



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
10-24-23**

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Closed session items will be handed out in closed session.

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

October 24, 2023

12:00pm

**Elephant Butte Lake RV
Event Center**

MISSION STATEMENT: Provide high quality, highly reliable and medically proficient healthcare services to the citizens of Sierra County.

VISION STATEMENT: Become the trusted, respected, and desired destination for the highest quality of healthcare in the state of New Mexico; exceed compliance and quality expectations and improve the quality of life for our patients and community.

VALUES: Stewardship. Honest. Accountable. Respect. Professional. Kindness. Integrity. Trust. (SHARP KIT)

GUIDING PRINCIPLES: High quality for every patient, every day.

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

**ATTENDEES:
GOVERNING BOARD**

COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member
John Mascaro, Member

CITY

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

EX-OFFICIO

Frank Corcoran, CEO
Amanda Cardona, VCW
John Mascaro, City Manager, EB
Amber Vaughn, County Manager
Angie Gonzales, City Manager, TorC
Jim Paxon, JPC Chair

VILLAGE of WILLIAMSBURG

Denise Addie, Member, **Secretary**

SUPPORT STAFF:

Ming Huang, CFO
Lawrence Baker, HR Director
Sheila Adams, CNO
Heather Johnson, HIM Mgr.,
HIPAA
Zachary Heard, Operations
Mgr., Compliance
Leona Wagner, Marketing

Ovation:

Erika Sundrud
David Perry
Blake Seitz

<u>AGENDA ITEMS</u>	<u>PRESENTER</u>	<u>ACTION REQUIRED</u>
1. Call to Order	Bruce Swingle, Chairperson	
2. Pledge of Allegiance	Bruce Swingle, Chairperson	
3. Roll Call	Jennifer Burns	Quorum Determination
4. Approval of Agenda	Bruce Swingle, Chairperson	Amend/Action

“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”

5. Approval of minutes	Bruce Swingle, Chairperson	
A. September 26, 2023 Regular Meeting		Amend/Action
6. Public Input – 3-minute limit		Information

NOTE: The Governing Board will close the meeting at this time to accommodate schedules for presenters from Dingus and Ovation. Open session will be held when Executive session is done.

Motion to Close Meeting:

7. 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

Initials:

Christina Cruz, PsyD

Frank M. Ralls, MD (Newport Health Network, Sleep Medicine)

RadPartners reappointments:

Ginu Aykkareth Thomas, MD

Chadwick Barrs, MD

Terms:

Dawn O’Keefe, CNP

Shedthikere K. Murthy, MD (Arena Health)

Omar Samarah, MD (RadPartners)

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

A. Risk Report

Heather Johnson

B. Quarterly Compliance Report

Zach Heard

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

Strategic and long-range business plans

- A. FY23 Audit
- B. Strategic Plan Presentation
- C. AMMC Campaign Performance
- D. Ovation Report to Board

Dingus/ Ming Huang, CFO
Blake Seitz, Ovation
Leona Wagner
Erika Sundrud

Roll Call to Close Meeting:

8. 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

Initials:

Christina Cruz, PsyD
Frank M. Ralls, MD (Newport Health Network, Sleep Medicine)

RadPartners reappointments:

Ginu Aykkareth Thomas, MD
Chadwick Barrs, MD

Terms:

Dawn O’Keefe, CNP
Shedthikere K. Murthy, MD (Arena Health)
Omar Samarah, MD (RadPartners)

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

- A. Risk Report
- B. Quarterly Compliance Report

Report
Report

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

- A. FY23 Audit
- B. Strategic Plan Presentation
- C. AMMC Campaign Performance
- D. Ovation Report to Board

Report/Action
Report/Action
Report/Action
Report/Action

- 9. Old Business-**
None

Bruce Swingle, Chairperson

- 10. New Business-**
None

11. Finance Committee-

- A. September Financial Report

Ming Huang, CFO

Report/Action

12. Board Quality- Denise Addie, Chairperson

- A. Med Staff – Zach Heard

Report

- 1. Medical Staff Committee Election Results
- 2. Policy Review
 - a. NM Vaccine for Children (VFC) Program Policy
 - b. Controlled Substances

Action

13. Administrative Reports

- | | | |
|-----------------------------------|----------------------------|--------|
| A. Human Resources | LJ Baker, HR Director | Report |
| B. Nursing Services | Sheila Adams, CNO | Report |
| C. CEO Report | Frank Corcoran, CEO | Report |
| D. Governing Board | Bruce Swingle, Chairperson | Report |
| 1. Revised Committee Appointments | | |

14. Other

Next Regular Meeting- TBD

Discussion

15. Adjournment

Action

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

September 26, 2023

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met September 26, 2023, 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 12:05.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

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

CITY OF T O R C

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

EX-OFFICIO

Amanda Cardona, **Clerk VofW**- Present
John Mascaro, **City Manager EB**- Present
Amber Vaughn, **County Manager**- Present
Angie Gonzales, **City Manager**- Absent
Jim Paxon, **JPC Chairperson**- Excused
Phillip Mortenson, **JPC Vice-Chair**- Present

VILLAGE OF WILLIAMSBURG

Denise Addie, **Secretary** – Present by phone

STAFF

Frank Corcoran, **CEO**- Present
Ming Huang, **CFO**- Present
Sheila Adams, **CNO**- Excused
LJ Baker, **HR Director**- Excused
Heather Johnson, **HIM Mgr.**, Excused
Zach Heard, **Operations Manager**, Present

GUEST:

Erika Sundrud, **Ovation** by phone
David Perry, **Ovation**
Wanda Wright, **Ovation**
Bernard Ronga, **Ovation**
Veronica, **Amplify**

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

At the end of August, we had \$9,294,689 in the bank. Under receivables on the balance sheet, other receivables are \$1,376,084. Of that amount, approximately \$700,000 is HAP/TAP funds for three quarters of this year that we have not received yet. Under the cost report settlement, we have a receivable of \$417,000.

Kathi Pape summarized the Finance Committee meeting with good discussions regarding unexpected expenses such as the tunnel and the new generator and monies that are still owed to us by various sources.

Kathi Pape motioned based on the recommendation of the Finance Committee acceptance of the August Finance report. Katharine Elverum seconded. Bruce Swingle stated that under the circumstances in the state of New Mexico and the difficulties that the healthcare industry is facing, financially, Sierra Vista Hospital is doing very well. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson, asked Shawnee William to discuss the Board Quality meeting. Shawnee stated that Board Quality met on Monday, September 25th and discussed the following policy as well as QAPI Plan FY24, Risk and Privileges.

A. Med Staff

1. Policy Review -

*OP Consent Form Revision – Sheila Adams explained that this form is a combination of many other forms including assignment of benefits, patient consent, consent to release information, notice of privacy, general consent and more. When the patient has signed the form it will be scanned into their file in Cerner. Bruce Swingle asked if this has been reviewed by legal? LJ Baker said he would make sure it goes through proper legal review.

Kathi Pape motioned to approve the OP Consent Form revision pending approval from legal. John Mascaro seconded. Motion carried unanimously.

Note: QAPI Plan FY24 is on the agenda in closed session, however, Sheila Adams did explain the plan at this time. The quality management, patient safety and performance improvement plan for FY 2024 details the process by which the timeliness, effectiveness and appropriateness of patient care and related support services are monitored to facilitate the detection of opportunities for improvement and coordinate and integrate changes through the active participation of the Board of Directors, management, and clinical leaders of the Hospital, and insure the appropriate delivery of high-quality care.

Priority one is departments will maintain and advance department PI plans (performance improvement) using PDSA (Plan, Do, Study, Act). Priority two is proactive risk assessment and priority three is survey of culture and increase reporting of events including near misses.

Denise Addie motioned based on the recommendation of the Board Quality Committee approval of the QAPI Plan FY24. Shawnee Williams seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, reported that priority of effort is support of expanding service lines and reorganization for efficiency. Our billing department staff have been placed in other positions throughout the hospital as Amplify takes over billing and collection duties with Cerner. To date, we have had 14 new or rehires, 15 terminations and our current staff total is 210.

We have hired a speech therapist PRN. We have also hired a licensed Psychologist to work in our Behavioral Health clinic. We continue to recruit a psychiatrist.

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

Key initiatives include working with our Government Reps both State and Federal for urgent facility improvement and EMS and Rehab buildings.

Our Annual 5K Breast Cancer Awareness event will take place on October 21st at the Sierra del Rio Golf Course. We are receiving applications from students for our S.O.A.R. program with HSHS. Working with the City of T or C, we will be hosting a job fair in November at the Civic Center.

Contract staff numbers are holding steady. The 3% cost of living adjustment for employees hired before April will go into effect on September 24th.

Greg D'Amour asked about the morale of staff, especially the business office staff that are now in new positions. LJ stated that it depends on who you ask.

B. Nursing Services - Sheila Adams, CNO, reported that the annual nursing services skills fair will take place on September 30. Two of our critical care paramedics competed in a national conference last week and placed fourth.

Acute admissions increased in August to 31 and we had two swing bed admissions. The ER averaged 24 patients per day in August.

EMS ALICE online training is complete, and they are in the planning phase for a mock incident. EMS had 638 responses and 401 transitional care management contacts. Surgery did 14 scopes, four surgeries and five surgical consults in August.

Sleep studies are available at home or overnight in the hospital. Evaluation for home oxygen needs and pulmonary function testing is available for outpatients.

We had 108 traumas in August, and we are still waiting for our trauma survey. Our team is ready.

C. CEO Report - Frank Corcoran, CEO. As LJ mentioned, we have made an offer to a behavioral health nurse practitioner pending contract approval. The RHC walk-in clinic is off to a great start. Jamie is seeing an average of 10 patients per day Wednesday through Friday and an average of five on Saturday. A few of the walk-ins have had to go to the ER because they were acute. We are looking at expanding telemed services to include infectious disease, endocrine, pulmonology and hematology.

Cerner has provided a status summary of where we are at with our IT system replacement. On page GB19 there is a schedule of major milestones and the date we hit them or expect to hit them. IT-2 testing starts this week and our "go live" is expected November 6th.

We are in the process of applying for SB7 Rural Health Care Delivery Funds. With these funds we want to expand surgery, pain management, community EMS and telemedicine. These funds would help offset any operational losses as we get started. There is about \$80 million available.

Sierra Vista Hospital has received two quality awards from the New Mexico Hospital Association. One recognizing our Community EMS and the other, Dr. Walker.

The CMS Acute survey from the DOH resulted in two minor findings which Sheila Adams has addressed. The Life Safety survey resulted in seven minor findings including exit signs, inspection of the kitchen hood and smoke detectors. Overall, we did really well on both surveys.

D. Governing Board - Bruce Swingle, Chairperson

No open session report.

Motion to Close Meeting:

John Mascaro motioned to close the meeting and move into Executive Session. Kathi Page seconded.

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

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

60-Day Temporary to Provisional

Laurentine Uwamahoro, CNP

Peter Razma, MD

Andrew Costin, CRNA

RadPartners Initial

Michael Hovsepian, MD

RadPartners Reappointment

Lance Dell, MD - **Approved with 6-month period of FPPE (external peer review)**

Patrick D. Kelly, MD

B. Behavioral Health Provider Contract

Frank Corcoran

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 Team Report to Board

Erika Sundrud and Guests

B. Executive Dashboard

Frank Corcoran, CEO

C. QAPI Plan FY24

Sheila Adams, CNO

D. Board Self-assessment

Bruce Swingle, Chairperson

E. Office Space

Frank Corcoran, CEO

Roll Call to Close Meeting:

Kathi Pape – Y

Shawnee Williams – Y

Bruce Swingle – Y

Greg D'Amour – Y

Denise Addie – Y

Katharine Elverum – Y

John Mascaro – Y

Jesus Baray - Y

Note: Jesus Baray and Shawnee Williams left the meeting before closed session ended.

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

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

A. Privileges

60-Day Temporary to Provisional

Laurentine Uwamahoro, CNP

Peter Razma, MD

Andrew Costin, CRNA

RadPartners Initial

Michael Hovsepian, MD

RadPartners Reappointment

Lance Dell, MD

Patrick D. Kelly, MD

Katharine Elverum motioned to approve all privileges listed above. John Mascaro seconded. Motion carried unanimously.

B. Behavioral Health Provider Contract-

Kathi Pape motioned to approve the behavioral health provider contract. Greg D'Amour seconded. Motion carried unanimously.

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 Team Report to Board

No Action

B. Executive Dashboard

No Action

C. QAPI Plan FY25

Reported in open session.

D. Board Self-Assessment

No Action

E. Office Space

No Action

14. Other

Next Regular Governing Board meeting will be on Tuesday, October 24, 2023 at 12:00. Finance Committee will be on October 24th at 10:30. Board Quality will be on Monday, October 23rd at 10:00.

15. Adjournment

Action

Jennifer Burns, Recording Secretary

Date

Bruce Swingle, Chairperson

Date



Financial Analysis

September 30th, 2023

Days Cash on Hand for September 2023 are 102 (\$9,185,577)

Accounts Receivable Net days are 23

Accounts Payable days are 29

Hospital Excess Revenue over Expense

The **Net Income** for the month of September was (\$160,594) vs. a **Budget Income** of (\$214,443).

Hospital Gross Revenue for September was \$5,434,928 or \$199,374 more than budget. Patient Days were 93 – 41 more than August, Outpatient Visits were 1,112 – 240 more than August, RHC visits were 793 – 244 less than August and ER visits were 714 – 51 less than August.

Revenue Deductions for September were \$2,740,486 or \$125,210 more than budget.

Other Operating Revenue was \$170,261.

Non-Operating Revenue was \$201,679.

Hospital Operating Expenses for September were \$2,826,959 which were over budget by \$90,379. Contract Services expenses include \$37,755 for Financials Audit.

EBITDA for September was \$241,844 vs. a **Budget** of \$190,455. **YTD EBITDA** is \$706,342 vs. a **Budget** of \$584,062.

The **Bond Coverage Ratio** in September was 170% vs. an expected ratio of 130%.

**Sierra Vista Hospital
KEY STATISTICS
September 30, 2023**

		MONTH			BENCHMARK RANGE		YEAR TO DATE					
Actual	Budget	Variance to	Prior Year	Variance to	QHR 75th	QHR 50th	Actual	Budget	Variance to	Prior Year	Variance to	
9/30/23	9/30/23	Budget	9/30/22	Prior Year			9/30/23	9/30/23	Budget	09/30/22	Prior Year	
DESCRIPTION												
Growth												
					Net Patient Revenue Growth Rate	6%	5%	22%				
Admissions												
29	22	7	18	11	Acute	227	131	69	66	3	53	16
2	6	(4)	7	(5)	Swing	26	18	6	18	(12)	23	(17)
31	28	3	25	6	Total Admissions	252	149	75	84	(9)	76	(1)
3.0	4.2	(1.2)	5.0	(2.0)	ALOS (acute and swing)	3.3	4.0	2.8	4.2	(1)	5.2	(2.32)
93	117	(24)	126	(33)	Patient Days (acute and swing)			213	351	(138)	392	(179)
1,112	1,000	112	750	362	Outpatient Visits	13,714	7,907	3,120	3,000	120	2,816	304
793	751	42	542	251	Rural Health Clinic Visits	5,822	4,738	2,577	2,253	324	1,730	847
714	703	11	699	15	ER Visits	2,613	2,021	2,191	2,109	82	2,191	-
4%	3%	0.9%	3%	1%	ER Visits Conversion to Acute Admissions	10%	6%	3%	3%	0%	2%	1%
Surgery Cases												
2	-	2	-	2	Inpatient Surgery Cases	65	31	3	-	3	0	3
15	-	15	-	15	Outpatient Surgery Cases	383	194	43	-	43	0	43
17	-	17	-	17	Total Surgeries	449	226	46	-	46	-	46
Profitability												
8%	15%	-7%	-2%	10%	EBITDA % Net Rev	7%	4%	8%	15%	-7%	7%	1%
-5%	15%	-20%	-19%	14%	Operating Margin %	2%	2%	-6%	15%	-21%	-9%	4%
50%	46%	4%	52%	-2%	Rev Ded % Net Rev	47%	50%	53%	46%	7%	55%	-1%
10%	2%	8%	9%	1%	Bad Debt % Net Pt Rev	2%	6%	9%	2%	7%	9%	1%
93%			92%		Outpatient Revenue %	83%	78%	93%			92%	1%
\$ 12,272			\$ 14,245	(\$1,973)	Gross Patient Revenue/Adjusted Admission			\$12,272			\$ 14,245	(\$1,973)
\$ 6,090			\$ 6,830	(\$740)	Net Patient Revenue/Adjusted Admission			\$6,090			\$ 6,830	(\$740)
37%	40%	-3%	45%	-8%	Salaries % Net Pt Rev	35%	40%	39%	40%	-1%	44%	-4%
7%	7%	0%	11%	-3%	Benefits % Net Pt Rev	11%	12%	8%	7%	1%	9%	-1%
7%	8%	-1%	6%	1%	Supplies % Net Pt Rev	10%	13%	6%	8%	-2%	6%	0%
Cash and Liquidity												
102					Days Cash on Hand	236	106	102			147	(45)
40					A/R Days (Gross)	47	57	40			37	3
23					A/R Days (Net)	41	53	23			22	1
29					Days in AP	30	35	29			35	(6)
5.7					Current Ratio	4.3	2.6	5.7			6.5	(0.8)

Sierra Vista Hospital
STATISTICS by Month
September 30, 2023
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Admissions												
Acute										29	21	19
Swing										2	2	2
Total Admissions	-	-	-	-	-	-	-	-	-	31	23	21
ALOS (acute and swing)	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.0	2.3	3.2
Patient Days (acute and swing)										93	52	68
Outpatient Visits										1,112	872	1,136
Rural Health Clinic Visits										793	1,037	747
ER Visits										714	765	712
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	4%	3%	3%						
Surgery Cases												
Inpatient Surgery Cases										2	1	-
Outpatient Surgery Cases										15	16	12
Total Surgeries	-	-	-	-	-	-	-	-	-	17	17	12
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	8%	16%	-1%						
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	-5%	3%	-18%						
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	50%	53%	57%						
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	10%	8%	10%						
Outpatient Revenue %										93%	97%	96%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	\$ 12,272	\$ 7,745	\$ 9,808						
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	\$ 6,090	\$ 3,656	\$ 4,230						
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	37%	36%	46%						
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	7%	7%	8%						
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	7%	6%	6%						
Cash and Liquidity												
Days Cash on Hand	-	-	-	-	-	-	-	-	-	102	105	101
A/R Days (Gross)	-	-	-	-	-	-	-	-	-	40	38	40
A/R Days (Net)	-	-	-	-	-	-	-	-	-	23	20	22
Days in AP	-	-	-	-	-	-	-	-	-	29	23	24
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	5.7	6.7	6.9						

Sierra Vista Hospital
TWELVE MONTH STATISTICS
 September 30, 2023
 (SUBJECT TO AUDIT)

Description	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022
Admissions												
Acute	29	21	19	21	22	23	18	28	22	26	27	20
Swing	2	2	2	8	5	5	5	5	9	5	9	3
Total Admissions	31	23	21	29	27	28	23	33	31	31	36	23
ALOS (acute and swing)	3.0	2.3	3.2	3.7	2.9	3.7	3.3	3.0	5.2	4.0	4.5	4.0
Patient Days (acute and swing)	93	52	68	108	78	103	76	98	160	124	162	93
Outpatient Visits	1,112	872	1,136	1,002	1,111	1,196	999	930	960	1,103	825	1,056
Rural Health Clinic Visits	793	1,037	747	941	899	747	934	697	831	716	744	601
ER Visits	714	765	712	639	755	720	716	573	673	755	757	661
ER Visits Conversion to Acute Admissions	4%	3%	3%	3%	3%	3%	3%	5%	3%	3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases	2	1	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	15	16	12	21	18	17	18	13	8	-	-	-
Total Surgeries	17	17	12	21	18	17	18	13	8	-	-	-
Profitability												
EBITDA % Net Rev	8%	16%	-1%	-13%	3%	-17%	3%	4%	17%	4%	15%	8%
Operating Margin %	-5%	3%	-18%	-31.1%	-10.6%	-34.4%	-11.0%	-12%	4%	-12%	0%	-8%
Rev Ded % Net Rev	50%	53%	57%	53%	54%	56%	49%	46%	47%	52%	52%	57%
Bad Debt % Net Pt Rev	10%	8%	10%	8.2%	2.7%	9.5%	6.8%	7%	8%	4%	10%	11%
Outpatient Revenue %	93%	97%	96%	93%	95%	94%	94%	93%	91%	91%	92%	93%
Gross Patient Revenue/Adjusted Admission	\$ 12,272	\$ 7,745	\$ 9,808	\$ 12,963	\$ 11,645	\$ 11,522	\$ 13,845	\$ 9,650	\$ 14,997	\$ 13,551	\$ 11,810	\$ 15,501
Net Patient Revenue/Adjusted Admission	\$ 6,090	\$ 3,656	\$ 4,230	\$ 6,098	\$ 5,383	\$ 5,016	\$ 7,064	\$ 5,197	\$ 7,987	\$ 6,473	\$ 5,622	\$ 6,719
Salaries % Net Pt Rev	37%	36%	46%	39%	36%	42%	37%	41%	39%	43%	35%	43%
Benefits % Net Pt Rev	7%	7%	8%	19%	6%	10%	9%	8%	8%	8%	7%	9%
Supplies % Net Pt Rev	7%	6%	6%	7%	5%	7%	7%	6%	6%	10%	7%	7%
Cash and Liquidity												
Days Cash on Hand	102	105	101	121	129	125	135	138	134	138	147	147
A/R Days (Gross)	40	38	40	43	43	39	37	41	43	36	39	41
A/R Days (Net)	23	20	22	25	25	25	23	27	28	21	22	26
Days in AP	29	23	24	25	28	20	25	29	28	24	26	39
Current Ratio	5.7	6.7	6.9	4.3	4.5	5.2	5.4	5.8	7.1	7.4	6.7	5.7

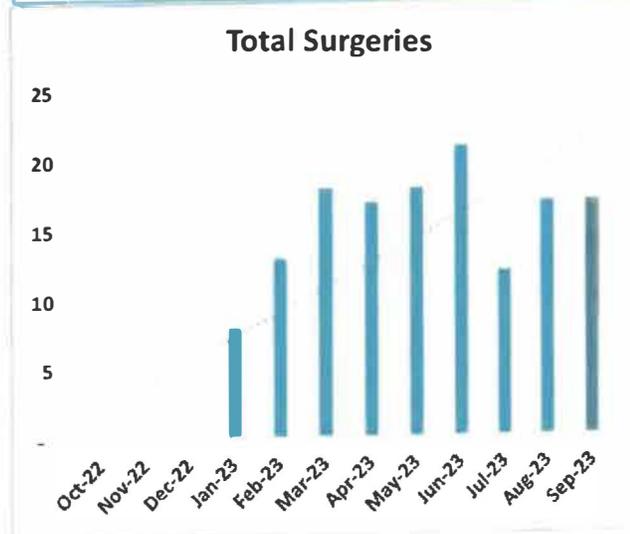
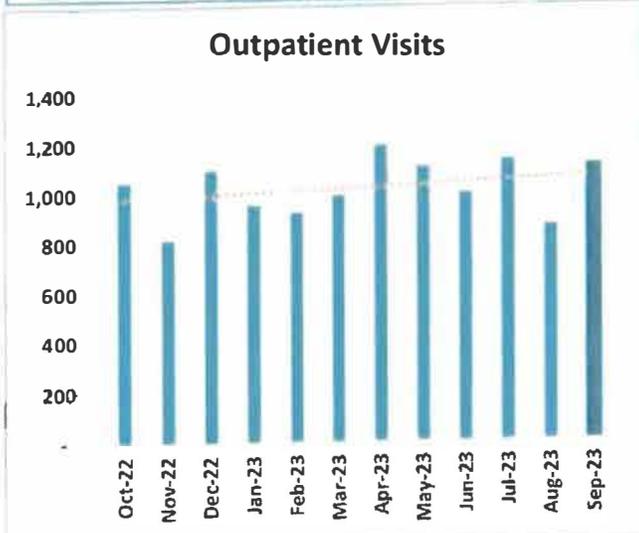
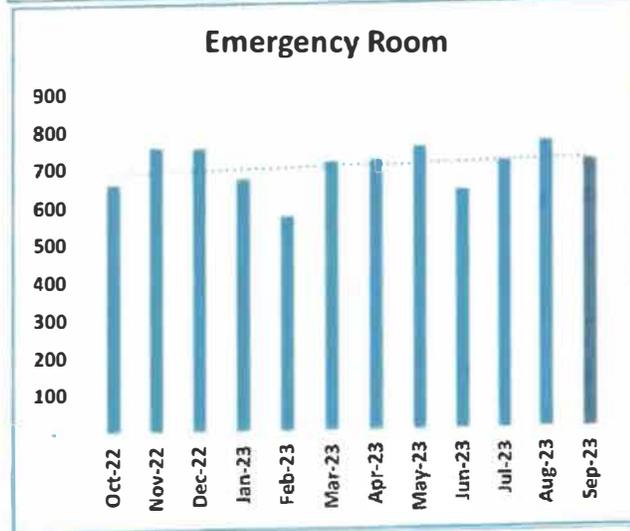
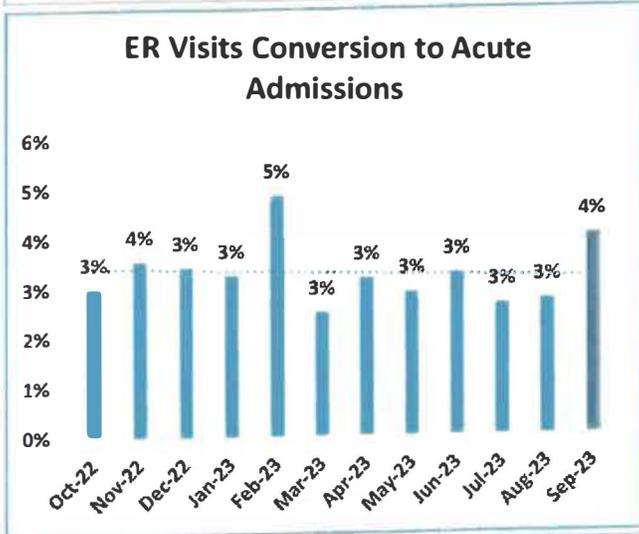
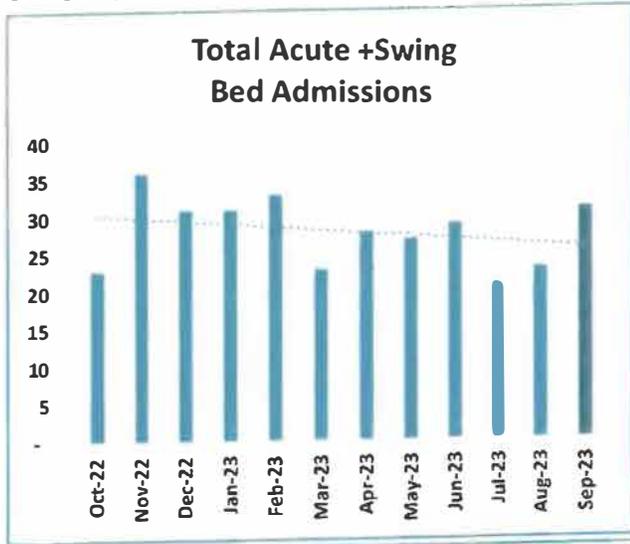
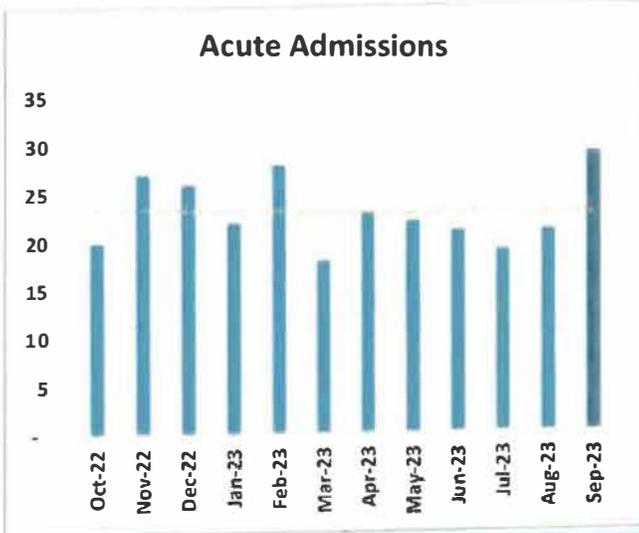
Sierra Vista Hospital
Detailed Stats by Month
9/30/2023
(SUBJECT TO AUDIT)

Description	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Total Acute Patient Days	163	54										80	37	46
Total Swingbed Patient Days	50	17										13	15	22
Total Acute Hours (based on Disch Hrs)	5,007	1,669										2,602	949	1,456
TOTAL ACUTE														
Patient Days	163	54										80	37	46
Admits	69	23										29	21	19
Discharges	72	24										32	18	22
Discharge Hours	5,007	1,669										2,602	949	1,456
Avg LOS	2.3	2.3	#DIV/0!	#DIV/0!	#DIV/0!	2.5	2.1	2.1						
Medicare Acute														
Patient Days	146	49										73	33	40
Admits	58	19										26	17	15
Discharges	61	20										28	15	18
Discharge Hours	4,399	1,466										2,305	818	1,276
Avg LOS	2.4	2.4	#DIV/0!	#DIV/0!	#DIV/0!	2.6	2.2	2.2						
SWING - ALL (Medicare/Other)														
Patient Days	50	17										13	15	22
Admits	6	2										2	2	2
Discharges	8	3										2	2	4
Discharge Hours	1,322	441										338	474	510
Avg LOS	6.3	6.3	#DIV/0!	#DIV/0!	#DIV/0!	6.5	7.5	5.5						
Observations														
Patient Days	119	40										21	72	26
Admits	71	24										20	29	22
Discharge Hours	2,897	966										1096	1186	615
Emergency Room														
Total ER Patients	2,191	730										714	765	712
Admitted	39	13										18	9	12
Transferred	165	55										47	64	54
Ambulance														
Total ALS/BLS runs	981	327										329	319	333
911 Calls	756	252										260	241	255
Transfers	225	75										69	78	78
OP Registrations	3,120	1,040										1,112	872	1,136
Vaccine Clinic	286	95										86	102	98
Rural Health Clinic														
Total RHC Visits	2,577	859										793	1,037	747
Avg Visits per day	121	40										40	47	34
Behavioral Health														
Patients Seen	859	286										264	275	320

Sierra Vista Hospital
Detailed Stats by Month
9/30/2023
(SUBJECT TO AUDIT)

	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Dietary														
Inpatient Meals	1,836	612										708	637	491
Outpatient Meals	190	63										59	69	62
Cafeteria Meals	16,138	5,379										5,319	5,536	5,283
Functions	978	326										372	385	221
Laboratory														
In-house Testing	56,012	18,671										18,884	19,139	17,989
Sent Out Testing	2,390	797										837	754	799
Drugscreens	75	25										24	32	19
Physical Therapy														
PT Visits	370	123											175	195
Tx Units	1,411	470											671	740
Outpatient	82	27											42	40
Inpatient	42	14											20	22
Radiology														
X-Ray Patients	1,309	436										446	440	423
CT Patients	1,183	394										391	430	362
Ultrasound Patients	359	120										79	97	183
Mammogram Patients	122	41										32	47	43
MRI Patients	162	54										57	58	47
Nuclear Medicine Patients	21	7										3	8	10
DEXA	63	21										14	25	24
Surgery														
Surgical Procedures - OR	52	17										17	18	17
GI Lab Scopes	26	9										12	14	-
Major Surgery	2	1										2	-	-
Minor Surgery Under TIVA/Sedation	7	2										3	4	-
Inpatient Procedures	3	1										2	1	-
Outpatient Procedures	43	14										15	16	12
Sleep Study														
Home Testing	6	2										4	1	1
Inhouse	8	3										4	4	-

Volume Trends



**Sierra Vista Hospital
INCOME STATEMENT
September 30, 2023**

MONTH					YEAR TO DATE					
Actual 9/30/23	Budget 9/30/23	Variance to Budget	Prior Year 9/30/22	Variance to Prior Year	DESCRIPTION	Actual 9/30/23	Budget 9/30/23	Variance to Budget	Prior Year 9/30/22	Variance to Prior Year
\$ 5,434,928	\$ 5,235,554	\$ 199,374	\$ 4,273,541	\$ 1,161,387	Gross Patient Revenue	\$ 16,521,797	\$ 16,055,698	\$ 466,099	\$ 13,883,855	\$ 2,637,942
\$ 2,388,517	2,306,849	81,668	1,975,761	\$412,756	Revenue Deductions					
\$ 313,140	208,196	104,945	202,078	\$111,062	Contractual Allowances	7,799,468	7,074,338	725,130	6,680,613	\$1,118,854
\$ 38,828	100,231	(61,402)	51,025	(\$12,197)	Bad Debt	804,235	638,467	165,768	616,156	\$188,078
					Other Deductions	212,502	307,374	(94,872)	280,311	(67,809)
\$ 2,740,486	\$ 2,615,276	\$ 125,210	\$ 2,228,864	\$ 511,621	Total Revenue Deductions	\$ 8,816,204	\$ 8,020,179	\$ 796,026	\$ 7,577,080	\$ 1,239,124
\$ 2,420	1,976	444	4,366	(\$1,946)	Other Patient Revenue	14,728	6,060	8,669	7,467	7,262
\$ 2,696,862	\$ 2,622,254	\$ 74,608	\$ 2,049,043	\$ 647,819	Net Patient Revenue	\$ 7,720,322	\$ 8,041,580	\$ (321,258)	\$ 6,314,241	\$ 1,406,080
50%	50%	(0%)	48%	2%	Gross to Net %	47%	50%	(3%)	45%	1%
\$ 170,261	160,858	9,403	322,559	(\$152,297)	Other Operating Revenue	525,846	493,299	32,547	676,415	(150,569)
\$ 201,679	143,922	57,756	31,923	\$169,756	Non-Operating Revenue	573,488	441,362	132,126	466,021	107,466
\$ 3,068,803	\$ 2,927,035	\$ 141,768	\$ 2,403,525	\$ 665,278	Total Operating Revenue	\$ 8,819,655	\$ 8,976,241	\$ (156,586)	\$ 7,456,678	1,362,977
					Expenses					
\$ 1,228,153	\$ 1,287,969	(\$59,816)	\$ 1,180,350	\$ 47,802	Salaries & Benefits	\$ 3,674,504	\$ 3,949,771	(275,267)	\$ 3,400,613	\$ 273,891
\$ 1,007,467	1,064,792	(57,326)	928,471	78,995	Salaries	3,029,295	3,265,363	(236,068)	2,754,453	274,843
\$ 201,610	201,203	407	220,894	(19,284)	Benefits	592,014	617,023	(25,009)	566,076	25,938
\$ 19,076	21,973	(2,897)	30,985	(11,910)	Other Salary & Benefit Expense	53,195	67,384	(14,189)	80,085	(26,890)
\$ 195,362	156,518	38,844	127,032	68,330	Supplies	494,094	479,989	14,105	407,273	\$86,821
\$ 961,100	813,362	147,738	735,150	225,950	Contract Services	2,593,824	2,494,309	99,515	1,953,763	\$640,061
\$ 181,459	178,360	3,099	177,798	3,661	Professional Fees	546,506	546,972	(466)	538,531	\$7,975
\$ 13,275	8,969	4,305	9,050	4,224	Leases/Rentals	76,582	27,506	49,076	28,882	\$47,700
\$ 56,201	37,943	18,258	38,432	17,769	Utilities	171,374	116,359	55,015	131,901	\$39,473
\$ 64,352	63,035	1,317	57,920	6,432	Repairs / Maintenance	193,454	193,307	147	136,830	\$56,624
\$ 87,776	84,397	3,380	78,159	9,618	Insurance	264,049	258,817	5,232	235,418	\$28,631
\$ 39,281	106,027	(66,746)	46,932	(\$7,651)	Other Operating Expenses	98,925	325,149	(226,224)	119,079	(\$20,154)
\$ 2,826,959	\$ 2,736,580	\$ 90,379	2,450,824	\$ 376,135	Total Operating Expenses	\$ 8,113,313	\$ 8,392,179	(\$278,865)	\$ 6,952,291	\$ 1,161,022
\$ 241,844	\$ 190,455	\$ 51,389	(\$47,299)	\$ 289,143.09	EBITDA	\$ 706,342	\$ 584,062	\$ 122,280	\$ 504,387	\$ 201,955
8%	7%	1%	(2%)	10%	EBITDA Margin	8%	7%	2%	7%	1%
					Non - Operating Expenses					
\$ 276,280	\$ 282,465	(\$6,185)	\$ 285,258	(\$8,978)	Depreciation and Amortization	847,274	\$ 866,225	(18,951)	\$ 854,280	(\$7,006)
\$ 74,647	72,918	\$ 1,729	73,387	\$ 1,260	Interest	223,057	223,616	(559)	\$ 222,220	\$ 837
\$ 51,511	49,515	\$ 1,996	48,047	\$ 3,464	Tax/Other	161,155	151,846	9,309	\$ 133,884	\$ 27,272
\$ 402,437	\$ 404,898	(\$2,461)	\$ 406,692	(\$4,254)	Total Non Operating Expense	\$ 1,231,486	\$ 1,241,688	(\$10,201)	\$ 1,210,383	\$ 21,103
(\$160,594)	(\$214,443)	\$ 53,849	(\$453,991)	\$ 293,397	NET INCOME (LOSS)	(\$525,144)	(\$657,625)	\$ 132,481	(\$705,996)	\$ 180,852
(5%)	(7%)	2%	(19%)	14%	Net Income Margin	(6%)	(7%)	1%	(9%)	4%

Sierra Vista Hospital
INCOME STATEMENT by Month
September 30, 2023

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Revenues												
Gross Patient Revenue										\$ 5,434,928	\$ 5,937,549	\$ 5,149,321
Revenue Deductions												
Contractual Allowances										2,388,517	2,800,771	2,610,179
Bad Debt										313,140	251,113	239,981
Other Deductions										38,828	92,221	81,452
Total Revenue Deductions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,740,486	\$ 3,144,106	\$ 2,931,613
Other Patient Revenue										2,420	9,278	3,030
Net Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,696,862	\$ 2,802,721	\$ 2,220,738
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	50%	47%	43%						
Other Operating Revenue										170,261	206,464	149,121
Non-Operating Revenue										201,679	199,315	172,494
Total Operating Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,068,803	\$ 3,208,500	\$ 2,542,353
Expenses												
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,228,153	\$1,228,723	\$1,217,628
Salaries										1,007,467	1,005,620	1,016,209
Benefits										201,610	204,408	185,996
Other Salary & Benefit Expense										19,076	18,695	15,424
Supplies										195,362	169,487	129,245
Contract Services										961,100	839,231	793,494
Professional Fees										181,459	183,201	181,846
Leases/Rentals										13,275	38,504	24,804
Utilities										56,201	66,553	48,620
Repairs / Maintenance										64,352	56,822	72,280
Insurance										87,776	88,136	88,136
Other Operating Expenses										39,281	35,917	23,728
Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,826,959	\$2,706,574	\$2,579,781
EBITDA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$241,844	\$501,926	(\$37,428)
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	8%	16%	-1%						
Non - Operating Expenses												
Depreciation and Amortization										\$276,280	\$286,623	\$284,371
Interest										74,647	75,119	73,290
Tax/Other										51,511	57,882	51,763
Total Non Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$402,437	\$419,625	\$409,424
NET INCOME (LOSS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$160,594)	\$82,302	(\$446,852)
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	(5%)	3%	(18%)						

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
September 30, 2023

Description	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022
Revenues												
Gross Patient Revenue	\$ 5,434,928	\$ 5,937,549	\$ 5,149,321	\$ 5,370,369	\$ 6,288,038	\$ 5,376,911	\$ 5,307,092	\$ 4,549,211	\$ 5,165,758	\$ 4,667,505	\$ 5,314,315	\$ 5,093,059
Revenue Deductions												
Contractual Allowances	2,388,517	2,800,771	2,610,179	2,336,509	3,151,993	2,695,301	2,289,972	1,814,723	2,120,473	2,210,856	2,412,093	2,495,591
Bad Debt	313,140	251,113	239,981	226,311	80,846	244,607	196,488	188,500	227,839	90,154	283,657	263,472
Other Deductions	38,828	92,221	81,452	80,618	167,255	96,442	112,703	97,226	69,802	142,331	88,865	128,587
Total Revenue Deductions	\$ 2,740,486	\$ 3,144,106	\$ 2,931,613	\$ 2,643,438	\$ 3,400,094	\$ 3,036,350	\$ 2,599,163	\$ 2,100,450	\$ 2,418,114	\$ 2,443,341	\$ 2,784,615	\$ 2,887,649
Other Patient Revenue	2,420	9,278	3,030	3,827	18,824	154	6	1,472	3,356	5,352	27	2,202
Net Patient Revenue	\$ 2,696,862	\$ 2,802,721	\$ 2,220,738	\$ 2,730,758	\$ 2,906,768	\$ 2,340,716	\$ 2,707,935	\$ 2,450,232	\$ 2,751,000	\$ 2,229,516	\$ 2,529,727	\$ 2,207,611
Gross to Net %	50%	47%	43%	51%	46%	44%	51%	54%	53%	48%	48%	43%
Other Operating Revenue	170,261	206,464	149,121	(316,557)	48,929	24,907	191,665	143,649	122,435	161,664	168,134	142,078
Non-Operating Revenue	201,679	199,315	172,494	193,034	116,886	57,418	123,230	114,504	162,867	213,425	156,372	135,314
Total Operating Revenue	\$ 3,068,803	\$ 3,208,500	\$ 2,542,353	\$ 2,607,235	\$ 3,072,583	\$ 2,423,040	\$ 3,022,830	\$ 2,708,386	\$ 3,036,303	\$ 2,604,604	\$ 2,854,233	\$ 2,485,004
Expenses												
Salaries & Benefits	1,228,153	1,228,723	1,217,628	1,522,451	1,254,038	1,244,453	1,267,204	1,208,507	1,316,706	1,165,013	1,107,334	1,164,042
Salaries	1,007,467	1,005,620	1,016,209	993,810	1,034,473	989,714	1,007,694	1,005,741	1,085,374	963,610	897,576	959,534
Benefits	201,610	204,408	185,996	503,276	186,135	229,716	231,654	185,073	209,913	183,709	186,701	190,504
Other Salary & Benefit Expense	19,076	18,695	15,424	25,366	33,431	25,023	27,856	17,692	21,418	17,694	23,057	14,004
Supplies	195,362	169,487	129,245	240,382	144,630	153,123	176,654	145,574	159,611	216,154	170,929	143,508
Contract Services	961,100	839,231	793,494	901,427	1,138,421	908,444	1,079,524	824,458	644,493	680,378	759,436	631,234
Professional Fees	181,459	183,201	181,846	181,669	181,847	181,668	183,621	177,452	183,930	178,636	184,377	180,160
Leases/Rentals	13,275	38,504	24,804	25,128	24,485	10,500	8,286	10,606	9,203	9,334	5,400	7,514
Utilities	56,201	66,553	48,620	41,833	40,994	36,232	33,977	32,531	32,041	29,350	32,695	46,475
Repairs / Maintenance	64,352	56,822	72,280	71,619	77,231	85,760	65,840	86,468	67,748	54,759	73,937	34,975
Insurance	87,776	88,136	88,136	76,543	76,907	77,715	76,878	79,176	77,715	76,549	76,743	45,873
Other Operating Expenses	39,281	35,917	23,728	40,716	32,453	135,503	30,130	41,476	30,987	82,661	27,562	20,073
Total Operating Expenses	\$2,826,959	\$2,706,574	\$2,579,781	\$3,101,768	\$2,971,006	\$2,833,397	\$2,922,115	\$2,606,248	\$2,522,434	\$2,492,833	\$2,438,413	\$2,273,853
EBITDA	\$241,844	\$501,926	(\$37,428)	(\$494,533)	\$101,577	(\$410,357)	\$100,715	\$102,138	\$513,869	\$111,771	\$415,820	\$211,151
EBITDA Margin	8%	16%	-1%	-19.0%	3%	-17%	3%	4%	17%	4%	15%	8%
Non - Operating Expenses												
Depreciation and Amortization	276,280	286,623	284,371	352,158	294,248	294,081	286,746	286,443	286,009	285,517	285,517	285,285
Interest	74,647	75,119	73,290	135,720	74,926	73,320	77,117	75,095	73,349	73,359	71,474	73,377
Tax/Other	51,511	57,882	51,763	56,769	56,598	55,636	69,921	53,165	34,842	56,135	56,785	45,182
Total Non Operating Expenses	\$402,437	\$419,625	\$409,424	\$544,646	\$425,772	\$423,037	\$433,785	\$414,702	\$394,200	\$415,011	\$413,777	\$403,844
NET INCOME (LOSS)	(\$160,594)	\$82,302	(\$446,852)	(\$1,039,179)	(\$324,195)	(\$833,394)	(\$333,070)	(\$312,564)	\$119,670	(\$303,240)	\$2,043	(\$192,693)
Net Income Margin	(5%)	3%	(18%)	(39.9%)	(11%)	(34%)	(11%)	(12%)	4%	(12%)	0%	(8%)

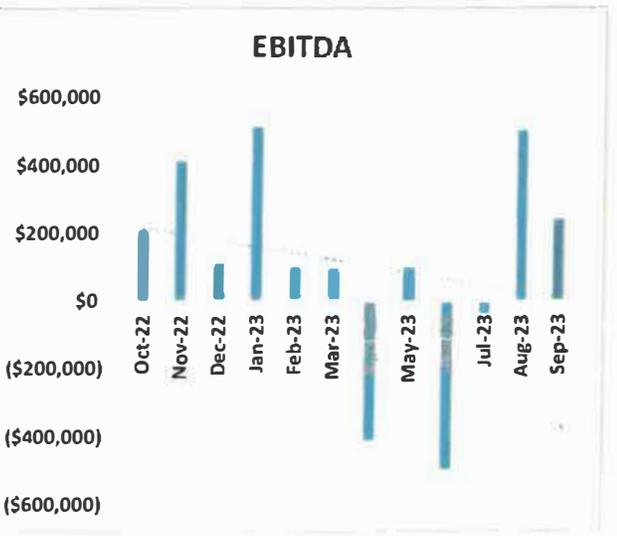
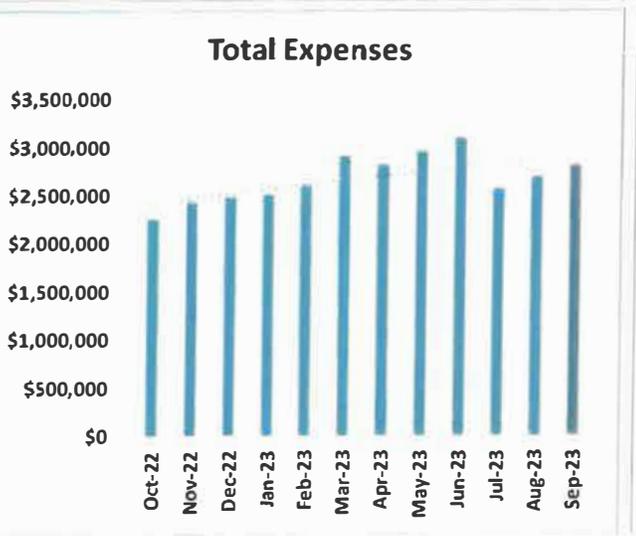
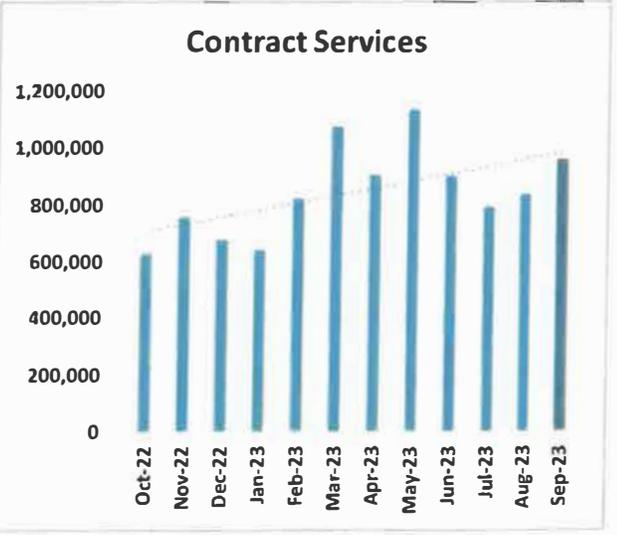
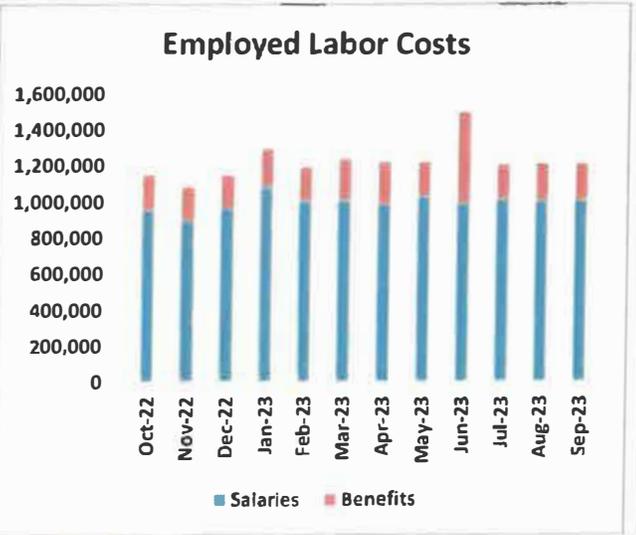
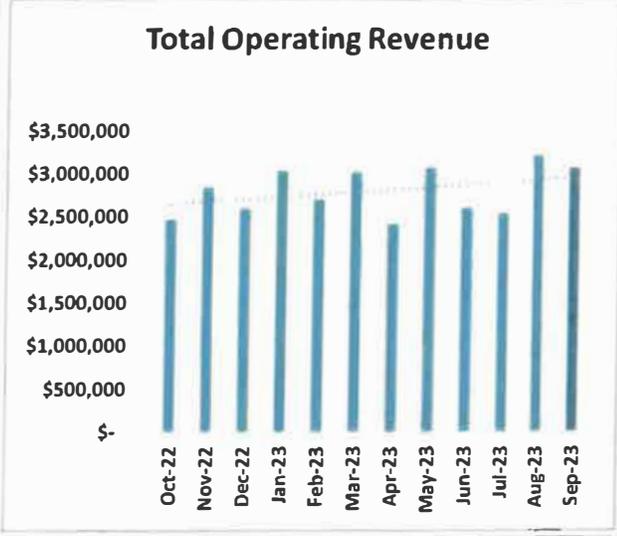
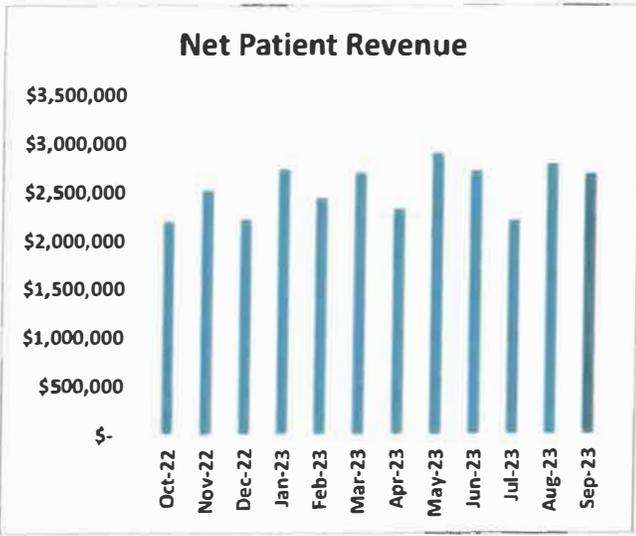
**Sierra Vista Hospital
BALANCE SHEET
September 30, 2023**

September 30, 2023 (Unaudited)	DESCRIPTION	June 30, 2023 (Unaudited)
	Assets	
	Current Assets	
\$ 9,018,432	Cash and Liquid Capital	\$ 10,246,815
\$ 167,145	US Bank Clearing	\$ 98,103
\$ 9,185,577	Total Cash	\$ 10,348,345
\$ 7,277,291	Accounts Receivable - Gross	\$ 7,263,177
\$ 5,271,905	Contractual Allowance	\$ 5,240,610
\$ 2,005,386	Total Accounts Receivable, Net of Allowance	\$ 2,022,567
\$ 1,541,978	Other Receivables	\$ 960,302
\$ 458,005	Inventory	\$ 436,861
\$ 737,994	Prepaid Expense	\$ 74,946
\$ 13,928,939	Total Current Assets	\$ 13,839,594
	Long Term Assets	
\$ 55,191,824	Fixed Assets	\$ 55,003,729
\$ 18,852,072	Accumulated Depreciation	\$ 17,995,002
\$ -	Construction in Progress	\$ -
\$ 36,339,752	Total Fixed Assets, Net of Depreciation	\$ 37,003,829
\$ 36,339,752	Total Long Term Assets	\$ 37,003,829
\$ 2,264,783	New Hospital Loan	\$ 2,018,590
\$ 52,533,475	Total Assets	\$ 52,862,013
	Liabilities & Equity	
	Current Liabilities	
\$ 1,433,276	Account Payable	\$ 1,213,024
\$ 375,197	Interest Payable	\$ 144,504
\$ 50,201	Accrued Taxes	\$ 52,244
\$ 800,596	Accrued Payroll and Related	\$ 1,104,431
\$ (235,000)	Cost Report Settlement	\$ (235,000)
\$ 2,424,271	Total Current Liabilities	\$ 2,279,202
	Long term Liabilities	
\$ 24,744,932	Long Term Notes Payable	\$ 24,756,827
\$ 24,744,932	Total Long Term Liabilities	\$ 24,756,827
\$ 476,889	Unapplied Liabilities	\$ 386,523
\$ 304,719	Capital Equipment Lease	\$ 331,184
\$ 27,950,810	Total Liabilities	\$ 27,753,736
\$ 25,142,933	Retained Earnings	\$ 26,147,456
\$ (560,268)	Net Income	\$ (1,039,179)
\$ 52,533,475	Total Liabilities and Equity	\$ 5,286,213

Sierra Vista Hospital
BALANCE SHEET by Month
September 30, 2023

	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	
Assets													
Current Assets													
Cash and Liquid Capital										9,018,432	9,088,598	8,814,096	
US Bank Clearing										167,145	206,091	189,137	
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,185,577	\$9,294,689	\$9,003,233	
Accounts Receivable - Gross										7,277,291	7,050,448	7,173,889	
Contractual Allowance										5,271,905	5,380,258	5,496,707	
Total Accounts Receivable, Net of Allowance	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$2,005,386	\$1,670,190	\$1,677,182	
Other Receivables										1,541,978	1,376,084	1,113,914	
Inventory										458,005	458,248	466,260	
Prepaid Expense										737,994	837,451	861,579	
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,928,939	\$13,636,661	\$13,122,168	
Long Term Assets													
Fixed Assets										55,191,824	55,069,696	55,069,696	
Accumulated Depreciation										18,852,072	18,570,895	18,284,271	
Total Fixed Assets, Net of Depreciation	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$36,339,752	\$36,498,801	\$36,785,425	
Total Long Term Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$36,339,752	\$36,498,801	\$36,785,425	
New Hospital Loan										\$	\$2,264,783	\$2,144,494	\$2,141,206
Total Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$52,533,475	\$52,279,956	\$52,048,799	
Liabilities & Equity													
Current Liabilities													
Account Payable										1,433,276	1,102,481	1,144,254	
Interest Payable										375,197	298,299	221,402	
Accrued Taxes										50,201	54,176	50,464	
Accrued Payroll and Related										800,596	821,798	718,994	
Cost Report Settlement										(235,000)	(235,000)	(235,000)	
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,424,271	\$2,041,755	\$1,900,113	
Long term Liabilities													
Long Term Notes Payable										24,744,932	24,748,897	24,752,862	
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,744,932	\$24,748,897	\$24,752,862	
Unapplied Liabilities													
Capital Equipment Lease										476,889	435,728	405,055	
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,950,810	\$27,536,231	\$27,387,374	
Retained Earnings										\$25,142,933	\$25,142,933	\$25,142,933	
Net Income										(\$560,268)	(\$399,207)	(\$481,508)	
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,533,475	\$52,279,956	\$52,048,799	

Financial Trends



Sierra Vista Hospital

9/30/2023

Reserves

	9/30/2023	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
FY23 Cost Report Receivable	385,000	
Total Liability	<u>235,000</u>	



**Medical Staff Committee
Sierra Vista Hospital
Held on October 10, 2023**

Medical Executive Committee Election Results:

CHAIR: Sonia Seufer, M.D.

VICE-CHAIR: Erica Palin, M.D.

SECRETARY: John Garver, D.O.

Approved Policies:

Policy # 513-02-011 Controlled Substances

Policy # 953-02-054 - NM Vaccine for Children (VFC) Program



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Rural Health Clinic Original Policy Date: 10/9/2023

SUBJECT: NM Vaccine for Children Review: 2023 2024 2025
(VFC) Program Policy Last Revised:

APPROVED BY: Manager:

SCOPE:

The procedure and policy regarding vaccines from the VFC program for use in the Rural Health Clinic at Sierra Vista Hospital and Clinics.

DEFINITIONS:

- NMSIIS: New Mexico Statewide Immunization Information System
- NMDOH: New Mexico Department of Health
- VFC: Vaccines for Children Program by the New Mexico Department of Health

POLICY:

This policy is to ensure proper storage, handling and documentation of vaccines from the VFC program. It also is to ensure proper procurement and management of these vaccines and to give instruction on ordering, transferring, shipment and returning of these vaccines.

PROCEDURE:

- I. STORAGE AND HANDLING
 - A. Vaccines will be stored in a pharmacy grade refrigerator and freezer that have been approved by the VFC Program and are located in the locked Medication Room in the Rural Health Clinic.
 - 1) Vaccines will be stored in accordance with the storage guidelines from the (NMDOH) and the NM VFC Program.
 - 2) Vaccines will be stored separate from other non-VFC vaccines. Live vaccines will be stored in the original container or an opaque envelope/bag.
 - 3) Warning signs will be on the electrical outlets associated with the refrigerator and freezer.
 - B. A temperature monitoring probe will be placed in the central area of the vaccine storage unit.
 - 1) The temperature of the refrigerator and freezer will be monitored daily using calibrated data loggers provided by the New Mexico VFC Program. The temperature log will be completed twice a day.
 - 2) Backup data loggers will be kept for each storage unit.
 - 3) Battery in data loggers will be changed every year per protocol.

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- C. Temperature logs will be uploaded to the NMSIIS website as instructed on the NM VFC Temperature Log for Vaccines form by the first of every month. If that day happens to be on a weekend, it will be uploaded on the last day of the previous month.
 - 1) Temperature logs will be kept on file for 3 years in a designated binder kept in the locked Medication Room in the Rural Health Clinic.
- D. If the temperature of the refrigerator or the freezer is out of range, immediate corrective action will take place by following the most current instructions on the NM VFC Temperature Log and VFC Troubleshooting Record Form.
- E. Certificates of calibration will be stored in the Vaccines for Children Binder, that is located in the locked Medication Room of the Rural Health Clinic.
 - 1) Calibration testing will be done every 2 years as outlined on the routine management plans done by the VFC program coordinator and approved by the NM VFC Immunization Coordinator for Sierra County.

II. INVENTORY

A record of all vaccine shipments will be maintained by keeping the shipment package list in an assigned binder kept in the locked Medication Room of the Rural Health Clinic and by completing the VFC Program inventory log. Shipment records will be kept on file for 3 years.

III. ORDERING

- A. Vaccines will be ordered using the VFC Online ordering system.
 - 1) VFC Vaccines may only be ordered once a month during the 16th to the end of that month by the VFC Program Coordinator or Backup VFC Program Coordinator.
 - a. The VFC Program Coordinator and Backup VFC Program Coordinator must successfully complete the NM VFC Vaccine Online Ordering Training Course.
 - b. Certificate of completion will be stored in the Vaccines for Children Binder.

IV. SHIPMENT

- A. VFC vaccine shipments will never be refused on delivery. The prompt delivery of vaccines will be brought to the VFC Program Coordinator or the Backup Program Coordinator.
- B. Upon delivery of vaccines:
 - The vaccine shipments will be opened immediately, and the temperature sensors will be checked.
 - Report out of range temperature monitors inside the vaccine shipment to distributor within an hour of checking the temperature sensors.
 - Any out-of-range vaccine shipments will be reported to the NMDOH VFC Immunization Coordinator and a VFC Troubleshooting Record Form will be completed and sent to the NM VFC Program. The vaccines will not be used until a resolution is reached.
 - Vaccines will be inspected and compared to the packing list.

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- The number of diluent doses will be counted to be sure there is a correct match of vaccine doses to diluent doses.
 - Vaccines will be stored at appropriate temperatures in pharmacy grade refrigerator and/or freezer.
 - A copy of the packing list will be sent to the SVH pharmacy in order to update the med dispense.
- C. Damaged packages, missing diluents or missing product will be reported to the NM VFC Immunization Coordinator. A VFC Troubleshooting Record Form will be completed and sent to the NM VFC Program.

V. RETURNING

- A. All returns will be processed through NMSIIS. Returns should be stored in pharmacy grade refrigerator and/or freezer, marked as 'DO NOT USE' and NMDOH VFC Immunization Coordinator contacted immediately for instructions.
- B. Only expired or non-viable/spoiled vaccine may be returned.
- 1) Expired vaccines will be returned immediately upon expiration.
 - 2) Non-viable vaccine can only be returned after the NM VFC Program has reviewed the VFC Troubleshooting Record Form and cleared the vaccines for return.
- C. Procedure for Returning:
- Complete and send the VFC Vaccine Return Form to the NM VFC Program. A return shipping label will be requested on the form. The label will be mailed by the appointed distribution vendor or emailed to the primary VFC Program Coordinator.
 - When the vaccine(s) are packaged, include a copy of the return form and/or the Vaccine Return Details Sheet.
 - Use the return shipping label that was mailed by the appointed distribution vendor or emailed to the primary VFC Program Coordinator.

VI. TRANSFER OF VFC VACCINES

- A. Transfer of VFC vaccines will be used to prevent wastage of vaccines. VFC Vaccines may only be transferred to another NM VFC Provider.
- 1) Vaccines will be transferred at least 3 months before the expiration date.
- B. The NMDOH VFC Immunization Coordinator will be contacted to assist in finding a VFC Provider who can take the vaccines.
- C. A VFC Vaccine Transfer Form will be completed by the VFC Program Coordinator and faxed to the NM VFC Program for transfer approval.
- D. Vaccines will be prepared for transfer per the current VFC Transport Instructions for refrigerated and/or frozen vaccines.
- E. Labels will be attached to the outside of the transfer container to identify contents as perishable vaccines. A copy of the VFC Vaccine Transfer Form will be placed with the vaccines.

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VII. EMERGENCY VACCINE MANAGEMENT

- A. The VFC Program coordinator will maintain and implement the Emergency Vaccine Management protocol per guidelines given by the NM VFC Program.
 - 1) The Emergency plan will be reviewed and updated annually. It will be stored in the VFC Binder and placed on the wall above where the vaccines are stored.

VIII. TRAINING

- A. All new clinic staff and temporary staff will review this policy and procedure upon being hired.
- B. Coordinator and Backup Coordinator must complete VFC Program requirements and training must be documented.
 - 1) Certificates of training will be kept in VFC Binder.
- C. Certificates of NMSIIS training done by clinic providers and staff will be kept in the VFC Binder.
- D. VFC Program Medical Director/signing provider for Sierra Vista Rural Health Clinic will recertify program by completing the VFC Enrollment process through NMSIIS as required by the NM VFC Program guidelines.
 - 1) A new provider agreement will be completed if VFC Program Medical Director/signing provider changes.

IX. VFC PATIENT ELIGIBILITY

VFC Vaccines are only to be used for children 18 years of age or younger.

X. DOCUMENTATION

- A. Parent/guardian will be presented with a copy of the Vaccination Information Sheet (VIS) that corresponds with the vaccines that are being recommended to be given to review.
 - 1) Parent/guardian will be given a form that documents the VIS sheet(s) was/were reviewed and if the parent/guardian agreed or declined to vaccine(s) being given. The form will be signed by parent/guardian.
 - 2) Document will be scanned into patient's chart and kept in assigned binder. Documents will be kept on file for 3 years.
- B. Any serious adverse reactions will be reported to the Vaccine Adverse Events Reporting System (VAERS) in accordance to NMDOH protocol.
- C. NM VFC Program will be notified of any changes in key staff, changes in contacts, changes in contact information, such as: e-mail addresses, vaccine shipping or mailing address or telephone number(s) by faxing the VFC Contact information Change Form

REFERENCE(S):

NMDOH VFC Program
NMDOH VFC Provider Portal
VFC Childhood Vaccine Supply Policy – Center for Disease Control
VFC Child Health Learning Initiative – New Mexico Department of Health



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

Department: Pharmacy

Original Policy Date: 01/2009

Subject: Controlled Substances

Review: 2023 MB 2024 2025

Approved By:
Pharmacy and Therapeutics:
Medical Staff:
Governing Board:

Last Revised: 02/2023

Manager: Melissa Bierner, Pharm.D., RPh

SCOPE:

This policy applies to Sierra Vista Hospital, employees, medical staff, contractors, patients, and visitors regardless of service location or category of patient. This policy applies to all patient care settings within Sierra Vista Hospital.

PURPOSE:

To put forth standards to comply with all Drug Enforcement Administration (DEA) and New Mexico Board of Pharmacy (NMBOP) requirements as they relate to controlled substances.

POLICY:

Sierra Vista Hospital will comply with all DEA and NMBOP requirements as they pertain to the handling, documentation, and auditing for controlled substances. All controlled substances' inventories are subject to utilization accountability audit trails to ensure appropriate prescribing, dispensing and administration and that the system complies with State and Federal laws and regulations.

All storage of controlled substances will be restricted to automated dispensing cabinetry

PROCEDURE:

Controlled Substance Acquisition and Procurement

- The pharmacy department will purchase, and store only controlled substances authorized by state and federal governments.
- The acquisition of all controlled substances will be through only approved wholesalers, manufacturers, and vendors.
- A CII order will be accompanied by a DEA 222 form or submitted through the CSOS system.
 - When a controlled substance is received by the pharmacy, 2 pharmacy staff members (one must be a pharmacist) will check in and verify the order.
 - All orders will be checked for accuracy.
 - If a discrepancy is identified the Director of Pharmacy or designee and wholesaler shall be notified.
- All records of the received inventory must be documented and retained in accordance with state and federal regulations. C-II invoices will be filed separately from C-III, C-IV, or C-V and legend invoices.

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Storage and Security

- All medications are to be stored in accordance with New Mexico Board of Pharmacy regulations and manufacturer's recommendations.
- Pharmacy
 - All controlled substances in the pharmacy will be stored in the automated dispensing cabinetry in the locked narcotic room.
 - The narcotic room and the automated dispensing cabinetry are to always be secured when not in active use.
 - Access to medication storage area in the pharmacy is limited to pharmacy staff with badge access.
- Transportation to Units
 - The controlled substances being transported must be kept in the immediate possession of the pharmacy staff member performing the delivery.
- Storage on Units
 - Controlled substances will only be stored in the automated dispensing cabinetry.
 - Controlled substances that are delivered to the unit for specific patient are not to be left unattended.
- Automated dispensing cabinetry access is limited to pharmacy and patient care personnel who have completed proper training and documentation.
 - Users accounts are created and maintained by the Pharmacy Department.
 - The pharmacy director will review termination lists from Human Resources to terminate automated dispensing cabinet access when an employee is terminated.
 - The CNO or nursing leader may also notify the pharmacy director of any additions, deletions, or changes to access.

Controlled Substances Access

- Pharmacy
 - Access to controlled substances will be limited to licensed pharmacy personnel.
- Nursing
 - Only licensed nursing staff who have a valid clinical need for controlled substances will be granted access after completion of the appropriate documentation.
 - Access will be restricted to the care areas to which that person is normally assigned.

Ordering and Prescribing Controlled Substances

- Controlled substances may be ordered for a patient only by properly credentialed and privileged prescribers who are authorized to do so by the DEA and NMBOP.
- All orders for controlled substances must be within the scope of practice for the provider issuing the order.
- All orders for controlled substances will be ordered and processed through the same procedures used for non-controlled substances.

Automated Dispensing Cabinet

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- Pharmacy personnel will remove the controlled substances from the automated dispensing cabinet in the pharmacy for delivery to the units automated dispensing cabinet.
- The controlled substances being stocked in the automated dispensing cabinet will have a maximum and minimum level assigned that reflects patient usage on that specific unit.
 - The pharmacy team will monitor the utilization of controlled substances in each area and adjust the inventory accordingly.
- All controlled substances will be stocked in secured area of the automated dispensing cabinet (examples of unsecured areas: matrix drawer with other medications and auxiliary towers)

Patient Specific Controlled Substance Pharmacy Preparation and Distribution

- Pharmacy personnel will deliver patient specific controlled substances to the patient care area if one of the following apply:
 - Continuous controlled substance infusions
 - Compounded patient specific analgesic
 - Outpatient clinic dose to be given in the clinic.
- Pharmacy personnel will deliver one patient specific dose at a time.
- Medication delivered to a specific patient will be documented on the Delivery Receipt.
 - Upon receipt of the controlled substance from pharmacy personnel, the nurse will verify the patient's name and MRN #, medication, strength, and quantity.
 - The nurse receiving the controlled substance will accept transfer of responsibility to the patient care area from the pharmacy by signing the Delivery Receipt.
 - The signature of the pharmacy personnel delivering the medication and the nurse receiving the medication is required on the Delivery Receipt.

Administration and Documentation

- Controlled substances will be administered and documented in the patient's chart, in the same procedures as non-controlled substances.
- Controlled substances cannot be stored at bedside or in the patient's room.
- Properly licensed personnel may obtain, handle, and/or administer controlled substances in accordance with their scope of practice as defined by their accrediting or licensing board.
 - If the licensed practitioner requests a controlled substance, the nurse must obtain the medication, witness the administration of the medication, and document administration in the patient medication administration record (MAR).
- At the time the medication is due for administration, the nurse or other appropriate healthcare professional will remove the medication from the automated dispensing cabinet under the correct patient profile and administer the dose to the patient following the rights of medication administration.
 - When removing medication, the staff member will always refer to the MAR.
- If the medication due for administration is a patient specific controlled substance dose, it must be documented as dispensed in the MAR by the nurse administering the medication.

Waste and Disposal

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- **Nursing Staff**
 - Documentation of waste will be completed at the time the controlled substance is wasted and performed in front of a witness.
 - Wastage will occur at the time of the dispensing of the dose or in case of a refused dose, as close to the time of dispensing as possible, must be wasted within 1 hour of dispensing.
 - If a controlled substance was dispensed from an automated dispensing cabinet, the waste should be placed in the controlled substance medication waste bin and documented in the automated dispensing cabinet as waste by two licensed personnel.
 - The nurse who administered the medication should log into the automated dispensing cabinet and the witness should log in second.
 - Waste notation in the automated dispensing cabinet should be recorded in the amount of mL's or tablet being wasted (e.g., 0.5 mL or 0.5 tab)
 - The syringe, vial or medication package will be labeled with a patient label, nurses initials and time administered.
 - If a controlled substance was dispensed from the pharmacy as patient specific dose, the waste must be documented on the Delivery Receipt. Pharmacy personnel is to waste it in the pharmacy narcotic automated dispensing cabinet.
 - In the notes document date and time medication was returned to pharmacy.
- **Controlled Substance Patch Disposal**
 - Sierra Vista Hospital Pharmacy is prohibited from dispensing Fentanyl Patches.
 - Given a patient presents with a topical controlled substance patch, when the patch is removed it must be destroyed and the waste documented in the nursing note.
 - Upon removal the controlled substance patch from the patient, the nurse, in the presence of licensed healthcare professional, fold the patch back on itself then cut the patch into small pieces, placed in a bag, and dispose of in the controlled substance medication waste bin.
 - When cutting a patch, personnel should wear gloves and other protective equipment to avoid inadvertent absorption of the drug while handling the patch.
 - The nurse and witness will document the destruction and waste of the controlled substance patch in the nursing note.

Controlled Substance Returns

- Controlled substances removed from the automated dispensing cabinet that are in their original packaging and were not administered to the patient shall be returned to the automated dispensing cabinet.
- If a patient specific controlled substance is no longer needed. The patient care area will notify the pharmacy to pick up the medication. The return of the medication will be documented on the Delivery Receipt. Must be signed by both parties.
 - Pharmacy personnel will return the medication to the pharmacy narcotic automated dispensing cabinet.

Damaged Controlled Substances

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- If packaging is damaged, syringe or tab is broken, or medication has leaked out, contact the house supervisor or pharmacist on duty prior to wasting the medication with a witness.
- The nursing leader and/or pharmacist will monitor for trends or patterns of occurrence.
- If the nursing leader and/or pharmacist determines that the product appears to have been tampered with, the medication is wasted with a witness.
- Damaged controlled substances in the automated dispensing cabinet should be removed from the cabinet and a discrepancy created with a witness.
 - The discrepancy resolution in the automated dispensing cabinet should be “damaged or broken product.”

Inventory

- A controlled substance will be inventoried each time accessed from the automated dispensing machine.
- Locked automated dispensing cabinets located in 24-hours care areas are inventoried twice daily at the change of shift.
 - This inventory will be performed by two nurses, one from the off-going shift and a nurse from the on-coming shift.
- Locked automated dispensing cabinets in areas that are not located in 24-hour care areas will be inventoried once daily, when staffed, by two nurses from the unit.
- Once quarterly (January, April, July, October), on the 20th of the month, the house supervisor or pharmacy personnel and a nurse from the unit will perform a physical inventory of all controlled substances.
 - This inventory may be performed more frequently at the discretion of CNO or Director of Pharmacy.
- The pharmacy department will perform quarterly physical inventory of all controlled substances in the pharmacy automated dispensing cabinet.
- A complete inventory of all controlled substances in the facility will be conducted annually per Board of Pharmacy regulations.

Discrepancies

- The Controlled Substances Discrepancy Policy delineates the procedures for identifying, investigating, resolving, and reporting controlled substances discrepancies.
- Pharmacy will report any significant loss or theft of controlled substances in writing to the New Mexico Board of Pharmacy within 1 day of becoming aware of the loss, and the DEA on Form 106 as required by federal regulations.
 - Significant loss includes suspected diversion, in-transit losses, or any other unexplained loss.
- All automated dispensing cabinets will be checked for discrepancies at the end of each shift.
 - Every attempt will be made to resolve any discrepancies before the end of the shift.
 - Nurses involved in creating and resolving the discrepancy are not allowed to leave the unit until the discrepancy has been resolved.
 - Nursing leader or pharmacist will be responsible for resolving discrepancies.

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- Unresolved discrepancies will be documented and submitted to the CNO and Director of Pharmacy.

Monitoring and Auditing

- The pharmacy department will perform both routine and random audits of controlled substances using reports, inventories, and chart review.
- The pharmacy department will compare the distribution/return/waste records against the patient's electronic medication administration record.
 - Waste is returned to pharmacy by the authorized pharmacy personnel emptying the controlled substance medication waste bin.
 - The waste will be placed in a secure place in the pharmacy for assay by accuracy refractometry and reconciled with the automated dispensing cabinet waste record. The amount of drug dispensed should equal the amount given, plus the amount to waste.
- Refractometry is an inexpensive, easy to use and rapid test that can provide analysis of controlled substances used at Sierra Vista Hospital, if refractometric values have been established and are reproducible.
- The pharmacy department will be responsible for refracting at least 5 vials per month of inpatient/ER units narcotic waste and all OR narcotic waste.
- The refractometry will be cleaned prior to and after each use and between each test.
- Results obtained will be logged on to the automated dispensing cabinet waste report and filed in the pharmacy.
- The refractometric standards for testing are listed at the end of the policy.
- Accounting for, and the use of, all controlled substances is the responsibility of the nurse leader.
- It is the nurse leader's responsibility to enforce all aspects of this procedure within their respective patient care areas.
 - Any violation of the policy may result in disciplinary action.
- Any irregularities noted will be reported to the Director of Pharmacy immediately for further investigation.
- The resolution of discrepancies will be reviewed by pharmacy leadership for appropriateness.
 - Any unresolved discrepancies or inadequate resolutions will be reported to CNO for follow-up.

Violations of Policy

- Any violation of this policy will lead to disciplinary action up to and including termination.
- Failure to resolve discrepancies in accordance with processes defined above is considered a violation and will lead to disciplinary actions.
- Failure to adequately document the administration, dispensing or waste of a controlled substance will be considered a policy violation and will lead to disciplinary action.

Anesthesiology

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- The pharmacy department will keep a perpetual inventory of all controlled substances used in the operating room.
 - Pharmacy personnel will compare the distribution/return/waste records against the anesthesia record.
- Controlled substances drawn up in a syringe will be labeled appropriately.
- Controlled substances will remain locked in automated dispensing cabinet until use.
- If the controlled substances are taken out of the automated dispensing cabinet it must be documented properly as administered, wasted, or returned.
 - When using the OR waste bin, the syringe must be labeled with a patient sticker.
- Waste is returned to pharmacy by the authorized pharmacy personnel emptying the OR controlled substance medication waste bin.
 - The waste will be placed in a secure place in the pharmacy for assay by accuracy refractometry and reconciled with the automated dispensing cabinet waste record and anesthesia records for accuracy of medications given. The amount of drug dispensed should equal the amount given, plus the amount to waste.
- Pharmacy personnel will waste the previous day's narcotic waste and document the waste.
 - The waste will be matched up to the automated dispensing cabinet waste and anesthesia record.
 - The reports will be stapled together and filed in the pharmacy filing cabinet.
- Non-reconciled controlled substance dose will be recorded on an occurrence report (F-852-03-004) and immediately investigated.
 - If the discrepancy cannot be resolved within 24 hours of discovery it will require immediate follow-up.
 - If any discrepancy is found in checking the narcotic waste against the anesthesia record or waste record the CRNA, or nurse signing out the drug will be questioned about the discrepancy.
 - If there is no legitimate and verifiable accountability of the controlled substances after 24 hours or transaction is poorly documented, or records are incomplete, this will be subjectively deemed as non-compliant and will require immediate follow-up with the Chief Medical Officer.
 - The pharmacy department will also perform routine quality assurance audits in the OR suite and scope rooms.
- The pharmacy department will be responsible for testing all the OR narcotic waste.
- The refractometry will be cleaned prior to and after each use and between each test.
- Results obtained will be logged on to the automated dispensing cabinet waste report and filed in the pharmacy.
- The refractometric standards for testing are listed at the end of the policy.

Controlled Substance Key

- If a patient care unit-controlled substance key (e.g., PCA) is lost, stolen, or broken immediately report it to the House Supervisor, Pharmacy Department, and Security Department and request a replacement.
- If the key is mistakenly taken home by a staff member, all efforts will be made to contact that staff member so that the key can be returned immediately.

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- If the key cannot be recovered within 2 hours, notify the House Supervisor, Pharmacy Department, and Security Department.
- Key will be replaced by the Pharmacy Department after a report has been filed with the Security Department.

RELATED POLICIES:

Controlled Substance Discrepancy 513-02-010

Medication Distribution and Administration -

REFERENCES:

NMAC 16.19.711NMAC 16.19.20.31 (F)

Refractometer Standards for Testing RI-TC scale

Fentanyl	Midazolam	Diazepam	Ketamine	Hydromorphone	Morphine	Lorazepam	Propofol	Sterile Water	Sodium Chloride	Tap Water
1.3332	1.3377	1.3968	1.3370	1.3353	1.3353	1.4414	1.3552			
1.3333	1.3380	1.3970	1.3367	1.3352	1.3353	1.4412	1.3553			
1.3333	1.3379	1.3967	1.3367	1.3353	1.3354	1.4414	1.3552			
1.3331	1.3378		1.3368	1.3353	1.3353	1.4413	1.3554			
1.3332	1.3379		1.3366	1.3352	1.3354	1.4414	1.3553			

**SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT**

October 2023

CRITICAL RECRUITMENT:

- Psychiatrist – FT
- Physical Therapist – FT
- Speech Therapist – FT

PEOPLE:

September New Hires – 2

FY23 Total - 16

- FT Scheduling Clerk – Business Office
- FT EMT – EMS/Ambulance

PEOPLE:

September Terminations – 8

FY23 Total - 23

- Involuntary – 6
- FT – Biomed Tech – Position Eliminated
- FT – (2) Paramedic – Policy Violations
- FT – EMT – Policy Violations
- FT – Ultrasound Tech – Licensing Issue
- FT – Security – Lack of Efficiency
- Voluntary – 2
- FT – Scheduling Clerk – New Job Closer to Home
- PT – Receptionist/Aide – New Job

PRIORITY OF EFFORT:

Our priority of effort is support of expanding service lines and reorganization for efficiency.

Human Resource Trends Snapshot:

16 new or rehires to date

23 terminations to date

199 Quarter Avg staff

Turnover Rate Q1

1.15%

FINANCIAL IMPACTS:

- 3% cost-of-living adjustment applied for employees.
- Reorganization of positions reduced overall impact of "People Management Operations".
- Hiring of key professional staff will result in increased financial opportunities as services develop.

KEY VACANCIES:

- Registered Nurses – FT (Multiple)
- Certified Nurse Assistant (CNA) – FT
- Certified SPD/ENDO Tech – FT

KEY INITIATIVES:

- Engage with Government Reps – Urgent Facility Improvements (State and Federal)
 - EMS & Rehab Buildings
- Community Engagement – Breast Cancer Awareness Event (October 21st)
- Behavioral Health Service Capability
- S.O.A.R. (Students in Healthcare)
 - Paid Internship Program HSHS

Contract Staff – 8

- Med/Surg – 4 (Nurses)
- Sterile Processing Tech – 1
- OR – 1 (Nurse)
- HR – 1 (Director)
- EMS – 1 (Director)

Travel Staff – 18

- Nursing – 16
- LCSW – 1
- Medical Assistant – 1

Respectfully Submitted,

**Lawrence "LJ" Baker Jr.
Director of Human Resources &
External Relations**



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

October 10, 2023

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

81801 – Help Desk Specialist – 1 full-time position (open date 10/10/2023) Responsible for data processing activities; performs data acquisition, report preparation and data file maintenance. Responsible for compiling, coding and processing data for computer input.

71201 – Plant Operations Administrative Specialist – 1 full-time position (open date 9/26/2023)

The Plant Operations Administrative Specialist provides direct support to the SVH Plant Operations Director to maintain a culture of compliance. Critical duties include activities such as organizing maintenance files, maintaining a vendor meeting calendar, contacting vendors as directed, updating maintenance documentation, updates and distributes facility policy / procedures / forms, and provides general customer service with outside agencies. The specialist should meet and ensure regulatory requirements and compliance with state, federal, and CMS conditions of participation. Must be detail and deadline oriented and have the intellectual capacity to enable SVH to meet TJC standards. Collaborates daily with the Plant Operations Director.

18601 – EMT- 2 Full Time Positions (open date 9/18/2023) 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.

18602- Community EMT – 1 full-time and 1 Part-time position (open date 9/11/2023) 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.

04001 -Radiologic Technologist – 1 full-time position (open date 8/22/2023) Has knowledge and can perform a variety of imaging procedures and is responsible for patient safety protocols. Functions as the first line interface with customers in the successful accomplishment of their imaging needs. Participates in OPI activities.

95301 – Medical Assistant - 1 full-time position (open date 8/21/2023) 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.

05003- Physical Therapy Assistant – 1 part-time position (open date 9/11/2023) Responsible for administering physical therapy modalities of treatment as supervised by the staff Physical Therapist. Administers treatments and physical agents as directed by the staff Physical Therapist, after the physical therapist has evaluated the patient. The Physical Therapy Assistant assists with restoration of patient functioning to prevent disability following injury, disease or physical disability. Assists patients to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities. The Physical Therapy Assistant participates in operational aspects of the department, maintains performance improvement activities within the department and participates in CQI activities. Participates in all infection control, departmental equipment training.

65501 – Security Supervisor – 1 full-time position (open date 8/15/2023)

The SVH Security Supervisor is responsible for actively monitoring and maintaining a safe work environment for patients, families, staff, and visitors. The Supervisor leads by example and enforces high performance expectations for the hospital's security team. Further, the Supervisor facilitates quality patient care and ensures staff member safety by enforcing policy, rules, and regulations. This leader is expected to be positive, proactive, visible, and engaged at all times.

85201 – Assistant to the CNO/Quality Director – 1 full-time position (open date 6/20/2023)

The Administrative Assistant to the Chief Nursing Officer (CNO) and Quality Initiatives provides primary support regarding nursing administration and development of the SVH quality program to ensure a culture of quality and compliance. Critical duties include drafting staff memorandums, data extraction and collection, drafting correspondence, conducting outreach to nursing organizations as directed by the CNO, and supporting the Director of Quality with analysis as well as the creation and presentation of information. The incumbent must learn and understand regulatory requirements and ensure compliance with state, federal, TJC standards, and CMS conditions of participation. Must be detail and deadline oriented, able to simultaneously manage multiple tasks, and ensure accuracy in documentation. Collaborates daily with the CNO and Director of Quality. Routinely communicates with Senior Administration and department managers to promote an efficient administrative environment. Displays a positive attitude, projects professionalism, and maintains a calm demeanor in all interactions to foster a climate of cooperation and contribute to the overall success of the organization.

05001 – Physical Therapist – 1 Full-time position (open date 6/13/2023) Responsible for evaluation, planning, directing, and administering physical therapy treatment plan of care prescribed by a licensed physician. Administers prescription and plan of care as prescribed by a referring physician to restore function and prevent disability following injury, disease, or physical disability. Assists patients to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities. The staff therapist coordinates, delegates, and supervises responsibilities assigned to supportive staff (RCNA, PTS, PTLA, etc.)

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) – Full time 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. Communicates with physicians about changes in patient's status, symptomatology, and results of diagnostic studies. Can respond quickly and accurately to changes in condition or response to treatment.

CNO Report October 2023

Medical/Surgical

- Testing for Cerner go live continues
- August 29 admissions to acute care admissions, two swing bed admissions, 20 observations
- Successful Skills and Competency Fair

Emergency Department

- IT 2 Starts September 26, 2023
- 714 visits, average of 24 a day

EMS/Community Health

- 319 responses (ACLS, BLS runs, 911 calls and transfers)
- 137 transitional care management

Surgery

- 12 scopes, 5 surgeries
- Surgical consult 9

Cardiopulmonary

- 4 inhouse and 4 home Sleep Study
- PFTs and Oxygen need evaluation continue

Trauma

- September 89
- Pending survey, charts ready, information booklets ready, team ready

CEO Report

Frank Corcoran

10-18-23

1. **Behavioral Health Project Update:** We are interviewing a FT Psychiatrist in the next couple of weeks.
2. **RHC Update/Provider Recruitment:** Walk-In-Clinic is seeing approximately 30 patients a week.
3. **EOC update:** Nothing New
4. **Tele-med Update:** Exploring adding additional services such as Infectious Disease, Endocrine, Pulmonology, and Hematology.
5. **IT System Replacement & Support Services Update:** IT2 testing failed, go live moved to the last week of Ja.
6. **Rural Health Care Delivery Fund (SB7):** Awaiting the results of the application for expansion of services funding for Surgery- Pain, Wound Care, Community EMS, Tele-Medicine. The fund off sets operational loss for up to 3 years for new or expanded services.
7. **Quality :** Working on Benchmarks to compare to National and Regional levels.
8. **State Group Insurance:** The state is adding a 10% charge to cover employee insurance and benefits. This will put us over budget. We are planning to have a independent assessment with Brown and Brown to evaluate our current benefit package.
9. **501 C 3-** We are working with Dingus to transition to 501 C 3.