THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNM HOSPITALS

CLINICAL OPERATIONS BOARD
Meeting Minutes

Date	March 7, 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 passed unanimously.			
III. Announcements	None			
IV. Public Input	None			
V. Approval of Minutes	The Chair called for a motion to approve the minutes of the February 1, 2008, board meeting. Maralyn Budke so moved. Dr. Loretto seconded the motion and the motion passed unanimously.			
VI. Consent Agenda	Steve McKernan noted the consent items were discussed with the Resource Development Committee yesterday. Many are capital items discussed last month. The following items for consideration are: (1) OR Suite Utility Project; (2) Emergency Power Generation Electrical Backup, (3) Third Floor Connector; (4) Maxim Healthcare; (5) MedStaff; (6) Healthcare Laundry; (7) Sea Spine Surgical Implants; (8) Rick Johnson Advertising; and (9) Cardinal Health Pharmaceutical Distributor. Jerry Geist recommended approval of the consent agenda as submitted and so moved to forward to the Regents for approval. Maralyn Budke seconded the motion, and the motion passed unanimously.	To be forwarded to the F & F Committee and Board of Regents for final disposition	March 12, 2008	Steve McKernan
VII. Board Initiatives	<u>Care One</u> Steve McKernan introduced Dr. Doug Binder to present an update on the Care One Program, which is designed to serve the population needing chronic care. Dr. Binder gave a presentation (attached) on the program features, giving examples of patient profiles. And described how the program operates. Of note is the decline of ED visits for these patients. He has met with Dr. Katz			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	and Steve McKernan regarding the expansion of the program. Maria Griego-Raby commended Dr. Binder and the hospital. She asked how many patients are in the program, and what does he see as the number in expansion. Dr. Binder advised there is a rolling list of about 300 patients, but as patients graduate, they add another 50 new patients. He believe the hospital could double that number and would like to stick with the top 1% and target folks with insurance who don't know of the resources available. Thaddeus Lucero asked how patients are chosen for enrollment. Dr. Binder responded that they review the top 1% of charges and pick patients from that list. Mr. Lucero noted when they discharge MDC prisoners, the county would like for them to have somewhere to go to keep them stable with their medical needs. Steve McKernan the hospital should be connecting for this population and getting them assigned to primary care physicians. Mr. Lucero noted they are already working on the medical record component. Dr. Hashimoto asked about the demographic profiles of the patients. Dr. Binder advised the population is split 50-50 gender-wise, average age about 49-50 years old; about half are English speakers with the other half Spanish speakers and a small number of Vietnamese and Native American. There are some very young people. He is the only doctor seeing these patients. He doesn't do medical/medical exams work, but rather screening work. Mr. Geist asked if this is fairly representative of the street population. Dr. Binder responded that only 10 per cent or so are homeless, but some are people on the edge. Dr. Goldstein congratulated Dr. Binder on the program and asked about controlled expansion, if there are enough resources. Dr. Binder advised that folks are funneled into the primary care system, but capacity is a problem and they are working on this. Expansion needs to be done in a modulated manner. Dr. Goldstein asked if we have long-term results. Dr. Binder advised the program has only been running since 2006, so only data from 12 months before and after is available. Dr. Goldstein inquired about patients that disappear, if they are tracked if they haven't seen for 12 months. Dr. Binder advised that population will be looked at as well. Mr. McKernan commented that one of the programs being started is a navigator program to assist tracking this high-risk population. Dr. Goldstein discussed earlier intervention. In the last legislative session, they just passed a bill establishing a health task force preventing chronic conditions, which will be looking at what can be done in state for chronic disease management. She asked about a representative from the HSC on the task force. Dr. Roth advised he doesn't know much about the task force yet, but it should have			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	a rep. Mr. McKernan discussed managing chronic diseases, planning budgets now, trying to figure where hospital should be going. The hospital is looking at people after big expenditures. Some additional guidance from board is asked for. Other than the Pittsburgh model, there is not a whole lot to choose from to bring to the hospital. Dr. Goldstein added she is aware of a program not based on an academic center, but rather is a chronic management clinic, with a medical director, nurses, social workers and navigators, which follows chronic condition patients and have tremendous results by keeping those patients out of the hospital. They have meds, educate patients on meds, is a smaller program and serves multiple hospitals. Doctors refer patients and the wrap-around services make it work with physician extenders and community outreach workers (which the I.H.S. has used for years). One of the big impediments seems to be the electronic medical record. Dr. Hashimoto discussed identifying chronic conditions, i.e., asthma, diabetes and heart failure. Data is needed to identify our own chronic diseases and figure out how to cover them. Jerry Geist discussed the question where care is not being delivered to different populations or see how it can be integrated. There are a lot of different isolated programs that should be connected, such as the jail, homeless community and maybe conduct a survey to see what can be integrated by someone separate from a political affiliation. Mr. McKernan noted the hospital lacks the resources to do a competent survey, but suggested the Institute of Public Health should be able to do. Maria Griego-Raby suggested the possibility of using University resources such as Bill Wiese and the Anderson School to look at surveying and data, using staff, faculty and students. Dr. Hashimoto noted that Sandia Labs has a plan for its diabetic employees, which asks them to use their clinic and has 24-hour monitoring and dietary resources. Louise Campbell-Tolber suggested the POC could discuss and will initiate it. It is an issue that would solve so many problems, i.e., health, financial. <u>Preparing Your Organization for Where Healthcare is Going</u> Steve McKernan gave a presentation (attached) on where healthcare is headed. The presentation discussed new things that have happened and he noted the Veterans Administration transformation. They do an enormous amount of chronic care management. Health care inflation between 1980 and 2005 was discussed. Hospitals have much less of the “pie”. Also reviewed admissions and drop in LOS, and average daily census. The number of beds has dropped, and per population has dropped			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	40%. Care has moved to an out patient environment. Pills and less invasive procedures have replaced major surgeries. Dr. Roth discussed the physician numbers. Their data indicates a shortage of physicians. SOMs are bumping up class sizes. Mr. McKernan advised he will get more data. The presentation also discussed the baby boomer effect on facilities in 20 years and the need to build facilities now to be ready for it and quality/high performers and relationship to quality. Of note, DSH, IME and Medicaid budgets will be cut. Reimbursements will drop significantly. The government is seeking to reduce teaching facilities reimbursement and giving it to non-teaching facilities. If the teaching hospitals lose those, it would go to a negative margin for academic medical centers. Academic medical centers take care of a lot of Medicaid patients. It will be a problem to determine where Medicaid patients will go.			
VIII. Administrative Reports	<u>Health Sciences Report</u> Dr. Roth reported the following: 1) The Governor signed off on number of bills this week: capital projects for UNM funds for the Cancer Center, Neurosciences Center, and funds for an expanded dental facility. Also signed was the creation of a commission for off-reservation Native Americans. Dr. Roth met with people and Commissioner Deanna Archuleta but did not get all of the funding to get the commission adequately funded. He offered some in-kind support from HSC relative to data gathering. This would serve as a commission of the Bernalillo County Commission. They are in the process of drafting MOU's to allow a formal relationship between the Commission and HSC. 2) There was a meeting at Jemez Pueblo, which Ray Loretto hosted. The HSC and leadership of the Navajo Nation attended. They had good discussions and will be meeting for further collaboration between the Navajo Nation, Jemez Pueblo and UNM. 3) There was a recent vote/election this week in Rio Rancho, resulting in a favorable outcome for a tax to support a UNM campus in Rio Rancho. With that and the tax passed for CNM last fall, it will allow UNM to kick start that campus. The only other element to determine is a hospital on that campus. They are still in process of analyzing the advantages and disadvantages of what would benefit the community. 4) The HSC is in budget planning and making sure all bottom lines are in the black. Needs exceed funds, and the state			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	has been generous, as well as the county. Research begs so many opportunities, but they have to say no to projects and programs without adequate resources. <u>CEO Report</u> Mr. McKernan noted his report is in the agenda book and asked Dr. Pitcher to present the throughput report. Dr. Pitcher gave adult inpatient report through December 2007. He reviewed ED metrics. The left-without-being-seen rate is higher than desired. The average number of patient awaiting placement at 3 p.m. is hard to compare to last year because of data collection system change. Capacity is at about 85-90%. Using about 60% of capacity for Critical Care. Avoidable days rate is going down. He reviewed 30 days LOS and code purple. Dr. Goldstein asked about critical care – actual physical beds. Dr. Pitcher noted there are 66 beds, but requires highly qualified staff. Finding critical care nurses is very difficult. Dr. Goldstein inquired if there are critical care patients we can't care for. Dr. Pitcher responded he believes they're being diverted to other facilities. Mr. McKernan added that most of them are from rural locations. Most patients waiting in our ED will be admitted to a unit, but sometimes there is a 4-5 day wait for critical care. The CNO has carte blanche to hire critical care nurses. While UNMH got about 65% of graduating classes into UNMH, recent grads are not capable of working in ICUs. UNMH is taking care of 13% more critical care patients than a year ago. <u>Clinical Affairs Report</u> Dr. Katz reported on the following: 1) Expansion of electronic Medical record. One half is paper record, and one half is electronic. They came up with 2 projects. One piece Judy Spinella and Kim McKinley are charged with is nursing documentation. They are aiming for rollout next spring: tools for ease of practice, handoff reports, and patient care summary, discharge and progress notes. CPOE system and organizational change initiative was discussed. Children's hospital in LA was visited and Dr. Katz noted they had significant improvements in medication errors and orders. CPOE does not save time for physicians, however. Dr. Katz noted in the Utah Hospital it didn't work – CEO and CIO died in same year and there was not a lot of cooperation. He discussed role of executive leadership, implementation schedule, and time frame for training. 2) UNMMG: time has been spent on Sandoval County project, and noted a good financial year. Quality data is now on			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	website for public to see. 3) There is a link on the website for public reporting on blood stream and pneumonia rates.			
IX. Updates	Financial Dashboard Ella Watt gave a presentation (attached) on the hospital finances. Statistics were reviewed. Net income is $20,116,000 vs. $74,000 budgeted. Ms. Watt noted the hospital received mil levy in January and June.			
X. Committee Reports	Community Benefits Oversight Committee Maria Griego-Raby reported the committee did not have a meeting in February. The next meeting is at the end of March. CAAC did meet and hosted a community forum on Native American issues and asked Dr. Goldstein and Steve McKernan to comment. Dr. Goldstein reported the first one was mostly an educational forum. She did not attend the second one, but understands it was well attended. Urban off-reservation people are mostly involved with those meetings. They had a set of recommendations for the hospital, one of which is a clear policy by the hospital for off-reservation Native Americans. Relative to the Community Council meeting on Tuesday, there was a discussion on having community advocates participate with the UNM Care Committee. They have been working on billing and financial issues. This combined committee being set up is based on the blueprint for the Interpreters Committee. There is a mil levy meeting next week. The first release of data came out and preparing for next release of data. A number of members of the council would like to have one percent of the county mil levy diverted to a community-based navigation system to help patients access care. There are forums in April and May. Marketing was discussed. Mr. McKernan advised it is on-going. There were two spots, which are on the air right now. Pamphlets are made and at the printer. They are looking at alternative media outlets to get the message out. One is for self-pay patients, one for the Care Program and one for Native Americans. He will e-mail the schedule of ads to the board members. Jerry Geist expressed concern regarding the mil levy being diverted from the hospital and feels it should come through the hospital. Mr. McKernan noted that diverting mil levy money away from voter intent is not advisable. There will be a series of meetings regarding the mil levy through a June time frame and board members will be involved in the strategy. The County has signed an MOU in the past and has set conditions in order to place	Media spots list to be sent to board members		Steve McKernan

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	it on the ballot. The County Commission will advertise the intended ballot in June because they are required to advertise for any imposition of a mil levy tax. It is hoped to get the full 6.5 mils. It will be voted on in the November election. He will keep board members informed. <u>Performance Oversight Committee</u> Dr. Goldstein noted the summary report is in the agenda book. They had a positive presentation, which was the quality initiative in ICU. Pneumonia ventilator-related rates dropped in half. In general, there have been lots of positive efforts. <u>Resource Development Committee</u> Jerry Geist noted the report is in the agenda book from yesterday's meeting. He wanted to emphasize that the healthy patient unattended can be a risk. Steve McKernan brought up strategic issues related to federal reimbursements. The margins are razor thin, but are being re-invested into the hospital. UNM is rethinking how they are doing resource development institution-wide. Regardless, they have been working with Hazel Tull-Leach to consider how to give people an opportunity to give and contribute and about the board can participate more fully Mr. Geist gave an update on Local 1199. The arbitrator sustained the Hospital's position. Regarding the support staff position, the arbitrator found in favor of the union. However, legal counsel has advised some of the provisions are unconstitutional. For this years wage re-openers, negotiations are being started with the hope it won't be as difficult this year and compensation changes can be issued earlier. <u>Strategic Planning Committee</u> Maralyn Budke reported that the committee met on February 26th. The committee reviewed the first draft of the proposed mission and vision statements. They expect another draft this month. Safety net mission was discussed. Market assessment was discussed, and the feeling was it isn't practical make changes until after mil levy vote There was considerable discussion to track the strategic plan with the facilities plan. Community access, capacity, and interface between community and Sandoval County were discussed. Ms. Budke also reported the consultants will be done getting input from stakeholders in a few weeks. Mr. McKernan will bring back information to community groups. A list of community members			

Agenda/Subject#	Discussion	Status	Due Date	Responsible Party
	and groups interviewed will be provided to the board by the next meeting. The committee will have its next meeting on March 18th.			
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); discussion and determination, where appropriate, of matters subject to the attorney-client privilege regarding pending or threatened litigation in which the UNM HSC is or may become a participant pursuant to Section 10-15.1H(7); and matters involving strategic and long-range business plans or trade secrets of UNM per Section 10-15-1H(9) NMSA. Maralyn Budke so moved and Dr. Goldstein seconded the motion. The motion passed unanimously.			
XIII. Certification	After discussion and determination, where appropriate, of confidential limited personnel matters, discussion and determination, where appropriate; of matters subject to the attorney-client privilege regarding pending or threatened litigation in which the UNM HSC is or may become a participant pursuant to Section 10-15.1H(7); 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 the medical staff credentialing approved in closed session. Jerry Geist seconded the motion and the motion passed unanimously.	Medical staff credentialing to be forwarded to the Board of Regents for approval		Steve McKernan

ADJOURNMENT
There being no further business the meeting adjourned at 11:50 a.m.

_____
Jerry Geist, Secretary
UNM Health Sciences Center
Clinical Operations Board