SIERRA VISTA HOSPITAL
AND CLINICS

SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING

Elephant Butte Lake RV
Resort Center
8-22-23

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Closed session items will be handed out in closed session.
Capital Disposal List will be handed out at the meeting.

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

August 22, 2023 **12:00pm** **Elephant Butte Lake RV Event Center**

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

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

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

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

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

ATTENDEES:
GOVERNING BOARD

COUNTY
Vacant, Member
Serina Bartoo, Member
Shawnee R. Williams, Member

ELEPHANT BUTTE
Katharine Elverum, Member
John Mascaro, Member

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

VILLAGE of WILLIAMSBURG
Denise Addie, Member, **Secretary**

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

SUPPORT STAFF:
Ming Huang, CFO
Lawrence Baker, HR Director
Sheila Adams, CNO
Heather Johnson, HIM Mgr., HIPAA
Zachary Heard, Operations Mgr., Compliance

Ovation:
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**		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. July 25, 2023 Regular/ Annual Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business-	Bruce Swingle, Chairperson	Report/Action
A. Bylaws Approved by JPC		
8. New Business-		
A. Election of Officers	Bruce Swingle, Chairperson	Action
1. Chairperson		
2. Vice Chairperson		
3. Secretary		
B. Secretaries report on Conflict of Interest Statement	Secretary	Report
C. Committee Appointments	Chairperson	
9. Finance Committee-		
A. July Financial Report	Ming Huang, CFO	Report/Action
B. Capital Equipment Disposal	Ming Huang, CFO	Report/Action
C. ezERC	Frank Corcoran, CEO	Report/Action
10. Board Quality- Denise Addie, Chairperson		
A. Med Staff		Report
1. Policy Review	Sheila Adams, CNO	Action
a. Policy #185-01-112 – Amputation		
b. Policy #185-01-112* – Initial Assessment of the Trauma Patient		
c. Policy #185-01-146 – Acute Floor Patients (Unstable)		
d. Policy #280-01-134 – One-to-one Observer		
i. F-280-01-134-01 – Patient Observation Record Form		
e. F-185-01-103-1 – ED Physician Report to Patient Provider Form		
f. Policy – Restraints and Seclusion		
11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO	Report

C. CEO Report	Frank Corcoran, CEO	Report
D. Governing Board	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, CEO

Provisional:
Jamie Robillard, FNP

Provisional to 2-Year:
Greg D'Amour, RPh, PhC

Reappointments:
John Garver, DO/ESS

B. Licensed Psychologist Contract — Frank Corcoran, CEO
C. Medical Staff Bylaws Revision — Frank Corcoran, CEO

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

A. Risk Report — Heather Johnson

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

A. Old Building Update — Frank Corcoran, CEO
B. Ovation Report to Board — Erika Sundrud, Ovation

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

Provisional:
Jamie Robillard, FNP

Provisional to 2-Year:
Greg D'Amour, RPh, PhC

Reappointments:
John Garver, DO/ESS

B. Licensed Psychologist Contract	Action
C. Medical Staff Bylaws Revision	Report/Action

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

A. Risk Report	Report

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

A. Old Building Update	Report
B. Ovation Report to Board	Report

14. Other Discussion

Next Regular Meeting- September 26, 2023

15. Adjournment Action

SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR / ANNUAL MEETING MINUTES

July 25, 2023	12:00pm	Elephant Butte Lake RV Resort Event Center

1. The Governing Board of Sierra Vista Hospital met July 25, 2023, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular / annual meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:08.

2. **Pledge of Allegiance**

3. **Roll Call**

GOVERNING BOARD ----------

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

CITY OF T OR C
Bruce Swingle, **Chairperson** – Present
Jesus Baray, Member- Present
Greg D'Amour, Member- Present

VILLAGE OF WILLIAMSBURG
Denise Addie, **Secretary** – Present

ELEPHANT BUTTE
Katharine Elverum, Member – Present
John Mascaro, Member- Present

EX-OFFICIO
Amanda Cardona, Clerk VofW- Present
John Mascaro, City Manager EB- Present
Amber Vaughn, County Manager- Absent
Angie Gonzales, City Manager, Absent
Travis Day, JPC Chairperson- 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

GUEST:
Erika Sundrud, Ovation, by WebEx
David Perry, Ovation
Veronica Lynch – Amplify
Dr. McClain, RSSG
Jim Paxon, JPC Member

There is a quorum.

After roll call, Bruce Swingle introduced Jesus Baray, new board member appointed by the City of Truth or Consequences and thanked Art Burger for his services to the board.

4. Approval of Agenda Bruce Swingle, Chairperson

Katharine Elverum motioned to approve the agenda but table item 8 B. Election of Officers to the August Governing Board meeting because the County of Sierra has not reappointed nor appointed their representative to the board. Greg D'Amour seconded. Motion carried unanimously. Kathi Pape abstained from the vote.

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

None

5. Approval of minutes Bruce Swingle, Chairperson

A. June 27, 2023 Regular Meeting

Kathi Pape motioned to approve the June 27, 2023 minutes. John Mascaro seconded. Motion carried unanimously.

6. Public Input

Ted Kuzdrowski addressed the board with concern for Dawn O'Keefe resignation from Sierra Vista Hospital and Clinics. Bruce Swingle stated that the Governing Board does not make decisions regarding personnel and directed Mr. Kuzdrowski to speak to Frank Corcoran.

7. Old Business- Bruce Swingle, Chairperson

A. Mission / Vision Statement - Frank Corcoran, CEO.

John Mascaro motioned to approve the Mission / Vision / Values / Guiding Principle Statement. Denise Addie seconded. LJ Baker explained that the Values could become an acronym spelling out SHARP KIT if a couple of the words were rearranged. Stewardship. Honest. Accountable. Respect. Professional. Kindness. Integrity. Trust. This would help employees remember as well as patients. John Mascaro renewed his motion with changes. Denise Addie seconded. Motion carried unanimously.

B. Bylaws Procurement Update Frank Corcoran, CEO. The legal opinion is that as a government body we need to follow the procurement code which means that the CEO can purchase up to $60,000. The number does not need to be spelled out in the Bylaws because it is spelled out in the procurement code itself. After discussion, it was decided that the new Mission / Vision / Values / Guiding Principle would be added to the Bylaws and the procurement wording finalized. The JPC will look at the changes at their meeting on August 3rd and make recommendations, approve, or deny and send the Bylaws back to the Governing Board.

8. New Business-

A. RSSG – Surgical Services Update, Dr. Greg McClain gave the board members an update on productivity since the start of the surgical program in December 2022. The number of patients seen in the clinic as of July 22 is 443. There is now a two-week wait to see Dr. Walker. The ED and inpatient numbers are good considering that Dr. Walker is only on site three days per week. Our focus is to

increase the number of surgeries. Areas of improvement include clinic conversion ratio, availability of cardiac clearance visits, timely clinic visit referral, ED, recently discharged and increase clinic availability. Actual revenue has surpassed the revenue projection thus far. Dr. McClain is in the process of obtaining his New Mexico license to become Dr. Walker's back up for our surgery program.

B. Election of Officers – Tabled until August.
1. Chairperson
2. Vice Chairperson
3. Secretary

C. Secretaries report on Conflict-of-Interest Statement – There is a conflict-of-interest statement in the packet. Each board member should fill it out completely and return it to Jennifer. The secretary will report at the August meeting any possible conflicts reported.

D. Member Attendance Report – Jennifer Burns reported that this is on page GB16. Bylaws state that board members are expected to attend 80% of meetings. There were 15 meetings in FY23.

E. Board Member Pledge - Bruce Swingle explained the change that was made to the original pledge based on the discussion at our last Governing Board meeting. Staff should not be speaking to members of the board regarding operations, they need to speak to the CEO or HR. Denise Addie stated that she asked the Village of Williamsburg legal department to review the document because she was appointed by the Municipality, and she does not answer to the CEO of the hospital. Amanda Cardona stated that this is a standard code of conduct and there are no issues with it. Katharine Elverum asked for clarity on item F.

Kathi Pape motioned to adopt the Governing Board Member Pledge Code of Conduct as presented. Greg D'Amour seconded. Shawnee Williams asked if it was mandatory or voluntary to sign? Kathi Pape asked that if a board member didn't sign this, does it mean that they shouldn't be a member? Bruce Swingle stated that there is no language to that effect in our Bylaws. Discussion was held regarding the removal of a board member. Katharine Elverum read from section 2.3 of the Bylaws. Further discussion was held regarding violation of the code of conduct and repercussions.

Greg D'Amour stated that there is nothing in the code of conduct that a reasonable board member would not strive to do. The pledge is that I am going to do my best to meet this code of conduct.

Travis Day agreed with Greg in that this should be a set of standards that anyone on any board should set for themselves. This just puts it in writing. Whether you sign it or not is completely up to the individual. This has no teeth except from a personal standpoint.

Motion carried unanimously with John Mascaro abstaining.

F. Resolutions — Bruce Swingle, Chairperson

1. Resolution 23-105
Nondiscrimination English & Spanish
Katharine Elverum motioned to adopt Resolution 23-105 as presented. Kathi Pape seconded. Motion carried unanimously.

2. Resolution 23-106
Open Meetings

John Mascaro motioned to adopt Resolution 23-106. Greg D'Amour seconded. Motion carried unanimously.

3. Resolution 23-107
Public Records
John Mascaro motioned to adopt Resolution 23-107. Greg D'Amour seconded. Motion carried unanimously.

G. Board Certification Program - Frank Corcoran / Erika Sundrud. Frank Corcoran explained that this Certification program would require board members to complete eight hours of education each year. Ovation offers board education in a variety of formats. There are three levels of certification including bronze, silver, and gold each requiring a different percentage of completion by all board members.

Kathi Pape motioned that the Governing Board participate in the certification program. Discussion was held about the level that is realistically obtainable. Ultimately, it was decided to go for the gold! Kathi Pape amended her motion to strive for the gold level. Greg D'Amour seconded. Motion carried unanimously.

H. Special committee creation for draft of CEO evaluation form/criteria - Bruce Swingle discussed the need for and the goal of this committee.

Greg D'Amour motioned to task the current Bylaws committee, with the addition of Bruce Swingle to this project. Kathi Pape seconded. Motion carried unanimously.

9. Finance Committee- Kathi Pape, Chairperson. The Finance Committee did not have a formal meeting as there was not expected to be a quorum of members. Finances were reviewed.

A. June Financial Report - Ming Huang, CFO, directed the board to page FC6. Days cash on hand at the end of June were 121 days, equal to $10,348,345. Accounts receivable net days were 25 and accounts payable days were 25. The net loss in June was ($821,305) versus a budget income loss of ($43,159).

Gross revenue for June was $5,370,369. Patient days were 108, 30 more than May. Outpatient visits were 1,002, 109 less than May. RHC visits were 941, 42 more than May and ER visits were 639, 116 less than May. Revenue deductions for June were $2,847,728. Other operating revenue was $19,370 and non-operating revenue was $97,805.

Total hospital operating expenses were $2,995,084. Benefits were over budget by $311,203 because of a payment of $287,103 to the State Employee Health Benefits Fund. Contract services expenses were over budget due to agency staffing. Lease / Rental expenses include $17,818 for the generator lease.

EBITDA for June is ($351,441). Year to date EBITDA is $1,299,632. We have not received COVID monies since 2022 and we are not expecting any.

Katharine Elverum stated that in the future, contract services will be broken down to specify what is included in this category and the amount for each month.

Frank Corcoran reminded the board of the expenses faced during the last fiscal year. We added two Physician in the clinic, a Nurse Practitioner for Behavioral Health, a LCSW and support staff for these Providers. We have added a Cardiologist, a surgery program, and a sleep study program. We are also changing our EHR system from Athena to Cerner. We have seen our HAP/TAP payments cut from $4 million to about $1.5 million and we are two quarters behind in receiving those funds. Amplify has been working on our 90 day and over dollars. There is about $1.1 million that is 90 days and older that needs to be collected. The mil loss was about $750,000 for the year. Unexpected settlements and maintenance and repairs added up over the last year.

Our Medicare cost report indicates that we are owed about $400,000.

Bruce Swingle pointed out that there were six months that revenue was $5 million or greater. We have not seen revenue that high before. It takes time for the revenue to start coming in from the new services put in place. When we transition to Cerner we will see less revenue with one system working the old and the new system working current business.

Greg D'Amour added that we did know what to expect when we switched from CPSI to Athena. We do now and we are preparing for it. Katharine Elverum stated that year to date, we have $3.7 million in loss but of that $3.2 million was depreciation.

Katharine Elverum motioned to accept the June Financial report. Kathi Pape seconded. Motion carried unanimously.

B. Capital Equipment Disposal - Ming Huang, CFO, asked that this item be deferred to the August meeting.

C. Investment Report - Ming Huang, CFO. At the beginning of this calendar year, we had $8,028,358 in our investment account. At the end of June, we had $8,161,284. Investment reports will be given quarterly going forward.

D. Budget FY2024 - Ming Huang, CFO, for FY24 we have budgeted gross patient revenue at $63,699,238. We arrived at this number using the monthly average of $5.3 million for projection. With help from Amplify we estimate revenue deductions to be $31,819,187. Under other operating revenue, we reduced the mil levy to half because will not receive it until January 2024. We also reduced the HAP money. Under salaries, we have included a 3% salary adjustment for employees. We have reduced contract services by $1 million. Repair and maintenance have increased as well as Leases and rentals for the generator. EBITDA is projected to be 7% which is $2,317,204. With high depreciation expense, interest, and tax, we will still have a net loss of ($2,609,057).

1. Resolution 23-104 Budget FY24

Kathi Pape motioned to approve Final Budget FY24 and Resolution 23-104. Greg D'Amour seconded. Motion carried unanimously.

E. Fourth Quarter financial report and Budget Revision - Ming Huang, CFO, explained that the last budget revision we did was based on numbers at the end of March. With the changes from April to June, we will revise the budget again and submit to the state. This revision includes an increase in patient revenue and operating expenses. Net patient revenue increased by $1,000,000. Non-operating revenue was reduced by $450,000 (HAP/TAP funds). Salary expenses, contract services, leases and rentals, repairs and maintenance and other operating expenses all increased. EBITDA has been reduced by $1,300,000 ending with a 4% margin.

1. Resolution 23-110 & Resolution 23-103 B

Kathi Pape motioned to approve fourth quarter finance report and budget revision 23-103 B. Greg D'Amour seconded. Motion carried unanimously.

F. Insight – Dell Server- Frank Corcoran, CEO, introduced Mike Owens, CIO from Ovation. Insight is a server. Our current server capacity is not large enough for Cerner. Mike explained the need for and benefit of these servers. Life expectancy for these servers is five years. The cost of $59,164 is a one-time fee and 20% of that is annual maintenance.

Kathi Pape motioned to approve the Insight, Dell Server purchase. Katharine Elverum seconded. Motion carried unanimously.

G. ezERC- Frank Corcoran, CEO, stated that this will be a report only item at this time. ERC stands for employee retention credit. It was created as a result of the pandemic. Through the ERC we would qualify for about $2.3 million based on financials that we provided to ezERC. The company ezERC is recommended by the New Mexico Hospital Association and would take a percentage of what we qualify for for doing the work to get us those funds. David Perry has recommended another company that will take a smaller percentage without upfront payment to get these funds. We want to talk to them before we ask the board to proceed.

H. Apic Solutions, Inc. Contract - Frank Corcoran, CEO. This too is something we need for Cerner. These are the data access points for wireless connectivity throughout the new building. We need 33 points. The price is $75,722 and the company is a state approved vendor.

Kathi Pape motioned to approve the Apic Solution contract. John Mascaro seconded. Motion carried unanimously.

I. Generator Status - Frank Corcoran, CEO. Repairing the generator we currently have will cost as much as purchasing a new one. We have quotes from three vendors for a 500 KW generator. There is an option to lease/purchase with a one dollar buy out with Global Power Supply MTU with a total cost of $163,254.68. The Nixon Power Service Kohler Power is $251,125 and the Generator Source Caterpillar is $164,000. Because this is an emergency procurement related to life safety, we do not have to go to RFP. Discussion was held regarding what a generator runs and when and full purchase or lease.

Kathi Pape motioned to approve the Global Power Supply MTU 500 KW option. Ming stated that with the current cash flow situation, lease to own is a good option. Leasing will cost an additional $28,000 in interest. Discussion was held regarding lease or buy. Kathi Pape amended her motion to purchase the Global Power Supply MTU 500 KW and forgo the lease option. John Mascaro seconded. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson

A. Med Staff

1. Policy Review – Zach Heard, Operations Manager

* #953-02-011 - Influenza Vaccination Administration in RHC

Zach Heard reported that this policy was up for review. It has been updated to include the latest recommendations for vaccination administration in the clinic.

Denise Addie motioned based on the recommendation of the Board Quality Committee to approve the Influenza Vaccination Administration Policy. John Mascaro seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, reported that priority of effort is recruitment in support of expanding service lines and realignment of positions to increase efficiency. Realignment is to reduce the redundancy of some positions so that we are not wasting money. Shawnee Williams asked if a position is eliminated does that mean that the employee is not eligible for rehire? LJ responded that it depends on that person's skill set. If there is a position that they are qualified for, then yes, they can come back.

We had seven new or rehires in June. There were three terminations: all involuntary. We are close to having a licensed Psychologist on board in the clinic and a speech therapist for rehabilitation services.

Key initiatives include obtaining funds for capital improvements from our political sources for EMS and Rehabilitation services housing. Policy review continues and is about 98% complete at this time. We are transitioning to electronic employee evaluations. Starting in FY24 employees will receive performance-based salary increases versus across-the-board flat increases. Contract and travel staff numbers have not changed much in the last two months. Nurses are still hard to find. Jamie Robillard and her family have moved here. She will be running our after-hours/ extended clinic hour services.

B. Nursing Services - Sheila Adams, CNO, reported that in MedSurg and ER our focus aside from our patients is Cerner, train the trainer. We are planning our yearly skills fair that will take place in October. EMS was busy over the 4th of July. Brian Hamilton, EMS Manager, has distributed the ALICE online training to all staff. We will plan for our mock incident once adequate staff are trained. EMS Community Health continues assisting patients to and from clinic appointments and follow-up after discharge. The surgery team is working well together. Patients who had a procedure in July will get a survey from Press Ganey as will all surgery patients going forward. Press Ganey currently surveys our ER and inpatient patients. Our trauma team gave out 280 lifejackets over the 4th of July weekend. Bambi Mitchell wrote and received a grant so that we can do lifejackets again next year. She also received a small grant for fall prevention.

C. CEO Report - Frank Corcoran, CEO, reported that we are working on a Locums to replace Dawn O'Keefe while we interview another candidate. Our tele psych provides services half a day per week. A clinical psychologist will allow us to start group therapy and take our behavioral health to another level. As LJ mentioned, once Jaime Robillard is credentialed with our payors, we can start the walk-in clinic. Initially, the hours will be Wednesday through Friday 11:00 to 7:00 and on Saturday 8:00 to 12:00. No appointment necessary.

Sewer and water lines continue to break. The water tanks have been moved to their permanent location.

We are working on a crisis intervention partnership with Western Sky and Olive Tree. If EMS arrives to a scene where someone is in crisis emotionally, we try to deescalate them and avoid an ER visit. That person will have an appointment within three days in our clinic.

Our IT system is still on track for a go live date the first week of November.

The insurance premium covering the hospital including malpractice, property and vehicles was $810,537 last year. This year it is $925,415. Our broker went to 19 insurance providers, only two were willing to insure us. Discussion was held regarding the legislation approved in the last session and it's devastating effects on hospitals and providers.

D. Governing Board, Bruce Swingle

1. Special Hospital District Update – We were 49 signatures short for the Special Hospital District. It will not be a ballot item in November. Rolf Hechler contacted Bruce regarding a lobbyist to perhaps fight for this issue in the next legislative session. Travis Day stated that we should look at this initiative again in the future but not in the short term.

Motion to Close Meeting:

John Mascaro motioned to close the meeting and go into Executive Session. Kathi Pape seconded.

12. Executive Session – In accordance with Open Meetings Act, **NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2,7,9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5 the Governing Board will vote to close the meeting to discuss the following items:**

Order of business to be determined by Chairperson:

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

A. Privileges — Frank Corcoran, CEO

Initial

Yosef Raskin, MD – ESS (Hospitalist)

Provisional to 2-Year

Peace Chukwuma, NP
Sara Koenemann, NP – Arena Health
Udit Bhatnagar, MD - LCPP
Muhammad Sardar, MD – LCPP
Frank Walker, MD
Mia Austin, CRNA
Angela Frietze, CRNA
Cassandra Groves, CRNA

2-Year Reappointment

Mary Pattridge, LCSW

RadPartners – Reappointments

Vikas Menghani, MD
Samuel Song, MD

Terminations

Peter Razma, MD – Newport Health
Joel Shockley, MD – RadPartners
James Cunningham, DO – RadPartners
Adina Weis, MD - Radpartners

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. Annual Compliance Report to Board Members Only — Zachary Heard, Comp.
B. Ovation Report to Board — Erika Sundrud, Ovation

Roll Call to Close Meeting:

Kathi Pape – Y	Katharine Elverum – Y	Greg D'Amour - Y
Jesus Baray – Y	Shawnee Williams – Y	Denise Addie - Y
Bruce Swingle – Y	John Mascaro – Y	

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

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

A. Privileges

Initial

Yosef Raskin, MD – ESS (Hospitalist)

Provisional to 2-Year

Peace Chukwuma, NP
Sara Koenemann, NP – Arena Health
Udit Bhatnagar, MD - LCPP
Muhammad Sardar, MD – LCPP
Frank Walker, MD
Mia Austin, CRNA
Angela Frietze, CRNA
Cassandra Groves, CRNA

2-Year Reappointment

Mary Pattridge, LCSW

RadPartners – Reappointments

Vikas Menghani, MD
Samuel Song, MD

Terminations

Peter Razma, MD – Newport Health
Joel Shockley, MD – RadPartners
James Cunningham, DO – RadPartners
Adina Weis, MD - Radpartners

Denise Addie motioned based on the recommendation of the Board Quality Committee approval of all above listed Privileges. John Mascaro seconded. Motion carried unanimously.

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

A. Risk Report

No Action

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

Strategic and long-range business plans

A. Annual Compliance Report to Board Members Only
No Action

B. Ovation Report to Board
No Action

14. Other

Next Regular Meeting- August 22, 2023 at 12:00. Finance Committee will meet August 22, 2023 at 10:30 and Board Quality will meet August 21, 2023 at 12:00.

15. Adjournment

Denise Addie motioned to adjourn. John Mascaro seconded. Motion carried unanimously.

_____ _____

Jennifer Burns, Recording Secretary Date

_____ _____

Bruce Swingle, Chairperson Date

SIERRA VISTA HOSPITAL AND CLINICS

Financial Analysis

July 31st, 2023

Days Cash on Hand for July 2023 are 101 ($8,997,941)

Accounts Receivable Net days are 22

Accounts Payable days are 22

Hospital Excess Revenue over Expense

The **Net Income** for the month of July was ($466,852) vs. a Budget Income of ($221,591).

Hospital Gross Revenue for July was $5,149,321 or $260,752 less than budget. Patient Days were 68 – 40 less than June, Outpatient Visits were 1,136 – 134 more than June, RHC visits were 747 – 194 less than June and ER visits were 712 – 73 more than June.

Revenue Deductions for July were $2,931,613 or $229,161 more than budget.

Other Operating Revenue was $149,121.

Non-Operating Revenue was $172,494.

Hospital Operating Expenses for July were $2,579,781 which were under budget by $248,018.

EBITDA for July was ($37,428) vs. a Budget of $196,804. YTD EBITDA is ($37,428) vs. a Budget of $196,804.

The Bond Coverage Ratio in July was -31% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
July 31, 2023

MONTH						BENCHMARK RANGE		YEAR TO DATE				
Actual 7/31/23	Budget 7/31/23	Variance to Budget	Prior Year 7/31/22	Variance to Prior Year	DESCRIPTION	QHR 75th	QHR 50th	Actual 7/31/23	Budget 7/31/23	Variance to Budget	Prior Year 07/31/22	Variance to Prior Year
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	2%				
					Admissions							
19	22	(3)	18	1	Acute	76	44	19	22	(3)	18	1
2	6	(4)	4	(2)	Swing	9	6	2	6	(4)	4	(2)
21	**28**	**(7)**	**22**	**(1)**	**Total Admissions**	**85**	**50**	**21**	**28**	**(7)**	**22**	**(1)**
3.2	4.2	(0.9)	4.9	(1.7)	ALOS (acute and swing)	3.3	4.0	3.2	4.2	(1)	4.9	(1.67)
68	117	(49)	108	(40)	Patient Days (acute and swing)			68	117	(49)	108	(40)
1,136	1,000	136	1,162	(26)	Outpatient Visits	4,621	2,664	1,136	1,000	136	1,162	(26)
747	751	(4)	539	208	Rural Health Clinic Visits	1,962	1,597	747	751	(4)	539	208
712	703	9	757	(45)	ER Visits	880	681	712	703	9	757	(45)
3%	3%	-0.5%	2%	0%	ER Visits Conversion to Acute Admissions	10%	6%	3%	3%	0%	2%	0%
					Surgery Cases							
-	-	-	-	-	Inpatient Surgery Cases	22	11	-	-	-	0	-
12	-	12	-	12	Outpatient Surgery Cases	129	65	12	-	12	0	12
12	**-**	12	-	12	**Total Surgeries**	**151**	**76**	**12**	**-**	**12**	**-**	**12**
					Profitability							
-1%	15%	-16%	10%	-11%	EBITDA % Net Rev	7%	4%	-1%	15%	-16%	10%	-11%
-18%	15%	-33%	-6%	-11%	Operating Margin %	2%	2%	-18%	15%	-33%	-6%	-11%
57%	46%	11%	54%	3%	Rev Ded % Net Rev	47%	50%	57%	46%	11%	54%	3%
10%	2%	8%	8%	1%	Bad Debt % Net Pt Rev	2%	6%	10%	2%	8%	8%	1%
96%			94%		Outpatient Revenue %	83%	78%	96%			94%	2%
$ 9,808			$ 12,854	($3,046)	Gross Patient Revenue/Adjusted Admission			$9,808			$ 12,854	($3,046)
$ 4,230			$ 5,966	($1,736)	Net Patient Revenue/Adjusted Admission			$4,230			$ 5,966	($1,736)
46%	40%	6%	43%	3%	Salaries % Net Pt Rev	35%	40%	46%	40%	6%	43%	3%
8%	7%	1%	7%	1%	Benefits % Net Pt Rev	11%	12%	8%	7%	1%	7%	1%
6%	8%	-2%	6%	0%	Supplies % Net Pt Rev	10%	13%	6%	8%	-2%	6%	0%
					Cash and Liquidity							
101					Days Cash on Hand	236	106	101			148	(47)
40					A/R Days (Gross)	47	57	40			38	3
22					A/R Days (Net)	41	53	22			27	(5)
22					Days in AP	30	35	22			43	(20)
5.0					Current Ratio	4.3	2.6	5.0			5.9	(1.0)

Sierra Vista Hospital
STATISTICS by Month
July 31, 2023
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Admissions												
Acute												19
Swing												2
Total Admissions	-	-	-	-	-	-	-	-	-	-	-	**21**
ALOS (acute and swing)	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.2
Patient Days (acute and swing)												68
Outpatient Visits												1,136
Rural Health Clinic Visits												747
ER Visits												712
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3%
Surgery Cases												
Inpatient Surgery Cases												-
Outpatient Surgery Cases												12
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	**12**
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-1%
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-18%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	57%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10%
Outpatient Revenue %												96%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 9,808
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 4,230
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	46%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	8%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6%
Cash and Liquidity												
Days Cash on Hand	-	-	-	-	-	-	-	-	-	-	-	101
A/R Days (Gross)	-	-	-	-	-	-	-	-	-	-	-	40
A/R Days (Net)	-	-	-	-	-	-	-	-	-	-	-	22
Days in AP	-	-	-	-	-	-	-	-	-	-	-	22
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.0

Sierra Vista Hospital
TWELVE MONTH STATISTICS
July 31, 2023
(SUBJECT TO AUDIT)

Description	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022
Admissions												
Acute	19	21	22	23	18	28	22	26	27	20	18	17
Swing	2	8	5	5	5	5	9	5	9	3	7	6
Total Admissions	**21**	**29**	**27**	**28**	**23**	**33**	**31**	**31**	**36**	**23**	**25**	**23**
ALOS (acute and swing)	3.2	3.7	2.9	3.7	3.3	3.0	5.2	4.0	4.5	4.0	5.0	4.3
Patient Days (acute and swing)	68	108	78	103	76	98	160	124	162	93	126	100
Outpatient Visits	1,136	1,002	1,111	1,196	999	930	960	1,103	825	1,056	750	904
Rural Health Clinic Visits	747	941	899	747	934	697	831	716	744	601	542	649
ER Visits	712	639	755	720	716	573	673	755	757	661	699	735
ER Visits Conversion to Acute Admissions	3%	3%	3%	3%	3%	5%	3%	3%	4%	3%	3%	2%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	12	21	18	17	18	13	8	-	-	-	-	-
Total Surgeries	**12**	**21**	**18**	**17**	**18**	**13**	**8**	-	-	-	-	-
Profitability												
EBITDA % Net Rev	-1%	-13%	3%	-17%	3%	4%	17%	4%	15%	8%	-2%	12%
Operating Margin %	-18%	-31.1%	-10.6%	-34.4%	-11.0%	-12%	4%	-12%	0%	-8%	-19%	-4%
Rev Ded % Net Rev	57%	53%	54%	56%	49%	46%	47%	52%	52%	57%	52%	58%
Bad Debt % Net Pt Rev	10%	8.2%	2.7%	9.5%	6.8%	7%	8%	4%	10%	11%	9%	9%
Outpatient Revenue %	96%	93%	95%	94%	94%	93%	91%	91%	92%	93%	92%	94%
Gross Patient Revenue/Adjusted Admission	$ 9,808	$ 12,963	$ 11,645	$ 11,522	$ 13,845	$ 9,650	$ 14,997	$ 13,551	$ 11,810	$ 15,501	$ 13,675	$ 12,775
Net Patient Revenue/Adjusted Admission	$ 4,230	$ 6,098	$ 5,383	$ 5,016	$ 7,064	$ 5,197	$ 7,987	$ 6,473	$ 5,622	$ 6,719	$ 6,557	$ 5,420
Salaries % Net Pt Rev	46%	39%	36%	42%	37%	41%	39%	43%	35%	43%	45%	43%
Benefits % Net Pt Rev	8%	19%	6%	10%	9%	8%	8%	8%	7%	9%	11%	9%
Supplies % Net Pt Rev	6%	7%	5%	7%	7%	6%	6%	10%	7%	7%	6%	7%
Cash and Liquidity												
Days Cash on Hand	101	121	129	125	135	138	134	138	147	147	147	149
A/R Days (Gross)	40	43	43	39	37	41	43	36	39	41	37	38
A/R Days (Net)	22	25	25	25	23	27	28	21	22	26	22	24
Days in AP	22	25	28	20	25	29	28	24	26	39	35	32
Current Ratio	5.0	4.3	4.5	5.2	5.4	5.8	7.1	7.4	6.7	5.7	6.5	7.5

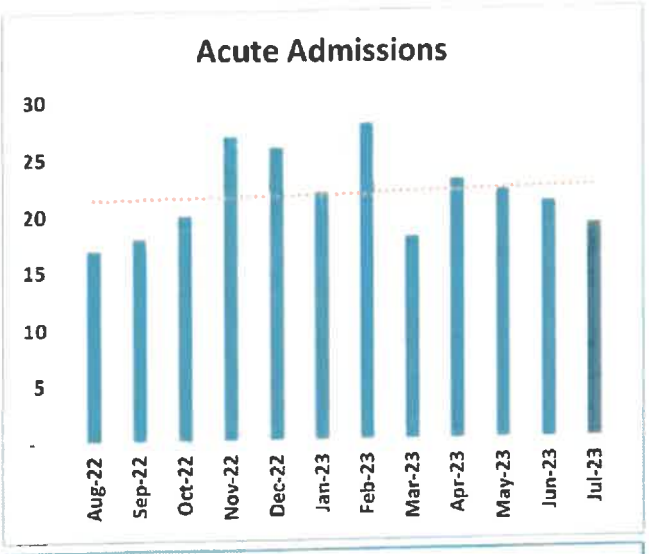
Sierra Vista Hospital
Detailed Stats by Month
7/31/2023
(SUBJECT TO AUDIT)

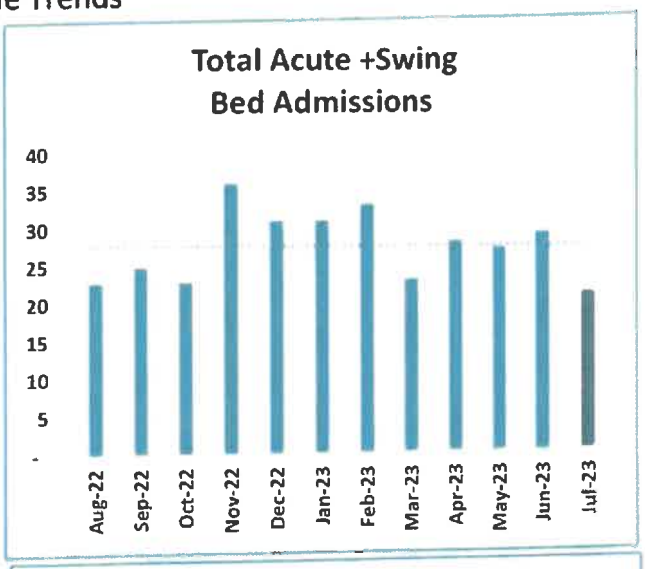
	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Description														
Total Acute Patient Days	46	46												46
Total Swingbed Patient Days	22	22												22
Total Acute Hours (based on Disch Hrs)	1,456	1,456	-				-			-	-			1,456
TOTAL ACUTE														
Patient Days	46	46												46
Admits	19	19												19
Discharges	22	22												22
Discharge Hours	1,456	1,456												1,456
Avg LOS	2.1	2.1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.1
Medicare Acute														
Patient Days	40	40												40
Admits	15	15												15
Discharges	18	18												18
Discharge Hours	1,276	1,276												1,276
Avg LOS	2.2	2.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.2
SWING - ALL (Medicare/Other)														
Patient Days	22	22												22
Admits	2	2												2
Discharges	4	4												4
Discharge Hours	510	510												510
Avg LOS	5.5	5.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.5
Observations														
Patient Days	26	26												26
Admits	22	22												22
Discharge Hours	615	615												615
Emergency Room														
Total ER Patients	712	712												712
Admitted	12	12												12
Transferred	54	54												54
Ambulance														
Total ALS/BLS runs	333	333												333
911 Calls	255	255												255
Transfers	78	78												78
OP Registrations	1,136	1,136												1,136
Vaccine Clinic	98	98												98
Rural Health Clinic														
Total RHC Visits	747	747												747
Avg Visits per day	34	34												34
Behavioral Health														
Patients Seen	320	320												320

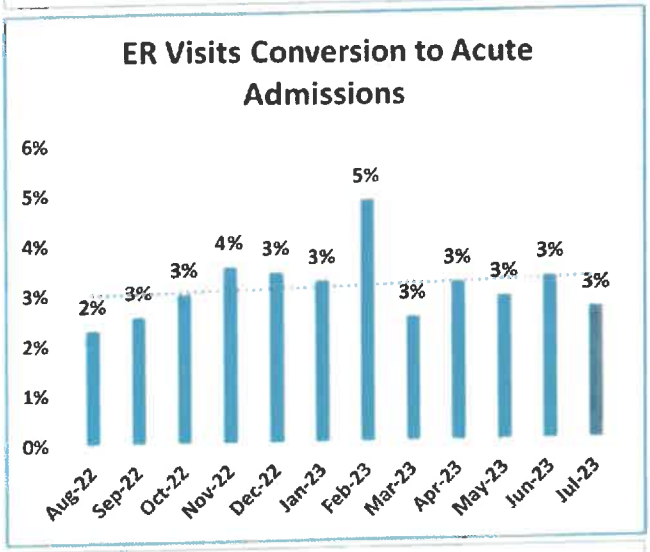
Sierra Vista Hospital
Detailed Stats by Month
7/31/2023
(SUBJECT TO AUDIT)

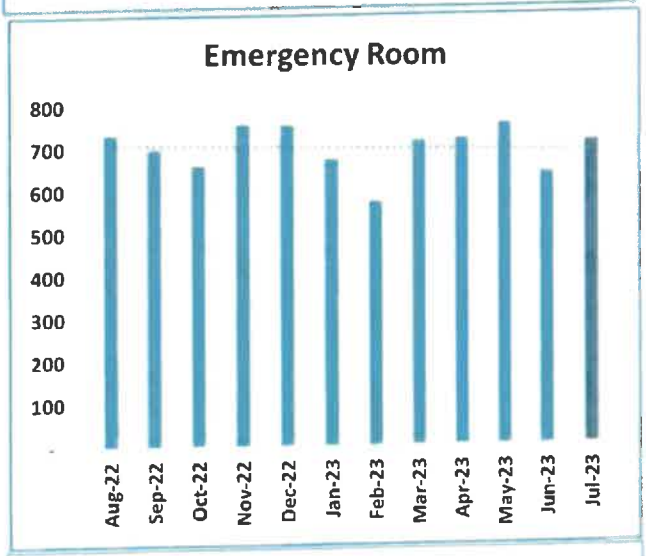
	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Dietary														
Inpatient Meals	491	491												491
Outpatient Meals	62	62												62
Cafeteria Meals	221	221												221
Functions	5,283	5,283												5,283
Laboratory														
In-house Testing	17,989	17,989												17,989
Sent Out Testing	799	799												799
Drugscreens	19	19												19
Physical Therapy														
PT Visits	195	195												195
Tx Units	740	740												740
Outpatient	40	40												40
Inpatient	22	22												22
Radiology														
X-Ray Patients	423	423												423
CT Patients	362	362												362
Ultrasound Patients	183	183												183
Mammogram Patients	43	43												43
MRI Patients	47	47												47
Nuclear Medicine Patients	10	10												10
DEXA	24	24												24
Surgery														
Surgical Procedures - OR	17	17												17
GI Lab Scopes	-													-
Major Surgery	-													-
Minor Surgery Under TIVA/Sedation	-	-												
Inpatient Procedures	-	-												-
Outpatient Procedures	12	12												12
Sleep Study														
Home Testing	-	-												
Inhouse	-	-												

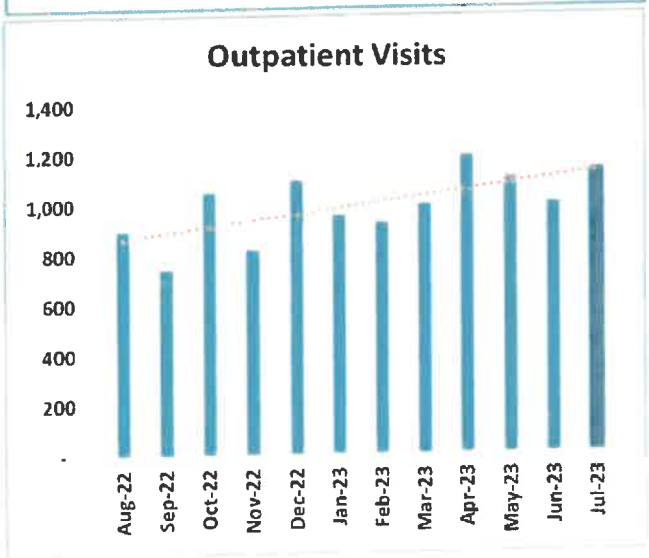
Volume Trends

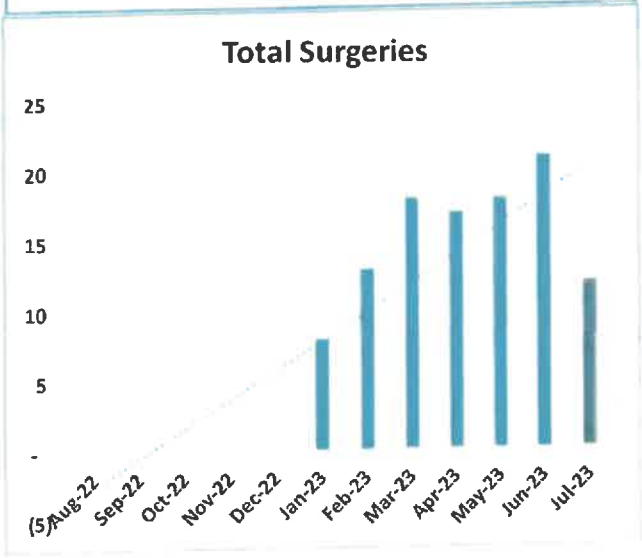












Sierra Vista Hospital
INCOME STATEMENT
July 31, 2023

MONTH						YEAR TO DATE				
Actual 7/31/23	Budget 7/31/23	Variance to Budget	Prior Year 7/31/22	Variance to Prior Year	DESCRIPTION	Actual 7/31/23	Budget 7/31/23	Variance to Budget	Prior Year 7/31/22	Variance to Prior Year
$ 5,149,321	**$ 5,410,072**	**$ (260,752)**	**$ 4,713,301**	**$436,020**	**Gross Patient Revenue**	**$ 5,149,321**	**$ 5,410,072**	**$ (260,752)**	**$ 4,713,301**	**$436,020**
					Revenue Deductions					
$ 2,610,179	2,383,744	226,435	2,240,286	$369,894	Contractual Allowances	2,610,179	2,383,744	226,435	2,240,286	$369,894
$ 239,981	215,136	24,846	197,240	$42,741	Bad Debt	239,981	215,136	24,846	197,240	$42,741
$ 81,452	103,572	(22,119)	88,447	($6,994)	Other Deductions	81,452	103,572	(22,119)	88,447	(6,994)
$ 2,931,613	**$ 2,702,451**	**$ 229,161**	**$ 2,525,973**	**$ 405,640**	**Total Revenue Deductions**	**$ 2,931,613**	**$ 2,702,451**	**$ 229,161**	**$ 2,525,973**	**$ 405,640**
$ 3,030	2,042	988	58	$2,972	Other Patient Revenue	3,030	2,042	988	58	2,972
$ 2,220,738	**$ 2,709,663**	**$ (488,925)**	**$2,187,386**	**$33,352**	**Net Patient Revenue**	**$ 2,220,738**	**$ 2,709,663**	**$ (488,925)**	**$ 2,187,386**	**$ 33,352**
43%	**50%**	**(7%)**	**46%**	**(3%)**	**Gross to Net %**	**43%**	**50%**	**(7%)**	**46%**	**(3%)**
$ 149,121	166,220	(17,100)	170,035	($20,914)	Other Operating Revenue	149,121	166,220	(17,100)	170,035	(20,914)
$ 172,494	148,720	23,774	148,126	$24,369	Non-Operating Revenue	172,494	148,720	23,774	148,126	24,369
$ 2,542,353	**$ 3,024,603**	**$ (482,250)**	**$ 2,505,546**	**$ 36,806**	**Total Operating Revenue**	**$ 2,542,353**	**$ 3,024,603**	**$ (482,250)**	**$ 2,505,546**	**36,806**
					Expenses					
$ 1,217,628	**$1,330,901**	**($113,273)**	**$1,120,320**	**$97,309**	**Salaries & Benefits**	**$1,217,628**	**$1,330,901**	**(113,273)**	**$1,120,320**	**$97,309**
$ 1,016,209	1,100,285	(84,077)	934,466	81,743	Salaries	1,016,209	1,100,285	(84,077)	934,466	81,743
$ 185,996	207,910	(21,914)	159,461	26,535	Benefits	185,996	207,910	(21,914)	159,461	26,535
$ 15,424	22,706	(7,282)	26,393	(10,969)	Other Salary & Benefit Expense	15,424	22,706	(7,282)	26,393	(10,969)
$ 129,245	161,736	(32,490)	130,212	(967)	Supplies	129,245	161,736	(32,490)	130,212	($967)
$ 793,494	840,474	(46,980)	635,487	158,007	Contract Services	793,494	840,474	(46,980)	635,487	$158,007
$ 181,846	184,306	(2,460)	180,368	1,478	Professional Fees	181,846	184,306	(2,460)	180,368	$1,478
$ 24,804	9,268	15,535	10,421	14,383	Leases/Rentals	24,804	9,268	15,535	10,421	$14,383
$ 48,620	39,208	9,412	50,859	(2,239)	Utilities	48,620	39,208	9,412	50,859	($2,239)
$ 72,280	65,136	7,144	30,142	42,139	Repairs / Maintenance	72,280	65,136	7,144	30,142	$42,139
$ 88,136	87,210	926	77,783	10,354	Insurance	88,136	87,210	926	77,783	$10,354
$ 23,728	109.561	(85,833)	26,905	($3,178)	Other Operating Expenses	23,728	109,561	(85,833)	26,905	($3,178)
$2,579,781	**$2,827,799**	**($248,018)**	**2,262,496**	**$317,285**	**Total Operating Expenses**	**$2,579,781**	**$2,827,799**	**($248,018)**	**$2,262,496**	**$317,285**
($37,428)	**$196,804**	**($234,232)**	**$243,051**	**($280,478.91)**	**EBITDA**	**($37,428)**	**$196,804**	**($234,232)**	**$243,051**	**($280,479)**
(1%)	**7%**	**(8%)**	**10%**	**(11%)**	**EBITDA Margin**	**(1%)**	**7%**	**(8%)**	**10%**	**(11%)**
					Non - Operating Expenses					
$ 284,371	$291,880	($7,509)	$284,500	($129)	Depreciation and Amortization	284,371	$291,880	(7,509)	$284,500	($129)
$ 73,290	75,349	($2,058)	73,406	($115)	Interest	73,290	75,349	(2,058)	$73,406	($115)
$ 51,763	51,166	$597	42,123	$9,640	Tax/Other	51,763	51,166	597	$42,123	$9,640
$409,424	**$418,395**	**($8,971)**	**$400,029**	**$9,395**	**Total Non Operating Expense**	**$409,424**	**$418,395**	**($8,971)**	**$400,029**	**$9,395**
($446,852)	**($221,591)**	**($225,261)**	**($156,978)**	**($289,874)**	**NET INCOME (LOSS)**	**($446,852)**	**($221,591)**	**($225,261)**	**($156,978)**	**($289,874)**
(18%)	**(7%)**	**(10%)**	**(6%)**	**(11%)**	**Net Income Margin**	**(18%)**	**(7%)**	**(10%)**	**(6%)**	**(11%)**

Sierra Vista Hospital
INCOME STATEMENT by Month
July 31, 2023

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Revenues												
Gross Patient Revenue												$ 5,149,321
Revenue Deductions												
Contractual Allowances												2,610,179
Bad Debt												239,981
Other Deductions												81,452
Total Revenue Deductions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,931,613
Other Patient Revenue												3,030
Net Patient Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,220,738
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	43%
Other Operating Revenue												149,121
Non-Operating Revenue												172,494
Total Operating Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,542,353
Expenses												
Salaries & Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,217,628
Salaries												1,016,209
Benefits												185,996
Other Salary & Benefit Expense												15,424
Supplies												129,245
Contract Services												793,494
Professional Fees												181,846
Leases/Rentals												24,804
Utilities												48,620
Repairs / Maintenance												72,280
Insurance												88,136
Other Operating Expenses												23,728
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,579,781
EBITDA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	($37,428)
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-1%
Non - Operating Expenses												
Depreciation and Amortization												$284,371
Interest												73,290
Tax/Other												51,763
Total Non Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$409,424
NET INCOME (LOSS)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	($446,852)
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(18%)

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
July 31, 2023

Description	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022
Revenues												
Gross Patient Revenue	$ 5,149,321	$ 5,370,369	$ 6,288,038	$ 5,376,911	$ 5,307,092	$ 4,549,211	$ 5,165,758	$ 4,667,505	$ 5,314,315	$ 5,093,059	$ 4,273,541	$ 4,897,013
Revenue Deductions												
Contractual Allowances	2,610,179	2,540,799	3,151,993	2,695,301	2,289,972	1,814,723	2,120,473	2,210,856	2,412,093	2,495,591	1,975,761	2,464,567
Bad Debt	239,981	226,311	80,846	244,607	196,488	188,500	227,839	90,154	283,657	263,472	202,078	216,838
Other Deductions	81,452	80,618	167,255	96,442	112,703	97,226	69,802	142,331	88,865	128,587	51,025	140,839
Total Revenue Deductions	$ 2,931,613	$ 2,847,728	$ 3,400,094	$ 3,036,350	$ 2,599,163	$ 2,100,450	$ 2,418,114	$ 2,443,341	$ 2,784,615	$ 2,887,649	$ 2,228,864	$ 2,822,244
Other Patient Revenue	3,030	3,827	18,824	154	6	1,472	3,356	5,352	27	2,202	4,366	3,043
Net Patient Revenue	$ 2,220,738	$ 2,526,468	$ 2,906,768	$ 2,340,716	$ 2,707,935	$ 2,450,232	$ 2,751,000	$ 2,229,516	$ 2,529,727	$ 2,207,611	$ 2,049,043	$ 2,077,812
Gross to Net %	43%	47%	46%	44%	51%	54%	53%	48%	48%	43%	48%	42%
Other Operating Revenue	149,121	19,370	48,929	24,907	191,665	143,649	122,435	161,664	168,134	142,078	322,559	183,822
Non-Operating Revenue	172,494	97,805	116,886	57,418	123,230	114,504	162,867	213,425	156,372	135,314	31,923	285,973
Total Operating Revenue	$ 2,542,353	$ 2,643,643	$ 3,072,583	$ 2,423,040	$ 3,022,830	$ 2,708,386	$ 3,036,303	$ 2,604,604	$ 2,854,233	$ 2,485,004	$ 2,403,525	$ 2,547,607
Expenses												
Salaries & Benefits	1,217,628	1,499,455	1,254,038	1,244,453	1,267,204	1,208,507	1,316,706	1,165,013	1,107,334	1,164,042	1,180,350	1,099,943
Salaries	1,016,209	993,810	1,034,473	989,714	1,007,694	1,005,741	1,085,374	963,610	897,576	959,534	928,471	891,515
Benefits	185,996	480,334	186,135	229,716	231,654	185,073	209,913	183,709	186,701	190,504	220,894	185,721
Other Salary & Benefit Expense	15,424	25,311	33,431	25,023	27,856	17,692	21,418	17,694	23,057	14,004	30,985	22,707
Supplies	129,245	186,036	144,630	153,123	176,654	145,574	159,611	216,154	170,929	143,508	127,032	150,029
Contract Services	793,494	875,127	1,138,421	908,444	1,079,524	824,458	644,493	680,378	759,436	631,234	735,150	583,126
Professional Fees	181,846	181,669	181,847	181,668	183,621	177,452	183,930	178,636	184,377	180,160	177,798	180,366
Leases/Rentals	24,804	25,128	24,485	10,500	8,286	10,606	9,203	9,334	5,400	7,514	9,050	9,411
Utilities	48,620	41,731	40,994	36,232	33,977	32,531	32,041	29,350	32,695	46,475	38,432	42,610
Repairs / Maintenance	72,280	68,712	77,231	85,760	65,840	86,468	67,748	54,759	73,937	34,975	57,920	48,769
Insurance	88,136	76,543	76,907	77,715	76,878	79,176	77,715	76,549	76,743	45,873	78,159	79,477
Other Operating Expenses	23,728	40,684	32,453	135,503	30,130	41,476	30,987	82,661	27,562	20,073	46,932	45,241
Total Operating Expenses	$2,579,781	$2,995,084	$2,971,006	$2,833,397	$2,922,115	$2,606,248	$2,522,434	$2,492,833	$2,438,413	$2,273,853	$2,450,824	$2,238,971
EBITDA	($37,428)	($351,441)	$101,577	($410,357)	$100,715	$102,138	$513,869	$111,771	$415,820	$211,151	($47,299)	$308,636
EBITDA Margin	-1%	-13.3%	3%	-17%	3%	4%	17%	4%	15%	8%	-2%	12%
Non - Operating Expenses												
Depreciation and Amortization	284,371	340,503	294,248	294,081	286,746	286,443	286,009	285,517	285,517	285,285	285,258	284,522
Interest	73,290	73,300	74,926	73,320	77,117	75,095	73,349	73,359	71,474	73,377	73,387	75,427
Tax/Other	51,763	56,061	56,598	55,636	69,921	53,165	34,842	56,135	56,785	45,182	48,047	43,713
Total Non Operating Expenses	$409,424	$469,864	$425,772	$423,037	$433,785	$414,702	$394,200	$415,011	$413,777	$403,844	$406,692	$403,662
NET INCOME (LOSS)	($446,852)	($821,305)	($324,195)	($833,394)	($333,070)	($312,564)	$119,670	($303,240)	$2,043	($192,693)	($453,991)	($95,027)
Net Income Margin	(18%)	(31.1%)	(11%)	(34%)	(11%)	(12%)	4%	(12%)	0%	(8%)	(19%)	(4%)

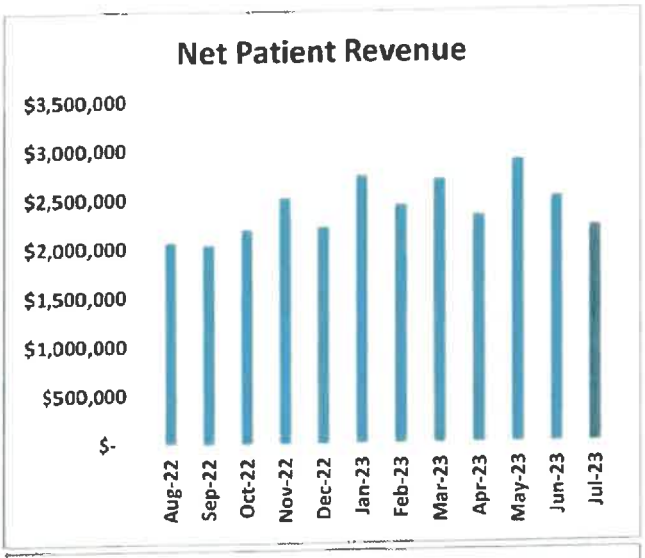
Sierra Vista Hospital
BALANCE SHEET
July 31, 2023

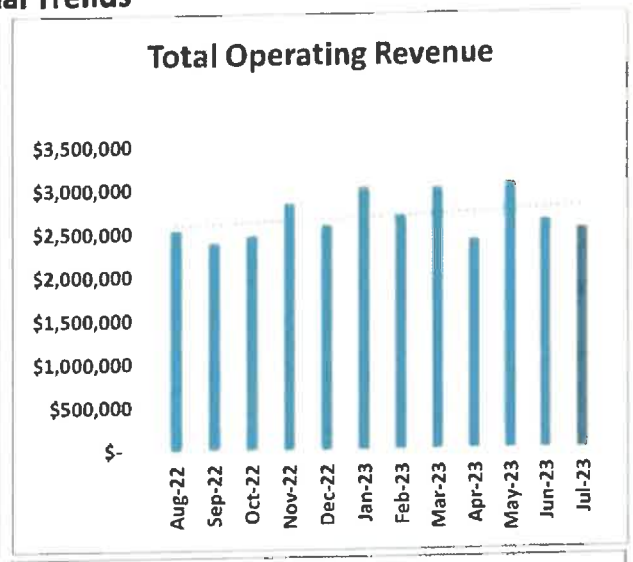
July 31, 2023 (Unaudited)	DESCRIPTION	June 30, 2023
	Assets	
	Current Assets	
$ 8,864,832	Cash and Liquid Capital	$ 10,306,457
$ 133,110	US Bank Clearing	$ 41,888
$ 8,997,941	**Total Cash**	**$ 10,348,345**
$ 7,179,181	Accounts Receivable - Gross	$ 7,259,750
$ 5,496,707	Contractual Allowance	$ 5,240,610
$ 1,682,474	**Total Accounts Receivable, Net of Allowance**	**$ 2,019,140**
$ 1,406,910	Other Receivables	$ 1,253,297
$ 450,861	Inventory	$ 493,782
$ 861,579	Prepaid Expense	$ 74,946
$ 13,399,764	**Total Current Assets**	**$ 14,189,511**
	Long Term Assets	
$ 54,900,548	Fixed Assets	$ 54,900,548
$ 18,272,616	Accumulated Depreciation	$ 17,988,245
$ -	Construction in Progress	$ -
$ 36,627,932	**Total Fixed Assets, Net of Depreciation**	**$ 36,912,303**
$ 36,627,932	**Total Long Term Assets**	**$ 36,912,303**
$ 3,673,578	**New Hospital Loan**	**$ 3,550,962**
$ 53,701,275	**Total Assets**	**$ 54,652,776**
	Liabilities & Equity	
	Current Liabilities	
$ 1,040,994	Account Payable	$ 1,149,490
$ 1,140,132	Interest Payable	$ 1,063,234
$ 50,464	Accrued Taxes	$ 52,244
$ 718,994	Accrued Payroll and Related	$ 1,104,431
$ (267,000)	Cost Report Settlement	$ (50,000)
$ 2,683,584	**Total Current Liabilities**	**$ 3,319,399**
	Long term Liabilities	
$ 25,358,201	Long Term Notes Payable	$ 25,362,166
$ 25,358,201	**Total Long Term Liabilities**	**$ 25,362,166**
$ 424,345	**Unapplied Liabilities**	**$ 405,813**
$ 237,406	**Capital Equipment Lease**	**$ 239,247**
$ 28,703,536	**Total Liabilites**	**$ 29,326,624**
$ 25,444,591	**Retained Earnings**	**$ 26,147,456**
$ (446,852)	**Net Income**	**$ (821,305)**
$ 53,701,275	**Total Liabilities and Equity**	**$ 54,652,776**

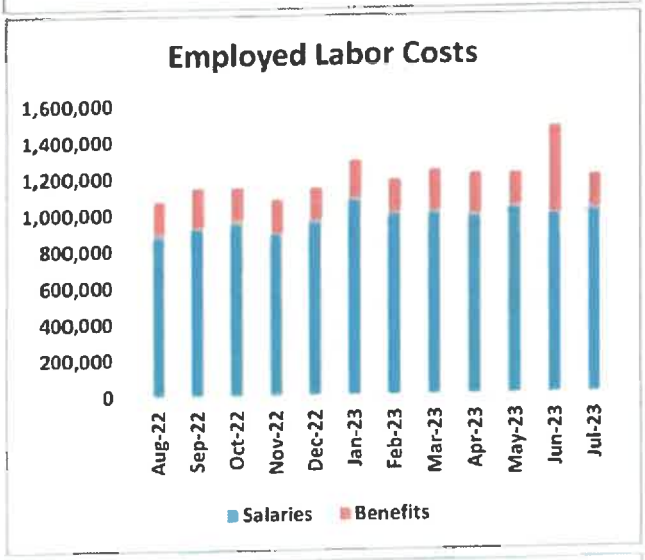
Sierra Vista Hospital
BALANCE SHEET by Month
July 31, 2023

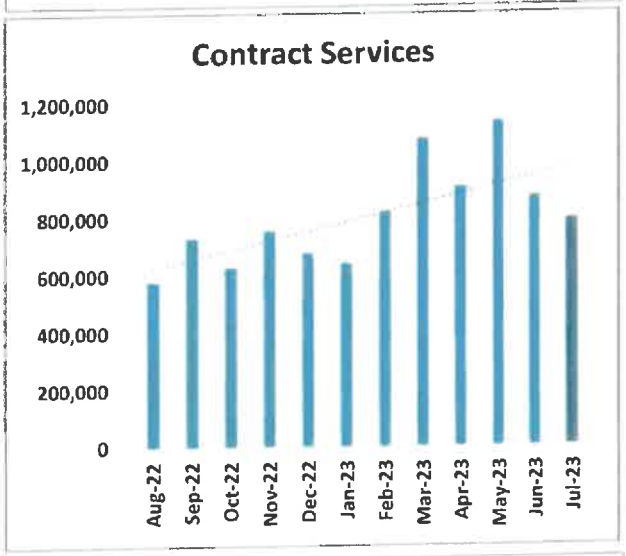
	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Assets												
Current Assets												
Cash and Liquid Capital												8,864,832
US Bank Clearing												133,110
Total Cash	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$8,997,941
Accounts Receivable - Gross												7,179,181
Contractual Allowance												5,496,707
Total Accounts Receivable, Net of Allowance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,682,474
Other Receivables												1,406,910
Inventory												450,861
Prepaid Expense												861,579
Total Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$13,399,764
Long Term Assets												
Fixed Assets												54,900,548
Accumulated Depreciation												18,272,616
Total Fixed Assets, Net of Depreciation												36,627,932
Total Long Term Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$36,627,932
New Hospital Loan												$ 3,673,578
Total Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 53,701,275
Liabilities & Equity												
Current Liabilities												
Account Payable												1,040,994
Interest Payable												1,140,132
Accrued Taxes												50,464
Accrued Payroll and Related												718,994
Cost Report Settlement												(267,000)
Total Current Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,683,584
Long term Liabilities												
Long Term Notes Payable												25,358,201
Total Long Term Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$25,358,201
Unapplied Liabilities												424,345
Capital Equipment Lease												237,406
Total Liabilites	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$28,703,536
Retained Earnings												$25,444,591
Net Income												($446,852)
Total Liabilities and Equity	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$53,701,275

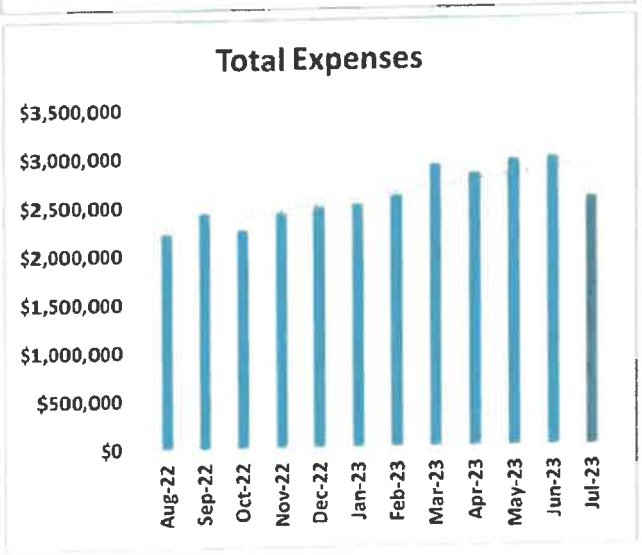
Financial Trends

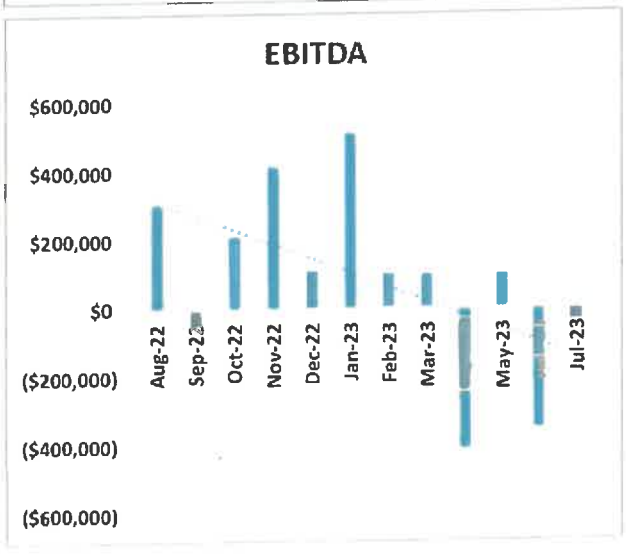












Sierra Vista Hospital
7/31/2023
Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)	7/31/2023	Notation
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
FY23 Cost Report Receivable	417,000	
Total Liability	267,000	

EZERC LLC
608 SW 4th Ave
Fort Lauderdale, FL 33315

July 10, 2023

Sierra Vista Hospital
800 E 9th Ave
Truth Or Consequences, NM 87901

Dear Client,

Please find enclosed your EZ-ERC Client Package; carefully review and follow the instructions below to ensure that we can finalize and submit your employee retention credit ("ERC") claim to the Internal Revenue Service ("IRS") in an accurate and timely manner.

Based on the information provided, we concluded a total cash credit of **$2,310,126.78**. Within your package, you will find the "EZ-ERC Eligibility Report," which provides a comprehensive breakdown of your credit and can be used as supporting documentation to defend the refund claim in the event of a challenge from the IRS. Please review and confirm that the factual representations made in the report are correct, particularly in the section related to the "Full or Partial Suspension of Operations ("FPSO") Test," if applicable.[1] Your confirmation of the factual representations is very important for us to receive prior to filing, as we are relying on these representations as a basis for claiming the credit.

Feel free to take the opportunity to read through the FAQs in Appendix II of the report to gather additional background on the ERC. We remain at your disposal to answer any questions that you may have, and we will continue to stay in touch until your refunds have been received (and of course, in the unlikely event that the IRS challenges our claim).

For the purpose of preparing the Form(s) 941-X, *Adjusted Employer's Quarterly Federal Tax Return or Claim for Refund*, and receiving your IRS refund check(s), we used the following address as reflected on your most recent applicable Form 941 filing: **800 E 9th Ave, Truth Or Consequences, NM 87901.** If this address is incorrect, or you wish for us to file a change of address with your 941-X(s) so that the IRS checks are sent to a new address, please fill out and sign Form 8822-B (Rev. December 2019) (irs.gov) and send it to us along with the Form(s) 941-X.

Once you have reviewed and confirmed the factual representations set forth in the EZ-ERC Eligibility Report, we kindly request that you take the following steps:

1. **Original Signature & Mailing:** Please have an authorized person sign Page 5 of each Form 941-X **(Files 3a – 3b)**, including name, title, phone number, and date. Mail the executed forms (with an original ***wet-signature***) to: **EZ-ERC, c/o Kenneth Dettman, 608 SW 4th Ave, Ft. Lauderdale, FL 33315-1012; using the pre-paid postage attached.** We would greatly appreciate it if you would send pages 1 - 5 of the forms together, one-sided, with no staples. Please also include the executed **Form 2848** (discussed in #2 below) and **Fee Letter** (File #5 in your Client Package). Once received, we will handle the rest, including shipping the forms directly to the IRS and sending you a scanned, fully executed copy for your records. Unfortunately, the IRS has not explicitly confirmed they will accept digital or scanned signatures on these, so we do greatly appreciate you mailing us the original copies.

[1] For Clients relying solely on the Substantial Decline in Gross Receipt ("SDGR") Test, the FPSO Test may be inapplicable.

2. **Refund Checks from the IRS:** Although the IRS is not currently providing an estimate of the amount of time it may take to process your refund claim, you may call them at (800) 829-4933 at your convenience to check on the status of processing the returns and issuing the checks. Nonetheless, based on our experience, please note that it is unlikely that the IRS will provide any information within two months of submission. Accordingly, EZ-ERC will set up automatic alerts on your account approximately two months after filing so that we can inform you of any refund processing activity by the IRS. **In order for us to represent you and contact the IRS to inquire on the status of your refunds, please request that an authorized signatory execute Page 2 (Box 7) of attached Form 2848.** This should be mailed back to us along with the Form(s) 941-X referenced in Step 1. For your reference, the latest guidance from the IRS on where they stand in processing returns can be found HERE (See "Filed a Tax Return" → "Status of Processing Form 941, *Employer's Quarterly Federal Tax Return*").

3. **Fee Options:** In accordance with your Client Engagement Letter, we ask that you finalize your selection of the following payment options by executing the enclosed **Fee Letter** (with an original wet-signature) and return to us with your Form(s) 941-X (using the pre-paid postage attached):

Fee Options per CEL	Option 1	Option 2	Option 3
Fee Percentage	*10.00%*	*12.50%*	*15.00%*
Due with 941-X Filing	$ 231,012.68	$ 144,382.92	$ 46,202.54
Due after ERC Refund	$ -	$ 144,382.92	$ 300,316.48
Fee Adjustments	$ -	$ -	$ -
Total Fees Due	**$ 231,012.68**	**$ 288,765.84**	**$ 346,519.02**

Please refer to your Client Engagement Letter for the complete terms and percentages. Once we receive the executed Form(s) 941-X, Form(s) 2848, Fee Letter, and payment (as applicable), we will begin the filing process.

Note, your ERC claim may be subject to further review or examination by the IRS or other taxing authorities. As such, we recommend that you preserve and maintain all financial records and other supplemental information which may be requested by such authorities.

Thank you for the opportunity to work with Sierra Vista Hospital. We look forward to working with you in the future. Should you have any questions or concerns, please feel free to reach out at any time.

Best Wishes,

EZERC LLC

Kenneth Dettman
CEO & Managing Director

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Emergency Department

Original Policy Date: 10/03/2012

Reviewed: 2023 SFA 2024 ___ 2025___

Subject: Amputation

Last Revised: 07/2023

Approved By: Medical Staff, GB

Manager: Sheila F. Adams, MSN, MHA

SCOPE: Emergency Department

PURPOSE: To outline the assessment and procedure for care of a patient with partial or complete amputation and care of the amputated body part.

DEFINITIONS:
Complete amputation: the body part is completely removed or cut off.
Partial amputation: much of the body part is cut off, but it remains attached to the rest of the body.
Residual limb: the part of the body that remains after an amputation.

ASSESSMENT:

- Assessment findings of an amputation include:
- Obvious tissue loss
- Pain
- Controlled or severe bleeding
- Partial amputations may have more severe bleeding than complete amputations because with a complete amputation, the severed arteries retract.
- Evidence of hypovolemic shock may or may not be present.

PROCEDURE:

- Apply direct pressure over bleeding or compress the artery above the bleeding site
- Elevate the extremity
- Tourniquets can be used when pressure and elevation fail to control bleeding
    - Pneumatic tourniquets may be required for stabilization of complex injuries
    - Tourniquets are placed as close to the amputation site as possible to limit ischemia and nerve compression of extremity
    - Release the tourniquet as soon as the hemorrhage is controlled
- Remove dire or debris from the amputated part and the residual limb
- Keep the amputated part cool by wrapping it in slightly saline-moistened sterile gauze, and then place it in a sealed bag
    - The bag containing the amputated part is then placed in a second bag containing ice water
    - Do not allow the amputated part to freeze or be submerged in liquid

- Label the bag with appropriate patient identifiers
- Administer antibiotics as ordered
- Administer tetanus prophylaxis according to current CDC Guidelines

REFERRENCE(S):

Trauma Nursing Core Course. Provider Manual, 8th Edition. Emergency Nurses Association, (pgs. 197 & 201).

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Emergency Department

Original Policy Date: 1999

Reviewed: 2023 SFA 2024 ___ 2025___

Subject: Initial Assessment of the Trauma Patient

Last Revised: 07/2023

Approved By: Medical Staff, GB

Manager: Sheila F. Adams, MSN, MHA

SCOPE:
Emergency Department

PURPOSE:
To establish a process to identify and treat or stabilize life-threatening injuries in an efficient and timely manner.

POLICY:
Sierra Vista Hospital nursing staff in the Emergency Department will follow the systematic approach for the initial assessment of a trauma patient. Process points are:

- Preparation and triage
- Primary survey (ABCDE) with resuscitation adjuncts (FG)
- Reevaluation (consider transfer)
- Secondary survey (HI) with reevaluation adjuncts
- Reevaluation and post resuscitation care
- Definitive Care or transfer to an appropriate trauma center

DEFINITION(S):
A-I mnemonics: used to help with rapid assessment for and intervention in life-threating injuries and identify all injuries in a systematic manner.

PROCEDURE:
Note: In a trauma situation the trauma team will complete the components of assessment and interventions simultaneously. The primary nurse will choose the appropriate examination elements of inspection, auscultation, and palpation for assessment.

Primary survey begins immediately upon receiving the patient. Nursing staff will observe the patient across the room for a rapid determination of the patient's overall physiologic stability and the identification of any uncontrolled hemorrhage. The nurse will use primary survey (ABCDE) with resuscitation adjuncts (FG).

- **A**: Airway and alertness with simultaneous cervical spine stabilization
  - Establish and maintain airway
  - immobilize, or maintain C-spine
  - Evaluate neurological status
- **B**: Breathing and Ventilation
  - Monitor pulse oximeter- ensure saturation level > 90%
  - Patient shall be placed on oxygen via mask at high flow, unless otherwise indicated

- Patient shall be placed on oxygen via mask at high flow, unless otherwise indicated
- Evaluate lung sounds and lung expansion

- **C**: Circulation and Control of Hemorrhage
  - Control bleeding
  - Auscultate heart sounds
  - Palpate for presence of carotid and/or femoral pulses for rate, rhythm and strength
  - Establish 2 large bore IV's of 1,000 mls of normal saline, if not already established. Use warmed solutions when possible
- **D**: Disability (neurologic status)
  - Glascow Coma Scale (GCS)
    - On arrival
    - Repeat with any changes in condition
- **E**: Exposure and Environmental control
  - Carefully undress the patient and assess for other injuries, use caution for sharps and/or weapons
  - Inspect for any uncontrolled bleeding and quickly note any obvious injury
  - Maintain patient body temperature 97-98 degrees Fahrenheit

Adjuncts:

- **F:** Full set of vital signs and Family presence
  - Take initial vital signs; assess and monitor vital signs every 5 minutes in hemodynamically unstable patient; every 30 minutes in hemodynamically stable patient
  - Facilitate family presence as soon as possible
- **G:** Get resuscitation adjuncts
  - Laboratory studies
    - Arterial or venous blood gases
    - Type and cross
    - Latic acid
    - Other labs as ordered
  - Monitor for continuous cardiac rhythm and rate assessment
  - Naso or orogastric tube consideration
  - Oxygen and ventilation assessment
    - Capnography monitoring
    - Pulse oximetry
  - Pain assessment and management

Reevaluation is the time to consider the need to transfer the patient to a higher level of care. Once an order has been given assign one individual to seek placement and transportation. Portable imaging exams should be performed if the patient has been unable to go to the imaging department or verification of the placement of tubes is required.

Secondary survey (HI) is to begin after the primary survey, initial resuscitative efforts, and stabilization of vital functions.

- History and head to toe assessment
  - Mechanism of injury
  - Injuries sustained
  - Patient history if patient responsive or family available
    - Symptoms associated with the injury
    - Allergies and tetanus status

        - Medications currently used, including anticoagulant therapy
        - Past medical history including hospitalization and/or surgeries
        - Last oral intake
        - Events and environmental factors related to the injury
    - General appearance
    - Head and Face
    - Eyes
    - Ears
    - Nose
    - Neck and cervical spine
    - Chest
    - Abdomen/flanks
    - Pelvis/perineum
    - Extremities

- Inspection posterior surfaces
    - Maintain cervical spine protection
    - Support extremities with suspected injuries
    - Logroll the patient with assistance from members of the trauma team
    - Inspect for:
        - Presence of blood in or around the rectum
        - Lacerations, puncture wounds, abrasions, contusions, avulsions, ecchymoses, edema, impaled objects, and scars
    - Palpate for:
        - Deformity and areas of tenderness along the vertebral column, including the costovertebral angles
        - Deformity and areas of tenderness along posterior surfaces to include the flanks
    - Perform a rectal examination **(By the physician)**, alternative, ask the alert patient to squeeze the buttocks to evaluate spinal cord function.
    - Promote timely removal of the patient from the spine board if one in place

Reevaluation and post resuscitation care consist of the ongoing reevaluation of the patient's response to the injury(ies) and the effectiveness of interventions. Treatment plans are to be adjusted to enhance patient outcomes. Reevaluation includes components of primary survey (ABCDE), vital signs, pain and response to pain medications and not-pharmacologic interventions, all identified injuries and the effectiveness of treatment or interventions.

Sierra Vista Hospital Emergency Department leaders strongly suggest that documentation occur at the bedside of the trauma patient. The trauma form is to be used for documentation. Please note medications must be documented in the electronic medication administration record. Documentation should include but is not limited to:

- Mechanism of injury
- Initial and subsequent vital signs
- Past medical history
- Current medications
- Allergies
- Tetanus status and/or administration of

- Initial and ongoing assessment

- Glascow Coma Scale (GCS)
- Location and description of injuries
- Resuscitation measures, if applicable
- Treatments and responses
- Application, maintenance and/or removal of cervical collar
- Examination by physician
- I & O
- Discharge vital signs
- Disposition of patient.

Associated Form(s): Trauma bifold documentation record

REFERRENCE(S):

Trauma Nursing Core Course. Provider Manual, 8th Edition. Emergency Nurses Association, (pgs. 39, 40, 47-52).

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Emergency Room

Original Policy Date: 12/11/2012

Review: **2022** SFA **2023** SFA **2024** _____

Subject: Acute Floor Patients (Unstable)

Last Revised: 06/2023

Approved By: Medical Staff 12/11/12 And Governing Board

Manager: Sheila F. Adams, MSN, MHA

POLICY:
Sierra Vista Hospital will assure that patients in the Acute Care Unit, who become unstable will be cared for in the Emergency Department until such time as a higher level of care has been secured.

PROCEDURE:

- The hospitalist or Emergency Department provider will determine when a patient in an Acute Care bed requires a higher level of care.
- The Acute Care unit will notify the House Supervisor that the patient needs a higher level of care.
- The House Supervisor in collaboration with the hospitalist or Emergency Department provider will make the decision if the patient can remain in the Acute Care Unit until the patient can be transferred to an outside facility with a higher level of care.
- If the decision is the patient is unstable, the House Supervisor will assign placement in the Emergency Department.
- An appropriate hand-off will occur between the Acute Care unit nurse and the Emergency Department nurse.
- House Supervisor will assign the transfer packet completion to the appropriate area.
- The hospitalist will continue to be responsible for the patient and secure transfer of the patient. At an appropriate time, the hospitalist will give a hand-off to the Emergency Department provider.
- **The patient will not be discharged from the acute care unit until patient care has been assumed by the transportation team.**
- The Emergency Department nurse will continue to document the care given in electronic medical record.

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Nursing Administration

Original Policy Date: June 2023

Reviewed: 2023 SFA 2024 ___ 2025___

Subject: One-to-one Observer

Last Revised:

Approved By: Medical Staff, GB, CNO

Manager: Sheila F. Adams, MSN, MHA

SCOPE: This policy applies to staff including Nurses, Patient Care Technicians, and trained Patient Observers.

PURPOSE: To describe the clinical skills and interventions of a patient observer.

DEFINITIONS:

BLS: Basic Life Support

One to One Observation is utilized for patients at risk for harm due to
High risk for suicide on Columbia Suicide Scale. For patients receiving one to one patient observation the patient observer must be within arms reach of the patient at all times (even when toileting/showering) and within the patient's room at all times. One to one patient observers for suicide must document the status of the patient every 15 minutes on the Patient Observation Record (see Attachment A).

Patient Observer - Staff who have completed the Patient Observer Training and maintain current BLS. All Patient Care Technicians (PCT) receive Patient Observer Training in orientation and yearly. Sierra Vista Hospital staff in other roles in the organization that have completed Patient Observation Training and maintain current BLS may perform patient observer duties.

Suicide Watcher (SUWA) – Constant visual observation, within-arms-reach, VISUAL OBSERVATION OF HANDS AT ALL TIMES (including but not limited to Bathing/showering, toileting, sleeping, test/treatment)

POLICY:
It is the policy of Sierra Vista Hospital (SVH) to utilize personnel who have completed patient observer training to observe patients that may be at risk for harm to self or others in an effort to keep patients safe using the least restrictive methods possible.

PROCEDURE:
When the need for one-to-one observation is identified, the House Supervisor and/or the Clinical Supervisor will assess current staffing to ascertain whether current unit staff can provide the service. If alternative staffing is required, the House Supervisor will facilitate obtaining patient observation coverage. To ensure patient safety, family members **cannot** act in the patient observer capacity.

Distributed To:
Revision Dates:
Policy # 280-01-134

When a patient observer is assigned to a patient, they will report to the nurse assigned to that patient.

At the beginning of a shift, the nurse assigned to the patient will provide a report to the patient observer outlining the patient's condition and any specific concerns related to the patient's care.

While patient observer's preference is considered when assigning breaks and lunch times, overall patient safety takes precedence over individual request.

Patient Observer Responsibilities

- Never leave the patient without appropriate relief being at the bedside and hand off communication has occurred between incoming and off-going patient observers.
- The patient observer may not leave for a break without the nurse's permission and the provision of continuous monitoring during the patient observer's absence.
- The patient observer may not take or receive personal phone calls in the patient's room while on duty.
- Request for the nurse's assistance or to provide information is to be done using the patient call light.
- In case of an emergency, the patient observer will notify the nurse that a break is needed to make a telephone call and wait for a relief person.
- Patient observers are not to sleep on duty.
- Patient observers are not permitted to eat or drink in the patient's room. The patient observer will notify the nurse that a break is needed and wait for a relief person.
- Patient observers are to dress professionally.
- Patients requiring a one-to-one and are in any type of isolation, precautions are to be taken including the personal protective equipment listed in the isolation signage.

Patient Care

Patient observer will:
Monitor patient's verbalizations and immediately inform the nurse if patient displays or expresses any idea or intention to hurt self/others or plans to leave without the physician's permission.
Notify the nurse if the patient complains of pain or discomfort.
Notify the nurse if there are any questionable items in the room.
Turn on/off or adjust the station or volume on radio or television only at the patient's request. ***Exception:*** *The volume may not be adjusted to a volume that disturbs other patients.*
The patient's privacy and dignity is to be preserved by assuring the patient is covered, hands in view, curtain is adjusted for privacy with patient observer in arm's length, and door is closed and patient observer remains within arm's length.

While on duty, a patient observer may not leave the patient's room without nurse approval and a relief person has arrived. If a patient observer is instructed to leave the room temporarily while care is provided by the nurse or the provider, the patient observer is to wait outside the door to assume duty without delay.

Documentation

Monitoring documentation shall be completed every 15 minutes on the Patient Observation Record (see Attachment A).

In the event of an emergency or a sudden change in the patient's condition/behavior (e.g., Code Blue, escape attempt) the patient observer is to notify then nurse immediately. Other observations are to be reported to the nurse on a regular basis.

Form: F-240-01-134-01

Associated Policies: Suicide Prevention and Risk Assessment #240-01-133

Attachment A One-to-One Observation Form

Time Initiated:	Time Discontinued:	Date:

Time	Behavior	Initial	Time	Behavior	Initial	Time	Behavior	Initial	Time	Behavior	Initial
2400			600			1200			1800		
15			15			15			15		
30			30			30			30		
45			45			45			45		
100			700			1300			1900		
15			15			15			15		
30			30			30			30		
45			45			45			45		
200			800			1400			2000		
15			15			15			15		
30			30			30			30		
45			45			45			45		
300			900			1500			2100		
15			15			15			15		
30			30			30			30		
45			45			45			45		
400			1000			1600			2200		
15			15			15			15		
30			30			30			30		
45			45			45			45		
500			1100			1700			2300		
15			15			15			15		
30			30			30			30		
45			45			45			45		

Behaviors

A- Awake	Ag - Agitated	An- Angry	Cr- Crying
Es- Escalating	G- Grabbing	K- Kicking	L - Loud
P- Pacing	Pu- Punching	Q - Quiet	S - Sleeping
T - Talking	W - Withdrawn	Y - Yelling	

Every hour, 4 Ps should be performed (Pain, Potty, Positioning, Peaceful Environment)- your initials signify this has been performed on the hour mark.

Initials	Signature	Initials	Signature

PATIENT OBSERVATION RECORD

Time Initiated:	Time D/c'd:	Date:

Time	Behavior	Initial	Time	Behavior	Initial	Time	Behavior	Initial	Time	Behavior	Initial
2400			600			1200			1800		
15			15			15			15		
30			30			30			30		
45			45			45			45		
100			700			1300			1900		
15			15			15			15		
30			30			30			30		
45			45			45			45		
200			800			1400			2000		
15			15			15			15		
30			30			30			30		
45			45			45			45		
300			900			1500			2100		
15			15			15			15		
30			30			30			30		
45			45			45			45		
400			1000			1600			2200		
15			15			15			15		
30			30			30			30		
45			45			45			45		
500			1100			1700			2300		
15			15			15			15		
30			30			30			30		
45			45			45			45		

Behaviors

A- Awake	Ag - Agitated	An- Angry	Cr- Crying
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T - Talking	W - Withdrawn	Y - Yelling	

Every hour, 4 P's should be performed (Pain, Potty, Positioning, Peaceful Enivronment)- your initials signify this has been performed on the hour mark.

Initals	Signature	Initials	Signature

Patient Sticker
BQ 20

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: All

Original Policy Date: 10/1997

Reviewed: 2023 SFA 2024 ___ 2025___

Subject: Restraints and Seclusion

Last Revised: 06/2023

Approved By: Medical Staff, CNO

Manager: Sheila F. Adams, MSN, MHA

SCOPE:
Nursing Services, Social Services, Medical Staff, Security, Safety

POLICY:
Patients admitted to Sierra Vista Hospital will be free from Chemical and Physical Restraints imposed for the purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

DEFINITIONS:
Definition of restraint: Any object may be a restraint by functional definition. Anything that prevents the patient access to his or her body, moving their arms, legs, or ambulating in a normal manner is a restraint. A device is considered a restraint if it is applied to someone who is physically able to get up and they are prevented from doing so. Under this definition, many commonly used devices and practices could meet the definition of a restraint including:
Physical restraint is any device, materials or equipment which restricts free movement or normal access to one's body.
Physical holding of a patient for the purpose of conducting routine physical examination or tests is permitted. However, patients do have the right to refuse treatment. This includes the right to refuse physical examinations or tests. Holding a patient in a manner that restricts the patient's movement against his or her will would be considered a restraint.
Chemical restraint is any drug that is used for discipline or convenience and not required to treat medical symptoms.
Discipline is defined as any action taken by the facility for the purpose of punishing or penalizing a patient.
Convenience is defined as any action taken by the facility to control patient behavior or maintain patients with a lesser amount of effort by the facility and not in the patient's best interest.
Prolonged Restraint is defined as the use of restraints for more than a certain time, 48 hours for non-violent restraint and 24 hours for violent restraint. A patient in prolonged restraint triggers the interdisciplinary care team to analyze safe use and alternatives, utilizing problem solving for better options to minimize restraint use.

PROCEDURE:
If all alternatives have been unsuccessful, the following is to provide guidelines for appropriate use of immobilization devices to ensure patient safety or the safety of others, while maintaining the patient's rights, wellbeing, and dignity.
Only specified staff with the appropriate training are allowed to initiate restraints or seclusion.
A restraint of any type is never to be used as a punishment to the patient or as a convenience to the staff, but rather is utilized to assist in the medical care of the patient. The patient should be able to continue his/her

Distributed To:
Revision Dates:
Policy #

care and to participate in care processes. Modesty, visibility to others and comfortable body temperature are always maintained.
All types of physical restraints must be easily removable in the event of an emergency.
A clinical assessment of the patient is required prior to instituting restraints.
In the event of an emergency, restraints to prevent injury to self or others may be initiated by an RN who is qualified by training, and will be subject to immediate review by the attending physician. A physician or practitioner must physically observe the patient **within one hour** of application of the restraint if initiated by an RN. The attending physician must then indicate on the physician's order whether the use of restraint is to be continued or not.
The physician orders for non-violent, non-self-destructive restraint use:
If an RN implements emergency initiation of restraint, a physician order is required.
Individual physician's orders for non-violent restraint are required every calendar date.
The physician order for violent self-destructive restraint use is as follows:

1. A provider's initial order is obtained within 60 minutes.
2. Orders are time limited. The maximum length of original order is age dependent.
    a. 18 years or older – 4 hours.
    b. 9 – 17 years old – 2 hours
    c. 0 – 8 years old – 1 hour
3. Each order may be renewed with the following limits, up to a total of 24 hours.
    a. 18 years or older – 4 hours.
    b. 9 – 17 years old – 2 hours
    c. 0 – 8 years old – 1 hour
4. The original order for violent restraint may be renewed within the above limits up to a total of 24 hours. After the original order expires, a physician must see and assess the patient before issuing a new order.
5. Each patient's Nursing Care Plan shall include the use of restraints and specify the behavior to be eliminated, method used, and time limit for use of the method.
6. Documentation in the Nursing Notes must include:
    a. Type of restraint
    b. Time and date of initiation
    c. Reason for restraints
    d. Education/explanation to patient and/or family
    e. Frequency of restraint checks
    f. Care provided.
    g. Notation that reapplication of restraints after a trial release is a result of the same condition that led to initial application. ***Without such documentation, reapplication requires a new order.***

Siderails

- It is standard practice to raise the side rails when a patient is on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement, or on certain types of therapeutic beds to prevent the patient from falling out of the bed.
- Devices that protect the patient from falling out of bed are not restraints. However, raising all four side rails in order to restrain a patient, (as this may immobilize or reduce the ability of a patient to move his or her arms, legs, body, or head freely) to ensure the immediate physical safety of the patient then the rule applies. A patient's history of falls without current evidence of falling is not a reason to use restraints.
- *A disoriented patient may see the rails as a barrier to be climbed over or may attempt to wiggle through split rails or to the end of the bed to exit the bed. As a result, this patient may have an increased risk for a fall or other injury by attempting to exit the bed with the side rails raised. The*

risk presented by side rail use should be weighed against the risk presented by the patient's behavior as ascertained through individualized assessment.

- Raising fewer than four side rails when the bed has more than two side rails would not necessarily immobilize or reduce the ability of a patient to move.
- Devices that serve multiple purposes such as Geri chair or side rails, when they have the effect of restricting a patient's movement and cannot be easily removed by the patient constitute a restraint.

A functional definition does not name each device and situation that can be used to inhibit an individual's movement and promotes looking at situations on a case-by-case basis. Therefore, if the effect of using an object fits the definition of restraint for that patient at that time, then for that patient at that time, the device is a restraint.

Regardless of whether a restraint is voluntarily or involuntarily, this standard applies. A request from a patient or family member for the application of a restraint which they would consider to be beneficial is not a sufficient basis for the use of a restraint intervention.

Exemptions from requirements of the restraint or seclusion standards include:

- The use of handcuffs or other restrictive devices applied by law enforcement officials who are not employed by or contracted by Sierra Vista Hospital when the use of such devices is for custody, detention, and public safety reasons, and is not involved in the provision of health care. The application, monitoring and removal of forensic devices are the responsibility of the law enforcement officers. Sierra Vista Hospital and its staff are responsible for providing safe and appropriate care to the patient.
- A voluntary mechanical support is used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be possible without use of such a mechanical support. Some patients lack the ability to walk without the use of leg braces, to sit upright without neck head or back braces.
- A medically necessary and voluntary positioning or securing device used to maintain the position, limit mobility, or temporarily immobilize during medical, dental, diagnostic, or surgical procedures is not considered a restraint.
- **Physically holding a patient during a forced psychotropic medication procedure is considered physical restraint and is not included in this exception.**
- Recovery from anesthesia that occurs when the patient is in the intensive care unit or recovery room is considered part of the surgical procedure; therefore, medically necessary restraint use in this setting would not need to meet the requirements of this standard. However, if the intervention is maintained when the patient is transferred to another unit or recovers from the effects of the anesthesia (whichever occurs first), a restraint order would be necessary, and the requirements of the stand(s) must be followed.

NO order, including PRN orders will be accepted for drugs or medications that will be used as restraints.

The standard is not intended to interfere with the clinical treatment of patients who need medication in appropriate doses that are standard medical or psychiatric treatment for the patient's condition.

Medications such as the following are not considered restraints when based on the assessed needs of the particular patient with careful monitoring to minimize adverse effects.

- Therapeutic doses of psychotropic medication for patients who are suffering from serious mental illness to improve their level of functioning so that they can more actively participate I their treatment.

- Therapeutic doses of anti-anxiety medications to calm the patient who is anxious.
- Appropriate doses of sleeping medication prescribed to treat insomnia.
- Appropriate doses of analgesic medication ordered for pain management.

Therefore, a notation that certain medications are a standard treatment for a patient's medical or psychiatric conditions and are not subject to the requirements of the restraint standard is acceptable in the following circumstances:

- The medication is used within the pharmaceutical parameters approved by the Food and Drug Administration (FDA) and the manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters.
- The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association.
- The use of the medication to treat a specific patient's clinical condition is based on that patient's symptoms, overall clinical situation, and on the physician's or other LIP's knowledge of that patient's expected and actual response to the medication.

An additional component of "standard treatment" for a medication is the expectation that the standard use of a medication to treat the patient's condition enables the patient to function in the world effectively or appropriately around them than would be possible without the use of the medication. If the overall effect of a medication is to reduce the patient's ability to interact with the world effectively or appropriately around the patient, then the medication is not being used as a standard treatment for the patient's condition.

Seclusion

Seclusion can only be used in emergency situations if needed to ensure the immediate safety of the patient exhibiting violent or self-destructive behavior (and others) and less restrictive interventions have been determined to be ineffective.

A situation where a patient is restricted to a room or area alone and staff are physically intervening to prevent the patient from leaving the room or area is also considered seclusion. When the patient is in seclusion, the judgment to remove the patient from seclusion is made by the clinicians that is, an agitated patient may feel that he or she would be released, even though the patient's behavior continues to be violent or self-destructive.

In a therapeutic time out, the staff and patient collaboratively determine when the patient has regained self-control and is able to return to the treatment milieu would not be considered seclusion.

Restraint or seclusion must not be used unless it is to meet the patient's individual clinical needs. The uses of restraint or seclusion should be discontinued as soon as possible.

Restraint use associated with non-violent or non-self-destructive behavior may be indicated, but only when it directly supports medical healing.

When a patient's violent or self-destructive behavior presents an immediate danger to the patient or others, immediate action is needed. While staff should be mindful of using the least intrusive intervention, it is critical that staff considers all interventions available to them and that the intervention selected be effective in protecting the patient or others from harm.

A patient may experience a severe medication reaction that causes him or her to become violent or a patient may be withdrawing from alcohol and having delirium tremors (DTs). The patient is agitated, combative, verbally abusive, and attempting to hit staff. Regardless of facility type, such emergencies generally pose a

significant risk for patients and others. For the safety of the patient and others, the use of restraint or seclusion may be necessary to manage the patient's violent or self-destructive behavior that jeopardize the immediate physical safety of the patient, a staff member, or others when less restrictive interventions have been determined to be ineffective to protect the patient, staff, or others from harm. **It is not targeted only at patients on psychiatric units or those with behavioral/mental health care needs. The patient protections contained in this standard apply to all patients when the use of restraint or seclusion becomes necessary.**

The use of restraint or seclusion is a last resort when alternatives or less restrictive measures have been determined ineffective to protect the patient or others from harm, not a standard response to a behavior or patient's need.

Further, the decision to use a restraint is implemented following a comprehensive individual assessment that concludes that for this patient currently, the use of less intrusive measures pose a greater risk than the risk of using a restraint or seclusion.

Comprehensive assessment should include a physical assessment to identify medical problems that may be causing behavior changes in the patient. For example, temperature elevations, hypoxia, hypoglycemia, electrolyte imbalances, drug interactions, and drug side effects can cause confusion, agitation, and combative behaviors. Addressing these medical issues can often eliminate or minimize the need for the use of restraints.

The use of a restraint or seclusion intervention is documented in the patient's plan of care or treatment plan based on an assessment and evaluation of the patient.
The plan of care should be reviewed and updated in writing upon placing the restraint and during any change in restraint type or use. The plan should reflect an individualized approach that is in the best interest of the patient and promotes the patient's health, safety, dignity, self-respect, and self-worth.

The risks associated with any intervention must be considered within the context of an ongoing process of assessment, intervention, evaluation, and re-evaluation.
The use of restraint or seclusion interventions must never act as a barrier to the provision of safe and appropriate care, treatments, and other interventions to meet the needs of the patient.

Order for Restraint or Seclusion

The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient and is authorized to order restraint or seclusion by State law, within the individual's scope of license and consistent with the granted clinical privileges.

An order for restraint or seclusion must be obtained prior to the application of restraints, except in emergency situations when the need for intervention may occur quickly.

Restraint or seclusion requires physician's order.
The order must describe specific reasons for restraints.
The patient's needs including hygiene, elimination, ROM, neurovascular/circulatory (as appropriate) shall be addressed at least every 2 hours, except when a patient is sleeping, and the patient will be instructed to call for any needs.
The call light will be within reach.

An order for restraint or seclusion is never to be written as a standing order or on an as needed basis (PRN).

Preparing for Restraints:

1. A clinical assessment of the patient is required prior to instituting any restraint. The assessment shall be documented in the medical record and contain the rationale for the use of the restraint, documentation that such an intervention is clinically indicated, and less restrictive interventions that were attempted.
2. All orders for restraints shall be time limited but does not extend beyond 24 hours, at which time the provider must review patient and renew the order.
3. The order must include the type of restraint to be used, the reason for the restraint and the length of time that the restraint is to be used.
4. The implementation of a time limited order for restraint does not require application of the intervention for the entire period if the patient demonstrates a reduction in the behavior that led to his/her being placed in restraint. Should the patient's behavior escalate again after an early release from restraint and if the medical record clearly describes that the escalating behavior is part of the same episode that prompted the initial order, staff may utilize restraints without a new order. This assumes the total time does not exceed the length of time contained in the physician's original order.
5. The patient in restraints shall be observed at least every 15 minutes with detailed documentation. The exact time interval of observations may be more frequent or one-on-one and shall be determined by the clinical condition of the patient.
6. Each patient in restraints shall be assessed and evaluated by a trained RN/LPN at least every two (2) hours, except when a patient is sleeping. At the time of the patient assessment and evaluation, the clinical staff member shall document the patient's clinical condition, condition of limbs, and attention shall be given to the patient's needs including hydration, elimination and nutrition. A report of the clinical evaluation shall be recorded in the Nurse Notes. **All restraints shall be released at least every two hours and ROM performed on each extremity. Document the assessment of these extremities along with ROM performed.**
7. Documentation will be done on the provided Restraint Record in all nursing areas along with documentation on the Restraint Log in that unit. All patient records will be kept with their chart when discharged. **Upon initiating restraints on any patient, the nurse will notify the House Supervisor, Clinical Supervisor or Chief Nursing Officer for full chart review.**

Applying Restraints:

1. Explain the restraint and the need for it to the patient and support persons.
2. Apply the restraint so the patient can move as freely as possible without defeating the purpose of the restraint.
3. Ensure that limb restraints are applied securely, but not tight enough to impede blood circulation to the extremity(ies).
4. Pad bony prominences before applying restraints to prevent skin abrasion.
5. Always tie limb restraints with knots that will not tighten when pulled, such as a clove hitch.
6. Tie the ends of a body restraint to the part of the bed that moves when the headrest is elevated, i.e., the mattress frame. Do not tie ends to the side rails or fixed frame of the bed.
7. Do not leave the patient unattended when a restraint is temporarily removed.
8. Immediately report any persistent reddening or broken areas under the restraint.
9. At first indication of pallor, cyanosis, cold skin, or patient complaint of tingling, pain or numbness, loosen the restraint and have patient exercise the limb to improve blood circulation to the area.
10. Apply restraints so that the patient can assume a normal anatomical position, e.g., with elbow flexed.
11. Provide emotional support by touching and talking to the patient.

12. Patients should be restrained with their heads slightly elevated to prevent aspiration.
13. Three side rails should be up when restraints are used.
14. When transporting a patient on a stretcher, all rails should be up.
15. Infants, small children, and confused or disoriented patients should never be left alone. Parent, relative, sitter, or assigned nursing personnel should remain with the patient as necessary.
16. Restraints should be easy to change, especially if the chance of it becoming soiled is great.
17. The restraint should be safe for the patient.
18. Never restrain a person who is unable to protect their own airway in a supine position; drunk or otherwise impaired.

Documentation in the Medical Record

1. Documentation describing the patient's behavior and the intervention used will be placed in the medical record.
2. Alternatives and other less restrictive interventions attempted (as applicable) will be noted in the patient's medical record.
3. The patient's condition or symptom(s) that warrant the use of the restraint or seclusion should be documented in the patient's medical record.
4. The patient's response to the intervention(s) used, including the rationale for continued use of the interventions will be noted in the patient's medical record at least every shift.
5. Monitoring every 15 minutes and activities assessments including ROM activities will be noted in the patient's medical record using the 24-Hour Restraint Flow sheet (F-280-03-024-01 and F-280-03-024-02).
6. Written modification of the patient's plan of care based on an assessment and evaluation of the patient will be noted in the patient's medical record.
7. The plan of care will be initiated during the shift in which restraint or seclusion is initially placed and reviewed/updated each shift thereafter until discontinued.
8. Any Death associated with restraint or seclusion use will be **reported immediately** to Administration and then reported to CMS by the Chief Nursing Officer or designee.
9. The primary nurse or house supervisor will evaluate restraint compliance documentation. A restraint log will be used to document the patient's restraint. This does not replace documentation within the medical record.

Quality Monitoring

1. The use of restraint and seclusion is to be monitored and evaluated on a continual basis by the Nursing Department and reported to the Sierra Vista Hospital Quality Committee.
2. Evidence of prolonged restraint or actions taken to reduce or eliminate the use of restraints, as defined by policy, will be analyzed by the Interdisciplinary Team when necessary.

Staff Training Requirements

1. The staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion.
2. Training will occur before performing any actions, as part of new hire orientation, and subsequently on an annual basis.
3. Training will include the following but is **not limited** to the outlined areas below:
    a. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion.

b. The use of non-physical intervention skills, including de-escalation and dealing with aggressive behavior.
c. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.
d. The safe application and use of all types of restraint or seclusion used at Sierra Vista Hospital, including training in how to recognize and respond to signs of physical and psychological distress.
e. Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
f. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, (including but not limited to, respiratory and circulatory status, skin integrity, vital signs).
g. Documentation requirements for staff taking care of a patient that is in restraint or seclusion.

4. At minimum, all staff working in patient care areas, security, maintenance, physicians, and Licensed independent practitioners authorized to order restraint or seclusion by State law and in accordance with hospital credentials and bylaws. These individuals will first complete the outlined restraint and seclusion training.
5. The House Supervisors, Clinical Supervisor or Unit Educator will provide training to the appropriate staff.
6. All training will be documented in the staff personnel records that the training and demonstration of competency were successfully completed.
7. Providers that perform face-to-face evaluations of patients that exhibit violent or self-destructive behaviors are trained in evaluation and documentation to include:
   a. The patient's immediate situation.
   b. Patients' reaction to intervention; the patient's medical and behavioral condition including a review of systems, patient history, medications, and lab results; and
   c. The need to continue or terminate the restraint or seclusion.

Report of Death

1. Sierra Vista Hospital will report deaths associated with the use of restraint or seclusion to the Chief Nursing Officer or designee **immediately**.
2. Sierra Vista Hospital will report deaths that occur within 24 hours of removal from restraint/seclusion or where it is reasonable to assume that a restraint or seclusion contributed to a patient's death to the Chief Nursing Officer or designee **immediately**.

REFERRENCE(S):

Form(s): #F-280-03-024-01 and F-280-03-024-02

Associated Policies: Swing Bed Restraints Policy # 160-1-034

SIERRA VISTA HOSPITAL

HUMAN RESOURCES BOARD REPORT

August 2023

CRITICAL RECRUITMENT:

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

KEY VACANCIES:

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

PRIORITY OF EFFORT:

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

Human Resource Trends Snapshot:

8 new or rehires to date
11 terminations to date
198 beginning of July 2023
209 current staff

Turnover Rate Q4

2.4%

PEOPLE:

July New Hires – 4

FY23 Total - 8

- FT Nurse Practitioner – Clinic (Walk-in)
- FT Medical Assistant – Clinic
- (2) FT Registration Clerk – Business Office

KEY INITIATIES:

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

- **PEOPLE:**
- **July Terminations – 5**

- **FY23 Total - 11**

- Involuntary – 5
- FT – Maintenance Supervisor – Position Eliminated
- FT – Unit Clerk/ED Tech – Policy Violations

- Voluntary – 6
- FT – RN– Relocation (Supervisory Position)
- FT – Physician – Illness
- FT – Housekeeper– Illness

FINANCIAL IMPACTS:

- 3% cost-of-living adjustment for employees.
- Reorganization will reduce human capital costs.
- We are planning to on-board two (2) additional professional staff positions in the month of August.

Contract Staff – 8

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

Travel Staff – 16

- Nursing – 13
- LCSW – 1
- Medical Assistant – 2

Respectfully Submitted,

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

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

August 11, 2023

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

80001 – Insurance Pre-authorization Specialist – 1 full-time position (open date 8/11/2023)
SVH Pre-authorization Specialists communicate directly with insurance carriers to verify patients' insurance eligibility, benefits, and requirements to facilitate patient care. Their primary duties involve submitting required documents, collaborating by phone and email, requesting pre-authorizations, conducting necessary follow-up, and securing final prior-authorizations prior to medical services being performed. After pre-authorizations are obtained from insurance carriers the specialists accurately input and document information to facilitate the billing and reimbursement process.

64301 – Coding and Billing Support Specialist – 1 full-time position (open date 8/9/2023)
SVH Coding and Billing Support Specialists conduct diagnostic review and evaluation of medical documentation. Following thorough review, the specialists are responsible for assigning diagnostic and procedural codes to ensure accurate billing for services rendered. These codes enable the billing and reimbursement process and are used to analyze health data. Further, CBS2 team members organize and protect patient health information by ensuring accuracy, limited accessibility, and security. CBS2 workers use various coding classification methodologies and function under strict ethical and legal standards.

74101 – Housekeeper – 1 Full-time position (open date 7/21/2023) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

04001 – Ultrasound Technologist – 1 full-time position (open date 7/12/2023) Performs two dimensional ultrasonic recordings of internal organs for the diagnosis of disease and study of the malfunction of organs. Participates in OPI activities.

85201 – Assistant to the CNO/Quality Director – 1 full-time position (open date 6/20/2023)
The Administrative Assistant to the Chief Nursing Officer (CNO) and Quality Initiatives provides primary support regarding nursing administration and development of the SVH quality program to ensure a culture of quality and compliance. Critical duties include drafting staff memorandums, data extraction and collection, drafting correspondence, conducting outreach to nursing organizations as directed by the CNO, and supporting the Director of Quality with analysis as well as the creation and presentation of information. The incumbent must learn and understand regulatory requirements and ensure compliance with state, federal, TJC standards, and CMS conditions of participation. Must be detail and deadline oriented, able to simultaneously manage multiple tasks, and ensure accuracy in documentation. Collaborates daily with the CNO and Director of Quality. Routinely communicates with Senior Administration and department managers to promote an efficient administrative environment. Displays a positive attitude, projects professionalism, and maintains a calm demeanor in all interactions to foster a climate of cooperation and contribute to the overall success of the organization.

800 East 9th Avenue
Truth or Consequences, NM 87901

Phone: 575-894-2111 Ext 230
Fax: 575-894-7659

07002 – Cook-Aide – 1 Full-time position (open date 6/16/2023) 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.

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.)

05002 – **Speech Language Pathologist – 1 Part-time position (open date 6/13/2023)** Responsible for administration and direct application of speech/language pathology treatment modalities as prescribed by a referring physician. Evaluates, plans, directs, and treats all patients referred to speech/language. Pathology treatments to restore function and prevent disability following disease or injury. Assists patients to obtain maximum performance and function in society while learning to live a routine "normal" life within the constraints of their disability.

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.

95301 – Medical Assistant - 1 Full Time Position (open date 6/10/2023) 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.

10202 – Med/Surg LPN – 1 Full-time position (open date 5/1/2023) 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.

65502 – Security Guard –1 Part-time Position (open date 4/25/2023) 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.

07001 – Entry Level Dietary Aide – 1 Part-time position (open date 3/10/2023) 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.

18602- Community EMT – 1 Part-time positions (open date 1/26/2023) Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

81801 – Information Systems Manager – 1 Full Time Position (open date 1/20/2023) Responsible for the planning, organizing, and directing of functions of the Communication and Information Management Services Department of the facility. Resolves complex organizational and technological problems. Oversees the department and the annual budget. Follows the facility's policies and procedures, local, state, and federal regulations.

18601 – EMT- 1 Full Time Position (open date 12/28/2022) Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

17503 – Certified SPD/ ENDO Tech – 1 Full Time Position (open date 12/2/2022) Responsible for the processing and sterilization of supplies, equipment and instruments used by the operating room, following established infection control practices. Delivers equipment/instruments/supplies to the operating room as needed. Participates in the department's performance improvement activities. Cleans GI scopes and stores appropriately.

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.

18510201 - Registered Nurses (RN's) – Full time and PRN Day and night positions **Med/Surg and ED.** Provides direct and indirect patient care in the ambulatory care setting. Provides care that reflects initiative, flexibility, and responsibility indicative of professional expectation with a minimum of supervision. Determines priorities of care based on physical and psychosocial needs, as well as factors influencing patient flow through the system. Communicates with physicians about changes in patient's status, symptomatology, and results of diagnostic studies. Can respond quickly and accurately to changes in condition or response to treatment.

CNO Report August 2023

ANNOUNCEMENT

- We submitted 2 individuals for New Mexico Hospital Association community awards, one has been selected to present
- We will participate in the New Mexico Hospital Association quality awards with our urinary catheter day reduction project

Medical/Surgical

- IT 1 completed on track for November Go Live
- July slow month for admissions (19)
- Case Management is contacting all hospitals when we transfer a patient out to bring patient to SVH if the patient needs skilled nursing, we transferred 54 patients in July

Emergency Department

- IT 1 completed on track for November Go Live
- 712 visits, average 22 a day

EMS/Community Health

- ALICE online training going well, due date for all is August 31, 2023, will plan for mock incident once adequate staff are trained
- Over 600 responses (ACLS, BLS runs, 911 calls and transfers)
- 307 transitional care management contacts

Surgery

- 12 patients with 17 procedures
- Surgical clinic visits averaging 18 a week

Cardiopulmonary

- Sleep Study available for home or overnight at the hospital
- Evaluation for home oxygen needs and pulmonary function testing available for outpatient

Trauma

- 87 Trauma calls in July
- Pending survey, charts ready, information booklets ready, team ready

CEO Report

Frank Corcoran

08-15-23

1. **Behavioral Health Project Update:** Interviewing two candidates for the BHNP position. Clinical Psychologist contract pending approval.
2. **RHC Update/Provider Recruitment:** Walk-In-Clinic set to open September 6th Wed-Fri 11a-7p, Sat 8a-12 noon. Cardiology extending to 3 days a month and planning to start Stress testing and Pacemaker Clinic.
3. **EOC update:** In the process of installing the new Generator This week.
4. **Tele-med Update:** Exploring adding additional services such as Infectious Disease, Endocrine, Pulmonology, and Hematology.
5. **IT System Replacement & Support Services Update:** Testing began this week and will continue till October. Go – Live on track for first week on November.
6. **Rural Health Care Delivery Fund (SB7):** Applying for expansion of services funding for Surgery- Pain, Wound Care, Community EMS, Tele-Medicine. The fund off sets operational loss for up to 3 years for new or expanded services.