



CLINICAL OPERATIONS BOARD

Meeting Minutes

Date	May 2, 2008
Time	9:00 a.m.
Location	UNM Hospitals 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 9:05 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	None			
IV. Public Input	<p>Jean Adams, President of Support Staff Unit of 1199, which represents everyone but the nurses who work at the hospital, expressed the following concerns regarding their labor contract:</p> <ol style="list-style-type: none"> 1) The arbitrator decided in favor of the union for their 2008 contract proposal. She stated the hospital has not honored the arbitrator's decision and 1199 will be going to court in June. She is asking the COB to recommend that hospital management honor the contract in order to avoid court. 2) Magnet Status and the effects unnecessary amounts of disciplines and retaliation and the perception that in some departments employees are the enemy. The union is not opposed to management and would like to be respected. 			
V. Approval of Minutes	The Chair called for a motion to approve the minutes of the April 4 th board meeting. Jerry Geist so moved and Maria Griego-Raby seconded the motion. The motion passed unanimously. A motion was called for to approve the minutes of the April 29 th Special Board Meeting. Maralyn Budke so moved, and Dr. Hashimoto seconded the motion. The motion passed unanimously.			
VI. Consent Agenda	Chair Campbell-Tolber noted the consent agenda submitted today is Informational only as it was voted on and approved at the Regents Finance and Facilities meeting on May 1 st . She asked Mr. McKernan to review the list. Mr. McKernan noted the first item is related to the First Choice Clinic on Isleta Blvd. After the 2000 mil levy election, the county joint ventured with UNM Hospital. The program changed slightly and the Hospital is now asking for support for 4 providers. Behavioral Health will be put in the renovated building instead of the main building. The second item is related to chilled water for emergency operations. The third item is a contract with First Choice for them to take care of UNM Care and SCI patients who need a medical home. Contract reimbursement rate is \$90 per visit. The fourth item is a contract for linens and laundry. Jerry Geist noted formal action was taken yesterday (May 1) at the Resource Development Committee meeting, which was unanimous, and he moved approval by this board. Maralyn Budke seconded the motion and the motion passed unanimously.			

Agenda/Subject	Discussion	Status	Due Date	Responsible Party
VII. Board Initiatives	<p><u>GME Annual Report</u> Steve McKernan introduced: David Skar, MD, who is an Associate Dean and in charge GME and the residency house officers program at UNM Hospital. Dr. Sklar's presentation (attached) discussed the numbers of staff, GME programs, accreditation, and new positions. Also reviewed were the areas of focus on citations, which were resident evaluations and scholarly activity. Other highlights were GME accomplishments for 2006-2007, new challenges and goals objectives.</p> <p>Maria Griego Raby inquired that of the 500 residents in the program – are all working in the hospital, or are some working in rural areas in New Mexico and if so, is there rotation? Dr. Sklar advised that some family medicine residents are working in other areas such as Roswell and Santa Fe. The do the first year here and then go to outside areas. Peds residents go to Silver City, Farmington, and other places. There are restrictions on how long they can spend away from UNMH. They are trying to work with ACGME but are limited by national accreditation folks. Drs. Sklar and Rayburn discussed that despite training here, it can't be completed under one roof, as physicians need to be competent in wide variety of experiences. Dr. Sklar noted the need to send them other places to get experience that they can't get here or is limited here because of the population.</p> <p>Mr. McKernan added that this program is vital to the hospital but at the same time, there are lot of things moving in different directions, ie., work hour rules. The Hospital is significantly over the cap permitted by the feds, which causes financial strain because the Hospital can't get paid. There is a Medicaid rule eliminating GME altogether, which they are trying to get suppressed. The Moratorium Legislation on the Medicaid Rules including the GME Rule and the Cost Limit Rule passed the House and has to go to the Senate for vote. The hospital is also being challenged by the direction the federal government is going which is to decrease support for GME. Dr. Hashimoto asked why. Mr. McKernan responded the feds believe they pay too much for medical education and don't need to pay that much because outcomes would be the same and also because the Medicare budget is under strain, GME should be cut.</p> <p>Dr. Goldstein asked why there are not enough residents. Dr. Sklar responded that historically when they expanded GME slots, SOMs did not expand. Anesthesia didn't fill at all one year and never expanded enough in SOM training to meet the needs. Now that they are training more people, it may push out the foreign students to some extent. Some are very high quality. Perception is maybe now there won't be enough physicians, but the market will decide. If there is healthcare reform, needs may be very different. Steve McKernan noted that in August, we are hoping to have an expert from the AAMC who just concluded a study on the healthcare workforce for the U.S., come and speak to the board.</p> <p><u>2009 UNM Hospitals Budget</u> Jerry Geist reported that the Resource Development Committee met yesterday, and the Hospital has had a satisfactory year, but there are a lot of unknowns related to the State and Feds. It matches what is in the strategic plan.</p>			

Agenda/Subject	Discussion	Status	Due Date	Responsible Party
	<p>Ella Watt reviewed the proposed FY 2009 Budget (attached). Patient days are projecting a 7% increase, influenced by the opening of 3-East and 4-West and moderate growth in adult and OB/GYN. Outpatient clinics are projecting 4% increase and the ED slight increase of 1%. Ancillary growth in operations is expected to be 7% and births a 2% increase. Growth of 310.6 new FTEs is anticipated. The net income statement was reviewed. Of note, the hospital expects to see an increase in service contracts with BBRP warranties expiring this year. A mil levy 3% increase is projected. Mortgage payments, interest expense and mortgage insurance premium and projected annual debt service coverage ratio were reviewed as well as UNM Psychiatric Center's and UNM Children's Hospital's stats and income statements.</p> <p>Ella reviewed the capital budget of \$46,531,771 (attached) and the sources of funds and funds' use. HSC strategic initiatives fund is for new clinics. \$12,600 is associated with ambulatory clinics funding. The Major Projects list was also attached, among which were renovations of the third floor, operating room infrastructure, west side, Southeast Heights and Ophthalmology clinics, emergency operations electrical upgrade and the computerized physician order entry project.</p> <p>Ms. Watt reviewed Major Strategic Initiatives (attached) related to the Five Pillars:</p> <ol style="list-style-type: none"> 1. Growth and Strategic Plans 2. Quality and Safety 3. Service and advanced medical home (presented at the last board meeting) 4. People - recruitment and retention 5. Finance - contracting and core measures <p>Michelle Melendez asked how much was allocated for the medical advanced home. Jamie Silva advised there will be \$200,000 in support and \$529,000 in FTEs. Steve McKernan added that \$400,000 is included for the navigation system.</p> <p>Jerry Geist moved to approve the budgets as submitted. Steve Anaya seconded the motion and the motion passed unanimously. Of note, if the Medicaid moratorium is not extended, the financial impact would be a negative \$40.6 million.</p>			
VIII. Administrative Reports	<p><u>Executive Vice President, HSC</u> Dr. Roth reported the following:</p> <ol style="list-style-type: none"> 1) He is trying to coordinate a visit with Ed Salzberg of the AAMC for the August Board meeting 2) Seven members of the medical staff and faculty were recognized as top docs in New Mexico: Drs. Steve Padilla (Dermatology), Mike Richards (Emergency Medicine), Ed Libby (Hematology), George Comerci (Internal Medicine), David Lemon (Pediatric Surgery), Mark Langsfeld (Vascular Surgery) and Dan Wascher (Orthopaedics). 3) Master facility plan: this activity is working in parallel with UNM and President Schmidly to engage in a master plan for campus and separate planning for the Rio Rancho campus. There will be 3 components of this plan: main campus, HSC and athletics. In HSC, there are two planning processes: one within the hospital and each of the academic units developing a visioning and prediction of where education and research needs will be going. The consultant for the HSC master plan is Dekker/Perich/Sabatini, which is also the consultant for UNM. 			

Agenda/Subject	Discussion	Status	Due Date	Responsible Party
	<p>4) Office for Diversity is sponsoring a two-day forum to identify solutions around challenges in diversity in education and retaining diversity. Representatives from rural New Mexico, Tribal communities, faculty from middle and high schools and several other universities are participating.</p> <p>5) There is a new MOU for house staff with St. Vincent, which was highly successful. They have residents in surgery, and family and community medicine rotating through. There is also an arrangement with the CON to go to an RN to a BSN program. The College of Nursing will conduct distance learning using technology so that nurses can remain employed in local hospitals and work with the CON to obtain a Bachelors degree in their community. Because of the lack of funding several programs had to be terminated.</p> <p>6) The Informatics Center has sponsored an exhibit on Frankenstein. The theme is bioethics. Dr. Roth asked Holly Buchanan to comment. Holly advised that with the opening of the Domenici Center and space to do things they are creating dialog and engagement with the community. Part of the initiatives was to bring in traveling exhibits and create lectures around exhibits. In the spring, they had the Changing Face of Medicine, focused on women. The Frankenstein Exhibit deals with boundaries on life and death and ownership of DNA. They have had faculty speak, and scientists from Sandia Labs and middle school students tour the exhibit as well as being on TV programs as well.</p> <p>Maralyn Budke inquired about the budget and gifts and the restructuring of the UNM Foundation. Dr. Roth advised that the President has discussed and had several meetings. In the HSC, there is a vacant position for VP for Development. Each college has its own development officer and the hospital has its own officer. He doesn't anticipate any functional difference impacting the Hospital or the HSC colleges. Details still have to be worked out. They are hopeful it will result in greater returns on development.</p> <p>Jerry Geist commented the organization will privatize the function of the Foundation and employees would be employees of Foundation rather than UNM. It would have a disciplined program that would expand its capabilities. Louise Campbell-Tolber believes it will be a smooth transition. A friend of Dr. Schmidly has been brought in to organize it. Michael Kingan is President of the UNM Foundation now and a UNM employee. His capacity will be reduced to only fund-raising. Each department and college will retain it's own development officer. The money will remain where it's been, but the Foundation will assume responsibility of training, etc.</p> <p><u>Vice President, Hospital Operations</u> Steve McKernan noted his report is in the agenda book. One of the projects currently underway is looking at the Cancer Center in its technical status as free-based. Because of reimbursement issues, it would be advantageous for the Cancer Center to be hospital based.</p> <p><u>Vice President, Clinical Affairs</u> Dr. Katz reported: 1) The budgets were finalized for this year and approved by the UNNMG board. It was</p>			

Agenda/Subject	Discussion	Status	Due Date	Responsible Party
	<p>coordinated with hospital. UNMMG is on budget for the current fiscal year.</p> <p>2) One of goals was to establish their personnel system for July 1, which is on track. Current UNM employees can remain as UNM employees if they chose.</p> <p>3) Quality Report will be given in closed session.</p>			
IX. Updates	<p><u>UNMH Financial Dashboard</u> Due to the budget presentation the dashboard was not reviewed. Jerry Geist noted there was nothing on which to comment. Steve McKernan reported that noted UNMM Care enrollment is down, but SCI is up significantly. Michelle Melendez inquired if the financial outreach program will assist in raising numbers. Mr. McKernan stated that he hopes to bring those numbers up.</p> <p><u>Other Business</u> Maralyn Budke inquired about the union going to court for enforcement of the arbitrator's decision since the UNM attorneys' opinion was that following it would put UNMH in violation of the State Constitution. Mr. McKernan advised that after the decision on arbitration, UNM counsel advised the Regents that one of the issues in arbitration is challenged constitutionally, and they need clarification from court. Legal counsel advised management to implement their last best offer but not the entire decision of the arbitrator. Ms. Budke requested to have the record show this board does not have the authority to intervene in labor matters.</p> <p>Michelle Melendez expressed concern on the effect of this on retention and recruitment.</p> <p>Eleanor Chavez commented that the only issue in dispute is the \$500 bonus. She stated the Hospital failed to implement the entire wage proposal. Hospital implemented their own wage proposal, not the union's.</p>			
X. Committee Reports	<p><u>Community Benefits Oversight Committee</u> Maria Griego-Raby reported the committee did not meet in April, but a meeting is scheduled near the end of this month, May 23.</p> <p><u>Performance Oversight Committee</u> Dr. Goldstein reported the committee met April 25th. They did credentialing and heard several presentations. ED stats haven't changed. Care Management gave a presentation, which came from discussions regarding patients remaining in the hospital past their medical necessity. From the time of admission, discharge planning is assessed, discharge plans discussed, and a whole host of issues from community, how it can be improved and assure patients are connected to a medical home and their primary care physician be informed they were in the hospital. There was also an update on medication safety. Dr. Goldstein discussed a sentinel event at the Psychiatric Center, and an analysis was presented at the committee.</p> <p>Louise Campbell-Tolber asked what they are doing to improve. Dr. Goldstein responded that patients are assessed upon admission by social workers. For some patients, there is no home, and there have been some efforts to transfer them to other facilities, but it is not an easy thing to do. Mr. McKernan advised the hospital is working on it. Activities going on are organizing with inpatient nursing, the issue of closing units, the investment in hospitalists, and ability to align nurses and caseworkers. There will</p>			

Agenda/Subject	Discussion	Status	Due Date	Responsible Party
	<p>then be placement issues. Three years ago, the Hospital relied on various rehab and nursing facilities who would take patients. Those facilities then stopped taking them for free. The Hospital is now getting them placed and budgeted, but is costing a large amount of money.</p> <p><u>Resource Development Committee</u> Jerry Geist noted the written report is in packets and budgets were reviewed yesterday.</p> <p><u>Strategic Planning Committee</u> Maralyn Budke reported several items were already reviewed. Highlights of the meeting on April 15 were: 1) Discussed planning coordination with main campus 2) Discussed interview results with external groups and asked that Larson Allen expand contact with groups 3) Determined that the target date for the hospital strategic plan will need to be changed to line up with main campus. 4) Reviewed Larson Allen financial planning tool and viewed variable financial data scenarios, which will be a major assistance in planning.</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 10-15-1.H(2); and 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 10-15-1.H(7); and matters involving strategic and long-range business plans or trade secrets of UNMH per Section 10-15-1.H(9) NMSA. Maralyn Budke so moved, and Dr. Loretto seconded the motion. The motion passed unanimously.</p>			
XIII. Certification	<p>After discussion and determination of limited personnel matters pursuant to 10-15-1.H (2); matters subject to the attorney-client privilege regarding pending or threatened litigation pursuant to Section 10-15-1.H (7); and matters involving strategic and long-range business plans or trade secrets pursuant to Section 10-15-1.H (9) NMSA., the meeting reopened to the public. The chair called for a motion to ratify the approval of the medical staff credentialing approved in closed session. Maralyn Budke so moved and Michelle Melendez seconded the motion. The motion passed unanimously.</p>	Medical Staff credentialing to be forwarded to the Board of Regents	May 28, 2008	Steve McKernan

ADJOURNMENT

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

Jerry Geist, Secretary
UNM Health Sciences Center