



DRAFT

CLINICAL OPERATIONS BOARD
Meeting Minutes

Date	January 4, 2008
Time	9:00 a.m.
Location	UNM Hospital Pavilion, Tully Conference Room

Agenda/Subject #	Discussion	Status	Due Date	Responsible Party
I. Call to Order	Chair, Louise Campbell-Tolber called the meeting to order at 9:10 a.m.			
II. Adoption of Agenda	The Chair called for a motion to adopt the agenda as submitted. Maralyn Budke so moved and Dr. Loretto seconded the motion. The motion passed unanimously.			
III. Announcements	The West Regional Trustees Symposium is scheduled for June 4-6, 2008 at the Boise Centre on the Grove in Boise, Idaho. Any board members wishing to attend should notify Annette of their intentions to do so.			
IV. Public Input	None			
V. Approval of Minutes	The Chair called for a motion to approve the minutes of the December 7, 2007, board meeting. Maralyn Budke so moved and Jerry Geist seconded the motion. The motion passed unanimously.			
VI. Consent Agenda	<p><u>Carrie Tingley Hospital Advisory Board Appointments</u> Steve McKernan noted there are two appointments to recommend to the Board of Regents for the CTH Advisory Board and their CV's are attached.</p> <p>1) Kristyn Yepa, a nurse, is the parent of 5 year-old CTH patient and is from Jemez Pueblo. She would be replacing Patricia Wilde. Dr. Loretto noted she received her education at UNM, has a BN in nursing, and is in graduate school now. Her father is a tribal attorney for Jemez. He recommends Ms. Yepa for approval.</p> <p>2) The other nominee is Fred Sherman, MD, former Medical Director of CTH, and the COB is being asked to recommend Dr. Sherman to the Board of Regents. Dr. Hashimoto moved to submit and recommend both candidates to the BOR. Steve Anaya seconded the motion and the motion passed</p>	Nominees to be forwarded to the Board of Regents for approval	January 8, 2008	Steve McKernan

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	<p>unanimously.</p> <p><u>Performance Oversight Committee Revised Policy</u> Steve McKernan noted the addition of the following language to the existing policy on page 2, under Section 5.1, "The UNM Hospitals Performance Oversight Committee Chair shall attend, or designate another POC member to attend the Committee on Excellence monthly meetings". An additional change on page 3 updates the signatures and revision date. Jerry Geist moved to approve the revised policy and asked Dr. Goldstein for comments. Dr. Goldstein advised the reason for the change was that the POC reports are going to COE and she felt a board member should attend the COE meetings. Maralyn Budke seconded the motion and the motion passed unanimously.</p>			
VII. Board Initiatives	<p><u>Carrie Tingley Hospital Update</u> Laura Threet, CTH Advisory Board Chair, presented the annual CTH update (attached). Ms. Threet noted the move went well and everyone is pleased with the new facility. The old building on University is an outreach clinic now. Dr. Sherman retired after reducing his schedule. Dr. Echols is currently the Interim Medical Director. Presentation discussed programs and financials. Of note, Dr. Hoekstra, a pediatric ortho surgeon was added to the staff in December. CTH is in positive profit.</p> <p>Dr. Katz offered the following comments: (1) there was a patient in rehab who had an acute deterioration, which in the past would have been a disaster, but staff was there and patient quickly transferred to the PCU; and, (2) Consults are now done much quicker with patients located in the new hospital.</p> <p>Dr. Hashimoto asked how many CTH patients are from outside Bernalillo County. Crystal Franz advised that half to two-thirds are from out of county. The hospital serves almost every county in the state. Outreach programs are very visible. When clinics are conducted, other physicians from HSC are in attendance with joint clinics.</p> <p>Maralyn Budke: expressed thanks for Laura's service on Advisory Board and the positive progress on the board. Laura Threet noted there is a positive relationship with the Foundation and they have resumed quarterly funding instead of annual.</p> <p>Dr. Loretto inquired how clinic sites were selected. Ms. Threet advised they are driven by patient count, and currently located in</p>			

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	<p>Taos, Las Cruces, Roswell, Clovis, Hobbs, Silver City, and Gallup. The other factor that drives selection is space for clinics – they are usually located in a central community and also by request from physicians and parents in a community. Dr. Goldstein asked if they go as part of a team Crystal Frantz noted the team consists of an attending orthopaedist, medical resident, nurse, outreach coordinator, and sometimes an outpatient clerk, prosthetics tech, or rehab person.</p> <p><u>NAPH Reports</u> Steve McKernan gave presentation (attached) on Chronic Disease that was presented at a recent NAPH meeting. The report detailed how chronic diseases are the number one cause of death and disability in the United States and account for 75% of the nation’s healthcare spending.</p> <p>Dr. Goldstein discussed public health and the role of the hospital. It is obvious diseases have tremendous impact on the hospital bottom line and it behooves everyone to work on preventing disease.</p> <p>Dr. Pitcher noted that in the VA system, there is a capitated model – asked if it has made a difference. Mr. McKernan advised the VA system is a public financed model of care as opposed to fee for service. He noted the CEO for the VA made a presentation at NAPH, which indicated they have made tremendous progress on treating chronic conditions. Mr. McKernan also noted that we have been pushing SCI model to pursue these programs and there is reluctance because of the cost. We are now getting federal money as a capitation and started to change incentives in the hospital. Enrollment is around 8000 members, and increasing by 500 a month. The facility gets the money ahead, which allows it the ability to invest in programs. Dr. Hashimoto noted physicians can get reimbursed better for counseling services and can bill and get credit for it. Hospital has clinics for asthma, diabetes and been fairly effective in taking care of chronic patients.</p> <p>Dr. Loretto commented in looking back at the December retreat, it reflects on the directions we want to pursue and expand on. Dr. Katz added they are seeing steps from payers to enhance preventive care and have gotten quality payments related to benchmarks.</p> <p>Jerry Geist commented that someone needs to take leadership and get alternatives together and might want to inject this into the Strategic Plan. One of committees could take responsibility for it.</p>			

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VIII. Administrative Reports	<p><u>Health Sciences Report</u> Dr. Roth reported the following: 1) The HSC is getting ready for a new legislative session and early meetings with LFC indicate the state is much poorer than anticipated earlier in the year. He is still hopeful that requests will be supported. Some requests are: continuation of the BA/MD program for its 4th year of funding. The second priority is to maintain doubling of the nursing class size. The College had to dip into reserves to support satellite programs. The third request is for SOM to get a base adjustment of the I & G for faculty compensation, because the SOM is still below the 50% percentile for faculty salaries. For every dollar of cost for faculty compensation, about 18 cents is from the state. The rest of faculty salaries are generated through revenue, grants, etc. Dr. Roth understands that the President signed continuation of SCHIP. They are still waiting to hear on GME and UPL, which could have a negative impact on hospital finances.</p> <p>Maralyn Budke inquired if Cisco McSorley is still pushing SOM formula. Dr. Roth has not heard. She also asked if the LFC budget documents were released and Dr. Roth responded not as yet.</p> <p><u>CEO Report</u> Steve McKernan noted his hospital report is included in the agenda book. He noted the following 1) He would like to give tours for board members of clinics and programs 2) Hospital was notified of the arbitrator's decision on December 31st in the matter of union issues with 1199 that were taken to arbitration. The arbitrator ruled in favor of management's proposal of a 6.7% increase, which will be implemented for the professional support group in the next pay period paid on January 18. The other union is still in arbitration. Union has been queried if they would like to accept management's last best offer.</p> <p>Maralyn Budke made a motion for management to communicate regret to the Board of Regents and the nurses for the delay in negotiating the union contract and payment of raises. Dr. Loretto seconded the motion and the motion passed unanimously.</p> <p><u>Clinical Affairs Report</u> Dr. Katz' report consisted of the following: 1) Dr. Katz discussed and demonstrated the AMION call schedule for everyone who has clinical responsibilities, including</p>			

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	<p>management. Monday there will be a communication going out to all staff, noting this is a huge culture change. Dr. Rayburn asked if everyone has text paging. Dr. Katz advised not quite yet. They haven't figured how to cell phone text yet and all staff are being encouraged to have text pagers. In other hospitals where implemented, the need to call PBX or PALS has reduced dramatically.</p> <p>2) Another IT issue for physicians and nurses will be the expansion of the Electronic Medical Record and development of the computerized physician order entry. This will be a major culture shift and there is a huge amount of work involved. Mr. McKernan noted the latest data shows only 2-3% of hospitals have true computerized order entry.</p> <p>3) Screening for MRSA will start in the Trauma Surgical Intensive Care Unit. There are some issues with TriCore with equipment.</p> <p>4) UNMMG: there are a few potential partners for the Sandoval County venture. They have been sent questionnaires. Dr. Roth has been meeting with Debbie Hays at Sandoval County.</p> <p>Several years ago advanced access was initiated. The primary care group has come up with a plan for adult ambulatory where a concerted effort will be made to reduce primary care backlog. On the physician side, incentives will be provided to work extra sessions. This will be conducted over 6-8 week period. It was determined that physicians need more education on coding. The hospital through Health Information Management will be starting the education process, and UNMMG will also hire a education coordinator to assist. The Hospital is conducting a pilot project on 7-South.</p> <p>Dr. Goldstein inquired if the board has a role in managing chronic disease management. Waiting 60 days for appointment is problem and quality of care issue. She asked how many could be seen by mid levels and noted the hospital should look at innovative ways to care for patients. Mr. McKernan noted there has been a significant increase in mid levels and offered to brief the board. Dr. Roth also suggested review of Care One, which seems to be doing well. This is a program where the top 1% of patients account for 20% of expenditures. He suggested that Dr. Katz update for the board.</p> <p>Dr. Hashimoto commented on the difficulty of computerized order</p>	<p>Updates on Care One and Mid-Levels to be presented at next board meeting</p>	<p>February 1</p>	<p>Steve McKernan</p>

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	<p>entry and new way of interacting with patients. Dr. Katz noted CPOE (computerized physician order entry) will only be for inpatient initially.</p>			
IX. Updates	<p><u>Updates</u> Ella Watt gave report on hospital finances (attached). Of note: ED visits over budget. Net income was \$13,209,000.</p> <p><u>KPMG External Audits</u> Ella Watt introduced Cynthia Reinhart, partner and auditor from KPMG and Jamie Clark, from KPMG, who also assisted. The audit books were distributed to the board members.</p> <p>Ms. Reinhart reviewed the audited financial statements for 2007 FY. She noted there is no longer separate information for CTH since it merged with the main hospital. Statements are now in reduced form. The State has released the audit for public distribution. The hospital is treated as a department within UNM. Primary auditors for UNM are Moss Adams and KPMG which subcontracts to Moss Adams.</p> <p>The Chair called for a motion to accept the audit results as submitted. Jerry Geist so moved. Steve Anaya second the motion and the motion passed unanimously.</p>			
X. Committee Reports	<p><u>Community Benefits Oversight Committee</u> Dr. Goldstein noted there was no meeting in December.</p> <p><u>Performance Oversight Committee</u> Dr. Goldstein noted the meeting summary is in the agenda book. She noted besides credentialing, there were two presentations on Press Ganey patient satisfaction results for the last six months of 2007. There was not much change from prior report. There was a slight increase in ambulatory surgery. The peer group ranking continues to be very low. Efforts are being made to improve results and hourly rounding was instituted. In the ambulatory care setting, they are instituting competitive activities. A performance improvement presentation was done on identifying the time between arrival at the door and catheterization for patients. The hospital is now doing very well - time elapsed is now about 90 minutes.</p> <p><u>Resource Development Committee</u> Jerry Geist noted they had a meeting yesterday and discussion surrounded around finances for the future. Hospital is doing well and turning money back into the hospital.</p>			

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	<p>He also noted there are initiatives that started in hospital on projects of opportunity and Hazel has brought in, but the question is how are they prioritized and have committees and boards attention assigned to them. He suggested board members can assist.</p> <p><u>Governance Committee</u> Jerry Geist noted there have been no meetings relative to changes for governance and delegation. Modifications will have to be made and he hopes to finalize in the next couple of months.</p>			
XI. Other Business	<p>Dr. Rayburn asked for update on the construction of the entry way. Mr. McKernan advised it is progressing slowly and was supposed to be done February 15th, but not likely to be. The construction superintendent has gone to another project. There is a new one and there are claims and counter-claims with the contractor. They realistically expect to be done around March 1st. Contract was awarded for re-working for Yale and it is almost done.</p>			
XII. Closed Session	<p>The Chair called for a motion to close the meeting to the public for the purposes of discussion and determination, where appropriate, of limited personnel matters per Section 10-15-1H(2) NMSA and matters involving strategic and long-range business plans or trade secrets of UNMH per Section 10-15-1H(9) NMSA. Maralyn Budke so moved and Jerry Geist seconded the motion. The motion passed unanimously.</p>			
XIII. Certification	<p>After discussion and determination, where appropriate, of confidential limited personnel matters and matters involving strategic and long-range business plans or trade secrets of UNMH the meeting reopened to the public. Maralyn Budke moved to ratify the approval of medical staff credentialing approved in closed session. Steve Anaya seconded the motion and the motion passed unanimously.</p>	<p>Medical staff credentialing to be forwarded to the Board of Regents for approval</p>	<p>January 8, 2008</p>	<p>Steve McKernan</p>

ADJOURNMENT

There being no further business, the meeting adjourned at 11:45 a.m.

Jerry Geist, Secretary
 Clinical Operations Board
 UNM Health Sciences Center