

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

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**July 27, 2021**

**12:00pm**

**Elephant Butte Lake RV Resort  
Event Center**

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1. The Governing Board of Sierra Vista Hospital met July 27, 2021, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular/annual meeting. Greg D’Amour, Chairperson, called the meeting to order at 12:05pm.

**2. Pledge of Allegiance**

**3. Roll Call**

**GOVERNING BOARD -----**

**SIERRA COUNTY**

Stan Thompson, Member – Present  
Kathi Pape, Member – 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- Present  
Peggy (Cookie) Johnson, **Vice Chair**- Present

**EX-OFFICIO**

Eric Stokes, CEO - Present  
Amanda Cardona, Clerk VofW – Present  
Vicki Ballinger, City Manager EB- Absent  
Charlene Webb, County Manager- Absent

**VILLAGE OF WILLIAMSBURG**

Denise Addie, Member – Present

**STAFF**

Tim James, HR Manager- Present  
Ming Huang, CFO- Present  
Heather Johnson, HIPAA/HIM- Present  
Sheila Adams, CNO- Present

**GUEST**

Scott Towle, QHR- by phone

There is a quorum.

**4. Approval of Agenda**

Greg D’Amour, Chairperson

Kathi Pape motioned approval of the agenda. Rolf Hechler 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. June 29, 2021 – Regular Meeting

Kathi Pape motioned to approve the June 29, 2021 minutes. Denise Addie seconded. Motion carried unanimously.

**6. Public Input – None**

**7. Old Business-**

A. Echo Tech Contract- Tabled from June 29<sup>th</sup> meeting. Still unavailable. Eric Stokes stated that this contract may not be needed after all. We have a candidate coming in for an interview. If needed this will be brought back next month.

**8. New Business-**

**A. Election of Officers** Greg D'Amour, Chairperson

**1. Chairperson-**

Denise Addie motioned to elect Greg D'Amour as Chairperson. Cookie Johnson seconded. There were no other nominations. Motion carried unanimously.

**2. Vice Chairperson-**

Denise Addie motioned to elect Cookie Johnson as Vice Chairperson. Kathi Pape seconded. There were no other nominations. Motion carried unanimously.

**3. Secretary-**

Cookie Johnson motioned to elect Kathi Pape as Secretary. Bruce Swingle seconded. There were no other nominations. Motion carried unanimously.

**B. Secretaries report on Conflict-of-Interest Statement-** Kathi Pape will give an update on the Conflict-of-Interest statements at the meeting in August.

**C. Member Attendance Report-** Greg D'Amour stated that Board Membership requires 80% attendance, and all members diligently attempt to do this.

**D. Resolutions**

**1. Resolution 21-105**

Nondiscrimination English & Spanish

Cookie Johnson motioned approval of Resolution 21-105 Nondiscrimination English and Spanish. Stan Thompson seconded. Motion carried unanimously.

**2. Resolution 21-106**

Open Meetings

Cookie Johnson motioned approval of Resolution 21-106 Open Meetings. Denise Addie seconded. Motion carried unanimously.

**3. Resolution 21-107**

Public Records

Cookie Johnson motioned approval of Resolution 21-107 Public Records. Stan Thompson seconded. Motion carried unanimously.

**E. Retirement Match-** Greg D'Amour reminded Board members that this was discussed at the last Board meeting. Greg asked if it would be possible to provide all employees of the hospital a contribution to a retirement program by the hospital equal to 3% of their salary. Bruce Swingle reiterated the same desire for a better retirement plan. Cookie stated that this should be paid every

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pay period instead of once per year as discussed at last month's meeting. Tim James stated that we would need to change our contract with Principal to do these things and it will not be difficult to do.

Cookie Johnson motioned for Tim James to prepare a report with Principal and Ming Huang to prepare the financial impact to present at the next meeting. Kathi Pape seconded. Motion carried unanimously.

### **9. Finance Committee- Cookie Johnson, Chairperson**

**A. June Financial Report-** Ming Huang, CFO, page 24 of the packet (key stats) contains the June and end of year stats. Patient days in June were 125 which is 27 days less than May. There were 896 Outpatient visits, 127 less than May. There were 561 ER visits, 80 less than May. EBITDA was 5% for June, year to date EBITDA is 18%. Days cash on hand at the end of June were 173 days, 88 days available. Accounts receivable gross was 40 days and net 23 days. Accounts payable days were 31.

On page 27 (department stats) most departments saw a decrease in visits in June. May was a very good month. June was good in comparison to the average for the year.

Gross revenue for June was \$3,779,340 which is \$224,213 more than budget. Contractual allowances are lower this month due to the adjustment for Medicare reserves. Nonoperating revenue is \$500,734 due to the grant of \$360,000 from the state for ambulance services. Salary expense is higher in June at \$1,553,450 which includes the settlement and the hardship pay to employees who worked through the COVID crisis. Other operating expense is higher at \$306,707 also because of the settlement. Total EBITDA for June is \$142,098 and the net loss for June is (\$271,743). Year to date we have a net income of \$854,922. Note: EBITDA was recalculated removing the grant revenue, the COVID incentive, and the settlement expense which makes EBITDA 27% for June. The bond coverage ratio for June is 165% versus an expected ratio of 130%.

Scott Towle stated that the funds used to pay the employees were COVID relief funds that needed to be used up. The income from those funds have not been recognized yet. The payment to the employees will be covered by these funds.

On page 33 (balance sheet) total cash at the end of June is \$11,716,272. Other receivables include \$1,230,126 which is safety net care pool money for 1<sup>st</sup> and 2<sup>nd</sup> quarter. Under Liabilities, there is \$5,208,952 for provider relief funds, PPP loan and interest payable. These funds have yet to be recognized as revenue for various reasons. Ming stated that he feels we will be able to recognize the full \$2 million in PPP loan as revenue. We are still working with our CPA firm on the final number for the provider relief funds.

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

**B. June Reserves Report-** Ming Huang, CFO, last year, we received a Medicare advance payment in the amount of \$2.2 million and we have started to repay that now. Medicare withholds 25% of our current payments to pay this balance back.

### **C. Fourth Quarter financial report-** Ming Huang, CFO/ Cookie Johnson

#### **1. Resolution 21-110**

Cookie Johnson motioned to approve Resolution 21-110 Fourth Quarter financial report. Kathi Pape seconded. Motion carried unanimously.

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**D. Budget Revision/ Variance FY21-** Ming Huang, CFO, the FY21 budget needs to be revised and the State notified of the revision due to unexpected expenses. Salaries, contract services, other operating expenses and depreciation expenses were all adjusted. The original budgeted net income projection for FY21 was \$8,494,381, budget after these adjustments is \$4,644,381.

**1. Resolution 21-103**

Cookie Johnson motioned to approve Resolution 21-103 Budget Revision/ Variance FY21. Kathi Pape seconded. Motion carried unanimously. Kathi Pape noted that this is a requirement by the State.

**E. Final Budget FY2022 (No revisions)-** Ming Huang, CFO, the budget for FY22 was presented and accepted at the June board meeting. There were no changes to the final budget.

**1. Resolution 21-104**

Cookie Johnson motioned to approve Resolution 21-104 Final Budget FY2022. Kathi Pape seconded. Motion carried unanimously.

**F. Capital Budget 5-year-** Ming Huang, CFO, for fiscal year 2022, we have budgeted \$648,765. In 2023, we have budgeted \$747,509. In 2024, \$216,000, \$163,000 in 2025 and \$220,000 in 2026. Total budget for the 5-year capital budget is \$1,995,274. The breakdown of expenditure by year and department is on page 42 of the packet.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the 5-year Capital Budget. Kathi Pape seconded. Motion carried unanimously. Kathi Pape noted that the digital imaging expense in year 2023 of \$517,000 is for the full time MRI.

**G. Sysmex Service Agreement (Lab)-**Eric Stokes, CEO, this is a renewal of an existing agreement for service on hematology equipment. It is paid monthly at \$1,981.16 per month.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the Sysmex Service Agreement. Kathi Pape seconded. Motion carried unanimously.

**10. Board Quality- Stan Thompson, Chairperson**

**A. Safety Committee-** Eric Stokes, CEO, each subcommittee has goals in place, and they are monitored monthly. Emergency preparedness is working on training for drills and HICS training. Medical equipment Management has 261 devices on their inventory list. 260 devices were in compliance and one device (vital signs monitor) was not found. Fire Safety/ Utility systems will be conducting monthly fire drills beginning in August.

Stan Thompson motioned based on the recommendation of the Board Quality Committee approval of the Safety Committee report. Rolf Hechler seconded. Motion carried unanimously.

**B. Med Staff**

**1. Policy Review-** Sheila Adams, CNO, all the policies below have been reviewed by Med Staff and approved. The Board Quality Committee reviewed each of the policies in detail. Shelia Adams explained the revision/ change to the policies. Most needed minor revisions to bring them current with CMS.

- Autopsy- Policy #850-01-008
- Airway Clearance Therapy- Policy #055-01-003
- Arterial Blood Gas Collection- Policy #055-01-019

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- Frequency of Therapy- Policy #055-01-030
- Incentive Spirometry- Policy #055-01-006
- Oxygen Administration- Policy #055-01-031
- Emergency Crash Cart Defibrillators #280-02-116 with form #F-280-02-116-01
- Emergency Cart Medications #513-02-015 and form F-502-02-015-01
- Admission Reconciliation- Policy #513-02-015 with form #F-513-02-015
- Regen-COV- Policy #513-13-022 with form # F-513-13-022-01 & # F-213-13-022-03
- Utilization Management Plan

Discussion was held regarding readmissions and transfer review.

Stan Thompson motioned based on the recommendation of the Board Quality Committee, approval of all above listed policies. Denise Addie seconded. Motion carried unanimously.

**11. Administrative Reports**

**A. CEO-** Eric Stokes, CEO, a meeting was held with Peri (interim Clinic Manager), Tim James and our five clinic providers to address and discuss any concerns regarding recent changes in the clinic. Semi annual town halls were held with hospital staff about our upcoming year and where we will focus our efforts.

We passed our inspection in the Pharmacy except for the IV room. The small corrections will be made, and we'll send photos to the inspector for final approval. Authority Rx was on site to refine and review our 340B program. They found no compliance issues and financial returns should improve by second quarter. Erica from QHR was on site to present the follow-up of the performance improvement training to members of our management team.

Board members are invited to attend daily safety meetings Monday through Friday at 8:45.

Contracts with remote pharmacies have been finalized to improve our 340B eligible scripts capture.

The Sierra County Health Council gave us two bags of gun locks that were distributed to staff. SVH is a corporate sponsor for the Elephant Butte Balloon Regatta August 13 – 15.

**B. Human Resources-** Tim James, HR Manager, Annual trainings, and new hire orientation is at 100%. Evaluations and competencies are at 80% due to manager's evaluations. Certifications and licensures are at 100%. There were three workers comp claims in June.

Turnover was 3% in June. The average turnover rate calculated on a monthly basis for OPI purposes for FY21 is 3%. Our target for monthly turnover is less than 5%. There were 182 employees on the first day of June and 182 on the last day of June including 158 full-time, six part-time, 17 PRN and one temporary employee. All four temporary employees that were working as screeners have applied for other permanent positions and have received them. There were five new hires bringing the total for FY21 to 48. There were five terminations making the total for FY21 62, of these, 22 were involuntary and 40 were voluntary. Annual turnover rate for FY21 is 62 terminations over and average of 190 staff which equals 33%. We have 15 contract staff including six in ED, five in MedSurg, two in Lab, one in PT and one in the Clinic.

The HRSA designation certification has been submitted for the hospital. This is a valuable aid in provider recruitment. We have one enrolled in the Trumont RN Apprenticeship program and NM Workforce Solutions will pay the \$4,000 tuition for us to put four new graduates RNs through the program. We have arranged with DACC for precepting in our ER for an RN student.

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The Employee Engagement Committee is doing a great job. In July, they put together the back-to-school supply list for each grade and asked employees for a list of their children and their grade. The employees received the school supplies for their children.

We have had to increase the RN traveler billing rate back to \$95 per hour. The Delta Variant of COVID-19 is creating a spike in traveler rates in New Mexico.

Discussion was held regarding making the COVID vaccination mandatory. The State has not made it mandatory and the hospital will not, at this time, make it mandatory.

**C. Nursing Services-** Sheila Adams, CNO, currently attending all nursing department staff meetings and rounding Monday through Friday as well as at least three weekend days per month. Well scan is live, and the employees appreciate that the back entrance is open.

All departments are in the process of training and education of staff on the quality and performance improvement plan. Additional pressure reduction mattresses have been ordered to help prevent hospital pressure ulcers.

Goals have been set with nursing areas for FY22 patient satisfaction. Nursing sensitive indicators scheduled to be discussed in each staff meeting. Education in end-of-life care is scheduled and will be recorded for staff to view if unable to attend the scheduled session. Discussion was held regarding hospice and end-of-life care.

We continue to recruit RNs and patient care technicians.

ED collected water and sports drinks for fire fighters and our Dietary department and ED have partnered to do cookie delivery to other health care businesses in town, Elephant Butte and Williamsburg.

**D. Governing Board-** Greg D’Amour, Chairperson, Kathi Pape asked if Greg would be appointing or reappointing members to committees. Greg stated that he will be contacting each member to get their thoughts and opinions on this subject. This should be done within the next two weeks.

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

**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:**

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

A. Credentials Sheila Adams

Provisional- (expiring 7-31-2021)

Jeremy Parson, MD-Lab Director

James Chatham, MD-Onrad

Michael Witkosky, MD- Onrad

Two Year Appointment

Mary Pattridge, LCSW

Jennifer Barney, CNP- ESS

Lang Chhour, CNP-ESS

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Other Credentialing:

A. TERMS effective 6/30/21

Robert Gaudet., MD ESS

Ryan Mangel, MD ESS

B. TERM effective 6/16/2021

Todd Greenberg, MD- Onrad

C. David Carter, CRNA: COI expires 7/15/2021

B. CEO Evaluation

Greg D'Amour

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

A. Risk

Heather Johnson

B. Quarterly Compliance Report

Heather Johnson

C. Quarterly OPI

Sheila Adams

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

A. Hospital Leadership/ Management

B. Projects 20-21

Scott Towle, QHR

C. QHR Board Report July 21

Scott Towle, QHR

**Roll Call to Close Meeting:**

**SIERRA COUNTY**

Kathi Pape, **Secretary**, Y

Stan Thompson, Y

**ELEPHANT BUTTE**

Katharine Elverum, Y

**CITY OF T O R C**

Peggy (Cookie) Johnson, **Vice Chair** Y

Rolf Hechler, Y

Bruce Swingle, 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. Credentials

Provisional- (expiring 7-31-2021)

Jeremy Parson, MD-Lab Director

James Chatham, MD-Onrad

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Two Year Appointment

Mary Pattridge, LCSW  
Jennifer Barney, CNP- ESS  
Lang Chhour, CNP-ESS

Stan Thompson motioned to approve the above listed provisional and two-year appointments. Katharine Elverum seconded. Motion carried unanimously.

Other Credentialing:

A. TERMS effective 6/30/21

Robert Gaudet., MD ESS  
Ryan Mangel, MD ESS

B. TERM effective 6/16/2021

Todd Greenberg, MD- Onrad

C. David Carter, CRNA: COI expires 7/15/2021

No action required or taken on other credentialing.

B. CEO Evaluation

No action on CEO Evaluation.

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

A. Risk-

Stan Thompson motioned to approve the risk report. Bruce Swingle seconded. Motion carried unanimously.

B. Quarterly Compliance Report

Stan Thompson motioned to approve the quarterly compliance report. Denise Addie seconded. Motion carried unanimously.

C. Quarterly OPI

Stan Thompson motioned to approve the quarterly OPI report. Denise Addie seconded. Motion carried unanimously.

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

A. Hospital Leadership/Management-

Bruce Swingle motioned to instruct the Chairman of the Governing Board to take action as discussed in closed session. Cookie Johnson seconded. Motion carried unanimously.

B. Projects 20-21

No action

C. QHR Board Report July 21

No action



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**14. Other**

Next regular meeting will be held on Thursday, August 26, 2021 at 12:00. Finance Committee will be on Thursday, August 26, 2021 at 10:30. Board Quality will be held on Wednesday, August 25, 2021 at 10:30.

**15. Adjournment**

Kathi Pape motioned to adjourn. Cookie Johnson seconded. Motion carried unanimously.

JB

8/26/21

\_\_\_\_\_  
Recording Secretary, Jennifer Burns

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Greg D'Amour, Chairperson