

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

October 26, 2021

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met October 26, 2021, 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 12:06pm.

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
Rolf Hechler, Member- Excused
Peggy (Cookie) Johnson, **Vice Chair**- Present

EX-OFFICIO

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

VILLAGE OF WILLIAMSBURG

Denise Addie, Member – Present

STAFF

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

GUEST BY PHONE

Scott Towle, QHR

GUEST PRESENT

Erica Sundrud, QHR

There is a quorum

4. Approval of Agenda-

Greg D’Amour, Chairperson

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Cookie Johnson motioned approval of the agenda. Greg D’Amour noted that he would like to switch item number seven and eight so that Dr. V won’t have to wait. 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

5. Approval of minutes

Greg D’Amour, Chairperson

A. September 21, 2021 Meeting Minutes

Cookie Johnson motioned approval with one correction on page seven of the minutes (GB11 in the packet). Item D: Kathi Pape seconded. Motion carried unanimously should be add to the motion as it was accidentally left out. Kathi Pape seconded approval of the minutes with the correction. Motion carried unanimously.

6. Public Input – None

Agenda items seven and eight were switched

7. New Business-

A. Arena Health, Dr. V Presentation- Dr. Vidia introduced himself and members of his team. His company is focused on tele medicine and tele specialty. Tele stroke and Tele neurology are two specialties. We want to make sure that access to healthcare is improved and significantly expanded to a level where small rural hospitals get almost everything that large hospitals have. We do this with technology.

Sierra Vista Hospital needs neurology, stroke, addiction, and detox services. Arena Health has a solid team to help in these specialties. Through technology, we can get all the information that the onsite Provider needs to give diagnosis and care to the patient. Tele neurology can provide fast, timely diagnosis, treatment, and management within minutes. The diagnostic accuracy of Tele neurology for stroke is 96%.

Cookie Johnson asked for the cost. Exact cost will be based on the needs of the hospital which will be determined. The return on investment will be significantly high. Treatment will start at the ER, but it will not end there. Arena will provide continuous care. What would have been an ER visit and transfer out now becomes a two-to-three-day admission with multiple teams seeing and treating the patient.

Dr. V will be visiting Sierra Vista Hospital the first week of November. More to follow.

8. Old Business-

A. Employee Retirement Options- Tim James, HR Director & Ming Huang, CFO- Cookie Johnson stated that this is so important as it relates to the budget. Greg D’Amour wants to put in effect at the beginning of the next calendar year an improved retirement plan that gives all employees participation whether the employee is contributing to the plan or not.

Tim James stated that there will still be a vesting period of three years. The Board agreed that the vesting period should remain at three years. The hospital will match 3% regardless of what or if the employee contributes. Currently 40 to 50 employees are participating in the retirement plan. With some quick math, it was determined that the plan to contribute 3% to every employee would cost

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\$200,000 additional per year. In addition, the employee should see the contribution on there pay statement each pay period.

Greg D'Amour asked for a motion. Kathi Pape motioned to allow Frank Corcoran to direct HR to get this retirement plan up and running by next year. Bruce Swingle seconded. Motion carried unanimously.

Tim James stated that most of the employees who are not participating in the program are not paid very well. We have starting positions at \$12.82 per hour while Wal-Mart is paying \$15.00 per hour. This topic will be discussed on a future agenda.

9. Finance Committee- Cookie Johnson, Chairperson

A. September Financial Report-Ming Huang, CFO, on page 13 (key statistics) patient days for September were 177 days. There were 1343 outpatient visits which is 181 more than August due to the vaccine clinic. The rural health clinic had 688 visits which is 142 more than August. The ER saw 601 visits, 192 less than August. EBITDA is 17% for September, 23 % year to date. Days cash on hand at the end of September were 166 days, 117 days available. Accounts receivable net days were 22, accounts payable days were 24.

We did have a provider out of the RHC due to illness in September which brought the number of visits down for the month.

Gross revenue for September was \$4,179,687 which is \$123,648 more than budget. Total revenue deductions were \$1,978,988. After subtracting deductions and adding non and other operating revenue, we have a total operating revenue of \$2,603,732. Salary expense was \$904,957 which is \$79,416 more than budget due to the temporary increase for all employees. Contract services was \$546,796 which is \$81,404 more than budget mainly due to high agency staffing cost. EBITDA is 17%. In September, we had a net income of \$15,939 versus a budget of (\$177,220). Year to date EBITDA is 23% and the net income is \$597,235. Contract services included \$20,000 from August. We received an agency staff billing for August late in September.

On page 22 (balance sheet), we have \$11,323,187 in the bank. We have recorded the \$2 million provider relief funds as revenue in prior year 2021. We still have the Medicare advance payment liability of \$1,612,136 listed as cost report settlement on the balance sheet. The other liability we have is the tunnel remediation project for \$1.1 million. Although there have been significant expenditures over the last five to six months, the cash balance and income has remained stable. Ming stated that we did receive a portion of our safety net care pool money in the amount of \$500,000. They still owe us \$1.2 million.

Scott Towle stated that the hospital is running strong cash flow from operations and not taping into cash reserves.

Cookie Johnson motioned based on the recommendation of the Finance Committee acceptance of the September Financial report. Kathi Pape seconded. Motion carried unanimously.

10. Board Quality Committee- Denise Addie, Chairperson

No meeting, no report

At this time, Sheila Adams, CNO, introduced Erica Sundrud from QHR. Erica originally came to help revamp the Quality program and has been working with SVH for a long time. Erica is the Vice-president of Care Transformation at QHR.

11. Joint Conference Committee- Stan Thompson, Chairperson

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No Med Staff meeting, no joint conference report

12. Administrative Reports

A. Human Resources- Tim James, HR Director, for September 2021 new hire orientations, certifications, licensures and annual training are at 100%. The transition to HealthStream for annual training is happening now. Evaluations and competencies are at 80%; staff evaluations are complete; management evaluations are incomplete. We had eight workers comp submissions, six were COVID positive staff members. We continue to pay 10 workdays COVID leave for staff who test positive. Workers comp requires reporting of COVID positive staff. They do not pay COVID positive staff as Workers Comp until after the ten-workday period of isolation. After which, with the designation as such by a provider, the employee moves to post-COVID syndrome and Workers Comp begins to pay the employee.

We did apply for the second round of provider relief funds. If we get funds, we may be able to use them to cover the 10-day period that we are currently covering. Employees do not use their PTO for COVID. Most hospitals in New Mexico are forcing employees to use their PTO.

Turnover rate for September was 4%. For FY22 it is 3% and our target is less than 5%. We had 180 employees on the first day of the month and 177 on the last day of the month. 152 full-time, nine part-time, 14 PRN, and two temporary employees. We had four new hires including our Interim CEO, two full-time screeners and one PRN RN in MedSurg. We had seven voluntary terminations in September and no involuntary terminations. 18 terminations over and average of 180 staff is 10%. Contract staff includes one Lab Tech, one PT and one Interim Clinic Manager. There are eight travel staff including four in ED and four in MedSurg.

We are testing every employee and contractor working for SVH every week and reporting those statistics to the State. In the report submitted on September 28 we had 199 total hospital workers. 166 workers are fully vaccinated, seven workers are partially vaccinated. 26 workers are not vaccinated but granted either a religious or medical exemption and zero workers are not vaccinated and not granted an exemption. We are in the final steps of recruiting an Echocardiogram Technician for imaging services and an Occupational Therapist for rehabilitation services.

Our current RN traveler billing rate is \$150 per hour. The Delta variant of COVID-19 continues to create a spike in traveler rates in New Mexico as well as nationally. We are losing permanent RN staff to travel agencies due to the extreme rate of pay being offered to RNs.

B. CNO Report- Sheila Adams, CNO, in the month of September, EMS runs, ED Patients visits, admissions, observation and swing patients are less than August. Activity has increased in October. By increasing travel rates, we have been able to secure nurses. We lost three full-time RNs to travel offers.

Drive up swabbing continues with hours expanded from 7am to 5pm. With two swabbers we are meeting the needs of the community without Saturday testing.

Influenza vaccinations started October 1 for patients. COVID vaccination clinics are happening about every three weeks. Most of the injections are to people qualified to get the booster.

EVS has been able to hire with only one open position left to fill. The entire group has gone above and beyond to meet the cleanliness needs of the hospital.

Patient satisfaction has increased in the inpatient category. Our nursing unit is in the 75th percentile. ED remains in the 50th percentile.

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Cookie Johnson stated that she had a KUDOS for staff at SVH. A friend of hers wrote a letter to the editor of the Sierra County Sentinel and it was published on October 1, 2021. A copy of the newspaper containing the letter is attached and part of these minutes.

Kathi Pape stated that she had just spent time around many nurses in Albuquerque. Many of the nurses she spoke with expressed that they do not want to be in the ICU any longer. COVID has really impacted them.

1. Safety Committee 9/21- Sheila Adams, CNO- minutes from September 21, 2021 meeting were included with the packet. No discussion.

C. CEO Report- Frank Corcoran, ICEO, in September we tested a total of 272 employees. Of those, four tested positive which is a positive rate of 1.47%. To date, in October we have tested 492 staff with two positives making us 04% positive. Testing has gone up and positive rates have gone down. Positive cases have been a mixture of vaccinated and unvaccinated.

The tunnel project has started. Poles and footers have been put in place and bringing the services out of the ground is the next step. This will take another month or longer to complete.

Chronic Care Management is a service Frank discovered at the NMHA meeting in Albuquerque. Chartspan is a company that partners with hospitals to gather Medicare patient data from the hospital to create a chronic care management plan which includes education, phone calls and medical reconciliation. Medicare will pay \$65.00 for a 20-minute phone call per patient, per month. Chartspan would collect \$27, and the hospital would collect the balance. We could have as many as 1,000 patients who would qualify for these calls. If we partner with them, we will set up a business association agreement where we share data. They would do the work, make the phone calls, do the education, we would bill for the service and collect \$38.00. We want to jump on this before the first of the year as Chartspan's portion is set to increase then. Our providers have seen the presentation from Chartspan, and they are excited about it. There is no startup cost. This will not decrease the in-Clinic patient visits. The goal is to prevent hospitalizations of chronic care patients. This could potentially generate \$75,000 to \$100,000 in revenue for us.

As stated earlier, we have applied for more provider relief funds. We don't know if or how much we may get, but we will let the Board know.

The COVID tracker chart for September and October were handed out. This is a way to track how the hospital and community is doing and what the trends look like. In September, we tested 526 patients of those 47 were positive for a positive rate of 9%. (This does not include employees) In October, with test still out waiting on results, as of the 26th, we have tested 430 patients with 67 of those positive for a positivity rate of 16%. We are definitely seeing an increase in COVID. It is becoming more difficult to find higher level of care beds for those who need them.

KUDOS and thank you to staff, EMS and the management team for their participation in the County Fair, Elephant Days, and the 5K run. Frank participated at all events and heard good, bad and other from the community.

The roof replacement had not started at the Community Health Foundation store due to wind.

The MRI pad is complete except for asphalt repair. Once the inspection is done we can start parking the MRI unit on it.

QHR is helping us with our EHR. We are looking at several programs and will have on site demos throughout November.

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The Laboratory survey was conducted last week. This is a very extensive survey, and the results were very good. The surveyor commented that SVH has the most organized lab she has ever been to. Evangeline Hernandez, Lab Manager, and the Lab staff deserve big KUDOS!

D. Governing Board- Greg D’Amour, Chairperson

1. COVID Vaccine and Testing Status

Discussion was held regarding the current state of COVID in Sierra County. Heather Johnson stated that staff at SVH have accepted weekly testing. We don’t necessarily like it, but this is the world that we are living in today. SVH is going above the state mandate by testing all staff every week; vaccinated and exempt.

Greg wants the staff to know that the Board realizes the stress and pull that they are all under.

Frank Corcoran explained that the antigen swabs that we are testing employees with now will expire on November 21. This is the extended expiration date. The new kits/ tests are \$280 per box and contain 38 tests. The cost to test an average of 204 employees every week will be \$1,500 per week or \$78,000 per year. We are looking for other resources for tests.

Bruce Swingle is also in need of rapid tests for the City of T or C. The County is having a difficult time too.

Motion to Close Meeting: Greg D’Amour read the following

13. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2, 7, and 9 the Governing Board will vote to close the meeting to discuss the following items:

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

- | | |
|--|---------------------|
| A. COVID-19 Hazard Compensation Review | Greg D’Amour, Chair |
| B. CEO Search | Scott Towle, QHR |

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

- | | |
|-----------------------|-----------------------------|
| A. Risk Report- | Heather Johnson, HIM Mgr. |
| B. Settlement Update- | Tad Parrish, Rodey Law Firm |

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

- | | |
|---|---|
| A. Cardiology PSA | Frank Corcoran, ICEO |
| B. Echo Tech contract- | Frank Corcoran, ICEO |
| C. IP Behavioral Health Project State Application | Scott Towle, QHR / Frank Corcoran, ICEO |
| D. Old Hospital Renovation | Frank Corcoran, ICEO |
| E. QHR Board Report October 21 | Scott Towle, QHR |
| F. Projects 20-21 | Scott Towle, QHR |

Roll Call to Close Meeting:	Jennifer Burns	
Kathi Pape, Secretary , Y		Katharine Elverum, Y
Stan Thompson, Y		Peggy (Cookie) Johnson, Vice Chair Y
Bruce Swingle, Y		Denise Addie, Y

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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-19 Hazard Compensation Review

Bruce Swingle motioned to continue to pay the incentive salary to our employees for the next four pay periods at 15% above their regular pay across the board. Stan Thompson seconded. Motion carried unanimously.

B. CEO Search

Bruce Swingle motioned that the executive officers of the Governing Board work with the selected JPC members to serve as the selection committee and bring back names for the Governing Board at a future meeting. Said meeting to be held on Wednesday, November 3, 2021 at 9:00. Cookie Johnson seconded. Motion carried unanimously.

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

A. Risk Report

No Action

B. Settlement Update

Cookie Johnson motioned to allow Tad Parrish to proceed with her recommendations on the settlement update. Denise Addie seconded. Motion carried unanimously.

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

A. Cardiology PSA

No Action

B. Echo Tech Contract

No Action

C. IP Behavioral Health Project State Application

Cookie Johnson motioned to approve the \$28,000 statement of work to master service agreement with QHR. Denise Addie seconded. Motion carried unanimously.

D. Old Hospital Renovation

No Action- This item will also be placed on the agenda for the Special meeting on Wednesday, November 3, 2021.

E. QHR Board Report October 21

No Action

F. Projects 20-21

No Action

15. Other

Next Regular Meeting- will be held on November 30, 2021 at 12:00. Finance Committee will be held on November 30, 2021 at 10:30. Board Quality will be held on November 29, 2021

16. Adjournment

Cookie Johnson motioned to adjourn. Denise Addie seconded. Motion carried unanimously.
Meeting adjourned at 4:38.

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JB

12-7-21

Recording Secretary, Jennifer Burns

Date of Approval

Greg D'Amour, Chairperson