

BOARD OF TRUSTEES -- OPEN SESSION -- AMENDED AGENDA

Friday, January 31, 2020 at 9:00 AM

Barbara and Bill Richardson Pavilion Conference Room 1500

- I. **CALL TO ORDER – Terry Horn, Chair, UNM Hospitals Board of Trustees**
- II. **ANNOUNCEMENTS (Informational)**
 - Welcome To Kurt Riley – Kate Becker, UNMH CEO
- III. **ADOPTION OF AGENDA (Approval/Action)**
- IV. **CONSENT ITEMS – Bonnie White / Sara Frasch (Approval/Action)**
 - [Fidelity Retirement Plan Amendment](#)
 - [Disposition of Assets](#)
 - [Perfusion and ECMO Services and Supplies – CCS Perfusion Services \\$2.5M/year](#)
 - [Repair, Renew, Replace New Hospital Tower and New Parking Structure – Project Commissioning Services \\$1,662,000](#)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES**
 - [November 22, 2019 UNMH Board of Trustees Meeting Minutes](#) – Mr. Terry Horn, Chair **(Approval/Action)**
- VII. **MISSION MOMENT – Kate Becker** (to introduce Brent Lomako, Executive Director) **Informational)**
- VIII. **BOARD INITIATIVES**
 - UNMH BOT Committee Member Assignment(s) – Mr. Terry Horn, Chair **(Approval/Action)**
 - [Feasibility Study](#) – Anndee Wright-Brown, Senior Director of Development, UNM Foundation **(Informational)**
 - [Infection Prevention and Control](#) – Meghan Brett, MD, Epidemiologist Medical Director **(Informational)**
 - [Bernalillo County Behavioral Health Initiative](#) – Mrs. Margarita Chavez Sanchez, Director Bernalillo County **(Informational)**
 - [UNMH Purchasing Process](#) – Bonnie White, UNMH Chief Financial Officer **(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
 - Chief of Staff Update – Davin Quinn, MD
- X. **COMMITTEE REPORTS (Informational)**
 - UNMH BOT Committee Assignments – Terry Horn
 - [Finance Committee](#) – Terry Horn
 - [Audit & Compliance Committee](#) – Terry Horn
 - Quality and Safety Committee – Erik Lujan
 - Native American Services Committee – Erik Lujan
 - Community Engagement Committee – Christine Glidden
- XI. **OTHER BUSINESS**
 - [December Financials](#) – Bonnie White **(Informational)**
- XII. **CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session (Approval/Action – Roll Call Vote)**
 - a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.
- XIII. **Certification that only those matters described in Agenda Item IX were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session. (Approval/Action – Roll Call Vote)**
- XIV. **Adjourn Meeting (Approval/Action)**

Resolution for 403b Retirement Plan Amendment for Predecessor Employer Service

RESOLUTION OF THE UNM HOSPITALS BOARD OF TRUSTEES

THE UNM HOSPITALS 403(b) PLAN

WHEREAS, the UNM Hospitals Board of Trustees, hereinafter referred to as the “Board”, maintains the UNM Hospitals 403(b) Plan, hereinafter referred to as the “Plan”; and

WHEREAS, Article XII of the Plan allows the Board to amend the plan from time to time; and

WHEREAS, in Section 1.29(B) of the Plan, the plan must credit Related Employer Service and also must credit certain Predecessor Employer/Predecessor Service under Section 1.66 (A)/(B).

NOW, THEREFORE, BE IT RESOLVED THAT: the Plan elects to credit as Service the following Predecessor Employer Service:

- Predecessor Employers
 - Sandoval Regional Medical Center
 - University of New Mexico Medical Group
- Service Credit
 - Eligibility
 - Vesting
- Time Period
 - All service regardless of when rendered
- Service Crediting
 - Available for all employees who are transferred to the Plan as part of UNM Hospitals workforce initiatives. Employees who are impacted will be given credit for time worked at Sandoval Regional Medical Center or University of New Mexico Medical Group as outlined in section 12.b.1, Elective Service Crediting.

IN WITNESS WHEREOF, the Employer has adopted this Resolution to the Plan on this _____ day of _____, 2020, in Albuquerque, New Mexico.

By: _____

Secretary of the Board

CERTIFICATE

UNM Hospitals Board of Trustees

I, _____, Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution being adopted by the Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 403(b) Plan. The resolution was adopted by the UNM Hospitals Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _____, 2020.

Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2020.

Notary Public

My Commission Expires:

(Notary Seal)

Disposition of Assets January 2020



Date: January 22, 2020

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – January 2020

Attached for your review and submission to the Board of Regents is the Property Disposition Detail list for the month of January 2020.

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
January 2020

Description Summary				
Description	Count of Assets	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Electronics	2	\$ 12,973.55	\$ -	8.00
Food & Nutrition	1	\$ 6,645.52	\$ -	12.00
Medical Equipment	27	\$ 765,994.35	\$ 41,654.48	10.35
Patient Monitor	297	\$ 3,868,821.48	\$ 11,691.24	10.19
Vehicle	2	\$ 54,669.00	\$ -	20.50
Grand Total	329	\$ 4,709,103.90	\$ 53,345.72	12.21

Disposal Summary				
Disposal Method	Count of Assets	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Auction	318	\$ 4,334,086.89	\$ 14,989.94	10.24
CNM Donation	2	\$ 81,119.00	\$ 0.00	12.50
Electronics Recycling	2	\$ 12,973.55	\$ 0.00	8.00
To Be Transferred to UNMMG	4	\$ 220,424.25	\$ 35,245.79	8.00
UNM Automotive	2	\$ 54,669.00	\$ 0.00	20.50
Used for Parts by CE	1	\$ 5,831.21	\$ 3,109.99	4.00
Grand Total	329	\$ 4,709,103.90	\$ 53,345.72	10.54

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
30561	93667	Insight FD Mini C-Arm	34540	Sports Medicine	INSIGHT 2	20-0515-28	02/01/2016	\$ 67,175.00	\$ 30,388.70	To Be Transferred to UNMMG	Clinic Moved to UNM	Medical Equipment	
9456	None	Proteus XR/a Elevating Table	34540	Sports Medicine	Proteus	66553H9	08/01/2010	\$ 12,857.00	\$ 4,857.09	To Be Transferred to UNMMG	Clinic Moved to UNM	Medical Equipment	
31120	98330	Barkey Plasmatherm	74070	Lab - Blood Bank	DTMV201	110705	09/01/2016	\$ 6,297.50	\$ 3,298.70	Auction	Not Repairable	Medical Equipment	
29355	89353	MedSystem III Infusion Pump	70060	Fixed Wing Transport	2865	14181773	05/01/2015	\$ 5,831.21	\$ 3,109.99	Used for Parts by CE	Not Repairable	Medical Equipment	
30532	95278	Dash 5000 Monitor	21015	ED	DASH 5000	SHQ16124708SA	04/01/2016	\$ 10,509.37	\$ 2,802.49	Auction	Monitor Project	Patient Monitor	
31436	98642	Dash 5000 Monitor	12000	Labor and Delivery	DASH 5000	SBG06098307GA	01/01/2017	\$ 5,007.50	\$ 2,086.45	Auction	Monitor Project	Patient Monitor	
30284	93686	Dash 5000 Monitor	15510	OSIS PACU	DASH 5000	SHQ153739015SA	10/01/2015	\$ 10,749.26	\$ 1,791.54	Auction	Monitor Project	Patient Monitor	
30260	93044	CIC V5.X ATO Model	12320	General Medicine (5-W)	CIC PRO	SDY15174616GA	07/01/2015	\$ 14,385.00	\$ 1,678.25	Auction	Monitor Project	Patient Monitor	
29497	91851	Dash 5000	71520	Pulmonary Diagnostics	DASH 5000	SHQ15193437A	06/01/2015	\$ 16,701.52	\$ 1,670.15	Auction	Monitor Project	Patient Monitor	
30134	93482	Dash 5000 ATO Model	15040	PACU (Recovery Room 1)	DASH 5000	SHQ153037405A	08/01/2015	\$ 12,467.80	\$ 1,662.36	Auction	Monitor Project	Patient Monitor	
25341	83310	Tee Ultrasound	15055	Anesthesia	IE33	B0G4M2	08/01/2012	\$ 160,543.57	\$ -	Auction	Not Repairable	Medical Equipment	Due to many years of service and use, equipment is unable to be repaired and has been replaced.
9455	None	Proteus XR/a Radiographic Syst	34540	Sports Medicine	Proteus	20-0515-28	08/01/2010	\$ 75,944.75	\$ -	To Be Transferred to UNMMG	Clinic Moved to UNM	Medical Equipment	
6802	98813	Carbon-XL with Flash Lite IIP	34540	Sports Medicine	CARBON-XL	67222750	02/01/2008	\$ 64,447.50	\$ -	To Be Transferred to UNMMG	Clinic Moved to UNM	Medical Equipment	
5804	55919	Stockert III Heart Lung Perfus	70050	ECMO	STOCKERT III	4352909	01/01/2007	\$ 52,404.24	\$ -	Auction	Not Repairable	Medical Equipment	
20525	VEH #1295	2006 Ford Startrans Bus Plate	60365	Case Management	SENATOR II	1FDXE45S06HA20675	02/01/2006	\$ 45,749.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
18580	52028	SIII ECMOPump System	70050	ECMO	43-30-00	435182	11/01/2000	\$ 45,268.00	\$ -	Auction	Not Repairable	Medical Equipment	
3084	46910	Cascade 16 Ch IOM - Evoked Pot	78010	Neurodiagnostics Lab	CASCADE	0312CA000351	02/01/2004	\$ 42,310.00	\$ -	CNM Donation-Educational Use	Replaced	Medical Equipment	
24488	83303	CICV5+	12340	Surgical Speciality Unit 5	CIC PRO	SDY11118273GA	07/01/2012	\$ 41,549.27	\$ -	Auction	Monitor Project	Patient Monitor	
21081	80577	CIC Pro	12360	Neuroscience	CIC PRO	SDY11118272GA	07/01/2011	\$ 40,392.37	\$ -	Auction	Monitor Project	Patient Monitor	
21082	80578	CIC Pro	12360	Neuroscience	CIC PRO	SDY11118270GA	07/01/2011	\$ 40,392.37	\$ -	Auction	Monitor Project	Patient Monitor	
26562	83840	CIC Pro	12320	General Medicine (5-W)	CIC PRO	SDY12534165GA	02/01/2013	\$ 38,810.47	\$ -	Auction	Monitor Project	Patient Monitor	
26563	84030	CIC Pro	12320	General Medicine (5-W)	CIC PRO	SDY13084575GA	02/01/2013	\$ 38,810.47	\$ -	Auction	Monitor Project	Patient Monitor	
8676	73228	Cadwell Cascade Base Unit Syst	78010	Neurodiagnostics Lab	0902WG17-03-003	0904CA001259	09/01/2009	\$ 38,809.00	\$ -	CNM Donation-Educational Use	Replaced	Medical Equipment	
24489	83304	CICV5	12340	Surgical Speciality Unit 5	CIC PRO	SDY11118271GA	07/01/2012	\$ 37,524.28	\$ -	Auction	Monitor Project	Patient Monitor	
7785	62701	CIC Pro	12230	Gen Med/SAC (4-W)	CIC PRO	SCH07361909GA	01/01/2008	\$ 34,219.44	\$ -	Auction	Monitor Project	Patient Monitor	
7786	62702	CIC Pro	12230	Gen Med/SAC (4-W)	CIC PRO	SCH07382309GA	01/01/2008	\$ 34,219.44	\$ -	Auction	Monitor Project	Patient Monitor	
4920	52158	Visula Laser 5325	34610	Ophthalmology On Site Clinic	5325	909646	08/01/2005	\$ 31,400.00	\$ -	Auction	Replaced	Medical Equipment	
21091	82557	CIC Pro	12350	CRC/CTC (5-E)	CIC PRO	SDY11118274GA	02/01/2012	\$ 29,841.23	\$ -	Auction	Monitor Project	Patient Monitor	
6143	58266	CIC 4.1	12360	Neuroscience	CIC 4.1	JA106074174GA	04/06/2007	\$ 24,162.00	\$ -	Auction	Monitor Project	Patient Monitor	
6142	58267	CIC 4.1	15000	Operating Room	CIC 4.1	JA106074154GA	04/06/2007	\$ 24,162.00	\$ -	Auction	Monitor Project	Patient Monitor	
6999	58323	Central Information Center Cap	12120	Medical/Cardiac ICU	CIC	JA106064144GA	07/01/2007	\$ 24,142.74	\$ -	Auction	Monitor Project	Patient Monitor	
20017	68429	CIC Pro (Central Station Monit	71040	Cardiac Cath Lab	CIC PRO	SDY09100987GA	06/01/2009	\$ 23,168.08	\$ -	Auction	Monitor Project	Patient Monitor	
2860	46222	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2841G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2863	46223	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2845G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2861	46224	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2836G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2872	46226	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2951G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2868	46227	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2870G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2866	46228	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2868G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2865	46229	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2847G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2877	46230	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2988G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2867	46270	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2869G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2878	46272	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2991G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2864	46273	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2846G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2862	46274	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2844G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2871	46275	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2950G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2874	46615	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2953G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2875	46616	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2954G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2876	46617	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2955G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2873	46618	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2952G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2870	46619	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2945G	09/01/2003	\$ 19,263.72	\$ -	Auction	Monitor Project	Patient Monitor	
2857	46225	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2548G	09/01/2003	\$ 19,263.71	\$ -	Auction	Monitor Project	Patient Monitor	
2859	46271	Dash 4000 Base Monitor w/softw	12240	General Surgery (6-5)	DASH 4000	G3EH2798G	09/01/2003	\$ 19,263.71	\$ -	Auction	Monitor Project	Patient Monitor	
7063	67483	GSI Audera 2-Ch Port W/O NTBK	76025	Audiology	GSI AUADERA	AT080417	03/01/2008	\$ 19,075.00	\$ -	Auction	Not Repairable	Medical Equipment	
4975	52251	Dash 4000 Monitor	34025	Cardiology Clinic	DASH 4000	DSH05201022GA	08/01/2005	\$ 15,882.00	\$ -	Auction	Monitor Project	Patient Monitor	
5700	52246	Dash 4000	12360	Neuroscience	DASH 4000	DSH05193084GA	11/01/2005	\$ 15,624.50	\$ -	Auction	Monitor Project	Patient Monitor	
5701	52247	Dash 4000	12360	Neuroscience	DASH 4000	DSH05196233GA	11/01/2005	\$ 15,624.50	\$ -	Auction	Monitor Project	Patient Monitor	
5702	52248	Dash 4000	12360	Neuroscience	DASH 4000	DSH05196230GA	11/01/2005	\$ 15,624.50	\$ -	Auction	Monitor Project	Patient Monitor	

5704	52249	Dash 4000	12360	Neuroscience	DASH 4000	DSH05196234GA	11/01/2005	\$	15,624.50	\$	-	Auction	Monitor Project	Patient Monitor
2778	46907	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	F3EH2167G	08/01/2003	\$	15,396.61	\$	-	Auction	Monitor Project	Patient Monitor
2785	46799	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	G3EH2757G	08/01/2003	\$	15,396.60	\$	-	Auction	Monitor Project	Patient Monitor
2782	46800	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	G3EH2619G	08/01/2003	\$	15,396.60	\$	-	Auction	Monitor Project	Patient Monitor
2783	46908	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	G3EH2628G	08/01/2003	\$	15,396.60	\$	-	Auction	Monitor Project	Patient Monitor
2784	46909	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	G3EH2696G	08/01/2003	\$	15,396.60	\$	-	Auction	Monitor Project	Patient Monitor
7588	62704	CIC	12320	General Medicine (5-W)	CIC PRO	SCH07503350GA	01/01/2008	\$	15,321.60	\$	-	Auction	Monitor Project	Patient Monitor
7589	62705	CIC	12320	General Medicine (5-W)	CIC PRO	SCH07503351GA	01/01/2008	\$	15,321.60	\$	-	Auction	Monitor Project	Patient Monitor
2949	46787	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2691G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2948	46788	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2626G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2941	46789	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2629G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2943	46790	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2624G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2942	46791	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2695G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2944	46795	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2687G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2945	46796	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2625G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2946	46797	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2688G	10/01/2003	\$	14,834.65	\$	-	Auction	Monitor Project	Patient Monitor
2937	46792	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2507G	10/01/2003	\$	14,834.64	\$	-	Auction	Monitor Project	Patient Monitor
2940	46793	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2623G	10/01/2003	\$	14,834.64	\$	-	Auction	Monitor Project	Patient Monitor
2938	46794	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2627G	10/01/2003	\$	14,834.64	\$	-	Auction	Monitor Project	Patient Monitor
2939	46798	Dash 4000 Monitor	12220	Med/Surg Subacute (4-E)	DASH 4000	G3EH2694G	10/01/2003	\$	14,834.64	\$	-	Auction	Monitor Project	Patient Monitor
6249	62018	Infant Warmer System	21020	Pediatric Emergency Department	4400	HCCU00774D1U	08/01/2007	\$	14,432.80	\$	-	Auction	Replaced	Medical Equipment
21104	73297	Dash 4000	15500	OSIS Operating Room	DASH 4000	SHQ115052455A	12/01/2011	\$	13,726.80	\$	-	Auction	Monitor Project	Patient Monitor
21105	73298	Dash 4000	15500	OSIS Operating Room	DASH 4000	SHQ114539875A	12/01/2011	\$	13,726.80	\$	-	Auction	Monitor Project	Patient Monitor
21106	73299	Dash 4000	15500	OSIS Operating Room	DASH 4000	SHQ115052555A	12/01/2011	\$	13,726.80	\$	-	Auction	Monitor Project	Patient Monitor
21107	73300	Dash 4000	15500	OSIS Operating Room	DASH 4000	SHQ114951115A	12/01/2011	\$	13,726.80	\$	-	Auction	Monitor Project	Patient Monitor
21108	73301	Dash 4000	15500	OSIS Operating Room	DASH 4000	SHQ115052425A	12/01/2011	\$	13,726.80	\$	-	Auction	Monitor Project	Patient Monitor
24534	83408	Dash 4000	34340	Pain Clinic	DASH 4000	SHQ12238905A	08/01/2012	\$	13,466.55	\$	-	Auction	Monitor Project	Patient Monitor
24533	83407	Dash 4000	34340	Pain Clinic	DASH 4000	SHQ12238925A	08/01/2012	\$	13,418.45	\$	-	Auction	Monitor Project	Patient Monitor
2856	46406	Dash 4000 Base Monitor & Softw	12360	Neuroscience	DASH 4000	G3EH2753G	09/01/2003	\$	13,356.43	\$	-	Auction	Monitor Project	Patient Monitor
6108	58727	Dash 4000	12410	Pediatric Specialty Care	4000	SBG06233543GA	06/10/2007	\$	13,287.55	\$	-	Auction	Monitor Project	Patient Monitor
7754	58733	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SBG06233565GA	01/01/2008	\$	13,287.54	\$	-	Auction	Monitor Project	Patient Monitor
7755	58735	Dash 4000	12230	Gen Med/SAC (4-W)	DASH 4000	SBG06233542GA	01/01/2008	\$	13,287.54	\$	-	Auction	Monitor Project	Patient Monitor
9199	70825	Dash 4000	70020	Endoscopy Center	DASH 4000	SD010261900GA	07/01/2010	\$	13,210.17	\$	-	Auction	Monitor Project	Patient Monitor
9212	70827	Dash 4000	34430	Digestive Disease Health Ctr	DASH 4000	SD010261790GA	07/01/2010	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9214	70828	Dash 4000	34430	Digestive Disease Health Ctr	DASH 4000	SD010261823GA	07/01/2010	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9215	70829	Dash 4000	34430	Digestive Disease Health Ctr	DASH 4000	SD010261810GA	07/01/2010	\$	13,167.40	\$	-	Auction	Monitor Project	Patient Monitor
9216	70830	Dash 4000	34430	Digestive Disease Health Ctr	DASH 4000	SD010209937GA	07/01/2010	\$	13,167.39	\$	-	Auction	Monitor Project	Patient Monitor
8526	73036	BladderScan BVI 3000	79510	Kidney Transplant Svcs	BVI 3000	09181901	06/01/2009	\$	13,160.88	\$	-	Auction	Obsolete	Medical Equipment
21252	82907	Dash 4000	12330	Family Practice (3-N)	DASH 4000	SD0111335725A	05/01/2012	\$	13,110.86	\$	-	Auction	Monitor Project	Patient Monitor
21053	82287	Dash 4000	71520	Pulmonary Diagnostics	DASH 4000	SHQ113011455A	10/01/2011	\$	13,010.20	\$	-	Auction	Monitor Project	Patient Monitor
20009	68421	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD009068179GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20010	68422	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD009068499GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20011	68423	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD008526684GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20012	68424	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD009119817GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20013	68425	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD00119815GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20014	68426	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD009047676GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20015	68427	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD009047627GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
20016	68428	Dash 4000 Monitor	71040	Cardiac Cath Lab	DASH4	SD00119785GA	06/01/2009	\$	12,791.26	\$	-	Auction	Monitor Project	Patient Monitor
26600	82965	System 1E Sterilization System	15005	Operating Room - BBRP	1E	405363	07/01/2012	\$	12,627.59	\$	-	Auction	Obsolete	Medical Equipment
26601	82966	System 1E Sterilization System	15005	Operating Room - BBRP	1E	405346	07/01/2012	\$	12,627.59	\$	-	Auction	Obsolete	Medical Equipment
25683	82397	CIC	12240	General Surgery (6-5)	CIC PRO	SDY11148693GA	09/01/2012	\$	12,622.03	\$	-	Auction	Monitor Project	Patient Monitor
25684	82398	CIC	12240	General Surgery (6-5)	CIC PRO	SDY11148691GA	09/01/2012	\$	12,622.02	\$	-	Auction	Monitor Project	Patient Monitor
9226	70770	Dash 4000	12360	Neuroscience	DASH 4000	SD010261795GA	07/01/2010	\$	12,552.94	\$	-	Auction	Monitor Project	Patient Monitor
9227	70771	Dash 4000	12360	Neuroscience	DASH 4000	SD010261796GA	07/01/2010	\$	12,552.94	\$	-	Auction	Monitor Project	Patient Monitor
9217	70762	Dash 4000	12360	Neuroscience	DASH 4000	SD010261819GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9218	70763	Dash 4000	12360	Neuroscience	DASH 4000	SD010261793GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9219	70764	Dash 4000	12360	Neuroscience	DASH 4000	SD010261801GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9220	70766	Dash 4000	12360	Neuroscience	DASH 4000	SD010261800GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9221	70767	Dash 4000	12360	Neuroscience	DASH 4000	SD010261818GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9222	70768	Dash 4000	12360	Neuroscience	DASH 4000	SD010261792GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
9223	70769	Dash 4000	12360	Neuroscience	DASH 4000	SD010261797GA	07/01/2010	\$	12,552.93	\$	-	Auction	Monitor Project	Patient Monitor
4297	50989	Table, Sonesta, Urodynamic Pro	34250	Urology	6206	12-30025	10/01/2004	\$	12,490.00	\$	-	Auction	Not Repairable	Medical Equipment
7788	73461	Image 1 CCU	15500	OSIS Operating Room	IMAGE 1	AB646914-P	03/01/2008	\$	12,456.42	\$	-	Auction	Replaced	Medical Equipment
1827	38237	Dash 4000 1w-rm6	75025	Radiology - Interventional Rad	DASH 4000	C1DJ88586	05/01/2002	\$	12,259.39	\$	-	Auction	Monitor Project	Patient Monitor
8795	73848	Solar 8000I	12120	Medical/Cardiac ICU	SOLAR 8000I	SE409351536GA	10/01/2009	\$	12,193.30	\$	-	Auction	Monitor Project	Patient Monitor
21063	80558	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335015A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21064	80559	Dash 4000	12360	Neuroscience	DASH 4000	SD0111334435A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21065	80560	Dash 4000	12360	Neuroscience	DASH 4000	SD0111324855A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21067	80562	Dash 4000	12360	Neuroscience	DASH 4000	SD0111334845A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21068	80563	Dash 4000	12360	Neuroscience	DASH 4000	SD0111334545A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21069	80564	Dash 4000	12360	Neuroscience	DASH 4000	SD0111336195A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21070	80565	Dash 4000	12360	Neuroscience	DASH 4000	SD0111336185A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21071	80566	Dash 4000	12360	Neuroscience	DASH 4000	SD0111333975A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21066	80861	Dash 4000	12360	Neuroscience	DASH 4000	SD0111333815A	07/01/2011	\$	12,134.77	\$	-	Auction	Monitor Project	Patient Monitor
21072	80567	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335995A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21073	80568	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335265A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21074	80569	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335565A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21075	80570	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335615A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21076	80571	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335805A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21077	80572	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335325A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21078	80573	Dash 4000	12360	Neuroscience	DASH 4000	SD0111334695A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21079	80574	Dash 4000	12360	Neuroscience	DASH 4000	SD0111335925A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor
21080	80575	Dash 4000	12360	Neuroscience	DASH 4000	SD0111336015A	07/01/2011	\$	12,134.76	\$	-	Auction	Monitor Project	Patient Monitor

7309	58945	Dash 4000 Capitalize CIP 1630	21015	ED	DASH 4000	SBG06462120GA	07/01/2007	\$	11,764.74	\$	-	Auction	Monitor Project	Patient Monitor
10422	60085	Dash 4000 Capitalize CIP 1630	12230	Gen Med/SAC (4-W)	DASH 4000	SBG06462734GA	07/01/2007	\$	11,743.61	\$	-	Auction	Monitor Project	Patient Monitor
26564	83842	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150525A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26565	83843	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ125046215A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26566	83844	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150765A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26567	83845	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150555A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26568	83846	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150485A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26569	83847	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150825A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26570	83848	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150615A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26571	83849	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150645A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26572	83850	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150755A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26573	83851	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150655A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26574	83852	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130151625A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26575	83853	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130151615A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26576	83854	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150575A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26577	83855	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150685A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26578	83856	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150815A	02/01/2013	\$	11,562.24	\$	-	Auction	Monitor Project	Patient Monitor
26579	83857	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150855A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26580	83858	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ124122675A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26581	83859	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ125045855A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26582	83860	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ124122775A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26583	83861	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150775A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26584	83862	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150585A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26585	83863	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150725A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26586	83864	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150795A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26587	83865	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150665A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26588	83866	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150635A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26589	83867	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150505A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
26590	83868	Dash 4000	12320	General Medicine (5-W)	DASH 4000	SHQ130150895A	02/01/2013	\$	11,562.23	\$	-	Auction	Monitor Project	Patient Monitor
19522	58883	Dash 4000	21015	ED	DASH 4000	SBG06451662GA	07/01/2007	\$	11,340.56	\$	-	Auction	Monitor Project	Patient Monitor
6126	58441	Solar 8000I	12110	Neuroscience ICU	8000I	SBLO6163875GA	06/09/2007	\$	11,027.24	\$	-	Auction	Monitor Project	Patient Monitor
28816	83310	IE33 Upgrade - CO 20 Asset 253	15060	Anesthesia - BBRP	IE33	BOG436	09/01/2014	\$	10,998.30	\$	-	Auction	Replaced	Medical Equipment
8087	64383	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252700GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8088	64390	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008253073GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8089	64391	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008219974GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8090	64392	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252704GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8092	64393	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008253074GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8093	64394	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252707GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7433	64395	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199201GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7434	64396	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199198GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7436	64397	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199189GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7437	64398	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199191GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7438	64399	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199200GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7442	64400	Dash 4000	12210	Coronary Care Subacute	DASH 4000	SD00824101GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7443	64401	Dash 4000	12210	Coronary Care Subacute	DASH 4000	SD008231891GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8094	68566	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008253076GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8095	68567	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252703GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8097	68569	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252699GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8098	68570	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008231786GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
8099	68571	Dash 4000 Monitor	12210	Coronary Care Subacute	DASH 4000	SD008252702GA	12/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7439	68572	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199184GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7440	68573	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199386GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
7441	68574	Dash 4000	12220	Med/Surg Subacute (4-E)	DASH 4000	SD008199199GA	06/01/2008	\$	10,906.70	\$	-	Auction	Monitor Project	Patient Monitor
19567	60067	Dash 4000	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06419196GA	07/01/2007	\$	10,774.42	\$	-	Auction	Monitor Project	Patient Monitor
19573	67480	Dash 4000 (w/Div 01 Asset #276	72040	I/P Hemodialysis	DASH 4000	SBG06419185GA	07/01/2007	\$	10,738.26	\$	-	Auction	Monitor Project	Patient Monitor
7271	58707	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06462880GA	07/01/2007	\$	10,134.87	\$	-	Auction	Monitor Project	Patient Monitor
7283	58718	Dash 4000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 4000	SBG06462465GA	07/01/2007	\$	10,134.86	\$	-	Auction	Monitor Project	Patient Monitor
20083	82234	Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD009182612GR	04/01/2011	\$	9,734.33	\$	-	Auction	Monitor Project	Patient Monitor
4348	51342	Physiological Monitoring Syste	70020	Endoscopy Center	DASH 4000	AAB04469750GA	12/01/2004	\$	9,503.25	\$	-	Auction	Monitor Project	Patient Monitor
4344	51343	Physiological Monitoring Syste	70020	Endoscopy Center	DASH 4000	AAB04336402GA	12/01/2004	\$	9,503.25	\$	-	Auction	Monitor Project	Patient Monitor
4345	51344	Physiological Monitoring Syste	70020	Endoscopy Center	DASH 4000	AAB04469746GA	12/01/2004	\$	9,503.25	\$	-	Auction	Monitor Project	Patient Monitor
19262	43849	Pneupac Baby Pac Ventilator	71510	Pulmonary Services	BABYPAC	202356	10/01/2002	\$	9,478.00	\$	-	Auction	Not Repairable	Medical Equipment
24494	83302	Dash 3000	12340	Surgical Specialty Unit 5	DASH 3000	SHQ113216695A	08/01/2012	\$	9,336.50	\$	-	Auction	Monitor Project	Patient Monitor
7087	64642	Dash 3000	95700	Clinical Engineering	DASH 3000	SD008087352GA	04/01/2008	\$	9,061.44	\$	-	Auction	Monitor Project	Patient Monitor
7089	64644	Dash 3000	71030	Heart Station	DASH 3000	SD008015026GA	04/01/2008	\$	9,061.43	\$	-	Auction	Monitor Project	Patient Monitor
20141	Veh #374	1991 Chevy S-10 Plate G-08076	60365	Case Management	S-10	1GCCS14A3M826534I	07/01/1991	\$	8,920.00	\$	-	UNM Automotive	Not Repairable	Vehicle
1568	43101	SLR 8M BSIC/Hi-Res CRG Eng 100	12455	Newborn ICU	SOLAR 8000M	K1RF7953G	12/01/2001	\$	8,865.37	\$	-	Auction	Monitor Project	Patient Monitor
8941	70626	H-1200 Blood Warmer	12130	Trauma/Surgical ICU	H-1200	S10001957	06/01/2010	\$	8,500.00	\$	-	Auction	Obsolete	Medical Equipment
8942	70627	H-1200 Blood Warmer	12130	Trauma/Surgical ICU	H-1200	S10001956	06/01/2010	\$	8,500.00	\$	-	Auction	Obsolete	Medical Equipment
7065	64549	115V Domestic Flow Fluid Warme	21015	ED	H-1200	S10000745	03/01/2008	\$	8,500.00	\$	-	Auction	Obsolete	Medical Equipment
3904	46060	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	Solar 8000	H2G41281G	05/01/2003	\$	8,124.80	\$	-	Auction	Monitor Project	Patient Monitor
3902	46061	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	Solar 8000	H2G41280G	05/01/2003	\$	8,124.80	\$	-	Auction	Monitor Project	Patient Monitor
3901	46063	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	Solar 8000	H2G41279G	05/01/2003	\$	8,124.80	\$	-	Auction	Monitor Project	Patient Monitor
3906	46064	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	Solar 8000	H2G41283G	05/01/2003	\$	8,124.80	\$	-	Auction	Monitor Project	Patient Monitor
3905	46065	Solar 8000M Cardiac Monitor Ca	15510	OSIS PACU	Solar 8000	H2G41282G	05/01/2003	\$	8,124.80	\$	-	Auction	Monitor Project	Patient Monitor
26916	IT EQUIP	PowerEdge R710 Server	96250	IT - Evolve3	R710	9V1FQ1	07/01/2012	\$	7,415.91	\$	-	Electronics Recycling	Replaced	Electronics
4482	48798	Jewett Blood Bank Refrigerator	74065	Lab - Tissue Bank	N18P-108648-NP	N18P-108648-NP	02/01/2005	\$	7,114.00	\$	-	Auction	Not Repairable	Medical Equipment
4889	48797	Freezer, Blood Plasma with Cha	74070	Lab - Blood Bank	LTU-21837	002P-276304-0P	07/01/2005	\$	7,056.00	\$	-	Auction	Not Repairable	Medical Equipment
2933	45340	Dash 2000 Portable Monitor	12460	Pediatric ICU	DASH 2000	70002164	10/01/2003	\$	6,675.22	\$	-	Auction	Monitor Project	Patient Monitor
6106	55699	Transport Pro V2	71040	Cardiac Cath Lab	PRO V2	AAD06231791GA	07/24/2006	\$	6,650.00	\$	-	Auction	Monitor Project	Patient Monitor
6959	88640	Espresso Machine - F&N Emporior	90231	Espresso Cafes	SAE/3-N	435923	07/01/2007	\$	6,645.52	\$	-	Auction	Replaced	Food & Nutrition
26359	80241	CIC	95700	Clinical Engineering	CIC PRO	SDY11077889GA	03/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
21430	82395	CIC	12240	General Surgery (6-5)	CIC PRO	SDY11077882GA	11/01/2011	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor

26358	83306	CIC	12340	Surgical Specialty Unit 5	CIC PRO	SDY11108098GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26366	83480	CIC	12340	Surgical Specialty Unit 5	CIC PRO	SDY11077881GA	09/01/2012	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26365	83870	CIC	12220	Med/Surg Subacute (4-E)	CIC PRO	SDY11118283GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26364	83871	CIC	12220	Med/Surg Subacute (4-E)	CIC PRO	SDY11148728GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26357	83872	CIC	12220	Med/Surg Subacute (4-E)	CIC PRO	SDY11128435GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26356	83873	CIC	12220	Med/Surg Subacute (4-E)	CIC PRO	SDY11108109GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26362	83874	CIC	12210	Coronary Care Subacute	CIC PRO	SDY11077880GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26363	83875	CIC	12210	Coronary Care Subacute	CIC PRO	SDY11077878GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26361	83897	CIC	12210	Coronary Care Subacute	CIC PRO	SDY11077845GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
26360	83899	CIC	12210	Coronary Care Subacute	CIC PRO	SDY11077831GA	02/01/2013	\$	6,212.50	\$	-	Auction	Monitor Project	Patient Monitor
5644	52402	Transport Pro V2	12130	Trauma/Surgical ICU	PRO V2	AAD05240245GA	11/01/2005	\$	6,105.00	\$	-	Auction	Monitor Project	Patient Monitor
3325	50942	Dash 2000 Monitor	34340	Pain Clinic	DASH 2000	70004751	05/01/2004	\$	6,074.25	\$	-	Auction	Monitor Project	Patient Monitor
3326	50943	Dash 2000 Monitor	12240	General Surgery (6-5)	DASH 2000	70004750	05/01/2004	\$	6,074.25	\$	-	Auction	Monitor Project	Patient Monitor
19548	60470	Transport Pro	21015	ED	TRANSPORT PRO	SCS06440446GA	07/01/2007	\$	5,775.00	\$	-	Auction	Monitor Project	Patient Monitor
4921	52158	LIO Zeiss Laset Indirect Optha	34610	Ophthalmology On Site Clinic	LIO 5325	909646	08/01/2005	\$	5,690.00	\$	-	Auction	Replaced	Medical Equipment
1334	41714	Dash 2000 Portable Monitor	71520	Pulmonary Diagnostics	DASH 2000	KIDR3505N	11/01/2001	\$	5,629.87	\$	-	Auction	Monitor Project	Patient Monitor
9050	42989	PE R710 Server	96140	IT - Customer Service	PE R710	91N3QM1	06/01/2010	\$	5,557.64	\$	-	Electronics Recycling	Replaced	Electronics
19551	60469	Dash 3000	21015	ED	DASH 3000	SBG06472817GA	07/01/2007	\$	5,268.12	\$	-	Auction	Monitor Project	Patient Monitor
19551	60469	Dash 3000	21015	ED	DASH 3000	SBG06472817GA	07/01/2007	\$	5,268.12	\$	-	Auction	Monitor Project	Patient Monitor
7870	55968	Dash 3000	12025	PICC/Conscious Sedation	DASH 3000	SBG06493555GA	07/01/2007	\$	5,172.76	\$	-	Auction	Monitor Project	Patient Monitor
7874	58034	Dash 3000	12240	General Surgery (6-5)	DASH 3000	SBG06504492GA	07/01/2007	\$	5,172.76	\$	-	Auction	Monitor Project	Patient Monitor
21651	73759	Physiological Monitor	15525	OSIS Satellite	DASH 3000	SD009348012GA	01/01/2012	\$	5,171.00	\$	-	Auction	Monitor Project	Patient Monitor
21652	73760	Physiological Monitor	15525	OSIS Satellite	DASH 3000	SC009348005GA	01/01/2012	\$	5,171.00	\$	-	Auction	Monitor Project	Patient Monitor

#34 Consent Item Comprehensive Care

**UNM Hospital Board of Trustees
Recommendation to HSC Committee
January 2020**

Approval

Ownership

Comprehensive Care
31330 Schoolcraft Rd
Livonia, MI 48150

Officers Information:

Chet Czaplicka, CEO & President

Source of Funds: UNM Hospital Operating Budget

Requested action: As required by Section 7 of the Board or Regents Policy Manual, consent item approval is requested. For the project described below, UNM Hospitals requests the following actions, with action requested upon requisite sequential approval and recommendation by any and all committees and bodies:

- Board of Trustee Finance Committee approval of and recommendations 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 recommendations of approval to the UNM Board of Regents.
- UNM Board of Regents approval.

Description: Request approval to amend the current contract with Comprehensive Care Services to extend the contract period for up to 3 years for Perfusion and ECMO services to our patients. The contract consists of providing two separate services; ECMO and Perfusion. ECMO (Extracorporeal Membrane Oxygenation) and is used to provide pulmonary and/or cardiac support for patients with significant cardiac or pulmonary failure that is unresponsive to conventional therapy. ECMO can be used for both adults and pediatrics. In these cases the ECMO device functions as or supports the functions of the heart and/or lungs. Patients with Hantavirus, cardiogenic shock, cardiac arrest, pulmonary embolism and Acute Respiratory Distress Syndrome are some of the typical patient populations needing this treatment. In calendar year 2019, 50 patients required ECMO services and consisted of 8,127 billed hours of services from Comprehensive Care Services. Our ECMO needs and services are growing and we predict at least 60 patients and upwards of 10,000 hours of service to be provided in calendar year 2020.

Perfusion is the process of delivering oxygenated blood to the tissues and organs of the body. During many cardiac surgeries it is necessary to temporarily suspend the function of the heart and lungs, requiring mechanical perfusion to the body. A perfusionist, is responsible for operating the cardiopulmonary bypass machine to maintain the patient's blood flow, as well as regulate the oxygen and carbon dioxide levels in the blood. In 2019, 86 patients were placed on



perfusion during cardiac surgery. In 2020, patients requiring perfusion are expected to increase to over 100.

Projected Annual Cost: \$2.5 Million

Projected Contract Cost: \$7.5 Million for an initial term of 3 years, may be extended annual upon mutual agreement by the parties

Process: Renegotiation with incumbent vendor

Termination Provision: Either party may terminate this agreement with 180 days written notice

Previous Contract(s): Incumbent vendor from first outsourcing RFP

Previous Term: 7 years

Previous Contract Amount: Total \$14,530,144.81, FY19 \$2,901,205.01

Impact on Operational Costs: Negotiations with the incumbent vendor were undertaken as part of the Operation Improvement Initiatives. The Hospital anticipates significant savings in the rates paid to the vendor. The program has grown over the past several years and continued growth is expected.

**#36 Board of Regents Approval Letter (3126 New
Hospital Tower 3170 New Parking Structure) rev 1**



CAPITAL PROJECT APPROVAL

UNM HOSPITALS – NEW HOSPITAL TOWER AND NEW PARKING STRUCTURE PROJECT COMMISSIONING SERVICES

JANUARY 24, 2020

RECOMMENDED ACTION:

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

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

PROJECT DESCRIPTION:

The independent Commissioning Authority (CxA) is charged with verifying major equipment and building components are operating as intended for the New Hospital Tower and the New Parking Structure.

RATIONALE:

Commissioning services are required to comply with LEED requirements and provides an independent confirmation that building components were installed, started up, and tested per the manufacturer's instructions. They also test the equipment in various scenarios to ensure backup systems and redundancies will operate as intended.

PURCHASING PROCESS:

Commissioning Services Agreement with WSP USA as related to the Hospital Tower Project, to include commissioning services for Pre-Construction Services, Garage, and Hospital Tower.
Procurement Method: NMSA 13-1-129, Procurement Under Existing Contracts.

FUNDING:

Total project construction budget not to exceed at \$1,662,000 from the FY20 Capital Initiatives Budget.

Board of Trustees Meeting Minutes 11 22 2019 final Ifw

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Mr. Terry Horn, Dr. Jennifer Phillips, Mr. Joseph Alarid, Dr. Tamra Mason, Mr. Erik Lujan, Dr. Raymond Loretto, Mrs. Christine Glidden, Mr. Nick Estes, and Mr. Del Archuleta	
Ex-Officio Members Present	Dr Paul Roth, Dr. Davin Quinn, Dr. Michael Richards, Mrs. Kate Becker, and Dr. Irene Agostini	
County Officials Present	Mr. Clay Campbell	
I. Call to Order	A quorum being established, Mr. Terry Horn, Chair, called the meeting to order at 9:06 AM	
II. Announcements	<p>Mrs. Kate Becker, UNM Hospitals CEO, and Mr. Terry Horn, UNMH BOT Chair, thanked Dr. Raymond Loretto, DVM, for his service on the UNMH Board of Trustees and presented him with a plaque. Dr. Loretto's membership expires on January 1, 2020. Members of the Board of Trustees and Ex-Officio Members acknowledged appreciation to Dr. Loretto. Dr. Loretto expressed a few words of remembrance as a Member of the Board. Dr. Paul Roth presented Dr. Loretto with <i>The Daily Practice of Compassion</i>, a book which memorializes the history of the University of New Mexico School of Medicine, Its People, and Its Mission</p> <p>Dr. Paul Roth discussed his announced retirement. President Garnett Stokes reported a national search will be conducted for Dr. Roth's replacement.</p>	
III. Adoption of Agenda	Mr. Terry Horn, Chair, requested a motion to approve the Agenda.	Mr. Joseph Alarid made a motion to adopt the agenda. Dr. Tamra Mason seconded the motion. Motion passed with no objections.
IV. Consent Approval	<p>Mrs. Bonnie White presented the below identified Consent Items as presented at the UNMH BOT Finance Committee.</p> <ul style="list-style-type: none"> • 5ACC Clinic Renovations - \$2,000,000 (document included in BoardBook) • UH-Main Lands West Curb and Gutter Improvements - \$626,000 (document in BoardBook) <p>Mr. Terry Horn, Chair, stated the UNMH BOT Finance Committee discussed/reviewed the two Consent Items in detail and recommend approval by the full Board of Trustees. Chair Horn requested a motion.</p>	Dr. Raymond Loretto made a motion to approve the two Consent Items as presented and discussed by Mrs. Bonnie White. Mr. Nick Estes seconded the motion. Motion passed with no objections.
V. Public Input	N/A	
VI. Approval of Minutes	Mr. Terry Horn, Chair, requested a motion to approve the September 27, 2019 UNMH Board of Trustees Meeting Minutes.	Mr. Del Archuleta made a motion to approve the September 27, 2019 UNMH Board of Trustees Meeting Minutes. Dr. Raymond Loretto seconded the motion. Motion passed unanimously.

VII. Mission Moment	Mrs. Kori Beech, Chief Ambulatory Officer, introduced Mrs. Leslie Dent, Kidney Transplant Services, who presented the Mission Moment. This month's Mission Moment was an email to UNMH CEO, Kate Becker, thanking the UNM Transplant and Urology Department (presentation included in BoardBook).	
VIII. Board Initiatives	<p>UNMH BOT Quality and Safety Committee Chair Nomination: Mr. Terry Horn, Chair, stated with Dr. Raymond Loretto's UNMH BOT term ending on January 1, 2020, he would like to nominate Mr. Erik Lujan as Chair of the UNMH BOT Quality and Safety Committee. Chair Horn requested a motion.</p> <p>Dr. Cheryl L. Willman, Director and CEO, UNM Comprehensive Cancer Center, presented <i>The University of New Mexico Comprehensive Cancer Center – A National Cancer Institute Designated Comprehensive Cancer Center – The Official Cancer Center of the State of New Mexico</i> (report in BoardBook)</p> <p>Retreat Planning: Mr. Terry Horn, Chair, reported that he has meet with Kate Becker and Eileen Sanchez regarding the upcoming Retreat, which will be a strategic retreat. Draft agenda included in BoardBook. Chair Horn requested Board Members review the draft agenda and send him comments. Mr. Horn also asked the UNMH BOT Committee Chairs to consider what would be beneficial/helpful. Topics will include, but are not limited to, where have we been – accomplishments for 2019, where are we now, and where are we going and why.</p> <p>Mrs. Chamiza Pacheco de Alas gave an overview of Legislative priorities and logistics.</p>	Mr. Nick Estes made a motion to approve the nomination of Mr. Erik Lujan as Chair of the UNM BOT Quality and Safety Committee. Mr. Joseph Alarid seconded the motion. Motion passed unanimously.
IX. Administrative Reports	<p>HSC Committee Update (report in BoardBook): Dr. Michael Richards reported inpatient discharges are up 1% compared to prior year (up 2% at UNMH / down 5% at SRMC). Health System adult length of stay (without obstetrics) is up 1% compared to prior year (up 2% at UNMH / down 14% at SRMC). Dr. Richards indicated that additional graphs will be incorporated into the financial reports for historical data.</p> <p>UNM Hospitals CEO Update (report in BoardBook):</p> <p>UNM Hospitals CMO Update: Dr. Agostini reported the team is working on multi-disciplinary rounds. Two new physicians arriving in February.</p>	
X. Committee Reports	Dr. Raymond Loretto reported that Dr. David Pitcher gave a presentation to the UNMH BOT Quality and Safety Committee outlining importance of the roles and processes undertaken in order to acquire and obtain qualified people. The presentation was a good parameter of how we control/provide care and safety to our patients and an understanding of the significant role the committee plays.	

	<p>Mr. Terry Horn gave a brief overview of the UNMH BOT Finance Committee Meeting. Chair Horn stated that Mr. Bonnie White presented financial training metrics and indicated if other Members are interested in the training that Mrs. White can provide. The committee also reviewed various insurance coverages, the Mercer project progress and vacancies.</p> <p>Mr. Terry Horn stated the Audit and Compliance Committee received a presentation by KPMG of the audit findings.</p> <p>Mr. Erik Lujan indicated the UNMH Native American Services Committee discussed the APCG Tribal Consultation Meeting on October 24th. They were also given an update on the listening sessions and held a discussion of the Urban Native Americans that do not qualify for insurance, conversation held on the homeless and anticipate more in-depth conversations in the future</p> <p>Mrs. Christine Glidden stated the Community Engagement Committee postponed their October meeting.</p>	
<p>XI. Other Business</p>	<p>Mrs. Bonnie White presented the October financials (report in BoardBook)</p>	
<p>XII. Closed Session</p>	<p>At 11:43 AM Mr. Terry Horn, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p>	<p>Dr. Raymond Loretto made a motion to close the Open Session and move to the Closed Session. Mrs. Christine Glidden seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mr. Joseph Alarid -- Yes Mrs. Christine Glidden – Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Dr. Tamra Mason – Yes Mr. Del Archuleta – Yes Mr. Nick Estes – Yes</p>
<p>X. Certification</p>	<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>Vote to Re-Open Meeting</p>	<p>At 11:53 AM Mr. Terry Horn, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p> <p>Dr. Michael Chicarelli presented a Risk update (report in BoardBook)</p> <p>Mrs. Kate Becker presented a Huron Update of the overall financial tracking, actual (to date) and projected detail (presentation in BoardBook)</p> <p>Mr. Terry Horn, Chair, requested the Board accept receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board. In addition, for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session.</p> <ul style="list-style-type: none"> ❖ UNMH Community Engagement Committee 10/11/19 Meeting Minutes ❖ Medical Executive Committee 10/16/19 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 09/20/19 and 11/18/19 Meeting Minutes ❖ UNMH BOT Finance Committee 09/25/19 Meeting Minutes ❖ UNMH BOT Native American Services Committee 09/25/19 and 10/23/19 Meeting Minutes 	<p>Mr. Nick Estes made a motion to close the Closed Session and return to the Open Session. Dr. Raymond Loretto seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mr. Joseph Alarid -- Yes Mrs. Christine Glidden – Yes Dr. Raymond Loretto – Yes Mr. Erik Lujan - Yes Dr. Tamra Mason – Yes Mr. Del Archuleta – Yes Mr. Nick Estes – Yes</p> <p>The Board of Trustees acknowledged receipt of the following Meeting Minutes:</p> <ul style="list-style-type: none"> ❖ UNMH Community Engagement Committee 10/11/19 Meeting Minutes ❖ Medical Executive Committee 10/16/19 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 09/20/19 and 11/18/19 Meeting Minutes ❖ UNMH BOT Finance Committee 09/25/19 Meeting Minutes ❖ UNMH BOT Native American Services Committee 09/25/19 and 10/23/19 Meeting Minutes
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	<p>Mr. Terry Horn, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:</p> <p>Initial Appointments (Alonso-Marsden through Whippo)</p> <p>Initial Appointments per Discussion at the UNMH BOT Quality and Safety Committee (Khader-Eliyas and Lam)</p> <p>Reappointments (Acheson through Zhang)</p> <p>Reappointments per Discussion at the UNMH BOT Quality and Safety Committee (Fields, Huffine, and Rustagi)</p> <p>Expansion of Privileges, Changes in Department, Change in Staff Status (Brown through Marsh), Level I FPPE (Birg through Wojtczak), and Level II FPPE (Brown and Marinaro)</p>	<p>Dr. Raymond Loretto made a motion to approve Initial Appointments (Alonso-Marsden through Whippo) as presented in the Closed Session. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.</p> <p>Dr. Raymond Loretto made a motion to approve Initial Appointments per Discussion at the UNMH BOT Quality and Safety Committee (Khader-Eliyas and Lam) as presented in the Closed Session. Mr. Joseph Alarid seconded the motion. The motion passed unanimously.</p> <p>Dr. Raymond Loretto made a motion to approve Reappointments (Acheson through Zhang) as presented in the Closed Session. Mr. Del Archuleta seconded the motion. The motion passed unanimously.</p> <p>Dr. Raymond Loretto made a motion to approve Reappointments per Discussion at the UNMH BOT Quality and Safety Committee (Fields, Huffine, and Rustagi) as presented in the Closed Session. Mrs. Christine Glidden seconded the motion. The motion passed unanimously.</p> <p>Dr. Raymond Loretto made a motion to approve Expansion of Privileges, Changes in Department, Change in Staff Status (Brown through Marsh), Level I FPPE (Birg through Wojtczak), and Level II FPPE (Brown and Marinaro) as presented in the Closed Session. Mr. Del Archuleta seconded the motion. The motion passed unanimously.</p>
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, January 31, 2020 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Mr. Terry Horn, Chair, requested a motion to adjourn the meeting.	Mr. Del Archuleta made a motion to adjourn the meeting. Dr. Tamra Mason seconded the motion. The motion passed unanimously. The meeting was adjourned at 12:29 PM.

Mr. Joseph Alarid, Secretary
UNM Hospitals Board of Trustees

Our Mission Moment January 31 2020 Trauma Unit 3 South

Our Mission Moment:

Why We Are? The Best in Patient Care

- Brent Lomako, Executive Director
Adult Inpatient Medical Progressive Care Services

Gratitude To Trauma Unit 3 South

- It is our pleasure to write to you to express our gratitude to your fine staff in Trauma Unit 3 South. On November 11, 2019, our 27 year old son had an unfortunate accident at work which ended with his foot getting stuck in an industrial shredder. He had to have about 1/3 of his left foot amputated. This is catastrophic for any person as you can imagine.
- To complicate this horrific accident, we were informed about it while we were in the ER at Presbyterian Hospital because my 91 year old mother had fallen and subsequently broke her hip. So, I am sitting in an ER room helping my mother get a catheter in when I receive the phone call from a social worker at UNMH. I only relay this to you because that last week has been one of the most trying times for me, my husband and our family. So off we run to UNMH.

The Moment

- We received extraordinary help and service from all of the staff on 3 South. From the lovely woman that cleaned his room every day to the helpful women that took his meal orders on the phone, to the techs that brought him his meals and took his vitals and changed his sheets, to the incredible nurses that day in and out, no matter how exhausted they were, continually did everything they could think of to help make our son, my husband and I as comfortable as possible.
- Every one of them, and their names are too many to list and remember, but without exception were as compassionate and helpful as possible. My husband and I took turns sleeping in his room. The staff made sure we were as comfortable as possible. This trauma unit is exceptional and I commend you and your leadership team for promoting this environment.

Special Thanks To The Team

- We want to thank each person with whom our son, my husband and I came in contact. We could not let this opportunity escape us and take the time to write to you.



UNMH Board Presentation-Philanthropic Feasibility Study Final Report - FINAL

UNM Hospitals Pre-Campaign, Philanthropic Feasibility Study Adult Hospital Tower



THE UNIVERSITY OF
NEW MEXICO
FOUNDATION

Anndee Wright Brown
Sr. Director of Development
UNM Hospitals

anndee.wrightbrown@unmfund.org

The Why

Because of the scope of the expansion of the adult hospital, UNMH and UNM Foundation engaged in a pre-campaign philanthropic feasibility and planning study with CCS Fundraising Consultants to test for capacity and readiness to engage in a major fundraising capital campaign.

The How

- Created Task Force
 - 15 members including
 - Hospital leadership
 - Physician leadership
 - UNM leadership
 - Current donors, community leaders & friends
- Interviews
 - 77 interview invitations extended
 - Conducted 31 strategic conversations conducted – 14 in person, 17 via phone

Key Findings

- Must improve case for philanthropic support
 - What will the new tower accomplish
 - How will donor gifts be used
- Lack of branding and messaging for UNMH
- Community lacks philanthropic knowledge and culture of giving pertaining to UNMH
- High response rate of support from task force members and interviewees and positive feedback on UNMH leadership
- Additional resources are necessary for a successful campaign

Suggested Timeline and Goals

Phase 1: 2020-2021 \$5 Million

secure a total of \$5Mil in private support

- 2020: a year of planning - case development, organizing, recruitment, early fundraising
- 2021: a year of growth - a focus on major gift efforts to reach \$5Mil

Phase 2: 2022-2024 \$15 Million

- focus on continued major gift efforts to secure an additional \$5Mil per year, over three years, for an additional \$15Mil
- Phase 1 must be successful to proceed with Phase 2

Campaign Priorities

- Develop and refine compelling case for support
- Enhanced philanthropic marketing and communication.
- Active engagement of UNM, UNMH and UNMH Foundation leadership
- Enhance untapped opportunities with volunteers, patients/families and corporate support
- Expand resources to support focused campaign efforts and ongoing philanthropy for the hospital - major gift solicitations, community outreach and education, annual giving pipeline

Questions/Comments

A grayscale background image of a mountain range with snow-capped peaks and a valley.

Thank you.

IPCD_BoT_1.31.20_FINAL Dr Brett and Sharmin

Infection Prevention and Control at UNM Hospitals

Meghan Brett, MD
UNMH Hospital Epidemiologist

Shamima Sharmin, MBBS, MSc, MPH
Interim Manager, Infection Prevention and Control

Road Map

- Infection Control Plan
- Successes
- Works in progress
- What's in store for 2020

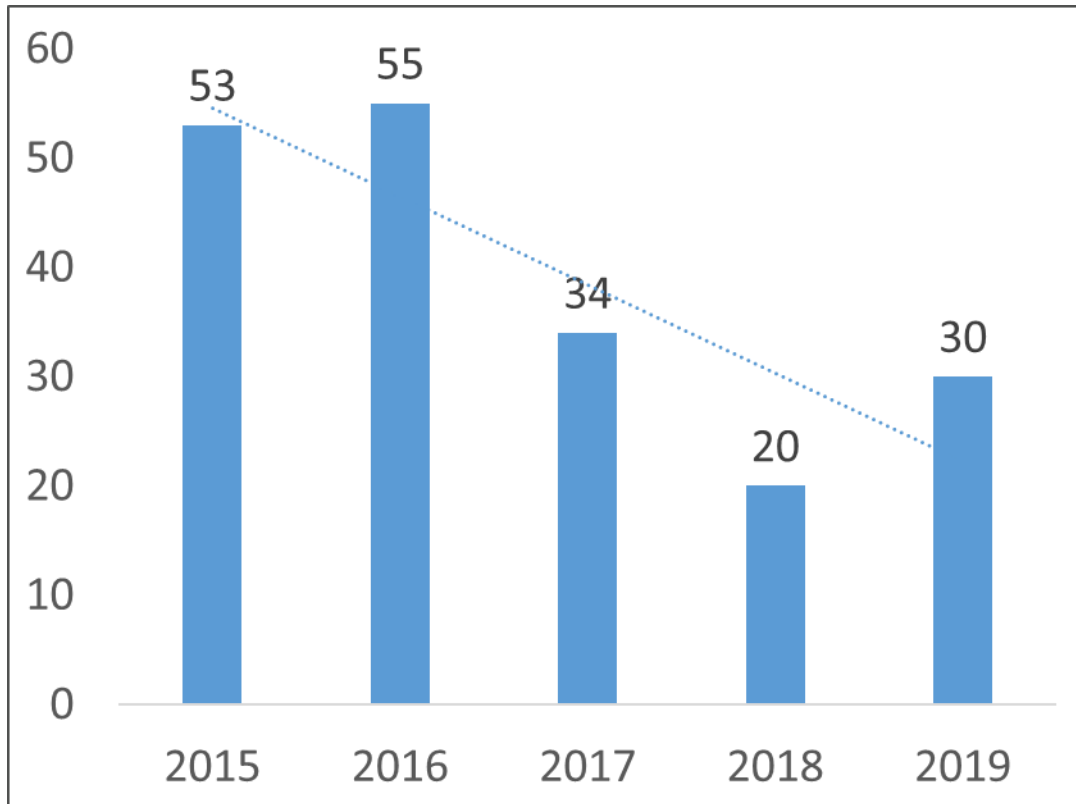
Infection Control Plan

Rank	Infection Control Priorities for 2020
1	Hand Hygiene
2	Hospital Onset (HO) <i>C. difficile</i>
3	Antibiotic Resistant Organisms (CRE, VRE, ESBL/MDRO, MRSA)
4	Catheter-Associated Urinary Tract Infection (CAUTI)
5	Surgical Site Infection (SSI)
6	Cleaning & Disinfection of Patient Care Areas/Equipment
7	Isolation & Personal Protective Equipment Practices
8	High-level disinfection
9	Central Line-Associated Blood Stream Infection (CLABSIs)
10	Ventilator Associated Event/Pneumonia (VAE/VAP)
11	Blood and Body Fluid + Communicable Disease Exposures

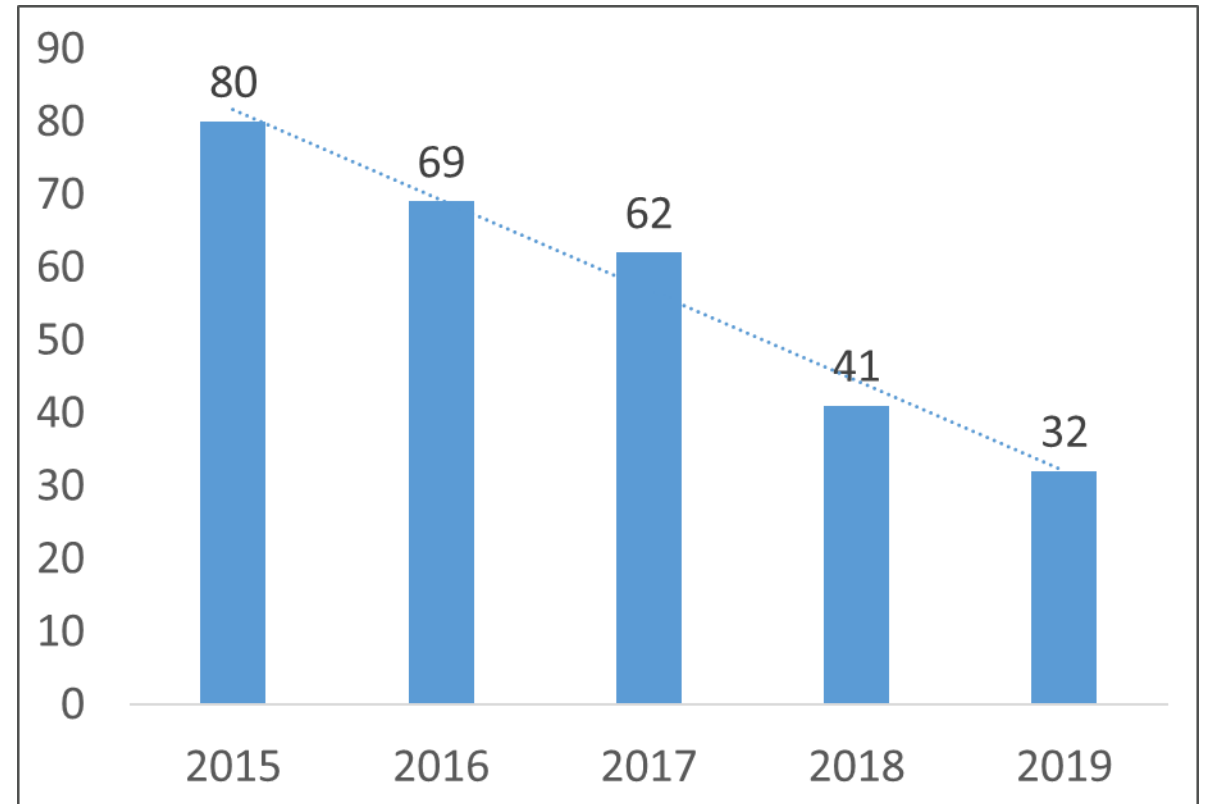
Successes

Central Line and Urinary Catheter Infection Trends at UNMH, 2015 - 2019

CLABSIs



CAUTIs



Highly Infectious Diseases (HID) Preparedness

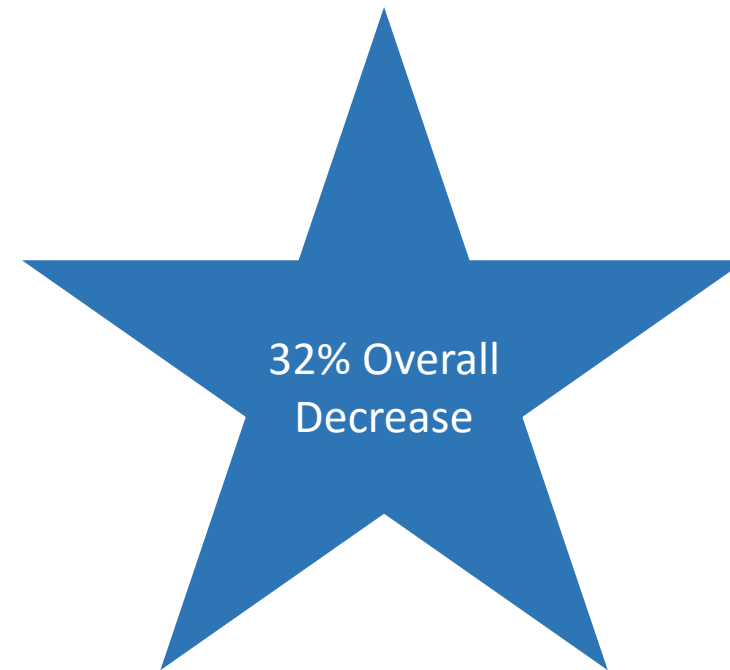
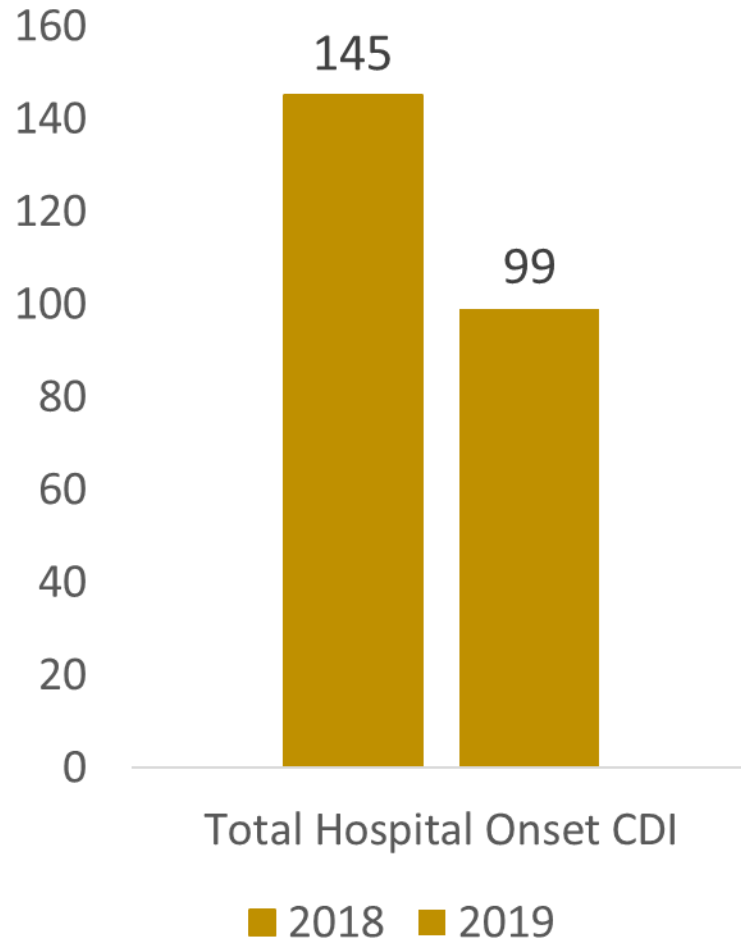
- UNMH continues to be a regional assessment hospital for potential HID patients
- Focus has changed from only Ebola to include more highly infectious diseases
- MICU now has an HID team!
 - Education and hands on scenario based trainings occur every six months
- UNMH Infection Control co-chairs the ARCH-P HID Regional Subcommittee with Presbyterian Infection Control

Other Successes

- High level disinfection – removal of Cidex
- Improved data management and automation of processes for reporting

Works in Progress

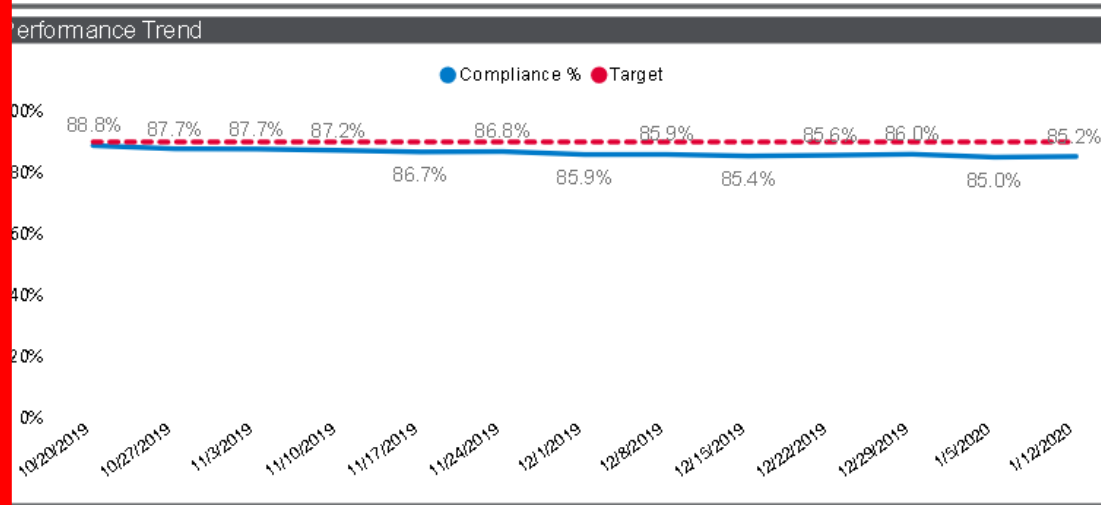
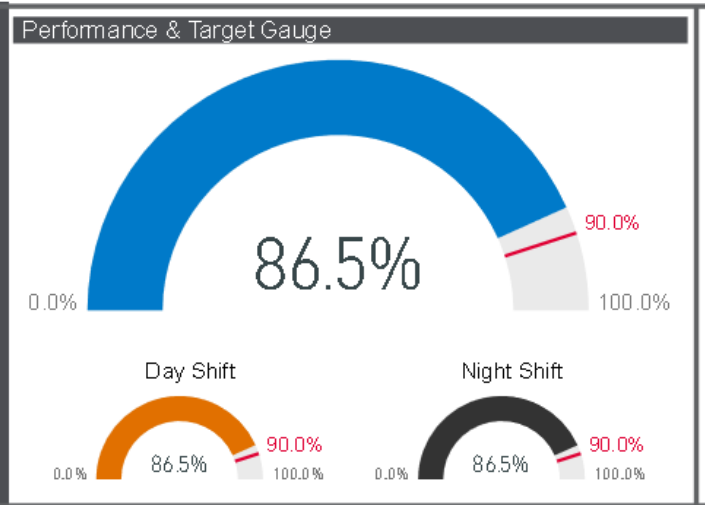
C. Diff Comparison 2018 vs 2019





Timeframe: 10/20/2019 - 1/17/2020 | Location: All | Department: All | Position: All | Employee: All | Shift: Day Night

- LOCATION DETAILS
- POSITION & EMPLOYEE
- DEPT & EMPLOYEE
- POSITION SCORE
- DEPARTMENT SCORE
- RANKINGS
- DISPENSER EVENTS
- HELP & NAVIGATION



Event Details

- Total Events: 5,606,555
- Employee Events: 1,409,204
- Compliant Events: 1,219,055
- Non-Compliant Ev...: 190,149

Performance by Position & Employee

Position	Total	Events
RN Inpt III	89.7%	470,277
Tech Patient Care	81.5%	227,103
RN Inpt IV	91.0%	138,524
RN Inpt II	86.7%	129,080
Housekeeper	65.9%	43,502
Supv RN Inpt IV	88.6%	39,259
Nurse Intern	90.8%	29,613
Resident	87.3%	23,612
RN Inpt V	91.5%	18,498
PHLEBOTOMIST	90.9%	16,537
Tech Patient Care - CP	83.6%	15,248
Total	86.5%	1,409,204

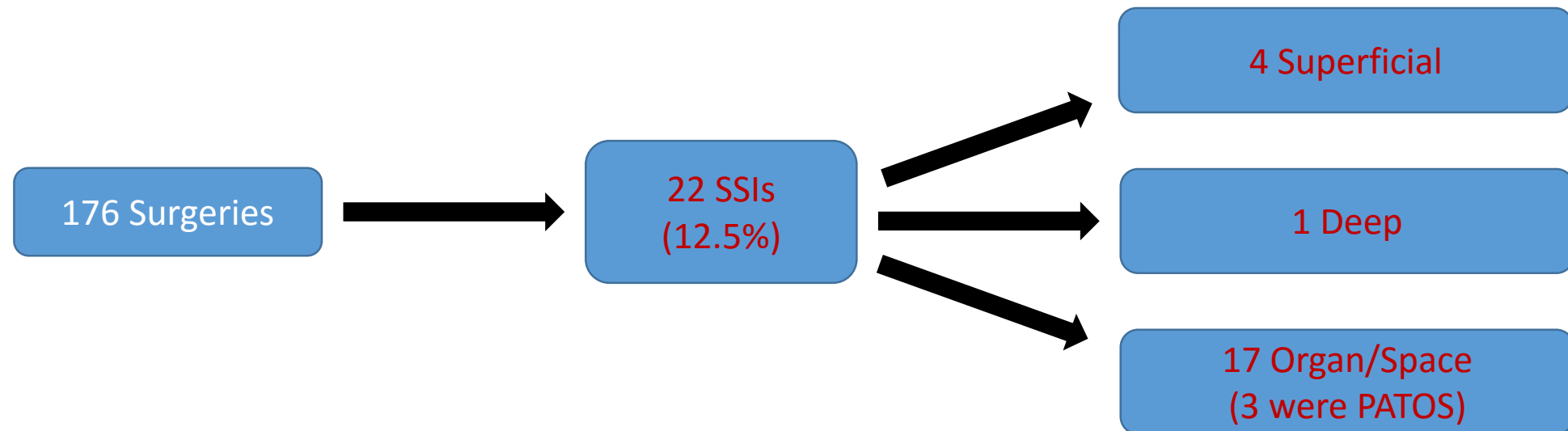
Performance by Department & Employee

Department	Total	Events
General Pediatrics Unit	92.0%	98,532
Surgical Specialty Unit (4-S)	87.7%	84,650
Gen Med/SAC (4-W)	81.8%	81,365
Neuroscience	69.2%	75,194
Orthopedics (3-S)	92.1%	68,486
General Medicine (5-W)	86.9%	61,716
Coronary Care Subacute	92.0%	57,262
General Surgery (6-S)	92.4%	56,029
Med/Surg Subacute (4-E)	91.5%	51,996
Critical Care Admin	90.2%	51,414
RN Residency Program	88.1%	46,791
Total	86.5%	1,409,204

Cleaning, Disinfection, and Sterilization

- Handling and transport of contaminated equipment
 - Standardizing inpatient/outpatient processes
- Cleaning of patient care equipment and the environment
- Storage and labeling of clean and dirty equipment

Colorectal Surgery SSI Rates, Jan – Nov 2019



What's in Store for 2020?

- Reduce healthcare associated infections via multidisciplinary work group efforts
- Improve surveillance and response related to antibiotic resistant organisms
- Reduce communicable infection exposures and streamline process for healthcare workers & medical staff
- Drive processes that reduce infections no matter the pathogen
 - Address patients with infectious syndromes
 - Hand hygiene
 - Cleaning/disinfection of patient care areas

UNM Board of Trustees Presentation 1_28_2020_FINAL Bernalillo County Report



DEPARTMENT OF
B E H A V I O R A L
H E A L T H
S E R V I C E S

The Bernalillo County Behavioral Health Initiative

Presentation to UNMH Board of Trustees
January 31, 2020

2014 Ballot Question

Are you in favor of the Bernalillo County Commission establishing a one-eighth percent gross receipts tax to be used for the purpose of providing more mental and behavioral health services for adults and children in the Albuquerque and Bernalillo County area, to provide a safety net system that develops continuum of care not otherwise funded in New Mexico?



Collaborations with UNMH

- Crisis and Support Services on CARE Campus
- Transition Planning-Resource Reentry Program
- Community Connections
- ACEs Programs



Crisis and Support Services on CARE Campus

- Expand existing programs to meet gaps in the crisis continuum and to further develop crisis triage services in Bernalillo County.
 - MOTU Clinic
 - Crisis Stabilization Unit
 - Milagro Program
 - \$20M MOU for CTC and Adult Psychiatric



Transition Planning Resource Re-entry Program



- The Resource Re-entry Center (RRC) is the first stop for individuals released from the Metropolitan Detention Center as they reintegrate into the community.
- Transition Planners work with inmates at the jail.
- Once inmates are released to the RRC, community health workers assist these individuals to carry out their transition plans and connect them to services.



Community Connections

- Re-entry and Frequent Utilizer Supportive Housing provides intensive case management linked with scattered site housing to a target population of homeless or precariously housed persons with mental illness or co-occurring disorders.
- The program provides high quality intensive wrap-around services and housing subsidies to support clients.



ACEs Programs

- ACEs providers support at risk children and their families across the full continuum of services including primary prevention, identification, early intervention, support and treatment, harm reduction, outreach, and services in children's homes and within the community.
- Target Population: youth aged zero through five and school-aged youth up to age 18 at risk for experiencing adverse childhood experiences.
 - UNM YCHC
 - UNM OCH

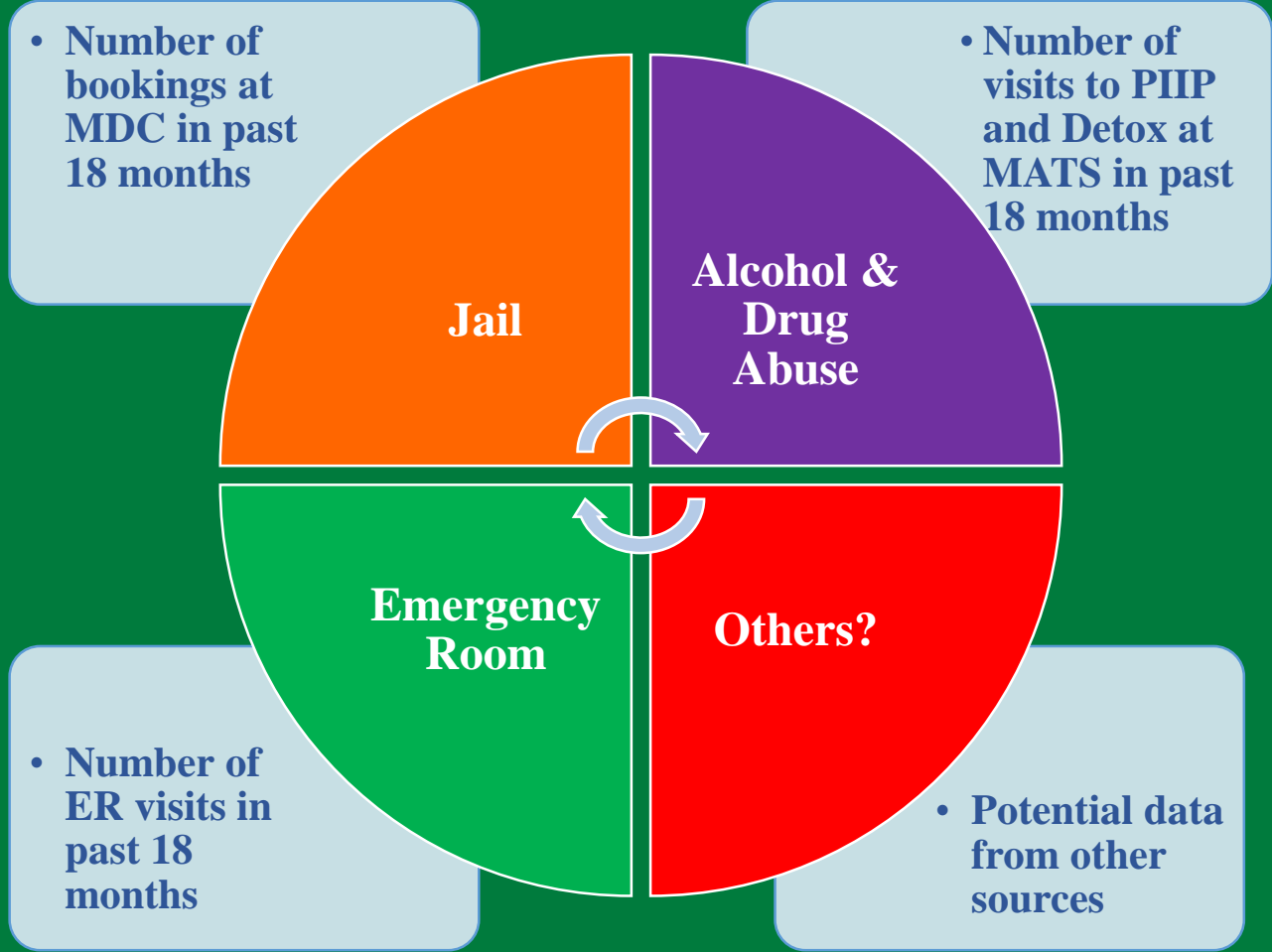


DBHS Frequent Utilizer Study

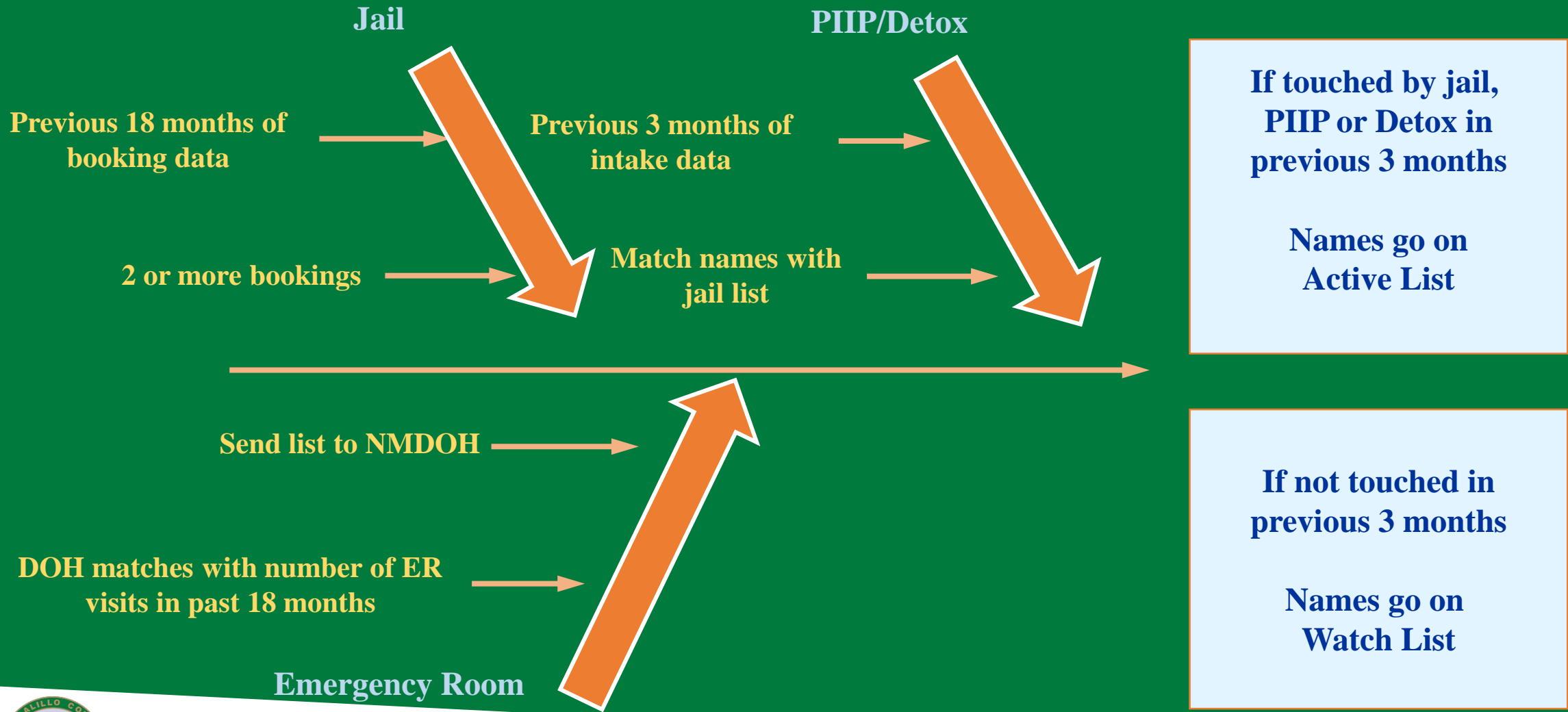
- Created to identify frequent clients of Bernalillo County services, specifically the Metropolitan Detention Center (MDC), the County's Public Inebriate Intervention Program (PIIP), its Social Model Detox and area hospital systems.
- April 2019-January 2020
- Consistently identified 230 – 250 individuals each month who had at least 2 bookings in MDC and used PIIP and Detox.
- County now able to offer more targeted services to these clients



The Cycle of Services



Touch Points



Active List

Number	DOB	Detox	PIIP	Bookings	ED Visits	PAC18 (PSU)	MI/S	Score 3	3 mo MDC	Released	In custody	3 mo Dtx	3DtxDate	3 mo PIIP	3PIIPDate	3 mo touch	Risk Grp	TP	TP Date
1	5/24/1955	1	67	6	217	Yes	Yes	397	Yes	1/1/1900	Yes	No	1/17/2018	Yes	4/19/2019	Yes	7		
2	6/22/1987	1	9	3	166	Yes	No	285.5	Yes	5/24/2019		No	12/14/2018	Yes	4/2/2019	Yes	5		
3	7/24/1967	3	160	7	96	Yes	No	266	Yes	3/3/2019		No	3/8/2018	Yes	5/30/2019	Yes	7		
4	9/3/1968	1	432	2		Yes		246	Yes	5/5/2019		No	1/11/2016	Yes	5/31/2019	Yes	7		
5	3/28/1979	0	25	5	126	Yes	No	236.5	No	6/4/2019		No	10/7/2017	Yes	4/2/2019	Yes	7		
6	7/7/1961	2	7	6	122	Yes	Yes	225.5	Yes	1/1/1900	Yes	No	5/25/2018	No	2/17/2019	Yes	5	Yes	2/21/2019
7	3/3/1973	0	17	2	120	Yes	No	217.5	No	1/18/2019		No	11/11/2017	Yes	5/1/2019	Yes			
8	11/13/1965	3	9	4	110	Yes	No	205.5	Yes	3/29/2019		No	2/25/2019	No	12/13/2018	Yes	3		
9	7/8/1964	1	147	4	54	Yes	No	188.5	No	8/14/2018		Yes	3/15/2019	Yes	5/9/2019	Yes			
10	10/4/1986	6	19	4	92	Yes	No	186.5	Yes	1/1/1900	Yes	Yes	5/31/2019	Yes	5/30/2019	Yes	7		

Watch List

Number	DOB	Detox	PIIP	Bookings	ED Visits	PAC18 (PSU)	MI/S	Score 3	3 mo MDC	Released	In custody	3 mo Dtx	3DtxDate	3 mo PIIP	3PIIPDate	3 mo touch	Risk Grp	TP	TP Date
1	5/14/1984	8	4	4	33	Yes	No	92.5	No	9/2/2018		No	1/9/2019	No	12/16/2018	No			
2	2/14/1972	3	0	2	26	Yes	Yes	71	No	1/25/2019		No	2/1/2019	No	8/27/2018	No			
3	12/2/1969	3	119	3		No		68.5	No	10/5/2018		No	10/6/2018	No	10/27/2018	No			
4	11/1/1965	2	2	3	16	Yes	No	58	No	12/19/2018		No	1/19/2019	No	1/10/2019	No			
5	12/15/1991	3	2	3	13	Yes	Yes	54.5	No	11/13/2018		No	11/22/2018	No	1/5/2019	No			
6	11/4/1970	2	0	4	13	Yes	Yes	54.5	No	1/16/2019		No	1/22/2019	No	7/6/2017	No			
7	10/8/1993	1	0	3	12	Yes	No	50	No	1/22/2019		No	4/18/2018	No		No			
8	11/19/1992	1	0	5	9	Yes	Yes	49.5	No	1/9/2019		No	7/14/2018	No		No			
9	8/15/1974	6	2	3	7	Yes	No	48.5	No	1/28/2019		No	1/11/2019	No	11/24/2018	No			
10	6/25/1986	1	1	4	8	Yes	Yes	46.5	No	8/8/2018		No	1/18/2019	No	1/17/2019	No			



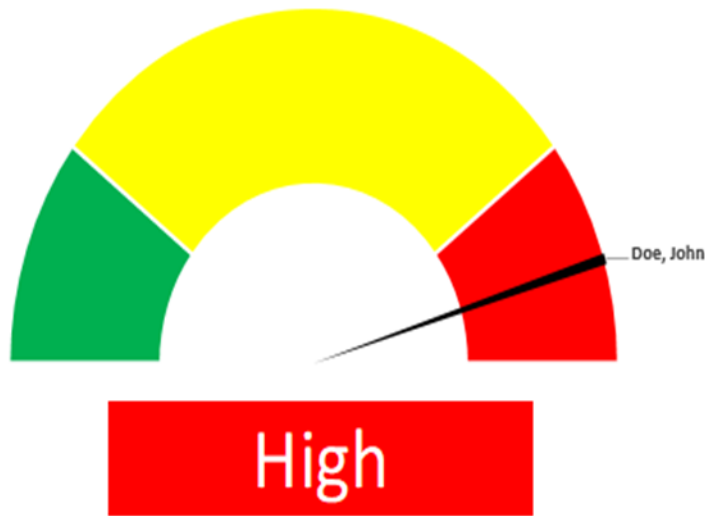
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Name:

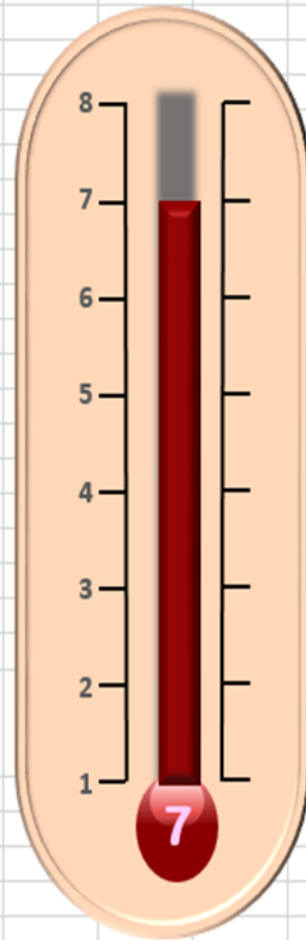
Doe, John

Risk Group

Frequent Utilizer
Severity



Based on number of bookings, visits to PIIP, visits to Detox and ED data (if available) over previous 18



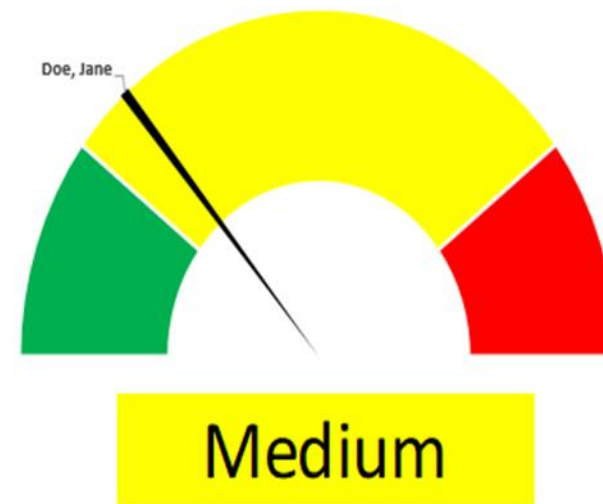
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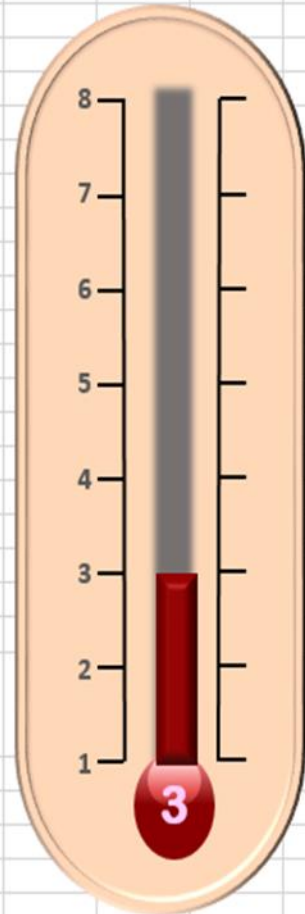
Doe, Jane

Risk Group

Frequent Utilizer
Severity



Based on number of bookings, visits to PIIP, visits to Detox and ED data (if available) over previous 18



Validation of tool

We created the initial list using just MDC, Detox and PIIP data. We then looked at PSU and Intake Screener scores

- In November 2019, 81% of the frequent utilizers were in the PAC unit in the past 18 months, and 30% were identified as having mental illness or as being suicidal
- Intake screener scores were performed by MDC on 219 of the 240 people on the list (91%). Of those, 51% had Risk scores of 6 to 8
- Between September 1 and November 30, 2019
 - 80% have been in custody at MDC
 - 25% were currently in custody at MDC
 - 43% have visited PIIP
 - 28% have been to Detox
 - 11% have touched Detox, PIIP and MDC



Estimated (conservative) Costs to City Hospitals

Hospital	ED Visits (July 1, 2018 – December 31, 2019)	Estimated Cost
UNMH (Main)	1802*	\$3,786,002
Presbyterian (Main)	1144*	\$2,403,544
Lovelace (Main)	634*	\$1,332,034
Total ED Visits	5231**	\$10,990,331***

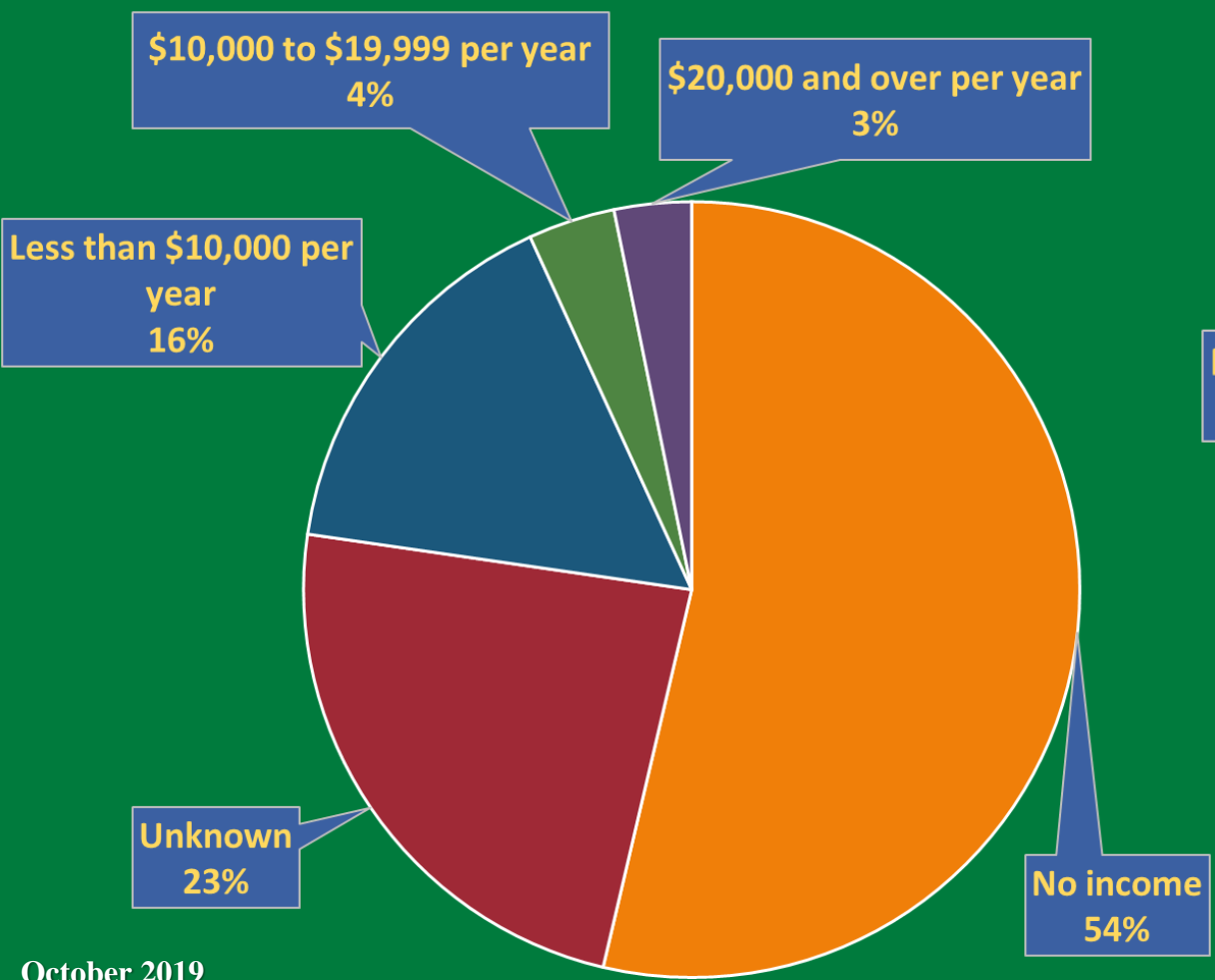
**These are cost savings to only UNMH main, Presbyterian Main, and Lovelace Main (City-based)*

***All ED visits in state – Veterans Hospital not included in state data*

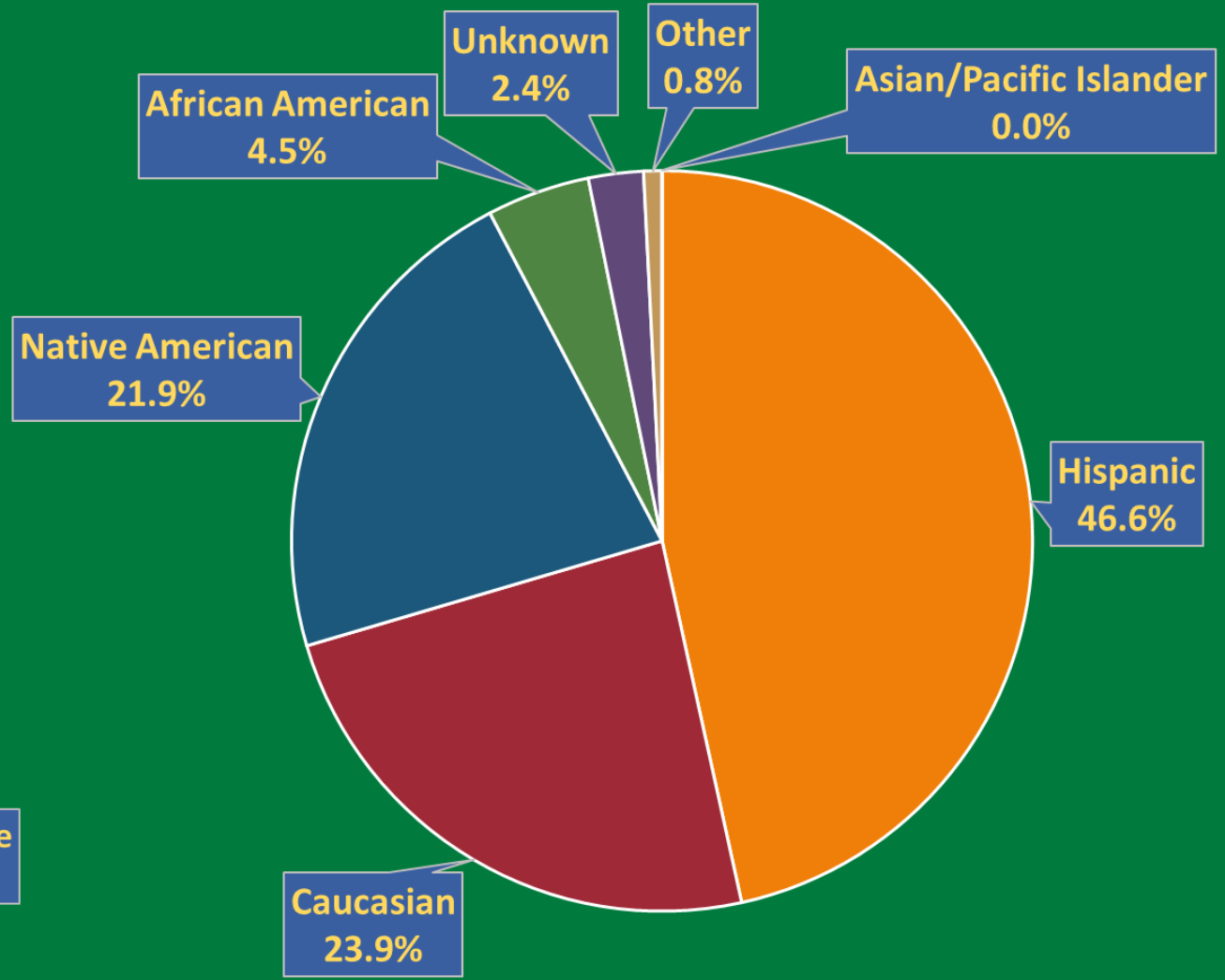
****Estimated costs determined using multiplier of \$2,101 per visit as estimated by the Institute for Social Research at UNM*



Income



Ethnic Makeup



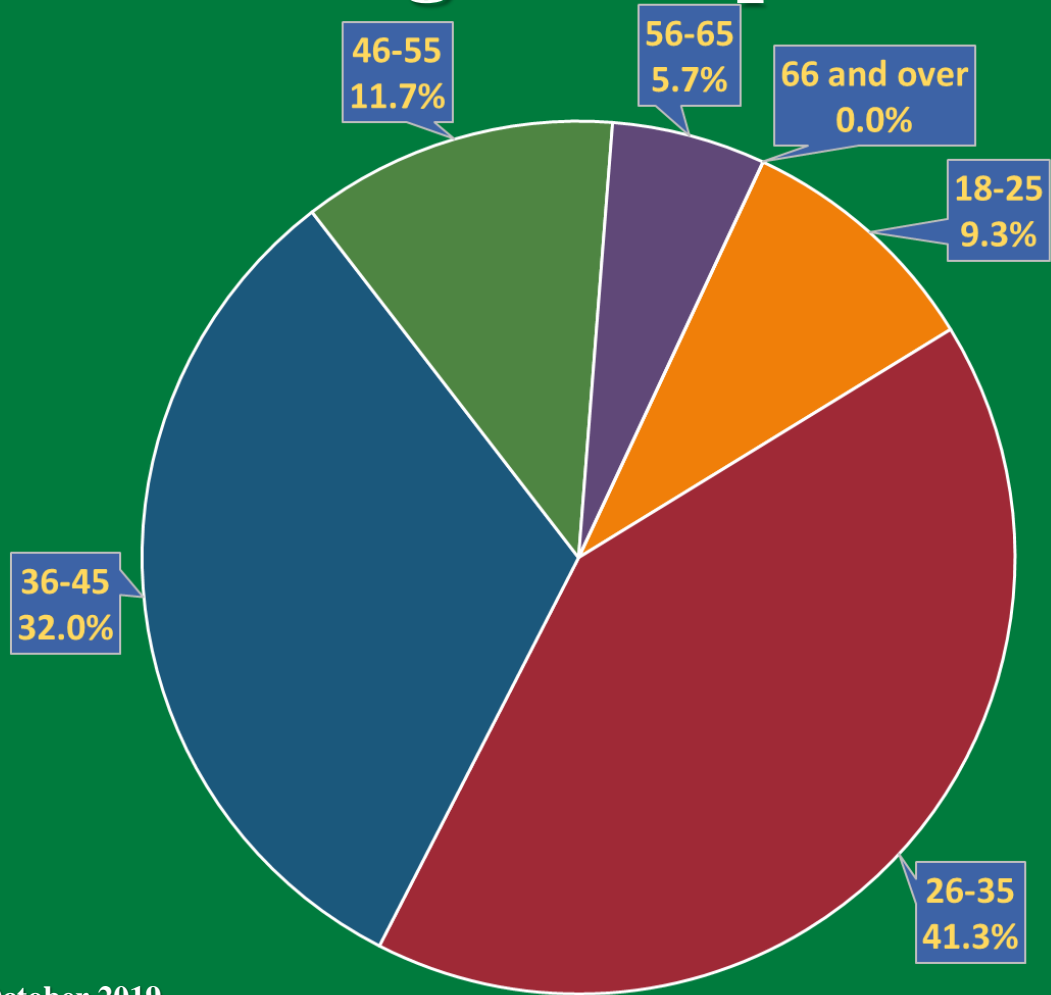
October 2019

October 2019

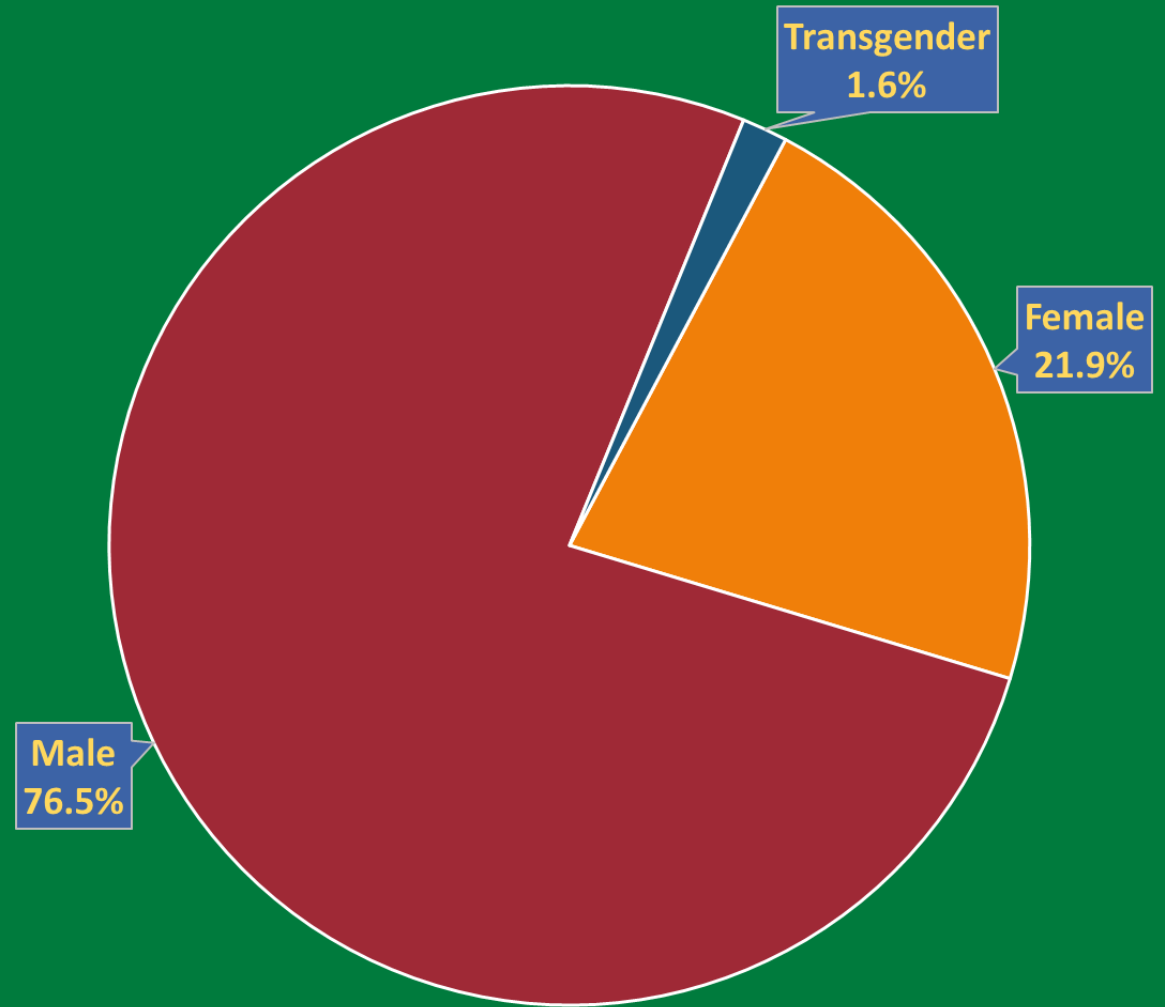


DEPARTMENT OF
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Age Group



Gender



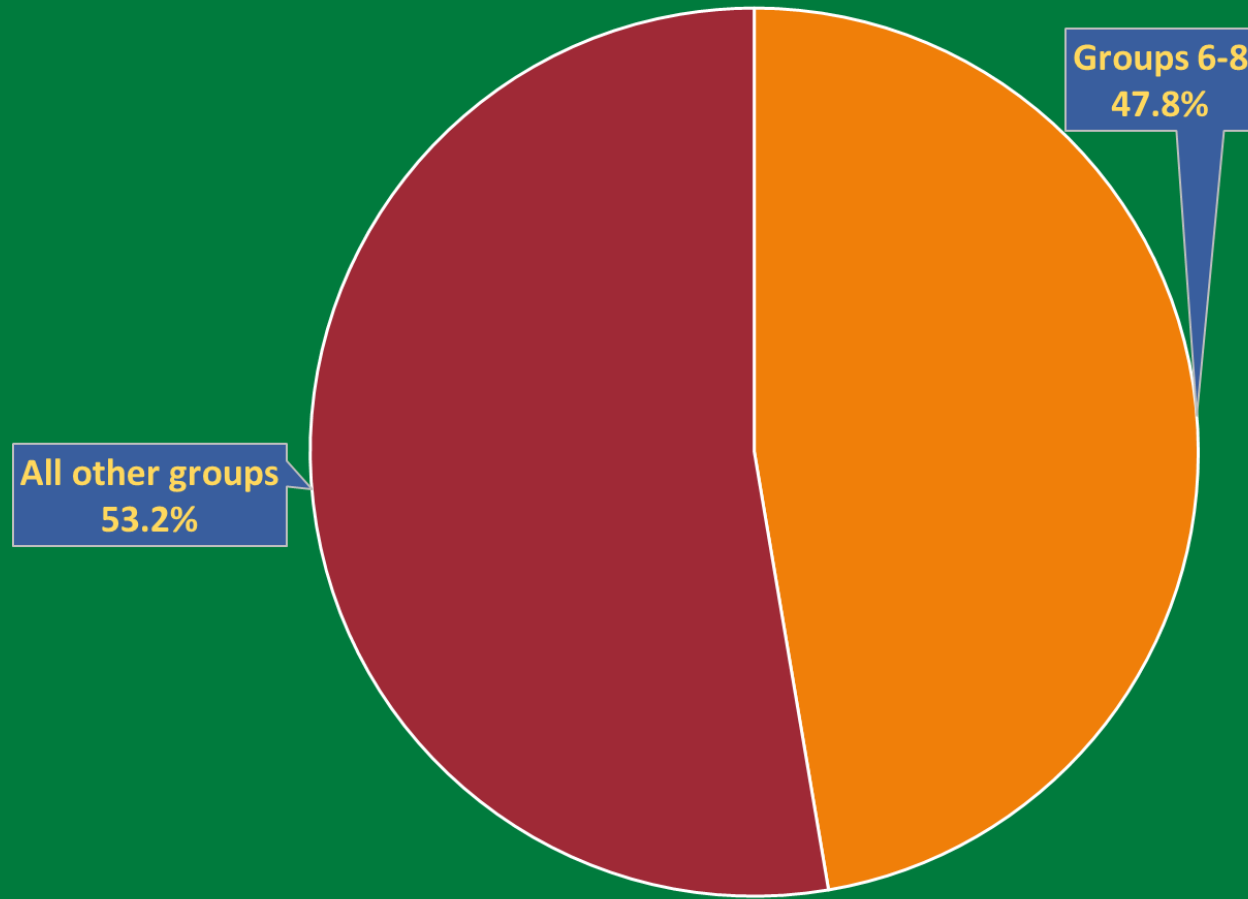
October 2019



DEPARTMENT OF
BEHAVIORAL
HEALTH
SERVICES

October 2019

Risk Groups



We currently share the list with the RRC and with our CARE programs.



We are exploring other opportunities to use list to help clients



Going Forward

- We will continue to get emergency room touches from the Department of Health to include in our index
- We will also explore other uses of the list to help clients.
- Bernalillo County and UNM Health Sciences Center continue to work together to address the gaps in the behavioral health crisis continuum – Crisis Triage Center; an Adult Psychiatric Replacement Hospital
- Other



Questions?



Department of Behavioral Health Services

www.bernco.gov/DBHS

Margarita Chavez-Sanchez
margchavez@bernco.gov



DEPARTMENT OF
**BEHAVIORAL
HEALTH
SERVICES**

Purchasing Process Overview BOT Jan 2020 BWhite



UNM HOSPITALS
PURCHASING PROCESS OVERVIEW

Purchasing Process

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

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

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

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

Purchasing Processes

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

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

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

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

Invitation for Bid

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

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

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

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

Award is made to the lowest bidder who meets the specifications

Request for Proposal

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

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

RFP evaluation may include demos and reference checks

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

Group Purchasing Organizations/Cooperative Procurement

NM Procurement Code allows use of group purchasing organizations

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

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

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

UNMH is a member of the following group purchasing organizations:

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

Group Purchasing/Cooperative Procurement

Vizient

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

Procurement Under Existing Contracts

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

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

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

Sole Source/Single Source

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

Examples of UNMH's use of Sole Source

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

Purchases may qualify for Sole Source procurement if

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

Sole Source/Single Source

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

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

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

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

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

Procurement from other Governmental Entity

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

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

Exemptions

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

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

Health Care Exemption –

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

Emergency Purchases

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

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

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

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

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

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

Penalties for Violating Procurement Code

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

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

UNMH Board of Trustees 1.31.20 Roth Report

UNM Hospital Board of Trustees
Monthly Report
January 31, 2020

We are pleased to announce that the **UNM Clinical & Translational Science Center** (CTSC) will be re-funded for another five years, until 2025. UNM has won renewal of its \$22 million Clinical and Translational Science Award from the National Institutes of Health, plus supplemental opportunities worth more than \$20 million and pilot funding of \$5 million. The CTSC's vision is to catalyze scientific discovery into improved health by enabling high-quality health care research locally, regionally and nationally. Since 2010, the CTSC has grown the UNM Health Sciences research mission, mentored junior faculty to success, developed new educational and training programs and launched community collaborations throughout New Mexico.

We are rounding the corner to the close of week two of our **30-day Legislative session**. We are following some bills specific to the University Hospital, particularly around behavioral health issues, and working closely with Kate on these issues. The House Appropriations and Finance Committee and Senate Finance Committee both met this week on higher education. On UNM Day, our BA/MD students did a wonderful job promoting the N.M. Health Equity scholarships and BA/MD program. Pharmacy students were there to witness the recognition of one of their own, Miel Johnson, an outstanding young woman, on the floor of the House and Senate. They also provided screenings to many people in the Roundhouse. Similarly, Dr. Aimee Smidt was there with some of her faculty and School of Medicine students conducting skin health screenings. Finally, huge congrats to Dean Tracie Collins, who was also recognized on the floor of the House and Senate for her scholarly and leadership contributions. Several bills we are supporting, including the Pharmacist Clinician Act (passed), and the Occupational Licensing Act (being heard this afternoon), were heard in front of committees this week.

February 2020 HS Report for BoT ABBREVIATED

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: February 11, 2020

Subject: Monthly Health System Activity Update

This report represents unaudited year to date December 2019 activity and is compared to audited year to date December 2018 activity.

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

Health System total inpatient discharges are up 2% compared to prior year, with discharges are up 3% at UNMH and down 7% at SRMC. Health System adult length of stay (without obstetrics) is up 3% compared to prior year, with length of up 3% at UNMH and down 6% SRMC.

Health System observation discharges are up 6% compared to prior year, with observation discharges up 2% at UNMH and up 29% at SRMC.

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

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

Health System total outpatient activity is 5% higher compared to prior year. Primary care clinic visits are up 3% compared to prior year. Specialty and Other clinic visits are up 5% compared to prior year. Emergency visits are up 3% than prior year.

Surgeries overall are up 2% year over year. UNM Docs up 2% and community physician surgical volume are up 7%.

Medical Group RVUs are up 6% over prior year.

Finances: Health System had total year-to-date operating revenue of \$742.2 million, representing a 15% increase over prior year. Total non-operating revenue was \$100.6 million, representing a 80% increase (\$44.8 million) over prior year. Total operating expenses were \$790.9 million, representing a 14% increase over prior year. Health System margin was \$51.9 million as compared to \$4.1 million prior year.

The balance sheet is stable with a current ratio of 1.93 as compared to 2.11 prior year. The cash and cash equivalents for UNM Health System is \$320.3 million as compared to \$246.3 million prior year. Net patient receivables are up 1% and total assets are up 12%. Total liabilities are up 14% over prior year. Total net position is up 10% over prior year.

UNM HS Total Operations - Stats Snapshot
YTD December 31, 2019

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	Units	%	Budget	Units	%
Patient Days							
HS	107,317	103,163	4,154	4%	104,372	2,945	3%
UNMH	87,991	83,635	4,356	5%	84,594	3,397	4%
Adult	51,675	50,114	1,561	3%	50,494	1,181	2%
Obstetrics	5,959	5,750	209	4%	5,698	261	5%
Pediatric	21,890	20,233	1,657	8%	20,810	1,080	5%
Observation	8,467	7,538	929	12%	7,592	875	12%
Psychiatric	11,979	11,840	139	1%	11,949	30	0%
Adult	7,152	7,207	(55)	-1%	7,080	72	1%
Pediatric	4,827	4,633	194	4%	4,869	(42)	-1%
SRMC	7,347	7,687	(341)	-4%	7,829	(482)	-6%
Adult	5,331	6,084	(753)	-12%	6,228	(897)	-14%
Observation	2,016	1,603	412	26%	1,601	415	26%
Discharges							
HS	22,496	21,928	568	3%	22,139	357	2%
UNMH	18,598	18,137	461	3%	18,277	321	2%
Adult	7,418	7,424	(6)	0%	8,301	(883)	-11%
Obstetrics	1,733	1,715	18	1%	1,730	3	0%
Pediatric	3,532	3,179	353	11%	3,274	258	8%
Observation	5,915	5,819	96	2%	4,972	943	19%
Psychiatric	1,241	1,319	(78)	-6%	1,319	(78)	-6%
Adult	791	872	(81)	-9%	850	(59)	-7%
Pediatric	450	447	3	1%	469	(19)	-4%
SRMC	2,657	2,472	185	7%	2,543	114	4%
Adult	1,373	1,479	(106)	-7%	1,550	(177)	-11%
Observation	1,284	993	291	29%	993	291	29%
LOS							
HS	4.8	4.7	0.1	1%	4.7	0.1	1%
UNMH	4.7	4.6	0.1	3%	4.6	0.1	2%
Adult	7.0	6.8	0.2	3%	6.1	0.9	15%
Obstetrics	3.4	3.4	0.1	3%	3.3	0.1	4%
Pediatric	6.2	6.4	(0.2)	-3%	6.4	(0.2)	-2%
Observation	1.4	1.3	0.1	11%	1.5	(0.1)	-6%
Psychiatric	9.7	9.0	0.7	8%	9.1	0.6	7%
Adult	9.0	8.3	0.8	9%	8.3	0.7	9%
Pediatric	10.7	10.4	0.4	3%	10.4	0.3	3%
SRMC	2.8	3.1	(0.3)	-11%	3.1	(0.3)	-10%
Adult	3.9	4.1	(0.2)	-6%	4.0	(0.1)	-3%
Observation	1.6	1.6	(0.0)	-3%	1.6	(0.0)	-3%
CMI w/o Newborn							
HS (excluding Behavioral)	2.026	1.939	0.087	4%	1.946	0.080	4%
UNMH	2.074	1.979	0.095	5%	1.984	0.090	5%
Psychiatric-Adult	1.142	1.117	0.025	2%	1.127	0.016	1%
Psychiatric-Pediatric	1.085	1.049	0.036	3%	1.052	0.033	3%
SRMC	1.600	1.623	(0.023)	-1%	1.628	(0.028)	-2%
Primary Clinics							
HS	94,292	91,265	3,027	3%	95,445	(1,153)	-1%
UNMH	86,902	84,197	2,705	3%	87,064	(162)	0%
SRMC	7,390	7,068	322	5%	8,381	(991)	-12%

UNM HS Total Operations - Stats Snapshot

YTD December 31, 2019

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	Units	%	Budget	Units	%
<i>Specialty Clinics</i>							
HS	225,402	220,467	4,935	2%	223,736	1,666	1%
UNMH - Adult	147,306	144,208	3,098	2%	146,410	896	1%
UNMH - Pediatric	43,291	42,326	965	2%	41,849	1,442	3%
SRMC	15,508	16,157	(649)	-4%	17,685	(2,177)	-12%
UNMMG	19,297	17,776	1,521	9%	17,792	1,505	8%

UNM HS Total Operations - Stats Snapshot
YTD December 31, 2019

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	Units	%	Budget	Units	%
Other Clinics							
Rad/Onc	13,935	15,551	(1,616)	-10%	16,584	(2,649)	-16%
Med/Onc	22,572	20,773	1,799	9%	21,436	1,136	5%
CPC	17,094	15,537	1,557	10%	17,614	(520)	-3%
UPC	75,959	63,994	11,965	19%	66,803	9,156	14%
Urgent Care	10,808	10,587	221	2%	11,562	(754)	-7%
Emergency Room							
HS	47,573	46,075	1,498	3%	53,046	(5,473)	-10%
UNMH - Adult	26,974	27,210	(236)	-1%	31,454	(4,480)	-14%
UNMH - Pediatric	10,193	9,162	1,031	11%	11,238	(1,045)	-9%
SRMC	10,406	9,703	703	7%	10,354	52	1%
Total Outpatient Visits							
HS	507,635	484,250	23,385	5%	506,226	1,409	0%
UNMH	455,034	433,546	21,488	5%	452,014	3,020	1%
SRMC	33,304	32,928	376	1%	36,420	(3,116)	-9%
UNMMG	19,297	17,776	1,521	9%	17,792	1,505	8%
Total Surgeries							
HS	11,869	11,639	230	2%	12,180	(311)	-3%
UNMH	10,184	9,913	271	3%	10,364	(180)	-2%
SRMC	1,685	1,726	(41)	-2%	1,816	(131)	-7%
Other							
Births	1,519	1,511	8	1%	1,496	23	2%
ECT	338	769	(431)	-56%	312	26	8%
Derm MOHS	1,829	159	1,670	1050%	289	1,540	533%
CC Procedures	845	319	526	165%	748	97	13%
Infusion Clinics	11,996	9,877	2,119	21%	10,428	1,568	15%
Work RVU's							
HS	1,704,217	1,607,233	96,984	6%	1,708,898	(4,681)	0%
SOM	1,417,602	1,339,565	78,037	6%	1,421,533	(3,931)	0%
SRMC	177,270	177,626	(356)	0%	175,780	1,490	1%
MG Clinic	32,651	27,070	5,581	21%	29,609	3,042	10%
Cancer Center	76,694	62,972	13,722	22%	81,976	(5,282)	-6%
FTE's							
HS	7,477	7,508	(31)	0%	7,861	(385)	-5%
UNMH	6,402	6,429	(28)	0%	6,697	(296)	-4%
SRMC	518	507	11	2%	539	(20)	-4%
UNMMG	557	571	(14)	-3%	625	(69)	-11%

UNM HS Total Operations Snapshot
YTD December 31, 2019
(in thousands)

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	\$	%	Budget	\$	%
Net Patient Revenue							
HS	714,212	617,121	97,091	16%	683,404	30,808	5%
UNMH	476,847	418,437	58,410	14%	454,324	22,523	5%
CANCER CENTER	48,405	41,924	6,481	15%	48,663	(257)	-1%
PSYCHIATRIC-ADULT	14,886	12,534	2,352	19%	13,014	1,872	14%
PSYCHIATRIC-PEDIATRIC	5,539	4,677	861	18%	4,842	697	14%
SRMC	40,678	38,354	2,325	6%	41,018	(339)	-1%
UNMMG	127,856	101,195	26,661	26%	121,544	6,313	5%
Other Operating Revenue							
HS	27,980	26,905	1,074	4%	28,030	(50)	0%
UNMH	25,330	24,947	383	2%	24,543	788	3%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	956	465	491	105%	1,254	(298)	-24%
PSYCHIATRIC-PEDIATRIC	163	12	151	1212%	12	151	1242%
SRMC	627	653	(26)	-4%	619	8	1%
UNMMG	903	828	76	9%	1,603	(699)	-44%
Total Operating Revenue							
HS	742,191	644,026	98,166	15%	711,434	30,757	4%
UNMH	502,177	443,384	58,794	13%	478,867	23,311	5%
CANCER CENTER	48,405	41,924	6,481	15%	48,663	(257)	-1%
PSYCHIATRIC-ADULT	15,842	12,999	2,843	22%	14,268	1,574	11%
PSYCHIATRIC-PEDIATRIC	5,702	4,690	1,012	22%	4,854	848	17%
SRMC	41,305	39,007	2,298	6%	41,637	(332)	-1%
UNMMG	128,760	102,023	26,737	26%	123,146	5,614	5%
Total Operating Expense							
HS	790,902	695,694	95,208	14%	761,679	29,223	4%
UNMH	539,861	483,149	56,712	12%	515,478	24,383	5%
CANCER CENTER	48,405	41,924	6,481	15%	48,663	(257)	-1%
PSYCHIATRIC-ADULT	22,094	18,795	3,298	18%	20,958	1,136	5%
PSYCHIATRIC-PEDIATRIC	11,155	9,998	1,157	12%	10,613	542	5%
SRMC	42,275	38,917	3,358	9%	43,106	(830)	-2%
UNMMG	127,112	102,911	24,201	24%	122,863	4,249	3%
Operating (Loss)/Gain							
HS	(48,711)	(51,669)	2,958	-6%	(50,245)	1,534	-3%
UNMH	(37,683)	(39,765)	2,082	-5%	(36,611)	(1,072)	3%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	(6,252)	(5,796)	(455)	8%	(6,690)	438	-7%
PSYCHIATRIC-PEDIATRIC	(5,453)	(5,308)	(145)	3%	(5,759)	305	-5%
SRMC	(970)	90	(1,060)	-1182%	(1,469)	499	-34%
UNMMG	1,648	(889)	2,536	-285%	283	1,365	482%
Non-Operating Revenue							
HS	100,576	55,770	44,806	80%	64,269	36,307	56%
UNMH	83,607	42,244	41,362	98%	48,969	34,637	71%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	8,354	7,522	832	11%	7,749	605	8%
PSYCHIATRIC-PEDIATRIC	3,827	3,390	437	13%	3,780	48	1%
SRMC	998	(70)	1,067	-1535%	1,685	(687)	-41%
UNMMG	3,790	2,682	1,108	41%	2,086	1,704	82%

UNM HS Total Operations Snapshot
YTD December 31, 2019
(in thousands)

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	\$	%	Budget	\$	%
<i>Increase/(Decrease) in Net Position</i>							
HS	51,865	4,101	47,764	1165%	14,024	37,841	270%
UNMH	45,923	2,479	43,444	1753%	12,359	33,565	272%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	2,102	1,726	377	22%	1,059	1,043	98%
PSYCHIATRIC-PEDIATRIC	(1,626)	(1,918)	292	-15%	(1,979)	353	-18%
SRMC	28	20	8	38%	216	(188)	-87%
UNMMG	5,438	1,794	3,644	203%	2,369	3,069	130%

UNM HS Total Operations - Balance Sheet Snapshot

YTD December 31, 2019

(in thousands)	FY 2020	FY 2019	Change	
	Actual	Actual	\$	%
<i>Cash & Cash Equivalents</i>				
HS	320,294	246,261	74,033	30%
UNMH	272,083	194,110	77,972	40%
SRMC	19,179	21,942	(2,763)	-13%
UNMMG	29,032	30,209	(1,177)	-4%
<i>Total Assets</i>				
HS	1,102,520	983,868	118,652	12%
UNMH	810,842	710,431	100,412	14%
SRMC	151,428	153,872	(2,444)	-2%
UNMMG	144,231	122,884	21,347	17%
Elimination	(3,982)	(3,319)	(663)	20%
<i>Total Liabilities</i>				
HS	537,765	470,978	66,787	14%
UNMH	350,478	296,466	54,012	18%
SRMC	131,087	133,558	(2,471)	-2%
UNMMG	60,181	44,272	15,909	36%
Elimination	(3,982)	(3,319)	(663)	20%
<i>Total Net Position</i>				
HS	564,755	512,890	51,865	10%
UNMH	460,364	413,964	46,400	11%
SRMC	20,342	20,314	28	0%
UNMMG	84,050	78,612	5,438	7%

UNM HS Total Operations - Balance Sheet
YTD December 31, 2019
(In thousands)

	Total HS	Total HS FY 2019	FY 19 vs. FY 20	
			\$ Change	% Change
ASSETS				
Cash	284,343	210,633	73,710	35%
Marketable Securities	35,951	35,628	323	1%
Patient Receivable	443,912	473,187	(29,275)	-6%
Total Allowance for Doubtful Accounts	(278,576)	(308,834)	30,258	-10%
Total Net Patient Receivable	165,336	164,353	983	1%
IME, GME, DSH Receivable	29,563	63,879	(34,316)	-54%
Related Party A/R	5,770	4,959	811	16%
AR- County Mill Levy	53,908	1,517	52,391	3454%
Other Receivables	19,102	26,404	(7,302)	-28%
3rd Party Settlements	16,223	14,015	2,208	16%
Prepaid	7,973	12,294	(4,321)	-35%
Inventory	19,196	18,644	551	3%
Total Current Assets	637,364	552,326	85,038	15%
Assets Whose Use is Limited	129,900	96,795	33,105	34%
Rest Cash Equiv for Debt Service	7,157	7,125	32	0%
Prepaid Expense & Deposits - Mgmt Co	1,382	1,626	(243)	-15%
Note Receivable - Noncurrent	54	54	-	0%
PP&E	825,798	808,808	16,989	2%
Accumulated Depreciation	(501,238)	(484,969)	(16,269)	3%
Total Net PP&E	324,560	323,840	720	0%
Total Non-Current Assets	463,054	429,439	33,614	8%
Total Assets	1,100,418	981,766	118,652	12%
DEFERRED OUTFLOWS	2,102	2,102	-	0%
LIABILITIES				
Payable to UNM & UNM Affiliates	82,931	54,213	28,718	53%
Accounts Payable	76,869	67,429	9,440	14%
3rd Party Settlements	67,818	41,578	26,240	63%
Accrued Compensation	28,937	29,427	(490)	-2%
Payroll Liabilities	39,069	35,210	3,858	11%
Bonds Payable - Current	9,990	9,890	100	1%
Interest Payable Bonds	2,701	2,746	(45)	-2%
Other Accrued Liabilities	22,443	21,363	1,080	5%
Total Current Liabilities	330,759	261,857	68,902	26%
Total Long-Term Liabilities	206,242	208,357	(2,115)	-1%
Total Liabilities	537,001	470,214	66,787	14%
DEFERRED INFLOWS	764	764	-	0%
NET POSITION				
Restricted Fund	46,015	17,691	28,325	160%
Restrict Trst Ind & Debt Agree	43,035	38,944	4,091	11%
PP&E Fund	117,198	114,365	2,833	2%
General Fund	358,507	341,890	16,616	5%
Total Net Position	564,756	512,890	51,865	10%
<i>Current Ratio</i>	<i>1.93</i>	<i>2.11</i>	<i>(0.18)</i>	<i>-9%</i>

CEO Board Report January 2020 (002)

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: January 31, 2020

Subject: UNMH Monthly Activity Update

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

Finance: Inpatient volume, for both adult and pediatrics, exceeded budget by 5% for the month of December and is 3% over budget year to date. Observation days are running higher than budget by 12% year to date. Inpatient discharges are 5% lower than budget year to date but are 3% higher compared to prior year. Outpatient clinic visits are 2% better than budget for the month of December and 1% better than budget for the year. Emergency department arrivals are 4% better than budget for the month of December but are below year to date budget by 3%. Case mix index remains higher than prior year at 2.07 year to date and average length of stay is up 1.3% compared to prior year. Behavioral health patient days are flat to budget and behavioral health clinic visits are behind budget by 3% year to date. Net margin year to date is positive at \$46.4 million. Net patient revenues continue on a positive trend with employee compensation costs under budget. Medical supplies and purchased services are over budget. Non-operating revenues include \$33.5 million recorded for capital appropriations received from the State.

Native American Liaison: Our Native American Health Services community liaisons conducted 12 outreach events during the month of November, and our quarterly report on referrals and admissions was sent to the IHS in December. The Native American Services committee met in November to debrief on the October consultation with Tribal and governmental leaders. December and January are typically low outreach months due to traditional ceremony and the selection of new tribal officials. Three Pueblos have new governors for 2020: Cochiti, Taos and Zia. The remaining Pueblos have governors returning this year. We will use this information to prepare for our Spring Consultation with the All Pueblo Council of Governors. January's NAS committee meeting was canceled due to unavailability of the majority of board members.

Bernalillo County: UNMH and Bernalillo County are completing a new Intergovernmental agreement that will lay the foundations for work going forward. The agreement has three major sections with the first being the completion of the Behavioral Health needs analysis by Sg2 consulting. The Final report will be out this month and UNMH will coordinate with the County and Indian Health Services to review the final recommendations from this report. The second section involves planning around a new permanent Crisis Triage Center and Adult Behavioral Health Hospital at a location to be determined based on the work of the HSC Master Facility Plan. The planning process would move forward based on obtaining approvals from UNMHSC Administration, UNMH Board of Trustee and the Board of Regents. The third section involves a commitment to continue to work together on ongoing program development based on identified needs and financial sustainability.

Program development work continues on the CARE Campus (MATS) with the first patients admitted to the Crisis Stabilization unit in December and ongoing work to initiate Medication Assisted Treatment on the Campus.

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

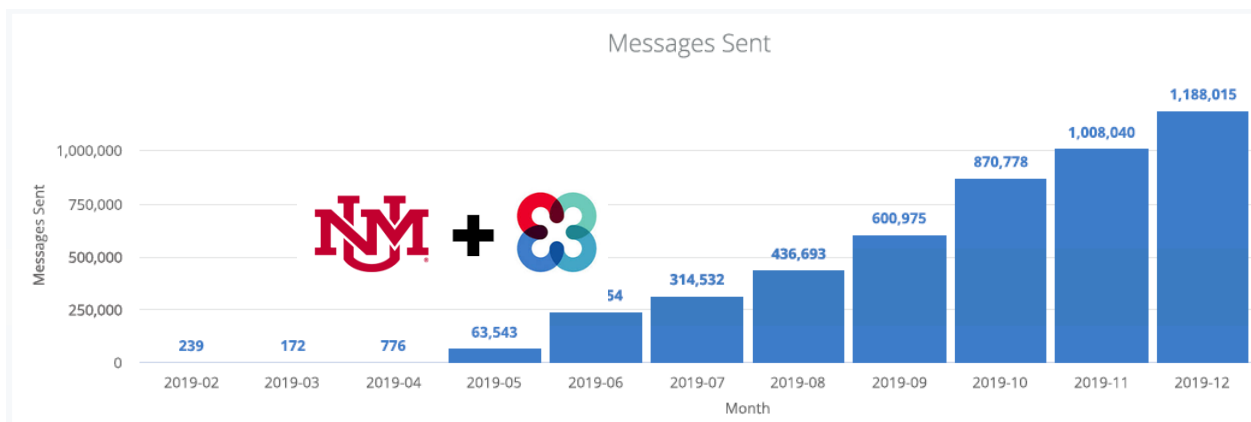
CMO BOT Update January 2020v2 FINAL

Date: January 31, 2020
To: UNMH Board of Trustees
From: Irene Agostini, MD
 UNMH Chief Medical Officer
Subject: Monthly Medical Staff and Hospital Activity Update

The CMO Board report will now have more clinical content related to physicians and clinical care. The four areas that are highlighted today are part of our journey to provide safe and compassionate care to our patients while engaging our caregivers. I will continue to provide updates on these four areas and add more as appropriate.

TigerConnect Success

The UNM Health System has been using TigerConnect (which is a secure, HIPAA-compliant, text messaging system) throughout the institution since September with excellent adoption. There are even some specialty groups in Pediatrics communicating with TigerConnect institutions in other states using the multi-org. feature. We are also 90% done with conversion of AMION (our call schedule) to TigerConnect Roles. Currently, the organization is sending more than 300,000 messages a week and growing by about 20k messages weekly. **In the month of December alone, more than 1.1 million messages were sent!**



Delinquent Documentation Project Update

Last fall, the Medical Staff Leadership and Health Information Management teams identified a process to help prevent incomplete documentation in the inpatient setting. This process was needed to promote accountability amongst our medical staff as well as help us comply with regulatory requirements and laws (e.g. Centers for Medicare and Medicaid Services). **This process has helped us provide the right tools so our medical staff can be successful in completing their records!**

- For the past three weeks, lists of pending documentation/delinquent clinicians are sent to all Department Chairs every Tuesday and they are responsible for notifying their team members.
- The process involves removal of Cerner (our health information system) access for clinicians who do not complete their documentation in the specified time frame. **HIM has not had to remove anyone's access at this point!**

Multi-disciplinary Rounds (MDR)

More than a year ago, a need was identified to collaboratively discuss patient discharge planning across disciplines. **Currently, there are more than 30 MDR's conducted daily at UNMH, which has enhanced patient care and collaboration across various units/departments.**

- Most notably, Internal Medicine and Trauma have collaborated on framework designed to address patient needs in clinical and logistical readiness along with estimated dates of discharge (EDD). EDD discussions are essential in MDR's and help track avoidable days if a patient's stay is longer than expected.
- Team members present in MDR's include providers (Advanced Practice Providers or MD's), bedside RN, RN supervisor, RN case manager, social worker, pharmacy, and physical/occupational therapy.

LoboWings Training

We are now doing a LoboWings refresher for all of our procedural areas to improve patient care and safety. **We will provide another round of trainings for more than 700 physicians, APPs' and staff in the surgical areas over the next three months.**

- Developed and instituted over a decade ago, LoboWings is a crew resource management system used at the Health Sciences Center to improve safety and reliability of health care delivery, especially in procedurally rich areas such as the operating suite and labor and delivery.
- The ultimate goal of LoboWings is for no patient to be harmed in the course of their care, and for employees to be highly engaged in their workplace regardless of the conditions or complexity modern healthcare provides.

Y Finance Summary 1.29.20

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

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

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

- Approval of November 20, 2019 meeting minutes
- Disposition of Assets, Consent Items, Repair, Renew, Replace Consent Items
 - Disposition of Assets
 - Retirement Plan Amendment for Predecessor Employer Service
 - Consent Item – Perfusion and ECMO Services and Supplies – CCS Perfusion Services \$2.5M/yr
 - Repair, Renew, Replace – New Hospital Tower and New Parking Structure – Project Commissioning Services \$1,662,000
- New Hospital Tower Project Status Report
- Huron OP Engagement
- UNMH Bernalillo County MOU Update
- Financial Update for the six months ended December 31, 2019
- HR Updates – no updates provided

Next UNM Hospital Finance Committee meeting is scheduled to convene February 26, 2020.

Y Audit and Compliance Summary 1.29.20

UNM HOSPITAL BOARD OF TRUSTEES**Audit and Compliance Committee Meeting**

Wednesday, January 29, 2020 2:00 p.m.
UNM Hospitals Administration, Large Conference Room

Objectives

- Provide audit and compliance oversight of UNM Hospitals.

Finance Committee Meeting:

- Approval of November 25, 2019 meeting minutes
- Review of annual Audit and Compliance calendar
- Compliance:
 - Introduction of new Executive Director of Compliance, Angela Vigil
- Follow-up New Committee Members Orientation
- IT Presentation
- Internal Audit:
 - Internal Audit Structure
 - Work Plan
 - 2020-01 D-H
 - Risk Assessment
 - Follow-up Audits

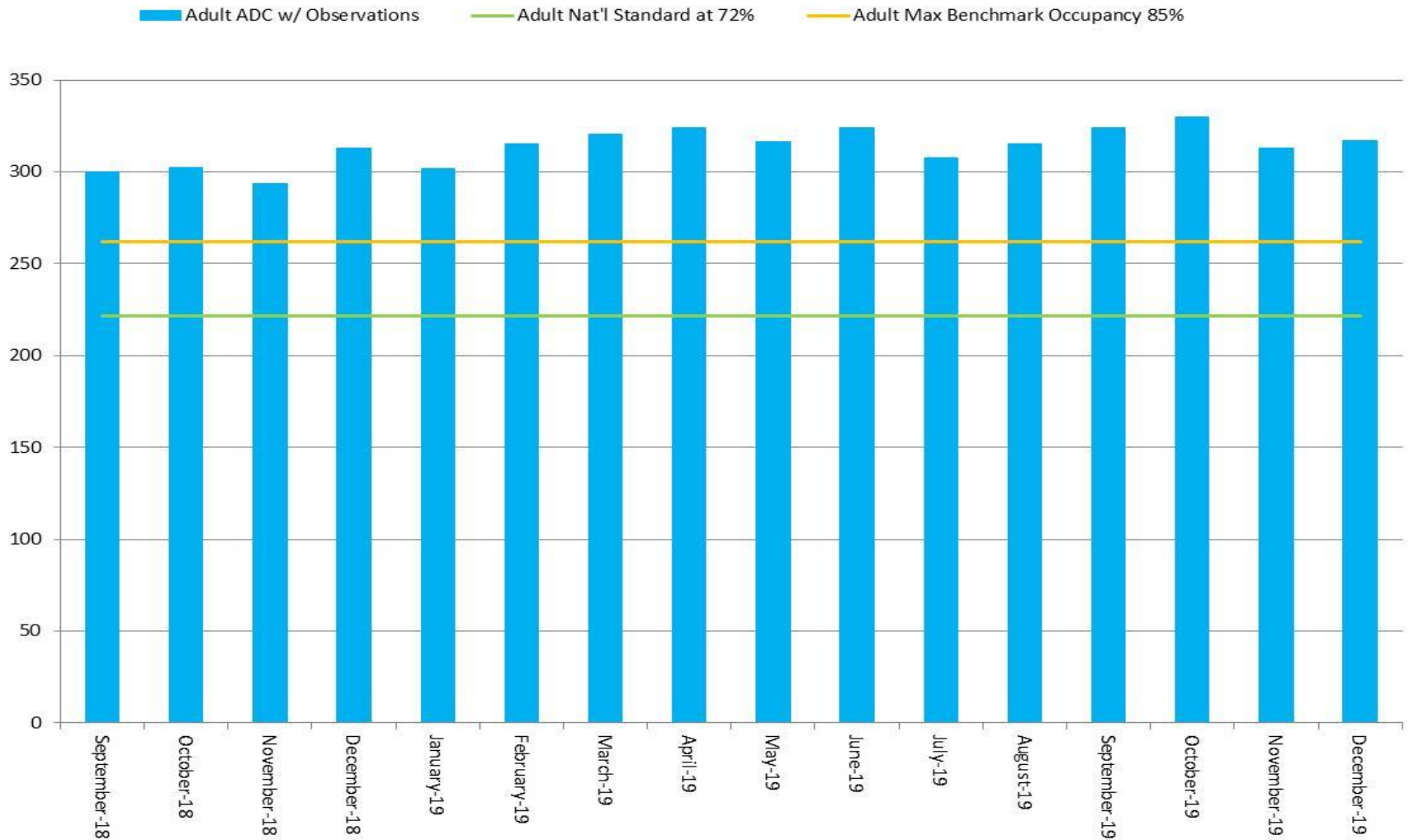
Next UNM Hospital Audit and Compliance Committee meeting is scheduled to convene April 22, 2020.

BOT Finance Presentation Dec 2019

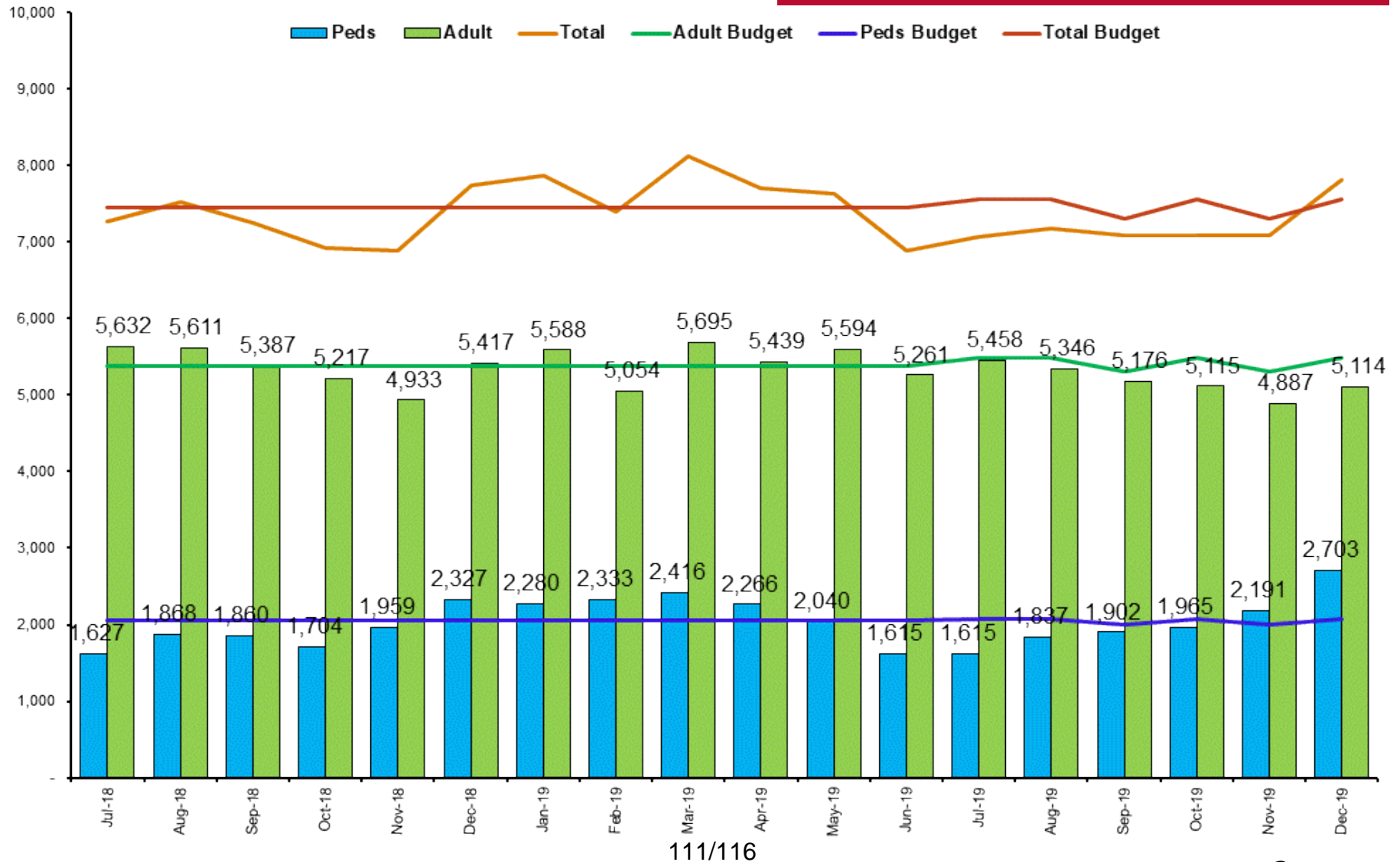
UNM Hospitals

Financial Update Through December 2019

**UNM Hospital
Adult Capacity
Through December 2019**

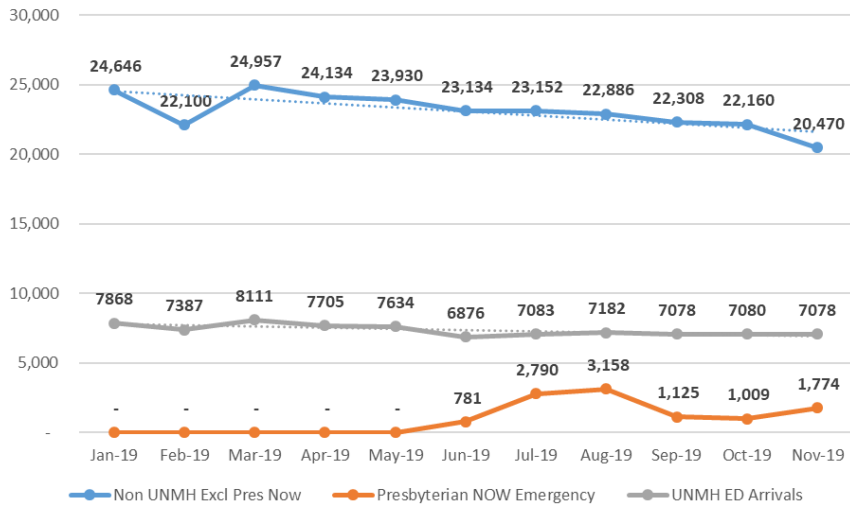


**UNM Hospital
ER Arrivals
Through December 2019**

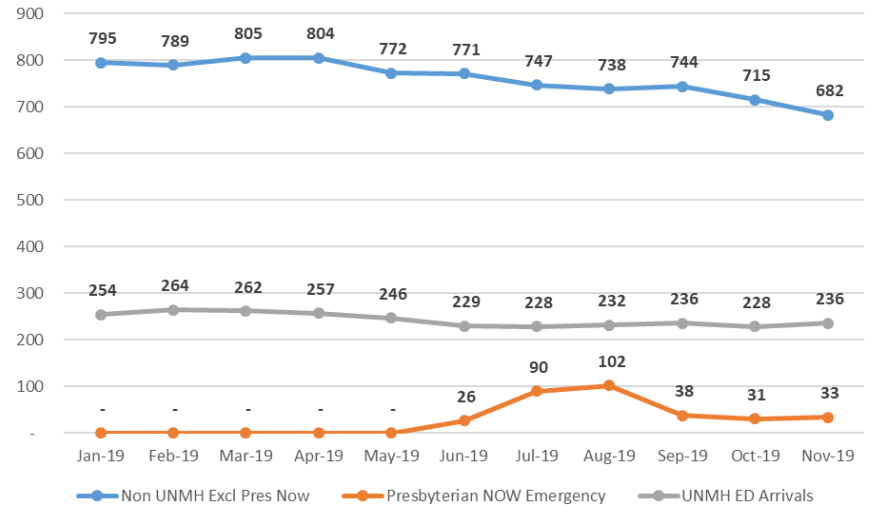


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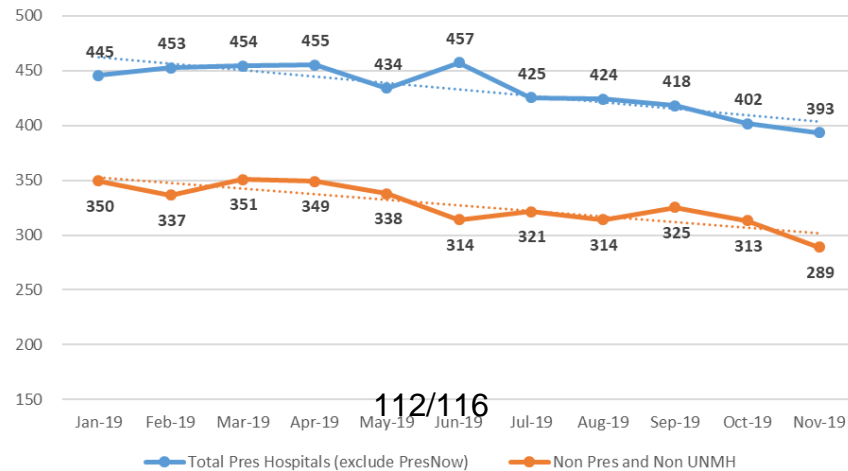
ER Visits
NMHA Utilization Report



ER Visits per Calendar Day
NMHA Utilization Report

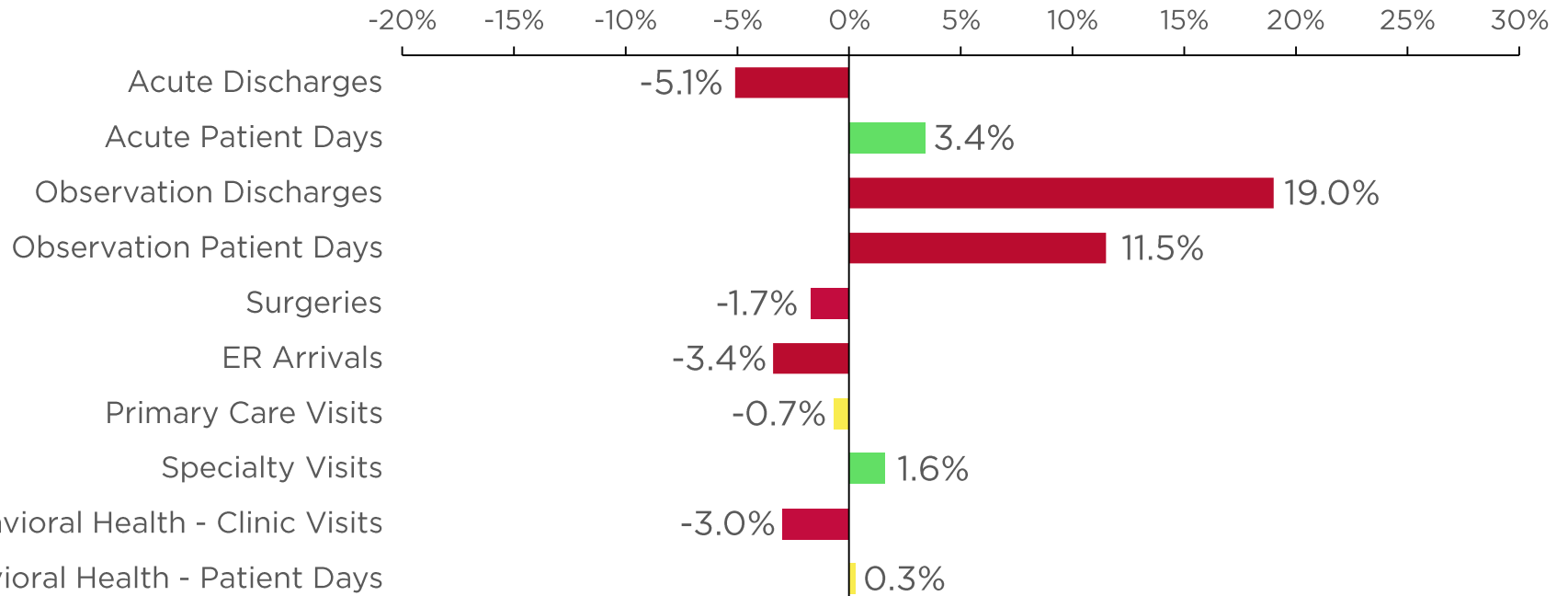


Presbyterian and Other Non UNMH Hospitals ER Visits per
Calendar Day
NMHA Utilization Report



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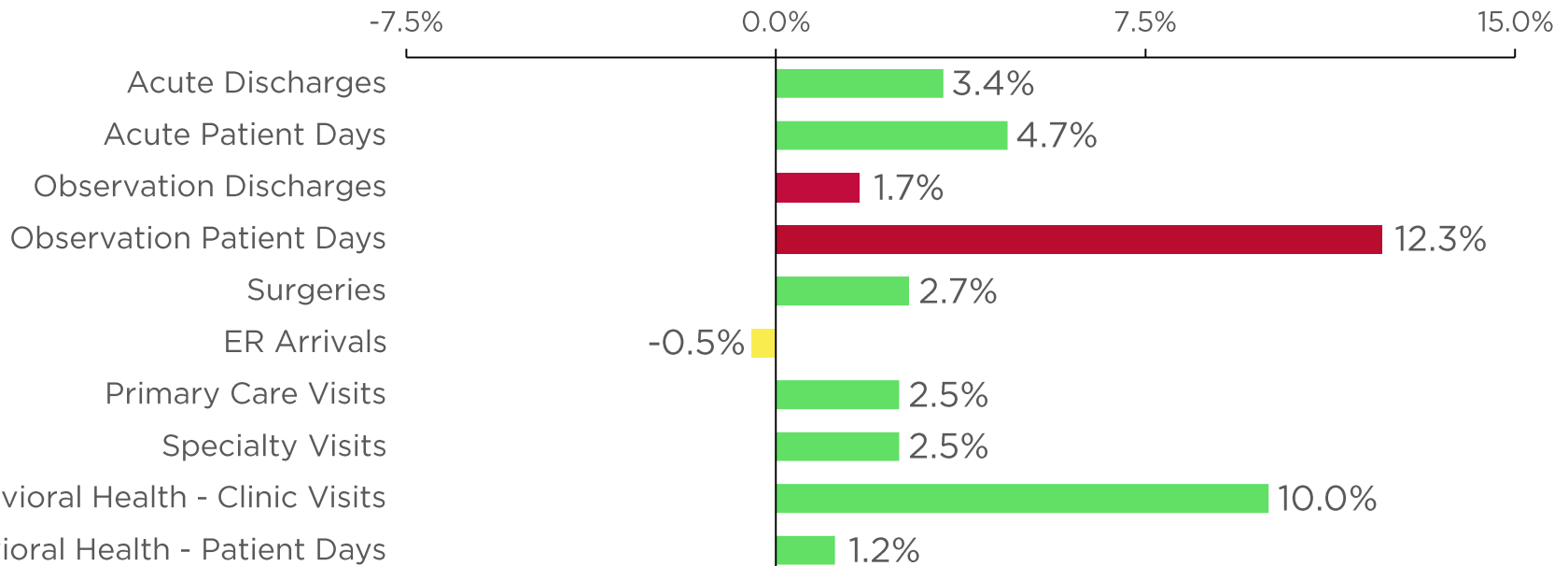
UNM Hospital
YTD Stats Variance to Budget
Through December 2019



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,960	2,045	(85)	-4.2%	11,539	12,153	(614)	-5.1%
Acute Patient Days	13,161	12,524	637	5.1%	76,852	74,344	2,508	3.4%
Observation Discharges	963	829	134	16.2%	5,917	4,972	945	19.0%
Observation Patient Days	1,267	1,278	(11)	-0.9%	8,467	7,592	875	11.5%
Surgeries	1,551	1,699	(148)	-8.7%	10,184	10,364	(180)	-1.7%
ER Arrivals	7,817	7,552	265	3.5%	43,318	44,824	(1,506)	-3.4%
Primary Care Visits	13,322	14,350	(1,028)	-7.2%	93,733	94,406	(673)	-0.7%
Specialty Visits	29,562	27,501	2,061	7.5%	183,766	180,917	2,849	1.6%
Behavioral Health - Clinic Visits	2,646	2,684	(38)	-1.4%	17,094	17,614	(520)	-3.0%
Behavioral Health - Patient Days	1,846	1,933	(87)	-4.5%	11,979	11,949	30	0.3%

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UNM Hospital
YTD Stats Variance to Prior YTD
Through December 2019



	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,960	1,956	4	0.2%	11,539	11,161	378	3.4%
Acute Patient Days	13,161	12,654	507	4.0%	76,852	73,373	3,479	4.7%
Observation Discharges	963	948	15	1.6%	5,917	5,819	98	1.7%
Observation Patient Days	1,267	1,145	122	10.7%	8,467	7,538	929	12.3%
Surgeries	1,551	1,475	76	5.2%	10,184	9,913	271	2.7%
ER Arrivals	7,817	7,744	73	0.9%	43,318	43,542	(224)	-0.5%
Primary Care Visits	13,322	15,047	(1,725)	-11.5%	93,733	91,438	2,295	2.5%
Specialty Visits	29,562	29,946	(384)	-1.3%	183,766	179,293	4,473	2.5%
Behavioral Health - Clinic Visits	2,646	3,273	(628)	-19.2%	17,094	15,537	1,557	10.0%
Behavioral Health - Patient Days	1,846	2,069	(223)	-10.8%	11,979	11,840	139	1.2%

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UNM Hospitals (unaudited)	Action OI Benchmark	Dec-19	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		6.71	6.66	6.12	-8.87%	6.57	-1.31%
Case Mix Index		2.14	2.07	1.98	4.52%	1.98	4.81%
CMI Adjusted Patient Days *	54,554	60,362	349,329	325,224	7.41%	318,608	9.64%
Net Core Patient Revenues (\$ in thousands)		\$ 83,012	\$ 498,871	\$ 478,070	4.35%	\$ 439,393	13.54%
Total Operating Expenses** (\$ in thousands)		\$ 102,654	\$ 611,811	\$ 586,392	-4.33%	\$ 544,990	-12.26%
Total Operating Expenses*** (\$ in thousands)		\$ 98,234	\$ 582,747	\$ 579,790	-0.51%	\$ 541,964	-7.52%
Net Operating Income (\$ in thousands)		\$ (9,186)	\$ (49,388)	\$ (49,059)	-0.67%	\$ (50,870)	2.91%
Net Income (\$ in thousands)		\$ 1,390	\$ 46,400	\$ 11,439		\$ 2,287	
Net Core Revenue/CMI Adj Patient Day		\$ 1,375	\$ 1,428	\$ 1,470	-2.85%	\$ 1,379	3.55%
Cost**/CMI Adj Patient Day	\$ 1,751	\$ 1,701	\$ 1,751	\$ 1,803	2.86%	\$ 1,711	-2.39%
Cost***/CMI Adj Patient Day	\$ 1,751	\$ 1,627	\$ 1,668	\$ 1,783	6.43%	\$ 1,701	1.93%
FTEs		6,442	6,402	6,697	4.41%	6,429	0.43%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for Apr - June 2019 the 50th percentile is 163,662. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

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

**UNM Hospitals
Budget to Actual Variance
(in thousands)
Through December 2019**

* % change relative to budget

