UNM Hospitals Board of Trustees
OPEN SESSION – AMENDED AGENDA #3
Friday, February 22, 2019 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500

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

II. ANNOUNCEMENTS (Informational)
- Aimee Smidt Recognition

III. ADOPTION OF AGENDA (Approval/Action)

IV. CONSENT ITEMS – Bonnie White (Approval/Action)
- Repair, Renew, Replace Capital Project – UN Main Emergency Generator #2 ($912,000.00)

V. PUBLIC INPUT (Informational)

VI. APPROVAL OF THE MINUTES
- 01/25/19 UNMH Board of Trustees Meeting Minutes – Jerry McDowell, Ph.D., Chair **(Approval/Action)**

VII. MISSION MOMENT – Kate Becker (Informational)

VIII. BOARD INITIATIVES
- Chairman's Report – Jerry McDowell, Ph.D., Chair **(Informational)**
- Bruce Siegel, MD, MPH, President & CEO, America's Essential Hospitals **(Informational)**
- FY20 Budget Assumptions – Bonnie White **(Informational)**

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

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

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

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

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

Permanent Appointments	
Brown, Laura, MD	Psychiatry
Chanin, Grant, CNP	Emergency Medicine
Davis, Alexander S., MD	Surgery
Dumont, April, PA-C	Emergency Medicine
Fischer, Edgar, MD	Pathology
Grant, Sarah, CNP	Neurology
Lefkowitz, William, MD	Pediatrics
Puma, Kathleen, CNP	OB/GYN
Romero, Judith, CNP	Pediatrics
Sanders, John, MD	Anesthesiology

Reappointments	
Agostini, Irene, MD	Emergency Medicine
Arndt, Christopher, MD	Anesthesiology and Critical Care Medicine
Barrett, Eileen, MD	Internal Medicine
Belmonte, Alfonso, MD	Pediatrics
Benson, Jennifer, MD	Internal Medicine
Bliss, Andrea, PA-C	Neurosurgery
Broehm, Cory, MD	Pathology
Burkhardt, Gillian	Obstetrics and Gynecology
Burstrom, Ruth, MD	Anesthesiology
Carey, Alyson, CNP	Pediatrics
Chapman, Niels, MD	Anesthesiology and Critical Care Medicine
Cone, Caline, MD	Family and Community Medicine
Crews Beck, Kelly, CNP	Pediatrics
Griffith, Claudia, CNP	Pediatrics
Heideman, Richard, MD	Pediatrics
Jacobs, Aaron, MD	Pediatrics
Joshi, Amar, MD	Surgery
Keeran, Robert, PA-C	Emergency Medicine
Kulik, Tobias, MD	Neurology
Lacerda, Gwen, MD	Neurosurgery
Lundy, Shannon, PhD	Psychiatry
Masia, Shawn, MD	Neurology
Moulton, Steven, MD	Surgery
Parada, Alisha, MD	Internal Medicine

Reappointments	
Quinn, Davin, MD	Psychiatry
Reese, James, MD	Neurology
Sandoval, Monica, MD	Internal Medicine
Simmons, George, DC	Internal Medicine
Singh, Shalini, PA-C	Internal Medicine
Smidt, Aimee, MD	Dermatology
Somme, Stig, MD	Surgery
Strickland, Robert, MD	Internal Medicine
Takacs, Leslie, AA-C	Anesthesiology and Critical Care Medicine
Tuuri, Rachel, MD	Emergency Medicine
Varvaresou, Nikolitsa, CNP	Internal Medicine
Wesslowski, Karen, PA-C	Family & Community Medicine
Wilson, Katharine, CNP	Obstetrics and Gynecology
Wright, Thomas, MD	Emergency Medicine

Expansion of Privileges	
Campbell, Alison, MD	Pediatrics
Cheruvu, Alison, MD	Family and Community Medicine
Cone, Caline, MD	Family and Community Medicine
Crozier, Louise, CNP	Internal Medicine
Deschiney, Christina, PA-C	Surgery
Noll, Malerie, PA-C	Emergency Medicine / Urgent Care
Roscosky, Jessica, PA-C	Anesthesiology
Smith-Sealy, Rebecca, CNP	Surgery
Ventura, Norma, MD	Pediatrics
Wesslowski, Karen, PA-C	Family and Community Medicine

b. Discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA.
c. Vote to re-open the meeting **(Approval/Action)**

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

XIV. Adjourn Meeting (Approval/Action)

Repair, Renew, Replace Capital Project – UN Main Emergency Generator #2 ($912,000.00)

CAPITAL PROJECT APPROVAL
UNM HOSPITALS - UH MAIN EMERGENCY GENERATOR #2

FEBRUARY 7, 2019

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 **UH MAIN EMERGENCY GENERATOR #2**. For the project described below, UNM Hospitals requests the following actions, with action requested only upon requisite sequential approval and recommendation by any and all committees and bodies:

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

PROJECT DESCRIPTION:
Requesting approval for equipment and installation to replace UH Main Emergency Generator #2, modifications to the enclosure to accommodate the new generator, and parallel switch gear.

RATIONALE:
UH Main Emergency Generator #2 is 20 years old and 5 years beyond its useful life. Due to its age, there are increased emissions when in use and additional labor and material costs to keep it operational. Replacing this generator will increase the reliability that UNMH will have emergency power when needed, will lower maintenance costs, and will reduce emissions.

PURCHASING PROCESS:
UNM Hospital is replacing one existing Caterpillar emergency generator, in a bank of five Caterpillar emergency power generators. The compatibility with the existing parallel switch gear and transfer switches is important to maintain. If another brand of generator was purchased, the equipment pad mounting and connection points would vary, resulting in additional costs for fabrication and installation. UNMH Facilities Department recommends continuing to use Caterpillar generators to ensure compatibility with existing generators and the delivery of power during an emergency. Sole source procurement was granted to avoid complications of incompatible equipment, unnecessary additional costs, and potential dissfunctionality.

FUNDING:
The total equipment budget is estimated at and shall not exceed $912,000. This will be funded by the FY 19 UNM Hospital Capital Renovation Fund.

01/25/19 UNMH Board of Trustees Meeting Minutes

UNM Hospitals Board of Trustees
January 25, 2019
Barbara and Bill Richardson Pavilion 1500

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Dr. Jerry McDowell, Ms. Christine Glidden, Dr. Raymond Loretto, Mr. Terry Horn, Mr. Nick Estes, Mr. Erik Lujan, Dr. Jennifer Phillips, Debbie Johnson, and Mr. Joseph Alarid	
Ex-Officio Members Present	Dr. Paul Roth, Dr. Michael Richards, Mrs. Kate Becker, and Dr. Davin Quinn	
County Officials Present	Mrs. Julie Morgas-Baca	
I. Call to Order	A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:05 AM.	
II. Announcements	Dr. Jennifer Phillips introduced Dr. Davin Quinn, new Chief of Staff. Dr. Phillips has been approved as a Voting Board of Trustees Member and Dr. Quinn is now an Ex-Officio Board of Trustees Member.	
III. Adoption of Agenda	Dr. Jerry McDowell, Chair, stated that the UNMH BOT Audit and Compliance Charter was scheduled to be discussed at the Audit and Compliance meeting earlier this week with expectation of a recommendation to the full Board of Trustees; however, the agenda item was not discussed. Therefore, Dr. McDowell is requesting a motion to amend the Agenda to remove this item.	Ms. Debbie Johnson made a motion to adopt the agenda with the removal of the UNMH BOT Audit and Compliance Charter item. Mr. Terry Horn seconded. Motion passed with no objections.
IV. Consent Approval	Mrs. Bonnie White presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Terry Horn stated the UNMH BOT Finance Committee discussed/reviewed the Consent Items and recommend approval by the full Board of Trustees. ❖ Repair, Renew, Replace Capital Project – UPC-PES-Expansion Renovation ❖ Repair, Renew, Replace Capital Project – UPC Adult Inpatient–Inpatient BHICU, Comfort Rooms ❖ Repair, Renew, Replace Capital Project – UH Main, Safety – Fire Alarm System ❖ Repair, Renew, Replace Capital Project – UNMH Main 10 & 11 Roof Replacement Dr. Michael Chicarelli presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Terry Horn reported that the UNMH BOT Finance Committee reviewed/discussed these two Consent Items at length. After further discussion, Chair McDowell requested a motion to approve the two Consent Items presented by Dr. Chicarelli. ❖ Program Management – MMF ❖ Architect/Design – MMF	Mr. Terry Horn made a motion to approve the four Consent Items presented by Mrs. Bonnie White. Dr. Raymond Loretto seconded. Motion passed with no objections. Mr. Terry Horn made a motion to approve the two Consent Items presented by Dr. Michael Chicarelli. Mrs. Christine Glidden seconded. Motion passed with no objections.

V. Public Input	No Public Input	
VI. Approval of Minutes	Dr. Jerry McDowell, Chair, requested a motion to approve the December 21, 2018 UNMH Board of Trustees Meeting Minutes.	Mr. Nick Estes made a motion to approve the December 21, 2018 UNMH Board of Trustees Meeting Minutes. Ms. Debbie Johnson seconded. Motion passed unanimously.
VII. Mission Moment	Dr. Michael Chicarelli presented the Mission Moment – "Extreme Gratitude" e-mail received from a mother of a patient. *"January marks the 3 year anniversary of my daughter's diagnosis of a brain tumor, an incidental finding in the ED. January also marks the 1 year anniversary of being a trauma patient with complex orthopedic injuries after being struck by someone driving in the wrong direction on Paseo. How one kid can have such horrible luck, I have no idea! In both cases she received immediate, excellence care. Thanks to all of you she had had a very good outcome…."* (presentation included in BoardBook).	
VIII. Action Items		Either holding a UNMH Board of Trustees Meeting or having a field trip to one of the UNMH women's or other off-site facilities.
IX. Board Initiatives	Chairman's Report: Dr. Jerry McDowell, Chair, discussed UNMH BOT Committee assignments. He has sent an e-mail to Board Members requesting feedback on this topic. Chair McDowell will review the responses and be prepared to discuss further at a future Board of Trustees Meeting. Chair McDowell has requested each Board Member send him two key priorities from their perspective of what is important to them as Board Members. UNMH BOT Membership Policy: Mrs. Kate Becker presented the Policy (copy in BoardBook). Dr. Jerry McDowell, Chair, requested a motion to approve the Policy. UNMH BOT Community Engagement Committee (CEC) Charter: Mrs. Christine Glidden, Co-Chair, presented the Charter (Charter in BoardBook). Chair McDowell entertained a motion to approve the UNMH CEC Charter. Kori Beech, DNP, MSN, CFNP, presented the Transforming Clinical Practice Initiative (TCPi) Report (presentation in BoardBook)	Mrs. Debbie Johnson made a motion to approve the UNMH BOT Membership Policy. Mr. Terry Horn seconded. The motion passed unanimously. Mr. Nick Estes made a motion to approve the UNMH BOT Community Engagement (CEC) Charter. Dr. Raymond Loretto seconded. The motion passed with no objections.

X. Administrative Reports	Chancellor for Health Sciences: Dr. Paul Roth reported that leadership is engaged with Legislature Sessions. Dr. Roth stated that we are still awaiting announcements of 5 new Board of Regents. Dr. Roth announced there is an open position on the SRMC Board due to Mr. Jerry Geist's departing his position. Mrs. Jaime Silva-Steele and Mrs. Kate Becker will be meeting with SRMC Board for a replacement that can provide Governance level expertise. Mrs. Chamiza Pacheco de Alas distributed take-away cards that will be given to Legislature, which gives an understanding of an academic health center and lists the Legislative Priorities FY 2019. HSC Committee Report: Dr. Michael Richards reported hospital safety and value based care ambulatory platform is increasingly important; clinics are mostly UNMH and Medicare advantage; we greatly exceeded 3 star last year and is a result of all that work in ambulatory. Dr. Jennifer Phillips will take on new leadership roles around ambulatory and her partnership with Kori Beech will continue to be valuable. (report is in BoardBook). CEO Report: Mrs. Kate Becker reported that Dr. Bruce Siegel, President & CEO, America's Essential Hospitals, will attend the February UNMH Board of Trustees Meeting to go over Board Engagement and training opportunities. Mrs. Becker introduced Mrs. Kris Sanchez, who has been with UNMH for many years as the new Chief Business Development Officer. Mrs. Becker announced that Ms. Sheena Ferguson, Chief Nursing Officer, has announced her retirement (report is in the BoardBook) UNM Board of Regents Update: Mrs. Kate Becker reported that Board of Regents approved Dr. Jennifer Phillips as a Voting Member of the UNMH Board of Trustees. Mrs. Becker stated that Dr. Davin Quinn has been announced as the new Chief of Staff and will be an Ex-Officio Member of the UNMH Board of Trustees. CMO Report: Dr. David Pitcher stated the average wait times in December compared to a year ago have increased. UNMH remains greater than 90% capacity on average; we continue to ensure surgeries are not cancelled due to capacity. 55 patients were triaged to an SRMC Inpatient unit instead of placing them at UNMH. The Community Partnership with Lovelace Health System continues to be successful in putting the needs of the "Patient First", allowing continued access to those patients that can only be cared for by UNMH. (report is in BoardBook)	
XI. Committee Reports	Quality and Safety Committee: Dr. Raymond Loretto, Secretary, gave a brief summary of the January Quality and Safety Committee Meeting.	

	Finance Committee: Mr. Terry Horn gave a brief summary of the January Finance Committee Meeting. Audit and Compliance Committee: Dr. Jerry McDowell, Chair, gave a brief summary of the January Meeting. Native American Services Committee: Mr. Erik Lujan indicated that there are five returning Tribal members, the remaining are new members that have not been in leadership roles. The Committee discussed FMAP and the effects of the Government shut-down; Indian Health Service is furloughed or working without pay; Clinical Operations are continuing but they have not been funded since December 31st. and are operating on carry-over funding – UNMH may see additional patients. Community Engagement Committee: Mrs. Christine Glidden, Co-Chair, reported that Darlene Hawkins gave the Committee an overview of patient satisfaction and trends.	
XII. Other Business	Mrs. Bonnie White reviewed the December Financials (report is in BoardBook)	
XIII. Closed Session	At 11:25 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	Mr. Joe Alarid made a motion to close the Open Session and move to the Closed Session. Mr. Erik Lujan seconded the motion. Per Roll Call, the motion passed. Roll Call: Dr. Jerry McDowell - Yes Ms. Christine Glidden - Yes Dr. Raymond Loretto - Yes Mr. Terry Horn - Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Joseph Alarid - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson - Not Present During Vote

XIV. Certification	**After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.**	
Vote to Re-Open Meeting	At 11:27 AM, Dr. Jerry McDowell, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	Mr. Terry Horn made a motion to close the Closed Session and return to the Open Session. Mr. Nick Estes seconded the motion. Per Roll Call, the motion passed. Roll Call: Dr. Jerry McDowell - Yes Ms. Christine Glidden - Yes Dr. Raymond Loretto - Yes Mr. Terry Horn - Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Joseph Alarid - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson - Not Present During Vote
	Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session. ❖ UNMH BOT Audit and Compliance 11/28/18 Meeting Minutes ❖ UNMH BOT Native American Services Committee 11/28/18 Meeting Minutes ❖ Medical Executive Committee (MEC) 12/19/18 Meeting Minutes ❖ UNMH BOT Finance Committee 12/19/18 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 12/20/18 Minutes	The Board of Trustees acknowledged receipt of the following: ❖ UNMH BOT Audit and Compliance 11/28/18 Meeting Minutes ❖ UNMH BOT Native American Services Committee 11/28/18 Meeting Minutes ❖ Medical Executive Committee (MEC) 12/19/18 Meeting Minutes ❖ UNMH BOT Finance Committee 12/19/18 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 12/20/18 Minutes

	Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:	Mr. Terry Horn made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Dr. Raymond Loretto seconded. The motion passed unanimously.
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, February 22, 2019 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Mr. Terry Horn made a motion to adjourn the meeting. Mr. Erik Lujan seconded. The motion passed unanimously. The meeting was adjourned at 11:33 AM.

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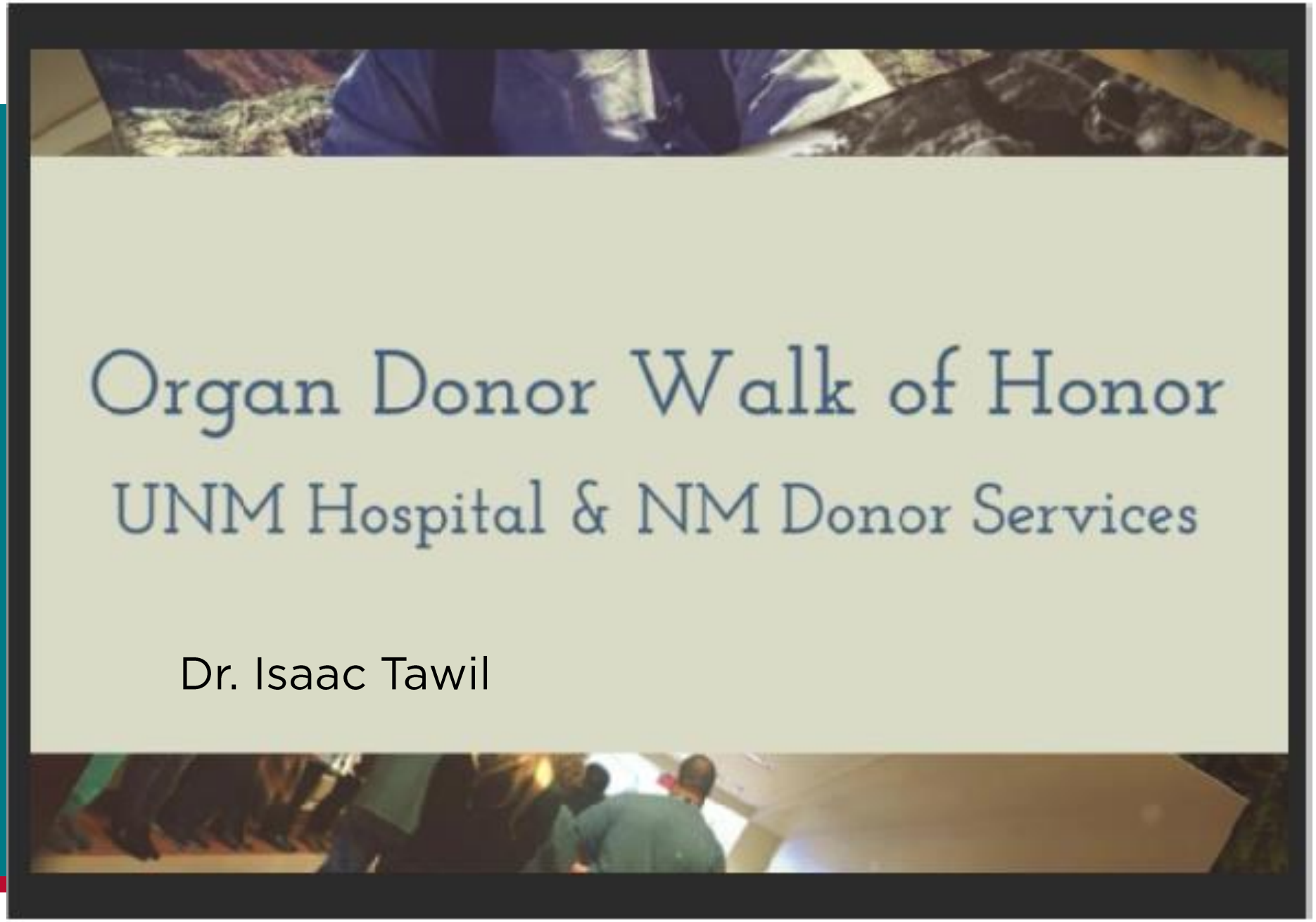
Dr. Raymond Loretto, Secretary
UNM Hospitals Board of Trustees


Organ Donor Walk of Honor
UNM Hospital & NM Donor Services
Dr. Isaac Tawil

New Mexico Donor Services

an extraordinary commitment to science, health and hope

A Division of
DCI Donor Services

University of New Mexico Hospitals Organ Donation Champions

Isaac Tawil MD, FCCM

United Network for Organ Sharing

Registrations on the Waiting List as of December 31, 2018

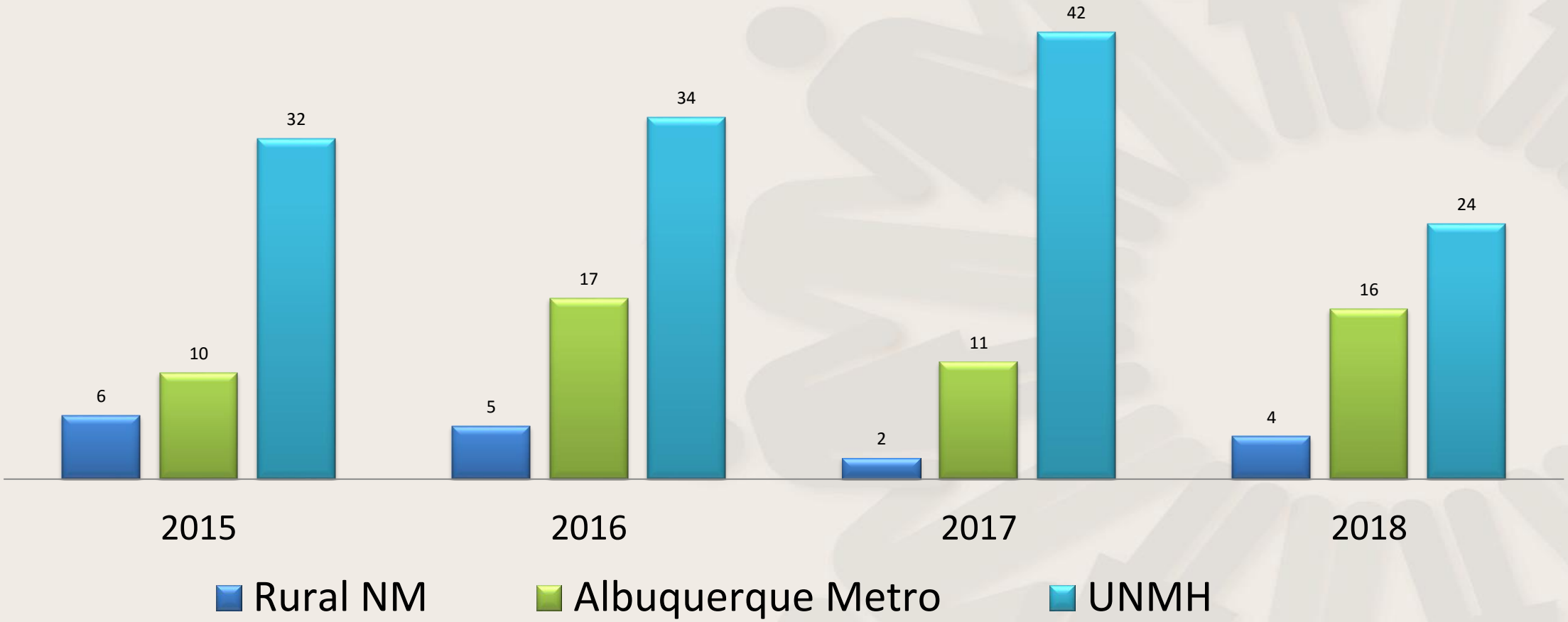
Where Candidate Home State is New Mexico

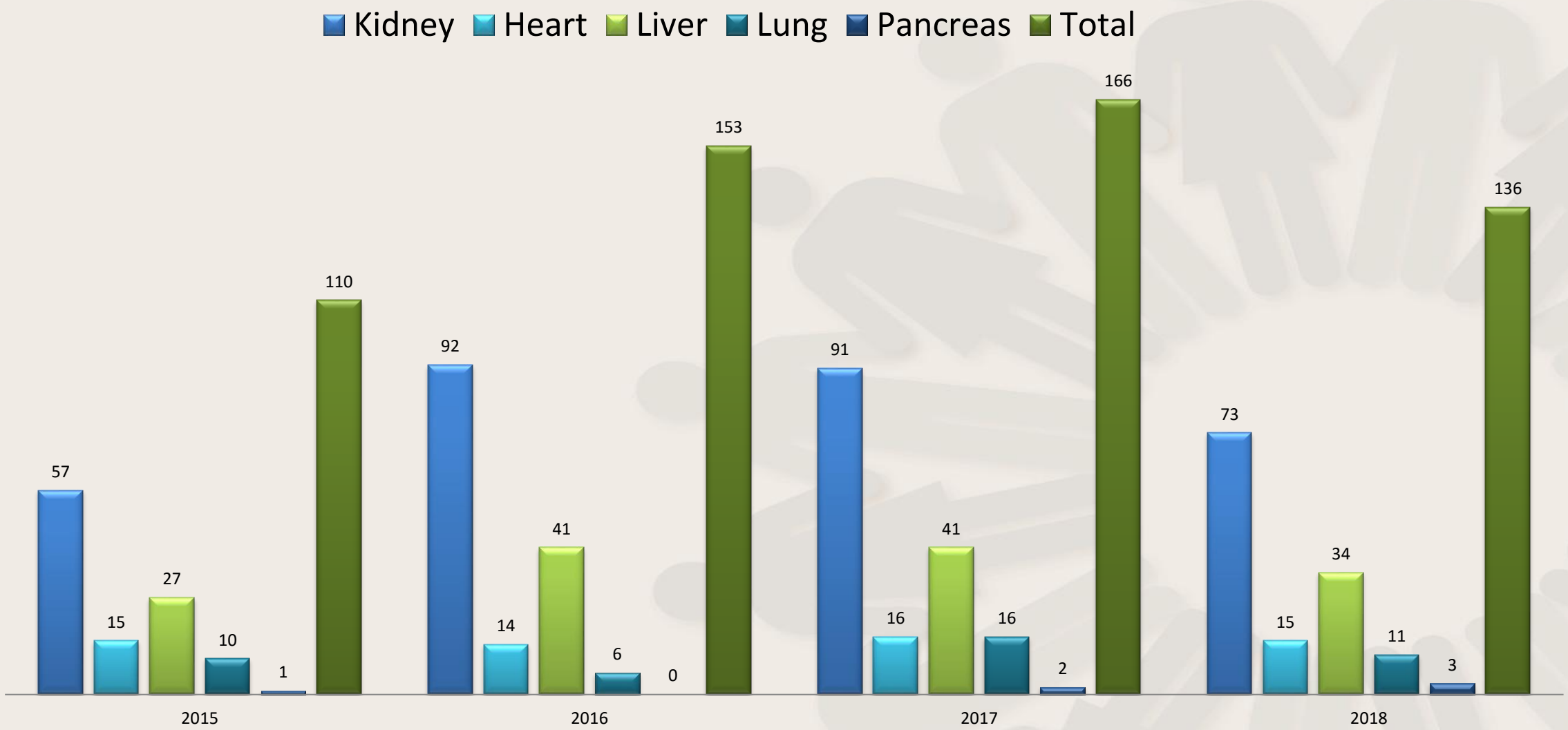
By Organ Desired and Candidate Ethnicity

Desired Organ	N	%
Heart	12	1.44
Kidney	709	85.22
Kidney-Pancreas	7	0.84
Liver	94	11.30
Lung	3	0.36
Pancreas	7	0.84
Total	832	100.00

New Mexicans on National Transplant List

Organ Donors by Location

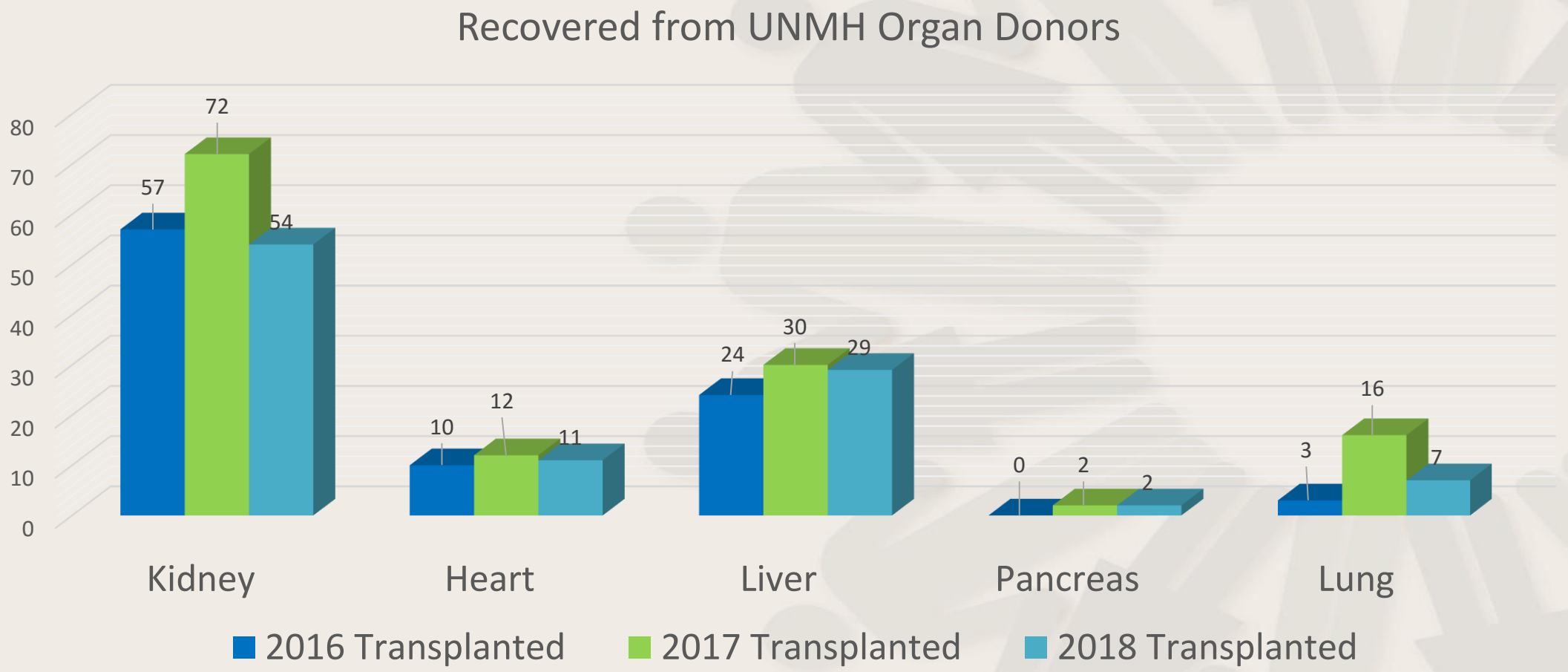


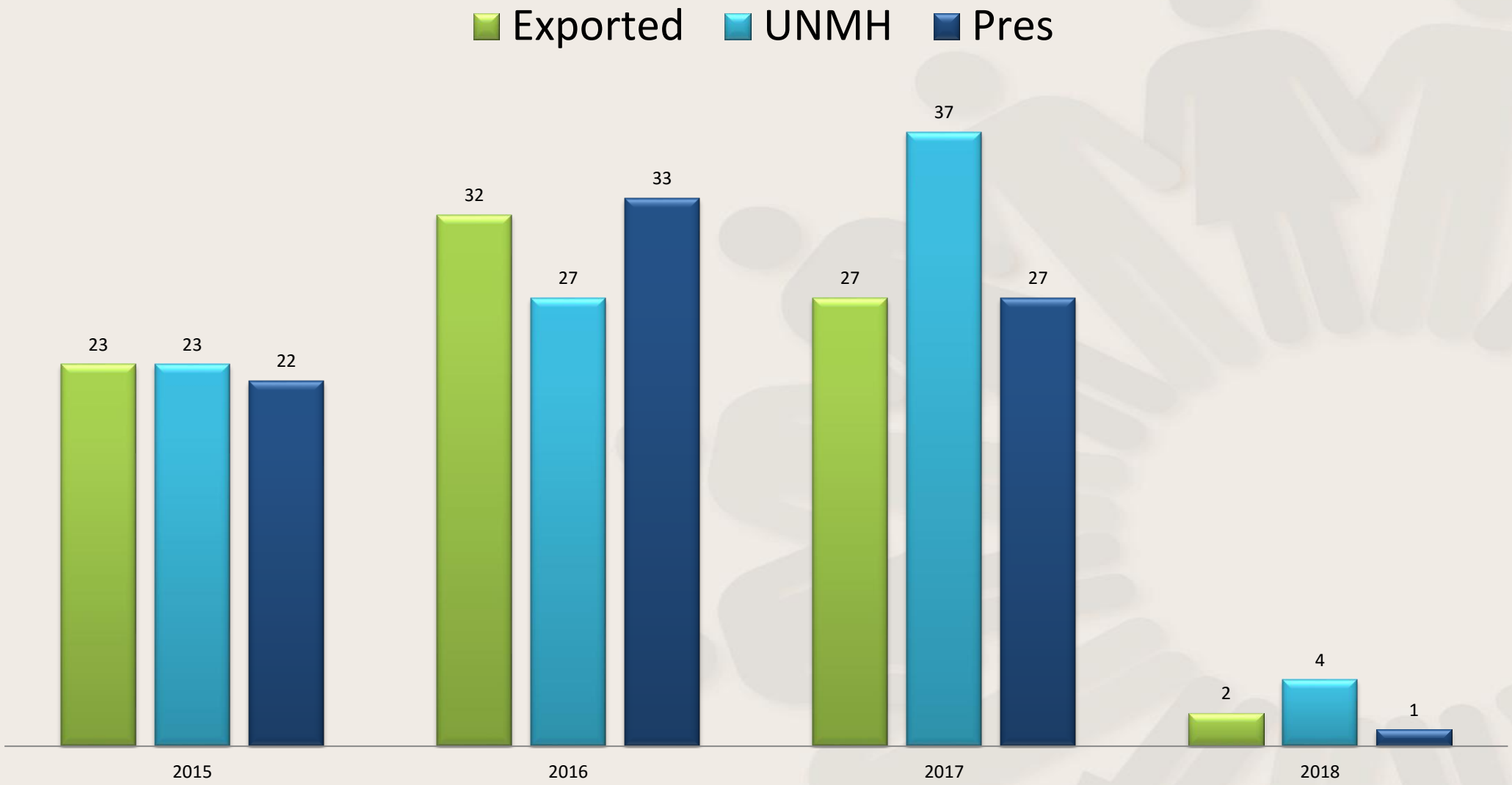


Organs Transplanted

17/78

Organs Transplanted from UNMH Organ Donors





Kidneys Transplanted After Recovery

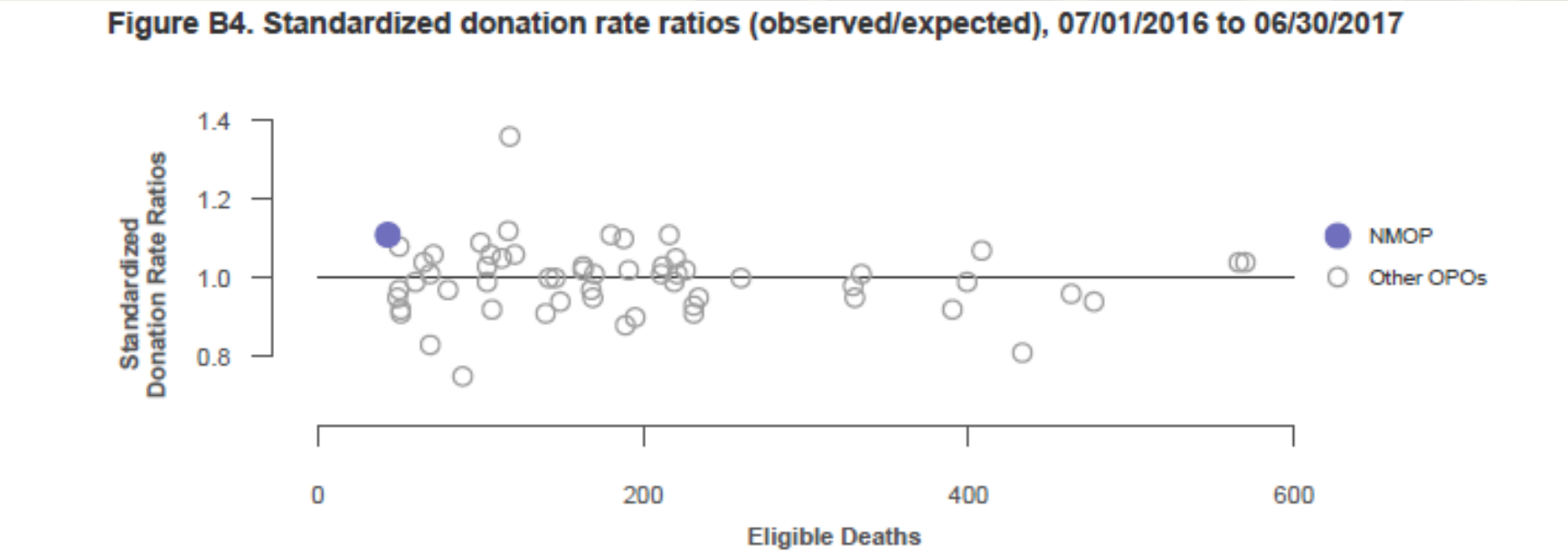
19/78

UNMH Organs Transplanted Per Donor

UNMH Organs Transplanted Per Donor Goal: 3.75 OTPD			
Donor Type	All Organs Transplanted Per Donor 2015	All Organs Transplanted Per Donor 2016	All Organs Transplanted Per Donor 2017
ALL	2.87	2.82	3.14
DCD	1.83	1.77	2.38
DBD	3.11	3.2	3.48
US – All Donor Types	3.03	3.06	3.06
Region 5 All Donor Types	3.06	3.16	3.07
75th Percentile OTPD All Donor Types for All OPOs	3.23	3.23	3.25

- UNMH's organs transplanted per donor (OTPD) have increased over the past 3 years
- In 2017 UNMH OTPD rate was above the 75th percentile for combined brain death and donation after cardiac death (DCD) donors when benchmarked to all 58 OPOs

AOPO Quarterly Snapshot
Observed to Expected



New Mexico Donor Services has the highest standardized donation rate in comparison to same size OPOs, and remains comparable to donation rates with larger OPOs across the continuum

Possible reasons for success

- Institutional commitment
- Excellent collaboration with NMDS
- Culture that values donation potential
  - Beyond conventional futility designation
  - Donor designation as an advanced directive
  - Prioritizing family care

Bruce Siegel, MD, MPH, President & CEO, America’s Essential Hospitals

AMERICA'S ESSENTIAL HOSPITALS

UNM Hospitals Board of Trustees

Bruce Siegel

February 22, 2019

WE ARE ESSENTIAL

Members of America's Essential Hospitals share five fundamental characteristics:

COMMUNITY-DRIVEN CARE FOR VULNERABLE POPULATIONS +

TRAINING FUTURE HEALTH CARE WORKFORCE +

PROVIDING COMPREHENSIVE, COORDINATED CARE +

PROVIDING SPECIALIZED, LIFESAVING SERVICES +

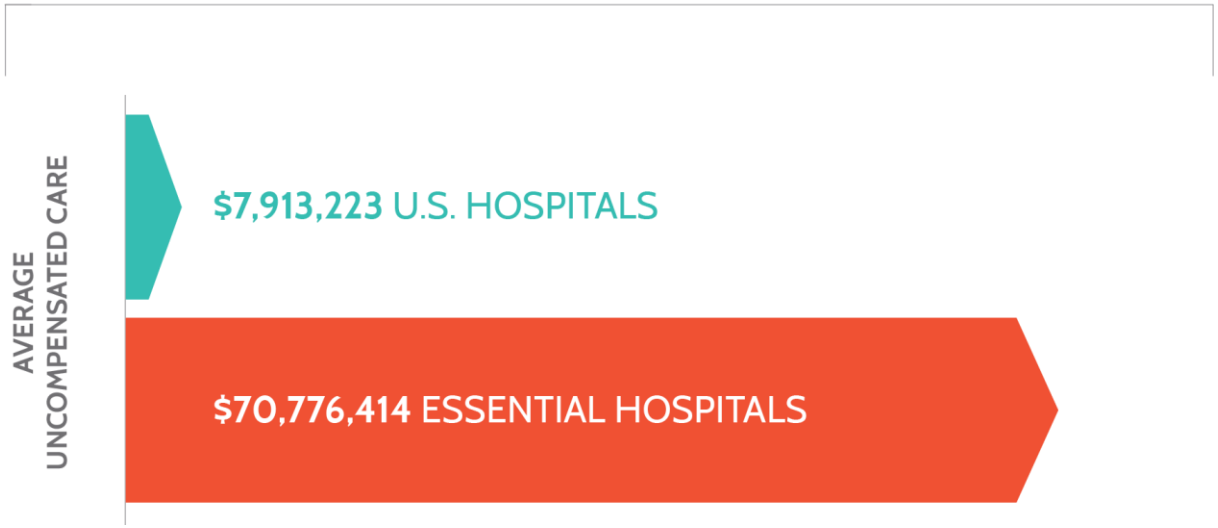
ADVANCING PUBLIC HEALTH AND HEALTH EQUITY

AMERICA'S ESSENTIAL HOSPITALS

ESSENTIAL HOSPITALS DO MORE THAN THEIR FAIR SHARE

Average Uncompensated Care

Members of America's Essential Hospitals Versus All Hospitals Nationwide, 2016



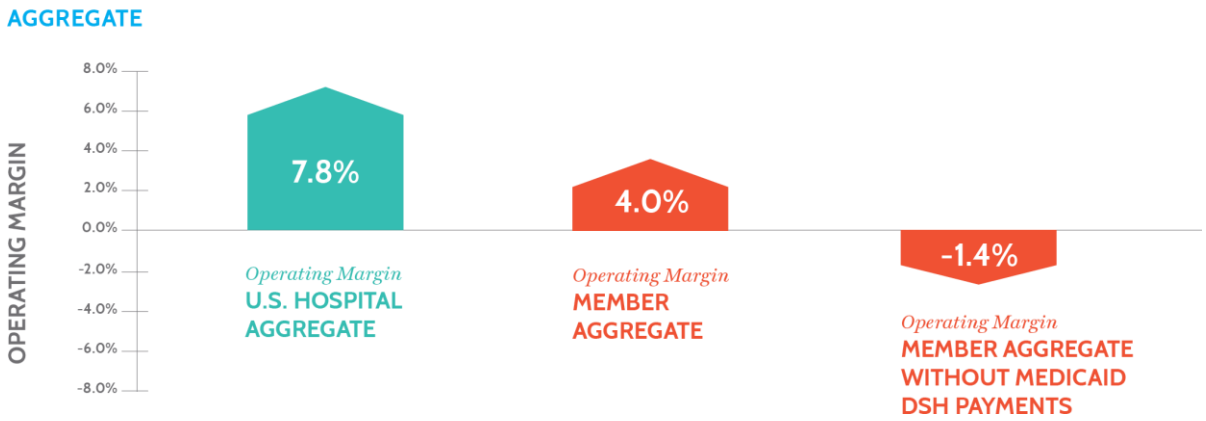
Source: Essential Data - Our Hospitals, Our Patients; Results of America's Essential Hospitals 2016 Annual Member Characteristics Survey. June 2018.

AMERICA'S ESSENTIAL HOSPITALS

AND THEY DO ALL THIS WITH THE THINNEST OF MARGINS

National Operating Margins

Members of America's Essential Hospitals Versus All Hospitals Nationwide, 2016



Source: Essential Data - Our Hospitals, Our Patients; Results of America's Essential Hospitals 2016 Annual Member Characteristics Survey. June 2018.

AMERICA'S ESSENTIAL HOSPITALS

ESSENTIAL HOSPITALS ARE COMMITTED TO TEACHING

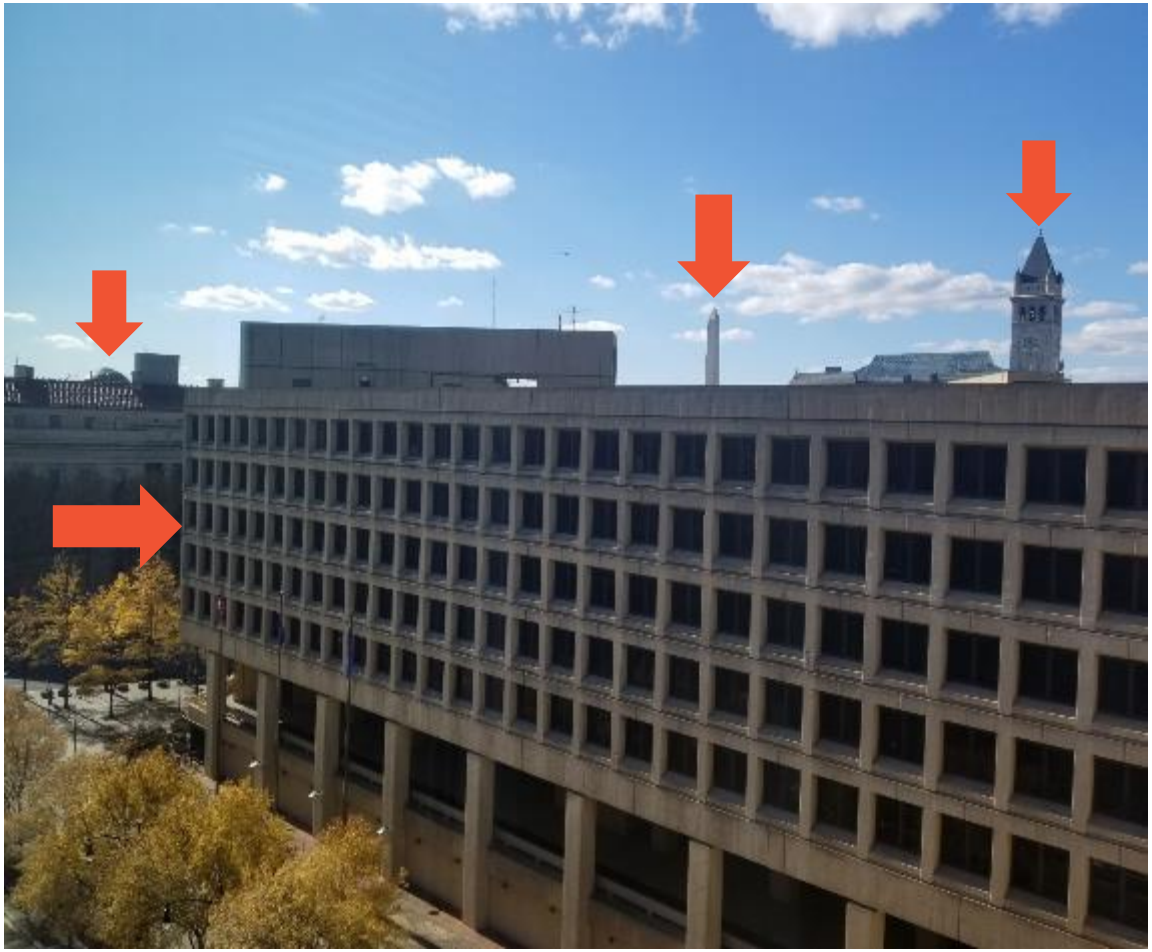
Each member teaching hospital trained an average of 223 physicians in 2016.

Of the 223 physicians members trained, 41 were trained beyond supported federal graduate medical education (GME) funding.

Source: Essential Data - Our Hospitals, Our Patients; Results of America's Essential Hospitals 2016 Annual Member Characteristics Survey. June 2018.

AMERICA'S ESSENTIAL HOSPITALS

OUR HOME



AMERICA'S ESSENTIAL HOSPITALS

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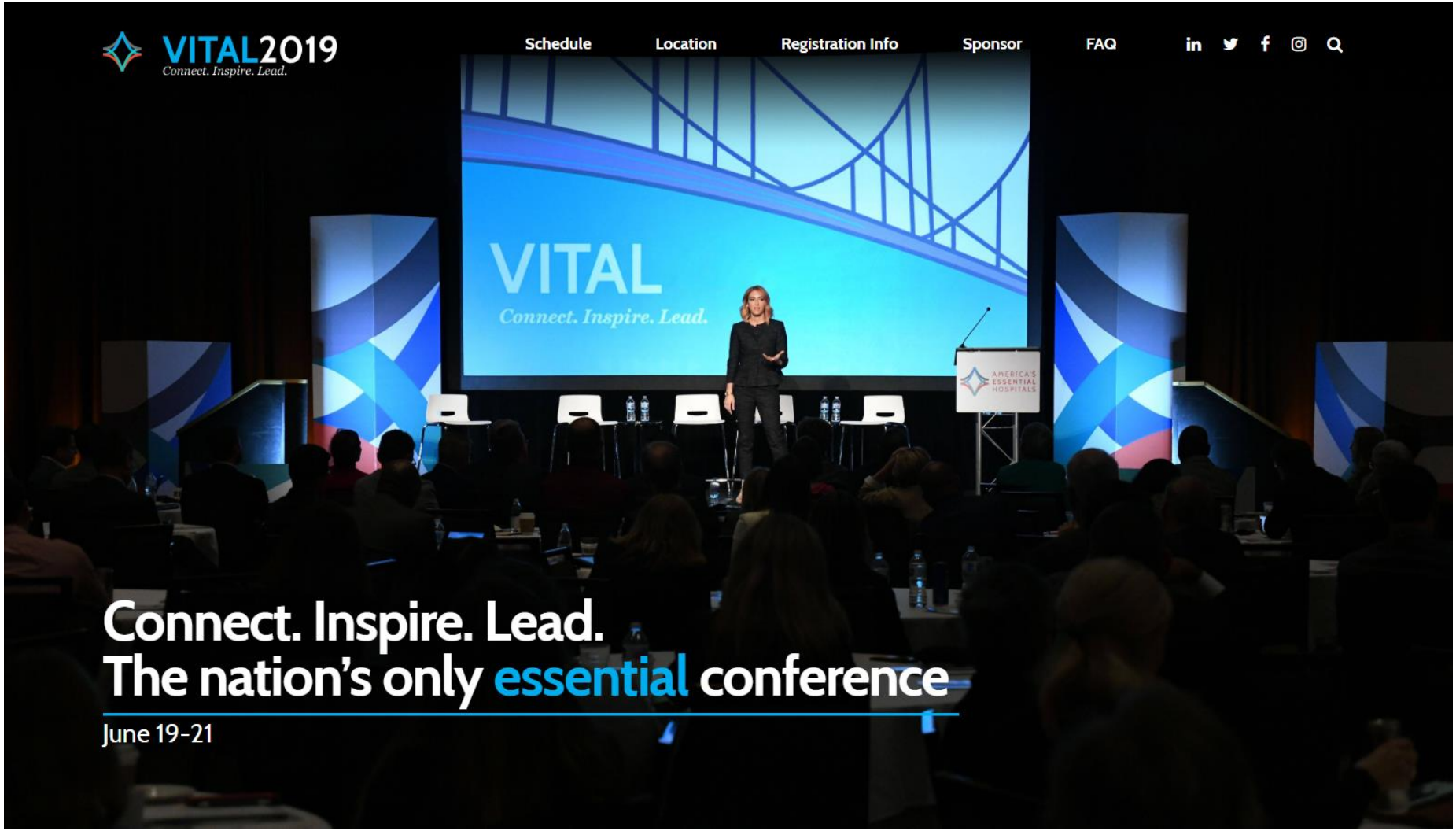
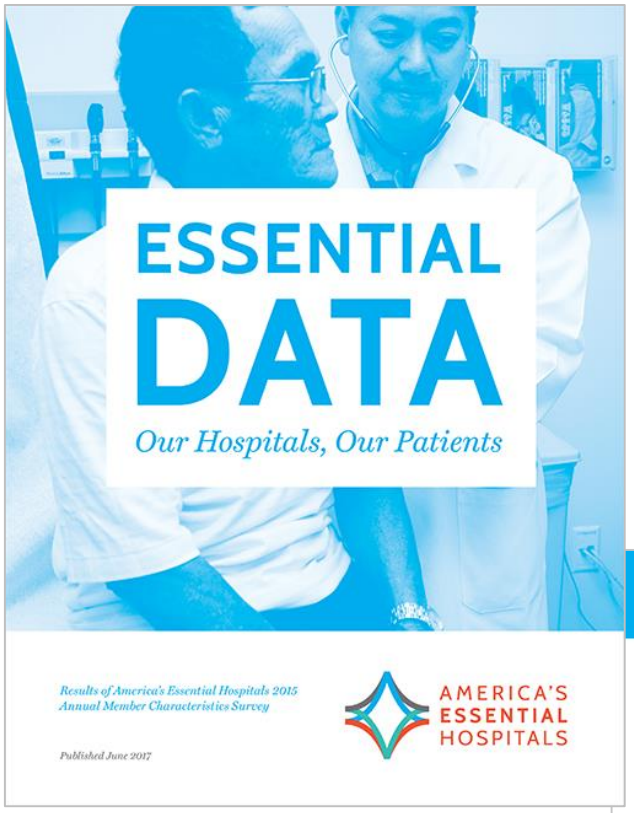
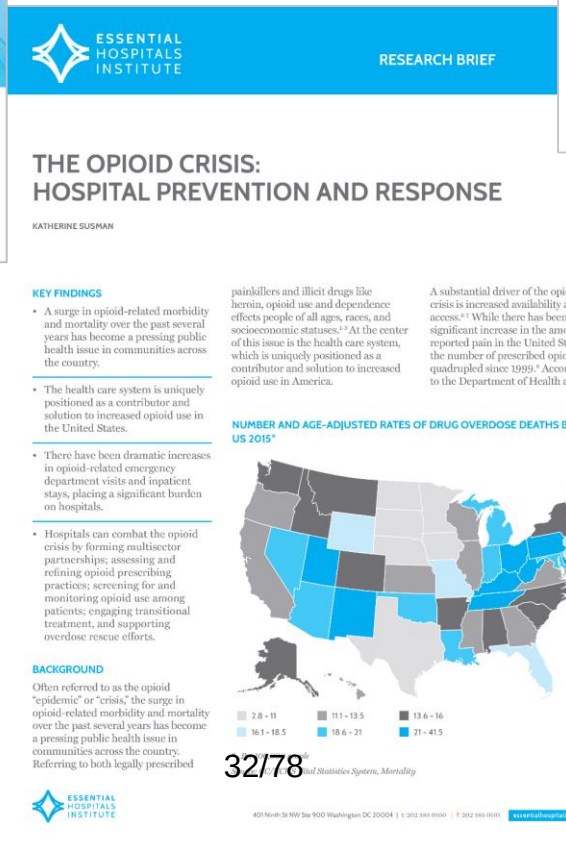


AMERICA'S ESSENTIAL HOSPITALS

DEVELOPING THE NEXT GENERATION…

AMERICA'S ESSENTIAL HOSPITALS





AMERICA'S ESSENTIAL HOSPITALS

KEY ISSUES FOR ESSENTIAL HOSPITALS

MEDICAID FUNDING AND POLICY

- Supplemental payments (UPL, DSH, Medicaid GME)
- State waivers (LIP)
- Medicaid state innovation
- Medicaid managed care changes

Medicaid.gov
Keeping America Healthy

AMERICA'S ESSENTIAL HOSPITALS

340B: PROTECTING THE PROGRAM FOR ESSENTIAL HOSPITALS

<u>Legislative</u>

- 115th Congress: **No action by Congress on 340B**

<u>Regulatory</u>

- Negative policies coming from administration

<u>Legal</u>

- Two current lawsuits to protect essential hospitals

AMERICA'S ESSENTIAL HOSPITALS

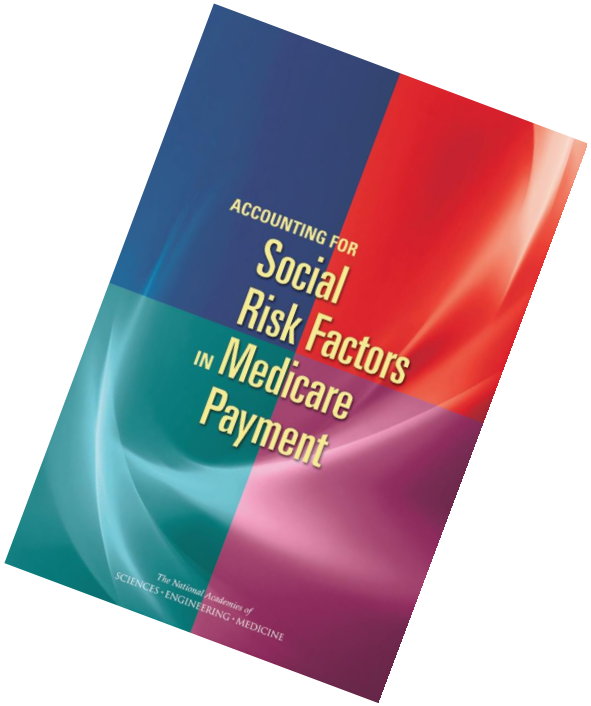
OVERALL HOSPITAL STAR RATINGS

- Association continues to urge CMS to examine underlying data
- CMS postponed publication of July ratings
  - Committed to continuing examination of methodology
- Association staff and members met with CMS staff to voice concerns
- CMS conducted listening sessions
- Expected to go live in February 2019

AMERICA'S ESSENTIAL HOSPITALS

RISK ADJUSTMENT OF SOCIODEMOGRAPHIC FACTORS

- Growing evidence shows social and community-level factors impact health outcomes and health status.
- Acknowledging and accounting for these measures is a key advocacy issue.
- The 21st Century Cures Act mandated changes to the hospital readmissions penalty program



AMERICA'S ESSENTIAL HOSPITALS

PUBLIC CHARGE

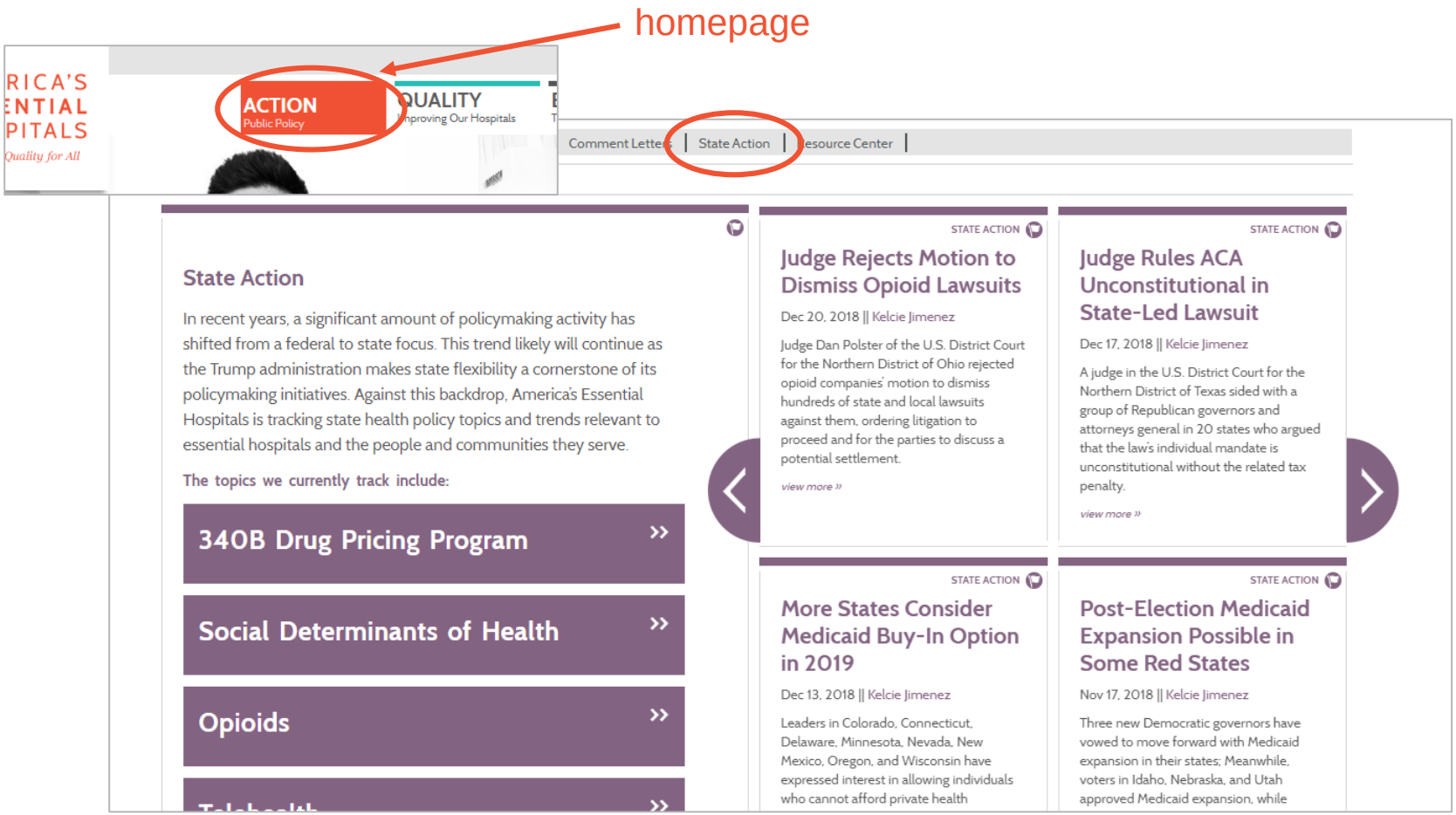
- Long-standing immigration policy used to determine if an individual will become primarily dependent on the government for subsistence
  - Individuals deemed a public charge are likely to be denied entry or a green card
- Dept. of Homeland Security (DHS) released a proposed rule that would drastically alter public charge determinations
- DHS received over 200,000 public comments!
- We found rule change could chill Medicaid coverage for 13.2 million people and hospital Medicaid payments of $16.7 billion

SITE-NEUTRAL PAYMENT

- Congress enacted – and then CMS extended – cuts to OPPS hospitals
- Disproportionately hurt essential hospitals
- Be aware: Danger of more payment cuts to come…

AMERICA'S ESSENTIAL HOSPITALS

STATE ACTION



AMERICA'S ESSENTIAL HOSPITALS

2019 AND BEYOND

HEALTH CARE: WINNING ISSUE IN 2018 ELECTIONS

AMERICA'S ESSENTIAL HOSPITALS

HEALTH CARE COSTS

Reducing out-of-pocket costs

- Priority for Trump administration and Congress
  - Good politics (2018 election takeaway)
- Drug prices
  - **Potential for bipartisanship**
- Insurance premiums
- Surprise/balance billing
- Health care consolidation
- Progressive left will push universal coverage

SURPRISE BILLING ON THE AGENDA

"Life-Threatening Heart Attack Leaves Teacher With $108,951 Bill"

—NPR "Morning Edition" (Aug. 27, 2018)

"Hospitals keep ER fees secret. Share your bill to help change that."

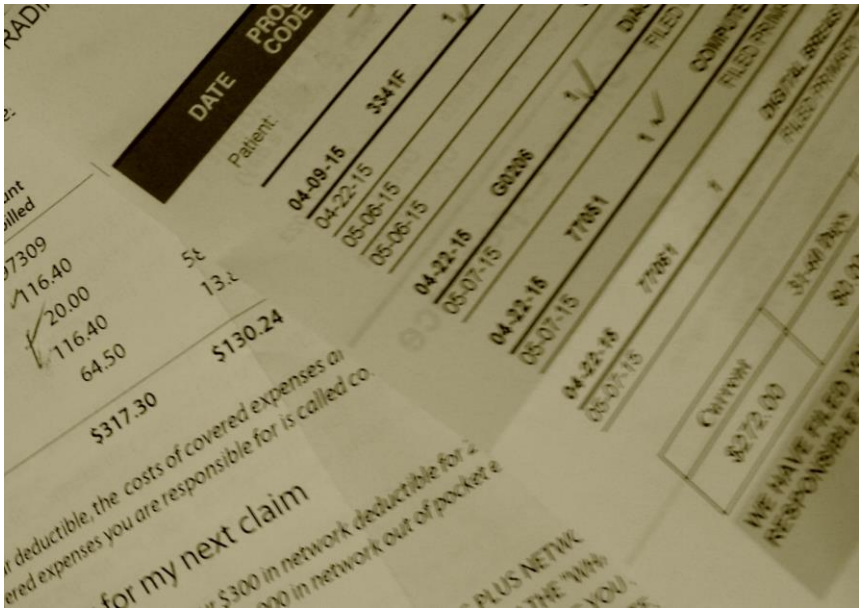
—Vox Media health care prices project

"When the hospital is covered, but the doctor isn't"

—*Axios* (May 24, 2018)

"Hospitals must now post their prices online: $7 for 5-cent aspirin?"

- *Mercury News* (Jan. 6, 2019)

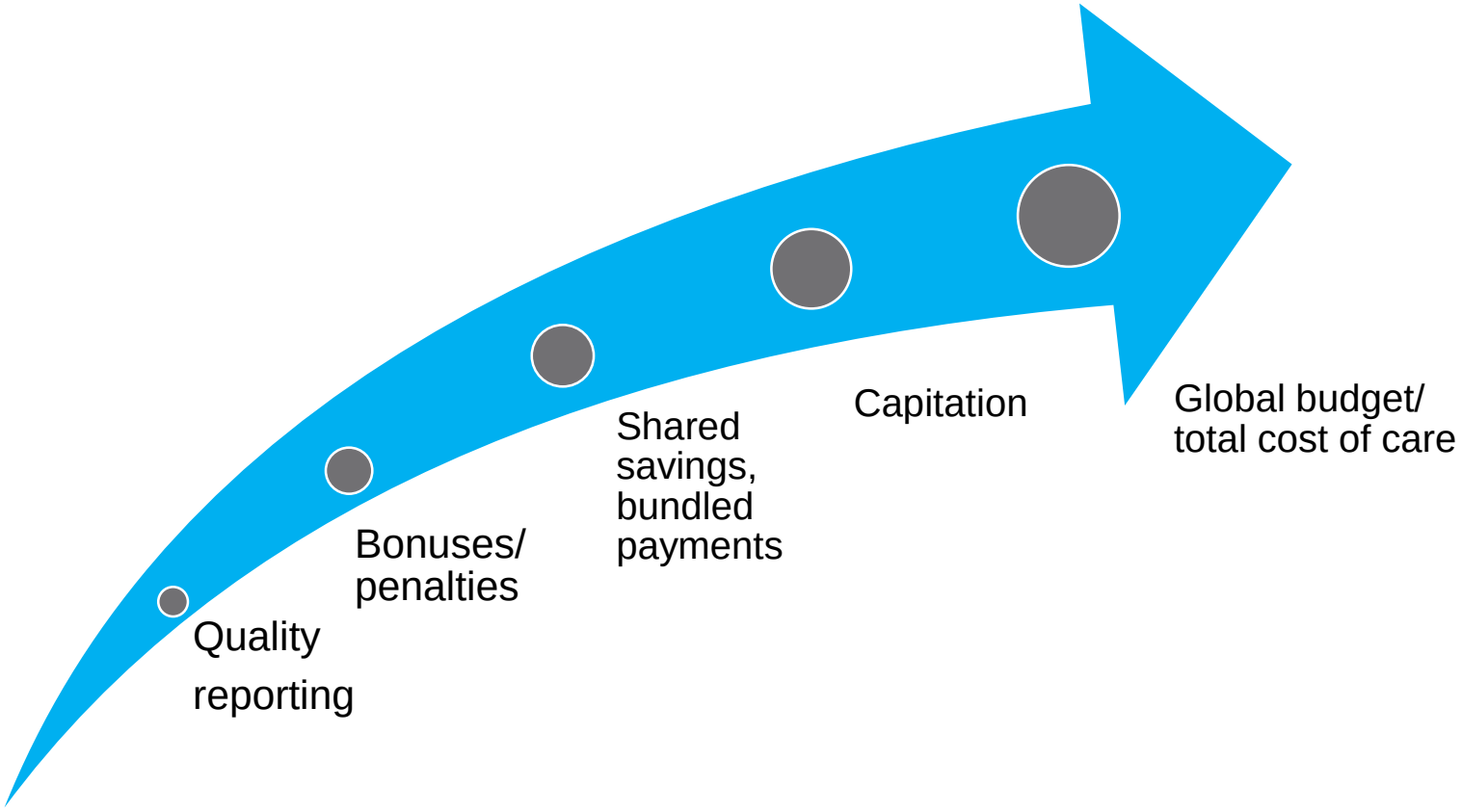


AMERICA'S ESSENTIAL HOSPITALS

NOW, ON TO 2020!

AMERICA'S ESSENTIAL HOSPITALS

KEEPING THE FOCUS ON QUALITY AND ACCOUNTABILITY



AMERICA'S ESSENTIAL HOSPITALS

WHAT IS A BOARD TO DO?

WHAT SHOULD BOARDS BE DOING?

- Strategy : what does the future look like?
  - Execution against strategy
- Performance and Quality Management
  - Set goals for management to achieve
- Talent Management and CEO accountability
- Managing business risk
- Core governance
  - Compliance and ethics

AMERICA'S ESSENTIAL HOSPITALS

KEY CHALLENGES

- 40% of hospitals do not use competencies in selection process
- Only half of boards do self-assessment
- Most boards (80%) report that NO board member has been replaced or not re-nominated do to lack of competencies…..
- Our boards are simply not diverse: Race/Ethnicity/Gender/Age
  - 28% women
  - 5% African American
  - 3% Hispanic/Latino
  - 1% Asian/Pac Islander
  - 1% American Indian

Source:**2014** National Health Care Governance Survey, AHA Center for Health Care Governance

AMERICA'S ESSENTIAL HOSPITALS

SOME EARLY STEPS

- Board education
- Self Assessment
- Clarity around roles and expectations of members, officers

- Good news: There are many resources out there;
- Bad news: It takes time
- And there are constraints for public entities
  - “Representational Governance”

AMERICA'S ESSENTIAL HOSPITALS

WHATEVER YOU DO…THIS IS NOT THE ANSWER!

AMERICA'S ESSENTIAL HOSPITALS

THANKS!

essentialhospitals.org

UNM Hospitals

FY 20 Budget Assumptions

February 22, 2019

Budget Guiding Principles

- Inpatient beds at capacity
- Length of Stay reductions to increase capacity
- Increased surgical volumes
- High level operational improvement assumptions
  - Revenue cycle operations improvements
    - Improved collections
    - Improved Case Mix Index
    - Improved charge capture
    - Specialty Pharmacy
  - Expense reductions
    - Workforce management
    - Supply expense management
    - Vendor management

Overview of Budget Process

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

Budget Calendar

- **Friday, January 18** - Budgets opened
- **Friday, January 25** – Finalize statistics budget
- **Monday, February 4** – Budget Summit (statistics review/alignment)
- **Friday, February 15** - Budget system closed
- **Friday, February 15** – Health System Statistics finalized
- **Friday, February 20 & 22**– UNMH Finance & Board of Trustees review budget assumptions
- **Friday, March 15** – Finalize FY 2020 Operating Budget at Dept level
- **Monday, March 25** – Budget assumptions to HSC
- **Wednesday, March 27** - UNMH Finance reviews budget
- **Friday, March 29** – Board of Trustees reviews budget
- **Friday, April 26** – Board of Trustees final budget approval
- **Monday, May 10** – Board of Regents final budget approval

FY 20 Preliminary Budget Statistics

	FY17 Actual	FY18 Actual	FY19 Projected	FY20 Budget Preliminary	Incr / (Decr) from FY19
Nursing Division					
Inpatient Days	157,424	156,667	153,294	153,162	-0.1%
Inpatient Discharges	25,248	25,407	24,829	26,471	6.6%
Observation Days	12,749	13,416	14,719	14,834	0.8%
Observation Discharges	7,892	9,863	10,054	10,719	6.6%
Emergency Visits	78,467	89,022	79,546	84,915	6.7%
Urgent Care Visits	17,613	20,867	20,712	21,900	5.7%
Operations	20,887	20,404	19,905	20,712	4.1%
Births	2,867	2,987	2,970	2,971	0.0%
Ambulatory					
Primary Care Clinics	159,816	162,051	168,717	176,211	4.4%
Specialty Clinics	361,913	389,355	378,558	385,127	1.7%
Ancillary Services					
Lab Services	2,851,028	2,849,008	2,840,877	2,872,037	1.1%
Pharmacy	4,059,797	4,105,885	4,190,112	4,195,231	0.1%
Radiology	317,278	321,074	322,515	324,456	0.6%
Rehab Services	590,434	597,166	566,380	600,304	6.0%
Case Mix Index	1.86	1.99	1.99	2.07	4%

FY 20 Preliminary Budget Behavioral Health Statistics

	FY17 Actual	FY18 Actual	FY19 Projected	FY20 Budget Preliminary	% Incr / (Decr) from FY19
Patient Days	23,301	23,809	23,680	23,934	1.1%
Other Stats					
Outpatient Visits	45,229	49,971	59,899	64,778	8.1%
Midlevel	95,447	105,165	102,638	105,835	3.1%
Methadone & Buprenorphine	149,971	146,096	150,878	150,878	0.0%

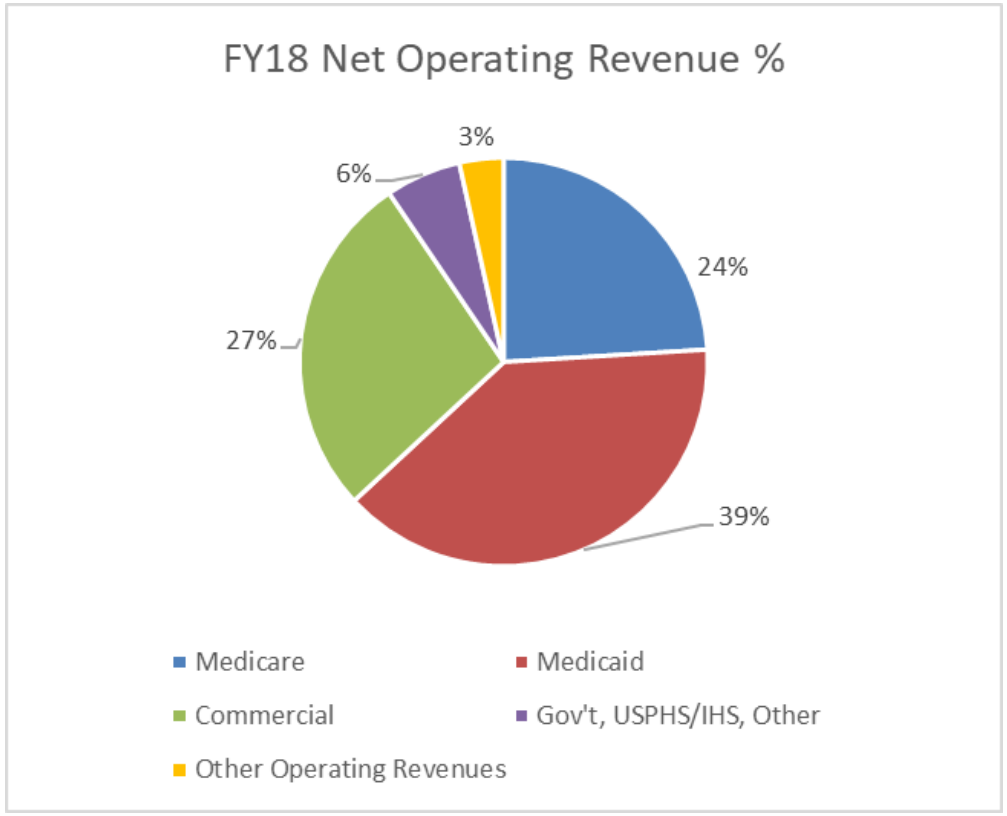
FY20 Revenue Budget

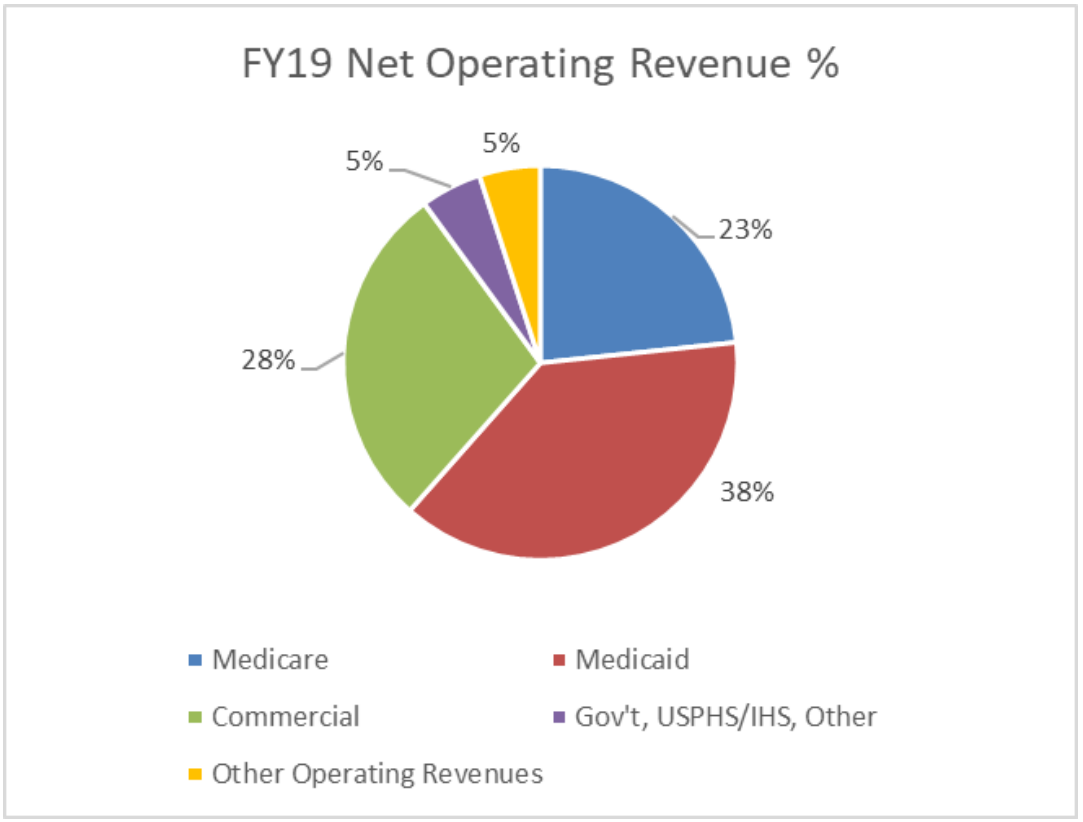
- Inpatient access and throughput
  - Increase UNMH discharges based on 10% (.6 days) reduction in Adult LOS – additional 1,600 discharges
  - Increase Case Mix Index 4%
  - Maintain ratio of Adult IP/Observation discharges
  - Increase Ambulatory access and throughput
  - Increase clinic & surgical volumes
    - Primary Care Clinics preliminary increase 4.4%
    - Specialty Clinics preliminary increase 1.7%
    - Surgeries preliminary increase 4.1%
- Operational Improvement – impact pending verification of results

FY20 Contracting & Governmental Impacts

- Continued pressure from MCO's for reductions
- Redistribution of Medicaid patients
  - Presbyterian 57%
  - Blue Cross Blue Shield 33%
  - Western Sky 10%
- Medicaid Buy In – likely will not impact FY20
- Gross Receipts Tax (GRT) pending legislation; attempting to associate with an increase in Hospital Medicaid rates
  - Estimates based on proposed rates result in a $5.2M net increase to UNMH
- 340B Medicare Payment Reduction litigation pending – no changes estimated for FY20
- Increase in IME due to Medicaid stoploss change $27.5M
  - Eliminated age limit on stoploss effective 1/1/19

Payer Mix
Net Operating Revenue





FY20 Expense Budget

- Compensation increase 1%
  - Compensation & benefits $5.4M
  - House Staff & medical services $1.6M
  - FTEs in alignment with volume changes
  - Mercer Compensation study in process
  - Housestaff - Approved 13.7 increase
    - Addiction Medicine
    - Complex Surgical Oncology
    - Dermatology
    - Gynecologic Oncology
    - Interventional Radiology
    - Neurology (Neurological Surgery, Vascular Neurology, Child Neurology)
    - Otolaryngology
    - Physical Medicine and Rehabilitation
    - Plastic Surgery
    - Psychiatry

FY20 Expense Budget

- Supplies 3% inflation
- Pharmaceuticals 4% inflation
- Decrease in Medical Services
  - Medicaid increase in Physician UPL payments received by UNMMG
- Operational Improvement – impact pending verification of results
- Non Operating Revenue and Expense
  - Mill levy – 1.0% increase
  - State Appropriations – flat pending legislative session results
  - Interest Expense – decrease as per debt service schedule

HSC Committee Update

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: February 5, 2019

Subject: Monthly Health System Activity Update

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

Quality and Safety: For FY19 thru November 2018, UNM Hospitals have 7/13 metrics are at or better than fiscal year targets set for the UNMH UOP. For non-infection Severe Patient Harm Events, 5/6 remain at or better than target. For infection Severe Patient Harm Events, 2/5 are at or better than target.

For SRMC, 10/13 metrics are at or better than fiscal year targets set for the SRMC UOP. For non-infection Severe Patient Harm Events, 5/6 remain at or better than target. For infection Severe Patient Harm Events, 3/5 are at or better than target at UNMH.

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

Health System total inpatient discharges are down 4% compared to prior year, with discharges down 4% at UNMH and 5% at SRMC. Health System adult length of stay (without obstetrics) is down 4% compared to prior year, with length of stay down 3% at UNMH and down 11% SRMC.

Health System observation discharges are up 15% compared to prior year, with adult observation discharges up 19% at UNMH and up 12% at SRMC. The SRMC increase in observation discharges is predominately driven (>80%) by the CMS reclassification of total knee joint replacement surgery from an inpatient procedure to an outpatient procedure.

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

Births are down 1% year over year and 4% above budget.

Health System total outpatient activity is 3% higher compared to prior year. Primary care clinic visits are up 9% compared to prior year. Specialty clinic visits are up 1% compared to prior year. Emergency visits are 17% lower than prior year.

Surgeries overall are down 5% year over year due to decrease in community physician surgical volume at SRMC. UNM surgical volume is down 4% compared to prior year.

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

Finances: Health System had total year-to-date operating revenue of $644.0 million, representing a 4% increase over prior year. Total non-operating revenue was $55.8 million, representing a 7% increase ($3.6 million) over prior year. Total operating expenses were $695.6 million, representing a 4% increase over prior year. Net margin was $4.2 million as compared to $1.8 million prior year.

The balance sheet is stable with a current ratio of 1.83 as compared to 2.04 prior year. The cash and cash equivalents for UNM Health System is $309.7 million as compared to $289.4 million prior year. Net patient receivables are up 3% and total assets are up 6%. Total liabilities are up 12% over prior year. Total net position is up 1% over prior year.

SRMC Mill Levy: The Trauma and Behavioral Health teams have begun meeting. They are working on the program scope and will soon start detailed proformas. SRMC's Chief Medical Officer and Chief Operating Officer/Chief Nursing Officer are leading these efforts.

Mission Excellence: We continue to hardwire our MISSION: Excellence work. We are currently working on the charter for the newly developed M:E Advisory Committee. The Foundational Team is transitioning to an Operational Oversight group. We are redesigning the Physician Engagement Survey based on feedback received and will be posting an RFP soon. The hardwired version of the Quarterly Forums held following LEADing to Excellence conferences have transitioned to entity Town Halls led by Health System CEOs. SRMC has begun working with the Studer consultants and focusing on hardwiring all of the M:E strategies, systems, and tools.

CEO Report UNM Hospitals

UNM HOSPITALS

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: February 22, 2019

Subject: UNMH Monthly Activity Update

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

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

Statistics (Financial data): As of the end of January the UNMH inpatient volume is lower compared to prior year. This effect may be due to the early viral season that was experienced in November of 2017. UNMH also continues to see a shift of patients from inpatient status to observation status. Total patient days are 3.8% lower than budget with adult patient days accounting for a -2.4% variance. Adult equivalent observation days are up 21%, or 1,305 days from budget. Total pediatric days are much lower at -7.2% to budget most likely related to seasonality. Inpatient discharges are 7.3% lower than budget and slightly lower compared to prior year activity. Outpatient visits are 1% below budget year to date through January and 2.4% higher compared to prior year. Emergency visits are 8% lower than budget and 12% less than prior year. Case mix index remains greater than prior year and average length of stay is down 2% compared to prior year.

Financial: Net margin year to date is positive at $4,134,000. Net patient revenues continue on a positive trend while salaries, benefits, purchased services and medical services continue trending over budget.

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

Human Resources: The turnover rate rolling year-to-date is 15.14% for the full workforce and 13.72% for nurses. This represents a slight increase over the last quarter results and exceeds the goal of 15% for the full workforce and below the goal for the nurse specific workforce. Overall hiring is in pace with the current turnover rates. UNMH currently has 5,957 FTEs which is 462.38 (7.20%) less than budget. The Medical Crisis Leave Bank campaign ran for the month of February. For the last campaign period, 1500 employees donated 7,600 hours of worktime, and 6,500 hours were used to support employees who were out of paid leave time. Employee wellness screenings are in full swing, with several hundred employees receiving biometric screenings each week. Full contract negotiations are continuing for the 1199 Licensed & Technical and 1199 Support Staff bargaining units.

Native American Liaison:
Management is working with 638 Pueblos to secure agreements for the 100% Medicaid Federal Match "FMAP". Currently, we have agreements out for approval to Isleta and Jemez pueblos. The quarterly report is due on March 8th for the last quarter of 2018; we are on track for completion. Outpatient referrals are up while inpatient transfers and admissions are steady. We are anticipating our first consultative session with the All Pueblo Council of Governors on April 18, 2019.

Bernalillo County: UNMH and Bernalillo County are working together on clinical program development at the MATS facility. The County will contract with UNMH to help develop and expand services at MATS that are more medically focused than the current program model. Services with UNMH staff and UNM provider involvement are expected to start over the next few months.

UNMH Management is working with Bernalillo County and the Indian Health Services on a process to review the status of deliverables under the current Lease MOU that was signed in February 2018.

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

CMO Report UNM Hospitals

To: Board of Trustees

From: Irene Agostini, MD
UNMH Chief Medical Officer

Date: February 22, 2019

Subject: Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of January was 8 hours and 24 minutes. This is down significantly from January of 2018 when the average wait time was 11 hours and 30 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

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

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

- 99 patients were triaged from the UNM Health System being directly accepted into the Lovelace Health System.

4. Our ALOS (average length of stay) for January 2019 was 6.53 a decrease as compared to January 2018 which was 7.26 days. Our ALOS FYTD for 2019 is 6.72 a decrease from FYTD 2018 when it was 6.99. We continue to hardwire our processes to decrease our ALOS despite accepting higher acuity patients by planning for discharge upon patient admit. Our Internal length of stay index in November was 0.96 with a Case mix Index of 2.16 as reported through our comparative systems network Vizient. All of the above numbers are all for adult without obstetrics.

5. Our "LEADing to Excellence" work continues with much of our focus centered on change leadership with key takeaways on our continued journey to Hardwiring Excellence to include the following:

- ***We*** are in this together, removing the "us" vs. "them" mentality
- Critical Conversations, High/Solid/Low performers
- Huron engagement and Excellence Journey
- Realignment of departments and services

6. UNMH Surgical Services continues to build a solid foundational structure. This work of creating reliable process to serve the needs of New Mexican's has preliminarily shown good results in the on-time start of operating room cases. In the month of January the UNMH main OR has a 54.5% on-time start of all cases, BBRP has a 60.5 % and OSIS has a 50.5% on-time start.

The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of January the TOT was 56 minutes for the UNMH main OR, BBRP has 56 minute TOT and OSIS has a 33 minute TOT. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.

Finance Committee

UNM HOSPITAL BOARD OF TRUSTEES

Finance Committee Meeting

Wednesday, February 20, 2019 10:00 AM
UNM Hospitals Administration, CEO Conference Room

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

I. Approval of January 23, 2019 meeting minutes

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

- Repair, Renew, Replace Capital Project UH Main Emergency Generator#2 –$912,000

III. Financial Update for the seven months ended January 31, 2019

IV. FY20 Budget Assumptions

V. HR Updates

- Health plan design considerations for new plan year
- Improvement Team initiatives
  - Premium pay
  - Contract labor
  - Productivity and vacancy
- Compensation Study follow up

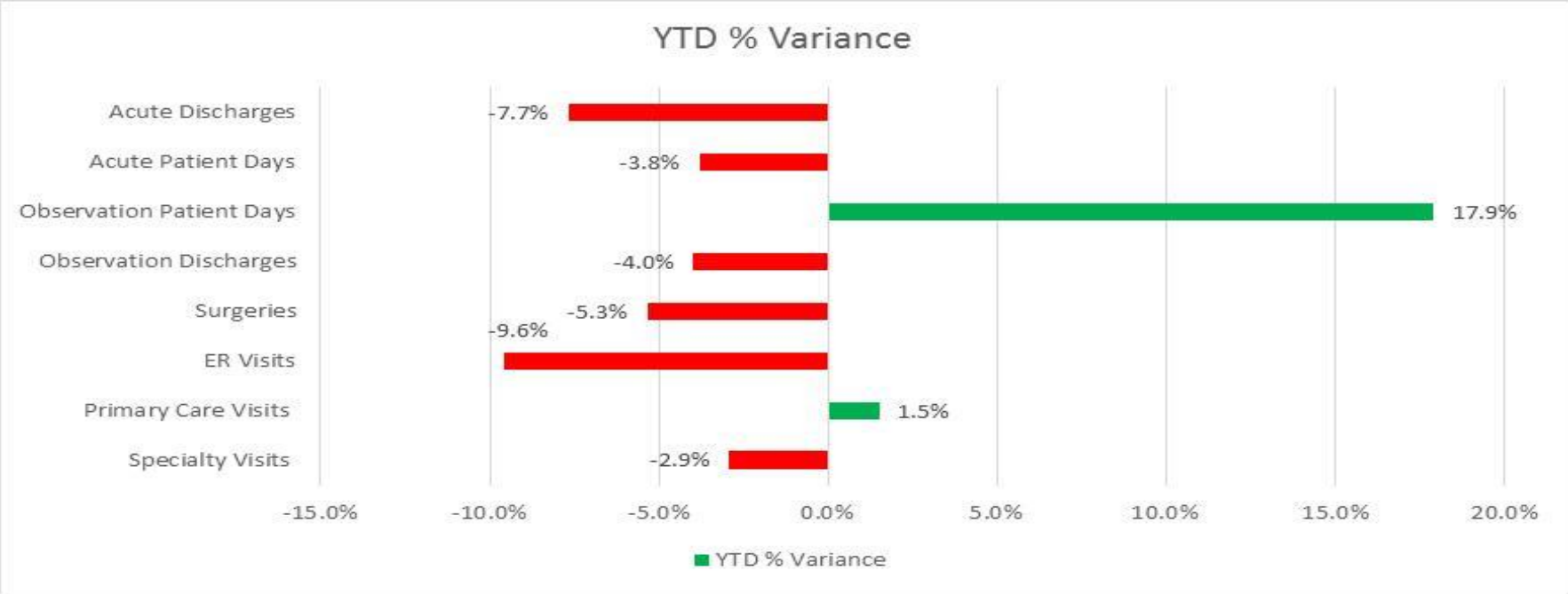
Next UNM Hospital Finance Committee meeting is scheduled to convene March 27, 2019.

January Financials

UNM Hospitals

Financial Update
Through January 2019

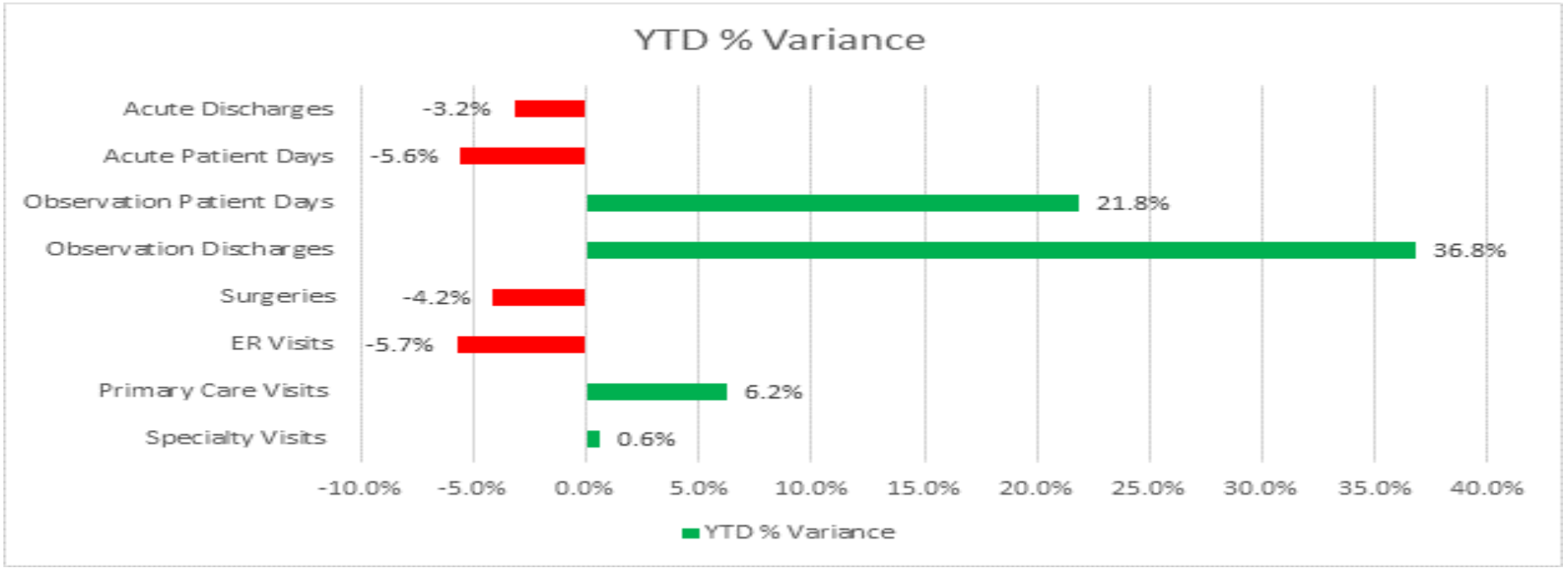
UNM Hospital
YTD Stats Variance to Budget
Through January 2019



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,944	2,116	(172)	-8.1%	13,105	14,195	(1,090)	-7.7%
Acute Patient Days	12,014	12,685	(671)	-5.3%	85,384	88,757	(3,373)	-3.8%
Observation Discharges	1,068	1,025	43	4.2%	6,887	7,173	(286)	-4.0%
Observation Patient Days	1,497	1,095	403	36.8%	9,036	7,662	1,374	17.9%
Surgeries	1,642	1,744	(102)	-5.8%	11,555	12,207	(652)	-5.3%
ER Visits	7,966	7,006	960	13.7%	44,341	49,033	(4,692)	-9.6%
Primary Care Visits	14,737	14,942	(205)	-1.4%	106,175	104,585	1,590	1.5%
Specialty Visits	29,945	31,141	(1,196)	-3.8%	211,533	217,909	(6,376)	-2.9%

75/78

UNM Hospital
YTD Stats Variance to Prior YTD
Through January 2019



	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,944	1,930	14	0.7%	13,105	13,536	(431)	-3.2%
Acute Patient Days	12,014	13,696	(1,682)	-12.3%	85,384	90,452	(5,068)	-5.6%
Observation Discharges	1,068	858	210	24.5%	6,887	5,035	1,852	36.8%
Observation Patient Days	1,497	1,123	374	33.3%	9,036	7,416	1,620	21.8%
Surgeries	1,642	1,722	(80)	-4.6%	11,555	12,056	(501)	-4.2%
ER Visits	7,966	6,512	1,454	22.3%	44,341	47,033	(2,692)	-5.7%
Primary Care Visits	14,737	15,423	(686)	-4.4%	106,175	99,935	6,240	6.2%
Specialty Visits	29,945	30,917	(972)	-3.1%	211,533	210,329	1,204	0.6%

UNM Hospitals	Action OI Benchmark	Jan-19	YTD	YTD Budget	%Budget YTD	Prior YTD	%Growth
ALOS		6.18	6.52	6.25	-4.20%	6.68	-2.50%
Case Mix Index		2.00	1.99	1.93	2.77%	1.96	1.27%
CMI Adjusted Patient Days *	53,448	52,968	372,680	358,395	3.99%	363,512	2.52%
Net Core Patient Revenues ($ in thousands)		$ 82,160	$ 521,553	$ 503,772	3.53%	$ 493,861	5.61%
Total Operating Expenses ($ in thousands)		$ 99,057	$ 652,923	$ 628,196	-5.43%	$ 618,835	-5.51%
Net Operating Income ($ in thousands)		$ (7,129)	$ (57,999)	$ (59,797)	3.01%	$ (58,174)	0.30%
Net Income ($ in thousands)		$ 1,847	$ 4,134	$ 2		$ 241	
Net Core Revenue/CMI Adj Patient Day		$ 1,551	$ 1,399	$ 1,406	-0.44%	$ 1,359	3.01%
Cost/CMI Adj Patient Day	$ 1,752	$ 1,870	$ 1,752	$ 1,753	0.05%	$ 1,702	-2.91%
FTEs		6,370	6,420	6,484	0.99%	6,310	-1.75%

* 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 July - September 2018 the 50th percentile is 160,344. The metric above divided by three months for compative purposes.

UNM Hospital
Budget to Actual Variance
(in thousands)
Through January 2019

* % change relative to budget