SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING

Elephant Butte Lake RV
Resort Center
7-26-22

TABLE OF CONTENTS

**Budget FY23 will be sent as soon as available*
***Closed session documents will be handed out in closed session.*

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD ANNUAL MEETING

July 26, 2022 **12:00pm** **Elephant Butte Lake RV Event Center**

MISSION STATEMENT: Sierra Vista Hospital is a community owned resource that strives to meet the Healthcare needs of Sierra County through the provision of health services, leadership, and collaboration.

VISION STATEMENT: Our vision is to be a trusted partner providing a modern, sustainable Healthcare system that is a beacon of hope on the hill for all. Sierra Vista Hospital is committed to provide the highest quality care in the most cost-efficient manner, respecting the dignity of the individual, providing for the well-being of the community, and serving the needs of all people.

TIME OF MEETING: 12:00pm

PURPOSE: Regular /Annual Meeting

ATTENDEES:
GOVERNING BOARD

COUNTY
Kathi Pape, **Secretary**
Serina Bartoo, Member
Shawnee R. Williams, Member

ELEPHANT BUTTE
Katharine Elverum, Member
Vacant, Member

CITY
Bruce Swingle, Member
Art Burger, Member
Peggy (Cookie) Johnson,
Vice Chairperson

EX-OFFICIO
Frank Corcoran, CEO
Amanda Cardona, VCW
Stephen Archuleta, City Manager, EB
Charlene Webb, County Manager
Travis Day, JPC Chair

VILLAGE of WILLIAMSBURG
Denise Addie, Member

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

QHR:
Erika Sundrud, by phone
David Perry, by phone

AGENDA ITEMS	PRESENTER	ACTION REQUIRED

1. **Call to Order**	Cookie Johnson, Vice Chairperson	
2. **Pledge of Allegiance**	Cookie Johnson, Vice Chairperson	
3. **Roll Call**	Jennifer Burns	Quorum Determination
4. **Approval of Agenda**	Cookie Johnson, Vice 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	Cookie Johnson, Vice Chairperson	
A. June 28, 2022 Regular Meeting		**Amend/Action**
6. Public Input – 3-minute limit		**Information**
7. Old Business-	Cookie Johnson, Vice Chairperson	Report/Action
None		
8. New Business-		
A. Election of Officers	Cookie Johnson, Vice Chairperson	Action
1. Chairperson		
2. Vice Chairperson		
3. Secretary		
B. Secretaries report on Conflict of Interest Statement	Secretary	Report/Action
C. Member Attendance Report	Secretary	Report/Action
D. Resolutions	Chairperson	Report/Action
1. Resolution 22-105 Nondiscrimination English & Spanish		Report/Action
2. Resolution 22-106 Open Meetings		Report/Action
3. Resolution 22-107 Public Records		Report/Action
E. Employee Retirement Match	Chairperson	Report/Action

9. Finance Committee- Cookie Johnson, Chairperson		
A. June Financial Report	Ming Huang, CFO	Report/Action
B. Capital Equipment Disposal	Ming Huang, CFO	Report/Action
C. Investment Options	Ming Huang, CFO	Report/Action
D. Budget FY2022	Ming Huang, CFO	Report/Action
1. Resolution 22-104	Ming Huang, CFO	Report/Action
E. Fourth Quarter financial report	Ming Huang, CFO	Report/Action
1. Resolution 22-110	Ming Huang, CFO	Report/Action
F. Budget Revision/ Variance FY22	Ming Huang, CFO	Report/Action
1. Resolution 22-103	Ming Huang, CFO	Report/Action

10. Board Quality- Stan Thompson, Chairperson

A. Med Staff — Report

1. Policy Review — Sheila Adams, CNO — Action

- Chaplaincy Program Policy-Policy #850-01-082
- Spiritual Needs Assessment- # F-850-01-82-1
- Coronavirus Disease Guidelines Policy- no Policy#- will be updated into Policy format.
- Criteria for Assessment for TB- Policy # 690-04-012
- Hep B Vaccine program-Policy# 6490-04-2041
- Infection Control Risk Assessment-Policy # F-690-01-016-3
- New Hire Employee-Policy# 690-04-002

11. Administrative Reports

A. Human Resources	LJ Baker, Interim HR Manager	Report
B. Nursing Services	Sheila Adams, CNO	Report
C. CEO Report	Frank Corcoran, CEO	Report
D. Governing Board	Chairperson	Report

Motion to Close Meeting:

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

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

A. Board Self-Assessment/ Evaluation	Cookie Johnson
B. Credentials	Frank Corcoran, CEO
Two-Year Appointment	
Roxanne Chan, MD (Onrad)	

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

A. Risk Report	Heather Johnson

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

A. Annual Compliance Report to Board Members Only	Heather Johnson
B. QAPI Report	Sheila Adams, CNO
C. QHR Report to Board	Erika Sundrud, QHR
D. Old Building Update	Frank Corcoran, 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

A. Board Self-Assessment/ Evaluation	Report/Action
B. Credentials	Report/Action

Two-Year Appointment

Roxanne Chan, MD (Onrad)

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

A. Risk Report	Report/Action

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

A. Annual Compliance Report to Board Members Only	Report/Action
B. QAPI Report	Report/Action
C. QHR Report to Board	Report/Action
D. Old Building Update	Report/Action

14. Other Discussion

Next Regular Meeting- August 23, 2022

15. Adjournment Action

SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES

June 28, 2022	12:00pm	Elephant Butte Lake RV Resort Event Center

1. The Governing Board of Sierra Vista Hospital met June 28, 2022, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Greg D'Amour, Chairperson, Cookie Johnson, Vice Chairperson and Kathi Pape, Secretary were unable to attend the meeting. Bruce Swingle chaired the meeting in their absence and called the meeting to order at 12:15 after Stan Thompsons arrival.

2. Pledge of Allegiance

3. Roll Call

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

SIERRA COUNTY
Stan Thompson, Member – Present
Kathi Pape, **Secretary** – Excused
Greg D'Amour, **Chairperson**- Excused

ELEPHANT BUTTE
Vacant
Katharine Elverum – Present

CITY OF T OR C
Bruce Swingle, Member – Present
Art Burger, Member- Present
Peggy (Cookie) Johnson, **Vice Chair**- Excused

EX-OFFICIO
Amanda Cardona, Clerk VofW- Present
Stephen Archuleta, City Manager EB- Absent
Charlene Webb, County Manager- Absent
Travis Day, JPC Chairperson- Absent

VILLAGE OF WILLIAMSBURG
Denise Addie, Member – Present

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

GUEST:
Erika Sundrud, QHR, present by phone
David Perry, QHR, present by phone

There is a quorum

4. Approval of Agenda Bruce Swingle, Member

Denise Addie motioned to approve the agenda. Katharine Elverum 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, Member

A. June 16, 2022 Special Meeting Minutes

Denise Addie motioned to approve the June 16, 2022 Special Meeting minutes. Art Burger seconded. Motion carried unanimously.

B. May 24, 2022 Regular Meeting Minutes

Stan Thompson motioned to approve the May 24, 2022 Regular Meeting minutes. Denise Addie seconded. Motion carried unanimously.

6. Public Input – No public input will be called for during this meeting as allowed by Section 10-15-1 Formation of Public Policy: A. State Policy on Open Meetings page 6.

7. Old Business-

None

8. New Business-

None

9. Finance Committee-

***The finance committee meeting was cancelled**

A. May Financial Report- Ming Huang, CFO, on page FC5 of the packet, key statistics for May, total patient days were 109 which was 12 days more than April. Outpatient visits were 923 which was 182 visits less than April. There were 547 RHC visits, 120 visits less than April. There were 757 ER visits, 118 visits more than April. Days cash on hand at the end of May were 162, 147 available. Accounts receivable net days were 26 and accounts payable days were 45.

On page FC11, income statement, gross patient revenue in May was $4,711,436 which is the highest month for FY22. Contractual allowances were $2,148,729. The amount was reduced by $200,000 as a result of the mini cost report assessment conducted by David Perry. Under other operating revenue ($764,593) is a result of the HAP/TAP (Medicaid supplement from the state). In the past, the hospital has received approximately $2.1 million, for FY21 the state only gave us $1.7 million. The negative number is a result of the $400,000 adjustment for FY21 and current year FY22 for a total of $714,000. Under non-operating revenue, $417,000 of $538,200 is from House Bill 2, a one-time payment. In May, we reduced the 340B revenue by $171,000 due to over payment in February. Total operating revenue is $2,150,719. Total operation expenses were $2,427,299. EBITDA was ($276,579) and (13%). The net loss for May is ($687,537). Year to date, we have a net income of $1,585,469. EBITDA year to date is $6,088,803 and 20%.

On page FC14, balance sheet, we have $12,011,608 in the bank. Construction in progress is $954,129. We still have $250,000 to pay to the construction company when they are finished. Cost report settlement is $66,640 because we recorded a $200,000 receivable and we are still repaying the Medicare Advance payment.

Art Burger motioned to approve the May Financial report. Katharine Elverum seconded. Motion carried unanimously.

B. BCI Strategic Marketing Proposal- Frank Corcoran, CEO, starting on page FC18 is a four-piece marketing proposal from the group that we are currently using for our magazine and some digital marketing. Today's presentation is just for discussion and feedback. AdBank is how we would promote new service lines and new physicians. This is very important information to get out to the community. The cost of AdBank is $35,400 annually. The second piece is Website development. There is an upfront cost of $15,000 and a monthly fee from $400 to $500 per month. There are several things missing from our current website. We are currently paying a local person to maintain our site and she does a good job with what we provide her. Franklinfoundation.org is maintained by the group that we are proposing to go with. The third piece is the magazine that we currently send out twice per year. We will send a magazine out in October that focuses on breast cancer awareness. Discussion was held regarding the effectiveness of printed material versus digital options. Bruce Swingle pointed out that on page FC18, second paragraph, a 1% reduction in outmigration could generate $1,951,990 in additional revenue. Marketing the hospital and stopping that outmigration could significantly help the hospital. Art Burger will continue to push for evidence based, targeted avenues for marketing.

BCI representatives will present to the full Governing Board at a future date.

10. Board Quality Committee- Denise Addie, Chairperson, stated that Board Quality did meet on Monday, June 27 and reviewed the following agenda items.

A. Med Staff Report- Sheila Adams, CNO, discussion at Med Staff included our new physicians, telemedicine with Dr. V and surgical services.

Denise Addie motioned to approve the Med Staff report. Stan Thompson seconded. Motion carried unanimously.

B. Policy Review- Sheila Adams, CNO, the massive transfusion policy verbiage has been changed to say that we will have enough inventory to sustain a massive hemorrhage. Because of the amount of blood that we send back, the blood bank has reduced what is available to us. We do have enough but the policy needed to reflect this.

The change on the Standing Orders employee health form is the addition of the QuantiFERON Gold which is a blood test for TB.

1. Massive Transfusion Protocol-Trauma- Autumn Long RN- Policy #585-01-021
2. Standing Orders form revision

Denise Addie motioned based on the recommendation of the Board Quality Committee to approve the Massive Transfusion Protocol Policy and the Standing Orders form revision. Art Burger seconded. Motion carried unanimously.

C. Quarterly Blood Utilization- Sheila Adams explained that page BQ14 shows the amount of blood that we have returned since April 2021. In reviewing our usage, we will no longer carry B or AB type blood because we haven't used it in several years. O can be used in place of B or AB.

11. Joint Conference Committee- Stan Thompson, Chairperson

No report

12. Administrative Reports

A. Human Resources- LJ Baker, Interim HR Director, this report starts on page GB14 of the packet. The current human resources priority of effort is staffing and policy refinement. HR is working on critical vacancies and recruitment seeking former military service members as well as establishing communication with local high schools, technical colleges, community colleges and universities.

Financially, we are trying to replace the traveler positions with permanent hires. The billing rate had been up to $150 per hour, it's now at $110 per hour.

The turnover rate is 3% for May. There were three involuntary terminations in May. There were no workers comp claims submitted.

HR assistant, Susanah Sivage, is doing an outstanding job onboarding new hires and processing key documents. We are taking a proactive approach to prevent any potential Human Resources legal concerns.

B. CNO Report- Sheila Adams, CNO, the census for MedSurg was down in May. ER has been extremely busy. Emergency is working on a rapid response team policy in collaboration with RT, EMS, pharmacy, and Lab. Trauma will be at the lake over the 4th of July weekend handing out lifejackets and bottles of water. Trauma was recently granted $83,000 to continue the fall risk program and the prevention of drowning and near drowning program.

Bettina Fitzgerald, Infection Prevention, has completed the documentation and status for CMS requirements and started the antibiotics stewardship program in the clinic.

Sandy Garcia, QHR, assisted with identifying opportunities to improve the OR when surgical services resume later this year.

C. CEO Report- Frank Corcoran, CEO, 14% of the patients that we have tested in June are COVID positive. This is up from last month. We did vaccinate 22 patients at the last COVID vaccination clinic. We received funds for a vaccination promotion allowing us to give a $50 gift card to those who get either their booster or initial shot.

Chartspan has been discussed and we are aware of the social media comments. We have 225 patients enrolled in this service. If a patient wants to disenroll there is a phone number for them to call and we have that number in the clinic. Feedback indicates that those who are using it are happy with it. There is a copay for the 20-minute call.

Telemedicine visits with Dr. V go live on June 29. He is an internal medicine, nephrologist, and intensivist. We have a back-log of patients because we are down a provider, and this will help us catch up with care. The Arena Health Teleneurologist and Telepsychiatrist are going through credentialing now and will start when they are approved.

We received an update on Victor; the gentleman that had a medical episode at our meeting a couple of months ago. He is back home, back to work and wants to thank the board, our staff, the EMS crew, ER staff and nurses. Everyone took great care of him, and he feels like if the event had happened somewhere else, he may not have survived.

Bruce Swingle asked about the vaccination percentage for the county. Sheila Adams stated that as of today, 71% of the county has at least one vaccination.

D. Governing Board-

1. Bylaws Revision- Bruce Swingle stated that after the Special meeting on June 16th where the Bylaws were revised and approved, it was decided that additional language needed to be added to section 7.2. specifying when the annual CEO evaluation would be held, at least annually *in May*.

Stan Thompson motioned to add the words in May to the second sentence of section 7.2. Denise Addie seconded. Motion carried unanimously.

Motion to Close Meeting:

Bruce Swingle read the following:

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

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

A. Provider Update — Frank Corcoran, CEO
B. Credentials — Frank Corcoran, CEO

Provisional:
Sharon Roni (Arena Health)

Two Year Re appointments:
Estela Rubin
Pierre Lanthiez (OnRad)
Daniel Lucas (OnRad)
Jonathan Meyer (OnRad)
Charles Davis (OnRad)
Robert Reuter (OnRad)
Huma Qureshi (OnRad)
Nancy Sagona (OnRad)
Peilin Reed (OnRad)
Jeffrey Caverly (OnRad)

Not renewing or reapplying:
Farhad Keliddari, MD (OnRad resigned)
Ashraf Suliman, MD (withdrew application)
David Hochhauser, MD (ESS)

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

A. Risk Report- — Heather Johnson, HIM Mgr.

10-15-1 (H) 9 - Strategic and long-range business plans

A. QAPI — Sheila Adam, CNO
B. QHR Board Report — Erika Sundrud, QHR

Roll Call to Close Meeting: Jennifer Burns
Stan Thompson – Y
Bruce Swingle - Y
Denise Addie – Y
Katharine Elverum – Y
Art Burger – Y

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

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

A. Provider Update

No Action

B. Credentials

Provisional:

Sharon Roni (Arena Health)

Two Year Re appointments:

Estela Rubin
Pierre Lanthiez (OnRad)
Daniel Lucas (OnRad)
Jonathan Meyer (OnRad)
Charles Davis (OnRad)
Robert Reuter (OnRad)
Huma Qureshi (OnRad)
Nancy Sagona (OnRad)
Peilin Reed (OnRad)
Jeffrey Caverly (OnRad)

Not renewing or reapplying:

Farhad Keliddari, MD (OnRad resigned)
Ashraf Suliman, MD (withdrew application)
David Hochhauser, MD (ESS)

Denise Addie motioned to approve all above listed credentials as presented. Art Burger seconded. Motion carried unanimously.

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

A. Risk Report-

Denise Addie motioned to accept the risk report. Katharine Elverum seconded. Motion carried unanimously.

10-15-1 (H) 9 - Strategic and long-range business plans

B. QAPI

No Action

C. QHR Board Report

No Action

15. Other

Bruce Swingle asked that department presentations resume at each meeting. Prior to the pandemic, a department Manager and representatives would come and speak to the Board about various topics and success or struggles in their departments.

In addition, this is Stan Thompson's last meeting. We are going to miss Stan and we thank you for your years of service to the Board. There is cake! Bruce Swingle read the certificate of appreciation, and everyone applauded.

Next Regular Governing Board Meeting will be held July 26, 2022 at 12:00. Finance Committee will meet on July 26, 2022 at 10:30. Board Quality will meet on Monday, July 25, 2022 at 12:00.

16. Adjournment

Katharine Elverum motioned to adjourn. Art Burger seconded. Motion carried unanimously.

_____ _____

Recording Secretary, Jennifer Burns Date of Approval

_____

Bruce Swingle, Acting Chairperson

report of the general financial condition of the Hospital, and of the condition of its tangible property. The Board shall provide quarterly financial reports and a copy of the annual audit to the JPC. The Board shall make copies of all books, accounts and records of the Hospital and make them available to the JPC or its agents.

ARTICLE3

CONFLICT OF INTEREST

3.1 *Conflicts of Interest.* The Board shall adopt a policy and procedure regarding conflicts of interest for Directors, Officers and members of Board committees. New Board members shall complete a statement disclosing financial interests prior to their first Board meeting. Ongoing members shall complete an updated disclosure statement annually.

ARTICLE4

OFFICERS OF THE GOVERNING BOARD

4.1. *Number and Term.* The officers of the Governing Board shall be a Chairperson, a Vice Chairperson and a Secretary and such other officers as shall be determined by the Hospital Governing Board. Each officer of the Board shall be elected at the annual meeting of the Board, by and from among the Members to serve for a term of one (1) year, and who may serve successive terms.

4.2. *Chairperson.* The Hospital Governing Board shall select a Chairperson from among its Members. The Chairperson shall serve at the pleasure of the Board and shall be qualified to perform the following duties, responsibilities, and powers, together with all others necessary or beneficial to the Chairperson's function:

(a) Supervise Board affairs overall.

(b) Preside at all meetings of the Board.

(c) Approve the agenda for each Board meeting, which will be prepared by the Administrator and Board Recording Secretary.

SIERRA VISTA HOSPITAL
GOVERNING BOARD
CONFLICT OF INTEREST STATEMENT

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

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

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

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

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

	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

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

Attendance 21/22

Member/ Date		7/27/21	08/02/21	8/6/21	8/17/21	8/26/21	9/9/21	9/21/21	10/26/21	11/3/21	12/7/21	12/29/21	1/25/22	2/22/22	3/7/22	3/29/22	3/31/22	4/26/22	5/24/22	6/16/22	6/28/22
Meeting type		Annual	Special	Special	Special	Regular	Special	Regular	Regular	Special	Regular	Special	Regular	Regular	Special	Regular	Strat Plan	Regular	Regular	Special	Regular
Kathi Pape	89%	X	X	X PHONE	X PHONE	X	X	X	X	X	X	X	X	X	X	X	-	X	EXCUSED	X	EXCUSED
Stan Thompson	100%	X	X	X	X	X	X	X	X PHONE	X	X	X	X PHONE	X	X PHONE	X	-	X	X	X	X
Bruce Swingle	100%	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X
Cookie Johnson	84%	X	X	X	X	X	X	X	X	X	X	X	EXCUSED	X	EXCUSED	X	-	X	X	X	EXCUSED
Katharine Elverum	100%	X	X	X	X	X	X	X	X	X	X PHONE	X	X	X	X	X	-	X	X	X	X
Greg D'Amour	89%	X	X	X	X	X	X	X	X	X PHONE	X	X PHONE	X	X	X	X	-	EXCUSED	X	X	EXCUSED
Denise Addie	89%	X	X	X	ABSENT	X	X	X	X	X	X	X	X	X	EXCUSED	X	-	X	X	X	X
Rolf Hechler		X	X	X	X	X	X PHONE	X	EXCUSED	X	X	X	VACANT	VACANT	VACANT						
Art Burger		-	-	-	-	-	-	-	-	-	-	-	-	-	-	x	-	X	X PHONE	X	X

19 Meetings

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BOARD
NONDISCRIMINATION POLICY RESOLUTION No. 22-105
2022/2023

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 26th day of July 2022.

_____
Chairperson
SVH Governing Board

_____
Secretary
SVH Governing Board

_____
CEO
SVH Administrator

SIERRA VISTA HOSPITAL
AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BODY
POLIZA ANTIDISCRIMINATORIA 22-105
2022/2023

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 26, 2022

Chairperson
SVH Governing Board

Secretary
SVH Governing Board

CEO
SVH Administrator

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL GOVERNING BODY
OPEN MEETINGS RESOLUTION No. 22-106

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* ~~West Elevator Entrances 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* ~~West Entrance to the Main Elevators~~ 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.* ~~upon twenty-four (24) hours notice unless threat of personal injury or property damage requires less notice.~~ 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 26th day of July 2022.

Chairperson
SVH Governing Board

Vice Chairperson
SVH Governing Board

Secretary
SVH Governing Board

SIERRA VISTA HOSPITAL GOVERNING BODY

PUBLIC RECORD ACT REQUESTS RESOLUTION No. 22-107
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 records custodian orally or in writing. However, the procedures and penalties prescribed by the Act apply only to written requests. A written request must contain the name, address and telephone number of the person making the request. Written requests may be submitted in person or sent via US mail, email, or facsimile. The request must describe the records sought in sufficient detail to enable the records custodian to identify and locate the requested records.

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

Copies and Fees. If a person requesting inspection would like a copy of a public record, a reasonable fee may be charged. The fee for printed documents 11 inches by 17 inches or smaller is ($.50) per page. The fee for larger documents is ($.50) per page. The fee for downloading copies of public records to a computer disk or storage device is ($.25) per page. If a person requests that a copy of a public record be transmitted, a fee of ($.25) per page plus postage may be charged for transmission by mail, ($.25) per page for transmission by e-mail and ($.25) per page for transmission by facsimile. Where redacting is required, ($1.00) per page regardless of the number or size of copies and regardless of the medium. The records custodian may request that applicable fees for copying public records by 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 26th day of July 2022.

Chairperson: _____
SVH Governing Board

Secretary: _____
SVH Governing Board

SIERRA VISTA HOSPITAL AND CLINICS

Financial Analysis

June 30th, 2022

Days Cash on Hand for June 2022 are 167 (151 available)

Accounts Receivable Net days are 22

Accounts Payable days are 32

Hospital Excess Revenue over Expense

The **Net Income** for the month of June was ($247,096) vs. a Budget Income of ($68,622).

Hospital Gross Revenue for June was $4,213,781 or $61,299 more than budget. Patient Days were 79 – 30 less than May. RHC visits were 528 – 19 less than May, Outpatient Visits were 844 – 79 less than May, and ER visits were 748 – 9 less than May.

Revenue Deductions for June were $2,247,604.

Other Operating Revenue was $244,617 or $14,170 less than budget.

Non-Operating Revenue was $321,334 or $142,971 more than budget due to State Capital Appropriation of $180,000 for EMS.

Hospital Operating Expenses for June were $2,341,368. Compared to Budget, expenses were over Budget by $324,250. Contract Services were over budget by $259,003 due to agency staffing.

EBITDA for June was $191,231 vs. a Budget of $307,389. YTD EBITDA is $6,280,034 vs. a Budget of $3,822,950.

The Bond Coverage Ratio in June was 255% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
June 30, 2022

MONTH						BENCHMARK RANGE		YEAR TO DATE				
Actual 6/30/22	Budget 6/30/22	Variance to Budget	Prior Year 6/30/21	Variance to Prior Year	DESCRIPTION	QHR 75th	QHR 50th	Actual 6/30/22	Budget 6/30/22	Variance to Budget	Prior Year 06/30/21	Variance to Prior Year
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	**17%**				
					Admissions							
23	26	(3)	24	(1)	Acute	899	520	326	316	10	282	**44**
3	3	-	6	(3)	Swing	102	73	51	43	8	50	**1**
26	**29**	**(3)**	**30**	(4)	**Total Admissions**	**1,001**	**593**	**377**	**359**	**18**	**332**	**45**
3.0	5.6	(2.6)	4.2	(1.1)	ALOS (acute and swing)	3.3	4.0	4.9	5.3	(0)	4.6	0.28
79	163	(84)	125	(46)	Patient Days (acute and swing)			1,853	1,890	(37)	1,539	**314**
844	899	(55)	896	(52)	Outpatient Visits	54,410	31,371	13,366	10,938	2,428	13,381	(15)
528	984	(456)	709	(181)	Rural Health Clinic Visits	23,099	18,799	7,415	11,974	(4,559)	8,605	(1,190)
748	582	166	561	**187**	ER Visits	10,366	8,017	8,010	7,078	932	6,308	**1,702**
3%	4%	-1.4%	4%	-1%	ER Visits Conversion to Acute Admissions	10%	6%	4%	4%	0%	4%	0%
					Surgery Cases							
-	-	-	-	-	Inpatient Surgery Cases	259	124	-	-	-	5	(5)
-	-	-	-	-	Outpatient Surgery Cases	1,521	771	-	-	-	70	(70)
-	-	-	-	-	**Total Surgeries**	**1,780**	**895**	-	-	-	**75**	**(75)**
					Profitability							
8%	16%	-9%	58%	-51%	**EBITDA % Net Rev**	7%	4%	**19%**	17%	2%	28%	-9%
-10%	-3%	-7%	52%	-61%	Operating Margin %	2%	2%	**4%**	-3%	7%	14%	-10%
53%	55%	-1%	30%	23%	Rev Ded % Net Rev	47%	50%	**47%**	55%	-8%	50%	**-3%**
8%	9%	-1%	9%	**-1%**	Bad Debt % Net Pt Rev	2%	6%	**5%**	9%	-4%	9%	**-3%**
93%			96%		Outpatient Revenue %	83%	78%	93%			92%	1%
$ 11,345			$ 6,168	**$5,177**	Gross Patient Revenue/Adjusted Admission			$11,345			$6,168	**$5,177**
$ 5,295			$ 1,896	**$3,399**	Net Patient Revenue/Adjusted Admission			$5,295			$1,896	**$3,399**
42%	45%	-3%	**59%**	**-17%**	Salaries % Net Pt Rev	35%	40%	**39%**	44%	-5%	47%	**-8%**
8%	8%	1%	8%	1%	Benefits % Net Pt Rev	11%	12%	**7%**	8%	-1%	8%	**0%**
10%	10%	0%	5%	5%	Supplies % Net Pt Rev	10%	13%	**7%**	8%	-1%	7%	**0%**
					Cash and Liquidity							
167					Days Cash on Hand	**236**	106	**167**			173	(6)
38					A/R Days (Gross)	47	57	**38**			40	**(2)**
22					A/R Days (Net)	41	53	**22**			23	**(0)**
32					Days in AP	30	35	**32**			31	1
4.8					Current Ratio	4.3	2.6	**4.8**			1.6	**3.1**

Sierra Vista Hospital
STATISTICS by Month
June 30, 2022
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Admissions												
Acute	23	18	18	22	23	37	31	38	32	22	30	32
Swing	3	2	2	5	3	8	7	3	4	5	5	4
Total Admissions	**26**	20	20	27	26	45	38	41	36	**27**	35	36
ALOS (acute and swing)	3.0	5.5	4.9	5.2	5.3	3.8	5.3	4.1	6.2	6.6	5.1	4.6
Patient Days (acute and swing)	79	109	97	141	139	172	202	170	223	177	178	166
Outpatient Visits	844	923	1,105	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882
Rural Health Clinic Visits	528	547	667	661	545	557	511	690	704	688	546	771
ER Visits	748	757	639	650	534	676	644	678	618	601	793	672
ER Visits Conversion to Acute Admissions	3%	2%	3%	3%	4%	5%	5%	6%	5%	4%	4%	5%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	-
Profitability												
EBITDA % Net Rev	8%	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%
Operating Margin %	-10%	-32%	-7%	-4%	-24%	13%	16%	32%	11%	1%	15%	6%
Rev Ded % Net Rev	53%	50%	50%	46%	56%	37%	41%	44%	40%	47%	47%	50%
Bad Debt % Net Pt Rev	8%	3%	5%	2%	7%	1%	6%	3%	3%	6%	8%	11%
Outpatient Revenue %	93%	95%	91%	92%	86%	84%	86%	84%	89%	89%	89%	93%
Gross Patient Revenue/Adjusted Admission	$ 11,345	$ 11,779	$ 19,015	$ 12,196	$ 19,250	$ 15,136	$ 15,418	$ 17,278	$ 13,282	$ 17,028	$ 14,503	$ 8,514
Net Patient Revenue/Adjusted Admission	$ 5,295	$ 5,943	$ 9,934	$ 6,607	$ 8,546	$ 9,547	$ 9,095	$ 9,739	$ 8,029	$ 8,968	$ 7,692	$ 4,256
Salaries % Net Pt Rev	42%	37%	38%	40%	59%	37%	38%	36%	38%	41%	35%	37%
Benefits % Net Pt Rev	8%	7%	11%	8%	10%	7%	7%	6%	7%	7%	6%	6%
Supplies % Net Pt Rev	10%	5%	6%	8%	9%	5%	7%	8%	8%	7%	6%	6%
Cash and Liquidity												
Days Cash on Hand	**167**	162	168	172	181	185	**179**	**174**	**165**	**166**	**165**	153
A/R Days (Gross)	38	41	39	38	39	41	39	41	39	38	36	34
A/R Days (Net)	22	26	25	26	29	31	26	27	22	22	22	20
Days In AP	32	45	25	27	33	30	24	32	32	24	26	26
Current Ratio	4.8	4.2	4.5	4.3	4.2	4.7	4.6	4.3	4.0	4.1	4.0	3.9

Sierra Vista Hospital
TWELVE MONTH STATISTICS
June 30, 2022
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Admissions												
Acute	23	18	18	22	23	37	31	38	32	22	30	32
Swing	3	2	2	5	3	8	7	3	4	5	5	4
Total Admissions	**26**	**20**	**20**	**27**	**26**	**45**	**38**	**41**	**36**	**27**	**35**	**36**
ALOS (acute and swing)	3.0	5.5	4.9	5.2	5.3	3.8	5.3	4.1	6.2	6.6	5.1	4.6
Patient Days (acute and swing)	79	109	97	141	139	172	202	170	223	177	178	166
Outpatient Visits	844	923	1,105	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882
Rural Health Clinic Visits	528	547	667	661	545	557	511	690	704	688	546	771
ER Visits	748	757	639	650	534	676	644	678	618	601	793	672
ER Visits Conversion to Acute Admissions	3%	2%	3%	3%	4%	5%	5%	6%	5%	4%	4%	5%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	-
Profitability												
EBITDA % Net Rev	8%	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%
Operating Margin %	-9.8%	-32.0%	-6.8%	-3.7%	-24%	13%	16%	32%	11%	1%	15%	6%
Rev Ded % Net Rev	53%	50%	50%	46%	56%	37%	41%	44%	40%	47%	47%	50%
Bad Debt % Net Pt Rev	8.4%	3.1%	4.7%	2.3%	7%	1%	6%	3%	3%	6%	8%	11%
Outpatient Revenue %	93%	95%	91%	92%	86%	84%	86%	84%	89%	89%	89%	93%
Gross Patient Revenue/Adjusted Admission	$ 11,345	$ 11,779	$ 19,015	$ 12,196	$ 19,250	$ 15,136	$ 15,418	$ 17,278	$ 13,282	$ 17,028	$ 14,503	$ 8,514
Net Patient Revenue/Adjusted Admission	$ 5,295	$ 5,943	$ 9,934	$ 6,607	$ 8,546	$ 9,547	$ 9,095	$ 9,739	$ 8,029	$ 8,968	$ 7,692	$ 4,256
Salaries % Net Pt Rev	42%	37%	38%	40%	59%	37%	38%	36%	38%	41%	35%	37%
Benefits % Net Pt Rev	8%	7%	11%	8%	10%	7%	7%	6%	7%	7%	6%	6%
Supplies % Net Pt Rev	10%	5%	6%	8%	9%	5%	7%	8%	8%	7%	6%	6%
Cash and Liquidity												
Days Cash on Hand	167	162	168	172	181	185	179	174	165	166	165	153
A/R Days (Gross)	38	41	39	38	39	41	39	41	39	38	36	34
A/R Days (Net)	22	26	25	26	29	31	26	27	22	22	22	20
Days in AP	32	45	25	27	33	30	24	32	32	24	26	26
Current Ratio	4.8	4.2	4.5	4.3	4.2	4.7	4.6	4.3	4.0	4.1	4.0	3.9

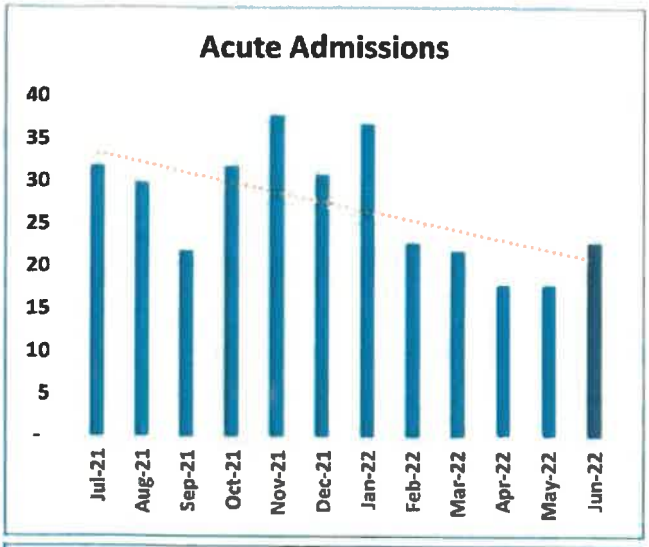
Sierra Vista Hospital
Detailed Stats by Month
6/30/2022
(SUBJECT TO AUDIT)

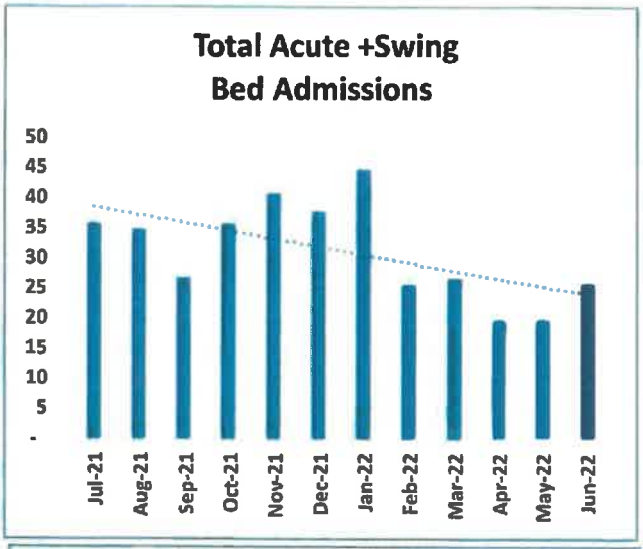
	FY2022	Avg FY2022	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Description														
Total Acute Patient Days	1191	99	68	82	61	77	78	122	141	128	149	81	104	100
Total Swingbed Patient Days	662	55	11	27	36	64	61	50	61	42	74	96	74	66
Total Acute Hours (based on Disch Hrs)	28,231	2,353	1,637	1,974	1,465	1,336	1,881	2,928	3,408	3,107	3,583	1,956	2,556	2,400
TOTAL ACUTE														
Patient Days	1,191	99	68	82	61	77	78	122	141	128	149	81	104	100
Admits	326	27	23	18	18	22	23	37	31	38	32	22	30	32
Discharges	325	27	23	18	19	23	20	38	34	33	35	21	29	32
Discharge Hours	28,231	2,353	1,637	1,974	1,465	1,336	1,881	2,928	3,408	3,107	3,583	1,956	2,556	2,400
Avg LOS	3.7	3.7	3.0	4.6	3.2	3.3	3.9	3.2	4.1	3.9	4.3	3.9	3.6	3.1
Medicare Acute														
Patient Days	823	69	51	86	50	55	61	105	102	75	90	54	53	41
Admits	203	17	14	14	15	13	18	32	18	21	20	16	12	10
Discharges	204	17	14	18	15	16	11	32	20	21	20	15	12	10
Discharge Hours	18,409	1,534	1,231	2,065	1,210	56	1,475	2,529	2,436	1,827	2,201	1,123	1,281	975
Avg LOS	4.0	4.0	3.6	4.8	3.3	3.4	5.5	3.3	5.1	3.6	4.5	3.6	4.4	4.1
SWING - ALL (Medicare/Other)														
Patient Days	754	63	11	27	36	64	61	141	61	42	74	96	75	66
Admits	51	4	3	2	2	5	3	8	7	3	4	5	5	4
Discharges	64	5	3	5	5	2	11	8	6	4	8	5	4	3
Discharge Hours	15,102	1,259	256	635	860	1,647	2,583	1,227	1,464	1,026	1,814	1,611	883	1,096
Avg LOS	11.8	11.8	3.7	5.4	7.2	32.0	5.5	17.6	10.2	10.5	9.3	19.2	18.8	22.0
Observations														
Patient Days	310	26	43	32	47	20	14	12	27	18	27	15	35	20
Admits	232	19	25	21	26	22	14	14	12	15	19	15	26	23
Discharge Hours	7,469	622	1034	770	1130	484	361	276	656	441	656	347	844	470
Emergency Room														
Total ER Patients	8,007	667	748	757	639	650	534	676	644	675	618	601	793	672
Admitted	385	32	39	11	36	39	20	24	36	42	31	29	43	35
Transferred	636	53	72	73	75	64	40	35	37	35	49	44	56	56
Ambulance														
Total ALS/BLS runs	3,755	313	343	419	314	317	242	289	303	298	292	285	348	305
911 Calls	2,819	235	260	324	223	228	183	219	243	229	211	211	263	225
Transfers	936	78	83	95	91	89	59	70	60	69	81	74	85	80
OP Registrations	13,366	1,114	844	923	1,105	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882
Vaccine Clinic	888	74	30	21	27	13	13	84	92	42	226	65	103	172
Rural Health Clinic														
Total RHC Visits	7,415	618	528	547	667	661	545	557	511	690	704	688	546	771
Avg Visits per day	352	29	24	27	30	29	27	28	26	36	31	34	25	35
Behavioral Health														
Patients Seen	3,040	253	205	180	126	144	315	332	273	274	271	318	255	347

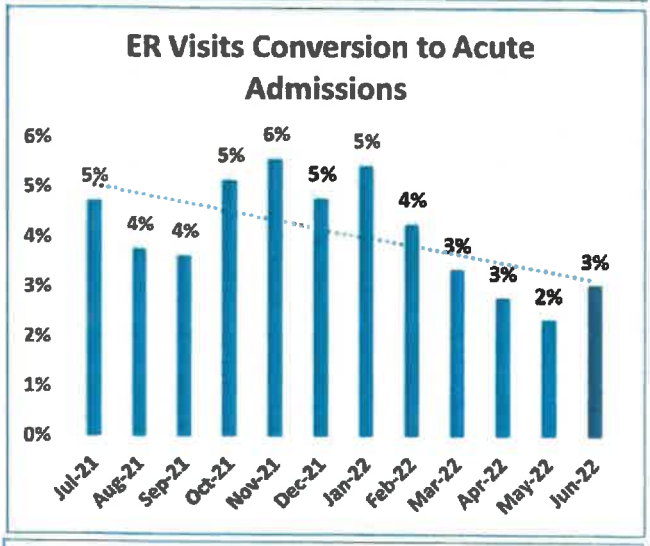
Sierra Vista Hospital
Detailed Stats by Month
6/30/2022
(SUBJECT TO AUDIT)

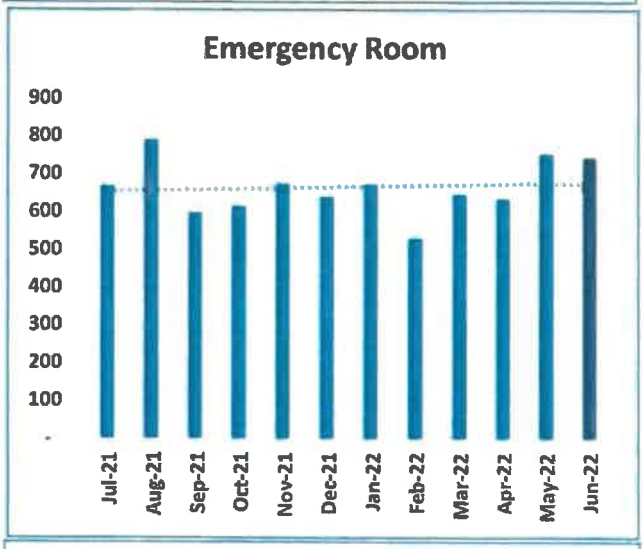
	FY2022	Avg FY2022	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Dietary														
Inpatient Meals	9,317	776	1044	781	822	757	715	715	757	931	775	750	723	547
Outpatient Meals	2,129	177	140	125	100	123	127	215	312	175	354	147	183	128
Cafeteria Meals	24,686	2,057	2607	2,252	1,537	1,747	1,622	1,960	2,151	2,250	2,289	2,245	2,253	1,773
Functions	3,504	292	195	336	225	186	155	231	396	200	332	231	895	122
Laboratory														
In-house Testing	212,278	17,690	16,795	17,839	18,215	18,830	17,544	19,201	16,451	17,745	17,823	16,039	17,432	18,364
Sent Out Testing	9,485	790	517	652	644	804	820	1,031	867	987	859	894	873	537
Drugscreens	245	20	22	15	28	33	18	8	15	24	16	13	29	24
Physical Therapy														
PT Visits	3,726	311	292	275	306	423	350	326	289	250	236	329	320	330
Tx Units	13,602	1,134	1138	1,037	1,124	1,574	1,290	1,214	948	984	907	1,233	1,138	1,015
Outpatient	589	49	42	50	49	63	60	44	41	44	44	47	56	49
Inpatient	363	30	43	27	32	37	49	57	18	19	11	18	23	29
Radiology														
X-Ray Patients	5,206	434	396	450	430	427	354	414	443	453	427	468	453	491
CT Patients	3,416	285	257	330	281	285	216	275	264	275	308	299	324	302
Ultrasound Patients	1,457	121	109	116	143	136	158	108	108	121	114	104	124	116
Mammogram Patients	487	41	73	27	40	43	43	31	27	41	45	46	37	34
MRI Patients	492	41	91	61	46	23	30	32	44	20	31	44	27	43
Nuclear Medicine Patients	64	5	11	8	7	5	5	2	6	1	3	4	8	4
DEXA	117	10	8	6	9	10	5	11	7	13	14	12	12	10
Surgery														
Surgical Procedures - OR	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GI Lab Scopes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Major Surgery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Minor Surgery Under TIVA/Sedation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Inpatient Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Procedures	-	-	-	-	-	-	-	-	-	-	-	-	-	-

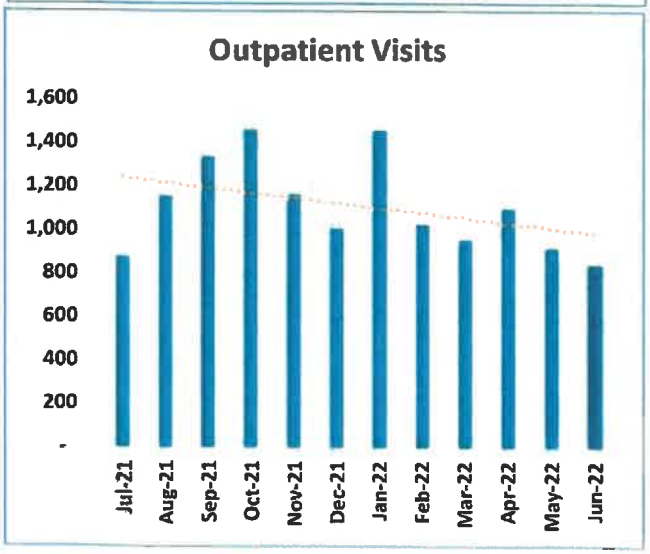
Volume Trends

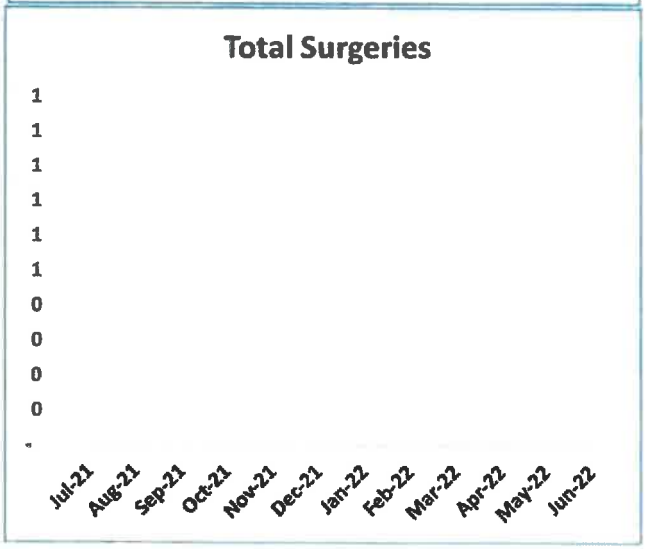












Sierra Vista Hospital
INCOME STATEMENT
June 30, 2022

MONTH						YEAR TO DATE				
Actual 6/30/22	Budget 6/30/22	Variance to Budget	Prior Year 6/30/21	Variance to Prior Year	DESCRIPTION	Actual 6/30/22	Budget 6/30/22	Variance to Budget	Prior Year 6/30/21	Variance to Prior Year
$ 4,213,781	$ 4,152,482	$ 61,299	$ 3,779,340	$434,441	**Gross Patient Revenue**	$ 51,231,246	$ 49,551,158	$ 1,680,087	$ 46,178,473	$5,052,773
					Revenue Deductions					
$ 1,934,982	1,959,830	(24,848)	739,729	$1,195,254	Contractual Allowances	21,603,073	23,449,901	(1,846,828)	19,941,119	$1,661,954
$ 180,600	170,991	9,609	275,780	($95,180)	Bad Debt	1,504,418	2,050,500	(546,081)	2,226,344	($721,926)
$ 132,022	134,301	(2,280)	136,403	($4,381)	Other Deductions	854,818	1,600,185	(745,367)	793,751	61,067
$ 2,247,604	$ 2,265,123	$ (17,519)	$ 1,151,911	$ 1,095,692	**Total Revenue Deductions**	$ 23,962,309	$ 27,100,585	$ (3,138,276)	$ 22,961,215	$ 1,001,095
$ 471	0	471	2,252	($1,781)	Other Patient Revenue	213,641	204,951	8,690	225,728	(12,087)
$ 1,966,649	$ 1,887,359	$ 79,289	$2,629,681	($663,032)	**Net Patient Revenue**	$ 27,482,578	$ 22,655,524	$ 4,827,053	$ 23,442,986	$ 4,039,592
47%	45%	1%	70%	(23%)	**Gross to Net %**	54%	46%	8%	51%	3%
$ 244,617	258,787	(14,170)	195,600	$49,017	Other Operating Revenue	2,056,752	2,975,590	(918,839)	2,635,568	(578,816)
$ 321,334	178,362	142,971	4,497,231	($4,175,897)	Non-Operating Revenue	3,736,242	1,723,992	2,012,251	8,125,909	(4,389,667)
$ 2,532,599	$ 2,324,508	$ 208,091	$ 7,322,512	$ (4,789,912)	**Total Operating Revenue**	$ 33,275,572	$ 27,355,106	$ 5,920,465	$ 34,204,463	(928,892)
					Expenses					
$ 1,016,942	$1,005,812	$11,130	$1,784,628	($767,685)	**Salaries & Benefits**	$12,994,537	$11,909,273	1,085,264	$13,022,020	($27,484)
$ 827,216	842,275	(15,059)	1,553,450	(726,234)	Salaries	10,757,415	9,893,797	863,617	10,999,835	(242,420)
$ 165,628	149,339	16,289	199,541	(33,914)	Benefits	2,030,816	1,821,268	209,549	1,812,363	218,453
$ 24,098	14,198	9,900	31,637	(7,538)	Other Salary & Benefit Expense	206,306	194,208	12,098	209,823	(3,517)
$ 191,130	180,841	10,288	120,497	70,633	Supplies	1,950,518	1,859,691	90,827	1,673,097	$277,421
$ 720,752	461,749	259,003	533,000	187,752	Contract Services	7,317,256	5,518,121	1,799,134	5,748,168	$1,569,088
$ 178,417	169,478	8,939	141,269	37,148	Professional Fees	2,135,102	1,854,636	280,466	1,773,621	$361,482
$ 9,125	19,646	(10,521)	4,555	4,570	Leases/Rentals	90,322	207,880	(117,559)	85,484	$4,838
$ 49,790	41,336	8,454	41,732	8,058	Utilities	458,274	502,001	(43,727)	512,851	($54,577)
$ 63,485	48,808	14,677	65,100	(1,615)	Repairs / Maintenance	722,931	588,490	134,440	547,714	$175,217
$ 67,825	58,796	9,029	61,004	6,821	Insurance	796,103	705,556	90,547	641,043	$155,060
$ 43,903	30,652	13,251	310,570	($266,667)	Other Operating Expenses	530,495	386,507	143,988	676,421	($145,925)
$2,341,368	$2,017,118	$324,250	3,062,355	($720,986)	**Total Operating Expenses**	$26,995,538	$23,532,156	$3,463,381	$24,680,417	$2,315,120
$191,231	$307,389	($116,159)	$4,260,157	($4,068,926.26)	**EBITDA**	$6,280,034	$3,822,950	$2,457,084	$9,524,046	($3,244,012)
8%	13%	(6%)	58%	(51%)	**EBITDA Margin**	19%	14%	5%	28%	(9%)
					Non - Operating Expenses					
$ 309,965	$263,329	$46,636	$367,078	($57,113)	Depreciation and Amortization	3,487,517	$3,159,948	327,569	$3,285,681	$201,836
$ 73,415	73,719	($304)	63,049	$10,366	Interest	891,049	884,624	6,425	$884,880	$6,169
$ 54,948	38,964	$15,984	45,632	$9,315	Tax/Other	563,095	464,951	98,144	$442,423	$120,673
$438,327	$376,011	$62,316	$475,759	($37,432)	**Total Non Operating Expense**	$4,941,661	$4,509,522	$432,139	$4,612,983	$328,678
($247,096)	($68,622)	($178,475)	$3,784,398	($4,031,494)	**NET INCOME (LOSS)**	$1,338,373	($686,572)	$2,024,945	$4,911,063	($3,572,690)
(10%)	(3%)	(7%)	52%	(61%)	**Net Income Margin**	4%	(3%)	7%	14%	(10%)

Sierra Vista Hospital
INCOME STATEMENT by Month
June 30, 2022

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Revenues												
Gross Patient Revenue	$ 4,213,781	$ 4,711,436	$ 4,225,491	$ 4,116,284	$ 3,575,083	$ 4,257,015	$ 4,185,011	$ 4,427,493	$ 4,346,694	$ 4,179,687	$ 4,614,742	$ 4,378,529
Revenue Deductions												
Contractual Allowances	1,934,982	2,148,729	2,054,060	1,733,039	1,831,356	1,473,918	1,529,498	1,782,904	1,566,157	1,782,484	1,899,262	1,866,683
Bad Debt	180,600	77,177	107,657	52,445	124,185	30,998	147,779	88,057	74,595	151,690	211,136	258,100
Other Deductions	132,022	108,432	58,653	101,839	34,833	69,482	36,850	65,154	78,507	44,813	59,296	64,939
Total Revenue Deductions	$ 2,247,604	$ 2,334,337	$ 2,220,370	$ 1,887,323	$ 1,990,374	$ 1,574,398	$ 1,714,126	$ 1,936,115	$ 1,719,259	$ 1,978,988	$ 2,169,694	$ 2,189,721
Other Patient Revenue	471	12	202,366	761	2,439	2,411	(2,256)	4,236	223	519	2,368	92
Net Patient Revenue	$ 1,966,649	$ 2,377,111	$ 2,207,487	$ 2,229,722	$ 1,587,148	$ 2,685,027	$ 2,468,629	$ 2,495,613	$ 2,627,658	$ 2,201,219	$ 2,447,416	$ 2,188,899
Gross to Net %	47%	50%	52%	54%	44%	63%	59%	56%	60%	53%	53%	50%
Other Operating Revenue	244,617	(764,593)	253,020	229,154	407,705	236,475	245,623	257,456	234,590	245,827	244,398	222,480
Non-Operating Revenue	321,334	538,200	207,887	210,151	126,373	136,923	524,485	1,111,105	136,001	156,687	133,565	133,531
Total Operating Revenue	$ 2,532,599	$ 2,150,719	$ 2,668,394	$ 2,669,027	$ 2,121,225	$ 3,058,426	$ 3,238,738	$ 3,864,174	$ 2,998,249	$ 2,603,732	$ 2,825,379	$ 2,544,910
Expenses												
Salaries & Benefits	$1,016,942	$1,075,424	$1,130,204	$1,071,947	$1,090,915	$1,187,631	$1,115,403	$1,062,747	$1,190,167	$1,083,081	$1,010,393	$959,681
Salaries	827,216	883,393	841,508	884,152	935,149	994,277	933,787	897,931	994,453	904,957	849,049	811,543
Benefits	165,628	172,534	251,025	174,881	150,964	184,486	168,877	148,603	185,508	164,910	140,321	123,079
Other Salary & Benefit Expense	24,098	19,497	37,671	12,915	4,802	8,868	12,739	16,213	10,207	13,214	21,024	25,059
Supplies	191,130	123,361	137,324	186,932	145,782	135,106	180,104	192,722	203,136	158,083	156,134	140,705
Contract Services	720,752	820,249	797,908	713,877	581,223	533,176	590,882	579,918	489,167	546,796	423,407	519,901
Professional Fees	178,417	180,370	178,417	180,370	174,511	180,370	180,370	178,580	180,370	176,796	176,122	170,411
Leases/Rentals	9,125	4,921	9,571	11,210	3,103	6,377	12,959	7,323	8,575	4,667	9,449	3,044
Utilities	49,790	48,261	36,822	30,623	32,989	32,182	33,143	32,255	44,155	30,910	43,942	43,203
Repairs / Maintenance	63,485	60,516	41,785	56,795	94,507	48,475	47,157	96,695	44,792	58,542	58,903	51,279
Insurance	67,825	68,149	68,351	67,827	68,149	70,297	69,939	39,655	68,910	68,546	69,580	68,875
Other Operating Expenses	43,903	46,048	40,398	36,002	33,489	43,145	92,642	34,089	37,067	29,879	52,162	41,672
Total Operating Expenses	$2,341,368	$2,427,299	$2,440,778	$2,355,583	$2,224,667	$2,236,758	$2,322,599	$2,223,984	$2,266,338	$2,157,300	$2,000,093	$1,998,770
EBITDA	$191,231	($276,579)	$227,616	$313,444	($103,442)	$821,667	$916,139	$1,640,190	$731,911	$446,432	$825,285	$546,140
EBITDA Margin	8%	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%
Non - Operating Expenses												
Depreciation and Amortization	$309,965	$290,430	$290,430	$289,899	$288,723	$288,751	$289,084	$288,362	$288,341	$312,727	$275,153	$275,653
Interest	73,415	75,591	75,735	73,442	73,451	73,460	73,469	75,914	73,487	73,496	76,073	73,514
Tax/Other	54,948	44,937	42,004	47,582	44,305	47,309	51,431	41,521	55,051	44,271	43,288	46,448
Total Non Operating Expenses	$438,327	$410,958	$408,169	$410,923	$406,479	$409,521	$413,984	$405,798	$416,879	$430,493	$394,515	$395,615
NET INCOME (LOSS)	($247,096)	($687,537)	($180,554)	($97,479)	($509,921)	$412,147	$502,154	$1,234,392	$315,032	$15,939	$430,771	$150,525
Net Income Margin	(10%)	(32%)	(7%)	(4%)	(24%)	13%	16%	32%	11%	1%	15%	6%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
June 30, 2022

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Revenues												
Gross Patient Revenue	$ 4,213,781	$ 4,711,436	$ 4,225,491	$ 4,116,284	$ 3,575,083	$ 4,257,015	$ 4,185,011	$ 4,427,493	$ 4,346,694	$ 4,179,687	$ 4,614,742	$ 4,378,529
Revenue Deductions												
Contractual Allowances	1,934,982	2,148,729	2,054,060	1,733,039	1,831,356	1,473,918	1,529,498	1,782,904	1,566,157	1,782,484	1,899,262	1,866,683
Bad Debt	180,600	77,177	107,657	52,445	124,185	30,998	147,779	88,057	74,595	151,690	211,136	258,100
Other Deductions	132,022	108,432	58,653	101,839	34,833	69,482	36,850	65,154	78,507	44,813	59,296	64,939
Total Revenue Deductions	$ 2,247,604	$ 2,334,337	$ 2,220,370	$ 1,887,323	$ 1,990,374	$ 1,574,398	$ 1,714,126	$ 1,936,115	$ 1,719,259	$ 1,978,988	$ 2,169,694	$ 2,189,721
Other Patient Revenue	471	12	202,366	761	2,439	2,411	(2,256)	4,236	223	519	2,368	92
Net Patient Revenue	$ 1,966,649	$ 2,377,111	$ 2,207,487	$ 2,229,722	$ 1,587,148	$ 2,685,027	$ 2,468,629	$ 2,495,613	$ 2,627,658	$ 2,201,219	$ 2,447,416	$ 2,188,899
Gross to Net %	46.7%	50%	52%	54%	44%	63%	59%	56%	60%	53%	53%	50%
Other Operating Revenue	244,617	(764,593)	253,020	229,154	407,705	236,475	245,623	257,456	234,590	245,827	244,398	222,480
Non-Operating Revenue	321,334	538,200	207,887	210,151	126,373	136,923	524,485	1,111,105	136,001	156,687	133,565	133,531
Total Operating Revenue	$ 2,532,599	$ 2,150,719	$ 2,668,394	$ 2,669,027	$ 2,121,225	$ 3,058,426	$ 3,238,738	$ 3,864,174	$ 2,998,249	$ 2,603,732	$ 2,825,379	$ 2,544,910
Expenses												
Salaries & Benefits	1,016,942	1,075,424	1,130,204	1,071,947	1,090,915	1,187,631	1,115,403	1,062,747	1,190,167	1,083,081	1,010,393	959,681
Salaries	827,216	883,393	841,508	884,152	935,149	994,277	933,787	897,931	994,453	904,957	849,049	811,543
Benefits	165,628	172,534	251,025	174,881	150,964	184,486	168,877	148,603	185,508	164,910	140,321	123,079
Other Salary & Benefit Expense	24,098	19,497	37,671	12,915	4,802	8,868	12,739	16,213	10,207	13,214	21,024	25,059
Supplies	191,130	123,361	137,324	186,932	145,782	135,106	180,104	192,722	203,136	158,083	156,134	140,705
Contract Services	720,752	820,249	797,908	713,877	581,223	533,176	590,882	579,918	489,167	546,796	423,407	519,901
Professional Fees	178,417	180,370	178,417	180,370	174,511	180,370	180,370	178,580	180,370	176,796	176,122	170,411
Leases/Rentals	9,125	4,921	9,571	11,210	3,103	6,377	12,959	7,323	8,575	4,667	9,449	3,044
Utilities	49,790	48,261	36,822	30,623	32,989	32,182	33,143	32,255	44,155	30,910	43,942	43,203
Repairs / Maintenance	63,485	60,516	41,785	56,795	94,507	48,475	47,157	96,695	44,792	58,542	58,903	51,279
Insurance	67,825	68,149	68,351	67,827	68,149	70,297	69,939	39,655	68,910	68,546	69,580	68,875
Other Operating Expenses	43,903	46,048	40,398	36,002	33,489	43,145	92,642	34,089	37,067	29,879	52,162	41,672
Total Operating Expenses	$2,341,368	$2,427,299	$2,440,778	$2,355,583	$2,224,667	$2,236,758	$2,322,599	$2,223,984	$2,266,338	$2,157,300	$2,000,093	$1,998,770
EBITDA	$191,231	($276,579)	$227,616	$313,444	($103,442)	$821,667	$916,139	$1,640,190	$731,911	$446,432	$825,285	$546,140
EBITDA Margin	7.6%	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%
Non - Operating Expenses												
Depreciation and Amortization	309,965	290,430	290,430	289,899	288,723	288,751	289,084	288,362	288,341	312,727	275,153	275,653
Interest	73,415	75,591	75,735	73,442	73,451	73,460	73,469	75,914	73,487	73,496	76,073	73,514
Tax/Other	54,948	44,937	42,004	47,582	44,305	47,309	51,431	41,521	55,051	44,271	43,288	46,448
Total Non Operating Expenses	$438,327	$410,958	$408,169	$410,923	$406,479	$409,521	$413,984	$405,798	$416,879	$430,493	$394,515	$395,615
NET INCOME (LOSS)	($247,096)	($687,537)	($180,554)	($97,479)	($509,921)	$412,147	$502,154	$1,234,392	$315,032	$15,939	$430,771	$150,525
Net Income Margin	(9.8%)	(32%)	(7%)	(4%)	(24%)	13%	16%	32%	11%	1%	15%	6%

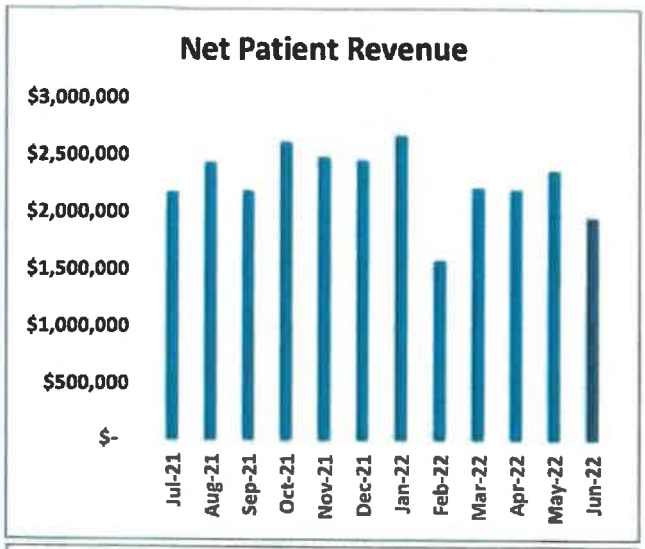
Sierra Vista Hospital
BALANCE SHEET
June 30, 2022

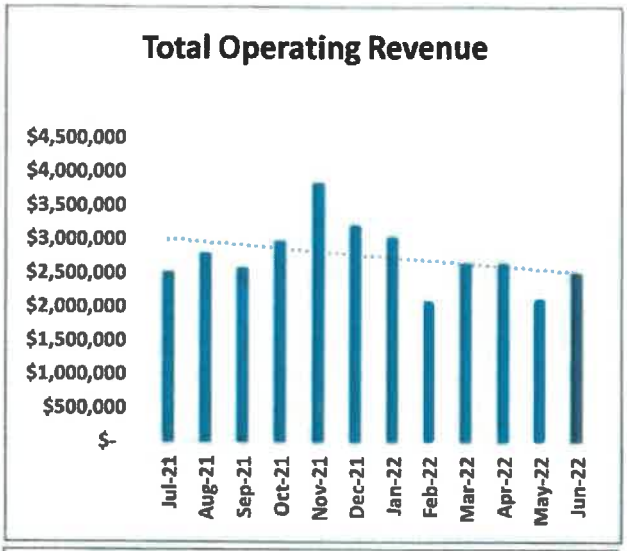
June 30, 2022 (Unaudited)	DESCRIPTION	June 30, 2021
	Assets	
	Current Assets	
$ 11,856,113	Cash and Liquid Capital	$ 11,438,882
$ 536,890	US Bank Clearing	$ 161,510
$ 12,393,003	**Total Cash**	**$ 11,600,392**
$ 5,391,266	Accounts Receivable - Gross	$ 5,074,298
$ 3,689,594	Contractual Allowance	$ 3,667,639
$ 1,701,672	**Total Accounts Receivable, Net of Allowance**	**$ 1,406,659**
$ 836,550	Other Receivables	$ 1,212,840
$ 596,544	Inventory	$ 477,190
$ 183,210	Prepaid Expense	$ 76,050
$ 15,710,979	**Total Current Assets**	**$ 14,773,131**
	Long Term Assets	
$ 53,822,297	Fixed Assets	$ 53,265,499
$ 15,063,598	Accumulated Depreciation	$ 11,576,081
$ 954,129	Construction in Progress	$ -
$ 39,712,828	**Total Fixed Assets, Net of Depreciation**	**$ 41,689,418**
$ 39,712,828	**Total Long Term Assets**	**$ 41,689,418**
$ 3,547,883	**New Hospital Loan**	**$ 2,081,543**
$ 58,971,690	**Total Assets**	**$ 58,544,092**
	Liabilities & Equity	
	Current Liabilities	
$ 1,242,814	Account Payable	$ 972,524
$ 1,221,498	Interest Payable	$ 298,724
$ 48,661	Accrued Taxes	$ 45,327
$ 842,615	Accrued Payroll and Related	$ 780,188
$ (50,000)	Cost Report Settlement	$ 2,011,460
$ 3,305,589	**Total Current Liabilities**	**$ 4,108,223**
	Long term Liabilities	
$ 25,984,657	Long Term Notes Payable	$ 26,032,239
$ 25,984,657	**Total Long Term Liabilities**	**$ 26,032,239**
$ 426,432	**Unapplied Liabilities**	**$ 403,457**
$ 326,293	**Capital Equipment Lease**	**$ 409,826**
$ 30,042,970	**Total Liabilites**	**$ 30,953,745**
$ 29,175,816	**Retained Earnings**	**$ 23,805,949**
$ (247,096)	**Net Income**	**$ 3,784,398**
$ 58,971,690	**Total Liabilities and Equity**	**$ 58,544,092**

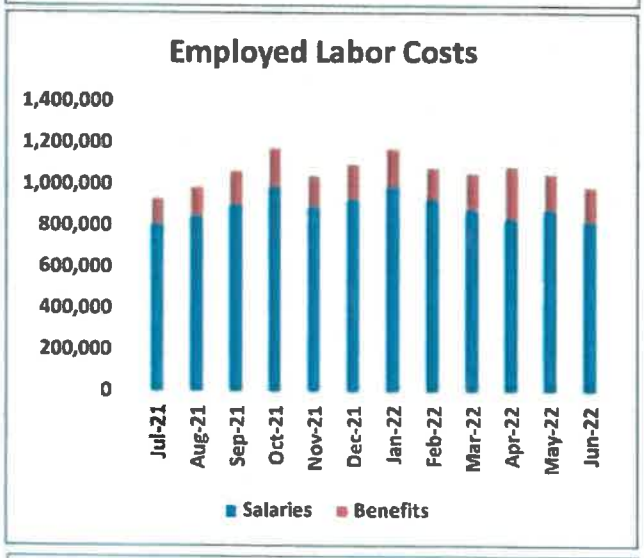
Sierra Vista Hospital
BALANCE SHEET by Month
June 30, 2022

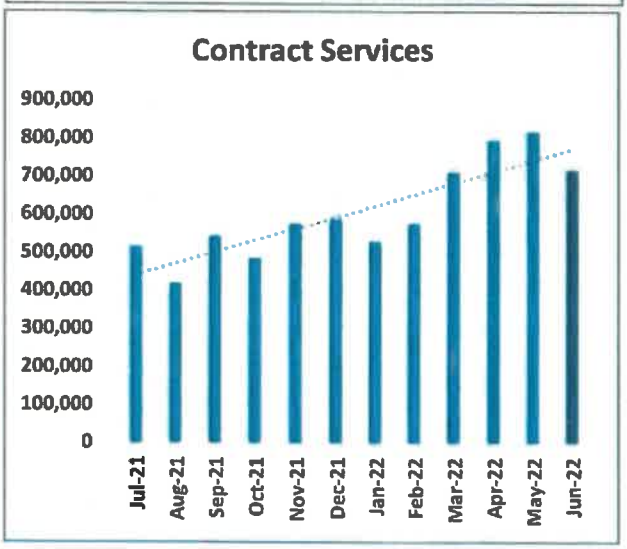
	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Assets												
Current Assets												
Cash and Liquid Capital	11,856,113	11,859,526	12,194,653	12,505,182	12,980,332	12,879,447	12,654,626	12,147,111	11,308,165	11,080,065	10,848,616	10,387,505
US Bank Clearing	536,890	152,082	181,145	18,377	87,380	301,358	105,448	134,004	167,739	243,122	135,981	188,478
Total Cash	$12,393,003	$12,011,608	$12,375,798	$12,523,558	$13,067,711	$13,180,805	$12,760,073	$12,281,116	$11,475,904	$11,323,187	$10,984,596	$10,575,983
Accounts Receivable - Gross	5,391,266	5,814,526	5,448,656	5,386,221	5,520,235	5,818,572	5,605,494	6,019,847	5,705,397	5,571,455	5,447,644	5,169,502
Contractual Allowance	3,689,594	3,809,644	3,504,848	3,359,094	3,296,149	3,362,549	3,549,089	3,847,618	4,017,255	3,918,694	3,730,853	3,672,851
Total Accounts Receivable, Net of Allowance	$ 1,701,672	$ 2,004,882	$ 1,943,808	$ 2,027,127	$ 2,224,086	$ 2,456,023	$ 2,056,405	$ 2,172,229	$ 1,688,142	$ 1,652,760	$ 1,716,791	$ 1,496,651
Other Receivables	836,550	1,500,080	1,774,522	1,687,149	1,836,239	1,335,679	1,852,062	1,726,407	1,473,971	1,250,346	1,378,805	1,502,679
Inventory	596,544	603,156	578,411	575,838	543,427	558,917	527,634	503,672	565,895	485,848	514,727	503,294
Prepaid Expense	183,210	158,850	212,908	278,436	352,003	430,224	497,791	557,946	622,314	619,367	695,057	740,136
Total Current Assets	$15,710,979	$16,278,577	$16,885,447	$17,092,108	$18,023,466	$17,961,648	$17,693,965	$17,241,369	$15,826,226	$15,331,508	$15,289,976	$14,818,743
Long Term Assets												
Fixed Assets	53,822,297	53,811,509	53,809,374	53,805,896	53,677,822	53,494,698	53,446,980	53,437,453	53,437,453	53,429,720	53,429,720	53,349,499
Accumulated Depreciation	15,063,598	14,753,633	14,463,203	14,172,774	13,882,875	13,594,152	13,305,401	13,016,317	12,727,954	12,439,613	12,126,887	11,851,734
Construction in Progress	954,129	954,129	775,646	775,646	377,054	375,283	194,954	194,954	194,954	52,070	32,920	0
Total Fixed Assets, Net of Depreciation	39,712,828	40,012,005	40,121,817	40,408,769	40,172,002	40,275,829	40,336,534	40,616,091	40,904,453	41,042,177	41,335,752	41,497,765
Total Long Term Assets	$ 39,712,828	$ 40,012,005	$ 40,121,817	$ 40,408,769	$ 40,172,002	$ 40,275,829	$ 40,336,534	$ 40,616,091	$ 40,904,453	$ 41,042,177	$ 41,335,752	$41,497,765
New Hospital Loan	$ 3,547,883	$ 3,425,860	$ 3,303,740	$ 3,181,530	$ 3,059,306	$ 2,937,081	$ 2,814,860	$ 2,692,642	$ 2,448,197	$ 2,325,980	$ 2,203,755	$ 2,081,543
Total Assets	$ 58,971,690	$ 59,716,441	$ 60,311,004	$ 60,682,407	$ 61,254,773	$ 61,174,558	$ 60,845,359	$ 60,550,102	$ 59,178,877	$ 58,699,664	$ 58,829,483	$ 58,398,051
Liabilities & Equity												
Current Liabilities												
Account Payable	1,242,814	1,731,559	944,393	987,286	1,203,710	1,053,663	868,046	1,129,321	1,096,830	811,597	887,828	929,538
Interest Payable	1,221,498	1,144,601	1,067,703	990,805	913,682	836,784	759,886	682,988	606,091	529,418	452,520	375,622
Accrued Taxes	48,661	40,039	40,066	46,000	44,000	47,000	51,000	41,000	54,000	44,000	44,000	46,363
Accrued Payroll and Related	842,615	895,815	824,245	839,253	746,848	692,439	1,013,664	827,656	796,233	756,154	694,225	578,025
Cost Report Settlement	-50,000	66,640	874,294	1,066,171	1,429,410	1,170,277	1,133,626	1,310,342	1,433,805	1,612,136	1,767,845	1,906,257
Total Current Liabilities	$3,305,589	$3,878,654	$3,750,700	$3,929,514	$4,337,650	$3,800,164	$3,826,222	$3,991,307	$3,986,958	$3,753,305	$3,846,418	$3,835,806
Long term Liabilities												
Long Term Notes Payable	25,984,657	25,988,622	25,992,587	25,996,552	26,000,517	26,004,483	26,008,448	26,012,413	26,016,378	26,020,343	26,024,309	26,028,274
Total Long Term Liabilities	$25,984,657	$25,988,622	$25,992,587	$25,996,552	$26,000,517	$26,004,483	$26,008,448	$26,012,413	$26,016,378	$26,020,343	$26,024,309	$26,028,274
Unapplied Liabilities	426,432	345,340	358,562	348,983	343,680	351,787	403,039	439,225	285,306	349,170	396,215	384,890
Capital Equipment Lease	326,293	328,009	345,801	363,450	365,139	366,818	368,489	370,150	387,620	389,263	390,898	408,209
Total Liabilites	$30,042,970	$30,540,625	$30,447,650	$30,638,500	$31,046,987	$30,523,251	$30,606,198	$30,813,095	$30,676,262	$30,512,082	$30,657,840	$30,657,179
Retained Earnings	$29,175,816	$29,863,354	$30,043,907	$30,141,386	$30,717,707	$30,239,161	$29,737,006	$28,502,615	$28,187,582	$28,171,643	$27,740,872	$27,590,347
Net Income	($247,096)	($687,537)	($180,554)	($97,479)	($509,921)	$412,147	$502,154	$1,234,392	$315,032	$15,939	$430,771	$150,525
Total Liabilities and Equity	$58,971,690	$59,716,441	$60,311,004	$60,682,407	$61,254,773	$61,174,558	$60,845,359	$60,550,102	$59,178,877	$58,699,664	$58,829,483	$58,398,051

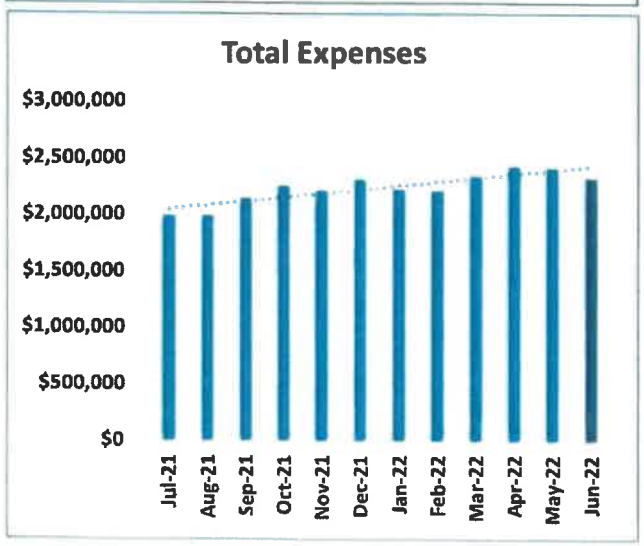
Financial Trends

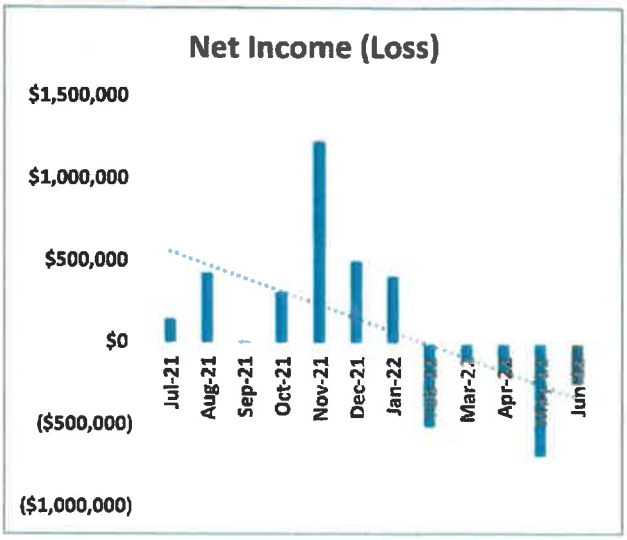












Sierra Vista Hospital
6/30/2022
Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)	6/30/2022	Notation
Covid-19 Medicare Advanced Payments	-	Repayment starting in May 2021
FY22 Cost Report Receivable as of 05/31/22	200,000	
FY21 Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
Total Liability	50,000	

Asset No.	Description	Life	Purchase Date	Purchase Price
3	Cytoscope	10	02/01/91	3,829.25
35	Colposcope (Used Donated)	3	11/07/07	7,500.00
64	Cardinal Hlth (I-Stat Analyzr)	5	08/09/09	9,574.39
69	Security Select Camera System	5	10/09/09	7,234.20
82	Philips Medical (HeartStart MRx monitor/defib)	5	06/30/10	8,450.73
87	GE Healthcare (Mac 5500 EKG)	5	06/30/10	12,600.00
114	Telephone System	10	05/31/12	69,284.05
121	GE Healthcare (Portable Xray)	7	06/30/12	52,074.90
150	Philips Lease - C-Arm	7	09/30/14	78,503.60
163	EVIDENT (10% Sysmex Interface)	5	09/30/15	540.00
164	EVIDENT (10% MP-EMR Interface)	5	09/30/15	900.00
170	EVIDENT (90% Interface-Sysmex XN-2000)	5	11/30/15	4,860.00
201	Millenium Comm- Copper/Fiber	5	12/01/15	9,544.48
212	Millenium - Phone Cabline/Equip/Labor-New ER	5	12/01/15	6,986.66
199	PCM-(Tiger Dir) Acer PC's	5	12/01/15	15,819.00
202	PCM-(Tiger Dir) Acer Laptops	5	12/01/15	9,435.00
209	ANM-Cabling Data Drops-New ER	5	12/01/15	17,465.44
211	ANM - Cabling Materials & Installation-Mechnical Room	5	12/01/15	7,220.65
215	CDW Gov - Ergotron SV Sit/Stand Vertical Lift	5	12/01/15	5,204.00
203	Cardinal Hlth - Clinic Modular-Wall Mount Diagn System	5	12/01/15	9,160.16
210	ClaflinMedEquip - Exam Tables	5	12/01/15	7,572.11
174	Novarad (PACS System)	5	03/31/16	68,139.00
175	Philips (Holter Monitors)	5	03/31/16	13,262.49
223	Stryker (Arthroscope/Lower)	5	09/30/16	127,322.55
240	Gastroscope-Olympus (OR)	3	07/26/18	21,500.00
			Total	573,982.66

MORETON
CAPITAL MARKETS

SIERRA VISTA HOSPITAL 69
800 E 9TH AVENUE
TRUTH OR CONSEQ NM 87901-1961

NC0SL
MCM

ACCOUNT STATEMENT

JUNE 1, 2022 - JUNE 30, 2022

Account number:
7K5-00379

ACCOUNT VALUE SUMMARY

	THIS PERIOD	THIS YEAR
Beginning account value	**$6,001,047.21**	**$0.00**
Deposits	0.00	6,000,000.00
Taxable income	6.97	59.20
Change in asset value	3,780.00	4,774.98
Ending account value	**$6,004,834.18**	**$6,004,834.18**

Estimated annualized income **$0.00**

Please see "About Your Statement" on page 2 for further information.

YOUR INFORMATION

Government Account

Your Financial Professional
Moreton Capital Markets
101 S 200 E, Ste 300
Salt Lake City UT 84111
Telephone: (801) 535-3650
Fax: (801) 869-4205
E-mail: team@moretoncm.com

YOUR MESSAGE BOARD

RBC Clearing & Custody offers you the ability to automatically sweep un-invested cash from your account into a variety of competitive options. For more details on the Automated Cash Sweep product offerings and eligibility, view the newly added "Cash Sweep Program Overview" on our public website at: https://www.rbcclearingandcustody.com/en-us/legal/

Whether you want to build, preserve, enjoy, or share your hard-earned wealth, we're here to help. For questions about your account, please contact your financial professional, who will be happy to assist you.

ASSET DETAIL

The Estimated Annualized Income ("EAI") for certain securities could include a return of principal or capital gains, in which case EAI depicted on this account statement would be overstated. EAI is only an estimate of income generated by the investment and the actual income may be higher or lower. In the event the investment matures, is sold or called, the full EAI may not be realized.

** The Unrealized Gain/Loss may not reflect your investments' total return. Specifically, the net cost may include dividend and capital gains distributions which have been reinvested. Additionally, the information that appears in these columns may be based on information provided by you or at your direction. RBC has not verified such data. Please see "About Your Statement" on page 2 for further information.*

Your Financial Professional has elected to display Asset Detail with the following options: asset purchases (tax lots) consolidated.

CASH AND MONEY MARKET

DESCRIPTION	SYMBOL/CUSIP	QUANTITY	MARKET PRICE	CURRENT MARKET VALUE	PREVIOUS STATEMENT MARKET VALUE	YTD INCOME
RBC FDS TR US GOVT MONEY MKT FD INST CL 2	TIMXX	11,434.180	$1.000	$11,434.18	$11,427.21	$59.20
TOTAL CASH AND MONEY MARKET				**$11,434.18**		**$59.20**

TAXABLE FIXED INCOME

DESCRIPTION	SYMBOL/CUSIP	QUANTITY	MARKET PRICE	MARKET VALUE/ ACCRUED INTEREST	NET COST *	UNREALIZED GAIN/LOSS *	ESTIMATED ANNUALIZED INCOME
UNITED STATES TREASURY BILL RE-ISSUE 05/05/2022 ORIGINAL ISSUE DISCOUNT MOODY N/A S&P N/A	912796567 CPN: 0.000% DUE 08/04/2022 DTD: 02/03/2022 BOOK ENTRY ONLY	6,000,000.000	$99.890	$5,993,400.00	$5,988,625.02	$4,774.98	
TOTAL TAXABLE FIXED INCOME		**6,000,000.000**		**$5,993,400.00**	**$5,988,625.02**	**$4,774.98**	
TOTAL ASSETS				**$6,004,834.18**			**$0.00**

Issuer	Term	Amount	Maturity	Yield	Approximate Interest Income
TREASURY BILL	3 months	1 million	10/20/2022	2.28%	$5,700 for 3 months
TREASURY BILL	6 months	1 million	1/19/2023	2.76%	$13,800 for 6 months
TREASURY BILL	9 months	1 million	4/20/2023	2.79%	$20,925 for 9 months
TREASURY BILL	1 year	1 million	7/13/2023	2.90%	$29,000 for 1 year
NM LGIP	Liquid	1 million	N/a	1.28%	$1,066 for 1 month

SIERRA VISTA HOSPITAL AND CLINICS

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

Resolution No. 22-104

RE: Final Budget for Fiscal Year 07/01/2022 to 06/30/2023

WHEREAS the Governing Body of Sierra Vista Hospital, State of New Mexico has developed a budget for Fiscal Year 2022/2023, 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 meetings for the review of said documents duly advertised and held on July 26, 2022 in compliance with the state open meetings act, and,

WHEREAS unaudited cash balance as of June 30, 2022 is $13,092,317 and,

WHEREAS it is the majority opinion of these Boards that the proposed budget meets the requirements as currently determined for Fiscal Year 2022/2023.

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 26th day of July 2022.

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. 22-110

RE: July 26, 2022 4th Quarter financial report

WHEREAS the official meetings for the review of monthly financials was duly advertised and held monthly on May 24, 2022 to review April 2022, June 28, 2022 to review May 2022 and July 26, 2022 to review June 2022. 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 26th day of July 2022.

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: _____

INCOME STATEMENT
FY22 BUDGET

DESCRIPTION	Original Budget	Adjustment
Gross Patient Revenue	$ 49,551,158	
Revenue Deductions		
Contractual Allowances	23,449,901	
Bad Debt	2,050,500	
Other Deductions	1,600,185	
Total Revenue Deductions	$ 27,100,585	
Other Patient Revenue	204,951	
Net Patient Revenue	$ 22,655,524	$ 4,000,000
	45.7%	
Other Operating Revenue	2,975,590	
Non-Operating Revenue	1,723,992	
Total Operating Revenue	$ 27,355,106	$ 4,000,000
Expenses		
Salaries & Benefits	$11,909,273	
Salaries	9,893,797	1,000,000
Benefits	1,821,268	
Other Salary & Benefit Expense	194,208	
Supplies	1,859,691	150,000
Contract Services	5,518,121	2,000,000
Professional Fees	1,854,636	
Leases/Rentals	207,880	
Utilities	502,001	
Repairs / Maintenance	588,490	150,000
Insurance	705,556	100,000
Other Operating Expenses	386,507	150,000
Total Operating Expenses	$23,532,156	$3,550,000
EBITDA	$3,822,950	($3,550,000)
EBITDA Margin	14.0%	
Non - Operating Expenses		
Depreciation and Amortization	3,159,948	350,000
Interest	884,624	
Tax/Other	464,951	100,000
Total Non Operating Expense	$4,509,522	$450,000
NET INCOME (LOSS)	($686,572)	$ -
Net Income Margin	(2.5%)	

SIERRA VISTA HOSPITAL AND CLINICS

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

Resolution No. 22-103

RE: Budget Variance Revision 2022

WHEREAS, the Governing Body of Sierra Vista Hospital, State of New Mexico has reviewed the Budget Variance for 2022 and needs to adjust said budget

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 duly advertised and held on July 26, 2022. In compliance with the state open meetings act, and,

NOW, THERERFORE, BE IT RESOLVED that the Governing Boards of Sierra Vista Hospital, State of New Mexico hereby adopts the budget adjustment 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 26th day of July 2022.

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
DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: Admin **Original Policy Date:** 07/01/2022

Review:

SUBJECT: Chaplaincy, Patients' Rights, and Organizational Ethics

Last Revised:

Approved by: Medical Staff, Governing Board **Manager:** Zachary Heard, Operation Manager

---

POLICY: It is the policy of Sierra Vista Hospital to ensure that respect is extended to all patients and family members in relation to their preferences of religious rituals or spiritual activities. This may be accomplished through the patient's Pastor or Spiritual Leader, or with the Sierra Vista Hospital Chaplaincy.

REFERENCE: TJC Standard R1.1.3.5

PROCEDURE: Requests for specific religious/spiritual services by a patient or his/her legal guardian (when the patient cannot communicate his/her own wishes directly) should be honored where possible and appropriate. Examples of requests may include the following:

- Administration of holy communion/eucharist
- Baptism of an infant or adult near death
- Hearing a patient's confession
- Anointing with oil/sacrament of the sick
- Prayer of commendation and blessing at the time of death or following a death
- Prayer before a surgical procedure
- Specific foods or foods prepared in a specific way
- To be visited by a hospital chaplain
- Respect for religious objects
- To be visited by a patient and/or family's own faith practitioner

For inpatients remaining in hospital care for longer than 24 hours and who can respond and communicate, any staff member attending to the patient will either provide the patient with the Spiritual Needs Assessment (form F-850-01-082-1) or ask the questions from the form and document the patient's responses. Completed Spiritual Needs Assessments are to be kept in the patient's chart.

Procedural guidelines and safeguards for honoring a religious/spiritual preference request

a. **Determining a bona fide request:** In most adult situations where competent patients can communicate for themselves, they must make their request for a religious procedure directly, and in a clearly understood fashion. This is especially true in situations where baptism is requested, due to its irrevocable nature and the responsibilities attached to it by many faith traditions.

When the patient cannot communicate for himself/herself, by virtue of age, medical condition, or level

of competency, then a parent, spouse, or other individual with clear authority to decide matters on behalf of the patient may initiate the request.

When there is ambiguity on the exact nature of the request or the authority to make it, do not hesitate to consult with a hospital chaplain, social worker, or the nursing house supervisor.

b. **Routine requests:** Whenever a request is made to a hospital staff person, the request shall be charted in the patient's medical record and the chaplain on duty shall be notified of the request. It shall be the responsibility of the chaplain to assure appropriate follow up of the religious request and to chart the outcome.

In instances where a patient is asking religious or spiritual questions to an on-shift SVH staff member, the staff member should limit their responses to explaining the chaplaincy program and inform the patient that they can contact the on-duty chaplain or the patient's personal pastor, priest, etc.

c. **Religious requests of an emergent nature:** When death of the patient appears imminent, religious procedures such as baptism, reception of Holy Communion, special prayers and/or anointing may be a very meaningful spiritual and therapeutic action, as well as time sensitive. In other situations where death has just occurred the same may be true. Prayers following the death of a loved one or special blessings said for a stillborn child may greatly assist in coping with grief.

In any of these situations do not hesitate to request consultation from the Chaplain, social worker, nursing supervisor, family or with the family's permission their Pastor, Priest, Rabbi, or any other religious or spiritual representatives.

Finally, when making a necessary referral, the assessment intervention and planned outcome shall be recorded in the patient's medical record by hospital staff.

d. **In all situations where there is absence of a clear consent:** No religious ritual or activity should be administered based on presumptions, such as appearance or surname.

HOSPITAL CHAPLAINCY:

The hospital chaplaincy shall be overseen by the Spiritual Care Committee with assistance from the Sierra County Ministerial Alliance. The hospital will keep a list of volunteer chaplains willing to come when needed; however, the patient's personal pastor, priest, etc. should be called when requested.

Volunteer hospital chaplains should round daily, be available to take requests while on call rotation, and work with spiritual care providers of other denominations and faiths. Chaplains must have the patient's and family's concerns as their utmost priority.

All Chaplaincy volunteers must go through the training provided by SVH that is required of all hospital volunteers. A short training provided by the Sierra County Ministerial Alliance must also be attended.

All volunteer chaplains must also be willing to attend to the spiritual needs of SVH staff when requested while being sensitive to the need of patients and staffing issues.

Distributed To:
Revision Dates:
Policy # 850-01-082

Spiritual Needs Assessment

Patient _____ **DOB** _____

Room # _____

Initial Assessment

What type of spiritual/religious support do you need during your care?

Has belief in God been important in your life? YES_____ NO_____

Details (if needed):

Does a place of worship (i.e. church, synagogue, etc.) play a role in your life?

YES_____ NO_____

If yes, what is the name of your church/synagogue/etc?

If yes, what faith or denomination does it practice?

If yes, what is the name of your clergy, minister, chaplain, pastor, or rabbi?

Do you use prayer, meditation or any other spiritual reflection practice in your life?

YES_____ NO_____

Details (if needed):

What else will help you get through this health care experience?

Original Policy Date:

6.23.22

Reviewed 2022_____2023_____2024____

Subject: Infection Prevention and Control Guidelines for Patients with Coronavirus Disease (COVID-19)

Approved By:
Manager:

Last Revised:

PURPOSE

A. To ensure early recognition of a patient or Healthcare Personnel (HCP) who may have COVID-19 upon arrival at any entry point to Sierra Vista Hospital and Clinics.
B. To prompt the rapid institution of infection control measures and reporting to minimize potential transmission to staff, patients and/or visitors.

AFFECTED AREAS

Sierra Vista Hospital and Clinics.

Guidelines

Sierra Vista Hospital and Clinics and its employees must comply with COVID-19 guidelines to protect HCPs (Health Care Personnel) from COVID-19.

BACKGROUND INFORMATION

Infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility.

This guidance is based on the information available about COVID-19 related to disease severity, transmission efficiency, and shedding duration. This will be refined and updated as additional information becomes available.

DEFINITIONS

COVID-19: Coronavirus Disease

Close contact Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated while not wearing recommended PPE

Healthcare Personnel (HCP) For the purposes of this document, HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious

materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

Airborne Infection Isolation Room (AIIR) are single patient rooms at negative pressure relative to the surrounding areas, and with a minimum of six air changes per hour, (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter before recirculation.

Respiratory Hygiene/ Cough Etiquette consists of measures to contain respiratory secretions for all individuals with signs and symptoms of a respiratory infection. It includes covering nose and mouth when coughing or sneezing; using tissues and disposing of them in the nearest waste receptacle after use; and performing hand hygiene after having contact with respiratory secretions and contaminated objects or materials (CDC, 2005).

Patient Cohorting is defined as placing a group of two or more patients with the same infection/organism in the same room/area, which is physically separated from other patients (cohort area). Patient cohorting may be utilized as an alternative approach to isolation in circumstances where there are two or more patients with the same confirmed infection, but there are insufficient facilities to isolate them all or it is deemed unsafe to isolate due to the patient's condition.

PROCEDURE/PROCESS

I. Minimize Chance for Exposures

1. **Before Arrival**
   a. Whenever possible, instruct patients and persons who accompany them to call ahead or inform HCP upon arrival if they have symptoms of any respiratory infection (e.g., cough, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).
   b. If a patient is arriving via transport by emergency medical services (EMS), the driver should contact the receiving emergency department (ED). This will allow the healthcare facility to prepare for receipt of the patient.
   c. Screen and triage all clients, patients, delivery people, visitors, and other non-employees entering Sierra Vista facilities where direct patient care is provided for people who have symptoms of COVID-19.

2. **Upon Arrival and During the Visit**
   a. Ensure all persons with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
   b. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCP with instructions about hand hygiene, respiratory hygiene, and cough etiquette.

c. Ensure that patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) are not allowed to wait among other patients seeking care.
d. Ensure rapid triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough):
    i. Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility.
e. Follow triage procedures to detect patients suspected to have COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 as directed in the triage screening tool.
f. Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate the patient for COVID-19 in a single-person room or Airborne Infection Isolation Room (AIIR), if aerosol-generating procedure needs to be done.
g. Provide supplies for respiratory hygiene and cough etiquette, alcohol-based hand rub (ABHR), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

3. **Employee Screening**
    a. Employees must self-screen before starting work using the tool determined by the administration for the following COVID-19 criteria:
        i. Symptoms consistent with COVID-19; fever (at least 100.4) or chills, new unexplained cough, congestion, running nose, shortness of breath or difficulty breathing, new or unusual muscle or body aches, chills, new or unusual fatigue, sore throat, diarrhea, headache, and new loss of taste or smell with no other explanation.
        ii. Verify if on isolation or quarantine because of exposure to a person with COVID-19 (been exposed without the use of PPE to anyone known or suspected with COVID-19 in the last 14 days)?
        iii. Verify if waiting for COVID-19 test result (have you been diagnosed with COVID -19 in the last 14 days)?
    b. Employees who are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected to have COVID-19, experiencing recent loss of taste and/or smell with no other explanation, experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath must not start working, instead notify their supervisor and get tested.
    c. Employees must notify their supervisor when they are COVID-19 positive or have been told by a licensed healthcare provider that they are suspected of having COVID-19.

II. Adherence to Standard, Contact, and Droplet or Airborne Precautions, Including the Use of Eye Protection

1. Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. All HCP (see section III for measures for non-HCP visitors) who enter the room of a patient with suspected or confirmed COVID-19 should adhere to Standard, Contact, and Droplet or Airborne Precautions, including the following:
   a. **Patient Placement**
      i. Place a patient with known or suspected COVID-19 (i.e., PUI) in a single-person room. Patients undergoing aerosol-generating procedures should be placed in an Airborne Infection Isolation Rooms (AIIRs).If AIIR is not available, place patient in a single room with door closed and use portable HEPA filter unit.
      ii. Patients with the same respiratory pathogen may be housed in a semi-private room. A patient with COVID-19 should NOT be housed in the same room as a patient with an undiagnosed respiratory infection.
      iii. To the extent possible, patients with known or suspected COVID-19 should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
      iv. Patient room doors should be kept closed as much as possible, patient safety takes precedence if door needs to remain open and HCPs will wear appropriate PPE in the area .
      v. If possible, based on staffing and available vacant rooms, as a measure to limit HCP exposure and conserve PPE, consider entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients.
      vi. Any suspected patients in the **ambulatory setting** should be placed in a private exam room with the door closed if felt to be safe to keep door closed- do not allow them to wait in the waiting room.
      vii. Patients should wear a facemask to contain secretions during transport.
      viii. Limit transport and movement of the patient outside of the room to medically essential purposes.
         a. Consider providing portable x-ray equipment
      ix. Personnel entering the room should use PPE, including respiratory protection, as described below.
      x. Only essential personnel should enter the patient's room.
      xi. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, thermometer). If equipment will be used for more than one patient (e.g., video remote interpreting device), clean and disinfect such equipment before use on another patient according to manufacturer's instructions.

xii. Once the in-patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated AIIR for one hour and non-AIIR for 2 hours. After this time has elapsed, the room should undergo terminal cleaning and surface disinfection before it is returned to routine use.

b. **Hand Hygiene**

i. HCP should perform hand hygiene using ABHR before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

ii. Ensure that hand hygiene supplies are readily available to all personnel in every care location

c. **Personal Protective Equipment**

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

i. **Gloves**

a. Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.

b. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

c. Double gloving is not recommended when providing care to patients with suspected or confirmed SARS-CoV-2 infection.

ii. **Gowns**

a. Put on a clean disposable gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown before leaving the patient room or care area.

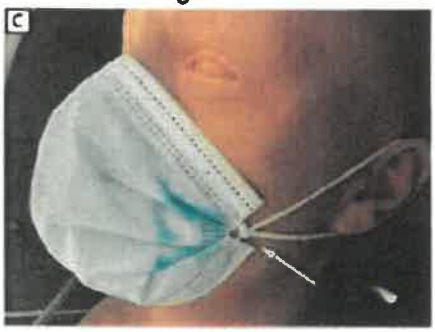
b. In general, healthcare personnel caring for patients with suspected or confirmed SARS-CoV-2 infection should not wear more than one isolation gown at a time.

iii. **Respiratory Protection**

a. Practice universal mask wearing. Employees must use the provided Fit Tested N95 mask when caring for a patient that is at risk based on symptoms) or has been confirmed with COVID-19. Employees must change facemask at least once a day, whenever they are soiled or damaged, and more frequently as necessary.

b. Employees who are unable to wear facemasks (e.g., due to a disability) must consult with employee health service.

c. A well-fitting mask should cover both the nose and mouth and fit snugly against the side of your face. A simple option for improving the fit of the standard mask is by knotting the 2 strands of the ear loops where they attach to the edge of the mask and tucking in the side pleat. See figure.



d. Use respiratory protection- N95 respirator with procedure mask over it while caring for persons confirmed with or suspected of having COVID-19.

e. Respirators grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients should be discarded. If a HCP reuses an N95 respirators they should use a clean pair of gloves when donning or adjusting a previously worn N95 respirator. Store the N95 in a clean dry paper bag. It is important to discard gloves and perform hand hygiene after the N95 respirator is donned or adjusted.

f. An N-95 respirator must only be reused by the employee it was provided to.

g. N-95 can only be reused <u>when:</u>

   i. The respirator is not visibly soiled or damaged;
   ii. The respirator has been stored in a breathable storage container (e.g., paper bag) for at least 5 calendar days between use and has been kept away from water or moisture;
   iii. The employee does a visual check in adequate lighting for damage to the respirator's fabric or seal;
   iv. The employee successfully completes a user seal check;
   v. The employee uses proper hand hygiene before putting the respirator on and conducting the user seal check; and
   vi. The respirator has not been worn more than 5 days total.

h. If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions.

iv. Eye Protection

a. Eye-protection must be worn when taking care of patients with COVID-19 positive test, COVID-19 pending test, and those not tested.

b. Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face). Goggles must fit snugly, particularly from the corners of the eye across the brow.

c. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions. Eye protection must be cleaned with alcohol wipes prior to placing reusable eye protection in a brown paper bag.

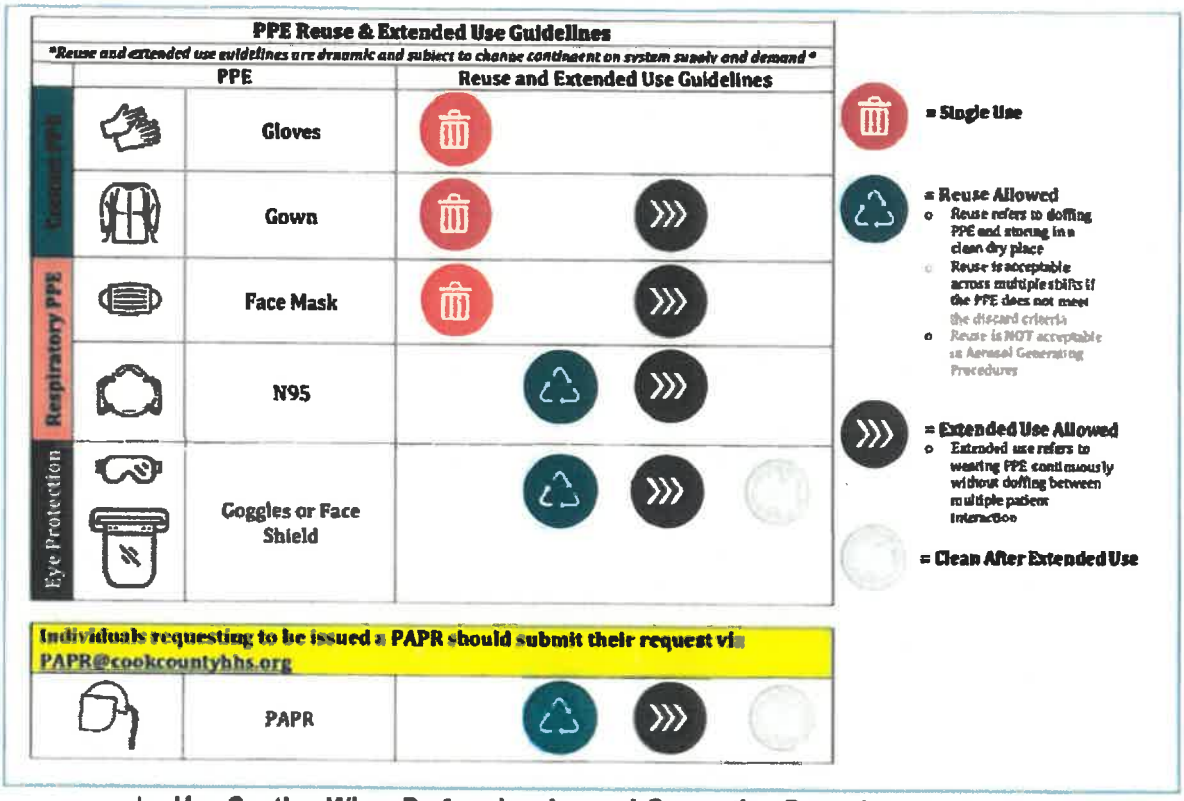
d. Disposable face shield can be utilized and worn up to 5 consecutive days as long as the integrity of the mask has not been affected.

v. Regular PPE Usage

Guidelines for Regular PPE Usage

PPE Guidelines for Use				
	PPE		Known or suspected COVID Positive	COVID Negative
Contact PPE		Gloves	ALL CLINICAL CARE ENCOUNTERS	
		Gown	✓	Dependent on precaution type
Respiratory PPE		Face Mask	ALL PERSONNEL AT ALL TIMES	
		N95	✓	Dependent on precaution type
Eye Protection		Goggles or Face Shield	Use face shield or goggles when taking care of patients with COVID-19 positive tests, COVID-19 pending tests, and those not tested. *"eyeglasses are NOT sufficient eye protection"*	

vi. PPE Reuse and Extended Use



d. Use Caution When Performing Aerosol-Generating Procedures

i. Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing, e.g., nasopharyngeal specimen collection, sputum induction, nebulizer treatments and open suctioning of airways should be performed cautiously and avoided if possible.

ii. If performed, these procedures should take place in an AIIR, and personnel should use respiratory protection as described above. In addition:

a. Limit the number of HCP present during the procedure to only those essential for patient care and procedural support.

b. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

e. Duration of Isolation Precautions for non health care staff:

I. For persons with COVID-19 illness who do not require admission to the hospital:

- Children and adults with mild, symptomatic COVID-19: Isolation can end at least 5 days after symptom onset and after fever ends for 24 hours (without the use of fever-reducing medication) and symptoms are improving, if these people can continue to properly wear a well-fitted mask around others for 5 more days after the 5-day isolation period. Day 0 is the first day of symptoms.

a. Isolation and precautions are not required after 7 days of symptom onset and resolution of fever for at least 24 hours, without the use of

fever-reducing medications and, with improvement of other symptoms (e.g., when referring a patient to an ambulatory clinic or another facility)

B .People who are infected but asymptomatic (never develop symptoms): Isolation can end at least 5 days after the first positive test (with day 0 being the date their specimen was collected for the positive test) if these people can continue to wear a properly well-fitted mask around others for 5 more days after the 5-day isolation period. However, if symptoms develop after a positive test, their 5-day isolation period should start over (day 0 changes to the first day of symptoms).

c. People who have moderate COVID-19 illness: Isolate for 10 days.

i. For persons with COVID-19 who do require admission to the hospital:
   A .Isolation and precautions can be discontinued 10 days after symptom onset and, resolution of fever for at least 24 hours, without the use of fever-reducing medication and, with improvement of other symptoms
ii. For persons who never develop symptoms, isolation and other precautions can be discontinued 5 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
iii. A test-based strategy is no longer recommended except for persons who are severely immunocompromised. Consult infectious disease and infection preventionist if a patient requires testing prior to discontinuing isolation.

III. Manage Visitor Access and Movement Within the Facility Including COVID-19 Units

1. Restrict visitors from entering the room of known or suspected COVID-19 patients. Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. We will consider exceptions based on end-of-life situations or when a visitor is essential for the patient's emotional well-being and care.
2. As part of universal masking, one must wear a well fitted hospital provided facemask while travelling through the facility including the COVID-19 units.
3. If any interactions will involve close, face-to-face, contact with a suspected or confirmed COVID-19 patient in an enclosed space (e.g. patient room), all recommended COVID-19 PPE must be worn and physically distance.

IV. Patient Transport

In general, transport and movement of a patient with suspected or confirmed SARS-CoV-2 infection outside of their room should be limited to medically essential purposes. Follow the following procedures when transporting the patient.

1. Patient should wear a face mask (if tolerated) to contain secretions and be covered with a clean sheet.
2. If transport personnel will help transfer the patient from bed to wheelchair or gurney, the transporter should wear all recommended PPE (gloves, a gown, N-95, facemask over N-95, and eye protection (goggles or face shield).
3. The transporter should remove their gown and gloves and perform hand hygiene once the patient has been transferred to the wheelchair or gurney.
4. The transporter should continue to wear N-95 and facemask during transport. The continued use of eye protection by the transporter is recommended if there is potential that the patient might not be able to tolerate their face mask for the duration of transport.
5. After arrival at their destination, receiving personnel and the transporter (if assisting with transfer) should perform hand hygiene and wear all recommended PPE. If still wearing their original N-95 or facemask and eye protection, the transporter should take care to avoid self-contamination when donning the remainder of the recommended PPE.

V. Use of Vehicle for Work

1. Follow the following protective measures when employees occupy a vehicle with another person for work purposes.
   a. Facemasks must cover the nose and mouth
   b. Clean high-touch surfaces daily (e.g., steering wheel, door handles, seats)
   c. Use fan at highest setting
   d. DO NOT use "Recirculate" for cabin heating/cooling
   e. Open window(s) whenever weather permits
   f. Separate passengers as much as possible in the vehicle (e.g., avoid having persons sit side-by-side)

VI. Vaccination

1. Refer to Human Resources guidelines on vaccination.

VII. Pre-operative Testing

1. Pre-operative testing is done to:
   a. Determine required PPE
   b. Determine patient placement
   c. Determine need for HEPA filtration
   d. To understand HCP risk while performing aerosol generating procedures e.g., intubation

e. To understand that there is a small amount of data to suggest that having surgery while infected with COVID increases mortality, and therefore to postpone the procedure if possible
f. Each patient must be tested prior to a scheduled procedure with a preoperative COVID-19 RT-PCR test and ensure COVID-19 negative status
g. Patients must self-quarantine until the day of surgery after being tested
h. Temperature check must done on the day of surgery with results of less than 99.8 degrees prior to proceeding with an elective procedure.

2. Pre-procedure testing should be done for the following patients:
   a. Anyone admitted for a procedure in the operating room or a procedure requiring anesthesia, including, but not limited to, procedures of the upper respiratory/GI tracts with potential for aerosol generation
   b. And anyone planned for an outpatient procedure in the operating room with the potential to involve general anesthesia or other aerosol generating procedures, such as procedures of the upper respiratory or GI tracts
3. Any pre-procedure patients being admitted MUST be in a single patient room and will be considered a PUI while the test is pending.
4. Out-patients can be tested at Sierra Vista Hospital.
5. **Process:**
   a. The physician performing the procedure or the PCP must place a COVID test order
   b. For COVID patients all members of the surgical team should wear a full set of PPE including fluid resistant gown, gloves, eye shield if PAPR not worn
   c. For COVID patients all members of the surgical team should wear N95 respirators with a procedure mask over it or PAPRs with procedure mask underneath the hood
   d. Staffing of procedure rooms should be reduced to the minimum number of individuals necessary, in order to conserve PPE and reduce exposure

VIII. Implement Engineering Controls

1. Visually inspect mechanical monitor in AIIR to ensure that they are functioning correctly. Document negative pressure status on Cerner while AIIR is in use.
2. Visual mechanical monitor in each AIIR room and audible manometer at the nursing station, are used to monitor air pressure in AIIR. Additionally, the powerhouse has an internal alert system to monitor deficiencies in air pressure.
3. Call Maintenance if the monitors indicate a deficiency

IX. Monitor and Manage Ill and Exposed Healthcare Personnel

1. Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with public health authorities. Follow the CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2.

2. Notify employees within 24 hours, if required to do so, when they have been exposed (through close contact or by working in the same well-defined portion of a workplace during a person's potential transmission period) to a COVID-19 positive person who has been in the workplace.
3. Employee Health Service and Human Resources will determine sick leave policies.
4. Persons returning after being off work during the COVID-19 outbreak must contact their supervisor or employee health service prior to returning to work.
5. Work Exclusions and Return to Work Guidelines

Exposure, Illness, & Work Exclusion				Return-to-work Recommendations	
Employee exposed to known case (hospital or community)	**Employee symptomatic?**	**Test for COVID- 19?**	**Can Employee Work/Keep Working?**	**When can an employee return to work if COVID Positive?**	**When can employee return to work if COVID negative?**
Yes High risk exposure*	Yes	Yes	Yes, with testing before entering building for 5 days and/or PRN.	**Mild to moderate** disease: At least 10 days since symptoms appeared At least 48 hours fever free without fever-reducing medications Symptoms have improved **Hospitalized/severe disease** At least 20 days and rest as above **Immunocompromised** persons must consult with EHS before returning to work.	Asymptomatic and fever free for 24 hours
Yes low risk exposure	Yes	Yes	Yes	Same as above	Asymptomatic and fever free for 24hours
Yes high risk exposure	No	Monitor for symptoms Test 5-7 days after last exposure or earlier if you develop symptoms	Yes, unless you develop symptoms	Same as above	Asymptomatic and fever free for 24hours
Yes low risk exposure	No	No	Yes	NA	NA

Crises staffing plan will be implemented based on needs of the hospital in coordination with administration and infection prevention/employee health.

-*No masks and < than 6 feet from infected person for 15 minutes in 24-hour period
Or -In room where aerosol generating procedure was performed
-Other exposures are considered low risk

X. Train and Educate Healthcare Personnel

1. Train employees on COVID-19 health hazards including transmission, hand hygiene, respiratory etiquette, signs and symptoms of COVID-19, risk factors for severe illness, and when to seek medical attention.
2. Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
3. HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required.
4. Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

XI. Implement Environmental Infection Control

1. Dedicated medical equipment should be used for patient care.
2. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
3. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.
5. Cleaning and Disinfection of Cohort Areas:
    a. Ensure that cohort areas are cleaned following the same principles for isolation rooms.
    b. Each bed space must be treated as though it is a private room. Create a physical barrier such as a privacy curtain to define the isolation space
    c. When a **patient is discharged or leaves the cohort but the cohort remains**, <u>their bedspace</u> must be cleaned using terminal cleaning and disinfection procedures.
    d. When the **cohort is no longer required**, <u>all bedspaces</u> within the cohort must be cleaned using routine cleaning and disinfection procedures.

6. Food and beverages should be provided with disposable plates and utensils whenever possible and left outside the patient's room and brought directly into the room by HCP working in the unit.
7. Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
8. Clean and disinfect areas, materials, and equipment (other than patient care areas and medical devices and equipment) that have likely been contaminated by a person with COVID-19 who has been in the workplace within the last 24 hours.
9. Using and cleaning OUTPATIENT/SPECIALTY CARE CLINICS OR ED EXAM rooms after being occupied by a patient with confirmed or suspected COVID-19
   a. **For a patient who was NOT coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for 10 minutes or less:**
      i. The exam room can be entered and used 10 minutes after patient discharge.
      ii. When entering the room for cleaning, and after cleaning is completed to see the next patient, in concert with our PPE guidelines, use an N95 mask (perform seal check), procedure mask over the N95, yellow isolation gown and gloves. DO NOT USE COVERALLs, BODYSUIT OR SHOE COVERS UNLESS INDICATED.
      iii. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies between patients.
      iv. All horizontal surfaces inside the room must be cleaned and disinfected including table, chair, exam table, doorknobs, phones, etc between patients.
      v. Remove and discard isolation gown, and gloves before exiting the exam room, and perform hand hygiene.
      vi. The N95 mask and face shields can be reused until visibly soiled or damaged. Face shields and goggles must be disinfected after removal.
   b. **For a patient who was coughing and remained in the room for a longer period or underwent an aerosol-generating procedure:**
      i. Refrain from entering the negative pressure room for one hour and a regular or neutral pressure exam room for 2 hours after patient discharge.
      ii. Follow the cleaning and re-entry procedures as above.

VIII. Establish Reporting within Healthcare Facilities and to Public Health Authorities

1. Promptly alert key facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients (i.e., PUI).

2. The hospital epidemiologist will notify state or local public health authorities of known or suspected COVID-19 patients (i.e., PUI). The nurse epidemiologist or infectious disease faculty will complete the PUI form and submit to CDPH.
3. The public relations office will disseminate information to HCP, as necessary.

RELEVANT REGULATORY OR OTHER REFERENCES
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated 2022

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2. Updated 2022.

OSHA's COVID-19 Healthcare Emergency Temporary Standard (ETS, 29 CFR 1910.502). Retrieved 6/30/21 from www.osha.gov/coronavirus

OSHA's COVID-19 ETS Mini Respiratory Protection Program (29 CFR 1910.504). Retrieved 6/30/21 from www.osha.gov/respiratory-protection

GUIDELINE UPDATE SCHEDULE
At least every three (3) years or more often as appropriate.

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: EMPLOYEE HEALTH

Original Policy Date: 01/2004

Review: **2017** PC **2018** PC **2019** PC **2022** BF

SUBJECT: Criteria for Assessment For TB

Last Revised: 11/2008, 07/06/2022

APPROVED BY: Infection Control Committee

Manager: Bettina Fitzgerald RN, BSN,CIC

POLICY:

Sierra Vista Hospital patients with known or suspected Mycobacterium Tuberculosis will be screened by the physician to enable early intervention and reduction of the risk of transmission of the organism in the facility and to the community at large.

Screening of patients with known or suspected Mycobacterium Tuberculosis under the following criteria will enable the Infection Control Committee/Infection Preventionist Nurse to initiate the appropriate methods of precaution or isolation to prevent transmission of the infection.

Non-active residents over the age of six (6), with productive cough and general indication of upper respiratory infection, not flu-like or common coryza, must be suspected of having TB. Children and infants rarely exhibit the cough of TB that is found in adults; therefore, they are not contagious and will rarely be placed on Airborne Precautions.

PROCEDURE:

The physician may use the following recommended criteria to screen inpatients for Mycobacterium Tuberculosis. The physician may choose either category of initial assessment.

CATEGORY I	CATEGORY II
PPD Skin Test Only	Positive PPD or infiltrate on x-ray
AFB Smear and Culture x 3	Productive cough x 6 weeks
X-ray only for diagnosis	Fever/night sweats greater than 3 months
Productive cough x 6 weeks	Weight loss, IV drug user
Night sweats, fever x 2-3 weeks	Age 50 or older
Age 50 or older	from endemic country
History of IV drug use	In the USA less than 5 years
History of ETOH abuse	
From endemic country and in the USA less than 5 years	

A patient who exhibits any four (4) criteria from Category I and has not ever had a PPD should have the skin test on admission.

Those patients with any four (4) of the criteria from Category II, plus a positive PPD or Quantiferon Gold lab test, should have the AFB smear and culture x three (3) ordered on admission.

If a productive cough is one of the criteria presents, the patient will be placed on Sierra Vista Hospital Airborne Precautions. The Physician will arrange transfer to appropriate facility.

For Category II, the physician should consider the appropriate medical regimen and transfer.

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: EMPLOYEE HEALTH

Original Policy Date: 08/2004

Review: **2017** PC **2018** PC **2019** PC **2022** BF

SUBJECT: Hepatitis B Vaccine Program

Last Revised: 2004, 2022

APPROVED BY: Medical Staff 2004

Manager: Bettina Fitzgerald RN

POLICY:

The hepatitis B vaccine is offered free to all employees at this hospital. Employees will be offered the hepatitis B vaccine series at no cost.

INTRODUCTION:
Hepatitis B virus (HBV) is transmitted through percutaneous (i.e., puncture through the skin) or mucosal (i.e., direct contact with mucous membranes) exposure to infectious blood or body fluids. HBV is highly infectious, can be transmitted in the absence of visible blood, and remains viable on environmental surfaces for at least seven days. Persons with chronic infection (e.g., those with persistent hepatitis B surface antigen [HBsAg (hepatitis B surface antigen)] in the serum for at least 6 months following acute infection) serve as the main reservoir for HBV transmission.

PROCEDURE:

Those employees who wish to receive the Hepatitis B Vaccination will sign consent for administration.

Those who elect not to be vaccinated will be asked to sign a statement that they elect not to be vaccinated at this time (statement of declination).

HEPATITIS B VIRUS/HEPATITIS B:
Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

No specific treatment exists for acute HBV infection; supportive care is the mainstay of therapy. Guidelines for management of chronic HBV infection in children and adults, including disease monitoring and antiviral therapy, are available.

Hepatitis B vaccine is available for all age groups. The hepatitis B vaccine is recommended for all infants, all children, or adolescents younger than 19 years of age who have not been vaccinated, all adults aged 19 through 59 years, and adults aged 60 years or older with risk factors for hepatitis B infection. Adults who are 60 years or older without known risk factors for hepatitis B may also receive hepatitis B vaccine.

Hepatitis B virus is one of at least three hepatitis viruses that cause a systemic infection with a major pathology in the liver. The others are hepatitis A virus and non-A, non-B hepatitis viruses (hepatitis C).

Throughout the world, hepatitis B virus is an important cause of viral hepatitis.

Infection with hepatitis B virus characteristically produces loss of appetite, vague abdominal discomfort, nausea, and vomiting, sometimes rash and aching of joints, often progressing to jaundice.

The outcome following infection with hepatitis B virus is variable and dependent on at least three factors:

- Age - infants and younger children usually experience milder initial disease than older persons
- Dose of Virus - the higher the dose of the virus, the more likely acute hepatitis B infection will result
- Severity of Underlying Disease - underlying malignancy or liver disease predisposes to increased illness and death

Most people with hepatitis B infection recover completely, but 1% - 2% die and persistence of viral infection (the chronic hepatitis B carrier state) occurs in 5% - 10% of persons following acute hepatitis B infection. Chronic carriers may have no symptoms or may have chronic liver disease. Chronic carriers are at increased risk of developing hepatocellular carcinoma later in life. The Centers for Disease Control (CDC) estimates that there are approximately 0.5 to 1 million chronic carriers of hepatitis B virus in the United States and that this pool of carriers grows by 2% - 3% (8,000 to 16,000 individuals) annually. Chronic carriers represent the largest human reservoir of hepatitis B virus.

Hepatitis B virus is transmitted from person to person by percutaneous (intravenous, intramuscular, subcutaneous, or intradermal) or permucosal (mouth, eye, or genital tract) contact with the hepatitis B virus. Although the vehicles for transmission of the hepatitis B virus are often blood and blood products, viral antigen has also been found in tears, saliva, breast milk, urine, semen, and vaginal secretions.

Hepatitis B virus is capable of surviving for days on environmental surfaces exposed to body fluids containing hepatitis B virus. Infection may occur when hepatitis B virus, transmitted by infected body fluids, is implanted by way of mucous surfaces, or percutaneously introduced through accidental or deliberate breaks in the skin. Transmission of hepatitis B virus infection is often associated with close interpersonal contact with an infected individual and with crowded living conditions. In such circumstances, transmission by routes other than overt percutaneous ones may be quite common. Transmission of hepatitis B virus infection from mother to child at, or shortly after birth, can occur if the mother is a carrier or if the mother has an acute hepatitis B infection. Infection in infancy by the hepatitis B virus usually leads to the chronic carrier state. The lifetime risk of acquiring hepatitis B infection is approximately 5% for the general population. Healthcare workers, however, have an

increased risk (up to 20% over a lifetime) of acquiring hepatitis B infection because of frequent exposure to blood, blood products or body fluids.

HEPATITIS B VACCINE:

The purpose of receiving hepatitis B vaccine is to render a person immune to hepatitis B virus infection.

The only known means to actively immunize against hepatitis B infection are with plasma derived hepatitis B Vaccine or recombinant yeast derived hepatitis B vaccine.

Hepatitis B vaccine is indicated for immunization against infection caused by all known subtypes of hepatitis B virus. Hepatitis B vaccine will not prevent hepatitis caused by other agents, such as hepatitis A virus, non-A, non-B hepatitis viruses or other viruses known to infect the liver.

Hepatitis B vaccine is not known to cause hepatitis B infection.

The immunization regimen consists of three (3) doses one (1) milliliter each, given according to the following schedule: First dose - at elected date; second dose - one (1) month later; third dose - six (6) months after the first dose.

Three separate intramuscular injections are necessary to produce the desired immunity; all three doses are necessary for the vaccine to be effective.

Tests in human subjects have demonstrated development of protective antibodies in greater than 90% of healthy individuals vaccinated with the full series of three (3) doses. Some vaccinated persons will not respond to the vaccine and therefore, will not be protected. Persons vaccinated after exposure to hepatitis B virus may not be protected. The duration of vaccine protection and the consequent need for booster doses are not known.

Persons at risk for occupational exposure to HBV. Before HepB vaccination was widely implemented, HBV infection was recognized as a common occupational risk among HCP (Health Care Personnel). Routine HepB vaccination of HCP and the use of standard precautions have resulted in a 98% decline in HBV infections from 1983 through 2010 among HCP. The Occupational Safety and Health Administration mandates that employers offer HepB vaccination to all employees who have occupational risk and that postexposure prophylaxis be available following an exposure.

HEPATITIS B VACCINE:
HepB vaccines are available as a single-antigen formulation and in combination with other vaccines. The two single-antigen vaccines recommended for use in the United States, Engerix-B (GlaxoSmithKline Biologicals, Rixensart, Belgium) and Recombivax HB (Merck & Co., Inc., Whitehouse Station, New Jersey), are used for the vaccination of persons starting at birth. Of the two combination vaccines, Pediarix (GlaxoSmithKline Biologicals, Rixensart, Belgium) is used for the vaccination of persons aged 6 weeks (about 1 and a half months)–6 years and contains recombinant HBsAg, diphtheria and tetanus toxoids and acellular pertussis adsorbed, and inactivated poliovirus and

Twinrix (GlaxoSmithKline Biologicals, Rixensart, Belgium) is used for the vaccination of persons aged ≥18 years and contains recombinant HBsAg and inactivated hepatitis A virus. Comvax (Merck & Co., Inc., Whitehouse Station, New Jersey), which was used previously for the vaccination of persons aged 6 weeks (about 1 and a half months)–15 months and contained recombinant HBsAg and *Haemophilus b* conjugate vaccine, has not been available for purchase directly from Merck since January 1, 2015. The discontinuation of Comvax was not related to any product safety or manufacturing issues. Aluminum salts generally are used as adjuvants to enhance the immune response of vaccinated persons.

Vaccine-Induced Seroprotection

The 3-dose HepB vaccine series produces a protective antibody response (anti-HBs ≥10 mIU/mL) in approximately 95% of healthy infants overall (response is lower for infants with lower birth weights) (*64*) and >90% of healthy adults aged <40 years. Among healthy infants, 25% and 63% achieve anti-HBs levels ≥10 mIU/mL after the first and second dose, respectively. Among healthy adults aged <40 years, 30%–55% and 75% achieve anti-HBs levels ≥10 mIU/mL after the first and second dose, respectively. Vaccine response is decreased among infants weighing <2000 grams and older adults. Other factors (e.g., smoking, obesity, aging, chronic medical conditions, drug use, diabetes, male sex, genetic factors, and immune suppression) contribute to a decreased response to vaccine. Although immunogenicity is lower among immunocompromised persons, those who achieve and maintain seroprotective antibody levels before exposure to HBV have an elevated level of protection.

Vaccine Safety

In prelicensure trials, adverse events following HepB vaccination were most commonly injection site reactions and mild systemic reactions. Commonly reported mild adverse events from postmarketing data include pain (3%–29%), erythema (3%), swelling (3%), fever (1%–6%), and headache (3%) . The estimated incidence of anaphylaxis among HepB vaccine recipients is 1.1 per million vaccine doses. In 2011, the Institute of Medicine concluded that the evidence convincingly supports a causal relationship between HepB vaccine and anaphylaxis in yeast-sensitive persons, and that the evidence is inadequate to accept or reject a causal relation between HepB vaccine and several neurologic, chronic, and autoimmune disease

RECOMBINANT YEAST DERIVED:

Recombinant hepatitis B vaccine is derived from hepatitis B surface antigen produced in yeast cells. A portion of the hepatitis B virus gene, coding for hepatitis B surface antigen, is cloned into the yeast and the vaccine for hepatitis B is produced from cultures of the recombinant yeast strain. The hepatitis B surface antigen protein is released from the yeast cells by cell disruption and purified by a series of physical and chemical methods. The vaccine contains no detectable yeast DNA but may contain up to 4% yeast protein. The vaccine against hepatitis B, prepared from recombinant yeast cultures, is free of association with human blood or blood products. Each lot of vaccine is tested for sterility and for safety in mice and guinea pigs. The vaccine has been shown to be comparable to the plasma derived vaccine in terms of animal potency (mouse, monkey, and chimpanzee) and protective efficacy (chimpanzee and human).

Each 1.0 milliliter dose of the adult formulation vaccine contains 20 mcg of hepatitis B surface antigen absorbed onto approximately 0.5 mg of aluminum hydroxide and thimerosal (mercury derivative) 1:20,000 is added as a preservative. The vaccine is treated with formaldehyde prior to absorption onto alum.

- Contraindications:
  - Hypersensitivity to yeast or any component of the vaccine.

  Precautions:

  - Caution should be exercised in administering the vaccine to individuals with severely compromised cardiopulmonary status or others, in whom a febrile or system reaction could pose a significant risk.
  - Any serious active infection is reason for delaying the use of the vaccine except when, in the opinion of the physician, withholding the vaccine entails a greater risk.
  - Pregnant women should be given the vaccine, only if clearly needed. Women who are nursing should delay receiving the vaccine unless it is clearly needed.

  Possible Side Effects:

  - Mild soreness, redness, swelling, warmth, itching, ecchymosis, and nodule formation at the injection site may occur. Fever, nausea, vomiting, fatigue, headache, joint and muscle pain have been reported. No serious adverse reactions to the vaccine have been reported during clinical trials, but the possibility exists that other side effects may occur with more extensive use.

https://www.cdc.gov/vaccines/vpd/hepb/hcp/index.html

https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm

F-690-04-024-1 Hepatitis Consent Declination

SIERRA VISTA HOSPITAL
INFECTION CONTROL RISK ASSESSMENT for CONSTRUCTION and RENOVATIONS

Location of Construction: _____ Project Start Date: _____ Estimated Duration: _____

Project Manager (PM): _____ Phone: _____

Contractor: _____ Phone: _____

Infection Preventionist Nurse (IPN): Bettina Fitzgerald RN,BSN, CIC (Current national certification in Infection Control)
Phone: 575-894-2111 Ext. 365

PART A: TYPES OF CONSTRUCTION ACTIVITY

Class	Description
Type A	**Inspection and Non-Invasive Activities** Includes, but is not limited to: • Removal of ceiling tiles for visual inspection only e.g., limited to 1 tile per 50 square feet. • Painting (but not sanding) • Wall covering, electrical trim work, minor plumbing and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection
Type B	**Small scale, short duration activities which create minimal dust** Includes, but is not limited to: • Installation of telephone and computer cabling • Access to chase spaces • Cutting of walls or ceiling where dust migration can be controlled
Type C	**Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies** Includes, but not limited to: • Sanding of walls for painting or wall covering • Removal of floor coverings, ceiling tiles and casework • New wall construction • Minot duct work or electrical work above ceilings • Major cabling activities • Any activities which cannot be completed within a single work shift
Type D	**Major demolition and construction projects** Includes, but not limited to: • Activities which require consecutive work shifts • Requires heavy demolition or removal of a compete cabling system • New construction

INFECTION CONTROL RISK ASSESSMENT for CONSTRUCTION and RENOVATIONS (continued)

PART B: POPULATION AND GEOGRAPHICAL RISK GROUPS

Group 1 Lowest Risk	Group 2 Medium Risk	Group 3 High Risk	Group 4 Highest Risk
• Office Areas	• Cardiology • Echocardiography • Endoscopy • Nuclear Medicine • Physical Therapy • Radiology/MRI • Respiratory • Therapy	• CCU • Emergency Room • Labor & Delivery • Laboratories (specimen) • Medical Units • Newborn Nursery • Outpatient Surgery • Pediatrics • Pharmacy • Post Anesthesia Care unit • Surgical Units	• Any area caring for Immunocompromised patients • Burn Unit • Cardiac Cath Lab • Central Sterile Supply • Intensive Care Units • Negative pressure isolation rooms • Oncology • Operating rooms including C-section rooms

PART C: CONSTRUCTION ACTIVITY AND RISK GROUP MATRIX

		Construction Activity			
Risk Group		Type A	Type B	Type C	Type D
LOW	Group 1	I	II	II	III/IV*
MEDIUM	Group 2	I	II	III*	IV*
HIGH	Group 3	I	III*	III/IV*	IV*
HIGHEST	Group 4	III*	III/IV*	III/IV*	IV*

Any infection control permit must be obtained from the Infection Control Department when matrix indicates Class III and/or Class IV preventive measures are required (*). Adaptations to the prevention measures may only be made after Infection Control has provided approval. Infection Control should be consulted when construction activities need to be done on hallways adjacent to Class III and Class IV areas.

PART D: RECOMMENDATIONS FOR INFECTION CONTROL PREVENTIVE MEASURES

	Date:	Initials:
	During Construction Project	Upon Completion of Project
Class I	* Execute work by methods to minimize raising dust from construction operations. * Immediately replace a ceiling tile displaced for visual inspection	* Clean work area upon completion of task

Note: Class II recommendations must be followed if dust should be created during the Type A construction activity.

INFECTION CONTROL RISK ASSESSMENT for CONSTRUCTION and RENOVATIONS (continued)

	Date:	Initials:
	During Construction Project	Upon Completion of Project
Class II	* Provide active means to prevent airborne dust from dispersing into atmosphere * Water mist work surfaces to control dust while cutting * Seal unused doors with duct tape * Block off and seal air vents * Place dust mat at entrance and exit of work area * Remove or isolate HVAC system in areas where work is being performed	* Wipe work surfaces with cleaner/disinfectant * Contain construction waste before transport in tightly covered containers * Wet mop and/or vacuum with HEPA (High Efficiency Particulate Air) filtered vacuum before leaving work area * Upon completion, restore HVAC system where work was performed

Note: The above recommendations are to be considered in addition to those listed in Class I.

	Date:	Initials:
	During Construction Project	Upon Completion of Project
Class III	* Remove or Isolate HVAC system in area where work is being done to prevent contamination of dust system * Complete all critical barriers i.e. sheetrock, plywood, plastic to seal area from non-work area or implement Control Cube Method (card with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins * Maintain negative air pressure within work site utilizing HEPA equipped air filtration unit * Contain construction waste before transport in tightly covered containers * Cover transport receptacles or carts. Tape covering unless solid lid	* Do not remove barriers from work area until complete project is inspected by the Safety Department and Infection Prevention & Control Department and thoroughly cleaned by the Environmental Services * Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction * Vacuum work area with HEPA filtered vacuums * Wet mop area with cleaner/disinfectant * Upon completion, restore HVAC system where work was performed

Note: The above recommendations are to be considered in addition to those listed in Class I and Class II.

INFECTION CONTROL RISK ASSESSMENT for CONSTRUCTION and RENOVATIONS (continued)

	Date:	Initials:
	During Construction Project	Upon Completion of Project
Class IV	* Isolate HVAC system in area where work is being done to prevent contamination * Complete all critical barriers i.e. sheetrock, plywood, plastic to seal area from non-work area or implement Control Cube Method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins * Maintain negative air pressure within work site utilizing HEPA equipped air filtration units * Seal holes, pipes, conduits and punctures * Construct anteroom and require all personnel to pass through this room so they can be vacuumed using HEPA vacuum cleaner before leaving work site or they can wear cloth paper coveralls that are removed each time they leave work site * All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area	* Do not remove barriers from work area until completed project is inspected by the Safety Department and Infection Prevention & Control Department and thoroughly cleaned by the Environmental Services * Remove barrier material carefully to minimize spreading of dirt and debris associated with construction * Contain construction waste before transport in tightly covered containers * Cover transport receptacles or carts. Tape covering unless solid lid * Vacuum work area with HEPA filtered vacuums * Wet mop area with cleaner/disinfectant * Upon completion, restore HVAC system where work was performed

Note: The above recommendations are to be considered in addition to those listed in Class I, Class II and Class III.

Maintenance Manager Date

Infection Preventionist Date

SIERRA VISTA HOSPITAL

DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: EMPLOYEE HEALTH

Original Policy Date: 06/2005

Review: **2017 PC 2018 PC 2019 PC 2022 BF**

SUBJECT: New Hire Employee

Last Revised: 09/24/2008

APPROVED BY: Infection Control Committee

Manager: Bettina Fitzgerald RN, BSN, CIC

POLICY:

All new employees will receive a pre – employment physical and will be offered the Hepatitis B and Tdap vaccines and will be screened for TB, Rubella, Measles (Rubeola) and Mumps immunity.

PROCEDURE:

New hire employees will be contacted by HR department and given paperwork for the TB screening, Hepatitis B vaccine and request for Mumps and Rubella titer. HR will set up an appointment with the Rural Health Clinic for the physical. A copy of the Mumps and Rubella titer will be sent to the Infection Preventionist Nurse for evaluation and if the titer level is not appropriate, the Infection Preventionist (IP) nurse will arrange for the employee to go to the Rural Health Clinic and receive the vaccine. A copy of the titer will go to HR for the patient's record.

If the employee requests the Tdap vaccine, the Infection Preventionist Nurse will administer and record it. The completed form will be sent to HR for the employee's file.

If the employee requests the Hepatitis B series, the Infection Preventionist Nurse will administer and track the vaccinations. The completed form will be sent to HR for the employee's file.

The Infection Preventionist Nurse or his/her designee will administer will coordinate with the laboratory to have the employee obtain a Quantiferon Gold lab test. The IP nurse will follow up with the employee if needed once the Quantiferon Gold lab results are known.

If the employee has completed the Hepatitis B series prior to hire and requests a titer, the IP nurse will complete the requisition and instruct the employee to have the blood drawn in the laboratory. A copy of the results will be sent to the IP nurse, who will review it and if indicated will administer the Hepatitis series. A copy of the lab report and completed Hepatitis B vaccination record will be sent to HR to be placed in the employee's file.

SIERRA VISTA HOSPITAL

HUMAN RESOURCES BOARD REPORT

July 26th, 2022

HR PRIORITY OF EFFORT:

Staff stabilization and policy refinement remain the priority of effort.

CRITICAL VACANCIES & RECRUITMENT:

We've received our first candidate through our effort to recruit former Military service members. Working to connect with high school, area technical college, community college, and university leaders on potential pipeline for employing new graduates.

- Psychiatrist – FT
- Licensed Clinical Social Worker – FT
- Quality/Risk Manager – FT
- Family Practice Nurse Practitioner – FT
- Behavioral Health Nurse Practitioner – FT
- Clinic Nurse Coordinator – FT
- Registered Nurse – FT (Multiple)
- Lab Medical Technician – FT

FINANCIAL IMPACTS:

- Continue to cycle out high-cost travel or contracted workers
- Doing market rate research to provide competitive pay when updating job descriptions for recruiting

PEOPLE:

SVH Target Turnover Rate (TTR) < 5%

- TTR for June = 4%
- Average Turnover Rate calculated FY22 is 4%.
- 175 average employee numbers
- 191 employees - currently (**includes our contract and travel workers**)

June New Hires – 5 FY22 Total - 61

- FT – Housekeeper
- FT – CNO/CFO Admin Assistant
- FT – Housekeeper
- FT – EMT-Basic
- FT – Community Paramedic

June Terminations – 2 FY22 Total - 69

Involuntary – 1 FY22 Total – 10

- FT – Cook – Aide Not a good fit for SVH

Voluntary – 1 FY22 Total- 47

- FT – Scheduling Clerk Retired

Annual turnover Rate FY22 - 69 terminations/average of 191 staff = 36%

Contract Staff – 6

- Lab – 1
- PT – 1
- Med/Surg – 1
- HR – 1
- BH – 1
- Pharmacy – 1

Travel Staff – 10

- ED – 6
- Med/Surg – 4

QUALITY:

- New hire orientations – 100%
- Certifications - 100%
- Licensures – 100%
- Annual training – 100%
- Evaluations and competencies – 100%

WORKERS COMP:

Following-up on two previous minor reports. Communicated with Hospital Services Corporation staff in Albuquerque to improve our reporting processes and increase efficiency.

SERVICE:

- Continue coordinating with Infection Control to record/report weekly Covid-19 test results and impacts of staff availability
- Monitoring any potential changes to policies, rules, or regulations at state and federal levels.
- Providing updates to our SVH family on issues impacting staffing, retention, and adjustments in the healthcare industry.

Respectfully,

Lawrence "LJ" Baker Jr.
Director of Human Resources
Sierra Vista Hospital

SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

July 19, 2022

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

71401 – Housekeeper – 1 Full Time Position (open date 7/15/2022) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

95301 – Clinic Medical Assistant – 1 Full Time Position (open date 6/29/2022) Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards. Communicates with physicians and team members about patient's clinical condition, including results of diagnostic studies and symptomatology.

07002 – Coffee Shop Barista – 1 Full Time Position (open date 6/27/2022) Under the direct supervision of the Dietary Manager, the Coffee Shop Barista makes sure that all supplies needed to make drinks are always on hand to meet the daily demands of their work environment. They maintain an inventory log and place orders with the Dietary Manager as needed. They wipe down counters and clean and maintain equipment, keep preparation tools in order and sweep and mop behind the counter and in the serving area as needed. They also follow food safety and sanitation guidelines while preparing and serving drinks and food.

07001 – Cook-Aide – 1 Part Time Position (open date 06/22/2022) Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

80001 – Registration Clerk – 1 Full Time Position (open date 6/21/2022) Serves patients and community by completing patient registration by providing information regarding registration and eligibility process; receiving, verifying, and entering data. Serves visitors by greeting, welcoming, and directing them; notifying personnel of visitor's arrival or incoming phone call; maintains security and telecommunication system.

95303 – Licensed Clinical Social Worker – 1 Full Time Position (open date 6/3/2022) Responsible for consultation and direction of social services in the SVH Behavioral Health Clinic. Provides comprehensive diagnosis and assessment of persons with co-occurring disorders. Provides resources and therapy to individuals, couples, and families using best-practice, research-based strategies, acts as a liaison between patients, the outpatient clinic, hospital, outside agencies and community. Conducts case work services and counseling and recommends functions necessary to ensure overall operational viability. Maintains performance improvement activities and participates in OPI activities.

800 East 9th Avenue
Truth or Consequences, NM 87901
Phone: 575-894-2111 Ext 230
Fax: 575-894-7659

04001 – Radiologic Technologist – 2 PRN Positions (open date 05/27/2022) Has knowledge and can perform a variety of imaging procedures and is responsible for patient safety protocols. Functions as the first line interface with customers in the successful accomplishment of their imaging needs. Participates in OPI activities.

74101 – Maintenance Technician – 1 Full Time Position (open date 5/25/2022) Assists in the performance of duties necessary to keep the physical structure and associated equipment of hospital in good repair. Minor electrical work, mechanical repairs and other duties relating to maintenance are the primary duties. Participates in performance improvement and OPI activities.

95305 – Central Scheduler – 1 Full Time Position (open date 05/24/2022) Responsible for scheduling patient appointments for all outpatient services of the facility. Records statistics as requested. Performs other secretarial/clerical duties as needed. Obtain, monitor, and track patient authorizations. Answers all clinic calls and takes messages as appropriate.

03001 – Medical Technologist – 1 Full Time Position (open date 5/9/2022) Responsible for the processing of laboratory specimens and reporting of results in all areas of the clinical laboratory. Maintains laboratory records. Follows laboratory policies and procedures; maintains quality control practices in the Laboratory.

95304 – RN, Clinical Coordinator – 1 Full Time Position (open date 04/07/2022) The Clinical Coordinator is responsible and accountable for the management of all clinical activities of the SVH Rural Health Clinic. The philosophy, purpose, and objectives of SVH Rural Health Clinic are consistent with the philosophy, purpose and objectives of the hospital and the Nursing Department

85201 – Quality/Risk Manager, RN – 1 Full Time Position (open date 04/21/2022)

Quality Management: Responsible for planning and implementing the performance improvement program to meet the needs of the hospital. Provides education to medical staff, hospital staff and Governing Body. Facilitates performance improvement activities and CQI activities throughout the hospital. Acts as a resource person to administrative team, department managers and medical staff.
Risk Manager: Responsible for clinical identification, risk evaluation and coordination of corrective action implementation related to risk issues. Provides intervention and education related to risk management issues to promote safe work practices and quality care and services in an environment that is beneficial to the safety, health and well-being of all patients, visitors, and hospital staff.

51301 – Pharmacist – 1 PRN Position (open date 03/29/2022) Interprets physician prescriptions and medication orders. Acts as a drug information resource to patients, medical staff, nursing staff and ancillary department personnel. Compounds and dispenses prescribed medications and other pharmaceuticals for patient care by performing the related duties.

95302- Behavioral Health Nurse Practitioner – 1 Full Time Position (open date 02/23/2022)
A Behavioral Health Nurse Practitioner (BHNP) is an advanced practice registered nurse who has acquired appropriate training to provide mental healthcare services to individuals, including adults, children, and families with drug abuse problems, psychiatric disorders, or organic brain disorders focusing on health maintenance, disease prevention, patient education and counseling.

95301 – Family Nurse Practitioner – 1 Full Time Position (open date 01/27/2022) Responsible for providing primary healthcare to patients and families, focusing on health maintenance, disease prevention, patient education, and counseling. Follows established guidelines as required and within established scope of practice.

10201 – Unit Clerk/PCT - 2 Full Time Position (open date 7/23/2021) Provides indirect patient care in the medical surgical setting. Meets the communication needs of the patient/family, departmental staff, and medical staff. Prepares and compiles records in the Medical Surgical Unit. Initiates directions from physician and nursing staff. Participates in performance improvement activities. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards.
PCT **-** Functions as a member of the health care team in providing delegated basic nursing care and unique skills to pediatric, adolescent, adult, and geriatric patients, depending on unit assigned, under the direct supervision of a Registered Nurse or LPN Team Leader.

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

CNO Report July 2022

Hire on incentive remains in place for RNs coming full time with SVH

Hired 4 RNs and once all complete with orientation we will reduce travel staff by 4

Passport USA 8 Foreign educated RNs coming in over the next 18 months

Health Stream, JANE is in progress, Trish is assigning out Staff RN assessments what help to determine strengths and opportunities

Evaluation in progress to bring CNA program to SVH

Infection Preventionist in place, Bettina Fitzgerald, great hand hygiene campaign in place.

RT has increased the number of outpatient visits and is working on competencies of nursing staff for bi-pap and ventilators

Trauma program fitted and gave out over 300 life vests over the 4th of July weekend

EMS continues with BLS, ACLS and PALS for staff and community

EMS completed NRP classes, one of the staff was able to show her competency when a baby was delivered in our ED this month

Preparation for bring general surgery and GI in-house is ongoing