

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

January 25, 2022

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met January 25, 2022, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Greg D’Amour, Chairperson, called the meeting to order at 12:10pm.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

Stan Thompson, Member – Present by phone
Kathi Pape, **Secretary** – Present
Greg D’Amour, **Chairperson**- Present

ELEPHANT BUTTE

Vacant, Member
Katharine Elverum – Present

CITY OF T O R C

Bruce Swingle, Member – Present
Vacant
Peggy (Cookie) Johnson, **Vice Chair**- Excused

EX-OFFICIO

Amanda Cardona, Clerk VofW – Present
Vacant, City Manager EB- Absent
Charlene Webb, County Manager- Absent
Travis Day, JPC Chairperson- Absent

VILLAGE OF WILLIAMSBURG

Denise Addie, Member – Present

STAFF

Frank Corcoran, CEO- Present
Ming Huang, CFO- Present
Sheila Adams, CNO- Present
Tim James, Director of HR- Present
Heather Johnson, HIM Mgr.- Present

GUEST PRESENT

Scott Towle, QHR
Erica Sundrud, QHR

There is a quorum

4. Approval of Agenda-

Greg D’Amour, Chairperson

Bruce Swingle motioned to approve the agenda. Kathi Pape 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

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5. Approval of minutes

Greg D'Amour, Chairperson

A. December 29, 2021 Special Meeting Minutes-

Katharine Elverum motioned to approve the December 29, 2021 special meeting minutes.

Denise Addie seconded. Motion carried unanimously.

B. December 7, 2021 Regular Meeting Minutes-

Denise Addie motioned to approve the December 7, 2021 regular meeting minutes. Katharine

Elverum seconded. Motion carried unanimously.

6. Public Input – No public input will be called for during this meeting as allowed by Section 10-15-1 Formation of Public Policy: A. State Policy on Open Meetings page 6.

7. Old Business - None

8. New Business- None

9. Finance Committee- Bruce Swingle acting Chair

A. November Financial Report- Ming Huang, CFO, on page 22 of the packet (key statistics), in November, we had 128 acute patients days and 42 swing patient days. Total patient days were 170; 53 less than October. We had 1169 outpatient visits: 298 less than October. There were 690 RHC visits in November; 14 less than October. There were 675 ER visits which is 57 visits more that October.

On page 17, income statement, gross revenue for November is \$4,427,493. After subtracting deductions, we have a net patient revenue of \$2,495,613. We received \$715,071 from HRSA in provider relief funds and \$258,376 from the State, these amounts are listed under non-operating revenue. Salaries and benefits were over budget by \$69,520. Contract services are over budget by \$119,128 due to agency staffing costs. Repair and maintenance are over budget by \$47,947 due to scheduled preventive maintenance of electrical system. Total operating expenses were \$2,223,984. EBITDA for November is 42%; year to date EBITDA is 28%. Net income is \$1,234,392 (including HRSA and State funds).

B. December Financial Report- Ming Huang, CFO, on page 19, (December key statistics) patient days in December were 202; 32 days more than November. Outpatient visits were 1014; 155 less than November. There were 511 visits to the RHC: 179 less than November. One clinic provider was out the entire month of December. The ER had 644 visits: 31 less than November.

Days cash on hand at the end of December was 179 days: 143 available. Net accounts receivable days were 26; accounts payable days were 24.

On page 25, (income statement) gross patient revenue in December was \$4,185,011. After subtracting revenue deductions, net patient revenue is \$2,468,629. Non-operating revenue includes \$383,226 which is a COVID grant from HRSA. Salaries and benefits are \$71,579 over budget due to the 15% hazard pay increase. Contract services is over budget by \$123,970 due to agency staffing expenses. Other operating expenses is over budget by \$61,537 due to a legal settlement.

EBITDA for December is 28% and year to date is 28%. The EBITDA amount in December is \$916,139: year to date, \$5,106,097. Net income for December is \$502,154: year to date \$2,648,814 compared to a budgeted loss of (\$675,277).

On the balance sheet, page 28, at the end of December we had \$12,760,073 in the bank. Construction in progress (the tunnel and MRI pad) is a total of \$1.1 million; of that we have only paid \$220,000 leaving a

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balance of approximately \$900,000. Cost report settlement is the amount we still owe to Medicare for the payment advance for COVID. Medicare is withholding from our monthly payments for repayment.

Ming stated that he met with Jason Garcia at Bank of the Southwest who is concerned because the FDIC coverage is only \$250,000 per tax ID. Jason will have some options for protecting and moving some funds. Options will be presented at February's meeting. Budget adjustments usually occur in May or June.

Scott Towle stated that investment policies should be put in place for managing cash. There are guidelines provided by the State. The Governing Board should drive the policy and direction of investment.

Kathi Pape motioned to accept the financial report. Katharine Elverum seconded. Motion carried unanimously.

C. Arena Health/ Virtual Med Staff PSA- Frank Corcoran, CEO, page 32-45 of the packet. On page 44 is a cost summary of the proposal. There is a management fee of \$8,000 per month, tele neurology includes a \$35.00 per hour on call fee, \$350 per routine encounter fee and a \$450 per emergency encounter fee. Tele Psych is \$35.00 per hour on call, \$150 per encounter routine and \$300 per encounter after hours. There is a critical care piece if we choose to use it at \$450 per encounter. This would be used in the event that we had a patient in the ER that becomes a critical patient at ICU level waiting for transfer. Because of the bed shortage throughout the country, this is becoming more common in our ER.

There is a proforma on page 45. Virtual Medical Staff is a competitor of Arena Health. They provided pricing for their tele psych and tele neuro services and ended up being more expensive than Arena Health. If we went with Virtual Med for tele psych at 20 visits per week, we would see a loss of \$37,956 and adding more visits per week only continued the loss. Arena Health at 20 visits per week is not as much of a loss but still a loss. This is a service that is needed in the community, not one that we will make money on.

OliveTree has applied for a grant for tele psych services equaling \$50,000 per year for two years. If we were able to get that grant, it would help offset the loss and we would operate at a break-even margin.

The neuro piece of this service is something that we would make money on at the five patient admits per month because we get a per diem of \$3,900 reimbursement per day. Our ER docs have talked to the folks at Arena Health to assess how this would work with our ER and admits. Virtual Medstaff said that we don't have the volume of patients and they declined to make a proposal for us. Frank recommends tabling this proposal until we know about the grant money from OliveTree to offset the tele psych loss.

Kathi Pape asked about section (E) Warranties, who is the professional? Frank replied that it is usually the Provider. This contract has not gone to legal, but it will before being finalized. In addition, Frank would prefer to purchase the equipment instead of leasing it.

Kathi Pape motioned based on the Finance Committee recommendation to postpone or table until the next meeting this contract pending the outcome of the OliveTree grant. Denise Addie seconded. Motion carried unanimously.

10. Board Quality Committee- Denise Addie, Chairperson, reported that Board Quality did meet and reviewed the following policies

A. Policy Review: Sheila Adams, CNO, explained that the first one is a form that must be reviewed yearly. Minor changes were made to the form. The Sotrovimab policy was given emergency approval as we were out of any other monoclonal antibodies. The policy, consent form, pharmacy copy and fact sheet for the patient were all approved at Med Staff.

1. Blood Component Transfusion- (Evangeline-Lab)
2. Sotrovimab Covid-19 Treatment Policy 513-13-0 (Melissa -Pharmacy)
3. Sotrovimab consent form -F-513-13-0-02 (Melissa -Pharmacy)
4. Sotrovimab Protocol F-513-13-0-01 (Melissa – Pharmacy)

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5. Sotrovimab Fact Sheet F-513-13-0-03 (Melissa -Pharmacy)

Denise Addie motioned based on the recommendation of the Board Quality Compliance Committee approval of all above listed forms and policies. Bruce Swingle seconded. Motion carried unanimously.

11. Joint Conference Committee- Stan Thompson, Chairperson

Stan Thompson reported that he attended the Med Staff meeting on January 20, 2022. In attendance were Jeremy Parsons, Evangeline Hernandez, Karen Fiato, Estela Rubin, and Mary Pattridge. Discussion included EOC safety standards and plasma blood donation. On the 20th of January, there were 15 staff out sick. At 26%, COVID is still peaking.

12. Administrative Reports

A. Human Resources- Tim James, HR Manager- New hire orientations, certifications, licensures, annual training, evaluations, and competencies are all at 100%. We continue to pay 10 workdays COVID leave for staff who test positive. Workers comp does not pay COVID positive staff as Worker's comp until after the ten work-day period of isolation after which, with the designation as such by a provider, the employee moves to post-COVID syndrome and Worker's comp begins to pay the employee.

We had seven workers comp submissions for the month of December. All seven were COVID positive staff members; 70 days lost and reported to OSHA.

Turnover rate for December was 6%. The average turnover rate calculated on a monthly basis for FY22 is 4%. Our target for monthly turnover is less than 5%. We had 178 employees on the first day of December and 173 on the last day of December. There were six new hires bringing our total for the year to 26. There were 11 terminations: three involuntary and eight voluntary. The annual turnover rate for FY22 is 33 terminations over an average of 178 staff equals 19%. We have two contract staff: one in lab and one in PT. We have 11 travel staff: seven in ED and four in MedSurg.

We continue to test every employee and contractor working for Sierra Vista Hospital every week and report those statistics to the State of New Mexico. The following is the results of the January 11, 2022 report:

207 Total hospital workers

178 workers fully vaccinated

0 workers partially vaccinated

29 workers not vaccinated granted either a Religious or Medical Exemption

0 workers not vaccinated and not granted an exemption

We have recruited an Echo-Cardiogram Technician for Imaging services and an Occupational Therapist for Rehabilitation services. SVH is a certified HRSA facility which will improve our potential in recruiting providers. Key positions are being posted locally and nationally.

The new hire sign-on has been successful. We have two new graduate RNs starting soon. One for ED and one for MedSurg. The retention incentive has been very successful. We have committed the following staff for two years: six RNs, one LPN, two NPs, two respiratory therapists. Our billing rate for travelers is \$150 per hour and there is pressure to take it higher.

The 403B was changed on January first. All regular employees are now receiving a 3% deposit into their retirement account.

B. CNO Report-Sheila Adams, CNO- Regarding outpatient COVID-19 treatments, Sheila was on a call this morning with several other hospitals in this part of New Mexico. Our hospital has been out of the Sotrovimab treatment for two weeks and we have submitted a request for more. Remdisavir can now

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be done as an outpatient treatment however we are not treating with that right now because we are out of it too. Discussion was held regarding how patients are being treated, with what, where and how they get the medication.

Since October, we have had 29 employees positive with COVID. Nineteen of those were not vaccinated. ED, NU and EMS stats are about the same as they were in December. EMS received and is using the autopulse cardiac arrest units that the Board approved last month. We are doing up to 35 drive up COVID tests per day.

We have hired a traveler and one full time person in Respiratory Therapy. Passport USA is a company that is looking for foreign nurses for us. 12 candidates have been submitted and every one of them was qualified. Six have been interviewed, five offers have been made and four offers have been accepted. Our first nurse could be here as early as the end of summer. Most will come in early 2023.

C. CEO Report- Frank Corcoran, CEO- We track all of the patients that we test for COVID. In January, our positive rate is at 29%, up from December which was 24% and up from November which was 22%. Our numbers may be affected by the at home test kits that patients can get now. The Omnicron trend that started in South Africa peaked quick and high and then went back down within six weeks. We still continue to climb. We have had a number of employees out with COVID including a couple of providers. As a precaution, we restricted visitation for two weeks. This will be reviewed on February 4. We have to protect the staff as much as possible from outside contamination so that we don't have to cut services.

In a meeting last week, the NMHA discussed house bill 75 that went into effect in January. There are several concerns with this bill as it relates to medical malpractice and the NMHA will be seeking an amendment to it.

We are evaluating a system called E-plex. This is a nasal swab that looks for 23 respiratory viruses with one swab. The results come back within about two hours. Currently it can take three to four days to get results back. If this proves to be something we want to continue with, it will be a lease of the equipment and purchase of the reagents. This will come before the board after the evaluation period.

The lab had COVID antibody reagent that were going to expire. This test will tell whether you have antibodies to COVID either through having had COVID or through the vaccination. Employees were offered the test and 60 were tested. Of the 60, only three did not have any antibodies.

We have had conversations with John Harris, the CEO of Memorial Medical Center regarding cardiology and orthopedic services. He will be getting us pricing to provide these services at SVH. Once we receive this we will send it to legal and then bring it to the Board. We would like to start with Cardio once per week and ortho once per week in the clinic.

Our goal is to have surgical services started again within the next three to six months. A meeting was held with the group RCCG. We are looking at providing services three days a week: one day of surgery and two days in the clinic. The price is very reasonable for the service and this group has worked with SVH in the past. We may have these talks with MMC as well. We will have to build a surgery staff to support the surgeons.

We interviewed a provider from Silver City. She is in residency now and interested in providing pediatrics, OB, and prenatal services. If she is interested in coming here we will set a meeting with the Board in the future.

Our last boiler finally died leaving us no choice but to purchase three new boilers at a cost of \$87,000. The hospital is without hot water without the boilers. Greg, Bruce, and Frank discussed the course of immediate action and ordered the boilers. A work around is in place to provide hot water for patients. The tunnel project continues.

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Terry Norris from QHR was onsite with Victor and Zach to go through our EOC preparing us for Joint Commission Standards. Zach Heard was recently promoted to Operations Manager to help us with EOC and Clinic quality.

158 patients have signed up for Chartspan. We have had reports that the Chartspan call shows up as potential spam on some phones and we will be in touch with Chartspan to correct that.

The MRI pad itself is done. The receptacle for plugging in the MRI unit was wrong and a new one is on its way. Our contract with MRI is up in April and we would like to negotiate having the MRI unit onsite 24/7 instead of one day per week.

D. Governing Board- Greg D'Amour, Chairperson- We had to have hot water so after discussion with Bruce and Frank, Greg did authorize the expenditure of funds to get the first boiler here as soon as possible. The things that the hospital is doing is making an impact in the community. Several patients have questioned if the Chartspan call is a real call or a spam call. More education in the community about services such as this needs to take place. Discussion was held regarding the Omnicron variant and its symptoms. We need to continue thinking about our hospital employees and keeping them safe and happy.

Motion to Close Meeting:

13. 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:

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

- | | |
|---------------------------|---------------------|
| A. COVID Pay | Frank Corcoran, CEO |
| B. Employee COVID Testing | Frank Corcoran, CEO |
| C. Credentials | |

Provisional

Roxanne Chan, MD (OnRad)
Farhad Keliddari, MD (OnRad)

Two Year Appointment

Supriya Gupta, MD (OnRad)
Nicolaus Kuehn, MD (OnRad)
Patrick McCarthy, MD (OnRad)
Bharat Mocherla, MD (OnRad)

Two Year Re-Appointment

Paul Lamper, MD (OnRad)
Ari Plosker, MD (OnRad)
Dwight Townsend, MD (OnRad)

Not renewing or pursuing privileges:

Hillary Elwood, Lab Director
David Carter, CRNA
Terry Boulware, MD
Sonda Boulware, CNP

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

A. Risk Report- Heather Johnson, HIM Mgr.

10-15-1 (H) 9 - Strategic and long-range business plans

A. CIO Proposal QHR Daniel Lenerville, QHR

B. Behavioral Health Update Sarah Eck, QHR

C. QHR Report to Board- January Scott Towle, QHR

Roll Call to Close Meeting: Jennifer Burns

Kathi Pape, **Secretary**, Y

Katharine Elverum, Y

Stan Thompson

Bruce Swingle, Y

Denise Addie, 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. COVID Pay

Kathi Pape motioned to continue the 15% COVID hazard pay for one more month. Denise Addie seconded. Motion carried unanimously.

B. Employee COVID Testing

No Action

C. Credentials

Provisional

Roxanne Chan, MD (OnRad)

Farhad Keliddari, MD (OnRad)

Two Year Appointment

Supriya Gupta, MD (OnRad)

Nicolaus Kuehn, MD (OnRad)

Patrick McCarthy, MD (OnRad)

Bharat Mocherla, MD (OnRad)

Two Year Re-Appointment

Paul Lamper, MD (OnRad)

Ari Plosker, MD (OnRad)

Dwight Townsend, MD (OnRad)

Denise Addie motioned to approve all above listed credentials. Katharine Elverum seconded. Motion carried unanimously.

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Not renewing or pursuing privileges: No Action required

Hillary Elwood, Lab Director

David Carter, CRNA

Terry Boulware, MD

Sonda Boulware, CNP

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

A. Risk Report-

Denise Addie motioned to accept the risk report. Katharine Elverum seconded. Motion carried unanimously.

10-15-1 (H) 9 - Strategic and long-range business plans

A. CIO Proposal QHR-

The Board suggested looking at other CIO proposals for ideas and took no action at this time.

B. Behavioral Health Update-

No Action

C. QHR Report to Board- January

No Action

15. Other

Kathi Pape stated that we need to think about the strategic planning meeting date. The meeting us usually held at the end of March.

Next regular meeting will be held on February 22, 2022.

16. Adjournment

Greg D'Amour motioned to adjourn. Kathi Pape seconded. Motion carried unanimously.

JB

2/2/22

Recording Secretary, Jennifer Burns

Date of Approval

Greg D'Amour, Chairperson