MINERS' COLFAX MEDICAL CENTER
REGULAR MEETING OF THE BOARD OF TRUSTEES
June 26, 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, June 26, 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
Crystal Armstrong, Chief Integrated Clinical Officer
Stephen Kelley, Long-Term Care Administrator
Barbara Duran, Human Resources Director (outgoing)
Kimberly Chavez, Human Resources Director (incoming)
Jessica Roberts, MD, Chief of Staff
Tony Salazar, MD, Emergency Department Medical Director
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: present; Trustee Lopez: present. A quorum of the Board was in attendance.

D. Correction/Approval of Agenda

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

E. Correction/Approval of Minutes

The Board reviewed the regular meeting minutes of May 15, 2026. Secretary Fernandez moved to approve the minutes as presented; Trustee Ortiz seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

II. ACKNOWLEDGMENT OF VISITORS

The Board acknowledged staff who were present at the meeting.

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:
John Anderson, MD – Teleradiology
Clinton Brunson, MD – Teleradiology
Stefan Frimel, MD – Teleradiology
Michael Reingten, MD – Teleradiology
Ribeiro Marcelo, MD – Teleradiology

(2) Reappointment:
Winslett Cox, MD – Teleradiology
Charles Lugo, MD – Teleradiology
Bryan Richardson, CRNA
Laith Salih, MD – Pediatric Medicine
James Sluss, MD – Teleradiology
James West, MD – Teleradiology

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

The Board entered into closed session discussion at 1:03 p.m.

At 1:14 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; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

The Board resumed open session discussion.

IV. MEDICAL STAFF PRIVILEGES AND APPOINTMENTS

Dr. Jessica Roberts presented the Credentials Committee's recommendations for new provider appointments as:

John Anderson, MD – Teleradiology
Clinton Brunson, MD – Teleradiology
Stefan Frimel, MD – Teleradiology
Michael Reingten, MD – Teleradiology
Ribeiro Marcelo, MD – Teleradiology

Dr. Roberts also presented the Credentials Committee's recommendations for provider re-appointment as:

Winslett Cox, MD – Teleradiology
Charles Lugo, MD – Teleradiology
Bryan Richardson, CRNA
Laith Salih, MD – Pediatric Medicine

James Sluss, MD – Teleradiology
James West, MD – Teleradiology

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

V. MEDICAL STAFF REPORT

Dr. Jessica Roberts presented the medical staff report, highlighting provider recruitment and transitions, obstetrical department coverage and challenges, and peer review updates.

Dr. Bhandari (hospitalist) has been credentialed and is now seeing patients in-house and on an alternating week schedule opposite Dr. Lopez.

Dr. Ednie, who previously provided hospitalist coverage, will be returning for additional shifts after June.

Efforts to secure a long-term hospitalist group through a formal Request for Proposals (RFP) process are ongoing.

General surgeon Dr. Mayer, who is fellowship-trained in colorectal surgery, has completed credentialing requirements and is seeing patients in the surgery clinic. Dr. Roberts stated he has received positive feedback from the surgical staff.

Clinic leadership plans to advertise surgical services and arrange site visits as clinic volume grows.

Recruitment is underway for an operating room unit manager to reduce call burden and provide leadership. The position has been posted and applicants are being vetted.

Obstetrical provider, Ira Murphy, is currently out on leave, causing partial gaps in obstetrical coverage for half of July.

Dr. Shier is providing clinic coverage for obstetric patients, and supporting care coordination and transfer planning.

During periods without in-house obstetrical coverage, high-risk patients are being referred to Lovelace Maternal-Fetal Medicine in Albuquerque, Parkview Hospital in Pueblo, Colorado, or facilities in Santa Fe or Albuquerque, with consideration of New Mexico Medicaid limitations.

Dr. Roberts reported that she will be out from July 1-16 and is arranging coverage for patients who may deliver during her absence.

Secretary Fernandez asked about obstetric coverage gaps between July 1-16, the number of anticipated deliveries, and the impact on local patients who may need to travel significant distances for delivery. Concern was expressed about the impact of limited delivery options.

Recruitment efforts for OB providers continue; locum OBGYN candidates expressing interest include Dr. Beth Claxton (Sedona, AZ) and Dr. Anne Foster (OBGYN with a home near Taos, NM); both hold New Mexico medical licenses.

A family practice/OB provider, Daphne Madden (Greeley, CO), has been interviewed and is interested in part-time work. She does not yet have a New Mexico medical license.

Assured Imaging will return to MCMC on July 23 for another mobile mammography day, which is expected to be heavily utilized after high demand at the previous event.

The OB department is preparing for upcoming July changes to the CARA (Comprehensive Addiction and Recovery Act) requirements related to substance-exposed newborns and associated support services.

ER & Trauma, Perinatal/Surgical and General Medical Staff Committees continue to meet quarterly with a focus on policy updates.

The peer review committee continues to use Texas A&M for external chart review. They track radiology turnaround times, ED transfers, and system issues such as dropped laboratory orders and/or delayed results.

Collaboration with laboratory leadership and the Information Technology Department has supported resolution of Cerner issues and implementation of a laboratory optimization project recently approved by senior leadership.

Regarding the Emergency Department, Dr. Roberts reported that Dr. Elizabeth Newman will retire later this year after approximately twelve years of service. She noted that Dr. Newman has provided leadership on the General Medical Staff and Utilization Review Committees during her tenure.

Dr. Bowie will increase his ER coverage to 4-5 shifts per month.

Dr. Gabriel Malley is expected to provide 4-5 ER shifts per week. His credentialing is in process.

VI. DISCUSSION/ACTION ITEMS

A. Policies and Procedures Review

A set of revised hospital policies and procedures, previously provided to the Board, were presented for approval:

- Fresh Frozen Plasma Administration
- Ear Irrigation
- Removal of Arterial Line
- Moderate IV Sedation
- Employee Health Program
- Fall Prevention Plan
- Urine Specimen Collection
- Hepatitis A Staff Exposure
- Peripheral Parental Nutrition (PPN)
- Education Policy Maintenance
- Hepatitis B Vaccination
- Medical Screening Exam Qualified Medical Personnel Policy
- Ongoing Professional Practice Evaluation/Focused Professional Practice Evaluation OPPE/FPPE
- Med Room Door Policy

- Observation Admission
- Narcotics Count
- Blood Glucose Monitoring
- Pediatric Intraosseous Infusion

Prior to the vote, the Board discussed and clarified:

- All hospital policies (clinical, non-clinical, administrative) are now routed through the Board for approval, as this had not been consistently done in the past.

- An internal project is underway to review and update legacy policies dating back to approximately 2009 with the exception of many nursing policies.

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

B. Review and Consideration of Proposed Changes to Article VII(A)(2) of the Board of Trustees Bylaws In Re: Joint Conference Committee

Vice-Chairwoman Conder presented proposed changes to Article VII(A)(2) of the Board of Trustees Bylaws regarding the Joint Conference Committee.

Background:

- Historically, the Joint Conference Committee provided a formal communication forum between the Board and independent community physicians.

- Current medical staff are largely hospital employees and now communicate routinely through service committees and existing governance structures.

- The Joint Conference Committee has not been convened in recent years and is no longer serving a practical role.

In light of these considerations, Vice-Chairwoman Conder made a motion to remove the Joint Conference Committee from the list of standing committees of the Board. Trustee Ortiz seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously

The Board also discussed broader revisions to the Board of Trustees Bylaws. Vice-Chairwoman Conder stated her intent to present additional bylaw section changes to the Board, in accordance with applicable notice requirements.

C. Review and Approval of MCMC Organizational Chart

CEO Cotter presented an updated MCMC Organizational Chart, noting:

- The Intensive Care Unit (ICU) continues to appear under the nursing structure as a vacant position, as ICU beds are retained under the hospital licensure should the unit reopen.

- Black Lung program reporting has been restructured, with Kim Chavez now serving as the senior leader overseeing the Black Lung manager position, which is currently vacant.

- The Chart reflects an acting CFO function and identifies vacancies such as Finance Controller.

The Board also discussed succession planning for key positions (e.g., anticipated retirement of Quality leadership, with plans for double-filling and moving risk management to the Quality Department).

Trustee Lopez made a motion to approve the MCMC Organizational Chart as presented. Vice-Chairwoman Conder seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

D. 2026 Strategic Initiative Update – Medical Staff

Dr. Roberts, Chief of Staff, presented an update on the 2026 Medical Staff Strategic Initiatives, focused on five goals:

1. **Continue to Refine Processes related to Peer Review and Provider Quality Monitoring (OPPE, FPPE) with Texas A&M**

    - The Ongoing Professional Practice Evaluation (OPPE)/Focused Professional Practice Evaluation (FPPE) policy has been revised. Dr. Lopez led policy revisions with input from the Medical Executive Committee (MEC) and peer review process.

    - OPPE and FPPE are being used for new providers, new procedures, and for-cause reviews.

    - Texas A&M reviews a mix of twelve inpatient, emergency department, obstetric, and surgical charts monthly, plus four clinic charts. The Centers for Medicare and Medicaid Services (CMS) requires at least three peer reviews per provider every two years.

2. **Review and Update Medical Staff Bylaws**

    - A full draft of revised bylaws has been completed, sent to medical staff (for a thirty-day comment period), and reviewed by hospital legal counsel.

    - Edits discussed at MEC will be recirculated to the staff for another thirty-day review, after which the Medical Staff will vote and forward the bylaws to the Board of Trustees.

3. **Complete Medical Staff Leadership Development Education & Credentialing Education**

    - Providers have been assigned up to twenty-five Relias training modules each (Emergency Medical Treatment & Labor Act/EMTALA, Comprehensive Addiction Recovery Act/CARA, hand hygiene, ergonomics, etc.).

    - Texas A&M peer review calls provide Continuing Medical Education (CME) credits for physicians.

    - MEC and Credentials Committee members may participate in a Performance Leadership Master Series coordinated by the New Mexico Hospital Association on quality, regulatory compliance, and patient safety oversight.

4. **Work toward improving Provider performance and professionalism as measured by a reduction in community negative feedback/comments**

   - Press Ganey patient survey comments are tracked; positive comments declined over 2025 but have improved in 2026, with Q2 showing substantially higher positive comments.

   - Complaints and grievances are tracked via ActionCue; 2025 totals were nineteen (19) complaints and twenty-four (24) grievances; 2026 year-to-date shows six (6) complaints and six (6) grievances, with a goal of finishing below 2025 counts.

   - Complaints are generally minor issues resolved within twenty-four (24) hours; grievances are more serious and require structured investigation, written responses, and committee review.

5. **Work collaboratively with Quality to create a culture of positivity, respect, and professionalism among the Medical Staff**

   - Quality Director Rae Hager provided Just Culture training to medical staff (human error, at-risk behaviors, prevention).

   - Physician scorecards now track complaints/grievances, meeting attendance, Relias completion, required certifications (BLS, ACLS, PALS) and timely completion of medical records.

   - Medical Records/Health Information Management (HIM) reports on delinquent charts are reviewed monthly to improve documentation timeliness and support billing.

Relias course completion data at the time of the report: 582 courses assigned, 455 completed, 127 outstanding.

VII. FINANCIAL REPORT

CEO Cotter presented the financial report:

MCMC's total net position is approximately $33.5M, up $5.9M (19%) year-over-year, largely due to land grant support and other non-operating revenues.

Core hospital operations remain negative, with a year-to-date operating loss of approximately $9.8M and an operating margin of about -32.9%, improved from -35.4% last year.

Total year-to-date margin including non-operating revenues is approximately 8.3%, down from 16.7% the prior year, highlighting dependence on non-operating funds.

Year-to-date gross patient revenue is about $38.6M, which is 14.5% above prior year, driven by higher inpatient volumes (approximately 45%), outpatient growth (11%), and clinic revenue growth (20%).

Net revenue to date is about $22.7M, roughly 3% ahead of budget.

ER visits, admissions, outpatient visits, and clinic volumes are all up compared to prior year. Outpatient revenue accounts for roughly 70-77% of total gross patient revenue, underscoring the importance of stable general surgery and outpatient services.

Medicaid supplemental payments remain around $6M year-to-date. A significant supplemental Healthcare Delivery Access Act (HDAA) payment was posted in May ($3M) as anticipated.

A 2023 Medicaid Disproportionate Share Hospital (DSH) audit was completed. MCMC retained approximately $179,000 in DSH funds and avoided repayment after a clean audit coordinated with the cost-reporting firm Dingus, Zarecor & Associates, PLLC.

Bad debt expense has increased significantly year-over-year from roughly $45k to approximately $725k through May 2026.

Gross patient accounts receivable has grown to approximately $16.5M (about 80 days in A/R versus a 45-day benchmark), up from 74 days the prior year with more than half of A/R over 90 days.

The CEO stated that he has requested a detailed aging and bad debt analysis from the Business Office to understand drivers (self-pay over 90 days, write-off timing, payer issues) and to target cleanup and collection strategies.

Total operating expenses are up about 15% year-over-year and roughly $600k over budget, primarily due to purchase services and contract labor (locums, agency).

Salaries and wages are slightly under budget (3.7%), suggesting day-to-day staffing is appropriate; employee benefits are up 20% and somewhat above budget.

Purchase services/contract labor increased from $7.1M to about $10.1M year-to-date and are projected at $12-15M for the year, a key driver of the operating loss.

FY26 capital investments to date total around $921k for clinical infrastructure (radiology, Information Technology refresh, Long-Term Care equipment).

FY27 capital requests under development ($2.3-3.0M) include: nurse call system replacement at Long-Term Care (current system is decades old and a patient safety risk), surgical table replacement, Information Technology firewalls/cybersecurity upgrades, parking lot resurfacing at the main campus and Long-Term Care, and other clinical equipment.

Some older capital appropriation funds (approximately $300k) remain. Timing and encumbrance issues may cause some unencumbered balances to lapse if not spent or re-programmed by fiscal year end.

A contract with DCI Solutions has been initiated to review vendor contracts and identify cost savings in purchase services. DCI is compensated from a share of realized savings over three (3) years.

The CEO has engaged the New Mexico Department of Finance and Administration for the assistance of a roaming Chief Financial Officer (CFO). This CFO is familiar with the New Mexico SHARE financial system and will support MCMC three (3) days per week to stabilize finance functions.

VIII. CEO REPORT

Chief Executive Officer Cotter presented the CEO report:

The Black Lung & Outreach team has conducted extensive outreach examinations, including trips to Kayenta, Arizona (Navajo Nation) to perform Department of Labor black lung exams for miners who could not otherwise travel to Raton.

The Black Lung and Outreach team will travel to Laguna, New Mexico in July to perform exams for forty-five (45) scheduled patients.

Outreach volumes significantly exceed grant requirements (approximately three times the required number of miners evaluated, with around three hundred outreach exams completed where there were only one hundred required).

Future outreach is planned twice annually to Kayenta, Arizona; Shiprock, New Mexico, and other areas in the New Mexico Navajo Nation.

Required grant deliverables (cost savings estimate and final Federal Financial Report) are on track and an annual newsletter is in development.

The CEO and Black Lung and Outreach team will attend the National Black Lung Conference in Pittsburgh, Pennsylvania in September 2026.

Emergency Department, Med-Surg, and outpatient clinic productivity metrics were included via embedded charts in the CEO's physical report.

The Patient Family Advisory Council's (PFAC) next meeting is set for August 7, 2026.

During a recent Managers meeting, staff received refreshers on the General Requisition for Purchase (GRFP) process from the purchasing manager, plus a leadership presentation on "Owner vs Renter Mindset," by the CEO. Staff were encouraged to enroll in upcoming New Mexico Hospital Association performance leadership webinars.

The CEO is working with the New Mexico Department of Finance and Administration (DFA) to input Infrastructure Capital Improvement Plan (ICIP) entries for upcoming capital requests (Long-Term Care nurse call system, parking lot improvements, operating room tables, etc.) and plans to personally advocate in Santa Fe once the New Mexico Legislative Finance Committee reviews state agency capital submissions.

The State of New Mexico has received $211.5M through the federal Rural Healthcare Transformation Fund, and MCMC is applying to serve as Hub 4 leader for the Healthy Horizons initiative. MCMC has formalized a Memorandum of Understanding (MOU) with the City of Raton and Colfax County, and is engaging behavioral health and community partners to support regional access and delivery of care through future Requests for Applications (RFAs) and Requests for Proposals (RFPs).

The report once again described work with DCI Solutions to review vendor agreements to reduce expenses.

The CEO reported that he has initiated a Discharged Not Final Billed (DNFB) analysis through the Billing and HIM Departments, that will become a twice-monthly practice.

Key personnel updates include the hiring of Kim Chavez as Human Resources Director (who will continue to oversee the Black Lung and Outreach Department until a new manager is hired), the retirement of Scott Parker (Physician Recruitment, Human Resources), and active recruitment for a Quality Director to allow for overlap prior to Rae Hager's retirement.

Three (3) June CEO-presented Town Halls yielded approximately fifty (50) attendees.

In response to prior feedback, the CEO reported that full construction changes to the Emergency Department registration area may not be feasible. Instead, hospital administration is exploring installing a phone/intercom at the registration window to enhance privacy and communication. CEO Cotter also committed to exploring options with Cerner for patient registration cards or QR codes to streamline registration and minimize repeated disclosure of patient information.

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 a closed session discussion; the motion was seconded by Trustee Ortiz. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

At 3:43 p.m., the Board entered into closed session discussion.

At 4:50 p.m., Vice-Chairwoman Conder made a motion to return to open session; Trustee Ortiz seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Secretary Fernandez: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

XI. OPEN SESSION/ANNOUNCEMENTS

Secretary Fernandez thanked administration staff for recent efforts to successfully locate historical merger and land-grant documents that explain the origins of Miners' Colfax Medical Center, the Long-Term Care Facility and the Miners' Trust Fund. It was stated that historical documents should be preserved and shared with future Board of Trustees members and key administration staff.

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XII. ADJOURNMENT

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

The meeting was adjourned at 4:52 p.m.

ATTEST:

Shawn Jeffrey — 7-17-26

Shawn Jeffrey, Chairwoman — **Date**

Loretta Conder — 8.21.26

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