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*\*Budget revision FY2024 and Budget FY2025 will be handed out at the meeting.*

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

***High quality for every patient, every day.***

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

**July 30, 2024**

**12:00pm**

**Elephant Butte Lake RV  
Event Center**

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

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

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

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

**TIME OF MEETING:** 12:00pm

**PURPOSE:** Regular /Annual Meeting

**COUNTY**

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

**ELEPHANT BUTTE**

Katharine Elverum, Member  
Richard Holcomb, Member

**CITY**

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

**EX-OFFICIO**

Frank Corcoran, CEO  
Amanda Cardona, VCW  
Janet Porter-Carrejo, City Manager, EB  
Amber Vaughn, County Manager  
Angie Gonzales, City Manager, TorC  
Jim Paxon, JPC Chair

**VILLAGE of WILLIAMSBURG**

Amanda Cardona, Interim

**SUPPORT STAFF:**

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

**Ovation:**

Erika Sundrud  
David Perry

<b>AGENDA ITEMS</b>	<b>PRESENTER</b>	<b>ACTION REQUIRED</b>
1. <b>Call to Order</b>	Bruce Swingle, Chairperson	
2. <b>Pledge of Allegiance</b>	Bruce Swingle, Chairperson	
3. <b>Roll Call</b>	Jennifer Burns	Quorum Determination
4. <b>Approval of Agenda</b>	Bruce Swingle, Chairperson	Amend/Action
<b>“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”</b>		
5. <b>Approval of minutes</b> A. June 25, 2024 Regular Meeting	Bruce Swingle, Chairperson	Amend/Action
6. <b>Public Input – 3-minute limit</b>		Information
7. <b>Old Business-</b> A. Board Member Code of Conduct 1. Code of Conduct Policy Revision	Bruce Swingle, Chairperson Bylaws Committee	Discussion/Action
8. <b>New Business-</b> A. Election of Officers 1. Chairperson 2. Vice Chairperson 3. Secretary B. Secretaries report on Conflict of Interest Statement C. Member Attendance Report D. Resolutions 1. Resolution 24-105 Nondiscrimination English & Spanish 2. Resolution 24-106 Open Meetings 3. Resolution 24-107 Public Records	Bruce Swingle, Chairperson    Jennifer Burns  Jennifer Burns Chairperson	Action    Report/Action  Report/Action Report/Action  Report/Action  Report/Action
9. <b>Finance Committee- Kathi Pape, Chairperson</b> A. June Financial Report B. Fourth Quarter financial review 1. Resolution 24-110 C. Budget Revision FY2024 1. Resolution 24-103 D. Budget FY2025 1. Resolution 24-104	Ming Huang, CFO Ming Huang, CFO Ming Huang, CFO Ming Huang, CFO Ming Huang, CFO Ming Huang, CFO Ming Huang, CFO	Report/Action Report/Action Report/Action Report/Action Report/Action Report/Action Report/Action

**10. Board Quality- Shawnee Williams, Acting Chairperson**

**A. Med Staff**

**1. Policy Review**

Sheila Adams, CNO

Action

- Screening, Brief Intervention and Referral to Treatment (SBIRT) Policy #280-01-135
- Care Coordination Policy #280-01-136
- Emergency Referral Services Policy #185-01-153

**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

**Temporary to Provisional:**

Karl Unkenholz, MD (ESS)

Don L. Marketto, DO (Anesthesiology)

Jeffery Joyce, MD (Anesthesiology)

**RadPartners Delegated Initial:**

Kenneth W. Bryant, MD

**RadPartners Delegated Reappointments:**

Jack M. Drew, MD

Charles L. Huang, MD

Nuha Krad, MD

**Terminations:**

RadPartners- Justin J. Boe, MD

RadPartners- Jared S. Isaacson, MD

**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. Master Facility Presentation

Mark Wade, DGI

B. Quarterly Compliance Report

Zachary Heard, Comp.

C. Annual Compliance Report to Board Members Only

Zachary Heard, Comp.

D. 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

**Temporary to Provisional:**

- Karl Unkenholz, MD (ESS)
- Don L. Marketto, DO (Anesthesiology)
- Jeffery Joyce, MD (Anesthesiology)

**RadPartners Delegated Initial:**

Kenneth W. Bryant, MD

**RadPartners Delegated Reappointments:**

- Jack M. Drew, MD
- Charles L. Huang, MD
- Nuha Krad, MD

**Terminations:**

- RadPartners- Justin J. Boe, MD
- RadPartners- Jared S. Isaacson, MD

**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. Master Facility Presentation

Report/Action

B. Quarterly Compliance Report

Report

C. Annual Compliance Report to Board Members Only

Report

D. Ovation Report to Board

Report

**14. Other**

Discussion

Next Regular Meeting- August 27, 2024

**15. Adjournment**

Action

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

**June 25, 2024**

**12:00pm**

**Elephant Butte Lake RV Resort  
Event Center**

1. The Governing Board of Sierra Vista Hospital met June 25, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:07.

**2. Pledge of Allegiance**

**3. Roll Call**

**GOVERNING BOARD -----**

**SIERRA COUNTY**

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

**ELEPHANT BUTTE**

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

**CITY OF T O R C**

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

**EX-OFFICIO**

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

**VILLAGE OF WILLIAMSBURG**

Amanda Cardona, **Interim**- Present

**STAFF**

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

**Guest:**

David Perry, **QHR** – Present  
Erika Sundrud, **QHR** – Present by phone

There is a quorum.

**4. Approval of Agenda**

Bruce Swingle, **Chairperson**

Kathi Pape motioned to approve the agenda. Katharine Elverum seconded. Motion carried unanimously.

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

**“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”** None

**5. Approval of minutes**

**A. May 28, 2024 Regular meeting minutes**

Kathi Pape motioned to approve the May 28, 2024 minutes. Serina Bartoo seconded. Motion carried unanimously.

**6. Public Input** – Dr. Walker handed out his business card to all board members and invited them to utilize his resources to keep the surgical momentum going.

**7. Old Business-**

**A. Governing Board Bylaw Revisions** - Bylaws Committee. Katharine Elverum stated that legal has reviewed the revisions made to the bylaws. Discussion was held regarding 2.5 Compensation, 2.6 Management and General Powers (f) and (o).

Jesus Baray motioned to approve the revisions to the bylaws. Kathi Pape seconded. Motion carried unanimously.

**B. Board Member Code of Conduct** - Bylaws Committee.

1. Code of Conduct Policy Revision - Tabled

**8. New Business-**

None

**9. Finance Committee- Kathi Pape, Chairperson**

**A. May Financial Report** - Ming Huang, CFO, directed board members to page FC4. We had 68 days cash on hand at the end of May which is equal to \$6,524,468. Accounts receivable net days were 68 and accounts payable days were 28. The net loss for May was (\$30,267) versus a budget net loss of (\$305,685).

Gross revenue was \$6,681,638 which is \$1,286,348 more than budget. Patient days were 126, 53 more than April. RHC visits were 855, 17 less than April and ER visits were 780, 87 more than April. Revenue deductions were \$3,776,418. Other operating revenue was \$303,334 which includes pharmacy 340B income of \$201,683. Non-operating revenue was \$234,113. Hospital operating expenses for May were \$3,055,987. Salaries were over budget by \$63,530.

EBITDA for May was \$394,181 versus a budget of \$111,566. Year to date EBITDA is \$783,655 versus a budget of \$1,209,236. The bond coverage ratio was -17% versus an expected ratio of 130%.

David Perry stated that we are at \$8 million in billing for June so far and it will likely reach \$9.75 million by the end of the month. We are catching up with the billing and the issues with Cerner. We expect to convert this billing to cash in the amount of \$4.5 to \$5 million by the end of July. This will make up for the slow months and get our days cash on hand back up to where it should be. Operations have been good and consistent; billing and collections is starting to catch up.

Kathi Pape pointed out that our gross patient revenue was \$6.7 million in May which is the highest it's ever been.

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

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

**10. Board Quality- Shawnee Williams**

**A. Med Staff –**

No Open Session Reports

**11. Administrative Reports**

**A. Human Resources** - LJ Baker, HR Director. We have made significant strides in filling positions. There were three new hires in May: two in the radiology department. Nurses and CNAs remain a challenge for us. Contract staff remains stable. Key initiatives include behavioral health services capability, paid internship program and political outreach.

LJ presented a draft of the scholarship programs for SVH staff and HSHS graduates. These programs are in the development stage at this time.

We put a donation box in our front lobby for the victims/ evacuees and fire fighters of the Ruidoso fires. Our EMS is making the first delivery today.

**B. Nursing Services** - Sheila Adams, CNO. We will have the capability to increase sleep studies to four days per week which equals eight patients per week with the addition of our new tech. Our trauma survey is still scheduled for July, and we received our trauma grant in the amount of \$58,887. Our EMS and Community EMS are doing very well. Surgery will resume when we have anesthesia in place. We continue to work on our CNA program and await approval from the state.

**C. CEO Report** - Frank Corcoran, CEO, reported that Dr. Andres Diocares will be joining us in August. Our behavioral health nurse practitioners will be seeing patients at the VA one day per week. As David reported earlier, we are improving with Cerner and our DNFB, which are bills that have not been sent out yet. The amount has come down from \$4 million to \$1.7 million as of last week. Normally, the daily amount is around \$1.2 million. We will start seeing the cash come back in. We meet everyday to review the DNFB and make sure that we are getting claims out the door for collections.

Med-Malpractice and the Anesthesia group will be discussed in closed session.

The strategic planning meeting held in Taos June 12-14 focused on lobbying for med-malpractice legislation reform, lobbying against nurse patient ratios and lobbying to change the mergers and acquisitions act which went into law for 1-year last session.

SB 17 is now called HDAA and is currently in the approval process with CMS. SB 161 provides \$2.7 million over the next two years in direct funds to SVH. The state is contracting with a third party to administer the funds and monitor the project. The law goes into effect on July 1<sup>st</sup>.

We will be conducting a mock Joint Commission survey with Ovation in September or October.

**D. Governing Board** - Bruce Swingle, Chairperson, presented to Richard Holcomb his framed certificate of completion of Board Essentials 101.

Bruce shared his experience and thoughts on the strategic planning/ Board Education event in Taos. Our pro-healthcare legislators stated that the challenges that we face are two-fold with respect to the high cost of insurance. One, when a healthcare facility "messes up" they want the hospital to pay for it. If you harm somebody there were reasonable damages available. With the change in legislation those damages increased significantly. Second, the legislators don't believe that we are having a hard time getting insurance. They don't believe that healthcare facilities are having a hard time and that the cost has gone up that much. Last year we reached out to 19 companies and received one quote. This year we reached out to 22 companies, and we received one quote.

The nurse patient ratio legislation is clearly unions pushing their agenda.



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

Regarding mergers and acquisitions, the superintendent of insurance has no expertise in healthcare. This is way beyond the scope of what that office is chartered to do. Mergers and acquisitions will create barriers with companies that want to come to New Mexico.

Officer elections will be held at the regular/ annual meeting in July.

**Motion to Close Meeting:**

Kathy Elverum motioned to close the meeting to discuss the following items. Kathi Page 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. Anesthesia Contract

Frank Corcoran

B. Pulmonologist Contract

Frank Corcoran

C. Privileges

Frank Corcoran

**Temporary to Provisional-**

Matthew Peters, CNP (Hospitalist)

Howard Ng, MD (ESS)

**Initial Delegated RadPartners-**

Kailash Sundareshan Amruthur, MD

Jorge Alberto Ramirez, MD

**RadPartners Delegated Reappointment-**

Sunthosh P. Madireddi, MD

Tony Yeaung Maung, MD

**Terms-**

Angela Fietze, CRNA

Cassandra Groves, CRNA

Brian Evans, MD RadPartners

Pejman Firouztale, 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. General Insurance Package including Medical Malpractice Frank Corcoran

B. Master Facility Plan Update Frank Corcoran

C. Board Education Lisa Boston

D. Ovation Report to Board Erika Sundrud

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

**Roll Call vote to Close Meeting:**

Kathi Pape – Y	Shawnee Williams – Y	Bruce Swingle – Y
Amanda Cardona (interim) – Y	Katharine Elverum – Y	Serina Bartoo – Y
Richard Holcomb – Y	Jesus Baray - Y	

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

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

**A. Anesthesia Contract**

Katharine Elverum motioned to approve the Anesthesia Contract as presented. Richard Holcomb seconded. Motion carried unanimously.

**B. Pulmonologist Contract**

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

**C. Privileges**

**Temporary to Provisional-**

Matthew Peters, CNP (Hospitalist)  
Howard Ng, MD (ESS)

**Initial Delegated RadPartners-**

Kailash Sundareshan Amruthur, MD  
Jorge Alberto Ramirez, MD

**RadPartners Delegated Reappointment-**

Sunthosh P. Madireddi, MD  
Tony Yeaung Maung, MD

**Terms-**

Angela Fietze, CRNA  
Cassandra Groves, CRNA  
Brian Evans, MD RadPartners  
Pejman Firouztale, MD RadPartners

Katharine Elverum motioned to approve all privileges listed above. Kathi Pape seconded. Motion carried unanimously.

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

**A. Risk Report - No action**

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

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

A. General Insurance Package including Medical Malpractice-

Kathi Pape motioned to accept the General Insurance and Medical Malpractice proposal as presented. Serina Bartoo seconded. Motion carried unanimously.

B. Master Facility Plan Update – No Action

C. Board Education – No Action

D. Ovation Report to Board – No Action

**14. Other**

The next Regular/ Annual Meeting will be held on Tuesday, July 30, 2024. Finance Committee will be held on Tuesday, July 30 at 11:00 and Board Quality will be held on July 29 at 10:00.

**15. Adjournment**

Kathi Pape motioned to adjourn. Jesus Baray seconded. Motion carried unanimously.

\_\_\_\_\_  
Jennifer Burns, Recording Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bruce Swingle, Chairperson

\_\_\_\_\_  
Date



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Governing Board

**Original Policy Date:** 6/2024

**SUBJECT:** Code of Conduct

**Review:** 2025 \_\_\_\_\_ 2026 \_\_\_\_\_ 2027 \_\_\_\_\_

**Last Revised:**

**APPROVED BY:**

**Manager:** Bruce Swingle, Board Chairperson

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**POLICY:** It shall be the Policy of Sierra Vista Hospital to provide Code of Conduct to members of the Governing Board each year for signatures and to be filed at Sierra Vista Hospital.

**PURPOSE:** To assure that members of the Governing Board assume the duty of placing the welfare of Sierra Vista Hospital above all other consideration in anything that affects Sierra Vista Hospital. When the welfare of the hospital is affected, the members should give the hospital undivided loyalty and strictly follow the Code of Conduct at all times.

**PROCEDURE:**

- (a) Each new board member of the hospital, by the end of their first meeting, shall submit a signed copy of the Code of Conduct to the Governing Board Secretary.
- (b) If it should come to the attention of the Governing Board that a member is violating the Code of Conduct, an item shall be placed on the agenda for Executive Session to review the allegations.
  - (b.1) After reviewing the allegations, a poll can be taken to initiate the censure process. If the board fails to agree in the affirmative, the matter is dropped.
  - (b.2) Should the board agree to consider censuring, a letter will be sent to the member outlining the allegations and violations. It will be stated in the letter to submit their position within fifteen (15) days to the Board Chair. A hearing will be held at the next regular board meeting, or special meeting where they can present their side. The item shall be placed on the agenda for Executive Session.
- (c) If the member fails to respond, a vote shall be taken by the Governing Board to censure in open session. The minutes shall identify each board member present for discussion concerning the Code of Conduct and their vote on the matter and shall describe the content of the discussion.
- (d) If the matter is the item of business during a meeting of the board, the affected board member shall not be counted to establish a quorum, nor shall such board member participate in the deliberations or vote on it.
- (e) A letter shall be sent to the appointing entity, notifying them of censure.

## SIERRA VISTA HOSPITAL

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- (g) Code of Conduct, Bylaws and Article 2 2.2-2.3 shall be circulated to members of the Governing Board annually and returned by the next Governing Board meeting.

Form: F-850-01-024 Code of Conduct



## Governing Board Member Pledge

### Code of Conduct

Governance excellence is the life blood of a high-quality board of directors. It is vital that each board member takes their responsibilities seriously and pledges their best efforts to follow this code of conduct.

In pursuit of governance excellence, I will:

- A. Refrain from micromanagement and focus on strategic leadership and policy that includes the long-term vision and mission, not on administrative and operational detail. I will respect distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of the staff and maintains the proper lines of accountability. I will not discuss significant operational concerns or issues with employees or members of the medical staff. I will direct employees to their immediate supervisor and/ or the HR Director and report the encounter to the Board Chair. I understand that failing to adhere to these conditions may result in the loss of my protection under the Directors and Officers liability insurance which covers defense costs, settlements and judgements that may arise out of lawsuits or wrongful act allegations brought against Sierra Vista Hospital.
- B. Recognize all power of the board is a joint and collective power which only exists when the board is acting together as one body and that I have no power or authority acting individually outside of my vote.
- C. Attend board and committee meetings regularly and come prepared to fully discuss and deliberate all matters important to the business of the board.
- D. Listen carefully to my fellow board members and be willing to consider all points of view during board discussion.

- E. Share my point of view, do not dominate discussions, be respectful and courteous in debate, but do not shy away from difficult or contentious issues. Participate in conflict resolution in a professional and transparent manner.
- F. Fully support the decisions of the majority once a decision has been reached, even if I am in the minority.
- G. Be inquisitive and ask any questions important to the discussions at hand. Strive to push the organization to continuous growth and excellence. Remain committed to compliance with laws and regulations, quality of patient care and financial sustainability. Challenge the status quo while recognizing and mediating any personal implicit or explicit biases.
- H. Keep board discussions in closed sessions confidential and use discretion in discussing sensitive issues outside of the boardroom.
- I. Take all opportunities to be a good ambassador for the hospital and advocate on behalf of the hospital in matters of important public policy issues and encourage philanthropic support that would advance the mission of the hospital. Remain diligent in assessing access to healthcare equality.
- J. Be a continuous learner and look for opportunities to stay abreast of current topics and trends in healthcare delivery and policy.
- K. Follow the conflict-of-interest policies and practices of the hospital. Take the initiative to recuse myself from discussions and activities that may be a perceived or actual conflict of interest.
- L. Conduct myself in an ethical, moral, and legal manner always.
- M. Celebrate the success of the hospital and the role I play in its mission!

I understand that the elements listed above is not an exhaustive list of attributes to achieve Governance Excellence.

I further understand that my failure to abide by the expectations of the Governing Board Code of Conduct is contradictory to my inherent fiduciary duties of care, loyalty, and obedience. In this case, the Governing Board may initiate the process.

Signed: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD  
CONFLICT OF INTEREST STATEMENT**

The Governing Board of Sierra Vista Hospital desires to address the issue of Conflict of Interest without unnecessarily restricting the voting privileges of the Governing Board; therefore, by becoming a Governing Board Member of Sierra Vista Hospital, a Member assumes the duty of placing the welfare of Sierra Vista Hospital above all other considerations in anything that affects it. The Member should give the hospital undivided loyalty. When this loyalty conflicts with his/her own self-interest, he/she must not participate in any decisions on that issue. Governing Board Members may not agree to exercise their official duties for the benefit of any individual or interest other than the hospital itself.

I acknowledge that I have read and will abide by the above Conflict of Interest Statement, and as described in Article 3, 3.1 Conflicts of Interest of the SIERRA VISTA HOSPITAL BYLAWS.

1. List all business or other organizations in which you or your immediate family members participate in that may cause a conflict of interest now or in the futures as a Sierra Vista Governing Board Member.  
NONE ( )

- |           |           |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

2. Are you or your immediate family members employed or contracted by Sierra Vista Hospital or any entity that is under the oversight of the Joint Powers Commission? NO ( ) YES ( ) Please provide the following information if you checked yes.

	<u>Name</u>	<u>Position</u>	<u>Employed or Contracted By</u>	<u>Relationship</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

3. To your knowledge, do you or any member of your immediate family have any conflict that prevents you from serving on this Board? NO ( ) YES ( ) Please explain if you checked yes.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SIERRA VISTA HOSPITAL  
GOVERNING BOARD  
CONFLICT OF INTEREST STATEMENT**

4. Are you or any member of your immediate family presently doing business with any entity that is under the oversight of the Joint Powers Commission/Governing Board either directly or indirectly? NO ( ) YES ( ) Please explain if you checked yes.

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5. Would you or any member of immediate family be impacted financially, either positively or negatively, as a result of your appointment to the Governing Board? NO ( ) YES ( ) Please explain if you checked yes.

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I swear that all responses given on this disclaimer are truthful to the best of my knowledge. I further swear that I know of nothing in my past, which could embarrass the Joint Powers Commission/Governing Board.

---

Governing Board Member Name

---

Date

**SIERRA VISTA HOSPITAL**  
**DEPARTMENT POLICIES AND PROCEDURES**

**Department:** Governing Board

**Original Policy Date:** 12/1994

**Subject:** Conflict of Interest

**Review:** 2021 GD 2022 GD 2023 BS

**Last Revised:** 6/16/22

**Approved By:** GB 7/25/23

**Manager:** Bruce Swingle, Board Chairman

**POLICY:**

It shall be the Policy of Sierra Vista Hospital to provide Conflict of Interest Statements to Members of The Governing Board in June of each year for signature and to be filed at Sierra Vista Hospital.

**PURPOSE:**

To assure that Members of the Governing Board assume the duty of placing the welfare of Sierra Vista Hospital above all other consideration in anything that affects Sierra Vista Hospital. When the welfare of the hospital is affected, and the interest of members of the Governing Board might conflict with the best interests of Sierra Vista Hospital, the member should give the hospital undivided loyalty and must not participate in a decision on that issue.

**PROCEDURE:**

- (a) Each new Board member of the Hospital, prior to taking a position on the Hospital Board, shall submit, in writing, to the Governing Board Secretary a list of all business or other organizations of which the Board Member has an interest, with which the Hospital has, or might reasonably in the future enter into, a relationship or a transaction in which the Board Member would have conflicting interests. Each written statement will be resubmitted annually with any necessary changes. The Secretary of the Board shall become familiar with the statements of all Board Members in order to guide the Chairperson's conduct, should a conflict arise. The Chairperson of the Board shall be familiar with the statements filed by the Secretary.
- (b) At such time as any matter comes before the Board in such a way to give rise to a potential conflict of interest, the affected Board Member shall make known the potential conflict, whether disclosed by the written conflict of interest statement or not. Should the matter be brought to a vote on the issue, the affected Board Member shall not vote on the issue.
- (c) Should a matter involving a potential conflict of interest be brought to a vote, the minutes shall identify each Board Member present for discussion concerning the conflict of interest and their vote on the matter and shall describe the content of the discussion.
- (d) If a matter comes before the Board, which might result in personal financial gain or loss to a Member of the Board, the Board may appoint a disinterested Member or committee to explore alternatives. If the Board approves the matter, the Board must find that the proposed transaction is

## SIERRA VISTA HOSPITAL

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in the best interest of the Hospital, that the proposed transaction is fair and reasonable to the Hospital and that the Hospital cannot obtain a more advantageous arrangement.

- (e) If the matter is the item of business for which a special meeting of the Board was called, the affected Board Member shall not be counted to establish a quorum, nor shall such Board Member participate in the deliberations or vote on it.
- (f) Conflict of Interest Statements, and Bylaws, Article 2 2.2 shall be circulated to Members of the Governing Board annually and returned by the next Governing Board Meeting.

Form: F-850-01-016-1-Conflicts of Interest

Attendance 23/24														
GOVERNING BOARD														
Member/ Date	7/25/23	08/22/23	9/26/23	10/24/23	12/5/23	1/23/24	2/7/24	2/27/24	3/14/24	3/19/24	4/30/24	5/28/24	6/25/24	
Meeting type	Annual	Regular	Regular	Regular	Regular	Regular	Special	Regular	Joint/ Spe	Regular	Regular	Regular	Regular	
Kathi Pape	100%	X	X	X	X	X	X	X	X	X	X	X	X	X
Serina Bartoo	85%	ABSENT	X	ABSENT	X	X	X	X	X	X	X	X	X	X
Shawnee Williams	100%	X	X	X	X	X	X	X BY PHONE	X	X	X	X	X	X
Bruce Swingle	100%	X	X	X	X	X	X	X	X	X	X	X	X	X
Jesus Baray	85%	X	X	X	X	ABSENT	X	X	ABSENT	X	X	X	X	X
Denise Addie		X	X	X BY PHONE	X BY PHONE	X	X	X BY PHONE	X BY PHONE	ABSENT	ABSENT	RESIGNED		
Katharine Elverum	100%	X	X	X	X	X	X	X	X	X	X	X	X	X
Greg D'Amour	92%	X	X	X	X	X	X	X	X	X	X	X	X	ABSENT
John Mascaro		X	X	X	X	X	ABSENT	X	ABSENT	ABSENT	ABSENT	REMOVED		
Richard Holcomb	100%	###	###	###	###	###	###	###	###	###	###	X	X	X
13 MEETINGS														



**SIERRA VISTA HOSPITAL GOVERNING BOARD  
NONDISCRIMINATION POLICY RESOLUTION No. 24-105  
2024/2025**

A Resolution providing for the Publishing of the Nondiscrimination Policy to comply with Title VI. of the Civil Rights Act of 1964 and its implementing regulation.

**BE IT RESOLVED** by the Governing Board of Sierra Vista Hospital the following Nondiscrimination Policy of Sierra Vista Hospital will be published as follows:

**NONDISCRIMINATION POLICY**

In accordance with Title VI., of the Civil Rights Act of 1964 and it's implementing regulation, Sierra Vista Hospital will not, directly or through contractual arrangements, discriminate on the basis of race, color, gender, creed, national origin, religion, sexual orientation, marital status, disability or source of payment in its admissions or its provision of services and benefits, including assignments or transfers or referrals to or from the agency/facility. Staff privileges (if appropriate), are granted without regard to race, color, gender or national origin.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, Sierra Vista Hospital will not, directly or through contractual arrangements, discriminate on the basis of disability in admissions, access, treatment or employment.

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Sierra Vista Hospital will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operations or the achievement of any statutory objective.

**PASSED AND APPROVED** this 30th day of July 2024.

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**Chairperson  
SVH Governing Board**

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**Secretary  
SVH Governing Board**

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**CEO  
SVH Administrator**



**SIERRA VISTA HOSPITAL GOVERNING BODY  
POLIZA ANTIDISCRIMINATORIA 24-105  
2024/2025**

De acuerdo con el artículo VI del código de Derechos Civiles de 1964 y el reglamento que pone esta ley en efecto, Sierra Vista Hospital no discriminara contra ninguna persona directamente o por entidades contratadas, por motivo de raza, color, genero, origen nacional, orientacion sexual, personal preferencia religiosa, estado social, al proveer servicios, beneficios o recomendaciones en relacion con esta entidad. Privilegios de los empleos (si son pertinentes) son dados sin discriminacion por raza, color, genero o origen nacional.

De acuerdo con la Seccion 504 de la ley de Rehabilitacion de 1973 y el reglamento que pone esta ley en efecto, Sierra Vista Hospital no discriminara contra ninguna persona directamente o por entidades contratadas, por tener algun impedimento o restriccion fisica, en la admision o acceso, tratamiento o empleo.

De acuerdo con el Acto contra la Discriminacion por Edad de 1975 y el reglamento poniendo dicha ley en efecto, Sierra Vista Hospital no discriminara contra ninguna persona directamente o por entidades contratadas por el hecho de tener cierta edad, a menos que la edad sea un factor necesario para la operacion normal o para

implementar esta ley.

PASADO Y APROVADO: July 30, 2024

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Chairperson  
SVH Governing Board

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Secretary  
SVH Governing Board

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CEO  
SVH Administrator



**SIERRA VISTA HOSPITAL GOVERNING BODY  
OPEN MEETINGS RESOLUTION No. 24-106**

A Resolution Providing for the Giving of Notice of Public Meeting to Comply with the Open Meeting Law.

BE IT RESOLVED by the Governing Board of Sierra Vista Hospital, as follows:

1. Notice of any Regular Meeting shall be given at least five (5) days before such Meeting and shall be posted as herein provided and published monthly.
2. Notice of Special Meetings shall be given at least three (3) days prior to such meetings and shall specify the business to be conducted. Notice of Special Meetings shall be broadcast over the radio or in the alternative, be posted on the Notice Board beside the registration desk at Sierra Vista Hospital.
3. Notice of any Meeting shall give the date, time and place of such meeting and other information required by this Resolution.
4. Notice as herein required shall be posted on the Notice Board at the registration desk and published or broadcast as herein provided.
5. The Sierra Vista Hospital Governing Body Chairperson may establish such additional notices as he/she may deem advisable.
6. Emergency meetings will be called only under unforeseen circumstances that demand immediate action to protect the health, safety, and property of citizens or to protect the public body from substantial financial loss. The Sierra Vista Hospital Governing Board will avoid emergency meetings whenever possible. Emergency meetings may be called by the Chairperson or a majority of the members as far in advance as reasonably possible. The notice for all emergency meetings shall include an agenda for the meeting or information on how the public may obtain a copy of the agenda.
7. This Resolution is to comply with the Open Meetings Law and applies to the Sierra Vista Hospital Governing Body.

PASSED AND APPROVED this 30th day of July 2024.

\_\_\_\_\_  
Chairperson  
SVH Governing Board

\_\_\_\_\_  
Vice Chairperson  
SVH Governing Board

\_\_\_\_\_  
Secretary  
SVH Governing Board

**SIERRA VISTA HOSPITAL GOVERNING BODY**

**PUBLIC RECORD ACT REQUESTS RESOLUTION No. 24-107**

**Article 2-NMSA 14-2-1/14-2-12**

A Resolution Providing for Proper Response to all Legitimate Requests for Public Records According to Public Records Act Requests, Article 2-NMSA 14-2-1/14-2-12.

BE IT RESOLVED by the Governing Board of Sierra Vista Hospital, as follows:

**NOTICE OF RIGHT TO INSPECT PUBLIC RECORDS**

By law, under the Inspection of Public Records Act, every person has the right to inspect public records, of Sierra Vista Hospital. Compliance with requests to inspect public records is an integral part of the routine duties of the officers and employees Sierra Vista Hospital.

**Procedures for Requesting Inspection.** Requests to inspect public records should be submitted to the records custodian: Jennifer Burns, located at 800 E. 9<sup>th</sup> Ave, Truth of Consequences, NM, (575) 894-2111 xt 357, fax number (575) 894-7659, [jennifer.burns@svhnm.org](mailto:jennifer.burns@svhnm.org)

A person desiring to inspect public records may submit a request to the records custodian orally or in writing. However, the procedures and penalties prescribed by the Act apply only to written requests. A written request must contain the name, address and telephone number of the person making the request. Written requests may be submitted in person or sent via US mail, email, or facsimile. The request must describe the records sought in sufficient detail to enable the records custodian to identify and locate the requested records.

The records custodian must permit inspection immediately or as soon as practicable, but no later than 15 calendar days after records custodian receives the inspection request. If inspection is not permitted within three business days, the person making the request will receive a written response explaining when the records will be available for inspection or when the public body will respond to the request. If any of the records sought are not available for public inspection, the person making the request is entitled to a written response from the records custodian explaining the reasons inspection has been denied. The written denial shall be delivered or mailed within 15 calendar days after the records custodian receives the request for inspection.

**Copies and Fees.** If a person requesting inspection would like a copy of a public record, a reasonable fee may be charged. The fee for printed documents 11 inches by 17 inches or smaller is (\$.50) per page. The fee for larger documents is (\$.50) per page. The fee for downloading copies of public records to a computer disk or storage device is (\$.25) per page. If a person requests that a copy of a public record be transmitted, a fee of (\$.25) per page plus postage may be charged for transmission by mail, (\$.25) per page for transmission by e-mail and (\$.25) per page for transmission by facsimile. Where redacting is required, (\$1.00) per page regardless of the number or size of copies and regardless of the medium. The records custodian may request that applicable fees for copying public records be paid in advance before the copies are made. A receipt indicating that the fees have been paid will be provided upon request to the person requesting the copies.

PASSED AND APPROVED this 30th day of July 2024.

Chairperson: \_\_\_\_\_  
SVH Governing Board

Secretary: \_\_\_\_\_  
SVH Governing Board





## **Financial Analysis**

**June 30<sup>th</sup>, 2024**

**Days Cash on Hand** for June 2024 are 62 (\$5,947,969)

**Accounts Receivable Net days** are 61

**Accounts Payable days** are 29

### **Hospital Excess Revenue over Expense**

The **Net Income** for the month of June was (\$807,987) vs. a **Budget Income** of (\$295,824).

**Hospital Gross Revenue** for June was \$5,741,886 or \$520,637 more than budget. **Patient Days** were 175 – 49 more than May, **RHC visits** were 867 – 12 more than May and **ER visits** were 703 – 77 less than May.

**Revenue Deductions** for June were \$3,590,957.

**Other Operating Revenue** was \$251,514.

**Non-Operating Revenue** was \$277,759.

**Hospital Operating Expenses** for June were \$3,096,288. **Contract Services** expenses were over budget due to the productivity incentive of \$125,000 for the surgery group. **Repairs/Maintenance** expenses included annual IT service of \$49,500.

**EBITDA** for June was (\$388,359) vs. a **Budget** of \$107,968. **YTD EBITDA** is \$395,297 vs. a **Budget** of \$1,317,204.

**The Bond Coverage Ratio** in June was -46% vs. an **expected ratio** of 130%.

Sierra Vista Hospital  
KEY STATISTICS  
June 30, 2024

Actual 6/30/24	Budget 6/30/24	MONTH			BENCHMARK RANGE		YEAR TO DATE					
		Variance to Budget	Prior Year 6/30/23	Variance to Prior Year	QHR 75th	QHR 50th	Actual 6/30/24	Budget 6/30/24	Variance to Budget	Prior Year 06/30/23	Variance to Prior Year	
		DESCRIPTION										
<b>Growth</b>												
						6%	5%	1%				
30	22	8	21	9	Net Patient Revenue Growth Rate							
3	6	(3)	8	(5)	Admissions	901	521	288	264	24	260	28
					Acute	102	73	37	72	(35)	77	(40)
33	28	5	29	4	Swing	1,004	595	325	336	(11)	337	(12)
					Total Admissions							
5.3	4.2	1.1	3.7	1.6	ALOS (acute and swing)	3.3	4.0	4.0	4.2	(0)	4.1	(0.19)
175	117	58	108	67	Patient Days (acute and swing)			1,284	1,404	(120)	1,394	(110)
	1,000	(1,000)	1,002	(1,002)	Outpatient Visits	54,559	31,457	6,000	12,000	(6,000)	11,998	(5,998)
867	751	116	941	(74)	Rural Health Clinic Visits	23,162	18,851	10,563	9,012	1,551	9,009	1,554
703	703	-	639	64	ER Visits	10,394	8,039	8,456	8,436	20	8,440	16
4%	3%	1.1%	3%	1%	ER Visits Conversion to Acute Admissions	10%	6%	3%	3%	0%	3%	0%
					Surgery Cases							
-	-	-	-	-	Inpatient Surgery Cases	260	124	4	-	4	0	4
-	-	-	21	(21)	Outpatient Surgery Cases	1,525	773	164	-	164	95	69
-	-	-	21	(21)	Total Surgeries	1,785	897	168	-	168	95	73
<b>Profitability</b>												
-14%	15%	-29%	-19%	5%	EBITDA % Net Rev	7%	4%	1%	15%	-14%	4%	-2%
-30%	15%	-45%	-40%	10%	Operating Margin %	2%	2%	-13%	15%	-28%	-12%	-1%
62%	46%	16%	49%	13%	Rev Ded % Net Rev	47%	50%	55%	46%	9%	52%	3%
14%	2%	12%	8%	6%	Bad Debt % Net Pt Rev	2%	6%	10%	2%	8%	8%	2%
88%			93%		Outpatient Revenue %	83%	78%	88%			93%	-5%
\$ 20,880			\$ 12,963	\$7,917	Gross Patient Revenue/Adjusted Admission			\$20,880			\$ 12,963	\$7,917
\$ 7,922			\$ 6,591	\$1,331	Net Patient Revenue/Adjusted Admission			\$7,922			\$ 6,591	\$1,331
49%	40%	9%	36%	13%	Salaries % Net Pt Rev	35%	40%	43%	40%	3%	40%	3%
9%	7%	2%	18%	-9%	Benefits % Net Pt Rev	11%	12%	8%	7%	1%	9%	-1%
10%	8%	2%	9%	2%	Supplies % Net Pt Rev	10%	13%	8%	8%	0%	7%	1%
<b>Cash and Liquidity</b>												
62					Days Cash on Hand	236	106	62			121	(59)
82					A/R Days (Gross)	47	57	82			43	39
61					A/R Days (Net)	41	53	61			25	36
29					Days in AP	30	35	29			25	3
3.7					Current Ratio	4.3	2.6	3.7			4.3	(0.6)

Sierra Vista Hospital  
 STATISTICS by Month  
 June 30, 2024  
 (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 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Admissions</b>												
Acute	30	21	22	18	20	30	28	28	22	29	21	19
Swing	3	5	2	4	3	4	4	3	3	2	2	2
<b>Total Admissions</b>	<b>33</b>	<b>26</b>	<b>24</b>	<b>22</b>	<b>23</b>	<b>34</b>	<b>32</b>	<b>31</b>	<b>25</b>		<b>23</b>	<b>21</b>
ALOS (acute and swing)	5.3	4.8	3.0	5.3	6.2	3.6	3.7	3.1	4.2	3.0	2.3	3.2
Patient Days (acute and swing)	175	126	73	116	142	122	117	96	104	93	52	68
Outpatient Visits							1,131	836	913	1,112	872	1,136
Rural Health Clinic Visits	867	855	872	707	814	842	841	1,119	1,069	793	1,037	747
ER Visits	703	780	693	667	670	728	701	662	661	714	765	712
ER Visits Conversion to Acute Admissions	4%	3%	3%	3%	3%	4%	4%	4%	3%	4%	3%	3%
<b>Surgery Cases</b>												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	1	2	1	-
Outpatient Surgery Cases		22	11	3	9	17	16	25	18	15	16	12
<b>Total Surgeries</b>	<b>-</b>	<b>22</b>	<b>11</b>	<b>3</b>	<b>9</b>	<b>17</b>	<b>16</b>	<b>25</b>	<b>19</b>	<b>17</b>	<b>17</b>	<b>12</b>
<b>Profitability</b>												
EBITDA % Net Rev	-14%	11%	-2%	-2%	-32%	-2%	5%	2%	10%	8%	16%	-1%
Operating Margin %	-30%	-1%	-16%	-16%	-50%	-16%	-8%	-12%	-3%	-5%	3%	-18%
Rev Ded % Net Rev	62%	56%	58%	51%	60%	55%	54%	53%	49%	50%	53%	57%
Bad Debt % Net Pt Rev	14%	9%	12%	5%	14%	9%	11%	10%	9%	10%	8%	10%
Outpatient Revenue %	88%	89%	91%	90%	90%	92%	92%	92%	94%	93%	97%	96%
Gross Patient Revenue/Adjusted Admission	\$ 20,880	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 7,745	\$ 9,808
Net Patient Revenue/Adjusted Admission	\$ 7,922	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 3,656	\$ 4,230
Salaries % Net Pt Rev	49%	40%	46%	43%	62%	44%	40%	39%	39%	37%	36%	46%
Benefits % Net Pt Rev	9%	7%	12%	8%	11%	7%	7%	9%	6%	7%	7%	8%
Supplies % Net Pt Rev	10%	7%	11%	4%	6%	8%	7%	8%	15%	7%	6%	6%
<b>Cash and Liquidity</b>												
Days Cash on Hand	62	68	75	82	90	97	98	97	101	102	105	101
A/R Days (Gross)	82	86	77	72	52	48	49	48	45	40	38	40
A/R Days (Net)	61	68	59	53	32	31	33	30	29	23	20	22
Days in AP	29	28	33	30	23	28	27	21	23	29	23	24
Current Ratio	3.7	3.6	3.5	4.0	4.4	4.4	4.8	5.7	5.5	5.7	6.7	6.9

Sierra Vista Hospital  
**TWELVE MONTH STATISTICS**  
 June 30, 2024  
 (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 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Admissions</b>												
Acute	30	21	22	18	20	30	28	28	22	29	21	19
Swing	3	5	2	4	3	4	4	3	3	2	2	2
<b>Total Admissions</b>	<b>33</b>	<b>26</b>	<b>24</b>	<b>22</b>	<b>23</b>	<b>34</b>	<b>32</b>	<b>31</b>	<b>25</b>	<b>31</b>	<b>23</b>	<b>21</b>
ALOS (acute and swing)	5.3	4.8	3.0	5.3	6.2	3.6	3.7	3.1	4.2	3.0	2.3	3.2
Patient Days (acute and swing)	175	126	73	116	142	122	117	96	104	93	52	68
Outpatient Visits	-	-	-	-	-	-	1,131	836	913	1,112	872	1,136
Rural Health Clinic Visits	867	855	872	707	814	842	841	1,119	1,069	793	1,037	747
ER Visits	703	780	693	667	670	728	701	662	661	714	765	712
ER Visits Conversion to Acute Admissions	4%	3%	3%	3%	3%	4%	4%	4%	4%	3%	4%	3%
<b>Surgery Cases</b>												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	1	2	1	-
Outpatient Surgery Cases	-	22	11	3	9	17	16	25	18	15	16	12
<b>Total Surgeries</b>	<b>-</b>	<b>22</b>	<b>11</b>	<b>3</b>	<b>9</b>	<b>17</b>	<b>16</b>	<b>25</b>	<b>19</b>	<b>17</b>	<b>17</b>	<b>12</b>
<b>Profitability</b>												
EBITDA % Net Rev	-14%	11%	-2%	-2%	-32%	-2%	5%	2%	10%	8%	16%	-1%
Operating Margin %	-29.8%	-0.9%	-15.5%	-16.5%	-50%	-16%	-8%	-12%	-3%	-5%	3%	-18%
Rev Ded % Net Rev	62%	56%	58%	51%	60%	55%	54%	53%	49%	50%	53%	57%
Bad Debt % Net Pt Rev	14.1%	9.5%	11.7%	5.0%	14%	9%	11%	10%	9%	10%	8%	10%
Outpatient Revenue %	88%	89%	91%	90%	90%	92%	92%	92%	94%	93%	97%	96%
Gross Patient Revenue/Adjusted Admission	\$ 20,880	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 7,745	\$ 9,808
Net Patient Revenue/Adjusted Admission	\$ 7,922	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 3,656	\$ 4,230
Salaries % Net Pt Rev	49%	40%	46%	43%	62%	44%	40%	39%	39%	37%	36%	46%
Benefits % Net Pt Rev	9%	7%	12%	8%	11%	7%	7%	9%	6%	7%	7%	8%
Supplies % Net Pt Rev	10%	7%	11%	4%	6%	8%	7%	8%	15%	7%	6%	6%
<b>Cash and Liquidity</b>												
Days Cash on Hand	62	68	75	82	90	97	98	97	101	102	105	101
A/R Days (Gross)	82	86	77	72	52	48	49	48	45	40	38	40
A/R Days (Net)	61	68	59	53	32	31	33	30	29	23	20	22
Days in AP	29	28	33	30	23	28	27	21	23	29	23	24
Current Ratio	3.7	3.6	3.5	4.0	4.4	4.4	4.8	5.7	5.5	5.7	6.7	6.9

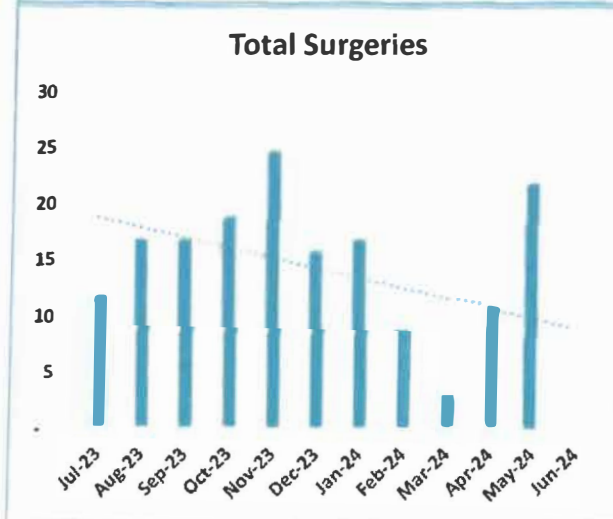
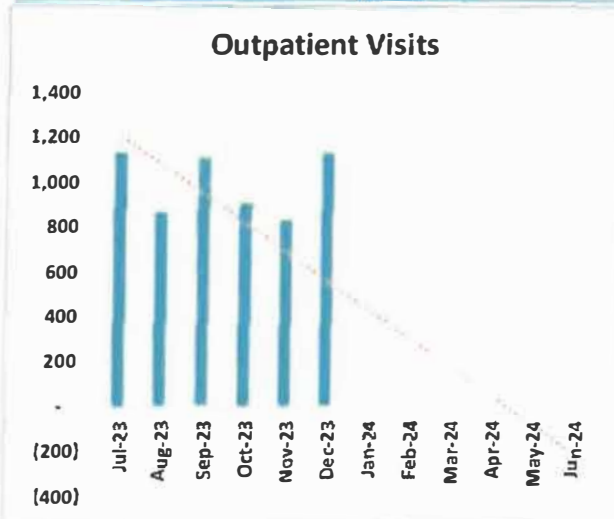
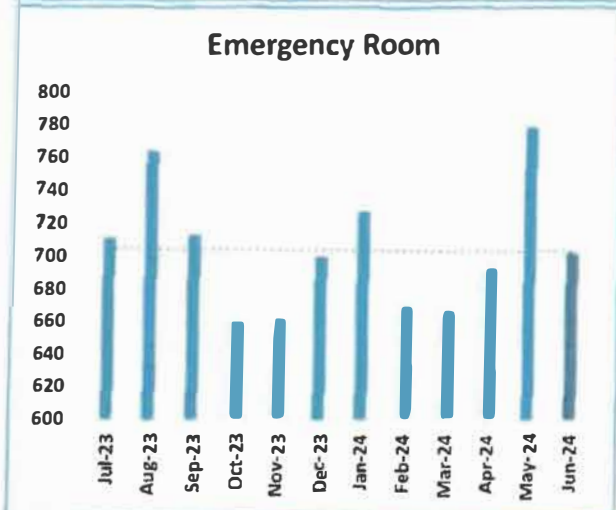
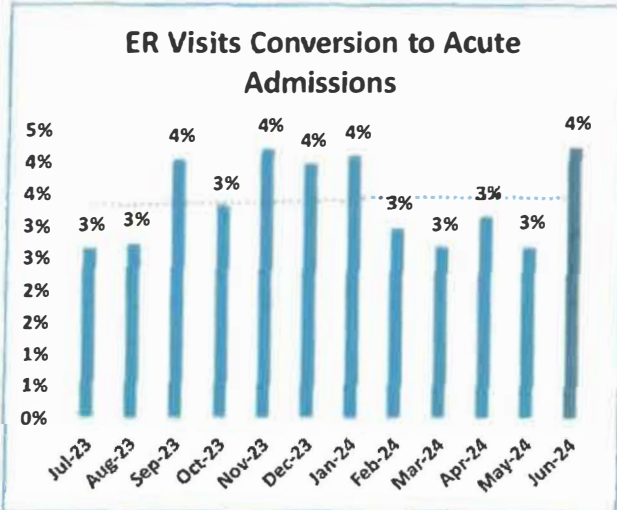
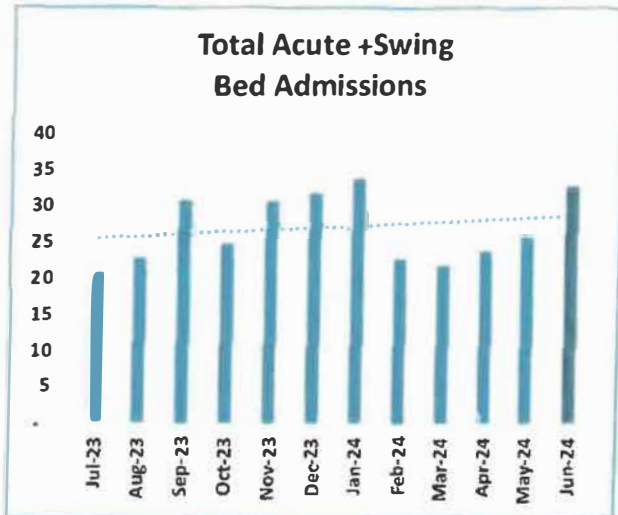
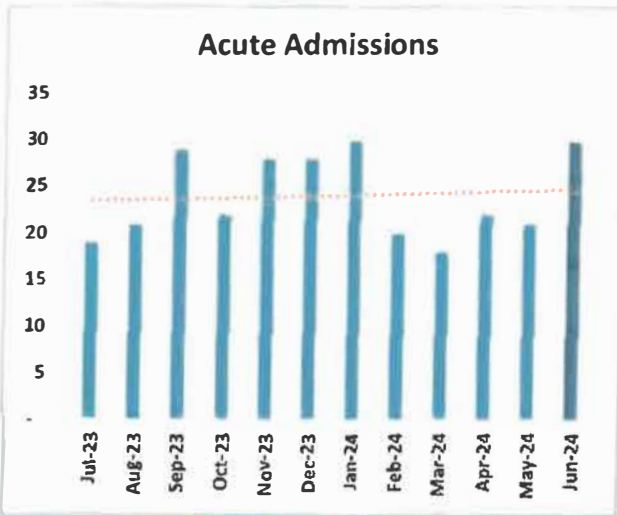
Sierra Vista Hospital  
Detailed Stats by Month  
6/30/2024  
(SUBJECT TO AUDIT)

Description	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Total Acute Patient Days</b>	948	79	144	100	63	76	87	64	97	84	70	80	37	46
<b>Total Swingbed Patient Days</b>	336	28	31	26	10	40	55	58	20	12	34	13	15	22
<b>Total Acute Hours (based on Disch Hrs)</b>	25,704	2,142	3,245	2,880	1,340	1,827	2,350	2,385	2,508	2,543	1,619	2,602	949	1,456
<b>TOTAL ACUTE</b>														
Patient Days	948	79	144	100	63	76	87	64	97	84	70	80	37	46
Admits	288	24	30	21	22	18	20	30	28	28	22	29	21	19
Discharges	276	23	21	21	22	15	17	33	28	29	18	32	18	22
Discharge Hours	25,704	2,142	3,245	2,880	1,340	1,827	2,350	2,385	2,508	2,543	1,619	2,602	949	1,456
Avg LOS	3.4	3.4	6.9	4.8	2.9	5.1	5.1	1.9	3.5	2.9	3.9	2.5	2.1	2.1
<b>Medicare Acute</b>														
Patient Days	690	58	81	71	28	46	80	49	64	65	60	73	33	40
Admits	191	16	13	9	9	10	15	21	19	19	18	26	17	15
Discharges	193	16	13	9	13	7	13	23	19	21	14	28	15	18
Discharge Hours	18,826	1,569	1,950	1,704	978	1,100	1,900	1,791	1,675	2,008	1,321	2,305	818	1,276
Avg LOS	3.6	3.6	6.2	7.9	2.2	6.6	6.2	2.1	3.4	3.1	4.3	2.6	2.2	2.2
<b>SWING - ALL (Medicare/Other)</b>														
Patient Days	336	28	31	26	10	40	55	58	20	12	34	13	15	22
Admits	37	3	3	5	2	4	3	4	4	3	3	2	2	2
Discharges	39	3	3	4	2	4	3	5	5	1	4	2	2	4
Discharge Hours	7,541	628	762	624	241	771	667	1,447	795	44	868	338	474	510
Avg LOS	8.6	8.6	10.3	6.5	5.0	10.0	18.3	11.6	4.0	12.0	8.5	6.5	7.5	5.5
<b>Observations</b>														
Patient Days	393	33	15	25	20	24	34	26	74	25	31	21	72	26
Admits	225	19	9	14	11	12	19	16	30	22	21	20	29	22
Discharge Hours	8,893	741	363	600	472	576	934	730	859	634	828	1096	1186	615
<b>Emergency Room</b>														
Total ER Patients	8,456	705	703	780	693	667	670	728	701	662	661	714	765	712
Admitted	156	13	14	11	13	11	11	16	19	14	8	18	9	12
Transferred	770	64	69	86	63	72	64	79	62	57	53	47	64	54
<b>Ambulance</b>														
Total ALS/BLS runs	4,047	337	377	376	287	296	315	376	369	374	296	329	319	333
911 Calls	3,086	257	294	292	218	218	228	280	268	301	231	260	241	255
Transfers	961	80	83	84	69	78	87	96	101	73	65	69	78	78
<b>OP Registrations</b>	6,000	500							1,131	836	913	1,112	872	1,136
Vaccine Clinic	504	42							59	81	78	86	102	98
<b>Rural Health Clinic</b>														
Total RHC Visits	10,563	880	867	855	872	707	814	842	841	1,119	1,069	793	1,037	747
Avg Visits per day	504	42	39	42	40	31	41	42	42	59	47	40	47	34
Walk-In Clinic	1,372	114	99	122	91	121	148	141	199	179	159	113		
<b>Behavioral Health</b>														
Patients Seen	2,920	243	354	283	282	177	207	190	189	213	166	264	275	320

**Sierra Vista Hospital  
Detailed Stats by Month  
6/30/2024  
(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 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Dietary</b>														
Inpatient Meals	9,347	779	927	986	785	655	846	915	895	725	777	708	637	491
Outpatient Meals	1,001	83	109	134	78	80	74	83	67	106	80	59	69	62
Cafeteria Meals	63,540	5,295	5750	5,303	5,168	5,103	4,992	5,276	5,076	5,123	5,611	5,319	5,536	5,283
Functions	4,634	386	281	501	335	350	361	564	512	369	383	372	385	221
<b>Laboratory</b>														
In-house Testing	229,437	19,120	20,453	21,224	18,664	18,741	17,721	19,548	19,088	18,482	19,504	18,884	19,139	17,989
Sent Out Testing	9,628	802	678	840	724	729	711	955	890	808	903	837	754	799
Drugcreens	254	21	27	12	38	24	17	11	12	19	19	24	32	19
<b>Physical Therapy</b>														
PT Visits	2,361	197	260	267	184	182	216	221	154	179	158	170	175	195
Tx Units	8,635	720	903	962	698	698	743	807	571	656	566	620	671	740
Outpatient	504	42	47	51	54	41	40	39	38	38	34	40	42	40
Inpatient	372	31	58	52	30	30	27	20	26	37	25	25	20	22
<b>Radiology</b>														
X-Ray Patients	5,379	448	470	444	467	451	447	455	462	440	434	446	440	423
CT Patients	4,580	382	398	483	384	348	316	394	352	364	358	391	430	362
Ultrasound Patients	1,593	133	136	134	187	144	117	158	170	87	101	79	97	183
Mammogram Patients	625	52	65	73	62	50	42	56	46	49	60	32	47	43
MRI Patients	649	54	53	70	53	69	46	61	42	47	46	57	58	47
Nuclear Medicine Patients	49	4	1	3	2	3	1	5	3	6	4	3	8	10
DEXA	199	17	15	13	12	20	8	19	13	18	18	14	25	24
<b>Surgery</b>														
Surgical Procedures - OR	148	12		6	4	3	9	17	10	28	19	17	18	17
GI Lab Scopes	113	9		20	7	3	6	16	2	18	15	12	14	
Major Surgery	6	1									4	2		
Minor Surgery Under TIVA/Sedation	39	3		6	4	1	3	1	5	10	2	3	4	
Inpatient Procedures	4	0									1	2	1	
Outpatient Procedures	164	14		22	11	3	9	17	16	25	18	15	16	12
<b>Sleep Study</b>														
Home Testing	20	2	1	4	2				1	2	4	4	1	1
Inhouse	55	5	7	7	1	6	3	3	9	5	6	4	4	

## Volume Trends



**Sierra Vista Hospital  
INCOME STATEMENT  
June 30, 2024**

MONTH					YEAR TO DATE					
Actual 6/30/24	Budget 6/30/24	Variance to Budget	Prior Year 6/30/23	Variance to Prior Year	DESCRIPTION	Actual 6/30/24	Budget 6/30/24	Variance to Budget	Prior Year 6/30/23	Variance to Prior Year
\$ 5,741,886	\$ 5,221,249	\$ 520,637	\$ 5,370,369	\$371,517	Gross Patient Revenue	\$ 65,352,440	\$ 63,699,238	\$ 1,653,201	\$ 61,016,113	\$4,336,327
\$ 3,142,796	2,300,546	842,250	2,336,509	\$806,287	Revenue Deductions					
\$ 357,388	207,627	149,761	226,311	\$131,077	Contractual Allowances	31,264,519	28,066,667	3,197,852	28,208,124	\$3,056,395
\$ 90,773	99,957	(9,184)	80,618	\$10,155	Bad Debt	3,327,769	2,533,048	794,720	2,418,031	\$909,738
					Other Deductions	1,249,875	1,219,472	30,403	1,264,139	(14,264)
\$ 3,590,957	\$ 2,608,130	\$ 982,827	\$ 2,643,438	\$ 947,519	Total Revenue Deductions	\$ 35,842,162	\$ 31,819,187	\$ 4,022,975	\$ 31,890,294	\$ 3,951,868
\$ 27,727	1,971	25,757	3,827	\$23,900	Other Patient Revenue	57,725	24,042	33,683	42,685	15,040
\$ 2,178,656	\$ 2,615,090	\$ (436,434)	\$2,730,758	(\$552,102)	Net Patient Revenue	\$ 29,568,002	\$ 31,904,094	\$ (2,336,091)	\$ 29,168,504	\$ 399,498
38%	50%	(12%)	51%	(13%)	Gross to Net %	45%	50%	(5%)	48%	(3%)
\$ 251,514	242,386	9,128	(316,557)	\$568,071	Other Operating Revenue	3,070,542	2,957,111	113,431	1,363,319	1,707,223
\$ 277,759	184,513	93,247	193,034	\$84,725	Non-Operating Revenue	2,948,059	2,251,056	697,003	1,739,072	1,208,987
\$ 2,707,929	\$ 3,041,989	\$ (334,059)	\$ 2,607,235	\$ 100,694	Total Operating Revenue	\$ 35,586,603	\$ 37,112,260	\$ (1,525,657)	\$ 32,270,895	\$ 3,315,708
					Expenses					
\$ 1,302,813	\$1,284,450	\$18,364	\$1,522,452	(\$219,639)	Salaries & Benefits	\$15,348,820	\$15,670,286	(\$321,465)	\$14,650,351	\$698,469
\$ 1,067,723	1,061,883	5,840	993,810	73,913	Salaries	12,604,419	12,954,974	(350,555)	11,691,970	912,449
\$ 206,427	200,653	5,773	503,276	(296,849)	Benefits	2,399,352	2,447,972	(48,620)	2,672,756	(273,404)
\$ 28,664	21,913	6,751	25,366	3,298	Other Salary & Benefit Expense	345,049	267,339	77,710	285,625	59,424
\$ 227,086	197,074	30,012	240,382	(13,296)	Supplies	2,379,838	2,404,305	(24,468)	1,957,839	\$421,999
\$ 1,104,514	975,074	129,440	901,427	203,087	Contract Services	12,133,157	11,895,901	237,256	9,521,577	\$2,611,580
\$ 183,410	177,873	5,537	181,669	1,741	Professional Fees	2,200,392	2,170,050	30,342	2,171,891	\$28,501
\$ 7,282	8,945	(1,663)	25,128	(17,846)	Leases/Rentals	147,336	109,127	38,208	139,338	\$7,998
\$ 56,931	37,839	19,091	41,833	15,098	Utilities	597,066	461,640	135,426	458,029	\$139,037
\$ 93,457	62,863	30,594	71,619	21,838	Repairs / Maintenance	852,180	766,926	85,255	755,167	\$97,013
\$ 87,741	84,166	3,574	76,543	11,198	Insurance	1,021,708	1,026,829	(5,120)	899,517	\$122,191
\$ 33,054	105,737	(72,683)	40,716	(\$7,662)	Other Operating Expenses	510,809	1,289,993	(779,183)	560,639	(\$49,830)
\$3,096,288	\$2,934,021	\$162,267	3,101,769	(\$5,481)	Total Operating Expenses	\$35,191,307	\$35,795,057	(\$603,750)	\$31,114,348	\$4,076,959
(\$388,359)	\$107,968	(\$496,326)	(\$494,534)	\$106,175.33	EBITDA	\$395,297	\$1,317,204	(\$921,907)	\$1,156,547	(\$761,250)
(14%)	4%	(18%)	(19%)	5%	EBITDA Margin	1%	4%	(2%)	4%	(2%)
					Non - Operating Expenses					
\$ 286,862	\$281,693	\$5,169	\$352,158	(\$65,296)	Depreciation and Amortization	3,486,684	\$3,436,655	50,029	\$3,510,285	(\$23,601)
\$ 73,667	72,719	\$948	135,720	(\$62,053)	Interest	890,337	887,173	3,164	\$949,956	(\$59,619)
\$ 59,099	49,380	\$9,720	56,769	\$2,330	Tax/Other	598,268	602,433	(4,166)	\$618,916	(\$20,648)
\$419,629	\$403,792	\$15,837	\$544,647	(\$125,018)	Total Non Operating Expense	\$4,975,289	\$4,926,261	\$49,028	\$5,079,157	(\$103,868)
(\$807,987)	(\$295,824)	(\$512,163)	(\$1,039,181)	\$231,194	NET INCOME (LOSS)	(\$4,579,993)	(\$3,609,058)	(\$970,935)	(\$3,922,610)	(\$657,383)
(30%)	(10%)	(20%)	(40%)	10%	Net Income Margin	(13%)	(10%)	(3%)	(12%)	(1%)



Sierra Vista Hospital  
INCOME STATEMENT by Month  
June 30, 2024

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Revenues</b>												
Gross Patient Revenue	\$ 5,741,886	\$ 6,681,638	\$ 5,396,678	\$ 5,255,478	\$ 4,200,198	\$ 5,538,569	\$ 5,607,692	\$ 5,186,012	\$ 5,222,493	\$ 5,434,928	\$ 5,937,549	\$ 5,149,321
<b>Revenue Deductions</b>												
Contractual Allowances	3,142,796	3,417,518	2,777,194	2,436,641	2,107,232	2,631,191	2,568,110	2,367,421	2,016,948	2,388,517	2,800,771	2,610,179
Bad Debt	357,388	305,679	302,535	134,293	267,486	262,860	334,838	282,315	276,140	313,140	251,113	239,981
Other Deductions	90,773	53,221	34,769	124,204	152,185	129,404	120,046	84,881	247,890	38,828	92,221	81,452
<b>Total Revenue Deductions</b>	<b>\$ 3,590,957</b>	<b>\$ 3,776,418</b>	<b>\$ 3,114,498</b>	<b>\$ 2,695,138</b>	<b>\$ 2,526,902</b>	<b>\$ 3,023,455</b>	<b>\$ 3,022,995</b>	<b>\$ 2,734,617</b>	<b>\$ 2,540,978</b>	<b>\$ 2,740,486</b>	<b>\$ 3,144,106</b>	<b>\$ 2,931,613</b>
Other Patient Revenue	27,727	7,500	0	0	1,899	122	200	5,332	217	2,420	9,278	3,030
<b>Net Patient Revenue</b>	<b>\$ 2,178,656</b>	<b>\$ 2,912,721</b>	<b>\$ 2,282,180</b>	<b>\$ 2,560,340</b>	<b>\$ 1,675,195</b>	<b>\$ 2,515,235</b>	<b>\$ 2,584,897</b>	<b>\$ 2,456,727</b>	<b>\$ 2,681,731</b>	<b>\$ 2,696,862</b>	<b>\$ 2,802,721</b>	<b>\$ 2,220,738</b>
<b>Gross to Net %</b>	<b>39%</b>	<b>64%</b>	<b>42%</b>	<b>49%</b>	<b>40%</b>	<b>45%</b>	<b>46%</b>	<b>47%</b>	<b>51%</b>	<b>50%</b>	<b>47%</b>	<b>43%</b>
Other Operating Revenue	251,514	303,334	355,901	121,589	283,294	229,241	212,676	211,662	575,484	170,261	206,464	149,121
Non-Operating Revenue	277,759	234,113	291,074	165,153	196,225	354,985	504,477	177,102	173,683	201,679	199,315	172,494
<b>Total Operating Revenue</b>	<b>\$ 2,707,929</b>	<b>\$ 3,450,168</b>	<b>\$ 2,929,155</b>	<b>\$ 2,847,082</b>	<b>\$ 2,154,714</b>	<b>\$ 3,099,461</b>	<b>\$ 3,302,050</b>	<b>\$ 2,845,491</b>	<b>\$ 3,430,898</b>	<b>\$ 3,068,803</b>	<b>\$ 3,208,500</b>	<b>\$ 2,542,353</b>
<b>Expenses</b>												
Salaries & Benefits	\$1,302,813	\$1,418,983	\$1,355,557	\$1,342,407	\$1,256,661	\$1,319,351	\$1,236,827	\$1,196,782	\$1,244,935	\$1,228,153	\$1,228,723	\$1,217,628
Salaries	1,067,723	1,160,810	1,048,313	1,104,636	1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,016,209
Benefits	206,627	216,641	273,001	194,115	191,366	181,278	173,232	213,386	157,893	201,610	204,408	185,996
Other Salary & Benefit Expense	28,664	41,533	34,242	43,656	31,019	22,213	27,830	31,808	30,890	19,076	18,695	15,424
Supplies	227,086	215,896	245,030	114,459	99,180	202,691	184,005	185,034	412,362	195,362	169,487	129,245
Contract Services	1,104,514	1,011,032	940,549	1,022,335	1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494
Professional Fees	183,410	194,380	181,355	183,410	177,735	187,317	181,410	181,459	183,410	181,459	183,201	181,846
Leases/Rentals	7,282	4,886	11,931	10,046	11,355	6,116	5,880	7,305	5,952	13,275	38,504	24,804
Utilities	56,931	43,717	41,233	41,540	36,049	58,300	55,264	46,973	45,686	56,201	66,553	48,620
Repairs / Maintenance	93,457	48,499	59,865	71,850	49,461	82,734	75,830	73,960	103,070	64,352	56,822	72,280
Insurance	87,741	88,136	88,984	87,752	90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136
Other Operating Expenses	33,054	30,458	57,129	41,147	24,234	77,061	62,961	55,363	35,375	34,383	35,917	23,728
<b>Total Operating Expenses</b>	<b>\$3,096,288</b>	<b>\$3,055,987</b>	<b>\$2,981,631</b>	<b>\$2,914,947</b>	<b>\$2,851,302</b>	<b>\$3,173,548</b>	<b>\$3,130,349</b>	<b>\$2,785,412</b>	<b>\$3,093,428</b>	<b>\$2,822,061</b>	<b>\$2,706,574</b>	<b>\$2,579,781</b>
<b>EBITDA</b>	<b>(\$388,359)</b>	<b>\$394,181</b>	<b>(\$52,476)</b>	<b>(\$67,865)</b>	<b>(\$696,588)</b>	<b>(\$74,087)</b>	<b>\$171,700</b>	<b>\$60,079</b>	<b>\$337,470</b>	<b>\$246,741</b>	<b>\$501,926</b>	<b>(\$37,428)</b>
<b>EBITDA Margin</b>	<b>-14%</b>	<b>11%</b>	<b>-2%</b>	<b>-2%</b>	<b>-32%</b>	<b>-2%</b>	<b>5%</b>	<b>2%</b>	<b>10%</b>	<b>8%</b>	<b>16%</b>	<b>-1%</b>
<b>Non - Operating Expenses</b>												
Depreciation and Amortization	\$286,862	\$298,589	\$284,373	\$290,571	\$274,022	\$291,365	\$296,249	\$287,219	\$325,263	\$281,177	\$286,623	\$284,371
Interest	73,667	74,733	73,707	73,727	74,936	73,766	73,785	75,137	73,823	74,647	75,119	73,290
Tax/Other	59,099	51,127	44,418	37,287	33,304	64,570	52,019	53,053	42,236	51,511	57,882	51,763
<b>Total Non Operating Expenses</b>	<b>\$419,629</b>	<b>\$424,448</b>	<b>\$402,498</b>	<b>\$401,585</b>	<b>\$382,262</b>	<b>\$429,701</b>	<b>\$422,053</b>	<b>\$415,409</b>	<b>\$441,322</b>	<b>\$407,335</b>	<b>\$419,625</b>	<b>\$409,424</b>
<b>NET INCOME (LOSS)</b>	<b>(\$307,987)</b>	<b>(\$30,267)</b>	<b>(\$454,973)</b>	<b>(\$469,669)</b>	<b>(\$1,079,850)</b>	<b>(\$503,788)</b>	<b>(\$250,353)</b>	<b>(\$355,329)</b>	<b>(\$103,852)</b>	<b>(\$160,594)</b>	<b>\$82,302</b>	<b>(\$446,852)</b>
<b>Net Income Margin</b>	<b>(30%)</b>	<b>(5%)</b>	<b>(14%)</b>	<b>(16%)</b>	<b>(50%)</b>	<b>(16%)</b>	<b>(8%)</b>	<b>(12%)</b>	<b>(3%)</b>	<b>(5%)</b>	<b>3%</b>	<b>(18%)</b>

Sierra Vista Hospital  
**TWELVE MONTH INCOME STATEMENT**  
 June 30, 2024

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Revenues</b>												
Gross Patient Revenue	\$ 5,741,886	\$ 6,681,638	\$ 5,396,678	\$ 5,255,478	\$ 4,200,198	\$ 5,538,569	\$ 5,607,692	\$ 5,186,012	\$ 5,222,493	\$ 5,434,928	\$ 5,937,549	\$ 5,149,321
<b>Revenue Deductions</b>												
Contractual Allowances	3,142,796	3,417,518	2,777,194	2,436,641	2,107,232	2,631,191	2,568,110	2,367,421	2,016,948	2,388,517	2,800,771	2,610,179
Bad Debt	357,388	305,679	302,535	134,293	267,486	262,860	334,838	282,315	276,140	313,140	251,113	239,981
Other Deductions	90,773	53,221	34,769	124,204	152,185	129,404	120,046	84,881	247,890	38,828	92,221	81,452
<b>Total Revenue Deductions</b>	<b>\$ 3,590,957</b>	<b>\$ 3,776,418</b>	<b>\$ 3,114,498</b>	<b>\$ 2,695,138</b>	<b>\$ 2,526,902</b>	<b>\$ 3,023,455</b>	<b>\$ 3,022,995</b>	<b>\$ 2,734,617</b>	<b>\$ 2,540,978</b>	<b>\$ 2,740,486</b>	<b>\$ 3,144,106</b>	<b>\$ 2,931,613</b>
Other Patient Revenue	27,727	7,500	0	0	1,899	122	200	5,332	217	2,420	9,278	3,030
<b>Net Patient Revenue</b>	<b>\$ 2,178,656</b>	<b>\$ 2,912,721</b>	<b>\$ 2,282,180</b>	<b>\$ 2,560,340</b>	<b>\$ 1,675,195</b>	<b>\$ 2,515,235</b>	<b>\$ 2,584,897</b>	<b>\$ 2,456,727</b>	<b>\$ 2,681,731</b>	<b>\$ 2,696,862</b>	<b>\$ 2,802,721</b>	<b>\$ 2,220,738</b>
<b>Gross to Net %</b>	<b>37.9%</b>	<b>44%</b>	<b>42%</b>	<b>49%</b>	<b>40%</b>	<b>45%</b>	<b>46%</b>	<b>47%</b>	<b>51%</b>	<b>50%</b>	<b>47%</b>	<b>43%</b>
Other Operating Revenue	251,514	303,334	355,901	121,589	283,294	229,241	212,676	211,662	575,484	170,261	206,464	149,121
Non-Operating Revenue	277,759	234,113	291,074	165,153	196,225	354,985	504,477	177,102	173,683	201,679	199,315	172,494
<b>Total Operating Revenue</b>	<b>\$ 2,707,929</b>	<b>\$ 3,450,168</b>	<b>\$ 2,929,155</b>	<b>\$ 2,847,082</b>	<b>\$ 2,154,714</b>	<b>\$ 3,099,461</b>	<b>\$ 3,302,050</b>	<b>\$ 2,845,491</b>	<b>\$ 3,430,898</b>	<b>\$ 3,068,803</b>	<b>\$ 3,208,500</b>	<b>\$ 2,542,353</b>
<b>Expenses</b>												
Salaries & Benefits	1,302,813	1,418,983	1,355,557	1,342,407	1,256,661	1,319,351	1,236,827	1,196,782	1,244,935	1,228,153	1,228,723	1,217,628
Salaries	1,067,723	1,160,810	1,048,313	1,104,636	1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,016,209
Benefits	206,427	216,641	273,001	194,115	191,366	181,278	173,232	213,386	157,893	201,610	204,408	185,996
Other Salary & Benefit Expense	28,664	41,533	34,242	43,656	31,019	22,213	27,830	31,808	30,890	19,076	18,695	15,424
Supplies	227,086	215,896	245,030	114,459	99,180	202,691	184,005	185,034	412,362	195,362	169,487	129,245
Contract Services	1,104,514	1,011,032	940,549	1,022,335	1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494
Professional Fees	183,410	194,380	181,355	183,410	177,735	187,317	181,410	181,459	183,410	181,459	183,201	181,846
Leases/Rentals	7,282	4,886	11,931	10,046	11,355	6,116	5,880	7,305	5,952	13,275	38,504	24,804
Utilities	56,931	43,717	41,233	41,540	36,049	58,300	55,264	46,973	45,686	56,201	66,553	48,620
Repairs / Maintenance	93,457	48,499	59,865	71,850	49,461	82,734	75,830	73,960	103,070	64,352	56,822	72,280
Insurance	87,741	88,136	88,984	87,752	90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136
Other Operating Expenses	33,054	30,458	57,129	41,147	24,234	77,061	62,961	55,363	35,375	34,383	35,917	23,728
<b>Total Operating Expenses</b>	<b>\$3,096,288</b>	<b>\$3,055,987</b>	<b>\$2,981,631</b>	<b>\$2,914,947</b>	<b>\$2,851,302</b>	<b>\$3,173,548</b>	<b>\$3,130,349</b>	<b>\$2,785,412</b>	<b>\$3,093,428</b>	<b>\$2,822,061</b>	<b>\$2,706,574</b>	<b>\$2,579,781</b>
<b>EBITDA</b>	<b>(\$388,359)</b>	<b>\$394,181</b>	<b>(\$52,476)</b>	<b>(\$67,865)</b>	<b>(\$696,588)</b>	<b>(\$74,087)</b>	<b>\$171,700</b>	<b>\$60,079</b>	<b>\$337,470</b>	<b>\$246,741</b>	<b>\$501,926</b>	<b>(\$37,428)</b>
<b>EBITDA Margin</b>	<b>-14.3%</b>	<b>11%</b>	<b>-2%</b>	<b>-2%</b>	<b>-32%</b>	<b>-2%</b>	<b>5%</b>	<b>2%</b>	<b>10%</b>	<b>8%</b>	<b>16%</b>	<b>-1%</b>
<b>Non - Operating Expenses</b>												
Depreciation and Amortization	286,862	298,589	284,373	290,571	274,022	291,365	296,249	287,219	325,263	281,177	286,623	284,371
Interest	73,667	74,733	73,707	73,727	74,936	73,766	73,785	75,137	73,823	74,647	75,119	73,290
Tax/Other	59,099	51,127	44,418	37,287	33,304	64,570	52,019	53,053	42,236	51,511	57,882	51,763
<b>Total Non Operating Expenses</b>	<b>\$419,629</b>	<b>\$424,448</b>	<b>\$402,498</b>	<b>\$401,585</b>	<b>\$382,262</b>	<b>\$429,701</b>	<b>\$422,053</b>	<b>\$415,409</b>	<b>\$441,322</b>	<b>\$407,335</b>	<b>\$419,625</b>	<b>\$409,424</b>
<b>NET INCOME (LOSS)</b>	<b>(\$807,987)</b>	<b>(\$30,267)</b>	<b>(\$454,973)</b>	<b>(\$469,449)</b>	<b>(\$1,078,850)</b>	<b>(\$503,788)</b>	<b>(\$250,353)</b>	<b>(\$355,329)</b>	<b>(\$103,852)</b>	<b>(\$160,594)</b>	<b>\$82,302</b>	<b>(\$446,852)</b>
<b>Net Income Margin</b>	<b>(29.8%)</b>	<b>(1%)</b>	<b>(16%)</b>	<b>(16%)</b>	<b>(50%)</b>	<b>(16%)</b>	<b>(8%)</b>	<b>(12%)</b>	<b>(3%)</b>	<b>(5%)</b>	<b>3%</b>	<b>(18%)</b>

**Sierra Vista Hospital**  
**BALANCE SHEET**  
**June 30, 2024**

June 30, 2024 (Unaudited)	DESCRIPTION	June 30, 2023
	<b>Assets</b>	
	<b>Current Assets</b>	
\$ 5,766,833	Cash and Liquid Capital	\$ 10,246,815
\$ 181,136	US Bank Clearing	\$ 98,103
\$ 5,947,969	<b>Total Cash</b>	\$ 10,348,345
\$ 14,738,750	Accounts Receivable - Gross	\$ 7,263,177
\$ 9,746,028	Contractual Allowance	\$ 5,240,610
\$ 4,992,722	<b>Total Accounts Receivable, Net of Allowance</b>	\$ 2,022,567
\$ 1,316,231	Other Receivables	\$ 960,302
\$ 461,232	Inventory	\$ 436,861
\$ 68,738	Prepaid Expense	\$ 74,946
\$ 12,786,892	<b>Total Current Assets</b>	\$ 13,839,594
	<b>Long Term Assets</b>	
\$ 53,954,495	Fixed Assets	\$ 55,003,729
\$ 19,891,812	Accumulated Depreciation	\$ 17,995,002
\$ -	Construction in Progress	\$ -
\$ 34,062,683	<b>Total Fixed Assets, Net of Depreciation</b>	\$ 37,003,829
\$ 34,062,683	<b>Total Long Term Assets</b>	\$ 37,003,829
\$ 3,333,193	New Hospital Loan	\$ 2,018,590
\$ 50,182,769	<b>Total Assets</b>	\$ 52,862,013
	<b>Liabilities &amp; Equity</b>	
	<b>Current Liabilities</b>	
\$ 1,568,790	Account Payable	\$ 1,213,024
\$ 1,067,278	Interest Payable	\$ 144,504
\$ 59,574	Accrued Taxes	\$ 52,244
\$ 590,846	Accrued Payroll and Related	\$ 1,104,431
\$ 150,000	Cost Report Settlement	\$ (235,000)
\$ 3,436,488	<b>Total Current Liabilities</b>	\$ 2,279,202
	<b>Long term Liabilities</b>	
\$ 24,709,245	Long Term Notes Payable	\$ 24,756,827
\$ 24,709,245	<b>Total Long Term Liabilities</b>	\$ 24,756,827
\$ 1,285,343	Unapplied Liabilities	\$ 386,523
\$ 223,431	Capital Equipment Lease	\$ 331,184
\$ 29,654,507	<b>Total Liabilities</b>	\$ 27,753,736
\$ 25,108,277	Retained Earnings	\$ 26,147,456
\$ (4,580,015)	Net Income	\$ (1,039,179)
\$ 50,182,769	<b>Total Liabilities and Equity</b>	\$ 52,862,013

Sierra Vista Hospital  
BALANCE SHEET by Month  
June 30, 2024

	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Assets</b>												
<b>Current Assets</b>												
Cash and Liquid Capital	5,766,833	6,443,730	6,830,674	7,552,729	8,478,291	9,011,826	9,065,658	8,781,884	9,283,253	9,018,432	9,088,598	8,814,096
US Bank Clearing	181,136	80,738	354,909	263,290	123,402	246,502	113,665	239,352	98,854	167,145	206,091	189,137
<b>Total Cash</b>	<b>\$5,947,969</b>	<b>\$6,524,468</b>	<b>\$7,185,583</b>	<b>\$7,816,019</b>	<b>\$8,601,693</b>	<b>\$9,258,328</b>	<b>\$9,179,324</b>	<b>\$9,021,236</b>	<b>\$9,382,107</b>	<b>\$9,185,577</b>	<b>\$9,294,689</b>	<b>\$9,003,233</b>
Accounts Receivable - Gross	14,738,750	15,289,226	13,483,545	12,565,862	9,142,016	8,665,549	8,812,027	8,576,599	8,051,189	7,277,291	7,050,448	7,173,889
Contractual Allowance	9,746,028	9,739,959	8,714,813	8,278,501	6,523,017	6,024,493	6,020,980	6,043,644	5,523,938	5,271,905	5,380,258	5,496,707
<b>Total Accounts Receivable, Net of Allowance</b>	<b>\$ 4,992,722</b>	<b>\$ 5,549,267</b>	<b>\$ 4,768,732</b>	<b>\$ 4,287,361</b>	<b>\$ 2,618,998</b>	<b>\$ 2,641,056</b>	<b>\$ 2,791,047</b>	<b>\$ 2,532,955</b>	<b>\$ 2,527,251</b>	<b>\$ 2,005,386</b>	<b>\$ 1,670,190</b>	<b>\$ 1,677,182</b>
Other Receivables	1,316,231	1,232,810	1,227,252	1,215,969	1,121,561	1,345,557	1,159,284	1,116,408	1,009,246	1,541,978	1,376,084	1,113,914
Inventory	461,232	503,642	510,780	552,392	562,463	444,184	455,909	452,192	455,096	458,005	458,248	466,260
Prepaid Expense	68,738	133,846	234,754	317,491	364,966	464,464	539,757	572,397	673,023	737,994	837,451	861,579
<b>Total Current Assets</b>	<b>\$12,786,892</b>	<b>\$13,944,033</b>	<b>\$13,927,101</b>	<b>\$14,189,230</b>	<b>\$13,269,682</b>	<b>\$14,153,589</b>	<b>\$14,125,320</b>	<b>\$13,695,188</b>	<b>\$14,046,723</b>	<b>\$13,928,939</b>	<b>\$13,636,661</b>	<b>\$13,122,168</b>
<b>Long Term Assets</b>												
Fixed Assets	53,954,495	53,910,380	54,154,032	54,154,032	54,149,228	54,142,557	54,117,912	55,290,258	55,253,629	55,191,824	55,069,696	55,069,696
Accumulated Depreciation	19,891,812	19,604,950	19,628,337	19,343,964	19,053,393	18,779,371	18,488,006	19,464,554	19,177,335	18,852,072	18,570,895	18,284,271
<b>Total Fixed Assets, Net of Depreciation</b>	<b>\$ 34,062,683</b>	<b>\$ 34,305,430</b>	<b>\$ 34,525,695</b>	<b>\$ 34,810,068</b>	<b>\$ 35,095,835</b>	<b>\$ 35,363,186</b>	<b>\$ 35,629,906</b>	<b>\$ 35,825,704</b>	<b>\$ 36,076,294</b>	<b>\$ 36,339,752</b>	<b>\$ 36,498,801</b>	<b>\$ 36,785,425</b>
<b>Total Long Term Assets</b>	<b>\$ 34,062,683</b>	<b>\$ 34,305,430</b>	<b>\$ 34,525,695</b>	<b>\$ 34,810,068</b>	<b>\$ 35,095,835</b>	<b>\$ 35,363,186</b>	<b>\$ 35,629,906</b>	<b>\$ 35,825,704</b>	<b>\$ 36,076,294</b>	<b>\$ 36,339,752</b>	<b>\$ 36,498,801</b>	<b>\$ 36,785,425</b>
New Hospital Loan	\$ 3,333,193	\$ 3,222,431	\$ 3,097,004	\$ 2,982,299	\$ 2,863,239	\$ 2,743,432	\$ 2,623,120	\$ 2,504,097	\$ 2,384,413	\$ 2,264,783	\$ 2,144,494	\$ 2,141,206
<b>Total Assets</b>	<b>\$ 50,182,769</b>	<b>\$ 51,471,894</b>	<b>\$ 51,549,801</b>	<b>\$ 51,981,597</b>	<b>\$ 51,228,756</b>	<b>\$ 52,260,207</b>	<b>\$ 52,378,346</b>	<b>\$ 52,024,989</b>	<b>\$ 52,507,430</b>	<b>\$ 52,533,475</b>	<b>\$ 52,279,956</b>	<b>\$ 52,048,799</b>
<b>Liabilities &amp; Equity</b>												
<b>Current Liabilities</b>												
Account Payable	1,568,790	1,536,841	1,782,291	1,622,045	1,276,130	1,522,379	1,434,567	1,100,656	1,218,715	1,432,808	1,102,481	1,144,254
Interest Payable	1,067,278	990,380	913,482	836,584	759,686	682,789	605,891	528,993	452,095	375,197	298,299	221,402
Accrued Taxes	59,574	49,049	43,918	21,916	32,804	55,019	50,058	50,367	40,326	50,201	54,176	50,464
Accrued Payroll and Related	590,846	1,183,948	1,043,593	961,295	824,159	812,714	681,275	965,152	1,059,893	800,596	821,798	718,994
Cost Report Settlement	150,000	150,000	150,000	150,000	150,000	150,000	150,000	(235,000)	(235,000)	(235,000)	(235,000)	(235,000)
<b>Total Current Liabilities</b>	<b>\$3,436,488</b>	<b>\$3,910,218</b>	<b>\$3,933,284</b>	<b>\$3,591,841</b>	<b>\$3,042,779</b>	<b>\$3,222,899</b>	<b>\$2,921,791</b>	<b>\$2,410,168</b>	<b>\$2,536,029</b>	<b>\$2,423,803</b>	<b>\$2,041,755</b>	<b>\$1,900,113</b>
<b>Long term Liabilities</b>												
Long Term Notes Payable	24,709,245	24,713,210	24,717,176	24,721,141	24,725,106	24,729,071	24,733,036	24,737,001	24,740,967	24,744,932	24,748,897	24,752,862
<b>Total Long Term Liabilities</b>	<b>\$24,709,245</b>	<b>\$24,713,210</b>	<b>\$24,717,176</b>	<b>\$24,721,141</b>	<b>\$24,725,106</b>	<b>\$24,729,071</b>	<b>\$24,733,036</b>	<b>\$24,737,001</b>	<b>\$24,740,967</b>	<b>\$24,744,932</b>	<b>\$24,748,897</b>	<b>\$24,752,862</b>
<b>Unapplied Liabilities</b>	<b>1,285,343</b>	<b>1,285,343</b>	<b>1,285,343</b>	<b>1,596,261</b>	<b>915,703</b>	<b>663,810</b>	<b>571,979</b>	<b>472,622</b>	<b>449,702</b>	<b>476,889</b>	<b>435,728</b>	<b>405,055</b>
Capital Equipment Lease	223,431	226,853	247,463	250,846	254,209	274,616	277,941	281,246	301,452	304,719	309,850	329,344
<b>Total Liabilities</b>	<b>\$29,654,507</b>	<b>\$30,135,625</b>	<b>\$30,183,266</b>	<b>\$30,160,089</b>	<b>\$28,937,797</b>	<b>\$28,890,396</b>	<b>\$28,504,747</b>	<b>\$27,901,038</b>	<b>\$28,028,150</b>	<b>\$27,950,342</b>	<b>\$27,536,231</b>	<b>\$27,387,374</b>
Retained Earnings	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277	\$25,108,277
Net Income	(\$4,580,015)	(\$3,772,008)	(\$3,741,741)	(\$3,286,768)	(\$2,817,318)	(\$1,738,466)	(\$1,234,678)	(\$984,325)	(\$628,996)	(\$525,144)	(\$364,551)	(\$446,852)
<b>Total Liabilities and Equity</b>	<b>\$50,182,769</b>	<b>\$51,471,894</b>	<b>\$51,549,801</b>	<b>\$51,981,597</b>	<b>\$51,228,756</b>	<b>\$52,260,207</b>	<b>\$52,378,346</b>	<b>\$52,024,989</b>	<b>\$52,507,430</b>	<b>\$52,533,475</b>	<b>\$52,279,956</b>	<b>\$52,048,799</b>

## Financial Trends

### Net Patient Revenue



### Total Operating Revenue



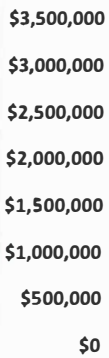
### Employed Labor Costs



### Contract Services



### Total Expenses



### EBITDA



Sierra Vista Hospital

6/30/2024

**Reserves**

	6/30/2024	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
<b>Total Liability</b>	<u>(150,000)</u>	



**STATE OF NEW MEXICO  
JOINT POWERS COMMISSION AND GOVERNING BOARD  
OF SIERRA VISTA HOSPITAL**

Resolution No. 24-110

**RE:** July 30, 2024 4<sup>th</sup> Quarter financial report

**WHEREAS** the official meetings for the review of monthly financials was duly advertised and held monthly on May 30, 2024 to review April 2024, June 25, 2024 to review May 2024 and July 30, 2024 to review June 2024. In compliance with the state open meetings act, and,

**WHEREAS** it is the majority opinion of these Boards that the April, May, and June financial reports are accepted as presented.

**NOW, THEREFORE, BE IT RESOLVED** that the Governing Boards of Sierra Vista Hospital, State of New Mexico hereby approves the 4<sup>th</sup> quarter financial report herein above described.

**RESOLVED**, in session this 30<sup>th</sup> day of July 2024.

**THE SIERRA VISTA HOSPITAL GOVERNING BOARD:**

\_\_\_\_\_  
Chairperson, Governing Board

\_\_\_\_\_  
Secretary, Governing Board

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_

**THE JOINT POWERS COMMISSION:**

\_\_\_\_\_  
Chairperson, Joint Powers Commission

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_



**STATE OF NEW MEXICO  
JOINT POWERS COMMISSION AND GOVERNING BOARD  
OF SIERRA VISTA HOSPITAL**

Resolution No. 24-103

**RE:** Budget Revision 2024

**WHEREAS**, the Governing Body of Sierra Vista Hospital, State of New Mexico has reviewed the Budget Revision for 2024 and needs to adjust said budget, and,

**WHEREAS**, said budget was adjusted based on need and through cooperation with all user departments, elected officials, medical staff, and department supervisors, and,

**WHEREAS** the official meetings for the review of said documents was duly advertised and held on July 30, 2024 in compliance with the state open meetings act.

**NOW, THEREFORE, BE IT RESOLVED** that the Governing Boards of Sierra Vista Hospital, State of New Mexico hereby adopts the budget revision herein above described and attached and respectfully requests approval from the Local Government Division of the Department of Finance and Administration.

**RESOLVED**, in session this 30<sup>th</sup> day of July 2024.

**THE SIERRA VISTA HOSPITAL GOVERNING BOARD:**

\_\_\_\_\_  
Chairperson, Governing Board

\_\_\_\_\_  
Secretary, Governing Board

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_

**THE JOINT POWERS COMMISSION:**

\_\_\_\_\_  
Chairperson, Joint Powers Commission

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_





**STATE OF NEW MEXICO  
JOINT POWERS COMMISSION AND GOVERNING BOARD  
OF SIERRA VISTA HOSPITAL**

Resolution No. 24-104

**RE:** Final Budget for Fiscal Year 07/01/2024 to 06/30/2025

**WHEREAS** the Governing Body of Sierra Vista Hospital, State of New Mexico has developed a budget for Fiscal Year 2024/2025, and,

**WHEREAS**, said budget was developed on the basis of need and through cooperation with all user departments, elected officials, medical staff, and department supervisors, and,

**WHEREAS** the official meeting for the review of said documents was duly advertised and held on July 30, 2024 in compliance with the state open meetings act, and,

**WHEREAS unaudited** cash balance as of June 30, 2024 is \$7,077,947.27 and,

**WHEREAS** it is the majority opinion of these Boards that the proposed budget meets the requirements as currently determined for Fiscal Year 2025.

**NOW, THERERFORE, BE IT RESOLVED** that the Governing Boards of Sierra Vista Hospital, State of New Mexico hereby adopts the budget herein above described and respectfully requests approval from the Local Government Division of the Department of Finance and Administration.

**RESOLVED**, in session this 30th day of July 2024.

**THE SIERRA VISTA HOSPITAL GOVERNING BOARD:**

\_\_\_\_\_  
Chairperson, Governing Board

\_\_\_\_\_  
Secretary, Governing Board

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_

**THE JOINT POWERS COMMISSION:**

\_\_\_\_\_  
Chairperson, Joint Powers Commission

Notary Public \_\_\_\_\_

State of New Mexico  
Notary Bond Filed with Secretary of State  
My commission Expires: \_\_\_\_\_



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date: April 2024

**SUBJECT:** Screening, Brief Intervention, and Referral to Treatment (SBIRT)      Review: 2024 SFA 2025 \_\_\_\_\_ 2026 \_\_\_\_\_  
Last Revised: 06/2024

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

**SCOPE:**

This policy applies to care delivery within the Sierra Vista Hospital Emergency Department.

**PURPOSE:**

Application of Screening, Brief Intervention and Referral to Treatment (SBIRT) within the emergency department. SBIRT within the emergency department setting supports the integration and coordination of screening, early intervention, and treatment components into a system of care. This system in turn links patients to specialty treatment programs, community resources and social services programs in the community for long-term management of substance use disorders.

**POLICY:**

Adult patients presenting to the Sierra Vista Hospital Emergency Department will be screened for substance use/alcohol use disorder using the approved New Mexico Behavioral Health Services Division (BHSD) approved screening tool (Attachment A). Patients may be excluded from this process for reasons including, but not limited to medical acuity, altered mental status, patient/family refusal, patient behaviors, or cognitive impairment. Reason(s) for not screening will be documented in the patient’s medical record.

Participation in all elements of the SBIRT process is voluntary on the part of the patient or their representative.

Screening, brief intervention and referral to treatment activities shall be completed by those qualified health professionals defined in the NM Medicaid Billing Guide (Reference A), and the application of CPT codes for purposes of billing will be applied in compliance with CPT code specifications (Reference B).

Members of the clinical team that are responsible for any part of the SBIRT process shall complete the requisite role-based training as outlined by Life Link Training Institute (Appendix B). The Sierra Vista Hospital Emergency Department will maintain records of training completion.

**DEFINITIONS:**

- A. **Alcohol Use Disorder:** Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.
- B. **Healthy Lifestyles Questionnaire (HLQ):** the NM BHSD approved tool for SBIRT screening in healthcare settings.
- C. **New Mexico Behavioral Health Services Division (NM BHSD):** The role of the Behavioral

## SIERRA VISTA HOSPITAL

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Health Services Division (BHSD), as the Mental Health and Substance Abuse State Authority for New Mexico, is to address need, services, planning, monitoring and continuous quality systemically across the state.

- D. **Qualified Healthcare Professional (QHP):** For purposes of SBIRT, NM Medicaid Billing Manual has identified the following healthcare professionals as qualified to deliver SBIRT services (following appropriate training): Licensed RN, licensed nurse practitioner, behavioral health practitioner, certified peer support worker, licensed physician assistant, physician, and medical assistant
- E. **Referral:** a referral for the purposes of SBIRT is connecting a patient with a referral source through an established process (referral platform, direct contact, etc.). Providing a list of available services DOES NOT constitute a referral.  
<https://www.hsd.state.nm.us/about-the-department/behavioral-health-services-division/>
- F. **SBIRT:** SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- **S**creening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
  - **B**rief **I**ntervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change
  - **R**eferral to **T**reatment provides those identified as needing more extensive treatment with access to specialty care.
- G. **Substance Use Disorder:** Substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.

### PROCEDURE:

The patient will be provided with a paper screening tool along with a visual diagram to assist with describing the amount of alcohol intake. The patient will be asked to answer the questions and return the screening tool to the nurse. The nurse will score the screening tool and provide the results to the physician. If a patient screening is positive the nurse and/or the physician will communicate the results to the patient.

A brief intervention episode will be patient dependent and providers' recommendation. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral changes. The QHP will provide feedback to the patient about their personal risk as indicated from the screening process. Advice will be provided which is to increase the patient's awareness of the cost and consequence of their behavior. Options for strategies to support positive change will be provided in education to the patient.

Referrals to treatment will be completed by the Emergency Department Team. If the patient is in the Emergency Department during Clinic hours a call will be made to determine if a Behavior Health provider is available. If no provider is available or after clinic hours and weekends the patient will be given a clinic appointment card for the next available appointment. Should the patient be unsafe for discharge, the provider will order a transfer to a behavioral health facility.

## SIERRA VISTA HOSPITAL

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Patients scoring moderate to high risk for SUD/AUD, the Emergency Department provider will document a provisional diagnosis.

Monitoring will occur as outlined by the Quality Department. Reports will be presented monthly to the Quality and Performance Improvement committee.

### REFERENCE:

[Life Link Training Institute: SBIRT Training Authorization Letter- NM HSD](#)

Life Link Training Institute; [Training Overview for Hospital ERs](#)

NM Medicaid billing manual: <https://www.hsd.state.nm.us/wp-content/uploads/BEHAVIORAL-HEALTH-POLICY-AND-BILLING-MANUAL-FINAL-12.23.21-1.pdf>

Raki, M. Brief Intervention Guide (2012). Retrieved from [brief-intervention-guidelines\\_2021-10-13-003653.pdf \(d2ew8vb2gktr0m.cloudfront.net\)](#)

SAMHSA. Coding for Screening and Brief Intervention Reimbursement. (Last update: 04/14/2022). Retrieved from [Coding for Screening and Brief Intervention Reimbursement | SAMHSA](#)

Screening, Brief Intervention, and Referral to Treatment (SBIRT). (Last updated: 08/12/2022). SAMHSA. <https://www.samhsa.gov/sbirt>

# SIERRA VISTA HOSPITAL

## Healthy Lifestyle Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_ MRN: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: ( ) \_\_\_\_\_

Patient will require assistance completing this form yes no

What is the primary language spoken in your home? \_\_\_\_\_

Please help us give you the best possible healthcare. The following questions are about things that can affect your health, and knowing about it can be important in providing you with the best medical care. Your provider will talk to you about your answers. This information will be kept strictly confidential unless you are at risk of serious harm. Thank you!

Please answer the following:

During the past two weeks:		
1. Have you often been bothered by feeling down, depressed, or hopeless?	No	Yes
2. Have you often been bothered by little interest or pleasure in doing things?	No	Yes
-For Staff Use-	0	1x
Dep = _____		

During the past two weeks:		
3. Have you often been bothered by feeling nervous, anxious or on edge?	No	Yes
4. Have you often been bothered by not being able to stop or control worrying?	No	Yes
-For Staff Use-	0	1x
Ans = _____		

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, during the past month, you:		
5. Have had nightmares about it or thought about it when you did not want to?	No	Yes
6. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
7. Were constantly on guard, watchful, or easily startled?	No	Yes
8. Felt numb or detached from others, activities, or your surroundings?	No	Yes
-For Staff Use-	0	1x
PTSD = _____		

The following 3 questions are about your drinking during the past year. A drink is equal to a 12 oz. beer, a 6 oz. glass of wine, or 1.5 oz. liquor.

9. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
10. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
11. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-For Staff Use-	0	1x	2x	3x	4x
A = _____					

The following questions are about your use of other substances.

12. Do you use any marijuana products? (explored but not scored)	No	Yes
-For Staff Use- Marijuana use (not further explored). There is no scoring for this item.		
13. In the last year have you used any of the following substances - <b>NOT PRESCRIBED</b> to you: - AMPHETAMINES (meth, speed, Adderall, Ritalin, diet pills); - COCAINE (COKE, CRACK); - HALOANTH (nitrous oxide, gas, paint, paint thinner); - OPIATES (heroin, hydrocodone, oxycodone, oxy-contin, morphine, methadone, codeine); - HALLUCINOGENS (LSD, acid, ecstasy, mushrooms, PCP, special K); - BENZODIAZEPINES (Valium, Xanax, Klonopin / Lunazepam); - OTHER	No	Yes
-For Staff Use-	0	1x
D = _____		

Thank you for taking the time to complete this form.

# SIERRA VISTA HOSPITAL

**FOR STAFF USE ONLY**

**SCREENING POSITIVE FOR SBIRT MEANS SBIRT SERVICES INDICATED**

CLIENT ID: \_\_\_\_\_

**CLIENT SCORES & CLIENT CLASSIFICATION**  
(Not the services provided)

Below please indicate the client's scores:				
Depression: _____	Anxiety: _____	PTSD: _____	Alcohol: _____	Drug: _____
Brief Intervention	Brief Treatment	Referral to Treatment		
___ Depression ___ Anxiety ___ Trauma ___ Alcohol ___ Drugs	___ Alcohol	___ Alcohol		

### Screen Scoring Instructions

QUESTIONS #'S	DESCRIPTION	SCORING INSTRUCTIONS
1-2	Depression	Positive score = $\geq 1$ (score one point for each yes answer) Score $> 1 = BI$
3-4	Anxiety	Positive score = $\geq 1$ (score one point for each yes answer) Score $> 1 = BI$
5-8	PTSD	Positive score = $\geq 3$ (score one point for each yes answer) Score $\geq 3 = BI$
9-11	Alcohol	Positive score is $> 3$ (for either gender) Answers score 0 Points for column one; 1 point for column two; 2 points for column three; 3 points for column four; and 4 points for column five. Tally scores accordingly. Score 3-4= BI, Score 5-9= BT, Score 10-12= RT
12-13	Drug Use	Positive Score $\geq 1$

**Note: Score=1 for drug and score=5-9 for alcohol= BT**

**Admin: section**

**Screening Deferred Reasons:** Medical Acuity Altered Mental Status Cognitive Impairment Patient Behavior Patient/Family Refusal other  
**Pt SBI:** conducted not conducted Medical Acuity Altered Mental Status Cognitive Impairment Patient Behavior Patient/Family Refusal other

# SIERRA VISTA HOSPITAL

## Cuestionario Respecto a la Salud y la Vida

Fecha: \_\_\_/\_\_\_/\_\_\_

MRN: \_\_\_\_\_

Nombre del paciente: \_\_\_\_\_ Fecha de nacimiento: \_\_\_/\_\_\_/\_\_\_ Teléfono: \_\_\_\_\_

Necesito ayuda para completar este formulario ( Si / No Idioma principal que se habla en casa? \_\_\_\_\_

*Ayúdenos a darle la mejor asistencia médica posible. El uso del alcohol y las drogas afecta su salud y al saber los detalles de su consumo, podemos brindarle un mejor servicio de salud. Su proveedor de salud hablará con usted sobre sus respuestas. **Esta información es estrictamente confidencial a menos que usted ponga su vida en alto riesgo. ¡Muchas Gracias!***

**Por favor responder a lo siguiente:**

<b>Durante las últimas dos semanas :</b>		
1. ¿Se ha molestado frecuentemente porque se ha sentido desanimado, deprimido o sin esperanza?	No	Si
2. ¿Se ha sentido molesto frecuentemente debido al poco interés o placer en hacer las cosas?	No	Si
<i>--Para uso oficial--</i>	0	1x
<b>Humor=</b>		
<b>Durante las últimas dos semanas:</b>		
3. ¿Ha sentido sensaciones de nerviosismo, ansiedad o a punto de ansiedad?	No	Si
4. ¿Ha sentido molestia porque no puede controlar sus preocupaciones?	No	Si
<i>--Para uso oficial--</i>	0	1x
<b>Ansiedad=</b>		
<b>Durante su vida ha tenido alguna experiencia tan espantosa, horrible, o desagradable que le ha causado algunos de estos síntomas en el último mes, usted:</b>		
5. ¿Ha tenido pesadillas o ha pensado en la experiencia cuando no quería.	No	Si
6. ¿Ha tratado de no pensar en la experiencia o se ha complicado la vida para evadir una situación que se acordó sobre la experiencia?	No	Si
7. ¿Esta siempre en guardia preocupado, molesto o se asusta fácilmente?	No	Si
8. ¿Se ha sentido desanimado, fro o asustado de otras personas, actividades, o sus alrededores?	No	Si
<i>--Para uso oficial--</i>	0	1x
<b>Trauma=</b>		

<b>Las siguientes preguntas son sobre su uso del alcohol durante el último año. Una bebida es igual a una cerveza (12 onzas), un vaso de vino (5 onzas), o un trago de licor (1.5 onzas).</b>					
9. ¿Con qué frecuencia toma una bebida alcohólica?	Nunca	Una vez o menos por mes	2-4 veces por mes	2-3 por semana	4+ por semana
10. ¿Cuántas bebidas alcohólicas toma durante un día típico?	0	1-4	5-6	7-8	Mas de 10
11. ¿Con qué frecuencia toma 6 bebidas o más en una ocasión?	Nunca	Menos que una vez por mes	Mensual	semanal	Diario o casi diario
<i>--Para uso oficial--</i>	0	1x	2x	3x	4x
<b>Las siguientes preguntas son sobre su uso de otras drogas.</b>					
<b>A =</b>					

12. ¿Usa productos de Cannabis (marihuana, mari, hashis) ¿ (explorado no puntuado)	No	Si
12a. Si si ¿tiene usted una receta médica para este uso?	No	Si
<i>--Para uso oficial-- sub-total (9+1 uso (12) y -1 para 12a (12b)) si para No;</i>		
<b>13. Durante el último año, ¿ha usado alguna sustancia en esta lista de manera no-prescrita?</b>		
<ul style="list-style-type: none"> <li>• ANFETAMINAS (met, anfet, Adderall (pastillas para perder peso);</li> <li>• COCAINA (chiva, crack);</li> <li>• INHALANTES (óxido nítrico, goma, pintura, adelgazador de pintura);</li> <li>• OPIATAS (heroína, hidrocodone, oxycotin, oxycodone, morfina, metadona, codeína);</li> <li>• ALUCINÓGENOS (LSD, ácido, extasis, hongos psilocibios, PCP (fenoclidina), ketamina);</li> <li>• Benzodiazepinas (Rohipn Valium Xanax Clonazepam/Clonopin)</li> </ul>	No	Si
14. ¿Ha usado medicamentos recetados de manera no-prescrita?	No	Si
<i>--Para uso oficial--</i>	0	1
<b>D =</b>		

Gracias por tomarse el tiempo para completar este formulario.

# SIERRA VISTA HOSPITAL

## FOR STAFF USE ONLY

### SCREENING POSITIVE FOR SBIRT MEANS SBIRT SERVICES INDICATED

CLIENT ID: \_\_\_\_\_

### CLIENT SCORES & CLIENT CLASSIFICATION (Not the services provided)

Below please indicate the client's scores:				
Depression _____	Anxiety: _____	PTSD: _____	Alcohol: _____	Drug: _____
Brief Intervention	Brief Treatment	Referral to Treatment		
___ Depression ___ Anxiety ___ Trauma ___ Alcohol ___ Drugs	___ Alcohol	___ Alcohol		

### Screen Scoring Instructions

QUESTIONS #'S	DESCRIPTION	SCORING INSTRUCTIONS
1-2	Depression	Positive score = $\geq 1$ (score one point for each yes answer) Score $\geq 1$ = BI
3-4	Anxiety	Positive score = $\geq 1$ (score one point for each yes answer) Score $\geq 1$ = BI
5-8	PTSD	Positive score = $\geq 3$ (score one point for each yes answer) Score $> 3$ = BI
9-11	Alcohol	Positive score is $\geq 3$ (for either gender) Answers score 0 Points for column one; 1 point for column two; 2 points for column three; 3 points for column four; and 4 points for column five Tally scores accordingly. Score 3-4= BI, Score 5-9= BT, Score 10-12= RT
12-13	Drug Use	Positive Score = $\geq 1$ (score one point for each yes answer, except for 12a) For item 12 score one point for yes answer. For 12a, score -1 for yes answer For 13 score one point for yes answer Tally scores accordingly. Score +1 for Cannabis= BI, Score +1 for substance other than cannabis= BT

**Note: Score=1 for drug and score=3-9 for alcohol= BT**

**Admin: section**

Screening Deferred Reasons: <input type="checkbox"/> Medical Acuity <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Patient Behavior <input type="checkbox"/> Patient/Family Refusal <input type="checkbox"/> Other Pt SBI: <input type="checkbox"/> conducted <input type="checkbox"/> not conducted <input type="checkbox"/> Medical Acuity <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Patient Behavior <input type="checkbox"/> Patient/Family Refusal <input type="checkbox"/> other
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**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date:

**SUBJECT:** Care Coordination

Review:      2024    SFA    2025      2026      \_\_\_\_\_

Last Revised:    07/2024

**APPROVED BY:**  
Medical Staff,  
Governing Board

Manager:      Sheila F. Adams, MSN, MHA

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**SCOPE**

This policy applies to care delivery within the Sierra Vista Hospital Emergency Department.

**PURPOSE**

Facilitation of a care coordination referral to the applicable Medicaid MCO for patients within the Emergency Department for specified mental health presentations.

**POLICY**

The Sierra Vista Hospital Emergency Department (ED) will determine, through the utilization of a decision tree model, whether patients presenting to the ED with primary or secondary mental health impairment would potentially benefit from a referral to the MCO care coordination service. Participation in all elements of the care coordination process is voluntary on the part of the patient or their representative.

Care coordination referral timeframe is within 72 hours of the hospital ED visit, excluding holidays.

Sierra Vista will continue to participate in regularly scheduled MCO/Hospital calls to support the effectiveness of the care coordination for mental health quality measures.

**DEFINITION(S)**

- A. **Referral:** Hospital notification, via an established process, to the necessary MCO to initiate care coordination services.
- B. **Qualifying mental health presentation:** Individuals presenting to the ED with Mental Health needs that do not currently receive medical care for their mental health condition, and
- C. **MCO Care Coordination:** The MCO care coordination function facilitates improved management of physical and behavioral healthcare needs through the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services.

**PROCEDURE**

Patients presenting to the Sierra Vista Hospital Emergency Department with a primary or secondary mental health presentation will receive appropriate treatment and staff will use the Care Coordination Decision Tree to determine next steps. A care coordination referral is not required for patients who will be admitted as an inpatient to a hospital.

## SIERRA VISTA HOSPITAL

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All other patients with a qualifying mental health presentation will be offered care coordination. If the patient has a current provider for mental health treatment the patient will be encouraged to follow-up with their provider within 72 hours (excluding holidays). If the patient's provider is a member Sierra Vista Hospital clinic, ED staff will send a note in the EHR notifying scheduling that the patient requires a follow-up visit with their mental health provider within 72 hours (excluding holidays) of the ED visit. The patient will be provided with a Sierra Vista Hospital clinic appointment card which contains a phone number they should call if they do not hear from the scheduling department on the next business day.

Patients who are not engaged with a mental health provider will be scheduled for an appointment with a mental health provider in the Sierra Vista Hospital clinic within 72 hours (excluding holidays). ED staff will send an EHR note to notify scheduling that the patient requires an appointment with a mental health provider within 72 hours (excluding holidays) of the ED visit. The patient will be provided with a Sierra Vista Hospital clinic appointment card which contains a phone number they should call if they do not hear from the scheduling department on the next business day.

If the patient declines care coordination, ED staff will share information about mental health services at our hospital clinic and surrounding areas. Provide the patient with an appointment card so they may call for an appointment should they change their mind.

The patient's nurse will document in the patient record the outcome with referral to their own mental health providers, referral to a clinic mental health provider, or the patient's declination of care coordination.

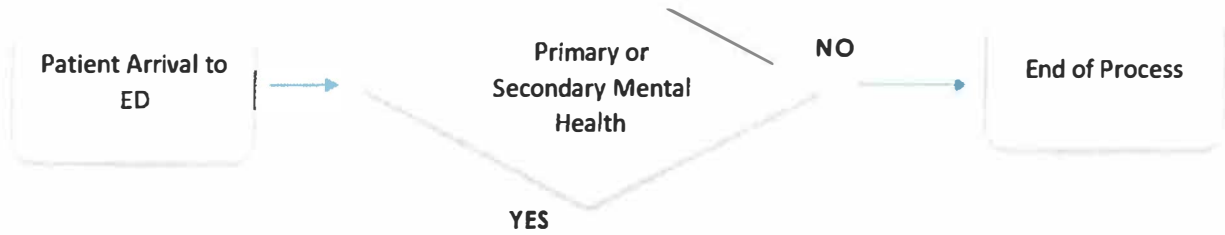
The unit clerk will document on the ED log patients with mental health care coordination referrals and patients who declined referral.

The house supervisor will audit ED logs for care coordination referral every 24 hours to determine compliance with care coordination referrals and documentation. Results will be reported to the quality committee monthly.

### REFERENCE

Care Coordination Decision Tree

# SIERRA VISTA HOSPITAL



Share resources and other recommendations appropriate to patient needs and document decline of CC services



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Emergency Department      **Original Policy Date:** April 2024

**SUBJECT:** Emergency Referral Services      **Review:**    2024 SFA    2025 \_\_\_\_\_    2026 \_\_\_\_\_  
**Last Revised:**

**APPROVED BY:** Chief Nursing Officer      **Manager:** Sheila F. Adams, MSN, MHA

**SCOPE:**  
 Emergency Department Medical and Nursing Staff

**POLICY:**  
 It is the policy of Sierra Vista Hospital to provide a basic emergency services list including the name, address, and telephone number of the service.

**PROCEDURE:**  
 Below is a list of emergency referral services which is available to all Emergency Department providers and staff. This list will be reviewed no less than yearly.

<b>Emergency Referral Services</b>		
Service	Address	Telephone #
<b>Ambulance Transport</b>		
Sierra Vista Hospital Emergency Medical Services	800 E. 9 <sup>th</sup> Ave. T or C, NM 87901	911 575-894-7711 (dispatch)
American Medical Resources	920 S. Valley Dr. Las Cruces, NM 88005	505-523-0225
<b>Anti-venom Services</b>		
New Mexico Poison Center	119 S. St. Francis Dr. Santa Fe, NM 87505	800-222-1222
<b>Burn Center</b>		
UNM Hospital Burn Center	2211 Lomas Blvd. NE Albuquerque, NM 87106	505-272-4946
Timothy J. Hamar Region Burn Center, UMC Health System	602 Indiana Ave. Lubbock, TX 79415	800-345-9911 (transfer center)
<b>Clergy</b>		
Sierra County Ministerial Alliance	T or C, New Mexico	575-571-7388
<b>Chronic Dialysis Services</b>		
Fresenius Kidney Care, Las Cruces	3875 Foothills Rd. Las Cruces, NM	888-489-4718
<b>County Coroner</b>		
Sierra County Medical Examiner and Coroner	1109 Camino De Salud Alburquerque, NM 87102	575-894-7111 (dispatch) 505-272-3053 (State)

## SIERRA VISTA HOSPITAL

<b>Domestic Abuse Crisis Center</b>		
Domestic Abuse Intervention Center, Inc.	812 Third Ave. T or C, NM 87901	800-773-3645
<b>Drug Abuse Center &amp; Psychiatric Services</b>		
Mesilla Valley Hospital	3751 Del Rey Blvd. Las Cruces, NM 88012	800-877-3500
<b>Emergency Dental Services</b>		
Mesilla Valley Family Dentistry Emergency Dental Care in Las Cruces	608 S. Alameda Blvd. Las Cruces, NM 88005	575-523-5589
<b>Emergency Operations Center</b>		
Sierra County Emergency Management	1712 N. Date, Suite D T or C, NM 87901	575-894-6251
<b>Epidemiology, New Mexico Department of Health</b>		
New Mexico Epidemiology Office	1190 S. St. Francis Dr., #1350 Santa Fe, NM 87505	505-827-0006
<b>Hazardous Materials Management Services</b>		
Hazardous Waste Bureau	2905 Rodeo Park Dr. E., Bldg. 1 Santa Fe, NM 87505	505-476-6000
<b>Intensive Care, Newborn Nursery</b>		
Memorial Medical Center	2450 S. Telshor Blvd. Las Cruces, NM 88011	575-522-8641
<b>Law Enforcement</b>		
New Mexico State Police	990 S. Broadway St. T or C, NM 87901	575-894-7111 (dispatch) 575-894-7118 (department)
Sierra County Sheriff's Office	2501 S. Broadway St. T or C, NM 87901	575-894-7111 (dispatch) 575-894-9150 (department)
Truth or Consequences Police Department	507 McAdoo St. T or C, NM 87901	575-894-7111 (dispatch) 575-894-1204 (department)
<b>Poison Center (New Mexico)</b>		
NM Poison Control Center, NMDOH	1190 S. St. Francis Dr. Santa Fe, NM 87505	800-222-1222
<b>Military Resources</b>		
Joint Forces HQ	600 Wyoming Blvd. NE. Albuquerque, NM 87123	505-271-7901
<b>Public Health Office, Sierra County</b>		
Sierra County Public Health Office	201 E. 4 <sup>th</sup> Ave T or C, NM 87901	575-894-2716
<b>Radiation Accident Management Services</b>		
Radiation Control Bureau New Mexico Environment Department	1100 S. St. Francis Dr., Suite 2022 Santa Fe, NM 87505	800-219-6157
<b>Rape Crisis Center</b>		
La Pinon Sexual Assault Recovery Services	850 N. Motel Blvd. Las Cruces, NM 88007	575-526-3437

## SIERRA VISTA HOSPITAL

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<b>Renal Transplant Center</b>		
Presbyterian Hospital Transplant Services	1100 Central Ave. SE. Albuquerque, NM 87106	505-841-1234
<b>Search and Rescue Services</b>		
New Mexico Search and Rescue Resource Office	2501 Carlisle Blvd. NE. Albuquerque, NM 87110	505-841-9297
<b>Suicide Prevention Center</b>		
Substance Abuse and Mental Health Services Administration	5600 Fishers Lane Rockville, MD 20857	Call or Text 988

**REFERENCE(S):**

N.M. Code R. § 7.7.2.38

**SIERRA VISTA HOSPITAL  
HUMAN RESOURCES BOARD REPORT**

**July 2024**

**CRITICAL RECRUITMENT:**

- Physical Therapist – FT (Traveler Fill)

**KEY VACANCIES:**

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

**PEOPLE:**

**June New Hires – 4**

**FY23 Total - 56**

- FT Cook-Aide (Dietary) – 1
- FT Registration Clerk (Business Office) – 1
- FT Barista (Dietary) – 1
- FT Security Guard (Safety) – 1

**PRIORITY OF EFFORT:**

Our priority of effort is behavioral health team growth and program impact.

**Human Resource Trends Snapshot:**

**56 new or rehires to date**

**56 terminations to date**

**210 Quarter Avg staff**

**Turnover Rate Q1**

**Pending**

**KEY INITIATIVES:**

- Behavioral Health Service Capability
- Paid Internship Program HSHS (2<sup>nd</sup> Group)
- Political Outreach – In contact with Governor's office regarding capital outlay funding.

**PEOPLE:**

**June Terminations – 7**

**FY23 Total - 56**

- Involuntary – 1
- FT – Quality Director (Quality) – Insufficient Performance
- Voluntary – 6
- FT – Cook-Aide (Dietary) – Retired
- FT – Cook-Aide (Dietary) – Lack of desire
- FT – EMT-1 (EMS) – Resigned
- FT – EMT-B (EMS) – Resigned (Family)
- FT – Housekeeper (EVS) – Lack of desire
- FT – RN (Med/Surg) – Relocating out of state

**FINANCIAL IMPACTS:**

- Onboarding of new professional positions may have an impact on budget.

**Contract Staff – 11**

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

**Travel Staff – 17**

- Nursing – 11
- Pharmacist – 1
- Physical Therapist – 1
- CNA – 3
- Ultrasound Tech – 1

**Respectfully Submitted,**

**Lawrence “LJ” Baker Jr.  
Chief Human Resources &  
Strategic Initiatives Officer**



# SIERRA VISTA HOSPITAL

## EMPLOYMENT OPPORTUNITIES

### July 19, 2024

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

#### **95303 – Clinic Office Specialist – 1 full-time position (open date 7/19/2024)**

Clinic Office Specialists support nurses, doctors, and other medical staff in the SVH Rural Health Clinic to ensure a quality patient care experience. They are primarily responsible for conducting key behind the scenes tasks necessary to ensure high quality patient care. They communicate with patients or patient representatives via phone, prepare detailed messages, and compile and process documents. In certain cases, specialists may be required to guide, relocate, or direct patients to facilitate the appointment process. In rare cases, they may assist with transporting patients between units. Clinic Office Specialists continuously listen to and communicate patient information to appropriate clinic staff members.

#### **85201 – Director of Quality Management – 1 full-time position (open date 7/17/2024)**

The SVH Director of Quality Management supports and promotes organization-wide performance improvement, the patient safety program, and culture of compliance. This includes participating in the development and implementation of quality improvement plans and projects; data collection, chart abstractions, analysis and display of data; developing and submitting reports; facilitating performance improvement teams; and acting as a resource for quality, regulatory and accreditation guidelines. The director should meet and strive to exceed regulatory requirements and ensure compliance with state, federal, and CMS conditions of participation.

#### **05501 – Sleep Lab Technologist - 1PRN position (open date 7/15/2024)**

The SVH Sleep Lab Technician is primarily responsible for supporting the sleep lab program by facilitating activities associated with the detection and treatment of sleep disorders including collection and analysis of patient information, preparing test procedures and processes, and ensuring proper conduct of sleep related sleep study tests. The technician assists the Director of Sleep Medicine with developing individualized treatment plans for patients with sleep issues. Further, the technician monitors testing (sleep studies) to determine sleep apnea diagnosis, detection of respiratory issues, and address other sleep-related oxygen deficit conditions. May also provide education to patients and their families about sleep disorders and lifestyle modifications to improve sleep health.

**69001 – Infection Prevention Medical Assistant - 1 Part-time position (open date 7/15/2024)** As a Medical Asst. for the Infection Prevention / Employee Health dept, may provide general aspects of care and immunization vaccinations to the staff, patients and community. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse. Maintains regulatory requirements, department and office policies, procedures, and standards. Communicates with physicians and team members about patient's clinical condition as recommended by infection prevention LPN/RN, including results of diagnostic studies and symptomatology.

**07001 – Cook -Aide 1 part-time position (open date 07/15/2024)** Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.



**07002 – Barista – 1 Part-time position (open date 6/28/2024)** Under the direct supervision of the Dietary Manager, the Coffee Shop Barista makes sure that all supplies needed to make drinks are always on hand to meet the daily demands of their work environment. They maintain an inventory log and place orders with the Dietary Manager as needed. They wipe down counters and clean and maintain equipment, keep preparation tools in order and sweep and mop behind the counter and in the serving area as needed. They also follow food safety and sanitation guidelines while preparing and serving drinks and food.

**03001 – Certified Phlebotomist / Lab Assistant 1 full-time position (open date 6/20/2024)** Performs venipunctures and skin punctures competently and expediently. Has thorough knowledge of test requirements, responds to trauma calls and assists in Clinical Laboratory as needed. Responsibilities will include handling telephone calls, pre-analytical and post-analytical handling of samples and paperwork necessary to carry out the delivery of department service. Certification required.

**18601 – EMT –1 PRN position (open date 6/13/2024)** Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

**80001 – Front Desk Operator – 1 full-time position (open date 6/4/2024)** Receives and relays incoming and outgoing telephone calls for the facility. Provides directory information, transfers calls. Makes general and emergency announcements over the facility PA system. Handles the facility paging system.

**74101 – Housekeeper – 2 full-time and 1 full-time temporary position (open date 5/6/2024)** Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

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

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

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

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

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

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

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

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

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

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

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

## CNO Report July 2024

### **High Quality Patient Care For Every Patient...Everyday**

AHRQ article is well in progress, picture sent last week.

### **Cerner**

Continues to be a work in progress!

### **Nursing Staff**

The newest group of foreign-educated nurses are beginning to have the necessary paperwork to join us. One will be arriving in the last week of July.

### **SVH Certified Nursing Assistant Program**

Awaiting information from the State to determine if approved to begin program or if we need to provide additional information.

### **Surgery**

Nursing staff are excited that we are back to weekly procedures. The anesthesia providers are very patient friendly and focused on patient safety.

### **Safety Program**

Our Trauma Program provided free life vests to individuals at the Lake on Friday and Saturday after July 4th. We gave out and fitted all that we had!

Respectfully submitted,

*Sheika F. Adams, MSN, MHA*

## CEO Report

Frank Corcoran

07/19/2024

1. **Behavioral Health Project Update:** Planning to have BHNPs see patients at VH Nursing Home 1 day a week as soon as credentialing is complete.
2. **RHC Update/Provider Recruitment:** In executive session
3. **IT System Replacement** – Cerner improving and catching up on cash flow.
4. **AHA: Attending AHA this week. More to come.**
5. **HDAA:** On Target for distribution of funds July 2025.
6. **SB 161:** Requested \$1.5 million this year and the remainder of the \$2.7 million allocated next FY.
7. **Surgical Services:** up and running again!
8. **EOC:** City Engineer coming to evaluate city water pressure to fire pump.
9. **Quality:** Michelle Back from Ovation will be here each month while we search for a new Quality Director.
10. **Mergers and Acquisitions:** J and I participated in the M&A meetings last week in Santa Fe to give Rural Hospital Input.