UNM Hospitals Board of Trustees
OPEN SESSION – AMENDED AGENDA
Friday, March 29, 2019 at 9:00 AM
Barbara and Bill Richardson Pavilion Conference Room 1500

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

II. ANNOUNCEMENTS (Informational)
- Welcome – Professor Rob Schwartz, Ex-Officio Member (Board of Regents Appointment)

III. ADOPTION OF AGENDA (Approval/Action)

IV. CONSENT ITEMS – Bonnie White (Approval/Action)
- Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement ($800,000)
- Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel ($542,021)

V. PUBLIC INPUT (Informational)

VI. APPROVAL OF THE MINUTES
- 02/22/19 UNMH Board of Trustees Meeting Minutes - Jerry McDowell, Ph.D., Chair **(Approval/Action)**

VII. MISSION MOMENT – Kate Becker (Informational)

VIII. BOARD INITIATIVES
- Chairman's Report – Jerry McDowell, Ph.D., Chair **(Informational)**
- Infection Prevention and Control Plan 2019 – Michael Chicarelli, DNP, RN, CEN **(Approval/Action)**
- Mission Excellence Update – Sara Frasch, Ph.D. **(Informational)**
- Employee Assistance Program and Hot Line Complaint Process – Sara Frasch, Ph.D. **(Informational)**
- FY20 Capital Budget – Bonnie White **(Approval/Action)**

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

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

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

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

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

UNMH – Medical Staff Bylaws – Proposed Revisions	
Initial Appointments	
Clements, Nicole, PA-C	Internal Medicine
Dunning, Dennis, MD	Internal Medicine
Gillies, James, PhD	Psychiatry
Grindstaff, Matthew, CNP	Pediatrics
Horn, Lawrence, MD	Neurosurgery
Hoskins, Michael, MD	Internal Medicine
Lock, Richard, MD	Anesthesiology
Marsh, Laura, CNP	Emergency Medicine
Revels, Jonathan, DO	Radiology
Schaublin, Greg, MD	Neurology
Singh, Abinav, MD	Internal Medicine
Valle Eger, Gabriel, MD	Internal Medicine

Reappointments	
Aragon, Alfredo, PhD	Psychiatry
Baca, Justin, MD	Emergency Medicine
Billstrand, Mary, MD	Anesthesiology
Burstrom, Ruth, MD	Anesthesiology
Caprietta, Yuliya, CNP	Internal Medicine
Cardenas, Maria, CNP	Surgery
Carvajal, Michael, PhD	Psychiatry
Chohan, Muhammad, MD	Neurosurgery
Coleman, Denise, MD	Pediatrics
Conklin, Jessica, PhC, RPh	Internal Medicine
Cuellar, Raven, PhD	Psychiatry
Curet, Luis, MD	Obstetrics/Gynecology
Davis, Rachell, CNP	Emergency Medicine
Elwood, Hillary, MD	Pathology
Funkhouser Dye, Ally, CNP	Orthopedics
Gaede, Elizabeth, PA-C	OB/GYN
Gavin, Margaret, CNP	Emergency Medicine
Greenwood, Margaret, MD	Emergency Medicine
Hartzell, Tanya, CNP	Surgery
Hedin, Rochelle, CNP	Pediatrics
Hogan, Teresa, CNP	Internal Medicine
Hopkins, Leslie, MD	Internal Medicine
Katzman, Joanna, MD	Neurosurgery

Reappointments (continued)	
Kiran, Asli, DDS	Dental Medicine
Ko, Brandon, CNP	Pediatrics
Lopez, Trinidad, PA-C	Surgery
Lopez, Veronica, CNP	Internal Medicine
Lunderman, Stephen, MD	Pediatrics
Mertz, Gregory, MD	Internal Medicine
Mize, Terry, PA-C	Emergency Medicine
Ogas, Steven, MD	Family Medicine
Otoski, Jessica, PA-C	Emergency Medicine
Owen, Jonathan, MD	Internal Medicine
Parks Bent, Sabrina, CNP	Surgery
Pierce, Surya, MD	Internal Medicine
Pruett, Kimberly, MD	Emergency Medicine
Rayburn, Erin, PA-C	Family Medicine
Riley, Regan, DO	OB/GYN
Sanchez, Roy, OD	Surgery
Schaeffer, William, MD	Radiology
Steiner, Aissa, MD	Family Medicine
Tarnower, Amy, MD	Internal Medicine
Vargas, Keith, MD	Pediatrics
Vickers, Jennifer, MD	Neurology
West, Amber, PA-C	Surgery
Wiesel, Saul, MD	Anesthesiology
Williams, Mareth, MD	Pediatrics
Winham, Morgan, MD	Pathology
Zimmer, William, MD	Radiology

Expansion of Privileges, Changes in Department, Change in Staff Status		
Boivin, Michel, MD	Internal Medicine	Expansion of Privileges, UNMH Critical Care: Management of adult corporeal membrane oxygenation (ECMO)
Heubeck, Maria, MD	Pediatrics	Expansion of Privileges, UNMH Pediatrics: PICC line placement
Jeppson, Peter, MD	Obstetrics & Gynecology	Expansion of Privileges, UNMH Fluoroscopy for Non-Radiologists
Melendres Groves, Lana, MD	Internal Medicine	Expansion of Privileges, UNMH Critical Care: Critical care core privileges

Clinical Privileges		
UNMH Administrative	UNMH Obstetrics/Gynecology	UNMH Psychiatry

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

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

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

XIV. Adjourn Meeting (Approval/Action)

Repair, Renew, Replace Capital Project – UH Main Inpatient Pet CT Replacement

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CAPITAL PROJECT APPROVAL
CIP 2990 - UH MAIN – INPATIENT PET/CT REPLACEMENT
March 12, 2019

REQUESTED ACTION:
As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for The UH Main – Inpatient PET/CT Replacement. 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:
UNMH wishes to replace the existing PET/CT Scanner located on the first floor of the Clinical Neurosciences Center Building. This replacement will require significant room modifications, including additional shielding to meet code requirements.

RATIONALE:
This construction project is to renovate existing premises, making the equipment location suitable for the new PET/CT Scanner that has already been purchased (and approved by the Regents). Room modifications are required to meet current codes for installation of this new PET/CT. The project design includes enlarging the waiting room space to meet projected patient loads and rearranging the control space for improved staff efficiency during scanning procedures as well as shielding modifications to meet current codes.

PURCHASING PROCESS: UNMH will utilize UNM's existing indefinite quantity ("on-call") construction contract with Jaynes Corporation, reference NMSA 13-1-135, Cooperative Procurement. The UNM construction contract arose via RFP process and supports individual projects of up to $1M, with a cumulative maximum of $10M over 3 years.

FUNDING: The renovation costs are estimated at and shall not exceed $800,000. This will be funded by the FY19 and FY20 UNM Hospital Capital Renovation Fund.

Repair, Renew, Replace Capital Project – UH Main Endoscopy Remodel

CAPITAL PROJECT APPROVAL RESUBMITTAL
PROJECT NAME: UH Main Endoscopy Remodel
March 12, 2019 (Originally submitted to UNMH Board of Trustees September 2018)

RECOMMENDED ACTION:
As required by Section 7.12 of Board of Regents Policy Manual, the New Mexico Higher Education Department and the New Mexico State Board of Finance, capital project approval is requested for
The UH Main – Endoscopy Remodel. 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:
This project is to provide a new patient check-in area for the endoscopy unit as well as a new staff workspace. The project will be conducted in three separate phases in the central lobby area of the 2ACC and the existing endoscopy unit located in UNMH Second Floor South. In the first phase the existing snack bar in 2ACC will be demolished and the entrances to the existing restrooms re-routed to the west and east. Once the existing space in the 2ACC lobby area has been removed, construction will begin to create new offices and a patient check-in area. Once all the work is complete in the 2ACC lobby area staff will move over and occupy the new space in order to proceed to the next phase. The second phase is in the endoscopy unit and includes eliminating the locker area to expand the clean utility storage. The existing check-in area will be enclosed to create a consultation room. The third phase will be to demolish the wall between the current break room and the adjacent office to create a new, larger echocardiogram room.

RATIONALE:
New patient check-in area will help eliminate confusion among patients about where to check-in. The larger area will allow the department to accommodate more patients checking in while protecting the HIPAA rights. It will also give staff more visibility to monitor patients and ensure they are being assisted.
The new staff work areas eliminates some of the share workspace which reduces productivity. The expansion will also allow for a private patient consultation room where providers can consult with patients concerning their diagnosis. Moving the employee locker room off the unit will allow for a larger equipment room that will help eliminate storing equipment in the corridors.

PURCHASING PROCESS:
Competitive RFP Process

FUNDING:
This project was originally submitted for approval with an estimated construction cost of $400,000. The bids received via RFP exceeded this estimate by more than 10%. The new project construction budget is not to exceed $550,000. This will be funded from UNMH Hospital Capital Improvement Funds.

02/22/19 UNMH Board of Trustees Meeting Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Dr. Jerry McDowell, Ms. Christine Glidden, Dr. Raymond Loretto, Ms. Debbie Johnson, Mr. Terry Horn, Mr. Nick Estes, Mr. Erik Lujan, Dr. Jennifer Phillips, and Mr. Joseph Alarid	
Ex-Officio Members Present	Dr. Paul Roth, Dr. Michael Richards, Mrs. Kate Becker, and Dr. Davin Quinn	
County Officials Present	Mr. Clay Campbell	
I. Call to Order	A quorum being established, Dr. Jerry McDowell, Chair, called the meeting to order at 9:04 AM	
II. Announcements	Dr. Jerry McDowell, Chair, and Mrs. Kate Becker presented an award of recognition to Dr. Aimee Smidt for service on Board of Trustees	
III. Adoption of Agenda	Dr. Jerry McDowell, Chair, requested a motion to adopt the Agenda	Ms. Debbie Johnson made a motion to adopt the agenda. Mr. Terry Horn seconded. Motion passed with no objections.
IV. Consent Approval	Mrs. Bonnie White presented the below identified Consent Items (back-up documentation in BoardBook). Mr. Terry Horn stated the UNMH BOT Finance Committee discussed/reviewed the Consent Items and recommend approval by the full Board of Trustees. ❖ Repair, Renew, Replace Capital Project –UH Main Emergency Generator	Mr. Terry Horn made a motion to approve the Consent Item presented by Mrs. Bonnie White. Mr. Joseph Alarid seconded. Motion passed with no objections.
V. Public Input	No Public Input	
VI. Approval of Minutes	Dr. Jerry McDowell, Chair, requested a motion to approve the January 25, 2019 UNMH Board of Trustees Meeting Minutes.	Mr. Nick Estes made a motion to approve the January 25, 2019 UNMH Board of Trustees Meeting Minutes. Mrs. Christine Glidden seconded. Motion passed unanimously.
VII. Mission Moment	Dr. Michael Chicarelli spoke of the recent Organ Donor Walk of Honor and introduced Dr. Isaac Tawil who presented Organ Donation Champions (presentation included in BoardBook).	

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VIII. Action Items		
IX. Board Initiatives	Chairman's Report: Dr. Jerry McDowell, Chair, reported the UNMH BOT Audit and Compliance Committee is making progress working through Charter, which will be presented at future Board of Trustees Meeting for review/approval. Mrs. Kate Becker introduced Dr. Bruce Siegel, President and CEO, America's Essential Hospitals. Dr. Siegel reviewed Board Engagement and training opportunities (presentation in BoardBook)	
X. Administrative Reports	Chancellor for Health Sciences: Dr. Paul Roth reported that House Bill 2 passed and will be moving over to Senate. However, the Medical School is considered a separate item and did not receive an increase. Dr. Roth reported that President Stokes is starting to help design the steps for orientation for the new Board of Regents. HSC Committee Report: Dr. Michael Richards reported Quality and Safety is showing improvement. Beginning to roll out planning for the Mill Levy funding at SRMC to become a Level 3 Trauma Center and start planning Behavioral Health access. (report in BoardBook). CEO Report: Mrs. Kate Becker reported Huron will present an update at March Board of Trustees Meeting. Upcoming Retreat to review Board focus, membership and education (report in the BoardBook) UNM Board of Regents Update: Mrs. Kate Becker reported the UNM Board of Regents approved contracting for architect and project manager for the MMF therefore; Dr. Chicarelli and his team will move forward with the project. CMO Report: Dr. Irene Agostini reported that the average wait time is down significantly from January of 2018. UNMH remains greater than 90% capacity on average and continues to ensure surgeries are not cancelled due to capacity (report in BoardBook)	
XI. Committee Reports	Quality and Safety Committee: Dr. Raymond Loretto, Secretary, gave a brief summary of the February Quality and Safety Committee Meeting.	

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	Finance Committee: Mr. Terry Horn gave a brief summary of the February Finance Committee Meeting. Mr. Horn indicated that the HR Compensation Study should be complete mid-year at which time Dr. Sara Frasch will present to the committee. Audit and Compliance Committee: Dr. Jerry McDowell, Chair, gave a brief summary of the February Meeting. Native American Services Committee: Mr. Erik Lujan reported the committee had an in-depth conversation on how they work, their function and role. They also requested recommendations from Mr. Greg Ortiz on how to improve. Community Engagement Committee: Mrs. Christine Glidden, Co-Chair, stated they held their first meeting with the approved Charter in place. They want to realize/discover the landscape and are reviewing how institution is viewed in community. Mrs. Glidden welcomed Mrs. Kris Sanchez to the committee.	
XII. Other Business	Mrs. Bonnie White reviewed the January Financials (report is in BoardBook)	
XIII. Closed Session	At 11:40 AM, Dr. Jerry McDowell, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.	Mr. Terry Horn made a motion to close the Open Session and move to the Closed Session. Mr. Joseph Alarid seconded the motion. Per Roll Call, the motion passed. Roll Call:: Dr. Jerry McDowell - Yes Ms. Christine Glidden - Yes Dr. Raymond Loretto – Not Present During Vote Mr. Terry Horn - Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Joseph Alarid - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson - Yes

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XIV. Certification	**After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.**	
Vote to Re-Open Meeting	At 12:15 PM, Dr. Jerry McDowell, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	Mrs. Debbie Johnson made a motion to close the Closed Session and return to the Open Session. Mr. Terry Horn seconded the motion. Per Roll Call, the motion passed. ==Roll Call:==: Dr. Jerry McDowell - Yes Ms. Christine Glidden - Yes Dr. Raymond Loretto - Yes Mr. Terry Horn - Yes Mr. Erik Lujan - Yes Dr. Jennifer Phillips - Yes Mr. Joseph Alarid - Yes Mr. Nick Estes – Yes Ms. Debbie Johnson - Yes
	Dr. Jerry McDowell, Chair, requested the Board acknowledge receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board and for the Board to accept the recommendations of those Committees as set forth in the minutes of those committees meetings and to ratify the actions taken in Closed Session. ❖ Medical Executive Committee (MEC) 01/16/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 01/18/2019 Minutes ❖ UNMH BOT Finance Committee 01/23/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 12/20/18 Minutes ❖ UNMH BOT Native American Services Committee 01/23/2019 Meeting Minutes	The Board of Trustees acknowledged receipt of the following: ❖ Medical Executive Committee (MEC) 01/16/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 01/18/2019 Minutes ❖ UNMH BOT Finance Committee 01/23/2019 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee 12/20/18 Minutes ❖ UNMH BOT Native American Services Committee 01/23/2019 Meeting Minutes

	Dr. Jerry McDowell, Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented in Closed Session:	Dr. Jennifer Phillips made a motion to approve the Credentialing and Clinical Privileges as presented in the Closed Session. Dr. Raymond Loretto seconded. The motion passed unanimously.
Adjournment	The next scheduled Board of Trustees Meeting will take place on Friday, March 29, 2019 at 9:00 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Dr. Jerry McDowell, Chair, requested a motion to adjourn the meeting.	Mr. Joseph Alarid made a motion to adjourn the meeting. Mr. Terry Horn seconded. The motion passed unanimously. The meeting was adjourned at 12:20 PM.

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Dr. Raymond Loretto, Secretary
UNM Hospitals Board of Trustees

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MISSION MOMENT

OUR MISSION MOMENT:

WHY WE ARE HERE? THE BEST IN PATIENT CARE

- CHANDRA CULLEN, MD – VICE CHAIR FOR CHILD PSYCHIATRY DIVISION, ASSOCIATE PROFESSOR
- LORI PONGE, MSN, RN, NEA-BC – EXECUTIVE DIRECTOR CHILDREN'S PSYCHIATRIC CENTER

CHILD PSYCHIATRIC CENTER SAVES LIVES

❖ CPC is a safety net for youth from throughout New Mexico and Southwestern Tribal Nations

❖ We save lives often and repeatedly – though it looks different than a life saved in a medical/surgical practice

❖ Recently we cared for a very intelligent young teenager who did not have and wouldn't look for a reason to live

    ❖ She was in Child Protective Services in the State of Connecticut.

    ❖ She came to live with relatives in New Mexico but CYFD took custody of her due to neglect by NM relatives

    ❖ She had been in residential psychiatric facilities for much of her life. She was admitted to CPH because of her extreme suicidality

    ❖ She actively and methodically looked for ways to kill herself. She was very practical about it

    ❖ She was receiving Dialectical Behavioral Therapy in our Behavioral Intensive Care Unit in addition to psychiatric care and school

THE MOMENT

❖ Teenager was extremely well behaved and about to be sent to CPS in Connecticut

❖ We brought her to UNMH Main for a necessary medical treatment

❖ She blinded our staff by throwing a 'hoody' over their faces and fled on foot across Lomas to the Parking Structure

❖ CPC staff alerted Security, UNM PD, APD to search for the girl along with alerting hospital leadership

❖ CPC staff were the first to see her sitting on a sixth floor ledge of the parking structure

❖ Crisis Intervention Trained Officers arrived, Security Arrived, UNM PD were there as well

❖ CPC staff arrived from the girl's cottage and began to speak with her. Our staff were the only people she would acknowledge at all

❖ *ALL security and police watched the skill of CPC staff and deferred to our connection & expertise*

❖ Three hours later, the girl walked along the ledge to the safety of a CPC staff member

THE AFTERMATH – HOPE ON A CHALK WALL

- Radical Acceptance
- Still I Rise
- Wise Mind
- Resilient
- Brave
- Love
- Balance
- Believe
- Courage
- Faith
- Strength

THE TEAM

- **Cecely Richardson**, MHA

- **Sam Estrada**, MHT II

- **Lorisha Moore**, MHT II

- **Erin Farley,** MHA

- **Loretta Oyeyemi**, RN Supervisor

  Terri Young, Unit Director

Infection Prevention and Control Plan 2019

UNM HOSPITALS

Infection Prevention and Control Plan 2019

Approved by: Infection Control Committee – _1/23/19_
Approved by: Quality Oversight Committee – __2/19/19_
Approved by: Medical Executive Committee – __2/20/19
Approved by: Board of Trustees – __

Introduction

The Infection Prevention and Control Department (IPCD) is part of University of New Mexico Hospitals (UNM Hospitals) and within the Quality Outcomes Department. This document holds a comprehensive evaluation of current responsibilities, the annual risk assessment for the department, and the infection prevention and control plan for 2019. The process is undertaken annually. The risk assessment and actions associated with updated priorities is completed at least annually but also when significant changes occur.

Purpose

The overall purpose of IPCD is to prevent infection transmission at UNM Hospitals among patients, visitors, staff, and providers. More specific goals include prevention of healthcare-acquired infections (HAIs) among patients and reduction of transmission of antibiotic-resistant organisms and other infectious diseases within hospital and clinic settings. Using epidemiological principles, pertinent data is collected and analyzed to detect trends, to determine risk factors associated with infection, to create evidence-based interventions to prevent transmission and infections, and to assess effectiveness of interventions. IPCD uses the current CDC National Healthcare Safety Network (NHSN) surveillance definitions for HAIs which enables comparison of our local data with national data to benchmark and to evaluate patient outcomes in comparison to nationwide trends. As a resource within UNM Hospitals and the community, Infection Preventionists serve as resources on multidisciplinary teams established to prevent HAIs and other infections among everyone at UNM Hospitals and provide guidance to other professionals as well as the public about infection risks to enhance patient safety and quality.

Scope of Service

The scope of IPCD includes anyone who enters UNM Hospitals or its clinics, which includes all patients, employees, medical personnel including faculty and providers, students, contract personnel, volunteers, and visitors.   The practices of infection prevention and control are applied facility-wide and are an integral part of patient safety. The Hospital Epidemiologists, Infection Preventionists, and the Infection Control Committee, determine the specific focus of surveillance, education, and consultation efforts on an ongoing basis. This is dependent on hospital epidemiology, community disease surveillance, and real or perceived local or world threats.

Mission Statement

The mission of IPCD is to create a safe and high quality patient care and work environment and to protect patients, visitors, and staff through ongoing education, surveillance with analysis, information dissemination, and implementation of effective infection prevention methods. IPCD blends evidence-based recommendations with knowledge, skill, integrity, experience and creativity to accomplish our mission. The guiding principles listed below are intended to support UNM Hospitals in the areas of People, Service, Quality, Growth/Community, and Finance.

People
- To engage everyone in a culture of patient safety through the use of infection prevention practices
- To support all healthcare workers in their daily practice to reduce all healthcare-associated infections
- To promote a safe patient care and working environment for everyone at UNM Hospitals
- To limit unprotected exposure to pathogens among everyone at UNM Hospitals

Service
- To provide timely and useful resources and information to frontline healthcare workers
- To provide ongoing and meaningful analyses, information, and recommendations to leadership

2019 Infection Prevention and Control Plan

about infection control issues

Quality
• To routinely produce timely, valid, and pertinent information for any presentation, report, education, and recommendations for all audiences
• To evaluate IPCD processes, products, and outcomes to continuously improve our effectiveness and efficiency and to evaluate our impact within the organization

Growth/Community
• To provide effective education for patients, visitors, and their families about infection prevention
• To expand the capacity of IPCD to provide support to units and departments at UNM Hospitals
• To improve our response to ongoing or emergent infection control issues

Finance
• To provide evidence-based infection prevention strategies in a cost-effective manner
• To enhance cost savings through continuous HAI reduction

Infection Prevention and Control Program at UNM Hospitals (IC.01.03.01, EP 2)
The Unified Operating Plan of the University Health System include achieving the goal of the safest hospital in New Mexico by delivering safe, high quality patient care. To achieve these goals, critical aspects of the Infection Prevention and Control Program include:
• Involvement and integration of key stakeholders for Infection Control Committee Meetings and Work Groups.
• Reporting infection surveillance, prevention and control information to appropriate hospital staff; federal, state and local public health authorities in accordance with law and regulation; accrediting bodies; and the referring or receiving organization when a patient has been transferred or referred and the presence of an infection was not known at the time of the transfer or referral.
• Systems to communicate with licensed independent practitioners, staff, students, volunteers, and, as appropriate, visitors, patients, and families about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the hospital.
• Applicable policies and procedures throughout UNM Hospitals to support the infection control program.
• A written Annual Report to the Quality Oversight Committee and UNM Hospitals Board of Trustees.
• A risk assessment of relevant and prioritized issues related to infection prevention and control performed annually.
• A written Infection Prevention and Control Plan completed annually. Risk assessment may occur more frequently based on perceived need.

Resource Allocation - Needs for 2019 to effectively manage IPCD office (IC.01.02.01)
Needs include approval of a ladder for advancement within the infection preventionist role, further funding for physician time for hospital epidemiology (to provide backup and to meet targets for hospital size), better coordination among entities within the University Health System, continued integration of infection control/antimicrobial stewardship, and further improvements in data management to meet demand for metrics and reporting requirements with ongoing support for the decision support analysts within IPCD and Antimicrobial Stewardship.

Risk Factors: Services Provided and Geographic Location (IC.01.03.01, EP 1)
UNM Hospitals is located in Albuquerque, New Mexico and includes UNM Hospitals, New Mexico Children's Hospital, and affiliated clinics. UNM Hospitals is currently a 527-bed hospital with 53 affiliated
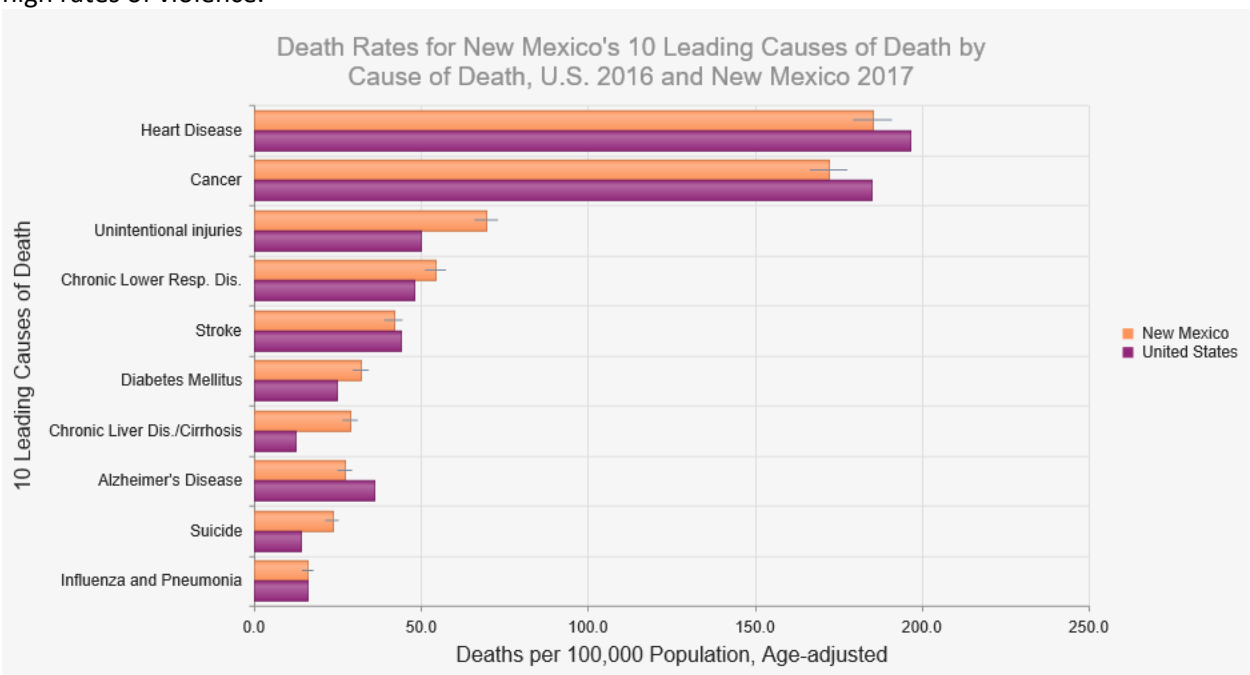
clinics and serves a diverse population within New Mexico. The broader University Health System also includes Sandoval Regional Medical Center and UNM Medical Group Clinics. UNM Hospitals provides emergency, medical, surgical, obstetric, pediatric, neonatal, behavioral health, pediatric hospice and oncologic services. Additionally, renal transplantations are performed at UNM Hospitals. It is the only Level 1 Trauma Center in New Mexico and is a tertiary care hospital serving patients with severe illness or those requiring more specialized care. UNM Hospitals serves all of New Mexico and other areas in surrounding southern Colorado, western Texas and eastern Arizona. UNM Hospitals also serves the American Indian/Alaska Native (AI/AN) population through referrals from the Indian Health Service.

Risk Factors: Patient Population (IC.01.03.01, EP 1)

Chronic conditions in New Mexico are prevalent (The State of Health in New Mexico 2018 and NM-IBIS, NM Department of Health). Five of these conditions including cancer, heart disease, emphysema, stroke, and diabetes account for five of the leading six causes of death in New Mexico. Unintentional injuries remains ranked 3rd cause of death in New Mexico since 2012. Approximately 20% of New Mexicans live in poverty and over 30% of the state's children live in poverty. Other issues affecting New Mexico include high rates of substance abuse which contribute to a high rate of deaths due to drug and alcohol use and high rates of violence.

Death Rates for New Mexico's 10 Leading Causes of Death by Cause of Death, U.S. 2016 and New Mexico 2017

https://ibis.health.state.nm.us/indicator/view/DthRateLdgCause.Cause.html

Risk Factors: Infection Risks

At UNM Hospitals, infection risks to patients relate to services and care provided and community risk. Risk of healthcare-associated infections depend upon interventions in the healthcare setting which include central line use, indwelling urinary catheters, surgical procedures, and mechanical ventilation. Antibiotic use, hand hygiene, proper personal protective equipment use, and environmental cleaning all contribute to hospital-onset Clostridium difficile infections (CDI). Prolonged hospital stay, antibiotic exposure, and infection control practices all contribute to transmission of antibiotic-resistant organisms (AROs). Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to patients with a focus on HAIs, CDI, and AROs.

Community infection risk is routinely discussed with the New Mexico Dept of Health and also informed by Health Alerts. Influenza and other respiratory viruses circulate annually. Additionally, New Mexico has endemic enzoonotic infections such as Hantavirus, plague and tularemia which occasionally cause infections in people. Lastly, although the incidence of tuberculosis is lower in New Mexico relative to other states, many patients are referred to UNM Hospitals for care and also may have more atypical presentations (e.g., extrapulmonary disease).

In the line of care, healthcare workers face the possibility of exposure to the following:
- Bloodborne Pathogen infections such as Hepatitis C, Hepatitis B, and HIV via mucous membrane, cutaneous and parenteral exposure; due to high background rates of Hepatitis C in New Mexico, the risk of transmission is greatest for this bloodborne pathogen.
- Active pulmonary and/or extrapulmonary tuberculosis
- Other communicable diseases such as varicella zoster virus or pertussis
- Exposure to multi-drug resistant organisms, such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), carbapenem-resistant Enterobacteriaceae (CRE), extended spectrum beta-lactamase-producing gram negative rods (ESBLs), multi-drug resistant Gram-negative organisms (MDROs), and *Clostridium difficile* infection (CDI).

Surveillance Process

Based upon risk factors at UNM Hospitals and impacts on morbidity and mortality, healthcare-acquired infection surveillance is targeted toward high-risk areas, including the critical care and progressive care units and device-associated Infections. The methodology is described in the Appendix A: "Infection Control Surveillance Procedure." Surveillance for device-associated HAIs is conducted by the Infection Preventionists in accordance with Centers for Disease Control and Prevention (CDC) criteria. This involves a determination as to whether the infection was present or incubating at the time of hospital admission (within the first 2 days of admission). The Infection Prevention and Control Department (IPCD) may collaborate with representatives of other University of New Mexico Hospital departments who collect and monitor additional data relative to infection incidence or prevention. This data is then reported at the Infection Control Committee meetings and others, as appropriate. This includes, but is not limited to the Emergency Department Operations meetings, Quality Operations meetings, Surgical Quality meetings, Critical Care Committee meetings, Pediatric Quality meetings (CHPIPSC), and Progressive Care Unit meetings.

Information, ongoing activities, and recommendations derived from the data are reported to the Infection Control Committee, Quality Oversight Committee, Medical Executive Committee, HSC Quality and Safety Committee, Safety Committee, and/or Hospital Board, as appropriate. These data include but are not limited to:

Surveillance Activity	Scope
CLABSI	Facility wide
CAUTI	Facility wide
SSI	Colon, Abdominal Hysterectomy, and Cesarean Section Surgeries
C. difficile Lab ID Events	Facility wide except babies
VAP/VAE	Critical Care Units
MRSA Bacteremia Lab ID Event	Facility wide
Healthcare Personnel Influenza Vaccination	All Inpatient Healthcare Personnel
Hand Hygiene	Facility Wide
Curos Alcohol Caps Compliance	Inpatient Units (Adults and Pediatric)
Antibiotic-Resistant Organisms	Facility wide
Infectious & Communicable Diseases	Defined by the New Mexico Department of Health

Surveillance Plan (01.05.01 EP2) (IC.02.01.01 EP1)
The surveillance plan is based upon the annual Risk Assessment analysis and review, including the clinical laboratory reports, and the effectiveness evaluation for the previous year. The Infection Control Surveillance Procedure for UNM Hospitals for the current year may be found in Appendix A of this document.

The surveillance plan focuses primarily upon our antibiotic resistant microorganisms (MRSA, VRE, ESBL, MDRO, CRE); targeted surgical site infections; central line associated blood stream infections; catheter-associated urinary tract infections; hospital-onset *Clostridium difficile* infections; ventilator-associated events (adults) and pneumonia (pediatrics); communicable disease reporting as required by the New Mexico Department of Health Administrative Code. It also includes monitoring of important preventive processes, such as hand hygiene compliance and Environmental Infection Control issues. Additional surveillance data may be received from other areas relative to infection prevention and related issues. This information will be included as part of the overall infection control program, as appropriate. Infection control data is reviewed over time to determine the effectiveness of interventions which will be redesigned, as necessary.

Authority and Responsibility
The Infection Control Committee members have the overall authority and responsibility for the Infection Prevention and Control Program. The Infection Prevention and Control Department has primary responsibility for the daily management of infection prevention and control activities. This includes developing and implementing policies that govern control of infections and communicable diseases and developing a system for identifying, reporting, investigating and controlling infections and communicable diseases. The Infection Preventionist has authority to institute any surveillance, prevention, and control measures or studies when there is reason to believe that any patient or personnel may be in danger from a potential or actual outbreak of, or exposure, to infectious disease. All employees have responsibility for adherence to infection prevention and control processes/strategies.

EVALUATION OF EFFECTIVENESS 2017-2018 (IC.01.05.01 EP3, IC.03.01.01 EP3)

Infection Prevention and Control Department Scorecard (IC.03.01.01 EP3)
APPENDIX B

Executive Summary for Quality Oversight Committee (IC.03.01.01 EP3)
APPENDIX

Tuberculosis (TB) Risk Assessment, 2015 - 2018

	2018	2017	2016	2015
Incidence of TB				
Facility rate UNM Hospitals (per 100,000 admissions)	19	9.1	21.5	22.5
Total UNM Hospitals admissions (n)	31,909	32,800	32,575	26,624
Confirmed (n)	6	3	7	6
Suspected (n)	47	75	54	129
Cluster of MTB infections	No	No	No	No
Healthcare workers (HCW)* that converted (n)	0	0	0	0
Total HCWs (n)	11,346*	10,674*	9,867*	6,588
HCW conversion rate per 1,000 employees	0	0	0	0
Any group/trend with increased rate	No	No	No	No
Risk Classification				
Beds (n)	527	527	527	527
Risk assigned UNM Hospitals †	Medium	Medium	Medium	Medium
Risk assigned for New Mexico	Low	Low	Low	Low

*UNM Hospitals employees also includes medical staff, residents, and trainees
† Medium Risk > or = 6 MTB patients or Evidence of ongoing MTB transmissions

INFECTION PREVENTION AND CONTROL DEPARTMENT RISK ASSESSMENT 2019 (IC 01.05.01 EP3)
APPENDIX D

An infection control risk assessment is performed annually or repeated as needed during the year. Infection Prevention and Control uses a structured tool to determine probability, risk/impact, and current systems/preparedness for each issue affecting infection control. Each issue is then rated using different scales and the numbers within each domain are multiplied together. Based on numeric results, a priority list is developed (see page 8). This risk assessment (Appendix D) and its results were shared with the Infection Control Committee (ICC) for input and discussion to determine infection control priorities then approved by the ICC and Medical Executive Committee.

UNM HOSPITALS

Infection Prevention and Control Department Risk Prioritization (IC.01.03.01 EP5)

Tier #	Priority Rank	2019 IPCD Risk Assessment	SCORE
1	1	Hand Hygiene	64
	2	*C. difficile* Infections	64
2	3	Antibiotic Resistant Organisms (CRE, VRE, ESBL/MDRO)	48
	4	Catheter-Associated Urinary Tract Infection (CAUTI)	48
	5	Surgical Site Infection (SSI)	48
	6	Cleaning & Disinfecting of patient care equipment	48
	7	Isolation & PPE Practices	48
3	8	High level disinfection	36
	9	MRSA (Screening, Invasive infections)	36
	10	Central Line-Associated Blood Stream Infection (CLABSIs)	36
	11	Ventilator Associated Event/Pneumonia (VAE/VAP)	36
	12	Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	36
4	13	Highly Infectious Disease (HID) Preparedness	30
5	14	Varicella Zoster Virus (VZV) Exposures	24
	15	Pertussis Exposures	24
	16	Respiratory viruses (Hospital Onset)	24
	17	Tuberculosis (TB) Exposures	24
	18	Patient Immunization (Influenza, Pneumococcal)	24
	19	Influenza and Norovirus outbreaks	24
6	20	Hospital Environment Cleaning	18
7	21	Healthcare Worker (HCW) Influenza Vaccination	16
	22	Respiratory Hygiene/Cough Etiquette	16
8	23	Pandemic Preparedness	15
9	24	Outbreaks of communicable diseases	12
	25	*Neisseria meningitidis* (meningococcus)	12
	26	HCW Vaccine and PPD Policy Compliance	12
10	27	Waste Disposal	8
	28	Hemodialysis Dialysate Testing	8
	29	Water Testing	8
11	30	Fungal infections	6
	31	Influx of large numbers of infectious patients	6
	32	Air Exchange and Pressure Monitoring	6
	33	Contamination/Infection from Pharmacy Environment	6
12	34	Infrastructure Collapse Planning	4
13	35	Legionella (nosocomial)	3
	36	Sterilization Biologic Monitoring/Flash Sterilization	3
14	37	Critical Incident Planning	2
	38	Pre-Construction IC Planning/Risk Assessments	2

2019 Infection Prevention and Control Plan

INFECTION CONTROL PRIORITIES AND GOALS (IC.01.03.01, EPs 5; NPSG 7)

1. Hand Hygiene
Goals
- Achieve hand hygiene compliance rates of greater than 90% each month for all UNM Hospitals clinical areas.

Strategy
- Hand Hygiene Leadership Team will set priorities areas to improve hand hygiene compliance at UNM Hospitals through team input but also integrating feedback from frontline staff and leadership.
- Present case for electronic hand hygiene surveillance based on TSI pilot.
- Improve reporting of hand hygiene to inpatient units (frontline staff through executive directors).
- Disseminate information and education regarding hand hygiene via the Healthy Hands Resource Squad.
- Continue to implement improvements in alcohol-based hand sanitizer such as availability, restocking, and usability.
- Improve hand hygiene observational surveillance integrity by creating an annual refresher competency required for hand hygiene observers via learning central.
- Continue improvements to standardize ambulatory hand hygiene observation methods and reporting. Explore feasibility of hand hygiene database for ambulatory clinics.

Evaluation
- Hand hygiene rates per unit.

Surveillance Methodology
- Inpatient: Direct observation of staff, delineated by role, on entry to/exit from patient care area.
- Ambulatory: Direct observation of staff by patients and peers.
- Calculated by the number compliant divided by the number of observations then multiplied by 100 to produce a percentage.
- Healthcare team members are observed by trained staff or IPCD who are assigned to collect hand hygiene observations.

2. Hospital-Onset *C. difficile* Infections (HO CDI)
Goals
- UNM Hospitals hospital-onset CDI overall: reduce HO CDI to less than 96 infections (FY 2019).

Strategies
- *C difficile* Work Group:
  - Develop a plan for reducing inappropriate *C difficile* testing among inpatients.
  - Continue PDSA for wipe availability focusing on progressive care units to enable better low level environmental disinfection and high touch cleaning.
  - Pilot PDSA for implementation of standardized high touch cleaning in patient rooms in adult ICUs and progressive care units.

- o Standardize use of vaporized hydrogen peroxide machine by EVS when *C difficile* clusters are identified by IPCD.
- Present ATP monitoring data from EVS to evaluate impact of cleaning on HOCDI rates at the Environmental Infection Control Work Group and Infection Control Committee Meetings.
- Develop a more formalized auditing plan for measuring cleaning practices by EVS.
- Update procedure for *C difficile* isolation precautions in the Transmission-based Precautions Procedure (Inpatients) and rollout to inpatient units.
- Review of HO C difficile cases and C difficile tests in order to inform potential interventions by *C difficile* Work Group and to improve awareness among nursing and physicians/providers about HO CDI and testing practices.

Evaluation

- IPCD HAI surveillance – HO CDI numbers and rates generated through CDC's NHSN
- ATP testing of units and rooms by EVS and IPCD
- Assessment of wipe availability on progressive care units
- Assessment of high touch cleaning performance on pilot units

Case Finding Methodology

- Infections identified by positive *C. difficile* tests. HO CDI is greater than 3 days since admission. All CDI lab tests entered into NHSN database and reported by IPCD.

3. **Isolation Precautions and Infection Control Practices including Antibiotic Resistant Organisms (AROs)**

Goals

- Improve timing of implementation and discontinuation of isolation precautions in the inpatient setting.
- Improve appropriateness of isolation precautions in the inpatient setting.
- Improve guidance for infection control practices in ambulatory settings.
- Improve infection control practices, in particular personal protective equipment (PPE) use, in inpatient settings.
- Establish more efficient and impactful surveillance processes for AROs by IPCD.

Strategies

- Comprehensive roll out of updated Transmission-Based Precautions Procedure, Standard Precautions Procedure, and Management of Carbapenem-resistant Enterobacteriaceae (CRE) Procedure.
- Develop clear and concise resources for infection control practices in ambulatory settings with the support of an Ambulatory Infection Control Work Group involving frontline staff.
- Improve processes for access and training related to Controlled Air-Purifying Respirators (CAPRs) for nursing and physicians/providers.

Evaluation

- Direct observation audits to assess current practice for isolation and PPE use.

4. **Catheter Associated Urinary Tract Infections (CAUTIs)**

Goals

- For UNM Hospitals CAUTIs overall: reduce CAUTIs to less than 41 infections (FY 2019).

Strategies

- CAUTI Work Group:
  - Continue standardization of indications for Foley catheter insertion in the Operating Room with ongoing feedback regarding accuracy of indications.
  - Establish a standardized procedure for Foley care vs. pericare for all inpatient units.
  - Continue with implementation of external female catheters to reduce inappropriate Foley catheter use.
  - Improve nursing application of Foley catheter indications to ensure prompt removal of Foley catheters when no longer indicated.
  - Identify other areas for intervention based on data and high/low impact/effort assessment.
- Focused improvement effort in the NSI which includes development of a protocol for monitoring urine culture orders, development of a procedure for assessment of febrile patients, improving frequency of Foley catheter care, implementing external female catheters, and requiring 2-person Foley catheter insertion.
- Complete validation of automated data for tally of Foley catheter days instead of collecting manual data on inpatient units.
- Continue daily assessment of Foley catheter indications by expanding Implementation of a Program for Rounding on VTE prophylaxis and Effective Infection Control (IMPROVE-IT) pilot to all adult ICUs and PCUs.

Evaluation

- IPCD HAI surveillance – CAUTI numbers and rates generated through CDC's NHSN
- Device utilization ratios for Foley catheters
- Each CAUTI subgroup has associated measurements.

Case Finding Methodology

- Infections identified through a review of positive urine cultures and clinical record. If a case meets NSHN CAUTI surveillance definition, this is entered into NHSN database and reported by IPCD.

5. **Surgical Site Infections (SSI)s**

Goals

- Continue measurement of SSI Prevention Bundle and sub bundles (Colorectal Surgeries, Abdominal Hysterectomies, and Cesarean sections).

- Continue improvements in automated collection of NHSN denominator data for colon, abdominal hysterectomy, and caesarian section procedures to report required procedures to CMS.

Strategies
- Surgical Site Infection Work Group:
  - Continue improvements in data automation for measurements related to SSI Prevention Bundles).
  - Improve process for preoperative pathway to support required documentation, bundle compliance, and communication.
- Continue improvements in data automation for SSI surveillance.

Evaluation
- NHSN SSI data
- National Surgical Quality Improvement Program (NSQIP) data
- Data regarding SSI bundle and sub bundle compliance

Case Finding Methodology
- Infections will be identified through a review of wound cultures, antibiotics prescribed, readmissions, or a report from the provider or relevant clinics and reported using NHSN definitions.
- Inpatient and outpatient records will be reviewed initially to obtain surgical data for the specific patient, then as needed.

6. **Environmental Infection Control Including Cleaning, Disinfection, and Sterilization**
Goals
- Create a safe environment among patients, staff, and physicians/providers by routinely monitoring key environmentally-based infection control issues.

Strategies
- Environmental Infection Control Work Group:
  - Communicate infection prevention and control surveillance data regarding legionella, mold, CDI, and risk assessments at the Environmental IC Work Group and to the Infection Control Committee Meetings.
  - Improve reporting of ongoing surveillance data related to patient infections with environmentally associated pathogens.
  - Monitor reports such as air balance, water testing including dialysis, construction, immediate use steam sterilization, and water damage reports routinely.
  - Review charter for Environmental Infection Control Work Group and update as needed.
- Infection Control Risk Assessments:
  - Continue Infection Control Risk Assessments for all construction/renovation projects and update associated procedure.
  - Improve process for monitoring ICRAs to facilitate communication among key parties (e.g., facilities, IPCD, etc.).

- Cleaning and Disinfection:
  - Complete equipment cleaning reference charts on IPCD's website; determine other potential mechanisms for education of appropriate staff.
  - Continue to monitor, educate, and improve High Level Disinfection practices including support for training and monitoring for high level disinfection (e.g., Trophon® epr).
  - Develop a charter for standardization of point of care ultrasound (POCUS) cleaning and disinfection processes facility-wide.
  - Monitor and coach regarding handling and transport of contaminated equipment practices and promote competencies in this area.
- Continue to report to the Safety Committee regarding infection control findings, recommendations, and action plans.

Evaluation
- Review of key reports related to environmental infection control
- Review of environmentally associated pathogens from patients
- Risk Assessment Log
- High Level Disinfection site audits

7. **Central Line Associated Blood Stream Infections (CLABSIs)**
Goals
- For UNM Hospitals CLABSIs overall: reduce CLABSIs to less than 26 infections (FY 2019).

Strategies
- Vascular Access Leadership Team (VALT):
  - Rollout of updated needleless connector change procedure and adult vascular access algorithm to all of nursing in Q1 2019.
  - Consider implementation of a unit-based vascular access auditing tool to improve vascular access care.
  - Harmonize all educational resources and policies/procedures related to vascular access.
  - Develop a standard way to train nursing in the practice of ultrasound-guided peripheral IV placement.
  - Update the blood culture draw procedure to improve blood culture contamination rates, documentation of the source of the culture, and processes surrounding blood culture collection.
- Complete validation of automated data for tally of central line days instead of collecting manual data on inpatient units.
- Continue daily assessment of temporary central lines indications by expanding Implementation of a Program for Rounding on VTE prophylaxis and Effective Infection Control (IMPROVE-IT) pilot to all adult ICUs and PCUs.

Evaluation
- IPCD HAI surveillance – CLABSI numbers and rates generated through CDC's NHSN

- Device utilization ratios for central lines
- Assessment of vascular access practices on inpatient units

Case Finding Methodology
- Infections identified through a review of positive blood cultures and clinical record. If a case meets NSHN CLABSI surveillance definition, this is entered into NHSN database and reported by IPCD.

8. **Ventilator Associated Pneumonia/Events (VAP/VAE)s**
Goals
- Consider updated pediatric surveillance for VAEs.
- Resume adult ICU VAE surveillance when module validated in Theradoc.

Strategies
- Report data regularly at Children's Hospital Performance Improvement & Patient Safety Committee (CHPIPSC).
- Report data regularly at Critical Care Committee and provide updates about availability of VAE surveillance based on TheraDoc implementation.
- Consider development of a multidisciplinary work group to reduce VAEs (once data available).

Evaluation
- IPCD HAI surveillance – VAP and VAE numbers and rates generated through NHSN

Case Finding Methodology:
- VAP: Infections identified through a review of positive respiratory cultures and clinical record. If a case meets NSHN pediatric VAP surveillance definition, this is entered into NHSN database and reported by IPCD.
- VAE: Events identified through criteria obtained from the clinical record. If a case meets NSHN VAE surveillance definition, this is entered into NHSN database and reported by IPCD.

9. **Managing Staff and Provider Exposures to Transmissible Infections** (IC.02.04.01 EP 4, EP5)
Goals
- Create a useful and user-friendly resource for management at UNM Hospitals and for administrators within departments for management of common occupational exposures.
- Maintain greater than or equal to 90% influenza vaccination rate for licensed independent practitioners and staff.

Strategies
- Develop joint exposure processes for Varicella, Meningococcus, Tuberculosis, and Pertussis with Occupational Health Entities.
- Sharps Injury Group:
  - Analyze blood and body fluid exposure data for areas or ongoing issues where Occupational Health and Infection Prevention and Control may intervene.
  - Implement strategies to reduce occupational exposure to bloodborne pathogens.

- Support roll out of improved and more user friendly Bloodborne Exposure process and checklist developed by Occupational Health.
- Improve internal IPCD processes for support for bloodborne pathogens exposures of first responders with guidance from UNM legal and HSC Privacy Officer.
- Rollout updated version "Preventing the Spread of Transmissible Diseases between Healthcare Workers and Patients Procedure" in conjunction with the Transmission-based Precautions Procedure.

Evaluation
- Summarize exposure data for each infection type with the assistance of occupational health

UNM HOSPITALS

Regulatory Requirement Table

Measure Prioritization Outline	CMS-required reporting via NHSN/Hospital Compare	NPSG 2019	TJC IC standard 2019	Facility goal	New Mexico public reporting
CLABSI rates and processes	All ICUs since Jan 1, 2011	Yes		Yes	Yes
SSI rates and processes	Colon and Abd. Hyst started Jan 1, 2012	Yes		Yes	
CAUTI rates and processes	All ICUs since Jan 1, 2012 (except NBICU)	Yes		Yes	
C. diff, MRSA and MDR-GNR reporting	MRSA bacteremia and CDI Lab ID started Jan 1, 2013	Yes		Yes	Yes
Employee influenza vaccination rates	Aggregate rate reporting started Jan 1, 2013		Yes	Yes	Yes
Hand Hygiene		Yes		Yes	
Environmental cleaning			Yes	Yes	
Reusable medical equipment reprocessing at all levels			Yes	Yes	
Other environmental monitoring-construction, airflow etc.			Yes		
VAE (Adults) VAPs (Pediatrics)				Yes	
Infection control in outpatient settings-review of the basic CDC requirements for ambulatory care and oncology			Yes	Yes	
Inter-facility communication on MDRO.			Yes	Yes	

APPENDIX A

Infection Control Surveillance Procedure
Case Finding

- Tricore Laboratory provides Daily Infection Control Reports via email to the Infection Preventionists (IPs). (IC.01.02.01)
- Nursing personnel and Medical staff provide information and referrals.
- Tricore Laboratory provides all final antibiotic-resistant microbiology reports to the Infection Prevention and Control Department via fax.
- The Tricore Laboratory provides reports of all possible infectious and communicable diseases (Hepatitis, sexually transmitted infections, tuberculosis, etc.) on hospitalized patients to the IPs via email and fax.
- The Electronic Health Record automatically notifies the IPs of orders for certain communicable disease testing with an automated print out (Varicella, Acid Fast Bacilli etc.).
- TheraDoc electronic infection control surveillance software automatically retrieves and sorts lab results for communicable diseases and pathogens of interest.
- The IPs review these reports to determine which cases need to be reviewed for the current surveillance program or for public health reporting.

Case Review

- Antibiotic-resistant organisms (AROs)
  - The IPs log all resistant organisms on appropriate line list these are evaluated as community or hospital-acquired infections.
  - The IPs record all resistant organisms via the Electronic Health Record via an adhoc form to communicate ARO history via the patient information banner as "IC HX:"
- Healthcare associated infections (HAIs)
  - Appropriate laboratory data initiates the process of review for healthcare associated infections.
  - Charts are reviewed to determine if HAIs are present using Centers for Disease Control and Prevention (CDC) criteria and definitions.
- Reportable communicable diseases
  - Records of patients with reportable communicable diseases are reviewed.
  - Reportable diseases as required by state statute are collected and reported to the New Mexico Department of Health.
- Management of occupational exposures to communicable diseases
  - For patients with tuberculosis, varicella/disseminated zoster, meningococcus, pertussis, and other needed diseases lists of potentially exposed healthcare workers are generated. They are screened for exposures using standardized definitions. A refined list of exposed healthcare workers is sent to the appropriate occupational health entity for further follow-up.
- Surgical Schedules and patients records are reviewed and data collected to determine the presence of Surgical Site Infection (SSI).

Data Analysis

- Thresholds/Benchmarks
  - Thresholds are established through analysis of current scientific knowledge, national norms, University of New Mexico Hospitals historical data, and other references.
  - Benchmarks are established through comparison analysis with external databases, such as the CDC's National Health Safety Network (NHSN).
- HAI data is compared with national data and presented at various committees and meetings as indicated.
- ARO data is analyzed as follows:
  - Rates are calculated by using the number of isolates as the numerator and patient and/or device days as the denominator. This number is multiplied by 1000 to give an infection rate per 1000 patient or device days.
  - When a trend is identified it may be referred to as a "cluster" or an "outbreak". This situation requires further action.
    - If common factors are not identified, no action may be required. If analyses of successive months determine the pattern is continuing, a more aggressive investigation will be implemented. The design of this investigation will be determined by Infection Prevention and Control, the Hospital Epidemiologist, and others significantly involved.
    - The data is shared with the Infection Control Committee, Quality Oversight Committee, Medical Executive Committee, and/or Medical staff and Nursing staff, as appropriate.
    - An action plan is established and implemented.
    - The effectiveness of the plan is evaluated.

Reporting of Findings

- Analysis of surveillance findings is presented to the Infection Control Committee on at least a quarterly basis.
- All "cluster" evaluations will be reported to the Infection Control Committee.
- The Infection Control Committee minutes and summary report is shared with the Infection Control Committee, Quality Oversight Committee, Medical Executive Committee, and/or Medical staff and Nursing staff, as appropriate.

Hand Hygiene: July 2017 – June 2018 (FY 2018)

UNMH Hand Hygiene Surveillance (Inpatient including Behavioral Health)

- Hospital-wide hand hygiene observations are performed by trained UNMH staff

Standards for Hand Hygiene

- No national or state-wide standards for hand hygiene targets
- Observations are based on CDC Hand Hygiene Guidance (assessing at room entry and exit)
- Institutional goal: 90% or greater for all departments, areas, and roles

UNMH Inpatient Nursing Unit Data

- FY 2018 Inpatient Nursing Units overall Hand Hygiene adherence average: **91%**

Location Type	HH Rate (%)	Total Number of Observations
Pediatrics	96	5,857
Adult BH	94	2,833
Progressive Care Units	93	25,167
Adult ICUs	91	19,882
Peds BH	88	5,572
Women's Services	87	1,506
Surgical (PACU)	86	3,387
Emergency	85	13,446

By Role	HH Rate (%)	Total Number of Observations
Nursing	92	31,416
Nursing Techs	92	20,063
MID-Level (NP's, PA's)	92	3,322
Respiratory Therapy	92	3,037
Radiology	92	1,885
PT/OT/SLP	91	1,590
S t u d e n t	89	2,455
LAB	89	2,058
EVS	89	2,366
MD/Resident	84	9,169
Transport	84	1,565

Central Line Infection (CLABSIs): Through Q2 2018

UNMH CLABSI Surveillance: Hospital-wide CLABSI Surveillance starting in November 2010 (18 units)

CLABSI Targets

- UNMH Overall Goal: Zero CLABSIs hospital-wide
- Department of Health and Human Services Healthy People 2020 target: SIR 0.25

National Benchmark for CLABSI SIR (2016 Data): 0.89

NM Statewide SIR (2016 Data): 1.05

		CLABSI Hospital-wide Surveillance (All 18 units)				
Year	CLABSI (n) (All)	CLABSI (n) (MBI* Only)	Expected CLABSI* (n)	SIR† (O/E)	95% CI	Rate/1000 Line Days
2015	51	2	43.8	1.16	0.88, 1.52	1.27
2016	43	12	42.3	1.02	0.75, 1.36	1.13
2017	26	7	38.43	0.68	0.45, 098	0.75
2018H1	7	4	19.39	0.36	0.16, 0.71	0.37

Based on modeling that uses national baseline CLABSI data (2015)

†Standardized infection ratio (SIR) which is the observed over expected number of CLABSIs

*MBI – mucosal barrier injury (i.e., neutropenic patients)

CLABSIs* by SOM Department (FY 2018)	
Department	**n**
Emergency Medicine/Critical Care	1
Family Medicine	1
Internal Medicine	6
Neurology	2
Neurosurgery	2
OB/GYN	1
Orthopedics	0
Pediatrics	6
Psychiatry	0
Surgery	1
Total	20

*Excludes CLABSIs related to MBIs

Appendix B   Infection Prevention and Control Score Card (2017 - 2018)

Catheter-Associated UTIs (CAUTIs): Through Jun 2018

UNMH CAUTI Surveillance

- Adult and pediatric ICUs starting January 2012 (4 units total)
- Adult and pediatric medical/surgical wards starting July 2014 (11 units total)
- Surveillance now includes 18 inpatient units

CAUTI Targets

- UNMH Overall Goal: Zero CAUTIs hospital-wide
- Department of Health and Human Services Healthy People 2020 proposed target: 25% reduction from 2015 baseline

National Benchmark for CAUTI SIR (2016 Data): 0.93

NM Statewide SIR (2016 Data): 1.24

CAUTI Hospital-wide Surveillance (All 18 units)					
Year	CAUTI (n)	Expected CAUTI (n)	SIR (O/E)	95% CI	Rate/1000 Catheter Days
2015	80	60.2	1.33	1.06, 1.65	2.31
2016	71	55.0	1.29	1.02, 1.62	2.30
2017	62	50.4	1.23	0.95, 1.57	2.14
2018H1	19	25.4	0.75	0.46, 1.15	1.24

Based on modeling that uses national baseline CAUTI data (2015)

CAUTIs by SOM Department (FY 2018)	
Department	n
Emergency Medicine/Critical Care	4
Family Medicine	2
Internal Medicine	12
Neurology	9
Neurosurgery	4
OB/GYN	0
Orthopedics	0
Pediatrics	2
Psychiatry	0
Surgery	11
Total	44

C. difficile Infection (CDI): Through Jun 2018

UNMH CDI Surveillance

- 4 unit surveillance from January 2011 date (MICU, TSI, 4E and 5E)
- Hospital-wide starting January 2013 (18 units total)
- Surveillance now includes 20 inpatients units (including behavioral health units)

National Benchmark for HO CDI SIR (2016 Data): 0.92

NM Statewide SIR (2016 Data): 1.07

	Hospital-Onset (HO) *C. difficile* Infections (CDI) Hospital-wide Surveillance				
Year	HO CDI (n)	Expected HO CDI* (n)	SIR* (O/E)	95% CI	HO CDI Incidence Rate (per 10,000 patient days)
2015	123	102.8	**1.20**	1.00, 1.42	9.0
2016	109	77.2	**1.41**	1.17, 1.70	7.9
2017	108	97.0	**1.11**	0.92, 1.34	8.0
2018H1	68	40.9	**1.66**	1.30, 2.09	10.1

Based on modeling that uses national baseline HO CDI data (2015)

HO CDI by SOM Department (FY 2018)*	
Department	**n**
Emergency Medicine/Critical Care	5
Family Medicine	8
Internal Medicine	50
Neurology	5
Neurosurgery	4
OB/GYN	0
Orthopedics	1
Pediatrics	5
Psychiatry	2
Surgery	17
Total	97

*From Nov 17 – June 18

MRSA Bloodstream Infection (BSI): Through Jun 2018

UNMH Methicillin-Resistant *Staphylococcus aureus* (MRSA) BSI Surveillance

- Hospital-wide starting January 2013 (18 units total)
- Community-onset MRSA BSI numbers and rates are factored into the number of expected hospital-onset cases. UNMH CO MRSA BSI Admission Prevalence Rate was 0.03 per 100 admissions in 2015.

MRSA Targets

- Department of Health and Human Services Health People 2020 target: 6.56 infections per 100,000 persons or 75% reduction

National Benchmark for HO MRSA BSI SIR (2016 Data): 0.94

NM Statewide SIR (2016 Data): 0.78

Hospital-Onset (HO) MRSA Bloodstream Infections Hospital-wide Surveillance				
Year	HO MRSA BSI (n)	Expected HO MRSA BSI (n)	SIR (O/E)	95% CI	HO MRSA BSI Incidence Rate (per 1,000 patient days)
2015	3	11.8	0.26	0.06, 0.64	0.02
2016	6	10.3	0.58	0.24, 1.21	0.04
2017	3	10.6	0.28	0.07, 0.77	0.02
2018H1	5	5.0	1.00	0.37, 2.22	0.06

Based on modeling that uses national baseline HO MRSA BSI data (2015)

Surgical Site Infection (SSI): Through Jun 2018
Colon Surgeries and Abdominal Hysterectomies

UNMH SSI Surveillance
- Abdominal hysterectomies and colon surgeries stared Jan 2013.
- Cesarean section started in Jan 2017.

CMS-required reporting
- *Starting 2013*: abdominal hysterectomies and colon surgeries
- SIR is calculated for complex SSIs (excludes superficial SSIs, includes deep and organ space SSIs)

National Benchmarks (2016 Data):
- **Colon SSI SIR:** 0.93
- **Abdominal SSI SIR:** 0.87
- **C section SSI SIR:** 1.09

NM Statewide SIR (2016 Data):
- **Colon SSI SIR:** 1.20
- **Abdominal SSI SIR:** 0.89
- **C section SSI SIR:** Not available

Colon Surgeries – Surgical Site Infections (SSI)					
Year	Colon Surgeries (N)	SSI (n)	Expected SSI (n)	SIR (O/E)	95% CI
2015	108	12	3.2	3.76	2.04, 6.40
2016	175	16	5.0	3.19	1.90, 5.08
2017	155	22	4.5	4.89	3.14, 7.28
2018H1	54	6	1.6	3.73	1.51, 7.76

Abdominal Hysterectomies – Surgical Site Infections (SSI)					
Year	Hysterectomies (N)	SSI (n)	Expected SSI (n)	SIR (O/E)	95% CI
2015	217	3	1.8	1.67	0.43, 4.55
2016	245	9	2.0	4.44	2.17, 8.15
2017	271	3	2.4	1.26	0.32, 3.44
2018H1	104	4	0.9	-	-

Cesarian Section Surgeries – Surgical Site Infections (SSI)					
Year	C section Surgeries (N)	SSI (n)	Expected SSI (n)	SIR (O/E)	95% CI
2017	600	2	2.0	1.01	0.17, 3.33
2018H1	310	3	1.3	2.37	0.60, 6.44

2017-2018 Season Healthcare Personnel (HCP) Influenza Vaccination Rates

UNMH Surveillance

- First reporting of HCP influenza vaccination data to NM DOH voluntarily in 2012

CMS required reporting

- *Since 2013*: all healthcare personnel present in the facility for at least 1 day between October 1 and March 30 (during the influenza season)

DHHS Goal (Healthy People 2020)

- Vaccination rates among HCP to be greater than 90%

Overall UNMH Vaccination rate, 2017-2018 Influenza Season: 93.9%

	UNMH Employees n (%)	Licensed independent practitioners** n (%)	Adult students, trainees & volunteers n (%)	Other Contract Personnel n (%)
HCP vaccinated	6,746 (98)	963 (73)	2,706 (94)	931 (99)
HCP with medical contraindication	4 (0)	3 (0)	3 (0)	2 (0)
HCP declined flu vaccination	61 (1)	0 (0)	20 (1)	6 (1)
HCP with unknown vaccination status	91 (1)	362 (27)	148 (5)	1 (0)
HCP at UNMH*	6,902	1,328	2,877	940

*Present at UNMH for at least 1 day between October 1 and March 31

**LIPs: Physicians, advanced practice nurses, & physician assistants

UNM HOSPITALS

REPORT TO QUALITY OVERSIGHT COMMITTEE
Infection Prevention and Control Department (IPCD)
December 2018

I. Background

The UNMH Infection Prevention and Control Department (IPCD) uses a risk assessment tool and guidance from multiple resources (e.g., the Centers for Disease Control (CDC), the Association for Professionals in Infection Control (APIC), the Society for Healthcare Epidemiology of America (SHEA), New Mexico Department of Health (NMDOH), and University of New Mexico Hospitals internal data (UNMH) to develop the Infection Control Plan and corresponding Infection Control Program. This process sets the standards for infection prevention practices to promote patient safety and high quality care. Regulatory requirements of the Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) (including National Patient Safety Goals), and the Occupational Safety and Health Administration (OSHA) are incorporated into the Infection Control Plan and key departmental activities. Surveillance is conducted by IPCD and others engaged in infection control efforts to track practices and outcomes that relate to healthcare-associated infections (HAIs) and to infection transmission in the healthcare setting.

Current surveillance by IPCD includes:
- Hand hygiene (HH)
- Central line-associated blood stream infections (CLABSIs)
- Catheter-associated urinary tract infections (CAUTIs)
- *Clostridium difficile* infections (CDI)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections
- Surgical site infections (SSIs) among patients undergoing colon operations, abdominal hysterectomy and Cesarean sections
- Healthcare personnel influenza vaccination rates for each influenza season
- Antibiotic-resistant organisms including MRSA, multidrug-resistant Gram-negative Organisms (MDROs), Carbapenem-resistant Enterobactericeae (CRE), and Vancomycin-resistant enterococcus (VRE)
- Ventilator-associated Pneumonia (VAP) for pediatric patients

Most HAIs are reported to CDC via the National Healthcare Safety Network (NHSN) and then onto CMS. HAI rates impact UNMH reimbursement and are also publicly reported by CMS and Leapfrog. The New Mexico Department of Health annually publishes the HAI Report annually and compares hospitals within the state of New Mexico. Most importantly, each multidisciplinary HAI leadership team uses the data to assess trends and ongoing issues, to update and guide priorities, and to develop associated interventions with the goal of reducing patient harm.

II. Scorecard From Reporting Committee (see attached)

III. Accomplishments by Topic (2018 Infection Control Plan by priority and review of data through Q2 2018 unless otherwise indicated).

- **Hand Hygiene**
  - Inpatient
    - Hand hygiene rates remain stable relative to 2016 (91% FY 2018). Overall, above our goal of 90%; however, various roles and different locations have rates less than 90%. Additionally, there remain concerns about bias based on current collection methods.
    - Planned pilot for electronic hand hygiene surveillance in order to improve direct feedback and identify how each healthcare worker's hand hygiene performance can improve (e.g., before patient care).
    - Using UNMH-created Hand Hygiene Surveillance database for unit-level data collection and reporting since Jan 1, 2017. Enables easier data entry, improves data validity, and enables real-time hand hygiene reports which may be retrieved directly by unit directors, medical directors, and executive directors.
    - Ongoing work of the Hand Hygiene Leadership Team (started Sept 2017, multidisciplinary team) has ongoing projects:
      - Improving accountability by developing standardized feedback and escalation processes (both hospital and school of medicine employees)
      - Improving availability of hand gel by increasing hand gel dispensers.
    - Ongoing, successful summer volunteer program in which volunteers were intensively trained to perform hand hygiene monitoring at UNMH. Volunteer data showed rates of **68%** for hand hygiene compliance (less-biased data).
    - Continued with "Train the Observer" education lead by "Healthy Hands Resource Squad" (HHRS). Monthly classes for hand hygiene observers to standardize inpatient practices for hand hygiene observations.
  - Outpatient/ambulatory
    - Standardizing hand hygiene observations among all clinics using patient observations. Health literacy has been involved to create simple, patient-centered data collection sheets which identify providers and other clinic staff by specific attire. 50 out of 60 clinics, including home health and hospice, have rolled this out.
- **CLABSIs**
  - Vascular Access Leadership Team (VALT): ongoing multidisciplinary group created to improve our care of vascular access at UNMH
    - Created vascular access updates with rollout in Nov 2017. Key updates included: nursing documentation of reason for temporary central line; extended duration of peripheral intravenous access based on function; simplified elements of vascular access documentation.
    - Rollout of new central line dressings hospital-wide in February and March of 2018.
    - Updated unit self-auditing process for alcohol-impregnated caps (curos) for vascular access. Units with high performance for a quarter (>90%) earn a 6-month reprieve from curos audits because the practice appears to be more hardwired.
    - Continued a semi-annual vascular access assessment on all inpatient units (completed by VALT and IPCD team members) to assess overall care for vascular access. Integrated just-in-time coaching to provide real-time feedback to nursing staff when issues identified. Ongoing issues included dating peripheral IVs. Curos cap compliance data corroborates unit-level audits with overall performance >85% (goal 90%).

- Impact of pediatric pilot (started 2017) with a modification to the needleless connector change procedure helped reduce CLABSIs particularly among pediatric heme-onc patients. Therefore, this updated needleless connector change procedure will be disseminated hospital-wide in Q1 2019.
- Created an adult vascular access algorithm to help providers, nursing and physicians select the most appropriate vascular access for their patient (based on guidelines). Rolled out to key provider/physician groups at UNMH and planned rollout to nursing in Q1 2019.
- Working to harmonize all vascular access education (e.g., online, annual competencies, etc.) and resources (e.g., Vascular Access Device Procedure, Lippincott).
- Other ongoing subgroups include updates to the blood culture collection procedure and standardization of training for ultrasound-guided peripheral IV placement.
  - o Central Line Insertion Leadership Team
    - Creating a process map for central line insertion to discern optimal timing and method for collecting data regarding observation of central line insertion practices. Focusing on adult ICUs and pilot planned for NSI.
    - Developing a standardized training program regarding central line insertion practices for off-service residents and APPs for all 3 adult ICUs. Created videos to assist with standardized central line insertion practices at UNMH.
  - o Continuing the Apparent Cause Analysis (ACA) review process for all patients with CLABSIs.
  - o Expanded the IMPROVE-IT pilot to 6 inpatient units (4E, 5W, 3N, 6S, MICU, TSI) to create standardized patient safety rounds conducted each shift by RN Supervisors. Patients are evaluated for Foley catheters and temporary central lines to review for documentation discrepancies (e.g., central line not documented in electronic medical record but physically present in the patient) and address ongoing necessity. Additionally, patients with SCD orders are reviewed to see if SCDs are in place and the pump is turned on. Overall goal is to standardize this practice with the intention of reducing adverse patient events, specifically CAUTIs, VTEs, and CLABSIs.
- **CAUTI:**
  - o CAUTI Work Group: ongoing multidisciplinary group created to improve our care of Foley catheters and reduce patients' risk for CAUTIs at UNMH
    - Surgical Staff subgroup developed clearer guidance for Foley catheter placement in the OR setting. This included standardization of documentation by the OR and PACU. Currently the subgroup is on PDSA cycle #2 working to improve documentation focusing on correct indications.
    - Group established to clarify practices and process related to Foley catheter care and pericare. Initial survey of frontline nursing demonstrated highly variable practices. Next steps include development of a standardized process with creation of educational resources and pilot on key units.
    - External female catheters successfully trialed on 3 adult inpatient units. Rollout with associated educational materials is planned for hospital-wide (adult) use in early 2019.
  - o Developed focused group for assessing areas for interventions to reduce CAUTIs in the NSI (based on number of CAUTIs in the NSI without demonstrated improvement in 2018).
- *Clostridium difficile* **infection (CDI):**
  - o Hospital-onset (HO) C difficile Work Group: ongoing multidisciplinary group created to reduce HO CDI at UNMH
    - PDSA for wipe availability on adult ICUs and progressive care units (PCUs). Working to improve wipe availability on Progressive Care Units.

- PDSA for standardized high touch cleaning in patient rooms in adult ICUs and progressive care units. Pilot units will start in Feb 2019. Training materials developed, defined process for nursing outlined, involving visual cues with stickers, and planned audits to assess compliance once rolled out.
      - Planning rapid improvement event to review C difficile testing practices, with a focus on 4W/5W and IM hospitalists, which will include evaluation of alerts in EMR to improve testing appropriateness, more stringent enforcement of rejection by Tricore labs (UH and Main Tricore Lab; for repeat testing in 7 days and for formed stools), development of more standardized criteria for ordering C difficile testing (for nursing and providers/physicians), and potentially improvement of communication between nursing and physicians/providers about discrepancies between bowel movements and C diff test orders.
   o Ongoing use of vaporized hydrogen peroxide machine by EVS when *C difficile* clusters are identified by IPCD. Identification of clusters a joint effort between IPCD and inpatient units.
- **Surgical Site Infections (SSI):**
   o Created a scorecard for the overall SSI prevention bundle and have been routinely reporting this at the SSI meeting. Scorecard is finalized.
   o Added tracking of SSIs for C-sections including endometritis at the request of Anesthesia and OB/GYN.
   o Created sub bundles for SSI prevention among patients undergoing colorectal, abdominal hysterectomies, and C-sections. Working to automate processes for data collection.
- **Ventilator-Associated Events (VAEs)/Ventilator-Associated Pneumonias (VAPs):**
   o VAP surveillance continues in PICU. 1 PedsVAP occurred in FY 2018. It occurred in April 2018 and zero have occurred since to the date of this summary. This was the first PedsVAP in three years.
   o VAE surveillance remains on hold until Theradoc system is updated.
- **Healthcare Personnel (HCP) Influenza Vaccination:**
   o Sustaining high rates of influenza vaccination (overall 93.9%). Continues to be mandatory for UNMH employees and medical staff working at UNMH.
- **Antibiotic-resistant organisms (AROs):**
   o IPCD continues to track admitted patients with AROs, updating infection control history (IC Hx) in powerchart, and help ensure isolation.
   o Continued to work with Tricore to update the definition for multidrug-resistant organisms to improve specificity and reduce sensitivity.
   o Hospital Onset MRSA bacteremia: both rates and numbers of infections have remained low through December 2017. January to June 2018 is now at the expected rate. This is being monitored and evaluated.
- **Environmental Infection Control Work Group (ICC subcommittee):** Environmental IC Work Group is a multidisciplinary group that receives reports regarding infection control issues that relate to the environment. Group includes key stakeholders such as nursing, housekeeping (EVS), facilities, food and nutrition, clinical engineering, sterile processing and infection prevention and control.
   o Reviewed regular reports related to EVS processes (including ATP testing), water, dialysis, sterilization, HVAC, air balance reports, equipment cleaning, food and nutrition, laundry and immediate use sterilization.
   o In collaboration with Facilities and Quality, IPCD helped to develop a procedure regarding prevention, control and investigation related to Legionella. This included the creation of a water

supply map (involving 3 different water systems). IPCD continues to monitor for healthcare-acquired legionella and reporting legionella cases to the NM Dept of Health.
- o Updated the Infectious Waste Disposal Policy in collaboration with Quality and EVS.
- o Developed the Ice Machine Procedure for cleaning and maintenance of ice machines throughout UNMH and affiliated clinics. Monitoring for compliance with the procedure with use of REDCap.

- **Exposure Management Committee:**
  - o Updated procedure for management of ill healthcare workers to minimize transmission of infections in the healthcare setting; collaborated with Safety and Occupational Health. Created simplified chart to improve end-user ease of use.

- **Isolation Improvements**
  - o Replaced and instituted new isolation gowns based on feedback from frontline staff and leadership via Infection Control Committee input. New gowns have over the head and thumb hole loops to facilitate and maintain gown placement as well as an easier side tie system and are created from sturdier materials Lager sizes are now available to better fit staff.
  - o Replaced and instituted new disposable isolation stethoscopes. New stethoscopes are of higher quality and are expected to help increase compliance thus reducing the risk of transmission. .
  - o Continued "Infection Control Camp," a back-to-basics educational opportunity for providers and staff on a monthly and by request basis. Includes infection control concepts in transmission, new isolation signage, visitor PPE educational tools, and a PPE demonstration that includes active participation.
  - o Updating inpatient isolation procedure to make this more user-friendly, concise and informative with the goal of completing this by Q1 2019.
  - o Installed and validated additional interface in infection control decision support software (Theradoc) to improve isolation support processes by IPCD. Theradoc now has alerts/flags and is being leveraged to help with antibiotic resistant organism (including CRE) isolation management, both increasing surveillance accuracy and simplifying our workflow.

- **Low Level and High Level Disinfection (HLD)**
  - o Medivator reprocessing machines were installed at the Northeast Heights Clinic and Sterile Processing Department locations (Main, BBRP, OSIS). These areas are now performing HLD for scopes and other approved instruments.. Completed goal of removal of Cidex OPA throughout UNMH procedural and clinic areas to minimize risk to staff and improve standardization of HLD processes.
  - o Improved processes for transporting ultrasound probes for better clarity about probe status (e.g., visual cues to indicate soiled vs. clean). This includes the creation of custom clean and dirty storage bags to indicate status. Manufacturing delays postpone roll out until Q1 2019
  - o Creating annual competencies on learning central for HLD processes to improve standardization and accountability for those performing HLD.
  - o Point of Care Ultrasound (POCUS) practices related to cleaning, low-level disinfection, and HLD for all point of care ultrasound machines (inpatient and outpatient locations) in process. Creation of education and support process for interpretation of Manufacturer's Instructions for Use (MIFU) including database resources.

- **HAI Surveillance**
  - o Ongoing data support for IPCD team with hiring of decision support analysts. This includes markedly shorter turnaround times for key data that drives decisions, streamlining of IPCD-related data processes/management, improvements in ongoing reports, meeting demands for others requesting IPCD-related data, and assistance with maintenance of Theradoc.

- o Working with nursing informatics and specific units to compare automated vs. manual central line and Foley catheter day counts used for HAI reporting. Current Status.
    - The intention is to rely upon electronic/automated data to reduce nursing workload associated with manual counts, to improve upon documentation (i.e., data validity), and to reduce variability of data.
    - This effort also helps to lead UNMH to eventually being able to rely upon the Electronic data for submission to our reviewing entities. Once there is a correlation between manual and electronic counts of 95% agreement, NHSN will allow the submission of data collected electronically.
    - Submitting data electronically will save many hours of labor involved in performing manual counts.
    - We will also then be able to rely upon the device related data in our surveillance tool, Theradoc, to help reduce the effort in device associated infection investigation.
    - Currently 7 of the 15 units have passed validation and are completely on electronic reporting.

2019 IPCD Risk Assessment	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Systems/Preparedness					SCORE
Potential Risks/Problems	Expected	Likely	Maybe	Rare	Never	Catastrophic Loss	Serious Loss	Prolonged LOS	Moderate clinical/financial	Minimal clinical/financial	None	Poor	Fair	Good	Solid	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
Healthcare-acquired infections (pathogen specific)																
MRSA (Screening, Invasive infections)	4							3					3			36
C difficile	4						4					4				64
Antibiotic Resistant Organisms (CRE,VRE,ESBL/MDRO/GN)	4						4						3			48
Respiratory viruses	4							3						2		24
Legionella (nosocomial)				1				3							1	3
Fungal infections				1				3						2		6
Heathcare-Associated Infections (Device/Procedure-Related)																
Surgical Site Infection (SSI)	4						4						3			48
Central Line-Associated Blood Stream Infection (CLABSIs)		3					4						3			36
Catheter-Associated Urinary Tract Infection (CAUTI)	4							3				4				48
Ventilator Associated Event/Pneumonia (VAE/VAP)		3						3				4				36
Emergency Preparedness/Outbreak																
Outbreaks of communicable diseases		3							2					2		12
Influenza and Norovirus outbreaks			2				4						3			24
Infrastructure Collapse Planning			1						2					2		4
Critical Incident Planning			1						2						1	2
Influx of large numbers of infectious patients			1						2				3			6
Pandemic Preparedness			1			5							3			15
Highly Infectious Disease (HID) Preparedness		2				5							3			30
Employee Health and Safety*																
Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	4							3					3			36
Tuberculosis (TB) Exposures	4								2				3			24
Varicella Zoster Virus (VZV) Exposures	4								2				3			24
Pertussis Exposures	4								2				3			24
Neisseria meningitidis (meningococcus)		3							2					2		12
Healthcare Worker (HCW) Influenza Vaccination	4								2					2		16
HCW Vaccine and PPD Policy Compliance		3							2					2		12
Environment of Care																
Hospital Environment Cleaning		3						3						2		18
Pre-Construction IC Planning/Risk Assessments			2							1					1	2
Waste Disposal			2						2					2		8
Cleaning & Disinfecting of patient care equipment	4							3				4				48
Hemodialysis Dialysate Testing				1			4							2		8
Water Testing				1			4							2		8
Air Exchange and Pressure Monitoring			2					3							1	6
Sterilization Biologic Monitoring/Flash Sterilization				1				3							1	3
High level disinfection	4							3					3			36
Contamination/Infection from Pharmacy Environment				1				3						2		6
Prevention Activities																
Hand Hygiene	4						4					4				64
Respiratory Hygiene/Cough Etiquette	4								2					2		16
Isolation & PPE Practices	4						4						3			48
Patient Immunization (Influenza, Pneumococcal)	4								2				3			24

* Risk Assessment for probability of communicable diseases is based on analysis of previous year's UNMH specific exposure data

Mission Excellence Update

MISSION: EXCELLENCE

SARA M. FRASCH, PH.D.

HOSPITALS

Why MISSION: Excellence?

MISSION: Excellence is transforming UNM into a great place to work, learn and receive care.

- Enhance provider and staff **satisfaction** and **engagement**
- Produce **high-quality** outcomes
- Improve the **patient experience**
- **Align** our Health System

UNM HOSPITALS

Hardwiring MISSION: Excellence

- ❖ New Charter for M:E Advisory Committee
- ❖ Complete Foundational Team Transition
- ❖ Create Operational Oversight Group
- ❖ Studer Contract Extension
- ❖ RFP for Physician Engagement Survey

HOSPITALS

MISSION:Excellence WINS!!

Single Sign-On

Secure Text Messaging

Physician's Lounge

Pre-op Renovation Project—5 into 15!!

HOSPITALS

MISSION:Excellence WINS!!

Newly launched website with resources

https://hospitals.health.unm.edu/intranet/missionexcellence/index.shtml

HOSPITALS

Thank you!

QUESTIONS??

HOSPITALS

Employee Assistance Program and Hot Line Complaint Process

March 29, 2019

Employee Assistance Program and Hot Line Complaint Process

What Impacts Performance & ♥

- Personal problems
- Work conflicts
- Disagreements
- Concerns of wrong-doing

Well-Being

The mission of the Employee Well-Being Program is to nurture a culture of well-being in the workplace through access to activities, resources, training and services.

A culture of well-being is one where we all share the values, attitudes and behaviors that promote self-care, personal and professional growth, and compassion for colleagues, patients and ourselves.

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Promoting Healthy Workplace

- Activities:
  - Teambuilding
  - Lunch & Learns
  - Conflict Resolution
- Well-being Blog
- Well-being topic of the month
- Critical Incident Debriefing
- Professional Development

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Promoting Healthy Balance

Courses to address burnout, conflict in the workplace

- Coping with Your Co-Workers
- Handling Conflict for Staff
- Stress Management
- Time Management
- Effective Communication
- Stress Busting for Healthcare Professionals: Combating Compassion Fatigue
- Bullying in the Workplace: Awareness, Prevention and Response

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Employee Assistance Provider

Contracted with Outcomes, Inc.

- Mediation
- Therapy—individual, group, family, relationship
- Substance abuse counseling
- Critical Incident Debriefing
- Training
- Online resources

Dispute Resolution

- Employee Assistance Provider
- Facilitated Conversations
- Mediation
- Compliance Hotline
- Investigation
- Grievance Process

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Compliance Hotline Process

- If you call or log a case online you get a reference number
- Complaints go to appropriate department for investigation
- Summarized version of how we addressed it is posted online, and an email is generated so employee can use reference number to check status

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Harassment

UNM Hospitals will not tolerate unlawful harassment, including that in violation of Title VII of the Civil Rights Act of l964, Title IX of the Educational Amendments of 1972, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, the Americans with Disabilities Act Amendments Act of 2008, the Age Discrimination in Employment Act, the Genetic Information Nondiscrimination Act of 2008, and the New Mexico Human Rights Act.

As an Equal Opportunity Employer, UNM Hospitals has a strict policy against unlawful harassment of any kind, including sexual harassment. Unlawful harassment and the creation of a hostile work environment will not be tolerated on the part of any employee, contractor, vendor, etc. UNM Hospitals is committed to creating and maintaining a community in which all staff members can work together in an atmosphere free from all forms of harassment, exploitation or intimidation. It is the intent of the Hospitals to take whatever action may be necessary to prevent, correct and, if necessary, to discipline behavior that violates this policy.

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Grievance Process

It is the policy of the University of New Mexico Hospitals to promote cooperative, effective working relationships. However, it is acknowledged that misunderstandings and disagreements may arise from time to time during employment.

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Grievance Steps

Non-management:
1. Supervisor/manager—within 10 days
2. Executive Director—within 10 days of response from step 1
3. Chief—within 10 days of response from step 2
4. Chief of Human Resources (or designee)

Management:
1. Immediate supervisor/administrator
2. CEO

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How Would I Know?

- Orientation—Day 1!
- Annual competencies
- Reminders in Special Delivery email
  - Courses
  - Wellness resources
- Posters for EAP
- HR website

Thank You!

HOSPITALS   THE UNIVERSITY OF NEW MEXICO HOSPITALS

FY20 Capital Budget

UNM Hospitals

Fiscal Year 2019 Capital Budget Revision

Fiscal Year 2020 Capital Budget

March 27, 2019

HOSPITALS   THE UNIVERSITY OF NEW MEXICO HOSPITALS

- Medical Equipment - $16.4M
    - Radiology – (CT, portable x-ray units, ultrasound) - $4.0M
    - Operating Room (microscopes, anesthesia machines, other surgical room equipment) - $3.5M
    - Cath Lab equipment replacement - $1.0M
    - Carrie Tingley Hospital Outpatient – (EOS Spine imaging, radiology room replacement) - $1.2M
    - All other inpatient and ancillary - $6.7M

- Renovations - $18.1M
    - Movement Disorder Center - $3.5M
    - Clinics (code required renovations) - $1.9M
    - Ancillary (OR Pre Op, Pharmacy, radiology equipment installation) - $5.1M
    - Life safety, HVAC, Electrical, Fire Sprinklers, Chillers, Plumbing, Roof Repairs, Elevators - $5.8M
    - Behavioral Health (Psychiatric emergency service expansion) - $1.8

- Information Technology - $6M
    - Backup hardware, storage expansion, networking - $1.5M
    - Electronic Medical Record– $1.6M
    - Clinical systems (radiology, communications, women's services) - $1.7M
    - Finance (workforce management, document imaging) - $1.2M

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS

	FY 2019 Original	FY 2019 Revised	FY 2020 Budget
Sources of Funds			
UNMH Capital Funding	$ 33,000,000	$ 36,012,561	$ 38,500,000
Other Funding	1,387,182	1,462,021	2,377,647
UNMH Capital Initiatives Funding	4,118,117	2,361,625	-
Total Funding Sources	**$ 38,505,299**	**$ 39,836,208**	**$ 40,877,647**

- UNMH Capital Fund – equivalent to the Hospital's annual depreciation. Depreciation is a non-cash item.

- Other Funding – donations received for capital expenditures, primarily medical equipment.

- UNMH Capital Initiatives Fund – the source of these funds is the accumulated excess of Hospital revenues over expenses from 2007 to 2015. The excess of Hospital revenues over expenses is transferred to UNM for use in building, expanding, and repairing facilities used by the Hospital. The funding for capital initiatives began in 2007 with the most recent addition to the fund occurring in 2015. Subsequent to 2004, all capital facilities are recorded by UNM for use by the Hospital.

3

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS

FY 2019 and FY 2020 Sources of Funds – Major Projects

	FY 2019 Original	FY 2019 Revised	FY 2020 Budget
Inpatient Units			
Monitor Replacement - Phase I, II, III	$ 1,500,000	$ 3,229,044	$ -
IV Pumps and Ventilators	476,244	988,472	226,701
Other Medical Equipment and Renovations	1,621,954	2,514,217	4,551,884
Total Inpatient Units	**$ 3,598,198**	**$ 6,731,733**	**$ 4,778,585**

	FY 2019 Original	FY 2019 Revised	FY 2020 Budget
Ancillary Areas			
Surgical Services Renovation and Equipment	$ 4,100,000	$ 3,569,173	$ 4,812,000
Radiology - MRI	2,031,291	2,031,291	-
Radiology - CT	2,031,291	-	2,025,000
Radiology - PET CT	-	3,258,100	-
Cath Lab Equipment and Renovation	-	-	1,669,514
Other Radiology Equipment and Renovations	2,511,209	3,442,829	3,273,653
Other Ancillary Equipment and Renovations	1,907,884	285,998	2,797,565
Total Ancillary	**$ 12,581,675**	**$ 12,587,391**	**$ 14,577,731**

	FY 2019 Original	FY 2019 Revised	FY 2020 Budget
Ambulatory			
ACC Building Renovations	$ 2,150,000	$ 1,073,881	$ -
Movement Disorder Clinic	$ 2,150,000	$ -	$ 3,500,000
Other Clinic Equipment and Renovations	$ 3,427,489	$ 4,108,609	$ 3,032,490
Total Ambulatory	**$ 7,727,489**	**$ 5,182,490**	**$ 6,532,490**

	FY 2019 Original	FY 2019 Revised	FY 2020 Budget
Building and Infrastructure			
Plumbing repairs, domestic soil pipe replacement, boiler	$ 417,244	$ 882,564	$ 359,959
Life Safety, fire sprinklers, bldg renovations	8,448,996	7,426,279	5,453,200
Total Building and Infrastructure	**$ 8,866,240**	**$ 8,308,843**	**$ 5,813,159**

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS

FY 2019 and FY 2020 Sources of Funds – Major Projects

	FY 2019 Original		FY 2019 Revised		FY 2020 Budget	
Information Technology						
Electronic Medical Record	$	1,740,000	$	1,740,000	$	1,612,698
Systems upgrades and expansions		2,635,784		2,635,784		600,000
Network		301,493		301,493		869,064
Other IT Hardware and Software		1,322,723		1,298,999		2,918,238
Total Information Technology	**$**	**6,000,000**	**$**	**5,976,276**	**$**	**6,000,000**

	FY 2019 Original		FY 2019 Revised		FY 2020 Budget	
Other Clinical Operations and Support Services						
ASAP/Carrie Tingely/UNMPC/CPC	$	3,912,988	$	3,750,574	$	3,175,683
Total Other Clinical Operations & Support Services	**$**	**3,912,988**	**$**	**3,750,574**	**$**	**3,175,683**

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS

UNMH Capital Initiatives Fund

	FY 2019 Original Budget	FY 2019 Revised Budget	FY 2020 Budget
Beginning Balance	$ 201,348,776	$ 201,348,776	$ 198,987,151
Replacement Hospital	-	(1,100,241)	-
Clinical Neurosciences provider space	(295,729)	-	-
ACC Renovations	(2,150,000)	(1,073,881)	-
ACC Elevators	(720,000)	-	-
Other ACC and Clinc Site renovations	(752,388)	(187,503)	-
Ending Balance	$ 197,230,659	$ 198,987,151	$ 198,787,151

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS

Over $1 Million

Equipment			Budget per Spreadsheets	PRs		Available	
Radiology	Radiology - CT Scan	BBRP CT Scanner (north)	$ 1,825,000	$ -	$	1,825,000	
Other Equip	Cardiac Cath Lab	Cath Lab Suite 2 X-ray Equipment Repla	$ 1,000,000	$ -	$	1,000,000	

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	Clinical Application	EMR Enhancements	$ 1,612,698		$	1,612,698	

Facilities

UH Main - Offsite - Clinic Licensing Improvements		$ 1,835,000		$	1,835,000	approved FY19
UPC - PES - Expansion without IOP Conversion Plan		$ 1,813,000		$	1,813,000	approved FY19
UH Main - 2nd Floor - Pre Op Renovation		$ 1,522,000		$	1,522,000	approved FY19
1209 University - Pharmacy Renovation including Coumadin C		$ 1,500,000		$	1,500,000	

Clinics

Movement Disorder Clinic	$ 3,500,000		$	3,500,000	

$250,000 - $999,999

Facilities	Budget per Spreadsheets	PRs		Available	
UH Main - 3rd Floor CCL1 - Replace Equipment (Carry fron	$ 657,300		$	657,300	
UH Main - In PT PET - Nuclear Med	$ 557,000		$	557,000	approval FY19
UH Main - Endoscopy - Expansion	$ 492,300		$	492,300	approved FY19
UH Main - Refurbish Elevators 4, 5, 6, 15 & 16	$ 400,000		$	400,000	approved FY19
UH main - Radiology - Replace 1.5 MRI	$ 340,000		$	340,000	
Cardiovascular Center move to 3rd floor	$ 330,000		$	330,000	
UH Main - Basement Machine Room 8 - Medical Air Compre	$ 327,900		$	327,900	
UH Main - Facilities - Emergency Generator #2 Replacemen	$ 300,000		$	300,000	approved FY19
Convert Fluoro room to General X-Ray room	$ 280,000		$	280,000	
BBRP General X-Ray room 2 replacement	$ 275,000		$	275,000	
Nurse Call System, 3rd Floor BBRP	$ 250,000		$	250,000	
UH Main - 2nd Floor - PACU - Soiled Utility Renovation	$ 250,000		$	250,000	

HSC Committee Update

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: March 5, 2019

Subject: Monthly Health System Activity Update

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

Quality and Safety: For FY19 thru December 2018, UNM Hospitals have 8/13 metrics are at or better than fiscal year targets set for the UNMH UOP. For non-infection Severe Patient Harm Events, 5/6 remain at or better than target. For infection Severe Patient Harm Events, 2/5 are at or better than target.

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

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

Health System total inpatient discharges are down 3% compared to prior year, with discharges down 3% at UNMH and 6% at SRMC. Health System adult length of stay (without obstetrics) is down 5% compared to prior year, with length of stay down 4% at UNMH and down 12% SRMC.

Health System observation discharges are up 17% compared to prior year, with adult observation discharges up 22% at UNMH and up 15% at SRMC.

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

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

Health System total outpatient activity is 4% higher compared to prior year. Primary care clinic visits are up 8% compared to prior year. Specialty clinic visits are up 1% compared to prior year. Emergency visits are 12% lower than prior year.

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

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

Finances: Health System had total year-to-date operating revenue of $760.2 million, representing a 5% increase over prior year. Total non-operating revenue was $65.0 million, representing a 8% increase ($5.0 million) over prior year. Total operating expenses were $818.6 million, representing a 4% increase over prior year. Net margin was $6.6 million as compared to $2.2 million prior year.

The balance sheet is stable with a current ratio of 1.97 as compared to 2.04 prior year. The cash and cash equivalents for UNM Health System is $297.2 million as compared to $289.4 million prior year. Net patient receivables are up 6% and total assets are up 2%. Total liabilities are up 3% over prior year. Total net position is up 1% over prior year.

SRMC Mill Levy: The Trauma and Behavioral Health teams have begun meeting. They are working on the program scope and will soon start detailed proformas. SRMC's Chief Medical Officer and Chief Operating Officer/Chief Nursing Officer are leading these efforts. In addition, Legal has worked on a draft of the County Health Facilities agreement.

Mission Excellence: SRMC has begun working with the Studer consultants and is focusing on hardwiring all of the M:E strategies, systems, and tools. Areas of focus are inpatient, outpatient, emergency services, and provider engagement. We anticipate improvement in Patient Experience as well as provider and staff engagement.

CEO Report UNM Hospitals

UNM HOSPITALS

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: March 29, 2019

Subject: UNMH Monthly Activity Update

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

Quality: UNMH continues the drive to improve overall quality and patient experience by focusing on items of low performance in the Vizient Quality and Safety report, specifically mortality and hospital acquired infection. The Vizient data has been released for January 2019 and UNMH stands with six of the eight indicators in the green which indicates at or better than goal.

Statistics (Financial data): As of the end of February the UNMH inpatient volume is lower compared to prior year. UNMH also continues to see a shift of patients from inpatient status to observation status. Total patient days are 4% lower than budget with adult patient days accounting for a -3% variance. Adult equivalent observation days are up 15%, or 1,325 days from budget. Total pediatric days are down 7% to budget most likely related to seasonality. Inpatient discharges are 8% lower than budget and 3% lower compared to prior year activity. Outpatient visits are 1% below budget year to date through February and 2% higher compared to prior year. Emergency visits are 9% lower than budget and 12% less than prior year. Case mix index remains greater than prior year and average length of stay is down 2% compared to prior year.

Financial: Net margin year to date is positive at $9,890,000. Net patient revenues continue on a positive trend while salaries, benefits, purchased services and medical services continue trending over budget.

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

Human Resources: The turnover rate rolling year-to-date is 15.55% for the full workforce and 13.65% for nurses. This represents a slight increase over the last quarter results and exceeds the goal of 15% for the full workforce and below the goal for the nurse specific workforce. Overall hiring is in pace with the current turnover rates. UNMH currently has 5,957 FTEs which is 493.98 (7.66%) less than budget. The Medical Crisis Leave Bank campaign ran for the month of February and we had 1,425 employees generously donate a total of 7,458 hours. Employee wellness screenings are in full swing, with several hundred employees receiving biometric screenings each week. Full contract negotiations are continuing for the 1199 Licensed & Technical and 1199 Support Staff bargaining units. Our Accountable Care Act requirements were met in providing employees with notice of health coverage for the last calendar year and our file was submitted to the IRS for compliance with this regulation.

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

Bernalillo County: UNMH met with County Commissioners to provide an overview of the statistics and budget assumptions for the 2020 Budget. The budget will be reviewed in April to provide an overview of the actual budget version that will go forward for approvals. An overview of Behavioral Health Program Development was discussed as well.

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

CMO Report UNM Hospitals

UNM HOSPITALS

To:	Board of Trustees
From:	Irene Agostini, MD UNMH Chief Medical Officer
Date:	March 29, 2019
Subject:	Monthly Medical Staff and Hospital Activity Update

1. The average wait time for a patient from the Adult Emergency Department to be placed after admission for the month of February was 9 hours and 12 minutes. This is up from February of 2018 when the average wait time was 7 hours and 6 minutes. UNMH remains greater than 90% capacity on average. We continue to ensure surgeries are not canceled due to capacity.

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

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

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

3. Our ALOS (Adult without OB) for February 2019 was 6.81, an increase as compared to February 2018 which was 6.27. Our ALOS FYTD for 2019 is 6.73 an overall improvement from FYTD 2018 when it was 6.90. We continue to hardwire our processes to decrease our ALOS despite accepting higher acuity patients by planning for discharge upon patient admit.

    Our length of stay index for adults without OB for January was 0.95 with a Case mix index (CMI) of 2.37 as reported through our nationally comparative systems network Vizient.

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

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

5. UNMH Surgical Services foundational structure is to create reliable process to serve the needs of New Mexican's has preliminarily shown good results in the on-time start of operating room cases. In the month of February the UNMH main OR has a 54% on-time start of all cases, BBRP has a 58 % and OSIS has a 61% on-time start.

    The team has begun to monitor and measure the time it takes to turn an OR room over (TOT) to be available for the next scheduled patient surgery. For the month of February the TOT was 57 minutes for the UNMH main OR, and OSIS has a 33 minute TOT and BBRP monitors TOT by specialty. We will continue to monitor and report this vital step in creating efficiency and safety for our patients.

Finance Committee

HOSPITALS

UNM HOSPITAL BOARD OF TRUSTEES

Finance Committee Meeting

Wednesday, March 27, 2019 10:00 AM
UNM Hospitals Administration, Large Conference Room

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

Finance Committee Meeting:

I.   Approval of February 20, 2019 meeting minutes

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

- Repair, Renew, Replace Capital Project UH Main Inpatient PET CT Replacement $800,000

- Repair, Renew, Replace Capital Project UH Main Endoscopy Remodel $550,000

III.   Financial Update for the eight months ended February 28, 2019
IV.   FY20 Capital Budget
V.   HR Updates
- Compensation Study follow up
- Contract negotiations update
- NM Legislature follow up

Next UNM Hospital Finance Committee meeting is scheduled to convene April 24, 2019.

February Financials

UNM Hospitals

Financial Update
Through February 2019

HOSPITALS   THE UNIVERSITY OF NEW MEXICO HOSPITALS
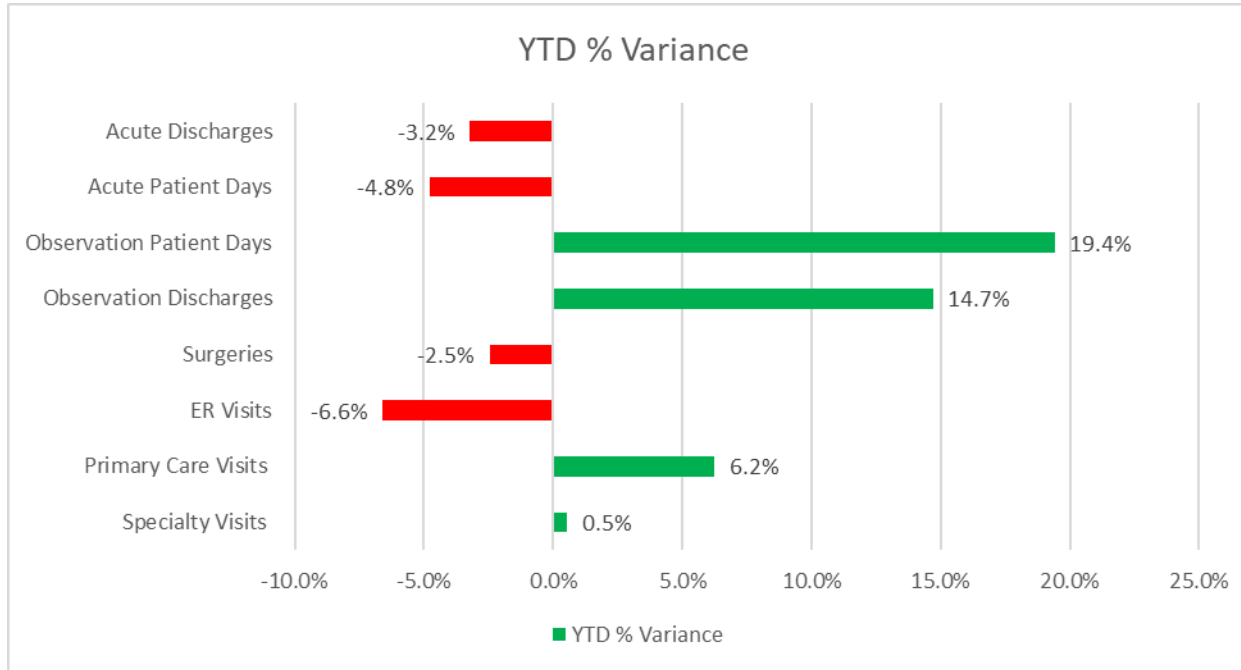
YTD % Variance

	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,866	1,935	(69)	-3.6%	14,971	15,471	(500)	-3.2%
Acute Patient Days	12,038	11,874	164	1.4%	97,422	102,326	(4,904)	-4.8%
Observation Discharges	831	836	5	0.6%	7,718	6,729	989	14.7%
Observation Patient Days	1,046	1,027	(18)	-1.8%	10,081	8,443	1,639	19.4%
Surgeries	1,621	1,452	169	11.6%	13,176	13,508	(332)	-2.5%
ER Visits	5,685	6,528	(843)	-12.9%	50,026	53,561	(3,535)	-6.6%
Primary Care Visits	15,515	14,600	915	6.3%	121,690	114,535	7,155	6.2%
Specialty Visits	32,056	31,983	73	0.2%	243,589	242,312	1,277	0.5%

HOSPITALS THE UNIVERSITY OF NEW MEXICO HOSPITALS
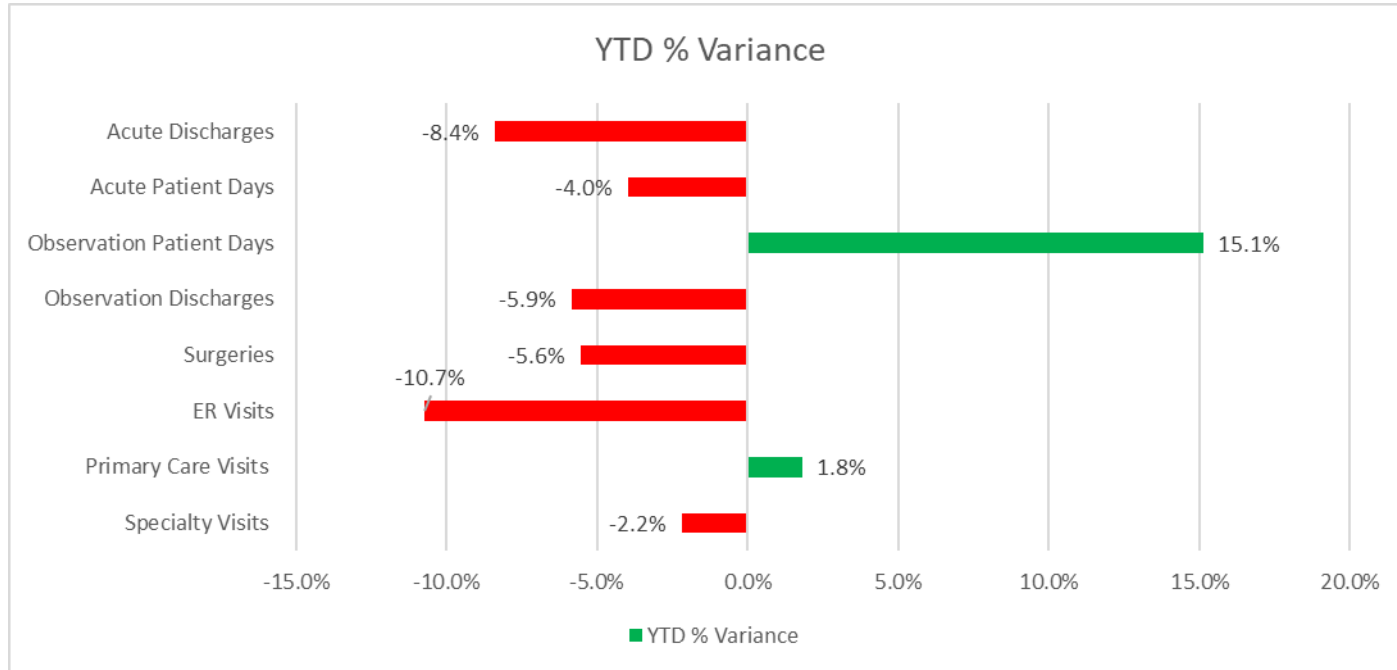
YTD % Variance

	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,866	2,146	(280)	-13.0%	14,971	16,341	(1,370)	-8.4%
Acute Patient Days	12,038	12,684	(646)	-5.1%	97,422	101,441	(4,019)	-4.0%
Observation Discharges	831	1,025	194	18.9%	7,718	8,198	(480)	-5.9%
Observation Patient Days	1,046	1,095	49	4.5%	10,081	8,756	1,325	15.1%
Surgeries	1,621	1,744	(123)	-7.1%	13,176	13,951	(775)	-5.6%
ER Visits	5,685	7,005	(1,320)	-18.8%	50,026	56,038	(6,012)	-10.7%
Primary Care Visits	15,515	14,942	573	3.8%	121,690	119,527	2,163	1.8%
Specialty Visits	32,056	31,133	923	3.0%	243,589	249,042	(5,453)	-2.2%

HOSPITALS T H E U N I V E R S I T Y O F N E W M E X I C O H O S P I T A L S

3

UNM Hospitals	Action OI Benchmark	Feb-19	YTD	YTD Budget	%Budget YTD	Prior YTD	%Growth
ALOS		6.45	6.51	6.21	-4.83%	6.61	-1.61%
Case Mix Index		1.86	1.97	1.93	1.99%	1.95	0.93%
CMI Adjusted Patient Days *	53,448	49,335	422,125	409,612	3.05%	412,585	2.31%
Net Core Patient Revenues ($ in thousands)		$ 72,119	$ 593,672	$ 575,739	3.11%	$558,204	6.35%
Total Operating Expenses** ($ in thousands)		$ 89,822	$ 731,665	$ 709,812	-4.97%	$696,408	-5.06%
Total Operating Expenses*** ($ in thousands)		$ 88,536	$ 725,234	$ 709,804	-4.11%	$696,096	-4.19%
Net Operating Income ($ in thousands)		$ (3,261)	$ (61,260)	$ (68,339)	10.36%	$ (65,867)	6.99%
Net Income ($ in thousands)		$ 5,757	$ 9,890	$ 2		$ 724	
Net Core Revenue/CMI Adj Patient Day		$ 1,462	$ 1,406	$ 1,406	0.06%	$ 1,353	3.95%
Cost**/CMI Adj Patient Day	$ 1,752	$ 1,821	$ 1,733	$ 1,733	-0.02%	$ 1,688	-2.69%
Cost***/CMI Adj Patient Day	$ 1,752	$ 1,795	$ 1,718	$ 1,733	0.86%	$ 1,687	-1.83%
FTEs		6,441	6,423	6,484	0.95%	6,322	-1.59%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital.   Action OI benchmark is a quarterly report and for July - September 2018 the 50th percentile is 160,344. The metric above divided by three months for compative purposes.
** Operating expenses exclude 340B Contract Expense
*** Operating expenses exclude 340B Contract Expense & HS Exec Initiatives

HOSPITALS T H E   U N I V E R S I T Y   O F   N E W   M E X I C O   H O S P I T A L S

* % change relative to budget

	Value
Net Patient Revenue *4%	22,153
340B Revenues *64%	11,177
Other Revenues *4%	269
Salaries and Benefits *(2)%	(6,743)
340B Expenses *(57)%	(4,667)
Medical Services and Supplies *(3)%	(6,211)
Purchased Services *(21)%	(7,687)
Occupancy, Depreciation & Equipment *(1)%	(848)
Other *(2)%	(363)
Net, Other Non Op Rev (Exp) *4%	2,809
Increase (decrease) in net assets	9,889

NM HOSPITALS T H E U N I V E R S I T Y O F N E W M E X I C O H O S P I T A L S