

BOARD OF TRUSTEES -- OPEN SESSION -- AGENDA

Friday, February 28 at 9:00 AM

Barbara and Bill Richardson Pavilion Conference Room 1500

- I. **CALL TO ORDER – Terry Horn, Chair, UNM Hospitals Board of Trustees**
- II. **ANNOUNCEMENTS (Informational – 5 Minutes)**
 - Recognition – Nick Estes -- Service as UNM Hospitals Board Member – Terry Horn, Chair, and Kate Becker, UNMH CEO
- III. **ADOPTION OF AGENDA (Approval/Action – 5 Minutes)**
- IV. **CONSENT ITEMS – Bonnie White (Approval/Action – 10 Minutes)**
 - [Capital Project – CTH-Radiology-EOS Imaging Machine and Spatial Reconfiguration \\$525,000](#)
 - [Capital Project – UH Main 2nd Floor Sterile Processing Department – Decontamination Renovation \\$690,000](#)
 - [Capital Project – UH Main 4th Floor Pulmonary Lab Renovation \\$545,000](#)
 - [Capital Project – UNMH New Hospital Tower and New Parking Structure Preliminary Sitework \(Reconstruction of North Yale Blvd.\) \\$5.2M](#)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES**
 - [January 31, 2020 UNMH Board of Trustees Meeting Minutes](#) – Mr. Terry Horn, Chair **(Approval/Action – 5 Minutes)**
- VII. **MISSION MOMENT – Kate Becker** (to introduce Ms. Ana Bacon, Manager Child Life) **(Informational – 10 Minutes)**
- VIII. **BOARD INITIATIVES**
 - [Carrie Tingley Hospital Report](#) – Doris Tinagero, DNP, RN, NEA-BC, Executive Director **(Informational – 10 Minutes)**
 - [Budget Assumptions and Salary Guidelines](#) – Bonnie White, UNMH Chief Financial Officer **(Approval/Action – 10 Minutes)**
 - [UNMH Purchasing Process](#) – Bonnie White, UNMH Chief Financial Officer **(Informational – 10 Minutes)**
- IX. **ADMINISTRATIVE REPORTS (Informational – Reports in BoardBook – 5 Minutes)**
 - [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
 - Chief of Staff Update – Davin Quinn, MD
- X. **COMMITTEE REPORTS (Informational – 5 Minutes)**
 - [Finance Committee](#) – Terry Horn
 - Audit & Compliance Committee – Terry Horn
 - Quality and Safety Committee – Erik Lujan
 - Native American Services Committee – Erik Lujan
 - Community Engagement Committee – Christine Glidden
- XI. **OTHER BUSINESS**
 - [January Financials](#) – Bonnie White **(Informational – 10 Minutes)**
- 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 – Roll Call Vote)**
- XIV. **Adjourn Meeting (Approval/Action)**

#32 BOR Letter CTH Radiology -EOS Ultrasound room upgrades and reconfiguration



CAPITAL PROJECT APPROVAL

PROJECT NAME: CIP 3152 - CTH- RADIOLOGY- EOS IMAGING MACHINE AND SPATIAL RECONFIGURATION

February 2020

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **The CIP 3152 CTH – Radiology – EOS Imaging Machine and renovation**. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

The project consists of renovation and reconfiguration of space to accommodate new radiology equipment in the form of a low dose EOS Imaging machine to provide improved pediatric scans of the spinal regions. In addition to the EOS machine, the radiology suite will be reconfigured to provide a new ultrasound room with an ADA restroom and pediatric changing rooms to increase accessibility. The new spatial layout will provide a reconfigured staff diagnostic area that will increase efficiency and throughput.

RATIONALE:

The renovation of this space is required to accommodate the new EOS imaging machine and relocate the ultrasound into a more functional space with ADA accessible restrooms and changing areas along with reconfigured staff diagnostic space. If this area is not renovated, the new EOS machine will not be able to be installed, the current configuration will be unable to support the ultrasound and new layout needed to provide ADA restrooms and changing areas.

PURCHASING PROCESS:

The project construction will be procured through a qualifications based RFP selection method utilizing a pricing component.

FUNDING:

Total project budget shall not exceed at \$525,000 from the UNM Hospital Capital Renovation Fund.

#33 BOR Letter Sterile Processing Department



CAPITAL PROJECT APPROVAL

PROJECT NAME: CIP 3157 UH MAIN 2nd FLOOR STERILE PROCESSING DEPARTMENT – DECONTAMINATION RENOVATION.

February 2020

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **The CIP 3157 UH Main 2nd Floor Sterile Processing Department – Decontamination Renovation.** For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

This project is to create an Ante Room to don personal protection equipment and add additional sinks for sterile processing. An existing mechanical unit upgrade and a new mechanical unit are required to ensure that proper air exchanges are met. This will also insure if one unit goes down we will still maintain the required air supply. A new exhaust system will also be installed to insure that this room always maintains negative air pressure.

RATIONALE:

The expansion of sterile processing decontamination is needed due to the increase in volume to sterile processing. In July 2018 sterile processing took over scope reprocessing for all clinics as cidex was removed from the hospital and the Sterile Processing Department volume increased by about 1.5%. SPD is now in the process of taking over the processing of all GI scopes and the volume will increase by about 2%. The Sterile Processing Department Decontamination ante room is needed to be in compliance with current TJC guidelines.

PURCHASING PROCESS:

The project construction will be procured through a qualifications based RFP selection method utilizing a pricing component.

FUNDING:

Total project budget shall not exceed \$690,000 from the UNM Hospitals Capital Renovation Fund

#34 BOR Letter UH Main- Pulmonary Renovation



CAPITAL PROJECT APPROVAL

**PROJECT NAME: CIP 3098 - UH MAIN- 4TH FLOOR PULMONARY LAB RENOVATION
February 2020**

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for **The CIP 3098 – UN Main – 4th Floor Pulmonary lab renovation**. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

The project consists of renovation and reconfiguration space within the pulmonary lab to meet current Facilities Guidelines Institute (FGI), TJC, CMS standards and guidelines. The spatial reconfiguration is achievable by relocating the check in and testing areas to a more visible and accessible location. The reconfiguration will allow the unit to meet current standards and increase efficiency and throughput by creating a separate intake area and providing dedicated recovery areas.

RATIONALE:

The renovation of this unit is required to address spatial findings and workflow deficiencies to comply with FGI, TJC, CMS requirements for this type of patient care area. If this area is not renovated, the space will remain deficient and decrease throughput, patient care and satisfaction.

PURCHASING PROCESS:

The project construction will be procured through a qualifications based RFP selection method utilizing a pricing component.

FUNDING:

Total project budget shall not exceed at \$545,000 from the UNM Hospital Capital Renovation Fund.

**#35 Board of Regents Approval Letter (Sitework 3126
New Hospital Tower 3170 New Parking Structure)**



CAPITAL PROJECT APPROVAL

UNM HOSPITALS – NEW HOSPITAL TOWER AND NEW PARKING STRUCTURE PRELIMINARY SITE WORK

FEBRUARY 28, 2020

RECOMMENDED ACTION:

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

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

PROJECT DESCRIPTION:

The scope includes the preliminary site work required for the construction of the New Hospital Tower and the New Parking Structure. The work includes reconstruction of Yale Blvd NE between Tucker Ave NE and the existing roundabout, extension of Camino de Salud on the north side of the new parking garage, and pavement restoration on Tucker Ave NE between University Blvd NE and Camino de Salud.

RATIONALE:

The New Hospital Tower and the New Parking Structure will be constructed in multiple phases in order to reduce the disruption of services and provide access to the North Campus. The preliminary site work allows access to the existing hospital during construction.

PURCHASING PROCESS:

Three (3)-stage Construction Manager at Risk selection process was used for Bradbury Stamm Hunt:

- Request for Qualifications from all interested firms
- Request for Proposals from qualified firms
- Interviews with selected firms

FUNDING:

Total project construction budget not to exceed at \$5,200,000 from the FY20 Capital Initiatives Budget.

Board of Trustees Meeting Minutes 01 31 2020 Ifw

| Agenda Item | Subject/Discussion | Action/Responsible Person |
|----------------------------|--|---|
| Voting Members Present | Mr. Terry Horn, Dr. Jennifer Phillips, Mr. Erik Lujan, Mr. Kurt Riley, Mrs. Christine Glidden, Mr. Nick Estes, and Mr. Del Archuleta | |
| Ex-Officio Members Present | Mrs. Kate Becker, Dr. Michael Richards, President Garnett Stokes, Dr. Davin Quinn, Regent Rob Schwartz, and Dr. Irene Agostini | |
| County Officials Present | Mrs. Julie Morgas-Baca, Bernalillo County Manager and Mrs. Margarita Chavez Sanchez, Bernalillo County Director | |
| I. Call to Order | A quorum being established, Mr. Terry Horn, Chair, called the meeting to order at 9:06 AM | |
| II. Announcements | Mrs. Kate Becker, UNM Hospitals CEO, and Mr. Terry Horn, UNM Hospitals Board of Trustee Chair, welcomed former Governor Kurt Riley as the newest member of the UNM Hospitals Board of Trustees. | |
| III. Adoption of Agenda | Mr. Terry Horn, Chair, requested a motion to approve the Agenda. | Mr. Del Archuleta made a motion to adopt the agenda. Mr. Erik Lujan seconded the motion. Motion passed with no objections. |
| IV. Consent Approval | <p>Dr. Sara Frasch presented the Fidelity Retirement Plan Amendment. Mr. Terry Horn, Chair, indicated the UNMH BOT Finance Committee reviewed the plan and recommend approval by the full Board of Trustees and requested a motion for approval.</p> <p>Mrs. Bonnie White presented the below identified Consent Items (documents in BoardBook).</p> <ul style="list-style-type: none"> • Disposition of Assets • Perfusion and ECMO Services and Supplies – CCS Perfusion Services \$2M/ year • Repair, Renew, Replace New Hospital Tower and New Parking Structure – Project Commissioning Services \$1,662,000 <p>Mr. Terry Horn, Chair, stated the UNMH BOT Finance Committee discussed/reviewed the Consent Items in detail and recommend approval by the full Board of Trustees. Chair Horn requested a motion.</p> | <p>Mrs. Christine Glidden made a motion to approve the Fidelity Retirement Plan Amendment as presented and discussed by Dr. Sara Frasch. Dr. Jennifer Phillips seconded the motion. Motion passed with no objections.</p> <p>Mr. Del Archuleta made a motion to approve the Consent Items as presented and discussed by Mrs. Bonnie White. Mr. Erik Lujan seconded the motion. Motion passed with no objections</p> |
| V. Public Input | N/A | |
| VI. Approval of Minutes | Mr. Terry Horn, Chair, requested a motion to approve the November 22, 2019 UNM Hospitals Board of Trustees Meeting Minutes. | Dr. Jennifer Phillips made a motion to approve the November 22, 2019 UNM Hospitals Board of Trustees Meeting Minutes. Mrs. Christine Glidden seconded the motion. Motion passed unanimously. |

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| VII. Mission Moment | Brent Lomako, Executive Director, Adult Inpatient Medical Progressive Care Services, presented the Mission Moment, which was a gratitude and special thank you letter to Trauma Unit 3 South (presentation in BoardBook) | |
| VIII. Board Initiatives | <p>UNMH BOT Committee Assignments: Mr. Terry Horn, Chair, indicated that he would like to add Member Kurt Riley to the UNMH BOT Quality and Safety Committee and Member Del Archuleta to the UNMH BOT Audit and Compliance Committee effective February 1, 2020.</p> <p>Chair Horn stated he would also like to add Member Kurt Riley to the UNMH BOT Finance Committee effective April 1, 2020 replacing Member Nick Estes, whose term expires March 28, 2020.</p> <p>Mrs. Anndee Wright-Brown, UNM Foundation Senior Director of Development, presented the UNM Hospitals Pre-Campaign, Philanthropic Feasibility Study (presentation in BoardBook)</p> <p>Dr. Meghan Brett, UNMH Hospital Epidemiologist, and Dr. Shamima Sharmin, Interim Manager, Infection Prevention and Control, gave a presentation on Infection Prevention and Control at UNM Hospitals (presentation in BoardBook)</p> <p>Mrs. Julie Morgas-Baca, Bernalillo County Manager and Mrs. Margarita Chavez Sanchez, Bernalillo County Director, presented The Bernalillo County Behavioral Health Initiative (presentation in BoardBook)</p> | Mr. Nick Estes made a motion to approve the UNMH BOT Committee Assignments as discussed by Chair Horn. Dr. Jennifer Phillips seconded the motion. Motion passed unanimously. |
| IX. Administrative Reports | <p>Chancellor for Health Sciences: Dr. Paul Roth's report is included in the BoardBook.</p> <p>HSC Committee Update: Dr. Michael Richards report is included in the BoardBook.</p> <p>UNM Hospitals CEO Update: Mrs. Kate Becker's report is included in the BoardBook.</p> <p>UNM Board of Regents Report: Regent Schwartz expressed appreciation and support for the work of the UNM Hospitals Board of Trustees and UNMH Hospitals staff. UNM President Garnett Stokes stated the search for EVP for HSC has been launched with a 25 member Search Committee.</p> <p>UNM Hospitals CMO Update: Dr. Agostini described a Mission Moment she experienced this morning with a housekeeper. (report in BoardBook)</p> <p>Chief of Staff Update: Dr. Davin Quinn reported that the Medical Staff Bylaws are undergoing a large revisions in order to confirm we are current with best practices and make sure we are in compliance with Joint Commission and CMS Guidelines.</p> | |
| X. Committee Reports | <p>Mr. Terry Horn gave a brief overview of the UNMH BOT Finance Committee Meeting.</p> <p>Mr. Terry Horn stated the UNMH BOT Audit and Compliance Committee met recently to review audits and met the new Compliance Officer, Angela Vigil.</p> | |

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| | <p>Mr. Erik Lujan gave a summary of the recent UNMH BOT Quality and Safety Committee Meeting. Mr. Lujan stated as the new Chair of the Committee, he has requested to be invited to meetings that are in relation to the Quality and Safety Committee such as the Medical Executive Committee Meetings in order to become more knowledgeable of the process.</p> <p>Mr. Erik Lujan stated the UNMH BOT Native American Services Committee was postponed until February.</p> <p>Mrs. Christine Glidden stated the UNMH BOT Community Engagement Committee received an interesting Community Health Assessment Report from Kris Sanchez.</p> | |
| XI. Other Business | Mrs. Bonnie White presented the December financials (report in BoardBook) | |
| XII. Closed Session | At 11:49 AM Mr. Terry Horn, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session. | <p>Dr. Jennifer Phillips made a motion to close the Open Session and move to the Closed Session. Mr. Erik Lujan seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mrs. Christine Glidden – Yes Mr. Erik Lujan - Yes Mr. Del Archuleta – Yes Mr. Nick Estes – Yes Mr. Kurt Riley – Yes Mr. Joseph Alarid – Not Present Dr. Tamra Mason – Not Present</p> |
| X. Certification | After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken. | |
| Vote to Re-Open Meeting | At 12:48 PM 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>Dr. Jennifer Phillips made a motion to close the Closed Session and return to the Open Session. Mrs. Christine Glidden seconded the motion. Per Roll Call, the motion passed.</p> |

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| | <p>Mr. Terry Horn, Chair, requested a motion to amend the Agenda to identify the Huron Clinic Improvement Overview as an approval/action in lieu of an informational item.</p> <p>Mrs. Kate Becker, UNM Hospitals CEO, presented Huron Clinic Improvement Overview and requested approval to amend the current engagement letter with Huron Consulting to add additional programs designed to assist the UNM Health System in improving clinical faculty and physician satisfaction and efficiency and improving access to care and satisfaction for UNMH's patients and customers. Chair Horn requested a motion to approve the Huron Clinic Improvement Overview.</p> <p>Mrs. Kate Becker gave an update on Pediatric Oncology</p> <p>Mrs. Kate Becker gave an update on Bernalillo County Behavioral Health Memorandum of Understanding (MOU)</p> <p>Dr. Michael Chicarelli presented Accreditation and Risk update</p> <p>Mr. Terry Horn, Chair, requested the Board accept 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 Committee's meetings and to ratify the actions taken in Closed Session.</p> <ul style="list-style-type: none"> ❖ Medical Executive Committee 11/20/2019 and 12/18/2019 Meeting Minutes ❖ UNMH BOT Finance Committee 11/20/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 11/21/2019 and 12/19/2019 Meeting Minutes ❖ UNMH BOT Audit and Compliance Committee 11/25/2019 Meeting Minutes | <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mrs. Christine Glidden – Yes Mr. Erik Lujan – Not Present Mr. Del Archuleta – Yes Mr. Nick Estes – Yes Mr. Kurt Riley -- Yes Dr. Tamra Mason – Not Present Mr. Joseph Alarid – Not Present</p> <p>Dr. Jennifer Phillips made a motion to amend the agenda as requested. Mrs. Christine Glidden seconded the motion. Motion passed unanimously.</p> <p>Mr. Nick Estes made a motion to approve Huron Clinic Improvement Initiative. Mr. Del Archuleta seconded the motion. Motion passed unanimously</p> <p>The Board of Trustees acknowledged receipt of the UNMH Committee Meeting Minutes.</p> |
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| | <p>Mr. Terry Horn, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session.</p> <ul style="list-style-type: none"> • Initial Appointments (Andazola through Witscheber) • Reappointments (Acosta through Zych) • Expansion of Privileges, Changes in Department, Change in Staff Status (Bear through Zlatkin) • Clinical Privileges: Cardiology, Procedural Sedation, CNP / PA Appendix Q Opioid Replacement, and CNP / PA Appendix J Neurology | <p>Mrs. Jennifer James, Legal, advised that the Credentialing and Clinical Privileges were reviewed, discussed, and approved at the UNMH BOT Quality and Safety Committee Meeting. Therefore, do not need formal approval at the UNM Hospitals Board of Trustees Meeting. However, should be reviewed and verified as approved by the Committee. Dr. Jennifer Phillips reported the UNMH BOT Quality and Safety Committee reviewed, discussed, and approved the Credentialing and Clinical Privileges as identified in Closed Session.</p> |
| <p>Adjournment</p> | <p>The next scheduled Board of Trustees Meeting will take place on Friday, February 28, 2020 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.</p> | <p>Mrs. Christine Glidden made a motion to adjourn the meeting. Mr. Kurt Riley seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:51 PM.</p> |

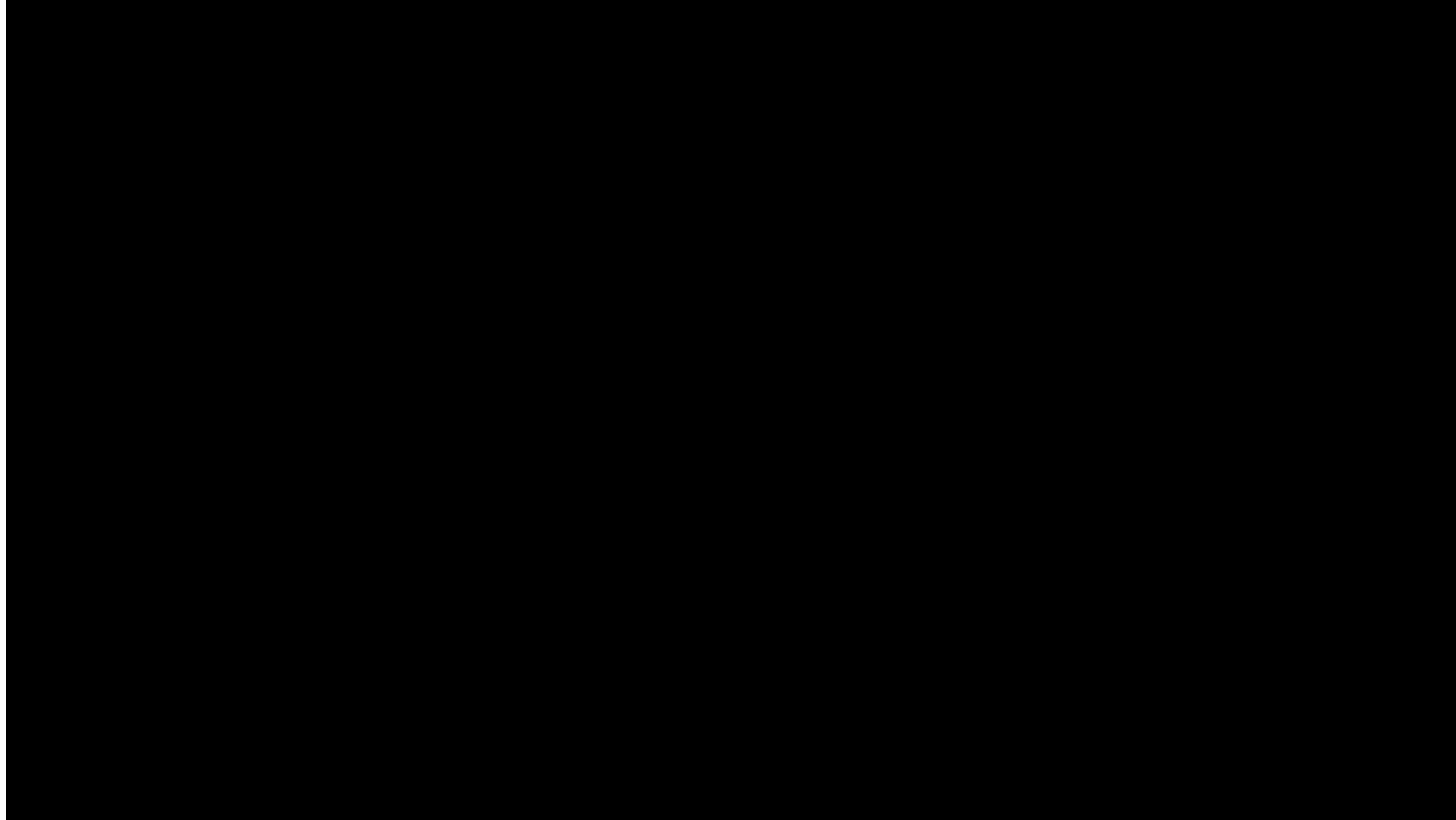
Mr. Joseph Alarid, Secretary
UNM Hospitals Board of Trustees

Board of Trustees Presentation 2.28.20 Mimbres ABacon

UNMH Mimbres School

“More than Education”

Everything but Ordinary



What is UNMH Mimbres School?

- ☆ *Operating at Children's Psychiatric Hospital for decades (sits on the UNM Health Sciences Campus)*
 - ★ *kids spend much of their day in the classroom environment*
 - ★ *4 teachers, 35 beds, shorter length of stay*
- ☆ *Expanded to Child Life this school year with help from NM Credit Unions*
 - ★ *sits in the states only children's hospital*
 - ★ *students in various environments to meet the need of the individual student and their education plan*
 - ★ *1 licensed teacher that works with grade levels k-12, 12 enrolled students and 9 currently on waiting list*
- ☆ *Accredited by New Mexico Public Education Department*
 - ★ *An independent State Supported Educational Program*
 - ★ *recognized as an independent school district, not part of APS*
 - ★ *Able to offer grades recognized by NMPED, students can graduate and move on to college*
- ☆ *Kids "can go to school" any time during the day, week, year*
 - ★ *able to work around medical procedures without falling behind*

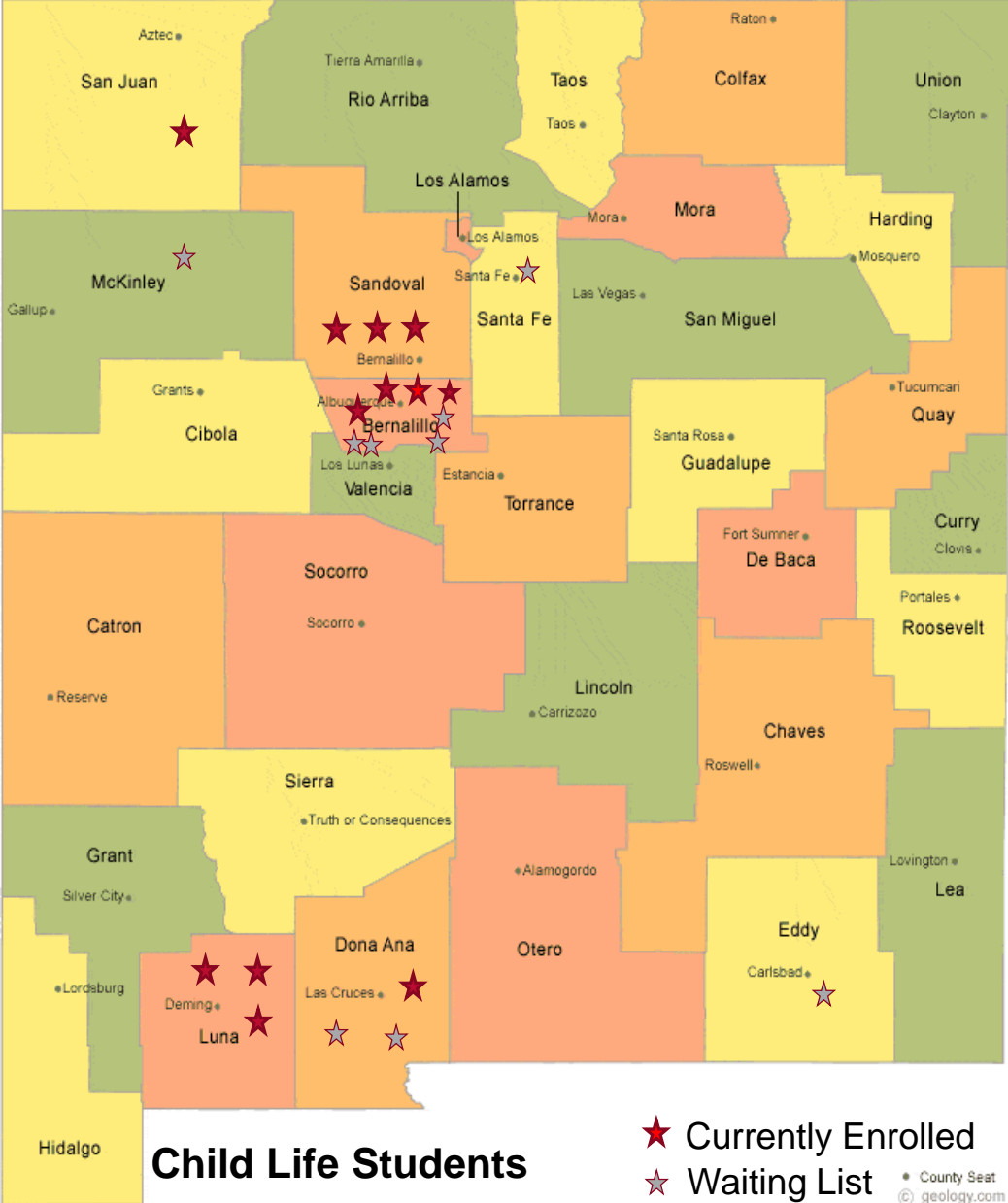
Meeting Kids Educational Needs Across the State

Children’s Psychiatric Hospital

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|--------------|-----|------------|---|-----------|---|
| • Bernalillo | 535 | Rio Arriba | 8 | Eddy | 3 |
| • Sandoval | 114 | Torrance | 7 | Socorro | 2 |
| • Valencia | 84 | Cibola | 7 | Sierra | 2 |
| • Santa Fe | 27 | Taos | 5 | Lincoln | 2 |
| • San Juan | 22 | Chaves | 5 | Roosevelt | 1 |
| • McKinley | 12 | Otero | 3 | Union | 1 |
| • San Miguel | 9 | Apache | 3 | Columbia | 1 |
| • Dona Ana | 9 | Curry | 3 | Lea | 1 |
| • Los Alamos | 9 | Grant | 3 | Mora | 1 |

Child Life

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|---------------------|-----------------------|
| • Bernalillo County | 4 (4 on Waiting List) |
| • Luna County | 3 |
| • Sandoval County | 3 |
| • San Juan County | 1 |
| • Dona Ana | 1 (2 on Waiting List) |
| • Eddy County | (1 on Waiting List) |
| • McKinley County | (1 on Waiting List) |
| • Santa Fe County | (1 on Waiting List) |





New Mexico Credit Unions
CONNECTED ACADEMY

THANK YOU

New Mexico Credit Union Education Foundation
and credit unions across New Mexico
for supporting the education of
our patients and families



We are throughout the hospital!

- ★ *To have the school program located in the Child Life area allows the Child Life specialists to collaborate with the teacher to treat the “whole child”*
- ★ *It also allows us to focus on the normalization of the hospital environment and school*
- ★ *The Child Life specialists can incorporate scheduled school time into their coping plans.*
- ★ *Many of our chronic kids are in and out of the hospital for years. Some have extremely long stays surpassing a year. With this school program, they don't fall between the cracks like traditional school settings.*
- ★ *Child Life staff is available to help transport patients back and forth and understand the necessary precautions needed with certain pediatric patients.*
- ★ *All patients and siblings are able to participate in open school hours in the classroom. This is such an important piece of family centered care.*



Changing Lives

Parents

- “Before I knew about Mimbres School, my son was missing school 3-4 times per week due to illness. Then he would return to school and be struggling to catch up. Mimbres school has been such a huge blessing for our family! My son is getting a good education at his own pace and we have the time to focus on his health conditions without worry.”
- “Our son was diagnosed with leukemia this year. Over the summer we were struggling to find the right home school program that would accommodate our son while he is receiving treatment, we knew there was no way he would be able to continue in his public school with his immune system so low, with days where he couldn’t even get out of bed. He was in and out of the hospital frequently. We were so happy to have been introduced to the home school program through the hospital; it has been wonderful and so accommodating for our son to be able to follow. They have activities and field trips within the hospital to help these little guys get through the struggles that they are facing. We will forever be grateful to have been given the opportunity to make this time in our son’s life a little bit easier on him.”

Students

- “I am so happy I am attending Mimbres School. My teacher is so nice and helpful and the tutors are so nice. When I am not feeling well I can take a break and come back to my work when I feel better. I can go to my doctor appointments and can still get my schoolwork done. We go on field trips and do things just like real school! I love it!”
- “I like the school very much, because it gives kids who don’t have the privilege to go to school, an opportunity to go on with school.”

Thank You!

Admin_CTHUNM Carrie Tingley Hospital Advisory Board Report 2 28 20 DTinagero



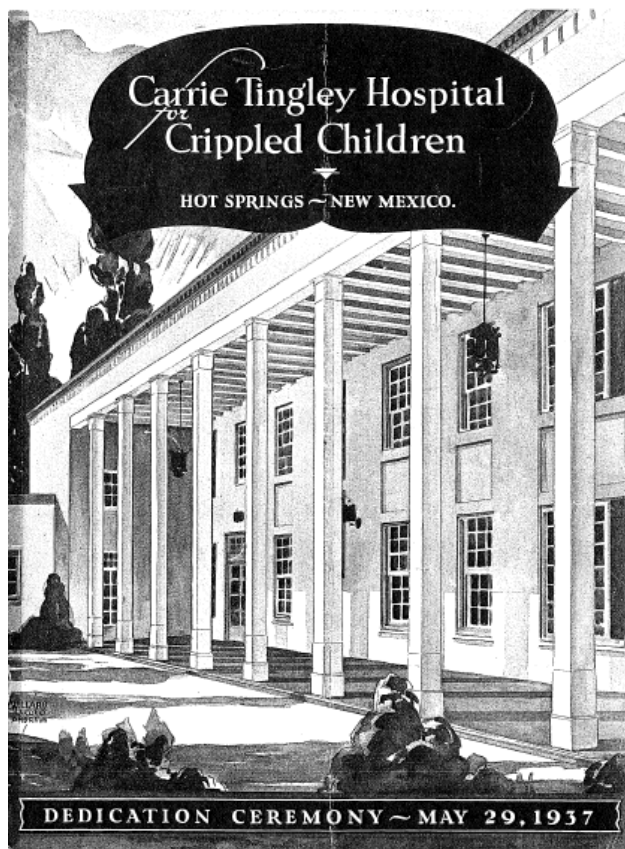
UNM CARRIE TINGLEY HOSPITAL ADVISORY BOARD
BOARD OF TRUSTEES UPDATE – 2/28/2020

UNM Carrie Tingley Hospital Advisory Board Report

MARY BLESSING, ADVISORY BOARD CHAIRPERSON

DORIS TINAGERO, UNM CTH EXECUTIVE DIRECTOR

Historical Review



- First patient admitted on September 1, 1937 in Truth or Consequences, NM
- Constitution of the State of New Mexico
 - Amended 1955: Designates CTH as a state institution
 - Amended 1980: Land grant funds continue if moved from T or C and services remain intact
- 1981 CTH moves to Albuquerque and under the governance of the UNM Board of Regents in 1987

CTH Advisory Board

- NMSA 1978
23-2-2. Advisory committee.

The board of regents of the university of New Mexico shall appoint and consult with an advisory group consisting of at least three parents of children with a chronic impairment and two health professionals.

History: Laws 1937, ch. 13, § 2; 1941 Comp., § 5-302; Laws 1951, ch. 127, § 1; 1953 Comp., § 13-5-2; Laws 1955, ch. 126, § 1; 1987, ch. 199, § 1; 1989, ch. 247, § 2.

- Advocacy and advising group serving our community and patients of CTH
 - Promoting collaboration
 - Fostering family-centered care
 - Serving as a voice for special needs children
- We are NOT the Carrie Tingley Hospital Foundation



Outpatient Services



Fiscal Year 2019

Visits

- Orthopedic- 16,114
- Primary Care- 8,474
- Specialty- 9,472

Therapy

- PT, OT, SLP- 61,424



Inpatient Services

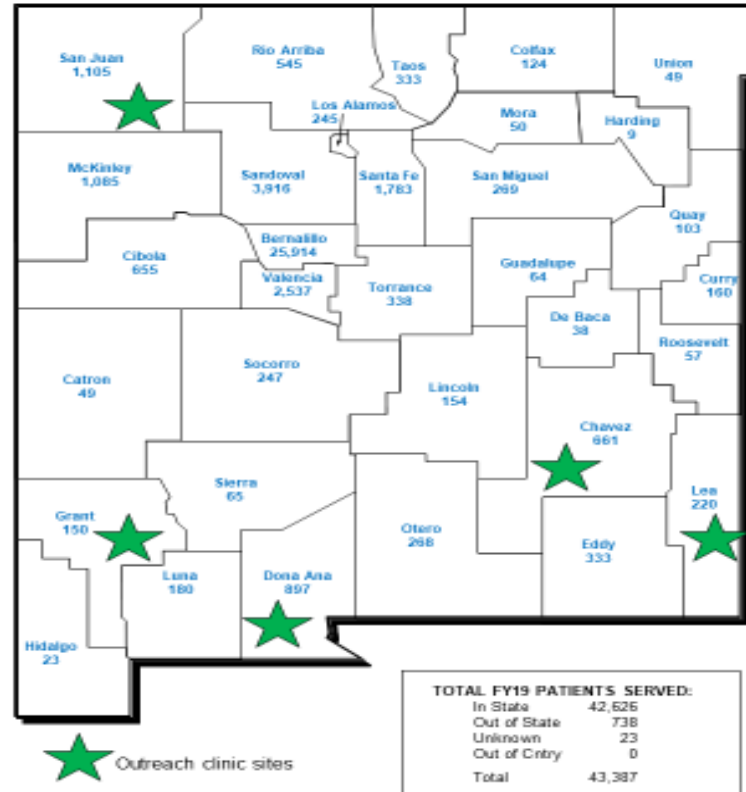
- Only Pediatric Rehabilitation Hospital in NM
- Located on the 5th floor of the BBRP
- Average Daily Census 12.1
- Specialty therapists and rehabilitative equipment on the unit
- All 16 beds upgraded with state of the art cardiac monitors



FY19 Patient's Served by CTH



Patients Contacts by County
Fiscal Year 2019



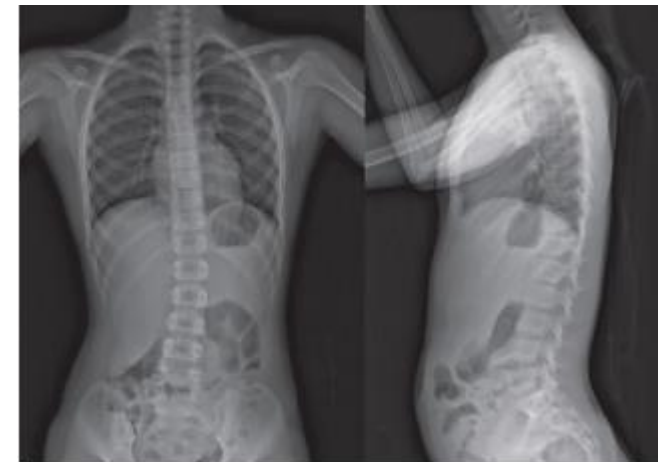
Orthopaedic Outreach Clinics

- Farmington
- Las Cruces
- Hobbs
- Roswell
- Silver City

| TOTAL FY19 PATIENTS SERVED: | |
|-----------------------------|---------------|
| In State | 42,626 |
| Out of State | 738 |
| Unknown | 23 |
| Out of Entry | 0 |
| Total | 43,387 |

Program Update: EOS Imaging

- Upright imaging system designed specifically for patient with spinal deformities such as scoliosis
- Exposes children to 2-3 x less radiation than a general x-ray and 20 x less than CT scans
- Children with spinal deformities need repeated X-rays throughout their lifetime
- Patients currently travel out of state for this procedure
- Planning phase of construction



EOS imaging examples

Program Update: Gait Lab

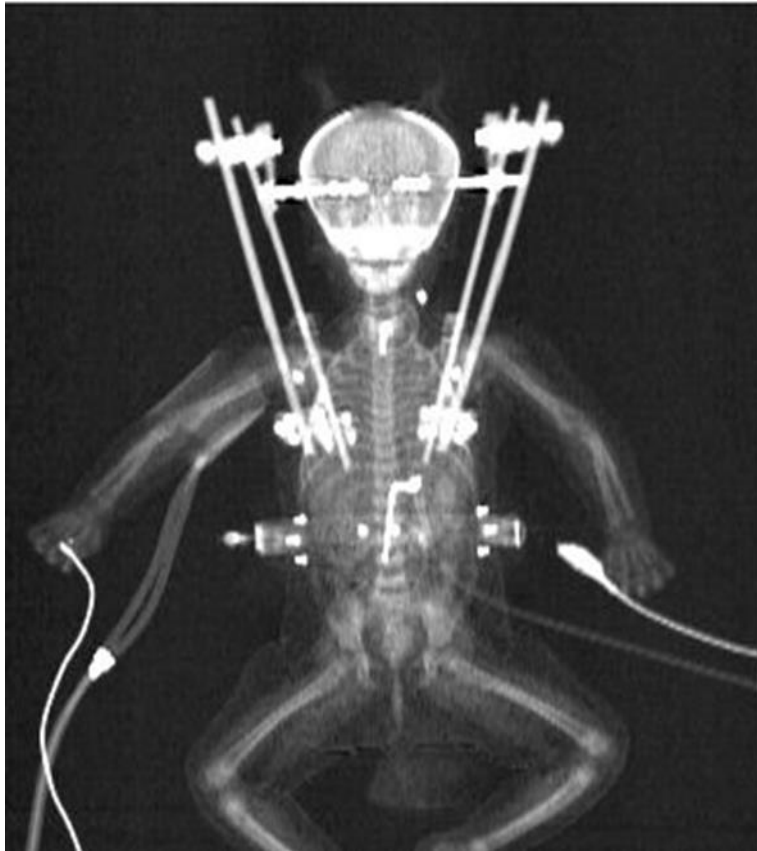
- Utilizes the most advanced camera and computer technology to analyze the walking motion of pediatric patients
- Correlates the muscular activity that impacts the child's ability to effectively and efficiently ambulate
- Provides treatment decision for children with orthopedic or neuromuscular conditions including cerebral palsy, muscular dystrophies, spinal cord injury and hip or joint problems
- Critical need for pediatric patient in New Mexico eliminating our need to send children out of state for this service
- Guides surgery, therapy, and orthotic treatment plans



Program Update: Inpatient Educator

- Continues the original mission of CTH to treat the whole child
- Research states that school dropout rate at year one of chronic absenteeism is 36% but by the 4th year of chronic absenteeism the rate can jump as high as 61%
- Focuses on keeping the child's education on track during a significant health event and allowing them to reintegrate into their home school upon recovery
- Credit Union Association of NM partnership to fund a full-time teacher for Children's and CTH

CTH Advisory Board: Clinical Concerns



Retaining and recruiting critical pediatric specialist

- Pediatric Orthopaedic / Spine Surgeon (leaves June 30, 2020)
- Pediatric Neurologists (2 leaving by June 30, 2020)
- Pediatric Anesthesiologist

CTH Advisory Board: Operational Concerns

- Preserving the legacy of UNM Carrie Tingley Hospital
- Fitting into the strategic plan of UNMH
- Coordinated transition services for children with special healthcare needs
- Replacement facility for CTH

Thank You!



FY21 Operating Assumptions 02-26-2020 Finance Committee

UNM Hospitals

FY 2021 Budget Assumptions

February 26, 2020

Budget Guiding Principles

- Inpatient beds at capacity
- Moderate Length of Stay reductions under operational improvement initiatives
- Increased surgical volumes
- High level operational improvement assumptions
 - Revenue cycle operations improvements
 - FY20 improvements carry over into FY21, do not expect to see significant further improvements
 - Specialty Pharmacy
 - Expense reductions – continuation of current year operational improvement initiatives
 - Workforce management
 - Supply expense management
 - Vendor management

Overview of Budget Process

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

Budget Calendar

- Friday, January 17 - Budgets opened
- Friday, January 24 - Finalize statistics budget
- Monday, February 3 - Budget Summit (statistics review/alignment)
- Friday, February 14 - Budget system closed
- Friday, February 14 - Health System Statistics finalized
- Tuesday, February 18 - Bernalillo County review budget assumptions
- Tuesday, March 3 - I.H.S. review budget assumptions
- February 26 & 28 - UNMH Finance & Board of Trustees review budget assumptions
- Friday, March 13 - Finalize FY 2020 Operating Budget at department level
- Monday, March 23 - Final Budget assumptions to HSC
- Tuesday, April 7 - Bernalillo County and I.H.S. review preliminary budget
- April 22 & 24 - UNMH Finance Board of Trustees final budget approval
- Monday, May 12 - Board of Regents final budget approval

FY 21 Preliminary Budget Statistics

| | FY2018 Actual | FY2019 Actual | FY2020 Revised Budget | FY2021 Budget Preliminary | Incr / (Decr) from FY 2020 |
|---------------------------|--------------------------|--------------------------|--------------------------------------|--|---|
| Nursing Division | | | | | |
| Inpatient Days | 156,667 | 155,656 | 159,087 | 159,264 | 0% |
| Inpatient Discharges | 25,407 | 25,418 | 25,591 | 26,285 | 3% |
| Observation Discharges | 10,695 | 11,427 | 11,525 | 11,525 | 0% |
| Emergency Visits | 89,022 | 83,616 | 83,769 | 83,769 | 0% |
| Urgent Care Visits | 20,867 | 20,369 | 19,490 | 19,490 | 0% |
| Operations | 20,404 | 20,126 | 20,397 | 20,815 | 2% |
| Births | 2,987 | 2,892 | 2,900 | 2,875 | -1% |
| Ambulatory | | | | | |
| Primary Care Clinics | 162,051 | 164,631 | 167,336 | 173,460 | 4% |
| Specialty Clinics | 389,355 | 383,461 | 386,867 | 376,707 | -3% |
| Ancillary Services | | | | | |
| Lab Services | 2,849,008 | 2,851,281 | 2,883,483 | 2,932,919 | 2% |
| Pharmacy | 4,030,240 | 4,234,003 | 4,163,032 | 4,280,704 | 3% |
| Radiology | 321,074 | 326,794 | 327,324 | 326,097 | 0% |
| Rehab Services | 597,166 | 617,110 | 678,927 | 679,956 | 0% |
| Case Mix Index | 1.93 | 1.98 | 2.04 | 2.08 | 2% |

FY 21 Preliminary Budget Behavioral Health Statistics

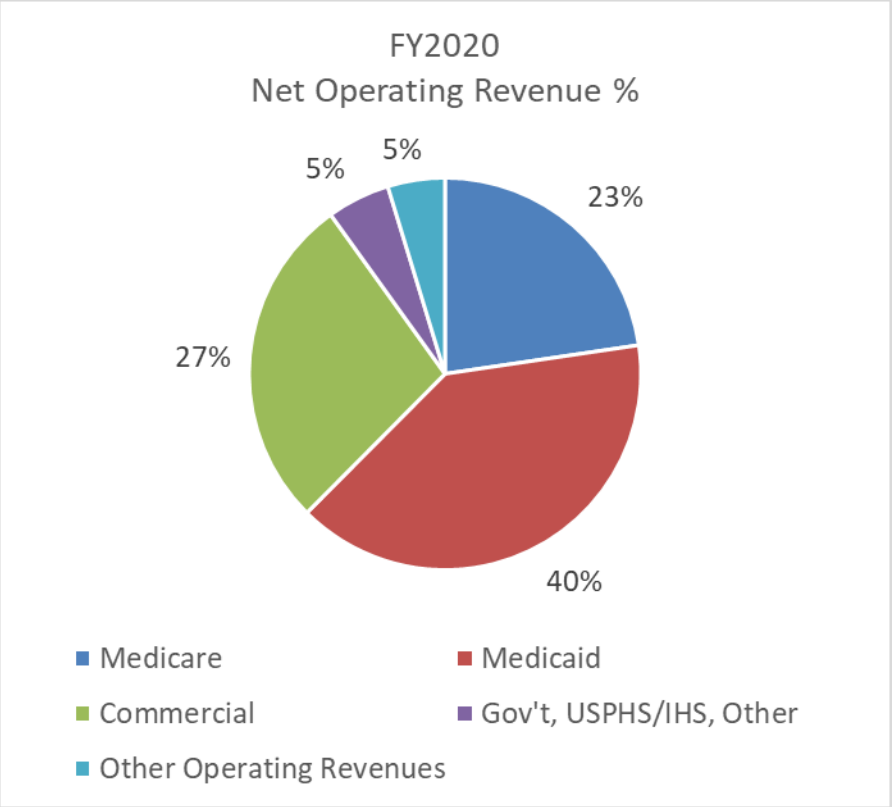
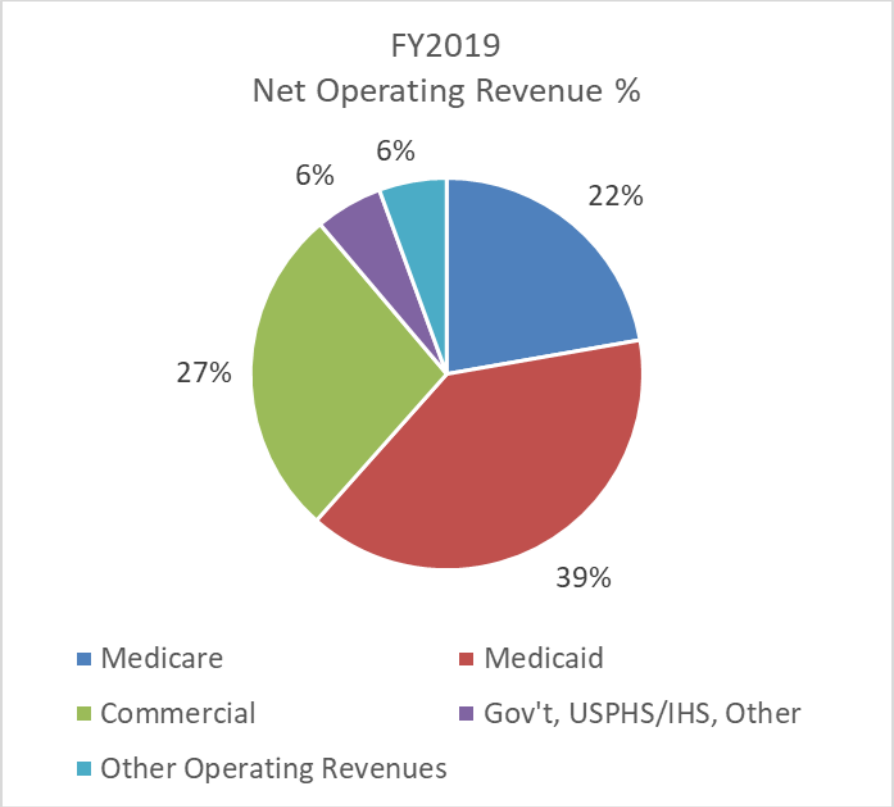
| | FY2019 Actual | FY2020 Revised Budget | FY2021 Budget | % Incr / (Decr) from FY 2020 |
|---------------------------|--------------------------|--------------------------------------|--------------------------|---|
| Patient Days | 24,395 | 24,534 | 24,534 | 0% |
| Other Stats | | | | |
| Outpatient Visits | 68,631 | 82,640 | 99,916 | 21% |
| Midlevel | 107,820 | 119,264 | 134,617 | 13% |
| Methadone & Buprenorphine | 158,068 | 161,572 | 167,471 | 4% |
| Average Patients per day | 433 | 443 | 459 | 4% |

FY21 Revenue Budget

- Inpatient access and throughput
 - Increase UNMH discharges based on 2.6% reduction in LOS – additional 694 discharges
 - Increase Case Mix Index 2%
 - Maintain ratio of Adult IP/Observation discharges –Observation discharges are 30% of total discharges
- Operation Improvement Initiatives to increase Ambulatory access and throughput
 - Primary Care clinics up 3.7% due to improved access and additional providers
 - Specialty Care Clinics decrease 2.6% due to loss in providers
 - Surgeries preliminary increase 2%

- No known changes in existing Payer contracts although continued pressure from MCO's for reductions
- Medicaid Buy In – likely will not impact FY21
- Medicare –
 - 1% average market basket increase
 - Potential negative impacts on reimbursement for 340B and clinic visits (“Site Neutral” payments)
- Commercial payers – no projected increases in payment rates

Payer Mix Net Operating Revenue



- Compensation and Benefits
 - FTEs in alignment with volume changes
 - 3% increase in the Budget for Compensation
 - Health Insurance increases in line with prior year experience and Gallagher projections
- Housestaff – 8.7 FTE increase
 - Addiction Medicine
 - Complex Surgical Oncology
 - Gynecologic Oncology
 - Interventional Radiology
 - Neurology (Neurology, Vascular Neurology, Child Neurology)
 - Otolaryngology
 - Physical Medicine and Rehabilitation

FY21 Expense Budget

- Supplies
 - Continuing impact from Supply Management initiatives
 - 2-4% inflation for supplies and pharmaceuticals
- Equipment
 - Continued expansion of electronic medical record
 - Ongoing renovations and repairs of existing facility
- Purchased services – Ambulatory operations improvement
- Non Operating Revenue and Expense
 - Mill levy – 1.0% increase
 - State Appropriations – flat pending legislative session results
 - Interest Expense – decrease as per debt service schedule

Purchasing Process Overview BOT Feb 2020 BWhite



UNM HOSPITALS
PURCHASING PROCESS OVERVIEW

Purchasing Process

UNM Hospital's purchase of goods and services is governed by Hospital Policy and the New Mexico Procurement Code.

- Includes purchases of medical supplies, pharmaceuticals, purchased services, consulting services, construction, renovations, equipment, etc.
- The Procurement Code does not apply to anything which is neither a good nor service.

Ethical standards govern all purchasing transactions. Code of Conduct and Conflicts of interest policies apply. RFP team members/scorers sign a conflict of interest form. If you or a family member have an interest in doing business with a particular vendor, you must disclose that interest, and cannot participate in the procurement process relating to that vendor.

The purpose of the Procurement Code is to provide for the fair and equitable treatment of all persons involved in public procurement, to maximize the purchasing value of public funds and to provide safeguards for maintaining a procurement system of quality and integrity (13-1-29 NMSA).

Purchasing Processes

Under 13-1-102 NMSA, all Purchasing shall be by Invitation for Bid (“IFB”), except purchases achieved through:

- Competitive Sealed Proposal or “RFP”
- Sole Source purchase
- Existing contracts
- Emergency purchase (not common)
- Existing contracts
- Small purchases - \$20,000 or less. Note: Purchases >\$20,000 to \$60,000 may be made with 3 quotes or 1 quote + UNMH Purchasing’s single source certification).

Cooperative Procurement/Governmental Purchases - the Procurement Code allows procurement from Group Purchasing Organizations from other governmental entities

Exemptions - The Procurement code provides for a number of exemptions, including the hospital and health care exemption as well as the general exemptions.

Invitation for Bid

Invitations for Bid – used to initiate a competitive sealed bid of services, construction and items of tangible personal property where the proposed procurement can be 100% identified through specifications

Specifications are detailed descriptions or a listing of the characteristics of a desired item/service, including, but not limited to brand, design specifications, performance specifications or blueprint drawings. Specification will:

- Increase the likelihood that the purchase of the goods or services meets the requirements of the end user
- Clearly communicate to all interested parties complete requirements and expectations
- Ensure that all vendors are quoting to the same baseline and specifically address the products and/or services requested.

IFB must be advertised in a local publication and UNMH Purchasing website for no less than ten (10) calendar days

Award is made to the lowest bidder who meets the specifications

Request for Proposal

Request for Proposal (RFP) - a competitive sealed proposal process that may use qualitative data, such as system fit or vendor experience, as evaluation criteria to distinguish among proposers

- RFP Scope of Work (SOW) -A description/specifications of an item or service that will convey an accurate picture of what is being requested such as brand, design specifications, performance, blueprint drawings, roles and responsibilities of both parties.
 - Allows an Offeror to tailor its proposal to meet UNMH needs,
 - Assist the RFP team with understanding UNMH needs as well as the subject matter of the procurement, which increases the likelihood that UNMH will select the Offeror with the best product/service fit for UNMH.
 - Will clearly communicate to all interested parties complete requirements and expectations
 - Helps to bring all Offerors towards the same baseline and specifically address the products and/or services requested
- Evaluation Criteria – Examples of criteria include:
 - Business reputation and references
 - Experience of the Offeror (has worked for other academic medical centers)
 - Ability of the Offeror's Solution to meet UNMH's needs
 - Qualifications of personnel/team to be assigned to the UNMH project
 - Price

RFP evaluation may include demos and reference checks

RFP must be advertised in a local publication and UNMH Purchasing website for no less than ten (10) calendar days

Group Purchasing Organizations/Cooperative Procurement

NM Procurement Code allows use of group purchasing organizations

- NMSA 13-1-135 which allows “cooperative procurement” or
- NMSA 13-1-98.1A which is referred to as the health care exemption

The idea behind group purchasing is that the “RFP” or “bid” was done by the GPO

GPO’s contracted vendors have agreed to make certain pricing available to GPO members

UNMH is a member of the following group purchasing organizations:

- Vizient, US Communities, HGAC Buy cooperative program, Sourcewell f/k/a National Joint Powers Alliance or NJPA, Hospital Services Corporation (subsidiary of NM Hospital Association), Cooperative Educational Services.

Group Purchasing/Cooperative Procurement

Vizient

- Vizient is the health care industry's leading supply contracting company
- Vizient facilitates about \$100B in annual spend relating to 600,000 member hospital beds.
- Vizient develops and manages competitive contracts with hundreds and hundreds of suppliers.
- Vizient provides an array of support services designed to maximize awarded suppliers' success. The goal is the shared objective of providing the right products at the right price.
- In FY 2019, UNMH made purchase through Vizient of approximately \$130,000,000.

Procurement Under Existing Contracts

Price Agreements - Procurement code allows use of existing governmental contracts, such as State of NM contracts (State Purchasing Division), UNM Main Campus contracts, or Federal “GSA” contracts (Government Services Administration)

The Procurement Code requirements for procurement under an existing agreement are as follows:

- GSA - at a price equal to or less than contractor’s current federal supply contract price (GSA), providing contractor has indicated in writing a willingness to extend pricing, terms and conditions to UNMH
- State/Other – contracts for items, services or construction meeting the same standards and specifications as the items to be procured if:
 - Quantity purchased does not exceed the quantity which may be purchased under the applicable agreement, and
 - Purchase order adequately identifies the price agreement relied upon

Sole Source/Single Source

Sole Source procurement is procurement without Bid greater than \$60,000 from a vendor who is the sole source for the required good or service.

Examples of UNMH's use of Sole Source

- Standardized to a specific good (or medical device)
- Equipment item which must be maintained by a certain vendor
- Renew of support contract for systems, such as Cerner or Lawson
- Expansion of a system, initially installed at great cost

Purchases may qualify for Sole Source procurement if

- There is only one source for the required service, construction or item of tangible personal property;
- The service, construction or item of tangible personal property is unique and this uniqueness is substantially related to the intended purpose of the contract; and
- Other similar services, construction, or items of tangible personal property cannot meet the intended purpose of the contract
- Items do not qualify for Sole Source if the items are available through distributors, unless one distributor has sole distribution rights where the hospital is located
- Sole Source procurement must be approved by the Purchasing Director, who must conduct a good-faith review of available sources to confirm that there is only one source for the goods and services

Sole Source/Single Source

Notice of intent to award (UNMH's "sole source form") must be posted on the UNM "sunshine portal" and the State "sunshine portal" thirty (30) days prior to the purchase.

The Notice of award/sole Source Form includes information such as

- Parties to the proposed contract
- Nature and quantity of the service, construction or item of tangible personal property being contracted for
- Contract amount,
- Explanation of why the procurement qualifies as a sole source.

Qualified potential contractors not awarded a sole source contract may protest to the purchasing agent.

Single Source - UNMH Policy requires 3 quotes for purchases of >\$20,000 through \$60,000, unless the purchase qualifies for what UNMH calls "single source" - there is only one source for the required good or service. The purchase must include a completed single source form, which may be completed by the requesting department or by purchasing.

Procurement from other Governmental Entity

UNMH may do business with / purchase from other governmental units without RFP/Bid, etc.:

- From a New Mexico State agency
- City/County.....

Exemptions

“Exemptions” to the Procurement code mean that the Procurement Code does not apply to the identified procurement.

General Exemptions - include utilities, books & periodicals from copyright holders, travel, shipping, meals, lodging, procurement from municipalities, art, advertising, etc. NMSA 13-1-98.

Health Care Exemption –

- Allows extensive procurement programs with GPOs such as Vizient. NMSA 13-1-98.1.A.
- Allows direct procurement of goods and services (without bid or RFP) for the purpose of creating a network of healthcare providers or jointly operating a common healthcare service, if Purchasing determines that the arrangement will or is likely to reduce health care costs, improve quality of care or improve access to care. NMSA 13-1-98.1B.

Emergency Purchases

Emergency Purchases may be made when there exists a threat to public health, welfare, safety or property requiring procurement under emergency conditions. Emergency Procurement is a rare event for UNMH.

- The NM Procurement Code requires that emergency procurements shall be made with competition as is practicable under the circumstances.

Emergency conditions include, but are not limited to, floods, fires, epidemics, riots, acts of terrorism, equipment failures or similar events and includes planning and preparing for an emergency response.

The Purchasing Director shall use due diligence in determining, in writing, the basis for the emergency procurement and for the selection of the particular contractor.

Within 3 days of awarding an emergency procurement contract, the Purchasing Director shall report to the legislative finance committee and post on the sunshine portal:

- Contractor's name and address
- Amount and term of the contract
- A listing of the services, construction or items of tangible personal property procured
- Whether the contract was a sole source or emergency procurement
- The justification for the procurement method

Penalties for Violating Procurement Code

Any business or person that willfully violates the Procurement Code is guilty of:

- A misdemeanor if the transaction involves \$50,000 or less
- A fourth degree felony if the transaction involves more than \$50,000

UNM Hospital Board of Trustees 2.28.20 P Roth Chancellor Report

**UNM Hospital Board of Trustees
Monthly Report
February 28, 2020**

Legislative Update – The session saw a mixed bag on UNM HSC-related appropriations: some we were quite successful in (even if they did not reach the level requested) and others fell short. We did receive approval for \$30 million for a new building for the Colleges of Nursing and Population Health to be included in the GO Bond election for next November.

Specific Bills/Appropriations That Impact UNMH:

- UNM Comprehensive Cancer Center: \$3.7 million additional funding (\$2.5 million in recurring)
- Nene & Jamie Koch Comprehensive Movement Disorders Clinic: \$300,000
- 300K
- HB 42: Requires insurance companies to provide parity in reimbursement for clinician pharmacist services
- HB 225: Create Kiki Saavedra Senior Dignity Fund. This \$5.2 million appropriate is a potential source of funds for specific case management and health-related programs
- HB 364: Makes significant changes to collective bargaining

Gateway Center – The University is continuing to solicit input from the UNM community regarding the possibility of siting a city-operated homeless shelter on UNM-owned land near the Cancer Center.

EVP Search – The general public has been invited to provide input in the search for the next Executive Vice President for Health Sciences. Sessions were held earlier this week at the Indian Pueblo Cultural Center and the National Hispanic Cultural Center.

FINAL March 2020 HS Report for BOT Richards

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: March 2, 2020

Subject: Monthly Health System Activity Update

This report represents unaudited year to date January 2020 activity and is compared to audited year to date January 2019 activity.

Activity Levels: Health System total inpatient discharges and observation discharges are up 3% as compared to prior year.

Health System total inpatient discharges are up 3% compared to prior year, with discharges are up 4% at UNMH and down 6% at SRMC. Health System adult length of stay (without obstetrics) is up 3% compared to prior year, with length of up 3% at UNMH and down 5% SRMC.

Health System observation discharges are up 5% compared to prior year, with observation discharges up 2% at UNMH and up 24% at SRMC.

Case Mix Index (CMI) is up 4% compared to prior year and up 3% compared to FY 20 budget.

Births are up 2% year over year and up 1% to budget.

Health System total outpatient activity is 5% higher compared to prior year. Primary care clinic visits are up 4% compared to prior year. Specialty and Other clinic visits are up 6% compared to prior year. Emergency visits are up 2% than prior year.

Surgeries overall are up 2% year over year. UNM Docs up 2% and community physician surgical volume are down 3%.

Medical Group RVUs are up 4% over prior year.

Finances: Health System had total year-to-date operating revenue of \$876.7 million, representing a 15% increase over prior year. Total non-operating revenue was \$111 million, representing a 71% increase (\$46 million) over prior year. Total operating expenses were \$929.9 million, representing a 14% increase over prior year. Health System margin was \$57.8 million as compared to \$6.6 million prior year.

The balance sheet is stable with a current ratio of 2.01 as compared to 2.11 prior year. The cash and cash equivalents for UNM Health System is \$299.8 million as compared to \$246.3 million prior year. Net patient receivables are up 8% and total assets are up 10%. Total liabilities are up 10% over prior year. Total net position is up 11% over prior year.

UNM HS Total Operations - Stats Snapshot
YTD January 31, 2020

| | FY 2020 | FY 2019 | Change | | FY 2020 | Variance | |
|----------------------------------|----------------|----------------|--------------|------------|----------------|----------------|------------|
| | Actual | Actual | Units | % | Budget | Units | % |
| Patient Days | | | | | | | |
| HS | 126,483 | 120,557 | 5,926 | 5% | 121,992 | 4,491 | 4% |
| UNMH | 103,663 | 97,558 | 6,106 | 6% | 98,844 | 4,819 | 5% |
| Adult | 60,469 | 58,329 | 2,140 | 4% | 59,000 | 1,469 | 2% |
| Obstetrics | 6,933 | 6,617 | 316 | 5% | 6,658 | 275 | 4% |
| Pediatric | 26,162 | 23,576 | 2,586 | 11% | 24,316 | 1,846 | 8% |
| Observation | 10,099 | 9,036 | 1,064 | 12% | 8,870 | 1,229 | 14% |
| Psychiatric | 14,072 | 13,916 | 156 | 1% | 13,999 | 73 | 1% |
| Adult | 8,409 | 8,451 | (42) | 0% | 8,273 | 136 | 2% |
| Pediatric | 5,663 | 5,465 | 198 | 4% | 5,726 | (63) | -1% |
| SRMC | 8,747 | 9,083 | (336) | -4% | 9,149 | (402) | -4% |
| Adult | 6,409 | 7,141 | (732) | -10% | 7,277 | (868) | -12% |
| Observation | 2,338 | 1,942 | 396 | 20% | 1,872 | 466 | 25% |
| Discharges | | | | | | | |
| HS | 26,588 | 25,829 | 759 | 3% | 25,919 | 669 | 3% |
| UNMH | 22,009 | 21,337 | 672 | 3% | 21,348 | 661 | 3% |
| Adult | 8,699 | 8,682 | 17 | 0% | 9,699 | (1,000) | -10% |
| Obstetrics | 2,034 | 1,989 | 45 | 2% | 2,022 | 12 | 1% |
| Pediatric | 4,240 | 3,779 | 461 | 12% | 3,826 | 414 | 11% |
| Observation | 7,036 | 6,887 | 149 | 2% | 5,801 | 1,235 | 21% |
| Psychiatric | 1,446 | 1,544 | (98) | -6% | 1,545 | (99) | -6% |
| Adult | 936 | 1,012 | (76) | -8% | 993 | (57) | -6% |
| Pediatric | 510 | 532 | (22) | -4% | 552 | (42) | -8% |
| SRMC | 3,133 | 2,948 | 185 | 6% | 3,026 | 107 | 4% |
| Adult | 1,629 | 1,733 | (104) | -6% | 1,811 | (182) | -10% |
| Observation | 1,504 | 1,215 | 289 | 24% | 1,215 | 289 | 24% |
| LOS | | | | | | | |
| HS | 4.8 | 4.7 | 0.1 | 2% | 4.7 | 0.1 | 1% |
| UNMH | 4.7 | 4.6 | 0.1 | 3% | 4.6 | 0.1 | 2% |
| Adult | 7.0 | 6.7 | 0.2 | 3% | 6.1 | 0.9 | 14% |
| Obstetrics | 3.4 | 3.3 | 0.1 | 2% | 3.3 | 0.1 | 4% |
| Pediatric | 6.2 | 6.2 | (0.1) | -1% | 6.4 | (0.2) | -3% |
| Observation | 1.4 | 1.3 | 0.1 | 9% | 1.5 | (0.1) | -6% |
| Psychiatric | 9.7 | 9.0 | 0.7 | 8% | 9.1 | 0.7 | 7% |
| Adult | 9.0 | 8.4 | 0.6 | 8% | 8.3 | 0.7 | 8% |
| Pediatric | 11.1 | 10.3 | 0.8 | 8% | 10.4 | 0.7 | 7% |
| SRMC | 2.8 | 3.1 | (0.3) | -9% | 3.0 | (0.2) | -8% |
| Adult | 3.9 | 4.1 | (0.2) | -5% | 4.0 | (0.1) | -2% |
| Observation | 1.6 | 1.6 | (0.0) | -3% | 1.5 | 0.0 | 1% |
| CMI w/o Newborn | | | | | | | |
| HS (excluding Behavioral) | 2.013 | 1.943 | 0.070 | 4% | 1.946 | 0.067 | 3% |
| UNMH | 2.060 | 1.983 | 0.077 | 4% | 1.984 | 0.076 | 4% |
| Psychiatric-Adult | 1.141 | 1.120 | 0.022 | 2% | 1.127 | 0.015 | 1% |
| Psychiatric-Pediatric | 1.086 | 1.048 | 0.038 | 4% | 1.052 | 0.034 | 3% |
| SRMC | 1.598 | 1.626 | (0.028) | -2% | 1.628 | (0.030) | -2% |
| Primary Clinics | | | | | | | |
| HS | 109,965 | 106,173 | 3,792 | 4% | 112,243 | (2,278) | -2% |
| UNMH | 101,281 | 97,833 | 3,448 | 4% | 102,387 | (1,106) | -1% |
| SRMC | 8,684 | 8,340 | 344 | 4% | 9,856 | (1,172) | -12% |

UNM HS Total Operations - Stats Snapshot

YTD January 31, 2020

| | FY 2020 | FY 2019 | Change | | FY 2020 | Variance | |
|--------------------------|----------------|----------------|--------------|-----------|----------------|------------|-----------|
| | Actual | Actual | Units | % | Budget | Units | % |
| Specialty Clinics | | | | | | | |
| HS | 263,219 | 256,225 | 6,994 | 3% | 262,966 | 253 | 0% |
| UNMH - Adult | 172,059 | 167,777 | 4,282 | 3% | 172,175 | (116) | 0% |
| UNMH - Pediatric | 51,845 | 49,362 | 2,483 | 5% | 49,213 | 2,632 | 5% |
| SRMC | 17,546 | 18,782 | (1,236) | -7% | 20,797 | (3,251) | -16% |
| UNMMG | 21,769 | 20,304 | 1,465 | 7% | 20,781 | 988 | 5% |

UNM HS Total Operations - Stats Snapshot

YTD January 31, 2020

| | FY 2020 | FY 2019 | Change | | FY 2020 | Variance | |
|--------------------------------|------------------|------------------|---------------|-----------|------------------|-----------------|------------|
| | Actual | Actual | Units | % | Budget | Units | % |
| Other Clinics | | | | | | | |
| Rad/Onc | 16,340 | 17,887 | (1,547) | -9% | 19,503 | (3,163) | -16% |
| Med/Onc | 26,471 | 24,618 | 1,853 | 8% | 25,208 | 1,263 | 5% |
| CPC | 20,574 | 18,190 | 2,385 | 13% | 20,710 | (136) | -1% |
| UPC | 87,971 | 75,512 | 12,459 | 16% | 78,506 | 9,465 | 12% |
| Urgent Care | 13,192 | 12,382 | 810 | 7% | 13,510 | (318) | -2% |
| Emergency Room | | | | | | | |
| HS | 57,448 | 56,388 | 1,060 | 2% | 61,982 | (4,534) | -7% |
| UNMH - Adult | 32,189 | 32,888 | (699) | -2% | 36,753 | (4,564) | -12% |
| UNMH - Pediatric | 12,936 | 11,450 | 1,486 | 13% | 13,131 | (195) | -1% |
| SRMC | 12,323 | 12,050 | 273 | 2% | 12,098 | 225 | 2% |
| Total Outpatient Visits | | | | | | | |
| HS | 595,181 | 567,375 | 27,806 | 5% | 594,628 | 553 | 0% |
| UNMH | 534,859 | 507,899 | 26,960 | 5% | 531,096 | 3,763 | 1% |
| SRMC | 38,553 | 39,172 | (619) | -2% | 42,751 | (4,198) | -10% |
| UNMMG | 21,769 | 20,304 | 1,465 | 7% | 20,781 | 988 | 5% |
| Total Surgeries | | | | | | | |
| HS | 13,867 | 13,598 | 269 | 2% | 14,253 | (386) | -3% |
| UNMH | 11,891 | 11,555 | 336 | 3% | 12,131 | (240) | -2% |
| SRMC | 1,976 | 2,043 | (67) | -3% | 2,122 | (146) | -7% |
| Other | | | | | | | |
| Births | 1,769 | 1,734 | 35 | 2% | 1,748 | 21 | 1% |
| ECT | 394 | 813 | (419) | -52% | 365 | 29 | 8% |
| Derm MOHS | 2,103 | 549 | 1,554 | 283% | 340 | 1,763 | 519% |
| CC Procedures | 973 | 446 | 527 | 118% | 874 | 99 | 11% |
| Infusion Clinics | 13,838 | 11,728 | 2,110 | 18% | 12,263 | 1,575 | 13% |
| Work RVU's | | | | | | | |
| HS | 1,961,083 | 1,882,629 | 78,454 | 4% | 1,995,408 | (34,325) | -2% |
| SOM | 1,631,290 | 1,568,128 | 63,162 | 4% | 1,660,436 | (29,146) | -2% |
| SRMC | 204,108 | 209,493 | (5,385) | -3% | 204,765 | (657) | 0% |
| MG Clinic | 36,625 | 30,913 | 5,712 | 18% | 34,568 | 2,057 | 6% |
| Cancer Center | 89,060 | 74,095 | 14,965 | 20% | 95,639 | (6,579) | -7% |
| FTE's | | | | | | | |
| HS | 7,488 | 7,503 | (15) | 0% | 7,861 | (374) | -5% |
| UNMH | 6,411 | 6,420 | (9) | 0% | 6,697 | (286) | -4% |
| SRMC | 520 | 507 | 12 | 2% | 539 | (19) | -4% |
| UNMMG | 557 | 576 | (19) | -3% | 625 | (68) | -11% |

UNM HS Total Operations Snapshot
YTD January 31, 2020
(in thousands)

| | FY 2020 | FY 2019 | Change | | FY 2020 | Variance | |
|--|-----------------|-----------------|----------------|-------------|-----------------|---------------|-------------|
| | Actual | Actual | \$ | % | Budget | \$ | % |
| Net Patient Revenue | | | | | | | |
| HS | 842,866 | 728,684 | 114,182 | 16% | 797,422 | 45,444 | 6% |
| UNMH | 566,098 | 495,842 | 70,256 | 14% | 529,339 | 36,759 | 7% |
| CANCER CENTER | 57,544 | 49,485 | 8,059 | 16% | 57,227 | 317 | 1% |
| PSYCHIATRIC-ADULT | 17,175 | 14,371 | 2,803 | 20% | 15,217 | 1,957 | 13% |
| PSYCHIATRIC-PEDIATRIC | 7,120 | 5,411 | 1,708 | 32% | 5,693 | 1,426 | 25% |
| SRMC | 47,933 | 45,597 | 2,336 | 5% | 48,087 | (154) | 0% |
| UNMMG | 146,996 | 117,977 | 29,019 | 25% | 141,858 | 5,138 | 4% |
| Other Operating Revenue | | | | | | | |
| HS | 33,874 | 31,517 | 2,357 | 7% | 32,895 | 979 | 3% |
| UNMH | 30,729 | 29,210 | 1,519 | 5% | 28,849 | 1,880 | 7% |
| CANCER CENTER | - | - | - | - | - | - | - |
| PSYCHIATRIC-ADULT | 1,139 | 590 | 549 | 93% | 1,474 | (335) | -23% |
| PSYCHIATRIC-PEDIATRIC | 194 | 14 | 179 | 1247% | 14 | 180 | 1258% |
| SRMC | 736 | 734 | 2 | 0% | 726 | 10 | 1% |
| UNMMG | 1,076 | 969 | 107 | 11% | 1,830 | (755) | -41% |
| Total Operating Revenue | | | | | | | |
| HS | 876,741 | 760,201 | 116,540 | 15% | 830,317 | 46,424 | 6% |
| UNMH | 596,827 | 525,051 | 71,776 | 14% | 558,188 | 38,639 | 7% |
| CANCER CENTER | 57,544 | 49,485 | 8,059 | 16% | 57,227 | 317 | 1% |
| PSYCHIATRIC-ADULT | 18,314 | 14,962 | 3,353 | 22% | 16,692 | 1,622 | 10% |
| PSYCHIATRIC-PEDIATRIC | 7,313 | 5,426 | 1,888 | 35% | 5,708 | 1,606 | 28% |
| SRMC | 48,669 | 46,331 | 2,338 | 5% | 48,814 | (144) | 0% |
| UNMMG | 148,072 | 118,946 | 29,126 | 24% | 143,689 | 4,384 | 3% |
| Total Operating Expense | | | | | | | |
| HS | 929,936 | 818,626 | 111,310 | 14% | 891,795 | 38,141 | 4% |
| UNMH | 637,440 | 569,463 | 67,977 | 12% | 603,875 | 33,565 | 6% |
| CANCER CENTER | 57,544 | 49,485 | 8,059 | 16% | 57,227 | 317 | 1% |
| PSYCHIATRIC-ADULT | 25,811 | 22,176 | 3,635 | 16% | 24,451 | 1,360 | 6% |
| PSYCHIATRIC-PEDIATRIC | 13,021 | 11,798 | 1,222 | 10% | 12,382 | 639 | 5% |
| SRMC | 49,247 | 45,623 | 3,624 | 8% | 50,603 | (1,356) | -3% |
| UNMMG | 146,873 | 120,081 | 26,792 | 22% | 143,258 | 3,615 | 3% |
| Operating (Loss)/Gain | | | | | | | |
| HS | (53,196) | (58,425) | 5,229 | -9% | (61,478) | 8,282 | -13% |
| UNMH | (40,613) | (44,412) | 3,799 | -9% | (45,686) | 5,073 | -11% |
| CANCER CENTER | 0 | (0) | 0 | -600% | (0) | 0 | -600% |
| PSYCHIATRIC-ADULT | (7,497) | (7,215) | (282) | 4% | (7,759) | 262 | -3% |
| PSYCHIATRIC-PEDIATRIC | (5,707) | (6,373) | 665 | -10% | (6,674) | 967 | -14% |
| SRMC | (577) | 709 | (1,286) | -181% | (1,789) | 1,212 | -68% |
| UNMMG | 1,199 | (1,135) | 2,334 | -206% | 431 | 768 | 178% |
| Non-Operating Revenue | | | | | | | |
| HS | 111,045 | 65,007 | 46,038 | 71% | 74,981 | 36,064 | 48% |
| UNMH | 91,419 | 49,405 | 42,015 | 85% | 57,131 | 34,288 | 60% |
| CANCER CENTER | - | - | - | - | - | - | - |
| PSYCHIATRIC-ADULT | 9,676 | 8,775 | 900 | 10% | 9,041 | 635 | 7% |
| PSYCHIATRIC-PEDIATRIC | 4,460 | 3,953 | 508 | 13% | 4,410 | 51 | 1% |
| SRMC | 651 | (400) | 1,052 | -263% | 1,966 | (1,314) | -67% |
| UNMMG | 4,838 | 3,274 | 1,564 | 48% | 2,434 | 2,404 | 99% |
| Increase/(Decrease) in Net Position | | | | | | | |
| HS | 57,849 | 6,582 | 51,268 | 779% | 13,503 | 44,346 | 328% |
| UNMH | 50,807 | 4,993 | 45,814 | 918% | 11,445 | 39,362 | 344% |
| CANCER CENTER | 0 | (0) | 0 | -600% | (0) | 0 | -600% |

UNM HS Total Operations Snapshot

YTD January 31, 2020

(in thousands)

| | FY 2020 | FY 2019 | Change | | FY 2020 | Variance | |
|-----------------------|---------|---------|--------|------|---------|----------|------|
| | Actual | Actual | \$ | % | Budget | \$ | % |
| PSYCHIATRIC-ADULT | 2,179 | 1,561 | 618 | 40% | 1,282 | 897 | 70% |
| PSYCHIATRIC-PEDIATRIC | (1,247) | (2,420) | 1,173 | -48% | (2,264) | 1,017 | -45% |
| SRMC | 74 | 308 | (234) | -76% | 176 | (102) | -58% |
| UNMMG | 6,037 | 2,140 | 3,897 | 182% | 2,864 | 3,173 | 111% |

UNM HS Total Operations - Balance Sheet Snapshot

YTD January 31, 2020

(in thousands)

| | FY 2020 | Unaudited FY 2019 | Change | |
|---|------------------|----------------------|----------------|------------|
| | Actual | Actual | \$ | % |
| <i>Cash & Cash Equivalents</i> | | | | |
| HS | 299,811 | 246,261 | 53,549 | 22% |
| UNMH | 254,622 | 194,110 | 60,511 | 31% |
| SRMC | 18,709 | 21,942 | (3,234) | -15% |
| UNMMG | 26,480 | 30,209 | (3,728) | -12% |
| <i>Total Assets</i> | | | | |
| HS | 1,086,985 | 983,868 | 103,117 | 10% |
| UNMH | 799,141 | 710,431 | 88,710 | 12% |
| SRMC | 145,849 | 153,872 | (8,023) | -5% |
| UNMMG | 146,920 | 122,884 | 24,036 | 20% |
| Elimination | (4,926) | (3,319) | (1,607) | 48% |
| <i>Total Liabilities</i> | | | | |
| HS | 516,245 | 470,978 | 45,268 | 10% |
| UNMH | 333,438 | 296,466 | 36,972 | 12% |
| SRMC | 125,462 | 133,558 | (8,097) | -6% |
| UNMMG | 62,271 | 44,272 | 17,999 | 41% |
| Elimination | (4,926) | (3,319) | (1,607) | 48% |
| <i>Total Net Position</i> | | | | |
| HS | 570,739 | 512,890 | 57,849 | 11% |
| UNMH | 465,703 | 413,964 | 51,738 | 12% |
| SRMC | 20,388 | 20,314 | 74 | 0% |
| UNMMG | 84,649 | 78,612 | 6,037 | 8% |

UNM HS Total Operations -Balance Sheet
YTD January 31, 2020
(In thousands)

| | Total HS | Total HS FY 2019 | FY 19 vs. FY 20 | |
|------------------------------------|------------------|---------------------|-----------------|------------|
| | | | \$ Change | % Change |
| ASSETS | | | | |
| Cash & Cash Equivalents | 299,811 | 246,261 | 53,549 | 22% |
| Total Net Patient Receivable | 178,112 | 164,353 | 13,759 | 8% |
| Other Assets | 283,687 | 247,311 | 36,376 | 15% |
| Total Net PP&E | 323,273 | 323,840 | (567) | 0% |
| Total Assets | 1,084,883 | 981,766 | 103,117 | 11% |
| DEFERRED OUTFLOWS | | | | |
| | 2,102 | 2,102 | - | 0% |
| LIABILITIES | | | | |
| Total Current Liabilities | 311,400 | 261,857 | 49,543 | 19% |
| Total Long-Term Liabilities | 204,082 | 208,357 | (4,275) | -2% |
| Total Liabilities | 515,482 | 470,214 | 45,268 | 10% |
| DEFERRED INFLOWS | | | | |
| | 764 | 764 | - | 0% |
| Total Net Position | 570,739 | 512,890 | 57,849 | 11% |
| <i>Current Ratio</i> | 2.01 | 2.11 | (0.10) | -5% |

CEO Board Report February 2020

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: February 28, 2020

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through January 2020.

Finance: Inpatient volume, including both adult and pediatrics, exceeded budget by 8% for the month of January and is 4% over budget year to date. Observation days are running higher than budget by 14% year to date. Inpatient discharges are 4% lower than budget year to date but are 4% higher compared to prior year. Case mix index remains higher than prior year by 3.4% at 2.05 year to date and average length of stay is up 1.7% compared to prior year. Outpatient clinic visits are 2% under budget for the month of January and flat to budget for the year. Emergency department arrivals are 9% better than budget for the month of January but are below year to date budget by 2%. Behavioral health patient days are flat to budget and behavioral health clinic visits are ahead of budget by 9% year to date. Net margin year to date is positive at \$51.7 million. Net patient revenues continue on a positive trend compared to budget and prior year. Employee compensation costs are under budget while medical supplies and purchased services are over budget. Non-operating revenues include \$33.5 million recorded for capital appropriations received from the State.

Native American Liaison: UNM Hospitals presented information on February 16, 2020 to the Albuquerque Area Indian Health Service quarterly meeting at the request of Dr. Leonard Thomas. Topics included the hospitals' performance on obligations required within the 1952 contract, amendments and lease agreement; provided updates on planned Behavioral Health access initiatives; the Medicaid Federal Match opportunity for referred native Americans at UNM; and gave information on the Hospital Tower. The Native American Services committee of the BOT reviewed data provided in the hospitals' quarterly report to the county. The committee also discussed the upcoming Spring consultation with the All Pueblo Council of Governors; this meeting is confirmed for April 23, 2020 at 8 a.m. Of note, there is less turnover among the governors of the pueblos this year, with 17 returnees and three new. The next NAS committee meeting will focus on preparations for the Spring consultation.

Bernalillo County: UNMH Management met with Bernalillo County on February 18th to update the County leadership and Commissioners on the status of the UNMH Budget. This included a review of budget assumptions and current statistic projections for FY21. There was also a review of the status of the Hospital Tower Project and an update on Behavioral Health program development. There is a follow up discussion scheduled with Bernalillo County to review the final budget including financial statements on April 7th. UNMH Management will also meet with the County on March 5th to review the final recommendations on Behavioral Health Program Development from our Sg2 consultants.

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

CMO BOT Update February 2020v1

Date: February 28, 2020
To: UNMH Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer

The CMO Board Report for February will highlight my Executive Physician Team. This team is a diverse group from different departments, however, they report to me in their roles as Physician Executives. They have unique skill sets to create excellent clinical care by working closely with their UNMH dyads and other providers and medical staff.

Dr. Sireesha Koppula, UNMH Ambulatory Chief Medical Officer

Dr. Koppula is a Nephrologist in the Department of Internal Medicine. She joined the UNMH team in February 2020. Dr. Koppula previously worked at Beaumont Health in Michigan as the Physician Executive of Population health, Payer Quality and Informatics. She provided clinical, administrative, and strategic oversight and was responsible for patient operations and quality across 260 Beaumont Medical Group Ambulatory practices. In addition, she served as Vice Chair of Quality at the University of Arizona (Banner Health). She was the physician lead for value-based care transition at Banner Health. At UNMH, Dr. Koppula will lead all the Adult Ambulatory Clinics in initiatives around improving patient access and quality care. Dr. Koppula will be working close with her UNMH dyad partner, Kori Beech, Chief Ambulatory Officer.

Dr. Alex Rankin, UNMH Transfer Center and Patient Throughput Chief Medical Officer

Alex Rankin, MD, MBA is a hospitalist in the Department of Family and Community Medicine, and has served as Director of their resident inpatient teams and Medical Director of 3 North since joining UNM in 2014. Before joining UNM he worked in rural hospitals in Colorado and Nebraska, where he gained experience with transfer processes for a variety of large healthcare organizations. In this role Dr. Rankin manages all patient flow throughout the adult hospital. He is also the Transfer Center (PALS) Director. Dr. Rankin works closely with his UNMH dyad partners, Brent Lomako and Thomas Roha.

Dr. John Brandt, UNMH Children's Hospital Chief Medical Officer

John Brandt, MD, is a pediatric nephrologist with more than 25 years of experience at UNM. He arrived as a pediatric resident in 1988 and has been on faculty since 1997. Dr. Brandt was the vice chair in the Department of Pediatrics. During his time at UNM, he served as a division chief, medical director and member of the Mission Excellence Steering Committee and Physician Advisory Group, among other roles. In this role, Dr. Brandt collaborates with all children's services throughout the organization and the chief medical and nursing officers at UNM Hospital, as well as the executive nursing directors for pediatric inpatient and ambulatory services, to improve care coordination and quality for children being treated at UNM. Dr. Brandt works closely with his UNMH dyad partners, Maribeth Thornton and Doris Tinagero.

Y Finance Summary 2.26.20

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

Wednesday, February 26, 2020 10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

- Approval of January 29, 2020 meeting minutes
- Consent Items
 - Capital Project – CTH Radiology EOS Imaging Machine and Spatial Reconfiguration \$525,000
 - Capital Project – UH Main 2nd Floor Sterile Processing Department Decontamination Renovation \$690,000
 - Capital Project – UH Main 4th Floor Pulmonary Lab Renovation \$545,000
- Capital Project – New Hospital Tower and New Parking Structure Preliminary Site Work \$5.2M
- New Hospital Tower Project Status Report
- FY21 Budget Assumptions and Salary Guidelines
- Financial Update for the seven months ended January 31, 2020
- HR Updates

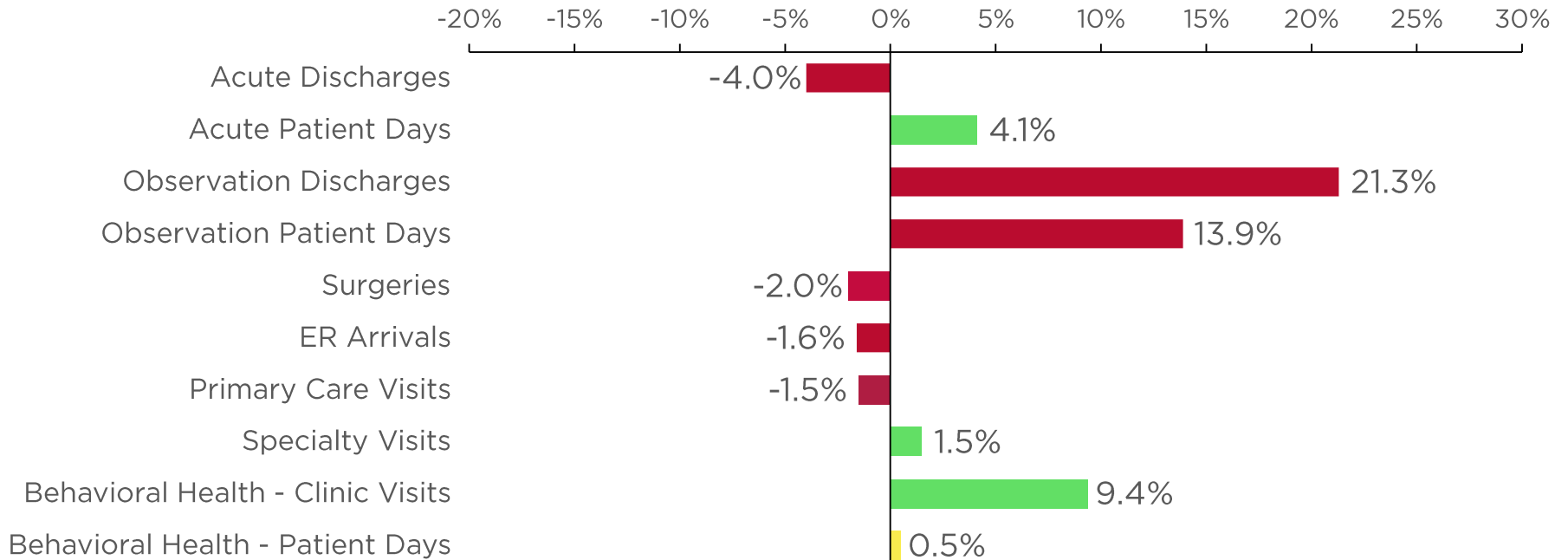
Next UNM Hospital Finance Committee meeting is scheduled to convene April 22, 2020.

BOT Finance Presentation Jan 2020

UNM Hospitals

Financial Update
Through January 2020

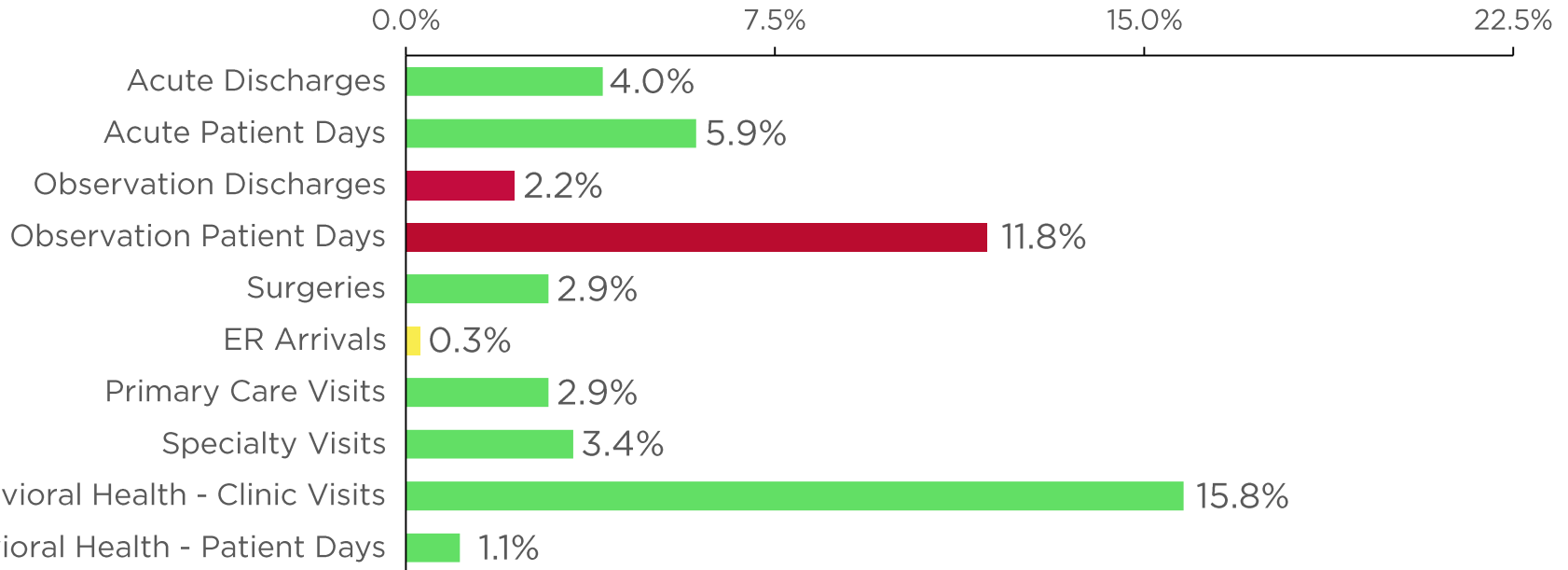
**UNM Hospital
YTD Stats Variance to Budget
Through January 2020**



| | MTD Actual | MTD Budget | MTD Variance | MTD % Variance | YTD Actual | YTD Budget | YTD Variance | YTD % Variance |
|-----------------------------------|------------|------------|--------------|----------------|------------|------------|--------------|----------------|
| Acute Discharges | 2,095 | 2,048 | 47 | 2.3% | 13,634 | 14,201 | (567) | -4.0% |
| Acute Patient Days | 13,563 | 12,524 | 1,039 | 8.3% | 90,415 | 86,868 | 3,547 | 4.1% |
| Observation Discharges | 1,121 | 829 | 292 | 35.3% | 7,039 | 5,801 | 1,238 | 21.3% |
| Observation Patient Days | 1,632 | 1,278 | 354 | 27.7% | 10,099 | 8,870 | 1,229 | 13.9% |
| Surgeries | 1,707 | 1,767 | (60) | -3.4% | 11,891 | 12,131 | (240) | -2.0% |
| ER Arrivals | 8,226 | 7,552 | 674 | 8.9% | 51,544 | 52,376 | (832) | -1.6% |
| Primary Care Visits | 15,568 | 16,615 | (1,047) | -6.3% | 109,301 | 111,021 | (1,720) | -1.5% |
| Specialty Visits | 32,118 | 31,837 | 281 | 0.9% | 215,884 | 212,754 | 3,130 | 1.5% |
| Behavioral Health - Clinic Visits | 15,494 | 14,799 | 695 | 4.7% | 108,548 | 99,216 | 9,332 | 9.4% |
| Behavioral Health - Patient Days | 2,093 | 2,050 | 43 | 2.1% | 14,072 | 13,999 | 73 | 0.5% |

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UNM Hospital
YTD Stats Variance to Prior YTD
Through January 2020



| | MTD Actual | Prior MTD | MTD Variance | MTD % Variance | YTD Actual | Prior YTD | YTD Variance | YTD % Variance |
|-----------------------------------|------------|-----------|--------------|----------------|------------|-----------|--------------|----------------|
| Acute Discharges | 2,095 | 1,944 | 151 | 7.8% | 13,634 | 13,105 | 529 | 4.0% |
| Acute Patient Days | 13,563 | 12,014 | 1,549 | 12.9% | 90,415 | 85,387 | 5,028 | 5.9% |
| Observation Discharges | 1,121 | 1,068 | 53 | 5.0% | 7,039 | 6,887 | 152 | 2.2% |
| Observation Patient Days | 1,632 | 1,497 | 135 | 9.0% | 10,099 | 9,036 | 1,064 | 11.8% |
| Surgeries | 1,707 | 1,642 | 65 | 4.0% | 11,891 | 11,555 | 336 | 2.9% |
| ER Arrivals | 8,226 | 7,868 | 358 | 4.6% | 51,544 | 51,410 | 134 | 0.3% |
| Primary Care Visits | 15,568 | 14,737 | 831 | 5.6% | 109,301 | 106,175 | 3,126 | 2.9% |
| Specialty Visits | 32,118 | 29,504 | 2,614 | 8.9% | 215,884 | 208,797 | 7,087 | 3.4% |
| Behavioral Health - Clinic Visits | 15,494 | 14,171 | 1,323 | 9.3% | 108,548 | 93,703 | 14,845 | 15.8% |
| Behavioral Health - Patient Days | 2,093 | 2,076 | 17 | 0.8% | 14,072 | 13,916 | 156 | 1.1% |

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| UNM Hospitals (unaudited) | Action OI Benchmark | Jan-20 | YTD | YTD Budget | % Budget YTD | Prior YTD | % Growth |
|---|---------------------|------------|-------------|-------------|--------------|-------------|----------|
| ALOS | | 6.47 | 6.63 | 6.12 | -8.41% | 6.52 | -1.78% |
| Case Mix Index | | 1.98 | 2.06 | 1.98 | 3.80% | 1.98 | 3.86% |
| CMI Adjusted Patient Days * | 54,554 | 59,322 | 408,743 | 380,761 | 7.35% | 371,900 | 9.91% |
| Net Core Patient Revenues (\$ in thousands) | | \$ 97,196 | \$ 596,067 | \$ 557,584 | 6.90% | \$ 521,553 | 14.29% |
| Total Operating Expenses** (\$ in thousands) | | \$ 109,953 | \$ 721,764 | \$ 686,975 | -5.06% | \$ 641,843 | -12.45% |
| Total Operating Expenses*** (\$ in thousands) | | \$ 109,536 | \$ 692,283 | \$ 679,273 | -1.92% | \$ 636,698 | -8.73% |
| Net Operating Income (\$ in thousands) | | \$ (4,429) | \$ (53,817) | \$ (60,119) | 10.48% | \$ (57,999) | 7.21% |
| Net Income (\$ in thousands) | | \$ 5,338 | \$ 51,738 | \$ 10,462 | | \$ 4,134 | |
| Net Core Revenue/CMI Adj Patient Day | | \$ 1,638 | \$ 1,458 | \$ 1,464 | -0.42% | \$ 1,402 | 3.99% |
| Cost**/CMI Adj Patient Day | \$ 1,751 | \$ 1,854 | \$ 1,766 | \$ 1,804 | 2.13% | \$ 1,726 | -2.32% |
| Cost***/CMI Adj Patient Day | \$ 1,751 | \$ 1,846 | \$ 1,694 | \$ 1,784 | 5.06% | \$ 1,712 | 1.07% |
| FTEs | | 6,469 | 6,411 | 6,697 | 4.27% | 6,420 | 0.14% |

* 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 Apr - June 2019 the 50th percentile is 163,662. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

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

**UNM Hospitals
Budget to Actual Variance
(in thousands)
Through January 2020**

* % change relative to budget

