

**BOARD OF TRUSTEES - OPEN SESSION AGENDA****April 29, 2022 @ 9:30 AM**

Join Zoom Meeting

<https://hsc-unm.zoom.us/j/99446166537>

Meeting ID: 994 4616 6537 / Passcode: 333268

+1-253-215-8782, 99446166537# \*333268# US (Tacoma) or +1-346-248-7799, 99446166537# \*333268# US (Houston)

- I. **CALL TO ORDER – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS (Informational – 10 Minutes)**
  - COVID-19/High Census Update – Mrs. Kate Becker, UNM Hospital CEO
- III. **ADOPTION OF AGENDA – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustees (Approval/Action - 5 Minutes)**
- IV. **PUBLIC INPUT (Informational)**
- V. **APPROVAL OF THE MINUTES – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustees**
  - February 25, 2022 UNM Hospital Board of Trustees Meeting Minutes (Approval/Action – 5 Minutes)
- VI. **MISSION MOMENT – Mrs. Kate Becker to Introduce Jon Femling, MD, PhD, Vice Chair of Clinical Affairs (Informational – 10 Minutes)**
- VII. **PATIENT AND FAMILY ADVISORY COMMITTEE (PFAC) REPORT – Mrs. Marci Romero, BSN, RN, Manager (Informational – 15 Minutes)**
- VIII. **UNMH BOT MEMBERS TERMS EXPIRING June 2022 – Mrs. Kate Becker, UNM Hospital CEO (Approval/Action – 10 Minutes)**
  - Mr. Del Archuleta – Renewal
  - Dr. Tamra Mason – Renewal
  - Mr. Erik Lujan – Appoint New Member
- IX. **FINANCIAL UPDATE – Mrs. Bonnie White, UNM Hospital CFO**
  - Financial Update – Mrs. Bonnie White, UNM Hospital CFO (Informational – 20 Minutes)
  - FY22 Revised and FY23 Operating Budget – Julie Knight, Executive Director Financial Planning & Analysis (Approval/Action – 30 Minutes)
  - FY22 Revised and FY23 Capital Budget – Julie Alliman, Controller/Executive Director Finance (Approval/Action – 30 Minutes)
- X. **UNM HOSPITAL TOWER PROJECT – Dr. Michael Chicarelli, UNM Hospital COO (Informational – 15 Minutes)**
- XI. **ADMINISTRATIVE REPORTS (Informational – 20 Minutes)**
  - Executive Vice President Update – Dr. Douglas Ziedonis
  - HSC Committee Update – Dr. Michael Richards
  - UNMH CEO Report – Mrs. Kate Becker
  - UNMH CMO Report – Dr. Alex Rankin
  - Chief of Staff Update – Dr. Nathan Boyd
- XII. **UNM HOSPITAL BOT COMMITTEE REPORTS (Informational – 10 Minutes)**
  - Finance Committee – Mr. Terry Horn
  - Audit & Compliance Committee – Dr. Tamra Mason
  - Quality and Safety Committee – Mr. Kurt Riley
  - Native American Services Committee – Mr. Erik Lujan
- XIII. **CLOSED SESSION:**
  - **Roll Call Vote to close the meeting and to proceed in Closed Session – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustees (Approval/Action – Roll Call Vote)**
    - a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
    - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.

Certification that only those matters described in Agenda Item XII were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustee (Approval/Action)
- XIV. **Adjourn Meeting – Mr. Del Archuleta, Chair, UNM Hospital Board of Trustee (Approval/Action)**

# **UNMH Board of Trustees Meeting Minutes 02 25 2022**

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
UNM Hospital Board of Trustee Voting Members Present	Mr. Del Archuleta, Mr. Kurt Riley, Mr. Terry Horn, Mrs. Monica Zamora, Dr. Tamra Mason, Dr. Davin Quinn, Mr. Erik Lujan, and Mr. Michael Brasher	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Doug Ziedonis, and Dr. Nathan Boyd	
Staff Members Present	Mr. Doug Brooks, Mr. Fabian Armijo, Mr. Rodney McNease, Mrs. Crystal Frantz, Mr. Ryan Randall, Ms. Tahnee Pecos, Dr. Anna Duran, Dr. Mike Chicarelli, Dr. Sara Frasch, Mrs. Bonnie White, Dr. Joyce Pang, Ms. Milly Ledwith, Mrs. Dawn Harrington, Mrs. Eileen Sanchez, Mr. Mark Rudi, Dr. Rohini McKee, Mrs. Jennifer James, Dr. Irene Agostini, Mrs. Patti Kelley, Dr. Joanna Fair, and Fontaine Whitney	
County Officials Present	Mr. Clay Campbell	
I. Call to Order	A quorum being established, Mr. Del Archuleta, Chair, called the meeting to order at 9:33 AM	
II. Announcements	Mrs. Kate Becker, UNM Hospital CEO, gave a COVID-19/High Census Update; today the hospital has 35 COVID positive adult inpatients and 3 COVID positive pediatric inpatients; 395 occupied house-wide adult beds which is 127% of normal capacity. Governor Michelle Lujan Grisham lifted the statewide public mask mandate for many indoor settings in New Mexico. However, the Public Health Order continues to require that masks be worn in hospitals, therefore, UNM Hospital will continue the current mask policy which requires masks to be worn in all UNM Hospital facilities, clinical and non-clinical areas. The community risk is lower than it was in December since infections have declined but we are not back to lower rates so it is still reasonable to wear a mask indoors, limit the number of people you are exposed to and seek out better ventilated spaces.	
III. Adoption of Agenda	Mr. Del Archuleta, Chair, asked for any revisions to the Agenda, hearing none, he requested a motion to adopt the Agenda.	Dr. Tamra Mason made a motion to adopt the agenda. Mr. Michael Brasher seconded the motion. Motion passed with no objections.
IV. Public Input	N/A	
V. Approval of Minutes	Mr. Del Archuleta, Chair, asked for any revisions to January 28, 2022 UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Chair Archuleta requested a motion to approve the January 28, 2022 UNM Hospital Board of Trustees Meeting Minutes.	Mr. Terry Horn made a motion to approve the January 28, 2022 UNM Hospital Board of Trustees Meeting Minutes. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.

<p>VI. Mission Moment</p>	<p>Mrs. Kate Becker, UNM Hospital Chief Executive Officer, introduced Dr. Joanna Fair, Senior Associate Dean of Graduate Medical Education and Designated Institutional Official and Dr. Joyce Pang, UNM General Surgery Resident, who presented the Mission Moment. The Mission Moment was an overview of Residency Program at UNM Hospital. Board Members expressed their appreciation to Dr. Fair and Dr. Pang for giving an explanation of the Residency Program.</p>	
<p>VII. Community Engagement Report</p>	<p>Mrs. Kate Becker, UNM Hospital Chief Executive Officer, introduced Mr. Fabian Armijo, Executive Director, Diversity, Equity, and Inclusion (DEI). Mr. Armijo stated that DEI includes on-line and in-person training for clinical and non-clinical staff, Native American Services, Community Engagement and Interpreter Language Services. The healthcare equality is essential for every member of our community, regardless of race, ethnicity, or group identity. Mr. Armijo introduced his team members, Ms. Milly Castaneda-Ledwith, Director Community Engagement, and Ms. Tahnee Pecos, Manager, Native American Services. Mr. Armijo said the Vision of the Office of Community Engagement seeks to contribute to the overall well-being of the communities we serve in achieving an improvement in positive health impact and outcomes. DEI collaborates with community members and leaders to:</p> <ul style="list-style-type: none"> <li>• Identify and address patient health care disparities in our hospitals and clinics</li> <li>• Provide health information to every patient regardless of education, experience or skill level</li> <li>• Offer a safe, inclusive, and caring environment for all patients, visitors and staff</li> <li>• Serve as consultants and advocates</li> <li>• Collect and analyze data to formulate action plans and inform hospital strategy and policy</li> <li>• Train groups and organizations in diversity and cultural awareness</li> </ul> <p>Mrs. Castaneda-Ledwith stated that the outcome of the community health needs assessment was a goal to increase access to Behavioral Health Services, Medical Services, and Medical Coverage and Financial Assistance and to reduce Inequities that lead to disparities in health outcomes. Several community outreach events have taken place and are being scheduled for 2022 and 5,000 emergency blankets have been donated.</p> <ul style="list-style-type: none"> <li>• Creating and developing partnerships to improve the well-being of the community <ul style="list-style-type: none"> <li>○ City of Albuquerque – Albuquerque Community Safety</li> <li>○ City of Albuquerque – Equity and Inclusion</li> <li>○ Partnership for Community Action</li> <li>○ Albuquerque Health Care for the Homeless</li> <li>○ ABC Community School Partnership</li> <li>○ One Hope Centro de Vida</li> <li>○ CHI St. Joseph's Children</li> <li>○ McKinney-Vento Homeless Education</li> <li>○ Hawthorn Hotel – Albuquerque City wellness hotel for families</li> <li>○ NM Health Councils Alliance</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• In 2022, Community Engagement will be doing the following:             <ul style="list-style-type: none"> <li>○ Partnering with the New Mexico Commission for the Deaf and Hard of Hearing (NMCDHH) for three community forums for people who use ASL, deaf and blind and hard of hearing. Partnerships to improve the well-being of the community</li> <li>○ Approximately 15 community forums with a variety of stakeholders in Bernalillo County to listen to our community about how can we help</li> <li>○ Collaborate with Employee Engagement to create a volunteer and donation system to be able to sync the community outreach and impact that UNM Hospital has in the community</li> <li>○ Update the Community Engagement webpage to have an external face with our contact information, programs and projects so we will have direct access for the community</li> </ul> </li> </ul> <p>Mrs. Pecos gave an overview of the first Native American Heritage Month Celebration at UNM Hospital on November 5, 2021. Traditional Native American dance group from Jemez and Zuni Pueblos performed on the BBRP Plaza. The event recognized all Native Americans, their cultures, and beliefs. This will become a yearly event. Mrs. Pecos stated that she is working with HSC Marketing staff and Rebecca Elise Production Services, Native American Owned, to create an 8 minute documentary for Native American Services <i>“UNM Hospitals Unique History and Relationship with Native American Communities, Patients, and Families”</i>. Mrs. Pecos thanked Mrs. Kate Becker for giving the Native American Services the opportunity to create this video.</p> <p>Mrs. Pecos and Mr. Armijo have met with the architects designing the Native American Ceremonial Space in the New Hospital Tower. Native American staff members were able to voice their opinions to the architects on the design, color pallets and they suggested Cedar trees be planted for Native patients so they could take a piece of the Cedar to be used as medicine. This will be a nice space for patients, family members and where a Medicine Man can come to the hospital to provide traditional healing to patients if requested. Other NAHS 2022 Community Outreach programs include the following:</p> <ul style="list-style-type: none"> <li>• Quarterly newsletter sharing UNM Hospital updates with Pueblos, Tribes and Nations</li> <li>• Greeting Cards acknowledging new and returning Leadership</li> <li>• Daily Census of Inpatients at UNM Hospital and SRMC</li> <li>• Gathering of Nations Powwow</li> <li>• New Mexico State Fair Indian Village</li> <li>• Celebrate Native American Heritage Months and Indigenous Peoples’ Day</li> </ul>	
<p>VIII. Guardianship and Patients at UNM Hospital</p>	<p>Mr. Rodney McNease, Executive Director Government Affairs, Behavioral Health, Mrs. Monica Zamora, UNM Hospital Board of Trustees Member, and Mrs. Crystal Frantz, Executive Director, Care Management Services, gave an update of the Guardianship and Patients at UNM Hospital. Patients admitted to UNM Hospital may be identified by staff or providers to be considered for guardianship. New Mexico Adult Protective Services (APS) is contacted by filing a report for patients of concern.</p>	

If APS is not able to assist with a patient, UNM Hospital staff will file an application for guardianship with the New Mexico Development Disabilities Council Office of Guardianship. Inpatient volume is averaging less than 10 patients a year.

UNM Psychiatric Center (UNMPC) extensively utilizes treatment guardians and mental health court operates during the work week on-site; holding competency hearings for patients for UNM and from other providers in the community. Court volume is normally 4-5 hearings each day, which is high. It has been difficult to locate people willing to serve as treatment guardians, therefore, this can delay decision making related to discharge planning resulting in patients staying longer in the hospital.

Below is a description of the types of Guardianships:

- Temporary Guardians are based on an allegation of immediate and irreparable harm if a guardian is not appointed for an alleged incapacitated person. Currently temporary guardianship is limited to 60 days.
- Mental Health Treatment Guardian is a form of guardianship tailored to grant the guardian authority to make substituted decisions regarding mental health treatment including psychotropic medications. The individual must be determined by the court to lack capacity to provide informed consent. In place for a specific period of time not to exceed a year.
- Limited Guardian is appointed by the court to exercise limited authority and decision making for the protected person if it is determined the person is unable to manage some but not all aspects of their personal care. The rights to act on the behalf of the protected person must be specifically granted by the court.
- Full or Plenary Guardian is a guardian appointed by the court to exercise all legal rights and powers of the protected person after the court has found the person lacks capacity to carry out all the tasks necessary to care for their self or property.

Senate Bill 35 outlines the below:

- Revises procedures for the appointment of temporary guardians and temporary conservators
- Requires the court to schedule and hold a hearing within 10 business days of the filed motion
- If a finding of immediate serious harm to the incapacitated person is found to exist the court shall appoint a temporary guardian and specify the powers of the temporary guardian
- Reduces the duration of the temporary guardianship arrangement from 60 days to 30 days
- Allows for extension of no more than an additional 60 days after proving cause
- Prohibits the temporary guardian from selling or disposing of any property belonging to the alleged incapacitated person without specific authorization from the court
- A temporary guardian may be removed by the court at any time
- Requires enhanced reporting from the temporary guardian to the court

<p>IX. Items for Approval</p>	<p>Mr. Doug Brooks, UNM Hospital Executive Director Hospital Campus Development, presented the Capital Project: New Hospital Tower Extension of Program Management Services (\$2,576,296 increase) for review and approval by the Committee which (write-up in BoardBook). Mr. Brooks stated in 2019, UNM Hospital contracted with Broaddus &amp; Associates through a competitive sealed RFP process for professional program management services on the New Hospital Tower and since 2019, the program and schedule has increased. Additional services requested include the following:</p> <ul style="list-style-type: none"> <li>• Base services to account for extension of original 57-month duration, originally ending in 2023, through current Substantial Completion of June 2024</li> <li>• Adjusts Move/Activation services to align with revised Substantial Completion and Occupancy ending in December 2024</li> <li>• Staffing for program scope additions and growth</li> <li>• Provides for proposed vertical expansion</li> <li>• Schedule Management consulting</li> <li>• Includes NMGRS and reimbursable expenses</li> </ul> <p>After discussion, Mr. Del Archuleta, Chair, requested a motion to approve recommendation as presented and discussed. Mr. Terry Horn, UNMH BOT Finance Committee Chair, stated that the UNMH BOT Finance Committee reviewed the Capital request at their February 22<sup>nd</sup> meeting and request approval by the full Board.</p> <p>Mrs. Kate Becker, UNM Hospital Chief Executive Officer, stated that this item was previously identified as the Crisis Triage Center and it is an effort to capture more comprehensively the fuller nature of the services that will be offered in the space that resulted in changing of the name; therefore, Behavioral Health Crisis System of Care is a placeholder name. Bernalillo County and UNM Hospital are working together on a proper name.</p> <p>Mr. Rodney McNease, Executive Director, Governmental Affairs and Behavioral Health Administration, presented the Capital Project: Behavioral Health Crisis System of Care (\$40,000,000) for review and approval (write-up in BoardBook). Mr. McNease stated the request is for approval for construction of the UNM Crisis System of Care which will combine the Crisis Triage Center and the Psychiatric Emergency Services (PES). Mrs. Bonnie White, UNM Hospital Chief Financial Officer, stated that the design, professional services and indirect costs for this project were already approved per write-up. The Behavioral Crisis Program Components consist of the following:</p> <ul style="list-style-type: none"> <li>• Crisis Triage Center</li> <li>• Peer Living Room</li> <li>• Psychiatric Emergency Services</li> <li>• Cold Shell (On-Site Care Coordination – 2<sup>nd</sup> Floor)</li> </ul> <p>After discussion, Mr. Del Archuleta, Chair, requested a motion to approve recommendation as presented and discussed to move forward to the HSC Committee and Board of Regents for review and approval. Mr. Terry Horn, UNMH BOT Finance Committee Chair, stated that the UNMH BOT Finance Committee reviewed the Capital request at their February 22<sup>nd</sup> meeting and request approval.</p>	<p>Mr. Terry Horn made a motion to approve the Capital Project: New Hospital Tower Extension of Program Management Services (\$2,576,296 increase) as presented. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p> <p>Mr. Terry Horn made a motion to approve the Capital Project: Behavioral Health Crisis System of Care (\$40,000,000) as presented with advancement to the HSC Committee and Board of Regents. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p>
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<p>X. Financial Update</p>	<p>Mrs. Bonnie White, UNM Hospital CFO, presented the Certification of Board Review of December 2021 year to date Financial Statements/Board Report to HUD and Lender on Actions to Improvement Financial Operations. This report is being provided to HUD’s Office of Hospital Facilities, PGIM Real Estate Finance (formerly Prudential Huntoon Paige Associates, LLS) and Wells Fargo Bank in satisfaction of the provisions of Section 29 of the Regulatory Agreement dated September 9, 2021. After discussion, Mr. Del Archuleta, Chair, requested a motion to approve recommendation as presented and discussed to move forward to the HSC Committee and Board of Regents for review and approval. Mr. Terry Horn, UNMH BOT Finance Committee Chair, stated that the UNMH BOT Finance Committee reviewed the Certification at their February 22<sup>nd</sup> meeting and request approval by the full Board.</p> <p>Mrs. Bonnie White, UNM Hospital CFO, presented the financial update through January 2022 (presentation in BoardBook).</p> <p>Mrs. Bonnie White, UNM Hospital CFO, presented the FY2023 Budget Assumptions (presentation in BoardBook). Highlights included the following:</p> <ul style="list-style-type: none"> <li>• Budget Guiding Principles</li> <li>• Overview of Budget Process</li> <li>• FY23 Preliminary Budget Statistics</li> <li>• FY23 Preliminary Budget Statistics – Supplement Variance Analysis</li> <li>• FY23 Behavioral Health Preliminary Budget Statistics</li> <li>• FY23 Behavioral Health Preliminary Budget Statistics – Supplement Variance Analysis</li> <li>• FY23 Revenue Budget</li> <li>• FY23 Contracting and Governmental Impacts</li> <li>• FY23 Expense Budget</li> <li>• FY23 Non-Operating Budget</li> </ul> <p>After discussion, Mr. Del Archuleta, Chair, requested a motion to approve the FY23 Budget Assumptions and Preliminary Statistics. Mr. Terry Horn, UNMH BOT Finance Committee Chair, stated that the UNMH BOT Finance Committee reviewed this request at their February 22<sup>nd</sup> meeting and request approval.</p>	<p>Mr. Michael Brasher made a motion to approve the Certification of Board Review of December 2021 year to date Financial Statements/Board Report to HUD and Lender as presented. Mr. Terry Horn seconded the motion. The motion passed with no objections.</p> <p>Mr. Terry Horn made a motion to approve the FY2023 Budget Assumptions as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>
<p>XI. UNM Hospital Tower Project</p>	<p>Dr. Michael Chicarelli, UNM Hospital Chief Operating Officer, gave an update, including video, of the construction progress of the UNM New Hospital Tower Project.</p>	
<p>XII. Administrative Reports</p>	<p>Dr. Doug Ziedonis presented the Executive Vice President Update (report BoardBook).</p> <p>Dr. Doug Ziedonis presented the HSC Committee Update (report in BoardBook)</p> <p>Mrs. Kate Becker presented the UNM Hospital CEO Update (report in BoardBook).</p> <p>Dr. Irene Agostini presented the UNM Hospital CMO update (report in BoardBook).</p> <p>Dr. Nathan Boyd gave a Chief of Staff update and discussed the Peer Review process.</p>	



<p>XIII. UNMH BOT Committee Reports</p>	<p>Mr. Terry Horn gave a brief summary of the UNMH BOT Finance Committee Meeting.                  Dr. Tamra Mason stated the UNMH BOT Audit &amp; Compliance Committee did not meet.                  Mr. Kurt Riley gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting.                  Mr. Erik Lujan gave a brief summary of the UNMH BOT Native American Services Committee Meeting.</p>	
<p>XIV. Closed Session</p>	<p>At 12:20 PM Mr. Del Archuleta, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p>	<p>Mr. Michael Brasher made a motion to close the Open Session and move to the Closed Session. Mrs. Monica Zamora seconded the motion. Per Roll Call, the motion passed.</p> <p><b>Roll Call:</b>                  Mr. Del Archuleta – Yes                  Kurt Riley – Yes                  Dr. Tamra Mason – Yes                  Mr. Terry Horn – Yes                  Mrs. Monica Zamora – Yes                  Mr. Michael Brasher – Yes                  Mr. Erik Lujan – Yes                  Dr. Davin Quinn - Yes                  Mr. Trey Hammond – Not Present</p>
<p>Vote to Re-Open Meeting</p>	<p>At 1:29 PM Mr. Del Archuleta, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mr. Michael Brasher made a motion to close the Closed Session and return to the Open Session. Mr. Kurt Riley seconded the motion. Per Roll Call, the motion passed.</p> <p><b>Roll Call:</b>                  Mr. Del Archuleta – Yes                  Kurt Riley – Yes                  Dr. Tamra Mason – Yes                  Mr. Terry Horn – Yes                  Mrs. Monica Zamora – Yes                  Mr. Michael Brasher – Yes                  Mr. Erik Lujan – Yes                  Dr. Davin Quinn - Yes                  Mr. Trey Hammond – Not Present</p>

<p><b>XIV. Certification</b></p>	<p><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.</b></p>	<p>Mr. Michael Brasher made a motion to approve the Certification. Mr. Terry Horn seconded the motion. The motion passed with no objections.</p>
<p>XV. Adjournment</p>	<p>The next scheduled Board of Trustees Meeting will take place Friday, April 29, 2022 at 9:30 AM, via Zoom Conference Call. There being no further business, Mr. Del Archuleta, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Michael Brasher made a motion to adjourn the meeting. Mrs. Monica Zamora seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:31 PM.</p>

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Dr. Tamra Mason, Secretary  
 UNM Hospital Board of Trustees

# Mission Moment UNMH BOT 04 29 2022 UNMH ED



# Mission Moment Letter of Appreciation

UNM HOSPITAL BOARD OF TRUSTEES

FRIDAY, APRIL 29, 2022

# UNM Hospital Emergency Department

Dear Kate and Mike,

I met you during meetings with Dr. Roth. I am the real estate lawyer who worked with Toni Neale in conjunction with the Hospital's acquisition from Sandia Foundation of the former Galles property.

On February 1, my close friend died at UNM Hospital in the Emergency Department. He had been in and out of UNMH on several prior occasions. He was always complimentary of the fine care that he received.

On the day of his death, I was extremely impressed with how your staff, at all levels, handled the situation:

- The people controlling the front door of the Richardson Pavilion quickly allowed me to proceed to the Emergency Department once they understood the pending situation.
- Upon entering the Emergency Department Waiting Room, I mentioned to the security guard who I was there to see. The charge nurse (whose name I unfortunately did not get) overheard my conversation and immediately took me down the hallway. She kindly, yet professionally, told me that my friend had just died.

- Dr. Whalen was the attending physician who had treated my friend who had been moved out of the trauma area and into a private room. Several other friends and family had been able to spend time with our friend before he passed. Dr. Whalen took considerable time to answer everyone's questions.
- I was advised that upon being transferred to UNM Hospital that morning, my friend was still conscious and had told Dr. Whalen that he did not want to be resuscitated or have any life-support action taken. Dr. Whalen respected his request, yet did everything that he could given the situation.
- Each friend was allowed to stay with him as long as we desired.
- Upon leaving the room, I again talked to the security guard in the Emergency Department Waiting Room. I explained that someone who was flying in from Denver would be arriving soon. He then advised the other security guard of the additional individual. When that person arrived, he was treated well and promptly taken back to where our friend was located.

It was a very sad day for me.

I want you to know what an extraordinary job was done by your staff. Everyone was kind, conscientious, professional and helpful. Everyone did a great job. It is greatly appreciated

# PFAC Annual Report CY April 2021



PATIENT + FAMILY ADVISORY COMMITTEE  
(PFAC)

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ANNUAL REPORT CY 2021

MARCI ROMERO, BSN, RN

MANAGER, PFAC



# Question:

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What is the most underutilized resource in the health system?

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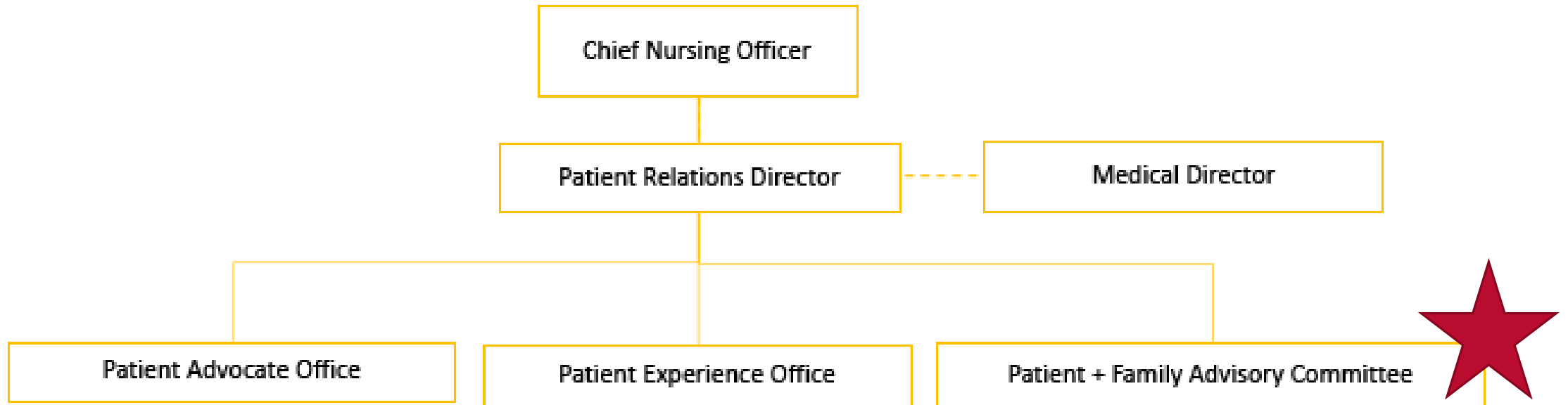
Patients are the  
most underutilised  
resource in  
healthcare

WARNER SLACK



# The Patient Relations Department

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# UNMH

# Patient + Family Advisory Committee

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## Mission Statement

The University of New Mexico Hospital (UNMH) Patient + Family Advisory Committee (PFAC) is dedicated to partnering with patients and families to develop strategies for *cultivating and sustaining patient and family engagement in the delivery of healthcare.*

## North Star

*Honoring the patient and family voice* in the delivery of care.

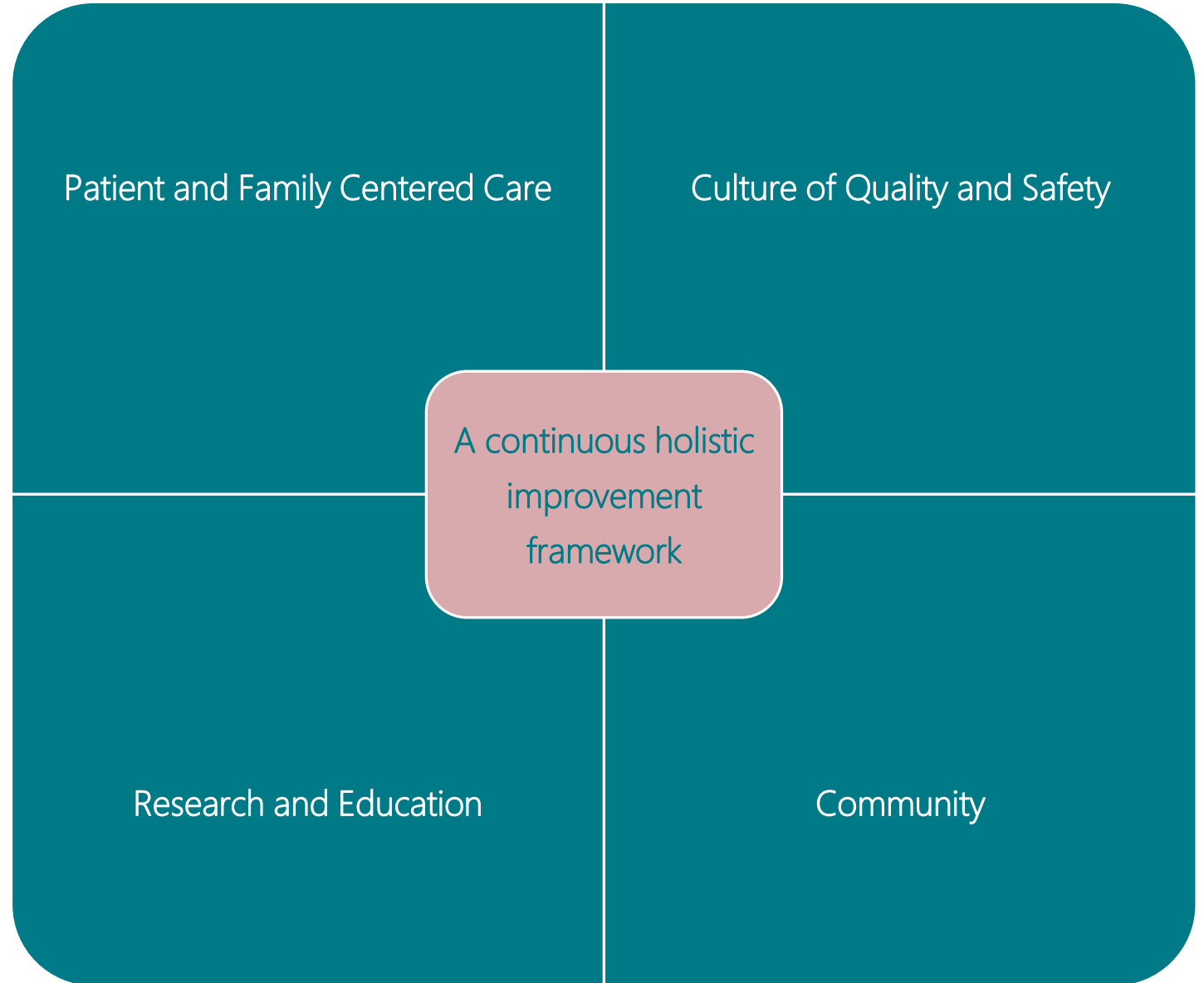
# The Value of including the voice of the patient...

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1. Improve quality and safety within health systems
2. Increase patient engagement in quality and safety initiatives
3. Improve financial performance
4. Improve CAHPS® Hospital Survey scores
5. Improve patient outcomes
6. Increase employee satisfaction and retention
7. Respond to TJC and CMS



# The PFAC Framework for Patient and Family Engagement



# PFAC + Quality Improvement 2021

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# High-Level Achievements 2021

## Cultivating Collaboration

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AHRQ 2021 grant recipient/Pilot study – improvement of communication between providers and patients

- ✓ Reduction of diagnostic errors in the ambulatory setting
- ✓ [Toolkit for Engaging Patients To Improve Diagnostic Safety | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
- ✓ Inpatient Pilot Study on GPU (ongoing)

UNM Health Patient Rights & Responsibilities

- ✓ PFA workgroup created
- ✓ 90% of recommendations received
- ✓ [unm-health-patient-8-5x11-englishwithoutfillableform.pdf \(unmhealth.org\)](#)



# High-Level Achievements 2021

## Cultivating Collaboration

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Collaborative partnership between PFAC and UNMH Health Literacy Department:

Patient and family members provided valuable input on the following:

- ✓ Baby-Friendly Hospital Initiative (BFHI) Breastfeeding FAQs
- ✓ UNMH Intensive Care Unit (ICU) Family Presence Policy
- ✓ Senate Bill 317 Dissemination Focus Group
- ✓ Utilizing teach back (from the patient perspective)
- ✓ PFAC/HL 'Seal of Approval' placed on all 'PFA Approved documents'
- ✓ Patient Rights and Responsibilities



# High-Level Achievements 2021

## Cultivating Collaboration

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Collaborative partnership between PFAC, UNMH IT Department and UNMH Telehealth office:

Patient and family members provided valuable input on the following:

- ✓ Zoom Visit Guide, including information on downloading the app, connecting to the platform and answers to commonly asked questions
- ✓ Telehealth Consent Form (Teladoc)
- ✓ MyHealthUNM Patient Portal/TriCore appointment scheduling usability
- ✓ Patient feedback regarding appointment reminder calls

### Welcome to MyHealthUNM - Your Patient Portal!

The patient portal is one more way we care for you at UNM Health! Use this portal to access your electronic health record, look up current medications and view upcoming appointments. [Use this guide to find your MyHealthUNM information.](#)

#### [Learn about your patient rights and responsibilities.](#)

*If you are having a medical emergency, call 911 or go to the Emergency Department.*

#### Road Closures at UNM Hospital

We're building a new Patient Parking Structure and other hospital buildings.

- *Please plan an extra 30 minutes to get to your appointments.*
- [See the latest road closures and construction map.](#)
- Watch out for workers in the area.
- [Find out how to get to the hospital.](#)

#### COVID-19

**Get Treated in-person at a UNM Clinic:** It is safe to get in-person care in our clinics. [Learn how we are protecting our patients.](#)

**Make a Zoom Appointment:** Call the Appointment Center if you would like to have a Zoom appointment. The clinic will call you to give you instructions. If you need to cancel the appointment, you can do so when your clinic calls you. Here are some guides to help you:

- [Zoom Visit Guide - English](#)
- [Zoom Visit Guide - Spanish](#)
- [Zoom Visit Guide - Vietnamese](#)

**Change from an In-Person Appointment to Zoom:** Please do not cancel your scheduled in-person appointment if you want to switch to Zoom. Call the Appointment Center to check if your visit can be done using Zoom. Some appointments must be in person. The Appointment Center will help you reschedule your visit if needed.

# High-Level Achievements 2021

## Cultivating Collaboration

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### New Hospital Tower Involvement

- ✓ PFA feedback given on proposed Entertainment Package/"Care Channel"
- ✓ PFA feedback given on the new parking garage – 26 additional handicap parking spaces added
- ✓ PFA feedback given on displayed artwork
- ✓ PFA feedback given on Food and Nutrition options, such as 'Grab N' Go' food items

### Organizational Transparency

- ✓ PFA serving on the UNM Board of Ethics Committee
- ✓ PFAC Manager sits on DOIM Mortality and Morbidity Quality and Safety Workgroup
- ✓ PFA serving on Patient Portal Committee

# High-Level Achievements 2021

## Cultivating Collaboration

---

### Quality Improvement Initiatives

- ✓ PFAs selected PCMH/Pediatric measures for NCQA Recognition
  - ✓ Preventive Care and Screening: Screening for Depression and Follow-Up
  - ✓ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - ✓ Childhood Immunization Status

### Process Improvement Initiatives

- ✓ PFAC input on how to increase the reach of the UNM Arts-In-Medicine Program
- ✓ Generated and implemented new referral system

# High-Level Achievements 2021

## Cultivating Collaboration

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### Collaborative partnership between PFAC and the Department of Internal Medicine (DOIM)

- ✓ Manager, PFAC – ‘Cultivating Collaboration within a PFAC’ presented at DOIM Grand Rounds.
- ✓ PFA, Wynne Coleman, co-taught Quality Improvement Curriculum to 1<sup>st</sup> year residents (Topic: Just Culture)
- ✓ PFA attendance - ‘High Value Care’ quality and safety training with 1st year residents.
- ✓ PFA attendance – DOIM weekly Grand Rounds
- ✓ PFAC, Manager involvement in DOIM quality workgroup

**Residency**

Internal  
Medicine

# High-Level Achievements 2021

## Cultivating Collaboration

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### Quality & Safety Basics: Presented by PFAs

- ✓ PFA led quality and safety training
- ✓ Incorporation of lived experience; the value of the patient voice
- ✓ Cultivating collaboration between patients and provider

### Honoring of World Patient Safety Day (WHO, 2021)

- ✓ World Patient Safety Day (WPSD) workgroup created. June 2021 – September 2021.
- ✓ UNMH PFAC partnership with the Patient Safety Movement Foundation (PSMF), 'Unite for Safe Care' virtual event
- ✓ UNMH PFA led international roundtable discussion on 'Just Culture from the Patient Perspective'

# High-Level Achievements 2021

## Cultivating Collaboration

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### National Health System Involvement

- ✓ UNMH PFA selected to participate in Vizient focus group
- ✓ Activities included focus groups, pulse surveys and PFA group discussions
- ✓ Vizient Report: Connecting with patients during Covid-19: perspectives on safety

### International Health System Involvement

- ✓ 'Recognizing Unsafe Care: What it is and How to Report it', Facilitated by Marci Romero, PFAC Manager.
- ✓ PFA attendance and participation in Q & A

# Moving Forward (2022)

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## PFAC Involvement in Health System Priorities

- A culture of trust and transparency leads to a culture of quality and safety
- 'Quality and Safety' Guest Speaker Series; PFA driven
- New Hospital Tower

## Cultivating Collaboration

- Mortality and Morbidity review process
- Continue to co-teach quality and safety curriculum to 1st year residents
- World Patient Safety Day, 2022 – Medication Safety (WHO)
- Patient Expert Panel at UNMH Education Forum
- PFA serving on UNMH Patient Portal Committee

## Quality Improvement and Process Improvement

- PFAC Generated Environmental Services/Inpatient pilot
- Patient Rights and Responsibilities – ASL translation
- Clinic Walk-through
- Emergency Preparedness Planning

## Patient and Family Advisor Recruitment

- Continue to recruit PFAs from previous grievances and complaints
- Elect PFAC Co-Chair (patient or family representative)



# Questions?

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**UNM Hospital Board of Trustee Members**  
**Terms Expiring (June 2022)**

**Mr. Del Archuleta (Renewal)**

**Dr. Tamra Mason (Renewal)**

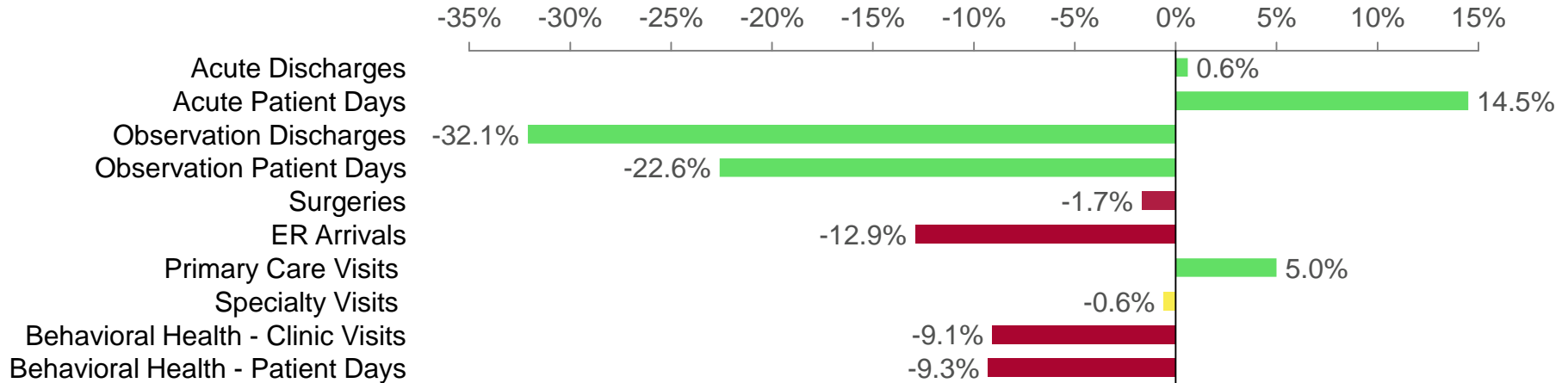
**Mr. Erik Lujan (Appoint New Member)**

# PD 9 BoT Finance Presentation 04292022

# UNM Hospital

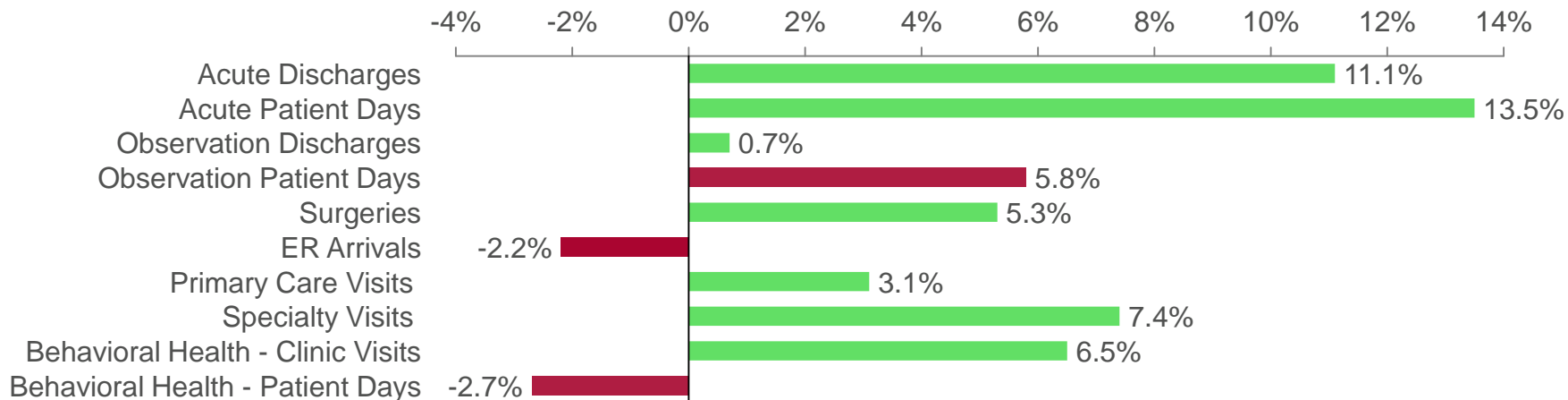
Board of Trustees  
Financial Update  
Through March 2022

# UNM Hospital YTD Stats Variance to Budget Through March 2022



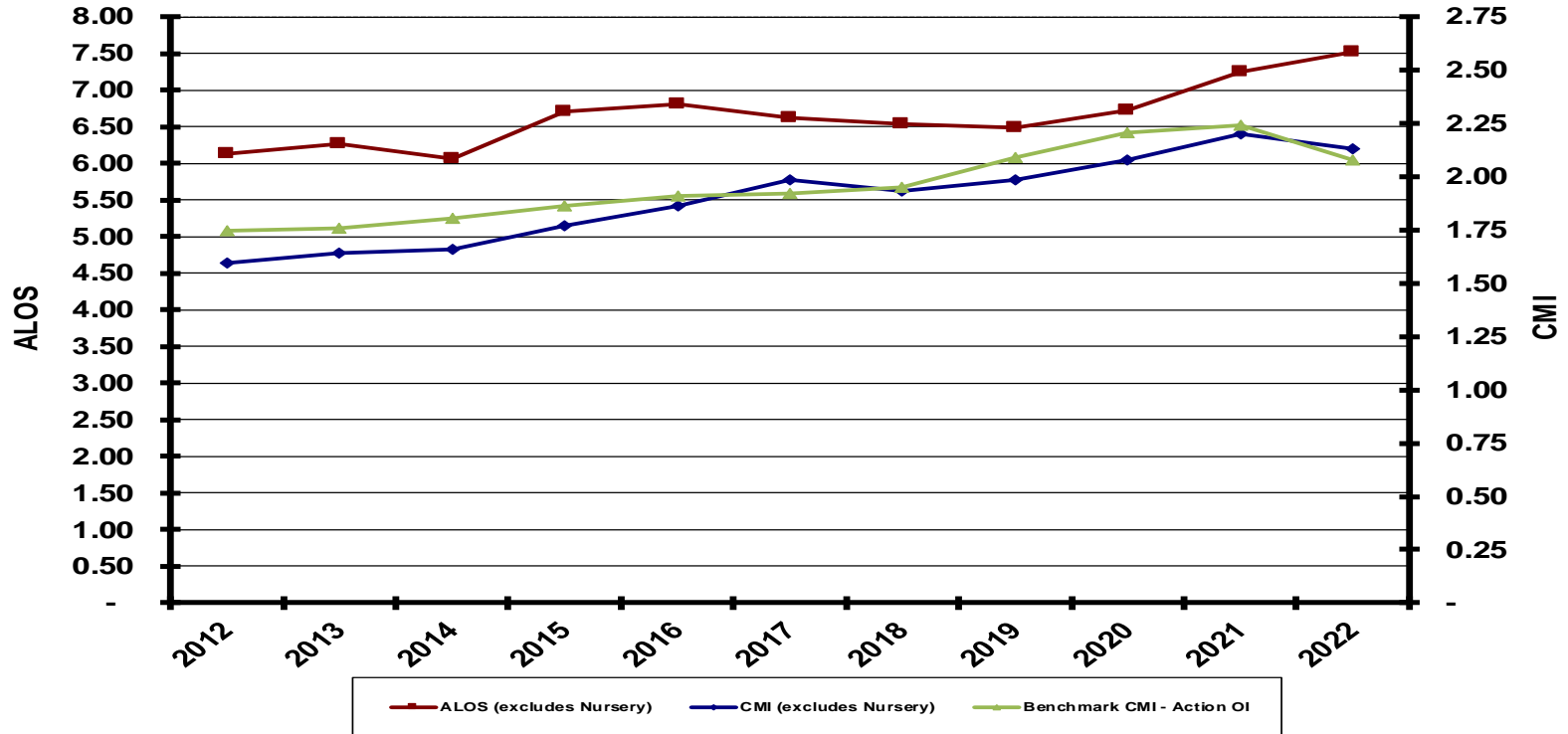
	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	2,094	2,100	(6)	-0.3%	18,677	18,561	116	0.6%
Acute Patient Days	15,380	13,874	1,506	10.9%	140,416	122,631	17,785	14.5%
Observation Discharges	784	1,095	(311)	-28.4%	6,691	9,855	(3,164)	-32.1%
Observation Patient Days	1,135	1,389	(254)	-18.3%	9,499	12,279	(2,780)	-22.6%
Surgeries	1,850	1,771	79	4.4%	15,042	15,309	(267)	-1.7%
ER Arrivals	6,843	8,252	(1,409)	-17.1%	63,543	72,936	(9,393)	-12.9%
Primary Care Visits	17,104	17,316	(212)	-1.2%	149,862	142,702	7,160	5.0%
Specialty Visits	32,917	33,096	(179)	-0.5%	269,878	271,416	(1,538)	-0.6%
Behavioral Health - Clinic Visits	21,795	21,273	522	2.5%	158,215	174,056	(15,841)	-9.1%
Behavioral Health - Patient Days	1,882	2,140	(258)	-12.1%	16,611	18,312	(1,701)	-9.3%

# UNM Hospital YTD Stats Variance to Prior YTD Through March 2022

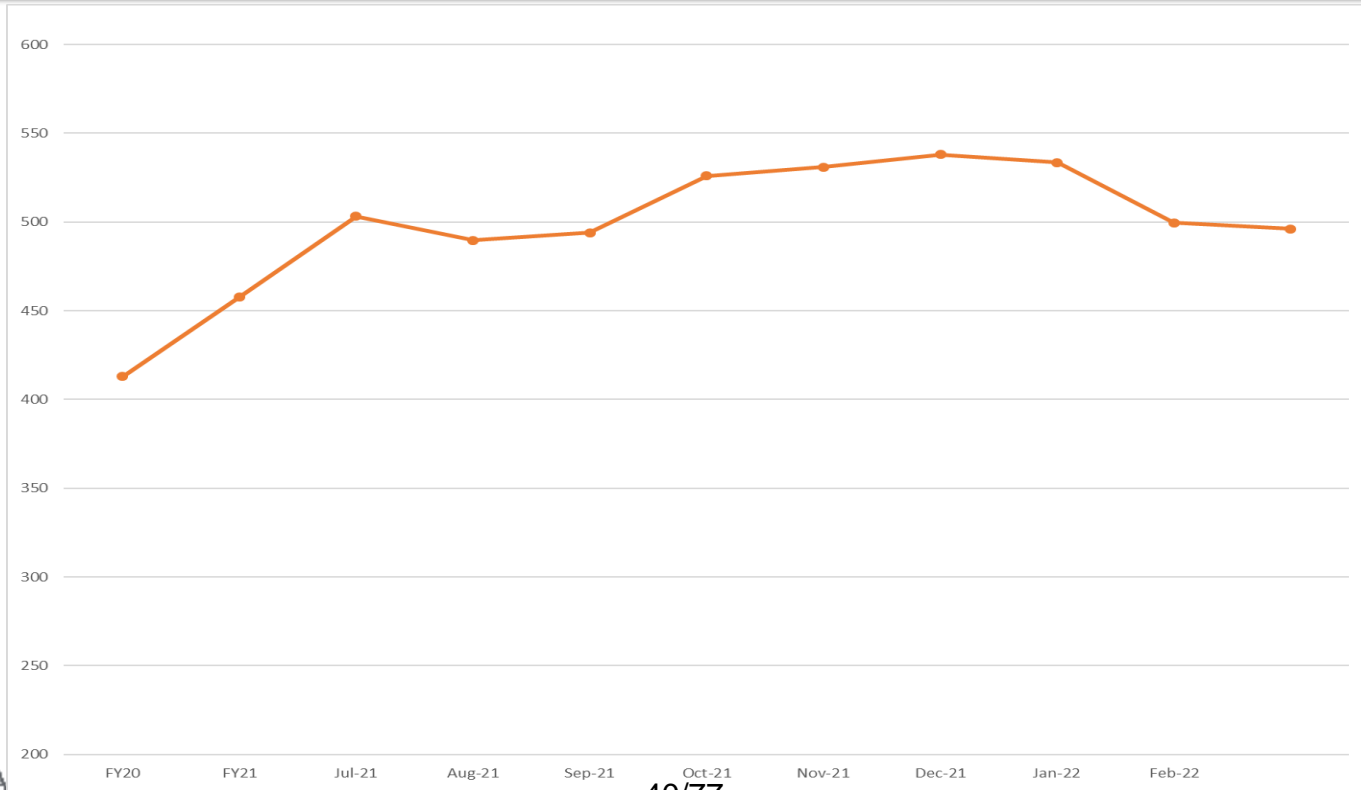


	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	2,094	2,061	33	1.6%	18,677	16,816	1,861	11.1%
Acute Patient Days	15,380	14,512	868	6.0%	140,416	123,762	16,654	13.5%
Observation Discharges	784	841	(57)	-6.8%	6,691	6,644	47	0.7%
Observation Patient Days	1,135	1,149	(14)	-1.2%	9,499	8,975	523	5.8%
Surgeries	1,850	1,827	23	1.3%	15,042	14,280	762	5.3%
ER Arrivals	6,843	6,261	582	9.3%	63,543	64,961	(1,418)	-2.2%
Primary Care Visits	17,104	15,552	1,552	10.0%	149,862	145,377	4,485	3.1%
Specialty Visits	32,917	29,266	3,651	12.5%	269,878	251,237	18,641	7.4%
Behavioral Health - Clinic Visits	21,795	19,072	2,723	14.3%	158,215	148,511	9,704	6.5%
Behavioral Health - Patient Days	1,882	1,945	(63)	-3.2%	16,611	17,080	(469)	-2.7%

# UNM Hospital CMI and ALOS Through March 2022

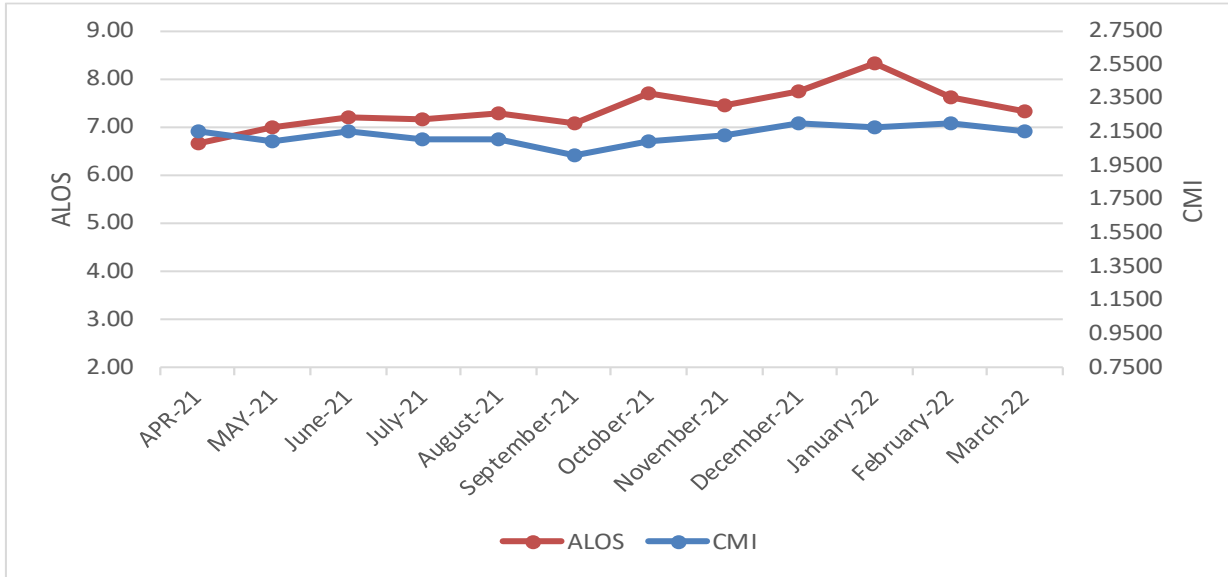


# UNM Hospital Average Daily Census Through March 2022

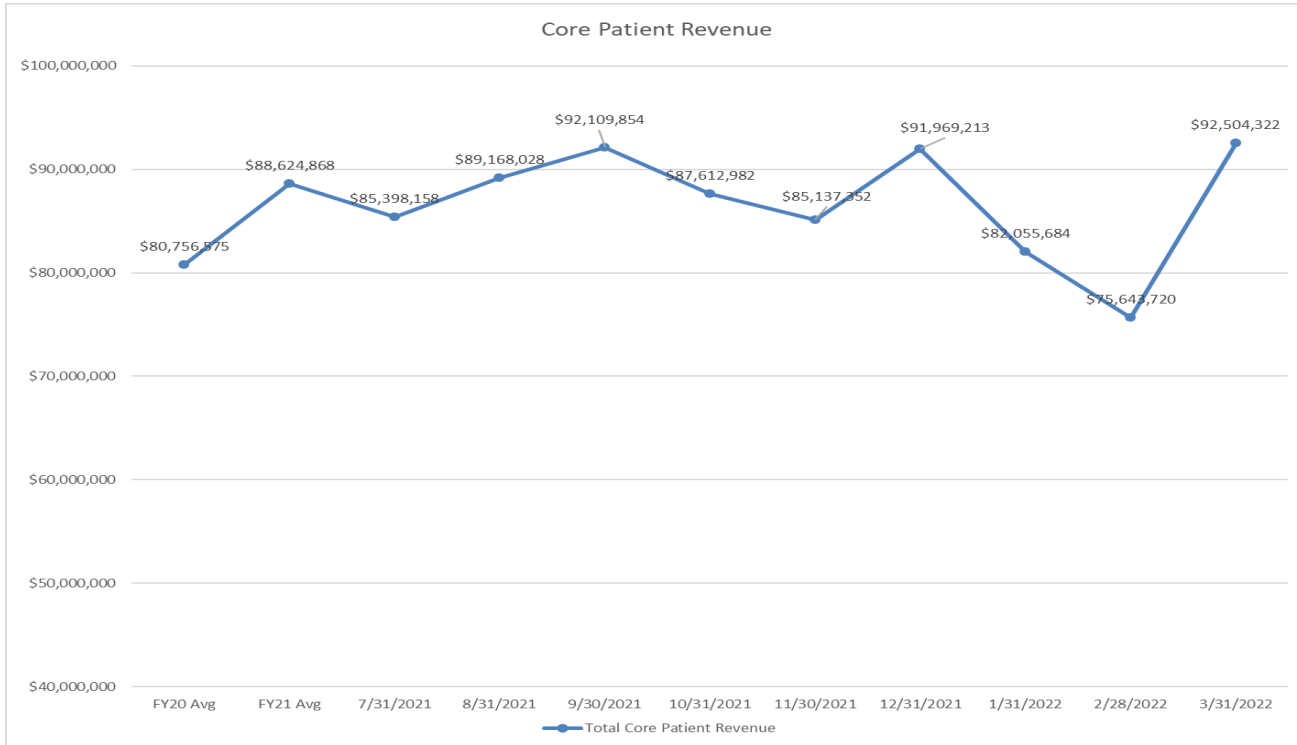




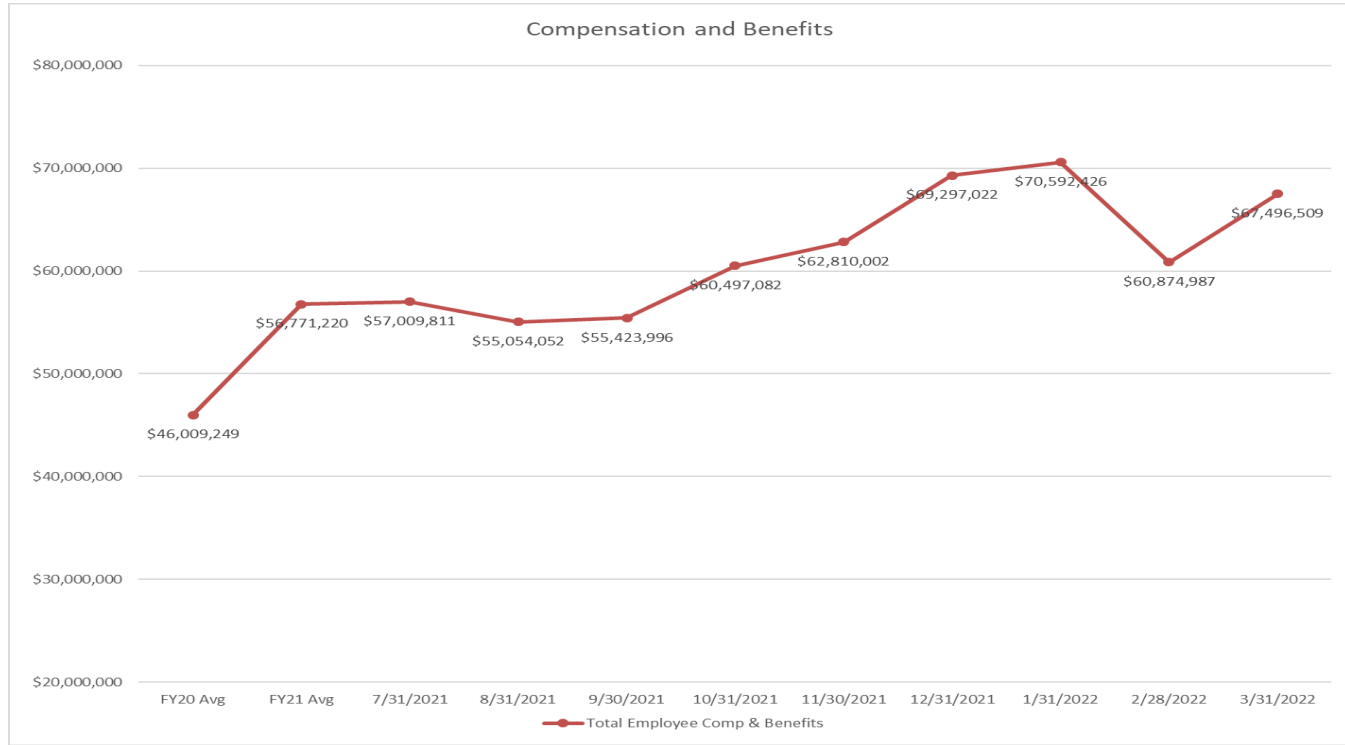
# UNM Hospital CMI and ALOS Monthly Trend Through March 2022



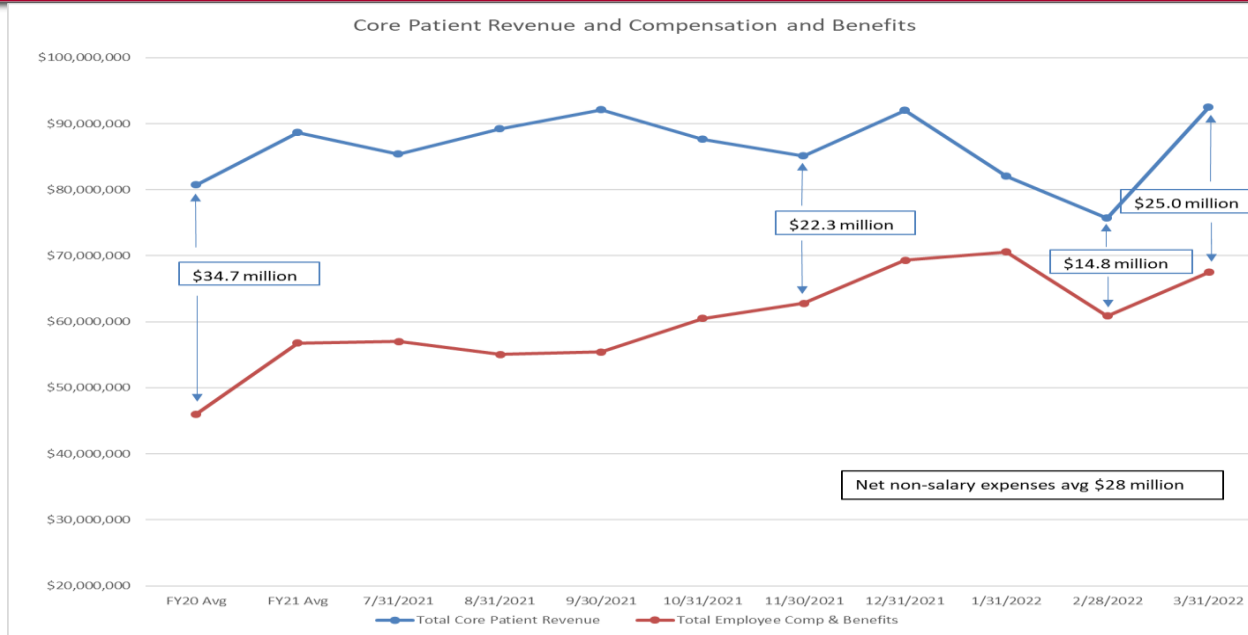
# UNM Hospital Patient Revenue Trend Through March 2022



# UNM Hospital Compensation and Benefits Trend Through March 2022



# UNM Hospital Revenues vs. Compensation and Benefits Through March 2022



	FY20 Avg	FY21 Avg	7/31/2021	8/31/2021	9/30/2021	10/31/2021	11/30/2021	12/31/2021	1/31/2022	2/28/2022	3/31/2022	YTD Actual
Total Operating Revenues	\$ 95,988,244	\$ 112,797,876	\$ 107,670,784	\$ 111,505,096	\$ 112,899,836	\$ 106,558,600	\$ 113,068,282	\$ 112,369,002	\$ 110,955,731	\$ 97,130,365	\$ 117,920,950	\$ 990,078,646
Total Operating Expenses	(99,835,668)	(116,692,442)	(114,879,463)	(118,403,573)	(116,931,158)	(121,027,920)	(124,645,968)	(133,010,725)	(134,703,023)	(119,413,425)	(132,697,619)	(1,115,712,874)
Total Net Nonoperating Revenue	15,218,531	21,084,852	10,841,951	10,545,655	3,226,990	10,209,738	10,877,225	14,574,368	13,495,549	10,125,024	11,827,017	95,723,517
Total INCREASE (DECREASE) IN NET	\$ 11,371,108	\$ 17,190,285	\$ 3,633,272	\$ 3,647,178	\$ (804,332)	\$ (4,259,582)	\$ (700,461)	\$ (6,067,355)	\$ (10,251,743)	\$ (12,158,036)	\$ (2,949,652)	\$ (29,910,711)

# UNM Hospital Financial Results Through March 2022

<i>\$ In Thousands</i>	<u>3/31/2022</u>	<u>YTD Actual</u>	<u>YTD Bud</u>	<u>Prior YTD</u>	<u>Actual to Budget</u>	<u>Actual to PYTD</u>
<b>Operating Revenues</b>						
Total Core Patient Revenue	\$ 92,504	\$ 781,599	\$ 793,174	\$ 789,960	\$ (11,575)	\$ (8,361)
Total Non Core Patient & Other Revenue	25,417	208,479	149,355	172,164	59,125	36,316
<b>Total Operating Revenues</b>	<b>\$ 117,921</b>	<b>\$ 990,079</b>	<b>\$ 942,529</b>	<b>\$ 962,124</b>	<b>\$ 47,550</b>	<b>\$ 27,955</b>
<b>Operating Expenses</b>						
Total Employee Comp & Benefits	\$ 67,497	\$ 559,056	\$ 455,811	\$ 513,912	\$ 103,245	\$ 45,144
Total Medical Services	21,079	184,767	172,077	168,812	12,690	15,955
Total Medical Supplies	21,998	177,045	169,982	163,083	7,063	13,962
Total Depreciation	2,970	25,958	25,096	25,536	862	422
Total Equipment & Occupancy	7,107	58,211	58,317	57,055	(107)	1,155
Total Purchased Services	7,148	68,965	68,613	66,849	352	2,116
Total Gross Receipts Tax & Other	4,900	41,711	39,922	41,374	1,788	336
<b>Total Operating Expenses</b>	<b>\$ 132,698</b>	<b>\$ 1,115,713</b>	<b>\$ 989,819</b>	<b>\$ 1,036,621</b>	<b>\$ 125,894</b>	<b>\$ 79,091</b>
<b>Total OPERATING (LOSS) GAIN</b>	<b>\$ (14,777)</b>	<b>\$ (125,634)</b>	<b>\$ (47,290)</b>	<b>\$ (74,498)</b>	<b>\$ (78,344)</b>	<b>\$ (51,137)</b>
<b>Non Operating Revenue and Expense</b>						
Total Bernalillo County Mill L	\$ 9,344	\$ 86,302	\$ 83,740	\$ 80,228	\$ 2,562	\$ 6,075
Total Appropriations	1,140	10,262	10,262	10,047	-	215
CARES Act Funding	-	4,397	-	61,517	4,397	(57,120)
Total Nonoperating Rev/Exp (net)	1,342	(5,238)	(11,690)	(12,879)	6,453	7,641
<b>Total Net Nonoperating Revenue</b>	<b>\$ 11,827</b>	<b>\$ 95,724</b>	<b>\$ 82,312</b>	<b>\$ 138,913</b>	<b>\$ 13,412</b>	<b>\$ (43,189)</b>
<b>Total Change in Net Assets</b>	<b>\$ (2,950)</b>	<b>\$ (29,911)</b>	<b>\$ 35,022</b>	<b>\$ 64,415</b>	<b>\$ (64,933)</b>	<b>\$ (94,326)</b>

# UNM Hospital Executive Summary Through March 2022

UNM Hospitals	Action OI Benchmark	Mar-22	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		7.34	7.52	6.61	-13.79%	7.36	-2.15%
Case Mix Index		2.16	2.13	2.20	-3.25%	2.23	-4.35%
CMI Adjusted Patient Days *	60,355	72,427	610,228	559,324	9.10%	562,651	8.46%
Net Core Patient Revenues (\$ in thousands)		\$ 92,504	\$ 781,599	\$ 793,174	-1.46%	\$ 789,960	-1.06%
Total Operating Expenses** (\$ in thousands)		\$ 130,654	\$ 1,097,583	\$ 974,497	-12.63%	\$ 1,020,322	-7.57%
Net Operating Income (\$ in thousands)		\$ (14,777)	\$ (125,634)	\$ (47,290)	-165.67%	\$ (74,498)	-68.64%
Net Income (\$ in thousands)		\$ (2,950)	\$ (29,911)	\$ 35,022		\$ 84,415	
Net Core Revenue/CMI Adj Patient Day		\$ 1,277	\$ 1,281	\$ 1,418	-9.68%	\$ 1,404	-8.77%
Cost**/CMI Adj Patient Day	\$ 1,904	\$ 1,804	\$ 1,799	\$ 1,742	-3.24%	\$ 1,813	0.81%
FTEs		7,147	7,098	7,164	0.92%	6,867	-3.36%

\* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2021 the 50th percentile is 181,066. The metric above divided by three months for comparative purposes.

\*\* Operating expenses exclude Contract Retail Pharmacy Expense

# FY23 Operating Budget Finance Comm 4.27.22 bmv



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UNM HOSPITAL  
FY22 REVISED AND FY23 OPERATING BUDGET  
APRIL 27, 2022



# FY22 Revised and FY23 Operating Budget

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BUDGET DRIVING VARIABLES

# Budget Driving Variables

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## Inpatient beds at capacity

- Reduction of length of stay to pre-high census/COVID

## Uncertainties

- Transition to hire local workforce rather than contract labor
- What is the “new normal”?
- Continuing capacity issues possible

## Implement telehealth system

## Manage new tower build and development along with day to day operations

## Volume and Revenue changes

- Return to pre-COVID-19/high census activity levels
  - CMI expected to level out at approximately 2.10
  - Decrease patient days -5.0% (10,200 days)
  - Increase primary care clinic visits 7% (approximately 11,500 visits)
  - Increase surgeries 3% (546 cases)

# Overview of Budget Process

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## 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)

## Expenses

- FTEs in alignment with volume changes
- Contract labor – expected reduction based on decline in volumes
- Standard inflation assumptions
- Incorporate known changes to line items

## 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

# FY23 Budget Statistics

	FY2020 Actual	FY2021 Actual	FY2022 Annualized	FY2023 Budget	FY22 to FY23 Change	% Change
<b>Nursing Division</b>						
Inpatient Days	156,128	171,600	192,471	182,271	(10,200)	-5%
Inpatient Discharges	24,661	25,127	27,126	26,396	(730)	-3%
Observation Discharges	10,867	9,114	8,998	10,900	1,901	21%
Emergency Visits	80,100	101,494	79,592	84,693	5,101	6%
Urgent Care Visits	17,681	10,404	20,027	16,800	(3,227)	-16%
Operations	18,198	19,661	19,788	20,334	546	3%
Births	2,894	2,749	2,909	2,910	2	0%
<b>Ambulatory</b>						
Primary Care Clinics	154,149	160,768	161,373	172,938	11,565	7%
Specialty Clinics	350,452	374,195	393,438	392,765	(673)	0%
<b>Ancillary Services</b>						
Lab Services	2,814,579	3,101,071	3,049,773	3,163,855	114,082	4%
Pharmacy	4,009,704	4,203,561	4,869,632	4,651,226	(218,405)	-4%
Radiology	298,083	323,606	343,379	341,066	(2,313)	-1%
Rehab Services	698,390	781,420	876,071	883,254	7,183	1%
Case Mix Index	2.08	2.20	2.13	2.10	(0)	-1%

# FY23 Behavioral Health Budget Statistics

	FY2020 Actual	FY2021 Actual	FY2022 Annualized	FY2023 Budget	FY22 to FY23 Change	% Change
Patient Days	23,526	22,698	22,094	22,158	64	0%
Other Stats						
Outpatient Visits	50,992	55,287	50,159	56,343	6,184	12%
Midlevel	141,685	142,742	154,469	150,889	(3,580)	-2%
Methadone & Buprenorphine	146,783	171,026	153,153	167,403	14,250	9%
Average Patients per day	402	469	420	459	39	9%

# FY22 Revenue and Expense Assumptions

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- Census will continue at current levels with decrease in COVID patients, offset by increase in surgical patients
- Medicaid - Directed payment
  - Quality metrics – Calendar Year 2021 pending confirmation of goals met, 50% included (\$4M)
  - Quality metrics increase – Calendar Year 2022 pending CMS approval, 50% Jan-Jun included (\$9M)
- Contract Labor
  - Decrease in utilization of travelers
  - Increased recruitment of employed nurses, techs and ancillary staff
  - Decrease in rates paid to travelers

# FY23 Revenue Assumptions

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- Operating Revenue is expected to remain flat relative to FY22 reforecast
- Inpatient access
  - Inpatient volumes to decline with the OMICRON surge and crisis standards of care winding down prior to the beginning of the fiscal year
  - Discharges to remain consistent with historical length of stay
  - Case Mix Index to remain relatively flat
- Ambulatory access
  - Programs are being developed to identify preventable avoidable admissions, expansion of home care offering and comprehensive navigation services
  - Primary Care clinics are expected to increase with the implementation of these programs
  - Specialty Care clinics are expected to see increases in the neuro sciences and women's care
  - Gallup multi-disciplinary clinic is expected have consistent volumes with the previous year as it continues to develop its presence in the community
- Surgeries are also expected to increase 3%

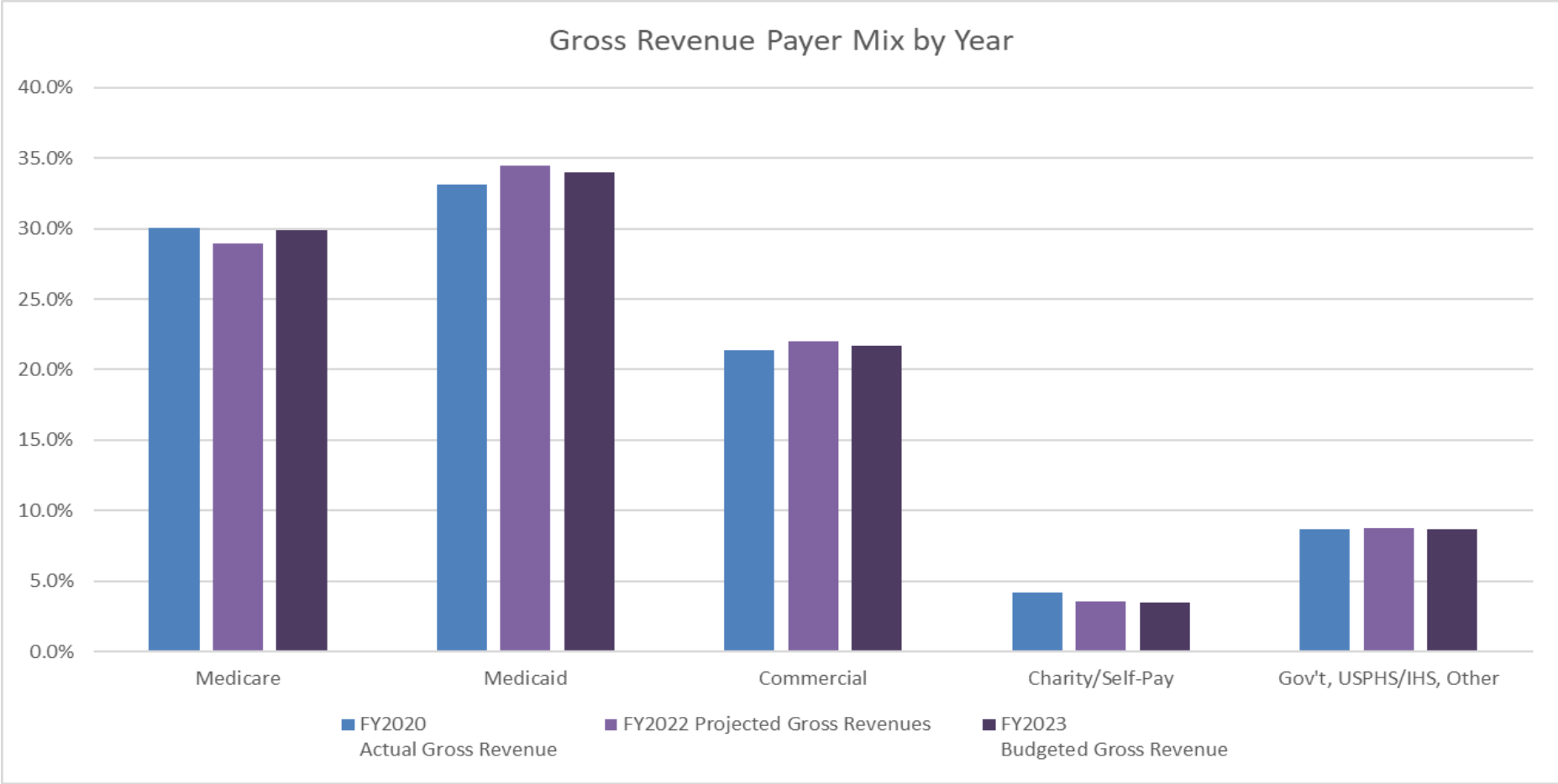
# FY23 Contracting & Governmental Impacts

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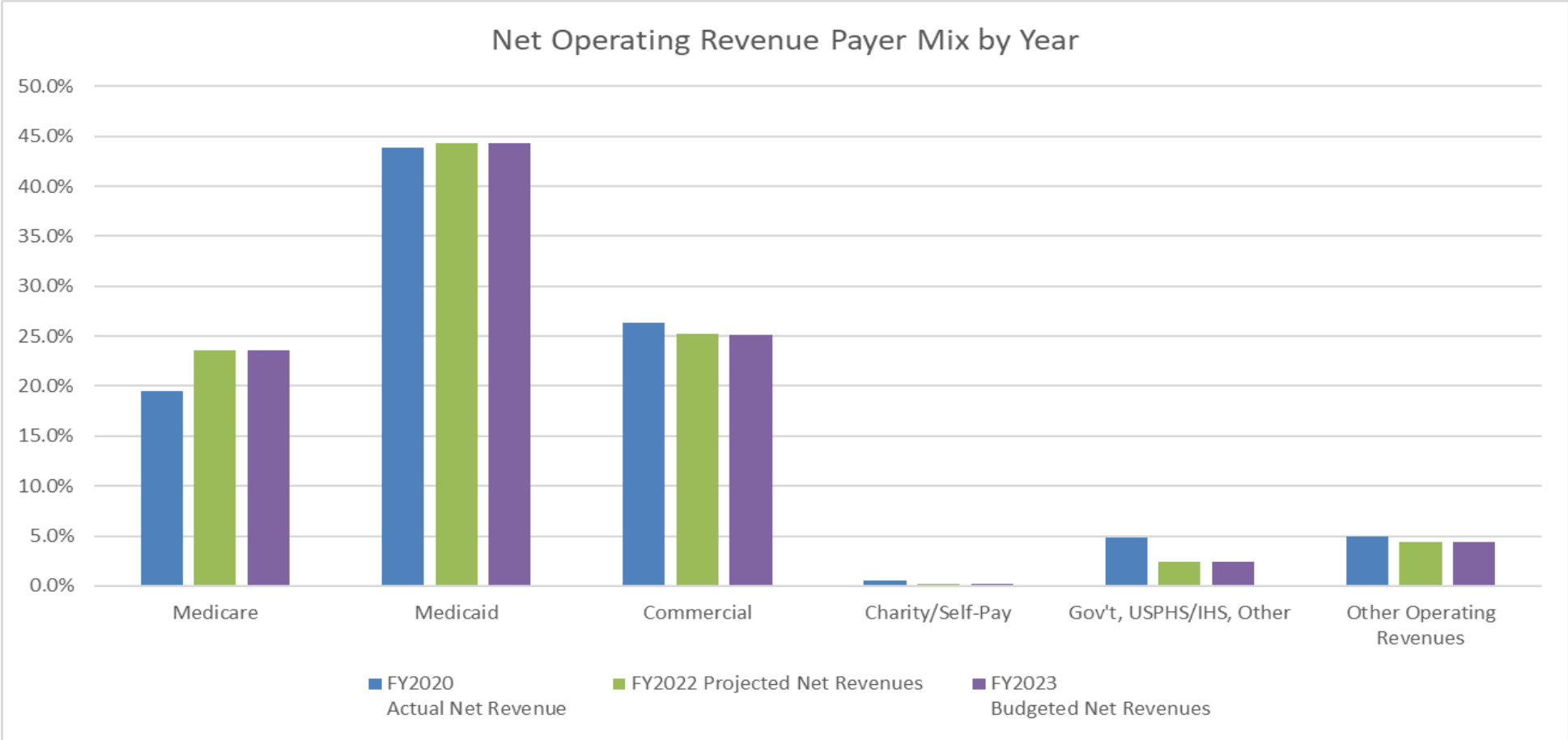
- No known changes in existing Payer contracts
- Medicaid
  - COVID relief – FY2022 legislative action – details pending
  - Payment increase – FY2022 legislative action – 1% increase included in budget
  - Directed payment – quality metrics increase – pending CMS approval, 50% included in budget (\$18M)
- Medicare – Expected increase in wage index October 1, 2022
- Commercial payers – no projected increases in payment rates



# FY23 Gross Payer Mix



# FY23 Net Payer Mix



# FY23 Expense Assumptions

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- Compensation and Benefits decrease (\$31M)
  - FTEs in alignment with volume changes
  - Mercer Compensation implemented in FY22 with an overall wage increase not exceed 2%
  - Health Insurance increases approximately 4%
  - Contract Labor expected to decline in FY23 as volumes align to normal operating level
  - Increase in employed labor commensurate with decrease in contract labor
- Housestaff increase \$3.7M
  - Expansion of programs and residents in psychiatry, infectious disease, surgery, epilepsy, hospice/palliative, neurology and cardiology
- Physician programs increase \$8M
  - Expansion of Hospitalist program
  - State wage increase for faculty
- Supplies increase \$8M
  - 2-4% inflation for supplies & pharmaceuticals
- Equipment increase \$8M
  - Ongoing renovations & repairs of existing facilities
  - Continued roll out of laptop workstations

# FY23 Non Operating Assumptions

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- Non Operating Revenue & Expense
  - Mill Levy increase \$2.3M – consistent with prior average annual increases
  - State Appropriations increase \$2.2M for wage rate increases at the state level
  - Interest Expense increases \$5.6M with the new debt acquired for the new hospital tower

# FY23 Behavioral Health Program Included in Budget

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- Care Campus (MATS) – continuing program development
- Intensive outpatient treatment program development
- Crisis triage center planning
- Access to crisis services – continue program planning and development
- Expansion of telehealth services – COPE clinic is pilot department
- Continued expansion of the health home
- Development of a Transitional Age Clinic

# FY23 Operating Budget

	FY2020 Actuals	FY2021 Actuals	FY2022 Rereforecast	FY2023 Budget	FY23 to FY22 Difference
<b>Total Operating Revenues</b>	\$ 1,151,858,931	\$1,353,574,512	\$ 1,344,058,818	\$ 1,344,754,482	\$ 695,664
<b>Expenses:</b>					
Salaries & Benefits	551,852,402	681,058,326	728,879,598	697,796,795	(31,082,803)
Housestaff	34,924,884	35,717,549	38,861,590	42,573,822	3,712,232
UCP	86,585,192	105,268,822	108,806,628	116,750,749	7,944,121
Cancer Center	15,824,844	26,758,258	26,607,729	30,478,234	3,870,505
Other Medical Services	57,538,622	67,246,743	68,972,053	70,427,675	1,455,622
Medical Supplies	214,151,290	236,139,071	249,818,662	257,814,429	7,995,767
Equipment/Occupancy/Depreciation	106,409,327	110,969,618	110,059,363	118,161,384	8,102,021
Purchased Services/Supplies/Other	91,573,928	90,490,316	92,096,569	89,996,698	(2,099,870)
Health System	44,430,458	10,365,302	11,804,101	13,459,528	1,655,427
Gross Receipts Tax	23,310,950	25,698,897	24,793,053	24,586,141	(206,911)
Institutional Support	9,978,694	10,596,412	11,303,801	11,303,801	-
<b>Total Expenses</b>	<b>1,236,580,591</b>	<b>1,400,309,314</b>	<b>1,472,003,147</b>	<b>1,473,349,257</b>	<b>1,346,110</b>
<b>Total Operating Gain (Loss)</b>	<b>(84,721,660)</b>	<b>(46,734,802)</b>	<b>(127,944,329)</b>	<b>(128,594,775)</b>	<b>(650,446)</b>
<b>Non Operating Revenue and Expenses</b>					
Mill Levy	108,619,093	112,132,446	117,739,068	120,005,545	2,266,477
State Appropriations	47,816,118	13,396,400	13,961,299	16,184,399	2,223,100
Interest Expense	(2,934,229)	(2,814,507)	(3,448,218)	(9,084,713)	(5,636,495)
Other Non Operating Revenues	29,329,979	11,358,379	10,786,265	6,418,395	(4,367,870)
Other Non Operating Expenses	(208,581)	60,945,503	(9,352,552)	(1,845,295)	7,507,257
<b>Total Non Operating</b>	<b>182,622,380</b>	<b>195,018,221</b>	<b>129,685,862</b>	<b>131,678,330</b>	<b>1,992,469</b>
<b>Increase (Decrease) in Net Position</b>	<b>\$ 97,900,720</b>	<b>\$ 148,283,419</b>	<b>\$ 1,741,533</b>	<b>\$ 3,083,556</b>	<b>\$ 1,342,022</b>

# FY23 Capital Budget 04.26.22 Revised

# UNM Hospitals

Fiscal Year 2022 Capital Budget  
Revision

Fiscal Year 2023 Capital Budget

April 27, 2022



# Areas of Focus Capital

- Medical Equipment - \$18.5M
  - Radiology – (IR, CT/PET) - \$5.5M
  - Operating Room (Anesthesia machines, Sterilization, Ophthalmology OR) - \$5M
  - Clinics - \$2M
  - All other inpatient and ancillary - \$6M
- Renovations & Construction - \$41M
  - Movement Disorder & Senior Care Clinics - \$8.7M
  - Clinics (code required renovations, Ophthalmology) - \$6.8M
  - Life safety, HVAC, Electrical, Medical Vacuum - \$4.7M
  - Behavioral Health (Psychiatric emergency service expansion) - \$13.3M
  - Children’s Psychiatric Hospital replacement - \$4.0M (state severance bonds)
  - Ancillary & Other- \$3.5M
- Information Technology - \$6M
  - Storage expansion, networking - \$4.1M
  - Electronic Medical Record– \$800K
  - Other clinical and support systems (Radiology, Emergency Management, Security) - \$1.1M

## FY 2022 and FY 2023 Sources of Funds – Major Projects

### Sources of Funds

UNMH Capital Funding

Other Funding

State Appropriations/Bonds

UNMH Capital Reserve Funding

### Total Funding Sources

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
\$ 32,366,692	\$ 34,026,970	\$ 37,427,037
2,000,000	2,254,368	1,500,000
1,633,308	1,633,308	4,000,000
14,836,616	19,135,297	22,572,963
<b>\$ 50,836,616</b>	<b>\$ 57,049,943</b>	<b>\$ 65,500,000</b>

- UNMH Capital Fund – equivalent to the Hospital’s annual depreciation. Depreciation is a non-cash item.
- Other Funding – donations received for capital expenditures, primarily medical equipment.
- State Appropriations – Capital appropriations received for specific projects.
- UNMH Capital Reserve Fund – the source of these funds is the accumulated excess of Hospital revenues over expenses. These funds are designated for use in building, expanding, and repairing facilities used by the Hospital.

# FY 2022 and FY 2023 Sources of Funds – Major Projects

## Inpatient Units

Medical Equipment and Renovations

### Total Inpatient Units

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
3,666,682	3,339,369	5,677,915
<b>\$ 3,666,682</b>	<b>\$ 3,339,369</b>	<b>\$ 5,677,915</b>

## Ancillary Areas

Surgical Services Renovation and Equipment

Radiology - IR

Cath Lab Equipment and Renovation

Other Radiology Equipment and Renovations

Other Ancillary Equipment and Renovations

### Total Ancillary

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
\$ 3,000,000	\$ 4,996,025	\$ 5,000,000
2,656,905	2,075,625	-
1,528,133	-	-
2,100,285	4,570,336	5,905,000
1,563,007	4,052,296	500,132
<b>\$ 10,848,330</b>	<b>\$ 15,694,282</b>	<b>\$ 11,405,132</b>

# FY 2022 and FY 2023 Sources of Funds – Major Projects

## Ambulatory

Movement Disorder/Senior Care Clinic  
Other Clinic Equipment and Renovations  
**Total Ambulatory**

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
\$ 14,836,616	\$ 14,634,143	\$ 9,272,963
\$ 5,686,208	\$ 5,727,715	\$ 7,710,080
<b>\$ 20,522,824</b>	<b>\$ 20,361,858</b>	<b>\$ 16,983,043</b>

## Building and Infrastructure

Life Safety, fire sprinklers, bldg renovations  
Plumbing repairs, domestic soil pipe replacement, boiler  
**Total Building and Infrastructure**

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
4,251,521	2,380,830	4,670,000
\$ 2,250,000	\$ 2,341,000	\$ 2,700,000
<b>\$ 6,501,521</b>	<b>\$ 4,721,830</b>	<b>\$ 7,370,000</b>

# FY 2022 and FY 2023 Sources of Funds – Major Projects

## Information Technology

Electronic Medical Record  
 Systems upgrades and expansions  
 Network  
 Other IT Hardware and Software  
**Total Information Technology**

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
\$ 1,331,218	\$ 405,415	\$ 811,663
700,000	679,189	1,301,506
2,819,700	3,080,119	2,819,219
861,892	1,065,680	1,067,612
<b>\$ 5,712,810</b>	<b>\$ 5,230,402</b>	<b>\$ 6,000,000</b>

## Other Clinical Operations and Support Services

ASAP/Carrie Tingely/UNMPC/CPC  
 Behavioral Health Crisis Triage Center  
 Lamberton Building  
 CPC Building  
**Total Other Clinical Operations & Support Services**

FY 2022 Original	FY 2022 Revised	FY 2023 Budget
\$ 3,584,449	\$ 1,201,047	\$ 763,911
-	2,000,000	13,300,000
-	4,501,154	-
-	-	4,000,000
<b>\$ 3,584,449</b>	<b>\$ 7,702,201</b>	<b>\$ 18,063,911</b>

**UNM Hospital Tower Project  
Update**

# FINAL HS Report for April 2022 BoT.1 Dr Richards

## MEMORANDUM

**To:** UNMH Board of Trustees

**From:** Mike Richards, MD  
Senior Vice Chancellor Clinical Affairs, UNM Health System

**Date:** April 29, 2022

**Subject:** Monthly Health System Activity Update

This report represents unaudited year to date March 2022 activity and is compared to audited year to date March 2021 activity.

**Activity Levels:** Health System clinical activity remains exceptionally high, particularly in adult inpatient activity. In comparison to prior year, key clinical measures include:

- Total inpatient days are up 11%
  - UNMH adult inpatient days are up 12%
  - SRMC adult inpatient days are up 16%
- Total discharges are up 6%
  - UNMH adult discharges are up 2%
  - SRMC adult discharges are up 7%
- Adult length of stay (without obstetrics) is up 10%
- Case Mix Index (CMI) is down 4%
- Total outpatient activity is up 2%
  - Primary care clinic visits are up 1%
  - Specialty and other clinic visits are up 7%
  - Emergency visits are down 21% over prior year
- Surgical volume is up 7%
- Births are up 8%
- UNM Medical Group RVUs are up 10%

**Finances:** Health System had total year-to-date operating revenue of \$1,261 million, representing a 4% increase over prior year. Total non-operating revenue was \$125 million, representing a 35% decrease over prior year. This reduction was primarily driven by overall reduction in CARES Act Funding recognized for the same time period last year. Additionally, UNMH received \$20 million in Capital Initiatives last year and this year expensed \$7.5 million in Debt Issuance Costs that reduced this amount further. Total operating expenses were \$1,395 million, representing an 8% increase over prior year. Health System margin was (\$8.5) million as compared to \$108 million prior year, driven by the decrease in CARES Act funding and increased labor costs above increased operating revenue.

The balance sheet is stable with a current ratio of 2.17 as compared to 2.38 prior year. The cash and cash equivalents for UNM Health System is \$493.2 million as compared to \$606.9 million prior year. Net patient receivables are up 7% and total assets are up 1%. Total liabilities are up 4% over prior year. Total net position is down 1% over prior year.



# CEO Board Report April 2022

**MEMORANDUM**

**To:** Board of Trustees

**From:** Kate Becker  
Chief Executive Officer

**Date:** April 29, 2022

**Subject:** UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through March 2021.

**Finance:** Inpatient adult volume is better than budget by 16% for the fiscal year to date. Inpatient pediatric volume is better than budget by 10% for the year. Observation days are below budget by 27% year to date. Total inpatient discharges are 1% higher than budget year to date. Case mix index is lower than prior year by 3% at 2.13 year to date and average length of stay is at 7.5 days, compared to 7.4 days prior year to date. Outpatient clinic visits are 1% greater than budget for the year. Emergency department arrivals are below year to date budget by 13%. Behavioral health patient days are under budget by 2.7% and behavioral health clinic visits are under budget by 6.5% year to date. Net margin year to date is negative at -\$29.9 million with zero set aside for capital investment. Net patient revenues are positive compared to year to date budget and prior year. Operating expenses are over budget by \$126 million, primarily in employee compensation and benefits. Non-operating revenues are over budget by \$13.4 million, including \$4.4 million in Phase IV CARES Act funding received in December.

**Native American Liaison:** Total Native American inpatient stays for 1Q2022 were 1,019, inpatient days were 8,661 days, and total outpatient encounters visits were 26,010. Native American Health Services initiated contact with all 20 Pueblos, and the Apaches and Navajo Nation, and our I.H.S. partners for both Navajo Area and Albuquerque Area offices, and NM State Native American Liaison office by sending a greeting card and package of promotional items. NAHS Manager, Tahnee Pecos, and her team of liaisons will be initiating dialogue with leaders of NM Pueblos, Tribes, and Nations to ensure orientation is made for the year of 2022 on behalf of UNMH. Professional production of UNMH's rich history with NM Pueblos, Tribes, and Nations, I.H.S., and Bernalillo County is set to beginning filming by end of April and to have finished product available by June of 2022. The next I.H.S. quarterly meeting is scheduled on June 7, 2022.

**Bernalillo County:** The Behavioral Health Crisis Center RFP was issued in late March with responses due from potential bidders by mid-May. Existing UNMH programs on the Crisis Center building site will be moving to the new Lamberton Building before the end of May. UNMH is working with County Behavioral Health Leadership to start a Transition Age Clinic located at UNM Psychiatric Center for patients transitioning from the child to adult behavioral health system. This clinic is planned to be in operation by the late summer. UNMH is also in the process of expanding access for primary clinic expansion as part of our obligations under the most recent UNMH lease MOU. This will include the relocation and of the Senior Health Clinic, expansion of the current Lobo Care Clinic, and planning for a new primary clinic likely in the Southwest part of the County.

# CMO BOT Update April 2022\_v1

**Date:** April 29, 2022  
**To:** UNMH Board of Trustees  
**From:** Alex Rankin, MD  
UNMH Associate Chief Medical Officer of Adult Throughput and Clinical Affairs

### Expedited Credentialing Update

We had our first off-cycle expedited credentialing meeting for applicants who have passed a rigorous initial screening by the Medical Staff Affairs office on March 22. The Expedited Credentials meeting saved a full month of waiting time because they could directly start practice rather than wait for the April Credentials, MEC and Board Quality and Safety meetings to occur. We are grateful for the support of the Quality and Safety sub-committee to help us more efficiently get our providers caring for New Mexico patients as quickly as possible.

### Hospital Rightsizing Update

Following up on some of the efforts Dr. Agostini mentioned at the January meeting, we continue to work on various initiatives and partnerships around rightsizing for UNMH. Here are a few examples:

- Genesis skilled nursing facility
  - This partnership continues with Genesis to hold beds for patients being discharged from UNMH that need post-acute care. We continue working closely with the company to increase the number of available beds to help move our patients to the most appropriate level of care as soon as it is needed.
  - Their dialysis unit is running and at full capacity. They continue to work the long-term goal of implementing a stable tracheostomy unit, a substance use disorder unit, and a wound care unit, staffing shortages are creating barriers.
  - We hope that when these programs are up and running, our UNMH patients will receive these specialized care services. We are grateful for this partnership and look forward to continuing our work with Genesis.
- Discharge Clinic:
  - Currently scheduling four patients per day and we will be increasing this to six patients per day.
  - The clinic continues to improve their no-show rates.

### PALS Update

I'd like to recognize **Dr. Becky Fastle**, ACMO for Care Management and the Transfer Center, for continuing to help lead the implementation of the PALS triage physician role. We hope to have this position filled 24/7 in July. The assistance of these physicians in PALS is helping to reduce the time and coordination needed by our faculty when they take patient transfer request calls through PALS.

The PALS leadership team is also working closely with UNM nursing and physician leadership to develop a plan for slowly getting back to accepting more patient transfers when the UNMH census returns to a more manageable level. In the meantime, the PALS triage physician continues to screen incoming transfer requests and, for select patients whom UNMH is the only facility that can provide the care they need, are trying to find ways to accept those patients as space allows.

### TJC Survey Update (Provider Perspective)

As you know, UNM Hospital underwent its triennial survey by the Joint Commission in March. We have now received the final report and there are two medical staff findings that will need a plan for correction. Medical Staff Affairs is working with Mike Chicarelli, COO, and the Regulatory team to develop a corrective plan to submit to TJC.

### Welcome New CMO Team Members!

Welcome to **Dr. Nivine Doran** who accepted the position of **UNMH Associate Chief Medical Information Officer (ACMIO) for Perioperative/Operative Services** this past February (Dr. Tony Yen was previously in this position). Dr. Doran has been at UNMH for 26 years and is a Professor in the Department of Anesthesiology and Critical Care Medicine. She has served as Vice Chair for Clinical Operations since 2012. Her clinical practice includes pediatric and general adult anesthesiology. She is excited to join the clinical informatics team and looks forward to developing collaborative initiatives within the UNM Health System to support safer patient care.

Welcome to **Dr. Mary Billstrand** who accepted the role of **UNMH Executive Anesthesiology Director of Surgical Services** last month. In this position, Dr. Billstrand will report directly to Dr. Agostini as the Chief Medical Officer and work closely with nursing leadership and the Executive Surgeon Director of Surgical Services. Dr. Billstrand is currently the Medical Director of the Outpatient Surgery and Imaging Services (OSIS). She previously served as the Division Chief of Regional Anesthesia and Perioperative Pain Medicine. Her clinical practice includes regional and adult anesthesiology. Dr. Billstrand has a special interest in developing processes and streamlining services. She developed and implemented an outpatient ECT service as well as ran the Acute Pain Service at the main hospital.