



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
2-27-24**

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**Vehicle sales proposal, cost breakdown and drawings
will be handed out at meeting.*

***Equipment Sales list will be handed out at meeting*

****Financial Indicators Report will be handed out at meeting*

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

High quality for every patient, every day.

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

February 27, 2024

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
Vacant, Member

CITY

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

EX-OFFICIO

Frank Corcoran, CEO
Amanda Cardona, VCW
Vacant, 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
Zachary Heard, Operations
Mgr., Compliance
Heather Johnson, HIM
Lisa Boston, Interim Consultant

Ovation/Guest:

Erika Sundrud
David Perry
Jeremy Conner, by Web

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
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. January 23, 2024 Regular Meeting		Amend/Action
B. February 7, 2024 Special Meeting		Ament/Action
6. Public Input – 3-minute limit		Information
7. Old Business- None	Bruce Swingle, Chairperson	
8. New Business-		
A. EMS Ambulance Expenditure	Ashlee West & Brian Hamilton	Action
B. General EMS Department Update		Information
9. Finance Committee- Kathi Pape, Chairperson		
A. Finance 101	Frank Corcoran, CEO	Information
B. January Financial Report	Ming Huang, CFO	Report/Action
C. Equipment Sales	Ming Huang, CFO	Report/Action
10. Board Quality- Denise Addie, Chairperson		
A. Med Staff –		
1. Policy Review	Sheila Adams, CNO	Action
a. Form #F-953-01-048: SVH Controlled Substance Contract		
b. Policy #280-03-013: Transfusion, Blood, or Blood Products		
c. Form #F-280-03-013-1: Administration of Blood or Blood Products		
d. Form #F-280-03-013-1: Agreement for Administration of Blood or Blood Products		
e. Policy #184-01-117: Burn Care		
f. Policy #185-01-086: Scope of Services, Emergency Department		
11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO	Report
C. Med Staff Report	Sonia Seufer, COS	Report
D. CEO Report	Frank Corcoran, CEO	Report
E. Governing Board	Bruce Swingle, Chairperson	Report

Motion to Close Meeting:

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

RadPartners Initial:

Chukwusomnazu Nwanzem MD
David T. Pilkinton, MD
Daniel Todd Hankins, MD
Amy E. Benson, MD
Jared S. Isaacson, MD
Michael A. Pavio, MD
Elaina M. Zabak, MD

RadPartners Re-Appointment:

John C. Sandoz, MD

Termination:

Shannon L. Baublitz-Smith, LCSW

B. Board Member Matter Bruce Swingle

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 Erika Sundrud
B. Novitium Energy Presentation Jeremy Conner

Roll Call to Close Meeting:

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 Action

RadPartners Initial:

Chukwusomnazu Nwanzem MD
David T. Pilkinton, MD
Daniel Todd Hankins, MD
Amy E. Benson, MD
Jared S. Isaacson, MD
Michael A. Pavio, MD
Elaina M. Zabak, MD

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

February 7, 2024

1:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met February 7, 2024, at 1:00 pm at Sierra Vista Hospital for a special meeting. Bruce Swingle, Chairperson, called the meeting to order at 1:00.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, **Member** – Present
Vacant

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**- Absent
Vacant, **City Manager EB**
Amber Vaughn, **County Manager**- Absent
Angie Gonzales, **City Manager**- Absent
Jim Paxon, **JPC Chairperson**- Absent
Phillip Mortensen, **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**- Present
Zach Heard, **Operations Manager**, Present

There is a quorum.

4. Approval of Agenda

Bruce Swingle, **Chairperson**

Kathi Pape motioned to approve the agenda. Katharine Elverum 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

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

Kathi Pape motioned to close the meeting and go into Executive Session. Jesus Baray seconded; Bruce Swingle read the following:

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 items:

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

- | | |
|------------------------|---------------------|
| A. Provider Contract 1 | Frank Corcoran, CEO |
| B. Provider Contract 2 | 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
Jesus Baray - Y	Serina Bartoo - 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

A. Provider Contract 1

Katharine Elverum motioned to approve Provider Contract 1 as presented. Greg D’Amour seconded. Motion carried unanimously.

B. Provider Contract 2

Kathi Pape motioned to approve Provider Contract 2 as presented. Greg D’Amour seconded. Motion carried unanimously.

7. Adjournment

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

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

January 23, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met January 23, 2024, 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 12:03.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

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

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**- Absent
John Mascaro, **City Manager** EB- Absent
Amber Vaughn, **County Manager**- Absent
Angie Gonzales, **City Manager**- Absent
Jim Paxon, **JPC Chairperson**- Present
Phillip Mortensen, **JPC Vice Chair**- Present

VILLAGE OF WILLIAMSBURG

Denise Addie, **Secretary** – Present

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:

Erika Sundrud, **Ovation** by phone

There is a quorum.

4. Approval of Agenda

Bruce Swingle, **Chairperson**

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

\$504,477 including \$302,198 in mil levy funds. Total operating expenses in December were \$3,130,349 which is over budget by \$302,550. Contract services are over budget due to the productivity incentive payment to the Surgical Group (RSSG/RHP) and malpractice premium payment for the group. In addition, we paid \$35,000 for a surgeon recruitment fee. EBITDA for December was \$171,700 versus a budget of \$196,804. Year to date EBITDA is \$1,280,490 versus a budget of \$1,168,125. The bond coverage ratio in December was 90% versus an expected ratio of 130%.

Kathi Pape noted that our days cash on hand has stayed steady over the last year. However, we had 120 to 135 days since January 2023. Ming explained that days cash on hand dropped from 121 days in June 2023 to 101 days in July 2023 due to the insurance premium payment for the hospital. July 2023 through December 2023 remained steady between 97 to 105 days. Net patient revenue has also been steady and higher than ever seen at the hospital.

Bruce Swingle stated that our revenue continues to increase. Our workload and case numbers continue to increase. The thing that is not increasing is our compensation. Supplies go up and our compensation remains the same; we cannot pass on increases to the patients, and this is happening across the state. Two thirds of hospitals in New Mexico are spending more than they are making. New Mexico has the highest Medicaid enrollment rate in the country, and we have the lowest reimbursement rate. In 2022, according to the data from our latest audit, the average cash on hand for hospitals across New Mexico was 57 to 59 days.

Frank directed the board to page FC 13, December income statement. EBITDA at the end of December (year to date) is \$1,280,490. We are performing better than our budget so far this year. This is the key line to focus on. This is what we have earned from operations.

Kathi Pape motioned based on the recommendation of the Finance Committee acceptance of the November and December financial report. Serina Bartoo seconded. Motion carried unanimously.

**Note: Jesus Baray arrived at the meeting during the December financial report. Bruce Swingle noted for the minutes.*

B. Budget Adjustment - Ming Huang, CFO, explained that we have increased other operating revenue by \$1,000,000 for the 340B program. We also increased supplies by \$500,000 for the 340B program and Contract Services by \$500,000. Non-operating revenue increased by \$500,000 due to higher interest earned on our investments and higher GRT received this year. In addition to the \$500,000 increase in contract services for the 340B program, we increased \$1,500,000 for Amplify, our new revenue cycle company. We will continue to pay Athena for collections for six months to one year after we convert to Cerner.

Kathi Pape motioned based on the recommendation of the Finance Committee, approval of the budget adjustment. Kathy Elverum seconded. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson

A. Med Staff –

1. Policy Review - Sheila Adams, CNO, explained the changes and updates to the policy listed below.

***Alleged Sexual Abuse or Assault**

Denise Addie motioned based on the Board Quality recommendation, approval of the Alleged Sexual Abuse or Assault Policy as presented. Shawnee Williams seconded. Motion carried unanimously.

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

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, reported that priority of effort is integration of new hires as well as continued recruitment. Since the beginning of the fiscal year, we have had 28 new hires and 28 terminations. Turnover is currently about 4%, not 1.25% as reported in the packet.

We are still trying to fill four professional positions which will impact the budget. We have initiated the HSHS Internship Program and have 10 students ready for the on boarding process. Of the 10, two are seniors older than 18 that could transition into permanent positions.

We are still working on bringing in a Psychiatrist and a Physical Therapist. We have interviewed and hired a Director of Information Technology who will start with our Cerner conversion at the end of January. In December we filled our EMT and Security positions. There were two terminations in December, both voluntary. We continue to look for registered nurses and CNAs.

Key initiatives include networking with congressional leaders to get funding for the projects we want to implement. Capital outlay project funding looks promising for EMS and Rehab buildings.

We currently have 9 contract staff and 18 travel staff.

Detailed discussion was held regarding the high school program.

B. Nursing Services – Sheila Adams, CNO, added to LJ's report that we have hired an Infection Prevention employee health LPN as well as an Assistant to the CNO and Quality Director. We have an offer out to a local nurse for MedSurg.

Patient loading into Cerner began this week, Physician training began this week and go live is scheduled for January 29 at 00:00.

MedSurg had 28 acute care admissions, four swing bed and 30 observations. The ER had 701 visits, which is an average of 24 per day. EMS had 369 responses including ACLS, BLS, 911 calls and transfers. There were 101 transitional care/ community EMS cases. In November, surgery did 18 scopes, 10 surgeries and 15 consults. December dipped slightly. Of four surveys received for surgery, all of them have given us 100% approval. Cardiopulmonary/ sleep studies dropped in December due to the holidays. We had three in-house and two at home sleep studies. We had 92 trauma calls in November and our trauma survey has been pushed back again.

C. Med Staff Report - Sonia Seufer, COS, reported that Med Staff met on January 9th with nothing significant to report. The medical staff members will be reviewing the delineation of privileges for the hospital. A new committee has been formed called the Rural Health Clinic Committee. It is comprised of providers, administration, lab, radiology and the scheduling and business office. The purpose of the committee is to look at the patient experience in the clinic. The committee meets monthly and has already identified many opportunities for improvement or change.

D. CEO Report - Frank Corcoran, CEO, stated that we continue to look for a psychiatrist to round out our behavioral health services. Services have expanded to the VA nursing home one day per week. One of our Nurse practitioners goes to the VA once per week to see patients there. We had the fire marshal in last week and received 13 minor findings. The Lab had their COLA survey and passed with only two minor findings. Dietary had their DOH survey and also had two minor findings. We have a big need for a tele-health pulmonologist, and we already have the equipment for this service. We want to start this service one day per week.

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

We did not receive funds from the Rural Health Care Delivery Fund (SB7). This is a bill that passed last year's legislative session. None of the 11 rural hospitals received any funds from this bill. There is a new bill before the legislature currently and it's called Healthcare Delivery and Access Act.

1. HDAA Legislation- *This bill before the legislature* is basically an assessment tax on all hospitals in New Mexico that would pay a fee on inpatient beds that are non-medicare and a percentage of our outpatient revenue. If all hospitals contributed to or paid into this assessment it would be about \$326 million. This would go into a federal matching program and would return to us in Federal matching funds \$1.2 billion. For Sierra Vista Hospital, based on last year's data, we would pay \$125 per day or approximately \$99,000. Our outpatient revenue tax is 5.2% or \$775,000 for a total of \$875,000 that would go into the matching fund, and we would receive \$7 million. This tax cannot be passed on to the patient. The payment of tax/assessment would be paid quarterly, and the return will come back to us quarterly. 43 states are already participating in this program. *If passed*, HDAA will replace the HAP/TAP, Safety Net Care pool program.

Senate Bill 161 is a Rural Health Bill that is designed to help the 11 independent rural hospitals in New Mexico. The bill contains a one-time stimulus to be paid this year and will carry us over until HDAA kicks in, if passed, in 2025.

We have opted out of the surgical contract with RSSG and our services with them will end March 6th. Dr. Walker expressed interest in staying with us, so LJ has done the work necessary to make this happen. Dr. Walker's attorney is reviewing the contract, and we will bring it back to the board at a later time. This option will save us about \$400,000 per year.

E. Governing Board - Bruce Swingle, Chairperson, discussed the Board education event in Austin, TX the week of February 19. Ming has created the financial dashboard, and the Finance Committee reviewed it this morning. It will become a regular part of the finance report.

F. Board Education – *Removed from agenda*

Motion to Close Meeting:

Kathi Pape motioned to close the meeting. Serina Bartoo 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

RadPartners Initials:

Eduardo Quinones, MD

Jeffrey A. Walker, MD

Ashton Regalados-Magdos, MD

RadPartners TERM:

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

Carl Valentin, MD
Olga Molchanova-Cook, MD

Provisional to 2-Year Appointment:

Jaime N. Robillard, CNP
Yosef Raskin, MD

B. Provider Contract – *Removed from agenda*

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. Quarterly Compliance Report Zach Heard
B. Quarterly Quality Report Frank Corcoran
C. Ovation Report to Board Erika Sundrud

Roll Call to Close Meeting:

Kathi Pape – Y	Shawnee Williams – Y	Bruce Swingle – Y
Greg D’Amour – Y	Denise Addie – Y	Katharine Elverum – Y
Jesus Baray - Y	Serina Bartoo - 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

RadPartners Initials:

Eduardo Quinones, MD
Jeffrey A. Walker, MD
Ashton Regalados-Magdos, MD

RadPartners TERM:

Carl Valentin, MD
Olga Molchanova-Cook, MD

Provisional to 2-Year Appointment:

Jaime N. Robillard, CNP
Yosef Raskin, MD

Denise Addie motioned to approve all above listed Privileges. Greg D’Amour seconded. Motion carried unanimously.

B. Provider Contract – *Removed from agenda*

**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. Quarterly Compliance Report
No Action
- B. Quarterly Quality Report
No Action
- C. Ovation Report to Board
No Action

14. Other

The next Regular Meeting will be on Tuesday, February 27, 2024 @ 12:00. Finance Committee will meet at 10:30 on February 27th and Board Quality will meet on Monday, February 26, 2024 at 10:00.

15. Adjournment

Serina Bartoo motioned to adjourn. Katharine Elverum seconded. Motion carried unanimously.

Sierra Vista Hospital Board,

I come before you asking for the approval to purchase 2 new type III Chevy Horton Ambulances. The cost for these ambulances are \$276,658.00 each totaling \$553,316.00. With board approval I will be applying for the USDA rural improvement grant. If approved, the total amount would assist in covering 40% of the purchase totaling \$221,326.40. We have (2) 2017 Ford Transit vans that are beyond end of life and need significant repairs. These units would be a trade in on the new ambulances. Historically we have received approximately \$5000.00 trade in value. Today we are asking the board to approve the total amount, in the event we do not get accepted for the grant funding. We have 6 ambulances at this time, the lowest mileage being 56,112 and the highest mileage being 118,453. The current completion time to have the ambulances built is 24 to 36 months with payment due at the time they are delivered to us. Per year our service puts on approximately 140,000 miles between the 6 units. By delivery of the new units, all of the ambulances will be above 100,000 miles with many of them above 200,000 miles.

I have provided a copy of the vehicle sales proposal, which has the cost breakdown and the drawings of the ambulances.

Thank you!

Ashlee West

Ambulance Administrative Supervisor



Dear Ashlee West,

Thank you for allowing SERVS LLC to quote and service your business. We are proud to present our proposal to equip your fleet with the safest most durable ambulances available. Horton Emergency Vehicles is the most progressive ambulance manufacturer in regards to safety and innovation and can be remounted multiple times extending the life of your fleet. Together SERVS LLC and Horton represent a formidable team who will be here to facilitate your fleet needs for years to come.

The purpose of this proposal is to clearly communicate SERVS proposal to Sierra Vista EMS for the acquisition of Horton Type 3 ambulances mounted on Chevrolet G4500

We look forward to speaking to you in the near future. Please don't hesitate to contact me with any questions.

Charles Pollina
Territory Manager New Mexico
(520) 403-4295
charles.p@servsllc.com



Financial Analysis

January 31st, 2024

Days Cash on Hand for January 2024 are 97 (\$9,258,328)

Accounts Receivable Net days are 31

Accounts Payable days are 28

Hospital Excess Revenue over Expense

The **Net Income** for the month of January was (\$503,788) vs. a Budget Income of (\$305,685).

Hospital Gross Revenue for January was \$5,538,569 or \$143,278 more than budget. Patient Days were 122 – 5 more than December, RHC visits were 842 – 1 more than December and ER visits were 728 – 27 more than December.

Revenue Deductions for January were \$3,023,455 or \$328,388 more than budget.

Other Operating Revenue was \$229,241.

Non-Operating Revenue was \$354,985, including \$167,348 of Mill Levy.

Hospital Operating Expenses for January were \$3,173,548 which were over budget by \$141,726. Contract Services expenses were over budget due to the productivity incentive of \$100,000 for the surgery group. Other Operating expenses included \$37,500 of CRNA recruitment fees.

EBITDA for January was (\$74,087) vs. a Budget of \$111,566. YTD EBITDA is \$1,206,403 vs. a Budget of \$773,767.

The **Bond Coverage Ratio** in January was 49% vs. an expected ratio of 130%.

Sierra Vista Hospital
 KEY STATISTICS
 January 31, 2024

MONTH			BENCHMARK RANGE			YEAR TO DATE			
Actual	Budget	Variance to	Prior Year	Variance to	Actual	Budget	Variance to	Prior Year	Variance to
1/31/24	1/31/24	Budget	1/31/23	Prior Year	1/31/24	1/31/24	Budget	01/31/23	Prior Year
DESCRIPTOR									
Growth									
			6%	5%	12%				
	28	22	6	26	177	132	45	126	51
	4	6	(2)	5	20	36	(16)	40	(20)
	32	28	4	31	197	168	29	166	31
	3.6	4.2	(0.6)	5.2	3.3	4.9	(2)	5.6	(2.30)
	122	117	5	160	652	819	(167)	931	(279)
	842	751	91	960	6,000	7,000	(1,000)	6,760	(760)
	728	703	25	673	6,448	5,257	1,191	4,622	1,826
	4%	3%	1.0%	4%	4,943	4,921	22	5,037	(94)
					4%	3%	1%	3%	1%
	-	-	-	-	4	-	4	0	4
	17	17	0	17	119	-	119	8	111
	17	17	0	17	123	-	123	8	115
Profitability									
	-2%	15%	-17%	17%	6%	15%	-9%	10%	-4%
	-16%	15%	-31%	4%	-8%	15%	-23%	-6%	-2%
	55%	46%	9%	47%	53%	46%	7%	53%	0%
	9%	2%	7%	8%	10%	2%	8%	8%	1%
	92%			91%	92%			91%	1%
	\$ 13,032	\$ 14,997	(\$1,965)	\$ 14,997	\$13,032			\$ 14,997	(\$1,965)
	\$ 5,918	\$ 7,987	(\$2,069)	\$ 7,987	\$5,918			\$ 7,987	(\$2,069)
	44%	40%	4%	39%	40%	40%	0%	42%	-2%
	7%	7%	0%	8%	7%	7%	0%	8%	-1%
	8%	8%	0%	6%	8%	8%	0%	7%	1%
Cash and Liquidity									
	97				97			134	(37)
	48				48			43	5
	31				31			28	3
	28				28			28	(0)
	4.4				4.4			7.1	(2.7)

Sierra Vista Hospital
 STATISTICS by Month
 January 31, 2024
 (SUBJECT TO AUDIT)

Description	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023
Admissions												
Acute				30	28	28	28	28	22	22	29	21
Swing				4	4	4	3	3	3	3	2	2
Total Admissions				34	32	31	31	31	25	25	31	23
ALOS (acute and swing)				3.6	3.7	3.1	3.1	3.0	4.2	4.2	3.0	2.3
Patient Days (acute and swing)				122	117	96	96	104	104	93	93	52
Outpatient Visits				1,131	836	836	913	1,112	913	1,112	872	68
Rural Health Clinic Visits				842	841	1,119	1,069	793	1,037	1,037	1,037	747
ER Visits				728	701	662	714	661	661	714	765	712
ER Visits Conversion to Acute Admissions				4%	4%	4%	4%	4%	3%	3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases				17	16	25	18	15	18	15	17	16
Outpatient Surgery Cases				17	16	25	19	17	19	17	17	12
Total Surgeries				34	32	50	37	32	37	32	34	28
Profitability												
EBITDA % Net Rev				-2%	5%	2%	10%	8%	10%	10%	8%	16%
Operating Margin %				-16%	-8%	-12%	-3%	-5%	-3%	-5%	3%	-18%
Rev Ded % Net Rev				55%	54%	53%	49%	50%	53%	50%	53%	57%
Bad Debt % Net Pt Rev				9%	11%	10%	9%	10%	9%	10%	8%	10%
Outpatient Revenue %				92%	92%	92%	94%	93%	94%	94%	93%	96%
Gross Patient Revenue/Adjusted Admission				\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 12,534	\$ 12,272	\$ 7,745	\$ 9,808
Net Patient Revenue/Adjusted Admission				\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 6,436	\$ 6,090	\$ 3,656	\$ 4,230
Salaries % Net Pt Rev				44%	40%	39%	39%	37%	39%	37%	36%	46%
Benefits % Net Pt Rev				7%	7%	9%	6%	7%	6%	7%	7%	8%
Supplies % Net Pt Rev				8%	7%	8%	15%	7%	15%	15%	6%	6%
Cash and Liquidity												
Days Cash on Hand				97	98	97	101	102	101	102	105	101
A/R Days (Gross)				48	49	48	45	40	48	45	38	40
A/R Days (Net)				31	33	30	29	23	31	29	20	22
Days in AP				28	27	21	23	29	21	23	23	24
Current Ratio				4.4	4.8	5.7	5.5	5.7	5.5	5.7	6.7	6.9

Sierra Vista Hospital
 TWELVE MONTH STATISTICS
 January 31, 2024
 (SUBJECT TO AUDIT)

Description	1/31/2024		12/31/2023		11/30/2023		10/31/2023		9/30/2023		8/31/2023		7/31/2023		6/30/2023		5/31/2023		4/30/2023		3/31/2023		2/28/2023	
	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	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	30	28	28	22	22	29	21	19																
Swing	4	4	3	3	2	2	2	2																
Total Admissions	34	32	31	25	31	31	23	21																
ALOS (acute and swing)	3.6	3.7	3.1	4.2	3.0	3.0	2.3	3.2																
Patient Days (acute and swing)	122	117	96	104	93	112	872	1,136																
Outpatient Visits	-	1,131	836	913	1,112	793	1,037	747																
Rural Health Clinic Visits	842	841	1,119	1,069	714	714	765	712																
ER Visits	728	701	662	661	714	714	765	712																
ER Visits Conversion to Acute Admissions	4%	4%	4%	3%	4%	4%	3%	3%																
Surgery Cases																								
Inpatient Surgery Cases	-	-	-	1	2	2	1	1																
Outpatient Surgery Cases	17	16	25	18	15	17	16	12																
Total Surgeries	17	16	25	19	17	17	17	12																
Profitability																								
EBITDA % Net Rev	-2%	5%	2%	10%	8%	8%	16%	-1%																
Operating Margin %	-16%	-8%	-12%	-3%	-5%	-5%	3%	-18%																
Rev Ded % Net Rev	55%	54%	53%	49%	50%	50%	53%	57%																
Bad Debt % Net Pt Rev	9%	11%	10%	9%	10%	10%	8%	10%																
Outpatient Revenue %	92%	92%	92%	94%	93%	93%	97%	96%																
Gross Patient Revenue/Adjusted Admission	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 12,272	\$ 7,745	\$ 9,808																
Net Patient Revenue/Adjusted Admission	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 6,090	\$ 3,656	\$ 4,230																
Salaries % Net Pt Rev	44%	40%	39%	39%	37%	37%	36%	46%																
Benefits % Net Pt Rev	7%	7%	9%	6%	7%	7%	7%	8%																
Supplies % Net Pt Rev	8%	7%	8%	15%	7%	7%	6%	6%																
Cash and Liquidity																								
Days Cash on Hand	97	98	97	101	102	102	105	101																
A/R Days (Gross)	48	49	48	45	40	40	38	40																
A/R Days (Net)	31	33	30	29	23	23	20	22																
Days in AP	28	27	21	23	29	29	23	24																
Current Ratio	4.4	4.8	5.7	5.5	5.7	5.7	6.7	6.9																

Sierra Vista Hospital
Detailed Stats by Month
1/31/2024

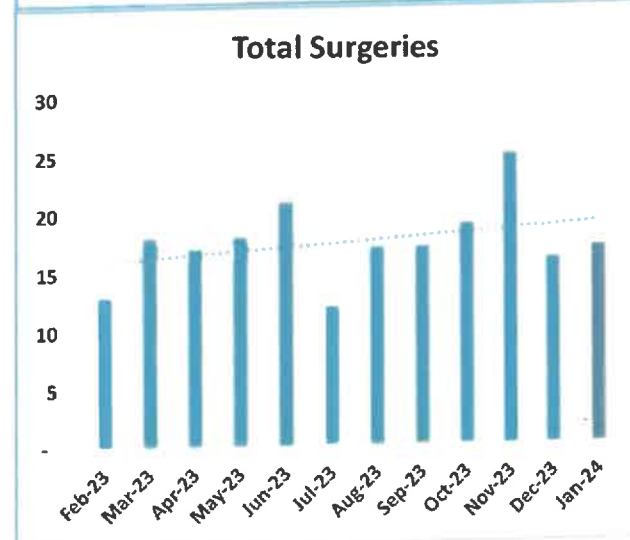
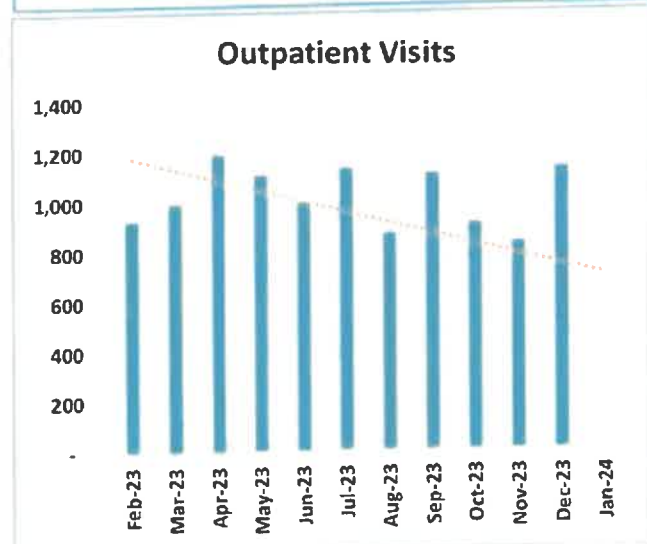
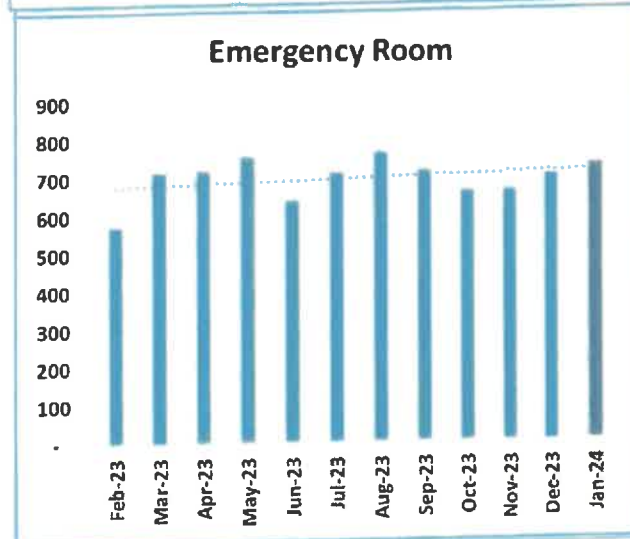
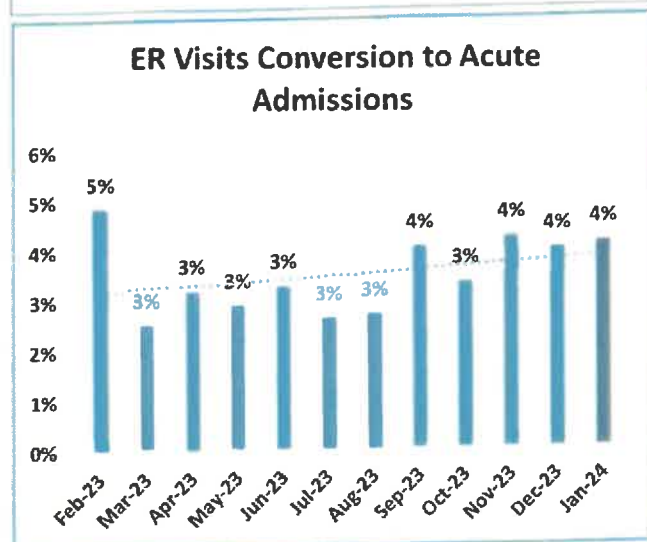
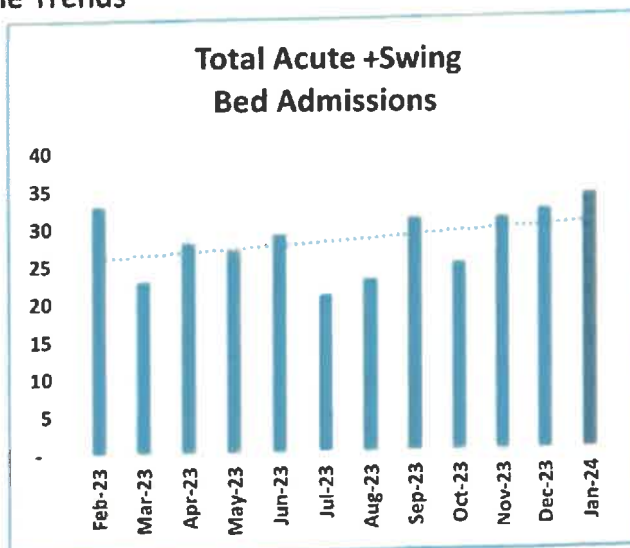
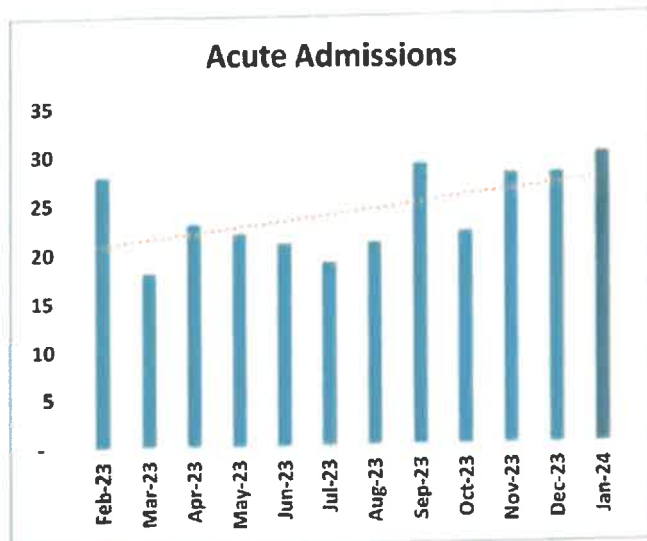
(SUBJECT TO AUDIT)

Description	FY2024	Avg FY2024	6/30/2024		5/31/2024		4/30/2024		3/31/2024		2/28/2024		1/31/2024		12/31/2023		11/30/2023		10/31/2023		9/30/2023		8/31/2023		7/31/2023			
			Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending
Total Acute Patient Days	478	68																										
Total Swingbed Patient Days	174	25																										
Total Acute Hours (based on Disch Hrs)	14,062	2,009																										
TOTAL ACUTE																												
Patient Days	478	68																										
Admits	177	25																										
Discharges	180	26																										
Discharge Hours	14,062	2,009																										
Avg LOS	2.7	2.7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Medicare Acute																												
Patient Days	384	55																										
Admits	135	19																										
Discharges	138	20																										
Discharge Hours	11,194	1,599																										
Avg LOS	2.8	2.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
SWING - ALL (Medicare/Other)																												
Patient Days	174	25																										
Admits	20	3																										
Discharges	23	3																										
Discharge Hours	4,476	639																										
Avg LOS	7.6	7.6	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Observations																												
Patient Days	275	39																										
Admits	160	23																										
Discharge Hours	5,948	850																										
Emergency Room																												
Total ER Patients	4,943	706																										
Admitted	96	14																										
Transferred	416	59																										
Ambulance																												
Total ALS/BLS runs	2,396	342																										
911 Calls	1,836	262																										
Transfers	560	80																										
OP Registrations	6,000	857																										
Vaccine Clinic	504	72																										
Rural Health Clinic																												
Total RHC Visits	6,448	921																										
Avg Visits per day	311	44																										
Walk-in Clinic	791	113																										
Behavioral Health																												
Patients Seen	1,617	231																										

Sierra Vista Hospital
Detailed Stats by Month
1/31/2024
(SUBJECT TO AUDIT)

	FY2024	Avg FY2024	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023
Dietary														
Inpatient Meals	5,148	735						915	895	725	777	708	637	491
Outpatient Meals	526	75					83	83	67	106	80	59	69	62
Cafeteria Meals	37,224	5,318					5,276	5,076	5,123	5,123	5,611	5,319	5,536	5,283
Functions	2,806	401					564	512	369	383	372	385	221	
Laboratory														
In-house Testing	113,086	16,155						19,088	18,482	19,504	18,884	19,139	17,989	
Sent Out Testing	4,991	713						890	808	903	837	754	799	
Drugscreens	125	18						12	19	19	24	32	19	
Physical Therapy														
PT Visits	1,031	147						154	179	158	170	175	195	
Tx Units	3,824	546						571	656	566	620	671	740	
Outpatient	232	33						38	38	34	40	42	40	
Inpatient	155	22						26	37	25	25	20	22	
Radiology														
X-Ray Patients	3,100	443						455	462	440	434	446	440	423
CT Patients	2,651	379						394	352	364	358	391	430	362
Ultrasound Patients	875	125						158	170	87	101	79	97	183
Mammogram Patients	333	48						56	46	49	60	32	47	43
MRI Patients	358	51						61	42	47	46	57	58	47
Nuclear Medicine Patients	39	6						5	3	6	4	3	8	10
DEXA	131	19						19	13	18	18	14	25	24
Surgery														
Surgical Procedures - OR	126	18						17	10	28	19	17	18	17
GI Lab Scopes	77	11						16	2	18	15	12	14	
Major Surgery	6	1						-	-	-	4	2	-	-
Minor Surgery Under TIVA/Sedation	25	4						1	5	10	2	3	4	-
Inpatient Procedures	4	1						-	-	-	1	2	1	-
Outpatient Procedures	119	17						17	16	25	18	15	16	12
Sleep Study														
Home Testing	13	2						-	1	2	4	4	1	1
Inhouse	31	4						3	9	5	6	4	4	-

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT
January 31, 2024

	MONTH					YEAR TO DATE					
	Actual		Variance to		Prior Year	Budget		Variance to		Prior Year	Variance to
	1/31/24	Budget	Budget	Actual		1/31/24	Budget	1/31/23	Budget		
	\$ 5,538,569	\$ 5,395,291	\$ 143,278	\$ 5,165,758	\$ 372,810	\$ 38,076,563	\$ 37,418,951	\$ 657,611	\$ 34,124,491	\$ 3,952,071	
	\$ 2,631,191	\$ 2,377,231	\$ 253,960	\$ 2,120,473	\$ 510,718	\$ 17,383,139	\$ 16,487,250	\$ 895,889	\$ 15,919,626	\$ 1,463,513	
	\$ 262,860	\$ 214,548	\$ 48,312	\$ 227,839	\$ 35,021	\$ 1,960,388	\$ 1,487,993	\$ 472,395	\$ 1,481,278	\$ 479,110	
	\$ 129,404	\$ 103,289	\$ 26,116	\$ 69,802	\$ 59,602	\$ 794,723	\$ 716,356	\$ 78,366	\$ 709,896	\$ 84,827	
	\$ 3,023,455	\$ 2,695,068	\$ 328,388	\$ 2,418,114	\$ 605,341	\$ 20,138,249	\$ 18,691,599	\$ 1,446,650	\$ 18,110,799	\$ 2,027,450	
	\$ 122	\$ 2,036	\$ (1,914)	\$ 3,356	\$ (53,234)	\$ 20,598	\$ 14,123	\$ 6,475	\$ 18,403	\$ 2,195	
	\$ 2,515,235	\$ 2,702,259	\$ (187,024)	\$ 2,751,000	\$ (235,765)	\$ 17,958,912	\$ 18,741,476	\$ (782,564)	\$ 16,032,095	\$ 1,926,816	
	45%	50%	(5%)	53%	(8%)	47%	50%	(3%)	47%	0%	
	\$ 229,241	\$ 250,466	\$ (21,225)	\$ 122,435	\$ 106,806	\$ 1,754,909	\$ 1,737,101	\$ 17,808	\$ 1,270,727	\$ 484,182	
	\$ 354,985	\$ 190,663	\$ 164,321	\$ 162,867	\$ 192,117	\$ 1,783,734	\$ 1,322,341	\$ 461,393	\$ 1,134,000	\$ 649,734	
	\$ 3,099,461	\$ 3,143,388	\$ (43,927)	\$ 3,036,303	\$ 63,158	\$ 21,497,555	\$ 21,800,918	\$ (303,363)	\$ 18,436,822	\$ 3,060,733	
	\$ 1,319,351	\$ 1,327,265	\$ (7,913)	\$ 1,316,706	\$ 2,646	\$ 8,672,399	\$ 9,205,222	\$ (532,823)	\$ 8,153,707	\$ 518,692	
	\$ 1,115,860	\$ 1,097,279	\$ 18,581	\$ 1,085,374	\$ 30,486	\$ 7,188,661	\$ 7,610,162	\$ (421,502)	\$ 6,660,548	\$ 528,113	
	\$ 181,278	\$ 207,342	\$ (26,064)	\$ 209,913	\$ (28,635)	\$ 1,317,803	\$ 1,438,017	\$ (120,213)	\$ 1,336,902	\$ (19,099)	
	\$ 22,213	\$ 22,643	\$ (430)	\$ 21,418	\$ 795	\$ 165,935	\$ 157,043	\$ 8,892	\$ 156,258	\$ 9,678	
	\$ 202,691	\$ 203,643	\$ (952)	\$ 159,611	\$ 43,080	\$ 1,478,187	\$ 1,412,365	\$ 65,821	\$ 1,097,475	\$ 380,711	
	\$ 1,151,016	\$ 1,007,576	\$ 143,439	\$ 644,493	\$ 506,523	\$ 6,948,670	\$ 6,988,029	\$ (39,359)	\$ 4,669,303	\$ 2,279,368	
	\$ 187,317	\$ 183,802	\$ 3,515	\$ 183,930	\$ 3,387	\$ 1,280,103	\$ 1,274,756	\$ 5,346	\$ 1,265,634	\$ 14,469	
	\$ 6,116	\$ 9,243	\$ (3,127)	\$ 9,203	\$ (3,087)	\$ 101,836	\$ 64,105	\$ 37,731	\$ 60,333	\$ 41,503	
	\$ 58,300	\$ 39,101	\$ 19,199	\$ 32,041	\$ 26,259	\$ 377,596	\$ 271,182	\$ 106,414	\$ 272,462	\$ 105,134	
	\$ 82,734	\$ 64,958	\$ 17,776	\$ 67,748	\$ 14,986	\$ 529,049	\$ 450,517	\$ 78,532	\$ 368,249	\$ 160,799	
	\$ 88,962	\$ 86,972	\$ 1,990	\$ 77,715	\$ 11,247	\$ 578,526	\$ 603,192	\$ (24,666)	\$ 512,298	\$ 66,228	
	\$ 77,061	\$ 109,262	\$ (32,201)	\$ 30,987	\$ 46,074	\$ 324,787	\$ 757,782	\$ (432,995)	\$ 280,362	\$ 54,425	
	\$ 3,173,548	\$ 3,031,822	\$ 141,726	\$ 2,522,434	\$ 651,114	\$ 20,291,152	\$ 21,027,151	\$ (735,998)	\$ 16,679,823	\$ 3,611,329	
	\$ (74,087)	\$ 111,566	\$ (185,654)	\$ 513,869	\$ (587,956.67)	\$ 1,206,403	\$ 773,767	\$ 432,635	\$ 1,756,999	\$ (550,596)	
	(2%)	4%	(6%)	17%	(19%)	6%	4%	2%	10%	(4%)	
	\$ 291,365	\$ 291,083	\$ 282	\$ 286,009	\$ 5,356	\$ 2,052,268	\$ 2,018,800	\$ 33,468	\$ 1,996,609	\$ 55,659	
	\$ 73,766	\$ 75,143	\$ (1,378)	\$ 73,349	\$ 417	\$ 519,567	\$ 521,153	\$ (1,586)	\$ 513,779	\$ 5,788	
	\$ 54,570	\$ 51,026	\$ 13,544	\$ 34,842	\$ 29,728	\$ 375,033	\$ 353,888	\$ 19,145	\$ 326,827	\$ 46,206	
	\$ 429,701	\$ 447,252	\$ (12,449)	\$ 394,200	\$ 35,501	\$ 2,944,869	\$ 2,893,842	\$ 51,027	\$ 2,837,215	\$ 107,654	
	\$ (503,788)	\$ (305,685)	\$ (198,103)	\$ 119,670	\$ (523,458)	\$ (1,738,466)	\$ (2,120,075)	\$ 381,609	\$ (1,080,216)	\$ (568,250)	
	(16%)	(10%)	(7%)	4%	(20%)	(8%)	(10%)	2%	(6%)	(2%)	

Sierra Vista Hospital
INCOME STATEMENT by Month
January 31, 2024

Description	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	\$	\$ 5,538,569	\$ 5,607,692	\$ 5,222,493	\$ 5,186,012	\$ 5,222,493	\$ 5,434,928	\$ 5,937,549	\$ 5,149,321			
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	\$	\$ 1,319,351	\$ 1,296,827	\$ 1,196,782	\$ 1,196,782	\$ 1,244,935	\$ 1,228,153	\$ 1,228,723	\$ 1,217,628			
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
Total Operating Expenses												
EBITDA												
EBITDA Margin												
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
 January 31, 2024

Description	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	7/31/2023	6/30/2023	5/31/2023	4/30/2023	3/31/2023	2/28/2023
Revenues												
Gross Patient Revenue	\$ 5,538,569	\$ 5,607,692	\$ 5,186,012	\$ 5,222,493	\$ 5,434,928	\$ 5,937,549	\$ 5,149,321	\$ 5,370,369	\$ 6,288,038	\$ 5,376,911	\$ 5,307,092	\$ 4,549,211
Revenue Deductions	2,631,191	2,568,110	2,367,421	2,016,948	2,388,517	2,800,771	2,610,179	2,336,509	3,151,993	2,695,301	2,289,972	1,814,723
Contractual Allowances	262,860	334,838	282,315	276,140	313,140	251,113	239,981	226,311	80,846	244,607	196,488	188,500
Bad Debt	129,404	120,046	84,881	247,890	38,828	92,221	81,452	80,618	167,255	96,442	112,703	97,226
Other Deductions	\$ 3,023,455	\$ 3,022,995	\$ 2,734,617	\$ 2,540,978	\$ 2,740,486	\$ 3,144,106	\$ 2,931,613	\$ 2,643,438	\$ 3,400,094	\$ 3,036,350	\$ 2,599,163	\$ 2,100,450
Total Revenue Deductions	122	200	5,332	217	2,420	9,278	3,030	3,827	18,824	154	6	1,472
Other Patient Revenue	\$ 2,515,235	\$ 2,584,897	\$ 2,456,727	\$ 2,681,731	\$ 2,696,862	\$ 2,802,721	\$ 2,220,738	\$ 2,730,758	\$ 2,906,768	\$ 2,340,716	\$ 2,707,935	\$ 2,450,232
Net Patient Revenue	45%	46%	47%	51%	50%	47%	43%	51%	46%	44%	51%	54%
Gross to Net %	229,241	212,676	211,662	575,484	170,261	206,464	149,121	(316,557)	48,929	24,907	191,665	143,649
Other Operating Revenue	354,985	504,477	177,102	173,683	201,679	199,315	172,494	193,034	116,886	57,418	123,230	114,504
Non-Operating Revenue	\$ 3,099,461	\$ 3,302,050	\$ 2,845,491	\$ 3,430,898	\$ 3,068,803	\$ 3,209,500	\$ 2,542,353	\$ 2,607,235	\$ 3,072,583	\$ 2,423,040	\$ 3,022,830	\$ 2,708,386
Expenses												
Salaries & Benefits	1,319,351	1,236,827	1,196,782	1,244,935	1,228,153	1,228,723	1,217,628	1,522,451	1,254,038	1,244,453	1,267,204	1,208,507
Salaries	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,016,209	993,810	1,034,473	989,714	1,007,694	1,005,741
Benefits	181,278	173,232	213,386	157,893	201,610	204,408	185,996	503,276	186,135	229,716	231,654	185,073
Other Salary & Benefit Expense	22,213	27,830	31,808	30,890	19,076	18,695	15,424	25,366	33,431	25,023	27,856	17,692
Supplies	202,691	184,005	185,034	412,362	195,362	169,487	129,245	240,382	144,630	153,123	176,654	145,574
Contract Services	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494	901,427	1,138,421	908,444	1,079,524	824,458
Contractual Fees	187,317	181,410	181,459	183,410	181,459	183,201	181,846	181,669	181,847	181,668	183,621	177,452
Professional Fees	6,116	5,880	7,305	5,952	13,275	38,504	24,804	25,128	24,485	10,500	8,286	10,606
Leases/Rentals	58,300	55,264	46,973	45,686	56,201	66,553	48,620	41,833	40,994	36,232	33,977	32,531
Utilities	82,734	75,830	73,960	103,070	64,352	56,822	72,280	71,619	77,231	85,760	65,840	86,468
Repairs / Maintenance	88,962	87,772	89,526	48,216	88,136	88,136	88,136	76,543	76,907	77,715	76,878	79,176
Insurance	77,061	62,961	55,363	35,375	34,383	35,917	23,728	40,716	32,453	135,503	30,130	41,476
Other Operating Expenses	\$ 3,173,548	\$ 3,130,349	\$ 2,785,412	\$ 3,093,428	\$ 2,822,061	\$ 2,706,574	\$ 2,579,781	\$ 3,101,768	\$ 2,971,006	\$ 2,833,397	\$ 2,922,115	\$ 2,606,248
Total Operating Expenses	(\$ 74,087)	\$ 171,700	\$ 60,079	\$ 337,470	\$ 246,741	\$ 501,926	\$ (37,428)	(\$ 494,533)	\$ 101,577	(\$ 410,357)	\$ 100,715	\$ 102,138
EBITDA	-2%	5%	2%	10%	8%	16%	-1%	-19.0%	3%	-17%	3%	4%
EBITDA Margin	291,365	296,249	287,219	325,263	281,177	286,623	284,371	352,158	294,248	294,081	286,746	286,443
Non - Operating Expenses	73,766	73,785	75,137	73,823	74,647	75,119	73,290	135,720	74,926	73,320	77,117	75,095
Depreciation and Amortization	64,570	52,019	53,053	42,236	51,511	57,882	51,763	56,769	56,598	55,636	69,921	53,165
Interest	\$ 429,701	\$ 422,053	\$ 415,409	\$ 441,322	\$ 407,335	\$ 419,625	\$ 409,424	\$ 544,646	\$ 425,772	\$ 423,037	\$ 433,785	\$ 414,702
Tax/Other	(\$ 503,788)	(\$ 250,353)	(\$ 355,329)	(\$ 103,852)	(\$ 160,594)	\$ 82,302	(\$ 446,852)	(\$ 1,039,179)	(\$ 324,195)	(\$ 833,394)	(\$ 333,070)	(\$ 312,564)
Total Non Operating Expenses	(16%)	(8%)	(12%)	(3%)	(5%)	3%	(18%)	(39.9%)	(11%)	(34%)	(11%)	(12%)
NET INCOME (LOSS)												
Net Income Margin												

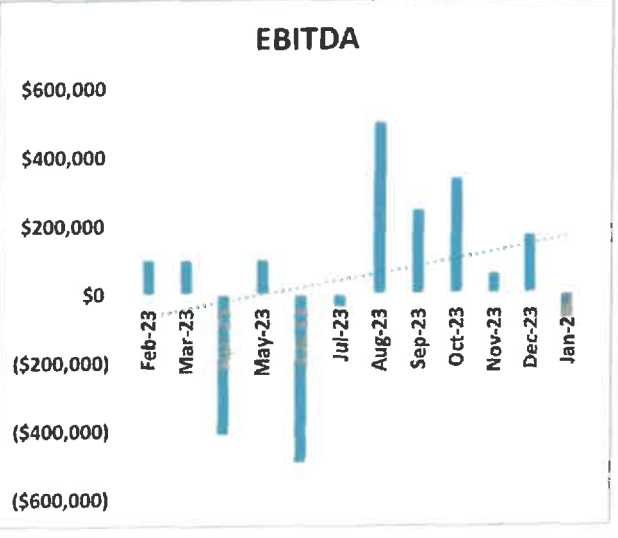
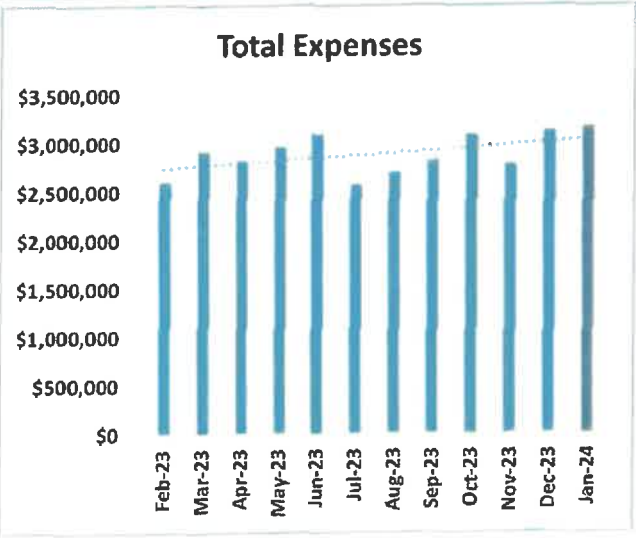
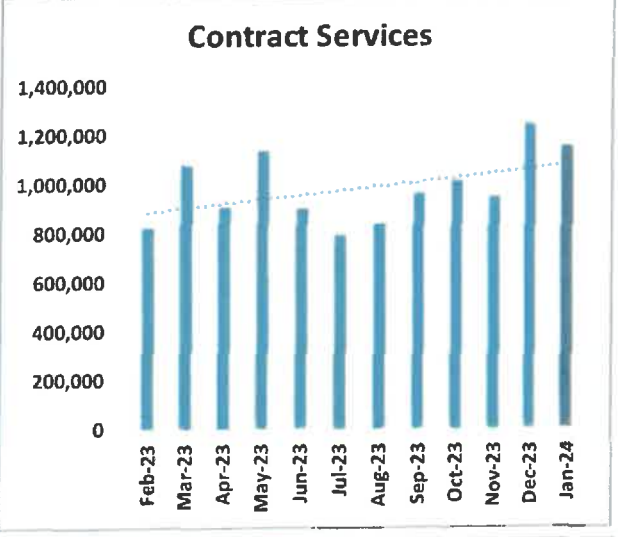
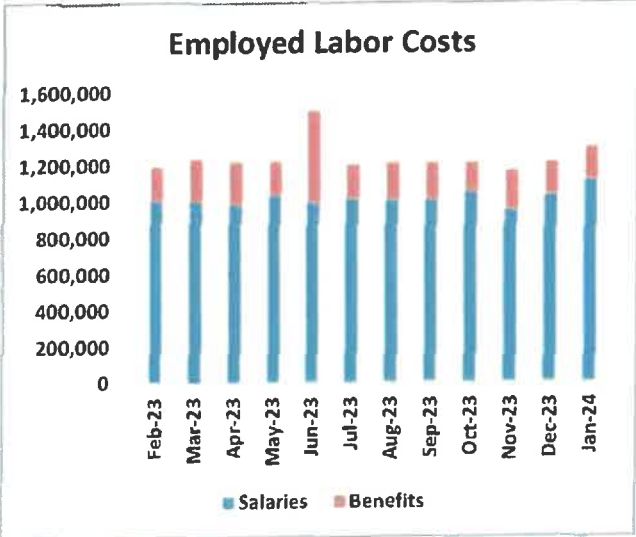
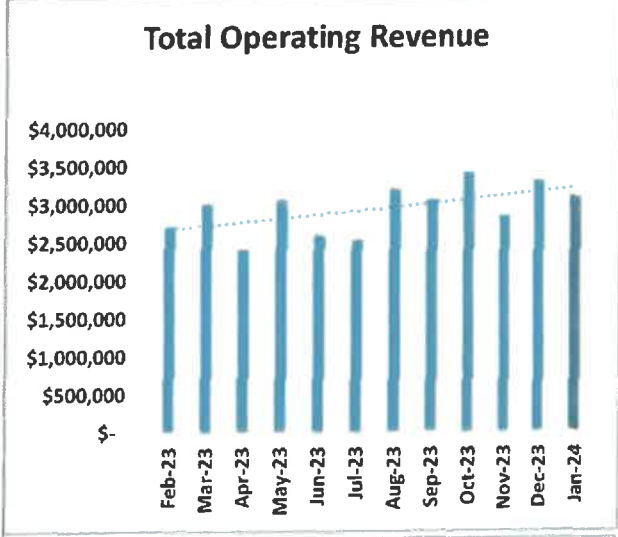
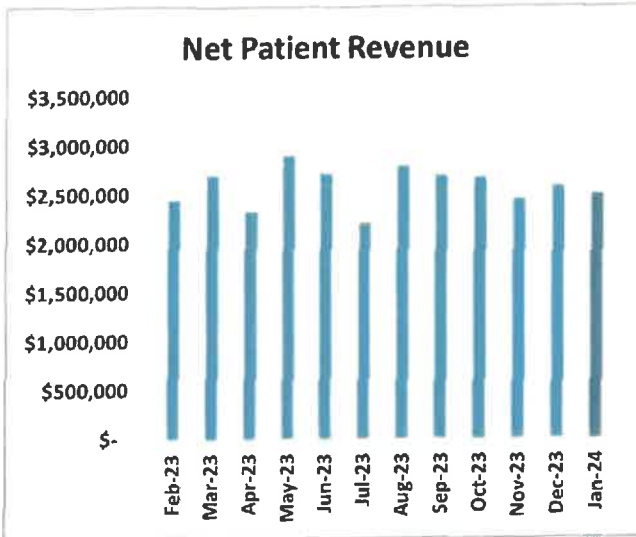
Sierra Vista Hospital
BALANCE SHEET
January 31, 2024

DESCRIPTION		January 31, 2024 (Unaudited)	June 30, 2023
Assets			
Current Assets			
	Cash and Liquid Capital	\$ 9,011,826	\$ 10,246,815
	US Bank Clearing	\$ 246,502	\$ 98,103
	Total Cash	\$ 9,258,328	\$ 10,348,345
	Accounts Receivable - Gross	\$ 8,665,549	\$ 7,263,177
	Contractual Allowance	\$ 6,024,493	\$ 5,240,610
	Total Accounts Receivable, Net of Allowance	\$ 2,641,056	\$ 2,022,567
	Other Receivables	\$ 1,345,557	\$ 960,302
	Inventory	\$ 444,184	\$ 436,861
	Prepaid Expense	\$ 464,464	\$ 74,946
	Total Current Assets	\$ 14,153,589	\$ 13,839,594
Long Term Assets			
	Fixed Assets	\$ 54,142,557	\$ 55,003,729
	Accumulated Depreciation	\$ 18,779,371	\$ 17,995,002
	Construction in Progress	\$ -	\$ -
	Total Fixed Assets, Net of Depreciation	\$ 35,363,186	\$ 37,003,829
	Total Long Term Assets	\$ 35,363,186	\$ 37,003,829
	New Hospital Loan	\$ 2,743,432	\$ 2,018,590
	Total Assets	\$ 52,260,207	\$ 52,862,013
Liabilities & Equity			
Current Liabilities			
	Account Payable	\$ 1,522,379	\$ 1,213,024
	Interest Payable	\$ 682,789	\$ 144,504
	Accrued Taxes	\$ 55,019	\$ 52,244
	Accrued Payroll and Related	\$ 812,714	\$ 1,104,431
	Cost Report Settlement	\$ 150,000	\$ (235,000)
	Total Current Liabilities	\$ 3,222,899	\$ 2,279,202
Long term Liabilities			
	Long Term Notes Payable	\$ 24,729,071	\$ 24,756,827
	Total Long Term Liabilities	\$ 24,729,071	\$ 24,756,827
	Unapplied Liabilities	\$ 663,810	\$ 386,523
	Capital Equipment Lease	\$ 274,616	\$ 331,184
	Total Liabilities	\$ 28,890,396	\$ 27,753,736
	Retained Earnings	\$ 25,108,277	\$ 26,147,456
	Net Income	\$ (1,738,466)	\$ (1,039,179)
	Total Liabilities and Equity	\$ 52,260,207	\$ 52,862,013

Sierra Vista Hospital
BALANCE SHEET by Month
January 31, 2024

	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	3/31/2024	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		9,011,826	9,065,658	8,781,884	9,283,253	9,018,432	9,088,598	8,814,096								
US Bank Clearing		246,502	113,665	239,352	98,854	167,145	206,091	189,137								
Total Cash	\$0	\$9,258,328	\$9,179,324	\$9,021,236	\$9,382,107	\$9,185,577	\$9,294,689	\$9,003,233								
Accounts Receivable - Gross		8,665,549	8,812,027	8,576,599	8,051,189	7,277,291	7,050,448	7,173,889								
Contractual Allowance		6,024,493	6,020,980	6,043,644	5,523,938	5,271,905	5,380,258	5,496,707								
Total Accounts Receivable, Net of Allowance	\$ -	\$ 2,641,056	\$ 2,791,047	\$ 2,532,955	\$ 2,527,251	\$ 2,005,386	\$ 1,670,190	\$ 1,677,182								
Other Receivables		1,345,557	1,159,284	1,116,408	1,009,246	1,541,978	1,376,084	1,113,914								
Inventory		444,184	455,909	452,192	455,096	458,005	458,248	466,260								
Prepaid Expense		464,464	539,757	572,397	673,023	737,994	837,451	861,579								
Total Current Assets	\$0	\$14,153,989	\$14,125,320	\$13,695,188	\$14,046,723	\$13,928,939	\$13,636,661	\$13,122,168								
Long Term Assets																
Fixed Assets		54,142,557	54,117,912	55,290,258	55,253,629	55,191,824	55,069,696	55,069,696								
Accumulated Depreciation		18,779,371	18,488,006	19,464,554	19,177,335	18,852,072	18,570,895	18,284,271								
Total Fixed Assets, Net of Depreciation	\$ -	\$ 35,363,186	\$ 35,629,906	\$ 35,825,704	\$ 36,076,294	\$ 36,339,752	\$ 36,498,801	\$ 36,785,425								
Total Long Term Assets	\$ -	\$ 35,363,186	\$ 35,629,906	\$ 35,825,704	\$ 36,076,294	\$ 36,339,752	\$ 36,498,801	\$ 36,785,425								
New Hospital Loan		2,743,432	2,623,120	2,504,097	2,384,413	2,264,783	2,144,494	2,141,206								
Total Assets	\$ -	\$ 52,260,207	\$ 52,378,346	\$ 52,024,989	\$ 52,507,430	\$ 52,533,475	\$ 52,279,956	\$ 52,048,799								
Liabilities & Equity																
Current Liabilities																
Account Payable		1,522,379	1,434,567	1,100,656	1,218,715	1,432,808	1,102,481	1,144,254								
Interest Payable		682,789	605,891	528,993	452,095	375,197	298,299	221,402								
Accrued Taxes		55,019	50,058	50,326	50,201	54,176	54,176	50,464								
Accrued Payroll and Related		812,714	681,275	965,152	1,059,893	800,596	821,798	718,994								
Cost Report Settlement		150,000	150,000	(235,000)	(235,000)	(235,000)	(235,000)	(235,000)								
Total Current Liabilities	\$0	\$3,222,899	\$2,921,791	\$2,410,168	\$2,536,029	\$2,423,803	\$2,041,755	\$1,900,113								
Long Term Liabilities																
Long Term Notes Payable		24,719,071	24,733,036	24,737,001	24,740,967	24,744,932	24,748,897	24,752,862								
Total Long Term Liabilities	\$0	\$24,719,071	\$24,733,036	\$24,737,001	\$24,740,967	\$24,744,932	\$24,748,897	\$24,752,862								
Unapplied Liabilities		663,810	571,979	472,622	445,702	476,889	435,728	405,055								
Capital Equipment Lease		274,616	277,941	281,246	301,452	304,719	309,850	329,344								
Total Liabilities	\$0	\$28,890,396	\$28,504,747	\$27,901,038	\$28,028,150	\$27,950,342	\$27,536,231	\$27,387,374								
Retained Earnings		\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277								
Net Income		(\$1,738,466)	(\$1,234,678)	(\$984,325)	(\$628,996)	(\$525,144)	(\$364,551)	(\$446,852)								
Total Liabilities and Equity	\$0	\$52,260,207	\$52,378,346	\$52,024,989	\$52,507,430	\$52,533,475	\$52,279,956	\$52,048,799								

Financial Trends



Sierra Vista Hospital

1/31/2024

Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)

Cost Report Bad Debt Write-Off Reserve/General Reserve

1/31/2024	Notation
(150,000)	
<u>(150,000)</u>	

Total Liability



**SIERRA VISTA HOSPITAL AND CLINICS
CONTROLLED SUBSTANCE CONTRACT**

PATIENT NAME: _____ **DOB:** _____

MEDICATION(s): _____

PHARMACY

NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

CONDITIONS: I understand the following/agree to the following:

CONDITIONS CONCERNING PROVIDERS

- My / my child’s prescriptions will be written as determined by my provider and filled at only one pharmacy that is listed above.
- I / my child understand(s) that the provider is under no obligation to provide these medications to me/my child and the provider reserves the right to discontinue these medications at any time.
- Only providers from Sierra Vista Rural Health Clinic or approved specialists will prescribe controlled substances for me/my child. If an emergency occurs and/or another condition that requires the prescription of a controlled substance, I will inform my / my child’s provider at Sierra Vista Rural Health Clinic within one (1) business day.
- My/my child’s provider may require specialist evaluation of my / my child’s treatment and I agree to keep appointments when my provider refers me. My / my child’s provider will send a report of my care and a copy of this Contract when a referral is made.
- I authorize my/my child’s provider and/or staff to discuss my/my child’s care with other providers and/or other agencies that are involved in my/my child’s care

CONDITIONS CONCERNING MEDICATION MANAGEMENT

- I / my child understand(s) the provider is under no obligation to provide these medications to me and reserve the right to discontinue these medications at any time.
- If I / my child run out of my medication for ANY reason, I / my child will see the prescribing provider for re-evaluation.
- I / my child will cooperate with random drug and alcohol testing, which may be requested at any time. If I refuse, I understand the medication(s) will be stopped.
- I understand that my/my child’s Sierra Vista Hospital/Sierra Vista Rural Health Clinic providers will exchange information with pharmacists and may access the DEA Prescription Drug Monitoring Program (a secure website shared by pharmacies and healthcare providers to track issued prescriptions).

CONDITIONS CONCERNING MEDICATION REFILLS

- I / my child may be asked to submit to a random count of pills/medications in my/my child’s possession. I agree to bring in the medication(s) if randomly requested.
- Lost or stolen medications will not be refilled under any circumstances. It is my responsibility to protect and secure any medications. This includes keeping the medication out of reach of children.

- I am responsible for keeping track of the medication left and will plan ahead for arranging refills in a timely manner so that I/my child will not run out of medication. I must notify Sierra Vista Rural Health Clinic at least five (5) business days before my/child's prescription(s) runs out.
- Controlled substance prescription refills will be obtained during (my/my child's) regular office visit or at a special refill office visit.
- I understand it will take up to three (3) business days to process refill requests after they have been submitted.

CONDITIONS CONCERNING MEDICATION SAFETY

- I understand that my/my child's provider is prescribing controlled medication to assist my / my child's medical condition(s) and to help improve function. If my / my child's condition or general function gets worse, the medication may be changed or discontinued.
- I am aware that use of a controlled substance medication may impair my / my child's ability to drive or operate machinery safely. I / my child agree(s) to take appropriate precautions.

THIS CONTRACT MAY BE CANCELLED IF:

- Any of the above conditions are not followed.
- If the directions/instructions given by the prescribing provider are not followed
- Prescriptions are forged, sold, lost, or stolen.
- If other providers prescribed me/my child a controlled substance medication and I have not notified the Sierra Vista Rural Health Clinic provider within one (1) business day.
- If anyone else has access to my/my child's medications.
- The condition for which the controlled substance is required changes.

IF CANCELLATION OCCURS:

- The provider will slowly reduce and/or stop my medication and additional controlled substances will not be provided.
- I / my child may be terminated as a patient.

ALTERNATIVE TREATMENTS: Treatment with non-controlled substances does exist. Pain relief and /or mental health conditions are often incomplete with controlled substances or medications alone. Other options may include treatment in behavioral health, physical therapy, or occupational therapy. These options have been discussed may be required in this contract if deemed necessary by my/my child's provider.

I have read this Controlled Substance Contract, understand it, and agree to it in its entirety. I have taken a copy of this Controlled Substance Contract with me.

The indications, benefits, risks, and alternatives have been explained to me and I agree to follow the conditions of controlled treatment.

Complications and the need for follow-up have been discussed to my satisfaction.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 2017

SUBJECT: Transfusion, Blood, or Blood Products Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: January 2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA

SCOPE:

Nursing Staff of Sierra Vista Hospital.

PURPOSE:

This policy standardized the transfusion of blood or blood products.

POLICY:

It is the policy of Sierra Vista Hospital that Nursing staff use a standardized process to transfuse blood or blood products in exclusion of emergent situations. This policy outlines the process for steps to guide nursing staff.

PROCEDURE:

A. Physician Order for Transfusion of Blood Products

1. A physician's order is necessary for transfusion of blood products. The order must include:
 - a. An order for Type and Crossmatch.
 - b. The blood product to be administered
 - c. Number of units
 - d. Any pre-medications to be administered
 - e. The flow rate should be indicated on the order.
2. When the blood is drawn for type and crossmatch from the patient, the phlebotomist will place a blood bank tag on the patient to include the patient's name, date of birth and blood bank number. The Laboratory Department will not draw any lab specimen without a patient identification bracelet on the patient.

B. Informed Consent

1. To be documented on the Agreement for Administration of Blood or Blood Products, form F-852-03-041-2. The purpose of the form is:
 - a. To verify that the patient's informed consent has been obtained by the treating physician before the patient receives a transfusion of whole blood, fresh frozen plasma, packed cells, platelets and/or cryoprecipitates.
 - b. To provide the patient with the opportunity to exercise the right to give an informed consent or refusal for the transfusion recommended by the physician.
 - c. To provide the patient with the opportunity to acknowledge that the physician adequately explained the benefits, risks, complications, and alternatives to the transfusion and discussed all the information concerning the transfusion to the patient's satisfaction.
2. Attending Nurse Responsibilities
 - a. It is the responsibility of the attending registered nurse or licensed practical nurse to make sure that a patient signature is obtained with informed consent before any blood component is administered.

SIERRA VISTA HOSPITAL

- b. If it appears that the patient has significant questions about the nature of the procedure and its benefits or risks that indicate that he/she may not have been given sufficient information about the transfusion or may not fully understand the information he/she was given, the hospital personnel must contact the patient's physician. This allows the physician to answer the questions, which helps to ensure that the patient has given an informed consent to the procedure.
 - c. Ensure that the patient's informed consent is completed and signed by all required parties.
 3. Time and date on the form must be the time and date on the form must be the time and date the form is signed by the patient or the patient's legal representative, not the date and the time of the transfusion.
 4. Witness is the staff member who observed the patient/patient representative sign the form.
 5. Document in the Nursing Notes of the electronic record that the consent for receiving the blood products has been obtained. Give the original to the Unit Clerk to scan into the electronic record. A copy will go to the lab when the blood is obtained, and a copy will be kept with the blood administration record.

C. Refusal of Transfusion

1. Must be documented on the Refusal to Permit Blood Transfusion, form F-852-03-041-3. The purpose of the form:
 - a. To verify that the patient's informed refusal has been obtained by the attending and/or treating physician after the patient has been informed of the possible risks and complications that may occur because of the patient's refusal to receive the recommended transfusion of whole blood and/or plasma, packed cells, platelets, or cryoprecipitates.
 - b. Ensure that the attending and/or treating physician has obtained an informed refusal from the patient.
 - c. Provide the patient with the opportunity to exercise the right of a legally competent adult patient to decide whether to submit to a medical procedure.
 - d. Provide the patient with the opportunity to acknowledge that the physician adequately explained the benefits, risks, complications, and alternatives to blood/blood component transfusion as well as possible risks and complications that may occur because of the patient's refusal to receive the recommended blood transfusion.
2. Attending Nurse Responsibilities
 - a. Upon the patient's refusal, the attending nurse obtains the patient signature on the refusal form, and immediately notifies the physician.
 - b. The patient's informed refusal must be completed and becomes part of the medical record.
 - c. Document in the Nursing Notes of the electronic record that the patient's informed refusal for receiving the blood products has been obtained. Give the original to the Unit Clerk to scan into the electronic record.
3. Physician
 - a. If the patient refuses to give consent for the proposed blood/blood component transfusion, the physician has a duty to give the patient all the information that is relevant to a meaningful decision sufficient for the patient to understand the potential consequences of declining a blood transfusion.
 - b. A valid consent can only be obtained under circumstances which are free of any suggestion of duress or coercion.
 - c. It is the responsibility of the attending and/or treating physician to document in the medical record the initial refusal and the outcome (i.e., consent or continued refusal). The documentation must specify that the physician gave the patient the relevant information, including that pertaining to the potential consequences of declining a blood/blood component transfusion.

SIERRA VISTA HOSPITAL

- d. If the refusal of blood transfusion would seriously endanger an incompetent patient, the Hospital Risk Manager must be consulted regarding the possibility of legal action to ensure the well-being of the patient.
4. The time and date on the form must be the time and date the form is signed by the patient or the patient's legal representative.
5. Witness is the staff member who observed the patient/patient representative sign the form. If the patient refuses to sign, the notation "Patient Refuses to Sign", must be made in place of the patient's signature and the witnesses (i.e., two people who received the patient's refusal to sign) must sign the form in the designated places. This is preferred to be nurse and the physician.
6. Document in the Nursing Notes of the electronic record that the patient has refused the transfusion, that the physician was informed, and that the Refusal to Permit Blood Transfusion form has been signed. Give the signed form to the Unit Clerk to scan into the electronic record.

D. Obtaining Blood Components

1. When the type and crossmatch are completed, laboratory personnel will send the copy of the unit tag and/or product worksheet to the unit that will be administering the blood product. This will later serve as an identifier when the unit is picked up by the nurse.
2. Laboratory personnel will check and dispense all units for transfusion.
3. Person picking up the blood product must verify the following:
 - a. Physician's order. The nature of the blood or component should be checked against the physician's written order to verify that the correct component and amount are being given.
 - b. Recipient identification. The name and identification number on the Transfusion Service Record Log must be identical with the name and number attached to the unit as well as on the copy of the Pink Form given by laboratory to Nursing station/ER upon completion of crossmatch. This form is presented to laboratory when picking up blood unit, or during emergent situations, or when form or pink slip is not available, a written identification of patient needing transfusion is acceptable.
 - c. Unit identification. The unit identification number on the blood container, Pink form of the 3-page carbon copy form found in Blood Bank section and the Transfusion Service Record Log must all agree.
 - d. ABO and D. The ABO and D type on the primary label of the donor unit must agree with those recorded on the BB Unit Tag. The recipient's ABO and D type must be recorded on the Pink Form and on the Transfusion Service Record Log. The patient's type and the type of the component may not be identical, but the information on the Pink form and that on the BB Unit Tag must be the same.
4. The RN will deliver the blood product to the location of the patient.

E. Transfusion Administration

1. To be documented in the Administration of Blood or Blood Products form F-852-03-041-1.
2. Whole blood or packed cells must be started or returned to the Laboratory **within 20 minutes** of checkout. Units of blood must never be left unattended; do not pick up a unit until you are ready to transfuse it.
3. IV pumps must be used with compatible blood tubing for transfusions when possible. Gravity tubing with or without pressure bags may be used under certain circumstances.
4. Normal saline is the only acceptable diluent to infuse with blood.
5. **Never add medications to the blood** or the blood infusion line.
6. **Blood components must not be "piggybacked" into the primary IV solution.**

F. Verification of the Blood Product

If any error is detected in the verification process, do not initiate transfusion until all discrepancies have been resolved.

SIERRA VISTA HOSPITAL

1. Before the blood transfusion begins, two nurses (One must be an RN) MUST check:
 - One of the Unit ID stickers from the back of the unit will be placed in the indicated section of the administration form. If no sticker is available, the Unit ID Patient's full name
 - SVH Medical Record Number
 - Date of birth
 - Blood or Blood Product unit number
 - Donor ABO Group and Rh Type
 - Patient ABO Group and Rh Type
 - Unit expiration date/time
 - Results of compatibility testing when appropriate
 - That the physician order matches the blood product obtained
2. All numbers must be matched before the transfusion is initiated.
3. One of the licensed personnel verifying the information and blood product must be the nurse who will administer the blood product.
4. After all information has been verified, both licensed personnel will sign the Administration of Blood or Blood Products form in the appropriate place. The slip must remain on the bag until the blood has been infused.
5. number must be printed in this section.

G. Preparing for the transfusion

1. Initiate IV access if patient does not already have the appropriate size angiocath (18 or 20 preferred).
2. Obtain patient's blood pressure, pulse and temperature and record on the Administration of Blood or Blood Products form F-852-03-041-1 prior to transfusion.
3. Prepare Y-blood administration set. Close all clamps and prepare saline solution bag.
4. Follow instructions on the Y-blood administration set package. Flush tubing with saline solution and fill chamber to cover filter.
5. Open the clamp on tubing to allow solution to fill the tubing and needle then clamp tightly.
6. Insert coupler into outlet port of blood unit until firmly seated. Be careful not to puncture blood container.
7. Blood must be administered via a Y-type blood set with a 170-micron filter.
8. Suspend blood- pack unit on the IV pole and load the tubing into the infusion pump. Inpatients with normal cardiovascular status should have the blood infused as rapidly as reasonably possible. Adjust rate of flow to follow orders or **infuse over a total of two to two-and-a-half hours if a rate is not specified.**
9. The infusion of one unit of blood must be completed within 4 hours of the blood leaving the laboratory. If a physician orders a unit of blood to be infused over a longer period, notify the Blood Bank. The unit will be divided into two bags.
10. Explain to the patient that the blood may feel cold as it infuses.

H. Transfusion

1. Record the date and time the transfusion is started.
2. The RN is to stay with the patient during the first 15 minutes of the transfusion. It is recommended that the patient receive a minimal amount of blood product over the first 15 minutes. Start blood at a slow rate (50 ml/hr.). If infusion is well tolerated at this rate, increase to the rate specified by Provider, or adequate to infuse the remaining blood product within the recommended time.
3. Remind patients to call for any discomfort and give them the call button before leaving the room.
4. Patients unable to use the call button must be checked frequently.
5. Obtain and record the vital signs as outlined on the Administration of Blood Products form and any changes in condition

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6. All blood products must be completed in less than **four hours of leaving the laboratory**. Any blood product not infused within the allotted time frame must be returned to the lab for disposal. Document this occurrence on the Administration Record and in the Nursing Notes of the electronic record and include why it was not completed.
7. Document the procedure in the Nurses Notes of the electronic chart. Include:
 - a. type and size of angiocath and site,
 - b. type of blood product,
 - c. start and end times,
 - d. patient response to the transfusion,
 - e. whether you did or did not have a transfusion reaction.
8. If a possible reaction occurs, clamp and remove blood tubing and notify physician. See the section for Possible Transfusion Reaction within this policy and follow the procedure outlined.
9. Follow steps 1 – 6 for all subsequent units transfused. Patient's name, hospital number, blood band number and blood unit numbers **MUST BE CHECKED** for each unit. Normal saline must flush after each unit until all remaining blood has been cleared from the line.
10. Complete the blood administration form with date, time completed, and amount infused. Note the patient's response to the infusion and any reaction that occurred during the infusion.
11. The qualified nursing personnel, who transfused the blood, will sign where indicated.
12. Each unit must be documented on a separate administration form.
13. Document in the Nursing Notes of the electronic record each unit of blood product, the start and end times, and all issues and concerns associated with the transfusion(s).
14. A single Y-type blood set with a 170-micron filter may be used to administer up to two units of the same blood product. It must be changed between different blood products, or if there is a suspected transfusion reaction. Attach a larger sized label to the tubing to document the following:
 - Date and time tubing is initiated
 - Blood product and unit number (i.e. PRBC Unit 1)
 - Date and time unit started running.
 - Add the same information (b-c above) to the same label when the second unit is started.

I. After Completion of the Transfusion

1. The transfusion is complete when all the blood cells have been flushed through the blood tubing by the Normal Saline.
2. Obtain post transfusion vital signs and enter on the flow chart.
3. Enter the amount of product transfused.
4. The empty blood bag(s), tubing, and remaining normal saline are placed in the biohazard container in the dirty utility room. If involved in a transfusion reaction, the remaining blood product, the tubing, and the flush bag must be placed in a biohazard bag and sent to the laboratory.
5. Monitor patients for at least 30 minutes after completion of the transfusion and document vital signs.
6. Complete documentation of all pertinent information in the Blood Administration Record.
7. Attach the Unit ID Tag to the back of the Blood Administration Record.
8. A copy of the completed infusion record must be sent to the lab.
9. Give the original copy of the Blood Administration Record to the Unit Clerk to be scanned into the patient's electronic record with the Unit ID tag attached to the back. The original will become part of the permanent record.

J. Suspected Blood Transfusion Reaction

1. Signs/symptoms of blood transfusion reaction
 - a. Elevated temperature greater than 102F
 - b. Rigors, shaking, chills
 - c. Heart rate greater than 120 beats per minute or rise of more than 40 beats per minute from baseline

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- d. Drop or rise in systolic blood pressure of more than 20 mmHg
 - e. Shortness of breath, lower back pain, nausea, vomiting
2. If a patient develops signs/symptoms of transfusion reaction, discontinue the blood transfusion immediately. Notify the provider and blood bank.
 - a. Clamp the tubing and send the entire set up to laboratory blood bank in a biohazard bag. For a mild allergic reaction, see step 2.
 - b. Follow the provider's orders with exception that blood transfusion CANNOT be restarted unless reaction is compatible with mild allergic reaction (see step 2)
 - c. DO NOT restart transfusion if patient is febrile.
3. If patient experiences localized erythema, hives, itching, when NOT accompanied by fever or other adverse effects:
 - a. Stop the transfusion and leave blood set up intact.
 - b. Notify the provider who must decide whether to medicate with antihistamine and continue transfusion. Contact blood bank with any questions or concerns.
 - c. If provider or lab does not approve continuing the transfusion, treat as transfusion reaction and discontinue transfusion.
4. Draw a 5 mL EDTA (Lavender top) and a plain red topped tube from the arm opposite from the transfusion site. Obtain a urine sample. Ensure all specimens are properly labeled and sent to the laboratory.
5. Complete the Nursing section of the Suspected Transfusion Reaction Report form (F-280-01-024-1) which can be printed from the policy manager under Lab department forms. Fill out completely and sign the form; then send it to the laboratory.
6. Document the transfusion reaction details in the Nursing Notes of the electronic record.

REFERENCE(S):

AABB Technical Manual 14th Edition. 2002
Transfusion of Blood and Blood Products. Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023). Pg. 853-858.
Transfusion Reaction Management. Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023). Pg. 858-861.

ASSOCIATED FORM(S):

F-852-03-041-1 Administration of Blood or Blood Products
F-852-03-041-2 Agreement for Administration of Blood or Blood Products
F-852-03-041-3 Refusal to Permit Blood Transfusion
F-280-01-024-1 Suspected Blood Transfusion Reaction Report



SIERRA VISTA HOSPITAL ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS

Date: _____ Time: _____ Blood Sticker _____

Verification of Patient, Consent, Physician Order and Blood Products

Validate the patient identity			
<input type="checkbox"/> Patient Full name	<input type="checkbox"/> Medical Record Number	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> BB Number
Validate the consent			
<input type="checkbox"/> Consent signed by Patient/Guardian or two providers	<input type="checkbox"/> Witnessed	<input type="checkbox"/> Date within 30 days	
Validate the provider order			
<input type="checkbox"/> Order is current	<input type="checkbox"/> Blood product match	<input type="checkbox"/> Order to transfuse	<input type="checkbox"/> Correct Patient
Validate the blood product label with the requisition			
<input type="checkbox"/> Packed Red Blood Cells	<input type="checkbox"/> Fresh Frozen Plasma	<input type="checkbox"/> Platelets	<input type="checkbox"/> Other
<input type="checkbox"/> Unit #	<input type="checkbox"/> Exp Date/Time:	<input type="checkbox"/> ABO/D Donor	<input type="checkbox"/> ABO/D Patient
<input type="checkbox"/> Unit bag intact	<input type="checkbox"/> Appropriate color	<input type="checkbox"/> No sign of hemolysis	<input type="checkbox"/> Volume noted

RN: _____ RN _____

Signature _____ Print Name _____
 2nd nurse: _____ 2nd nurse: _____
 Signature _____ Print Name _____

TIME	BP	PULSE	RESP	TMEP	COMMENTS
INITIAL VITAL SIGNS TAKEN JUST PRIOR TO STARTING BLOOD					
VITAL SIGNS EVERY 15 MINUTES FOR FIRST HOUR					
VITAL SIGNS EVERY 30 MINUTES FOR SECOND HOUR					
VITAL SIGNS EVERY 60 MINUTES FOR THIRD AND FOURTH HOURS					
VITAL SIGNS AT COMPLETION OF BLOOD UNIT					
VITAL SIGNS 30 MINUTES AFTER COMPLETION OF UNIT					

Time started: _____ Time Completed: _____ Amount Given _____ ml

Transfusion Reaction? Yes No Blood administered by: _____

Blood Requisition is to be mounted on the reverse side of this form. Patient sticker



AGREEMENT FOR ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS

TO: Dr. _____
[Attending physician]

and _____ Hospital: _____ Date: _____

1. I hereby request and authorize the administration of:

- Packed Red Blood Cells
- Fresh Frozen Plasma
- Platelets
- Other: _____

And such additional transfusions as may be deemed advisable in the judgment of Dr. _____, the attending physician, or those he may designate to assist him.

2. It is understood and agreed that the attending physician or his assistants will be responsible only for the performance of their own individual professional acts, and that the blood typing and the selection of compatible blood are the responsibilities of those who actually perform the necessary laboratory tests.
3. It has been fully explained that blood transfusions are not always successful in producing a desirable result and that there is a possibility of ill-effects such as the transmission of infectious hepatitis or other diseases or blood impairments.
4. Also, it has been explained that emergencies may arise when it may not be possible to make adequate cross-matching tests, and that immediate need may make it necessary to use existing stocks of blood which may not include the most compatible blood types.
5. It is understood and expressly agreed that the blood supplied in accordance with this agreement is incidental to the rendition of services and that no requirement, guarantee, or warranty of fitness or quality shall apply.

Signature of patient	Date	Time

Name/Relationship if not patient	Date	Time

Witness	Date	Time



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 12/11/2012

SUBJECT: Burn Care Review: 2024 SFA 2025 _____ 2026 _____

Last Revised: January 2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA

SCOPE:

Emergency Department Nursing Staff of Sierra Vista Hospital.

POLICY:

Patients presenting to the Emergency Department with burn injury will have emergency medical screening, stabilization, treatment within the capacity of Sierra Vista Hospital Emergency Department per the recommendations of Trauma Nursing Core Course and transferred if appropriate.

DEFINITION(S):

Thermal Burn: result of contact with hot object or steam, smoke or thermal flash. Scald burn is a thermal burn that results from a wet substance.

Chemical Burn: results from contact with acid or alkalis substances.

Electrical Burn: results from direct exposure to electrical current or lightning strike.

Radiation Burn: results from sun exposure or exposure to radiation beams.

TBSA: Total body surface affected by burn. (Rule of Nines see Figure 1, Modified Lund and Browder Chart see Table 2)

PROCEDURE:

Initial assessment will use the systematic approach to the nursing care of the trauma patient to include additional assessment/interventions listed below. Special notation for patients with chemical burns, assure the safety of the trauma team by using appropriate personal protective equipment to limit risk of cross exposure to the chemical agent, especially during decontamination. Review American Burn Association Burn Injury Referral Criteria (Table 3, page 6) and expect transfer of those patients to a higher level of care or Burn Center.

Airway and Alertness

- Level of alertness and ability to maintain patent airway ensure patent airway
- Evaluation for evidence of soot, carbonaceous sputum or singed nasal hair
- Dry powder and chemical fumes can cause inhalation injuries

Breathing and Ventilation

- Oxygen at 15 L/minute via a closely fitted mask attached to an oxygen reservoir
- Oxygen to maintain a SpO₂ 94-98%
- Ensure effective ventilation

Circulation and Control of Hemorrhage

- Avoid vascular access over burned tissue

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Policy # 184-01-117

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- Fluid resuscitation based on partial-thickness or full thickness burns of TBSA affected. (*See Table 1, page 5)
- Special considerations for children
 - Children younger than 14 years or weighing less than 40 kg, give 3 mL/kg per percentage of TBSA, half during the first 8 hours and the remaining half over the next 16 hours
 - In children less than 40 kg, maintain the urinary output at 1ml/kg per hour
 - Glucose infusion or maintenance fluids with glucose may be needed to prevent or treat hypoglycemia
 - Ringer's lactate solution is recommended for children weighing more than 10 kg, for those weighing less than 10 kg, use dextrose 5% in Ringer's lactate solution

Exposure and Environmental Control

- Maintain body temperature, crucial due to the lost of protective skin barrier
- Remove clothing and jewelry, especially any that may cause constriction as swelling occurs
- Superficial burns less than 10% TBSA, cool burned tissue using cool wet cloths with room temperature sterile water for 5 minutes
- Do not apply ice or immerse in water
- Use blankets to keep the patient warm
- Use caution with cooling interventions that can contribute to hypothermia
- Increased metabolism may affect medication dosing needs

Decontamination in Chemical Burns

- Dry chemical exposure generally is removal of patient clothing and jewelry, using caution not to scatter any of the stimulus or causative agent
- Lightly brush away any dry chemicals
- Dilute by flushing with liberal amounts of water
 - Tap water may be used
 - Low pressure to avoid tissue injury
 - Use tepid water to avoid hypothermia
- Determine type of chemical (acid or alkali)

Laboratory

- ABGs and oxygenation content of the blood
- ABCs with bicarbonate levels (electrical burns)
- Carboxyhemoglobin levels
 - Normal non-smoker 0-3%
 - Smoker 0-15%
 - Toxic 25-35%
 - Lethal over 60%
- Blood to screen for myoglobin (electrical burns)
- Creatine Kinase levels (electrical burns)

Monitoring

- Hemodynamic monitoring
- Cardiac monitoring (especially if electrical burns)
- Pulse oximetry (may not be accurate in the presence of carbon monoxide)

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- Urinary catheter to monitor fluid resuscitation
- Signs and symptoms of compartment syndrome (electrical burns)

Nasogastric Orogastic Tube

- Consider in patients over 20% TBSA due to high probability of gastric distension, nausea and vomiting.

Pain Assessment and Management

- Burns can be very painful; pain management is priority.
- Burns cause increased metabolism which may affect medication dosing.

Depth of the Burn

- Reflective of the layers of skin and tissue affected (see Table 2 Differentiating Depth of Wounds, page 5)
- Must be completed to begin fluid resuscitation
- Definitive assessment of depth can change over the course of the first 24-48 hours

Extend of the Burn

- Extend of partial and full thickness burn injury using
 - Modified Lund and Browder Chart based on age and burned area (Table 4, page 6)
 - The Rule of Nines (Figure 1, page 7)
 - Rule of Palms is used to measure small or scattered burns (Figure 2, page 7)
- The percentage of TBSA is essential in calculating fluid resuscitation

High Risk Burns

- Circumferential
 - Assess for increasing pressure to structures under circumferential burns
 - Peare for escharotomies to chest wall or extremities
 - Escar creates restrictive movement and can result in failure to ventilate and/or loss of limb or life
- Perineal
 - High risk for contamination or infection
- Hands or Feet
 - High risk for strictures and necessitate intense rehabilitation

Interventions

- Assess and manage pain
- Cover wounds with clean, dry dressings or sheets to minimize exposure to air currents
- Elevate extremity to the level of the heart (not above) to promote circulation and assist in reduction of edema
- If maltreatment is suspected, further investigation and notification of social or child protective services I warranted
- Administer tetanus prophylaxis as indicated
- Consider psychological support for the patient and family

Reevaluation

- Effectiveness of the airway and ventilation should be ongoing

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- Fluid resuscitation effectiveness by monitoring of hemodynamic stability
- All associated injuries and the effectiveness of the interventions
- The patient's temperature to main euthermia
- Skin, pulmonary and systemic signs and symptoms of infections
- Pain level and medication effectiveness

REFERENCE(S):

Surface and Burn Trauma. Trauma Nursing Core Course. 8th edition. Emergency Nurses Association. Pages 205-223.

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Table 1. Adult Fluid Recommendations

Adult Fluid Recommendations
<p>Formula: Weight in kg x 2 mL x % TBSA = the total amount of fluid to be infused in 24 hours from the time of injury.</p> <ul style="list-style-type: none"> • Give half of the calculated total during the first 8 hours. • Give the remaining half over the next 16 hours.
<p>Example: A 100-kg patient sustained a 50% TSA Burn</p>
<p>Calculation</p> <ul style="list-style-type: none"> • 100 kg x 2 = 200 mL • 200 mL x 50% TBSA burn = 10,000 mL to be infused over the first 24 hours from the time of the burn • 5,000 mL (10,000/2 = 5,000) given in the first 8 hours • 5,000 mL will be infused over the remaining 16 hours

Table 2. Differentiating Depth of Wounds

Depth	Appearance	Sensation	Healing Time
Superficial	<ul style="list-style-type: none"> • Dry, red • Blanchs with pressure 	<ul style="list-style-type: none"> • Painful 	<ul style="list-style-type: none"> • 3 - 6 days
Superficial partial thickness	<ul style="list-style-type: none"> • Blisters • Moist and Weeping • Red • Blanchs with pressure 	<ul style="list-style-type: none"> • Painful to temperature and air 	<ul style="list-style-type: none"> • 7 - 21 days
Deep partial-thickness	<ul style="list-style-type: none"> • Blisters • Wet or waxy dry • Patchy to cheesy white to red in color • Does not blanch with pressure 	<ul style="list-style-type: none"> • Preceptive of pressure only 	<ul style="list-style-type: none"> • Greater than 21 days • Usually requires grafting
Full thickness	<ul style="list-style-type: none"> • Waxy white to leathery gray to charred and black • No blanching with pressure 	<ul style="list-style-type: none"> • Preceptive of deep pressure only 	<ul style="list-style-type: none"> • Requires surgical grafts
Fourth degree (full thickness)	<ul style="list-style-type: none"> • Extends into facia and or muscle 	<ul style="list-style-type: none"> • Preceptive of deep pressure only 	<ul style="list-style-type: none"> • Requires surgical graphs

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Table 3. American Burn Association Burn Injury Referral Criteria

ABA Burn Injury Referral Criteria
• Partial thickness burns greater than 10% TBSA
• Burns that involve the face, hands, feet, genitalia, perineum, or major joints
• Third degree burns in any age group
• Electrical burns, including lightning injury
• Chemical burns
• Inhalation injury
• Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
• Any patient with burns and concomitant trauma (such as fractures) in which the burn injury posed the greatest risk of morbidity or mortality <ul style="list-style-type: none"> ○ In such cases, if the trauma poses a greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgement will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
• Burned children in hospitals without qualified personnel or equipment for the care of children
• Burn injury in patients who will require special social, emotional, or rehabilitative intervention

Table 4. Modified Lund and Browder Chart

Burn Area	Age (years)					
	1	1-4	5-9	10-14	15	Adult
	Total Body Surface (%)					
Head	19	17	13	11	9	7
Neck	2	2	2	2	2	3
Anterior trunk	13	13	13	13	13	13
Posterior trunk	13	13	13	13	13	13
Right buttock	2.5	2.5	2.5	2.5	2.5	2.5
Left buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
Right upper arm	4	4	4	4	4	4
Left upper arm	4	4	4	4	4	4
Right lower arm	3	3	3	3	3	3
Left lower arm	3	3	3	3	3	3
Right hand	2.5	2.5	2.5	2.5	2.5	2.5
Left hand	2.5	2.5	2.5	2.5	2.5	2.5
Right thigh	5.5	5.5	5.5	5.5	5.5	5.5
Left thigh	5.5	5.5	5.5	5.5	5.5	5.5
Right leg	5	5	5	5	5	5
Left Leg	5	5	5	5	5	5
Right foot	3.5	3.5	3.5	3.5	3.5	3.5
Left foot	3.5	3.5	3.5	3.5	3.5	3.5

Figure 1. Rule of Nines

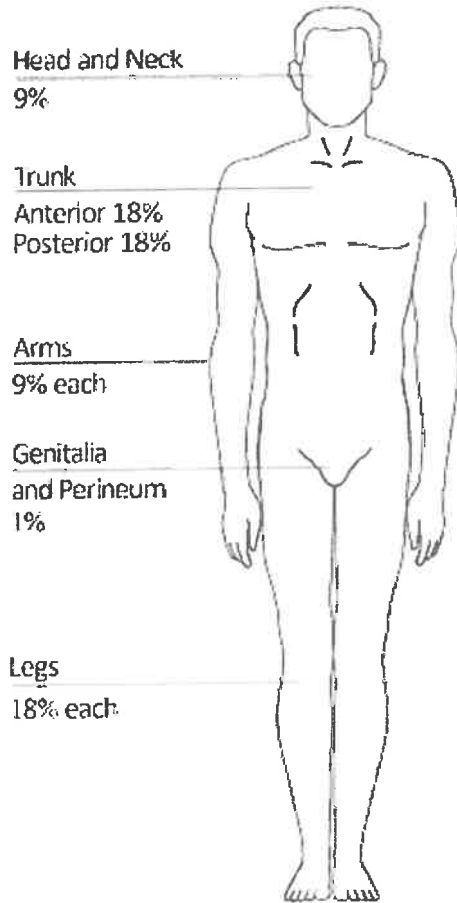
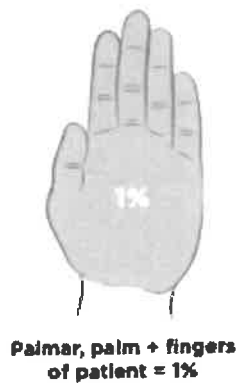


Figure 2. Rule of Palms





**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 1998

SUBJECT: Scope of Services, Emergency Department Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: January 2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA

SCOPE:

Sierra Vista Hospital Emergency Department

POLICY:

Sierra Vista Hospital Emergency Department will be staffed 24 hours a day, 7 days a week and will provide unscheduled services to patients presenting for treatment. Emergency equipment, supplies, medication, blood, and blood products will be available for emergency treatment and stabilization.

Patient Population:

Patient population includes geriatric, adult, adolescent, pediatric and neonate.

Typical presenting conditions (this in not intended to be an all-inclusive list):

Animal Bite	Allergic reaction
Back or muscle pain	Blurred vision
Bronchitis	Burns of any type
Cold or Flu	Cuts and minor burns
Diarrhea	Earache
Heat exhaustion/stroke	MVA injuries
Insect bite/sting	Signs/symptoms of infection
Skin conditions	High/sustained elevated temperature
Snake bite	Sore throat
Sprains or joint pain	Sun exposure
Upper respiratory infection	Urinary tract infection
Vomiting/Nausea	Traumatic injury
Compound fracture	Chest pain or pressure
Head injuries	Pneumonia
Seizure	Severe abdominal pain
Shortness of breath	Severe headache, paralysis, or weakness
Uncontrolled bleeding	Altered mental status
Suicidal/homicidal ideation	Alcohol intoxication

Services Provided:

1. Triage by a Registered Nurse and a medical screening examination by a qualified physician
2. Minor emergent and non-emergent treatment
3. Advance Cardiac Life Support

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4. Respiratory support including use of BIPAP, CPAP, mechanical ventilation
5. Life-saving procedures
6. Minor procedures
 - a. Washing, dressing, and suturing of wounds
 - b. Reduction & splinting of fractures and dislocations
7. Laboratory test
8. Imaging test
9. Blood transfusion
10. Drugs and biologicals readily available for treating emergency cases
11. Brief intervention for behavioral health or substance abuse and referral
12. Alleged sexual assault or abuse treatment and referral
13. Stabilization of trauma conditions
14. Emergency obstetric care
15. Transfer to Tertiary Care Centers per patient request and/or patient condition

Emergency Services not available:

Cardiac Cath Lab	Dialysis
Emergent Surgery	Endocrinology
Extensive Trauma Care	Oncology
Inpatient Mental Health	Inpatient Substance Abuse Treatment
Intensive Care Unit	Labor and Delivery
Nephrology	Neurology
Obstetric	Organ Procurement
Orthopedics	Transplant
Urology	Vascular Medicine

Patients requiring a service not available at Sierra Vista Hospital Department will be transferred or receive a referral for services at a Tertiary Care Center.

Personnel:

1. Medical Director who oversees the services provided including Trauma. Works in collaboration with the Chief Nursing Officer to review best practices, quality of care and patient satisfaction.
2. A Doctor of Medicine or Osteopathy, a nurse practitioner, or a clinical nurse specialist, with training or experience in emergency care will be on site 24 hours a day. Current state license, BLS, ACLS, PALS and ATLS.
3. Registered Nurses with training and/or experience in emergency care to provide safe, quality care. Nursing staff will maintain a current state or multi-state license, BLS, ACLS, PALS and TNCC.
4. Technicians with training and/or experience in emergency care to provide safe, quality care. Technicians will maintain a current state CNA, EMT, or MA and BLS.

ABBREVIATION(S):

ACLS-Advance Cardiac Life Support
ATLS-Advance Trauma Life Support
BIPAP-Bilevel Positive Airway Pressure
BLS-Basic Life Support
CNA-Certified Nurse Assistant

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CPAP-Continuous positive airway pressure
EMT-Emergency Medical Technician
MA-Medical Assistant
PALS-Pediatric Advance Life Support
TNCC-Trauma Nurse Core Course

REFERENCE(S):

Critical Access Hospitals (CAHs). Rural Health Information Hub. (12/22/2023). Retrieved 01/21/2024, from <https://www.ruralhealthinfo.org/topics/critical-access-hospitals#:~:text=Emergency%20Department%20Services,remote%20area%20criteria%20are%20met.>

Code of Federal Regulations. Title 42 Chapter IV Subchapter G Part 485 Subpart F § 485.618 Conditions of participation: Emergency services. [58 FR 30671, May 26, 1993, as amended at 62 FR 46037, Aug. 29, 1997; 64 FR 41544, July 30, 1999; 67 FR 80041, Dec. 31, 2002; 69 FR 49271, Aug. 11, 2004; 71 FR 68230, Nov. 24, 2006]

Retrieved 01/21/2024, from <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-F#page-top>

N.M. Code R. § 7.7.2.38 – Emergency Services. N.M. Code R. § 7.7.2.38 (“7.7.2.38 NMAC - Rp, 7.7.2.38 NMAC, 06-15-04; 7.7.2.38 NMAC - Rn, 7.7.2.37 NMAC & A, 03-15-06”) Retrieved 01/08/2023 from <https://law.cornell.edu/regulations/new-mexioc/7-7-2-38-NMAC>

CNO Report February 2024

Cerner

- Week 4 of transition
- Continued support by superusers
- Testing of interface with Phillips monitors in March
- Continuous evaluation of documentation

Medical/Surgical

- Searching for CNA

Emergency Department

- Recruitment of foreign educated RNs

EMS/Community Health

- Monthly education for staff and community

Surgery

- Planning for pending change with Surgeon contract

Cardiopulmonary

- Evaluation of critical equipment
- Continue to grow sleep program

Trauma

- Education for both RN Coordinator and Registrar
- Pending survey, charts ready, information booklets ready, team ready

CEO Report

Frank Corcoran

2-13-24

1. **Behavioral Health Project Update:** Continue to search for a psychiatrist.
2. **RHC Update/Provider Recruitment:** Please welcome Dr Walker as our employed Surgeon and Nichelle Virgil, Behavioral Health NP.
3. **EOC update:** Repairing Kitchen ceiling from water leak.
4. **Tele-med Update:** Adding a tele-health Pulmonologist coming soon.
5. **IT System Replacement** – We are up and running, several kinks to work through.
6. **Legislative Update:** SB 17 passed House Finance Committee and headed to house floor (\$7 million dollar impact) SB 161 going to House Finance Committee (\$3 million dollar impact). Session ends Thursday at Noon!!
7. **Med-Malpractice:** Our current carrier is pulling out of NM. We are searching for a new company.
8. **CRNA:** Working on CRNA contracts.
9. **Denim and Diamonds Fundraiser: April 20th 5pm**

Happy Mardi Gras



10.