



TABLE OF CONTENTS

Agenda.....GB/JPC 1-5
October 8, 2024 Minutes.....GB/JPC 6-7
September 24, 2024 Minutes.....GB/JPC 8-14
JPC September 8, 2024 Minutes.....GB/JPC 15-19
September Financial Analysis.....FC6
Key Statistics September.....FC7
Statistics by Month.....FC8
12 Month Statistics.....FC9
Detailed Stats by Month.....FC10-11
September Volume Trends.....FC12
September Income Statement.....FC13
Income Statement by Month.....FC14
12 Month Income Statement.....FC15
September Balance Sheet.....FC16
Balance Sheet by Month.....FC17
September Financial Trends.....FC18
Medicare Reserves report.....FC19
Antimicrobial Stewardship charter.....BQ8-10
HR Report.....GB/JPC 20-22
CEO Report.....GB/JPC 23

**CNO Report provided when available*

***Closed session items will be handed out in closed session*

High quality for every patient, every day.

Sierra Vista Hospital
Governing Board and Joint Powers Commission Joint Meeting Agenda
November 12, 2024 @ 12:00pm

Purpose: Joint Meeting

Location: Elephant Butte Lake RV Resort Event Center

Time: 12:00pm

- | | | | |
|----|-------------------------------|-------------------------------------|--------|
| 1. | Call to Order Governing Board | Kathi Pape, Chairperson | Action |
| 2. | Call to Order JPC | Jim Paxon, Chairperson | Action |
| 3. | Pledge of Allegiance | Kathi Pape, Chairperson | |
| 4. | Roll Call | Jennifer Burns, Recording Secretary | |

ATTENDEES:

JOINT POWERS COMMISSION

CITY OF ELEPHANT BUTTE

Phillip Mortensen, Mayor, **Vice Chair**
Kim Skinner, Member
Cathy Harmon, Member
Janet Porter-Carrejo, Ex-O

CITY OF TORO

Rolf Hechler, Member
Amanda Forister, Member
Ingo Hoepfner, Member
Angie Gonzales, City Manager, Ex

SIERRA COUNTY

Jim Paxon, **Chairperson**
Travis Day, Member
Hank Hopkins, Member
Amber Vaughn, County Manager, Ex-O

VILLAGE OF WILLIAMSBURG

Cathy Luenenborg, Member
Magorie Powey, Member
Deb Stubblefield, Member
Amanda Cardona, VCW, Ex-O

ATTENDEES:

GOVERNING BOARD

COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member
Richard Holcomb, Member

CITY OF TORO

Bruce Swingle, Member
Jesus Baray, Member
Greg D'Amour, Member

EX-OFFICIO

Frank Corcoran, CEO
Amanda Cardona, VCW
Janet Porter- Carrejo, EB Man
Amber Vaughn, SC Manager
Angie Gonzales, TC Manager
Jim Paxon, JPC Chairperson

VILLAGE OF WILLIAMSBURG

Cookie Johnson, **Secretary**

Sierra Vista Hospital
Governing Board and Joint Powers Commission Joint Meeting Agenda
November 12, 2024 @ 12:00pm

Motion to Close Meeting:
Governing Board Action
JPC Action

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:

*Order of business to be determined by GB Chairperson:
Dingus/ FY24 Audit will be the first item of business to accommodate their schedule.*

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

A. Privileges

Frank Corcoran, CEO

Initials:

Roi Altit, MD (Cardiology)

60-Day Temporary to Provisional:

Andres Diocares, MD

Provisional to 2-Year Appointment:

Nichelle A. Vigil, CNP

Matthew M. Peters, FNP (ESS)

2-Year Reappointments:

Karen L. Fiato, NP

Michael S. Stephens, MD (ESS)

Chandran Vedamanikam, MD

Omkar U. Vaidya, MD Arena Health

RP Delegated Reappointments:

Michael M. Hovsepian MD

Juan C. Mena, MD

Sarvenaz Pourjabbar, MD

Terms:

RP-Steve Nelson, MD term notice 09/12/2024

RP-Jay Tank, MD term notice 09/10/2024

RP-Phoebe Dann MD term notice 09/18/2024

- B. CEO GB Ad Hoc Committee Update
- C. Provider contract revisions (tentative)
- D. Provider Personnel Issue

Kathi Pape, Chair
Frank Corcoran, CEO
Frank Corcoran, CEO

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation
GB/JPC 3

Sierra Vista Hospital
Governing Board and Joint Powers Commission Joint Meeting Agenda
November 12, 2024 @ 12:00pm

A. Risk Report

Heather Johnson

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

A. FY24 Audit

Dingus

B. Quarterly Compliance Report

Zach Heard

C. Quarterly Quality Report

Lisa Boston

D. Ovation Management Contract/ 2nd Amendment

Erika Sundrud

E. Ovation Report to Board

Erika Sundrud

Roll Call to Close Meeting:

Governing Board

JPC

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. Privileges

Action by GB

Initials:

Roi Altit, MD (Cardiology)

60-Day Temporary to provisional:

Andres Diocares, MD

Provisional to 2-Year Appointment:

Nichelle A. Vigil, CNP

Matthew M. Peters, FNP (ESS)

2-Year Reappointments:

Karen L. Fiato, NP

Michael S. Stephens, MD (ESS)

Chandran Vedamanikam, MD

Omkar U. Vaidya, MD Arena Health

RP Delegated Reappointments:

Michael M. Hovsepian MD

Juan C. Mena, MD

Sarvenaz Pourjabbar, MD

Terms:

RP-Steve Nelson, MD term notice 09/12/2024

RP-Jay Tank, MD term notice 09/10/2024

RP-Phoebe Dann MD term notice 09/18/2024

B. CEO GB Ad Hoc Committee Update

Report

GB/JPC 4

Sierra Vista Hospital
Governing Board and Joint Powers Commission Joint Meeting Agenda
November 12, 2024 @ 12:00pm

- | | |
|--|------------------|
| C. Provider contract revisions | Action GB |
| D. Provider Personnel Issue | Report/Action GB |
|
 | |
| 10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation | |
| A. Risk Report | Report |
|
 | |
| 10-15-1 (H) 9 - Public Hospital Board Meetings- Strategic and long-range business plans | |
| A. FY24 Audit | Action GB & JPC |
| B. Quarterly Compliance Report | Report |
| C. Quarterly Quality Report | Report |
| D. Ovation Management Contract/ 2 nd Amendment | Action GB |
| E. Ovation Report to Board | Report |
|
 | |
| 15. Other | Discussion |
| Next Regular GB Meeting- January 28, 2025 @ 12:00 | |
| Next Regular Quarterly JPC meeting- January 30, 2025 @ 2:00 | |
|
 | |
| 16. Adjournment Governing Board | Action by GB |
|
 | |
| 17. Adjournment JPC | Action by JPC |

**SIERRA VISTA HOSPITAL
GOVERNING BOARD SPECIAL MEETING MINUTES**

October 8, 2024

1:30pm

Sierra Vista Hospital Boardroom

1. The Governing Board of Sierra Vista Hospital met October 8, 2024, at 1:30 pm in the boardroom at Sierra Vista Hospital for a special meeting. Kathi Pape, Chairperson, called the meeting to order at 1:34.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present
Richard Holcomb, Member- Present

CITY OF T OR C

Bruce Swingle, Member – Present
Jesus Baray, Member- Present
Greg D’Amour, Member- Present

EX-OFFICIO

Amanda Cardona, Clerk VofW- Absent
Janet Porter-Carrejo, City Manager EB, Absent
Amber Vaughn, County Manager- Absent
Angie Gonzales, City Manager- Absent
Jim Paxon, JPC Chairperson, Present

VILLAGE OF WILLIAMSBURG

Peggy “Cookie” Johnson, **Secretary** - Present

STAFF

Frank Corcoran, CEO- Present

There is a quorum.

4. Approval of Agenda

Kathi Pape, Chairperson

Richard Holcomb motioned to approve the agenda. Greg D’Amour 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

Serina Bartoo motioned to close the meeting and move into Executive Session. Katharine Elverum seconded. Kathi Pape read the following stipulation:

**SIERRA VISTA HOSPITAL
GOVERNING BOARD SPECIAL MEETING MINUTES**

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

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

Frank Corcoran, CEO

Roll Call to Close Meeting:

Kathi Pape – Y	Katharine Elverum – Y	Serina Bartoo – Y
Richard Holcomb – Y	Shawnee Williams – Y	Bruce Swingle – Y
Jesus Baray – Y	Greg D'Amour – Y	Cookie Johnson - Y

6. 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

No action needed

7. Adjournment

Jesus Baray motioned to adjourn. Richard Holcomb seconded. Motion carried unanimously.

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

September 24, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met September 24, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Kathi Pape, Chairperson, called the meeting to order at 12:00.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present
Richard Holcomb, Member- Present

CITY OF T O R C

Bruce Swingle, Member – Excused
Jesus Baray, Member- Present
Greg D’Amour, Member- Present

EX-OFFICIO

Amanda Cardona, Clerk VofW- Absent
Janet Porter-Carrejo, City Manager EB, Absent
Amber Vaughn, County Manager- Absent
Angie Gonzales, City Manager- Absent
Jim Paxon, JPC Chairperson, Present

VILLAGE OF WILLIAMSBURG

Peggy “Cookie” Johnson, **Secretary** - Excused

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
Lisa Boston, Interim Consultant, Present

Guest:

David Perry, QHR – Present by Webex

There is a quorum.

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

4. Approval of Agenda

Kathi Pape, Chairperson

Katharine Elverum motioned to approve the agenda. Greg D'Amour stated that it was discovered at the Board Quality meeting on Monday that the DNR policy was not included in the list of policies for review today. The DNR policy has been approved by both Med Staff and Board Quality and he asked that it be added for approval today. Katharine Elverum motioned to amend her motion and approve the amended agenda adding the DNR policy. Greg D'Amour 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

Kathi Pape, Chairperson

A. August 27, 2024 Regular Meeting

Richard Holcomb motioned to approve the August 27, 2024 minutes. Jesus Baray seconded. Motion carried unanimously.

6. Public Input – Note: At 12:20, Jesus Baray stated that Dr. Walker had arrived. The board invited him to speak. Dr. Walker thanked the board and stated that the reason he is late and not in his normal board attire is that he has been seeing patients in the clinic this morning and that is a phenomenal thing! Several procedures were scheduled today. Thanks to the new DPS (Director of Provider Services, Sabrina Alvord) scheduling and many other issues have improved.

7. Old Business-

Kathi Pape, Chairperson

None

8. New Business-

A. August Financial Report - Ming Huang, CFO, directed board members to page GB12, key statistics. Total patient days in August were 113, six days less than July. Outpatient visits were 1,078, 41 more than July. The RHC had 872 visits which is 86 more than July and the ER had 676 visits, 50 less than July. Days cash on hand at the end of August were 56. Accounts receivable net days were 57 and accounts payable days were 22.

On page GB18, income statement, gross patient revenue was \$6,117,139. Revenue deductions were \$3,573,829. Total operating revenue was \$3,083,779. Expenses were \$3,106,113. Contract services was the most unfavorable item at \$55,713 more than budget. We ended the month with a negative EBITDA of (\$22,335) which is (1%). For the month we have a net loss of (\$468,997) due to higher expenses and depreciation. Year to date total EBITDA is (\$38,181) which is also (1%). August was flat and similar to July. Contractual services were higher due to late invoices received for FY24 in the amount of \$30,000. The other \$20,000 is for agency expenses and, because collections were higher, we paid more to Amplify, our revenue cycle company.

Total cash at the end of August was \$5,879,837. Total cash at the end of July was \$5,912,747. We have \$15,259,234 in accounts receivable, gross. After subtracting contractual allowances of \$10,335,379, we expect to receive \$4,923,855.

The majority of the metrics on the finance dashboard are in yellow which is within 5% of budget or target. EBITDA is in red because it is negative. Swing bed length of stay and clinic encounters are also in red which is less than target or budget by more than 5%. Anything in green indicates we are exceeding budget or target by 5%.

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

Katharine Elverum motioned to accept the August financial report. Jesus Baray seconded. Motion carried unanimously.

B. Fortinet ~~Phone System~~ – Correction, not phone system, fire walls. Aaron Dow, IT Director explained the benefits and long-term savings of the enclosed Ardham proposal on page GB25 to the current and proposed agreement with ABBA technologies on page GB26.

Greg D'Amour motioned to approve the Ardham option. Katharine Elverum seconded. Motion carried unanimously.

9. Finance Committee- Bruce Swingle, Chairperson

No Meeting

10. Board Quality- Shawnee Williams, Chairperson

A. Policy Review Sheila Adams, CNO and Zach Heard

- Sleep Lab Policy: Adult Procedures for Diagnostic Polysomnography
- Sleep Lab Policy: Continuing Education
- Sleep Lab Policy: CPAP Titration
- Sleep Lab Policy: Criteria for Patient Acceptance - Adjusted for Age
- Sleep Lab Policy: Employee Background Check
- Sleep Lab Policy: Equipment Maintenance
- Sleep Lab Policy: Age Specific Care and Evaluation
- Sleep Lab Policy: Home Sleep Study
- Sleep Lab Policy: In-Lab & Home Sleep Testing Training
- Sleep Lab Policy: Inter-Scorer Reliability
- Sleep Lab Policy: Maintenance and Organization of Medical Records
- Sleep Lab Policy: Montages
- Sleep Lab Policy: MSLT Protocol
- Sleep Lab Policy: OCST - Patient Management and Home Testing
- Sleep Lab Policy: OCST - Equipment Policy
- Sleep Lab Policy: OCST - On-call Policy for Home Sleep Testing
- Sleep Lab Policy: OCST - Quality Assurance Plan for Home Sleep Testing
- ED Policy: Brain, Cranial, and Maxillofacial Trauma
- ED Policy: Deaths in the Emergency Department
- Nurse Admin Policy: Timely Reporting of Critical Values
- Nurse Admin Policy: Enema Administration
- Nurse Admin Policy: Intravenous Access, Peripheral
- Nurse Admin Policy: Specimen Collection
- Sleep Lab Policy: Risks Unique to In-center Sleep Testing
- Sleep Lab Policy: Cardiopulmonary Medical Emergency Drills
- Sleep Lab Policy: Hazardous Material Policy
- Sleep Lab Policy: Medical Emergency Plan
- Sleep Lab Policy: Oxygen Administration
- Sleep Lab Policy: Split Night Protocol
- ED Policy: Actual or Suspected Drug Overdose
- ED Policy: Traumatic, Acute Injury Wound Care
- Nurse Admin Policy: External Urinary Catheter

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

- Nurse Admin Policy: Nasogastric Decompression
- Nurse Admin Policy: Pressure Injury, Prevention and Care
- Nurse Admin Policy: Pain Management, Assessment

Added: DNR Policy

In Shawnee's absence, Zach Heard and Sheila Adams gave an overview of the policies above. All were reviewed at the Board Quality meeting on Monday, September 23rd. All have been approved by Med Staff. Greg D'Amour stated that the Board Quality Committee did approve all of the policies and made the recommendation of adding references to those that need them. Jesus Baray stated that he was not at the Board Quality meeting on Monday.

Greg D'Amour motioned based on the recommendation of the Board Quality Committee to approve all above listed policies. Richard Holcomb seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, stated that the HR report is on page GB27. Turnover has been hovering between 1.5 and 2.5%. Our goal is to stay below 4%. We continue to have success in recruiting and are monitoring the impact to the budget.

LJ attended a meeting in Espanola and made contact with representatives from the New Mexico Department of Finance. They have a new department that focuses on grants and obtaining grant funding for different projects across the state. This department wants to use SVH as proof as to why they needed to break this department out separately. We are working on the request for capital outlay for next year. We were advised to ask for everything we need so our request is in the amount of \$52 million. Depending on how much we actually get will determine what phases of the construction projects we can move forward on. The South-Central Council of Government will have a meeting in the next couple of weeks and we will present the master plan for our facility to them.

In August we hired seven and terminated five. Of the terminations, one was involuntary PRN and four were voluntary.

B. Nursing Services - Sheila Adams, CNO, reported that our ED RN and nursing leadership counsel attended a 4-hour class to help assure understanding of the NM Bridge Program. This program is a state-funded initiative to support our ED in establishing a Medication Assisted treatment program for opioid use disorder. We have also concluded STABLE training which helps identify issues with babies and young patients in the ED.

We have received our approval from the NM Department of Health for our CNA program.

Sleep Lab volumes are increasing, and we have received certification. The nursing staff is working very closely with Dr. Walker to ensure that we are exceeding all quality standards for endoscopy and surgical procedures. Our trauma survey date has been set for October 22nd and it will be conducted remotely.

The DOT was on site this morning to conduct the EMS annual inspection. We had zero deficiencies, and we are the first known in the state to have zero deficiencies!

C. CEO Report - Frank Corcoran, CEO. We are in discussion with Dr. Sardar to begin leasing space one day per week for cardiology. MMC requires a fair market value to determine the lease rate and in the meantime, he is seeing our patients in his office.

We have improved some issues with Cerner after giving them a breach notice.

A number of our staff will be attending the NMHA annual meeting October 1st through 3rd in Albuquerque. Dr. Erica Palin is the recipient of the distinguished provider award. On September 30th we

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

will attend the New Mexico Regional User Group meeting for all Cerner Hospitals in New Mexico to coordinate a group effort to maximize and improve Cerner.

Last week there was a legislative economic development committee meeting in Las Cruces. The panel discussed hospital payor issues, HDAA and plans to recruit and retain providers and nursing staff.

The Ovation leadership conference will be held in Amelia Island, Florida February 18th through the 20th. All governing board members are invited to attend, and attendance will count for board education for the year.

We are working on adding pain management with our anesthesia group.

We have requested \$1.5 million of the \$2.7 million from the SB161 funds. We will request the rest of the funds next year. Funds are expected to arrive in mid-October. These are the funds to help us through until the HDAA (Healthcare Delivery and Access Act) funds are approved by CMS which will potentially start in March 2025. The article included in the packet explains the HDAA program. SVH could receive up to \$11 million after paying \$923,000 in tax assessments depending on quality measures. We are hoping this program starts in July 2025 and it will pay out quarterly.

Our annual 5K walk/run to support breast cancer awareness will be held on October 12th at Sierra del Rio golf course. There is still time to sign up and participate. We will have a booth under the pavilion at the fair October 4th and 5th.

Frank and LJ attended a mergers and acquisitions meeting in Santa Fe on Monday. The writing in this law is vague on several issues and we have expressed our concerns with the impact of this bill overall. This meeting was about oversight, enforcement and appeal.

D. Governing Board - Kathi Pape, Chairperson

1. Committee appointment updates

Last month, Kathi Pape appointed Greg D'Amour as Chairperson of the Bylaws committee. She had intended to appoint Katharine Elverum. This was noted in the meeting minutes. Further, if a board member is not able to attend a committee meeting, please let Kathi know and she will attend if available.

Motion to Close Meeting:

Katharine Elverum motioned to close the meeting. Richard Holcomb seconded.

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:

Order of business to be determined by Chairperson:

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

A. Privileges

Frank Corcoran, CEO

Initial

Timothy W. Overton, MD (ESS)

Temporary to Provisional

Nikhil Mehta, MD (ESS)

RadPartners Delegated Initials

Kristin M. Wehrung, MD

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

RadPartners Delegated Reappointments

Kwasi Addae-Mensah, MD

Elaina M. Zabak, MD

Terminations

Amy Warpinski, DO - Radiology Partners

Howard Ng, MD - ESS

B. Provider contract Frank Corcoran, CEO

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. Ovation Report to Board David Perry, Ovation

Roll Call to Close Meeting:

Kathi Pape – Y Katharine Elverum – Y

Richard Holcomb – Y Greg D'Amour – Y

Jesus Baray - 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. Privileges

Initial

Timothy W. Overton, MD (ESS)

Temporary to Provisional

Nikhil Mehta, MD (ESS)

RadPartners Delegated Initials

Kristin M. Wehrung, MD

RadPartners Delegated Reappointments

Kwasi Addae-Mensah, MD

Elaina M. Zabak, MD

Terminations

Amy Warpinski, DO - Radiology Partners

Howard Ng, MD - ESS

Greg D'Amour motioned based on the recommendation of the Board Quality Committee to approve all above listed privileges. Jesus Baray seconded. Motion carried unanimously.

B. Provider Contract

Greg D'Amour motioned to approve the Provider contract. Katharine Elverum seconded. Motion carried unanimously.

**SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES**

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. Ovation Report to Board
No Action

14. Other

Due to very busy schedules in October, the next regular meeting will be held on Tuesday, November 12th at 12:00. Finance Committee will meet at 11:00 on Tuesday, November 12th and Board Quality will meet on Monday, November 11th at 10:00. This will be the last regular meeting of 2024.

15. Adjournment

Jesus Baray motioned to adjourn. Richard Holcomb seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Chairperson

Date

Sierra Vista Hospital
 Regular Joint Powers Commission Minutes
 August 8, 2024 @ 1:00pm

1. The Joint Powers Commission of Sierra Vista Hospital met August 8, 2024 at 1:00pm in the boardroom at Sierra Vista Hospital for a regular/ annual meeting. Jim Paxon, Chairperson, called the meeting to order at 1:02pm.

2. **Pledge of Allegiance** Jim Paxon, Chairperson

3. **Roll Call** Jennifer Burns, Recorder

Joint Powers Commission

Attendees: City of Elephant Butte

Kim Skinner, Present by phone
 Phillip Mortensen, **Vice Chair**, present
 Cathy Harmon, Present
 Janet Porter-Carrejo, CM EB, Absent

City of T or C

Rolf Hechler, Present
 Amanda Forister, Absent
 Ingo Hoepfner, Present
 Angie Gonzales, City Manager, Absent

Sierra County

Travis Day, Absent
 Jim Paxon, **Chair**, Present
 Hank Hopkins, Present
 Amber Vaughn, County Manager, Absent

Village of Williamsburg

Cathy Lueningborg, Present by phone
 Magorie Powey, Present
 Deb Stubblefield, Present
 Amanda Cardona, Absent

Sierra Vista Hospital

Frank Corcoran, CEO, Present
 Ming Huang, CFO, Present
 Sheila Adams, CNO, Excused
 Kathi Pape, **Governing Board Chair**, Present
 Lawrence Baker, HR Director, Present
 Lisa Boston, Present
 Zach Heard, Present

AGENDA ITEMS

PRESENTER

ACTION REQUIRED

Jim Paxon welcomed Kathi Pape, Governing Board Chairperson to the meeting.

4. Approval of Agenda

Jim Paxon, Chairperson

Philip Mortensen motioned to approve the agenda. Deb Stubblefield seconded. Motion carried unanimously.

5. Approval of Minutes

Jim Paxon, Chairperson

A. May 2, 2024 Regular Meeting Minutes

Deb Stubblefield motioned to approve the May 2, 2024 minutes with the correction to page JPC4. Sight should be site. Hank Hopkins seconded. Motion carried unanimously.

Sierra Vista Hospital
Regular Joint Powers Commission Minutes
August 8, 2024 @ 1:00pm

6. Public Comment – None

7. Old Business

Jim Paxon, Chairperson

None

8. New Business

A. Election of Officers

Jim Paxon, Chairperson

1. Chairperson- Insert cricket sounds

Majie Powey nominated Jim Paxon for Chairperson. Rolf Hechler seconded. There were no other nominations. The vote was unanimous.

2. Vice Chairperson- Insert cricket sounds

Cathy Harmon nominated Philip Mortensen for Vice Chairperson. Majie Powey seconded. There were no other nominations. The vote was unanimous.

B. Appointment of Recording Secretary- More crickets

Deb Stubblefield motioned to nominate Jennifer Burns as recording secretary. Ingo Hoepfner seconded. There were no other nominations. The vote was unanimous.

C. Nondiscrimination Resolution 24-102

English and Spanish

Majie Powey motioned to approve Resolution 24-104. Cathy Harmon seconded. Motion carried unanimously.

D. Open Meetings Act Resolution 24-103

Deb Stubblefield motioned to approve Resolution 24-103. Hank Hopkins seconded. Motion carried unanimously.

E. Public Records Request Resolution 24-104

Philip Mortensen motioned to approve Resolution 24-104. Deb Stubblefield seconded. Motion carried unanimously.

F. Meeting Schedule FY24/25

1. October 17, 2024 @ 2:00

2. January 16, 2025 @ 2:00

3. April 24, 2025 @ 2:00

4. August 7, 2025 @ 2:00 (After GB Annual in July)

Deb Stubblefield motioned to approve the meeting schedule for FY24/25. Majie Powey seconded. Motion carried unanimously.

G. Review of JPC Policies

Philip Mortensen motioned to approve the JPC Policies. Cathy Harmon seconded motion carried unanimously.

H. Fourth Quarter (April, May, June) Financials

1. Resolution 24-110

Ming Huang, CFO, directed board members to page JPC28 of the packet. Gross patient revenue in April was \$5,396,678. After subtracting all deductions, we have total operating revenue of \$2,929,155. Total operating expenses were \$2,981,631. We ended April with a negative EBITDA of (\$52,476).

Sierra Vista Hospital
Regular Joint Powers Commission Minutes
August 8, 2024 @ 1:00pm

In May, gross revenue was \$6,681,638. Total operating revenue was \$3,450,168. Total operating expenses were \$3,055,987. We ended May with an EBITDA of \$394,181.

In June, gross patient revenue was \$5,741,886. Net revenue was \$3,018,685. Total operating expenses were \$3,090,681. June ended with a negative EBITDA of (\$71,996). Year to date we have a positive EBITDA of \$711,660.

Looking at the balance sheet on page JPC29, at the end of June 2024 we had \$5,947,969 in the bank. At the end of June 2023, we had \$10,348,345 in the bank. At the end of June 2023, we had \$7,263,177 in accounts receivable gross. At the end of June 2024, we have \$14,738,750 in accounts receivable. Changing over to Cerner delayed our billing and collection process. The money that is not in the bank is sitting in accounts receivable. We have not lost money; it is just taking twice as long to bill and collect. As we get the kinks worked out we will come back around to normal.

Deb Stubblefield motioned to approve the fourth quarter financials and Resolution 24-110. Philip Mortensen seconded. Motion carried unanimously.

I. Budget Revision FY2024

Ming Huang, CFO

1. Resolution 24-103

Revisions to last year's budget include increasing supplies by \$100,000, increasing contract services by \$200,000, increasing utilities by \$100,000 and repairs and maintenance by \$100,000 for a total adjustment of \$500,000.

Majie Powey motioned to approve the budget adjustment and Resolution 24-103. Deb Stubblefield seconded. Motion carried unanimously.

J. Final Budget FY2025

Ming Huang, CFO

1. Resolution 24-104

For FY25, the budget is \$64,721,502 in gross revenue. After subtracting total deductions, total operating revenue will be \$37,993,008. Expenses are expected to be \$36,905,119 giving us an EBITDA of \$1,087,889. Depreciation is the major cause for loss.

Rolf Hechler motioned to approve Final Budget FY2025 and Resolution 24-104. Deb Stubblefield seconded. Motion carried unanimously.

K. CEO Report -

Frank Corcoran, CEO

We have two of our behavioral health practitioners credentialed with the VA nursing home. They will be seeing patients there one day per week. Our psychiatrist will be joining us in August. We are seeing improvement in the community with our expanded behavioral health services.

Cerner is getting better. We are starting to see increased deposits coming in daily. HDAA is on target to launch in July 2025 with fund distribution quarterly starting in October 2025. This is a program that we contribute to and get back federal funds. CMS is reviewing the program now. We have requested \$1.5 million from Senate bill 161, a bill that passed for small rural hospitals. We will ask for the remaining \$2.7 million next year. These funds are paid out quarterly starting in October. In the next session of legislation, the NMHA will be focusing on defensive strategies as opposed to funding. Mergers and acquisitions is a law that was passed requiring us to seek permission from the superintendent of insurance for a variety of situations. For example, changing our management group would require permission from the superintendent. Nurse to patient ratios and med malpractice reform are also on our agenda. Our med malpractice/ general liability insurance increased to \$1.7

Sierra Vista Hospital
Regular Joint Powers Commission Minutes
August 8, 2024 @ 1:00pm

million from \$900,000 last year. We went through 22 insurance companies to find one who would carry us. Most carriers will not do business in New Mexico.

Through the AHA (American Hospital Association) we will be working on the Pharmacy 340B program, which is currently worth about \$1 million to the hospital annually. Big pharmacy is trying to force us to use only one local pharmacy in order for us to participate in this program. We will also be working to keep telemedicine going. Telehealth came around during COVID and is scheduled to end at the end of December this year. Fraud and quality of care are real issues with telehealth.

Surgery is up and running again with the addition of an anesthesiology group from Three Crosses in Las Cruces. We want to start pain management with this group as well.

Our water pressure is not high enough to sustain our sprinkler system. Rolf Hechler updated the board on the cities findings. After the installation of the roundabouts, there were several water line breaks throughout the community. The water pressure on the west side of the roundabouts was 60 pounds and on the east side it was 40. There may be a ghost valve that got covered or turned off or manipulated in some. We cannot locate it. We have decided to tie into the line where we have 60 pounds of pressure, do a bypass line, and tie into the water main that goes to the elementary school and the hospital and reintroduce that 60 pounds of pressure to boost both systems. Frank added that the hospital is on fire watch 24/7 until this is resolved. We had looked at putting a water truck on the property, but they only hold 10,000 gallons of water and we would need 96,000 gallons of water to run the sprinkler system.

We are looking for a new quality director. In the meantime, Michelle Back from Ovation along with Lisa Boston will be helping out.

Cardiology is on hold right now. The Cardiologist from Las Cruces can't keep up with getting reports done so we have paused this service temporarily until he is caught up. We want to bring Orthopedics here with the help of Three Crosses hospital.

1. AHA Leadership Summit- The AHA (American Hospital Association) held their Leadership Summit in San Diego mid-July. Frank provided a copy of a presentation from the event. This presentation gives a very good description of where hospitals, commercial insurance, Medicare and Medicare advantage stand across the country today. Government underfunding is a key driver of the healthcare crisis. Optimal commercial rates are essential for survival of healthcare providers. Access will eventually surpass price as the primary concern in the industry. Some areas to work on include demanding optimal commercial and MA rates, eliminate expenses that do not contribute to direct patient care, develop partnerships where health systems lack core competencies and spend more time on the front lines actively listening to physicians, nurses, patients, and others and less time in corporate meetings.

Finally, "If you survive long enough to see tomorrow, it may bring the answer that seems impossible today."

2. Amplify- Frank presented a report prepared by Veronica Lynch from Amplify, our revenue cycle management company, showing the status of collection from our old billing system, Athena, and the progress with our new system, Cerner. We have drafted a strong letter to Cerner insisting that the issues we are having with some departments be fixed and built properly the way they should have been done in the first place. Cerner hired a third party to build our system.

3. Lisa Boston presented board education regarding fiduciary responsibilities as a board member.

Sierra Vista Hospital
Regular Joint Powers Commission Minutes
August 8, 2024 @ 1:00pm

- L. Governing Board Report Kathi Pape, GB Chair
1. Bylaws Revision
2. Code of Conduct

Kathi Pape reported that the Governing Board held their annual meeting last week. Kathi was elected Chairperson; Serina Bartoo was elected Vice-Chair and Cookie Johnson was elected Secretary. The Code of Conduct policy was approved. The Bylaws have been revised to include this policy.

Deb Stubblefield motioned to approve the revision to the Bylaws. Philip Mortensen seconded. Motion carried unanimously.

Philip Mortensen motioned to close the meeting. Deb Stubblefield seconded. Motion carried unanimously.

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. Master Facility Plan Frank Corcoran, CEO

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. Master Facility Plan No action required

11. Other

The next JPC meeting will be held on October 17, 2024 at 2:00.

12. Adjournment

Deb Stubblefield motioned to adjourn. Ingo Hoepfner seconded. Motion carried unanimously.



Financial Analysis

September 30th, 2024

Days Cash on Hand for September 2024 are 52 (\$5,498,045)

Accounts Receivable Net days are 60

Accounts Payable days are 24

Hospital Excess Revenue over Expense

The **Net Income** for the month of September was \$311,660 vs. a Budget Income of (\$323,507).

Hospital Gross Revenue for September was \$6,407,535 or \$1,087,960 more than the budget. Patient Days were 80 – 33 less than August, Outpatient visits were 1,185 – 107 more than August. RHC visits were 764 – 108 less than August and ER visits were 728 – 52 more than August.

Revenue Deductions for September were \$3,386,374.

Other Operating Revenue was \$290,006.

Non-Operating Revenue was \$628,466, including \$375,000 from Senate Bill 161.

Hospital Operating Expenses for September were \$3,232,358. Compared to Budget, Benefits was over budget by \$67,888 because of Employee Physicals (Flu Vaccines) and Unemployment Expenses. Other Operating Expenses include \$33,500 for Physician Recruitment Expense.

EBITDA for September was \$714,912 vs. a Budget of \$89,416. YTD EBITDA is \$676,731 vs. a Budget of \$274,208.

The **Bond Coverage Ratio** in September was 6% vs. an expected ratio of 130%.

STATISTICS by Month
September 30, 2024
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Admissions												
Acute										24	25	20
Swing										2	4	5
Total Admissions										26	29	25
ALOS (acute and swing)										3.1	3.9	4.8
Patient Days (acute and swing)										80	113	119
Outpatient Visits										1,185	1,078	1,037
Rural Health Clinic Visits										764	872	786
ER Visits										728	676	726
ER Visits Conversion to Acute Admissions										3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases												
Outpatient Surgery Cases												
Total Surgeries										17	22	17
Profitability												
EBITDA % Net Rev										18%	-1%	-1%
Operating Margin %										8%	-15%	-14%
Rev Ded % Net Rev										53%	58%	58%
Bad Debt % Net Pt Rev										5%	10%	9%
Outpatient Revenue %										98%	97%	97%
Gross Patient Revenue/Adjusted Admission										\$ 4,929	\$ 6,328	\$ 7,676
Net Patient Revenue/Adjusted Admission										\$ 2,330	\$ 2,633	\$ 3,209
Salaries % Net Pt Rev										38%	44%	43%
Benefits % Net Pt Rev										9%	9%	8%
Supplies % Net Pt Rev										8%	8%	8%
Cash and Liquidity												
Days Cash on Hand										52	56	55
A/R Days (Gross)										81	73	71
A/R Days (Net)										60	57	58
Days in AP										24	22	27
Current Ratio										4.7	5.0	4.9

TWELVE MONTH STATISTICS
September 30, 2024
(SUBJECT TO AUDIT)

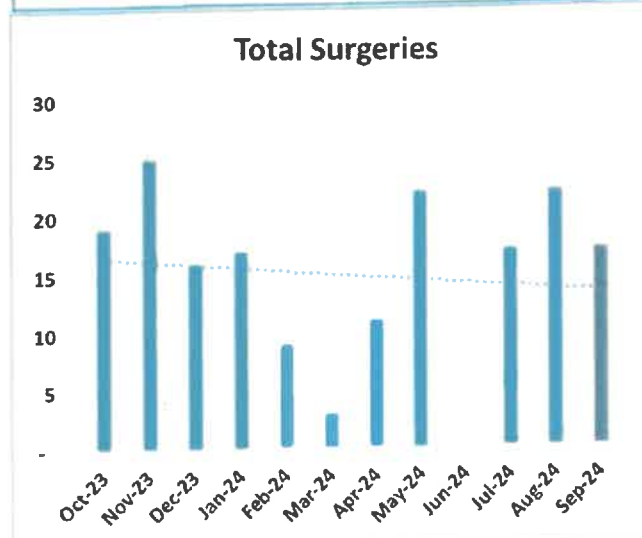
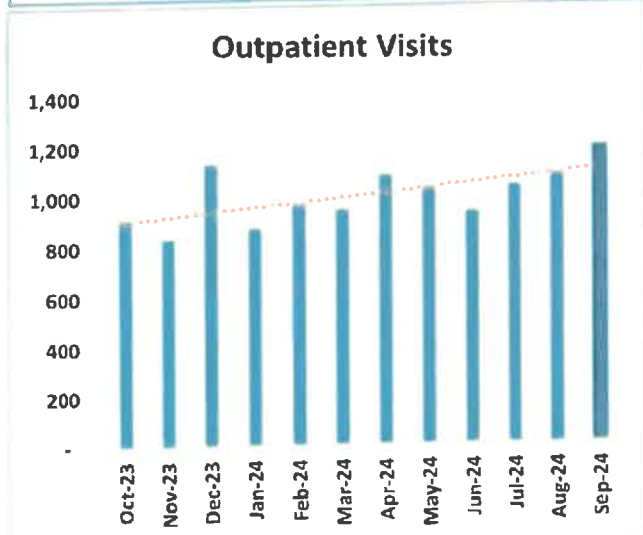
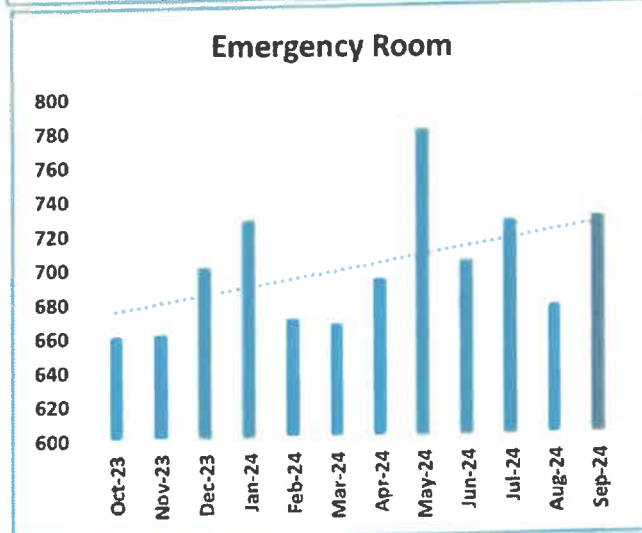
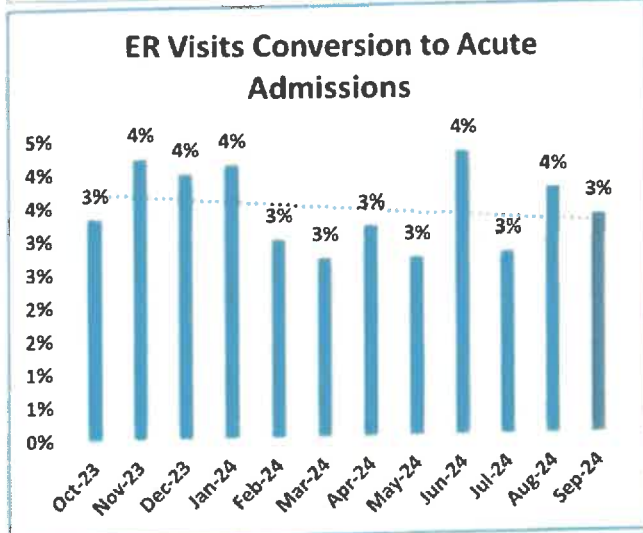
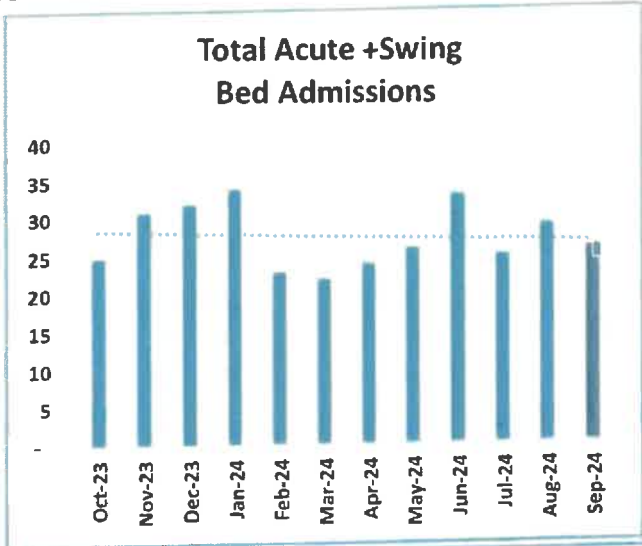
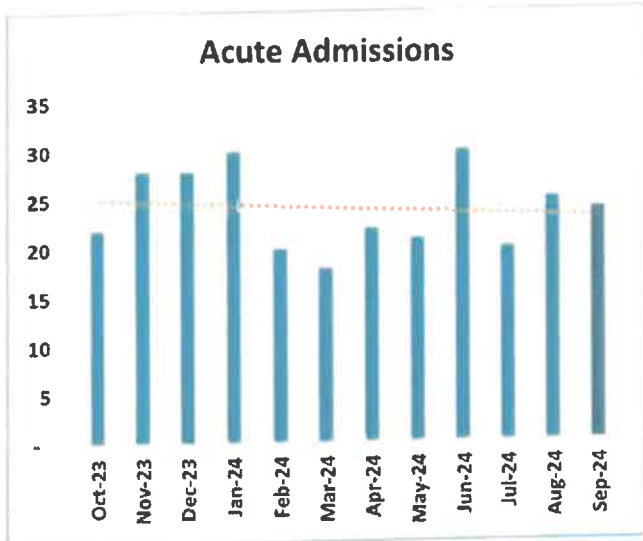
Description	9/30/2024	8/31/2024	7/31/2024	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023
	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending
Admissions												
Acute	24	25	20	30	21	22	18	20	30	28	28	22
Swing	2	4	5	3	5	2	4	3	4	4	3	3
Total Admissions	26	29	25	33	26	24	22	23	34	32	31	25
ALOS (acute and swing)	3.1	3.9	4.8	5.3	4.8	3.0	5.3	6.2	3.6	3.7	3.1	4.2
Patient Days (acute and swing)	80	113	119	175	126	73	116	142	122	117	96	104
Outpatient Visits	1,185	1,078	1,037	931	1,031	1,082	946	969	874	1,131	836	913
Rural Health Clinic Visits	764	872	786	867	855	872	707	814	842	841	1,119	1,069
ER Visits	728	676	726	703	780	693	667	670	728	701	662	661
ER Visits Conversion to Acute Admissions	3%	4%	3%	4%	3%	3%	3%	3%	4%	4%	4%	3%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	1
Outpatient Surgery Cases	17	22	17	-	22	11	3	9	17	16	25	18
Total Surgeries	17	22	17	-	22	11	3	9	17	16	25	19
Profitability												
EBITDA % Net Rev	18%	-1%	-1%	-2%	11%	-2%	-2%	-32%	-2%	5%	2%	10%
Operating Margin %	8%	-15%	-14%	-16.3%	-0.9%	-15.5%	-16.5%	-50%	-16%	-8%	-12%	-3%
Rev Ded % Net Rev	53%	58%	58%	57%	56%	58%	51%	60%	55%	54%	53%	49%
Bad Debt % Net Pt Rev	5%	10%	9%	11.1%	9.5%	11.7%	5.0%	14%	9%	11%	10%	9%
Outpatient Revenue %	98%	97%	97%	88%	89%	91%	90%	90%	92%	92%	92%	94%
Gross Patient Revenue/Adjusted Admission	\$ 4,929	\$ 6,328	\$ 7,676	\$ 20,880	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534
Net Patient Revenue/Adjusted Admission	\$ 2,330	\$ 2,633	\$ 3,209	\$ 9,052	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436
Salaries % Net Pt Rev	38%	44%	43%	43%	40%	46%	43%	62%	44%	40%	39%	39%
Benefits % Net Pt Rev	9%	9%	8%	8%	7%	12%	8%	11%	7%	7%	9%	6%
Supplies % Net Pt Rev	8%	8%	8%	9%	7%	11%	4%	6%	8%	7%	8%	15%
Cash and Liquidity												
Days Cash on Hand	52	56	55	62	68	75	82	90	97	98	97	101
A/R Days (Gross)	81	73	71	82	86	77	72	52	48	49	48	45
A/R Days (Net)	60	57	58	65	68	59	53	32	31	33	30	29
Days in AP	24	22	27	29	28	33	30	23	28	27	21	23
Current Ratio	4.7	5.0	4.9	3.8	3.6	3.5	4.0	4.4	4.4	4.8	5.7	5.5

Sierra Vista Hospital
Detailed Stats by Month
9/30/2024

(SUBJECT TO AUDIT)

Description	FY2025	Avg FY2025	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
			6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025	12/31/2024	11/30/2024	10/31/2024	9/30/2024	8/31/2024	7/31/2024
Total Acute Patient Days	235	78										70	89	76
Total Swingbed Patient Days	77	26										10	24	43
Total Acute Hours (based on Disch Hrs)	5,636	1,879										1,680	2,136	1,820
TOTAL ACUTE														
Patient Days	235	78										70	89	76
Admits	69	23										24	25	20
Discharges	67	22										22	23	22
Discharge Hours	5,636	1,879										1,680	2,136	1,820
Avg LOS	3.5	3.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.2	3.9	3.5
Medicare Acute														
Patient Days	188	63										46	78	64
Admits	52	17										15	21	16
Discharges	50	17										13	19	18
Discharge Hours	4,513	1,504										1,104	1,872	1,537
Avg LOS	3.8	3.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.5	4.1	3.6
SWING - ALL (Medicare/Other)														
Patient Days	77	26										10	24	43
Admits	11	4										2	4	5
Discharges	7	2										2	3	2
Discharge Hours	1,837	612										230	576	1,031
Avg LOS	11.0	11.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.0	8.0	21.5
Observations														
Patient Days	53	18										20	11	22
Admits	33	11										14	7	12
Discharge Hours	1,278	426										480	273	525
Emergency Room														
Total ER Patients	2,130	710										728	676	726
Admitted	30	10										11	7	12
Transferred	247	82										88	84	75
Ambulance														
Total ALS/BLS runs	947	316										306	323	318
911 Calls	711	237										220	250	241
Transfers	236	79										86	73	77
OP Registrations	3,300	1,100										1,185	1,078	1,037
Rural Health Clinic														
Total RHC Visits	2,422	807										764	872	786
Avg Visits per day	114	38										38	40	36
Walk-In Clinic	383	128										132	139	112
Behavioral Health														
Patients Seen	1,000	333										269	332	399

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT
September 30, 2024

	MONTH			YEAR TO DATE						
	Actual 9/30/24	Budget 9/30/24	Variance to Budget	Prior Year 9/30/23	Variance to Prior Year	Actual 9/30/24	Budget 9/30/24	Variance to Budget	Prior Year 9/30/23	Variance to Prior Year
	\$ 6,407,535	\$ 5,319,575	\$ 1,087,960	\$ 5,434,928	\$ 972,608	\$ 18,921,642	\$ 16,313,365	\$ 2,608,277	\$ 16,521,797	\$ 2,399,845
	\$ 2,678,727	2,436,583	242,144	2,388,517	\$ 290,210	9,000,131	7,472,189	1,527,942	7,799,468	\$ 1,200,663
	\$ 162,199	262,820	(100,621)	313,140	(\$150,941)	706,413	805,981	(99,568)	804,235	(\$97,822)
	\$ 545,447	109,073	436,374	38,828	\$506,619	981,517	334,491	647,026	212,502	769,015
	\$ 3,386,374	\$ 2,808,476	\$ 577,898	\$ 2,740,486	\$ 645,888	\$ 10,688,061	\$ 8,612,661	\$ 2,075,400	\$ 8,816,204	\$ 1,871,857
	\$ 7,635	2,219	5,416	2,420	\$5,215	14,687	6,805	7,883	14,728	(41)
	\$ 3,028,796	\$ 2,513,318	\$ 515,478	\$ 2,696,862	\$ 331,934	\$ 8,248,269	\$ 7,707,509	\$ 540,760	\$ 7,720,322	\$ 527,947
	47%	47%	0%	50%	(2%)	44%	47%	(4%)	47%	(3%)
	\$ 290,006	246,145	43,862	170,261	\$119,745	871,605	754,844	116,761	525,846	345,759
	\$ 628,466	363,250	265,216	201,679	\$426,788	1,035,594	1,113,967	(78,373)	573,488	462,106
	\$ 3,947,269	\$ 3,122,713	\$ 824,556	\$ 3,068,803	\$ 878,467	\$ 10,155,468	\$ 9,576,320	\$ 579,148	\$ 8,819,655	\$ 1,335,812
	\$ 1,451,433	\$ 1,407,216	\$ 44,217	\$ 1,228,153	\$ 223,281	\$ 4,209,559	\$ 4,315,464	(105,905)	\$ 3,674,504	\$ 535,055
	\$ 1,145,357	1,163,808	(18,451)	1,007,467	137,890	3,411,257	3,569,011	(157,753)	3,029,295	381,962
	\$ 280,625	212,737	67,888	201,610	79,016	725,423	652,394	73,029	592,014	133,409
	\$ 25,451	30,671	(5,220)	19,076	6,375	72,878	94,059	(21,181)	53,195	19,684
	\$ 227,530	196,300	31,230	195,362	32,167	636,155	601,988	34,167	494,094	\$142,060
	\$ 972,593	946,186	26,408	961,100	11,493	3,021,497	2,901,636	119,861	2,593,824	\$ 427,673
	\$ 215,418	179,764	35,654	181,459	33,959	599,972	551,275	48,697	546,506	\$ 53,466
	\$ 8,921	7,102	1,819	13,275	(4,353)	19,477	21,779	(2,302)	76,582	(\$ 7,105)
	\$ 52,043	48,239	3,804	56,201	(4,158)	161,047	147,933	13,115	171,374	(\$ 10,326)
	\$ 81,281	64,117	17,164	64,352	16,929	195,335	196,624	(1,289)	193,454	\$ 1,880
	\$ 155,084	144,459	10,626	87,776	67,308	467,929	443,007	24,922	264,049	\$ 203,880
	\$ 68,053	39,915	28,138	39,281	28,773	167,767	122,407	45,360	98,925	\$ 68,841
	\$ 3,232,358	\$ 3,033,297	\$ 199,061	\$ 2,826,959	\$ 405,399	\$ 9,478,737	\$ 9,302,112	\$ 176,625	\$ 8,113,313	\$ 1,365,424
	\$ 714,912	\$ 89,416	\$ 625,496	\$ 241,844	\$ 473,067.78	\$ 676,731	\$ 274,208	\$ 402,523	\$ 706,342	(\$ 29,611)
	18%	3%	15%	8%	10%	7%	3%	4%	8%	(1%)
	\$ 287,514	\$ 286,150	\$ 1,364	\$ 276,280	\$ 11,234	882,072	\$ 877,525	4,547	\$ 847,274	\$ 34,798
	\$ 73,607	78,602	(\$ 4,995)	74,647	(\$ 1,040)	221,782	241,046	(19,264)	\$ 223,057	(\$ 1,275)
	\$ 42,130	48,172	(\$ 6,041)	51,511	(\$ 9,380)	165,119	147,726	17,393	\$ 161,155	\$ 3,964
	\$ 403,251	\$ 412,923	(\$ 9,672)	\$ 402,437	\$ 814	\$ 1,268,973	\$ 1,266,297	\$ 2,676	\$ 1,231,486	\$ 37,487
	\$ 311,660	(\$ 323,507)	\$ 635,167	(\$ 160,594)	\$ 474,254	(\$ 592,243)	(\$ 992,090)	\$ 399,847	(\$ 525,144)	(\$ 67,098)
	8%	(10%)	18%	(5%)	13%	(6%)	(10%)	5%	(6%)	0%

Sierra Vista Hospital
INCOME STATEMENT by Month
September 30, 2024

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Revenues												
Gross Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,117,139	\$6,396,968
Revenue Deductions												
Contractual Allowances												
Bad Debt												
Other Deductions												
Total Revenue Deductions												
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %												
Other Operating Revenue												
Non-Operating Revenue												
Total Operating Revenue												
Expenses												
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,357,932	\$1,400,193
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
Total Operating Expenses												
EBITDA												
Non - Operating Expenses												
Depreciation and Amortization												
Interest												
Tax/Other												
Total Non Operating Expenses												
NET INCOME (LOSS)												
Net Income Margin												

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
 September 30, 2024

Description	9/30/2024	8/31/2024	Month Ending 7/31/2024	Month Ending 6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	Month Ending 10/31/2023
Revenues												
Gross Patient Revenue	\$ 6,407,535	\$ 6,117,139	\$ 6,396,968	\$ 5,741,886	\$ 6,681,638	\$ 5,396,678	\$ 5,255,478	\$ 4,200,198	\$ 5,538,569	\$ 5,607,692	\$ 5,186,012	\$ 5,222,493
Revenue Deductions	2,678,727	3,000,044	3,321,360	2,877,694	3,417,518	2,777,194	2,436,641	2,107,232	2,631,191	2,568,110	2,367,421	2,016,948
Contractual Allowances	162,199	280,439	263,774	311,734	305,679	302,535	134,293	267,486	262,860	334,838	282,315	276,140
Bad Debt	545,447	293,346	142,724	90,773	53,221	34,769	124,204	152,185	129,404	120,046	84,881	247,890
Other Deductions	\$ 3,386,374	\$ 3,573,829	\$ 3,727,858	\$ 3,280,201	\$ 3,776,418	\$ 3,114,498	\$ 2,695,138	\$ 2,526,902	\$ 3,023,455	\$ 3,022,995	\$ 2,734,617	\$ 2,540,978
Total Revenue Deductions	7,635	2,046	5,006	27,727	7,500	0	0	1,899	122	200	5,332	217
Other Patient Revenue	\$ 3,028,796	\$ 2,545,356	\$ 2,674,116	\$ 2,489,412	\$ 2,912,721	\$ 2,282,180	\$ 2,560,340	\$ 1,675,195	\$ 2,515,235	\$ 2,584,897	\$ 2,456,727	\$ 2,681,731
Net Patient Revenue	290,006	323,844	257,755	251,514	303,334	355,901	121,589	283,294	229,241	212,676	211,662	575,484
Gross to Net %	47%	42%	42%	43%	44%	44%	49%	40%	45%	46%	47%	51%
Other Operating Revenue	628,466	214,579	192,549	277,759	234,113	291,074	165,153	196,225	354,985	504,477	177,102	173,683
Non-Operating Revenue	\$ 3,947,269	\$ 3,083,779	\$ 3,124,420	\$ 3,018,685	\$ 3,450,168	\$ 2,929,155	\$ 2,847,082	\$ 2,154,714	\$ 3,099,461	\$ 3,302,050	\$ 2,845,491	\$ 3,430,898
Expenses												
Salaries & Benefits	1,451,433	1,357,932	1,400,193	1,302,813	1,418,983	1,355,557	1,342,407	1,256,661	1,319,351	1,236,827	1,196,782	1,244,935
Salaries	1,145,357	1,107,855	1,158,045	1,067,723	1,160,810	1,048,313	1,104,636	1,034,276	1,115,860	1,035,765	951,588	1,056,153
Benefits	280,625	225,724	219,074	206,427	216,641	273,001	194,115	191,366	181,278	173,232	213,386	157,893
Other Salary & Benefit Expense	25,451	24,353	23,074	28,664	41,533	34,242	43,656	31,019	22,213	27,830	31,808	30,890
Supplies	227,530	199,109	209,516	223,579	215,896	245,030	114,459	99,180	202,691	184,005	185,034	412,362
Contract Services	972,593	1,033,438	1,015,466	1,102,394	1,011,032	940,549	1,022,335	1,106,058	1,151,016	1,240,400	949,010	1,014,421
Professional Fees	215,418	204,868	179,686	183,410	194,380	181,355	183,410	177,735	187,317	181,410	181,459	183,410
Leases/Rentals	8,921	6,349	4,207	7,302	4,886	11,931	10,046	11,355	6,116	5,880	7,305	5,952
Utilities	52,043	55,040	53,964	56,931	43,717	41,233	41,540	36,049	58,300	55,264	46,973	45,686
Repairs / Maintenance	81,281	57,161	56,893	93,457	48,499	59,865	71,850	49,461	82,734	75,830	73,960	103,070
Insurance	155,084	157,370	155,474	87,741	88,136	88,984	87,752	90,569	88,962	87,772	89,526	48,216
Other Operating Expenses	68,053	34,847	64,866	33,054	30,458	57,129	41,147	24,234	77,061	62,961	55,363	35,375
Total Operating Expenses	\$3,232,358	\$3,106,113	\$3,140,266	\$3,090,681	\$3,055,987	\$2,981,631	\$2,914,947	\$2,851,302	\$3,173,548	\$3,130,349	\$2,785,412	\$3,093,428
EBITDA	\$714,912	(\$22,335)	(\$15,846)	(\$71,996)	\$394,181	(\$52,476)	(\$67,865)	(\$696,588)	(\$74,087)	\$171,700	\$60,079	\$337,470
EBITDA Margin	18%	-1%	-1%	-2.4%	11%	-2%	-2%	-32%	-2%	5%	2%	10%
Non - Operating Expenses												
Depreciation and Amortization	287,514	302,821	291,737	286,862	298,589	284,373	290,571	274,022	291,365	296,249	287,219	325,263
Interest	73,607	74,527	73,648	73,667	74,733	73,707	73,727	74,936	73,785	73,785	75,137	73,823
Tax/Other	42,130	69,313	53,675	59,099	51,127	44,418	37,287	33,304	64,570	52,019	53,053	42,236
Total Non Operating Expenses	\$403,251	\$446,662	\$419,060	\$419,629	\$424,448	\$402,498	\$401,585	\$382,262	\$429,701	\$422,053	\$415,409	\$441,322
NET INCOME (LOSS)	\$311,660	(\$468,997)	(\$434,906)	(\$491,624)	(\$30,267)	(\$454,973)	(\$469,449)	(\$1,078,850)	(\$503,788)	(\$250,353)	(\$355,329)	(\$103,852)
Net Income Margin	8%	(15%)	(14%)	(16.3%)	(1%)	(16%)	(16%)	(50%)	(16%)	(8%)	(12%)	(3%)

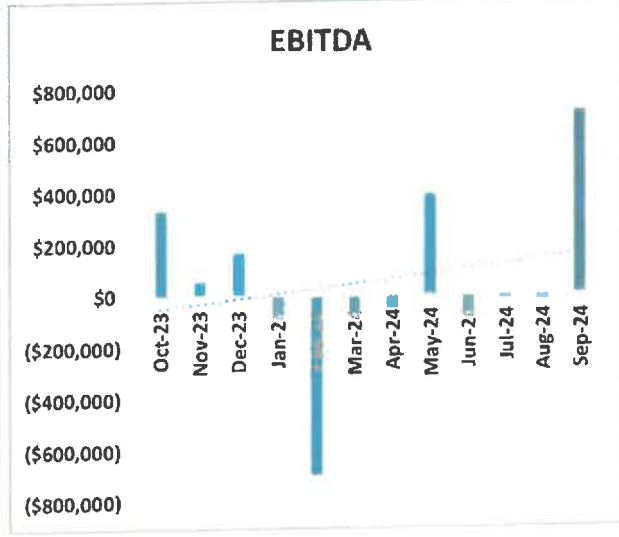
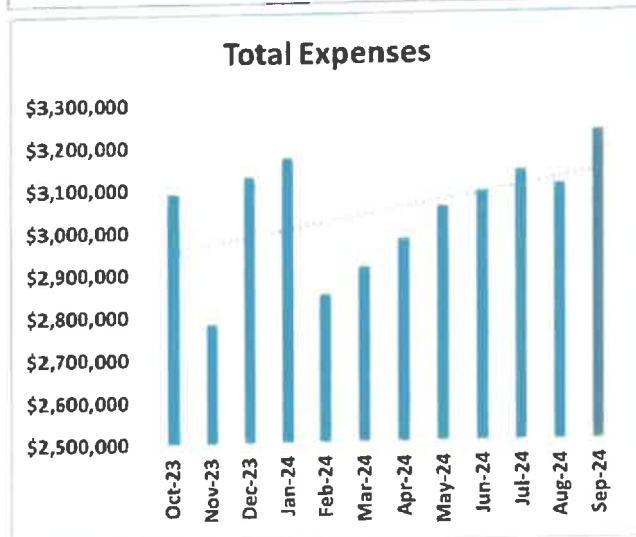
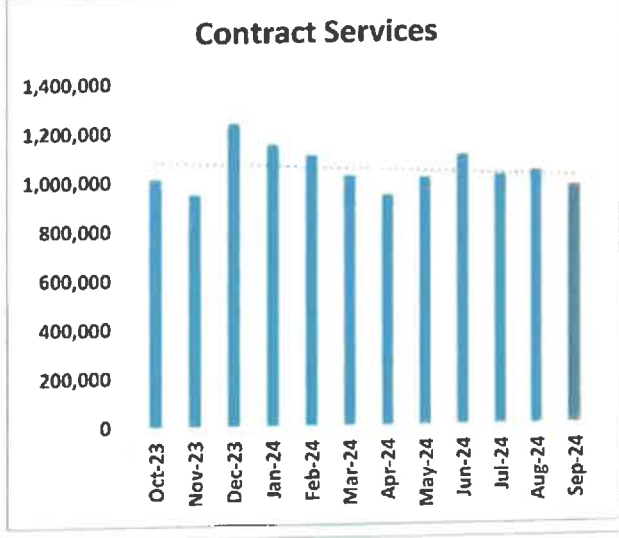
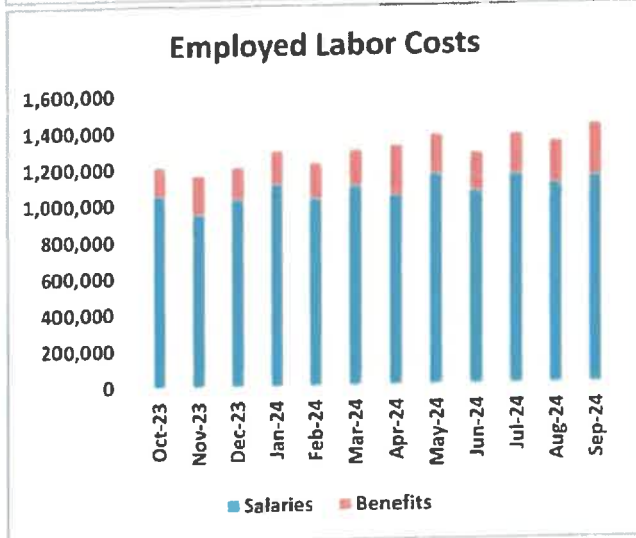
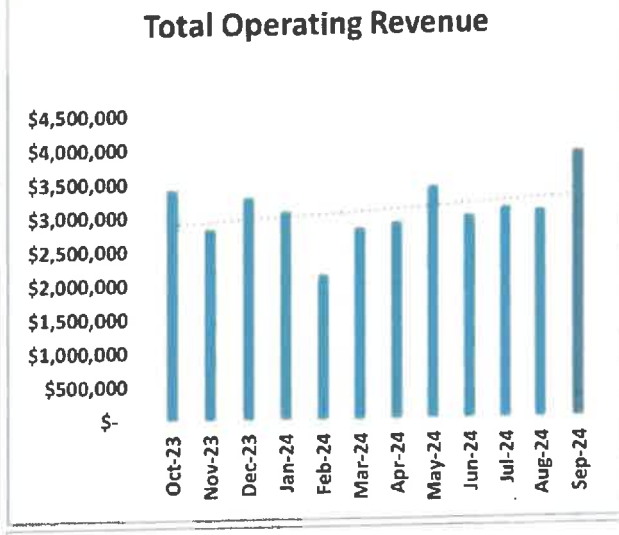
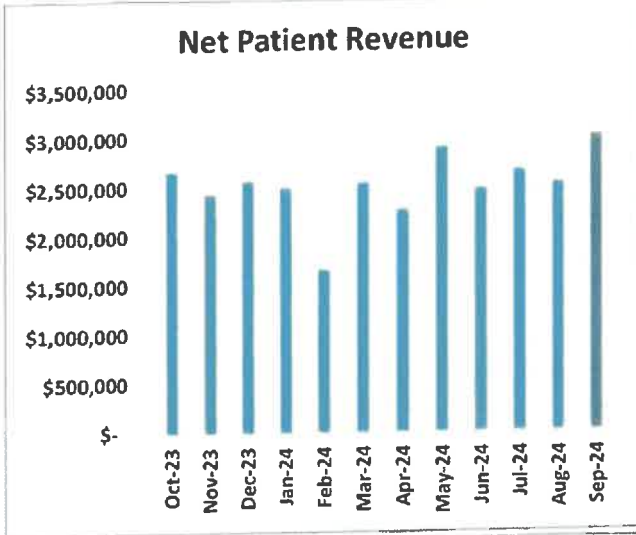
Sierra Vista Hospital
BALANCE SHEET
September 30, 2024

September 30, 2024 (Unaudited)	DESCRIPTION	June 30, 2024 (Unaudited)
	Assets	
	Current Assets	
\$ 5,496,903	Cash and Liquid Capital	\$ 5,740,889
\$ 1,142	US Bank Clearing	\$ 115,051
\$ 5,498,045	Total Cash	\$ 5,855,939
\$ 17,117,897	Accounts Receivable - Gross	\$ 14,714,146
\$ 11,605,766	Contractual Allowance	\$ 9,435,272
\$ 5,512,131	Total Accounts Receivable, Net of Allowance	\$ 5,278,874
\$ 1,717,825	Other Receivables	\$ 1,314,414
\$ 410,324	Inventory	\$ 383,474
\$ 153,237	Prepaid Expense	\$ 68,738
\$ 13,291,563	Total Current Assets	\$ 13,839,594
	Long Term Assets	
\$ 59,210,151	Fixed Assets	\$ 53,948,641
\$ 21,025,217	Accumulated Depreciation	\$ 19,891,812
\$ -	Construction in Progress	\$ -
\$ 38,184,934	Total Fixed Assets, Net of Depreciation	\$ 34,056,829
\$ 38,184,934	Total Long Term Assets	\$ 34,056,829
\$ 2,273,474	New Hospital Loan	\$ 1,942,930
\$ 53,749,970	Total Assets	\$ 48,901,198
	Liabilities & Equity	
	Current Liabilities	
\$ 1,379,901	Account Payable	\$ 1,608,212
\$ 774,250	Interest Payable	\$ 139,506
\$ 42,130	Accrued Taxes	\$ 59,574
\$ 1,089,968	Accrued Payroll and Related	\$ 570,609
\$ (487,000)	Cost Report Settlement	\$ 150,000
\$ 2,799,249	Total Current Liabilities	\$ 2,527,902
	Long term Liabilities	
\$ 28,648,606	Long Term Notes Payable	\$ 24,087,194
\$ 28,648,606	Total Long Term Liabilities	\$ 24,087,194
\$ 1,017,361	Unapplied Liabilities	\$ 667,868
\$ 195,690	Capital Equipment Lease	\$ 223,431
\$ 32,660,908	Total Liabilities	\$ 25,108,277
\$ 21,681,305	Retained Earnings	\$ 25,108,277
\$ (592,243)	Net Income	\$ (3,713,474)
\$ 53,749,970	Total Liabilities and Equity	\$ 48,901,198

Sierra Vista Hospital
BALANCE SHEET by Month
September 30, 2024

Assets	6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025	11/30/2024	10/31/2024	9/30/2024	8/31/2024	7/31/2024
Current Assets											
Cash and Liquid Capital											
US Bank Clearing											
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,496,903	\$5,675,326	\$5,741,636
Accounts Receivable - Gross											
Contractual Allowance											
Total Accounts Receivable, Net of Allowance	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$17,117,897	\$15,259,234	\$15,568,712
Other Receivables											
Inventory											
Prepaid Expense											
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,717,825	\$1,222,873	\$1,206,005
Long Term Assets											
Fixed Assets											
Accumulated Depreciation											
Total Fixed Assets, Net of Depreciation	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$21,025,217	\$20,736,071	\$20,442,141
New Hospital Loan											
Total Long Term Assets	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$38,184,934	\$38,366,882	\$38,649,976
Total Assets	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$2,273,474	\$2,152,708	\$2,030,484
Liabilities & Equity											
Current Liabilities											
Account Payable											
Interest Payable											
Accrued Taxes											
Accrued Payroll and Related Cost Report Settlement											
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,379,901	\$1,266,339	\$1,630,908
Long Term Liabilities											
Long Term Notes Payable											
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,648,606	\$28,652,571	\$28,656,537
Unapplied Liabilities											
Capital Equipment Lease											
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,017,361	\$1,017,361	\$1,017,361
Retained Earnings											
Net Income											
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,749,970	\$53,151,818	\$53,792,992

Financial Trends



Sierra Vista Hospital
9/30/2024

Reserves

	9/30/2024	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)	(150,000)	
Cost Report Bad Debt Write-Off Reserve/General Reserve	637,000	
FY24 Cost Report Receivable		
Total Liability	<u>487,000</u>	



September 25, 2024

Sierra Vista Hospital commits to improving antibiotic use in our facility. Facility leadership to include the Governing Body, the Chief Executive Officer, the Chief Nursing Officer, the Chief of Staff and the Director of Pharmacy, is committed to embracing and executing the Centers for Disease Control and Prevention's (CDC) *Core Elements of Antibiotic Stewardship for Hospitals*. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, pharmacy expertise, action, tracking, reporting, and education.

Our administration has identified an Antimicrobial Stewardship (AMS) Leadership Team at our facility. Our AMS leadership team includes a provider champion, an infection prevention champion, and a pharmacist champion working in collaboration as appropriate by facility resources and/or structure. This team will meet at least quarterly, and they are (as applicable):

1. Our AMS provider champions are: Dr. Erica Palin and Dr. John Garver
2. Our AMS infection prevention champion: Bettina Fitzgerald, RN
3. Our AMS pharmacy champion: Melissa Bierner Pharm.D.
4. Our AMS lab champion: Evangeline Hernandez

Of the people listed above, Sierra Vista Hospital designated Lead Antimicrobial Stewardship Champion as Dr. John Garver.

STATEMENT OF COMMITMENT

1. We, the administration, are committed to supporting efforts that improve antibiotic use in our facility. (*Leadership Commitment Core Element*)
2. We understand that antimicrobial stewardship is an interdisciplinary activity that improves the selection of an antibiotic therapy (correct drug, dose, duration and ordered only when necessary).
3. We will include antimicrobial stewardship-related duties in position descriptions for the Chief of Staff, clinical nurse leads, and pharmacist. (*Accountability Core Element*)
4. We will provide dedicated and protected time for the facility's infection preventionist to serve as a member of the facility's AMS Leadership Team. He/she will work with the physician champion and pharmacist champion to implement the antimicrobial stewardship program. He/she will coordinate educational initiatives for staff on the risks and benefits of antibiotic use as well as improved nurse-prescriber communication for symptoms and diagnostic testing. (*Accountability Core Element*)
5. We will communicate with nursing staff and prescribing clinicians the facility's expectations about use of antibiotics and the monitoring and enforcement of antimicrobial stewardship policies. (*Action Core Element*)



6. We will financially and educationally support a commitment to safe and appropriate antibiotic use in our facility to ensure we have an antibiotic stewardship program that includes antibiotic use protocols and a system for monitoring antibiotic use as follows:
 - a. We will require practitioners, as the electronic health record permits, to document in the medical record or during order entry an indication for all antibiotics, in addition to other required elements, such as dose and duration.
 - b. We will assist our prescribers, nurses, and our pharmacist in developing antibiotic use protocols that ensure the appropriateness (drug, dose and duration of therapy) of any new antimicrobial agent ordered. We will attempt to reach out to clinicians with infectious diseases expertise in the hospital community (physicians and/or pharmacists) to develop these antibiotic use protocols. *(Drug Expertise Core Element)*
 - c. We will reassess the use of antibiotics after they are initiated. One to two days after the initiation of antibiotic therapy, culture results will be available. The day that laboratory test (cultures) results become available, it shall be entered into the patient's medical record. Actions may include discontinue antibiotics, continue antibiotics, or switch antibiotics. *(Action Core Element)*
 - d. We will work with our prescribers, nurses, and our pharmacist to create a system that monitors and shares reports regarding antibiotic use (consumption) in the facility. *(Tracking and Reporting Core Element)*
7. We commit to creating a culture, through messaging, education, and celebrating improvement, which promotes antimicrobial stewardship within our facility. *(Education Core Element)*



Chairman Governing Body (Printed Name and Signature)

Date

Medical Director/ Administrator (Printed Name and Signature)

Date

Chief Executive Officer (Printed Name and Signature)

Date

Chief Nursing Officer (Printed Name and Signature)

Date

Facility's Lead AMS Champion (Printed Name and Signature)

Date

SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT
October 2024

CRITICAL RECRUITMENT:

- Registered Nurses – FT (Multiple)
- Patient Access Reps – FT (Multiple)

KEY VACANCIES:

- Registered Nurses – FT (Multiple)
- Certified Nurse Assistant (CNA) – FT
- Medical Assistants – FT (Multiple)

PEOPLE:
Sept New Hires – 7

FY25 Total - 78

- FT Cook-Aide (Dietary) – 1
- FT C.N.A. (Med/Surg) – 1
- FT EVS Tech (EVS) – 1
- FT PTA (REHAB) – 1
- FT Sleep Program Coord (Sleep Lab) – 1
- FT Medical Asst (RHC) – 1
- FT Ultrasound Tech (Imaging) – 1

PRIORITY OF EFFORT:
 Our priority of effort is staff retention.

Human Resource Trends Snapshot:

- 78 new or rehires to date
- 74 terminations to date
- 214 Monthly Avg staff

Turnover Rate Q1
3.2%

KEY INITIATIVES:

- BH Program Recruiting – Support potential BH Expansion
- Political Outreach – Working closely with reps from the NM Dept. of Finance & Administration (Infrastructure Planning & Development Division) regarding funding for planned future capital improvements.
- Grant Applications – Working with the NM Grant Administration to obtain funding for SVH strategic initiatives
- Paid Internship – Partnered with IHSIS

PEOPLE:

- **Sept Terminations – 8**
- **FY25 Total - 74**
- Involuntary – 2
- PRN – Registered Nurse (RHC) – Lack of availability
- PT – Registered Nurse (ED) – Not a good fit
- Voluntary – 6
- FT – EVS Tech (EVS) – Moving to Cruces
- FT – Cook-Aide (Dietary) – Family Adjustment
- FT – Off. Mgr. (Business Office) – Job in Cruces
- FT – Patient Transport Specialist (Nursing Admin) – Accepted another job
- PRN – Paramedic (EMS) – Firefighter Training
- FT – Medical Asst (RHC) – Resigned no reason provided

FINANCIAL IMPACTS:

- Recent hires will expand capabilities and should result in positive flow of income from additional services.

Contract Staff – 10 (Reduced – 1)

- Med/Surg – 7 (Nurses)
- OR – 1 (Nurse)
- HR – 1 (Chief)
- EMS – 1 (Director)

Travel Staff – 26 (Increase – 8)

- Nursing – 18
- Sterile Processing Tech – 1
- Pharmacist – 1
- Physical Therapist – 1
- CNA – 1
- Ultrasound Tech – 1
- ED Tech – 1
- Medical Assistant – 2

Respectfully Submitted,
Lawrence “LJ” Baker Jr.
Chief Human Resources & Strategic Initiatives Officer



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

October 29, 2024

Internal and External posting of all positions are open to both qualified employees and outside applicants. If you would like additional information about any of the positions listed here, please contact Human Resources on ext. 230. Sierra Vista Hospital offers competitive wages, a generous Paid Time Off package and health benefits with the State of NM. E.O.E. M/F/D

74101 – EVS Technician – 1 full-time position (open date 10/29/2024) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the EVS Manager.

63801 – RN Case Manager – 1 part-time position (open date 10/15/2024) Responsible for the coordination and implementation of case management strategies pursuant to the Case Management Plan. Plans and coordinates care of the patient from pre-hospitalization through discharge. Works with all members of the health care team to assure a collaborative approach is maintained in care and treatment of the patient. Reviews care and treatment for appropriateness against screening criteria and for infection control, quality and risk assessment documenting same in computerized database. Responsible for authorization of appropriate services for continued stay and through discharge. Plans and coordinates home care services and needs. Provides discharge planning and at home follow-up assessment (via telephone, in some cases may make home visit).

05001 – Respiratory Therapist – 1 full-time position (open date 10/15/2024) Under the supervision of the Cardiopulmonary Services Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.

18601 – EMT – 1 full-time position (open date 10/14/2024) Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

95304 – Behavioral Health Technician – 1 full-time position (open date 9/6/2024)

SVH Behavioral Health Technicians work closely with a team of healthcare professionals, including psychiatrists, therapists, counselors, nurses, and other specialists. They assist Providers with supplying quality patient care to behavioral health patients in the Rural Health Clinic. These staff members are responsible for administering several critical tasks including patient observation, intake for appointments, and intervention as directed. Their scope of service includes both clinical and administrative activities. Behavioral Health Technicians contribute to a positive care experience by greeting patients in a friendly manner, facilitating timely appointments, and ensuring patients' understanding of follow-up treatment as required. Must be able to effectively communicate with patients, caregivers, family members, providers, and members of other SVH departments.

95301 – Medical Assistant - 2 full-time positions (open date 7/26/2024) Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards.

69001 – Infection Prevention Medical Assistant - 1 Part-time position (open date 7/15/2024) As a Medical Asst. for the Infection Prevention / Employee Health dept, may provide general aspects of care and immunization vaccinations to the staff, patients and community. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations,

under the supervision of a Registered Nurse. Maintains regulatory requirements, department and office policies, procedures, and standards. Communicates with physicians and team members about patient's clinical condition as recommended by infection prevention LPN/RN, including results of diagnostic studies and symptomatology.

07001 – Cook -Aide 1 full-time position (open date 08/28/2024) Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

95303 – Clinic LPN – 2 full-time positions - Provides direct and indirect patient care in the clinic setting. Provides care that meets the psychosocial, physical and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse. Maintains regulatory agency requirements, nursing and clinic policies, procedures and standards. Communicates with physicians and team members about changes in patient's clinical condition, including results of diagnostic studies and symptomatology.

95302 – Clinic RN – 1 Full-time position (open date 11/15/2023) Provides direct and indirect patient care in the clinic setting. Provides care that reflects initiative, flexibility, and responsibility indicative of professional expectation with a minimum of supervision. Determines priorities of care based on physical and psychosocial needs, as well as factors influencing patient flow through the system. Communicates with outpatient clinic physicians about changes in patient's status, symptomatology, and results of diagnostic studies. Responds- quickly and accurately to changes in condition or response to treatment.

51301 – Pharmacist – 1 PRN Position (open date 6/4/2023) Interprets physician prescriptions and medication orders. Acts as a drug information resource to patients, medical staff, nursing staff and ancillary department personnel. Compounds and dispenses prescribed medications and other pharmaceuticals for patient care by performing the related duties.

10201 – Unit Clerk/C.N.A. - 1 Full Time Position Provides indirect patient care in the medical surgical setting. Meets the communication needs of the patient/family, departmental staff, and medical staff. Prepares and compiles records in the Medical Surgical Unit. Initiates directions from physician and nursing staff. Participates in performance improvement activities. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards.

C.N.A. - Functions as a member of the health care team in providing delegated basic nursing care and unique skills to pediatric, adolescent, adult, and geriatric patients, depending on unit assigned, under the direct supervision of a Registered Nurse or LPN Team Leader.

10202 – Med/Surg LPN – 1 Full-time position Provides direct and indirect patient care services that meet the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a registered nurse. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards. Communicates with physicians and team members about changes in patient's clinical condition, including results of diagnostic studies and symptomatology. Can respond quickly and accurately to changes in condition or response to treatment. Additionally, can perform general nursing duties in all departments with adequate supervision.

18510201 - Registered Nurses (RN's) – Fulltime and PRN Day and night positions Med/Surg and ED. Provides direct and indirect patient care in the ambulatory care setting. Provides care that reflects initiative, flexibility, and responsibility indicative of professional expectation with a minimum of supervision. Determines priorities of care based on physical and psychosocial needs, as well as factors influencing patient flow through the system.

CEO REPORT NOVEMBER 2024

- Behavioral Health Project Update: Need to recruit LCSW's -2 -3 and BH tech- 2. Applied for RHCDF for BH and EMS funding grants from State. Shelly NP gave her resignation this week.
- Pharmacy: Sandy to review samples process in the Clinic.
- RHC Update/Provider Recruitment: Dr Tahir – Hospitalist and IM Clinic part time, Orthoped interested in Outreach program, Pain contract needed, Cardiology MMC to lease space, Cardiology from Loveless interested in outreach.
- Quality Update: Sandy in next week for Mock TJC Survey
- EOC update: Power Outage last Thursday, lost generator power due to circuit breaker to ATS from generator triggered. Closed Clinic in for beginning of shift till problem resolved. No Lab, CT, or MRI, EMS Divert. Managers met for a post event debrief and future actions discussed.
- Tele-med Update: Awaiting Dec. 31st deadline to continue with Tele-Medicine
- Surgical Service Line: Looking at adding a second day of surgery.
- IT System Replacement & Support Services Update: Still have Increased DNFB, working with Cerner Leadership to fix. Files needed to be sent to Cerner in a zip file causing the bulk of DNFB issues. Escalated to head of Cerner to expedite ticket. Attempting to have conversations with Loveless and Presbyterian to peruse EPIC. Preparing for a coding audit of SVH side.
- Funding: BCBS Quality Payment \$152K - This week, SB161 - \$400K quarterly, awaiting invoice from State, HAP - \$350K.
- Nurse patient ratio- Met with small group of CEOs, CNOs and Lt. Governor last week. Good Conversation. Looking strong on the side of legislation. Plan is to meet with representatives and senators to kill in committee next session.

**Congratulations to the EMS Department and Ashlee West!
Number 1 EMS Department in the State of New Mexico!
Ashlee West - Number One EMT in the State of New Mexico!**