SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BOARD
REGULAR MEETING
Elephant Butte Lake RV Resort Center
10-29-26



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SIERRA VISTA HOSPITAL AND CLINICS

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

October 29, 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 Meeting

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

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

VILLAGE OF WILLIAMSBURG
Serina Bartoo, **Vice-Chair**

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

SUPPORT STAFF:
Ming Huang, CFO
Aaron Dow, CIO
Heather Milton, HR Director
Marsha Sensat, ICNO
Laura Ledebur, Director of Quality

Ovation:
Erika Sundrud

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. **Call to Order**	Bruce Swingle, Chairperson	
2. **Pledge of Allegiance**	Bruce Swingle, Chairperson	
3. **Roll Call**	Jennifer Burns	Quorum Determination
4. **Approval of Agenda**	Bruce Swingle, Chairperson	Amend/Action

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

5. Approval of minutes	Bruce Swingle, Chairperson	
A. September 24, 2026 Regular Meeting		Amend/Action
B. October 12, 2026 Special Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business-	Bruce Swingle, Chairperson	
8. New Business-		
A. FY26 Audit (If accepted by the State)	DZA	Action
9. Finance Committee- Serina Bartoo, Chairperson		
A. September Financial Report	Ming Huang, CFO	Action
10. Board Quality- Greg D'Amour, Chairperson		
A. Policy Review		Action
• EMTALA- Emergency Medical Screening, Stabilization and Transfer		
• Respiratory Virus Masking and Source Control		
11. Administrative Reports		
A. Human Resources	Heather Milton, HR Director	Report
B. CNO Report	Marsha Sensat, ICNO	Report
C. CEO Report	Shauna Cameron, CEO	Report
D. Governing Board	Bruce Swingle, Chair	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

6-month provisional to 2 year appointment-
Amanda Williams, FNP

2 year reappointment-
Matthew Peters, NP
Michael Stephens, MD

Terms-
Michael Hovsepian, MD (RadPartners)
Renee Bonetti, MD (RadPartners)
Daniel Hankins, MD (RadPartners)

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

A. Risk Report — Laura Ledebur, Risk

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

A. FY26 Audit (If not approved by the state) — DZA
B. Nurse initiated protocols — Marsha Sensat, ICNO
C. Ovation Report to Board — Erika Sundrud, Ovation
D. Committee Review Summaries — Laura Ledebur, Quality
E. CEO Discussion with Board — Shauna Cameron, CEO

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 — Action

A. Privileges

6-month provisional to 2 year appointment-
Amanda Williams, FNP

2 year reappointment-
Matthew Peters, NP
Michael Stephens, MD

Terms-
Michael Hovsepian, MD (RadPartners)
Renee Bonetti, MD (RadPartners)
Daniel Hankins, MD (RadPartners)

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. FY26 Audit (If not approved by the state)	Action
B. Nurse initiated protocols	Action
C. Ovation Report to Board	Report
D. Committee Review Summaries	Report
E. CEO Discussion with Board	Discussion

14. Other Discussion

Next Regular Meeting- TBD, 2026

15. Adjournment Action

SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING
MINUTES

September 24, 2026 **12:00pm** **Elephant Butte Lake RV Event Center**

1. The Governing Board of Sierra Vista Hospital met September 24, 2026 at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:06.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

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

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

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

There is a quorum of voting Governing Board members.

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

Support Staff:
Ming Huang, CFO, P
Heather Milton, HR, P
Aaron Dow, CIO, P
Laura Lebebur, Quality Director, P

Ovation:
Erika Sundrud, Present
Phillip Stubblefield, Present

4. Approval of Agenda

Jesus Baray motioned to approve the agenda. Serina Bartoo seconded. Motion carried unanimously.

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

5. Approval of minutes Bruce Swingle, Chairperson

A. August 27, 2026 Regular Meeting

Greg D'Amour motioned to approve the August 27, 2026 minutes. Edna Trager seconded. Motion carried unanimously.

6. Public Input –

Mike Williams of Elephant Butte addressed the board with a statement, a question and a solution. "I have been going to this hospital for 11 years. How come every time a physician leaves or quits or gets fired, whatever, I have to make an appointment as a new patient for whoever is taking that person's place at the tune of $35. Then I have to make another appointment with that same doctor because I need my prescriptions refilled, another $35. The solution is; it's the same location, my files are there, why can't the doctor read the files and not have to turn around and charge me every time I go in there just to get a prescription refill or just to see me as a new patient, I'm not a new patient! If I went to a different facility, that's different, I understand that. The solution is don't charge people as new patients if they've got a history of going there. There should not be a fee to make an appointment just for your regular stuff, but first you've got to have a new patient meeting. Stop the new patient stuff, have your doctors look at their file and eliminate it (the $35 fee). They know what drugs you're on and they can write the prescription for them saving time, saving money on the consumers part and aggravation!"

Ted K. stated that he agreed with Mike Williams' statement. It is a problem. "I wanted to thank all of the people who participated and coordinated the event at the fair barns. My neighbors and I enjoyed the information and the input that the people had, they were very hospitable and I want to thank everybody that helped coordinate that because it takes a lot of work. Maybe you could share that information with the people that do the fair in October."

7. Old Business- None

8. New Business-

A. Board Education- Compliance - Phillip Stubblefield provided an overview of what compliance is, the scope of the compliance program and key risk areas for board members to be aware of. Organizations that participate in federal healthcare programs are required to have a compliance program.

9. Finance Committee- Serina Bartoo, Chairperson

A. August Financial Report - Ming Huang, CFO. Total patient days were 72, one day less than July. Outpatient visits were 707, 84 less than July. The RHC had 642 visits, 83 more than July and the ER had 743 visits, 61 more than July. Outpatient, Physical therapy and sleep studies saw decreases in August.

Gross patient revenue in August was $6,359,438. Net patient revenue was $ 2,419,238. After adding other operating revenue and non-operating revenue, we have a total operating revenue of

$3,574,657. Total operating expense was $2,782,173. Supplies were higher than budget due to the 340B drug expenses. Utilities were $70,429. Our regular electricity bill is approximately $40,000 per month. The bill in August was $53,000. Other operating expenses include $32,000 for recruitment. EBITDA was positive at $792,484 for August. Year to date EBITDA is $1,680,394 which is a 23% margin.

On the finance and operations dashboard, there are three lines in red due to a discrepancy of 5% of budget. These include EBITDA, net income and percentage of payroll expense compared to net revenue. These are in red due to lower patient revenue in July.

Serina Bartoo reported that the Finance Committee also discussed HDAA funds and becoming more self-sufficient as HDAA funds will tapper down.

Serina Bartoo motioned approval of the August financial report based on the recommendation of the Finance Committee. Greg D'Amour seconded. Motion carried unanimously.

10. Board Quality- Greg D'Amour, Chairperson, reported that Board Quality met on Wednesday and reviewed all of the following policies.

A. Policy Review – Marsha Sensat, Interim CNO explained the need and reason for each of the policies below in detail.

- Doula support within SVH and Clinics – Marsha Sensat
- Employee Health Vaccine Standing Order
- Emergency Cart Medications
- Occupation Exposure to Blood Borne Pathogens
- Standing Orders
- Vancomycin Pharmacokinetic Dosing Policy
- MRSA and HAI Screening and Prevention
- IP Control Guidelines Coronavirus Disease (COVID-19)

Greg D'Amour stated that all of these policies have been approved by medical staff. They have been approved by Board Quality. Greg D'Amour motioned on the recommendation of the Board Quality Committee, approval of all policies as presented. Bruce Swingle asked what the employee vaccination rules are based on. Is it CDC or CMS protocols? The answer is yes, both. Edna Trager seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - Heather Milton, HR Director. There is only slight movement in the staffing matrix. There was a bit of a jump in FTE utilization, but we are still trending down to 185. Six-month trends remain stable in the right areas. Vacancies have changed since the last report. There are less vacancies due to identifying positions that we don't need and filling others. Turnover is not as bad as it looks with the fiscal year only being two months old. Current response and action plans will always be tied back to our satisfaction survey feedback from employees. We are almost done with nursing leadership restructuring. We have one more position to fill. Our Med Surg manager is in place as well as our clinical educator. The weekend house supervisor is the only remaining position needed to complete the nursing leadership restructuring. We are actively interviewing candidates for the permanent CNO position. We are looking for an interim Director of Provider services.

The first targeted leadership training program was successfully completed on September 17th. These will continue quarterly. Our onboarding and orientation team will do a run through on October first and the first session will be on October 8th. This is for new hires and current employees. Current employees will attend one session annually. We are still looking for a physical therapist.

B. CNO Report - Marsha Sensat, ICNO. The Med Surg manager, Selena Polanco, and Shauna will be promoting our Swing bed program with hospitals in Las Cruces, El Paso and Albuquerque soon. This program is beneficial to our community and our organization. The morale in the hospital has improved in the last couple of months. The nursing staff and providers are open to education. We have conducted three code drills in the ER with the assistance of EMS. After the drills, we have discussion about what we could have done better. We are developing skill fairs that all nurses will be required to attend, and these will be held every quarter to ensure our staff is ready for all patients.

We often have patients that come to the ER that don't want to be admitted because they have animals at home. We put together a program called SVH Boarding Process for Patients' Animals. We will take care of the patient, and we will take care of their animal. The TorC city animal shelter, Arenas Valley Animal Clinic of Sierra County and the Dog Shak are all part of this program.

Since our OR closed, we will be using disposable surgical instruments and will no longer run the sterile processing department. The regulations are very tight and there is too much risk for us. This will apply in the clinic as well as the ER.

The CARA and Doula policies are in place, and education has been provided to staff.

C. CEO Report - Shauna Cameron, CEO. The drawings for the EMS building are 50% done. Groundbreaking should take place in January with project completion nine months later. Meetings are held with the VA each month and are expanding to include more members of their staff and ours. We have meetings with Mountain View and 3 Crosses on October 6th with their CEOs and case management to discuss the Swing bed program. We want our patients from our community to come back to us for their recovery/ rehabilitation care after their procedure in Las Cruces.

Ovation came in and did an assessment on the clinic. Areas of improvement were identified, and we will make those improvements when the interim DOP comes on board. Phreesia software has been purchased for registration in the clinic. This will give the patient the option of self-registration which will make the clinic visit easier and more streamlined. It will take a while to build the platform with IT. Our new CT scanner is up and running. The new boiler has been ordered, and we are waiting for delivery.

The health fair was held on September 17th. It was very well received and attended. Over 450 people attended. A resource guide was created and handed out to the community. Town halls have been held in Hillsboro and there is another on October 16th in Kingston. The feedback from the events have been incredibly positive.

The 5K run walk will be held on October 24th at 9:00. We want to make it bigger this year than last year with more participants and sponsors. This is one of the two times per year that we can go across the damn. The proceeds go to Sierra County Cancer Society.

D. Governing Board - Bruce Swingle, Chair, stated that he has received calls from the community asking why we are losing another provider. Discussion was held regarding this issue. Shauna added that we do have Jared Holman, NP, who has started seeing patients in the clinic. He is the only male provider that we have had on staff in awhile and he is being well received. Shauna will investigate the new patient charge and follow up visit charge as Mike Williams brought up in public comment.

Motion to Close Meeting:

Greg D'Amouor motioned to close the meeting. Serina Bartoo seconded. Bruce Swingle read the following:

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

Order of business to be determined by Chairperson:

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

A. Privileges — Shauna Cameron, CEO

Initial Appointment:
Jared Holman, NP

Two-year Reappointment:
Armando Beltran, MD (ESS)
Chandran Vedamanikam, MD

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

A. Risk Report — Laura Ledebur, Risk

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

A. Ovation Report to Board — Erika Sundrud, Ovation
   1. Quarterly Strategic Update
B. Master Facility Update — Shauna Cameron, CEO
C. Quality Report/ Update — Laura Ledebur, Quality
D. Committee Review Summaries — Laura Ledebur, Quality
E. CEO Discussion with Board — Shauna Cameron, CEO

Roll Call to Close Meeting:

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

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

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

A. Privileges

Initial Appointment:
Jared Holman, NP

Two-year Reappointment:
Armando Beltran, MD (ESS)
Chandran Vedamanikam, MD

Jesus Baray motioned based on the recommendation of the Board Quality Committee, approval of all above listed privileges. Serina Bartoo seconded. Motion carried unanimously.

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

A. Risk Report — No Action

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

A. Ovation Report to Board — No Action
   1. Quarterly Strategic Update — No Action
B. Master Facility Update — No Action
C. Quality Report/ Update — No Action
D. Committee Review Summaries — No Action
E. CEO Discussion with Board — Discussion

14. Other — Discussion

Next Regular Meeting- October 29, 2026 at 12:00. Finance Committee will meet at 11:00 or 11:30 depending on the agenda and Board Quality will meet on Wednesday, October 28th at 10:00.

15. Adjournment

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

_____

Jennifer Burns, Recording Secretary

_____ _____

Bruce Swingle, Chairperson — Approved

SIERRA VISTA HOSPITAL
GOVERNING BOARD SPECIAL MEETING MINUTES

October 12, 2026 **2:15pm** **SVH Boardroom**

1. The Governing Board of Sierra Vista Hospital met October 12, 2026 at Sierra Vista Hospital for a special closed session meeting. Bruce Swingle, Chairperson, called the meeting to order at 2:18.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

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

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

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

There is a quorum of voting Governing Board members.

Ex-Officio:
Shauna Cameron, CEO, Present
Deb Stubblefield, JPC Chair, Present

Before Bruce Swingle convened the meeting, Sandy Jones stated his objection to item B as a closed session item declaring it a political move . Further, if the board proceeds, he will report this to the Attorney General.

Call to order-

4. Approval of Agenda Bruce Swingle, Chair

Serina Bartoo motioned to approve the agenda. Greg D'Amour seconded. Motion carried unanimously.

No conflicts of interest.

Motion to close the meeting:

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

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

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

A. Copper Flat Mine	Shauna Cameron, CEO
B. Candidate Debate Fallout	Shauna Cameron, CEO

Roll call vote to close meeting:

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

6. 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) 9 – Public Hospital Board Meetings. Strategic and long-range business plans.

A. Copper Flat Mine

Edna Trager motioned that the hospital proceed with support of the economic health of our community by submitting (a letter of) support of Copper Flat Mine. Greg D'Amour seconded. Bruce Swingle pointed out that in the discussion of this topic; if this passes, the board is supporting the mine because it is in the best interest of this community. It will provide revenue for the community, for the hospital, for the schools, and for the community at large. We support all of our businesses and the community, and this one is a real game changer for the community. It's not about politics, it's about what's in the best interest of the community. Motion carried unanimously.

B. Candidate Debate Fallout

No Action

7. Adjournment-

Serina Bartoo motioned to adjourn. Jesus Baray seconded. Motion carried unanimously.

_____

Jennifer Burns, Recording Secretary

_____ _____

Bruce Swingle, Chairperson Approved

SIERRA VISTA HOSPITAL AND CLINICS

Financial Analysis

September 30th, 2026

Days Cash on Hand for September 2026 are 251 which equals $23,844,591

Accounts Receivable Net days are 37

Accounts Payable days are 20

Hospital Excess Revenue over Expense

The **Net Income** for the month of September was $604,239 vs. a Budget Income of $500,218.

Hospital Gross Revenue for September was $6,029,593 or $732,196 more than the budget. Patient Days were 96 – 24 more than August. Outpatient visits were 773 – 66 more than August. RHC visits were 569 – 73 less than August and ER visits were 675 – 68 less than August.

Revenue Deductions for September were $3,360,014.

Other Operating Revenue was $956,714, including $357,806 pharmacy 340B income.

Non-Operating Revenue was $263,340. Received $23,115 donation from development organization for patient beds.

Hospital Operating Expenses for September were $2,838,744. Supplies were higher because of dug expenses for pharmacy 340B program. Other Operating Expenses included the cyber security platform (Arctic Wolf) of $51,745. At the same time, we reversed the recruitment expenses of $37,500 due to the company being dissolved.

EBITDA for September was $1,050,889 vs. a Budget of $930,729. YTD EBITDA is $2,693,783 vs. a Budget of $2,854,235.

The Bond Coverage Ratio in September was 570% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
September 30, 2026

MONTH						BENCHMARK RANGE		YEAR TO DATE				
Actual 9/30/26	Budget 9/30/26	Variance to Budget	Prior Year 9/30/25	Variance to Prior Year	DESCRIPTION	QHR 75th	QHR 50th	Actual 9/30/26	Budget 9/30/26	Variance to Budget	Prior Year 09/30/25	Variance to Prior Year
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	-1%				
					Admissions							
26	34	(8)	19	7	Acute	227	131	82	102	(20)	56	26
3	2	1	2	1	Swing	26	18	4	6	(2)	7	(3)
29	**36**	**(7)**	**21**	**8**	**Total Admissions**	**252**	**149**	**86**	**108**	**(22)**	**63**	**23**
3.3	2.9	0.4	2.9	0.4	ALOS (acute and swing)	3.3	4.0	2.8	2.9	(0)	3.3	(0.48)
96	103	(7)	61	35	Patient Days (acute and swing)			241	309	(68)	207	34
773	869	(96)	950	(177)	Outpatient Visits	13,714	7,907	2,271	2,607	(336)	2,842	(571)
569	623	(54)	701	(132)	Rural Health Clinic Visits	5,822	4,738	1,770	1,869	(99)	2,098	(328)
675	703	(28)	624	51	ER Visits	2,613	2,021	2,100	2,109	(9)	2,070	30
4%	5%	-1.0%	3%	1%	ER Visits Conversion to Acute Admissions	10%	6%	4%	5%	-1%	3%	1%
					Profitability							
27%	15%	12%	29%	-2%	EBITDA % Net Rev	7%	4%	24%	15%	9%	26%	-2%
16%	15%	1%	18%	-3%	Operating Margin %	2%	2%	12%	15%	-3%	14%	-2%
56%	46%	10%	47%	9%	Rev Ded % Net Rev	47%	50%	58%	46%	12%	56%	2%
10%	2%	8%	4%	6%	Bad Debt % Net Pt Rev	2%	6%	13%	2%	11%	10%	3%
89%			92%		Outpatient Revenue %	83%	78%	89%			92%	-3%
$ 22,871			$ 5,109	$17,761	Gross Patient Revenue/Adjusted Admission			$22,871			$ 5,109	$17,761
$ 10,126			$ 2,722	$7,404	Net Patient Revenue/Adjusted Admission			$10,126			$ 2,722	$7,404
42%	40%	2%	40%	2%	Salaries % Net Pt Rev	35%	40%	46%	40%	6%	47%	-1%
9%	7%	2%	8%	1%	Benefits % Net Pt Rev	11%	12%	10%	7%	3%	9%	1%
11%	8%	3%	6%	5%	Supplies % Net Pt Rev	10%	13%	11%	8%	3%	8%	3%
					Cash and Liquidity							
251					Days Cash on Hand	236	106	251			158	93
54					A/R Days (Gross)	47	57	54			65	(11)
37					A/R Days (Net)	41	53	37			44	(7)
20					Days in AP	30	35	20			24	(4)
10.7					Current Ratio	4.3	2.6	10.7			7.7	3.0

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

Description	Month Ending 6/30/2027	Month Ending 5/31/2027	Month Ending 4/30/2027	Month Ending 3/31/2027	Month Ending 2/28/2027	Month Ending 1/31/2027	Month Ending 12/31/2026	Month Ending 11/30/2026	Month Ending 10/31/2026	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026
Admissions												
Acute										26	27	29
Swing										3	1	-
Total Admissions	-	-	-	-	-	-	-	-	-	29	28	29
ALOS (acute and swing)	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.3	2.6	2.5
Patient Days (acute and swing)										96	72	73
Outpatient Visits										773	707	791
Rural Health Clinic Visits										569	642	559
ER Visits										675	743	682
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4%	4%	4%
Clinic Visits												
RHC & Walk-In										675	642	559
Behavioral Health										312	329	323
Total Visits	-	-	-	-	-	-	-	-	-	987	971	882
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	27%	22%	23%
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	16%	10%	11%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	56%	62%	57%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10%	17%	12%
Outpatient Revenue %										89%	90%	90%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 22,871	$ 22,712	$ 18,663
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 10,126	$ 8,640	$ 8,084
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	42%	48%	48%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9%	10%	11%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11%	10%	12%
Cash and Liquidity												
Days Cash on Hand	-	-	-	-	-	-	-	-	-	251	253	237
A/R Days (Gross)	-	-	-	-	-	-	-	-	-	54	58	62
A/R Days (Net)	-	-	-	-	-	-	-	-	-	37	39	42
Days in AP	-	-	-	-	-	-	-	-	-	20	16	19
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10.7	11.9	11.6

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

Description	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026	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
Admissions												
Acute	26	27	29	25	30	35	27	32	29	40	31	29
Swing	3	1	-	3	4	3	2	4	2	-	1	2
Total Admissions	**29**	**28**	**29**	**28**	**34**	**38**	**29**	**36**	**31**	**40**	**32**	**31**
ALOS (acute and swing)	3.3	2.6	2.5	3.1	4.5	2.3	4.9	3.5	4.1	2.5	3.3	3.2
Patient Days (acute and swing)	96	72	73	87	153	88	142	127	128	98	106	98
Outpatient Visits	773	707	791	824	821	918	929	855	824	807	669	935
Rural Health Clinic Visits	569	642	559	531	528	587	614	649	703	568	525	669
ER Visits	675	743	682	692	751	676	713	650	703	845	631	704
ER Visits Conversion to Acute Admissions	4%	4%	4%	4%	4%	5%	4%	5%	4%	5%	5%	4%
Clinic Visits												
RHC & Walk-In	675	642	559	531	528	587	614	649	703	568	525	669
Behavioral Health	312	329	323	277	322	307	348	304	308	301	254	349
Total Visits	**987**	**971**	**882**	**808**	**850**	**894**	**962**	**953**	**1,011**	**869**	**779**	**1,018**
Profitability												
EBITDA % Net Rev	27%	22%	23%	24%	55%	27%	29%	44%	10%	30%	28%	0%
Operating Margin %	16%	10%	11%	13.6%	47.6%	15.2%	17.5%	34%	-3%	20%	16%	-15%
Rev Ded % Net Rev	56%	62%	57%	59%	48%	54%	52%	37%	61%	51%	57%	67%
Bad Debt % Net Pt Rev	10%	17%	12%	10.1%	12.1%	8.3%	10.0%	4%	17%	7%	10%	13%
Outpatient Revenue %	89%	90%	90%	91%	87%	86%	88%	86%	86%	87%	86%	86%
Gross Patient Revenue/Adjusted Admission	$ 22,871	$ 22,712	$ 18,663	$ 6,061	$ 6,572	$ 4,334	$ 7,810	$ 5,431	$ 6,315	$ 4,236	$ 4,444	$ 6,807
Net Patient Revenue/Adjusted Admission	$ 10,126	$ 8,640	$ 8,084	$ 2,507	$ 3,388	$ 1,981	$ 3,781	$ 3,431	$ 2,475	$ 2,082	$ 1,928	$ 2,264
Salaries % Net Pt Rev	42%	48%	48%	46%	43%	45%	44%	33%	65%	40%	50%	76%
Benefits % Net Pt Rev	9%	10%	11%	10%	8%	10%	8%	7%	14%	8%	7%	14%
Supplies % Net Pt Rev	11%	10%	12%	10%	12%	7%	6%	6%	11%	8%	8%	12%
Cash and Liquidity												
Days Cash on Hand	251	253	237	278	243	208	209	187	175	189	159	154
A/R Days (Gross)	54	58	62	68	65	67	62	63	68	62	66	61
A/R Days (Net)	37	39	42	44	41	39	37	39	49	37	41	37
Days in AP	20	16	19	25	12	12	18	15	16	14	19	19
Current Ratio	10.7	11.9	11.6	9.0	10.7	9.6	9.5	9.8	8.3	9.7	9.5	8.0

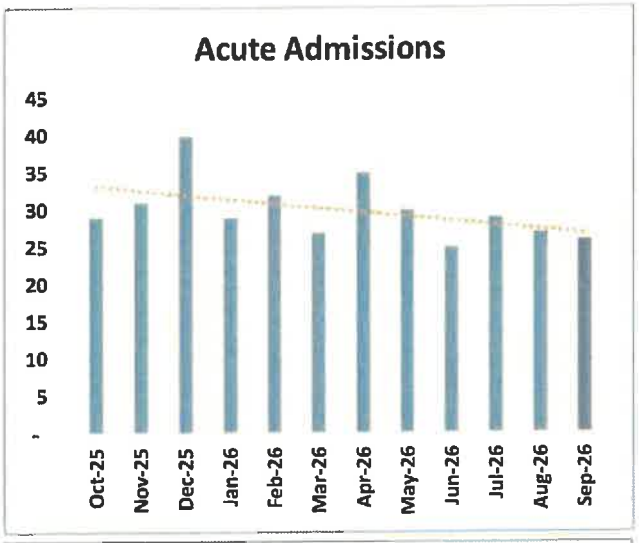
Sierra Vista Hospital
Detailed Stats by Month
9/30/2026
(SUBJECT TO AUDIT)

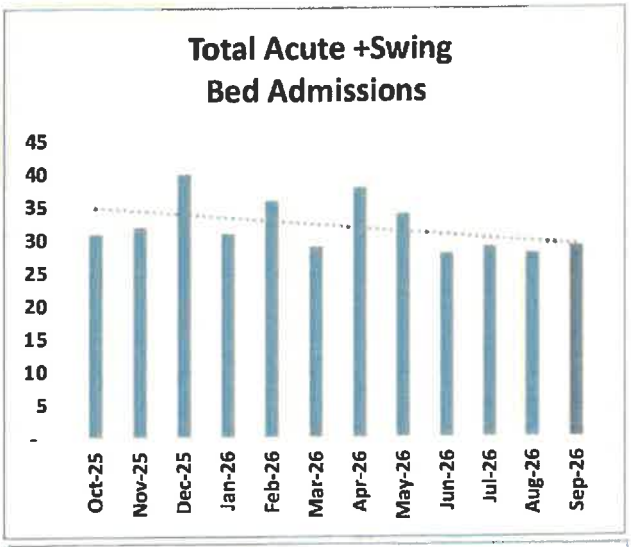
	FY2027	Avg FY2027	Month Ending 6/30/2027	Month Ending 5/31/2027	Month Ending 4/30/2027	Month Ending 3/31/2027	Month Ending 2/28/2027	Month Ending 1/31/2027	Month Ending 12/31/2026	Month Ending 11/30/2026	Month Ending 10/31/2026	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026
Description														
Total Acute Patient Days	211	70										81	66	64
Total Swingbed Patient Days	30	10										15	6	9
Total Acute Hours (based on Disch Hrs)	5,064	1,688	-	-	-	-	-	-	-	-	-	1,952	1,590	1,522
TOTAL ACUTE														
Patient Days	211	70										81	66	64
Admits	82	27										26	27	29
Discharges	79	26										25	25	29
Discharge Hours	5,064	1,688										1,952	1,590	1,522
Avg LOS	2.7	2.7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.2	2.6	2.2
Medicare Acute														
Patient Days	151	50										70	51	30
Admits	47	16										17	18	12
Discharges	47	16										18	17	12
Discharge Hours	3,629	1,210										1,690	1,230	709
Avg LOS	3.2	3.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.9	3.0	2.5
SWING - ALL (Medicare/Other)														
Patient Days	30	10										15	6	9
Admits	4	1										3	1	0
Discharges	5	2										3	1	1
Discharge Hours	757	252										356	175	226
Avg LOS	6.0	6.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.0	6.0	9.0
Observations														
Patient Days	70	23										15	29	26
Admits	46	15										12	19	15
Discharge Hours	1,672	557										348	702	622
Emergency Room														
Total ER Patients	2,100	700										675	743	682
Admitted	66	22										19	24	23
Transferred	224	75										76	84	64
Ambulance														
Total ALS/BLS	657	219											341	316
911 Calls	520	173											267	253
Transfers	137	46											74	63
OP Registrations	2,271	757										773	707	791
Rural Health Clinic														
Total RHC Visits	1,770	590										569	642	559
Avg Visits per day	83	28										29	29	25
Behavioral Health														
Patients Seen	964	321										312	329	323

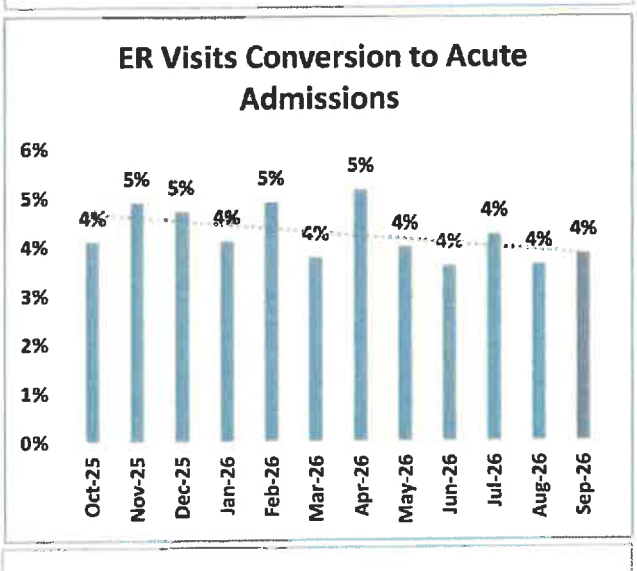
Sierra Vista Hospital
Detailed Stats by Month
9/30/2026
(SUBJECT TO AUDIT)

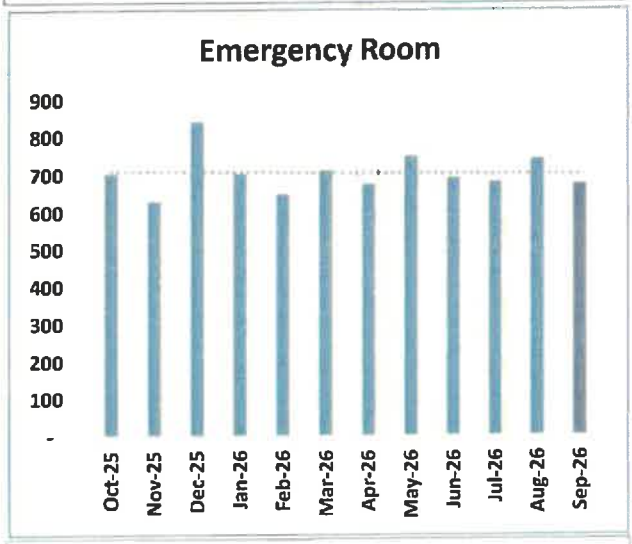
	FY2027	Avg FY2027	Month Ending 6/30/2027	Month Ending 5/31/2027	Month Ending 4/30/2027	Month Ending 3/31/2027	Month Ending 2/28/2027	Month Ending 1/31/2027	Month Ending 12/31/2026	Month Ending 11/30/2026	Month Ending 10/31/2026	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026
Dietary														
Inpatient Meals	1,820	607										669	595	556
Outpatient Meals	462	154										154	182	126
Cafeteria Meals	13,354	4,451										3,978	4,526	4,850
Functions	737	246										212	286	239
Laboratory														
In-house Testing	54,974	18,325										17,876	19,585	17,513
Sent Out Testing	2,175	725										727	718	730
Drugscreens	83	28										22	23	38
Physical Therapy														
PT Tx Units	2,185	728										701	721	763
OT Tx Units	16	5										16	-	-
ST Tx Units	88	29										-	44	44
Radiology														
X-Ray Patients	1,311	437										420	462	429
CT Patients	1,319	440										438	452	429
Ultrasound Patients	287	96										100	98	89
Mammogram Patients	50	17										20	30	-
MRI Patients	152	51										58	57	37
Nuclear Medicine Patients	6	2										4	-	2
DEXA	14	5										8	6	-
Sleep Study														
Home Testing	24	8										12	6	6
Inhouse	21	7										11	2	8

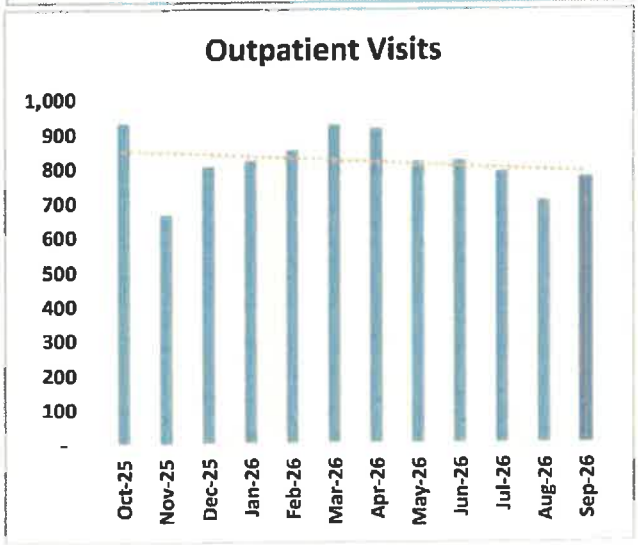
Volume Trends

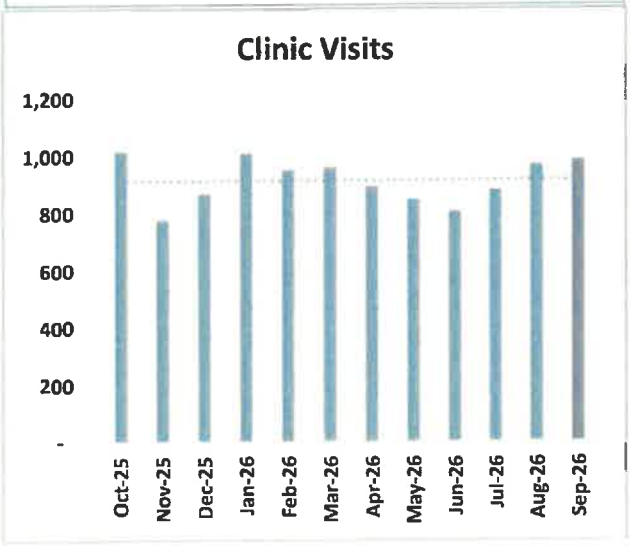












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Sierra Vista Hospital
INCOME STATEMENT
September 30, 2026

MONTH						YEAR TO DATE				
Actual 9/30/26	Budget 9/30/26	Variance to Budget	Prior Year 9/30/25	Variance to Prior Year	DESCRIPTION	Actual 9/30/26	Budget 9/30/26	Variance to Budget	Prior Year 9/30/25	Variance to Prior Year
$ 6,029,593	$ 5,297,397	$ 732,196	$ 5,364,961	$664,632	Gross Patient Revenue	$ 17,801,254	$ 16,245,352	$ 1,555,902	$ 16,940,005	$861,249
					Revenue Deductions					
$ 2,750,341	2,328,413	421,928	2,149,035	$601,306	Contractual Allowances	8,486,677	7,140,466	1,346,211	7,823,326	$663,351
$ 312,537	251,546	60,990	130,496	$182,041	Bad Debt	1,106,297	771,408	334,889	807,883	$298,414
$ 297,136	302,894	(5,758)	228,545	$68,592	Other Deductions	775,212	928,876	(153,664)	842,055	(66,844)
$ 3,360,014	$ 2,882,853	$ 477,160	$ 2,508,076	$ 851,938	Total Revenue Deductions	$ 10,368,186	$ 8,840,750	$ 1,527,436	$ 9,473,265	$ 894,921
$ -	0	(0)	851	($851)	Other Patient Revenue	0	0	(0)	35,176	(35,176)
$ 2,669,580	$ 2,414,544	$ 255,035	$2,857,736	($188,157)	Net Patient Revenue	$ 7,433,068	$ 7,404,602	$ 28,466	$ 7,501,916	$ (68,849)
44%	46%	(1%)	53%	(9%)	Gross to Net %	42%	46%	(4%)	44%	(3%)
$ 956,714	984,347	(27,633)	635,748	$320,966	Other Operating Revenue	2,966,389	3,018,664	(52,275)	2,459,546	506,843
$ 263,340	234,562	28,778	376,662	($113,322)	Non-Operating Revenue	843,719	719,325	124,395	1,505,164	(661,445)
$ 3,889,634	$ 3,633,453	$ 256,180	$ 3,870,147	$ 19,487	Total Operating Revenue	$ 11,243,176	$ 11,142,591	$ 100,586	$ 11,466,627	(223,451)
					Expenses					
$ 1,379,276	$1,413,285	($34,009)	$1,407,966	($28,690)	Salaries & Benefits	$4,197,661	$4,334,074	(136,413)	$4,279,254	($81,593)
$ 1,122,255	1,167,449	(45,194)	1,133,388	(11,132)	Salaries	3,408,539	3,580,177	(171,638)	3,526,593	(118,054)
$ 241,059	226,838	14,221	242,697	(1,638)	Benefits	734,233	695,637	38,596	681,441	52,793
$ 15,962	18,998	(3,036)	31,881	(15,919)	Other Salary & Benefit Expense	54,889	58,260	(3,371)	71,221	(16,332)
$ 288,997	183,072	105,925	176,933	112,064	Supplies	801,811	561,420	240,391	574,549	$227,262
$ 635,490	624,267	11,223	679,489	(43,999)	Contract Services	1,930,668	1,914,419	16,249	2,122,995	($192,327)
$ 203,814	196,458	7,355	206,800	(2,986)	Professional Fees	605,228	602,472	2,756	592,627	$12,602
$ 2,250	4,686	(2,436)	4,793	(2,542)	Leases/Rentals	9,311	14,371	(5,060)	15,790	($6,480)
$ 56,861	44,172	12,689	47,637	9,224	Utilities	174,989	135,462	39,527	160,574	$14,415
$ 51,839	46,048	5,791	35,678	16,161	Repairs / Maintenance	143,206	141,215	1,990	216,143	($72,938)
$ 166,845	155,080	11,764	137,741	29,104	Insurance	501,575	475,580	25,995	426,546	$75,029
$ 53,373	35,655	17,717	32,564	20,808	Other Operating Expenses	184,944	109,342	75,602	83,793	$101,151
$2,838,744	$2,702,725	$136,020	2,729,601	$109,144	Total Operating Expenses	$8,549,393	$8,288,355	$261,038	$8,472,271	$77,122
$1,050,889	$930,729	$120,160	$1,140,546	($89,656.64)	EBITDA	$2,693,783	$2,854,235	($160,452)	$2,994,356	($300,573)
27%	26%	1%	29%	(2%)	EBITDA Margin	24%	26%	(2%)	26%	(2%)
					Non - Operating Expenses					
$ 293,351	$286,259	$7,093	$290,764	$2,587	Depreciation and Amortization	896,647	$877,860	18,787	$888,714	$7,933
$ 93,834	94,584	($750)	96,429	($2,595)	Interest	282,170	290,058	(7,888)	$290,219	($8,049)
$ 59,465	49,669	$9,796	50,769	$8,695	Tax/Other	165,151	152,317	12,833	$154,811	$10,340
$446,650	$430,511	$16,139	$437,963	$8,687	Total Non Operating Expense	$1,343,967	$1,320,235	$23,732	$1,333,743	$10,224
604,239	$500,218	$104,021	$702,583	($98,344)	NET INCOME (LOSS)	$1,349,816	$1,534,001	($184,184)	$1,660,613	($310,796)
16%	14%	2%	18%	(3%)	Net Income Margin	12%	14%	(2%)	14%	(2%)

Sierra Vista Hospital
INCOME STATEMENT by Month
September 30, 2026

Description	Month Ending 6/30/2027	Month Ending 5/31/2027	Month Ending 4/30/2027	Month Ending 3/31/2027	Month Ending 2/28/2027	Month Ending 1/31/2027	Month Ending 12/31/2026	Month Ending 11/30/2026	Month Ending 10/31/2026	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026
Revenues												
Gross Patient Revenue										$ 6,029,593	$ 6,359,438	$ 5,412,223
Revenue Deductions												
Contractual Allowances										2,750,341	3,145,739	2,590,597
Bad Debt										312,537	482,773	310,988
Other Deductions										297,136	311,687	166,388
Total Revenue Deductions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,360,014	$ 3,940,199	$ 3,067,973
Other Patient Revenue										0	0	0
Net Patient Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,669,580	$ 2,419,238	$ 2,344,250
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	44%	38%	43%
Other Operating Revenue										956,714	877,065	1,132,610
Non-Operating Revenue										263,340	278,353	302,026
Total Operating Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,889,634	$ 3,574,657	$ 3,778,886
Expenses												
Salaries & Benefits	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,379,276	$1,423,539	$1,394,846
Salaries										1,122,255	1,170,754	1,115,530
Benefits										241,059	238,360	254,814
Other Salary & Benefit Expense										15,962	14,425	24,502
Supplies										288,997	238,703	274,112
Contract Services										635,490	569,179	725,999
Professional Fees										203,814	201,751	199,664
Leases/Rentals										2,250	3,246	3,815
Utilities										56,861	70,429	47,699
Repairs / Maintenance										51,839	45,896	45,471
Insurance										166,845	167,252	167,478
Other Operating Expenses										53,373	62,179	69,393
Total Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,838,744	$2,782,173	$2,928,475
EBITDA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,050,885	$792,484	$850,410
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	27%	22%	23%
Non - Operating Expenses												
Depreciation and Amortization										$293,351	$301,648	$301,648
Interest										93,834	94,057	94,278
Tax/Other										59,465	55,551	50,135
Total Non Operating Expenses	$0	$0	$0	$0	$0	$0	$0	$0	$0	$446,650	$451,256	$446,061
NET INCOME (LOSS)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$604,239	$341,228	$404,349
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	16%	10%	11%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
September 30, 2026

Description	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026	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
Revenues												
Gross Patient Revenue	$ 6,029,593	$ 6,359,438	$ 5,412,223	$ 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
Revenue Deductions												
Contractual Allowances	2,750,341	3,145,739	2,590,597	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
Bad Debt	312,537	482,773	310,988	263,861	396,333	226,727	303,690	117,089	388,353	218,764	229,673	258,219
Other Deductions	297,136	311,687	166,388	457,815	293,531	307,529	340,611	265,423	223,434	387,967	316,036	387,955
Total Revenue Deductions	$ 3,360,014	$ 3,940,199	$ 3,067,973	$ 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
Other Patient Revenue	0	0	0	0	0	0	0	0	1	577	2,325	0
Net Patient Revenue	$ 2,669,580	$ 2,419,238	$ 2,344,250	$ 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
Gross to Net %	44%	38%	43%	41.4%	52%	46%	48%	63%	39%	49%	43%	33%
Other Operating Revenue	956,714	877,065	1,132,610	1,043,614	1,778,901	816,930	677,362	821,998	984,589	871,800	1,053,020	881,478
Non-Operating Revenue	263,340	278,353	302,026	473,975	2,106,701	304,617	378,865	400,469	311,824	216,800	328,177	319,842
Total Operating Revenue	$ 3,889,634	$ 3,574,657	$ 3,778,886	$ 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
Expenses												
Salaries & Benefits	1,379,276	1,423,539	1,394,846	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
Salaries	1,122,255	1,170,754	1,115,530	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
Benefits	241,059	238,360	254,814	234,042	238,819	263,172	230,241	212,886	266,230	227,504	138,533	247,665
Other Salary & Benefit Expense	15,962	14,425	24,502	20,679	13,421	24,683	24,496	34,068	15,800	26,099	37,585	18,190
Supplies	288,997	238,703	274,112	230,534	337,464	181,100	157,095	174,806	217,563	221,434	163,803	206,937
Contract Services	635,490	569,179	725,999	589,000	690,520	544,503	580,655	501,696	632,927	615,293	652,646	627,604
Professional Fees	203,814	201,751	199,664	214,934	210,466	210,973	210,514	203,574	222,320	196,113	207,101	205,305
Leases/Rentals	2,250	3,246	3,815	2,922	2,922	4,032	2,912	2,912	4,738	4,834	4,493	6,349
Utilities	56,861	70,429	47,699	53,955	50,022	47,654	47,650	38,565	37,754	36,645	43,104	38,129
Repairs / Maintenance	51,839	45,896	45,471	80,601	48,698	57,418	51,624	37,987	43,807	42,173	47,233	72,216
Insurance	166,845	167,252	167,478	214,138	151,551	151,554	151,137	151,554	155,427	137,689	124,655	139,057
Other Operating Expenses	53,373	62,179	69,393	217,652	63,361	41,800	28,337	23,063	28,519	68,056	34,381	55,486
Total Operating Expenses	$2,838,744	$2,782,173	$2,928,475	$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
EBITDA	$1,050,889	$792,484	$850,410	$916,558	$3,721,223	$973,585	$1,109,185	$1,904,011	$333,666	$1,172,957	$961,526	$11,374
EBITDA Margin	27%	22%	23%	23.8%	55%	27%	29%	44%	10%	30%	28%	0%
Non - Operating Expenses												
Depreciation and Amortization	293,351	301,648	301,648	251,071	346,178	281,674	289,679	265,799	289,486	253,406	290,466	298,662
Interest	93,834	94,057	94,278	94,499	94,718	94,936	95,153	95,368	95,583	95,796	96,161	96,219
Tax/Other	59,465	55,551	50,135	45,729	56,968	43,682	58,799	66,569	31,530	57,702	37,089	55,205
Total Non Operating Expenses	$446,650	$451,256	$446,061	$391,299	$497,863	$420,291	$443,631	$427,736	$416,598	$406,904	$423,717	$450,087
NET INCOME (LOSS)	$604,239	$341,228	$404,349	$525,258	$3,223,360	$553,293	$665,554	$1,476,274	($82,932)	$766,053	$537,809	($438,713)
Net Income Margin	16%	10%	11%	13.6%	48%	15%	18%	34%	(3%)	20%	16%	(15%)

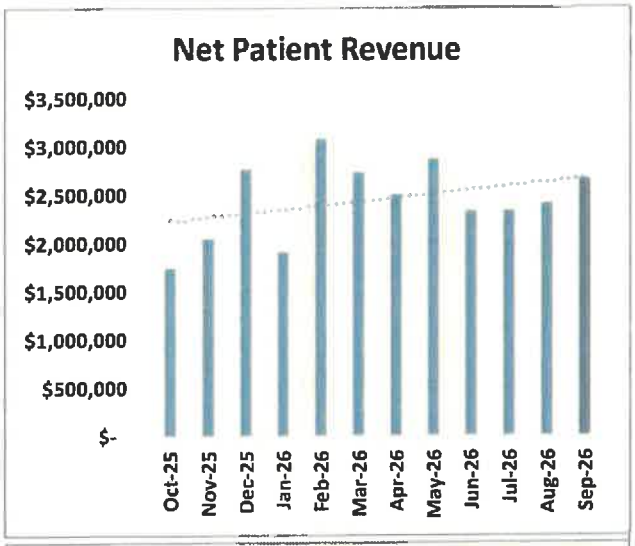
Sierra Vista Hospital
BALANCE SHEET
September 30, 2026

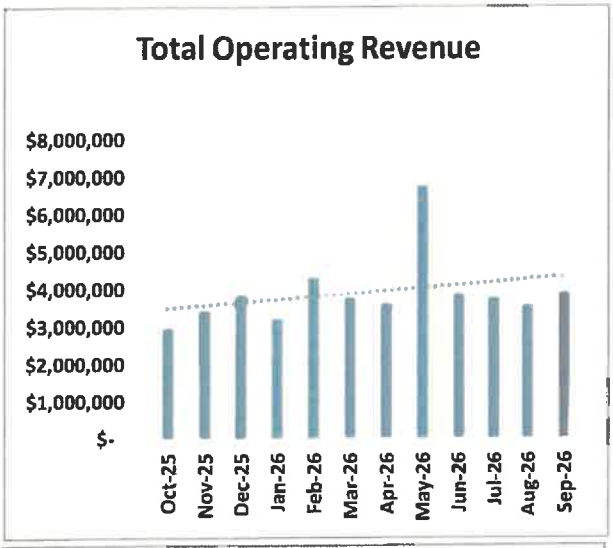
September 30, 2026 (Unaudited)	DESCRIPTION	June 30, 2026 (Unaudited)
	Assets	
	Current Assets	
$ 23,682,937	Cash and Liquid Capital	$ 24,685,172
$ 161,654	US Bank Clearing	$ 755,915
$ 23,844,591	**Total Cash**	**$ 25,441,086**
$ 10,672,173	Accounts Receivable - Gross	$ 12,105,187
$ 7,587,889	Contractual Allowance	$ 8,546,720
$ 3,084,284	**Total Accounts Receivable, Net of Allowance**	**$ 3,558,467**
$ 6,141,810	Other Receivables	$ 4,067,721
$ 395,074	Inventory	$ 482,636
$ 1,446,138	Prepaid Expense	$ 105,119
$ 34,911,896	**Total Current Assets**	**$ 33,655,029**
	Long Term Assets	
$ 60,285,596	Fixed Assets	$ 59,688,855
$ 27,119,129	Accumulated Depreciation	$ 26,222,482
$ 107,572	Construction in Progress	$ 60,801
$ 33,274,039	**Total Fixed Assets, Net of Depreciation**	**$ 33,527,175**
$ 33,274,039	**Total Long Term Assets**	**$ 33,527,175**
$ 2,379,394	**New Hospital Loan**	**$ 3,463,552**
$ 70,565,329	**Total Assets**	**$ 70,645,756**
	Liabilities & Equity	
	Current Liabilities	
$ 965,860	Account Payable	$ 1,136,271
$ 817,513	Interest Payable	$ 1,508,761
$ 57,465	Accrued Taxes	$ 45,540
$ 1,263,988	Accrued Payroll and Related	$ 910,993
$ 150,000	Cost Report Settlement	$ 150,000
$ 3,254,825	**Total Current Liabilities**	**$ 3,751,565**
	Long term Liabilities	
$ 26,221,764	Long Term Notes Payable	$ 27,034,311
$ 26,221,764	**Total Long Term Liabilities**	**$ 27,034,311**
$ -	**Unapplied Liabilities**	$ -
$ 242,749	**Capital Equipment Lease**	**$ 262,995**
$ 29,719,338	**Total Liabilites**	**$ 31,048,871**
$ 39,496,175	**Retained Earnings**	**$ 30,710,316**
$ 1,349,816	**Net Income**	**$ 8,886,569**
$ 70,565,329	**Total Liabilities and Equity**	**$ 70,645,756**

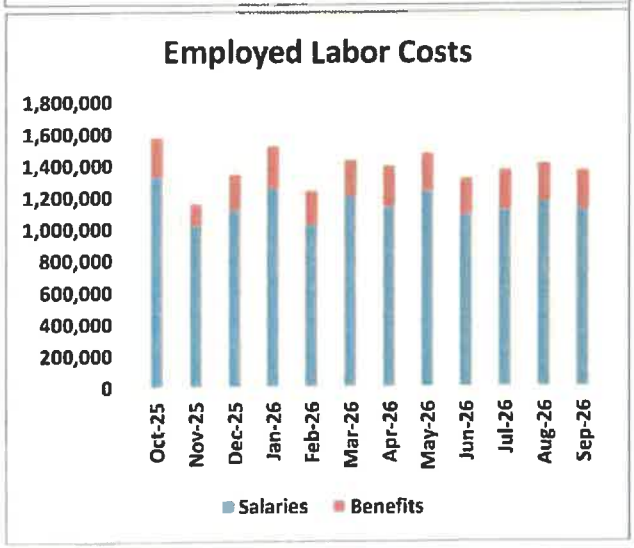
Sierra Vista Hospital
BALANCE SHEET by Month
September 30, 2026

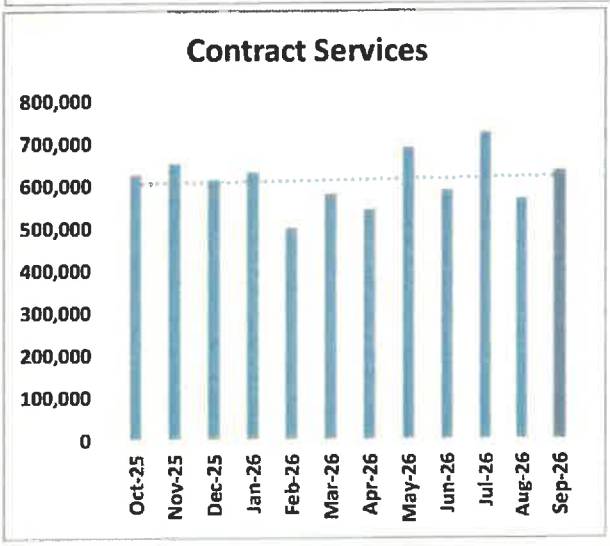
	Month Ending 6/30/2027	Month Ending 5/31/2027	Month Ending 4/30/2027	Month Ending 3/31/2027	Month Ending 2/28/2027	Month Ending 1/31/2027	Month Ending 12/31/2026	Month Ending 11/30/2026	Month Ending 10/31/2026	Month Ending 9/30/2026	Month Ending 8/31/2026	Month Ending 7/31/2026
Assets												
Current Assets												
Cash and Liquid Capital										23,682,937	23,883,246	23,939,835
US Bank Clearing										161,654	152,048	(49,418)
Total Cash	$0	$0	$0	$0	$0	$0	$0	$0	$0	$23,844,591	$24,035,293	$23,890,417
Accounts Receivable - Gross										10,672,173	11,378,896	11,561,901
Contractual Allowance										7,587,889	8,244,831	8,203,504
Total Accounts Receivable, Net of Allowance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,084,284	$ 3,134,065	$ 3,358,397
Other Receivables										6,141,810	5,232,811	4,544,509
Inventory										395,074	390,217	390,678
Prepaid Expense										1,446,138	1,604,395	1,773,525
Total Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$34,911,896	$34,396,781	$33,957,526
Long Term Assets												
Fixed Assets										60,285,596	59,737,918	59,688,855
Accumulated Depreciation										27,119,129	26,825,778	26,524,130
Construction in Progress										107,572	74,832	60,801
Total Fixed Assets, Net of Depreciation										33,274,039	32,986,973	33,225,527
Total Long Term Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,274,039	$ 32,986,973	$33,225,527
New Hospital Loan										$ 2,379,394	$ 2,259,469	$ 2,199,566
Total Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 70,565,329	$ 69,643,223	$ 69,382,618
Liabilities & Equity												
Current Liabilities												
Account Payable										965,860	788,154	1,006,653
Interest Payable										817,513	738,491	659,479
Accrued Taxes										57,465	54,951	49,716
Accrued Payroll and Related										1,263,988	1,155,442	1,052,124
Cost Report Settlement										150,000	150,000	150,000
Total Current Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$3,254,825	$2,887,038	$2,917,973
Long term Liabilities												
Long Term Notes Payable										26,221,764	26,264,885	26,307,824
Total Long Term Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$26,221,764	$26,264,885	$26,307,824
Capital Equipment Lease										242,749	249,548	256,297
Total Liabilites	$0	$0	$0	$0	$0	$0	$0	$0	$0	$29,719,338	$29,401,471	$29,482,094
Retained Earnings										$39,496,175	$39,496,175	$39,496,175
Net Income										$1,349,816	$745,577	$404,349
Total Liabilities and Equity	$0	$0	$0	$0	$0	$0	$0	$0	$0	$70,565,329	$69,643,223	$69,382,618

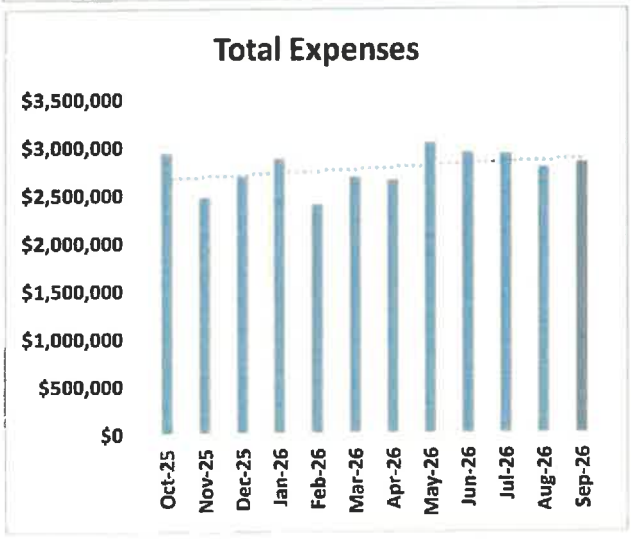
Financial Trends

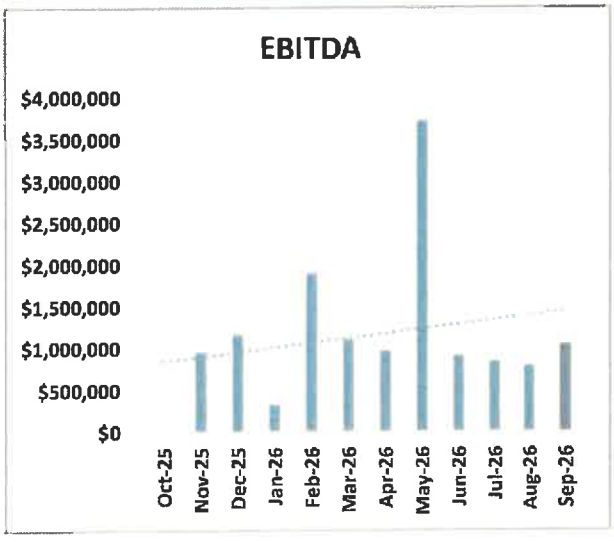












SIERRA VISTA HOSPITAL AND CLINICS	POLICY #
	PAGE: 1
SUBJECT/TITLE: EMTALA - Emergency Medical Screening, Stabilization and Transfer	OF:
	EFFECTIVE:
DEPARTMENT/SCOPE: Hospital-Wide / Emergency Services	OWNER: Emergency Services / Compliance

Purpose

To establish a consistent process for providing emergency medical screening examinations, stabilizing treatment, and appropriate transfers in compliance with the Emergency Medical Treatment and Labor Act (EMTALA), Section 1867 of the Social Security Act, 42 U.S.C. § 1395dd; 42 CFR §§ 489.20 and 489.24; CMS State Operations Manual, Appendix V; and applicable New Mexico requirements.

Policy:

The Hospital will provide an appropriate Medical Screening Examination (MSE) to any individual who comes to the Hospital and requests examination or treatment for a medical condition, or when a prudent layperson would believe emergency examination or treatment is needed. Emergency services will be provided without discrimination and without delay for inquiry regarding insurance, payment, or financial status.

If an Emergency Medical Condition (EMC) is identified, the Hospital will provide stabilizing treatment within its available capabilities and capacity or arrange an appropriate transfer in accordance with EMTALA. Critical Access Hospital status does not remove or reduce these obligations.

Definitions:

Comes to the Hospital/Dedicated Emergency Department: An individual presents to the dedicated emergency department or Hospital property and requests examination or treatment, a request is made on the individual's behalf, or the individual's appearance or behavior would cause a prudent layperson to believe emergency evaluation is needed.

Medical Screening Examination (MSE): An examination performed by a physician or other Qualified Medical Person (QMP), as authorized by Hospital Medical Staff documents, sufficient within Hospital capabilities to determine whether an EMC exists. Triage alone is not an MSE. The MSE may include ongoing reassessment, diagnostic testing, monitoring, and consultation.

Emergency Medical Condition (EMC): A condition manifesting by acute symptoms of sufficient severity, including severe pain, psychiatric disturbance, or symptoms of substance abuse, such that absence of immediate medical attention could reasonably be expected to place health in serious jeopardy, cause serious impairment of bodily functions, or cause serious dysfunction of a bodily organ or part. For a pregnant individual with contractions, an EMC includes inadequate time for safe transfer before delivery or when transfer may threaten the individual or unborn child.

Stabilized: No material deterioration of the EMC is reasonably likely, within reasonable medical probability, to result from or occur during transfer. For labor, stabilization generally means delivery of the child and placenta unless transfer otherwise meets EMTALA requirements.

Transfer: Movement of an individual outside Hospital facilities at the direction of a person employed by or affiliated with the Hospital, excluding movement after death or when an individual leaves without Hospital authorization.

Capacity/Capability: The Hospital's ability to accommodate and treat an individual considering available beds, personnel, equipment, specialty services, ancillary services, and customary practices for accommodating patients.

Equipment:

No equipment is specific to this policy. Equipment, medications, diagnostic services, monitoring, transportation resources, and life-support measures appropriate to the individual's condition will be used based on clinical need and Hospital capability.

Procedure:

1. Initial Presentation and Registration

- Promptly identify and evaluate any individual requesting emergency examination or treatment.
- Registration activities may occur before the MSE only when they do not delay screening or stabilizing treatment.
- Do not request payment, prior authorization, or financial arrangements in a manner that delays or discourages emergency evaluation or treatment.
- Individuals arriving by ambulance will not be denied an MSE solely because the Hospital is on diversion. EMS arrival does not eliminate Hospital EMTALA responsibilities.

An individual in a Hospital-owned and operated ground or air ambulance is considered to have come to the Hospital for EMTALA purposes even when the ambulance is off campus, unless the ambulance is operating under applicable community-wide EMS protocols that direct it to another hospital.

2. Medical Screening Examination
   - Every individual to whom EMTALA applies will receive an appropriate MSE by a physician or QMP authorized by the Governing Body/Medical Staff.
   - The MSE will be appropriate to the presenting signs and symptoms and reasonably calculated to determine whether an EMC exists. Individuals with similar presentations will be screened consistently within Hospital capabilities.
   - If no EMC exists, further care, discharge, referral, or admission proceeds under usual Hospital policies and standards of care.
3. Emergency Medical Condition / Stabilization
   - When an EMC exists, provide further examination and treatment necessary to stabilize the individual within Hospital capability and capacity.
   - Use available personnel, equipment, diagnostic services, telemedicine, on-call resources, and other routinely available capabilities as clinically appropriate.
   - When needs exceed Hospital capability or capacity, stabilize to the extent possible and initiate an appropriate transfer without unnecessary delay.
4. On-Call Medical Staff
   - Maintain an on-call list consistent with available Hospital resources and Medical Staff requirements.
   - On-call practitioners will respond within established Medical Staff timeframes. Failure or refusal to respond will be documented and escalated through Medical Staff and administrative leadership.
   - Necessary transfer will not be delayed when an on-call practitioner fails to respond and transfer is required for patient safety.
5. Appropriate Transfer of an Unstabilized Individual
   - An unstabilized individual may be transferred only when the treating physician certifies that expected medical benefits outweigh the increased risks of transfer, or the individual/legally authorized representative requests transfer after being informed of risks and benefits.
   - The physician certification will summarize the specific risks and benefits supporting transfer. QMP certifications will be countersigned when required by regulation.
   - Before transfer, confirm that the receiving facility has available space and qualified personnel and has agreed to accept the individual. Document the accepting facility and practitioner.

The transferring Hospital retains responsibility for meeting its EMTALA transfer obligations until the individual arrives on the campus of the receiving hospital.

- Send available records relevant to the EMC, including MSE, vital signs, diagnostic results, medications/treatments, consultations, transfer certification/consent, and documentation of any on-call practitioner refusal or failure to respond. Forward later-available records promptly.
- Use qualified transportation personnel and equipment appropriate to the individual's condition, including necessary life-support measures. The transferring practitioner determines the appropriate mode and level of transport.

6. Patient-Requested Transfer
- A competent individual or legally authorized representative may request transfer before stabilization. The request must be voluntary and made after explanation of the Hospital's obligations and the risks and benefits of transfer.
- Document the request in writing, including the reason for transfer and information provided to the individual/representative.

7. Receiving Transfers / Specialized Capability
- When the Hospital has specialized capabilities needed by an individual at another hospital, it will not refuse an appropriate transfer when it has the capacity to treat the individual.
- Acceptance decisions will be based on clinical capability and capacity, not insurance status or ability to pay. Document transfer requests and acceptance/denial decisions.

8. Refusal of Examination, Treatment, or Transfer
- Explain the recommended examination/treatment/transfer and reasonably foreseeable risks and benefits of refusal.
- Make reasonable efforts to obtain written informed refusal and document the services offered, information discussed, decision, decision-making capacity when relevant, and efforts to obtain written acknowledgment.
- Do not coerce or encourage an individual to refuse care.

9. Leaving Without Being Seen / Against Medical Advice
- Make reasonable efforts to encourage the individual to remain and, when possible, explain risks of leaving before completion of the MSE or stabilizing treatment.
- Document the circumstances, the individual's decision, and staff efforts. Do not suggest or encourage departure because of wait time, insurance, financial considerations, or other inappropriate reasons.

10. Psychiatric Emergencies
- Psychiatric disturbances may constitute an EMC. Individuals with suicidal ideation, homicidal ideation, acute psychosis, severe behavioral disturbance, or other potentially dangerous psychiatric symptoms will receive an appropriate MSE.
- When an EMC exists, provide stabilizing treatment within Hospital capability and arrange appropriate transfer when a higher level or specialized behavioral health service is required. Use of law enforcement or community resources does not eliminate EMTALA obligations.

11. Pregnancy / Labor
- Individuals with contractions, suspected labor, pregnancy-related emergency symptoms, or other potential obstetric emergencies will receive an appropriate MSE.
- A pregnant individual with contractions will not be transferred unless determined not to be in labor or transfer otherwise satisfies EMTALA. Document labor status, maternal/fetal condition as clinically indicated, and the basis, risks, and benefits of transfer.

12. Central Log and Signage

- Maintain a central log of each individual who comes seeking emergency assistance and record disposition, including refusal, examination/treatment, admission, discharge, stabilization/transfer, transfer before stabilization under EMTALA, LWBS, or AMA as applicable.
- Conspicuously post required EMTALA signs in locations likely to be noticed by individuals entering and waiting for emergency examination and treatment, including notice of examination/treatment rights and Medicaid participation as required.

13. Suspected Improper Transfer / Non-Retaliation

- Immediately report suspected EMTALA violations or potentially improper incoming transfers to Emergency Services leadership, Compliance/Risk Management, and appropriate medical leadership.
- The Hospital will make required reports to CMS or the appropriate state survey agency when it has reason to believe it received an individual transferred in an unstable EMC in violation of EMTALA.
- The Hospital will not penalize a physician/QMP who refuses to authorize an inappropriate transfer or an employee who reports a suspected EMTALA violation.

14. Education and Monitoring

- Provide EMTALA education to personnel involved in emergency care, registration, transfers, and on-call services upon hire/appointment and periodically thereafter.
- Compliance/Risk Management and/or QAPI will periodically review MSE completion, LWBS/AMA cases, transfers, physician certifications, receiving acceptance, transport level, on-call response, central-log accuracy, signage, and identified EMTALA concerns.

Documentation:

Documentation will support the MSE, determination of whether an EMC exists, stabilizing treatment, reassessments, consultations, disposition, refusal/AMA/LWBS when applicable, and all elements of an appropriate transfer. The Hospital will retain the central log, transfer records, medical records, and on-call lists for the periods required by federal and applicable state law. EMTALA-related transfer records and on-call lists will be retained for at least five years where required by 42 CFR § 489.20.

References:

- Emergency Medical Treatment and Labor Act (EMTALA), Social Security Act § 1867; 42 U.S.C. § 1395dd.
- 42 CFR § 489.20 - Basic commitments of hospitals participating in Medicare.
- 42 CFR § 489.24 - Special responsibilities of Medicare hospitals in emergency cases.
- CMS State Operations Manual, Appendix V - Interpretive Guidelines: Responsibilities of Medicare Participating Hospitals in Emergency Cases.
- 42 CFR Part 485 - Conditions of Participation applicable to Critical Access Hospitals.
- 7.27.5 NMAC - New Mexico air ambulance/interfacility transportation requirements, including EMTALA requirements.
- New Mexico Uniform Health-Care Decisions Act, NMSA 1978, §§ 24-7A-1 et seq., as applicable.

SIERRA VISTA HOSPITAL AND CLINICS	POLICY # 690-06-001
	PAGE: 1 OF 9 Revision: 10/09/2026
SUBJECT/TITLE: Respiratory Virus Masking and Source Control Policy	EFFECTIVE: 10/20/2026
DEPARTMENT/SCOPE: All Departments, Employees, Medical Staff, Volunteers, Students, Contractors, Vendors, Patients, and Visitors	OWNER: Infection Prevention / Employee Health

Purpose

To establish requirements for source control, masking, and respiratory protection to reduce transmission of respiratory viruses within Sierra Vista Hospital and Clinics (SVH), including COVID-19, influenza, respiratory syncytial virus (RSV), and other viral respiratory infections. This policy is intended to protect patients, visitors, healthcare personnel, volunteers, students, contractors, vendors, and the community through evidence-based infection prevention practices.

Policy:

SVH recognizes that respiratory viruses are transmitted primarily through respiratory droplets, aerosols, and contact with infectious respiratory secretions. Prevention of healthcare-associated respiratory virus transmission requires a multi-layered approach that includes source control, respiratory protection, vaccination, screening, hand hygiene, respiratory etiquette, environmental cleaning, isolation precautions, and employee illness management. CDC guidance identifies source control and appropriate personal protective equipment (PPE) as important components of respiratory virus prevention in healthcare settings (CDC, Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission; CDC, Healthcare Respiratory Protection).

SVH will utilize community and healthcare respiratory surveillance data to guide infection prevention measures, including:

- CDC Respiratory Illnesses Data Channel ("Heat Map")
- CDC FluView Influenza Surveillance
- New Mexico Department of Health surveillance data
- Facility-specific illness trends
- Healthcare-associated transmission events
- Outbreak investigations

When surveillance data indicate elevated respiratory virus activity, SVH may implement enhanced source control measures, including universal masking. COVID-19, influenza, and RSV are monitored as key respiratory viruses affecting healthcare operations and patient safety. [cdc.gov]

Universal Masking During High Respiratory Virus Activity

When CDC Respiratory Illness Activity, CDC FluView surveillance, community respiratory virus data, or facility outbreak conditions indicate **HIGH** respiratory virus activity, universal masking shall be implemented.

During universal masking periods:

- All employees licensed independent practitioners, medical staff, volunteers, students, contractors, vendors, and agency personnel shall wear an SVH-approved mask while in patient care areas and shared workspaces.
- All patients shall wear a mask when medically appropriate and tolerated.
- All visitors shall wear a mask while within SVH facilities.
- Masking requirements shall apply regardless of vaccination status.
- Additional PPE requirements may apply based on isolation precautions or exposure risk assessments.

The Infection Prevention Department, in collaboration with Administration and Employee Health, may initiate or discontinue universal masking based upon surveillance data, transmission trends, outbreak activity, regulatory requirements, and patient safety considerations.

Symptomatic Individuals

Patients, visitors, and healthcare personnel exhibiting symptoms of respiratory illness, including fever, cough, sore throat, rhinorrhea, congestion, or other respiratory symptoms, shall be instructed to utilize source control while in SVH facilities. CDC recommends masking of symptomatic individuals in healthcare settings as part of respiratory infection prevention practices (Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission, CDC).

Employee Return-to-Work Masking

Employees with suspected or confirmed respiratory viral infections must meet Employee Health return-to-work criteria before resuming duties.

Consistent with CDC recommendations for healthcare personnel returning to work following viral respiratory infections, source control is required through the end of Day 7 following illness onset or positive test if asymptomatic. [cdc.gov]

Influenza and RSV

Employees returning to work following confirmed or suspected influenza or RSV infection shall wear an **SVH-approved surgical mask** through the **end of Day 7 from illness onset**, regardless of vaccination status. The surgical mask must be worn in patient care areas and shared workspaces.

COVID-19

Employees returning to work following confirmed or suspected COVID-19 infection shall wear a **fit-tested N95 respirator** through the **end of Day 7 from illness onset or positive test date if asymptomatic**, regardless of vaccination status.

N95 respirator use shall comply with the SVH Respiratory Protection Program, including medical evaluation, fit testing, training, and program requirements. CDC notes that respirators are designed to

provide a known level of protection when used within a comprehensive respiratory protection program (CDC, Healthcare Respiratory Protection).

Employee Health and Infection Prevention may extend masking requirements based on symptoms, outbreak investigations, exposure risk, or public health recommendations.

Employee Immunization Requirements

SVH recognizes its responsibility to protect patients, employees, family members, and the community from vaccine-preventable and respiratory viral diseases. Annual influenza immunization is strongly encouraged for all employees, licensed independent practitioners, volunteers, students, temporary workers, contractors, and vendors providing services within SVH facilities. The most effective method of preventing influenza infection remains annual influenza vaccination.

All workforce members subject to the influenza immunization program shall, **on or before November 1 of each year**, complete one of the following:

- Provide documentation of current seasonal influenza vaccination; or
- Submit a completed approved exemption request.

Acceptable exemptions include:

- Medical contraindications supported by documentation from the individual's licensed healthcare provider.
- Religious objections.
- Personal reasons.

Documentation shall be maintained by Employee Health.

Vaccination status does not exempt any individual from source control, isolation, respiratory protection, outbreak response, or universal masking requirements established by SVH.

Definitions:

Source Control: Use of masks or respirators to cover the nose and mouth to reduce transmission of respiratory secretions. Masking includes wearing 1 surgical mask for 1 patient, 1 time. Hand hygiene is the number one factor in breaking the chain of infection; hand hygiene is effective with friction rubbing for a 20 seconds.

Universal Masking: Requirement for all designated individuals within the facility to wear a mask regardless of symptoms or vaccination status.

Respiratory Virus: Includes but is not limited to SARS-CoV-2 (COVID-19), influenza viruses, RSV, rhinovirus, parainfluenza, human metapneumovirus, and other respiratory pathogens.

N95 Respirator: A NIOSH-approved filtering facepiece respirator providing respiratory protection when utilized within an OSHA-compliant respiratory protection program.

SVH Surgical Mask: Hospital-approved medical procedure mask meeting organizational infection prevention requirements.

Equipment:

- SVH-approved surgical masks
- NIOSH-approved N95 respirators
- Eye protection when indicated
- Hand hygiene supplies
- Isolation signage and PPE supplies
- Respiratory Protection Program resources

Procedure:

I. Surveillance Monitoring

1. Infection Prevention shall routinely monitor:
    - CDC Respiratory Illnesses Data Channel
    - CDC FluView
    - New Mexico Department of Health notifications
    - Employee illness trends
    - Healthcare-associated respiratory infections
2. Findings shall be reviewed to determine the need for enhanced mitigation measures.

II. Activation of Universal Masking

1. Universal masking may be implemented when:
    - CDC respiratory illness activity is reported as High.
    - Influenza activity significantly increases.
    - Healthcare-associated transmission is identified.
    - Outbreak conditions exist.

- Directed by public health authorities.
- Determined necessary by Infection Prevention and Administration.

2. Notification shall be provided to departments, employees, providers, volunteers, contractors, and affected stakeholders.

III. Symptomatic Individuals

1. Symptomatic patients and visitors shall be offered or instructed to wear a mask.
2. Symptomatic employees shall be evaluated according to Employee Health protocols.
3. Appropriate isolation precautions shall be implemented when indicated.

IV. Return-to-Work Source Control

1. Influenza or RSV:
   - Surgical mask required through Day 7 from illness onset.
2. COVID-19:
   - Fit-tested N95 respirator required through Day 7 from illness onset or positive test date if asymptomatic.
3. Source control requirements shall be observed in:
   - Patient care areas
   - Shared workspaces
   - Clinical support areas
   - Common areas where interaction with others occurs

V. Respiratory Protection

Respirator use shall comply with OSHA Respiratory Protection Standard 29 CFR 1910.134 and SVH Respiratory Protection Program requirements, including:

- Medical evaluations
- Fit testing
- Training
- Respirator selection
- Program evaluation

VI. Employee Influenza Immunization Program

SVH recognizes its responsibility to protect patients, employees, family members, and the greater community from the potentially devastating effects of influenza infection. Annual influenza vaccination remains the most effective method for preventing influenza infection and reducing transmission within healthcare settings.

All employees licensed independent practitioners, volunteers, students/trainees, temporary workers, contractors, agency personnel, and vendors providing services within SVH facilities shall participate in the annual influenza prevention program.

A. Annual Compliance Requirements

All applicable individuals shall complete one of the following no later than November 1 of each year:

- Receive the current seasonal influenza vaccination and provide documentation to Employee Health; or
- Submit an approved influenza vaccination exemption.

Employee Health shall maintain all vaccination and exemption documentation.

B. Proof of Influenza Vaccination

Individuals receiving influenza vaccination outside SVH shall provide written proof from the administering organization. Documentation shall include:

- Vaccine manufacturer;
- Vaccine lot number;
- Date of vaccine administration; and
- Name of administering organization or provider.

Documentation shall be submitted to Employee Health no later than November 1 annually.

C. Influenza Vaccination Consent

Individuals receiving influenza vaccine through SVH shall complete:

- Form F-690-04-044-1 Influenza Vaccination Informed Consent

The completed consent shall be maintained by Employee Health.

D. Influenza Vaccination Exemptions

Individuals declining influenza vaccination shall complete:

- Form F-690-04-044-2 Influenza Vaccination Exemption Form.

Acceptable exemption categories include:

- Medical contraindications;
- Religious objections; or
- Personal reasons.

For medical exemptions, documentation from the individual's licensed healthcare provider shall accompany the exemption request. Employee Health shall review exemption submissions and maintain records.

E. Cost of Vaccination

Influenza vaccination provided by SVH shall be offered at no cost to applicable individuals. If vaccination is obtained from an outside provider, reimbursement shall not be provided by SVH.

F. New Hires

New hires employed during influenza season shall provide documentation of current influenza vaccination or complete the exemption process during pre-employment health screening and prior to November 1, when applicable. Individuals receiving influenza vaccination through SVH shall complete Form F-690-04-044-1. Those declining vaccination shall complete Form F-690-04-044-2.

G. Influenza Vaccine Shortage Contingency Planning

In the event of an influenza vaccine shortage, Administration, Employee Health, Pharmacy, and Infection Prevention shall evaluate vaccine supply and prioritize vaccine administration based on:

- Risk to patient populations;
- Job responsibilities;
- Frequency and duration of patient contact; and
- Risk of occupational influenza exposure.

Priority groups may include:

- Physicians;
- Nurse Practitioners;
- Physician Assistants;

- Registered Nurses;
- Licensed Practical Nurses;
- Certified Nursing Assistants;
- Therapists;
- Emergency response personnel;
- Students providing patient care; and
- Other personnel providing direct patient services.

H. Relationship to Respiratory Virus Prevention Measures

Vaccination status shall not exempt any individual from compliance with:

- Universal masking requirements;
- Respiratory protection requirements;
- Isolation precautions;
- Outbreak response measures;
- Employee illness reporting requirements;
- Return-to-work source control requirements; or
- Any Infection Prevention mitigation measures implemented under this policy.

During periods of elevated respiratory virus activity, including high activity reported through CDC Respiratory Illnesses Data Channel surveillance or CDC FluView surveillance (, all personnel shall comply with masking requirements regardless of influenza vaccination status.

Documentation:

- Form F-690-04-044-1 Influenza Vaccination Informed Consent.
- Form F-690-04-044-2 Influenza Vaccination Exemption Form.
- Employee Health Return-to-Work Guidelines.
- Isolation Precautions Policy.
- Personal Protective Equipment Policy.

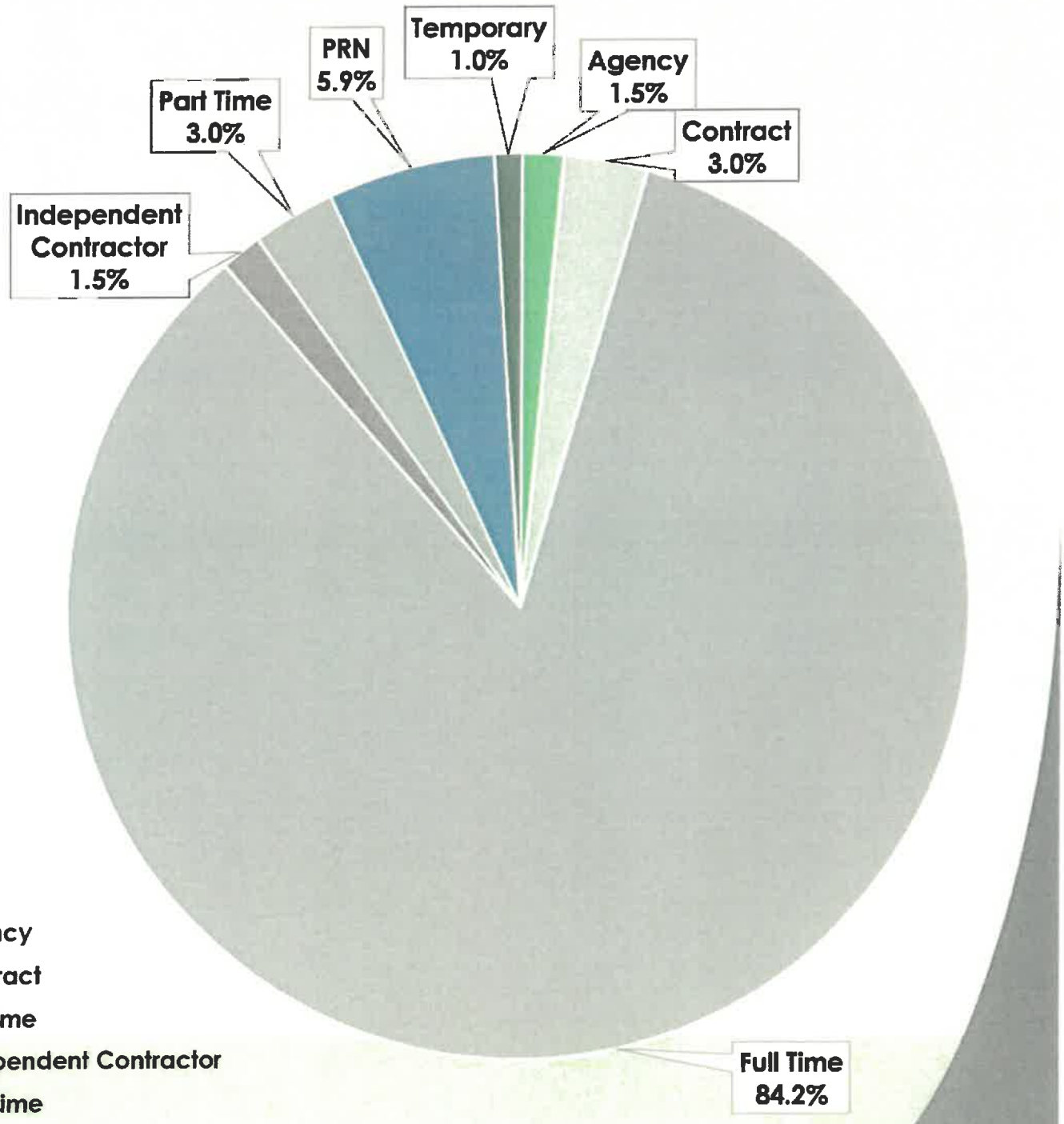
References:

1. CDC Respiratory Illnesses Data Channel. Respiratory Illnesses Data Channel. CDC identifies COVID-19, influenza, and RSV as key indicators of respiratory illness activity. [cdc.gov]
2. CDC FluView. Influenza Surveillance Program.
3. Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission, January 5, 2026. CDC recommends source control, masking of symptomatic individuals, and use of PPE as components of influenza prevention in healthcare settings. [cdc.gov]
4. Healthcare Respiratory Protection, CDC/NIOSH. Respirators provide a known level of protection when used within a comprehensive respiratory protection program. [cdc.gov]
5. Viral Respiratory Infections - Infection Control in Healthcare Personnel, CDC. Healthcare personnel returning after viral respiratory infection should wear source control through the end of Day 7 following symptom onset or positive test. [cdc.gov]
6. OSHA Respiratory Protection Standard, 29 CFR 1910.134.
7. New Mexico Department of Health respiratory virus surveillance guidance.

SIERRA VISTA HOSPITAL AND CLINICS

Human Resources Governing Board Report
September 2026

Staffing Matrix



SIERRA VISTA HOSPITAL AND CLINICS

Human Resources Governing Board Report
September 2026

FTE Utilization



6 Month Trend By Category

	April '26	September '26	6 Month Trend Change
Agency	1.9%	1.5%	-0.4%
Contract	4.7%	3%	-1.7%
Full Time	83.2%	84.2%	1%
Independent Contractor	1.9%	1.5%	-0.4%
Part Time	2.3%	3%	0.7%
PRN	6.1%	5.9%	-0.2%
Temporary	0%	1%	1%
Utilized FTE	201.75	188.5	-6.5%

SIERRA VISTA HOSPITAL AND CLINICS

Human Resources Governing Board Report
September 2026

Vacancies (As of 10/22/2026)

FTE Count	Title	Status	Department
1	Imaging Services Manager	FT	Imaging Services
1	Mammography Technician	FT	Imaging Services
1	Case Manager (RN)	FT	Social Services
1	House Supervisor, RN (Weekend)	FT	Nursing Administration
1	Chief Nursing Officer	FT	Nursing Administration
1	Respiratory Therapist	FT	Cardiopulmonary
1	Cardiopulmonary Services Manager	FT	Cardiopulmonary
2	Cook	FT	Dietary
1	Provider Services Director	FT	Clinic
2	LPN	FT	Clinic
1	Certified Medical Assistant	FT	Clinic
1	Medical Technologist	FT	Laboratory
1	Physical Therapist	FT	Rehab Services
3	Registered Nurse (ED)	FT	Emergency Department
1	Maintenance Technician	FT	Plant Operations
1	CNA/Unit Clerk	FT	Med/Surg
1	Registration Clerk	FT	Business Office
1	Pharmacist	FT	Pharmacy
1	Paramedic	FT	Ambulance

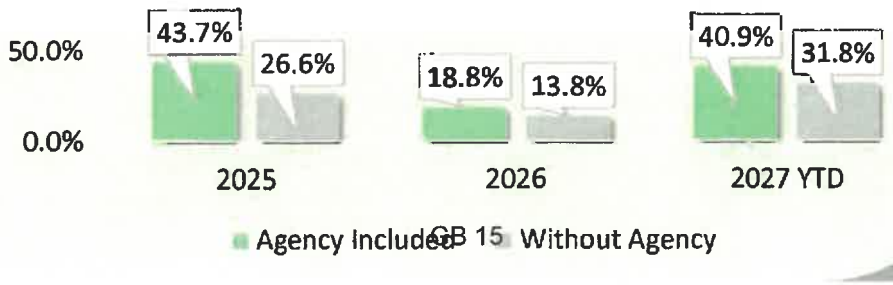
New Hires (September 2026)

FTE Count	Title	Status	Department
1	Pharmacist	Agency	Pharmacy
1	Cook	Temp	Dietary
2	EVS Technician	FT	Housekeeping
1	EVS Technician	Temp	Housekeeping

Turnover (September 2026)

FTE Count	Title	Status	Department
1	Registered Nurse	Ind. Contract	Emergency Deptartment
2	Cook	FT	Dietary
2	EVS Technician	FT	Housekeeping
1	Registration Clerk	FT	Business Office

First Year Turnover Rate (Fiscal Year)



SIERRA VISTA HOSPITAL AND CLINICS

Human Resources Governing Board Report
September 2026

Current Projects

- Current Response & Action Plans from Employee Satisfaction Survey Feedback
  - Nursing Leadership Restructure: SVH continues to strengthen the Nursing Leadership structure. The Med/Surg Manager, Emergency Department Manager, and Clinical Educator positions have transitioned into place, providing increased leadership coverage within nursing operations. The Weekend House Supervisor remains the final position needed to complete the planned Nursing Leadership restructure, and recruitment efforts continue.
  - Executive Leadership Recruitment: Recruitment for the permanent Chief Nursing Officer remains active, with additional candidates identified and interviews continuing during October. SVH has also secured Rodney Hollis as Interim Director of Provider Services, with a scheduled start date of October 26, 2026, providing additional leadership support and operational stability for the Rural Health Clinic.
  - SVH Leadership Training and Development Program: Following completion of the first quarter of targeted leadership training in September, SVH continues to build upon the program with an emphasis on consistent leadership practices, communication, accountability, workforce management, and leadership development. The next targeted leadership training is planned for December 2026.
  - Enhanced Onboarding and Orientation Initiative: SVH successfully launched its enhanced orientation program on October 8, 2026. The standardized program brings together onboarding and organizational education with participation from leadership and multiple departments, supporting more consistent communication of organizational expectations, safety, compliance, and key operational information. Survey feedback received from the initial orientation has been refreshing and positive, while also identifying additional opportunities to further improve and refine the program.

Regulatory Compliance and Workforce Readiness

Evaluating current HR compliance with Joint Commission's 2026 National Performance Goals 11 & 12 and identifying areas for improvement.

- Goal 11: The critical access hospital maintains workplace and patient safety.
- Goal 12: The critical access hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.

CEO Report - October 29, 2026

- Health Fair and Community Events
  1. Kingston 10/16/26
  2. Women's Health Fare 10/24/26
  3. 5K Fun Walk/ run for breast cancer awareness 10/24/26
  4. Winston, Chloride and Poverty Creek 11/7/26
  5. Caballo 11/18/26
- Development Board and Auxiliary funds for purchases
- 3 Crosses and Mt View meetings in Las Cruces 10/6/2026
  1. Transfers, Swing bed and specialties
- Ovation Clinic Assessment Update / Interim RHC Director 10/26/26 / Rodney Hollis
- Patient Experience Training/ Education onsite with Custom Learning Systems/ January 2027
- Case Management Assessment/ December 2026
- Recruitment
- IT / Cerner Assessment and Optimization/ November 2-4, 2026