MINERS' COLFAX MEDICAL CENTER
REGULAR MEETING OF THE BOARD OF TRUSTEES
August 21, 2026
1:00 p.m.

I. PROCEDURAL ITEMS

A. Call to Order

Vice-Chairwoman Conder called a Regular Meeting of the Miners' Colfax Medical Center Board of Trustees to order on Friday, August 21, 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.

Vice-Chairwoman Conder presided over the meeting, as Chairwoman Jeffrey participated virtually.

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
Audrey Myhre, Director of Nurses/Long-Term Care
Jessica Roberts, MD, Chief of Staff
Rae Hager, Quality Director (outgoing)
Alexis Flores, Quality Director
Liliia Peretiatko, Housekeeper
Sabriana Westman, Assistant Housekeeping Supervisor
Leslee Fresquez, Executive Assistant/Recorder

B. Pledge of Allegiance

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

D. Correction/Approval of Agenda

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

E. Correction/Approval of Minutes

The Board reviewed the regular meeting minutes of July 17, 2026. Trustee Ortiz moved to approve the minutes as presented; Trustee Lopez seconded the motion. Roll call: Chairwoman Jeffrey: yes;

Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

II. ACKNOWLEDGMENT OF VISITORS

The Board acknowledged providers and staff who were present at the meeting.

III. EMPLOYEE OF THE QUARTER PRESENTATION

Assistant Housekeeping Supervisor Sabrina Westman presented her Employee of the Quarter nomination: Liliia Peretiatko of the Housekeeping Department was selected as Employee of the Quarter.

Liliia was commended for her positive attitude, reliable performance, customer service, commitment to safety, and consistently high-quality housekeeping services in both Acute Care and Long-Term Care facilities. Her work was recognized for helping maintain a clean, welcoming, and safe environment for patients, residents, visitors and staff.

As Employee of the Quarter, Liliia received eight hours of administrative leave, a designated Employee of the Quarter vest, and use of the Employee of the Quarter parking space.

IV. 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:
   - Amit Bhandari, MD Internal Medicine
   - Luke Chambless, MD Teleradiology
   - Stephen Cole, MD Teleradiology
   - Lowell Ellerbrook, MD Teleradiology
   - Damirez Fossett, MD Teleneurosurgery
   - Jonathan Iglesias, MD Teleradiology
   - Jon Mather, MD Teleradiology
   - Dennis Mayer, MD General Surgery

2. Reappointment:
   - Loretta Conder, MD Internal Medicine
   - Alireza Etemadi, MD Emergency Medicine
   - Caroline Hadley, MD Teleneurosurgery
   - Akshay Sood, MD Pulmonary Medicine
   - Steven Swanson, CRNA Certified Registered Nurse Anesthetist

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

The Board entered into closed session discussion at 1:10 p.m.

At 1:29 p.m., Trustee Lopez made a motion to return to open session; motion was seconded by Trustee Ortiz. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

The Board reconvened in open session.

V. MEDICAL STAFF PRIVILEGES AND APPOINTMENTS

Dr. Roberts read aloud the list of providers recommended by the Credentials Committee for new appointment and re-appointment:

1. New Appointment:
   - Amit Bhandari, MD Internal Medicine
   - Luke Chambless, MD Teleradiology
   - Stephen Cole, MD Teleradiology
   - Lowell Ellerbrook, MD Teleradiology
   - Damirez Fossett, MD Teleneurosurgery
   - Jonathan Iglesias, MD Teleradiology
   - Jon Mather, MD Teleradiology
   - Dennis Mayer, MD General Surgery

2. Re-Appointment:
   - Loretta Conder, MD Internal Medicine
   - Alireza Etemadi, MD Emergency Medicine
   - Caroline Hadley, MD Teleneurosurgery
   - Akshay Sood, MD Pulmonary Medicine
   - Steven Swanson, CRNA Certified Registered Nurse Anesthetist

Trustee Ortiz made a motion to approve the appointment and reappointment of all providers as presented; Trustee Lopez seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

VI. MEDICAL STAFF REPORT

Dr. Jessica Roberts presented the Medical Staff Report:

General surgery coverage for the month includes a combination of providers. Dr. Dennis Mayer is providing coverage and has expressed interest in possible full-time employment. Dr. Michael Donohoe remains privileged for general surgery and is scheduled to provide coverage later in the month.

The current hospitalist coverage practice will continue which is a combination of efforts by Dr. Amit Bhandari, Dr. Michael Ednie, and Dr. Leonardo Lopez.

In the Emergency Department, Dr. James Bowie's part-time employment agreement has been finalized, providing approximately five (5) Emergency Department shifts per month. Recruitment and credentialing activity continues for additional providers.

Dr. Beth Claxton provided obstetrical coverage during the first part of August. Dr. Roberts is covering the remaining August schedule and September OB schedule. Dr. Anne Foster completed a site visit and credentialing application; temporary privileges and onboarding are anticipated pending completion of the credentialing process. Dr. Morgan Shier continues to provide clinic services and would like to begin participating in call coverage; however, OB/Gyn backup will be needed for cesarean deliveries. Additional family medicine/OB candidates (Dr. Daphne Madden and Dr. Maria Castillo) have expressed interest.

Assured Imaging is scheduled to return October 23, 2026 to provide mobile mammography services which continue to be well utilized and valued by patients.

The ER/Trauma Clinical Service Committee recently met and the new operating room manager has begun organizing surgical policies for review and revision.

Comprehensive Addition and Recovery Act (CARA) training for OB and ED personnel began in July. Prenatal screening and referral processes are being used to identify patients needing services and to meet state requirements.

The Medical Executive Committee (MEC) has approved a draft of revised Medical Staff Bylaws. Supporting policies, including credentialing, medical records and physician-related policies, remain under development or review. Work to close out current year strategic initiatives is ongoing and the planning process will begin to devise 2027 initiatives.

Dr. Leonardo Lopez and Dr. Jace Hyder volunteered to serve on the Utilization Review Committee; Dr. Roberts will continue as Chairwoman.

Angella Hall was announced as the new Infection Prevention/Employee Health nurse. The first Infection Prevention Committee meeting is scheduled for August 25.

Medical staff and leadership are participating in a quality and performance leadership series through the New Mexico Hospital Association. The training addresses quality and quality improvement, regulatory requirements, benchmarking, case review, measurement, and analytics. The series is being presented is a local registered nurse.

The Professional Practice Evaluation Committee (PPEC) continues to meet monthly. A decrease in events requiring case review was noted.

Continuing challenges with air and ground transport availability were discussed, particularly during weather events and when ambulance staffing levels or scope-of-practice limitations affect transfers. Leadership noted the need for continued community and regional discussion regarding transfer capacity and emergency medical services resources.

The Board received the report; no action was taken.

VII. DISCUSSION/ACTION ITEMS

A. Policies and Procedures Review

A list of revised hospital policies and procedures, previously provided to the Board of Trustees for review, was presented for consideration and approval:

- Epinephrine IV Drip
- Nursing Care Plan Acute and Observation Patients
- Latex Allergy Policy
- IV Saline Lock Policy
- Advance Directives Policy
- Patient Rounds
- Medication Reaction
- Nursing Visitation Policy
- Joey Dosimeter Procedure
- Controlled Substance Discrepancy Reporting
- Pre-Employment Health Evaluation

- Preoperative Testing and Anesthesia Assessment Policy
- Non-Stress Testing Policy
- Accreditation Participation Policy Requirements
- Accrediting Agency Notification
- Post-Discharge Follow-Up Calls

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; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

B. Compliance Update
CNO Moniot read a written Compliance Officer Report on behalf Compliance Officer Terri Green, who was not in attendance:

The report noted 2026 accomplishments including

- Annual compliance training and required hospital-wide education
- Approval and implementation of the Whistleblower Policy
- Review and update of compliance policies; the CEO included that some compliance policies need their citations updated
- Distribution and completion of Critical Access Hospital compliance audit checklists by department leaders
- Engagement of a vendor to complete monthly Office of Inspector General exclusion verification for employees and providers

Ongoing compliance efforts include monitoring compliance log items, distributing compliance education materials, completing monthly exclusion verification, reviewing departmental audit checklists, addressing identified improvement opportunities and continuing routine compliance monitoring and education.

C. Consideration of Revised Medical Staff Bylaws
The Board was provided with a copy of the Medical Staff Bylaws following revisions and approvals by the General Medical Staff Committee on August 12, 2026. Following discussion, it was determined that additional time was needed to thoroughly review and consider the proposed revisions, as well as the related policies that must be aligned with the Bylaws.

A motion to table consideration of the revised Medical Staff Bylaws until the September 2026 meeting of the Board of Trustees, to allow for time for review, was made by Trustee Ortiz; motion was seconded by Trustee Lopez. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

D. Consideration of a Memorandum of Understanding between the City of Raton, Colfax County and Miners' Colfax Medical Center – New Mexico Rural Health Transformation Fund Collaboration
CEO Cotter presented the proposed Memorandum of Understanding (MOU), which would create a collaboration between the City of Raton, Colfax County and Miners' Colfax Medical Center, to pursue rural healthcare grant funding, and to create and/or further identified healthcare needs in northeastern New Mexico such as:

- Rural health access and service delivery
- Healthcare workforce recruitment, retention, education, and training
- Telehealth, information technology, cybersecurity, and data
- Population health, prevention, chronic disease management, substance use disorder services, and community health initiatives
- Existing program development, research, innovation, and other mutually agreed-upon initiatives

The MOU is non-binding and does not require any one party to commit funds, personnel, property, services, or a specific project without a separate written agreement. The CEO noted that the Raton City Commission and Colfax County Board of Commissioners have previously reviewed, approved, and signed the MOU

After a thorough explanation of the New Mexico Rural Health Transformation Fund, and proposed collaboration of entities by the CEO, Trustee Ortiz made a motion to approve the MOU as presented; the motion was seconded by Chairwoman Jeffrey. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

VIII. FINANCIAL REPORT

CEO Cotter reported that the July financial report was not yet complete because the finance team was managing year-end close activities, new fiscal-year responsibilities, and Fiscal Year 2028 budget preparation. A July financial report will be provided to the Board as soon as possible, either before or at the next meeting.

The CEO noted progress in addressing historical bad debt, which had inflated accounts receivable and obscured the overall financial picture. Approximately $900,000 in bad debt was addressed in July, following earlier reductions from an estimated $4.5M balance. The CEO expects the remaining cleanup work to take approximately three to four months, with accounts receivable and bad-debt levels expected to normalize by the end of the calendar year.

IX. CEO REPORT

Chief Executive Officer Cotter began the CEO report by engaging Quality Director Alexis Flores in explaining an illustration she prepared to summarize the objectives of Det Norske Veritas (DNV), an independent accreditation and certification organization that accredits hospitals and critical access hospitals. DNV's prospective role in MCMC's quality objectives was explained, and it was noted that MCMC is considering engaging DNV to achieve accreditation. Through her summary, Flores emphasized that the accreditation survey process. She relayed that she and other leaders had recently been taught not to consider DNV survey findings as punitive actions, or consider DNV survey as a search for failure; rather, view survey as a structured process for identifying risks, correcting gaps, and ensuring patients receive safe, reliable care. Nonconformities (to MCMC policies, procedures and Centers for Medicare and Medicaid Conditions of Participation) were described as opportunities to improve systems and processes before they become larger problems. Flores emphasized that quality is the responsibility of all employees and departments. MCMC's goal is to continue strengthening its quality management system, improve staff understanding of accreditation expectations, and use DNV standards to support patient care.

Several leaders recently attended DNV education in Denver, Colorado. They participated in both introductory and more advanced tracks, with the goal of building internal knowledge and

preparation for DNV's accreditation expectations. The CEO explained that DNV is viewed as a practical accrediting organization for smaller hospitals because it recognizes limited resources while providing guidance, tools, and support for continuous improvement.

MCMC is working to shift responsibility for quality from a single department to all employees and leaders. The message shared was that quality encompasses every patient interaction. Department Managers are being asked to assess their existing policies, and to identify gaps or outdated content. This will require staff engagement, ownership of policies and procedures, consistent communication, and ongoing corrective action when issues are identified. Policy management is a major component of accreditation and, therefore, departmental ownership of the review process is warranted. The goal is to establish a reliable, centralized "single source of truth" for policies, avoiding conflicting paper binders and electronic versions. This work is expected to support both staff operations and DNV survey readiness.

The CEO reported that the Black Lung m-DoBLE unit and the Outreach Screening Clinic are scheduled to travel to Blanding, Utah on August 23 to conduct screenings and Department of Labor examinations. The CEO further noted that the Black Lung team conducted an in-house clinic on August 10-11, with five (5) patients scheduled and one (1) cancellation. In addition, three (3) pulmonary patients were also seen. Grant deliverables were explained and it was noted that the Black Lung team will be attending the National Black Lung Conference in Pittsburgh, Pennsylvania from September 22-25.

Referring to metrics including in the CEO written report, the CEO noted that the Emergency Department recorded four hundred seventy-five (475) visits, forty-three (43) admissions, and thirty-nine (39) transfers, with an average door-to-provider time of approximately nine (9) minutes. Med/Surg reported eighty-eight (88) patient days, forty-two (42) observation cases, forty eight (48) swing-bed days, and approximately one hundred fifty (150) total patient days. Staff were recognized for providing care to a number of high-acuity and critically ill patients.

Daily safety huddles continue, and the hospital reported no hospital-acquired infections during the reporting period. Angella Hall has begun her role as the new Infection Prevention/Employee Health nurse. Incident command training compliance is approximately seventy-five (75) percent, and the New Mexico Hospital Association has recognized the hospital for its preparedness efforts and timely submission of required data.

Recruitment efforts continue for Emergency Department coverage, with active interviewing and coordination of potential physicians for future schedules. An offer was extended to Marie Kington for the Emergency Department Manager position. Kington will bring approximately twenty-three (23) years of Emergency Department experience and prior leadership experience.

The CEO and management staff are also negotiating a hospitalist services agreement with Western Healthcare. Under the proposed model, the hospital would employ the hospitalists directly while Western Healthcare manages the program. This approach is estimated to cost less than $900,000 in the first year, compared with approximately $1.7M under another formal procurement proposal. This approach will increase hospitalist participation in medical-staff responsibilities.

MCMC submitted an application to the New Mexico Rural Health Transformation Act Innovation Fund in the amount of approximately $900,000 for capital equipment and is awaiting a decision. MCMC is also awaiting the outcome as to its Healthy Horizons application, a regional

initiative valued at more than $75M. The CEO continues to monitor the evolving Rooted In New Mexico workforce initiative and is exploring expanded healthcare career pipeline partnerships with Raton Public Schools.

During a recent managers' meeting, senior leaders conducted manager education on workplace gossip, communication barriers, and toxic workplace behaviors. Staff are being encouraged to sign a "No Gossip 2026" commitment, and a follow-up culture and safety survey is planned for late September or early October.

The CNO reported that MCMC received thirty (30) DAISY award nominations across multiple departments, reflecting strong patient and staff recognition of nursing care. A formal award presentation is tentatively scheduled for early September or October.

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)

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

At 2:54 p.m., the Board entered into closed session discussion.

At 3:37 p.m., Trustee Ortiz made a motion to return to open session; Trustee Lopez seconded the motion. Roll call: Chairwoman Jeffrey: yes; Vice-Chairwoman Conder: yes; Trustee Ortiz: yes; Trustee Lopez: yes. The motion carried unanimously.

XI. OPEN SESSION/ANNOUNCEMENTS

Upon the return to open session, a recent Ayres Environmental Assessment of the former hospital was discussed as well as possible repurposing of the building with possible options of an education and training center, specialty offices, and workforce housing.

XII. ADJOURNMENT

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

The meeting was adjourned at 3:41 p.m.

ATTEST:

Shawn Jeffrey, Chairwoman — **Date** 9-18-26

Loretta Conder, Vice-Chairwoman — **Date** 9.18.26