



BOARD OF TRUSTEES - OPEN SESSION AGENDA

April 28, 2023 @ 9:30 AM

Join Zoom Meeting <https://hsc-unm.zoom.us/j/99446166537> Meeting ID: 994 4616 6537 / Passcode: 333268
+1-253-215-8782, 99446166537# *333268# US (Tacoma) or +1-346-248-7799, 99446166537# *333268# US (Houston)

- I. **CALL TO ORDER – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS - Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees (Informational – 10 Minutes)**
 - Appreciation/Recognition for Service – Mr. Terry Horn
 - Welcome New UNMH BOT Member – UNM BOR Randy Ko
- III. **ADOPTION OF AGENDA – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees (Approval/Action - 2 Minutes)**
- IV. **PUBLIC INPUT (Informational)**
- V. **APPROVAL OF THE MINUTES – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees**
 - February 24, 2023 UNM Hospital Board of Trustees Meeting Minutes (Approval/Action – 2 Minutes)
 - March 29, 2023 UNM Hospital Board of Trustees Special Meeting Minutes (Approval/Action – 2 Minutes)
- VI. **MISSION MOMENT – Dr. Sara Frasch, CHRO, to Introduce Mrs. Barbara Temer, Director Volunteer Services (Informational – 10 Minutes)**
- VII. **CARRIE TINGLEY HOSPITAL FOUNDATION BYLAWS – Mrs. Doris Tinagero, Executive Director (Approval/Action – 10 Minutes)**
- VIII. **PATIENT FAMILY ADVISORY COMMITTEE (PFAC) UPDATE – Mr. Keith Laffler, Manager, PFAC (Informational – 10 Minutes)**
- IX. **METROPOLITAN DETENTION CENTER (MDC) UPDATE – Mrs. Kate Becker, CEO (Informational – 15 Minutes)**
- X. **SRMC HOSPITAL PLANNING – Mrs. Kate Becker, CEO (Informational – 15 Minutes)**
- XI. **UNM HOSPITAL TOWER UPDATE – Dr. Michael Chicarelli, COO (Informational – 10 Minutes)**
- XII. **UNMH BOT APPOINTMENT(S)/REAPPOINTMENT(S) – Mrs. Kate Becker, CEO (Informational – 15 Minutes)**
- XIII. **FINANCIAL UPDATE (40 minutes)**
 - Financials thru March 2023 – Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (Informational)
 - Operating Budget – FY23 Revised and FY24 – Mrs. Julie Knight, Executive Director, Financial Planning & Analysis (Approval/Action)
 - Capital Budget – FY23 Revised and FY24 – Mrs. Julie Alliman, Controller/Executive Director, Finance (Approval/Action)
- XIV. **ITEMS FOR APPROVAL - Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (20 Minutes)**
 - **Recommend for Approval by UNMH Board of Trustees moving forward to HSC Committee and UNM Board of Regents**
 - Capital Project: UH Main Chiller Replacement – Phase 2 (nte \$2,750,000.00)
 - Capital Project: Dermatology Clinic Renovation (nte \$1,700,000.00)
 - Capital Project: UH Main Boiler #1 Replacement (nte \$1,250,000.00)
 - Property Disposition – April 2023
 - **Recommend for Approval by UNMH Board of Trustees**
 - Capital Project: UH Main 2nd Floor OR Suite Renovation (nte \$2,750,000.00)
 - Cerner – Soarian Financials Patient Accounting Software System and Support Services (\$51,962,560.03)
 - Critical Care Tower Purchase Approval Request: New Tower Purchases of Furniture/Fixture/Equipment (\$12,292,174.00)
 - Diamond Pharmacy – MDC Pharmacy Services (nte \$5,000,000.00)
 - UNM Health System/Press Ganey Renewal 3-Year Agreement (\$3,511,632)
- XV. **ADMINISTRATIVE REPORTS (Informational – 20 Minutes)**
 - Executive Vice President Update – Dr. Doug Ziedonis
 - HSC Committee Update – Dr. Mike Richards
 - UNMH CEO Report – Mrs. Kate Becker
 - UNMH CMO Report – Dr. Steve McLaughlin
 - Chief of Staff Update – Dr. Alisha Parada
- XVI. **UNM HOSPITAL BOT COMMITTEE REPORTS (Informational – 10 Minutes)**
 - Finance Committee – Mr. Del Archuleta
 - Audit & Compliance Committee – Dr. Tamra Mason
 - Quality and Safety Committee – Mr. Trey Hammond
 - Native American Services Committee – Mrs. Monica Zamora

- XVII. **CLOSED SESSION: Roll Call Vote to close the meeting and to proceed in Closed Session – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees (Approval/Action – Roll Call Vote)**
- a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions
- XVIII. Certification that only those matters described in Agenda Item XVII were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustee (Approval/Action)
- XIX. Adjourn Meeting – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustee (Approval/Action)



UNMH Board of Trustees Meeting Minutes 02 24 2023

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
UNM Hospital Board of Trustee Voting Members Present	Mr. Kurt Riley, Mr. Del Archuleta, Dr. Tamra Mason, Mr. Trey Hammond, Mrs. Monica Zamora, Mr. Michael Brasher, and Dr. Davin Quinn	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Doug Ziedonis, President Garnett Stokes, and Dr. Alisha Parada	
Staff Members Present	Dr. Mike Chicarelli, Dr. Sara Frasch, Dr. Steve McLaughlin, Dr. Rohini McKee, Mrs. Patti Kelley, Mrs. Dawn Harrington, Mrs. Jennifer James, Mrs. Meghan Nicholson, Mr. Fabian Armijo, Mrs. Eileen Sanchez, Mr. Ryan Randall, Dr. John Marek, Dr. Anna Duran, Dr. Richard Miskimins, Mrs. Bonnie White, Mr. Rodney McNease, and Ms. Fontaine Whitney	
Non-Staff Members/ Not Public Input	N/A	
County Officials Present	N/A	
I. Call to Order	A quorum being established, Mr. Kurt Riley, Chair, called the meeting to order at 9:32 AM.	
II. Announcements	N/A	
III. Adoption of Agenda	Mr. Kurt Riley, Chair, asked for any revisions to the Agenda. Hearing no revisions, Chair Riley requested a motion to adopt the Agenda.	Mr. Michael Brasher made a motion to adopt the agenda. Dr. Tamra Mason seconded the motion. Motion passed with no objections.
IV. Public Input	N/A	
V. Approval of Minutes	Mr. Kurt Riley, Chair, asked for any revisions to January 27, 2023 UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Chair Riley requested a motion to approve the January 27, 2023 UNM Hospital Board of Trustees Meeting Minutes.	Mrs. Monica Zamora made a motion to approve the January 27, 2023 UNM Hospital Board of Trustees Meeting Minutes. Mr. Michael Brasher seconded the motion. The motion passed with no objections.
VI. Mission Moment	Dr. Rohini McKee, Chief Quality Officer, UNM Hospital, stated today's Mission Moment highlights a family that was traveling through New Mexico on their way to Arizona. They were stopped on the shoulder of the highway when a semi going at a high rate of speed crashed into their car causing severe damage to the family and car. Dr. McKee introduced Dr. Richard Miskimins, Acute Care Surgery, who gave an overview of the story. The Mission Moment includes a summary and an email to Dr. Miskimins from the mother (presentation in BoardBook). Many compliments and words of appreciation were expressed.	
VII. UNM Hospital Critical Care Tower Update	Dr. Mike Chicarelli, Chief Operating Officer, UNM Hospital, showed photo progress of the UNM Hospital Tower project throughout the year and explained the status of completions and on-going work; this project remains on budget and on schedule.	

<p>VIII. UNM Hospital Community Listening Sessions</p>	<p>Mr. Fabian Armijo, Executive Director, Diversity, Equity & Inclusion, UNM Hospital, gave an overview of the UNMH Community Listening Sessions (CHNA). A CHNA is a systematic process involving the community to identify and analyze community health needs. The process provides a way for communities to prioritize health needs and to plan and act upon unmet community health needs. Listening session series brings members from various groups together who have a common goal to reduce health disparities and advance health equity. These sessions help UNMH to better understand community's social determinants of health, foster a culture that supports learning how to create healthier community's by understanding where issues are and identify the health needs of the community and formulate strategies to address the needs shared with the hospital from the community. The first session will be held March 7th – calendar invitations and a flyer will be sent to UNMH Board of Trustee Members.</p>	
<p>IX. New UNM Hospital Board of Trustee Appointments/Members</p>	<p>Mrs. Kate Becker, CEO, UNM Hospital, stated that Dr. Nathan Boyd as the immediate former Chief of Staff at UNM Hospital, and consistent with our past practice, are recommending Dr. Boyd for a 2-year term (July 1, 2023 thru June 30, 2025) on the UNM Hospital Board of Trustees replacing Dr. Davin Quinn, who has tendered his resignation effective June 30, 2023 to allow Dr. Boyd the opportunity to serve. If approved, this nomination will move forward to HSC Committee and then to UNM Board of Regents for approval/appointment. After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the nomination of Dr. Nathan Boyd for a 2-year term as a UNM Hospital Board of Trustees Member to move forward to HSC Committee and UNM Board of Regents for approval/appointment.</p> <p>Mrs. Kate Becker, CEO, UNM Hospital, stated that Mr. Terry Horn's 2nd term appointment as a Member of the UNM Hospital Board of Trustees expires on June 30, 2023. Mrs. Becker and the Executive Committee of the UNM Hospital Board of Trustees have met and are recommending Mr. Henry Monroy for a 3-year term (July 1, 2023 thru June 30, 2026) on the UNM Hospital Board of Trustees replacing Mr. Horn. Mrs. Becker stated that Mr. Monroy is the Vice President, Regulatory and Corporate Controller of PNM Resources, Inc. with a Bachelor of Accountancy and is a Certified Public Accountant. If approved, this nomination will move forward to HSC Committee and then to UNM Board of Regents for approval/appointment. After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the nomination of Mr. Henry Monroy for a 3-year term as a UNM Hospital Board of Trustees Member to move forward to HSC Committee and UNM Board of Regents for approval/appointment.</p>	<p>Mr. Del Archuleta made a motion to approve Dr. Nathan Boyd for a 2-year term as a Member of the UNM Hospital Board of Trustees to move forward to HSC Committee and then to UNM Board of Regents for approval/appointment. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mr. Del Archuleta made a motion to approve Mr. Henry Monroy for a 3-year term as a Member of the UNM Hospital Board of Trustees to move forward to HSC Committee and then to UNM Board of Regents for approval/appointment. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>
<p>X. Financial Update</p>	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the Financial Update through January 2023 (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the financials in detail at their meeting. Highlights included the below:</p> <ul style="list-style-type: none"> • Adult Capacity • Pediatric Capacity • Average Daily Census • Surgical Cases • Inpatient and Outpatient Surgical Cases per Business Day • ER Arrivals • YTD Stats Variance to Budget • YTD Stats Variance to Prior YTD • CMI and ALOS • Executive Summary • Financial Results • Condensed Balance Sheet 	

	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the UNM Hospital FY24 Budget Assumptions (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the FY24 Budget Assumptions in detail at their meeting. Highlights included the below:</p> <ul style="list-style-type: none"> • Budget Guiding Principles • Overview of Budget Process • FY24 Preliminary Budget Statistics • FY24 Behavioral Health Preliminary Budget Statistics • FY24 Revenue Budget • FY24 Contracting and Governmental Impacts • FY24 Expense Budget • FY24 Non-Operating Budget 	
<p>XI. Items for Approval</p>	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Capital Project Approval: Off-Site Sleep Disorders Clinic Renovations (nte \$750,000) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project Approval: Off-Site Sleep Disorders Clinic Renovations (nte \$750,000) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Capital Project Approval: UH Kitchen Hood and Exhaust Upgrade (nte \$1,900,000) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project Approval: UH Kitchen Hood and Exhaust Upgrade (nte \$1,900,000) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Disposition of Assets <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Disposition of Assets as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Kate Becker, CEO, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> • RFP P476-22 Third Party Administrator – UNMH Program (\$4,101,800) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve RFP P47622 Third Party Administrator – UNMH Program (\$4,101,800) as presented by Mrs. Becker. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p>	<p>Mr. Del Archuleta made a motion to approve Capital Project: Off-Site Sleep Disorders Clinic Renovations (nte \$750,000) as presented to move forward to HSC Committee and UNM Board of Regents. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mr. Michael Brasher made a motion to approve Capital Project Approval: UH Kitchen Hood and Exhaust Upgrade (nte \$1,900,000) to move forward to HSC Committee and UNM Board of Regents as presented. Mr. Del Archuleta seconded the motion. The motion passed with no objections.</p> <p>Dr. Tamra Mason made a motion to approve the Disposition of Assets to move forward to HSC Committee and UNM Board of Regents as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mrs. Monica Zamora made a motion to approve RFP P476-22 Third Party Administrator – UNMH Program (\$4,101,800) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>

	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-ups in BoardBook).</p> <ul style="list-style-type: none"> Request to Renew Current SG-2, LLC Agreement (\$3,188,700) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Request to Renew Current SG-2, LLC Agreement (\$3,188,700). Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and recommend approval.</p>	<p>Mr. Trey Hammond made a motion to approve Request to Renew Current SG-2, LLC Agreement (\$3,188,700) as presented. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p>
<p>XII. Administrative Reports</p>	<p>Dr. Doug Ziedonis presented the Executive Vice President update (report in Open Session BoardBook). Dr. Michael Richards presented the HSC Committee Update (report in Open Session BoardBook). Mrs. Kate Becker presented the UNM Hospital CEO Update (report in Open Session BoardBook). Dr. Steve McLaughlin presented the UNM Hospital CMO update (report in Open Session BoardBook). Dr. Alisha Parada presented the Chief of Staff Update.</p>	
<p>XIII. UNMH BOT Committee Reports</p>	<p>Mr. Del Archuleta gave a brief summary of the UNMH BOT Finance Committee Meeting. Dr. Tamra Mason gave a brief summary of the UNMH BOT Audit & Compliance Committee Meeting. Mr. Trey Hammond gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting. Mrs. Monica Zamora gave a brief summary of the UNMH BOT Native American Services Committee Meeting.</p>	
<p>XIV. Closed Session</p>	<p>At 11:39 AM Mr. Kurt Riley, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p> <p>Mr. Kurt Riley, Chair, stated that the Clinical Privileges and Credentialing were acknowledged as approved from the UNMH BOT Quality and Safety Committee Meetings of February 15, 2023 as identified in the Closed Session.</p>	<p>Mrs. Monica Zamora made a motion to close the Open Session and move to the Closed Session. Dr. Tamra Mason seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Not Present Dr. Ken Lucero – Not Present Mr. Terry Horn – Not Present</p>

	<p>Mr. Kurt Riley, Chair, stated that the Meeting Minutes as identified below were acknowledged as received.</p> <ul style="list-style-type: none"> • Medical Executive Committee (MEC) January 18, 2023 Meeting Minutes • UNMH BOT Quality and Safety Committee January 20, 2023 Meeting Minutes • UNMH BOT Finance Committee January 25, 2023 Meeting Minutes • UNMH BOT Audit and Compliance Committee January 24, 2023 Meeting Minutes • UNMH BOT Native American Services November 9, 2023 Meeting Minutes 	
Vote to Re-Open Meeting	<p>At 12:22 PM Mr. Kurt Riley, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mr. Monica Zamora made a motion to close the Closed Session and return to the Open Session. Mr. Trey Hammond seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Yes Dr. Ken Lucero – Not Present Mr. Terry Horn – Not Present</p>
XV. Certification	<p>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</p>	<p>Mr. Michael Brasher made a motion to approve the Certification. Mr. Trey Hammond seconded the motion. The motion passed with no objections.</p>
XVI. Adjournment	<p>The next scheduled Board of Trustees Meeting will take place Friday, April 28, 2023 at 9:30 AM, via Zoom Conference Call. There being no further business, Mr. Kurt Riley, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Trey Hammond made a motion to adjourn the meeting. Mr. Del Archuleta seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:25 PM.</p>

Mrs. Monica Zamora, Secretary
UNM Hospital Board of Trustees

UNMH Board of Trustees Special Meeting Minutes 03 29 2023

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
UNM Hospital Board of Trustee Voting Members Present	Mr. Kurt Riley, Mr. Del Archuleta, Dr. Tamra Mason, Mr. Trey Hammond, Mrs. Monica Zamora, Mr. Terry Horn, Dr. Ken Lucero, Dr. Davin Quinn, and Mr. Michael Brasher	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Mike Richards, President Garnett Stokes, Dr. Alisha Parada, and Mr. Randy Ko	
Staff Members Present	Dr. Mike Chicarelli , Dr. Sara Frascch, Dr. Steve McLaughlin, Dr. Rohini McKee, Mrs. Patti Kelley, Mr. Scot Sauder, Mrs. Dawn Harrington, Mrs. Bonnie White, Mrs. Jennifer James, Mr. Scot Sauder, Dean Patricia Finn, and Ms. Fontaine Whitney	
Non-Staff Members/ Not Public Input	N/A	
County Officials Present	N/A	
I. Call to Order	A quorum being established, Mr. Kurt Riley, Chair, called the meeting to order at 1:06 PM.	
II. Adoption of Agenda	Mr. Kurt Riley, Chair, asked for any revisions to the Agenda. Hearing no revisions, Chair Riley requested a motion to adopt the Agenda.	Dr. Tamra Mason made a motion to adopt the agenda. Mr. Terry Horn seconded the motion. Motion passed with no objections.
III. Closed Session	At 1:07 AM Mr. Kurt Riley, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	<p>Mrs. Terry Horn made a motion to close the Open Session and move to the Closed Session. Dr. Tamra Mason seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Yes Dr. Ken Lucero – Yes Mr. Terry Horn – Yes Mr. Michael Brasher – Not Present</p>

Vote to Re-Open Meeting	At 1:51 PM Mr. Kurt Riley, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	<p>Dr. Tamra Mason made a motion to close the Closed Session and return to the Open Session. Mr. Terry Horn seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Trey Hammond – Yes Dr. Ken Lucero – Yes Mr. Terry Horn – Yes Mr. Michael Brasher – Yes Dr. Davin Quinn – Not Present</p>
IV. Certification	After 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.	Mr. Del Archuleta a motion to approve the Certification. Dr. Tamra Mason seconded the motion. The motion passed with no objections.
V. Adjournment	The next scheduled Board of Trustees Meeting will take place Friday, April 28, 2023 at 9:30 AM, via Zoom Conference Call. There being no further business, Mr. Kurt Riley, Chair, requested a motion to adjourn the meeting.	Mr. Michael Brasher made a motion to adjourn the meeting. Mr. Del Archuleta seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:54 PM.

Mrs. Monica Zamora, Secretary
UNM Hospital Board of Trustees

Mission Moment April 2023

Mission Moment: UNMH Board of Trustees

APRIL 28, 2023



“We Care” Recognition

“We Care” recognizes Shine Nazarali, information desk receptionist. Shine was covering the desk at the main hospital when she noticed an elderly gentleman in a wheelchair waiting to be picked up. She asked him if they called for his ride. The man said he thought patient transport called for him, but it had been a few hours.

Shine looked at the gentleman’s binder and called the Genesis facility that dropped him off. Unfortunately, they were closed so she called another Genesis. They told her he was not their patient and there wasn’t anything they could do.

Shine then called Care Management to see if there was something they could do for the patient. They confirmed they would go see him and get him a ride.

Shine checked with the patient to see if he was hungry or thirsty. He was hungry and thirsty so she got him a snack and a drink.

Before closing the Information Desk she called Security to keep an eye on him until he could get a ride back to his facility.

Shine, your kindness and concern helped this patient get the assistance he needed—thank for keeping an eye out for the safety of our patients!



CTHF _Bylaws_recorded 11.24.1997 CTHF BOD
Approved 02.03.2023_clean

**RESTATED AND SECOND AMENDMENT
BYLAWS OF
CARRIE TINGLEY HOSPITAL FOUNDATION**

**ARTICLE I
CORPORATE OFFICE**

The Carrie Tingley Hospital Foundation has been formed as a non-profit corporation under the New Mexico Non-Profit Corporation Act, N.M. Stat. Ann. § 53-8-1 *et seq.*, (hereinafter referred to as the "Foundation") in the State of New Mexico. The principal office of the Foundation in the State of New Mexico shall be located in the City of Albuquerque and County of Bernalillo. The Foundation may have such other offices, either within or without the State of New Mexico as the business of the Foundation may require from time to time.

**ARTICLE II
MEMBERS**

The Foundation shall have no members.

**ARTICLE III
DIRECTORS**

3.1 General Powers. The business and affairs of the Foundation shall be managed by the Board of Directors. The Board of Directors may adopt such rules and regulations for the conduct of its meetings and the management of the Foundation as it may deem proper, not inconsistent with law or these Bylaws. The Directors shall act only as a Board, and individual Directors shall have no power as such.

3.2 Number, Term and Qualifications of the Board of Directors.

(a) The number of elected Directors shall not be less than twelve (12) or more than twenty (20).

(b) In addition to the Directors provided for above, the Foundation shall also appoint two

ex officio voting members of the Board of Directors as follows:

(i) one ex-officio voting member of the Board of Directors shall be a member of

Carrie Tingley Hospital or the University of New Mexico Health Sciences Center administration such person to be mutually agreeable to the Foundation

and the University of New Mexico: and

(ii) one ex-officio voting member of the Board of Directors shall be a member of the Board of Regents of the University of New Mexico, as appointed from time to time by the Board of Regents.

(c) Directors shall be elected to three-year terms. No individual shall serve more than two consecutive full three-year staggered terms. Upon serving two consecutive three-year terms, an individual may serve as Director again after being off the Board of Directors for a period of not less than one year.

3.3 Vacancies. Any vacancy occurring in the Board of Directors, or any Director position to be filled by reason of an increase in the number of Directors, may be filled by the affirmative vote of a majority of the remaining Directors. A director elected to fill a vacancy shall be elected for the unexpired term of his predecessor in office. Any Director position to be filled by reason of an increase in the number of Directors shall be filled by the Board of Directors for a term of office continuing only until the next election of the class of directors for which Director shall have been chosen and until his or her successor shall be elected.

3.4 Compensation. The Directors shall serve without compensation; provided that by resolution of the Board of Directors, Directors may receive expenses of attendance, if any, for attendance at any regular or special meeting of the Board of Directors.

3.5 Resignation. Any Director may resign his/her position at any time. Such resignation shall be made in writing to the President of the Board of Directors and shall take effect immediately without acceptance.

3.6 Removal. Unless otherwise restricted by law, any director may be removed or expelled, with or without cause, upon the recommendation of the Executive Committee at any time upon a vote of two-thirds (2/3rd) of the directors in attendance at any properly noticed regular or special meeting of the Board. Thereafter, such vacancy may be filled by the Board as provided in these bylaws.

ARTICLE IV MEETINGS

4.1 Annual and Regular Meetings. An annual meeting of the Board of Directors, for the purpose of electing or appointing Directors and officers and for the transaction of any other business, shall be held in the fourth (4th) quarter of the calendar year. Regular meetings will be held at intervals as determined by the Board of Directors. Regular meetings will be open for the transaction of any business within the powers of the Board of Directors without special notice of such business, except where special notice is required by law, by the Articles of Incorporation, or by these Bylaws.

4.2 Special Meetings. Special meetings of the Board of Directors may be called by or at the request of the President at any time. In addition, the President or Secretary shall, upon a written request of at least one-half (1/2) the number of Directors, call a

special meeting to be held not more than seven (7) days after the receipt of such request. The President may fix any place within the State of New Mexico as a place for holding any special meeting of the Board of Directors.

4.3 Meetings by Telephone or Video Conference Calls. Directors or any members of any Committee may participate in a meeting of the Board of Directors or such Committee by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in such a meeting by the aforesaid means shall constitute presence in person at such meeting.

4.4 Notice. Notice of any meeting shall be given at a minimum of least two (2) days previously thereto by written notice delivered by courier, by facsimile transmission, by email or mailed to each Director at his last known post office address. If mailed, such notice shall be deemed to be delivered five (5) days after it is deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. Any Director may waive notice of any meeting. The attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except when a Director attends a meeting for the express purpose of objecting to the transaction of any business on the basis that the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of Directors need be specified in the notice or waiver of notice of such meeting.

4.5 Quorum. Fifty-one percent of the number of Directors shall constitute a quorum for the transaction of business at any meeting. In no event shall a quorum consist of less than fifty-one percent of the number of Directors. If a quorum is lost at a Board of Directors meeting, no business requiring a vote shall be taken. The act of the majority of the Directors present at a meeting at which a quorum is present, unless otherwise provided by law, these Bylaws or the Articles of Incorporation, shall be the act of the Board of Directors. If less than one-third of the Directors are present at any meeting, a majority of the Directors present may adjourn the meeting from time to time without further notice.

ARTICLE V COMMITTEES

5.1 Committees: The Board of Directors shall have the following standing Committees:

- (1) Executive Committee. There shall be an Executive Committee comprised of the President, the Vice President, the Secretary, the Treasurer, and the Immediate Past President. The President shall chair the Executive Committee. During the intervals between meetings of the Board of Directors, the Executive Committee shall have and may exercise all of the rights and powers of the Board, except that the Executive Committee shall not have any authority denied to Committees of the Board of Directors by Section 5.1(4) of these Bylaws. In the case of an emergency, the Executive Committee is empowered to act for the Board of Directors. In these cases, the Board shall be apprised of action taken and ratified at the next regularly scheduled board meeting. In the case of a vacancy on the

Executive Committee, an existing Director will be elected to complete the remainder of the term. The Executive Committee shall conduct an annual review of the Executive Director's performance. The Executive Director's compensation will be determined in part by comparing similar sized peer organizations, in the same geographic area with a comparable executive position.

- (2) Finance, Investment & Audit Committee. There shall be a Finance, Investment & Audit Committee comprised of the Treasurer, who shall serve as the Chair of the Finance, Investment & Audit Committee, and at least two other members of the Board of Directors with experience in accounting, investments, financial planning and/or budget preparation nominated at the annual meeting. The Finance, Investment & Audit Committee shall meet at least quarterly for the purpose of determining whether the annual corporate financial and investment goals are being met. Additionally, the Finance, Investment & Audit Committee shall:
- (i) Review and recommend to the Board of Directors an annual budget and monitor the Foundation's actual income and expenses in relation to such budget.
 - (ii) Recommend to the Board of Directors a firm of Certified Public Accountants, hereinafter called the firm, to audit the accounts of the Corporation, as the Finance, Investment & Audit Committee may recommend, for the year regarding which the firm is contracted.
 - (iii) Meet and confer with such officers and employees of the Corporation as the Finance, Investment & Audit Committee shall deem appropriate in connection with carrying out the foregoing responsibilities.
 - (iv) Through the approval of the annual budget, the Finance, Investment and Audit Committee will consider and make recommendations to the Board of Directors regarding wage and benefit levels for all employees of the Corporation.
- (3) Nominating Committee. There shall be a Nominating Committee composed of the Vice President, who serves as the Chair of the Nominating Committee, the President, the Secretary and at least two other Directors. The Nominating Committee shall be concerned with and be responsible for the determination of the slate of membership of the Board of Directors to be presented for election at the annual meeting of the Board of Directors.

The Nominating Committee shall also consider and recommend to the Board of Directors individuals not presently on the Board of Directors, but whose experience and qualifications would benefit the purposes of the Foundation. Notwithstanding the foregoing, any member of the Board of Directors may from time to time suggest to the Nominating Committee the identity of potential members of the Board of Directors.

- (4) Other Committees and Limitations on Committees. The Board of Directors, by

resolution adopted by a majority of the Board of Directors, may designate and appoint one or more additional committees, each of which shall include two or more Directors. The Chairs of additional Committees may be past or current members of the Board of Directors. These Committees, to the extent provided in the resolution, the Articles of Incorporation or the Bylaws of the Foundation, may exercise such authority as set out in the resolution creating the Committee. However, no Committee shall have the authority of the Board of Directors in reference to: amending the Articles of Incorporation; adopting a plan of merger or consolidation; the sale, lease, exchange or other disposition of all or substantially all the property and assets of its business; voluntary dissolution of the Foundation or a revocation thereof; amending the Bylaws of the Foundation; electing, appointing or removing any member of any Committee or any Director or Officer of the Foundation; adopting a plan for the distribution of the assets of the Foundation; or altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by the Committee. The designation of any such committee and the delegation thereto of authority shall not operate to relieve the Board of Directors, or any member thereof, of any responsibility imposed by law.

- (5) Regular and special meetings of any Committee established pursuant to this Section may be called and held subject to the same requirements with respect to time, place and notice as are specified in these Bylaws for regular and special meetings of the Board of Directors.

5.2 Written Consent. Any action required by the New Mexico Nonprofit Corporation Act to be taken at a meeting of the Board of Directors of the Foundation, or any action which may be taken at a meeting of a Committee, may be taken without a meeting if a consent in writing, setting forth the action so taken, shall be signed by all of the Directors, or all of the members of the Committee, as the case may be. The consent shall have the same effect as a unanimous vote.

ARTICLE VI OFFICERS

6.1 Officers and Qualifications. The Officers of the Foundation shall consist of a President, a Vice President, a Secretary, a Treasurer and the Immediate Past President each of whom shall be elected by the Board of Directors at the time and in the manner prescribed by these Bylaws. Other Officers and assistant Officers and agents deemed necessary may be elected or appointed by the Board of Directors or chosen in the manner prescribed by these Bylaws. Any two (2) or more offices may be held by the same person, except the offices of President and Secretary. All Officers and agents of the Foundation, as between themselves and the Foundation, shall have the authority and perform the duties in the oversight of the Foundation as provided in these Bylaws, or as determined by the resolution of the Board of Directors not inconsistent with these Bylaws.

6.2 Election and Term. All Officers of the Foundation shall be elected annually by the Board of Directors at its annual meeting. If the election of Officers is not held at such meeting, such election shall be held as soon thereafter as may be convenient. Each

Officer shall hold office until his or her successor has been duly elected and qualified, or until removed as hereinafter provided or until he/she resigns.

6.3 Vacancies. An Officer vacancy created by death, resignation, removal, disqualification or otherwise, may be filled by the Board of Directors for the unexpired portion of the term. Vacancies may be filled or new offices created and filled at any meeting of the Board of Directors.

6.4 6.4 Removal. Any Officer or agent may be removed by the Board of Directors whenever in its judgment the best interest of the Foundation will be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the person removed. Election or appointment of an Officer or agent shall not of itself create contract rights.

6.5 Duties of Officers. The duties and responsibilities of Officers shall be described in position descriptions approved by a vote of the Board of Directors at a meeting. The position descriptions may be changed as needed by a vote of the Board of Directors.

ARTICLE VII CONTRACTS, LOANS, CHECKS AND DEPOSITS

7.1 Contracts. On an as needed basis, the Board of Directors may authorize any Officer or Officers, agent or agents of the Foundation, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Foundation. Such authority may be general or confined to specific instances.

7.2 Loans. No loans shall be contracted on behalf of the Foundation and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors, other than credit cards issued to Foundation staff pursuant to the Accounting Policy. Such authority may be general or confined to specific instances.

7.3 Checks, Drafts, etc. All checks, drafts or other orders for the payment of money, notes or other evidence of indebtedness issued in the name of the Foundation, shall be signed by such Officer or Officers, agent or agents of the Foundation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

7.4 Deposits. All funds of the corporation not otherwise employed shall be deposited from time to time to the credit of the Foundation in such banks, trust companies or other depositories as the Board of Directors may select.

ARTICLE VIII SEAL

The Board of Directors shall provide a corporate seal which shall be in the form of a circle and shall have inscribed thereon the name of the Foundation and the words, "Corporate Seal, New Mexico."

The corporate seal may be used on all items executed by the Foundation, but its

presence is not essential to the validity of any written instrument duly signed by authorized corporate Officers.

(Affix an imprint of the corporate seal adopted by resolution of the Board of Directors.)

ARTICLE IX

The Foundation shall have a fiscal year which begins on the first day of January and ends on the last day of December.

ARTICLE X INDEMNIFICATION

10.1 Right to Indemnification. To the fullest extent permitted by law, the Foundation shall indemnify and hold harmless each current or former Officer or Director of the Foundation from and against reasonable expenses, costs, judgments, fines, taxes, penalties, settlement payments, and attorneys' fees actually and reasonably incurred by him or her in connection with the defense of any claim, action, demand, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been a Director or Officer of the Foundation, except as provided for in Section 10.4. Indemnification hereunder includes the right to payment of legal expenses incurred in defending any proceeding before its final disposition, provided any advance payments of legal expenses shall be repaid by the indemnified person if it is ultimately determined that such person was not entitled to be indemnified as provided for in Section 10.4. This indemnification will inure to the benefit of the heirs, executors and administrators of indemnified persons.

10.2 Other Employees and Agents. The Foundation may indemnify other agents of the Foundation to the same extent and in the same manner as is provided in this Article X with respect to Directors and Officers by adopting a resolution by a majority of the members of the Board of Directors specifically identifying by position the employees or agents entitled to indemnification.

10.3 Contract Right; Non-Exclusivity. This Article X creates a contract between the corporation and the indemnified Officers, Directors, employees and agents. The right to indemnification and advance payment of legal expenses given in this Article X shall not be exclusive of any other right that any person may have or may later acquire under any applicable law, the Foundation's Articles of Incorporation, Bylaws, agreement, or otherwise.

10.4 Limitations. No person shall be entitled to indemnity by the Foundation in any matter in which the person (a) is finally adjudicated not to have acted in good faith in the reasonable belief that such action was in the best interests of the Foundation; (b) is finally

adjudicated to have breached or failed to perform the duties of his or her office, and the breach or failure to perform constitutes willful misconduct or recklessness; or (c) initiated the legal proceeding, unless a majority vote of Directors who are not parties to the proceeding has authorized the proceeding. Any compromise or settlement payment to a third party shall be made only upon approval by a majority vote of Directors who are not parties to the proceeding.

10.5 Insurance. The Foundation shall maintain insurance or provide alternative financial arrangements, at its expense, to protect itself and any Director, Officer, employee or agent of the Foundation against any legal expenses and liabilities incurred in defending any proceeding, whether or not the Foundation would have the power to indemnify the person under the New Mexico Nonprofit Corporation Act.

10.6 Amendments; Repeal. No amendment or repeal of the provisions of this Article X that adversely affects the rights of an indemnified person under this Article X shall apply to the indemnified person with respect to its acts or omissions that occurred before the amendment or repeal.

ARTICLE XI AMENDMENTS

These Bylaws may be altered, amended, repealed or new Bylaws adopted by a majority of the entire Board of Directors at a meeting of the Board. Directors shall be entitled to at least ten (10) days' notice in writing by mail, or in person of the meeting time and place at which the amendment is to be voted upon. The written notice must include a copy of the proposed amendment.

Once approved by the Foundation's Board of Directors, the proposed amendments to the CTH Foundation's Articles or Bylaws shall be submitted to the Board of Regents for final approval.

PFAC Annual Report B.O.T. CY April 2023

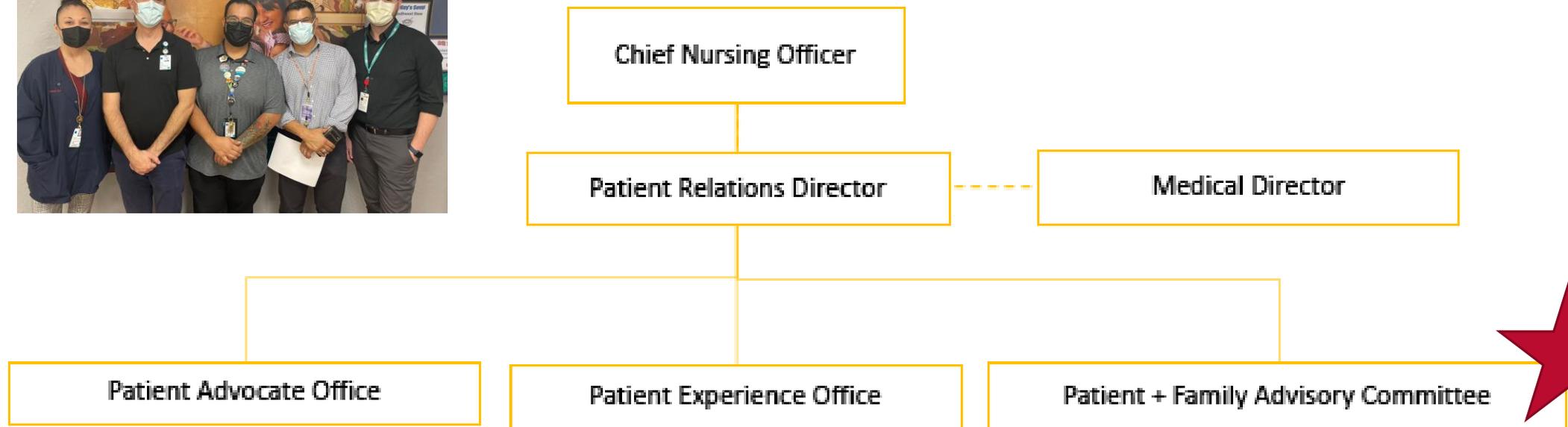


PATIENT & FAMILY ADVISORY COMMITTEE (PFAC)

ANNUAL REPORT CY 2022

KEITH LAFFLER
MANAGER - PFAC

The Patient Relations Department



UNMH

Patient & Family Advisory Committee

- **Mission Statement:**

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

- **North Star:**

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



Value of Including The Voice of The Patient...

- Improve quality and safety within health systems.
- Increase patient engagement in quality and safety initiatives.
- Improve CAHPS® Hospital Survey scores.
- Improve patient outcomes.
- Increase employee satisfaction and retention.
- Respond to TJC and CMS.



Current PFAC Roadmap: Sustaining Patient & Family Advisor Engagement



CY 22 Achievements aligned to PFAC Road Map:

Holistic Improvement Framework:

“Our model of co-operative engagement in all aspects of our UNMHSC community has meant every minute of time I spend with PFAC is contributing to positive change in patient healthcare at our hospital.” – Current Patient Family Advisor (PFA)

- ASL Translation of Patient Rights and Responsibilities.
- PFAC representation on Ethics Committee informed consent study group.



CY 22 Achievements aligned to PFAC Road Map:

Patient and Family Centered Care:

“Partnering with other patients and their family members has meant compassion in action for me.” – Current Patient Family Advisor (PFA)

- PFAs present lived experiences to 3-North Family Medicine Inpatient Unit Leadership team.
- PFAs round/visit NSICU to gain understanding & perspective of processes and delivery of care.



CY 22 Achievements aligned to PFAC Road Map:

Quality and Safety Culture:

“The committee's consistent focus on safety and quality issues means PFAs and internal partners make real and effective differences for patients and their families.” – Current Patient Family Advisor (PFA)

- PFAC representation on LoboSTEPPS steering committee at UNMH.
- World Patient Safety Day, 2022 – Medication Safety (WHO).



CY 22 Achievements aligned to PFAC Road Map:

Research and Education:

“As a participant in many PFAC research and education projects I have gained a deep appreciation of our hospital partners whose receptivity to our ideas and input has made real patient-centered teamwork.” – Current Patient Family Advisor (PFA)

- PFAC collaboration with Internal Medicine Quality Group providing patient perspective on quality and safety processes and procedures.
- Delirium in Intensive Care Patient Education:
 - PFA workgroups used to review, provide feedback, and offer suggestions.
 - PFAC approved document being used in ICUs.



CY 22 Achievements aligned to PFAC Road Map:

Community:

“As a Patient-Family Advisor I have seen our committee's strong belief in serving our diverse patient community through effective and strategic action initiatives.” – Current Patient Family Advisor (PFA)

- PFAC input on Patient Portal Terms of Use and Privacy Policy Documents provided on MyHealthUNM (Patient Portal).
- Patient Family Advisor feedback regarding appointment scheduling process.
- PFA representation on CCT Art Selection Committee.



Looking Ahead (2023)



- CCT committees and feedback with PFAs.
- Recruitment from diverse community representation.
- Focus on rightsizing PFA/Internal Partner ratios.
- PFA's present on lived experience once a quarter for OPD Leadership Sessions.

Looking Ahead (2023)

- PFAC representation for Patient Experience Week 2023 – Gratitude.
- PFAs rounding in hospital units/departments.
- World Patient Safety Day, 2023 – *Engaging patients for patient safety (WHO).*
- Collaboration with SRMC PCAB.
- Increase in number of in-person meetings.



Thank you!



Questions?

UNMH-Bernalillo County MDC BOT 04-28-23



UNM HOSPITAL – BERNALILLO COUNTY
METROPOLITAN DETENTION CENTER PARTNERSHIP
APRIL 28, 2023

UNMH – Bernalillo County Partnership

Relationship based in 1952 Contract

- Created Bernalillo County – Indian Hospital, today known as UNMH
- Requires mill levy supporting the Hospital be placed on the ballot by the County every eight years
- Current mill levy support to the Hospital is just over \$100M per year

Deepened and expanded over time

- Memoranda of Understanding created in connection with mill levy renewals
- The current MOU was signed in 2018 following negotiations regarding the 2016 mill levy
- 2018 MOU emphasized importance of behavioral health and accountability
- Created a number of new reporting mechanisms

Behavioral health partnership

- Hospital allocates an amount equal to 15% of the mill levy funding to support of behavioral health services
- Partnered to support medication assisted treatment at the County's CARE Campus
- Created joint BH strategic plan and roadmap for expanded access to care, including transitional age clinic and intensive outpatient treatment
- Partnered to create the Behavioral Health Crisis Center, currently under construction next to the University Psychiatric Center

The Metropolitan Detention Center (MDC)

The facility

- Opened in 2003 as a joint County/City facility, operated since 2006 solely by the County
- 600,000 square feet, on 155 acres on the Pajarito Mesa (West Side)
- Houses a maximum of 1,950 inmates

Subject to the McClendon settlement agreement since 1998

- Agreement entered into to resolve inmates' civil rights complaints
- Contains several domains of monitoring, including medical and behavioral health care domains
- Court-appointed independent monitor assesses compliance with McClendon terms

History of health care at MDC

- Medical health care provided by UNMH until early 2000's, forensic psychiatry provided until mid 2000's
- County then contracted services to private, for-profit corrections medicine providers
- In the past five years, the contract has been awarded to three different corrections medicine providers

Health Care Challenges at MDC

Medical healthcare

- Rapid inmate turnover, requiring assessment of 40-50 new patients per day
- Approximately 30% of inmates have existing chronic medical health conditions
- Need for timely assessments, including lab results

Behavioral healthcare

- Approximately 50% of inmates have existing behavioral health diagnoses
- Approximately 350 inmates are on methadone or suboxone
- Approximately 80-120 inmates per day are detoxing

Deaths in custody

- 20 deaths at MDC since 2020
- Includes deaths of inmates who were detoxing

Community Health Crisis at MDC

Bernalillo County appealed to UNMH as its partner for help with healthcare at MDC

- Deaths and poor health outcomes for inmates
- Instability due to contracted provider turnover
- Expertise from longstanding behavioral health partnership
- Expectations based on mill levy support
- Common model in other parts of the US

Other Academic Medical Center/County Hospital Partnerships with Corrections Healthcare

UTMB Correctional Managed Care

- 1994 Partnership with Texas DOCJ
- 100 adult and juvenile correctional facilities
- 126,00 patients
- Medical, dental, and behavioral health
- Synergist with UTMB SOM educational programs

BU Obstetrics and Gynecology

- Massachusetts Partnership for Correctional Health
- Prenatal and GYN consultative care
- “Correctional Healthcare” medical school elective

Cermak Health Services of Cook County

- Cook County Health/Hospital corrections medicine
- Providing services in the Cook County Jail, the largest single site correctional health service in the US



University of Texas Medical Branch at Galveston - Texas Department of Criminal Justice Hospital

<https://www.utmb.edu/cmc/tdcj-hospital/>

Crafting a Sustainable Approach

Commitment to partnership for solutions

- Tackling this community health crisis together in a sustainable way
- Creation of a “healthcare authority” for MDC through a Joint Powers Agreement
- Shared governance and liability protection
- Contracted services for reimbursement of costs incurred, outside of mill levy support

The Health Care Authority

- To be formed as a Joint Powers Entity, under the NM Joint Powers Act
 - i.e., KNME, etc.
- Parties are UNM Hospital and Bernalillo County
- Approved by the UNM Board of Regents on April 10, 2023
- On the County Commission agenda for approval on April 25, 2023
- Once approved by both entities, will be forwarded to the New Mexico Department of Finance and Administration for approval at their May or June meeting

The Work Now

UNMH-County Working Committee

- Meets weekly
- Coordinates seven working groups (Staffing, Providers, Medical Health, Behavioral Health, IT/EMR, Pharmacy/Lab/Supply Chain, Finance/Contracting)
- UNMH project management support

Day One Goals

- Creating MOUs and contracts for service with Healthcare Authority
- Ensuring NCCHC-compliant policies and procedures are in place
- Transitioning current MDC healthcare staff to UNMH/County employment
- Contracting for pharmacy, lab, and supply chain services
- Creating MDC templates in Cerner EMR

Questions?

SRMC Lic Change BOT 04-28-23

SRMC Hospital Licensure Change

UNMH BOARD OF TRUSTEES

APRIL 28, 2023

Situation Briefing

Current State

University of New Mexico (UNM) currently owns 100% of membership interest in UNM Sandoval Regional Medical Center, Inc. (SRMC) which is a University Research Park and Economic Development Act corporation. SRMC operates under its own license, its own provider numbers, medical staff, employees, and a degree of local variability relative to the broader University of New Mexico Health System (UNMHS).

A degree of integration is already in place across the health system for areas such as information technology, revenue cycle, payer contracting, supply chain, and some other support services.

Proposed Transaction

SRMC and UNMHS are planning a transaction to combine SRMC and University of New Mexico Hospital (UNMH) to create a fully integrated, multi-campus hospital under the UNMH license.

This transaction maintains certain aspects of SRMC's current operations; however, it also requires changes to operations. In order to create a multi-campus hospital, at close of transaction SRMC need to meet all requirements related to becoming a provider-based location of UNMH under CMS rules.

The proposed transaction will transfer all assets and liabilities of SRMC to UNM on behalf of UNMH and upon completion of the transaction the SRMC corporate entity will be dissolved.

Expected Benefits

SRMC and UNMH expect positive operational and financial effects from the transaction, including:

- Expanded teaching and training opportunities at SRMC and potential research opportunities
- Improved standardization, flexibility, and continuity of care for patients by streamlining access to tertiary and quaternary services available at UNMH and through the creation of a single medical staff
- Financial benefits include additional revenue generation at SRMC and potential access to state appropriations as a UNMH operation

Operational Impact

The transaction brings benefits across the tripartite mission



Clinical Care

Aligning SRMC and UNMH to create a multi-campus hospital further facilitates existing relationships in care delivery while expanding academic expertise in SRMC's community environment. Benefits include:

- Seamless transitions of care
- Expanded access to resources at UNMH for SRMC patients
- Standardization of policies, procedures, and care between campuses



Teaching

By creating a single academic hospital with two campuses teaching and training opportunities at SRMC increase, providing academic-level care to SRMC's community. Benefits include:

- Providing ready access to a community hospital-like training environment for residents
- Opportunity to create focused training programs for high-demand services at SRMC



Research

Alongside expansion of teaching opportunities, a combined multi-campus hospital can leverage UNMH's existing combined EHR data and access to SRMC's patient population to pursue additional research opportunities. UNMH can bring:

- Experience in developing research protocols
- Administrative expertise to support the research mission at the SRMC campus

Financial Impact

Overview and Summary

SRMC and UNMH Finance teams performed an analysis of financial impacts expected to result from the transaction to create a multi-campus hospital through a combination of UNMH and SRMC.

The resulting net annual benefit to SRMC is anticipated to be \$6,798,399 annually. Given the high levels of integration present between SRMC and UNMH, the outlined projected financial impacts are expected to be achieved within the first year. Current ongoing processes related to financial forecasts and regular updates expected to continue as currently laid out.

Note: Potential one-time costs are not included in the analysis and remain under development; these are expected to be borne largely by UNMH.

Projected \$6,937,142 increase in revenues

Driven by:

- \$5,343,027 increase in Medicare – FFS & Managed
- \$2,358,845 increase in Medicaid - FFS & Managed
- (\$764,730) decrease from Contracting / Managed Care

Offset by a \$138,743 increase in expenses

Driven by:

- \$138,743 increase in Gross Receipts Tax
- Other expenses assumed to remain status quo



Net Annual Recurring Benefit: \$6,798,399

Revenue Impact Detail

Expected net **revenue increase** of \$6,937,142

Impact Area	Key SRMC/UNMH Provided Assumptions (On an Annual Basis)	Risks & Considerations
Medicare – FFS & Managed (\$5,343,027 revenue increase)	<ul style="list-style-type: none"> ▪ DRG Difference: \$1,560,482 ▪ IME & GME: \$3,441,485 <ul style="list-style-type: none"> – IME multiplier decrease, but applied to SRMC volume ▪ DSH: \$263,684 ▪ OP Wage Index: \$77,325 	<ul style="list-style-type: none"> ▪ Must meet all CMS requirements for SRMC to be considered a provider-based location of UNMH prior to Day 1
Medicaid - FFS & Managed (\$2,358,845 revenue increase)	<ul style="list-style-type: none"> ▪ IP DRG Difference: \$2,803,523 ▪ IP Outlier Difference: \$166,464 ▪ OP: (\$144,356) ▪ DSH: (\$1,158,727) ▪ Medicaid-related IME: \$691,941 	<ul style="list-style-type: none"> ▪ Potential negative reaction from state related to a transaction that increases cost of care for the SRMC patient base ▪ <i>Shift from current 13% + 2% to UMNH rate structure (+45%)</i>
Medicaid Directed Payments	<ul style="list-style-type: none"> ▪ No change expected 	
Contracting / Managed Care (\$764,730 revenue decrease)	<ul style="list-style-type: none"> ▪ Presbyterian Commercial Per Diem Difference: \$47,425 ▪ Western Sky HIX: No impact ▪ IHS <ul style="list-style-type: none"> – IP: SRMC Medicare vs UNMH Per Diem: \$324,247 – OP: No impact ▪ Self Pay: (\$119,402) based on lower collection rates ▪ Humana VBC: (\$870,000) affected by SRMC population RAF ▪ BCBS VBC: (\$147,000) 	<ul style="list-style-type: none"> ▪ Response of payers to transactions of this type is often unpredictable and may require further negotiation ▪ <i>Contracted rates – need to review assumptions</i>

What to Expect

Remaining Status Quo

- Services offered at SRMC remain as currently planned, subject to continued evolution of care environment
- Systems and processes currently aligned and integrated across the system
 - Information Technology
 - Supply Chain
 - Revenue Cycle
 - Financial reporting to support Mill Levy and debt covenants (e.g., HUD)
- Financial items such as Mill Levy and HUD loan interest rate are expected to remain unchanged
- Employees physically at SRMC remain physically at SRMC with present pay scales and benefits
 - SRMC employees expected to move under a single HR management system via UNMH

Expected Changes

- In order to make SRMC a provider-based location and campus of UNMH, some key operational and administrative changes will be necessary, including (but not limited to):
 - SRMC legal entity will dissolve
 - SRMC Medicare CCN will be sunset, and licensed under UNMH
 - Medical Staff will be consolidated across both sites, including committees
 - Employees will become UNMH employees
 - Reporting structures may change in key areas (e.g., medical staff, nursing) to align with regulatory requirements
 - Branding and billing will be consolidated under the UNMH brand
 - SRMC will fall under UNMH's governing body(ies) as required by law and regulation

Communications and Key Milestones

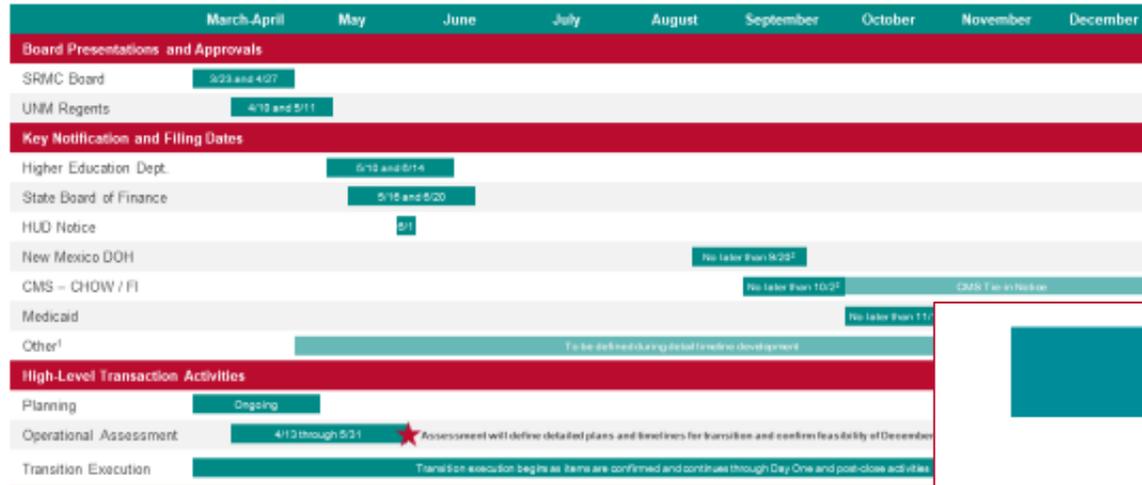
Key Pre-Approval Communications

- President's Office Briefings - Nov 29, 2022 and Mar 29, 2023
- SRMC Board – Jan 26, Feb 23, and Mar 23, 2023
- UNMH Board – Jan 27 and Mar 29, 2023
- Deans Advisory Council – April 5, 2023
- Regents HSC Committee – Feb 7, 2023
- Regents Executive Session – Feb 14, 2023

Key Approval Milestones

- Regents HSC Committee Executive Session – April 7
- Regents Executive Session – April 10
- SRMC Board Resolutions – April 18
- Regents Board Resolutions – April 19
- State HED – May 10 (Jun 4 alternative)
- State Board of Finance – May 16 (Jun 20 alternative)
- HUD Notice – June 1
- CHOW – no later than Oct 2

Anticipated Timeline



¹Detailed timeline under development with Kutzak Rock; additional key dates will be added as they are identified.
²Dates reflected as "no later than" may be dependent on outcomes of prior notifications and filings and represent the last possible date for completion for a December 31 close.



CONFIDENTIAL

**New operations would begin
Jan 1, 2024**

Detailed operational assessment of transition and implementation would begin after Regent approval

Transaction Workstreams

- Clinical Operations**
 - Behavioral Health
 - Care Delivery
 - Clinical Education
 - Clinical Operations (General)
 - Lab
 - Nursing
 - Patient Experience & Guest Services
 - Pharmacy
 - Radiology
- Education & Training**
 - Clinical Education
 - Education (General)
 - Learning & Development
 - Finance & Accounting
 - Accounts Payable
- Finance & Accounting (General)**
 - Financial Planning & Decision Support
 - General Accounting
 - Payroll
 - Tax & Government Filings
 - Treasury

- HR & Workforce**
 - Benefits
 - Employee Health
 - Employee Relations
 - Human Resources & Workforce (General)
 - Talent Management
- Information Technology**
- Legal & Regulatory**
 - Compliance
 - Legal
 - Legal, Risk, & Regulatory (General)
 - Privacy
 - Regulatory
 - Risk
- Marketing & Communications**
 - Communications
 - Digital
 - Marketing & Branding
 - Marketing & Communications (General)
- Medical Staff & Medical Group**
 - Bylaws
 - Credentialing & Enrollment
 - Medical Group
 - Medical Staff & Medical Group (General)
 - Physician Services
 - Provider Recruitment & Onboarding

- Real Estate & Facilities**
 - Food Services
 - Maintenance
 - Public Safety
 - Real Estate
 - Real Estate & Facilities (General)
 - Utilities
- Revenue Cycle & Payer Strategy**
 - Charge Entry & Coding
 - Credentialing / Enrollment
 - HM
 - Patient Access
 - Patient Financial Services
 - Payer Contracting
 - Revenue Cycle & Payer Strategy (General)
 - Utilization Review
- Supply Chain & Purchased Services**
 - Procurement
 - Sourcing
 - Supply Chain (General)
 - Vendor Management
 - Warehousing / Distribution / Logistics



CONFIDENTIAL

Section XI. UNM Hospital Tower Update

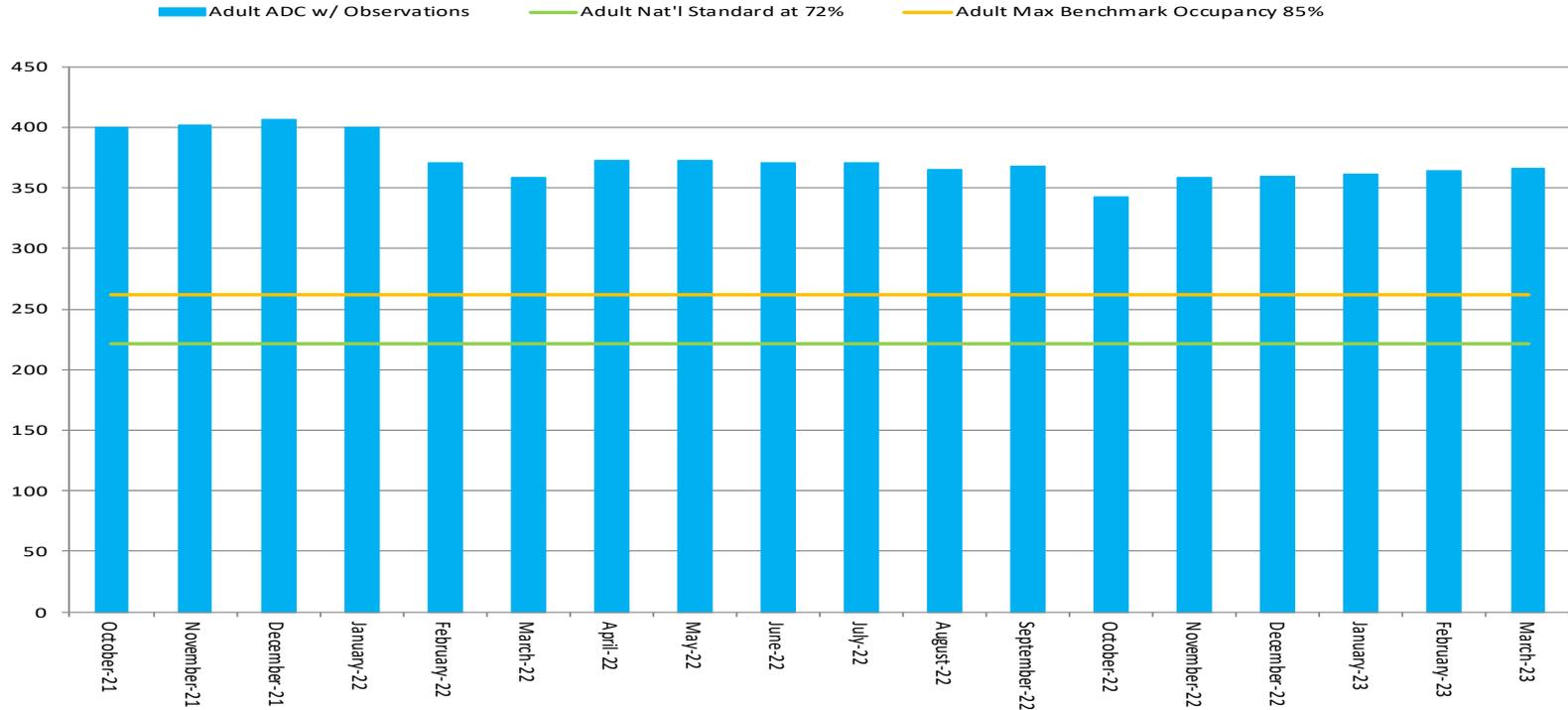
Section XII. UNMH BOT Appointment(s)/Reappointment(s)

BoT Finance Update March 2023

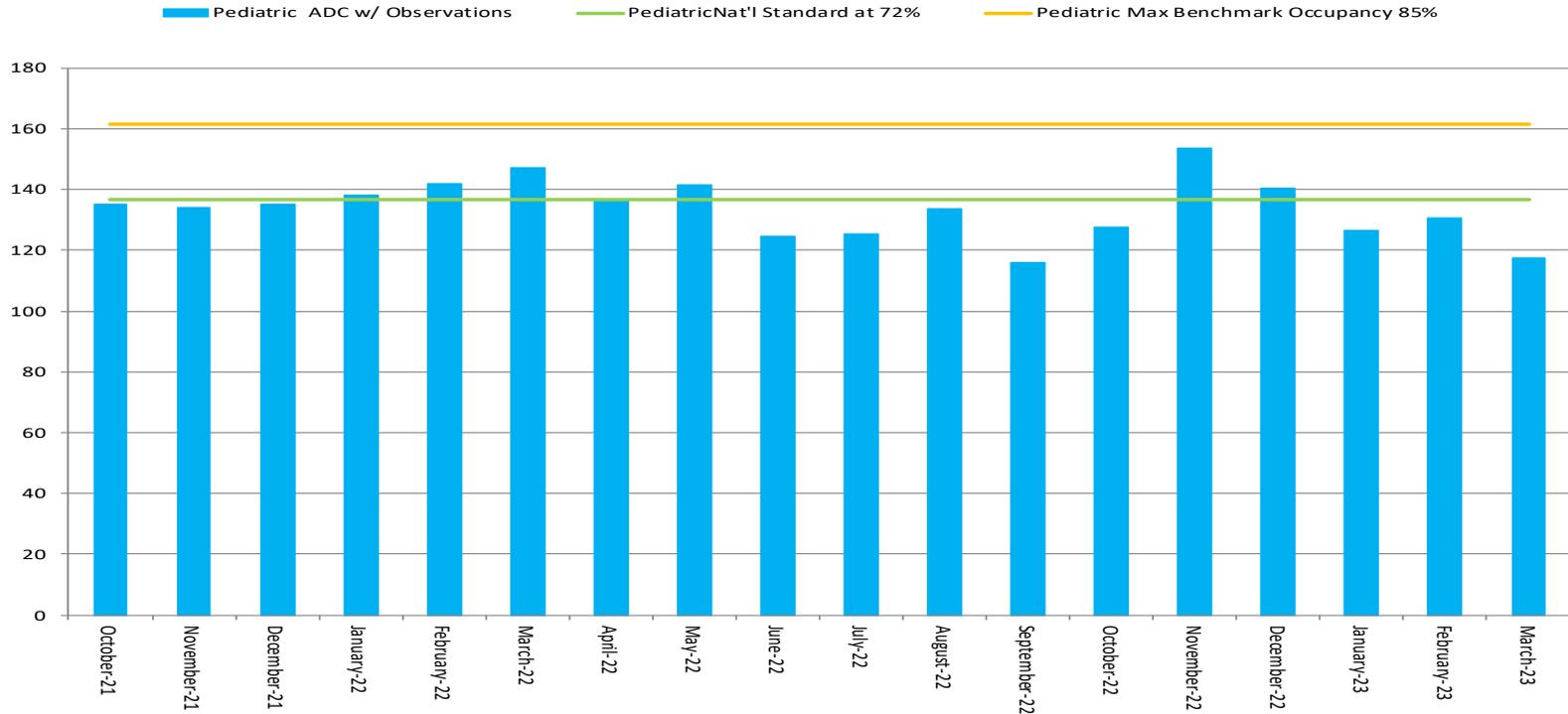
UNM Hospital

Board of Trustees
Financial Update
Through March 2023

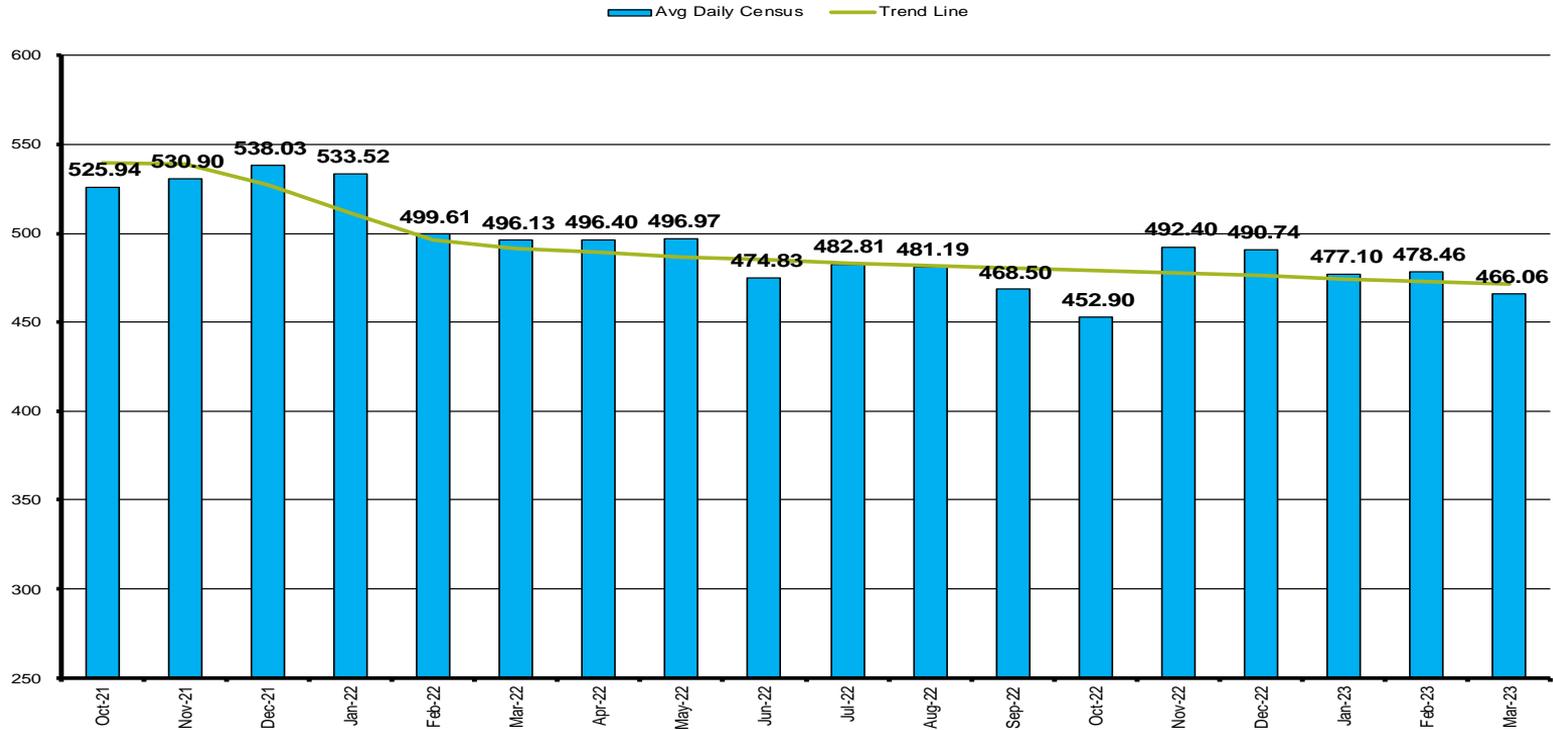
UNM Hospital Adult Capacity Through March 2023



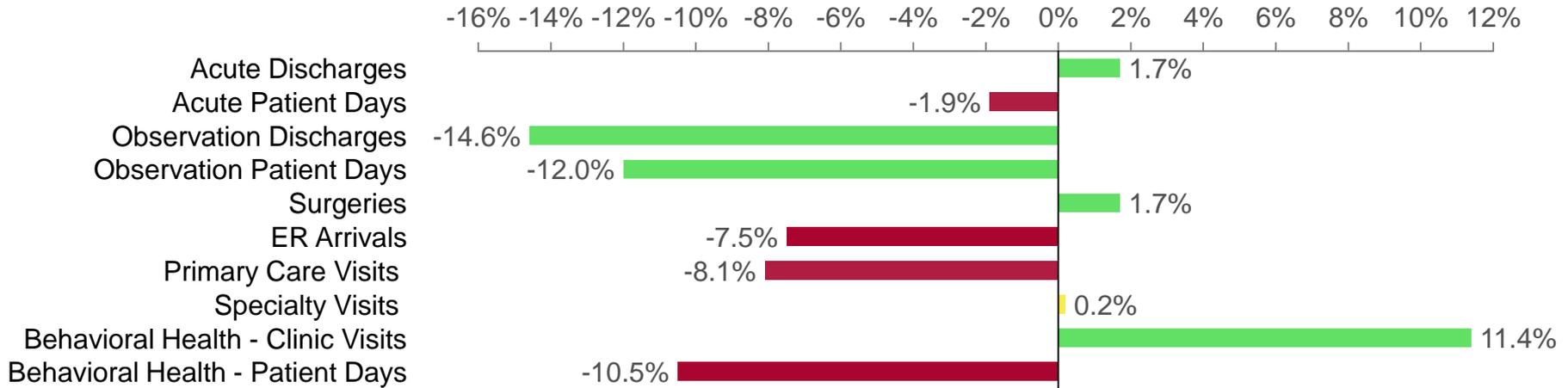
UNM Hospital Pediatric Capacity Through March 2023



UNM Hospital Average Daily Census Through March 2023

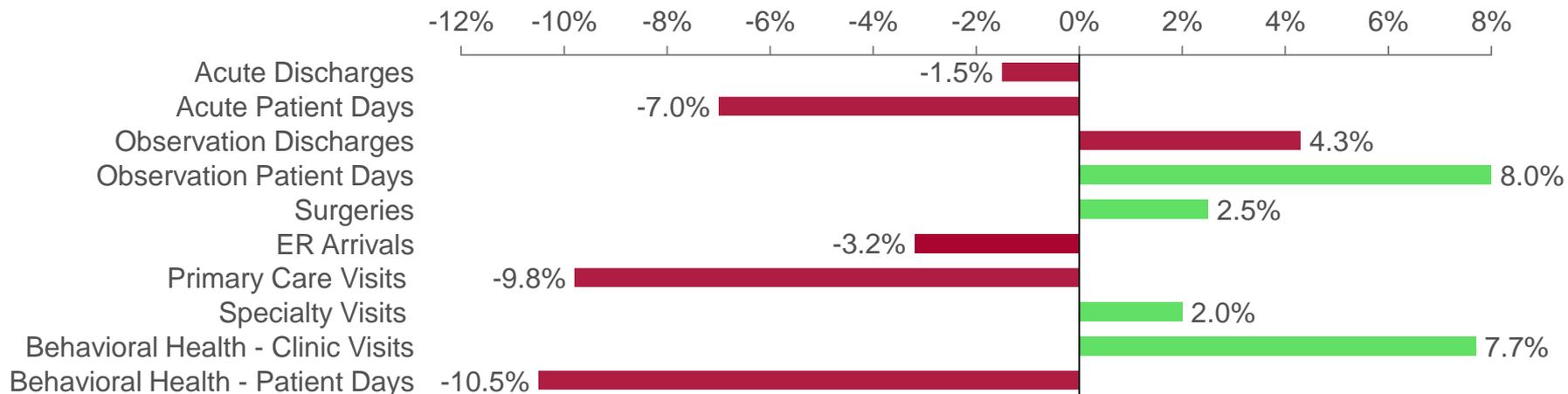


UNM Hospital YTD Stats Variance to Budget Through March 2023



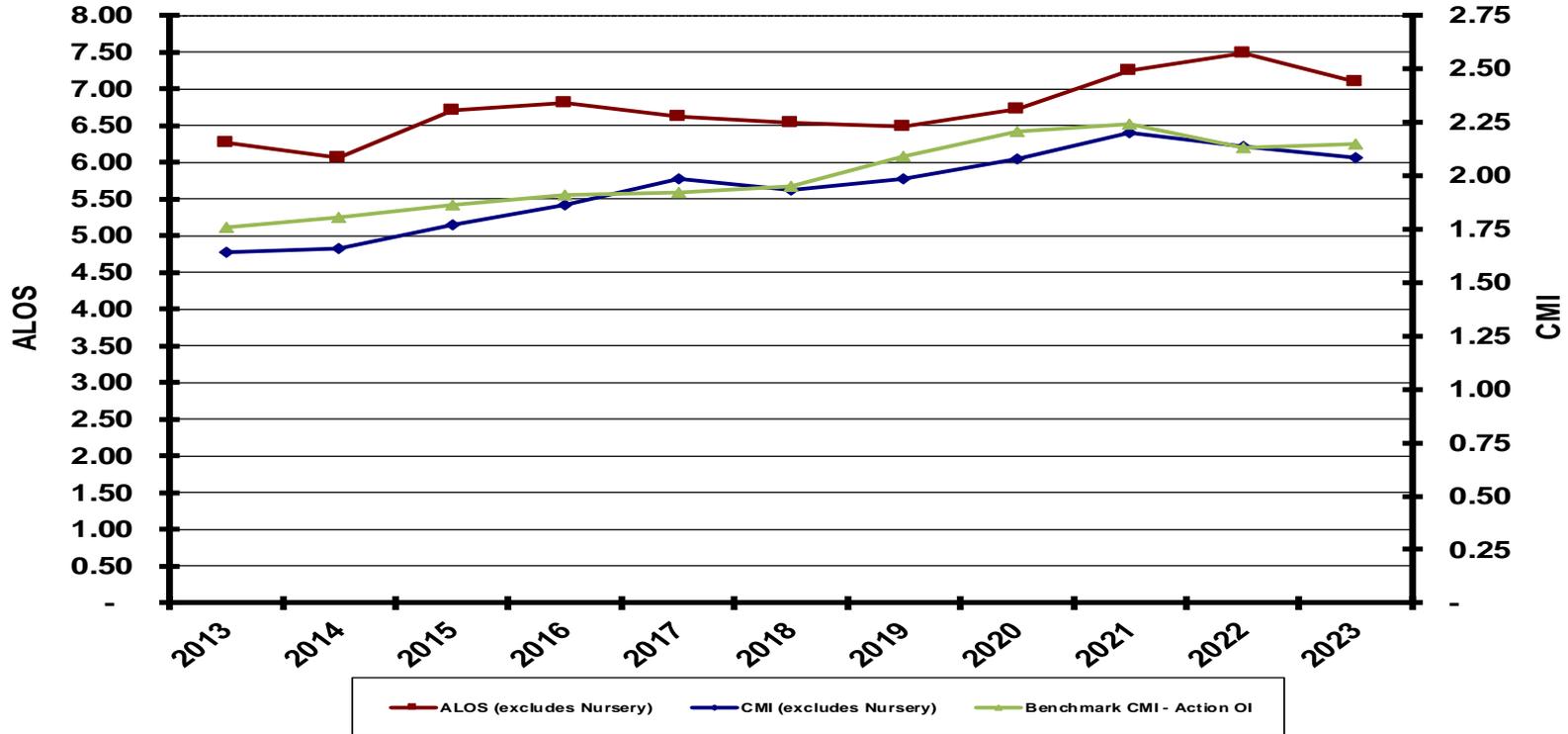
	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	2,059	2,048	11	0.5%	18,401	18,100	301	1.7%
Acute Patient Days	14,448	15,065	(617)	-4.1%	130,599	133,156	(2,557)	-1.9%
Observation Discharges	809	907	(98)	-10.8%	6,976	8,167	(1,191)	-14.6%
Observation Patient Days	1,219	1,320	(100)	-7.6%	10,263	11,663	(1,400)	-12.0%
Surgeries	1,841	1,856	(15)	-0.8%	15,425	15,170	255	1.7%
ER Arrivals	6,792	7,521	(729)	-9.7%	61,520	66,475	(4,955)	-7.5%
Primary Care Visits	14,862	17,994	(3,132)	-17.4%	135,136	147,080	(11,944)	-8.1%
Specialty Visits	34,451	33,634	817	2.4%	275,355	274,921	434	0.2%
Behavioral Health - Clinic Visits	20,557	18,719	1,838	9.8%	170,394	153,005	17,389	11.4%
Behavioral Health - Patient Days	1,603	1,935	(332)	-17.1%	14,860	16,595	(1,735)	-10.5%

UNM Hospital YTD Stats Variance to Prior YTD Through March 2023

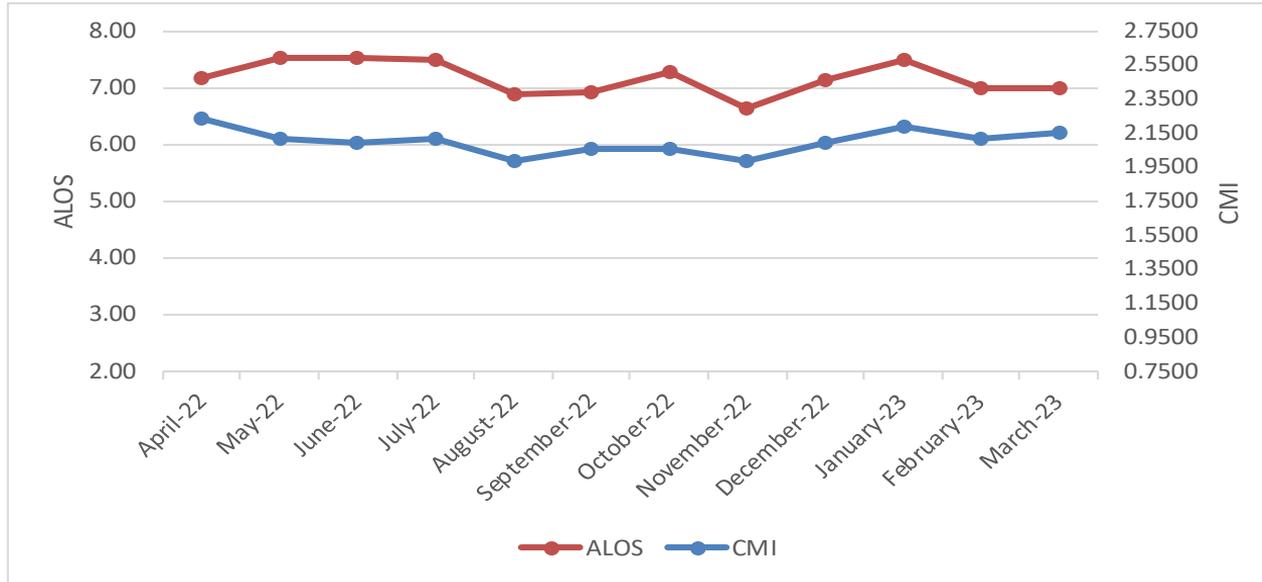


	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	2,059	2,094	(35)	-1.7%	18,401	18,677	(276)	-1.5%
Acute Patient Days	14,448	15,380	(932)	-6.1%	130,599	140,416	(9,817)	-7.0%
Observation Discharges	809	784	25	3.2%	6,976	6,691	285	4.3%
Observation Patient Days	1,219	1,135	85	7.4%	10,263	9,499	764	8.0%
Surgeries	1,841	1,850	(9)	-0.5%	15,425	15,042	383	2.5%
ER Arrivals	6,792	6,843	(51)	-0.7%	61,520	63,543	(2,023)	-3.2%
Primary Care Visits	14,862	17,109	(2,247)	-13.1%	135,136	149,862	(14,726)	-9.8%
Specialty Visits	34,451	32,917	1,534	4.7%	275,355	269,875	5,480	2.0%
Behavioral Health - Clinic Visits	20,557	21,795	(1,238)	-5.7%	170,394	158,213	12,181	7.7%
Behavioral Health - Patient Days	1,603	1,882	(279)	-14.8%	14,860	16,611	(1,751)	-10.5%

UNM Hospital CMI and ALOS Through March 2023



UNM Hospital CMI and ALOS Monthly Trend Through March 2023



UNM Hospital Executive Summary Through March 2023

UNM Hospitals	Action OI Benchmark	Mar-23	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		7.02	7.10	7.36	3.53%	7.52	5.60%
Case Mix Index		2.16	2.09	2.08	0.37%	2.14	-2.22%
CMI Adjusted Patient Days *	66,057	69,463	588,501	568,055	3.60%	611,089	-3.70%
Net Core Patient Revenues (\$ in thousands)		\$ 96,328	\$ 775,517	\$ 792,045	-2.09%	\$ 781,599	-0.78%
Total Operating Expenses** (\$ in thousands)		\$ 133,079	\$ 1,118,656	\$ 1,086,673	-2.94%	\$ 1,097,583	-1.92%
Net Operating Income (\$ in thousands)		\$ (17,392)	\$ (146,455)	\$ (98,256)	-49.06%	\$ (125,634)	-16.57%
Net Income (\$ in thousands)		\$ (3,468)	\$ (35,080)	\$ 617		\$ (29,911)	
Net Core Revenue/CMI Adj Patient Day		\$ 1,387	\$ 1,318	\$ 1,394	-5.49%	\$ 1,279	3.03%
Cost**/CMI Adj Patient Day	\$ 1,948	\$ 1,916	\$ 1,901	\$ 1,913	0.63%	\$ 1,796	-5.83%
FTEs		7,053	6,951	7,188	3.30%	7,100	2.11%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2022 the 50th percentile is 198,171. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

XIII.b. FY24 Operating Budget Finance Comm 4.20.23



UNM HOSPITAL
FY24 OPERATING BUDGET
APRIL 26, 2024

FY24 Budget

BUDGET DRIVING VARIABLES

Budget Driving Variables

Inpatient beds at capacity

- Expiration of COVID Public Health Emergency (PHE)
- Reduction of length of stay initiatives continue
- Sound Hospitalist group joining UNMH

Uncertainties

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

Implementation of “Teledoc” the telehealth system continues

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

Volume and Revenue changes

- CMI - conservative expectation of 2.05
- Patient days will remain consistent with FY23
- Increase clinic visits 2%
- Increase surgeries 1%
- Revenue Cycle improvements

Overview of Budget Process

Statistics

- Developed from current trends and known changes in providers/programs
- Includes assumptions on new recruitments of providers
- Includes assumptions on access improvements
- Projections coordinated across the Health System (Hospitals, Medical Group, School of Medicine)

Revenues

- Current year as base line
- Incorporates changes in projected statistics
- Includes assumptions on payer reimbursement (Medicare, Medicaid, contracted payers)

Expenses

- FTEs in alignment with volume changes
- Contract labor – rate reductions
- Standard inflation assumptions
- Incorporate known changes to line items

Non operating revenues/expenses

- Current year as base line
- Mil Levy increased based on historical increases
- Interest Expense based on amortization schedule
- Donations based on historical trend

FY24 Draft Budget Statistics

	FY2021 Actual	FY2022 Actual	FY2023 Budget	FY2023 Projected	FY2024 Budget	FY23 to FY24 Change	% Change
Nursing Division							
Inpatient Days	171,600	189,851	182,271	181,446	180,979	(467)	0%
Inpatient Discharges	25,127	26,893	26,397	27,352	27,281	(71)	0%
Observation Discharges	9,114	9,104	10,900	9,301	9,301	-	0%
Emergency Visits	101,494	78,023	84,693	75,188	76,783	1,595	2%
Urgent Care Visits	10,404	20,333	16,800	22,267	22,306	39	0%
Operations	19,661	20,357	20,334	20,567	20,867	301	1%
Births	2,749	2,879	2,910	2,952	2,956	4	0%
Ambulatory							
Primary Care Clinics	160,768	158,793	172,938	152,252	158,322	6,070	4%
Specialty Clinics	374,195	402,643	392,765	394,964	399,174	4,210	1%
Ancillary Services							
Lab Services	3,101,071	3,017,951	3,163,855	2,888,717	2,881,550	(7,167)	0%
Pharmacy	4,305,402	4,980,594	4,745,590	5,036,000	5,035,521	(479)	0%
Radiology	323,606	347,144	341,066	335,044	334,365	(679)	0%
Rehab Services	865,349	890,278	883,254	866,554	900,653	34,099	4%
Case Mix Index	2.20	2.14	2.08	2.08	2.05		-1%

FY24 Behavioral Health Draft Budget Statistics

	FY2021 Actual	FY2022 Actual	FY2023 Budget	FY2023 Projected	FY2024 Budget	FY23 to FY24 Change	% Change
Patient Days	22,698	21,521	22,158	20,346	20,339	(7)	0%
Other Stats							
Outpatient Visits	60,737	55,180	61,277	51,957	53,159	1,202	2%
Midlevel	142,742	166,467	150,439	178,016	185,323	7,307	4%
Methadone & Buprenorphine	171,026	150,931	167,403	139,458	142,609	3,151	2%
Average Patients per day	469	414	459	382	391	9	2%

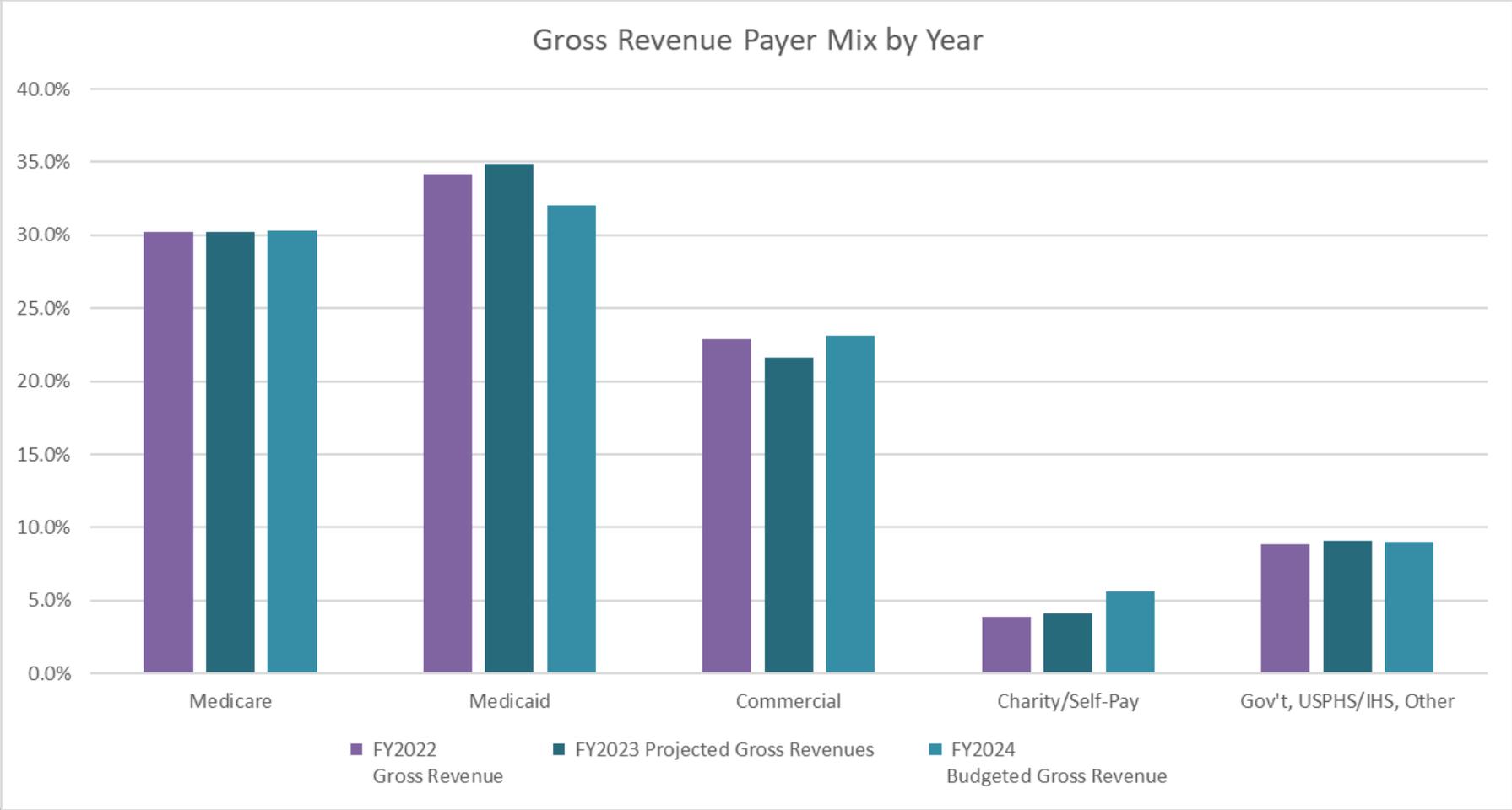
FY24 Revenue Budget

- Operating Revenue is expected to remain consistent with FY23 reforecast – 1% increase
 - \$5M increase on net patient revenue
 - Revenue cycle performance improvements – Huron engagement
 - Medicaid enrollment unwinding due to expiration of PHE – expected disenrollment of 10% of current Medicaid enrollees
 - Phase out of increased federal match due to expiration of PHE – increase in IGT to State
 - \$12M increase in OP Rx Pharmacy – 340B non discrimination bill passed March 2023
- Inpatient access
 - Inpatient volumes to remain at capacity
 - Discharges expected to stay flat as LOS has come down in FY23
 - Case Mix Index conservatively budgeted
- Ambulatory access
 - Clinic visits are budgeted to increase 2%
 - Primary Care initiative around patient access to care
 - Specialty Visits increases primarily in neurosciences and women's services
- Surgeries are also expected to increase 1%

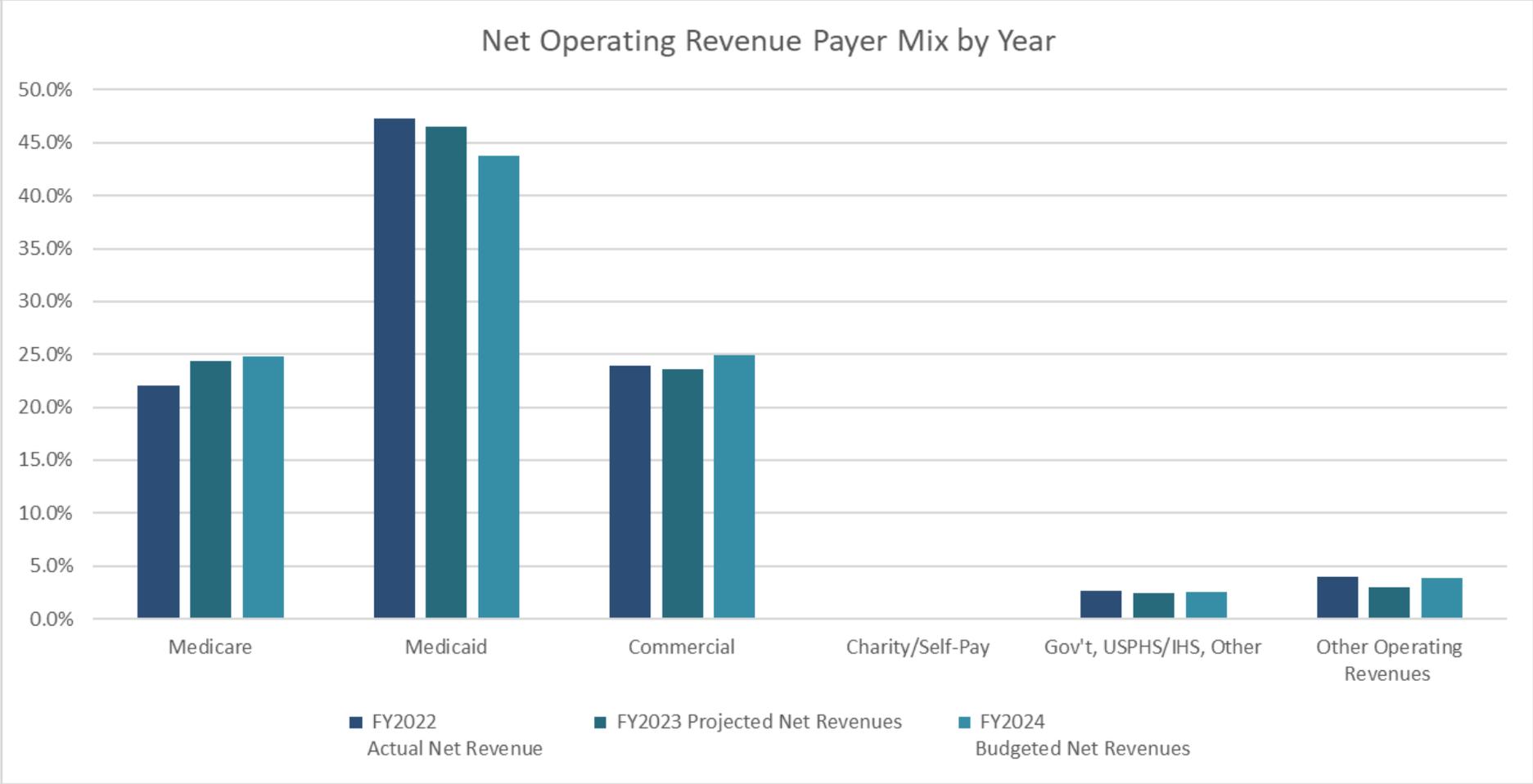
FY24 Contracting & Governmental Impacts

- Medicaid
 - COVID DRG - reductions to run rate implemented
 - Public Health Emergency ends – Medicaid to beginning to disenroll members that are no longer eligible
 - Estimate 10% reduction
 - 50% to health exchange & 50% to self-pay/charity
- Medicare – Expected increase in wage index October 1, 2023
- Commercial payers – no projected increases in payment rates
- 340B - House Bill 540
- Revenue process improvements

FY24 Gross Payer Mix



FY24 Net Payer Mix



FY24 Expense Budget

- Compensation and Benefits decrease \$(56)M
 - FTEs & Compensation in alignment with volume, revenues & programmatic changes
 - Health Insurance increases approximately 4%
 - Contract Labor reductions based on rate declines and decrease in FTEs
- Physician programs increase \$11M
 - Expansion of Hospitalist program
 - Contracted support for Radiology
- Housestaff increases \$1M
 - Expansion of programs and residents in pediatrics, family planning, infectious disease, physical medicine & rehabilitation, dermatology, plastic surgery & cardiac electrophysiology
- Supplies \$1.8M
 - 3% inflation for supplies & pharmaceuticals
 - 2% reduction for process improvement initiatives
- Health System Expense – Estimate for Huron Revenue Cycle Improvement contingency fees
- Equipment
 - Ongoing renovations & repairs of existing facilities

FY23 Non Operating Budget

- Non Operating Revenue & Expense
 - Mill Levy increase \$1.2M – consistent with prior average annual increases
 - State Appropriations increases \$3.8M
 - Wage rate increases at the state level
 - \$1M earmarked for opioid use disorder
 - Interest Expense increases \$4M with increasing draws on the debt acquired for the Critical Care Tower

Behavioral Health Program Development Update

- Crisis Center construction is well underway with utility work being completed and foundation work nearing completion.
 - Initial Staffing Models have been determined
 - Workflow and program planning are in process
- Transition Age Clinic staff identified and program plan completed. Program should be operational this spring
- Intensive Outpatient Program for Addictions is completed and the program is operating pending licensure from the State.
- MDC transition workgroup related to Behavioral Health are in process
- Initial Design Development for Children's Psychiatric Hospital is underway.

FY24 Draft Operating Budget

	FY2021 Actuals	FY22 Actuals	FY2023 Reforecast	FY2024 Budget	FY24 to FY24 Difference
Total Operating Revenues	\$ 1,353,574,512	\$ 1,385,474,725	\$ 1,307,499,131	\$ 1,339,909,444	\$ 32,410,313
Expenses:					
Salaries & Benefits	681,058,326	770,145,871	745,823,539	691,537,623	(54,285,917)
Housestaff	35,717,549	37,045,439	43,286,028	44,318,467	1,032,439
UCP	105,268,822	107,009,335	117,827,431	130,713,229	12,885,797
Cancer Center	26,758,258	25,690,240	21,266,863	32,943,202	11,676,339
Other Medical Services	67,246,743	70,165,109	71,854,572	70,085,953	(1,768,619)
Medical Supplies	236,139,071	253,706,598	242,364,506	246,174,904	3,810,398
Equipment/Occupancy/Depreciation	110,969,618	115,127,417	108,020,226	110,908,298	2,888,072
Purchased Services/Supplies/Other	90,490,316	89,705,315	96,720,034	97,165,916	445,882
Health System	10,365,302	9,057,541	8,864,856	14,864,856	6,000,000
Gross Receipts Tax	25,698,897	25,578,886	25,947,177	26,221,910	274,733
Institutional Support	10,596,412	11,303,800	11,451,600	11,451,600	-
Total Expenses	1,400,309,314	1,514,535,551	1,493,426,832	1,476,385,956	(17,040,876)
Total Operating Gain (Loss)	(46,734,802)	(129,060,826)	(185,927,701)	(136,476,512)	49,451,188
Non Operating Revenue and Expenses					
Mill Levy	112,132,446	114,830,101	121,148,138	122,359,619	1,211,481
State Appropriations	13,396,400	13,961,301	16,336,500	20,230,500	3,894,000
Interest Expense	(2,814,507)	(3,553,067)	(6,159,105)	(9,899,938)	(3,740,833)
Other Non Operating Revenues	11,358,379	6,263,064	5,636,448	4,574,974	(1,061,474)
Other Non Operating Expenses	60,945,503	2,330,908	3,786,201	(3,256,977)	(7,043,178)
Total Non Operating	195,018,221	133,832,307	140,748,182	134,008,178	(6,740,004)
Increase (Decrease) in Net Position	\$ 148,283,419	\$ 4,771,481	\$ (45,179,519)	\$ (2,468,334)	\$ 42,711,185
Transfers	\$ 196,000,000	\$ 938,501	\$ 8,100,000	\$ 10,900,000	\$ 2,800,000
Increase (Decrease) in Net Position w/ Transfers	\$ 344,283,419	\$ 5,709,982	\$ (37,079,519)	\$ 8,431,666	\$ 45,511,185

FY2024 Capital Budget FINAL

UNM Hospitals

**Fiscal Year 2023 Capital Budget
Revision**

Fiscal Year 2024 Capital Budget

April 26, 2023

Areas of Focus Capital

- Medical Equipment - \$11.4M
 - Radiology – (CT, MRI) - \$6.6M
 - Adult and Pediatrics inpatient and ancillary - \$3.4M
 - Support (vehicles) - \$1.4M
- Renovations & Construction - \$23.3M
 - Radiology - \$1M
 - Clinics (code required renovations, Ophthalmology) - \$700,000
 - Life safety, HVAC, Electrical - \$3M
 - Plumbing, Boiler, Chiller - \$4.3M
 - Behavioral Health Crisis Center - \$11.9M
 - Children's Psychiatric Hospital replacement - \$2.4M (state severance bonds)
- Information Technology - \$3M
 - Storage expansion, networking - \$2.5M
 - Other clinical and support systems (Radiology, Ancillary, Security) - \$500,000

FY 2023 and FY 2024 Sources of Funds – Major Projects

Sources of Funds

	FY 2023 Original	FY 2023 Revised	FY 2024 Budget
UNMH Capital Funding	\$ 37,427,037	\$ 31,083,374	\$ 21,379,756
Other Funding	1,500,000	1,024,020	2,000,000
State Appropriations	4,000,000	380,279	2,365,798
UNMH Capital Reserve Funding	22,572,963	17,346,963	11,900,000
	65,500,000	49,834,636	37,645,554
Equipment	\$ 18,500,000	\$ 12,348,434	\$ 11,379,756
Construction and Renovation	41,000,000	31,680,361	23,265,798
Information Technology	6,000,000	5,805,841	3,000,000
	\$ 65,500,000	\$ 49,834,636	\$ 37,645,554

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

FY 2023 and FY 2024 Sources of Funds – Major Projects

Inpatient Units

Medical Equipment and Renovations

Total Inpatient Units

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
5,677,915	5,391,500	2,795,438
\$ 5,677,915	\$ 5,391,500	\$ 2,795,438

Ancillary Areas

Surgical Services Renovation and Equipment

Radiology Equipment and Renovations

Other Ancillary Equipment and Renovations

Total Ancillary

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
\$ 5,000,000	\$ 3,689,858	\$ -
5,905,000	1,694,524	7,758,081
500,132	449,759	641,112
\$ 11,405,132	\$ 5,834,141	\$ 8,399,193

FY 2023 and FY 2024 Sources of Funds – Major Projects

Ambulatory

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

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
\$ 9,272,963	\$ 9,246,963	\$ -
\$ 7,710,080	\$ 8,613,712	\$ 705,000
\$ 16,983,043	\$ 17,860,675	\$ 705,000

Building and Infrastructure

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

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
4,670,000	3,194,103	3,000,000
\$ 2,700,000	\$ 2,400,000	\$ 4,300,000
\$ 7,370,000	\$ 5,594,103	\$ 7,300,000

FY 2023 and FY 2024 Sources of Funds – Major Projects

Information Technology

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

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
\$ 811,663	\$ 811,663	\$ 73,600
1,301,506	592,910	255,366
2,819,219	3,477,660	2,208,336
1,067,612	923,608	263,067
\$ 6,000,000	\$ 5,805,841	\$ 2,800,369

Other Clinical Operations and Support Services

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

FY 2023 Original	FY 2023 Revised	FY 2024 Budget
\$ 763,911	\$ 330,857	\$ -
13,300,000	8,100,000	11,900,000
4,000,000	380,279	2,365,798
-	537,241	1,202,972
\$ 18,063,911	\$ 9,348,376	\$ 15,468,770

XIV.a.BoR Approval Letter_Chiller Replacement_Phase 2_04072023



CAPITAL PROJECT APPROVAL

PROJECT NAME: UH Main – Chiller Plant – Chiller Replacement – Phase 2

DATE: April 2023

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for the **Chiller Plant Replacement- Phase 2**. For the project described below, UNM Hospital requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

UNM Hospital is requesting design and construction funding for the replacement, upgrade, and refurbishment of UNM Hospital's chiller plant. The second of the three main chillers will be replaced with modern equivalent equipment. The renovation will provide the installation of the pumps, electrical panels, controllers, piping, and valves which were ordered as part of Phase 1. In conjunction with Phase 1, the Phase 2 upgrades will allow for simple replacement of the last chiller.

RATIONALE:

The existing chiller plant is largely original to the construction of the hospital. The chillers and pumps serve as the main cooling source for the Main Hospital and ACC. These chillers have reached end of life and the overall system is due for refurbishment. Phase 1 of this project was started and will be completed in June 2023. Phase 2 of the project will continue the process of upgrading the electrical services, pumping equipment, and the installation of equipment ordered during Phase 1. The cooling generated from this plant is critical to the operation of the hospital and serves as the primary infrastructure for conditioning buildings and providing necessary system cooling to our imaging machines.

PURCHASING PROCESS:

Professional design services were procured through Cooperative Educational Services (CES) procurement methodology. Construction services will be procured through the Vizient Job Order Contract procurement.

FUNDING:

Total project budget not to exceed at \$2,750,000 from the UNM Hospital Capital Improvement Funds.

XIV.b.BoR Approval Letter_Derm Clinic Reno_03072023



CAPITAL PROJECT APPROVAL

PROJECT NAME: Dermatology Clinic Renovation

DATE: April 2023

RECOMMENDED ACTION:

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

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

PROJECT DESCRIPTION:

UNM Hospital is requesting design and construction funding for the expansion of Mohs micrographic surgery (MMS) services to treat various skin cancers that allow precision control at the Medical Arts Dermatology Clinic. The renovation will include expansion of the existing Mohs lab and spatial reconfiguration to create five (5) new procedure rooms, one (1) surgical procedure room, and renovate six (6) administrative offices to allow for the reconfiguration of space within the existing footprint. Additional renovations include code upgrades to include Life Safety devices along with mechanical, electrical and plumbing improvements to support the reconfiguration of patient care areas.

RATIONALE:

This renovation project will allow for UNMH to expand its dermatology and skin cancer related services and provide for greater access to patient care at this high-volume clinic.

PURCHASING PROCESS:

Professional design services to be procured utilizing the Cooperative Educational Services (CES) procurement methodology. Construction services will be procured through Vizient Job Order Contract procurement.

FUNDING:

Total project budget not to exceed \$1,700,000 from the UNM Health Sciences (HSC) Capital Improvement Fund. Contracts will be initiated by UNM Hospital but will be reimbursed by HSC after expenditure.

XIV.c.BoR Approval Letter_UH Main Boiler



CAPITAL PROJECT APPROVAL

PROJECT NAME: UH Main –Boiler #1 Replacement

DATE: April 2023

RECOMMENDED ACTION:

As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for the **UH Main-Boiler #1 Replacement**. For the project described below, UNM Hospital requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:

Design and construction services to replace one of the existing Kewanee steam boilers that serves the entire Main Hospital and Bill and Belinda Richardson Pavilion (BBRP). This upgrade will require up sizing of existing infrastructure that serve the existing unit that is undersized at 400 horsepower (hp) and will be upgraded to a new 700hp boiler to meet current demand and provide additional capacity. This project is associated with air quality approvals related to the Critical Care Tower and, upon completion, will be the final replacement of the boiler upgrades for UNM Hospital Main/BBRP buildings.

RATIONALE:

Kewanee Boilers are no longer manufactured and the boiler has been run past the standard service life. Possible future failure of the boiler may result in significant down time to the Sterile Processing Department which impacts the throughput of the Operating Rooms and hospital-wide domestic hot water and heating water services.

PURCHASING PROCESS:

Engineering design was procured under the \$20,000 threshold. Construction services will be procured through Vizient Job Order Contract procurement.

FUNDING:

Total project budget not to exceed \$1,250,000 from UNM Hospital Capital Improvement Fund.

XIV.d.April FY23 Cover Letter to BOR



Date: April 10, 2023
To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department
From: Bonnie White
Chief Financial Officer, UNM Hospitals
Subject: Property Disposition – April 2023

Attached for your review and submission to the Board of Regents is the Property Disposition Detail list for the month of April 2023.

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



Property Disposition Request
April 2023

Description Summary				
Description	Count of Items	Sum of Acquisition Cost	Sum of Book Value	Average of Age in Years
Medical Equipment	72	\$ 3,136,920.00	\$ 40,941.69	11
SW & Electronics	1	\$ 7,326.48	\$ -	10
Grand Total	73	\$ 3,144,246.48	\$ 40,941.69	11

Disposal Summary				
Description	Count of Items	Sum of Acquisition Cost	Sum of Book Value	Average of Age in Years
Auction	72	\$ 3,136,920.00	\$ 40,941.69	11
Electronics Recycling	1	\$ 7,326.48	\$ -	10
Grand Total	73	\$ 3,144,246.48	\$ 40,941.69	11

Company	Lawson Number	Asset Control Number	Description	Accounting Unit	Division Description	Model	Serial Number	Acquisition Date	Acquisition Cost	Book Value	Proposed Method of Disposal	Reason for Disposal	Generalized Description	Comments
10	21510	80350	IU22 Ultrasound System	75050	Radiology - Ultrasound	IU22	8068K3	12/01/2011	177,020.00	-	Auction	Replaced	Medical Equipment	Replaced with new technology/equipment to help better serve our patients
10	9686	80663	US AMX44 (ORION) 1.93 COLUMN	75000	Radiology - General	None	None	06/01/2011	38,497.00	-	Auction	Obsolete	Medical Equipment	
10	21681	80346	Site-Rite 6 Ultrasound System	12025	PICC/Conscious Sedation	SITE RITE 6	0Y80006	05/01/2013	19,200.00	-	Auction	Obsolete	Medical Equipment	
10	8070	67429	CMAX110 Operating Table	34655	Dermatology Clinic 1021 Med	CMAX110	C41058038	07/01/2008	49,456.45	3,846.60	Auction	Obsolete	Medical Equipment	
10	3456	50914	Video Processor	71520	Pulmonary Diagnostics	EPK1000	UA010243	06/01/2004	20,209.07	-	Auction	Obsolete	Medical Equipment	
10	26767	83752	IE33 Ultrasound System	71030	Heart Station	IE-33	80G1QW	05/01/2013	188,126.90	-	Auction	Replaced	Medical Equipment	Replaced with new technology/equipment to help better serve our patients
10	28967	91210	IE33 Ultrasound	71030	Heart Station	IE33	80YH8R	09/01/2014	195,016.80	-	Auction	Replaced	Medical Equipment	Replaced with new technology/equipment to help better serve our patients
10	8307	66155	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K006AD5383	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	8205	66128	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5475	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	8200	66959	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K006AD5348	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	8332	66172	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5470	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	29986	66822	Versacare Bed	95700	Clinical Engineering	P320K000536	Q168AD1602	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	7505	66393	VersaCare with Air Bed	95700	Clinical Engineering	VERSACARE	J12AD6066	06/01/2008	9,172.52	254.78	Auction	Replaced	Medical Equipment	
10	8206	66225	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5481	09/12/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	9819	66287	VERSACARE WITH AIR	95700	Clinical Engineering	P3200	M103AD8274	05/01/2011	9,840.78	273.35	Auction	Replaced	Medical Equipment	
10	8188	66965	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K006AD5313	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	9783	66254	VERSACARE WITH AIR	95700	Clinical Engineering	P3200	M096AD7774	05/01/2011	9,840.78	273.35	Auction	Replaced	Medical Equipment	
10	29990	66848	Versacare Bed	95700	Clinical Engineering	P320K000536	Q167AD1543	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	8325	66158	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5457	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	29909	66619	Versacare Bed	95700	Clinical Engineering	P320K000536	Q167AD1545	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	30000	66858	Versacare Bed	95700	Clinical Engineering	P320K000536	Q169AD1628	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	8182	66972	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K006AD5295	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	8256	66421	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5477	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	29995	66853	Versacare Bed	95700	Clinical Engineering	P320K000536	Q168AD1550	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	7489	66381	VersaCare with Air Bed	95700	Clinical Engineering	VERSACARE	J12AD6066	06/01/2008	9,172.52	254.78	Auction	Replaced	Medical Equipment	
10	27144	66881	Versacare P3200 Bed	95700	Clinical Engineering	P3200	Q157AD9860	07/01/2015	9,553.21	477.66	Auction	Replaced	Medical Equipment	
10	29946	66766	Versacare Bed	95700	Clinical Engineering	P320K000536	Q168AD1566	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	27141	66878	Versacare P3200 Bed	95700	Clinical Engineering	P3200	Q169AD0321	07/01/2013	9,553.21	477.66	Auction	Replaced	Medical Equipment	
10	7497	66389	VersaCare with Air Bed	95700	Clinical Engineering	VERSACARE	J12AD5974	06/01/2008	9,172.52	254.78	Auction	Replaced	Medical Equipment	
10	8257	66428	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K007AD5479	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	9750	66225	VERSACARE WITH AIR	95700	Clinical Engineering	P3200	M094AD7608	05/01/2011	9,840.78	273.35	Auction	Replaced	Medical Equipment	
10	29955	66791	Versacare Bed	95700	Clinical Engineering	P320K000536	Q168AD1549	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	29981	66817	Versacare Bed	95700	Clinical Engineering	P320K000536	Q169AD1631	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	8249	66353	Versacare with Air Bed	95700	Clinical Engineering	VERSACARE	K005AD5248	03/01/2009	9,172.52	713.40	Auction	Replaced	Medical Equipment	
10	7473	66365	VersaCare with Air Bed	95700	Clinical Engineering	VERSACARE	J12AD6032	06/01/2008	9,172.52	254.78	Auction	Replaced	Medical Equipment	
10	27142	66879	Versacare P3200 Bed	95700	Clinical Engineering	P3200	Q157AD9855	07/01/2013	9,553.21	477.66	Auction	Replaced	Medical Equipment	
10	7477	66379	VersaCare with Air Bed	95700	Clinical Engineering	VERSACARE	J12AD6041	06/01/2008	9,172.52	254.78	Auction	Replaced	Medical Equipment	
10	29907	66617	Versacare Bed	95700	Clinical Engineering	P320K000536	Q166AD1467	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	29900	66610	Versacare Bed	95700	Clinical Engineering	P320K000536	Q166AD1461	07/01/2015	11,383.08	-	Auction	Replaced	Medical Equipment	
10	9762	66236	VERSACARE WITH AIR	95700	Clinical Engineering	P3200	M094AD7600	05/01/2011	9,840.78	273.35	Auction	Replaced	Medical Equipment	
10	9834	80277	Spectrals Tracking OCT System	34610	Ophthalmology On Site Clinic	None	LV002610	06/01/2011	69,750.00	-	Auction	Not Repairable	Medical Equipment	
10	29763	93470	Metaneb Nebulizer	71510	Pulmonary Services	METANEB	Q002MN0012	08/01/2015	6,135.00	1,584.87	Auction	Replaced	Medical Equipment	
10	5819	58070	Infant Warmer Bed	12455	Newborn ICU	4400	HCCLO0600D1U	03/01/2007	14,370.00	-	Auction	Not Repairable	Medical Equipment	
10	6942	72007	Heated Banquet Carts - F&N IP	84000	Food and Nutrition	UHSRQ8DXL	06128471_2_3	07/01/2007	13,117.61	-	Auction	Not Repairable	Medical Equipment	
10	33325	106997	Radiometer Flex Blood Gas Anal	71520	Pulmonary Diagnostics	AR180 FLEX+	393-092R0186M037	12/01/2018	16,275.00	2,441.25	Auction	Replaced	Medical Equipment	
10	29504	93029	EMG Machine	78010	Neurodiagnostics Lab	VIKING EDX	R2150652M	06/01/2015	40,137.00	-	Auction	Obsolete	Medical Equipment	
10	16494	32021	Ventilator System 840	71510	Pulmonary Services	840	4200117110	05/01/1999	29,263.96	-	Auction	Not Repairable	Medical Equipment	
10	9081	70348	S2605 Surgery Chair Mobile bas	15000	Operating Room	S-2605	335858	03/01/2010	12,692.00	1,692.28	Auction	Obsolete	Medical Equipment	
10	31155	98600	OTV-SI Office Video Sys W/D Pu	15060	Anesthesia - BBRP	OTV-SI	7657047	11/01/2016	14,972.30	-	Auction	Obsolete	Medical Equipment	
10	21636	91203	Mobile Fluoroscopy Unit	75000	Radiology - General	9800	82-3174	01/01/2012	72,520.00	-	Auction	Obsolete	Medical Equipment	
10	24496	86373	Blade Server Enclosure	96140	IT - Customer Service	M10DOE	051000V1	09/01/2012	7,326.48	-	Electronics Recycling	Obsolete	SW & Electronics	
10	30697	95291	Tempus Pro Patient Monitor	70060	Fixed Wing Transport	09-1007-R	600506	05/01/2016	28,417.00	4,736.17	Auction	Obsolete	Medical Equipment	
10	30528	95290	C-Mac S USB Ultrasound Probe	70060	Fixed Wing Transport	8402XS8	1096	05/01/2016	5215	0	Auction	Obsolete	Medical Equipment	
10	28940	91402	Power Procedure Exam Table	34315	Clinical Neuroscience Center	EXAM 4010	119872-0003	08/01/2014	9,541.43	1,351.72	Auction	Obsolete	Medical Equipment	
10	28939	91401	Power Procedure Exam Table	34315	Clinical Neuroscience Center	EXAM 4010	119872-0001	08/01/2014	9,541.44	1,351.72	Auction	Obsolete	Medical Equipment	
10	34893	111041	Tensator Queing System	34315	Clinical Neuroscience Center	TENSATOR PRIMAR	INLRPM203061	06/01/2019	18,451.85	4,612.97	Auction	Not Repairable	Medical Equipment	
20	20063	70546	Giraffe Incubator	12455	Newborn ICU	GIRAFFE	HDHP95959	08/01/2010	21,688.40	-	Auction	Replaced	Medical Equipment	
10	7995	64756	Infant Warmer System 4400	12415	Intermediate Care Nursery	4400	HCCLO02068	07/01/2008	11,332.24	-	Auction	Obsolete	Medical Equipment	
10	2800	46443	Zelus Colposcope 1-F System (1)	15000	Operating Room	ZM5 506 OPMI	310738	08/01/2003	15,381.00	-	Auction	Obsolete	Medical Equipment	
10	32364	103141	Electrosurgical Unit & Cart	15000	Operating Room	UH400-U	40110109	03/01/2018	23,020.97	6,577.41	Auction	Obsolete	Medical Equipment	
10	32170	105477	Vividimage 27in Surgical Disp	15000	Operating Room	MON-STE19-OT	RM171368904	09/01/2017	7,262.85	-	Auction	Obsolete	Medical Equipment	
10	31583	105036	Spy Elite Imaging Device	15000	Operating Room	LC3000	SP16141106	05/01/2017	175,000.00	-	Auction	Obsolete	Medical Equipment	Replaced with new technology/equipment to help better serve our patients
10	21509	80349	IU22 Ultrasound System	75050	Radiology - Ultrasound	IU22	8068K3	12/01/2011	175,000.00	-	Auction	Obsolete	Medical Equipment	The IU 22 Ultrasound units are beyond end of life and has been replaced
10	26598	80349/2	IU22 Upgrade to Asset 21509	75050	Radiology - Ultrasound	IU22	8068K3	02/01/2013	10,042.50	-	Auction	Obsolete	Medical Equipment	
10	127031	83751	IU22 Ultrasound System	75210	CTH Radiology-Ultrasound	IU22	80MJG	07/14/2013	171,143.01	-	Auction	Replaced	Medical Equipment	The IU 22 Ultrasound units are beyond end of life and has been replaced
10	30166	93581	Trophon EPR & Printer	75050	Radiology - Ultrasound	TROPHON EPR	47084-019	09/01/2015	8,889.30	-	Auction	Replaced	Medical Equipment	
10	30163	93584	Trophon EPR & Printer	75050	Radiology - Ultrasound	TROPHON EPR	47084-024	09/01/2015	8,889.30	-	Auction	Replaced	Medical Equipment	
10	21478	82264	26" Wideview Panel Monitor HD	15000	Operating Room	9426HDA	11-178585	07/01/2011	5,234.73	-	Auction	Not Repairable	Medical Equipment	
10	9079	70347	Heliodent DS Mobile X-Ray	15000	Operating Room	4684S06 03302	456	03/01/2010	25,312.47	-	Auction	Not Repairable	Medical Equipment	
10	8678	73818	Allura Xper FD20 Single Plane	71040	Cardiac Cath Lab	ALLURA XPER FD20	2018	09/01/2009	1,041,002.00	-	Auction	Replaced	Medical Equipment	Equipment to be traded in
10	26985	8458												

Row Labels	Count of Lawson Number	Sum of Acquisiton Cost	Sum of Book Value	Average of Age In Years
Medical Equipment	72	3,136,920.00	40,941.69	11
SW & Electronics	1	7,326.48	-	10
Grand Total	73	3,144,246.48	40,941.69	11

Row Labels	Count of Lawson Number	Sum of Acquisiton Cost	Sum of Book Value	Average of Age In Years
Auction	72	3,136,920.00	40,941.69	11
Electronics Recycling	1	7,326.48	-	10
Grand Total	73	3,144,246.48	40,941.69	11



CAPITAL PROJECT APPROVAL

PROJECT NAME: UH Main 2nd Floor OR Suite Renovation-design

DATE: April 2023

RECOMMENDED ACTION:

Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute contracts for the **UH Main 2nd Floor OR Suite Renovation-design** referenced below.

Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval

PROJECT DESCRIPTION:

Design funding to renovate the existing Operating Room (OR) Suite located within the original hospital. This project's design completion schedule is aligned with the opening of the Critical Care Tower and will allow UNM Hospital to fully renovate the OR Suite for surgeries to serve both inpatient and outpatient cases. The newly renovated OR suite will house 10 state of the art OR rooms, 25 pre/post op beds, a new patient intake/waiting room area, and staff support space. The scope consists of significant renovations including major demolition activities, various code and life safety upgrades, and mechanical, electrical, plumbing (MEP) system improvements. Additionally, the project will provide for new space configurations to allow for increased efficiency along with contemporary OR finishes.

RATIONALE:

Numerous modifications have taken place over the lifetime of the OR Suite with the most recent renovation occurring in the 1980's, nearly 43 years ago. The Work is anticipated to improve circulation, programmatic adjacencies, and standardize operating rooms for increased staff efficiencies, superior patient care spaces and streamlined processes. Many systems are beyond their typical life spans and significant upgrades are required to meet current requirements. The renovated space will be designed in accordance with the Facility Guidelines Institute (FGI) and all applicable codes.

PURCHASING PROCESS:

The professional design services will be procured through the RFP process.

FUNDING:

Total project design funding budget not to exceed amount is \$2,750,000 from the UNM Hospital Capital Improvement Fund.

XIV.f.Cerner_Regents Board Write-up_Soarian Financials (1)



UNM Hospital Board of Trustees
April 11, 2023

Recommended Action:

Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute contracts for the **Cerner Soarian Financials Patient Accounting Software Solution and Software Support Services** referenced below. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval

Ownership:

Cerner Oracle Corporation
8779 Hillcrest Road
Kansas City, MO 64138

Officers Information:

Stuart Levey, President
Douglas Kehring, Executive Vice President

Source of Funds: UNM Hospitals Operating budget

Description and Rationale: Cerner Oracle Corporation (“Cerner”) is a supplier of health care information technology solutions for clinical and financial outcomes. Cerner is UNMH’s Electronic Health Record (“EHR”) provider and provides UNMH with a remote hosted environment (“RHO”) to run its EHR and manages the IT environment for all the hardware, software and data associated with UNMH’s EHR. The Soarian Financials Patient Accounting Solution and Services (“The Soarian Suite”) is the patient accounting technology that UNMH currently uses to meet its billing and accounts receivable management needs.

Management recommends to continue to utilize the Soarian Suite and services under the proposed contract. As an incentive to secure a 10 year agreement, Cerner has offered pricing in several areas at the current rate as set forth in the original 2013 contract. The Agreement includes increases in transaction ceilings, at no added cost, for services such as patient statement generation, insurance eligibility requests, and remittance advice file delivery. This pricing results in \$5.8M in savings over the 10-year period for these transaction based services. In addition, another \$3.9M in savings will be achieved as a maximum 3% annual CPI has been offered versus Oracle’s standard 5% minimum CPI annual increase. Finally, the proposed contract also grants the UNM Health System licensure to Oracle Cerner’s Revelate application suite, which is the next generation of the Soarian Suite at no additional cost. The proposed contract consolidates the costs for UNMH and Sandoval Regional Medical Center, which has traditionally been invoiced separately.

Process: Sole Source Procurement - UNMH intends to make a sole source purchase in accordance with section 13-1-126 NMSA.



Contract Term: The initial term of the Agreement shall be for a ten (10) year term as provided for in NMSA 13-1-150 (Multi-Term Contract). The anticipated effective date of the Agreement is May 15, 2023.

Contract Amount: \$51,962,561 total across the 10-year term, which includes an annual 3% CPI (consumer price index) increase. This amount includes all UNMH entities in addition to Sandoval Regional Medical Center as well as annual cost for the anticipated expansion of 96 new inpatient beds for the Critical Care Tower. Annual amounts are reflected in the following table:

Current annual rate, existing agreement	\$3,677,208
Year 1	\$4,245,181
Year 2	\$4,440,090
Year 3	\$4,640,845
Year 4	\$4,847,624
Year 5	\$5,060,605
Year 6	\$5,279,977
Year 7	\$5,505,929
Year 8	\$5,738,660
Year 9	\$5,978,373
Year 10	\$6,225,277

Termination Provision: Either party may terminate the proposed Agreement for cause as a result of a material breach that has not been cured and/or waived within 60 days after written notice has been provided by the non-breaching party.

Previous Contract: Siemens Medical Solutions USA, Inc., where the Health Services Business of Siemens was acquired by Cerner on February 2, 2015.

Previous Term: September 23, 2013 through September 22, 2023

Previous Contract Amount: \$39,897,861.03 annualized for 10 years including implementation fees

XIV.g.Critical Care Tower Equipment Purchase Approval

APR 2023 REVISED



**UNM Hospital Board of Trustees
April 2023**

**Critical Care Tower Purchase Approval Request: New Tower Purchases of
Furniture/Fixture/Equipment – April 2023**

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute contracts for the Critical Care Tower for equipment/furniture/fixtures referenced below. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval

Projects/Products:

Patient Monitors: \$10,001,069.00

OR Integration: \$2,291,105

See attached spreadsheet summary for additional details for each project listed above.

Funding: These purchases are consistent with the initial Critical Care Tower approved project.

Critical Care Tower (CCT) Purchase Approval request(s) for April 2023 UNMH BOT Finance Committee & UNMH BOT Meeting

See below list of items/purchases necessary for Critical Care Tower as referenced in Memo. Hospital Board Approval >\$1 Million, Hospital Board and UNM President Approval >\$5 Million

Project Name/Product Group	Vendor	Required Approvals	Source of Funds	Description and Rationale (Detailed information)	Contract # (Vizient/RFP)	Purchase Amount	Procurement Details (GPO- Vizient, best value, "sole source", "RFP-best value", other procurement method)
Patient Monitoring	Philips	UNMH BOT and UNM President	CIP 10-3206 HT Equipment	<p>Patient Monitoring needs for the CCT project ED, PreOp PACU, Surgery and ICU.</p> <p>Utilization of UNMH - Philips Enterprise Agreement #CAA0045700</p> <p>Equipment specified to match existing Patient Monitoring Platforms in the BBRP. 264 Patient Monitors plus associated options and Central Stations will be included in the Purchase</p>	UNMH - Philips Enterprise Agreement #CAA0045700	\$ 10,001,069	Vizient Contracted Supplier (UNMH Enterprise Agreement #CAA0045700) - Direct contract to match existing Patient Monitoring within the BBRP
OR Integration	Karl Storz	UNMH BOT	CIP 10-3189 HT Furnishings	Surgical OR Integration Package. 20 Surgical Rooms with OR Integration and 8 Operating Rooms will Room Status Cameras Only.	Vizient Contracts CE7346	\$ 2,291,105	GPO - Vizient

UNMH is a member of Vizient, which is the largest healthcare group purchasing organization in the United States. Vizient implements bid processes to put in place contracts, available to its members, for healthcare goods and services. UNMH purchases through Vizient are exempt from the NM Procurement Code. NMSA 13-1-98.1A.

XIV.h.Regents Approval Diamond Pharmacy (at MDC)



**UNM Hospital Board of Trustees
April 2023**

UNMH/MDC PHARMACY SERVICES

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH request approval to execute a contract for UNMH to acquire Pharmacy Services in support of UNMH healthcare operations at Bernalillo County MDC. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval.

Ownership:

Diamond Pharmacy Services
639 Kolter Dr., Indiana, PA, 15701

Officers Information:

Mark J. Zilner- President and CEO

Source of Funds: UNM Hospital Operating Fund

Description and Rationale: UNM Hospital is requesting to outsource Pharmacy services to provide pharmacy services for the Bernalillo County Metropolitan Detention Center (MDC) project, as part of our commitment to provide overall medical and behavioral health services to the MDC.

- The vendor selected for these services will be Diamond Pharmacy Services through its Correctional Pharmacy Services Division.
- Diamond Pharmacists will be available 24/7 to provide the required services of verifying drugs as ordered by the on-site physician(s) for administration to the MDC inmate population by pharmacy technicians employed on site.
- For the electronic medical record system (EMR) UNMH will be employing the use of its Cerner application. Physicians will place drug orders into the EMR for the MDC patients that are to be verified by Diamond Pharmacy Services pharmacist staff.

Process: GPO- 791 COOP

Contract Term: This Agreement shall be effective on the Signing Date, and shall have an initial term of one (1) year, unless earlier terminated in accordance with contract language. Thereafter, this Agreement may be renewed or extended for additional terms consistent with the NM Procurement Code.

Contract Amount: Not to exceed \$5,000,000 per year.

Termination Provision: Either party may terminate this Agreement by delivering written notice to the other party at least 30 days in advance of the proposed date of termination.

Previous Contract: NA

Previous Term: NA

Previous Contract Amount: NA

IXV.i.UNMH Press Ganey_Final 4.21.2023



**UNM Hospital Board of Trustees
April 2023**

UNIVERSITY OF NEW MEXICO HEALTH SYSTEM / PRESS GANEY ASSOCIATES, INC.

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, University of New Mexico Health System requests approval to renew the current Master Services Agreement with Press Ganey and add two additional services, High Reliability Platform and NarrativeDx. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval.

Ownership:

Press Ganey Associates LLC (d/b/a Press Ganey Associates, Inc.
1176 Ignition Drive, South Bend IN, 46601

Officers Information:

Patrick Ryan- CEO

Source of Funds: UNM Hospital Patient Experience office Budget

Description and Rationale: University of New Mexico Health System is requesting to renew their Master Services Agreement with Press Ganey to include Press Ganey Strategic Workforce Solutions and the following Patient Experience services:

Account Name	Client Number	Service	Survey Mode
UNM Hospital	1862	Ambulatory Surgery/OAS-CAHPS	Mail/eSurvey/Text
	1862	Behavioral Health Outpatient / Telemedicine	Bulk/Scan & eSurvey/Text
	1862	Behavioral Health Inpatient	Bulk/Scan
	1862	Dental Services	Mail/eSurvey/Text
	1862	Emergency Department	Mail/eSurvey/Text
	1862	Home Health/HHCAHPS	Mail only
	1862	Inpatient / HCAHPS	Mail/eSurvey/Text
	1862	Medical Practice / Telemedicine	Mail/eSurvey/Text
	1862	Neonatal Intensive Care Unit	Mail/eSurvey/Text
	1862	Oncology Outpatient	Mail/eSurvey/Text
	1862	Outpatient Services / Telemedicine	Mail/eSurvey/Text
	1862	Pediatric Inpatient	Mail/eSurvey/Text
	1862	Pediatric Emergency Department	Mail/eSurvey/Text
	1862	Urgent Care / Telemedicine	Mail/eSurvey/Text
	1862	Nursing Excellence Solution	
	1862	NarrativeDx	
	1862	High Reliability Platform	
UNM Medical Group	16332	Medical Practice / Telemedicine	Mail/eSurvey/Text
	16332	Behavioral Health Outpatient / Telemedicine	Bulk/Scan & eSurvey/Text
	16332	Dental Services	Mail/eSurvey/Text

	16332	Outpatient Services / Telemedicine	Mail/eSurvey/Text
	16332	High Reliability Platform	
	16332	NarrativeDx	
UNM Sandoval Regional Medical Center	17181	Ambulatory Surgery/OAS-CAHPS	Mail/eSurvey/Text
	17181	Emergency Department	Mail/eSurvey/Text
	17181	Inpatient / HCAHPS	Mail/eSurvey/Text
	17181	Medical Practice / Telemedicine	Mail/eSurvey/Text
	17181	Outpatient Services / Telemedicine	Mail/eSurvey/Text
	17181	Pediatric Inpatient	Mail/eSurvey/Text
	17181	NarrativeDx	
	17181	Pediatric Emergency Department	Mail/eSurvey/Text

Process: GPO- 791 COOP

Contract Term: This Agreement shall be effective on July 1, 2023, and shall continue for thirty-six (36) months, unless earlier terminated in accordance with contract language. Thereafter, this Agreement may be renewed or extended for additional terms consistent with the NM Procurement Code.

Contract Amount: \$958,321.60 for patient experience services and \$189,270.03 for Workforce solutions. Total year one contract value \$1,147,591.60. After the first year, pending budget availability to add NarrativeDx and the High Reliability Platform /year 2 and 3 adds 3% totaling \$1,182,020.41.

Termination Provision: This Agreement shall renew automatically for successive one (1) year periods (each a “Subsequent Term,” and together with Initial Term, the “Term”) on the expiration date of the Initial Term or Subsequent Term, as the case may be, at prevailing prices unless either Party provides the other Party ninety (90) days advance written notice of nonrenewal.

Previous Contract: MSA

Previous Term: July 1, 2020 – June 30, 2023

Previous Contract Amount: \$1,021,577.30

Section XV. Administrative Reports

Douglas Ziedonis, MD, MPH
Executive Vice President, Health Sciences
CEO, UNM Health System
UNM Hospital Board of Trustees Report
April 28, 2023

Good morning, Board of Trustees members and CEO Becker. Thanks for your ongoing support and feedback. **CEO Becker** and **Drs. McLaughlin, Chicarelli** and **Boyd** will provide important details in their administrative reports; however, I have provided a written report for your readings and have selected a few key items related to UNM Health and Health Sciences to provide to you now.

UNM Health & Health Sciences Strategic Planning Process – We appreciate the great input that so many have provided in our Strategic Planning process, including this group of Board of Trustees for UNMH, through the online survey and IdeaScale crowd sourcing, focus group interviews, and your serving on Work Groups / focused interviews. Throughout the process, we remained anchored and aligned with UNM 2040. I am grateful for the thousands of faculty, staff, clinicians, learners, students, and community leaders and public who contributed to our [Strategic Planning](#) through many different methods. Providing many opportunities to hear everyone who wanted to share their thoughts and reflections has been very important and critical as we map out how to achieve our ambitious goals.

Of note, in the past month I've been able to participate in two meetings with the Secretary for the NM Department of Health, Patrick Allen, other DOH leaders, and health system leaders in the State Health Improvement Plan (SHIP) process and prioritization. The priorities of the Governor, Secretary, and the SHIP are aligned, including the SHIP focus on Access to Care, Behavioral Health, and Social Health (social determinants of health and a public health to clinical health perspective).

Our UNM Health and Health Science seven Strategic Priority focus areas are (all equally important):

1. Elevate Behavioral Health: Address Mental Health and Substance Misuse
2. Enhance Access: Quality and Safety of Clinical Care
3. Enhance Health Equity, including for Rural, Hispanic, Native American, and other Underserved Groups
4. Prioritize Workforce Development, Recruitment, Retention
5. Expand Impact Through Research.
6. Advance New Mexico's Economic Development in Biosciences and Health Care Services and Technology
7. Enrich the Student Experience, Educational Innovation, and Outcomes

Our seven key Enablers contribute to support all the seven Strategic Priorities and represent the key drivers necessary for success:

1. One University

2. Leadership and Organizational Structure
3. Communications & Messaging
4. Technology, including Project ECHO
5. Community Engagement/Support & Strategic Partnerships
6. Sustainable Infrastructure (Environmental, Finance, Workforce, Safety, and Facilities)
7. Inclusive Excellence & Belonging

At today's meeting I will provide a PowerPoint presentation on our current state of the strategic planning process, including our next steps related to implementation planning. As we finalize our last thoughts about each of these areas, we are working on a communications plan to make sure the various constituents get informed, receive our gratitude, and learn about next steps. Thanks for everyone's input and engagement.

Two new UNM Board of Regents and update on the Regent's Health and Health Sciences Committee: Hopefully you will all get to meet, or already know, our two new UNM Board of Regents, Paul Blanchard and Paula Tackett. We have been enthused to meet them and see their interest and support for UNM Health and Health Sciences. They were recently appointed to the Board of Regents by Gov. Michelle Lujan Grisham. They both have a long history of service to New Mexico, and UNM is fortunate to have the benefit of their experience in this important governance role. We will be providing orientation sessions for the new Regents in the upcoming month.

I'd like to share my gratitude to departing Regents Sandra Begay and Doug Brown for their dedication and support.

The Regent's Health and Health Sciences Committee has three Regent members and will now have two co-chairs. I am looking forward to working closely in the coming year with the new leadership structure of Co-Chairs (Regents Schwartz and Fortner). Regent Fortner will be leading matters related to our UNM Health system and Regent Schwartz will focus on Health Sciences matters. I want to welcome Regent Payne to this Committee. In addition, I would also like to thank Regent Ko for his time, great questions, and thoughtful attention over the past two years. His transition to serving on the UNM Hospital Board of Trustees will provide excellent engagement for us all.

Legislative Session Wrap-Up – The New Mexico Legislature's 60-day session concluded on March 18, with the passage of a number of bills and appropriations specific to Health and Health Sciences. Their funding package included:

- \$139.2 million, or an 8.6% (\$11.1 million) increase, for **Instruction & General (I&G) funding, Categorical funding, and Research and Public Service Projects (RPSPs)**.
- Partial funding for a 6% salary increase in FY24 for a budgeted non-student position who completed probation period.
- 3.9% (\$2.9 million) "new money" increase for I&G:

- 1% of “new money” through the higher education funding formula, partial funding for a statutorily required 1% Educational Retirement Board employer contribution at a proportion of 85% of the I&G cost, and other considerations, including faculty compensation and student services.
- 15.3% (\$8.2 million) total increase for RPSPs and Other State Funds. Increase includes GME, Nursing Programs, Physician Assistance Program, Office of the Medical Investigator, New Mexico Poison and Drug Information Center, Rural and Urban Underserved Program, Native American Health Student Success Program, Child Psychiatric Center and Project ECHO.
- \$500,000 in nonrecurring funds to support infrastructure for the statewide human papillomavirus Pap registry.
- Nonrecurring funds for the Higher Education Department statewide initiatives that will support:
 - \$20 million for building renewal and replacement statewide, including up to \$5 million for demolition of buildings at higher education institution.
 - \$10 million for endowed nursing faculty positions statewide.
 - \$5 million for public health programs at NMSU and UNM.
 - \$55 million to provide matching funds to state research universities to support innovative applied research that advances knowledge and creates new products and production processes in the fields of agriculture, biotechnology, biomedicine, energy, materials science, microelectronics, water resources, aerospace, telecommunications, manufacturing science and similar research areas. Earmarked amounts for specific projects and institutions were vetoed.
- For the Human Services Department, \$1.4M to ensure effective deployment and utilization of 988 Crisis Now mobile crisis teams. \$2.5M to provide individuals reentering the community from incarceration with pre-release Medicaid capacity and connection to services and housing support. \$60M to contract with rural regional hospitals, health clinics, providers, and federally qualified health centers to develop and expand primary care, maternal and child health and behavioral health services capacity in rural medically underserved areas.
- For the Department of Health, \$4M for mobile homelessness response and \$1.5M for startup costs and to purchase mobile clinics for school-based health centers.
- UNM Health & Health Sciences received capital appropriation, including full funding for its top state requests:
 - Upgrade to Interprofessional Health Simulation Center \$5M, HSC Research Equipment \$3.2M and Health Sciences Library & Informatics Center 2nd Floor Renovation (\$2.85M).
 - UNM Comprehensive Cancer Center received \$5M for its expansion project, and other capital appropriation include the School of Public Health \$1.55M, Rio Rancho computer lab \$90K, Brain Therapy equipment \$215K, Dermatology facility \$575K, and more.
- Multiple bills passed related to health professions and health systems as well.

We are pleased with the growing level of legislative support for higher education research during the past two legislative sessions, including the Technology Enhancement Fund, which provides matching funds to universities to support applied research,

The Legislature and Governor have continued their commitment to support our health professions programs, public health and student support services.

We are excited to continue working with them in an effort to make New Mexico a better place to live by developing a strong workforce, providing care across the state, stimulating economic development and job growth and working with our community partners statewide.

My thanks our Government Relations team, including Mike Puelle, Nathan Bush and Stevie Olson, for doing a terrific job of communicating our priorities to the legislators.

Grateful Patient and Families Update - Through a strong collaboration between UNM Health and Health Sciences and the UNM Foundation, our grateful patient and family giving program continues to grow. A few examples include:

- Creation of the Terry & Alyce J. Richardson Endowed Professorship in Nursing
- Creation of the Donna M. Tomky & Robert W. Geer Endowed Professorship in Ovarian Cancer Research
- Creation of the Peter A. Winograd Endowed Clinical Professorship in Cancer
- Naming of the Cancer Center's 4th floor reception area by Marcia Lubar in memory of her husband Larry

Additionally, we have significantly expanded training for clinicians and health care staff on ways to be appropriately engaged in our Foundation's activities and the grateful patient program. This included training nearly 50 of our most senior health and health sciences leaders. This year, we will have three email & direct mail campaigns with a focus on cardiology, cancer, dermatology, and neurosurgery. We are committed to continuing work in this area and look forward to expanding the program in FY24. We also appreciate that in addition to grateful patients that we must attend to grateful communities.

UNM HEALTH SYSTEM MATTERS:

COVID Update – New Mexico's public health order ended March 31 and the federal public health emergency regarding COVID will expire May 11. Following guidance and recommendations from the Centers for Disease Control and Prevention, the New Mexico Department of Health and other public health experts, the UNM Health System no longer mandates face masks in clinical settings, as of April 16, 2023. For patients and visitors, face masks will be optional in all settings, including hospitals, clinics, laboratories and patient lobby areas, with some exceptions. If a patient or visitor has respiratory symptoms, that individual will be asked to use a face mask. And face mask requirements may be re-instituted if community transmission rates for COVID, RSV, influenza, measles or other contagious viruses significantly increases. COVID tests will continue to be required for all behavioral health admissions. Face masks will be optional for health care workers; however, patients will be able to ask clinicians and staff to wear a mask. Staff who want additional protection are supported and encouraged to continue masking. Additionally, units with particularly vulnerable populations should continue universal masking. The

Occupational Safety and Health Administration requires health care workers to show proof of a COVID-19 vaccination. UNM Health will continue to follow all OSHA guidelines.

UNM Hospital Listening Tour – Active, deep listening in our communities to the needs of our communities is one of the most important ways in which we can determine how we best serve our patients. In March, UNM Hospital CEO Kate Becker, along with the UNMH Office of Community Engagement, began a listening tour across each district of Bernalillo County. I have witnessed the importance of these meetings and found the meeting incredible and well attended with lots of great feedback and ideas. We have received important feedback about how to make the patient experience better, how we can better serve vulnerable populations and how we can grow in a way that continues to meet the needs of our diverse and ever-changing state. The feedback we receive in these sessions will be the baseline of a community assessment report that will help us make decisions on how to allocate resources. We are very grateful for the support of the community through mill levy, and know the importance of listening and engaging to hear their voices on how we are doing and what is most critical for them. In order to *Deliver More*, we need to listen more.

The UNMH Listening Tour has a few more stops this spring and summer. [Please read more about the sessions to learn how and where you can attend.](#)

The Metropolitan Detention Center (MDC), UNMH – Bernalillo County Partnership – Today we will present an update on our commitment to help the County, City, and People at the MDC through our partnership with Bernalillo County. I am grateful for so many putting the effort into making this a reality. There is a history of UNMH engagement with the MDC in the past, and this new partnership has generated lots of enthusiasm. Today's presentation will discuss the Health Care Challenges at MDC, how other Academic Health Centers have excelled in these partnerships, and the current progress of our 7 UNMH-County Working Committees (Staffing, Providers, Medical Health, Behavioral Health, IT/EMR, Pharmacy/Lab/Supply Chain, and Finance/Contracting).

Addictions Psychiatry Fellowship – We are committed to enhancing our behavioral health programs, including clinical, research, and teaching efforts to address the crisis in substance use disorders. This is critical for all of New Mexico.

A recent expansion of UNM fellows in addiction psychiatry and addiction medicine will help us expand our workforce. They are gaining needed expertise in treating substance use disorders (SUDs). The newly refurbished hospital at 5400 Gibson SE in Albuquerque specializes in medication detoxification, social rehabilitation and intensive outpatient services. Addiction treatment in New Mexico is very limited, and one of the biggest barriers is that providers are hesitant to treat SUDs due to lack of access to training in both inpatient and outpatient settings. The fellows will gain valuable experience while treating patients with complex needs. Bellelizabeth Foster, MD, fellowship director in the UNM Department of Psychiatry & Behavioral Sciences, collaborated with Snehal Bhatt, MD, chief of the Division of Addictions Psychiatry, and Valerie Carrejo, MD, who leads the Addictions Medicine Fellowship in the UNM Department of Family & Community Medicine.

HEALTH SCIENCE ACADEMIC MATTERS:

College of Population Health Recruitment – The College of Population Health has made tremendous headway in growing its staff in anticipation of becoming an accredited School of Public Health. The College has hired 20 new faculty members over the past six months, including an associate dean and two assistant deans (one for education, and one for research). Two finalists are due to visit campus for the position of assistant dean for faculty affairs. Meanwhile, the College has just launched its first cohort of PhD students, with as many as seven additional students joining the PhD program in the fall. Congratulations to Dean Tracie Collins, MD, MPH, MHCDS, and her team for their terrific work. The funding for these faculty members was from the two-year funding support from our Governor and legislators. Thanks for everyone's help in getting us closer to a School of Public Health.

UNM Research Award Lectures – I'd like congratulate Drs. Vojo Deretic and David Schade for their UNM Research Awards which include their providing a lecture for all of us. Dr. Deretic, chair of the Department of Molecular Genetics & Microbiology, and an internationally known expert on of autophagy, delivered the Annual Research Lecture on March 30. The lecture has been presented at UNM since 1954 and is one of the highest honors the University bestows on its faculty member in recognition of research/creative activity. Dr. Schade, chief of the Division of Endocrinology & Metabolism in the Department of Internal Medicine, will deliver the Eighth Annual Community Engaged Research Lecture (CERL) on April 19. The CERL is bestowed upon a faculty member in recognition of exemplary community engaged research or community engaged creative works. They are both very deserving of this high honor and recognition.

Cancer Center Hoops for Hope – On March 9 New Mexico lawmakers put in overtime for UNM's cancer patients and their families, but the OT didn't happen in the Roundhouse that day—it happened on the basketball court. And the big winner: the UNM Comprehensive Cancer Center. This year's Hoops 4 Hopes basketball game was a nail biter that went into overtime as the Senate took on the House at Santa Fe Indian School. In the end the Senate won 33-32, but the bragging rights go to both teams for raising more than \$34,000 for the Center's patient care fund. Hoops 4 Hopes has raised more than \$300,000 over the past 18 years. A big thanks to our lawmakers and everyone who made the event such a success!

New Mexico Bioscience Authority – President Stokes has named Dr. David Perkins, professor in the Department of Internal Medicine and co-director of the School of Medicine's MD/PhD program, to the board of the New Mexico Bioscience Authority, where he has been nominated to serve as president. Dr. Perkins' educational and professional credentials include an undergraduate degree at the University of California, Berkley, and medical school at The Albert Einstein College of Medicine in New York. Dr. Perkins earned a PhD at Massachusetts Institute of Technology and served 17 years as a faculty member at Harvard University and then at the University of California, San Diego. Congratulations and gratitude to Dr. Perkins for agreeing to serve in this role, which will help us in our mission to advance New Mexico's economic development through the biosciences and health care services and technology.

MDMA-Assisted Therapy for PTSD – Dr. Larry Leeman, who treats expectant mothers experiencing opioid use disorder as medical director for the UNM Milagro Program, is launching a first-of-its-kind pilot study to see whether a regimen of trauma-focused therapy coupled with doses of MDMA – popularly known to rave participants as ecstasy or molly – can help new mothers permanently overcome their drug dependency. The FDA-approved open label study will enroll 15 people with diagnoses of moderate to severe PTSD six to 12 months after they have given birth. Each participant will receive 12 weeks of intensive therapy and three medication sessions, Leeman said. The project, funded through private donations, will assess whether MDMA-assisted therapy can help the mothers overcome their addictions and improve bonding with their infants. I have high hopes about the potential of this type of treatment to break the cycle of drug dependency.

Malaria Vaccine Research Grant – Congratulations to Bryce Chackerian, PhD (the Jeffrey Michael Gorvetzian Endowed Professor of Biomedical Research Excellence, Regents Professor and Vice Chair of the Department of Molecular Genetics & Microbiology) who is the principal investigator for a new five-year, \$3.1 million grant from the National Institute of Allergy and Infectious Diseases. This grant will help UNM develop a more effective vaccine against the *Plasmodium falciparum* parasite that causes malaria. Dr. Chackerian and his team are using virus-like particles as a vaccine platform to elicit antibodies capable of attacking a protein on the surface of the parasite that will prevent it from entering the liver and triggering a full-blown infection.

Lobo Hackathon – I’m excited about the upcoming Lobo Hackathon, where teams of competitors collaborate to create or refine an idea that sets out to address a problem. With a prize pool totaling at least \$25,000, there is plenty of incentive to participate. The event is scheduled for Thursday, April 13, from 6 p.m.-10 p.m. at the Lobo Rainforest Building, and open to students, faculty, staff, entrepreneurs and the community at large. The event is being organized with the help of former UNM president Bob Frank, professor and director of the Center for Innovation in Health and Education and Master of Public Health program director in the College of Population Health. He and Rob DelCampo, Rutledge Professor of Management in the Anderson School of Management are also teaching an eight-week elective course around the Hackathon that focuses on entrepreneurship.

Conclusion: As always, thank you all for your leadership, service and support. I look forward to our next meeting and appreciate your feedback and questions.

Best wishes,

Douglas Ziedonis, MD, MPH
EVP, UNM Health Sciences
CEO, UNM Health System

MEMORANDUM

To: UNMH Board of Trustees

From: Mike Richards, MD
Senior Vice President, UNM Health System

Date: Apr 28, 2023

Subject: Monthly Health System Activity Update

This report represents unaudited year to date March 2023 activity and is compared to audited year to date March 2022 activity.

Activity Levels: Health System clinical activity remains high, although adult inpatient activity is less, which is intentional in order to operate at more sustainable levels. In comparison to prior year, key clinical measures include:

- Total inpatient days are down 6%
 - UNMH adult inpatient days are down 8%
 - SRMC adult inpatient days are flat
- Total discharges are up 1%
 - UNMH adult discharges are down 2%.
 - SRMC adult discharges are up 8%
- Adult length of stay (without obstetrics) is down 7%
- Case Mix Index (CMI) is down 3%
- Total outpatient activity is up 3%
 - Primary care clinic visits are down 11%
 - Specialty and other clinic visits are up 8%
 - Emergency visits are down 3% over prior year
- Surgical volume is up 4%
- Births are up 1%
- UNM Medical Group RVUs are up 5%

Finances: Health System had total year-to-date operating revenue of \$1.3 billion, which is up 2% over prior year. Total non-operating revenue was \$122.8 million, representing a 2% decrease over prior year, primarily driven by decrease in Care Act Funding compared to prior year for Medical Group, partially offset by decrease of debt issuance costs from prior year and FEMA funding in current year at UNMH. Total operating expenses were \$1.4 billion, representing a 3% increase over prior year primarily driven by contract labor. Health System margin was \$(31.0) million as compared to \$(8.6) million prior year, primarily driven by increased labor costs at UNMH and SRMC and decrease of Cares Act Funding at UNMMG.

The balance sheet is stable with a current ratio of 1.83 as compared to 2.10 prior year. The cash and cash equivalents for UNM Health System is \$377.1 million as compared to \$485.5 million prior year. Net patient receivables are up 7% and total assets are up 2%. Total liabilities are up 10% over prior year. Total net position is down 3% over prior year.

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: April 28, 2023

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through March 2023.

Finance: Inpatient adult patient days and discharges were down from budget by 4% and 3%, respectively, for the fiscal year to date. Adult length of stay is slightly below budget at 7.0 days. Inpatient pediatric patient days and discharges were better than budget by 7% and 22%, respectively, for the fiscal year to date. Pediatric length of stay is better than budget 7.5 days. Observation discharges are below budget by 12% year to date. Case mix index is lower than prior year by 2.4% at 2.087 year to date. Outpatient clinic visits are 3% below budget and 2% lower than prior year to date. Emergency department arrivals are below year to date budget by 7%, and lower than prior year to date by 3%. Behavioral health patient days are under budget by 10% and behavioral health clinic visits are over budget by 11% year to date. Net margin through January 2023 is negative at -\$35.1 million with zero set aside for capital investment. Total Operating revenues are negative compared to year to date budget and prior year. Operating expenses are over budget by \$28.2 million, primarily in employee compensation and benefits. Non-operating revenues are over budget by \$12.5 million.

Native American Liaison: Native American Liaison: Total Native American Inpatient Stays for UNMH and Behavioral Health Q4 CY2022 were 1,351 inpatient stays and Inpatient Length of Stay for Q4 CY 2022 was 6.49 days. Average Daily Inpatient Census for Q4 CY2022 was 95 patients. Total specialty encounters for Q4 CY 2022 was 10,097 visits. The NAHS team attended the March APCG Meeting on 3/23/23 and have also conducted five Tribal Governor meetings to the following communities; Pueblo of Laguna, Pueblo of Acoma, Pueblo of Isleta, Pueblo of Nambe, and the Pueblo of Jemez between February 2023 – April 2023. The NAHS Team plans to continue attending Pueblo Governor meetings with the goal to meet with all Pueblo communities by 7/1/23. Presentation conducted at the AAO IHS Quarterly Tribal Consultation on 4/5/23 regarding CCT Updates, Mil Levy, and Community Listening Sessions. NAHS Advance Access team is beginning collaborative outreaches with the NAHS Liaisons, first meeting conducted at Jemez Health and Human Services on 4/18/23.

Bernalillo County: UNMH and Bernalillo County are in the process of entering into a Joint Powers Agreement to create the Metropolitan Detention Center Healthcare Authority. The Regents approved this agreement April 10th and it will now go the County Commission. UNMH will provide Medical, Behavioral Health, and Dental Services through this agreement at MDC beginning July 26th. County Listening Sessions continue for the UNMH Community Health Needs Assessment and the 2024 Mil Levy planning. The latest session was held April 13th at the Patrick Baca Library in Southwest Bernalillo County. Construction work continues on the New Crisis Triage Center and the facility is currently on schedule for an early 2024 opening.

Date: April 28, 2023
To: UNMH Board of Trustees
From: Steve McLaughlin, MD
UNMH Chief Medical Officer

New EOC COVID-19 Guidelines

- The Federal Public Health Emergency related to COVID ends May 11, 2023.
- The State Public Health Orders related to COVID expired March 31, 2023.

1. Masking in Clinical Areas

- a. EOC approved moving to optional masking (“Endemic” level) in clinical areas within the following overall structure.



Note: Triggers to move between levels are based on Public Health Orders, disease prevalence, vaccine/treatments, rate of rise, staffing or other local factors and recommendation will be made by CMO in collaboration with UNMH Epidemiologist.

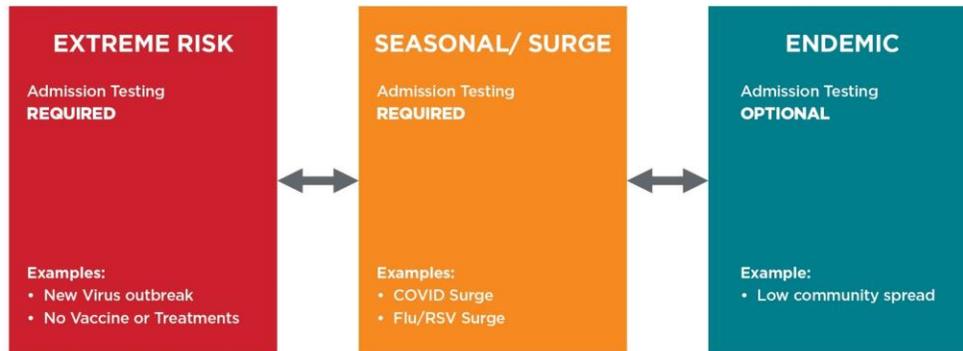
2. Employee Testing/Quarantine

- a. Discussed that there have been no changes or updates to the OSHA Emergency Temporary Standard (ETS).
- b. Employees in clinical areas are still required to be removed from the workplace for respiratory symptoms, as well as test for COVID before returning to work.
- c. OHS/Medical Branch will follow for updates from the regulatory bodies, and if/when changes occur, will plan to re-integrate COVID illness with current HR sick leave policies.

3. COVID Testing for Patients

- a. Approved changing to optional testing (“Endemic” level) for inpatient admissions and before procedures for all areas EXCEPT inpatient Behavioral Health (due to congregate setting in that area).
 - i. Reassess in 90 days for possible inclusion of Behavioral Health.

Patient Testing

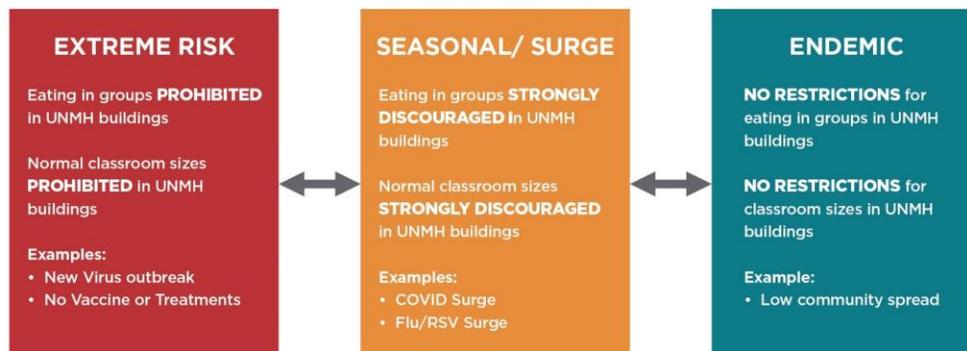


Note: Triggers to move between levels are based on Public Health Orders, disease prevalence, vaccine/treatments, rate of rise, staffing or other local factors and recommendation will be made by CMO in collaboration with UNMH Epidemiologist.

4. Eating in Groups & Classroom Size (effective April 16, 2023)

- a. Eating in groups will now be allowed.
- b. We will return to unrestricted classroom sizes.

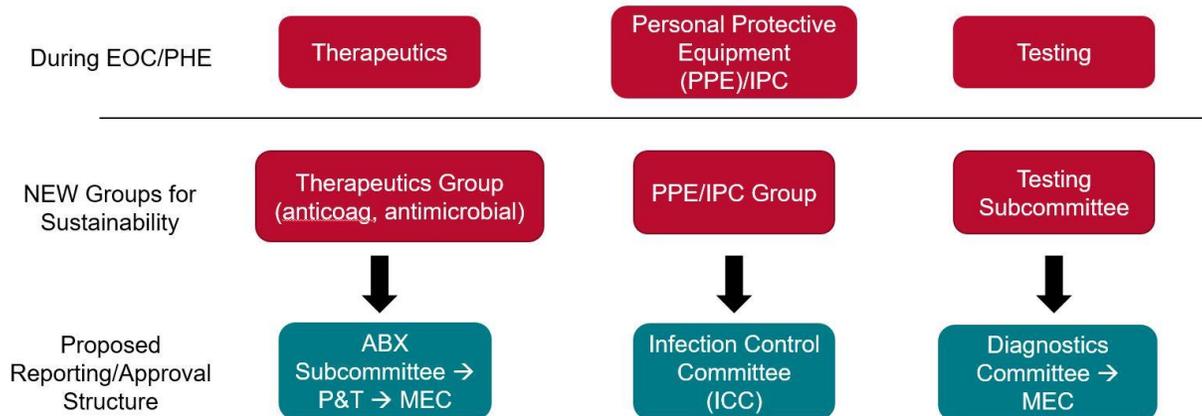
Eating in Groups



Note: Triggers to move between levels are based on Public Health Orders, disease prevalence, vaccine/treatments, rate of rise, staffing or other local factors and recommendation will be made by CMO in collaboration with UNMH Epidemiologist.

In addition, some functions that had been moved to the EOC will be moving into the Medical Staff or UNMH structures.

COVID-19 Sustainment Proposal



Opioid Safety and Overdose Prevention

On March 29, 2023, the FDA approved naloxone (Narcan) as an OTC medication. This is an important step in reducing the number of opioid overdose deaths in the US. NM is in the top ten states nationally with a rate of death of 39/100,000.

Opioid overdose continues to be an urgent public health challenge in the United States and New Mexico. In 2019, 74% of all overdose deaths involve opioids in New Mexico. Preventable opioid overdose deaths increased 457% since 1999 in the U.S., which lead public health officials to declare a nationwide opioid overdose epidemic.



Opioids can have adverse reactions and cause harmful and severe reactions that slow or even stop breathing. Because opioids slow or even stop breathing, opioid overdoses can be fatal. Overdose can happen when a person takes too much of the opioid medication, when a person mixes an opioid with another substance, like alcohol or other sedatives, or when a small amount of illicit fentanyl is found in other substances.

Fentanyl is a powerful synthetic opioid/pain-relieving drug prescribed for the treatment of extreme pain. Fentanyl and fentanyl analogues are now found in many street drugs and only a small amount can cause an overdose. Illicit fentanyl is showing up in pills, heroin, meth and cocaine and causing overdose deaths.

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021

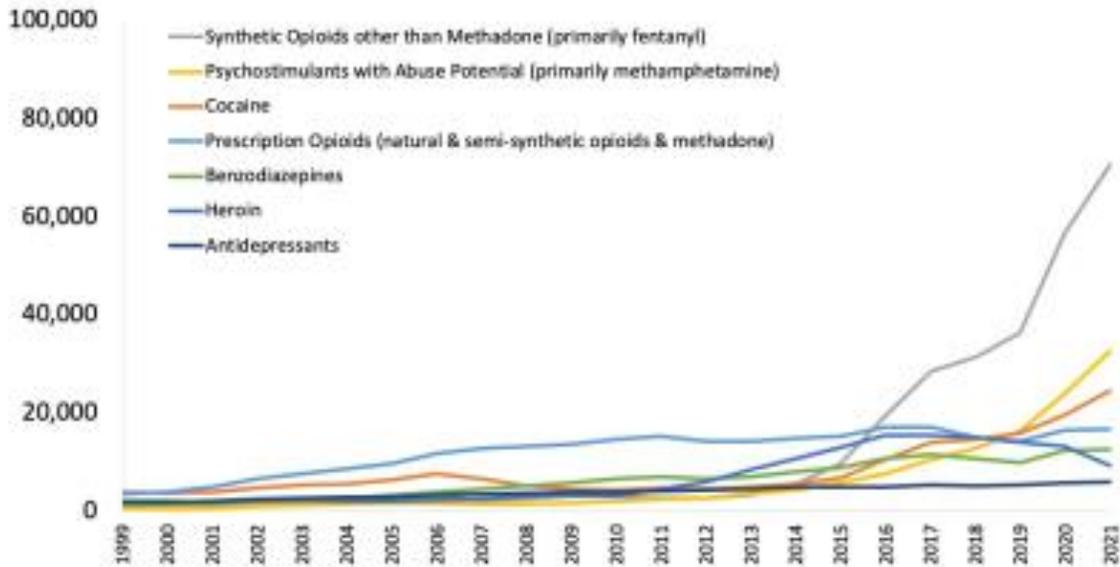
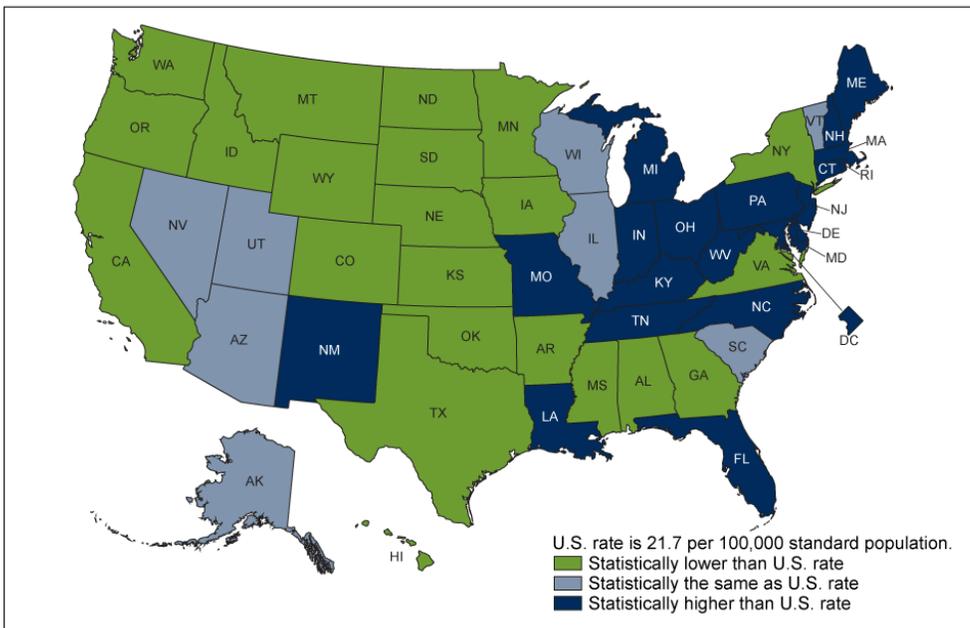


Figure 3. Age-adjusted drug overdose death rates, by state: United States, 2017



NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#3.
SOURCE: NCHS, National Vital Statistics System, Mortality.

CDC Structure for approaching the Opioid Crisis



Section XVI. UNM Hospital BOT Committee Reports