

**BOARD OF TRUSTEES -- OPEN SESSION
AGENDA**

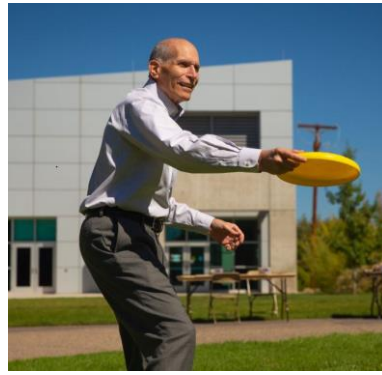
July 1, 2020 @ 11:30 AM

<https://hsc-unm.zoom.us/j/96805876730>

1-346-248-7799 / 968 058 767 30# OR 1-669-900-6833 / 968 058 767 30#

- I. **CALL TO ORDER – Terry Horn, Chair, UNM Hospitals Board of Trustees**
- II. **ANNOUNCEMENTS (Informational – 10 Minutes)**
 - Welcome New UNM Hospitals BOT Members (Mr. Michael Brasher and Mr. Trey Hammond) – Terry Horn, Chair
 - [Congratulations on Retirement – Dr. Paul Roth, MD](#) – Mr. Terry Horn, Chair and Mrs. Kate Becker, UNMH CEO
- III. **ADOPTION OF AGENDA (Approval/Action – 5 Minutes)**
- IV. **CONSENT ITEMS – Bonnie White, UNMH CFO (Approval/Action – 5 Minutes)**
 - [Disposition of Assets](#)
 - [Consent Item – Cerner - Remote Hosting Services \\$34,788,936](#)
 - [Consent Item – Cerner – Existing Solutions \\$25,218,261](#)
 - [Consent Item – LivaNova - Vagus Nerve Stimulations Therapy System \\$26,000,000](#)
 - [Capital Project – New Hospital Tower Project – New Parking Structure Building \\$75,800,000](#)
- V. **PUBLIC INPUT (Informational)**
- VI. **APPROVAL OF THE MINUTES**
 - [April 24, 2020 UNMH Board of Trustees Meeting Minutes](#) – Mr. Terry Horn, Chair **(Approval/Action – 5 Minutes)**
- VII. **[MISSION MOMENT \(EOC Summary\)](#) - Sara Frasch, Ph.D. (Informational – 10 Minutes)**
- VIII. **BOARD INITIATIVES**
 - [UNMH BOT Committee Member Assignment\(s\)](#) – Mr. Terry Horn, Chair **(Approval – 5 Minutes)**
 - [Community Health Needs Assessment](#) – Mrs. Kate Becker **(Informational – 10 Minutes)**
 - [New Hospital Tower Construction Schedule](#) – Dr. Michael Chicarelli **(Informational – 10 Minutes)**
- IX. **ADMINISTRATIVE REPORTS (Informational – 10 Minutes)**
 - [Chancellor for Health Sciences](#) – Paul Roth, MD
 - [HSC Committee Update](#) – Michael Richards, MD
 - [UNMH CEO Report](#) – Mrs. Kate Becker
 - [UNMH CMO Report](#) – Irene Agostini, MD
 - Chief of Staff Update – Davin Quinn, MD
- X. **UNMH BOT COMMITTEE REPORTS (Informational – 10 Minutes)**
 - [Finance Committee](#) – Mr. Terry Horn
 - Audit & Compliance Committee – Mr. Terry Horn
 - Quality and Safety Committee – Mr. Erik Lujan
 - Native American Services Committee – Mr. Erik Lujan
 - Community Engagement Committee – Mr. Erik Lujan
- XI. **OTHER BUSINESS**
 - [2021 Budget](#) – Mrs. Bonnie White, UNMH CFO **(Approval/Action – 10 Minutes)**
 - [Financials](#) – Mrs. Bonnie White, UNMH CFO **(Informational – 10 Minutes)**
- XII. **CLOSED SESSION: Vote to close the meeting and to proceed in Closed Session (Approval/Action – Roll Call Vote)**
 - a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.
- XIII. **Certification that only those matters described in Agenda Item IX were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session. (Approval/Action – Roll Call Vote)**
- XIV. **Adjourn Meeting (Approval/Action)**

Congratulations on Retirement – Dr. Paul Roth, MD



Congratulations On Your Retirement

DR. PAUL ROTH

Dr. Roth, congratulations on retiring after a full and accomplished career! I still remember meeting you as a shiny new attending here, and being inspired by your vision and all you've accomplished at UNM. Thank you for your kindness, support and positivity over the years. It has been a real privilege to train and grow in my career at UNM under your leadership. I hope you enjoy your well-deserved retirement to the fullest! - Dusadee Sarangarm, MD -

Dear Dr. Roth, Thank you for the enormous contributions you have made throughout the years not only in Bernalillo County, but the entire state. You have truly made a positive difference in the lives of many of us and you will truly be missed. Congratulations and best wishes on your retirement. You can now celebrate such a successful and distinguished career. Wishing you all the health and happiness that you deserve. Well done Dr. Roth! - Julie Morgas Baca -

Dr. Roth, we've worked together with so many colleagues to do so many things that mattered! Through it all you've been a mentor and a friend. Thanks so much! I hope that now is the time to be free and use your considerable skills to enjoy the new roles you choose. -- Best, Ava -

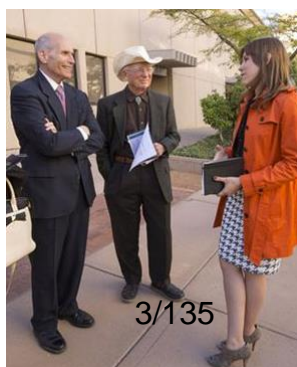
It has been a pleasure working with you for the past several years. Congratulations on your retirement. You've had a brilliant career and now it's time for a fantastic retirement! Wishing you the very best. You deserve it. -- Kori Beech -

Congratulations on your retirement! I wish you all of the best in your new life and endeavors. Best Wishes! -- Bonnie White --

Paul, I have had the privilege of getting to observe/work with you in varying capacities in the Albuquerque community over the past two decades. I can honestly say you have been a tremendous inspiration to me personally. You embody and define the highest values like integrity, respect, honesty, and excellence in the way you lead and interact WITH EVERYONE. You are truly a gentlemen's gentleman and your legacy is unparalleled. Thank you for all you have done for our State and the HSC in particular. You made a tremendous difference! - Del Archuleta -

One of my fondest memories of Dr. Roth is from 1991. I was an intern in Emergency Medicine and Paul had just become Dean (I think). Paul had hired me a year before as part of the fourth class in Emergency Medicine. We had expanded to 5 interns per year from 4 (Now there are 12 interns a year!). I had just announced that I was pregnant with my second child to many of the faculty. This was well before anyone was politically correct and some faculty voiced less than an enthusiastic response. When I told Dr. Roth he said "Congratulations" and was clearly supportive. That encouragement sums up Dr. Roth to me. It was a very vulnerable time for me in my life and my career and his words of support meant the world to me. Paul was and is a leader who gets the best from his people because he encourages them to do what they love and he supports them. I am eternally grateful for his support then and his continued support in bringing me back to UNM and encouraging me on my career path in medicine. Dr. Roth -you will be missed however you have created a legacy that will live on in the thousands of lives you have affected. Thank you, Irene Agostini

Dr. Roth congratulations on a well-deserved retirement. I hope you know that as you approach this next phase of your life you do so with the gratitude of the University Community, The School of Medicine, the Health Sciences Center, UNMH and most importantly the people of the State of New Mexico whose health and well-being has always guided you. Thank you for a job well done. - Joe Alarid --



Disposition of Assets



Date: June 24, 2020

To: Bruce Cherrin
Chief Procurement Officer, UNM Purchasing Department

From: Bonnie White
Chief Financial Officer, UNM Hospitals

Subject: Property Disposition – June 2020

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

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



Property Disposition Request
June 2020

Description Summary				
Description	Count of Assets	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Electronics	19	\$466,343.53	\$0.00	14.89
Food & Nutrition	4	\$77,952.60	\$0.00	16.50
Furniture	7	\$62,479.57	\$0.00	18.57
Medical Equipment	33	\$1,030,937.47	\$78,259.72	9.79
Patient Monitor	6	\$55,821.62	\$1,782.66	9.00
Pharmaceutical	1	\$274,000.00	\$55,452.37	5.00
Vehicle	5	\$283,907.00	\$0.00	13.60
Grand Total	75	\$ 2,251,441.79	\$ 135,494.75	12.48

Disposal Summary				
Disposal Method	Count of Assets	Sum of Acquisition Cost	Sum of Book Value	Average of Age In Years
Auction	46	\$1,370,970.97	\$124,899.88	11.41
Electronics Recycling	8	\$91,026.82	\$0.00	10.38
Unable to Inventory	2	\$59,745.70	\$0.00	9.00
UNM Automotive	5	\$283,907.00	\$0.00	13.60
Manufacturer	3	\$70,474.59	\$10,594.87	11.67
Uninstalled	11	\$375,316.71	\$0.00	18.18
Grand Total	75	\$ 2,251,441.79	\$ 135,494.75	12.39

Company	Lawson Number	Asset Control Number	Description	Accounting Unit	Division Description	Model	Serial Number	Acquisition Date	Acquisition Cost	Book Value	Proposed Method of Disposal	Reason for Disposal	Generalized Description	Comments
														Equipment not functioning properly, unable to repair. It became quicker to fill medications manually.
10	29318	IT EQUIP	Rx Medic Auto Dispense	77015	Pharmacy - Outpatient	RXMB60694 & RXMB6C	RXMB60694 & RXMB6C	11/01/14	\$ 274,000.00	\$ 55,452.37	Auction	Not Repairable	Pharmaceutical	
10	29813	93284	Progressa Bed	81040	Satellite Fac-Plant Op & Maint	P7500A00131	Q164AW6723	07/01/15	\$ 36,466.76	\$ 10,853.19	Auction	Not Repairable	Medical Equipment	
10	29848	93339	Progressa Bed	81040	Satellite Fac-Plant Op & Maint	P7500A00131	Q146AW6166	07/01/15	\$ 36,466.76	\$ 10,853.19	Auction	Not Repairable	Medical Equipment	
10	29861	93352	Progressa Bed	81040	Satellite Fac-Plant Op & Maint	P7500A00131	Q164AW6734	07/01/15	\$ 36,466.76	\$ 10,853.19	Auction	Not Repairable	Medical Equipment	
10	26712	84010	Thermogard XP	21015	ED	THERMOGARD XP	TGXP10860	05/01/13	\$ 36,325.29	\$ 10,594.87	Manufacturer	Not Repairable	Medical Equipment	Equipment sent to manufacturer for repairs, \$15k to repair
10	33681	109968	Site Rite Prevue Ultrasound	70020	Endoscopy Center	SITE RITE PREVUE	DYBNQ025	02/01/19	\$ 10,199.00	\$ 7,479.26	Auction	Not Repairable	Medical Equipment	
10	9483	None	TD-100 Automated Disinfecter 5	71030	Heart Station	TD-100	TD-100	04/01/11	\$ 14,973.59	\$ 5,823.05	Auction	Replaced	Medical Equipment	
10	31125	95777	SmartPump (Tourniquet Machine)	15000	Operating Room	S920-011-000	1610514403	07/01/16	\$ 10,125.60	\$ 4,460.08	Auction	Replaced	Medical Equipment	
10	31130	95782	SmartPump (Tourniquet Machine)	15000	Operating Room	S920-011-000	1611300153	07/01/16	\$ 10,125.60	\$ 4,460.08	Auction	Replaced	Medical Equipment	
10	29978	66814	Versacare Bed	81040	Satellite Fac-Plant Op & Maint	P3200K000536	Q169AD1624	07/01/15	\$ 11,383.08	\$ 3,387.82	Auction	Not Repairable	Medical Equipment	
10	29905	66615	Versacare Bed	81040	Satellite Fac-Plant Op & Maint	P3200K000536	Q167AD1546	07/01/15	\$ 11,383.08	\$ 3,387.82	Auction	Not Repairable	Medical Equipment	
10	8195	66995	Versacare with Air Bed	81040	Satellite Fac-Plant Op & Maint	VERSACARE	K006AD5327	03/01/09	\$ 9,172.52	\$ 2,293.10	Auction	Not Repairable	Medical Equipment	
20	29003	91426	Abdominal Fetal ECG	12000	Labor and Delivery	MONICA	A000894	11/01/14	\$ 9,781.53	\$ 1,979.59	Auction	Not Repairable	Medical Equipment	
10	7470	66374	VersaCare with Air Bed	81040	Satellite Fac-Plant Op & Maint	VERSACARE	J120AD6015	06/01/08	\$ 9,172.52	\$ 1,834.48	Auction	Not Repairable	Medical Equipment	
10	31360	95945	Dash 4000 Monitor	12015	Pediatric Infusion Unit PIU	DASH 4000	SBG06482916GA	08/01/16	\$ 7,640.00	\$ 1,782.66	Auction	Monitor Project	Patient Monitor	
10	4777	83753	Imagechecker - Digitizer	75105	OSIS Mammography	CL3389	CL3389	06/01/05	\$ 130,841.00	\$ -	Auction	Replaced	Medical Equipment	Replaced with new technology/equipment to help better serve our patients Equipment repeatedly breaks down, unable to obtain parts because manufacturer no longer makes them.
10	7048	60659	Plasma Sterilizer Capitalize C	15010	Sterile Processing	1005	10101061361	07/01/07	\$ 120,567.91	\$ -	Auction	Obsolete	Medical Equipment	
10	8645	VEH #1401	2010 IC Bus CE300	80030	Parking and Transport	CE300	4DRBUAANXB236394	09/01/09	\$ 88,659.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
10	7579	VEH #1367	2008 GMC Glaval Transport Bus	80030	Parking and Transport	TITAN GMC 5500	1GDESV1908F404292	06/01/08	\$ 76,550.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
10	6214	VEH #1330	2007 GMC Glaval Bus Plate #G-7	80030	Parking and Transport	29' TITAN	1GDESV1967F417983	07/01/07	\$ 76,450.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
10	7098	64565	Veris Anesthesia System, Wirel	75040	Radiology - MRI	S30959	32914	04/01/08	\$ 73,567.12	\$ -	Auction	Replaced	Medical Equipment	
10	7099	64560	Veris Anesthesia System, Wirel	75040	Radiology - MRI	VERIS	33910	04/01/08	\$ 73,567.11	\$ -	Auction	Replaced	Medical Equipment	
10	17867	None	Computerized Maintenance Manag	81025	Plant Operations & Maintenance	Software	Software	06/01/00	\$ 69,660.00	\$ -	Uninstalled	Replaced	Electronics	
10	4337	SW	Active Chagemaster Profession	92075	Patient Financial Services	Software	Software	12/01/04	\$ 60,000.00	\$ -	Uninstalled	Obsolete	Electronics	
20	19875	68565	ManoScan 360-Z Modular EG Cart	70010	Digestive Disease Procedures	360-Z	MSM1190	11/01/08	\$ 59,900.00	\$ -	Auction	Replaced	Medical Equipment	
10	7242	64300	OPMI SENSERA Surgical Microscop	15005	Operating Room - BBRP	OPMI SENSERA	6628502827	07/01/07	\$ 55,294.91	\$ -	Auction	Obsolete	Medical Equipment	
10	3421	SW	GroupWise SPC License & Produc	96000	Information Technology	Software	Software	06/01/04	\$ 51,200.00	\$ -	Uninstalled	Obsolete	Electronics	
10	4323	50641	Hot and Cold Food Serving Coun	84000	Food and Nutrition	TS590-6FL M	09042203 & 0904250	11/01/04	\$ 48,870.00	\$ -	Auction	Replaced	Food & Nutrition	
10	1018	SW	UPA Software Licenses	96000	Information Technology	Software	Software	08/01/01	\$ 48,705.00	\$ -	Uninstalled	Obsolete	Electronics	
10	16456	SW	Upgrade 3M Coding Software	96000	Information Technology	Software	Software	04/01/99	\$ 48,470.00	\$ -	Uninstalled	Obsolete	Electronics	
10	8935	70502	CX-50 Ultrasound	30110	Vein Center	CX-50	US40900947	05/01/10	\$ 42,301.00	\$ -	NA	Unable to Inventory	Medical Equipment	
10	5231	NR	Tx/Rx Head Coil #S,SON	75040	Radiology - MRI	IP758004	1039	03/01/06	\$ 37,500.00	\$ -	Auction	Replaced	Medical Equipment	
10	4006	98735	MRI Contrast Injector Capitali	75040	Radiology - MRI	SMR-200	SMR-200	06/01/03	\$ 34,925.00	\$ -	Auction	Replaced	Medical Equipment	
10	4730	51359	Mars PC Standalone for Departm	71030	Heart Station	MARS PC	L4HY0565F	11/01/04	\$ 27,841.80	\$ -	Manufacturer	Replaced	Medical Equipment	
10	17248	SW	IDX User Update - Software	96160	IT - Scheduling	Software	Software	10/01/99	\$ 27,360.00	\$ -	Uninstalled	Obsolete	Electronics	
10	18316	SW	IDX License - Additional 32 Us	96160	IT - Scheduling	Software	Software	07/01/00	\$ 27,360.00	\$ -	Uninstalled	Obsolete	Electronics	
10	2273	45272	Reverse Osmosis System CIP 166	72040	I/P Hemodialysis	MAIN UNIT	052751	04/01/02	\$ 25,288.00	\$ -	Auction	Replaced	Medical Equipment	
30	20386	VEH #1105	2001 Ford E-350 15-passenger v	60365	Case Management	E-350	1FBSS31L31HB71412	06/01/01	\$ 21,442.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
30	20584	VEH #1253	2004 Chevrolet Express Plate #	60365	Case Management	3500	1GAHG39UJ4124693C	07/01/04	\$ 20,806.00	\$ -	UNM Automotive	Not Repairable	Vehicle	
10	3868	SW	CIC Software License Capitaliz	15510	OSIS PACU	Software	Software	05/01/03	\$ 20,435.20	\$ -	Uninstalled	Obsolete	Electronics	
20	20072	80442	Electrogastrography Machine	34150	Pediatrics Clinic	3CPM	000091	03/01/11	\$ 19,469.48	\$ -	Auction	Not Repairable	Medical Equipment	
10	6284	62430	ForceTriad Energy Platform	15000	Operating Room	FORCETRIAD	T7H3774E	09/01/07	\$ 19,019.54	\$ -	Auction	Obsolete	Medical Equipment	
10	9238	70431	Insight G3 Base System	70020	Endoscopy Center	INSIGHT (HF300)	F108018A	07/01/10	\$ 17,615.00	\$ -	Auction	Obsolete	Medical Equipment	
10	21512	82666	Medstone Elite Pt X-Ray Table	75000	Radiology - General	0047-TE1	187311	12/01/11	\$ 17,444.70	\$ -	NA	Unable to Inventory	Medical Equipment	
10	1695	40010	Rebuilt Trayline (repair servi	84000	Food and Nutrition	None	None	03/01/02	\$ 16,498.00	\$ -	Auction	Replaced	Food & Nutrition	
10	9532	None	SMP Monochrome P Series Dual-H	90020	Radiology - Admin	SMP	32468015016	11/01/10	\$ 16,355.00	\$ -	Electronics Recycling	Replaced	Electronics	
10	14684	MOD	Workstations	94000	Human Resources	Workstations	Workstations	02/01/96	\$ 14,925.89	\$ -	Auction	Replaced	Furniture	
40	20907	BULK	Sofas Capitalize CIP 1802	81000	Facilities Maintenance	Furniture	Furniture	07/01/04	\$ 12,966.10	\$ -	Auction	Replaced	Furniture	
10	2721	IT EQUIP	Computer Workstations	34110	Women's Health Center	IT Equipment	IT Equipment	06/01/03	\$ 12,690.00	\$ -	Electronics Recycling	Obsolete	Electronics	
10	9511	None	Dash 4000	34520	Orthopaedics Clinic	DASH 4000	DASH 4000	05/01/11	\$ 12,589.01	\$ -	Auction	Monitor Project	Patient Monitor	

10	9429	None Dash 4000 Monitor	34355	DOIM-Outpatient Treatment Ctr	DASH 4000	DASH 4000	03/01/11	\$	12,469.02	\$	-	Auction	Monitor Project	Patient Monitor
20	19831	88801 HDTV & Accessories - Child Lif	70100	Child Life	MITSUBISHI	MITSUBISHI	10/01/07	\$	12,231.82	\$	-	Electronics Recycling	Replaced	Electronics
10	9527	None 3MP Monochrome P Series LCD Sy	90020	Radiology - Admin	3MP	320808033573	11/01/10	\$	9,950.00	\$	-	Electronics Recycling	Replaced	Electronics
10	9528	None 3MP Monochrome P Series LCD Sy	90020	Radiology - Admin	3MP	320808034446	11/01/10	\$	9,950.00	\$	-	Electronics Recycling	Replaced	Electronics
10	9529	None 3MP Monochrome P Series LCD Sy	90020	Radiology - Admin	3MP	320808034452	11/01/10	\$	9,950.00	\$	-	Electronics Recycling	Replaced	Electronics
10	9530	None 3MP Monochrome P Series LCD Sy	90020	Radiology - Admin	3MP	PG21PGDCS0071	11/01/10	\$	9,950.00	\$	-	Electronics Recycling	Replaced	Electronics
10	9531	None 3MP Monochrome P Series LCD Sy	90020	Radiology - Admin	3MP	321308016269	11/01/10	\$	9,950.00	\$	-	Electronics Recycling	Replaced	Electronics
20	20080	82250 Dash 5000 Monitor	95700	Clinical Engineering	DASH 5000	SD008516288GR	04/01/11	\$	9,734.33	\$	-	Auction	Monitor Project	Patient Monitor
20	19306	BULK Software Module, SOM, Insight	70020	Endoscopy Center	Software	Software	07/01/03	\$	9,118.33	\$	-	Uninstalled	Obsolete	Electronics
10	14683	BULK Furniture	94000	Human Resources	Furniture	Furniture	02/01/96	\$	8,547.83	\$	-	Auction	Replaced	Furniture
20	19542	58903 Dash 4000 (W/Div 01 Asset #276	21015	ED	DASH 4000	SBG06462308GA	07/01/07	\$	8,368.64	\$	-	Auction	Monitor Project	Patient Monitor
10	18117	MOD Workstations - Carlmont CIP 15	94000	Human Resources	Workstations	Workstations	07/01/99	\$	7,983.59	\$	-	Auction	Replaced	Furniture
10	9088	70512 UNI-3 High Flow Insufflator 35	15005	Operating Room - BBRP	UHI-3	7012533	06/01/10	\$	7,749.61	\$	-	Auction	Obsolete	Medical Equipment
10	5601	55584 Office Video System w/Pump	76020	Speech/Language Pathology	OTV-SI(B)	OTV-SI(B)	06/01/06	\$	7,520.00	\$	-	Auction	Replaced	Medical Equipment
10	1041	SW Additional CIC Patient License	12430	General Pediatrics Unit	Software	Software	09/01/01	\$	7,254.00	\$	-	Uninstalled	Obsolete	Electronics
10	7829	67010 23" Wideview HD Flat Panel	15000	Operating Room	9423HDNB	08-119804	06/01/08	\$	6,712.45	\$	-	Auction	Obsolete	Medical Equipment
40	20910	BULK Desks Capitalize CIP 1802	81000	Facilities Maintenance	None	None	07/01/04	\$	6,580.00	\$	-	Auction	Replaced	Furniture
10	5782	None Scottcare, 3E MR	71030	Heart Station	TTM	TTM	10/01/06	\$	6,307.50	\$	-	Manufacturer	Replaced	Medical Equipment
10	6932	56894 Pasta Cooker - F&N IP Equipmen	84010	Food and Nutrition - BBRP	GSMSSC	0606KS0014	07/01/07	\$	6,306.60	\$	-	Auction	Replaced	Food & Nutrition
30	20343	232185 Dishwasher	84000	Food and Nutrition	AM14 S1P	231012315	07/01/98	\$	6,278.00	\$	-	Auction	Replaced	Food & Nutrition
40	20909	BULK Dressers Capitalize CIP 1802	81000	Facilities Maintenance	Furniture	Furniture	07/01/04	\$	6,132.00	\$	-	Auction	Replaced	Furniture
10	17822	IT EQUIP Computer Room Fiber	96000	Information Technology	Computer Fiber	Computer Fiber	04/01/00	\$	5,754.18	\$	-	Uninstalled	Obsolete	Electronics
10	3846	46213 Table Ultra Pro Scanning Biode	75100	OSIS Ultrasound	056-672	302397	05/01/03	\$	5,463.25	\$	-	Auction	Replaced	Medical Equipment
10	3173	BULK Overbed Tables CapitalizeCIP 1	81000	Facilities Maintenance	None	None	09/01/02	\$	5,344.16	\$	-	Auction	Replaced	Furniture
10	7285	None Dash 3000 Capitalize CIP 1630	15045	PACU - BBRP	DASH 3000	DASH 3000	07/01/07	\$	5,020.62	\$	-	Auction	Monitor Project	Patient Monitor

Consent Item – Cerner - Remote Hosting Services

\$34,788,936

**UNM Hospital Board of Trustees
Recommendation to HSC Board of Directors Finance and Audit Committee
June, 2020**

Approval

Ownership:

Cerner Corporation
2800 Rockcreek Parkway
Kansas City, MO 64117

Officer Information:

Brent Shafer, Chairman
Zane Burke, President

Source of Funds: UNM Hospitals Operating Budget

Description: Request a seven (7) year agreement with Cerner Corporation for an extension of the remote hosting software and infrastructure that is housed in Kansas City, which includes, Equipment, Software Licenses, Professional and Educational Services and Maintenance for the UNM Hospitals (“UNMH”). UNMH will extend the agreement to ensure no disruption in services to the Electronic Medical Record and all of the products that are currently in production. Cerner’s hosting and engineering teams are the most equipped to configure, optimize and ensure that clinical and financial solutions are highly-available, accessible and reliable.

The agreement provides pricing continuation of the infrastructure, software and support; to enhance patient care and patient safety; to ensure uninterrupted service to the Patient's UNM Hospitals Electronic Medical Record.

Projected Cost for Initial Term: \$4,969,848.00 annually; total initial term amount \$34,788,936.00

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

Previous Contract: Cerner System Schedule No. 85

Previous Term: January 3, 2016 through June 30, 2021

Previous Contract Amount: \$4,573,848.00 annually

Contract Term: Anticipated effective date is August 1, 2020 and will continue for a period of seven (7) years, with option to renew on mutual agreement consistent with the NM Procurement Code

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

Contract Amount: Total contract award is estimated at \$34,788,936.00 over the term of the contract.

Consent Item – Cerner – Existing Solutions \$25,218,261



**UNM Hospital Board of Trustees
Recommendation to HSC Board of Directors Finance and Audit Committee
June, 2020**

Approval

Ownership:

Cerner Corporation
2800 Rockcreek Parkway
Kansas City, MO 64117

Officer Information:

Brent Shafer, Chairman
Zane Burke, President

Source of Funds: UNM Hospitals Operating and Capital Budget

Description: Request a seven (7) year agreement with Cerner Corporation for an extension of the core Electronic Medical Record software renewal, which includes, Equipment, Software Licenses, Professional and Educational Services and Maintenance for the UNM Hospitals (“UNMH”). UNMH will extend the agreement to ensure no disruption in services to the Electronic Medical Record and all of the products that are currently in production. Cerner’s hosting and engineering teams are the most equipped to configure, optimize and ensure that clinical and financial solutions are highly-available, accessible and reliable.

The agreement provides pricing for the installation and support of the **Software System**; to enhance patient care and patient safety; to integrate and consolidate all aspects of patient care in an electronic medical record to support workflow process improvements and standardization via a single unified patient record.

Projected Cost for Initial Term: \$3,602,609.00 annually; total 7 year term amount \$25,218,261.00

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

Previous Contract: Cerner Business Agreement

Previous Term: September 19, 2014 through June 30, 2021

Previous Contract Amount: \$3,296,044.00 annually

Contract Term: Anticipated effective date is August 1, 2020 and will continue for a period of seven (7) years, with option to renew on mutual agreement consistent with the NM Procurement Code

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

Contract Amount: Total contract award for the Software System is estimated at \$25,218,261.00 over the term of the contract.

**Consent Item – LivaNova - Vagus Nerve Stimulations
Therapy System \$26,000,000**

**UNM Hospital Board of Trustees
Recommendation to HSC Board of Directors Finance and Audit Committee
June, 2020**

Approval

Ownership:

LivaNova USA, Inc
PO Box 419261
Boston, MA 02241-09261

Officer Information:

Daniel Moore, Chairman
Damien McDonald, CEO

Source of Funds: UNM Hospitals Operating Budget

Description: The Operating Room is requesting the approval of the Vagus Nerve Stimulation (VNS) Therapy System. VNS is an FDA approved treatment of refractory epilepsy and treatment-resistant depression. The VNS system is a surgically implanted device that delivers pulsed electrical signals to the vagus nerve which helps patients achieve long-term seizure control. It is currently the standard of care for surgical intervention in epilepsy treatment at UNM Hospital.

Projected Cost for Initial Term: \$2,600,000 annually; total 10 year term amount \$26,000,000

Process: Sole Source is posted on the sunshine portal and will meet its posting period on June 29, 2020.

Previous Contract: UH301-17, UHSS02-17

Previous Term: One (1) year

Previous Contract Amount: \$2,405,302.00 annually

Contract Term: The initial term of Agreement shall be for one (1) year with an option to renew up to ten (10) years as provided for in NMSA 13-1-150 (Multi-Term Contract).

Termination Provision: Either party may terminate this agreement with thirty (30) days written notice.

Contract Amount: Projected amount of \$2,600,000 annually for a total amount of \$26,000,000 over 10 years.

**Capital Project – New Hospital Tower Project – New
Parking Structure Building \$75,800,000**



CAPITAL PROJECT APPROVAL

CIP 3126 UNM HOSPITALS – NEW HOSPITAL TOWER PROJECT - NEW PARKING STRUCTURE BUILDING

JUNE 24, 2020

RECOMMENDED ACTION:

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

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

PROJECT DESCRIPTION:

The scope includes the building of the New Parking Structure. The precast concrete parking structure will provide approximately 1,401 parking stalls on 7 levels. The layout provides patient/visitor vehicular access on the west and north sides. The scope includes design assist services of the precast concrete vendor.

RATIONALE:

The New Hospital Tower and the New Parking Structure will be constructed in multiple phases in order to reduce the disruption of services and provide access to the North Campus. The New Parking Structure will be constructed first. The existing 500-car West Parking Structure will then be demolished to permit construction of the New Hospital Tower.

PURCHASING PROCESS:

Three (3)-stage Construction Manager at Risk selection process was used for Bradbury Stamm Hunt:

- Request for Qualifications from all interested firms
- Request for Proposals from qualified firms
- Interviews with selected firms

FUNDING:

Total project construction budget not to exceed at \$75,800,000 from the FY20 Capital Initiatives Budget.

**University of New Mexico Hospital
New Hospital
Albuquerque, NM**

6/17/2020

Trade Package & Phase 2 GMP

Phase II - Parking Structure (inc. CUP & Site)

Code	Trade Package Description	SUBTOTAL	\$ / SQFT
AREA TOTAL(S):			1,150,046
01.4000.00	01 Design Fees	\$0	\$0.00
01.5000.00	01 Project Support	\$1,512,444	\$1.32
01.5419.00	01 Cranes	\$84,072	\$0.07
01.7423.00	01 Final Building Cleaning	\$61,883	\$0.05
02.4100.00	02 Demolition	\$2,194,883	\$1.91
03.0100.00	03 Turnkey Concrete	\$13,402,439	\$11.65
03.4100.00	03 Structural Precast	\$14,979,180	\$13.02
04.2000.00	04 Masonry	\$1,342,256	\$1.17
05.5000.00	05 Miscellaneous Metals	\$818,268	\$0.71
05.7000.00	05 Ornamental Metals	\$1,537,495	\$1.34
06.4000.00	06 Custom Casework, Paneling, Millwork & Finish Carpentry	\$7,500	\$0.01
07.1000.00	07 Waterproofing / Sealants	\$859,851	\$0.75
07.4200.00	07 Rainscreen & Panel Systems	\$655,755	\$0.57
07.5000.00	07 Flat Roofing	\$491,884	\$0.43
07.8100.00	07 Fireproofing & Sprayed Insulation	\$123,422	\$0.11
07.8400.00	07 Fire Stopping / Smoke Containment	\$82,547	\$0.07
07.9500.00	07 Expansion Joints	\$1,382,790	\$1.20
08.1000.00	08 Commerical Doors, Frames & Hardware - Turnkey	\$309,825	\$0.27
08.3300.00	08 Overhead / Coiling Doors & Grilles	\$133,051	\$0.12
08.4400.00	08 Exterior Glass	\$82,410	\$0.07
09.2000.00	09 Drywall	\$474,689	\$0.41
09.2400.00	09 Exterior Plastering, Stucco & EIFS	\$18,343	\$0.02
09.5000.00	09 Suspended Drywall and Acoustical Ceilings	\$76,673	\$0.07
09.6700.00	09 Fluid Applied Flooring	\$210,656	\$0.18
09.9000.00	09 Painting and Wall Coverings	\$515,056	\$0.45
10.1400.00	10 Signage	\$50,000	\$0.04
10.4400.00	10 Fire Extinguishers and Cabinets	\$28,840	\$0.03
11.1200.00	11 Parking Equipment	\$87,500	\$0.08
11.1300.00	11 Loading Dock Equipment	\$30,798	\$0.03
14.2000.00	14 Elevators & Escalators	\$1,705,944	\$1.48
21.0000.00	21 Fire Protection	\$827,534	\$0.72
22.0000.00	22 Plumbing	\$1,838,279	\$1.60
23.1000.00	23 HVAC Complete	\$907,851	\$0.79
26.0000.00	26 Electrical	\$4,995,069	\$4.34
31.1000.00	31 Earthwork	\$2,182,128	\$1.90
32.1200.00	32 Asphalt Paving	\$172,254	\$0.15
32.1300.00	32 Concrete Paving	\$25,000	\$0.02
32.1600.00	32 Curbs, Gutters, Sidewalks, and Driveways	\$1,492,402	\$1.30

**University of New Mexico Hospital
New Hospital
Albuquerque, NM**

6/17/2020

Trade Package & Phase 2 GMP

Phase II - Parking Structure (inc. CUP & Site)

Code	Trade Package Description	SUBTOTAL	\$ / SQFT
AREA TOTAL(S):			1,150,046
32.1723.00	32 Pavement Markings	\$215,338	\$0.19
32.3000.00	32 Site Improvements	\$7,480	\$0.01
32.3100.00	32 Fencing	\$3,824	\$0.00
33.1000.00	33 Civil Utilities	\$2,266,447	\$1.97
33.6000.00	33 Chilled Water & Steam Utilites	\$98,982	\$0.09
33.7000.00	33 Electrical Utilities	\$27,051	\$0.02
33.8000.00	33 Low Voltage Utilites	\$1,259,620	\$1.10
		\$0	\$0.00
		\$0	\$0.00
	leave blank	\$0	\$0.00
Total cost of work		\$59,579,712	\$51.81
Escalation	0.000%	\$0	\$0.00
Construction Contingency	3.000%	\$1,787,391	\$1.55
Design Completion	3.000%	\$1,787,391	\$1.55
Owner Contingency	0.000%	\$0	\$0.00
Total cost of work with contingencies		\$63,154,494	\$54.91
General Liability (D.I.C.)	0.000%	\$0	\$0.00
CCIP	0.000%	\$0	\$0.00
Builders risk insurance	0.000%	\$0	\$0.00
Builder Permits	0.000%	\$0	\$0.00
Subcontractor default insurances / sub guard	1.250%	\$713,949	\$0.62
Performance bond	0.000%	\$0	\$0.00
Subtotal cost of work with insurances		\$63,868,443	\$55.54
General Conditions - estimated		\$4,450,647	\$3.87
Subtotal with General Conditions		\$68,319,090	\$59.41
Fee	2.710%	\$1,851,447	\$1.61
Construction Cost - no Tax or Precon		\$70,170,538	\$61.02
Project Tax (Construction Cost & Precon Fee)	7.875%	\$5,545,994	\$4.82
Total Cost		\$75,716,531	\$65.84

April 24, 2020 UNMH Board of Trustees Meeting Minutes

Agenda Item	Subject/Discussion	Action/Responsible Person
Voting Members Present	Mr. Terry Horn, Dr. Jennifer Phillips, Mr. Joseph Alarid, Mrs. Christine Glidden, Mr. Kurt Riley, Mr. Erik Lujan, Mr. Nick Estes, Mr. Del Archuleta, and Dr. Tamra Mason	
Ex-Officio Members Present	Dr. Paul Roth, Mrs. Kate Becker, Dr. Michael Richards, Dr. Davin Quinn, Dr. Irene Agostini, Dr. Garnett Stokes, and Mr. Rob Schwartz	
County Officials Present	Mr. Clay Campbell	
I. Call to Order	A quorum being established, Mr. Terry Horn, Chair, called the meeting to order at 9:05 AM	
II. Announcements	Mrs. Kate Becker, UNM Hospitals CEO, and Mr. Terry Horn, UNM Hospitals Board of Trustee Chair, recognized Mrs. Christine Glidden for her service as a Co-Chair and Board of Trustees Member. Several Board of Trustee Members expressed their appreciation for Mrs. Glidden's presence on the Board and as an advocate for girls in Nepal, Zambia and Mexico. Mrs. Glidden said she has gained a lot of knowledge through her journey as a Board of Trustee.	
III. Adoption of Agenda	Mr. Terry Horn, Chair, requested a motion to approve the Agenda.	Mr. Nick Estes made a motion to adopt the agenda. Dr. Jennifer Phillips seconded the motion. Motion passed with no objections.
IV. Public Input	N/A	
V. Approval of Minutes	Mr. Terry Horn, Chair, requested a motion to approve the February 28, 2020 UNM Hospitals Board of Trustees Meeting Minutes.	Dr. Tamra Mason made a motion to approve the February 28, 2020 UNM Hospitals Board of Trustees Meeting Minutes. Mr. Kurt Riley seconded the motion. Motion passed unanimously.
VI. Board Initiatives	<p>Mrs. Bonnie White presented the FY21 Operating Budget (presentation in BoardBook). Mr. Terry Horn, Chair, reported that he and Mrs. White thoroughly reviewed the Budget last week and he requested a motion for approval.</p> <p>Mrs. Bonnie White presented the Fiscal Year 2020 Capital Budget Revision / Fiscal Year 2021 Capital Budget (presentation in BoardBook). Mr. Terry Horn, Chair, reported that he and Mrs. White thoroughly reviewed the Capital Budget last week and he requested a motion for approval.</p>	<p>Mrs. Christine Glidden made a motion to approve the FY21 Operating Budget as presented by Mrs. Bonnie White. Dr. Tamra Mason seconded the motion. Motion passed unanimously.</p> <p>Mrs. Christine Glidden made a motion to approve the Capital Budget as presented by Mrs. Bonnie White. Dr. Jennifer Phillips seconded the motion. Motion passed unanimously.</p>

<p>VII. Closed Session</p>	<p>At 10:25 AM Mr. Terry Horn, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p>	<p>Mrs. Christine Glidden made a motion to close the Open Session and move to the Closed Session. Mr. Erik Lujan seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mrs. Christine Glidden – Yes Mr. Erik Lujan - Yes Mr. Del Archuleta – Yes Mr. Nick Estes – Yes Mr. Kurt Riley – Yes Mr. Joseph Alarid – yes Dr. Tamra Mason – yes</p>
<p>VIII. Certification</p>	<p>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</p>	
<p>Vote to Re-Open Meeting</p>	<p>At 11:31 AM Mr. Terry Horn, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p> <p>Mrs. Kate Becker, UNM Hospitals CEO, gave a COVID-19 Update.</p> <p>Mr. Terry Horn, Chair, requested the Board accept receipt of the following as presented in the Closed Session to acknowledge, for the record, that those minutes were, in fact, presented to, reviewed, and accepted by the Board. In addition, for the Board to accept the recommendations of those Committees as set forth in the minutes of those Committee’s meetings and to ratify the actions taken in Closed Session.</p> <ul style="list-style-type: none"> ❖ Medical Executive Committee March 18, 2020 Meeting Minutes ❖ UNMH BOT Quality and Safety Committee March 20, 2020 Meeting Minutes 	<p>Dr. Tamra Mason made a motion to close the Closed Session and return to the Open Session. Mr. Kurt Riley seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Terry Horn – Yes Dr. Jennifer Phillips – Yes Mrs. Christine Glidden – Yes Mr. Erik Lujan – Yes Mr. Del Archuleta – Yes Mr. Nick Estes – Yes Mr. Kurt Riley -- Yes Dr. Tamra Mason – Yes Mr. Joseph Alarid – Yes</p> <p>The Board of Trustees acknowledged receipt of the UNMH Committee Meeting Minutes.</p>

	<p>Mr. Terry Horn, Chair, requested the Board acknowledge approval of the Credentialing and the Clinical Privileges as presented and approved at the UNMH BOT Quality and Safety Committee Meetings of March 20, 2020 and April 17, 2020.</p>	<p>Dr. Davin Quinn reported the UNMH BOT Quality and Safety Committee reviewed, discussed, and approved the Credentialing and Clinical Privileges as identified in Closed Session.</p>
<p>Adjournment</p>	<p>The next scheduled Board of Trustees Meeting will take place Wednesday, July 1, 2020 at 11:30 AM at the University of New Mexico Hospitals in the Barbara & Bill Richardson Pavilion (BBRP) 1500. There being no further business, Mr. Terry Horn, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Del Archuleta made a motion to adjourn the meeting. Dr. Tamra Mason seconded the motion. The motion passed unanimously. The meeting was adjourned at 11:32 AM.</p>

Mr. Joseph Alarid, Secretary
 UNM Hospitals Board of Trustees

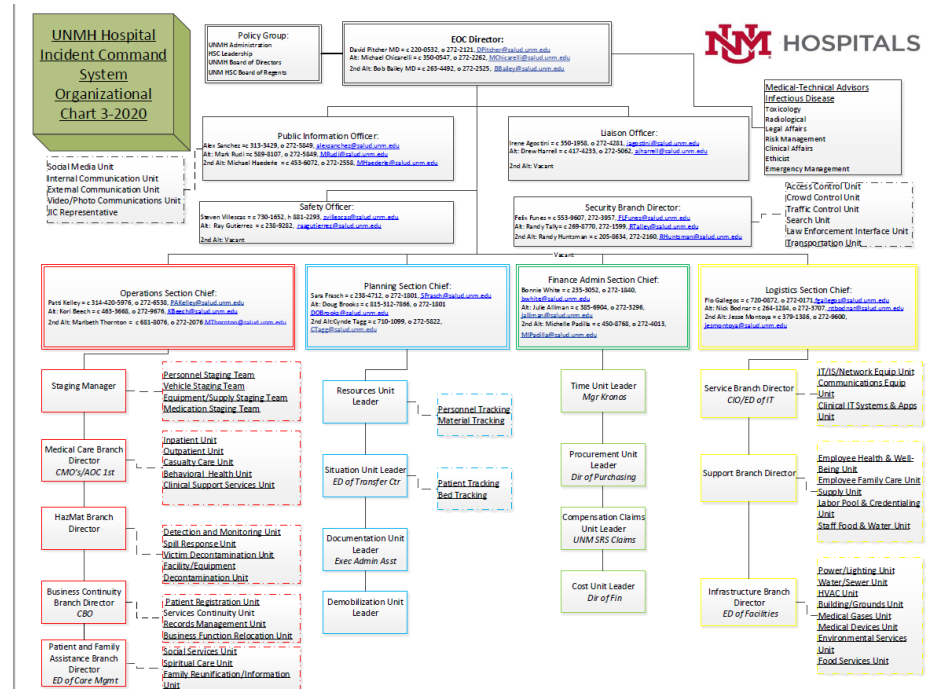
MISSION MOMENT (EOC Summary)

“This is going to be a marathon, we need to keep our people fresh”

100 Days of COVID-19

Preparedness

- All leaders, every level take a minimum of four FEMA modules based on emergency management and Hospital Incident Command Systems
- Directors and above attend week-long training at FEMA's Center for Domestic Preparedness—didactic and drills
- It's all about HICS



March 4

Emergency Operations Command

- Review pandemic plan and assign tasks
- Assess location for potential COVID-19 patients
 - Capacity, equipment needed, triggers for opening, Security, how to way find to that location, how do we communicate, physical plan—power, air, water, etc., clinical and medical staffing, patient and family assistance, pharmacy, education

March 11

- Respiratory Care Center Opened!
 - Converted non-clinical space into clinical space
 - Floor covering, IT equipment, IT build, clinical triage space, changed entry points, negative air flow, staff training, staffing, navigators at entry points, reducing entry points...

COVID-19 Progression

MARCH 13

- EOC had been meeting for **9 days**
- **137,445 cases worldwide**
5,088 deaths
- **1,268 US cases**
33 deaths
- **10 cases in NM**
no deaths

MAY 8

- EOC has been meeting for **65 days**
- **4,055,863 cases worldwide**
279,892 deaths
- **1,219,066 US cases**
73,297 deaths
- **4,493 cases in NM**
172 deaths

JUNE 22

- EOC has been meeting for **110 days**
- **9,036,002 cases worldwide**
470,016 deaths
- **2,281,069 US cases**
119,997 deaths
- **10,065 cases in NM**
469 deaths

UNMH Occupancy

MARCH 13

- Census 530
- 67 ICU beds occupied
- 1 presumptive COVID-19 positive inpatient
- 234 progressive care beds
- 51 women's beds
- 136 pediatric beds

MAY 8

- UNMH census 434 (-18%)
- 77 ICU (+15%) beds occupied
- 49 adult COVID-19 positive inpatients (27 vented)
- 1 pediatric COVID-19 positive inpatient
- 216 progressive care beds
- 39 women's beds
- 91 pediatric beds

JUNE 22

- Census 445
- 82 ICU beds occupied (114% capacity)
- 24 adult COVID-19 positive inpatients (16 vented)
- 0 pediatric COVID-19 positive inpatient
- 225 progressive care beds
- 48 women's beds
- 100 pediatric beds

Ambulatory Activity

MARCH 13

- 2,509 arrived outpatient visits

MAY 8

- 1,896 arrived outpatient visits (24% decrease)
- More than 1,100 surgeries postponed and *thousands* of other screening procedures postponed during this time

JUNE 22

- 2,733 arrived outpatient visits
- Testing 72 hours pre-procedure or surgery

Our Response

Unit Plans and Modifications

Every single unit and clinic developed a Tiered surge with triggers. Included space, equipment and staffing.

- **ICUs converted to COVID-19 and non-COVID-19 units, including converting additional inpatient beds to non-COVID-19 ICU beds**
- **Inpatient units converted to COVID-19 progressive care and rule-out COVID-19 units**
- **Clinic space converted to progressive care bed**
- **Clinics consolidated into other existing clinic space**
- **COVID-19 Follow-up Clinic created**
- **Telephonic and audiovisual visits launched**

Every single unit and clinic developed a Tiered demobilization/recovery plan with triggers. Included restoring pace, equipment and staffing to original home.

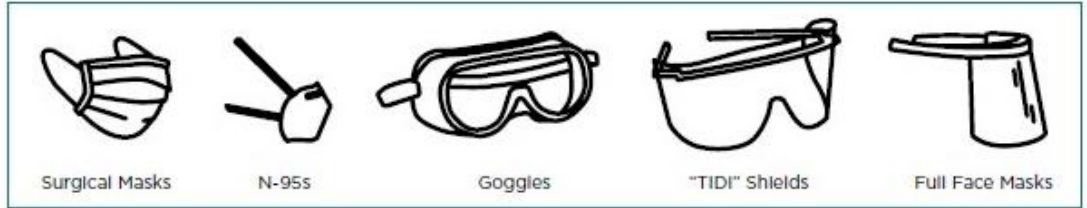
Down to Business

- Visitor Policy
- Signage—405 different signs including floor stickers for social distancing, English and Spanish versions were created; needed throughout campus
- Staffing

PPE

THE UNIVERSITY OF NEW MEXICO COVID-19 PPE GUIDANCE

■ Extended Use and Re-use of N95 Respirators and Protective Eyewear



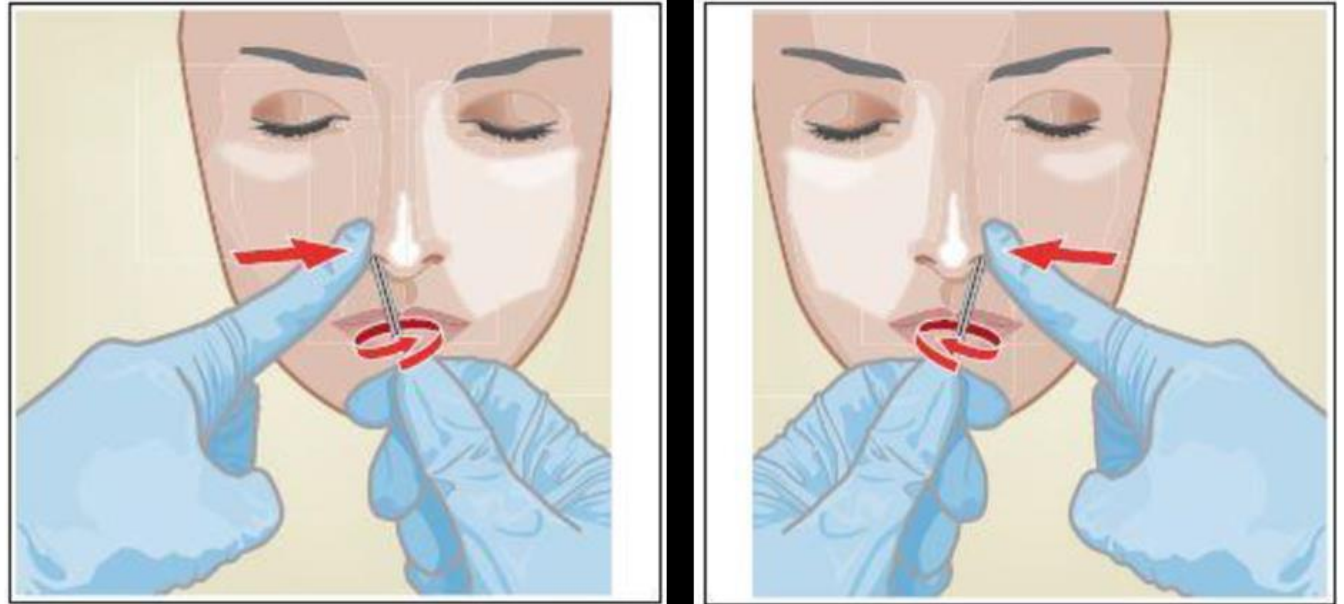
Personal Protective Equipment (PPE) Committee created, to coordinate utilization and ensure adequate supply.



33/135

Testing Committee

Testing Committee created to develop clinical protocols on testing (who, when, how)



Keeping Our Employees Safe

- Occupational Health Services
 - Developed 45 risk-stratification algorithms
 - Set up a call center and staffed it for employees and providers to receive guidance
 - Employee & Visitor screening



Support for Staff & Providers

- **Wellness Resources of All Kinds**
- **Expanded Communications**
- **Scrubs**
- **Showers**
- **Lodging**
- **Child Care**



Communication & Data

- Weekly Town Halls
- Twice daily COVID communications initially
<https://hospitals.health.unm.edu/ipcd/2020/04/15/coronavirus-2020/>

<https://hospitals.health.unm.edu/covid-ppe/>

UNM Health System Morning COVID-19 Dashboard

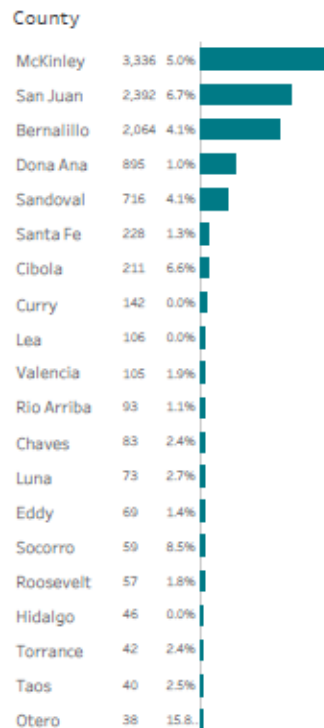


National Confirmed Cases **2,605,959** New Cases + 39,435 % Growth 6.6%

National Deaths **127,911** New Cases +256 Mortality Rate 4.9%

Case Type

Confirmed Cases



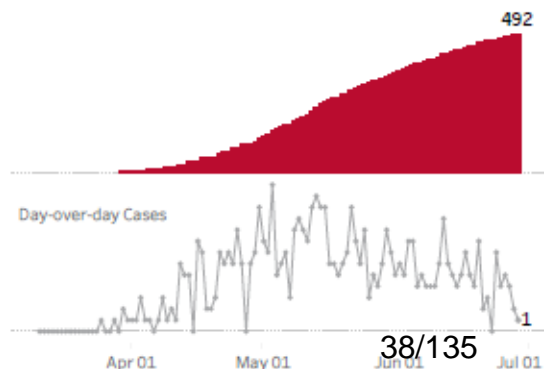
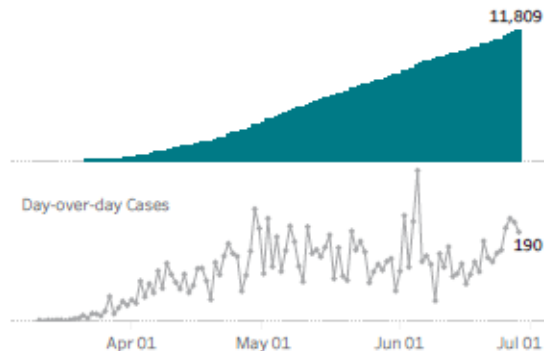
NM Total Cases
11,809

New Cases **+190**
% Growth **1.6%**

NM Deaths
492

New Cases **+1**
Mortality Rate **4.2%**

County Doubling Rate

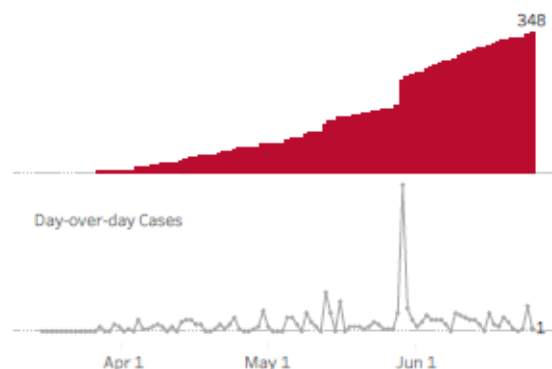
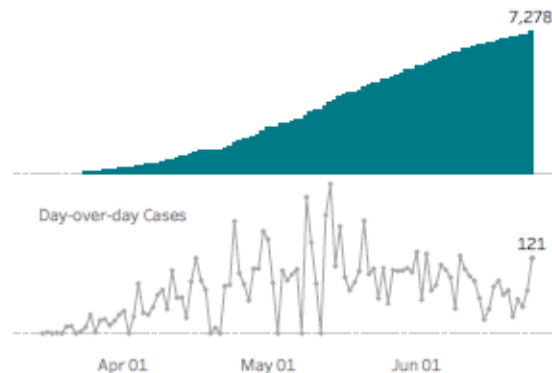


Navajo Nation Cases
7,278

New Cases **+121**
% Growth **1.7%**

Navajo Nation Deaths
348

New Cases **+1**
Mortality Rate **4.8%**

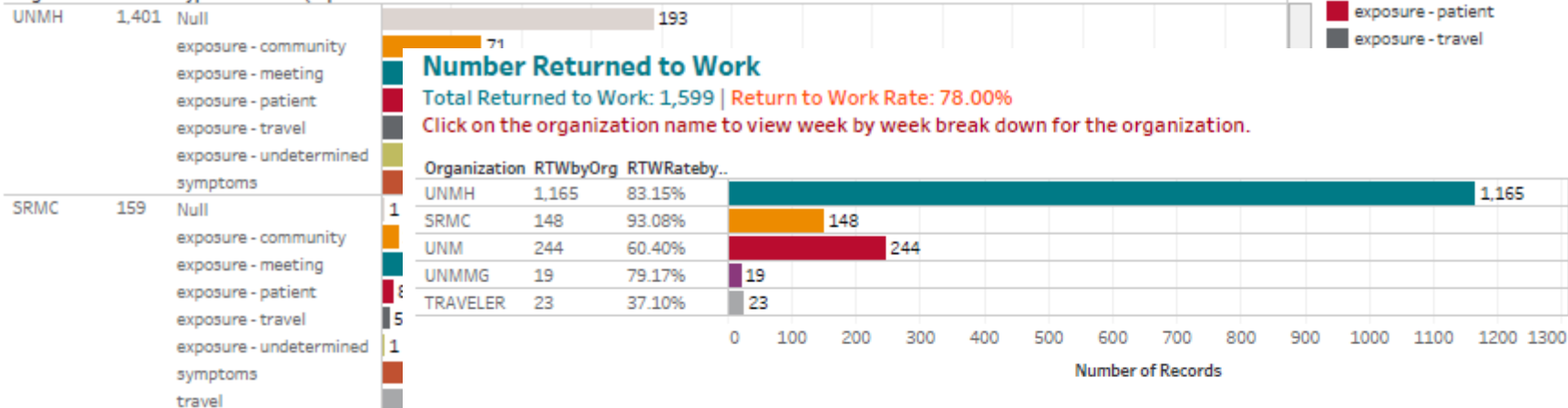


Cases by County | Confirmed Cases

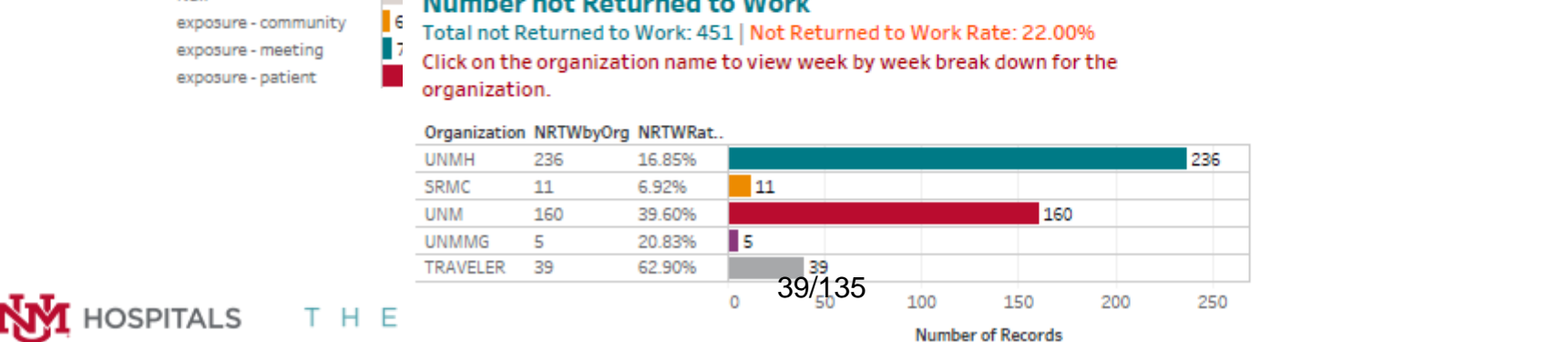
Number of Exposures

Total Exposure: 2,050

Organization total Type of Incident (exposure, travel, s..



Organization total Type of Incident (exposure, travel, s..



Community Support



4/3/2020
service.
Thank
the UMM
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ne away



Thank You!

UNMH BOT Committee Member Assignment(s)

**University of New Mexico Hospitals
Board of Trustees
2020 Committee Assignments
Review and Approval at July 1, 2020
UNM Hospitals Board of Trustees Meeting**

Board Chair Terry Horn
Board Co-Chair Jennifer Phillips, MD
Secretary Joe Alarid

Finance Committee

Terry Horn, Chair
Del Archuleta
Kurt Riley
Michael Brasher

Audit/Compliance Committee

Terry Horn, Chair
Del Archuleta
Kurt Riley
Tamra Mason

Quality and Safety Committee

Erik Lujan, Chair
Tamra Mason
Jennifer Phillips
Joe Alarid
Kurt Riley
Davin Quinn, Chief of Staff

Native American Services Committee

Erik Lujan, Chair
Joe Alarid
Michael Brasher
Trey Hammond

Community Engagement Committee

Joe Alarid, Chair
Jennifer Phillips
Michael Brasher
Trey Hammond

Strategic Planning & Executive Committee

Terry Horn, Chair
Jennifer Phillips
Joe Alarid

07/01/2020

Community Health Needs Assessment

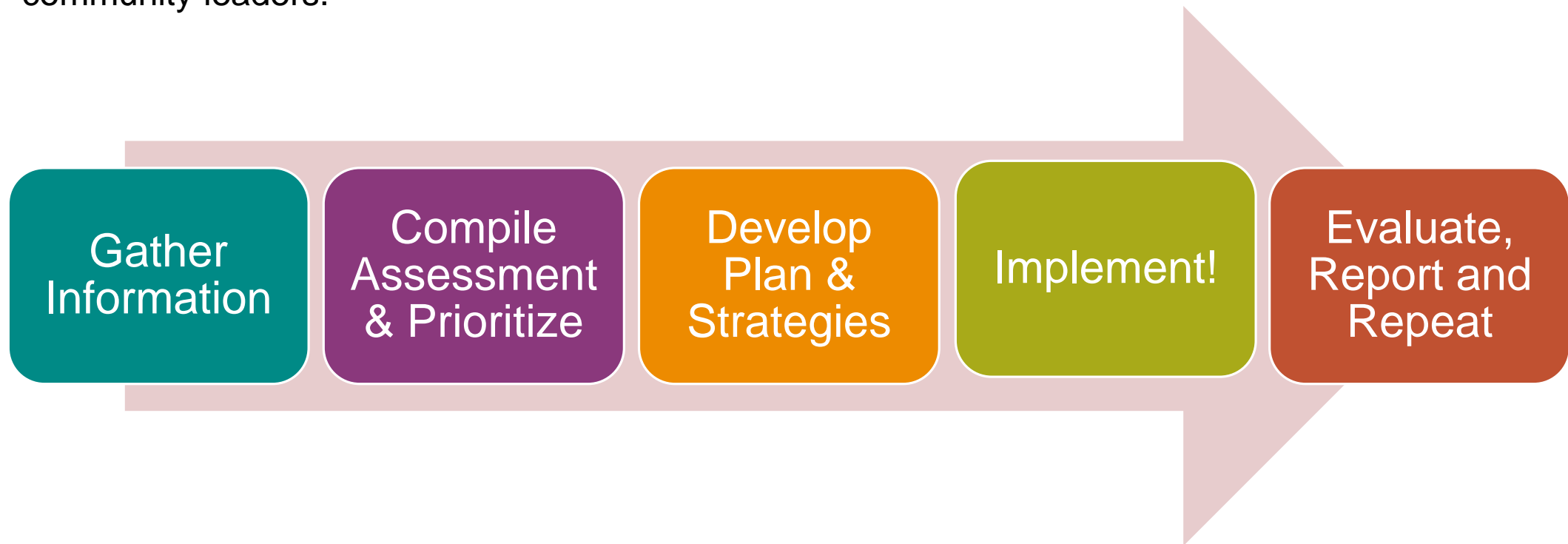


2020 BERNALILLO COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

PREPARED BY: UNMH BUSINESS DEVELOPMENT OFFICE

The *CHNA Process

A comprehensive *Community Health Needs Assessment is a process that gathers information on priority health needs with the help of the community and community leaders.



Our “Why”

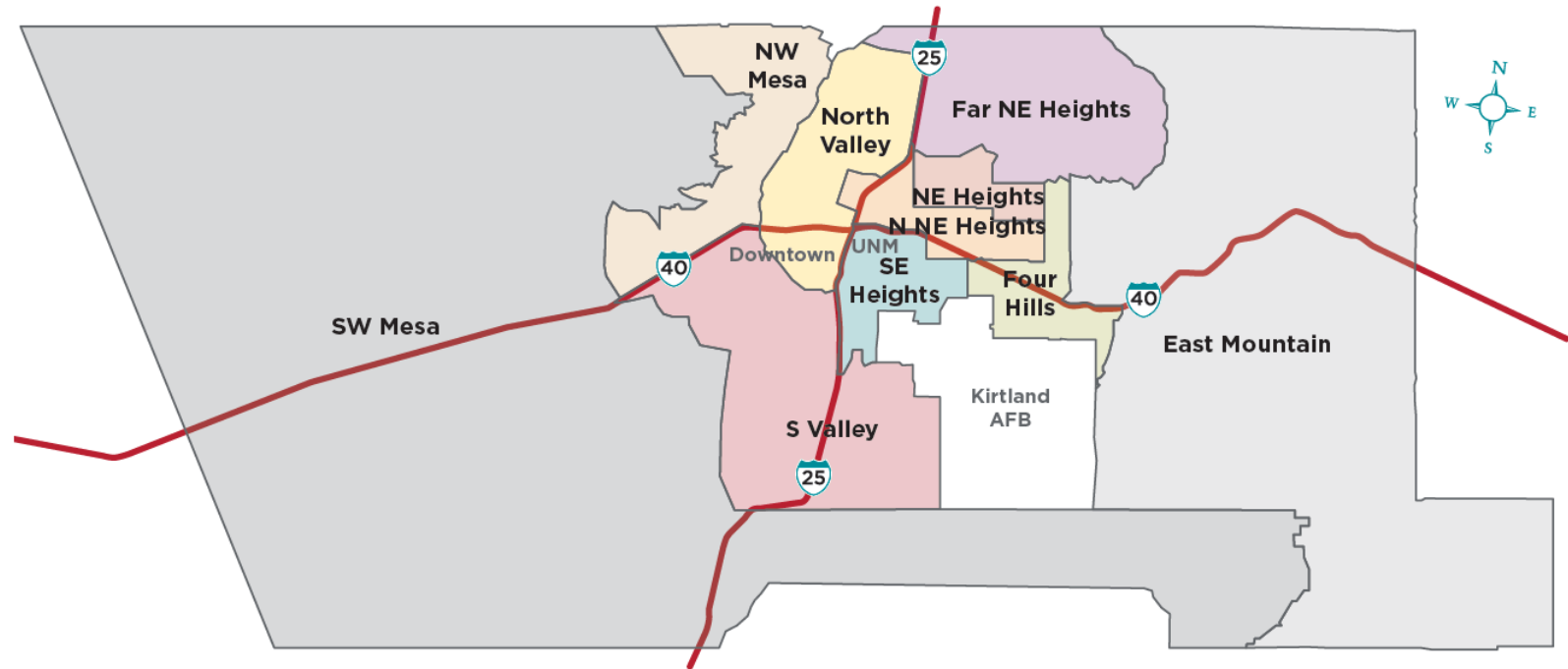
UNM Hospitals, our community partners, and community members are working together to improve our community’s health.

We need the community’s voice to understand:

- What are the health needs?
- How are these met (or not met)?
- What issues affect a community’s ability to thrive?
- How can UNM Hospitals help?

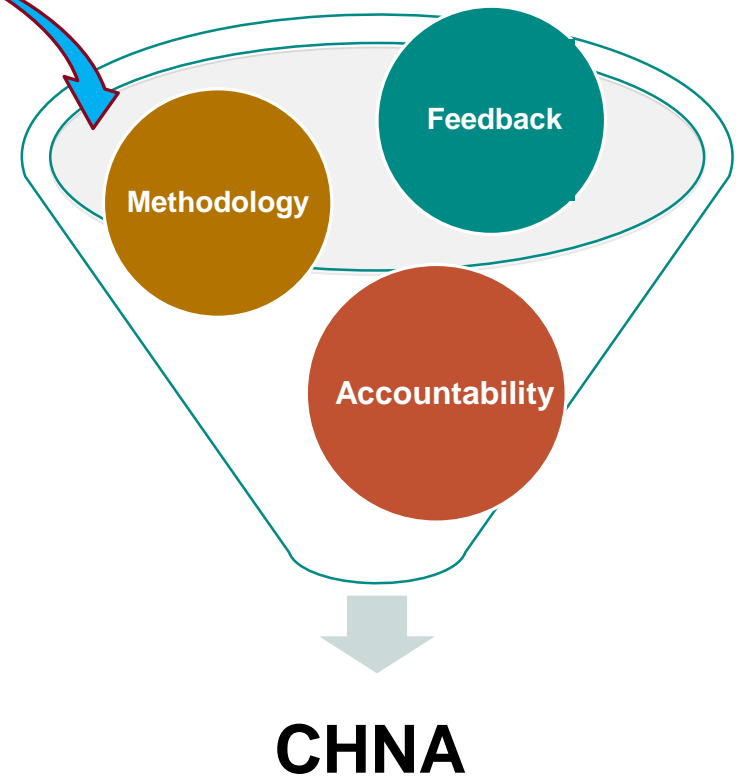
Community Listening Session Neighborhoods

- East Mountain
- Far NE Heights
- UNM Area
- NW Mesa
- NE Heights
- Four Hills
- SW Mesa
- North Valley
- S Valley
- Near NE Heights
- SE Heights
- Downtown



Advocacy and Advisory Group Involvement

- Office of African American Affairs
- Cooperative Korimi
- New Mexico Black Mental Health Coalition
- Patient Family Advisory Council
- UNMH BOT Community Engagement Committee
- UNMH BOT Native American Services Committee
- Bernalillo County





“Our community needs information on financial aid before they get sick.”
-Cooperativa Koremi

“UNMH needs to do more with Diversity Equity and Inclusion and move into “Humanism.” “Humanism” ensures that my needs are represented whether I’m in the room or not.”
-New Mexico Black Mental Health Coalition

- 10.- No tienen tacto al dar los Diagnosticos
- 11.- Amenazas de Colección que no la Van a atender.
- 12.- Que el Hospital provea la información correcta sobre los cobros y los Pagos.
- 13.- Falta de información (educación) sobre los servicios, Clinicas, aseguranzas etc.
- 14.- Que el hospital tenga un Departamento de Orientación e Información
- 15.- No la atendieron Por no tener aseguranza.
- 16.- Que en emergencias no nos tengan horas esperando. Y al final nos dicen q no es nada.
- 17.- Dar más información y escuchar más.
- 18.- Mal servicio de Ambulancia.

CHNA Report Outline

Executive Summary

Section A: Community Health Assessment “CHA”

- A Description of Methods, Process, Community and Data

Section B: Community Health Implementation Plan “CHIP”

- Focus 1: Increase Access to Behavioral Health Services
- Focus 2: Increase Access to Medical Services
- Focus 3: Increase Access to Medical Coverage and Financial Assistance
- Focus 4: Reduce Inequities that Lead to Disparities in Health Outcomes

Focus 1: Increase Access to Behavioral Health Services



- Explore bringing behavioral health services into medical clinics
- Continued service development at the Bernalillo County Care Campus
- Expanded programming for patients are or who have been in prison for mental health reasons
- Consult with national experts on strategies to increase access to behavioral health services
- Expansion of crisis services and psychiatric emergency services
- Further development of the Care Link Behavioral Health Home

Focus 2: Increase Access to Medical Services



- Locate specialty services within primary care clinics
- Streamline the movement of patients between specialty and primary care clinics
- Explore the development and implementation of women's integrated health care
- Recruit additional physicians and advanced practice providers
- Consider expanding clinic hours of operation
- Building and equipment renovation and expansion
- Improved tools for managing referrals. (A referral is instructions from one provider to see a different provider who has special training in a specific area)
- Improvements in scheduling efficiency
- Redesign clinic workflows to reduce scheduling delays and referral backlogs
- Add staff to increase the number of providers
- Increase availability of primary care physicians, with particular focus for hard to reach populations
- Use panel management to improve continuity of care and increase access for hard-to-reach populations (A panel is a list of patients assigned to individual providers or clinics)
- Other specialty-specific strategies are included in the implementation plan

Focus 3: Increase Access to Medical and Financial Assistance



- Increase staff from Patient Financial Services at UNMH clinics
- Improve messaging about financial services
- Update public-facing materials
- Provide trainings to community organizations about financial assistance programs
- Hold financial assistance information meetings
- Update UNMH website to make sure it has the same message across the board
- Promote awareness of Patient Financial
- Services' programs available to immigrant patients
- Establish a universal contacts list for UNM financial services staff
- Explore ways to give patients a better understanding of what their costs will be and provide financial counseling

Focus 4: Reduce Inequities that Lead to Disparities in Health Outcomes

- Embed community health workers in clinics to screen for and assist patients in addressing adverse Social Determinants of Health
- Increase awareness of interpreter services
- Participate in community outreach and support programs
- Provide care coordination and health care delivery at the Westside Shelter
- Increase awareness of community resources available to patients who face adverse social determinants
- Provide training to community organizations on programs available through the Office of Diversity Equity and Inclusion (DEI)



Photo credit:
Roberto E. Rosales

Focus 4: Reduce Inequities that Lead to Disparities in Health Outcomes

- Monitor quality outcomes data to identify and address racial/ ethnic disparities, then work with Diversity, Equity and Inclusion (DEI) to address issues
- Make sure that patients leave the hospital understanding at-home instructions
- Have fewer patients leave the Emergency Department without getting care
- Create environment where patients feel they can submit complaints
- Work to reduce the number of gendered spaces (male or female) for patients and staff
- Create a DEI educator position
- Explore the addition of sensitivity training specific to DEI



Photo credit:
Roberto E. Rosales

Community Health Assessment (CHA)

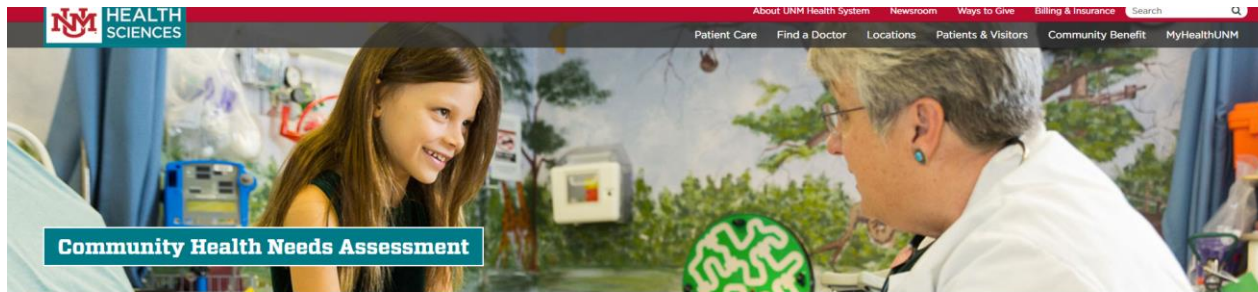
Community Health Implementation Plan (CHIP)

Data	Community Feedback	Strategy & Implementation	Track & Report
Number of Bernalillo County residents with no health insurance coverage = 72,353	Community members stated inconsistent messaging was received on financial services available to help pay for medical expenses.	Improve messaging about the financial services available to patients by enhancing staff orientation and training.	Report on progress in years 2 and 3.
Number of Bernalillo County residents who speak a language other than English= 30%	A community member gave an example, stating during a visit to the ED, she was not permitted to accompany her Spanish-speaking mother to provide comfort and to advocate for her care as a family member.	Explore the addition of sensitivity training specific to Diversity Equity and Inclusion beginning in the UNMH Emergency Department. Decrease the number of patients who leave the ED without receiving care, regardless of race, ethnicity, language, age, gender identity, or ability to pay.	Report on progress in years 2 and 3.

Closing the Loop



Post publication the CHNA has been:
Shared with internal and external stakeholders
Posted on UNMH Community Relations web page
UNMH Intranet



If you would like to comment or add your organization or initiative to the list compiled for the next UNMH CHNA, [please contact UNMH Community Relations.](#)

UNMH HSC / UNMH Health System / About the UNMH Health System / Community Health Needs Assessment

About the UNMH Health System

About the UNMH Health System
Bids & Proposals
Community Health Needs Assessment
Financial Reports
Leadership
Nursing Excellence
Patient Relationships
Community Benefit

Thank you for your commitment to this community and for your interest in the [2020 UNMH Hospital Community Health Needs Assessment \(CHNA\)](#). (Spanish PDF). The CHNA process, conducted in 2019, helped us to identify, understand and evaluate community health trends, needs and priorities.

Community Connections

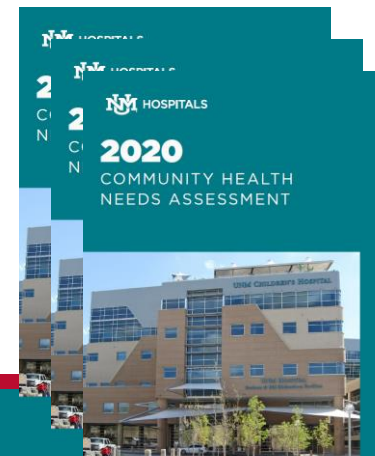
The process of collecting information involved epidemiological studies and meetings with community members across 14 neighborhoods in Bernalillo County, as well as with community representative stakeholder groups. The structure of a CHNA creates a framework for program and resource development to meet those needs.

As we move into the implementation phase of the 2020 UNMH CHNA, we look forward to partnering with the stakeholder groups and individuals who generously stepped up to share with us their needs, concerns and visions for a healthier Bernalillo County. Additionally, we have an ongoing commitment to hear from our community. Please drop us a note anytime via email to UNMHCommunityRelations@salud.unm.edu.

We'll report our progress annually to the community. Full renewal of the CHNA typically takes place on a three-year cycle, and the next full renewal begins in 2022.

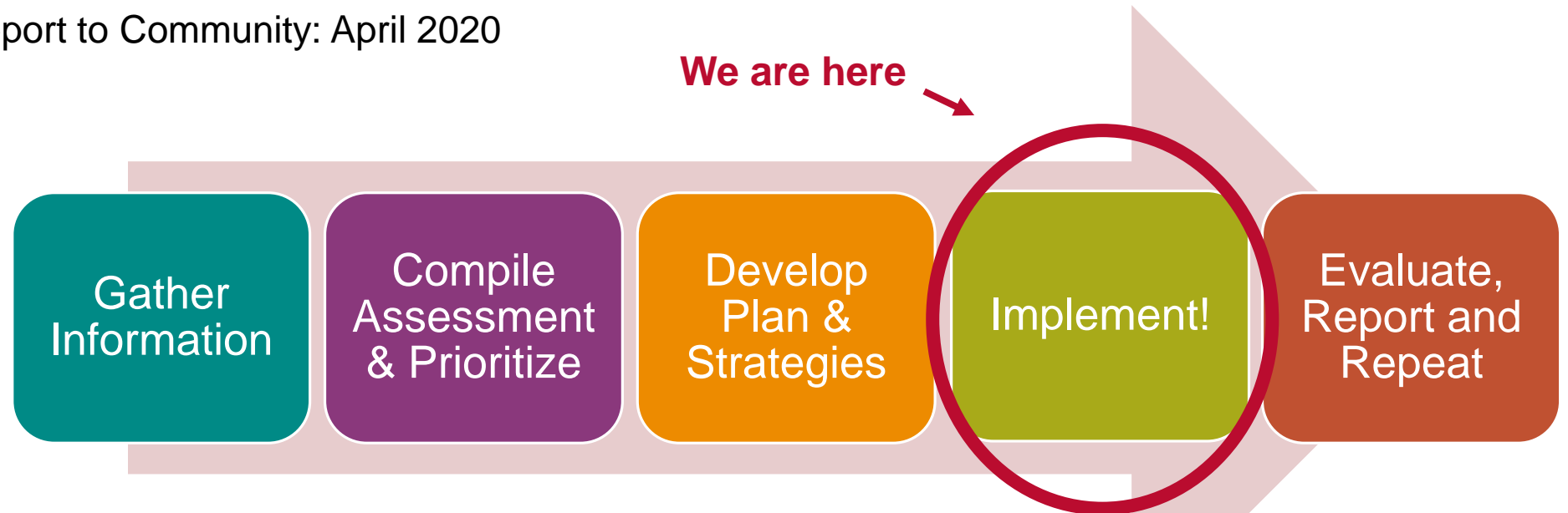
Community Health Needs Assessment & Priorities

The CHNA focuses on four areas:



Current Standing and Next Steps

- 2020 CHNA Report is the starting point
- Next Steps
- UNMH will report on progress in years 2 & 3
- Anticipated Report to Community: April 2020



New Hospital Tower Construction Schedule



UNM HOSPITALS BOARD OF TRUSTEES
JULY 1, 2020

New Hospital Tower Update

COMPLETION OF DESIGN DEVELOPMENT AND BEGINNING
OF CONSTRUCTION

Since Last Update

- Approval of phase I from State Board of Finance (Road/Utilities)
- Design development stage has concluded
- Revision of future program and tower expansion
- Site prep work
- Pandemic

MACC Summary

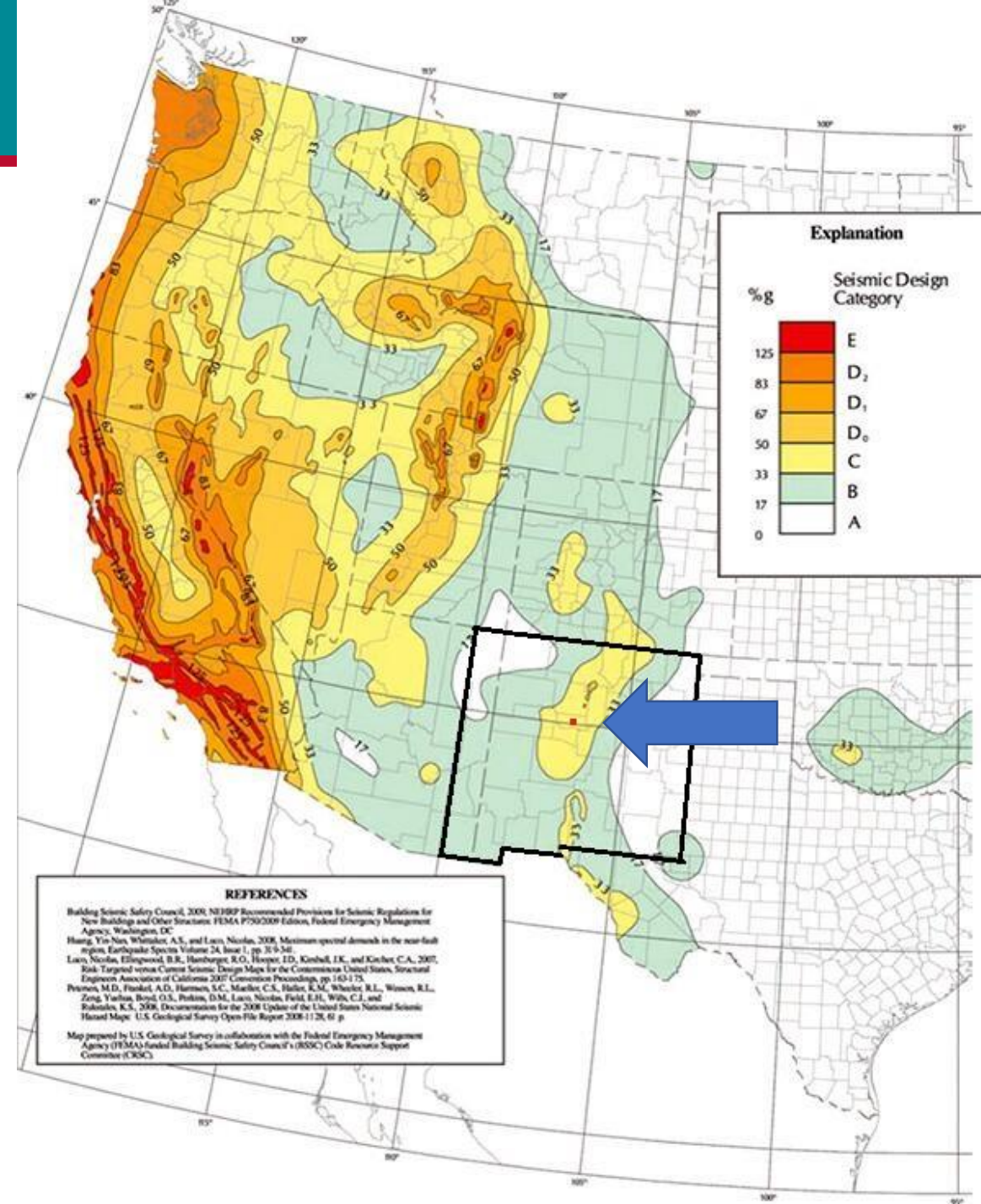
MAXIMUM ALLOWABLE CONSTRUCTION COST

\$385M

Program Adjustment

Key Factors

- Seismic Zone
- Cost of foundation work



Program Adjustment

- **No Vertical Expansion**
- **Parking - 1,504 Spaces, Retail space removed**
- **Clinical Program Adjustments:**
 - **Imaging Department:** Removed Nuclear Medicine, & Ultrasound
 - **Pharmacy:** Returned to original program specs
 - **On-Call Rooms:** Reduced
- **Materials Management**

Revised Program Summary

- **96 Inpatient Beds**
Four 24-Bed Intensive Care Units
- **Interventional Platform**
18 Operating Rooms (16 General + 2 Hybrid)
2 Endoscopy + 2 Pulmonary
4 Cath Labs (2 Single Plane + 2 Bi-Plane)
6 IR Suites (2 Angio + 2 Neuro + 2 CT)
Perioperative Suite (72 PACU/Prep/Recovery)
- **Adult Emergency Department**
2 Trauma + 8 Resuscitation
40 Exam + 2 Triage Rooms
8 Fast Track Exam Rooms
10 Behavioral Exam + 2 PICLEA

Imaging

MRI

CT

RAD Fluoroscopy

General Rad

Parking - 1,504 Spaces

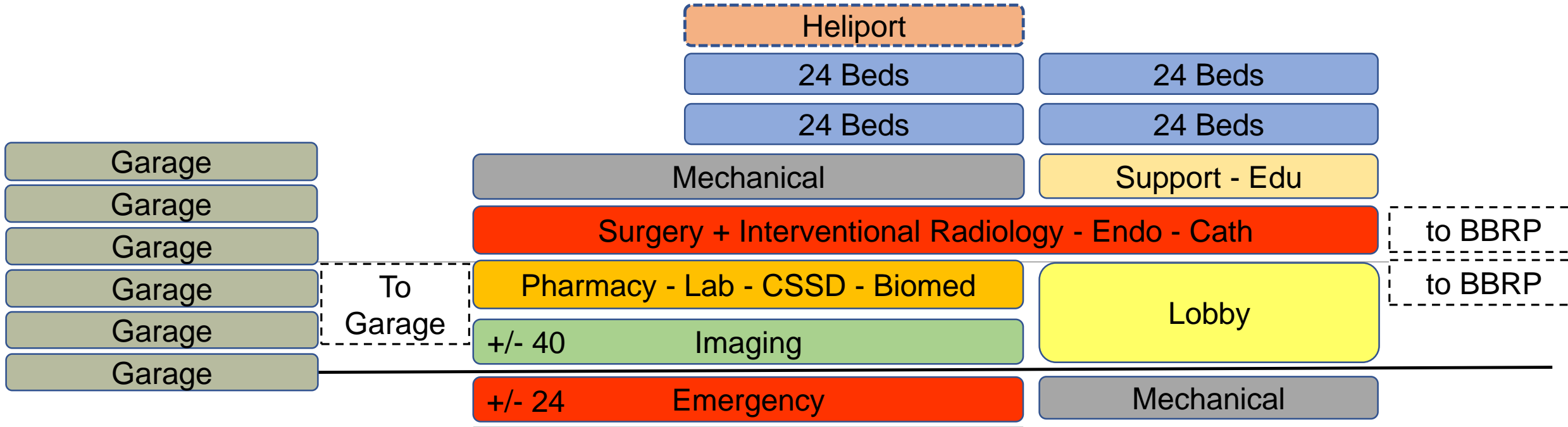
Satellite Pharmacy

Inpatient Imaging

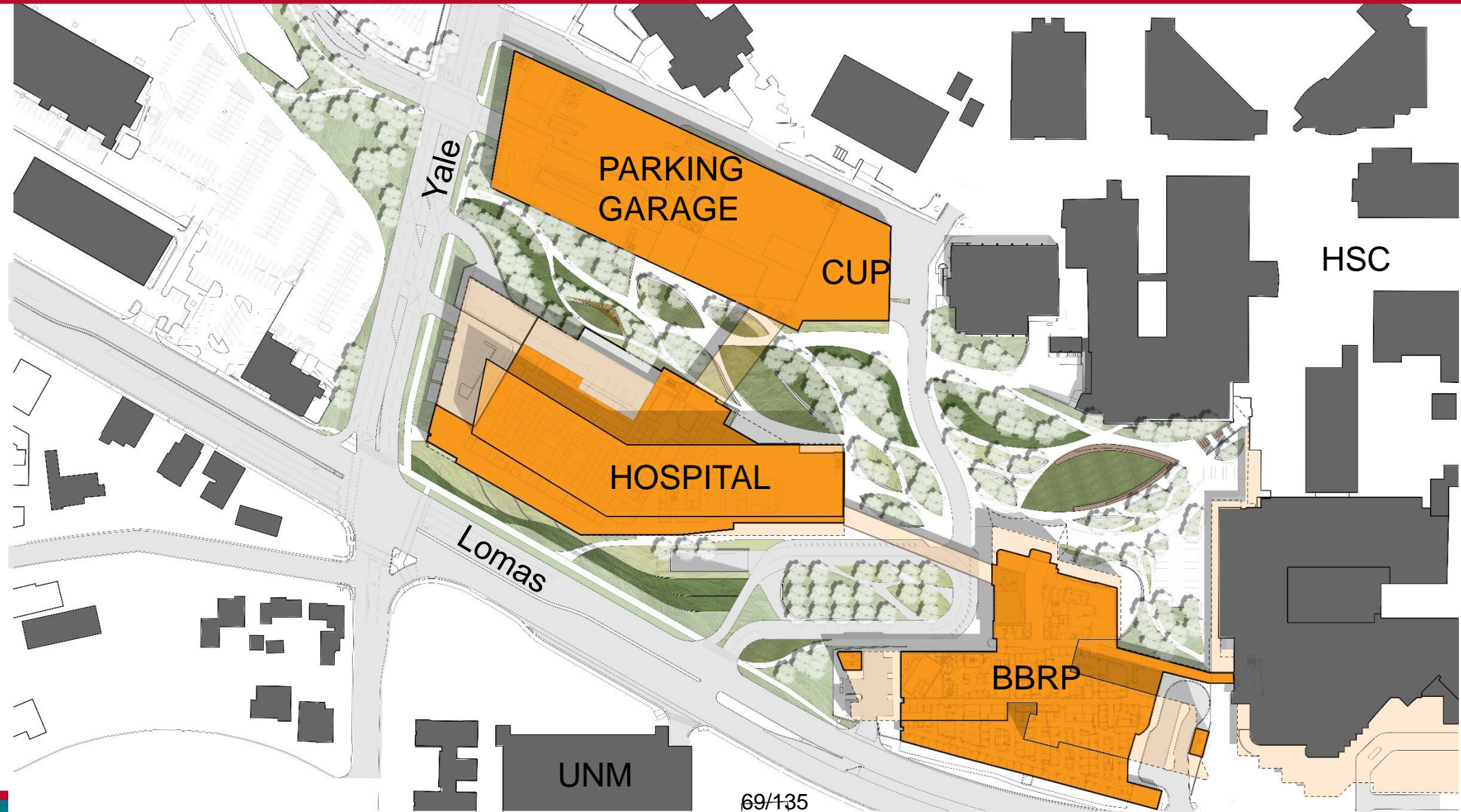
Hospital Support Services

Central Utility Plant

STACKING DIAGRAM

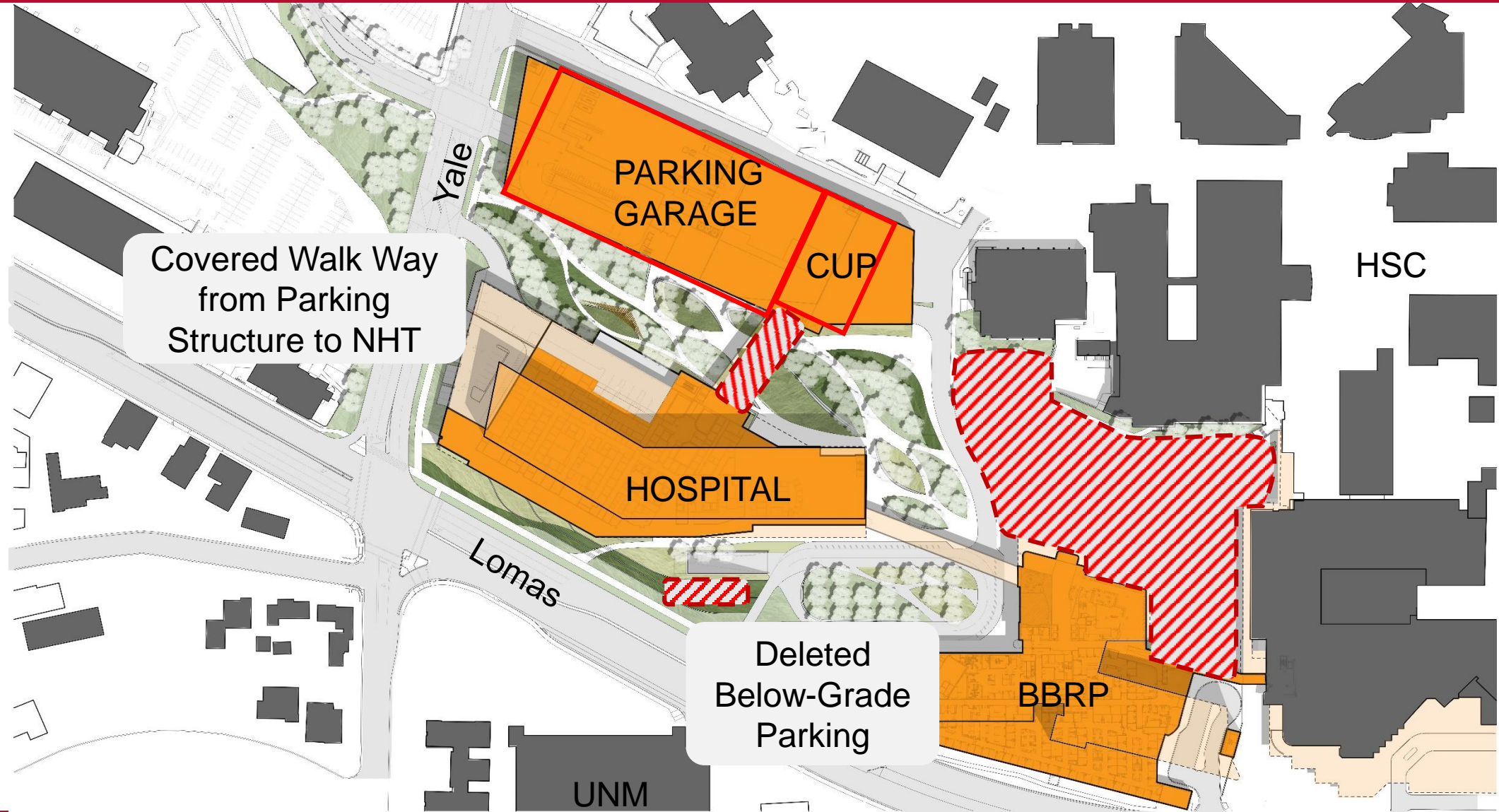


Site Plan



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Site Plan



Covered Walk Way from Parking Structure to NHT

Deleted Below-Grade Parking

Design Development

Design Development 166 Meetings / 3,563 Participants

WorkShop #1

29 Meetings
658 Participants

UNMH - 82+
Broaddus - 8
Design Team - 26
Contractor - 2

22.7 / Meeting

WorkShop #2

64 Meetings
1,292 Participants

UNMH - 64+
Broaddus - 8
Design Team - 26
Contractor - 5

20.2 / Meeting

WorkShop #3

37+ Meetings
923+ Participants

UNMH - 79+
Broaddus - 12
Design Team - 35
Contractor - 6

24.9 / Meeting

WorkShop #4

36+ Meetings
690+ Participants

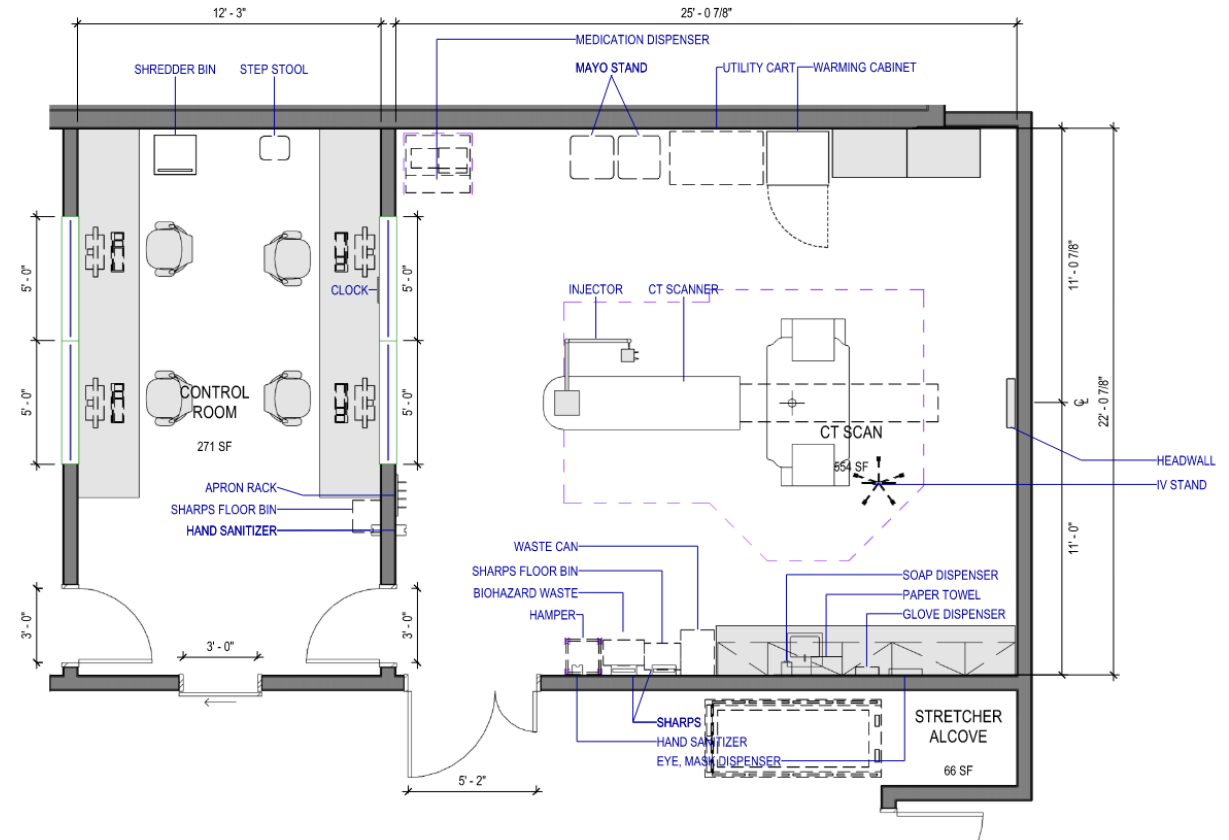
UNMH - 66+
Broaddus - 6
Design Team - 38
Contractor - 4

19.2 / Meeting

Over the last three months:

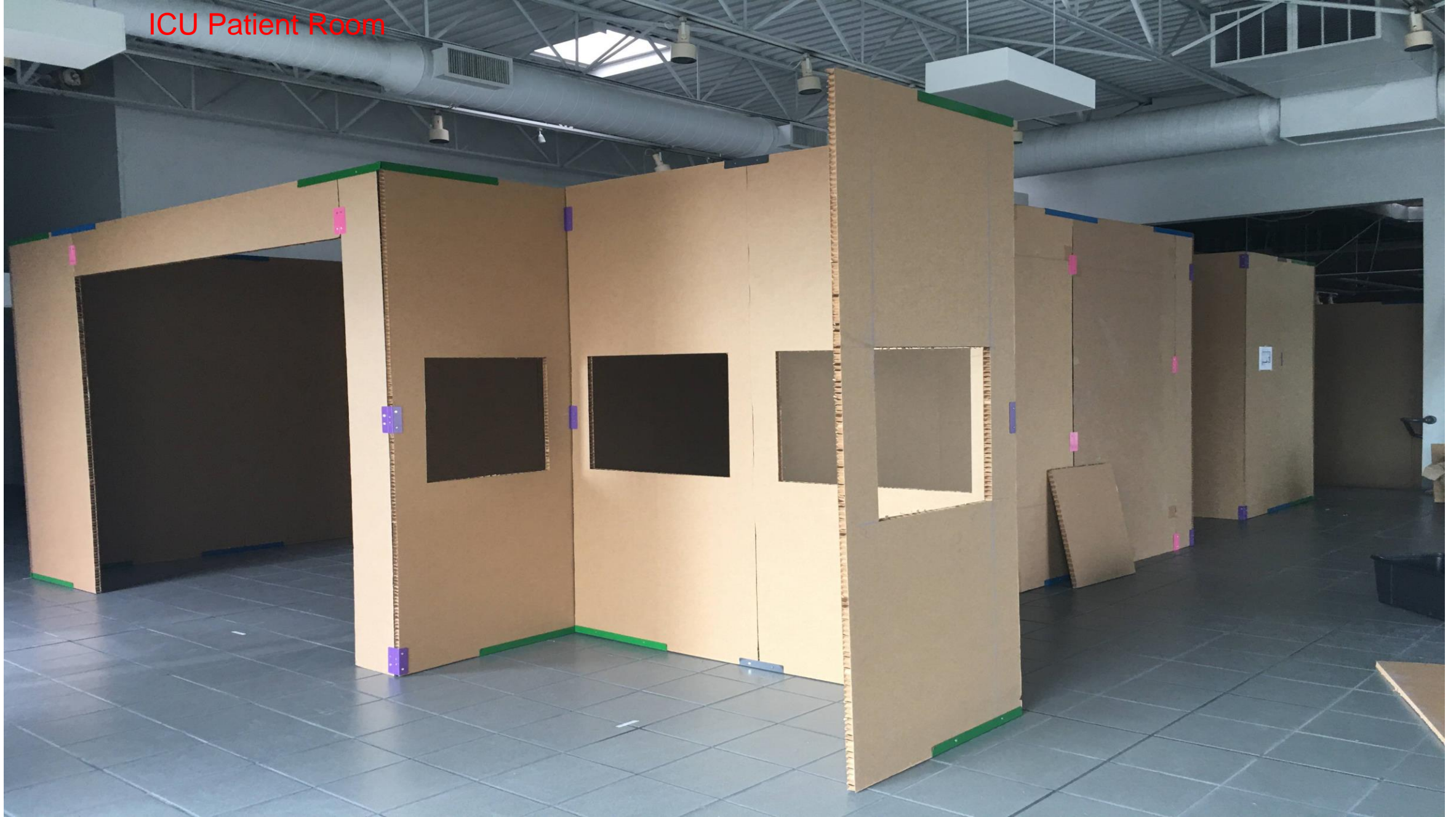


Schematic Design

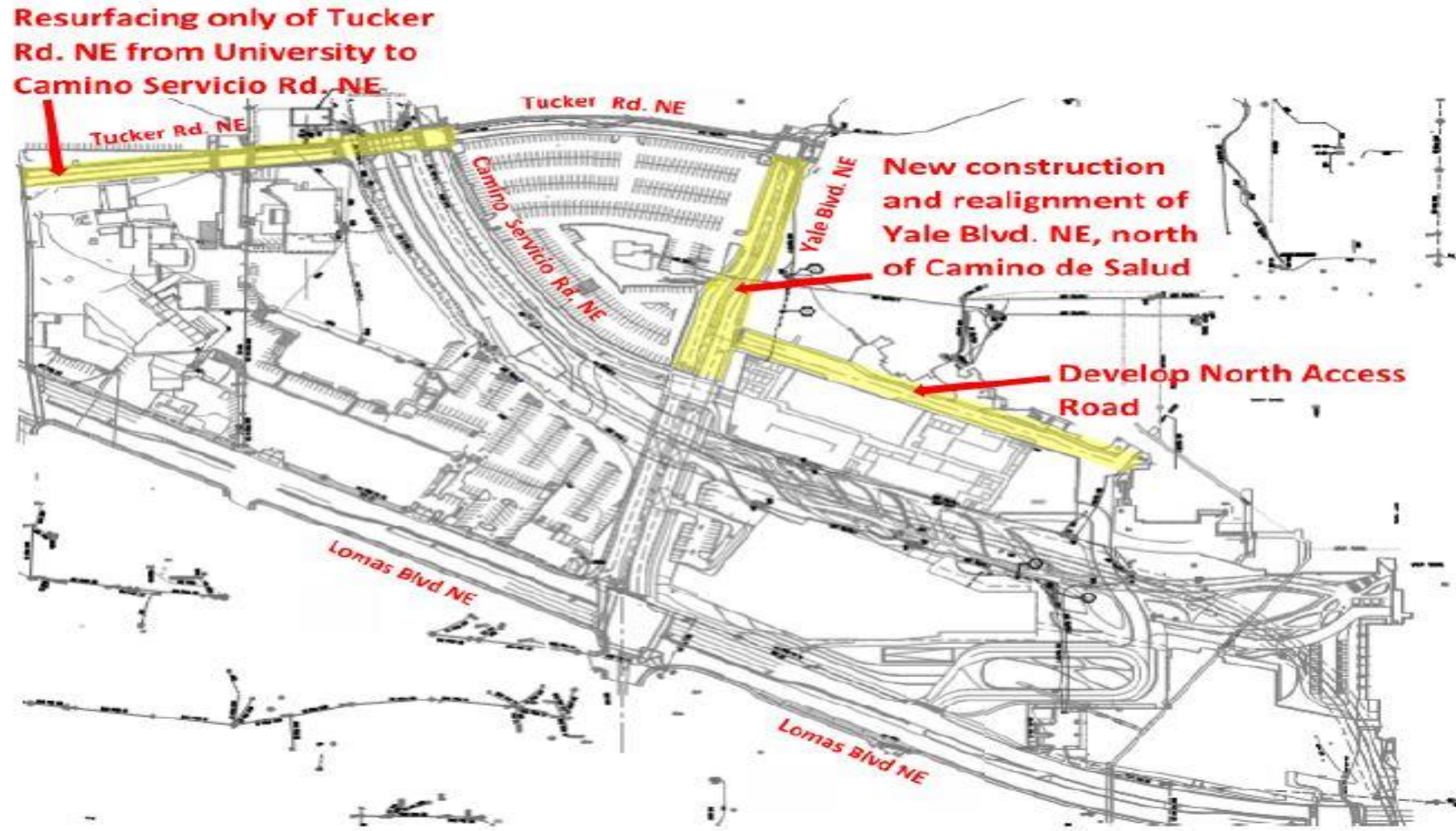


Design Development

ICU Patient Room



Construction





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Parking Structure with Connector



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View to Arrival Court



79/135





Questions?

Chancellor for Health Sciences

Chancellor's Report
UNMH Board of Trustees Meeting
1 July 2020

Interim Appointments – I will be retiring as Chancellor for Health Sciences, effective July 31, so this is my final Board of Trustees report.

Going forward, Dr. Mike Richards, our Senior Vice Chancellor for Clinical Affairs, will serve as interim Executive Vice President for Health Sciences. And as of today, Dr. Martha McGrew, who has served as executive vice dean of the School of Medicine, has assumed the position of interim dean.

Mike and Martha are dedicated visionaries who have made many invaluable contributions to the Health Sciences Center throughout their long careers.

Mike has helped transform the UNM Health System, where he is responsible for all of our clinical operations, and he has done an amazing job of leading the Medical Advisory Team, formed to help the New Mexico Department of Health design and implement a system to manage the surge in COVID-19 cases.

Martha has ably led the School of Medicine as Executive Vice Dean since 2015. She spearheaded efforts to address learner mistreatment via the creation of the Learning Environment Office and has been a tireless advocate for students and faculty. Martha inspired generations of students and residents with her devotion to them and to her patients. She is passionate about advancing the missions of medical education, research and clinical care. I am gratified to know I am leaving the School of Medicine and the Health Sciences Center in good hands.

Legislative Session Update – The recent special session of the New Mexico Legislature introduced a series of measures to help mitigate lost revenues from the decline in oil and gas production due to the COVID-related economic slowdown. The budget that had been approved earlier this year during the regular session was pared back by more than \$600 million, but we were encouraged that the cuts to higher education and the Health Sciences Center instruction and general funding were less severe than originally anticipated.

The Instruction and General line for the entire University, including the HSC, was cut by nearly 6 percent from anticipated FY 21 levels, including the state taking a “swap” for some CARES funds received by the Medical Group. Additionally, our RPSPs, including those at UNM Hospitals, were cut by 6 percent. Our capital appropriations remain intact.

Finally, Medicaid funding to the Human Services Department was cut by approximately 3 percent from the anticipated FY 21 budget, which results in an increase of 2.4 percent over FY 20 Medicaid funding levels.

Fortunately, our process improvement initiatives have positively impacted the revenue at our clinical entities, and both our clinical entities and the University have received by

federal CARES Act relief funding for higher education and for health care, which helped offset some of the COVID-19 related lost revenue and expenses. Nonetheless, given the state budget outlook, leadership will have to work diligently and carefully to navigate this economic landscape intact.

Coronavirus Update – The progress we were making as a state in working to slow the spread of the novel coronavirus has stalled, as businesses and public places reopen and too many people fail to abide public health orders.

In Bernalillo County we have had about 2,000 confirmed cases and nearly 100 deaths. Last week, the state's effective transmission rate was reported to be 1.12, meaning each person who is infected transmits the disease to 1.12 other people. That rate had climbed from the previously reported rate of 0.87.

We think the increase in the transmission rate is directly related to the refusal of some people to wear masks in public and maintain social distancing. The governor has paused plans to expand further reopen businesses and other venues.

All of this will have a bearing on the resumption of clinical operations, as well as on what our non-clinical operational and instructional activities look like for the fall.

HSC Committee Update

MEMORANDUM

To: UNM Regent Health Sciences Center Committee

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

Date: June 22, 2020

Subject: Monthly Health System Activity Update

This report represents unaudited year to date May 2020 activity and is compared to audited year to date May 2019 activity.

Activity Levels: Health System total inpatient discharges and observation discharges are down 4% as compared to prior year.

Health System total inpatient discharges are down 4% compared to prior year, with discharges are down 2% at UNMH and down 13% at SRMC. Health System adult length of stay (without obstetrics) is up 3% compared to prior year, with length of up 3% at UNMH and up 1% SRMC.

Health System observation discharges are down 3% compared to prior year, with observation discharges down 5% at UNMH and up 4% at SRMC.

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

Births stay flat year over year and down 3% to budget.

Health System total outpatient activity is down 3% compared to prior year. Primary care clinic visits are down 6% compared to prior year. Specialty and Other clinic visits are down 2% compared to prior year. Emergency visits are down 5% than prior year.

Surgeries overall are down 10% year over year. UNM Docs are down 10% and community physician surgical volume is down 14%.

Medical Group RVUs are down 4% over prior year.

Finances: Health System had total year-to-date operating revenue of \$1.3 billion, representing a 7% increase over prior year. Total non-operating revenue was \$183.1 million, representing an 83% increase (\$82.8 million) over prior year primarily due to State Appropriations (\$33M) & CARES Act Stimulus (\$23M). Total operating expenses were \$1.5 billion, representing a 12% increase over prior year. Health System margin was \$55 million as compared to \$31.4 million prior year.

The balance sheet is stable with a current ratio of 1.69 as compared to 2.11 prior year. The cash and cash equivalents for UNM Health System is \$492.6 million as compared to \$246.3 million prior year. Net patient receivables are down 10% and total assets are up 23%. Total liabilities are up 36% over prior year. Total net position is up 11% over prior year.

UNM HS Total Operations - Stats Snapshot
YTD May 31, 2020

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	Units	%	Budget	Units	%
Patient Days							
HS	179,757	181,252	(1,495)	-1%	179,011	746	0%
UNMH	145,096	144,551	545	0%	142,782	2,314	2%
Adult	91,717	92,982	(1,265)	-1%	92,201	(484)	-1%
Obstetrics	10,508	10,350	158	2%	10,404	104	1%
Pediatric	40,586	38,969	1,617	4%	38,000	2,586	7%
Observation	2,285	2,250	35	2%	2,177	108	5%
Psychiatric	21,739	22,404	(665)	-3%	21,926	(187)	-1%
Adult	12,996	13,284	(288)	-2%	12,928	68	1%
Pediatric	8,743	9,120	(377)	-4%	8,998	(255)	-3%
SRMC	12,921	14,297	(1,376)	-10%	14,303	(1,382)	-10%
Adult	9,601	11,013	(1,412)	-13%	11,373	(1,772)	-16%
Observation	3,320	3,284	36	1%	2,930	390	13%
Discharges							
HS	39,482	40,989	(1,507)	-4%	34,375	5,107	15%
UNMH	32,764	33,831	(1,067)	-3%	27,052	5,712	21%
Adult	13,257	13,801	(544)	-4%	15,157	(1,900)	-13%
Obstetrics	3,123	3,115	8	0%	3,161	(38)	-1%
Pediatric	6,369	6,372	(3)	0%	5,979	390	7%
Observation	10,015	10,543	(528)	-5%	2,755	7,260	264%
Psychiatric	2,193	2,356	(163)	-7%	2,420	(227)	-9%
Adult	1,440	1,549	(109)	-7%	1,552	(112)	-7%
Pediatric	753	807	(54)	-7%	868	(115)	-13%
SRMC	4,525	4,802	(277)	-6%	4,903	(378)	-8%
Adult	2,364	2,730	(366)	-13%	2,831	(467)	-16%
Observation	2,161	2,072	89	4%	2,072	89	4%
LOS							
HS	4.6	4.4	0.1	3%	5.2	(0.7)	-13%
UNMH	4.4	4.3	0.2	4%	5.3	(0.8)	-16%
Adult	6.9	6.7	0.2	3%	6.1	0.8	14%
Obstetrics	3.4	3.3	0.0	1%	3.3	0.1	2%
Pediatric	6.4	6.1	0.3	4%	6.4	0.0	0%
Observation	0.2	0.2	0.0	7%	0.8	(0.6)	-71%
Psychiatric	9.9	9.5	0.4	4%	9.1	0.9	9%
Adult	9.0	8.6	0.4	5%	8.3	0.7	8%
Pediatric	11.6	11.3	0.3	3%	10.4	1.2	12%
SRMC	2.9	3.0	(0.1)	-4%	2.9	(0.1)	-2%
Adult	4.1	4.0	0.0	1%	4.0	0.0	1%
Observation	1.5	1.6	(0.0)	-3%	1.4	0.1	9%
CMI w/o Newborn							
HS (excluding Behavior)	2.028	1.944	0.084	4%	1.946	0.082	4%
UNMH	2.071	1.983	0.089	4%	1.984	0.087	4%
Psychiatric-Adult	1.140	1.123	0.017	2%	1.127	0.013	1%
Psychiatric-Pediatric	1.100	1.052	0.048	5%	1.052	0.048	5%
SRMC	1.623	1.630	(0.006)	0%	1.628	(0.005)	0%
Primary Clinics							
HS	157,443	166,886	(9,443)	-6%	176,383	(18,940)	-11%
UNMH	144,594	153,184	(8,590)	-6%	160,895	(16,301)	-10%
SRMC	12,849	13,702	(853)	-6%	15,488	(2,639)	-17%

**UNM HS Total Operations - Stats Snapshot
YTD May 31, 2020**

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	Units	%	Budget	Units	%
Specialty Clinics							
HS	383,492	410,609	(27,117)	-7%	413,349	(29,857)	-7%
UNMH - Adult	250,130	270,313	(20,183)	-7%	270,556	(20,426)	-8%
UNMH - Pediatric	74,583	79,978	(5,395)	-7%	77,331	(2,748)	-4%
SRMC	25,581	29,567	(3,986)	-13%	32,679	(7,098)	-22%
UNMMG	33,198	30,751	2,447	8%	32,783	415	1%
Other Clinics							
Rad/Onc	25,209	28,754	(3,545)	-12%	30,647	(5,438)	-18%
Med/Onc	37,142	39,953	(2,811)	-7%	39,612	(2,470)	-6%
CPC	32,199	29,182	3,017	10%	32,542	(344)	-1%
UPC	140,701	121,386	19,315	16%	123,294	17,407	14%
Urgent Care	17,033	19,023	(1,990)	-10%	21,113	(4,080)	-19%
Emergency Room							
HS	89,061	94,197	(5,136)	-5%	96,864	(7,803)	-8%
UNMH - Adult	52,429	54,183	(1,754)	-3%	57,438	(5,009)	-9%
UNMH - Pediatric	18,891	20,570	(1,679)	-8%	20,521	(1,630)	-8%
SRMC	17,741	19,444	(1,703)	-9%	18,905	(1,164)	-6%
Total Outpatient Visits							
HS	882,279	909,989	(27,710)	-3%	933,804	(51,525)	-6%
UNMH	792,910	816,525	(23,615)	-3%	833,949	(41,039)	-5%
SRMC	56,171	62,713	(6,542)	-10%	67,072	(10,901)	-16%
UNMMG	33,198	30,751	2,447	8%	32,783	415	1%
Total Surgeries							
HS	19,423	21,652	(2,229)	-10%	22,303	(2,880)	-13%
UNMH	16,775	18,441	(1,666)	-9%	18,987	(2,212)	-12%
SRMC	2,648	3,211	(563)	-18%	3,316	(668)	-20%
Other							
Births	2,663	2,654	9	0%	2,732	(69)	-3%
ECT	576	1,021	(445)	-44%	570	6	1%
Derm MOHS	2,977	2,372	605	26%	534	2,443	457%
CC Procedures	1,435	955	480	50%	1,366	69	5%
Infusion Clinics	21,223	19,098	2,125	11%	19,271	1,952	10%
Work RVU's							
HS	2,953,640	3,068,039	(114,399)	-4%	3,154,622	(200,982)	-6%
SOM	2,467,657	2,550,605	(82,948)	-3%	2,627,511	(159,854)	-6%
SRMC	295,850	341,451	(45,601)	-13%	322,413	(26,563)	-8%
MG Clinic	54,459	52,805	1,654	3%	54,409	50	0%
Cancer Center	135,674	123,178	12,496	10%	150,289	(14,615)	-10%
FTE's							
HS	7,509	7,482	26	0%	7,861	(353)	-4%
UNMH	6,423	6,421	2	0%	6,697	(274)	-4%
SRMC	519	508	11	2%	539	(20)	-4%
UNMMG	567	554	14	2%	625	(58)	-9%

UNM HS Total Operations Snapshot

YTD May 31, 2020

(in thousands)

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	\$	%	Budget	\$	%
Net Patient Revenue							
HS	1,280,819	1,192,664	88,155	7%	1,247,860	32,959	3%
UNMH	855,559	813,560	41,999	5%	825,706	29,853	4%
CANCER CENTER	87,467	79,349	8,118	10%	89,928	(2,461)	-3%
PSYCHIATRIC-ADULT	24,198	23,100	1,098	5%	23,816	382	2%
PSYCHIATRIC-PEDIATRIC	10,188	9,224	964	10%	8,947	1,241	14%
SRMC	70,412	76,553	(6,141)	-8%	75,366	(4,954)	-7%
UNMMG	232,995	190,878	42,117	22%	224,097	8,899	4%
Other Operating Revenue							
HS	56,897	51,770	5,127	10%	51,562	5,335	10%
UNMH	50,753	47,965	2,787	6%	45,318	5,435	12%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	2,126	1,032	1,094	106%	2,317	(191)	-8%
PSYCHIATRIC-PEDIATRIC	330	18	312	1777%	22	308	1375%
SRMC	1,507	1,149	357	31%	1,140	367	32%
UNMMG	2,181	1,606	576	36%	2,765	(583)	-21%
Total Operating Revenue							
HS	1,337,716	1,244,434	93,282	7%	1,299,422	38,294	3%
UNMH	906,312	861,525	44,786	5%	871,024	35,287	4%
CANCER CENTER	87,467	79,349	8,118	10%	89,928	(2,461)	-3%
PSYCHIATRIC-ADULT	26,324	24,132	2,192	9%	26,133	191	1%
PSYCHIATRIC-PEDIATRIC	10,518	9,242	1,276	14%	8,969	1,549	17%
SRMC	71,918	77,702	(5,784)	-7%	76,505	(4,587)	-6%
UNMMG	235,177	192,484	42,693	22%	226,862	8,315	4%
Total Operating Expense							
HS	1,465,783	1,313,262	152,521	12%	1,399,834	65,949	5%
UNMH	993,101	912,459	80,642	9%	947,044	46,057	5%
CANCER CENTER	87,467	79,349	8,118	10%	89,928	(2,461)	-3%
PSYCHIATRIC-ADULT	38,419	35,253	3,166	9%	38,423	(4)	0%
PSYCHIATRIC-PEDIATRIC	20,304	18,949	1,355	7%	19,457	847	4%
SRMC	75,913	73,906	2,006	3%	79,453	(3,540)	-4%
UNMMG	250,580	193,346	57,234	30%	225,530	25,051	11%
Operating (Loss)/Gain							
HS	(128,067)	(68,828)	(59,239)	86%	(100,413)	(27,655)	28%
UNMH	(86,789)	(50,934)	(35,856)	70%	(76,020)	(10,769)	14%
CANCER CENTER	-	-	-		0	(0)	-100%
PSYCHIATRIC-ADULT	(12,094)	(11,120)	(974)	9%	(12,289)	195	-2%
PSYCHIATRIC-PEDIATRIC	(9,786)	(9,708)	(78)	1%	(10,488)	702	-7%
SRMC	(3,994)	3,796	(7,790)	-205%	(2,948)	(1,047)	36%
UNMMG	(15,404)	(862)	(14,541)	1686%	1,332	(16,735)	-1257%
Non-Operating Revenue							
HS	183,068	100,288	82,780	83%	117,827	65,241	55%
UNMH	147,689	78,877	68,812	87%	89,777	57,912	65%
CANCER CENTER	-	-	-		-	-	
PSYCHIATRIC-ADULT	15,818	13,793	2,025	15%	14,207	1,611	11%
PSYCHIATRIC-PEDIATRIC	7,063	6,099	964	16%	6,930	134	2%
SRMC	3,819	(3,805)	7,624	-200%	3,089	730	24%
UNMMG	8,678	5,323	3,355	63%	3,824	4,854	127%

UNM HS Total Operations Snapshot
YTD May 31, 2020
(in thousands)

	FY 2020	FY 2019	Change		FY 2020	Variance	
	Actual	Actual	\$	%	Budget	\$	%
<i>Increase/(Decrease) in Net Position</i>							
HS	55,000	31,460	23,541	75%	17,414	37,586	216%
UNMH	60,900	27,943	32,957	118%	13,757	47,143	343%
CANCER CENTER	-	-	-		0	(0)	-100%
PSYCHIATRIC-ADULT	3,724	2,673	1,051	39%	1,917	1,807	94%
PSYCHIATRIC-PEDIATRIC	(2,723)	(3,608)	886	-25%	(3,558)	835	-23%
SRMC	(175)	(9)	(167)	1885%	141	(317)	-224%
UNMMG	(6,725)	4,461	(11,186)	-251%	5,156	(11,881)	-230%

UNM HS Total Operations - Balance Sheet Snapshot

YTD May 31, 2020

(in thousands)	FY 2020	FY 2019	Change	
	Actual	Actual	\$	%
<i>Cash & Cash Equivalents</i>				
HS	492,599	246,261	246,337	100%
UNMH	436,670	194,110	242,560	125%
SRMC	28,953	21,942	7,011	32%
UNMMG	26,975	30,209	(3,234)	-11%
<i>Total Assets</i>				
HS	1,210,375	983,868	226,508	23%
UNMH	909,734	710,431	199,304	28%
SRMC	156,512	153,872	2,640	2%
UNMMG	149,707	122,884	26,823	22%
Elimination	(5,578)	(3,319)	(2,259)	68%
<i>Total Liabilities</i>				
HS	642,485	470,978	171,507	36%
UNMH	433,869	296,466	137,403	46%
SRMC	136,373	133,558	2,815	2%
UNMMG	77,821	44,272	33,549	76%
Elimination	(5,578)	(3,319)	(2,259)	68%
<i>Total Net Position</i>				
HS	567,890	512,890	55,000	11%
UNMH	475,865	413,964	61,901	15%
SRMC	20,138	20,314	(175)	-1%
UNMMG	71,887	78,612	(6,725)	-9%

UNM HS Total Operations - Balance Sheet
YTD May 31, 2020
(In thousands)

	Total HS	Total HS FY 2019	FY 19 vs. FY 20	
			\$ Change	% Change
ASSETS				
Cash	455,629	210,633	244,996	116%
Marketable Securities	36,970	35,628	1,341	4%
Patient Receivable	394,924	473,187	(78,264)	-17%
Total Allowance for Doubtful Accounts	(247,733)	(308,834)	61,101	-20%
Total Net Patient Receivable	147,191	164,353	(17,162)	-10%
IME, GME, DSH Receivable	13,387	63,879	(50,491)	-79%
Related Party A/R	3,811	4,959	(1,148)	-23%
AR- County Mill Levy	26,078	1,517	24,561	1619%
Other Receivables	23,749	26,404	(2,655)	-10%
3rd Party Settlements	9,099	14,015	(4,916)	-35%
Prepaid	5,424	12,294	(6,870)	-56%
Inventory	18,752	18,644	108	1%
Total Current Assets	740,090	552,326	187,764	34%
Assets Whose Use is Limited	135,368	96,795	38,573	40%
Rest Cash Equiv for Debt Service	5,532	7,125	(1,593)	-22%
Prepaid Expense & Deposits - Mgmt Co	1,372	1,626	(254)	-16%
Note Receivable - Noncurrent	54	54	-	0%
PP&E	835,647	808,808	26,838	3%
Accumulated Depreciation	(509,790)	(484,969)	(24,821)	5%
Total Net PP&E	325,857	323,840	2,017	1%
Total Non-Current Assets	468,183	429,439	38,744	9%
Total Assets	1,208,273	981,766	226,508	23%
DEFERRED OUTFLOWS	2,102	2,102	-	0%
LIABILITIES				
Payable to UNM & UNM Affiliates	70,541	54,213	16,328	30%
Accounts Payable	105,157	67,429	37,729	56%
3rd Party Settlements	81,135	41,578	39,557	95%
Accrued Compensation	31,270	29,427	1,842	6%
Payroll Liabilities	43,838	35,210	8,627	25%
Bonds Payable - Current	10,090	9,890	200	2%
Interest Payable Bonds	3,450	2,746	703	26%
Other Accrued Liabilities	92,158	21,363	70,796	331%
Total Current Liabilities	437,639	261,857	175,782	67%
Total Long-Term Liabilities	204,082	208,357	(4,275)	-2%
Total Liabilities	641,721	470,214	171,507	36%
DEFERRED INFLOWS	764	764	-	0%
NET POSITION				
Restricted Fund	44,324	17,691	26,633	151%
Restrict Trst Ind & Debt Agree	44,597	38,944	5,653	15%
PP&E Fund	120,470	114,365	6,105	5%
General Fund	358,500	341,890	16,610	5%
Total Net Position	567,891	512,890	55,000	11%
<i>Current Ratio</i>	<i>1.69</i>	<i>2.11</i>	<i>(0.42)</i>	<i>-20%</i>

UNMH CEO Report



MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: June 23, 2020

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through May 2020.

Finance: Inpatient volume, including both adult and pediatrics, were under budget by 4% for the month of May and is 5% better than budget year to date. Observation days are flat to budget year to date. Inpatient discharges are 7% lower than budget year to date. Case mix index remains higher than prior year by 4.5% at 2.07 year to date and average length of stay is down 3% compared to prior year. Outpatient clinic visits were 28% under budget for the month of May and are 8% under budget for the year. Emergency department arrivals were 36% under budget for the month of May and below year to date budget by 10%. Behavioral health patient days are under budget by 0.9% and behavioral health clinic visits are ahead of budget by 11% year to date. Net margin year to date is positive at \$61.9 million. Net patient revenues are positive compared to year to date budget and prior year due to performance prior to the pandemic. Employee compensation costs are under budget while medical supplies, equipment, purchased services and other expenses are the areas significantly over budget. Non-operating revenues include \$33.6 million recorded for capital appropriations received from the State.

Native American Liaison: UNM Hospitals Management met with the Indian Health Services and APCG for the quarterly contract Lease update on June 2, 2020. Data trends were updated and a report on hospital activities related to Covid-19 were presented by the UNMH CEO. A more focused discussion was held on June 7th to update the IHS on the New Hospital Tower Project timeline and financing, UNMH provided a comprehensive update related to Covid-19, 1952 contract status and Tower Project and financing to the IHS June Tribal Consultation on June 17th. Lastly on June 19th, the Native American Services Committee of the board met and reviewed updates regarding Outreach and assistance to the Tribes regarding COVID and presented plans for the CHNA for Tribal/Pueblo Communities.

Bernalillo County: UNMH Management met with Bernalillo County April 7 to review the status of the 2021 Budget and to start to inform them of the volume and revenue impacts we were seeing and the overall status of the Covid-19 response. The UNMH CEO provided a more detailed briefing on Covid and UNMH impacts and response on May 20, 2020 to the county commission. UNMH Management also had a more focused discussion related to the new Hospital Tower timeline and to financing with Bernalillo County and the IHS on June 2018 to bring them up to date on the project and potential needed consents. An initial discussion with Bernalillo County is scheduled in July to start discussing potential sites for the new Crisis Triage Center and Adult Psychiatric Hospital on the HSC campus. Exhibit C to the Lease agreement has been updated with priorities and status through June 2020 and sent to the County and IHS for input. Suboxone prescribing was started on the Care Campus in May 2020.

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

UNMH CMO Report

Date: July 1, 2020
To: UNMH Board of Trustees
From: Irene Agostini, MD
UNMH Chief Medical Officer

The CMO Board Report for July will highlight the work of the Executive Physician Team during COVID-19. This team worked collaboratively over the past few months to ensure the hospital was prepared to care for the community during this pandemic. I served as the Emergency Operations Committee (EOC) Medical Branch Care Director for the duration of the EOC. The Executive Physician Team formed two instrumental Committees via the EOC (PPE Committee and Testing Parameter Committee) that provided necessary guidance, support and resources during COVID-19. These diverse committees included individuals from physician leadership, nursing, IT, Infection Prevention & Control and many other multi-disciplinary areas.

Physician Leadership Contributions During COVID-19

PPE Committee

The UNMH PPE Committee worked to address rapidly changing guidelines, ensured maximum protection of providers/staff and good stewardship of our supplies, and maintained clear communication with providers and staff. Here are a few accomplishments of this committee:

- Updated PPE protocols as new information and guidance became available with input from national best practices, society guidelines and available supply.
- Generated reports for the daily communications regarding the amount of PPE, burn rate and days on hand throughout the pandemic.
- Created materials and facilitated sessions on PPE education organization-wide ranging from our Environmental Services staff to physicians.
- Collaborated on the COVID-19 White Paper, which provided useful information by summarizing the most current scientific data on COVID-19 transmission. The team also worked to create a one-page flyer (attached), a summary (attached) and a video summary (<https://vimeo.com/423804925/cac1280a32>).

Members include:

- **Steve McLaughlin MD, Regents Professor and Chair ED**
- **Eve Espey MD/MPH, Chair OB-Gyn**
- **Laura Shevy MD, Infectious Diseases**
- Zoneddy Dayao MD, Outpatient Medical Director- Hematology/ Oncology Clinics
- Erik Kraai MD, MICU Medical Director
- Eric Gilbert, RN, ICU
- Cipriano Botello, RN, Director 5W
- Felician Hoffman, RN, Director MICU
- Martha Muller MD/MPH, Pediatric Infectious Diseases, Children's Hospital
Epidemiologist
- Mary Lacy MD, Hospital Medicine, IM Associate Program Director
- Matthew Wharton MD, PGY-4 Orthopedics

- Jon Femling, MD/PhD, Emergency Medicine/Infection Control
- Meghan Brett MD, Infectious Diseases, Hospital Epidemiologist
- Eli Torgeson MD, Anesthesiology
- Shamima Sharmin MBBS/MSc/MPH/CIC, Interim Manager Infection Prevention/Control
- Florencio Gallegos, Senior Executive Director Operations, Logistics/Supply Chain Advisor

Below is just a small snapshot of the many videos and guidance documents created and available on our intranet for staff and providers.



PPE General Guidance

- [Why We Wear PPE](#) – 2020-05-08
- [PPE FAQ](#) – 2020-05-07
- [Supply Chain Talking Points COVID-19](#) – 2020-04-30
- [Patient and Visitor Mask Guidance](#) – 2020-04-30
- [Guide to Transitioning Between Work and Home During COVID-19](#) – 2020-04-30
- [Evaluation of Privately Owned PPE](#) – 2020-04-30
- [Abbreviations, Definitions, General Guidance](#) – 2020-04-07
- [AGP Guidance for Non-COVID Patients](#)
- [Daily PPE Supply Communication -G-Y-R](#) – 2020-06-24
- [UNM COVID PPE Extended Use and Limited Re-use Guidance](#) 2020-04-30
- [UNMH Privately Owned PPE Use Guidelines](#) 2020-04-06
- [UNMH Universal Staff Mask Policy and FAQ](#) – 2020-05-20
- [Updated PPE Guidance with Ongoing Community Spread of COVID](#) – 2020-03-24
- [COVID-19 General Mask Etiquette](#) – 2020-03-16
- [Mask Guidance for Practical Implementation PPE Protocols](#) – 2020-04-14
- [Conserving N95s Tip Sheet](#)
- [All About N95s](#) – 2020-03-05
- [Process to Decontaminate N95 Respirators](#) – 2020-04-01

PPE Unit Specific Guidance

- [PPE for ENT Clinics](#) – 2020-06-15
- [Neurology PPE Guidance](#) – 2020-05-06
- [UNM Procedural Areas PPE Guidance](#) – 2020-04-30
- [UNM L&D PPE Guidance](#) – 2020-04-30
- [UNM Rapid Response Team PPE Guidance](#) – 2020-04-30
- [UNM PPE Guidance Cancer Center](#) – 2020-04-30
- [UNM OR Surgical Team PPE Guidance](#) – 2020-04-11
- [UNM 5W PPE Guidance](#) – 2020-04-07
- [UNM Adult Inpatient Wards non-COVID PPE Guidance](#) – 2020-04-30
- [UNM Ambulatory Clinics PPE -Guidance](#) – 2020-04-07
- [UNM ED MEC CRCC PPE Guidance](#) – 2020-04-07
- [UNM Hospital Greeters Security PPE Guidance](#) – 2020-04-07
- [UNM MICU PPE Guidance](#) – 2020-04-07
- [UNM NSI TSI PPE Guidance](#) – 2020-04-07
- [UNM Pediatrics PPE Guidance](#) – 2020-04-07
- [UNM PED PUC PPE Guidance](#) – 2020-04-07
- [UNM Psychiatry-PES PPE-Guidance](#) – 2020-04-07
- [UNM WSE PPE Guidance](#) – 2020-04-07
- [Inpatient and ED PPE Guidance for COVID Patients](#) – 2020-03-29
- [Labor and Delivery/Obstetric PPE Guidance](#) – 2020-04-17

Parameter Testing Committee

The UNMH Testing Parameter Committee formulated testing protocols for appropriate use of COVID-19 PCR and serology tests. This committee worked hard to provide accurate information to UNMH providers on testing issues. The Testing Committee also worked closely with our TriCore Testing partners to create a seamless response to our myriad of testing needs. This committee continues to work with the rapidly changing national and local testing guidelines and supply availability.

Accomplishments include the following:

- COVID-19 testing of all UNMH and SRMC inpatients
- Pre-operative testing of all OSIS and UNMH surgical patients
 - Includes remote testing for out-of-town patients (work in progress)
- Provided recommendations for eliminating 15 minute post-intubation wait time to increase OR turn around
- Pre-procedural testing for patients undergoing AGPs (aerosol generating procedures)
- Recommendations for testing of health care providers (symptom and exposure-based)
- Set procedure for UNMH rapid testing and expedited thrice-daily bump list
- Set indications for serologic testing

Members include:

- Nancy Joste (chair)
- Eve Espey (chair)
- Irene Agostini
- Matthew Luke
- Marcia Woolley
- Jon Femling
- Meghan Brett
- Zoneddy Dayao
- Patti Kelley
- Julie Riley
- Nathan Boyd
- Michael Decker
- Jasmeet Paul
- Christopher Arndt
- Martha Muller
- Abinash Achrekar
- Dusadee Sarangarm
- Matthew Wilks
- Kimberley Schneider
- Tristan Fin
- Ethan Mooney
- Connie Fassler
- Ivana Bononcini
- Patrick Fossuo
- Cheryl Greif

Attention all UNM Health System Employees!

The COVID-19 White Paper is Coming!

What is a White Paper? An authoritative document that informs readers about a complex issue.

'Why' write a White Paper? The White Paper contributors recognized a need to summarize the most current scientific data regarding COVID-19 transmission with anyone interesting in learning more. We want to inform Health System members about the latest scientific data that drives our infection prevention guidelines including Personal Protective Equipment (PPE).

Why should I read the White Paper? You should read the White Paper because it presents the most current scientific data about COVID-19. It also interprets these data to inform readers about how to stay safe at work. It can also help with infection control practices at home, and out in the community.

What does the White Paper include? It's a 35+ page document outlining what we know about SARS-CoV-2 viral transmission, a timeline of and how this information relates to our current infection prevention and control recommendations including our unit-specific PPE guidance.

Is the 35+ page White Paper the only way the information will be available? No! A much shorter summary will be available, too. We will be creating a video and plan to round on units throughout the hospital and clinics to discuss the content with staff.

Who were the Contributors? Meghan Brett, MD; Elliot Shiver, BSN, RN; Kaitlyn Kennedy, MD, MPH; & Katie Andrzejewski, BSN, RN. All have a background in science and were eager to review the current literature to summarize what's known and what needs more research.

Summary: White Paper on SARS-CoV-2 Transmission

SARS-CoV-2, the coronavirus that causes COVID-19 disease, was first identified in Wuhan, China in late 2019 and has since spread rapidly across the globe, including here in New Mexico. In this document you will find brief answers to questions such as “How does someone catch COVID-19” and “How do I protect myself, my family, and my patients?” Please refer to the full white paper for a more comprehensive review of current science, our interpretation of these articles, and recommended infection control practices based on these findings.

When infections started to occur beyond China, initial infection prevention guidance was based on other coronavirus outbreaks, such as Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS). This was because very little was known about this new virus. With time, we have learned more about this virus including how it spreads and how it leads to infection. This information can then be used to inform our infection prevention and control practices to keep us safer at work and at home.

SARS-CoV-2 the virus, is transmitted from person-to-person, mainly by droplets but at times by aerosols. It can also be transmitted to others from contaminated hands or objects. Not everyone who catches the virus develops symptoms: it's estimated that between 17.9% to 56% of people do not have any symptoms with COVID-19 infection. Infected individuals often shed the virus one to three days before symptoms start and this makes it difficult to limit spread of infection when there is an absence of symptoms. Infected persons, whether symptomatic or asymptomatic, can transmit the virus to others. On average, each infected person will infect between 2 and 3.5 other people. This differs from measles, an airborne virus, where one person can infect between 9 to 18 others and is slightly more than influenza (typically between 1 to 2 others). For those who do develop COVID-19 infection with symptoms, these may include a

fever over 100°F, chills, cough, difficulty breathing, new loss of smell/taste, muscle aches, sore throat, vomiting and/or diarrhea. It's estimated that 80% of people will have mild symptoms, 15% will develop more serious illness requiring hospitalization, and 5% will develop critical illness.

When reviewing many studies, two things come up: polymerase chain reaction (PCR) and viral culture. PCR is a technique that can take a tiny amount of genetic material, say from a few virus particles, and copy it over and over so it can be detected. This method only tells us if the viral genetic material is present or not. In contrast, viral culture is a method of taking a sample with virus, putting it into a liquid with cells it can infect, and then seeing if the cells become infected (called [cytopathic effect](#)). This helps us know if the virus was “alive” or “viable” and in great enough numbers to infect cells and cause infection at the time of sampling. It's important to know whether just genetic material was present (in other words, PCR was positive) or if “alive” virus was also detected (in other words, viral culture was positive) because viral genetic material may not always mean that live virus was present.

At UNM Hospitals, testing people for COVID-19 infection can be done by PCR and most commonly involves obtaining a [nasopharyngeal sample using a swab](#). Other samples sources for PCR include nasal, sputum, tracheal, or bronchoalveolar lavage. In contrast, serology refers to looking for evidence that the immune system has reacted to infection with the virus (i.e., antibodies detected from a blood sample). At the moment, serology is not a clinically useful test because it's not clear if COVID-19 infection mounts an effective immune response that provides protection against repeat infections. Serology can be used to assess for recent infection among inpatients if PCR-based testing is negative or to determine which previously infected individuals would be able to donate plasma for use in other COVID-19 infected patients.

How can someone catch the virus? The primary route of transmission of SARS-CoV-2 is from droplets of various sizes that leave the mouth and nose on a person's breath, sneezes, and coughs. Larger droplets can travel very quickly and land in another person's mouth, nose, or eyes. These drops can deposit on surfaces. Someone can then touch this contaminated surface and infect themselves by then touching their face ([video link](#)). In many studies, surfaces from COVID-19 infected patient rooms routinely test positive by PCR; but routine cleaning is enough to make these surfaces test negative after cleaning. So, SARS-CoV-2 transmission mainly occurs from respiratory tract sources. Although stool often tests positive by PCR, no one has been able to culture virus from stool yet. Blood and urine do not appear to carry the virus based on research available to date.

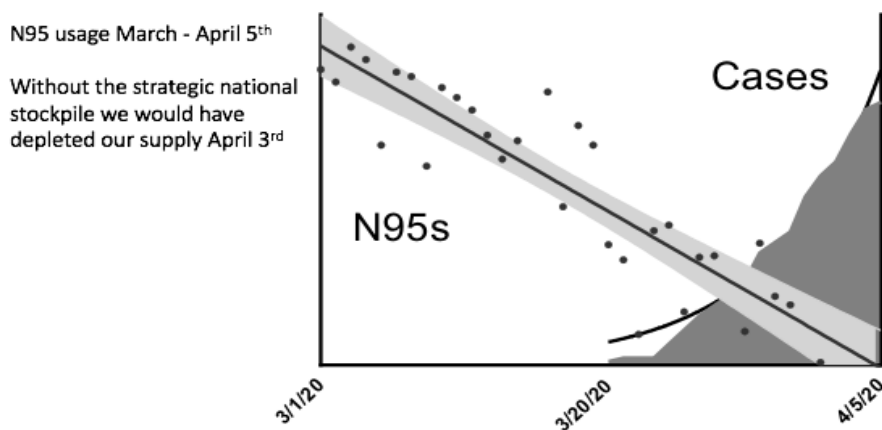
Smaller droplets can remain suspended in the air and can be breathed in by another person. Some procedures make more of these smaller droplets (called aerosol-generating procedures or AGPs) and potentially place anyone in the same space at risk of acquiring infection. AGPs include coughing, sneezing, intubation, certain types of oxygen delivery to patients, and CPAP/BiPAP. When these droplets are tested by PCR, many times both large droplets and aerosol generated droplets are positive for SARS-CoV-2. To date, no air samples obtained around patients with known COVID-19 infection have been able to grow in viral culture. This means people are shedding the virus in their breath and coughs but we have not been able to confirm that live virus is in those coughs or how likely it is to make someone else sick. In studies where healthcare workers have developed COVID-19 infection after exposure to patients, more prolonged exposure (e.g., at least 2 hours of time) with close contact and being present during aerosol generating procedures without any mask show the greatest association with infection in healthcare workers.

COVID-19 infections have occurred among UNM Health System healthcare workers during this pandemic. Out of 660 healthcare personnel tested through mid-May 2020, 30 (4.6%) have tested positive for COVID-19 infection. Most of the exposures that lead to infection were not from direct patient care: most were acquired at work during meetings or spending time with colleagues. Some were acquired from travel to areas with known community spread of COVID-19 infection. Two healthcare personnel have acquired COVID-19 infection from patient exposures. These happened early on during the pandemic when COVID-19 infection was not clinically suspected; because it was not clinically suspected, the appropriate PPE had not been worn. Since then, these events have been reviewed and other protections have been put into place to further lessen the risk to healthcare personnel. These include universal masking of patients and healthcare personnel and testing of all inpatients upon admission to identify patients with presymptomatic or asymptomatic infection.

So, an ongoing question remains: what kind of mask should we wear? It depends upon many factors, including which patients you are working with, how long you're spending with COVID-19 infected patients, and how likely an AGP is with these patients. Under ideal conditions there would be no shortages of resources and immediate scientific data. We still need research to define specific transmission risks. To date, the science hasn't shown how much infection transmission is mediated by droplets versus aerosols, how much virus leads to infection, or what type of mask affords the best protection in different scenarios when working with COVID-19 infected individuals. What is known about SARS-CoV-2 transmission is that more prolonged exposure to COVID-19 infected patients (e.g., greater than 10 – 30 minutes) and/or aerosol generating procedures performed on these patients imposes the greatest risk of transmission. It's important to have N95 masks available for those of us in healthcare who do

more prolonged, face-to-face work in COVID-19 dedicated units and for procedures or care that generate aerosols.

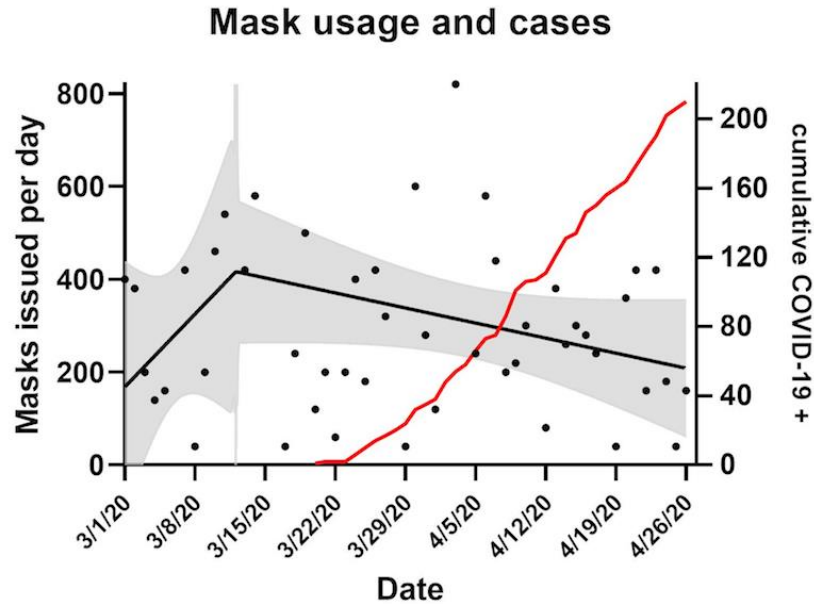
Unfortunately, SARS-CoV-2 surged across the globe and caught the world unprepared. Hospitals all over the globe are experiencing ongoing shortages of PPE since all of us are pulling for limited resources at the same time and healthcare's use of PPE has increased many fold. As we and many other hospitals have found, previous levels of PPE use are poor predictors of PPE use during a pandemic. If we continued to use our N95 masks as we had in March, we would have run out N95 masks by early April.



(Graph created using UNM Hospitals-specific data; Credit: Jon Femling, MD, PhD)

Thankfully, we were able to use our UNMH pandemic supply (a supply that was put into place after the 2009 H1N1 Influenza pandemic) to bridge many key PPE items until we were able to procure more PPE. We have also updated our PPE practices to provide N95 masks for those at greater risk (as mentioned above; for more details, please refer to the COVID PPE website). We now extend and reuse our N95 masks so that our current supply lasts longer per updated CDC guidance. And, we continue to seek out alternatives to N95 masks and evaluate all leads for other types of PPE. Since we have changed our practices related to PPE, we're ensuring

that we're not only protected today but also pacing ourselves to have an adequate PPE supply as this pandemic wears on.



(Graph created using UNM Hospitals-specific data; Credit: Jon Felling, MD, PhD)

Thank you for all of the care that you provide to our patients. Your dedication is sincerely appreciated during these unprecedented and rather unsettling times. We hope that some of your fears, questions, and concerns are addressed with our review of the literature about SARS-CoV-2 transmission published to date. More scientific articles about SARS-CoV-2 are being generated daily; however, good science and evidence accumulation takes time. We plan to continue to update the full document regularly with more data as it becomes available. We acknowledge that all of us would like more informative, actionable data sooner. So, stay tuned for more updates regarding SARS-CoV-2 transmission and recommendations for our infection control practices in the months to come.

Using the science published to date, what action can you take to protect yourself at work?

- Wash your hands. A lot.
- Be very careful about where you put your hands and in particular, avoid touching your face (particularly your eyes, nose, mouth). If your hands are contaminated, this can increase your risk of infection by touching your face.
- Make sure your patients are wearing a mask when working closely with them, whether they have symptoms or not. When patients with coronavirus infection wear a mask, the detectable number of both large and small droplets is greatly reduced which reduces our risk for infection.
- Keep direct patient contact to a minimum when caring for patients with COVID-19 infection. Consolidate care (e.g., meals and medications delivered at the same time), reducing the number of times you enter the patient's room, and use technology such as iPads to communicate. When feasible, have IV poles placed outside of the patient's room to minimize room entry.
- Where feasible in the hospital, ventilation can be increased in hospital rooms with the air changing over in that room frequently and with filtration. This reduces the number of droplets in the air and is particularly important to protect all of use during aerosol generating procedures.
- Keep as much distance as you can between yourself and others whenever possible. This includes your co-workers. It's challenging to change how we interact with each other at work, but very important since many healthcare workers have gotten COVID-19 infection from another co-worker. Along these lines, make sure to avoid crowded areas.

- Wear all PPE (isolation gown, mask, eye protection, gloves, and hair cover) properly and pay attention to proper donning and doffing techniques. Have someone check your donning and doffing process regularly. Removing your PPE slowly and safely helps prevent self-contamination and reduces your risk for infection.
- Wear your mask correctly. If you do touch the front of your mask, make sure to wash your hands. Do not take your mask off unless you are eating and are no longer around anyone else.
- When using an N95 mask, make sure you have been fit tested with that specific mask and perform a seal check every time you put it on.
- Clean everything, and often. Wipe down your workstation, chair, badges, phones, keyboard and mouse, touch screens, door handles, fingerprint readers, faucet handles, bathrooms, as well as patient room surfaces. Clean at least twice a shift.
- Wear a cloth mask when you're not at work but out in the community.
- Wash your hands.

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Contributors

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Katie Andrzejewski: Currently the Unit Director of the Trauma/Surgical Progressive care unit (4 East), her previous career was focused on Immunology as it pertains to cancer. She has a Bachelor's of Science with Honors in Molecular Biology and Genetics from the University of Guelph and a Masters in Immunology and Microbiology from the State University of New York at Buffalo.

Elliot Shiver: Currently an RN of 3 years on the cardiac/coronary unit. Previously a broadcast engineer and high school science teacher. He has degrees in biology, education, and nursing from the University of New Mexico. Deciding to forego further academic pursuits, he has endeavored independently to further interests in chemistry and materials science; developing multiple commercial products in the process.

Kaitlyn Kennedy: Currently a third-year emergency medicine resident at UNM. She has a Master's of Science in Biochemistry with a focus on virology and worked on developing a Dengue Fever vaccine. She also has a Global Master's of Public Health from the University of Washington.

Finance Committee

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

Wednesday, June 24, 2020 10:00 AM via Zoom

Objectives

- Provide financial and human resources oversight of UNM Hospitals.

Finance Committee Meeting:

- Approval of February 26, 2020 meeting minutes
- Consent Items
 - Disposition of Assets
 - Consent Item – Cerner – Remote Hosting Services \$34,788,936
 - Consent Item – Cerner – Existing Solutions \$25,218,261
 - Consent Item – LivaNova – Vagus Nerve Stimulations Therapy System \$26,000,000
 - Capital Project – New Hospital Tower Project – New Parking Structure Building \$75,800,000
- New Hospital Tower Project Status Report
- FY21 Budget Update
- Financial Update for the eleven months ended May 31, 2020
- HR Updates
 - Staffing/vacancy update
 - Contract Labor
 - Turnover Rate
 - Union Negotiation Update

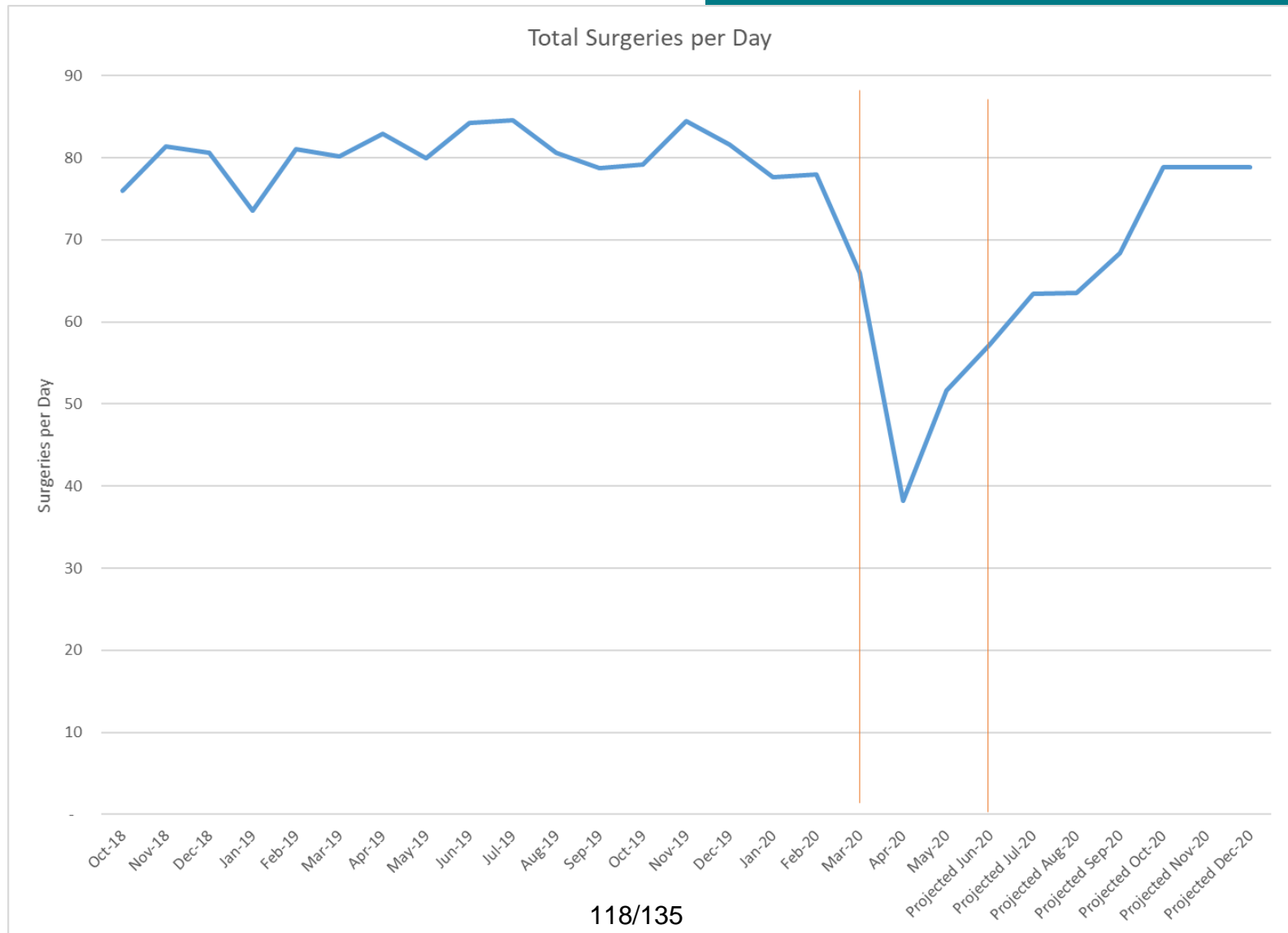
Next UNM Hospital Finance Committee meeting is scheduled to convene September 23, 2020.

2021 Budget

UNM Hospitals

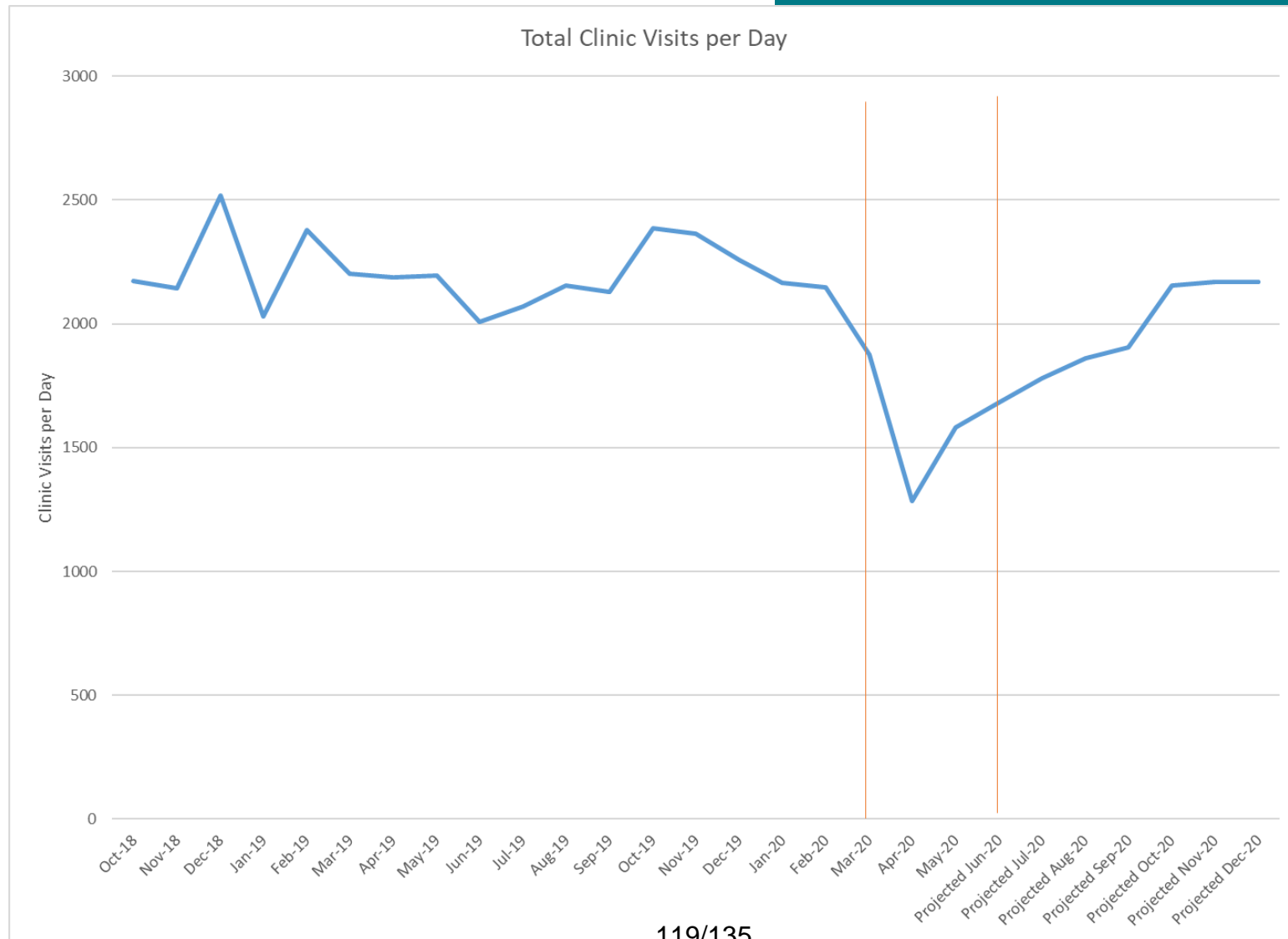
FY 21 Revised Operating Budget
July 1, 2020

Projected Surgeries



118/135

Projected Clinic Visits



119/135

- Medicaid directed payment - January 1, 2020 through December 31 2020
 - \$90 million annual payment to be directed through the Medicaid MCOs
 - \$9 million (10%) will be withheld for required quality metrics, payable upon achievement of annual targets
 - UNMH will support Medicaid program through an IGT of \$18.9 million (21%)
 - UNMH is required to negotiate with MCOs to provide for a sustainable Medicaid program and provider network – anticipated decrease in payer rates of \$31 million annually
 - In discussions with HSD regarding support of expanded behavioral health programs and medical education programs
 - Current net annual impact to UNMH - \$31 million
- 2020 COVID Hospital Inpatient Payment Rate Increase – for Medicaid services – April 1 through June 30, 2020 - \$8 million estimate
- Compensation and Benefits – Mercer compensation structure
- State Appropriations – \$844,500 (6%) decrease from FY20 funding

FY20 Revised Budget

	FY2020 Original Reforecast	FY2020 Revised Reforecast	FY20 Changes
Total Operating Revenues	\$ 1,101,496,934	\$ 1,141,269,431	\$ 39,772,497
Expenses:			
Salaries & Benefits	556,969,466	556,115,086	(854,380)
Housestaff	35,252,069	35,252,069	-
UCP	88,742,393	88,742,393	-
Cancer Center	17,641,162	17,641,162	-
Other Medical Services	56,253,204	55,636,113	(617,091)
Medical Supplies	206,702,408	212,004,757	5,302,349
Equipment/Occupancy/Depreciation	103,867,365	104,769,037	901,672
Purchased Services/Supplies/Other	94,187,967	93,653,697	(534,270)
Health System	43,373,288	43,373,288	-
Gross Receipts Tax	21,957,375	22,525,644	568,269
Institutional Support	9,978,694	9,978,694	-
Total Expenses	1,234,925,391	1,239,691,940	4,766,549
Total Operating Gain (Loss)	(133,428,457)	(98,422,509)	35,005,948
Non Operating Revenue and Expenses			
Mill Levy	108,209,584	108,262,452	52,868
State Appropriations	14,227,200	14,227,200	-
Capital Appropriation	33,588,918	33,588,918	-
Interest Expense	(2,937,537)	(2,937,537)	-
Other Non Operating Revenues	7,866,672	7,857,546	(9,126)
Other Non Operating Expenses	(1,054,339)	(245,232)	809,107
CARES Act Funding	-	20,268,888	20,268,888
Reserve Capital Appropriation	-	(33,588,918)	(33,588,918)
Reserve for Facility Replacement	-	(30,000,000)	(30,000,000)
Total Non Operating	159,900,498	117,433,317	(42,467,181)
Increase (Decrease) in Net Position	\$ 26,472,041	\$ 19,010,808	\$ (7,461,233)

FY21 Revised Budget

	FY2021 Original Budget	FY2021 Revised Budget	FY21 Changes
Total Operating Revenues	\$ 1,149,253,829	\$ 1,182,487,703	\$ 33,233,874
Expenses:			
Salaries & Benefits	569,605,707	576,639,145	7,033,438
Housestaff	36,220,756	36,220,756	-
UCP	92,292,088	92,292,088	-
Cancer Center	28,888,202	28,888,202	-
Other Medical Services	58,391,046	57,749,271	(641,775)
Medical Supplies	218,855,166	224,316,586	5,461,419
Equipment/Occupancy/Depreciation	108,294,404	109,199,331	904,927
Purchased Services/Supplies/Other	90,942,632	90,402,256	(540,376)
Health System	13,489,032	13,489,032	-
Gross Receipts Tax	21,490,317	22,058,586	568,269
Institutional Support	10,749,599	10,749,599	-
Total Expenses	1,249,218,950	1,262,004,852	12,785,903
Total Operating Gain (Loss)	(99,965,120)	(79,517,149)	20,447,971
Non Operating Revenue and Expenses			
Mill Levy	109,829,481	109,883,023	53,542
State Appropriations	15,626,800	13,382,700	(2,244,100)
Capital Appropriation	-	-	-
Interest Expense	(2,818,446)	(2,818,446)	-
Other Non Operating Revenues	8,566,672	8,594,946	28,274
Other Non Operating Expenses	(853,812)	(767,405)	86,407
CARES Act Funding	-	-	-
Reserve Capital Appropriation	-	-	-
Reserve for Facility Replacement	-	(30,000,000)	(30,000,000)
Total Non Operating	122,135,125	98,274,818	(32,075,877)
Increase (Decrease) in Net Position	\$ 30,385,575	\$ 18,757,669	\$ (11,627,906)

FY20 and FY21 Revised Budgets

	FY2018 Actuals	FY2019 Actuals	FY2020 Revised Reforecast	FY2021 Revised Budget	FY20 to FY21 Difference
Total Operating Revenues	\$ 996,167,228	\$ 1,079,094,674	\$ 1,141,269,431	\$ 1,182,487,703	\$ 41,218,272
Expenses:					
Salaries & Benefits	504,855,423	533,975,608	556,115,086	576,639,145	20,524,059
Housestaff	30,475,561	31,359,620	35,252,069	36,220,756	968,687
UCP	79,901,490	79,887,838	88,742,393	92,292,088	3,549,696
Cancer Center	20,538,720	19,624,941	17,641,162	28,888,202	11,247,040
Other Medical Services	46,863,474	52,428,031	55,636,113	57,749,271	2,113,158
Medical Supplies	188,195,050	208,109,011	212,004,757	224,316,586	12,311,829
Equipment/Occupancy/Depreciation	101,768,072	99,589,635	104,769,037	109,199,331	4,430,294
Purchased Services/Supplies/Other	78,056,371	85,509,668	93,653,697	90,402,256	(3,251,441)
Health System	8,678,809	22,553,423	43,373,288	13,489,032	(29,884,256)
Gross Receipts Tax	-	-	22,525,644	22,058,586	(467,058)
Institutional Support	9,069,389	9,069,388	9,978,694	10,749,599	770,905
Total Expenses	1,068,402,359	1,142,107,163	1,239,691,940	1,262,004,852	22,312,913
Total Operating Gain (Loss)	(72,235,131)	(63,012,489)	(98,422,509)	(79,517,149)	18,905,360
Non Operating Revenue and Expenses					
Mill Levy	101,792,680	105,709,584	108,262,452	109,883,023	1,620,571
State Appropriations	12,036,500	12,733,200	14,227,200	13,382,700	(844,500)
Capital Appropriation	-	-	33,588,918	-	(33,588,918)
Interest Expense	(3,120,623)	(3,034,937)	(2,937,537)	(2,818,446)	119,091
Other Non Operating Revenues	5,059,207	8,709,789	7,857,546	8,594,946	737,400
Other Non Operating Expenses	(1,302,254)	(742,783)	(245,232)	(767,405)	(522,173)
CARES Act Funding	-	-	20,268,888	-	(20,268,888)
Reserve Capital Appropriation	-	-	(33,588,918)	-	33,588,918
Reserve for Facility Replacement	-	(23,000,000)	(30,000,000)	(30,000,000)	-
Total Non Operating	103,768,672	90,308,017	117,433,317	98,274,818	(19,158,499)
Increase (Decrease) in Net Position	\$ 31,533,541	\$ 27,295,528	\$ 19,010,808	\$ 18,757,669	\$ (253,140)

Unknown Variables

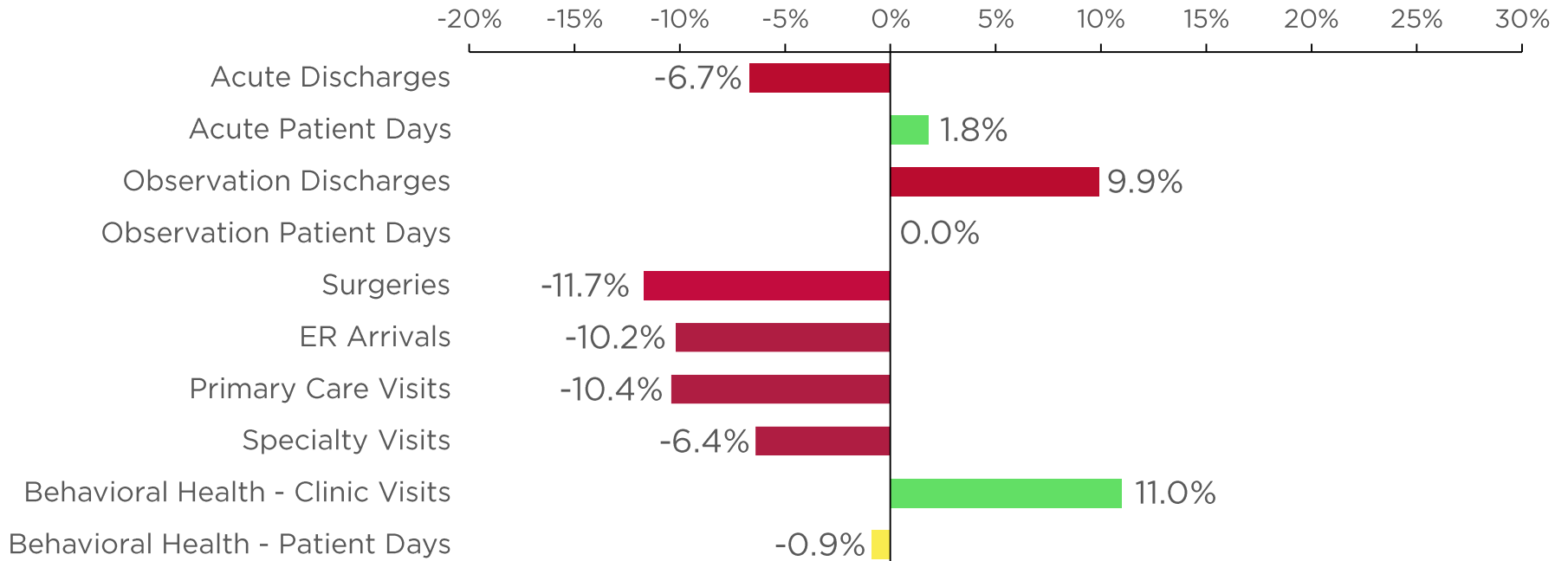
- Delay in re-opening of elective services
- Stability of workforce
- Impact of a second surge
- Additional Federal funding (grants or loans)
- Impact of telehealth on historical business model

Financials

UNM Hospitals

Financial Update to
Board of Trustees
Through May 2020

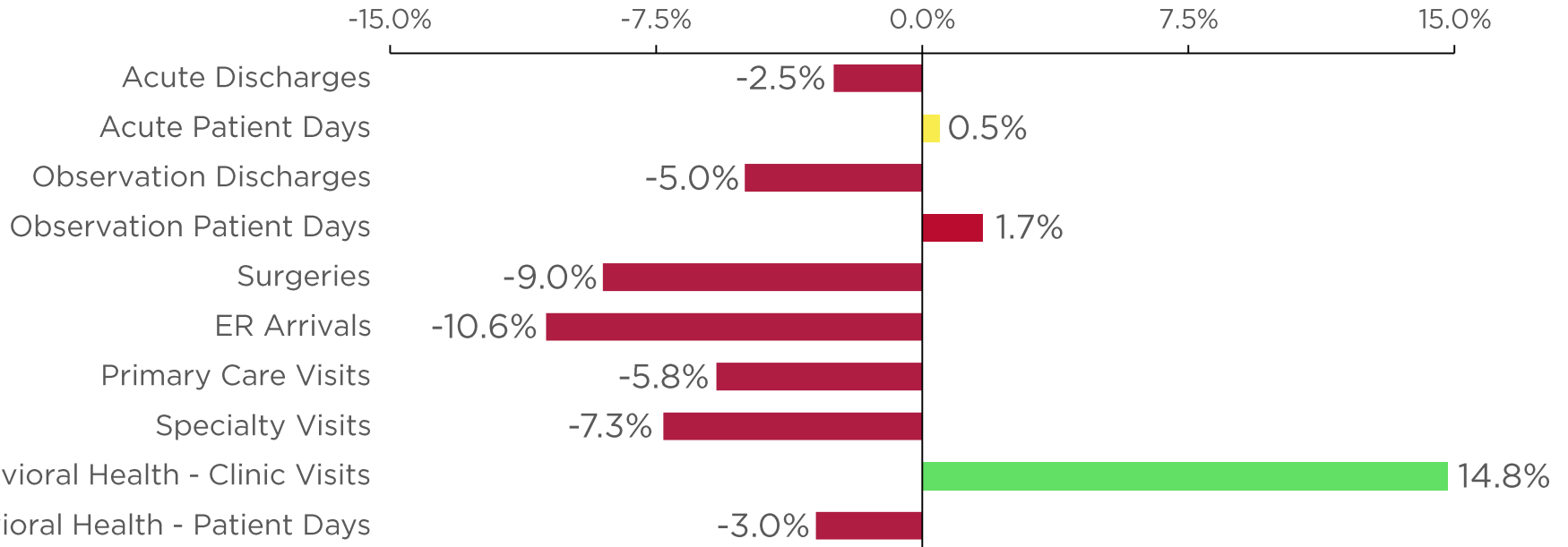
UNM Hospital
YTD Stats Variance to Budget
Through May 2020



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,691	2,048	(357)	-17.4%	20,701	22,193	(1,492)	-6.7%
Acute Patient Days	12,006	12,523	(517)	-4.1%	138,151	135,751	2,400	1.8%
Observation Discharges	665	829	(164)	-19.8%	10,015	9,115	900	9.9%
Observation Patient Days	744	1,275	(531)	-41.7%	13,852	13,854	(2)	0.0%
Surgeries	1,032	1,722	(690)	-40.1%	16,775	18,987	(2,212)	-11.7%
ER Arrivals	4,828	7,552	(2,724)	-36.1%	73,509	81,853	(8,344)	-10.2%
Primary Care Visits	10,087	15,106	(5,019)	-33.2%	156,349	174,463	(18,114)	-10.4%
Specialty Visits	21,533	28,945	(7,412)	-25.6%	312,958	334,319	(21,361)	-6.4%
Behavioral Health - Clinic Visits	16,501	13,573	2,928	21.6%	172,917	155,836	17,081	11.0%
Behavioral Health - Patient Days	1,829	1,972	(143)	-7.3%	21,739	21,926	(187)	-0.9%

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UNM Hospital
YTD Stats Variance to Prior YTD
Through May 2020

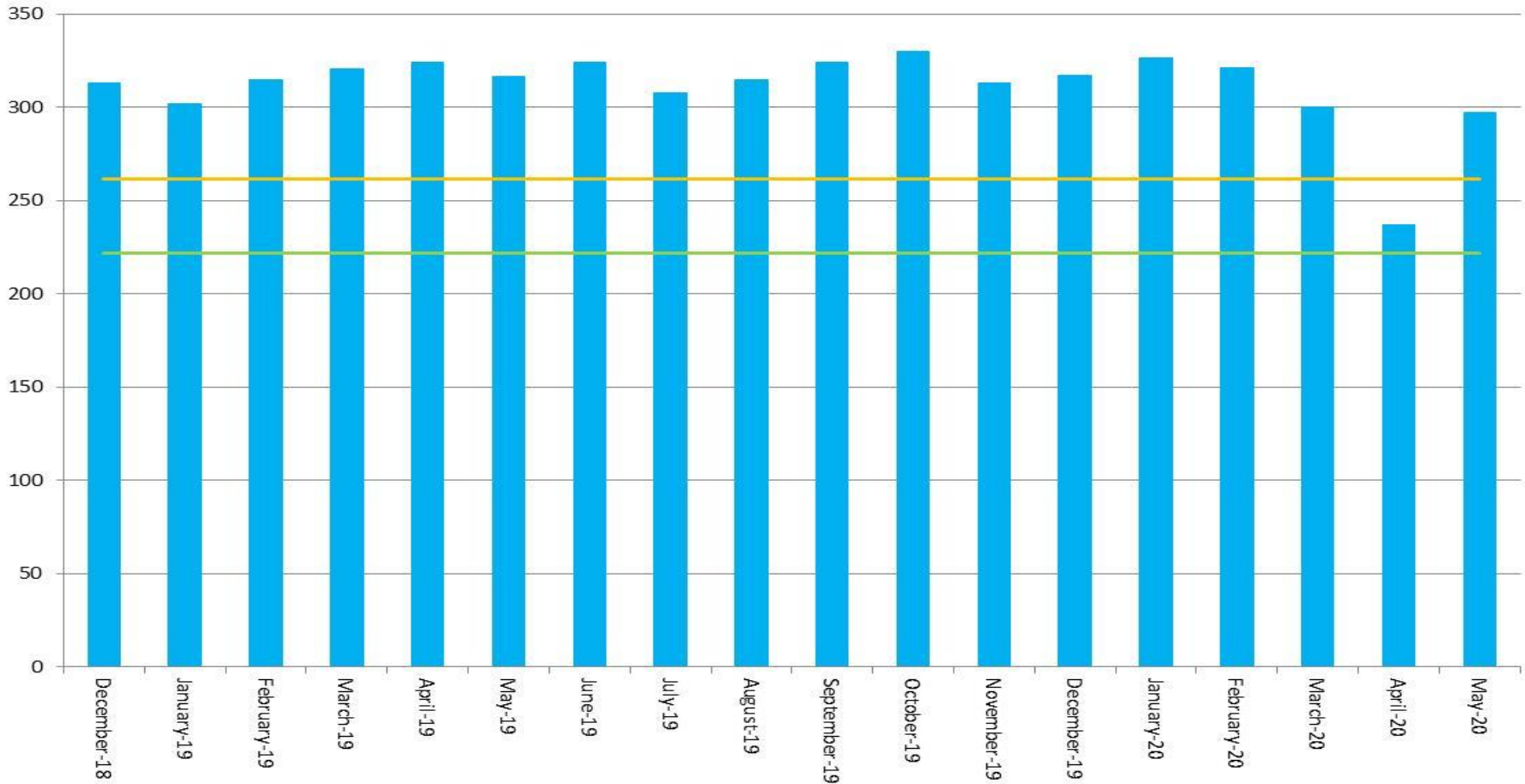


	MTD Actual	Prior MTD	MTD Variance	MTD % Variance	YTD Actual	Prior YTD	YTD Variance	YTD % Variance
Acute Discharges	1,691	2,070	(379)	-18.3%	20,701	21,236	(535)	-2.5%
Acute Patient Days	12,006	12,717	(711)	-5.6%	138,151	137,476	675	0.5%
Observation Discharges	665	1,019	(354)	-34.7%	10,015	10,543	(528)	-5.0%
Observation Patient Days	744	1,503	(759)	-50.5%	13,852	13,617	235	1.7%
Surgeries	1,032	1,758	(726)	-41.3%	16,775	18,441	(1,666)	-9.0%
ER Arrivals	4,828	7,634	(2,806)	-36.8%	73,509	82,247	(8,738)	-10.6%
Primary Care Visits	10,087	14,851	(4,764)	-32.1%	156,349	166,049	(9,700)	-5.8%
Specialty Visits	21,533	32,950	(11,417)	-34.6%	312,958	337,426	(24,468)	-7.3%
Behavioral Health - Clinic Visits	16,501	15,096	1,406	9.3%	172,917	150,569	22,348	14.8%
Behavioral Health - Patient Days	1,829	2,150	(321)	-14.9%	21,739	22,404	(665)	-3.0%

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UNM Hospital Adult Capacity Through May 2020

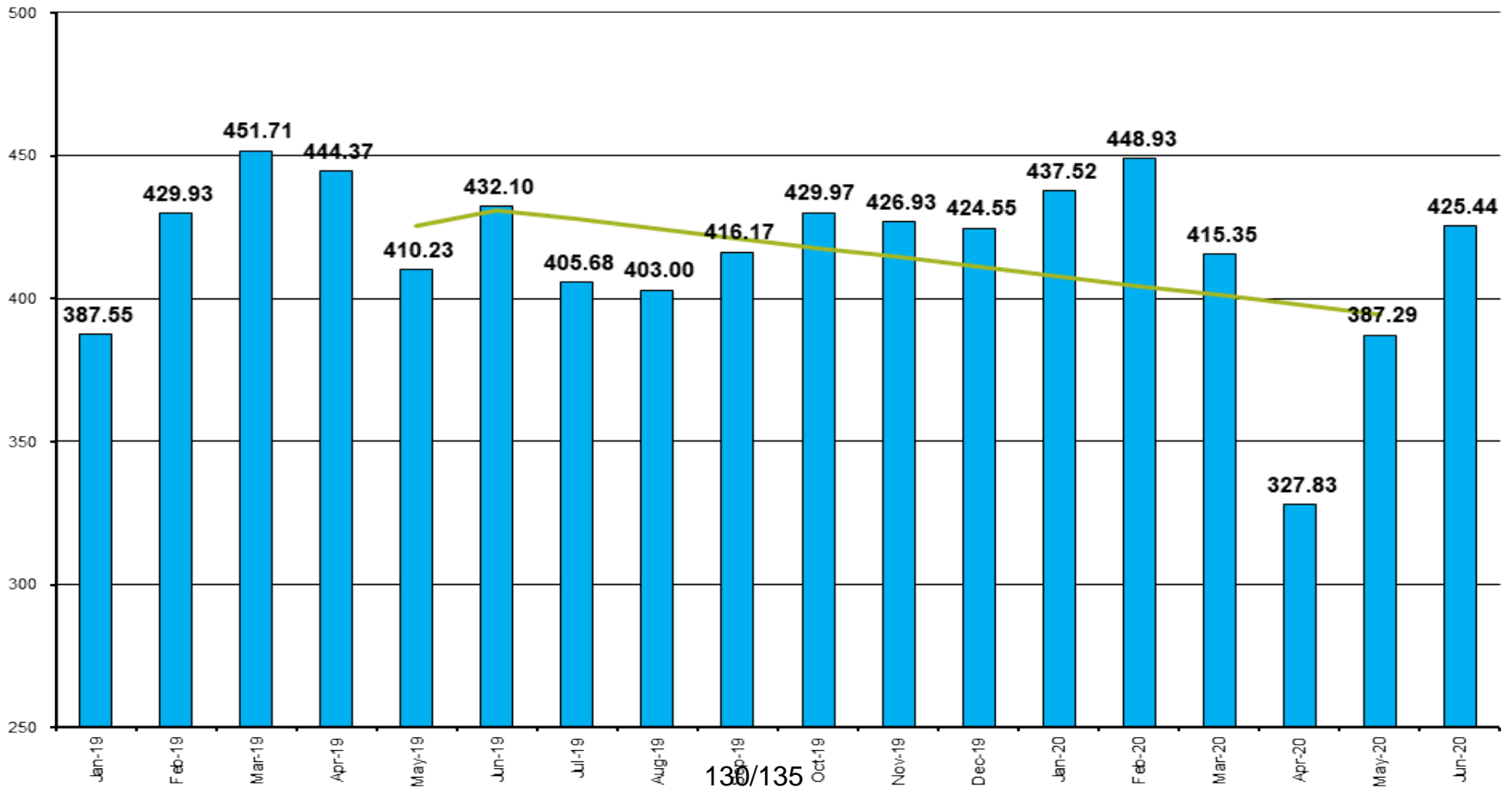
■ Adult ADC w/ Observations
 — Adult Nat'l Standard at 72%
 — Adult Max Benchmark Occupancy 85%



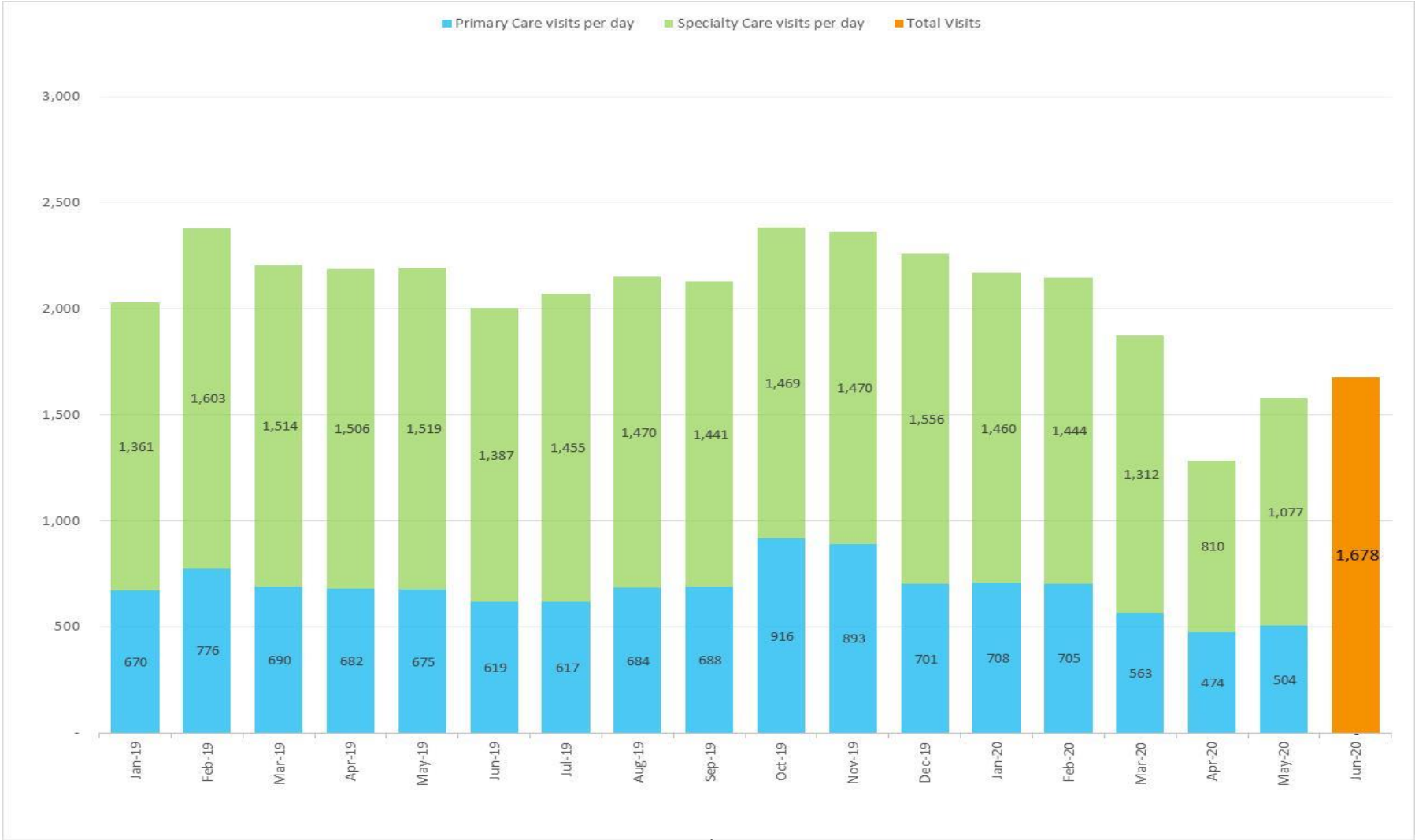
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**UNM Hospital
Average Daily Census
Through Mid June 2020**

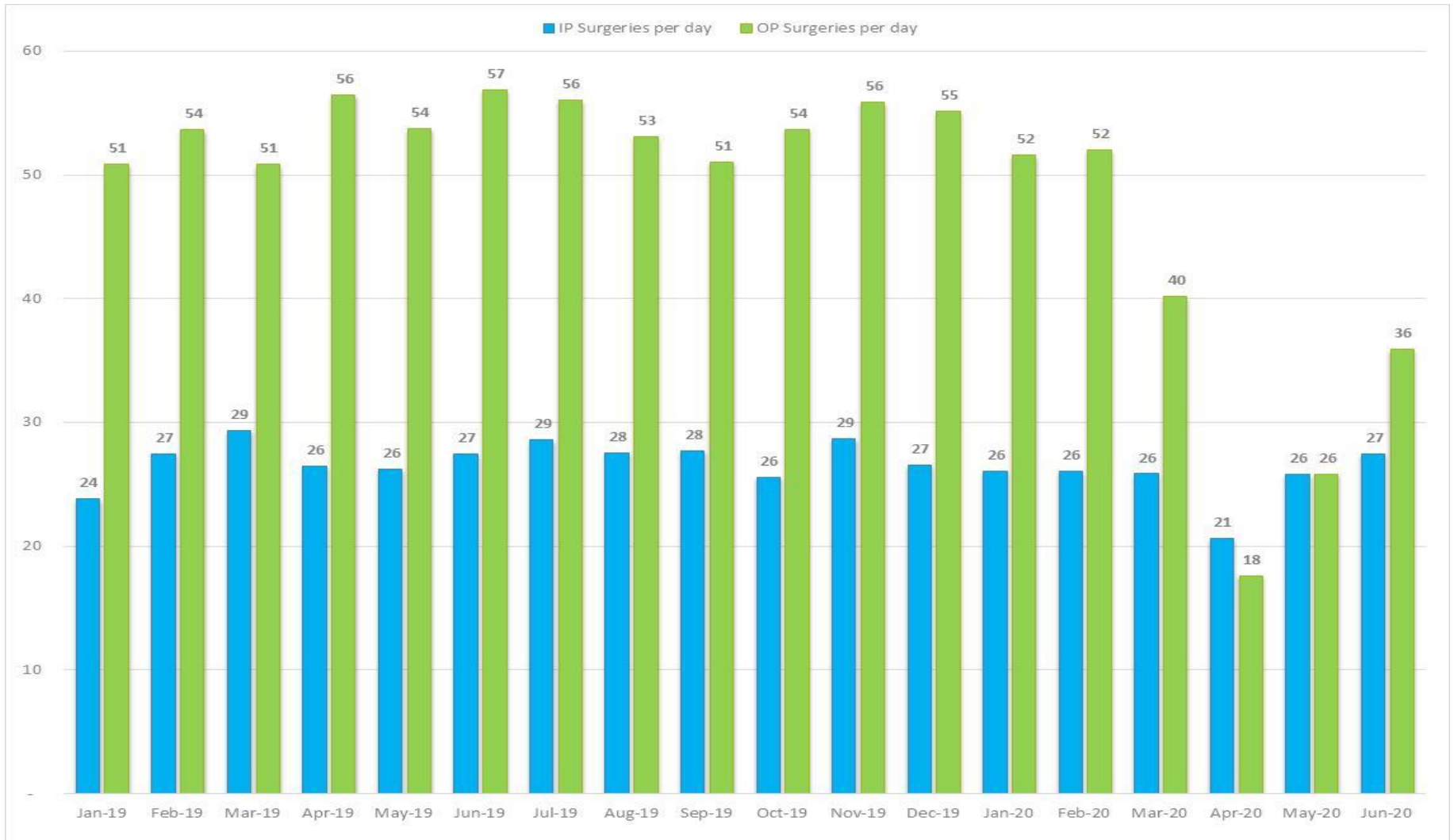
Avg Daily Census Trend Line



**UNM Hospital
Clinic Visits per business day
Through Mid June 2020**

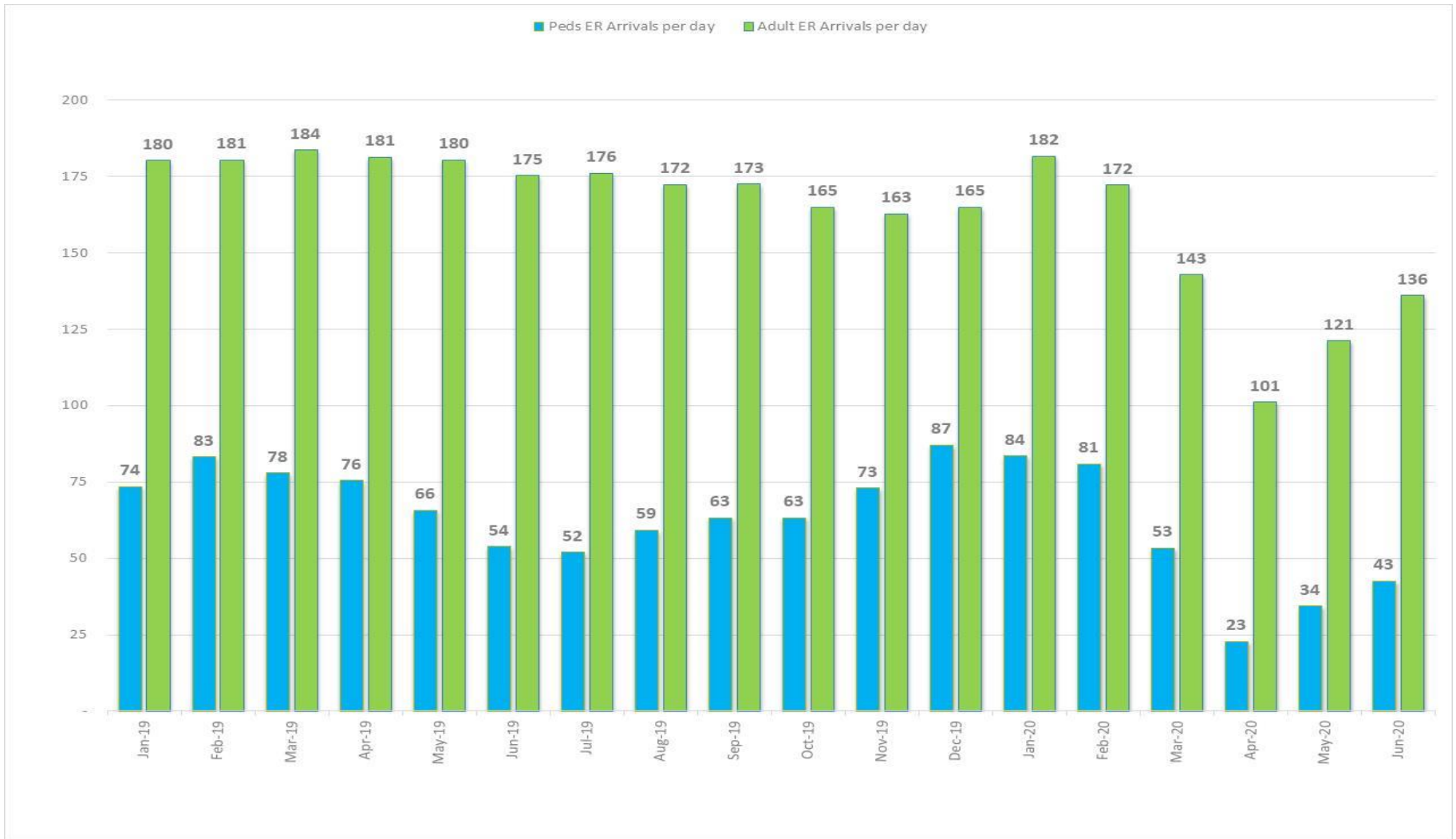


**UNM Hospital
Inpatient & Outpatient
Surgical Cases per business day
Through Mid June 2020**



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**UNM Hospital
ER Arrivals per calendar day
Through Mid June 2020**



UNM Hospitals	Action OI Benchmark	May-20	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS		7.10	6.67	6.12	-9.10%	6.47	-3.09%
Case Mix Index		2.20	2.07	1.98	4.38%	1.98	4.48%
CMI Adjusted Patient Days *	55,443	49,420	610,709	596,038	2.46%	594,390	2.75%
Net Core Patient Revenues (\$ in thousands)		\$ 65,598	\$ 886,152	\$ 869,994	1.86%	\$ 838,352	5.70%
Total Operating Expenses** (\$ in thousands)		\$ 92,712	\$ 1,119,255	\$1,077,631	-3.86%	\$ 1,028,547	-8.82%
Total Operating Expenses*** (\$ in thousands)		\$ 92,420	\$ 1,081,497	\$1,065,528	-1.50%	\$ 1,014,252	-6.63%
Net Operating Income (\$ in thousands)		\$ (15,028)	\$ (108,670)	\$ (98,797)	-9.99%	\$ (71,762)	-51.43%
Net Income (\$ in thousands)		\$ 796	\$ 61,901	\$ 12,117		\$ 27,008	
Net Core Revenue/CMI Adj Patient Day		\$ 1,327	\$ 1,451	\$ 1,460	-0.59%	\$ 1,410	2.88%
Cost**/CMI Adj Patient Day	\$ 1,785	\$ 1,876	\$ 1,833	\$ 1,808	-1.37%	\$ 1,730	-5.91%
Cost***/CMI Adj Patient Day	\$ 1,785	\$ 1,870	\$ 1,771	\$ 1,788	0.94%	\$ 1,706	-3.78%
FTEs		6,324	6,423	6,697	4.10%	6,421	-0.03%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2019 the 50th percentile is 166,330. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

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

**UNM Hospitals
Budget to Actual Variance
(in thousands)
Through May 2020**

* % change relative to budget

