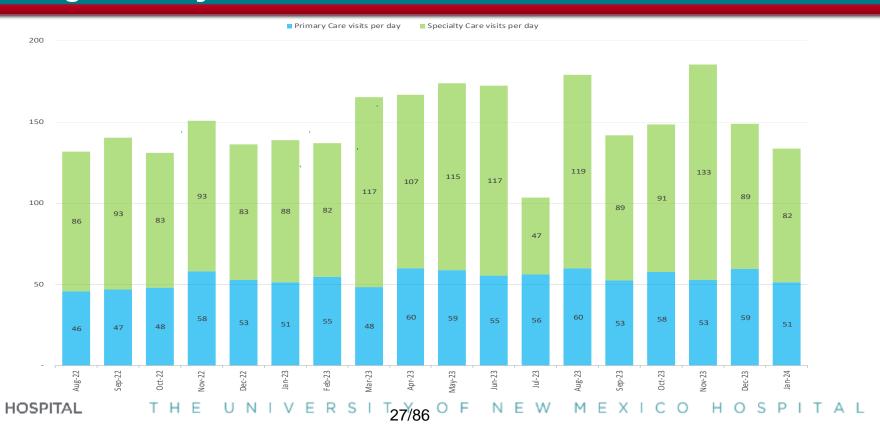




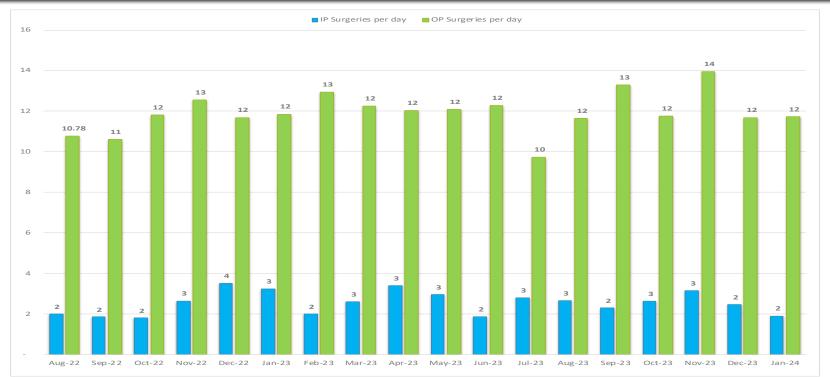
UNM Hospital, Sandoval Campus Average Daily Census Through January 2024



UNM Hospital, Sandoval Campus Clinic Visits per Business Day Through January 2024

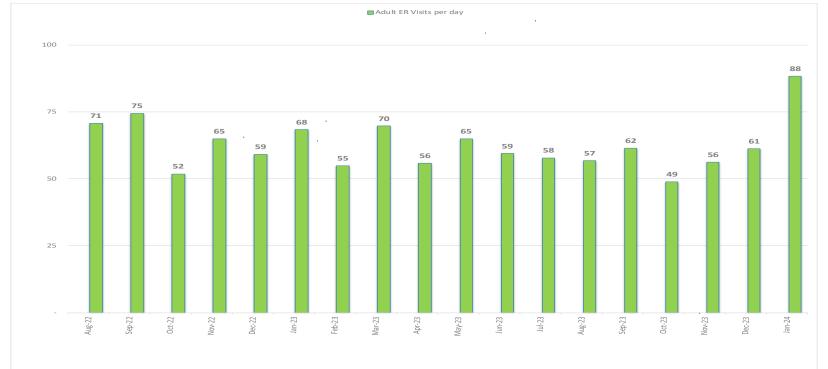


UNM Hospital, Sandoval Campus Inpatient & Outpatient Surgical Cases per Business Day Through January 2024





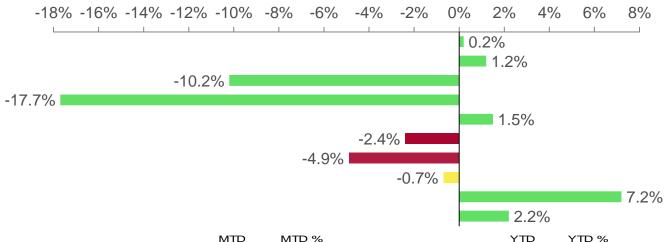
UNM Hospital, Sandoval Campus ER Visits per Calendar Day (excl LWBS) Through January 2024





UNM Hospital, Lomas Campus YTD Stats Variance to Budget Through January 2024

Acute Discharges
Acute Patient Days
Observation Discharges
Observation Patient Days
Surgeries
ER Arrivals
Primary Care Visits
Specialty Visits
Behavioral Health - Clinic Visits
Behavioral Health - Patient Days

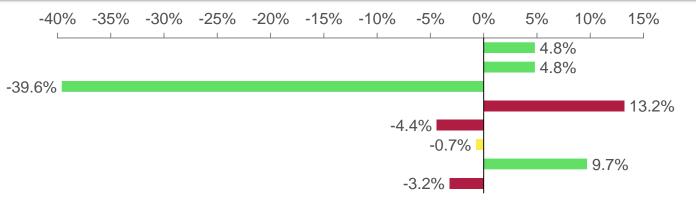


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	MTD Actual	MTD Budget	Variance	Variance	YTD Actual	YTD Budget	Variance	Variance
Acute Discharges	2,284	2,099	185	8.8%	14,585	14,556	29	0.2%
Acute Patient Days	16,188	14,843	1,345	9.1%	104,151	102,941	1,210	1.2%
Observation Discharges	603	775	(172)	-22.1%	4,869	5,422	(553)	-10.2%
Observation Patient Days	703	1,068	(365)	-34.2%	6,096	7,404	(1,308)	-17.7%
Surgeries	1,756	1,822	(66)	-3.6%	12,267	12,090	177	1.5%
ER Arrivals	6,793	6,904	(111)	-1.6%	46,734	47,881	(1,147)	-2.4%
Primary Care Visits	14,176	15,066	(890)	-5.9%	95,109	99,982	(4,873)	-4.9%
Specialty Visits	29,632	32,594	(2,962)	-9.1%	214,856	216,308	(1,452)	-0.7%
Behavioral Health - Clinic Visits	21,373	20,329	1,044	5.1%	144,941	135,183	9,758	7.2%
Behavioral Health - Patient Days	1,828	1,740	88	5.1%	12,160	11,895	265	2.2%



UNM Hospital, Sandoval Campus YTD Stats Variance to Budget Through January 2024

Acute Discharges
Acute Patient Days
Observation Discharges
Observation Patient Days
Surgeries
ER Visits (incl LWBS)
Primary Care Visits
Specialty Visits



			MTD	MTD %			YTD	YTD %
	MTD Actual	MTD Budget	Variance	Variance	YTD Actual	YTD Budget	Variance	Variance
Acute Discharges	272	273	(1)	-0.4%	1,986	1,895	91	4.8%
Acute Patient Days	1,336	1,292	44	3.4%	9,391	8,960	431	4.8%
Observation Discharges	203	182	21	11.5%	770	1,274	(504)	-39.6%
Observation Patient Days	80	303	(224)	-73.7%	2,382	2,104	279	13.2%
Surgeries	300	334	(34)	-10.2%	2,120	2,218	(98)	-4.4%
ER Visits (incl LWBS)	2,939	2,048	891	43.5%	14,108	14,207	(99)	-0.7%
Primary Care Visits	1,127	1,118	9	0.8%	8,140	7,421	719	9.7%
Specialty Visits	3,683	4,374	(691)	-15.8%	28,105	29,024	(919)	-3.2%



UNM Hospital Financial Results Through January 2024

In Thousands	FY23 Avg	11/30/2023	12/31/2023	1/31/2024	YTD Actual	YTD Bud	Prior YTD	Actual to Budget	Actual to PYTD
Operating Revenues									
Total Core Patient Revenue	86,065	98,076	94,995	105,920	679,805	672,931	652,585	6,875	27,220
Total Non Core Patient Revenue	22,834	30,104	18,113	52,234	172,583	140,492	146,101	32,091	26,482
Total Contract Retail Pharmacy	2,469	1,769	1,699	2,856	15,730	24,049	16,908	(8,320)	(1,178)
Total Other Operating Revenue	940	2,283	2,769	3,016	18,584	7,126	7,191	11,457	11,393
Total Operating Revenues	112,308	132,232	117,577	164,026	886,702	844,599	822,785	42,103	63,917
Operating Expenses									
Total Employee Comp & Benefits	61,991	65,817	76,486	73,614	478,607	439,288	485,488	39,319	(6,881)
Total Medical Services	21,662	22,325	23,764	44,080	186,596	170,012	150,840	16,584	35,756
Total Medical Supplies	20,064	23,023	22,995	25,619	166,454	150,656	149,725	15,797	16,729
Total Depreciation	2,911	3,356	3,293	3,592	23,716	24,281	22,987	(565)	729
Total Equipment	4,573	5,708	5,263	4,811	35,969	34,872	34,570	1,097	1,399
Total Contract Retail Pharmacy Expenses	1,731	1,657	593	1,574	10,789	11,623	11,075	(834)	(286)
Total Purchased Services	5,717	7,510	8,301	8,667	54,948	47,404	42,633	7,544	12,314
Total Occupancy	1,960	2,697	2,366	2,422	16,996	15,188	12,940	1,807	4,055
Total Gross Receipts Tax	2,200	2,645	2,321	2,725	16,920	16,380	15,847	539	1,073
Total Other	2,768	2,555	3,205	3,506	21,396	20,963	20,287	433	1,110
Total Operating Expenses	125,576	137,292	148,588	170,609	1,012,390	930,669	946,392	81,722	65,998
Total OPERATING (LOSS) GAIN	(13,268)	(5,061)	(31,011)	(6,583)	(125,688)	(86,070)	(123,607)	(39,619)	(2,081)
Non Operating Revenue and Expense									
Total Bernalillo County Mill L	10,054	10,726	12,236	10,739	76,601	76,043	72,608	558	3,992
Total Appropriations	1,394	1,742	1,905	1,830	12,625	11,801	9,530	824	3,095
FEMA Funding	542	-	48,440	-	48,440	-	6,503	48,440	41,936
Total Nonoperating Rev/Exp (net)	317	1,401	26	(1,875)	106	45	1,857	61	(1,750)
Total Net Nonoperating Revenue	12,307	13,870	62,606	10,694	137,772	87,889	90,498	49,882	47,274
Total Net Assets for Operations	(961)	8,810	31,595	4,111	12,083	1,820	(33,109)	10,264	45,192
Op Exp less 340B	123,845	135,636	147,995	169,036	1,001,601	919,046	935,317	82,555	66,284
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UNM Hospital Executive Summary Financials Through January 2024

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UNM Hospitals	Benchmark	Jan-24	YTD	ΥI	D Budget	% Budget YTD	F	Prior YTD	% Growth
Lomas Campus ALOS		7.09	7.14		7.07	-0.97%		7.12	-0.29%
Sandoval Campus ALOS		4.91	4.73		4.73	0.00%		4.73	-0.03%
Lomas Campus Case Mix Index		2.12	2.13		2.10	1.09%		2.07	2.71%
Sandoval Campus Case Mix Index		1.49	1.56		1.61	-3.26%		1.60	-2.92%
CMI Adjusted Patient Days *	68,183	79,351	535,701		517,638	3.49%		503,640	6.37%
Net Core Patient Revenues (\$inthousands)		\$ 105,920	\$ 679,805	\$	672,931	1.02%	\$	652,585	4.17%
Total Operating Expenses** (\$inthousands)		\$ 169,036	\$ 1,001,601	\$	919,046	-8.98%	\$	935,317	-7.09%
Net Operating Income (\$in thousands)		\$ (6,583)	\$ (125,688)	\$	(86,070)	-46.03%	\$	(123,607)	-1.68%
Net Income (\$ in thousands)		\$ 4,111	\$ 12,083	\$	1,820		\$	(33,109)	
Net Core Revenue/CMI Adj Patient Day		\$ 1,335	\$ 1,269	\$	1,300	-2.38%	\$	1,296	-2.06%
Cost**/CMI Adj Patient Day	\$ 2,015	\$ 2,130	\$ 1,870	\$	1,775	-5.31%	\$	1,857	-0.68%
FTEs		7,747	7,614		7,988	4.68%		7,529	-1.12%

^{*} 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 calculated using Lomas Campus. 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 July - September 2023 the 50th percentile is 204,550. The metric above divided by three months for comparative purposes.

^{**} Operating expenses exclude Contract Retail Pharmacy Expense



Items for Approval

Childrens Psychiatric Center Campus Upgrades



CAPITAL PROJECT APPROVAL

PROJECT NAME: CHILDREN'S PSYCHIATRIC CENTER CAMPUS UPGRADES

DATE: February 2024

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 **Children's Psychiatric Center Campus Upgrades**. For the project described below, UNM Hospital requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

The scope of work includes the design and construction of a new single-story, 32,500 gsf, 36-bed Children's Inpatient Facility. The building will be configured into (2) 16-bed standard patient units, organized by age group, with (1) 4-bed High Acuity Unit. Extensive, patient centered spaces will be woven into the interior configuration, including day rooms, activity rooms, quiet spaces, and a large multi-purpose/dining area with servery, and secured exterior recreational areas to enhance the medical environment beyond the typical institutional feel. Required regulatory areas for patients and staff support services will be provided for each unit. The design is inclusive of all requirements to provide a fully functional and operational Children's Psychiatric Center for its intended use that meets the current code requirements.

To support the new building construction, the (4) existing inpatient facilities will be demolished completely, including associated hazardous materials abatement. Other campus upgrades for compliance with current fire codes and regulations are included. The campus will also now comply with current EPA regulations for stormwater control and retention as part of the design.

RATIONALE:

The majority of the existing buildings within the Children's Psychiatric Center were built in 1977 and are 48 years old and are beyond their useful life, specifically the buildings utilized for inpatient care. The existing campus conditions are antiquated, challenged with inefficient interior building layouts and impractical building adjacencies, pose safety/security concerns, and require additional staffing resources due to fragmented building layouts. The campus no longer provides an environment conducive to contemporary medical care practices and behavioral health patient safety considerations.



To help inform the project goals, a building assessment, feasibility study, and campus development plan were completed for the project to facilitate a fiscally responsible and operationally feasible recommendation for extents of new construction and campus improvements. Based on these early design evaluations and given the available funding, this phase of campus development will focus on the replacement of all inpatient function buildings with a new state-of-the-art pediatric psychiatric facility. The new facility will meet all current regulatory standards and follow industry recommendations for trauma-informed designed spaces to encourage and enhance patient and staff well-being. The design will prioritize patient experience, staff and operational efficiencies, and future development.

PURCHASING PROCESS:

Professional Design Services- UNMH Request for Proposals Construction Services- UNMH Request for Proposals

FUNDING:

SB212 Funding: \$ 3,960,000.00 Allocated for Design Phase and Early Work Activities

GO HB153 Funding: \$ 36,000,000.00 Allocated for Construction Phase Activities UNMH Funding: \$ 15,040,000.00 Allocated for Construction Phase Activities

Total Project Funding: \$ 55,000,000.00

SRMC TriCore Laboratory Renovation



CAPITAL PROJECT APPROVAL

PROJECT NAME: SRMC TriCore Laboratory Renovation

DATE: February 2024

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **the UNMH SRMC Campus TriCore Lab Renovation**. For the project described below, UNMH SRMC Campus 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:

Replacement of two (2) chemistry analyzers on the 3rd floor TriCore Laboratory and accommodating a future hematology analyzer. TriCore Laboratory will purchase the chemistry analyzers outside of this project request. Space renovations to accommodate the new analyzers is as follows; existing equipment will need to be relocated, the addition of a new HVAC fan coil unit, revising the existing ductwork, adding new ductwork, adding water lines while relocating other water lines, installation of new floor sinks and drains, and adding additional electrical services while replacing the existing electrical transformer to accommodate emergency backup power.

RATIONALE:

The existing chemistry analyzers are at the end of life and outdated. The replacement equipment will align the laboratory with current practices. Upgrades to the space are necessary to accommodate the additional heat generated by the new analyzers. Water, wastewater, and electrical modifications are also necessary to accommodate the new and relocated equipment. The power supply to the laboratory will be upgraded to accommodate the larger electrical loads and provide emergency power capabilities needed to ensure continuity of care.

PURCHASING PROCESS:

Construction services procurement will utilize UNMH's Vizient Job Order Contract.

FUNDING:

The total project budget is not to exceed \$527,781 from the UNM SRMC Hospital Capital Improvement Fund.

Administrative Reports

UNMH Board of Trustees Report 2.23.24DZ FINAL Ziedonis

Douglas Ziedonis, MD, MPH Executive Vice President, Health Sciences CEO, UNM Health System UNM Hospital Board of Trustees Report February 23, 2024

Good morning, UNM Hospital Board of Trustees members and CEO Becker. Thank you for your ongoing leadership, support and feedback.

I will be on vacation Friday when the UNM Hospital Board of Trustees meets and wish you a wonderful meeting. A big thanks to Dr. Mike Richards who will provide you all with a few updates from my more detailed written report which is provided in the meeting's e-book.

Government Relations Matters

Since our last UNMH BOT meeting, we have had a very fast 30-day Legislative Session with the final version of the legislature's budget being passed on to the Governor for review and finalizing any vetoes. This was a great opportunity for us all to engage with our legislators and the Executive Office. There was great energy among our elected officials and I'm thankful for their commitment to citizen service, which requires many sacrifices in order to do important work on behalf of the people of New Mexico.

UNM Day on January 29th, was a great success. It was wonderful to see our academic units and programs from all our mission areas proudly display their passion for UNM and making a difference for all of New Mexico.

By March 6th, we'll know what Gov. Michelle Lujan Grisham signed and vetoed and our teams will be able to assess what impacts bills and funding have on our health care delivery, students, faculty, staff, missions, and programs. We know we came to this session with some big asks, and we know the requests are vital to helping New Mexicans access equitable health care, retain our workforce, grow critical health equity initiatives, which include rural, Hispanic, Native American, and other underrepresented groups.

There were many important bills for our Health System and also programs and projects that intertwine all our missions of clinical, research, teaching, and community engagement. We are grateful for the support we received on many of our requests, and we will immediately begin planning how we achieve what we still need.

The UNM Office of Government and Community Relations tracks progress of all the bills that are filed. <u>If you're interested in tracking an item important to you, this page is a good resource.</u> I look forward to debriefing you once we have final decisions from the governor on a number of health care bills and funding.

UNM Health System Matters

UNM Hospital LEADing to Excellence Leadership Retreat

Thanks to the UNM Health leaders and teams who attended two *LEADing to Excellence* events in January. I had the opportunity to participate and help kick off the leadership retreat and share our vision and commitment to meeting the highest standards of care for those we serve. This was a great opportunity to share about our UNM Health and Health Sciences strategic plans and our focus on quality as our top priority.

The leaders had a great agenda for sharing information and discussion about current issues, best practices and a review of actionable next steps. These were also important moments for UNM Hospital's SRMC and Lomas locations to join together, with SRMC becoming integrated into UNM Hospital. There was great comradery, knowledge sharing and valuable organizational growth.

Thank you to the various presenters at the LTE gatherings who ensured a meaningful and productive agenda, as well as the organizers, including Gianna Joerg, MEd, director of Organizational & Professional Development at UNM Hospital. My appreciation as well to all the leaders and teams who attended, listened and engaged in critical dialogues about patient care and quality improvements.

UNM Health System Recognized by Forbes as One of America's Best Employers

The UNM Health System has been included on a short list of hospitals and health systems as a "best place to work." *Forbes* and Statista surveyed employees in all 50 states plus the District of Columbia in order to compile its list of America's best employers. Working conditions, compensation, diversity and potential for advancement were among the criteria by which employees ranked their work experiences. We appreciate everyone's feedback as we continue to make new efforts to enhance our workforce environment. You can check out the full list of best health care system employers here.

UNM Hospital & Future Focused Education Partner to Engage With New Generation of Health Care Professionals

UNM Hospital recently announced a wonderful partnership with Future Focused Education that will bring in nearly 190 high school and undergraduate interns within the next three years to our facility! UNM Hospital's \$1 million investment into these internships will help meet two important goals. We're adding more staff to assist with patient care and day-to-day operations of the hospital and we are enhancing New Mexico's pipeline of young adults into health care careers. This initiative underscores a joint commitment to "growing our own" – nurturing young talent from the very communities UNM Hospital serves.

The interns will receive school credit and a stipend, which allows them to gain meaningful experience while earning income. You can learn more about the intern program here.

UNM Hospital Critical Care Tower More Than 80% Complete!

We are getting closer to the finish line on New Mexico's largest public construction project! Mike Chicarelli, UNM Hospital's Chief Operations Officer, reported at the UNMH Management Coffee Meeting that the tower is now more than 80 percent complete. Mike likes sharing fascinating aspects of building construction and fun facts. Did you know there is enough wiring in the tower to extend from Albuquerque to the moon?

The nine-level facility will be an incredible place to provide outstanding compassionate care. It will include New Mexico's largest adult emergency department and new operating rooms and additional intensive care beds. Thank you to all the teams who are working so diligently on making this tower available for all New Mexicans.

Thanks also to the UNMH HR teams who have hiring plans in place for the 700 staff positions to ensure we can operationalize the tower to its full capacity. We appreciate everyone's help spreading the word that we are hiring!

Crisis Triage Center Opening Summer 2024!

I'm happy to report to you that progress on the construction of the Behavioral Health Crisis Center is going exceptionally well and we expect to open our doors in early summer. This partnership with Bernalillo County will help so many New Mexicans who need immediate mental health help. Once open, it will be a one-of-kind facility in Albuquerque, open 24 hours a day, 7 days a week, with a psychiatrist always on staff. This new facility will reduce the number of acute behavioral health care encounters that currently happen in emergency departments or correctional facilities, by providing alternatives that our community desperately needs. I'm incredibly grateful to the teams both at UNM Hospital and Bernalillo County for their dedication to improving access to behavioral health care by funding, constructing, and operationalizing this important project.

Right Care 2.0: Length of Stay

Length of Stay (LOS) is a top priority amongst the Right Care 2.0 initiatives for UNM Hospital at both our Lomas and Rio Rancho campuses. LOS is extremely important because it helps improve quality and patient experience. It also helps create access and improves the hospital's finances. Being in the hospital can be helpful for patients but at some point, staying in the hospital for too long may create risks. Our goal is to reduce the average LOS by a full day. Some of the strategies developed to accomplish this include leader engagement, dashboards/toolboxes, consult initiative, strengthening of care management, geographic placement and other smaller projects.

All clinical leaders have an impact on LOS and are focusing on specific projects in their units/clinics. Each leader has a responsibility to integrate LOS into their daily work and socialize efforts throughout their teams. Dashboards and toolboxes have really helped to organize data and allows leaders to put plans into actions based on this data. Projects like the Consult Initiative help increase efficiency of decision making through the consultation process. Care Management has several operational efficiencies efforts throughout the hospital including complex patient guidelines. In January, Care Management started updating and standardizing MDRs and furthering efforts to increase percentage of patients UNM Hospital was able to send home.

This work includes everyone in the organization and needs to be part of the work that every single person in the health system is doing; LOS has an impact on everyone. Focusing on LOS, using the tools/resources available, and thinking outside the box can help us all make improvements that will impact all aspects of the patient journey.

Academic Matters

Rosario Medina Appointed of College of Nursing Dean

For those of you who may not have received the formal announcement, Rosario Medina, PhD, FNP-BC, ACNP, CNS, FAANP, FAAN has accepted the position of dean of the College of Nursing following a national search. She will begin in her new role on June 3, 2024. Dr. Medina brings to UNM more than 43 years of active nursing experience and decades of academic leadership, with strengths in all mission areas. Please go HERE to read more about Dr. Medina and her amazing journey in nursing and leadership.

I would also like thank Carolyn Montoya, PhD, RN, for serving as the interim dean. Dr. Montoya has done an amazing job of leading the college in sustaining faculty, increasing enrollment and creating a financially stable college. Thank you, Dr. Montoya! AND welcome, Dr. Medina!

Welcome new School of Medicine Family and Community Medicine Chair

Let's welcome Jennifer Edgoose, MD, MPH, as the new chair of Family & Community Medicine. Dr. Edgoose comes to us from the University of Wisconsin School of Medicine and Public Health, where she is a professor and the executive vice chair and vice chair of Community Health, Diversity, Equity, and Inclusion in the Department of Family Medicine and Community Health. Dr. Edgoose begins in her new leadership role August 1st. I'd also like to extend a heartfelt thank you to Dr. Felisha Rohan-Minjares, for her exceptional leadership as the department's interim chair.

New School of Medicine Senior Associate Dean for Education

Dean Patricia Finn has also announced that **Teresa A. Vigil-Baca**, MD, professor in the Department of Pediatrics, has been appointed senior associate dean for Education in the School of Medicine. Dr. Vigil-Baca has more than 18 years in educational leadership roles and assumed the role of interim senior associate dean in October 2021. She has served as assistant dean for Medical Student Affairs, director of the UNM Pediatrics Residency Program, and Pediatrics clerkship director. In her many roles she has seen a broad swath of our educational mission, making her well-qualified to assume leadership of this core mission area. Dr. Vigil-Baca is originally from Las Vegas, N.M., and is a true Lobo through and through. She completed her undergraduate studies, medical school and residency at UNM, then stayed on as a faculty member. Dean Finn and I very much value her historical insight and we look forward to her continued leadership advancing the educational missions of the School of Medicine.

Congratulations Dr. Vigil-Baca!

Laura Emily Cotter Named Among Distinguished List of Sojourns Scholars

Congratulations as well to **Laura Emily Cotter**, MD, assistant professor of Palliative Medicine and interim chief of the Division of Palliative Medicine and the associate program director of the UNM Hospice and Palliative Medicine fellowship. Dr. Cotter is one of 12 emerging palliative care leaders selected by the Cambia Health Foundation for the 10th cohort of Sojourns® Scholar Leadership Program. Sojourns scholars are leaders in every aspect of palliative care, including research, policy and clinical practice, and each receives a two-year grant to pursue innovative projects which enhance their skills as national leaders in their field. Important components of the Sojourns experience include one-to-one mentoring and a focus on fostering compassionate care.

With professional interests and expertise that include trauma-informed care, health equity, social justice and education of medical learners, Dr. Cotter is a great addition to the cohort. We are fortunate to have accomplished specialists of Dr. Cotter's caliber who represent our UNM Health and Health Sciences community as leaders on a national scale.

Law and Mental Health Didactic Series

I'd like to call attention to the Law and Mental Health (LMH) Didactic Series and recognize its tremendous growth and popularity in recent years. Presented by the Division of Forensic Behavioral Sciences in the School of Medicine, this online weekly series offers live presentations by national and international experts on topics regarding the intersection of law, criminal justice and behavioral health. What started out as a weekly online lecture series to assist our teams achieve required CMEs has grown into something none of us quite predicted. In recent weeks we've had as many as 750 people join the lecture from universities and health systems across the country and around the globe. Each week's speakers represent a variety of fields and have included forensic psychologists and psychiatrists, social workers, attorneys, judges and researchers. If you are interested in attending the lecture series, meeting times are generally each Tuesday from 11 a.m.-12 p.m. MST on Zoom. LMH is free and accessible to all – just register here. Congratulations and kudos to all who have helped this series become something so beneficial to so many.

College of Pharmacy Receives 8 Year Accreditation Renewal

Please join me in congratulating Dean Don Godwin and the entire College of Pharmacy team for successfully completing a rigorous accreditation of the Doctor of Pharmacy program with the Accreditation Council for Pharmacy Education (ACPE). The efforts took more than two years and required much work from teams of people. The College is accredited through 2032, which ensures we have a strong program to continue educating and training the next generations of pharmacists.

Research Matters

A Game Changer for Blood Cancer Treatment

For the first time ever in New Mexico, doctors at The University of New Mexico Comprehensive Cancer Center have treated blood cancer patients by transplanting cells from a donor. The ability to perform the allogeneic stem cell transplant procedures locally is a tremendous benefit to patients who would otherwise be required to travel out of state, and be away from home for extensive periods of time. The patients who have received the procedure thus far have completed their 90- to 100-day checkups with great results. Congratulations to Matthew Fero, MD, FACP, and the Cancer Center's Stem Cell and Bone Marrow Transplant team for their phenomenal efforts, which are a game changer for the treatment of patients with blood cancers in New Mexico. Follow this link to read the story.

UNM Researcher Patents a Better Method for Conducting MRI Scans During Brain Tumor Surgery

Stefan Posse, PhD, a professor in the UNM Department of Neurology, with a secondary appointment in Physics & Astronomy, has received a patent for data acquisition and analysis software that enables operating room magnetic resonance imaging (MRI) machines to better target active tumors while sparing adjacent brain tissue with important sensory, motor and language functions. Neurosurgeons often use functional and spectroscopic MRI scans to guide them as they remove cancerous tissue while trying to avoid damaging nearby tissue needed for normal neurological functioning, but both of these methods are time consuming, with each scan usually being conducted in separate sessions. Dr. Posse's patent represents a new way of programming MRI scanners so that they can rapidly perform both tasks at once with the help of a sophisticated data analysis tool. Currently, neurosurgery is often performed on patients who are awake and answering questions or performing a task so as to determine whether the next cut will damage a critical structure. Combining functional and spectroscopic MRI scanning will provide neurosurgeons with better information and provide for the patient to be anesthetized during the procedure. Kudos to Dr. Posse! You can read more here.

Recent Events

Town Hall Meeting on Research and Clinical Care Components of Strategic Plan

We had a great Town Hall meeting with our Health and Health Sciences community about progress and milestones reached in the areas of research and clinical care, as part of our implementation of our UNM Health and Health Sciences Strategic Plan. These are important opportunities to engage with our community and ensure we are all committed to the tenets of our UNM 2040 plan. I appreciated the strong turnout and participation by folks representing all our mission areas.

Conclusion & Gratitude for Health Care Teams

I'm grateful for our strong sense of community and openness to be inclusive and work together. Alone, we can't solve our state's biggest challenges. But when we come together from all walks of life – from different organizations and perspectives – we can shape our future for the better. To all of you working to make our communities better, safer, healthier and stronger, thank you.

Finally, I want thank all the Health and Health Sciences faculty, staff and students who are continuously working to improve the lives of New Mexicans and our most vulnerable populations through extraordinary patient care, education, discovery and community engagement.

Best wishes Doug

Douglas Ziedonis MD, MPH Executive Vice President, UNM Health Sciences CEO, UNM Health System

FINAL HS Report for HSCC Feb 2024 Richards

MEMORANDUM

To: UNM Board of Regents, Health Sciences Center Committee

From: Mike Richards, MD

Senior Vice Chancellor Clinical Affairs, UNM Health System

Date: February 8, 2024

Subject: Monthly Health System Activity Update

This report represents unaudited year to date December 2023 activity and is compared to unaudited year to date December 2022 activity.

Quality and Safety:

• For FY23 through November 2023, UNM Hospital has 10/13 metrics at or better than fiscal year targets set for the UNMH unified operating plan (UOP). Improvement activities are focused on C Difficile infections, and perioperative deep vein thromboses.

- For SRMC, 11/13 metrics are at or better than the fiscal year targets set for the SRMC UOP. Pressure injury and deep vein thrombosis are currently not meeting targets.
- We have enhanced the resources dedicated to the public reporting of our quality data that
 include a thorough and comprehensive analysis of potential improvement opportunities.
 Corrective measures have been implemented for the highest impact areas for the key publicly
 reported quality scoring programs, to include establishing specific implementation timelines,
 clear deliverables, and performance targets.
- In January, we introduced LoboStepps across the Health System as a comprehensive quality initiative. This program, inspired by TeamStepps, emphasizes communication tools and team structures to enhance safety and efficiency for both patients and employees. Initially implemented in the Labor and Delivery and the Neuroscience Intensive Care Unit, it is now extending to the Progressive Care Units. We aim to establish this program throughout all inpatient areas by the end of CY24. To underscore its importance, executive leadership participated in the inaugural training session on January 31st.

Activity: In comparison to prior year, key clinical measures include:

- Total inpatient days are flat
 - UNMH adult inpatient days are up 4%
 - SRMC adult inpatient days are up 5%
- Total discharges are down 2%
 - UNMH adult discharges are up 1%
 - SRMC adult discharges are up 3%
- Adult length of stay (without obstetrics) is up 2%
- Case Mix Index (CMI) is up 4%
- Total outpatient activity is up 1%
 - o Primary care clinic visits are up 2%
 - Specialty and other clinic visits are up 2%
 - Emergency visits are down 7% over prior year
- Surgical volume is up 5%
- Births are down 4%
- UNM Medical Group RVUs are down 3%

Finances:

- Health System had total year-to-date operating revenue of \$870.4 million, which is up 2% over prior year. Total non-operating revenue was \$130.9 million, representing a 62% increase over prior year, driven by increase in Bernalillo County, Mill Levy, and FEMA Funding. Total operating expenses were \$1 billion, representing a 5% increase over prior year. Health System margin is \$0.9 million as compared to \$(21) million prior year primarily driven by increase in non-operating revenue.
- The balance sheet is stable with a current ratio of 1.56 as compared to 1.78 prior year. The cash and cash equivalents for UNM Health System is \$383 million as compared to \$300.5 million prior year. Net patient receivables are up 6% and total assets are up 11%. Total liabilities are up 24% over prior year. Total net position is flat over prior year.

Health System:

- On January 25th, the Health System conducted a half day virtual Leading to Excellence (LTE)
 conference with 984 leaders from across the health system. The primary focus was on enhancing
 clinical quality and featured LoboSteps. Additionally, the conference included a detailed review of
 Vizient, along with a review of the associated quality tools and dashboards.
- In January, the Health System launched an 18-month collaboration with Whitecap Health
 Consulting focused on enhancing the Health System's funds flow process and the School of
 Medicine's clinical compensation framework. This engagement encompasses key activities such
 as mapping of current funds flow processes, developing balanced scorecards for performance
 measurement and management, benchmarking against industry standards, and refining the
 clinical faculty compensation plan.

UNM Hospital:

- The UNMH Native American Heritage Events late last year included: the Second Annual Native American Market; Cloud Eagle Season Dance Group performance; Zuni Olla Maiden Dance Group performance; Rock Your Mocs event; Rydell Largo and the Navajo and Mesaclero Apache Dance Group performance.
- Native American Health Services will meet with representatives from the Pueblo of Acoma and the ACL Indian Health Services on February 18 to review diabetes data specific to Acoma patients. Similar meetings are planned for the Pueblo of Jemez and the Navajo Nation.
- UNMH has met with Bernalillo County regarding the 2024 Mil Levy and is updating a MOU
 regarding deliverables for the new Mil Levy cycle.
- UNMH began Suboxone continuity services for MDC patients in December and will begin Soboxone induction services early this year. This is through the new Addiction Medicine Clinic at MDC under the direction of Dr. Caitlin Bonney.

UNM SRMC:

- SRMC and UNM Hospital successfully closed on the acquisition transaction December 20, 2023. The transition of SRMC under the UNMH license successfully occurred on December 31st at midnight. Overall, workstream leads reported there were very few challenges faced during the transition and following days. There were no critical issues experienced during the cutover and go-live. Notable recognition goes out to all workstream leaders for their dedication to ensuring that the transition went smoothly.
- Darlene Fernandez, CFO, resigned her position in December to take a CFO role at Jackson Health System in Miami. SRMC has posted the CFO position and will begin the search process. Thank you to Ms. Fernandez for her dedication to SRMC/UNMH for 20+ years.

UNM Medical Group:

- Press Ganey Employee/Provider Survey will occur April 8 through April 22, 2024.
- The Dual Role Qualified Medical Interpreter Program is accepting applications
- Continued development for Truman land purchase and Primary Care in Rio Rancho
- Ribbon Cutting for Truman Roswell has been rescheduled to April 2.
- Congratulations to Jill Klar, UNM Medical Group COO being named an OnCon Icon Top 100 COO Award finalist!
- Next Board Meeting 2-14-24 (Hybrid via Zoom and Domenici #2410)

UNM HS Total Operations - Stats Snapshot YTD December 31, 2023

110 December 31, 2023	FY 2024	FY 2023	Change		FY 2024	Variance	
	Actual	Actual	Units	%	Budget	Units	%
Patient Days					-		
HS	116,735	116,934	(200)	0%	116,792	(58)	0%
UNMH	95,977	97,221	(1,244)	-1%	97,025	(1,048)	-1%
Adult	62,845	60,715	2,130	4%	61,460	1,385	2%
Obstetrics	6,226	6,262	(36)	-1%	6,277	(51)	-1%
Pediatric	21,513	23,746	(2,233)	-9%	22,952	(1,439)	-6%
Observation	5,393	6,498	(1,105)	-17%	6,336	(943)	-15%
Psychiatric	10,332	10,173	159	2%	10,155	177	2%
Adult	5,991	6,980	(989)	-14%	6,940	(949)	-14%
Pediatric	4,341	3,193	1,148	36%	3,216	1,125	35%
SRMC	10,425	9,540	885	9%	9,612	814	8%
Adult	8,055	7,689	366	5%	7,668	387	5%
Observation	2,370	1,851	519	28%	1,944	427	22%
Discharges							
HS	20,548	20,969	(421)	-2%	21,622	(1,074)	-5%
UNMH	17,048	17,609	(561)	-3%	18,260	(1,212)	-7%
Adult	7,878	7,804	74	1%	7,844	34	0%
Obstetrics	1,832	1,859	(27)	-1%	1,878	(46)	-2%
Pediatric	3,745	4,013	(268)	-7%	3,891	(146)	-4%
Observation	3,593	3,933	(340)	-9%	4,647	(1,054)	-23%
Psychiatric	824	706	118	17%	758	66	9%
Adult	479	500	(21)	-4%	483	(4)	-1%
Pediatric	345	206	139	67%	275	71	26%
SRMC	2,676	2,654	22	1%	2,605	71	3%
Adult	1,714	1,671	43	3%	1,622	92	6%
Observation	962	983	(21)	-2%	983	(21)	-2%
LOS							
HS	5.7	5.6	0.1	2%	5.4	0.3	5%
UNMH	5.6	5.5	0.1	2%	5.3	0.3	6%
Adult	8.0	7.8	0.2	3%	7.8	0.1	2%
Obstetrics	3.4	3.4	0.0	1%	3.3	0.1	2%
Pediatric	5.7	5.9	(0.2)	-3%	5.9	(0.2)	-3%
Observation	1.5	1.7	(0.2)	-9%	1.4	0.1	10%
Psychiatric	12.5	14.4	(1.9)	-13%	13.4	(0.9)	-6%
Adult	12.5	14.0	(1.5)	-10%	14.4	(1.9)	-13%
Pediatric	12.6	15.5	(2.9)	-19%	11.7	0.9	7%
SRMC	3.9	3.6	0.3	8%	3.7	0.2	6%
Adult	4.7	4.6	0.1	2%	4.7	(0.0)	-1%
Observation	2.5	1.9	0.6	31%	2.0	0.5	25%
CMI w/o Newborn							
HS (excluding Behavioral)	2.066	1.988	0.078	4%	2.046	0.021	1%
UNMH	2.133	2.042	0.091	4%	2.104	0.029	1%
Psychiatric-Adult	1.264	1.208	0.056	5%	1.234	0.030	2%
Psychiatric-Pediatric	1.261	1.173	0.088	8%	1.152	0.109	9%
SRMC	1.568	1.551	0.018	1%	1.608	(0.040)	-2%

UNM HS Total Operations - Stats Snapshot YTD December 31, 2023

YID December 31, 2023	EV 2024	FV 2022	Ch		FV 2024	Mariana	
	FY 2024 Actual	FY 2023 Actual	Change Units	%	FY 2024 Budget	Variance Units	%
Primary Clinics	Actual	Actual	Offics		Baaget	Offics	70
HS	85,886	84,332	1,554	2%	90,231	(4,345)	-5%
UNMH	73,608	75,391	(1,783)	-2%	77,905	(4,297)	-6%
SRMC	7,013	6,094	919	15%	6,303	710	11%
UNMMG	5,265	2,847	2,418	85%	6,024	(759)	-13%
Specialty Clinics							
HS	233,180	237,580	(4,400)	-2%	239,359	(6,179)	-3%
UNMH - Adult	164,473	167,953	(3,480)	-2%	162,947	1,526	1%
UNMH - Pediatric	26,955	27,029	(74)	0%	26,806	149	1%
SRMC	17,409	15,078	2,331	15%	18,348	(939)	-5%
UNMMG	24,343	27,520	(3,177)	-12%	31,258	(6,915)	-22%
Other Clinics							
Cancer Center/Oncology	21,854	21,137	717	3%	21,956	(102)	0%
CPC	20,743	23,354	(2,611)	-11%	25,942	(5,199)	-20%
UPC	102,283	87,660	14,623	17%	89,093	13,190	15%
Urgent Care	10,973	11,391	(418)	-4%	10,976	(3)	0%
Emergency Room							
HS	46,764	50,024	(3,260)	-7%	50,122	(3,358)	-7%
UNMH - Adult	26,706	25,749	957	4%	26,832	(126)	0%
UNMH - Pediatric	9,557	12,123	(2,566)	-21%	11,768	(2,211)	-19%
SRMC	10,501	12,152	(1,651)	-14%	11,522	(1,021)	-9%
Total Outpatient Visits							
HS	516,418	512,631	3,787	1%	521,656	(5,238)	-1%
UNMH	457,152	451,787	5,365	1%	454,224	2,928	1%
SRMC	34,923	33,324	1,599	5%	36,173	(1,250)	-3%
UNMMG	24,343	27,520	(3,177)	-12%	31,258	(6,915)	-22%
Total Surgeries							
HS	12,331	11,794	537	5%	12,152	179	1%
UNMH	10,511	10,104	407	4%	10,268	243	2%
SRMC	1,820	1,690	130	8%	1,884	(64)	-3%
Other							
Births	1,491	1,557	(66)	-4%	1,486	5	0%
ECT	-	96	(96)	-100%	122	(122)	-100%
Derm MOHS	618	721	(103)	-14%	627	(9)	-1%
CC Procedures	1,170	881	289	33%	769	401	52%
Infusion Clinics	9,529	9,639	(110)	-1%	10,213	(684)	-7%
Work RVU's							
HS	1,821,860	1,874,913	(53,053)	-3%	1,918,221	(96,361)	-5%
SOM	1,530,846	1,602,907	(72,061)	-4%	1,694,766	(163,920)	-10%
SRMC	163,733	147,336	16,397	11%	114,867	48,866	43%
MG Clinic	52,963	49,826	3,137	6%	45,997	6,966	15%
Cancer Center	74,318	74,844	(526)	-1%	62,591	11,727	19%

UNM HS Total Operations - Stats Snapshot YTD December 31, 2023

	FY 2024	FY 2023	Change	!	FY 2024	Variance	
	Actual	Actual	Units	%	Budget	Units	%
FTE's							
HS	8,334	8,154	180	2%	8,787	(453)	-5%
UNMH	7,077	6,922	155	2%	7,437	(361)	-5%
SRMC	599	598	1	0%	616	(17)	-3%
UNMMG	658	634	24	4%	733	(75)	-10%

UNM HS Total Operations Snapshot

UNMMG

3,794

2,975

UNM HS Total Operations Sna	apshot						
YTD December 31, 2023							
(in thousands)	FY 2024	FY 2023	Chang	ge	FY 2024	Varian	ce
_	Actual	Actual	\$	%	Budget	\$	%
Net Patient Revenue							
HS	840,301	829,844	10,456	1%	839,080	1,221	0%
UNMH	561,762	557,796	3,966	1%	561,097	664	0%
CANCER CENTER	59,252	52,809	6,443	12%	59,427	(175)	0%
PSYCHIATRIC-ADULT	15,121	16,191	(1,069)	-7%	16,333	(1,212)	-7%
PSYCHIATRIC-PEDIATRIC	6,107	5,066	1,041	21%	4,916	1,191	24%
SRMC	51,993	50,364	1,629	3%	51,466	527	1%
UNMMG	146,066	147,620	(1,554)	-1%	145,841	225	0%
Other Operating Revenue							
HS	30,142	20,964	9,178	44%	28,542	1,600	6%
UNMH	25,579	17,248	8,331	48%	24,079	1,500	6%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	1,724	1,492	232	16%	1,557	166	11%
PSYCHIATRIC-PEDIATRIC	3	90	(87)	-96%	68	(65)	-95%
SRMC	1,136	963	173	18%	1,017	118	12%
UNMMG	1,701	1,172	529	45%	1,820	(119)	-7%
Total Operating Revenue							
HS	870,443	850,808	19,634	2%	867,622	2,821	0%
UNMH	587,340	575,043	12,297	2%	585,177	2,164	0%
CANCER CENTER	59,252	52,809	6,443	12%	59,427	(175)	0%
PSYCHIATRIC-ADULT	16,845	17,683	(838)	-5%	17,891	(1,046)	-6%
PSYCHIATRIC-PEDIATRIC	6,110	5,156	954	19%	4,984	1,126	23%
SRMC	53,128	51,326	1,802	4%	52,483	646	1%
UNMMG	147,767	148,791	(1,024)	-1%	147,661	106	0%
Total Operating Expense							
HS	1,000,365	952,417	47,948	5%	945,664	54,701	6%
UNMH	686,965	656,844	30,122	5%	638,101	48,864	8%
CANCER CENTER	59,252	52,809	6,443	12%	59,427	(175)	0%
PSYCHIATRIC-ADULT	25,259	24,987	271	1%	26,679	(1,420)	-5%
PSYCHIATRIC-PEDIATRIC	13,098	12,587	511	4%	13,132	(34)	0%
SRMC	57,208	58,661	(1,453)	-2%	57,926	(718)	-1%
UNMMG	158,584	146,530	12,054	8%	150,399	8,185	5%
Operating (Loss)/Gain							
HS	(129,922)	(101,609)	(28,314)	28%	(78,042)	(51,881)	66%
UNMH	(99,625)	(81,800)	(17,825)	22%	(52,925)	(46,700)	88%
CANCER CENTER	(0)	0	(0)	-300%	(0)	0	-78%
PSYCHIATRIC-ADULT	(8,413)	(7,304)	(1,109)	15%	(8,788)	375	-4%
PSYCHIATRIC-PEDIATRIC	(6,988)	(7,431)	443	-6%	(8,147)	1,160	-14%
SRMC	(4,079)	(7,334)	3,255	-44%	(5,443)	1,364	-25%
UNMMG	(10,817)	2,261	(13,078)	-578%	(2,739)	(8,079)	295%
Non-Operating Revenue							
HS	130,871	80,556	50,316	62%	78,887	51,985	66%
UNMH	103,332	57,891	45,440	78%	52,131	51,201	98%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	14,727	10,863	3,864	36%	14,618	109	1%
PSYCHIATRIC-PEDIATRIC	6,267	4,329	1,938	45%	5,598	669	12%
SRMC	2,752	4,498	(1,746)	-39%	2,986	(234)	-8%
LININANAC	2 704	2.075	010	200/	2 552	241	70/

818

28%

3,553

241

7%

UNM HS Total Operations Snapshot

YTD December 31, 2023

(in thousands) FY 2024 F		FY 2023	Chang	je	FY 2024 Variance		ce
-	Actual	Actual	\$	%	Budget	\$	%
Increase/(Decrease) in Net Po	sition						
HS	949	(21,053)	22,002	-105%	845	104	12%
UNMH	3,707	(23,909)	27,616	-116%	(794)	4,500	-567%
CANCER CENTER	(0)	0	(0)	-300%	(0)	0	-78%
PSYCHIATRIC-ADULT	6,313	3,558	2,755	77%	5,830	484	8%
PSYCHIATRIC-PEDIATRIC	(720)	(3,102)	2,382	-77%	(2,549)	1,829	-72%
SRMC	(1,327)	(2,837)	1,509	-53%	(2,457)	1,130	-46%
UNMMG	(7,024)	5,237	(12,260)	-234%	814	(7,838)	-963%

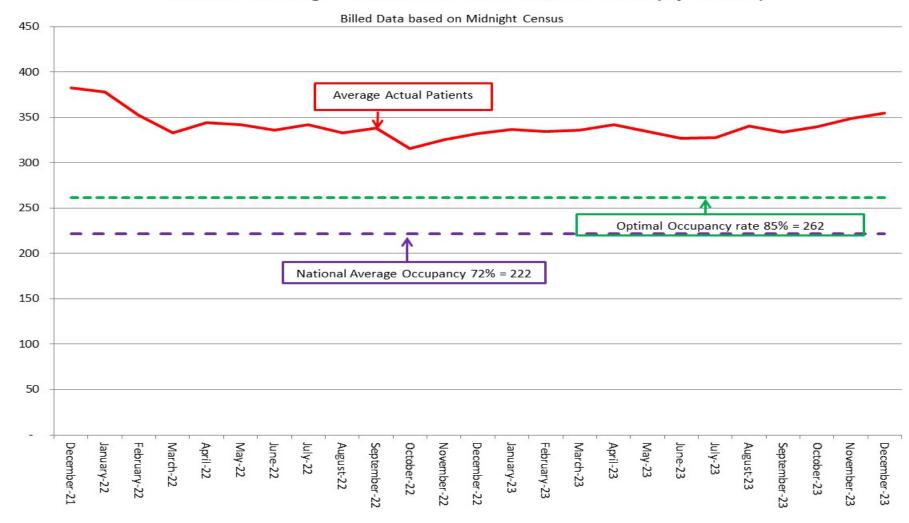
UNM HS Total Operations - Balance Sheet Snapshot YTD December 31, 2023

(in thousands)	nousands) FY 2024 FY 2023		Change	
	Actual	Actual	\$	%
Cash & Cash Equiva	lents			
HS	382,508	300,543	81,965	27%
UNMH	318,063	256,803	61,260	24%
SRMC	9,946	14,348	(4,402)	-31%
UNMMG	54,500	29,393	25,107	85%
Total Assets				
HS	1,950,887	1,761,510	189,378	11%
UNMH	1,631,100	1,449,714	181,386	13%
SRMC	137,587	140,708	(3,122)	-2%
UNMMG	210,416	194,272	16,143	8%
Elimination	(28,215)	(23,184)	(5,030)	22%
Total Liabilities				
HS	985,398	797,046	188,353	24%
UNMH	771,470	599,384	172,087	29%
SRMC	121,462	123,332	(1,870)	-2%
UNMMG	120,682	97,515	23,167	24%
Elimination	(28,215)	(23,184)	(5,030)	22%
Total Net Position				
HS	965,489	964,464	1,025	0%
UNMH	859,630	850,330	9,300	1%
SRMC	16,125	17,376	(1,251)	-7%
UNMMG	89,734	96,757	(7,024)	-7%

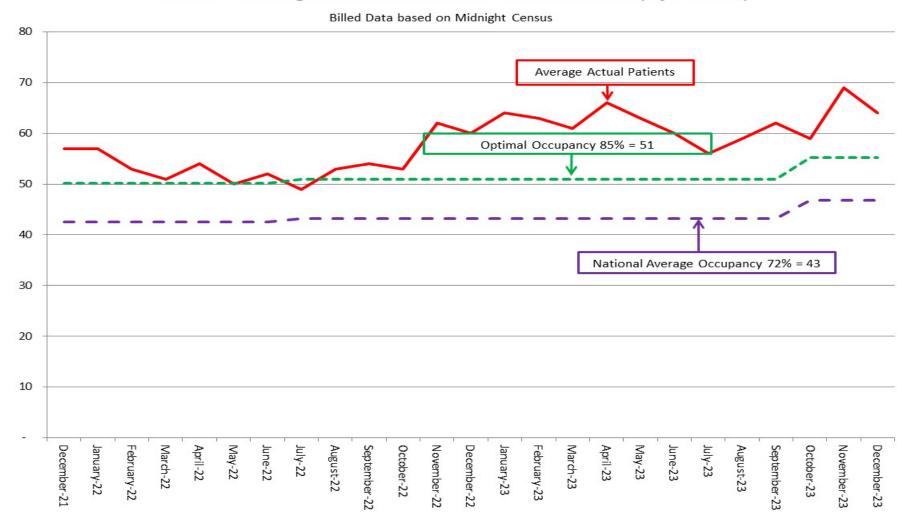
UNM HS Total Operations -Balance Sheet YTD December 31, 2023 (In thousands)

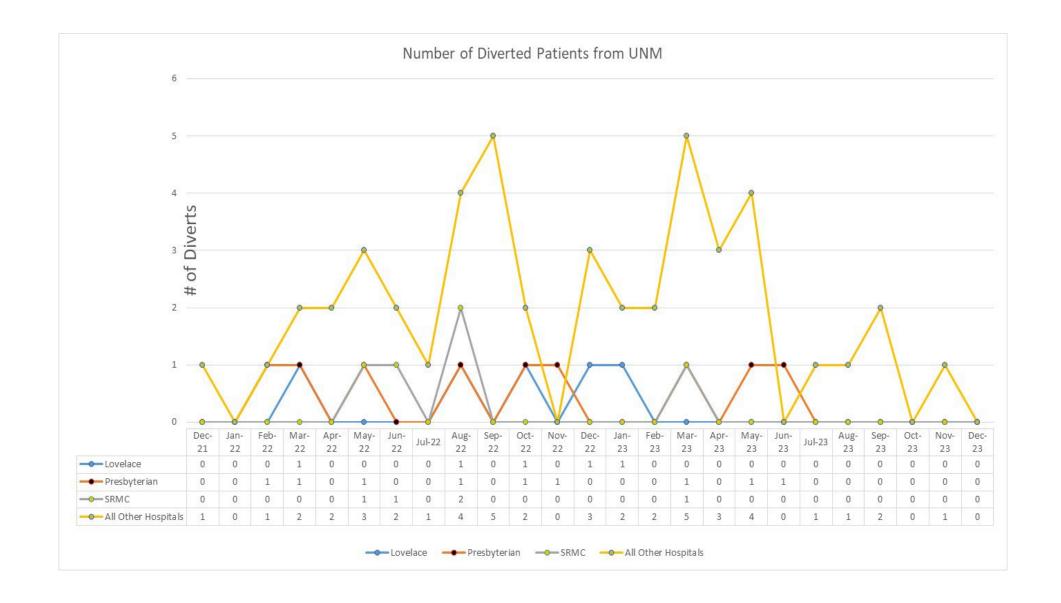
(in thousands)				
		Total HS	FY 23 vs	. FY 24
	Total HS	FY 2023	\$ Change	% Change
ASSETS				J
Cash & Cash Equivalents	382,508	300,543	81,965	27%
	, ,,,,,,	555,5	,	
Total Net Patient Receivable	210,455	198,939	11,516	6%
Total Net Latient Neservasie	220, 100	250,505	11,010	0,5
Other Assets	434,414	420,206	14,208	3%
5 th c. 7 155 cts	.0 ., .2 .	.20,200	1.,200	3,5
Total Net PP&E	922,692	839,028	83,664	10%
	,	555,525		
Total Assets	1,950,070	1,758,716	191,354	11%
			•	
DEFERRED OUTFLOWS	2,718	2,794	(76)	-3%
LIABILITIES				
Total Current Liabilities	567,249	427,514	139,735	33%
Total Long-Term Liabilities	415,420	364,826	50,594	14%
G	ŕ	•	,	
Total Liabilities	982,669	792,340	190,329	24%
DEFERRED INFLOWS	2,730	2,730	-	0%
Total Net Position	967,389	966,440	949	0%
Current Ratio	1.56	1.78	(0.22)	-12%
			, ,	

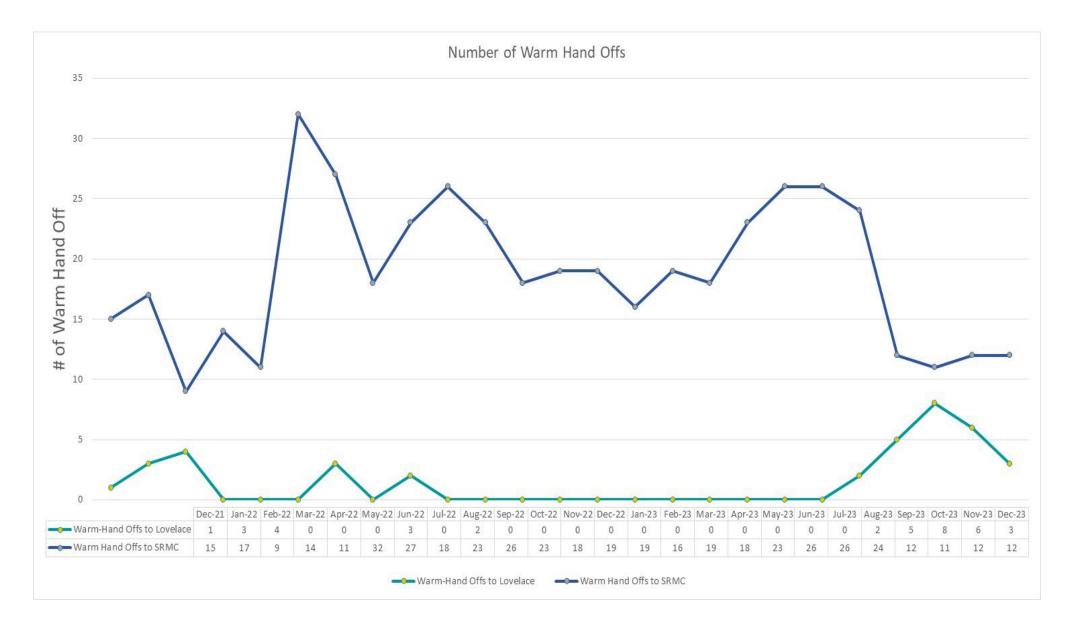
UNMH - Average Patients in Adult Licensed Beds (by Month)



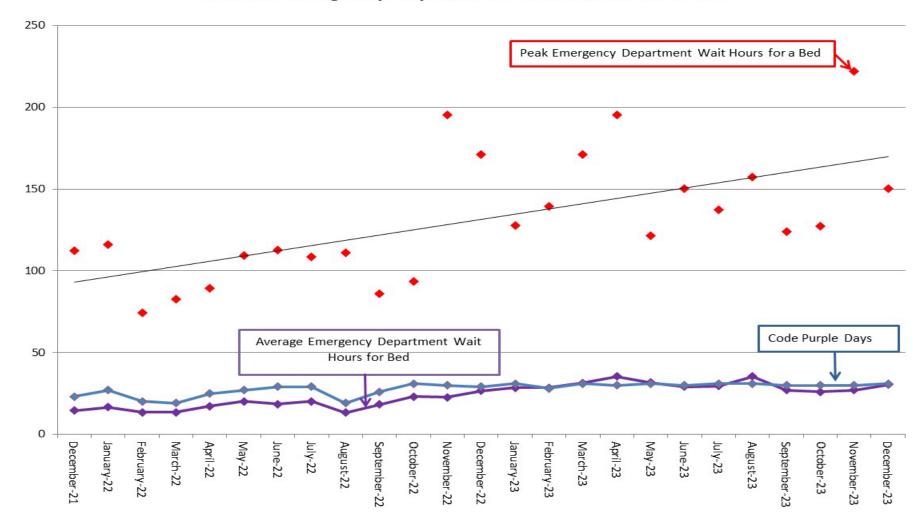
SRMC - Average Patients in Adult Licensed Beds (by Month)



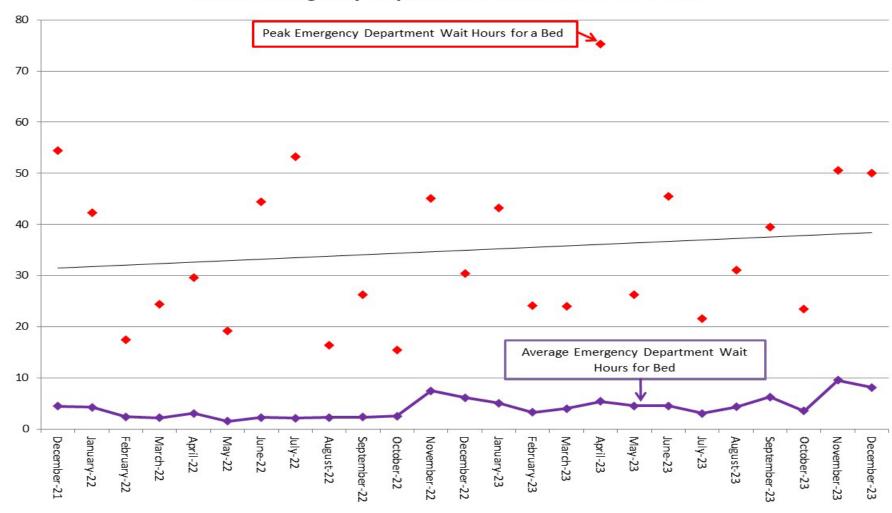




UNMH Emergency Department Wait Hours for a Bed



SRMC Emergency Department Wait Hours for a Bed



CEO Board Report February 23 2024



MEMORANDUM

To: Board of Trustees

From: Kate Becker

Chief Executive Officer

Date: February 23, 2024

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through January 2024.

Finance: Inpatient adult patient days were above budget by 3% and discharges were above budget by 1%, for the fiscal year to date. Adult length of stay is above budget at 7.1 days. Inpatient pediatric patient days were below budget by 6% and discharges were below budget by 2%, for the fiscal year to date. Pediatric length of stay is below budget at 7.2 days. Observation discharges are below budget by 7% year to date. Case mix index is higher than prior year by 2.7%, at 2.12 year to date. Outpatient clinic visits are 2% below budget and 3% lower than prior year to date. Emergency department arrivals are below year to date budget and prior year by 2% and 4%, respectively. Behavioral health patient days are above budget by 2.2% and behavioral health clinic visits are above budget by 7.2% year to date. Net margin through January 2024 is at \$12.1 million. Total Operating revenues are positive compared to year to date budget and prior year. Operating expenses are over budget by \$81.7 million, primarily in employee compensation and benefits and purchased services. Nonoperating revenues reflects \$48 million of reimbursements obligated by FEMA during the month of December, related to contract labor during the COVID Public Health Emergency.

Native American Liaison: Total Native American inpatient stays for UNMH and Behavioral Health for Q4 CY2024 were 1,432. Length of stay for Q4 CY2024 was 6.08 days. Average daily inpatient census for Q4 CY2024 was 95. Total Specialty Encounters for Q4 CY2024 was 16,415. The UNMH Native American Health Service and Dr. Kathy Chang met with the Pueblo of Acoma Health Board on 1/24/24 to review diabetes data specific to Acoma patients. Future meetings for Diabetes initiatives will be held with the Pueblo of Jemez and Navajo Nation. Upcoming meetings with the Pueblo of Jemez with UNMH Care Management/SRMC Team on 2/20/24 and Navajo Nation DOH on 3/1/24. NAHS, Advanced Access, and Financial Authorization Management have process improvement work sessions scheduled for 3/4/24 – 3/6/24. CY24 greeting cards will be sent on 2/21/24 to new and returning tribal leaders within the Pueblos, Navajo Nation, Apache bands and leaders within the tribal communities.

Bernalillo County: UNMH met with Bernalillo County and Indian Health Services this month to review a draft of the updated 2024 Mill Levy between UNMH and the County. Once the language is finalized between the parties the MOU will move forward for approval of governance at UNMH and the County with the agreement of Indian Health Service. UNMH is working on establishing a network of community providers to create warm pathways for patients being released from MDC who are receiving Suboxone. The goal is to assure medication continuity and keep patients connected to ongoing care.

Separator Page

CMO Report BOT February 2024

CMO Report to UNMH Board of Trustees February 2024

Steve McLaughlin, MD
Chief Medical Officer UNMH





Recognitions

Lung Cancer Screening Program – screened over 500 patients in 2023!

- Collaborative
- Radiology, Pulmonology, Surgery, Primary Care teams and UNM CCC
- Special thanks to Meaghan Carey Eiland, Reed Selwyn, Dr. Akshu Balwan, Dr. Steve Eberhardt, Dr. Jennifer Nishimura and Dr. Michelle Harkins



UNMH Length of Stay

FEBRUARY 2024







COMMENTARY

Emergency Department Crowding: The Canary in the Health Care System

Gabor D. Kelen, MD, Richard Wolfe, MD, Gail D'Onofrio, MD, MS, Angela M. Mills, MD, Deborah Diercks, MD, Susan A. Stern, MD, Michael C. Wadman, MD, Peter E. Sokolove, MD DOI: 10.1056/CAT.21.0217

- •More primary care/specialty access (Neurology)
- Acute care afterhours within 48 hours (PADC/5 ACC/CCC)
- Call back RNs
- Staffing eve/weekends
- •24-hour operations
- Hall beds (surge plan)
- Single person controlling bed assignment
- Aligning DC time to admit demand
- Reduce LOS: PAC, CM, etc., H@H services



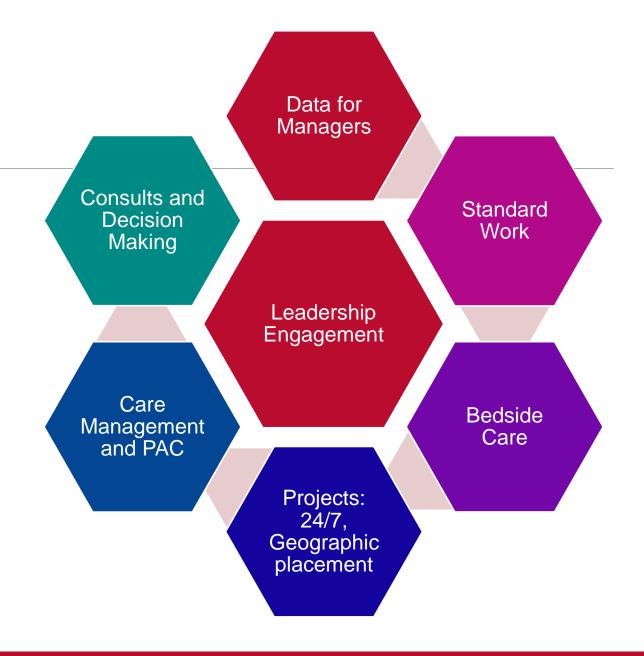
Table 2. Traditionally Offered Solutions to ED Crowding

Traditional Responses (Tactics) Comment			
	ED Input		
Establish UCC nearby	No impact on boarding, unlikely to affect underinsured or ED volumes		
Triage low-acuity patients out	No impact on boarding, need alternate venue; EMTALA		
Extend primary care hours/availability	Helpful,may incur costs; may enhance control of chronic disease and thus avoid admissions		
Ambulance diversion	Not helpful, hurts patients, may needlessly lose revenue		

ED T	hroughput
Physician/provider at triage	No impact on boarding, decreases ED LOS for discharged patients; decreases LWBs; may identify higher-acuity patients earlier but waits for treatment thereafter persist; unnecessary testing may occur due to restricted physical exam of the patient
Bedside registration	A best practice. Minimal to no impact on boarding. Streamlines operations — may decrease ED LOS for discharged patients
Creation of fast tracks	No impact on boarding, some additional costs
Improving ancillary turnaround times	No impact on boarding, decreases LOS of non-admitted patients, may lead to shorter decision time
Increased ED staffing	No impact on boarding, helpful for overall LOS if initially understaffed; there is a limit due to space constraints; may assist with admitting patients, leaving appropriate numbers of nursing available for undifferentiated new patients Case managers are helpful with facilitating some follow-up admissions, thus avoiding admission
Increasing ED size (redesign, more beds)	Not helpful, costly, may make boarding worse by increasing the num- ber and duration of boarded patients
Increasing ED size (adding hallway beds)	No impact on boarding, costly staff addition or stressed staffing ratios, privacy issues. Except for rare exigencies, hallway beds are not appropriate in any location, including ED and inpatient units.
Inpatient unit to manage ED boarding patients	No impact on boarding, may make it worse
Availability of after-care clinics with evening hours within 48 hours of ED discharge	Very helpfulin preventing some admissions; allows for safe ED dis- charges and known early follow-up
Discharge nursing calls	Possibly helpful. Allows for checking on patients for specific indica- tions and helping with follow-up care, etc. Allows for more safe ED discharges knowing follow-up nurse will call. Abandoned in some centers as costly, time-consuming; low yield as many patients cannot be reached.
Discharge lounges	Possibly helpfulif done properly; requires increased staffing, and handoffs to staff unfamiliar with patient

Output (Hospital-Based Solutions)					
Availability of inpatient ancillary services off-hours (evenings and weekends)	Helpful; when 7 days a week to place patients, secure outpatient services, and decrease inpatient LOS				
Hospital operations 24-7; smoothing elective admissions and surgeries	High impact. Hospitals can no longer run 4.5 days a week with increasing LOS; procedures and consults must be available throughout the entire week, not front-loaded to early in the week.				
Opening unstaffed beds	Very helpful; functionally increases inpatient capacity. Increased costs may be offset by increased revenue in some settings.				
Redistributing inpatient service beds (e.g., from surgery to medicine)	Very helpfulwhen high capacity, otherwise prevents cohorting pa- tients, as was necessary during Covid-19 surges				
Temporary boarding on inpatient hallways	Proven effective; patient preferred; decreases both ED and inpatient LOS. Having teams see patients needing beds often helps with expediting discharges and cleaning services; may be impractical during pandemic infection control measures.				
Admitting service (MD, nurses, or both), provide care for the admitted patient in the ED	No impact on boarding;ED remains functionally undersized. Helps free up ED staff. Improved care for boarded patientswhile in the ED and by virtue of receiving in-patient care as soon as admitted in ED; may avoid increase in hospital LOS often associated with boarded patients				
Stop elective surgeries/procedures and transfers	Minimally helpfulas generally implemented after crowding occurs; may lose revenue; possible patient safety risk from delayed care.				
Bed czar with authority	Helpful; more efficient, dispassionate, agnostic bed allocation. Was useful during Covid-19 surges.				

LOS Elements



LOS Team

- Nathaniel P Collins
- Jennifer E Vosburgh
- Yvonne E Tanuz-Trujillo
- Amanda K Medoro
- Crystal E Frantz
- Jon Femling
- Amanda J Coleman

- Taylor Goot
- Alex Z Rankin
- Ahmed Salman
- Kevin Sinclair
- Flo Gallegos
- Phil Baker
- Steve Crabb

LOS Action Plan Scorecard

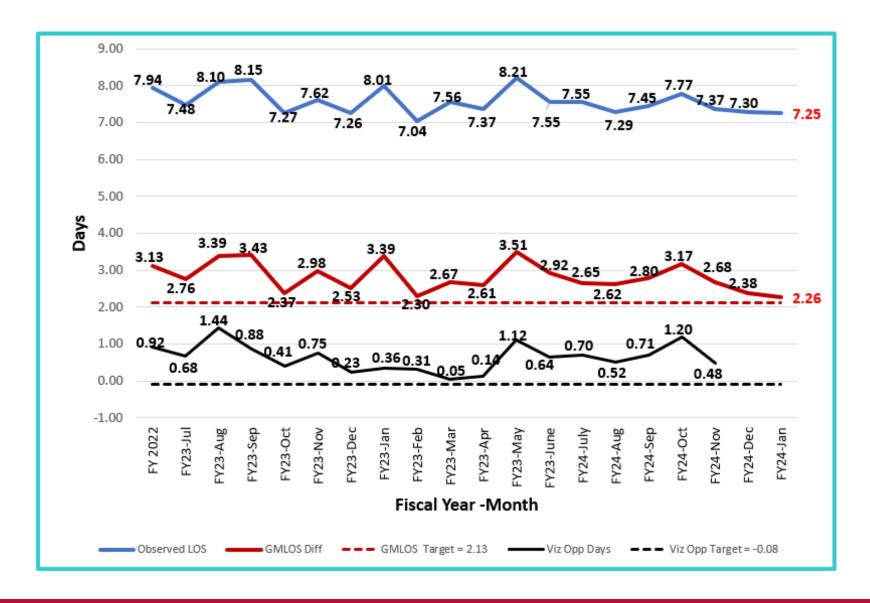
Engagement of leaders	
Data for Managers	
Standard Work	
Bedside Care	
Consult/Decision Making	
Strengthening of Care Management	
PAC Access	
Project: 24/7 Hospital	
Project: Geographic Placement	





LOS Right Care Trend

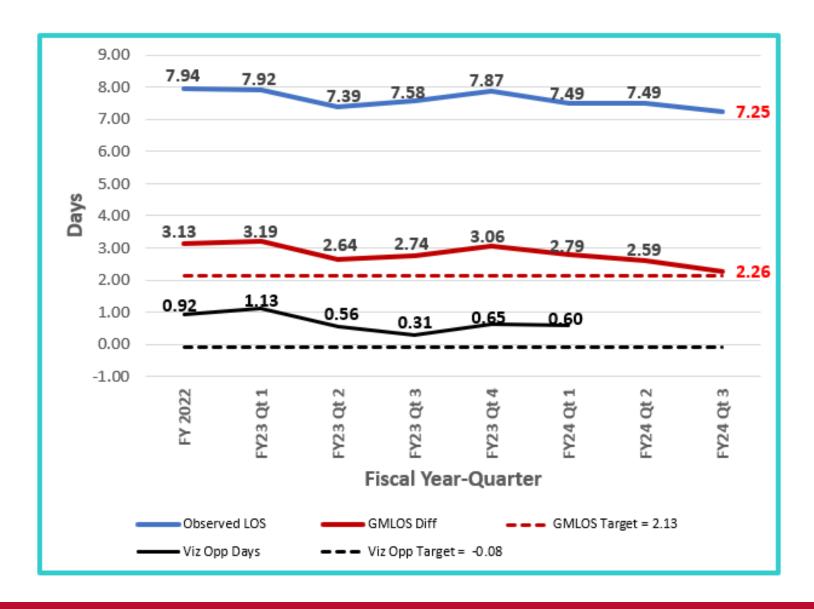
Tableau Finalized on Feb 22





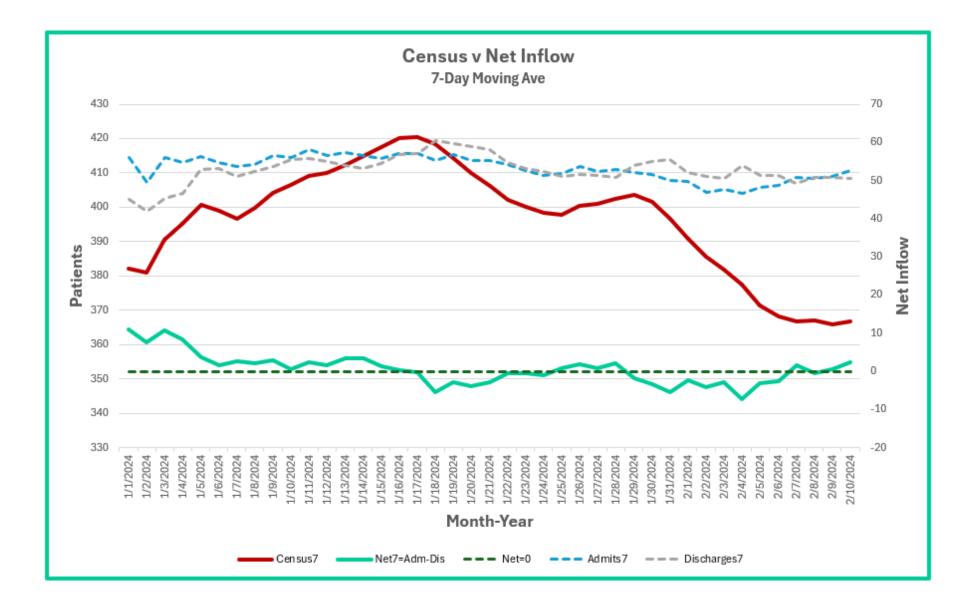
LOS Right Care Trend

Tableau FY24 Qt 3 Finalized on Apr 22

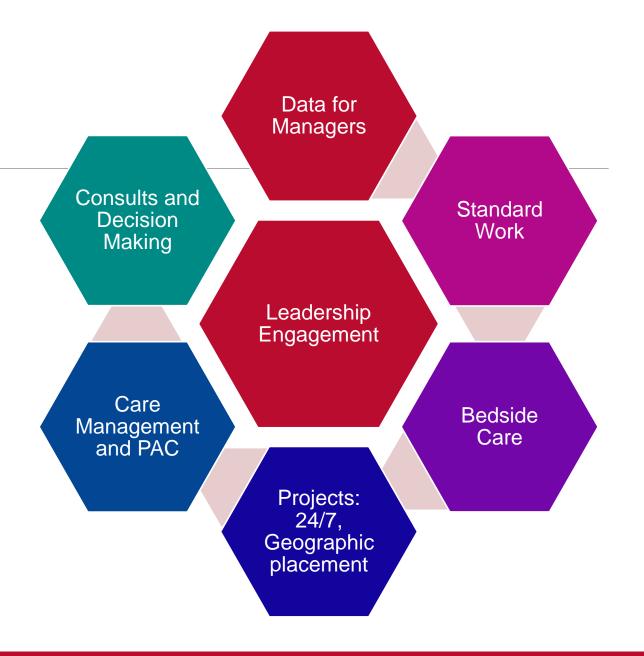




Data base: MIDAS



LOS Elements



Engagement of Leaders



Data for Managers

Right Care Operational Dashboard

Right Care Operational Dashboard | Length of Stay

Overall In-Scope? All Facility + Type Unit Serv All All

DC_Unit

Unit Service Groupings Discharge Service Code
All Multiple values

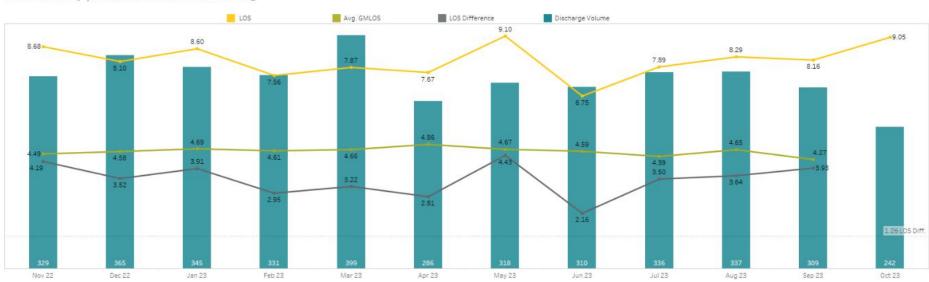
NA HEALTH

Service Roll-up Department Roll-Up
All All

Discharge Date Range Length of 11/1/2022 12:00:00 AM to ... 1 to 365

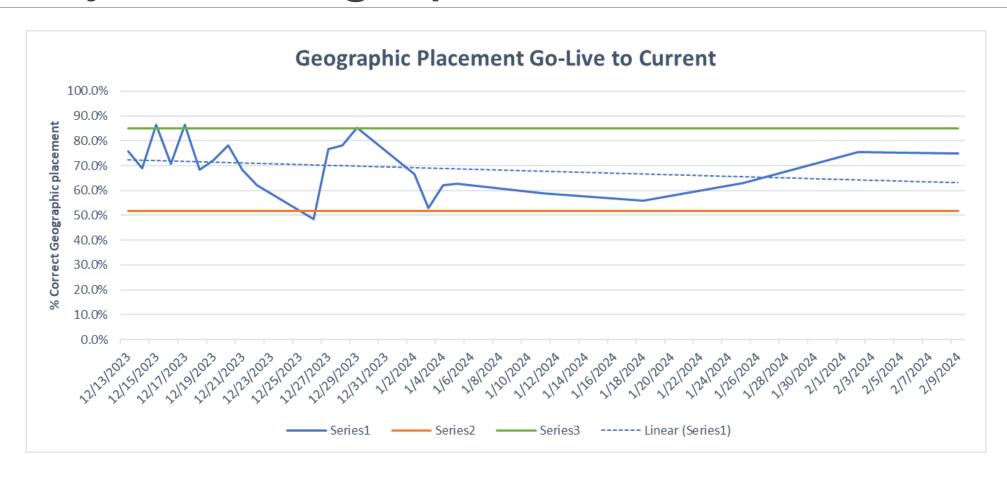
Length of Stay Range 1 to 365



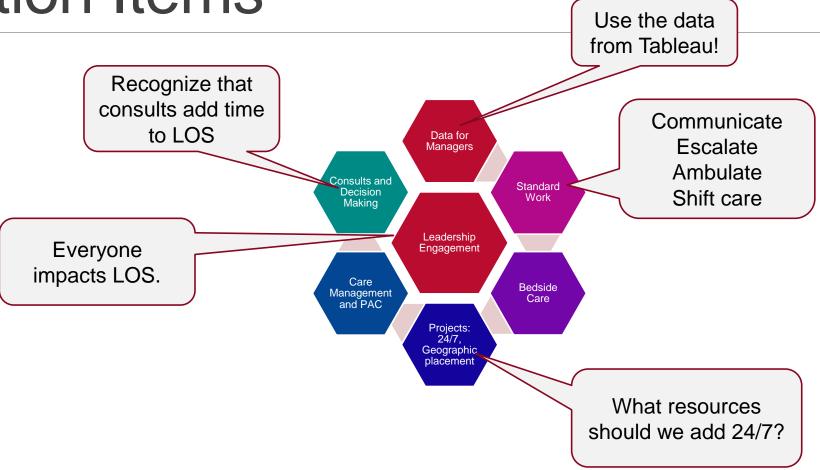




Project: Geographic Placement



LOS Action Items





Recent Accomplishments:

- Improving LOS data for UNMH
- Improvements in Geographic placement
- Monthly LOS data pushes to all managers
- CSC are highly aware of LOS work
- Completion of Consult Culture survey

Next Steps/Priorities:

- Finalizing standard work
- Need to make progress with Care Management plans
- Build out PAC access
- Identify key areas for 24/7 access

Risks/Barriers & Potential Solutions:

 Executive Team and BOT support for LOS work as a core priority of clinical leaders.

Decisions Needed



Questions and Suggestions



UNM Hospital BOT Committee Reports