

September 24, 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 September 24, 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
Gene Sisneros, Secretary/Treasurer
Shawn Jeffrey, Member via Telephone
Richard Cardenas, Member

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

Absent: Donald Belknap, MD, Vice Chairman

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

The Board Members reviewed the presented Agenda of the September 24, 2021 Regular Board Meeting.

Motion: Mr. Sisneros 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
Richard Cardenas- Yes
Gene Sisneros- Yes
Shawn Jeffrey- Yes

Motion carried.

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Correction/Approval of Minutes

The Board Members present reviewed the minutes of the August 20, 2021 Regular Board meeting.

Motion: Ms. Jeffrey 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

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- 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 1:02 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 Mr. Cardenas, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

The Board of Trustees returned to regular session at 1:07 pm.

Medical Staff Privileges and Appointments (Attachment A)

Dr. Conder informed the Board that two (2) providers were recommended by the Credentials Committee for reappointment: James Cotton, MD Emergency Medicine and Dena Lewis; each for 2 years.

Dr. Conder informed the Board that one (1) provider was recommended by the Credentials Committee for new appointment: Victor Cruz, MD General Surgery for 2 years.

Motion: Mr. Sisneros 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.

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Roll call vote:

William "Cotton" Jarrell- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

Medical Staff Report

Dr. Conder provided the following update:

- Clinical staff continues to be shifted around to help care for the increase in COVID positive patients.
- The ICU level of care was temporarily suspended to allow for the care and treatment of COVID patients.
- Transfers to other facilities continues to pose a challenge.
- 10 patients were treated for COVID in August and 17 have been treated in September thus far.
- The monoclonal antibody continues to be administered after a shortage was overcome on September 3. A total of 61 doses have been given at this time.
- Mark Bayliss, PA is currently in Santa Fe receiving a Lifetime Achievement Award from his physician assistant society for his care that he has provided to the community of Raton and New Mexico for almost 30 years.

Business/Action Items

FYE 2023 Budget Appropriation (Attachment B)

Wages and Benefits

- More Agency Staff
 - 0.8% increase over FY22 Budget

Contractual Services

- Increased cost of agency staff
 - 62% increase over FY22 Budget

Other Expenses

- Estimated higher IT hardware/software agreements (new EMR) expenditures based on FY22 actual expenditures
- Majority of Capital Expenditures to be paid out of Miners' Trust Fund
- 8.4% increase over FY22 Budget

Total Expenditures

- 15.3% increase over FY22 Budget (\$5.6 million)
- 25.9% increase over FY21 actual expenditures (\$8.6 million)

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Revenue (Inflows)

Total Revenue Projected		\$42,000,000
Medicare	9,558,000	
Medicaid	8,400,000	
Commercial	9,900,000	
Self-Pay	1,500,000	
Miners Trust	7,650,000	
Other (Grants/SNCP)	4,992,000	

Expenses (Outflow)

Total Expenses		\$42,000,000
Category 200- Personal Services and Benefits	21,768,000	
Category 300- Contractual Services	12,562,000	
Category 400- Other Expenditures	7,670,000	

Net Surplus

Income	\$42,000,000
Expenses	\$42,000,000
Net Surplus	Break Even

Motion: Ms. Jeffrey made a motion to approve the FYE 2023 Budget Appropriation with the stipulation that any issues with the Cerner contract be resolved. With a second from Mr. Sisneros, a roll call vote was taken.

Roll call vote:

- William "Cotton" Jarrell- Yes
- Richard Cardenas- Yes
- Gene Sisneros- Yes
- Shawn Jeffrey- Yes

Manager's Report

Quality Assurance and Performance Improvement (QAPI) (Attachment C)

Rae Hager, Quality Manager gave the following presentation to the Board:

MCMC Quality

- Patient Satisfaction- Press Ganey
- Quality Scorecard- ActionCue, Press Ganey, logs
- Promoting Interoperability- Electronic Health Record
- Influenza Vaccine Program

Patient Satisfaction

- Medical Practice
 - Higher Volume
 - ID 3-4 areas for improvement

- Press Ganey Index
- Solution Starters
- Expected Results/Outcome
 - Increased provider satisfaction
 - Increase patient satisfaction
- Priority Index
 - Shows the high-importance, low-performance items that drive overall experience

<u>Question</u>	<u>%tile Rank</u>	<u>Correlation</u>
1. Staff worked together to care for you	16	0.43
2. Our concern for patients' privacy	7	0.36
3. Did provider spend enough time with you	19	0.43
4. Wait time at clinic	11	0.32

Solution Starter: Strategic and tactical suggestions to consider for making improvements targeting a survey section or specific questions.

Quality Scorecard (ActionCue, Press Ganey, logs)

- Represents Inpatient measures
- Areas of concern
 - Sepsis Management
 - Quietness of Hospital Environment
 - Care Transition
 - Staff took preferences into account
 - Good understanding managing health
 - Understood purpose of taking meds

Promoting Interoperability (Electronic Health Record)

- CMS electronic health record initiative program to encourage eligible hospitals to adopt, implement, upgrade and demonstrate meaningful use of certified electron health record technology
- Performance Category
 - Electronic Prescribing
 - Health Information Exchange
 - Provider to Patient Exchange
 - Public Health and Clinical Data Exchange
- Benefits of the Program
 - Improve quality, safety and efficiency of care
 - Decrease mistakes
 - Improve care coordination
 - Communication improved between patient and physicians/specialist

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- Engage patients and families in their health
 - Access information through patient portal
- Promote the privacy and security of patient information

Influenza Vaccine Program

- Mandatory for all staff
- By November 15th
- High dose for 65 years or older
- Okay to get even if you just received the COVID19 vaccine
- 2020= 97% Goal 100% in 2021
- Contact Infection Prevention/Employee Health
 - Dana Padilla (575) 445-7862
 - Rae Hager (575) 445-7718

Workforce Development Healthcare Study (Attachment D)

Barbara Duran, HR Director Gave the following update to the Board:

Healthcare Study Update

Started in 2018 cost shared between MCMC and DOH

- Presented to State Personnel Board 2019
- July 1, 2019 Delay Implementation
 - Delay implementation until November 1, 2019
 - 2020 State Personnel Board delayed implementation due to COVID and statewide freeze in hiring
- September 15, 2021 Zoom meeting with Acting Director Ricky Serna
 - Consult with DFA for approval for implementation
- September 21, 2021
 - DFA approved implementation

Implementation of Healthcare Study

- SPO/DFA Complete Implementation
- MCMC
 - Place staff in structured job class with pay band
- MCMC
 - Analyze the financial impact
 - Move staff that are below midpoint of new pay bands to the higher rate
 - Place clinical staff appropriately with new pay structure

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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

Cash is at \$9.571 million.

Days cash on hand is 106

Accounts receivable is \$6.9 million.

Inpatient admissions are down by 4%.

Surgery day cases are down due to not being fully staffed in the department.

Clinic admissions are up by 10% and ER admissions are up by 29%.

Births are down 23% from this same time last year.

MCMC has received 4,761,000 in CARES Act money and \$3.166 million from the Paycheck Protection Program loan, all of which has been forgiven.

The MCMC Audit is currently being worked on and an extension will be requested to go beyond the November 1, 2021 due date.

Mr. Beames and Mr. Medina presented the Budget Appropriations Request to the Legislative Finance Committee in Santa Fe on September 22.

There will be a Solarium Construction Project kickoff meeting with Facility Build scheduled in the next couple of weeks.

The Cerner contract for the EMR service provider will be signed on September 27.

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

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Roll call vote:

William "Cotton" Jarrell- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

Administrator's Report (Attachment E)

Mr. Beames provided the following update to the Board:

Emergency Preparedness/Community-

The MCMC Emergency Preparedness Incident Command System (ICS) has been re-established. The COVID19 census for hospitals across the state in aggregate has risen to more than 350 cases. The average number of cases per day for the state is averaging around 750-800 over the past month. Colfax County reported 3-10 new cases per day over the past week. The MCMC inpatient COVID19 census is averaging from 5-8 cases per day over the last several weeks. A plastic partition has been reinstalled to create an extended COVID unit should the ICU overflow with COVID patients.

The fully vaccinated rate within Colfax County is currently 65%. The rate of residents who have received at least one dose is 71.1%.

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 MEC has modified the MCMC Visitor policy due to the surge in local COVID related cases and in inpatient admissions. (Please see report addendum below for more detail).

Medical Staff-

An offer of employment to fill the ER Vacancy created by the departure of Renee King, MD has been extended to and accepted by David Fairbanks, MD. Dr. Fairbanks most recently has practiced in Wyoming and the island of St. Croix.

An offer of employment to fill the General Surgery Position created by the departure of Heather Cook, DO in July has been extended to and accepted by Victor Cruz, MD. Dr. Cruz is Board Certified in Colo-Rectal Surgery and most recently practiced in Deming, NM.

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 12 Miners and 7 Non-Miners for a total census of 19.

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Visitor restrictions are still in place.

Dr. Barry Singleton, PhD will join MCMC LTC as the Long-Term Care Administrator on Monday, September 27. Dr. Singleton has extensive experience as a Long-Term Care Administrator (both permanent and interim) and is an avid outdoorsman.

Workforce Development/Human Resources-

Current RN Agency Staffing stands at 10 RN (4 ER, 2 Med-Surg & ICU, 4 OB, 0 LTC) which is same as the month prior. Current Radiology Tech Agency Staffing stands at 3, Laboratory at 4 and Respiratory at 2.

Linda Hogg, RN has been offered and accepted the Emergency Room Nurse Manager position. Linda has local connections to family in Raton and comes to us from Lovelace Healthcare in Albuquerque, NM.

Quality & Patient Safety-

An update on the Quality and Performance Improvement Strategic Initiative will be provided at the September Board meeting.

Facilities & Construction-

The installation of the video surveillance security system is more than 75% complete within acute care and long-term care facility.

MCMC has received pre-liminary plans for finish out of the large atrium to convert it to an Emergency Incident Command Center and COVID19 Overflow area. Building permits have been received by the contractor, and a project kick-off meeting is being planned to occur within the next 2-3 weeks.

Auxiliary-

The Auxiliary has now exceeded the "One Million Dollar" mark for equipment funding donations since its inception. A celebration of this milestone will be planned for some time in early 2022.

Outreach-

The search for a new Black Lung Program Coordinator is ongoing. Candidate screening is taking place and interviews will be conducted over the next 30-60 days. Karina Dozal is serving as the Interim Black Lung Program Manager.

Key Dates-

Friday, October 15, 2021- MCMC Board Meeting

REPORT ADDENDUM

Modified MCMC Visitor Policy for COVID19

September 2021

Updated Visitor Policies

At MCMC, the health and safety of our patients and workforce is our top priority. In order to protect our patients and staff, MCMC is revising our hospital and clinic visitor policies while the threat of COVID-19 increases.

MCMC will continue to monitor the risk of COVID-19 closely and will make adjustments to visitor restrictions, as necessary. We appreciate the community's partnership in helping us as we prevent the spread of COVID-19.

Approved visitors must:

- Be 16 years old or older
- Undergo screening, including temperature check
- Wear a face mask
- Wear other personal protective equipment, as needed.
- Limit the surfaces they touch and perform hand hygiene using hand gel or soap and water.
- Stay in the patient's room for their visit
- Follow all requirements and directions provided by staff
- Asymptomatic

Approved visitors and visiting hours may include:

- **Medical Decision Makers:** One (1) medical decision maker or power of attorney for any patient unable to advocate for themselves, needs assistance providing their medical history or understanding medical information.
- **Emergency Department:** One (1) support person for patients who need assistance providing their medical history or understanding medical information, are non-communicative, are not able to care for themselves on their own, are receiving critical care, or for a pediatric patient.
Visitors should plan to stay with the patient and will not be allowed back into the facility if they leave.
- **Inpatient Adult:** No visitors are allowed.
- **Inpatient COVID19 Unit:** No visitors are allowed.
- **Inpatient Intensive/Critical Care:** No visitors are allowed.

- **Labor and Delivery:** One (1) support person per patient are allowed. Support person will be identified as soon as possible following admission, and once identified, will remain the support person throughout the patient's stay. Support person may only visit once per day and should plan to stay in the room with the patient for the duration of their visit.
- **Inpatient Pediatric:** One (1) parent or legal guardians of a pediatric patient in the emergency department or admitted to the hospital.
- **End of Life (non-Covid):** Two (2) designated support person(s) per patient allowed per day. The support person(s) may only visit once per day and should plan to stay in the room with the patient for the duration of their visit.
- **Outpatient Surgery:** One (1) support person for patients who need assistance providing their medical history or understanding medical information, are non-communicative, are not able to care for themselves on their own. During the procedure, the support person will need to wait outside the hospital. Drop-off and pick-up arrangements will be made to support the patient undergoing the procedure while restricting in-facility waiting.

Clinic Visitor Policy

To protect our patients and workforce **all family members are prohibited from attending a clinic visit with a patient at this time**. Adult visitors may be approved in certain situations. These adult visitors must undergo COVID19 screening and will be required to wear a face mask or other personal protective gear, as needed. Approved visitors may include:

- One parent or guardian of a pediatric patient
- One medical decision maker or power of attorney for any patient unable to advocate for themselves, needs assistance providing their medical history or understanding medical information.
- One primary caregiver for a patient who is unable to provide for themselves or who needs assistance walking
- Qualified interpreters

Waiting rooms are for patients and their designated support person only. Everyone will be required to adhere to social distancing requirements during the visit and anyone allowed in the exam room (except qualified interpreters) will be required to stay inside the room the entire visit.

All other family members, companions, or guardians not meeting these criteria will be asked to wait in their car or return at the end of the appointment time. Our clinic will ask for a cell phone number and will call when the patient is ready to leave.

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Executive Session

Motion: At 3:01 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 Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

The Board of Trustees returned to Open Session at 3:51 pm.

Open Session/Announcements

No announcements were made

Adjournment

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

Roll call vote:

William "Cotton" Jarrell- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

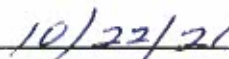
Shawn Jeffrey- Yes

Motion carried and the Board of Trustees Regular Meeting was adjourned at 3:52 pm.


Attest:



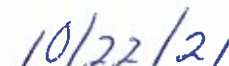
William "Cotton" Jarrell, Chair



Date



Gene Sisneros, Secretary/Treasurer



Date