

CHAG asks state health department to assume control of hospital

Written by By Molly Ann Howell Sun Correspondent
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The latest on RMCHCS's mounting challenges

Between financial and staffing problems, the closure of its Labor and Delivery Unit, Rehoboth McKinley Christian Health Care Services continues to face an uphill battle to stay in business.

And now, the Community Health Action Group is trying to hold the hospital accountable by getting the state involved.

According to a news release, CHAG representatives spoke in front of the New Mexico Legislative Committee on Health and Human Services Sept. 15, and asked the committee, composed of about 30 state lawmakers, to turn hospital operations over to the N.M. Dept. of Health.

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The release also states that N.M. state law allows for NMDOH to take over hospitals.

According to NMSA, chapter 24, article 1E, section 5, the Secretary of Health can file a petition seeking to appoint themselves as a “receiver” based on four conditions. According to the Cornell Law School, a “receiver” is a neutral party that can take over the management of a business’s financial and legal situation.

The four conditions include operating without a valid license; the threat of closing within 60 days and no adequate arrangements to relocate its residents have been submitted to and approved by the secretary; the institution is abandoned and its residents have been abandoned; and finally, if there’s a situation, physical condition, practice, or method of operation that the secretary finds presents an imminent danger of death or significant mental or physical harm to its residents.

In an interview with the *Sun* Sept. 20, Dr. Connie Liu, a local physician and lead community organizer for CHAG, said that the organization was looking at the fourth condition as a reason for the NMDOH to step in and assume hospital operations.

In addition to addressing the hospital’s financial woes, Liu and other CHAG representatives spent their allotted time at the meeting speaking about the hospital’s reported lack of safety protocols, which includes staffing issues, a non-working call light system, and the Labor and Delivery Unit closure.

“Opportunities to develop a path towards recovery have been squandered, and there is no turnaround plan,” Liu said during the meeting. “The state is our only hope for rescue.”

RMCHCS CEO Robert Whitaker spoke to lawmakers during the meeting and recapped the financial and staffing challenges facing the hospital.

Whitaker said insurance companies, especially Medicaid and Medicare, need to increase their payments to the hospital.

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“No insurance company has come to me and said ‘Robert, I understand that your costs have gone way up, I’d like to increase the rates that we pay you,’” he said.

Whitaker noted that hospital administrators continue to evaluate ways to cut costs.

“We evaluate contracts, we evaluate services, we look at our cost structure and determine if we’re providing a service and if we’re receiving services that are appropriate for our health system and what we need and what this community needs,” he said. “If there’s an opportunity to renegotiate contracts or if there are partners that can provide us a similar service, then we’re exploring all of those options.”

A local, now retired physician painted a bleak picture for the committee regarding the hospital’s finances.

Dr. Kathy Mezoff, a pediatrician who worked for four decades at RMCHCS, told the committee that the hospital currently loses \$800,000 to \$1 million a month, and has a projected loss of \$24 million for 2022.

Mezoff said some of her top concerns are the quality of care patients receive at the hospital and patient safety.

“Quality and safety is dangerously weak,” Mezoff said.

Mezoff tried to prove her point by going through the history of RMCHS, asserting that RMCHCS has gone through five chief quality officers in the past 12 months.

She claims that the company RMCHCS hired to take over management, Community Hospital Corporation, based in Plano, TX, held almost no quality assurance meetings during its tenure.

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Mezoff also claimed that a patient died in January due to faulty technology. She said the patient died because RMCHCS did not have a functioning call light system.

Patients use call light systems when they need to call in a nurse or doctor into their room for assistance or if there's an emergency. The patient reportedly died after their family told hospital staff to discontinue CPR.

According to a Department of Health and Human Services Centers for Medicare and Medicaid Services report, three separate incidents occurred in which the hospital's call systems weren't working. As a result, two patients were transferred to the ICU, and the aforementioned patient died.

Meanwhile, the hospital's labor and delivery department remains closed, denying many Gallup women a place to give birth to their baby, locally.

Dr. Erin Lorencz, a local obstetrician/gynecologist, told the committee that RMCHCS gave less than a week's notice for pregnant women to find another hospital to deliver their baby. The Labor and Delivery Unit shuttered its doors Aug. 1.

The hospital claimed that it didn't have enough physician and clinical coverage to operate the unit safely.

Besides being an OB-GYN, Lorencz is also pregnant herself, and explained to the committee how the delivery unit closure has impacted the people of Gallup.

"It means knowing that all pregnant patients in Gallup are closer to a devastating outcome because of an overloaded system," she said. "I think about this when I am called in the middle of the night for an emergency. I think about this when I consider what might happen to me or my baby when we are the patients."

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Whitaker echoed to the committee what he told the *Sun* during an Aug. 15 interview.

“We want to provide exceptional services to our community, and we want to do so in a way that’s safe and has a good quality performance with our patients and our providers. We struggled with having physician coverage, and with nursing and staffing coverage,” he said, during the Aug. 15 interview.

Whitaker said that closing the Labor and Delivery Unit was a difficult decision, but at the end of the day, options were scarce.

“We had quite a few discussions leading up to the temporary closure with our women’s health physicians and with other medical staff members to try and work through this, to try and understand if this was the right thing to do, and when we would do it,” he said. “We all kind of came to the conclusion that we needed to do this, and so we kind of set out a plan on how to safely and effectively temporarily close the unit and transfer care to other providers in other facilities.”

Currently, there is no timeline for when the unit will reopen, but Whitaker did say that hospital management are in the process of interviewing potential candidates.

In a recent interview, the chairwoman of the New Mexico Legislative Committee on Health and Human Services Christine Trujillo, D-Bernalillo, said CHAG was heading in the right direction.

Trujillo explained that the committee hearing offered a chance for CHAG to voice their concerns, but the committee can’t make any final decisions on the hospital crisis.

She suggested that CHAG take the next step by emailing and calling the representatives of McKinley County.

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“They are doing the right thing by moving their ideas forward. What I would advise them to do is call and email the DOH and their representatives continuously so they can get a response,” Trujillo said.

No McKinley County state legislators serve on the committee.

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