SIERRA VISTA HOSPITAL AND CLINICS

Ovation Healthcare Board Certified 2025 GOLD

SIERRA VISTA HOSPITAL GOVERNING BOARD
REGULAR MEETING
Elephant Butte Lake RV Resort Center
7-30-26

TABLE OF CONTENTS

Budget Revision FY2026, Budget FY2027, Capital Disposition and HR Report will be handed out at the meeting. Closed session items will be handed out in closed session.

SIERRA VISTA HOSPITAL AND CLINICS

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR/ ANNUAL MEETING

July 30, 2026 **12:00pm** **Elephant Butte Lake RV Event Center**

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

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

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

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

TIME OF MEETING: 12:00pm

PURPOSE: Regular/ Annual Meeting

COUNTY
Bruce Swingle, **Vice Chair**
Jesus Baray, Member

CITY OF TRUTH OR CONSEQUENCES
Greg D'Amour, **Secretary**
Edna Trager, Member

VILLAGE OF WILLIAMSBURG
Serina Bartoo, **Chair**

EX-OFFICIO
Shauna Cameron, CEO
Amanda Cardona, VCW
Amber Vaughn, County Manager
Gary Whitehead, City Manager, TorC
Jim Paxon, JPC Chair

SUPPORT STAFF:
Ming Huang, CFO
Zach Heard, PXO, Compliance
Aaron Dow, CIO
Karen Iacuone, Interim Quality
Heather Milton, HR Director
Marsha Sensat, Interim CNO

Ovation:
Erika Sundrud

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. **Call to Order**	Serina Bartoo, Chairperson	
2. **Pledge of Allegiance**	Serina Bartoo, Chairperson	
3. **Roll Call**	Jennifer Burns	Quorum Determination
Introduction of Interim CNO, Marsha Sensat, MSN, RNC, NHA.		
4. **Approval of Agenda**	Serina Bartoo, 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	Serina Bartoo, Chairperson	
A. June 23, 2026 Regular Meeting		Amend/Action
B. June 29, 2026 Special Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business-	Serina Bartoo, Chairperson	
8. New Business-		
A. Election of Officers	Serina Bartoo, Chairperson	Action
1. Chairperson		
2. Vice Chairperson		
3. Secretary		
B. Secretaries report on Conflict of Interest Statement	Secretary	Report
C. Code of Conduct Policy and Form	Chairperson	Report
D. Member Attendance Report	Jennifer Burns	Report
E. GB Policy Updates	Jennifer Burns	Report/Action
1. Bylaws / JCC clarification	Shauna Cameron, CEO	Report/Action
F. Resolutions	Chairperson	Report/Action
1. Resolution 26-105 Nondiscrimination English & Spanish		Report/Action
2. Resolution 26-106 Open Meetings		Report/Action
3. Resolution 26-107 (revised by JPC) Public Records		Report/Action
G. Medical Staff Report	Sonia Seufer, MD	Report
9. Finance Committee- Bruce Swingle, Chairperson		
A. Declaration of Emergency – Emergency Funds Request	Ming Huang, CFO	Action
B. June Financial Report	Ming Huang, CFO	Report/Action
C. Fourth Quarter financial review	Ming Huang, CFO	Report/Action

1. Resolution 26-110	Ming Huang, CFO	Report/Action
D. Budget Revision FY2026	Ming Huang, CFO	Report/Action
1. Resolution 26-103	Ming Huang, CFO	Report/Action
E. Budget FY2027	Ming Huang, CFO	Report/Action
1. Resolution 26-104	Ming Huang, CFO	Report/Action
F. Capital Disposition	Ming Huang, CFO	Report/Action

10. Board Quality- Greg D'Amour, Chairperson

A. Policy Review — Action

- Provider Separation Policy for Pending Orders
- Refusal to consent to drugs, treatment, procedures or transfer (form)

11. Administrative Reports

A. Human Resources	Heather Milton, HR Director	Report
B. CNO Intro	Marsha Sensat, Interim CNO	Information
C. CEO Report	Shauna Cameron, CEO	Report
D. Governing Board	Chairperson	Report

Motion to Close Meeting:

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

Order of business to be determined by Chairperson:

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

A. Privileges — Shauna Cameron, CEO

RadPartners Reappointment:

Nuha Krad, MD
Charles Huang, MD
William Harvey, MD

Terms:

Andy Costin, CRNA-termed 1-1-26
Jeffrey Joyce, MD-termed 1-1-26
Don Marketto, III, DO-termed 1-1-26
Arturo Sidransky, MD-termed 4-29-26
Brian Evans, MD-termed 5-29-26
Erica Palin, MD-termed 6-11-26
Michael Pavio, MD-termed 7-1-26

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

A. Risk Report — Shauna Cameron, CEO

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

A. Ovation Report to Board	Erika Sundrud, Ovation
o Board Self Evaluation Report	Erika Sundrud, Ovation
B. Quarterly Quality Report/ update	Karen Iacuone, Quality
C. Committee Review Summaries	Karen Iacuone, Quality
D. Cyber Security Quotes	Aaron Dow, CIO
E. Quarterly PXO Report	Zach Heard, PXO
F. Annual Compliance Report	Zach Heard, Compliance

Roll Call to Close Meeting:

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

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

A. Privileges — Action

RadPartners Reappointment:

Nuha Krad, MD
Charles Huang, MD
William Harvey, MD

Terms:

Andy Costin, CRNA-termed 1-1-26
Jeffrey Joyce, MD-termed 1-1-26
Don Marketto, III, DO-termed 1-1-26
Arturo Sidransky, MD-termed 4-29-26
Brian Evans, MD-termed 5-29-26
Erica Palin, MD-termed 6-11-26
Michael Pavio, MD-termed 7-1-26

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. Ovation Report to Board	Report
o Board Self Evaluation Report	Report
B. Quarterly Quality Report	Report
C. Committee Review Summaries	Report
D. Cyber Security Quotes	Report/Action
E. Quarterly PXO Report	Report
F. Annual Compliance Report	Report

14. Other — Discussion

Next Regular Meeting- August 25, 2026

15. Adjournment — Action

SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING
MINUTES

June 23, 2026 **12:00pm** **Elephant Butte Lake RV Event Center**

1. The Governing Board of Sierra Vista Hospital met June 23, 2026 at Elephant Butte Lake RV Resort Event Center for a regular meeting. Serina Bartoo, Chairperson, called the meeting to order at 12:00.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

County:
Bruce Swingle, **Vice Chair**, Present
Jesus Baray, Present

City:
Greg D'Amour, **Secretary**, Present by Webex
Edna Trager, Present

Village of Williamsburg:
Serina Bartoo, **Chair**, Present

There is a quorum of voting Governing Board members.

Ex-Officio:
Shauna Cameron, CEO, P
Amanda Cardona, VCW, A
Amber Vaughn, CM, A
Gary Whitehead, CM, TorC, A
Jim Paxon, JPC Chair, P

Support Staff:
Ming Huang, CFO, P
Heather Milton, HR, P
Zach Heard, PXO, P
Dr. Sonia Seufer, COS, P
Aaron Dow, CIO, P

Ovation:

4. Approval of Agenda - Serina Bartoo, Chair, stated that the agenda needs to be amended under Limited Personnel Matters, privileges. Grace White may be added to the ESS roster for SVH some day but not at this time.

Bruce Swinge motioned to amend the agenda as stated. Edna Trager seconded. Motion carried unanimously.

"Are there any items on this agenda that could cause a potential conflict of interest for any Governing Board member?" None

5. Approval of Minutes Serina Bartoo, Chair

A. May 27, 2026 Regular meeting

Bruce Swingle motioned to approve the May 27, 2026 minutes. Greg D'Amour seconded. Motion carried unanimously.

6. Public Input – None

7. Old Business Serina Bartoo, Chair

None

8. New Business

A. Medical Staff Report – Sonia Seufer, COS. Amanda Williams started in the walk-in clinic today and has already seen four patients. We have been using the AI Scribe for about a month, and it is fabulous! Kellye Foster (Director of Physician Services RHC) met with representatives from Senator Heinrich, Senator Lujan and Congress woman Hernandez at the invitation of the National Association of Rural Health Clinics to discuss the problems that we see with rural health in New Mexico. The first was having telehealth apply to primary care not just behavioral health. There was talk about expanding behavioral health, recruitment and retention of providers and "grow your own" programs encouraging local members of the community to go through the program and exposing them to healthcare careers. There is an opportunity and $1.2 million available in funds for a project that Senator Heinrich wants to do with SVH.

B. Strategic Plan 2026-2028 – Shauna Cameron stated that the framework for the strategic plan is in the packet and was sent out for review. We will be meeting with Ovation again to put together an action plan.

Jesus Baray motioned to accept the Strategic Plan 2026-2028. Edna Trager seconded. Motion carried unanimously.

9. Finance Committee- Bruce Swingle, Chairperson

A. May Financial Report - Ming Huang, CFO, directed the board to page FC 7. Total patient days were 153, 65 more than April. There were 821 outpatient visits, 97 visits less than April. There were 528 RHC visits, 59 less than April and 751 ER visits, 75 more than April. Days cash on hand at the end of May were 243 days. Accounts receivable net days were 41 and accounts payable days were 12.

Gross patient revenue for May was $5,586,473. Contractual allowances is lower because we received the Medicare settlement of $347,213. Other operating revenue is $1,778,901 including $609,298 from the pharmacy 340B program and $1,169,200 from HDAA. Non-operating revenue is $2,106,701. We received $1,215,790 from the New Mexico Medicaid Twenty Smallest Rural Hospitals grant and $331,435 from the Rural Health Care Delivery Fund. Salary expenses are hirer because we paid the provider quarterly productivity incentive. Supplies are higher because of the 340B program. Other operating

expenses includes recruitment for new providers. EBITDA for May is $3,721,223 which is a 55% margin. Year to date, EBITDA is $13,181,882. Subtracting $8.8 million from HDAA, $1.1 million from Senate bill 161, $1.2 million from 20 Smallest Rural Hospitals and $770,000 from the rural healthcare delivery fund totaling $12 million, we still have a positive EBITDA of $1.3 million which is a 4% margin. This is the income from operations.

Total cash increased from $18,786,863 in April to $22,125,924 in May because of the funds and grants mentioned above. Bruce Swingle stated that finances are very strong over where we were a year ago.

Bruce Swingle motioned based on the recommendation of the finance committee, approval of the May financial report. Jesus Baray seconded. Serina Bartoo asked Ming to explain reporting of the HDAA funds to the state. Ming stated that for the money received in calendar year 2024 which is about $5 million, we will need to report in August this year how we applied those funds. We can use those funds for salary increases, purchase of the ambulance and the CT. For calendar year 2025 we will report in August of 2027. We received about $10 million in 2025. Motion carried unanimously.

10. Board Quality/ Compliance Committee- Serin Bartoo for Greg D'Amour, Chairperson

A. Certification of Emergency Mental Health Evaluation and Care (form)- Shauna Cameron explained that the state of New Mexico has laws in place for patients that come into the hospital and are having suicidal ideation or homicidal ideation for their protection and others. One of the things that is required by the state when a patient comes in expressing either suicidal or homicidal ideation means a 72-hour hold. This is for the patient's safety. This form needs to be filled out and then we find an accepting hospital for the 72-hour hold. They are not allowed to leave AMA. This is also true for patients who come to the RHC through behavioral health.

Jesus Baray motioned based on the recommendation of the Board Quality Committee approval of the Certification of Emergency Mental Health Evaluation and Care form. Bruce Swingle seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - Heather Milton, HR Director. We are trending down to reach our FTE goal that matches our productivity. Utilized FTE count is 196.75 and our target is 195. We are restructuring our nursing leadership so that may change a little bit. We currently have four house supervisors that are essentially nurse leadership for every shift. We are changing that to have a manager of the emergency department, a manager of the MedSurg unit and then three house supervisors to rotate shifts through the night and the weekend. They will report back any oversight to the managers. The accountability factor will change every 12 hours. The turnover rate is healthier than originally thought.

Additional sections of the SVH Master Personnel Policy will be presented in July in conjunction with the FY2027 budget process. Annual evaluations are due by June 30, 2026.

The de-escalation training classes will be completed today. Training will transition to the crisis intervention team training for designated responders and security personnel. Workplace culture and experience of care and leadership development is still pending and will be updated next month.

B. CEO Report – Shauna Cameron, CEO. Monthly meetings are taking place with the VA Admin, Otes. It is going well. We will be looking at contracts we have had with them in the past. We want to support them and the patients. The NMHA meeting was held in Ruidoso. Shauna attended and met with as many CEOs as possible. The RHN meeting was also held with the other ten rural hospitals in New

Mexico. The rural health transformation fund grants are open, and we are trying to figure out how our region can work together to best utilize those funds. Amanda Williams has started in the walk-in clinic. Stephnie Leeson will be starting in the walk-in mid-August. We continue to recruit for another primary care MD. Jared Holman, NP, will be starting in the clinic in September. Dr. Diocares, Nichelle Vigil and Estela Rubin have renewed contracts.

Regarding Community Outreach, a calendar of events was presented last month and has been updated to include Community workshops throughout the area including Hillsboro, Chloride/ Winston, Caballo, Arrey/ Derry, Cuchillo, Monticello and Elephant Butte. This is an opportunity to spread the word about what we do and find out what the communities need from us. Lunch and learn is hosted every month at the hospital and our Health Fair will be held in September on the 17th from 3:30 to 10:00. A billboard (picture in packet) is available right next to the new EMS building. The north side of the billboard could be ours. We will be starting some radio spots on the local station with a variety of topics each month.

The ambulance building drawings are done and we have pricing that we will go over in closed session. The Master Facility Plan will be revised since we are moving EMS offsite.

Omni Alert is a communications platform that will alert staff through their computer at their desk or through their phone in the event of an active shooter or any threat to staff or patients. It can also be used for other notifications such as phones are down, internet is out etc.

- NMHA PAC Committee Funds – This is a request to NM Hospitals for donations to the PAC that will be used for lobbying expenses and efforts. No action is needed on this item

C. Governing Board - Serina Bartoo, Chair. The JPC did approve the Governing Board Bylaws at their meeting on June 18th. Thank you, Bruce and Greg, and all involved in getting this done.

Motion to close the meeting:

Bruce Swingle motioned to close the meeting. Jesus Baray seconded. Serina Bartoo read the following:

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

Provisional:

~~Grace White, MD (ESS)~~

Amanda Williams, NP (Walk-in Clinic)

RadPartners Reappointment:

Sunthosh Madireddi, MD

Tony Maung, MD

Nicholas Yurko, MD

Terms:

Dr. Toikus Westbrook (ESS)

Peace Chukwuma, CNP

B. CEO Evaluation	Serina Bartoo
C. CEO Contract	Serina Bartoo
D. Interim CNO Contract	Shauna Cameron

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

A. Risk Report	Heather Johnson

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

A. Ovation Report to Board	
B. HUB Insurance Proposal	Shauna Cameron
C. MFP Progress Report	Shauna Cameron
D. EMS Building	Shauna Cameron
E. IT Report	Aaron Dow
F. QAPI Update FY26	
G. CEO Discussion with Board	Shauna Cameron

Roll call vote to close meeting:

Bruce Swingle – Y	Jesus Baray – Y	
Greg D'Amour – Y	Edna Trager – Y	Serina Bartoo - Y

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

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

A. Privileges- Action

Provisional:

~~Grace White, MD (ESS)~~

Amanda Williams, NP (Walk-in Clinic)

RadPartners Reappointment:

Sunthosh Madireddi, MD

Tony Maung, MD

Nicholas Yurko, MD

Terms:

Dr. Toikus Westbrook (ESS)

Peace Chukwuma, CNP

Jesus Baray motioned to approve the above listed privileges. Edna Trager seconded. Motion carried unanimously.

B. CEO Evaluation

Jesus Baray motioned to accept the CEO evaluation. Bruce Swingle seconded. Motion carried unanimously.

C. CEO Contract

Bruce Swingle motioned to recognize the CEO for her outstanding work and increase her salary effective July 1st as discussed in executive session. Jesus Baray seconded. Motion carried unanimously.

D. Interim CNO Contract – No action. This can fall under the provider contract provision of the Bylaws.

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

A. Risk Report — No Action

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

A. Ovation Report to Board — No Action

B. HUB Insurance Proposal

Jesus Baray motioned to approve the HUB Insurance proposal with the addition of an additional $1 million in coverage for Cyber Security for a total of $2 million. Edna Trager seconded. Motion carried unanimously.

C. MFP Progress Report

Edna Trager motioned to accept the MFP as presented. Jesus Baray seconded. Motion carried unanimously.

D. EMS Building

Bruce Swingle motioned to approve the EMS construction as presented. Jesus Baray seconded. Motion carried unanimously.

E. IT Report — No Action

F. QAPI Update FY26

Jesus Baray motioned to approve the QAPI update FY26 draft as presented. Edna Trager seconded. Motion carried unanimously.

G. CEO Discussion with Board — Discussion

14. Other

Next meeting – July 30, 2026 Regular/ Annual Meeting at 12:00. Finance Committee will meet on July 30, 2026 at 11:00. Board Quality will be held on Monday July 27, 2026 at 10:00.

15. Adjournment

Jesus Baray motioned to adjourn. Edna Trager seconded. Motion carried unanimously.

_____

Jennifer Burns, Recording Secretary

_____ _____

Bruce Swingle, Vice-Chairperson — Approved

SIERRA VISTA HOSPITAL
GOVERNING BOARD SPECIAL MEETING MINUTES

June 29, 2026 **9:00am** **SVH Boardroom**

1. The Governing Board of Sierra Vista Hospital met June 29, 2026 at Sierra Vista Hospital for a special closed session meeting. Serina Bartoo, Chairperson, called the meeting to order at 9:00.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

County:
Bruce Swingle, **Vice Chair**, Present
Jesus Baray, Present

City:
Greg D'Amour, **Secretary**, Present
Edna Trager, Present

Village of Williamsburg:
Serina Bartoo, **Chair**, Present

There is a quorum of voting Governing Board members.

Ex-Officio:
Shauna Cameron, CEO, P
Amanda Cardona, VCW, A
Amber Vaughn, CM, A
Gary Whitehead, CM, TorC, A
Jim Paxon, JPC Chair, A

Support Staff:

Ovation:
Erika Sundrud, Webex

4. Approval of Agenda Serina Bartoo, Chair

Jesus Baray motioned to approve the agenda. Greg D'Amour seconded. Motion carried unanimously.

No conflicts of interest.

5. Resolution 2026-02.

A resolution adopting the FY 2028-2032 infrastructure capital improvement plan.

Greg D'Amour motioned to approve Resolution 2026-02. Jesus Baray seconded. Motion carried unanimously.

Motion to close the meeting:

Greg D'Amour motioned to close the meeting. Jesus Baray seconded. Serina Bartoo read the following:

6. Executive Session – In accordance with Open Meetings Act, **NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2** the Governing Board will vote to close the meeting to discuss the following item:

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

A. CEO Contract Serina Bartoo, Chair

Roll call vote to close meeting:

Bruce Swingle – Y	Serina Bartoo – Y	Edna Trager - Y
Jesus Baray – Y	Greg D'Amour – Y	

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

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

A. CEO Contract

Jesus Baray motioned to approve the CEO contract as discussed in closed session. Greg D'Amour seconded. Motion carried unanimously.

8. Adjournment

Jesus Baray motioned to adjourn. Greg D'Amour seconded. Motion carried unanimously.

_____

Jennifer Burns, Recording Secretary

_____ _____

Serina Bartoo, Chairperson Approved

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Governing Board

Original Policy Date: 12/1994

Review: 2024 KP 2025 KP 2026 _____

Subject: Conflict of Interest

Last Revised: 6/16/22

Approved By: GB 4/29/25

Manager: Bruce Swingle, Board Chairman

POLICY:

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

PURPOSE:

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

PROCEDURE:

(a) Each new Board member of the Hospital, prior to taking a position on the Hospital Board, shall submit, in writing, to the Governing Board Secretary a list of all business or other organizations of which the Board Member has an interest, with which the Hospital has, or might reasonably in the future enter into, a relationship or a transaction in which the Board Member would have conflicting interests. Each written statement will be resubmitted annually with any necessary changes. The Secretary of the Board shall become familiar with the statements of all Board Members in order to guide the Chairperson's conduct, should a conflict arise. The Chairperson of the Board shall be familiar with the statements filed by the Secretary.

(b) At such time as any matter comes before the Board in such a way to give rise to a potential conflict of interest, the affected Board Member shall make known the potential conflict, whether disclosed by the written conflict of interest statement or not. Should the matter be brought to a vote on the issue, the affected Board Member shall not vote on the issue.

(c) Should a matter involving a potential conflict of interest be brought to a vote, the minutes shall identify each Board Member present for discussion concerning the conflict of interest and their vote on the matter and shall describe the content of the discussion.

(d) If a matter comes before the Board, which might result in personal financial gain or loss to a Member of the Board, the Board may appoint a disinterested Member or committee to explore alternatives. If the Board approves the matter, the Board must find that the proposed transaction is

Distributed To:
Revision Dates: 1995, 1996, 1998, 1/20/2009, 1/15/2011
Policy # 850-01-016

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

(e) If the matter is the item of business for which a special meeting of the Board was called, the affected Board Member shall not be counted to establish a quorum, nor shall such Board Member participate in the deliberations or vote on it.

(f) Conflict of Interest Statements, and Bylaws, Article 2 2.2 shall be circulated to Members of the Governing Board annually and returned by the next Governing Board Meeting.

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

SIERRA VISTA HOSPITAL
GOVERNING BOARD
CONFLICT OF INTEREST STATEMENT

May 31, 2017

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

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

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

(1) (4)

(2) (5)

(3) (6)

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

	Name	Position	Employed or Contracted By	Relationship
(1)				
(2)				
(3)				
(4)				

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

SIERRA VISTA HOSPITAL
GOVERNING BOARD
CONFLICT OF INTEREST STATEMENT
Page 2

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

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

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

Governing Board Member Name

Date

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

DEPARTMENT: Governing Board

Original Policy Date: 6/2024

SUBJECT: Code of Conduct

Review: **2025** KP **2026** _____ **2027** _____

Last Revised:

APPROVED BY:

Manager: Bruce Swingle, Board Chairperson

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

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

PROCEDURE:

(a) Each new board member of the hospital, by the end of their first meeting, shall submit a signed copy of the Code of Conduct to the Governing Board Secretary.

(b) If it should come to the attention of the Governing Board that a member is violating the Code of Conduct, an item shall be placed on the agenda for Executive Session to review the allegations.

(b.1) After reviewing the allegations, a poll can be taken to initiate the censure process. If the board fails to agree in the affirmative, the matter is dropped.

(b.2) Should the board agree to consider censuring, a letter will be sent to the member outlining the allegations and violations. It will be stated in the letter to submit their position within fifteen (15) days to the Board Chair. A hearing will be held at the next regular board meeting, or special meeting where they can present their side. The item shall be placed on the agenda for Executive Session.

(c) If the member fails to respond, a vote shall be taken by the Governing Board to censure in open session. The minutes shall identify each board member present for discussion concerning the Code of Conduct and their vote on the matter and shall describe the content of the discussion.

(d) If the matter is the item of business during a meeting of the board, the affected board member shall not be counted to establish a quorum, nor shall such board member participate in the deliberations or vote on it.

(e) A letter shall be sent to the appointing entity, notifying them of censure.

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

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

SIERRA VISTA HOSPITAL AND CLINICS

Governing Board Member Pledge

Code of Conduct

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

In pursuit of governance excellence, I will:

A. Refrain from micromanagement and focus on strategic leadership and policy that includes the long-term vision and mission, not on administrative and operational detail. I will respect distinctions between board and staff roles and will manage any overlap between the respective roles in a spirit of collegiality and partnership that supports the authority of the staff and maintains the proper lines of accountability. I will not discuss significant operational concerns or issues with employees or members of the medical staff. I will direct employees to their immediate supervisor and/ or the HR Director and report the encounter to the Board Chair. I understand that failing to adhere to these conditions may result in the loss of my protection under the Directors and Officers liability insurance which covers defense costs, settlements and judgements that may arise out of lawsuits or wrongful act allegations brought against Sierra Vista Hospital.

B. Recognize all power of the board is a joint and collective power which only exists when the board is acting together as one body and that I have no power or authority acting individually outside of my vote.

C. Attend board and committee meetings regularly and come prepared to fully discuss and deliberate all matters important to the business of the board.

D. Listen carefully to my fellow board members and be willing to consider all points of view during board discussion.

E. Share my point of view, do not dominate discussions, be respectful and courteous in debate, but do not shy away from difficult or contentious issues. Participate in conflict resolution in a professional and transparent manner.

F. Fully support the decisions of the majority once a decision has been reached, even if I am in the minority.

G. Be inquisitive and ask any questions important to the discussions at hand. Strive to push the organization to continuous growth and excellence. Remain committed to compliance with laws and regulations, quality of patient care and financial sustainability. Challenge the status quo while recognizing and mediating any personal implicit or explicit biases.

H. Keep board discussions in closed sessions confidential and use discretion in discussing sensitive issues outside of the boardroom.

I. Take all opportunities to be a good ambassador for the hospital and advocate on behalf of the hospital in matters of important public policy issues and encourage philanthropic support that would advance the mission of the hospital. Remain diligent in assessing access to healthcare equality.

J. Be a continuous learner and look for opportunities to stay abreast of current topics and trends in healthcare delivery and policy.

K. Follow the conflict-of-interest policies and practices of the hospital. Take the initiative to recuse myself from discussions and activities that may be a perceived or actual conflict of interest.

L. Conduct myself in an ethical, moral, and legal manner always.

M. Celebrate the success of the hospital and the role I play in its mission!

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

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

Signed:_____ DATE:_____

Form # F-850-01-024
GB Policy # 850-01-024

Attendance 25/26

Member/ Date	7/29/25	08/26/25	9/30/25	10/13/25	10/28/25	11/12/25	12/2/25	12/22/25	12/22/25	1/27/26	2/24/26	3/12/26	3/24/26	4/23/26	4/28/26	5/27/26	6/23/26	6/29/26
Meeting type	Annual	Regular	Regular	Special	Regular	Special	Regular	Special Open	Special Clo	Regular	Regular	Special	Regular	Special	Regular	Regular	Regular	Special
Serina Bartoo	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	ABSENT	X	X
Bruce Swingle	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Greg D'Amour	X	X	X	BY WEB	X	X	X	X	X	X	X	X	X	BY WEB	X	X	BY WEB	X
Jesus Baray	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	BY WEB	X	X
Edna Trager	###	###	###	###	###	###	###	###	###	###	X	ABSENT	X	X	X	X	X	X

18 MEETINGS
X = PRESENT
BY WEB = PRESENT
ABSENT = ABSENT (and given advance notice)
= NOT A MEMBER YET

SIERRA VISTA HOSPITAL

GOVERNING BOARD POLICIES AND PROCEDURES

Subject: Hospital Governance

Review: 2024 K P 2025 K P 2026 ___

Approved By: Governing Board 4/29/25

Last Revised: 03/28/2012

POLICY:

Joint Powers Commission (JPC)

The Joint Powers Commission (JPC) has the responsibility for the fiscal oversight of the Hospital.

Governing Board

The JPC established the Governing Board to exercise all responsibilities and duties that the JPC may be authorized to exercise or undertake by law, including but not limited to the Hospital Funding Act with respect to the operation and governance of Sierra Vista Hospital.

The Governing Board is made up of Sierra County full time residents appointed by the public entity ownerships as outlined in the Joint Powers Agreement (JPA) consistent with the Board Qualifications Document.

PROCEDURE:

1. The fiscal responsibility granted in the JPA shall at all times be administered by the Governing Board so long as the Hospital is not in default of the provisions of the JPA or otherwise insolvent. The term insolvent shall be defined as the financial inability of the Hospital to meet its normal operating expenses or debt. The JPC may require proof of such solvency or financial integrity, failure of the hospital governing body to provide such proof shall be deemed to be a default of the terms of the JPA.

2. The Governing Board shall have the authority to exercise all responsibilities that the county is granted by the Hospital Funding Act and NMAC 7.7.2.18 for the operation of such hospitals, except the responsibility to issue bonds, call a mill levy election, levy the annual assessments for the mill levy authorized by the Hospital Funding Act or to dispose of real property of the hospital.

3. The fiscal control, supervision and management of the hospital are granted to the Governing Board so long as the Hospital is not default of the provisions of the JPA or otherwise insolvent.

References: Governing Board By-laws 2.1
JPA 2.1, 2.7, 3.1, 3.1(a)
NMSA 1978 §41-9-1 thru 5

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Administration

Original Policy Date: 12/1994

Review: **2024** JB **2025** JB **2026** _____

Subject: Nondiscrimination

Last Revised: 01/15/2011

Approved By: GB

Manager: Jennifer Burns

POLICY:

It shall be the Policy of the Governing Board of Sierra Vista Hospital that a Resolution shall be approved on a yearly basis regarding the Nondiscrimination Policy and the resolution shall comply with Title VI of the Civil Rights Act of 1964.

Sierra Vista Hospital does not discriminate in the provision of services to an individual:

1. Because the individual is unable to pay.
2. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (SHIP) or
3. Based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

PROCEDURE:

A Resolution, F-850-01-048-1-Nondiscrimination English and F-850-01-048-2 Nondiscrimination Spanish shall be presented to and acted upon by the Governing Board annually.

Distributed To: All
Revision Dates: 1995, 1996, 1/31/2010, 2011
Policy # 850-01-048

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BOARD
NONDISCRIMINATION POLICY RESOLUTION No. 26-105
2026/2027

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

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

NONDISCRIMINATION POLICY

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

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

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

PASSED AND APPROVED this 30th day of July 2026.

_____
Chairperson
Governing Board

_____
CEO
SVH Administrator

SIERRA VISTA HOSPITAL
AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BODY
POLIZA ANTIDISCRIMINATORIA 26-105
2026/2027

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

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

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

implementar esta ley.

PASADO Y APROVADO: July 30, 2026

_____
Chairperson
Governing Board

_____
CEO
SVH Administrator

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

Department: Administration

Original Policy Date: 04/1997

Review: **2024** JB **2025** JB **2026** _____

Subject: Open Meetings Resolution

Last Revised: 01/31/2010

Approved By: Governing Board

Manager: Jennifer Burns

POLICY:

All meetings of the Hospital Governing Board shall be conducted in strict accordance with the Open Meetings Act of the State of New Mexico. At its annual meeting, the Hospital Governing Board shall adopt an Open Meetings Resolution that complies with the provisions of the Open Meetings Act and shall thereafter conduct its affairs in accordance with the provisions of that resolution.

PROCEDURE:

1. A resolution shall be passed by the Governing Board in strict accordance with the Open Meeting Act, at its annual meeting.

2. The Resolution shall be placed in the Board Minutes Book and posted in the notice display case located by the elevator.

F-850-01-049-1 Open Meetings Resolution

SIERRA VISTA HOSPITAL
AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BODY
OPEN MEETINGS RESOLUTION No. 26-106

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

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

1. Notice of any Regular Meeting shall be given at least five (5) days before such Meeting and shall be posted as herein provided and published monthly.

2. Notice of Special Meetings shall be given at least three (3) days prior to such meetings and shall specify the business to be conducted. Notice of Special Meetings shall be broadcast over the radio or in the alternative, be posted on the Notice Board beside the registration desk at Sierra Vista Hospital.

3. Notice of any Meeting shall give the date, time and place of such meeting and other information required by this Resolution.

4. Notice as herein required shall be posted on the Notice Board at the registration desk and published or broadcast as herein provided.

5. The Sierra Vista Hospital Governing Body Chairperson may establish such additional notices as he/she may deem advisable.

6. Emergency meetings will be called only under unforeseen circumstances that demand immediate action to protect the health, safety, and property of citizens or to protect the public body from substantial financial loss. The Sierra Vista Hospital Governing Board will avoid emergency meetings whenever possible. Emergency meetings may be called by the Chairperson or a majority of the members as far in advance as reasonably possible. The notice for all emergency meetings shall include an agenda for the meeting or information on how the public may obtain a copy of the agenda.

7. This Resolution is to comply with the Open Meetings Law and applies to the Sierra Vista Hospital Governing Body.

PASSED AND APPROVED this 30th day of July 2026.

Chairperson
Governing Board

Vice Chairperson
Governing Board

SIERRA VISTA HOSPITAL GOVERNING BODY

PUBLIC RECORD ACT REQUESTS RESOLUTION No. 25-107
Article 2-NMSA 14-2-1/14-2-12

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

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

NOTICE OF RIGHT TO INSPECT PUBLIC RECORDS

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

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

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

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

Copies and Fees. If a person requesting inspection would like a copy of a public record, a reasonable fee may be charged. ~~The fee for printed documents 11 inches by 17 inches or smaller is ($.50) per page. The fee for larger documents is ($.50) per page. The fee for downloading copies of public records to a computer disk or storage device is ($.25) per page. If a person requests that a copy of a public record be transmitted, a fee of ($.25) per page plus postage may be charged for transmission by mail, ($.25) per page for transmission by e-mail and ($.25) per page for transmission by facsimile. Where redacting is required, ($1.00) per page regardless of the number or size of copies and regardless of the medium~~. *There is no fee for records provided electronically. If physical copies are requested, standard fees are typically* ***$0.75 per page*** *for documents up to 11x17 inches, and* ***$10.00*** *for digital media like CDs or DVDs.* The records custodian may request that applicable fees for copying public records be paid in advance before the copies are made. A receipt indicating that the fees have been paid will be provided upon request to the person requesting the copies.

PASSED AND APPROVED this day of

SIERRA VISTA HOSPITAL GOVERNING BODY

PUBLIC RECORD ACT REQUESTS RESOLUTION No. 26-107
Article 2-NMSA 14-2-1/14-2-12

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

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

NOTICE OF RIGHT TO INSPECT PUBLIC RECORDS

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

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

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

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

Copies and Fees. If a person requesting inspection would like a copy of a public record, a reasonable fee may be charged. There is no fee for records provided electronically. If physical copies are requested, standard fees are typically **$0.75 per page** for documents up to 11x17 inches, and **$10.00** for digital media like CDs or DVDs. The records custodian may request that applicable fees for copying public records be paid in advance before the copies are made. A receipt indicating that the fees have been paid will be provided upon request to the person requesting the copies.

PASSED AND APPROVED this 30th day of July 2026

SIERRA VISTA HOSPITAL AND CLINICS
GOVERNING BOARD

DECLARATION OF EMERGENCY
FAILURE OF CRITICAL BOILER INFRASTRUCTURE

Adopted July 30, 2026

Sierra Vista Hospital and Clinics is an 11-bed Critical Access Hospital located at 800 East Ninth Avenue in Truth or Consequences, New Mexico. The hospital provides emergency, inpatient, laboratory, imaging, outpatient, and other essential healthcare services to residents of Sierra County and the surrounding area. The hospital's central heating system was designed to operate with two boilers. This configuration provides the redundancy necessary to maintain continuous hospital operations if one boiler becomes unavailable.

The boiler system is essential to maintaining the temperature, humidity, hot-water circulation, sterilization capability, and other environmental conditions required for the safe operation of a healthcare facility.

During repair services performed during the week of May 25, 2026, the hospital's heating, ventilation, and air-conditioning contractor, Trane U.S. Inc., identified cracks in one of the hospital's approximately 17-year-old boilers. The cracking rendered that boiler inoperable. Because of the age of the boilers, replacement parts have become difficult to obtain, and continued repair of the failed boiler is no longer a reliable or sustainable solution.

On June 27, 2026, Trane performed an additional emergency repair on the remaining operational boiler. Components from the inoperable boiler were used to maintain the functionality of the remaining unit. As a result, Sierra Vista Hospital and Clinics is currently dependent upon a single aging boiler and has no operational redundancy if that boiler fails.

The hospital maintains an emergency plan involving the temporary use of portable heaters if the remaining boiler becomes inoperable. However, portable heaters would not provide a sustainable means of maintaining the temperature, humidity, sterilization, hot water, and other environmental requirements necessary for hospital operations. Failure of the remaining boiler could require the suspension or closure of hospital services, including the Emergency Department, inpatient unit, laboratory, imaging services, and other patient-care departments, until adequate boiler service is restored. An interruption of these services would create a substantial risk to the health, safety, and welfare of hospital patients, employees, visitors, and residents who depend upon Sierra Vista Hospital and Clinics for access to essential healthcare services.

Trane U.S. Inc. has provided a turnkey proposal for the purchase and installation of a replacement boiler. The proposed work includes project management, permits, delivery, removal and disposal of the failed boiler, required piping and electrical work, startup, testing, and commissioning. The estimated total cost of the emergency boiler replacement project is $183,900.45, inclusive of applicable taxes.

After execution of the necessary agreement, delivery of the replacement boiler is estimated to require approximately six weeks. Removal of the failed boiler, installation and connection of the replacement unit, startup, and commissioning are expected to require an additional two to three weeks.

NOW, THEREFORE, BE IT DECLARED AND RESOLVED BY THE GOVERNING BOARD OF SIERRA VISTA HOSPITAL AND CLINICS THAT:

1. Declaration of Emergency

The Governing Board hereby declares that the failure of one of the hospital's two boilers, combined with the deteriorated condition and uncertain reliability of the remaining boiler, constitutes an emergency involving critical hospital infrastructure and an immediate threat to the continued availability of essential healthcare services.

2. Necessary Emergency Action

The Governing Board finds that replacement of the failed boiler is necessary to restore boiler system redundancy, protect patient and employee safety, maintain required healthcare environmental conditions, and prevent an interruption or suspension of hospital operations.

3. Estimated Project Cost

The Governing Board acknowledges that the current estimated cost of the emergency boiler replacement project is $183,900.45, based upon the turnkey proposal provided by Trane U.S. Inc.

4. Authorization to Pursue Emergency Funding

The Governing Board authorizes the Chief Executive Officer, authorized representative, and other appropriate hospital personnel to pursue and apply for emergency funding from the New Mexico Department of Finance and Administration and any other available state, federal, local, or private funding source. Hospital administration is further authorized to prepare, execute, and submit applications, certifications, supporting documentation, and other materials necessary to seek funding for the emergency boiler replacement project.

5. Authorization to Implement Corrective Action

Subject to applicable law, procurement requirements, Governing Board policies, availability of funds, and any additional approvals required by the Governing Board, hospital administration is authorized to:

- Coordinate the procurement, delivery, and installation of the replacement boiler;
- Negotiate and execute necessary agreements and project documents within the authority delegated to hospital administration;
- Coordinate required permits, inspections, shutdowns, installation activities, testing, and commissioning;
- Continue temporary repairs, monitoring, and other reasonable emergency measures necessary to preserve operation of the remaining boiler until the replacement system is operational; and
- Take other lawful and reasonable actions necessary to protect patients, employees, hospital property, and the continued availability of healthcare services.

6. Effective Date

This Declaration shall become effective immediately upon its adoption and shall remain in effect until the replacement boiler has been installed, tested, commissioned, and placed into service, or until the Governing Board determines that the emergency has otherwise been resolved.

7. Use of Declaration

This Declaration may be submitted to the New Mexico Department of Finance and Administration and other funding or governmental entities as official evidence that the Governing Board has declared an emergency involving the hospital's critical boiler infrastructure.

PASSED, APPROVED, AND ADOPTED by the Governing Board of Sierra Vista Hospital and Clinics at a duly noticed meeting held on the 30th day of July 2026.

Governing Board Chairperson	**Date**
Governing Board Vice Chairperson	**Date**
Governing Board Secretary	**Date**
Chief Executive Officer (Attest)	**Date**

SIERRA VISTA HOSPITAL AND CLINICS

Financial Analysis

June 30th, 2026

Days Cash on Hand for June 2026 are 278 which equals $25,441,086 (Received HDAA of $3,132,480)

Accounts Receivable Net days are 44

Accounts Payable days are 25

Hospital Excess Revenue over Expense

The **Net Income** for the month of June was $525,258 vs. a Budget Income of $307,724.

Hospital Gross Revenue for June was $5,656,567 or $337,617 more than the budget. Patient Days were 87 – 66 less than May. Outpatient visits were 824 – 3 more than May. RHC visits were 531 – 3 more than May and ER visits were 692 – 59 less than May.

Revenue Deductions for June were $3,316,936.

Other Operating Revenue was $1,043,614.

Non-Operating Revenue was $473,975.

Hospital Operating Expenses for June were $2,940,662. Repairs/Maintenance were higher because of quarterly fire sprinkler inspection. Insurance was over budget due to malpractice insurance deductible of $59,547. Other Operating Expenses included recruitment expenses of $69,975 for new nurse practitioners, de-escalation training of $49,508 (received RHCDF grant in May 2026) and legal expenses of $23,781.

EBITDA for June was $916,558 vs. a Budget of $749,986. YTD EBITDA is $14,098,440 vs. a Budget of $9,124,829.

The Bond Coverage Ratio in June was 410% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
June 30, 2026

MONTH						BENCHMARK RANGE		YEAR TO DATE				
Actual 6/30/26	Budget 6/30/26	Variance to Budget	Prior Year 6/30/25	Variance to Prior Year	DESCRIPTION	QHR 75th	QHR 50th	Actual 6/30/26	Budget 6/30/26	Variance to Budget	Prior Year 06/30/25	Variance to Prior Year
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	-2%				
					Admissions							
25	33	(8)	32	(7)	Acute	899	520	334	396	(62)	332	2
3	3	-	2	1	Swing	102	73	28	36	(8)	32	(4)
28	**36**	**(8)**	**34**	**(6)**	**Total Admissions**	**1,001**	**593**	**362**	**432**	**(70)**	**364**	**(2)**
3.1	3.1	(0.0)	2.9	0.2	ALOS (acute and swing)	3.3	4.0	3.4	3.1	0	3.7	(0.29)
87	112	(25)	98	(11)	Patient Days (acute and swing)			1,234	1,344	(110)	1,348	(114)
824	943	(119)	913	(89)	Outpatient Visits	54,410	31,371	10,424	11,316	(892)	11,320	(896)
531	755	(224)	673	(142)	Rural Health Clinic Visits	23,099	18,799	7,472	9,060	(1,588)	9,063	(1,591)
692	737	(45)	735	(43)	ER Visits	10,366	8,017	8,435	8,844	(409)	8,838	(403)
4%	4%	-0.9%	4%	-1%	ER Visits Conversion to Acute Admissions	10%	6%	4%	4%	-1%	4%	0%
					Profitability							
24%	15%	9%	53%	-29%	EBITDA % Net Rev	7%	4%	30%	15%	15%	29%	1%
14%	15%	-1%	32%	-19%	Operating Margin %	2%	2%	19%	15%	4%	18%	1%
59%	46%	13%	44%	15%	Rev Ded % Net Rev	47%	50%	54%	46%	8%	57%	-2%
10%	2%	8%	6%	4%	Bad Debt % Net Pt Rev	2%	6%	10%	2%	8%	11%	-1%
97%			97%		Outpatient Revenue %	83%	78%	97%			97%	0%
$ 6,061			$ 5,317	$744	Gross Patient Revenue/Adjusted Admission			$6,061			$ 5,317	$744
$ 2,507			$ 2,856	($350)	Net Patient Revenue/Adjusted Admission			$2,507			$ 2,856	($350)
46%	40%	6%	35%	11%	Salaries % Net Pt Rev	35%	40%	47%	40%	7%	45%	2%
10%	7%	3%	-1%	11%	Benefits % Net Pt Rev	11%	12%	9%	7%	2%	8%	1%
10%	8%	2%	7%	3%	Supplies % Net Pt Rev	10%	13%	8%	8%	0%	8%	0%
					Cash and Liquidity							
278					Days Cash on Hand	236	106	278			134	144
68					A/R Days (Gross)	47	57	68			68	(1)
44					A/R Days (Net)	41	53	44			44	0
25					Days in AP	30	35	25			18	7
9.0					Current Ratio	4.3	2.6	9.0			6.3	2.7

Sierra Vista Hospital
STATISTICS by Month
June 30, 2026
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Admissions												
Acute	25	30	35	27	32	29	40	31	29	19	21	16
Swing	3	4	3	2	4	2	-	1	2	2	4	1
Total Admissions	**28**	**34**	**38**	**29**	**36**	**31**	**40**	**32**	**31**	**21**	**25**	**17**
ALOS (acute and swing)	3.1	4.5	2.3	4.9	3.5	4.1	2.5	3.3	3.2	2.9	3.8	3.0
Patient Days (acute and swing)	87	153	88	142	127	128	98	106	98	61	95	51
Outpatient Visits	824	821	918	929	855	824	807	669	935	950	886	1,006
Rural Health Clinic Visits	531	528	587	614	649	703	568	525	669	701	701	696
ER Visits	692	751	676	713	650	703	845	631	704	624	726	720
ER Visits Conversion to Acute Admissions	4%	4%	5%	4%	5%	4%	5%	5%	4%	3%	3%	2%
Clinic Visits												
RHC & Walk-In	531	528	587	614	649	703	568	525	669	701	701	696
Behavioral Health	277	322	307	348	304	308	301	254	349	318	312	299
Total Visits	**808**	**850**	**894**	**962**	**953**	**1,011**	**869**	**779**	**1,018**	**1,019**	**1,013**	**995**
Profitability												
EBITDA % Net Rev	24%	55%	27%	29%	44%	10%	30%	28%	0%	29%	22%	27%
Operating Margin %	14%	48%	15%	18%	34%	-3%	20%	16%	-15%	18%	10%	15%
Rev Ded % Net Rev	59%	48%	54%	52%	37%	61%	51%	57%	67%	47%	60%	60%
Bad Debt % Net Pt Rev	10%	12%	8%	10%	4%	17%	7%	10%	13%	4%	13%	12%
Outpatient Revenue %	97%	96%	97%	96%	96%	96%	97%	97%	96%	98%	97%	98%
Gross Patient Revenue/Adjusted Admission	$ 6,061	$ 6,572	$ 4,334	$ 7,810	$ 5,431	$ 6,315	$ 4,236	$ 4,444	$ 6,807	$ 5,109	$ 6,874	$ 6,879
Net Patient Revenue/Adjusted Admission	$ 2,507	$ 3,388	$ 1,981	$ 3,781	$ 3,431	$ 2,475	$ 2,082	$ 1,928	$ 2,264	$ 2,722	$ 2,774	$ 2,745
Salaries % Net Pt Rev	46%	43%	45%	44%	33%	65%	40%	50%	76%	40%	48%	55%
Benefits % Net Pt Rev	10%	8%	10%	8%	7%	14%	8%	7%	14%	8%	10%	9%
Supplies % Net Pt Rev	10%	12%	7%	6%	6%	11%	8%	8%	12%	6%	9%	8%
Cash and Liquidity												
Days Cash on Hand	278	243	208	209	187	175	189	159	154	158	139	117
A/R Days (Gross)	68	65	67	62	63	68	62	66	61	65	64	65
A/R Days (Net)	44	41	39	37	39	49	37	41	37	44	42	44
Days in AP	25	12	12	18	15	16	14	19	19	24	28	22
Current Ratio	9.0	10.7	9.6	9.5	9.8	8.3	9.7	9.5	8.0	8.2	7.8	8.8

Sierra Vista Hospital
TWELVE MONTH STATISTICS
June 30, 2026
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Admissions												
Acute	25	30	35	27	32	29	40	31	29	19	21	16
Swing	3	4	3	2	4	2	-	1	2	2	4	1
Total Admissions	**28**	**34**	**38**	**29**	**36**	**31**	**40**	**32**	**31**	**21**	**25**	**17**
ALOS (acute and swing)	3.1	4.5	2.3	4.9	3.5	4.1	2.5	3.3	3.2	2.9	3.8	3.0
Patient Days (acute and swing)	87	153	88	142	127	128	98	106	98	61	95	51
Outpatient Visits	824	821	918	929	855	824	807	669	935	950	886	1,006
Rural Health Clinic Visits	531	528	587	614	649	703	568	525	669	701	701	696
ER Visits	692	751	676	713	650	703	845	631	704	624	726	720
ER Visits Conversion to Acute Admissions	4%	4%	5%	4%	5%	4%	5%	5%	4%	3%	3%	2%
Clinic Visits												
RHC & Walk-In	531	528	587	614	649	703	568	525	669	701	701	696
Behavioral Health	277	322	307	348	304	308	301	254	349	318	312	299
Total Visits	**808**	**850**	**894**	**962**	**953**	**1,011**	**869**	**779**	**1,018**	**1,019**	**1,013**	**995**
Profitability												
EBITDA % Net Rev	24%	55%	27%	29%	44%	10%	30%	28%	0%	29%	22%	27%
Operating Margin %	13.6%	47.6%	15.2%	17.5%	34%	-3%	20%	16%	-15%	18%	10%	15%
Rev Ded % Net Rev	59%	48%	54%	52%	37%	61%	51%	57%	67%	47%	60%	60%
Bad Debt % Net Pt Rev	10.1%	12.1%	8.3%	10.0%	4%	17%	7%	10%	13%	4%	13%	12%
Outpatient Revenue %	97%	96%	97%	96%	96%	96%	97%	97%	96%	98%	97%	98%
Gross Patient Revenue/Adjusted Admission	$ 6,061	$ 6,572	$ 4,334	$ 7,810	$ 5,431	$ 6,315	$ 4,236	$ 4,444	$ 6,807	$ 5,109	$ 6,874	$ 6,879
Net Patient Revenue/Adjusted Admission	$ 2,507	$ 3,388	$ 1,981	$ 3,781	$ 3,431	$ 2,475	$ 2,082	$ 1,928	$ 2,264	$ 2,722	$ 2,774	$ 2,745
Salaries % Net Pt Rev	46%	43%	45%	44%	33%	65%	40%	50%	76%	40%	48%	55%
Benefits % Net Pt Rev	10%	8%	10%	8%	7%	14%	8%	7%	14%	8%	10%	9%
Supplies % Net Pt Rev	10%	12%	7%	6%	6%	11%	8%	8%	12%	6%	9%	8%
Cash and Liquidity												
Days Cash on Hand	278	243	208	209	187	175	189	159	154	158	139	117
A/R Days (Gross)	68	65	67	62	63	68	62	66	61	65	64	65
A/R Days (Net)	44	41	39	37	39	49	37	41	37	44	42	44
Days in AP	25	12	12	18	15	16	14	19	19	24	28	22
Current Ratio	9.0	10.7	9.6	9.5	9.8	8.3	9.7	9.5	8.0	8.2	7.8	8.8

Sierra Vista Hospital
Detailed Stats by Month
6/30/2026
(SUBJECT TO AUDIT)

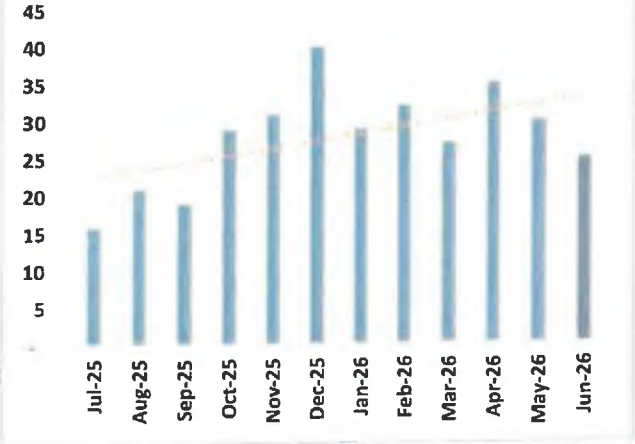
Description	FY2026	Avg FY2026	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Total Acute Patient Days	976	81	73	97	82	103	83	125	98	91	65	56	52	51
Total Swingbed Patient Days	258	22	14	56	6	39	44	3	-	15	33	5	43	-
Total Acute Hours (based on Disch Hrs)	23,701	1,975	1,761	2,330	1,978	2,467	1,990	2,997	2,777	2,030	1,558	1,345	1,234	1,234
TOTAL ACUTE														
Patient Days	976	81	73	97	82	103	83	125	98	91	65	56	52	51
Admits	334	28	25	30	35	27	32	29	40	31	29	19	21	16
Discharges	327	27	18	32	34	29	28	37	36	30	27	22	17	17
Discharge Hours	23,701	1,975	1,761	2,330	1,978	2,467	1,990	2,997	2,777	2,030	1,558	1,345	1,234	1,234
Avg LOS	3.0	3.0	4.1	3.0	2.4	3.6	3.0	3.4	2.7	3.0	2.4	2.5	3.1	3.0
Medicare Acute														
Patient Days	614	51	38	52	52	78	61	99	60	41	33	26	38	36
Admits	192	16	14	16	21	14	23	19	27	13	15	9	11	10
Discharges	191	16	13	18	19	17	19	27	21	13	14	9	10	11
Discharge Hours	15,071	1,256	917	1,248	1,250	1,877	1,463	2,376	1,849	910	789	614	905	873
Avg LOS	3.2	3.2	2.9	2.9	2.7	4.6	3.2	3.7	2.9	3.2	2.4	2.9	3.8	3.3
SWING - ALL (Medicare/Other)														
Patient Days	258	22	14	56	6	39	44	3	0	15	33	5	43	0
Admits	28	2	3	4	3	2	4	2	0	1	2	2	4	1
Discharges	28	2	3	5	1	3	5	1	0	1	3	1	5	0
Discharge Hours	6,311	526	329	1,345	148	935	1,049	213	0	359	782	115	1,036	0
Avg LOS	9.2	9.2	4.7	11.2	6.0	13.0	8.8	3.0	#DIV/0!	15.0	11.0	5.0	8.6	#DIV/0!
Observations														
Patient Days	232	19	18	13	11	9	14	11	39	18	31	23	22	23
Admits	200	17	18	8	10	7	8	12	28	18	29	25	16	21
Discharge Hours	5,647	471	517	316	270	207	326	270	942	443	736	546	529	545
Emergency Room														
Total ER Patients	8,435	703	692	751	676	713	650	703	845	631	704	624	726	720
Admitted	266	22	20	25	30	24	21	25	36	20	19	19	17	10
Transferred	811	68	57	80	67	62	47	46	66	80	73	63	84	86
Ambulance														
Total ALS/BLS runs	3,697	308	311	336	306	311	236	270	310	332	347	263	310	365
911 Calls	2,923	244	262	288	244	254	191	229	248	240	261	198	231	277
Transfers	774	65	49	48	62	57	45	41	62	92	86	65	79	88
OP Registrations	10,424	869	824	821	918	929	855	824	807	669	935	950	886	1,006
Rural Health Clinic														
Total RHC Visits	7,472	623	531	528	587	614	649	703	568	525	669	701	701	696
Avg Visits per day	356	30	24	26	27	27	33	35	28	28	29	35	32	32
Behavioral Health														
Patients Seen	3,699	308	277	322	307	348	304	308	301	254	349	318	312	299

Sierra Vista Hospital
Detailed Stats by Month
6/30/2026
(SUBJECT TO AUDIT)

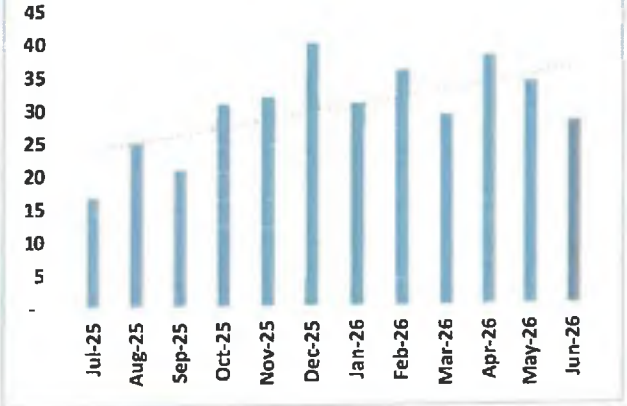
	FY2026	Avg FY2026	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Dietary														
Inpatient Meals	7,728	644	659	707	609	748	736	658	788	591	665	464	649	454
Outpatient Meals	1,501	125	133	129	144	110	102	112	165	165	145	69	101	126
Cafeteria Meals	60,215	5,018	5219	5,064	5,163	5,153	4,572	5,008	4,849	4,321	5,217	5,155	4,891	5,603
Functions	3,507	292	309	300	264	281	290	341	302	307	297	226	277	313
Laboratory														
In-house Testing	225,537	18,795	19,128	18,836	18,700	17,834	16,701	17,714	19,925	16,780	19,895	18,392	18,612	23,020
Sent Out Testing	8,747	729	766	861	757	646	667	683	727	665	853	735	542	845
Drugscreens	318	27	26	20	49	29	14	34	29	29	31	17	27	13
Physical Therapy														
PT Tx Units	7,529	627	472	640	806	748	738	535	567	647	573	506	656	641
OT Tx Units	2,254	188	52	192	163	210	191	258	240	179	239	151	239	140
ST Tx Units	1,108	92	-	-		64	124	168	93	102	108	104	165	180
Radiology														
X-Ray Patients	5,454	455	473	433	455	488	426	440	461	393	484	396	497	508
CT Patients	4,776	398	477	414	427	405	358	320	409	347	362	399	418	440
Ultrasound Patients	1,338	112	92	112	116	119	102	85	116	82	116	118	135	145
Mammogram Patients	657	55	13	55	72	64	68	44	64	46	63	45	49	74
MRI Patients	589	49	77	39	48	58	49	25	52	20	45	65	51	60
Nuclear Medicine Patients	19	2	1	-	1	1	1	2	1	2	4	3	1	2
DEXA	310	26	4	18	38	38	23	17	35	20	31	20	24	42
Sleep Study														
Home Testing	23	2	3	2	1	4	2	1	3	1	1	3	1	1
Inhouse	77	6	10	-	13	3	8	3	7	6	9	3	11	4

Volume Trends

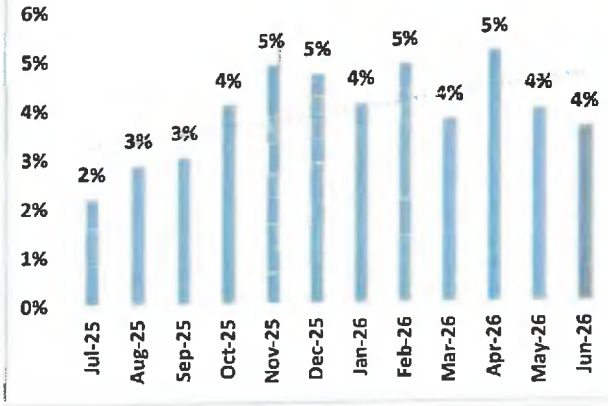
Acute Admissions



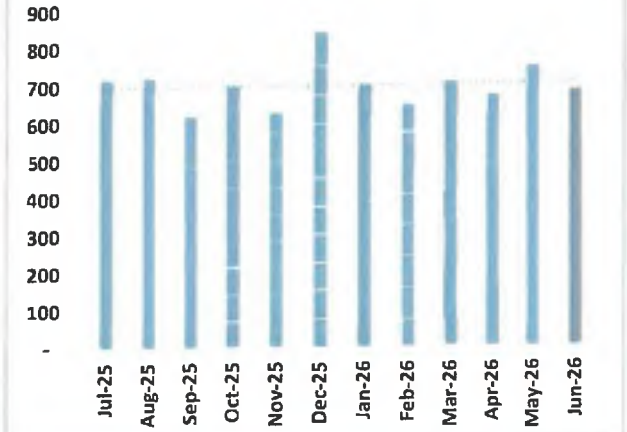
Total Acute +Swing Bed Admissions



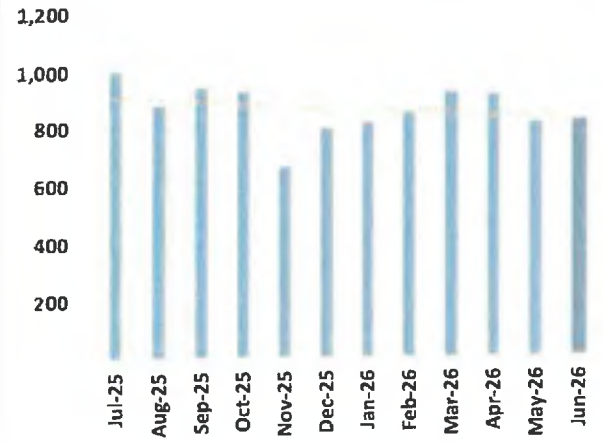
ER Visits Conversion to Acute Admissions



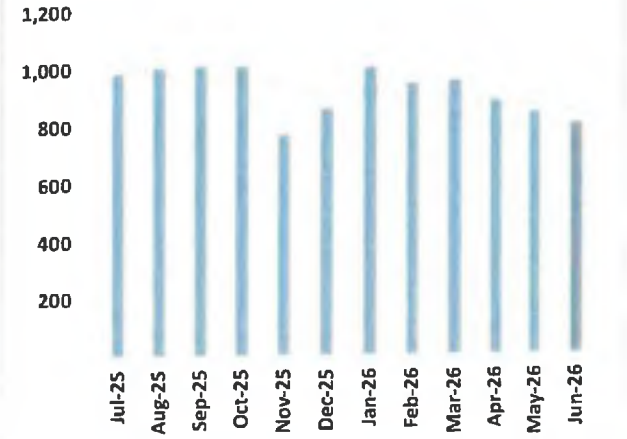
Emergency Room



Outpatient Visits



Clinic Visits



Sierra Vista Hospital
INCOME STATEMENT
June 30, 2026

MONTH						YEAR TO DATE				
Actual 6/30/26	Budget 6/30/26	Variance to Budget	Prior Year 6/30/25	Variance to Prior Year	DESCRIPTION	Actual 6/30/26	Budget 6/30/26	Variance to Budget	Prior Year 6/30/25	Variance to Prior Year
$ 5,656,567	$ 5,318,950	$ 337,617	$ 5,782,787	($126,220)	Gross Patient Revenue	$ 64,778,709	$ 64,713,891	$ 64,818	$ 69,180,952	($4,402,243)
					Revenue Deductions		$ -			
$ 2,595,261	2,459,963	135,298	1,961,450	$633,811	Contractual Allowances	28,219,312	29,929,546	(1,710,234)	31,891,584	($3,672,273)
$ 263,861	248,349	15,512	204,655	$59,206	Bad Debt	3,210,593	3,021,582	189,011	3,542,929	($332,336)
$ 457,815	324,434	133,380	383,341	$74,473	Other Deductions	3,822,357	3,947,284	(124,927)	3,678,139	144,219
$ 3,316,936	$ 3,032,746	$ 284,190	$ 2,549,446	$ 767,490	Total Revenue Deductions	$ 35,252,262	$ 36,898,412	$ (1,646,150)	$ 39,112,652	$ (3,860,390)
$ -	1,189	(1,189)	777	($777)	Other Patient Revenue	38,080	14,466	23,614	32,710	5,370
$ 2,339,631	$ 2,287,393	$ 52,238	$3,234,118	($894,487)	Net Patient Revenue	$ 29,564,527	$ 27,829,945	$ 1,734,582	$ 30,101,010	$ (536,483)
41%	43%	(2%)	56%	(15%)	Gross to Net %	46%	43%	3%	44%	2%
$ 1,043,614	969,505	74,109	794,779	$248,835	Other Operating Revenue	11,389,239	11,795,644	(406,405)	15,406,429	(4,017,190)
$ 473,975	307,850	166,125	480,337	($6,363)	Non-Operating Revenue	6,346,433	3,745,509	2,600,924	4,493,714	1,852,719
$ 3,857,220	$ 3,564,748	$ 292,472	$ 4,509,235	$ (652,015)	Total Operating Revenue	$ 47,300,200	$ 43,371,098	$ 3,929,101	$ 50,001,153	(2,700,953)
					Expenses					
$ 1,336,927	$1,422,653	($85,726)	$1,147,793	$189,133	Salaries & Benefits	$16,953,094	$17,308,940	(355,846)	$16,297,589	$655,505
$ 1,082,205	1,164,961	(82,755)	1,147,010	(64,804)	Salaries	13,926,320	14,173,688	(247,367)	13,638,512	287,809
$ 234,042	236,788	(2,746)	(24,179)	258,221	Benefits	2,740,532	2,880,920	(140,388)	2,350,700	389,832
$ 20,679	20,904	(225)	24,962	(4,283)	Other Salary & Benefit Expense	286,242	254,332	31,909	308,378	(22,136)
$ 230,534	231,797	(1,263)	226,131	4,403	Supplies	2,465,285	2,820,193	(354,908)	2,458,534	$6,751
$ 589,000	689,167	(100,167)	199,831	389,170	Contract Services	7,557,840	8,384,864	(827,024)	10,734,661	($3,176,821)
$ 214,934	196,211	18,723	195,530	19,404	Professional Fees	2,473,929	2,387,237	86,691	2,318,904	$155,025
$ 2,922	5,262	(2,340)	6,121	(3,198)	Leases/Rentals	51,907	64,021	(12,114)	77,271	($25,365)
$ 53,955	44,245	9,710	55,976	(2,021)	Utilities	554,050	538,310	15,740	551,647	$2,403
$ 80,601	47,831	32,770	74,111	6,490	Repairs / Maintenance	697,901	581,950	115,951	732,713	($34,813)
$ 214,138	146,258	67,880	137,785	76,353	Insurance	1,803,309	1,779,477	23,831	1,816,899	($13,591)
$ 217,652	31,338	186,314	68,607	149,045	Other Operating Expenses	644,447	381,278	263,169	552,722	$91,725
$2,940,662	$2,814,762	$125,900	2,111,884	$828,778	Total Operating Expenses	$33,201,760	$34,246,269	($1,044,509)	$35,540,940	($2,339,180)
$916,558	$749,986	$166,572	$2,397,350	($1,480,792.76)	EBITDA	$14,098,440	$9,124,829	$4,973,611	$14,460,212	($361,773)
24%	21%	3%	53%	(29%)	EBITDA Margin	30%	21%	9%	29%	1%
					Non - Operating Expenses					
$ 251,071	$292,234	($41,162)	$763,696	($512,624)	Depreciation and Amortization	3,455,134	$3,555,508	(100,374)	$3,805,071	($349,937)
$ 94,499	94,739	($240)	120,050	($25,551)	Interest	1,148,651	1,152,658	(4,007)	$948,717	$199,934
$ 45,729	55,289	($9,560)	61,239	($15,510)	Tax/Other	608,085	672,686	(64,601)	$677,413	($69,329)
$391,299	$442,262	($50,962)	$944,984	($553,685)	Total Non Operating Expense	$5,211,870	$5,380,852	($168,982)	$5,431,202	($219,331)
$525,258	$307,724	$217,534	$1,452,366	($927,108)	NET INCOME (LOSS)	$8,886,569	$3,743,977	$5,142,592	$9,029,011	($142,441)
14%	9%	5%	32%	(19%)	Net Income Margin	19%	9%	10%	18%	1%

Sierra Vista Hospital
INCOME STATEMENT by Month
June 30, 2026

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Revenues												
Gross Patient Revenue	$ 5,656,567	$ 5,586,473	$ 5,489,244	$ 5,662,278	$ 4,887,668	$ 4,893,831	$ 5,647,822	$ 4,739,735	$ 5,275,087	$ 5,364,961	$ 5,728,007	$ 5,847,037
Revenue Deductions												
Contractual Allowances	2,595,261	2,016,532	2,445,397	2,276,888	1,416,986	2,364,170	2,266,003	2,140,343	2,874,405	2,149,035	2,716,587	2,957,705
Bad Debt	263,861	396,333	226,727	303,690	117,089	388,353	218,764	229,673	258,219	130,496	347,559	329,828
Other Deductions	457,815	293,531	307,529	340,611	265,423	223,434	387,967	316,036	387,955	228,545	386,919	226,592
Total Revenue Deductions	$ 3,316,936	$ 2,706,395	$ 2,979,653	$ 2,921,190	$ 1,799,498	$ 2,975,958	$ 2,872,734	$ 2,686,052	$ 3,520,580	$ 2,508,076	$ 3,451,065	$ 3,514,124
Other Patient Revenue	0	0	0	0	0	1	577	2,325	0	851	34,326	0
Net Patient Revenue	$ 2,339,631	$ 2,880,077	$ 2,509,591	$ 2,741,088	$ 3,088,170	$ 1,917,874	$ 2,775,665	$ 2,056,008	$ 1,754,507	$ 2,857,736	$ 2,311,267	$ 2,332,913
Gross to Net %	41%	52%	46%	48%	63%	39%	49%	43%	33%	53%	40%	40%
Other Operating Revenue	1,043,614	1,778,901	816,930	677,362	821,998	984,589	871,800	1,053,020	881,478	635,748	954,057	869,741
Non-Operating Revenue	473,975	2,106,701	304,617	378,865	400,469	311,824	216,800	328,177	319,842	376,662	359,733	768,770
Total Operating Revenue	$ 3,857,220	$ 6,765,679	$ 3,631,138	$ 3,797,315	$ 4,310,637	$ 3,214,287	$ 3,864,265	$ 3,437,205	$ 2,955,827	$ 3,870,147	$ 3,625,057	$ 3,971,423
Expenses												
Salaries & Benefits	$1,336,927	$1,489,452	$1,418,519	$1,458,206	$1,272,469	$1,537,565	$1,369,070	$1,198,263	$1,593,370	$1,407,966	$1,361,986	$1,509,302
Salaries	1,082,205	1,237,212	1,130,664	1,203,468	1,025,515	1,255,535	1,115,468	1,022,145	1,327,514	1,133,388	1,115,046	1,278,160
Benefits	234,042	238,819	263,172	230,241	212,886	266,230	227,504	138,533	247,665	242,697	225,406	213,337
Other Salary & Benefit Expense	20,679	13,421	24,683	24,496	34,068	15,800	26,099	37,585	18,190	31,881	21,535	17,805
Supplies	230,534	337,464	181,100	157,095	174,806	217,563	221,434	163,803	206,937	176,933	208,274	189,341
Contract Services	589,000	690,520	544,503	580,655	501,696	632,927	615,293	652,646	627,604	679,489	728,657	714,849
Professional Fees	214,934	210,466	210,973	210,514	203,574	222,320	196,113	207,101	205,305	206,800	195,433	190,394
Leases/Rentals	2,922	2,922	4,032	2,912	2,912	4,738	4,834	4,493	6,349	4,793	5,074	5,924
Utilities	53,955	50,022	47,654	47,650	38,565	37,754	36,645	43,104	38,129	47,637	54,993	57,944
Repairs / Maintenance	80,601	48,698	57,418	51,624	37,987	43,807	42,173	47,233	72,216	35,678	101,773	78,692
Insurance	214,138	151,551	151,554	151,137	151,554	155,427	137,689	124,655	139,057	137,741	149,270	139,535
Other Operating Expenses	217,652	63,361	41,800	28,337	23,063	28,519	68,056	34,381	55,486	32,564	26,101	25,127
Total Operating Expenses	$2,940,662	$3,044,456	$2,657,553	$2,688,130	$2,406,626	$2,880,621	$2,691,308	$2,475,680	$2,944,453	$2,729,601	$2,831,562	$2,911,108
EBITDA	$916,558	$3,721,223	$973,585	$1,109,185	$1,904,011	$333,666	$1,172,957	$961,526	$11,374	$1,140,546	$793,495	$1,060,315
EBITDA Margin	24%	55%	27%	29%	44%	10%	30%	28%	0%	29%	22%	27%
Non - Operating Expenses												
Depreciation and Amortization	$251,071	$346,178	$281,674	$289,679	$265,799	$289,486	$253,406	$290,466	$298,662	$290,764	$298,975	$298,975
Interest	94,499	94,718	94,936	95,153	95,368	95,583	95,796	96,161	96,219	96,429	96,943	96,846
Tax/Other	45,729	56,968	43,682	58,799	66,569	31,530	57,702	37,089	55,205	50,769	52,856	51,186
Total Non Operating Expenses	$391,299	$497,863	$420,291	$443,631	$427,736	$416,598	$406,904	$423,717	$450,087	$437,963	$448,774	$447,007
NET INCOME (LOSS)	$525,258	$3,223,360	$553,293	$665,554	$1,476,274	($82,932)	$766,053	$537,809	($438,713)	$702,583	$344,722	$613,308
Net Income Margin	14%	48%	15%	18%	34%	(3%)	20%	16%	(15%)	18%	10%	15%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
June 30, 2026

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Revenues												
Gross Patient Revenue	$ 5,656,567	$ 5,586,473	$ 5,489,244	$ 5,662,278	$ 4,887,668	$ 4,893,831	$ 5,647,822	$ 4,739,735	$ 5,275,087	$ 5,364,961	$ 5,728,007	$ 5,847,037
Revenue Deductions												
Contractual Allowances	2,595,261	2,016,532	2,445,397	2,276,888	1,416,986	2,364,170	2,266,003	2,140,343	2,874,405	2,149,035	2,716,587	2,957,705
Bad Debt	263,861	396,333	226,727	303,690	117,089	388,353	218,764	229,673	258,219	130,496	347,559	329,828
Other Deductions	457,815	293,531	307,529	340,611	265,423	223,434	387,967	316,036	387,955	228,545	386,919	226,592
Total Revenue Deductions	$ 3,316,936	$ 2,706,395	$ 2,979,653	$ 2,921,190	$ 1,799,498	$ 2,975,958	$ 2,872,734	$ 2,686,052	$ 3,520,580	$ 2,508,076	$ 3,451,065	$ 3,514,124
Other Patient Revenue	0	0	0	0	0	1	577	2,325	0	851	34,326	0
Net Patient Revenue	$ 2,339,631	$ 2,880,077	$ 2,509,591	$ 2,741,088	$ 3,088,170	$ 1,917,874	$ 2,775,665	$ 2,056,008	$ 1,754,507	$ 2,857,736	$ 2,311,267	$ 2,332,913
Gross to Net %	41.4%	52%	46%	48%	63%	39%	49%	43%	33%	53%	40%	40%
Other Operating Revenue	1,043,614	1,778,901	816,930	677,362	821,998	984,589	871,800	1,053,020	881,478	635,748	954,057	869,741
Non-Operating Revenue	473,975	2,106,701	304,617	378,865	400,469	311,824	216,800	328,177	319,842	376,662	359,733	768,770
Total Operating Revenue	$ 3,857,220	$ 6,765,679	$ 3,631,138	$ 3,797,315	$ 4,310,637	$ 3,214,287	$ 3,864,265	$ 3,437,205	$ 2,955,827	$ 3,870,147	$ 3,625,057	$ 3,971,423
Expenses												
Salaries & Benefits	1,336,927	1,489,452	1,418,519	1,458,206	1,272,469	1,537,565	1,369,070	1,198,263	1,593,370	1,407,966	1,361,986	1,509,302
Salaries	1,082,205	1,237,212	1,130,664	1,203,468	1,025,515	1,255,535	1,115,468	1,022,145	1,327,514	1,133,388	1,115,046	1,278,160
Benefits	234,042	238,819	263,172	230,241	212,886	266,230	227,504	138,533	247,665	242,697	225,406	213,337
Other Salary & Benefit Expense	20,679	13,421	24,683	24,496	34,068	15,800	26,099	37,585	18,190	31,881	21,535	17,805
Supplies	230,534	337,464	181,100	157,095	174,806	217,563	221,434	163,803	206,937	176,933	208,274	189,341
Contract Services	589,000	690,520	544,503	580,655	501,696	632,927	615,293	652,646	627,604	679,489	728,657	714,849
Professional Fees	214,934	210,466	210,973	210,514	203,574	222,320	196,113	207,101	205,305	206,800	195,433	190,394
Leases/Rentals	2,922	2,922	4,032	2,912	2,912	4,738	4,834	4,493	6,349	4,793	5,074	5,924
Utilities	53,955	50,022	47,654	47,650	38,565	37,754	36,645	43,104	38,129	47,637	54,993	57,944
Repairs / Maintenance	80,601	48,698	57,418	51,624	37,987	43,807	42,173	47,233	72,216	35,678	101,773	78,692
Insurance	214,138	151,551	151,554	151,137	151,554	155,427	137,689	124,655	139,057	137,741	149,270	139,535
Other Operating Expenses	217,652	63,361	41,800	28,337	23,063	28,519	68,056	34,381	55,486	32,564	26,101	25,127
Total Operating Expenses	$2,940,662	$3,044,456	$2,657,553	$2,688,130	$2,406,626	$2,880,621	$2,691,308	$2,475,680	$2,944,453	$2,729,601	$2,831,562	$2,911,108
EBITDA	$916,558	$3,721,223	$973,585	$1,109,185	$1,904,011	$333,666	$1,172,957	$961,526	$11,374	$1,140,546	$793,495	$1,060,315
EBITDA Margin	23.8%	55%	27%	29%	44%	10%	30%	28%	0%	29%	22%	27%
Non - Operating Expenses												
Depreciation and Amortization	251,071	346,178	281,674	289,679	265,799	289,486	253,406	290,466	298,662	290,764	298,975	298,975
Interest	94,499	94,718	94,936	95,153	95,368	95,583	95,796	96,161	96,219	96,429	96,943	96,846
Tax/Other	45,729	56,968	43,682	58,799	66,569	31,530	57,702	37,089	55,205	50,769	52,856	51,186
Total Non Operating Expenses	$391,299	$497,863	$420,291	$443,631	$427,736	$416,598	$406,904	$423,717	$450,087	$437,963	$448,774	$447,007
NET INCOME (LOSS)	$525,258	$3,223,360	$553,293	$665,554	$1,476,274	($82,932)	$766,053	$537,809	($438,713)	$702,583	$344,722	$613,308
Net Income Margin	13.6%	48%	15%	18%	34%	(3%)	20%	16%	(15%)	18%	10%	15%

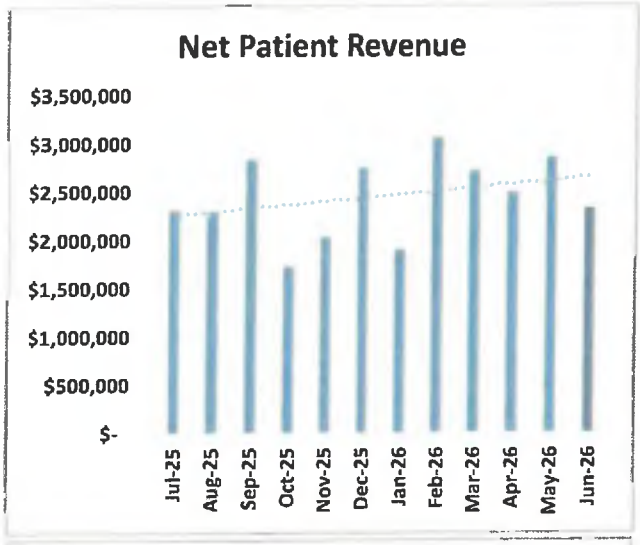
Sierra Vista Hospital
BALANCE SHEET
June 30, 2026

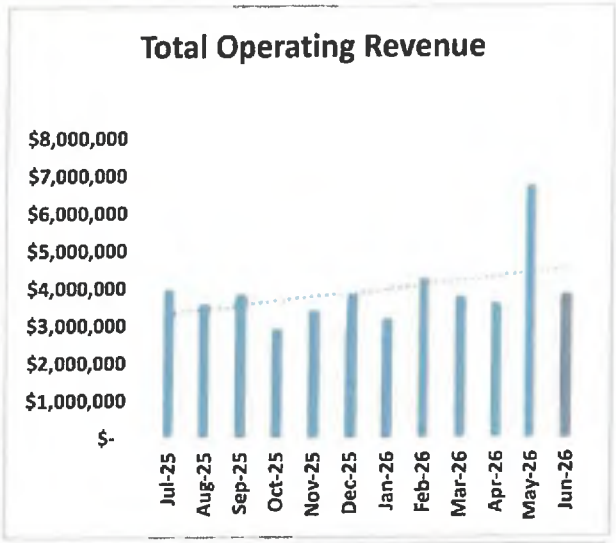
June 30, 2026 (Unaudited)	DESCRIPTION	June 30, 2025
	Assets	
	Current Assets	
$ 24,685,172	Cash and Liquid Capital	$ 13,382,416
$ 755,915	US Bank Clearing	$ 67,349
$ 25,441,086	**Total Cash**	**$ 13,449,765**
$ 12,105,187	Accounts Receivable - Gross	$ 13,053,445
$ 8,546,720	Contractual Allowance	$ 9,448,209
$ 3,558,467	**Total Accounts Receivable, Net of Allowance**	**$ 3,605,236**
$ 4,067,721	Other Receivables	$ 5,740,064
$ 482,636	Inventory	$ 420,992
$ 105,119	Prepaid Expense	$ 126,593
$ 33,655,029	**Total Current Assets**	**$ 23,342,650**
	Long Term Assets	
$ 59,688,855	Fixed Assets	$ 59,959,550
$ 26,222,482	Accumulated Depreciation	$ 23,955,474
$ 60,801	Construction in Progress	$ -
$ 33,527,175	**Total Fixed Assets, Net of Depreciation**	**$ 36,004,076**
$ 33,527,175	**Total Long Term Assets**	**$ 36,004,076**
$ 3,463,552	**New Hospital Loan**	**$ 2,070,015**
$ 70,645,756	**Total Assets**	**$ 61,416,741**
	Liabilities & Equity	
	Current Liabilities	
$ 1,136,271	Account Payable	$ 1,319,408
$ 1,508,761	Interest Payable	$ 561,483
$ 45,540	Accrued Taxes	$ 61,131
$ 910,993	Accrued Payroll and Related	$ 704,168
$ 150,000	Cost Report Settlement	$ 151,000
$ 3,751,565	**Total Current Liabilities**	**$ 2,797,190**
	Long term Liabilities	
$ 27,034,311	Long Term Notes Payable	$ 27,533,620
$ 27,034,311	**Total Long Term Liabilities**	**$ 27,533,620**
$ -	**Unapplied Liabilities**	**$ -**
$ 262,995	**Capital Equipment Lease**	**$ 375,614**
$ 31,048,871	**Total Liabilites**	**$ 30,706,424**
$ 30,710,316	**Retained Earnings**	**$ 21,681,305**
$ 8,886,569	**Net Income**	**$ 9,029,011**
$ 70,645,756	**Total Liabilities and Equity**	**$ 61,416,741**

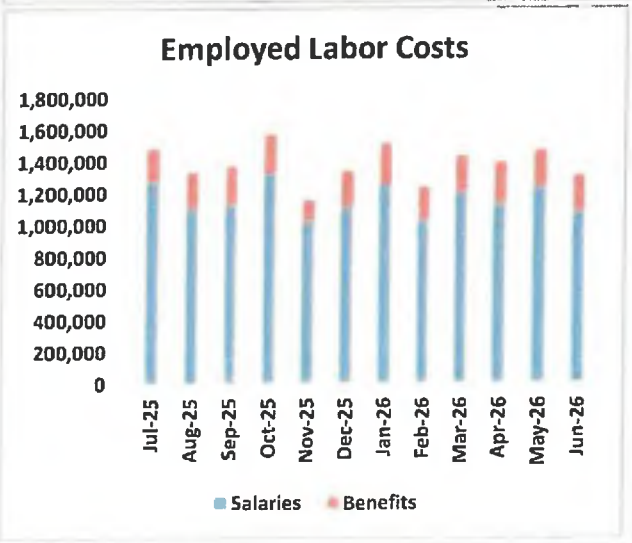
Sierra Vista Hospital
BALANCE SHEET by Month
June 30, 2026

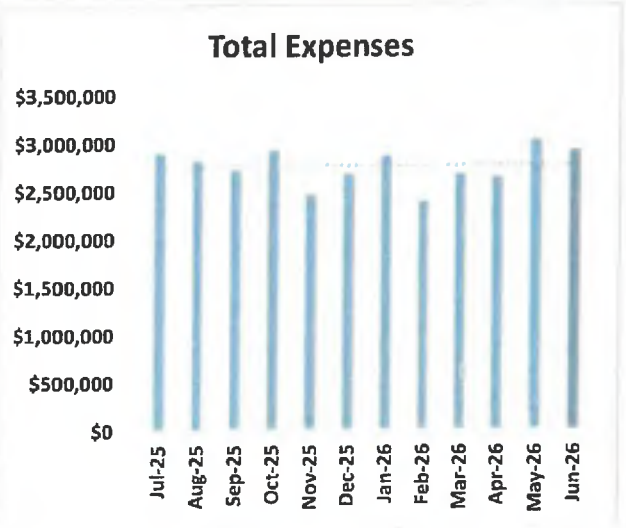
	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Assets												
Current Assets												
Cash and Liquid Capital	24,685,172	22,081,237	18,648,254	18,855,615	16,852,972	15,961,254	16,977,633	14,513,899	14,280,042	14,720,777	13,260,198	11,763,496
US Bank Clearing	755,915	44,687	138,609	36,277	110,520	44,761	212,359	73,058	215,589	152,899	16,708	(8,842)
Total Cash	**$25,441,086**	**$22,125,924**	**$18,786,863**	**$18,891,891**	**$16,963,492**	**$16,006,015**	**$17,189,992**	**$14,586,957**	**$14,495,631**	**$14,873,676**	**$13,276,906**	**$11,754,654**
Accounts Receivable - Gross	12,105,187	11,474,669	11,898,766	10,875,925	11,083,116	11,984,360	11,177,962	11,725,323	11,235,398	12,311,990	12,435,107	13,107,691
Contractual Allowance	8,546,720	8,148,982	8,767,820	7,891,367	7,972,486	8,321,051	8,302,860	8,629,596	8,418,089	8,644,190	9,185,074	9,573,935
Total Accounts Receivable, Net of Allowance	**$ 3,558,467**	**$ 3,325,687**	**$ 3,130,946**	**$ 2,984,558**	**$ 3,110,630**	**$ 3,663,309**	**$ 2,875,102**	**$ 3,095,727**	**$ 2,817,309**	**$ 3,667,800**	**$ 3,250,033**	**$ 3,533,756**
Other Receivables	4,067,721	6,092,623	6,655,068	5,956,285	6,639,851	5,698,867	4,930,151	6,233,281	6,313,333	5,337,842	6,449,125	6,811,737
Inventory	482,636	508,588	509,231	498,583	472,001	470,860	471,984	466,206	473,388	467,835	439,232	440,179
Prepaid Expense	105,119	264,398	439,670	501,933	675,782	833,787	963,956	1,043,880	1,197,957	1,251,037	1,400,075	1,488,108
Total Current Assets	**$33,655,029**	**$32,317,220**	**$29,521,778**	**$28,833,250**	**$27,861,757**	**$26,672,838**	**$26,431,185**	**$25,426,052**	**$25,297,617**	**$25,598,189**	**$24,815,370**	**$24,028,433**
Long Term Assets												
Fixed Assets	59,688,855	59,662,500	59,114,904	59,114,904	59,108,557	59,101,288	58,790,188	59,444,848	59,831,251	59,800,198	60,125,441	59,964,714
Accumulated Depreciation	26,222,482	25,926,952	25,580,774	25,299,100	25,009,422	24,743,623	24,454,136	24,724,815	24,820,751	24,522,089	24,553,424	24,254,449
Construction in Progress	60,801	35,078	35,078	28,062	28,062	28,062	28,062	0	0	0	0	0
Total Fixed Assets, Net of Depreciation	33,527,175	33,770,626	33,569,208	33,843,866	34,127,198	34,385,728	34,364,114	34,720,034	35,010,500	35,278,109	35,572,018	35,710,265
Total Long Term Assets	**$ 33,527,175**	**$ 33,770,626**	**$ 33,569,208**	**$ 33,843,866**	**$ 34,127,198**	**$ 34,385,728**	**$ 34,364,114**	**$ 34,720,034**	**$ 35,010,500**	**$ 35,278,109**	**$ 35,572,018**	**$35,710,265**
New Hospital Loan	**$ 3,463,552**	**$ 3,344,581**	**$ 3,225,411**	**$ 3,107,604**	**$ 2,985,379**	**$ 2,865,051**	**$ 2,744,699**	**$ 2,625,067**	**$ 2,504,856**	**$ 2,384,527**	**$ 2,263,818**	**$ 2,191,615**
Total Assets	**$ 70,645,756**	**$ 69,432,427**	**$ 66,316,397**	**$ 65,784,720**	**$ 64,974,334**	**$ 63,923,616**	**$ 63,539,998**	**$ 62,771,153**	**$ 62,812,972**	**$ 63,260,825**	**$ 62,651,206**	**$ 61,930,313**
Liabilities & Equity												
Current Liabilities												
Account Payable	1,136,271	514,117	520,670	802,156	680,692	725,493	627,815	865,178	872,021	1,107,884	1,350,859	1,062,782
Interest Payable	1,508,761	1,429,768	1,350,786	1,271,813	1,192,849	1,113,895	1,034,951	956,016	877,091	798,175	719,268	640,371
Accrued Taxes	45,540	56,968	44,303	58,706	66,481	31,530	57,408	36,835	53,797	50,769	52,739	50,169
Accrued Payroll and Related	910,993	863,414	1,219,840	975,771	975,046	995,389	844,488	655,968	1,223,968	1,031,759	911,473	839,907
Cost Report Settlement	150,000	150,000	(63,000)	(63,000)	(63,000)	363,000	150,000	150,000	151,000	151,000	151,000	151,000
Total Current Liabilities	**$3,751,565**	**$3,014,267**	**$3,072,598**	**$3,045,445**	**$2,852,068**	**$3,229,307**	**$2,714,662**	**$2,663,998**	**$3,177,877**	**$3,139,587**	**$3,185,340**	**$2,744,229**
Long term Liabilities												
Long Term Notes Payable	27,034,311	27,076,890	27,119,290	27,161,511	27,203,555	27,245,423	27,287,115	27,328,632	27,369,974	27,411,144	27,452,141	27,492,966
Total Long Term Liabilities	**$27,034,311**	**$27,076,890**	**$27,119,290**	**$27,161,511**	**$27,203,555**	**$27,245,423**	**$27,287,115**	**$27,328,632**	**$27,369,974**	**$27,411,144**	**$27,452,141**	**$27,492,966**
Capital Equipment Lease	262,995	269,643	276,241	282,790	289,290	295,741	302,143	308,498	332,905	339,165	345,379	369,493
Total Liabilites	**$31,048,871**	**$30,360,800**	**$30,468,129**	**$30,489,746**	**$30,344,913**	**$30,770,470**	**$30,303,920**	**$30,301,128**	**$30,880,756**	**$30,889,896**	**$30,982,859**	**$30,606,689**
Retained Earnings	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**	**$30,710,316**
Net Income	**$8,886,569**	**$8,361,311**	**$5,137,951**	**$4,584,658**	**$3,919,104**	**$2,442,830**	**$2,525,762**	**$1,759,709**	**$1,221,900**	**$1,660,613**	**$958,030**	**$613,308**
Total Liabilities and Equity	**$70,645,756**	**$69,432,427**	**$66,316,397**	**$65,784,720**	**$64,974,334**	**$63,923,616**	**$63,539,998**	**$62,771,153**	**$62,812,972**	**$63,260,825**	**$62,651,206**	**$61,930,313**

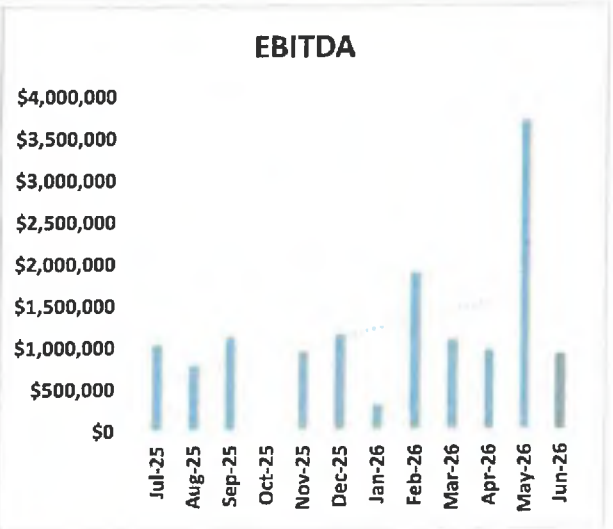
Financial Trends











SIERRA VISTA HOSPITAL AND CLINICS

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

Resolution No. 26-110

RE: July 30, 2026 4th Quarter financial report

WHEREAS the official meetings for the review of monthly financials was duly advertised and held monthly on May 27, 2026 to review April 2026, June 23, 2026 to review May 2026 and July 30, 2026 to review June 2026. In compliance with the state open meetings act, and,

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

NOW, THERERFORE, BE IT RESOLVED that the Governing Boards of Sierra Vista Hospital, State of New Mexico hereby approves the 4th quarter financial report herein above described.

RESOLVED, in session this 30th day of July 2026.

THE SIERRA VISTA HOSPITAL GOVERNING BOARD:

_____
Chairperson, Governing Board

_____
Secretary, Governing Board

Notary Public _____

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

THE JOINT POWERS COMMISSION:

_____
Chairperson, Joint Powers Commission

Notary Public _____

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

SIERRA VISTA HOSPITAL AND CLINICS

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

Resolution No. 26-103

RE: Budget Revision 2026

WHEREAS, the Governing Body of Sierra Vista Hospital, State of New Mexico has reviewed the Budget Revision for 2026 and needs to adjust said budget, and,

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

WHEREAS the official meetings for the review of said documents was duly advertised and held on July 30, 2026 in compliance with the state open meetings act.

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

RESOLVED, in session this 30th day of July 2026.

THE SIERRA VISTA HOSPITAL GOVERNING BOARD:

_____
Chairperson, Governing Board

_____
Secretary, Governing Board

Notary Public _____

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

THE JOINT POWERS COMMISSION:

_____
Chairperson, Joint Powers Commission

Notary Public _____

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

SIERRA VISTA HOSPITAL AND CLINICS

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

Resolution No. 26-104

RE: Final Budget for Fiscal Year 07/01/2026 to 06/30/2027

WHEREAS the Governing Body of Sierra Vista Hospital, State of New Mexico has developed a budget for Fiscal Year 2026/2027, and,

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

WHEREAS the official meeting for the review of said documents was duly advertised and held on July 30, 2026 in compliance with the state open meetings act, and,

WHEREAS unaudited cash balance as of June 30, 2026 is $25,733,404.34 and,

WHEREAS it is the majority opinion of these Boards that the proposed budget meets the requirements as currently determined for Fiscal Year 2027.

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

RESOLVED, in session this 30th day of July 2026.

THE SIERRA VISTA HOSPITAL GOVERNING BOARD:

_____
Chairperson, Governing Board

_____
Secretary, Governing Board

Notary Public _____

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

THE JOINT POWERS COMMISSION:

_____
Chairperson, Joint Powers Commission

Notary Public _____

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

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

DEPARTMENT: **Rural Health Clinic** Original Policy Date: June 19, 2026

SUBJECT: **Provider Separation Policy for Pending Orders** Review: **2027** _____ **2028** _____ **2029** _____

Last Revised:

APPROVED BY: Director:

Scope: This policy applies to physicians, nurse practitioners, physician assistants, behavioral health providers who order diagnostic testing, and clinical and administrative staff involved in order management.

Policy: Sierra Vista Hospital and Clinics is committed to ensuring that all laboratory, imaging, pathology, and diagnostic test results ordered by a departing provider are reviewed and appropriately addressed in a timely manner. Responsibility for pending orders and resulting reports shall be reassigned to an active provider to prevent delays in patient care and maintain regulatory compliance.

Definitions:

Departing Provider: Any provider who resigns, retires, is terminated, takes an extended leave, or otherwise ceases practicing within the organization.

Pending Orders: Any laboratory, imaging, pathology, diagnostic, referral, or ancillary service order that has not been completed or resulted at the time of provider separation.

Covering Provider: The active provider designated to assume responsibility for pending orders and incoming results.

Procedure:

1. All active and pending orders will be identified upon notice of provider's departure.
2. Clinic RN is assigned by the Medical Director.
3. Clinic RN reassigns EHR results by routing to the appropriate provider.
4. Review critical results immediately, significant abnormal results within 1 business day, and routine results within 3 business days.
5. Notify patients of results and document all communication in EHR.
6. Follow the organization's Critical Results Reporting Policy for urgent findings.
7. Apply this policy to extended provider absences exceeding 30 days.
8. Document all review, communication, and follow-up action in EHR.
9. Conduct periodic audits to ensure compliance.

Distributed To:
Revision Dates:
Policy #

Responsibilities:
Medical Director: Designates covering providers and provides oversight.

Clinic Manager/Administrator: Coordinates transition activities with other departments and verifies reassignment of orders.

Covering Provider: Reviews results, communicates findings, and manages follow-up care.

Clinical Staff: Assists with patient communication, scheduling, and documentation.

Clinic Coordinator:
At least 30 days prior to departure, or immediately upon notice, a report of all open orders and unsigned results should be generated. On the provider's final day, the provider's Results Inbox should be reassigned to the Medical Director or designated covering provider. Provider will be scheduled one day past final day to review and reassign all open items.

Registration:
Registration will follow their same process once the designated provider has entered the new order.

REFERENCE(S):

- CMS Conditions for Certification for Rural Health Clinics, 42 CFR Part 491.
  https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation/rural-health-clinic-federally-qualified-health-center

- CMS State Operations Manual, Appendix G – Guidance for Surveyors: Rural Health Clinics.
  https://www.cms.gov/files/document/appendix-g-state-operations-manual

- CMS MLN006398 – Information for Rural Health Clinics.
  https://www.cms.gov/files/document/mln006398-information-rural-health-clinics.pdf

Distributed To:
Revision Dates:
Policy #

SIERRA VISTA HOSPITAL AND CLINICS

REFUSAL TO CONSENT TO DRUGS, TREATMENTS, PROCEDURES OR TRANSFER

PATIENT NUMBER: _____ DATE: _____ TIME: _____
PATIENT NAME: _____ DOB: _____

ATTENDING PROVIDER: _____

1. I refuse to consent to the following medications, treatment, test or procedure being administered to or performed on myself/the patient: _____
_____

2. The following has been explained to me by the Provider _____.
   a. My/the patient's diagnosis, which is _____.
   b. The nature and purpose of and need for the above-described medication, treatment, test, procedure or transfer.
   c. The risks and consequences of administering or performing the above-described medications, treatment, test, procedure or transfer and of **not** administering or performing these medical services.
   d. The likelihood of success if the medication, treatment, test, procedure or transfer is performed.
   e. Possible treatment alternatives and their risks and consequences.
   f. My/the patient's prognosis without the above-described medication, treatment, test, procedure or transfer.

3. I understand that _____ has prescribed the medication, treatment, test, procedure or transfer referred to above and that my refusal to consent may endanger my/the patient's life or health.

4. I personally assume the risks and consequences of my refusal and release the hospital, its personnel, the attending physician, and his or her colleagues from all responsibility, including any unfavorable reactions or ill effects that may result due to this refusal.

I CERTIFY: This form has been explained to me. I have read the contents of this form o the contents have been read to me. I understand its contents. The explanation of the contents was made and all blanks or statements requiring insertion or completion were filled in and all items not applicable were stricken before I signed.

_____ _____
Patient Witness

_____ _____
Legal Representative Witness

Relationship to Patient: _____

Patient cannot consent or authorize because: _____

CEO Report – July 30, 2026

- Provider Recruitment
- Contract Renewals
- Grant Updates
- Legislative Updates- see attached
- Interim CNO, Marsha Sensat MSN, RNC, NHA, Onsite
- Community-
  1. Education and outreach for August
  2. Spaceport Onsite meeting
  3. New Mexico Open
- Three Crosses Meeting – CEO, Denten Park and Mark Copeland
- Emergency Department process improvements
- Rural Health Clinic process improvements