



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
4-30-24**

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**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**

April 30, 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
Richard Holcomb, 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

Vacant

SUPPORT STAFF:

Ming Huang, CFO
Lawrence Baker, HR Director
Sheila Adams, CNO, Excused
Zachary Heard, Operations
Mgr., Compliance
Heather Johnson, HIM
Lisa Boston, Interim Consultant

Ovation/Guest:

Erika Sundrud
David Perry

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. March 14, 2024 JPC & GB Joint Meeting		Amend/Action
B. March 19, 2024 Regular Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business- None	Bruce Swingle, Chairperson	
8. New Business-	Bruce Swingle, Chairperson	
A. Introduction of new Board Member, Richard Holcomb		Information
9. Finance Committee- Kathi Pape, Chairperson		
A. March Financial Report	Ming Huang, CFO	Report/Action
B. Dingus / Auditor Contract	Ming Huang, CFO	Information
10. Board Quality-		
A. Med Staff –		
1. Policy Review	Zach Heard, Operations	
None		
11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO, Excused	Information
C. Med Staff Report	Sonia Seufer, COS	Report
D. CEO Report	Frank Corcoran, CEO	Report
E. Governing Board	Bruce Swingle, Chairperson	Report
1. Appointment of Governing Board Secretary		Information
2. Appointment to Board Quality Committee		Information
3. CEO Evaluation		Discussion

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

Initials:

Nichelle A. Vigil, CNP

RadPartners Initial:

John R. Hebert II, MD

Michael La Pointe MD

RadPartners Re-Appointment:

Linda M. Petrovich, MD

Eduardo Quinones, MD

Luis R. Ramos-Duran, MD

David T. Pilkinton, MD

ESS Re-Appointment:

Arturo Sidransky, MD

B. Governing Board Code of Ethics

Lisa Boston

C. Board Education

Lisa Boston

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. Quarterly Compliance Report

Zachary Heard

C. Quarterly Quality Report

Frank Corcoran

D. Master Facility Plan Options

Frank Corcoran

E. Cerner Update

Frank Corcoran

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

Initials:

Nichelle A. Vigil, CNP

RadPartners Initial:

John R. Hebert II, MD

Michael La Pointe MD

RadPartners Re-Appointment:

Sierra Vista Hospital
Joint Powers Commission and Governing Board Special Meeting Minutes
March 14, 2024 @ 1:00pm

There is a quorum of both JPC and GB members. No action is called for on this agenda.

<u>AGENDA ITEMS:</u>	<u>PRESENTER:</u>	<u>ACTION REQUIRED:</u>
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5. Approval of the Agenda Jim Paxon, JPC Chairperson
For the Governing Board, Greg D'Amour motioned to approve the agenda. Shawnee Williams seconded. Motion carried unanimously.
For the JPC, Deb Stubblefield motioned to approve the agenda. Majie Powey seconded. Motion carried unanimously.

"Are there any items on this agenda that could cause a potential conflict of interest by any JPC or Governing Board member?"

Bruce Swingle stated that he will excuse himself from the closed session discussion of facility planning. Kathi Pape, Vice Chair, will take over for him.

Bruce Swingle read the following stipulation:

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

10-15-1 (H) 9 Public Hospital Board Meetings – Strategic and long-range business plans
A. Facility Planning - Frank Corcoran, CEO Discussion Only

Vote to close meeting:

All members of the Governing Board present at the meeting voted in the affirmative to close the meeting.

All members of the JPC present at the meeting in person and by phone voted in the affirmative to close the meeting.

Kathi Pape read the following stipulation:

7. Re-Open Meeting – As required by **Section 10-15-1 (J), NMSA 1978**, matters discussed in executive session were limited only to those specified in the motion to close the meeting.

10-15-1 (H) 9 Public Hospital Board Meetings – Strategic and long-range business plans
A. Facility Planning - Frank Corcoran, CEO
No Action Required

8. Adjournment-

Kim Skinner motioned to adjourn. Shawnee Williams seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

**Sierra Vista Hospital
Joint Powers Commission and Governing Board Special Meeting Minutes
March 14, 2024 @ 1:00pm**

Jim Paxon, JPC Chairperson

Date

Bruce Swingle, Governing Board Chairperson

Date

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

March 19, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met March 19, 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 12:05.

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
Vacant, Member

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

VILLAGE OF WILLIAMSBURG

Denise Addie, **Secretary** – Absent

STAFF

Frank Corcoran, CEO- Present
Ming Huang, CFO- Present
Sheila Adams, CNO- Excused
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

Kathi Pape motioned to approve the agenda. Serina Bartoo seconded. Motion carried unanimously.

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

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

Bruce Swingle stated that he will recuse himself from the facility planning follow up discussion in closed session.

5. Approval of minutes Bruce Swingle, Chairperson

A. February 27, 2024 Regular Meeting

Kathi Pape motioned to approve the February 27, 2024 minutes. Serina Bartoo seconded.

Motion carried unanimously.

6. Public Input – Dr. Walker addressed the Governing Board as an official employee of SVH. Dr. Walker discussed accomplishment of the hospital’s mission to affect the quality of life of the patients and the community and the process of eating an elephant.

7. Old Business-

None

8. New Business-

None

9. Finance Committee- Kathi Pape, Chairperson

A. February Financial Report - Ming Huang, CFO, directed the board to page FC5 of their packet. At the end of February, we had 90 days cash on hand which equals \$8,601,693. Accounts receivable net days were 33 and accounts payable days were 23. We had a net loss of (\$1,038,813). Gross patient revenue was \$4,240,399 which is \$806,809 less than budget. Since the conversion on January 29th, we have revenue of about \$1.2 million that has not been recorded yet. This amount equals about \$500,000 to \$600,000 in cash. Patient days were 142, 20 days more than January. There were 814 RHC visits, 28 less than January and 670 ER visits which is 58 less than January.

Revenue deductions were \$2,526,902, other operating revenue was \$283,130 and non-operating revenue was \$196,225.

Operating expenses were \$2,851,302 which is over budget by \$15,082. Supply expenses were under budget because of the conversion. We could not charge supplies to departments. Contract services expenses were over budget due to the productivity incentive of \$125,000 paid to the surgery group.

EBITDA for February is (\$656,551). Year to date, EBITDA is \$549,851. The bond coverage ratio is - 22% versus an expected ratio of 130%.

Kathi Pape stated that this is what Frank has been warning and preparing us for. The conversion to Cerner has caused our revenue to drop. We should see things turn around by September or October if not sooner.

Frank asked that everyone look at the income statement on FC12. In February, gross patient revenue was \$4,240,399 which was \$806,809 under budget. We have been averaging \$5 million to \$5.2 million each month. As Ming mentioned, there is \$1.2 million tied up in the Cerner conversion. This is money that has yet to be billed. If you add the \$1.2 million to the \$4.2 million we’re at \$5.4 million in gross patient revenue. Typically, 50% of gross is what we collect. Several factors impacted February including the short month, less visits due to training on Cerner, the conversion, etc. The main focus is that we have money to be billed, bills to drop and money to collect. Collections in February are down by about

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

\$600,000, again tied up in Cerner. Once collected our total cash will go back up to the average of \$9.2 where it had been. It will take a few months to get back to normal.

Discussion was held regarding the Finance dashboard.

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

B. 501(c)3 Update - Ming Huang, CFO. Our auditors have recommended that we change our retirement plan or our status. We can either apply for 501(c)3 organization or change the current retirement plan. As a 501(c)3 organization we cannot lobby or promote advocacy. For this reason, we will be creating a new retirement plan for employees.

10. Board Quality- Denise Addie, Chairperson

A. Med Staff – Shawnee Williams stated that all policies below were reviewed at the Board Quality meeting on Monday.

1. Policy Review

Policy: Facility Reporting Policy

Policy: EMS Blood Products Storage and Transport Policy

Policy: EMS Blood Fridge Alarm Check Policy

Form: EMS Blood Fridge Alarm Check Form

Policy: EMS Blood Administration Policy

Form: Emergency Transfusion Request Form

Document: EMS Blood Transfusion Procedure Guidelines

Document: SVHCCP Blood Transfusion Protocol

Zach Heard gave a quick description of each policy and document. Medical staff and Board Quality have approved these policies.

Shawnee Williams motioned based on the recommendation of the Board Quality Committee approval of all policies and forms as presented. Jesus Baray seconded. Motion carried unanimously.

Note: Kathi Pape stated that she would like for Ming to discuss the Medicare reserves report on FC18. Ming stated that we have \$150,000 in reserve for Medicare. David Perry is working on the calculation to determine if we have been overpaid or underpaid for FY24. If we have been overpaid, we will use the \$150,000 to pay Medicare back. This is a report only.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, stated that travel staff should be 20 not 18. We have secured a Director of Provider Services for the clinic. We continue to search for a psychiatrist and will be bringing in a traveler to fill the Physical Therapist position. There were five new hires and three terminations in February. All terminations were voluntary. Stabilization of routine personnel transition has minimal impact in the overall budget process. Addition of student interns is contributing to potential new hires post-graduation. Vacancies include nurses and certified nurse assistants.

We hosted Governor Lujan Grisham two weeks ago and signed four pieces of healthcare legislation into law. We dedicated the RHC to Senator John Aurthur Smith in an event held on March 7th. Nichelle Vigil has joined our Behavioral Health services team and will be seeing young people to help fulfill that need.

B. Nursing Services - Sheila Adams, CNO, Excused. Frank Corcoran stated that Sheila is in Tennessee attending education at Ovation.

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

C. Med Staff Report - Sonia Seufer, COS, is unable to attend today's meeting.

D. CEO Report - Frank Corcoran, CEO, reported that we are still looking for that elusive psychiatrist. We have a tele-psychiatrist available for med management. We continue to work on expanding tele-health to include pulmonology, dermatology and adding a fourth day for cardiology. We have interviewed and made an offer to a clinic practice director. Zach Heard has been covering in this position in addition to all of his other duties.

We continue to work on the issues with Cerner. The big things are the finance pieces. The portal has been corrected. Registration was a problem from the beginning which affects everything down the line. Cerner will rewrite registration which will help smooth out other issues. We are two months into the conversion.

Our current med-malpractice carrier is pulling out of New Mexico in June. Our broker, HUB, has been looking for alternatives for us. We will be talking with an independent carrier, Yellowstone, later this week.

Since we brought on Aaron Dow as information systems director, we will be cutting back on the hours of our CIO through Ovation. Aaron is excellent and very knowledgeable in this position.

Senate bill 161 will benefit the hospital in July with about \$2.7 million. The funds will be drawn on a quarterly basis after we submit our expenses for ED and inpatient care. Senate bill 7 will go into effect FY25. We will start paying in our portion in September 2025 and the Federal matching funds should come back as early as October to December 2025. Once it starts, it will keep going quarterly for a total of \$7 million annually based on our volume.

Denim and Diamonds will be on April 20, 2024 at 5:00.

E. Governing Board - Bruce Swingle, Chairperson. Discussion was held regarding fond memories of Senator John Aurthur Smith.

Motion to Close Meeting:

Serina Bartoo motioned to close the meeting. Kathi Pape seconded. Bruce Swingle read the following:

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 Delegated Initials:

Juan C. Mena, MD
Jerry A. Powell, Jr. MD

RP Delegated Reappointments:

Joseph A. Couvillon, MD
Alan K. Osumi, MD

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

Andrew Costin, CRNA
Christina Cruz, PsyD
Frank Ralls, MD

Termination:

Peter Razma, MD

Shawnee Williams motioned based on the recommendation of the Board Quality Committee approval of all above listed privileges. Greg D'Amour seconded. Motion carried unanimously.

B. Confidential Personnel Matter

Greg D'Amour motioned that the Governing Board censure Denise Addie for her actions and advise the appointing entity, Village of Williamsburg, of this action. Kathi Pape seconded. Motion carried unanimously.

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

A. Risk Report
No Action

B. Hospital Acquired Conditions
No Action

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

A. Ovation Report to Board
No Action

B. Facility Planning Follow-up
No Action

14. Other

Next Regular Governing Board meeting will be held on Tuesday, April 30, 2024 @ 12:00. Finance Committee will meet at 10:30 on April 30th and Board Quality will meet on Monday, April 29, 2024 at 10:00.

15. Adjournment

Kathi Pape motioned to adjourn. Serina Bartoo seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Bruce Swingle, Chairperson

Date



Financial Analysis

March 31st, 2024

Days Cash on Hand for March 2024 are 82 (\$7,816,019)

Accounts Receivable Net days are 53

Accounts Payable days are 30

Hospital Excess Revenue over Expense

The **Net Income** for the month of March was (\$469,449) vs. a Budget Income of (\$305,685).

Hospital Gross Revenue for March was \$5,255,478 or \$139,813 less than budget. Patient Days were 116 – 26 less than February, RHC visits were 707 – 107 less than February and ER visits were 667 – 3 less than February.

Revenue Deductions for March were \$2,695,138.

Other Operating Revenue was \$121,589.

Non-Operating Revenue was \$165,153.

Hospital Operating Expenses for March were \$2,914,947 which were under budget by \$116,875. Supplies expenses were under budget because of the conversion that we were not able to charge to departments.

EBITDA for March was (\$67,865) vs. a Budget of \$111,566. YTD EBITDA is \$481,986 vs. a Budget of \$989,702.

The **Bond Coverage Ratio** in March was -27% vs. an expected ratio of 130%.

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

Description	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
	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	11/30/2023	10/31/2023	9/30/2023	8/31/2023	7/31/2023	7/31/2023	
Admissions													
Acute	18	20	30	28	28	28	28	22	29	21	19		
Swing	4	3	4	4	4	3	3	3	2	2	2		
Total Admissions	22	23	34	32	32	31	31	25	31	23	21		
ALOS (acute and swing)	5.3	6.2	3.6	3.7	3.7	3.1	3.1	4.2	3.0	2.3	3.2		
Patient Days (acute and swing)	116	142	122	117	117	96	96	104	93	52	68		
Outpatient Visits				1,131		836		913	1,112	872	1,136		
Rural Health Clinic Visits	703	814	842	841	1,119	1,069	793	1,037	1,037	747			
ER Visits	667	670	728	701	662	661	714	661	714	765	712		
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4%	4%	3%	4%	3%	3%		
Surgery Cases													
Inpatient Surgery Cases								1	2	1			
Outpatient Surgery Cases	3	9	17	16	25	25	18	15	15	16	12		
Total Surgeries	3	9	17	16	25	25	17	19	17	17	12		
Profitability													
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%	2%	10%	8%	16%	-1%		
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-12%	-12%	-3%	-5%	3%	-18%		
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	53%	53%	49%	50%	53%	57%		
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9%	10%	9%	10%	8%	10%		
Outpatient Revenue %	90%	90%	92%	92%	92%	92%	94%	94%	93%	97%	96%		
Gross Patient Revenue/Adjusted Admission	\$ 23,889	\$ 18,437	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 12,272	\$ 7,745	\$ 9,808	\$ 9,808		
Net Patient Revenue/Adjusted Admission	\$ 11,638	\$ 7,458	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 6,090	\$ 3,656	\$ 4,230	\$ 4,230		
Salaries % Net Pt Rev	43%	60%	44%	40%	39%	39%	37%	39%	37%	36%	46%		
Benefits % Net Pt Rev	8%	11%	7%	7%	9%	9%	6%	6%	7%	7%	8%		
Supplies % Net Pt Rev	4%	6%	8%	7%	8%	8%	15%	15%	7%	6%	6%		
Cash and Liquidity													
Days Cash on Hand	82	90	97	98	97	101	102	101	105	101	101		
A/R Days (Gross)	72	53	48	49	48	45	40	45	38	40	40		
A/R Days (Net)	53	33	31	33	30	29	23	29	20	22	22		
Days in AP	30	23	28	27	21	23	29	23	23	23	24		
Current Ratio	4.0	4.4	4.4	4.8	5.7	5.5	5.7	5.5	6.7	6.7	6.9		

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

Description	3/31/2024	2/29/2024	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
	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	18	20	30	28	28	28	22	29	21	21	22	23
Swing	4	3	4	4	3	3	3	2	2	8	5	5
Total Admissions	22	23	34	32	31	31	25	31	23	29	27	28
ALOS (acute and swing)	5.3	6.2	3.6	3.7	3.1	3.1	4.2	3.0	2.3	3.7	2.9	3.7
Outpatient Days (acute and swing)	116	142	122	117	96	104	104	93	52	108	78	103
Outpatient Visits	-	-	-	1,131	836	913	1,112	1,112	872	1,002	1,111	1,196
Rural Health Clinic Visits	703	814	842	841	1,119	1,069	793	793	1,037	941	899	747
ER Visits	667	670	728	701	662	661	661	714	765	639	755	720
ER Visits Conversion to Acute Admissions	3%	3%	4%	4%	4%	4%	3%	4%	3%	3%	3%	3%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	1	2	1	-	-	-
Outpatient Surgery Cases	3	9	17	16	25	18	15	15	16	21	18	17
Total Surgeries	3	9	17	16	25	18	19	17	17	21	18	17
Profitability												
EBITDA % Net Rev	-2%	-30%	-2%	5%	2%	10%	10%	8%	16%	-13%	3%	-17%
Operating Margin %	-16.5%	-47%	-16%	-8%	-12%	-3%	-3%	-5%	3%	-31.1%	-10.6%	-34.4%
Rev Ded % Net Rev	51%	60%	55%	54%	53%	49%	49%	50%	53%	53%	54%	56%
Bad Debt % Net Pt Rev	5.0%	13%	9%	11%	10%	9%	9%	10%	8%	8.2%	2.7%	9.5%
Outpatient Revenue %	90%	90%	92%	92%	92%	94%	94%	93%	97%	93%	95%	94%
Gross Patient Revenue/Adjusted Admission	\$ 23,889	\$ 18,437	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 12,272	\$ 7,745	\$ 12,963	\$ 11,645	\$ 11,522
Net Patient Revenue/Adjusted Admission	\$ 11,638	\$ 7,458	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 6,090	\$ 3,656	\$ 6,098	\$ 5,383	\$ 5,016
Salaries % Net Pt Rev	43%	60%	44%	40%	39%	39%	37%	37%	36%	39%	36%	42%
Benefits % Net Pt Rev	8%	11%	7%	7%	9%	6%	7%	7%	7%	19%	6%	10%
Supplies % Net Pt Rev	4%	6%	8%	7%	8%	15%	7%	7%	6%	7%	5%	7%
Cash and Liquidity												
Days Cash on Hand	82	90	97	98	97	101	102	102	105	121	129	125
A/R Days (Gross)	72	53	48	49	48	45	40	40	38	43	43	39
A/R Days (Net)	53	33	31	33	30	29	23	23	20	25	25	25
Days in AP	30	23	28	27	21	23	29	29	23	25	28	20
Current Ratio	4.0	4.4	4.4	4.8	5.7	5.5	5.7	5.7	6.7	4.3	4.5	5.2

Sierra Vista Hospital
Detailed Stats by Month
3/31/2024

(SUBJECT TO AUDIT)

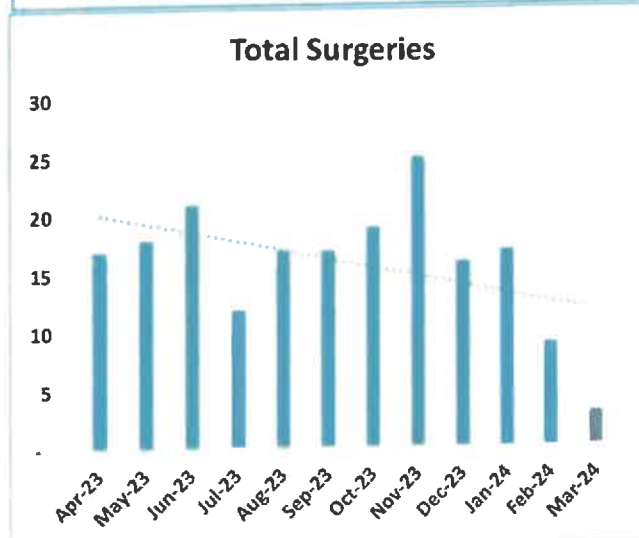
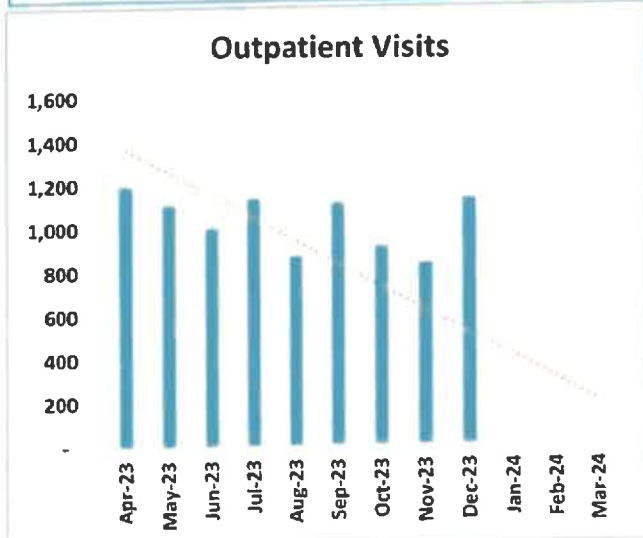
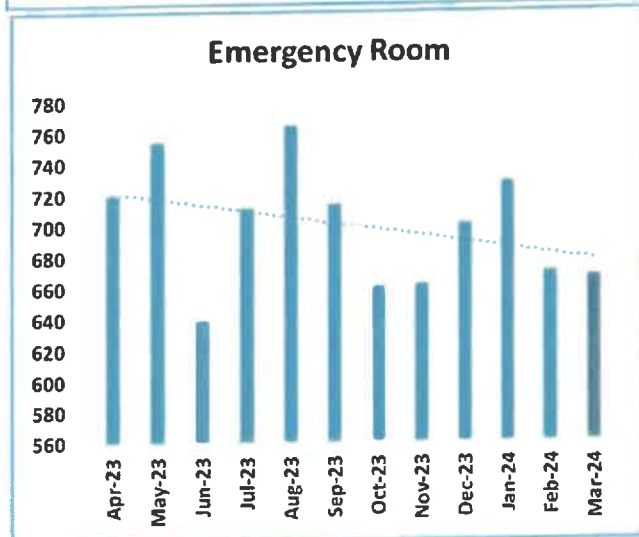
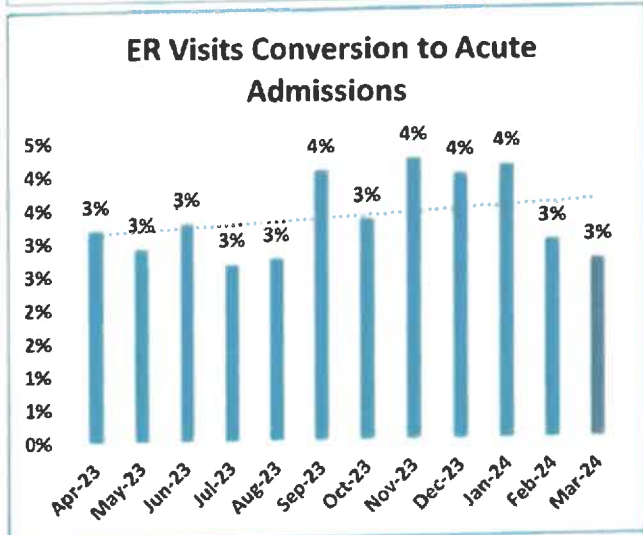
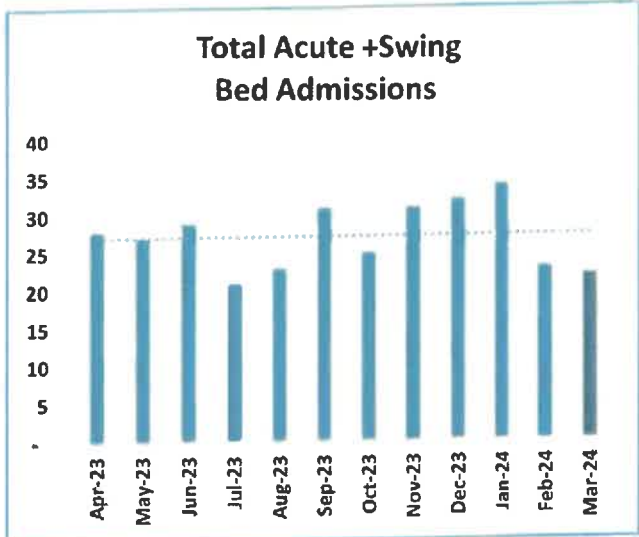
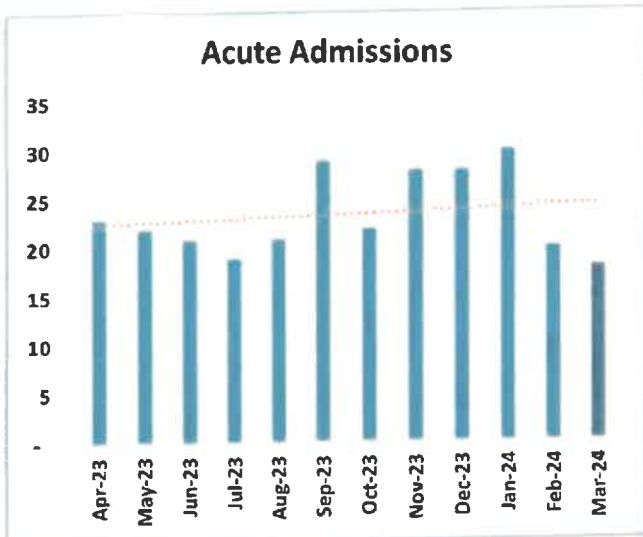
Description	FY2024	Avg FY2024	6/30/2024		5/31/2024		4/30/2024		3/31/2024		2/29/2024		1/31/2024		12/31/2023		11/30/2023		10/31/2023		9/30/2023		8/31/2023		7/31/2023		
			Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month 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
Total Acute Patient Days	641	71							76	87	64	64	97	84	70	80	80	84	70	84	70	80	80	37	37	46	46
Total Swingbed Patient Days	269	30						40	55	58	58	20	12	34	34	22	13	15	15	15	15	15	15	15	15	15	22
Total Acute Hours (based on Ditch hrs)	18,239	2,027						1,827	2,350	2,385	2,385	2,508	2,543	1,619	1,619	2,602	2,602	2,543	1,619	1,619	2,602	2,602	949	949	1,456	1,456	
TOTAL ACUTE																											
Patient Days	641	71						76	87	64	64	97	84	70	80	80	84	70	84	70	84	70	80	80	37	37	46
Admits	215	24					18	20	30	30	28	28	28	29	29	29	29	28	28	28	28	28	29	29	21	21	19
Discharges	212	24					15	17	33	33	28	28	29	32	32	32	32	32	32	32	32	32	32	18	18	22	
Discharge Hours	18,239	2,027					1,827	2,350	2,385	2,385	2,508	2,543	1,619	1,619	2,602	2,602	2,543	1,619	1,619	2,602	2,602	949	949	1,456	1,456	2.1	
Avg LOS	3.0	3.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.1	5.1	1.9	1.9	3.5	3.5	2.9	2.5	2.5	2.5	2.5	2.9	3.9	3.9	2.5	2.5	2.1	2.1	2.1	2.1	
Medicare Acute																											
Patient Days	510	57					46	80	49	49	64	64	65	60	60	73	73	65	60	60	73	73	33	33	40	40	
Admits	160	18					10	15	21	21	19	19	19	18	18	26	26	19	18	18	26	26	17	17	15	15	
Discharges	158	18					7	13	23	23	21	21	21	14	14	28	28	21	14	14	28	28	15	15	18	18	
Discharge Hours	14,194	1,577					1,100	1,900	1,791	1,791	1,675	2,008	1,321	1,321	2,305	2,305	2,305	2,008	1,321	1,321	2,305	2,305	818	818	1,276	1,276	
Avg LOS	3.2	3.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6.6	6.2	2.1	2.1	3.4	3.4	3.1	4.3	4.3	2.6	2.6	3.1	4.3	4.3	2.6	2.6	2.2	2.2	2.2	2.2	
SWING - ALL (Medicare/Other)																											
Patient Days	269	30					40	55	58	58	20	20	12	34	34	13	13	20	12	12	34	34	15	15	22	22	
Admits	27	3					4	3	4	4	4	4	3	3	3	2	2	4	3	3	3	2	2	2	2	2	
Discharges	30	3					4	3	5	5	5	5	1	4	4	2	2	4	1	4	4	2	2	2	2	4	
Discharge Hours	5,914	657					771	667	1,447	1,447	795	868	44	868	868	338	338	795	44	868	868	474	474	510	510	5.5	
Avg LOS	9.0	9.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10.0	18.3	11.6	11.6	4.0	4.0	12.0	8.5	8.5	6.5	6.5	12.0	8.5	8.5	6.5	6.5	7.5	7.5	5.5	5.5	
Observations																											
Patient Days	333	37					24	34	26	26	74	74	25	31	31	21	21	74	25	25	31	21	21	72	72	26	
Admits	191	21					12	19	16	16	30	30	22	21	21	20	20	30	22	22	21	20	29	29	22	22	
Discharge Hours	6,882	765						934	730	730	859	634	634	828	828	1096	1096	859	634	634	828	1096	1186	1186	615	615	
Emergency Room																											
Total ER Patients	6,280	698					667	670	728	728	701	662	662	661	661	714	714	701	662	662	661	714	765	765	712	712	
Admitted	118	13					11	11	16	16	19	19	14	8	8	18	18	11	14	14	8	18	9	9	12	12	
Transferred	552	61					72	64	79	79	62	57	53	47	47	64	64	62	57	57	53	64	64	54	54	54	
Ambulance																											
Total ALS/ELS runs	3,007	334					296	315	376	376	369	374	296	296	296	329	329	369	374	374	296	329	319	319	333	333	
911 Calls	2,282	254					218	228	280	280	268	301	231	260	260	241	241	268	301	301	231	260	241	241	255	255	
Transfers	725	81					78	87	96	96	101	73	65	65	65	78	78	101	73	73	65	69	69	78	78	78	
OP Registrations	6,000	667									1,131	836	913	1,112	1,112	872	872	1,131	836	836	913	1,112	872	872	1,136	1,136	
Vaccine Clinic	504	56									59	81	78	86	86	102	102	59	81	81	78	86	102	102	98	98	
Rural Health Clinic																											
Total RHC Visits	7,969	885					707	814	842	842	841	1,119	1,069	793	793	1,037	1,037	841	1,119	1,119	1,069	793	793	1,037	1,037	747	
Avg Visits per day	383	43					31	41	42	42	42	59	47	40	40	47	47	42	59	59	47	40	40	47	47	34	
Walk-In Clinic	1,060	118					121	148	141	141	199	179	159	113	113	-	-	121	148	141	159	113	113	-	-	-	
Behavioral Health																											
Patients Seen	2,001	222					177	207	190	190	189	213	166	264	264	275	275	177	207	207	189	213	166	264	264	320	

Sierra Vista Hospital
Detailed Stats by Month
3/31/2024

(SUBJECT TO AUDIT)

	FY2024	Avg FY2024	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023
Dietary														
Inpatient Meals	6,649	739		655	846	915	895	725	777	708	637	491		
Outpatient Meals	680	76		80	74	83	67	106	80	59	69	62		
Cafeteria Meals	47,319	5,258		5,103	4,992	5,276	5,076	5,123	5,611	5,319	5,536	5,283		
Functions	3,517	391		350	361	564	512	369	383	372	385	221		
Laboratory														
In-house Testing	150,355	16,706		17,721	19,548	19,088	18,482	19,504	18,884	19,139	17,989			
Sent Out Testing	6,657	740		711	955	890	808	903	837	754	799			
Drugscreens	153	17		17	11	12	19	19	24	32	19			
Physical Therapy														
PT Visits	1,468	163		216	221	154	179	158	170	175	195			
Tx Units	5,374	597		743	807	571	656	566	620	671	740			
Outpatient	311	35		40	39	38	38	34	40	42	40			
Inpatient	202	22		27	20	26	37	25	25	20	22			
Radiology														
X-Ray Patients	3,998	444		451	447	455	462	440	434	446	440	423		
CT Patients	3,315	368		348	316	394	352	364	358	391	430	362		
Ultrasound Patients	1,136	126		144	117	158	170	87	101	79	97	183		
Mammogram Patients	425	47		50	42	56	46	49	60	32	47	43		
MRI Patients	473	53		69	46	61	42	47	46	57	58	47		
Nuclear Medicine Patients	43	5		3	1	5	3	6	4	3	8	10		
DEXA	159	18		20	8	19	13	18	18	14	25	24		
Surgery														
Surgical Procedures - OR	138	15		3	9	17	10	28	19	17	18	17		
GI Lab Scopes	86	10		3	6	16	2	18	15	12	14	-		
Major Surgery	6	1		-	-	-	-	-	4	2	-	-		
Minor Surgery Under TIVA/Sedation	29	3		1	3	1	5	10	2	3	4	-		
Inpatient Procedures	4	0		-	-	-	-	-	1	2	1	-		
Outpatient Procedures	131	15		3	9	17	16	25	18	15	16	12		
Sleep Study														
Home Testing	13	1		-	-	-	1	2	4	4	1	1		
Inhouse	40	4		6	3	3	9	5	6	4	4	4		

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT by Month
March 31, 2024

Description	6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	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	\$	\$ 5,255,478	\$ 4,240,399	\$ 5,538,569	\$ 5,607,692	\$ 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	\$0	\$1,342,407	\$1,256,661	\$1,319,351	\$1,236,827	\$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	\$0	\$2,914,947	\$2,851,302	\$3,173,548	\$3,130,349	\$2,785,432	\$3,093,428	\$2,822,061	\$2,706,574	\$2,579,781		
EBITDA	\$0	\$0	\$0	(\$74,087)	(\$656,551)	\$171,700	\$337,470	\$246,741	\$501,926	(\$37,428)		
EBITDA Margin				-2%	-30%	-2%	10%	8%	16%	-1%		
Non - Operating Expenses												
Depreciation and Amortization												
Interest												
Tax/Other												
Total Non Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
NET INCOME (LOSS)	\$0	\$0	\$0	(\$503,788)	(\$250,353)	(\$355,329)	(\$109,652)	(\$160,594)	\$82,302	\$446,852		
Net Income Margin				(16%)	(47%)	(12%)	(3%)	(5%)	3%	18%		

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
March 31, 2024

Description	3/31/2024	Month Ending 2/29/2024	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	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023
Revenues												
Gross Patient Revenue	\$ 5,255,478	\$ 4,240,399	\$ 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
Revenue Deductions												
Contractual Allowances	2,436,641	2,107,232	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
Bad Debt	134,293	267,486	262,860	334,838	282,315	276,140	313,140	251,113	239,981	226,311	80,846	244,607
Other Deductions	124,204	152,185	129,404	120,046	84,881	247,890	38,828	92,221	81,452	80,618	167,255	96,442
Total Revenue Deductions	\$ 2,695,138	\$ 2,526,902	\$ 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
Other Patient Revenue	0	1,899	122	200	5,332	217	2,420	9,278	3,030	3,827	18,824	154
Net Patient Revenue	\$ 2,560,340	\$ 1,715,396	\$ 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
Gross to Net %	49%	40%	45%	46%	47%	51%	50%	47%	43%	51%	46%	44%
Other Operating Revenue	121,589	283,130	229,241	212,676	211,662	211,662	170,261	206,464	149,121	(316,557)	48,929	24,907
Non-Operating Revenue	165,153	196,225	354,985	504,477	177,102	173,683	201,679	199,315	172,494	193,034	116,886	57,418
Total Operating Revenue	\$ 2,847,082	\$ 2,194,750	\$ 3,099,461	\$ 3,302,050	\$ 2,845,491	\$ 3,430,898	\$ 3,068,803	\$ 3,208,500	\$ 2,542,353	\$ 2,607,235	\$ 3,072,583	\$ 2,423,040
Expenses												
Salaries & Benefits	1,342,407	1,256,661	1,319,351	1,236,827	1,196,782	1,244,935	1,228,153	1,228,723	1,217,628	1,522,451	1,254,088	1,244,453
Salaries	1,104,636	1,034,276	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
Benefits	194,115	191,366	181,278	173,232	213,386	157,893	201,610	204,408	185,996	503,276	186,135	229,716
Other Salary & Benefit Expense	43,656	31,019	22,213	27,830	31,808	30,890	19,076	18,695	15,424	25,366	33,431	25,023
Supplies	114,459	99,180	202,691	184,005	185,034	412,362	195,362	169,487	129,245	240,382	144,630	153,123
Contract Services	1,022,335	1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494	901,427	1,138,421	908,444
Professional Fees	183,410	177,735	187,317	181,410	181,459	183,410	181,459	183,201	181,846	181,669	181,847	181,668
Leases/Rentals	10,046	11,355	6,116	5,880	7,305	5,952	13,275	38,504	24,804	25,128	24,485	10,500
Utilities	41,540	36,049	58,300	55,264	46,973	45,686	56,201	66,553	48,620	41,833	40,994	36,232
Repairs / Maintenance	71,850	49,461	82,734	75,830	73,960	103,070	64,352	56,822	72,280	71,619	77,231	85,760
Insurance	87,752	90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136	76,543	76,907	77,715
Other Operating Expenses	41,147	24,234	77,061	62,961	55,363	35,375	34,383	35,917	23,728	40,716	32,453	135,503
Total Operating Expenses	\$2,914,947	\$2,851,302	\$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
EBITDA	(\$67,865)	(\$656,551)	(\$74,087)	\$171,700	\$60,079	\$337,470	\$246,741	\$501,926	(\$37,428)	(\$494,533)	\$101,577	(\$410,357)
EBITDA Margin	-2%	-30%	(47%)	(16%)	(2%)	10%	8%	16%	-1%	-19.0%	3%	-17%
Non - Operating Expenses												
Depreciation and Amortization	290,571	274,022	291,365	296,249	287,219	325,263	281,177	286,623	284,371	352,158	294,248	294,081
Interest	73,727	74,936	73,766	73,785	75,137	73,823	74,647	75,119	73,290	135,720	74,926	73,320
Tax/Other	37,287	33,304	64,570	52,019	53,053	42,236	51,511	57,882	51,763	56,769	56,598	55,636
Total Non Operating Expenses	\$401,585	\$382,262	\$429,701	\$422,053	\$415,409	\$441,322	\$407,335	\$419,625	\$409,424	\$544,646	\$425,772	\$423,037
NET INCOME (LOSS)	(\$469,449)	(\$1,038,813)	(\$503,788)	(\$250,353)	(\$355,329)	(\$103,852)	(\$160,594)	\$82,302	(\$446,852)	(\$1,039,179)	(\$324,195)	(\$833,394)
Net Income Margin	(16%)	(47%)	(16%)	(8%)	(12%)	(3%)	(5%)	3%	(18%)	(9.9%)	(11%)	(34%)

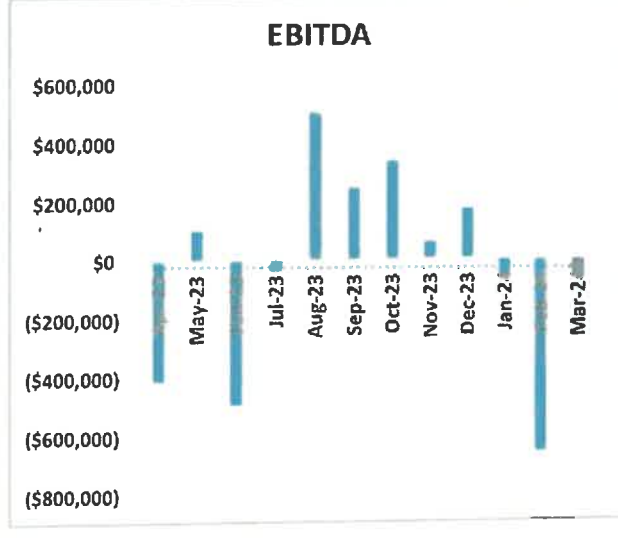
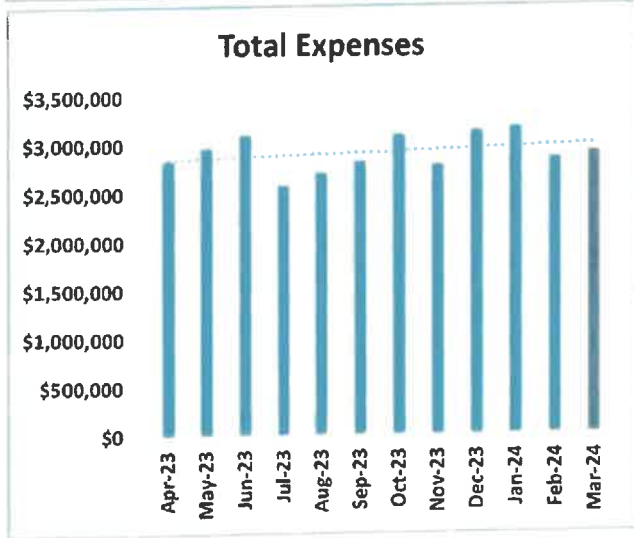
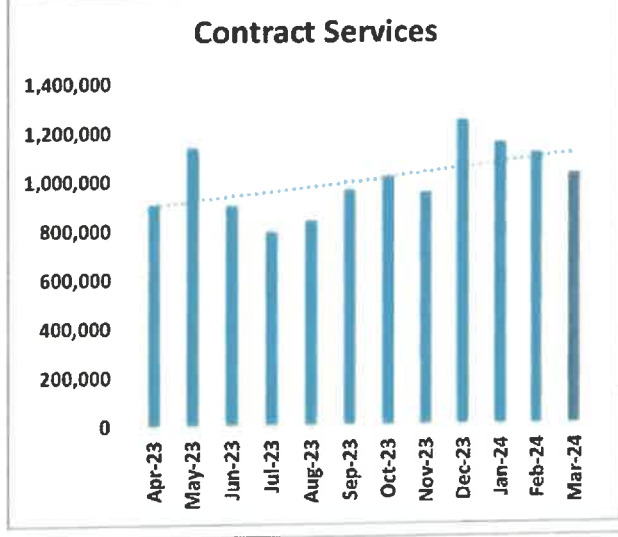
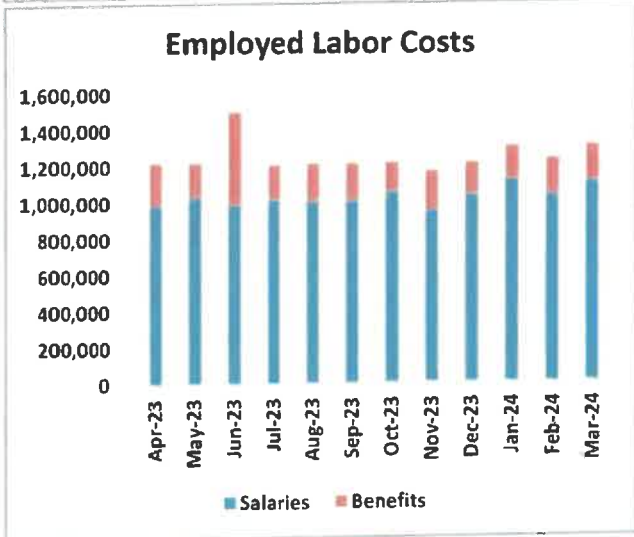
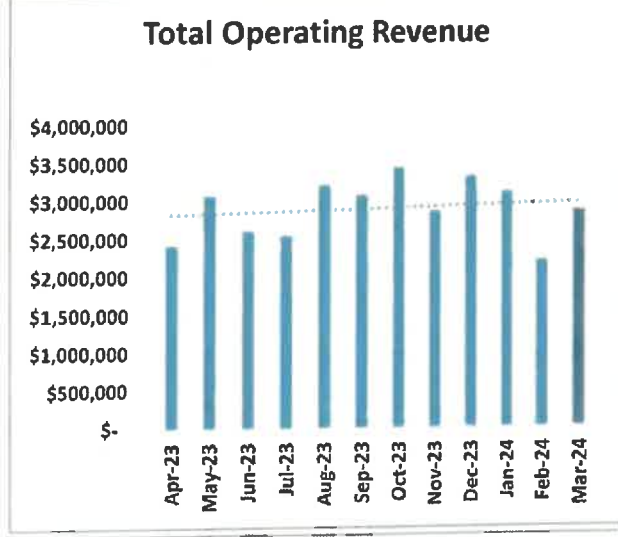
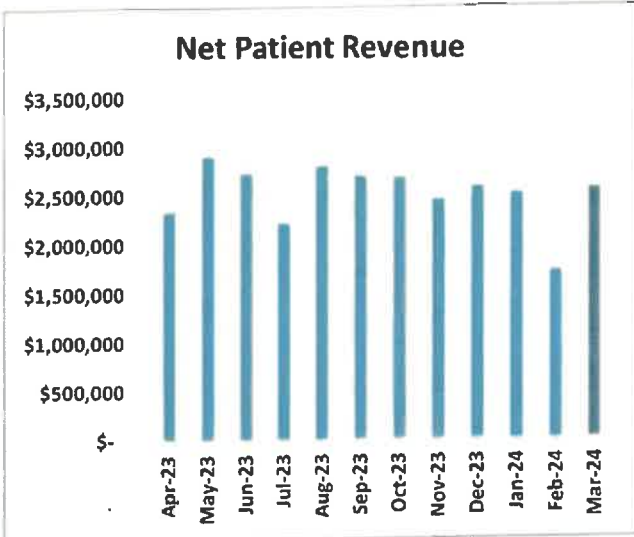
Sierra Vista Hospital
BALANCE SHEET
March 31, 2024

March 31, 2024 (Unaudited)		DESCRIPTION	June 30, 2023
Assets			
Current Assets			
\$ 7,552,729	Cash and Liquid Capital	\$ 10,246,815	
\$ 263,290	US Bank Clearing	\$ 98,103	
\$ 7,816,019	Total Cash	\$ 10,348,345	
\$ 12,605,898	Accounts Receivable - Gross	\$ 7,263,177	
\$ 8,278,501	Contractual Allowance	\$ 5,240,610	
\$ 4,327,397	Total Accounts Receivable, Net of Allowance	\$ 2,022,567	
\$ 1,215,969	Other Receivables	\$ 960,302	
\$ 552,392	Inventory	\$ 436,861	
\$ 317,491	Prepaid Expense	\$ 74,946	
\$ 14,229,267	Total Current Assets	\$ 13,839,594	
Long Term Assets			
\$ 54,154,032	Fixed Assets	\$ 55,003,729	
\$ 19,343,964	Accumulated Depreciation	\$ 17,995,002	
\$ -	Construction in Progress	\$ -	
\$ 34,810,068	Total Fixed Assets, Net of Depreciation	\$ 37,003,829	
\$ 34,810,068	Total Long Term Assets	\$ 37,003,829	
\$ 2,982,299	New Hospital Loan	\$ 2,018,590	
\$ 52,021,634	Total Assets	\$ 52,862,013	
Liabilities & Equity			
Current Liabilities			
\$ 1,622,045	Account Payable	\$ 1,213,024	
\$ 836,584	Interest Payable	\$ 144,504	
\$ 21,916	Accrued Taxes	\$ 52,244	
\$ 961,295	Accrued Payroll and Related	\$ 1,104,431	
\$ 150,000	Cost Report Settlement	\$ (235,000)	
\$ 3,591,841	Total Current Liabilities	\$ 2,279,202	
Long term Liabilities			
\$ 24,721,141	Long Term Notes Payable	\$ 24,756,827	
\$ 24,721,141	Total Long Term Liabilities	\$ 24,756,827	
\$ 1,596,261	Unapplied Liabilities	\$ 386,523	
\$ 250,846	Capital Equipment Lease	\$ 331,184	
\$ 30,160,089	Total Liabilities	\$ 27,753,736	
\$ 25,108,277	Retained Earnings	\$ 26,147,456	
\$ (3,246,731)	Net Income	\$ (1,039,179)	
\$ 52,021,634	Total Liabilities and Equity	\$ 52,862,013	

Sierra Vista Hospital
BALANCE SHEET by Month
March 31, 2024

	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023
Assets												
Current Assets												
Cash and Liquid Capital												
US Bank Clearing												
Total Cash	\$0	\$0	\$0	\$7,816,019	\$8,601,693	\$9,258,328	\$9,179,324	\$9,021,236	\$9,382,107	\$9,185,577	\$9,294,689	\$9,003,233
Accounts Receivable - Gross												
Contractual Allowance												
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ 4,327,397	\$ 2,659,035	\$ 2,643,056	\$ 2,791,047	\$ 2,532,955	\$ 2,527,251	\$ 2,005,386	\$ 1,670,190	\$ 1,677,182
Other Receivables												
Inventory												
Prepaid Expense												
Total Current Assets	\$0	\$0	\$0	\$14,229,267	\$13,309,719	\$14,153,589	\$14,125,320	\$13,695,188	\$14,046,723	\$13,928,939	\$13,636,661	\$13,112,168
Long Term Assets												
Fixed Assets												
Accumulated Depreciation												
Total Fixed Assets, Net of Depreciation	\$ -	\$ -	\$ -	\$ 34,810,068	\$ 35,095,835	\$ 35,363,186	\$ 35,629,906	\$ 35,825,704	\$ 36,076,294	\$ 36,339,752	\$ 36,498,801	\$ 36,785,425
New Hospital Loan												
Total Assets	\$ -	\$ -	\$ -	\$ 52,021,634	\$ 51,268,792	\$ 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												
Interest Payable												
Accrued Taxes												
Accrued Payroll and Related												
Cost Report Settlement												
Total Current Liabilities	\$0	\$0	\$0	\$3,591,841	\$3,042,779	\$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												
Total Long Term Liabilities	\$0	\$0	\$0	\$24,721,141	\$24,725,106	\$24,729,071	\$24,733,036	\$24,737,001	\$24,740,967	\$24,744,932	\$24,748,897	\$24,752,862
Unapplied Liabilities												
Capital Equipment Lease												
Total Liabilities	\$0	\$0	\$0	\$28,937,797	\$28,890,396	\$28,951,970	\$28,901,038	\$28,901,038	\$28,901,038	\$28,901,038	\$28,901,038	\$28,901,038
Retained Earnings												
Net Income												
Total Liabilities and Equity	\$0	\$0	\$0	\$52,021,634	\$51,268,792	\$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

3/31/2024

Reserves

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

Cost Report Bad Debt Write-Off Reserve/General Reserve

3/31/2024	Notation
(150,000)	
<u>(150,000)</u>	

Total Liability



April 8, 2024

Board of Directors
and Ming Huang, CFO
Sierra Vista Hospital
800 E 9th Ave
Truth or Consequences, New Mexico 87901

We are pleased to confirm our understanding of the services we are to provide Sierra Vista Hospital (the Hospital) for the year ending June 30, 2024.

Audit Scope and Objectives

We will audit the financial statements of the Hospital, which comprise the statement of net position as of June 30, 2024, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ending, and the disclosures.

Accounting standards generally accepted in the United States of America (GAAS) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Hospital's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Hospital's RSI in accordance with GAAS. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- Management's Discussion and Analysis.

We have also been engaged to report on supplementary information other than RSI that accompanies the Hospital's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditors' report on the financial statements:

- Schedule of pledged collateral
- Schedule of individual deposits and investment accounts
- Schedule of revenue and expenses – budget to actual

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles (GAAP) and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements.

The objectives also include reporting on internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.

Auditors' Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and will include tests of your accounting records and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves a fair presentation. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. Our responsibility as auditors is limited to the period covered by our audit and does not extend to later periods for which we are not engaged as auditors.

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

With respect to cost reports that may be filed with a third party (such as federal and state regulatory agencies), the auditors have not been engaged to test in any way, or render any form of assurance on, the propriety or allowability of the specific costs to be claimed on, or charges to be reported in, a cost report. Management is responsible for the accuracy and propriety of all cost reports filed with Medicare, Medicaid, or other third parties.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provisions of laws and regulations that determine the reported amounts and disclosures on the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, including, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable amount of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others.

In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Our audit of the financial statements does not relieve you of your responsibilities.

Audit Procedures — Internal Control

We will obtain an understanding of the entity and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards and *Government Auditing Standards*.

Audit Procedures — Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Hospital's compliance with the provisions of applicable laws, regulations, contracts, agreements, and grants. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

Other Services

We will also assist in preparing the financial statements and related notes of the Hospital in conformity with U.S. generally accepted accounting principles based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; following laws and regulations; and ensuring that management and financial information is reliable and properly reported.

Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements and all accompanying information in conformity with accounting principles generally accepted in the United States of America, and for compliance with applicable laws and regulations and the provisions of contracts and grant agreements.

Management is responsible for making all financial records and related information available to us and for the accuracy and completeness of that information, including information from outside of general and subsidiary ledgers. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as: records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements, compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by GAAS and *Government Auditing Standards*.

Your responsibilities include adjusting the financial statements to correct material misstatements and for confirming to us in the written representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants and for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts or grant agreements, or abuse that we report.

You are responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies for us of previous financial audits, attestation engagements, performance audits or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or other studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements and related notes, financial preparation services, cost reports, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements and related notes and that you have reviewed and approved the financial statements and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Preparation of Cost Reports and Consulting

We will prepare the Hospital's Medicare cost report for the year ending June 30, 2024.

We remind you that you have the final responsibility for the Medicare cost report and, therefore, you should review it carefully before you sign and file it. We make no representation that our services will identify any or all opportunities to maximize reimbursement.

All of the information included in the cost report is the representation of management. We direct your attention to the fact that management has the responsibility for the proper recording of the transactions in the books of account, for the safeguarding of assets, for the substantial accuracy of the cost report, and for identifying and ensuring the Hospital complies with the laws and regulations applicable to its activities.

We will also provide Medicare and other reimbursement consulting services as requested throughout the year, including but not limited to review of Medicare rate settings and desk-review and audit adjustments. These services will be provided at our standard rates.

You are also responsible for management decisions and functions; for designating a senior management-level individual with suitable skill, knowledge, or experience to oversee the cost report preparation services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Conformance with Section 952 of Public Law 96-499

Section 952 of P.L. 96-499 requires access by the Secretary of Health and Human Services and the U.S. Comptroller General to the books and records of subcontractors of Medicare providers. Absent the allowability of such access, the provider's cost for such services would not be allowable for Medicare reimbursement purposes if the contract value over 12 months is \$10,000 or more. We would grant such access if this law is applicable to our services.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to the Hospital; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of DZA PLLC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the regulatory agency, cognizant or oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of DZA PLLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

Sharefile is used solely as a method of exchanging information and is not intended to store the Hospital's information. At the end of the engagement, DZA PLLC will provide the Hospital with a copy (in an agreed-upon format) of deliverables and data related to the engagement from the Sharefile.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by a regulatory agency.

We expect to begin our audit approximately August 1, 2024, and to issue our reports no later than September 30, 2024. Kami Matzek is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be as follows:

Audit	\$39,000
Preparation of the Medicare cost report	\$12,500

Out-of-pocket travel and shipping costs will be billed at our cost in addition to the above fees.

Travel time will be billed in addition to the above fees at hourly rates ranging from \$80 to \$180 per hour.

Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

You have requested that we provide you with a copy of our most recent external peer review report and any subsequent reports received during the contract period. Accordingly, our 2022 peer review report accompanies this letter.

Reporting

We will issue a written report upon completion of our audit of the Hospital's financial statements. Our report will be addressed to management and those charged with governance of the Hospital. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express an opinion or withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The report will also state that the report is not suitable for any other purpose.

If during our audit we become aware that the Hospital is subject to an audit requirement that is not encompassed in the terms of this engagement, we will communicate to management and those charged with governance that an audit in accordance with U.S. generally accepted auditing standards and the standards for financial audits contained in *Government Auditing Standards* may not satisfy the relevant legal, regulatory, or contractual requirements.

We appreciate the opportunity to be of service to Sierra Vista Hospital and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please print and sign a copy and return to us.

DZA PLLC



Kami Matzek, CPA
Owner

RESPONSE:

This letter correctly sets forth the understanding of Sierra Vista Hospital.

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

Title: _____

Date: _____



Report on the Firm's System of Quality Control

To the Members of
Dingus, Zarecor & Associates PLLC
and the Peer Review Committee of
the Colorado Society of CPAs

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC (the firm) in effect for the year ended November 30, 2022. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including a compliance audit under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC in effect for the year ended November 30, 2022, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Dingus, Zarecor & Associates PLLC has received a peer review rating of *pass*.

KraftCPAs PLLC

KraftCPAs PLLC
May 30, 2023

SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT
 April 2024

- CRITICAL RECRUITMENT:**
- Psychiatrist – FT
 - Physical Therapist – FT (Traveler Fill)

- PEOPLE:**
March New Hires – 5
- FY23 Total - 43
- FT Behavioral Health NP (RHC) – 1
 - FT Registration Clerk (Business) – 1
 - FT Surgeon (Surgery) – 1
 - FT Registered Nurse (ED) – 1
 - FT Housekeeper (EVS) – 1

- KEY VACANCIES:**
- Registered Nurses – FT (Multiple)
 - Certified Nurse Assistant (CNA) – FT

- KEY INITIATIVES:**
- Behavioral Health Service Capability
 - S.O.A.R. (Students Observing in Healthcare)
 - Paid Internship Program HSHS
 - AHA Meeting in Washington D.C.
 - Capital Hill Congressional Meetings

PRIORITY OF EFFORT:
 Our priority of effort is integration of new key members and recruitment.

Human Resource Trends Snapshot:

- 43 new or rehires to date
- 40 terminations to date
- 211 Quarter Avg staff

Turnover Rate Q3
 1.5%

- **PEOPLE:**
- **March Terminations – 4**
- **FY23 Total - 40**
- Involuntary – 0
- Voluntary – 4
- FT – Security Supervisor (Safety) – Pursuing New Career
- FT – PTA (Physical Therapy) – Retired
- FT – Plant OPS Director (Plant OPS) – Resigned
- FT – Housekeeper (EVS) – No Reason Provided

FINANCIAL IMPACTS:

- Addition of Student Interns is contributing to potential new hires post graduation.
- Onboarding of new professional positions may have an impact on budget.

- Contract Staff – 9**
- Med/Surg – 5 (Nurses)
 - Sterile Processing Tech – 1
 - OR – 1 (Nurse)
 - HR – 1 (Director)
 - EMS – 1 (Director)
- Travel Staff – 20**
- Nursing – 12
 - Pharmacist – 2
 - Radiologic Tech – 1
 - Medical Assistant – 1
 - CNA – 3
 - Ultrasound Tech – 1

Respectfully Submitted,
Lawrence “LJ” Baker Jr.
Director of Human Resources & External Relations



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

April 22, 2024

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

04001 – Echocardiography Technologist – 1 full-time position (open date 4/22/2024) Performs two dimensional ultrasonic recordings of internal organs for the diagnosis of disease and study of the malfunction of organs. Participates in OPI activities.

04002 – Ultrasound Technologist – 1 full-time position (open date 4/22/2024) Performs two dimensional ultrasonic recordings of internal organs for the diagnosis of disease and study of the malfunction of organs. Participates in OPI activities.

80002 – Registration Clerk – 1 full-time position (open date 4/19/2024) Serves patients and community by completing patient registration by providing information regarding registration and eligibility process; receiving, verifying, and entering data. Serves visitors by greeting, welcoming, and directing them; notifying personnel of visitor's arrival or incoming phone call; maintains security and telecommunication system.

80001 – Front Desk Operator – 1 full-time position (open date 4/11/2024) Receives and relays incoming and outgoing telephone calls for the facility. Provides directory information, transfers calls. Makes general and emergency announcements over the facility PA system. Handles the facility paging system.

07002- Barista – 1 full-time and 1 part-time position (open date 4/8/2024) Under the direct supervision of the Dietary Manager, the Coffee Shop Barista makes sure that all supplies needed to make drinks are always on hand to meet the daily demands of their work environment. They maintain an inventory log and place orders with the Dietary Manager as needed. They wipe down counters and clean and maintain equipment, keep preparation tools in order and sweep and mop behind the counter and in the serving area as needed. They also follow food safety and sanitation guidelines while preparing and serving drinks and food.

07001 – Cook- Aide – 1 full-time and 1 part-time position (open date 4/8/2024) Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

65501 – Security Guard – 1 full-time position (open date 3/26/2024) Protects life and property of all persons on hospital premises and patrols hospital buildings and grounds to prevent fire, theft, and vandalism. Secures, unlocks, and protects hospital buildings. Responds to security needs of hospital personnel, patients, and visitors. Participates in performance improvement activities.

05001 – Respiratory Therapist – 1 full-time position and 1 PRN position (open date 3/5/2024) Under the supervision of the Cardiopulmonary Services Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.

05002 – Physical Therapy Assistant – 1 full-time position (open date 2/6/2024) Responsible for administering physical therapy modalities of treatment as supervised by the staff Physical Therapist. Administers treatments and physical agents as directed by the staff Physical Therapist, after the physical therapist has evaluated the patient. The Physical Therapy Assistant assists with restoration of patient functioning to prevent disability following injury, disease or physical disability. Assists patients

to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities.

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

69001 – Infection Prevention Medical Assistant – 1 full-time position (open date 11/8/2023) Medical Assistant for the Infection Prevention / Employee Health department provides general aspects of care and immunization vaccinations to the staff, patients, and community. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse. Maintains regulatory requirements, department and office policies, procedures, and standards. Current Certified Medical Assistant through the National Center for Competency Testing (NCCT) or American Association of Medical Assistants (AAMA) required within 180 days of hire. Current BCLS certification.

95301 – Medical Assistant - 1 full-time position (open date 8/21/2023) Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards.

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

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

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

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

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

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

CNO Report April 2024

My apologies for not seeing you in person for the 2nd month in a row. I am in Albuquerque attending New Mexico Partners in Preparedness Conference.

Cerner

Correct clinical workflows are becoming hardwired in staff and providers. With the use of correct workflow, less time is spent documenting.

Nursing Staff

We welcomed student nurses to SVH for the first time in over 5 years. This group of nursing students was with UNM completing a 76-hour clinical emersion. Our staff were excellent in welcoming, educating and recruiting the students.

Committee working to open a CNA program is on track.

Four foreign educated nurses have been secured for our ED. Two of the nurses could be here by the end of the summer.

EMS/Community Health

Early April six of our EMS staff successfully completed Swift Water Rescue Operator certification. Our goal is to send an additional five by summer's end. Our team is part of a multi-agency task force for waterborne incident responses.

"Baby Box"

A trip to view the Safe Haven baby box is scheduled. We are very excited to have this

Respectfully submitted,

Sheila F. Adams, MSN, MHA

CEO Report

Frank Corcoran

04/24/2024

1. **Behavioral Health Project Update:** interviewing a psychiatrist this week from Duke.
2. **RHC Update/Provider Recruitment:** Working on Tele-Health Pulmonology. Hired a new Clinic Practice Director, starting 4-29-24, Sabrina Alvord.
3. **IT System Replacement –** Continuing to work through Cerner implementation issues, billing, registration, radiology.
4. **Med-Malpractice:** Continuing to search for Insurance Coverage, our policy ends June 30th.
5. **CRNA:** Working on CRNA recruiting.
6. **Washington DC Visit:** Update
7. **SB 161 and SB 17:** Update
8. **NMHA Strategic Planning and Board Education June 12-14 at the Blake**
9. **EMS Training**

