

May 21, 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 May 21, 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
Shawn Jeffrey, Secretary/Treasurer
Richard Cardenas, Member

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

Absent: Gene Sisneros, Member

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 May 21, 2021 Regular Board Meeting.

Dr. Belknap made a motion to approve the agenda as presented. With a second from Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes
Donald Belknap, MD- Yes
Shawn Jeffrey- Yes
Richard Cardenas- Yes

Motion carried.

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Correction/Approval of Minutes

The Board Members present reviewed the minutes of the April 16, 2021 Regular Board meeting. Ms. Jeffery made a motion to approve the minutes 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
Shawn Jeffrey- 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 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 Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes
Donald Belknap, MD- Yes
Shawn Jeffrey- Yes
Richard Cardenas- Yes

Motion carried.

The Board of Trustees returned to regular session at 1:13 pm.

Medical Staff Privileges and Appointments (Attachment A)

Dr. Belknap informed the Board that thirteen (13) providers were recommended by the Credentials Committee for reappointment: Syed Akbar, MD Teleradiology; Patrick Burke, MD Teleradiology; Dennis Burton, MD Teleradiology; Francis Cloran, MD Teleradiology; Justin Day, DO Teleradiology; Steven DiLeo, MD Teleradiology; Lisa Hughes, MD Teleradiology; Bethany Kolb, MD OB/GYN; Sara Larl, NP; Allen Nawrocki, MD Teleradiology; Dishant Shah, MD Teleradiology; Qazi Uddin, MD Teleradiology and Lan Vu, MD Teleradiology, each for 2 years.

Dr. Belknap informed the Board that four (4) providers were recommended by the Credentials Committee for new appointment: Suzanne Aquino, MD Teleradiology; Laurel Laurel, CNP; Kenneth Lee, CST Surgical Technologist and Nancy Lee, CST Surgical Technologist, each for 1 year.

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Motion: Dr. Belknap made a motion to accept the Credentials Committee's recommendations to be approved as presented. With a second from Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Shawn Jeffrey- Yes

Richard Cardenas- Yes

Motion carried.

Medical Staff Report (Attachment B)

Bo Beames provided the following update:

Updating of the Medical Staff By-laws remains one of the top priorities. On May 24 the By-laws Committee and the Medical Executive Committee will have a meeting for approval of the By-laws. If they are approved they will be presented to the Board of Trustees for review in June.

Dr. Heather Cook has submitted resignation for her position in the OR. Her last day at MCMC will be July 15.

Business/Action Items

The Quality Assurance and Performance Improvement (QAPI) Plan was presented to the Board for final approval. It was presented as a draft to the Board Members during the May 21st Board Meeting for review after being formally approved by the Medical Executive Committee.

Motion: Dr. Belknap made a motion for final approval of the Quality Assurance and Performance Improvement (QAPI) Plan as presented. With a second from Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Shawn Jeffrey- Yes

Richard Cardenas- Yes

Motion carried.

Manager's Report

CMS 5-Star Rating (Attachment C)

Rae Hager, BSN RN, Quality Manager, reported that MCMC has earned a 5-Star Rating with the Centers for Medicare and Medicaid (CMS). This shows how well MCMC performs across different areas of quality, on average, compared to other hospitals in the United States. MCMC is the only hospital in New Mexico to receive a 5-Star Rating.

Medical Staff By-Laws Project (Attachment D)

Henrietta Romero, HIM Manager provided the following Medical Staff By-laws update:

The Greeley Company worked with MCMC to provide their suggested changes to the existing MCMC Medical Staff By-laws following the Medicare Conditions of Participation. Those changes were used to create a new simplified set of By-laws.

MEC Recommendation from June 2020

Proceed with an assessment of MCMC By-laws by external expert

- Greeley Company
- General Counsel

Provide Assessment Findings to

- By-laws Committee
- MEC
- Board of Trustees of JCC of Board

Purpose

- External Assessment in comparison to most current practices
- Regulatory Compliance
- Clearly Define Purpose, Duties and Responsibilities related to both Provider and Hospital Quality
- Simplify and Streamline
- Update to most current “Leading Practices” related to investigations, hearings and corrective actions processes

Timeline

- | | |
|--------------------------------|---------------------------|
| ➤ Project Launched | June 2020 |
| ➤ Greeley Assessment completed | August 2020 |
| ➤ Section DRAFTS | October 2020 – March 2021 |
| ➤ By-laws Committee Review | April 24, 2021 |
| ➤ MEC Review | May 6, 2021 |
| ➤ By-laws Final Review | May 24, 2021 |
| ➤ Medical Staff | June 16, 2021 |
| ➤ Board of Trustees | June 18, 2021 |

Re-Structure of Content Four Sections

- **Part I:** Governance
- **Part II:** Investigations, Corrective Actions, Hearings and Appeal Plan
- **Part III:** Credentials Procedures Manual
- **Part IV:** Organization and Functions Manual

What Are We Trying to Accomplish?

Contain Essential Elements

- Re-define and simplify Membership & Governance Structure

- Re-establish Membership and Medical Executive Committee Purpose
- Update Credentialing/Privileging Processes
- Clear process for Investigations, Actions, Hearing and Appeals
- Organization and Functions (MS Committees)

Membership & Governance

- Is the MEC clear on its role as GB of the Medical Staff?
- MEC- Is the purpose, duties and responsibilities of the MEC clearly delineated?
- Is the MEC comprised of right number and right clinical staff do deal with peer review and physician/provider performance issues?
- Are all members of the MEC qualified members of medical staff and in executive (officer) roles within the Medical Staff?
- MEC is the only regulatory required Committee of the Medical Staff

Investigations, Corrective Actions, Hearing and Appeal

- Very frequently associated with issues of impairment or significant questions of competency leading to patient harm in high-risk areas (surgery, OB, Anesthesia, ER, etc.)
- Collegial, Educational and Informal Proceeding outline a first course
- Actions affecting practitioner's membership or privileges- Clear process? Clear roles? Who conducts hearing? How is it conducted?
 - Request investigation and supporting documentation
 - Responsibility with MEC? Confidentiality maintained? Formal resolution?
 - Delegations of responsibility to committee? Guidelines for when EPR review should be utilized?
 - Clearly delineate when a corrective action should go to the Board? Hearing and Appeal rights clearly delineated? Clearly outline when a Hearing will not be triggered?

Credentialing and Privileging

- Section 1: Medical Staff Credentials Committee (ARTICLE X: SECTION 7(B))
- Section 2: Qualifications for Membership and or Privileges (ARTICLE III)
- Section 3: Initial Appointment Procedure (ARTICLE III)
- Section 4: Professional Practice Evaluation
- Section 5: Reappointment (ARTICLE III)
- Section 6: Clinical Privileges (ARTICLE IV)
- Section 7: Preceptorship
- Section 8: Reapplication after Modifications of Membership Status or Privileges and Exhaustion of Remedies (ARTICLE III)
- Section 9: Leave of Absence (ARTICLE V)
- Section 10: Practitioners Providing Contracted Services
- Section 11: Medical Administrative Officers (ARTICLE XII)

Organization and Functions

- MEC (Governance Committee Reporting to the Board of Trustees), is only required Medical Staff Committee

- Non-departmental units **Clinical Service Lines** focused on quality, safety and delivery of care
- Clinical Service Committee aligned with Service Lines
 - ER and Trauma
 - Medicine
 - Perinatal
 - Surgery
- Physician Practice Evaluation Committee (PPEC)- Practice Evaluation and Case Review
- Functions versus Medical Staff Sub-committees (Blood Utilization, Infection Control, HIM, UR, HCQ, etc.)

Capital Plan FYE 2022 (Attachment E)

Lonny Medina, CFO provided the *MCMC Five Year Capital Plan FYE 2022*:

Each year a Five Year Capital Plan must be presented to the Board and to State Legislature. Any asset that cost \$5,000 or more and last more than a year of useful life is considered a capital asset, and must be listed on the plan.

FYE 2021 Completed

- | | | |
|-----------------------|-----------------------|----------------------------------|
| ➤ Omnicell | \$500,000 (250k) | Approved by Legislature 2020 |
| ➤ Infusion Pumps (30) | \$ 90,000 (95k) | Approved by Legislature 2020 |
| ➤ Security Cameras | \$ 50,000 (198k) | Approved by Legislature 2020 |
| ➤ VDI-IT | \$300,000 (328k) | Approved by legislature |
| ➤ Mobile Unit | \$315,000 (315k) | HRSA Funded |
| ➤ COVID Overflow Room | \$500,000 (Carryover) | COVID and CARES Act Funding 2020 |

MCMC Total \$1,440,000

FYE 2022

- | | | |
|--------------------------------|-------------|----------------------------|
| ➤ Medical Equipment & Beds | \$1,000,000 | Expire 2022 |
| ➤ Expanded Parking Area | \$ 300,000 | Expire 2021 (re-purposed) |
| ➤ COVID Overflow Room | \$ 500,000 | Expire 2024 |
| ➤ Re-authorized Infrastructure | \$ 505,638 | Balance set to expire 2022 |

MCMC Total \$ 500,000

FYE 2023

- | | | |
|--------------------------------|------------|------------------------------|
| ➤ Old Hospital Demolition | \$ 500,000 | Approved by Legislature 2019 |
| ➤ Any rollover items from 2022 | | |

MCMC Total \$ 500,000

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FYE 2024 – 2026

- ER Makeover/Expansion \$2,600,000 Pending Pro Planning and est.

- Any rollover items form 2023

MCMC Total \$2,600,000

Motion: Dr. Belknap made a motion to accept the MCMC 5 Year Capital Plan FYE 2022-2026 as presented. With a second from Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

- William “Cotton” Jarrell- Yes
- Donald Belknap, MD- Yes
- Shawn Jeffrey- Yes
- Richard Cardenas- Yes

Motion carried.

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

Cash on hand is \$10.7 million.

Patient accounts receivable is at \$6.3 million.

Accounts payable is \$395,000.

Inpatient admissions is up 12.47% and outpatient admissions is up 42%.

Emergency Room admissions are down about 24% and clinic encounters are down 6%.

The Land Grant Permanent Fund is at \$171 million.

On March 11 MCMC request forgiveness of the PPP Loan. It is still not clear if it will be forgiven by June 30.

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The contract for Clifton Larson Allen has expired and request for proposals has been submitted. A new contract will need to be in place by June 1.

There will be a 1.5% pay rate increase for all state workers at the start of the new fiscal year.

Motion: Ms. Jeffrey 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

Shawn Jeffrey- Yes

Richard Cardenas- Yes

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 monthly briefings are taking place. Hospitals across New Mexico are beginning to see the volume of inpatient admissions come down. The average number of cases per day for the state has dipped below 200 over recent days.

Due a precipitous drop in demand, MCMC is no longer hosting vaccine clinics and local DOH has taken on responsibility for providing community vaccination from this point forward. Through April 30, MCMC has administered over 3,063 first doses and 3,225 second doses for a total of 6,288 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-

Laurel Laurel, Certified Nurse Practitioner has joined the Rural Health Clinic and will be working under supervision of Leonardo Lopez, MD.

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.

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Karen Benabou, MD has joined MCMC as a PRN Emergency Medicine Provider. Dr. Benabou is a native of Brazil and is finishing her residency in Brooklyn, NY (same program as Ben Belknap, MD). She has expressed interest in becoming a full/part time provider at MCMC.

Donald Primer, MD of Aguilar, CO has accepted an offer for part-time employment as Hospitalist/Family Practice provider starting on or about July 1, 2021.

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 June or July of 2021.

MCMC Long Term Care-

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

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 12 RN (4 ER, 4 Med-Surg & ICU, 4 OB, 0 LTC) which is two more than the month prior. Current Radiology Tech Agency Staffing stands at 3, Laboratory at 5 (-1) and Respiratory at 1.

Shelby Wold, RN will be assuming the role as Surgery Manager in addition to her current role as OB Manager and Jennifer Espinoza, RN has accepted a position as Surgery Lead/Charge Nurse.

Jeff Leftin, RN has accepted the position of ER Manager and his first day took place on May 13.

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 2567 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 approved by the MEC during its May 6 meeting and the final plan will be presented to the Board for approval in June.

MCMC has received notice that it has received a 5 Star Rating from the Center for Medicare & Medicaid Services (CMS). MCMC is one of only 455 hospitals of more than 3,000 across the U.S. to received 5 Stars. MCMC is the only hospital in NM to receive 5 Stars from CMS.

Facilities & Construction-

The Omnicell automated medication dispensing system upgrade was initiated on Monday, May 17 and is anticipated to be completed by end of week

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MCMC has received preliminary plans for finish out of the large atrium to convert it to an Emergency Incident Command Center and Conference Room. Anticipated is cost is between 350 to 400 thousand dollars.

Auxiliary-

The Auxiliary Thrift Store has been very busy. Net Income for the month of April was \$6,518.40.

The Auxiliary is hoping to re-open the gift shop on June 1, 2021. All Auxilians working in the store have been vaccinated and they will continue to require COVID19 Safe Practices. Hours will be limited to 10am-1pm Monday through Friday.

The Auxiliary approved the purchase of a floor scrubber in the amount of \$9,500. The Auxiliary has purchased more than \$968,000 in equipment for MCMC since they were founded and will be planning a celebration once they surpass \$1,000,000.

Outreach-

MCMC held its monthly Black Lung Clinic on May 18, with Dr. Akshay Sood, MD, UNM Pulmonary Specialist on site.

The MCMC Mobile Unit will be traveling to Peabody Energy in Grants, NM in June to conduct approximate 250 audiometric screenings for Peabody employees.

Key Dates-

Friday, June 18, 2021- MCMC Board Meeting

Executive Session

Motion: At 2:45 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 Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Shawn Jeffrey- Yes

Richard Cardenas- Yes

Motion carried.

The Board of Trustees returned to Open Session at 3:30 pm.

Open Session/Announcements

No announcements were made

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Adjournment

With no further business, and no action taken, a motion was made by Dr. Belknap with a second from Ms. Jeffrey, 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

Shawn Jeffrey- Yes

Richard Cardenas- Yes

Motion carried and the Board of Trustees Regular Meeting was adjourned at 3:31 pm.

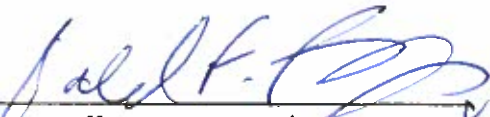
Attest:



William "Cotton" Jarrell, Chair



Date



Shawn Jeffrey, Secretary/Treasurer



Date