

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

May 29, 2025

12:00pm

**Elephant Butte Lake RV
Event Center**

1. The Governing Board of Sierra Vista Hospital met May 29, 2025, at 12:00pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Kathi Pape, Governing Board Chairperson, called the meeting to order at 12:00.

2. Pledge of Allegiance

3. Roll Call:

COUNTY

Kathi Pape, **Chair**, Present
Serina Bartoo, **VC**, Present
Shawnee R. Williams, Present

ELEPHANT BUTTE

Katharine Elverum, Present
Richard Holcomb, Present

CITY

Bruce Swingle, Present
Jesus Baray, Present
Greg D'Amour, Present

EX-OFFICIO

Don Bates, CEO, Present
Amanda Cardona, VCW, Present
Janet Porter-Carrejo, CM, EB, Absent
Amber Vaughn, CM, Absent
Gary Whitehead, CM, TorC, Absent
Jim Paxon, JPC Chair, Present

VILLAGE of WILLIAMSBURG

Cookie Johnson, **Secretary**,
Present by phone

SUPPORT STAFF:

Ming Huang, CFO
Sheila Adams, CNO, by phone
Zachary Heard, PXO
Heather Johnson, Risk
Lisa Boston, CO
Aaron Dow, CIO

Ovation:

Erika Sundrud

Guest:

Thomas Newsom, E4H
Don Welch, DOP

4. Approval of Agenda

Serina Bartoo motioned to approve the agenda. Katharine Elverum seconded. Motion carried unanimously.

“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

A. April 29, 2025 Regular Meeting

Serina Bartoo motioned to approve the April 29, 2025 minutes. Greg D’Amour seconded. Motion carried unanimously.

6. Public Input – None

7. Old Business-

None

8. New Business-

A. e4h Presentation- Thomas Newsom discussed with the Governing Board the outpatient therapy building and the master plan for the new facilities. Originally, the master plan was a 10-phase plan costing approximately \$49 million. After in depth analysis, this could be a 3-phase master plan that will save a few million dollars. Each phase was discussed. The project, if done as proposed, could be completed within 39 months.

9. Finance Committee- Bruce Swingle, Chairperson

A. April Financial Report- Ming Huang, CFO, reported that total patient days were 113, 12 days more than March. Outpatient visits were 847, 17 less than March. The RHC had 741 visits, 71 more than March and ER visits were 768, 9 less than March. Days cash on hand at the end of April were 93 which is equal to \$9,409,634. Accounts receivable net days were 50 and accounts payable days were 29.

Gross patient revenue was \$6,302,516. Bad debt expense was higher at \$788,464 and total revenue deductions were \$3,620,289. Other operating revenue was \$7,120,736. This is from the HDAA funds. Total operating revenue was \$10,132,997. Under expenses, benefits were higher due to delayed payment into the retirement plan. Total operating expense was \$3,063,507. EBITDA for April was \$7,069,490 which is a 70% margin. Year to date EBITDA \$11,956,466.

Bruce Swingle motioned based on the recommendation of the Finance Committee, approval of the April financial report. Serina Bartoo seconded. Motion carried unanimously.

B. 403b Principal to Voya - Ming Huang, CFO, requested approval from the board to open the 403b plan with Voya so that we can terminate the plan with Principal. The board approved switching to Voya last year.

Greg D’Amour motioned to approve the move to Voya. Katharine Elverum seconded. Motion carried unanimously.

10. Board Quality- Shawnee Williams, Chairperson

A. Policies

- Annual Policy Review – RHC
- Annual Program Evaluation – RHC
- Authorized Services Performed by a Nurse Practitioner – RHC
- Clinical Record System – RHC
- History and Physical – RHC

- In Charge Identification – RHC
 - Scope of Services – RHC
 - Involuntary Hold & Form – RHC
 - OPPE Form – Psychologist
 - OPPE Form – Rural Health LICSW
 - OPPE Form – RHC Walk-In Clinic FNP
-
- Medical Staff Peer Review – Medical Staff
 - Re-appointment Credentialing – Medical Staff
 - Hospital Committee Support – Medical Staff

Sheila Adams, CNO, explained that the RHC policies were put in place because they are required for a rural health clinic. The OPPE (ongoing professional practice evaluation) forms did not exist. The form spells out how we will evaluate our providers in these fields. The medical staff peer review is now in line with the New Mexico statutes and our medical staff bylaws. The re-appointment credentialing policy was formerly two policies, now combined into one. There were five policies regarding hospital committee support and now there is one.

Discussion was held regarding medical staff peer review and how it works. Erika Sundrud explained that OPPE and FPPE are not requirements of CMS conditions of participation. They are for JCC. We implemented these in preparation to become JCC accredited and because it's the right thing to do. Any unexpected outcome or death has always gone to peer review.

Shawnee Williams motioned based on the recommendation of the Board Quality Committee, approval of all policies and forms listed above as presented. Greg D'Amour seconded. Cookie Johnson abstained as she could not hear most of the discussion. Motion carried unanimously.

11. Administrative Reports

A. HR Report - Don Bates, CEO, stated that our new HR Director will start on June 9th. New hires include a CNA in the ER, a maintenance tech and a registration clerk. Three agency contracts ended and four PRN employees were released. Terminations include a registration clerk that resigned, an EMS paramedic who violated policy, the former DPS resigned, and a maintenance tech refused immunization.

Current agency staff includes 10 RNs, 1 LPN, 1 MA, 3 CNAs, 1 sterile processing tech, 1 physical therapist, 2 independent contracted nurses and 9 foreign nurses (three-year contracts). We currently have 223 employees.

B. Nursing Services - Sheila Adams, CNO, gave an update on the SVH CNA program which starts June 16th. The trauma program gave out 210 life jackets over the Memorial Day weekend and we will have more for the 4th of July. EMS week was celebrated the week of May 18-24. In the past year in addition to responding to 911 calls and transferring patients, EMS has been available at community events, completed classes at the high school and hospital, participated in higher education functions and was awarded the State Service of the year award for 2024.

C. CEO Report - Don Bates, CEO. AR days are coming back down to where they were a year ago and where they need to be. The community health needs assessment is now in the Ovation market analysis phase and key stakeholder interviews are being scheduled for June 25th. We will build our strategic plan from the data collected.

We are finalizing the contract with Three Crosses and Dr. Robinson and Dr. Kamali are in credentialing. Katie, at Ovation, is finalizing the surgical services proforma. We are also looking at pain management, cardiology, orthopedics and GYN with Three Crosses.

We are reviewing our hospital charges, which hasn't been done since 2018. We are charging less in some cases than the fee schedule, especially for radiology and surgical services. We don't want to be the highest, but we do not want to be lowest.

Finally, we are exploring the possibility of setting up an intensive outpatient program for Geri-Psych.

Motion to Close Meeting:

Bruce Swingle motioned to close the meeting. Jesus Baray seconded.

12. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2, 7 and 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

Don Bates, CEO

Temps to Provisional:

Emily Gerardo, FNP

2-Year Reappointment

Jeremy Parsons, MD

Michael Pena, MD (ESS)

RP Delegated Reappointment:

Chukwusomnazu E. Nwanze MD

Ashton D. Regalado-Magdos MD

Terms:

Minnsun Park, MD/MMC Cardiology - did not reappoint

Audra Yadack, MD/Arena Health - did not reappoint

Roi Altit, MD/MMC Cardiology - did not reappoint

B. Patient Experience Report

Zach Heard, PXO

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

A. Risk Report

Heather Johnson, Risk

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

A. Annual Compliance Report

Lisa Boston, CO

B. Governing Board Report

Kathi Pape, Chairperson

1. Bylaws revisions

C. QAPI/ Survey

Lisa Boston, CO

D. Ovation Report to Board

Erika Sundrud, Ovation

E. Board Self-evaluation

Erika Sundrud, Ovation

Roll Call to Close Meeting:

Kathi Pape – Y
Katharine Elverum – Y
Greg D'Amour – Y

Serina Bartoo – Y
Richard Holcomb – Y
Cookie Johnson – Y

Jesus Baray – Y
Bruce Swingle - Y
Shawnee Williams - Y

14. 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

Temps to Provisional:

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2-Year Reappointment

Jeremy Parsons, MD

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Terms:

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Audra Yadack, MD/Arena Health

Roi Altit, MD//MMC Cardiology

Shawnee Williams motioned to approve all above listed privileges based on the recommendation of the Board Quality Committee. Greg D'Amour seconded. Motion carried unanimously.

B. Patient Experience Report

No Action

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. Annual Compliance Report

B. Governing Board Report

1. Bylaws Revisions

Tabled until next meeting

C. QAPI/ Survey

D. Ovation Report to Board

E. Board Self-evaluation

No action on items A-E

15. Other

Next Regular Meeting- June 23, 2025 @ 12:00. Finance Committee will meet at 11:00. Board Quality will meet on Friday, June 20, 2025 at 10:00.

16. Adjournment

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

_JB_____
Jennifer Burns, Recording Secretary

6/23/25_____
Date

_KP_____
Kathi Pape, Governing Board Chair

Date