September 24, 2024	12:00pm	Elephant Butte Lake RV Resort
•	•	Event Center

**1.** The Governing Board of Sierra Vista Hospital met September 24, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Kathi Pape, Chairperson, called the meeting to order at 12:00.

#### 2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

#### SIERRA COUNTY

Kathi Pape, **Chair** – Present Serina Bartoo, **Vice Chair** – Excused Shawnee R. Williams, Member – Excused

#### CITY OF T OR C

Bruce Swingle, Member – Excused Jesus Baray, Member - Present Greg D'Amour, Member - Present

#### **ELEPHANT BUTTE**

Katharine Elverum, Member – Present Richard Holcomb, Member- Present

### **EX-OFFICIO**

Amanda Cardona, Clerk VofW- Absent Janet Porter-Carrejo, City Manager EB, Absent Amber Vaughn, County Manager- Absent Angie Gonzales, City Manager- Absent Jim Paxon, JPC Chairperson, Present

#### VILLAGE OF WILLIAMSBURG

Peggy "Cookie" Johnson, Secretary - Excused

#### STAFF

Frank Corcoran, CEO- Present Ming Huang, CFO- Present Sheila Adams, CNO- Present LJ Baker, HR Director- Present Heather Johnson, HIM Mgr.- Present Zach Heard, Operations Manager, Present Lisa Boston, Interim Consultant, Present

#### Guest:

David Perry, QHR – Present by Webex

There is a quorum.

4. Approval of Agenda Kathi Pape, Chairperson

<u>Katharine Elverum motioned to approve the agenda. Greg D'Amour stated that it was discovered at</u> <u>the Board Quality meeting on Monday that the DNR policy was not included in the list of policies for</u> <u>review today. The DNR policy has been approved by both Med Staff and Board Quality and he asked</u> <u>that it be added for approval today. Katharine Elverum motioned to amend her motion and approve</u> <u>the amended agenda adding the DNR policy. Greg D'Amour seconded. Motion carried unanimously.</u>

## "Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?" None

5. Approval of minutes Kathi Pape, Chairperson

A. August 27, 2024 Regular Meeting

<u>Richard Holcomb motioned to approve the August 27, 2024 minutes. Jesus Baray seconded.</u> <u>Motion carried unanimously</u>.

**6.** Public Input – Note: At 12:20, Jesus Baray stated that Dr. Walker had arrived. The board invited him to speak. Dr. Walker thanked the board and stated that the reason he is late and not in his normal board attire is that he has been seeing patients in the clinic this morning and that is a phenomenal thing! Several procedures were scheduled today. Thanks to the new DPS (Director of Provider Services, Sabrina Alvord) scheduling and many other issues have improved.

## 7. Old Business-

Kathi Pape, Chairperson

None

## 8. New Business-

A. August Financial Report - Ming Huang, CFO, directed board members to page GB12, key statistics. Total patient days in August were 113, six days less than July. Outpatient visits were 1,078, 41 more than July. The RHC had 872 visits which is 86 more than July and the ER had 676 visits, 50 less than July. Days cash on hand at the end of August were 56. Accounts receivable net days were 57 and accounts payable days were 22.

On page GB18, income statement, gross patient revenue was \$6,117,139. Revenue deductions were \$3,573,829. Total operating revenue was \$3,083,779. Expenses were \$3,106,113. Contract services was the most unfavorable item at \$55,713 more than budget. We ended the month with a negative EBITDA of (\$22,335) which is (1%). For the month we have a net loss of (\$468,997) due to higher expenses and depreciation. Year to date total EBITDA is (\$38,181) which is also (1%). August was flat and similar to July. Contractual services were higher due to late invoices received for FY24 in the amount of \$30,000. The other \$20,000 is for agency expenses and, because collections were higher, we paid more to Amplify, our revenue cycle company.

Total cash at the end of August was \$5,879,837. Total cash at the end of July was \$5,912,747. We have \$15,259,234 in accounts receivable, gross. After subtracting contractual allowances of \$10,335,379, we expect to receive \$4,923,855.

The majority of the metrics on the finance dashboard are in yellow which is within 5% of budget or target. EBITDA is in red because it is negative. Swing bed length of stay and clinic encounters are also in red which is less than target or budget by more than 5%. Anything in green indicates we are exceeding budget or target by 5%.

<u>Katharine Elverum motioned to accept the August financial report. Jesus Baray seconded. Motion</u> <u>carried unanimously</u>.

B. Fortinet Phone System – Correction, not phone system, fire walls. Aaron Dow, IT Director explained the benefits and long-term savings of the enclosed Ardham proposal on page GB25 to the current and proposed agreement with ABBA technologies on page GB26.

<u>Greg D'Amour motioned to approve the Ardham option. Katharine Elverum seconded. Motion</u> <u>carried unanimously</u>.

#### 9. Finance Committee- Bruce Swingle, Chairperson

No Meeting

#### 10. Board Quality- Shawnee Williams, Chairperson

- A. Policy Review Sheila Adams, CNO and Zach Heard
  - Sleep Lab Policy: Adult Procedures for Diagnostic Polysomnography
  - $\cdot$  Sleep Lab Policy: Continuing Education
  - · Sleep Lab Policy: CPAP Titration
  - · Sleep Lab Policy: Criteria for Patient Acceptance Adjusted for Age
  - · Sleep Lab Policy: Employee Background Check
  - · Sleep Lab Policy: Equipment Maintenance
  - · Sleep Lab Policy: Age Specific Care and Evaluation
  - · Sleep Lab Policy: Home Sleep Study
  - · Sleep Lab Policy: In-Lab & Home Sleep Testing Training
  - · Sleep Lab Policy: Inter-Scorer Reliability
  - · Sleep Lab Policy: Maintenance and Organization of Medical Records
  - · Sleep Lab Policy: Montages
  - · Sleep Lab Policy: MSLT Protocol
  - · Sleep Lab Policy: OCST Patient Management and Home Testing
  - · Sleep Lab Policy: OCST Equipment Policy
  - · Sleep Lab Policy: OCST On-call Policy for Home Sleep Testing
  - · Sleep Lab Policy: OCST Quality Assurance Plan for Home Sleep Testing
  - · ED Policy: Brain, Cranial, and Maxillofacial Trauma
  - ED Policy: Deaths in the Emergency Department
  - · Nurse Admin Policy: Timely Reporting of Critical Values
  - · Nurse Admin Policy: Enema Administration
  - · Nurse Admin Policy: Intravenous Access, Peripheral
  - · Nurse Admin Policy: Specimen Collection
  - · Sleep Lab Policy: Risks Unique to In-center Sleep Testing
  - · Sleep Lab Policy: Cardiopulmonary Medical Emergency Drills
  - · Sleep Lab Policy: Hazardous Material Policy
  - · Sleep Lab Policy: Medical Emergency Plan
  - · Sleep Lab Policy: Oxygen Administration
  - · Sleep Lab Policy: Split Night Protocol
  - · ED Policy: Actual or Suspected Drug Overdose
  - · ED Policy: Traumatic, Acute Injury Wound Care
  - · Nurse Admin Policy: External Urinary Catheter

· Nurse Admin Policy: Nasogastric Decompression

· Nurse Admin Policy: Pressure Injury, Prevention and Care

· Nurse Admin Policy: Pain Management, Assessment

Added: DNR Policy

In Shawnee's absence, Zach Heard and Sheila Adams gave an overview of the policies above. All were reviewed at the Board Quality meeting on Monday, September 23<sup>rd</sup>. All have been approved by Med Staff. Greg D'Amour stated that the Board Quality Committee did approve all of the policies and made the recommendation of adding references to those that need them. Jesus Baray stated that he was not at the Board Quality meeting on Monday.

<u>Greg D'Amour motioned based on the recommendation of the Board Quality Committee to</u> <u>approve all above listed policies. Richard Holcomb seconded. Motion carried unanimously.</u>

#### **11. Administrative Reports**

A. Human Resources - LJ Baker, HR Director, stated that the HR report is on page GB27. Turnover has been hovering between 1.5 and 2.5%. Our goal is to stay below 4%. We continue to have success in recruiting and are monitoring the impact to the budget.

LJ attended a meeting in Espanola and made contact with representatives from the New Mexico Department of Finance. They have a new department that focuses on grants and obtaining grant funding for different projects across the state. This department wants to use SVH as proof as to why they needed to break this department out separately. We are working on the request for capital outlay for next year. We were advised to ask for everything we need so our request is in the amount of \$52 million. Depending on how much we actually get will determine what phases of the construction projects we can move forward on. The South-Central Council of Government will have a meeting in the next couple of weeks and we will present the master plan for our facility to them.

In August we hired seven and terminated five. Of the terminations, one was involuntary PRN and four were voluntary.

B. Nursing Services - Sheila Adams, CNO, reported that our ED RN and nursing leadership counsel attended a 4-hour class to help assure understanding of the NM Bridge Program. This program is a state-funded initiative to support our ED in establishing a Medication Assisted treatment program for opioid use disorder. We have also concluded STABLE training which helps identify issues with babies and young patients in the ED.

We have received our approval from the NM Department of Health for our CNA program.

Sleep Lab volumes are increasing, and we have received certification. The nursing staff is working very closely with Dr. Walker to ensure that we are exceeding all quality standards for endoscopy and surgical procedures. Our trauma survey date has been set for October 22<sup>nd</sup> and it will be conducted remotely.

The DOT was on site this morning to conduct the EMS annual inspection. We had zero deficiencies, and we are the first known in the state to have zero deficiencies!

C. CEO Report - Frank Corcoran, CEO. We are in discussion with Dr. Sardar to begin leasing space one day per week for cardiology. MMC requires a fair market value to determine the lease rate and in the meantime, he is seeing our patients in his office.

We have improved some issues with Cerner after giving them a breach notice.

A number of our staff will be attending the NMHA annual meeting October 1<sup>st</sup> through 3<sup>rd</sup> in Albuquerque. Dr. Erica Palin is the recipient of the distinguished provider award. On September 30<sup>th</sup> we

will attend the New Mexico Regional User Group meeting for all Cerner Hospitals in New Mexico to coordinate a group effort to maximize and improve Cerner.

Last week there was a legislative economic development committee meeting in Las Cruces. The panel discussed hospital payor issues, HDAA and plans to recruit and retain providers and nursing staff.

The Ovation leadership conference will be held in Amelia Island, Florida February 18<sup>th</sup> through the 20<sup>th</sup>. All governing board members are invited to attend, and attendance will count for board education for the year.

We are working on adding pain management with our anesthesia group.

We have requested \$1.5 million of the \$2.7 million from the SB161 funds. We will request the rest of the funds next year. Funds are expected to arrive in mid-October. These are the funds to help us through until the HDAA (Healthcare Delivery and Access Act) funds are approved by CMS which will potentially start in March 2025. The article included in the packet explains the HDAA program. SVH could receive up to \$11 million after paying \$923,000 in tax assessments depending on quality measures. We are hoping this program starts in July 2025 and it will pay out quarterly.

Our annual 5K walk/run to support breast cancer awareness will be held on October 12<sup>th</sup> at Sierra del Rio golf course. There is still time to sign up and participate. We will have a booth under the pavilion at the fair October 4<sup>th</sup> and 5<sup>th</sup>.

Frank and LJ attended a mergers and acquisitions meeting in Santa Fe on Monday. The writing in this law is vague on several issues and we have expressed our concerns with the impact of this bill overall. This meeting was about oversight, enforcement and appeal.

D. Governing Board - Kathi Pape, Chairperson

1. Committee appointment updates

Last month, Kathi Pape appointed Greg D'Amour as Chairperson of the Bylaws committee. She had intended to appoint Katharine Elverum. This was noted in the meeting minutes. Further, if a board member is not able to attend a committee meeting, please let Kathi know and she will attend if available.

## Motion to Close Meeting:

Katharine Elverum motioned to close the meeting. Richard Holcomb seconded.

12. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2,7,9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5 the Governing Board will vote to close the meeting to discuss the following items:

Order of business to be determined by Chairperson:

#### 10-15-1(H) 2 - Limited Personnel Matters

A. Privileges
 Initial
 Timothy W. Overton, MD (ESS)
 <u>Temporary to Provisional</u>
 Nikhil Mehta, MD (ESS)
 <u>RadPartners Delegated Initials</u>
 Kristin M. Wehrung, MD

Frank Corcoran, CEO

#### **RadPartners Delegated Reappointments**

Kwasi Addae-Mensah, MD Elaina M. Zabak, MD <u>Terminations</u> Amy Warpinski, DO - Radiology Partners Howard Ng, MD - ESS

B. Provider contract Frank Corcoran, CEO

#### 10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

A. Risk Report

Heather Johnson

**10-15-1 (H) 9 – Public Hospital Board Meetings- Strategic and long-range business plans**A. Ovation Report to BoardDavid Perry, Ovation

#### **Roll Call to Close Meeting:**

Kathi Pape – YKatharine Elverum – YRichard Holcomb – YGreg D'Amour – YJesus Baray - YKatharine Elverum – Y

**13.** Re-Open Meeting – As required by Section 10-15-1(J), NMSA 1978 matters discussed in executive session were limited only to those specified in the motion to close the meeting.

## 10-15-1(H) 2 – Limited Personnel Matters

# A. Privileges <u>Initial</u> Timothy W. Overton, MD (ESS) <u>Temporary to Provisional</u> Nikhil Mehta, MD (ESS) <u>RadPartners Delegated Initials</u> Kristin M. Wehrung, MD <u>RadPartners Delegated Reappointments</u> Kwasi Addae-Mensah, MD Elaina M. Zabak, MD Elaina M. Zabak, MD <u>Terminations</u> Amy Warpinski, DO - Radiology Partners Howard Ng, MD - ESS <u>Greg D'Amour motioned based on the recommendation of the Board Quality Committee to approve all above listed privileges. Jesus Baray seconded. Motion carried unanimously. </u>

B. Provider Contract

<u>Greg D'Amour motioned to approve the Provider contract. Katharine Elverum seconded.</u> <u>Motion carried unanimously</u>.

## 10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

A. Risk Report No Action

## 10-15-1 (H) 9 - Public Hospital Board Meetings- Strategic and long-range business plans

A. Ovation Report to Board No Action

#### 14. Other

Due to very busy schedules in October, the next regular meeting will be held on Tuesday, November 12<sup>th</sup> at 12:00. Finance Committee will meet at 11:00 on Tuesday, November 12<sup>th</sup> and Board Quality will meet on Monday, November 11<sup>th</sup> at 10:00. This will be the last regular meeting of 2024.

#### 15. Adjournment

Jesus Baray motioned to adjourn. Richard Holcomb seconded. Motion carried unanimously.

JB \_\_\_\_\_ Jennifer Burns, Recording Secretary 11/12/24 \_\_\_\_\_ Date

Kathi Pape, Chairperson

Date