

Elephant Butte Lake RV Resort Center 1-24-23

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Closed session items will be handed out in closed session.

AGENDA SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING

January 24, 2023

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.

<u>VISION STATEMENT</u>: 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 Meeting

ATTENDEES:

GOVERNING BOARD

COUNTY

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

Katharine Elverum, Member John Mascaro, Member

CITY

Bruce Swingle, **Chairperson** Art Burger, Member Greg D'Amour, Member **EX-OFFICIO**

Frank Corcoran, CEO Amanda Cardona, VCW John Mascaro, City Manager, EB Amanda Vaughn, County Manager Travis Day, JPC Chair

VILLAGE of WILLIAMSBURG
Denise Addie, Secretary

SUPPORT STAFF:

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

QHR:

Erika Sundrud David Perry April Loy Blake Seitz

	AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1.	Call to Order	Bruce Swingle, Chairperson	
2.	Pledge of Allegiance	Bruce Swingle, Chairperson	
3.	Roll Call	Jennifer Burns	Quorum Determination
4.	Approval of Agenda	Bruce Swingle, Chairperson	Amend/Action
	"Are there any items on this agend Governing Board Member?	da that could cause a potential conflic	ct of interest by any
5.	Approval of minutes A. November 29, 2022 Regular Me	Bruce Swingle, Chairperson eting	Amend/ Action
6.	Public Input – 3-minute limit		Information
7.	Old Business- None	Bruce Swingle, Chairperson	Report/Action
8.	New Business- A. Development Board Update 1. Denim & Diamonds Event 4-1!	Susie LaFont, President 5-23	Information
9.	Finance Committee- Kathi Pape, Cha		December 18 at land
	A. November Financial Report	Ming Huang, CFO	Report/Action Report/Action
	B. December Financial ReportC. Project Manager IT/ EHR Contract	Ming Huang, CFO t Frank Corcoran, CEO	Report/Action
10	. Board Quality- Denise Addie, Chair	person	
10	A. Policies	Sheila Adams, CNO	Report/Action
	Conscious Sedation Policy#5Competency Check List: Mod		
		eet Form#F513-02-008-01 Sheila (OR)	
		ver Form# F-513-02-008-04 Sheila (OR)	
	Swing Bed Restraints Policy		
	Pharmacy and Therapeutics	Committee Policy#513-13-009 (revise	d 11/22)-Pharmacy
	 Revised Adult Intake Form – 	Dr Seufer	
11	. Joint Commission Report, Kathi Pa	pe	Report
12	. Administrative Reports		
	A. Human Resources	☐ Baker, Interim HR Manage	
	B. Nursing Services	Sheila Adams, CNO	Report Report
	C. CEO Report	Frank Corcoran, CEO	report

Stipulation to Close Meeting:

13. 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. Privileges

Frank Corcoran, CEO

Temps to Provisional:

Peter E. Razma, MD Frank S. Walker, MD Udit B. Bhatnagar, MD Muhammad Sardar, MD

Provisional:

Faranak Sadri Tafazoli, MD (Onrad) Steven C. White, MD (Onrad) Mia R. Austin, CRNA (RSSG) Cassandra Groves, CRNA (RSSG)

Reappointments:

Kamiar Massrour, MD (Onrad) Chad Berryman, MD (ESS)

Terms:

Nghi Lu, MD (Onrad) Jorge L. Partida, MD ESS Michael Witkosky, MD (Onrad) Dwight Townsend, 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. QAPI Sheila Adams, CNO

B. Compliance Heather Johnson/ Zach Heard

C. QHR report to the Board Erika Sundrud, QHR

1. GPO disclosure and PLUS value report April Loy

2. Overview of the strategic planning timeline Blake Seitz, QHR

Roll Call to Close Meeting – Jennifer Burns

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 stipulation to close the meeting.

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

A. Privileges

Report/Action

Temps to Provisional:

Peter E. Razma, MD Frank S. Walker, MD Udit B. Bhatnagar, MD Muhammad Sardar, MD

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Dwight Townsend, 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. QAPI Report/Action
B. Compliance Report/Action
C. QHR report to the Board Report/Action

- 1. GPO disclosure and PLUS value report
- 2. Overview of the strategic planning timeline

15. Other Discussion

Next Regular Meeting-

16. Adjournment Action

November 29, 2022

12:00pm

Elephant Butte Lake RV Resort
Event Center

- 1. The Governing Board of Sierra Vista Hospital met November 29, 2022, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:04.
- 2. Pledge of Allegiance
- 3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

CITY OF T OR C

Bruce Swingle, **Chairperson** – Present Art Burger, Member- Present Greg D'Amour, Member- Present

VILLAGE OF WILLIAMSBURG

Denise Addie, Secretary - Present

GUEST:

Erika Sundrud, QHR Dr. Frank Walker Brian Hamilton, EMS Manager Ashlee West, EMS

There is a quorum.

ELEPHANT BUTTE

Katharine Elverum, Member – Present John Mascaro, Member- Absent

EX-OFFICIO

Amanda Cardona, Clerk VofW- Absent John Mascaro, City Manager EB- Absent Amanda Vaughn, County Manager- Absent Travis Day, JPC Chairperson- Absent

STAFF

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

Frank Corcoran introduced Dr. Frank Walker to the Governing Board. Dr. Walker gave a brief summary of his experience, his goals for the hospital and our community. Dr. Walker will begin general surgery services at SVH in a few weeks.

Bruce Swingle read the following for the record:

Stipulation regarding Emergency meeting: On November 16, 2022, the Governing Board of Sierra Vista Hospital held an emergency meeting. The meeting was called pursuant to NMSA 1978, Section 10-15-1 (H) 7.

4. Approval of Agenda

Bruce Swingle, Chairperson

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

None

5. Approval of minutes

Bruce Swingle, Chairperson

- A. October 25, 2022 Regular Meeting
- B. November 16, 2022 Emergency Meeting

Greg D'Amour motioned to approve both October 25, 2022 and November 16, 2022 minutes.

Katharine Elverum seconded. Kathi Pape stated she would abstain from voting on the October 25th minutes as she left the meeting early. Motion carried to approve both minutes from both meetings.

6. Public Input – 3-minute limit

None

7. Old Business-

Bruce Swingle, Chairperson

None

8. New Business-

A. Department Introduction- Frank Corcoran, CEO, introduced Brian Hamilton and Ashlee West. Brian Hamilton and Ashlee West gave a summary of the last 18 months of hard work and extraordinary accomplishments in the EMS department. Call volumes over the last year are up by 5% and up 10% over the last two years. Transfers average 85 per month. Our critical care team has gained a reputation for accomplishing things that flight services can't do. We constantly receive calls from other hospitals to help get patients where they need to go. We have had 33 agency assists so far this year. The Community EMS program is focusing on three things. Do the patients understand their conditions and medications? Does the patient have a primary care provider, and do they have a way to get to their appointments? The nonemergent transport van is helping us fulfill the needs of our patients and community.

EMS responds to approximately 318 calls per month not including the community services van. The board applauded Brian and Ashlee and the entire EMS staff.

B. Special Hospital District Resolution- Bruce Swingle, Chairperson. The JPC approved this resolution at their last meeting. It is a resolution of support to create the SHD. If approved by this board, we will

begin discussions regarding marketing strategies to obtain the signatures that we need to get this on the ballot.

Concern was expressed by multiple board members regarding the "attached petition" which is not attached to the resolution. In addition, 472 votes should be 472 signatures. Kathi Pape stated that she wants to see the petition before she votes on the resolution.

Art Burger moved to approve the resolution if the words "the attached" were stricken and the word "a" added and the word "votes" was stricken, and the word "signatures" added. Serina Bartoo seconded. Discussion was held regarding getting the necessary signatures, community education and marketing. Motion carried unanimously. The resolution is approved as amended.

9. Finance Committee- Kathi Pape, Chairperson

A. October Financial Report- Ming Huang, CFO. Total patient days in October were 93, 33 days less than September. There were 1,056 outpatient visits, 306 more than September. The Rural Health Clinic had 601 visits, 59 more that September and the ER had 661 visits, 38 visits less than September. Days cash on hand at the end of October was 147 days. Accounts receivable net days were 26 and accounts payable were 39 days.

Both ambulance and outpatient registration saw an increase in October. Radiology had 366 CT patients in October which is much higher than previous months. Most departments saw an increase in October.

Total patient revenue in October was \$5,093,059. After subtracting revenue deductions, adding other operating revenue and non-operating revenue, we have a total operating revenue of \$2,485,004. Contract services were \$631,234 compared to a budget of \$706,788. Supplies were lower as well at \$143,508. Total operating expenses were \$2,273,853. EBITDA for October was \$211,151 which is an 8% EBITDA margin. After subtracting the depreciation expenses, tax and interest, we have a net loss of (\$192,693) for October. Year to date, EBITDA is \$715,538. Year to date, we have a net loss due to higher depreciation expenses of (\$898,689).

At the end of October, we had \$11,213,660 in the bank. We owe \$115,000 for the tunnel project under construction in progress. Discussion was held regarding the high revenue in October, the impact of the mil levy loss for 2023 and the transition of financial obligations if the Special Hospital District becomes a reality.

<u>Kathi Pape motioned based on the recommendation of the Finance Committee acceptance of the October Financial report. Katharine Elverum seconded. Motion carried unanimously.</u>

B. Anesthesia Service Agreement- Frank Corcoran, CEO said that this contract is from RHPS, our surgical services provider (formerly known as RSSG). We have been unable to find an anesthesia group to cover us due to the limited surgical schedule we will offer. RHPS has a couple of CRNAs that they work with that are interested in coming here on a rotating basis. The terms of the contract are similar to the surgical contract. The cost to begin with is \$150,800 per year, as we grow the price will increase. The contract has been reviewed by our attorneys.

Kathi Pape motioned based on the recommendation of the Finance Committee to approve the Anesthesia Services Agreement. Greg D'Amour seconded. Discussion was held regarding insurance coverage both on the hospital's side and RHPS. Frank Corcoran agreed to have a paragraph regarding RHPS insurance obligation to the contract. Kathi and Greg agreed with the stipulation to the motion. Motion carried unanimously.

C. Mindray- Anesthesia Equipment- Frank Corcoran, CEO, said that when you have anesthesia, you have to have anesthesia equipment. We have one Mindray A5 machine, but you have to have a backup when you go into surgery. The cost is \$47,374.76. The hospital development board has agreed to purchase this for us. We did get a GPO discount of \$48,000.

Kathi Pape motioned to approve the purchase of the Mindray Anesthesia Equipment in the amount of \$47,374.76. Discussion was held regarding group purchasing discounts through GPO. Greg D'Amour seconded. Motion carried unanimously.

D. Project Manager IT/ EHR Contract- Frank Corcoran, CEO, said that we need a project manager to help us with our conversion to Cerner. We looked at two companies that can provide this service: Mediant and HealthNet. Both companies have employees who worked for or with Cerner in the past. HealthNet wants \$300,000 for the whole project using two people. Mediant will provide us with one person and charge \$129 per hour for two to three days per week plus travel expenses. We have a third proposal coming from WipiFi who will most likely be about the same cost as HealthNet. Both groups were validated by Cerner. We are leaning toward the Mediant contract. Both contracts are pending legal review.

<u>Mediant contract pending legal review. Serina Bartoo seconded.</u> Bruce Swingle expressed the importance of having a project manager to avoid the endless trouble that we experienced with Athena. Art Burger voiced serious concerns about Mediant's proposal compared to HealthNet's proposal for various different reasons which he explained in depth. <u>After further discussion Kathi Pape withdrew her motion citing the need for further investigation and discussion.</u>

Greg D'Amour motioned that Frank Corcoran/ Administration revisit the contracts with Mediant and HealthNet with Art Burgers advisement for clarity of services and possible price reduction. Serina Bartoo seconded. Motion carried unanimously.

- E. Pyxis Contract- Frank Corcoran, CEO, said that this contract can wait until next year. Pyxis did not provide a contract in time to present at this meeting. Pyxis is a med dispense system that would only be implemented after Cerner is in place.
- F. Healogics Wound Care Services- Frank Corcoran, CEO, said he is not necessarily looking for an approval of this service today. Dr. Walker is trained in and would like to provide wound care services. Healogics would be able to provide training for our nurses and staff to do our own program including billing, collection, and marketing for a management fee of approximately \$5,000 per month. This is a service that we definitely need here. Wound care is an outpatient service, not a clinic service. If this were approved today, it will be 90 to 120 days before it could start.
- G. Clinic in a Can- Frank Corcoran, CEO, said that we are seeing a surge in respiratory cases including flu, RSV and COVID. Clinic in a Can was something that we used in Kansas when COVID broke out. This is basically a clinic in a pod that sits on the hospital property. It is solar powered with a water tank and generator. This would allow us to test patients and assess them before they enter the hospital, clinic or ED preventing cross contamination. The model that we are interested in using is the primary care model. This would be billed as an ED visit. The lease for this would be \$3,000 per month for 12 months. There is an option after two years of leasing to purchase the can for \$1. This is a pro-active measure as the CDC can issue guidelines for patient separation. We do not have the ability to separate patients in our ED waiting

room at this time. We would hire a nurse to work in this clinic as well as working in the ED. This is not something that we need in place today.

H. Authorized Signer SVH Bank Accounts- Ming Huang, CFO, explained that because Bruce Swingle is the new Chairperson of the Governing Board, we need to add his name to the hospital checking accounts and remove Greg D'Amour as authorized signer.

Kathi Pape motioned based on the recommendation of the Finance Committee to approve the removal of Greg D'Amour and the addition of Bruce Swingle to bank accounts ending 398 and 829. Katharine Elverum seconded. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson

A. Policies

- 1. Masking During COVID-19 Policy #690-05-103- Sheila Adams, CNO, said that this policy was created after the CDC put out new guidelines regarding healthcare facilities and masking back in September. The policy spells out when and where you must wear a mask and where a mask is not required. On page BQ 12, there is a grid in red, yellow, and green that reflects the community levels, indicators, and thresholds. This has been approved by Med Staff and Board Quality.
- 2. Sample Drug Policy #513-15-003- This policy is written directly from the Board of Pharmacy regulations on sample drugs. Discussion was held regarding who hands or dispenses the drugs to the patient. Med Staff and Board Quality reviewed and approved this policy.

Denise Addie motioned based on the recommendation of the Board Quality Committee approval of the Masking policy and the Sample Drug Policy. Art Burger seconded. Motion carried unanimously.

11. Joint Commission Report, Kathi Pape

Kathi Pape reported that she met with Medical Staff last week. There was discussion and concern regarding the flu that is going around that is neither A nor B. The policies above were discussed. There was good discussion amongst the Providers.

12. Administrative Reports

A. Human Resources- LJ Baker, HR Manager, reported that HR's priority of effort is recruitment of key personnel and required operations-level employees. We are bringing in a candidate from our Recruit Military partner for the Quality Director position. We're planning to start our Future Healthcare Professionals Program with HSHS as soon as possible in 2023. Key vacancies were discussed. Jerry Schwind, new plant operations director is bringing efficiency and savings to SVH, identifying gaps that have existed, deferred maintenance that has not been done, and processes that need to be improved. We are working on improving the H1B recruiting process to retain H1B employees longer.

Our goal is to remain under 3% for annual turnover rate. Right now, we are at 1.75%. Discussion was held regarding the calculation of the turnover rate and the challenges in recruiting. In the next calendar year, exit interviews will be conducted with employees voluntarily leaving their positions at the hospital. The culture at the hospital has improved.

There were no significant workers comp issues to report. Several employees required FMLA for medical reasons. Education has been provided to staff on smoking cessation. Our goal is to reduce potential medical costs and impacts to the staff. It also reduces potential increases to our insurance premiums.

B. Nursing Services- Sheila Adams, CNO, said that we have two travelers that will be replaced with Passport USA nurses. The performance improvement for MedSurg is to increase bedside scanning. We started at 19% and are currently at 67%. Patient satisfaction with communication with nurses is at 79% and with doctors is at 74% with overall at 68%.

We have seven travelers in the ED. The performance improvement for ED is evaluation of 72 hour returns to the ED. ED patient satisfaction year to date for nursing staff is at 73%, 62% for physicians and 66% overall.

Two positions have been opened in EMS to assist with the increase of Community Health calls. The performance improvement for EMS is to decrease patient refusal of treatment when 911 has been called. Brian and Ashlee will be in ALICE training next week.

Dr. Walker has completed his Athena training and has been spending time in the clinic. Equipment in the OR has been checked by vendors for any necessary service. Positions for staff have been posted.

Cardiopulmonary positions have been posted to extend hours of availability to ED and MedSurg. Toni Davis, Cardiopulmonary Manager, will oversee the sleep study area.

Trauma has increased to an average of 80 to 90 for the last four months. \$434,000 in charges were billed in October.

C. CEO Report- Frank Corcoran, CEO, said that our COVID percentage right now is 6% positive and flu is 7%. We have two employees out with COVID, three others are out with flu like symptoms. Dr. Walker is starting to see patients, but we need CRNAs, equipment and staff to start surgeries. Smaller procedures that do not require anesthesia can be performed.

We are planning an open house sometime in January to introduce the community to our new physicians and our surgeon. The equipment has been installed for our sleep studies; we are waiting on the murphy beds. Dr. Park, cardiologist from Memorial saw eight patients in the clinic last week.

We are waiting on a sub to disconnect the fiber optics from the tunnel, remove them, reconnect them and then we can fill the tunnel in and be done with it.

We sponsored a blood drive at the hospital last week and had a very good turnout.

The staff Christmas party will be held on December 9th. The hospital will provide the meat and staff will bring potluck dishes, desserts, and salads. The pink glove dance was done in October. The video will be shown, and awards handed out at 2:00 on Wednesday. QHR will have its leadership meeting in AZ March 7-9. Board members are welcome to attend.

D. Governing Board- Bruce Swingle, Chairperson, thanked the SVH staff, all 210 of them for fantastic work. The Board acknowledges the work and are quite pleased. The Board wants to make the hospital a better place to work and thrive in.

Bruce Swingle read the following Stipulation to Close Meeting:

13. 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. Privileges Frank Corcoran, CEO

TEMP to Provisional

Audra Yadack, MD, Arena Health

PROVISIONALS to 2-year appointment

Omkar Vaidya, MD, Arena Health Roni Sharon, MD, Arena Health

TERMS:

Francis Q. Cortes, NP 10/31/2022 Joshua Sifuentes, MD, ESS 11/01/2022

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. QHR report to the Board

Erika Sundrud, QHR

Roll Call to Close Meeting:

Kathi Pape – Y

Katharine Elverum - Y

Art Burger – Y

Serina Bartoo - Y

Greg D'Amour - Y

Denise Addie - 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 stipulation to close the meeting.

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

A. Privileges

TEMP to Provisional

Audra Yadack, MD, Arena Health

PROVISIONALS to 2-year appointment

Omkar Vaidya, MD, Arena Health Roni Sharon, MD, Arena Health

TERMS:

Francis Q. Cortes, NP 10/31/2022

Joshua Sifuentes, MD, ESS 11/01/2022

Denise Addie motioned to approve all above listed privileges. Art Burger seconded, Motion carried unanimously.

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

A. Risk Report

Serina Bartoo motioned to approve the risk report. Kathi Pape seconded. Motion carried unanimously.

10-15-1 (H) 9 - Public Hospital Board Meetings- Strategic and long-range business plans
A. QHR report to the Board
No Action

15. Other The next regular Governing Board me	eeting will be held on Tuesday, January 24, 2022 at 12:00
16. Adjournment Denise Addie motioned to adjourn. S	Serina Bartoo seconded. Motion carried unanimously.
Jennifer Burns, Recording Secretary	Date
Bruce Swingle, Chairperson	Date



Financial Analysis

November 30th, 2022

Days Cash on Hand for November 2022 are 147 (139 available)

Accounts Receivable Net days are 22

Accounts Payable days are 26

Hospital Excess Revenue over Expense

The **Net Income** for the month of November was \$2,043 vs. a Budget Income of (\$43,159).

Hospital Gross Revenue for November was \$5,314,315 or \$822,911 more than budget. Patient Days were 162 – 69 more than October. RHC visits were 744 – 143 more than October, Outpatient Visits were 825 – 231 less than October, and ER visits were 757 – 96 more than October.

Revenue Deductions for November were \$2,784,615 or \$708,754 more than budget.

Other Operating Revenue was \$168,134.

Non-Operating Revenue was \$156,372.

Hospital Operating Expenses for November were \$2,438,413. Compared to Budget, expenses were under Budget by \$5,967. Contract services were over budget by \$75,447 due to placement fee of new Plant Operations Director and international nurses of \$44,587.50 and air flow testing and balancing of \$21,400.

EBITDA for November was \$415,820 vs. a Budget of \$360,472. YTD EBITDA is \$1,131,358 vs. a Budget of \$1,838,408.

The Bond Coverage Ratio in November was 165% vs. an expected ratio of 130%.

Sierra Vista Hospital KEY STATISTICS November 30, 2022

		MONTH				AR	RANGE			YEAR TO DATE	ш	
Actual 11/30/22	Budget 11/30/22	Variance to Budget	Prior Year 11/30/21	Variance to Prior Year		UNK /5th	CHK SUTI	Actual 11/30/22	Budget 11/30/22	Variance to Budget	Prior Year 11/30/21	Variance to Prior Year
					DESCRIPTION							
					Growth							
					Net Patient Revenue Growth Rate	%9	28%	-8%				
					Admissions							
77	27	,	33	(11)	Acute	377	218	100	135	(32)	154	(54)
σ	j La	4	m	Q	Swing	43	31	29	25	4		DO
36	32	4	36	ŀ	Total Admissions	420	249	129	160	(31)		(46)
		į				C	•	•	•	Ş		(370)
4.5	4.8	(0.3)		(0.2)	ALOS (acute and swing)	3.3	4.0	4.6	4.8	(o)		(0.66)
162	154	60		(8)	Patient Days (acute and swing)			289	770	(181)		(325)
825	1,114	(583)	1,169	(344)	Outpatient Visits	22,807	13,150	4,697	5,570	(873)		(1,326)
744	607	137	069	54	Rural Health Clinic Visits	6,683	7,880	3,075	3,035	40		(324)
757	199	90	675	82	ER Visits	4,345	3,361	3,609	3,335	274	3,359	250
4%	4%	-0.5%		-2%	ER Visits Conversion to Acute Admissions	10%	%9	3%	4%	-1%	%5	-5%
					Surrery Cases							
ř	•	,	٠	ī	Inpatient Surgery Cases	109	52	ı	•	'	°)
,	•	•	1	,	Outpatient Surgery Cases	638	323	,	•	'	0	i
•	•	•	•	1	Total Surgeries	746	375	٠	•	•		ı
1					Profitability							
15%	15%	%0	42%	-28%	FBITDA % Net Rev	1%/	4%	%6	15%	%9-	28%	-19%
, % 2 3 8		7		-	Operating Margin %	5%	5%			•		-
52%					Rev Ded % Net Rev	47%	20%	25%	46%		46%	%6
10%	2%		3%	7%	Bad Debt % Net Pt Rev	2%	%9	10%	5%	%8	%9 %9	3%
92%			84%		Outpatient Revenue %	83%	78%	95%	-alasyini		84%	%
\$ 11,810			\$ 17,278	(\$5,468)	Gross Patient Revenue/Adjusted Admission			\$11,810	MacCodd and		\$17,278	(\$5,468
\$ 5,622			\$ 9,739	(\$4,117)	Net Patient Revenue/Adjusted Admission			\$5,622			\$9,739	(\$4,117
35%	40%	% -2%	%98	%0	Salaries % Net Pt Rev	32%	40%	42%	40%		2% 37%	4%
7%	7%	%0	%9 9	1%	Benefits % Net Pt Rev	11%	12%	86	7%	2%	%9 %	2%
7%	8%	.1%	%8	21%	Supplies % Net Pt Rev	10%	13%	1%	8%	-1%	7%	-1%
					Cash and Liquidity							
147					Days Cash on Hand	236	106	147			174	(27)
39					A/R Days (Gross)	47					41	
22					A/R Days (Net)	41					72	
26					Days in AP	30					32	
6.7					Current Ratio	4.3	2.6	6.7			4.3	2.4

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

	Month Ending 6/30/2023	Month Ending Month Ending 6/30/2023 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Description												
Admissions								ŗ	ç	O *	ŗ	0
Acute								/7	77	97	7	10
Swing								6	m	7	٥	4
Total Admissions	•	1	,	•	٠	٠	,	36	23	25	23	22
ALOS (arrite and swine)		#DIA/0I	#DIV/Oi	#DIV/0i	#DIV/Oi	#DIV/OI	#DIV/0i	4.5	4.0	5.0	4.3	4.9
Datient Days (acute and swing)								162	93	126	100	108
Outpatient Visits								825	1,056	750	904	1,162
Rural Health Clinic Visits								744	601	542	649	539
FB Visits								757	661	669	735	757
ER Visits Conversion to Acute Admissions	#DIV/0i	10/AIG#	#DIV/0!	#DIV/0}	#DIV/0I	#DIV/0i	#DIV/0}	4%	3%	3%	2%	2%
Surgery Cases												
Inpatient Surgery Cases	,	•	100	E.		•	•	9	1		1	,
Outpatient Surgery Cases	1			•		•	•	•	•		55	
Total Surgeries	•	1	•		•	•	•		•	,		•
Profitability												
EBITDA % Net Rev	#DIN/0I	IO/AIG#	#DIN/0i	#DIN/0i	#DIV/01	#DIV/0I	#DIV/0I	15%				
Operating Margin %	10/AIG#	#DIV/OI	#DIV/0i	#DIV/01	#DIV/0I	#DIV/0i	10/AIQ#	%0		•		
Rev Ded % Net Rev	10/AIQ#	#DIV/0I	#DIV/0!	#DIV/01	#DIV/0i	#DIV/0i	#DIV/0i	25%		52%	In.	L/J
Bad Debt % Net Pt Rev	#DIA/0I	10/AIQ#	#DIV/0i	#DIV/0i	#DIV/0i	#DIV/0i	#DIV/0i	10%				888
Outpatient Revenue %								878	%E6 93%	%26 95%		
Gross Patient Revenue/Adjusted Admission	#DIV/0i	#DIN/01	#DIV/0I	#DIV/0i	#DIV/01	#DIV/0i	#DIN/0i	\$ 11,810	15,501	\$	\$	\$
Net Patient Revenue/Adjusted Admission	#DIV/01	#DIN/OF	#DIV/0i	#DIV/0i	#DIV/0i	#DIA/0i	#DIV/01	\$ 5,622	61719	\$ 6,	\$ 5.	\$ 5,966
Salaries % Net Pt Rev	#DIV/0i	#DIV/01	#DIV/0I	#DIV/01	#DIV/01	#DIV/0i	#DIN/Oi	32%	4		4	4
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0i	#DIA/0i	#DIV/0i	#DIA/0i	HDIV/OI	×	%6	6 11%	%	7%
Supplies % Net Pt Rev	#DIV/0I	#DIV/01	#DIV/0i	#DIV/01	#DIV/0I	#DIV/01	#DIN/0i	%/	%2	%9 %9	% ×	9636
Cash and Liquidity												
Days Cash on Hand		T. A.	1.00				•	147	7 147	147		148
A/R Days (Gross)	,	8		•	•	*	*	39	3 41			
A/R Days (Net)	٠	•	ð	•	•	iii		22	2 26			72
Davs in AP		*	*	'	•	•	•	56				
Current Ratio	#DIN/0i	#DIV/01	#DIV/0i	#DIV/0i	#DIN/0i	#DIV/0i	#DIV/0I	9	6.7 5	5.7 6	6.5 7.5	5 6.7

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

						ŀ							
	Month	Month	Month	Month		_	Month	Month	Month	Month	Month	Month	Month
	Ending 11/30/2022	Ending 10/31/2022	Ending 2 9/30/2022	Ending 8/31/2022	Ending 2 7/31/2022		Ending 6/30/2022 5	Ending 5/31/2022 4	4/30/2022	Ending 3/31/2022	2/28/2022	1/31/2022	12/31/2021
Description													
Admissions													
Acute	72	50	0 18		17	18	23	18	18	22	23	37	31
Swing	6		3 7		9	4	m	7	2	S	ĸ	∞	7
Total Admissions	36	. 23	3 25		23	77	79	02	07	7.7	79	45	38
ALOS (acute and swing)	4.5	4.0	0 5.0		4.3	4.9	3.0	5.5	4.9	5.2	5.3	3.8	5.3
Patient Days (acute and swing)	162	93	3 126		100	108	79	109	97	141	139	172	202
Outpatient Visits	825	1,056	6 750		904	1,162	844	923	1,105	962	1,032	1,463	1,014
Rural Health Clinic Visits	744		1 542		649	539	528	547	299	661	545	557	511
ER Visits	757	, 661	1 699		735	757	748	757	639	650	534	929	644
ER Visits Conversion to Acute Admissions	4%		3% 3%	%	2%	7%	3%	2%	3%	3%	4%	2%	2%
Surgery Cases						_							
Inpatient Surgery Cases	•	1	•	•		,	•	•	,	•	1	1	ı
Outpatient Surgery Cases	•	•	•				1	,	1	•	1	•	•
Total Surgeries	•	•			,	1	,	•		•			
Profitability													
EBITDA % Net Rev	15%		8%2	-2%	12%	10%	8%	-13%	%6	12%	-5%	27%	
Operating Margin %	0	%0	-8% -19%		-4%	%9-	-9.8%	-32.0%	-6.8%	-3.7%	-24%		16%
Rev Ded % Net Rev	25%		57% 52	25%	28%	24%	23%	20%	20%	46%	26%	37%	41%
Bad Debt % Net Pt Rev	10%		11%	%6	%6	%8	8.4%	3.1%	4.7%	2.3%	7%	1%	%9
Outpatient Revenue %	876		93% 92	95%	94%	94%	93%	95%	91%	92%	86%	84%	86%
Gross Patient Revenue/Adjusted Admission	\$ 11,810	0 \$ 15,501	01 \$ 13,675	\$	12,775 \$	12,854 \$	11,345	11,779	\$ 19,015	\$ 12,196	\$ 19,250	\$ 15,136	\$ 15,418
Net Patient Revenue/Adjusted Admission	\$ 5,622	2 \$ 6,719	19 \$ 6,557	Ś	5,420 \$	\$ 996'5	5,295	5,943	\$ 9,934	\$ 6,607	\$ 8,546	\$ 9,547	\$ 9,095
Salaries % Net Pt Rev	32	35% 4	43% 45	45%	43%	43%	42%	37%	38%	40%	29%	37%	m
Benefits % Net Pt Rev	7	7%	.1 %6	11%	%	7%	%8	7%	11%	8%	10%	7%	7%
Supplies % Net Pt Rev		7%	7%	%9	2%	%9	10%	2%	%9	8%	%6	2%	, 7%
Cash and Liquidity													
Days Cash on Hand	Ť.	147	147	147	149	148	167	162	168	172	181	185	179
A/R Days (Gross)		39	41	37	38	38	38	41	39	38		9 41	1 39
A/R Days (Net)		22	26	22	24	22	22	26	25	26	29	9 31	1 26
Days in AP		26		35	32	43	32	45	25	72) 24
Current Ratio		6.7	5.7	6.5	7.5	6.7	4.8	4.2	4.5	4.3		2 4.7	•

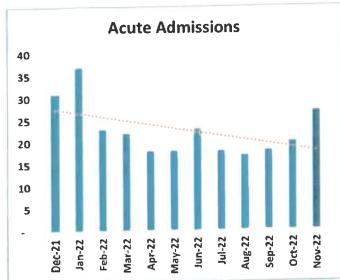
Sierra Vista Hospital
Detailed Stats by Month
11/30/2022
(SUBJECT TO AUDIT)

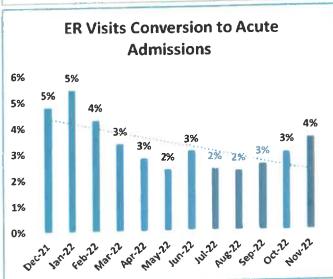
						ומסמרבו ומ אסמוו	AUDIN					445	40000	
	FY2023	Avg FY2023	Month Ending 6/30/2023	Month Ending S/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	month Ending 11/30/2022	Ending 10/31/2022	Ending 9/30/2022	Ending 8/31/2022	Ending 7/31/2022
Description														
Total Acute Patient Days	341	89								85	67	74	42	64
Total Swingbed Patient Days	248	20								1 043	14	12.27	1001	1 545
Total Acute Hours (based on Disch Hrs)	8,166	1,633	,	•		•	4			CPC(1	OUC,I	111/4	10017	Carlot T
TOTAL ACUTE														
Patient Days	341	88								82	£ ;	74	42	2 ;
Admits	104	21								27	24	23 S	17	18
Discharges	100	20								77	20	EI .	1,795	17
Discharge Hours	8,166	1,633	-	9	0,540	10/21/07	1000	In the second	107740#	1,943	1,900	1,//1	1,001	1,545
Avg LOS	3.4	3.4	10/AIG#	#DIA/OI	#DIA/OI	#UV/NIC#	#DIA/UI	#DIA/OI	#OlANO#	9.0		V.	C17	0.0
Medicare Acute														
Patient Days	257	51								69	77	57	90	24
Admits	71	14								22	50	6	12	oo (
Discharges	71	14								77		5 .	715	×0 6
Discharge Hours	6,140	1,228	10/7/07	107710#	Ornica	10//10#	10/ XIC#	IU/AIU#	IO/AIO#	1,548	1,846	1,359	7.5	3.0
Avg LOS	3.6	3:0	#DIA/O	in/Ain#	io/Aio#	in/ain#	io/Alor	10/410#	0/20					2
SWING - ALL (Medicare/Other)														
Patient Days	248	20								S '	-	75	л	44
Admits	29	9								о				4 4
Discharges	78	o								01			900,1	4 (
Discharge Hours	5,282	1,056	ווייייותייי	10/200#	10/21/0#	10/1/10#	וט/אוט#	10//10#	10/2/10#	1,00/1		10.4		110
AVE LOS	6:0	Ì		include:		in the last								
Observations														20
Patient Days	147	29								37		20	77	S S
Admits	95	19								586	VI			E3
Discharge Hours	3,528	706								90				
Emergency Room														
Total ER Patients	3,609	727								75	Ф		735	
Admitted	82	17								77	2 5	5 C		16
Transferred	479	æ								n				
Ambulance														
Total ALS/BLS runs	1,600	320								979				329
911 Calls	1,155	231								147		196	747	
Transfers	445	88								D				
OP Registrations	4,697	939								825	rī.	75	904	1,162
Vaccine Clinic	346	69								97	7 181	80		
Rural Health Clinic														
Total RHC Visits	3,075	615								744	9	ur,	9	539
Avg Visits per day	147	29								99	9 76	5 27	30	
Behavioral Health														
Patients Seen	856	171								126	6 222	2 176	5 142	190

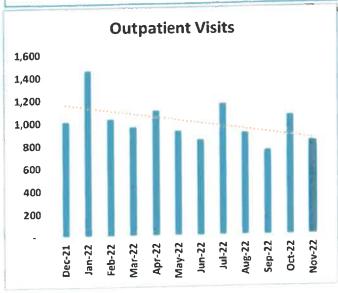
Sierra Vista Hospital
Detailed Stats by Month
11/30/2022
(SUBJECT TO AUDIT)

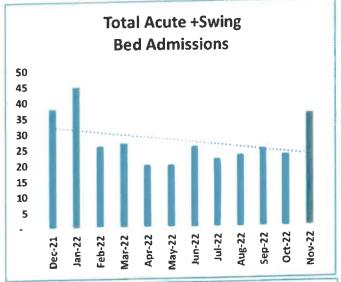
		Avg	Month Ending	Month Ending	Month Ending	Month Ending	Month	Month Ending	Month Ending	Month Ending	Month	Month	Month	Month
	FY2023	FY2023	6/30/2023	5/31/2023	4/30/2023	3/31/2023	2/28/2023	1/31/2023	12/31/2022	11/30/2022	10/31/2022	9/30/2022	8/31/2022	7/31/2022
Dietary														
Inpatient Meals	3,982	796								728	878	798	750	828
Outpatient Meals	909	121								22	8	199	132	128
Cafeteria Meals	15,826	3,165								3,767	3,525	2,867	2,938	2,729
Functions	1,268	254								324	363	184	727	170
Laboratory														
In-house Testing	89,392	17,878								19,562	18,468	15,177	17,956	18,229
Sent Out Testing	3,135	627								829	685	630	654	488
Drugscreens	138	28								31	12	33	43	02
Physical Therapy														
PT Visits	1,253	251								178	279	797	251	283
Tx Units	5,108	1,022								1,042	1,057	1,005	933	1,071
Outpatient	216	43								48	41	44	39	44
Inpatient	184	37								36	45	31	29	43
Radiotogy														Ü
X-Ray Patients	2,123	425								440	383	411	447	442
CT Patients	1,641	328								329		583	339	788
Ultrasound Patients	610	122								124	-	104	143	125
Mammogram Patients	245	49								51	\$	45	51	4
MRI Patients	285	57								48		64	63	77
Nuclear Medicine Patients	17	e								9		4	m	9
DEXA	88	18								17	15	19	28	Ø
Surgery														
Surgical Procedures - OR	1	1	•	4		•	ı		•	3	•	4	1	•
GI Lab Scopes	•		8		12	•	*	i†	•	•	*	r	1	,
Major Surgery			8		•	•	ŧ	•	•			•	•	•
Minor Surgery Under TIVA/Sedation			,		•	•	r	•	1	•	ı	,	+	*
Inpatient Procedures	,	é	•	t	•	•	4	4	4	,	*			
Outpatient Procedures		1	1	•	•	•	•	4	133	•				
			TO THE STATE OF TH											

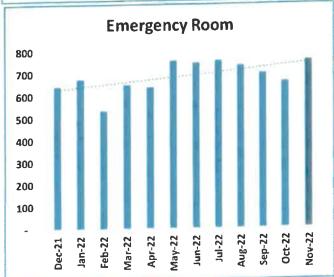
Volume Trends

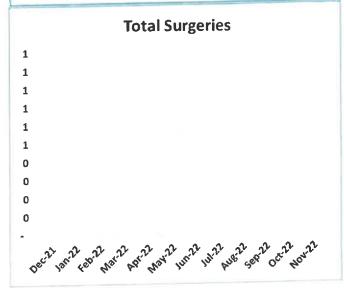












Sierra Vista Hospital INCOME STATEMENT November 30, 2022

L			MONTH						YEAR TO DATE		
	Actual	Budget	Variance to	Prior Year	Variance to		Actual	Budget	Variance to	Prior Year	Variance to
	11/30/22	11/30/22	Budget	11/30/11	Prior rear		11/30/22	77/00/11	1agna	11/30/61	בונו וכפו
					, market	DESCRIPTION					
w	5,314,315	\$ 4,491,404	\$ 822,911	\$ 4,427,493	\$886,822	Gross Patient Revenue Revenue Deductions	\$ 24,291,229	\$ 22,906,159	\$ 1,385,070	\$ 21,947,145	\$2,344,084
•	2.412.093	1.887.121	524,972	1,782,904	\$629,189	Contractual Allowances	11,588,297	9,624,319	1,963,978	8,897,491	\$2,690,806
· vs	283,657	130,363	153,294	88,057	\$195,600	Bad Debt	1,163,285	664,849	498,435	783,578	\$379,707
٠ ٧٥	88,865	58,377	30,488	65,154	\$23,711	Other Deductions	497,762	297,723	200,040	312,709	185,053
45	2,784,615	\$ 2,075,861	\$ 708,754	\$ 1,936,115	\$ 848,500	Total Revenue Deductions	\$ 13,249,344	\$ 10,586,891	\$ 2,662,453	\$ 6,993,777 \$	\$ 3,255,567
· ~	7.7	17,576	(17,549)	4,236	(\$4,209)	Other Patient Revenue	569'6	969'68	(19,941)	7,437	2,258
S	+	\$ 2,433,119	\$ 96,608	\$2,495,613	\$34,114	Net Patient Revenue	\$ 11,051,579	\$ 12,408,904	\$ (1,357,324)	\$ 11,960,804	\$ (909,225)
	48%	24%	(3/2)	%95	(%6)	Gross to Net %	45%	24%	(%6)	24%	(%6)
٠,	168,134	201,498	(33,363)	257,456	(\$89,322)	Other Operating Revenue	986,628	1,027,639	(41,011)	1,204,750	(218,122)
₩.	156,372	170,236	(13,865)	1,111,105	(\$954,733)	Non-Operating Revenue	707,727	868,204	(110,497)	1,670,890	(913,182)
s,	-	\$ 2,804,852	\$ 49,380	\$ 3,864,174	\$ (1,009,941)	Total Operating Revenue	\$ 12,795,915	\$ 14,304,747	\$ (1,508,832)	\$ 14,836,444	(2,040,530)
						Expenses					
\$	1,107,334	\$1,160,296	(\$52,962)	\$1,062,747	\$44,587	Salaries & Benefits	\$5,671,989	\$5,917,507	(245,518)	\$5,306,070	\$362,918
⇔	897,576	972,546	(74,970)	897,931	(322)	Salaries	4,611,563	4,959,983	(348,420)	4,457,933	153,630
v	186,701	169,131	17,570	148,603	38,098	Benefits	943,280	862,569	111,08	762,422	180,858
S	23,057	18,619	4,438	16,213	6,844	Other Salary & Benefit Expense	117,146	94,956	22,190	85,716	31,430
S	170,929	185,889	(14,961)	192,722	(21,794)	Supplies	721,710	948,036	(526,325)	820,779	(\$129,069)
45	759,436	886'£89	75,447	579,918	179,518	Contract Services	3,344,432	3,488,340	(143,908)	2,559,189	\$785,243
\$	184,377	207,664	(23,287)	178,580	26,797	Professional Fees	890'606	1,059,086	(156,018)	882,279	\$20,790
\$	5,400	7,476	(2,076)	7,323	(1,923)	Leases/Rentals	41,796	38,129	3,667	33,057	\$8,739
\$	32,695	35,529	(2,834)	32,255	441	Utilities	211,071	181,197	29,874	194,464	\$16,607
<>>		52,500	21,438	369'96	(22,758)	Repairs / Maintenance	245,742	267,748	(22,005)	310,212	(\$64,469)
\$	76,743	74,188	2,554	39'622	32,088	· Insurance	358,033	378,360	(20,326)	315,567	\$42,467
\$	27,562	36,850	(6),288)	34,089	(\$6,527)	Other Operating Expenses	166,714	187,936	(21,222)	194,869	(\$28,155)
_	\$2,438,413	\$2,444,380	(296'5\$)	2,223,984	\$214,428	Total Operating Expenses	\$11,664,556	\$12,466,339	(\$801,783)	\$10,646,486	\$1,018,070
	\$415,820	\$360,472	\$55,348	\$1,640,190	(\$1,224,369.66)	EBITDA	\$1,131,358	\$1,838,408	(\$707,049)	\$4,189,958	(\$3,058,600)
	15%	13%	9 2%	42%	(%82)	EBITDA Margin	86	13%	(4%)	78%	(19%)
L						Non - Operating Expenses					
\$	285,517	\$284,757	\$260	\$288,362	(\$2,845)	Depreciation and Amortization	1,425,082	\$1,452,262	(27,180)		(\$15,153)
*	71,474	73,188	(\$1,713)	75,914	(\$4,440)	Interest	367,072	373,258	(6,186)	\$372,484	(\$5,413)
\$	56,785	45,687	\$11,098	41,521	\$15,264	Tax/Other	235,850	233,001	2,849		\$5,271
	\$413,777	\$403,632	\$10,145	\$405,798	626'2\$	Total Non Operating Expense	\$2,028,004	\$2,058,521	(\$30,517)	\$2,043,299	(\$12,295)
	\$2,043	(\$43,159)	\$45,202	\$1,234,392	(\$1,232,349)	NET INCOME (LOSS)	(\$896,646)	(\$220,113)	(\$676,533)	\$2,146,	(\$3,043,305)
_	0%				(32%)	Net Income Margin	(3%)	(5%)	(2%)	14%	(21%)

Sierra Vista Hospital
INCOME STATEMENT by Month
November 30, 2022

	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	ng Month Ending 2 10/31/2022		Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Description													
Revenues Gross Dationt Devenues								\$ 5,314,315	40	\$ 6503660	4,273,541 \$	4,897,013	\$ 4,713,301
Revenue Deductions													
Contractual Allowances								2,412,093		2,495,591	1,975,761	2,464,567	2,240,286
Bad Debt								283	283,657	263,472	202,078	216,838	197,240
Other Deductions								38	88,865	128,587	51,025	140,839	88,447
Total Revenue Deductions			•	•	•	•	5	\$ 2,784	2,784,615 \$ 2	2,887,649 \$	2,228,864 \$	2,822,244	\$ 2,525,973
Other Patient Revenue									17	2,202	4,366	3,043	58
Not Datient Reconso			5	or or		9	•	\$ 2,529	es.	2,207,611 \$	2,049,043 \$	2,077,812	\$ 2,187,386
Some on Plant	IO/AIG#	ID/ANDI	lo/vio#	WDIV/DI	#DIA/0I	MDIV/0I	IO/AIG#		48%	43%	48%	424	46%
Other Openating Sensons								168	168,134	142,078	322,559	183,822	170,035
Mon-Operating Persons								154	156,372	135,314	31,923	285,973	148,126
Total Operating Revenue		- \$		•				\$ 2,854	\$	2,485,004 \$	2,403,525 \$	2,547,607	\$ 2,505,546
Expenses	5	5	5	ş	Ş	5	S	\$1,107.334		\$1.164.042	\$1.180.350	\$1,099,943	\$1,120,320
Calaries	3		•		}		:			959,534	928,471	891,515	934,466
Banafits								18	186,701	190,504	220,894	185,721	159,461
Other Salary & Benefit Expense								2	23,057	14,004	30,985	22,707	26,393
Supplies								7.1	626'021	143,508	127,032	150,029	130,212
Contract Services								75	759,436	631,234	735,150	583,126	635,487
Professional Fees								18	184,377	180,160	177,798	180,366	180,368
Leases/Rentals									5,400	7,514	9,050	9,411	10,421
Utilities								E	32,695	46,475	38,432	42,610	50,859
Repairs / Maintenance									73,937	34,975	57,920	48,769	30,142
nsurance								'	76,743	45,873	78,159	79,477	77,783
Other Operating Expenses								7	27 562	20,073	46,932	45,241	26,905
Total Operating Expenses	\$	90	90	98	\$	\$	\$		\$2,438,413	\$2,273,853	\$2,450,824	\$2,238,971	\$2,262,496
EBITOA	\$	\$	\$	\$	\$	8	8		\$415,820]	\$211,151	(\$47,299)	\$308,636	\$243,051
EBITDA Margin	ID/AID#	#DIV/0I	I0/AIG#	#DIV/01	#DIV/01	#DIV/01	10//10#		15%	酱	-2%	12%	10%
Non - Operating Expenses Depreciation and Amortization								\$28	\$285,517	\$285,285	\$285,258	\$284,522	\$284,500
Interest									71,474	73,377	73,387	75,427	73,406
Tax/Other									56,785	45,182	48,047	43,713	42,123
Total Non Operating Expenses	\$	\$	\$0	\$	\$0	8		50 543	\$413.777	\$403,844	\$406,692	\$403,662	\$400,029
NET INCOME (LOSS)	8			\$0		05		3	\$2,043	(\$192693)	(\$453,991)	(595,027)	(\$156,978)
Net Income Macein	MDIV/01	ID/VION	IO/AID#	#DIV/01	IO/AIG#	IO/AIG#	IO/AIG#	{	360	(959)	(19%)	(4%)	(9%)

Sierra Vista Hospital TWELVE MONTH INCOME STATEMENT November 30, 2022

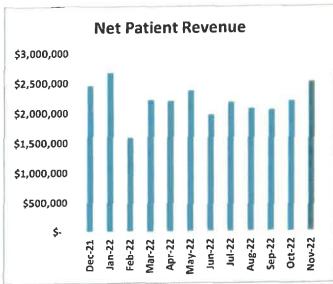
	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	nding 2021
Description													
Revenues			1		6 4 713 201	¢ 4 213 781	\$ A 711 A36	¢ 4 225 491	\$ 4116.284	\$ 2 575 083	\$ 4.257.015	\$ 4.18	4.185.011
Gross Patient Revenue Revenue Deductions	5 5,314,315	6c0,6e0,c ¢	5 4,2/3,541	c10,169,4 ¢	T06,617,4 &								1100
Contractual Allowances	2,412,093	2,495,591	1,975,761	2,464,567	2,240,286	1,934,982	2,148,729	2,054,060	1,733,039	1,831,356	1,473,918	1,52	1,529,498
Bad Debt	283,657	263,472	202,078	216,838	197,240	180,600	77,177	107,657	52,445	124,185	30,998	14	147,779
Other Deductions	88,865	128,587	51,025	140,839	88,447	132,022	108,432	58,653	101,839	34,833	69,482	111	36,850
Total Revenue Deductions	\$ 2,784,615	\$ 2,887,649	\$ 2,228,864	\$ 2,822,244	\$ 2,525,973	\$ 2,247,604	\$ 2,334,337	\$ 2,220,370	\$ 1,887,323	\$ 1,990,374	\$ 1,574,398	\$ 1,71	1,714,126
Other Patient Revenue	72	2,202	4,366	3,043	58	471	12	202,366	761	2,439	2,411		(2,256)
Net Patient Revenue	\$ 2,529,727	\$ 2,207,611	\$ 2,049,043	\$ 2,077,812	\$ 2,187,386	\$ 1,966,649	\$ 2,377,111	\$ 2,207,487	\$ 2,229,722	\$ 1,587,148	\$ 2,685,027	\$ 2,4	2,468,629
Gross to Net %	48%	43%	48%	42%	46%	46.7%	20%	25%	54%	44%	63%		29%
Other Operating Revenue	168,134	142,078	322,559	183,822	170,035	244,617	(764,593)	253,020	229,154	407,705	236,475	5	245,623
Non-Operating Revenue	156,372	135,314		285,973	148,126	321,334	538,200	207,887	210,151	126,373		5	524,485
Total Operating Revenue	\$ 2,854,233	\$ 2,	\$ 2,403,525	\$ 2,547,607	\$ 2,505,546	\$ 2,532,599	\$ 2,150,719	\$ 2,668,394	\$ 2,669,027	\$ 2,121,225	\$ 3,058,426	\$ 3,2	3,238,738
Expenses													
Salaries & Benefits	1,107,334	1,164,042	1,180,350	Ţ	1,120,320	1,016,942	1,075,424	1,130,204	1,071,947	1,090,915	1,187,631	1,1	1,115,403
Salaries	897,576	959,534	928,471		934,466	827,216	883,393	841,508	884,152	935,149	994,277	0	933,787
Benefits	186,701	190,504	220,894		159,461	165,628	172,534	251,025	174,881	150,964	184,486	1	168,877
Other Salary & Benefit Expense	23,057	14,004			26,393	24,098	19,497	37,671	12,915	4,802			12,739
Supplies	170,929	143,508		150,029	130,212	191,130	123,361	137,324	186,932	145,782		1	180,104
Contract Services	759,436				635,487	720,752	820,249	797,908	713,877	581,223		2	590,882
Professional Fees	184,377	180,160	177,798	3 180,366	180,368	178,417	180,370	178,417	180,370	174,511	180,370		180,370
Leases/Rentals	5,400	7,514	050'6 1	9,411	10,421	9,125	4,921	9,571	11,210	3,103			12,959
Utilities	32,695	46,475	38,432	2 42,610	50,859	49,790	48,261	36,822	30,623	32,989	32,182		33,143
Repairs / Maintenance	73,937	34,975	5 57,920	0 48,769	30,142	63,485	60,516	41,785	56,795	94,507			47,157
Insurance	76,743	45,873	3 78,159	9 79,477	77,783	67,825	68,149	68,351	67,827	68,149	70,297		66'69
Other Operating Expenses	295'22	20,073	3 46,932	2 45,241	26,905	43,903	46,048	40,398	36,002	33,489	43,145		92,642
Total Operating Expenses	\$2,438,413	\$2,273,853	3 \$2,450,824	4 \$2,238,971	\$2,262,496	\$2,341,368	\$2,427,299	\$2,440,778	\$2,355,583	\$2,224,667	\$2,236,758	\$2,3	\$2,322,599
EBITDA	\$415,820	\$211,151	1 (\$47,299)	9) \$308,636	\$243,051	\$191,231	(\$276,579)	\$227,616	\$313,444	(\$103,442)	\$821,667	\$\$	\$916,139
EBITDA Margin	15%		8% -2	-2% 12%	201	%9.7 6%	.13%	%6 9	12%	%5- 9	% 27%		28%
Non - Operating Expenses													
Depreciation and Amortization	285,517	7	14	•	284,500	309,965	5 290,430	7	289,899	7	7	•	289,084
Interest	71,474												73,469
Tax/Other	56,785			7					47,582				51,431
Total Non Operating Expenses	\$413,777	7 \$403,844	4 \$406,692	2 \$403,662	\$400,029	\$438,327	\$410,958	\$408,169	\$410,923	\$406,479	9 \$409,521	ŵ	\$413,984
NET INCOME (LOSS)	\$2,043	(\$192,693)	3) (\$453,991)	(\$95,027)	(\$156,978)	(\$247,096	5] (\$687,537)	(\$180,554	(\$97,479	(\$509,921)	1] \$412,147	\$	\$502,154
Net Income Margin	0	8) %0	(8%) (%8)		(9%9)	(%8.6)	(%ZE) (9	(7%)	(4%)	(24%)	6) 13%		16%

Sierra Vista Hospital BALANCE SHEET November 30, 2022

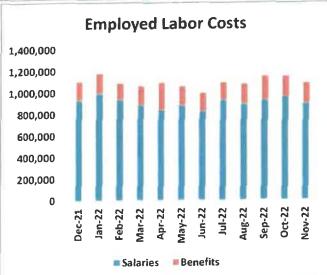
			Trible of the state of the stat	1110 20 203
Nove	November 30, 2022	DESCRIPTION		7707 'nc a
=	(Unaudited)	Assets		
		Current Assets		
s	11,058,338	Cash and Liquid Capital	\$	11,860,878
\$	282,639	US Bank Clearing	٠,	535,046
\$	11,340,977	Total Cash	₩.	12,395,924
ψ,	6,212,324	Accounts Receivable - Gross	٠,	5,393,178
Ś	4,636,886	Contractual Allowance	۷۰	3,689,594
₩.	1,575,438	Total Accounts Receivable, Net of Allowance	45	1,703,584
s	1,187,681	Other Receivables	•	843,919
Ś	424,413	Inventory	⋄	389,634
⋄	588,715	Prepaid Expense	45	183,210
₩.	15,117,224	Total Current Assets	s,	15,516,271
		Long Term Assets		
s.	53,966,312	Fixed Assets	45	53,822,297
₩.	16,488,680	Accumulated Depreciation	φ.	15,063,598
\$	1,123,717	Construction in Progress	\$	954,129
s	38,601,349	Total Fixed Assets, Net of Depreciation	s	39,712,828
43	38,601,349	Total Long Term Assets	\$	39,712,828
v,	2,712,708	New Hospital Loan	45	2,104,724
4	56,431,282	Total Assets	\$	57,333,823
		Liabilities & Equity		
		Current Liabilities		
s	1,041,377	Account Payable	s	1,373,828
⋄	524,949	Interest Payable	⋄	140,460
\$	55,803	Accrued Taxes	٠,	48,661
s	848,733	Accrued Payroll and Related	\$	842,615
₩.	(220,000)		ψ	(220,000)
v,	2,250,862	Total Current Liabilities	s,	2,185,564
		Long term Liabilities		
٧,	25,389,922	Long Term Notes Payable	s	25,409,748
s	25,389,922	Total Long Term Liabilities	\$	25,409,748
*	338,540	Unapplied Liabilities	₩.	381,324
s	317,710	Capital Equipment Lease	₩.	326,293
*	28,297,034	Total Liabilites	٠,	28,302,929
*	28,132,205	Retained Earnings	\$	29,175,814
₩.	2,043	Net income	₩	(144,920)
₩	56,431,282	Total Liabilities and Equity	\$	57,333,823

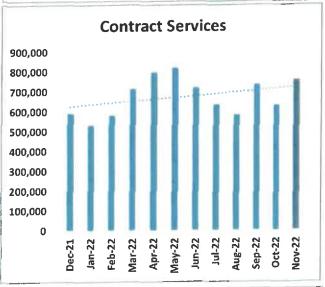
	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Assets												
Current Assets												
Cash and Liquid Capital US Bank Clearing Total Cash	S.	\$0	0\$	0\$	0\$	0\$	0\$	11,058,338 282,639 \$11,340,977	11,005,147 208,513 \$11,213,660	11,072,851 284,908 \$11,357,759	10,914,121 264,173 \$11,178,294	11,428,972 127,111 \$11,556,083
Accounts Receivable - Gross Contractual Allowance Total Accounts Receivable, Net of Allowance	, 	ι •	ı •^-	ı •^-	, s	v,	,	6,212,324 4,636,886 \$ 1,575,438	6,430,226 4,586,176 \$ 1,844,050 \$	5,705,367 4,134,549 \$ 1,570,818	6,125,679 4,411,696 \$ 1,713,983	6,106,512 4,053,349 2,053,163
Other Receivables Inventory Prepaid Expense									1,245,509 409,330 665,926	1,139,931 404,454 747,826	1,227,596 394,317 803,417	954,046 413,617 714,451
Total Current Assets	0\$	\$	0\$	80	0\$	80	80	\$15,117,224	\$15,378,476	\$15,220,788	\$15,317,608	\$15,691,360
Long Term Assets												
Fixed Assels Accumulated Depreciation Construction in Progress Total Fixed Assets, Net of Depreciation Total Long Term Assets	·	, vs	•		·	, «s		53,966,312 16,488,680 1,123,717 38,601,349 \$ 38,601,349	53,964,425 16,203,163 1,123,717 38,884,980 \$ 38,884,980	53,934,715 15,917,877 954,129 38,970,966 \$ 38,970,966	53,925,687 15,632,619 954,129 39,247,196 \$ 39,247,196	53,827,497 15,348,098 954,129 39,433,528 \$39,433,528
New Hospital Loan								\$ 2,712,708	\$ 2,591,947	\$ 2,470,692	\$ 2,349,111	\$ 2,226,887
Total Assets	**		•	. \$	\$	\$. \$	\$ 56,431,282	\$ 56,855,403	\$ 56,662,446	\$ 56,913,915	\$ 57,351,775
Dabilities & Equity										Section Sections		
Current Dabilities				-		-			-			
Account Payable Interest Payable				ĺ		ı		1,041,377 524,949	1,483,953 448,052	1,395,318 371,154	1,201,861 294,256	1,676,257
Accrued Payroll and Related								848,733		739,021	723,262	641,244
Cost Report Settlement Total Current Liabilities	\$	\$	\$0	\$	80	\$0	80	(220,000) \$2,250,862	(220,000) \$2,692,492	(220,000) \$2,332,690	(220,000)	(220,000) \$2,356,046
Lon, term Liabilities												
Long Term Notes Payable Total Long Term Liabilities	0\$	0\$	\$	0\$	0\$	0\$	0\$ 0	25,389,922 \$25,389,922	25,393,887 \$25,393,887	25,397,852 \$25,397,852	25,401,818 \$25,401,818	25,405,783 \$25,405,783
Unappiled Labilities Capital Equipment Lease Total Labilites	·	0\$ 0\$		\$ 9\$	·\$ 0\$	\$ 0\$	0\$ 0\$	338,540 317,710 528,297,034	333,705 303,113 \$28,723,198	302,139 304,867 \$28,337,548	383,505 306,611 \$28,135,026	391,462 324,567 \$28,477,859
Retained Earnings Net Income								\$28,132,205 \$2,043	\$28,324,898 (\$192,693)	\$28,778,889 (\$453,991)	\$28,873,916 (\$95,027)	\$29,030,894 (\$156,978]
Total Liabilities and Equity	s	\$0 \$0		\$0	\$0 \$	\$0	\$0 \$0	0 \$56,431,282	\$56,855,403	\$56,662,446	\$56,913,915	\$57,351,775

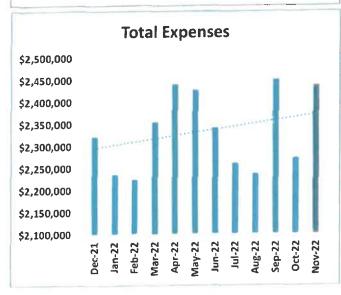
Financial Trends

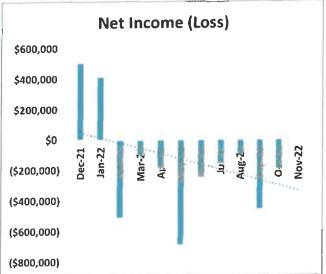














Financial Analysis

December 31st, 2022

Days Cash on Hand for December 2022 are 138

Accounts Receivable Net days are 21

Accounts Payable days are 24

Hospital Excess Revenue over Expense

The Net Income for the month of December was (\$303,240) vs. a Budget Income of (\$44,598).

Hospital Gross Revenue for December was \$4,667,505 or \$26,387 more than budget. Patient Days were 124-38 less than November. RHC visits were 716-28 less than November, Outpatient Visits were 1,103-278 more than November, and ER visits were 755-2 less than November.

Revenue Deductions for December were \$2,443,341 or \$298,284 more than budget.

Other Operating Revenue was \$161,664.

Non-Operating Revenue was \$213,425, including trauma grant of \$17,600, donation from Community Health Foundation of \$17,792.88, and interest income of \$23,001.21.

Hospital Operating Expenses for December were \$2,492,833. Compared to Budget, expenses were under Budget by \$33,026. Other operating expenses were over budget by \$44,582 due to legal settlement of \$50,000.

EBITDA for December was \$111,771 vs. a Budget of \$372,488. YTD EBITDA is \$1,243,130 vs. a Budget of \$2,210,896.

The Bond Coverage Ratio in December was 370% vs. an expected ratio of 130%.

Sierra Vista Hospital KEY STATISTICS December 31, 2022

	1	MONTH				BENCHMARK RANGE	K RANGE			YEAR TO DATE	4	
ACTUBI 12/31/22	12/31/22	Variance to Budget	Prior Year 12/31/21	Variance to Prior Year			TOO ALL	Actual 12/31/22	Budget 12/31/22	Variance to Budget	Prior Year 12/31/21	Variance to Prior Year
					DESCRIPTION							-
1		The same		THE PERSON NAMED IN	Growth							
					Net Patient Revenue Growth Rate	%9	2%	-8%				
					Admissions							
26	27	(1)	31	(5)	Acute	453	262	126	162	(36)	185	(65)
S	S	-	7	(2)	Swing	51	37	34	30	4	28	9
31	32	1	38	(2)	Total Admissions	505	536	160	192	{35}	213	(53)
4.0	4.8	(0.8)	5.3	(1.3)	ALOS (acute and swing)	3.3	4.0	4.5	4.8	(O)	5.2	(0.78)
124	154		202	(78)	Patient Days (acute and swing)			713	924	(211)	1,116	(403)
1,103	1,114		1,014	88	Outpatient Visits	27,429	15,814	5,800	6,684	(884)	7,037	(1,237)
716	209		511	202	Rural Health Clinic Visits	11,644	9,477	3,791	3,642	149	3,910	(119)
755	199	88	644	111	ER Visits	5,226	4,041	4,364	4,002	362	4,003	361
3%	4%	%9.0-	2%	-1%	ER Visits Conversion to Acute Admissions	10%	%9	3%	4%	-1%	2%	-2%
					Surgery Cases							
•	•		•	•	Inpatient Surgery Cases	131	63		٠		0	•
•	•	•	1	ı	Outpatient Surgery Cases	191	389	•	•	•	0	•
•	•	1	•	¥	Total Surgeries	897	451	,	•	•	٠	
					Profitability							
4%	15%	-11%	28%	-24%	EBITDA % Net Rev	7%	4%	8%	15%	-7%	28%	-20%
-12%	15%	% -27%	16%	-27%	Operating Margin %	5%	5%	%8-	15%	-23%	15%	-22%
52%	46%	%9 %	41%	11%	Rev Ded % Net Rev	47%	20%	54%	46%	8%	45%	%6
4%	7%	2%	%9	-2%	Bad Debt % Net Pt Rev	2%	%9	%6	5%	%/	%9	3%
91%			84%	10	Outpatient Revenue %	83%	78%	91%			84%	7%
\$ 13,551			\$ 15,418	(\$1,868)	Gross Patient Revenue/Adjusted Admission			\$13,551		************	\$15,418	(\$1,868)
Ġ,			\$ 9,095	(\$2,622)	Net Patient Revenue/Adjusted Admission			\$6,473			\$9,095	(\$2,622)
43%	4		38%	%5	Salaries % Net Pt Rev	32%	40%	42%	40%	2%	37%	2%
8%	1%	% 1%	2%	9 1%	241	11%	12%	8	1%	9 1%	%9	2%
10%	8%	% 2%	2 1%	2%	Supplies % Net Pt Rev	10%	13%	7%	8%	6 -1%	, 7%	%0
		The second second			Cash and Liquidity				1			
138					Days Cash on Hand	236	106	1			179	(41)
36					A/R Days (Gross)	47	57				39	(4)
21					A/R Days (Net)	41	53				26	(2)
24					Days in AP	0,	32				24	<u> </u>
7.4					Current Katio	4.3	2.2	1.4			4:0	2.2

Sierra Vista Hospital
STATISTICS by Month
December 31, 2022
(SUBJECT TO AUDIT)

	Month Ending 6/30/2023	Month Ending Month Ending Month Ending 6/30/2023 4/30/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Description												
Admissions							,	ŗ	ç	0	ţ	Q
Acute							97	17	8,	9 1	7	70
Swing							'n	o o	NO ·	,	٩	4
Total Admissions	'	•		•	,		31	36	23	25	23	22
ALOS (acute and swing)	•	#DIV/0i	#DIV/0!	#DIV/0I	#DIV/0!	#DIV/0i	4.0	4.5	4.0	5.0	4.3	4.9
Patient Days (acute and swing)							124	162	93	126	100	108
Outpatient Visits							1,103	825	1,056	750	904	1,162
Rural Health Clinic Visits							716		109	542	649	539
ER Visits							755	757	661	669	735	757
ER Visits Conversion to Acute Admissions	#DIV/0I	10/AIG#	#DIV/0i	#DIV/0}	#DIV/01	#DIV/01	3%	4%	3%8	3%	5%	2%
Surgery Cases												
Inpatient Surgery Cases	1	,		•	•	,	*	,	•	1		'
Outpatient Surgery Cases		•	5	•	•	•	•	1	•	1		e
Total Surgeries	•	•	1	•	•			•			•	
Profitability												
EBITDA % Net Rev	#DIV/0i	#DIA/0i	io/AIQ#	i0/AIQ#	#DIV/0I	#DIV/0i	4%	9 15%	%8	-5%	12%	10%
Operating Margin %	#DIV/0!	10/AIQ#	#DIV/0i	#DIV/0}	#DIV/0i	#DIV/0	-12%	%0 9	%8- 9	-19%	-4%	%9-
Rev Ded % Net Rev	#DIV/0[#DIV/0I	#DIV/0I	#DIV/0I	#DIV/0i	10/AIQ#	25%	6 52%		52%	u	24%
Bad Debt % Net Pt Rev	#DIV/01	#DIV/0!	#DIV/0i	#DIV/0	io/∧ia#	#DIV/0i	4%	4 10%	6 11%	%6 :	%6	88%
Outpatient Revenue %							91%	% 82%		95%		94%
Gross Patient Revenue/Adjusted Admission	#DIV/0i	(0/AID#	#DIV/0i	#DIV/0i	#DIV/0i	10/NG#	-	S	\$	\$	₩.	\$ 12,854
Net Patient Revenue/Adjusted Admission	#DIV/01	10/AIQ#	io/∧ig#	#DIV/0i	#DIV/0)	#DIN/Oi	\$ 6,473	1 \$ 5,622	\$ 6,719	\$	ς, γ	\$
Salaries % Net Pt Rev	#DIV/0!	10/AIG#	#DIV/0!	#DIV/0i	#DIA/0i	#DIA/0i	43%	m	4		4	4
Benefits % Net Pt Rev	#DIN/0i	#DIV/01	#DIV/0I	#DIV/0i	#DIV/OI	#DIV/0i	88%			11%	86	78
Supplies % Net Pt Rev	10/AIG#	#DIN/0i	#DIV/0i	#DIN/OI	#DIN/0i	#DIV/0i	10%	% 7%	7%	%9 9	%1 9	%9
Cash and Liquidity												
Days Cash on Hand				1	1		138	3 147	147	147	1	148
A/R Days (Gross)	,	•	•	1	•	•	36					38
A/R Days (Net)	•	•		•	,	•	21	1 22				
Days in AP	•	•	•	•	•	1	7	24 26	39	35	32	
Current Ratio	#DIV/0i	10/AIQ#	#DIV/01	10/NIG#	#DIV/0I	#DIV/01	7		6.7 5.			6.7

Sierra Vista Hospital
TWELVE MONTH STATISTICS
December 31, 2022
(SUBJECT TO AUDIT)

	(SUE	SUBJECT TO AUDIT	E										
	Month	Month	Month		Month	Month	Month	Month	Month	Month	Month	Month	Month
	Ending 12/31/2022	Ending 11/30/2022	Ending 10/31/2022	- /6	Ending /30/2022 8	Ending 8/31/2022	7/31/2022	Ending 6/30/2022	5/31/2022	4/30/2022	3/31/2022	2/28/2022	1/31/2022
Description				76									
Admissions													
Acute	26	72		20	18	17	18	23	18	18	22	23	37
Swing	5	6	_	ო	7	9	4	m	2	2	S	m	00
Total Admissions	31	36		23	72	23	22	52	20	50	22	56	45
ALOS (acute and swing)	4.0	4.5		4.0	2.0	4.3	4.9	3.0	5.5	4.9	5.2	5.3	3.8
Patient Days (acute and swing)	124	162		93	126	100	108	79	109	46	141	139	172
Outpatient Visits	1,103	825		1,056	750	904	1,162	844	923	1,105	962	1,032	1,463
Rural Health Clinic Visits	716	744		601	542	649	539	528	547	299	661	545	557
ER Visits	755	757		661	669	735	757	748	757	639	650	534	929
ER Visits Conversion to Acute Admissions	3%	44%	%	3%	3%	7%	2%	3%	2%	3%	3%	4%	2%
Surgery Cases													
Inpatient Surgery Cases	1	ı					ł	í	•	1	1	1	1
Outpatient Surgery Cases	•	•		ı	ı	ı	ı	1	1	•		1	•
Total Surgeries					1	1	•						***************************************
Profitability													
EBITDA % Net Rev	4%	6 15%	%	%8	-5%	12%	10%	%8	-13%	%6	12%	-5%	27%
Operating Margin %	-12%		%0	%8-	-19%	-4%	%9-	%8.6-	-32.0%	-6.8%	-3.7%	-24%	13%
Rev Ded % Net Rev	52%		52%	81%	25%	28%	54%	23%	20%		46%	%95	37%
Bad Debt % Net Pt Rev	4%		10%	11%	%6	%6	%8	8.4%	3.1%	4.7%	2.3%	2%	1%
Outpatient Revenue %	91%		95%	93%	95%	94%	94%	886	826	91%	876		84%
Gross Patient Revenue/Adjusted Admission	\$ 13,551	\$	\$		13,675	\$ 12,775	-	\$ 1	\$ 1	\$ 1	7	\$	\$
Net Patient Revenue/Adjusted Admission	\$ 6,473	\$ 5,622	\$	6,719 \$	6,557	\$ 5,420	\$ 5,966	\$	δ,	\$	\$ 6,	\$	\$
Salaries % Net Pt Rev	43%		35%	43%	45%	43%	43%	4	m		4		m
Benefits % Net Pt Rev	% %		7%	%6	11%	% 6	7%			7		7	
Supplies % Net Pt Rev	10%		2%	2%	%9	7%	%9	10%	2%	%9	8%	%6	2%
Cash and Liquidity													
Days Cash on Hand	138		147	147	147	149	148	3 167	, 162	168	172	2 181	185
A/R Days (Gross)	m	36	39	41	37	38	38	38					
A/R Days (Net)	7	21	22	56	22	24	2:		2 26		26		
Days in AP	174		26	33	32	32	43	32	2 45	3 25		7 33	30
Current Ratio	7.	7.4	6.7	5.7	6.5	7.5	6.7	7 4.8	8 4.2	2 4.5	4.3	3 4.1	4.7

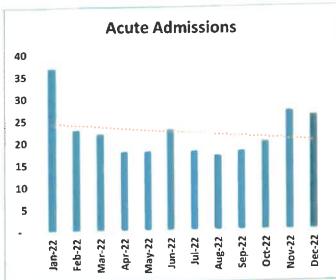
Sierra Vista Hospital
Detailed Stats by Month
12/31/2022
(SUBJECT TO AUDIT)

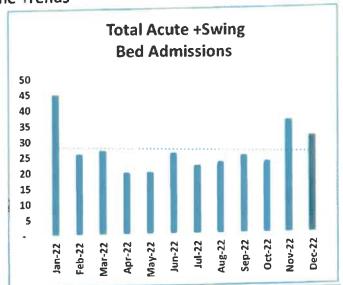
						(SUBJECT TO AUDIT)	ACCILI							
	FY2023	Avg FY2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Description														
Total Swingbed Patient Days Total Swingbed Patient Days	423 290 10134	71 48 1689		,	,			(4	82 42 1,968	82 80 1,943	79 14 1,900	74 52 777,1	42 58 1,001	64 44 1,545
TOTAL ACLITE														The state of
Patient Days Admits Discharges	423 130 126	71 22 22							82 26 26	82 27 27		74 18 19	17	18 17
Discharge Hours Avg LOS	10,134	1,689	#DIV/0I	#DIV/0i	#DIV/0I	#DIV/01	#DIV/01	#DIV/0I	1,968	1,943 3.0	1,900	1,777 3.9	1,001	1,545 3.8
Medicare Acute														
Patient Days	320	53							63 18	69		57 9	12 30	24
Discharges	89	15							1.517	22	1.5	1.359	12 719	8 22
Avg LOS	3.6	3.6	10/AIQ#	10/AIQ#	#DIV/0I	#DIV/08	#DIN/OF	#DIN/0I	3.5	3.1				3.0
SWING - ALL (Medicare/Other)														
Patient Days	290	48							42	& °	0 14	52	ייי	4 .
Admits	34	9 (ש פ	4 4
Discharges	6,292	1,049							1,010	1,8	m	61	1,39	1,046
Ave LOS	00 00		10/AIQ# 8	#DIV/OI	#DIV/01	#DIV/01	#DIN/0I	#DIN/0I	8.4	8.0		10.4	7.6	11.0
Observations														
Patient Days	176	29							59	37	33	20		35
Admits	119	20							24				17	19
Discharge Hours	4,214	707							000					
Emergency Room	* 300 *	P							75.	736	193	009	7257	
lotal ER Patients	4,304	77/							21	•	,	,		
Transferred	485	81							59		56 79	65 6		17
Ambulance														
Total ALS/BLS runs	1,900								300	328	332		336	329
911 Calls	1,372		•						217			2 196	. •	
Transfers	528	80	m						80					
OP Registrations Vaccine Clinic	5,800	967 78	~ ~						1,103 119	825 97	5 1,056 7 181	057 750 1 8	904	1,162 44
Rurai Health Clinic														
Total RHC Visits	3,791	632	2						716	744	4 601	1 542	649	539
Avg Visits per day	182		o						35					
Behavioral Health									T T	000		of the second		000
Patients Seen	1,030	1//2	7						LIT					

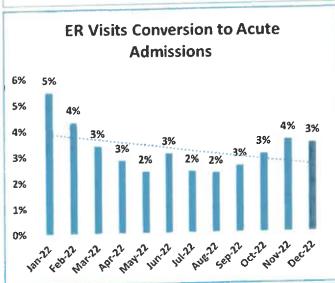
Sierra Vista Hospital
Detailed Stats by Month
12/31/2022
(SUBJECT TO AUDIT)

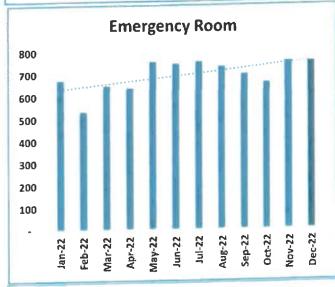
						The second second	,							
		Avg	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	FY2023	FV2023	6/30/2023	5/31/2023	4/30/2023	3/31/2023	2/28/2023	1/31/2023	12/31/2022	11/30/2022	10/31/2022	9/30/2022	8/31/2022	7/31/2022
Dietary														
Inpatient Meals	4,751	792							169	728	878	798	750	828
Outpatient Meals	664	111							29	57	68	199	132	128
Cafeteria Meals	19,986	3,331							4,160	3,767	3,525	2,867	2,938	2,729
Functions	1,633	272							365	324	363	184	227	170
Laboratory														
In-house Testing	106,782	17,797							17,390	19,562	18,468	15,177	17,956	18,229
Sent Out Testing	3,889	648							754	829	685	630	654	488
Drugscreens	158	26							70	Ð	21	39	43	20
Physical Therapy														
PT Visits	1,474	246							221	178	279	797	251	283
Tx Units	5,927	988							819	1,042	1,057	1,005	933	1,071
Outpatient	256	43							40	48	41	4	39	4
Inpatient	219	37							35	36	45	31	29	43
Radiology														
X-Ray Patients	7,577	430							454	440	383		447	442
CT Patients	1,934	322							293	359			339	788
Ultrasound Patients	740	123							130	124		_	143	125
Mammogram Patients	286	48							41	51		45	51	44
MRI Patients	367	61							85	48			63	Z
Nuclear Medicine Patients	19	m							7	m		4	m	9
DEXA	46	16							6	17	15	ឡ	78	Ø
Surgery														
Surgical Procedures - OR	•	,	ŀ	1		10	,	•	1	•	1	1	ı	2
GI Lab Scopes	•	ř	4	•	•	•	r		1	t I	+	t :	•	,
Major Surgery	٠			'	1		4		8	ř.	ř	(6)		
Minor Surgery Under TIVA/Sedation			•	•	*		6	1	,	×	•	(#)	4	•
Inpatient Procedures		1	•	•	•	•	•	•	•	•			4	,
Outpatient Procedures	•	٠		×	3	•	4	1		•	•		1	1
								and the same of th						

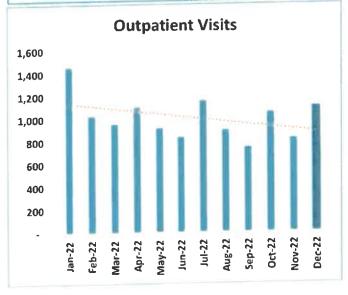
Volume Trends

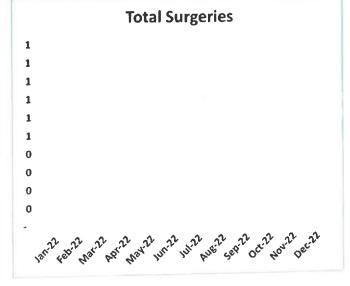












Sierra Vista Hospital INCOME STATEMENT December 31, 2022

			MONTH						YEAR TO DATE		
	Actual	Budget	Variance to	Prior Year	Variance to		Actual	Budget	Variance to	Prior Year	Variance to
	12/31/22	12/31/22	Budget	12/31/21	Prior Year		12/31/22	12/31/22	Budget	12/31/21	Prior Year
						DESCRIPTION					
w	4,667,505 \$	4,641,117	\$ 26,387	\$ 4,185,011	\$482,493	Gross Patient Revenue	\$ 28,958,733	\$ 27,547,276	\$ 1,411,457	\$ 26,132,156	\$2,826,577
						Revenue Deductions					
\$	2,210,856	1,950,025	260,831	1,529,498	\$681,358	Contractual Allowances	13,799,153	11,574,345	2,224,809	10,426,989	\$3,372,164
\$	90,154	134,708	(44,554)	147,779	(\$29,625)	Bad Debt	1,253,439	799,558	453,881	931,356	\$322,083
40	142,331	60,323	82,008	36,850	\$105,481	Other Deductions	640,093	358,046	282,047	349,559	290,534
S	-	\$ 2,145,056	\$ 298,284	\$ 1,714,126	\$ 729,214	Total Revenue Deductions	\$ 15,692,685	\$ 12,731,948	\$ 2,960,737	\$ 11,707,904	\$ 3,984,782
· v	5,352	18,162	(12,810)	(2,256)	\$2,608	Other Patient Revenue	15,047	107,798	(92,751)	5,181	998'6
S	2,229,516	\$ 2,514,223	\$ (284,707)	\$2,468,629	(\$239,114)	Net Patient Revenue	\$ 13,281,095	\$ 14,923,126	\$ (1,642,031)	\$ 14,429,433	\$ (1,148,338)
	48%	54%	(%9)	%69	(11%)	Gross to Net %	46%	24%	(8%)	25%	(%6)
٠s	161,664	208,214	(46,551)	245,623	(\$83,960)	Other Operating Revenue	1,148,292	1,235,853	(87,562)	1,450,374	(302,082)
٠	213,425	175,911	37,514	524,485	(\$311,060)	Non-Operating Revenue	971,132	1,044,115	(72,983)	2,195,375	(1,224,242)
S		\$ 2,898,348	\$ (293,743)	-	\$ (634,133)	Total Operating Revenue	\$ 15,400,519	\$ 17,203,094	\$ (1,802,575)	\$ 18,075,182	(2,674,663)
						Expenses					
4	1,165,013	\$1,198,972	(\$33,959)	\$1,115,403	\$49,610	Salaries & Benefits	\$6,837,002	\$7,116,479	(279,478)	\$6,421,473	\$415,528
\$	963,610	1,004,964	(41,354)	933,787	29,823	Salaries	5,575,173	5,964,947	(389,773)	5,391,720	183,453
₩.	183,709	174,769	8,940	168,877	14,832	Benefits	1,126,989	1,037,338	89,651	931,299	195,690
₹0-	17,694	19,239	(1,545)	12,739	4,955	Other Salary & Benefit Expense	134,840	114,195	20,645	98,454	36,385
45	216,154	192,086	54,069	180,104	36,051	Supplies	937,865	1,140,121	(202,257)	1,030,883	(\$93,018)
₹/>	680,378	706,788	(26,410)	590,882	89,495	Contract Services	4,024,810	4,195,128	(170,318)	3,150,072	\$874,738
s	178,636	214,586	(32,950)	180,370	(1,734)	Professional Fees	1,081,704	1,273,673	(191,968)	1,062,648	\$19,056
÷	9,334	7,725	1,608	12,959	(3,625)	Leases/Rentals	51,130	45,854	5,275	46,016	\$5,113
\$	29,350	36,713	(2,363)	33,143	(3,793)	Utilities	240,421	217,910	22,511	257,607	\$12,814
∿	54,759	54,250	209	47,157	7,602	Repairs / Maintenance	300,501	321,997	(21,496)	357,369	(\$26,868)
S	76,549	76,661	(112)	68'69	6,610	Insurance	434,582	455,021	(20,439)		\$49,077
\$	82,661	38,079	44,582	92,642	(\$6,6\$)	Other Operating Expenses	249,375	226,015	23,360		(\$38,136)
_	\$2,492,833	\$2,525,860	(\$33,026)	2,322,599	\$170,235	Total Operating Expenses	\$14,157,390	\$14,992,199	(\$834,809)	\$12,969,085	\$1,188,305
	\$111,771	\$372,488	(\$260,717)	\$916,139	(\$804,367.67)	ЕВІТОА	\$1,243,130	\$2,210,896	(\$967,766)	\$5,106,097	(\$3,862,968)
L	48%	13%	(%6)	78%	(24%)	EBITDA Margin	8%	13%	(84)	78%	(20%)
L						Non - Operating Expenses					
\$	285,517	\$294,249	(\$8,732)	\$289,084	(\$3,566)	Depreciation and Amortization	1,710,600	\$1,746,511	(35,911)	\$1,729,320	(\$18,720)
S	73,359	75,627	(\$2,269)	73,469	(\$111)	Interest	440,430	448,885	(8,455)	\$445,954	(\$5,524)
S	56,135	47,209	\$8,925	51,431	\$4,704	Tax/Other	291,985	280,211	11,774	\$282,010	576,6\$
	\$415,011	\$417,086	(\$2,075)	\$413,984	\$1,026	Total Non Operating Expense	\$2,443,015	\$2,475,607	(\$32,592)	\$2,457,284	(\$14,268
	(\$303,240)	(\$44,598)	(\$258,642)	\$502,154	(\$805,394)	NET INCOME (LOSS)	(\$1,199,886)	(\$264,712)	(\$935,174)	\$2,648,814	(\$3,848,699)
	(12%)			16%	(27%)	Net Income Margin	(%8)	(%Z)	(%9)	15%	(52%)

Sletra Vista Hospikal INCOME STATEMENT by Month December 31, 2022

	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	g Month Ending 1/31/2023		Month Ending 12/31/2022	Month Ending N 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
Oescription													
Revenues Cross Dawlers Devenues							w	4.667.505 \$	5.314.315 \$	\$ 650,660,8	4,273,541 \$	4,897,013	\$ 4,713,301
Gross Patient Revenue							•						
Contractual Allowances								2,210,856	2,412,093	2,495,591	1,975,761	2,464,567	2,240,286
Bad Debt								90,154	283,657	263,472	202,078	216,838	197,240
Other Deductions								142,331	88,865	128,587	51.025	140,839	88,447
Total Revenue Deductions			•	•	s	5	4	2,443,341 \$	2,784,615 \$	2,887,549 \$	2,228,864 \$	2,822,244	\$ 2,525,973
Other Patient Revenue								5,352	27	2,202	4,366	3,043	85
Net Patient Revenue	•		,	s	ss	5	5	2,229,516 \$	\$ 727,625,2	2,207,611 \$	2,049,043 \$	2,077,812	\$ 2,187,386
Gross to Net %	#DIV/01	IO/VIQN	IO/AIDM	10/NO#	ID/A/01	IO/AIG#	10/	48%	48%	43%	46%	42%	46%
Other Operating Revenue								161,664	168,134	142,078	322,559	183,822	170,035
Non-Operating Revenue								213,425	156,372	135,314	31,923	285,973	148,126
Total Operating Revenue	us.	•	s	\$	s	s -	•	2,604,604 \$	2,854,233 \$	2,485,004 \$	2,403,525 \$	2,547,607	\$ 2,505,546
Expenses	5	\$	Ş		Ş	5	58	\$1.165.013	\$1,107,334	\$1,164,042	\$1.180,350	\$1.099,943	\$1,120,320
Calaries			:		1			963,610	897,576	959,534	928,471	891,515	934,466
Benefits								183,709	186,701	190,504	220,894	185,721	159,461
Other Salary & Benefit Expense								17,694	23,057	14,004	30,985	122,707	26,393
Supplies								216,154	170,929	143,508	127,032	150,029	130,212
Contract Services								680,378	759,436	631,234	735,150	583,126	635,487
Professional Fees								178,636	184,377	180,160	177,798	180,366	180,368
Leases/Rentals								9,334	5,400	7,514	9,050	9,411	10,421
Utilities								29,350	32,695	46,475	38,432	42,610	50,859
Repairs / Maintenance								54,759	73,937	34,975	57,920	48,769	30,142
Insurance								76,549	76,743	45,873	78,159	79,477	17,783
Other Operating Expenses						100		82,661	27,562	20,073	46,932	45,241	26,905
Total Operating Expenses	93	\$0	8		Şo.	\$0	\$	\$2,492,833	\$2,438,413	\$2,273,853	\$2,450,824	\$2,238,971	\$2,262,496
EBITDA	8	8	\$		0\$	105	\$	\$111,771	\$415,820	\$211,151	(\$47,299)	\$308,636	\$243,051
EBITDA Margin	#DIV/01	MDIV/01	IO/AIG#	#DIV/01	IO/AIGH	IQ#	#DIV/0	4%	15%	%g	×2-	12%	301
Non - Operating Expenses Depreciation and Amortization								\$285,517	\$285,517	\$285,285	\$285,258	\$284,522	\$284,500
nterest								73,359	71,474	73,377	73,387	75,427	73,406
Tax/Other								56,135	56,785	45,182	48,047	43,713	42,123
Total Non Operating Expenses	o,	8		8	0\$	80	8	\$415,011	\$413,777	\$403,844	\$406,692	\$403 662	\$400,029
NET INCOME (LOSS)	•	0\$		\$	\$0 J	80	\$	(\$303,240)	\$2,043	(\$192,693)	(\$453,991)	(\$95,027)	(\$156,978)
Not income Marein	IO/AIGH	MDM/DI	In/Vion	In/Man	ID/AJG#		#DAV/OI	(12%)	380	(887)	(1967)	12001	1001

Slerra Vista Hospital TWELVE MONTH INCOME STATEMENT December 31, 2022

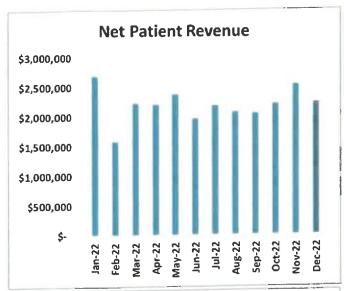
Bescription Revenues Gross Patient Revenue Revenue Deductions Contractual Allowances Bad Debt	12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 1 9/30/2022	Month Ending P 8/31/2022	Month Ending 7/31/2022	Month Ending M 6/30/2022	Month Ending M 5/31/2022	Month Ending 6 4/30/2022	Month Ending M 3/31/2022	Month Ending P 2/28/2022	Month Ending 1/31/2022
	\$ 4.667.505	\$ 5.314.315	\$ 5.093.059	\$ 4.273.541	\$ 4.897.013	\$ 4.713.301	\$ 4.213.781 \$	4.711,436 \$	4,225,491	\$ 4,116,284 \$	3,575,083	\$ 4,257,015
Contractual Allowances Bad Debt											•	
Bad Debt	2,210,856	2,412,093	2,495,591	1,975,761	2,464,567	2,240,286	1,934,982	2,148,729	2,054,060	1,733,039	1,831,356	1,473,918
	90,154	283,657	263,472	202,078	216,838	197,240	180,600	77,177	107,657	52,445	124,185	30,998
Other Deductions	142,331	88,865	128,587	51,025	140,839	88,447	132,022	108,432	58,653	101,839	34,833	69,482
ductions	\$ 2,443,341	\$ 2,784,615	\$ 2,887,649	\$ 2,228,864	\$ 2,822,244	\$ 2,525,973	\$ 2,247,604 \$	2,334,337 \$	2,220,370	\$ 1,887,323 \$	\$ 1,990,374	\$ 1,574,398
Other Patient Revenue	5,352	27	2,202	4,366	3,043	58	471	12	202,366	761	2,439	2,411
Net Patient Revenue	\$ 2,229,516	\$ 2,529,727	\$ 2,207,611	\$ 2,049,043	\$ 2,077,812	\$ 2,187,386	\$ 1,966,649 \$	\$ 111,775,1	2,207,487	\$ 2,229,722 \$	\$ 1,587,148	\$ 2,685,027
Gross to Net %	48%	48%	43%	48%	42%	46%	46.7%	20%	25%	54%	44%	63%
Other Operating Revenue	161,664	168,134	142,078	322,559	183,822	170,035	244,617	(764,593)	253,020	229,154	407,705	236,475
Non-Operating Revenue	213,425	156,372	135,314	31,923	285,973	148,126	321,334	538,200	207,887	210,151	126,373	136,923
Total Operating Revenue	\$ 2,604,604	\$ 2,854,233	\$ 2,485,004	\$ 2,403,525	\$ 2,547,607	\$ 2,505,546	\$ 2,532,599 \$	2,150,719	\$ 2,668,394	\$ 2,669,027	\$ 2,121,225	\$ 3,058,426
Expenses												
Salaries & Benefits	1,165,013	1,107,334	1,164,042	1,180,350	1,099,943	1,120,320	1,016,942	1,075,424	1,130,204	1,071,947	1,090,915	1,187,631
Salaries	963,610	897,576	959,534	928,471	891,515	934,466	827,216	883,393	841,508	884,152	935,149	994,277
Benefits	183,709	186,701	190,504	220,894	185,721	159,461	165,628	172,534	251,025	174,881	150,964	184,486
Other Salary & Benefit Expense	17,694	23,057	14,004	30,985	707,22	26,393	24,098	19,497	37,671	12,915	4,802	8,868
Supplies	216,154	170,929	143,508	127,032	150,029	130,212	191,130	123,361	137,324	186,932	145,782	135,106
Contract Services	680,378	759,436	631,234	735,150	583,126	635,487	720,752	820,249	797,908	713,877	581,223	533,176
Professional Fees	178,636	184,377	180,160	H	180,366	180,368	178,417	180,370	178,417	180,370	174,511	180,370
Leases/Rentals	9,334	5,400	7,514		9,411	10,421	9,125	4,921	9,571	11,210	3,103	6,377
Utilities	29,350	32,695	46,475		42,610	50,859	49,790	48,261	36,822	30,623	32,989	32,182
Repairs / Maintenance	54,759	73,937	34,975		48,769	30,142		60,516	41,785	56,795	94,507	48,475
Insurance	76,549	76,743	45,873		779,67	77,783		68,149	68,351	67,827	68,149	70,297
Other Operating Expenses	82,661	27,562			45,241	26,905	_	46,048	40,398	36,002	33,489	43,145
Total Operating Expenses	\$2,492,833	\$2,438,413	\$2,273,853	\$2,450,824	\$2,238,971	\$2,262,496	\$2,341,368	\$2,427,299	\$2,440,778	\$2,355,583	\$2,224,667	\$2,236,758
EBITDA	\$111,771	\$415,820	\$211,151	(\$47,299)	\$308,636	\$243,051	\$191,231	(\$276,579)	\$227,616	\$313,444	(\$103,442)	\$821,667
EBITDA Margin	4%	15%	%8	.2%	12%	10%	%9'2 9	-13%	%6	12%	-5%	27%
Non - Operating Expenses												
Depreciation and Amortization	285,517	285,517	7		284,522	284,500	309,965	290,430	290,430	289,899	288,723	288,751
Interest	73,359	71,474	73,377		75,427	73,406	73,415	75,591	75,735	73,442	73,451	73,460
Tax/Other	56,135	56,785	45,182	48,047	43,713	42,123	54,948	44,937	42,004	47,582	44,305	47,309
Total Non Operating Expenses	\$415,011	\$413,777	\$403,844	\$406,692	\$403,662	\$400,029	\$438,327	\$410,958	\$408,169	\$410,923	\$406,479	\$409,521
NET INCOME (LOSS)	(\$303,240)	\$2,043	(\$192,693)	(\$453,991)	(\$95,027)	(\$156,978)	(\$247,096)	(\$687,537)	(\$180,554)	(\$97,479)	(\$509,921)	\$412,147
Net Income Margin	(12%)	%0	(8%)	(19%)	(4%)	(969)	(9.8%)	(32%)	(2%)	(4%)	(24%)	13%

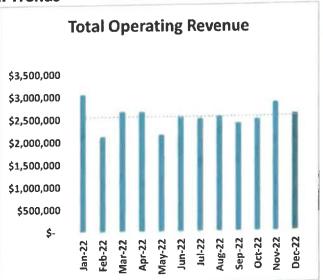
Sierra Vista Hospitai BALANCE SHEET December 31, 2022

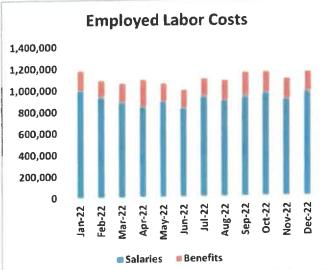
2000	Docombor 21 2022	DESCRIPTION	aun!	June 30, 2022
7	(Unaudited)	Assets		
		Current Assets	1	
w	10,630,085	Cash and Liquid Capital	\$	11,860,878
₩.	139,927	US Bank Clearing	\$	535,046
۷۸	10,770,012	Total Cash	v	12,395,924
⋄	5,651,607	Accounts Receivable - Gross	*	5,393,178
₩.	4,154,945	Contractual Allowance	\$	3,689,594
v	1,496,662	Total Accounts Receivable, Net of Allowance	•	1,703,584
\$	1,394,847	Other Receivables	45	843,919
₩.	461,722	Inventory	\$	389,634
\$	525,759	Prepaid Expense	\$	183,210
*	14,649,002	Total Current Assets	٠,	15,516,271
		Long Term Assets		
s	53,468,923	Fixed Assets	\$	53,822,297
\$	16,200,215	Accumulated Depreciation	\$	15,063,598
۷>	1,123,717	Construction in Progress	\$	954,129
45	38,392,425	Total Fixed Assets, Net of Depreciation	45	39,712,828
w	38,392,425	Total Long Term Assets	₩.	39,712,828
w	2,833,001	New Hospital Loan	v)	2,104,724
₩.	55,874,428	Total Assets	45	57,333,823
		Liabilities & Equity		
		Current Liabilities		
w	965,912	Account Payable	\$	1,373,828
\$	601,847	Interest Payable	⋄	140,460
s	52,675	Accrued Taxes	₩.	48,661
\$	574,838	Accrued Payroll and Related	\$	842,615
\$	(220,000)	Cost Report Settlement	\$	(220,000)
₩.	1,975,272	Total Current Liabilities	v	2,185,564
		Long term Liabilities		
\$	25,385,957	Long Term Notes Payable	٠,	25,409,748
*	25,385,957	Total Long Term Liabilities	₩.	25,409,748
ν,	366,253	Unapplied Liabilities	45	381,324
₩.	315,937	Capital Equipment Lease	₩.	326,293
*	28,043,420	Total Liabilites	w	28,302,929
44	28,134,248	Retained Earnings	\$	29,175,814
45	(303,240)	Net Income	s,	(144,920)
₩.	55,874,428	Total Liabilities and Equity	s	57,333,823

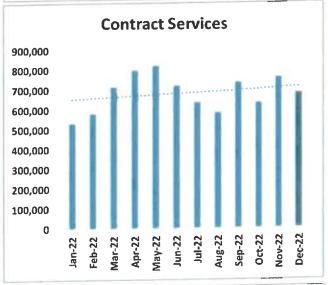
Assets		5/31/2023	4/30/2023	5/31/2023	5/58/5023	1/31/2023	12/31/2022	11/30/2022	10/31/2022	9/30/2022	8/31/2022 1/31/2022	1/31/2022
					1000							
Current Assets												
Cash and Liquid Capital							10,630,085	11,058,338	11,005,147	11,072,851	10,914,121	11,428,972
US Bank Clearing Total Cath	5	Ş	05	\$0	\$0	\$	\$10,770,012	\$11.340.977	\$11,213,660	\$11,357,759	\$11,178,294	\$11,556,083
											900	
Accounts Receivable - Gross							5,651,607	6,212,324	6,430,226	5,705,367	6,123,679	6,106,312 4 053 349
Contractual Allowance Total Accounts Receivable, Net of Allowance	•	v	v	•	•	•	5 1,496,662 \$	1,575,438	\$ 1,844,050	5 1,570,818	\$ 1,713,983	2,053,163
	•	•				•	1 394 947	1 197 591	1 245 509	1 139 931	1 227 596	954 046
Other Receivables							461.722	424.413	409,330	404,454	394,317	413,617
Prepaid Expense							525,759	588,715	926'399	747,826	803,417	714,451
Total Current Assets	•	\$0 \$0	0\$ 0	0\$ \$0	\$0	\$0	\$14,649,002	\$15,117,224	\$15,378,476	\$15,220,788	\$15,317,608	\$15,691,360
Long Term Assets												
Fixed Assets							53,468,923	53,966,312	53,964,425	53,934,715	53,925,687	53,827,497
Accumulated Depreciation							16,200,215	16,488,680	16,203,163	15,917,877	15,632,619	15,348,098
Construction in Progress							1,123,717	1,123,717	1,123,717	954,129	954,129	954,129
Total Hxed Assets, Net of Depreciation							38,392,425	38,601,349	38,884,980	38,970,966	39,247,196	39,433,528
Total Long Term Assets	\$	•	•	•	•	· •	\$ 38,392,425	\$ 38,601,349	\$ 38,884,980	\$ 38,970,966	\$ 39,247,196	\$39,433,528
New Hospital Loan							\$ 2,833,001	\$ 2,712,708	\$ 2,591,947	\$ 2,470,692	\$ 2,349,111	\$ 2,226,887
Total Assets	45	•	•	,	- \$		\$ 55,874,428	\$ 56,431,282	\$ 56,855,403	\$ 55,662,446	\$ 56,913,915	\$ 57,351,775
Liabilities & Equity												
Current Liabilities										The Contract of		100
Account Payable							965,912	1,041,377	1,483,953	1,395,318	1,	1,676,257
Interest Payable							601,847	524,949	448,052	371,154	7	217,358
Accrued Taxes							52,675	55,803		47,197	43,713	41,187
Accrued Payroll and Related							574,838	848,733		739,021	723,262	641,244
Cost Report Settlement							(220,000)	(220,000)	(220,000)	(220,000)	(220,000)	(220,000)
Total Current Liabilities	v,	\$0	\$0 \$0	20	\$0	\$0	\$1,975,272	\$2,250,862	\$2,692,492	\$2,332,690	\$2,043,092	\$2,356,046
Long term Labilities												
Long Term Notes Payable							25,385,957	25,389,922	25,393,887	25,397,852	25,401,818	25,405,783
Total Long Term Liabilities		\$0	\$0	\$0 \$0	80	20	\$25,385,957	\$25,389,922	\$25,393,887	\$25,397,852	\$25,401,818	\$25,405,783
Unapplied Liabilities							366,253	338,540		302,139		391,462
Capital Equipment Lease								317,710		304,867		324,567
Total Liabilites		\$0	\$0	\$0	\$0	\$0 \$0	\$28,043,420	\$28,297,034	\$28,723,198	\$28,337,548	\$28,135,026	\$28,477,859
Retained Earnings							\$28,134,248	\$28,132,205	**	\$28,778,889	\$2	\$29,030,894
Net income							(\$303,240)	\$2,043	(\$192,693)	(\$453,991)	(\$95,027)	(\$156,978)
Total Liabilities and Equity		\$0	\$0	\$0	\$0	\$0 \$0	\$55,874,428	\$56,431,282	\$56,855,403	\$56.662.446	\$56.913.915	\$57.351.775

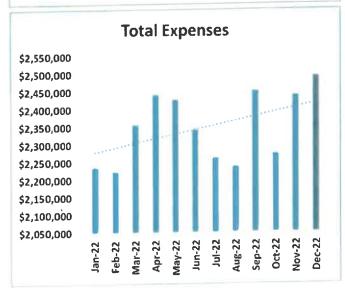
Financial Trends

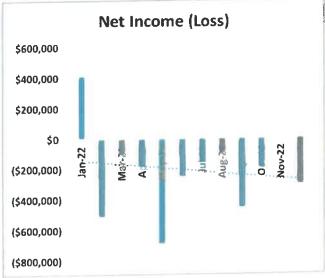












Sierra Vista Hospital

12/31/2022

Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)

FY22 Cost Report Receivable

FV21 Cost Report Bad Debt Write-Off Reserve/General Reserve

370,000 (150,000)

Notation

12/31/2022

Total Liability 220,000

FC 31

Proposal to



For

Project Management Cerner Community Works EMR Implementation

November 16, 2022

REVISED December 2, 2022

REVISED January 18, 2023

Submitted by:



20 Burlington Mall Road Burlington, MA 01803

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Background & Introduction

This proposal is submitted to Sierra Vista Hospital (SVH) by HealthNET Systems Consulting, Inc. and is based on our conversation with Frank Corcoran, CEO on November 14, 2022.

SVH is a community-operated Critical Access Hospital, who is a member of the New Mexico Hospital Association. The hospital has 11 Med/Surg beds and has a full-service Emergency Department, Lab, Radiology, Surgery, Cardiopulmonary Services, Cardiovascular Services, Physical Therapy, Counseling Services, and a Community Health Center. SVH serves about 15,000 community residents in the area as well as 900,000 annual visitors.

SVH has recently signed a contract with Cerner to migrate their existing athenahealth EMR to the Cerner Community Works and Multiview Financial Software solutions for the hospital and clinics. The hospital is currently using athenahealth inpatient system, which is being sunset by the vendor. Prior to moving to athenahealth, the hospital used CPSI. They implemented athenahealth in an exceptionally short time and feel that the staff were not trained adequately and as a result have been having user issues ever since the implementation.

SVH currently contracts with athenahealth for revenue cycle services and will plan to transition that to another vendor. They are currently considering Resolution RCM as a possible option. SVH will likely transition these services from athenahealth to a new vendor prior to converting to Cerner Community Works.

The plan is to go-live with Cerner Community Works in October 2023. To date, SVH has organized a project steering committee and has identified the need for a Project Manager (PM) to assist with the project. The PM will assist with getting the project organized and to provide ongoing leadership and project management for the project duration. The goal would be to have the PM begin with an on-site introductory visit before the end of the year and move to full-time in January of 2023. The organization would like to do the preliminary planning and organization for the project so they will be prepared to begin the project in February/March 2023 with the Cerner.

SVH has limited IT resources currently available to assist with the project implementation. It is our understanding that there is a contracted virtual CIO, and two full time IT analysts.

SVH leadership understands that although they have contracted with Cerner for professional implementation services, there remains a large body of design decisions, change management and project work that will be required of the SVH team. Therefore, SVH is seeking a consulting partner to assist with project preparation, organization, and overall oversight of the implementation. Our project manager (PM) will be responsible for day-to-day management of the project and is experienced in managing the six critical aspects of a project, i.e., scope, schedule, finance, risk, quality, and resources.

Cerner CommunityWorks is a cloud-based deployment of Cerner's traditional IT platform, tailored to meet the unique needs of community, critical access, and specialty hospitals. CommunityWorks provides an integrated digital record of a patient's health history that includes clinical and financial data across the continuum of care. The solution will be delivered to SVH as a SaaS (Software as a Service) model in a multi-tenant shared domain. Since the system resides on a shared domain, much of the software is already built and currently in use at other organizations. Cerner's professional resources will be responsible for the remainder of the configuration and build. It will be the responsibility of the SVH team to work with Cerner for decision making, change management, workflow process re-design, data collection, build validation, conversion validation, testing, and end user testing.

Project Scope & Objectives

Leadership and management of large-scale endeavors such as an EHR implementation requires careful planning, controls, coordination, collaboration, and communications. This is especially important for organizations such as SVH that includes a hospital and clinics with a mix of unique characteristics and needs: but all with a common goal of patient care using a unified, integrated record.

The objective of the consulting engagement is to advise, assist and lead SVH's core team through the phases of the project. In advising the SVH core team, HealthNET will ensure the planning and design of the system meets the patient care and business requirements now and in the future.

HealthNET proposes the following roles:

Our role as Project Manager for the Cerner Implementation will ensure project scope, resources and budget are managed to optimal outcomes.

Work Statement

We will work interactively with the SVH and the Cerner Project Manager and will report directly to the SVH's CEO, Virtual CIO, or designated project sponsor.

Project Governance

The EMR implementation project will need a project governance structure and organization to ensure success. This structure will address multiple dimensions that integrate the Organization, Operations, and IT.

We will work with the SVH's leadership and project sponsor to establish project governance. Project governance is an "oversight function that is aligned with the organization's leadership and encompasses the EMR implementation project life cycle," It provides the project manager and team with structure, processes, decision-making models, and tools for managing and controlling the project while ensuring successful delivery of the project. Project governance is a crucial element, especially for complicated and risky projects.

Forming a diverse and stable project organization will be essential right at the project outset. We anticipate a project organization to include:

- □ Steering Committee. We anticipate that a project steering committee be appointed and charged with the responsibility of guiding the project process and supporting the IT implementation plan. The steering committee sponsor and members will need to be defined but should include representation from senior leadership and key stakeholders.
- Project Charter The project charter is a guide for the entire effort and includes project organization and governance, mission, objectives, scope, change control process, work plan, risks, and budget/resources. We will develop the charter in conjunction with the steering committee, key stakeholders, and vendors (Cerner and athenahealth).
- PM. We will PM throughout the course of the project. We will follow Project Management Institute (PMI) guidelines and adapt as needed; and the overall PM roles/responsibilities will cover project chartering, leadership/facilitation, work plan development, communications, monitoring and status reports. We also suggest using a communication, decision document and reporting tools that will help convey and communicate with the project work group.

Project Team

Cerner will make recommendations for the staff resources required to implement their software (if they haven't already). We will work with the Steering Committee to refine the SVH team composition that ensures the right mix of operational departments and IT. This mix of resources and intensity of their involvement will vary over the course of the project. We will also adapt the teams based on our previous experience.

Develop the Implementation Work Plan

We will lead the development of a detailed plan for the EHR implementation. Cerner's plans are centric to their systems; so, we develop a customized plan that goes beyond Cerner's to include the entire set of activities to achieve a successful implementation, e.g., process and policy changes, equipment, interfaces, data conversions, communication, training as well as go-live planning. We will work collaboratively with Cerner and the SVH's project team in the development of the:

- Activities: The activities will need to include vendor and non-vendor activities such as policies, interfaces, etc. (as mentioned above).
- Timeframe, critical path, and quality gateways: Beyond the timeframe, we will need to define the quality gateways that may require approvals outside of the project team.
- Resources: We will identify the resources required both for the direct Project Team, Superusers, and end users (e.g., for training) required across the time spectrum.
- Operational Readiness (pre-Go-Live): A series of checks along with final PM implementation planning guidelines to ensure that end users are ready to "Go-Live".
- Training: Develop training plans and coordinate execution of training in collaboration with SVH.

Project Management Activities

We will define and monitor the implementation schedule for the assigned applications/departments to ensure that tasks are completed in a timely manner both by the hospitals as well as the vendors.

 Project planning-including timeline, conversions, interfaces, migration and archival plans Obtaining historical and financial metrics for the project Attend Cerner's Project Management workshop with key members of the project team Coordinating Cerner's Learning and Adoption Workshop- This will be a Cerner led workshop. Our PM will help identify the users of the Project Portal and team attendees for the various tasks of the project. Communicating with the project teams and steering committee Facilitate status meetings and issue meetings ☐ Identify opportunities to provide workflow and process improvements Participate and provide leadership where necessary in work groups (e.g., assist in making dictionary decisions) Development and upkeep of a Communication Plan and Risk Management Plan Coordinate with other areas as global issues arise Troubleshooting, escalation of critical issues Provide progress reports and necessary updates to be made to the project plan Progress and tracking of costs which is based upon the project budget Manage the vendors and manage the vendor contracts to ensure on-time deliverables and resolution to issues. Our project manager will also serve as a champion on behalf of SVH with Cerner.

Current State Assessment and Workflow/Process Redesign

The EHR implementation project "opens the opportunity door" to make changes and make improvements in numerous areas. Changing the way we provide healthcare through new technology is becoming known as Digital Transformation. Other terms such as Change Management, Process Redesign, Lean, etc. are also "close cousins" and terms used to signify the process and techniques used in such change.

This effort will need to define the areas of process re-design, and then implement them in parallel with the EMR implementation. We may suggest some "special teams" assignments for project team personnel to assist with this. Our PM will lead and facilitate the work of the digital transformation special team which will require workflow analysis and streamlining as well as the planning for the change. Some areas of potential digital transformation may include:

- Admissions process
- □ Enterprise-wide scheduling
- Referral Management
- □ Telehealth, medical device integration, and remote patient monitoring
- Patient/client engagement portal, self-service, communications
- ☐ Clinical & provider documentation
- Provider ordering and results retrieval
- Medication processing, administration, and reconciliation
- Revenue cycle processes (hospital and ambulatory)

As part of the workflow analysis, we will participate in and facilitate the project team during the discovery and design stage of the implementation with Cerner. The focus will be on "current state" processes. This is particularly important as there will be differences between the current processes using athenahealth vs. how Cerner will be used in "future state". It is critical these workflows are well documented and understood so that early decisions on the system set-up of the workflow structure are appropriate for SVH requirements today and in the future.

During this period of the project, we will also work with SVH project team to complete Cerner's Data Collection Worksheets. These worksheets will be the basis for which Cerner's application team will build the system. Along with the Cerner implementation team, we will complete a detailed assessment and workflow analysis. This will ensure new functionality, integration, and automation is leveraged, giving SVH the best return on the investment by migrating to Cerner Community Works.

System Design

We will work with both Cerner and Multiview to design the best set up and configuration of both systems, so they function well together. The discussion and design of the General Ledger and Chart of Accounts structure, early in the project will be critical for success.

System Build/Configuration, Testing and Training

The implementation steps and descriptions may appear simple, but the quantity, diversity, and amount of work can be monumental. Our Project Manager will coordinate the work between applications as well as vetting decisions – clinical, financial and operations - by the various governance groups. Our Project Manager will ensure that work gets done according to schedule. With a Community Works implementation, Cerner will be doing most of the system build and configuration, but it will be SVH's responsibility to:

□ Validate the Build & Configuration- This includes data collection and extraction from the existing systems. Cerner uses content and data collection worksheets (DCW) to collect the data that they will use to configure the system for SVH. Once the system gets built and configured, it

is on SVH to validate the build and configuration to ensure it meets the needs and workflow of the organization.

- Testing- We have developed a testing methodology and materials that include scripts and scenarios that will be particularly conducive to a "whole" EHR implementation. We will incorporate this methodology and will work with the project team to adapt to develop the best plan and testing approach for the hospitals. The testing will address unit testing, and three cycles of integration testing. We will begin by working with Cerner to create testing scripts. The scripts will emulate the workflow process of SVH.
 - The first round of integration testing will be done on-site with Cerner. This will include one week for clinical and one week for Revenue Cycle/Financial applications. The second round of integration testing will be 1.5 weeks long and involve SVH project team only and not include Cerner. The third and final round will be with Cerner on-site and will replicate the initial round.
- Training- Cerner utilizes a train-the-trainer approach; so, SVH will need to organize and plan the training program, content/materials, learning management system (LMS) and resources for the end-user training. We will work with the Education Department and coordinate all train-the-trainer and Physician trainer activities.

Technology

The heart of the technology is the server/storage; and will include a some virtual and remote hosted. The fast pace of technology oftentimes requires updates to networks, wireless, workstations, mobile devices, etc. Additionally, the evolving technologies to integrate data, images and voice come into play for new generation EHR's. Our PM will work with the vendors to ensure SVH is addressing all aspects of the technology needs.

Interfaces & Device Integration

The EHR is only the core of the information system; for there are numerous 3rd party specialty applications as well as other data transfers, e.g., to Multiview, for provider interoperability, State, public health, and HIE databases that need interfaces. We will work with Cerner to determine which interfaces are in scope and include this into the overall project plan. Cerner will do the interface configuration; however, these interfaces will need to be tested by SVH's project team.

New generation EHR's demand more medical device integration which may require middleware to make the connections; and more recently this has extended to remote patient monitoring and wearables. If in scope, our PM can help coordinate Cerner and in house interface/integration team to plan, develop specifications, install interface engine and middleware tools, program, and test.



Conversions

Virtually all users want and need historical data; so, this means converting data from the athenahealth to Cerner. Typically, this is done in two ways — manual or computerized. Additionally, there are requirements for archiving the old system detail for audits and historical reporting. Our PM can work with Cerner on determining the data conversion strategies - computerized and manual approaches depending upon the type of data. The SVH team will need to assist in data field mapping between software applications. Our PM will work with the team to ensure that the data integrity is accurate and define reports required for the reconciliation of these conversions.

Operational Readiness Assessment

Conducting an EHR readiness assessment becomes essential prior to implementation, to ensure that the SVH is ready to support the new system. The assessments evaluate preparedness across each organizational hospitals and departments.

The readiness assessment phase of the EHR implementation will help SVH determine whether it's ready to make the switch from athenahealth to the Cerner EHR. The process involves investigating and assessing various aspects of an organization to identify potential problems and address them before golive process starts. This way, SVH can not only ensure a smooth integration but may also avoid being forced to make major changes or corrections after implementation. With a thorough assessment, SVH can expect to hit the ground running with their new system, by every member of the team.

Our PM will conduct this assessment, in conjunction with Cerner. Incorporated in the assessment will be:

- Software build/completeness- testing completeness and sign off
- Peripheral Hardware, network infrastructure and wireless
- □ Workflow policies and processes
- Organizational culture and readiness, including percentage of staff completing training
- ☐ Go-live Staffing and resources to support the wave Go-Lives

Cut-Over Plan

We will develop the cut-over plan that lays out the sequence of events for the cut-over from athenahealth to Cerner. This cut-over plan includes the work to be performed by the hospital departments, clinics, IT, and Cerner. It will designate procedures and assignments for all activities such as the admissions, discharging series outpatients, freezing the billing system, charge system procedures, data conversions, and interface re-pointing.

This document will serve as the guide to be used during the cut-over process and individual responsibility will be assigned to each task. We take into consideration staffing issues, after hours procedures, and how best to communicate during the cut-over. The plan will also cover the logistics for the command center. Our PM will manage and assist during the cut-over and provide post-live support.

Deliverables

- 1. Current State Assessment
- 2. Completed Data Collection Worksheets
- 3. Project Governance model with role definitions
- 4. Project Charter
- 5. Project Team recommendations
- 6. Project Plan & timetable (including conversions and interfaces)
- 7. Communication Plan
- 8. Risk Management Plan
- 9. Testing Plan
- 10. Testing Scripts
- 11. Training Plan
- 12. Downtime Plans
- 13. Cut-over plan
- 14. Status Reports
- 15. Readiness Assessment
- 16. Project Artifacts

Timeframe

HealthNET is prepared to begin the engagement within 2 weeks of approval. As identified earlier in this document, we anticipate the desire for the PM to meet with the SVH executive sponsors and core team to meet prior to the end of the calendar year.

Our Qualifications

Who We Are

Our informatics team has a 30+ year track record in healthcare EHR/information systems. Their mission from day one has been to work with each client, learning their unique situation and providing strategic recommendations that enable them to leverage technology in their environment. We truly partner with our clients to provide the services that meet their needs for the project at hand.

Our industry knowledge runs deep and is grounded in best practices and effective use of methodologies. Streamlined practices and workflow optimization are natural outcomes of our investment in our clients, producing the results of quality patient care, sound fiscal operations and overall improved organizational performance.

The professionals who lead the team have extensive experience in the healthcare industry, having served in management at healthcare providers, multi-hospital systems, HIS companies and consulting firms. Our multi-disciplinary team whose professional roots include clinical, financial, information technology and administrative, enables us to work with specific departments and to redesign processes that span multiple areas.

What We Do

Contracting

Conversion

Implementation &

We approach all aspects of information systems work – planning, selection, and implementation – with a methodology to identify and design processes that are efficient and take advantage of the computer systems. Our practices are:

Our information system plans are practical business proposals that address the overall goals of our clients and match the level of investment with the characteristics and needs of the organization. We provide a balanced amount of organizational process, education, analysis, tactics, and cost analysis.

Systems Selection

Our information system plans are practical business proposals that address the overall goals of our clients and match the level of investment with the characteristics and needs of the organization. We provide a balanced amount of organizational process, education, analysis, tactics, and cost analysis.

we rocus our clients upon the key system characteristics that differentiate the vendors and products, and not simply RFP's 'by the pound'. We guide our clients in practical evaluations and appropriate due diligence when evaluating and selecting software, hardware, and networking vendors, contributing our knowledge along the way. We pride ourselves on vendor-independence in order to provide clients with objective advice.

We help our clients receive the right goods at the best price, while being protected in their technology contracts. Our depth of experience with the vendors, their pricing methods, and their products contributes to this aspect of our service.

We start with identifying the process redesign opportunities and goals that set the agenda for the implementation. Our professionals augment client teams in implementation planning, project management, system designs, set-up, testing, data conversions and conversion planning. The results are implemented process redesigns that take advantage of the new systems.

conversions and conv

HealthNET Proposal to Sierra Vista Hospital - Cerner EMR Implementation

Mergers, Acquisitions, Integration

We have considerable experience in planning, organizing, and carrying out mergers, acquisitions, and integration of disparate organizations. Our successes are driven by blending organizational dynamics, technology, and operations.

Compliance

We assist clients in planning, assessing, and developing policies and procedures to ensure accreditation and regulatory compliance.

Our Philosophy & Values

Powerful Commitment to the Success of Clients and Their Projects: We recognize that clients engage consultants for a variety of reasons. Usually, consulting projects are simply a means to an end: helping clients and their organizations to achieve specific objectives. We are passionately committed to helping clients achieve this success.

One Size Fits One, Not All: We recognize that each client and each engagement is unique: each represents different opportunities and challenges, goals and objectives, situations, players, issues, cultures, and other differences. Consequently, our firm customizes its relationships, approaches, thinking, strategies, and methods to each of these unique clients and individual projects.

Knowledge Transfer: We have an operating philosophy and ethic that says we accept only those engagements for which we are qualified. Our approach is to work side-by-side with our clients to teach and educate them, so they don't become "consultant dependent". We don't spend any more time than the assignment requires. We do not "move in" with our clients for long periods of time, nor do we employ "fresh out of school" consultants.

Consulting Budgets: Our fees are based on project objectives, rather than some number of hours. We are engaged to get a job done, not to watch the clock. We determine, with our clients, what is to be accomplished and a fair price for getting that job done. If more consulting is required, additional involvement is arranged with the client on a case-by-case basis. This approach assures that our clients do not receive surprise billings or encounter difficulties with our professionals. Everything is open and direct with no hidden agendas.

Whom We Serve

We are exclusively in the healthcare business and have worked with 400 hospital/healthcare clients over our 30+ year history. Our clients are mostly providers – public and private sector - that span critical access hospitals, academic medical centers, community hospitals, ambulatory and neighborhood health centers, long-term care, and behavioral health.



Our EHR Implementation Qualifications

We are certified and credentialed in professional disciplines as well as vendor implementations. This is in our hospital clients' best interest in that we are most effective in assisting them. Yet we maintain our objectivity and independence and receive no financial incentives or kickbacks from vendors. Examples of our certifications and credentials:

- □ Project Management Professional Certified-Project Management Institute
- ☐ ISACA- CISM-Certified Information Security Manager
- ☐ ITIL Foundation certifications
- ☐ Six Sigma certifications
- ☐ MCME-Master Certified Novell Engineers
- Healthcare Data Analytics certifications
- □ Cerner- Implementation Methodology trained
- Meditech READY Certified Implementation
- Epic Professional Certifications
- ☐ UKG/Kronos Certified Consulting Partner
- ☐ InterSystems Interface Certification
- Healthcare Many of our professions have medical/healthcare credentials, e.g., RN, MT, RPh, AHIMA

Most important is our experience in hospital/healthcare implementations and engagements. Our informatics team has conducted numerous EHR implementations, many of which are health systems that have hospitals, ambulatory clinics, home care, long term care, and behavioral health. The following list provides examples of relevant successful projects:

Client	Engagement Highlight
Jeff Davis Hospital, Hazlehurst, GA	Critical Access Hospital. Project management for the system selection and implementation of Cerner Community Works-shared domain solution for a Critical Access Hospital. This implementation includes an inpatient Behavioral Health.
Johnson Regional Medical Center, Clarksville, AR	Conducted an RFP/ system selection and implementation for an Emergency Department information system for this 20-bed community hospital. The selected system was integrated with their core HIS.
Frances Mohan Deaconess Hospital, Glasgow, MT	Critical Access Hospital. Strategic planning and optimization of their existing Meditech information system including clinical and revenue cycle improvements.
Touchette Regional Hospital, Centerville, IN	Project Management, Clinical and Revenue Cycle leads and analytical support for the implementation of Meditech EMR for a small safety net hospital with an average daily census of 25.
Jewish Family Services, Margate, NJ	Cerner reporting analyst for a non-profit behavioral health agency, currently implementing Cerner Behavioral Health.
Steward Healthcare System, Dalles, TX	Multiple projects for this 36-hospital/healthcare organization. Program leadership and multiple PMs for large-scale EMR implementations for their three regions to a single EMR platform.

Liberty Health, Jersey City Medical

Center, Jersey City, NJ

then provided on-going support.

Safety net academic medical center with neighborhood health centers. EMR RFP/system selection and implementation of their Cerner clinical

systems- Multiple PMs and staff analysts for clinical informatics group,

Professional Team

We will assign a professional team that is well-qualified to conduct this project. More details will be provided on specific assignments as we work with Norton to identify and select the consultants who are the best fit for SVH and to ensure a successful outcome.

- Gail Wegger, Project Manager will provide on-site and remote consulting. The PM will ensure project scope, resources and budget are managed to optimal outcomes. Gail's Nursing experience, PM skills and Cerner Community Works experience will be an asset to the project. The exact cadence of on-site vs remote work will need to be established based on client/project needs and project milestones. The exact schedule will be determined between SVH's project sponsor, Gail, and Joy. Please find Gail's resume in Attachment A.
- Joy Bauer, RN, PMP, Senior Director will serve as the Engagement Manager and provide oversight to the project. Joy Bauer is an innovative, solutions-focused, and results-oriented health care project manager and performance improvement leader. Joy is a R.N., certified Project Management Professional, certified clinical Informaticist, and Information and Technology systems professional with a 30+-year career demonstrating outstanding performance, verifiable achievements, and progressive experience. Joy has notable experience with large scale implementations as well as managing Cerner EHR implementations.

Fees

As requested, the budget below represents our best possible pricing. We were able to provide an overall budget decrease of \$37,290, from the original budget. The budget for the engagement based on the project duration of 11 months. Our PM will provide both on-site and remote consulting. The exact schedule and amount of travel will be determined collaboratively with the SVH project sponsor and be based on the needs of the project.

Consultant	Hourly Rate	Hours/ Month	Project Duration in Months	Total Hours	Monthly Professional Fees	Total Professional Fees
Gail Wegger, Project Manager	\$146	160	11	1760	\$23,360	\$256,960
Joy Bauer, Engagement Manager	\$160	6	11	66	\$960	\$10,560
Total	\$306			1826	\$24,320	\$267,520

HealthNET is prepared to provide additional resources for the project if SVH determines that is needed. No additional resource costs are included in this budget.

All fees/expenses will be invoiced as incurred. HealthNET will only bill you for the hours worked and if travel is required, will be prudent with travel expenses. No hours over 40/week will be worked without written prior approval from SVH.

Attachment A

See below

SIERRA VISTA HOSPITAL DEPARTMENT POLICIES AND PROCEDURES

Department: Pharmacy Original Policy Date: 2001

Subject: Moderate Sedation "Conscious Sedation" Review: 2023 MB 2024 _____ 2025___

Last Revised: 01/2023

Approved By: P&T Committee Manager: Melissa Bierner, Pharm.D., RPh.

Nursing Administration

Medical Staff

Governing Board

SCOPE: This policy applies to Sierra Vista hospital, its employee, medical staff, contractors, patients, and visitors regardless of service location or category of patient. This policy applies to all patient care settings within the hospital

PURPOSE: To provide guidelines and a standard of care for all patients receiving sedation/analgesia for diagnostic, noninvasive and invasive procedures.

DEFINITIONS:

Moderate Sedation (Conscious Sedation): A drug-induced depression of consciousness during which patients respond purposefully (reflex withdrawal from a painful stimulus is not considered a purposeful response) to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained; CMS, consistent with ASA guidelines, dose not define moderate or conscious sedation as anesthesia (71FR68690-1).

POLICY: It is the policy of Sierra Vista Hospital to provide a standard of practice for the administration and monitoring of patients who receive moderate sedation. This policy is not intended or designed for use in mechanically ventilated patients.

A physician credentialed to preform moderate sedation and a registered nurse that is competent to monitor moderate sedation must be in attendance or immediately available until the procedure is completed. One Registered Nurse should have the primary responsibility of monitoring the patient's vital signs and level of consciousness and must remain with the patient until there is satisfactory recovery from the acute effects of the sedating agent.

Only registered nurses who have successfully completed the moderate sedation competency shall administer and monitor moderate sedation. These nurses shall have yearly competency reassessments. These records are to be maintained by nursing administration.

The physician performing an invasive procedure that requires the administration of IV sedation shall be present throughout administration and immediately available until the procedure is complete.

The physician must be prepared to recognize and treat common complication of moderate sedation, such as hypotension, loss of airway protection, and hypoventilation.

Distributed To: Med Staff, Nursing, Cardiopulmonary

Revised Dates: 01/2023 Policy # 513-02-008 Page 1 of 10

Drugs must be administered by a registered nurse or physician.

Each patient's moderate sedation care is planned and developed to meet the patient's needs identified through assessment and any care needs that are communicated among care providers.

Prior to administration of sedation, a procedural "Time Out" shall occur to actively verify

- Patient's name and date of birth
- Correct procedure
- Correct Site

PROCEDURE:

Sedation Assessment by Registered Nurse:

- 1. Validate that the following assessment and patient communication have been performed and documented:
 - Diagnosis
 - History or present illness
 - Pregnancy test day of procedure unless pre-menarche, post tubal ligation, hysterectomy, post-menopausal (no menses for at least 1 year) or patient refusal (pregnancy declination/waiver form)
 - Pertinent past medical history
 - Current medication
 - Allergies
 - Anesthesia history
 - Review of the Airway assessment completed by the physician or CRNA, using the Modified Mallampati Classification
 - Cardiopulmonary exam
 - Review of the ASA as determined by the physician
 - Height and weight
 - Drug and alcohol use
 - Ordered other laboratory and other diagnostic tests
 - Patient instruction
 - Description of the sedation, its rational, risk and benefit
 - Fasting requirements
 - Need for an accompanying adult responsible for transportation home.
 - Signed consent (including a consent for sedation) once the physician has written an order to
 obtain consent for the procedure and have completed informed consent information with the
 patient.
- 2. Report absence of any of the above documentation to the physician.

Pre-Sedation Activities:

- 1. Check physician orders for drug, reason, and route of administration.
 - NOTE: Propofol, etomidate, methohexital, and other general anesthetics are not approved for moderate sedation.
- 2. Validate the patient's readiness for moderate sedation utilizing the following criteria:
 - Evaluate mentation (alertness, orientation to time/place/person)
 - Patient has no allergy/sensitivity to the prescribed sedative/medication
 - · Patient has been NPO or as ordered by physician
 - Competent adult is available to provide transportation at discharge
- 3. Confirm presence of patent central or peripheral IV access site in adult patients or initiate IV access.
- 4. Apply finger probe for continuous oximetry monitoring during sedation/procedure.
- 5. Apply EKG for continuous EKG monitoring.
- 6. Perform initial baseline assessment:
 - Vital Signs (BP, Pulse rate/rhythm, respirations, temperature)
 - Skin color, warmth, and sensation
 - Breath sounds
 - Oxygen saturations via pulse oximeter
 - Baseline Aldrete Score
- 7. Instruct patient:
 - To anticipate a short period of drowsiness/sleep
 - That conscious awareness of activity will be limited
 - That they will retain the ability to hear and follow directions
 - Blood pressure cuff and pulse oximeter will remain on during the procedure
 - Recovery period is time for patient to achieve baseline Aldrete Score and an order for discharge must be written after physician reassessment
 - Verbal and written discharge instruction are to be given and signed pre-sedation

Safety:

- 1. Validate the presence of the following at the bedside/easily accessible:
 - Emergency resuscitation equipment, including defibrillator
 - Oxygen set-up with tubing and mask/Ambu bag/mask system
 - Suctioning equipment
 - Functioning emergency call system
 - Emergency drugs including Narcan and/or Flumazenil
 - Code cart
 - Monitoring equipment to include EKG monitoring, pulse oximeter, and blood pressure monitoring.
- 2. Maintain patient IV access.
- 3. Maintain bed rails in elevated position, as assessment dictates. Instruct patient not to ambulate alone; supervise any necessary ambulation post-sedation.
- 4. Observe the patient until they have returned to baseline Aldrete Score with reflexes present.

NOTE: Validate current weight and age of pediatric patients. Calculate correct dose of Naloxone/Flumazenil for potential administration prior to sedation.

IV Sedation Administration:

- 1. Apply supplemental oxygen as ordered, unless specifically contraindicated.
- 2. Conduct procedural "Time Out"
- 3. Administer sedative as ordered by injecting medication. Sedative dosage must be individualized and titrated.
- 4. Observe the patient for any initial drug allergy/sensitivity to the agent, such as complaints of pain at the site, itching, rash, agitation or combativeness, or any difficulty breathing.
- 5. Assess respiratory status continuously.
- 6. Discontinue sedation immediately if signs of reaction occur, and disconnect IV tubing from patient, and flush medication through line before reconnecting as ordered by physician.
- 7. Assess continuously during sedation and document at no less than 15 minutes intervals:
 - Blood pressure, pulse rate and rhythm, respiratory rate
 - Oxygen saturation
 - Patient responsiveness to verbal and tactile stimulus

Reportable Conditions:

- 1. Report immediately the following to the physician.
 - Rise or drop in systolic blood pressure of 30mmHg.
 - Tachycardia (over 150 beats per minute) or bradycardia (less than 50 beats per minute).
 - Rise or drop-in respiratory rate (6 breaths per minute from initial respiratory rate).
 - Oxygen saturation less than 90% or below pre-sedation level.
 - Marked decrease in patient responsiveness to verbal or tactile stimulation.
 - Signs or symptoms of allergic reaction or medication intolerance.

Complication Management:

- 1. For signs of respiratory depression or compromise:
 - Establish and maintain open airway
 - Administer oxygen at 8-10L via non-rebreather face mask
 - Prepare for possible resuscitative measures
 - Observe patient and monitor oximeter or capnometer readings for signs of changes in oxygenation or respiratory conditions.
 - Continue to stimulate patient by verbal commands
- 2. For marked decrease in responsiveness:
 - Administer Naloxone or Flumazenil as ordered by physician and observe patient for improved response
 - Titrate to the recommended initial dose of Naloxone by diluting 0.4 mg of Naloxone in 10 ml of Normal Saline 0.9% and administer 1 mL (0.04 mg) every 1 minute IV and observe for response. Continue until patient responds. If no response within a total of 25 mL (1 mg) of Naloxone dilution, notify physician and consider other causes for respiratory depression.

- Recommended initial dose of Flumazenil is 0.2 mg administered IV push over 15 seconds. If the
 desired level of consciousness is not obtained after waiting 45 seconds, a further dose of 0.2 mg
 can be repeated at 60 second intervals up to a maximum of 1 mg total dose.
- Notify physician of patient's response to reversal agent. Overdose cases should always be monitored for re-sedation until the patient is stable and re-sedation unlikely.
- 3. For episodes of emesis, choking or possible aspiration:
 - Ensure that patient is turned on side if possible
 - Suction oropharynx and nasopharynx
 - Prepare for oxygen administration and other resuscitative measures
- 4. For cardiac or respiratory arrest initiate CPR and resuscitation procedure immediately.

Post-Procedure Activities:

- 1. Assess patient at 10 minutes intervals for no less than 20 minutes or meets criteria and as needed for the following and compare to pre-sedation values and abilities:
 - Blood pressure, respiratory rate
 - Level of consciousness, orientation, sensation
 - Mobility, coordination
- 2. Maintain or discontinue IV per physician order.
- 3. Observe patient for the following before discontinuing pulse oximetry:
 - Patient's SpO2 is above 92% on room air or a return to pre-sedation level, obtain an order for supplemental oxygen as needed.
 - Patient free of any respiratory complications for at least 20 minutes or meets discharge criteria.
- 4. Assess patient for discharge criteria:
 - Return to baseline Aldrete score
 - Patient is able to move within pre-sedation abilities.
 - Patient or significant other can verbalize post-sedation/ discharge instructions.
 - Post Sedation Recovery Score (Aldrete scale) less than or equal to 8 for inpatient transfer.
 - Post Sedation Recover Score (Aldrete scale) 9-10 (or pre-sedation baseline Aldrete score) for outpatient discharge.
- 5. Discharge or transfer patient as ordered by physician if above criteria has been met. Discharge patients are accompanied by a responsible adult. Public transportation or walking is not allowed.

Patient Education:

- 1. Instruct the patient, family and/or significant other to:
 - Follow verbal and written discharge instructions as provided pre-sedation.
 - Observe for re-sedation (i.e., slurred speech, unarousable sleep, difficulty with respirations)
 Patient and caregivers should be told that the sedative might impair memory and judgement.
 - Advise the patient to avoid consuming alcoholic drinks or nonprescription drugs, operating
 machinery, and making crucial decisions, signing legal documents, or doing anything the
 requires being alert for at least 24 hours follow sedation.
 - Children should not engage in any activities that require balance or coordination for 24 hours.

Documentation:

- 1. Record pre-sedation activities.
- 2. Record sedation activities.
- 3. Record patient's response to interventions and absence/presence of complications.

Medications:

Fentanyl (Su IV infusion of SE: respirato	ver 2-5 minut	es. Rapid IV infusion hypotension, laryngo	may produce ske spasm, diaphore	eletal and thoracic muscle rigsis	gidity.	
	Route	Dosage	Interval	Max dose	Onset	Duration
Pediatric	IV	0.5 to 1 mcg/kg Repeat doses ½ of initial.	Every 5 minutes	1 mcg per kg per dose 50 mcg per dose	1-2 minutes	30-60 minutes
Adult	IV	25 to 50 mcg	Every 3 to 5	1 mcg per kg per dose		

Ketamine (Ketalar)

IV infusion over 2-5 minutes.

SE: Emergence reactions, increased blood pressure/intraocular pressure, laryngospasm, salivation, tachycardia.

Contraindicated in younger than 3 months and/or patient with psychosis.

Conganidica	Route	Dosage	Interval	Max dose	Onset	Duration
Pediatric	IV preferred	0.2 to 1 mg per kg Repeat 0.2 to 1 mg per kg	Every 5 to 10 minutes	4 mg per kg over one hour	1 to 2 minutes	15 to 30 minutes
	IM	4 to 5 mg per kg		5 mg per kg	5 tol 0 minutes	30 to 60 minutes
Adult	IV preferred	0.5 to 1 mg per kg	Every 5 to 10 minutes		1 to 2 minutes	15 to 30 minutes

Midazolam (Versed)

IV infusion over 2-5 minutes. Reduce dose 30-50% when combined with opioids.

Provides sedation but not analgesia

SE: Hypotension and bradycardia, paradoxical agitation.

Contraindicated in patient with narrow angle glaucoma.

	Route	Dosage	Interval	Max dose	Onset	Duration
Pediatric 6mos to 5yrs	IV	0.025 to 0.05 mg per kg	Every 2 to 5 minutes	0.05 mg per kg per dose; 3 mg total	1 to 5 minutes	2 to 6 hours
Pediatric 6 to 12 yrs	IV	0.025 to 0.05 mg per kg		0.05 mg per kg per dose; 5 mg total		
Pediatric Greater than 12 yrs	IV	1 to 2 mg		2 mg per dose; 10 mg total		
Pediatric	IN	0.2 to 0.5 mg per		10 mg (5 mg per nare)	5 minutes	35 minutes
Adult	IV	1 to 2 mg	Every 2 to 5 minutes	0.2 mg per dose; 10 mg total	1 to 5 minutes	2 to 6 hours

Reversal Medications:

Naloxone (N	arcan)					
Narcotic anta	gonist					
	Route	Dosage	Interval	Max dose	Onset	Duration
Pediatric	IV	0.01 mg	Every minute	0.2	1 to 2	30 to 120
Adult	IV	0.04 mg		2 mg total	minutes	minutes
Flumazenil (Romazicon)					
	ne antagonist					
Use caution v	with seizure his	story and/or chronic	benzodiazepine us	se		
	Route	Dosage	Interval	Max dose	Onset	Duration
Pediatric	IV	0.1 mg per kg	Every minute	0.2 mg per dose	1 to 3	19 to 50
Adult	IV	0.2 mg		1 mg total	minutes	minutes

Aldrete Discharge Scoring System:

Consciousness	
Fully awake, in full contact	2 pts
Arousable by calling	1 pts
Not responding	0 pts
Mobility	
Able to move 4 extremities on command	2 pts
Able to move 2 extremities on command	1 pts
Unable to move extremities	0 pts
Breathing	
Able to breathe deeply and cough freely	2 pts
Dyspnea or limited breathing	1 pts
Apneic	0 pts
Circulation	
BP 20% of pre-anesthetic level	2 pts
BP 20-49% of pre-anesthetic level	1 pts
BP 50% of pre-anesthetic level	0 pts
Skin Color	
Normal	2 pts
Pale, dusty, blotchy, jaundiced, or other	1 pts
Cyanotic	0 pts

Associated Forms:

F-513-02-008-01: Moderate Sedation Procedure Flowsheet

F-513-02-008-02: Moderate Sedation Competency

F-513-02-008-03: Moderate Sedation Consent Form

F-513-02-008-04: Pregnancy Declination/Waiver Form

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SVH Competency Check List: Moderate Sedation

Position Title:

Employee Name:

Unit:

Start Date:

Method of Instruction Key: P = Protocol/Procedure Review S = Self Learning Package		E = Educatio D = Demons			C = Clini	ical Practi	ce
Method of Evaluation Key: O = Observation (in clinical setting V = Verbal Review		RD = Return	n Demonstrati	on	T = Writ	ten Test	
Competency: Moderate Sedation							
*Use the Method of Instruction Key	Self-As	sessment by		Validation	7	T	
and Method of Evaluation Key listed above	Never Done	Needs Review/ Practice	Competent	*Method of Instruction	Date	Initials	*Evaluation Method
Verbalizes or otherwise demonstrates an understanding of the medications used to achieve moderate sedation – including indications for use, dosing, contraindications, intended effects, and side effects.							
Verbalizes or otherwise demonstrates an understanding of the potential complications of moderate sedation, including recognition of when a patient is slipping into deep sedation.							
Verbalizes or otherwise demonstrates an understanding of reversal agents to rescue patients from deep sedation.							
Verbalizes or otherwise demonstrates an understanding of the need for the provider to complete Mallampati and ASA class and revaluate immediately prior to sedation.							
Demonstrates the ability to rescue a patient from deep sedation by maintaining current certification in basic life support by the American Heart Association or successfully completing an equivalent evidence-based program that contains the following: Age-appropriate cardio-pulmonary resuscitation Establishment and maintenance of an oral airway Use of a bag-valve-mask							

SVH Competency Check List: Moderate Sedation

Position Title: Unit:	Employee Name: Start Date:	
COMMENTS:		
Signature / Title of Preceptor		Date Completed
Employee Signature		Date Completed



PRE-PROCEDURE / PRE-SEDATION ASSESSMENT (10 be completed by MID)	
Indication for Procedure:	
Procedure Being Performed:	
History & Physical (check or complete information below)	
☐ In Chart, Performed Within Past 30 Days, Reviewed and Patient Examined, No Significant Changes	
Medical History:	
	- Lidas
Exam: (check or complete information below)	
□ No Significant Findings (HEENT, Lungs, Heart, Abdomen, Neurological Status Examined)	
• HEENT:	
• Lungs:	
• Heart:	
Abdomen:	
Neuro:	
Previous Response to Use of Sedation / Anesthesia (check one)	
☐ Unknown ☐ No History of Prior Difficulties ☐ Eventful (explain)	
Airway Evaluation / Mallimpati Class (circle) 1 2 3 4 Comment:	
Risk of Sedation-Analgesia / ASA Classification (choose one) 🗆 l 🗅 II 🗅 III 🗅 IV 🔘	V
Plan for Sedation (check those that apply)	
Moderate Other:	
D. C.	
Documentation of Informed Consent: have explained the risks, benefits, and alternatives of the above noted procedure, including the use of sedation	, and including the use of blood
or blood products, if necessary. The patient, or authorized designee, understands this information and agrees to	proceed.
PRE-PROCEDURE ORDERS (to be completed by MD)	
Obtain patient consent for planned procedure	
Order medications in patient medical record.	
POST PROCEDURE ORDERS (To be completed by MD, check all that apply)	
Monitor and recover patient according to hospital standards	
DC IV on discharge or convert to saline lock if returning to nursing unit	
Provide post-procedure / post-sedation patient / family education	
May discharge or return to nursing unit when patient meets discharge criteria or contact Physician if proble	ems
Other:	
Other:	
Other.	
Signature of Physician Date / Time	

Patient Label BQ 21



Yes (place sessment Musculoskeleta No obvious Other: Psychosocial Appropriat Other: No signific Other: Other: Discharge Plan Has post-di	ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
yes (place sessment Musculoskeleta No obvious Other: Psychosocial Appropriat Other: No signific Other: Other: Discharge Plan Has post-di	Ht Wt e copy in medical record) al / Integumentary s difficulties, skin intact e, cooperative, ready for procedure ural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
Yes (place ressment Musculoskeleta No obvious Other: Psychosocial Appropriat Other: Spiritual / Cult No signific Other: Other: Other: Other: Other: Other: Other: Other:	e copy in medical record) Al / Integumentary s difficulties, skin intact e, cooperative, ready for procedure aural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
Yes (place ressment Musculoskeleta No obvious Other: Psychosocial Appropriate Other: No signific Other: Discharge Plan Has post-di	e copy in medical record) al / Integumentary s difficulties, skin intact e, cooperative, ready for procedure aural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
Yes (place ressment Musculoskeleta No obvious Other: Psychosocial Appropriat Other: Spiritual / Cult No signific Other: Other: Discharge Plan Has post-di	e copy in medical record) al / Integumentary s difficulties, skin intact e, cooperative, ready for procedure ural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
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Musculoskeleta No obvious Other: Psychosocial Appropriat Other: No signific Other: Discharge Plan Has post-di Other:	e, cooperative, ready for procedure ural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
No obvious Other: Psychosocial Appropriat Other: Spiritual / Cult No signific Other: Other: Discharge Plan Has post-di Other:	e, cooperative, ready for procedure ural ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
Appropriate Other: Spiritual / Cult No signific Other: Discharge Plan Has post-di Other:	nural eant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
No signific Other: Oischarge Plan Has post-di Other:	ant spiritual or cultural issues / requests noted ning ischarge assistance, responsible adult escort home
Has post-di Other:	ischarge assistance, responsible adult escort home
Pain Assessmen	nt
Pain reporte Location: Quality: Duration: Made Wors Alleviated I Pain Level:	borted / identified ed / identified se By: By: 1 2 3 4 5 6 7 8 9 10 Pain Goal: Utilized:
	Nuveing Plan of Cave
Left on Patient Left on Patient Left on Patient Left on Patient Left on Patient	Nursing Plan of Care ☐ Maintain patient comfort and safety throughout and after procedure ☐ Maintain patent airway and hemodynamic stability. Notify MD promptly of any changes in condition. ☐ Provide appropriate patient / family education pre and post procedure care. ☐ Other:
	Pain report Location: Quality: Duration: Made Wors Alleviated Pain Level: Other Pain Tool Left on Patient

Patient Label BQ 22



ocedure: Start Time: End					nt of Procedure (correct patient, procedure, side / site) / Initials: nd Time: Medications Ordered by:										
Management: Site: Gauge:				ge: _	: Fluid:						Rate:n			nl/hr	
dications: Trug Dose				Route				Time Given				Ac	lminist	tered By	_
iug		Dosc				210210									
															_
nitoring											_				
Tim	e														
Vital	220														
Signs	200					Cappe									
ВР	180														
^ ~	160														
Pulse	140														
•	120							-							
Resp X	100													-	
	80			+											
	60														
	40							\exists							
	20							1							
0 :	0			+ +				-			-				
ygen Satu ygen (L/r															
rway Mai															
in level (1											-				
rdiac Rhy								-						_	_
evel of Sec			A =	3364 - A		2 D:A	ioult to A-		A Daine	ul Stimuli C	Inly	5 Uni	respons	sive	_
edation Le omments:	end: 1. Aw	ake/Alert	2. Eas	y to Arou	se	3. Diff	icult to Are	use	4. Paint	ui Stimuti C	ину	J. Uni	cspuits	iive	

Signature of RN

F- 513-02-008-01

Patient Label BQ 23 Date / Time

Page 3 of 4



POST SEDATION/ PROCEDURE CARE

Tim	ne												
	220												
Vital					-		-	_	+	-	-		_
Signs	200						-		+-	1			
	180												
BP								_	-				_
^	160												
	140												
Pulse												-	
•	120				-	-	_		-	-	-	\rightarrow	_
Resp X	100				1								_
Х								_	-	_		-	_
	80	 	-		+		+		+			-	
	60							1			=		
	40												
	20			-	1		-		-		-	-	-
	0	-											
kygen Sat													_
kygen (L/i	min)							_		_	_		_
rway Mai	intained				-			_		_	-		_
in level (l	1-10)				-	-		-			-		_
rdiac Rh	ythm	_	_		+	-+			-				
evel of Se	dation				_								_

			T: O:	Administered By
Drug	Dose	Route	Time Given	Administered by

Aldrete Dischars	ge Score:		Discharge Criteria (all parameters must be met)				
	Fully awake, in full contact	2 pts					
Consciousness	Arousable by calling	1 pts	■ No excess bleeding or drainage from procedural site				
	Not responding	0 pts	Minimal or no nausea / passing flatus as appropriate				
Mobility	Able to move 4 extremities on command	2 pts	Minimal or no nausea / passing flatus as appropriate				
	Able to move 2 extremities on command	1 pts	☐ Post-Procedure pain level <3 or consistent with patient goal.				
	Unable to move extremities	0 pts					
Breathing	Able to breathe deeply and cough freely	2 pts	☐ IV Discontinued				
	Dyspnea or limited breathing	1 pts	 Discharge instructions / prescription given / understood by patient / 				
3	Apneic	0 pts	other.				
	BP 20% of pre-anesthetic level	2 pts					
Circulation	BP 20-49% of pre-anesthetic level	1 pts					
	BP 50% of pre-anesthetic level	0 pts	Discharged via (check one) Amb W/C Gurney				
Skin Color	Normal	2 pts					
	Pale, dusty blotchy, jaundiced, or other	1 pts	Date / Time: Initials:				
	Cyanotic	0 pts					

Signature of RN

F-513-02-008-01

Patient Label BQ 24 Date / Time

Page 4 of 4



PREGNANCY DECLINATION/WAIVER

Pregnancy Declination

pregnant; nor do I have a	ny reason to believe that I may be pregnan	knowledge, I am not nt.
Patient's Signature	Date	Time
Witness	Date	Time
I, I am or may possibly be perfections that might a	regnant. Due to my accident or illness, nefect the fetus. I have been informed of the	I to the SVH staff that ny physician has ordered e risk of the medications to
an unborn fetus. I unders	and that all possible protection will be given prescribed medications and release Sierr damages due to medications and potential	ven to protect the fetus. a Vista Hospital,
Patient's Signature	Date	Time
Witness	Date	Time



POLICIES AND PROCEDURES

Original Policy Date: 2004 DEPARTMENT: Swing Bed

2025 2023 SFA 2024 Review: SUBJECT: Restraints

> Last Revised: 12/2022

Medical Staff, Sheila F. Adams, MSN, MHA Manager:

APPROVED BY: Governing Board

SCOPE:

Nursing Services, Social Services, Medical Staff, Security, Safety

POLICY:

Swing Bed patients will be free from Chemical and Physical Restraints imposed for the purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

DEFINITIONS:

Physical restraint is any device, materials or equipment which restrict free movement or normal access to one's body.

Chemical restraint is any drug that is used for discipline or convenience and not required to treat medical symptoms.

PROCEDURE:

A one-to-one sitter will be placed with any Swing Bed patient who has become a high risk for fall, injury to self and/or others or to maintain medically necessary as intravenous lines. The patient will be evaluated every 12 hours for continued use of a sitter. The patient should also be evaluated to determine if they continue to meet criteria for Swing Bed status.

REFERENCE(S):

Appendix W- Survey Protocol, Regulations, and Interpretive Guidelines for Critical access Hospitals (CAHs) and Swing-Beds in CAHs, §483.12(a)(1), (a)(2).

The Joint Commission. Rights and Responsibilities of the Individual. RI.01.06.01

Distributed To: Nursing Services, Social Services, Medical

Staff, Security, Safety

Revision Dates: 2004, 2012, 2018, 2021, 2022

Policy # 160-1-034

BQ 26



POLICIES AND PROCEDURES

Department: Pharmacy

Original Policy Date: 1994

Subject: Pharmacy and Therapeutics

Review: 2022 MB 2023 ___ 2024 ____

Committee

Approved By:

Last Revised: 11/2022

Pharmacy and Therapeutics: 11/30/2022

Medical Staff:

Manager: Melissa Bierner, Pharm.D., RPh

Governing Board:

SCOPE:

To define Sierra Vista Hospital Pharmacy and Therapeutics Committee (P&T) members, duties, tasks, and meeting agendas.

POLICY:

Sierra Vista Hospital Pharmacy and Therapeutics Committee is responsible for the effective and efficient operation of the formulary to optimize patient outcomes, quality, and safety. The committee is responsible for the formulation and evaluation of policies relating to drugs and nutritional supplement in the hospital and clinic, including their evaluation, selection, procurement, storage, distribution, administration, and use. Policy recommendations from the Committee are subject to approval by Medical Staff Executive Committee.

The P&T committee is comprised of providers, pharmacists, and other health care professionals.

DEFINITIONS:

<u>Formulary</u>: means a list of drugs approved for use in a facility by its medical staff through the Pharmacy and Therapeutics Committee or its equivalent.

PROCEDURE:

Composition

The P&T Committee is a multidisciplinary group with a majority of physician and pharmacist members. The members include:

- Primary Care Provider, voting.
- Primary Care Physician, voting.
- Hospitalist Physician, voting.
- Director of Pharmacy, voting.
- Staff Pharmacist, voting.
- House Supervisor Nurse, voting.

Distributed To: Administration, Medical Staff, Nursing

Revision Dates: 11/2022, Policy # 513-13-009 Page 1 of 3

- Additional professionals, in specialty areas appropriate to a class of pharmaceuticals being reviewed, may be added, or consulted on an ad hoc bases when additional expertise is needed, voting or non-voting at the discretion of the Chair.
- Committee members may also include nurses, legal experts, and administrators, non-voting.

Meeting Frequency and Process

- The Committee shall meet at least quarterly, and more frequently, if necessary, to review and update the formulary in consideration of new drugs, new indications, or uses and warning affecting existing drugs.
- The P&T Committee Chairperson is elected by the P&T Committee from its membership.
- The Director of Pharmacy in conjunction with the Chairperson will make the decision whether it is relevant for the Committee to meet more frequently to address pharmacy related issues.
- The Director of Pharmacy oversees the scheduling of meetings.
- A simple majority of members, including at least the Director of Pharmacy or the Chair Physician, is required for a quorum and for the committee to officially conduct business.

Agenda

- Meeting agendas are structured to review a sufficient number of therapeutic drug classes per meeting in order to review all drug classes annually.
- New product releases and FDA approved labeling changes shall be evaluated.
- If appropriate, deliberations regarding potential additions, deletions, and changes to the formulary are scheduled to occur at meetings other than the one at which the discussion of the relevant drug class is scheduled.
- Committee members can request the addition of an agenda topic by contacting the Director of Pharmacy.
- All pharmaceutical management policy and procedures will be reviewed annually and more frequently if needed.
- Topics suggested by network practitioners are presented at each meeting and considered as potential future agenda items.
- The Director of Pharmacy oversees the development of the agenda and supplementary materials which shall be distributed to committee members at least five (5) business days prior to the scheduled meeting to allow time for member review.

Meeting Minutes

- The meeting proceedings will be documented in the meeting minutes, which will be overseen by the Director of Pharmacy.
- Meeting minutes are reviewed by the Chairperson and distributed at least five (5) business days prior to the next P&T Committee meeting.
- The final meeting minutes are approved at the subsequent meeting and submitted to the Medical Staff Executive Committee.

Distributed To: Pharmacy, Rural Health Clinic, Medical Staff

Revision Dates: 11/2022 Policy # 513-13-009

SIERRA VISTA HOSPITAL

Tasks

- Review the materials provided and make recommendations regarding Sierra Vista Hospital
 and Clinic's formulary and pharmaceutical management procedures based on the collective
 expertise of the committee.
- Objectively appraise, evaluate, and select drugs for the formulary.
- Approve all pharmaceutical management policies and procedures, including but not limited to, generic substitution, therapeutic interchange, pharmacy authorization, and step therapy protocols based upon written guidelines or procedures.
- Maintain up-to-date protocols and procedures for the use of Sierra Vista Hospital.
- Review and make recommendations regarding the criteria used to develop, adopt, and review pharmaceutical management procedures.
- Provide input regarding:
 - Quality improvement activities that relate to pharmaceutical usage.
 - o Drug use evaluation activities.
- Review current therapeutic guidelines.
- Establish policies and procedures to educate and inform health care providers about drug product usage and committee decisions.
- Seek input from practitioners with specialized expertise as appropriate to topics being considered.
- Collaborate with Quality Assurance Performance Improvement/Utilization Management Committee (QAPI/UM) in the development of treatment guidelines and disease management programs.

Subcommittees

- Subcommittees may be permanent or ad hoc to work on a specific issue.
- All work at subcommittees will be approved by the committee at large.

REFERENCES:

Hospital Pharmacies. 8/16/1999; 16.19.7.11 NMAC - Rn, 16 NMAC 19.7.11, 3/30/2002; A, 1/31/2007; A, 06/9/2019]

Am J Health-Syst Pharm. 2021;78:907-918 (2021, May 15). ASHP Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System. American Society of Health-System Pharmacists. Retrieved November 13, 2022, from https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/gdl-pharmacy-therapeutics-committee-formulary-system.ashx

FORMS:

F-513-15-003-01 Attendance Record

F-513-15-003-02 Minutes and Agenda Template

ASSOCIATED POLICIES:

Formulary Management 513-06-004

Distributed To: Pharmacy, Rural Health Clinic, Medical Staff

Revision Dates: 11/2022 Policy # 513-13-009

Current

Patient Intake Form

Today's Date _____

e	Date of Bir	th	Social Security Number		
977			1	Voc	No
Allergies: Please List	What happens?		Leg pain with walking	Yes Yes	No
	nappensi		TIA (Mini Strokes)	Yes	No
			Stroke	Yes	No
			Swelling of feet or legs	Yes	No
			Shortness of breath	Yes	No
			Wake up at night short of breath		No
Alpha Mary Company			Sleep on more than 2 pillows	Yes	No
Risk Factors			Palpitations	Yes	
Have you ever used tobacco?	Yes	No	Heart rhythm problems	Yes	No No
Type: (Please Circle)			Loss of consciousness	Yes Yes	No
cigarettes, cigars, pipe, chewing			Heart murmur		No
Currently using?	Yes	No	Abnormal EKG	Yes	
Contently damig.			Enlarged heart	Yes	No
Amount:	# of years		Family History		
Alloont.	01 / 12.0		Do your parents, brothers, sisters, or children have any of the		
Year quit:			following problems?		
Do you have high blood pressure?	Yes	No	Heart disease or heart attack	Yes	No
Do you have high cholesterol?	Yes	No	Men before the age of 50	Yes	No
Do you have diabetes?	Yes	No	Women before the age of 60	Yes	No
Do you exercise?	Yes	No	Family History Continued		
Times per week			High blood pressure	Yes	No
Minutes of exercise per session			High Cholesterol	Yes	No
Number of cups of coffee per day			Diabetes	Yes	No
Number of cups of tea per day			Aortic Aneurysms	Yes	No
Number of cola/soda drinks per day			Sudden death	Yes	No
Do you use alcohol	Yes	No	Personal History		
If yes, how many drinks	Per day		Marital Status:	Single	
11 (23) 110 11101 23 1110	Per week			Married	
	Per month			Divorced	
For our male patients:				Widowed	
Are you using hormone therapy?	Yes	No	Who lives with you?		
For our female patients:				P. J. Ata.	
Are you menopausal?	Yes	No	Employment:	Full time	
Are you using hormone therapy?	Yes	No		Part time	
Cardiac Symptoms & History				Retired	
Do you have:				Loss of job	
Chest pressure or pain	Yes	No		Disabled	

No

Yes

Dizziness

Type of work_

Patient Intake Form

Today	S	Date			
,	_		_	 	

ĺ	Name	Date of Birth	Social Security Number	
l				

General		
Weight loss-5 pounds or more last 6	Yes	No
mths		
Weight gain –5 pounds or more last	Yes	No
6 mths	Man	Ala.
Undue tiredness	Yes	No
Loss of appetite	Yes	No
HEENT		
Headache	Yes	No
Temporary loss of vision	Yes Yes	No No
Double vision	Yes	No.
Hard of hearing Gum disease	Yes	No
	163	140
Pulmonary	Yes	No
Loud Snoring Stop breathing while asleep	Yes	No
Cough up blood	Yes	No
Chronic cough	Yes	No
Wheezing	Yes	No
Coughing up mucus	Yes	No
Gastrointestinal		
Heartburn	Yes	No
Vomiting blood	Yes	No
Bloody or tarry stools	Yes	No
Yellow eyes or skin	Yes	No
Genitourinary		
Painful urination	Yes	No
Get up at night to urinate	Yes	No
Blood in urine	Yes	No
Musculoskeletal		
Chronic back pain	Yes	No
Hematology		
Unusua i bi eeding	Yes	No
Problems bruising	Yes	No
Neurology		
Seizures	Yes	No
Paralysis-any part of body	Yes	No
Loss of ability to speak clearly	Yes	No
Endocrine		
Increased thirst	Yes	No
Frequent urination	Yes	No
Skin		
Rashes	Yes	No
Ulcers/Wounds	Yes	No

Depression	Yes	No
Anxiety	Yes	No
Take pills for depression	Yes	No
Take pills for anxiety	Yes	No
Previous Surgeries	None	
уре	Date	

N		
Other health problems or injuries		
nemia	Yes	No
rthritis	Yes	No
sthma	Yes	No
leeding problems	Yes	No
ancer	Yes	No
OPD	Yes	No
mphysema	Yes	No
ilaucoma	Yes	No
iver problems	Yes	No
eflux	Yes	No
leep Apnea	Yes	No
hyroid Problems	Yes	No
•	Yes	No
icers	Yes	No
len: Prostate Problems?		No
/omen: Gynecologic Problems?	Yes	NO
ther: Please List		

Eurrent

Patient Intake Form

Today's	Date	

	Name	Date of Birth	Social Security Number
I			

Pharmacy Name:			
Pharmacy Phone Number:			
List your medications and supplements			
Name	Dose	Frequency	

Patient Intake Form

Today	r's	Date	

Name	Date of Birth	Social Security Number



SIERRA VISTA HOSPITAL & CLINICS

800 East 9th Avenue, Truth or Consequences, NM 87901 HospBat: 575-894-2111 | Circle: 575-894-3221

Full name:	
Date of birth:	

ADULT INTAKE FORM

	Allergy		React	ion
-	-	- Mariana		
-				
Medications and S	upplements [None		
Medication/Su		Dose		Times per day
7. W. W.				
				
	ianlinasiona 🗍	M		
	Italizations L		10	estion/Escility
urgeries and Hosp Type	Italizations L1	None Date	Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
urgeries and Hosp Type	Italizations 🗀		Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
	Italizations 🗀		Lo	cation/Facility
Type			Lo	cation/Facility
Type ealth Maintenanc	e	Date		
Type ealth Maintenance Test				
ealth Maintenance Test Colonoscopy	e	Date		
ealth Maintenance Test Colonoscopy Mammogram	e	Date		Abnormal Result? Y or N
ealth Maintenance Test Colonoscopy	e	Date		

Disease/Condition	Date of diagnosis
Alcoholism/Drug use	
Asthma	
Cancer (type:	
Depression/Anxiety	
Suicidal/Bipolar	
Diabetes	
COPD	
Heart disease (heart attack, murmur, abnormal rhythm)	
High blood pressure	
High cholesterol	
Kidney disease	
Kidney stones	
Thyroid disease	
Migraine/headache	
Stroke	
Anemia	
Stomach issues (ulcers, heartburn, etc.)	
Liver disease	
Seizures/Epilepsy	
Crohn's disease/Ulcerative Colitis	
Bleeding issues	
Prostate Issues	

Family Medic	al Hi	story		None		Unkn	own						_		
Please check all that apply	Alcohol/drug use	Asthma	Cancer: (type)	СОРО	Depression/anxiety	Bipolar/suicidal	Diabetes	Early death	Heart disease	High blood pressure	Kidney disease	Stroke	Thyroid disease	Migraines	Autoimmune disease
Mother				1											
Father												-		-	
Brother												-			
Sister									_			-		-	-
Child										1	-	-	-	-	-
Maternal Grandmother															
Maternal Grandfather															
Paternal Grandmother															The state of the s
Paternal Grandfather															

Occupation:	Retired Unemployed Disabled
Employer:	Years of Education/highest Degree:
Marital status: Single Married	Divorced Widowed
Do you have children? YES NO	
If yes, how many:	
Do they live with you? YES NO	
Tobacco use? YES NO Cigarettes	Cigars Vaping Chewing tobacco
Answer if CURRENT USER	Answer if FORMER USER
How many per day?	Quit date:
How many years?	How many per day?
Are you interested in quitting?	How many years?
Do you drink alcohol? YES NO	If yes, how many drinks per day?
Oo you use any recreational substances? Ye	S NO Have you ever used needles to inject drugs? YES NO
Are you sexually active? YES NO Birth control method: None Condon	n Pill Patch Ring Nexplanon IIUD
Do you exercise regularly? YES NO How long?	
How often?	
How often? low many hours of sleep do you get on	How would you rate your diet?

REVIEW OF SYSTEMS: PLEASE CHECK ALL THAT APPLY

	CONSTITUTIONAL	1	CARDIOVASCULAR	~	MUSCULOSKELETAL
í	Fever	1000	Chest pain		Joint pain
Ī	Chills	25.3	Heart racing/palpitations	1000	Joint swelling
ĺ	Sweats	E.S.	Heart fluttering		Leg pain with walking
	Fatigue	1491.70	Leg swelling	1000	Muscle aches
	Appetite Changes			THE REAL PROPERTY.	Neck pain/neck stiffness
	Weight Changes		GASTROINTESTINAL		Back pain
		Ba	Abdominal pain	3107	Muscle weakness
	ENT/Head/Eyes	DEE	Nausea/vomiting		
	Change in vision	15	Constipation		NEUROLOGICAL
	Ear pain		Diarrhea		Dizziness
	Ear discharge		Acid reflux/heartburn		Lightheadedness
1	Hearing loss/ringing of ears	100	Blood in stool		Balance problems
i	Nosebleeds		Pain in rectum	100	Paralysis of any body part
	Sinus pressure			B-7.5	Headaches
	Sneezing		ENDOCRINE		Numbness/Tingling_
	Facial swelling	7	Hair changes	1	Seizures
	Sinus congestion	13%	Skin changes		Tremors
	Mouth sores	6	Increase thirst		Weakness
	Sore throat		Increased hunger		
	Trouble swallowing				PSYCHIATRIC
ľ	Drooling		GENITOURINARY		Increase in stressors
ĺ			Pain with urination	la del	Behavior issues
Ī	RESPIRATORY	Dân	Urinary frequency	A	Confusion
ľ	Cough	SHE!	Increased urinating at night	2 7 5	Depression
ľ	Shortness of breath		Blood in urine		Anxiety/Agitation
ŀ	Wheezing	SKI	Painful periods	1000	Decreased concentration
	Sputum		Heavy periods		Hallucinations
	Chest tightness	ing.	Irregular periods	1997	Sleep disturbances
	Choking		Menopause	200	Suicidal thoughts
	Loud snoring	-75	Testicular pain		
-	2000	(E)	Genital sores		OTHER ISSUES
	HEMATOLOGICAL			TO SE	
	Easy bruising/bleeding		SKIN	10 - 3	
	Swollen lymph nodes	250	Rashes	Sales .	
		1 2	Ulcers/wounds	THE REAL PROPERTY.	A
		BU	Changing mole	LIST OF STREET	



SIERRA VISTA HOSPITAL BOARD REPORT

January 24th, 2023

HR PRIORITY OF EFFORT:

Our priority of effort is recruitment and onboarding of key personnel.

CRITICAL VACANCIES & RECRUITMENT:

BHNP awaiting credentialing (very close). LCSW actively engaged with potential candidate. Scouting LPN applicants for Infection Prevention program. We're planning to start our "S.O.A.R." program with HSHS as soon as possible in 2023 (Students Observing Activities in Rural Healthcare).

KEY VACANCIES:

- Psychiatrist FT
- Licensed Clinical Social Worker FT
- Certified Registered Nurse Anesthetist (CRNA) 2 FT
- Infection Prevention LPN FT
- Assistant Rural Health Clinic Manager FT
- RN Clinical Coordinator FT
- Registered Nurse FT (Multiple)
- Lab Medical Technician FT
- Certified Nurse Assistant (CNA) FT

FINANCIAL IMPACTS:

- Confirm our wages are market and regionally competitive
- H1B recruiting process on-going. Keeping employees longer if we pay for their Green Card process and US Sponsorship

PEOPLE:

December New Hires - 7

FY22 Total - 77

- FT Security Guard (Safety)
- FT Cook Aide (Dietary)
- FT Registration Clerk (Business Off)

SIERRA VISTA HOSPITAL

- FT Maintenance Tech (Maintenance)
- FT RN (Nursing Admin)
- FT OR Nurse (Surgery)
- FT CNA / Unit Clerk (Med / Surg)

December Terminations - 6

FY22 Total - 85

Involuntary -2

FY22 Total - 28

• FT – Housekeeper

Time/attendance, productivity No Call/No Show

• FT – Security Guard

FY22 Total- 57

Voluntary – 4

• FT – Registration Clerk

• FT - CNA

• FT – Scheduling Clerk

• FT – EMT-B

Resigned other opportunity

Resigned personal Resigned personal Schedule conflicts

Turnover Trends Snapshot: **Turnover rate is a subjective measure**

77 new or rehires to date

85 terminations to date

198 staff at end of May 2022

213 current staff

Contract Staff - 9

- PT − 1 (PT)
- Med/Surg 6 (Nurses)
- HR 1 (Director)
- EMS 1 (Director)

Travel Staff - 9

- Nursing 11
- Surgery 1
- Sleep − 1

- Lab − 1
- Surgery 1
- Resp Therapy 2

SIERRA VISTA HOSPITAL

QUALITY:

- New hire orientations (in-person orientation set to begin February)
- Certifications 100%
- Licensures 100%
- Annual training (Beginning this month)
- Evaluations and competencies 100%

WORKERS COMP:

Current with state reporting. Nothing significant to report.

SERVICE:

- On-boarding and Off-boarding of employees.
- Several employees made policy changes during annual open enrollment
- Conducting planning meetings for local housing of new employees

Respectfully,

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

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

January 19, 2023

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

95301 – Medical Assistant - 1 Full Time Positions (open date 01/05/2023) Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards.

65502 – Security Guard – 1 PRN Position (open date 01/13/2023) Protects life and property of all persons on hospital premises and patrols hospital buildings and grounds to prevent fire, theft, and vandalism. Secures, unlocks, and protects hospital buildings. Responds to security needs of hospital personnel, patients, and visitors. Participates in performance improvement activities.

65501 – Safety Manager – 1 Full Time Position (open date 1/10/2023) The Safety Manager is primarily responsible for ensuring a healthy work environment by developing, implementing, assigning, and monitoring safety programs and initiatives at SVH. Conducts safety management activities to include development of Safety and Life Safety Plans to minimize hazards and reduce risk of injury to patients, visitors, contractors, and employees. Collaborates and assists in the immediate implementation of corrective actions as needed. Assesses and identifies hazards that could impede the reputation, safety, or security of SVH; or negatively impact adherence to regulatory compliance by the organization.

28001 – RN House Supervisor – 1 Full Time Position (open date 1/6/2023) The Nursing House Supervisor provides support for multiple departments, is responsible for promoting and maintaining quality patient care through effective management of activities of total patient care services during his/her assigned shift. Addresses patient care, staffing, and other issues that may arise during assigned shift.

83001 – Inventory Clerk 1 Full Time Position (open date 1/5/2023) Responsible for the receipt, storage and distribution of all materials delivered to the Materials Management Department by the various vendors. Responsible for the PAR level systems in the warehouse and throughout the facility, including the adjustment of stock levels.

18601 – EMT- 1 Full Time Position (open date 12/28/2022) Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

69001- Infection Prevention LPN – 1 Full time position (open date 12/9/2022) As an Infection Prevention LPN, you will assist the Infection Prevention RN monitor and administer the facility's infection prevention program. Primary responsibilities include communicating with patients, interpreting data, and processing information to ensure that the facility meets compliance standards. Prepares summaries of relevant information regarding resident/staff infections, corrective actions taken, and helps develop viable solutions. Provides safe, accurate, and clinically competent information based on

- experience and research. Recognizes and interprets the patient's symptoms seeks appropriate assistance. Assists with remedial measures as ordered.
- 17503 Certified SPD/ ENDO Tech 1 Full Time Position (open date 12/2/2022) Responsible for the processing and sterilization of supplies, equipment and instruments used by the operating room, following established infection control practices. Delivers equipment/instruments/supplies to the operating room as needed. Participates in the department's performance improvement activities. Cleans GI scopes and stores appropriately.
- 17504 Surgical Services OR Tech 1 Full Time Position (open date 12/2/2022) Assists surgeon during operative and invasive procedures. Ensures operating suite is adequately prepared for procedure. Monitors PAR level of all surgical instruments and supplies. Cleans and sterilizes all surgical instruments. Participates in departmental staff meetings and performance improvement activities. Prepares case carts for the next days schedule, prepares case carts for emergency cases.
- 05501 Respiratory Therapist 2 Full Time Positions (Night Shift) open date (11/17/2022) Under the supervision of the Cardiopulmonary Services Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.
- 10201 Unit Clerk/C.N.A. 1 Full Time Position Provides indirect patient care in the medical surgical setting. Meets the communication needs of the patient/family, departmental staff, and medical staff. Prepares and compiles records in the Medical Surgical Unit. Initiates directions from physician and nursing staff. Participates in performance improvement activities. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards.
- **C.N.A.** Functions as a member of the health care team in providing delegated basic nursing care and unique skills to pediatric, adolescent, adult, and geriatric patients, depending on unit assigned, under the direct supervision of a Registered Nurse or LPN Team Leader.
- 95306 RN, Clinical Coordinator 1 Full Time Position (open date 08/26/2022) 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.
- 17501 Certified Registered Nurse Anesthetist (C.R.N.A.) 2 Full Time Positions (open date 08/23/2022) Administers anesthesia and anesthesia-related care under the orders of a physician. Monitors and supports vital life functions. Acts as the patient's advocate while the patient is under anesthesia. Participates in performance improvement and continuous quality improvement activities (OPI).
- 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. Cond 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.
- **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 January 2023

Medical/Surgical

- ➤ PI, increase medication bedside scanning has increased to 79%. Pharmacy continues to identify and correct medication barcodes which do not scan. Weekly reports are reviewed with staff in huddles.
- ➤ Celebration to the staff for the great wound care which has been provided to patients admitted to the unit. Recently two patients admitted with poorly healing wounds, one left with a 97% heal rate and the other with a 99% heal rate.

Emergency Department

> PI, evaluation of 72 hour returns to the ED currently at 4% a decrease of 1%.

EMS/Community Health

➤ Brian and Ashley attend ALICE (Alert, Lockdown, Inform, Counter and Evacuate). They are now certified instructors. They can now do classes to train others in workplace violence situations such as intruders and active shooters.

Surgery

- > Two minor procedures in December
- > Two scopes completed 1/18/23
- Nursing staff hired

Cardiopulmonary

- ➤ Now staffed for 24/7 RT
- > Sleep Study beds are in, pending Pulmonologist

Trauma

> Anticipating a Trauma recertification survey in the 1st quarter 2023

CEO REPORT- January 2023

Capital Outlay Funds / Legislative Meetings
RHC Provider Update
Tunnel Project
COVID- 19
Telemedicine
Surgical Services
IT Replacement
Compliance Officer- Zachary Heard
340B Update
Chartspan Update
QHR Wigwam Event March 7-9