

UNM Hospitals Board of Trustees
OPEN SESSION – AGENDA
Friday, September 27, 2019 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500

- I. **CALL TO ORDER – Mr. Terry Horn, Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS (Informational)**
- III. **ADOPTION OF AGENDA (Approval/Action)**
- IV. **CONSENT ITEMS – Bonnie White (Approval/Action)**
 - [Disposition of Assets](#)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES**
 - [August 30, 2019 UNMH Board of Trustees Meeting Minutes](#) – Mr. Terry Horn, Chair **(Approval/Action)**
- VII. **MISSION MOMENT – Kate Becker** (to introduce Michelle Tatlock / Maribeth Thornton) **(Informational)**
- VIII. **BOARD INITIATIVES**
 - [Audit and Compliance Committee Charter](#) – Terry Horn, Chair **(Approval/Action)**
 - [Conflict of Interest Renewal](#) – Kate Becker / Jennifer James **(Signature Request)**
 - [UNMH BOT Committee Members](#) – Terry Horn, Chair **(Approval/Action)**
 - UNMH BOT Meeting Schedule -- Kate Becker **(Approval/Action)**
 - [New Hospital Tower Update](#) -- Kate Becker **(Informational)**
- IX. **ADMINISTRATIVE REPORTS (Informational)**
 - Chancellor for Health Sciences - Paul Roth, MD
 - [HSC Committee Update](#) – Michael Richards, MD
 - [CEO Report UNM Hospitals](#) – Kate Becker
 - UNM Board of Regents Update – Kate Becker
 - [CMO Report UNM Hospitals](#) – Irene Agostini, MD
- X. **COMMITTEE REPORTS (Informational)**
 - Quality and Safety Committee – Raymond Loretto, DVM
 - [Finance Committee](#) – Terry Horn
 - Audit & Compliance Committee – Terry Horn
 - Native American Services Committee – Erik Lujan
 - Community Engagement Committee – Christine Glidden
- XI. **OTHER BUSINESS**
 - [August Financials](#) – Bonnie White **(Informational)**
- XII. **CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session (Approval/Action – Roll Call Vote)**
 - a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.

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

Disposition of Assets



Date: September 25, 2019

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – September 2019

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

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



Property Disposition Request
September 2019

Description Summary

Description	Count of Asset Control Number	Sum of Acquisition Cost	Sum of Book Value	Average of Age in Years
Electronics	3	\$ 124,241.36	\$ -	8.33
Furniture	88	\$ 2,696,284.86	\$ -	14.56
Medical Equipment	14	\$ 273,968.41	\$ 14,887.36	8.64
Patient Monitor	15	\$ 185,306.45	\$ -	9.00
Grand Total	120	\$ 3,279,801.08	\$ 14,887.36	13.02

Disposal Summary

Disposal Method	Count of Lawson Number	Sum of Acquisition Cost	Sum of Book Value	Average of Age in Years
Auction	23	\$ 358,029.98	\$ 6,511.54	8.74
Electronics Recycling	3	\$ 124,241.36	\$ -	8.33
Unable to Inventory	94	\$ 2,797,529.74	\$ 8,375.82	14.21
Grand Total	120	\$ 3,279,801.08	\$ 14,887.36	13.02

Lawson Number	Asset Control Number	Description	Accounting Unit	Division Description	Model	Serial Number	Acquisition Date	Acquisition Cost	Book Value	Proposed Method of Disposal	Reason for Disposal	Generalized Description	Comments
10435	88657	Dental Treatment Chair	30025	CTH NMDOH Dental Clinic	M2710CB	336301-1	05/01/10	\$ 9,834.16	\$ 3,715.16	NA	Unable to Inventory	Medical Equipment	
10436	88658	Dental Treatment Chair	30025	CTH NMDOH Dental Clinic	M2710CB	336301-2	05/01/10	\$ 9,834.16	\$ 3,715.16	NA	Unable to Inventory	Medical Equipment	
29356	89351	MedSystem III Infusion Pump	70060	Fixed Wing Transport	2865	14178351	05/01/15	\$ 5,831.21	\$ 3,304.36	Auction	Not Repairable	Medical Equipment	
29188	91690	MedSystem III Infusion Pump	70060	Fixed Wing Transport	MEDSYSTEM III	14181103	03/01/15	\$ 5,831.21	\$ 3,207.18	Auction	Not Repairable	Medical Equipment	
10437	88659	Cascade 2671 Duo Cart Dual Hve	30025	CTH NMDOH Dental Clinic	2671	C019125	05/01/10	\$ 7,091.15	\$ 472.75	NA	Unable to Inventory	Medical Equipment	
10438	88660	Cascade 2671 Duo Cart Dual Hve	30025	CTH NMDOH Dental Clinic	2671	C019126	05/01/10	\$ 7,091.15	\$ 472.75	NA	Unable to Inventory	Medical Equipment	
8609	MOD	Modular Furniture - Capitalize	96000	Information Technology	Furniture	Furniture	06/01/09	\$ 201,027.81	\$ -	NA	Unable to Inventory	Furniture	Modular furniture was capitalized when cost center first opened. Furniture is outdated and no longer to be inventoried as it has been replaced throughout the years.
4057	MOD	Work Stations Capitalize CIP 1	15500	OSIS Operating Room	Furniture	Furniture	05/01/03	\$ 158,781.85	\$ -	NA	Unable to Inventory	Furniture	Modular furniture was capitalized when cost center first opened. Furniture is outdated and no longer to be inventoried as it has been replaced throughout the years.
2712	MOD	Workstations	92030	Finance & Accounting	Furniture	Furniture	10/01/02	\$ 136,292.95	\$ -	NA	Unable to Inventory	Furniture	Modular furniture was capitalized when cost center first opened. Furniture is outdated and no longer to be inventoried as it has been replaced throughout the years.
8427	MOD	Modular Furniture - Capitalize	32035	SE Heights Clinic-Texas (new)	Furniture	Furniture	02/01/09	\$ 105,755.85	\$ -	NA	Unable to Inventory	Furniture	Modular furniture was capitalized when cost center first opened. Furniture is outdated and no longer to be inventoried as it has been replaced throughout the years.
2205	MOD	Modular Furniture CIP 1611	92030	Finance & Accounting	Furniture	Furniture	02/01/02	\$ 98,781.98	\$ -	NA	Unable to Inventory	Furniture	
5538	MOD	Work Stations - Capitalize CIP	15040	PACU (Recovery Room 1)	Furniture	Furniture	10/01/05	\$ 84,198.93	\$ -	NA	Unable to Inventory	Furniture	
2204	MOD	Modular Furniture CIP 1611	92030	Finance & Accounting	Furniture	Furniture	07/01/01	\$ 77,693.45	\$ -	NA	Unable to Inventory	Furniture	
8529	IT EQUIP	TippingPoint 5000E Intrusion P	96120	IT - Network & Infrastructure	5000E	5000E	06/01/09	\$ 75,431.88	\$ -	Electronics Recycling	Replaced	Electronics	
8140	MOD	Modular Furniture - Capitalize	34225	ENT Surgical Specialty Clinic	Furniture	Furniture	07/01/08	\$ 72,379.79	\$ -	NA	Unable to Inventory	Furniture	
4060	MOD	Chairs Capitalize CIP 1755	15500	OSIS Operating Room	Furniture	Furniture	05/01/03	\$ 70,301.90	\$ -	NA	Unable to Inventory	Furniture	
15407	MOD	Workstations CIP 1493 - 1209 C	32055	1209 Clinic	Furniture	Furniture	02/01/97	\$ 62,295.63	\$ -	NA	Unable to Inventory	Furniture	
19914	64435	ScanX Digital Imaging System	30025	CTH NMDOH Dental Clinic	SCANX	5292	02/01/09	\$ 60,936.92	\$ -	NA	Unable to Inventory	Medical Equipment	
2276	MOD	Modular Furniture CIP 1672	94000	Human Resources	Furniture	Furniture	06/01/02	\$ 60,275.81	\$ -	NA	Unable to Inventory	Furniture	
5516	MOD	Work Stations - Capitalize CIP	34610	Ophthalmology On Site Clinic	Furniture	Furniture	07/01/05	\$ 59,810.20	\$ -	NA	Unable to Inventory	Furniture	
21153	MOD	Modular Furniture	32005	YCHC General	Furniture	Furniture	07/01/11	\$ 51,462.78	\$ -	NA	Unable to Inventory	Furniture	
7848	MOD	Modular Furniture - Capitalize	32030	UNM LoboCare Clinic	Furniture	Furniture	07/01/07	\$ 49,633.17	\$ -	NA	Unable to Inventory	Furniture	
10427	MOD	Modular Furniture - Capitalize	81050	CTH Facilities Maint	Furniture	Furniture	09/01/08	\$ 48,796.66	\$ -	NA	Unable to Inventory	Furniture	
20511	MOD	Workstations - Capitalize CIP	81000	Facilities Maintenance	Furniture	Furniture	12/01/04	\$ 46,941.06	\$ -	NA	Unable to Inventory	Furniture	
13395	BULK	General Surgery Furniture	12240	General Surgery (6-5)	Furniture	Furniture	03/01/94	\$ 44,953.22	\$ -	NA	Unable to Inventory	Furniture	
7852	BULK	P&A Trailer Modular Furniture	81020	Planning & Construction	Furniture	Furniture	07/01/07	\$ 43,108.28	\$ -	NA	Unable to Inventory	Furniture	
15070	MOD	Workstations/Modular Furniture	32050	Westside Family & Senior Hlth	Furniture	Furniture	07/01/96	\$ 40,991.81	\$ -	NA	Unable to Inventory	Furniture	
5924	MOD	Work Stations - Capitalize CIP	34430	Digestive Disease Health Ctr	Furniture	Furniture	07/01/06	\$ 40,943.62	\$ -	NA	Unable to Inventory	Furniture	
7168	BULK	6th Floor Systems Furniture Ca	90000	Administration	Furniture	Furniture	07/01/07	\$ 40,888.03	\$ -	NA	Unable to Inventory	Furniture	
5367	MOD	Modular Furniture	34245	ENT Clinic	Furniture	Furniture	06/01/06	\$ 40,714.78	\$ -	NA	Unable to Inventory	Furniture	
7094	64573	Portable Radiographic System 2	75000	Radiology - General	US AMX4+(ORION)	195490017-019	04/01/08	\$ 38,377.50	\$ -	Auction	Replaced	Medical Equipment	
7095	64574	Portable Radiographic System B	75000	Radiology - General	US AMX4+(ORION)	195490017-075	04/01/08	\$ 38,377.50	\$ -	Auction	Replaced	Medical Equipment	
7051	58312	Mobile X-Ray Practix Convenio	75000	Radiology - General	PRACTIX CONVENIO	PC1-0199	07/01/07	\$ 35,929.00	\$ -	Auction	Replaced	Medical Equipment	
7165	BULK	3rd Floor Systems Furniture Ca	90000	Administration	Furniture	Furniture	07/01/07	\$ 35,695.94	\$ -	NA	Unable to Inventory	Furniture	
4852	MOD	Modular Furniture - Capitalize	94050	Org & Prof Development	Furniture	Furniture	07/01/04	\$ 32,750.87	\$ -	NA	Unable to Inventory	Furniture	
7167	BULK	5th Floor Systems Furniture Ca	90000	Administration	Furniture	Furniture	07/01/07	\$ 31,985.45	\$ -	NA	Unable to Inventory	Furniture	
5539	MOD	Work Stations - Capitalize CIP	92050	Fin Planning & Analysis	Furniture	Furniture	04/01/06	\$ 31,675.41	\$ -	NA	Unable to Inventory	Furniture	
588	MOD	Modular Furniture - Ortho Clin	34520	Orthopaedics Clinic	Furniture	Furniture	03/01/01	\$ 31,470.68	\$ -	NA	Unable to Inventory	Furniture	
7162	BULK	Basement Systems Furniture Cap	90000	Administration	Furniture	Furniture	07/01/07	\$ 30,858.95	\$ -	NA	Unable to Inventory	Furniture	
2163	MOD	Modular Furniture CIP 1559	77010	Pharmacy - Inpatient	Furniture	Furniture	01/01/02	\$ 30,764.62	\$ -	NA	Unable to Inventory	Furniture	
15408	MOD	Chairs CIP 1493 - 1209 Clinic	32055	1209 Clinic	Furniture	Furniture	02/01/97	\$ 27,515.37	\$ -	NA	Unable to Inventory	Furniture	
9101	IT EQUIP	IronPort S660 Std Configuratio	96120	IT - Network & Infrastructure	S660	S660	11/01/09	\$ 26,484.48	\$ -	Electronics Recycling	Replaced	Electronics	
14647	MOD	Workstations	71010	Pediatric Cardiology	Furniture	Furniture	06/01/96	\$ 26,074.50	\$ -	NA	Unable to Inventory	Furniture	
3129	MOD	Workstations Capitalize CI	32050	Westside Family & Senior Hlth	Furniture	Furniture	06/01/02	\$ 25,340.16	\$ -	NA	Unable to Inventory	Furniture	

5955	MOD Work Stations - Capitalize CIP	90010 Pharmacy - Admin	Furniture	Furniture	04/01/07	\$	25,174.32	\$	-	NA	Unable to Inventory	Furniture
2152	MOD Work Surfaces & Drawer Units	60100 Psychiatry	Furniture	Furniture	01/01/02	\$	24,932.18	\$	-	NA	Unable to Inventory	Furniture
5616	MOD Work Stations - Capitalize CIP	90040 OSIS Administration	Furniture	Furniture	04/01/06	\$	24,114.70	\$	-	NA	Unable to Inventory	Furniture
697	MOD Women & Childrens - Workstatio	12430 General Pediatrics Unit	Furniture	Furniture	06/01/01	\$	24,105.26	\$	-	NA	Unable to Inventory	Furniture
7163	BULK 1st Floor Systems Furniture Ca	90000 Administration	Furniture	Furniture	07/01/07	\$	23,418.89	\$	-	NA	Unable to Inventory	Furniture
5529	MOD Work Stations - Capitalize CIP	21015 ED	Furniture	Furniture	07/01/05	\$	23,242.94	\$	-	NA	Unable to Inventory	Furniture
5992	MOD Work Stations - Care Managemen	91700 Care Management Services	Furniture	Furniture	07/01/06	\$	23,241.51	\$	-	NA	Unable to Inventory	Furniture
8426	MOD Modular Furniture - Capitalize	80120 Native American Health Svcs	Furniture	Furniture	08/01/08	\$	22,408.86	\$	-	NA	Unable to Inventory	Furniture
26986	78171 Cisco 16 Port 10 Gig Exsxn Car	96120 IT - Network & Infrastructure	WIS-X6716-10G	SAL172052CX	08/01/13	\$	22,325.00	\$	-	Electronics Recycling	Replaced	Electronics
5993	MOD Work Stations - Various Locati	91700 Care Management Services	Furniture	Furniture	07/01/06	\$	21,825.21	\$	-	NA	Unable to Inventory	Furniture
3181	MOD Workstations Capitalize CIP 166	60100 Psychiatry	Furniture	Furniture	09/01/02	\$	21,533.82	\$	-	NA	Unable to Inventory	Furniture
8492	MOD Modular Furniture - Capitalize	12250 Orthopedics (3-5)	Furniture	Furniture	05/01/09	\$	21,491.07	\$	-	NA	Unable to Inventory	Furniture
7164	BULK 2nd Floor Systems Furniture Ca	90000 Administration	Furniture	Furniture	07/01/07	\$	21,431.94	\$	-	NA	Unable to Inventory	Furniture
15425	BULK Waiting Room Furniture CIP 149	32055 1209 Clinic	Furniture	Furniture	02/01/97	\$	20,669.46	\$	-	NA	Unable to Inventory	Furniture
24531	83033 VQ Portable EMG Station	34315 Clinical Neuroscience Center	VIKING QUEST	20200005	07/01/12	\$	20,331.11	\$	-	Auction	Replaced	Medical Equipment
5949	MOD Work Stations - Capitalize CIP	34350 Medicine Clinic	Furniture	Furniture	07/01/06	\$	19,203.53	\$	-	NA	Unable to Inventory	Furniture
8789	MOD Modular Furniture - Capitalize	34025 Cardiology Clinic	Furniture	Furniture	09/01/09	\$	19,077.18	\$	-	NA	Unable to Inventory	Furniture
13793	MOD Workstations - Managers Office	90000 Administration	Furniture	Furniture	12/01/94	\$	19,027.16	\$	-	NA	Unable to Inventory	Furniture
5473	MOD Work Stations - Capitalize CIP	79040 Patient Education - Diabetes	Furniture	Furniture	10/01/05	\$	18,897.93	\$	-	NA	Unable to Inventory	Furniture
2161	MOD Modular Furniture CIP 1559	77010 Pharmacy - Inpatient	Furniture	Furniture	01/01/02	\$	18,734.11	\$	-	NA	Unable to Inventory	Furniture
25354	83605 Ultima/CPX Analyzer Module	71520 Pulmonary Diagnostics	ULTIMA CPX	222000409	07/01/12	\$	18,303.40	\$	-	Auction	Obsolete	Medical Equipment
5994	MOD Work Stations - 2600 Marble NE	93000 Medical Records/Support Svcs	Furniture	Furniture	07/01/06	\$	18,090.18	\$	-	NA	Unable to Inventory	Furniture
3172	MOD Workstations Capitalize CIP 16	81000 Facilities Maintenance	Furniture	Furniture	09/01/02	\$	17,805.71	\$	-	NA	Unable to Inventory	Furniture
8565	MOD Modular Furniture - Capitalize	71040 Cardiac Cath Lab	Furniture	Furniture	05/01/09	\$	17,187.93	\$	-	NA	Unable to Inventory	Furniture
7166	BULK 4th Floor Systems Furniture Ca	90000 Administration	Furniture	Furniture	07/01/07	\$	16,594.52	\$	-	NA	Unable to Inventory	Furniture
14684	MOD Workstations	94000 Human Resources	Furniture	Furniture	02/01/96	\$	14,925.89	\$	-	NA	Unable to Inventory	Furniture
9214	70828 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261823GA	07/01/10	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9212	70827 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261790GA	07/01/10	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9215	70829 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261810GA	07/01/10	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9216	70830 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209937GA	07/01/10	\$	13,167.39	\$	-	Auction	Monitor Project	Patient Monitor
7728	MOD Modular Furniture - Capitalize	90000 Administration	Furniture	Furniture	05/01/08	\$	13,012.78	\$	-	NA	Unable to Inventory	Furniture
5990	MOD Work Stations - UH Main Med Re	80020 Interpreter Language Services	Furniture	Furniture	07/01/06	\$	12,565.58	\$	-	NA	Unable to Inventory	Furniture
7170	MOD All Floors Added Systems Furni	90000 Administration	Furniture	Furniture	07/01/07	\$	12,447.88	\$	-	NA	Unable to Inventory	Furniture
15075	BULK Waiting Room Furniture CIP 148	32050 Westside Family & Senior Hlth	Furniture	Furniture	07/01/96	\$	12,198.53	\$	-	NA	Unable to Inventory	Furniture
9206	70814 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261814GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9200	70809 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010199866GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9207	70815 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209941GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9201	70810 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209940GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9203	70811 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209946GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9205	70813 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261809GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9204	70812 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209945GA	07/01/10	\$	12,057.90	\$	-	Auction	Monitor Project	Patient Monitor
9211	70826 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010261813GA	07/01/10	\$	12,057.89	\$	-	Auction	Monitor Project	Patient Monitor
9208	70816 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209939GA	07/01/10	\$	12,057.89	\$	-	Auction	Monitor Project	Patient Monitor
9209	70817 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209944GA	07/01/10	\$	12,057.89	\$	-	Auction	Monitor Project	Patient Monitor
9210	70818 Dash 4000	34430 Digestive Disease Health Ctr	DASH 4000	SD010209947GA	07/01/10	\$	12,057.89	\$	-	Auction	Monitor Project	Patient Monitor
8032	MOD EW7 Network Workstation	70020 Endoscopy Center	EW7	0080368	10/01/08	\$	11,539.16	\$	-	NA	Unable to Inventory	Furniture
7671	MOD Modular Furniture - Capitalize	12230 Gen Med/SAC (4-W)	Furniture	Furniture	03/01/08	\$	10,982.02	\$	-	NA	Unable to Inventory	Furniture
5534	MOD Work Stations - Capitalize CIP	34510 OSIS Sports Medicine	Furniture	Furniture	07/01/05	\$	10,890.33	\$	-	NA	Unable to Inventory	Furniture
5488	MOD Work Stations - Capitalize CIP	75105 OSIS Mammography	Furniture	Furniture	07/01/05	\$	10,167.13	\$	-	NA	Unable to Inventory	Furniture
3811	MOD Work Stations - Hospice Capita	91700 Care Management Services	Furniture	Furniture	04/01/04	\$	9,795.63	\$	-	NA	Unable to Inventory	Furniture
8393	73031 BiPAP Vision Ventilator Suppo	71510 Pulmonary Services	BiPAP	137749	05/01/09	\$	9,742.60	\$	-	Auction	Obsolete	Medical Equipment
7689	MOD Modular Furniture - Capitalize	15040 PACU (Recovery Room 1)	Furniture	Furniture	07/01/07	\$	9,598.81	\$	-	NA	Unable to Inventory	Furniture
528	MOD Workstations - Medicine Clinic	34350 Medicine Clinic	Furniture	Furniture	08/01/00	\$	9,532.35	\$	-	NA	Unable to Inventory	Furniture
2289	MOD Modular Furniture CIP 1681	81000 Facilities Maintenance	Furniture	Furniture	03/01/02	\$	9,521.95	\$	-	NA	Unable to Inventory	Furniture
13767	MOD Modular Furniture - CIP-1444	78010 Neurodiagnostics Lab	Furniture	Furniture	09/01/94	\$	9,423.06	\$	-	NA	Unable to Inventory	Furniture
15122	MOD Workstations CIP 1492 - 1650 M	92050 Fin Planning & Analysis	Furniture	Furniture	10/01/96	\$	8,983.60	\$	-	NA	Unable to Inventory	Furniture
3190	MOD Workstations Capitalize CIP 16	71520 Pulmonary Diagnostics	Furniture	Furniture	02/01/03	\$	8,793.75	\$	-	NA	Unable to Inventory	Furniture
8121	MOD Modular Furniture - Capitalize	12360 Neuroscience	Furniture	Furniture	07/01/08	\$	8,556.81	\$	-	NA	Unable to Inventory	Furniture
14683	BULK Furniture	94000 Human Resources	Furniture	Furniture	02/01/96	\$	8,547.83	\$	-	NA	Unable to Inventory	Furniture
2190	MOD Modular Furniture CIP 1602	12000 Labor and Delivery	Furniture	Furniture	05/01/02	\$	8,288.02	\$	-	NA	Unable to Inventory	Furniture
5457	MOD Work Stations - Capitalize CIP	15500 OSIS Operating Room	Furniture	Furniture	10/01/05	\$	8,182.54	\$	-	NA	Unable to Inventory	Furniture
18117	MOD Workstations - Carlmont CIP 15	94000 Human Resources	Furniture	Furniture	07/01/99	\$	7,983.59	\$	-	NA	Unable to Inventory	Furniture
8027	MOD EW7 Registration Workstation	70020 Endoscopy Center	EW7	0080369	10/01/08	\$	7,809.05	\$	-	NA	Unable to Inventory	Furniture
20540	MOD Modular Furniture - Capitalize	21040 Psychiatric Emergency Services	Furniture	Furniture	01/01/08	\$	7,672.41	\$	-	NA	Unable to Inventory	Furniture
6782	MOD Image Capture Workstation with	70020 Endoscopy Center	EW7	0079165	01/01/08	\$	7,357.38	\$	-	NA	Unable to Inventory	Furniture
10412	MOD Workstations - CTH Discharge D	30030 CTH Outpatient Clinic	Furniture	Furniture	09/01/05	\$	7,256.30	\$	-	NA	Unable to Inventory	Furniture
10439	88656 Caviron Jet Plus	30025 CTH NMDOH Dental Clinic	CAVITRON	15233	05/01/10	\$	6,457.34	\$	-	NA	Unable to Inventory	Medical Equipment
26812	MOD Workstation GI Standard	70020 Endoscopy Center	WM-NP2	2120988	12/01/12	\$	5,468.65	\$	-	NA	Unable to Inventory	Furniture
18192	MOD Modular Furniture	34245 ENT Clinic	Furniture	Furniture	07/01/00	\$	5,466.25	\$	-	NA	Unable to Inventory	Furniture
5459	MOD Work Stations - Capitalize CIP	15500 OSIS Operating Room	Furniture	Furniture	10/01/05	\$	5,390.40	\$	-	NA	Unable to Inventory	Furniture
28650	MOD Work Station GI Standard	70020 Endoscopy Center	WM-NP2	21403732	04/01/14	\$	5,342.32	\$	-	NA	Unable to Inventory	Furniture
28651	MOD Work Station GI Standard	70020 Endoscopy Center	WM-NP2	21403050	04/01/14	\$	5,342.32	\$	-	NA	Unable to Inventory	Furniture
28652	MOD Work Station GI Standard	70020 Endoscopy Center	WM-NP2	21403057	04/01/14	\$	5,342.32	\$	-	NA	Unable to Inventory	Furniture
28653	MOD Work Station GI Standard	70020 Endoscopy Center	WM-NP2	21403624	04/01/14	\$	5,342.32	\$	-	NA	Unable to Inventory	Furniture
5519	MOD Work Stations - Capitalize CIP	34015 Sleep Disorders Center-1101-2	Furniture	Furniture	01/01/06	\$	5,102.55	\$	-	NA	Unable to Inventory	Furniture
12846	MOD Shelving-Wire/Chrome	21015 ED	Furniture	Furniture	05/20/93	\$	5,085.43	\$	-	NA	Unable to Inventory	Furniture

August 30, 2019 UNMH Board of Trustees Meeting Minutes

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
Voting Members Present	Mrs. Christine Glidden, Mr. Erik Lujan, Mr. Terry Horn, Mr. Nick Estes, Dr. Jennifer Phillips, Dr. Raymond Loretto, Mr. Del Archuleta, Dr. Tamra Mason, and Mr. Joseph Alarid	
Ex-Officio Members Present	Dr. Davin Quinn, Mrs. Kate Becker, Dr. Paul Roth, Dr. Michael Richards	
County Officials Present	Mrs. Julie Morgas-Baca and Mr. Clay Campbell	
I. Call to Order	A quorum being established, Mrs. Christine Glidden, Co-Chair, called the meeting to order at 9:06 AM	
II. Announcements	<p>Mrs. Kate Becker welcomed Dr. Tamra Mason and Mr. Del Archuleta as newly appointed UNM Hospitals Board of Trustee Members.</p> <p>Mrs. Kate Becker introduced Mrs. Patti Kelley as the new Chief Nursing Officer.</p> <p>Mr. Terry Horn recognized Mrs. Julie Morgas-Baca, Bernalillo County Manager, and thanked her for attending the meeting.</p>	
III. Adoption of Agenda	<p>Mrs. Kate Becker indicated the following modifications to the Agenda are required. Mrs. Christine Glidden, Co-Chair, requested a motion to approve the modifications to the Agenda:</p> <ul style="list-style-type: none"> ○ Adding Consent Item 415 (m) Resolution ○ New Hospital Tower Preconstruction Services – Construction Manager at Risk - \$1,425,000 should be “Capital Project – CIP 3126” instead of Consent Item ○ Modifying dollar amount on Capital Project – UH Main – Radiology – Replace 1.5% MRI from “\$650,000” to “\$725,200” ○ Modifying # on Capital Project – UH Main – Facilities – Emergency Generator #1 \$908,800 to “Emergency Generator #2” 	Mr. Terry Horn made a motion to adopt the agenda with the changes identified. Mr. Erik Lujan seconded the motion. Motion passed with no objections.

<p>IV. Consent Approval</p>	<p>Mrs. Bonnie White presented the below identified Disposition of Assets, the Consent Items and Capital Project Items.</p> <ul style="list-style-type: none"> • Disposition of Assets • Consent Item – Currie Medical Specialties Intermittent Pneumatic Compression System \$1,350,000 • Consent Item – Zimmer US Trauma Services - \$1,400,000 • Consent Item – KCI Wound Care VAC Therapy - \$5,500,000 • Consent Item – Cerner Corporation Maternity and Fetal Monitoring Software \$2,921,564 • Consent Item - Cerner Corporation Electronic Prescriptions for Controlled Substances Software System \$833,280 • Capital Project – UH Main – Radiology – Replace 1.5T MRI \$725,200 • Capital Project – UH Main – Adult Oncology – Positive Pressure Room HVAC Improvement \$601,000 • Capital Project – UH Main- Facilities – Emergency Generator #2 \$908,800 • Capital Project – UH – Senior Health Clinic \$8,750,000 • Capital Project – UH – Comprehensive Movement Disorders Center \$8,750,000 <p>Dr. Sara Frasch presented the following Consent Items.</p> <ul style="list-style-type: none"> • Consent Item – 401 (a) Resolution • Consent Item – 415 (m) Resolution <p>Dr. Michael Chicarelli presented the following Capital Project Item:</p> <ul style="list-style-type: none"> • Capital Project – New Hospital Tower Preconstruction Services – Construction Manager at Risk \$1,425,000 <p>Mr. Nick Estes stated the UNMH BOT Finance Committee discussed/reviewed the Disposition of Assets, each Consent and each Capital Project Item in detail and recommend approval by the full Board of Trustees. (Documents included in BoardBook)</p>	<p>Dr. Jennifer Phillips made a motion to approve Disposition of Assets, Consent Items and Capital Items as presented and discussed by Mrs. Bonnie White. Mr. Nick Estes seconded the motion. Motion passed with no objections.</p> <p>Mr. Nick Estes made a motion to approve Consent Items 401 (a) Resolution and 415 (m) Resolution as presented and discussed by Dr. Sara Frasch. Mr. Joseph Alarid seconded the motion. Motion passed with no objections.</p> <p>Mr. Nick Estes made a motion to approve the Capital Project Item as presented and discussed by Dr. Michael Chicarelli. Mr. Terry Horn seconded the motion. Motion passed with no objections.</p>
<p>V. Public Input</p>	<p>N/A</p>	
<p>VI. Approval of Minutes</p>	<p>Mrs. Christine Glidden, Co-Chair, requested a motion to approve the May 31, 2019 UNMH Board of Trustees Meeting Minutes.</p>	<p>Dr. Raymond Loretto made a motion to approve the May 31, 2019 UNMH Board of Trustees Meeting Minutes. Mr. Terry Horn seconded the motion. Mr. Del Archuleta and Dr. Tamra Mason abstained from voting because they were not members/present. Motion passed unanimously.</p>

<p>VII. Mission Moment</p>	<p>Dr. Michael Chicarelli and Mrs. Jen Vosburgh presented the Mission Moment “Lifeguard” (Presentation included in BoardBook).</p>	
<p>VIII. Board Initiatives</p>	<p>Mrs. Bonnie White stated that UNM Hospitals Board of Trustees Finance Committee acknowledges management’s intent to utilize \$23 million of funds generated by fiscal year 2019 operations for capital projects, to include replacement of the existing UNM Hospital parking structure. Management is requesting acknowledgement by the full Board of Trustees that UNM Hospitals intends to build a new parking garage.</p> <p>Mrs. Kate Becker gave an update on the Union Negotiation. Collective Bargaining Agreement with CWA went into effect on July 1st. Union 1199 continued negotiations through July have now been voted and ratified a new 3 year agreement/contract, budgeted 2% general wage increase with an additional % for market adjustments.</p> <p>Mrs. Christine Glidden, Co-Chair, indicated the Nomination Committee recently met and recommend the following nominees for the UNM Hospitals Board of Trustee Officers:</p> <ul style="list-style-type: none"> ❖ Chair – Mr. Terry Horn ❖ Co-Chair – Dr. Jennifer Phillips ❖ Secretary – Mr. Joseph Alarid <p>Co-Chair Glidden asked if there were any other nominees from Board Members. Being none, Mrs. Glidden requested a motion to approve the Nomination Committee’s recommendations.</p> <p>Newly appointed Chair, Mr. Terry Horn, discussed the current UNMH BOT Committees. Mr. Horn indicated that several Board Member’s terms will expire soon and with the two new Board Members, he will review the committees and be prepared to discuss members of committees at a future meeting.</p> <p>Mrs. Kate Becker reported that Board of Regents plan on modifying their meeting schedule from monthly to six meetings per year – no formal approval yet. The UNM Hospitals Board of Trustees has historically met monthly; however, management anticipates meeting schedule will change to coincide with the Board of Regents. Once the Board of Regents announces their meeting schedule, the UNMH Board of Trustees can move forward with modifying their meeting schedule. Mrs. Becker indicated the UNMH BOT Quality and Safety Committee would continue meeting monthly due to credentialing approvals. All other UNMH BOT Committees meeting schedules to be modified. Dr. Paul Roth said the Board of Regents anticipate delegating authority to approve to the Executive Committee who would then bring forward to the full Board of Regents for the actions to approvals which allows for interim steps. The Board of Regents has set up a Governing Committee that will be designing this process over the next few months. The final version will be approved by the Board of Regents and then will flow over to other Boards.</p>	<p>Board acknowledges we received statement and intended action. Mr. Nick Estes made a motion that the UNM Hospitals Board of Trustees acknowledges they have received statement and intended action. Dr. Raymond Loretto seconded the motion. Motion passed unanimously.</p> <p>Mr. Del Archuleta made a motion to approve the UNM Hospitals Board of Trustee Officer appointments as recommended by the Nomination Committee. Mr. Nick Estes seconded the motion. Motion passed unanimously.</p>

	<p>UNM Health Family Brand – Melissa Romine, UNM Health System Marketing Director, shared the UNMH Health Family Brand Campaign. This campaign is to develop a family brand for the UNM Health System by creating and identifying a new positioning statement to expand our reputation as a fully integrated academic health system of hospitals and clinics, communicate relevance to our target audiences, and enhance service line marketing efforts.</p>	
IX. Closed Session	<p>At 10:38 AM Mr. Terry Horn, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session. rev</p> <p>Dr. Richard Crowell presented the Quality Assessment and Performance Program (QAPI) for approval. Dr. Raymond Loretto indicated the UNMH BOT Quality and Safety Committee reviewed/discussed the QAPI at their August Meeting and recommendation approval by the full UNMH Board of Trustees. Mr. Terry Horn, Chair, requested a motion for approval.</p> <p>Dr. Sara Frasch presented the Culture of Safety Results (report in BoardBook)</p>	<p>Dr. Raymond Loretto made a motion to close the Open Session and move to the Closed Session. Dr. Jennifer Phillips seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mrs. Christine Glidden -- Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Nick Estes – Yes Mr. Terry Horn -- Yes Mr. Joseph Alarid – Yes Dr. Tamra Mason – Yes Mr. Del Archuleta – Yes</p> <p>Dr. Jennifer Phillips moved to approve the QAPI as presented. Mrs. Christine Glidden seconded the motion. Motion passed.</p>
X. Certification	<p>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</p>	
Vote to Re-Open Meeting	<p>At 11:48 AM Mr. Terry Horn, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mrs. Christine Glidden made a motion to close the Closed Session and return to the Open Session. Mr. Joseph Alarid seconded the motion. Per Roll Call, the motion passed.</p>

	<p>Mr. Terry Horn, Chair, requested the Board acknowledge receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board. In addition, for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</p> <ul style="list-style-type: none"> ❖ UNMH BOT Community Engagement Committee May 10, 2019 Meeting Minutes ❖ Medical Executive Committee July 17, 2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee July 19, 2019 Meeting Minutes ❖ UNMH BOT Finance Committee May 29, 2019 Meeting Minutes ❖ UNMH BOT Native American Services Committee May 29, 2019 Meeting Minutes <p>Mr. Terry Horn, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</p>	<p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mr. Joseph Alarid -- Yes Mrs. Christine Glidden -- Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Mr. Nick Estes – Yes Dr. Tamra Mason – Yes Mr. Del Archuleta -- Yes</p> <p>The Board of Trustees acknowledged receipt of the following Meeting Minutes:</p> <ul style="list-style-type: none"> ❖ UNMH BOT Community Engagement Committee May 10, 2019 ❖ Medical Executive Committee July 17, 2019 ❖ UNMH BOT Quality and Safety Committee July 19, 2019 ❖ UNMH BOT Finance Committee May 29, 2019 ❖ UNMH BOT Native American Services Committee May 29, 2019 <p>Dr. Raymond Loretto made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.</p>
<p>Vote to Close the Meeting Portion and Relocate to 1650 University Blvd. for Retreat (Closed) Session</p>	<p>At 11:50 AM Mr. Terry Horn, Chair, requested a roll call motion be made to close the Closed Session and relocate to 1650 University Blvd. for the Retreat (Closed) Session</p>	<p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mr. Joseph Alarid -- Yes Mrs. Christine Glidden -- Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Mr. Nick Estes – Yes Dr. Tamra Mason – Yes Mr. Del Archuleta -- Yes</p>

Vote to Open Retreat (Closed) Session	At 12:30 PM Mr. Terry Horn, Chair, requested a roll call motion be made to open the Retreat (Closed) Session	<p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mr. Joseph Alarid -- Yes Mrs. Christine Glidden -- Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Mr. Nick Estes – Yes Dr. Tamra Mason – Yes Mr. Del Archuleta -- Yes</p>
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, September 27, 2019 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Mr. Terry Horn, Chair, requested a motion to adjourn the meeting.	Mr. Joseph Alarid made a motion to adjourn the Retreat (Closed) Session. Dr. Raymond Loretto seconded the motion. The motion passed unanimously. The meeting was adjourned at 3:15 PM.

Mr. Joseph Alarid, Secretary
UNM Hospitals Board of Trustees

MISSION MOMENT

Our Mission Moment:

Why We Are? The Best in Patient Care

- Michelle Tatlock, Director Spiritual Care and Education
- Maribeth Thornton, Executive Director Child's Services

Compassionate Care Exemplified by UNMH's Multidisciplinary Teams.....

- I am writing to express thanks to many clinics and hospital staff from both an employee perspective and from a UNM Hospitals patient family perspective.
- I and members of my family have been a patients of UNM Hospitals since 2001 when we arrived in New Mexico. We have seen the growth of the hospital and are very grateful for the caregivers from all areas of our health network.
- I recently had the opportunity to experience firsthand some unfamiliar areas and now have a much better appreciation. A family friend, and one of my teenaged son's best friends, took his life at the age of 15 a few weeks ago.
- While he was resuscitated, he did not survive. When he arrived at UNM Hospitals, he spent a week in PICU. The compassion and care for him, his family, extended family and friends, was phenomenal.
- The family and friends who visited were cared for with extraordinary compassion from our Chaplain Department, Nurses on the Unit, Residents/Attending Doctors, Patient Care Technicians, and Child Life Staff. Each staff member was very professional and kind and ensured the family's needs were met, that their son James was well tended, and all visitors were supported.

...continued

- The PICU staff took time to listen to stories, to help create memories, to give hugs, and to show the family great compassion and kindness. Some family members traveled from the East Coast and were given every consideration. The PICU team set up a room for the large rotation of family and friends and in order for his parents to stay close by.
- James became an organ donor. There was much coordination and work to ensure the best outcome for recipients here and in other states. Each step of the way was well coordinated and the family was kept informed throughout. Walk of Honor took place, and though it was in the wee morning hours there were staff lining the hall; everyone was so very respectful and kind. I have participated in these walks as an employee; now seeing it from the other perspective showed me how important it is for the family and donor that we hold these Walks of Honor and acknowledge this Gift.
- The Child Life Team was amazing in their role. They helped the family and friends to create handprints, memory boards and were supportive of the teens and children who visited.
- Thank you Kate Becker for your leadership of this team - a group that ensures the best possible care and outcome for families and friends.

The Moment

- Trauma Team paged for a 15 year old male, post hanging along with patient's vitals and ETA.
 - Trauma Bay 1 filled with Multidisciplinary staff and providers
 - Social Work supported mothers in the consult room
- Patient Transferred to PICU
 - First 48 hours - staff provided critical care unto patient
 - Compassionate care and support was provided to the immediate, extended and chosen family
 - Room #9 was given to the family allowing them to stay 24/7
 - All Providers multi-tasked their care and support as patient was being evaluated during 2 Brain Death Tests
 - Child Life provided grief material as well as Memory Making materials (molds and prints)
 - Spiritual Care & Education supported the mothers and sibling and grandfather as well as the members of their Faith Community
- Patient was a First Consent Donor and upon the results of the final Brain Death Test, the New Mexico Donor Services began their process.
 - Second 48 hours - staff provided ongoing medical care in preparation for Organ procurement
 - Ongoing Grief Support was given to increasing number of the patients family and friends
 - Organ Donor Walk of Honor took place @ 0200. Staff and patient's friends lined the breezeway from the Adult ICU's to the Adult OR.

The Team

- Maribeth Thornton, Executive Director Children Services
- PICU: Donna Gordon, Debbie Chrissinger and Yvonne Gabaldon, Director
- Child Life: Amber Bennett, Lindsay Ferrarelli and Ana L. Bacon, Manager
- NM Donor Services: Greg Jones, Family Care Coordinator
- Countless Staff Members, including Environmental Services, Repertory Therapy, Radiology, Trauma in Emergency Department, Spiritual Care and Education



Audit and Compliance Committee Charter

Title: UNM Hospital Board of Trustees Audit and Compliance Committee	Policy
Patient Age Group: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

1. POLICY STATEMENT

The UNM Hospital Board of Trustees (BOT) has delegated to the UNM Board of Trustees Audit and Compliance Committee (Audit and Compliance Committee) the responsibility for monitoring and improving the UNM Hospital audit and compliance programs’ effectiveness while advancing the hospital’s mission and community responsibility. The Audit and Compliance Committee will assist and advise the BOT in fulfilling its oversight responsibilities over financial reporting, risk management, internal controls, performance of internal and external auditors, and compliance with laws and regulations. The Executive Director of Internal Audit, Executive Director of Compliance, and external auditors shall have direct access to the Audit and Compliance Committee and the BOT.

To ensure the independence of the internal audit and compliance functions, for matters related to UNM Hospital, the Executive Director of Internal Audit and Executive Director of Compliance report functionally to the Audit and Compliance Committee, and administratively to the CEO of UNM Hospital. The UNM Hospital Internal Audit and the Compliance Departments shall be free from interference in determining the scope of internal auditing and compliance reviews, and shall be empowered to obtain the information they need to perform their work and communicate the results.

2. CROSS REFERENCES

- University of New Mexico Regents’ Policy Manual Section 3.6: UNM Hospital Board of Trustees.
- University of New Mexico Regents’ Policy Manual Section 3.7: Health Sciences Center Institutional Compliance Program.
- University of New Mexico Regents’ Policy Manual Section 7.2: Internal Auditing and Compliance.
- University of New Mexico Regents’ Policy Manual Section 7.3: Audit and Compliance Committee

3. GENERAL INFORMATION AND DESIRED OUTCOME:

The UNM Hospital is part of UNM Health Sciences Center, a division of the University of New Mexico, and is an instrumentality of a political subdivision of the State of New Mexico. The BOT serves at the direction of the UNM Regents in accordance with delegated authorities and powers as set forth in Regents Policy 3.6. The Audit and Compliance Committee, as delegated by the BOT, has the fiduciary responsibility to ensure that the use of public funds of UNM Hospital is reported appropriately and operates in compliance with federal, state, and local laws and regulations. The public’s confidence in UNM Hospital’s financial integrity is dependent upon the foundation of trust placed in the BOT and its committees.

4. AUDIT AND COMPLIANCE COMMITTEE STRUCTURE AND MEMBERSHIP:

The Audit and Compliance Committee members shall be nominated for one-year terms and may continue to serve at the request of the BOT Chair or until a replacement is named.

4a. Membership

- The Audit and Compliance Committee is comprised of the Chair plus three BOT members.
- Chair of Audit and Compliance Committee may appoint up to two physician members of the UNM Hospital Medical Staff as non-voting members of the Audit and Compliance Committee.
- The Audit and Compliance Committee is supported by the UNM Hospital's CEO, Executive Director of Internal Audit, and Executive Director of Compliance.
- At the discretion of the CEO and Chair of the Audit and Compliance Committee other employees of the University and UNM Hospital may attend for liaison and informational purposes, but not as voting members of the Audit and Compliance Committee.

4b. The Audit and Compliance Committee Chair shall:

- Conduct Audit and Compliance Committee meetings four or more times a year.
- Establish Audit and Compliance Committee calendar.
- Direct the Audit and Compliance Committee agenda.
- Make recommendations to the BOT regarding audit and compliance report findings, plans, and any other appropriate informational or approval items.
- Report compliance risk or audit concerns to the BOT.
- Provide support to the UNM Board of Regents Audit and Compliance Committee.
- Meet separately with external auditors, internal auditors, and compliance staff to discuss any matters that the Audit and Compliance Committee believes should be discussed.

5. AUDIT AND COMPLIANCE COMMITTEE DUTIES

The Audit and Compliance Committee's primary role and duty is to make risk informed inquiries into the operations and financial performance of UNM Hospital's Audit and Compliance Programs, including the performance of external auditors. The Audit and Compliance Committee should encourage continuous improvement, and should foster adherence to UNM Hospital's policies, procedures, and practices at all levels. The Audit and Compliance Committee should also provide for open communication among external auditors, senior management, internal auditors, compliance professionals, and the BOT.

5.1 The Audit and Compliance Committee shall be authorized and expected to provide coordination and oversight as follows for Internal Audit:

- Advise on Internal Audit Plan structure.
- Review and advise in identifying and prioritizing risks for UNM Hospital.
- Review and approve the internal audit plan for UNM Hospital based on the risk assessment.
- Receive and review quarterly reports on status and results of the internal audit plan and significant audit findings.
- Review and recommend approval for internal audit reports.
- Consider, advise and review with management any audit findings or other matters identified in internal audit reports.
- Consider, advise and review with management any corrective action plans implemented.
- Direct CEO or Executive Director of Internal Audit to study areas of particular interest or

concern that fall within the delegated authorities and powers of the BOT.

5.2 The Audit and Compliance Committee shall be authorized and expected to provide coordination and oversight as follows for External Audit:

- Advise on areas of particular interest.
- Review and approve the external audit plan.
- Review and recommend approval of any external audit reports to BOT.
- Follow up with management in regards to any audit findings or other matters identified in external audit reports.

5.3 The Audit and Compliance Committee shall be authorized and expected to provide coordination and oversight as follows for Compliance:

- Advise on the Compliance department structure.
- Receive and review quarterly reports from the Executive Director of Compliance regarding the Compliance Program.
- Review and remain informed about governmental compliance enforcement activity such as notices of non-compliance, warning letters and/or more formal sanctions.
- Follow up with management on any corrective actions implemented.
- Promote and support a culture that builds compliance consciousness into the daily activities of the UNM Hospital employees.
- Advise on the allocation of resources when necessary to respond to situations or circumstances determined to present a high compliance risk.
- Review and recommend approval of the Standards of Conduct and Code of Ethics.
- Direct the CEO or Executive Director of Compliance to study areas of particular interest or concern that fall within the delegated authorities and powers of the BOT.

6. ACCESS

Any member of management or any UNM Hospital employee may bring issues of concern directly to the Audit and Compliance Committee or any committee member.

SUMMARY OF CHANGES

Replaces document of UNM Hospital Board of Trustees Audit Committee, last revision, 1/2014.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration and UNM Hospital Board of Trustees		
Legal (Required)	Jennifer James		Y
Official Approver	Dr. Jerry McDowell, Board of Trustees Chairperson		Y
Official Signature		[Day/Mo/Year]	
Effective Date		08/3019	
Origination Date		02/2009	
Issue Date	UNM Hospital Policy Coordinator		

Title:
 Owner:
 Effective Date:
 Doc. #

Conflict of Interest Renewal



Applies To: UNMH
 Responsible Department: UNM Hospital Board of Trustees
 Revised:

Title: UNM Hospital Board of Trustees - Conflict of Interest	Policy
Patient Age Group: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

1. POLICY STATEMENT

The purpose of this Conflict of Interest Policy is to protect the interests of the UNM Hospitals (the “**UNM Hospitals**”) when the UNM Hospitals is contemplating entering into a transaction or an arrangement that might benefit the private interest of an officer or director of the UNM Hospitals. This policy is intended to supplement but not replace any applicable New Mexico state or federal laws governing conflicts of interest applicable to nonprofit, governmental and charitable entities as well as to supplement and amplify the Regents Code of Conduct and Conflict of Interest Policy, which is directly applicable to the members of the Board of Trustees of the UNM Hospitals.

2. APPLICABILITY

UNM Hospitals Board of Trustees and Senior Administrators of UNM Hospitals.

3. POLICY AUTHORITY

UNM Hospitals Board of Trustees Chair

4. DEFINITIONS

4.1 Interested Person. Any member of the Board of Trustees of the UNM Hospitals, officer of the UNM Hospitals, or member of a committee with board-delegated powers who has a direct or indirect financial interest, as defined below, is an interested person. If a person is an interested person with respect to any entity in the UNM Hospitals’ health care system, he or she is an interested person with respect to all entities in this health care system

4.2 Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment or a family member:

4.2.a. An ownership or investment interest in any entity with which the UNM Hospitals has a transaction or arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation);

4.2.b. A compensation or consulting arrangement with the UNM Hospitals or with any entity or individual with which the UNM Hospitals has a transaction or arrangement;

4.2.c. An ownership or investment interest in, management position with, or compensation arrangement with, any entity or individual who is in a business that competes with the UNM Hospitals;

4.2.d. An ownership, potential ownership or investment interest in, or a compensation arrangement with, any entity or individual with which the UNM Hospitals is negotiating a financial or transactional arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation with which the UNM Hospitals is negotiating a financial or transactional arrangement).

4.3. Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature, including but not limited to, bonuses, increases in annual compensation, overall departmental budget increases and the like.

4.4. Committees. For purposes of this Conflict of Interest Policy, the committees of the UNM Hospitals' boards of directors which have board-delegated powers include the Finance Committee and the Performance Oversight Committee.

5. PROCEDURES

5.1 Duty to Disclose. In connection with any actual or possible conflicts of interest, an interested person shall disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Directors and members of committees with board-delegated powers considering the proposed transaction or arrangement.

5.2. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, the interested person shall leave the board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

5.3 Procedures for Addressing the Conflict of Interest.

5.3.a. An interested person may make a presentation at the board or committee meeting regarding a proposed transaction but after such presentation, the interested person shall leave the meeting during the discussion of and the vote on the transaction or arrangement that may result or results in the conflict of interest;

5.3.b. The chairperson of the board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement;

5.3.c. After exercising due diligence, the board or committee shall, unless the transaction or arrangement is competitively bid pursuant to the New Mexico Procurement Code and evaluated without any involvement by the person with the financial interest in the transaction, determine whether the UNM Hospitals can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest; and

5.3.d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee

shall, unless the transaction or arrangement is competitively bid pursuant to the New Mexico Procurement Code and evaluated without any involvement by the person with the financial interest in the transaction, determine by a vote of the Board or any committee whether the transaction or arrangement is in the UNM Hospitals' best interests and for its own benefit and whether the transaction is fair and reasonable to the UNM Hospitals and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination and the record keeping procedures set forth in Article IV herein.

5.4. Violations of the Conflicts of Interest Policy.

5.4.a. If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

5.4.b. If, after reviewing the response of the member and making such further investigation as may be warranted under the circumstances, the board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate corrective action as set forth in Article IX herein, and shall document such action as set forth in Article IV herein.

6. RECORDS OF PROCEEDINGS

6.1 Records. The minutes of all board and committees with board-delegated powers shall contain:

6.1.a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of such financial interest, any action taken to determine whether a conflict of interest was present, and the board's or committee's decision as to whether a conflict of interest in fact existed.

6.1.b. The names of the persons who were present for all discussions and votes related to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of all votes taken in connection therewith, specifically identifying each member's vote.

6.1.c. Any corrective action taken with regard to any member has in fact failed to disclose an actual or possible conflict of interest.

7. COMPENSATION MATTERS

7.1. Compensation. Any Director or a voting member any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the UNM Hospitals is precluded from voting on matters pertaining to compensation. No voting member of the board or any committee thereof whose jurisdiction includes compensation matters may be present during discussions pertaining to the approval of those compensation matters giving rise to the financial interest in question. Notwithstanding the foregoing, no voting member is precluded from making presentations and/or providing

information to the board or a committee regarding the transaction or arrangement in question or, as the case may be, his or her compensation for purposes of fair market value analysis to assist the board or committee in making compensation decisions.

8. ANNUAL STATEMENTS

8.1. Annual Disclosure. Each Appointed Director, principal officer and member of a committee with board-delegated powers shall annually sign a statement, in the form attached to this Policy as Exhibit A, which affirms that such person:

8.1.a. Has received a copy of this Conflicts of Interest Policy;

8.1.b. Has read and understands this Policy and the reasons therefor;

8.1.c. Has agreed in writing to comply with the Policy; and

8.1.d. Understands that the UNM Hospitals is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

9. USE OF OUTSIDE EXPERTS

10.1. Outside Experts. In conducting the periodic reviews provided for in Article VII herein, the UNM Hospitals may, but need not, use outside advisors, experts or consultants. If outside contractors are used, their use shall not relieve the board of its responsibility for ensuring that this Policy is adhered to in all transactions; that periodic reviews of such transactions are conducted; and that all necessary corrective action is taken pursuant to such reviews.

10. DISCIPLINARY ACTION

11.1. Disciplinary Action. In the event that a Director, principal officer or committee member fails to disclose an actual or possible conflict of interest, the Directors, by majority vote may enforce disciplinary action as necessary and appropriate, including, but not limited to, requiring re-education or further education concerning conflicts of interest or taking such other action as may be permitted under the Bylaws of the UNM Hospitals, as is applicable under the circumstances.

11. SUMMARY OF CHANGES

New Document

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Administration		
Consultant(s)	Board of Trustee Representative		
Committee(s)	UNMH BOT Finance and Audit Committee		Y
Nursing Officer	Sheena Ferguson, Chief Nursing Officer		N
Medical Director/Officer	David Pitcher, Chief Medical Officer		N
Human Resources	Jim Pendergast, HR Administrator UNMH		N
Finance Officer	Ella Watt, Chief Financial Officer, UNMH		N
Legal (Required)	Scot Sauder, Sr. Associate University Counsel, UNM		Y
Official Approver	Chairman of the UNMH BOT		Y

Title: UNM Hospital Board of Trustees Conflict of Interest
 Owner: Administration
 Effective Date:
 Doc. #

Official Signature		Date:
Effective Date		
Origination Date		
Issue Date	Clinical Operations Policy Coordinator	

ATTACHMENTS

UNM HOSPITALS BOARD OF TRUSTEES

ANNUAL CONFLICT OF INTEREST CERTIFICATION

The undersigned [a trustee / a principal officer] of UNM Hospitals ("UNMH"), does hereby affirm as follows:

- That the undersigned has received a copy of the UNM Hospital Board of Trustees' Conflict of Interest Policy;
- That the undersigned has read and understands the UNM Hospital Board of Trustee's Conflict of Interest Policy and the reasons therefor;
- That the undersigned, by and through this Certification, agrees that he/she has complied with and will continue to comply with the terms, conditions and provisions of UNM Hospital Board of Trustee's Conflict of Interest Policy. More specifically, except as set forth on the Disclosure Exhibit attached hereto, the undersigned further certifies as follows:
 - That neither he/she nor any family member has an ownership or investment interest in any entity with which UNMH has a transaction or arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation);
 - That neither he/she nor any family member has a compensation or consulting arrangement with UNMH or with any entity or individual with which UNMH has a transaction or arrangement;
 - That neither he/she nor any family member has an an ownership or investment interest in, management position with, or compensation arrangement with, any entity or individual who is in a business that competes with UNMH;
 - That neither he/she nor any family member has an ownership, potential ownership or investment interest in, or a compensation arrangement with, any entity or individual with which UNMH is negotiating a financial or transactional arrangement (other than as owner and holder of less than one percent (1%) of the stock or outstanding equity of a publicly traded corporation with which UNMH is negotiating a financial or transactional arrangement); and
 - That the undersigned understands that UNMH is an organization that is tax exempt under and pursuant to the Internal Revenue Code and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

By: _____
Signature

Date: _____

Printed Name: _____

Title: _____

UNMH BOT Committee Members

**University of New Mexico Hospitals
Board of Trustees
2019-2020 Committee Assignments
(Approved at 09/27/19 UNM Hospitals Board of Trustees Meeting)**

Board Chair Terry Horn
Board Co-Chair Jennifer Phillips, MD
Secretary Joe Alarid

Finance Committee

Terry Horn, Chair
Nick Estes
Christine Glidden
Del Archuleta

Audit/Compliance Committee

Terry Horn, Chair
Jennifer Phillips
Joe Alarid

Quality and Safety Committee

Ray Loretto, Chair
Tamra Mason
Erik Lujan
Jennifer Phillips
Joe Alarid

Native American Services Committee

Erik Lujan, Chair
Ray Loretto
Joe Alarid
Tamra Mason

Community Engagement Committee

Christine Glidden, Chair
Erik Lujan
Nick Estes
Del Archuleta

Strategic Planning & Executive Committee

Terry Horn, Chair
Jennifer Phillips
Joe Alarid

New Hospital Tower Update



HOSPITAL TOWER

UNM HOSPITAL BOARD OF TRUSTEES

SEPTEMBER 27, 2019

The Why Behind the Tower

- Lack of physical inpatient capacity to meet current demand that leads to patient dissatisfaction and throughput challenges
- Improve access of critical care, specifically ICU care
- Crowded and outdated operating suites leading to inefficiency
- Reduction of patient diversion from hospitals outside central New Mexico
- Create physical space that matches technological advances
- Create a patient and family centered care delivery environment
 - Design for the use of natural daylight
 - On-stage/Off-stage
 - Reduce noise levels
 - Reduce hospital acquired injuries and infections

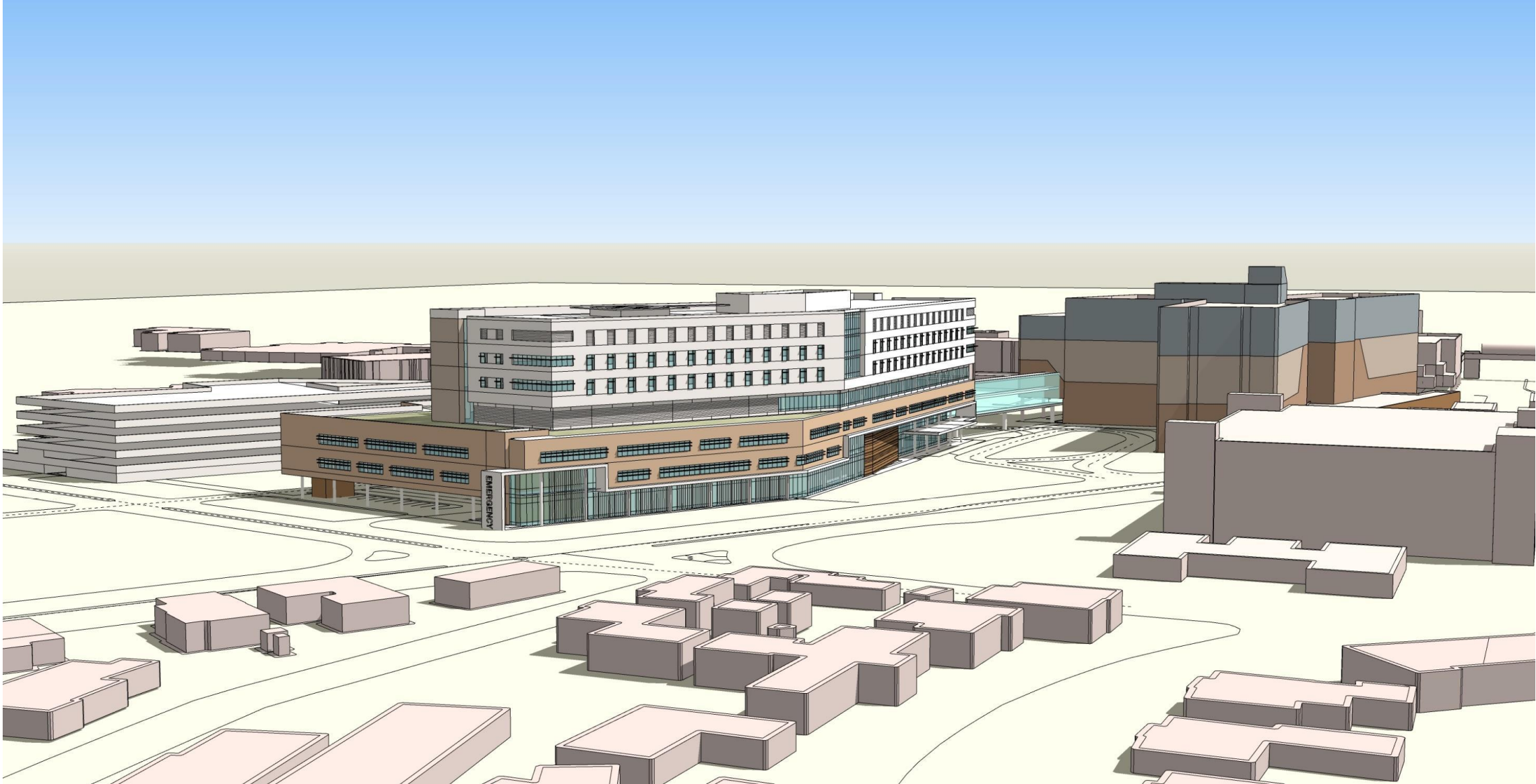
SCOPE

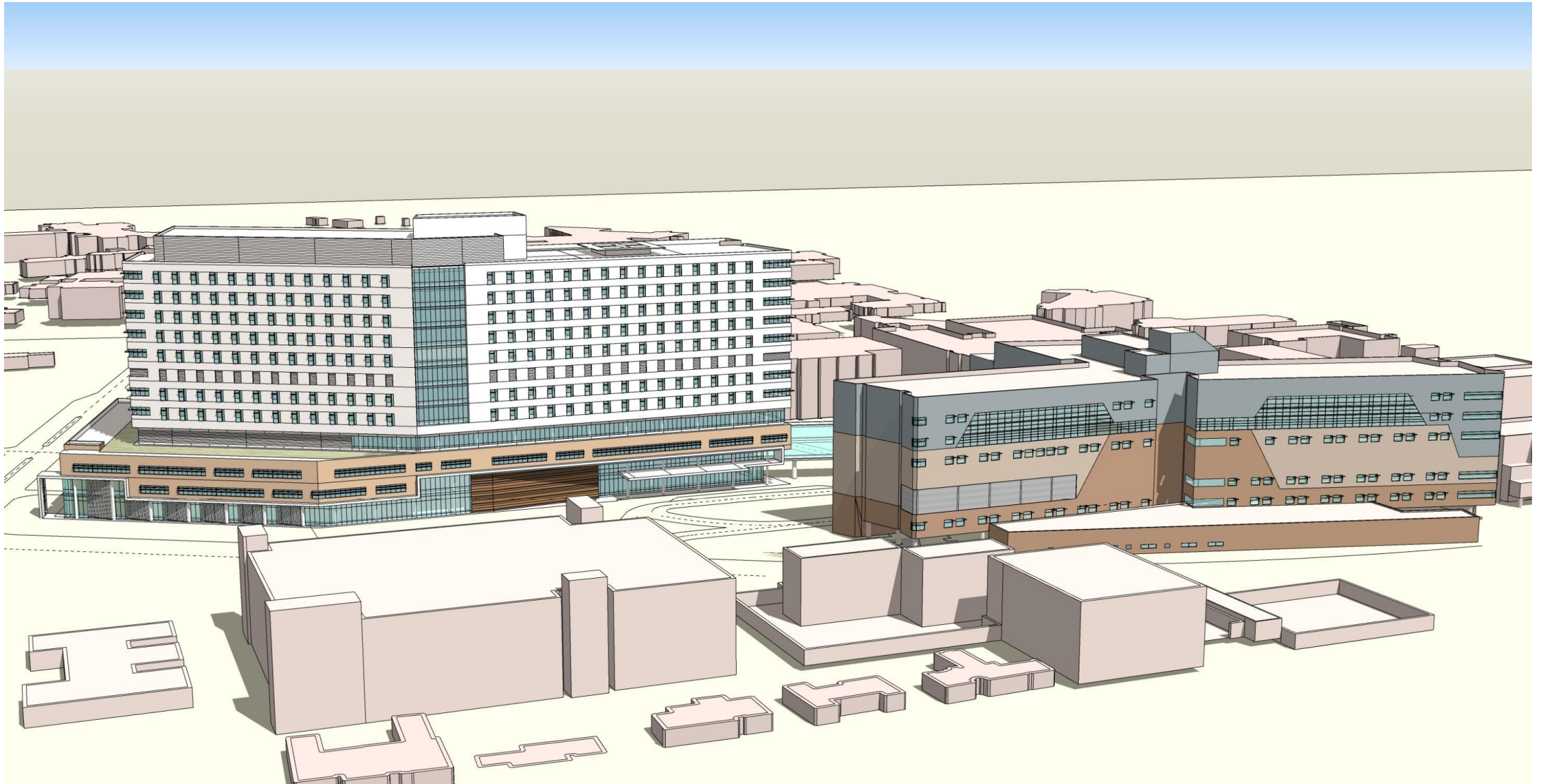
- **96 Inpatient Beds**
 - Four 24-Bed Intensive Care Units*
- **Interventional Platform**
 - 18 Operating Rooms (14 General + 2 Hybrid)*
 - 2 Endoscopy*
 - 4 Cath Labs (2 Single Plane + 2 Bi-Plane)*
 - 8 IR Suites (4 Angio + 2 Neuro + 2 CT)*
 - Perioperative Suite (38 PACU + 38 PreOp + 28 Stage 2)*
- **Imaging**
 - 2 MRI*
 - 1 CT + 1 PET CT*
 - 4 Nuc Med*
 - 3 RAD Fluoro*
 - 4 General Rad*
 - 5 Ultrasound*
- **Adult Emergency Department**
 - 4 Trauma + 6 Resuscitation Rooms*
 - 30 Exam + 2 Triage Rooms*
 - 4 Behavioral Exam + 6 Observation*
- **Food Service**
- **Pharmacy**
- **Satellite Pharmacy**
- **Central Sterile**
- **2,300 Structured Parking Spaces**
- **Logistics**
- **Central Utility Plant**
- **Retail ***
- **Education ***

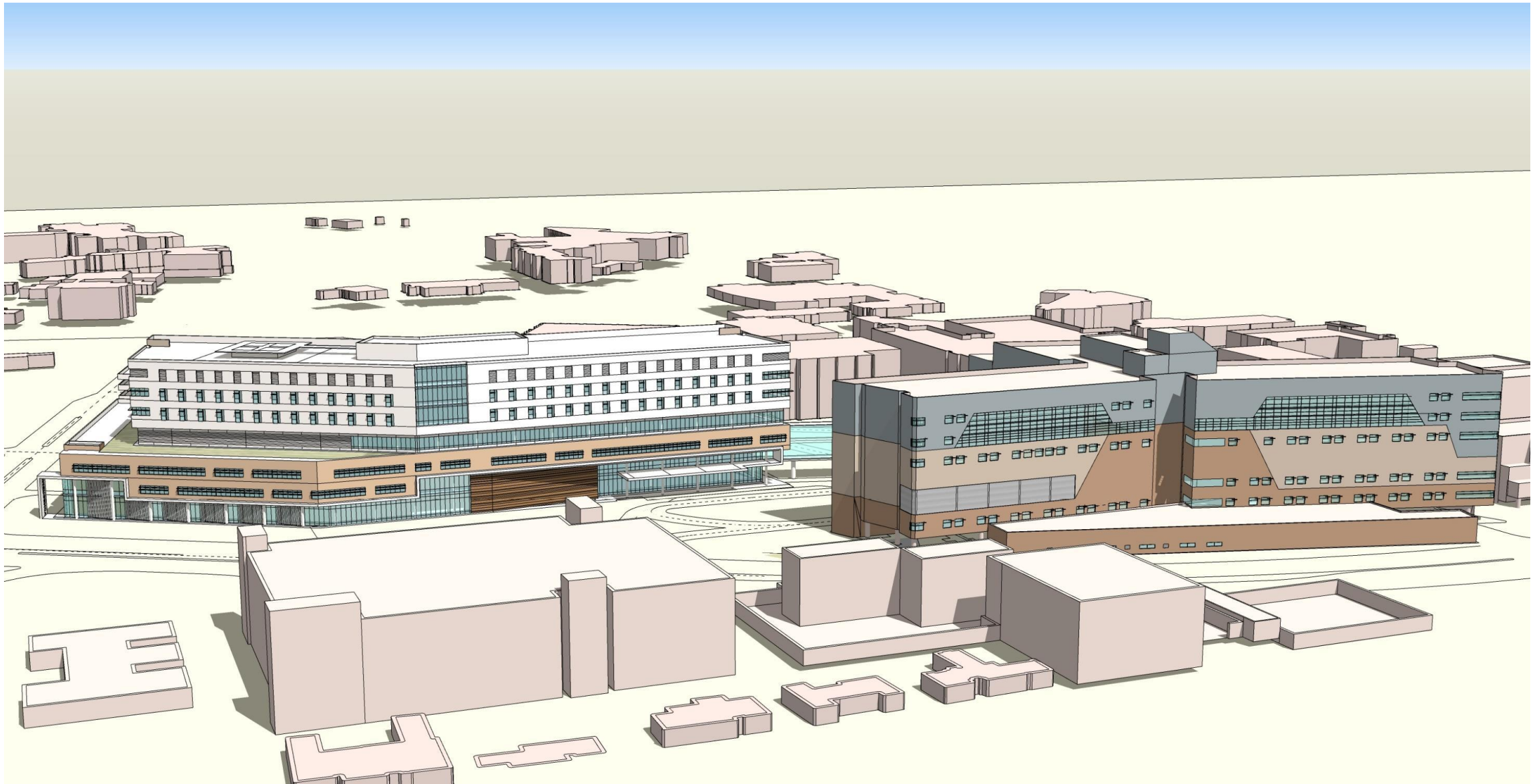
\$385M Maximum Allowable Construction Cost

PHYSICS & ASTRONOMY SITE

6.7 ACRES

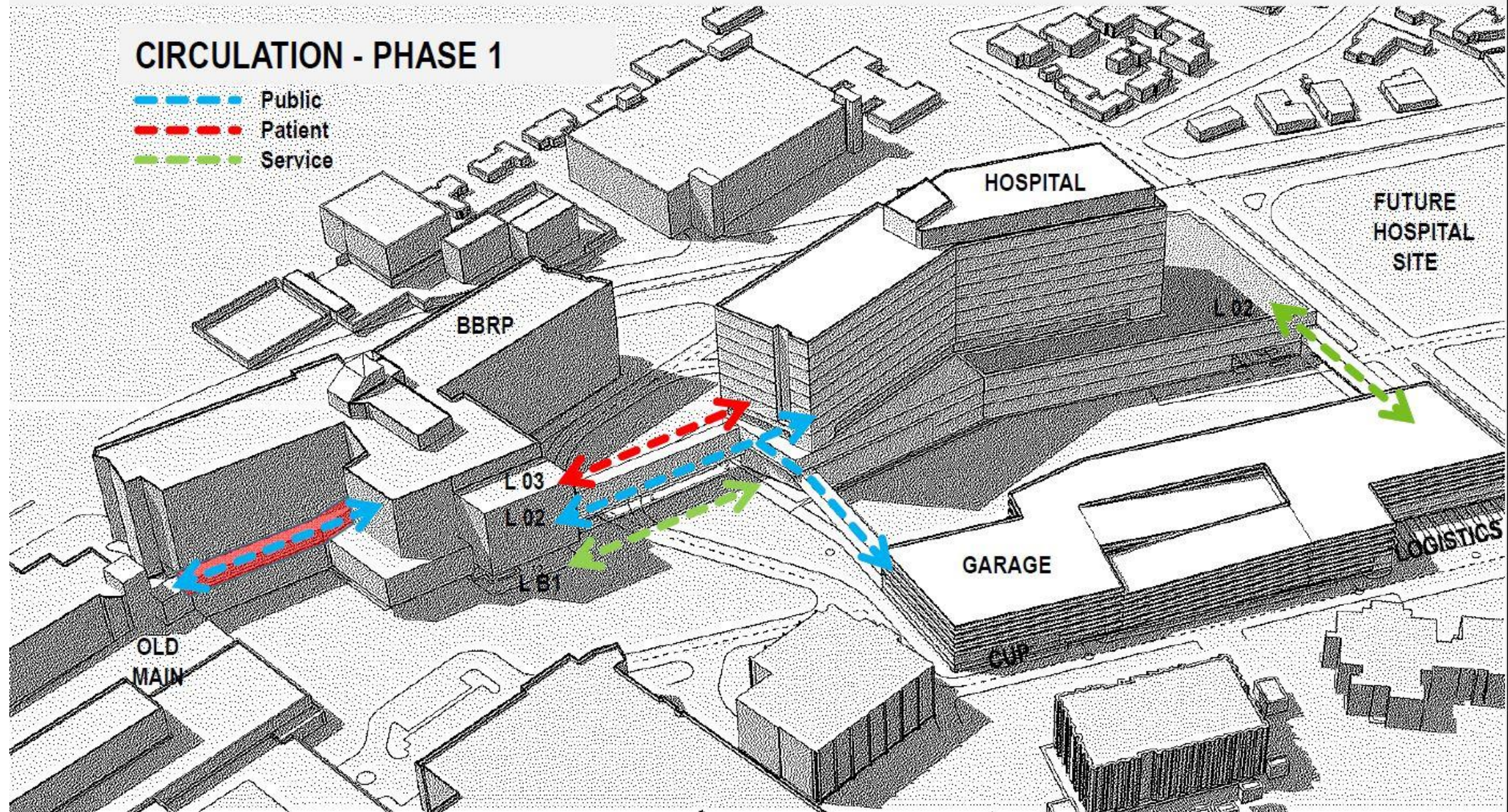






CIRCULATION - PHASE 1

- Public
- Patient
- Service



Partners

Design Architects: Fanning Bard Tatum/HDR (Albuquerque/Omaha)

Construction Manager at Risk: Letter of intent to Bradbury Stamm and Hunt Corporation (Albuquerque/Indianapolis)

Program Manager: Broaddus & Associates (Austin)

Questions

HSC Committee Update

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: September 10, 2019

Subject: Monthly Health System Activity Update

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

Quality and Safety: For FY19 thru June 2019, UNM Hospitals have 7/13 metrics at or better than fiscal year targets set for the UNMH unified operating plan (UOP). For non-infection Severe Patient Harm Events, 3/6 remain at or better than target. For infection Severe Patient Harm Events, 2/5 are at or better than target.

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

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

Health System total inpatient discharges are down 1% compared to prior year, with discharges flat at UNMH and down 5% at SRMC. Health System adult length of stay (without obstetrics) is down 2% compared to prior year, with length of stay down 1% at UNMH and down 13% SRMC.

Health System observation discharges are up 10% compared to prior year, with observation discharges up 7% at UNMH and up 30% at SRMC.

Case Mix Index (CMI) is up 2% compared to prior year and up 2% compared to FY 19 budget.

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

Health System total outpatient activity is 1% higher compared to prior year. Primary care clinic visits are up 3% compared to prior year. Specialty and Other clinic visits are up 2% compared to prior year. Emergency visits are 4% lower than prior year.

Surgeries overall are down 2% year over year due to decrease in community physician surgical volume at SRMC. UNM surgical volume is flat compared to prior year.

Medical Group RVUs are up 1% over prior year.

Finances: Health System had total year-to-date operating revenue of \$1,386.7 billion, representing a 8% increase over prior year. Total non-operating revenue was \$115.4 billion, representing a 12% increase (\$12.5 million) over prior year. Total operating expenses were \$1,436.8 billion, representing a 6% increase over prior year. Health System margin was \$65.3 million as compared to \$33.9 million prior year. UNMH has allocated \$23 million to capital projects, bringing the final Health System net margin to \$42.3 million.

The balance sheet is stable with a current ratio of 2.36 as compared to 2.04 prior year. The cash and cash equivalents for UNM Health System is \$246.3 million as compared to \$289.4 million prior year. Net patient receivables are up 3% and total assets are up 3%. Total liabilities are down 7% over prior year. Total net position is up 14% over prior year.

UNM SRMC: Management, Legal and Sandoval County are continuing to discuss the contract terms for the Healthcare Facilities agreement which supports the addition of Level 3 Trauma services and the addition of Behavioral Health services, for the voter approved Mill Levy tax.

The SRMC Primary Care Clinic has met all the requirements for Patient-Centered Medical Home (PCMH) designation by the National Center for Quality Assurance (NCQA).

SRMC continues to work on hardwiring the Mission:Excellence Evidenced Based Strategies which will focus on Improving Patient, Staff and Provider Engagement. SRMC exceeded the 70th percentile for Overall Hospital Rating 4 of the 6 months in the second half of FY19.

SRMC is continuing work with our Strategic Planning Consultant to assist us with updating our Strategic Plan over the next 3-5 years. Plans for completion are in October.

Lastly, SRMC and the Health Sciences Center are working on the advancement of campus planning in collaboration with the City of Rio Rancho on five initiatives with one being the development of the Orthopedic Surgery and Rehabilitation Center of Excellence.

Mission Excellence: The LEADing to Excellence Conference took place on August 22 and was well attended with 903 participants. Attendees included management and leadership staff from UNMH, UNMMG, SRMC, the Cancer Center and SOM Administration. Guest speakers and workshops focused on the continued hardwiring of behaviors designed to optimize both patient experience and improved caregiver engagement.

UNM Hospitals: Progress continues in collaborating with Bernalillo County regarding improved access and diversified treatment options in behavioral health programs. Planning continues for the new bed tower with ongoing architect meetings and steering committee meetings.

UNM Medical Group: Ribbon cutting for new Behavioral Health Clinic on the UNM Health Sciences Rio Rancho Campus scheduled for September 10. This is a mental health and substance use disorder community behavioral health clinic that also serves as an interdisciplinary training site for learners at all levels. Clinic will include ECHO for opioid use disorders (OUD) and depression, and we will also provide community outreach and education.

Sandoval County primary care in the community expansion efforts underway. Currently in due diligence on selected free-standing medical clinic office building.

Operational Improvement: The UNM Health System was one of five health care delivery systems recognized for operational improvement at the national “What’s Right in Healthcare” conference. The “Operational Excellence and Transformation” award by Huron is given to organizations that have achieved and maintained significant improvement of operation performance metrics.

CEO Report UNM Hospitals

MEMORANDUM

To: UNM Hospitals Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: September 27, 2019

Subject: CEO Report

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

Quality: UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report, specifically mortality and hospital acquired infection. The Vizient data has been released through year end 2019 with four of the eight indicators in the green which indicates at or better than goal. Effort continues on improving mortality, hospital acquired infections and patient safety indicators.

Statistics (Financial data): For the month of June, inpatient volume exceeded prior year by 13% due to seasonal illnesses. For the twelve months ended June, UNMH inpatient volume is 0.6% lower compared to prior year. Patient days are 1.1% lower than budget in total with adult patient days accounting for -0.8%. Adult equivalent observation days are up 15%, or 1,623 days from budget. Total pediatric days are 2.2% below budget. Inpatient discharges are 8% lower than budget and slightly lower compared to prior year activity. Outpatient visits are 1% below budget year to date through June and 0.6% lower compared to prior year. Emergency department arrivals are 0.3% lower than budget and 0.9% lower than prior year. Case mix index remains greater than prior year and average length of stay is down 1% compared to prior year.

Financial: Net margin year to date through June 2019 is positive at \$44.7 million. Net patient revenues continue on a positive trend while salaries, benefits, purchased services and medical services continue trending over budget.

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

Human Resources: The turnover rate rolling year-to-date is 17.99% for the full workforce and 16.08% for nurses. This represents an increase over the last month's results and is slightly over our goals of 15% for both the full workforce and for the nurse specific workforce for this fiscal year. Overall hiring is in pace with the current turnover rates. UNMH currently has 5,887 FTEs which is 672 (10.25%) less than budget.

Native American Liaison: As the new Hospital Tower design gets underway, UNMH Native American Health Services consulted on a satellite office location and space plan. The team also consulted on certain design elements. Resource names were provided for additional input on building design elements. The APCG sent an acknowledgement letter affirming Mr. Lujan's reappointment to the UNMH BOT for a consecutive term beginning in June 2019. We are awaiting formal notification from APCG concerning the appointment of a new BOT member as Dr. Loretto's term expires in January 2020; we expect to hear back on this no later than November 1, 2019. Of note: 17,000 calls were fielded by our offices over the past six months, with grade of service delivery on phones exceeding 98% and a call response time average of 6 seconds. Additionally, we have fully integrated Huron-recommended revenue cycle enhancements to the team's workflow.

Bernalillo County: UNMH Management has worked with Bernalillo County to identify focus areas from the Hospital Lease MOU over the next 6 months. These priorities form Exhibit C to the Lease MOU with the County. UNMH has also reviewed the status of all Lease deliverables with the County and IHS.

UNMH continues to work with the County on service development at the MATS facility and UNMH assumed operations of the outpatient evaluation clinic at MATS on July 1st. UNMH is now working with the County on programming focused on detoxification services and crisis stabilization center services.

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

CMO Report UNM Hospitals



To: Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer
Date: September 27, 2019
Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of July was 9 hours and 12 minutes as compared to July of 2018 with a wait time of 8 hours and 12 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity. The actual number of patients who were not accepted to UNMH, SRMC or our community partner Lovelace was 926 patients.
 - We sent 609 patients to an SRMC Inpatient unit instead of placing at UNM Hospital in FY2019.
2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the “Patient First”, allowing continued access to those patients that can only be cared for by UNMH.
 - 1,044 patients were triaged from the UNM Hospital and accepted Lovelace inpatient units for FY 2019.
3. Our ALOS (average length of stay) Adult Non-OB for FY 2019 was 6.76 which is an improvement compared to FY 2018 which was 6.83. In FY2020 we continue to focus work on Inpatient Access to Care with new processes to decrease our ALOS while continuing to accept higher acuity patients and use community resources to the fullest potential. The most recent CMI (Case Mix Index) for July was 2.09.
4. UNMH Surgical Services continues to build a solid foundational structure. This work of creating reliable process to serve the needs of New Mexican’s has shown good results in the on-time start of operating room cases. In the month of July the UNMH main OR has a 61.2% on-time start of all cases, BBRP has a 66% and OSIS has a 67% on-time start.

The team continues to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of July the TOT was 62 minutes for the UNMH main OR, OSIS has a 36 minute TOT. Our BBRP TOT is now calculated by type of case will continue to monitor and track trends.

Finance Committee

UNM HOSPITAL BOARD OF TRUSTEES

Finance Committee Meeting

Wednesday, September 25, 2019 10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives

- | |
|---|
| <ul style="list-style-type: none">• Provide financial and human resources oversight of UNM Hospitals. |
|---|

Finance Committee Meeting:

- Approval of August 28, 2019 meeting minutes
- Disposition of Assets for recommendation for approval to full Board of Trustees and further recommendation to the Board of Regents
- UNMH New Tower Update
- Financial Update for the two months ended August 31, 2019

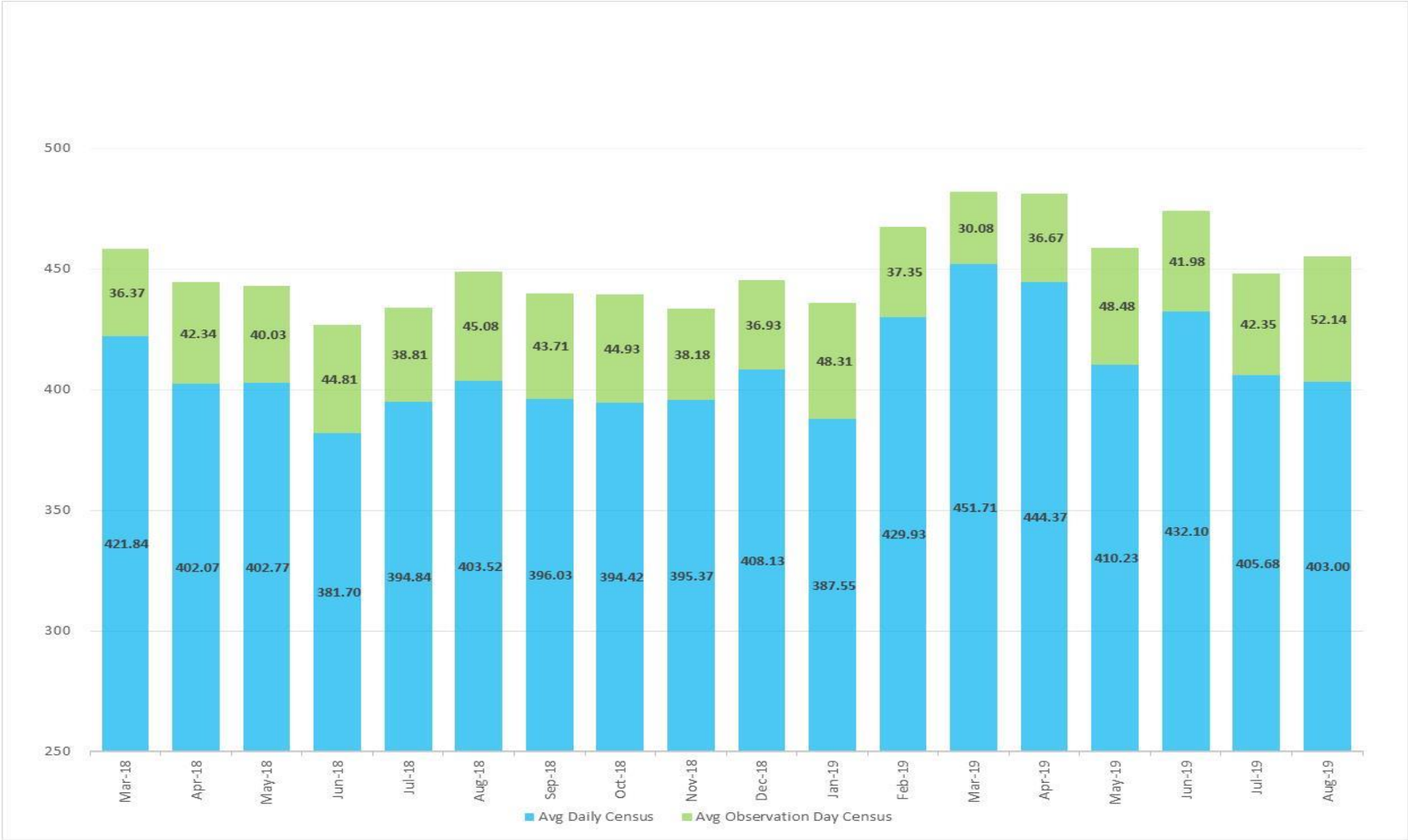
Next UNM Hospital Finance Committee meeting is scheduled to convene November 20, 2019.

August Financials

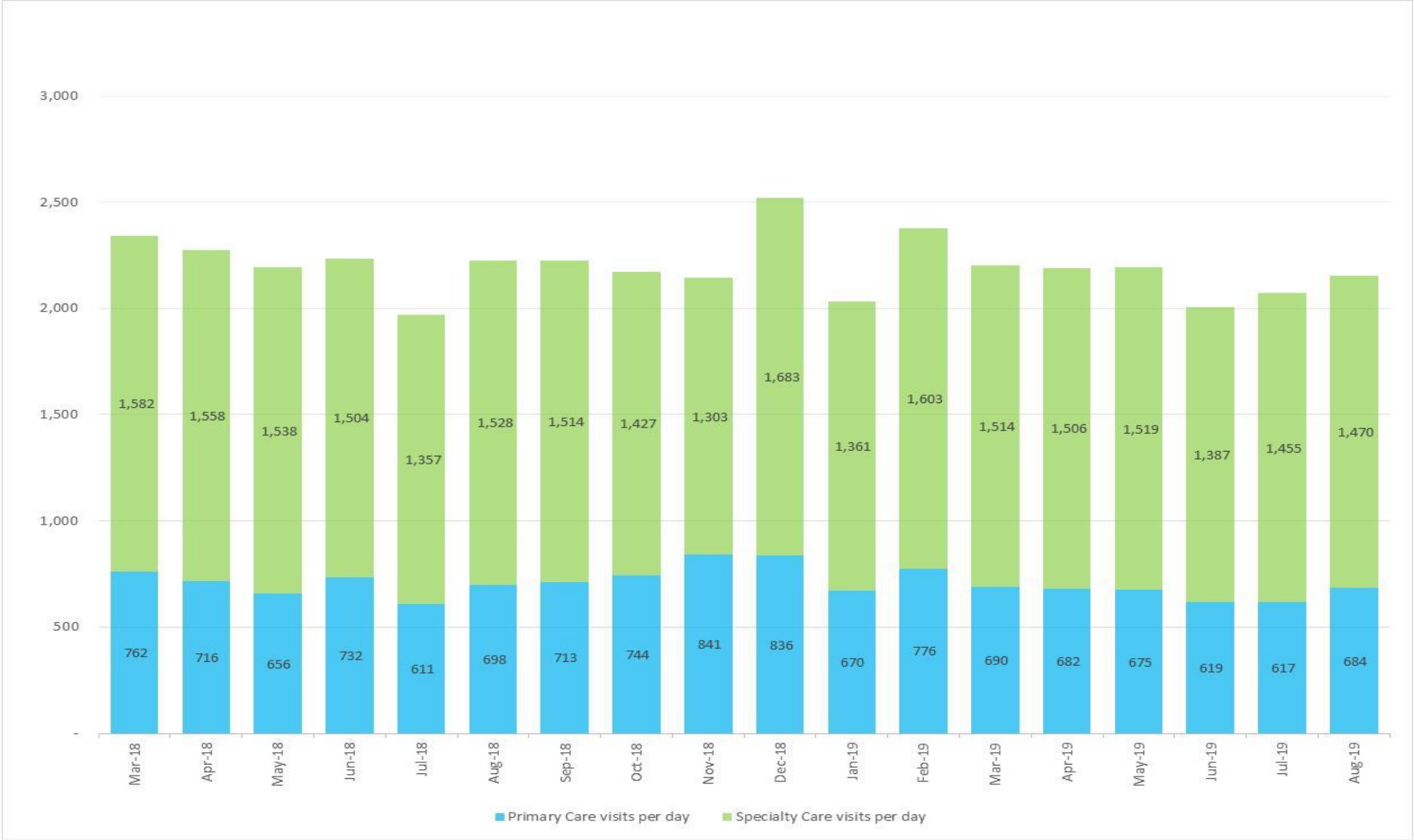
UNM Hospitals

Board of Trustees
Financial Update
Through August 2019

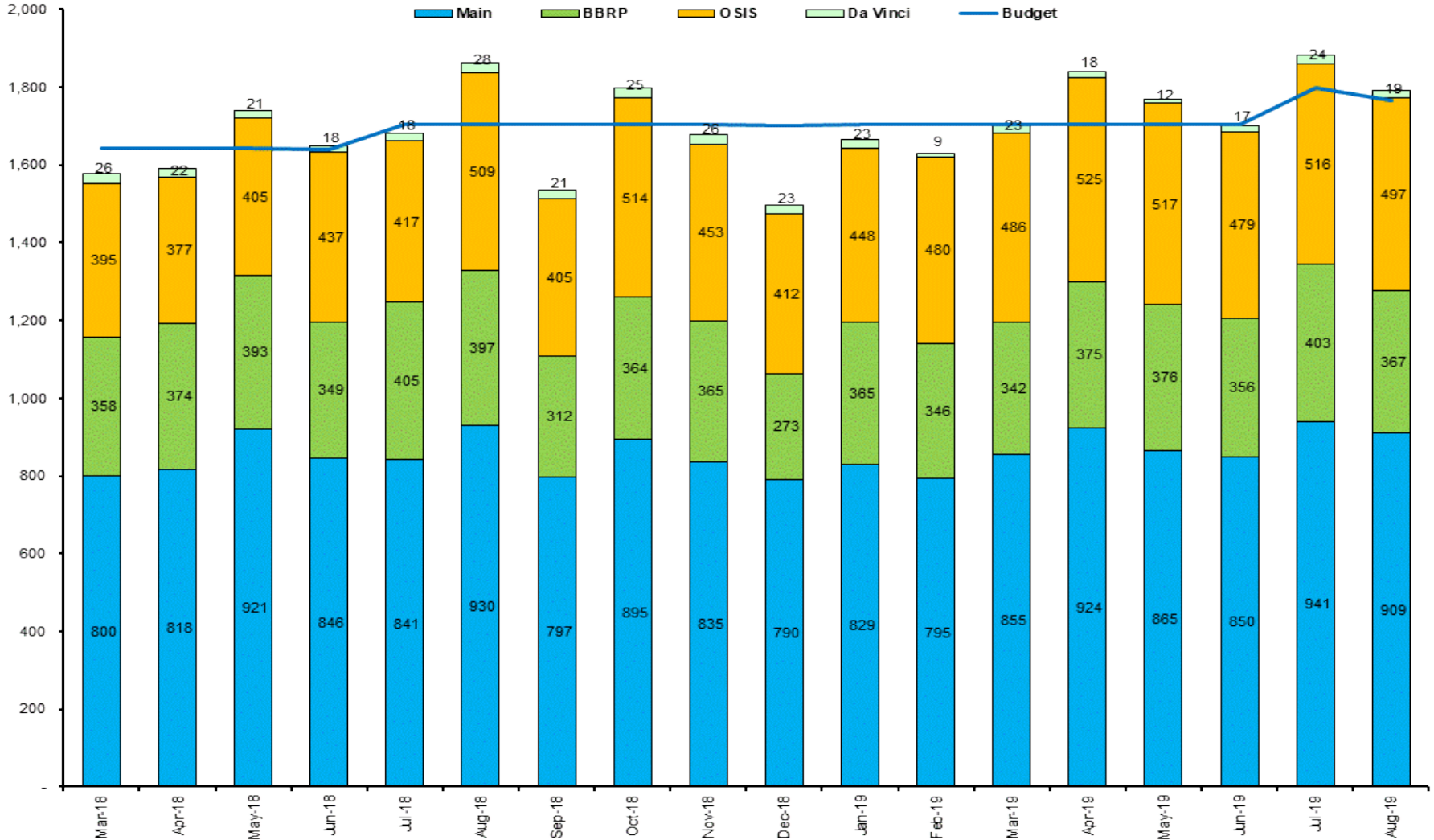
**UNM Hospital
Average Daily Census
Through August 2019**



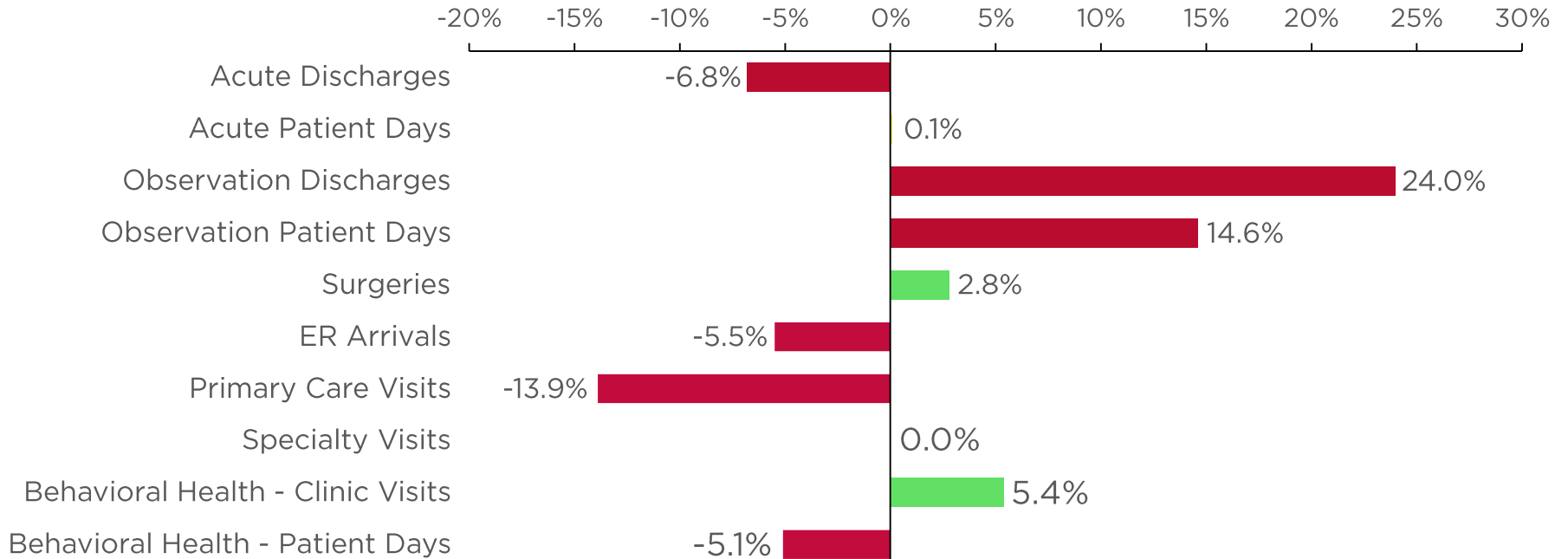
**UNM Hospital
Clinic Visits per business day
Through August 2019**



UNM Hospital Surgical Cases Through August 2019

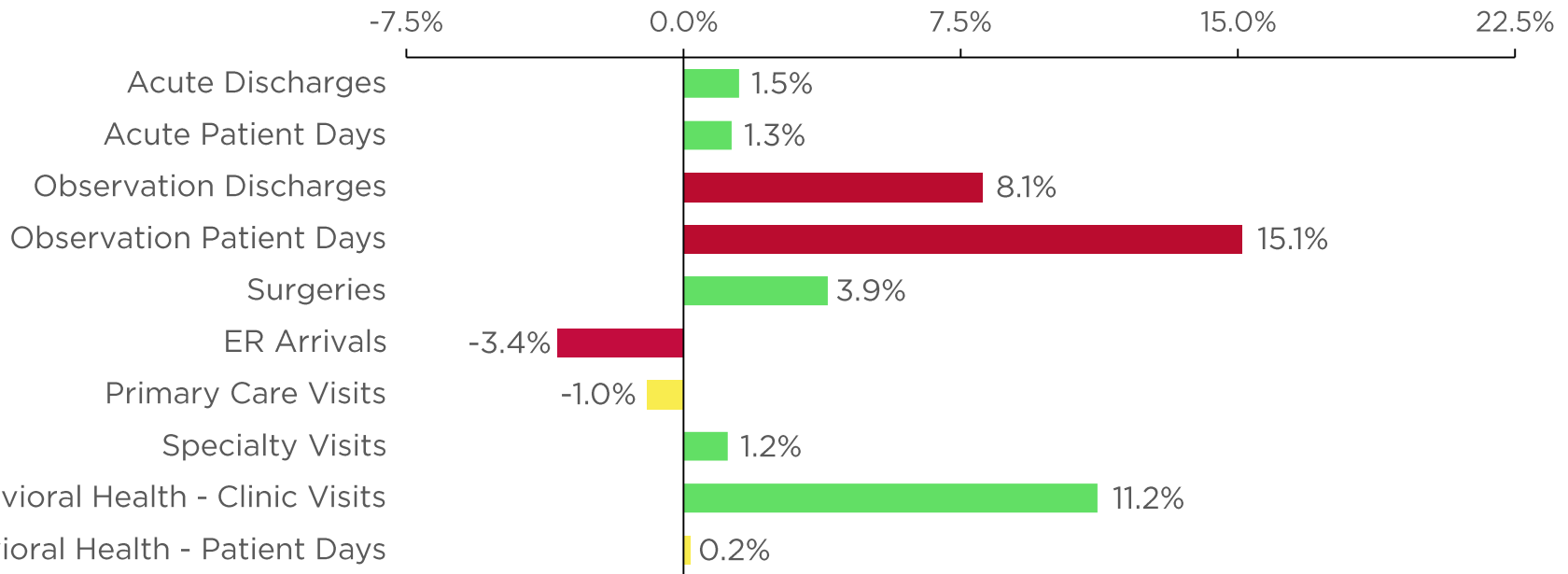


**UNM Hospital
YTD Stats Variance to Budget
Through August 2019**



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,916	2,048	(132)	-6.4%	3,820	4,098	(278)	-6.8%
Acute Patient Days	12,493	12,525	(32)	-0.3%	25,069	25,050	19	0.1%
Observation Discharges	1,054	829	225	27.2%	2,055	1,657	398	24.0%
Observation Patient Days	1,616	1,278	338	26.5%	2,929	2,557	372	14.6%
Surgeries	1,773	1,767	6	0.3%	3,633	3,534	99	2.8%
ER Arrivals	7,183	7,552	(369)	-4.9%	14,266	15,104	(838)	-5.5%
Primary Care Visits	15,045	16,615	(1,570)	-9.4%	28,618	33,230	(4,612)	-13.9%
Specialty Visits	31,969	31,839	130	0.4%	63,673	63,678	(5)	0.0%
Behavioral Health - Clinic Visits	15,265	14,800	465	3.1%	31,205	29,600	1,605	5.4%
Behavioral Health - Patient Days	1,889	2,050	(161)	-7.9%	3,891	4,100	(209)	-5.1%

**UNM Hospital
YTD Stats Variance to Prior YTD
Through August 2019**



	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,916	1,889	27	1.4%	3,820	3,765	55	1.5%
Acute Patient Days	12,493	12,509	(16)	-0.1%	25,069	24,749	320	1.3%
Observation Discharges	1,054	1,030	24	2.3%	2,055	1,901	154	8.1%
Observation Patient Days	1,616	1,398	219	15.6%	2,929	2,544	385	15.1%
Surgeries	1,773	1,835	(62)	-3.4%	3,633	3,498	135	3.9%
ER Arrivals	7,183	7,512	(329)	-4.4%	14,266	14,771	(505)	-3.4%
Primary Care Visits	15,045	16,055	(1,010)	-6.3%	28,618	28,894	(276)	-1.0%
Specialty Visits	31,969	34,737	(2,768)	-8.0%	63,673	62,889	784	1.2%
Behavioral Health - Clinic Visits	15,265	15,056	210	1.4%	31,205	28,056	3,149	11.2%
Behavioral Health - Patient Days	1,889	1,920	(31)	-1.6%	3,891	3,882	9	0.2%

UNM Hospitals (unaudited)	Action OI Benchmark	Aug-19	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		6.52	6.56	6.11	-7.36%	6.57	0.17%
Case Mix Index			2.08	1.98	5.04%	2.00	4.39%
CMI Adjusted Patient Days *	51,276	58,196	116,252	111,078	4.66%	109,854	5.82%
Net Core Patient Revenues (\$ in thousands)		\$ 81,080	\$ 165,035	\$ 159,027	3.78%	\$ 149,346	10.50%
Total Operating Expenses** (\$ in thousands)		\$ 99,935	\$ 201,039	\$ 200,967	-0.04%	\$ 184,153	-9.17%
Total Operating Expenses*** (\$ in thousands)		\$ 95,630	\$ 194,461	\$ 198,767	2.17%	\$ 183,686	-5.87%
Net Operating Income (\$ in thousands)		\$ (8,086)	\$ (13,172)	\$ (21,920)	39.91%	\$ (17,608)	25.19%
Net Income (\$ in thousands)		\$ 35,489	\$ 40,973	\$ (1,754)		\$ (55)	
Net Core Revenue/CMI Adj Patient Day		\$ 1,393	\$ 1,420	\$ 1,432	-0.84%	\$ 1,359	4.42%
Cost**/CMI Adj Patient Day	\$ 1,765	\$ 1,717	\$ 1,729	\$ 1,809	4.42%	\$ 1,676	-3.16%
Cost***/CMI Adj Patient Day	\$ 1,765	\$ 1,643	\$ 1,673	\$ 1,789	6.52%	\$ 1,672	-0.04%
FTEs		6,327	6,350	6,697	5.18%	6,425	1.16%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for Jan - Mar 2019 the 50th percentile is 153,829. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

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