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Board of Directors Minutes

Carrie Tingley Hospital

1987

**Carrie Tingley Hospital Board of Directors Meeting Minutes
1985-1987**

Board of Directors, Carrie Tingley Hospital, New Mexico

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CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



P.O. BOX 25447
87125-0447

1127 UNIVERSITY BLVD., N.E.
ALBUQUERQUE, NEW MEXICO

841-9121

Board of Directors Meeting Minutes

February 25, 1986

5:30 p.m.

Attendance: Board: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Betty Teal, Member. Absent: Robert Garcia and Curtis Lombardi. Hospital: Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Kurt Sams, Director, Fiscal Services; Charles Eberle, Medical Director; Vicki Kalen, Assistant Medical Director; Sally Ordinachev, ERC; Kathy Moore, Director of Nursing. Guests: Andrea Buzzard, Assistant Attorney General; Sam Cata, Office of Children & Youth.

I. Minutes of January 7, 1986

Betty Teal noted that there is a typographical error in the list of attendees: the word "executed" should read "excused."

Polly Arango asked for clarification on page 3; second to last paragraph. An additional sentence should be added that reads: "Since the middle of November, positions have been filled and therefore the surplus in the personnel line item will be diminishing."

ACTION: Betty Teal moved that the minutes be accepted as corrected. Motion seconded and passed.

II. ERC Report

Sally Ordinachev reported that the ERC had received several positive comments. Jennie Marquis, an employee of CTH for 17 years, has transferred to Truth or Consequences to the Veteran's facility there. The ERC has developed a list of 22 items that have been presented to Administration for comment. None of these items are grievances, but rather questions of an informational nature. ERC and Administration are working together to respond to these questions.

VI. Old Business

Robert Garcia was nominated for the position of Secretary of the Board. Mr. Garcia was elected by acclamation.

VII. New Business

Mr. Lovato presented information relating to the relationship between CTH and Los Lunas Hospital and Training School which may need clarification.

Concerns have been expressed by staff of Protection and Advocacy regarding availability of services (primarily therapy services) for residents of Los Lunas. This concern was for both residents under and over age 21.

Dr. Eberle explained the historical evolution of the current relationship between CTH and Los Lunas Hospital and Training School. It was agreed that all children under 21 years of age are eligible for services at CTH.

Andrea Buzzard suggested that the four questions regarding the need for services, as outlined in an earlier correspondence from her office, be answered. Mr. Lovato agreed to follow up with Mark Delgado, Administrator of LLH&TS.

The issue of treating patients over age 21 will be further discussed at the next meeting of the Board. A statement of policy regarding the relationship between CTH and LLH&TS will be forthcoming.

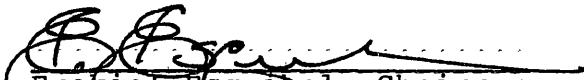
Meeting adjourned at 8:30 p.m.

Respectfully submitted,

.....

Robert Garcia, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

Motion was seconded and passed.

Mr. Lovato reported on a staff development session held for Department Heads on January 8. Martha Kaser, an attorney well versed in legal issues relating to hospitals, presented information on the legal impact documentation has upon institutions.

Another training session is being planned regarding purchasing and contracting in the state system.

Mr. Lovato presented information related to a meeting he recently attended in the Governor's office at the request of the Governor's Office of Children and Youth. Attending the meeting in addition to Mr. Lovato were Toni Martorelli and Joan Hubbard. The purpose of the meeting was relating the coordination/consolidation issue. The Office of Children and Youth has requested input from CTH by March 1, 1986 regarding how we (CTH) can contribute to making CMS stronger. This report to the Office of Children and Youth should be a Board report. The Board will discuss items to be included.

Mrs. Arango asked for a plan to track our census figures and some analysis of those figures.

Mr. Lovato announced that CTH has arranged to participate in Monitrends beginning in January.

Mr. Lovato reported on the Christmas visit to CTH by multiple Santa Claus', including one who arrived in a hot air balloon. During the holidays, CTH was visited by Mrs. Diane Schultz, the mayor's wife. Carrie Tingley was the recipient of many gifts including anonymous gifts.

Mr. Lovato presented the financial report. The budget is currently underspent by \$250,052. The personnel line item is still in a surplus position. However since the middle of November positions have been filled and surplus will be therefore reduced.

The Carrie Tingley Hospital budget request will be heard in the House Appropriations and Finance Committee on January 16 at 1:30 p.m.

Dr. Mark Moret, a physiatrist from Minnesota, will be coming to Albuquerque to attend the Orthopaedic seminar and to interview as a candidate for our position. Dr. Moret has three or four years of experience and he is board certified in Physical and Rehabilitation Medicine.

Dr. Eberle presented an application for privileges from Dr. Folgel. Dr. Folgel is in partnership with Dr. Dixon.

ACTION: Polly Arango made a motion to accept Dr. Folgel's application for privileges as recommended by Dr. Eberle. Motion was seconded and passed.

Dr. Eberle discussed the pending application for privileges of Dr. Alexander. Dr. Alexander is a local chiropractor. Further information has been requested of Dr. Alexander regarding insurance issues.

Dr. Eberle briefly discussed the proposed format for the upcoming Medical Advisory Committee and the special informational meeting regarding gait labs.

V. Administrator's Report

Mr. Lovato presented an update regarding Phase II of the construction project. Furnishings and equipment are still being delivered. Difficulties with the telephone system are being resolved. The Building and Safety Code relating to door closures was discussed. The hospital is exploring the possibility of installing new hardware which meets the standards, and still allows for doors to remain open. The other item which is of concern is the nurse call system. The contract called for the reinstallation of the equipment that existed in this building prior to remodeling. The nurse call system as it exists today is not adequate and will need to be replaced. Additional asbestos has been discovered in the basement and tunnels. However, it appears that the project is on schedule. Completion is anticipated in mid April.

A proposal has been received from Ernst & Whinney to address the findings of the audit. It is in the amount of \$4,200 for services with an additional charge of \$790.00 for travel and related expenses resulting in a total charge of \$4,990.00. This proposal has been shared with the State Auditor to get his feeling for the price, as well as for our plan to address the findings and recommendations of the audit. The State Auditor did not comment regarding the price, however he did state that he would support contracting with Ernst & Whinney to assist in addressing the audit findings.

ACTION: Polly Arango moved that the Board adopt Mr. Lovato's recommendation to have Ernst & Whinney give us some guidance on the audit deficiencies.

CARRIE TINGLEY HOSPITAL
FOR CRIPPLED CHILDREN



PO. BOX 25447
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841-9121

BOARD OF DIRECTORS' MEETING MINUTES
January 7, 1986

Attendance

Board: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Curtis Lombardi, Member; Robert Garcia, Member; Betty Teal, excused absence. Hospital: Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Charles Eberle, M.D., Medical Director; Vicki Kalen, M.D., Associate Medical Director; Jo Lund, Business Office. Guests: Kathy Flynn, Executive Director, CTH Foundation; Andrea Buzzard, Assistant Attorney General.

Meeting was called to order at 5:50 p.m. by Chairman Esquibel.

I. Minutes

Minutes of the November 26, 1985 meeting of the Board were reviewed. It was requested that, in the future, the minutes be expanded to include a little more information.

ACTION: Polly Arango made a motion to accept the minutes as presented. Motion was seconded and passed.

II. ERC Report

No report was made by the Employee Relations Committee.

III. Medical Advisory Committee

No report was made by the Medical Advisory Committee.

IV. Medical Director's Report

Dr. Eberle presented some background information on Dr. Jeff Seltz. Dr. Seltz is replacing Dr. Jean Spigel as a staff pediatrician on a 60% basis. Dr. Seltz has extensive experience with multiply handicapped, chronically impaired children.

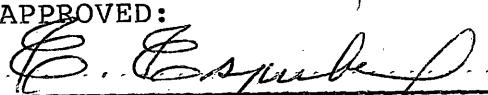
VIII. New Business

The December meeting will fall on Christmas Eve.

Mr. Esquibel stated that the Board will meet January 7 at 5:30 p.m. The December and January meetings will be combined.

Meeting was adjourned at 8:00 p.m.

APPROVED:



Ezekiel Esquibel, Chairman

ACTION: Polly Arango moved that the audit be accepted as presented. The motion was seconded and passed.

IV. Medical Advisory Committee

Dr. John Romine represented the Medical Advisory Committee. Robert Garcia asked that the MAC provide the board with input regarding

- 1) their perception of Carrie Tingley Hospital in the whole service delivery system;
- 2) better ways to integrate with the private sector;

The general functioning and structure of the MAC was discussed. This issue will be considered further at an upcoming meeting of the Board.

V. Medical Director's Report

Dr. Charles Eberle reviewed the October statistics. Dr. Eberle reported on his recent interview with Dr. Rosalind Bobulski, a pediatric physiatrist.

VI. Administrative Report

Robert Lovato presented an update on the construction project. The relocation of the program went extremely well. There are still problems and rough spots, but all in all it went very well.

Mr. Lovato presented the financial report. State transfers are short in the amount of \$134,380.00. These are land and insurance transfers.

The Governor has issued directives to agencies to contain costs. Of the 452 state positions which were abolished in this effort, five positions were from Carrie Tingley.

Linda Worley reported on a parent meeting conducted on November 6 in Farmington. Comments from participants were discussed regarding respite care, and the possibility of having the Farmington clinic more frequently.

Mr. Lovato discussed the relationship between Carrie Tingley Hospital and the Carrie Tingley Hospital Foundation.

VII. Old Business

None

CARRIE TINGLEY HOSPITAL

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BOARD OF DIRECTORS ' MEETING MINUTES November 26, 1985

ATTENDANCE

Board: Ezekiel Esquibel, Chairman; Polly Arango, Vice Chairman; Robert Garcia, Member; Curtis Lombardi, Member; Betty Teal, Member; Hospital: Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Charles Eberle, M.D., Medical Director; Kathy Moore, Director, Nursing Services; Sally Ordinachev, ERC; Guests: Sam Cata, Governor's Office on Children and Youth; Wayne Brown, Ernst & Whinney; John S. Romine, Medical Advisory Committee; Kathy Flynn, CTH Foundation.

Meeting was called to order at 5:58 p.m. by Chairman Esquibel.

I. Minutes

Minutes of the October meeting were reviewed:

ACTION: Robert Garcia made a motion to accept the minutes as presented. Motion was seconded and passed.

II. ERC Report

Sally Ordinachev presented the minutes of the Employee Relations Committee meeting. The general feeling of the employees is that although there are problems, there are none that cannot be solved.

ACTION: Robert Garcia made a motion to accept the minutes of the ERC meeting as presented. Motion was seconded and passed.

III. Audit Report

Wayne Brown of Ernst & Whinney presented the findings of this year's audit. Administration has requested a proposal from Ernst & Whinney regarding their assistance in implementing changes necessary to correct the deficiencies cited in the audit. Robert Lovato stated he will develop an action plan for correction within two weeks.

Ms. Worley discussed the participation of Carrie Tingley and Esparanza Special Schools in a joint effort to produce a 30 minutes documentary on respite care. This production will be accomplished by way of a grant from the City of Albuquerque.

V. Old Business

Mr. Lovato reported on the status of contracts with UNMH for dietary and pharmacy services. Comparative costs per patient day for dietary services were presented.

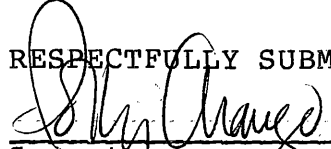
VI. New Business

Mr. Lovato requested that the Board begin giving thought to Opening Day/Dedication ceremonies for the new building. These activities would not occur until after the completion of Phase II.

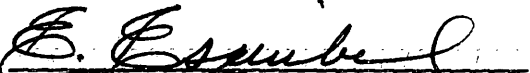
It was suggested that a Special Meeting of the Board be scheduled on November 5 at 5:30 p.m. to discuss personnel issues.

The meeting adjourned at 8:25 p.m.

RESPECTFULLY SUBMITTED:


Secretary, *acting*

APPROVED:


Ezekiel Esquibel, Chairman

Dr. Eberle presented a request to continue service to Albert Gomez, who has reached age 21. This patient will require approximately one additional year of service in order to complete the treatment plan begun two years ago.

ACTION: Betty Teal moved to continue care for Albert Gomez until completion of his treatment plan as recommended by Dr. Eberle. Motion seconded and carried.

IV. Administrative Report

Robert Lovato reviewed the status of the construction projects. On Thursday, October 31, an inspection is scheduled with the contractor, property control, the architects, and CTH staff. Phase II is progressing. John Lavis Construction has been awarded the contract for Phase II. Completion of Phase II is expected around March 1, 1986. Plans for the moving of the program were discussed.

Mr. Lovato reviewed the CTH hearing before the Legislative Finance Committee.

Mr. Lovato reviewed the recent meetings of UNM, HED, and CTH concerning consolidation/coordination of service.

Mr. Lovato updated the Board on the recent Medicare/Medicaid Certification Survey.

All deficiencies identified in the survey have been addressed. The plan of correction has been submitted.

Mr. Lovato presented the financial report. Revenues continue to be greater than budgeted. The area that is falling behind is state transfers, which are insurance, land income and such things.

Mr. Lovato distributed the final financial audit report. A formal presentation by the audit firm is on the agenda for the November board meeting.

Linda Worley reviewed plans for a meeting in Farmington with Carrie Tingley families. The meeting is scheduled for November 6 at 7:00 p.m. at the Central Offices of the Farmington Public Schools.

Ms. Worley and Betty Teal discussed the recent visit to CTH by representatives of Cultural Affairs. There will be a piece of participatory sculpture commissioned for the new building.

Ms. Ordinachev distributed and reviewed the minutes of the ERC meetings.

ACTION: Robert Garcia moved that the minutes of the ERC meetings be accepted. Motion was seconded and carried.

II. Minutes of the September 24, 1985 meeting

The minutes of the September 24, 1985 meeting were reviewed.

ACTION: Betty Teal moved that the September 24 minutes be accepted as presented. Motion was seconded and passed.

III. Medical Director's Report

Dr. Eberle presented the application for privileges of Dr. Kurt Fiedler.

ACTION: Robert Garcia moved to accept Dr. Fiedler's application. Motion was seconded and carried.

Dr. Eberle presented the application for privileges of Dr. John Gribble.

ACTION: Polly Arango moved to accept Dr. Gribble's application. Motion was seconded and passed.

Dr. Eberle presented the application of Dr. Karl Horn for privileges.

ACTION: Betty Teal made a motion to accept Dr. Horn's application. Motion was seconded and passed.

Dr. Eberle reviewed the status of Dr. Nadine Trainer's interest in joining the Carrie Tingley staff. Dr. Trainer has notified Dr. Eberle of her intent to accept a position in Philadelphia. Dr. Eberle discussed the possibility of recruitment of another pediatric physiatrist.

Dr. Eberle presented two requests for extension of service beyond age 21 currently being seen in Birth Defects Clinic. Both individuals requires urologic follow up. Discussion revealed that adequate services are available in these patients' respective local communities.

ACTION: Robert Garcia moved to accept Dr. Eberle's recommendation NOT to continue service to these two overage patients. Motion was seconded and carried.

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ALBUQUERQUE, NEW MEXICO

841-9121

**BOARD OF DIRECTORS MEETING
MINUTES**

October 29, 1985

5:30 p.m.

ATTENDANCE

Board: Ezekiel Esquibel, Chairman; Polly Arango, Vice Chairman; Betty Teal, Member; Robert Garcia, Member; Hospital: Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Charles Eberle, M.D., Medical Director; Kathlynn Moore, Director, Nursing Services; Sally Ordinachev, ERC: Guests: Joseph Johnson, Secretary, Health & Environment; John Myers, Administrative Assistant, HED.

The meeting was called to order at 5:55 p.m. by Mr. Esquibel.

Changes in the agenda were made as follows:

- 1) delete Item II - Medical Advisory Committee
- 2) Item V, subsection I - CTH/CTHF relationship

I. ERC Report

Sally Ordinachev, president of the Employee Relations Committee, presented the ERC Bylaws with changes.

ACTION: Robert Garcia moved that the ERC Bylaws be approved as presented. Motion was seconded and carried.

Ms. Ordinachev presented the revised ERC grievance procedure. It was suggested that there be added a clause addressing no expansion of grievance, and that a standardized grievance form be developed.

ACTION: Robert Garcia moved that the grievance procedure be approved with the stated additions. Motion was seconded and carried.

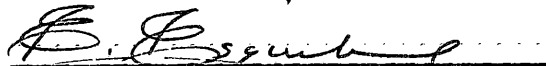
ACTION: Robert Garcia made a motion to go into an executive session for the discussion of personnel issues. Motion seconded and passed.

Executive session began 2:49 p.m.

Executive session ended 3:03 p.m.

Meeting adjourned at 3:04 p.m.

APPROVED:


Ezekiel Esquibel, Chairman

.....
Sally Sanchez, Secretary

III. Administrative Report

Mr. Lovato presented the August financial report. The progress on the construction project was reviewed. The move of the program into the new building is scheduled for the week of November 12. Phase II has a construction time of 150 days, which will result in a completion date in February. Mr. Lovato announced that the Carrie Tingley budget will be presented to the Legislative Finance Committee on October 23 at 2:30 p.m. Mr. Lovato distributed to the Board, copies of the current Carrie Tingley statutes: 23-2-1. Discussion of these statutes followed as they relate to the relationship between Carrie Tingley Hospital and the University of New Mexico and the legislative intent of the law. Accounts totalling \$19,397.22 were presented to the Board for transfer to inactive status.

ACTION: Robert Garcia made a motion to authorize \$19,397.22, as presented, be transferred to inactive status. The motion was seconded and passed.

IV. Old Business

Mr. Lovato reviewed the status of the plan to coordinate the hiring of medical staff with UNM Medical School. Mr. Lovato distributed to the Board letters and a first draft of the joint powers agreement between UNM and CTH.

Mr. Lovato also distributed letters exchanged between Dr. Eberle and Dr. Storey regarding anesthesia services at UNMH.

V. New Business

Mr. Lovato presented a letter, from Dr. Alexander, chiropractor, to the Board, requesting privileges.

Robert Garcia suggested that a written response from Dr. Eberle to Dr. Alexander, including a copy of the Medical bylaws, would be consistent with appropriate use of channels.

Robert Garcia stated that he was pleased with the way Mr. Lovato has handled things with the University. Mr. Lovato responded that Dean Napalitano would like to address the Board and share his views of how things can work between UNM and CTH. Dr. Napalitano has expressed to Mr. Lovato that he, too, is pleased with the way things are going.

CARRIE TINGLEY HOSPITAL
FOR CRIPPLED CHILDREN



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841-9121

Regular Board Meeting
September 20, 1985
Taos, New Mexico

Attendance: Board - Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Betty Teal, Member; Robert Garcia, Member. Administration - Robert Lovato, Administrator; Linda Worley, Assistant Administrator. Department Heads: Everette Taylor; David Dingman; Linda Stoffel; Gloria Martinez; Kathy Roberts; Paul Stibbard; Jimmy Crownover; Jerry Anderson; Kathy Moore.

Meeting was called to order at 1:15 p.m. by Mr. Esquibel.

I. Minutes of August 27, 1985 meeting

The minutes of the August meeting were reviewed. The following corrections were made:

- 1) Page 2 item IV paragraph 2: Change "Ms. Esquibel" to read "Mr. Esquibel."
- 2) Page 2, item V, ACTION: Change "Mr. Esquibel" to read "Polly Arango."

ACTION: Betty Teal moved that the minutes be accepted with the stated corrections. Motion seconded and carried.

Mr. Lovato stated for the record that there would be no tape recording of this meeting of the Board.

II. Medical Director's Report

Medical Director's Report was deferred. Statistics for the month of August were discussed. Mr. Garcia asked about the development of a statistical standard to be used as a measure of productivity. Mr. Lovato stated that we expect to have developed such a data base by the end of our first quarter in the new building. Polly Arango stated that a statistical breakdown of outreach clinics by location would allow for the identification of utilization trends.

VI. Old Business

Mr. Lovato reviewed the upcoming annual retreat to be held September 20, 21, 22 in Taos, New Mexico at the Kachina Lodge.

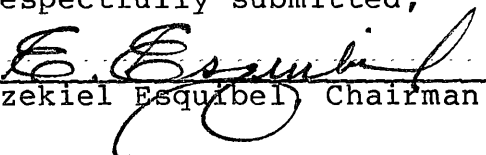
VII. New Business

Discussion of the interview visit of Dr. Trainer was led by Mr. Esquibel. The need for a special board meeting was suggested.

ACTION: Mr. Esquibel directed that Special Board Meeting will be held on August 29.

Meeting was adjourned at 9:30 p.m.

Respectfully submitted,


Ezekiel Esquibel, Chairman

.....
Sally Sanchez, Secretary

III. Medical Advisory Committee

No report.

IV. Medical Director's Report

Dr. Eberle presented an application for admission to the medical staff from Kurt Fiedler. Dr. Fiedler is a neurologist who is replacing Dr. Ralph Snyder.

ACTION: No action, awaiting further information:

Dr. Eberle led a discussion of problems related to overage, out-of-state, out-of-country, patients. Mr. Esquibel suggested that these issues be further explored by Mr. Lovato, Dr. Eberle, and Andrea Buzzard to formulate a policy to address these issues.

ACTION: Mr. Garcia made a motion for the Board to enter executive session to discuss a staff report with the potential for litigation.

The Board entered executive session at 6:15 p.m.

The Board reconvened open session at 7:28 p.m.

V. Administrative Report

Mr. Lovato presented the financial report. Discussion of contractual services and malpractice insurance premiums followed. Mr. Lovato reviewed the progress on the construction project. The contract for Phase II of the construction has been awarded to the John Lavis Construction Co. The contract provides for completion 150 days after the Notice to Proceed. Mr. Lovato discussed the recent survey of CTH by Health & Environment Survey team for state licensure and Medicaid/Medicare certification; Ms. Arango discussed the recent CTH presentation before the LFC. Mr. Lovato discussed the CTH Financial Audit. Plans for the relocation to the permanent building were reviewed. Mr. Lovato presented the 75 FY Budget Request.

ACTION: Polly Arango moved that the Budget be accepted as recommended by Administration. Motion seconded and passed.

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CARRIE TINGLEY HOSPITAL
BOARD OF DIRECTORS' MEETING MINUTES

Carrie Tingley Hospital Outpatient Clinic
1128 University Blvd., NE
Albuquerque, New Mexico 87125

August 27, 1985
5:30 p.m.

Attendance: BOARD: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Betty Teal, Member; Robert Garcia, Member. ADMINISTRATION: Robert Lovato, Administrator. MEDICAL AFFAIRS: Dr. Charles Eberle, Medical Director. OTHERS: Andrea Buzzard, Assistant Attorney General; Trish Garduno, Personnel Director; Jackie McKinney, EEO Officer; Jerry Anderson, Director, Fiscal Services; Kathy Flynn, CTH Foundation.

I. Minutes of July 30, 1985 meeting.

Ms. Teal suggested that the attendance at Board meetings be indicated by categories i.e. Board members present, administration, etc.

ACTION: Ms. Arango moved to accept the minutes. Motion seconded and passed.

II. ERC Report

There was no ERC report. However, the proposed CTH Affirmative Action Plan was presented by Trish Garduno, Personnel and Jackie McKinney, EEO Officer. Review and discussion of the plan resulted in the following suggested changes:

- 1) Addition of sexual preference statement (p1).
- 2) Amendment to statement regarding access to records (p1).
- 3) Heading change on p6 to read "Commitment to Persons with Handicaps".

ACTION: Ms. Teal made a motion to accept the plan with the proposed changes. Motion seconded and passed.

BOARD OF DIRECTORS' MEETING MINUTES
July 30, 1985
Page 3

Board went into Executive Session at 7:45 p.m.

The Board resumed Open Session at 8:45 p.m.

The meeting was adjourned at 8:45 p.m.

SUBMITTED:

.....

Sally Sanchez, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

ACTION: Betty Teal made a motion to accept these applications for appointment. Motion was seconded and passed.

Dr. Eberle discussed the June statistics and provided information regarding the usage and availability of operating room time. Mr. Esquibel suggested that Dr. Eberle attempt to compile a set of comparable statistics from private hospitals. These should be available for discussion by the Board at a later time.

V. Administrator's Report

Mr. Lovato presented the financial report stating that the anticipated positive cash position did in fact occur. Mr. Lovato discussed the status of the construction project. Development of the budget request for FY75 was discussed. The formation of a subcommittee of the board to review the agency request was suggested.

ACTION: A subcommittee of the Board to review the budget request was formed. Robert Garcia and Betty Teal will represent the Board.

A meeting to review the budget was scheduled for August 23 at 3:00 p.m.

Mr. Lovato discussed the hospital committees which have been formed to plan and coordinate the move into the new building.

Mr. Lovato discussed the upcoming LFC hearing. CTH is to present to the LFC on August 14 at 1330.

Jerry Anderson reviewed the audits and finalization of the Medicare Cost Reports. CTH has received additional reimbursement in the amount of \$44,000.

There was discussion of proposed financial policies. No action was taken at this time.

A request was made for an Executive Session

ACTION: Robert Garcia made a motion that Board go into Executive Session for the discussion of personnel matters. Motion was seconded and carried.

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CARRIE TINGLEY HOSPITAL

Board of Directors' Meeting Minutes

July 30, 1985

Attendance: BOARD: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Robert Garcia, Member; Betty Teal, Member. ADMINISTRATION: Robert Lovato, Administrator; Linda Worley, Assistant Administrator. MEDICAL AFFAIRS: Dr. Charles Eberle, Medical Director; Dr. Vicki Kalen, Associate Medical Director. MEDICAL ADVISORY COMMITTEE: Dr. Robert Turner, Lovelace Medical Center. OTHERS: Jerry Anderson, Director, Fiscal Services; Ms. Christina Gunn, Guest.

Meeting was called to order at 6:00 p.m. by Ezekiel Esquibel, Chairman.

I. Minutes

The minutes of the June 26 regular meeting of the Board were reviewed. Polly Arango requested that a statement be added to the minutes reflecting the positive position of the Board regarding coordination of services.

ACTION: Robert Garcia made a motion to accept the minutes with the stated addition. The motion was seconded and passed.

II. Clinic Study Report

Christina Gunn, a graduate student at the Anderson school of management, presented the results of the clinic flow study conducted in December 1984, January 1985.

ACTION: No action necessary; for discussion at this time.

III. Medical Advisory Committee

Dr. Turner commented on the service model utilized in the Lovelace clinics and a comparison to the model in use at CTH.

ACTION: None necessary.

IV. Medical Director's Report

Dr. Eberle presented the applications for appointments to staff for Dr's Spigel, Sotta, Fugisaki, Verploeg, and Burwell.

BOARD OF DIRECTORS MEETING MINUTES

June 26, 1985

Page 4

There being no further new business, the meeting was adjourned at 8:35 p.m.

SUBMITTED:

Sally C. Sanchez
Sally Sanchez, Secretary

APPROVED:

E. Esquibel
Ezekiel Esquibel, Chairman

ACTION: Robert Garcia made a motion to transfer the accounts presented to inactive status. Motion was seconded by Betty Teal and passed.

Possible changes in financial/collection policies and procedures was discussed. It was suggested that Administration prepare written recommendations regarding changes in financial policies for the Board to review at the next regular meeting. Mr. Lovato discussed the annual retreat to be held in Taos the weekend of September 20, 21, 22.

Mr. Lovato discussed a request of the Department of Finance and Administration for a five-year capital improvement plan. As of now there are two items of capital improvement anticipated within a five-year period: 1) the purchase of warehouse with an estimated cost of \$25,000; and 2) possible renovation of the dietary area in the new building at an estimated expense of \$100,000.

Mr. Lovato informed the Board that beginning July 10 he would be subject to call for jury duty for a period of three months.

VI. Old Business

The Performance Development Plan for the Administrator was discussed in the context of existing By-Laws.

ACTION: No action taken

VII. New Business

Mr. Lovato discussed the first meeting regarding coordination of services which was held in Dr. Fitzhugh Mullan's office. The CTH Board discussed their intent to assume a positive position on the issues relating to Dr. Mullan's meetings by developing and presenting a proposal for improving coordination of children's services.

ACTION: None necessary

VII. Election of Officers

Election of officers of the Board of Directors was held:

ACTION: The following Board members were elected to office:

Ezekiel Esquibel	Chairman
Polly Arango	Vice-Chairman
Sally Sanchez	Secretary

BOARD OF DIRECTORS MEETING MINUTES

June 26, 1985

Page 2

Dr. Robert Turner, Chairman of the Interaction Committee will be approached about attending an upcoming meeting. Due to a recent death in his family he has not been able to attend.

ACTION: No action necessary

IV. Medical Director's Report

Dr. Eberle reviewed the statistics prepared for the Board. The decrease in volume of surgical time available has an impact on the average of three to four patients per week. Surgeries are being scheduled into September and October now.

ACTION: Polly Arango requested that a written narrative/analysis regarding medical/clinical issues and statistics be prepared and presented to the Board on a monthly basis.

Dr. Eberle presented the credentials of the new orthopaedic residents: Drs. Fugisaki, Verploeg, Burwell, Sotta; the two pediatric residents: Drs. Packer, and Knott; and Dr. Jean Spigel who replaced Dr. Nancy Rieder.

ACTION: Betty Teal made a motion that temporary privileges be granted until the Board has an opportunity to review the applications. Motion was seconded by Robert Garcia and passed.

V. Administrator's Report

Robert Lovato reviewed the status of the renovation project. Bid opening for Phase II is scheduled for July 26.

The proposed CTH EEO Plan was distributed to be discussed at the July meeting.

Linda Worley discussed the Parent Advisory Committee. There has been good response to the questionnaire. A tentative plan is being discussed which will provide contact with CTH personnel to assist in the organization of PAC groups in outlying communities.

Robert Lovato discussed the new developments relating to Birth Defects Clinics. Since this clinic is now under the auspices of CTH, there will be an evaluation and assessment of the services given at the clinic. Efforts will be made to maximize the services rendered to children/families as well as maintain a cooperative approach with the University.

Mr. Lovato presented the financial report. The hospital has maintained a positive position as was expected. The personnel upgrades were accomplished effective June 1, 1985, Jerry Anderson presented the accounts submitted and transferred to an inactive account.

CARRIE TINGLEY HOSPITAL
FOR CRIPPLED CHILDREN



P.O. BOX 25447
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ALBUQUERQUE, NEW MEXICO

841-9121

BOARD OF DIRECTORS

June 25, 1985
Minutes

Attendance: Ezekiel Esquibel, Chairman; Polly Arango, Vice Chairman; Sally Sanchez, Secretary; Betty Teal, Member; Robert Garcia, Member; Robert Lovato, Administrator; Charles Eberle, M.D., Medical Director; Linda Worley, Assistant Administrator; Patrick Newell, Director, CMS; Kathy Flynn, Executive Director, CTH Foundation; John Romine, M.D., MAC.

Meeting was called to order at 5:50 p.m. by Mr. Esquibel.

I. Minutes of the May 28, 1985 Meeting

The minutes of the May meeting were reviewed. It was noted that in the list of attendees Sam Cata was referred to as a physician, "MD" will be deleted from the official minutes.

ACTION: Polly Arango moved to accept the minutes with the stated correction. Motion was seconded and passed.

II. Employee Relations Committee Report

None.

III. Medical Advisory Committee Report

Dr. Romine suggested that the MAC subcommittee chairmen be invited to attend specific meetings with the Board.

- 1) Dr. Charles Anderson - Needs Committee: to attend September meeting at the Taos retreat.
- 2) Dr. John Gribble - Data Committee: to attend either July or August.
- 3) Dr. Jacqueline Perry - To attend January meeting in conjunction with the Orthopaedic Seminar to discuss Gait Labs in depth.

VI. Old Business

Mr. Lovato reported that the proposed policy change regarding shift differential, which was submitted to State Personnel, would require some further information and justification.

The Surgical Technician position was presented to State Personnel for consideration for reclassification.

This position has been reclassified from range 5 to range 7.

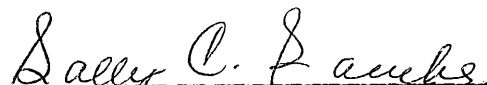
Mr. Lovato briefly addressed the turnover statistics and a report he had prepared for the Governor's office regarding turnover.

Mr. Lovato requested to take the first week of June off on annual leave. This request was approved.

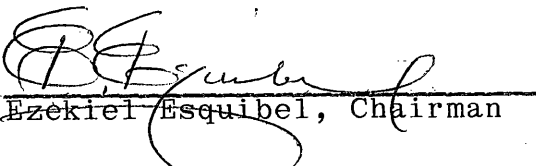
ACTION: There being no further New Business,
Mr. Garcia made a motion for adjournment.
Ms. Teal seconded the motion.

Meeting adjourned at 8:30 p.m.

SUBMITTED:


Sally Sanchez, Secretary

APPROVED:


Ezekiel Esquibel, Chairman

After discussion of this issue, the Board decided to appoint a committee to develop a PDP for the administrator. Appointments to this committee would be made at a future meeting when the entire Board is present.

III. Medical Advisory Committee

Dr's John Romine and Robert Greenburg represented the Medical Advisory Committee.

There was lengthy discussion of the need for increased coordination of service between Carrie Tingley Hospital, Health and Environment, and the University of New Mexico. The issues included depreciation of service, entrenchment of position in respect to use of resources, the SPRANS grant project. Discussion included the mission and scope of service of Carrie Tingley Hospital, as well as the needs of children and families not necessarily in the Carrie Tingley population.

Dr. Mullan stated that a letter would be forthcoming from his office establishing a committee, composed of representatives of the three involved agencies, to address this issue and prepare proposals.

ACTION: The Board agreed to appoint participants to such a committee, but reserved making those appointments until the Board could be polled.

IV. Medical Director's Report

Dr. Eberle reported that Dr. Jean Spigal will replace Dr. Nancy Reider on the Pediatric staff as of July 1, 1985. Statistics were informational only.

V. Administrator's Report

Robert Lovato reported on the progress of the construction project. It is expected that bids will go out for Phase II around June 15. Anticipated completion of Phase II will be January or February 1986.

The formation of a functioning Parent Advisory Committee is underway. Data from a preliminary meeting in April has been mailed out for review by participants.

Mr. Lovato presented the financial report. The financial picture has not changed from April. The recommendations resultant from the State Personnel audit done last summer will be implemented effective June 1 or as close to June 1 as possible.

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BOARD OF DIRECTORS

May 28, 1985

The regular monthly meeting of the Carrie Tingley Hospital Board of Directors was called to order at 5:55 p.m. on May 28, 1985 by Ms. Sally Sanchez, Secretary/Acting Chairman, in the Carrie Tingley Clinic. Those in attendance were: Betty Teal, Member; Robert Garcia, Member; Fitzhugh Mullan, M.D., Secretary of H.E.D.; Michael Banks, Administrative Assistant to Dr. Mullan; Robert Lovato, Administrator, C.T.H.; Linda Worley, Assistant Administrator; Charles Eberle, M.D., Medical Director; Vicki Kalen, M.D., Associate Medical Director; John Romine, M.D., and Robert Greenburg, M.D., Medical Advisory Committee; Carol Clericuzio, M.D.; George Omer, M.D.; and Sam Cata.

Sally Sanchez introduced guests who were present: Dr. Fitzhugh Mullan, Michael Banks, and Dr. Robert Greenburg.

I. Minutes of the April 30 Meeting

The minutes of the April meeting were reviewed. There were no additions, deletions, or corrections.

ACTION: Betty Teal moved the minutes be accepted. Motion passed.

II. Employee Relations Committee Report

The Employee Relations Committee report was given by Bernie Elder. The ERC asked for information regarding distribution of stored toys, and the process for initiating Performance Development Plans. Ms. Elder briefly reviewed the suggestions from the Suggestion Box: 1) having video games in the clinic; and a question regarding the provision of uniforms for nurses. Ms. Elder also reported that the Carrie Tingley Picnic has been very successful with about 80 employees and families attending.

ACTION: No action required.

Robert Garcia suggested that the Board prepare a Performance Development Plan for the Administrator.

VI. Old Business

Robert Lovato reported that the information requested of the New Mexico Hospital Association regarding fees for membership has not yet been received. Mr. Lovato has met with Howard Shaver, Executive Director of the Association to discuss different types of memberships and calculation of dues. Mr. Shaver agreed to discuss this matter with his Board of Directors and communicate their decision to Mr. Lovato. Discussion of this issue will continue at future Board meetings as information becomes available.

Robert Lovato reported that he has received communication from Bill Johnson, Administrator at UNMH, that anesthesia services will be available without problems for at least the next fourteen weeks. This is being accomplished through contractual agreements between UNMH and private anesthesia services. During this fourteen week period, arrangements are being made for a permanent solution to this problem. Currently, the anesthesia service is satisfactory.

VII. New Business

There was no new business to be discussed.

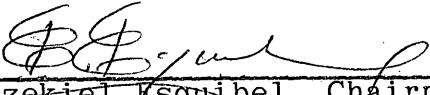
The meeting was adjourned at 7:55 p.m.

SUBMITTED:



Sally Sanchez, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

The financial report was presented by Robert Lovato. There was a discussion of the revenue shortfall as it pertains to income from other state funds, i.e. Insurance Dept. On the expenditure side, it was noted that there was under expenditure in the personnel line item. This is due to positions remaining vacant until they are required in the new building. Likewise, there was over expenditure in the line item of contract services. This results from the payment of rents in the Steider Building as well as at UNMH. The proposed operating budget for FY 74 was reviewed. The Board had previously been advised regarding the level of appropriations for the 74th fiscal year. Polly Arango inquired regarding the contingency fund for the Diagnostic Evaluation Program which was discussed in the budget hearing for HED. The plan at that time was for UNMH, HED, and Carrie Tingley to share the fiscal impact of this program should federal funding be discontinued. It was noted that the Diagnostic Evaluation Program is crucial in accessing children to the system.

ACTION: Betty Teal moved that the operating budget be accepted as recommended by Administration. Motion was seconded. Polly Arango asked to amend the motion to include a statement that should federal funding not be available, Carrie Tingley Hospital will share one third of the contingency plan. Betty Teal moved that the operating budget as amended with a statement regarding the contingency fund be adopted. The motion seconded and carried.

Robert Lovato discussed the implementation of the employee upgrades resulting from the audit by State Personnel. If the cash position of the hospital continues to be positive, the upgrades will be implemented prior to July 1. Betty Teal stated that the upgrades should be implemented as soon as it can be done safely.

Jerry Anderson reported that the equipment and furniture schedules for the new building will be ready for review within the week. Polly Arango was asked to assist in this review in order to have a parent perspective on the equipment. Ms. Arango agreed to participate in the review and asked that Linda Worley participate with her as an additional parent.

Information regarding the operation and utilization of Gait Labs was distributed. This issue will be discussed further at a later time.

Dr. Eberle reported that Joan Hubbard is leaving her position at CMS and will be replaced by Pat Newell. Dr. Eberle met with Ms. Hubbard and Ms. Newell regarding the funding of Birth Defects Clinic by CMS. At that meeting, it was agreed that CMS will resume funding of this clinic.

Dr. Eberle presented an application for privileges on the Carrie Tingley active staff by Dr. John Kucan.

ACTION: Betty Teal moved that Dr. Kucan be appointed to the active staff with privileges as a Plastic Surgeon. The motion was seconded and passed.

V. Administrative Report

Mr. Lovato reported that the official project completion date for Phase 1 of the remodeling project is October 20, 1985. Final drawings for Phase 2 should be ready for review and sign-off within the next week to ten days.

During the rains over the weekend the roof of Building B, which was in the process of being replaced, leaked to a large extent. The X-ray machines in the building got wet. We are not yet certain of the extent of damage to the machines.

Robert Lovato presented information requested by the Board regarding the financial impact of the proposed change in the shift differential policy. The change in policy would increase the cost of paying shift differential by \$19,391.00. This cost must be weighed against the benefits to the institution, i.e., employee fairness and morale. It was the recommendation of Administration that the Board adopt this change in policy contingent upon approval by State Personnel Office.

ACTION: Polly Arango moved that the recommendation of Administration be accepted. The motion was seconded and carried.

community. Robert Lovato noted that during the last Carrie Tingley review by the Medicare/Medicaid surveyors there was no exception taken to the current mechanism of case review. Dr. Eberle stated that Carrie Tingley Hospital has regular meetings to review all cases which have developed complications. A method has been developed to review non-orthopaedic complications as well. Deaths are reviewed at the time of occurrence. A death summary is written and kept in the office of the Medical Director. The hospital Utilization and Review Committee has been functioning extremely well for the last six months. Dr. Eberle also stated that the hospital has Tissue Committee and Blood Utilization Committee meetings on a quarterly basis.

Dr. Eberle explained that all meetings are open and that members of the Medical Advisory Committee are always invited to attend. It was felt that the Medical Advisory Committee should review the process and ensure that that process is appropriate and in compliance with JCAH standards. The Advisory Committee should not necessarily be the actual reviewing body. Dr. Grace stated that the issue of Quality Assurance is a complex one requiring that we meet or surpass community standards. Dr. Grace stated that, in his opinion, Carrie Tingley was currently meeting the standards of the community.

Robert Garcia stated that areas other than medical should be reviewed (such as Nursing, Rehabilitation, etc.) and that needs in those areas should be addressed. Dr. Eberle noted that in order for standards to be met or surpassed, the issue of Continuing Education for staff must be considered. Mr. Lovato stated that Continuing Education is currently addressed through the budget process as it relates to attendance at in-state as well as out-of-state professional meetings by staff from throughout the hospital.

ACTION: Ezekiel Esquibel requested a report from Administration illustrating the volume and type of continuing education currently being provided by Carrie Tingley.

IV. Medical Director's Report

Dr. Eberle reported that he has received communication from Dr. Seigel at UNMH, Department of Radiology, addressing the long standing problem of timely access to X-rays. A mechanism is being worked out which will facilitate Carrie Tingley Hospital having possession of its own films. Dr. Eberle was encouraged that the problem appears to be resolved.

Mr. Garcia suggested that the Board consider a change in the format of the Board minutes. Sample formats were reviewed and discussed. Ms. Teal expressed concern that issues which are discussed specifically for the record should be so indicated in the minutes. It was suggested that the new format be utilized for the minutes of the April 30th meeting on a trial basis. The tapes of the meeting will be transcribed as a backup.

ACTION: Mr. Esquibel stated that no motion was necessary, but instructed Administration to prepare minutes of the April meeting using the new format.

II. Employee Relation Committee

Robert Lovato reported on the activities and concerns of the Employee Relations Committee in the absence of Eloy Padilla, E.R.C. Representative. The E.R.C. expressed concern with the continued non-compliance with the smoking policy. It was suggested that there be increased sensitivity and enforcement of the smoking policy. It was noted that there will be additional guidelines regarding smoking pursuant to the passage of the Clean Indoor Air Act. The E.R.C. is coordinating an employee picnic to be held May 25, 1985. An invitation was extended to the Board and their families. The E.R.C. currently has approximately \$300.00 available to fund this outing.

Robert Garcia asked Administration whether the issues raised by the E.R.C. are addressed in some fashion. Robert Lovato stated that Administration meets monthly with the Chairman of the E.R.C. to discuss and follow-up on their concerns.

ACTION: None necessary; for information only.

III. Medical Advisory Committee Report

Thomas Grace, M.D. representing the Medical Advisory Committee, briefly discussed the Committee's practice of rotating attendance at Board meetings. He stated that by having different physicians attend the meetings, the Board was afforded a broader spectrum of input from Committee members. Betty Teal inquired which subcommittee Dr. Grace currently chairs, and if that subcommittee has met. Dr. Grace stated that he is Chairman of the Quality Assurance Committee and that there is a formal meeting at the Annual Orthopaedic seminar. Dr. Grace discussed the need to find a balance between the necessity of Medical Advisory Committee review of cases and the legal issues arising from exposure of potentially damaging information in the

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BOARD OF DIRECTORS

April 30, 1985

The regular monthly meeting of the Carrie Tingley Hospital Board of Directors was held on April 30, 1985 in the Carrie Tingley Clinic. The meeting was called to order by Chairman Ezekiel Esquibel at 5:50 p.m. Those in attendance were: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Sally Sanchez, Secretary; Betty Teal, Member; Robert Garcia, Member; Robert Lovato, Administrator; Charles Eberle, Medical Director; Linda Worley, Assistant Administrator and Thomas Grace, Medical Advisory Committee. Others in attendance were Kathlynn Moore, Director of Nursing Services; Jerry Anderson, Director of Fiscal Services; Vicki Kalen, Associate Medical Director; and Kathy Flynn, Executive Director, Carrie Tingley Foundation.

Ezekiel Esquibel introduced Kathlynn Moore, who joined the Carrie Tingley staff on April 8, 1985 as Director of Nursing Services. It was acknowledged that Betty Teal has been selected to be a recipient of the New Mexico Distinguished Public Service Award. The Board congratulated Ms. Teal and observed that this distinction reflects very positively on Carrie Tingley Hospital.

I. Minutes of the March 27 Meeting

The following corrections were made:

1. Page 2, paragraph 3: Clarification of the paragraph to indicate that the intent of the Board was to request statistical information related to the utilization of a Gait Lab.
2. Page 2, paragraph 4: "He" should be corrected to read "Dr. Romine".

ACTION: Robert Garcia moved that the minutes of the March 27th meeting be adopted with corrections and additions. Motion seconded and passed.

Under New Business Mr. Lovato announced the appointment of Ms. Kathlynn Moore as Director of Nursing Services. The reasons for her selection included her interests in teaching and researching ways to serve patients better and her very great interest in why things happen. She has lectured on a number of occasions and have developed policies and procedures in directing a large number of units. She will help to continue the momentum that is building up.

Mr. Lovato then announced the resignation of Steve Romero and said that he and Mrs. Worley have been interviewing applicants two of whom seem to be especially qualified.

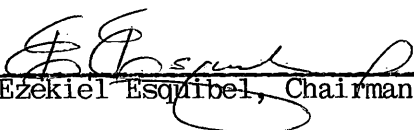
Since there were no further items to discuss, Mr. Esquibel declared the meeting adjourned at 8:35 p.m.

SUBMITTED:



Sally Sanchez, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

Returning to the order of the Agenda, Mr. Lovato said he would attempt to talk about the Financial Report since Mr. Anderson had left, temporarily, to take Dr. Romine to the airport. Through February, we are beginning to improve our fiscal position. If revenues and expenditures are combined, however, it becomes clear that we are \$198,000 to the good in revenues, primarily as a result of Accounts Receivable (Medicaid and private billings). We have not yet been able to recover all the money that was budgeted for transfer through state agencies, primarily in the land income area. We are almost assured that we will not come anywhere near the budgeted amount expected through land income. On the expenditure side, the big savings there is the number of budgeted positions authorized that are vacant. If this trend continues through March 31, we will be in a position to request authorization from the Board to implement the upgrades prior to July 1, 1985. Mr. Garcia asked for clarification of the difference in contractual services; Mr. Lovato said that the money for contractual services was appropriated under the assumption that we would not be renting during the 73rd FY. The large discrepancy is almost entirely a result of our still paying rent. Mr. Garcia's other concern had to do with FTEs which Mr. Lovato explained. He had asked NACHRI to give us some comparisons of standards for children's hospitals and rehabilitation programs concerning units of service per man hour, day in certain areas. They will send written documentation. Mr. Garcia complimented Mr. Lovato and his staff for exploring issues of this kind. Mr. Lovato said that he wants to gather this type of information so that he can incorporate it in the budget request. He has already worked with some departments and could present those figures whenever the Board wanted them. Mr. Garcia then addressed the "step down" method for the cost report. He feels that it is only a matter of time until this method is essentially thrown out the window and the DRGs reflect cost per unit of service. He wondered if it would be prudent for the hospital to begin to look at our cost for services based on actual cost per department as opposed to an overall allocated method. It is more difficult to do but gives remarkable data. Mr. Lovato replied that he wanted to give a background of the methodology and a picture of what he has been trying to accomplish in the past year. He compared his method of presenting budget requests with the previous administration's method. He said also that he's asking departments to come up with their needs and justification for those needs. Now we have come up with the need to "squeeze" about \$300,000. He is asking the departments where they can squeeze. Mrs. Worley mentioned that another thing being implemented is going to the departments and ask them to define what they mean by their breakdown of costs for service. Staff utilization seems down, often, because charge slips are not filled out for each procedure. If there is no charge slip then the procedure never took place as far as keeping accurate records goes. Mrs. Arango said it would be helpful for her and may be a way to get the narratives she thinks are important to help the Board understand the real workings of the hospital. She said she is hearing good things about the NDT course, for instance. Mrs. Worley reminded Mr. Lovato to mention the flow study for the clinic which will bring up a lot of additional information. Mrs. Arango suggested that Mrs. Worley or Mr. Lovato focus on one aspect of the operation of the hospital at each board meeting. If a one-year plan is set up at the end of that period of time the Board will have learned a great deal about the running of the hospital. Mr. Lovato said that sometimes he thinks the message of what Carrie Tingley is about is really not getting out.

its membership. Since at that time the legislature was still in session and we didn't know how much money the hospital would be dealing with, the matter was tabled. We now know, he said, what our appropriation will be. Of the \$5.0 million, about 50% will be general fund appropriations; the rest we will have to generate ourselves. Comparing our request and what was finally authorized, there is a need to cut back some \$291,000. Mr. Lovato said he was still of the opinion that CTH does not get \$8,162 worth of benefits from our membership in the three associations. There are many things they do that are good: seminars that are open not only to members but to health care professionals throughout the state. The point is that after having paid the dues, institutions still have to pay \$35.00/participant. If we are not members, we pay the same \$35.00 per participant. There are individual memberships that Mr. Lovato said he would support.

Contrasting membership in NMHA with membership in NACHRI (National Association of Children's Hospitals and Related Institutions), NACHRI dues are approximately \$2,400 per year. In addition, NACHRI's activities are much closer related to the activities of Carrie Tingley. Mr. Lovato recommended that the hospital continue its membership in NACHRI and drop institutional membership in NMHA, except for selected individual memberships that are deemed appropriate. Mr. Garcia asked if this had been discussed with Howard Shaver, chairman of NMHA. Mr. Lovato replied that he had told Mr. Shaver that he wanted to talk to him but did not want to schedule a meeting until he had made sure he would be representing the feelings of the Board. If the Board decided that Carrie Tingley should continue its membership in NMHA there was no point in telling Mr. Shaver that it might be otherwise. Mrs. Teal asked if we would lose credibility if we drop membership in NMHA. Mr. Lovato said that probably we would lose some; for instance, we would not be able to vote on issues that came up at the Association's Annual meeting. On the other hand, if Carrie Tingley has to cut back on programs that our own staff feels are necessary for the hospital, then one has to start prioritizing. Mr. Garcia suggested that, barring dissenting votes from Board members, Mr. Lovato be instructed to meet with Mr. Shaver to relay the Board's concerns and also the fact that the Board supports Mr. Lovato's concerns. Mrs. Arango asked that it be presented in the form of a motion; Mr. Garcia so moved and Mrs. Teal seconded. The motion carried.

Under Old Business, the matter of the T or C inventory was introduced. Mr. Lovato said that the urgency of the previous meeting has been alleviated due to the change in the construction schedule. The idea of building our own warehouse has been abandoned because with the reduction of construction time it has become more cost effective to rent. The issue of the warehouse can be reintroduced in a more timely manner after the hospital has moved and it is possible to determine exactly what is needed. In answer to Mrs. Arango's question concerning what actually is being stored in T or C Mr. Lovato replied that due to the pressure of the construction issue, he had not had time to make the trip to T or C. Mr. Esquibel said that perhaps the Board should take a field trip and visit the site themselves. Further discussion followed regarding the articles that we do not move to Albuquerque. Mr. Lovato advised the Board that he had told the Administrator of the facility that whatever Carrie Tingley leaves behind will be transferred to Veterans Affairs and whatever they can't use they will dispose of as they see fit. Mr. Garcia said he felt that whatever Carrie Tingley doesn't use should go to another agency that serves children.

Office of Children and Youth, stating how it feels as a result of H.B. 6, what concerns it has about the bill because Ms. Martorelli needs support to present to various committees when she speaks against the bill. Mr. Garcia suggested that we need to stop speaking "against" and begin to offer alternatives. Ms. Teal said that in the testimony at the Senate she did offer Board support for the SPRANS grant. Mrs. Arango said that when she and her husband worked on the proposal for what later became the SPRANS grant, they did so because they saw House Bill 6 or something like it "coming down the road," and saw the SPRANS grant as a way to positively create the coordination that needs to be accomplished.

There was discussion about a possible motion to ask Dr. Greenberg to come to a meeting to discuss the new organization Mr. Garcia received notice of. It was moved and seconded to do so but the motion was withdrawn when it was decided that Dr. Romine would ask him to attend the May meeting of the Board as a member of MAC.

Mr. Lovato then went on to Item C, Anesthesia Services. He reported a meeting with Bill Johnson and Dr. Pitcher at UNMH, as had been requested at the previous meeting by the Board. The meeting was a candid discussion with respect to the problem as we saw it from our perspective; they were not surprised and were perhaps more knowledgeable than Mr. Lovato about the problems that exist. They expressed appreciation for the approach the Board and Mr. Lovato had taken in talking over the problem face to face rather than a more formal or rigid position. Mr. Johnson said he would get on it immediately and that there was no problem in pursuing the alternative that we had originally proposed in August or September which was to try and find anesthesiology services that would take care of Carrie Tingley's cases. They did say that they had not yet recruited a staff as anticipated and they were in no way opposed to CTH finding someone willing to take on our anesthesiology requirements. Either Mr. Johnson or one of his assistants was to have called him back almost immediately; when he had not heard from them by March 18 Mr. Lovato wrote to Mr. Johnson, telling him that he had not yet heard from him as promised. Mr. Johnson's reply was that they were in even less of a position to meet Carrie Tingley's needs than before. He asked Mr. Lovato to work with them to find someone willing to provide the services and said that UNMH would do whatever it takes to get anesthesiology services. Mr. Lovato then spoke with Dr. Eberle and asked him for a recommendation. Dr. Eberle said that a second alternative to the situation would be to ask UNM to assign well-trained and experienced nurseanesthetists to CTH patients who would work under the supervision of an anesthesiologist. Dr. Eberle's judgment is that would be much better than what we are working with now. Mr. Lovato presented that alternative to Mr. Johnson and his response was that UNMH is going to redo all of their scheduling to make sure that one of two nurse anesthetists identified will be assigned to Carrie Tingley's surgical cases. That system will be tried for a while. Mrs. Arango asked that the arrangement be monitored closely as to how safe and acceptable the compromise is.

Going on to Item E, Mr. Lovato briefly recapped his position on membership in the New Mexico Hospital Association which, when combined with the American Hospital Association and the Association of Western Hospitals, represents dues assessments of \$8,162 for one year. These charges, Mr. Lovato said, appear excessive to him and he recommended to the Board at the last meeting that Carrie Tingley discontinue

Regular Board Meeting Minutes

March 27, 1985

Page 4

Mr. Lovato returned to item A in the Administrative Report to remind the Board of the visit from Property Control at the last meeting which gave us news we didn't want to hear and we questioned whether the timing was at all reasonable. During the past month, he said, he had been working with the architects and Property Control and was happy to report that last month's report was not entirely accurate. The final change order has been sent to Property Control and instead of 40 weeks to complete the change order, it will be 26 weeks. The completion date has been moved back to November of 1985 rather than the reported April of 1986. Property Control should be in a position to issue a "notice to proceed" within the next two-three weeks. Mr. Garcia asked if there was anyone in Property Control tracking this project; Mr. Lovato replied that there was and that he came down from Santa Fe frequently to monitor the progress of the project.

Item B, Legislative Recap. Mr. Lovato said that by now everyone on the Board had been notified that House Bill 6 died in the Senate Finance Committee. Mr. Lovato told Mary Lou Martinez, director of Health Services Division at HED, that he would try to stop by her office to discuss ways that CMS can rethink the way they are utilizing their social workers in the field so that Carrie Tingley can get some assistance with some of the outreach and case management that was discontinued in September. Mrs. Arango mentioned that she thought it was also important to coordinate with the SPRANS grant, which Mr. Cata is working with. Mrs. Teal said that, rightly or wrongly, in her testimony before the Senate Finance Committee she had committed the Board to strong cooperation in the implementation of the SPRANS grant so it was good to know that there was consensus in that area. Unless we pay very close attention to what is going on and try to get some of the things addressed that some people want to be done; we need to get things done in an orderly fashion that won't hurt anyone. Mr. Cata said they would be working very closely with Carrie Tingley.

Mrs. Teal said that while they were in Santa Fe they met many people, among them Dr. Greenberg. He was in Santa Fe with Dr. Ken Osgood to testify in favor of H.B.6. She said she had committed the Board to yet one more thing because she has invited Dr. Greenberg to attend a Board meeting; Mr. Esquibel remarked that it was a good commitment to make. Dr. Romine remarked that Dr. Greenberg is now a member of the MAC and as such can be asked to a Board meeting as a representative of that body. Mr. Garcia interjected the fact that he had received a letter from Drs. Greenberg and Kalishman asking him to attend an organized meeting for the "coalition for children." He was not able to attend but asked for some information. He shared the letter with the Board. He thought it might be prudent to try to get Carrie Tingley involved. Mrs. Teal thought it would be a good thing to ask Dr. Greenberg to discuss it when he attends a meeting.

Mr. Garcia asked Mr. Cata to take back to the Governor's office the fact that Carrie Tingley has a deep commitment to coordinate children's care; however, Carrie Tingley is not comfortable with the notion of combining adult care (the rehab centers) with children's care and believes that combination will work detrimentally to the care of all handicapped children in the state, not just those seen by Carrie Tingley. Mr. Cata said that he will be happy to carry the message back to Santa Fe but, more importantly, he believes a letter from the Board should be written to the

bility for not only finances, but the quality of the program as well. He said that he supported the development of a method of assessing quality, and believed a report should be given to the Board on a regular basis as to problems that arise. Mrs. Worley asked if there would be a problem in having the Utilization Review Committee come to the Board quarterly or monthly. That would give an overview of all cases that fell out on audit, which are being looked at, what kind of problems they were, what they did with follow up, how they determined whether or not the care was appropriate in a particular case that appeared not to fall into the norm. She then suggested that perhaps Dr. Rieder, chair of the URC, come to a meeting and give a report. Dr. Romine asked to remind the Board that the MAC has four subcommittees and one of those is Quality Assurance. Dr. Grace is the chairman and he suggested that he be invited to a Board meeting because he could provide a lot of input.

In Dr. Eberle's absence Mr. Esquibel decided to forego discussion of the Medical Report.

Item V, the Administrative Report, was next on the Agenda and Mr. Esquibel announced once again that it would begin with "D." Before getting on with that, Mr. Anderson provided some updates to the statistical report, since it was not going to be reviewed. Mr. Garcia said he was having difficulty putting the reports into perspective. There are some areas, Mr. Lovato said, that are receiving attention and will be reported upon very soon.

Going back to the Administrative Report, Mr. Lovato introduced Patricia Garduno and said she had been asked to attend the Board meeting to answer questions about the letter to be sent to State Personnel. Carrie Tingley has a shift differential plan that includes evenings, nights and weekends for employees primarily in the Nursing area, although if other employees were to work nights, etc. they would be affected by these differentials. The current plan treats different classifications differently, paying a different scale, etc. Mr. Lovato said he would like to ask the Board to react to a letter he wrote to Judy Basham of SPO, requesting that our differential pay plan be adjusted to be consistent with what the RNs and LPNs receive, treating everyone the same. The backup information attached is a survey done by Ms. Garduno comparing what is done at other hospitals in the area to assure that we were neither too high nor too low. Mrs. Arango asked if it would have any effect on morale; Mr. Lovato said he believed that it would. Mrs. Arango remarked that as far as dollar amounts go, the impact will be much greater a year from now because of the addition of Maintenance people and security when CTH moves into the new quarters. After considerable discussion including fiscal impact, the consensus was that the best thing would be to postpone further discussion until a dollar figure has been set; Mr. Esquibel suggested that it be tabled until the next Board meeting. Mr. Garcia said he believed it would be good if it were communicated, by the Administration, to the people who will benefit from this increase in differential that the Board supports the concept and the delay has nothing to do with a concern about the propriety of the issues but simply to get financial information. Mrs. Worley said that the fact that the differential is being looked at is a boost for the workers' morale.

employee parking, leaving others for patients and their families. Mrs. Arango suggested that since it is quite difficult for families hauling children around the nearer spaces should be designated for patients. The Board thanked Mrs. Elder for her report.

Dr. Romine, Chairman of the MAC, was next on the Agenda. He reiterated that at the November 1984 Board meeting the MAC had been directed to respond, by way of a recommendation, to Dr. Eberle's request for a Gait Laboratory. At the January 15 annual meeting of the Medical Advisory Committee that item was referred to the State Needs Subcommittee for input (Dr. Anderson of Taos chairman of that subcommittee) and it was tabled. There really aren't that many people in the state who can give that kind of input so they have to make use of Dr. Perry's knowledge--she is the world's #1 expert on Gait Labs and is a member of our Medical Advisory Committee. Dr. Romine wrote to Dr. Perry and produced a copy of her response which enumerated reasons why a Gait Lab would be advantageous to the institution and what equipment is necessary in which stages.

Mrs. Teal asked if a Gait Lab would be helpful for adult treatment or whether it applied mainly to children. Dr. Romine said he thought it was mainly a tool to help children. Mrs. Arango asked how children's orthopaedists in New Mexico might view the lab and, particularly, use it. Dr. Romine said that Dr. Sherman was chairman of the State Needs Subcommittee and has not had recent experience in visiting gait labs; Dr. Sherman was not as positive in his response as Dr. Perry's letter was. There was more discussion about the pros and cons of gait labs and Dr. Romine suggested that if Carrie Tingley was serious about the possibility of a gait lab the Board should invite Dr. Perry to a meeting and have questions ready for her to answer. Mr. Esquibel suggested that Dr. Eberle be asked to get some of the statistical information related to the utilization of a Gait Lab and bring it to the Board at the April meeting. Dr. Perry was here at the time the blueprints for the buildings across the street were being finalized and some of her suggestions of physical changes were accommodated.

Another item that was brought up at the Annual Meeting was that of Quality Assurance. He suggested asking Dr. Grace, the chairman of that subcommittee, be asked to attend the next Board meeting and address the questions brought up regarding that item. That completed the report of the Medical Advisory Committee.

Mr. Lovato said that he and Dr. Romine had discussed the issues of Quality Assurance and Utilization Reviews and reviewing some of the cases had come up at the time of the January meeting. Since the MAC is statewide it was important that this information be disseminated in a way that did not become public knowledge yet assure participation of the Medical Advisory Committee. Mr. Lovato has written a memo to Dr. Eberle saying that they need to sit down and discuss the minutes and review the concerns that were brought up in January and begin addressing them. In the recent past we have been working diligently to establish more structured review committees throughout the hospital in order to better review everything that is happening at Carrie Tingley Hospital. By way of clarification, he said we need to come up with a process by which we can share some of the information with our MAC members. Mr. Garcia mentioned that, as Board members, each one has a responsi-

CARRIE TINGLEY HOSPITAL
BOARD OF DIRECTORS MEETING

Carrie Tingley Hospital Outpatient Clinic
1128 University Blvd. N.E.

March 27, 1985
5:30 P.M.

Minutes

A regular meeting of the Carrie Tingley Hospital Board of Directors was held on March 27, 1985. Board members present were: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chair; Sally Sanchez, Secretary; Betty Teal, member; Robert A. Garcia, member. Representing the staff of Carrie Tingley Hospital were Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Jerry Anderson, Director, Fiscal & Administrative Services; Patricia Garduno, Personnel Director; Barney Elder, Chairperson, ERC; Jackie Schlegel, Recording Secretary. Also attending were: John S. Romine, M.D., representing the Medical Affairs Committee and Sam Cata, representing the Governor's Office.

Chairman Esquibel called the meeting to order at 5:50 p.m. He began by altering the Agenda, moving Item V-D to the beginning of the Administrative Report. He then introduced Mr. Sam Cata of the Governor's Office.

Item I on the Agenda, approval of the Minutes of the previous meeting was called. Mrs. Teal had a question on page 5, wondering if "demolition" was the proper word. It was determined that it was correct since parts of the building had to be demolished in order to ascertain what needed to be done. Mr. Lovato mentioned that on lines 12 and 13, last paragraph of page 6, "collections" should read "revenue" on both lines. Mr. Esquibel called for a motion on the adjusted minutes. Mrs. Arango moved and Mrs. Teal seconded acceptance of the minutes; the motion carried. Mr. Garcia spoke of the length of the minutes and volunteered to work with Mr. Lovato and his staff on a new method his place of business has been using which identifies "key action" items. It was generally agreed that it was worth trying out.

Next on the Agenda was the report of ERC, represented by Barney Elder. She said there were a number of suggestions from the meeting of March 20. Mr. Esquibel complimented the report and specifically asked for some research on the smoking issue. Mr. Lovato said that we do have a smoking policy and each department designated areas for their employees to smoke. Mr. Esquibel suggested that the Clean Air Act may have an impact on Carrie Tingley's rules. Mr. Garcia wondered if the design of the new quarters would make it possible to have smoking/no smoking areas and mentioned that since we deal with children and health care that we perhaps should be especially sensitive to the harmful effects of smoking and setting an example for these young people we deal with. He suggested that there could be a Board-originated ruling. As far as entrance and exit to the lot are concerned, Dave Dingman has been in contact with the Highway Department, who has promised more signs. Additionally, the handicapped spaces are going to be repainted. Under consideration is a suggestion to designate certain spaces for

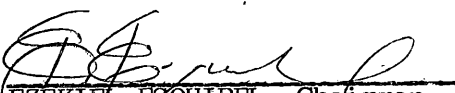
than double that figure. Construction of a bare-bones, prefab metal building appears to be the cheapest alternative. We're not talking about a building that will have anything in it, not even insulation. It will be a 40' x 60' steel building with an overhead door on one end, electrical power only, no plumbing, gas, no nothing. It will be on a 6" concrete pad with a concrete approach ramp. Preliminary pricing indicates it will come in around \$9.50/sq. ft. installed. It prices out to \$22,800 and includes everything but the concrete driveway, which might add another \$3,000. The Veterans Commission, Mr. Lovato said, needs the space very badly and they need it now. Mrs. Arango said one of her questions is "has anyone, looking at the program and looking down the line five years, gone through a lot of the equipment that we have and said . . . if it hasn't been used for five years, what's the point of spending \$20,000 . . . to store it?" Mr. Anderson said they had. Mrs. Arango said that then they have been justified and will be used. Mr. Lovato said there was a lot of material, for instance, school material, that is not being used because of space constraints but it is anticipated that it will be used when more space becomes available. Mr. Anderson reiterated the problem of having nowhere to put the things that are presently being stored in Building A when that building has to be totally vacated because Building B will not be ready for occupancy. At this point, we don't even have a time frame because of the extension asked for by the contractor and because there is no way to tell how long it will actually be. Mr. Lovato said the bottom line is why spend a good deal of money to rent storage space when for perhaps \$10,000 more the hospital can have a permanent storage structure, which is needed. Mr. Garcia said he was having difficulty understanding exactly what all the different pieces of equipment were--durable medical supplies, consumable supplies, etc. He said that if an immediate decision was not critical he would like to see a breakdown, into major categories, of what is in Truth or Consequences and discuss it at the next meeting. Mr. Lovato said the main reason for bringing all this up was to keep the Board informed and also, should immediate action suddenly become necessary, he would be able to poll the Board. Mrs. Arango and Mr. Esquibel said, then, that the Board could expect some sort of breakdown list before the next meeting so they can study it and discuss it and decide if it is feasible to continue storing the items.

Mr. Esquibel adjourned the meeting at 8:05 p.m.

SUBMITTED:


SALLY SANCHEZ, Secretary

ACCEPTED:


EZEKIEL ESQUIBEL, Chairman

the street. Property Control advised us that it would be cheaper, faster, etc. to use some of the dedicated money to construct the warehouse. According to Pat Hendley, who is in charge of the Construction Bureau at Property Control, there would be no problem getting approvals from them, especially in light of having money which can be shuffled between phases. Mr. Lovato said that what he is asking at this time is the Board's approval of continued research in the area of storage and should something have to be done before the next regular Board meeting he would, of course, get in touch with each Board member to keep the Board apprised of what is happening. Mr. Esquibel asked where this storage facility would be located; Mr. Lovato replied that it would be placed on the west side of the flat building, almost to the property line and would be accessible from either end. In answer to a question from Mr. Esquibel, Mr. Lovato said that the city doesn't have jurisdiction in terms of zoning, etc., because it's a state building. There are things that Property Control will have to approve and that is what Mr. Lovato will be working on.

Mrs. Teal wondered what was being stored in Truth or Consequences and whether it was worth anything or was just junk. The reply was that it certainly was worth something. In answer to her question concerning what was down there, Mr. Lovato replied that there were supplies, cribs, housekeeping supplies, beds. Mrs. Arango asked if some of it would be used upon its arrival and the reply was affirmative. Mrs. Teal then asked if there wasn't adequate storage space for the rest, when the building is completed. Mr. Lovato said he didn't believe so. The two small buildings we have now are completely packed and are in very bad condition. We need room primarily for maintenance-type materials that are now being stored inside the building and in the two small sheds. Mrs. Arango asked whether provisions for storage had been made in planning the renovation of the two buildings. Not of that type was Mr. Lovato's answer. Mrs. Teal asked if that sort of material would normally be stored in the existing buildings or would it normally be stored in a separate building. Mr. Lovato answered the latter. Mr. Esquibel asked what was meant by "maintenance materials." It means material such as pipe, paint, sheet metal for the Brace Shop. Mr. Anderson said there were two issues that need to be addressed. For some reason, when the initial design development work was done in T or C, the need for maintenance stores was either deemed adequate or overlooked. There is an area that can be used as a shop by Maintenance but there is no way, because of access to that area, that they can get anything longer than six feet into it. Outside racks were used for large pieces of sheet metal or long lengths of pipe. In fact, the pipe that is stored there has corroded to the point where it is unusable. So that kind of storage answers a long-term need. The short-term need is the issue of storage which was not foreseen because originally, when all the planning and design work was done, Carrie Tingley was going to be in the building three years ago and the issue of storing materials from T or C was never going to come up because the warehouse down there was going to be available. It now looks like Veterans Affairs are going to get into the shop in T or C long before we get into our buildings and they certainly have a need to get into the area where all of this stuff is stored. We have a number of problems: because of the timing of the two phases, Phase I, building B, will not be ready for occupancy by the time we must clear building A. Building A is presently being used as a very large warehouse--the second floor is full of beds, the basement and all the operating rooms are full of equipment as is the materials shipping and receiving area. Everything has to be cleared out and it can't go into B because B won't be ready. We also have an approximately 50 ft. semi-trailer worth of materials to move here from T or C and it has to be moved soon. Pricing commercially bonded warehouse space works out to roughly \$13-17,000 and those estimates were based on the length of time we thought we would have to store and if the "worst case scenario" occurs we will have to store another six months which would more

rebate from UNMH--it will start to show up next month at the rate of \$40,000 per month which will impact contractual services to a total amount of \$203,427. Unless there are curtailments of expenses in other areas of contract services, we will continue to stay over budget and will be able to make a year-end adjustment. Mrs. Flynn asked whether, with a limited census capability, Mr. Anderson would predict that it will go down again. Mr. Anderson replied that the inpatient utilization was certainly more of a factor that impacted in Medical Affairs than in his area; on the basis of what Dr. Eberle had said tonight the answer would be yes. Inpatient charges account for 75% of our total collections, even though it's only 15% of our total volume.

Mr. Anderson said he had a detailed revenue status report through the end of January. As of this report, with collections of that month we were ahead roughly \$70,000 of the position we had to be in to attain the curtailed budget of \$4.422 million. As of last night's deposit, the month of February is also \$72,000 above. For those two months, then, we are \$140,000 ahead of the revenue position referred to above. If all things hold constant, we've not only got our budget back up to the \$4.5 million but may, in fact, have a surplus. He said those are BIG IFs. January and February were extraordinary collection months and on a dollar basis it looks like a great deal of money, but there were two key cases which had bills in excess of \$65,000 and collection of that money was questionable. The bottom line, though, is that things are looking good.

Dr. Eberle asked if anything could be done about the audit. Mr. Anderson said that his recommendation would be not now--it wouldn't be possible to do even a reasonable reevaluation until we know what will happen in the legislature. By the next Board meeting we will be three-quarters of the way through the year, we'll know what happened with our budget and we would have much firmer information regarding the projects across the street. Mr. Esquibel said he would concur; we need to see what happens in Santa Fe. Mr. Anderson said he would be afraid to fund the reclassifications today and then find ourselves in a continuing resolution operating scenario, which would mean that we would not be capable of carrying that level of salary funding for those people into the next fiscal year. Mr. Lovato agreed.

Mr. Esquibel asked what we had under Old Business. Mr. Lovato replied that what we needed to discuss under old business had already been discussed, i.e., meeting with Bill Johnson concerning anesthesiologist staffing. Mr. Esquibel noted that the other item discussed in the previous minutes was making appointments at the clinic by telephone, and Mr. Anderson had clarified that issue.

New Business. An item Mr. Lovato said he wanted to bring up to the Board was the issue of material stored at Truth or Consequences. The facilities at T or C are currently being renovated and we are receiving more and more pressure to vacate the warehouse. The material that is there can be stored for the present in Building A; however, when the contractors begin working on that building we will have to vacate again. Not only will we need warehouse space during construction but we will also need it after construction. We have approximately two warehouses full of material and it is being stored in two very small, not very sturdy buildings. He said that what he would like to discuss with the Board at this time was acceptance of a concept of CTH buying a warehouse that would be 40' x 60' or 2400 sq. ft. It would be a metal building that would be a permanent warehouse for the hospital after construction is finished. It would cost approximately \$20,000. It has been discussed with Property Control and we could possibly use some of this current fiscal year's capital outlay money or use some of the Carrie Tingley monies that have been dedicated to the construction project. There are \$661,000 of CTH money dedicated to the project across

Mr. Lovato went on to say that, as some of the Board members will recall, we have been dealing with some claims of discrimination for some time. There was a complaint filed against Carrie Tingley Hospital and, in particular, against Mr. John Carr and Mrs. Karen Baize. The claim has run its course and we have received a letter saying the Human Rights Commission has found for Ms. Garcia and states that she should proceed with conciliation on her claim. We called the Human Rights Commission and they reported that she has a few days in which to state what she believes is her claim against Carrie Tingley. Until that step is accomplished we do not know exactly what her claim will be and what the full consequences of such a claim might be. Mr. Garcia asked, as a point of clarification, whether Ms. Garcia sued the hospital and the two individuals. Mr. Lovato replied that there are two lines on the claim, the first says "Carrie Tingley" and then goes on to specifically name John Carr and Karen Baize, so the hospital is very much a part of the claim. Mr. Garcia asked if probable cause necessarily means they have awarded any kind of damages—don't they have to go to court for that? Mr. Lovato said yes and added that the letter stated that if there cannot be settlement by conciliation then there will have to be a hearing to determine actual monetary and/or other damages. In answer to Mr. Garcia's question, Mr. Lovato said that the State Attorney General's office was representing the hospital. Mrs. Teal asked what happens when the two individuals named are no longer affiliated with Carrie Tingley. Mrs. Worley said that, according to the Human Rights Commission, the hospital has to assume responsibility for the actions of Mr. Carr and Mrs. Baize; so any actual damages awarded to Ms. Garcia will be paid by the hospital. However, she can pursue them for damages, also. The only recourse the hospital would have in that case would be to initiate suit against the individuals to recoup whatever monies were lost in Ms. Garcia's suit. Mr. Garcia asked whether the settlement would come from Risk Management or Operations. Mr. Esquibel said he was quite sure it would come from Risk Management. Mrs. Worley said that Human Rights told her that Ms. Garcia has until next Tuesday, March 5, to come up with a dollar figure and they have advised her to figure how much money she lost in salary, promotion, etc. from April 1 of 1984 through March of 1985. She had some other requests, also, such as letters of apology, reprimands to those individuals, removing letters from her personnel file, etc. Mr. Esquibel asked if it was Mr. Lovato's intention or whether it was out of his hands that this be conciliated. Mr. Lovato replied that the first step is to have Ms. Garcia put her claim in writing and try to conciliate it. If that cannot be accomplished, then the second step is a hearing. Ms. Buzzard will be spokesperson for the hospital until the conclusion of this matter.

The last item concerned a memo received from the Governor's Office which spoke of the law requiring every agency to file two resolutions on a yearly basis: one on Open Meetings and the other a Code of Conduct. The memo, to all Secretaries and Agency Heads said that they had asked on two different occasions that these be done, yet they had not. In any event, Mr. Lovato had prepared the Open Meeting resolution (which is due tomorrow). The last Code of Conduct resolution filed by Carrie Tingley was back in 1967. Mr. Lovato recommended that the two resolutions be adopted. Mrs. Teal so moved with a second from Mrs. Sanchez; the motion carried

Mr. Anderson said, in introducing the Financial Report, that he was happy to say that the dismal projections of the last meeting are proving to be wrong. January was a good collections month and reversed an under budget revenue situation to an over budget revenue situation. On the expense side, there are two categorical items, the instate travel and the contractual services which are the two which continue to be over budget. This financial statement does not reflect the

that in view of the sensitivity of these forms that they be reviewed by the Attorney General. Mr. Lovato said that the earlier, more general form had been approved so the one that is more specific certainly will be. The staff of Medical Records is taking the responsibility for making sure that the parents completely understand the form before filling it out or signing it.

The Medicare/Medicaid/Licensing survey was conducted in November. The survey itself identified 13 deficiencies for which we had to provide a plan of correction. When they returned to check, they were pleased with what we had done and had recommendations in only one or two areas. One of the areas that they made recommendations about was putting signatures on operating notes. Mr. Garcia asked if there were repeat deficiencies; Mr. Lovato replied in the affirmative but noted that when we are finished with the list of recommendations there will be no carryover deficiencies. Mrs. Worley said the one deficiency that is left concerns the fact that the Medical Records Committee minutes were not accepted. Once that is corrected we should not have a continuing deficiency.

Mr. Lovato reported that there were two items that do not appear on the agenda. We have received the annual billing for membership in the New Mexico Hospital Association, the American Hospital Association and the Association of Western Hospitals. We have belonged to these organizations for quite some time and he has been holding on to the current billing for two primary reasons: (1) the financial status of Carrie Tingley as the fiscal year progressed and (2) what would happen in the legislature for funding for Carrie Tingley for the next fiscal year. In light of what has happened, he wanted to share the billing with the Board and his feeling that we should perhaps reconsider our continuing membership. The total billing for the three organizations is \$8,162.38. The breakdown is: NMHA--\$6,159; AHA--\$1,843.38 and the AWH is \$160. At the last Board meeting we advised that as of Dec. 31 our revenues were approximately \$90,700 below our budget. Revenues in January and part of February have improved so we probably won't be in as much trouble as we thought we would. With respect to appropriations, obviously we still don't know what that will be. House Bill 2 was voted out of the House and is in the Senate Finance Committee; the recommendation within House Bill 2 is for a funding consistent with what the House Appropriations and Finance Committee recommended--\$5,031,000. Should the Senate maintain that level of appropriation that will mean we will have to squeeze the programs some \$322,000. Should the Senate do anything to lessen it, what they do will be in addition to the \$322,000. While Mr. Lovato said he was in no way diminishing the activities of the above named associations, he felt compelled to recommend to the Board that we reconsider our continued membership in the associations. Dr. Eberle asked what the implications of our not belonging would be. Mr. Lovato said that, for instance, Carrie Tingley will not be able to vote at the annual meeting and we will not receive the articles they send out. Although he doesn't think we should not participate in those activities because there are many things that go on that benefit Carrie Tingley, there are other types of memberships that we should maintain: personal memberships for instance. With individual memberships we will probably be able to participate in some of the activities. Mr. Lovato said he felt, since Carrie Tingley Hospital was a state agency and as such was dependent on the state legislature, that there were limited benefits from belonging to the hospital associations. Mr. Esquibel asked for a motion on Mr. Lovato's recommendation to drop the memberships. Mrs. Teal moved that the issue be tabled for the time being and brought up again after the legislature adjourns. Mr. Lovato added that there is another agency we do belong to, and that is NACHRI, which is very valuable to our institution. He did not have a figure for the dues but knew it was nowhere near \$8,000. Mr. Esquibel said the issue would be tabled for further discussion after the current legislative session is completed.

February 1986. Mr. Garcia asked Mr. Esquibel what kind of planning we are doing for a "worst case scenario." Mr. Lovato said that he had discussed that issue with both the LFC and the DFA and spoke with Richard Jones. There are two avenues that could have been taken last week: one was to ask for a contingency appropriation by the Department of Finance that would have been appropriated for Carrie Tingley should we need it; the other was, given the time (Dec. 31, 1985), go for a deficiency based on exactly what was happening during the 1986 Session. Mr. Lovato took Mr. Jones' advice not to ask for a deficiency because it could interfere with what was being done in House Bill 2--his suggestion was to let it ride and go in next January for a deficiency supplemental appropriation based on what has happened. With respect to programs, we discussed with Property Control and with the contractor possible utilization of Building B so that we could be out of this building shortly after December 31, 1985, and have enough "third floor" support to keep programs running. It would be awkward, but it is one alternative. The other alternative is that, if necessary, we might have to use the period of time after Dec. 31 and the ensuing two or three weeks to set up shop across the street. If it becomes much longer than a few weeks, then we must try and make arrangements with whomever owns this building as of Jan. 1, for two or three months rent. Mrs. Teal said that if UNMH would, indeed, be the new owner we could hope for cooperation. Mr. Lovato said that he had mentioned to Mr. Johnson the possibility that we may have to stay in this building longer so he is aware of the problem. Mr. Lovato said there was discussion with Property Control concerning "substantial completion." Substantial completion of building A, where we will have offices, is one thing; substantial completion of building B, where we will have patients, is an entirely different thing. Property Control has assured us in the past that they will go to bat for us with Construction Industries to expedite our occupying part of the building. Mr. Esquibel asked what constituted "substantial completion"--Mr. Lovato replied that they told him it means everything but finishing touches here and there. It would be completion to the point that occupancy by patients could be accomplished. Mr. Garcia observed that moving into a substantially completed building often causes the finishing touches to take forever and also can lead to the contractor refusing responsibility for certain things that, conceivably, could have been done by the occupant. Dr. Eberle wondered if the delayed completion date would affect the entire Phase I completion date. Mr. Lovato replied that he thought Mr. Tansy referred to that as a ploy contractors often use to give themselves more time for the entire project. Mr. Lovato thought, however, that the rest of Phase I which does not include the tower building should not be substantively affected because of the change order. What might delay Phase I would be other problems--mechanical and electrical--that were not identified prior to demolition.

Item E--Consent for Treatment Forms. At a meeting with the Medical Records Committee on Feb. 18, Mr. Lovato said they looked at the consent for treatment and consent for admission forms that we have been using for a long time. Some of the problems that are arising, with a very broad consent form--at Carrie Tingley and elsewhere, but specifically at Carrie Tingley--many parents were finding themselves signing a consent form without realizing what was intended to be distributed as a result of that consent form. When they find out, for instance, that Dr. X received a copy of the record they often say that they did not intend for him/her to get one. Kathy Roberts, Director of Medical Records, reworked the consent forms which now are specific in nature and they appear to be working better and are more responsive to parents. Mrs. Teal asked if they had been sent to the Attorney General's office. Mrs. Worley replied that a call will be made and the only change is in reference to release of information. Instead of having parents simply sign "you can release information," the parent had to identify to whom the information can be released. Mrs. Teal suggested

Dr. Eberle went on to report that Dr. Sherman had asked Carrie Tingley to make a brace for a 33 year old former patient who had not been able to get fitted elsewhere and he recommended the Board approve this. Mr. Lovato said the patient met the three criteria for an exception of this sort, which are: (1) the patient should have previously been treated at Carrie Tingley; (2) there are no reasonable resources in the community to which she could turn; (3) there will be payment for the brace. For the benefit of Mr. Garcia, Mr. Lovato explained the "over 21" policy of the hospital and the negative connotations that sometimes occur with private business people who manufacture orthotic and prosthetic devices. He explained that as long as the three criteria are met there are no problems. Mr. Esquibel asked for a motion to accept Dr. Eberle's recommendation on this matter. Mr. Garcia so moved, Mrs. Sanchez seconded and the motion carried.

Dr. Eberle said the last item he had was that Dr. Marilyn Duncan has applied to be a member of Carrie Tingley's staff; she is one of the two oncologists at the University, the other being Dr. Gribble. He highly recommended the appointment. Mr. Garcia moved, Mrs. Sanchez seconded and the motion carried by voice vote. Dr. Eberle said that was the end of his report.

Mr. Esquibel said that Mr. Tansy had covered Item A of the Administrative Report and asked Mr. Lovato to carry on. Mr. Lovato said that Item B was Proposed Legislation and as the Board is aware House Bill 6 was introduced and was heard before the House Appropriations and Finance Committee where it was tabled and remains so. We don't know what will happen, whether it will be "untabled" there is no way of knowing. Discussion of the bill followed.

Item C was a final report of the agency-wide audit that was conducted by State Personnel last summer. All the concerns that we had have now been finalized and our structure of the nursing department, allowing us to establish shift supervisors for each shift (Nurse IVs), has finally been approved. They did not accept our request for a Nurse IV to supervise the outpatient clinic, however, so that position will be a Nurse III. We can now proceed with our planned organizational structures as they were presented in our budget request.

The next item concerned the Steider lease. Mr. Lovato said that it was signed per instructions of the Board at the last meeting and there was really nothing to add except that our long negotiations concerning the length of the lease should not have happened; it is unfortunate, particularly in light of the delays on the construction project. The discussion digressed from that point to more conversation about Mr. Tansy's presentation and it became more clear that Carrie Tingley cannot really make any plans until the contractor and Property Control have come to an agreement on a time line. Mr. Garcia said we should be a party to those negotiations as the user agency. It is our budget and we are the ones who have to move, not Property Control; he wondered if it would be prudent at this point to approach David King, the Department Secretary. Mr. Lovato replied that such a discussion had taken place at the meeting and based upon advise from Property Control personnel it was decided not to do that until Property Control has a chance to see what the contractor turns in. There was a good deal of discussion concerning exactly what the delay meant--did it mean 40 weeks after the completion of Phase I and Phase II? did it mean 40 weeks from the time the contractor gave the work to Property Control or from the time Property Control releases it back to the contractor? (The latter appears to be the case.) The question was asked and Mr. Lovato replied that the change order would be constructed concurrently with Phase II, which further confuses the issue of an end date. The best estimate Property Control gave Mr. Lovato at the meeting, provided everyone does what they are supposed to do as quickly as possible, was

Regular Board Meeting Minutes

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for time and money; if he accepts what Property Control offers then there would be a notice to proceed. Mrs. Teal asked the Board to request Mr. Lovato to really "bird dog" this procedure and keep the Board informed because there seemed to be undue delay. With the conclusion of discussion Mr. Tansy excused himself.

Next on the agenda was a report from Barney Elder, representing the ERC. After a sad goodbye to Jaynie Hakeem, new members were introduced: Priscilla Van Antwerp and Shirley Wooten. Due to the change in membership, new officers were elected: Treasurer, Eloy Padilla; Secretary, Chris Domenichini; Co-Chairperson, Shirley Wooten; Chairperson, Barney Elder. Greg Johnston met with them to solicit help by manning telephones at Channel 5 for their fund raising drive. CTH employees will be there the evening of March 13, from 6:00-11:30 p.m. Channel 5 will recognize the volunteers as a group from Carrie Tingley if we have fourteen or more people and that many people have signed up. It is a good opportunity to perform a community service and put in a good word for the hospital at the same time.

There was no MAC report because Dr. Gribble had not been able to attend the meeting.

Report of the Medical Director followed. Dr. Eberle said that statistics were off for several reasons. Children cannot be hospitalized for surgery if we don't have surgical time, which has been decreased in the last few months by six hours a month, which means two to three cases. In response to Mrs. Teal's question of why this was happening, Dr. Eberle replied that he didn't have any answers to the problem but it could involve the fact that UNMH's anesthesiology department has been short staffed in the last month or two. Because of the cut in surgery time, we have been admitting three to four fewer children per week; therefore we have a lower census and a lower surgery statistic. We still have the same basic rehabilitation population, however. The supervisor in the operating room is making an effort to help us get the time we have had scheduled and as a result Dr. Eberle has been able to add a case because of that effort. He said it was possible that if we pushed about anesthesiology problems it could be counter productive since UNMH does have a serious problem which probably won't be resolved right away. Mrs. Teal wondered if asking Mr. Lovato to speak with Mr. Johnson would have a deleterious effect. Mr. Lovato said he has recently spoken to Bill Johnson and also to Mickey Parsons, Assistant Administrator for Professional Services. They told him basically what Dr. Eberle had said, that they were having problems in their anesthesia department and they are working very hard trying to solve the problems so they can provide the necessary support to their programs. Mrs. Teal then asked what, in Mr. Lovato's judgment, would happen if Carrie Tingley were to reopen, with them, the business of contract anesthesia. Mr. Lovato said that as a matter of fact that is a part of the analyses they were doing when they first gave us their proposal, which was that we pay a full time anesthesiologist even though we were only going to use that person part time. Dr. Eberle said we could find an anesthesiologist; Mr. Lovato replied that that was one alternative. Mrs. Teal remarked that if we are keeping people waiting four months for surgery, then it does seem a reasonable idea to reopen negotiations with an outside anesthesiologist. Mrs. Teal moved that the Board direct Mr. Lovato to reopen discussions and negotiations concerning anesthesia with the UNMH Administrator. Mrs. Sanchez seconded and agreed to the addition of a direction to Mr. Lovato to bring a report of possible solutions to the next Board meeting. The motion carried.

of time, which seems extravagant. Mr. Tansy believes that some extension of time will be required. In answer to a question from Mr. Esquibel, Mr. Tansy replied that he did not know where the four month figure originated. When the contractor submits his proposal is when Property Control's "clock starts running," and they will process it as rapidly as possible. Mrs. Teal asked if the original building would be complete enough so that we could occupy it or will everything be done at once? Mr. Tansy said he would imagine that we could take "beneficial occupancy" of a portion of the building. Mrs. Teal asked further whether Phase II of the building will be held up because of moving part of it into Phase I. He replied that Phase I is in progress and the program phase of the documents have been approved. Property Control has given them the authority to proceed with their schematic documents and design development documents simultaneously, in order to expedite the project. Mr. Garcia said that given the fact that this is an additional change, he would like to request, with the concurrence of the Board, that our Administrator work with Property Control to develop a new "calendar" as to how this phasing will be set up. He said it would be helpful to him, as a new board member, in terms of what kind of commitments we are getting as the user agency for this project. The implications of "a month here, a month there" are large. After a certain date we don't have the budget to stay in this building. We have a financial interest in this "calendar" in addition to the fact that he believes it will better serve our patients to be in the other building and he asked Mr. Tansy to carry that sentiment back to Property Control. Mr. Tansy said that the people in Property Control who are working with this project do have an understanding and appreciation that we do have a definite time problem. At this point the ball is in the other fellow's court and as soon as it returns to Property Control they will proceed post haste to shorten the time involved and to find ways to deal with the problem of Carrie Tingley having to leave this building. Mrs. Teal wondered if the Board could do anything to expedite getting the ball from "their" court to Property Control's court. Constant checking is about the only way, according to Mr. Tansy. He wanted to make clear, though, that the contractor had been asked to refigure a good portion of his contract since the legislature won't allow a "time and materials" addition to a budgeted figure. To fill in some blank spaces for Mr. Tansy, since he had not been in the office, Mr. Lovato reported that he, the architect and the contractor had met with Property Control last week to attempt to tie down what we are dealing with, with respect to time. Mr. Lavis, the contractor, turned in the schedule on that day. The longest period of time mentioned was six months but cutting time here and there and everybody "squeezing in" we were able to tentatively shoot for about a four month extension, for the change order only. Mr. Tansy said that although the contractor was adding all the time to the end of the contract, some of it can take place simultaneously so that the time extension may not be as long. Mrs. Teal asked when the Board could expect the information from the change order--two weeks, one week? Mr. Lovato said that last Wednesday, Mr. Lavis told Property Control he would have his material to them by March 1. Mr. Tansy said if it came by Friday he would anticipate Property Control should be able to respond to him by the following Wednesday, with verifications of costs and times, reductions of costs and times if necessary. Mr. Lovato said, with regard to partial occupancy, that it had been discussed with Property Control that we must have the administrative support for the program areas and without the support of the third floor to run the clinics it is almost impossible to opera them. Mr. Tansy said that the contractor had to be told which things must be done first in order to make it work. Mrs. Worley asked if Property Control's "Wednesday response" would be a notice to proceed or to tell the contractor other changes to be made. Mr. Tansy said it would be a response to the contractor's proposal

CARRIE TINGLEY HOSPITAL
BOARD OF DIRECTORS MEETING

Carrie Tingley Hospital Outpatient Clinic
1128 University Blvd., N.E.

February 26, 1985
5:30 P.M.

Minutes

A regular meeting of the Carrie Tingley Hospital Board of Directors was held on February 26, 1985. Board members present were: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chair; Sally Sanchez, Secretary; Betty Teal, member; Robert A. Garcia, new member. Representing the staff of Carrie Tingley Hospital were: Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Charles Eberle, M.D., Director, Medical Affairs; Jerry Anderson, Director, Fiscal & Administrative Services; Kathy Flynn, Exec. Director, CTH Foundation; Barney Elder, ERC; Jackie Schlegel, Recording Secretary. Also attending were: Owen Fairbank, DDPC; Frank Marquez, Governor's Office on Children & Youth; John Tansy, Property Control.

Mr. Esquibel called the meeting to order at 5:50 p.m. and introduced Messrs. Fairbank, Marquez and Tansy. He then introduced Mr. Garcia as the newest member of the Board and welcomed him to his first regular Board meeting. He announced that Mrs. Arango had called to say that she was detained in Santa Fe and would be here as soon as possible.

The minutes of the Special Meeting of 1/15/85 and the Regular Board Meeting of 1/29/85 were next on the agenda. Mr. Lovato asked to comment on the Special Meeting minutes because of their length. He said that since it was a special meeting it seemed prudent and important that we go into considerable detail because of the subjects covered. Mr. Esquibel asked for comments, additions or deletions, beginning with the special meeting. Mrs. Sanchez moved and Mrs. Teal seconded acceptance of the 1/15/85 special meeting minutes. Mr. Esquibel went on to the minutes of the regular Board meeting on 1/29/85, digressing briefly to ask what the results were of the patient phone call that Mrs. Arango was going to follow up. Mr. Lovato said that he had not heard the results of that but he had asked Mr. Anderson to look into the procedures. He said he thinks we are much closer to being able to provide appointments by telephone. Mr. Anderson said that we have been scheduling by phone since January 1 of this year; the system has been "blind tested" twice since the last Board meeting, both persons were appointed on the phone and appointments made within ten days. Mr. Esquibel asked for a motion to approve the minutes; Mr. Anderson had an item that he had discussed before--to change word "move" on page 5 to "dedicated," because that has a specific accounting meaning, when the Board dedicates funds. Mrs. Sanchez moved approval of the minutes and Mrs. Teal seconded; both motions carried by voice vote.

Mr. Esquibel announced that he was going to alter the agenda to accommodate Mr. Tansy from Property Control, who was asked to address the Board on the progress of our capital projects. Specifically, progress of construction of Phase I, and the fact that there is a change order being processed, to include the third floor of Bldg. A (part of Phase II) in Phase I. The contractor has asked for an extension of four months; Property Control will endeavor to cut down the amount


with the sentiment and said that her main concern was that it shouldn't have to be put off any longer than absolutely necessary. Mrs. Arango said that it has to be made clear to the staff that everything is in the hands of the legislature and until they have voted we will not know if the money will be there.

Under Old Business, Mr. Lovato said that the unresolved, large problem is that of anesthesiology. He has not been able to make contact, at the same time, with Bill Johnson, Mickey Parsons and Steve Morgan to discuss this problem. UNMH's staffing problems in that department do not seem to have improved, according to Dr. Eberle. Mrs. Arango suggested that the solution may be to deal with it on a Board to Board level, not on a threatening level but with the hope of reaching an equitable answer.

There was discussion about the fact that a new Board member has not been appointed to replace Helen Hamilton. Mrs. Arango asked if it might not be appropriate to write a letter asking when action would be taken. Mr. Lovato said that he has been told that "it's in the mill." Mr. Esquibel asked if Mr. Lovato would draft a letter so that there is something on file in the Governor's office so that the Board would be on record as being concerned.

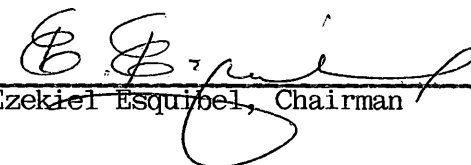
The meeting was adjourned at 7:55 p.m.

SUBMITTED:



Sally Sanchez, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

to start some research in the DFA Financial Control Division's files so that he can put together data on the revenue strings for land income, insurance department income, etc., etc., for presentation to our analyst, who instructs us to show numbers like \$150,000 for insurance fees when, in fact, we recognize somewhere between \$8,000 and \$12,000. Mr. Lovato said that in the budget request that will be presented at the LFC hearing, we eliminated \$150,000 from "soft money" that is in this year's budget. The recommendations by LFC and DFA include \$130,000 of insurance, etc. which does not seem to be forthcoming. Every month the Financial Control Division sends us a voucher and it shows a number of things--our appropriation money, perhaps part of a "compensation package" which is what employee raises are called, land income distribution (land income in New Mexico is split into two big pots: the investment income fund and the other is the CP&R). The last five or six years of revenue coding on the vouchers shows there is a great inconsistency and fluctuation in land incomes. Part of the reason for that fluctuation is the drop in income from minerals--many mines have closed and that has caused a drop in land incomes. Mr. Lovato added that every time the price of oil drops \$1.00 it costs the state of New Mexico \$5,000,000. Mrs. Arango said that if the bottom line would be if we found out that for the past year or so the amount of money coming in from land income and insurance levies is less than had been projected the year before and is less than is reflected in this year's budget--what would we do then? Mr. Anderson replied that he would provide the data to Mr. Lovato and the two of them with Richard Jones and Danny Earp will put their heads together to see what we want to do about it. Mr. Lovato said that if the analysts do not bring it up in the hearing that he will. He said he wanted to close the discussion with two thoughts: (1) he said he thought it was important that the Board members understand the very difficult decision he made about the upgrades because he was sure they would receive phone calls; (2) the Board will probably also hear from some employees and perhaps some department heads when he tells them there are certain things that can't be done.

Mr. Anderson said that the Financial Statement for December was somewhat anti-climactic after the last discussion, but it does show actual results through December and as he has pointed out before, we should expect revenues to fall below budget and this is the first month in which it actually shows up in black and white. We're \$39,955 below budget year-to-date; this is the same number he has said would be \$90,700 by the end of the year. On the expense side, we are \$149,863 under the budget in total. Also note there are two specific categories that are over the budget and one is in-state travel for the same reason we have previously discussed--we were expecting a budget transfer from CMS which never materialized. Contractual services' overage is a combination of two things: rent not being budgeted in this category and the statement does not yet reflect the rebate we will receive from the University of New Mexico. This is the last year that will happen--under the new agreement there is no after-the-fact rebate. The rebate should be around \$203,000. UNMH said that this year, for the first time, they will not send a check for the amount but prefer that we use it as a credit. Mrs. Arango asked Mr. Lovato if anyone had figured the cost of the upgrades. Mr. Lovato replied that it would be \$57,000 for the year had we done it in July; approximately \$28,000 in January, lessening monthly. He said that even though it was not financially possible to implement the upgrades, he felt that many employees did appreciate the fact that the personnel audit was done and the effort was made. Jaynie Hakeem concurred

waiting until July and would implement the upgrades as soon as funds became available. Dr. Eberle wanted to be sure that if the legislature "bombed" us and there was not the money anticipated, the upgrades would not be accomplished at the expense of programs. Mr. Lovato assured him that such would not be the case.

Mr. Anderson took over and explained the mid-year review of the budget. Contract Services is, as usual, over budget and the reason for this is the fact there is no rent load budgeted. That rent load is \$385,800 so it is not surprising that year-to-date we are \$55,000 over budget. He said he would ignore the expense side of the budget because this was really a revenue issue. It doesn't make any difference what your budget is if you don't have the cash. Our revenues come from a number of different places: appropriations, collections, land and insurance department revenues, interest in some mineral activities, investment income. In all the area that we control, we are well above our budgeted revenue levels. On our appropriation we are right on the line--we are at 100% of anticipated budgets. There are two issues to cover and those are (1) a shortfall in land income--our projections right now indicate that we will have a shortfall of some \$280,000. Mrs. Arango asked where that was reflected; Mr. Anderson replied that it was reflected on the Financial Statement--Other State Transfers is the line item. As near as we can project today, we would anticipate for the year that Land and Insurance Department revenues will fall \$280,000 short of what was in the budget. Because we are collecting at a higher rate than was in the budget, and because we've had some significant investment earnings that were not budgeted, we are able to offset a portion of the shortfall. Our projections indicate that we can offset all but \$90,700 of the shortfall--meaning that that becomes the new control number. If our authorized revenue budget was \$4,512,700 we will fall \$90,700 short of that. The new budget now becomes \$4,422,000. Based on the revenue picture we need to immediately control to that new budget number. He then invited questions. Mr. Lovato asked to make one more statement: we cannot spend more than we have; however, we are not intending to make any kind of budget adjustment at this time, and the reason for not doing so is to make sure that we stay within the amount of money we will have, still hoping that the cash flow will change to where we can spend at the level we are authorized. Further, Mr. Lovato said, he intended to discuss this issue with department heads. They have to know that we have to make up \$100,000 and each department will have to make up their share--it must be a coordinated effort in-house. At the very end of the fiscal year we will make adjustments, as necessary, to Santa Fe so that we don't reflect over-expenditures in any category, as required by law. In response to Mr. Anderson's further invitation to ask questions, Mrs. Arango asked if it was basically the unpredictability of the land income that is causing our problem. Mr. Anderson said that the shortfall is all caused by the land income. We do have to adjust the budget to pay rent, but the key issue is the revenue shortfall. Mr. Lovato said to offset part of the shortfall in the appropriations for rent here, we have received the settlement from UNMH in the amount of \$203,427. So that, in part, is taking care of the shortfall. Mr. Anderson said that with special attention on the part of the department heads we could turn this thing around, because in our business \$90,000 is kind of a drop in the bucket. On a relative basis, we are asking the department heads only to pick up a week's slack, out of a month, of expenses. Mrs. Arango asked if the budget for next year perhaps reflected the new status of land income. Mr. Anderson said that he was going to Santa Fe

The last item Mr. Lovato needed to discuss fell primarily in Mr. Anderson's department and he would do most of the talking after a few introductory remarks by Mr. Lovato. He said that we have discussed, at the beginning of this fiscal year, the about-face in the way that Carrie Tingley has dealt with its budget and other fiscal matters in the past. Number 1 is a budgetary planning process originating in the Departments and, hopefully, ending with the department heads in respect to expenditures, with the department heads having control, to the extent possible, of the budgets that are allocated to their departments. Mr. Lovato said that the process has worked quite well although we need some adjustments. Another issue he had previously discussed with the Board was the personnel audit done last summer which recommended approximately 25 upgrades. At that time the Board and the staff were told that, as soon as possible, we would fund the upgrades to coincide with State Personnel recommendations. Along with changes in procedures we set out to do a mid-year review to find out where we stand with our monies and where do we expect to be at the end of the fiscal year. That has now been accomplished with some areas looking good and others not so good. Unfortunately, the area of greatest concern does not look so good—it does us no good to have an expenditure budget of \$5,000,000 if we don't have the money to fund the expense side of the ledger. We are below our approved budget in expenditures because we have applied the brakes where possible. The unfortunate part is that the money that was expected to fund the level of expenditure authorized is not there. We will need to do some things and stop some expenditures (without causing harm to our programs) to stay, not within the amount of expenditures authorized, but within the amount of money we will actually have to spend. With those facts, Mr. Lovato said, he had to make one of the hardest decisions he has had to make—we will not be able to fund the upgrades in January. If we have to cut spending by about \$100,000 he said it seemed ill advised to fund upgrades. The upgrades are truly deserved and that is not the issue here. In addition, we are not yet far enough into the legislative process to know what level of funding we're going to get. We know what the recommendations are—but we do not know what the legislature is going to give us and until the legislature speaks, the recommendations are just that--recommendations. There is a third option which he said he had not discussed with anyone for fear of raising hopes. It is this: should things turn around in such a way between now and July and should the legislature fund us with the intent that those upgrades be made in July, then he thinks we could and we should consider funding the upgrades sometime between now and July 1. He said he had not made any kind of announcement to the staff, because he did not want to make people think something could happen when it probably could not, because when they realized the latter the morale would get very low. Many of the employees heard "we will do it" when what was said was "if we can, we will do it." Others heard correctly and accepted what was said and are not as disappointed as some others. Dr. Eberle asked if, in fact, we don't have funds to do it now, and if, in fact, the legislature doesn't give us the money that we're asking, is it probable that we won't be able to fund those upgrades in the next fiscal year? Mr. Lovato said it's possible but he didn't think it will happen and the reason he said that is that both recommendations, DFA and LFC, have enough money in our budget to upgrade on July 1. The only way it would not be possible to upgrade in July would be if the legislature funded us drastically below those recommendations. Mrs. Arango asked questions to clarify the situation and Mr. Lovato said that the upgrades would be a line item in the next budget AND if monies became available in May or June he would recommend not

walls that will have to be replaced entirely to meet code requirements. That will make inroads into the aforementioned surplus, but there will still be enough.

Mrs. Arango asked if there was going to be some way for families to be involved with some of the ultimate design of waiting areas and choosing bed-sofas and lighting and things like that. She said those are the kinds of things that can be done right the first time if people are consulted. Mr. Lovato said that most of those things are pretty well finalized but there is still room to change. Some of the equipment, seating and design of the lobby areas had a lot of parent input. Mr. Anderson suggested that Mrs. Arango review some of the equipment selections that have been made before actual purchases are completed. She replied that she would be happy to do so. The chairbeds are the same as UNMH recently bought and "reviews" have been good. Mr. Lovato said that Allison Abraham, who works for Stevens, Mallory, Pearl and Campbell, had been very sensitive to the needs of the hospital and the patients and had made some very good selections. He also said that the construction was approximately 30% complete at this point and that all the demolition had been finished.

Mr. Lovato asked the Chairman permission to skip to "C" on the agenda and leave primary discussion of "B" to Mr. Anderson. He reported that he had received a call from Danny Earp that he and members of the Board were to appear before the House Appropriations Committee the following day and that Mr. Earp had apologized for the short notice but he had just been notified himself. Mr. Lovato said that he felt optimistic about the hearings inasmuch as the LFC and the DFA recommendations are so close together. Secondly, the LFC recommendation is higher than the Executive, which is quite unusual. Mr. Lovato said that his only concern--and the reason he was very glad Mr. Marquez had come--is with respect to House Bill 6. It would appear that the only statement we could and should make is that statement that the Board has adopted.

The next item that Mr. Lovato had to discuss was our policy statement on open meetings. He reminded the Board that we were not able to have a meeting on Jan. 9 because of difficulties with a policy. He had prepared two different statements for the Board's consideration and he recommended the second one. The main change had to do with Emergency Meetings; he also made a slight change under Special Meetings. He quoted the current policy concerning mailing notices to the newspapers; he recommends it be changed to "hand-deliver to the Journal, the Tribune and El Hispano," adding "as well as radio stations KABQ and KOB." The reasons he added the radio stations and the wording "hand-deliver" was due to the problem we had with the previously mentioned special board meeting, where the material left here in time but was not published. He felt that going a step beyond what is absolutely necessary won't hurt. The other item, Emergency Meetings, had never really been a part of the policy before and he asked that the Board adopt the wording as he presented it. Mrs. Arango moved that page 2 of the policies presented by adopted, with the change of substituting the words "hand delivered" in place of "mailed." Mrs. Sanchez seconded and the motion carried by voice vote. Mr. Lovato added that he had discussed the policy with Ms. Buzzard.

would deal with the entire 3rd floor and transfer that work to Stevens, Mallory, Pearl and Campbell, who are doing the "B" building. What would happen if the change wasn't made was that Lavis Construction was going to do a small part of the third floor; when the second phase was awarded the second contractor, no matter who it was, would have to come in and tear out what Lavis had already done in order to do their part of the second phase. In reassigning the contract for the third floor there had to be shifts of monies to pay SMPC under Phase I with some of the monies that had been committed by CTH to the renovation. We also looked at the second contract—it appears the \$700,000 appropriated was not going to be enough to do all that had to be done. There were, however, surpluses under Phase I and with the advice of Property Control he wrote a letter transferring \$250,000 from Phase I to Phase II. There seems to be enough money, it just seems to be in the wrong places. With the approval of the Board he can tell Property Control that it was all right to shift the money. Mrs. Sanchez moved and Mrs. Arango seconded authorization of the Board to dedicate \$250,000 from Phase I to Phase II. The motion carried. Mr. Anderson requested that the word "earmark" be substituted for "dedicate" in the motion. His request was approved.

The second item in the Administrative Report concerned Phase II of the project. When last year's legislature appropriated \$700,000 for renovation of Phase II the discussion involved renovating the second floor of Building A to house patients at a future date, when we would need more than the 33 beds which are in Bldg. B. The Phase II contract was awarded to Philippe Register & Associates out of Santa Fe. The problem of load bearing capabilities has been solved; however, to renovate the 2nd floor to house patients would cost approximately \$1,000,000. Since the budget for the whole project is less than that it would be a disaster to try to implement plans to house patients. After meetings with the architects and Property Control it has been decided that the mission of the second floor in Bldg. A must change to office occupancy. The appropriation does not specifically say that it must be used for patient occupancy; however, the justification given to the legislature was a discussion that implied the floor would be for patient care. Dr. Eberle and Mrs. Arango said that their recollections of plans for that floor was that it would not be for patients because they installed only two handicapped toilets. Mr. Lovato said that certainly simplified a problem that he thought was very serious and evidently he had not received the correct information. Mr. Lovato said he was meeting with Mr. Register and Property Control the following Thursday to discuss bringing the second floor up to standard for office use. There is another problem that has not yet been solved, though, and that involves Building B. Once the contractors started working in there they discovered some large structural irregularities that will not allow the contractor to proceed without replacing a number of items. The contractors and engineers are now pricing out what will need to be done. What appears to have happened is that when University Heights Hospital was in the building they would decide to run an electrical line from one end of the building to the other, did it themselves and totally disregarded codes. In some instances, rather than bypass structural beams, for example, they drilled through them and in so doing weakened the structure. UHH also put in some duct work that should never have been installed since it never did come up to code. Mrs. Arango said it was understood that these things were not visible until the contractors got into the building and started tearing things up. There are some

tion or even if Carrie Tingley isn't the appropriate place for getting that information, there should be people here who can call places, get the information and get it back to the parent. In the absence of a central place for parents to get information, we should try to provide it. Mr. Lovato said that there have been instances where we have done exactly that and we do try to help people when we become aware that there is a problem. He said that in the case of the people who were in and helped today, we may wind up not being the agency to help them but that doesn't really matter.

With respect to the other problem that was brought up, Mr. Anderson is directly in charge of that department and perhaps can share where we are in our restructuring of the administrative side of Carrie Tingley. A problem came up at the Medical Advisory Committee which involved John Romine referring a patient to us; the patient went back to Dr. Romine's office having not received any information. He called and didn't get any information on the telephone; he raised it at the MAC meeting. Mr. Anderson said that should not happen and we should be able to schedule appointments by phone now. Mrs. Arango said she called the Brace Shop and had no problem getting an appointment within the week; Mr. Lovato said that usually the call would have gone to the Clinic. The case Dr. Eberle was talking about was a parent who called and said "I would like to make an appointment for my child to come to Carrie Tingley." Mrs. Sanchez asked if that was an isolated case and Dr. Eberle replied that it wasn't and in fact has been a big problem for a long time and figured in the change of administrators. Mr. Lovato reminded those present that in July the functions of the Clinic were separated between clerical and programmatic, clinical services. The administrative part was put under the supervision of the Business Office in hopes that by coordinating the actual fiscal and administrative functions of the Business Office with the administrative and clerical functions of the Clinic that the two would merge better to where we really have full and good utilization of the automated equipment; that we have to be able to receive a call, punch a button and be able to know right away when we have openings and tell a family right then when they can be scheduled. Mr. Anderson said that since the transition was made it has been his understanding that appointments were being made in that fashion now. Mrs. Arango was asked to follow up with the person she spoke of who was to call for an appointment; she said she had no doubt we would hear if everything didn't go smoothly.

The first item Mr. Lovato wanted to discuss with the Board was not on the agenda and it was to announce his final decision on the Assistant Administrator position after having consulted with the Board and Dr. Eberle and he was happy to advise that Mrs. Linda Worley was willing to take the position. He and Dr. Eberle have discussed the impact this might have on other programs. Every day more improvements in Nursing Services become apparent as a result of Mrs. Worley's abilities, skills and commitment. He hopes the transfer from Nursing to Administration will not be a detriment to Nursing and that a replacement for Mrs. Worley will be found that will continue the progress.

The next item is Capital Projects. We continue to have more than our share of problems with the renovation across the street. There are two major items: one needs Board action and the other discussion and concurrence. Because of the problems of dealing with two separate architects and the possibility of dealing with two contractors, Property Control decided to prepare a change order that

problems and they make the referral in a timely manner that's good; what happens is an application often is kept for two or three months before it is determined whether the applicant is eligible for care and whether CMS will fund or not. What is needed is for recommendations to be written up in such a fashion that they can be presented to the Director of HED who can in turn present it for funding. It will not require legislation but will be a line item in CMS's budget. For any of this to happen, Dr. Mullen will have to be supportive and the Governor's office will have to be supportive. Mrs. Arango wondered if whatever proposal Ms. Hubbard presents will imply that it would have to be an expansion item. Dr. Eberle replied that it would. He went on to say that Ms. Hubbard would be defining the mission of CMS as she perceives it and if it is accepted by the University and Carrie Tingley it could be presented to HED as an agreed-upon mission that we feel has to be carried out to benefit the children. Then proceed from there with some sort of implementation or strategy plan, which probably would be through the Governor's office. Perhaps we do need to go to other organizations such as PRO and DDPC for their support. Tell them the needs are: access, data collection and referral. Mrs. Arango asked if Dr. Eberle saw this as a by-pass of the SPRANS; he said he was not quite sure what SPRANS was supposed to do. He asked Mr. Marquez to explain it. Mr. Marquez said that as it is developing, there will be policy committees and operational committees set up to address issues relating to the problem that is being addressed in this meeting. The time frame is between now and next year to deal with major policy issues and/or legislation which, it is hoped, will address the issues. What they are trying to do is to get with people such as Dr. Eberle and Ms. Hubbard and get some immediate answers without going after legislation at this point. Dr. Eberle asked about the studies in Hobbs and Carlsbad; Mr. Marquez replied they had been abandoned by the feds. Mrs. Arango noted that there wasn't going to be a study--what was supposed to happen in Santa Fe was a coordination at state, agency and department level and meanwhile they wanted to see what would happen on a local level, especially in a difficult place like Hobbs--if there were somebody there to act as a coordinating force, bringing together whatever there is to create, in Hobbs, a coordinated system of referral, care, etc. Mr. Marquez said that what has been added in place of that is a Native American component. He and Dr. Eberle agreed that they are both trying to accomplish the same thing, which is to get operational and planning going concurrently because presently there is an operational need that is not being met because of decisions concerning allocation of resources in HED. Mr. Lovato and Mr. Marquez pointed out that the problem started much earlier with the jobs bill. When that ended it meant that 13 or 14 positions had no state support right away and then the decision was made not to include an expansion item to pick them up. Dr. Eberle said there have been many complaints about CMS concerning clarity of mission and access and that's one reason Joe Goldberg wasn't supportive. What they are trying to do, Dr. Eberle went on, is to meet an urgent need and not bypass the SPRANS, although it was not as applicable as what Mr. Marquez is talking about now. We need to get to the point where we can get a group of planners together that can effectively accomplish something. Mr. Marquez said that is what they are trying to do at this time.

Mrs. Arango mentioned that she was very disturbed at the notion that someone could call Carrie Tingley for an appointment and not get one. If someone calls here and wants information, they should get it, whether it means the person running the switchboard or someone else in the office doesn't have the informa-

Dr. Eberle mentioned that many children who are referred to Carrie Tingley by CMS are children we cannot do anything for. Mrs. Arango said that we have a responsibility to those children to try to find help for them whether or not they have an orthopaedic problem. She would like to see Carrie Tingley address getting them into the "non-system" that we have--suggestions need to be made and people need to be thinking about possibilities. Mr. Lovato said we don't find out about many problems because we are not out in the community and CMS is not taking care of the problem or going ahead and referring them to us, when CMS doesn't have the time, for instance. Secondly, Mr. Lovato said, he thought it was a prime example of why there would be immediate, positive benefits to those recommendations that are being made as a result of House Bill 6. Clearly, better coordination between CMS and Carrie Tingley would have some positive effects. If CMS were willing and/or able to do more in the communities where they already are it would help. Mr. Esquibel said that the experience with the family mentioned earlier condensed many of the complaints that are directed, not only at Carrie Tingley, but a lot of state agencies, as being unresponsive to needs. Mrs. Arango said that obviously nobody can come up with any solutions and obviously part of what will happen with SPRANS will begin to look at some of this, but for the immediate future there are still families out there who know there is something wrong with their child and there isn't really anywhere to go. Even when CMS was able to do what it was doing, it wasn't enough. She wondered if anybody has any ideas. Dr. Eberle replied that the day before he had had a meeting with Dr. Greenberg, Joan Hubbard and Evelyn Odento discuss the issue. The basic problem seems to be that CMS is not really clear about their role. It seems that the LFC has a different concept of their role than CMS itself does, so there may be the problem of what they are really supposed to be doing--are they supposed to be doing financials? are they supposed to be determining eligibility? are they supposed to be making referrals? are they supposed to be case managers? are they supposed to be the single access point? are they supposed to be data collectors? or what have you? We agreed that all of us supported the idea that CMS would function as fiscal data collectors, case managers where appropriate (the parents are the best case managers), and that we should all support the idea that they be funded so that they can deliver the services they're expected to deliver. Joan Hubbard is going to prepare a document that we'll look at on Thursday and if the document is consistent with what Dr. Greenberg feels is reasonable, with what we feel is reasonable and what HED feels is reasonable, then he feels that we can get the Dean of the Medical School and Carrie Tingley and go to Fitzhugh Mullen in HED, present it to him and see if he can support it in the legislature. Mrs. Arango asked if it would be possible to see the document and Dr. Eberle replied that although it is Ms. Hubbard's document he believes that the Board should see it if it is to consider supporting it. She added that the public schools, theoretically, have the responsibility under Public Law 94-142 to do Child Find. Dr. Eberle said that excludes probably 90% of the children we take care of, in terms of actual evaluation. Mrs. Arango said that, theoretically, the woman in Clovis that we have been discussing should be able to call the public schools and say "I have a child with a problem . . ." and be told what resources are available. Unfortunately that doesn't happen and the schools don't have the capability to respond. Even though they can't make a referral they may be able to help the mother know who to call. Dr. Eberle says that invariably what happens is they tell people to call their family physicians. He said that if CMS recognizes their role is referral, and they refer to agencies that deal with specific

CARRIE TINGLEY HOSPITAL
BOARD OF DIRECTORS MEETING

Carrie Tingley Outpatient Clinic
1128 University Blvd., N.E.

January 29, 1985
5:30 P.M.

A regular meeting of the Carrie Tingley Hospital Board of Directors was held on January 29, 1985. Board members present were: Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chair; Sally Sanchez, Secretary. Board member Betty Teal was absent. Also present were: Robert Lovato, Administrator; Charles Eberle, M.D., Medical Director; Linda Worley, Director, Nursing Services; Jerry Anderson, Director, Fiscal & Administrative Services; Jaynie Hakeem, ERC; Jackie Schlegel, Recording Secretary. Frank Marquez, representing the Governor's Office on Children and Youth was also present.

Mr. Esquibel began the meeting with an introduction of Mr. Marquez.

The agenda was approved with the deletion of the presentation of the minutes of the Special Meeting of January 15, 1985.

The minutes were presented and Mrs. Arango recommended a clarification of a statement on page 3; minor changes on pages 5 and 6 were also made. It was moved by Mrs. Sanchez and seconded by Mrs. Arango that the minutes be accepted as amended. The motion passed by voice vote.

Item #2, ERC. Ms. Hakeem distributed a list of new members of the ERC and announced that there would be elections the following day. ERC has been working primarily on trying to think of different sorts of fund raising activities so that they wouldn't need to ask the Foundation Board for money when there is an employee function.


Item #3, MAC. There was no report from the Medical Advisory Committee.

Item #4. Dr. Eberle presented the list of staff members appointed or reappointed to the Carrie Tingley Hospital Medical Staff and recommended the Board's approval. Mrs. Arango moved that the list be accepted and Mrs. Sanchez seconded. Motion carried.

There followed a discussion of Carrie Tingley's admitting procedures and the occasional difficulties people report encountering when trying to make an appointment over the phone. Mrs. Arango said that a person she knew was going to call for an appointment and if there was a problem she would know about it pretty quickly.

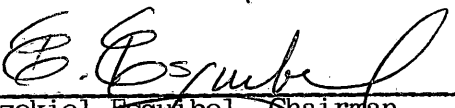
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SUBMITTED:



Sally Sanchez, Secretary

APPROVED:



Ezekiel Esquibel, Chairman

other; most of the time they probably wouldn't come but at least they would know that you were trying to reach out to them and help them. How many years ago were they last in school and how much has changed since then? All the new information is not filtering down to them, yet they are the first ones to deal with a parent and a child who has problems. They may recommend a procedure that is ten years old, thinking that it is the thing that should be done for that child. If Carrie Tingley were keeping in touch with those doctors, when something like these bills came along, those doctors would be there for you, because they would want you to be in existence because you are their lifeline and you're not doing that. Because you are not, the parent is not being served and the child is not being served as effectively as they should be. I think, if you did nothing else but at least start building those bridges with those doctors, you would get tremendous productivity from it, all the way down the line. From that point, what you have already analyzed as to what you're doing or not doing for the patients you are already serving will come into effect and you've already got them on line and working.

A year ago in December it was recommended to have a Parent Advisory Committee. It is now a year and a month later and we do not have a Parent Advisory Committee and that is totally ridiculous because, as Dr. Eberle pointed out, these advisory committees are essential. Because of their vested interests they can take the time to analyze and tell you what their needs are and how they perceive things to be workable. Then it's up to you to judge what works, given all the facts. But you don't have a Parent Advisory Committee—you have a Medical Advisory Committee, which you're not using. All of this stuff should be with this Medical Advisory Committee. I was so happy to hear what Dr. Dixon had to say tonight because there are doctors out there that have their goals in mind and they're working for them. You're not asking your Medical Advisory Committee to really give you their input. I have one point of view—if you had 30 other parents you would have 30 other points of view. And in those 30 points of view, 5 of them would be repeated through all 30 people and those 5 would be what you should zero in on.

Mr. Esquibel remarked that at this point it wasn't productive to point out our flaws and our faults—what we should do is to start working on the draft as to what we propose as an alternate to this bill, bringing up some of the points that have been made by Mrs. Jones, Dr. Eberle, Dr. Dixon, by some of the Board members, our attorney and various people we have come in contact with. When the draft is nearly completed then Mr. Lovato could call the board members and they would stop by and look at it. Mr. Esquibel asked if there were people Mr. Lovato and the Board could talk to about the bills. Mrs. Arango replied that she had showed the copies to several people and most of the comments she has received about them have been negative. Ms. Buzzard said she believed that it will take a lot of people clamoring at legislative committees for the continuation of Carrie Tingley, arguing that it should be the best hospital for crippled children.

Mr. Lovato said he would certainly respond to the Board's directive and will try to capitalize on the assistance of Dr. Eberle, Dr. Dixon, Andrea and everyone else and will try to get a draft prepared by the end of the week.

The meeting was adjourned at 7:45 p.m.

tion, and have some real, immediate benefits. This Board would want to go on record that it is not against trying to coordinate and get more services for the dollar, but not in this fashion.

Dr. Dixon said he was incensed that there is no one in either rehabilitative medicine or pediatric orthopaedics or anyone even remotely connected with the care of these children as Carrie Tingley has been for 40 years. He feels that the Board must mention that as an enormous oversight. Dr. Greenberg's mission, as he has repeatedly put forward, is to establish a school of case management at UNM. He said we need to see what things might be good and what things are merely power-brokering. Mrs. Arango said that there are a lot of people, including some important people, who do not agree with Dr. Greenberg's concept.

In response to the question, "what do you want Carrie Tingley to do?" Mrs. Arango replied that eventually she would like to see Carrie Tingley, because it is an independent entity, have a strong Board with lots of little advisory committees that does oversee the provision of services, in a coordinated system, to children in New Mexico with chronically handicapping conditions. Ideally it would be able to oversee a number of services. Dr. Eberle asked if the first phase would be a combination with CMS; Mrs. Arango said that quite likely it would. She said there is incredible confusion among families and CMS case-workers about roles. Also, she said the question of why HED wants to get rid of CMS needs to be asked because this is the second attempt they've made. If the initial combination starts the process, Dr. Eberle said, of developing a network of coordinated services for handicapped kids, continuing the study at the same time to see what other things are brought in, is what the alternative is. Mrs. Arango said it would be good if the network developed but we have to be very careful. The original point of the SPRANS grant was to be doing something in Santa Fe and also on a local basis in Hobbs with the CMS worker and seeing, on a local basis, what happens when you try to coordinate. She didn't know, however, whether that part got funded. Dr. Dixon said that we have to emphasize children, we have to emphasize musculo-skeletal, at this moment. We have to say "that's what we do best and this is what we'd like to do." Mrs. Arango said that what we do is take care of just a part of each child--and we are interested in the whole child concept. Dr. Dixon said we will have to take the risk that people will think we're "reaching out" again.

Mrs. Jones was asked if she had anything to add and she said there were two areas she would like to address:

1. You have to deal with people you are already taking care of. If you sit down and analyze the people you are already treating and where you are lax in helping them, and why you are, you will come up with a lot of reasons and ideas about what you can do.
2. The people that you don't take care of now, because they either don't know about you or they don't need you yet, are not being dealt with at all.

My recommendation to Mr. Lovato after last year's session was (1) the first place that people come in contact when they need help with whatever is happening or is wrong with their child is the doctor--this hospital is doing nothing to serve the doctor--the little doctor out in the rural area. (Mrs. Arango clarified: the local pediatrician or family practitioner.) You are not sending him literature, not holding conferences, or whatever doctors do to help each

dealing with the children that can't be dealt with any other way. Mrs. Jones went on to describe a situation in which she and a woman from Las Cruces both needed emergency care for their children. They were both directed to UNMH Emergency Room—Mrs. Jones wanted her child to be seen by someone at CIH because they knew what he was supposed to look like. She said that due to a good working relationship between the two hospitals treatment was adequate, but that the people from Las Cruces, whose daughter had brittle bone disease, drove all the way back there to see their own doctor because they were terrified that a doctor not knowing their daughter's background could break something else while examining her.

Mr. Esquibel asked what the next step should be--Mr. Lovato said there were basically two things that the Board could and should do:

1. If you are ready and willing to take a position, you should.
2. We have a regular Board meeting in two weeks and given the additional information the Board might want to delay taking a position until that time. Whether these bills will be introduced or not he did not know.

Mr. Lovato said he didn't think the bills would be introduced early in the session but those are his recommendations. Mrs. Arango said she would like to recommend that the Board draft a position as soon as possible. We could use Dr. Eberle's document as a backup sheet or framework. She said that although she might see some aspects of the bills differently from Dr. Eberle, there is agreement that the draft bill is not in the best interest of the children and if it is supposed to be a response to House Joint Memorial 4, it is not. Including adults and the rehab centers adds another layer of bureaucracy. It is no beginning for a system of coordinated care for children with chronic handicapping conditions.

Dr. Dixon asked if anyone knew how the northern and southern rehabilitation centers feel about this bill; Mr. Lovato replied that his understanding is that they are enthusiastic.

Mr. Esquibel asked if Mr. Lovato could summarize and synthesize the points brought up at this meeting and have a draft ready by Tuesday, January 22. Would that be soon enough? Mrs. Arango announced that she could not attend a meeting on Tuesday, Wednesday or Thursday night of the following week and suggested that members of the Board stop by the office and read the draft and make comments. Mr. Lovato said that he would call each of them as soon as something is in draft form. Mrs. Arango said that she appreciated the fact that Dr. Eberle's statement spoke to those agencies and/or departments that are certainly part of the spectrum of services. Mr. Lovato reported that Dr. Omer of UNMH has also written a short statement and he identifies other areas that impact upon developmental disabilities that are not mentioned at all in the bill. Mrs. Arango wondered if it made sense to not only have a Board position but a substitute. Mr. Lovato replied that it would and that he had been going to suggest that Carrie Tingley propose an alternative to the bill regarding what could be done immediately to respond to inequities within the system. One possibility is to bring together CMS and Carrie Tingley, which could be done in a shorter time than a large scale change such as is suggested in this legisla-

take a stand and say "we know we can make this work if we can make it work this way, this way and this way." We haven't ever done it and as long as we never do it, we're always going to be reacting like this. Your vested interest is good because it has the children at heart--Dr. Dixon's vested interest is good because it has the children at heart. As to who lobbied the legislature last year against Carrie Tingley Hospital--they aren't little names they are big ones and they're going to continue until they get the job done. So you can react little or you can set yourself a plan. You people have a voice that somebody is going to listen to--as a parent, I have to make my voice known in a different manner. But, we have the kids, so we will have it happen, one way or another. But you people are in a position to understand where UNMH is coming from. I only see that this is going to happen and be good if all of you can understand that you have a common enemy and really band together and work against that common enemy because that common enemy has been pulling the strings and it has used UNMH and UNMH's axe to grind for its benefit and it's used Carrie Tingley and Carrie Tingley's axe to grind for its benefit. And CMS and DDPC--everybody's been used. The end result of this document, which I believe in the bottom line will say that all of these dollars coming in will be contracted out, because, economically, that's where it's going to go in the changing field of health care. Those contracts are going to go to those doctors and those organizations that lobby most effectively and have convinced everybody that they can do the job better than anybody else. If you happen to have a contract for \$50,000 or \$60,000 a year to take care of your patients in Farmington or southern New Mexico--whether you see them or not or whether you deliver anything or not is not going to make any difference; you've just got the money coming through your bank account. That's where the bottom line is--believing or not believing is up to you. Even though this, or something like it, has been expected, to see it so well organized and so well-presented, so that anybody who wants to do best for people and wants to save money would automatically believe that this is the way to do it. The bottom line is not going to deliver services any better or any more economically--it's just going to change who the deliverers are.

Ms. Buzzard said that she believed that was very correct and asked to read a paragraph from the letter to Mr. Lovato which reiterates what Mrs. Jones had said: "because the bill repeals the authority of Carrie Tingley to operate a general hospital and does not create such authority in the administration or commission, Carrie Tingley Hospital may cease to function as a hospital. It is questionable whether the authority to operate a hospital may be implied from the express powers granted the commission granted the authority set forth in Sec. 5 insofar as concerns patient care to "supervision" of care of handicapped children and adults. Further, other institutions, such as Las Vegas Medical Center, Los Lunas Medical Center and Fort Bayard Medical Center--each of them has the power to offer general hospital care; therefore the purpose of this bill may be to consolidate only administrative functions of the proposed divisions while diffusing by contract the care-related services among several providers, public and private. The intent of this legislation in this regard should be clarified." Mr. Lovato remarked that what Mrs. Jones had said was not inconsistent with the proposal, by memorandum only, that was proposed by Peter Mezza. That also represented an attempt to do away with Carrie Tingley Hospital and make it a money pass-through agency. Mrs. Jones said this is all regardless of the fact that CTH provides the training that is necessary to people coming out of medical school to take care of the population they will come in contact with when they get into their own practices, beside the fact that this hospital is

people who can't pay for themselves. Whether it's UNM Hospital, Carrie Tingley Hospital—there are a lot of dollars being funneled from federal government, state government, to take care of people who cannot take care of themselves. A lot of money. When you talk that kind of money, there are people who know how to manipulate the system so they get the biggest share of the dollars coming down. They are the ones who talk to the right person to have the right language inserted; whatever is being done is not being done haphazardly—there is an end result that these people wish to accomplish. She said she was sorry to say that it is not necessarily what is the best care for this population that is supported by these dollars—she wished she could say it was, but that is not the motivation. She said that the Board knows that she was in Santa Fe at the legislature last year, every day, talking to a lot of people. As Dr. Eberle pointed out, those legislative members do not know what is going on; they can only go by the recommendations that are being given by the LFC, by agencies who have a vested interest. As he said, when you have a vested interest you aren't necessarily giving all of the story the way it should be given. There are good people who want to do a good job and they're not being given all of the information--and that is our fault because we haven't tried to give them the information. Then, all of a sudden, we sit here the day the legislation opens and we find out that there's not only this, but there is language in the recommendation under HED, to support all of this. One feeds the other, supports the other, builds the other and then we sit here reacting to one little segment of a picture that is even bigger than we understand it to be. Until some point in time that somebody is really willing to sit down and make good, solid, logical recommendations, we are all going to be manipulated by what other people want us to do. Should we jump into CMS, or HED, or is there going to be somebody sometime who is really going to come up with the real recommendations that are going to make these agencies deliver the services that these dollars are supposed to give. We all know, if you have read the newspapers, every hospital in town is in trouble because they made the wrong turn at the wrong time. Health care is going in an entirely different direction and if we aren't smart enough to look ahead to where that direction is, there won't be a Carrie Tingley Hospital, there won't be a CMS, there won't be a lot of things because one of the reasons that we could not really fight for Carrie Tingley Hospital and stand up and really make people look at CTH is because CTH is like everybody else—it's made mistakes. It has Achilles' heels that people can point their fingers at and say "this agency isn't doing the job because of this, this and this" because we never did try to do our job fully, like we should have. Any more than UNMH does all the job that it should do. Or St. Joe's Hospital. Now you're sitting here looking at all of this stuff that represents vested interests and you're a vested interest, I'm a vested interest. How are you going to get around what is happening because, mark my words, it's going to happen. It is because those people are working for it to happen, because if they weren't working you wouldn't have these documents. They weren't sitting back while the rest of us were sitting back; they're saying "well, we couldn't do it one way so we're going to do it another." They have a goal, they know where they want to be and they are doing, step by step, what it takes to get there. We have no goal, we don't know where we want to be and we're not taking any steps. When you come up with a position, you're going to come up with it from your points of view, which you should have. I'm going to come up with it from the point of view that I have, as a parent of a handicapped child, who one day will be a handicapped adult and will need these services for the rest of his life, of one sort of another. From my vested interest, from your vested interest, we should be able to come up with these things that can work. Really

the makeup of the LFC in the present legislature might not be different from the LFC that made that recommendation; Mr. Lovato replied that indeed it could be different. Another important thing that Mrs. Flynn mentioned when she spoke to Mr. Anderson was the fact that within the HED budget was wording in the recommendations in the LFC report that they recommend the merger of CMS, Carrie Tingley and the Rehab Centers. What the whole legislature does, of course, is anybody's guess, but that wording is in the document.

Returning to discussion of the proposed legislation, Dr. Eberle asked if Mr. Lovato had talked to Phil Baca about the bill. Mr. Lovato replied that the last time Drs. Osgood, Greenberg and he met, he did tell Mr. Baca that he personally, not speaking for the Board, had a big problem with the makeup of the commission as set forth in the proposed bill. Dr. Eberle asked about the mission of the bill and Mr. Lovato stated that he was not opposed to some type of effort to coordinate services better; he did not address whether this was the way to do it or if another way would be better in his conversation with Mr. Baca. He does think, however, the sooner we do something to coordinate services better and better serve the children, rather than every entity having its own little piece. He said that he agrees with Mrs. Arango in thinking that CMS and Carrie Tingley coming closer together is a good idea, whether with a merger or some other form of working more closely together. Discussion between Mrs. Arango and Mr. Lovato examined ways in which CMS and Carrie Tingley could come together. Many things would have to happen before that could be a reality; Mr. Lovato specifically mentioned funding being a problem because of the kind of block grants the CMS works under. Dr. Dixon asked if Carrie Tingley should join CMS. The flip side would be to join CMS in HED, according to Dr. Eberle and Mr. Lovato. Mrs. Arango reiterated that we need to prepare a draft response to the bill as soon as possible. Andrea Buzzard said that she had prepared a letter for Mr. Lovato and she also had a memo from Charlotte Hetherington. Mr. Lovato said that he would also like Dr. Eberle to discuss the paper he wrote in response to the bill. Dr. Eberle said he had nothing to add to his written thoughts but would be happy to answer questions. Mrs. Arango asked if a decision was made, through one committee or another, to eliminate adult services from the bill and someone said to merge CMS and CTH, what would Dr. Eberle's response be? He replied that it would depend on governance--if the governance were an independent board such as Carrie Tingley's it would be fine. He also said that he felt it would be very strongly opposed by the University because they would feel that an independent board that controls not only Carrie Tingley's monies, but also CMS monies, might want to conserve some of those funds and hospitalize children at Carrie Tingley rather than at the University. On the other hand, one reason that Dr. Greenberg supports this concept is because he thinks the Carrie Tingley Board is too independent.

Mrs. Jones was asked what her opinion was on this subject. She replied that she believed Dr. Eberle's analysis of the proposed legislation was excellent. She said that maybe it was time for her to speak to the Board now since she had not had anything to say since the last legislative session. She would like to jog the Board a little. To begin with, why is this even being introduced; many studies are done and action is never taken; why, all of a sudden, is there a gentleman saying "we have to look at this, we have to implement that"? We are going so far as to merge and to re-do constitution without re-doing constitution--there is a lot contained in the documents, very far reaching. It's time that everyone stop and analyze who is pulling the strings. Dr. Eberle pointed out, she said, there is great economic impact, believe it or not, dealing with

One of Mrs. Arango's questions was whether or not the provisions of this piece of legislation would have an impact on the constitutional status of this entity. Ms. Buzzard said that she thought it did: Carrie Tingley Hospital is a land grant beneficiary; it receives trust funds. According to this legislation the trust funds that Carrie Tingley is entitled to receive will be transferred to another entity and you don't see that entity described in the Constitution at all, so the argument is "is this an attempt on the part of the legislature to basically amend the Constitution without going through the process?" Ms. Arango said that her question is "Could that be done?" Doesn't it require a revision in the Constitution in order to change this entity? obliterate it? make it serve people over 21? make it part of or a division of something else? Ms. Buzzard said she thought it could be a division of something else. The Constitution does not require that CTH be a separate entity; it names other entities that are part of HED or part of the penitentiary. The Constitution does state that the governance of these institutions will be as provided by law. It does not require a separate Board of Directors—prior to 1955 the Constitution required that each institution have a Board of Directors and that was changed by vote of the people to delegate to the legislature the authority to decide how to control and manage each institution. Mrs. Madelyn Jones said that Carrie Tingley doesn't come under the same situation as does, for instance, Miners' Hospital. Ms. Buzzard quoted the Constitution and it turned out that Mrs. Jones was referring to the Statutes. Mrs. Arango asked if there were certain parts of the proposed legislation with which we disagree; if we are going to be expected or asked to respond, it would seem to make sense to list those things with which we disagree and what we base those disagreements upon. She said that one of the first items of disagreement she would mention is the inclusion of adults. She also remarked that there is something to be said for a merger of Carrie Tingley Hospital and Children's Medical Services. Certainly there is also something to be said for a coordinated system somewhere down the line, but this is not a coordinated system. Mr. Esquibel said his feelings were that the Board and the clientele it serves should have some input into any legislation that would affect Carrie Tingley. Dr. Eberle warned the Board that if they think they will be invited to a hearing or any kind of discussion of pending legislation they are mistaken. Anything we might have to say about this should all be on the table long before the bill ever comes up. Mr. Lovato said that the last time he communicated with Dr. Osgood he told him he was going to distribute the bill to the Board for their action. Dr. Osgood has offered to meet with the Board to try and clarify what it is intended to do. He is more than willing, as the main architect of the bill, to discuss it with the Board and answer any questions they may have. Mrs. Arango said whether there is dialogue with Dr. Osgood or not, this Board needs to draft a reply or alternative to this bill. She said we need to try to anticipate what might happen; for example, a merger with CMS.

Mr. Lovato shared another piece of information which came by way of Kathy Flynn, who attended the opening session of the legislature. She had had an opportunity to see the recommendations of the LFC and the DFA. We had previously seen the DFA recommendations but not the LFC. Carrie Tingley requested of the legislature \$5,322,500; the DFA recommended \$4,983,900. The LFC is recommending \$5,045,600; a difference of \$61,700. We requested 143 FTEs for the hospital-- DFA is recommending the 143 we requested; the LFC is recommending 139 FTEs, so we are within four positions and \$61,700. This seems to be an indication that we will be in fairly good shape as far as the budget is concerned. Mr. Lovato said he had never seen the recommendations quite so close. Mrs. Arango asked if

been attempted and CMS is now trying to have some sort of register and follow up and to be able to say how many children are being taken care of at any given time. Mr. Lovato's understanding of Dr. Greenberg's intention was that it was to establish a method of educating families to become better case managers of their own children. At the meeting, Dr. Greenberg expressed great concern that he was not in favor of adults and children being combined in one department--he did not think it was good practice from a medical point of view. As far as Mr. Lovato understands it, he said, the above formed the foundation for this bill. Rep. Vigil of Las Vegas was the one most interested in getting something started since he had been one of the main sponsors of the pediatric memorial. Mr. Lovato has never heard from nor spoken to Rep. Vigil; he made it clear at the meetings he attended that he was willing to attend and to contribute as much as possible as an individual and not as a representative of Carrie Tingley Hospital putting forth the position of its Board of Directors.

The second bill is one that just became known at the end of December and supposedly is the product of the interim committee on Health and Human Services (the one dated December 7). Mr. Lovato said that his understanding from reading the bill, which is the only knowledge he has of it, is that perhaps it is more directed toward long-term care programs which, to him, means geriatric long-term care, nursing home type of patients. However, on page 2, section B there is reference to "attention to the needs of residents of all ages," including handicapped. Mrs. Arango pointed out that in a different section of the bill handicapped people are mentioned, also. Mr. Lovato wondered what long term care planning includes. In any event, Mr. Lovato said that these were the two bills that we know of now that will have a great impact.

There was some discussion about grant money that was supposed to be available to do planning for coordination of all children's services. Dr. Eberle had talked with Joan Hubbard of CMS about it but Mr. Lovato said that it was his understanding at present that whatever grant money there is will be administered by the Governor's Office of Children and Youth and/or the DDPC.

Mr. Esquibel said that the bills would indicate to him that in order to create some of these things you would need another superordinate agency, a larger bureaucracy and considering the way the people in Santa Fe are lined up he didn't expect anything to happen this year.

Mrs. Arango wondered if we were going to be asked to do anything with the bill that concerns Carrie Tingley in particular. Mr. Lovato said he was sure the Board would be asked whether or not they support the legislation. Mrs. Arango said she thought what we needed to do was draft some sort of statement. Mr. Lovato agreed and said that regardless of whether the bill was introduced to the legislature or not introduced, this Board of Directors is going to have to take a position.

Mrs. Sanchez asked about the operation of Carrie Tingley and whether it would disappear if it were operated in a different way. Mr. Lovato said that the statutes were very clear concerning the operation of the hospital and that there was also mention of the hospital in the Constitution. Mrs. Sanchez asked if it wouldn't be difficult, then, to change or absorb the hospital. Mr. Lovato replied that the proposed bill calls for repeal of the statutes. Ms. Buzzard said that an argument might be made on the fact that the institution is called a hospital in the Constitution so you can't obliterate that entity as a hospital.

paying on the old contract; (2) if the situation arose that Dr. Steider was able to sell this building and the new purchaser wanted the building next month, that new owner would have every right to give us thirty days' notice and there is no place for Carrie Tingley to go; (3) the contract as proposed by Dr. Steider has a clause which could be quite meaningless but the wording reads that if we should be in a position to move prior to December 31, 1985, we could do so if there is mutual agreement. Ms. Buzzard interjected the information that (3) is not in the lease although Dr. Steider had indicated willingness to agree to such an idea. Mr. Lovato went on to say that in considering all aspects of this situation he would recommend signing the lease and work with the legislature and the DFA/LFC to stay with this building until the new quarters are ready for occupancy. To go without a lease is worse than the risk of having to deal with Dr. Steider when we are ready to move out before the lease is up. Mr. Esquibel and Ms. Buzzard recapitulated Mr. Lovato's recommendation and Mr. Esquibel asked for a motion. Mrs. Arango so moved and Mrs. Sanchez seconded; the motion carried. Ms. Buzzard asked to confirm that the motion includes giving Mr. Lovato the authority to write the letter that was discussed; Mr. Esquibel replied in the affirmative.

Item #3. Mr. Esquibel asked Mr. Lovato to bring the Board up to date on the proposed legislation that will have a direct bearing on Carrie Tingley Hospital. Mr. Lovato reported: Week before last we made available to the Board copies of two proposed bills that will more than likely be introduced in the current legislative session. One bill, dated 12/17/84, is the result of two things: (1) the pediatric memorial that was written by the Pediatric Society at the request of the legislature, which contained a number of recommendations within the response to the memorial; (2) evidently some time in June or July of 1984, Phil Baca, a staff analyst for the LFC, went to the LFC and discussed with them the fact that nothing was going on to respond to the recommendations that were made as a result of the memorial. Also, the LFC allegedly gave permission to Mr. Baca to work with people he felt might be able to talk about some of the recommendations that might be worthwhile considering, to respond to some of the recommendations contained in the memorial. As a result, according to Dr. Osgood, Phil Baca had contacted the Pediatric Society to assist in drafting legislation that would aid the State in implementing the recommendations that had been made. The Society then asked Dr. Osgood to get it started. A number of meetings, two of which Mr. Lovato was invited to attend, were held to discuss what could be done. Other meetings were held to which he was not invited. The draft bill, dated 12/17, is the result of all of those discussions by all of those people. One of the meetings that Mr. Lovato was invited to involved the finalization of the draft bill that would be presented to the LFC staff to see if it represented the direction they wanted to go. The people involved in that meeting were Dr. Greenberg, Dr. Osgood and Mr. Lovato. There was not unanimous agreement on the package but it did reflect what would be delivered to the LFC. An issue which Mr. Lovato brought up was that he had great problems with the composition of the seven-member board because he did not believe it made allowances for representation of other medical specialties necessary to the treatment of handicapped children--and adults--as the bill was finally written. Dr. Greenberg had been, for a long time--when Mr. Lovato was still in the Health and Environment Department, wanting to discuss ways and means by which some of the recommendations in the memorial could move along; however, as he understood what he was trying to do was do something specifically with respect to case management of children with handicapping conditions. Dr. Greenberg envisioned case management in a non-traditional way. His method has

notice. After a lot of communication between Dr. Steider and Ms. Buzzard we have reached the point where we have to take action on the lease even though it is not what we have been working toward. Ms. Buzzard reported that she has been attempting to negotiate the lease since August and to get Dr. Steider to agree to inclusion of a paragraph that would permit Carrie Tingley to vacate the premises earlier than December of 1985 because of our moving into new premises earlier than that--her last effort was a letter written on December 13, 1984, pointing out that the building will be vacant for three months because of our move and we would be paying rent on a vacant building plus supplying security to guard against vandalism plus utilities. She also stated that the total liability could amount to around \$50,000 and that this is a large amount of money to ask the taxpayers to pay for an empty building. She proposed a meeting of Dr. Steider and his attorney, Mr. Lovato and Mr. Mark Shoemsmith of Property Control--the reply was that Dr. Steider wants the lease returned as written and Ms. Buzzard's opinion is that we do not have many options and in the present month to month arrangement we could be asked to vacate with thirty days' notice. Mr. Lovato has discussed the predicament with the LFC and it is unknown what the LFC will advise the legislature to do: the lease is subject to the legislature's appropriating enough money. If the legislature stipulates that the funding for the lease of the building end upon completion of the new quarters and it is written into the Appropriations Bill, then it becomes law. Mr. Shoemsmith is also uncomfortable with the situation and since we have nowhere else to go he suggests that the lease be signed and that Mr. Lovato write him a letter re-stating the situation and our position, since it is his responsibility to approve the lease. A letter should go also to the lessor stating that we are signing the lease but he should remain aware of our position on the matter and he must recognize that the lease is contingent on sufficient appropriation. The most we can do is to submit it and whether or not the legislature is willing to appropriate money to pay for an empty building for three months is within their discretion. Dr. Eberle asked if we could sublet the building; Ms. Buzzard replied that we could, with Dr. Steider's permission. Mr. Lovato said that he has been told by both DFA and LFC that when House Bill 2 is being written we must discuss what the needs are to address this problem to be incorporated in the bill. A general appropriation to Carrie Tingley would carry the implication that there was enough to cover the lease; it would have to be line-itemed specifically in order for the provision limiting the payments to be legally acted upon. Mr. Shoemsmith requested a letter stating that the cost of moving to temporary quarters and then moving to new quarters would equal \$50,000 or if it would be more. If we are given the thirty-day notice to vacate, our bargaining position would be even weaker. We need also to let Dr. Steider know that if he wishes to come to the legislature and make his own position known he is welcome to do so. Ms. Buzzard said Dr. Steider cannot just unilaterally give us 30 days notice with discussing it first. Dr. Eberle said that his fear was that we would not actually be in the new building by September 30 and could be left with nowhere to go. Ms. Buzzard said that if that indeed happened this whole discussion was moot. Mr. Anderson pointed out that the liquidated damages amount the contractor would have to pay us if he should not meet his completion date would cover the rental of the clinic building because it is based on what our operating costs are. Ms. Buzzard said she would rather not make a recommendation on whether or not to sign the lease because there is no right answer. Mr. Esquibel then asked if Mr. Lovato would have a recommendation. Mr. Lovato replied that he believed that our alternatives are limited: (1) he is as concerned as Mr. Shoemsmith is with the continuation of renting the building on a holdover position when in fact we have been paying higher rent that we were

CARRIE TINGLEY HOSPITAL
BOARD OF DIRECTORS

Special Meeting
January 15, 1985
5:30 p.m.

A Special Meeting of the Carrie Tingley Hospital Board of Directors was held on January 15, 1985. Board members present were: Mr. Ezekiel Esquibel, Chairman; Mrs. Polly Arango, Vice-Chair; Mrs. Sally Sanchez, Secretary. Mrs. Betty Teal was absent. Also present were: Robert Lovato, Administrator; Charles Eberle, M.D., Medical Director; Jerry Anderson, Director, Fiscal & Admin. Services; Linda Worley, Director, Nursing Services; Jackie Schlegel, Recording Secretary. Mrs. Madelyn Jones, parent of a Carrie Tingley patient, was there as was Dr. George Dixon of the MAC.

Mr. Esquibel opened the meeting with the announcement that the Agenda would be altered, providing for the MAC Elections to be #1, the Steider Lease to be #2 and the discussion of the proposed legislation to be #3.

Item #1. Dr. Eberle announced that the Steering Committee of the MAC has met and asked Dr. Romine to serve as Chairman with the approval of the Board. Dr. Eberle recommended that the Board appoint Dr. Romine as Chairman of the Medical Advisory Committee. Mr. Esquibel asked if there was a motion to that effect. Mrs. Arango said she had a question to ask before she made a motion: why doesn't the Advisory Committee appoint their own Chairperson? Dr. Eberle said he didn't know and that traditionally the Board has always appointed the members of the Advisory Committee and selected the Chairperson, usually the person recommended by the Committee. Mrs. Arango then moved that the Board of Directors ratify John Romine, M.D. as the Chairperson selected by the Advisory Committee. Mrs. Sanchez seconded and the motion carried.

Dr. Eberle said that the MAC's membership is routinely appointed by the Board of Directors at the beginning of the year. The specific changes are: Dr. Greenberg will be taking Dr. Cushing's place; it was agreed last spring not to reappoint Dr. Handmaker; Dr. Evelyn Oden, the new medical director of CMS will take Dr. Law's place. The other new member is Dr. Sherman, who was appointed last spring. Dr. Eberle recommended that the Board appoint all the members presently on the committee, with the exception of Drs. Handmaker, Law and Cushing; then appoint Dr. Greenberg and Dr. Oden to the Committee. Mr. Esquibel asked for a motion on the recommendation; Mrs. Sanchez so moved, Mrs. Arango seconded and the motion carried by voice vote.

Item #2. Mr. Lovato reminded the Board that we have been trying to renegotiate our lease with Dr. Steider and have not been successful in getting him to agree to a lease that would allow us to vacate the clinic building on September 30, at which time we will be able to occupy the new quarters across the street. The lease expired 6/30/84 and we have been renting the building on a month to month basis; however, there has been an increase in the rent. Ms. Buzzard of the AG's office, as well as Property Control personnel, have been doing most of the negotiating with Dr. Steider endeavoring to protect public funds and to enable Carrie Tingley to carry out its programs. We have been unable to get him to agree to a clause that would allow us to leave the building with 30 or 60 day

B. Term of Office. The term of office for each Director shall be coterminous with his/her term as a member of the Board of Regents of the University of New Mexico.

C. Authority. The authority to manage the property and business of the Carrie Tingley Hospital shall be governed by the provisions of Section 23-2-1, et seq., N.M.S.A. 1978, as amended.

D. MEETINGS

1. The CTH Board will consider CTH business as part of the regularly scheduled meetings of the UNM Board of Regents and special meetings as deemed appropriate. The UNM Board of Regents meetings will be announced to the appropriate CTH constituency.

2. Administration.

A. In recognition of the mutual interests between the Carrie Tingley Hospital and the University of New Mexico relative to ensuring the provision of quality patient care to the citizens of the State of New Mexico, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be operated as a separate organizational unit of the University of New Mexico possessing all components and services necessary to allow it to operate in accordance with its mission. Further, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be designated as a patient care unit of the UNM Medical Center by the Chief Executive Officer of the UNM Medical Center. As a separate patient care unit of the UNM Medical Center, Carrie Tingley Hospital shall be operated pursuant to the provisions of that certain Resolution of the Board of Regents of the University of New Mexico, dated February 10, 1987, known as Appendix AA, of the Regents Policy and Procedure Manual provided that the Carrie Tingley Hospital retains complete fiscal independence from the UNM Medical Center and that its

affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and, where applicable, the policies of the Board of Regents. In addition, the Hospital Administrator shall have all powers reasonably necessary to carry out express powers. The Hospital Administrator shall report to and shall be supervised by the Medical Director of Carrie Tingley Hospital. The Hospital Administrator shall have such other authority or responsibility as may be provided in the bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

D. The Medical Director shall be the Chief Executive Officer of the Carrie Tingley Hospital and is authorized to manage and administer the day-to-day medical aspects of business and administrative affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and where applicable, the policies of the Board of Regents. In addition, the Medical Director shall have all powers reasonably necessary to carry out express powers. The Medical Director shall report to and shall be supervised by the Chief Executive Officer of the UNM Medical Center/ Director of the UNM Medical Center. The Medical Director shall have such other authority or responsibility as may be provided in the Bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

3. Reporting.

A. The Advisory Group shall report on a regular basis, ^{and as} ~~as shall be~~ specified from time to time. *(at least ~~on~~ quarterly)*



The
University of New Mexico

Albuquerque, NM 87131

September 9, 1987

Ms. Anne Brown
Secretary of UNM
Scholes Hall Room 235
University of New Mexico
Albuquerque, NM 87131

Dear Anne:

I am enclosing the additions to the resolutions prepared for the agenda of the CTH Board Meeting that were approved by voice vote.

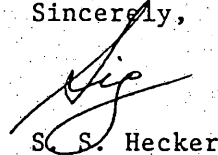
Please note the additions made on the agenda page, page 12, and page 19.

In addition, the enclosed memo captures the instructions that we approved to the advisory group once it's constituted. I also wish for these instructions to be reflected in the minutes.

Also, please have Regent Johns and the Secretary sign the resolutions once amended.

Thank you.

Sincerely,



S. S. Hecker

encl: a/s

cy. K. Johns
G. May
L. Napolitano
J. Drennan



The
University of New Mexico

MEDICAL CENTER
UNIVERSITY COUNSEL
Basic Medical Sciences Building
Albuquerque, NM 87131
Telephone (505) 277-4451

CARRIE TINGLEY HOSPITAL
RECEIVED

SEP 21 1987
FISCAL SERVICES

September 21, 1987

Mr. Kurt Sams
Acting Administrator
Carrie Tingley Hospital
1127 University Blvd. NE
Albuquerque, NM 87102

Carrie Tingley Hospital Resolutions

Dear Kurt:

Per Dr. Siegfried Hecker's recommendations, enclosed
you will find revised copies of the CTH Resolutions.

Sincerely,

Shannan L. Carter, Esq.
Assistant University Counsel
UNM Medical Center

SLC/1b

Encl.

Advisory Group Meeting
November 9, 1987
Page 3

Staff liaison committee will be appointed to interact with the Advisory Group.

Carol Ware, ERC Representative, invited the Advisory Group to the annual Employee Christmas Party on Tuesday, December 15 from 3-5 p.m. in the cafeteria.

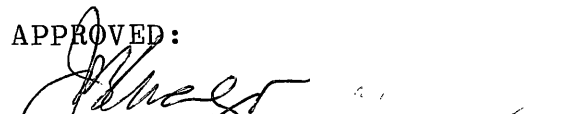
Meeting adjourned.

Respectfully submitted:

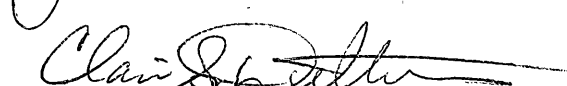


Nancy A. Clarke
Administrative Secretary

APPROVED:



John Arango, Chairman



Advisory Group Member

Policies/ByLaws Committee - Charlie Alfero, Chairperson, George Omer and Clair Dutton. Purpose: 1) Rewrite policies/bylaws to conform with new government structure, 2) set up a Human Research Committee or continue with the Medical Advisory Group, 3) study accreditation process for CTH.

Medical Affairs Committee - Dr. Manuel Archuleta, Chairperson, Charlotte Abbink and Dr. Dixon. Purpose: Re-examine overage patient policy.

Foundation Committee - Alice King, Chairperson, Dr. Archuleta, Charlotte Abbink and Clair Dutton. Purpose: 1) Relationship of Foundation/Advisory Group/Regents, 2) responsibilities for financial accounting (checks/reports), 3) fundraising activities.

Program Committee - John Arango, Chairperson, Charles Alfero, Rose Ann Porter, Dr. George Omer and Alice King. Purpose: 1) Evaluate current operations of hospital/departments/staff, 2) expansion of medical services and make recommendations.

Some of these committees will probably resolve after completion of tasks. These committees will meet prior to Advisory Group committee meetings and present reports at the Advisory meeting on a monthly basis.

IV. Schedule of Monthly Meetings for Advisory Group

The Advisory Group will meet the 1st Monday of each month. The Board of Regents meet the 2nd Tuesday of each month.

V. Appointment of Legal Counsel

Shannan Carter, Assistant Counselor for the Medical Center was appointed as legal counsel for the Advisory Group.

VI. Selection of Hospital Administrator

Dr. James Drennan, Medical Director/CEO will select the Hospital Administrator, which is an exempt position within the state government.

VII. Strategic Vision Report

The issue of the strategic vision study will be discussed further after the Advisory Committee has had an opportunity to review the report.

VIII. Other Business

Dr. Hecker suggested that in the future the Advisory Group select its own Chairman either on a annual basis or on a 2 year term basis.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

CARRIE TINGLEY HOSPITAL Advisory Group Meeting November 9, 1987 7:00 p.m.

PRESENT: Members: John Arango, Chairman, Dr. George E. Omer, M.D., Charles L. Alfero, Alice King, Clair Dutton, Rose Ann Porter, Charlotte Abbink, Dr. George Dixon, M.D., Dr. Manuel Archuleta, M.D. Board of Regents: Sigfried Hecker. UNM: Shannan Carter, Attorney. CTH: James C. Drennan, M.D., Medical Director/CEO, Kurt R. Sams, Acting Administrator, Kathy Moore, Director of Nursing, Greg Johnston, Medical Photography, Jo Lund, Fiscal Services, Carol Ware, Fiscal Services, Nancy A Clarke, Administrative Secretary, Medical Affairs.

Mr. John Arango called meeting to order at 7:00 p.m.

I. Introductions and Remarks

Meeting began with introductions of each Advisory Group member giving a background of their past history/experiences. Mr. Arango asked Dr. Hecker to give some information of the Board of Regents' feeling and some of the background that established the Advisory Group and general plan for the governing of CTH.

II. Remarks/Authority & Responsibilities

Dr. Hecker discussed how the UNM Regents were appointed as the CTH Board of Directors. He discussed the official connection of CTH with UNM. Dr. Hecker stated that a set of bylaws need to be put together and submitted for approval. He also asked that a task force be set up which would report to the Regents in a year with recommendations and directions of where CTH should be going.

Dr. Hecker will be the contact person between the Advisory Group and the Regents.

III. Appointment of Advisory Group Committees

Administrative Committee - Finance/Personnel, Rose Ann Porter, Chairperson, John Arango and George Dixon. Purpose: 1) Understand CTH budget, 2) set up format that reflects financial status, 3) evaluate various proposals, 4) look into personnel issues. This committee will probably become a permanent committee.

VI. Approval of Auditing Firm

It was recommended that the board approve Peat, Marwick & Mitchell as the auditing firm for Carrie Tingley Hospital for fiscal year 1986 and 1987. The motion was seconded and passed.

VII. Appointment of Acting Administrator

Motion was made to appoint an acting administrator, then establish an appropriate search process for a full time administrator. The was seconded and passed.

VIII. Appointment of Advisory Group

Deferred until Sig Hecker's academic affairs committee decides on role of advisory board. The motion seconded and passed.

IX. Approval of Organization Chart

Deferred until academic affairs committee studies real function of the advisory board.

X. Carrie Tingley Hospital Foundation Meeting

The June meeting required for the Carrie Tingley Hospital foundation by-laws needs to be postponed. A motion was made to postpone it. Motion was seconded and passed.

APPROVED:

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

BOARD OF DIRECTORS' MEETING MINUTES June 9, 1987

ATTENDANCE

Regents: Ken Johns, Chairman, Jerry Apodaca, Collen Maloof, Robert Sanchez, Sigfried Hecker, Col. Frank Borman, John Paez. Gerald May, President, UNM, Anne J. Brown, University Secretary.

I. Oath of Office

Everyone stands and takes the oath.

II. Adoption of Agenda

Ken Johns made a motion to adopt the agenda. There were no changes. Motion was seconded and passed.

III. Election of Officers

Jerry Apodaca made a motion that the same officers of the Board of Regents be elected as the officers of the Board of Carrie Tingley Hospital. The motion was seconded and passed.

IV. Administrative Briefing

Henry "Kiki" Saavedra's letter stating that an advisory committee be appointed prior to acting on the agenda, was put on record. There was a discussion on who would be on the committee. It was decided that they would act only on items not affecting the future course of the hospital, mission, goals, or long term perspective. Budget revision process was discussed. The year end statement of the foundation indicated that there was approximately \$135,000 to \$140,000 in the foundation. Dean Napolitano recommended that Carrie Tingley Hospital not get merged into something whereby it would lose its identity.

V. Delegation of Signatory Authority

A motion was made that there be a delegation of signatory authority for payroll and accounts payable to Kurt Sams, Dean Napolitano, Warren Baur, and Shannan Carter. The motion was seconded and passed.

f) Employee get-together/awarding of employee service pins. This will be held in conjunction with the Christmas party, December 17. Recognition of Betty Teal, Board member of 11 years will also be made at that time.

g) Donations of Christmas gifts are pouring in for CTH patients. Broadway Southwest gave 80 teddy bears which were distributed to the kids during the Thursday General Clinic. The British Club of Albuquerque donated a computer with a color printer for the classroom use.

VI. Consultant Report

Frank Reinow and Howard Smith, the consultants, distributed copies of the mission statement and the objectives. Discussion of these followed with questions and comments. (See verbatim transcription of tapes of the minutes.)

Submitted,

Secretary

APPROVED:

Chairman, Board of Directors

the educational residency program. After July 1, 1987, the residents from Colorado will no longer be doing rotations at Carrie Tingley Hospital. He did however expressed his appreciation for the opportunity to be associated with the residency program at Carrie Tingley Hospital.

IV. Medical Director's Report

Dr. Vicki Kalen, Associate Medical Director, gave the statistical report for the month of November. The next item was a report on the Winter Medical Seminar held at the Albuquerque Hilton. Her view was that it was a big success. The evaluations which were returned rated the meeting very highly.

V. Administrator's Report

a) Linda Worley concurred with Dr. Kalen that the Winter Seminar was successful.

b) Ms. Worley gave an update on physician coverage for the hospital. She has been in contact with Dr. James Drennan who is at Newington's Children Hospital in Connecticut. He is very interested in considering the Medical Director's position at CTH. He is planning to stop and visit in Albuquerque on his way to the Academy meeting in San Francisco in January.

c) Mr. Garcia asked Ms. Worley to expand on the meeting with Dr. Omer, Betty Starr, Robert Garcia and Linda Worley regarding the filling of the position of Medical Director. It was decided that rather than recruit for a Medical Director at this time, recruitment be for a Director of Orthopaedic and looking for a second person later on.

d) Provision of medical coverage after January 1.

Local surgeons have volunteered their time to cover clinics. Dr. Omer will continue with the Hand Clinic and any emergency surgeries. Dr. Tabet will continue the Knee surgeries. Dr. Sherman and Dr. Mital may be available to help out. Malpractice insurance and compensation need to be discussed in more detail. Linda Worley will check with Risk Management on insurance coverage.

e) There was a gross error in the current "yellow pages" on the ad for Carrie Tingley Hospital. Instead of name and telephone number of hospital, it is listed as "Carrie Tingley Hospital, Department of Health and Environment, **ALCOHOLISM TREATMENT CENTER SINCE 1957**. The address and phone number are incorrect. The phone number is to Taxation and Revenue.

Linda Worley is negotiating with US West to remedy the error. Andrea Buzzard, Assistant Attorney General, has been involved in the drafting of an agreement with US West.

Linda Worley presented the Personnel Report. There were 3 resignations, one promotion, and four new hires during the month of October.

Ms. Worley reported that the Legislative Finance Committee hearing on the CTH budget, which was held November 6, went quite well. The LFC were ensured that they would have access to any and all material coming from the strategic planning process.

Mr. Garcia directed the Administrator to analyze the vacancy factor at CTH and send this analysis to the LFC as soon as completed.

VII. Old Business

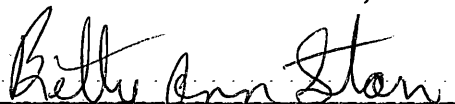
Report from Consultants. - Frank Reinow and Howard Smith presented an analysis of the data, mission statement, objectives, and strategic alternatives. (See attachments.) Extensive discussion followed by all who were present.

The Board set the next meeting for December 16 at 5:30 p.m. A minimal amount of Board Business will be scheduled in an effort to get closure on a mission statement, objectives. A final meeting in January will cover implementation strategies and resource requirements.


Comments for the consultants should be sent to Linda Worley by December 3.

There being no New Business the meeting was adjourned at 9:37 p.m.

RESPECTFULLY SUBMITTED,


Betty Starr, Secretary

APPROVED:


Robert Garcia, Chairman

that the Pediatric Society has no official involvement in the proposal even though the proposal appears on Pediatric Society letterhead.

Any proposed legislation from the medical community should be channeled through the State Medical Society advisory committee for children's medical services.

IV. Quality of Care Committee

The Quality of Care report was given by Linda Worley. Inter-departmental audits relating to the efficiency and accuracy of transcribing and following physician orders were reviewed.

ACTION: Betty Starr moved that the Board enter executive session to discuss an issue involving pending or potential litigation. Motion seconded and passed.

Executive Session begun 6:10 p.m.
Executive Session ended 6:34 p.m.

V. Medical Director's Report

Dr. Kalen briefly reviewed the statistics for October. Dr. Kalen announced that she had tendered her resignation effective December 31, 1986.

Mr. Garcia inquired as to the status of physician coverage after December 31. Linda Worley responded that she and Drs. Omer and Romine have been involved in frequent discussion on this issue. The faculty at UNM will assist to the extent possible and both Dr. Romine and Dr. Omer are actively looking for physician candidates.

Dr. Omer summarized his concerns, which were presented to the Board in a letter, regarding recruitment and the status of the Orthopaedic residency program.

Mr. Garcia directed the Administrator to meet with the MAC in order to develop a plan to ensure continuity of care, direct services, and coordination of educational matters for at least 6 months. In addition, efforts should be made to determine the availability of orthopaedic surgeons who might be inclined to relocate to Albuquerque and work in conjunction with Carrie Tingley Hospital and University of New Mexico Hospital.

VI. Administrator's Report

The Financial Report was given by Kurt Sams, Director, Fiscal Services. Mr. Sams informed the Board that the revenue for October reflected the early impact of the rate increase, as was anticipated.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Board of Directors Meeting Minutes

November 25, 1986

5:30 p.m. - Gait Lab Area

Attendance: Board - Robert Garcia, Chairman; Betty Starr, Secretary; Curtis Lombardi, Vice Chairman. Hospital - Linda Worley, Acting Administrator; Kurt Sams, Director, Fiscal Services; Kathy Moore, Director, Nursing Services; Vicki Kalen, Associate Medical Director; Teresa Beggane, R.N.; Christine Domenichini, R.N.; David Dingman, Director, Plant Management. Guests - Andrea Buzzard, Assistant Attorney General; George Omer, M.D., Chairman, UNM Department of Orthopaedics; John Romine, M.D., Chairman, Medical Advisory Committee; Jerry Harrison representing Governor-Elect Carruthers, Transition Team; Kathy Flynn, CTH Foundation; John Johnson, M.D., Chairman, UNM Department of Pediatrics; Clark Hansbarger, M.D., UNM Department of Pediatrics; John Arango, Joan Hubbard, Governor's Office of Children and Youth, CIC Project; Alicia Williams, Children's Medical Services; Ann Taulley, Director, CMS; Mary Lou Martinez, Director, Health Services (HED); Virginia Gilmer, Linda Stoffel, Administrative Assistant to Secretary, HED; David Casas, RRT; Franklin Reinow and Howard Smith, Consultants to CTH Board of Directors.

Meeting was called to order at 5:55 by Chairman Garcia.

I. Minutes of November 11, 1986

ACTION: Betty Starr moved the minutes be accepted as presented. Motion seconded and passed.

II. Employee Relations Committee Report

There was no report from the Employee Relations Committee.

III. Medical Advisory Committee

Dr. Romine reported on a recent meeting of the New Mexico Medical Society during which a discussion of the Pediatric Society proposal regarding the reorganization of Carrie Tingley Hospital ensued. A resolution was passed asking the New Mexico Pediatric Society to refrain from independent lobbying. Dr. Romine stated that Dr. Ken Osgood pointed out to the New Mexico Medical Society

Ms. Worley reported on the status of continuing a relationship with Dr. Kalen through the University. The final draft agreement will be reviewed by the Board, and will appear as an agenda item for the November meeting.

Ms. Worley reported that the hospital employees sponsored an "Ice Cream Social" for the Volunteers. Each department donated cakes, candies, cookies, or ice cream for a gathering to say "thank you" to the volunteers who support the hospital through donations of time and service.

VII. Old Business

Ms. Worley presented a policy/procedure for Research Involving Human Subjects for approval by the Board.

ACTION: Mr. Lombardi moved that the policy/procedure for Research Involving Human Subjects be approved subject to final review by legal counsel. Motion seconded and passed.

Ms. Worley presented for the Board's consideration, a request from Dr. Matthew Conklin, resident in Orthopaedics, to participate in a research project which is already underway at the University. After discussion of the protocol, this issue was tabled until the regular November meeting of the Board, at which time Dr. Kalen will be available to answer questions.

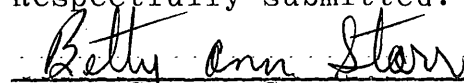
VIII. New Business

Presentation of Preliminary Data.

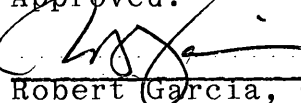
The consultants, Howard Smith and Frank Reinow presented the preliminary data of the strategic planning project. Questions and comments from those in attendance were entertained. Copies of the compilations and summaries of the data were available to all in attendance (see attachment). Mr. Smith stated that at the next regular meeting of the Board (November 25, 1986) the process will move from analysis to a narrowing of options, specifications of options, a possible change in the mission and goals as well as strategic planning for the institution.

Meeting adjourned at 8:30 p.m.

Respectfully submitted:


Betty Starr, Secretary

Approved:


Robert Garcia, Chairman

ACTION: Mr. Esquibel made a motion to accept these applications as presented, with a condition of clarification regarding judgments and settlements on the application of Dr. Harper. Motion seconded and passed.

Mr. Garcia requested that Ms. Worley discuss with Dr. Johnson, Chairman, Department of Pediatrics, UNM the possibility of arrangements which would allow a greater opportunity for CTH to work with the Department and their residents.

V. Quality of Care

The Quality of Care Committee did not meet in October. The Committee will meet November 18, 1986 at 1:30 p.m.

VI. Administrator's Report

Ms. Worley requested that the Financial Report be presented by Kurt Sams, Director, Fiscal Services. Mr. Sams reported that collections continue to be below projected revenue, however, expenses have been maintained at a level correspondingly below projected expenditure. The impact of the rate increase should begin to be apparent in the October statistics.

Ms. Worley presented the report of personnel actions occurring during the month of October. Mr. Garcia commented on a suggestion made during the Legislative Finance Committee (LFC) hearing by committee that the vacancy factor was very high. Mr. Garcia requested that Ms. Worley review the vacancies particularly in the clinical areas and prepare a response to the LFC with an informational copy to Department of Finance (DFA).

Ms. Worley reported that she and Mr. Sams had met in Mid-October, with Dr. Stan Handmaker and Sharon Pecha from the PIE program regarding in-kind contributions. Physician coverage and selection interviews were discussed. At a later date Dr. Handmaker indicated that interviews were still pending. The possibility of Carrie Tingley Hospital providing in-kind physical therapy services was again discussed. Turnover in the physical therapy department make it unlikely that CTH will be able to provide this service to PIE.

A letter received from Dr. James S. Miles, University of Colorado was presented. The Board requested that Ms. Worley respond in writing, thanking Dr. Miles for his support and service as a member of the Medical Advisory Committee (MAC).

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Board of Directors Meeting Minutes

November 11, 1986

5:30 p.m.

ATTENDANCE Board- Robert Garcia, Chairman; Curtis Lombardi, Vice-Chairman; Betty Starr, Secretary; Ezekiel Esquibel, Member. Hospital - Linda Worley, Acting Administrator; Kurt Sams, Fiscal Services; Kathy Moore, Nursing Services; Teresa Beggane, R.N.; Melissa Montoya, N.A.; Florentino Martinez, LPN; Christine Dominichini, R.N.. Guests - Joan Hubbard, Governor's Office of Children & Youth; Alicia William, Children's Medical Services; George Omer, M.D., Chairman, Department of Orthopaedics; Wanda Carillo, Legislative Finance Committee; Kathy Flynn, Executive Director, CTH Foundation; Jerry Harrison, Ph.D., Transition Team; Linda Stoffel, Administrative Assistant, HED; Clark Hansbarger, M.D., Department of Pediatrics, UNM; John Johnson, M.D., Chairman, Department of Pediatrics, UNM.

Call to Order 5:45 p.m.

I. Minutes

Minutes of regular September meeting of the Board.

ACTION: Betty Starr made a motion to accept the minutes as written. Motion seconded and passed.

II. Employees Relations Committee Report

There was no report from the Employee Relations Committee.

III. Medical Advisory Committee Report

There was no report from the Medical Advisory Committee.

IV. Medical Director's Report

In Dr. Kalen's absence, Linda Worley presented a request for privileges for two pediatric residents: Dr. James Harper and Dr. Pedro Arce.

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September 30, 1986
Page 4

Meeting adjourned: 7:15 p.m

Respectfully submitted:

Betty Starr
Betty Starr, Secretary

Approved:

Robert A. Garcia
Robert A. Garcia, Chairman

The Board discussed with Dr. Handmaker and Mr. Juan Vigil the lack of involvement of CTH in any funding agreements concerning PIE.

Carrie Tingley Hospital will be able to determine on November 1, to what extent, if any, physical therapist support for PIE will be available.

The Board requested Ms. Worley to explore the possibility of hiring an additional .2 or .4 FTE pediatrician to support the PIE program.

ACTION: Betty Starr moved to enter executive session to discuss a personnel issue. Motion seconded and passed.

Executive session begins 6:30 p.m.
Executive session ends 6:53 p.m.

The Board directed Administration, Counsel and Dr. Kalen to structure an agreement with the University for physician services.

Mr. Garcia resumes chairmanship of meeting.

VI. New Business

Mr. Reinow and Mr. Smith reported on the progress of the strategic planning process. A series of interviews have been conducted with individuals inside the hospital and in the community. A series of focus groups consisting of employees of Carrie Tingley Hospital have met. A series of questionnaires for managers, Board members and parents have been developed and sent out. The utilization and financial statistical indicators for the hospital have been developed and reviewed to build a data base on which to compare CTH with similar facilities.

The analysis should be complete by October 28 and the basis then can be set to present results to the Board.

The final written report with implementation plan will be finished by November 15.

Additional meetings with Board members will be necessary in late October and early November.

III. Medical Advisory Report

Dr. Romine reported that Dr. John Moore has resigned from the MAC because he was disturbed that the MAC had not been consulted regarding the Board's action on the contract of the Medical Director.

IV. Medical Director's Report

Dr. Kalen reviewed the monthly statistics.

V. Board Committee Reports - Quality of Care

Ms. Worley reported that the Quality of Care Subcommittee had met and thoroughly reviewed the medical statistics, patient care audits concerning vital signs and compliance to physician orders.

VI. Administrator's Report

Ms. Worley requested Kurt Sams to present the financial report. Currently we are 17.9% under in revenue and 21.4% under in expenses. The revenue situation is due to a soft inpatient census.

Ms. Worley reviewed the personnel report.

The CTH budget hearing before the Legislative Finance Committee is scheduled for November 6 at 11:00 a.m. Board members are encouraged to attend if possible.

The agreement for occupancy of space in our building by University of New Mexico Hospital has been signed. Some of their departments have begun moving in.

Ms. Worley reported on the activities of the Chronically Impaired Children Conference. The conference was very productive.

Ms. Worley referred to a resume in the packets from Dr. Salvatore Frustuce, a physiatrist interested in working at CTH.

V. Old Business

Ms. Worley reported on her meetings with Dr. Handmaker regarding inkind contribution to the PIE program. Carrie Tingley Hospital had offered to provide 3-5 pediatric evaluations per week plus some physical therapist coverage when staffing in that department permits. Dr. Handmaker found this unacceptable.

Mr. Esquibel recalled the advice the Board had received from our LFC analyst that to make a cash contribution would be inappropriate and viewed unfavorably by the legislature.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Board of Directors Meeting Minutes

September 30, 1986

5:30 p.m.

Attendance: Board - Robert Garcia, Chairman; Curtis Lombardi, Vice-Chairman; Betty Starr, Secretary; Ezekiel Esquibel, Member. Hospital - Linda Worley, Acting Administrator; Vicki Kalen, Associate Medical Director; Kurt Sams, Fiscal Services; Kathy Moore, Nursing Services; Michael Schall, ERC; Daisy Wilson, ERC. Guests - Andrea Buzzard, Assistant Attorney General; John Romine, Medical Advisory Committee; John Johnson, M.D.; Frank Reinow; Howard Smith; Clark Hansbarger, M.D.; Mike Nelson, M.D.; Ann Taulby; Alicia Williams; Ginny Gilmer; Juan Vigil; Stan Handmaker; Kathy Flynn; Richard Jones.

The meeting was called to order at 5:45 p.m. by Curtis Lombardi, Vice Chairman of the Board.

Those in attendance were introduced.

The chair suggested moving Item e on the Administrator's Report to the end of the agenda. There being no objections, the agenda was so changed.

I. Minutes of the August 26, 1986 Meeting

It was noted that under New Business the figure 2.5% should be corrected to 2.0%.

ACTION: Betty Starr moved to accept minutes as corrected. Motion seconded and passed.

II. Employee Relations Committee

Mike Schall introduced Daisy Wilson who is Co-Chairperson of the ERC. Mr. Schall reported that work is underway on the prioritized list of concerns with an action plan as requested by the Board.

CTH Board Meeting Minutes
August 26, 1986
Page 4

Executive Session begins 7:30 p.m.

Executive Session ends 8:00 p.m.

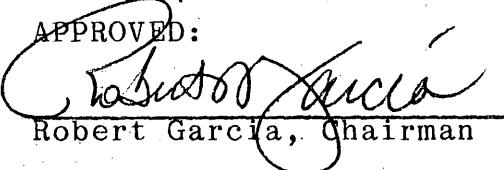
Ms. Worley presented, as an information item, a situation which has arisen concerning relationships between UNMH and CTHF. A letter received from Bill Johnson, Administrator of UNMH was presented to the Board. This issue will be an agenda item at the next Foundation meeting.

There being no further business, the meeting adjourned at 8:30 p.m.

Respectfully submitted,


Betty Starr, Secretary

APPROVED:


Robert Garcia, Chairman

Ms. Worley presented the issue of secondary contracts with orthopaedic residents addressing travel, per diem, etc. Advice from counsel will be sought, and a new draft agreement will be developed and submitted for Board reaction at a later time.

Ms. Worley reviewed the report on personnel actions.

Ms. Worley presented information concerning Carrie Tingley Hospital's participation in Handicapped Day at the State Fair.

The Chronically Impaired Children's Conference will be held September 10, 11, 12 and will be attended by representatives of Carrie Tingley Hospital.

Ms. Worley reviewed the status of occupancy of office space by UNMH. The final figure was agreed upon as \$10/sq. ft.

Ms. Worley brought to the Board's attention the need for clarification of the appropriateness of purchased services. The Board requested a cost impact of the questionable items for a future meeting.

VII. Old Business

The draft of the Research Policy was reviewed and amendments were suggested. Ms. Worley will make the changes and ask Dr. Alan Frank of the Human Research Review Committee to review the policy.

Ms. Worley and Dr. Kalen presented information concerning discussions with Dr. Handmaker about in-kind support for the PIE program. It was felt that CTH can contribute pediatric evaluations to the extent of 3-5 per week as well as physical therapy support once full staffing compliment is achieved.

VIII. New Business

Mr. Worley presented the FY 76 Budget Request for Board approval. The request reflects an overall growth of 2.0% with an 8% reduction in general fund. Lengthy discussion of the impact of utilization occurred.

ACTION: Betty Starr moved to accept the Budget Request as presented. Motion seconded and passed.

Mr. Garcia introduced the topic of the investigation being conducted by the Quality of Care Committee.

ACTION: Betty Starr made a motion to go into executive session to discuss matters with the potential of litigation. Motion seconded and passed.

III. Medical Advisory Report

Dr. Kalen presented applications for privileges for the pediatric residents, Drs. Berman and Jhatakia.

ACTION: Betty Starr moved that the applications of the pediatricians be accepted. Motion seconded and passed.

Dr. Kalen requested a Board decision regarding the need for applicants for privileges to submit medical diplomas in addition to licenses. It was felt that the two were redundant.

ACTION: Mr. Lombardi made a motion to not require the medical school certificate in addition to the medical license. Motion seconded and passed.

Dr. Kalen presented an over-age patient for Board approval to continue treatment on Alfred Gomez.

ACTION: Ms. Starr made a motion to accept Dr. Kalen's recommendation to continue treatment. Motion seconded and passed.

V. Board Committee Reports

Betty Starr reported on the Quality of Care Committee meetings. The Medical Committee reports and statistics were reviewed and discussed. The Quality Assurance Plan was presented.

ACTION: Betty Starr made a motion to accept the Quality Assurance Plan as presented. Motion seconded and passed.

VI. Administrator's Report

Linda Worley deferred to Kurt Sams for the Financial Report.

The month of July resulted in being 11% underbudget in revenue and 16.2% under budget in expenses.

Ms. Worley presented information concerning the Bravo Dome CO₂ well royalty division order. This royalty was transferred to CTH in a will in the mid-1950's.

ACTION: Mr. Lombardi made a motion to authorize the Chairman of the Board to enter into negotiations and if appropriate to sign the documents on behalf of the Board. Motion seconded and passed.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Board of Directors Meeting Minutes

August 26, 1986

5:30 p.m.

Attendance: Board Robert Garcia, Chairman; Curtis Lombardi, Vice-Chairman; Betty Starr, Secretary. Hospital Linda Worley, Acting Administrator; Kurt Sams, Fiscal Services; Sally Ordinachev and Michael Schall, ERC; Vicki Kalen, Associate Medical Director. Guests Frank Reinow and Howard Smith, UNM; Ann Taulby; Patty Sue Parker; John Romine, MAC.

Call to Order 5:45 p.m. by Mr. Garcia.

Introduction of Guests: Howard Smith and Frank Reinow, the consultants from the Anderson School of Management who are doing our strategic planning project; Patty Sue Parker, a member of Cosmopolitan Women's Club, who has been volunteering at CTH since 1981; Ann Taulby the new director of Children's Medical Services.

I. Minutes of the July 29, 1986 Meeting

Mr. Lombardi requested clarification in the minutes regarding his inquiry about the Ernst & Whinney report. Minutes will be corrected to read "Mr. Lombardi inquired as to when the recommendations from Ernst & Whinney would be forthcoming."

ACTION: Ms. Starr moved that the minutes be accepted as amended. Motion seconded and carried.

II. ERC Report

Sally Ordinachev reported on the election of new officers and members for the ERC. The new officers are: Mike Schall, Chairperson; Daisy Wilson, Co-Chairperson; Frank Garcia, Secretary; Carol Ware, Treasurer. Mike Schall was introduced to the Board.

Ms. Worley presented for information a personnel action report which will be included in the Board packets each month. One dismissal was of particular interest since the employee involved has filed an appeal to the State Personnel Board.

VII. Old Business

Stan Handmaker presented an overview of the PIE program. John Arango presented information regarding the funding level of the program. Ms. Worley discussed the events related to the many informal requests for funds from Carrie Tingley. Wanda Carillo, Legislative Finance Committee stated that it was not the intent of the Legislative Finance Committee for Carrie Tingley to "bail out" the program, to do so will open the hospital for criticism.

Mr. Garcia directed the Administrator to the possibility of in-kind contribution to the PIE program and then report back to the Board.

VIII. New Business

Mr. Garcia presented a request from the New Mexico Hospital Association for Carrie Tingley Board to participate in the Political Action Committee. After discussion, the matter was left to rest with individual members.

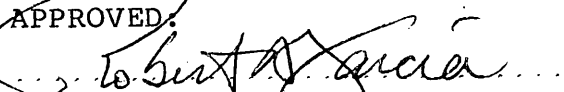
ACTION: Mr. Esquibel moved the meeting be adjourned.
Motion seconded and passed.

Meeting adjourned at 9:36 p.m.

Respectfully submitted,


Betty Starr, Secretary

APPROVED:


Robert A. Garcia, Chairman

VI. Administrator's Report

The financial report was presented by Kurt Sams; the information presented reflects an unaudited report for the year closing June 30, 1986. The official audit report should be available in September.

Mr. Lombardi inquired as to when the recommendations from Ernst & Whinney would be forthcoming. Linda Worley is drafting a letter to Ernst & Whinney regarding this issue.

Ms. Worley presented a calendar of the deadlines associated with the budget cycle, and requested the Chair to appoint a sub-committee of the Board to review the agency request prior to the August Board meeting.

ACTION: Mr. Lombardi moved to accept the budget calendar as presented, and to appoint a committee to act on behalf of the Board to review the budget request and make a recommendation to the Board. Motion seconded and carried.

Mr. Garcia appointed the entire Board as a committee of the whole to accept and take action on the recommendation for the staff.

Ms. Worley presented final copies of the contract for the strategic planning consultants. Mr. Garcia requested that Board members review the contract in its scope of work and submit comments to Mr. Worley verbally. Indication of concurrence should be no later than August 7.

Ms. Worley presented for information to the Board a letter from Jerry Manzagol, Secretary, HED requesting \$25,000 from CTH for the funding of the Preschool & Infant Evaluation program (PIE). Also presented was a memorandum of understanding between HED and Department of Education committing Carrie Tingley for \$25,000 to the PIE program. This MOU was received on July 28, has been signed by all parties except CTH. No one representing Carrie Tingley was involved in the discussion resulting in this agreement.

Discussion of this issue is withheld until after Dr. Handmaker's presentation later in the agenda.

Ms. Worley proposed a policy allowing CTH employees to utilize non-physician services at Carrie Tingley (i.e. Brace Shop) if the employee pays 100% of billed charges. Action on this item was postponed pending further information on how this is handled by other state agencies.

Dr. Eberle presented information concerning a clinical research project begun in 1984 to study the density of bone in children with scoliosis as compared with unaffected children. Dr. Eberle stated it had come to his attention that we were gravely deficient in not having a formal system for presenting any prospective research to the University's Human Research Review Committee. Dr. Eberle proposed a policy for the Board addressing this issue. Dr. Saiki commented on the proposed policy and offered suggestions.

ACTION: Betty Teal moved that the Board enter into executive session to discuss areas of possible litigation. Motion seconded and passed.

Executive session began 6:42 p.m.
Executive session ended 8:37 p.m.

ACTION: Ezekiel Esquibel moved to invoke the terms of the contract, Article III General Provisions, Section 3.04 subsection E concerning the termination of the contract; that Dr. Eberle be given 120 days written notice of intent to terminate his contract; that during the remaining 120 days of the contract, Dr. Eberle be relieved of his administrative duties; that these duties be reassigned to Dr. Vicki Kalen; that the Administrator provide the written notice as required under the contract. Motion seconded, and carried unanimously.

ACTION: Betty Teal moved to direct the Quality of Care Committee to continue the investigations of the matter surrounding this case, to take appropriate testimony, listen to the various sides, develop recommendations which may be appropriate, to resolve whatever problems are identified. Motion seconded and carried unanimously.

ACTION: Curtis Lombardi moved that the proposed policies/procedures with regard to participation in human research be placed on the agenda of the August meeting to allow the Quality of Care Committee to determine the adequacy of the policies. Motion seconded. Discussion of legal ramifications followed. Motion amended, with approval of second to read:

"the proposed policies/procedures go to our counsel at the Attorney General's office for review regarding federal and state regulations and statutes.

IV. Board Committee Reports

Betty Teal reported on the first meeting of the Quality of Care Committee and presented the minutes of that meeting for adoption.

ACTION: Betty Teal moved that the minutes of the Quality of Care Committee be approved. Motion seconded and passed.

Curtis Lombardi reported on the meeting of the Contract Committee, and presented Amendment #1 to the Contract with Dr. Eberle for the review and approval of the Board. Dr. Eberle stated agreement with amendment for the record.

ACTION: Mr. Lombardi moved to accept the amendment as presented. Motion was seconded and passed unanimously.

V. Medical Director's Report

Dr. Eberle presented the applications for privileges for Drs. Cook, Conklin, Costillo, Kloberdanz from UNM and Dr. Iwerson from University of Colorado.

ACTION: Betty Teal made a motion to approve the applications as submitted. Motion seconded. Discussion of the membership on the Credentials Committee followed. Motion passed.

Dr. Eberle requested temporary privileges for Drs. Berman, Taikia, Harper, and Harkey who will each have a 30 day rotation as a pediatric resident. Dr. Eberle stated that there are no formal applications on these individuals since they are only here for one month. Mr. Garcia suggested that since the activity of the Board is sole and separate from the University, that the same scrutiny be given the pediatric resident staff as all others.

ACTION: Mr. Lombardi moved that the issue of privileges for pediatric residents be sent back to the Credentials Committee for appropriate review and submitted to the Board in August. Motion seconded. Discussion of the privileges of Dr. Berman, whose tenure at CTH is nearly finished followed. Mr. Lombardi amended his motion, with approval of the second, to read:

The Board will give approval for Dr. Berman only contingent upon approval by the Credentials Committee. The remaining pediatric residents be submitted at the August Board meeting. Motion carried.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Board of Directors Meeting Minutes

July 29, 1986

5:30 p.m.

Attendance Board: Robert Garcia, Chairman; Curtis Lombardi, Vice-Chairman; Betty Starr, Secretary; Betty Teal, Member; Ezekiel Esquibel, Member. **Hospital:** Linda Worley, Acting Administrator; Charles Eberle, Medical Director; Vicki Kalen, Associate Medical Director; Kurt Sams, Fiscal Services; Sally Ordinachev, ERC; **Guests:** Andrea Buzzard, Asst. Attorney General; Stan Handmaker, M.D.; John Arango; Robert Albertorio, Asst. Counsel to Governor; Alica Williams, CMS; Wanda Carillo, LFC; Christina Chavez, Regulation & Licensing.

Call to Order - 5:40 p.m.

I. Minutes of June 24, 1986 Meeting

Mr. Garcia submitted an amended agenda which indicated time allowances for each item.

ACTION: Mr. Esquibel moved to accept the minutes of the June 24 regular Board meeting. Motion was seconded and passed.

II. ERC Report

Sally Ordinachev reported on the employee picnic, which was attended by approximately 60 people. The legal review of the ERC bylaws and grievance procedure will be complete within two weeks. Mr. Garcia directed the ERC and Administration to form a joint committee to develop an action plan regarding the issues identified in the Employee Morale Survey. A report to the Board is due 30 days after the incoming group concurs with the prioritization.

III. Medical Advisory Report

No report.

Election of Officers

Chairman	Robert Garcia	by acclamation
Vice Chairman	Curtis Lombardi	by acclamation
Secretary	Betty Starr	by acclamation

Meeting adjourned at 9:10 p.m.

Respectfully submitted,

Betty Starr
Curtis Lombardi, Secretary

Ezekiel Esquibel, Chairman

The letter will indicate a need for a definite response by a given date.

The financial report was presented by Kurt Sams. The expense budget is under by 9%. Revenues are over budget by 6%. The hospital continues in a positive financial position. The effect of the rate increase will become apparent around October. It is anticipated that the effect will be approximately \$900,000 gross revenue with no increase in utilization.

Linda Worley reported that an agreement had been reached with UNM to share the funding of the additional orthopaedic resident on a 50-50 basis.

Ms. Worley reported that employee tenure pins had been ordered. They will be given to persons having 5, 10, 15, 20 & 25 years of Carrie Tingley service.

Ms. Worley reported on the status of the RFP for strategic planning and on the bidders conference.

Ms. Worley presented to the Board a request from the ERC for the Foundation to fund the employee picnic.

ACTION: Betty Starr moved that the Hospital Board request the Foundation to fund the ERC picnic to whatever level funding is available. Mr. Lombardi seconded the motion with the provision that the funding be limited to \$250. Motion carried.

VI. Old Business

Mr. Esquibel called for a special meeting to discuss the issues surrounding the Medical Director's Contract.

A discussion of a proposed administrative reorganization of the rehabilitation department followed. It was decided to include this issue on the agenda for the special board meeting.

Linda Worley reported on the requests that had been recently made of Carrie Tingley to once again fund the evaluation program (PIE) to the extent of \$25,000. Chairman Esquibel requested that Dr. Handmaker be asked to present this request to the Board at the July meeting.

Ms. Worley suggested that the annual Board/Management retreat be rescheduled to a date after the completion of the strategic planning study. It was agreed to plan a retreat sometime after January.

III. Medical Advisory Committee

Dr. Romine had no report.

IV. Medical Director's Report

Dr. Eberle distributed the breakdown of the surgical statistics.

Dr. Eberle presented two applications for staff privileges 1) Dr. Karen Cartwright, a general pediatric surgeon; and 2) Dr. Elizabeth Matthews, a pediatrician who will be assigned to Carrie Tingley through UNM. Neither of these individuals are New Mexico licensed, so approval will be contingent on that.

ACTION: Betty Starr moved the applications be approved contingent on licensure, motion seconded and carried.

Mr. Garcia requested that the Medical reports on complications and surgical audit committee, the tissue committee and blood utilization committee be postponed until next month in order to allow time for questions and discussion.

Dr. Eberle and Dr. Kalen reported on a patient who developed post operative complications.

Dr. Eberle presented a request that both he and Dr. Kalen be allowed to attend a major meeting (the Scoliosis Research Society).

Arrangements for these issues should be made through Administration. It was the feeling of the Board that the trip being planned be supported only with educational leave (no per diem or mileage) since it will be held outside the United States.

ACTION: Mr. Lombardi made a motion to allow Dr. Kalen educational leave without compensation to attend the Scoliosis Research Society meeting in Bermuda. Motion was seconded and carried.

Mr. Garcia requested clarification, from the Attorney General's Office, on the appropriateness of having professional services contracts with state employees. Mr. Lombardi further requested an opinion regarding whether the Board acted beyond its authority.

V. Administrator's Report

Linda Worley reported on the status of a contract for respiratory therapy services with UNMH. A letter to the Administrator of UNMH is being drafted regarding the leasing of space at CTH. If UNMH is no longer interested then other lessors will be pursued.

through the State Department of Education. The Department of Education is considering sending out an RFP regarding the administration of the funds.

I. Minutes of May 28, 1986 Meeting

The following corrections were requested:

- 1) The May 28 meeting was chaired by Mr. Garcia.
- 2) In the text of the Medical Director's Report:
 - a) Dr. Eberle did not agree with Dr. Omer to have a fifth resident.
 - b) Dr. Eberle said he would give up his raise if no other resources were available.

The Chair directed Administration to review the tape of the May 28 meeting and alter the minutes as necessary according to the tape.

ACTION: Robert Garcia moved the minutes be accepted as corrected, motion seconded and carried.

II. ERC Report

Sally Ordinachev, Greg Johnston, and Priscilla Vanantwerp presented the proposed amendments to the ERC bylaws. A discussion followed regarding potential conflicts with the internal grievance procedure and the SPB appeals process.

ACTION: Robert Garcia moved that contingent upon legal review that no problems are identified that the document stand approved as presented. Motion seconded and carried.

Priscilla Vanantwerp presented information concerning interest by the ERC to incorporate in order to be better able to fund raise. Chairman Esquibel directed the ERC to research different avenues and bring the information back to the next Board meeting.

Ms. Ordinachev presented the results of an employee survey regarding how to improve morale and how to improve the quality of care. Each statement listed appeared once in the responses. Mr. Lombardi suggested that any follow up to these items be presented in the newsletter. It was also suggested that there be a "re-measure" of this issue to determine the success of it one way or another.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

BOARD OF DIRECTORS MEETING MINUTES

June 24, 1986

5:30 p.m.

Attendance: Board: Ezekiel Esquibel, Chairman; Robert Garcia, Vice-Chairman; Curtis Lombardi, Secretary; Betty Starr, Member. Hospital: Linda Worley, Acting Administrator; Charles Eberle, Medical Director; Kurt Sams, Fiscal Services; Sally Ordinachev, ERC; Priscilla Van Antwerp, ERC; Jimmy Crownover, Brace Shop; Carol Clericuzio, Pediatrician; Helen Raymond, Rehab; Vicki Kalen, Associate Medical Director; Greg Johnston, ERC. Guests: Kathy Flynn, CTH Foundation; Jerry Dominguez, Deaf/Blind; Ray Rondo, Parent of Deaf/Blind child; John Romine, MAC; Andrea Buzzard, Assistant Attorney General; Tammy West, Chair of the Medically Fragile Children's Program; Luann Papile, M.D., Medically Fragile Children's Program.

Call to Order at 5:56 p.m. by Chairman Esquibel.

Mr. Esquibel requested the following changes to the agenda.

- 1) Presentations by the Medically Fragile Group and the Deaf/Blind Parent Group will be moved to the top of the agenda.
- 2) Under the Administrator's Report, Item I (Ernst & Whinney) be eliminated.

There being no objections the above agenda changes were made.

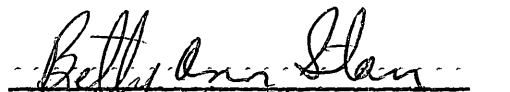
Tammy West and Dr. Luann Papile presented an overview of the Medically Fragile Children's Program. A formal request was made that the respite services offered by Carrie Tingley be continued and upgraded to allow increased utilization by the Medically Fragile population. There are currently 25 children in the program and an additional 15 children on a waiting list. Administration was directed to work with the Medically Fragile Children's Program to identify a logical approach to this issue and to develop an analysis of the associated costs.

Jerry Dominguez and Ray Rondo presented the concerns and status of the Deaf/Blind Program in New Mexico. It is the desire of the Deaf Blind program Parent group to have the federal grant monies allocated to Deaf/Blind in New Mexico be administered by Carrie Tingley Hospital. Currently, these federal dollars must flow

ACTION: The Board agreed to compensate the interim administrator at \$45,000/year contingent upon approval from the Executive Office.

Meeting adjourned at 11:05 p.m.

Respectfully submitted,


Curtis Lombardi, Secretary

APPROVED:

.....
Ezekiel Esquibel, Chairman

V. Administrator's Report

Robert Lovato asked Kurt Sams, Director of Fiscal Services to present the financial report and rate change proposal. The financial position continues to be positive. The operation continues to be under in expenses and over in revenue.

Mr. Sams presented the proposal for rate changes and policy changes. The adjustment of rates is an on-going process.

ACTION: Mr. Esquibel made a motion to accept the recommendations of staff on rate changes and billing procedures. Motion was seconded. Discussion of the motion followed. Motion carried with a unanimous vote.

Linda Worley presented the proposal for on-call compensation. The proposal is consistent with existing on-call policies with the state.

ACTION: Betty Starr made a motion to approve the on-call proposal as presented. Motion was seconded and carried unanimously.

Mr. Lovato lead a discussion of the apparent conflicts between the recent directives from the Governor and existing contractual agreements with physicians at CTH. After discussion of the issue, a request was made to obtain an opinion from the Attorney General's office.

VI. Old Business

The final draft of the Request for Proposals was reviewed.

ACTION: Betty Starr made a motion to approve the RFP. Motion was seconded. Discussion followed. Motion carried.

VII. New Business

Interim Administrators Agreement.

ACTION: Mr. Esquibel made a motion to enter into an executive session for the purpose of the discussion of personnel issues. Motion seconded and passed.

Executive session began at 10:25 p.m.
Executive session ended at 11:00 p.m.

II. ERC Report

No report was made by the Employee Relations Committee.

III. Medical Advisory Committee

There was no report from the Medical Advisory Committee.

IV Medical Director's Report

Dr. Eberle presented the medical statistics. In response to a request from the Board, the statistical information is reflected in time as well as units of surgery.

Dr. Eberle presented the problem of adding a fifth orthopaedic resident beginning July 1, 1986. The subject of adding a fifth resident was discussed at the 1985 MAC meeting; no dates concerning this were discussed. The issue surfaced in late April and it was discovered that no funding for this resident had been planned into the budget. Dr. Eberle offered to give up his pay raise if needed to fund this resident. Discussion of the CTH relationship with the University of Colorado followed:

ACTION: Betty Starr made a motion to honor our committment to Colorado and to fund the UNM resident to the extent possible. Further, CTH will attempt to extricate itself from the contract with Colorado with a 12 month notice. Motion was seconded. Discussion followed - Agreed - 2; Opposed - 1; Chair - agreed, motion passed.

Dr. Eberle presented an application for privileges for Dr. Durso, a pediatric ophthalmologist.

ACTION: Betty Teal made a motion to approve this application. Motion seconded and passed.

Dr. Eberle presented the Resident Certificates for signature by the Board.

The chair requested to amend the agenda as follows: Items D, F, H, & I from the Administration's report will be postponed. No objections were heard & the agenda was so amended.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



PO. BOX 25447
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1127 UNIVERSITY BLVD., N.E.
ALBUQUERQUE, NEW MEXICO

841-9121

BOARD OF DIRECTORS' MEETING MINUTES May 28, 1986

ATTENDANCE

Board: Ezekiel Esquibel, Chairman; Robert Garcia, Vice-Chairman; Betty Teal, Member; Betty Starr, Member.
Hospital: Jackie McKinney, EEO; Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Dr. Charles Eberle, Medical Director; Kurt Sams, Director of Fiscal Services; Patrick Newell, CMS.

Meeting was call to order at 8:10 p.m. by Vice-Chairman Robert Garcia.

The agenda was amended to allow the Affirmative Action plan to appear as the first order of business.

Jackie McKinney, the Carrie Tingley Hospital EEO Officer, presented the affirmative action plan for annual review and approval. the following revisions to the plan were submitted:

- 1) An affirmative action monitoring procedure;
- 2) the addition of the "EEO Officer" on items 3 & 4 to read "the EEO Officer and the Personnel Officer...";
- 3) a statement of committment to persons with handicaps;

ACTION: Betty Teal made a motion to accept the amendments and approve the Affirmative Action Plan as presented by Jackie McKinney. Motion was seconded and passed.

I. Minutes Minutes of the April 29th regular meeting of the Board were reviewed.

ACTION: Betty Teal made a motion to accept the minutes as written. Motion seconded and passed.

ACTION: Ms. Teal made a motion to accept Administration recommendation for space to be leased to UNMH and made available to three non-profit organizations - the Elks Cerebral Palsy Commission, Parents Reaching Out, and the Carrie Tingley Hospital Foundation. The motion was seconded. After discussion a vote was taken: Aye 3 and No 2. Motion carried.

Ms. Worley reported on the Arts in Public Places commissioned art work. A play sculpture will be erected in the front enclosed court yard. A model and sample of the building material were presented.

Old Business

Mr. Esquibel presented to the Board a letter prepared to be sent to the Foundation regarding the use of Foundation monies for items covered in the hospital operational budget.

New Business

Ms. Worley presented the final operating budget for the approval of the Board.

ACTION: Mr. Garcia made a motion to accept the operating budget as presented by Administration. Motion was seconded and carried.

Mr. Garcia asked for a contingency plan to be developed addressing a possible 5% reduction in general fund.

Mr. Lombardi reported on his and Mr. Garcia's contact with the Governor's office regarding the hiring of a consultant.

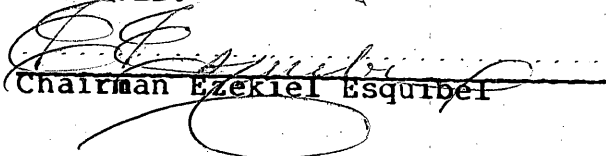
Mr. Lombardi made a motion that a Request for Proposals for strategic planning consultation be prepared not to exceed \$30,000. Motion was second. After discussion a vote was taken. Motion was passed unanimously.

The next meeting of the Committee of the Whole to address planning scheduled for May 15th.

Meeting adjourned at 8:30 p.m.

RESPECTFULLY SUBMITTED:

APPROVED:


Chairman Ezekiel Esquibel

Dr. Eberle clarified his comments regarding his presentation at the March Board meeting pertaining to his concerns about patient care. Dr. Eberle stated that we are not in a position to offer the highest quality of care as compared to other resources. However, Dr. Eberle stated that the level of care provided is adequate.

Mr. Lombardi requested that the surgical statistics be reported indicating both time and level of complexity.

V. Administrative Report

Linda Worley reported on the status of the renovation project. Building A was accepted as complete on April 25.

Kurt Sams presented the financial report. We have a 7% positive position on revenue. On the expenses side we are 13% under-budget. This results from salaries and benefits due to vacant positions. Mr. Sams discussed the methodology being used to arrive at a rate change package to be presented at the May Board meeting.

Ms. Worley distributed copies of executive memoranda received from the Governor's office. These memoranda place restrictions on hiring, out-of-state travel, and professional service contracts among other items.

Mr. Sams presented the findings of the Ernst & Whinney report. The issue of cash reconciliation on a monthly basis has been resolved. The Ernst & Whinney report on the NCR system states that the computer system was set up for fund accounting rather than accrual accounting. This situation accounts for most of the problems in the entire system. The current NCR system is adequate, however, as the hospital grows and changes we will need to look at low cost/no cost options to make adjustments to the computers capabilities.

Ms. Worley suggested that these concerns should be included in the strategic planning process that is getting underway.

Mr. Lombardi questioned whether the Ernst & Whinney report actually spoke to the issues of the audit which were of concern to the Board.

Ms. Worley presented the written requests for the leasing of office space in the CTH building.

employees can better contribute to quality patient care. Ms. Ordinachev also reported that the ERC had a special meeting with Curtis Lombardi to discuss how to make the ERC more effective. Mr. Lombardi suggested that the issue of the ERC grievance procedure and by-laws be placed on the May agenda for a fuller discussion. Ms. Ordinachev briefly discussed the summer employee picnic, tenure pins, volleyball, and exercise programs.

III. Carrie Tingley Hospital/Los Lunas Relationship

A discussion of the need/appropriateness of services for residents of LLH&TS included the following issues:

1. all clients from LLH&TS who would come to CTH are funded
2. there are 27 current court orders which refer to the need for physical/occupational therapy or evaluations
3. transportation of clients to and from CTH for ongoing therapy is a problem.

The Board requested details regarding, numbers, ages, and funding.

The Chairman made a change in the order of the agenda: Item VI(f) was to be addressed next.

f. Attorney General's letter re: Medical Director's Contract

Mr. Esquibel suggested that Dr. Eberle, his attorney, Mr. Lovato, Linda Worley, and Andrea Buzzard meet to work out the issues in the letter from the Assistant Attorney General and then present this information to the Board. Mr. Lombardi suggested that a Board member be present for this meeting. Mr. Lombardi was asked and agreed to attend.

IV. Medical Director's Report

Dr. Eberle briefly reviewed the statistics. The application for staff privileges for Dr. Durso was placed "on hold" until some medical dictation is completed. Dr. Eberle asked the Board's permission to continue treatment of PT # 12789 past her 21st birthday in order to complete her prostheses.

ACTION: Ms. Teal made a motion to allow treatment of this patient after age 21 for the purposes stated by Dr. Eberle. Motion seconded and passed.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



PO. BOX 25447
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1127 UNIVERSITY BLVD., N.E.
ALBUQUERQUE, NEW MEXICO

841-9121

BOARD OF DIRECTORS MEETING MINUTES

April 29, 1986

5:30 p.m.

Attendance: Board: Ezekiel Esquibel, Curtis Lombardi, Betty Starr, Betty Teal, Robert Garcia. Hospital: Kathy Moore, Kurt Sams, Charles Eberle, Diane Fulgenzi, Sally Ordinachev, Linda Worley. Guests: Anne Harvey (Protection & Advocacy), Susan Strelitz (P & A), Mark Delgado (Los Lunas Hospital & Training Center), George Brown (LLH&TS), Andrea Buzzard, Attorney General, Marie Fritz (DDPC), David Grady (Attorney), Kathy Flynn, CTH Foundation.

Call to order 5:45 p.m.

Agenda change - Item 6 will become II.

I. Minutes

The minutes of the March 25, 1986 meeting were reviewed. The following corrections/changes were made:

1. clarification of final motion to read "operational costs supported by the hospital"
2. correction of an incomplete sentence on page 2 - action item: add "not to exceed \$1000"
3. inclusion on page 2 - a statement of concern expressed by Mr. Garcia regarding capital equipment inventory.

ACTION: Curtis Lombardi made a motion to accept the minutes as amended. Motion seconded and carried.

II. ERC Report

Sally Ordinachev reported on recent problem solving meetings of the ERC. One issue raised was the revision of the ERC by-laws and grievance procedure, specifically as they relate to the appointment/selection of members. Ms. Ordinachev discussed the possibility of the ERC taking over the Tingley Times. A survey is being conducted among employees regarding morale and how

Both Mr. Garcia and Mr. Lombardi were nominated for the position of Chairperson.

Vote
ACTION: Mrs. Teal made a motion that nominations cease. Motion was seconded and passed.

Voting commenced. Mr. Garcia was elected new Vice-Chair. Mr. Lombardi accepted the position of Secretary which had been vacated by Mr. Garcia.

Meeting adjourned at 8:30 p.m.

RESPECTFULLY SUBMITTED:

.....
Secretary

APPROVED:

.....
Chairman

planning. Mr. Arango suggested that the Board consider the possibility of purchasing the services of a consultant to assist in the planning process.

After a discussion of program issues and areas which deserve an in depth assessment, a motion was made for an executive session.

ACTION: Betty Teal made a motion for an executive session for the purpose of discussion of personnel issues. Motion was seconded and passed.

Executive session began at 7:00 p.m. Executive session ended at 7:30 p.m. The issue discussed was the chairmanship of this committee.

The discussion continued of the feasibility and range of study to assist in the planning process. In light of the upcoming budget cycle and its inherent deadlines, concerns were expressed regarding the timeframe for completion of this project. Mr. Garcia suggested that the consultants be charged with developing an implementation strategy, possible to cover as many as three years.

ACTION: Mr. Lombardi made a motion that discussions be held with the Governor's office, to see if a contract for a consultant would be approved by DFA. Mr. Garcia seconded the motion and added that a Board member be charged with that responsibility and to report the findings at the next regular Board meeting.

Mr. Garcia and Mr. Lombardi agreed to meet with the Governor's office.

ACTION: Robert Garcia moved that the necessary arrangements for the acquisition or issuance of an RFP, not to exceed \$25,000 be explored by Linda Worley. Motion was seconded and passed.

Mr. Esquibel welcomed Betty Starr to the Carrie Tingley Board. Mrs. Starr replaces Polly Arango.

Mr. Esquibel stated that due to the fact that Mrs. Arango served in the capacity of Vice Chairperson, it was necessary to elect a new Vice-Chairperson.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



Full

P.O. BOX 25447
87125- 0447

1127 UNIVERSITY BLVD., N.E.
ALBUQUERQUE, NEW MEXICO

841-9121

SPECIAL BOARD OF DIRECTORS MEETING MINUTES April 15, 1986

Attendance: Board Ezekiel Esquibel, Chairman; Betty Starr, Member; Robert Garcia, Secretary; Betty Teal, Member; Curtis Lombardi, Member. Hospital Linda Worley, Assistant Administrator; Vicki Kalen, Associate Medical Director. Guest John Arango.

Call to Order at 5:45 p.m. by Chairman Esquibel.

Mr. Esquibel stated that the purpose of this special meeting was to function as a committee of the whole to evaluate the program. Mr. Lovato had prepared and distributed to the Board, in advance of the meeting, a proposal for structuring the discussions.

Copies of the mission statement which was developed last September at the retreat, were distributed.

Linda Worley presented a brief review of the documents regarding "gaps in service."

Curtis Lombardi requested a list of services provided by Carrie Tingley so that the Board can review them for redundancy. Robert Garcia requested that a brief (3-5 page) summary of the existing reports and studies be prepared. Mr. Garcia also expanded Mr. Lombardi's request regarding services provided at CTH to include where the services are offered, how many people benefit from them, and associated costs. Mr. Garcia additionally requested that Administration prepare an "issue paper" regarding gaps in services for the Board's reaction.

It was agreed that the report on services and the summary of the position papers and studies would be available to the Board at the regular April Board meeting.

The committee agreed to meet on alternate Thursdays: May 15, May 29, June 12, June 26.

John Arango discussed the content of the letters regarding identified gaps in service. Mr. Arango offered suggestions regarding ways to gather appropriate information. In light of the current economic situation, as well as the upcoming changes in administration, this is an especially difficult time to do

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March 25, 1986
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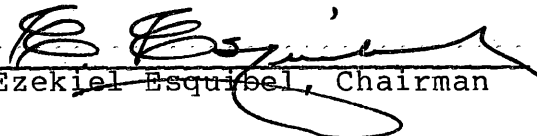
Meeting adjourned at 8:10 p.m.

RESPECTFULLY SUBMITTED:

.....

Secretary

APPROVED:



Ezekiel Esquivel, Chairman

Mr. Lovato extended an invitation to Board members to attend the Department Head meeting on March 26 to discuss the issue of program planning.

Mr. Lovato presented a request that the Board request Foundation funding for out-of-state travel for Jimmy Crownover. This particular trip has been endorsed by Dr. Eberle. There is an existing Agreement between the Foundation and Mr. Crownover regarding travel.

ACTION: Curtis Lombardi made a motion that the request for travel funding for Mr. Crownover be forwarded to the Foundation Board. Motion seconded.

Robert Garcia expressed his concern regarding arrangements between employees and the Foundation. Mr. Garcia abstained from voting on this motion. The Chair voted NO. Motion passed.

VI. Old Business

None

VII. New Business

Mr. Lovato stated that he had received communication from General Services Division requesting that all telephone credit cards be turned in. Credit cards were collected.

Mr. Lovato presented to the Board accounts totalling \$32,641.80, designated to be transferred to inactive status.

ACTION: Robert Garcia made a motion that the accounts be transferred to inactive status as presented by Administration. In addition, that Administration review our current policy re: this issue and be prepared within 60 days to present alternatives. Motion seconded and passed.

Mr. Lombardi made an additional motion as an item of new business.

ACTION: Curtis Lombardi made a strong recommendation to the Foundation Board, to no longer attempt to fund those items that are funded through operational funds.

Motion seconded and passed.

tions. Robert Garcia suggested that options and alternatives be reviewed by Administration as they have evolved to date. Administration was asked to develop a work plan/process to:

- 1) identify key data elements
- 2) develop a statement of objectives and goals
- 3) inform the Chairman when these are accomplished, so that the Board may convene as a committee of the whole to consider the issues.

IV. Administrator's Report

Robert Lovato reported that the renovation of Building A is near completion. Occupancy is anticipated in mid-April.

The Administrator presented the financial report, CTH continues in a positive budgetary position due to vacant positions and because of land income transfers.

Robert Garcia suggested that, in light of the continuing decline in oil revenues, the Administration develop a plan to implement a possible 10% cut in General fund monies. Mr. Garcia inquired as to the status of the audit recommendations made by Ernst & Whinney. Mr. Lovato responded that the preliminary report from Ernst & Whinney had just been received. This item will be included in the Agenda for the regular April Board meeting.

Mr. Lovato presented the requested information regarding equipment purchases from Foundation funds.

ACTION: Robert Garcia made a motion that a request be made of the Foundation to purchase a Doppler as specified. Motion was seconded.

An addendum to the motion was made that the cost was not to exceed \$1000. Motion passed as amended.

Kathy Moore reported that the need for a Doppler was due to the loss or theft of this item.

Mr. Garcia requested information regarding inventory of capital equipment, fixed equipment, and the methods used to transfer equipment between institutions.

Mr. Lovato initiated discussion of the plans for the Open House. It was suggested that Saturday, May 24 be designated. After discussion it was agreed that planning of an Open House be placed "on hold" until the Board concludes its work on program planning.

CARRIE TINGLEY HOSPITAL
FOR CRIPPLED CHILDREN



P.O. BOX 25447
87125- 0447

1127 UNIVERSITY BLVD., N.E.
ALBUQUERQUE, NEW MEXICO

841-9121

BOARD OF DIRECTORS MEETING MINUTES

March 25, 1986

5:30 p.m.

Attendance: Board Ezekiel Esquibel, Chairman; Polly Arango, Vice-Chairman; Robert Garcia, Secretary; Betty Teal, Member; Curtis Lombardi, Member. Hospital Robert Lovato, Administrator; Linda Worley, Assistant Administrator; Dr. Charles Eberle, Medical Director; Dr. Vicki Kalen, Associate Medical Director; Sally Ordinachev, ERC Representative; Jim Crownover, Director, Prosthetics and Orthotics; Kathy Moore, Director of Nursing Services; Guests Wanda Carillo, Legislative Finance Committee; Marie Fritz, Executive Director of Development Disabilities Planning Council; Dr. Fred Sherman.

Chairman Esquibel called the meeting to order at 5:55 p.m.

I. Minutes

The minutes of the previous regular Board meeting were reviewed.

ACTION: Polly Arango moved to accept the minutes as written. Motion seconded and passed.

II. ERC

Sally Ordinachev reported on the activities of the Employee Relations Committee. The proposed raffle was cancelled due to legal issues on the advice of Andrea Buzzard, Assistant Attorney General. Employee recognition pins (to be given after 5, 10, 15 years, etc.) were discussed. It was decided these pins could be purchased from the hospital budget. Volleyball and basketball games have been organized during lunch hours. The employee response has been enthusiastic.

III. Medical Director's Report

Dr. Eberle presented the February statistics. Dr. Eberle initiated a discussion of the problem of utilization and census. Members of the medical staff were present, at Dr. Eberle's request, to comment on the utilization issue. The Board decided to work as a committee of the whole to address possible solu-

Mr. Lovato presented information regarding the relationship between Carrie Tingley Hospital and Las Lunas Hospital and Training School. A letter from Mark Delgado, Administrator of Las Lunas was distributed. Further discussion of this issue will occur at the regular March meeting. The presence of Mr. Delgado, and a representative from Protection and Advocacy will be requested for this discussion. Mr. Lovato presented the prioritized "Wish List" as requested by Kathy Flynn, Executive Director of the Carrie Tingley Hospital Foundation.

Betty Teal requested a description of these items and their usage for the next meeting.

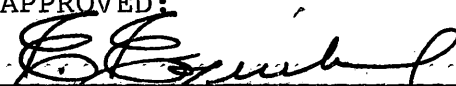
Betty Teal inquired about the plans for the Carrie Tingley Open House. Mr. Lovato responded that we are in the process of identifying guest speakers for recommendation to the Board. It is suggested that the opening be scheduled around the middle of May.

The meeting adjourned at 8:00 p.m.

Respectfully submitted,

.....
Robert Garcia, Secretary

APPROVED:


Ezekiel Esquivel, Chairman

Dr. Eberle discussed the proposal for a gait lab. A gait lab pro forma, as requested by the Board, was distributed. Due to the absence of two Board members, it was suggested that a formal decision on the gait lab be deferred.

ACTION: Betty Teal moved that there be a special Board meeting within two weeks to discuss the gait lab. Motion seconded and passed.

The date March 12, 1986 was determined as the date for the special Board meeting.

V. Administrator's Report

Robert Lovato introduced Kurt Sams, who is the new Director of Fiscal Services. Mr. Lovato reported that Phase II of construction is approximately 60% complete.

Mr. Lovato reported on the outcome of HB2 as it relates to the CTH budget. The final appropriation for Carrie Tingley is \$4,927.9 million dollars. This figure is \$152,000 less than this year's appropriation. The authorized FTE's for CTH was reduced by five positions from 138.5 to 133.5. A significant change this year for Carrie Tingley is that all of the reversion clauses have been eliminated.

Mr. Lovato presented the financial report. Revenues continue to be overbudgeted, however, we are underbudgeted on state transfers. We are overspent in the area of contractual services. Currently there are analyses underway by department and line item to take correction action. Capital purchases are planned through use of 74th FY capital monies and capital monies resulting from the construction contracts. The Ernst & Whinney contract has been approved and they are scheduled to be here next Monday.

Mr. Lovato discussed the issue of coordination of services between HED, UNM, and CTH as it pertains to chronically impaired children. The Office of Children and Youth has requested that we suggest ways that we might support and enhance the functioning of CMS. Input into this issue has been sought from our staff. Some of the areas where we might do this include in-kind contributions such as space, services, and computer support. Mr. Lovato will prepare a written response to the Office of Children and Youth if this is acceptable to the Board.

ACTION: Betty Teal moved that the Board accept the recommendations of the Administrator, and that the Board receive copies. Motion seconded and passed.

Dr. Eberle presented the staff appointments.

ACTION: Betty Teal moved that the staff appointments be approved as recommended by Dr. Eberle. The motion was seconded and passed.

Dr. Eberle presented an application for staff privileges for Dr. Jeff Seltz.

ACTION: Polly Arango moved that Dr. Seltz' application for privileges be approved. The motion was seconded and passed.

Ms. Arango requested information at the next regular board meeting regarding the need and utilization of a pediatrician as it relates to respite care and the plan for recruiting a physiatrist.

Dr. Eberle presented an application for privileges for Dr. Brecher, the orthopaedic resident from the University of Colorado.

ACTION: Betty Teal moved that the application of Dr. Brecher be accepted as recommended by Dr. Eberle. Motion was seconded and passed.

Dr. Eberle presented the minutes of the Medical Advisory Committee's annual meeting. Ms. Arango suggested that all members of the MAC receive copies of the minutes of the Board meetings.

After discussion it was agreed that in addition to members receiving the Board minutes, the Medical Director will prepare a narrative report of the program for members on a quarterly basis. The chairman of the Board will send an additional report of the Board's discussion on this issue.

Dr. Eberle asked if there were questions regarding the Blood Utilization Audit. Ms. Teal requested an explanation of the findings of the audit. Dr. Eberle stated that the problem essentially lies in lack of documentation. The Medical Staff has been advised of the deficiencies and methods of correction have been identified. Blood utilization will be reaudited from February through June.

Dr. Eberle reported on the status of Dr. Alexander's application for staff privileges.

Dr. Eberle reported on the Orthopaedic Seminar which was held January 17 and 18. The meetings were not as well attended as in previous years. Next year's seminar will be held on December 12 and 13.

The ERC initiated a hostess party in the departments on a rotating basis. The departments provide refreshments. This allows employees to visit other areas and get to know each other better.

The ERC is planning a raffle to raise money for the spring employee picnic. The tickets are available to be sold only to employees and the prizes are handmade items contributed by employees.

Ms. Ordinachev reported that she had been asking employees how they felt about CTH. Employees have indicated that they do not believe there are any problems at CTH which cannot be solved.


III. Medical Advisory Committee

No representative from the Medical Advisory Committee was in attendance.

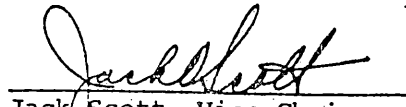
IV. Medical Director's Report

Dr. Eberle reviewed the January operating room statistics, commenting that although the numbers of patients has not increased, the types of surgeries are more complex. Polly Arango again requested information regarding the census, the program, and the budget as these three relate. It is noted that since this data was not available at this meeting, another formal request was made by Ms. Arango for this data to be presented at the March regular meeting of the Board. Dr. Eberle stated that he believes that every child identified in the communities who needs rehabilitation services are presently getting them. Ms. Arango pointed out two areas where she perceives there are gaps in service. There are families in outlying areas whose children would benefit from strong and multi-disciplinary rehabilitation services and training. This might be accomplished through a summer therapy program. The second area where there is a gap in service is rehabilitation following surgery in the private sector. Perhaps children requiring rehab after surgery, and who have surgery outside CTH, could be admitted here for that rehabilitation. Dr. Eberle commented that there have been several patients admitted here for rehab after surgery elsewhere. The problem is that this arrangement is inconvenient for the private physician. The possibility of exploring 94-142 monies to assist in the establishment of a summer program was discussed.

Done at Truth or Consequences, New Mexico, June 14, 1980.



Betty Hamilton, Chairman



Jack Scott, Vice-Chairman

Revised from: January 27, 1979 .

Bylaws, Rules and Regulations and by the current hospital policies that apply to his activities.

6. Mechanisms designed to assure the achievement and maintenance of high standards of medical practice and patient care to include requirements of Board policy, the Quality Assurance program, and other quality measures.

Section 3. Board-Medical Staff Liaison

The official method of communication and liaison between the Board of Directors and the Medical Staff shall take place with the Medical Director or his designee attending all regular meetings of the Board of Directors.

Section 4. Medico-Administrative Staff

Physicians in medico-administrative positions shall not have access to the appeals process of the Medical Staff Bylaws, Rules and Regulations. An appeal process shall be provided for in the contract of each physician in a medico-administrative position.

Article X. AMENDMENTS

These bylaws may be amended by affirmative vote of a majority of the members of the Board of Directors, provided a full statement of such proposed amendment shall have been published in the notice calling the meeting.

Approved and adopted this date by the Board of Directors of Carrie Tingley Crippled Children's Hospital.

Section 2. Bylaws, Rules and Regulations

The Medical Staff will develop, adopt, and periodically review Medical Staff Bylaws, Rules and Regulations which are consistent with hospital policy, legal, or other requirements. Such Medical Staff Bylaws, Rules and Regulations shall become effective only upon approval by the Board of Directors and, when so approved, shall become a part of these Bylaws. The Medical Staff Bylaws, Rules and Regulations shall include at least the following:

1. Principles and procedures by which the Medical Staff shall govern itself.
2. Formal means for Medical Staff participation in the development of hospital policy relative to both hospital management and patient care.
3. Procedure for processing and evaluating application for appointment or reappointment to the Medical Staff and for the granting of clinical privileges.
4. A requirement that no qualified applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, or national origin.
5. A requirement that all applicants must sign a statement to the effect that he has read and agrees to be bound by the Medical Staff

of hospital service statistics and financial activities and to prepare and submit such special reports as may be required by the Board of Directors.

Paragraph 9. To attend all meetings of the Board of Directors and its committees.

Paragraph 10. To perform any other duty that may be necessary in the best interest of the hospital.

Paragraph 11. To serve as the liaison officer and channel of communications for all official communications between the Board of Directors and the Medical Staff.

Article IX. MEDICAL STAFF

Section 1. Appointments

The Board of Directors shall appoint a Medical Director and a Medical Staff composed of physicians who are graduates of approved medical schools and who are appropriately qualified. The Board delegates to the Medical Staff the authority and responsibility to:

1. Provide appropriate medical care.
2. Evaluate quality of medical care.
3. Organize itself by adopting bylaws, rules and regulations for review and approval by the Board of Directors.
4. Accept and process applications for initial appointment and reappointment to the Medical Staff and delineation of privileges.

of the hospital in compliance with State laws and regulations of Staff Departments of State government.

Paragraph 3. To prepare an annual budget showing the expected receipts and expenditures as required by the Finance and Budget Committee of the Board and the responsible Staff Departments of State government.

Paragraph 4. As Head of the Institution to select, employ, control, and discharge all employees, except members of the Medical Staff, consistent with the regulations of the State Personnel Board. To develop and maintain additional personnel policies and practices approved by the Board of Directors.

Paragraph 5. To see that all physical properties are accounted for, safeguarded, and kept in a good state of repair and operating condition.

Paragraph 6. To supervise all business affairs and to ensure that all funds are collected and expended to the best possible advantage.

Paragraph 7. To work with the Medical Director, the Medical Staff, and with all those concerned with the rendering of professional service to the end that the best possible care may be rendered to all the patients.

Paragraph 8. To submit regularly to the Board of Directors, or its authorized committees, periodic reports

and equipment, etc.

Section 3. Committee Meetings

Committee meetings shall be held on the call of the Committee Chairman. Meetings will be held at a time and place to conserve travel and time of the members.

Section 4. Powers of Committees

Committees shall have the power of making recommendations to the Board of Directors.

Article VIII. ADMINISTRATION

Section 1. The Board of Directors shall select and employ a competent, experienced, professional hospital administrator who shall be its direct executive representative in the management of the hospital. This Administrator shall be given the necessary authority and be held responsible for the administration of the hospital in all its activities and departments subject only to applicable laws and regulations of Staff Departments of the State and to such policies as may be adopted and such orders as may be issued by the Board of Directors. He shall act as the "duly authorized representative" of the governing board in all matters in which the governing board has not formally designated some other person for that specific purpose.

Section 2. The authority and duties of the Administrator shall include:

Paragraph 1. To be responsible for carrying out all policies established by the Board of Directors.

Paragraph 2. To be responsible for conducting all activities

transactions, except financial, and the minutes of all meetings of the Board of Directors.

Article VI. GENERAL CONDUCT OF BUSINESS

The general conduct of business of the Board of Directors shall be through the five-member body acting as a whole on matters pertaining to the operation of the hospital, unless otherwise specified in these Bylaws or voted by the Board of Directors. In acting as a whole it shall provide for effective means of medico-administrative liaison among the governing body, medical staff and administration.

Article VII. COMMITTEES OF THE BOARD OF DIRECTORS

There shall be two types of committees of the Board of Directors:

1. Permanent
2. Special

Section 1. Permanent Committees

Medical Advisory Committee: There shall be a permanent Medical Advisory Committee appointed by the Board of Directors with specified functions and responsibilities as indicated in the Bylaws of the Medical Staff. It shall be composed of qualified physicians and surgeons representative of the role and medical program of the hospital. Provisions shall be made for periodic joint meetings between the Medical Advisory Committee and the Board of Directors.

Section 2. Special Committees

The chairman of the Board of Directors shall have the authority to appoint such special committees as shall be necessary. Such committees might be for purposes of budget and finance, long range planning, building

N.M.S.A. 1978, all meetings of the Board of Directors of Carrie Tingley Crippled Children's Hospital, at which final board action is taken, shall be open to the public.

Section 4. Quorum

A quorum shall consist of three (3) members of the Board of Directors.

Article V. OFFICERS OF THE GOVERNING BOARD

Section 1. Election and Term of Office

The officers of the governing board shall be a Chairman, a Vice-Chairman and a Secretary, all of whom shall be elected by a majority vote at the regular board meeting in the month of June; they shall hold office for the fiscal year or until their term ends, whichever shall come first. The same Chairman shall not serve more than two (2) consecutive full terms.

Section 2. Duties of Officers

The Chairman shall call and preside at all meetings. He shall approve the meeting agenda in consultation with the Administrator and shall be available for consultation with the Administrator on request. He shall be, ex-officio, a member of all committees. The Vice-Chairman shall act as Chairman in the absence of the Chairman and, when so acting, shall have all of the power and authority of the Chairman. The Secretary shall act as custodian of all records and reports of the Board of Directors and shall be responsible for the keeping and reporting of adequate records of all

Crippled Children's Hospital, or employees of said institution, shall utilize the position he holds on said board, or within said Hospital, for the purpose of obtaining undue advantage of himself or for any organization in which he is interested or with which he is associated in any transaction involving the hospital. Board members and Hospital employees shall exercise their best judgment for and on behalf of the hospital, to the exclusion of any personal interest.

Article IV. REGULAR AND SPECIAL MEETINGS OF THE GOVERNING BOARD

Section 1. Regular Meetings

The Board of Directors shall hold a regular meeting monthly at a time and place set by the Board. No more than four regular meetings per calendar year shall be conducted away from the hospital. The meetings of the Board of Directors shall be regularly attended.

Section 2. Special Meetings

Special meetings of the Board of Directors may be called by the Chairman, or on request of any two members of the Board. Notice of special meetings shall be in conformance with the Open Meeting resolution in affect at the time such special meeting is called.

Section 3. Meetings Open to the Public

As provided in New Mexico Statutes, Chapter 10-15-1,

possessed and to erect and construct all buildings necessary for its own use; to accept and receive all gifts, bequests or devises of any nature for the use and benefit of such hospital;

(b) To supervise the care of all patients admitted to the hospital for treatment;

(c) To supervise, direct and control the disbursement and expenditure of all moneys appropriated by this act (23-2-1 to 23-2-7, N.M.S.A. 1978) or received in any other manner for use of such hospital;

(d) To sue, and with the consent of the legislature to be sued in its corporate name;

(e) To enter into contracts;

(f) To adopt and amend bylaws, rules and regulations, not in conflict with the Constitution and laws of this state, for the management of the said hospital, its employees and patients;

(g) To appoint and remove officers, agents, employees and to fix their compensation;

(h) To adopt and use a common seal;

(i) To make a report to the governor on or before the first day of January of each year, and at such other reasonable times as he may request, of all its activities;

(j) To do all things necessary or convenient in conducting the business of said hospital."

Section 3. Conflict of Interest

No members of the Board of Directors of Carrie Tingley

consistent with the highest level of care in the field of children's orthopaedics and the medical staff shall be organized and function in keeping with the standards of the Joint Commission on Accreditation of Hospitals.

Section 4. Quality of Training Programs

Training programs conducted at the hospital shall meet the standards of the A.M.A. Council on Medical Education.

Section 5. Quality of Hospital Service

The hospital administration and the individual departments shall operate in conformance with the standards of the Joint Commission on Accreditation of Hospitals.

Section 6. Cooperation with Other Health Agencies

The Hospital will cooperate with other federal, state and local hospitals and health agencies in appropriate programs as approved by the Board of Directors.

Article III. GOVERNING BOARD

Section 1. Board of Directors

The Board shall consist of five members, appointed by the Governor as provided in Section 23-2-2, N.M.S.A. 1978, and shall hold office until their successors are appointed; they shall be eligible for reappointment.

Section 2. Powers of the Board of Directors

The powers of the Board of Directors shall be those specified in Section 23-2-3, N.M.S.A. 1978, as follows:

"23-2-3. Powers and duties - The board of directors shall have the power and it shall be its duty:

- (a) To manage and control such hospital; to care for and preserve all property of which it shall become

BYLAWS

CARRIE TINGLEY CRIPPLED CHILDREN'S HOSPITAL

Article I. LEGAL STATUS

The Carrie Tingley Crippled Children's Hospital is a hospital owned by the State of New Mexico, operating on a not-for-profit basis, deriving its legal status from Statutes of the State of New Mexico, Chapter 23, Article 2, Sections 23-2-1 through 23-2-9 (N.M.S.A. 1978).

Article II. STATEMENT OF OBJECTIVES

Section 1. Purpose

The hospital is established to provide medical treatment and hospital care to the crippled children of New Mexico who are under 21 years of age on an inpatient and out-patient basis; an ancillary function is to provide for the education of physicians through the conduct of residency training programs.

Section 2. Charitable Service

The services of the institution shall be made available to the indigent patients of New Mexico who are referred through the Crippled Children's Services Division of the Department of Health and Environment; private patients and those from out-of-state may receive care under conditions defined in the policies of the Board of Directors.

Section 3. Quality of Professional Care

Professional care rendered at the hospital shall be

Article XI. AMENDMENTS

Section 1. These Bylaws may be amended by affirmative vote of a majority of the members of the (Board of Directors) Advisory Group. (provided a full statement of such proposed amendment shall have been published in the notice calling the meeting.)

Section 2. Review.

These Bylaws shall be reviewed by the Advisory Group every two years.

Approved and adopted this date by the Board of Directors of Carrie Tingley Crippled Children's Hospital.

Done at (Truth of Consequences) Albuquerque, New Mexico, (June 14, 1980) _____, 1987.

_____, Chairman

_____, Vice Chairman

the preservation and improvement of the quality and efficiency of patient care.

The UNMMC Board shall require, receive, consider and act upon the findings and recommendations emanating from the activities required by the above.

All such findings and recommendations shall be in writing, signed by the persons responsible for conducting the review activities, and supported and accompanied by reliable documentation upon which the UNMMC Board can take informed action.

Article X. SERVICE LEAGUE

Section 1. The governing body authorizes the organization of the Service League in aid of the operations of the Hospital, subject to review and approval of bylaws and operating procedures of the Services League by the Advisory Group.

Section 2. The primary purpose of the Service League is to promote and advance the welfare of the Hospital and its patients through ways and means approved by the Hospital Administration as follows:

(a) As a supplemental fund raising agency of the Hospital.

(b) Providing service in a volunteer capacity.

(c) Providing better community understanding of the Hospital program and its goals.

to support and facilitate the implementation and the ongoing operation of these review and evaluation activities.

Section 2. Medical Staff and Other Professionals

Accountability to the UNMMC Board. The UNMMC Medical Staff and other health care professionals providing patient care services shall be accountable to the UNMMC Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the Hospital, including:

(a) The provision of continuing professional education, shaped primarily by the needs identified through the review and evaluation activities.

(b) The prudent use of the Hospital's resources through utilization review measures based on patient specific needs.

(c) The continuous monitoring of patient care practice through defined functions of the UNMMC Medical Staff, other professional services, and the Medical Director/Chief Executive Officer, CTH.

(d) The retrospective review and evaluation of the quality of patient care through a valid and reliable patient care evaluation procedure.

(e) Such other measures as the UNMMC Board may, after receiving and considering the advice of the UNMMC Medical Staff, other professional services and the Medical Director/Chief Executive Officer, CTH, deem necessary for

Section 3. Medical Staff Bylaws

The UNMMC Medical Staff shall issue and from time to time amend bylaws, rules and regulations for the proper functioning of the UNMMC Medical Staff, subject to approval by the UNMMC Board. Medical Staff Bylaws, Rules and Regulations shall include an effective formal means for the Medical Staff to participate in the development of Hospital policy relative to both Hospital management and patient care. This liaison between the UNMMC Board and UNMMC Medical Staff shall be accomplished through the UNMMC Joint Conference Committee. The approval by the UNMMC Board proposed UNMMC Medical Staff Bylaws, Rules and Regulations shall not be unreasonably withheld.

Section 4. Medical Care Evaluation

The UNMMC Medical Staff shall establish controls that are designed to ensure the achievements and maintenance of high standards of professional ethical practice.

Article IX. QUALITY OF PROFESSIONAL SERVICES

Section 1. Advisory Group Responsibility

The Advisory Group shall require, after considering the recommendations of the UNMMC Medical Staff and other health care professionals providing patient care services, specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care in the Hospital. The Advisory Group, through the Medical Director/Chief Executive Officer, shall provide whatever administrative assistance is reasonably necessary

and clinical service. In the event that the UNMMC Board does not concur with all or part of the UNMMC Medical Staff Executive Committee's recommendation, the application shall be reviewed by the UNMMC Joint Conference Committee before final UNMMC Board decision. All appointments shall be for a probationary/provisional period of six months. Upon completion of the probationary/provisional period, permanent appointment shall be considered by the UNMMC Board and, if approved, shall be in effect for the remainder of the year or until the next biannual reappointment period for that applicant's service but not exceed a period of two (2) years.

Section 2. Medico-Administrative Positions

Physicians and dentists employed by the Hospital, either full- or part-time, whose duties are medico-administrative in nature and include clinical responsibilities or functions with UNMMC Medical Staff involving their professional capability as physicians or dentists must be members of the UNMMC Medical Staff, achieving this status by the same procedure provided for other UNMMC Medical Staff members. Their privileges should be delineated in terms of their education, training, competence, and character, and, as well, in terms of their employment. Given any disciplinary action, they shall be entitled to exercise all due process provisions entitled in the Medical Staff Bylaws unless otherwise specified in their contract.

provided for in the contract of each physician in a medico-administrative position.)

Medical Staff

Section 1. Appointments and Reappointments

The Advisory Group hereby delegates to the UNMMC Medical Staff the authority to evaluate the professional competence of staff members and applicants for staff privileges. Appointments to the Medical Staff shall be made by the UNMMC Board upon recommendation of the Medical Staff Executive Committee. This shall include initial staff appointments, biannual reappointments, terminations of appointments, and the granting of or revision of clinical privileges. Only a member of the active Medical Staff with admitting privileges may admit a patient to the Hospital. Only licensed practitioners with privileges approved by the UNMMC Board and bona fide health professional students may assume responsibility for the diagnoses and treatment of patients in the Hospital. All individuals granted privileges may practice only within the scope of the privileges granted by the UNMMC Board. All applicants for staff appointment shall follow the procedure as identified in the Bylaws, Rules and Regulations of the Medical Staff of CTH. The UNMMC Medical Staff Executive Committee's recommendations to accept or reject the applicant shall be submitted to the UNMMC Board. If it is recommended to accept, the UNMMC Medical Staff Executive Committee shall also recommend privileges, staff category

3. Procedure for processing and evaluating application for appointment or reappointment to the Medical Staff and for the granting of clinical privileges.

4. A requirement that no qualified applicant shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, or national origin.

5. A requirement that all applicants must sign a statement to the effect that he has read and agrees to be bound by the Medical Staff Bylaws, Rules and Regulations and by the current hospital policies that apply to his activities.

6. Mechanisms designed to assure the achievement and maintenance of high standards of medical practice and patient care to include requirements of Board policy, the Quality Assurance program, and other quality measures.)

(Section 3. Board-Medical Staff Liaison

The official method of communication and liaison between the Board of Directors and the Medical Staff shall take place with the Medical Director or his designee attending all regular meetings of the Board of Directors.

Section 4. Medico-Administrative Staff

Physicians in medico-administrative positions shall not have access to the appeals process of the Medical Staff Bylaws, Rules and Regulations. An appeal process shall be

graduates of approved medical schools and who are appropriately qualified. The Board delegates to the Medical Staff the authority and responsibility to:

1. Provide appropriate medical care.
2. Evaluate quality of medical care.
3. Organize itself by adopting bylaws, rules and regulations for review and approval by the Board of Directors.
4. Accept and process applications for initial appointment and reappointment to the Medical Staff and delineation of privileges.)

(Section 2. Bylaws, Rules and Regulations

The Medical Staff will develop, adopt, and periodically review Medical Staff Bylaws, Rules and Regulations which are consistent with hospital policy, legal, or other requirements. Such Medical Staff Bylaws, Rules and Regulations shall become effective only upon approval by the Board of Directors and, when so approved, shall become a part of these Bylaws. The Medical Staff Bylaws, Rules and Regulations shall include at least the following:

1. Principles and procedures by which the Medical Staff shall govern itself.
2. Formal means for Medical Staff participation in the development of hospital policy relative to both hospital management and patient care.

staff with the administrative support reasonably required to carry out their quality maintenance and improvement activities, provide an administrative organization of the Hospital with assigned duties and responsibilities to subordinates, develop and maintain personnel policies and practices, provide for departmental meetings, prepare an operating budget to be presented to the Advisory Group, designate a responsibility line so that an identified individual will always be in charge of the Hospital, and perform any other duty within the express or implicit terms of his employment that may be necessary for the best interest of the Hospital.

The Medical Director/Chief Executive Officer will coordinate all activities of the professional staff of the Hospital and will work closely with the Administrator in those areas requiring both administrative and professional judgment. He will be considered the senior clinician and, as such, will be responsible for the provision of quality medical care and treatment in the Hospital. He will report regularly to the Advisory Group which retains ultimate responsibility for provision of quality care.

Section 2. The Advisory Group shall adopt such specific rules, regulations, job descriptions and guidelines in its administration of the Hospital as it deems necessary.

Article VIII (IX). MEDICAL STAFF

Section 1. Appointments and Reappointments

(The Board of Directors shall appoint a Medical Director and a Medical Staff composed of physicians who are

Paragraph 10. To perform any other duty that may be necessary in the best interest of the hospital.

Paragraph 11. To serve as the liaison officer and channel of communications for all official communications between the Board of Directors and the Medical Staff.)
Day-to-day administration of the Carrie Tingley Hospital shall be conducted by the Medical Director/Chief Executive Officer or his designee. The Medical Director/Chief Executive Officer shall be responsible for all non-medical business and administrative aspects of the operation of the Hospital and shall be responsible for all medical aspects of the operation of the Hospital. The Medical Director/Chief Executive Officer shall be responsible to serve as primary liaison between the UNM Medical Center, the School of Medicine, and the Medical Staff. The Medical Director/Chief Executive Officer shall report to the Director of the UNM Medical Center.

The Medical Director/Chief Executive Officer will be appointed and removed by the President of the University or designee after consultation with the Advisory Group and the Board of Regents. The Medical Director/Chief Executive Officer will be responsible for the implementation of established policies in the operation of the Hospital, will provide liaison among the Advisory Group, the Medical Staff, and the Director of the UNM Medical Center, will report to the Advisory Group on the overall activities of the Hospital, will provide the Hospital's professional

Paragraph 3. To prepare an annual budget showing the expected receipts and expenditures as required by the Finance and Budget Committee of the Board and the responsible Staff Departments of state government.

Paragraph 4. As Head of the Institution to select, employ, control, and discharge all employees, except members of the Medical Staff, consistent with the regulations of the State Personnel Board. To develop and maintain additional personnel policies and practices approved by the Board of Directors.

Paragraph 5. To see that all physical properties are accounted for, safeguarded, and kept in a good state of repair and operating condition.

Paragraph 6. To supervise all business affairs and to ensure that all funds are collected and expended to the best possible advantage.

Paragraph 7. To work with the Medical Director, the Medical Staff, and with all those concerned with the rendering of professional service to the end that the best possible care may be rendered to all the patients.)

(Paragraph 8. To submit regularly to the Board of Directors, or its authorized committees, periodic reports of hospital service statistics and financial activities and to prepare and submit such special reports as may be required by the Board of Directors.

Paragraph 9. To attend all meetings of the Board of Directors and its committees.

Section (3).4 Committee Meetings

Committee meetings shall be held on the call of the Committee Chairman. (Meetings will be held at a time and place to conserve travel and time of the members.)

(Section 4. Powers of Committees

Committees shall have the power of making recommendations to the Board of Directors.)

Article VII(I).Administration

Section 1. (The Board of Directors shall select and employ a competent, experienced, professional hospital administrator who shall be its direct executive representative in the management of the hospital. This Administrator shall be given the necessary authority and be held responsible for the administration of the hospital in all its activities and departments subject only to applicable laws and regulations of Staff Departments of the State and to such policies as may be adopted and such orders as may be issued by the Board of Directors. He shall act as the "duly authorized representative" of the governing board in all matters in which the governing board has not formally designated some other person for that specific purpose.)

(Section 2. The authority and duties of the Administrator shall include:

Paragraph 1. To be responsible for carrying out all policies established by the Board of Directors.

Paragraph 2. To be responsible for conducting all activities of the hospital in compliance with state laws and regulations of Staff Departments of state government.

Administration Committee: The Finance Committee shall

consist of: The Medical Director/Chief Executive Officer,

the Administrator, CTH; the Chairman of the Advisory Group;

Director of the UNM Medical Center; and three members of

the Advisory Group. The Administration Committee shall

make recommendations to the Advisory Group regarding

financial matters, including personnel, budgeting, capital

expenditures, and salary schedules.

Program Committee: The Program Committee shall

consist of four members of the Advisory Group, the Director

of the UNM Medical Center, and the Medical Director of the

Carrie Tingley Hospital. The Program Committee shall make

recommendations to the Advisory Group regarding CTH mission

and clinical programs.

Medical Advisory Committee: The Medical Advisory

Committee shall consist of the chairman or designee and

three (3) other members of the Advisory Group, the Director

of the UNM Medical Center, the Medical Director/Chief

Executive Officer of CTH, the CTH Administrator, the UNMMC

Medical Director and two (2) members of the Executive

Committee of the UNMMC Medical Staff.

Section 2. Ad Hoc Committees

The Chairman may appoint special or ad hoc committees

at any time for special purposes.

Section 3. Committee Terms

All committee terms are for one year subject to

reappointment by the Advisory Group.

Section 1. Permanent Committees

Medical Advisory Committee: There shall be a permanent Medical Advisory Committee appointed by the Board of Directors with specified functions and responsibilities as indicated in the Bylaws of the Medical Staff. It shall be composed of qualified physicians and surgeons representative of the role and medical program of the hospital. Provisions shall be made for periodic joint meetings between the Medical Advisory Committee and the Board of Directors.

Section 2. Special Committees

The Chairman of the Board of Directors shall have the authority to appoint such special committees as shall be necessary. Such committees might be for purposes of budget and finance, long range planning, building and equipment, etc.)

Section 1. Standing Committees

The Chairman of the Advisory Group shall designate the chairmen of standing committees. The Chairman may appoint standing committees with approval of members of the Advisory Group including but not limited to the following:

Executive Committee: The Executive Committee shall consist of the elected officers and shall have the power to act for the Advisory Group on emergency matters. Action of the Executive Committee shall be subject to ratification at the following meeting of the Advisory Group.

of minutes of the (Board of Directors) Advisory Group and shall (be responsible for the keeping and reporting of adequate records of all transactions, except financial, and the minutes of all meetings of the Board of Directors.) perform other duties as assigned by the Chairman.

Section 3. Membership

The President of the University of New Mexico, the Director of the UNM Medical Center and Dean of the UNM School of Medicine, the Associate Vice President for Finance and Administration of the UNM Medical Center, the Medical Director of the UNM Medical Center, and the Medical Director of Carrie Tingley Hospital shall serve as ex-officio members of the Advisory Group without vote.

(Article VI. GENERAL CONDUCT OF BUSINESS

The general conduct of business of the Board of Directors shall be through the five-member body acting as a whole on matters pertaining to the operation of the hospital, unless otherwise specified in these Bylaws or voted by the Board of Directors. In acting as a whole it shall provide for effective means of medico-administrative liaison among the governing body, medical staff and administration.)

Article VI(I).COMMITTEES OF THE (BOARD OF DIRECTORS) ADVISORY GROUP

(There shall be two types of committees of the Board of Directors:

1. Permanent
2. Special

Article V. OFFICERS OF THE (GOVERNING BOARD) ADVISORY GROUP

Section 1. Election and Term of Office

The officers of the (governing board) Advisory Group shall be a Chairman, a Vice Chairman and a Secretary-Treasurer, all of whom shall be elected by a majority vote at the regular board meeting in the month of June; they shall hold office for the fiscal year or until their term ends, whichever shall come first. The same Chairman shall not serve more than two (2) consecutive full terms. The terms of office for each Member shall be the period specified in the appointment and until a successor is appointed.

Section 2. Duties of Officers

Chairman: The Chairman shall (call and) preside at all meetings. and shall have the power to appoint committees of the Board. The Chairman shall be the liaison between the Advisory Group and the Board of Regents. (He shall approve the meeting agenda in consultation with the Administrator and shall be available for consultation with the Administrator on request.) He shall be, ex-officio, a member of all committees.

Vice Chairman: Vice Chairman shall (act as Chairman) serve in the absence of the Chairman and, (when so acting, shall have all of the power and authority of) perform other duties as assigned by the Chairman.

Secretary-Treasurer: The Secretary shall supervise (act as custodian of all records and reports) the recording

Article IV. REGULAR AND SPECIAL MEETINGS OF THE (ADVISORY GROUP)

Section 1. Regular Meetings

The (Board of Directors) Advisory Group shall (hold a regular meeting monthly) meet at least quarterly at a time and place set by the (Board) Advisory Group. (No more than four regular meetings per calendar year shall be conducted away from the hospital.) The meetings of the (Board of Directors) Advisory Group shall be regularly attended.

Section 2. Special Meetings

Special meetings of the (Board of Directors) Advisory Group may be called by the Chairman, or (on) at the request of (any two) a majority of members of the Board. Notice of special meetings shall be in conformance with the Open Meeting resolution in affect at the time such special meeting is called.

Section 3. Meetings Open to the Public

As provided in (New Mexico Statutes, Chapter) Section 10-15-1, et seq. N.M.S.A. 1978, all meetings of the Advisory Group (Board of Directors of Carrie Tingley Crippled Children's Hospital), at which final board action is taken, shall be open to the public.

Section 4. Quorum

A quorum shall consist of (three (3)) five (5) members of the (Board of Directors) Advisory Group.

- (e) To enter into contracts;
- (f) To adopt and amend bylaws, rules and regulations, not in conflict with the Constitution and laws of this state, for the management of the said hospital, its employees and patients;
- (g) To appoint and remove officers, agents, employees and to fix their compensation;
- (h) To adopt and use a common seal;
- (i) To make a report to the governor on or before the first day of January of each year, and at such other reasonable times as he may request, of all its activities;
- (j) To do all things necessary or convenient in conducting the business of said hospital."

Section (3).4. Conflict of Interest

No members of the Board of Directors of Carrie Tingley Crippled Children's Hospital, or the Advisory Group or employees of said institution, shall utilize the position he holds on said board, or within said Hospital, for the purpose of obtaining undue advantage of himself or for any organization in which he is interested or with which he is associated in any transaction involving the hospital. Board members and Hospital employees shall exercise their best judgment for and on behalf of the hospital, to the exclusion of any personal interest.

Article III. GOVERNING BOARD

Section 1. (Board of Directors) Advisory Group

The (Board) Advisory Group shall consist of (five) nine members, appointed by the (Governor), Board of Directors as provided in Section 23-2-2, N.M.S.A. 1978, and shall hold office until their successors are appointed(;). They shall be eligible for reappointment.

Section 2. Powers of the (Board of Directors) Advisory Group

The powers of the (Board of Directors) Advisory Group shall be those specified in Section 23-2-3, N.M.S.A. 1978, as follows:

"23-2-3. Powers and duties - the Board of Directors shall have the power and it shall be its duty:

- (a) To manage and control such hospital; to care for and preserve all property of which it shall become Possessed and to erect and construct all buildings necessary for its own use; to accept and receive all gifts, bequests or devises of any nature for the use and benefit of such hospital;
- (b) To supervise the care of all patients admitted to the hospital for treatment;
- (c) To supervise, direct and control the disbursement and expenditure of all moneys appropriated by this act (23-2-1 to 23-2-7, N.M.S.A. 1978) or received in any other manner for use of such hospital;
- (d) To sue, and with the consent of the legislature to be sued in its corporate name;

b. The provisions of the Resolution Constituting the Advisory Group, adopted September 8, 1987, by the Board of Regents, in its capacity as the Board of Directors of CTH.

The Hospital shall be operated as a separate organizational unit of the UNM Medical Center possessing all components and services necessary to allow it to operate in accordance with its mission.

(Section 3. Quality of Professional Care

Professional care rendered at the hospital shall be consistent with the highest level of care in the field of children's Orthopaedics and the medical staff shall be organized and function in keeping with the standards of the Joint Commission on Accreditation of Hospitals.)

(Section 4. Quality of Training Programs

Training programs conducted at the hospital shall meet the standards of the A.M.A. Council on Medical Education.)

(Section 5. Quality of Hospital Service

The hospital administration and the individual departments shall operate in conformance with the standards of the Joint Commission on Accreditation of Hospitals.)

(Section 6. Cooperation with Other Health Agencies

The hospital will cooperate with other federal, state and local hospitals and health agencies in appropriate programs as approved by the Board of Directors.)

conduct of residency training programs) in conjunction with the UNM Medical Center.

Section 2. (Charitable Service) Authority

The services of the institution shall be made available to the indigent patients of New Mexico who are referred through the Crippled Children's Services Division of the Department of Health and Environment(;). Private patients and those patients referred from out of state may receive care under conditions defined in the policies of the (Board of Directors) Advisory Group.

The Advisory Group is authorized to manage the property and business of the Hospital in accordance with reasonable Bylaws and policies to be adopted by the Advisory Group, except as such authority may be limited by law. In addition, the Advisory Group shall have all powers reasonably necessary to carry out its express powers. Consistent with Constitutional and Statutory responsibilities, the Board of Regents in its capacity as the Board of Directors of CTH, reserves to itself the right to consider any matter relating to the Hospital.

The Advisory Group shall exercise its authority in accordance with the following standards and criteria:

- a. The standards of the Joint Commission on Accreditation of Hospitals and the Council on Medical Education of the American Medical Association as long as resources are reasonably available so as to make it possible to comply with such standards.

BYLAWS OF THE ADVISORY GROUP
OF
CARRIE TINGLEY (CRIPPLED CHILDREN'S) HOSPITAL

Article I. (LEGAL STATUS) PREAMBLE

The Carrie Tingley (Crippled Children's) Hospital is a hospital owned by the State of New Mexico, operating on a not-for-profit basis, deriving its legal status from Statutes of the State of New Mexico, Chapter 23, Article 2, Sections 23-2-1 through 23-2-9 N.M.S.A. 1978, as amended.

The Regents of the University of New Mexico by resolution adopted September 8, 1987, constituted the Advisory Group of the Carrie Tingley Hospital as the governing board of the Carrie Tingley Hospital designated by and responsible to the Regents of the University of New Mexico for the internal control and management of the Carrie Tingley Hospital (hereinafter referred to as CTH).

Article II. (STATEMENT OF OBJECTIVES) PURPOSE AND AUTHORITY

Section 1. Purpose

The purpose of the Advisory Group (hospital) is (established) to manage the property and business of the Hospital in order to provide general medical treatment and hospital care to the (crippled) handicapped and chronically impaired children of New Mexico (who are under 21 years of age) on an inpatient and outpatient basis; and (an ancillary function is) to provide for the education of physicians and other health care professionals (through the

RECOMMENDED for adoption by the Medical Staff, Carrie Tingley Crippled Children's Hospital.

January 18, 1979
Date

Frederick C Sherman M.D.
Frederick C. Sherman, M.D.
Medical Director

January 27, 1979
Date

John L. Carr
John L. Carr
Administrator

APPROVED by the Board of Directors, Carrie Tingley Crippled Children's Hospital.

January 27, 1979
Date

Don Pettigoe
Chairman, Board of Directors

January 27, 1979
Date

Karen J. [unclear]
Secretary, Board of Directors

special meeting no business shall be transacted except that stated in the notice calling the meeting.

4. Minutes

All meetings of the Medical Advisory Committee (either formal or informal) shall have written minutes approved and signed by the Chairman with copies distributed to the Board of Directors of Carrie Tingley Crippled Children's Hospital.

Article VII - RULES AND REGULATIONS

The Medical Director shall establish such Rules and Regulations as may be necessary for the proper conduct of the hospital's work. Such Rules and Regulations shall be a part of these Bylaws and shall become effective when approved by the Board of Directors.

Article VIII - AMENDMENTS

These Bylaws may be amended by the Board of Directors upon the recommendation of the Active Medical Staff and/or the Medical Advisory Committee.

Article IX - ADOPTION

These Bylaws, together with the appended Rules and Regulations, shall be adopted at any regular meeting of the Board of Directors of the hospital upon recommendation of the Active Medical Staff. They shall be equally binding on the Board of Directors and the Medical Staff.

other matters pertinent to the professional functions of the hospital. Provisions shall be made for attendance at this meeting of the Board of Directors and the Administrator of the Hospital. The agenda shall be prepared by the Medical Director in consultation with the Chairman of the Medical Advisory Committee and the Administrator. This meeting shall be held in September of each year.

2. Other Regular Meetings

The two remaining regular meetings will follow the basic guidelines for the annual meeting. The comprehensiveness of these meetings will be determined by the Medical Director in consultation with the Chairman of the Medical Advisory Committee and the Administrator. These meetings may be scheduled to correspond with scheduled seminars.

3. Special Meetings

Special meetings of the Medical Advisory Committee may be called at any time by the Medical Director, the Board of Directors, the Chairman of the Medical Advisory Committee or jointly. At any

4. To help procure a new Medical Director when needed, pass upon his qualifications, and help in the interval period.
5. To promote and coordinate Carrie Tingley Crippled Children's Hospital services on a state-wide basis.
6. The Medical Advisory Committee will function in accordance with the bylaws, rules and regulations of the medical staff of Carrie Tingley Crippled Children's Hospital, where applicable:

C. Meetings

The Medical Advisory Committee will meet three (3) times per year. One of the three meetings will be considered the annual Medical Staff Meeting and Joint Board of Directors - Medical Advisory Committee Meeting.

1. Annual Meeting

The annual meeting of the Medical Advisory Committee shall be considered to be the annual meeting of the Medical Staff. At such meeting the Medical Director shall make a comprehensive report on the clinical practice, residency training program of the hospital, recommendations for reappointment of the active and courtesy medical staff and

Subsection G. Medical Advisory Committee

As stated in the Bylaws of the hospital, there shall be a permanent Medical Advisory Committee appointed by the Board of Directors.

A. Membership

The membership of the Committee shall be appointed on a state and local level and shall include (1) the Chiefs of the affiliated residency training programs and (2) eight other qualified orthopaedic surgeons. The latter shall be appointed for two terms on a staggered basis.

B. Functions

1. To actively help the Medical Director set medical and educational policy and review the function and goals of Carrie Tingley Crippled Children's Hospital on a periodic basis.
2. To advise the Board of Directors on general medical matters, particularly if there is conflict with the Medical Director, the Board of Directors and Administration.
3. Review applications for Medical Staff appointment and reappointment to the active courtesy medical staff and make recommendations to the Board of Directors for such appointments.

4. Complications
5. Expected length of stay
6. Social, psychological and educational factors relating to the patients' treatment

B. Complication Reports. Each month every resident is required to submit to the Medical Director a complication report of all complications experienced by his patients during that month. Such complication reports include at least the following:

1. Infections
2. Transfusion reactions
3. Drug reactions
4. Unexpected results
5. Unexpected tissue results

C. Annual Report to the Medical Advisory Committee.

At the annual meeting of the Medical Advisory Committee, the Medical Director submits a written report for the committee evaluation. That report includes at least the following:

1. Comprehensive report on the clinical practice to include complications, deaths, statistical analysis, projections, concerns, etc.
2. Comprehensive report on the residency training program.

The Medical Advisory Committee reviews the report, discusses it with the Medical Director, and reports its findings and recommendations to the Board of Directors at their joint meeting.

Subsection 5. Other Committees

The Active Medical Staff shall establish such other committees as may from time to time be necessary.

the institution shall be carried out by the Active Medical Staff and other appropriate individuals as spelled out below. Medical audit shall include those functions normally performed by the tissue, infection and transfusion reaction committee as well as other prospective and retrospective functions. The Utilization review function shall have as its purpose the review of the appropriateness of the length of stay for the diagnosis and the appropriateness of the use of diagnostic services for the diagnosis. These functions shall be carried out as follows:

- A. Weekly Cardex. Every Thursday at 8:00 A.M. a weekly meeting is held of all available employees involved in the direct treatment of patients plus a representation of administration. At least the following areas shall be represented:

1. Both Nursing Units
2. Physical Therapy
3. Occupational Therapy
4. Special Behavioral Program
5. Brace Shop
6. Medical Staff
7. School

The resident physician shall discuss each of his patients in the hospital at that time asking for specific reports and input from everyone who is involved in treating that patient. Such discussion shall include at least the following:

1. Pertinent medical problems and history
2. Hospital course to date including results
3. Proposed treatment

or the Associate Medical Director who also checks for completeness.

Other purposes of the Medical Record Committee shall be as follows:

1. Make decisions relating to the format and content of the medical record.
2. Make decisions relating to forms included in the medical record.
3. Approve policies concerning matters of privileged communication and legal release of information.
4. Review matters concerning the proper indexing, filing, storing and availability of patients' records.

Subsection 3. Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee shall be comprised of the Active Medical Staff, the director of nurses and hospital pharmacist. The committee shall meet at least quarterly and shall maintain minutes of all meetings. The purpose of the Pharmacy and Therapeutics Committee shall be as follows:

1. To maintain a current drug list of drugs available in this institution.
2. Review and approve policies and procedures relating to the storage and administration of drugs.

Subsection 4. Medical Audit and Utilization

The Medical Audit and Utilization review function within

cause to be kept careful supervision of all clinical work done. The active staff is also responsible for the organization, supervision and direction of the residency program.

Article VI - OFFICERS, COMMITTEES AND MEETINGS

Section 1. Officers

The Medical Director shall serve as president of the medical staff and also as chief of staff. The Medical Director shall call and preside at all meetings. Other officers may be appointed by the Medical Director.

Section 2. Committees

Subsection 1. The Active Medical Staff shall act as a committee-of-the whole and will perform the functions of the executive, credential and joint conference committee. In addition, the Active Medical Staff shall present to the governing body minutes of monthly meetings which will reflect adequate medical care evaluation.

Subsection 2. Medical Record Committee

The Medical Record Committee shall be composed of the Active Medical Staff and the Medical Record Supervisor. The committee shall meet at least quarterly and shall maintain records of all meetings. The committee shall be responsible for the supervision of medical records at the required standard of completeness. That responsibility shall be carried out as follows:

- A. The Medical Records Department shall check each record for completeness. In addition, every record is signed by either the Medical Director

Section 5. The Residency Staff

Subsection 1. The residency staff shall consist of physicians who have shown recognized professional ability in their chosen specialty and have had previous training in other approved residency programs.

Subsection 2. The duties of the members of the residency staff shall be as outlined in the "Resident's Handbook" of Carrie Tingley Crippled Children's Hospital.

Article V - DEPARTMENTS

Section 1. Medical Staff Departments

The only department of the Medical Staff shall be the Department of Orthopaedics. The other specialty fields shall be represented by other active or consulting staff members but not by a separate department. The specialty fields represented shall be at least:

Pediatrics
Neurosurgery
Neurology
Pathology
Dental
General Surgery
Radiology
Urology
Speech and Hearing
Psychology
Rheumatology

Section 2. Assignments to Departments

The active staff shall be assigned to the orthopaedic department.

Section 3. Organization of Departments

The active staff is responsible for the function of the clinical organization of the hospital and shall keep or

Subsection 2. The duties and responsibilities of the members of the active staff shall be the admission, care and treatment of all inpatients and outpatients, organization of the Medical Staff and the direction and supervision of the medical care program, resident education and training.

Section 3. The Consulting Staff

Subsection 1. The consulting staff shall consist of physicians of recognized professional ability who are active in the hospital and who have signified willingness to accept such appointments.

Subsection 2. The duties of the members of the consulting medical staff shall be the care of patients on request of any member of the Active Medical Staff. These physicians will have agreed to a set fee to cover time and transportation for consulting visits.

Section 4. The Paramedical Consulting Staff

Subsection 1. The paramedical consulting staff shall consist of other professionals of recognized ability who are active in the hospital and who have signified willingness to accept such appointments.

Subsection 2. The duties of the members of the paramedical consulting staff shall be to give their services for the improvement of the medical care program as prescribed by the Active Medical Staff. The consultants will have agreed to a set fee to cover time and transportation for consulting visits when deemed necessary.

life of the patient is in immediate danger and in which any delay in administering treatment would increase the danger.

Subsection 2. The administrator of the hospital, after conference with the medical director, shall have the authority to grant temporary privileges to a physician who is not a member of the Medical Staff. An Active Medical Staff member shall give an authoritative opinion as to the competence and ethical standing of the physician who desires such temporary privileges and in the exercise of such privileges he shall be under direct supervision of that Active Medical Staff member. The duration of temporary privileges shall be spelled out at the time they are granted.

Article IV - CATEGORIES OF THE MEDICAL STAFF

Section 1. The Medical Staff

The Medical Staff shall be divided into:

Active Staff
Consulting Staff
Paramedical Consulting Staff
Residency Staff

Section 2. The Active Staff

Subsection 1. The active staff shall consist of the Medical Director and his associates and assistants. They shall be of recognized professional ability, shall have a contract with the Board of Directors, and shall limit their medical practice to patients of Carrie Tingley Crippled Children's Hospital.

privileges be suspended for disciplinary purposes and for reasons less urgent than those warranting summary suspension.

- (a) The grounds for suspension of privileges include violations of the Bylaws, Rules and Regulations of staff, or the principles of ethics adopted by the staff and conduct that is inimical to the hospital and its staff.
- (b) Notification from the State Board of Medical Examiners of the revocation or suspension of a staff member's license, or of his being placed on probation, shall automatically act as grounds for suspension of privileges.
- (c) A temporary suspension, effective until medical records are completed, shall be imposed automatically for failure to complete medical records within the time limit specified by the staff.
- (d) An opportunity for the staff member concerned to have a hearing shall be afforded as provided in Article III, Section 7, Subsections 1, 2, & 3.

Section 8. Emergency and Temporary Privileges

Subsection 1. Regardless of his departmental or staff status, in case of emergency the physician attending the patient shall be expected to do all in his power to save the life of the patient, including the calling of such consultation as may be available. For the purpose of this section, an emergency is defined as a condition in which the

the date and time of the hearing by certified or registered mail to the respondent. A final decision of the governing body will be rendered within ten (10) days after the date of this hearing. Any report, information, or accusation filed, or any action recommended under this section, shall be deemed a privileged communication. Each member of the Medical Staff waives any right of personal redress against the Medical Staff, the Ad Hoc Judicial Review Committee, the governing body, or any member thereof, for disciplinary action taken under this article.

Subsection 4. Summary Suspension

In grave and unusual cases where immediate action must be taken to protect a patient's life or welfare, the president of the Medical Staff and/or the chief executive officer may summarily suspend a member of the Medical Staff pending action by the Active Medical Staff and governing body. The president or his duly appointed substitute shall make the necessary arrangements to provide for proper and necessary patient care during the period of suspension. The suspended staff member is expected to confer with the physician who has been designated to replace him to the extent necessary to safeguard the patient.

Subsection 5. Temporary Suspension

The Active Medical Staff shall be authorized to recommend to the governing body that a staff member's

the conduct of serious affairs, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objections in civil actions.

Within ten (10) days after the hearing, the Review Committee shall make a report and recommendation in writing to the governing body of the hospital. The report may recommend affirmation, modification or rejection of the original recommendations of the Active Medical Staff. A copy of the report and recommendations shall be given to the aggrieved party in person or by certified or registered mail.

Failure of the party requesting the hearing to be present at such a hearing, shall be deemed to constitute voluntary acceptance of the recommendations of the Medical Staff.

Within ten (10) days of receipt of the decision of the Review Committee, the respondent may appeal to the governing body and request a further hearing to be held by that body. If no such hearing is requested within said period, respondent waives any right to a hearing by the governing body, which may then act upon the recommendation of the Ad Hoc Judicial Committee.

In the event that a hearing is requested by respondent, the governing body shall arrange that a hearing be held within ten (10) days and shall send a prior notice of

body and a copy of it sent to the applicant by certified or registered mail.

Subsection 2. Hearing Body

The hearing body shall be called the Ad Hoc Judicial Review Committee consisting of the Active Medical Staff and at least two (2) members of the Medical Advisory Committee appointed by the chairman of that group.

Subsection 3. Conduct of Hearing

Oral evidence shall be taken only on oath or affirmation.

Each party shall have these rights:

- (a) to call and examine witnesses;
- (b) to introduce exhibits;
- (c) to cross-examine opposing witnesses on any matter relevant to the issues, even though that matter was not covered in the direct examination;
- (d) to challenge any witness regardless of which party first called him to testify;
- (e) to rebut the evidence.

If respondent does not testify in his own behalf, he may be called and examined as if under cross-examination, subject to his constitutional rights. The hearing need not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the type of evidence on which responsible persons are accustomed to rely in

shall be granted to members of the Medical Staff whose medical and/or surgical competence does not require the direct supervision of his (her) specialty professional peer group.

2. Limited clinical privileges. These privileges shall be granted to members of the Medical Staff whose demonstrated professional competence requires the direct supervision by his (her) specialty professional peer group. The limitations of this category must be specified on member's application for staff appointment.

Section 7. Appeals

Subsection 1. Method of Appeal

Whenever the active Medical Staff recommends denial of an application, suspension or revocation of an existing appointment, denial of a request for increased privileges, or reduction of existing privileges, the applicant shall be notified promptly by registered or certified mail and he must be advised that if he wishes a hearing he must submit a written request within ten (10) days of receipt of notice of such adverse reaction. The Active Medical Staff shall arrange for a hearing to be held within ten (10) days in the manner prescribed in these Bylaws. The recommendation of the committee following this hearing shall be sent to the governing

the end of the Medical Staff year.

Subsection 3: Thereafter, the procedure for Final action by the governing board for reappointment, non-reappointment or maintenance, increase or curtailment of clinical privileges shall be the same as set forth in Article III, Section 4, Subsections 5, 6, & 7 of these Bylaws.

Section 6. Determination of Clinical Privileges

Subsection 1. The determination of the clinical privileges to be granted to applicants approved for membership shall be based upon the applicant's training and experience and, where applicable, upon an examination of the records of previous cases handled, demonstrated competence during his period of provisional appointment and other relevant information.

Subsection 2. The annual determination of whether a staff member's clinical privileges shall be maintained, increased or curtailed shall be based upon the staff member's training, experience and demonstrated competence, which shall be evaluated by review of the applicant's credentials, direct observation by the Active Medical Staff, review of the records of the patients treated in this or other hospitals, and review of the records of the medical and surgical unit, medical records, tissue and other committees.

Subsection 3. There shall be two (2) categories of medical and/or surgical privileges:

1. Full clinical privileges. These privileges

above except that the Medical Advisory Committee need not be consulted.

Section 5. Procedure for Reappointment

Subsection 1. At least sixty (60) days prior to the termination of the Medical Staff year, the Active Medical Staff shall review all information available on each member of the Medical Staff for the purpose of determining whether each should be reappointed to the Medical Staff for the ensuing year. Consideration shall be given to the professional competency and clinical judgment of each staff member in the treatment of his patients, his ethics and conduct, his participation, cooperation with hospital authorities and personnel, his general attitude toward the hospital and its program, and his mental and physical capabilities.

Subsection 2. The Active Medical Staff shall make its report to the Medical Advisory Committee, recommending reappointment or non-reappointment and delineating the clinical privileges of each member of the Medical Staff for the ensuing year. Where non-reappointment or curtailment of privileges is recommended or a requested increase in privileges is not recommended, the reasons therefore shall be stated. The Medical Advisory Committee shall review the recommendation of the Medical Staff and shall make a final recommendation to the Board of Directors. Such report shall be transmitted to the governing board in sufficient time for action prior to

application be accepted, deferred or rejected. A recommendation to defer for further consideration or investigation must be followed within three months by a recommendation to accept or reject the applicant. The Active Medical Staff shall notify the applicant by mail of any recommendation to reject or defer consideration of the application, within ten days after such a decision is made.

Subsection 5. The Medical Advisory Committee shall within 30 days, review the recommendation of the Active Medical Staff and make a final recommendation to the Board of Directors.

Subsection 6. The governing board, at its next regular meeting after receipt of the final report and recommendation of the Medical Advisory Committee, shall consider same and accept it or refer it back for further consideration, stating the reasons for such action, and set a time limit within which a report back shall be made. After receipt of any reconsidered report and recommendation, the governing board shall make a final decision on the application.

Subsection 7. When the governing board has taken final action on any application for membership on the Medical Staff, the board, acting through the administrator, shall notify the Active Medical Staff, Medical Advisory Committee, and the applicant of the action taken.

Subsection 8. Appointments to the residency staff shall be made as

the application and references to the Active Medical Staff for consideration.

Subsection 2. In applying for membership, each applicant does thereby signify his willingness to appear before and be examined by the Active Medical Staff and the Medical Advisory Committee; authorize members of the Active Medical Staff to consult with any and all members of the medical staffs or other hospitals with which applicant has been associated as well as other persons or entities that may have information concerning the applicant's professional and ethical qualifications and competence; consent to the inspection of any and all records made at such hospitals or other entities which would be material to an evaluation of applicant's professional qualifications and competence to carry out the privileges he requests.

Subsection 3. The Active Medical Staff shall investigate the character, professional competence, qualifications and ethical standing of the applicant and shall verify, through references given by the applicant and other sources available to it, that he meets and has established all the necessary qualifications and competence to perform the medical and surgical privileges he seeks to perform in the hospital.

Subsection 4. Within two months after receipt of the completed application for membership the Active Medical Staff shall recommend to the Medical Advisory Committee that the

that they will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services.

Section 3. Terms of Appointment

Subsection 1. Appointments shall be made by the Board of Directors of the hospital for one (1) year, unless otherwise specified, after recommendation of the Active Medical Staff and/or the Medical Advisory Committee. All initial appointments to the Active Medical Staff shall be for a one (1) year provisional appointment. All appointments to the Residency Staff shall be for a period of six (6) months.

Subsection 2. In no case shall the Board of Directors take action on an application, refuse to renew an appointment, or cancel an appointment previously made without conference with the Active Medical Staff and/or the Medical Advisory Committee.

Subsection 3. Appointments to the Medical Staff shall confer on the appointee only such privileges as may be spelled out at the time of appointment.

Section 4. Procedure for Initial Appointment

Subsection 1. Any physician initially applying for membership on the Medical Staff shall file with the hospital administrator a written application, setting forth in detail his professional qualifications, his past practice and hospital staff affiliation, and his personal and professional references. The administrator shall forward

nature may be discussed by the medical staff with the Board of Directors and the administration.

3. To initiate and maintain rules and regulations for government of the medical staff.
4. To provide medical education and to maintain educational standards.

Article III - MEMBERSHIP

Section 1. Qualifications

Subsection 1. Physicians. The applicant for membership as a physician on the Medical Staff shall be an ethical physician holding the degree of Doctor of Medicine or Doctor of Osteopathy from a medical school acceptable to the Council on Medical Education and Hospitals of the A.M.A. and legally licensed to practice medicine and surgery in New Mexico. No physician shall be denied membership to the medical staff on the basis of race, color, creed, sex or national origin.

Subsection 2. Paramedical Personnel. Paramedical personnel applying for membership on the Medical Staff shall be qualified by virtue of education, experience and eligibility for membership in their respective peer organization.

Section 2. Ethics and Ethical Relationships

The professional conduct of members of the Medical Staff shall be governed by principles of ethics adopted by the Medical Staff. Specifically, all members of the Medical Staff shall pledge themselves

BYLAWS OF THE ~~MEDICAL~~ STAFF'
CARRIE TINGLEY CRIPPLED CHILDREN'S HOSPITAL

PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in the hospital and must accept and assume this responsibility, subject to the ultimate authority of the Board of Directors, and that the best interests of the patient are protected by concerted effort, the physicians practicing in Carrie Tingley Crippled Children's Hospital hereby organize themselves in conformity with the Bylaws of Carrie Tingley Crippled Children's Hospital and with the Bylaws and Rules and Regulations hereinafter stated.

For the purpose of these Bylaws, the words "Medical Staff" shall be interpreted to include all physicians and paramedical personnel who have been appointed to the various categories of the Medical Staff as hereinafter stated.

Article I - NAME

The name of this organization shall be "Medical Staff of Carrie Tingley Crippled Children's Hospital."

Article II - PURPOSE

The purpose of this organization shall be:

1. To insure that all inpatients and outpatients of Carrie Tingley Crippled Children's Hospital receive the best possible medical care through an extensive peer review and educational system.
2. To provide a means whereby problems of medico-administrative

V. Board Room Table

Mr. Arango expressed an opinion that the meeting table is a little too big and too high for his preference. The board room table was a gift to the hospital from Prison Industries. Mr. Arango suggested that it might be sawed into two tables and asked for suggestions. It was decided to get some input from Maintenance on improvement.

VI. Recruitment of Administrator

Dr. Drennan informed the Advisory Group that approximately 25-30 applications had been received. The closing date for the ad is next week. After that date, 4 or 5 applications will be selected from the best qualified and screened through Kurt Sams, Dr. Johnson in Pediatrics at UNMH and Mr. Bill Johnson, Administrator at UNMH. An interview process will then follow. Dr. Drennan was designated by Dr. Napolitano to be the person to hire the Administrator.

The position of Associate Medical Director is still open. A candidate will be coming out in January for an interview. She has been highly recommended by two senior pediatric/orthopedists. When a final date has been set, Dr. Drennan and Dr. Omer will meet with her.

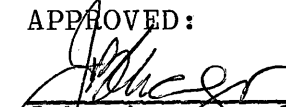
Next Meeting - January 4, 1988. Meeting adjourned at 9:00 p.m.

Respectfully submitted,

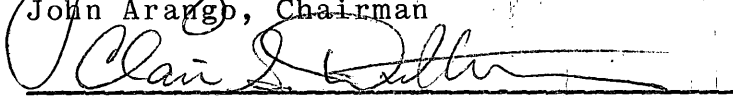


Eva Moquino
Administrative Secretary

APPROVED:



John Arango, Chairman



Advisory Group Member

C) Foundation Committee - Alice King. It was decided that an audit of the foundation was needed to find out where it stands financially (i.e. how much money has been spent, is being spent and on what). Also guidelines need to be written as well as redoing the bylaws. Shannan Carter is writing a draft which will be presented at the next meeting. For now, we will continue to follow the current procedure that has been followed in the past.

D) Bylaws Committee - Charlie Alfero. Three documents were passed out: 1) existing bylaws, 2) copy of initial proposed draft and 3) copy of Medical Bylaws. The members were asked to review the first two and come up with comments or recommendations at the next meeting in order to finalize the bylaws by February. After that time, the Medical bylaws will be brought up for review.

E) Medical Advisory Committee - Dr. Manuel Archuleta. The committee proposed that CTH coordinate credentialing of Medical staff with that of UNM Medical School in order to have a parallel system. Some other ideas brought up were that the MAC be used as a community resource for alternative services for patients and their families. Guidelines need to be established for respite care.

III. Smoke Free Hospital

Mr. Arango informed the Advisory Committee that currently all hospitals in New Mexico as of January 1 are going to become "smoke free" hospitals. A suggestion was passed on to Kurt Sams to send a survey out to staff to get a sense of their opinions on Carrie Tingley Hospital joining the bandwagon. Mr. Sams informed the committee that State Personnel has smoking cessation classes three or four times a month for those employees who are interested in taking the course. A report will be made at the next meeting.

IV. Final Payment for Strategic Plan

The outstanding bill for the strategic plan which was done by the Anderson School of Business was brought before the Advisory Group for discussion of payment. It was unanimously decided to make the final payment of \$7,375.00 after the 1st Monday in January. After that time, the group needs to set some time aside to go over the report.

CARRIE TINGLEY HOSPITAL

FOR CRIPPLED CHILDREN



1127 University Blvd. NE
Albuquerque, New Mexico 87102

Ph. (505) 841-5000

Carrie Tingley Hospital ADVISORY GROUP MEETING MINUTES December 7, 1987

Present: Advisory Group John Arango, Rose Ann Porter, Charlie Alfero, Alice King, Dr. George Dixon, Dr. George Omer, Dr. Manuel Archuleta, Charlotte Abbink, Clair Dutton. UNM Dr. Leonard Napolitano, Shannan Carter. CTH Dr. James Drennan, Kurt Sams, Kathy Moore, Carol Ware, Nancy Clarke, Eva Moquino.

Meeting called to order by Chairman Arango.

I. Minutes of November 9, 1987

The minutes of November 9, 1987 were presented for approval. There being no corrections, additions or deletions the minutes were unanimously approved.

II. Committee Reports

A) Programs Committee - John Arango. The subject of organizing a Task Force was found to be a bit more complicated than expected. More thought needs to go into this before it is finalized. Contact will be made with the Medical School and Children's Medical Services for exchange of ideas and information. Nancy Clarke, Medical Affairs Secretary will coordinate tours of the hospital with Advisory Group members to familiarize themselves with the operation and services of CTH.

B) Administration and Finance Committee - Rose Ann Porter. Several items were discussed. The statistical report that comes out every month will be looked at to see if it needs changing. Inpatient/outpatient numbers should be kept separate, what should go on report and what should not, etc. As far as finances, it was decided to set up a meeting with Kurt Sams, Director, Fiscal Services to go over the budget requests and reports for better understanding. It was suggested that some of the members might go up to Santa Fe during the legislative session in January to meet and mingle with the legislators to get a feel of what goes on during the hearings and to maybe give some positive feedback on what is happening at CTH. There was a question of whether the CTH budget and the Medical School budgets were separate or together. CTH budget is separate from UNM Medical School per Board of Regents policy.


4. Saving Clause.

A. All bylaws and policies of the previous Board of Directors of the Carrie Tingley Hospital in force of the effective date of this resolution not inconsistent with this resolution shall remain in force until they expire or are modified or repealed.

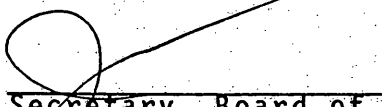
B. No legal rights or obligations are impaired by this resolution or its implementation.

5. Effective Date.

This resolution goes into effect as of the _____ day
of _____, 1987.



Chairman, Board of
Directors, Carrie
Tingley Hospital



Secretary, Board of
Directors, Carrie
Tingley Hospital

affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and, where applicable, the policies of the Board of Regents. In addition, the Hospital Administrator shall have all powers reasonably necessary to carry out express powers. The Hospital Administrator shall report to and shall be supervised by the Medical Director of Carrie Tingley Hospital. The Hospital Administrator shall have such other authority or responsibility as may be provided in the bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

D. The Medical Director shall be the Chief Executive Officer of the Carrie Tingley Hospital and is authorized to manage and administer the day-to-day medical aspects of business and administrative affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and where applicable, the policies of the Board of Regents. In addition, the Medical Director shall have all powers reasonably necessary to carry out express powers. The Medical Director shall report to and shall be supervised by the Chief Executive Officer of the UNM Medical Center/ Director of the UNM Medical Center. The Medical Director shall have such other authority or responsibility as may be provided in the Bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

3. Reporting.

A. The Advisory Group shall report on a regular basis, at least quarterly, to the Board of Directors and as specified from time to time.

ensuring the provision of quality patient care to the citizens of the State of New Mexico, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be operated as a separate organizational unit of the University of New Mexico possessing all components and services necessary to allow it to operate in accordance with its mission. Further, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be designated as a patient care unit of the UNM Medical Center by the Chief Executive Officer of the UNM Medical Center. As a separate patient care unit of the UNM Medical Center, Carrie Tingley Hospital shall be operated pursuant to the provisions of that certain Resolution of the Board of Regents of the University of New Mexico, dated February 10, 1987, known as Appendix AA, of the Regents Policy and Procedure Manual provided that the Carrie Tingley Hospital retains complete fiscal independence from the UNM Medical Center and that its funds are independently budgeted, monitored and audited.

B. The positions of Administrator of Carrie Tingley Hospital and of Medical Director of Carrie Tingley Hospital are hereby affirmed. Incumbents of those positions shall be appointed and removed by the President of the University, or designee, after consultation with the Board of Directors of the Carrie Tingley Hospital.

C. The Hospital Administrator is authorized to manage and administer the day-to-day non-medical business and administrative

Board action. In addition, the Advisory Group shall have all powers reasonably necessary to carry out its express powers. Consistent with constitutional and statutory responsibilities, the Board of Directors of Carrie Tingley Hospital reserves to itself the right to consider and determine, if in the exercise of sound discretion it is deemed necessary, any matter relating to the Hospital. The Board further reserves unto itself the establishment of overall policies and directions, approval of policies recommended by the Advisory Group, and oversight and approval of all Advisory Group actions.

2. The Advisory Group shall exercise its authority in accordance with the following standards and criteria:

(a) The standards of the Joint Commission on Accreditation of Hospitals and the Council on Medical Education of the American Medical Association as long as resources are reasonably available so as to make it possible to comply with such standards.

(b) The determinations of the Board of Directors made under the reservation of authority.

2. Administration.

A. In recognition of the mutual interests between the Carrie Tingley Hospital and the University of New Mexico relative to

1. ADVISORY GROUP.

A. Establishment. Pursuant to Section 23-2-2, N.M.S.A. 1978, as amended, and the constitutional and statutory powers of the Board of Directors of Carrie Tingley Hospital, the Board of Directors of Carrie Tingley Hospital hereby establishes an Advisory Group consisting of nine members. Three (3) members shall be parents of chronically disabled children and six (6) members shall be a combination of lay persons with experience in the delivery of health services to children and professionals with experience in the delivery of health services to children. The Medical Director of the Carrie Tingley Hospital shall serve as an ex-officio member of the Advisory Group. 5

B. Term of Office. The term of office for each member of the Advisory Group shall be staggered. Initial terms will be for 2- and 3- year periods. Successive terms shall normally be 3-year periods.

C. Authority.

1. The authority to manage the property and business of the Carrie Tingley Hospital shall be governed by the provisions of Section 23-2-1, et seq., N.M.S.A. 1978, as amended. The Carrie Tingley Hospital Board of Directors hereby delegates to the Advisory Group the authority to manage the property and business of the Carrie Tingley Hospital, except as such authority is limited by law or by

RESOLUTION CONSTITUTING THE ADVISORY GROUP OF THE BOARD OF DIRECTORS
OF CARRIE TINGLEY HOSPITAL

PURSUANT TO SECTION 23-2-2, N.M.S.A. 1978, AS AMENDED

WHEREAS, the Legislature of the State of New Mexico in its 1987 legislative session enacted Senate Bill 478, dated April 8, 1987, which became effective June 19, 1987; and

WHEREAS, Senate Bill 478 amended Section 23-2-2, N.M.S.A. 1978, calls for the members of the Board of Regents to become the Board of Directors of the Carrie Tingley Hospital for Crippled Children; and


WHEREAS, Section 23-2-2, N.M.S.A. 1978, as amended, calls for the Board of Directors of the Carrie Tingley Hospital to appoint and consult with an advisory group consisting of at least three parents of children with a chronic impairment and two lay persons with experience in delivery of health services to children; and

WHEREAS, Section 23-2-2, N.M.S.A. 1978, as amended by Senate Bill 478, should now be implemented.


NOW THEREFORE, BE IT RESOLVED THAT:

4. Effective Date.

This resolution goes into effect as of the _____ day
of _____, 1987.



Chairman, Board of
Directors, Carrie
Tingley Hospital



Secretary, Board of
Directors, Carrie
Tingley Hospital

D. The Medical Director shall be Chief Executive Officer of Carrie Tingley Hospital and is authorized to manage and administer the day-to-day medical aspects of business and administrative affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and where applicable, the policies of the Board of Regents. In addition, the Medical Director shall have all powers reasonably necessary to carry out express powers. The Medical Director shall report to and shall be supervised by the Chief Executive Officer of the UNM Medical Center/ Director of the UNM Medical Center. The Medical Director shall have such other authority or responsibility as may be provided in the bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

3. Saving Clause.

A. All bylaws and policies of the previous Board of Directors of the Carrie Tingley Hospital in force of the effective date of this resolution not inconsistent with this resolution shall remain in force until they expire or are modified or repealed.

B. No legal rights or obligations are impaired by this resolution or its implementation.

a separate patient care unit of the UNM Medical Center, Carrie Tingley Hospital shall be operated pursuant to the provisions of that certain Resolution of the Board of Regents of the University of New Mexico, dated February 10, 1987, known as Appendix AA, of the Regents Policy and Procedure Manual provided that the Carrie Tingley Hospital retains complete fiscal independence from the UNM Medical Center and that its funds are independently budgeted, monitored and audited.

B. The positions of Administrator of Carrie Tingley Hospital and of Medical Director of Carrie Tingley Hospital are hereby affirmed. Incumbents of those positions shall be appointed and removed by the President of the University, or designee, after consultation with the Board of Directors of the Carrie Tingley Hospital.

C. The Hospital Administrator is authorized to manage and administer the day-to-day non-medical business and administrative affairs of the Carrie Tingley Hospital in accordance with the bylaws and policies of the Board of Directors, and, where applicable, the policies of the Board of Regents. In addition, the Hospital Administrator shall have all powers reasonably necessary to carry out express powers. The Hospital Administrator shall report to and shall be supervised by the Medical Director of the Carrie Tingley Hospital. The Hospital Administrator shall have such other authority or responsibility as may be provided in the bylaws and policies of the Board of Directors of the Carrie Tingley Hospital.

B. Term of Office. The term of office for each Director shall be coterminous with his/her term as a member of the Board of Regents of the University of New Mexico.

C. Authority. The authority to manage the property and business of the Carrie Tingley Hospital shall be governed by the provisions of Section 23-2-1, et seq., N.M.S.A. 1978, as amended.

D. Meetings. The CTH Board will consider CTH business as part of the regularly scheduled meetings of the UNM Board of Regents and special meetings as deemed appropriate. The UNM Board of Regents meetings will be announced to the appropriate CTH constituency.

2. Administration.

A. In recognition of the mutual interests between the Carrie Tingley Hospital and the University of New Mexico relative to ensuring the provision of quality patient care to the citizens of the State of New Mexico, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be operated as a separate organizational unit of the University of New Mexico possessing all components and services necessary to allow it to operate in accordance with its mission. Further, the Board of Directors hereby authorizes and confirms that the Carrie Tingley Hospital shall be designated as a patient care unit of the UNM Medical Center by the Chief Executive Officer of the UNM Medical Center. As a

RESOLUTION CONFIRMING THE BOARD OF DIRECTORS
OF CARRIE TINGLEY HOSPITAL
PURSUANT TO SECTION 23-2-2, N.M.S.A. 1978, AS AMENDED

WHEREAS, the Legislature of the State of New Mexico in its 1987 legislative session enacted Senate Bill 478, dated April 8, 1987, which became effective June 19, 1987; and

WHEREAS, Senate Bill 478 which amended Section 23-2-2, N.M.S.A. 1978, calls for the members of the Board of Regents to become the Board of Directors of the Carrie Tingley Hospital for Crippled Children; and

WHEREAS, Section 23-2-2, N.M.S.A. 1978, as amended by Senate Bill 478, should now be implemented.

NOW THEREFORE, BE IT RESOLVED THAT:

1. BOARD OF DIRECTORS.

A. Confirmation. Pursuant to Section 23-2-2, N.M.S.A. 1978, as amended, and the constitutional and statutory powers of the Board of Directors of Carrie Tingley Hospital, it is hereby confirmed that the Board of Directors of Carrie Tingley Hospital shall consist of the members of the Board of Regents of the University of New Mexico.