

April 16, 2021

**MINERS' COLFAX MEDICAL CENTER  
MEETING OF THE BOARD OF TRUSTEES**

**Call to Order**

Chairman Jarrell called the meeting of the Miners' Colfax Medical Center Board of Trustees to order April 16, 2021 at 1:00 pm. The meeting was held virtually in the Acute Care IT Training Room at 203 Hospital Drive in Raton, NM due to the COVID-19 pandemic.

**Members:** William "Cotton" Jarrell, Chairman  
Donald Belknap, MD, Vice Chairman  
Gene Sisneros, Member  
Richard Cardenas, Member

A roll call vote was taken to acknowledge all Board Members present.

**Absent:** Shawn Jeffrey, Treasurer

**Staff:** Bo Beames, CEO  
Lonny Medina, CFO  
Sarah Zmich, Recorder

**Visitors:** no visitors present

**Pledge of Allegiance**

Chairman Jarrell led Board Members, staff and visitors present in reciting the Pledge of Allegiance.

**Correction/Approval of Agenda**

*Motion:* The Board Members reviewed the presented Agenda of the April 16, 2021 Regular Board Meeting. Chairman Jarrell made a correction to the agenda to include the appointment of Dr. Douglas Smith to the MCMC Credentials Committee as Item A under "Business/Action Items".

Dr. Belknap made a motion to approve the corrected agenda. With a second from Mr. Sisneros, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes  
Donald Belknap, MD- Yes  
Gene Sisneros- Yes  
Richard Cardenas- Yes

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Motion carried.

**Correction/Approval of Minutes**

The Board Members present reviewed the minutes of the March 19, 2021 Regular Board meeting. Dr. Belknap made a motion to approve the minutes as presented. With a second from Mr. Sisneros, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas- Yes

Motion carried.

**Executive Session**

Chairman Jarrell announced that the Board of Trustees will go into Executive Session for the purpose of limited personnel matters pursuant to Section 10-15-1 (H) of the Open Meetings Act.

*Motion:* At 1:03 pm Mr. Sisneros made a motion to go into Executive Session for the purpose of limited personnel matters pursuant to Section 10-15-1 (H) of the Open Meetings Act. With a second from Dr. Belknap, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas- Yes

Motion carried.

*The Board of Trustees returned to regular session at 1:09 pm.*

**Medical Staff Privileges and Appointments (Attachment A)**

Dr. Belknap informed the Board that one (1) provider was recommended by the Credentials Committee for reappointment: Huy Tran, MD Teleneurology, for 2 years.

Dr. Belknap informed the Board that one (1) provider was recommended by the Credentials Committee for new appointment: Tony Salazar, MD Emergency Medicine, for 1 year.

*Motion:* Mr. Sisneros made a motion to accept the Credentials Committee's recommendations to be approved as presented. With a second from Mr. Cardenas, a roll call vote was taken.

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Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas- Yes

Motion carried.

### **Medical Staff Report (Attachment B)**

Bo Beames provided the following report of the MCMC Contract Performance Review:

Patient care contracts are to be reviewed annually as a requirement of the Medicare Conditions of Participation. The MCMC Medical Executive Committee reviewed the following contracts and criteria on April 8. All care provided by the contracts were deemed to be satisfactory.

#### **Criteria**

- Was a satisfactory level of service provided from this Vendor or Contracted Service (Do staff consistently meet the MCMC Standards of Behavior, Mission, Vision and Values?)
- Was the overall competency level and performance of the staff satisfactory?
- Was the quality of service provided from this Vendor or Contracted Service satisfactory?

#### **Contracts**

- Cardiac Care Consultants of New Mexico, PC  
Scope of Service: Clinic and/or In-Hospital Diagnostic Services and Testing
- Concord Radiology  
Scope of Service: Diagnostic Radiology Services
- Rocky Mountain Physical Therapy  
Scope of Service: Physical Therapy and Rehabilitation Services
- Rocky Mountain Sleep Resources  
Scope of Service: Sleep Testing
- Shared Medical Services, Inc.  
Scope of Service: Mobile MRI Services
- Sonography Solutions  
Scope of Service: Scheduled and Emergent Ultrasonography Services

- Sottovento  
Scope of Service: Surgical Scrub Technician(s) Service for Scheduled and Emergent Procedures
- Southern Colorado CRNA Associates  
Scope of Service: Professional Anesthesia Services
- The Regents of the UNM  
Scope of Service: TeleECHO Services- Outpatient Evaluation and Treatment of miners referred for Black Lung or Radiations Exposure Compensation Act (RECA)
- The Regents of the UNM, UNM Medical Group, Inc  
Scope of Service: Neuro-Emergency Consultation Services
- MCMC HRSA Black Lung  
Scope of Service: Black Lung Clinical Program contracted with UNM Health and Sciences Center (Clinic and Mobile Unit)

### **Business/Action Items**

#### **Credentials Committee Reappointment**

Dr. Douglas Smith has been appointed to the Credentials Committee. He has accepted the appointment for 3 years.

*Motion:* Mr. Sisneros made a motion to approve the appointment of Dr. Douglas Smith to the Credentials Committee. With a second from Dr. Belknap, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas- Yes

Motion carried.

#### **Manager's Report**

##### **Chargemaster (CDM) Update (Attachment C)**

Jessica Gonzales, Accountant and Auditor, provided the following *Chargemaster (CDM)* update:

What is a Charmaster and why is it important?

- Chargemaster- comprehensive listing of medical charges billable to a patient or a patients' health insurance provider

- Purpose- To provide a consistent method for establishing retail revenue charges and pricing methodologies for services, procedures, drugs and supplies for all departments
- Over 7,000 active codes in our Chargemaster
- Currently use about 2,500 charge codes throughout the year

#### Components

- Item Number
- Item Description
- Department Designation
- Revenue Code
- General Ledger number for accounting purposes
- Current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code
- Charge amount or fee

#### Optum 360°- Online Tools

- Enterprise Chargemaster Expert- Analyzes our Chargemaster
- Revenue Cycle Pro- Looks up charge codes and detailed descriptions
- Fee Analyzer- Compares our prices to those of our peers:
  - Alta Vista Regional Hospital- Las Vegas, NM
  - Cibola General Hospital- Grants, NM
  - Dr. Dan C. Trigg Memorial Hospital- Tucumcari, NM
  - Mt. San Rafael Hospital- Trinidad, CO
  - Nor-Lea Hospital District- Lovington, NM
  - Roosevelt General Hospital- Portales, NM
  - Spanish Peaks Regional Health Center- Walsenburg, CO
  - Union County General Hospital- Clayton, NM

#### Pricing Strategy

- Uniform pricing strategy generally consistent across the board
- Pricing strategy will consider factors such as Medicare Physician Fee Schedule, our costs and prices of what our peers are charging
- Important to maintain consistency with price transparency regulations

#### Goals

- Develop a plan to update the charges based on cost, Medicare fee schedules and rates of our peers
- Consistently update and maintain prices to ensure we are charging the patients the correct amount
- Maximize revenue
  - Accurately capture all charges

- Increase claims reimbursement
- Educate Department managers and get them involved

#### Implementation

- April 15, 2021- Develop pricing strategy
- May 1, 2021- Compare our current professional fees and technical charges to Medicare fee schedule and to those of our peers
- May 15, 2021- Departmental review: involvement, processes, charge sheets and descriptions
- June 1, 2021- Update our fees: focus on high volume items, high dollar items, underpriced items and outpatient services
- June 15, 2021- Review and analyze effects of changes
- July 1, 2021- Implement changes

#### Maintenance

- Process for new code requests, code deletions, revised descriptions, fee updates and supply price changes
- Routine denial and compliance review
- Quarterly review of code updates
- Annual review of pricing strategy

#### Summary

- Chargemaster updated before beginning of the new fiscal year
- Have ongoing processes in place to maintain an up-to-date Chargemaster and follow best practices

### **Quality Assurance and Performance Improvement (QAPI) Plan (Attachment D)**

Rae Hager, RN provided the following *Quality and Performance Improvement Plan (QAPI)* update:

#### **Purpose**

The MCMC Quality Assurance and Performance Improvement (QAPI) Plan

- To promote safe, reliable and quality patient care and services
- Integrated interdisciplinary process, patient care and services
- Continuously monitored and evaluated to promote optimal clinical outcomes

#### **Goals**

To continually and systematically plan, design, measure, assess and improve performance of critical focus areas, improve healthcare outcomes and reduce and prevent medical/health care errors

- Identify opportunities (data driven)
- Define measures

- Set targets
- Monitor performance
- Creates plans for Improvement when targets are not met

#### **Scope**

- All providers, all services and all departments
- Clinical, operational and financial

#### **Organizational Responsibility**

Responsibility of all

- Medical Staff
- Leadership
- Management
- Staff

Ultimately, Board of Trustees has overall responsibility and oversight of the quality of services delivered by the organization

The Board delegates the authority for the QAPI function to organizational leadership for the implementation of the QAPI plan and activities

Board receives periodic reporting (Credentialing Committee, Leadership, MEC reports, etc.)

#### **QAPI-C**

Quality Assurance and Performance Committee

- Meets monthly
- Review Quality Data and Results
- Review corrective/performance improvement plans and adjust as needed
- Responsible for implementation of QAPI activities
- Provides quality reporting to MEC
- Comprised of Senior Leadership
- Led by Chief Quality Officer and CEO

#### **QAPI Steering Team**

Meets weekly to plan and prepare for the QAPI-C meetings

- Researches leading practices and leading practices of quality organizations (IHI)
- Subject experts in mandatory reporting (CMS Compare, etc.)
- Develop meeting agendas and content
- Prepares data for reporting
- Oversees accountability for timely data entry and reporting into the Quality Management System (ActionCue)

- Plans education and training for management and leadership (tools and techniques)

Comprised of Chief Executive Officer, Chief Quality Officer, Chief Nursing Officer, Chief Medical Officer (ad hoc) and Quality Assistant

### **Methods**

Miners' Colfax Medical Center utilizes the PDSA cycle as the model for improvement:

- **Plan**- opportunities for improvement
- **Do**- improve the process
- **Study**- check that all improvements were realized
- **Act**- assess results and re-design steps to further improve and then repeat the PDSA cycle

### **Annual Appraisal**

The QAPI-C, Medical Staff and Governing Board will evaluate the effectiveness of the QAPI Program at least annually (evaluating whether this would be best done at end of the fiscal year or end of calendar year)

The program will be evaluated based on the collaborative, interdisciplinary involvement of all departments or services (retire, keep, ass respective measures)

The impact on patient care and services through improvements in processes and outcomes. (Are current measures serving our organizational purpose? Are the measures mandated or discretionary?)

### **Conflict of Interest**

Pertains to Provider Peer Review

No physician will participate in the review of any case in which he/she or his/her partners have been directly involved in the provision of care to the patient.

### **Confidentiality**

Confidentiality shall be maintained, based on full respect of the patient's rights to privacy and in keeping with Hospital Policy and State and Federal Regulations governing the confidentiality or quality improvement work products.

All data should be considered the property of the hospital and the hospital shall ensure the maximum protection of all confidential data. This includes reports, draft, minutes, proceedings, screening information or data, recommendations, actions, correspondence and any work project or communication of Hospital and Medical Staff committees.

A full draft copy of the QAPI Plan was provided to the Board of Trustees for review.



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**Financial Report (Attachment E)**

Lonny Medina, CFO provided the following Financial Report:

- Financial Results Year-to-date Unaudited
- Gross Revenue by Financial Class
- Revenue Cycle
- Land Grant Permanent Fund
- Other Results
- COVID-19
- FY 20 Audit & Medicare Cost Report
- Budget Appropriation Request- FY22
- Capital Outlay

Days cash on hand is currently at 107 days.

Patient accounts receivable is at \$5.6 million.

Outpatient admissions are up 21%.

Surgery volumes have decreased by 3%.

Clinic admissions are down 8.5% and Emergency Room admissions are down 28.8%.

Audit has been completed for fiscal year 2021. The contract with Clifton Larson Allen has expired after 6 years so MCMC will be up for proposal. Clifton Larson Allen can put in a bid for an additional two years.

There will be a 1.5% increase in wages for fiscal year 2022.

The replacement of the water heater system at Long Term Care will be completed for a cost of about \$138,000.

The camera security system will cost about \$190,000. A total of 84 cameras will be put up at both Acute Care and the Long Term Care facilities.

*Motion:* Mr. Sisneros made a motion to accept the Financial Report to be approved as presented. With a second from Dr. Belknap, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas- Yes

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Motion carried.

**Administrator's Report (Attachment F)**

Mr. Beames provided the following update to the Board:

**Emergency Preparedness/Community-**

The MCMC Emergency Preparedness Incident Command System (ICS) is still activated and bi-weekly briefings are taking place. Hospitals across New Mexico are beginning to see the volume of inpatient admissions come down. Currently, New Mexico Hospitals are experiencing less than 90 COVID admissions, compared to a high of more than 850 inpatients during the peak of the virus surge.

MCMC will be hosting vaccine clinics on Fridays for approximately 200-400 plus persons for an indefinite period of time. To date, MCMC has administered over 2,485 first doses and 2,537 second doses for a total of 5,022 doses administered through March.

Entry Control Point Screening for Visitors and Patients is still in effect with screening that includes sign-in of visitor/patient with contact info (phone), body temperature check and attestation that they are symptom free logged at entry.

Employee Screening of MCMC Employees includes attestation that they are symptom free and documentation of body temperature upon arrival to their assigned department at start of shift.

**Medical Staff-**

Dr. Vinay Saini, Internal Medicine will join MCMC in mid-April. His petition for his H-1B Visa has been approved by the Federal Immigration Service

Laurel Laurel, Certified Nurse Practitioner will join MCMC in June replacing the RHC clinic position vacated by Lynne Cappellucci.

Tony Salazar, MD has joined MCMC as a PRN Emergency Medicine Provider. Dr. Salazar is a former resident of Raton and still has relatives in the area.

MCMC has interviewed Donald Primer, MD of Aguilar, CO for a Family Practice/Hospitalist.

The Medical Staff By-laws Committee and Medical Executive Committee continue to work to conduct a major overhaul of the Medical Staff By-laws. The goal is to complete and pass the final revisions through the Medical Staff in June and to present the changes to the Board in July of 2021.

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The MEC conducted the annual Contract Performance Review for Clinical/Professional Services during its April 8 meeting.

MCMC Long Term Care-

Due to the COVID19 pandemic, The MCMC Wellness Center continues to remain closed at this time.

Additionally, visitor restrictions are still in place within Long Term Care in accordance with State Department of Health regulations. Visitation is now available when both family member and resident has received COVID19 Vaccination.

Current Census at LTC is 14 Miners and 6 Non-Miners for a total census of 20.

Workforce Development/Human Resources-

Current RN Agency Staffing stands at 10 RN (4 ER, 2 Med/Surg, 4 OB, 0 LTC) which is one less than the month prior. Current Radiology Tech Agency Staffing stands at 3, Laboratory at 5 (-1) and Respiratory 1.

Rhonda Moniot, MSN, RN has replaced Denise Daves, RN as Chief Nursing Officer.

MCMC continues to search and recruit for a new ER Manager and new OR Manager.

Quality & Patient Safety-

MCMC underwent a Department of Health Survey on March 24-25. DOH followed up with a Life Safety Survey on March 31-April 1. Final survey findings and CMS 2,567 report from DOH is due any day now.

MCMC is in process of revising its Quality Assurance and Performance Improvement (QAPI) Plan to be more reflective of current structure and function. The revised plan was presented to the MEC during its April 8 meeting and the final plan will be placed on the agenda for approval as part of the May MEC meeting.

Facilities & Construction-

MCMC has received an Ultra-Low Temperature freezer to provide extended ability to store Pfizer vaccine which will make to logistically easier to provide for first and second vaccine clinics in the future. Our first full "Pizza Box" was received in late March and the freezer will make it easier and more convenient to offer vaccination on an as needed basis.

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The main Hot Water Heater tank (600 gallon) at the LTC has a compromised bladder and is now in need of replacement. The preliminary estimate for replacement is 130k and it is estimated it will take 6-8 weeks to custom build the tank system and install a new furnace to heat the water.

Outreach-

MCMC will be holding its monthly Black Lung Clinic on April 20, with Dr. Akshay Sood, MD, UNM Pulmonary Specialist on site.

The MCMC Mobile Unit will be traveling to Peabody Energy in Grants, NM in late April/early May to conduct approximate 250 audiometric screenings for Peabody employees.

Key Dates-

Friday, May 21, 2021- MCMC Board Meeting

**Executive Session**

*Motion:* At 2:26 pm Dr. Belknap made a motion to go into Executive Session for the purpose of limited personnel matters pursuant to Section 10-15-1 (H) of the Open Meetings Act. With a second from Mr. Sisneros, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes

Richard Cardenas

Motion carried.

*The Board of Trustees returned to Open Session at 3:15 pm.*

**Open Session/Announcements**

No announcements were made

**Adjournment**

With no further business, and no action taken, a motion was made by Dr. Belknap with a second from Mr. Sisneros, to adjourn the Board of Trustees Regular Meeting. A roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Gene Sisneros- Yes


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Richard Cardenas- Yes


Motion carried and the Board of Trustees Regular Meeting was adjourned at 3:16 pm.

**Attest:**

  
\_\_\_\_\_  
William "Cotton" Jarrell, Chair

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Shawn Jeffrey, Secretary/Treasurer

  
\_\_\_\_\_  
Date