

**CLINICAL OPERATIONS BOARD  
 Meeting Minutes**

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| Date     | April 4, 2008                               |
| Time     | 9:00 a.m.                                   |
| Location | UNM Hospitals Pavilion Conference Room 1500 |

| Agenda/Subject#        | Discussion  | Status  | Due date | Responsible Party |
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| I. Call to Order       | Chair Louise Campbell-Tolber called the meeting to order at 9:05 a.m.   |   |          |                   |
| II. Adoption of Agenda | The Chair called for a motion to adopt the agenda as submitted. Maralyn Budke so moved and Jerry Geist seconded the motion. The motion passed unanimously.  |   |          |                   |
| III. Announcements     | The following announcements were made:<br>1) Western Regional Trustees Symposium registration information was distributed. The symposium will be held June 4-6, 2008 in Boise, Idaho.<br>2) Physician population information discussed at the April 4 <sup>th</sup> meeting is in the back of the agenda books. Source document is from the AMA.<br>3) TV ad spots schedule is also in the back of the agenda book.   |   |          |                   |
| IV. Public Input       | None  |   |          |                   |
| V. Approval of Minutes | The Chair called for a motion to approve the minutes of the March 7 <sup>th</sup> board meeting. Maralyn Budke so moved and Jerry Geist seconded the motion. The motion passed.   |   |          |                   |
| VI. Consent Agenda     | Jerry Geist, Chair of the Resource Development Committee, asked Steve McKernan to review the consent agenda, which is for information only. It already passed through the Regents Finance and Facilities Committee yesterday (April 3). The consent items were:<br>1) UNMH Native American Liaison Offices<br>2) Consultants for HSC Master Plan and UNMH Addition Program Design Services<br>3) U. S. Food Services<br>4) Signature Staffing<br>5) Network Services<br>6) Hill Rom Beds<br>7) Paloma Blanca Health & Rehabilitation<br>8) MGA Healthcare New Mexico<br>Jerry Geist moved for approval. Maralyn Budke seconded the motion and the motion passed unanimously.<br><br>Dr. Roth discussed changing the timing of consent submittals noting the | Approved forwarded to F & F Committee 4/3 & BOR for 4/30/08 |          | Steve McKernan    |

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|                        | <p>governance of the hospital needs to go through its processes. Louise Campbell-Tolber advised the schedule might need to change and asked Jerry Geist what is happening. Jerry noted they have had the next iteration on language changes in the Regents' policies. Another iteration was done. Currently it is somewhere in between the original proposal and will be similar. COB may have complete delegation, and might continue to have a rep on the F &amp; F Committee. When a decision is made, the COB can then adjust its schedule. The other option is we may want to delegate within our power to the Finance Committee (RDC) of the COB the authority to approve some of those items to send directly to the Regents F &amp; F Committee.</p>   |        |          |                   |
| VII. Board Initiatives | <p><u>Chronic Disease Management</u><br/> Steve McKernan introduced Jamie Silva-Steele, Administrator for Ambulatory Services, to give a presentation (attached) on chronic disease management. Jamie and Dr. Carolyn Voss (who was unable to be present) prepared this proposal as a program for UNMH. If the Board thinks UNM Hospitals should implement this program, management will make sure it gets in the budget and resources are delegated.</p> <p>Ms. Silva-Steele reviewed the proposed plan for chronic disease management, which included the reasons for redesigning care; advanced medical home concepts; key system operational attributes; proposed care model; better patient model, resource utilization by category of patients; Care One, intensive disease management; and chronic care model, noting the differences between the traditional and chronic care models. They would like to start with a pilot at the Northeast Heights Clinic to make sure they can apply the staffing necessary to succeed before rolling it out to the other clinics. Other aspects discussed were community advocacy groups; behavioral health care delivery, primary care infrastructure, field case managers/shepherders going into the community to determine needs, eligibility and community resources. Also discussed were the primary care home, anticipated outcomes, specific protocols for disease management, and reporting and oversight. A new ambulatory quality committee was formed this year to look at measures and to ensure patients are on track, which will report to the Committee on Excellence.</p> <p>Jerry Geist asked about timing for the Northeast Heights Clinic. Jamie responded they have allocated funding in the budget to start exploring a model in July. Care One already has 3 proposals for intensive care management and a foundational piece will require looking at staffing models at sites. They don't have an MA pair up. They will be piloting a one to one model. Various levels are in the budget and would likely in 6 months have a good idea.</p> <p>Dr. Loretto asked about MAs doing assessments and how far into the community we are going. Jamie advised UNMH is not in the community yet, but where the biggest opportunity is, they will be using the shepherd role. Starting at NEH, there will be the first community advisory council to engage patients to find out what the</p> |        |          |                   |

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|                 | <p>needs are in that particular community and then roll out a plan.</p> <p>Dr. Hashimoto noted it was a wonderful presentation and the best planning he has seen for comprehensive care and disease management. The challenge will be in the details and measuring outcomes. He inquired how outcomes here match with outcomes from CMS (Center for Medicare &amp; Medicaid). Jamie gave the example of heart disease. That group has its own reporting structure to COE (Committee on Excellence). Thaddeus Lucero asked about benchmarks and noted the need to make sure there aren't false expectations. The County would like to hear reports on a regular basis.</p> <p>Dr. Goldstein commented she is delighted to see leadership taking this on. She asked the following question about clinical information systems for quality issues and outcomes: Will the EMR be able to be used as a register? Jamie advised that Cerner is fairly new, but thinks we have the expertise in HSC through the Information Solutions System to get information, but will require some work in data collection. Steve McKernan noted the hospital has purchased the license for registry, and as we proceed on the CPOE (computerized physician order entry), will see if the registry can function adequately. It would be key on the to-do list. Dr. Goldstein asked about the budget for it. Steve advised that we own the license, but have to get a bid from Cerner and anticipate a cost of about \$300,000 to \$500,000. Dr. Goldstein noted we would need partners, but if not in the Cerner system, asked how their data would be integrated. Mr. McKernan advised that Cerner has different levels of access; one is up and being experimented with, i.e., Cerner outreach is piloting in Dr. Loretto's Jemez clinic. Cerner integration has been discussed with First Choice. First Choice is in the process of determining what their electronic record will be and an interface system that's compatible.</p> <p>Dr. Goldstein asked about field navigators being culturally oriented, and the need for translators to be included by the team. Leah Steimel discussed tying outcomes to measure with national measures and suggested looking across the county with the health department and State DOH.</p> <p>Michelle Melendez complimented the staff on their activity with the southeast community. Jamie Silva noted they talked about the Southeast Heights Clinic and offered to go with them to meet with community members. Thaddeus Lucero offered to help advocate with First Choice.</p> <p><u>ECHO Project</u><br/> Dr. Arora gave a presentation (attached) on the ECHO Project (Extension for Community Healthcare Outcomes), a program for managing chronic diseases in rural and under-served areas. Dr. Arora's presentation discussed treatment of Hepatitis C in New Mexico, reviewed stats in New Mexico, under-served and rural areas, partners, treatment methodology, and solution vision. He noted an electronic record was designed, which we own, and will give to any rural provider</p> |        |          |                   |

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|                              | <p>for free. The database is here and allows people to manage patients longitudinally and allows a learning loop so others can see information without identifying patients. Dr. Arora announced that Dr. Hashimoto accepted the job as Medical Director for I-Health for free. Also of note, Project Echo was selected for a Robert Wood Johnson grant. Last month we were nominated for a Computer World contest and selected as a laureate.</p> <p>Also discussed were a diabetes training project, starting a chronic pain clinic, competence improvement, minorities distribution, and outcomes. Dr. Arora advised a program has been launched in India for autistic children and a project in Egypt for Hepatitis C.</p> <p>Dr. Goldstein noted the difficulty of dealing with the Hepatitis C problem and commended the success of this program. Maria Griego-Raby noted the need to communicate to the community what is being done.</p> <p>Jerry Giest asked if senior members in the community (retired) have been engaged to support proctors in educating and assisting the public in managing chronic diseases. Dr. Arora responded it hasn't been considered yet, but makes absolute sense to explore using trained community workers to assist in with such things as diabetes education and asked for ideas on how to implement. Mr. Geist noted there is an interfaith hospitality network, where churches take families and help them relocate, get housing and jobs. Providing education on healthcare activities would be helpful.</p> |        |          |                   |
| VIII. Administrative Reports | <p><u>Vice President Clinical Affairs</u><br/> Dr. Katz reported:<br/> 1) The UNMMG Executive Committee has approved starting in July, they will have one safety goal to match to the hospital. There will be small financial incentive.<br/> 2) For the Medical Group, they are establishing an advisory group to meet with the admin group.<br/> 4) The announcement of the Synergy E3 UNMH Clinical Transformation Project<br/> 5) Cerner Project meeting in Kansas City. Physicians, pharmacists and nurses attended. They learned how Cerner manages its projects and received deadlines from Cerner. To get CPOE up and running in March 2009, 375 order sets must be done by August this year. Dr. Katz believes the project will be on time and on budget.</p> <p><u>Health Sciences Report</u><br/> Dr. Roth reported on the following:<br/> 1) Process and relationship of COB with the Regents. Feedback was received from Regent Koch and the board. The next step is to visit President Schmidly and review all the changes, which he will likely support, and could possibly go before the Regents at their next meeting.<br/> 2) They are nearly done with budgets at HSC. Projections for this year look good at almost breakeven. The budget is almost \$1 billion, which</p>   |        |          |                   |

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|                      | <p>constitutes 50-60% of the total UNM budget. The Hospital is getting good feedback from UNM and the Regents.</p> <p>3) They are going through initiatives regarding strategic planning. There are 3 missions: 1) patient care; 2) medical group is actively engaged; and, 3) research mission. There are a number of changes that will impact not only research but also clinical operations. He is anticipating getting feedback later this month and whether we will receive a translational award. On education, Dr. Roth would like to have the Deans for education in the Medical School, Nursing and Pharmacy Colleges update on their initiatives. A prime driver is to open the pipeline to increase the workforce.</p> <p><u>CEO Report</u><br/> Steve McKernan noted his report is in the agenda book. Of note, the National Hispanic Cultural Center Health Fair is on April 26th. UNMH will have staff present and will have financial eligibility workers there. May 25 is the moratorium deadline on the Medicaid rule and GME. This is a rule by the executive branch regarding intergovernmental transfers for hospitals. Mr. McKernan also discussed a presentation he heard at Rotary regarding psychopaths and legal implications of who you put on parole and who you don't put on parole. It can be diagnosed ahead of time. People at the MIND Institute have a joint project with prisons and prisoners have volunteered to be tested.</p> <p>Dr. Roth discussed that testing ethics are in debate around the world. For example, if someone is predisposed to diabetes, will their insurance rates go up? If that's made public, patient confidentiality and rights are in question. He advised if the Board was interested, they could set up a separate event where the Ethics Institute could set up a panel for discussion. The Chair expressed interest in doing this.</p> <p>Mr. McKernan announced that Sheena Ferguson has been appointed as Administrator for Professional Support and Services.</p> |        |          |                   |
| IX. Updates          | <p><u>Financial Dashboard</u><br/> Ella Watt gave a presentation of the financials for UNMH (attached). She reviewed statistics for patient days, discharges, average length of stay, SCI and UNM Care enrollment, CMI, cash and FTES. Noted was an increase in nursing hours of care. Paid FTES are also higher than expected. The hospital had a net income of \$21,778,000. Dr. Goldstein asked about the total enrollment. Ms. Watt explained that some enrollment shifted to SCI. Thaddeus Lucero inquired about the employee vacancy rate. Jim Pendergast advised the hospital vacancy rate is 2%. Total employee head count is about 5,200 employees, including part-time and psych employees.</p>   |        |          |                   |
| X. Committee Reports | <p><u>Community Benefits Oversight Committee</u><br/> Maria Griego-Raby noted she was out of town for the last meeting on March 28th. There is summary in the books and she asked Dr. Goldstein to comment. Dr.</p>   |        |          |                   |

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|                 | <p>Goldstein reported several issues were discussed. They heard a presentation by Kris Sanchez regarding the Interpreter Committee. UNMH now has 12 full-time interpreters, most are Spanish and there are Vietnamese and Navajo interpreters. Video monitors for interpretation are being considered and the equipment will be demonstrated today. They are also working on the creation of a dashboard report for interpreter training. The consultant who did the assessment on interpreter needs is coming back to re-assess. In centralized scheduling, 93% of the people are bi-lingual. Native American assistants are now working in one location together. Racial ethnicity collection data was discussed. They have come up with standards; staff will be trained in May and rolled out in July. The committee heard a presentation on self-pays and how self-pay charges are handled by the hospital. After all eligibility sources are determined, very few patients owe self-pay balances. Dr. Kaufman brought up a discussion on the contract with First Choice, noting that in order for patients covered under UNMCare to get prescriptions, they have to call and get a physician at UNM to write orders. Dr. Katz believes it can be resolved but not easily and quickly. There is a problem with doctors not credentialed in our system/organization and need to monitor utilization and quality. There are select physicians at First Choice who are faculty here who can do these. Steve McKernan discussed reporting results to patients. Ultimately the Board and Hospital are responsible for positive results. There is no mechanism if providers are not credentialed at UNMH. Dr. Katz commented they need a way to contact physicians after hours. First Choice doctors are not on-call. Steve added he will pose this question to NAPH at the next meeting he is attending. Michelle Melendez asked about interpretation at First Choice. Jamie Silva-Steele advised there are opportunities to link technology with our partners.</p> <p>Dr. Goldstein reported the CAAC charter is being revised. Dr. Roth commented a future solution to privileging and assurance of quality will be advancement of the electronic medical record and extent to which it is shared between facilities. The ultimate solution would be First Choice being integrated into the hospital system. Regarding the CAAC charter, the intent of CAAC is to provide advice to him on the entire HSC. 99% of the time it has been UNM Hospital centered. It's greatest impact is to gain advice on all three missions of the HSC. He hopes to have hospital issues be fielded more back to the hospital board and its committees.</p> <p><u>Performance Oversight Committee</u><br/>Dr. Goldstein reported they looked at a project for improving patient satisfaction scores. The Quality and safety scorecard was presented. It reflects some of the efforts to improve overall quality in the hospital.</p> <p><u>Resource Development Committee</u><br/>Jerry Geist noted a summary report is in the agenda book. Points of emphasis were a plan for progress on reorganization questions and activates going on at the federal level regarding collection of revenue.</p> |        |          |                   |

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|                     | <p><u>Strategic Planning Committee</u><br/> Maralyn Budke reported the committee met on March 18<sup>th</sup>. The committee felt enough progress on mission/vision statements has been made that the consultants can take it to the stakeholders. The committee discussed bed needs over the next 5, 10, 20 years and the new Sandoval facility. UNMH is looking at 100 beds in the short term here and in 20 years, two additional facilities in Bernalillo County, assuming the current market share moved to about 30% with the Lovelace closing. The architect selection delay will affect the completion of the COB strategic plan two to 3 months. Mr. McKernan noted this is part of the Regents meeting agenda VPS has been selected as the facility planner. They are trying to get a schedule for hospital, HSC and UNM.</p> |   |          |                   |
| XI. Other Business  | None  |   |          |                   |
| 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); and matters involving strategic and long-range business plans or trade secrets of UNM per Section 10-15-1H(9) NMSA. Maria Griego-Raby so moved. Dr. Goldstein seconded the motion and the motion passed unanimously.</p>   |   |          |                   |
| XIII. Certification | <p>After discussion and determination, where appropriate, of limited personnel matters per Section 10-15-1H(2); and matters involving strategic and long-range business plans or trade secrets of UNM per Section 10-15-1H(9) NMSA, 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.</p>  | Medical staff credentialing to be forwarded to the Board of Regents | April 30 | Steve McKernan    |

**ADJOURNMENT**

There being no further business, the meeting adjourned at 12:20 p.m.

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Jerry Geist, Secretary  
UNM Health Sciences Center