

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

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**August 23, 2022**

**12:00pm**

**Elephant Butte Lake RV Resort  
Event Center**

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**1.** The Governing Board of Sierra Vista Hospital met August 23, 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 12:00.

**2. Pledge of Allegiance**

**3. Roll Call**

**GOVERNING BOARD -----**

**SIERRA COUNTY**

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

**ELEPHANT BUTTE**

Katharine Elverum – Present  
John Mascaro- Present

**CITY OF T O R C**

Bruce Swingle, **Chairperson** – Present  
Art Burger, Member- Present  
Peggy (Cookie) Johnson- Present

**EX-OFFICIO**

Amanda Cardona, Clerk VofW- Absent  
Stephen Archuleta, City Manager EB- Absent  
Charlene Webb, County Manager- Present  
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, Interim HR Director- Present  
Heather Johnson, HIM Mgr.- Present  
Zach Heard, Operations Manager, Present

**GUEST:**

Erika Sundrud, QHR, present by phone  
Dr. Palin  
Dr. Seuffer  
Wanda Wright, QHR

There is a quorum.

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**4. Approval of Agenda**

Bruce Swingle, Chairperson

Cookie Johnson motioned to approve the agenda. Denise Addie 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**

Bruce Swingle, Chairperson

A. July 26, 2022 Regular Meeting

Kathi Pape motioned to approve the July 26, 2022 minutes with a correction to the spelling of Swingle on page 11. Katharine Elverum seconded. Motion carried unanimously.

**6. Public Input – 3-minute limit**

None

**7. Old Business-**

Bruce Swingle, Chairperson

None

**8. New Business-**

A. Introduction Dr. Seufer & Dr. Palin- Frank Corcoran, CEO, introduced and gave a quick background on Dr. Seufer and Dr. Palin. Both doctors are still in the credentialing process and will be seeing patients including children soon. Each addressed the board and received loud applause.

B. Department Introduction- EVS- Zach Heard, Donna Montoya, Zach Heard, Operations Manager introduced Donna Montoya, EVS Manager and members of her staff to the board. The Environmental Services department has 11 staff members that clean 97,000 square feet of the hospital. Donna addressed the board and explained the cleaning process since COVID, terminal cleaning, ER and MedSurg cleaning and day to day routine cleaning. Frank added that vendors and visitors comment on how clean the hospital is. Loud applause again filled the room. Zach continued with the announcement that Donna Montoya was nominated and received an award from the New Mexico Hospital Association as a COVID Hero. There were 90 nominees and only 14 selected. LJ Baker read the certificate from the state and a gift basket from the hospital was presented.

C. Committee Appointments- Bruce Swingle, Chairperson, *stated that* in August each year we appoint board members to our sub-committees. Denise Addie will remain on the Board Quality committee with Art Burger and new board member Shawnee Williams. Finance Committee will include Kathi Pape, Serina Bartoo, and Katharine Elverum. Kathi Pape will head the Joint Conference Committee. Bylaws will include John Mascaro and others to be announced.

D. Secretaries report on COI- Denise Addie, Secretary. Bruce Swingle stated that this agenda item will be tabled until next month.

Cookie Johnson motioned to table the Secretaries report on Conflict of Interest to the September meeting. Kathi Pape seconded. Motion carried unanimously.

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E. Infection Control Authority- Sheila Adams, CNO, explained that we are required to appoint an Infection Preventionist by CMS and the Joint Commission as well. The letter for this appointment is on page GB13 of the packet. Because the board is ultimately responsible for the quality of care, the appointment of this person should come from the board. The Medical Staff and QAPI Committee recommends Bettina Fitzgerald, current Infection Prevention Manager to this position.

Kathi Pape motioned to approve the Infection Control Authority and appointment of Bettina Fitzgerald to that position. Cookie Johnson seconded. Motion carried unanimously.

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

A. July Financial Report- Ming Huang, CFO, on page FC6, *discussed* key statistics. Total patient days for July were 108 days, 29 days more than June. There were 1162 outpatient visits, 318 more than June. There were 539 Rural Health visits, 11 more than June. There were 757 ER visits, 9 visits more than June. Days cash on hand at the end of July was 148, 146 available. Accounts receivable net days were 27 and accounts payable days were 43. Compared to June, days cash on hand decreased and days in accounts payable increased due to the payment of \$542,000 for our malpractice insurance.

On page FC12, income statement, total gross patient revenue for July is \$4,713,301. Total revenue deductions were \$2,525,973 which is 54% of the gross revenue. The monthly average in FY22 was 47%. We have a higher deduction because of higher revenue. We also had a large number of Medicaid and self-pay patients in the ER in July. Total net patient revenue was \$2,187,386. Total operating revenue was \$2,505,546. Salaries were \$934,466 which was an increase over June. Contract services were \$635,487. We have less agency staffing but more employee salaries. Repair and maintenance was \$30,142 which is lower than average compared to last year because we have not signed the BioMed contract with GE yet. Total operating expenses were \$2,262,496. EBITDA was \$243,051 which is a 10% margin. The net loss in July was (\$156,978) due to depreciation and interest expense and taxes.

On the balance sheet on page FC15, at the end of July we had \$11,555,670 in the bank. When the tunnel project is completed, we will owe approximately \$288,000. Investment earnings will be reported quarterly to the board. Art Burger asked that the board be notified if there is a substantial change when the change occurs.

Cookie Johnson motioned based on the recommendation of the Finance Committee, approval of the July Financial report. Kathi Pape seconded. Discussion was held regarding ER conversion to acute admissions. Motion carried unanimously.

B. HUB- Malpractice Coverage - Frank Corcoran, CEO, *advised* HUB is our insurance broker. Our prior insurance carrier pulled out of the state. There are only three insurance carriers left in the state that will cover healthcare facilities and we needed to find one. The state has raised the malpractice cap up to \$7 million causing not only insurance carriers to leave but also private practice providers. This policy is not only for our malpractice but also property, auto, business, cyber-attacks, etc. The premium has gone up \$100,000 from last year's policy. Coverys (insurance carrier) is the only company that would accept us.

Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the HUB Malpractice commercial insurance coverage. Kathi Pape seconded. Motion carried unanimously.

C. GE Contract- Frank Corcoran, CEO, ~~this is~~ *brought* a proposal in the amount of \$119,233. GE provides BioMed and preventative maintenance for all of our equipment and radiology. This contract replaces three other contracts and gives us an annual savings of \$25,000.

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Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the GE Contract. Kathi Pape seconded. Motion carried unanimously.

D. Boiler Preventative Maintenance Service- Frank Corcoran, CEO, ~~this is~~ *discussed* a proposal for preventative maintenance on our boilers. GE does not provide preventative maintenance for boilers or chillers. The cost is \$22,856 per year paid quarterly.

E. Trane- Chiller Maintenance Service- Frank Corcoran, CEO, maintenance is also required for our chillers. This proposal is \$21,265 per year paid quarterly.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the Boiler Preventative Maintenance and the Trane, Chiller Maintenance Service contracts. Kathi Pape seconded. Motion carried unanimously.

F. Surgical Real Estate Contract- Frank Corcoran, CEO, *advised* our surgical contract with RSSG requires us to provide housing for their/ our surgeons. This is a two-bedroom, furnished home located near Sierra del Rio Golf Course for lease at \$2,000 per month. The owner is willing to sell the hospital the property after appraisal. We will do the lease for now.

Cookie Johnson motioned to approve based on the Finance Committee recommendation the Surgical Real Estate Contract. Kathi Pape seconded. Motion carried unanimously.

G. Sleep Study Contract- Frank Corcoran, CEO, *said* after looking at our data over the last three years, we can project net revenue over the next five years with this program of \$1,925,892. Aside from the Medical Director and management fee, we pay as we go. Everything is provided by Newport Health except for the space to conduct the sleep study. Art Burger questioned how many sleep studies we refer out per month. Frank stated that, from our data over the last three years, we would expect six home studies per month and 16 sleep studies per month. Art further stated that he is not convinced of the business case of this service versus something else we might do with that space. Art is not comfortable with it and does not like starting with all of the cost assumptions. Katharine Elverum asked about the length of the contract. This is a two-year contract with a 90 day out.

Cookie Johnson motioned to approve based on the Finance Committee recommendation the Sleep Study Contract. Kathi Pape seconded. Motion carried unanimously with Art Burger abstaining from the vote.

H. AABC Test & Balance Proposal- Frank Corcoran, CEO, *advised* before we can do surgeries and to be in compliance, we have to do a series of tests and balances of air flow and air exchanges, positive pressure rooms and negative pressure rooms. This needs to be done in the OR and other area of the hospital. We chose the company out of Arizona because they have the AABC certification; the company from Albuquerque did not and the costs were about the same. The annual cost for this service is \$54,800.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the AABC Test and Balance proposal with Systems Commissioning and Testing Inc. Kathi Pape seconded. Motion carried unanimously.

I. Hematology Contract- Frank Corcoran, CEO, *said* our current hematology machine is six years old. This is a large machine and the reagents we purchase for it cost \$22,000 per year along with the service contract for \$17,000 per year. If we lease the smaller machine there is no service agreement

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expense and the reagent cost is approximately \$12,800 per year. Over a five-year period, the cost projection is \$207,690 versus the old machine at \$227,156.

Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the lease of the XN 550 Hematology machine. Kathi Pape seconded. Motion carried unanimously.

J. ESS Contract- Frank Corcoran, CEO, *discussed* ESS, our emergency and hospitalist provider group and they have asked to raise our rates for the ER providers by \$30 per hour. Going rates for hospitals in the region are listed on page FC116. We currently pay an average of \$200 per hour for our ER providers. This increase would equal \$2,014,800 per year. We compared this to another Emergency staffing provider whose rate overall was only slightly lower as seen on page FC115. ESS and their providers are doing a good job for us. We have five consistent providers in the ER and two consistent hospitalists, and the satisfaction rate is 89%. Bruce Swingle stated that just a few years ago, the doctors were not well received in the community. We have a core group that we have had for a while now that everyone seems to like. It would be unfortunate for us to change that now.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the ESS Contract. Art Burger seconded. Motion carried unanimously.

**10. Board Quality- Denise Addie, Chairperson,** could not attend the Board Quality meeting in person. Katharine Elverum chaired that meeting and asked Sheila Adams to proceed with her reports.

A. Med Staff

1. Revisions to SVH Quality Plan August 2022
2. Committee Flow chart
3. QAPI Charter FY23
4. SVH Quality, Patient Safety, Performance Improvement Plan 2023
5. QAPI Council Agenda and Minutes

Sheila Adams stated that it is a requirement for us to review and revise necessary plans. Michele Back is here from QHR working as the interim Quality Director to help us become a high reliability organization with a culture of safety. We are developing a robust patient safety program and revising the current quality plan to include performance improvement, patient safety and regulatory service excellence. The current quality plan is now the Quality Assurance/Performance Improvement (QAPI) Plan. We have developed a charter and membership and a committee flow chart. New agenda items include patient safety, complaint and grievances, service excellence, regulatory update, and culture of safety update. Lunch and learns have been scheduled each month to educate our leaders on Quality.

The revisions, flow chart, charter, plan and council agenda and minutes were discussed individually.

Katharine Elverum stated that Board Quality reviewed all of these items and based on their recommendation motioned to approve agenda items 1-5. Denise Addie seconded. Motion carried unanimously.

B. Policies

1. Standards of Practice or Care Policy# 858-01-010
2. Utilization Management Plan Policy# 690-06-002

Sheila Adams stated that the only significant change to the Utilization Management Plan was removing Infection Prevention as a required member and added them as an ad hoc member because they report directly to Medical Staff. We are due for a Trauma Department survey soon. Our Trauma Coordinator is looking at policies and found a deviation from what we do in the ED and what was stated in the policy. This

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policy now reflects what is done in the ED regarding Trauma levels of triage. John Mascaro asked where EMS was in the QAPI plan. Sheila said that they have been added, good catch. In addition, John asked if the Standards of Practice policy covers outside before entry to the ER? This policy covers Trauma once it is inside the ER. Anything outside of the hospital falls under EMS. Both policies were reviewed and approved by Medical Staff.

Katharine Elverum motioned based on the recommendation of the Board Quality Committee to approve both policies listed above. Denise Addie seconded. Kathi Pape pointed out a typo on page BQ40, page 3 of 13 of the Standards of Practice or Care, sixth bullet point down. Motion carried unanimously.

### 11. Administrative Reports

A. Human Resources- LJ Baker, Interim HR Manager, stated that the priority of effort has shifted to completion of contracts and onboarding of key personnel. In addition to the two new Providers you met today, we are in the process of bringing on two new behavioral health nurse practitioners. One could begin in September and one in October. We are bringing in a candidate for Director of Plant Operations. We have received many qualified applicants for the Director of Quality position. These candidates are coming from the military recruitment services program.

Contact has been established with Hot Springs High School representatives to work on potential joint training opportunities and employment of new graduates. EMS will do some onsite training with the high school including CPR, BLS and First Aid. Sheila and LJ are working on the CNA program, and it will be key to getting individuals trained in our processes and procedures. We are still looking for a psychiatrist and licensed clinical social worker.

The number of travelers working in our facility has been reduced by permanent staff. Our annual turnover rate at 37% looks high however, since COVID, retaining quality staff is an industry wide problem right now. Some candidates self-eliminate because of the use of marijuana.

We have been working on getting our onboarding and new hire orientations up to speed. New hires will attend a group meeting where department managers will give a quick introduction of what their part of the Sierra Vista mission is.

Four minor worker comp reports were filed with the state. There should be no major impact to staff or SVH.

Denise Addie pointed out that LJ's report does not say "Interim" Director of Human Resources. LJ announced that August 22 was the ninetieth day of his 90-day contract. Frank and LJ signed an amendment to his original contract, and he will be here on an indefinite basis. There was a loud round of applause!

B. Nursing Services- Sheila Adams, CNO, ~~as mentioned~~ said we have had a decrease in travel staff. The ED is down from nine to six and MedSurg is down from six to three. We now have two Passport USA nurses on site. The MedSurg unit is working on bedside shift report lock-in and increasing the medications scanned at bedside.

Top box patient satisfaction scores year to date show communication with nurses is at 81.81%. There are opportunities for improvement in overall room scores at 37.50% top box and doctors overall top box at 50%. The ED is evaluating all returns to the ED within 72 hours and looking for trends and opportunities to decrease the 72-hour returns. ED top box for nursing staff was at 72.16%. Physicians overall was 58.85%.

The EMS transport van is here awaiting appropriate numbers from the state. Once those are received, we can put the van to use. Trauma has been working to assure a successful survey in

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December. Surgery positions will be posted once job descriptions are completed. Respiratory has hired a PRN RT eliminating a traveler. Outpatient volumes have increased slightly. Infection Prevention has completed the required N95 fitting and hand hygiene competencies and is working on EOC issues identified in the mock survey.

C. CEO Report- Frank Corcoran, CEO, *advised* we are working with Davis Fleck on our meds to beds program which ensures patients have their meds before they are discharged. We are excited to have Dr. Seuffer and Dr. Palin here and looking forward to Cardiology starting once they are through the credentialing process. Tele neurology will be starting this week, tele psychology is in credentialing. Dr. V, internal medicine, has been helping out in the clinic through tele medicine and that is going well.

The board will begin receiving, either monthly or quarterly, a quality score card of all the high-level topics we look at. We have formed a Water Management Committee as part of our EOC (environment of care). 60% of the Joint Commission survey is focused on environment of care. The tunnel project is nearing completion with the insulation of the pipes. The next step is to fill in the tunnel.

As of today, we are at 14% positive COVID 19. July ended at 18% and June ended at 20%. Symptoms are very similar to colds. Tele medicine could include pulmonology as our sleep study groups pulmonologist has expressed interest in doing a clinic here once a month. We expect surgical services to get started within 90 days. We will be looking for CRNAs or an anesthesia group.

We are ready to select our EMR. Meditech, Medhost and Cerner have been on site multiple times doing demos for all departments and staff over the last few months. The selection of the EMR will be on the agenda at the joint meeting of the JPC and Governing Board for board approval. Once the contract is signed, it will be 16 months to kick off. We have narrowed our selection down to Meditech and Cerner as Medhost does not have a clinic system.

Discussion was held regarding the pros and cons of each system and the reason we have to find a new system. Art Burger asked about the opt out options and the rolled in cost. Bruce Swingle asked about the cost compared to what we are paying Athena now. We currently pay Athena \$8,000 to \$10,000 per month depending on collections. When we switch to either Meditech or Cerner, the cost will be close to what we are paying now. Support from either system will be far better than what we received from Athena.

#### D. Governing Board- Bruce Swingle, Chairperson

1. Bylaws Approved
2. Special Hospital District Joint Meeting

Bruce Swingle reported that the JPC approved the changes to the Bylaws at their meeting on August 4<sup>th</sup>. The special meeting of the JPC and Governing Board is scheduled for August 31<sup>st</sup>. Agenda items will include options for the old building, becoming a special hospital district and selection of the EMR by the Governing Board.

#### **Motion to Close Meeting:**

Kathi Pape motioned to close the meeting and go into Executive Session. Cookie Johnson seconded. Bruce Swingle read the following stipulation:

**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**

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**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 Frank Corcoran, CEO  
Temporary to Provisional  
Joshua Sifuentes, MD (ESS Hospitalist)  
Not Renewing or Reapplying  
James Chatham, OnRad (resigned)

B. Dawn O’Keefe Contract

**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. Utilization Annual Report Cindy Johnson, RN
- B. QAPI Report Sheila Adams, CNO
- C. QHR Report to Board Erika Sundrud, QHR
  - 1. Wanda Wright Introduction
- D. Old Building Update Frank Corcoran, CEO

**Roll Call to Close Meeting:**

- |                    |                       |                   |
|--------------------|-----------------------|-------------------|
| Kathi Pape – Y     | Katharine Elverum – Y | Serina Bartoo – Y |
| John Mascaro – Y   | Shawnee Williams – Y  | Art Burger – Y    |
| Cookie Johnson – Y | Denise Addie - 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  
Temporary to Provisional  
Joshua Sifuentes, MD (ESS Hospitalist)  
Katharine Elverum motioned to approve the provisional status of Joshua Sifuentes, MD.  
Denise Addie seconded. Motion carried unanimously.

Not Renewing or Reapplying  
James Chatham, OnRad (resigned)  
No Action

- B. Dawn O’Keefe Contract  
Denise Addie motioned to approve the contract for Dawn O’keefe. Serina Bartoo seconded. Motion carried unanimously.



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**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. Utilization Annual Report  
Katharine Elverum motioned to approve the Utilization Annual Report. John Mascaro seconded. Motion carried unanimously.

- B. QAPI Report  
No Action
- C. QHR Report to Board
  - 1. Wanda Wright Introduction  
No Action
- D. Old Building Update  
No Action

**14. Other**

Next Regular Governing Board Meeting- September 27, 2022 at 12:00. Serina Bartoo noted she will not be able to attend Governing Board or Finance Committee in September. Finance Committee will meet at 10:30, September 27 and Board Quality will meet on September 26 at 12:00.

**15. Adjournment**

Kathi Pape motioned to adjourn. Katharine Elverum seconded. Motion carried unanimously.

**JB**

**10/25/22**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bruce Swingle, Chairperson

\_\_\_\_\_  
Date