



# SANDOVAL REGIONAL MEDICAL CENTER

Meeting of the UNM Sandoval Regional Medical Center, Inc. Board of Directors  
 Thursday, June 25, 2020, 9:00 a.m. – 10:00 a.m.  
 Zoom Meeting <https://hsc-unm.zoom.us/j/948906823>

## AGENDA

Item		Tab
I.	<b>Call to Order and Confirmation of Quorum</b> ( <i>Dr. Paul Roth</i> )	
II.	<b>Approval of the Agenda</b> ( <i>Dr. Paul Roth</i> )	
III.	<b>Vote to Approve Minutes of the UNM SRMC Board of Directors from May 28, 2020</b> ( <i>Dr. Paul Roth</i> )	Tab 1
IV.	<b>Announcements from SRMC Board of Directors/Leadership</b>	
V.	<b>Public Comment</b>	
VI.	<b>Committee Reports</b> <ul style="list-style-type: none"> <li>• <b>Medical Executive Committee</b>  <b>Action Item: FOR APPROVAL</b> (<i>Dr. Wilks</i>)           <ul style="list-style-type: none"> <li>○ SRMC Pathology Clinical Privileges</li> </ul> </li> <li>• <b>Finance/Strategic Planning Committee</b>  <b>Action Item: FOR APPROVAL</b> <ul style="list-style-type: none"> <li>○ Finance Committee Report of June 23, 2020 and Approved Minutes of May 26, 2020 (<i>Dr. Richards</i>)</li> <li>○ Re-Budget Fiscal Year 2021 (<i>Ms. Fernandez</i>)</li> </ul> </li> </ul>	Tab 2  Tab 3
VII.	<b>Financial Report</b> ( <i>Ms. Darlene Fernandez</i> ) For Informational Purposes Only <ul style="list-style-type: none"> <li>• Financial Dashboard through May 2020 and Financials for FY20 Eleven Months ending May 2020 to include Financial Indicator Ratio Definitions</li> </ul>	Tab 4
VIII.	<b>Administrative Reports</b> <ul style="list-style-type: none"> <li>• <b>CEO Report</b> (<i>Ms. Silva-Steele</i>)</li> <li>• <b>CMO Report</b> (<i>Dr. Singh</i>)</li> </ul>	Tab 5 Tab 6
IX.	<b>Vote to go Into Closed Session for the following purposes:</b> <ul style="list-style-type: none"> <li>• Discussion and, where appropriate, determination of limited personnel matters as provided in Section 5(2) of the Corporation's Open Meetings Policy.</li> </ul>	
X.	<b>Vote to Return to Open Session:</b> Ratification that only those matters described in Agenda Item IX above were discussed in Executive Session and, if necessary, final action with regard to those matters will be taken in Open Session.	
XI.	<b>Approval of Action Items Taken in Closed Session</b> <b>Action Item: FOR APPROVAL</b> <ul style="list-style-type: none"> <li>• Medical Staff Privileges for those providers identified as discussed in Closed Session (<i>Dr. Paul Roth</i>)</li> </ul>	
XII.	<b>Vote to Adjourn</b> - The next regular meeting will be held July 23, 2020 at 8:15-11:00 a.m. at UNM SRMC or via Zoom Meeting	

# TAB 1



SANDOVAL REGIONAL  
MEDICAL CENTER

**SRMC Board of Directors Meeting Minutes**

May 28, 2020

9:00 a.m. - 11:00 a.m.

UNM Sandoval Regional Medical Center

Zoom Meeting <https://hsc-unm.zoom.us/j/948906823>

Rio Rancho, New Mexico

<b>1.0</b>	<b>CALL TO ORDER AND CONFIRMATION OF QUORUM</b>	
	Dr. Roth called the meeting to order and a quorum was confirmed at 9:05 a.m.	Accept as information
<b>2.0</b>	<b>VOTE TO APPROVE THE AGENDA</b>	
	Dr. Roth presented the Agenda to the Board for review.	Upon a motion and a second, the Board voted to approve the agenda. Motion passed unanimously.
<b>3.0</b>	<b>VOTE TO APPROVE THE MINUTES OF APRIL 23, 2020</b>	
	Dr. Roth presented the Minutes to the Board for approval.	Upon a motion and a second, the Board voted to approve the minutes. Motion passed unanimously.
<b>4.0</b>	<b>PUBLIC COMMENT</b>	
	None	Accept as information
<b>5.0</b>	<b>ANNOUNCEMENTS/BOARD COMMENTS/QUESTIONS</b>	
	No announcements	Accept as information
<b>6.0</b>	<b>REPORTS FROM SRMC COMMITTEES</b>	
6.1	<u>Medical Executive Committee</u> Dr. Wilks presented the SRMC Clinical Nurse Specialist (CNS) Core Clinical Privileges for approval.	Upon a motion and a second, the Board voted to approve the privileges. Motion passed unanimously.
6.2	<u>Patient Safety and Quality Committee</u> Joanna Boothe provided a verbal update on the May 21, 2020 meeting and presented the minutes of January 17, 2020 meeting for acceptance.	Upon a motion and a second, the Board voted to approve the minutes. Motion passed unanimously.
6.3	<u>Finance/Strategic Planning Committee</u> Dr. Richards provided a verbal update on the May 26, 2020 meeting and presented the minutes of April 21, 2020 meeting for acceptance.	Upon a motion and a second, the Board voted to approve the minutes. Motion passed unanimously.
<b>7.0</b>	<b>FINANCIAL REPORT</b>	
	Ms. Fernandez reviewed the SRMC Financial Dashboard for month ended April 2020 and the financials for FY20 Ten months ending April 2020. Please refer to the May 28, 2020 financial presentation for detailed information.	Accept as information
<b>8.0</b>	<b>ADMINISTRATIVE REPORTS</b>	
8.1	<u>CEO/CMO Report</u> Dr. Singh provided a verbal update on COVID-19 and the work that is being done through the SRMC Emergency Operations Center (EOC). The report also included updates on the following. <ul style="list-style-type: none"> <li>Brief Timeline</li> </ul>	Accept as information

	<ul style="list-style-type: none"> <li>• SRMC Situation</li> <li>• State of NM</li> <li>• Resuming Operations</li> <li>• Surgical and Clinical Operations/Phases 1 and 2</li> </ul> <p>Please refer to the handout for detailed information.</p>	
<b>9.0</b>	<b>CLOSED SESSION</b>	
	Motion was made to close the Open Session and convene in Closed Session; the motion was seconded and passed unanimously.	Accept as information
<b>10.0</b>	<b>RECONVENE IN OPEN SESSION</b>	
	Certification that those matters discussed in Closed Session and issuance of final action of such items.	Upon a motion and a second, the Board voted to approve New Applicants for Barbosa thru Lutz, Reappointments for Auyang thru Yassa and Expansion of Privileges for Raiten. Motion passed unanimously.
10.1	<b><u>New Applicants</u></b> – Please refer to page 3-4	
10.2	<b><u>Reappointments</u></b> – Please refer to page 3-4	
10.3	<b><u>Expansion of Privileges</u></b> - Please refer to page 3-4	
10.4	<b><u>Resignations &amp; Application Withdraws</u></b> – Please refer to page3-4	Accept as information
10.5	Dr. Roth, Chairman of the Board, stated for the record that only the categories listed in Item IX of the Open Agenda were discussed and/or determined in Closed Session and asked for a Motion to be made that the Board ratify the actions taken in Closed Session, which includes, but is not limited to, the Medical Staff Privileges and Committee Meeting Minutes and Strategic and long range business plans of the Corporation’s hospital, as presented.	Upon a motion and a second, the Board voted to ratify the action items. Motion passed unanimously.
<b>11.0</b>	<b>ADJOURNMENT/NEXT MEETING</b>	
	Upon a motion and a second, the Board voted to adjourn the meeting. Motion passed unanimously. Meeting adjourned at 10:10 a.m.	
	The next meeting will be held on June 25, 2020 at 8:15-11:00 a.m.	
<b>MEMBERS/GUESTS IN ATTENDANCE</b>		
<b><i>Board Members Present via Zoom</i></b>	<b><i>Staff Members Present via Zoom</i></b>	<b><i>Guests Present via Zoom</i></b>
Dr. Paul Roth Dr. Michael Richards Dr. Matthew Wilks Dr. Martha McGrew Mr. Donnie Leonard Ms. Joanna Boothe Ms. Kim Hedrick Mr. Dave Panana Ms. Charlotte Garcia	Ms. Jamie Silva-Steele – until 9:25 Dr. Gurdeep Singh Ms. Pam Demarest Ms. Darlene Fernandez Ms. Candra Phillips	Ms. Melissa Romine Ms. Katy DelBene Ms. Jessica Kelly Mr. Arthur Culpepper Ms. Carly Newlands
<b>Minutes Recorded By: Ms. Geraldine Vallejos</b>		

**UNM, SANDOVAL REGIONAL MEDICAL CENTER, INC.  
 CREDENTIALS COMMITTEE REPORT  
 MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS TO BOARD OF DIRECTORS  
 May 28, 2020**

**I. INITIAL APPOINTMENT:**

A. The following practitioners have applied for appointment to the Medical Staff, and have met all qualifications after successful review by each appointed Clinical Service Chief, Credentials Committee, and MEC.

Last First Degree	Entry Point	Service Area	Specialty
Barbosa, Naiara, MD	UNM	Medicine	Dermatology
Casalino, Rebecca, CNP	Comm -SRMC	Medicine	Nurse Practitioner
Cohen, Jeffrey, MD	PSA- Specialty Care	Medicine	Tele-Neurology
Dedam, Jean-Paul, MD	PSA-MRS	Medicine	Family Medicine
Durkin, John, MD	UNM	Medicine	Dermatology
Gardner, Katie, DO	UNM	Hospital Based	Diagnostic Radiology
Goss, Lara, MD	PSA-MRS	Medicine	Internal Medicine
Gunderson, Matthew, MD	UNM	Hospital Based	Pediatric Emergency Medicine
Harlow, Kimberly, CNS	UNMH	Medicine	Nurse Specialist
Hartzell, Tanya, CNP	UNMH	Medicine	Nurse Practitioner
Hobson, Sandra, CNP	UNMMG	Medicine	Nurse Practitioner
Holguin, Therese, MD	UNM	Medicine	Dermatology
Kalunian, Anne, CNP	UNMH	Medicine	Nurse Practitioner
Kitson, Justin, AAC	UNM	Hospital Based	Anesthesia Assistant
Landavazo, Rachel, PA-C	UNM	Medicine	Physician Assistant
Nagaraddi, Venkatesh, MD	PSA-Specialty Care	Medicine	Tele-Neurology
Palaviccini, Megan, CNP	UNMH	Medicine	Nurse Practitioner
Rankin, Rachel, MD	UNM	Medicine	Palliative Care
Rattananan, Watcharasarn, MD	PSA- Specialty Care	Medicine	Tele-Neurology
Sussman, Zachary, MD	PSA- Pathology Assoc.	Hospital Based	Pathology
Tavitas, Antonio, CNP	UNM	Medicine	Nurse Practitioner
Tintner, Ron, MD	PSA- Specialty Care	Medicine	Tele-Neurology
Toth, Laura, DO	UNM	Hospital Based	Pathology
Valenzuela, Robert, MD	PSA-MRS	Medicine	Internal Medicine

B. The following practitioners have applied for appointment to the Medical Staff, **found to have criteria for discussion by the Committee**, and have met all qualifications after successful review by each appointed Clinical Service Chief, Credentials Committee, and MEC.

Cole, Chad, MD	UNM	Surgery	Neurological Surgery
Lutz, Gina, MD	PSA-MRS	Medicine	Family Medicine

**II. REAPPOINTMENT:**

A. The following practitioners have applied for reappointment to the Medical Staff, **had no criteria that require discussion** by the Committee, all files have been reviewed and recommended by the appointed Clinical Service Chief, Credentials Committee and MEC.

Last, First, Degree	Entry Point	Service Area	Specialty
Auyang, Edward, MD	UNM	Surgery	General Surgery
Azevedo, Keith, MD	UNM	Hospital Based	Emergency Medicine
Borah, Gregory, MD	UNM	Surgery	Plastic Surgery
Boyd, Nathan, MD	UNM	Surgery	Otolaryngology
Busby, Helen, MD	UNM	Medicine	Pulmonary Medicine
Chamberlain, Rachel, MD	UNM	Medicine	Family Medicine
Chang, Betty, MD	UNM	Medicine	Internal Medicine

Crozier, Louise, CNP	UNMH	Medicine	Nurse Practitioner	
Davis, Michael, MD	UNM	Surgery	Urology	
Falk, Nadja, MD	UNM	Hospital Based	Pathology	
Franklin, Barbara, CNP	UNMMG	Medicine	Nurse Practitioner	
Gullapalli, Ramachandra, MD	UNM	Hospital Based	Pathology	
Kaza, Archana, MD	UNM	Medicine	Gastroenterology	
Kopacz, Keith, AAC	UNM	Hospital Based	Anesthesia Assistant	
Macias, Darryl, MD	UNM	Hospital Based	Emergency Medicine	
McKee, Rohini, MD	UNM	Surgery	General Surgery	
Miller, Jeremy, MD	UNM	Medicine	Psychiatry	
Modhia, Urvij, MD	UNM	Surgery	Orthopedic Surgery	
Mondo, Paul, AA-C	UNM	Hospital Based	Anesthesia Assistant	
Myers, Matthew, MD	UNM	Hospital Based	Diagnostic Radiology	
Prabhakaran, Sangeetha, MD	UNM	Surgery	General Surgery	
Richter, Dustin, MD	UNM	Surgery	Orthopedic Surgery	
Schmidt, Jordan, AA-C	UNM	Hospital Based	Anesthesia Assistant	
Shetty, Anil Kolkebaail Rajeeva, MD	UNM	Surgery	Plastic Surgery	
Yassa, Hany, MD	PSA- Medicus	Medicine	Internal Medicine	
B. The following practitioners have applied for reappointment to the Medical Staff, <b>found to have criteria for discussion by the Committee</b> , and have met all qualifications after successful review by each appointed Clinical Service Chief, Credentials Committee, and MEC.				
<b>Last, First, Degree</b>	<b>Entry Point</b>	<b>Service Area</b>	<b>Specialty</b>	
Ierides, Loutsios, MD	PSA- Cardiac Care	Medicine	Cardiovascular Disease	
<b>III. EXPANSION OF PRIVILEGES</b>				
A. The following practitioners have applied for expansion of privileges; all these expansion requests have been reviewed and recommended by the appointed Clinical Service Chief.				
<b>Last, First, Degree</b>	<b>Entry Point</b>	<b>Service Area</b>	<b>Privileges</b>	
Raiten, Joshu, MD	UNMMG	Medicine	<ul style="list-style-type: none"> <li>Physical Medicine and Rehab- Non Core</li> <li>Pain Medicine – Non Interventional- Core</li> <li>Pain Medicine Interventional- Core</li> <li>Balloon Kyphoplasty – Non-Core</li> </ul>	
<b>IV. TERMED PROVIDERS</b>				
A. The following practitioners have resigned, or withdrawn their applications from the Medical Staff.				
<b>Last, First, Degree</b>	<b>Entry Point</b>	<b>Service Area</b>	<b>Specialty</b>	<b>Date</b>
Hartshorne, Michael F., MD	UNM	Hospital Based	Radiology	Termed 4/3/2020
Calder, Christopher, MD	UNM	Medicine	Neurology	Termed 3/31/2020
Hnatiuk, Oleh, MD	UNM	Medicine	Pulmonary	Termed 3/31/2020
Singh, Rameet, MD	UNM	Surgery	Gynecology	Termed 3/31/2020
Urquhart, Robert, DDS	UNM	Surgery	Oral & Max	Reappointment Expired 3/31/2020
Hewitt, Candace, PA-C	UNMMG	Medicine	Physician Assistant	Resigned 4/16/2020

# TAB 2



## UNM SRMC Pathology Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors, effective TBD:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

### INSTRUCTIONS:

**Applicant:** Check off the “requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Clinical Service:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

### OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM SRMC Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
3. Physicians holding clinical privileges set forth in this Pathology Clinical Privilege set shall not be required to hold a current, unrestricted individual DEA Registration or a New Mexico Controlled Substance Registration (CSR).

### QUALIFICATIONS FOR PATHOLOGY CORE (ANATOMIC, AND CLINICAL):

**Initial Privileges:** To be eligible to apply for core privileges in pathology (anatomic, and clinical), the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical (laboratory) and/or anatomic pathology (which includes cytopathology); **AND**
2. Current certification in, or active participation in the examination process leading to certification in, clinical and/or anatomic pathology by the American Board of Pathology or in anatomic pathology and/or laboratory medicine by the American Osteopathic Board of Pathology; **AND**
3. Required current experience: Demonstrate full or part-time pathology services, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful



## UNM SRMC Pathology Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and an adequate volume of experience demonstrating full or part-time pathology service with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES: Anatomic Pathology

Diagnosis, exclusion, and monitoring of disease by general anatomic pathology examination of tissue specimens, cells and body fluids (cytopathology). This section also includes cytopathology, dermatopathology, and neuropathology. Adhere to Medical Staff policy regarding emergency and consultative services.

Requested

### CORE PRIVILEGES: Clinical Pathology

Clinical laboratory tests on body fluids and secretions generally classified under the headings of microbiology, hematology, immunohematology, blood banking, clinical chemistry, immunology, and specialty-related clinical activities in cytogenetics, flow cytometry, HLA, and molecular genetics based on certifying agency requirements. Privileges include but are not limited to oversight of performance of testing in accordance with CAP quality standards, and interpretation and evaluation of specialty laboratory tests. Adhere to Medical Staff policy regarding emergency and consultative services.

Requested

### QUALIFICATIONS FOR MOLECULAR GENETIC PATHOLOGY CORE:

**Initial Privileges:** To be eligible to apply for core privileges in molecular genetic pathology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical and anatomic pathology, followed by successful completion of an accredited fellowship in molecular genetic pathology; **AND**

## UNM SRMC Pathology Clinical Privileges

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

2. Current subspecialty certification in, or active participation in the examination process leading to certification in, subspecialty certification in molecular genetic pathology by the American Board of Pathology; **AND**
3. Required current experience: Demonstrate full or part-time molecular genetic pathology services, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES: Molecular Genetic Pathology

Apply laboratory techniques of molecular biology and molecular genetics for diagnosis and management of disease in patients of all ages with Mendelian genetic disorders, disorders of human development, infectious diseases, and malignancies to assess the natural history of those disorders. Provide information about gene structure, function and alteration, and apply laboratory techniques for diagnosis, treatment, and prognosis for individuals with related disorders. Adhere to Medical Staff policy regarding emergency and consultative call services.

Requested

### QUALIFICATIONS FOR HEMATOPATHOLOGY CORE:

**Initial Privileges:** To be eligible to apply for core privileges in hematopathology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in clinical (laboratory) and/or anatomic pathology; **AND**
2. Successful completion of at least a one (1) year fellowship in hematopathology; **AND**
3. Current certification in, or active participation in the examination process leading to certification in, both hematopathology and one of the following: anatomic pathology, clinical pathology, or both anatomic and clinical pathology by the American Board of Pathology, or in anatomic pathology and/or laboratory medicine and hematopathology by the American Osteopathic Board of Pathology; **AND**
4. Required current experience: Demonstrate full or part-time pathology services, reflective of the scope of privileges requested, during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

## UNM SRMC Pathology Clinical Privileges

**Renewal of Privileges:** Demonstrated current competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### CORE PRIVILEGES: Hematopathology

Diagnosis, exclusion, and monitoring of hematologic disease by examination of blood, bone marrow, lymph node, and tissue samples. Privileges include interpretation of flow cytometric data and standard microscopic examination with immunophenotypic studies, as well as the appropriate integration of cytogenetic and molecular findings. Adhere to Medical Staff policy regarding emergency and consultative call services.

#### Requested

### SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required, experience, and maintenance of clinical competency.

#### QUALIFICATIONS FOR SPECIAL PROCEDURES IN PATHOLOGY:

**Criteria:** To be eligible to apply for special non-core privileges in pathology, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post graduate training program in anatomic and/or clinical pathology that included training in performance of requested procedure; **AND**
2. Required current experience: Demonstrate current competence and evidence of at least two (2) requested procedures with acceptable results during the past twelve (12) months, or demonstrate successful completion of training within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and evidence of performing of at least four (4) of the requested procedures with acceptable results in the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### NON-CORE PRIVILEGES: Apheresis

#### Requested

**UNM SRMC Pathology Clinical Privileges**

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**NON-CORE PRIVILEGES: Bone Marrow Biopsy**

Requested

**NON-CORE PRIVILEGES: Specialty-Related Molecular Genetic  
and Cytogenetic Interpretation**

Requested

**NON-CORE PRIVILEGES: Performance of Fine Needle Aspiration Biopsies**

Requested

**NON-CORE PRIVILEGES: Performance of Ultrasound-Guided  
Fine Needle Aspiration Biopsies**

Requested

**UNM SRMC Pathology Clinical Privileges**

Name: \_\_\_\_\_ Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Acknowledgement of Practitioner**

I have requested only those clinical privileges for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and for which I wish to exercise at UNM SRMC Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Clinical Service Chief Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/ modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinical Service Chief Signature

\_\_\_\_\_  
Date Signed

**TAB 3**



Thursday, June 25, 2020

**FINANCE COMMITTEE MEETING, the following was discussed:**

**Approval of Minutes**

Committee members approved the meeting minutes from May 26, 2020.

**Review of Financials**

Ms. Darlene Fernandez presented the FY20 Sandoval Regional Medical Center's Financials for eleven months ending May 31, 2020

***\*\* Included in today's Board agenda materials are the committee approved minutes of the May 26, 2020 Finance Committee meeting. The minutes are now presented to the SRMC Board of Directors approval.***

The next meeting date is July 21, 2020.





# SANDOVAL REGIONAL MEDICAL CENTER

## SRMC Finance Committee Meeting Minutes

May 26, 2020  
 12:00 PM – 1:00 PM  
 Zoom Meeting

CALL TO ORDER AGENDA		ACTION/REC.
I.	<i>Dr. Richards called meeting to order at 8:02 AM.</i>	Accept as information.
REVIEW AND APPROVE PREVIOUS MEETING MINUTES/OLD BUSINESS		
II.	<i>Committee approved the minutes from the April 22, 2020 committee meetings.</i>	Accept as information.
SANDOVAL REGIONAL MEDICAL CENTER'S FINANCIALS		
III.	Ms. Fernandez presented the FY2020 UNM Sandoval Regional Medical Center Financials for nine months ending April 30, 2020. The presentation included the Patient Volumes, Discharges by Month, ALOS and CMI, FTE's, SRMC Care Enrollment and Payer Mix. The Financial Statements discussed included Income Statement, Balance Sheet, Statement of Cash flow, and HUD Debt Covenant Financial Ratios. The committee discussed COVID-19 impact on Cash Projections, Inpatient Days Projections, Surgery Projections, and Clinic Visits Projections. Please refer to the April financial presentation for additional information.	Accept as information.
ADJOURNMENT/NEXT MEETING		
I.	<b>Adjournment/Next Meeting</b> Meeting Adjourned at 12:47 PM. <b>Next Meeting:</b> June 23, 2020 at 8:00 AM.	Accept as information.

MEMBERS IN ATTENDANCE	GUESTS IN ATTENDANCE
<b>Committee Members Present via Zoom:</b> Michael Richards Matthew Wilks Dave Panana <b>Management Present:</b> Darlene Fernandez Robin Cole Jamie Silva-Steele Pam Demarest Kaitlyn Delbene Gurdeep Singh	<b>Guests:</b>
<b>Minutes Taken By:</b> Amanda Toledo	



## FY21 Re-Budget

## *FY21 Revenue and Expense Assumptions*

- ❖ Maintain the 3 Strategic Initiatives:
  - Building out a primary care network
  - Establishing strength and reputation in anchor programs
  - Aligning with key physicians
- ❖ Maintain targeted growth in the following areas:
  - ADC
  - Surgical Services
  - Clinic Visits
  - Ancillary Services
- ❖ Payer contracts/rates net neutral
- ❖ Mercer compensation assessment
- ❖ FTE alignment with strategic growth
- ❖ Increase costs associated with Mill Levy programs (October 2020 Trauma go-live)
- ❖ Inflation factors for medical supplies and pharmaceuticals
- ❖ IT strategic initiatives
- ❖ Mortgage re-finance

## Sandoval Regional Medical Center FY21 Re-Budget

	(A)	(B)	(C)	% Change	
	FY20 Projection	FY21 Original Budget	FY21 Re-Budget	Y/Y (A) - (C)	FY21 Budget (B) - (C)
Clinic Visits	43,434	51,283	51,283	18%	0%
Total Discharges	4,851	5,531	5,531	14%	0%
<b>CMI</b>	<b>1.623</b>	<b>1.6</b>	<b>1.6</b>	<b>-1%</b>	<b>0%</b>
Inpatient Discharges	2549.9	2887	2887	13%	0%
Observation Discharges	2301.1	2644	2644	15%	0%
<b>Total Discharges</b>	<b>4,851</b>	<b>5,531</b>	<b>5,531</b>	<b>14%</b>	<b>0%</b>
Surgeries	2,818	3,597	3,597	28%	0%
Operating Revenue	\$ 77,391,742	\$ 84,661,756	\$84,602,870	9%	0%
Operating Expense	\$ 81,995,016	\$ 87,760,880	\$88,252,063	-8%	-1%
<b>Operating Margin</b>	<b>(4,603,274)</b>	<b>(3,099,124)</b>	<b>(3,649,193)</b>	<b>21%</b>	<b>-18%</b>
<b>%</b>	<b>-6%</b>	<b>-4%</b>	<b>-4%</b>	<b>-2%</b>	<b>1%</b>
Non-Operating	\$ 4,367,583	\$ 3,106,894	\$ 3,653,931	-16%	-18%
<b>Margin</b>	<b>\$ (235,691)</b>	<b>\$ 7,770</b>	<b>\$ 4,738</b>	<b>-102%</b>	<b>39%</b>
<b>%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

# TAB 4

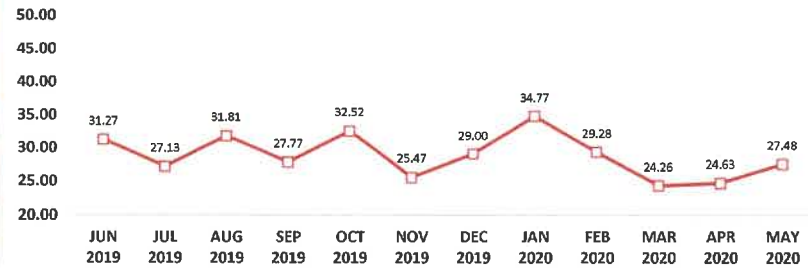
# SANDOVAL REGIONAL MEDICAL CENTER

## Key Performance Indicators and Metrics

### May 31, 2020



SRMC Average Daily Census

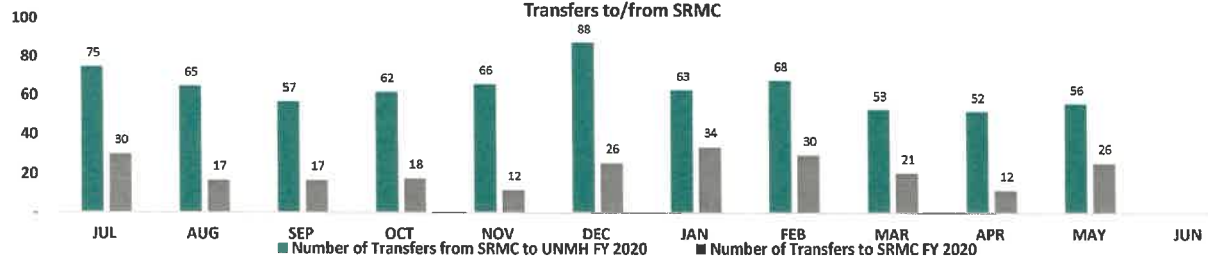


	6 month Trend May 31, 2020	One Month Results May 31, 2020	FY 20 YTD Results May 31, 2020	FY 20 YTD Budget May 31, 2020	FY 19 PYTD Results 5/31/2019	Indicator
Inpatient Days		852	9,601	11,373	11,013	↓
Discharges		169	2,364	2,831	2,730	↓
Observation (Days)		151	3,320	2,930	3,284	↑
Emergency Department Visits (Incl Crit Care/Trauma, Excl LWBS)		1,069	17,741	18,905	19,444	↓
Inpatient Surgeries		37	630	964	910	↓
Outpatient Surgeries		85	2,018	2,352	2,301	↓
Length of Stay (ICU & Medsurg)		5.04	4.06	4.02	4.03	↑
Family Practice Clinic Visits		985	12,849	15,488	13,702	↓
Specialty Care Clinic Visits		1,097	25,581	32,679	29,567	↓

AVERAGE DAILY CENSUS BY UNIT (Incl. Obs Days)

	CAPACITY	MAY 2020	Budget 2020	OVER/(UNDER)
Medical/Cardiac ICU	11.0	6.4	5.5	0.9
Med Surg 4th Floor	24.0	13.6	16.3	(2.7)
Med Surg 5th Floor	24.0	12.3	12.1	0.2

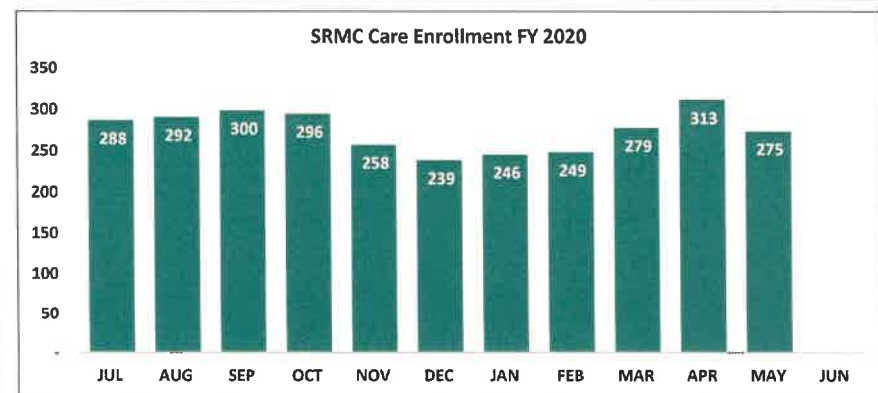
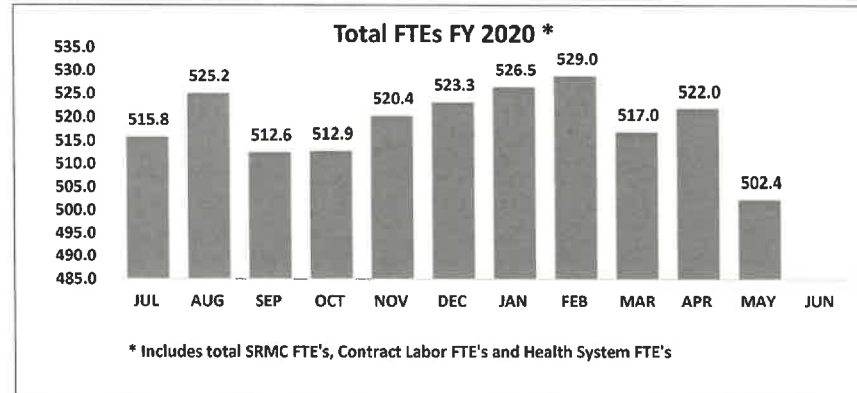
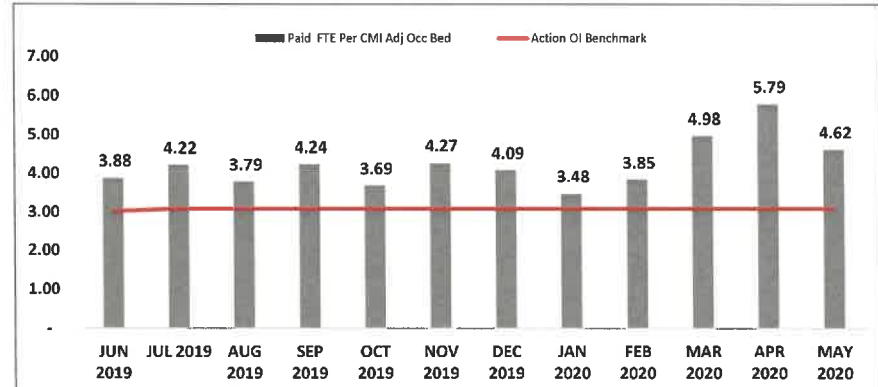
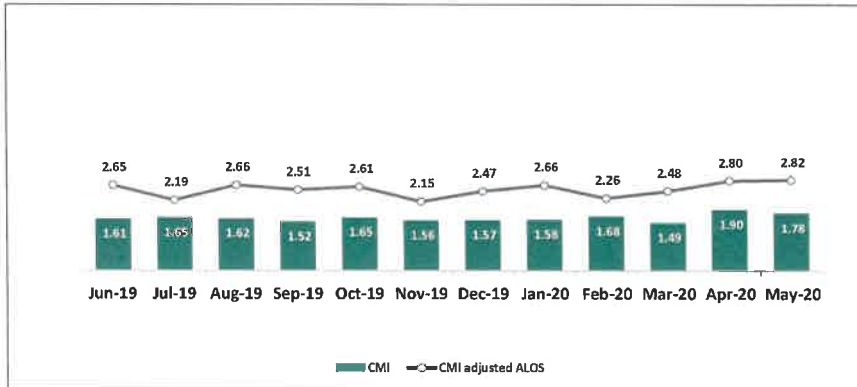
Transfers to/from SRMC



**SANDOVAL REGIONAL MEDICAL CENTER**  
**Key Performance Indicators and Metrics**  
**May 31, 2020**

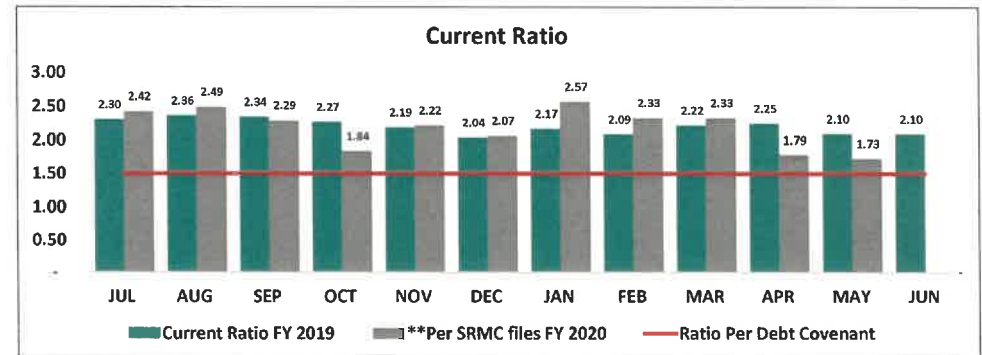
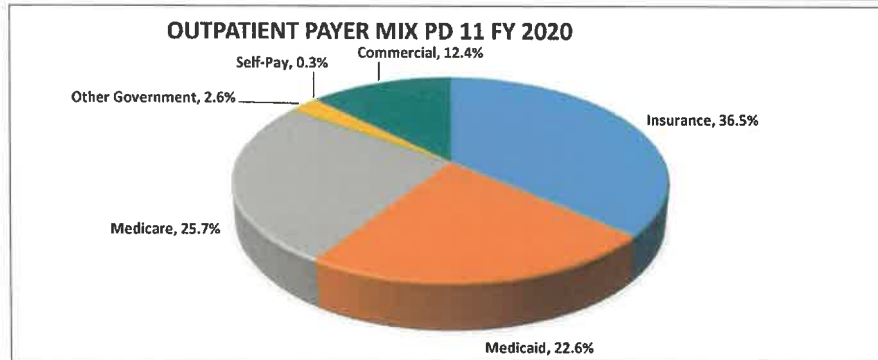
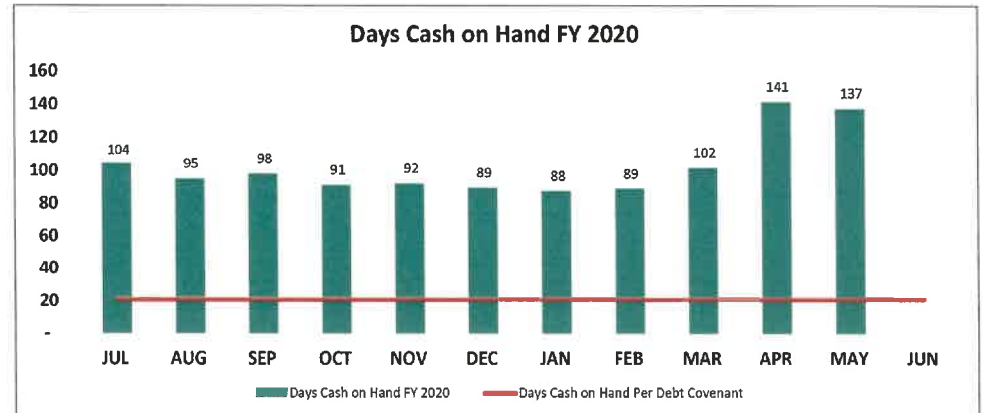
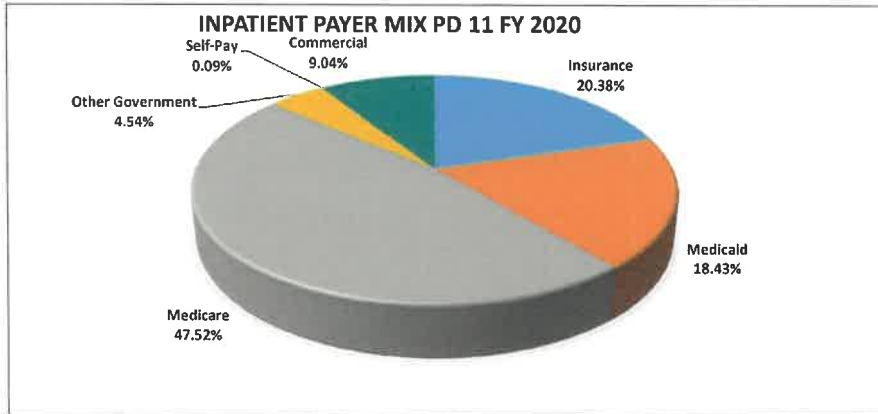
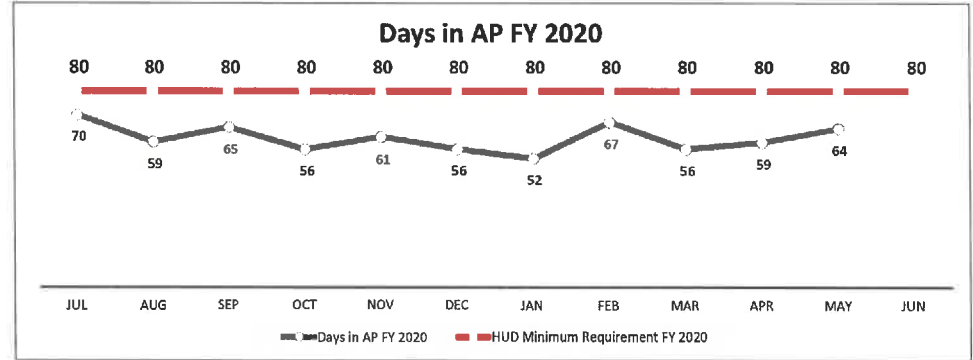
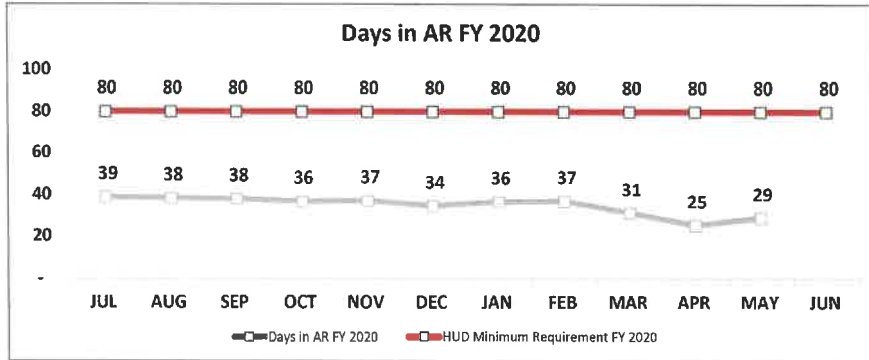


	6 month Trend 5/31/2020	One Month Results 5/31/2020	FY 20 YTD Results 5/31/2020	FY 20 YTD Budget 5/31/2020	FY 19 PYTD Results 5/31/2019	
HUD Operating Revenues		\$6,852,990	\$77,832,530	\$82,646,797	\$77,781,630	<span style="background-color: red; color: white;">↓</span>
HUD Operating Expenses		\$6,743,550	\$79,065,335	\$82,392,697	\$77,174,612	<span style="background-color: green; color: white;">↓</span>
Net Margin		\$42,778	(\$175,375)	\$141,388	(\$8,458)	<span style="background-color: green; color: white;">↓</span>
HUD Operating Margin		\$109,440	(\$1,232,805)	\$254,100	\$607,018	<span style="background-color: red; color: white;">↓</span>
HUD Net Margin %		0.61%	-0.22%	0.17%	-0.01%	<span style="background-color: red; color: white;">↓</span>





**SANDOVAL REGIONAL MEDICAL CENTER**  
**Key Performance Indicators and Metrics**  
**May 31, 2020**



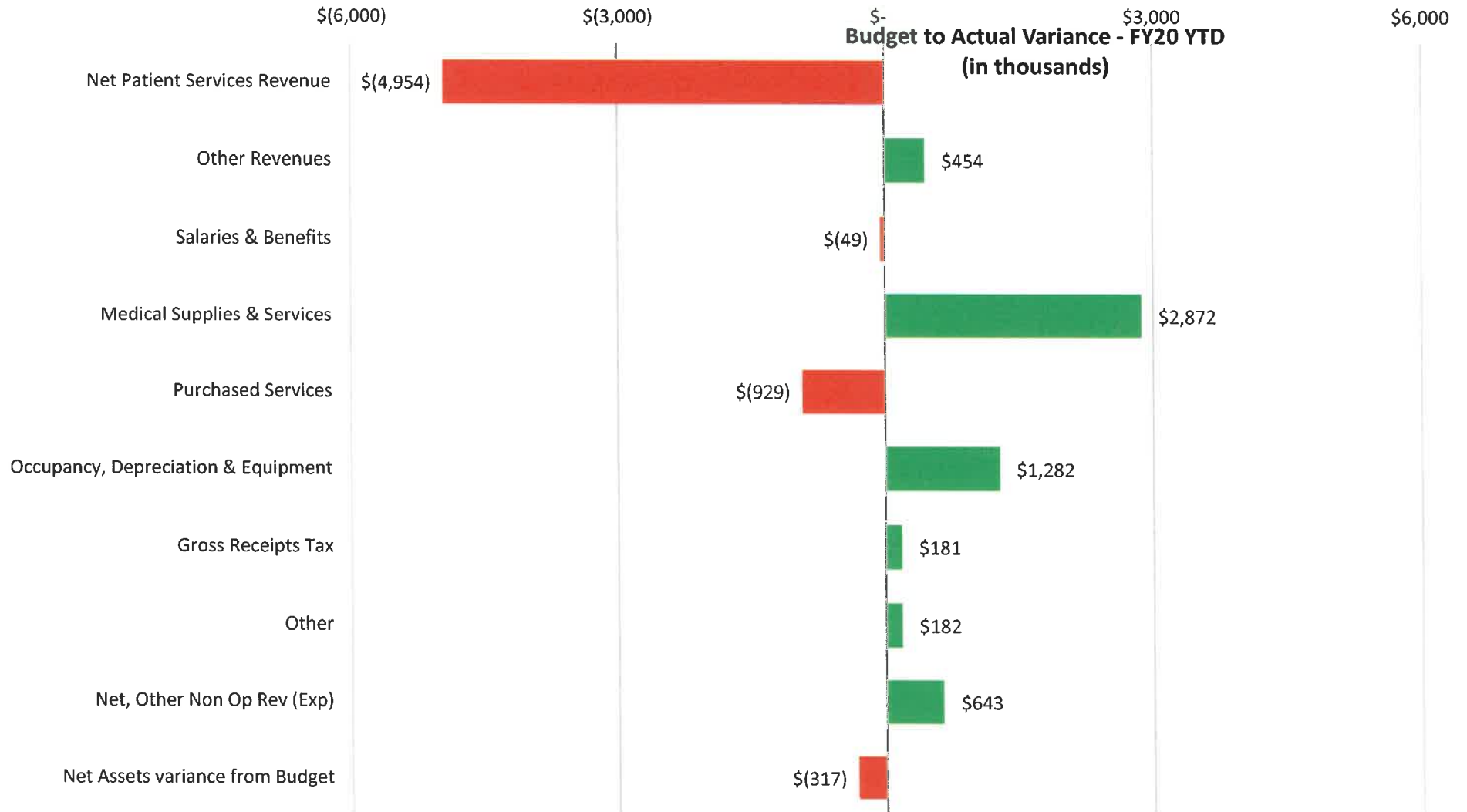


**FINANCIAL UPDATE**  
*Through May 31, 2020*  
**Darlene Fernandez**

# Sandoval Regional Medical Center Income Statement Current Month and YTD May 2020

Month			Year-to-Date					
ACTUAL	Budget	VARIANCE		ACTUAL	BUDGET	PRIOR	Bud VARIANCE	PY VARIANCE
			<b>REVENUE</b>					
\$11,573,671	\$ 16,134,658	\$ (4,560,987)	Gross Patient Charges	\$175,795,108	\$183,977,257	\$193,750,097	\$ (8,182,149) ●	-4% \$ (17,954,989)
(6,243,837)	(9,403,289)	3,159,452	Less: Contractual Discounts	(105,383,405)	(108,611,629)	(117,197,583)	3,228,224 ●	3% 11,814,178
5,329,834	6,731,369	(1,401,535)	Net Patient Service Revenues	70,411,703	75,365,628	76,552,514	(4,953,925) ●	-7% (6,140,811)
238,247	100,693	137,554	Other Operating Revenues	1,593,827	1,139,502	1,149,428	454,325 ●	40% 444,399
<u>\$ 5,568,081</u>	<u>\$ 6,832,062</u>	<u>\$ (1,263,981)</u>	Total Operating Revenues	<u>\$ 72,005,530</u>	<u>\$ 76,505,130</u>	<u>\$ 77,701,942</u>	<u>\$ (4,499,600) ●</u>	<u>-6% \$ (5,696,412)</u>
			<b>OPERATING EXPENSES</b>					
2,967,880	2,831,746	(136,134)	Employee Compensation & Contract	31,965,159	32,290,278	30,766,999	325,119 ●	1% (1,198,160)
654,721	565,275	(89,446)	Benefits	6,902,446	6,528,655	6,537,381	(373,791) ●	-6% (365,065)
30,955	124,616	93,661	University Clinician's Program	234,580	1,370,772	276,807	1,136,192 ●	83% 42,227
(790)	55,135	55,925	Housestaff Salary	65,378	606,488	573,345	541,110 ●	89% 507,967
467,446	318,239	(149,207)	Medical Services	4,167,039	3,675,658	3,745,179	(491,381) ●	-13% (421,860)
957,235	1,377,892	420,657	Medical Supplies	13,939,137	15,625,149	16,057,862	1,686,012 ●	11% 2,118,725
470,328	504,440	34,112	Depreciation	5,159,673	5,548,854	5,573,951	389,181 ●	7% 414,278
313,639	368,373	54,734	Equipment & Maintenance	3,489,726	4,230,230	3,392,368	740,504 ●	18% (97,358)
18,981	155	(18,826)	Denials & Underpmt Recov	273,452	1,785	(19,201)	(271,667) ●	-15219% (292,653)
236,140	392,275	156,135	Purchased Services	5,153,892	4,496,888	3,794,476	(657,004) ●	-15% (1,359,416)
148,296	162,722	14,426	Occupancy & Utilities	1,726,489	1,878,911	1,832,038	152,422 ●	8% 105,549
77,102	134,387	57,285	Gross Receipts Tax	1,371,017	1,552,174	-	181,157 ●	12% (1,371,017)
117,822	145,577	27,755	Other Supplies & Other	1,464,518	1,647,001	1,374,808	182,483 ●	11% (89,710)
<u>\$ 6,459,755</u>	<u>\$ 6,980,832</u>	<u>\$ 521,077</u>	Total Operating Expense	<u>\$ 75,912,506</u>	<u>\$ 79,452,843</u>	<u>\$ 73,906,013</u>	<u>\$ 3,540,337 ●</u>	<u>4% \$ (2,006,493)</u>
<u>\$ (891,674)</u>	<u>\$ (148,770)</u>	<u>\$ (742,904)</u>	Operating Margin	<u>\$ (3,906,976)</u>	<u>\$ (2,947,713)</u>	<u>\$ 3,795,929</u>	<u>\$ (959,263) ●</u>	<u>-33% \$ (7,702,905)</u>
			<b>NON OPERATING REVENUE/EXPENSE</b>					
1,284,909	558,333	726,576	Sandoval County Mill Levy	5,827,000	6,141,667	79,688	(314,667) ●	-5% 5,747,312
(428,858)	(416,877)	(11,981)	Bond Interest Expense	(4,763,792)	(4,585,649)	(4,929,860)	(178,143) ●	-4% 166,068
145,222	167,648	(22,426)	BAB Subsidy and Interest Inc on GNMA	1,830,588	1,844,134	1,915,676	(13,546) ●	-1% (85,088)
(74,306)	(24,944)	(49,362)	Non Operating Expense	(838,438)	(274,383)	(889,042)	(564,055) ●	-206% 50,604
7,485	1,667	5,818	Donations	16,912	18,332	19,151	(1,420) ●	-8% (2,239)
-	-	-	CARES Act Funding	1,659,331	-	-	1,659,331 ●	100% 1,659,331
-	(5,000)	5,000	Health System Tax (PY Mission Support)	-	(55,000)	-	55,000 ●	100% -
<u>\$ 934,452</u>	<u>\$ 280,827</u>	<u>\$ 653,625</u>	Total Non-Operating Revenues	<u>\$ 3,731,601</u>	<u>\$ 3,089,101</u>	<u>\$ (3,804,387)</u>	<u>\$ 642,500 ●</u>	<u>21% \$ 7,535,988</u>
<u>\$ 42,778</u>	<u>\$ 132,057</u>	<u>\$ (89,279)</u>	Total Increase to Net Assets	<u>\$ (175,375)</u>	<u>\$ 141,388</u>	<u>\$ (8,458)</u>	<u>\$ (316,763) ●</u>	<u>-224% \$ (166,917)</u>

## Sandoval Regional Medical Center May 2020 YTD Income Statement Compared to Budget



## Sandoval Regional Medical Center Balance Sheet As of dates indicated below

	May 31, 2020	Audited June 30, 2019
<b>CURRENT ASSETS</b>		
Cash & cash equivalents	28,953,218	21,942,347
Patient Accounts Receivable, net	5,827,364	8,800,479
Estimated third party payer settlements	358,697	396,286
Due from UNMMG/UNMH/SOM	265,592	90,530
Other Receivables	861,005	128,956
AR-Sandoval County Mill Levy	1,074,878	-
Inventory and Prepaid Expenses	2,683,494	2,673,411
<b>TOTAL CURRENT ASSETS</b>	<b>40,024,248</b>	<b>34,032,009</b>
<b>NON-CURRENT ASSETS</b>		
Capital assets, net	95,872,088	99,508,641
Held by trustee for mortgage reserve fund	15,083,100	13,206,575
Held by trustee for debt service	5,532,319	7,124,841
<b>TOTAL NON-CURRENT ASSETS</b>	<b>116,487,507</b>	<b>119,840,057</b>
<b>TOTAL ASSETS</b>	<b>156,511,755</b>	<b>153,872,066</b>
<b>CURRENT LIABILITIES</b>		
Accounts Payable	6,104,914	6,051,655
Interest Payable	2,144,292	2,664,837
Accrued Payroll Liabilities	4,179,954	3,618,937
Due to UNMMG/UH/SOM	2,340,233	677,314
Other 3rd Party Liability	802,803	2,142,329
Deferred Revenue	190,381	1,048,206
CMS Advance Pmt Plan	7,330,765	-
<b>TOTAL CURRENT LIABILITIES</b>	<b>23,093,342</b>	<b>16,203,278</b>
<b>NON-CURRENT LIABILITIES</b>		
Bonds Payable	113,280,000	117,355,000
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>113,280,000</b>	<b>117,355,000</b>
<b>TOTAL LIABILITIES</b>	<b>136,373,342</b>	<b>133,558,278</b>
<b>NET ASSETS</b>		
Unrestricted	(575,398)	(107,176)
Restricted for bequests and contributions	98,392	89,548
Restricted in accordance with the Trust Indenture	20,615,419	20,331,416
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>156,511,755</b>	<b>153,872,066</b>

## Sandoval Regional Medical Center Statement of Cash Flows As of dates indicated below

	May 31, 2020	June 30, 2019
Cash flows from operating activities:		
Cash received from patient services	\$ 71,447,793	\$ 79,677,551
Cash payments to employees	(31,795,929)	(30,147,563)
Cash payments to suppliers and contractors	(36,623,321)	(38,793,493)
Cash payments to related parties	611,607	(4,111,938)
Cash payments for gross receipts tax	(633,047)	—
Other receipts	1,144,265	852,118
Net cash provided by operating activities	<u>4,151,368</u>	<u>7,476,675</u>
Cash flows from noncapital financing activities:		
Cash received from Sandoval County mill levy	4,752,122	84,996
Cash received from CARES Act Funding	1,659,331	—
Cash receipts from CMS Advance Funding	7,330,765	—
Cash received from contributions	16,912	20,626
Net cash provided by noncapital financing activities	<u>13,759,130</u>	<u>105,622</u>
Cash flows from capital financing activities:		
Purchases of capital assets	(1,523,120)	(2,508,835)
Cash received from federal bond subsidy	885,646	2,631,025
Interest payments on bonds	(5,284,337)	(5,461,525)
Cash payments into mortgage reserve fund	(1,876,525)	(1,876,920)
Principal payments on bonds	(4,075,000)	(3,890,000)
Inflows to trustee accounts	5,348,374	3,013,596
Interest payments on mortgage	(4,829,435)	(5,444,931)
Principal payments on mortgage	(3,755,852)	(3,911,266)
Cash payments for mortgage-related activities (Mortgage servicing, MIP, GNMA guaranty)	(838,437)	(969,965)
Other Receipts	-	188,710
Net cash used in capital financing activities	<u>(15,948,686)</u>	<u>(18,230,111)</u>
Cash flows from investing activities:		
Interest on investments	219,625	294,672
Interest on GNMA	4,829,434	5,444,931
Net cash provided by investing activities	<u>5,049,059</u>	<u>5,739,603</u>
Net increase (decrease) in cash and cash equivalents	7,010,871	(4,908,211)
Cash and cash equivalents, beginning of year	21,942,347	26,850,558
Cash and cash equivalents, end of period	<u>\$ 28,953,218</u>	<u>\$ 21,942,347</u>



## Financial Indicator Ratio Definitions

**Patient Days** – Represents the number of inpatient days.

**Discharges** – Number of patients discharged from an inpatient stay.

**Average Length of Stay** - Represents the length of stay for the average patient. It is calculated by taking total patient days divided by total discharges.

**Days for Behavioral Operations** - Represents the number of inpatient days in the behavioral unit.

**Outpatient Primary Care Clinic Visits** – Represents the number of patients registered for a primary care clinic visit.

**Outpatient Specialty Clinic Visits** – Represents the number of patients registered for a specialty care clinic visit. A patient can have multiple procedures performed during a clinic visit. A visit statistic is not counted if the service was performed in an ancillary department. For example, a patient that reports to the lab for a blood draw.

**Emergency Department Visits** - Represents the number of patients registered for a visit in the emergency department.

**Operations** - Represents individual patients who are treated in an operating room. A single patient may have multiple procedures and may be in the OR for several hours but are still counted as only one statistic. SRMC has 6 operating rooms and 2 special procedure rooms.

**Net Income (Loss) for all Operations**- Represents operating revenues less operating expenses plus non-operating revenues less non-operating expenses. Also known as the bottom line.

- Operating revenues consist primarily of net patient revenue; it also includes other revenues, i.e. food sales.
- Operating expenses consist of salaries and benefits, medical services, and medical supplies.
- Non-operating activity is derived from sources other than the revenues and expenses associated with the running of a hospital.
  - Non-operating revenues consist of mill levy and investment revenue.
- Non-operating expense represents the bond expense, mortgage insurance premium and other bond related expenses.



**Case Mix Index** – Represents the relative severity of the cases that are treated and a measurement for the resources used to treat patients. Measures the average diagnosis-related group (DRG) relative weight for that hospital. It reflects the diversity, clinical complexity and the needs for resources in the population of all the patients in the hospital. It is calculated by summing the DRG weights for all discharges and dividing by the number of discharges.

**Days cash on hand** – measures the number of days the organization could continue to pay its average daily cash obligations with no new cash resources becoming available. Represents operating cash divided by the daily average expense (annual expenses divided by 365).

**Days cash on hand plus Equity at Wells Fargo** – measures the number of days the organization could continue to pay its average daily cash obligations with no new cash resources becoming available. Represents operating cash plus the remaining operating cash held by the trustee divided by the daily average expense (annual expenses divided by 365).

**Debt service coverage ratio mortgage** –measures the number of dollars of cash flow available per dollar of mortgage debt expense.

**Debt service coverage ratio bonds** –measures the number of dollars of cash flow available to per dollar of mortgage debt expense.

**Current ratio** –Measures whether or not the hospital has enough resources to pay its debts over the next 12 months. The calculation represents total current assets divided by current liabilities. SRMC's current liabilities consist of cash and cash equivalents, cash held by trustee, patient AR, third party receivables, related party receivable, mill levy receivable, prepaids and inventory. SRMC's current liabilities consist of vendor payables, interest payable, accrued payroll and due to related parties.

**Days in Accounts Payable (AP)** – measures the average number of days an organization takes to pay its outstanding bills.

**Days in Accounts Receivable (AR)** – measures the average time it takes an organization to collect its receivables.

**FTEs (worked) per adj patient day** – Represents a measurement of the resources utilized to treat patients. Calculated by dividing fte's worked by adjusted patient days. Adjusted patient days is a baseline figure used by hospitals and represents an aggregate figure reflecting the number of days of inpatient care, plus an estimate of the volume of outpatient services, expressed in units equivalent to an inpatient day in terms of level of effort. Adjustment factor is gross charges divided by inpatient charges. It is calculated by taking (O/P gross charges divided by (I/P gross charges per I/P day) times I/P days.

**Paid FTEs for all operations**– FTE represents full time equivalent. Full time equivalent is calculated by taking hours paid (worked and non-productive) divided by the available hours for a specified period, i.e. 2,080 hours for a full year

# TAB 5



BOARD OF DIRECTORS  
CEO REPORT  
JUNE 25, 2020

# Agenda

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- Emergency Operations Committee
- Returning to Clinical Services
- SRMC Strategic Planning
- Health System Strategic Planning Updates

# Emergency Operations Committee

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Last meeting – Tuesday, June 23, 2020

SRMC Hotwash – Thursday, June 25, 2020

- Identify areas that went well
- Areas that need improvement
- Recommendations for improvement during the COVID-19 response

UNM Health System – Joint Operations Committee Hotwash – July 2, 2020

# Phased Return of Services

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## Phase I

- OR - 50% Pre-COVID volume; Ortho, General Surgery, UroGyn; No Inpatients, W-F 0730-1530
- Clinics - Align with OR; 50% Pre-COVID Volumes; Virtual Visits; Pre-Testing Clinic
- Rehab - Align with OR
- Radiology - Align with OR

## Phase II

- OR - 70% Pre-COVID volume; Inpatients, M-F 0730-1530
- Clinics - 50% Pre-COVID Volumes; Virtual Visits; Pre-Testing Clinic; M-F 0800-1700
- Rehab – 70% Pre-COVID Volumes; M-F 0800-1700
- Radiology – 50% Pre-COVID Volumes

## Phase III

- All Areas - 100% Pre-COVID Volumes



## Daily Briefing

6/11/2020

UNMH CENSUS: Code Purple

### SRMC Census

In House		42
Medicine Patients	32	
	4 <sup>th</sup>	20
	5 <sup>th</sup>	12
Holding in ED		0
OR Admits		4
Anticipated Discharges		13

### SRMC COVID-19 Patient Daily Counts 0800 HRS

# of Rule Out COVID Inpatients (4 <sup>th</sup> )	2
• # of Rule Out COVID Vents	0
# of Positive COVID Inpatients (4 <sup>th</sup> / 3 <sup>rd</sup> )	4
• # of Positive COVID Vents	0
# of COVID PALS Patients	0

Rapid Response issues: **One** yesterday that went well. Staffing issues: **None**

### Patient Volumes – Phase II – 70% Targets

	Yesterday	Today	Target
Surgical Services	4	11	11
Clinics	129		121
Telephonic	52		
Video			
Radiology	152		89
Rehab	44		60
Emergency Services	43		40

### PPE Status

	On Hand	Incoming
Surgical/Procedure Masks	Green	Green
N95s	Green	Yellow
Eye Protection	Green	Green
Gowns	Green	Green
Gloves	Green	Green
Swabs	Green	Yellow
Bouffant	Green	Green
Shoe Coverings	Green	Green



Optimize Inpatient Bed Utilization									Phase I 5-18-20		Phase II 6-1-20				FY20 BUDGET	FY20 Phase II WEEKLY TARGET	Assumption 70% of Pre- COVID (July- March 21 Avg)			
Weekly Metrics	21-Mar	28-Mar	4-Apr	11-Apr	18-Apr	25-Apr	2-May	9-May	16-May	23-May	30-May	6-Jun	13-Jun							trends
Optimize Inpatient Bed Utilization																				
Total Weekly Discharges w/Obs	71	56	48	48	40	51	31	51	48	60	59	65	78	20/day; 102/week; 424/month; 5,088/yr	65	70% Pre COVID				
Med Surg/ICU Census w/Obs	231	162	282	210	225	220	217	238	271	227	212	242	263	300/week; 1,302/month; 15,629/yr	204	70% Pre COVID				
Grow Surgical Services																				
Total Surgeries	57	35	24	23	11	9	18	29	32	26	32	43	44	14.4/day; 72/week; 301/month; 3,612/yr	44	70% Pre COVID				
IP Surgeries	19	14	12	10	3	3	8	14	23	6	12	17	21	4.2/day; 21/week; 87/month; 1,047/yr	19	70% Pre COVID				
OP Surgeries	38	21	12	13	8	6	10	15	9	20	20	26	23	10.2/day; 51/week; 214/month; 2,565/yr	26	70% Pre COVID				
% Community Surgeries																				
Develop Robust Ambulatory Care Strategy																				
Total Clinic Visits (w/sleep&Infus)	537	493	358	471	492	401	429	428	543	630	481	726	825	200/day; 999/week; 4,161/month; 49,927/yr	573	70% Pre COVID				
Primary Care	188	131	167	206	172	209	199	151	224	219	210	309	332	68/day; 339/week; 1,413/month; 16,961/yr	202	70% Pre COVID				
Total Surgical Specialties	228	290	131	187	210	151	116	153	180	243	182	279	343	92 day; 459/week; 1,913/month; 22,951/yr	269	70% Pre COVID				
Total Medical Specialties	91	90	52	73	94	96	83	81	91	71	69	112	122	30 day; 149/week; 620/month; 7,444/yr	74	70% Pre COVID				
Pre-Procedure Testing											71	19	27		28					
Telephone Visits ONLY											91	24	36							
ED	337	272	244	264	214	221	275	247	284	241	315	308	309	58/day; 408/week; 1,767/month; 21,203/yr	305	70% Pre COVID				
Radiology	524	474	498	430	428	448	546	512	603	571	652	682	808	128/day; 896/week; 3,882/month; 46,584/yr	624	70% Pre COVID				
Rehab	178	162	139	162	131	153	137	129	201	183	172	242	296	69/day; 344/week; 1,435/month; 17,223/yr	225	70% Pre COVID				

# UOP Dashboard

Target Met | Not Met



Organization  
SRMC

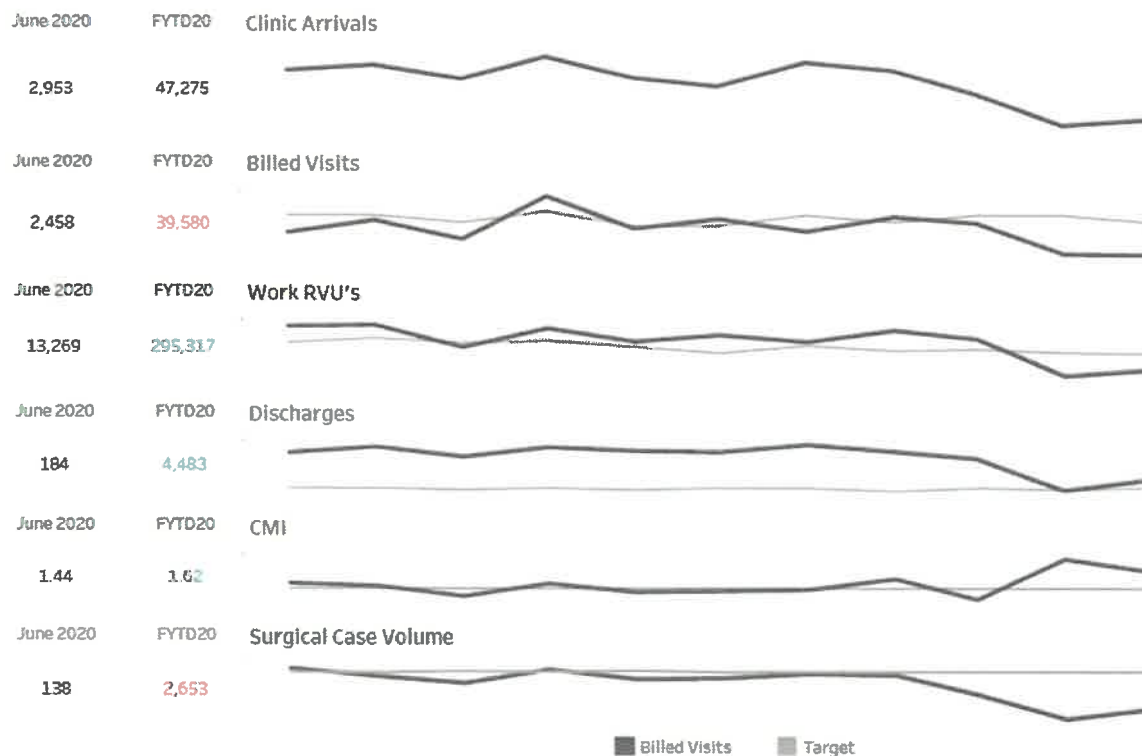
Choose Time Period  
July 2019 to May 2020

Net Margin FYTD20 | May 2020

-2.55%

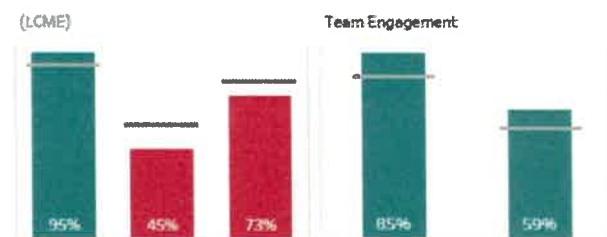
O/P Composite | April 2020

As of:



I/P Composite Score | FYTD January 2020

100.0%



Data updated as of June 21, 2020

# New Functional Areas Restarting Operations

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Patient Check-in – Main Entrance - hours of operation, staffing, scrubs distribution

Employee Check-in - South Entrance - hours of operation, staffing

Centralized Registration – Main Entrance

Monitoring PPE

Student Rotations

- UNM beginning
- Other students case-by-case

# Health Sciences Rio Rancho Campus

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As of Monday, June 1

- UNMMG Behavioral Health Clinic re-opened
  - Performing in person and tele-health services
  - Screen patients prior to entering the building
  - Social distancing measures and barriers
- SRMC Clinical Education courses

During June & July no academic users/classes

# Health System Strategic Planning Updates

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SRMC, as part of UNMHS, to be the health network of choice for Sandoval County







## ESTIMATED PROJECT SCHEDULE

	OCTOBER 2019  NOVEMBER 2021					
<b>PROGRAMMING &amp; DESIGN</b>	9 MONTHS Complete July 2020					
<b>PRICING &amp; CONSTRUCTION</b>			16 MONTHS Groundbreaking Fall 2020			Complete November 2021
<b>UNM REGENT APPROVAL</b>		December 10, 2019				
<b>CORR GOV. BODY APPROVAL</b>		December 11, 2019				
<b>NMMFA APPROVAL</b>		February 26, 2020				
<b>NMHED APPROVAL</b>		March 11, 2020				
<b>NMSBOF APPROVAL</b>		April 21, 2020				



Completed and Approved



# UNM Medical Group Primary Care 1790 Grande Clinic Update

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6,050 square feet

12 exam rooms

Team-based Primary Care, Behavioral Health, CAM services, and select specialty clinics

- GOAL: PCMH certification within the first two (2) years

FBT is hired architect

One new primary care doctor hired

Certified Family Medicine APP - starting in September

Target date to open TBD

# View to Arrival Court



# \$381.0M PROGRAM SUMMARY

- **96 Inpatient Beds**

*Four 24-Bed Intensive Care Units*

- **Interventional Platform**

*18 Operating Rooms (16 General + 2 Hybrid)*

*2 Endoscopy + 2 Pulmonary*

*4 Cath Labs (2 Single Plane + 2 Bi-Plane)*

*6 IR Suites (2 Angio + 2 Neuro + 2 CT)*

*Perioperative Suite (72 PACU/Prep/Recovery)*

- **Adult Emergency Department**

*2 Trauma + 8 Resuscitation*

*40 Exam + 2 Triage Rooms*

*8 Fast Track Exam Rooms*

*10 Behavioral Exam + 2 PICLEA*

**Imaging**

*MRI*

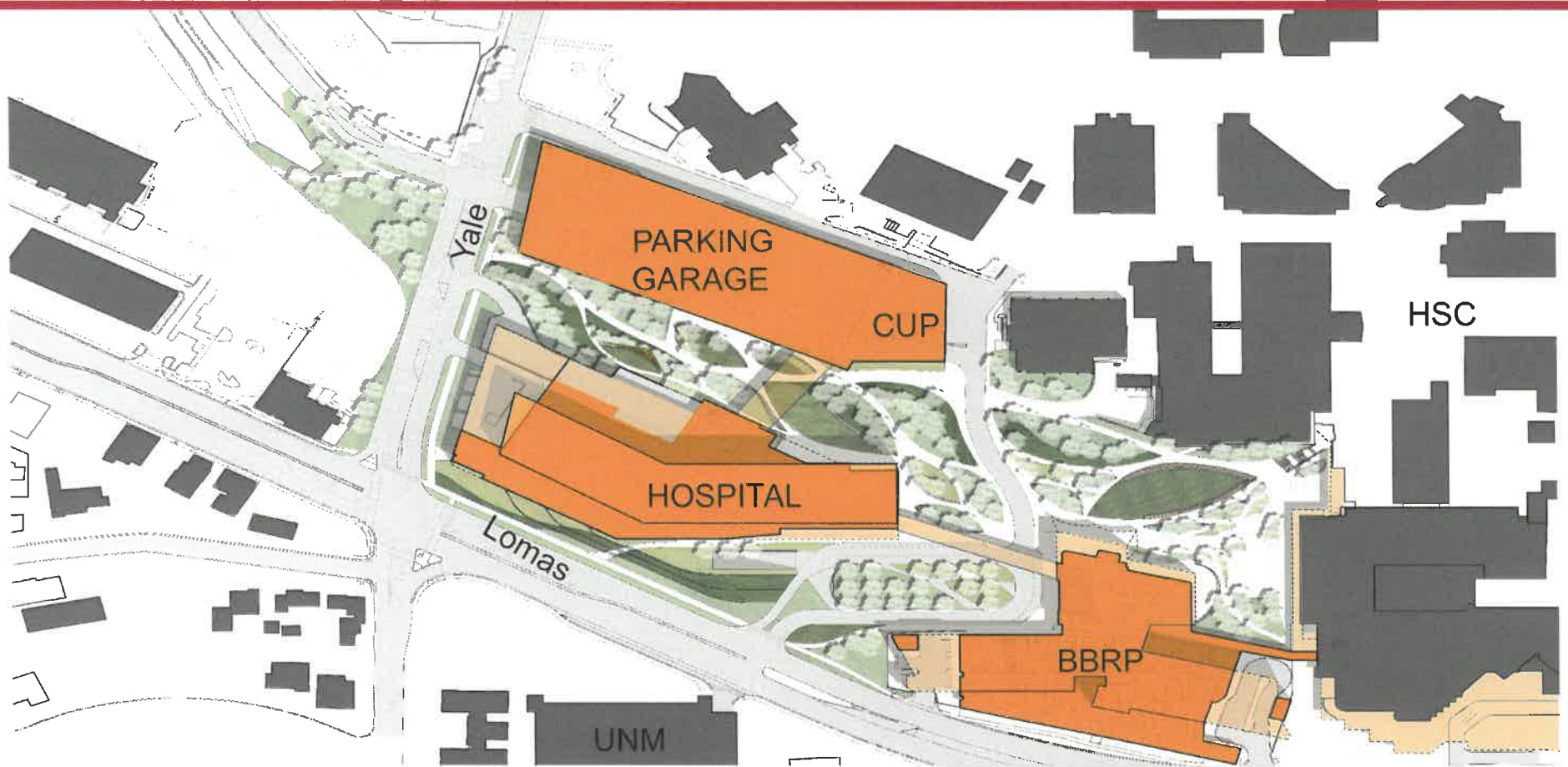
*CT*

*RAD Fluoroscopy*

*General Rad*

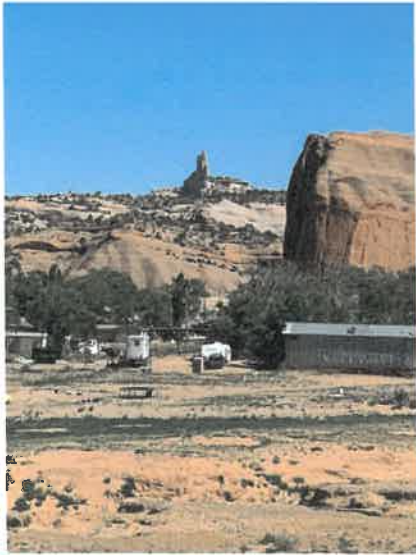
**Parking - 1,504 Spaces****Satellite Pharmacy****Inpatient Imaging****Hospital Support Services****Central Utility Plant**

# SITE PLAN





# Thank you!



# Thank you!!

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# TAB 6



BOARD OF DIRECTORS  
CMO REPORT  
JUNE 25, 2020



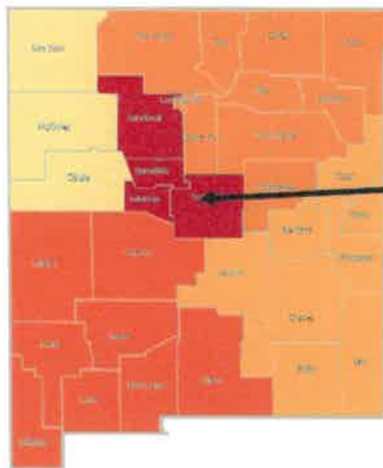
# CMO Agenda

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- COVID updates
- Discrimination and Bias in Medicine
- Provider and Program Updates

R-effective calculations have been updated, making the measure more responsive to changes in case counts.

Northwest  
R\_effective 0.78



Northeast  
R\_effective 1.12

Central  
R\_effective 1.06

Southwest  
R\_effective 0.92

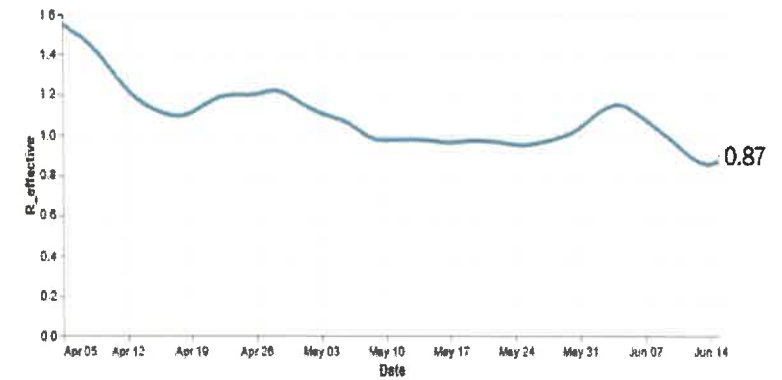
Southeast  
R\_effective 1.07

Key

Low Level Endemic  
<1.1  
Approaching Low  
Level Endemic  
1.11-1.15  
Requiring further  
mitigation >1.15

R-effective calculations have been updated, making the measure more responsive to changes in case counts.

R\_effective over time, state



R\_Effective\* (how many cases of a disease an infected person will go on to cause)

Courtesy of Presbyterian Healthcare Services -- June 16, 2020.

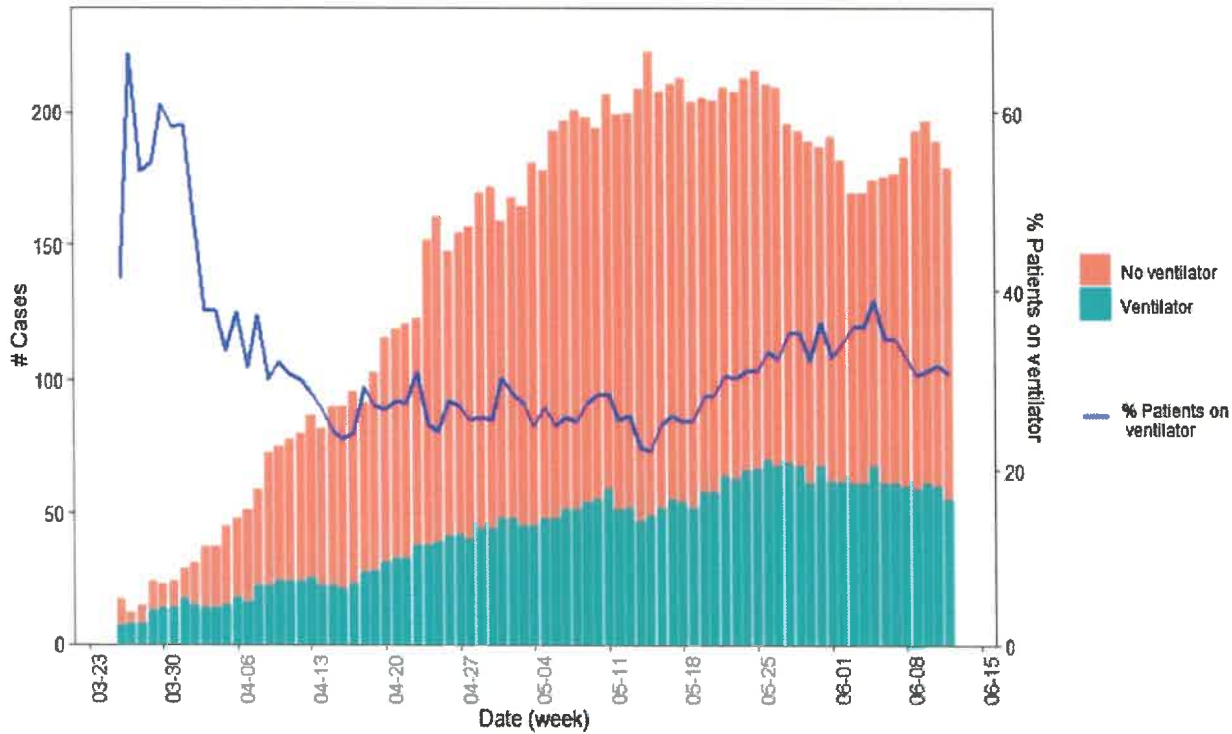


Investing for tomorrow, delivering today.

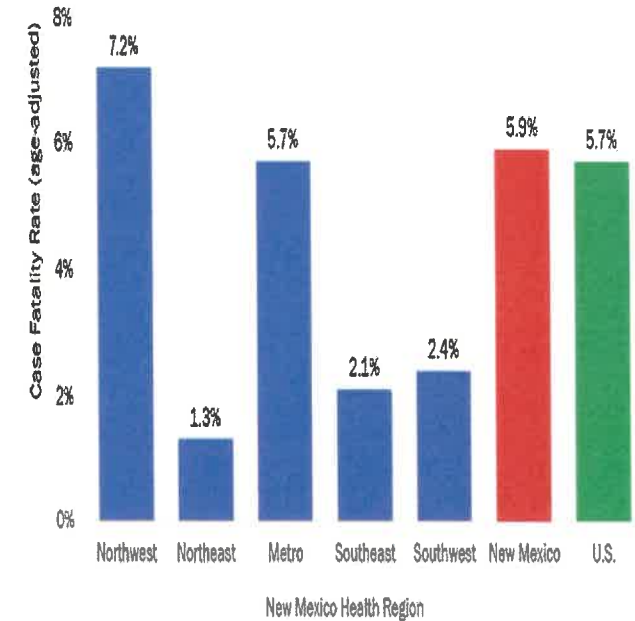
1190 S. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2813 • Fax: 505-827-2530 • nmhealth.org



# COVID-19 hospitalizations and ventilator use



# Case Fatality Rate: Percentage of COVID-19 cases resulting in death (age-adjusted)



Rates have been age-adjusted to U.S. COVID-19 cases.  
 Source: Bureau of Vital Records and Health Statistics and Infectious Disease Epidemiology Bureau, Epidemiology and Response Division, reporting through 6.14.2020, New Mexico Department of Health.

As of June 12, 2020



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# Resources

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<https://covid19primer.com/dashboard>

<https://cvmodeling.nmhealth.org/>

<https://cv.nmhealth.org/>

<https://cvmodeling.nmhealth.org/medical-advisory-team/mat-resources/>

# American Medical Association

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June 7, 2020 - AMA Board of Trustees pledged action to confront systemic racism and police brutality, and released the following statement that was approved at its meeting on Friday:

- The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.
- The AMA opposes all forms of racism.
- The AMA denounces police brutality and all forms of racially-motivated violence.
- The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.

# American College of Physicians

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American College of Physicians President Dr. Jacqueline W. Fincher added that ACP “has long held that racism, discrimination, hate crimes or violence due to race is a public health issue, and we stand in solidarity with all those affected.” In her address to internal medicine section council members, she said, **“It's important to think beyond statements to what we can do as healers and physicians to help with this issue. ACP is looking at our own work, and we will continue to develop and advocate for evidence-based solutions to racism and discrimination.”**

# University of New Mexico

## ***The Well-being Connection***

### Webinar Series

Providing UNM Hospital, UNM Sandoval Regional Medical Center and HSC staff with helpful information to support a culture of well-being, self-care and compassion.

### NEXT WEBINAR

TITLE	<b>Brave Spaces: Talking with One Another about Race</b>
PRESENTER	<b>Brenda Pereda MD, MS, SOM Assistant Dean for Diversity and Inclusion Jessica Goodkind, PhD, Associate Professor of Sociology and Associate Vice Chancellor Cultural Competency</b>
DATE	<b>Wednesday, June 24th, 2020</b>
TIME	<b>12:15 p.m. to 12:45 p.m.</b>
REGISTRATION/ REGISTRAR	<a href="https://hsc-unm.zoom.us/webinar/register/WN_es7z0gcS8uWh49bVvi30A">https://hsc-unm.zoom.us/webinar/register/WN_es7z0gcS8uWh49bVvi30A</a>
DESCRIPTION	These are tumultuous times in our country. We need to be talking about racism, prejudice, and social justice. We do not necessarily have the skills needed for these challenging discussions. Join us in this webinar to learn how to start having these conversations with one another.

For questions prior to a webinar, email Steve Nuanez-  
stnuanez@salud.unm.edu

All webinars will be recorded and accessible  
on the UNMH Employee Well-being website video page:  
<https://hospitals.health.unm.edu/intranet/WellBeing/video.shtml>

*I have learned a lot learning about my own biases in writing these updates. One thing I have learned, is that I am racist, biased and prejudice in my own way. It doesn't make me a bad person, but I must understand myself, so that I can act without racism, bias, and prejudice. In taking the Harvard Implicit Bias tests, I discovered I am slightly biased toward black children vs white, but in adults, I am slightly biased toward white adults vs black. Why is that? I don't know, but I would love to have a discussion about it.*

- Dr. Betty Chang



<https://hsc.unm.edu/programs/diversity/>

# Provider Updates

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- Academic Committee - Dr. Ley is the Chair as Dr. Rai transitions
- Dr. Cushnyr and Dr. Guest (new Chief of Staff and Vice-Chief of Staff)
- FP physician starting in the clinic (July)
- APP cardiology starting in the clinic (July)
- Physician from cardiology is leaving w/ backfill planned (net neutral)
- Pulmonology services anticipated to start in August
- Hospitalist posting nocturnist positions
- CMO posting



# Program Updates

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- Trauma level III (target in late fall)
- Medical Leadership Academy updates
- Electronic Prescribing (enrolling/reporting)
- Emergency Operations Committee
- Unified Operating Plan (Inpatient/Outpatient – emphasis on infections)
- SRMC Bilaws and Rules & Regs within next 60days
- Peer Review Revision (target early fall)
- Reformatting of PAG/DAG with Chief of Staff (target late summer)
- Looking at Psychiatric needs in the ED (target late fall)