



# Agenda

DATE 3/2/16 TIME 12:55p  
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## HOSPITAL AND HEALTHCARE STUDY GROUP

500 Market Street, Suite 200

Roundhouse Room

Tuesday, March 8, 2016

6:00 pm – 8:00 pm

- I. PROCEDURES
  - A. Welcome
  - B. Introductions of Committee (as needed)
  - C. Approval of Minutes – January 12, 2016
  - D. Approval of Agenda
- II. INFORMATIONAL ITEM(S)
  - A. Presentation on Mobile Integrated Health Office (MIHO) of Santa Fe Department
- III. DISCUSSION
  - A. Potential Framework for Committee Work (Kate Noble) (this would be an adapted idea of what Earl drafted)
- IV. ITEMS FROM THE CHAIR
- V. ITEMS FROM THE COMMITTEE
- VI. ITEMS FROM THE PUBLIC
- VII. NEXT MEETING DATE - TBD
- VIII. ADJOURN

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**HOSPITAL AND HEALTHCARE STUDY GROUP  
MARKET STATION, ROUNDHOUSE ROOM  
500 MARKET STREET, SUITE 200  
Tuesday, March 8, 2016, 6:00 pm**

<b><u>ITEM</u></b>	<b><u>ACTION</u></b>	<b><u>PAGE</u></b>
<b><u>PROCEDURES</u></b>		
<b>WELCOME</b>		<b>1</b>
<b>ROLL CALL</b>	<b>QUORUM</b>	<b>1-2</b>
<b>APPROVAL OF MINUTES January 12, 2016</b>	<b>APPROVED</b>	<b>2</b>
<b>APPROVAL OF AGENDA</b>	<b>APPROVED</b>	<b>2</b>
<b><u>INFORMATIONAL ITEMS</u></b>		
<b>PRESENTATION ON MOBILE INTEGRATED HEALTH OFFICE (MIHO)</b>	<b>INFORMATION/DISCUSSION</b>	<b>2-7</b>
<b><u>DISCUSSION</u></b>		
<b>POTENTIAL FRAMEWORK FOR COMMITTEE WORK</b>	<b>INFORMATION/DISCUSSION</b>	<b>7-15</b>
<b>ITEMS FROM THE CHAIR</b>	<b>INFORMATION/DISCUSSION</b>	<b>15</b>
<b>ITEMS FROM THE COMMITTEE</b>	<b>NONE</b>	<b>16</b>
<b>ITEMS FROM THE PUBLIC</b>	<b>NONE</b>	<b>16</b>
<b>NEXT MEETING DATE</b>	<b>TO BE ANNOUNCED</b>	<b>16</b>
<b>ADJOURN</b>		

**HOSPITAL AND HEALTHCARE STUDY GROUP  
MARKET STATION, ROUNDHOUSE ROOM  
500 MARKET STREET, SUITE 200  
Tuesday, March 8, 2016, 6:00 pm**

**I. PROCEDURES**

**A. WELCOME**

The meeting of the Hospital and Healthcare Study Group was called to order by Chair David Coss at approximately 6:00 pm, on Tuesday, March 8, 2016, at the Market Station Roundhouse Room, 500 Market Street, Suite 200, Santa Fe, New Mexico.

**B. ROLL CALL**

**MEMBERS PRESENT**

David Coss, Chairman  
Earl Potter, Vice Chairman  
John Beeson, MD  
Councilor Peter Ives  
Diane Spencer  
David Delgado  
Jay P. Jolly  
Lynore M. Martínez, MD  
Louise M. Able, MD  
Sharon Argenbright  
Kathy Armijo Etre, PhD  
Rev. Holly Beaumont, PhD  
Cleo Fowler  
Lily Love, MD  
Former Councilor Patti Bushee  
Mary Angel Martínez  
Charlotte Roybal  
(Five Vacancies)

**MEMBERS ABSENT**

Terrie Rodriguez  
Rudy Blea  
Ann S. Fullerton  
Judith K. Williams, PhD  
Patricia A. Boies  
Robert D. DiAmbrosia, MD  
Carolyn Roberts, MSN, RN

**OTHERS PRESENT**

Arturo Delgado, Christus St. Vincent  
Andres Mercado, Santa Fe Fire Department  
Bruce Weatherbee  
Jean McKinney  
Lisa Cacari Stone, UNM Center for Health Policy  
Kate Nobel, Housing and Economic Development

Zack Quintero, Economic Development  
Elizabeth Martin, Stenographer

**C. APPROVAL OF MINUTES**  
**January 12, 2016**

**MOTION** A motion was made by Ms. Fowler, seconded by Mr. Potter, to approve the minutes as presented.

**VOTE** The motion passed unanimously by voice vote.

**D. APPROVAL OF AGENDA**

Chair Coss explained that the County representatives were unable to attend this meeting to discuss the Health Assessment. He will ask them to come next time.

Ms. Etre said the Assessment was a joint effort with the Hospital and the County.

Chair Coss said yes, and we are not trying to reinvent the wheel.

Chair Coss said he asked the Fire Department to come and talk about their Mobile Health Office then we will discuss the potential framework for committees. We are charged with completing our activity sometime this year. We need to decide what subjects we are going to address and in what amount of time.

**MOTION** A motion was made by Mr. Potter, seconded by Councilor Ives, to approve the agenda as presented.

**VOTE** The motion passed unanimously by voice vote.

**II. INFORMATIONAL ITEMS**

**A. PRESENTATION ON MOBILE INTEGRATED HEALTH OFFICE (MIHO) OF SANTA FE DEPARTMENT**

Chair Coss introduced Mr. Andres Mercado, Santa Fe Fire Department.

Mr. Mercado thanked the Committee for the opportunity to speak with them. A handout was distributed. The handout is incorporated herewith into these minutes as Exhibit "1".

Mr. Mercado said healthcare is an extremely complex system. He joined the Fire Department eighteen years ago and it was exciting and a way to help people. He got

interesting glimpses into our community. After several thousand calls the novelty wore off and it became apparent that the training and infrastructure are often not helping people and sometimes are detrimental to patients, the community, the organization and City Government. For a lot of people in his profession that is apparent after a few years. There was a disconnect from what he wanted to do and what he could do. He began looking for options. It was good luck that he was looking for options to modernize our EMT system. Emergency medical is 80% of what we do. We received 13,700 calls last year and 10,920 were for emergency medical services. Traditionally we have been well connected to hospital emergency rooms. Our protocols are in line with what the ER does. As we move towards outcome based healthcare, this is not working. We have gained a lot of support from St. Vincent and the County. We are building relationships and finding opportunities. There have been huge changes to the healthcare system. We have looked internally to be more proactive instead of reactive. If you look at the handout, in 2015 the number two most issue for calls to 911 were falls. A lot of calls are preventable. There is very little of this that can be done without system wide coordination. If not for business reasons for common sense reasons, civic reasons and moral reasons.

Mr. Mercado said why does healthcare look at an average patient and try to tailor care to them. Dr. Brenner realized that most people are in the center but you have outliers who don't fit into the general mold and the system throws them out. He looked at who are the highest cost patients in the City of Camden. There are three large established hospitals in Camden. He got them to the table to develop a database to figure out who the neediest patients are. Hot Spotting is what his program is called. We can develop this in Santa Fe. The Fire Department Hot Spotting Program has identified the top twenty callers of the 911 system and have enrolled them into prevention programs. We have worked with them for two months and the rate of their 911 use went from 34 times a month to 5.3 times a month since enrollment. We know the needle is moving in the right direction. The first step is moving our Department to a more proactive Department. We are working with St. Vincent. We have not yet had a strong physician leader step up to take this on. We do have interest from physicians in this. EMS in Santa Fe is at a cross roads. Across the nation too. The most adaptable will survive. The Fire Department and City leadership has decided it is valuable to change the business model and to invest money into it. We can work together to turn Santa Fe into a top of the line healthcare system.

Dr. Abel asked that Mr. Mercado give a brief outline of services they provide.

Mr. Mercado said we have a handful of EMTs who have gone through some training. They visit the twenty top callers at least once a week wherever they may be. Every single one of the patients wants help. Part of it is just making sure they have food, clothing and a primary care doctor. We also do a home safety assessment. One of the challenges is the reimbursement rates. As you know as a Doctor, if you spend a few more minutes with a patient to get to know them that is on your time. It is not covered by CMS reimbursement.

Councilor Ives asked in terms of intervention what is the protocol of how that is done and is it done in an EMT vehicle.

Mr. Mercado said we are the scrappiest operation in the City. We are using old Police Department vehicles that were going to get crushed. Essentially we are doing the old house call but without a physician. If a physician or nurse practitioner is indicated we engage them.

Mr. Mercado said when a dispatcher at 911 gets a call they are not trained to think, they use a very specific protocol. It is the same exact response no matter what the circumstances. Secondly, fire trucks and ambulances are the only response. The Chief and Councilor Ives and other Councillors have asked what the Fire Department is doing to change their response to lower acuity calls. If we had a physician or nurse practitioner on line it would be very helpful. The training and equipment for EMS crews are focused on emergency situations. A lot of these calls are not physician level calls. The same is true in the ER. There are a lot of different areas where we can work together. There is not just one solution. It is going to take a lot of working with the hospital, clinics, elected officials and primary Doctors.

Former Councilor Bushee said thank you for being here. What about behavioral health. What percentage falls under that category and what are the responses for that.

Mr. Mercado said 70% of the calls have a diagnosed behavioral health issue. We are making an effort with the Santa Fe County Mobile Response Team. The process for getting someone into the behavioral unit at the hospital has need for improvement. We work with the hospital and HUGS on how to bring a group to the table to get care for these folks. Mental health is an enormous problem. It is a huge issue. If we try to do everything for everyone we won't get much done. Brenner's Hot Spot program has potential. That is where a group like this can help those conversations along. We can look at what kind of community we want to live in. There are some easy things we can start with.

Former Councilor Bushee said she would like a break down according to homelessness and drugs.

Ms. Etre said HUGS is a subset of this top thirty highest users of the ER with addictions or mental illness. She does not have the data with her but will provide it at the next meeting. Most are homeless and most of them are suffering from an addiction. Most have been abusing primarily alcohol from an early age.

Mr. Mercado said he can provide additional information as well.

Ms. Roybal said she knows the Fire Department has worked really hard to get

this project off the ground. She is sure the Hospital is happy to see someone addressing this. It is her understanding that the County is looking into how they can provide the same service. She would like to know from Mr. Mercado, based on his creation of this program, where he would you like to see it be in five years.

Mr. Mercado said we are not addressing the high users of the ER room. We have a fairly different profile. We have folks who call 911 often. There are a lot of veterans. We collaborate when there is overlap.

Ms. Roybal said you both are meeting a need.

Mr. Mercado said most of our high utilizers end up in the ER. On April 5<sup>th</sup> we are bringing one of the Deputy Chiefs of Colorado Springs down. Santa Fe is hosting other Fire Departments to get together to talk about what a Fire Department based Mobile Health Program looks like. In Colorado they got fourteen of their Departments to say they would start a program. High utilizers happens in all communities. We are getting the Fire Departments together to say what is common to all of us. Let's collect the same data in the same way and provide the same services together. Former Senator Dede Feldman is working on this with the County. We want to standardize.

Ms. Roybal asked where do you want to be in five years.

Mr. Mercado said he would love to see what this group wants and how the Fire Department fits into that. Each of us can have a dream but it only comes true if we work together. We had nineteen building fires last year. 3/5 of our personnel are on fire trucks. That is not an easy change. The Fire Department is undergoing an identity crisis. Hospital models are changing. It is hard to change peoples thinking. The goal is to have a right size Fire Department. We need a data driven system designed so that when you call 911 you get the right help. The goal for the community is that we come together and have a goal or dream in the center that addresses the way we want to see our community.

Ms. Cacari Stone thanked Mr. Mercado for his work. What he brings up is really important. What he brought up as far as the future and the goal is an opportunity for this group to have a social determinant across all situations by zip code. Brenner's Hot Spots was featured in the New Yorker because of the cost savings. The latest trend is community health centers and safety net hospitals using a community health assessment tool. This needs an assessment. She thinks this is an opportunity to design one looking at zip code level data around providers.

Mr. Mercado said we are working with the Santa Fe Institute on a mapping system showing high users of the 911 system. When you ask about the goal, one goal is to not limit that map and to have data that is not just 911 data. We could have data on the ER and hospital data. The County Needs Assessment is a good tool but it does not specify the neediest patients.

Chair Coss said it sounds like something for a Robert Wood Johnson grant.

Mr. Mercado said they just funded Brenner to set up an organization to assist communities to set up Hot Spot Programs.

Former Councilor Bushee said she is impressed that the data can be that specific. Is it the purview of this group to work on how you effect change in the models we currently have. We have models that are not responsive to the needs of the community. How do you move from a to z. Political and financial will have to make it happen. She is sure there are ways to study this forever. She wants to know how we move from a to z and if this group has the will to do that. She is interested in calling the hospital a community health center. There are a lot of experts here.

Ms. Roybal said there have been some effort on the southside of Santa Fe to look at it as a healthy community, what are the social determinants and what we need. It is a good start but it needs to be expanded. Zip codes and income are the social determinants. It could be more manageable if we look at it by district. What do people need to be a healthy community instead of the medical model.

Councilor Ives said the dispatch system and response seem to be constrained by what happens at the REEC, Emergency Dispatch System. Until we change protocols at that level it is going to be a real challenge to change how the Fire Department rolls out in response to calls. Is it wise to see if we can figure out how to change protocols to respond to calls.

Mr. Mercado said pointing the finger at REEC may not be productive. There are some structural changes that could be looked at. Simple applications as well. Pull the lowest acuity calls out of the system. The number one call is sick person. A lot are not emergencies. The Dispatch Center is a place that could triage those. There are improvements that could be done but some people don't want to change.

Dr. Beeson said the medical model is not going to work anymore. You can't sit and wait until people get sick. We have to look at this as a community and collaborate with all providers, schools and wherever we touch people. The money is not going to last. We have lower oil revenues. We have to find a different way to provide a more thoughtful way to deliver healthcare. The Hospital will be right sized and will be more involved in community healthcare. He has seen this work and that is where we need to be going.

Former Councilor Bushee said she was surprised at the Boutique Hospital System being looked at.

Dr. Beeson said we are not going to build any additional beds. What we have now are old fashioned semi-private rooms. That is not a safe way to house patients.

There are too many privacy issues and health issues. We need to change that. We are going to private rooms. We will end up with two extra rooms.

Chair Coss said thank you to the Fire Department for all their work.

### **III. DISCUSSION**

#### **A. POTENTIAL FRAMEWORK FOR COMMITTEE WORK**

Chair Coss said Kate is passing out a framework for this discussion. That handout is incorporated into these minutes as Exhibit "2". We would like suggestions on what to focus on. Review this and we might get going on how to schedule our meetings and what work groups we want to put together. We are required by Resolution to hold four public meetings. We can also talk about what and when for those.

Ms. Noble thanked Earl for drafting the framework. The idea is to start with education sessions then work to select three topics from the list of five and collate and pull together a final report recapping the public sessions and meetings and ensure it aligns with the Needs Assessment to support the work that is already being done. Then to present this to City Council per the Resolution. Some of what we need to talk about and work on today is picking three tactical sessions and our priorities, logistics and timing. We will ask 1199 and the Hospital to present as well.

Chair Coss said we will revise this framework based on our discussion today.

Ms. Roybal said this is a good framework for discussion. Access to care for the undocumented was talked about a lot last time but she does not see it here. It is an issue nationally and in other communities because the Affordable Care Act did not accommodate for them. They are uninsured and still using the ER. She thinks that needs to be part of this framework. We are immigrant friendly.

Ms. Nobel said she thinks it is under number 4 or 3.

Ms. Roybal said but it is based on providers not what the community needs. She wants to spell it out. She is also looking at a healthy community and what that is in Santa Fe. Health literacy.

Chair Coss said that is in number 5.

Ms. Roybal said she wants to make sure we don't miss getting down on the ground and hearing from the people in the community and what they need. That is important. She wants to go beyond the traditional.

Ms. Fowler said she goes along with Ms. Roybal as far as we need to look at what the community wants. We need to ask people in the community what their needs are. Forums should be a bit broader to get responses instead of presentations. One of our jobs in this group is determining what the community thinks.

Councilor Ives said the framework presented suggests that we pick three of the five on the list. We can put 3 and 4 together. All four are important and he would not want to see us let any of them go. This is a great opportunity to promote positive change. How do we design our urban scape so we are promoting health.

Ms. Roybal said in Cuba, New Mexico people wanted sidewalks so they could walk and get exercise. What people want might not be what we think.

Mr. Jolly said on the southside there is a lot of opportunity for exercise and that is where most of our folks reside. We should not leave anything out. Under 5, make social detriments for health front and center. There needs to be discussion around the Community Needs Assessment. We had a fascinating discussion with Santa Fe County, Taos and Rio Arriba together to apply for a grant for social needs and care. There is a lot of interest in figuring out how to do it if they get the grant or don't. It may be a good framework for us as well.

Mr. Potter asked was it part of the Needs Assessment discussion.

Mr. Jolly said yes.

Dr. Abel asked where does homelessness fit into this discussion. It is really important.

Chair Coss said we are adding social determinants to number 5 . It can go there.

Ms. Etre said we are looking at health needs life long. Behaviourial health as well.

Former Councilor Bushee said we need to go where the population we need is. We can hold public forums at La Familia or near the homeless center. Somewhere where they will come. Folks that tend to go elsewhere to get their healthcare need to be considered in the Assessment as well. Also people who had Presbyterian insurance and what happens now that the Hospital stopped taking it. We have to customize the approach and take it to the people where we can. Folks are concerned about loss of specialists in this community. There are also union concerns. She would like to see a discussion around how to reach these people.

Dr. Abel asked does La Familia have a user group who gives them feedback.

Mr. Jolly said we did an assessment and focus groups recently. We have some of that. We have a good group in the homeless population who are there frequently. One is on our board. The City has had a couple of discussions around services and a one campus concept for homeless healthcare.

Mr. Weatherbee said Jay you refereed to what the various communities you were working on, that is the Taos Study Committee that has been meeting on that for the last two months. The County Commissioners and Town Council are zeroing in. They are thinking of using the money left from the indigent fund and we are trying to coordinate our RFPs. There needs to be more involvement from the community. Almost 1/3 of the population of Taos County do not have cars. Transportation is critical. What Councilor Bushee pointed out is critical. We all have a stake in this. None of these Community Needs Assessments should follow a set pattern. They are all different based on community needs.

Mr. Mercado said he is absolutely behind the public health model. When you talk about bringing in different voices, these are people who will run away from you. There is a group of people who will not talk to you who are blowing up the system. That group is not usually included in these discussions. He wonders if that specific subset of the population, tiny group of people, is using a disproportionate amount of resources.

Ms. Cacari Stone said the state of the art tactical sessions are all public comments assessing the social determinants. For number 5 it is not just assessing the problem. We need a tool kit for resilience. Oakland, California has piloted this. It looks at all factors. It is a new type of assessment. This tool can get community engagement. She would be happy to share what was done in Lordsburg.

Ms. Roybal said it sounds like it is not the medical model and St. Vincent Hospital vs community needs. Do we need to narrow down our framework.

Chair Coss said those are all good questions.

Ms. Roybal said she saw a lot of comments at last meeting about the nursing shortage. St. Vincent has to recruit and pay people in a manner that they will want to work there. Santa Fe is an expensive place to live and difficult to recruit for.

Ms. Spencer said we all have great ideas here but with the timeframe we have and the fact that a lot of people want to do what the community needs, she thinks having the public forum sooner than later and sharing what they need is something we need to do. Then we can make a list and come back with ideas to address. She is in the home care industry now and sees people of all economic levels and they all have a lot of ideas about healthcare in Santa Fe.

Chair Coss said getting that information on social determinants and hearing from

the public, which is easier said than done, are important. This is an unfunded Committee. We have Kate and Liz. He does not see this Committee going out and getting tons of data and analyzing it. We may want to recommend approaches that the County takes but this group is not going to do the Helthcare Needs Assessment for the community. These tactical sessions are a product of he and Earl trying to get our arms around this. We cannot do everything. We can bring light to some subjects and make some recommendations to the City in the future. Workforce is an important piece of this. Most of the letters to the Editor right now are calling for the City to cut workers and services, not do to an Assessment. We need to be cognizant of the City's reality. Since the Needs Assessment is going on the sooner we get recommendations to those doing the Assessment the better off we will be. We need to limit it some way so we can focus and move ahead. If the focus is on the determinants in Santa Fe area for community health and that the Affordable Care Act left out 12% of Santa Fe's population, that is important. Providing opportunities for the public to come is something we have to do. He willing to put in the time to do it.

Chair Coss said we need to, tonight if possible, pick a focus and stick to it. We have no budget and the City is not doing the Needs Assessment.

Dr. Abel asked what about using the data we already have.

Chair Coss said that would help.

Ms. Beaumont said this is a fascinating conversation. She is interested in how to proceed to make a healthy community. She is also concerned that we are losing our focus. Is there a mission statement in the Resolution. What is the mission.

Mr. Potter showed her the Resolution

Ms. Bushee asked can you get all the reiterations that she put in.

Mr. Potter said we have a Resolution that passed and that we are proceeding from. It is very broad.

Ms. Beaumont said the initial Resolution was not like this.

Dr. Martínez asked what was the initial Resolution.

Ms. Bushee said there were a lot of compromises. She found that it is important to get others that serve that population and get then to speak for the populations that will not speak for themselves. She forgot to mention elder care, who feel very underserved. The state of the hospital was the initial focus. She takes issue that there is no budget. She never intended a budget. Maybe it needs to stay broad.

Ms. Beaumont said she is concerned that when you broaden the scope you lose sight of the specifics that brought us together. This is exciting and inspiring but it isn't what caused me to want to be on this Committee. She wants to be sure we don't lose sight of the issue that created a sense of need for a group like this.

Ms. Bushee said maybe we prioritize this.

Councilor Ives said it is true that different people brought different focuses but that has been true from the beginning of the process. Breaking into working groups is to allow folks with specific issues to work on those. They are all very important. By breaking into working groups and leveraging our capacity it is our hope that we will have enough folks to address the issues and make a report and recommendations.

Ms. Beaumont said staffing issues and the fact that we have some of our best nurses who no longer work for St. Vincent is important. She is concerned about the role that St. Vincent will play in this when we have not addressed those concerns.

Councilor Ives said his focus is on healthcare not specifically on the Hospital. There are broader questions.

Mr. Delgado said we met a month ago and we all said what we were interested in. That was a broad base of interest. A Committee for a year is not structured to solve these issues. We are not going to get the individuals at the extremes but we need people like yourself and Jay to represent those folks. He does look at this and say that a lot of the things that have been mentioned can fall into these areas listed. We can take the time to have a dialogue instead of just presentations and allocate the majority of the time to the rich dialogue with all of these folks here. We can identify the challenges to this community for workforce development for instance. If we have four major segments where this Committee summarizes key issues in the community that would be a good working document where perhaps collaboration can happen to address them. The public would always be invited to these meetings. Maybe we have stuff on the southside. Advertise aggressively. Summarizing a report addressing area of the Resolution would be big win. Put social issues on the list and give them a high priority.

Ms. Argenbright said she thinks where we started with what Andres said is important. We have got to fix this. It is not an unreasonable place to look. He has significant data. If it takes going in to the projects to get it from the people she does not mind doing that. It can't be done overnight but we should start going there with an intent and get a full look at what we have in the community. Working at the hospital is a social determinant. She doesn't work there anymore. Now she has to drive 75 miles out of this community to work.

Ms. Roybal said she was glad Holly brought up the origination of the document. What regulatory oversight does the City have over the hospital.

Former Councilor Bushee said maybe Land Use.

Ms. Roybal said so why are we looking at this if the City has no say over it. We are not reaching people about access and affordability. The intentions are good but there is nothing the City can do to make the hospital change their behavior. Behavioral health needs to be represented in this group. Fred Sandoval would be good.

Ms. Beaumont said in terms of community meetings, we have an obligation to open this up to the community. When Christus was coming in, there were very well attended meetings about that.

Dr. Martínez said from the Hospital's perspective is there any value for us to discuss community needs that the Hospital is not addressing. Would they make changes. This started to get information back to the Hospital.

Dr. Beeson said he thinks the purpose of the hospital, regardless of what people here think or care about, is to provide care to the people of the county and the surrounding area. Other communities send patients here as well. It is also to grow with the community. He came here from a not for profit. He does not think a for profit works well. He was very engaged with the community in Grand Junction. One of the reasons he was asked to come here was to develop that community collaboration. He is very impressed with what the Hospital is doing to try to meet the needs and to build the infrastructure in the Hospital and community for safety and quality. We have doctors and nurses who are paid just to do patient safety things. He thinks the Hospital is very engaged and open and is listening very carefully. He is on the floors of that Hospital every day seeing what is going on. We are wide open to listening and to being engaged.

Ms. Roybal said she asked a question, will you respond.

Dr. Beeson said no, this Committee cannot govern the Hospital. You can't say we want to have this or not. We have to modify the process and get the right people. We need the people to support the nurses. In ten years, we will be very short of nurses. We will have very different process.

Ms. Fowler said to address Charlotte's comment, at the prior meeting multiple people including people from the Hospital brought up recruitment and retention of nurses. At that time most of the Committee felt that was an important issue to address. It is a national issue and a very important local issue as well. Hopefully we can come to a workable way to work through this. The Hospital can only listen and try to put it through the system. Physicians don't have enough face time to work with people so they feel they are getting adequate care. We should include that as a subcommittee issue. It is also suggested in the document.

Mr. Weatherbee said the historical background on the Resolution is that he wrote

the original one. Its genesis came from Councilor Bushee. The idea was to get discussions going. There were tensions regarding staffing. He is here for consumers. He was insulted that no one let him know that the meeting date had changed. What the Chair says about specifying what can be done is what we need to do. The Hospital is going to get slapped by Medicaid due to a shortfall with State funds that is due to oil. We are all going to need to be working together. This Committee is an opportunity for us to do that. The first scope of work is to plan and conduct four community forums. Everyone in this room cannot get to the forum. He and others in the community will help get people out. Have one on the southside. At the end of this thing maybe a recommendation will be to work with the County. He talked to the County about this, and they told me that they did not want me to show up at another meeting. Commissioner Stefanics said in a public meeting that their committee would not be able to take it on. This is a time to identify needs and construct some kind of entity some place where we can't say we cannot do anything. Healthcare is supposed to be the new economic engine. In New Mexico, we are in reverse and going the wrong way. He knows the Hospital does not want to hire travelers. It is costly.

Ms. Fowler said we are getting to the end of our two hours. She would like to suggest that we look at bi-monthly meetings. Last meeting we talked about monthly meetings. The next meeting could be a educational meeting looking at the Needs Assessment. Can we set our next meeting. Also we can look at identifying working groups by email or figure out a different mechanism.

Chair Coss said he doesn't have a date from the County. We can find that out and move on that. For the tactical sessions, are we in general agreement on the four areas so that we can form the groups around the subject areas.

There was general agreement from the Committee.

Chair Coss said he is hearing we need public input. Can we do the first public forum in April.

There was general agreement from the Committee.

Ms. Fowler said the initial public forum needs to be more open to what the public has to tell us. Presentations are great but she feels that we need to ask what do they see as important in terms of their healthcare rather than asking them what they think after a presentation.

Chair Coss said we have general agreement that we focus on four areas and that the first forum will be on what the public is thinking.

Ms. Cacari Stone said in the public forum, it would be good to create a little two sided assessment form since this is a good time for people to fill it out. They could prioritize.

Ms. Roybal said we could focus on a healthy community.

Mr. Delgado asked are we all in agreement that we will try to complete this by year end.

Chair Coss said yes, he is.

Mr. Delgado said that talks a bit to the number of meetings and forums we have. We need to develop something. We need to start moving to developing ideas and recommendations. Move some things forward.

Former Councilor Bushee said the initial thrust was that the Hospital is one of the top creators of jobs for the City. We were starting to see people leaving, specialists leaving and people not wanting to use our one hospital. The City and County in Taos joined forces with their hospital. Here we are at the table with the stakeholders. It is about bringing the issues to light. Focus groups are one thing, she wants to see the population that we really need to serve. It is more important to have these doctors and nurses and consumers all to come forward and say ok maybe it is not as bad as we thought or maybe it is. It does not serve us to step around things. She wants to see us actually address the concerns on a day to day basis.

Dr. Beeson said he thinks what will become apparent as we go through this process is that the Hospital is actually a very small part of the healthcare in this community. We want to be a part of the fix. It needs to be a broad discussion to be successful.

Ms. Roybal said she doesn't have a copy of the St. Vincent Hospital Needs Assessment.

Ms. Nobel said is there anyone else that is not getting the information. We will send out their information and include you on the list.

Ms. Etre said the implementation strategies are on line under community health, under St. Vincent. Also we did twenty five focus groups in all kinds of settings. We did community forums. We did them in faith settings. The implementation strategies are Christus St. Vincent's response to the priorities identified.

Ms. Nobel said we will send it out.

Chair Coss asked is the Committee satisfied with focusing on these four areas.

There was agreement among the Committee to focus on the four areas.

Chair Coss asked should our next meeting be when we can get the presentation on the Needs Assessment and should it be a public forum.

There was agreement that the Committee should hear the presentation first.

Chair Coss said then we will move into public forums. We would want to do a meeting with the County as soon as we can. Our next meeting will be their presentation for this committee.

Chair Coss said he has asked Kate to get that set with the County and find that time later in this month in the evening.

Ms. Beaumont asked can it be somewhere else.

Chair Coss said this meeting is always a public meeting.

Ms. Nobel said it is problematic to change venues but she will look into it.

Councilor Ives said part of our objective was to set up the working groups. We identified four groups. He offered to take leadership of the combined numbers 3 and 4 and coordinate a meeting of that one. He would like to serve on literacy as well.

Chair Coss said he is glad the Councilor spoke up. Let's start that way. Our next agenda after hearing from County will be finalizing the working groups then we will add the state of the Hospital.

Former Councilor Bushee said she would like to include behavioral health spelled out in some category.

Chair Coss said he accepts that and he will talk to the Mayor about the five vacancies.

Ms. Nobel went over the proposed schedule.

Chair Coss said we need to do one public forum that is general and see how we do. He likes the idea of having the topics and some structure for the public to react to.

Ms. Roybal said we need to have a structure where people who do not want to speak in public can communicate. We need to think that out.

Chair Coss said the next agenda items will include the presentation, finalizing the working groups and a discussion on public forums.

#### **IV. ITEMS FROM THE CHAIR**

Chair Coss thanked the Committee for their participation.

**V. ITEMS FROM THE COMMITTEE**

None

**VI. ITEMS FROM THE PUBLIC**

None

**VII. NEXT MEETING DATE**

To be announced.

**VIII. ADJOURN**

The meeting was adjourned at 8:35 pm.

  
\_\_\_\_\_  
David Coss, Chairman

  
\_\_\_\_\_  
Elizabeth Martin, Stenographer



## Department Statistics:

- Five stations (+one 1 airport station).
- Five fire trucks; One rescue truck; Seven ambulances.
- 2015: 13,700 total calls. Most common call type: EMS (10,921; 80%).
- ~160 uniformed personnel.

## EMS Statistics:

Top 4	2012	2013	2014	2015
#2	MVA 11.8%*	Fall 10.3%	Fall 10.5%	Fall 11.6%
#4	Fall 9.4%	OD 9.3%	OD 8.6%	OD 8.9%

- Every medical complaint (no matter how small) is processed through an emergency medical services algorithm and a code is assigned for a fire department response.
- Currently, fire trucks and ambulances are the only method of response for EMS-type incidents.
- Emergency room is only transport alternative.
- Training, equipment, and options for EMS crews are focused on emergency situations.
- Anecdotally, a significant percentage of EMS calls could be handled outside of the emergency department (urgent care, primary care clinic, mobile mid-level, etc.).
- 258 individuals (0.368% of census population) accounted for 1,671 911 calls (15.3%) of all EMS-type calls.
- At least 36 individuals called more than ten times.\*\*
- Fee-for-service model. Approximately \$350 per transport.

\*Tie; \*\* Some data capture limitations lead to under-reporting.

## Draft Study Group Framework

### Frequency:

- 5 Meetings
- 2 Hours each
- Bi-Monthly
- Target Final Report to Council Nov/Dec

### Two Education Sessions: The Healthcare Landscape

1. Local Landscape: 2013 Community Health Needs Assessment, Implementation Strategies to Date, Next steps for 2016 Assessment
  - Presenters: CHRISTUS St. Vincent and Santa Fe County
2. National landscape: ACA, Workforce, Reimbursements, Challenges and Opportunities in this new environment
  - National Speaker (with help from SVH Support or others?)

### Three Tactical Sessions from the following:

1. Workforce Development in the Healthcare Sector (local secondary and postsecondary programs and partnerships, CSV recruitment/retention – challenges and opportunities
  - Presenters: NM Department of Labor and NM Higher Education Department
2. The State of the Hospital: Strategic Plan (Workforce, Service Delivery, Quality of care)
  - Presenters: CSV
3. Affordability and Insurance: Challenges to un-insured and underinsured
  - Presenters: NM Human Services Department, Dep. of Insurance, BeWellNM
4. Access to Services and Care Coordination between local partners
  - Presenters: La Familia, CSV, SW Care, Safety Net Organizations...
5. Public Health and Wellness Literacy: Awareness, Education, and Communication
  - Presenters:

### Final Report

1. Recap of public sessions
2. Noted Areas of Celebration and Gaps
3. Submit report to CSV and SF County for 2016 Needs Assessment consideration
4. Submit to City Council

'Exhibit 2'