

November 19, 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 November 19, 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, Secretary/Treasurer
Shawn Jeffrey, Member (via telephone)
Richard Cardenas, Member

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

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 November 19, 2021 Regular Board Meeting.

Motion: Dr. Belknap made a motion to approve the agenda as amended. 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

Shawn Jeffrey- Yes

Motion carried.

November 19, 2021

Correction/Approval of Minutes

The Board Members present reviewed the minutes of the October 22, 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

Donald Belknap, MD- 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 1:06 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

Shawn Jeffrey- Yes

Motion carried.

The Board of Trustees returned to regular session at 1:15 pm.

Medical Staff Privileges and Appointments (Attachment A)

Dr. Belknap informed the Board that five (4) providers were recommended by the Credentials Committee for reappointment: Alison Gagnon, NP; Michael Mandrell, MD Emergency Medicine; Kevin Taylor, MD Teleradiology; Michael Torbey, MD Teleradiology; each for 2 years.

Dr. Belknap informed the Board that one (1) provider was recommended by the Credentials Committee for new appointment: James Bowie, MD Emergency Medicine for 2 years.

November 19, 2021

Motion: Mr. Sisneros made a motion to accept the Credentials Committee's recommendations 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

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

Medical Staff Report

Dr. Conder provided the following update:

- The Medical Executive Committee is working on a draft Crisis Standard of Care policy in the event that MCMC should have to declare that it is operating in a crisis standard of care.
- There have 20 admissions to the COVID unit in the last 4 weeks. Most of these admissions are unvaccinated individuals.
- 50 doses of the monoclonal antibodies have been administered to patients since October 22, one of which was admitted to the hospital.
- The OB department was closed on November 9 due to staffing issues and was reopened as of November 19.
- MCMC has already began to see cases of RSV in children this year.
- The percentage of staff that has been vaccinated for COVID is currently at approximately 95%.

Recognition

Mark Bayliss, PA

In September 2021 the New Mexico Academy of Physicians Assistants recognized Mark Bayliss, PA with the Lifetime Achievement Award. Mark has been practicing in New Mexico since 1983. MCMC Medical Staff, Administration and Board of Trustees presented Mark with a plaque to show appreciation for his hard work, compassion and dedication that he has provided to MCMC fellow staff, patients and community through the years.

Business/Action Items

MCMC Trauma Nurse Coordinator

The MCMC Trauma Program requires a designated Trauma Nurse Coordinator. Mr. Beames suggested that Linda Hogg, RN/ER Manager serve in that capacity. MCMC is due for survey of the Level IV Trauma Program. Linda Hogg is a New Mexico native and a previous employee of MCMC as an RN in the Med/Surg Department. She has been approved by the Medical Executive Committee to serve as this role.

November 19, 2021

Mr. Beames requested Board approval of Linda Hogg, RN as the MCMC Trauma Nurse Coordinator.

Motion: Mr. Sisneros made a motion to accept the appointment of Linda Hogg, RN as the MCMC Trauma Nurse Coordinator. 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

Shawn Jeffrey- Yes

Motion carried.

Auxiliary House Policy (Attachment B)

The revised MCMC Auxiliary House policy was presented by Mr. Beames for Board approval. The revised policy includes the following changes:

- Newly recruited providers may stay at the Auxiliary House up to 90 days maximum when searching for permanent housing with the exception of ER providers who may continue to use the house intermittently
- All employed Medical Staff will be charged \$50 per night to use the Auxiliary House.
- The MCMC Auxiliary House will be available to MCMC employees in the event of inclement weather.

Motion: Mr. Sisneros made a motion to accept the *Auxiliary House Policy*. With a second from Ms. Jeffrey, a roll call vote was taken.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

Manager's Report

Regulatory Compliance Update (Attachment C)

Terri Green, Compliance Officer gave the following update to the Board of Trustees:

Compliance Purpose

- A Compliance Program is important in helping us to detect and prevent violations of rules, regulations and facility policies. To identify areas of risk and address them promptly to avoid civil and criminal fines and penalties and to prevent healthcare fraud, waste and abuse of federally funded healthcare programs.
- To define expectations and standards of ethics for employees and business partners.
- Demonstrate the facility's commitment to "do the right thing".
- Encourage potential problems to be reported via an open door policy or anonymously via a Compliance Hotline.
- Provide mechanisms for internal monitoring and auditing.

Compliance Program

Consists of 7 main elements

- Code of Conduct
- Naming a Compliance Officer
- Education and Training
- Monitoring/Auditing
- Reporting and Investigating
- Enforcement and Discipline
- Response and Prevention

Role of the Compliance Officer

- The role of the Compliance Officer is to utilize resources such as the Medicare Conditions of Participation, the OIG work plan, the Code of Conduct and Ethics, survey results and various other resources to keep us aware of bigger issues and identify areas of risk.
- To promote awareness and education about compliance to all staff
- To maintain Compliance Policies
- Work closely with the Regulatory Compliance Committee in their chartered duties.
- Complete the intake of patient complaints and grievances and enter into the event reporting system for timely investigation and resolution/closure.
- Utilize the NM Rural Health Network to collaborate and network with other NM hospitals.

2021 Top Priorities

- Reviewing and updating the Compliance Policies was identified as a top priority to ensure we stay in compliance with the most current rules and regulations.
- As a result of reviewing the Complaint and Grievance Policy we discovered we needed to update the Patient Rights (42 CFR 482.13) with correct timelines and the name, address and phone number of the NM DOH for reporting purposes.

November 19, 2021

- Complaint and Grievance Policy (482.13(a)(2)) was reviewed and updated to reflect a more precise and defined policy according to the Conditions of Participation, with clarified timelines and improved efficiency.
- The Advance Directives (482.13(a)(1)) process is being reviewed for updating and meeting the compliance guidelines. Verbiage was changed; brochures updated and the process with registration will be updated and reimplemented.
- EMTALA (Emergency Medical Treatment and Labor Act) (489.20) –was reviewed and staff educated for improved compliance

Complaint and Grievance Policy (Attachment D)

Terri Green, Compliance Office provided the following update to the Board:

Compliant and Grievance Policy

- A complaint is an issue that can easily be resolved by staff present at the time of the complaint or within 24 hours. The complaints are typically minor issues such as food preferences or housekeeping issues; whereas a grievance is a verbal or written complaint that was not resolved at the time of service or at the time the complaint was voiced and is more than a minor issue.
- Complaints do not require a written notification of acknowledgement where a grievance does. This notification is required to be issued to the patient within 72 hours of receipt of the grievance.
- The details of the grievance are entered into the event reporting system, currently Action Cue, for tracking purposes. This information is then routed to the appropriate department for investigation and determination of how resolution and closure are achieved. A final written summary of the investigation will be entered into the event reporting system along with what was done to resolve/close the grievance.
- Once the appropriate steps have been taken to resolve and/or close the grievance, a final written notification is sent to the patient with a brief description of what was done to address/resolve the grievance. This notification must go out within 30 days of the receipt of the grievance. If more time is needed, the patient will be notified prior to the 30 day deadline.

A copy of the Patient Complaint and Grievance Policy was provided to the Board of Trustees for approval at the January 21, 2022 Board of Trustees Meeting.

Trauma Program Update (Attachment E)

Rhonda Moniot, CNO provided the following update to the Board of Trustees:

Level IV Trauma Center

A Level IV Trauma Center has demonstrated an ability to provide advanced trauma life support (ATLS) prior to transfer of patients to a higher level trauma center. It provides evaluation, stabilization, and diagnostic capabilities for injured patients.

Elements of Level IV Trauma Centers Include

- Basic emergency department facilities to implement ATLS protocols and 24-hour laboratory coverage. Available trauma nurse(s) and physicians available upon patient arrival.
- May provide surgery and critical-care services if available
- Has developed transfer agreements for patients requiring more comprehensive care at a Level I, Level II and Level III Trauma Center
- Incorporates a comprehensive quality assessment program
- Involved with prevention efforts and must have an active outreach program for its referring communities.

What is a Designated Trauma Center

Trauma centers in the U.S. are designated in different levels to signify the available resources and the number of patients admitted yearly. If a facility has both Adult and Pediatric Trauma Centers, the designation may differ for each. The designation process is established at a state or local level and may vary from state to state. However, most Trauma Centers are designated into five levels with similar criteria, with Level 1 being the highest and offering the most extensive amount of care.

How Data Comes Into Play

As trauma centers intake the most severe patients and record extensive amounts of data, this information can help gain helpful insight into the most common types of trauma suffered in the U.S., if and how prevention campaigns impact the trends what kinds of treatment are most effective. All these data points can help create new protocols and best practices to improve patient care and outcomes in trauma cases. Trauma registries have a long list of beneficial uses, including assisting in research for a wide range of health care fields.

Trauma Registry

Not only does a trauma registry help hospitals evaluate what is and isn't working in their EDs and trauma centers, but the data can also be useful in financial planning and accreditation. According to the American Trauma Society, hospital-based trauma prevention strategies and community outreach programs have a long history of success.

To be an American College of Surgeons verified trauma center, hospitals are required to have 80% or more of the trauma patients entered into the registry within 60 days of discharge. Many hospitals have their state, regional, and internal guidelines that require patient data to be added in even earlier. Today, software tools can play an essential role in making trauma system data easier to input, process, and update.

CDC Trauma and Triage Categories and Criteria

Physiologic Status

- GCS less than 14 or LOC of greater than 5 min, or LOC with deteriorating GCS
- Adult: Systolic BP less than 90, or Pediatric: Less than 80 mmHg (7 to 14 years of age)
- Less than 70 mmHg (under 7 years of age)

- Respiratory Rate less than 10 or greater than 29, sustained; or less than 20 in an infant less than 1 year.

Anatomic Factors

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- Flail Chest
- Two or more PROXIMAL long-bone fractures (humerus & femur)
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Trauma with second or third degree burns with greater than 15% BSA, any facial or airway
- Traumatic paralysis

Trauma Triage Categories and Criteria

Mechanism of Injury

- Ejected or launched from an animal (e.g., horse, bull, etc.)
- Ejected from an unenclosed motorized vehicle (e.g., motorcycle, PWC, snowmobile, etc.)
- Traveling greater than 20 mph.
- High risk auto crash:
- Intrusion: greater than 12 inches, occupant site; greater than 18 inches intrusion, any site.
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Extrication time greater than 20 minutes
- Rollover without a seatbelt
- Airbag Deployment

Falls

- Adults: greater than 5 feet; (1 story = 10 ft.)
- Pediatrics: falls greater than 10 feet or 2 to 3 times the height of the child
- Auto vs. pedestrian / bicyclist thrown, run over, or with significant (greater than 20mph) impact.

Age and/or Comorbidities/System Considerations

- Age 5 years or younger and difficult to evaluate or age greater than 55 years
- Anticoagulation and bleeding disorders
- End-stage renal disease requiring dialysis
- Pregnancy greater than 20 weeks
- Morbid Obesity
- System Considerations:
- EMS Provider Judgment

November 19, 2021

- Burns without other trauma mechanism:
- Time sensitive extremity injury
- MCMC will perform Quality Improvement related to Trauma Activation and will notify
- Services immediately in the event that a trauma activation is not performed.

Team Notification

Miners Colfax Medical Center and request a TRAUMA ACTIVATION, or notify us of an incoming trauma. This will be completed via radio or cellular phone.

- The Ambulance service in route/or on scene will call more notice that can be provided to MCMC is of course preferred.
- Miners Colfax Medical Center then shall make all necessary ED Trauma Resuscitation Team Assignments and (if applicable) Trauma Team notifications, including the trauma surgeon, from the initial trauma alert from prehospital personnel.

Trauma Funding

Trauma Fund Authority Award for FY21- \$33,005.00

Medicaid Match

- Estimated payment adjustment for July 2020 through December 2020
- \$49,888.00 - (being distributed in 2021)

As the first disbursement was only for six months in 2021, 2021 distribution will be for the whole 2021 year, distributed in FY22

Qualifications

- Must be Trauma Designated at any Level
 - Total adjusted amount for all hospital in the system was at \$1.2 million
 - 2021 may be as much as \$4.2 million

Financial Report (Attachment F)

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 at 99 days.

November 19, 2021

Patient accounts receivable is as \$4.2 million

Accounts payable is at \$380,000

Inpatients admissions are up 16.57% and outpatient admissions are up 18%

Observations are up about 26% and ER admissions are up 32%

Births are down by 19 this year. There were 25 births at the same time last year

Unbilled charges are currently at \$950,000

MCMC has received \$4.7 million in CARES Act money

Provider relief funds in the amount of \$4.9 will need to be reported on November 19.

Fiscal Year 21 audit has been extended to December 15 and is near completion pending the Medicare Cost Report

The Budget Appropriation Request in the amount of \$42 million will go to the State Legislature in January.

The Solarium construction project continues.

The EMR Migration project is set to begin in February of 2022.

Motion: Dr. Belknap 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

Gene Sisneros- Yes

Richard Cardenas- 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 re-established. The COVID19 census for hospitals across the state in aggregate currently is in the range of 500 plus cases. The average number of cases per day for the state has almost doubled over the past

November 19, 2021

month and is averaging around 1300-1400. Colfax County reported 10-15 new cases per day over the past week. The MCMC inpatient COVID19 census is averaging from 3-6 cases per day over the last several weeks which is above the peak that occurred just under a year ago.

The fully vaccinated rate within Colfax County is currently 68.5%. The rate of residents who have received at least one dose is 73% which is a minimal increase over the last month. Within the state of NM, 73.0% are fully vaccinated and 83.0% have received at least one dose of the COVID19 vaccine. The NM DOH is recommending COVID19 booster shots for all adults that are outside of the 6 month window since their last shot.

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.

Medical Staff-

Dena Lewis, Certified Nurse Practitioner who serves as Med/Surge Hospitalist has reduced to half time employment

The first series of meetings of the Clinical Service Committees that were established underneath the newly revised Medical Staff By-Laws have been tentatively scheduled to take place within the last quarter of 2021.

The MCMC Crisis Standards of Care policy is being reviewed and edited by members of the MEC/Medical Staff.

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 7 Non-Miners for a total census of 20.

Visitor restrictions are still in place.

Priorities for long term care are regulatory survey readiness (annual survey by DOH) and continued recruitment of registered nurses.

Workforce Development/Human Resources-

Current RN Agency Staffing stands at 8 RN (4 ER, 1Med-Surg & ICU, 3 OB, 0 LTC) which is same as the month prior. Current Radiology Tech Agency Staffing stands at 4(-1) Laboratory, 4(-1) Radiology and 3 Respiratory.

Linda Hogg, RN has joined MCMC as Emergency Room Nurse Manager and will be assuming the role of the MCMC Trauma Program Manager upon approval by the MCMC Board of Trustees

November 19, 2021

Quality & Patient Safety-

MCMC Nursing staff has begun administering the flu vaccine to employees and auxiliary members. The COVID19 booster is also being administered for healthcare workers and the public that sign up through the NMDOH website.

The medical clinic is scheduling approximate 5 boosters per day for administration to those who sign up through the NM DOH web-site.

Facilities & Construction-

Construction work for the finish out of the large atrium to convert it to an Emergency Incident Command Center and COVID19 Overflow area has begun. The project is expected to take 3-4 months to complete.

Outreach-

The Black Lung Outpatient Clinic was held on Tuesday, October 19 with Dr. Akshay Sood, UNM Pulmonologist onsite to evaluate and treat patients.

Karina Dozal (Neurauter), MCMC Black Lung Program Outreach Specialist, along with her spouse, Michael Neurauter, MCMC Human Resource Specialist, have announced their resignations to re-locate to Lubbock, TX.

Key Dates-

Friday, January 21, 2021- MCMC Board Meeting

Executive Session

Motion: At 3:40 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

Donald Belknap, MD- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

Shawn Jeffrey- Yes

Motion carried.

The Board of Trustees returned to Open Session at 4:29 pm.

Open Session/Announcements

No announcements were made

November 19, 2021

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.

Roll call vote:

William "Cotton" Jarrell- Yes

Donald Belknap, MD- Yes

Richard Cardenas- Yes

Gene Sisneros- Yes

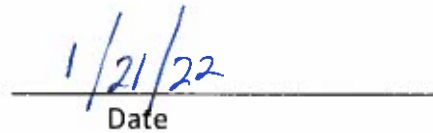
Shawn Jeffrey- Yes

Motion carried and the Board of Trustees Regular Meeting was adjourned at 4:30 pm.

Attest:



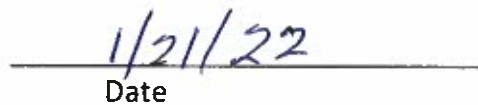
William "Cotton" Jarrell, Chair



Date



Gene Sisneros, Secretary/Treasurer



Date