UNM HOSPITALS

UNM Hospitals Board of Trustees
<mark>**OPEN SESSION –AGENDA**</mark>
<mark>**Friday, January 25, 2019 at 9:00 AM**</mark>
Barbara and Bill Richardson Pavilion Conference Room 1500

I.   CALL TO ORDER – Jerry McDowell, Ph.D., Chair, UNM Hospital Board of Trustees

II.   ANNOUNCEMENTS (Informational)

III. ADOPTION OF AGENDA (Approval/Action)

IV. CONSENT ITEMS – Bonnie White (Approval/Action)
- Disposition of Assets - $207,522.90
- Repair, Renew, Replace Capital Project – UPC-PES-Expansion Renovation - $1,300,000
- Repair, Renew, Replace Capital Project – UPC Adult Inpatient–Inpatient BHICU, Comfort Rooms - $1,400,000
- Repair, Renew, Replace Capital Project – UH Main, Safety – Fire Alarm System $1,500,000
- Repair, Renew, Replace Capital Project – UNMH Main 10 & 11 Roof Replacement $979,242
- Consent Item - Program Management – MMF $6,789,262
- Consent Items - Architect/Design – MMF

V.   PUBLIC INPUT (Informational)

VI. APPROVAL OF THE MINUTES
- December 21, 2018 UNMH Board of Trustees Meeting Minutes – Jerry McDowell, Ph.D., Chair **(Approval/Action)**

VII. MISSION MOMENT – Mike Chicarelli, DNP, RN, CEN (Informational)

VIII. BOARD INITIATIVES
- Chairman's Report – Jerry McDowell, Ph.D., Chair **(Informational)**
  - ❖ UNMH BOT Committee Assignments – 4 Members
- UNM Hospitals BOT Policy for New Board Member(s) – Kate Becker **(Approval/Action)**
- UNM Hospitals BOT Audit and Compliance Charter – Kate Becker **(Approval/Action)**
- TCPi – Kori Beech, DNP, MSN, CFNP / Gail Hammer / Zach Johnson **(Informational)**
- UNMH BOT Community Engagement Committee Charter – Christine Glidden, UNMH BOT Co-Chair **(Approval/Action)**

IX. ADMINISTRATIVE REPORTS (Informational)
- Chancellor for Health Sciences - Paul Roth, MD
- HSC Committee Update – Michael Richards, MD
- CEO Report UNM Hospitals – Kate Becker
- UNM Board of Regents Update – Kate Becker
- CMO Report UNM Hospitals – Irene Agostini, MD

X.   COMMITTEE REPORTS (Informational)
- Quality and Safety Committee – Raymond Loretto, DVM
- Finance Committee – Terry Horn
- Audit & Compliance Committee – Jerry McDowell
- Native American Services Committee – Erik Lujan
- Community Engagement Committee – Christine Glidden

XI. OTHER BUSINESS
- December Financials – Bonnie White **(Informational)**

XII. CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session
(Approval/Action – Roll Call Vote)

a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA" as to the following:

Permanent Appointments	
Abeita Chavez, Erica, CNP	Neurology
Baaj, Mohamad Karam, MD	Internal Medicine
Fournier, Falon, CNP	Emergency Medicine
Hamilton, Marnelli, CNP	Family Medicine
Hardy, Constance, MC	Internal Medicine
Harlyn, Richard, CNP	Internal Medicine
Kiernan, Michael, MD	Pediatrics
Menke, Jake, AA-C	Anesthesiology
Paudel, Keshab, MD	Internal Medicine
Rupley, Dawn, CNP	Pediatrics
Stewart, Melanie, CNP	Neurology
Wojtczak, Henry, MD	Pediatrics

Reappointments	
Anderson, Teresa, MD	Pediatrics
Aragon, Victoria, PhC	Anesthesiology & Critical Care
Archuleta, Milena, CNP	Pediatrics
Bachicha, Angela, CNP	Pediatrics
Blodgett, Frederick, CNP	Family & Community Medicine
Clegg, Stacey, MD	Internal Medicine
Dalen, Kerry, CNP	Emergency Medicine
Ellington, Sylvia, PA-C	Family & Community Medicine
Fabian, Kathleen, CNP	Pediatrics
Garcia, Jennifer, MD	Pediatrics
Glass, David, MD	Emergency Medicine
Goldenberg, May, PA-C	Family & Community Medicine
Gonzales, Nina, MD	Psychiatry
Gurule, Francheska, MD	Family & Community Medicine
Hadid, Senan, MD	Pediatrics
Heubeck, Maria, MD	Pediatrics
Hoch, Benjamin, MD	Pathology
Hunt, Wesley, AA-C	Anesthesiology & Critical Care
Hurt, Hans, MD	Emergency Medicine
Jacob, Seema, PsyD	Pediatrics
Kondor, Nataliya, CNP	Internal Medicine
Liem, Benny, MD	Internal Medicine
McKernan, Rebecca, CNS	Pediatrics
Merrett, Michelle, PA-C	Ortho

Mozurkewich, Ellen, MD	Obstetrics & Gynecology
Murphy, Sarah, PA-C	Emergency Medicine
Nelson, Holly, MD	Pediatrics
Quintana, Dulcinea, MD	Internal Medicine
Retunski, Maria, CNP	Neurosurgery
Salazar, Tony, MD	Emergency Medicine
Tran, Hien, CNM	Obstetrics & Gynecology
Urrea, Nicole, MD	Pediatrics
Walker, Camille, CNP	Surgery
Woodards, Amanda, CNP	Internal Medicine

Expansion of Privileges	
Bourbon, Albert, PA-C	Pediatrics
Bullard-Berent, Jeffrey, MD	Emergency Medicine
Hager, Brant, MD	Psychiatry
Meyer, Viveca, MD	Psychiatry
Mishra, Monika, MD	Neurology
Tran, Huy, MD	Neurosurgery
Valles, Emiliano, MD	Psychiatry
Williams, Seth, CNP	Family and Community Medicine

Other Business	
Pharmacist Clinician	Revised
CNP/PA Appendix R Urology Procedures	New

    b. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.

    c. Vote to re-open the meeting **(Approval/Action)**

XIII. 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. (Approval/Action)

XIV. Adjourn Meeting (Approval/Action)

Disposition of Assets

Date: January 15, 2019

To: Bruce Cherrin
               Chief Procurement Officer, Purchasing Department

From: Bonnie White
               Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – January 2019

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

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

Reason for Disposal	Count	Acquisition Cost	Book Value	Average Age
Monitor Upgrade Project	160	$ 2,029,559.35	$ 196,554.08	8.69
Unable to Inventory	11	$ 203,716.90	$ -	10.45
Not Repairable	13	$ 273,275.32	$ 10,968.82	11.08
Obsolete	49	$ 1,029,659.71	$ -	10.86
Grand Total	233	$ 3,536,211.28	$ 207,522.90	9.36

Description	Count of Lawson	Sum of Acquisiton Cost	Sum of Book	Average of Age
Furniture/Fixtures	8	$ 69,161.12	$ -	11.13
Medical Equipment	43	$ 1,088,506.67	$ 10,968.82	10.81
Monitors	166	$ 2,092,466.97	$ 196,554.08	8.74
Non Medical Equipment	1	$ 7,190.72	$ -	11.00
SW/Electronics	11	$ 101,267.80	$ -	9.64
Vehicles	4	$ 177,618.00	$ -	14.75
Grand Total	233	$ 3,536,211.28	$ 207,522.90	9.36

Property Disposition request
January 2019

Lawson Number	Asset Control Number	Description	Accounting Unit	Division Description	Model	Serial Number	Acquisition Date	Acquisiton Cost	Book Value	Proposed Method of Disposal	Reason for Disposal	Generalized Description	Comments
29445	91720	Monitor Central Station & UPS	12410	Pediatric Specialty Care	CIC PRO	SDY15074248A	03/01/15	$ 28,800.00	$ 7,200.00	Auction	Replaced	Monitors	Monitor Project
29446	91722	Monitor Central Station & UPS	12410	Pediatric Specialty Care	CIC PRO	SDY15074205A	03/01/15	$ 28,800.00	$ 7,200.00	Auction	Replaced	Monitors	Monitor Project
30918	95703	Carescape Monitor B450	12520	Mother & Baby Unit (3-E) BBRP	B450	SNE16170126HA	07/01/16	$ 12,515.74	$ 6,257.86	Auction	Replaced	Monitors	Monitor Project
30264	93678	Dash 5000 Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	SHQ15363857SA	10/01/15	$ 16,433.18	$ 6,025.48	Auction	Replaced	Monitors	Monitor Project
30265	93679	Dash 5000 Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	SHQ15363858SA	10/01/15	$ 16,433.18	$ 6,025.48	Auction	Replaced	Monitors	Monitor Project
30266	93680	Dash 5000 Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	SHQ15363855SA	10/01/15	$ 16,433.18	$ 6,025.48	Auction	Replaced	Monitors	Monitor Project
30267	93681	Dash 5000 Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	SHQ15363854SA	10/01/15	$ 16,433.18	$ 6,025.48	Auction	Replaced	Monitors	Monitor Project
30268	93682	Dash 5000 Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	SHQ15363856SA	10/01/15	$ 16,433.18	$ 6,025.48	Auction	Replaced	Monitors	Monitor Project
29450	91764	Dash 5000 Cardiac Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	1379531	06/01/15	$ 16,894.13	$ 5,068.23	Auction	Replaced	Monitors	Monitor Project
29451	91785	Dash 5000 Cardiac Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	1379532	06/01/15	$ 16,894.13	$ 5,068.23	Auction	Replaced	Monitors	Monitor Project
29452	91786	Dash 5000 Cardiac Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	1379533	06/01/15	$ 16,894.13	$ 5,068.23	Auction	Replaced	Monitors	Monitor Project
29453	91787	Dash 5000 Cardiac Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	1379534	06/01/15	$ 16,894.13	$ 5,068.23	Auction	Replaced	Monitors	Monitor Project
29454	91788	Dash 5000 Cardiac Monitor	12480	CTH Rehab-Ortho Unit	DASH 5000	1379535	06/01/15	$ 16,894.12	$ 5,068.23	Auction	Replaced	Monitors	Monitor Project
30255	91801	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123215SA	07/01/15	$ 15,753.28	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30256	91802	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123219SA	07/01/15	$ 15,753.28	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30257	91803	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123218SA	07/01/15	$ 15,753.28	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30247	91789	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123211SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30248	91794	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123224SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30249	91795	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123223SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30250	91796	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123217SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30251	91797	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123213SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30252	91798	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123221SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30253	91799	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123220SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30254	91800	Dash 5000 Monitor	12510	Women's Special Care	DASH 5000	SHQ15123212SA	07/01/15	$ 15,753.27	$ 4,988.53	Auction	Replaced	Monitors	Monitor Project
30530	95276	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124724SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30531	95277	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124707SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30533	95279	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124732SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30534	95280	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124722SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30537	95283	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124714SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30538	95284	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124728SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30539	95285	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124715SA	04/01/16	$ 10,509.37	$ 4,904.36	Auction	Replaced	Monitors	Monitor Project
30536	95282	Dash 5000 Monitor	21015	ED-North	DASH 5000	SHQ16124709SA	04/01/16	$ 10,509.37	$ 4,729.21	Auction	Replaced	Monitors	Monitor Project
31461	98680	Leica Small Linear Stainer	34655	Dermatology Clinic 1021 Med	LEICA ST4020	980	03/01/17	$ 5,559.12	$ 4,169.34	Auction	Not Repairable	Medical Equipment	
29764	93471	Metaneb Nebulizer	71510	Pulmonary Services	METANEB	Q002MN0001	08/01/15	$ 6,135.00	$ 4,089.99	Auction	Not Repairable	Medical Equipment	
31359	95944	Dash 4000 Monitor	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06482953GA	08/01/16	$ 7,640.00	$ 4,074.67	Auction	Replaced	Monitors	Monitor Project
31434	98293	Dash 5000 Monitor	12000	Labor and Delivery	DASH 5000	SD009285504GA	01/01/17	$ 5,007.50	$ 3,004.49	Auction	Replaced	Monitors	Monitor Project
31435	98294	Dash 5000 Monitor	12000	Labor and Delivery	DASH 5000	SD008168726GA	01/01/17	$ 5,007.50	$ 3,004.49	Auction	Replaced	Monitors	Monitor Project
31437	98643	Dash 5000 Monitor	12000	Labor and Delivery	DASH 5000	SBC06098310GA	01/01/17	$ 5,007.50	$ 3,004.49	Auction	Replaced	Monitors	Monitor Project
29208	91547	Dash 4000 ATO Cardiac Monitor	12510	Women's Special Care	DASH 4000	1106884	12/01/14	$ 14,299.70	$ 2,859.93	Auction	Replaced	Monitors	Monitor Project
29209	91548	Dash 4000 ATO Cardiac Monitor	12510	Women's Special Care	DASH 4000	14100769	12/01/14	$ 14,299.70	$ 2,859.93	Auction	Replaced	Monitors	Monitor Project
29210	91546	Dash 4000 ATO Cardiac Monitor	12510	Women's Special Care	DASH 4000	14100761	12/01/14	$ 14,299.70	$ 2,859.93	Auction	Replaced	Monitors	Monitor Project
29211	91545	Dash 4000 ATO Cardiac Monitor	12510	Women's Special Care	DASH 4000	14100749	12/01/14	$ 14,299.70	$ 2,859.93	Auction	Replaced	Monitors	Monitor Project
8687	73777	Thermogard Advanced Temperatur	12110	Neuroscience ICU	XP	TGXP 00253	09/01/09	$ 36,126.44	$ 2,709.49	Manufacturer will dispose	Not Repairable	Medical Equipment	
29212	91544	CIC V5.X Central Monitor	12510	Women's Special Care	V5.X	DT0331G0408	12/01/14	$ 9,831.20	$ 1,966.25	Auction	Replaced	Monitors	Monitor Project
14741	24640	BMSI 5000 System & Workstation	78010	Neurodiagnostics Lab	DN960213/DP960180	BMSI 5000	07/01/96	$ 101,800.23	$ -	None	Obsolete	Medical Equipment	The neurodiagnostics lab had a BMSI 5000 System with workstations with an in-service date of 1996. The 23 year old system became obsolete and was replaced to improve quality of care and diagnostic accuracy.
7054	None	Gen IV Cryo Console	71040	Cardiac Cath Lab	GEN IV	N-580	03/01/08	$ 96,395.00	$ -	None	Obsolete	Medical Equipment	
8038	VEH #1379	2008 GMC Glaval Transit Bus Pl	80030	Parking and Transport	GLAVAL	1GDE5V1929F401637	10/01/08	$ 77,000.00	$ -	UNM Surplus	Not Repairable	Vehicles	
6215	VEH #1331	2007 GMC Glaval Bus Plate #G-7	80030	Parking and Transport	29' TITAN	1GDE5V1937F417794	07/01/07	$ 76,450.00	$ -	UNM Surplus	Obsolete	Vehicles	
16443	33617	Aura Laser System	15005	Operating Room - BBRP	AURA	27020734	04/01/99	$ 66,392.00	$ -	Auction	Not Repairable	Medical Equipment	
8044	None	Mammo Workstation w/Cassettes	75000	Radiology - General	FLASH PLUS	FLASH PLUS	10/01/08	$ 66,250.00	$ -	None	Obsolete	Medical Equipment	
6267	62508	Leica M680 Microscope Package	15500	OSIS Operating Room	M680	M680	09/01/07	$ 65,802.50	$ -	None	Obsolete	Medical Equipment	
4477	52042	Dryview 8900 PACS Link Laser I	75105	OSIS Mammography	8900	890002943	02/01/05	$ 55,960.00	$ -	Auction	Obsolete	Medical Equipment	
6962	60039	Central Information Center Cap	12430	General Pediatrics Unit	CIC	JA106486181GA	07/01/07	$ 48,315.36	$ -	Auction	Replaced	Monitors	Monitor Project

ID	Description	Dept	Department	Model	Serial	Date	Cost		Disposal	Status	Category	Project
9571 SCOPE	Ultrasound Bronchofibervideosc	15000	Operating Room	1010841	1010841	12/01/10	$ 46,725.75	$ -	None	Obsolete	Medical Equipment	
26999 83225	Argon Plasma Coagulator	70025	Endoscopy/GI-Pediatric	VIO 300D	11361071	09/01/13	$ 41,359.95	$ -	None	Unable to Inventory	Medical Equipment	
20045 70308	M-Turbo Ultrasound System	12510	Women's Special Care	M-OB/GYN OFFICE	03HMN0	03/01/10	$ 38,137.05	$ -	None	Obsolete	Medical Equipment	
20044 70269	M-Turbo Ultrasound System	34110	Women's Health Center	M-OB/GYN OFFICE	03HMJN	01/01/10	$ 38,137.00	$ -	None	Unable to Inventory	Medical Equipment	
9252 70886	SonoSite S-Nerve Ultrasound Sy	34340	Pain Clinic	S-NERVE	03JNK8	08/01/10	$ 37,220.40	$ -	None	Obsolete	Medical Equipment	
7408 67164	Coolgard 3000	12460	Pediatric ICU	COOLGARD 3000	300000681	06/01/08	$ 33,546.00	$ -	Auction	Obsolete	Medical Equipment	
16397 38206	Argon Plasma Coagulator System	70020	Endoscopy Center	APC 300UL	B-1403	04/01/99	$ 32,934.56	$ -	None	Unable to Inventory	Medical Equipment	
8015 67507	Spencer ST3 Bilateral System	12110	Neuroscience ICU	ST3	15218	09/01/08	$ 32,415.00	$ -	Auction	Obsolete	Medical Equipment	
19441 52305	CIC - Central Monitor Station	12460	Pediatric ICU	CIC	JA105201993GA	09/01/05	$ 27,226.82	$ -	Auction	Replaced	Monitors	Monitor Project
9283 70735	MultiLab Series 2CP Vascular S	71060	Vascular Lab	2-CP	MLS2C713	07/01/10	$ 26,919.00	$ -	Auction	Obsolete	Medical Equipment	
19856 64327	CIC V5	12430	General Pediatrics Unit	CIC V5	SCH08174342GA	08/01/08	$ 26,427.44	$ -	Auction	Replaced	Monitors	Monitor Project
6987 60536	Central Information Center Cap	12410	Pediatric Specialty Care	CIC	JA1064586196GA	07/01/07	$ 25,545.30	$ -	Auction	Replaced	Monitors	Monitor Project
5668 52406	CIC - Central Station	12130	Trauma/Surgical ICU	CIC	JA105191922GA	11/01/05	$ 23,712.13	$ -	Auction	Replaced	Monitors	Monitor Project
19904 None	Hardware - QS Perinatal System	12000	Labor and Delivery	Hardware - QS Perinatal	Hardware - QS Perinatal System	11/01/08	$ 21,798.00	$ -	None	Unable to Inventory	SW/Electronics	
5904 None	Siemens Symphone Quadrature Lo	75040	Radiology - MRI	3146466	1630	04/01/07	$ 20,691.00	$ -	None	Obsolete	Medical Equipment	
16104 29736	Solar 8000 Cardiac Monitor	95700	Clinical Engineering	SOLAR 8000I	B8MC8851G	04/01/98	$ 20,344.80	$ -	Auction	Replaced	Monitors	Monitor Project
20079 82226	CIC Pro	12410	Pediatric Specialty Care	2037318-003	SDY10446103GA	04/01/11	$ 20,312.38	$ -	Auction	Replaced	Monitors	Monitor Project
21244 80764	Central Patient Monitor	12480	CTH Rehab-Ortho Unit	CIC PRO	SDY11128404GA	07/01/11	$ 19,373.70	$ -	Auction	Replaced	Monitors	Monitor Project
2855 46594	Solar8M & Tram Monitor, Multip	15000	Operating Room	SOLAR 8000	F3G46196G	09/01/03	$ 17,961.03	$ -	Auction	Replaced	Monitors	Monitor Project
5779 None	Siemens Symphony P.A. Wrist Ar	75040	Radiology - MRI	86OSI-64E	50946	10/01/06	$ 16,415.00	$ -	None	Obsolete	Medical Equipment	
24529 83347	ECO2 ECOPoint	76020	Speech/Language Pathology	F14866	1860EC2	07/01/12	$ 16,115.00	$ -	Auction	Obsolete	Medical Equipment	
4266 49320	Maternal/Fetal Monitor	12000	Labor and Delivery	129	RUX04293939PA	08/01/04	$ 15,672.02	$ -	Auction	Obsolete	Monitors	
4964 52294	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05193085GA	08/01/05	$ 15,549.27	$ -	Auction	Replaced	Monitors	Monitor Project
4968 52293	Dash 4000 Monitor	15040	PACU (Recovery Room 1)	DASH 4000	DSH05196246GA	08/01/05	$ 15,549.27	$ -	Auction	Replaced	Monitors	Monitor Project
19917 STERILE	Uni EFT Probe (part of Ross #0	70020	Endoscopy Center	UNI EFT	14-44-10564	01/01/09	$ 15,256.66	$ -	None	Unable to Inventory	Medical Equipment	
8864 70997	Dash 4000 Monitor	21010	ED - Fast Track	4000	SD009410422GA	11/01/09	$ 15,222.18	$ -	Auction	Replaced	Monitors	Monitor Project
8866 70998	Dash 4000 Monitor	21010	ED - Fast Track	4000	SD009409971GA	11/01/09	$ 15,222.18	$ -	Auction	Replaced	Monitors	Monitor Project
8871 70999	Dash 4000 Monitor	21010	ED - Fast Track	4000	SD009410286GA	11/01/09	$ 15,222.18	$ -	Auction	Replaced	Monitors	Monitor Project
6154 60042	Dash 4000	12430	General Pediatrics Unit	4000	4000	06/10/07	$ 14,754.30	$ -	Auction	Replaced	Monitors	Monitor Project
6155 38239	Dash 4000	12430	General Pediatrics Unit	4000	4000	06/10/07	$ 14,754.30	$ -	Auction	Replaced	Monitors	Monitor Project
6156 60065	Dash 4000	12430	General Pediatrics Unit	4000	4000	06/10/07	$ 14,754.30	$ -	Auction	Replaced	Monitors	Monitor Project
6157 60066	Dash 4000	12430	General Pediatrics Unit	4000	4000	06/10/07	$ 14,754.30	$ -	Auction	Replaced	Monitors	Monitor Project
10418 60713	CIC Capitalize CIP 1630 Med Eq	15045	PACU - BBRP	CIC	JA106486195GA	07/01/07	$ 14,159.60	$ -	Auction	Replaced	Monitors	Monitor Project
6107 58736	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233541GA	06/10/07	$ 13,287.55	$ -	Auction	Replaced	Monitors	Monitor Project
6110 58729	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233553GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6111 58734	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233554GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6112 58724	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233563GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6115 58731	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233564GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6116 58728	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233567GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6117 58730	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233605GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
6118 58737	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233606GA	06/10/07	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
7758 58732	Dash 4000	12410	Pediatric Specialty Care	DASH 4000	SBG06233568GA	06/01/08	$ 13,287.54	$ -	Auction	Replaced	Monitors	Monitor Project
9352 None	Dash 4000	75025	Radiology - Interventional Rad	DASH 4000	DASH 4000	02/01/11	$ 13,242.21	$ -	None	Obsolete	Monitors	
19848 64318	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008294220GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19849 64319	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008283752GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19850 64320	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008294223GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19851 64321	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008283748GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19852 64322	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008294217GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19853 64323	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008294224GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19854 64324	Dash 4000	12430	General Pediatrics Unit	DASH 4000	SD008294221GA	08/01/08	$ 13,062.03	$ -	Auction	Replaced	Monitors	Monitor Project
19919 None	ZepHr Recorder (part of Ross #	70020	Endoscopy Center	Zepher	F089007C	01/01/09	$ 12,626.67	$ -	None	Unable to Inventory	Medical Equipment	
7430 67954	Dash 4000	15040	PACU (Recovery Room 1)	DASH 4000	SD008199192GA	06/01/08	$ 12,621.70	$ -	Auction	Replaced	Monitors	Monitor Project
7743 54053	Concerto Shower Trolley	12130	Trauma/Surgical ICU	Concerto Shower Trolley	Concerto Shower Trolley	03/01/08	$ 12,477.30	$ -	None	Obsolete	Furniture/Fixtures	
9416 None	Blood Track Control Kiosk	74070	Lab - Blood Bank	HEMONINE	I30918360	12/01/10	$ 12,403.00	$ -	Auction	Not Repairable	Medical Equipment	
21239 80768	Dash 4000	12480	CTH Rehab-Ortho Unit	DASH 4000	SD011133655SA	07/01/11	$ 12,314.93	$ -	Auction	Replaced	Monitors	Monitor Project
21240 80770	Dash 4000	12480	CTH Rehab-Ortho Unit	DASH 4000	SD011133487SA	07/01/11	$ 12,314.93	$ -	Auction	Replaced	Monitors	Monitor Project
21241 80767	Dash 4000	12480	CTH Rehab-Ortho Unit	DASH 4000	SD011133492SA	07/01/11	$ 12,314.93	$ -	Auction	Replaced	Monitors	Monitor Project
21242 80769	Dash 4000	12480	CTH Rehab-Ortho Unit	DASH 4000	SD011133636SA	07/01/11	$ 12,314.93	$ -	Auction	Replaced	Monitors	Monitor Project
21243 80766	Dash 4000	12480	CTH Rehab-Ortho Unit	DASH 4000	SD011133631SA	07/01/11	$ 12,314.93	$ -	Auction	Replaced	Monitors	Monitor Project
7832 67013	23" Wideview HD Flat Panel & C	15000	Operating Room	9423HDNB	08-117916	06/01/08	$ 12,281.69	$ -	None	Obsolete	Medical Equipment	
3889 46052	DASH 4000 Monitor Capitalize C	15510	OSIS PACU	DASH 4000	H2DJ7257G	05/01/03	$ 12,257.60	$ -	Auction	Replaced	Monitors	Monitor Project
6199 62130	MAC 5500 EKG Machine	32040	NE Heights Clinic	MAC 5500	SCD07016681PA	07/01/07	$ 12,201.00	$ -	Auction	Obsolete	Medical Equipment	
7773 62692	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SD007314304GA	01/01/08	$ 12,086.30	$ -	Auction	Not Repairable	Monitors	
7775 62694	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SD007324978GA	01/01/08	$ 12,086.30	$ -	Auction	Replaced	Monitors	Monitor Project
20353 VEH #1023	1999 Chevrolet Cavalier Plate	60365	Case Management	CAVALIER	1G1JC524XX7224508	04/01/99	$ 12,084.00	$ -	UNM Surplus	Not Repairable	Vehicles	
20354 VEH #1022	1999 Chevy Cavalier Plate #G-4	60365	Case Management	CAVALIER	1G1JC5246X7224764	04/01/99	$ 12,084.00	$ -	UNM Surplus	Not Repairable	Vehicles	
1039 41425	Dash 4000 Monitor with Battery	12310	Adult Oncology Med/Surg	DASH 4000	E1DJ0966G	09/01/01	$ 12,008.38	$ -	Auction	Replaced	Monitors	Monitor Project
7311 58947	Dash 4000 Capitalize CIP 1630	21010	ED - Fast Track	DASH 4000	SBG06442127GA	07/01/07	$ 11,764.74	$ -	Auction	Replaced	Monitors	Monitor Project
8031 MOD	EW7 Network Workstation	70020	Endoscopy Center	EW7	0080367	10/01/08	$ 11,539.16	$ -	None	Obsolete	Furniture/Fixtures	
19305 NR	BioView ANO-4 Ch Anorectal Man	70020	Endoscopy Center	5424-03080	5424-03080	07/01/03	$ 11,378.33	$ -	None	Unable to Inventory	Medical Equipment	
19566 60073	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06419230GA	07/01/07	$ 11,355.22	$ -	Auction	Replaced	Monitors	Monitor Project
19513 58874	Dash 4000	21015	ED-North	DASH 4000	SBG06452041GA	07/01/07	$ 11,340.56	$ -	Auction	Replaced	Monitors	Monitor Project
6988 60075	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06451712GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6989 60076	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06462733GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6990 60077	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06462665GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6992 60078	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06451694GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6993 60079	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06451810GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6994 60080	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06451720GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project

6995 60081	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06452705GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6996 60082	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06462731GB	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6997 60083	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06451695GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
6998 60084	DASH 4000 Capitalize CIP 1630	12410	Pediatric Specialty Care	DASH 4000	SBG06462452GA	07/01/07	$ 10,948.57	$ -	Auction	Replaced	Monitors	Monitor Project
8096 68568	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252705GA	12/01/08	$ 10,906.70	$ -	Auction	Replaced	Monitors	Monitor Project
7865 55922	MAC 5500	32050	Westside Family & Senior Hlth	MAC 5500	SCD06425300PA	07/01/07	$ 10,868.85	$ -	None	Obsolete	Medical Equipment	
19568 60068	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06419253GA	07/01/07	$ 10,774.42	$ -	Auction	Replaced	Monitors	Monitor Project
19569 60069	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06419239GA	07/01/07	$ 10,774.42	$ -	Auction	Replaced	Monitors	Monitor Project
19570 60070	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06419240GA	07/01/07	$ 10,774.42	$ -	Auction	Replaced	Monitors	Monitor Project
5266 SW	Software - Endoworks HL7 Outbo	70020	Endoscopy Center	SW	SW	04/01/06	$ 10,575.00	$ -	None	Obsolete	SW/Electronics	
6963 60043	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06233607GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6964 60045	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451706GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6965 60047	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06462124GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6966 60049	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG064621230GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6967 60050	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451708GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6968 60052	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451700GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6970 60053	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451554GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6971 60054	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451653GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6972 60055	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451639GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6973 60056	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06462131GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6974 60057	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06462142GA	07/01/02	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6975 60058	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06441180GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6976 60059	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451950GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6977 60060	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451558GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6978 60061	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06452040GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6979 60062	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06452132GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6981 60063	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451657GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6982 60064	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451659GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6983 60044	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06233549GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6984 60046	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451636GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6985 60048	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06388161GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
6986 60051	Dash 4000 Capitalize CIP 1630	12430	General Pediatrics Unit	DASH 4000	SBG06451702GA	07/01/07	$ 10,504.98	$ -	Auction	Replaced	Monitors	Monitor Project
7340 60412	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG06462706GA	07/01/07	$ 10,361.11	$ -	Auction	Replaced	Monitors	Monitor Project
7341 60413	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG06462450GA	07/01/07	$ 10,361.11	$ -	Auction	Replaced	Monitors	Monitor Project
7342 60414	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG06462724GA	07/01/07	$ 10,361.11	$ -	Auction	Replaced	Monitors	Monitor Project
7343 60415	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG06462725GA	07/01/07	$ 10,361.11	$ -	Auction	Replaced	Monitors	Monitor Project
7344 60236	Dash 4000 Capitalize CIP 1630	12000	Labor and Delivery	DASH 4000	SBG06451819GA	07/01/07	$ 10,361.10	$ -	Auction	Replaced	Monitors	Monitor Project
7272 58708	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441179GA	07/01/07	$ 10,134.87	$ -	Auction	Replaced	Monitors	Monitor Project
7273 58709	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06462659GA	07/01/07	$ 10,134.87	$ -	Auction	Replaced	Monitors	Monitor Project
7274 58710	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06462319GA	07/01/07	$ 10,134.87	$ -	Auction	Replaced	Monitors	Monitor Project
7277 58713	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441172GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7275 58712	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SNG06441178GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7276 58711	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06462454GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7278 58714	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441182GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7281 58716	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441183GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7282 58717	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441177GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
7284 58719	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06441187GA	07/01/07	$ 10,134.86	$ -	Auction	Replaced	Monitors	Monitor Project
2850 46595	SLR8M Sngl Card Monitor, Multi	15000	Operating Room	SOLAR 8000	F3G46201G	09/01/03	$ 10,002.72	$ -	Auction	Replaced	Monitors	Monitor Project
2852 46593	SLR8M Sngl Card Monitor, Multi	15000	Operating Room	SOLAR 8000	F3G46203G	09/01/03	$ 10,002.72	$ -	Auction	Replaced	Monitors	Monitor Project
7617 None	ddR Procedure Table	15520	OSIS General	IGS 1000H	IGS 1000H	07/01/07	$ 10,000.00	$ -	None	Obsolete	Medical Equipment	
10440 BULK	Dental Equipment	30025	CTH NMDOH Dental Clinic	Dental Equipment	Dental Equipment	05/01/10	$ 9,918.64	$ -	None	Unable to Inventory	Medical Equipment	
20081 82228	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD009047586GR	04/01/11	$ 9,734.33	$ -	Auction	Replaced	Monitors	Monitor Project
20082 82233	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD008148506GR	04/01/11	$ 9,734.33	$ -	Auction	Replaced	Monitors	Monitor Project
20084 82229	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD0009047736GR	04/01/11	$ 9,734.33	$ -	Auction	Replaced	Monitors	Monitor Project
20085 82231	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD008419661GR	04/01/11	$ 9,734.33	$ -	Auction	Replaced	Monitors	Monitor Project
20086 82232	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD008077060GR	04/01/11	$ 9,734.33	$ -	Auction	Replaced	Monitors	Monitor Project
20087 82235	Dash 5000 Monitor	12430	General Pediatrics Unit	DASH 5000	SD008505497GR	04/01/11	$ 9,734.33	$ -	None	Unable to Inventory	Monitors	
5251 SW	Software - Upgrade Reporting S	70020	Endoscopy Center	SW	SW	04/01/06	$ 9,600.00	$ -	None	Obsolete	SW/Electronics	
5694 52314	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S05240517GA	11/01/05	$ 9,516.42	$ -	Auction	Replaced	Monitors	Monitor Project
5697 52322	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S05240490GA	11/01/05	$ 9,516.41	$ -	Auction	Replaced	Monitors	Monitor Project
5698 52324	Solar 8000M	15055	Anesthesia	SOLAR 8000M	R3S05230484GA	11/01/05	$ 9,516.41	$ -	Auction	Replaced	Monitors	Monitor Project
4346 51345	Physiological Monitoring Syste	70020	Endoscopy Center	DASH 4000	AAB04469748GA	12/01/04	$ 9,503.25	$ -	Auction	Replaced	Monitors	Monitor Project
2081 41881	Ventilator, Portable	70060	Fixed Wing Transport	510A1401-MRI	0111371	04/01/02	$ 9,489.91	$ -	None	Obsolete	Medical Equipment	
5244 SW	Software - Upgrade Fileserver	70020	Endoscopy Center	SW	SW	04/01/06	$ 9,450.00	$ -	None	Obsolete	SW/Electronics	
19826 67154	Dash 3000	12410	Pediatric Specialty Care	DASH 3000	SD008199246GA	06/01/08	$ 8,757.00	$ -	Auction	Replaced	Monitors	Monitor Project
5877 55802	BiPap Vision Ventilatory Suppo	71510	Pulmonary Services	BIPAP VISION	124901	10/01/06	$ 8,643.04	$ -	Auction	Not Repairable	Medical Equipment	
8022 68582	Totalift II Transfer Chair	12220	Med/Surg Subacute (4-E)	TOTALIFT II	TL-7394	10/01/08	$ 8,560.35	$ -	None	Obsolete	Furniture/Fixtures	
4685 52595	M-Series, Hospital ACLS, Bipha	12320	General Medicine (5-W)	M-SERIES	T05F71905	06/01/05	$ 8,521.25	$ -	Auction	Not Repairable	Medical Equipment	
8049 None	Bloodtrack Courier Kiosk	74070	Lab - Blood Bank	BLOODTRACK	I30720210	08/01/08	$ 8,450.00	$ -	Auction	Not Repairable	Medical Equipment	
9508 74886	PowerEdge R710	96140	IT - Customer Service	R710	9XX1FQ1	05/01/11	$ 8,395.19	$ -	Electronics Recycling	Obsolete	SW/Electronics	
26138 STERILE	Transducer, L25X	11120	Medical/Cardiac ICU	L25X	03TJHB	01/01/13	$ 8,280.00	$ -	None	Obsolete	Medical Equipment	
7328 60024	Tram 451N Capitalize CIP 1630	95700	Clinical Engineering	451N	SBB06442718GA	07/01/07	$ 8,236.14	$ -	Auction	Replaced	Monitors	Monitor Project
8028 MOD	EW7 Registration Workstation	70020	Endoscopy Center	EW7	0080371	10/01/08	$ 7,809.05	$ -	None	Obsolete	Furniture/Fixtures	
8029 MOD	EW7 Registration Workstation	70020	Endoscopy Center	EW7	0080371	10/01/08	$ 7,809.05	$ -	None	Obsolete	Furniture/Fixtures	
8030 MOD	EW7 Registration Workstation	70020	Endoscopy Center	EW7	0080372	10/01/08	$ 7,809.05	$ -	None	Obsolete	Furniture/Fixtures	
19839 67395	Maxi Move 2008 w/Scale	12360	Neuroscience	MAXI MOVE 2008	KMC-00493	07/01/08	$ 7,791.17	$ -	Auction	Not Repairable	Medical Equipment	
2610 43799	Tracheal Intubation Fiberscope	71520	Pulmonary Diagnostics	LF-TP	1222910	11/01/02	$ 7,760.00	$ -	Repurposed/Education	Obsolete	Medical Equipment	
16527 33906	Zoll M Series Basic Defibrilla	21015	ED-North	M SERIES	T99B01531	05/01/99	$ 7,624.11	$ -	None	Obsolete	Medical Equipment	

ID	Code	Description	Num	Location	Model	Serial	Date	Value		Disposition	Status	Category	Project
4521	None	Dedicated Micros 1.2 TB DVR Ca	32040	NE Heights Clinic	Dedicated Micros 1.2 TE	Dedicated Micros 1.2 TB DVR Ca	04/01/05	$ 7,587.25	$ -	None	Obsolete	Medical Equipment	
3422	None	Kit 300W Xenon LS #201331-20	15500	OSIS Operating Room	Kit 300W Xenon LS #201	Kit 300W Xenon LS #201331-20	06/01/04	$ 7,406.15	$ -	None	Obsolete	Medical Equipment	
6934	56895	Pizza Oven - F&N IP Equipment	84010	Food and Nutrition - BBRP	UN1854NAT	00276	07/01/07	$ 7,190.72	$ -	Auction	Obsolete	Non Medical Equipment	HUD Asset
6365	58025	Vigilance II Monitor	12130	Trauma/Surgical ICU	VIG2	VG003018	07/01/07	$ 7,000.00	$ -	Auction	Obsolete	Monitors	
20536	88635	Prelude Shower Cabinet	12030	UPC Inpatient/Geriatrics	Prelude Shower Cabinet	Prelude Shower Cabinet	07/01/07	$ 6,958.66	$ -	None	Obsolete	Furniture/Fixtures	
9040	70206	VTS-20-D003 Monitor - OR #E	15000	Operating Room	VTS-20-D003	240-000588	03/01/10	$ 6,764.03	$ -	None	Obsolete	Medical Equipment	
9426	74881	PowerEdge R710	96140	IT - Customer Service	R710	4RSRBP1	03/01/11	$ 6,568.80	$ -	Electronics Recycling	Obsolete	SW/Electronics	
21099	80302	SAM Module Multigas	15055	Anesthesia	SAM	RC910536012GA	07/01/11	$ 6,545.00	$ -	Auction	Replaced	Monitors	Monitor Project
21255	80203	Solar 8000I	15055	Anesthesia	SOLAR 8000I	SE410529414GA	07/01/11	$ 6,488.70	$ -	Auction	Replaced	Monitors	Monitor Project
19303	46904	Dash 2000 Portable Monitor	34150	Pediatrics Clinic	DASH 2000	70004049	01/01/04	$ 6,308.23	$ -	Auction	Replaced	Monitors	Monitor Project
21429	82394	CIC	12240	General Surgery (6-S)	CIC PRO	SDY11077891GA	11/01/11	$ 6,212.50	$ -	Auction	Replaced	Monitors	Monitor Project
21434	82778	CIC	12430	General Pediatrics Unit	CIC PRO	SDY11148732GA	05/01/12	$ 6,212.50	$ -	Auction	Replaced	Monitors	Monitor Project
21431	82445	CIC	95700	Clinical Engineering	CIC PRO	SDY11148735GA	02/01/12	$ 6,212.50	$ -	Auction	Replaced	Monitors	Monitor Project
17728	MOD	Workstations	34540	Sports Medicine	Workstations	Workstations	03/01/00	$ 6,198.50	$ -	None	Obsolete	Furniture/Fixtures	
7405	60736	B/W Video Printer Capitalize C	15005	Operating Room - BBRP	UP-55MD-R	81358	07/01/07	$ 6,109.46	$ -	None	Obsolete	Medical Equipment	HUD Asset
7406	60732	B/W Video Printer Capitalize C	15005	Operating Room - BBRP	UP-55MD-R	81630	07/01/07	$ 6,109.46	$ -	None	Obsolete	Medical Equipment	HUD Asset
5643	52401	Transport Pro V2	12130	Trauma/Surgical ICU	PRO V2	AAD05240240GA	11/01/05	$ 6,105.00	$ -	Auction	Replaced	Monitors	Monitor Project
7299	60860	Transport Pro Capitalize CIP 1	15060	Anesthesia - BBRP	TRANSPORT PRO	SCS06440439GA	07/01/07	$ 5,775.00	$ -	Auction	Replaced	Monitors	Monitor Project
5253	SW	Software - Upgrade Endoworks H	70020	Endoscopy Center	SW	SW	04/01/06	$ 5,625.00	$ -	None	Obsolete	SW/Electronics	
5815	None	19" LCD HD TV Flat Panel	70020	Endoscopy Center	7617048	7617048	02/01/07	$ 5,400.00	$ -	None	Unable to Inventory	SW/Electronics	
7873	58033	Dash 3000	70020	Endoscopy Center	DASH 3000	SBG06504503GA	07/01/07	$ 5,172.76	$ -	None	Unable to Inventory	Monitors	
8849	74176	5MP Monochrome P Series LCD Du	90020	Radiology - Admin	IF2105MP	PN21PGD7S0020	03/01/10	$ 8,372.50	$ -	Electronics Recycling	Obsolete	SW/Electronics	
8848	74177	5MP Monochrome P Series LCD Du	90020	Radiology - Admin	IF2105MP	PN21PGD7S0017	03/01/10	$ 8,372.50	$ -	Electronics Recycling	Obsolete	SW/Electronics	
21541	87976	Reading Station - Radiology	90020	Radiology - Admin	WIDE-COLO	SP21PGG5S9116	10/01/11	$ 7,110.81	$ -	Electronics Recycling	Obsolete	SW/Electronics	

Repair, Renew, Replace Capital Project – UPC-PES-Expansion Renovation

HOSPITALS

CAPITAL PROJECT APPROVAL
UNM HOSPITALS – UPC – PES RENOVATION

JANUARY 2019

REQUESTED 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 UPC – PES 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

DESCRIPTION:

Remodel of the existing Psychiatric Emergency Services (PES) at the UNM Psychiatric Center (UPC) for expansion of services which includes select program requests per Bernalillo County as follows:

1. Provide a clear separation between adult and pediatric patient populations.
2. Addition of observation room with four (4) adult recliners, and two (2) pediatric patient rooms while maintaining existing flexible patient room, and six (6) patient rooms.
3. Separated restrooms provided for adult patients, pediatric patients, and staff.
4. Expanded observation area with recliners to accommodate adult patients.
5. Interior padded sally port with law enforcement access to include decontamination area.
6. Additional support areas include soiled workroom, patient storage, and medication room.
7. Secured, interior vestibule for patient/visitors screening prior to entering lobby area.
8. Larger registration area with secluded staff access into area.

RATIONALE:
Psychiatric Emergency Services (PES) provides assessment and disposition of patients seeking emergent behavioral health services. Monthly, PES provides care to an average of 650 Adults and 100 Pediatric patients. Currently, PES will serve up to 21 Adult and 4 Pediatric patients with a peak total of 35 patients. These services may include medication administration, vital signs every shift, drug screening, prescriptions for psychotropic medications, crisis counseling, referrals to other support or treatment agencies, or admission to the UNM Psychiatric Center and Children's Psychiatric Center inpatient programs.

Currently, PES contains six patient rooms without providing separation of adult and pediatric patient rooms or restrooms. Proposed separation of patient populations with centralized staff increases safety. The remodel would double the capacity of PES, increase throughput, providing additional community behavioral health services and support. Flexible patient rooms provide additional space to meet adult and pediatric patient demand. The interior sally port with a decontamination area, allows for smooth transition from law enforcement to PES decreasing potential physical harm and infection exposure. The interior vestibule provides an interior screening area for patients/visitors prior to entering common areas of facility.

Patient activity in PES has increased by 80% from FY15 to FY18 and is expected to increase further in FY19. The remodel proposed is expected to allow for improved patient safety and satisfaction. It is expected to allow the PES to accommodate continued growth in a more efficient and effective environment.

PURCHASING PROCESS:
The architectural firm, Dekker Perich Sabatini was hired to provide design utilizing professional services RFP awarded for design of behavioral health facilities. Design documents will be submitted via RFP for qualified public contractors to competitively bid.

FUNDING:
The total project construction budget is estimated at and shall not exceed $1,300,000. This will be funded over two fiscal years via the UNM Hospital Capital Renovation Fund. Expenditures are expected to be $500,000 in FY19 and $800,000 in FY20.

Repair, Renew, Replace Capital Project – UPC Adult Inpatient–Inpatient BHICU, Comfort Rooms

CAPITAL PROJECT APPROVAL
UNM HOSPITALS – UPC – ADULT INPATIENT – INPATIENT BHICU, COMFORT ROOMS

JANUARY 2019

REQUESTED 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 UPC – Adult Inpatient – Inpatient BHICU, Comfort Rooms. 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

DESCRIPTION:

Remodel of existing adult inpatient behavioral health units at the UNM Psychiatric Center (UPC). The scope of work includes a phased renovation of the East and West inpatient units to include the following:

1. Provide the following spaces/functions on each Unit.
    a. Behavioral Intensive Care patient room with visibility from the nurse station
    b. Comfort room (Sensory Room) as an alternative to seclusion and restraint.
    c. ADA compliant toilet room
    d. Nurse station remodel
    e. Treatment room with direct access off the main corridor
    f. Dirty and clean utility rooms
    g. Housekeeping closet (separate from existing electrical infrastructure)

2. Displaced Services in Unit
    a. Clinician offices will be provided in the Atrium in lieu of displacement within the units due to modifications. Maintained area provided for patient activities.

RATIONALE:
The scope of work includes a phased renovation of the East and West Inpatient Units. The inpatient service provided has a total of 32 adult psychiatric beds divided between 2 units. This is a safety net hospital for acutely ill psychiatric patients most of whom have chronic psychiatric illness. Some of these patients are highly aggressive and may be on street drugs. The average rate of stay is seven days with an 85% occupancy rate.

There are currently no private rooms within the units, making milieu management very difficult at times. Addition of a behavioral health intensive care room with nurse station visibility provides a private space for patients with high acuity and aggressiveness to recover in a less restrictive space, while also keeping other patients on the unit safe. This area would include a bathroom and space for eating and relaxing. Providing a comfort room within each unit allows patients a place for voluntary respite. The addition of ADA compliant restroom and shower provides increased accessibility within units. Nurse station improvements provide for increased staff interaction and patient satisfaction within the units. Providing a treatment room with direct access to the corridor increases staff safety with the process of admitting a patient and physical exams. Removal of non-required office space within the units provides expanded space for development of patient and support areas.

The current housekeeping closet does not meet code having a floor sink within 3 feet of an electrical panel. Separating the electrical panel from the housekeeping closet will bring the room to code compliance.

This proposed remodel is expected to create a better clinical environment for staff and providers and to increase patient satisfaction.

PURCHASING PROCESS:
The architectural firm, Dekker Perich Sabatini was hired to provide design utilizing professional services RFP awarded for design of behavioral health facilities. Design documents will be submitted via RFP for qualified public contractors to competitively bid.

FUNDING:
The total project construction budget is estimated at and shall not exceed $1,400,000. This will be funded over two fiscal years via the UNM Hospital Capital Fund. Expenditures are estimated at $500,000 in FY19 and $900,000 in FY20.

Repair, Renew, Replace Capital Project – UH Main, Safety – Fire Alarm System

HOSPITALS

CAPITAL PROJECT APPROVAL
UNM HOSPITALS – UH MAIN – FIRE ALARM SYSTEM

JANUARY 2019

REQUESTED 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 UH Main – Fire Alarm System. 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

DESCRIPTION:

Replace the existing fire alarm system with a new, up-to-date, and code compliant system.

RATIONALE:
The existing fire alarm at UH-Main is past its effective use lifespan. Some portions of the system are 1970s vintage and no longer have manufacturer support or replacement parts.

The replacement system will make the UH-Main hospital and surrounding buildings safer for staff, patients, and visitors. The system will have current technology for detecting fires and smoke early, alerting the building occupants that could have visual or hearing impairments, and performing other automated actions with the HVAC system that would not be possible with the current system.

PURCHASING PROCESS:
This procurement is being made under UNM Hospital's price agreement with vendor PLTi (Power Line Technologies), awarded under UNM Hospital's RFP 367-17, Fire Alarm Design, Installation, Maintenance, and Repair.

FUNDING:
The total project is estimated at and shall not exceed $1,500,000. This will be funded over three fiscal years (FY19 – FY21) via the UNM Hospital Capital Fund.

UNM HOSPITALS

CAPITAL PROJECT APPROVAL
UNM HOSPITALS –UH Main Roof Replacement- Sections 10 & 11

January 2019

REQUESTED 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 **UH Main Roof Replacement- Sections 10 & 11**. 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

DESCRIPTION:
This project includes replacement of a portion of the western area of the roof (Section 10 which is over Tri-Core Labs) and the upper mechanical penthouse roof (Section 11). The project will consist of the removal of the existing roofing membrane and all its components down to concrete deck and installation of new 60 mil TPA (tri-polymer alloy) thermoplastic single ply roof system over tapered insulation.

RATIONALE:
The roof has had several temporary patch repairs is past its life expectancy. The existing membrane has stretched to the point of imminent failure.

PURCHASING PROCESS:
Construction firms were invited to competitively bid by Weatherproofing Technologies, Inc.   WTI Vizient contract number CE0360. Notice to Proceed has not been issued. The construction contract is anticipated to be completed by June 30, 2019.

FUNDING:
The total project budget not to exceed $979,242 and will be funded by the UNM Hospital Capital Fund.

Consent Item - Program Management

UNM HOSPITALS

CAPITAL PROJECT APPROVAL
Modern Medical Facility Construction Program Management Services

January 2019

RECOMMENDED ACTION:
As required by Section 7.12 of the 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 contracting of Broaddus & Associates for construction program management services.

PROJECT DESCRIPTION:
UNM Hospital plans to construct an addition to the current hospital that would contain diagnostic and treatment services, surgical suites, and inpatient care rooms. This request is specific to the program services required prior to and during construction.

RATIONALE:
Program management firms serve as the owner's representative during large or complex construction projects. This service is critical for the continuation of the additional hospital tower in terms of supplementing the Hospital's planning and facilities during the construction phase as well as serving as overall coordination of the project. The program management firm will be responsible for pre-construction services to include team selection, program, design and permitting, preconstruction coordination, and will assist management with contract selection/negotiation and vendor procurement.

PURCHASING PROCESS:
Competitive sealed RFP process

FUNDING:
The total project quoted budget is $6,789,262 and will be funded by the UNM Hospital Capital Initiative Funds or HUD guaranteed financing, as appropriate.

Consent Items - Architect/Design

CAPITAL PROJECT APPROVAL
Modern Medical Facility Architectural and Engineering Services

January 2019

RECOMMENDED ACTION:
As required by Section 7.12 of the 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 contracting of an architectural firm to provide schematic design, design development and construction documents and construction administration for the modern medical tower.

PROJECT DESCRIPTION:
UNM Hospital plans to construct an addition to the current hospital that would contain diagnostic and treatment services, surgical suites, and inpatient care rooms. This request is specific to the second phase of architectural services required prior to construction.

RATIONALE:
In 2015, UNMH retained HDR Architecture, Inc. and FBT Architects to prepare a Replacement Hospital Master Development Plan for a 408-Bed Adult Acute Care Hospital. The scope of work comprises a full-service planning solution including: Facility Space Planning; Room-by-Room Space and Equipment Program; Massing Studies, Phased Implementation and Conceptual Renderings as well as Documentation and Graphics. Health Science Center and UNMH leaders continue to evaluate options to modernize and improve the UNMH care delivery platform. Given the recent availability of the UNM Physics building space located just west of UNMH, management re-evaluated this location with HDR and FBT as a possibility for constructing a modern medical addition. This request will continue and add to the work completed in 2015 leading to the construction process.

PURCHASING PROCESS:
Competitive sealed RFP process completed in 2018.

FUNDING:
The total project quoted budget is $33,858,800 and will be funded by the UNM Hospital Capital Initiative Funds or HUD guaranteed financing, as appropriate.

December 21, 2018 UNMH Board of Trustees Meeting Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Dr. Jerry McDowell, Ms. Christine Glidden, Mr. Nick Estes, Mr. Erik Lujan, Mr. Terry Horn, and Dr. Aimee Smidt	
Ex-Officio Members Present	Dr. Paul Roth, Dr. Michael Richards, Dr. Michael Chicarelli, and Dr. Jennifer Phillips	
County Officials Present	Mrs. Julie Morgas-Baca and Mr. Clay Campbell	
I. Call to Order	A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:03 AM.	
II. Announcements	Dr. Jerry McDowell, Chair, thanked Ms. Christine Glidden, Co-Chair, for chairing the November Board of Trustees Meeting. Dr. Michael Chicarelli reported Santa Claus arrived at UNM Hospitals with a bag of toys on Lifeguard 1 this morning to visit in-patients on the 6th floor. UNMH has been participating in this event for years. Dr. Michael Chicarelli announced and congratulated Mrs. Bonnie White for being named the new UNM Hospitals Chief Financial Officer. Dr. Jerry McDowell announced that today's meeting is Dr. Aimee Smidt's last meeting as a Board Member. Dr. Jennifer Phillips will become a voting Board Member and Dr. Davin Quinn, new Chief of Staff, will become a new Ex-Officio Member in January.	
III. Adoption of Agenda	Dr. Jerry McDowell, Chair, requested a motion to adopt the agenda.	Mr. Nick Estes made a motion to adopt the agenda. Dr. Aimee Smidt seconded. Motion passed with no objections.
IV. Consent Approval	Mrs. Bonnie White presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Terry Horn stated the Finance Committee discussed/reviewed the Consent Items and recommend approval by the full Board of Trustees. ❖ Repair, Renew, Replace Capital Project – UH Main – Pre-Op Renovation ❖ Repair, Renew, Replace Capital Project – UNM Family Health Clinic – DOH Licensing Improvements ❖ Repair, Renew, Replace Capital Project – ACC Ambulatory Elevators – Refurbished	Mr. Terry Horn made a motion to approve all three consent items. Mr. Nick Estes seconded. Motion passed with no objections.

V. Public Input	No Public Input	
VI. Approval of Minutes	Dr. Jerry McDowell, Chair, requested a motion to approve the meeting minutes.	Mr. Nick Estes made a motion to approve the November 30, 2018 UNMH Board of Trustees Meeting Minutes. Dr. Aimee Smidt seconded. Motion passed unanimously.
VII. Mission Moment	Ms. Sheena Ferguson, Chief Nursing Officer, presented the Mission Moment -- Lifeguard Dispatch. *"I just want to acknowledge the superb care I received on Friday, November 23, 2018 by your Lifeguard Flight Crew…….a merit recognition award is due…."* (presentation included in BoardBook).	
VIII. Action Items		❖ Policy for New Board of Trustee Members ❖ UNMH BOT Audit and Compliance Charter ❖ Update on Huron Contracts – Payment Model ❖ UNMH Chaplain Program Presentation (Code Lavendar and Pause)
IX. Board Initiatives	Chairman's Report: Dr. Jerry McDowell, Chair, reported that he and Mrs. Kate Becker discuss Board of Trustees agenda items each month. He has requested an update on the Audit and Compliance Committee Charter, the Community Engagement Committee Charter, the Policy for New Board of Trustee Members and updates on Legislature activities. Mission Excellence Update: Dr. Sara Frasch gave an update of the recent Mission Excellence Leading to Excellence event; 929 members attended. Mr. Mark Noon, USAF (Retired), BS, MA, and Ms. Michelle Bright from Studer Group/Huron provided a 4 hour break-out change leadership course/session (normally an 8 week course).	
X. Administrative Reports	Chancellor for Health Sciences: Dr. Paul Roth reported that we have a very good relationship with the County Manager and her staff, which will allow us to greatly enforce and serve on a much broader foundation. HSC continues working on some specific projects, such as Behavioral Health Home, which will be located at the Rio Rancho Campus and will serve as a pilot project to test certain principles. Project ECHO offers solutions by linking primary care clinics in rural areas with UNM School of Medicine; focuses on training rural doctors, nurses, physician's assistants, and other clinicians.	

HSC is looking at establishing a more thorough team for the Child Well-Being project (child abuse, social and medical interventions). There is currently only one pediatrician that serves the state for child abuse. HSC continues to establish a program for health aging in our state to help provide care. New Mexico is seeing a shift in the older population and by 2030 we will have the 4th highest percentage of elderly in the United States. Currently there is a very minimal program for geriatrics; working on creating an institute of gerontology which is the study of understanding the needs of the elderly. Only a few providers take a comprehensive team to look at all the needs and specific medication, research teaching and learning. HSC will request capital and comprehensive funds. These programs have been well received by Legislative Finance Committee; when session begins we will go back to meet with House and Legislature and then to Senate Finance Committee. Hopefully there will an agreement and we will receive funds to help expand these programs.

Dr. Roth met with Governor-Elect and she is supportive of UNMH and the efforts to construct a new facility. Due to lack of space/beds, UNMH has had to turn away approximately 1,000 people that were being attempted to be transferred to our facility. Working with Presbyterian Hospital on creating a system that works for providers at their facility and UNMH.

Dr. Roth reporting that we are working with Bernalillo County on creating a Crisis Triage Center. Mrs. Julie Morgas-Baca indicated phase one is complete and are currently working with UNMH on plan to expand the Adult Psych Center, which is a location the Sheriff can drop person off so UNMH can determine situation – MATS facility.
Mrs. Morgas-Baca is hopeful the City of Albuquerque will participate and be partners with Bernalillo County and UNMH. Dr. Roth said one common interest is addressing the homeless population. Mrs. Morgas-Baca said the Resource Re-Entry Center located at 401 Roma is an excellent collaboration with UNMH and Bernalillo County. UNMH has provided eight case managers for case management assistance, phone hook-up/ charging systems and shoes/clothing are available. This has been very successful, most inmates getting released from jail utilize this facility and some spend the night.

HSC Committee Report: Dr. Michael Richards reported progress continues on quality and safety measures. The health system total inpatient discharges and observation discharges are up 1% compared to prior year. Case Mix Index (CMI) is flat compared to prior year and up 3% compared to FY19 budget. Health System total outpatient activity is 6% higher compared to prior year. (report is in BoardBook).

	CEO Report: Dr. Michael Chicarelli indicated progress is being made with work on PAG document. The provider lounge has been open since December 4th and has been successful. Dr. Irene Agostini agreed that the provider lounge has been an overwhelming success and believes Dr. Chicarelli and his team did a terrific job. Dr. Chicarelli reported that Mrs. Dawn Harrington and her IT Team has completed the Pilot for the badge single sign-on which is believed will add proficiency and improvement to the system. Another project Mrs. Harrington and the IT Team are working to accomplish is secure messaging/HIPPA protection; they are working with TIGER. Dr. Aimee Smidt indicate she has been a participant in this pilot and TIGER connect and believes it is fantastic (report is in the BoardBook) CMO Report: Dr. Irene Agostini reported Dr. Stein is seeing PEDS patients at UNMH and at Presbyterian; the PEDS work with Presbyterian has had some success; PEDS work is making a difference. (report is in BoardBook)	
XI. Committee Reports	Quality and Safety Committee: Mrs. Christine Glidden, Co-Chair, gave a brief summary of the December Quality and Safety Committee Meeting. Finance Committee: Mr. Terry Horn gave a brief summary of the December Finance Committee Meeting. Audit and Compliance Committee: No Report – December meeting not held. Native American Services Committee: No Report – December meeting not held. Community Engagement Committee: Mrs. Christine Glidden, Co-Chair, gave a brief summary and indicated the Charter will be brought to the full Board of Trustees for review and approval in January.	
XII. Other Business	Mrs. Bonnie White reviewed the November Financials (report is in BoardBook)	
XIII. Closed Session	At 11:07 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	Mr. Nick Estes 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. Roll Call:: Dr. Jerry McDowell – Yes Ms. Christine Glidden – Yes Dr. Raymond Loretto – Not Present at Meeting Ms. Debbie Johnson – Not Present at Meeting

27/70

		Mr. Terry Horn – Yes Mr. Erik Lujan – Yes Dr. Aimee Smidt – Yes Mr. Joseph Alarid – Not Present at Meeting Mr. Nick Estes – Yes
XIV. 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 11:29 AM, Dr. Jerry McDowell, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	Mr. Terry Horn made a motion to close the Closed Session and return to the Open Session. Mr. Nick Estes seconded the motion. Per Roll Call, the motion passed. Roll Call:: Dr. Jerry McDowell – Yes Ms. Christine Glidden – Yes Dr. Raymond Loretto – Not Present at Meeting Ms. Debbie Johnson – Not Present at Meeting Mr. Terry Horn – Yes Mr. Erik Lujan – Yes Dr. Aimee Smidt – Yes Mr. Joseph Alarid – Not Present at Meeting Mr. Nick Estes – Yes
	Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session. ❖ Medical Executive Committee (MEC) November 21, 2018 Meeting Minutes ❖ UNMH BOT Finance Committee November 28, 2018 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee November 29, 2018 Meeting Minutes	The Board of Trustees acknowledged receipt of the following: ❖ 11/21/18 Medical Executive Committee (MEC) Meeting Minutes ❖ 11/28/18 UNMH BOT Finance Committee Meeting Minutes ❖ 11/29/18 UNMH BOT Quality and Safety Committee Meeting Minutes

	Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:	Dr. Aimee Smidt made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Mrs. Christine Glidden seconded. The motion passed unanimously.
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, January 25, 2019 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Mr. Terry Horn made a motion to adjourn the meeting. Mr. Erik Lujan seconded. The motion passed unanimously. The meeting was adjourned at 11:34 AM.

_____
Dr. Raymond Loretto, Secretary
UNM Hospitals Board of Trustees

MISSION MOMENT

OUR MISSION MOMENT:

WHY WE ARE HERE? THE BEST IN PATIENT CARE

MISSION CALL – RESCUE
E-MAIL RECEIVED FROM MOTHER OF PATIENT
"EXTREME GRATITUDE"

- January marks the 3 year anniversary of my daughter's diagnosis of a brain tumor, an incidental finding in the ED.

- January also marks the 1 year anniversary of being a trauma patient with complex orthopedic injuries after being struck by someone driving in the wrong direction on Paseo.

- How one kid can have such horrible luck, I have no idea! In both cases she received immediate, excellence care. Thanks to all of you she has had a very good outcome. Sure she misplaces her phone fairly often, who doesn't?   She walks with a bit of a limp, which is truly minor.   Having been in healthcare and working with kids with brain tumors and trauma patients for 27 years, I am more than aware of what her outcomes could have been on the other end of the spectrum. I am grateful for you and your team's dedication to providing excellent patient care to ensure that the best outcomes are achieved.

- Thanks to you, and tenacity and stubborness on my daughter's part, she is finishing up the didactic portion of medical school here at UNM and preparing to take STEP 1, she was able to be her sister's maid of honor and walk down the aisle at her wedding, and she has recently become engaged to her boyfriend who has been with her through her medical journey.

- I have attached a photo from her sister's wedding. Since January seems to be her problem month we are considering wrapping her in bubble wrap and locking her in her house for the month ;)

UNM Hospitals BOT Policy for New Board Member(s)

Title: **UNM Hospital Board of Trustees Membership**	**Policy**
Patient Age Group: (X) N/A ( ) All Ages ( ) Newborns ( ) Pediatric ( ) Adult	

1. POLICY STATEMENT

The UNM Board of Regents has delegated to the UNM Hospital Board of Trustees (BOT) the oversight and management of the non-research, non-educational operations of the UNM Hospital, to be conducted in a proper and responsible manner so as to enable the UNM Hospitals to provide or arrange for the provision of high quality healthcare services to patients of the UNM Hospitals and to support the teaching and clinical research missions of the Health Sciences Center (HSC).   Pursuant to RPM 3.6, the UNM Board of Regents has the authority to appoint seven of the nine members of the UNMH BOT. Because of the UNMH BOT's broad mandate to assure high quality patient care and support research and education missions, it is the intent of the UNMH BOT to identify and recommend for service within its ranks those individuals who will best support the mission of the UNM Hospitals.

2. CROSS REFERENCES

University of New Mexico Regents' Policy Manual Section 3.6: UNM Hospital Board of Trustees.

3. GENERAL INFORMATION AND DESIRED OUTCOME:

Evaluation of candidates for membership on the UNM Hospital Board of Trustees shall include consideration of the candidates' attributes in the following areas:

3.1 Ability and desire to further high quality patient care by UNM Hospital and support the research and education missions of the UNM HSC.

3.2 Ability and desire to participate regularly and meaningfully in UNMH BOT meetings, committee assignments and meetings, and other duties as assigned.

3.3 Knowledge, experience and/or education in areas that would prove beneficial to service on UNM Hospital BOT committees: Audit and Compliance; Community Outreach; Finance; Native American Services; and Patient Safety and Quality.

3.4 At least one Regent-appointed member of the UNMH BOT will be a Pueblo Indian, as required by the contract between the County and the federal government for provision of care to Native Americans.

4. COLLABORATION

The Chair of the UNMH BOT shall seek input from UNMH management and UNM HSC leadership, from fellow Trustees, and from other relevant stakeholders to assist in identification of appropriate Trustee candidates, with final recommendation and rationale therefore to be made to the UNM Board of Regents upon a vote of the UNH BOT.

Title:
Owner:
Effective Date:
Doc. #

Page 1 of 2

35/70

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	UNMH Board of Trustees		
Consultant(s)	[Name, Title]		
Committee(s)	[Committee Name(s)]		[Y or N/A]
Nursing Officer	[Name], Chief Nursing Officer		[Y or N/A]
Medical Director/Officer	[Name, Department (or Chief Medical Officer)]		[Y or N/A]
Human Resources	[Name], HR Administrator, [UNMH or UNM]		[Y or N/A]
Finance Officer	[Name, Title], [UNMH or HSC]		[Y or N/A]
Legal (Required)	[Name, Title], [UNMH or HSC]		Y
Official Approver	[Name, Title, Area]		Y
Official Signature		[Day/Mo/Year]	
2nd Approver (Optional)			
Signature		[Day/Mo/Year]	
Effective Date		[Day/Mo/Year]	
Origination Date		[Month/Year]	
Issue Date	Clinical Operations Policy Coordinator		

Title:
Owner:
Effective Date:
Doc. #

Page 2 of 2

36/70

TCPi
Transforming Clinical Practice Initiative

UNMH Board of Trustees
25 January 2019

Kori Beech

Gail Hammer

Zach Johson

Dr. Rick Crowell

HEALTH SCIENCES

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES

Acknowledgement

vizient™

The journey to a new model

Acute care model

Staccato care

Episodic care model

→

Chronic care model

Care that is comprehensive, continuous and coordinated

Physician-centered

Physician carries the load and responsibility

Staff supports physician

→

Patient-centered team care

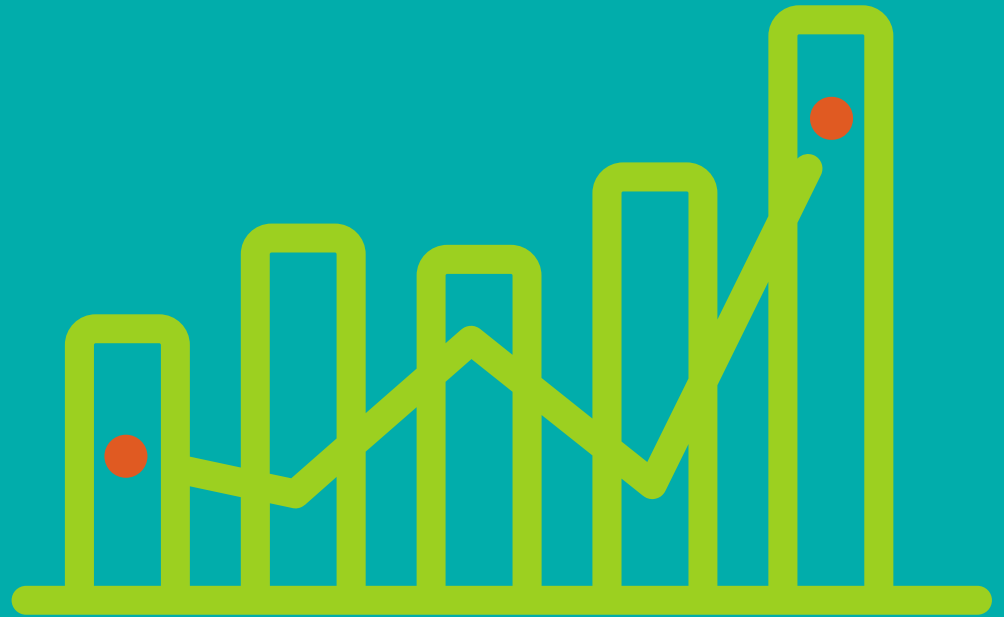Shared accountability for what is best for the patient

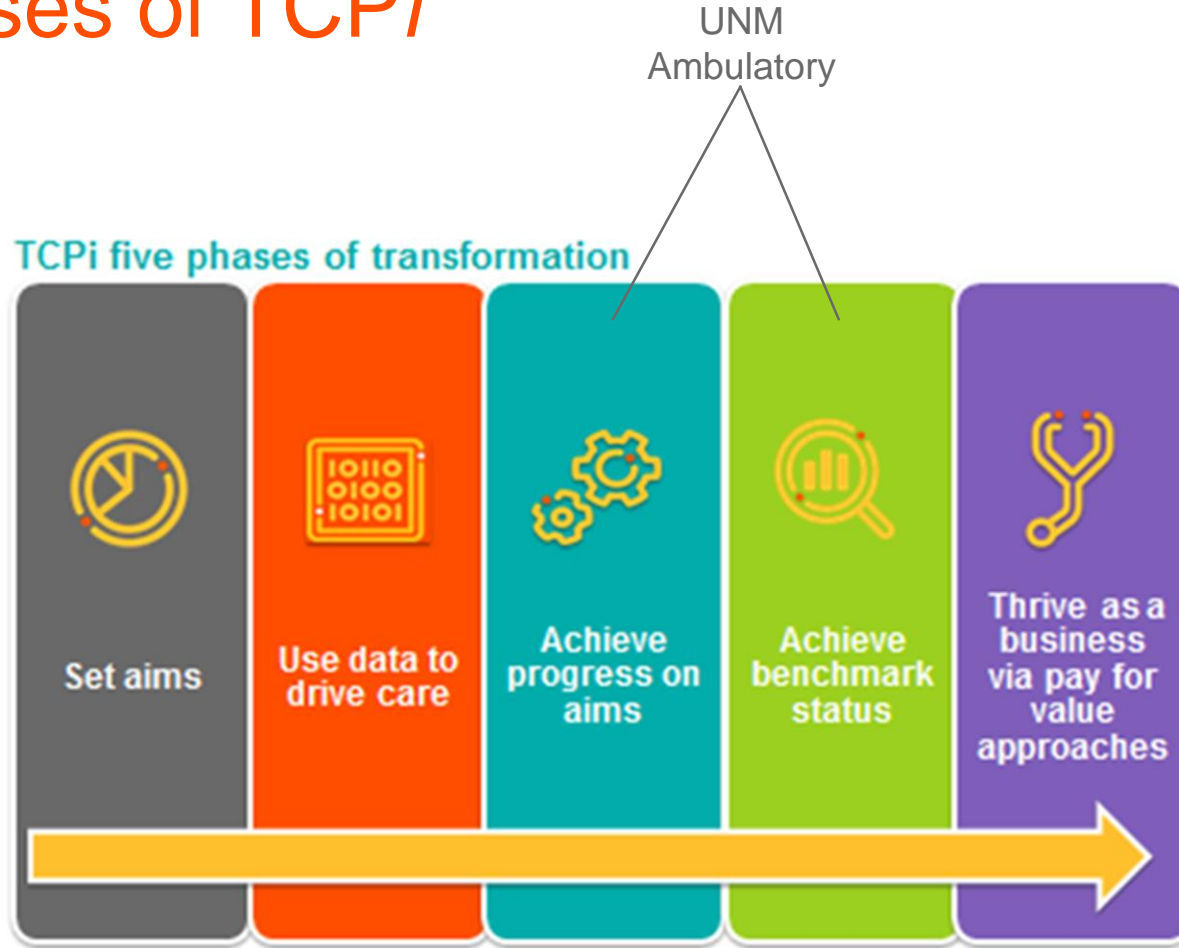**Silos of care**

Separated care providers

Disconnected care

→

Medical neighborhood system of care

Connected, coordinated care

vizient

Practice Assessment Results

vizient™

5 Phases of TCP*i*

UNM Ambulatory

TCPi five phases of transformation

| Set aims | Use data to drive care | Achieve progress on aims | Achieve benchmark status | Thrive as a business via pay for value approaches |

Finishing Strong

vizient

TCPI Assessments

UNM Ambulatory Clinics have been participating
- Primary Care: 24 primary care assessments were submitted
- Specialty Care: 85 specialty care assessments submitted
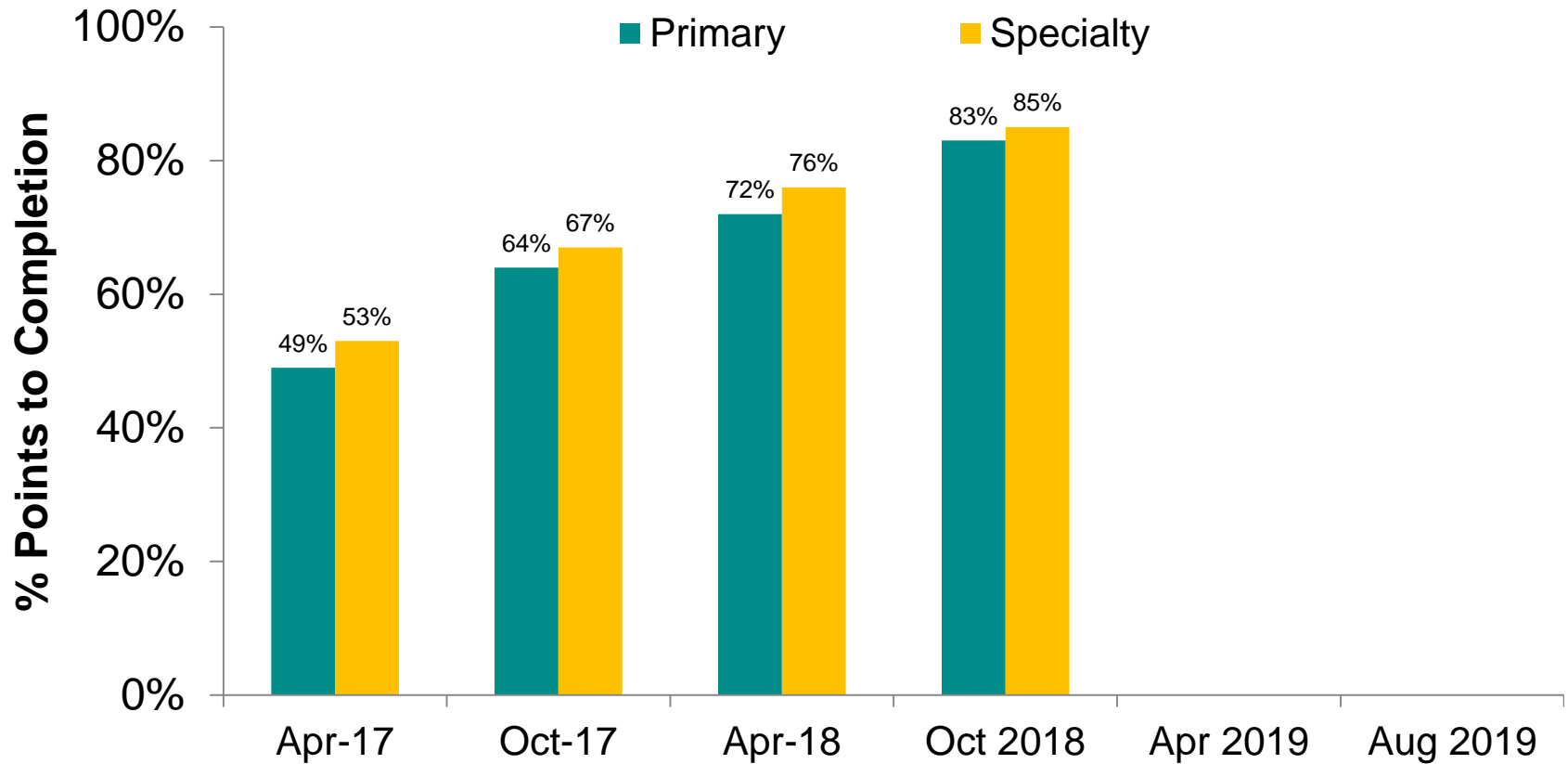- Assessments are completed over an 5-6 week time period

CMS survey tool used nationally

Assessments are conducted by third party

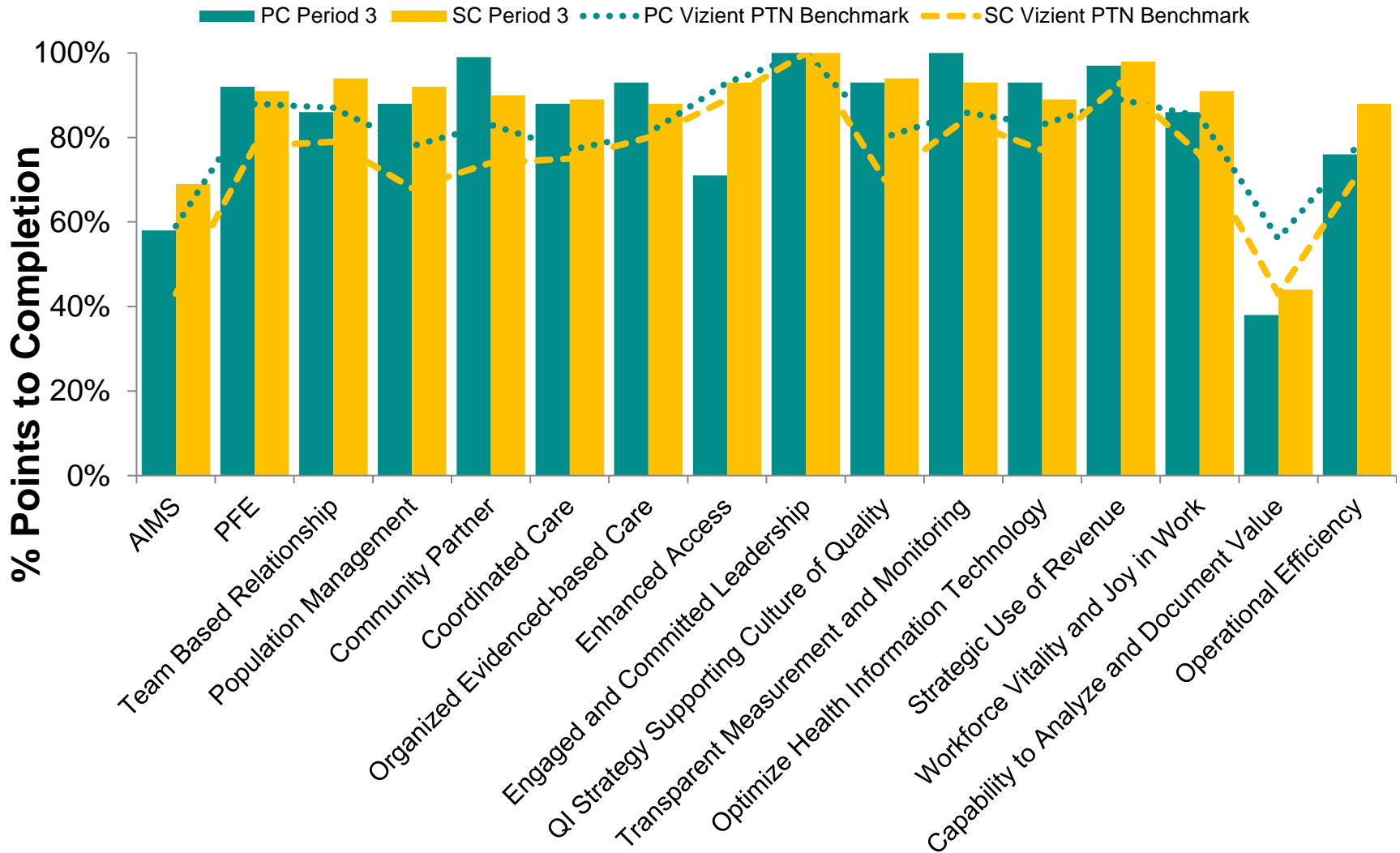**A scale of 0-3 is used for each question and data is uploaded**

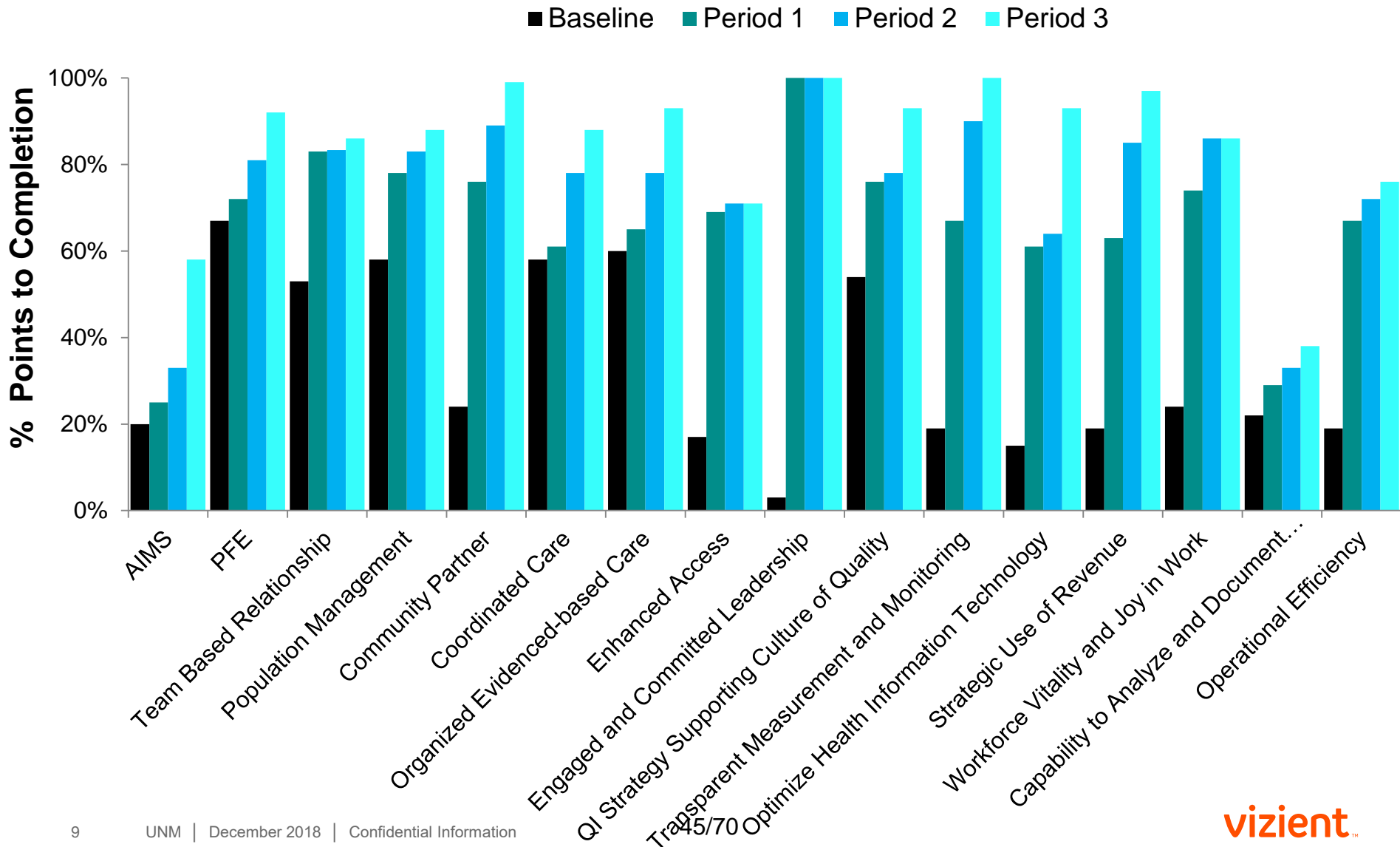**Vizient reports data to the TCPI community and CMS**

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Performance Over Time % to completion of TCP*i*

UNM | December 2018 | Confidential Information   43/70   vizient™

October 2018 Performance Scores with benchmarks

Legend: PC Period 3 | SC Period 3 | PC Vizient PTN Benchmark | SC Vizient PTN Benchmark

Y-axis: % Points to Completion

Categories: AIMS, PFE, Team Based Relationship, Population Management, Community Partner, Coordinated Care, Organized Evidenced-based Care, Enhanced Access, Engaged and Committed Leadership, QI Strategy Supporting Culture of Quality, Transparent Measurement and Monitoring, Optimize Health Information Technology, Strategic Use of Revenue, Workforce Vitality and Joy in Work, Capability to Analyze and Document Value, Operational Efficiency

vizient

Performance over time – Primary Care

Legend: ■ Baseline ■ Period 1 ■ Period 2 ■ Period 3

Y-axis: % Points to Completion (0% to 100%)

Categories: AIMS, PFE, Team Based Relationship, Population Management, Community Partner, Coordinated Care, Organized Evidenced-based Care, Enhanced Access, Engaged and Committed Leadership, QI Strategy Supporting Culture of Quality, Transparent Measurement and Monitoring, Optimize Health Information Technology, Strategic Use of Revenue, Workforce Vitality and Joy in Work, Capability to Analyze and Document…, Operational Efficiency

45/70

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Performance over time – Specialty Care

Chart legend: Baseline, Period 1, Period 2, Period 3

Y-axis: % Points to Completion (0% to 100%)

Categories: AIMS, PFE, Team Based Relationship, Population Management, Community Partner, Coordinated Care, Organized Evidenced-based Care, Enhanced Access, Engaged and Committed Leadership, QI Strategy Supporting Culture of Quality, Transparent Measurement and Monitoring, Optimize Health Information Technology, Strategic Use of Revenue, Workforce Vitality and Joy in Work, Capability to Analyze and Document…, Operational Efficiency

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Cost Savings

UNM | December 2018 | Confidential Information

47/70

vizient

Cost Savings - $3,049,335

TCPI Measure Performance
University of New Mexico Health System

Total
$3M
Cost Savings

Measures	Lives Impacted	Cost Savings
ED per patient Ratio	3,683	$5,981,273
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	798	$1,143,390
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	555	$955,610
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	-4,044	NA
Controlling High Blood Pressure	-101	($42,530)
30 Day All Cause Readmission Rate	-347	($4,988,409)
Total	**544**	**$3,049,335**

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Cost Savings Calculation - Methodology

Cost savings takes into account all quarters of data. We take the baseline quarter rate and apply it to the denominator of all following quarters.

EXAMPLE BELOW (not your hospitals data)

For 2015 Q4, we apply the baseline rate of .1292 to the 2015 Q4 denominator of 2374 = 307. This means that if 2015 Q4 was at the same rate as 2015 Q3, there would be 307 readmissions, however, the rate in 2015 Q4 was better at just 289 readmissions. The difference between the two, 18, is the lives impacted, which is multiplied by the cost per case of $14,394.

Quarter	Num	Den	Rate	Num if Quarter at Baseline Rate	Lives Impact	Cost Savings
2015-3	308	2384	12.92%	Baseline		
2015-4	289	2374	12.17%	307	18	$ 254,890
2016-1	274	2202	12.44%	284	10	$ 150,944
2016-2	248	2199	11.28%	284	36	$ 519,609
2016-3	262	2272	11.53%	294	32	$ 453,846
2016-4	242	2109	11.47%	272	30	$ 438,606
2017-1	278	2246	12.38%	290	12	$ 175,191
2017-2	292	2209	13.22%	285	-7	$ (95,131)
2017-3	280	2126	13.17%	275	-5	$ (76,752)
Total	2473	20121	12.29%		127	$ 1,821,203

vizient

Exemplary Practice Stories

UNM met the 2018 goal of 10 Exemplar Stories!!

Inspirational work UNM!! Thanks to the following Clinics:

1. UNM Cystic Fibrosis Clinic
2. ICOPE
3. Pediatric Infusion/Sedation
4. Sleep Clinic
5. Nephrology, Vascular, & Urology
6. Children's Psychiatric Center
7. Southeast Heights Primary Care
8. SRMC Primary Care
9. Women's Primary Care
10. Northeast Heights Primary Care

Patient Centered Care at UNM's Cystic Fibrosis Clinic
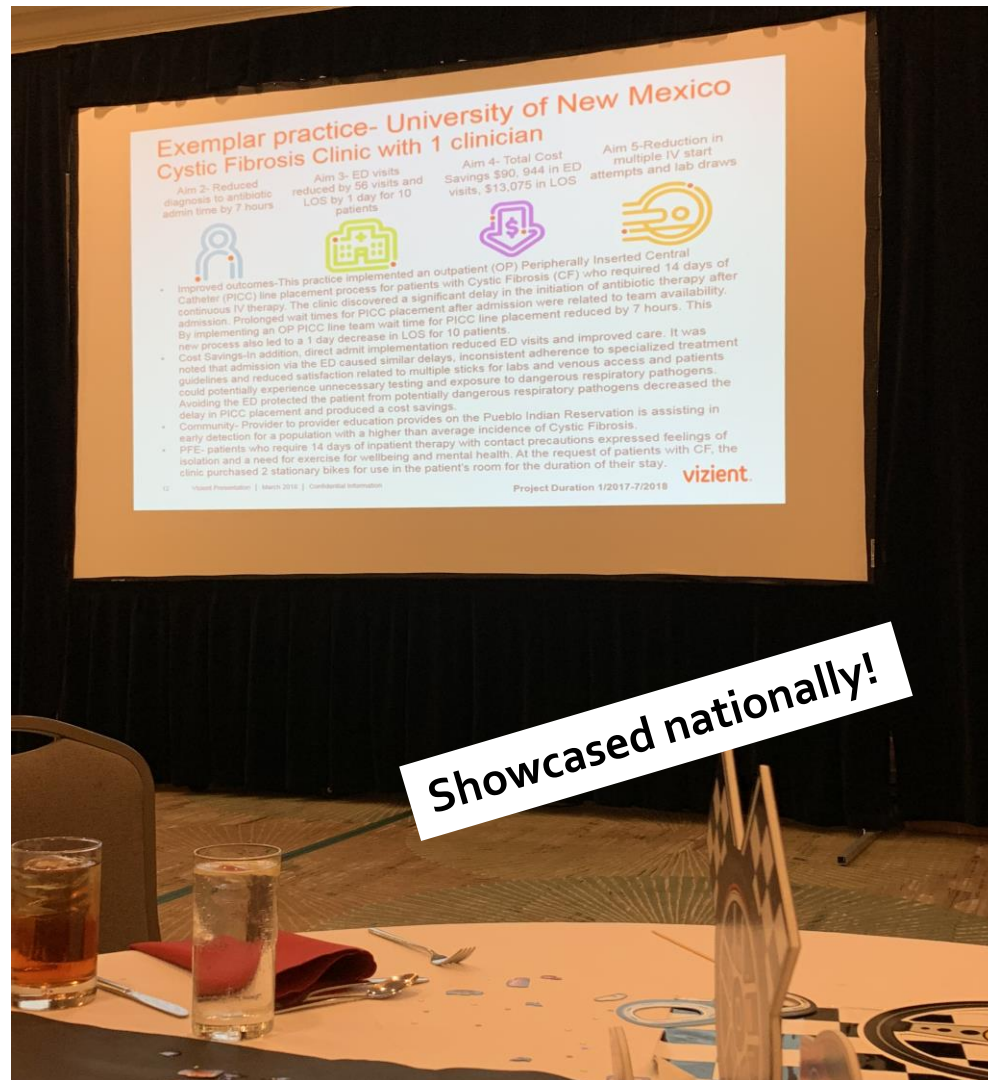
Showcased nationally!

Centering for improved coordinated care at UNM's Woman's Clinics

Same day follow-up appointment at **UNM's Children's Psychiatric Center** for improved patient-centered care.

Exemplary Practice Stories

Practice	Exemplary Story	Value to Patient and Payer	UOP Pillar & Strategy
Cystic Fibrosis Clinic	PICC line initiation in the clinic. Presented at CMS conference	• Reduce unnecessary hospital/ED utilization • Cost savings – short LOS • Reduce unnecessary testing/procedures	**Finance**: Improved Expense Management **Growth:** Increase ambulatory access and throughput
ICope Clinic	Primary Care and Behavioral Care integration	• Better access • Improved health outcomes • Improved care coordination • Decreased duplication of services • Increased satisfaction	**Finance**: Improved Expense Management **Growth:** Increase ambulatory access and throughput
Pediatric Infusion Unit	Barcode scanning to reduce med errors	• Improve quality and safety • Improve efficiency and • Cost avoidance	**Finance**: Improved Expense Management
Sleep Clinic	Improve no-show rate	• Improve access • Decrease all cause 30 day readmission rate • 7 day readmissions • Improve pt. outcomes	**Finance:** Improved Expense Management **Growth:** Increase ambulatory access and throughput
Nephrology, Vascular, and Urology Clinics	Clinic partnerships to improve Access	• Patient & Family engagement • Team based relationships • Coordinate care • Strategic Use of Practice revenue • Efficiency of Operation	**Service:** Improve Outpatient Experience **Finance:** Improved Expense Management

Next Steps

Although TCPI will officially end September 30, 2019, the work will continue...

- 2019 Assessments
- Patient-Centered Huddles
- Visual Huddle-Board Management
- Patient Family-Centered Council
- Alignment with VBC and UOP
- New advanced payment models
- Health care consumerism
- Exemplary practices
- Data driven improvement projects

"Don't wait, innovate now. It makes no difference if we embrace or ignore it - what is coming is considered market disruption and it is coming!"

Quote from CMS Transforming Clinical Practices Director, Dr. Robert Fleming on transformation at November 2018 National Conference.

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES

UNMH BOT Community Engagement Committee Charter

UNM Hospitals Board of Trustees Community Engagement Committee

VISION:

Partner with New Mexico communities to build health care capacity and collaborate with New Mexicans to care for themselves, their community members and loved ones.

The CEC recognizes fostering and maintaining relationships with community partners is a critical activity necessary to advance the mission of UNMH and ensure quality care and outcomes.

MISSION:

The UNM Hospitals Board of Trustees (UNMH BoT) Community Engagement Committee (CEC) will:

- Develop and maintain partnerships to advance the Hospitals' mission and grow to meet community needs.
- Listen to and solicit feedback from our community members to understand their needs and desires and to be in step with our community.
- Foster dialogue of cultural and societal inclusion to improve Hospitals' operations in meeting our patient care goals.

FUNCTIONS:

The CEC will serve the following functions:

1) <u>Educate/ Inform</u> CEC members who will raise awareness of Hospitals operations and activities by interfacing with community stakeholder groups.
2) <u>Brainstorm Areas of Focus and Develop Strategies</u> for the committee and make recommendations to Hospitals management for improvement activities or practices.
3) <u>Report Back</u> to the UNMH BoT on progress and results of selected improvement projects.
4) <u>Recognize</u> the Hospitals' contributions to and achievements in improving care delivery and the patient experience, and reward community partners.
5) <u>Obtain input</u> concerning hospital operations from the community, including newly planned initiatives

MEMBERSHIP:

The UNM Hospitals Community Engagement Committee is comprised of the Engagement Committee Chair plus four UNM Hospitals Board of Trustees members. The UNM Hospitals' Community Engagement Committee is supported by the UNM Hospitals CEO, the Administrators of Ambulatory Services and of Professional and Support Services. These hospital Administrators serve as primary staff and advisors to the UNM Community Engagement Committee Chair.

PARTICIPANTS:

In addition to the above-mentioned membership, the CEC may include members who represent the veteran or governmental sector, the culturally diverse population, and the managed care organizations. UNMH BoT members represent medical staff, the business sector, the Tribal population, and Bernalillo County.

STRUCTURE:

Chair and Committee Duties:
The UNM Hospitals Community Engagement Committee chair is a UNM Hospitals Board of Trustees member and is appointed by the UNM Hospitals Board Chair. The UNM Hospitals Community Engagement Committee Chair shall be appointed for one year and may continue to serve as Chair at the request of the UNM Hospitals Board of Trustees Chair or until a replacement is named.

The UNM Hospitals Community Engagement Committee Chair shall:
- Conduct the Community Engagement Committee meetings
- Establish the Community Engagement Committee calendar
- Direct the Community Engagement Committee agenda
- Make recommendations to the UNMH BoT regarding processes and plans for community engagement and responses to community health care needs
- Advise the UNMH BoT as needed regarding UNMH implementation of best practices designed to improve community health
- Ensure adequate operational knowledge and expertise of Community Engagement Committee board members

EXPECTATIONS:

The UNM Hospitals Community Engagement Committee shall be authorized and expected to:
- Monitor community satisfaction with current and/or proposed programs, access to care and other issues identified by the community
- Monitor interpreter/translation plans to ensure that patients have access to UNMH services in a timely fashion
- Review internal data and information regarding UNMH capacity to address diversity, equity and inclusion as related to patient access, patient outcomes, and patient satisfaction; and ensure that all UNMH staff are trained in and demonstrate cultural competence
- Other duties or responsibilities as delegated by the UNMH BoT
- Advocate for the advancement and promotion of the Hospitals' activities and involvement in communities and patient care needs

*MEETINGS***:**

CEC meetings will be held monthly targeting 60 minutes.

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: January 8, 2019

Subject: Monthly Health System Activity Update

This report represents unaudited year to date November 2018 activity and is compared to audited year to date November 2017 activity.

Quality and Safety: UNM Hospitals and SRMC continue to maintain improvements in UOP Quality and Safety metrics. For FY19 thru October, UNM Hospitals have 9/14 metrics at or below fiscal year targets set for the UNMH UOP (lower numbers represent better performance). SRMC has 11/14 metrics at or below FY19 targets. Of note, 5 of 6 non-infection Severe Patient Harm Events remain below target at UNMH both and SRMC; for infection-related Severe Harm Events, 2/5 remain below targets at UNMH and 3/5 remain below targets at SRMC.

Activity Levels: Health System total inpatient discharges and observation discharges are up 1% as compared to prior year.

Health System total inpatient discharges are down 4% compared to prior year, with discharges down 4% at UNMH and 7% at SRMC. Health System adult length of stay (without obstetrics) is down 4% compared to prior year, with length of stay down 4% at UNMH and down 9% SRMC.

Health System observation discharges are up 14% compared to prior year, with adult observation discharges up 16% at UNMH and up 18% at SRMC. The SRMC increase in observation discharges is predominately driven (>80%) by the CMS reclassification of total knee joint replacement surgery from an inpatient procedure to an outpatient procedure.

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

Births are down 3% year over year and 2% above budget.

Health System total outpatient activity is 3% higher compared to prior year. Primary care clinic visits are up 10% compared to prior year. Specialty clinic visits are up 1% compared to prior year. Emergency visits are 20% lower than prior year.

Surgeries overall are down 6% year over year due to decrease in community physician surgical volume at SRMC. UNM surgical volume is down 2% compared to prior year.

Medical Group RVUs are down 1% FY19 over prior year.

Finances: Health System had total year-to-date operating revenue of $533.0 million, representing a 3% increase over prior year. Total non-operating revenue was $46.8 million, representing a 13% increase ($5.4 million) over prior year. Total operating expenses were $576.9 million, representing a 4% increase over prior year. Net margin was $2.8 million as compared to $.8 million prior year.

The balance sheet is stable with a current ratio of 1.92 as compared to 2.04 prior year. The cash and cash equivalents for UNM Health System is $264.7 million as compared to $289.4 million prior year. Net patient receivables are up 1% and total assets are up 3%. Total liabilities are up 5% over prior year. Total net position is up 1% over prior year.

SRMC Mill Levy: SRMC has kicked off planning teams for Trauma and Behavioral Health Program details.

UNMH Chief Financial Officer: UNMH CEO Kate Becker has named Bonnie White, Executive Director of Financial Planning and Analysis, has assumed the role of Chief Financial Officer as of December 17th. Bonnie is a Certified Public Accountant with 24 years of financial experience. She began her career at UNMH in 2007 and has led a team responsible for organizing and directing the financial planning and analysis activities for UNM Health Sciences Center Clinical Operations. In this role, she served as an advisor to the Chief Financial Officer for the capital and operating budgets, as well as for financial analysis, long range planning, and revenue cycle operations.

Mission Excellence: We had a very successful LEADING to Excellence conference on 12/13/18 with a total of 929 attendees. The focus was Change Leadership

Operational Improvement Initiative: The Health System has completed the 1st month of the 18 month Phase III – Implementation process of the operational improvement initiative with Huron. All improvement teams have kicked off their operational work, to include identification of key performance indicators and benefit measurement process.

Lovelace UNM Rehabilitation Hospital – Joint Venture (JV): The Lovelace UNM Rehabilitation Hospital has completed its first 18 months under its new Joint Venture Structure. The Rehabilitation Hospital has outperformed the initial proforma and budgeted operating metrics in all categories since inception.

Of particular importance has been the establishment of the Physical Medicine and Rehabilitation (PM&R) residency program ahead of schedule. We anticipate approval from the residency accreditation agency (ACGME) in January 2019. Upon ACGME approval, we will immediately begin the recruitment for both a PGY1 and 2 class of residents for a start date of 7/1/2019. To date we have approximately one dozen potential residency candidates that have expressed interest in our new residency program.

We have also expanded the Interventional Pain services within the Rehabilitation Hospital. We are exploring the expansion of the Spine program.

UNM HOSPITALS

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: January 25, 2019

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through December 2018.

Quality: UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report, specifically mortality and hospital acquired infection. The Vizient data has been released for November and will be presented by Dr. Crowell at today's meeting.

Statistics (Financial data):   As of the end of December the UNMH inpatient volume is lower compared to prior year. This effect may be due to the early viral season that was experienced in November of 2017. UNMH also continues to see a shift of patients from inpatient status to observation status. Patient days are 3.6% lower than budget in total with adult patient days accounting for a -2%. Adult equivalent observation days are up 19%, or 1,027 days from budget and prior year to date. Pediatric days are much lower at -8% to budget most likely related seasonality. Inpatient discharges are 4% lower than budget and slightly lower compared prior year activity. Outpatient activity is reported as 1% below budget year to date through December and 3.4% higher compared to prior year. Emergency visits are 11% lower than budget and considerably less than prior year. Case mix index remains greater than prior year and inpatient length of stay is flat compared to prior year.

Financial: Net margin year to date is positive at $2,287,000. Net patient revenues continue on a positive trend while salaries, benefits, purchased services and medical services continue trending over budget.

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

Human Resources: The turnover rate rolling year to date is 15.75% for the full workforce and 14.66% for nurses as a subset. This represents a slight increase over the last quarter results and exceeds the goal of 15% for the full workforce and below the goal for the nurse specific workforce. Overall hiring is in pace with the current turnover rates. UNMH currently has 5,918 employed FTEs which is 488.53 (7.62%) less than budget. The hiring rate of nurses and non-nursing staff continues to be stable. Full contract negotiations have begun for the 1199 Licensed & Technical and 1199 Support Staff bargaining units.

Native American Liaison: 2019 Tribal Government elections/appointments & consultation. The 19 pueblos and Ysleta del Sur have announced new leadership for 2019. The All Pueblo Council of Governors (APCG) will hold their traditional January meeting at Kewa, with normal business resuming in February. UNM Hospitals is preparing for our annual Spring consultative meeting with APCG in the March-April timeframe; we are awaiting confirmation of the meeting date. FMAP. Hospital management worked with Navajo Area I.H.S. and the State of NM during December to successfully test processing and reporting of eligible Medicaid claims that meet criteria for the 100% federal match 'FMAP'. This builds on previously completed work with Albuquerque Area I.H.S. UNMH is working on setting up the same processes for tribal 638 referring entities including Isleta, Jemez, Sandia, Alamo, Ft Defiance, and Canoncito-To'Hajiilee. Federal shut-down impacts. As of December 21, 2018 the Indian Health Service is working without an approved budget. Although federal workers involved in direct care delivery are 'excepted' and at work, some I.H.S. administrative office staffs are on furlough, and some payments by Albq Area I.H.S. to their fiscal intermediary and contractors for locums coverage were delayed. UNM Hospitals is receiving a small increase in referred patients since the shutdown began. We are also anticipating a possible slow down in claims payment. Access to services. An area of focus for 2019 is to improve access to scarce sub-specialty services for referred patients; 8 subspecialties have been identified. To date, wait times in Dermatology have resolved. Research. Cheryl Wilman, MD, has asked the pueblo governors to partner with her on the creation of an advisory group to work with the UNM Cancer Center on the topics of ongoing research and the tissue bank repository.

Bernalillo County: UNMH and Bernalillo County continue to work together on the deliverables outlined under the Memorandum of Understanding. This includes working with the County on development of UNMH clinical services at the MATS facility and in operational alignment with UNM Behavioral Health programs.

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

CMO Report

UNM HOSPITALS

To: Board of Trustees

From: Irene Agostini, MD
              UNMH Chief Medical Officer

Date: January 25, 2019

Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of December was 8 hours and 24 minutes. This is an increase from December of 2017 when the average wait time was 7 hours and 42 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

    - 55 patients were triaged to an SRMC Inpatient unit instead of placing at UNM Hospital.

2. The Community Partnership with Lovelace Health system continues to be successful in putting the needs of the "Patient First", allowing continued access to those patients that can only be cared for by UNMH. In the month of December:

    - 82 patients were triaged from the UNM Health System to Lovelace Health System.

3. Our adult ALOS (average length of stay) for December 2018 was 6.86 as compared to December 2017 which was 6.60. For FYTD 2019 our ALOS is 6.75 which is an improvement from FYTD 2018 when it was 6.94. We continue to hardwire our processes to decrease our ALOS despite accepting higher acuity complex patients.

    Our length of stay index for adult patients in September 2018 was 0.92 which is lower than September of 2017 when it was 1.07 indicating the patients are receiving care in a more efficient manner.

    The CMI (case mix index) for adults for September 2018 was 2.30 which are higher than September of 2017 when it was 2.24 indicating we are caring for more complex patients. We continue to hardwire our new processes to decrease our ALOS despite accepting higher acuity patients

4. Our "LEADing to Excellence" retreat occurred on December 13th with much of our focus centered on change leadership with key takeaways on our continued journey to Hardwiring Excellence to include the following:

    - *__We__* are in this together, removing the "us" vs. "them" mentality
    - Critical Conversations, High/Solid/Low performers
    - Huron engagement and excellence journey

5. UNMH Surgical Services continues to build a solid foundational structure. This work of creating reliable process to serve the needs of New Mexican's has preliminarily shown good results in the on-time start of operating room cases. In the month of December the UNMH main OR has a 58% on-time start of all cases, BBRP has a 73.2% and OSIS has a 60% on-time start.

    The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of December the TOT was 61 minutes for the UNMH main OR, BBRP has 49 minute TOT and OSIS has a 35 minute TOT. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.

UNM HOSPITAL BOARD OF TRUSTEES
Finance Committee Meeting

Wednesday, January 23, 2019 10:00 AM
UNM Hospitals Administration, Large Conference Room

Objectives
• Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

I.   Approval of December 19, 2018 meeting minutes

II.   Consent Items for recommendation for approval to full Board of Trustees and further recommendation to the Board of Regents:

- Disposition of Assets - $207,522.90

- Repair, Renew, Replace Capital Project – UPC-PES-Expansion Renovation $1,300,000

- Repair, Renew, Replace Capital Project – UPC Adult Inpatient – Inpatient BHICU, Comfort Rooms $1,400,000

- Repair, Renew, Replace Capital Project – UH Main, Safety – Fire Alarm System $1,500,000

- Repair, Renew, Replace Capital Project – UNMH Main 10&11 Roof Replacement $979,242

- Consent Item – Program Manager- MMF $6,789,262

- Consent Item – Architect/Design – MMF $33,858,800

III.   Financial Update for the six months ended December 31, 2018

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

UNM HOSPITAL BOARD OF TRUSTEES
Audit and Compliance Committee Meeting

Wednesday, January 23, 2019 2:00 p.m.
UNM Hospitals Administration, Large Conference Room

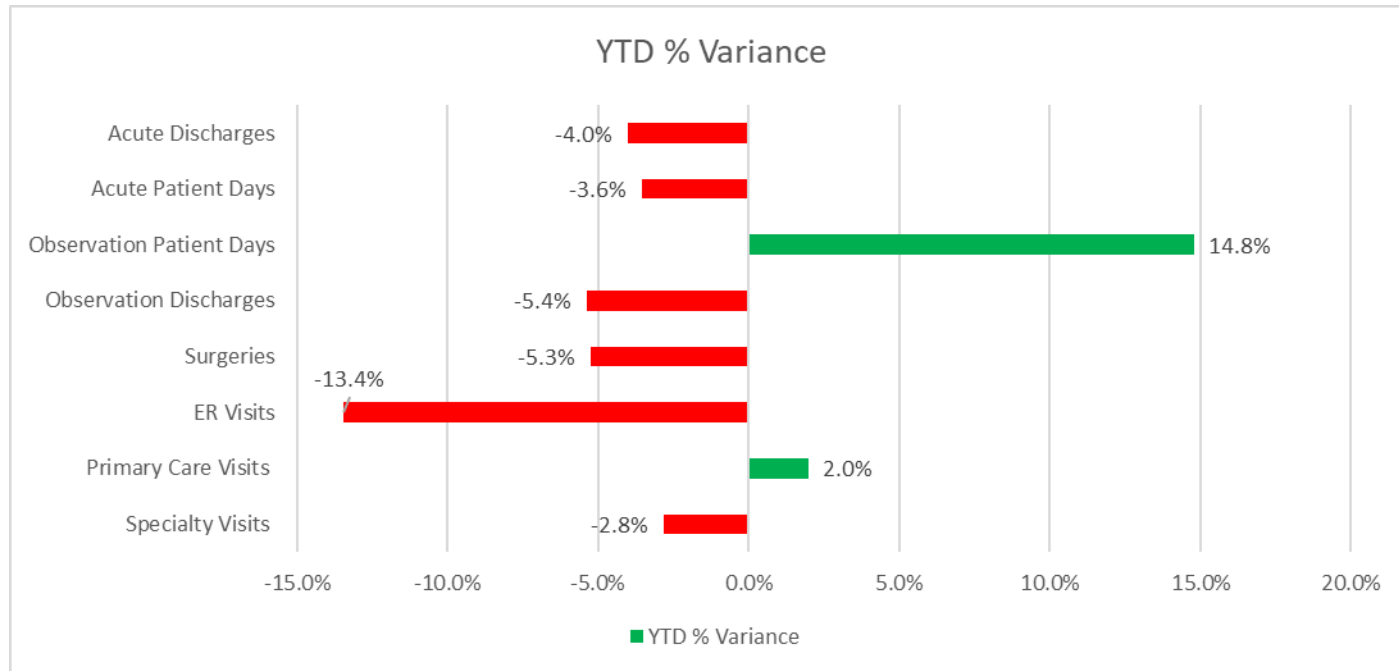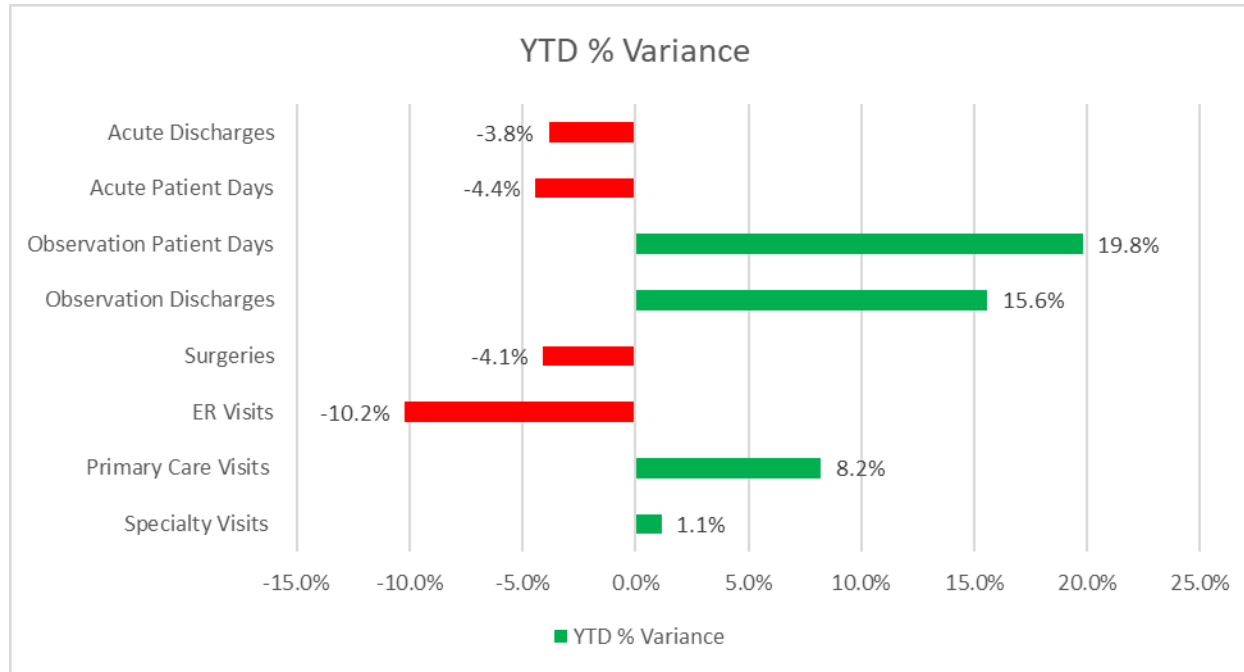| **Objectives** |
|---|
| • Provide audit and compliance oversight of UNM Hospitals. |

Finance Committee Meeting:

I.   Approval of November 28, 2018 meeting minutes

II.   Cybersecurity 101 Presentation – David Grisham and Dawn Harrington

III.   Revised Compliance and Internal Audit Work Plans – Purvi Mody
IV.   Related Party Internal Audit

HOSPITALS

UNM Hospitals

FINANCIAL UPDATE

Through December 2018

YTD % Variance

	Acute Discharges	-4.0%
	Acute Patient Days	-3.6%
	Observation Patient Days	14.8%
	Observation Discharges	-5.4%
	Surgeries	-5.3%
	ER Visits	-13.4%
	Primary Care Visits	2.0%
	Specialty Visits	-2.8%

	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,956	1,934	22	1.1%	11,161	11,629	(468)	-4.0%
Acute Patient Days	12,652	12,651	1	0.0%	73,370	76,072	(2,702)	-3.6%
Observation Discharges	948	1,025	(77)	-7.5%	5,819	6,148	(329)	-5.4%
Observation Patient Days	1,145	1,094	51	4.6%	7,538	6,567	971	14.8%
Surgeries	1,475	1,743	(268)	-15.4%	9,913	10,463	(550)	-5.3%
ER Visits	6,365	7,002	(637)	-9.1%	36,375	42,027	(5,652)	-13.4%
Primary Care Visits	15,047	14,933	114	0.8%	91,438	89,643	1,795	2.0%
Specialty Visits	30,297	31,100	(803)	-2.6%	181,469	186,768	(5,299)	-2.8%

HOSPITALS

YTD % Variance

Category	YTD % Variance
Acute Discharges	-3.8%
Acute Patient Days	-4.4%
Observation Patient Days	19.8%
Observation Discharges	15.6%
Surgeries	-4.1%
ER Visits	-10.2%
Primary Care Visits	8.2%
Specialty Visits	1.1%

■ YTD % Variance

	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,956	2,048	(92)	-4.5%	11,161	11,606	(445)	-3.8%
Acute Patient Days	12,652	12,810	(158)	-1.2%	73,370	76,756	(3,386)	-4.4%
Observation Discharges	948	735	213	29.0%	5,819	5,035	784	15.6%
Observation Patient Days	1,145	862	283	32.8%	7,538	6,292	1,246	19.8%
Surgeries	1,475	1,523	(48)	-3.2%	9,913	10,334	(421)	-4.1%
ER Visits	6,365	6,611	(246)	-3.7%	36,375	40,521	(4,146)	-10.2%
Primary Care Visits	15,047	14,573	474	3.3%	91,438	84,512	6,926	8.2%
Specialty Visits	30,297	28,992	1,305	4.5%	181,469	179,412	2,057	1.1%

HOSPITALS

UNM Hospitals	Action OI Benchmark	Dec-18	YTD	YTD Budget	%Budget YTD	Prior YTD	%Growth
ALOS		6.47	6.57	6.54	-0.49%	6.61	-0.60%
CMI Adjusted Patient Days *	54,738	49,893	312,323	301,566	3.57%	302,817	3.14%
Net Core Patient Revenues ($ in thousands)		$ 78,151	$ 439,393	$ 431,805	1.76%	$ 422,091	4.10%
Total Operating Expenses ($ in thousands)		$ 93,665	$ 553,866	$ 538,454	-4.86%	$ 527,692	-4.96%
Net Operating Income ($ in thousands)		$ (6,815)	$ (50,870)	$ (51,254)	0.75%	$ (49,382)	-3.01%
Net Income ($ in thousands)		$ 1,241	$ 2,287	$ 1		$ 218	
Net Core Revenue/CMI Adj Patient Day		$ 1,566	$ 1,407	$ 1,432	-1.75%	$ 1,394	0.93%
Cost/CMI Adj Patient Day	$ 1,718	$ 1,877	$ 1,773	$ 1,786	0.68%	$ 1,743	-1.77%
FTEs		6,391	6,437	6,484	0.73%	6,294	-2.27%

* 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 2018 the 50th percentile is 164,213. The metric above divided by three months for compative purposes.

HOSPITALS

* % change relative to budget

Category	Value
Net Patient Revenue *2%	8,019
340B Revenues *58%	7,580
Other Revenues *4%	198
Salaries and Benefits *(2)%	(5,353)
340B Expenses *(46)%	(2,781)
Medical Services and Supplies *(2)%	(3,757)
Purchased Services *(14)%	(3,958)
Occupancy, Depreciation & Equipment *1%	563
Other *(1)%	(126)
Net, Other Non Op Rev (Exp) *4%	1,901
Increase (decrease) in net assets	2,286

70/70

17