MINERS' COLFAX MEDICAL CENTER
REGULAR MEETING OF THE BOARD OF TRUSTEES
May 15, 2026
1:00 p.m.

I. PROCEDURAL ITEMS

A. Call to Order

Chairwoman Jeffrey called a Regular Meeting of the Miners' Colfax Medical Center Board of Trustees to order on Friday, May 15, 2026, at 1:00 p.m. The meeting was held at Miners' Colfax Medical Center Acute Care Facility, Zia Conference Room, located at 203 Hospital Drive, Raton, New Mexico.

Members: Shawn Jeffrey, Chairwoman
Loretta Conder, Vice-Chairwoman
Roy Fernandez, Secretary/Treasurer
David Ortiz, Trustee
Zita Lopez, Trustee

Staff: Brian Cotter, Chief Executive Officer
Rhonda Moniot, Chief Nursing Officer
Barbara Duran, Human Resources Director
Rae Hager, Quality Director
Stephen Kelley, Long Term Care Administrator
Jessica Roberts, MD, Chief of Staff
Leslee Fresquez, Executive Assistant/Recorder

B. Pledge of Allegiance

Chairwoman Jeffrey led the Board, visitors, and staff in recitation of the Pledge of Allegiance and Salute to the New Mexico Flag.

C. Roll Call

Chairwoman Jeffrey: present; Vice-Chairwoman Conder: present; Secretary Fernandez: present; Trustee Ortiz: absent; Trustee Lopez: absent. A quorum of the Board was in attendance.

D. Correction/Approval of Agenda

Secretary Fernandez made a motion to approve the agenda as presented; Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

E. Correction/Approval of Minutes

The Board reviewed the regular meeting minutes of April 17, 2026. Secretary Fernandez moved to approve the minutes as presented; Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

II. ACKNOWLEDGMENT OF VISITORS

The Board acknowledged staff who were present at the meeting. Ms. Sally Hoger, Raton City Commissioner, was also present.

III. EXECUTIVE SESSION

A. Closed session for the purpose of discussing limited personnel matters pursuant to Section 10-15-1(H)(2) of the New Mexico Open Meetings Act, in re: medical staff credentialing

(1) New Appointment:
Michael Cian, MD – Teleradiology
Michael Donohoe, MD – Teleradiology
Michael Ednie, MD – Family Medicine
Dane Hellwig, MD – Teleradiology
Colin Stewart, MD – Teleradiology
Haider Virani, MD – Teleradiology
Joseph Zikria, MD – Teleradiology

(2) Re-Appointment:
Daniel Harwood, MD – Teleradiology
Maryam Hosseini Farahabadi, MD – Teleneurology
Desai Masoom, MD – Teleneurology
Jessica Roberts, DO – Obstetrics & Gynecology

Secretary Fernandez made a motion to enter into executive session for the purpose of discussing medical staff credentialing. Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

The Board entered into closed session discussion at 1:04 p.m.

At 1:20 p.m., Vice-Chairwoman Conder made a motion to return to open session; motion was seconded by Secretary Fernandez. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

The Board resumed open session discussion.

IV. MEDICAL STAFF PRIVILEGES AND APPOINTMENTS

Vice-Chairwoman Conder presented the Credentials Committee's recommendations for new provider appointments as:

Michael Cian, MD – Teleradiology
Michael Donohoe, MD – Teleradiology
Michael Ednie, MD – Family Medicine
Dane Hellwig, MD – Teleradiology
Colin Stewart, MD – Teleradiology
Haider Virani, MD – Teleradiology
Joseph Zikria, MD – Teleradiology

Vice-Chairwoman Conder also presented the Credentials Committee's recommendations for provider re-appointment as:

Daniel Harwood, MD – Teleradiology

Maryam Hosseini Farahabadi, MD – Teleneurology
Desai Masoom, MD – Teleradiology
Jessica Roberts, DO – Obstetrics & Gynecology

Secretary Fernandez made a motion to approve the new appointment and re-appointment of all providers as recommended by the Credentials Committee; Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

V. MEDICAL STAFF REPORT

Dr. Jessica Roberts presented the medical staff report, highlighting provider recruitment, peer review, policy work, and physician performance improvement efforts.

Dr. Amir Bhandari is in the process of being credentialed to provide medical-surgical floor coverage, and Dr. Dennis Mayer has been interviewed and credentialed for locum tenens general surgery coverage beginning in June. Dr Jace Hyder will continue his schedule while ongoing efforts continue to recruit an additional full-time surgeon.

Additional updates included leadership participation in presentations from three (3) hospitalist groups (Rural Physicians Group, Western Healthcare and Delphi Healthcare) interested in providing hospitalist services, positive community feedback regarding surgical and emergency department care, and discussion about outreach to Union County Hospital and related OB service opportunities. The report also mentioned equipment planning in the obstetrics department, strong utilization of a recent mobile mammography unit, and ongoing review of the medical staff bylaws by the medical staff.

The Board was further advised that several medical staff policies had been updated and approved by the Medical Executive Committee, including policies related to medical screening exams, ongoing professional practice evaluation, and peer review. Medical staff leadership also reported continued chart review activity, review of ActionCue submissions, case review collaboration, medication formulary updates, medication reconciliation improvements in Cerner, and continued completion efforts for Relias training modules tied to compliance topics such as the Emergency Medical Treatment and Labor Act (EMTALA).

The report also included professionalism and patient experience trend data showing improvement from the prior year. Physician-related complaints and grievances declined from twenty-one (21) complaints and twenty-five (25) grievances in 2025 to six (6) complaints and three (3) grievances in the first quarter of the current year.

VI. DISCUSSION/ACTION ITEMS

A. Policies and Procedures Review

The following policies and/or procedures have been reviewed by the Board of Trustees:

- Water Quality Standards
- Controlled Substance Theft Loss
- RhoGAM Administration
- Obstetrical Locked Unit
- Collection of Cord Blood
- Sterile Vaginal Exam

Secretary Fernandez made a motion to approve the policies and procedures as presented; Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

B. 2026 Strategic Initiative Update – Clinical Operations

Rhonda Moniot, CNO, presented an update on the 2026 Clinical Operations Strategic Initiatives. The presentation addressed goals to improve the emergency department patient experience, meet Merit-Based Incentive Payment System (MIPS) requirements, strengthen clinical department education, renew crash cart supplies and emergency response resources, and foster a culture of positivity, respect, and professionalism across clinical departments.

Regarding patient experience, the Board reviewed trends in emergency department survey results and positive versus negative patient comments. Discussion noted improvement over prior periods, though March reflected a temporary decline, and leadership described ongoing feedback sharing with physicians and department leaders to support improvement.

Patient privacy concerns in the emergency department and clinic registration areas were discussed, including whether layouts allow too much information to be overheard in waiting areas. Suggestions to resolve this included redesign considerations, private intake approaches and possible use of patient cards or QR code-based registration methods to improve privacy and efficiency.

The clinical operations presentation also described ongoing work tied to MIPS requirements, promoting interoperability, and access-to-care efforts in the clinic. Leadership advised that these efforts are important because failure to comply can result in Medicare and Medicaid reimbursement reductions, while successful participation can improve payment performance.

The education initiative included a shift from an annual competency fair to monthly competency-based education, with more one-on-one review and hands-on validation. Examples discussed included medication administration competency work, Cerner onboarding and training, and the need for recurring review of low-volume, high-acuity emergency procedures such as chest tube management.

The emergency preparedness component included replacement of adult and pediatric crash carts (purchased by the Auxiliary), review of crash cart checklists against other hospitals, staff education on cart contents and emergency response equipment, and discussion of respiratory equipment availability for code situations.

The presentation concluded with discussion of teamwork and culture-building efforts among nursing and ancillary departments, including direct problem-solving conversations between emergency, laboratory, radiology and other departments. Staff recognition efforts during Nurses Week and implementation of the DAISY Award process were also highlighted. Board members expressed appreciation for leadership visibility, culture improvement, positive community feedback, and the work of administrative and clinical leaders.

VII. FINANCIAL REPORT

Chief Executive Officer Cotter presented the monthly financial report noting that it is abbreviated as the finance team is still working through supporting detail, journal entries, and reporting processes in the absence of a Chief Financial Officer.

Operating revenue for April was reported at approximately $2.6M compared to $3.2M in March. Much of this revenue decrease is attributable to payer mix challenges, indicating that the types of payers and reimbursement rates, rather than just volume, negatively affected April revenue.

Total operating expenses decreased from $4.6M in the prior month to $3.4M in April. The largest contributors to the expense reduction were salaries, wages, and purchased services, which declined in line with lower patient volume.

Total operating expenses for April were about $3.4M, producing a net loss of $851k for the month. This was an improvement from the prior month's net loss of roughly $1.3M, reflecting the substantial reduction in expenses despite lower income.

The report also identified a need to examine purchase services in greater detail and to continue strengthening documentation, redundancy, and process clarity in preparation of the financial report. It was explained that some of the apparent month-to-month shifts may be related to the timing of journal entries and payment posting, particularly for utilities and other recurring expenses. Cotter stated that he is working closely with the accounting team to clearly document the process and steps for preparing the financial reports (including where data is pulled from) to improve transparency. Because key staff were not originally involved in assembling reports and had pre-planned time off, the team plans to re-check the April financials and prepare a supplemental financial report for submission to the Board.

Board members also discussed month-to-month variability in routine expenses, payroll timing, and the impact of three payroll months on expense patterns. The financial discussion broadened into a larger conversation about operational efficiency, protecting the integrity of the Miners' Trust Fund, improving collections and reimbursement performance, and maintaining the hospital's long-term financial stability in a critical access environment.

VIII. CEO REPORT

Chief Executive Officer Cotter opened by recognizing written reports submitted by the Senior Leadership Team. He recognized the staff in the Human Resources Department for their efforts in organizing Hospital Week and Nurses Week activities, noting strong participation and positive morale across departments. Events included the fourth annual cornhole tournament, ice cream sundaes and a staff barbeque. He reported that the City of Raton is scheduled to issue a Hospital Week/Nurses Week proclamation at the May 26 City Commission meeting. Board members, providers, and staff are encouraged to attend the meeting

The CEO shared that executive rounding on the medical-surgical floor and in the Emergency Department continues to produce positive feedback from patients and families regarding staff attentiveness, communication, and overall care. He noted that staff interactions with him in the units have grown more relaxed and welcoming, which he believes is a sign of cultural improvement.

The CEO reported on a recent Emergency Department (ED) security and safety assessment, completed by Stephen Kelley, initiated in response to frontline concerns about ED security coverage and access. The assessment focused on testing real-world access control, response times and physical safety conditions in and around facility entrances. The assessment also included a review of external lighting and camera coverage at night. Assessment findings revealed that lighting was adequate and that cameras are positioned to capture activity at key approach points, contributing to both deterrence and post-event review capability.

Cotter provided an overview of ongoing community engagement efforts, including continued participation in City Commission meetings and other civic clubs. The next Patient/Family Advisory Council meeting is scheduled for May 22 and topics will include discussions on the hospital's community image, outreach to surrounding communities, social media, telemedicine, and opportunities for provider training in outlying areas.

The CEO updated the Board on outreach efforts related to service-line growth, including planned visits to Union County General Hospital and possibly Alta Vista Hospital to strengthen referral relationships, particularly for obstetrical services. He also noted recent Black Lung/Outreach services recently provided in Questa, NM and upcoming participation in the Black Lung Conference in Pittsburgh in September.

Cotter reported on the Rural Health Transformation Program, noting that New Mexico received approximately $211M in federal fiscal year 2026 funding and that applications are expected later in June. He emphasized the short turnaround, the likelihood of a competitive process, and the importance of partnering with other agencies and local entities where possible.

He also noted discussion with local stakeholders and potential collaborative uses of transformation funding, including behavioral health, workforce support, care access, and telemedicine. He stated that MCMC is working to stay positioned for these opportunities as more guidance becomes available.

The CEO reported that the hospitalist Request for Proposals (RFP) process is moving forward, with introductory calls already completed with three interested groups. A formal scope of work is being prepared and the competitive process will be managed through the appropriate internal team.

Daily safety huddles began this week and are intended to improve communication regarding staffing, census, security concerns, and operational issues that may affect multiple departments. The CEO noted this as a developing process but sees it as an important step in strengthening coordination and patient safety.

The CEO also reported on recent participation in the rural hospital revenue cycle symposium in Albuquerque, where MCMC leadership received useful information and networking opportunities related to financial and operational performance.

He provided an update on coding and revenue-cycle improvement efforts, stating that the hospital is making an interim coding transition for the remainder of FY26 while also preparing a full RFP process for FY27. He explained that the goal is to improve coding performance, reimbursement accuracy, and overall financial stability.

The CEO reported that three (3) Human Resources Director candidates have been interviewed and expressed optimism that an offer will be extended to the selected candidate in the near future.

An update was given on physician recruitment, noting that one recent general surgery candidate will not be pursued further, while efforts continue to finalize coverage and recruitment needs in surgery.

MCMC is hosting a Mental Health First Aid training at the Acute Care Facility on May 20 for hospital staff, and has also invited community first responders to participate. Cotter noted this supports both workforce development and broader community behavioral health needs.

In closing, the CEO emphasized the importance of protecting the Miners' Trust Fund and improving hospital operations, reimbursement, and efficiency so that it relies less heavily on trust resources for routine expenses. He stated that strengthening finances and preserving the hospital's mission remains central priorities.

X. EXECUTIVE SESSION

In accordance with the NM Open Meetings Act, closed session to discuss:

A. Limited personnel matters, pursuant to NMSA 1978, Section 10-15-1(H)(2)

Secretary Fernandez moved to conduct closed session discussion; the motion was seconded by Vice-Chairwoman Conder. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

At 3:23 p.m., the Board entered into closed session discussion.

At 4:35 p.m., Secretary Fernandez made a motion to return to open session; Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

XI. OPEN SESSION/ANNOUNCEMENTS

No announcements were made.

XII. ADJOURNMENT

With no further business to discuss, Secretary made a motion to adjourn the meeting. The motion was seconded by Vice-Chairwoman Conder. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes. The motion carried unanimously.

The meeting was adjourned at 4:35 p.m.

ATTEST:

Shawn Jeffrey — 6-26-26

Shawn Jeffrey, Chairwoman — **Date**

Loretta Conder — 6.26.26

Loretta Conder, Vice-Chairwoman — **Date**