

Sierra Vista Hospital
Regular Joint Powers Commission Minutes
January 27, 2022 @ 2:00pm

1. The Joint Powers Commission of Sierra Vista Hospital met January 27, 2022 at 2:00pm in the boardroom at Sierra Vista Hospital for a regular meeting. Travis Day, Chairperson, called the meeting to order at 2:00pm.

2. **Pledge of Allegiance** Travis Day, Chairperson
3. **Roll Call** Jennifer Burns, (Temporary) Recorder

Joint Powers Commission

Attendees: City of Elephant Butte

Edna Trager, Present
Kim Skinner, Present by phone
Vacant
Phillip Mortensen, Mayor, Ex-O Present

City of T or C

Rolf Hechler, Present
Destiny Mitchell, Present
Amanda Forester, Present by phone
Bruce Swingle, Ex-O, Absent

Sierra County

Travis Day, **Chair**, Present
Jim Paxon, Present by phone
Hank Hopkins, Present by phone
Charlene Webb, Ex-O, Present

Village of Williamsburg

Vacant, Member
Magorie Powey, Present
Deb Stubblefield, **Vice Chair**, Present
Amanda Cardona, Ex-O, Absent

Sierra Vista Hospital

Frank Corcoran, CEO, Present
Ming Huang, CFO, Present
Sheila Adams, CNO, Present
Greg D'Amour, **Governing Board Chair**, Present

4. **Approval of Agenda**- Travis Day, Chairperson

Edna Trager motioned approval of the agenda. Rolf Hechler seconded. Motion carried unanimously.

5. **Approval of Minutes**

A. October 28, 2021 Annual Meeting –

Deb Stubblefield motioned approval of the October 28, 2021 minutes. Magie Powey seconded. Motion carried unanimously.

6. **Public Comment** – No public called in on the number provided.

7. **Old Business**

None

Travis Day, Chairperson

8. **New Business**

Travis Day, Chairperson

A. Financial Report- Ming Huang, CFO, In October, gross patient revenue was \$4,346,694. Total operating expense was \$2,266,338. Net income for October was \$315,032. Gross patient revenue in November was \$4,427,493. Total operating expense was \$2,223,984 and net income in November was \$1,234,392 due to a grant from HRSA and the State for provider relief funds.

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For December, gross patient revenue is \$4,185,011. Total operating expenses were \$2,322,599 and the net income was \$502,154. We received provider relief funds in December in the amount of \$380,000.

At the end of December, we had \$12,760,073 in the bank. When the tunnel project and MRI pad are complete we will owe approximately \$900,000. Medicare is withholding a percentage of our current payments due to us for pay back of the advancement.

B. CEO Report- Frank Corcoran, CEO, we track daily, our COVID percent positive. Today, we are at 28% positive. These are just our numbers and do not include the home tests or other test site numbers. The statewide percentage is 30%.

We have had 17 employees out with COVID since the beginning of January. Visitations have been restricted in order to protect staff. This will be reevaluated February 4th. Sheila won a grant to get home test kits that we are distributing through the RHC. When a patient wants to be tested, we give them the option of getting swabbed or getting a home test kit. We won't know what the results of the home tests are and that will change our numbers as more home test go out.

HB75 is a Medical Malpractice bill that went into effect in January. It ups the caps for malpractice up to \$4 million this year and up another \$500,000 per year up to a max of \$6 million. This is concerning to the NMHA and most hospitals. The New Mexico Hospital Association is working with the Legislature to hopefully get this amended.

We are trialing a piece of lab equipment called E-Plex. This is a respiratory panel that looks for 23 different things in one swab. This will quickly identify COVID, Flu, etc. and eliminate four of five other tests. The equipment is a lease, and the reagent is a purchase.

We have had many conversations with Memorial Medical Center about bringing in a Cardiologist one day per week and an Ortho surgeon one day per week to see patients in the clinic. Tests and diagnostics would be done here. We are waiting on pricing from MMC's parent company Lifepoint. Our goal is to have surgical services available here again within the next three to six months. We have talked with a surgical group called RCCG that would see patients two days per week in the clinic and do surgery one day per week. Their fees are reasonable, and we can grow this service.

We are actively looking for another Provider for the clinic. Dr. Adkins has been out on medical leave. To meet volume, we may need another nurse practitioner as well. We do have a candidate that we are hopeful about.

The hospital boilers have finally quit. We are currently without hot water but have a work around in place. We have purchased three new ones and the first is on its way. The tunnel project is at the stage where the utilities are ready to be brought up and run through the overhead pipes. The tunnel will then be filled in and sealed.

Terry Norris from QHR was onsite to help us with our Environment of Care assessment. EOC includes fire drills, life safety, water management, etc. Once this is set up we can pursue accreditation by the Joint Commission.

Chartspan is a chronic care management program that we have implemented here. It involves a 20-minute phone call with a clinician to see how the patient is doing managing their chronic health issue at home. Our providers are notified of the call and any changes to medications or condition. This is a way to manage and check on our patients in between visits. 158 patients have signed up for it so far. This is a good revenue source and a good way to help take care of patients. It is covered by Medicare.

Financially we are doing well and managing the pandemic. We have been averaging three to four COVID patients per day on the MedSurg floor. Getting patients out to higher level of care is difficult due to the bed shortage. Some patients have gone as far away as San Antonio, TX.

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C. Governing Board Report- Greg D’Amour, Governing Board Chair- The Governing Board has been focusing on our staff. For the past several months, the staff has received hazard pay in the form of a 15% increase to their regular pay. This is evaluated every month. The Provider relief funds will help to cover some of this cost. In addition, all employees have a retirement account. There is a vesting period of three years. We continue to keep up with the community and the minimum wage to stay competitive.

We are anxiously awaiting this legislative session. With some funding from the state, we can much better plan what we will be doing going forward with services here. Our strategic planning meeting should take place in early March after the session is over.

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

10-15-1 (H) 9 - Public Hospital Board

A. Strategic and Long-Range Business Plans

1. Behavioral Health Update

Edna Trager motioned to move into executive session to discuss Behavioral Health Update under strategic and long-range business plans. Deb Stubblefield seconded.

Roll call vote to close meeting:

Edna Trager	Y	Deb Stubblefield	Y	Amanda Forester	Y
Kim Skinner	Y	Magorie Powey	Y	Rolf Hechler	Y
Jim Paxon	Y	Hank Hopkins	Y	Destiny Mitchell	Y

Motion carried unanimously.

10. 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) 9 - Public Hospital Board

A. Strategic and Long-Range Business Plans

1. Behavioral Health Update

No Action

11. Other

Next Meeting- April 21, 2022

12. Adjournment

Deb Stubblefield motioned to adjourn. Magie Powey seconded. Motion carried unanimously.

JB 4/21/22

Recording Secretary, Jennifer Burns

Travis Day, JPC Chairperson