



CLINICAL OPERATIONS BOARD
 Meeting Minutes

Date	February 1, 2008
Time	9:00 a.m.
Location	UNM Hospital Pavilion, Conference Room 1500

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 was approved unanimously.			
III. Announcements	The Western Regional Trustees Symposium is scheduled for June 4-6, 2008 at the Boise Centre on the Groove in Boise, Idaho. The Chair reminded board members wishing to attend to contact Annette to register.			
IV. Public Input	None			
V. Approval of Minutes	The Chair called for a motion to approve the minutes of the January 4, 2008, board meeting. Jerry Geist so moved, and Maria Griego-Raby seconded the motion. The motion passed unanimously.			
VI. Consent Agenda	Steve McKernan was asked to comment on the Martin Luther King property acquisition. Steve McKernan advised that an offer was put in for the 1001 Martin Luther King property for the purpose of expanding the GI clinic because it has operating rooms and was more financially beneficial to lease than build a new facility. Jerry Geist moved approval of the consent items as submitted: 1) 1001 Martin Luther King property acquisition, 2) OSI/Qualink Extended Business Office Collection Services, 3) National Recovery Systems Full Service Collection Services; and 4) Argyle Full Service Collection Services. Maria Griego-Raby seconded the motion and the motion passed unanimously.	Consent agenda to be forwarded to the Board of Regents for approval	February 15, 2008	Steve McKernan
VII. Board Initiatives	<u>Care One Presentation</u> : deferred until Dr. Binder is able to present. <u>Mid-Levels Update</u> (presentation attached) Steve McKernan noted the hospital made a significant investment to bring in mid-levels to assist in patient care delivery in response to the 80-work week limitation for residents. He introduced Jamie Silva-Steele, Administrator for Ambulatory Care, to present an update. The presentation included information on the definition of who the mid-level providers are, current numbers (88) and placement along with visit statistics. Jamie noted they are working on a pilot program where patients are being sent to mid-			

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	<p>level practice clinics from discharge to make sure patients have a medical home and ensure continuity of care. They have also been working on an advanced access project for the last six weeks and the backlog of appointments. There was a zero to 5-day wait this past week in Primary Care with the hope this model can be used in the specialty areas. Use of mid-levels allows the doctors to see more complicated patients. Jamie also discussed program growth and noted within the Ambulatory Care committee they are exploring a chronic care model to deal with diabetes and kidney disease. There was also an advanced practice council formed, sponsored by Judy Spinella, which allows all mid-levels to meet to talk about practice and peer review, etc. Dr. Rayburn asked about recruitment and retention. Jamie advised they worked with Human Resources on job descriptions and came up with specific advertisements to address, noting they are still struggling with cardio-thoracic and specialty divisions. Regarding retention, Jamie noted there is great job satisfaction and while there has been movement across positions, they are still retaining employees within the institution.</p> <p><u>Capital Budget Revisions</u> (presentation attached) Steve McKernan noted most of the effort was concentrated on the new building. They did not do planning at the time for new clinics or other equipment needs. He asked Ella to do a revision and look at what financial capability the hospital had and discussed with Dr. Katz what the priorities were. Ella Watt noted the first slide was the budget that was approved in 2007. Then additions to FY 2008 capital budget were reviewed. Themed nursing stations and Pete's Playground were funded with donations. The 64 Slice Dual Head CT was donated by Geoffrey Hedrick. Also included is the MLK land purchase. Emergency operations item is for electricity for the hospital. The Hospital needs to upgrade its system. Mr. McKernan explained there are three diesel generators in back of the hospital. Each has two megawatts of capacity, but the hospital needs six megawatts. The hospital has experienced a couple of instances where power has been out for an extended period of time. If one generator failed, power would not be sufficient and they would have to take the power down. What is needed is a fourth power generator for backup and to make sure the wiring is adequate and that there is enough diesel fuel for 7 days. The second phase is related to chilled water. The chillers are not attached to backup generators. There have been three situations in the last 10 years with significant outage in July during thunderstorms. The temperature rose very quickly and there was no way to get chilled water around the hospital. Monitors and respirators have controls that make them shut off at around 88 degrees and patients don't do well. The hospital wants to expand to a fifth generator and have enough capacity to keep the facility at 85 degrees. This would keep the operating rooms, computer rooms, and patient rooms at 85 for an extended period of time. This is a major upgrade and only about half of the cost. Maria Griego-Raby inquired if the chiller plant serves the hospital. Mr. McKernan advised there are two issues: (1) the hospital put \$3 million into the chiller, but UNM is a loop system and when the</p>			

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	<p>Anthropology building had a pipe break, they shut down the chiller plant, which was in August of last year. The funds are to take care of the generators, and the hospital will work with UNM to isolate the hospital on the chiller system, so that we may not have to spend the second half of the money. 2) The hospital would have to be isolated by UNM from rest of UNM. They are trying to work this out with UNM. Their requirements are not the same as the hospital's.</p> <p>Jerry Geist noted this is a very prudent thing to do. Key item to note is the UNM system of delivering utilities is much narrower than it should be. RDC has reviewed and should make sure we get credit for capital expenditures on main campus.</p> <p>Ella Watt reviewed the projects funded with HSC funding and donations, comparison between budgeted and additional, per forma and noted debit covenant ratios were tested. Future commitments into 2009 were also reviewed to include OR renovations, MLK, west side and Encino land purchases, and SE clinic. Jerry Geist noted the RDC has asked that when capital is being considered, impact studies be done and the Hospital can handle.</p> <p>Dr. Rayburn asked about robotic surgery equipment. Mr. McKernan advised this is slated for next year. It will be a \$1.7 million cost.</p> <p>Ella Watt noted the Finance Department is working on revised budgets to take them to UNM for approval and hoping to get approval today for the capital budget revisions. However, Mr. McKernan noted that because of the magnitude, this could be deferred to the March meeting to give the board sufficient time to consider. Louise Campbell-Tolber requested a motion to approve today or next month. Jerry Geist advised that the Resource Development Committee is satisfied and made a motion to accept the capital budget revisions. Maria Griego-Raby seconded the motion and the motion passed unanimously.</p>	Capital Budget Revisions to be forwarded to the Board of Regents		
VIII. Administrative Reports	<p><u>Health Sciences Report</u> Dr. Roth reported that the legislative session is taking up his time and reported the following:</p> <ol style="list-style-type: none"> 1) Update regarding items related to the hospital. He believes they will be successful in HB 2 for \$5 million in capital equipment for the hospital. 2) Cancer Center: \$18.7 million is needed to complete the new building. There is GO bond for \$17 million. 3) There is a bill sponsored by Representative Bill Rehm that called for the GRT to replace the mil levy for UNMH due to property tax concerns of his constituents in the NE heights, but the bill is not likely to pass. Mr. McKernan noted 80% of care is delivered to Bernalillo County residents. 4) Dental School has quite a bit of support but he countered with program that would not require building a school, but rather 			

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	<p>constructing a program similar to the VA, developing affiliations with schools in other states and expand residencies. There is about \$2 million in support. Dr. Roth has asked Dr. Katz and Steve McKernan to study incorporating dental programs into the hospital. If they agree, the scope of services would provide minimum of care and would not be equivalent to the rest of healthcare services provided. It is critical that population has access, but funding is necessary.</p> <p>5) Other legislative priorities are:</p> <ul style="list-style-type: none"> - Faculty compensation increase - Capitol projects, neurosciences building that will be funded, BAMD program full funded. CON needed \$2.2 million and got \$474,000 in HB2 so far, which will result in a cut 32 slots in CON. - Stem cell research: very hot topic, and is at the point it should move forward <p>Maralyn Budke inquired about the status of HB 2. Dr. Roth advised it was brought to the floor and finished debate yesterday. She asked for comment on the healthcare plans. Dr. Roth noted there were a variety of healthcare reforms discussed. The most popular is the Governor's health solutions reform, which was gutted by the house. There are a number of other health bills around health policy regarding authority and creating a panel of members to be given some responsibilities to look at issues of health policy. There is the Indian Health Improvement Act, which does have traction and is moving along. This would be positive not only for UNMH, but for Native Americans. Ms. Budke asked about the north golf course plans. Dr. Roth advised it appears to be on hold. A number of proposals are being considered. UNM is trying to identify areas of land that they own for commercial use and the need to generate revenues to offset bonds.</p> <p><u>CEO Report</u> Mr. McKernan noted his report is in the agenda book. He also advised the census comparison is also in the book. Census in adult ICUs is up 74%; was down in adult medical surgery because beds were out of service. Total census is up 16% with most of the shift in ICU and SAC units. In Ella's report the case mix index has gone up only 1%. The hospital was on code purple a couple of days last week, but with the opening of 4W and additional nursing staff, is a big improvement over last year. Mr. McKernan noted while he was at the UHC meeting, in talking to colleagues from Colorado, heard that waits are 40-50 hours in their emergency departments.</p> <p><u>Clinical Affairs</u> Dr. Katz advised his report would be given in closed session.</p>			
IX. Updates	<p><u>Financial Dashboard</u> Ella Watt gave a report (attached) of the hospital financials as of December</p>			

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X. Committee Reports	<p>2007. Net income is \$17,576, 000 vs. 63,000 budgeted.</p> <p><u>Community Benefits Oversight Committee</u> (summary attached) Maria Griego-Raby reported the committee met last Friday and invited members from CAAC to listen to a discussion regarding EMSA and 1011 programs; how information flows between committees; and how issues are taken before the hospital and board. Kitty Fleschute does good job of presenting information. There will be new members joining CAAC, and they are in the process of formalizing working together. She asked Leah Steimel to update CAAC activities. Leah noted the CAAC changed its way of meeting from having a monthly meeting so one month the committee would meet for business and then hold a community forum. On January 9th, the Off Reservation Native American Committee presented to the council their analysis for services to Native Americans in Bernalillo County. Leah announced there will be a community forum meeting on February 21 at Wilson Middle School's, Native American Charter School, 1100 Cardenas SE, at 5:30 pm. Invitations will be sent out.</p> <p>Louise Campbell-Tolber inquired about services to non-reservation Native Americans. Mr. McKernan advised they would not qualify for contract health services, but can go to the I.H.S. hospital. UNMH agreed as part of the lease that Native Americans could qualify for UNM Care before they qualify for contract health dollars. If they can prove they are Native Americans, the co-pays are waived. Dr. Loretto commented that most of the Native Americans from tribes in New Mexico are covered through their tribes, but urban Indians are not necessarily from New Mexico, and are urged to seek care through their tribes. Federal dollars are already earmarked for tribes' use. Urban Indians have access through S.E.H. and First Nations clinics. However, Dr. Goldstein noted these clinics do not have evening hours, so they come to UNMH's Emergency Department services.</p> <p><u>Performance Oversight Committee</u> (summary attached) Dr. Goldstein noted the meeting summary is in the agenda book.</p> <ol style="list-style-type: none"> 1) The committee reviewed the quality and safety scorecard. She wants to know if the Board wants the entire scorecard or part of it. 2) Performance improvement/patient safety initiative presentation, Project Echo, was given by Dr. Arora, and Dr. Goldstein would like it presented to the full board. 3) Transplant program update was given. Of note: at UNMH, 37% of patients are diabetic. There are problems with transplants from family members because family members are also diabetic. <p><u>Resource Development Committee</u> (summary attached) Jerry Geist reported:</p> <ol style="list-style-type: none"> 1) The first half of meeting was the Audit Committee and noted when it's time for audit review, the participants in audit report what they have done to respond to audit findings. 2) Jim Pendergast gave a report that all raises in 1199 have been 			

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	<p>implemented. Local 2166's has not been ruled on by arbitrator.</p> <p>3) Training session: Ella Watt brought a report on how insurance is applied.</p> <p><u>Strategic Planning Committee</u> (summary attached) Maralyn Budke reported the committee met on January 15th. Among the discussion items were access and admissions. The Committee stressed to administration to react to this issue. The committee worked through the areas that the Strategic Plan will cover. LarsonAllen has been here conducting extensive interviews throughout the institution gathering input for the plan. The Committee also established meeting schedule for the remainder of the project, which is anticipated to be done by June.</p> <p>Maralyn Budke noted the ECHO project qualifies for a grant from the Robert Wood Johnson Foundation.</p>			
XI. Other Business	None			
XII. Closed Session	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. Dr. Loretto so moved and Maralyn Budke seconded the motion. The motion passed unanimously.			
XIII. Ratification	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. Dr. Hashimoto moved to ratify the approval of the medical staff credentialing approved in closed session. Maralyn Budke seconded the motion and the motion passed unanimously.	Medical staff credentialing to be forwarded to the Board of Regents for approval	February 15, 2008	Steve McKernan

ADJOURNMENT

There being no further business the meeting adjourned

Jerry Geist, Secretary
UNM Health Sciences Center
Clinical Operations Board