

July 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 July 16, 2021 at 10:00 am. 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
Richard Cardenas, Member
Gene Sisneros, Member

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

Absent: Shawn Jeffrey, Secretary/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 July 16, 2021 Regular Board Meeting.

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

Roll call vote:
William "Cotton" Jarrell- Yes
Donald Belknap, MD- Yes
Richard Cardenas- Yes
Gene Sisneros- Yes

Motion carried.

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Correction/Approval of Minutes

The Board Members present reviewed the minutes of the June 18, 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
Richard Cardenas- Yes
Gene Sisneros- 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 10:09 am 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
Richard Cardenas- Yes
Gene Sisneros

Motion carried.

The Board of Trustees returned to regular session at 11:45 pm.

Medical Staff Privileges and Appointments (Attachment A)

Dr. Belknap informed the Board that seven (7) providers were recommended by the Credentials Committee for reappointment: Renee King, MD Emergency Medicine; Avez Rizvi, MD Teleradiology; Justin Matthew, MD Emergency Medicine; Douglas Smith, MD Family Medicine; Susan Speaks, MD Pathology; Roderick Woods, MD Cardiology; each for 2 years.

Dr. Belknap informed the Board that seven (7) providers were recommended by the Credentials Committee for new appointment: Yasir Alzubaidi, MD Pathology; Ronald Cochran, CRNA; Kevin Diamond, CRNA; Masoom Desai, MD Teleneurology; Maryam Hosseini Farahabadi, MD Teleneurology; Monika Manchanda, MD Teleneurology; Donald Primer, MD Family Medicine; Farid Radmanesh, MD Teleneurology; each for 1 year.

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Manchanda, MD Teleneurology; Donald Primer, MD Family Medicine; Farid Radmanesh, MD Teleneurology; each 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.

Roll call vote:

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

Motion carried.

Medical Staff Report

Dr. Conder provided the following update:

- The clinic is currently well staffed.
- Dr. L’Amour is working out well in the Operating Room.
- A committee has been set up in which Dr. Maximus L’Amour will serve as the Trauma Medical Director, to correct deficiencies that will help to maintain the Level 4 Trauma Program. This committee will be comprised of Dr. Conder, Medical Director, Dr. L’Amour, Trauma Medical Director, Rhonda Moniot, CNO, Jeff Leftin, ER Manager and Elizabeth Medina, RN and will meet once a month.
- Donald Primer, MD will be on board to work as hospitalist opposite of Dr. Leonardo Lopez.

Business/Action Items

Election of Officers

The floor was open for the election of officers for the MCMC Board of Trustees. Chair Jarrell informed the Board that the current officers are:

Chair- William “Cotton” Jarrell
Vice Chair- Dr. Donald Belknap
Secretary/Treasurer- Shawn Jeffrey

The floor was open for nominations for Chair:

Dr. Belknap nominated William Jarrell. With no further nominations, Mr. Sisneros made a motion to close nominations. A roll call vote was taken and members present voted to close the nominations and elect the nominee, William Jarrell as Chair of the Board of Trustees.

Roll call vote:

William “Cotton” Jarrell- Yes

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Dr. Donald Belknap- Yes
Gene Sisneros- Yes
Richard Cardenas- Yes

Motion carried.

The floor was open for nominations for Vice Chair:

Mr. Sisneros nominated Donald Belknap, MD. With no further nominations, Mr. Sisneros made a motion to close nominations. A roll call vote was taken and members present voted to close the nominations and elect the nominee, Donald Belknap, MD as Vice Chair of the Board of Trustees.

Roll call vote:

William "Cotton" Jarrell- Yes
Dr. Donald Belknap- Yes
Gene Sisneros- Yes
Richard Cardenas- Yes
Motion carried.

The floor was open for nominations for Secretary/Treasurer:

Dr. Belknap nominated Shawn Jeffrey and Mr. Cardenas nominated Gene Sisneros. With no further nominations, Mr. Sisneros made a motion to close nominations. A roll call vote was taken and majority of members present voted to elect the nominee, Gene Sisneros as Secretary/Treasurer of the Board of Trustees.

Roll call vote:

William "Cotton" Jarrell- Yes
Dr. Donald Belknap- Yes
Gene Sisneros- Yes
Richard Cardenas- Yes
Motion carried.

Credentials Committee Reappointment

Dr. Loretta Conder has been appointed as Chairperson to the Credentials Committee. She has accepted the appointment for three years.

Motion: Dr. Belknap made a motion to approve the appointment of Dr. Loretta Conder as Chairperson to the Credentials Committee. 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.

Medical Staff By-laws

The Board of Trustees were provided with a draft copy of the MCMC Board of Trustees Bylaws for review.

Dr. Belknap suggested the following revisions to be made:

- Part 1, 2.6.13 and 2.6.15 pertaining to oral and maxillofacial surgeons be changed to DDS.
- On page 11 regarding the hearing panel to include "clinical practitioners, active or retired" to cover any issues that may arise.
- The blanket term Advanced Practice Practitioner (APP) will be correct to include Physicians Assistants (PA).
- Part 2- 3.1 Automatic Loss of Privileges fails to mention that suspension or restriction from another hospital should be disclosed by the provider, and that failure to mention "will be grounds" rather than "may be grounds" for loss of privileges.

These revisions will be presented at the August Medical Executive Committee Meeting and will then be presented at the August 20 Board of Trustees Meeting for final approval.

Manager's Report

EMTALA (Attachment B)

Rhonda Moniot, RN/CNO made the following presentation:

EMTALA Requirements

- Hospital with a dedicated emergency department must provide:
 - Emergency medical screening exam,
 - Stabilizing treatment for emergency conditions, and/or
 - Appropriate transfer of unstabilized person.
- Participating hospital with specialized capabilities must accept transfer of unstabilized person.
- Cannot delay exam or treatment to inquire about payment.
- Must post required signage.
- Must maintain required documentation
 - On-call list.
 - ED log of those who come to the hospital.

Medical Screening Exam

- Performed by qualified medical personnel
 - Identified in documents approved by governing body
 - Competent to perform exam
 - Privileged to perform exam

- Applied in a non-discretionary manner
 - Does not differ based on payment status, condition, race, national origin, disability, etc.
- Sufficient to allow QMP to determine, with reasonable clinical confidence, whether emergency condition exists.
 - Depends on presenting signs and symptoms, and hospital's capabilities, including on-call physicians.
- Screening exam is ongoing process, not isolated event
 - Begins with triage but goes beyond triage
 - Continues until stabilized, admitted or transferred.
- Should normally include-
 - Vital signs
 - History
 - Documented physical exam of involved area or system
 - If needed, ancillary tests and specialists available through hospital, e.g., lab tests, diagnostic tests and procedures, CT scans or other imaging services, etc.
 - Continued monitoring
- If it's not in the chart, it didn't happen.

Emergency Medical Condition

- A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in
 - Placing the individual's health in serious jeopardy;
 - Serious impairment to bodily functions; or
 - Serious dysfunction of any bodily organ or part.
- With respect to a pregnant woman who is having contractions-
 - That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - That a transfer may pose a threat to the health or safety of the woman or the unborn child.

Stabilizing Treatment

If medical screening exam reveals an emergency medical condition, hospital must prove either:

- Stabilize treatment within its capabilities
- Such care necessary to assure, within reasonable medical probability, that no material deterioration or condition is likely to result from or occur during transfer from facility, or
- For pregnant woman, delivery of child and placenta
- An appropriate transfer to another facility

EMTALA ends once patient is stabilized or admitted.

Stable for Transfer

Under regulation, stabilized:

- No material deterioration of condition is likely, within a reasonable medical probability, to result from transfer, or
- For a pregnant woman, delivery of child and placenta

Under interpretive guidelines, stabilized:

- Emergency medical condition has resolved, even though underlying medical condition may persist.
- For psychiatric conditions, person is protected and prevented from harming themselves or others.

Stable for Discharge

- Within reasonable clinical confidence, patient has reached a point where their continued care (including diagnostics or treatment) could be reasonably performed as an outpatient or later as an inpatient provided the patient is given a plan for appropriate follow-up care as part of discharge instructions.
- For psychiatric conditions, that the patient is no longer a threat to themselves or others.

Stable for Transfer or Discharge: Pregnancy

- For pregnant woman in labor, “stabilized” is delivery of the child and the placenta.
- If a woman is having contractions:
 - Hospital must deliver the baby and placenta, or
 - Hospital must perform appropriate transfer, including discharge back to home.
- False labor must be certified by QMP after reasonable period of observation.

Appropriate Transfer

If patient is not stabilized, hospital may not transfer or discharge patient unless either one of the following:

- Patient or representative requests transfer, or
- Physician certifies that benefits outweigh risks; and

Transfer is “appropriate” under regulations. Transfer is the movement outside hospital at direction of hospital personnel, including discharge.

- Not if a person leaves the hospital without permission.
- Not movement within or between the same hospital.

Patients Who Refuse Exam, Treatment or Transfer

Hospital must

- Offer exam, treatment or transfer
- Document the exam, treatment or transfer that was refused.
- Document that risks and benefits were explained to the patient.
- Document basis for refusal of transfer.

- Take reasonable steps to secure written informed refusal.
- If patient refuses to sign, document refusal.

Do Not Delay or Discourage Exam or Treatment

- Cannot delay exam or treatment to inquire about payment.
- Cannot seek preauthorization from insurer until after you have conducted exam and initiated stabilizing treatment.
- Do not suggest to patient that:
 - They should leave.
 - They could obtain services elsewhere at less cost.
 - Insurance may not cover treatment.

Avoiding Penalties

Do what is in the best interest of the patient.

Document, document, document!

- Appropriate medical screening exam, including:
 - Performed by QMP.
 - Addressed presenting symptoms.
 - Ongoing monitoring.
- Whether patient had an emergency medical condition.
- Whether patient was stabilized
- Patient received appropriate transfer, including physician certification of risks and benefits.
- Patient left against medical advice (AMA).
- Maintain written EMTALA policies, forms and signs.
- Train and re-train staff regarding EMTALA compliance.
 - Document the training.
- Maintain on-call list.
- Ensure physicians respond to call.
- Ensure QMPs are identified and qualified.
 - Identified in document approved by board.
 - Privileged to provide screening exams.
- Maintain and periodically review ED log.
 - Update as appropriate.
- Beware transfer by private car.
 - Document that we offered alternative transport
 - Document circumstances of transfer
- Beware inbound ambulances.
 - Generally cannot turn away unless on divert.
 - May discuss treatment alternatives, but document.
- Beware requests for transfer to your facility
 - Require requests to come to authorized persons.

- Confirm your own capacity.
- Confirm specialized capabilities.
- Immediately respond to suspected violations.
 - Gather and confirm facts, including documents and witness statements.
 - Supplement record as appropriate.
 - Impose sanctions, if appropriate.
 - Provide additional training.
- No duty to self-report violations.
 - May want to self-report if another hospital will report
 - Must report:
 - On-call physicians who failed to respond.
 - Receipt of improper transfer
- If government investigates:
 - Cooperate with investigation.
 - Gather and supplement with important facts.
 - Implement appropriate plan of correction.
 - Respond with your explanation of the facts.
 - If there was no EMTALA violation, explain why.
 - If there was EMTALA violation, explain why you should not be penalized, e.g.,
 - Appropriate policies in place
 - Appropriate training,
 - Rogue employee.
 - Corrective action taken.

Financial Report (Attachment C)

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 \$10.1 million.

Accounts receivable has decreased from the previous month and is currently at \$6.3 million.

Accounts payable is at \$484,000.

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Inpatient admissions are at 526. That is a 13% increase over the previous year.

Outpatient admission are up 44% and are at 8,951.

Surgery day cases have increase by 26% and are at 431.

Long term Care admissions are at 11.

OB admissions are down about 20% and births are down about 10%.

ER admissions are down about 18%.

MCMC has received \$4.76 million in CARES Act money. As of June 29, 2021 the Paycheck Protection Loan has been forgiven.

Clifton Larson Allen will continue to do the MCMC audit for 2 years.

The security camera project has been almost completed for a cost of \$182,000.

Plans for the solarium renovation continue to be worked on with an estimated start day in the next 2-3 months.

The currently EMR system will be expiring next year and will have to be replaced. Thrive and Cerner is being looked at for replacement.

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

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Motion carried.

Administrator's Report (Attachment D)

Mr. Beames provided the following update to the Board:

Emergency Preparedness/Community-

The MCMC Emergency Preparedness Incident Command System (ICS) has been suspended until further notice. The COVID19 census for hospitals across the state in aggregate is less than 85.

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The average number of cases per day for the state has decreased to 75- 150 cases per day over recent days.

The fully vaccinated rate within Colfax County is currently 56.9%

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.

The COVID19 visitor policy for MCMC is under review and consideration by MCMC Leadership and Medical Staff

Medical Staff-

MCMC is currently recruiting for an Emergency Room Physician to replace Renee King, MD who has resigned her position as Emergency Department Physician and ER Medical Director.

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

The Medical Staff By-laws Committee and Medical Executive Committee has completed its revision of the Medical Staff By-laws and they have been presented to the full Medical Staff for review. At the regular meeting of the Medical Staff held on June 16, the Medical Staff unanimously approved the newly revised Medical Staff by-laws and are recommending approval by the Board of Trustees.

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 13 Miners and 6 Non-Miners for a total census of 19.

Workforce Development/Human Resources-

Current RN Agency Staffing stands at 9 RN (4 ER, 2 Med-Surg & ICU, 3 OB, 0 LTC) which is three less than the month prior. Current Radiology Tech Agency Staffing stands at 4, Laboratory at 5 and Respiratory at 1.

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 was received on Friday, June 16. MCMC has submitted its plan of correction to DOH for both the Healthcare portion and the Life Safety portion of the survey and both plans of correction have been accepted by DOH.

Facilities & Construction-

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The installation of the video surveillance security system is currently underway within acute and care and long-term care

MCMC has received preliminary plans for finish out of the large atrium to convert it to an Emergency Incident Command Center and COVID19 Overflow area. Once necessary building permits have been received by the contractor, construction work on the project will begin.

Auxiliary-

The Auxiliary re-opened 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.

Outreach-

The Black Lung Mobile Outreach schedule (tentative) for 2021-2022 has been posted on the MCMC Website

The MCMC Mobile Unit will be traveling to Peabody Energy in Grants, NM in the near future to conduct approximately 250 audiometric screenings for Peabody employees.

Key Dates-

- Friday, August 20, 2021- MCMC Board Meeting

Executive Session

Motion: At 12:48 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

Richard Cardenas- Yes

Gene Sisneros- Yes

Motion carried.

The Board of Trustees returned to Open Session at 3:10 pm.

Open Session/Announcements

No announcements were made

Adjournment

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

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Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Motion carried and the Board of Trustees Regular Meeting was adjourned at 3:11 pm.

Attest:



William "Cotton" Jarrell, Chair

Donald Belknap, MD Via Char



Gene Sisneros, Secretary/Treasurer

8/20/21
Date

8/20/2021
Date