



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

UNM HOSPITALS

CLINICAL OPERATIONS BOARD Meeting Minutes

June 6, 2008

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 Jerry Geist 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 May 2, 2008, board meeting. Jerry Geist so moved and Maralyn Budke seconded the motion. The motion passed unanimously.			
VI. Consent Agenda	Steve McKernan reported that the following consent agenda items were presented at RDC and positively recommended to forward for approval by the Board of Regents: (1) Suicide Hazard Abatement; (2) CCW Infrastructure Backfill Renovation; (3) UNMH Basement Data Center Cooling Project; (4) Boston Scientific; (5) Standard Register; (6) Leica; (7) IBA Molecular; (8) Philips Medical; and (9) Bayer. Jerry Geist moved to forward to the Regents for approval. Maralyn Budke seconded the motion and the motion passed unanimously.	Approved by the F & F Committee and forwarded to the full Board of Regents	May 28	Steve McKernan
VII. Board Initiatives	<p><u>English as a Second Language</u> Jim Pendergast gave a presentation (attached) on the ESOL program, which was started in 2003. His presentation described the course program. Of note, the students must make 70% grade to pass the verbal exam. 69 employees have successfully completed the program. Susana Rinderle introduced two students of the program, Juan Gonzales and Elvira Baros, who gave personal testimonials of their successes. Louise Campbell-Tolber congratulated them and commended the employees for their success. Susana noted that Elvira is now in school and her goal is to become a nurse. Jim expressed appreciation for supervisors who encouraged their employees participate in this program.</p> <p><u>UNM Hospital 401(a)</u> Jim Pendergast gave a presentation (attached) on the proposed 401(a). There was only a 403(b) when he started at the hospital. The 403(b) is</p>			

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	<p>the plan whereby the hospital puts a 5.5% or 7.5% contribution into the plan and is self-directed by employees. The programs offered are Lincoln and Fidelity. He added a 457 plan, which allows employees to put more money into retirement. 403(b) has employer and employee contributions and the 457 allows another \$15,500/year. The 401(a) is employer funded only. The money would go into fund based on discretion of Dr. Roth for the CEO and the CEO for administrators and executive director levels. The contributions would be immediately vested and employees would be able to rollover into an IRA upon separation from the Hospital. The plan was run by legal counsel and was presented at the RDC meeting yesterday and approved.</p> <p>Jerry Geist reported the RDC reviewed it thoroughly and noted it is an improvement for management. He read the resolution to adopt the plan and moved to adopt the resolution. Dr. Loretto seconded the motion. Dr. Hashimoto asked how many employees are eligible. Jim Pendergast responded the initial eligibility would be 100. Dr. Hashimoto asked if it will roll out to other employees. Mr. Pendergast responded this is a start. The chair asked for a vote on the motion, and it passed without opposition.</p>			
VIII. Administrative Reports	<p><u>Executive Vice President, HSC</u> Dr. Roth reported the following:</p> <ol style="list-style-type: none"> 1) Announcement for the Rio Rancho UNMMG Legacy partnership was made. There is huge enthusiasm to develop the project on the UNM campus. This will be more than a community hospital as it will serve as a teaching hospital for professional training with a two-year nursing program and many allied health programs are interested. CNM is particularly interested in building those programs. There will also be another press conference of a larger scope regarding the cooperative memorandum of understanding between the city of Rio Rancho, Sandoval County, UNM, HSC and CNM to do joint planning for that region of Sandoval County. They are finalizing a statement on a vision for the future for the city and county and the plan is to create a task force comprised of planners from both organizations to address infrastructure issues. 2) Revised governance policy (2.13) was presented May 28 at the Regents meeting. The process being followed for policy modification is to provide notice, describe the change and allow for input. The policy will be submitted back to the Regents in August meeting for formal adoption. Maria Goldstein asked for a copy of the policy. <p>Jerry Geist noted there was a committee that worked on the process, which will achieve about 95% of the changes sought. Steve McKernan will send it to the board. One of the changes recommended by the COB was a direct link to the full BOR. Regents asked that the COB still come</p>	Revised governance policy to be sent to board members		Steve McKernan

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	<p>through the F & F Committee and wanted two members of the COB on F & F because there is more opportunity for discussion and recommendations at the committee level. Louise Campbell-Tolber discussed the redundancy of approvals by the COB because F & F is meeting before the COB. Dr. Roth advised they may change their meeting schedule. The other rationale for keeping two members of the COB on the Regents F & F Committee is they really felt it is important, because of the hospital's huge operation, for the governance of the hospital to have a prominent position on the Regents committee. Another minor issue is that medical staff was going to the HSC Committee which didn't make much sense because that committee is responsible for non-clinical activities and will now funnel through F & F as does all other hospital issues.</p> <p><u>CEO Report</u> Steve McKernan advised Brian Sanderoff will talk about surveying the image of the hospital related to mil levy. Steve and Jim Pendergast will do a presentation on mil levy strategy, which will be done closed session.</p> <p>Steve reported the Hospital has been on code purple all week, since Memorial weekend. There is a high census in the hospital. The 3-East unit will be reopened this coming Monday and still trying to open the last 4 beds on 4-West. Hospital is still working on 6-South remodel, which would provide 16-18 beds. There have been massive increases in volume at the hospital compared to a year ago. There is a ground breaking for a new clinic on Texas and Central. Bids should come soon. The target date is for January 1st. The City wants a clinic at Central and Unser, but he is concerned about fumes from traffic at that location and staffing.</p> <p>Of note, the hospital just passed the date of 18 months since the last JCAHO visit. They can come in at any time. They will be in for the ASAP and home health accreditation visit in the next month. Starting Gates have been issued on TJC preparedness.</p> <p>Organizationally, a small change was made in the Inpatient nursing units. Pam Demarest has been over adults units, and will start ICU's in the adult units. She is trained as an ICU nurse. Maribeth Doren is taking over as Executive Director for adult routine units. She will apply her safety training in the inpatient unit areas. Kim McKinley will take on the role for computerization of inpatient units. March of 2009 is the target date for implementation of CPOE.</p> <p>Dr. Rayburn inquired about SCI status. Steve McKernan advised the state wants to reduce reimbursement from \$400 to \$260/patient/month.</p>			

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	<p>The agreement is that we would have greater enrollment at lesser rate resulting in the same revenue. The Hospital is still doing modeling and working with Molina who provides the services to resolve the issues. He will notify the board when agreement is finalized with the state. UNMH has been dependent on First choice and FQHC , but patients want to be connected to UNMH because of the electronic record. They are working on a project to extend the electronic medical record with First Choice. UNMH doesn't have the physical space or FTEs to accept patients back into UNMH.</p> <p><u>Vice President Clinical Affairs</u> Dr. Katz reported on the following:</p> <ol style="list-style-type: none"> 1) UNMMG Updates: He has been visiting faculty meetings to bring them up to date and folks are enthused about opportunities. He has been in touch with community physician groups and is arranging meetings with Roth. 2) Information for nicotine therapy (attached). It is time to make a protocol for hospital patients. There is a tobacco cessation program here. Medical evidence is overwhelming that if you can intervene, it is advantageous to start replacement therapy and important to get follow up. 3) CPOE is on track and the group is going back to Kansas City. They have had two more demos from Cerner – the OR package and enterprise wide scheduling system. <p>Dr. Rayburn asked if the tobacco protocol would apply to pregnant women. Dr. Katz advised it would.</p>			
IX. Updates	<p><u>UNMH Financial Dashboard</u> (attached) Ella Watt reviewed the hospital financials. Statistics were higher. Net income for April was \$27,374,000.</p>			
X. Committee Reports	<p><u>Community Benefits Oversight Committee</u> Maria Goldstein noted the meeting summary is in the agenda book. She reported:</p> <ol style="list-style-type: none"> 1) The committee had a discussion on the CAAC role and how it works with board CBOC. The CAAC is in process of developing a new charter and is experiencing turnover of members. Later this month both will meet about relationship and communication between committees. 2) Jamie Silva gave presentation on chronic disease management. Native American issues were not discussed in length, but SCI enrollment was discussed, and there was some concern we aren't working hard enough to do outreach in that community. Steve McKernan advised that Kitty Fleschute talk about it. There is a financial eligibility person permanently at I.H.S. and there is someone at First Nations to do enrollment. Kitty noted it is not easy to convince Native Americans they 			

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	<p>have to apply. We need enrollment here and know they are NA to qualify them for assistance and waiver of co-pays. Dr. Goldstein commented that First Nations doesn't see a lot of Native Americans and the hospital probably needs to talk to community reps for the best place to put workers. Steve McKernan noted at Texas and Central the Native American Center is directly across street from that location. That will give a good opportunity for enrollment potential. Dr. Loretto suggested he may need to talk to leaders to see what the problem is. He thought the guidelines were in place in various locations and doesn't think people should go without healthcare.</p> <p><u>Performance Oversight Committee</u> Dr. Goldstein reported the committee met last week and had credentialing. There were several presentations. Regarding infection control, there are major changes. There will be a routine survey of MRSA and testing in adult units by the end of the year. For patient satisfaction the good news is that trends keep going up and have reached 80% which is the highest it's been. However, there are a number of units that did not reach their goals and remain low in comparison to other UHC hospitals. The hospital is getting ready for TJC and following all measures to gear up for inspection.</p> <p>Louise asked if the problem on patient satisfaction was safety. Dr. Goldstein advised the issue is that there is a chronic problem overall with care given, what happens, care at home and response to concerns and complaints. Steve McKernan noted that while it was our highest score, some units didn't measure up. Neonatal has a high response rate, but adult units haven't hit targets yet. Nursing units rounding has an effect and those units have higher scores. Patients in the old units score lower in satisfaction because of the physical plant issue. Dr. Rayburn added that scores are going up and more evals are coming back.</p> <p><u>Resource Development Committee</u> Jerry Geist noted the report is in the book and asked Jim Pendergast for a summary on negotiations. Jim reported the hospital has settled with CWA, which was a wage re-opener only. A 3% increase was settled on. CWA represents behavior health employees. It was also announced there will be a 3% increase to the general and management pay plans. They are still negotiating with the tech unit of 1199, and the non-technical workers, formerly of 2166 employees. The hospital would like to be settled by June 29, before the beginning of the 2009 fiscal year.</p> <p>Mr. Geist noted they discussed state reimbursement plans and asked Steve to comment on the federal. Steve reported success in the lawsuit.</p>			

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	<p>The judge ruled that CMS had not legally promulgated the cost limit and GME rules and ordered the department to retract the rule. The government had not reintroduced the rule yet. Additionally, they are pursuing moratorium language and vote was 75-22 in favor of adding the moratorium, which is a significant victory. If a veto is done, the Senate would uphold. In the house bill for Iraq, they did not approve, and would have to approve language in the bill for the moratorium. If the moratorium is approved, it would last until 2009. If the moratorium ends, SCHIP would end.</p> <p><u>Strategic Planning Committee</u> Maralyn Budke reported the committee spent a lot of time on the financial model and agreed on conservative bases. Facility planning is delayed because of the UNM master plan. There were assurances from Dr. Roth that HSC planning is driving the process and main campus will not proceed without the HSC input. Status of governance was discussed. The committee was briefed on the Sandoval County project. It was also agreed that LarsonAllen and the Hospital need to re-think input on the strategic plan to seek additional and broader community input.</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 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, where appropriate, of limited personnel matters per Section 10-15-1.H(2); and matters involving strategic and long-range business plans or trade secrets of UNMH per 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 Dr. Goldstein seconded the motion. The motion passed unanimously.</p>	Medical Staff credentialing to be forwarded to the Board of Regents	August	Steve McKernan

ADJOURNMENT

There being no further business, the meeting adjourned at 12:00 p.m.

Jerry Geist, Secretary
UNM Health Sciences Center