



**SIERRA VISTA HOSPITAL GOVERNING BOARD
REGULAR MEETING AGENDA
Elephant Butte Lake RV
Resort Center
5-29-25**

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**403b Principal to Voya is a separate attachment*

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

High quality for every patient, every day.



AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

May 29, 2025

12:00pm

**Elephant Butte Lake RV
Event Center**

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

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

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

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

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member
Richard Holcomb, Member

CITY

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

EX-OFFICIO

Don Bates, CEO
Amanda Cardona, VCW
Janet Porter-Carrejo, City Manager, EB
Amber Vaughn, County Manager
Gary Whitehead, City Manager, TorC
Jim Paxon, JPC Chair

VILLAGE of WILLIAMSBURG

Cookie Johnson, Secretary

SUPPORT STAFF:

Ming Huang, CFO
Sheila Adams, CNO
Heather Johnson, HIM Mgr.
Zach Heard, PXO
Lisa Boston, CO

Ovation:

Erika Sundrud
David Perry

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. Call to Order	Kathi Pape, Chairperson	
2. Pledge of Allegiance	Kathi Pape, Chairperson	
3. Roll Call	Jennifer Burns	Quorum Determination
4. Approval of Agenda	Kathi Pape, Chairperson	Amend/Action
“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”		
5. Approval of minutes A. April 29, 2025 Special Meeting	Kathi Pape, Chairperson	Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business- None		
8. New Business- A. e4h Architecture Presentation	Thomas Newsom	Report/Action
9. Finance Committee- Bruce Swingle, Chairperson A. April Financial Report B. 403b Principal to Voya	Ming Huang, CFO Ming Huang, CFO	Action Action
10. Board Quality- Shawnee Williams, Chairperson A. Policies	Sheila Adams, CNO	Action
<ul style="list-style-type: none"> • Annual Policy Review – RHC • Annual Program Evaluation – RHC • Authorized Services Performed by a Nurse Practitioner – RHC • Clinical Record System – RHC • History and Physical – RHC • In Charge Identification – RHC • Scope of Services – RHC • Involuntary Hold & Form – RHC • OPPE Form – Psychologist • OPPE Form – Rural Health LICSW • OPPE Form – RHC Walk-In Clinic FNP • Medical Staff Peer Review – Medical Staff • Re-appointment Credentialing – Medical Staff • Hospital Committee Support – Medical Staff 		

11. Administrative Reports

A. HR Report	Don Bates, CEO	Report
B. Nursing Services	Sheila Adams, CNO	Report
C. CEO Report	Don Bates, CEO	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 and 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

Don Bates, CEO

Temps to Provisional:

Emily Gerardo, FNP

2-Year Reappointment

Jeremy Parsons, MD

Michael Pena, MD (ESS)

RP Delegated Reappointment:

Chukwusomnazu E. Nwanze MD

Ashton D. Regalado-Magdos MD

Terms:

Minnsun Park, MD/MMC Cardiology - did not reappoint

Audra Yadack, MD/Arena Health - did not reappoint

Roi Altit, MD/MMC Cardiology - did not reappoint

B. Patient Experience Report

Zach Heard, PXO

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

A. Risk Report

Heather Johnson, Risk

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

A. Annual Compliance Report

Lisa Boston, CO

B. Governing Board Report

Kathi Pape, Chairperson

1. Bylaws revisions

C. QAPI/ Survey

Lisa Boston, CO

D. Ovation Report to Board

Erika Sundrud, Ovation

E. Board Self-evaluation

Erika Sundrud, Ovation

Roll Call to Close Meeting:

14. 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

Temps to Provisional:

Emily Gerardo, FNP

2-Year Reappointment

Jeremy Parsons, MD

Michael Pena, MD (ESS)

RP Delegated Reappointment:

Chukwusomnazu E. Nwanze MD

Ashton D. Regalado-Magdos MD

Terms:

Minnsun Park, MD/MMC

Audra Yadack, MD/Arena Health

Roi Altit, MD//MMC Cardiology

B. Patient Experience Report

Report

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. Annual Compliance Report

Report/Action

B. Governing Board Report

Report/Action

1. Bylaws Revisions

C. QAPI/ Survey

Report/Action

D. Ovation Report to Board

Report

E. Board Self-evaluation

Report

15. Other

Discussion

Next Regular Meeting- June 24, 2025 @ 12:00

16. Adjournment

Action

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

April 29, 2025

12:00pm

**Elephant Butte Lake RV
Event Center**

- 1. The Governing Board of Sierra Vista Hospital met April 29, 2025, at 12:00pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Kathi Pape, Governing Board Chairperson, called the meeting to order at 12:03.**

2. Pledge of Allegiance

3. Roll Call:

COUNTY

Kathi Pape, **Chair**, Present
Serina Bartoo, **VC**, Present
Shawnee R. Williams, Absent

ELEPHANT BUTTE

Katharine Elverum, Present
Richard Holcomb, Present

CITY

Bruce Swingle, Present
Jesus Baray, Present
Greg D'Amour, Present

EX-OFFICIO

Don Bates, CEO, Absent
Amanda Cardona, VCW, Present
Janet Porter-Carrejo, CM, EB, Absent
Amber Vaughn, CM, Absent
Gary Whitehead, CM, TorC, Absent
Jim Paxon, JPC Chair, Present
Mayor Mortensen, Present for Janet

VILLAGE of WILLIAMSBURG

Cookie Johnson, **Secretary**,
Present by phone

SUPPORT STAFF:

Ming Huang, CFO
Sheila Adams, CNO
Zachary Heard, PEO
Heather Johnson, Risk

Ovation:

Erika Sundrud

4. Approval of Agenda

Katharine Elverum motioned to approve the agenda. Richard Holcomb seconded. Motion carried unanimously.

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

5. Approval of minutes

A. April 4, 2025 Special Meeting

Bruce Swingle motioned to approve the April 4, 2025 minutes. Greg D’Amour seconded. Motion carried unanimously.

B. March 25, 2025 Regular Meeting

Serina Bartoo motioned to approve the March 25, 2025 minutes. Katharine Eleverum seconded. Motion carried unanimously.

- 6. Public Input** – Ted Kuzdrowski thanked Ming Huang for the work he did in the billing department. Ted requested that any employee who has a ponytail should be required to wear a hair net so that their hair doesn’t fall into people’s faces.

Note: Kathi Pape stated that Don Bates will not be able to attend today’s meeting due to a family emergency.

7. Old Business-

None

8. New Business-

None

9. Finance Committee- Bruce Swingle, Chairperson

A. SCRDA Agreement Update, Ming Huang, CFO, reminded the board that this was discussed last month in Finance Committee and tabled in that committee meeting pending further explanation of the cost increase. The main contributing factor was lower GRT funding. Bruce Swingle explained that 95% of GRT funding is used for SCRDA. There were a couple of years with high revenues and higher GRT. We are now returning to normal levels of GRT.

Bruce Swingle motioned based on the recommendation of the Finance Committee, approval of the SCRDA agreement. Serina Bartoo seconded. Motion carried unanimously.

B. February & March Financial Report - Ming Huang, CFO stated that statistics and revenue are lower in February due to the cyber incident. Total patient days in February were 77. Outpatient visits were 682. There were 671 RHC visits and 670 ER visits. Days cash on hand at the end of February were 75 days. Accounts receivable net days were 42 and accounts payable days were 24.

Patient days increased in March to 101, which is an increase of 24 days. Outpatient visits were 864, which is an increase of 182 visits. RHC visits were 670 and ER visits were 777. At the end of March, days cash on hand were 93 days. Accounts receivable net days were 49 and accounts payable days were 22.

Gross patient revenue in February was \$2,573,340. Total operating expense was \$2,651,542. We ended February with EBITDA of (\$1,345,456). In March, gross patient revenue was \$7,115,100. Under other operating revenue, we received \$2,385,345 from HDAA, the new Medicaid supplement program. We also received a donation of \$159,000 from the Community Health Foundation for the ultrasound machine. Total operating expenses were \$3,084,672. We ended March with EBITDA of \$3,383,491. Year to date, EBITDA is \$4,886,976

which is a 15% margin. March numbers are the highest because they include the missing numbers from February. Ming provided an explanation of contractual allowances.

Bruce Swingle motioned based on the recommendation of the Finance Committee, approval of the February and March financial reports. Katharine Elverum seconded. Motion carried unanimously.

C. FY24 Appropriated Funds PT & EMS, Ming Huang, CFO, reported that we have not received the \$1.5 million for this project yet. SVH will be responsible for paying the vendors and then we will request reimbursement from the state. On page FC25, the appropriation reversion date is June 30, 2028. We have three years to use the funds. We have selected the architect firm and issued a notice of award last week.

10. Board Quality- Shawnee Williams, Chairperson

A. Policies

- Consent for non-parent to accompany a minor for appointment

Sheila Adams, CNO, explained the need for this policy and the form attached. This policy has been approved by medical staff and Board Quality.

Greg D'Amour motioned based on the recommendation of the Board Quality Committee approval of the Consent for non-parent policy. Richard Holcomb seconded. Motion carried unanimously.

11. Bylaws Committee- Katharine Elverum

A. Proposed Revisions to Bylaws

After discussion, Katharine Elverum motioned to approve the amendments to the Bylaws as discussed. Bruce Swingle seconded. Motion carried unanimously.

B. GB Policy Review

Jesus Baray motioned to approve all Governing Board policies with no changes. Greg D'Amour seconded. Motion carried unanimously.

12. Administrative Reports

A. HR Report- Sheila Adams, CNO, gave the HR report in Don Bates absence. In March, Kellye Foster joined us as the Director of Provider Service. New hires include agency nurses. Terminations include the temporary student interns, three agency RN contracts, two positive drug screen agency RNs, two no call/ no shows and four PRN employees. There are currently 32 agency staff throughout the hospital and clinic. Open positions are now being posted on Indeed for greater reach. Verify Comply has been added as an onboarding tool for all employees to facilitate sanction checks.

B. Nursing Services- Sheila Adams, CNO. We have been looking for a case manager since December and have made the decision to put a travel case manager in place until we find our own. The Daisy program has officially launched, and our CNA program contract is being reviewed by our attorneys. Recruitment will begin once the contract is approved. Candidates will have didactic and clinicals onsite. This program will result in elimination of travel CNAs. EMS attended Region III conference in Ruidoso and continue to teach BLS, ACLS and PALS once per month on Saturdays. The surgery contract has been finalized, and the surgeons are in the credentialing process. Sleep studies are gradually increasing thanks to Dr. Ralls adding time to his schedule here. We have received our life jackets and will be handing them out over the Memorial Day weekend.

Discussion was held regarding the baby box. The grant that we received is not nearly enough to install and maintain this box. The box can be purchased or leased. We are having a hard time with the location of the box as it must be in an area free of cameras and traffic. We may seek assistance from the county for funding.

C. CEO Report – No report (pulled from packet)

D. Governing Board - Kathi Pape, Chairperson. Denim and Diamonds was a great success!

Motion to Close Meeting:

Bruce Swingle motioned to close the meeting. Jesus Baray seconded.

13. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2, 7 and 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

Greg D'Amour

RP Delegated Reappointments-

Jason Akrami MD
Renee Bonetti MD
Andrew Bruner MD
Danny Eisenberg MD
Stacey Greenspan MD–
Christopher Hendrix DO
Peter Holt MD
Jeremie Karsenti DO
Snehal Mehta MD
Sara Orrin MD
Stephen Parven MD
Jorge Ramirez MD
Erik Richter MD
Robbie Shoots MD
Robert Stears MD
Jana Sulzer MD
Danit Talmi MD
Kristin Wehrung MD
Stephanie Heinlen, MD

2-Year Reappointments-

Erica Palin, MD
Sonia Seufer MD

Provisional to 2-Year Appointments-

Andres Diocares, MD

Terms-

Karen Lynn- Fiato

B. Patient Experience Report

Zach Heard, PXO

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

A. Risk Report

GB 8

Heather Johnson, Risk

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

- | | |
|----------------------------|--------------------------|
| A. Quality Update | Sheila Adams, CNO |
| B. Compliance | Zach Heard, PXO |
| C. Ovation Report to Board | Erika Sundrud, Ovation |
| • CHNA Update | Kylie Lattimore, Ovation |

Roll Call to Close Meeting:

Kathi Pape – Y	Serina Bartoo – Y	Jesus Baray – Y
Katharine Elverum – Y	Richard Holcomb – Y	Bruce Swingle - Y
Greg D'Amour – Y	Cookie Johnson - Y	

14. 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

RP Delegated Reappointments-

Jason Akrami MD
Renee Bonetti MD
Andrew Bruner MD
Danny Eisenberg MD
Stacey Greenspan MD
Christopher Hendrix DO
Peter Holt MD
Jeremie Karsenti DO
Snehal Mehta MD
Sara Orrin MD
Stephen Parven MD
Jorge Ramirez MD
Erik Richter MD
Robbie Shoots MD
Robert Stears MD
Jana Sulzer MD
Danit Talmi MD
Kristin Wehrung MD
Stephanie Heinlen, MD

2-Year Reappointments-

Erica Palin, MD
Sonia Seufer MD

Provisional to 2-Year Appointments-

Andres Diocares, MD

Terms-

Karen Lynn- Fiato

Greg D'Amour motioned, based on the recommendation of the Board Quality Committee, approval of all the above listed privileges excluding Karen Fiato as she has not written a letter requesting termination of privileges. Bruce Swingle seconded. Motion carried unanimously.

- B. Patient Experience Report
No action

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

- A. Risk Report
No action

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

- A. Quality Update
No action
- B. Compliance
No action
- C. Ovation Report to Board
 - o CHNA Update-
Greg D'Amour motioned to approve the Community Health Needs Assessment. Jesus Baray seconded. Motion carried unanimously. *With correction.

15. Other

Next Regular Meeting- May 27, 2025 @ 12:00
(May 26, 2025 is Memorial Day)

After discussion, it was decided that Board Quality will meet on Wednesday, May 28th at 10:00. Finance Committee will meet on Thursday, May 29th at 11:00 and the Governing Board will meet on Thursday, May 29th at 12:00.

16. Adjournment

Katharine Elverum motioned to adjourn. Greg D'Amour seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Governing Board Chair

Date



Financial Analysis

April 30th, 2025

Days Cash on Hand for April 2025 are 93 which equals \$9,409,634

Accounts Receivable Net days are 50

Accounts Payable days are 29

Hospital Excess Revenue over Expense

The **Net Income** for the month of April was \$6,696,571 vs. a Budget Income of (\$323,507).

Hospital Gross Revenue for April was \$6,302,516 or \$982,940 more than the budget. Patient Days were 113 – 12 more than March, Outpatient visits were 847 – 17 less than March. RHC visits were 741 – 71 more than March and ER visits were 768 – 9 less than March.

Revenue Deductions for April were \$3,620,289.

Other Operating Revenue was \$7,120,736. Increased receivable of Health Care Delivery and Access (HDAA) program to \$8,149,981.

Non-Operating Revenue was \$330,034.

Hospital Operating Expenses for March were \$3,063,507. Compared to budget, Benefits were over budget due to the delayed payments for retirement plan from prior month.

EBITDA for April was \$7,069,490 vs. a Budget of \$89,416. YTD EBITDA is \$11,956,466 vs. a Budget of \$906,078.

The Bond Coverage Ratio in April was 510% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
April 30, 2025

MONTH					BENCHMARK RANGE		YEAR TO DATE					
Actual	Budget	Variance to				QHR 75th	QHR 50th					
4/30/25	4/30/25	Budget	Prior Year	Variance to				Actual	Budget	Variance to	Prior Year	Variance to
			4/30/24	Prior Year				4/30/25	4/30/25	Budget	04/30/24	Prior Year
					DESCRIPTION							
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	1%				
					Admissions							
27	29	(2)	20	7	Acute	749	433	271	290	(19)	242	29
2	3	(1)	4	(2)	Swing	85	61	27	30	(3)	32	(5)
29	32	(3)	24	5	Total Admissions	834	494	298	320	(22)	274	24
3.9	3.2	0.7	3.3	0.6	ALOS (acute and swing)	3.3	4.0	3.7	3.2	1	3.5	0.24
113	102	11	78	35	Patient Days (acute and swing)			1,117	1,020	97	961	156
847	986	(139)	1,082	(235)	Outpatient Visits	45,317	26,128	9,724	9,860	(136)	9,871	(147)
741	880	(139)	872	(131)	Rural Health Clinic Visits	19,239	15,657	7,567	8,800	(1,233)	8,836	(1,269)
768	705	63	693	75	ER Visits	8,634	6,677	7,313	7,050	263	6,973	340
4%	4%	-0.6%	3%	1%	ER Visits Conversion to Acute Admissions	10%	6%	4%	4%	0%	3%	0%
					Surgery Cases							
-	-	-	-	-	Inpatient Surgery Cases	216	103	-	-	-	4	(4)
-	15	(15)	11	(11)	Outpatient Surgery Cases	1,267	642	94	150	(56)	142	(48)
-	15	(15)	11	(11)	Total Surgeries	1,483	745	94	150	(56)	146	(52)
					Profitability							
70%	15%	55%	-2%	72%	EBITDA % Net Rev	7%	4%	28%	15%	13%	1%	27%
66%	15%	51%	-16%	82%	Operating Margin %	2%	2%	18%	15%	3%	-13%	31%
57%	46%	11%	58%	0%	Rev Ded % Net Rev	47%	50%	58%	46%	12%	54%	4%
23%	2%	21%	12%	11%	Bad Debt % Net Pt Rev	2%	6%	11%	2%	9%	10%	1%
97%			91%		Outpatient Revenue %	83%	78%	97%			91%	6%
\$ 6,520			\$ 20,238	(\$13,718)	Gross Patient Revenue/Adjusted Admission			\$6,520			\$ 20,238	(\$13,718)
\$ 2,775			\$ 8,558	(\$5,783)	Net Patient Revenue/Adjusted Admission			\$2,775			\$ 8,558	(\$5,783)
41%	40%	1%	46%	-5%	Salaries % Net Pt Rev	35%	40%	46%	40%	6%	42%	3%
11%	7%	4%	12%	-1%	Benefits % Net Pt Rev	11%	12%	9%	7%	2%	8%	1%
7%	8%	-1%	11%	-3%	Supplies % Net Pt Rev	10%	13%	8%	8%	0%	8%	0%
					Cash and Liquidity							
93					Days Cash on Hand	236	106	93			75	18
75					A/R Days (Gross)	47	57	75			77	(2)
50					A/R Days (Net)	41	53	50			59	(9)
29					Days in AP	30	35	29			33	(4)
5.5					Current Ratio	4.3	2.6	5.5			3.5	2.0

Sierra Vista Hospital
STATISTICS by Month
April 30, 2025
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Admissions												
Acute			27	32	22	27	30	33	31	24	25	20
Swing			2	-	1	3	5	3	2	2	4	5
Total Admissions	-	-	29	32	23	30	35	36	33	26	29	25
ALOS (acute and swing)		#DIV/0!	3.9	3.2	3.3	4.9	3.9	3.4	3.3	3.1	3.9	4.8
Patient Days (acute and swing)			113	101	77	148	137	121	108	80	113	119
Outpatient Visits			847	864	682	1,032	858	955	1,186	1,185	1,078	1,037
Rural Health Clinic Visits			741	670	671	809	658	765	831	764	872	786
ER Visits			768	777	670	715	782	757	714	728	676	726
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	4%	4%	3%	4%	4%	4%	4%	3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases			-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases			-	-	-	-	-	5	33	17	22	17
Total Surgeries	-	-	-	-	-	-	-	5	33	17	22	17
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	70%	52%	-103%	47%	-2%	-3%	-15%	18%	-1%	-1%
Operating Margin %	#DIV/0!	#DIV/0!	66%	46%	-129%	40%	-18%	-18%	-30%	8%	-15%	-14%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	57%	52%	69%	57%	57%	59%	61%	53%	58%	58%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	23%	9%	18%	6%	13%	11%	9%	5%	10%	9%
Outpatient Revenue %			97%	97%	98%	96%	96%	97%	97%	98%	97%	97%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	\$ 6,520	\$ 6,670	\$ 2,238	\$ 7,539	\$ 6,563	\$ 4,965	\$ 5,517	\$ 4,929	\$ 6,328	\$ 7,676
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	\$ 2,775	\$ 3,187	\$ 688	\$ 3,234	\$ 2,795	\$ 2,024	\$ 2,162	\$ 2,330	\$ 2,633	\$ 3,209
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	41%	34%	129%	50%	43%	48%	53%	38%	44%	43%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	11%	6%	24%	9%	7%	9%	6%	9%	9%	8%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	7%	7%	22%	8%	10%	9%	9%	8%	8%	8%
Cash and Liquidity												
Days Cash on Hand	-	-	93	93	75	93	50	41	48	52	56	55
A/R Days (Gross)	-	-	75	88	80	79	85	94	82	81	73	71
A/R Days (Net)	-	-	50	49	42	46	54	67	58	60	57	58
Days in AP	-	-	29	22	24	22	35	31	23	24	22	27
Current Ratio	#DIV/0!	#DIV/0!	5.5	4.2	3.6	4.3	3.7	3.7	4.4	4.7	5.0	4.9

Sierra Vista Hospital
TWELVE MONTH STATISTICS
April 30, 2025
(SUBJECT TO AUDIT)

Description	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024	Month Ending 6/30/2024	Month Ending 5/31/2024
Admissions												
Acute	27	32	22	27	30	33	31	24	25	20	30	21
Swing	2	-	1	3	5	3	2	2	4	5	3	5
Total Admissions	29	32	23	30	35	36	33	26	29	25	33	26
ALOS (acute and swing)	3.9	3.2	3.3	4.9	3.9	3.4	3.3	3.1	3.9	4.8	5.3	4.8
Patient Days (acute and swing)	113	101	77	148	137	121	108	80	113	119	175	126
Outpatient Visits	847	864	682	1,032	858	955	1,186	1,185	1,078	1,037	931	1,031
Rural Health Clinic Visits	741	670	671	809	658	765	831	764	872	786	867	855
ER Visits	768	777	670	715	782	757	714	728	676	726	703	780
ER Visits Conversion to Acute Admissions	4%	4%	3%	4%	4%	4%	4%	3%	4%	3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	5	33	17	22	17	-	22
Total Surgeries	-	-	-	-	-	5	33	17	22	17	-	22
Profitability												
EBITDA % Net Rev	70%	52%	-103%	47%	-2%	-3%	-15%	18%	-1%	-1%	-2%	11%
Operating Margin %	66.1%	46.3%	-129%	40%	-18%	-18%	-30%	8%	-15%	-14%	-16.3%	-0.9%
Rev Ded % Net Rev	57%	52%	69%	57%	57%	59%	61%	53%	58%	58%	57%	56%
Bad Debt % Net Pt Rev	22.7%	9.3%	18%	6%	13%	11%	9%	5%	10%	9%	11.1%	9.5%
Outpatient Revenue %	97%	97%	98%	96%	96%	97%	97%	98%	97%	97%	88%	89%
Gross Patient Revenue/Adjusted Admission	\$ 6,520	\$ 6,670	\$ 2,238	\$ 7,539	\$ 6,563	\$ 4,965	\$ 5,517	\$ 4,929	\$ 6,328	\$ 7,676	\$ 20,880	\$ 28,268
Net Patient Revenue/Adjusted Admission	\$ 2,775	\$ 3,187	\$ 688	\$ 3,234	\$ 2,795	\$ 2,024	\$ 2,162	\$ 2,330	\$ 2,633	\$ 3,209	\$ 9,052	\$ 12,323
Salaries % Net Pt Rev	41%	34%	129%	50%	43%	48%	53%	38%	44%	43%	43%	40%
Benefits % Net Pt Rev	11%	6%	24%	9%	7%	9%	6%	9%	9%	8%	8%	7%
Supplies % Net Pt Rev	7%	7%	22%	8%	10%	9%	9%	8%	8%	8%	9%	7%
Cash and Liquidity												
Days Cash on Hand	93	93	75	93	50	41	48	52	56	55	62	68
A/R Days (Gross)	75	88	80	79	85	94	82	81	73	71	82	86
A/R Days (Net)	50	49	42	46	54	67	58	60	57	58	65	68
Days in AP	29	22	24	22	35	31	23	24	22	27	29	28
Current Ratio	5.5	4.2	3.6	4.3	3.7	3.7	4.4	4.7	5.0	4.9	3.8	3.6

Sierra Vista Hospital
Detailed Stats by Month
4/30/2025
(SUBJECT TO AUDIT)

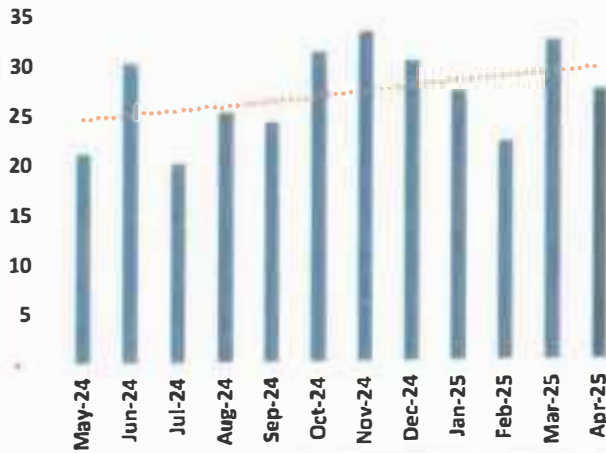
	FY2025	Avg FY2025	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Description														
Total Acute Patient Days	881	88			93	101	68	91	106	96	91	70	89	76
Total Swingbed Patient Days	236	24			20	101	9	57	31	25	17	10	24	43
Total Acute Hours (based on Disch Hrs)	21,505	2,151			2,275	2,439	1,643	2,184	2,843	2,298	2,187	1,680	2,136	1,820
TOTAL ACUTE														
Patient Days	881	88			93	101	68	91	106	96	91	70	89	76
Admits	271	27			27	32	22	27	30	33	31	24	25	20
Discharges	291	29			31	29	22	27	34	33	48	22	23	22
Discharge Hours	21,505	2,151			2,275	2,439	1,643	2,184	2,843	2,298	2,187	1,680	2,136	1,820
Avg LOS	3.0	3.0	#DIV/0!	#DIV/0!	3.0	3.5	3.1	3.4	3.1	2.9	1.9	3.2	3.9	3.5
Medicare Acute														
Patient Days	609	61			59	65	50	60	59	81	47	46	78	64
Admits	175	18			16	22	13	17	14	26	15	15	21	16
Discharges	178	18			20	18	14	17	17	26	16	13	19	18
Discharge Hours	14,670	1,467			1,450	1,568	1,210	1,435	1,424	1,945	1,125	1,104	1,872	1,537
Avg LOS	3.4	3.4	#DIV/0!	#DIV/0!	3.0	3.6	3.6	3.5	3.5	3.1	2.9	3.5	4.1	3.6
SWING - ALL (Medicare/Other)														
Patient Days	236	24			20	2	9	57	31	25	17	10	24	43
Admits	27	3			2	1	1	3	5	3	2	2	4	5
Discharges	23	2			2	1	4	4	4	3	2	2	3	2
Discharge Hours	5,647	565			476	216	1,368	746	602	402	230	576	1,031	21.5
Avg LOS	10.3	10.3	#DIV/0!	#DIV/0!	10.0	#DIV/0!	9.0	14.3	7.8	8.3	8.5	5.0	8.0	21.5
Observations														
Patient Days	209	21			20	34	8	19	40	22	13	20	11	22
Admits	139	14			18	24	8	15	19	13	9	14	7	12
Discharge Hours	5,016	502			483	820	190	461	958	519	307	480	273	525
Emergency Room														
Total ER Patients	7,313	731			768	777	670	715	782	757	714	728	676	726
Admitted	208	21			20	34	25	31	33	20	15	11	7	12
Transferred	820	82			84	90	77	83	77	89	73	88	84	75
Ambulance														
Total ALS/BLS runs	3,328	333			386	383	269	348	323	320	352	306	323	318
911 Calls	2,491	249			291	290	187	264	240	239	269	220	250	241
Transfers	837	84			95	93	82	84	83	81	83	86	73	77
OP Registrations	9,559	956			847	864	682	1,032	858	955	1,107	1,154	1,051	1,009
Rural Health Clinic														
Total RHC Visits	7,567	757			741	670	671	809	658	765	831	764	872	786
Avg Visits per day	360	36			34	29	34	40	33	40	36	38	40	36
Walk-In Clinic	1,669	167			228	140	171	220	187	170	170	132	139	112
Behavioral Health														
Patients Seen	3,105	311			319	296	254	253	283	350	350	269	332	399

Sierra Vista Hospital
Detailed Stats by Month
4/30/2025
(SUBJECT TO AUDIT)

	FY2025	Avg FY2025	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Dietary														
Inpatient Meals	7,289	729			720	674	492	930	881	710	706	508	812	856
Outpatient Meals	1,254	125			204	120	85	140	128	118	131	115	117	96
Cafeteria Meals	58,940	5,894			5,457	5,582	5,487	6,361	6,152	5,821	6,069	5,543	5,958	6,510
Functions	2,868	287			282	266	189	302	325	285	344	172	357	346
Laboratory														
In-house Testing	181,901	18,190			20,482	19,998		20,101	19,864	19,977	20,531	19,259	21,236	20,453
Sent Out Testing	6,821	682			801	743		709	678	772	762	679	917	760
Drugscreens	184	18			25	18		18	15	21	28	18	17	24
Physical Therapy														
PT Visits	1,322	132								253	312	212	294	251
Tx Units	5,024	502								981	1,226	807	1,109	901
Outpatient	224	22								47	61	39	38	39
Inpatient	228	23								29	44	40	60	55
Radiology														
X-Ray Patients	4,805	481			499	533	361	518	475	494	482	493	511	439
CT Patients	4,263	426			497	450	269	465	407	444	388	450	455	438
Ultrasound Patients	1,418	142			112	108	64	141	130	162	165	189	185	162
Mammogram Patients	575	58			60	58	27	49	57	87	68	45	60	64
MRI Patients	486	49			40	48	37	59	52	29	55	48	55	63
Nuclear Medicine Patients	28	3				1	3	5	-	4	8	2	1	4
DEXA	163	16			18	21	6	11	17	17	22	14	16	21
Surgery														
Surgical Procedures - OR	109	11								6	33	21	26	23
GI Lab Scopes	84	8								6	28	16	18	16
Major Surgery	10	1										4	6	
Minor Surgery Under TIVA/Sedation	21	2									11	1	2	7
Inpatient Procedures														
Outpatient Procedures	94	9								5	33	17	22	17
Sleep Study														
Home Testing	25	3				1	2	4	3	4	5	4		2
Inhouse	53	5			6	7	1	3	2	6	11	12	4	1

Volume Trends

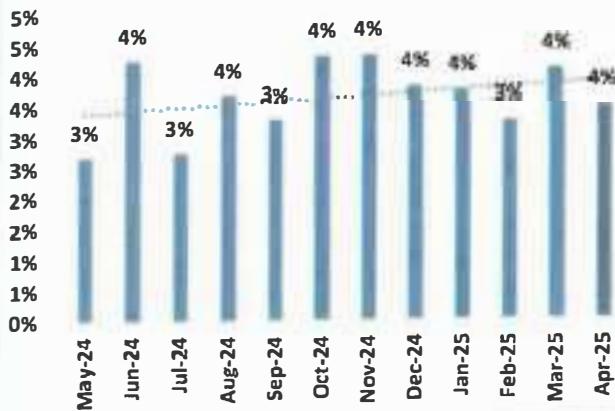
Acute Admissions



Total Acute + Swing Bed Admissions



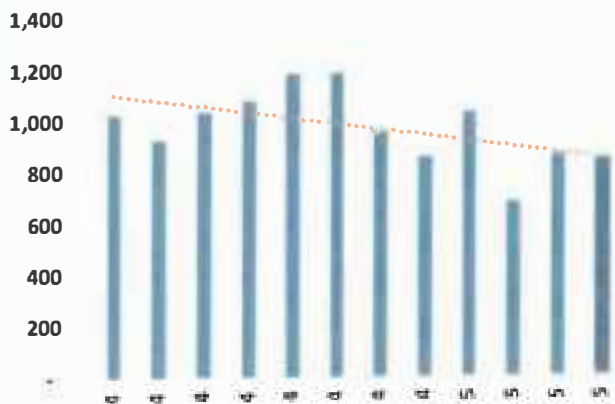
ER Visits Conversion to Acute Admissions



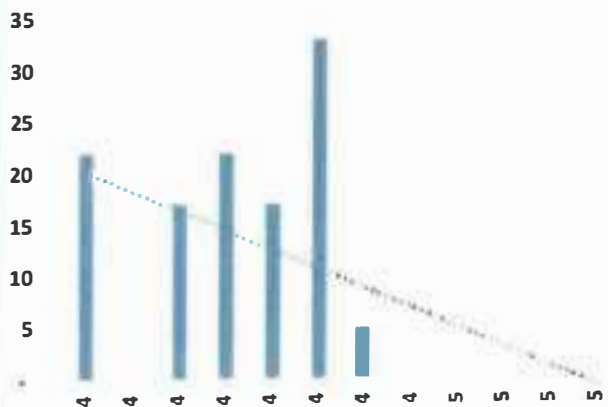
Emergency Room



Outpatient Visits



Total Surgeries



**Sierra Vista Hospital
INCOME STATEMENT
April 30, 2025**

MONTH					YEAR TO DATE					
Actual 4/30/25	Budget 4/30/25	Variance to Budget	Prior Year 4/30/24	Variance to Prior Year	DESCRIPTION	Actual 4/30/25	Budget 4/30/25	Variance to Budget	Prior Year 4/30/24	Variance to Prior Year
\$ 6,302,516	\$ 5,319,575	\$ 982,940	\$ 5,396,678	\$905,838	Gross Patient Revenue	\$ 58,336,424	\$ 53,905,032	\$ 4,431,392	\$ 52,928,916	\$5,407,508
\$ 2,666,669	2,436,583	230,086	2,777,194	(\$110,525)	Revenue Deductions					
\$ 788,464	262,820	525,644	302,535	\$485,929	Contractual Allowances	27,363,473	24,690,711	2,672,762	24,704,205	\$2,659,269
\$ 165,157	109,073	56,084	34,769	\$130,388	Bad Debt	3,075,871	2,663,241	412,630	2,664,701	\$411,170
\$ 3,620,289	\$ 2,808,476	\$ 811,813	\$ 3,114,498	\$ 505,792	Other Deductions	3,125,620	1,105,275	2,020,345	1,105,881	2,019,739
\$ -	2,219	(2,219)	0	\$0	Total Revenue Deductions	\$ 33,564,964	\$ 28,459,227	\$ 5,105,737	\$ 28,474,787	\$ 5,090,177
\$ 2,682,227	\$ 2,513,318	\$ 168,908	\$2,282,180	\$400,046	Other Patient Revenue	28,106	22,485	5,620	22,498	5,608
43%	47%	(5%)	42%	0%	Net Patient Revenue	\$ 24,799,565	\$ 25,468,290	\$ (668,724)	\$ 24,476,626	\$ 322,939
\$ 7,120,736	246,145	6,874,591	355,901	\$6,764,835	Gross to Net %	43%	47%	(5%)	46%	(4%)
\$ 330,034	363,250	(33,216)	291,074	\$38,960	Other Operating Revenue	14,258,380	2,494,268	11,764,112	2,515,693	11,742,686
\$ 10,132,997	\$ 3,122,713	\$ 7,010,284	\$ 2,929,155	\$ 7,203,842	Non-Operating Revenue	3,611,508	3,680,934	(69,426)	2,436,186	1,175,322
					Total Operating Revenue	\$ 42,669,453	\$ 31,643,492	\$ 11,025,962	\$ 29,428,506	13,240,948
\$ 1,404,547	\$1,407,216	(\$2,669)	\$1,355,557	\$48,991	Expenses					
\$ 1,090,671	1,163,808	(73,137)	1,048,313	42,357	Salaries & Benefits	\$13,787,481	\$14,259,794	(472,313)	\$12,627,024	\$1,160,457
\$ 295,778	212,737	83,040	273,001	22,777	Salaries	11,346,858	11,793,252	(446,394)	10,375,886	970,972
\$ 18,099	30,671	(12,572)	34,242	(16,143)	Benefits	2,172,723	2,155,738	16,985	1,976,285	196,438
\$ 200,445	196,300	4,144	245,030	(44,585)	Other Salary & Benefit Expense	267,900	310,804	(42,904)	274,852	(6,952)
\$ 979,527	946,186	33,342	940,549	38,979	Supplies	2,082,310	1,989,177	93,132	1,936,855	\$145,454
\$ 182,456	179,764	2,693	181,355	1,102	Contract Services	9,809,233	9,588,014	221,219	10,017,611	(\$208,378)
\$ 6,381	7,102	(721)	11,931	(5,550)	Professional Fees	1,913,511	1,821,604	91,907	1,822,603	\$90,908
\$ 43,010	48,239	(5,229)	41,233	1,777	Leases/Rentals	66,966	71,967	(5,001)	135,167	(\$68,201)
\$ 60,071	64,117	(4,046)	59,865	206	Utilities	450,689	488,821	(38,132)	496,418	(\$45,729)
\$ 154,450	144,459	9,992	88,984	65,467	Repairs / Maintenance	623,803	649,715	(25,912)	710,224	(\$86,422)
\$ 32,619	39,915	(7,296)	57,129	(24,509)	Insurance	1,524,169	1,463,848	60,320	845,831	\$678,337
\$3,063,507	\$3,033,297	\$30,209	2,981,631	\$81,876	Other Operating Expenses	454,826	404,474	50,352	447,298	\$7,529
\$7,069,490	\$89,416	\$6,980,074	(\$52,476)	\$7,121,965.64	Total Operating Expenses	\$30,712,987	\$30,737,414	(\$24,427)	\$29,039,032	\$1,673,955
70%	3%	67%	(2%)	72%	EBITDA	\$11,956,466	\$906,078	\$11,050,389	\$389,474	\$11,566,992
\$ 239,228	\$286,150	(\$46,922)	\$284,373	(\$45,145)	EBITDA Margin	28%	3%	25%	1%	27%
\$ 75,816	78,602	(\$2,786)	73,707	\$2,109	Non - Operating Expenses					
\$ 57,875	48,172	\$9,704	44,418	\$13,457	Depreciation and Amortization	2,785,098	\$2,899,648	(114,550)	\$2,901,234	(\$116,136)
\$372,919	\$412,923	(\$40,004)	\$402,498	(\$29,579)	Interest	752,452	796,500	(44,047)	\$741,937	\$10,516
\$6,696,571	(\$323,507)	\$7,020,079	(\$454,973)	\$7,151,544	Tax/Other	560,834	488,139	72,695	\$488,042	\$72,792
66%	(10%)	76%	(16%)	82%	Total Non Operating Expense	\$4,098,384	\$4,184,287	(\$85,903)	\$4,131,213	(\$32,829)
					NET INCOME (LOSS)	\$7,858,082	(\$3,278,209)	\$11,136,292	(\$3,741,739)	\$11,599,821
					Net Income Margin	18%	(10%)	29%	(13%)	31%

Sierra Vista Hospital
INCOME STATEMENT by Month
April 30, 2025

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Revenues												
Gross Patient Revenue			\$ 6,302,516	\$ 7,115,100	\$ 2,573,340	\$ 5,654,494	\$ 5,742,437	\$ 5,958,328	\$ 6,068,566	\$ 6,407,535	\$ 6,117,139	\$ 6,396,968
Revenue Deductions												
Contractual Allowances			2,666,669	3,075,801	1,186,560	2,510,927	2,669,871	2,988,783	3,264,731	2,678,727	3,000,044	3,321,360
Bad Debt			788,464	347,485	179,350	167,288	375,313	287,808	223,750	162,199	280,439	263,774
Other Deductions			165,157	292,440	416,416	550,883	252,625	256,637	209,944	545,447	293,346	142,724
Total Revenue Deductions	\$ -	\$ -	\$ 3,620,289	\$ 3,715,726	\$ 1,782,327	\$ 3,279,098	\$ 3,297,809	\$ 3,533,228	\$ 3,698,426	\$ 3,386,374	\$ 3,573,829	\$ 3,727,858
Other Patient Revenue			0	2	0	0	1,375	3,775	8,266	7,635	2,046	5,006
Net Patient Revenue	\$ -	\$ -	\$ 2,682,227	\$ 3,399,377	\$ 791,014	\$ 2,425,396	\$ 2,446,002	\$ 2,428,875	\$ 2,378,406	\$ 3,028,796	\$ 2,545,356	\$ 2,674,116
Gross to Net%	#DIV/0!	#DIV/0!	43%	48%	31%	43%	43%	41%	39%	47%	42%	42%
Other Operating Revenue			7,120,736	2,556,854	161,004	3,040,185	145,900	203,291	158,806	290,006	323,844	257,755
Non-Operating Revenue			330,034	511,933	354,068	442,020	312,485	296,805	328,569	628,466	214,579	192,549
Total Operating Revenue	\$ -	\$ -	\$ 10,132,997	\$ 6,468,163	\$ 1,306,085	\$ 5,907,601	\$ 2,904,387	\$ 2,928,971	\$ 2,865,781	\$ 3,947,269	\$ 3,083,779	\$ 3,124,420
Expenses												
Salaries & Benefits	\$0	\$0	\$1,404,547	\$1,405,535	\$1,226,887	\$1,448,327	\$1,254,985	\$1,400,071	\$1,437,569	\$1,451,433	\$1,357,932	\$1,400,193
Salaries			1,090,671	1,152,634	1,018,619	1,204,476	1,046,253	1,155,545	1,267,403	1,145,357	1,107,855	1,158,045
Benefits			295,778	201,504	187,555	220,322	182,144	217,302	142,695	280,625	225,724	219,074
Other Salary & Benefit Expense			18,099	51,397	20,714	23,529	26,588	27,471	25,451	24,353	24,353	23,074
Supplies			200,445	222,769	176,388	190,184	233,486	214,955	207,928	227,530	199,109	209,516
Contract Services			979,527	928,460	790,039	1,026,962	982,668	938,058	1,142,022	972,593	1,033,438	1,015,466
Professional Fees			182,456	185,130	180,990	189,507	190,653	190,026	194,776	215,418	204,868	179,686
Leases/Rentals			6,381	5,886	5,651	5,853	6,713	7,784	9,220	8,921	6,349	4,207
Utilities			43,010	47,256	38,409	39,661	42,718	43,988	34,600	52,043	55,040	53,964
Repairs / Maintenance			60,071	60,707	53,872	61,190	68,191	42,146	82,291	81,281	57,161	56,893
Insurance			154,450	154,932	156,326	155,314	157,503	155,474	122,239	155,084	157,370	155,474
Other Operating Expenses			31,619	73,995	22,979	26,173	36,561	32,520	63,845	66,421	34,847	64,866
Total Operating Expenses	\$0	\$0	\$3,063,507	\$3,084,672	\$2,651,542	\$3,143,171	\$2,973,480	\$3,025,023	\$3,294,489	\$3,230,725	\$3,106,113	\$3,140,266
EBITDA	\$0	\$0	\$7,069,490	\$3,383,491	(\$1,345,456)	\$2,764,430	(\$69,093)	(\$96,051)	(\$428,708)	\$716,544	(\$22,335)	(\$15,846)
EBITDA Margin	#DIV/0!	#DIV/0!	70%	52%	-103%	47%	-2%	-3%	-15%	18%	-1%	-1%
Non - Operating Expenses												
Depreciation and Amortization			\$239,228	\$259,395	\$229,645	\$253,101	\$300,372	\$322,842	\$296,811	\$289,146	\$302,821	\$291,737
Interest			75,816	75,872	76,532	75,982	76,037	76,844	73,587	73,607	74,527	73,648
Tax/Other			57,875	54,279	29,535	80,667	73,376	41,458	58,524	42,130	69,313	53,675
Total Non Operating Expenses	\$0	\$0	\$372,919	\$389,546	\$335,711	\$409,751	\$449,785	\$441,144	\$428,922	\$404,884	\$446,662	\$419,060
NET INCOME (LOSS)	\$0	\$0	\$6,696,571	\$2,993,945	(\$1,681,168)	\$2,354,680	(\$518,478)	(\$537,195)	(\$857,630)	\$311,660	(\$468,997)	(\$434,906)
Net Income Margin	#DIV/0!	#DIV/0!	66%	46%	(129%)	40%	(18%)	(18%)	(30%)	8%	(15%)	(14%)

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
April 30, 2025

Description	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024	Month Ending 6/30/2024	Month Ending 5/31/2024
Revenues												
Gross Patient Revenue	\$ 6,302,516	\$ 7,115,100	\$ 2,573,340	\$ 5,654,494	\$ 5,742,437	\$ 5,958,328	\$ 6,068,566	\$ 6,407,535	\$ 6,117,139	\$ 6,396,968	\$ 5,741,886	\$ 6,681,638
Revenue Deductions												
Contractual Allowances	2,666,669	3,075,801	1,186,560	2,510,927	2,669,871	2,988,783	3,264,731	2,678,727	3,000,044	3,321,360	2,877,694	3,417,518
Bad Debt	788,464	347,485	179,350	167,288	375,313	287,808	223,750	162,199	280,439	263,774	311,734	305,679
Other Deductions	165,157	292,440	416,416	550,883	252,625	256,637	209,944	545,447	293,346	142,724	90,773	53,221
Total Revenue Deductions	\$ 3,620,289	\$ 3,715,726	\$ 1,782,327	\$ 3,229,098	\$ 3,297,809	\$ 3,533,228	\$ 3,698,426	\$ 3,386,374	\$ 3,573,829	\$ 3,727,858	\$ 3,280,201	\$ 3,776,418
Other Patient Revenue	0	2	0	0	1,375	3,775	8,266	7,635	2,046	5,006	27,727	7,500
Net Patient Revenue	\$ 2,682,227	\$ 3,399,377	\$ 791,014	\$ 2,425,396	\$ 2,446,002	\$ 2,428,875	\$ 2,378,406	\$ 3,028,796	\$ 2,545,356	\$ 2,674,116	\$ 2,489,412	\$ 2,912,721
Gross to Net %	43%	48%	31%	43%	43%	41%	39%	47%	42%	42%	43%	44%
Other Operating Revenue	7,120,736	2,556,854	161,004	3,040,185	145,900	203,291	158,806	290,006	323,844	257,755	251,514	303,334
Non-Operating Revenue	330,034	511,933	354,068	442,020	312,485	296,805	328,569	628,466	214,579	192,549	277,759	234,113
Total Operating Revenue	\$ 10,132,997	\$ 6,468,163	\$ 1,306,085	\$ 5,907,601	\$ 2,904,387	\$ 2,928,971	\$ 2,865,781	\$ 3,947,269	\$ 3,083,779	\$ 3,124,420	\$ 3,018,685	\$ 3,450,168
Expenses												
Salaries & Benefits	1,404,547	1,405,535	1,226,887	1,448,327	1,254,985	1,400,071	1,437,569	1,451,433	1,357,932	1,400,193	1,302,813	1,418,983
Salaries	1,090,671	1,152,634	1,018,619	1,204,476	1,046,253	1,155,545	1,267,403	1,145,357	1,107,855	1,158,045	1,067,723	1,160,810
Benefits	295,778	201,504	187,555	220,322	182,144	217,302	142,695	280,625	225,724	219,074	206,427	216,641
Other Salary & Benefit Expense	18,099	51,397	20,714	23,529	26,588	27,224	27,471	25,451	24,353	23,074	28,664	41,533
Supplies	200,445	222,769	176,388	190,184	233,486	214,955	207,928	227,530	199,109	209,516	223,579	215,896
Contract Services	979,527	928,460	790,039	1,026,962	982,668	938,058	1,142,022	972,593	1,033,438	1,015,466	1,102,394	1,011,032
Professional Fees	182,456	185,130	180,990	189,507	190,653	190,026	194,776	215,418	204,868	179,686	183,410	194,380
Leases/Rentals	6,381	5,886	5,651	5,853	6,713	7,784	9,220	8,921	6,349	4,207	7,302	4,886
Utilities	43,010	47,256	38,409	39,661	42,718	43,988	34,600	52,043	55,040	53,964	56,931	43,717
Repairs / Maintenance	60,071	60,707	53,872	61,190	68,191	42,146	82,291	81,281	57,161	56,893	93,457	48,499
Insurance	154,450	154,932	156,326	155,314	157,503	155,474	122,239	155,084	157,370	155,474	87,741	88,136
Other Operating Expenses	32,619	73,995	22,979	26,173	36,561	32,520	63,845	66,421	34,847	64,866	33,054	30,458
Total Operating Expenses	\$3,063,507	\$3,084,672	\$2,651,542	\$3,143,171	\$2,973,480	\$3,025,023	\$3,294,489	\$3,230,725	\$3,106,113	\$3,140,266	\$3,090,681	\$3,055,987
EBITDA	\$7,069,490	\$3,383,491	(\$1,345,456)	\$2,764,430	(\$69,093)	(\$96,051)	(\$428,708)	\$716,544	(\$22,335)	(\$15,846)	(\$71,996)	\$394,181
EBITDA Margin	70%	52%	-103%	47%	-2%	-3%	-15%	18%	-1%	-1%	-2.4%	11%
Non - Operating Expenses												
Depreciation and Amortization	239,228	259,395	229,645	253,101	300,372	322,842	296,811	289,146	302,821	291,737	286,862	298,589
Interest	75,816	75,872	76,532	75,982	76,037	76,844	73,587	73,607	74,527	73,648	73,667	74,733
Tax/Other	57,875	54,279	29,535	80,667	73,376	41,458	58,524	42,130	69,313	53,675	59,099	51,127
Total Non Operating Expenses	\$372,919	\$389,546	\$335,711	\$409,751	\$449,785	\$441,144	\$428,922	\$404,884	\$446,662	\$419,060	\$419,629	\$424,448
NET INCOME (LOSS)	\$6,696,571	\$2,993,945	(\$1,681,168)	\$2,354,680	(\$518,878)	(\$537,195)	(\$857,630)	\$311,660	(\$468,997)	(\$434,906)	(\$491,624)	(\$30,267)
Net Income Margin	66%	46%	(129%)	40%	(18%)	(18%)	(30%)	8%	(15%)	(14%)	(16.3%)	(1%)

**Sierra Vista Hospital
BALANCE SHEET
April 30, 2025**

April 30, 2025 (Unaudited)	DESCRIPTION	June 30, 2024
	Assets	
	Current Assets	
\$ 9,282,560	Cash and Liquid Capital	\$ 5,740,889
\$ 127,074	US Bank Clearing	\$ 115,051
\$ 9,409,634	Total Cash	\$ 5,855,939
\$ 14,554,721	Accounts Receivable - Gross	\$ 14,714,146
\$ 10,458,145	Contractual Allowance	\$ 9,435,272
\$ 4,096,576	Total Accounts Receivable, Net of Allowance	\$ 5,278,874
\$ 8,319,636	Other Receivables	\$ 1,083,401
\$ 441,649	Inventory	\$ 383,474
\$ 435,700	Prepaid Expense	\$ 68,738
\$ 22,703,195	Total Current Assets	\$ 12,670,426
	Long Term Assets	
\$ 59,938,545	Fixed Assets	\$ 59,087,815
\$ 22,935,502	Accumulated Depreciation	\$ 20,148,771
\$ -	Construction in Progress	\$ -
\$ 37,003,043	Total Fixed Assets, Net of Depreciation	\$ 38,939,044
\$ 37,003,043	Total Long Term Assets	\$ 38,939,044
\$ 3,112,093	New Hospital Loan	\$ 1,942,930
\$ 62,818,330	Total Assets	\$ 53,552,400
	Liabilities & Equity	
	Current Liabilities	
\$ 1,605,399	Account Payable	\$ 1,632,554
\$ 1,312,535	Interest Payable	\$ 543,556
\$ 52,375	Accrued Taxes	\$ 59,574
\$ 996,151	Accrued Payroll and Related	\$ 570,609
\$ 150,000	Cost Report Settlement	\$ (487,000)
\$ 4,116,461	Total Current Liabilities	\$ 2,319,294
	Long term Liabilities	
\$ 28,620,850	Long Term Notes Payable	\$ 28,660,502
\$ 28,620,850	Total Long Term Liabilities	\$ 28,660,502
\$ 114,053	Unapplied Liabilities	\$ 667,868
\$ 427,579	Capital Equipment Lease	\$ 223,431
\$ 33,278,943	Total Liabilities	\$ 31,871,095
\$ 21,681,305	Retained Earnings	\$ 25,108,277
\$ 7,858,082	Net Income	\$ (3,426,971)
\$ 62,818,330	Total Liabilities and Equity	\$ 53,552,400

Sierra Vista Hospital
BALANCE SHEET by Month
April 30, 2025

	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Assets												
Current Assets												
Cash and Liquid Capital			9,282,560	9,236,045	7,592,326	9,409,738	4,954,013	4,194,582	4,949,497	5,496,903	5,675,326	5,741,636
US Bank Clearing			127,074	236,328	28,656	109,990	177,285	128,468	151,634	1,142	204,512	171,111
Total Cash	\$0	\$0	\$9,409,634	\$9,472,373	\$7,620,981	\$9,519,728	\$5,131,298	\$4,323,049	\$5,101,131	\$5,498,045	\$5,879,837	\$5,912,747
Accounts Receivable - Gross			14,554,721	16,887,714	14,942,443	15,777,288	17,200,880	19,176,039	17,003,464	17,117,897	15,259,234	15,568,712
Contractual Allowance			10,458,145	12,890,770	11,699,034	11,915,665	12,575,469	13,418,227	11,930,483	11,605,766	10,335,379	10,193,983
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ 4,096,576	\$ 3,996,944	\$ 3,243,409	\$ 3,861,623	\$ 4,625,411	\$ 5,757,812	\$ 5,072,981	\$ 5,512,131	\$ 4,923,855	\$ 5,374,729
Other Receivables			8,319,636	1,325,164	786,832	509,239	1,897,314	2,028,169	1,905,913	1,717,825	1,222,873	1,206,005
Inventory			441,649	424,117	426,849	430,146	421,818	410,419	403,211	410,324	404,177	399,266
Prepaid Expense			435,700	528,849	609,859	169,174	153,050	176,405	210,252	153,237	201,486	219,785
Total Current Assets	\$0	\$0	\$22,703,195	\$15,747,447	\$12,687,930	\$14,489,910	\$12,228,891	\$12,695,855	\$12,693,488	\$13,291,563	\$12,632,228	\$13,112,533
Long Term Assets												
Fixed Assets			59,938,545	59,930,183	59,766,766	59,747,946	59,737,235	59,729,446	59,229,034	59,210,151	59,102,953	59,092,117
Accumulated Depreciation			22,935,502	22,687,383	22,427,988	22,198,343	21,945,242	21,644,870	21,322,028	21,025,217	20,736,071	20,442,141
Total Fixed Assets, Net of Depreciation			37,003,043	37,242,800	37,338,779	37,549,603	37,791,993	38,084,576	37,907,007	38,184,934	38,366,882	38,649,976
Total Long Term Assets	\$ -	\$ -	\$ 37,003,043	\$ 37,242,800	\$ 37,338,779	\$ 37,549,603	\$ 37,791,993	\$ 38,084,576	\$ 37,907,007	\$ 38,184,934	\$ 38,366,882	\$ 38,649,976
New Hospital Loan			\$ 3,112,093	\$ 2,992,521	\$ 2,872,828	\$ 2,752,780	\$ 2,632,315	\$ 2,513,332	\$ 2,393,650	\$ 2,273,474	\$ 2,152,708	\$ 2,030,484
Total Assets	\$ -	\$ -	\$ 62,818,330	\$ 55,982,769	\$ 52,899,537	\$ 54,792,293	\$ 52,653,198	\$ 53,293,764	\$ 52,994,145	\$ 53,749,970	\$ 53,151,818	\$ 53,792,992
Liabilities & Equity												
Current Liabilities												
Account Payable			1,605,399	1,235,442	1,356,906	1,239,322	2,005,482	1,781,211	1,337,841	1,379,901	1,266,339	1,630,908
Interest Payable			1,312,535	1,235,637	1,158,739	1,081,841	1,004,943	928,046	851,148	774,250	697,352	620,454
Accrued Taxes			52,375	51,936	29,890	80,167	73,376	41,458	57,690	42,130	66,532	53,200
Accrued Payroll and Related			996,151	1,048,187	785,087	782,168	749,892	1,192,877	1,148,844	1,089,968	962,087	835,144
Cost Report Settlement			150,000	150,000	150,000	150,000	(487,000)	(487,000)	(487,000)	(487,000)	(487,000)	(487,000)
Total Current Liabilities	\$0	\$0	\$4,116,461	\$3,721,202	\$3,480,622	\$3,333,499	\$3,346,694	\$3,456,592	\$2,908,522	\$2,799,249	\$2,505,310	\$2,652,706
Long term Liabilities												
Long Term Notes Payable			28,620,850	28,624,815	28,628,780	28,632,746	28,636,711	28,640,676	28,644,641	28,648,606	28,652,571	28,656,537
Total Long Term Liabilities	\$0	\$0	\$28,620,850	\$28,624,815	\$28,628,780	\$28,632,746	\$28,636,711	\$28,640,676	\$28,644,641	\$28,648,606	\$28,652,571	\$28,656,537
Unapplied Liabilities			114,053	358,311	497,651	826,816	1,017,361	1,017,361	1,017,361	1,017,361	1,017,361	1,017,361
Capital Equipment Lease			427,579	435,624	443,613	469,194	477,073	484,897	192,188	195,690	199,173	219,989
Total Liabilities	\$0	\$0	\$33,278,943	\$33,139,952	\$33,050,666	\$33,262,254	\$33,477,839	\$33,599,526	\$32,762,712	\$32,660,908	\$32,374,416	\$32,546,593
Retained Earnings			\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305
Net Income			\$7,858,082	\$1,161,511	(\$1,832,434)	(\$151,267)	(\$2,505,946)	(\$1,987,068)	(\$1,449,873)	(\$592,243)	(\$903,903)	(\$434,906)
Total Liabilities and Equity	\$0	\$0	\$62,818,330	\$55,982,769	\$52,899,537	\$54,792,293	\$52,653,198	\$53,293,764	\$52,994,145	\$53,749,970	\$53,151,818	\$53,792,992

Financial Trends

Net Patient Revenue

\$4,000,000
\$3,500,000
\$3,000,000
\$2,500,000
\$2,000,000
\$1,500,000
\$1,000,000
\$500,000
\$-

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Total Operating Revenue

\$12,000,000
\$10,000,000
\$8,000,000
\$6,000,000
\$4,000,000
\$2,000,000
\$-

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Employed Labor Costs

1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Salaries Benefits

Contract Services

1,200,000
1,000,000
800,000
600,000
400,000
200,000
0

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Total Expenses

\$3,500,000
\$3,000,000
\$2,500,000
\$2,000,000
\$1,500,000
\$1,000,000
\$500,000
\$0

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

EBITDA

\$8,000,000
\$7,000,000
\$6,000,000
\$5,000,000
\$4,000,000
\$3,000,000
\$2,000,000
\$1,000,000
\$0

May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25

Sierra Vista Hospital

4/30/2025

Reserves

	4/30/2025	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
FY24 Cost Report Receivable		
Total Liability	<u>(150,000)</u>	



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 7, 2025

SUBJECT: Annual Policy Review

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

SCOPE: The Rural Health Clinic (RHC) will maintain current policies and procedures to ensure compliance with federal, state, and local regulations, as well as to promote quality patient care. All policies and procedures will be annually and updated as needed.

Purpose: To establish a consistent process for the periodic review and update of all RHC policies and procedures to ensure they remain accurate, relevant, and compliant.

Scope: This policy applies to all RHC administrative, clinical, and operational policies and procedures.

Responsibilities:

- **Director of Provider Services:**
 - Coordinate the review process.
 - Ensure each policy is reviewed according to schedule.
 - Document the review and approval process.
- **Medical Director:**
 - Participate in clinical policy reviews.
 - Ensure clinical protocols align with current medical standards.
- **Compliance Officer (if applicable):**
 - Ensure policy changes comply with regulatory updates.
 - Assist in the identification of policies needing revision.

Procedure:

1. **Annual Review Schedule:**
 - All policies and procedures will be reviewed at least once every 12 months.
 - Policies may be reviewed more frequently if required by regulatory changes or operational needs.
2. **Review Process:**
 - Responsible staff will review each policy for accuracy, relevance, and regulatory compliance.
 - Revisions will be documented using revision history.
 - The revised policy will be submitted for approval.

SIERRA VISTA HOSPITAL

3. Approval:

- o Final policy drafts will be approved by the Director of Provider Services and Medical Director, Medical Staff, Governing Board.

4. Documentation:

- o Each reviewed policy will include a documented review date and the names/titles of reviewers and approvers.
- o Archived versions of superseded policies will be maintained for a minimum of 5 years.

5. Communication:

- o Staff will be informed of all new and revised policies.
- o Training will be provided if the policy changes significantly affect operations or patient care.

REFERENCE(S):



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 7, 2025

SUBJECT: Annual Program Evaluation

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

SCOPE: This policy applies to the Rural Health Clinic (RHC) and their compliance with Centers for Medicare and Medicaid Services (CMS) regulation for the Annual Program Evaluation.

POLICY: This policy will ensure that all requirements under 42 CFR § 491.11 are fulfilled. The program evaluation will take place annually. The Director of Provider Services will coordinate and prepare all materials for the presentation.

PROCEDURE:

1. **Committee Formation:** An Annual Evaluation Review Committee will be formed for each clinic with the following individuals:
 - Director of Provider Services
 - Medical Director
 - Mid-level Provider
 - Clinic Staff
 - Member of the Community
2. **Evaluation:** The evaluation will include the following:
 - a. The utilization of clinic services, including at least the number of patients served and the volume of services.
 - b. Addition of any new service lines and/or providers added.
 - c. The scope of services provided.
 - d. Policy review
 - e. Patient satisfaction scores
3. **Purpose of annual program evaluation:**
 - a. To determine if the utilization of services was appropriate.
 - b. To receive community members input on other services that would be beneficial.
4. **Findings:** The Director of Provider Services shall consider the findings of the evaluation and take corrective action as necessary.
5. **Reporting:** Upon completion, an Annual Evaluation Summary Report shall be used for reporting for the year in review.

REFERENCE(S): Code of Federal Regulations: Program Evaluation;
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491/subpart-A/section-491.11>

Distributed To:
Revision Dates:
Policy #

Page 1 of 1



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 7, 2025

SUBJECT: Authorized Services
Performed by a Nurse
Practitioner

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

Purpose:

To delineate the scope of services that Certified Nurse Practitioners (CNPs/ FNP-C) are authorized to perform in Rural Health Clinics (RHCs) in New Mexico, ensuring compliance with state laws and regulations.

Policy Statement:

Certified Nurse Practitioners practicing in New Mexico RHCs are granted Full Practice Authority (FPA), allowing them to evaluate patients, diagnose conditions, order and interpret diagnostic tests, and initiate and manage treatments, including prescribing medications, under the exclusive licensure authority of the New Mexico Board of Nursing.

Scope of Services:

1. Independent Clinical Practice:

CNPs may independently provide primary, acute, chronic, long-term, and end-of-life healthcare services to individuals, families, and communities in any healthcare setting.

2. Prescriptive Authority:

- **Dangerous Drugs:** CNPs may prescribe dangerous drugs upon obtaining prescriptive authority from the New Mexico Board of Nursing.
- **Controlled Substances (Schedules II-V):** CNPs may prescribe controlled substances after securing registration from the New Mexico Board of Pharmacy and the Drug Enforcement Administration (DEA).

3. Collaboration:

While CNPs have FPA, they should collaborate with licensed medical doctors, osteopathic physicians, or podiatrists as necessary, especially in complex cases requiring multidisciplinary approaches.

Compliance and Oversight:

CNPs must adhere to the standards set forth by the New Mexico Nursing Practice Act and the New Mexico Board of Nursing regulations. CNPs must maintain current licensure, prescriptive authority, and comply with all state and federal laws governing healthcare practice.

REFERENCE(S):

Limitations of Practice as a Nurse Practitioner in New Mexico – 2025;

<https://www.nursepractitionerlicense.com/nurse-practitioner-licensing-guides/limitations-of-practice-as-a-nurse-practitioner-in-new-mexico/>



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: 4/7/25

SUBJECT: Clinical Record System

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

Purpose: To establish standardized procedures for the creation, maintenance, access, and confidentiality of clinical records in a rural health clinic, ensuring quality of care, legal compliance, and continuity of treatment.

Scope: This policy applies to all healthcare providers, administrative staff, and authorized personnel involved in patient care or management of clinical records within the Rural Health Clinic..

Definitions:

- **Clinical Record:** A systematic documentation of a patient's medical history, treatments, outcomes, and other pertinent health information.
- **EHR (Electronic Health Record):** A digital version of a patient's paper chart accessible to authorized users.
- **PHI (Protected Health Information):** Any health information that can identify a patient.

1. Record Creation:

- All patient encounters must be documented in the electronic health record.
- Documentation must be accurate and completed in a timely manner. All records are required to be completed within 3 business days, preferably within 24 hours.

2. Content Requirements

Each clinical record must include:

- Patient identification and demographics
- Chief complaint and history of present illness
- Past medical, surgical, family, and social history
- Physical exam findings
- Diagnostic test results
- Diagnoses and treatment plan
- Medications prescribed/administered

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- Progress notes and follow-up care

3. Confidentiality and Security

- Security must be maintained to protect PHI.
- Only authorized personnel may access patient records, and only to the extent required for their role.
- Electronic systems must have audit trails, password protection, and data encryption.

4. Access to Records

- Patients have the right to access their clinical records in accordance with HIPAA and local regulations.
- Requests for copies must be processed within 14 business days.
- Staff must verify patient identity before releasing any information.
- Patients must complete a Record Release form to obtain records.

5. Quality Assurance

- Quarterly audits will be conducted to ensure compliance with documentation standards and identify areas for improvement.
- Non-compliance may result in disciplinary action.

6. Responsibilities

- Health Providers: Accurate and timely documentation.
- IT Department: Ensure EHR security, functionality, and backup.
- Compliance Officer: Oversight of HIPAA compliance and staff training.
- Records Department: Maintain and archive physical and digital records.

7. Training

All staff must complete mandatory training on:

- Clinical documentation standards
- Confidentiality and HIPAA
- EHR system usage

REFERENCE(S):

Health Information Privacy: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 7, 2025

SUBJECT: History and Physical

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

Purpose:

To ensure every patient receives a comprehensive evaluation that includes medical history and a physical examination as part of their care within the RHC setting.

Policy Statement:

All patients must have a documented history and physical examination (H&P) performed by a qualified healthcare provider at the time of their first encounter and updated as needed for ongoing care.

Procedure:

1. Initial Visit:

- A history and physical must be completed.
- Includes chief complaint, history of present illness, past medical and surgical history, family history, social history, review of systems, and physical exam findings.
- Documentation must be placed in the patient's medical record.

2. Annual Visits:

- An updated physical examination and review of any changes in history must be completed at least annually.

3. Acute Visits:

- For problem-focused visits, a targeted history and exam is acceptable but must still include key relevant systems and documentation.

4. Provider Qualifications:

- Must be performed by a licensed MD, DO, or NP working within their scope of practice.

5. Compliance:

- Follows CMS guidelines for RHCs and state regulations.
- Subject to quality assurance review.

REFERENCE(S):

Key Regulations for RHCs: https://www.narhc.org/narhc/RHC_Regulations.asp



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 7, 2025

SUBJECT: In Charge Identification

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

POLICY: To ensure that all staff are aware of the designated person responsible for overseeing Rural Health Clinic (RHC) operations each day, enabling efficient communication and smooth workflow.

PROTOCOL: The Director of Provider Services is responsible for the day-to-day operations of the RHC. In the event the Director is not on-site or unavailable, the staff reports to the Clinic Manager. The Clinic Manager has the discretion to elevate a situation to the Chief Nursing Officer.



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic **Original Policy Date:** April 7, 2025

SUBJECT: Scope of Services **Review:** 2026 _____ 2027 _____ 2028 _____
Last Revised:

APPROVED BY: **Manager:** Kellye Foster, MHA

SCOPE: To establish clear guidelines for the medical services provided at the Rural Health Clinic, ensuring that all care provided meets the health needs of the local community while complying with applicable health regulations and available resources.

Scope of Services:

1. Primary Care Services:

- **General Consultations:** Assessment and management of common health conditions (e.g., diabetes, hypertension, asthma, infections, etc.).
- **Preventive Health Services:** Routine physical exams, vaccinations, health screenings, and risk assessments for chronic diseases.
- **Health Education:** Providing information on lifestyle modifications, disease prevention, nutrition, and mental health.

2. Maternal and Child Health:

- **Prenatal Care:** Routine monitoring and management during pregnancy, including screenings and education on maternal health.
- **Postnatal Care:** Support for mothers and newborns, including breastfeeding counseling, wellness checks, and immunization.
- **Child Health:** Regular well-child exams, immunizations, and treatment of common childhood illnesses.

3. Chronic Disease Management:

- Support for managing chronic conditions such as diabetes, hypertension, asthma, and heart disease.
- Education, regular check-ups, and collaboration with specialists or referral services as necessary.

4. Mental Health Services:

- Basic mental health screenings, counseling, and referral services.
- Collaboration with clinics mental health providers for further assessment and treatment.

5. Laboratory and Diagnostic Services:

- CLIA waived services to include: hemocult, glucose, urinalysis, urine pregnancy test, flu, strep, RSV, and COVID.
- Referral to larger facilities for more specialized diagnostics or imaging as needed.

6. Referral Services:

- Provision of referrals to specialized services, including local or regional hospitals, specialist clinics, and long-term care facilities when necessary.
-

SIERRA VISTA HOSPITAL

7. Telemedicine Services:

- Use of telehealth or telemedicine platforms for consultations with specialists or distant medical centers, especially for remote or difficult-to-reach areas.

Limitations:

- The RHC will not provide services that require specialized medical procedures or equipment beyond its capacity (e.g., major surgeries, advanced imaging).

Staffing and Capacity:

- Staff will include general practitioners, nurse practitioners, nurses, medical assistants, and support staff.
- The clinic will coordinate with local health organizations and specialists to ensure comprehensive care, particularly for conditions outside the clinic's scope.

Review and Updates:

- The scope of services will be reviewed annually to ensure alignment with community health needs, available resources, and regulatory changes. Services may be adjusted based on the health needs of the local population.

REFERENCE(S):



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Rural Health Clinic

Original Policy Date: April 30, 2025

SUBJECT: Involuntary Hold

Review: 2026 _____ 2027 _____ 2028 _____

Last Revised:

APPROVED BY:

Manager: Kellye Foster, MHA

SCOPE: This policy applies to all clinical and security staff involved in behavioral health services at Sierra Vista Hospital and Clinics including emergency department personnel, outpatient psychiatric staff, and mental health professionals.

POLICY: This policy ensures compliance with applicable state and federal laws regarding the temporary detainment of individuals for psychiatric evaluation and treatment without their consent when clinically indicated.

PURPOSE: To establish clear procedures for the initiation, documentation, and management of involuntary holds for individuals experiencing acute behavioral health crises who may pose a danger to themselves, others, or are gravely disabled due to a mental health condition.

DEFINITIONS:

1. **Involuntary Hold:** A legal mechanism to detain an individual for psychiatric evaluation or treatment without their consent due to concerns of self-harm, harm to others, or grave disability.
2. **Grave Disability:** A condition in which a person, as a result of a mental disorder, is unable to provide basic personal needs for food, clothing, or shelter.

PROCEDURE:

A. Criteria for Involuntary Hold

1. Exhibits behavior indicating a substantial risk of serious harm to self (e.g., suicidal ideation or attempt).
2. Exhibits behavior indicating a substantial risk of serious harm to others (e.g., threats or acts of violence).
3. Is gravely disabled due to a mental health condition and unable to care for basic needs.

B. Initial Evaluation

1. Any staff member identifying a potential behavioral health crisis must notify a licensed clinician immediately.
2. A mental health professional or physician will perform an evaluation to determine if involuntary criteria are met.

C. Hold Authorization

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1. Psychiatrist or other behavioral health nurse practitioner will complete the necessary legal documentation. See appendix A.
 2. The patient will be transferred to a facility that will complete the involuntary hold.
- D. Patient Rights
1. The patient must be informed of the hold, the reason for the detainment, and their legal rights.
 2. A copy of the legal form must be given to the patient and placed in their medical record.
- E. Notification and Documentation
1. Family, legal guardians, or caregivers should be notified when appropriate and allowed by HIPAA.
 2. All actions, assessments, and observations must be thoroughly documented in the patient's medical record.
- F. Safety Measures
1. The patient must be continuously monitored in a secure environment that ensures their safety and the safety of others until transferred to an inpatient facility.
 2. Security may be involved if the patient poses an immediate threat.

REFERENCE(S):

New Mexico Commitment Procedure: [Chapter 43 - Commitment Procedures - NMOneSource.com](#)

SIERRA VISTA HOSPITAL

Appendix A: Involuntary Hold Form



Sierra Vista Community Health Center

800 East Ninth Avenue

Truth or Consequences, NM 87901

575-894-3221

Fax: 575-894-4999

Date: _____

Patient Name: _____

Patient DOB: _____

Patient MRN: _____

I, _____ hereby certify that the
above patient is:

☐ A substantial risk of serious harm to self

☐ A substantial risk of serious harm to others

☐ Is gravely disabled due to a mental health condition and unable to care for
basic needs.

And requires involuntary hospitalization to ensure his/her safety or that of others.

Date this (month) _____ day of _____ year.

Physician's Printed Name

Physician's Signature

Distributed To:
Revision Dates:
Policy #

Page 3 of 3

BQ 27



Provider Specialty Specific Practice Evaluation: **Psychologist**

Evaluations are to be Completed every 6-8 Months.

Psychologist:		Review Period:				
Indicators	Practitioner Rating	PEER Avg.	Thresholds			
			Excellent	Acceptable	Action Needed	
Patient Care						
Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of diseases and care at the end of life.				3-4		
Medical / Clinical Knowledge						
Continuing Medical Education Hours as required to maintain NM license						
Practice Based Learning and Improvements						
Uses scientific evidence and methods to investigate, evaluate and improve patient care practices.				3-4		
Interpersonal Communication Skills						
Demonstrates interpersonal and communication skills that establish and main professional relations with patients, families, coworkers and other members of the healthcare team.				3-4		
System Based Practice						
Demonstrates both an understanding of the contexts and systems in which healthcare is provided and the ability to apply this knowledge to improve and optimize health care within the network				3-4		
Professionalism						
Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice e, an understanding and sensitivity to diversity and a responsible attitude toward patients, profession and society.				3-4		
Comments:						



Provider Specialty Specific Practice Evaluation: *Psychologist*

Evaluations are to be Completed every 6-8 Months.

Action:	Signatures	
<input type="checkbox"/> Performance meets expectations, Provider Specialty Specific Practice Evaluations		
<input type="checkbox"/> Personal communication with written documentation; continue Provider Specialty Specific Practice Evaluations	Chief of Staff	Date
<input type="checkbox"/> Focus Review Required		
	Chief Executive Officer	Date



Provider Specialty Specific Practice Evaluation: Rural Health LICSW

Evaluations are to be Completed every 6-8 Months.

Provider:		Review Period:				
Indicators	Practitioner Rating	PEER Avg.	Thresholds			
			Excellent	Acceptable	Action Needed	
Patient Care						
Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of diseases and care at the end of life.				3-4		
Medical / Clinical Knowledge						
Continuing Medical Education Hours as required to maintain NM license						
Practice Based Learning and Improvements						
Uses scientific evidence and methods to investigate, evaluate and improve patient care practices.				3-4		
Interpersonal Communication Skills						
Demonstrates interpersonal and communication skills that establish and main professional relations with patients, families, coworkers and other members of the healthcare team.				3-4		
System Based Practice						
Demonstrates both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize health care within the network.				3-4		
Professionalism						
Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice e, an understanding and sensitivity to diversity and a responsible attitude toward patients, profession and society.				3-4		
Comments:						



Provider Specialty Specific Practice Evaluation: Rural Health LICSW
Evaluations are to be Completed every 6-8 Months.

Action:	Signatures	
<input type="checkbox"/> Performance meets expectations, Provider Specialty Specific Practice Evaluations		
<input type="checkbox"/> Personal communication with written documentation; continue Provider Specialty Specific Practice Evaluations	Chief of Staff	Date
<input type="checkbox"/> Focus Review Required	Chief Executive Officer	Date



Provider Specialty Specific Practice Evaluation: Rural Health Clinic Walk-In Clinic FNP

Evaluations are to be Completed every 6-8 Months.

Provider:		Review Period:			
Indicators	Practitioner Rating	PEER Avg.	Thresholds		
			Excellent	Acceptable	Action Needed
Patient Care					
Discharge instructions given.				95-98%	
Medical / Clinical Knowledge					
Continuing Medical Education Hours as required by the BON every (2) years.					
Practice Based Learning and Improvements					
Percentage of appropriate use of antibiotics in 6 to 8 months				90-85%	
Percentage of patients' follow-up with positive culture and sensitivity results.				98%	
Interpersonal Communication Skills					
Validated patient complaints in 6-8 months				1	
System Based Practice					
Percent of patient records where coding of comprehensive exam was accurate over the last 6-8 months.				95%	
Professionalism					
Validated incidents of unprofessional behavior in 6-8 months				1	
Comments:					
Action:			Signatures		
<input type="checkbox"/> Performance meets expectations, Provider Specialty Specific Practice Evaluations					
<input type="checkbox"/> Personal communication with written documentation; continue Provider Specialty Specific Practice Evaluations			Chief of Staff Date		
<input type="checkbox"/> Focus Review Required			Chief Executive Officer Date		



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Medical Staff

Original Policy Date: 05/07/2025

SUBJECT: Medical Staff Peer Review

Review: **2025** SFA **2026** **2027**

Last Revised:

APPROVED BY: Medical Staff

Manager: Medical Staff Coordinator

SCOPE:

Medical Staff.

PURPOSE:

The Medical Staff Peer Review Committee endeavors to continually measure, assess and improve the quality of patient care in accordance with the Peer Review Plan.

POLICY:

Medical Staff Peer Review Committee will be assigned by the Medical Executive Committee. The Peer Review Committee will review cases submitted, OPPE and FPPE. Peer Review Committee is protected under New Mexico Statutes 59A-46-27 and 41-9.

PROCEDURE:

Medical Staff Peer Review will be supported by the Medical Staff Coordinator, CEO, CNO and/or Quality Director.

Decisions reached in the Medical Staff Peer Review will be communicated to the reviewed provider by letter signed by the Chief of Staff.

Peer Review final grade of a C or D result in a copy of the peer review placed into the provider's Credentialing file.

Peer Review Committee Minutes will be maintained, stored in a double locked area.

REFERENCE:

NM Statute 41-9. Retrieved from: <https://www.nmonesource.com/nmos/nmsa-unanno/en/item/18541/index.do#!fragment/zoupio-Toc137809197/BQCwhgziBcwMYgK4DsDWszlQewE4BUBTADwBdoAvbRABwEtsBaAfX2zgEYBmAdgA4ADAE4OQngEoANMmvlCEAlqJCuAJ7QA5BskRCYXAiUrIWnXoMgAvnljAhdQCUAogBknANQCCAOQDCTyVlwACNoUnZxcSA>

NM Statute 59A-46-27. Retrieved from: <https://www.nmonesource.com/nmos/nmsa-unanno/en/item/18562/index.do#!fragment/zoupio-Toc186555498/BQCwhgziBcwMYgK4DsDWszlQewE4BUBTADwBdoAvbRABwEtsBaAfX2zgEYAOANGFYBAIgcXAJQAaZNIKEIARUSFcAT2uBvdRliEwuBluVrN23tpABlPKQBCagEoBRADKOAgEEAcuGFHE0jAAI2hSdjExIA>

Sierra Vista Hospital Medical Staff Bylaws. Located in SVH Administration, provided to each Medical Staff member when credentialed. Last updated August 2023.



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Medical Staff

Original Policy Date: 05/07/2025

SUBJECT: Re-appointment Credentialing

Review: 2025 SFA 2026 _____ 2027 _____

Last Revised:

APPROVED BY: Medical Staff

Manager: Medical Staff Coordinator

SCOPE:

Medical Staff

PURPOSE:

To establish clear guidelines with burden of proof on the Member to demonstrate competency, appropriate utilization of hospital services, cost efficiency, adherence to the Medical staff Bylaws and Rules and Regulations, participation in Medical Staff affairs to justify reappointment and reassignment of privileges.

POLICY:

Medical Staff applying for reappointment will follow the process outlined in the Medical Staff Bylaws.

PROCEDURE:

Application for reappointment and reassignment of privileges will be sent to the Member ninety (90) days prior to the end of the term of the current appointment.

The member is responsible for completing the application to include any new information regarding professional liability claims.

The credentialing file will be updated with the new application and all requirements per the Medical Staff Bylaws.

Medical Staff members will review the completed credentialing file, OPPE and/or FPPE.

A majority vote will determine if reapplication and reassignment of privileges is appropriate. Medical Staff will forward their recommendations to the Hospital Governing Board for final decision.

The Member will be notified of the decision.

REFERENCE:

Sierra Vista Hospital Medical Staff Bylaws. Located in SVH Administration, provided to each Medical Staff member when credentialed. Last updated August 2023.

Note: Policy 880-01-003 is incorporated into this policy.



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT: Medical Staff

Original Policy Date: 05/07/2025

SUBJECT: Hospital Committee Support

Review: 2025 SFA 2026 _____ 2027 _____

Last Revised:

APPROVED BY: Medical Staff

Manager: Medical Staff Coordinator

SCOPE: Medical Staff

PURPOSE: To accomplish its purposes and functions, the Chief of Staff may appoint Medical Staff Members to Sierra Vista Hospital Committees. Medical staff shall assist and advise the Hospital in maintaining and evaluating the quality and appropriateness of patient care provided by all Providers with clinical privileges in the Hospital.

POLICY: The Medical Staff Committee will provide members to Hospital Committees including but not limited to, Quality, Patient Safety and Process Improvement,(QAPI), Infection Prevention and Control Committee, Pharmacy and Therapeutics, Antibiotic Stewardship Committee, Utilization Management Committee.

PROCEDURE:

Assigned Medical Staff Members will be assigned or reassigned at each yearly Medical Staff Meeting. Medical Staff assigned to committees are to notify the Chief of Staff if unable to attend assigned Hospital Committee Meetings.

REFERENCE:

Sierra Vista Hospital Medical Staff Bylaws. Located in SVH Administration, provided to each Medical Staff member when credentialed. Last updated August 2023.

Note: this policy replaces Medical Staff Office Policies 880-01-122 Pharmacy & Therapeutics, 880-01-017 Utilization Committee, 880-01-011 Infection Control, 880-01-014 OPI Committee, 880-01-016 Safety Committee Meetings.



Human Resources Department

Board Report – April 2025

1. Executive Summary

The Human Resources Department is pleased to report on continued progress in staffing, recruitment, and onboarding during the month of April. We successfully onboarded key personnel, managed several staffing transitions, and supported department leaders with ongoing HR operations. This report also provides updated figures for current staffing levels and agency usage, along with a summary of current initiatives.

2. Leadership Update

Exciting News

We are pleased to announce that **Heather Milton, MBA** will be joining the Sierra Vista Hospital family as our new **Director of Human Resources**. We are excited to welcome her aboard and look forward to the leadership and expertise she will bring to our team.

3. Staffing Activity

New Hires

Position	Department	Employment Type
C.N.A. / Unit Clerk	Emergency Room	Full-Time (FTE)
Maintenance Technician	Plant Operations	Full-Time (FTE)
Registration Clerk	Business Office	Full-Time (FTE)

Terminations

Total: 11

- **Agency Contracts Ended:** 3 (1 RN, 1 CMA, 1 CNA)
- **PRN Employees:** 4

FTE Terminations

Position	Reason
Registration Clerk	Resignation
Community Paramedic	Policy Violations
Director of Provider Services	Resignation
Maintenance Technician	Refused MMR Vaccine

4. Current Staffing Overview

Agency Staffing

Role	Count
RN	10
LPN	1
Medical Assistant	1
Certified Nurse Assistant	3
Sterile Processing Technician	1
Physical Therapist	1
Independent Contracted Nurses	2
Foreign Nurses (3-year contracts)	9

Employee Headcount

- **Total Employees: 223**
 - Full-Time Employees (FTE): 173
 - Part-Time Employees: 6
 - PRN Employees: 13
 - Independent Contractors: 1
 - Temporary Staff: 2

5. Program Launch Support

The HR Department is actively supporting the upcoming launch of the **in-house CNA program**, which involves onboarding multiple new hires under a condensed timeline. This includes coordinating background checks, health screenings, physicals, and compliance training. Due to the volume of new staff being processed, HR is working closely with Nursing Leadership to align schedules and ensure a smooth, timely start for participants.

Prepared by:

Susanah Sivage

HR Generalist

Human Resources Department



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

May 22, 2025

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

85201 – Risk and Quality Manager – 1 full-time position (open date 05/22/2025) Sierra Vista Hospital is seeking a dedicated and detail-oriented **Risk & Quality Manager** to identify, assess, and mitigate organizational risks while also overseeing the hospital's quality improvement and performance initiatives. This role is vital to maintaining high standards of safety, regulatory compliance, and service excellence in alignment with Critical Access Hospital (CAH) regulations. The ideal candidate will be a collaborative leader with strong analytical, clinical, and regulatory expertise.

60101 – Student Nurse Assistant – 6 positions (open date 5/20/2025) - The Student Nurse Assistant position is designed for individuals interested in pursuing a career in healthcare as a Certified Nurse Assistant (CNA). Through our Grow Your Own Program, participants will receive paid training, including classroom instruction and hands-on clinical experience. Upon successful completion of the program and CNA certification, full-time employment with benefits will be offered.

80001 – Registration Clerk – 1 full-time position (open date 5/20/2025) Serves patients and community by completing patient registration by providing information regarding registration and eligibility process; receiving, verifying, and entering data. Serves visitors by greeting, welcoming, and directing them; notifying personnel of visitor's arrival or incoming phone call; maintains security and telecommunication system.

04001 – Radiologic Technologist – (open date 5/1/2025) 1 full-time position Has knowledge and can perform a variety of imaging procedures and is responsible for patient safety protocols. Functions as the first line interface with customers in the successful accomplishment of their imaging needs. Participates in OPI activities.

18601 – EMT – 1 full-time position – (open date 4/17/2025) 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.

07001 – Cook-Aide – 2 full-time positions (open date 03/03/2025) 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 responsible for the cleanup and stocking of the cafeteria and food preparation areas.

04001 – Echocardiography Technologist – 1 full-time position (open date 02/27/2025) Performs two dimensional ultrasonic recordings of internal organs for the diagnosis of disease and study of the malfunction of organs. Participates in OPI activities.

63801 – RN Case Manager – 1 full-time position (open date 02/26/2025) Responsible for the coordination and implementation of case management strategies pursuant to the Case Management Plan. Plans and coordinates care of the patient from pre-hospitalization through discharge. Works with all members of the healthcare team to ensure a collaborative approach is maintained in care and treatment of the patient. Reviews care and treatment for appropriateness against screening criteria and for infection control, quality and risk assessment documenting same in computerized database.

Responsible for authorization of appropriate services for continued stay and through discharge. Plans and coordinates home care services and needs. Provides discharge planning and at home follow-up assessment (via telephone, in some cases may make home visit).

85001 – Medical Staff Coordinator – 1 full-time position (open date 2/13/2025)

The SVH Medical Staff Coordinator is a professional that executes a variety of delegated administrative job duties related to the hospital's medical staff within priorities established by the Chief Executive Officer. The coordinator acts as a liaison between the Medical Staff, nursing staff and Administration to enable effective and efficient information sharing and medical staff operations. Further, the coordinator prepares for medical staff meetings by managing the meeting schedule, sending meeting reminders, compiling agenda packets, recording meeting minutes, and safeguarding meeting data. Ensures adherence to regulatory compliance, coordinates the credentialing process: preparation and processing of medical staff applications, appointments, reappointments, and preparation of performance evaluations as required. The incumbent understands the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and holds the highest level of confidentiality.

05001 – Physical Therapist – 1 full-time position (open date 01/16/2025) 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.) The staff therapist participates in operational aspects of the department, maintains performance improvement activities within the department and participates in OPI activities. Provides input in formulating budget, assists in evaluating department performance versus budget controls and takes appropriate action to remain in budget guidelines. Ensures that patient charges are accurate and entered on a timely basis. Participates in all infection control, departmental equipment training, organizational safety, and fire safety programs.

95301 – Medical Assistant - 1 full-time position 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.

95303 – Clinic LPN – 2 full-time positions - Provides direct and indirect patient care in the clinic 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. Maintains regulatory agency requirements, nursing and clinic policies, procedures and standards. Communicate with physicians and team members about changes in patient's clinical condition, including results of diagnostic studies and symptomatology.

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.

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. Participate 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. Communicate 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, 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 May 2024

Nursing

Our first DAISY award was presented during hospital week. SVH is excited to have added this program to recognize nurses who perform above and beyond the "job description" for patients, staff and customers.

International nurses continue to perform well in orientation. Four additional nurses are scheduled to arrive in 2025. Most of the nurses will work in the Emergency Department. They begin their orientation on the Medical Surgical Unit before going to the Emergency Department with a seasoned ED nurse who provided clinical precepting.

CNA program scheduled to start June. Six individuals to be identified. Once the class is completed and the six pass certification there will be no travelers in the patient care tech positions!

Trauma Program

Life jackets were available at Elephant Butte Lake on May 23rd and 24th.

EMS

We proudly recognized EMS Week May 18-24, 2025, for their unwavering dedication and commitment to our community. In the past year in addition to responding to 911 calls and transferring patients our crews have been available for community events, completed classes at the high school and hospital, participated higher education functions, was awarded the State Service of the Year Award for 2024, our dedicated group are always on the go to grow, educate and provide excellent patient care.

Respectfully submitted,

Shirley F. Adams, MSN, MBA

CEO Report

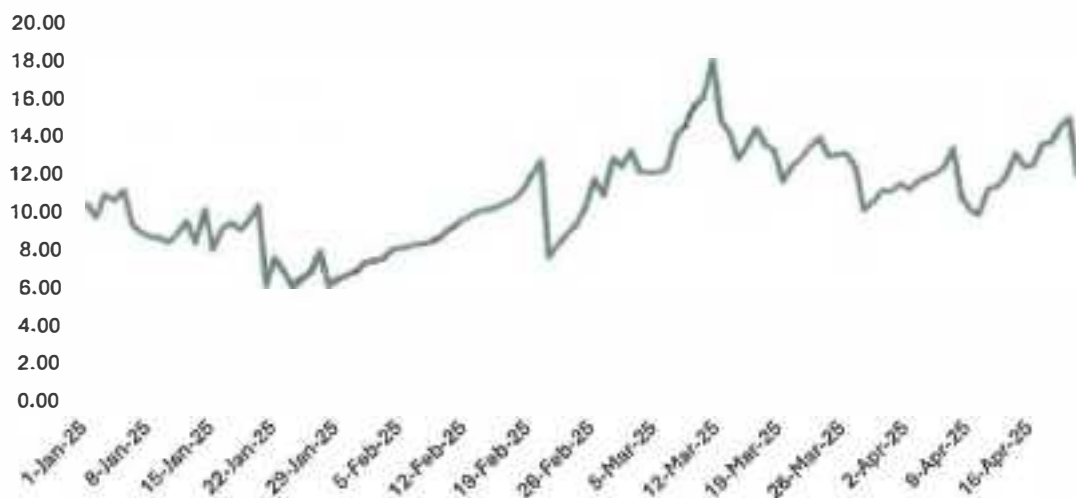
Dr. Don Bates

05/22/2025

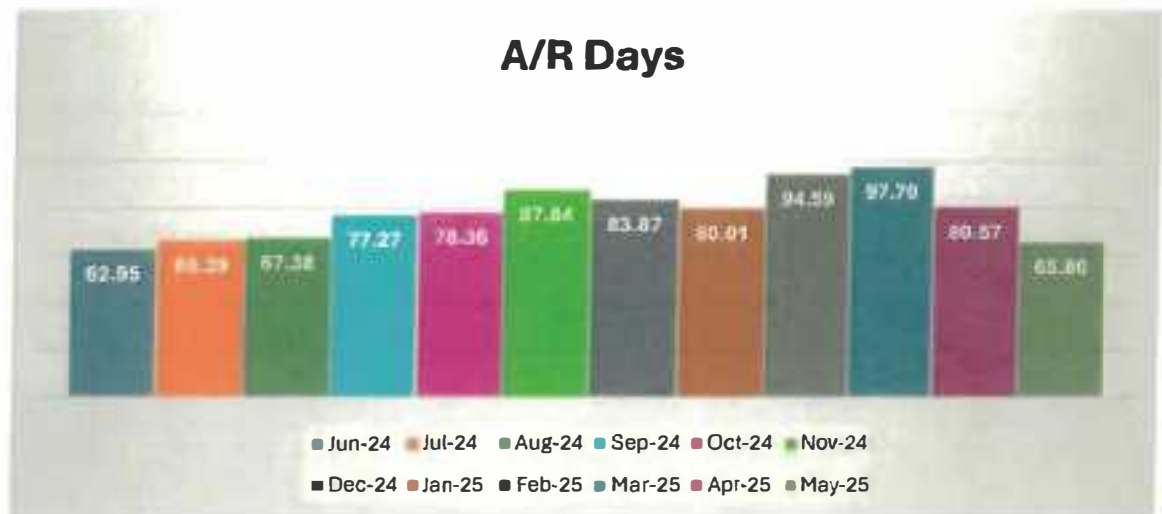
1. **Cash on Hand:** – May 22, 2025 – ~88 days (\$9,104,957.01) – ADE \$103,948.34.



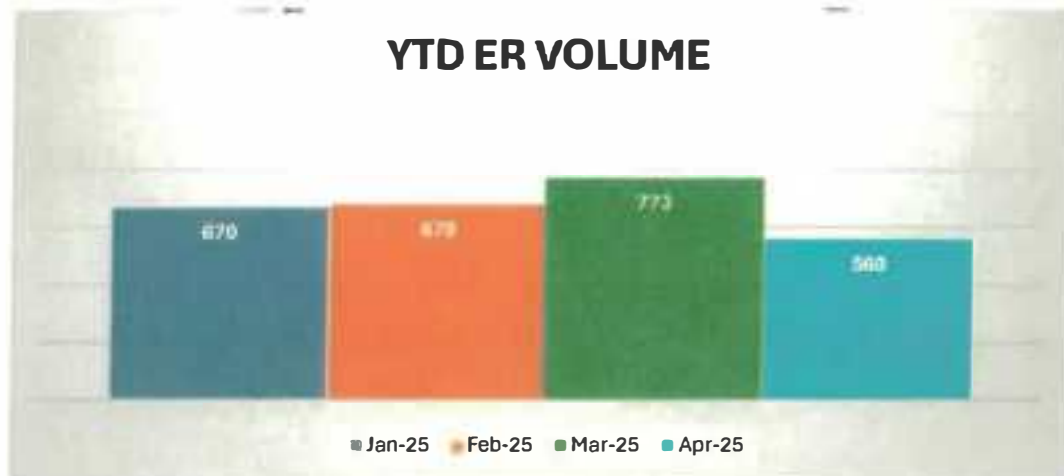
2. **DNFB:**



3. A/R Days:



4. ER Volume (as of April 21, 2025):



- CHNA:** The Administration team and Ovation Healthcare have kicked off the 2025 Strategic Planning initiative. We have completed the *Data Request* phase and are wrapping up the *Ovation Market Analysis* phase.
- RFP for New Rehabilitative Services Building:** The RFP Selection Committee selected e4h as our partner architecture firm for the Rehabilitation Services buildout project.

7. Service Line Expansion:

a. Dr. Mysore (Gastroenterology)

- i. Pathology issue resolved. Our counteroffer to Dr. Mysore was respectfully declined.

b. Dr. Robinson/Dr. Kamali (General Surgery) [Three Crosses]

- i. Finalizing contract and credentialing.

c. Isabel Torres (Pain Management) [Three Crosses]

- i. Finalizing contract and credentialing.

d. Dr. Minifee (Orthopedist) [Three Crosses]

- i. Dr. Minifee takes his oral boards in 1 month and then we'll be able to move forward with credentialing.

e. Dr. Tabibi (GYN) [Three Crosses]

- i. Dr. Tabibi will be able to start in June. Credentialing is ongoing.

f. Dr. Vaidya (Nephrology)/Dr. Tolia (Pulmonology) [Arena Healthcare]

- i. The new agreement was executed on April 14th.

g. Dr. Sardar (Cardiology) [Memorial Physician Practices]

- i. I have dialogue with Three Crosses to see if their new cardiologist might be a viable backup plan.

- 8. CDM:** We are kicking off a payer specific strategy to adjust our prices to be closer to the average for the region, rather than below par or the lowest in the region with Hospital Pricing Specialists, LLC. This has not been done since 2018 and in some cases, we are charging less than the fee schedule, especially for radiology and surgical services.

9. Rate Change Summary (Determination Date 03/21/2025):

	<u>Previous Rate</u>	<u>New Rate</u>
a. Part A Per Diem	\$6,031	\$6,343
b. Part B Percentage	39%	43%
c. SNF	\$5,497	\$5,578
d. RHC Encounter Rate	\$377.19	\$390.39

- 10. Intensive Outpatient Program (Geri-Psych):** Dr. Diocares, Zach, and I visited with Charlie Slaton with Critical Access Lighthouse Management (CALM) to discuss the possibility of them helping us set up a Geri-Psych IOP. The proposal

received by CALM was not financially feasible, we are researching the possibility of launching this program ourselves.