

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

November 29, 2022

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met November 29, 2022, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:04.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present
John Mascaro, Member- Absent

CITY OF T O R C

Bruce Swingle, **Chairperson** – Present
Art Burger, Member- Present
Greg D’Amour, Member- Present

EX-OFFICIO

Amanda Cardona, Clerk VofW- Absent
John Mascaro, City Manager EB- Absent
Amanda Vaughn, County Manager- Absent
Travis Day, JPC Chairperson- Absent

VILLAGE OF WILLIAMSBURG

Denise Addie, **Secretary** – Present

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

GUEST:

Erika Sundrud, QHR
Dr. Frank Walker
Brian Hamilton, EMS Manager
Ashlee West, EMS

There is a quorum.

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Frank Corcoran introduced Dr. Frank Walker to the Governing Board. Dr. Walker gave a brief summary of his experience, his goals for the hospital and our community. Dr. Walker will begin general surgery services at SVH in a few weeks.

Bruce Swingle read the following for the record:

Stipulation regarding Emergency meeting: On November 16, 2022, the Governing Board of Sierra Vista Hospital held an emergency meeting. The meeting was called pursuant to NMSA 1978, Section 10-15-1 (H) 7.

4. Approval of Agenda Bruce Swingle, Chairperson

“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 Bruce Swingle, Chairperson

- A. October 25, 2022 Regular Meeting
- B. November 16, 2022 Emergency Meeting

Greg D’Amour motioned to approve both October 25, 2022 and November 16, 2022 minutes.

Katharine Elverum seconded. Kathi Pape stated she would abstain from voting on the October 25th minutes as she left the meeting early. Motion carried to approve both minutes from both meetings.

6. Public Input – 3-minute limit

None

7. Old Business- Bruce Swingle, Chairperson

None

8. New Business-

A. Department Introduction- Frank Corcoran, CEO, introduced Brian Hamilton and Ashlee West. Brian Hamilton and Ashlee West gave a summary of the last 18 months of hard work and extraordinary accomplishments in the EMS department. Call volumes over the last year are up by 5% and up 10% over the last two years. Transfers average 85 per month. Our critical care team has gained a reputation for accomplishing things that flight services can’t do. We constantly receive calls from other hospitals to help get patients where they need to go. We have had 33 agency assists so far this year. The Community EMS program is focusing on three things. Do the patients understand their conditions and medications? Does the patient have a primary care provider, and do they have a way to get to their appointments? The nonemergent transport van is helping us fulfill the needs of our patients and community.

EMS responds to approximately 318 calls per month not including the community services van. The board applauded Brian and Ashlee and the entire EMS staff.

B. Special Hospital District Resolution- Bruce Swingle, Chairperson. The JPC approved this resolution at their last meeting. It is a resolution of support to create the SHD. If approved by this board, we will

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begin discussions regarding marketing strategies to obtain the signatures that we need to get this on the ballot.

Concern was expressed by multiple board members regarding the “attached petition” which is not attached to the resolution. In addition, 472 votes should be 472 signatures. Kathi Pape stated that she wants to see the petition before she votes on the resolution.

Art Burger moved to approve the resolution if the words “the attached” were stricken and the word “a” added and the word “votes” was stricken, and the word “signatures” added. Serina Bartoo seconded. Discussion was held regarding getting the necessary signatures, community education and marketing. Motion carried unanimously. The resolution is approved as amended.

9. Finance Committee- Kathi Pape, Chairperson

A. October Financial Report- Ming Huang, CFO. Total patient days in October were 93, 33 days less than September. There were 1,056 outpatient visits, 306 more than September. The Rural Health Clinic had 601 visits, 59 more than September and the ER had 661 visits, 38 visits less than September. Days cash on hand at the end of October was 147 days. Accounts receivable net days were 26 and accounts payable were 39 days.

Both ambulance and outpatient registration saw an increase in October. Radiology had 366 CT patients in October which is much higher than previous months. Most departments saw an increase in October.

Total patient revenue in October was \$5,093,059. After subtracting revenue deductions, adding other operating revenue and non-operating revenue, we have a total operating revenue of \$2,485,004. Contract services were \$631,234 compared to a budget of \$706,788. Supplies were lower as well at \$143,508. Total operating expenses were \$2,273,853. EBITDA for October was \$211,151 which is an 8% EBITDA margin. After subtracting the depreciation expenses, tax and interest, we have a net loss of (\$192,693) for October. Year to date, EBITDA is \$715,538. Year to date, we have a net loss due to higher depreciation expenses of (\$898,689).

At the end of October, we had \$11,213,660 in the bank. We owe \$115,000 for the tunnel project under construction in progress. Discussion was held regarding the high revenue in October, the impact of the mill levy loss for 2023 and the transition of financial obligations if the Special Hospital District becomes a reality.

Kathi Pape motioned based on the recommendation of the Finance Committee acceptance of the October Financial report. Katharine Elverum seconded. Motion carried unanimously.

B. Anesthesia Service Agreement- Frank Corcoran, CEO said that this contract is from RHPS, our surgical services provider (formerly known as RSSG). We have been unable to find an anesthesia group to cover us due to the limited surgical schedule we will offer. RHPS has a couple of CRNAs that they work with that are interested in coming here on a rotating basis. The terms of the contract are similar to the surgical contract. The cost to begin with is \$150,800 per year, as we grow the price will increase. The contract has been reviewed by our attorneys.

Kathi Pape motioned based on the recommendation of the Finance Committee to approve the Anesthesia Services Agreement. Greg D’Amour seconded. Discussion was held regarding insurance coverage both on the hospital’s side and RHPS. Frank Corcoran agreed to have a paragraph regarding RHPS insurance obligation to the contract. Kathi and Greg agreed with the stipulation to the motion. Motion carried unanimously.

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C. Mindray- Anesthesia Equipment- Frank Corcoran, CEO, said that when you have anesthesia, you have to have anesthesia equipment. We have one Mindray A5 machine, but you have to have a backup when you go into surgery. The cost is \$47,374.76. The hospital development board has agreed to purchase this for us. We did get a GPO discount of \$48,000.

Kathi Pape motioned to approve the purchase of the Mindray Anesthesia Equipment in the amount of \$47,374.76. Discussion was held regarding group purchasing discounts through GPO. Greg D'Amour seconded. Motion carried unanimously.

D. Project Manager IT/ EHR Contract- Frank Corcoran, CEO, said that we need a project manager to help us with our conversion to Cerner. We looked at two companies that can provide this service: Mediant and HealthNet. Both companies have employees who worked for or with Cerner in the past. HealthNet wants \$300,000 for the whole project using two people. Mediant will provide us with one person and charge \$129 per hour for two to three days per week plus travel expenses. We have a third proposal coming from WipiFi who will most likely be about the same cost as HealthNet. Both groups were validated by Cerner. We are leaning toward the Mediant contract. Both contracts are pending legal review.

Kathi Pape motioned based on the recommendation of the Finance Committee approval of the Mediant contract pending legal review. Serina Bartoo seconded. Bruce Swingle expressed the importance of having a project manager to avoid the endless trouble that we experienced with Athena. Art Burger voiced serious concerns about Mediant's proposal compared to HealthNet's proposal for various different reasons which he explained in depth. After further discussion Kathi Pape withdrew her motion citing the need for further investigation and discussion.

Greg D'Amour motioned that Frank Corcoran/ Administration revisit the contracts with Mediant and HealthNet with Art Burgers advisement for clarity of services and possible price reduction. Serina Bartoo seconded. Motion carried unanimously.

E. Pyxis Contract- Frank Corcoran, CEO, said that this contract can wait until next year. Pyxis did not provide a contract in time to present at this meeting. Pyxis is a med dispense system that would only be implemented after Cerner is in place.

F. Healogics Wound Care Services- Frank Corcoran, CEO, said he is not necessarily looking for an approval of this service today. Dr. Walker is trained in and would like to provide wound care services. Healogics would be able to provide training for our nurses and staff to do our own program including billing, collection, and marketing for a management fee of approximately \$5,000 per month. This is a service that we definitely need here. Wound care is an outpatient service, not a clinic service. If this were approved today, it will be 90 to 120 days before it could start.

G. Clinic in a Can- Frank Corcoran, CEO, said that we are seeing a surge in respiratory cases including flu, RSV and COVID. Clinic in a Can was something that we used in Kansas when COVID broke out. This is basically a clinic in a pod that sits on the hospital property. It is solar powered with a water tank and generator. This would allow us to test patients and assess them before they enter the hospital, clinic or ED preventing cross contamination. The model that we are interested in using is the primary care model. This would be billed as an ED visit. The lease for this would be \$3,000 per month for 12 months. There is an option after two years of leasing to purchase the can for \$1. This is a pro-active measure as the CDC can issue guidelines for patient separation. We do not have the ability to separate patients in our ED waiting

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room at this time. We would hire a nurse to work in this clinic as well as working in the ED. This is not something that we need in place today.

H. Authorized Signer SVH Bank Accounts- Ming Huang, CFO, explained that because Bruce Swingle is the new Chairperson of the Governing Board, we need to add his name to the hospital checking accounts and remove Greg D'Amour as authorized signer.

Kathi Pape motioned based on the recommendation of the Finance Committee to approve the removal of Greg D'Amour and the addition of Bruce Swingle to bank accounts ending 398 and 829. Katharine Elverum seconded. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson

A. Policies

1. Masking During COVID-19 Policy #690-05-103- Sheila Adams, CNO, said that this policy was created after the CDC put out new guidelines regarding healthcare facilities and masking back in September. The policy spells out when and where you must wear a mask and where a mask is not required. On page BQ 12, there is a grid in red, yellow, and green that reflects the community levels, indicators, and thresholds. This has been approved by Med Staff and Board Quality.

2. Sample Drug Policy #513-15-003- This policy is written directly from the Board of Pharmacy regulations on sample drugs. Discussion was held regarding who hands or dispenses the drugs to the patient. Med Staff and Board Quality reviewed and approved this policy.

Denise Addie motioned based on the recommendation of the Board Quality Committee approval of the Masking policy and the Sample Drug Policy. Art Burger seconded. Motion carried unanimously.

11. Joint Commission Report, Kathi Pape

Kathi Pape reported that she met with Medical Staff last week. There was discussion and concern regarding the flu that is going around that is neither A nor B. The policies above were discussed. There was good discussion amongst the Providers.

12. Administrative Reports

A. Human Resources- LJ Baker, HR Manager, reported that HR's priority of effort is recruitment of key personnel and required operations-level employees. We are bringing in a candidate from our Recruit Military partner for the Quality Director position. We're planning to start our Future Healthcare Professionals Program with HSHS as soon as possible in 2023. Key vacancies were discussed. Jerry Schwind, new plant operations director is bringing efficiency and savings to SVH, identifying gaps that have existed, deferred maintenance that has not been done, and processes that need to be improved. We are working on improving the H1B recruiting process to retain H1B employees longer.

Our goal is to remain under 3% for annual turnover rate. Right now, we are at 1.75%. Discussion was held regarding the calculation of the turnover rate and the challenges in recruiting. In the next calendar year, exit interviews will be conducted with employees voluntarily leaving their positions at the hospital. The culture at the hospital has improved.

There were no significant workers comp issues to report. Several employees required FMLA for medical reasons. Education has been provided to staff on smoking cessation. Our goal is to reduce potential medical costs and impacts to the staff. It also reduces potential increases to our insurance premiums.

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B. Nursing Services- Sheila Adams, CNO, said that we have two travelers that will be replaced with Passport USA nurses. The performance improvement for MedSurg is to increase bedside scanning. We started at 19% and are currently at 67%. Patient satisfaction with communication with nurses is at 79% and with doctors is at 74% with overall at 68%.

We have seven travelers in the ED. The performance improvement for ED is evaluation of 72 hour returns to the ED. ED patient satisfaction year to date for nursing staff is at 73%, 62% for physicians and 66% overall.

Two positions have been opened in EMS to assist with the increase of Community Health calls. The performance improvement for EMS is to decrease patient refusal of treatment when 911 has been called. Brian and Ashlee will be in ALICE training next week.

Dr. Walker has completed his Athena training and has been spending time in the clinic. Equipment in the OR has been checked by vendors for any necessary service. Positions for staff have been posted.

Cardiopulmonary positions have been posted to extend hours of availability to ED and MedSurg. Toni Davis, Cardiopulmonary Manager, will oversee the sleep study area.

Trauma has increased to an average of 80 to 90 for the last four months. \$434,000 in charges were billed in October.

C. CEO Report- Frank Corcoran, CEO, said that our COVID percentage right now is 6% positive and flu is 7%. We have two employees out with COVID, three others are out with flu like symptoms. Dr. Walker is starting to see patients, but we need CRNAs, equipment and staff to start surgeries. Smaller procedures that do not require anesthesia can be performed.

We are planning an open house sometime in January to introduce the community to our new physicians and our surgeon. The equipment has been installed for our sleep studies; we are waiting on the murphy beds. Dr. Park, cardiologist from Memorial saw eight patients in the clinic last week.

We are waiting on a sub to disconnect the fiber optics from the tunnel, remove them, reconnect them and then we can fill the tunnel in and be done with it.

We sponsored a blood drive at the hospital last week and had a very good turnout.

The staff Christmas party will be held on December 9th. The hospital will provide the meat and staff will bring potluck dishes, desserts, and salads. The pink glove dance was done in October. The video will be shown, and awards handed out at 2:00 on Wednesday. QHR will have its leadership meeting in AZ March 7-9. Board members are welcome to attend.

D. Governing Board- Bruce Swingle, Chairperson, thanked the SVH staff, all 210 of them for fantastic work. The Board acknowledges the work and are quite pleased. The Board wants to make the hospital a better place to work and thrive in.

Bruce Swingle read the following Stipulation to Close Meeting:

13. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2,7,9 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. Privileges

Frank Corcoran, CEO

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TEMP to Provisional

Audra Yadack, MD, Arena Health

PROVISIONALS to 2-year appointment

Omkar Vaidya, MD, Arena Health

Roni Sharon, MD, Arena Health

TERMS:

Francis Q. Cortes, NP 10/31/2022

Joshua Sifuentes, MD, ESS 11/01/2022

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. QHR report to the Board Erika Sundrud, QHR

Roll Call to Close Meeting:

Kathi Pape – Y Katharine Elverum – Y

Art Burger – Y Serina Bartoo – Y

Greg D’Amour – 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 stipulation to close the meeting.

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

A. Privileges

TEMP to Provisional

Audra Yadack, MD, Arena Health

PROVISIONALS to 2-year appointment

Omkar Vaidya, MD, Arena Health

Roni Sharon, MD, Arena Health

TERMS:

Francis Q. Cortes, NP 10/31/2022

Joshua Sifuentes, MD, ESS 11/01/2022

Denise Addie motioned to approve all above listed privileges. Art Burger seconded. Motion carried unanimously.

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

A. Risk Report

Serina Bartoo motioned to approve the risk report. Kathi Pape seconded. Motion carried unanimously.

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

- A. QHR report to the Board
No Action

15. Other

The next regular Governing Board meeting will be held on Tuesday, January 24, 2022 at 12:00.

16. Adjournment

Denise Addie motioned to adjourn. Serina Bartoo seconded. Motion carried unanimously.

JB

1/24/23

Jennifer Burns, Recording Secretary

Date

Bruce Swingle, Chairperson

Date