



**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV  
Resort Center  
10-25-22**

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*\*Closed session documents will be handed out in closed session.*

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

**October 25, 2022**

**12:00pm**

**Elephant Butte Lake RV  
Event Center**

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

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

**TIME OF MEETING:** 12:00pm

**PURPOSE:** Regular 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/ Compliance  
Zachary Heard, Operations Mgr.

**QHR:**

Erika Sundrud  
David Perry  
Tom Dingus

<b>AGENDA ITEMS</b>	<b>PRESENTER</b>	<b>ACTION REQUIRED</b>
1. <b>Call to Order</b>	Bruce Swingle, Chairperson	
2. <b>Pledge of Allegiance</b>	Bruce Swingle, Chairperson	
3. <b>Roll Call</b>	Jennifer Burns	Quorum Determination
<p><b><i>Stipulation regarding Board Education Workshop:</i></b> On September 15, 2022, the Governing Board of Sierra Vista Hospital held a closed session board education workshop. This meeting was properly published in print, on radio, in the Hospital and on the Sierra Vista Hospital website. The meeting was called to provide education for new and experienced board members as well as strategic and long-range business plans of Sierra Vista Hospital pursuant to NMSA 1978, Section 10-15-1 (H) 9. As required by Section 10-15-1 (J) NMSA 1978, no action was taken during this meeting.</p>		
4. <b>Approval of Agenda</b>	Bruce Swingle, Chairperson	Amend/Action
<p><b>“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”</b></p>		
5. <b>Approval of minutes</b>	Bruce Swingle, Chairperson	
A. August 23, 2022 Regular Meeting		Amend/Action
B. August 31, 2022 JPC/GB Special Meeting		Amend/ Action
6. <b>Public Input – 3-minute limit</b>		Information
7. <b>Old Business- None</b>	Bruce Swingle, Chairperson	Report/Action
8. <b>New Business-</b>		
A. Department Introduction- Rehabilitation Services	Frank Corcoran, CEO Kim Keys Jordan, Manager	Information
B. Board Member appreciation	Bruce Swingle, Chairperson	Information
C. Hospital Mill Levy Question	Bruce Swingle, Frank Corcoran	Discussion
9. <b>Finance Committee- Cookie Johnson, Chairperson</b>		
A. August/ September Financial Report	Ming Huang, CFO	Report/Action
B. Abba Contract	Frank Corcoran, CEO	Report/Action
10. <b>Board Quality- Denise Addie, Chairperson</b>		
A. Policies		Report/Action
1. Initiation of ED Bypass		Report/Action
2. Annual Influenza Immunization Requirement		Report/Action
11. <b>Joint Commission Report, Kathi Pape</b>		Report

## 12. Administrative Reports

A. Human Resources	LJ Baker, Interim HR Manager	Report
B. CEO Report	Frank Corcoran, CEO	Report
C. Governing Board	Bruce Swingle, Chairperson	Report

### Motion 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

##### Temporary to Provisional-

Murthy, Shedthikere	(MD) Arena Health, Neurology
O’Keefe, Dawn	(NP) SVH Behavioral Health
Palin, Erica	(MD) SVH
Park, Minnsun	(MD) Cardiology LCPP
Seufer, Sonia	(MD) SVH

##### Provisional-

Evans, Brian	(MD) RadPartners
Bennett, Ruth	(DO) EMS Director

##### Two Year Re-Appointment

Vedamanikam, Chandran	(MD)
Jun, Aaron	(MD) OnRad
Fiato, Karen Lynn	(CNP) SVH
Stephens, Michael	(MD) ESS
Wells, David	(MD) OnRad

B. Provider Update	Frank Corcoran, CEO
C. Estela Ruben Contract	Frank Corcoran, CEO
D. Ruth Bennett Contract	Frank Corcoran, CEO
E. Amendment to Med Staff Bylaws – Privileges	Frank Corcoran, CEO

#### 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. Financial Audit	Ming Huang, CFO/ Tom Dingus
B. Van Patten Property	Frank Corcoran, CEO
C. QHR Report to Board	Erika Sundrud, QHR

### Roll Call to Close Meeting:

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

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

### **A. Privileges**

Report/Action

#### Temporary to Provisional-

Murthy, Shedthikere	(MD) Arena Health, Neurology
O’Keefe, Dawn	(NP) SVH Behavioral Health
Palin, Erica	(MD) SVH
Park, Minnsun	(MD) Cardiology LCPP
Seufer, Sonia	(MD) SVH

#### Provisional-

Evans, Brian	(MD) RadPartners
Bennett, Ruth	(DO) EMS Director

#### Two Year Re-Appointment

Vedamanikam, Chandran	(MD)
Jun, Aaron	(MD) OnRad
Fiato, Karen Lynn	(CNP) SVH
Stephens, Michael	(MD) ESS
Wells, David	(MD) OnRad

### **B. Provider Update**

Report/Action

### **C. Estela Ruben Contract**

Report/Action

### **D. Ruth Bennett Contract**

Report/Action

### **E. Amendment to Med Staff Bylaws – Privileges**

Report/Action

## **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. Financial Audit**

Report/Action

### **B. Van Patten Property**

Report/Action

### **C. QHR Report to Board**

Report/Action

## **15. Other**

Discussion

New meeting location

Next Regular Meeting- November 22, 2022

## **16. Adjournment**

Action

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

**August 23, 2022**

**12:00pm**

**Elephant Butte Lake RV Resort  
Event Center**

1. The Governing Board of Sierra Vista Hospital met August 23, 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 12:00.

**2. Pledge of Allegiance**

**3. Roll Call**

**GOVERNING BOARD**

**SIERRA COUNTY**

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

**CITY OF T OR C**

Bruce Swingle, **Chairperson** – Present  
Art Burger, **Member**- Present  
Peggy (Cookie) Johnson- Present

**VILLAGE OF WILLIAMSBURG**

Denise Addie, **Secretary** – Present

**GUEST:**

Erika Sundrud, QHR, present by phone  
Dr. Palin  
Dr. Seufer  
Wanda Wright, QHR

There is a quorum.

**ELEPHANT BUTTE**

Katharine Elverum – Present  
John Mascaro- Present

**EX-OFFICIO**

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

**STAFF**

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

# SIERRA VISTA HOSPITAL

## GOVERNING BOARD MEETING MINUTES

### 4. Approval of Agenda

Bruce Swingle, Chairperson

Cookie Johnson motioned to approve the agenda. Denise Addie seconded. Motion carried unanimously.

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

None

### 5. Approval of minutes

Bruce Swingle, Chairperson

#### A. July 26, 2022 Regular Meeting

Kathi Pape motioned to approve the July 26, 2022 minutes with a correction to the spelling of Swingle on page 11. Katharine Elverum seconded. Motion carried unanimously.

### 6. Public Input – 3-minute limit

None

### 7. Old Business-

Bruce Swingle, Chairperson

None

### 8. New Business-

A. Introduction Dr. Seufer & Dr. Palin- Frank Corcoran, CEO, introduced and gave a quick background on Dr. Seufer and Dr. Palin. Both doctors are still in the credentialing process and will be seeing patients including children soon. Each addressed the board and received loud applause.

B. Department Introduction- EVS- Zach Heard, Donna Montoya, Zach Heard, Operations Manager introduced Donna Montoya, EVS Manager and members of her staff to the board. The Environmental Services department has 11 staff members that clean 97,000 square feet of the hospital. Donna addressed the board and explained the cleaning process since COVID, terminal cleaning, ER and MedSurg cleaning and day to day routine cleaning. Frank added that vendors and visitors comment on how clean the hospital is. Loud applause again filled the room. Zach continued with the announcement that Donna Montoya was nominated and received an award from the New Mexico Hospital Association as a COVID Hero. There were 90 nominees and only 14 selected. LJ Baker read the certificate from the state and a gift basket from the hospital was presented.

C. Committee Appointments- Bruce Swingle, Chairperson, in August each year we appoint board members to our sub-committees. Denise Addie will remain on the Board Quality committee with Art Burger and new board member Shawnee Williams. Finance Committee will include Kathi Pape, Serina Bartoo, and Katharine Elverum. Kathi Pape will head the Joint Conference Committee. Bylaws will include John Mascaro and others to be announced.

D. Secretaries report on COI- Denise Addie, Secretary. Bruce Swingle stated that this agenda item will be tabled until next month.

Cookie Johnson motioned to table the Secretaries report on Conflict of Interest to the September meeting. Kathi Pape seconded. Motion carried unanimously.

## SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

E. Infection Control Authority- Sheila Adams, CNO, explained that we are required to appoint an Infection Preventionist by CMS and the Joint Commission as well. The letter for this appointment is on page GB13 of the packet. Because the board is ultimately responsible for the quality of care, the appointment of this person should come from the board. The Medical Staff and QAPI Committee recommends Bettina Fitzgerald, current Infection Prevention Manager to this position.

Kathi Pape motioned to approve the Infection Control Authority and appointment of Bettina Fitzgerald to that position. Cookie Johnson seconded. Motion carried unanimously.

### **9. Finance Committee- Cookie Johnson, Chairperson**

A. July Financial Report- Ming Huang, CFO, on page FC6, key statistics, total patient days for July were 108 days, 29 days more than June. There were 1162 outpatient visits, 318 more than June. There were 539 Rural Health visits, 11 more than June. There were 757 ER visits, 9 visits more than June. Days cash on hand at the end of July was 148, 146 available. Accounts receivable net days were 27 and accounts payable days were 43. Compared to June, days cash on hand decreased and days in accounts payable increased due to the payment of \$542,000 for our malpractice insurance.

On page FC12, income statement, total gross patient revenue for July is \$4,713,301. Total revenue deductions were \$2,525,973 which is 54% of the gross revenue. The monthly average in FY22 was 47%. We have a higher deduction because of higher revenue. We also had a large number of Medicaid and self-pay patients in the ER in July. Total net patient revenue was \$2,187,386. Total operating revenue was \$2,505,546. Salaries were \$934,466 which was an increase over June. Contract services were \$635,487. We have less agency staffing but more employee salaries. Repair and maintenance was \$30,142 which is lower than average compared to last year because we have not signed the BioMed contract with GE yet. Total operating expenses were \$2,262,496. EBITDA was \$243,051 which is a 10% margin. The net loss in July was (\$156,978) due to depreciation and interest expense and taxes.

On the balance sheet on page FC15, at the end of July we had \$11,555,670 in the bank. When the tunnel project is completed, we will owe approximately \$288,000. Investment earnings will be reported quarterly to the board. Art Burger asked that the board be notified if there is a substantial change when the change occurs.

Cookie Johnson motioned based on the recommendation of the Finance Committee, approval of the July Financial report. Kathi Pape seconded. Discussion was held regarding ER conversion to acute admissions. Motion carried unanimously.

B. HUB- Malpractice Coverage - Frank Corcoran, CEO, HUB is our insurance broker. Our prior insurance carrier pulled out of the state. There are only three insurance carriers left in the state that will cover healthcare facilities and we needed to find one. The state has raised the malpractice cap up to \$7 million causing not only insurance carriers to leave but also private practice providers. This policy is not only for our malpractice but also property, auto, business, cyber-attacks, etc. The premium has gone up \$100,000 from last year's policy. Coverys (insurance carrier) is the only company that would accept us.

Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the HUB Malpractice commercial insurance coverage. Kathi Pape seconded. Motion carried unanimously.

C. GE Contract- Frank Corcoran, CEO, this is a proposal in the amount of \$119,233. GE provides BioMed and preventative maintenance for all of our equipment and radiology. This contract replaces three other contracts and gives us an annual savings of \$25,000.

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the GE Contract. Kathi Pape seconded. Motion carried unanimously.

D. Boiler Preventative Maintenance Service- Frank Corcoran, CEO, this is a proposal for preventative maintenance on our boilers. GE does not provide preventative maintenance for boilers or chillers. The cost is \$22,856 per year paid quarterly.

E. Trane- Chiller Maintenance Service- Frank Corcoran, CEO, maintenance is also required for our chillers. This proposal is \$21,265 per year paid quarterly.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the Boiler Preventative Maintenance and the Trane, Chiller Maintenance Service contracts. Kathi Pape seconded. Motion carried unanimously.

F. Surgical Real Estate Contract- Frank Corcoran, CEO, our surgical contract with RSSG requires us to provide housing for their/ our surgeons. This is a two-bedroom, furnished home located near Sierra del Rio Golf Course for lease at \$2,000 per month. The owner is willing to sell the hospital the property after appraisal. We will do the lease for now.

Cookie Johnson motioned to approve based on the Finance Committee recommendation the Surgical Real Estate Contract. Kathi Pape seconded. Motion carried unanimously.

G. Sleep Study Contract- Frank Corcoran, CEO, after looking at our data over the last three years, we can project net revenue over the next five years with this program of \$1,925,892. Aside from the Medical Director and management fee, we pay as we go. Everything is provided by Newport Health except for the space to conduct the sleep study. Art Bürger questioned how many sleep studies we refer out per month. Frank stated that, from our data over the last three years, we would expect six home studies per month and 16 sleep studies per month. Art further stated that he is not convinced of the business case of this service versus something else we might do with that space. Art is not comfortable with it and does not like starting with all of the cost assumptions. Katharine Elverum asked about the length of the contract. This is a two-year contract with a 90 day out.

Cookie Johnson motioned to approve based on the Finance Committee recommendation the Sleep Study Contract. Kathi Pape seconded. Motion carried unanimously with Art Burger abstaining from the vote.

H. AABC Test & Balance Proposal- Frank Corcoran, CEO, before we can do surgeries and to be in compliance, we have to do a series of tests and balances of air flow and air exchanges, positive pressure rooms and negative pressure rooms. This needs to be done in the OR and other area of the hospital. We chose the company out of Arizona because they have the AABC certification; the company from Albuquerque did not and the costs were about the same. The annual cost for this service is \$54,800.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the AABC Test and Balance proposal with Systems Commissioning and Testing Inc. Kathi Pape seconded. Motion carried unanimously.

I. Hematology Contract- Frank Corcoran, CEO, our current hematology machine is six years old. This is a large machine and the reagents we purchase for it cost \$22,000 per year along with the service contract for \$17,000 per year. If we lease the smaller machine there is no service agreement expense and

## SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

the reagent cost is approximately \$12,800 per year. Over a five-year period, the cost projection is \$207,690 versus the old machine at \$227,156.

Cookie Johnson motioned to approve based on the recommendation of the Finance Committee the lease of the XN 550 Hematology machine. Kathi Pape seconded. Motion carried unanimously.

J. ESS Contract- Frank Corcoran, CEO, ESS is our emergency and hospitalist provider group and they have asked to raise our rates for the ER providers by \$30 per hour. Going rates for hospitals in the region are listed on page FC116. We currently pay an average of \$200 per hour for our ER providers. This increase would equal \$2,014,800 per year. We compared this to another Emergency staffing provider whose rate overall was only slightly lower as seen on page FC115. ESS and their providers are doing a good job for us. We have five consistent providers in the ER and two consistent hospitalists, and the satisfaction rate is 89%. Bruce Swingle stated that just a few years ago, the doctors were not well received in the community. We have a core group that we have had for a while now that everyone seems to like. It would be unfortunate for us to change that now.

Cookie Johnson motioned based on the recommendation of the Finance Committee approval of the ESS Contract. Art Burger seconded. Motion carried unanimously.

**10. Board Quality- Denise Addie, Chairperson,** could not attend the Board Quality meeting in person. Katharine Elverum chaired that meeting and asked Sheila Adams to proceed with her reports.

### A. Med Staff

1. Revisions to SVH Quality Plan August 2022
2. Committee Flow chart
3. QAPI Charter FY23
4. SVH Quality, Patient Safety, Performance Improvement Plan 2023
5. QAPI Council Agenda and Minutes

Sheila Adams stated that it is a requirement for us to review and revise necessary plans. Michele Back is here from QHR working as the interim Quality Director to help us become a high reliability organization with a culture of safety. We are developing a robust patient safety program and revising the current quality plan to include performance improvement, patient safety and regulatory service excellence. The current quality plan is now the Quality Assurance/Performance Improvement (QAPI) Plan. We have developed a charter and membership and a committee flow chart. New agenda items include patient safety, complaint and grievances, service excellence, regulatory update, and culture of safety update. Lunch and learns have been scheduled each month to educate our leaders on Quality.

The revisions, flow chart, charter, plan and council agenda and minutes were discussed individually.

Katharine Elverum stated that Board Quality reviewed all of these items and based on their recommendation motioned to approve agenda items 1-5. Denise Addie seconded. Motion carried unanimously.

### B. Policies

1. Standards of Practice or Care Policy# 858-01-010
2. Utilization Management Plan Policy# 690-06-002

Sheila Adams stated that the only significant change to the Utilization Management Plan was removing Infection Prevention as a required member and added them as an ad hoc member because they report directly to Medical Staff. We are due for a Trauma Department survey soon. Our Trauma Coordinator is looking at policies and found a deviation from what we do in the ED and what was stated in the policy. This

## SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

policy now reflects what is done in the ED regarding Trauma levels of triage. John Mascaro asked where EMS was in the QAPI plan. Sheila said that they have been added, good catch. In addition, John asked if the Standards of Practice policy covers outside before entry to the ER? This policy covers Trauma once it is inside the ER. Anything outside of the hospital falls under EMS. Both policies were reviewed and approved by Medical Staff.

Katharine Elverum motioned based on the recommendation of the Board Quality Committee to approve both policies listed above. Denise Addie seconded. Kathi Pape pointed out a typo on page BQ40, page 3 of 13 of the Standards of Practice or Care, sixth bullet point down. Motion carried unanimously.

### 11. Administrative Reports

A. Human Resources- LJ Baker, Interim HR Manager, stated that the priority of effort has shifted to completion of contracts and onboarding of key personnel. In addition to the two new Providers you met today, we are in the process of bringing on two new behavioral health nurse practitioners. One could begin in September and one in October. We are bringing in a candidate for Director of Plant Operations. We have received many qualified applicants for the Director of Quality position. These candidates are coming from the military recruitment services program.

Contact has been established with Hot Springs High School representatives to work on potential joint training opportunities and employment of new graduates. EMS will do some onsite training with the high school including CPR, BLS and First Aid. Sheila and LJ are working on the CNA program, and it will be key to getting individuals trained in our processes and procedures. We are still looking for a psychiatrist and licensed clinical social worker.

The number of travelers working in our facility has been reduced by permanent staff. Our annual turnover rate at 37% looks high however, since COVID, retaining quality staff is an industry wide problem right now. Some candidates self-eliminate because of the use of marijuana.

We have been working on getting our onboarding and new hire orientations up to speed. New hires will attend a group meeting where department managers will give a quick introduction of what their part of the Sierra Vista mission is.

Four minor worker comp reports were filed with the state. There should be no major impact to staff or SVH.

Denise Addie pointed out that LJ's report does not say "Interim" Director of Human Resources. LJ announced that August 22 was the ninetieth day of his 90-day contract. Frank and LJ signed an amendment to his original contract, and he will be here on an indefinite basis. There was a loud round of applause!

B. Nursing Services- Sheila Adams, CNO, as mentioned, we have had a decrease in travel staff. The ED is down from nine to six and MedSurg is down from six to three. We now have two Passport USA nurses on site. The MedSurg unit is working on bedside shift report lock-in and increasing the medications scanned at bedside.

Top box patient satisfaction scores year to date show communication with nurses is at 81.81%. There are opportunities for improvement in overall room scores at 37.50% top box and doctors overall top box at 50%. The ED is evaluating all returns to the ED within 72 hours and looking for trends and opportunities to decrease the 72-hour returns. ED top box for nursing staff was at 72.16%. Physicians overall was 58.85%.

The EMS transport van is here awaiting appropriate numbers from the state. Once those are received, we can put the van to use. Trauma has been working to assure a successful survey in

## SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

December. Surgery positions will be posted once job descriptions are completed. Respiratory has hired a PRN RT eliminating a traveler. Outpatient volumes have increased slightly. Infection Prevention has completed the required N95 fitting and hand hygiene competencies and is working on EOC issues identified in the mock survey.

C. CEO Report- Frank Corcoran, CEO, we are working with Davis Fleck on our meds to beds program which ensures patients have their meds before they are discharged. We are excited to have Dr. Seuffer and Dr. Palin here and looking forward to Cardiology starting once they are through the credentialing process. Tele neurology will be starting this week, tele psychology is in credentialing. Dr. V, internal medicine, has been helping out in the clinic through tele medicine and that is going well.

The board will begin receiving, either monthly or quarterly, a quality score card of all the high-level topics we look at. We have formed a Water Management Committee as part of our EOC (environment of care). 60% of the Joint Commission survey is focused on environment of care. The tunnel project is nearing completion with the insulation of the pipes. The next step is to fill in the tunnel.

As of today, we are at 14% positive COVID 19. July ended at 18% and June ended at 20%. Symptoms are very similar to colds. Tele medicine could include pulmonology as our sleep study groups pulmonologist has expressed interest in doing a clinic here once a month. We expect surgical services to get started within 90 days. We will be looking for CRNAs or an anesthesia group.

We are ready to select our EMR. Meditech, Medhost and Cerner have been on site multiple times doing demos for all departments and staff over the last few months. The selection of the EMR will be on the agenda at the joint meeting of the JPC and Governing Board for board approval. Once the contract is signed, it will be 16 months to kick off. We have narrowed our selection down to Meditech and Cerner as Medhost does not have a clinic system.

Discussion was held regarding the pros and cons of each system and the reason we have to find a new system. Art Burger asked about the opt out options and the rolled in cost. Bruce Swingle asked about the cost compared to what we are paying Athena now. We currently pay Athena \$8,000 to \$10,000 per month depending on collections. When we switch to either Meditech or Cerner, the cost will be close to what we are paying now. Support from either system will be far better than what we received from Athena.

### D. Governing Board- Bruce Swingle, Chairperson

1. Bylaws Approved
2. Special Hospital District Joint Meeting

Bruce Swingle reported that the JPC approved the changes to the Bylaws at their meeting on August 4<sup>th</sup>. The special meeting of the JPC and Governing Board is scheduled for August 31<sup>st</sup>. Agenda items will include options for the old building, becoming a special hospital district and selection of the EMR by the Governing Board.

### Motion to Close Meeting:

Kathi Pape motioned to close the meeting and go into Executive Session. Cookie Johnson seconded. Bruce Swingle read the following stipulation:

**12. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2,7,9 including credentialing under NM Review Organization Immunity Act, NMSA**

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

**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. Credentials**

Frank Corcoran, CEO

Temporary to Provisional

Joshua Sifuentes, MD (ESS Hospitalist)

Not Renewing or Reapplying

James Chatham, OnRad (resigned)

**B. Dawn O’Keefe Contract**

**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. Utilization Annual Report**

Cindy Johnson, RN

**B. QAPI Report**

Sheila Adams, CNO

**C. QHR Report to Board**

Erika Sundrud, QHR

**1. Wanda Wright Introduction**

**D. Old Building Update**

Frank Corcoran, CEO

**Roll Call to Close Meeting:**

Kathi Pape – Y

Katharine Elverum – Y

Serina Bartoo – Y

John Mascaro – Y

Shawnee Williams – Y

Art Burger – Y

Cookie Johnson – Y

Denise Addie – Y

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

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

**A. Credentials**

Temporary to Provisional

Joshua Sifuentes, MD (ESS Hospitalist)

Katharine Elverum motioned to approve the provisional status of Joshua Sifuentes, MD.

Denise Addie seconded. Motion carried unanimously.

Not Renewing or Reapplying

James Chatham, OnRad (resigned)

No Action

**B. Dawn O’Keefe Contract**

Denise Addie motioned to approve the contract for Dawn O’keefe. Serina Bartoo seconded. Motion carried unanimously.

**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING MINUTES**

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

- A. Risk Report
- No Action

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

- A. Utilization Annual Report

Katharine Elverum motioned to approve the Utilization Annual Report. John Mascaro seconded. Motion carried unanimously.

- B. QAPI Report

No Action

- C. QHR Report to Board

- 1. Wanda Wright Introduction

No Action

- D. Old Building Update

No Action

**14. Other**

Next Regular Governing Board Meeting- September 27, 2022 at 12:00. Serina Bartoo noted she will not be able to attend Governing Board or Finance Committee in September. Finance Committee will meet at 10:30, September 27 and Board Quality will meet on September 26 at 12:00.

**15. Adjournment**

Kathi Pape motioned to adjourn. Katharine Elverum seconded. Motion carried unanimously.

\_\_\_\_\_  
Jennifer Burns, Recording Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bruce Swingle, Chairperson

\_\_\_\_\_  
Date

Sierra Vista Hospital  
Joint Powers Commission and Governing Board Special Meeting Minutes  
August 31, 2022 @ 9:00am

1. Call to Order JPC and Governing Board

The Joint Powers Commission and Governing Board of Sierra Vista Hospital met August 31, 2022 at 9:00am at the Elephant Butte RV Resort Event Center for a special meeting. Travis Day, Chairperson, called the meeting to order at 9:00am.

2. Pledge of Allegiance

Travis Day, Chairperson

3. Roll Call

Jennifer Burns, (Temporary) Recording Secretary

**ATTENDEES:**

**JOINT POWERS COMMISSION**

**CITY OF ELEPHANT BUTTE**

Edna Trager- Excused  
Kim Skinner - Present  
Phillip Mortensen, Mayor- By phone  
Stephen Archuleta, City Mgr.- Excused

**CITY OF T OR C**

Rolf Hechler - Present  
Destiny Mitchell- Excused  
Shelly Harrelson- Absent  
Bruce Swingle, City Mgr., Ex-O- Present

**SIERRA COUNTY**

Travis Day, Chairperson- Present  
Jim Paxon- Present  
Hank Hopkins- Excused  
Charlene Webb, County Mgr., Present

**VILLAGE OF WILLIAMSBURG**

Vacant, Member  
Magorie Powey- By phone  
Deb Stubblefield, Vice Chair- By phone  
Amanda Cardona, VCW, Ex-O- Excused

**ATTENDEES:**

**GOVERNING BOARD**

**COUNTY**

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

**ELEPHANT BUTTE**

Katharine Elverum, Present  
John Mascaro, Present

**CITY OF T OR C**

Bruce Swingle, Chair, Present  
Art Burger, Present  
Vacant

**EX-OFFICIO**

Frank Corcoran, CEO  
Amanda Cardona, VCW  
Stephen Archuleta, EB  
Charlene Webb, County  
Travis Day, JPC Chair

**VILLAGE OF WILLIAMSBURG**

Denise Addie, Secretary Present

Sierra Vista Hospital  
Joint Powers Commission and Governing Board Special Meeting Minutes  
August 31, 2022 @ 9:00am

**SVH STAFF:** Sheila Adams, CNO. Ming Huang, CFO. Zach Heard, Operations. LJ Baker, HR Director. Heather Johnson, HIM Manager/ Compliance.

**SPEAKERS AND GUESTS:** Mark Wade, Hartman Majewski Design Group. Deborah Mann, Sutin Law Firm. Erika Sundrud, QHR (by phone).

At the initial roll call for the JPC it was determined that there were not enough Members present to have quorum. Travis Day noted that all agenda items for the JPC are discussion only and no action will be taken. At 9:05 JPC Member, Majie Powey joined by phone. At 9:10 JPC Members Deb Stubblefield and Phillip Mortensen joined by phone.

All Members of the Governing Board are present, there is a quorum. There is one item on the agenda requiring action by the Governing Board.

Travis Day handed the meeting over to Chairperson, Bruce Swingle.

**JPC & GOVERNING BOARD BUSINESS:**

**4. Approval of Agenda**

Kathi Pape motioned to approve the agenda. Katharine Elverum seconded. Motion carried unanimously.

**5. Existing Building Reuse Study & Options**

Frank Corcoran introduced architect Mark Wade with the Hartman Majewski Design Group. Mark was the designer for the new building that we are in now and he is very familiar with our old building.

Mark gave a history of his involvement with this old building back to the days of David Faulkner. In 2020, we looked at what it would take to stabilize the building and bring it up to code for exiting and fire purposes. The cost at the time was approximately \$3 million for exiting and fire compliance. In 2021, we looked at the possibility of creating a behavioral health hospital in the old building. That estimate came in at about \$40 million.

Considering the opportunities, constraints and needs of the community and the hospital, three options have been developed some of which contain parts or all of the existing facilities and some don't. Mark proceeded with in depth description and explanation of each option.

**Summary:**

Option 1 = Shell existing and construct new building with option for portables. Cost estimate \$27,952,258. Completion of project in May 2026.

Option 2 = Demo clinic, shell existing, construct new building with option for portables. Cost estimate \$28,069,604. Completion of project in September 2026.

Option 3 = Demo existing, construct new building with option for portables. Cost estimate \$27,102,651. Completion of project in February 2026.

**Sierra Vista Hospital**  
**Joint Powers Commission and Governing Board Special Meeting Minutes**  
**August 31, 2022 @ 9:00am**

All options include a 10% contingency for design and construction scope and an inflation contingency of 9% on top of that. New construction of hospitals is in the range of \$600 to \$700 per square foot which is a big jump in the last couple of years. The new SVH facility built three years ago was \$450 per square foot.

Frank Corcoran stated that our first attempt at funding this project will be to go to the state legislature. Meetings were held last year with the state, and they know the situation we face with the old facility.

Discussion was held regarding demolition and abatement costs, the need for a full kitchen facility or a warming kitchen and options for that, the placement of the IT equipment and the ER doctors sleeping area.

Discussion was held regarding the needs of the community now and years from now. Regardless of the population increase or decrease, the Fire Marshal's office wants this old building issue addressed and completely vacated, that is the bottom line. The hospital must keep functioning and growing.

Travis Day recommended selecting an option to move forward on today. An informal poll was held with all JPC and GB members. Option number three was the unanimous selection of both boards. Extensive discussion was held regarding how to obtain the funds.

A finalized option three presentation will be brought back to the board.

6. Special Hospital District- Travis Day, Chairperson, gave a summary of the efforts of the past to create a special hospital district through the legislative process and attempted ballot referendum. A special hospital district functions very much like a school district. It is its own political subdivision of local government made up of five people elected by the voters of Sierra County. There are currently 21 people making decisions about the hospital on the JPC and Governing Boards.

We will have significantly more time to gather signatures for the election in 2023. The number of signatures needed will be based on the turnout of voters in Sierra County for the November 2022 election. 10% of the voter turnout will establish the number of signatures needed to put this issue on the ballot in 2023. If the Special Hospital District is approved in 2023, candidates interested in serving would then be elected at the next election.

There was an abundance of misinformation circulated during the last effort to obtain signatures. If SVH becomes a special hospital district, it will not raise taxes. It will create a new taxing entity in the County, but any property tax increase has to be approved by vote of the residence of Sierra County.

The hospital's former attorney, David Johnson, attended and participated in the JPC meetings regarding special hospital district and recommended the hospital pursue this option. Members of the New Mexico Hospital Association and the Legislative Finance Authority have recommended the hospital move forward in this direction. The current pledges from the four entities will stay as is.

Bruce Swingle stated that it is all about the sustainability of the hospital. Senator John Arthur Smith was the first to suggest that the hospital pursue this.

The elected hospital representatives will come from the three County Commission districts in Sierra County. The suggestion is one person from each district and two at large. This is not set in stone and will be determined by what is put in the referendum.

Jim Paxon stated that this puts the management of this much needed facility in the hands of the citizens through an elected representative.

Deborah Mann, Sutin Law Firm, advised that she had worked with David Johnson for 27 years. In recent discussion, David said that both boards are well informed and knew a lot about Special Hospital Districts. Everything discussed and stated here today is what she would have said to the boards.

The election of representative would fall in odd years and be bipartisan. The first election would be on staggered terms; two members would have two-year terms; two members would have four-year

Sierra Vista Hospital  
Joint Powers Commission and Governing Board Special Meeting Minutes  
August 31, 2022 @ 9:00am

terms and one member would have a five-year term. Anyone who is a registered voter in Sierra County can run for these positions. Anyone who is on the board now can run for these positions.

Rolf Hechler stated that we have to have a united front. The Governing Board has to be on board if this is to succeed this time.

Frank Corcoran asked that a flyer be created so that all parties are sharing the same information. In addition, public meetings and community outreach should include education about the Special Hospital District.

Jim Paxon motioned to adjourn the JPC portion of the meeting. Kim Skinner seconded. Motion carried unanimously.

**GOVERNING BOARD BUSINESS:**

**7. EMR Selection**

Frank Corcoran, CEO

Discussion was held regarding Medhost, Meditech and Cerner options.

John Mascaro motioned to approve the Cerner EMR option. Art Burger seconded. Motion carried unanimously.

**8. Adjournment**

Denise Addie motioned to adjourn. Art Burger seconded. Motion carried unanimously.

\_\_\_\_\_  
Jennifer Burns, Recording Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Travis Day, JPC Chairperson

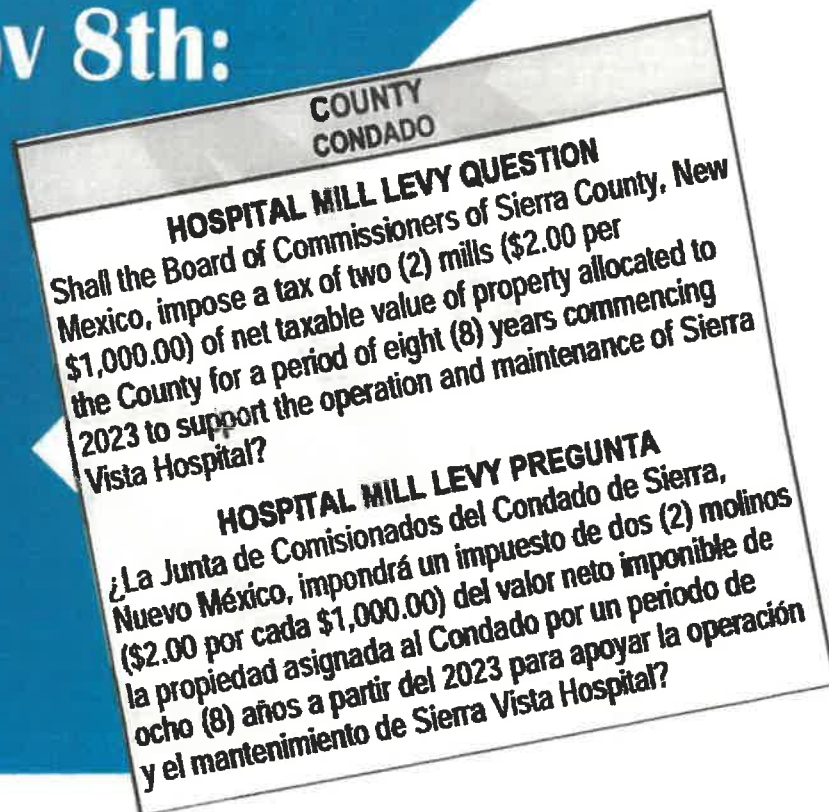
\_\_\_\_\_  
Date

\_\_\_\_\_  
Bruce Swingle, Governing Board Chairperson

\_\_\_\_\_  
Date

# Some Things You Need To Know for Nov 8th:





- **Hospital Mill Levy Is Not A New Tax**
- **Reapproving Mill Levy Will Not Increase Your Taxes**
- **A Vote Against Will Not Decrease Your Taxes**



## Financial & Economic Impact to the Community

-  Sierra Vista Hospital employs close to 225 staff members
-  Wages & Benefits from SVH are \$57,645,000 annually
-  Total Economic impact to our region is \$74,935,000 annually
-  Sales Tax from SVH services are collected in Sierra County

## Healthcare Impacts to the Community

-  Emergency Department treated over 8,000 patients in the last fiscal year
-  SVH Clinics saw 7,290 patients last fiscal year
-  SVH EMS provides local, regional & state wide support including Nursing & Veteran Homes
-  SVH provides healthcare for low income & underinsured patients.
-  Return of Services: Cardiology, Surgery and Sleep Studies.



## **Financial Analysis**

**August 31<sup>st</sup>, 2022**

**Days Cash on Hand** for August 2022 are 149 (144 available)

**Accounts Receivable Net days** are 24

**Accounts Payable days** are 32

### **Hospital Excess Revenue over Expense**

The **Net Income** for the month of August was (\$95,027) vs. a Budget Income of (\$44,598).

**Hospital Gross Revenue** for August was \$4,897,013 or \$255,896 more than budget. Patient Days were 100 – 8 less than July. RHC visits were 649 – 110 more than July, Outpatient Visits were 904 – 258 less than July, and ER visits were 735 – 22 less than July.

**Revenue Deductions** for August were \$2,822,244.

**Other Operating Revenue** was \$183,822 or \$24,393 less than budget.

**Non-Operating Revenue** was \$285,973 or \$110,062 more than budget due to one-time COVID supplement payment from the State of \$146,303.

**Hospital Operating Expenses** for August were \$2,238,971. Compared to July, Contract Services decreased by \$52,361.

**EBITDA** for August was \$308,636 vs. a Budget of \$372,488.

The **Bond Coverage Ratio** in August was 148% vs. an expected ratio of 130%.



## **Financial Analysis**

**September 30<sup>th</sup>, 2022**

**Days Cash on Hand** for September 2022 are 147 (140 available)

**Accounts Receivable Net days** are 22

**Accounts Payable days** are 35

### **Hospital Excess Revenue over Expense**

The **Net Income** for the month of September was (\$453,991) vs. a Budget Income of (\$43,159).

**Hospital Gross Revenue** for September was \$4,273,541 or \$217,863 less than budget. Patient Days were 111 – 11 more than August. RHC visits were 542 – 107 less than August, Outpatient Visits were 750 – 154 less than August, and ER visits were 699 – 36 less than August.

**Revenue Deductions** for September were \$2,228,864.

**Other Operating Revenue** was \$322,559 including a reclassification from non-operating revenue to other operating revenue of \$146,303.

**Non-Operating Revenue** was \$31,923.

**Hospital Operating Expenses** for September were \$2,450,824. Compared to August, Contract Services increased by \$152,024 due to late invoices of \$84,575 from agency staffing company, a payment for financial audit and cost report preparation of \$27,720 and the additions of agency staff.

**EBITDA** for September was (\$47,299) vs. a Budget of \$360,472.

The **Bond Coverage Ratio** in September was 122% vs. an expected ratio of 130%.

Sierra Vista Hospital  
KEY STATISTICS  
September 30, 2022

MONTH				BENCHMARK RANGE				YEAR TO DATE			
Actual	Budget	Variance to	Prior Year	Variance to	QHR 75th	QHR 50th	Actual	Budget	Variance to	Prior Year	Variance to
9/30/22	9/30/22	Budget	9/30/21	Prior Year			9/30/22	9/30/22	Budget	09/30/21	Prior Year
DESCRIPTION											
Growth											
Net Patient Revenue Growth Rate					6%	5%					
Admissions											
17	27	(10)	22	(5)	227	131	52	81	(29)	84	(32)
6	5	1	5	1	26	18	17	15	2	14	3
23	32	(9)	36	(13)	252	149	69	96	(27)	98	(29)
Total Admissions											
4.6	4.8	(0.2)	4.9	(0.3)	3.3	4.0	4.6	4.8	(0)	5.3	(0.69)
ALOS (acute and swing)											
111	154	(43)	177	(66)	Patient Days (acute and swing)						
750	1,114	(364)	1,343	(593)	13,714	7,907	2,816	3,342	(526)	3,387	(202)
542	607	(65)	688	(146)	5,822	4,738	1,930	1,821	109	2,005	(75)
699	667	32	601	98	2,613	2,021	2,191	2,001	190	2,066	125
2%	4%	-1.6%	4%	-1%	10%	6%	2%	4%	-2%	4%	-2%
ER Visits Conversion to Acute Admissions											
Surgery Cases											
-	-	-	-	-	65	31	-	-	-	0	-
-	-	-	-	-	383	194	-	-	-	0	-
-	-	-	-	-	449	226	-	-	-	-	-
Total Surgeries											
Profitability											
-2%	15%	-17%	17%	-19%	7%	4%	7%	15%	-8%	23%	-16%
-19%	15%	-34%	1%	-20%	2%	2%	-9%	15%	-24%	7%	-17%
52%	46%	6%	47%	5%	47%	50%	55%	46%	9%	48%	6%
9%	2%	7%	6%	3%	2%	6%	9%	2%	7%	8%	1%
92%			89%		83%	78%	92%			89%	3%
\$ 14,245			\$ 17,028	(\$2,783)	Gross Patient Revenue/Adjusted Admission						
\$ 6,830			\$ 8,968	(\$2,138)	Net Patient Revenue/Adjusted Admission						
45%	40%	5%	41%	4%	35%	40%	44%	40%	4%	38%	6%
11%	7%	4%	7%	3%	11%	12%	9%	7%	2%	6%	3%
6%	8%	-2%	7%	-1%	10%	13%	6%	8%	-2%	7%	0%
Supplies % Net Pt Rev											
Cash and Liquidity											
147					236	106	147			166	(19)
37					47	57	37			38	(1)
22					41	53	22			22	1
35					30	35	35			24	12
6.5					4.3	2.6	6.5			4.1	2.4
Current Ratio											

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

Description	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
<b>Admissions</b>												
Acute								17			17	18
Swing								7			6	4
<b>Total Admissions</b>								<b>24</b>			<b>23</b>	<b>22</b>
ALOS (acute and swing)								4.6	#DIV/0!		4.3	4.9
Patient Days (acute and swing)								111			100	108
Outpatient Visits								750			904	1,162
Rural Health Clinic Visits								542			849	539
ER Visits								699			735	757
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2%	#DIV/0!		2%	2%
<b>Surgery Cases</b>												
Inpatient Surgery Cases												
Outpatient Surgery Cases												
<b>Total Surgeries</b>												
<b>Profitability</b>												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		12%	10%
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-2%	#DIV/0!		-4%	-6%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-13%	#DIV/0!		58%	54%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	9%	#DIV/0!		9%	8%
Outpatient Revenue %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	92%	#DIV/0!		94%	94%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 14,245	#DIV/0!	\$	\$ 12,775	\$ 12,854
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 6,830	#DIV/0!	\$	\$ 5,420	\$ 5,966
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	45%	#DIV/0!		43%	43%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11%	#DIV/0!		9%	7%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6%	#DIV/0!		7%	6%
<b>Cash and Liquidity</b>												
Days Cash on Hand								147			149	148
A/R Days (Gross)								37			38	37
A/R Days (Net)								22			24	27
Days in AP								35			32	43
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6.5	#DIV/0!		7.5	6.7

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

Description	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	Month Ending 11/30/2021	Month Ending 10/31/2021
	9/30/2022	8/31/2022	7/31/2022	6/30/2022	5/31/2022	4/30/2022	3/31/2022	2/28/2022	1/31/2022	12/31/2021	11/30/2021	10/31/2021
<b>Admissions</b>												
Acute	17	17	18	23	18	18	22	23	37	31	38	32
Swing	7	6	4	3	2	2	5	3	8	7	3	4
<b>Total Admissions</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>26</b>	<b>20</b>	<b>20</b>	<b>27</b>	<b>26</b>	<b>45</b>	<b>38</b>	<b>41</b>	<b>36</b>
ALOS (acute and swing)	4.6	4.3	4.9	3.0	5.5	5.5	5.2	5.3	3.8	5.3	4.1	6.2
Patient Days (acute and swing)	111	100	108	79	109	109	141	139	172	202	170	223
Outpatient Visits	750	904	1,162	844	923	923	962	1,032	1,463	1,014	1,169	1,467
Rural Health Clinic Visits	542	849	539	528	547	547	661	545	557	511	690	704
ER Visits	699	735	757	748	757	757	650	534	676	644	678	618
ER Visits Conversion to Acute Admissions	2%	2%	2%	3%	2%	2%	3%	4%	5%	5%	6%	5%
<b>Surgery Cases</b>												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Surgeries</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Profitability</b>												
EBITDA % Net Rev	-2%	12%	10%	8%	-13%	-13%	9%	-5%	27%	28%	42%	24%
Operating Margin %	-19%	-4%	-6%	-9.8%	-32.0%	-32.0%	-6.8%	-24%	13%	16%	32%	11%
Rev Ded % Net Rev	52%	58%	54%	53%	50%	50%	50%	56%	37%	41%	44%	40%
Bad Debt % Net Pt Rev	9%	9%	8%	8.4%	3.1%	3.1%	4.7%	7%	1%	6%	3%	3%
Outpatient Revenue %	92%	94%	94%	93%	95%	95%	91%	86%	84%	86%	84%	89%
Gross Patient Revenue/Adjusted Admission	\$ 14,245	\$ 12,775	\$ 12,854	\$ 11,345	\$ 11,779	\$ 11,779	\$ 19,015	\$ 19,250	\$ 15,136	\$ 15,418	\$ 17,278	\$ 13,282
Net Patient Revenue/Adjusted Admission	\$ 6,830	\$ 5,420	\$ 5,966	\$ 5,295	\$ 5,943	\$ 5,943	\$ 6,607	\$ 8,546	\$ 9,547	\$ 9,095	\$ 9,739	\$ 8,029
Salaries % Net Pt Rev	45%	43%	43%	42%	37%	37%	38%	59%	37%	38%	36%	38%
Benefits % Net Pt Rev	11%	9%	7%	8%	7%	7%	11%	10%	7%	7%	6%	7%
Supplies % Net Pt Rev	6%	7%	6%	10%	5%	5%	6%	9%	5%	7%	8%	8%
<b>Cash and Liquidity</b>												
Days Cash on Hand	147	149	148	167	162	162	168	181	185	179	174	165
A/R Days (Gross)	37	38	38	38	41	41	39	39	41	39	41	39
A/R Days (Net)	22	24	27	22	26	26	25	29	31	26	27	22
Days in AP	35	32	43	32	45	45	25	33	30	24	32	32
Current Ratio	6.5	7.5	6.7	4.8	4.2	4.2	4.5	4.2	4.7	4.6	4.3	4.0

Sierra Vista Hospital  
Detailed Stats by Month  
9/30/2022

(SUBJECT TO AUDIT)

Description	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
<b>TOTAL ACUTE</b>														
Total Acute Patient Days	166	55											60	64
Total SwingBed Patient Days	153	51											51	58
Total Acute Hours (based on Disch Hrs)	3,968	1,323											1,422	1,545
<b>Medicare Acute</b>														
Patient Days	166	55											60	64
Admits	52	17											17	18
Discharges	50	17											16	17
Discharge Hours	3,968	1,323											1,422	1,545
Avg LOS	3.3	3.3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		3.8	3.1
<b>SWING - ALL (Medicare/Other)</b>														
Patient Days	81	27											27	24
Admits	27	9											7	8
Discharges	26	9											6	8
Discharge Hours	1,946	649											659	568
Avg LOS	3.1	3.1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		4.5	3.1
<b>Observations</b>														
Patient Days	153	51											51	4
Admits	17	6											7	6
Discharges	15	5											5	6
Discharge Hours	3,566	1,189											1,122	1,046
Avg LOS	10.2	10.2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		10.2	11.1
<b>Emergency Room</b>														
Total ER Patients	77	26											20	35
Admitted	55	18											19	19
Transferred	1,858	619											491	83
<b>Ambulance</b>														
Total ALS/BLS runs	2,191	730											699	75
911 Calls	47	16											19	12
Transfers	291	97											59	7
<b>Rural Health Clinic</b>														
Total RHC Visits	940	313											275	32
Avg Visits per day	676	225											196	23
<b>Behavioral Health</b>														
Patients Seen	264	88											79	9
	2,816	939											750	1,162
	68	23											8	44
	1,730	577											542	539
	82	27											27	25
	508	169											176	190

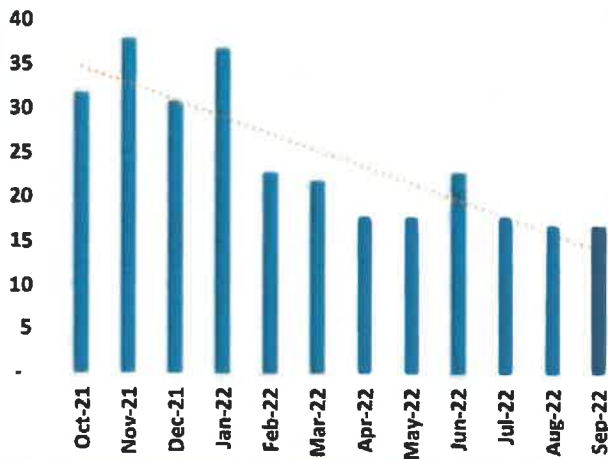
Sierra Vista Hospital  
Detailed Stats by Month  
9/30/2022

(SUBJECT TO AUDIT)

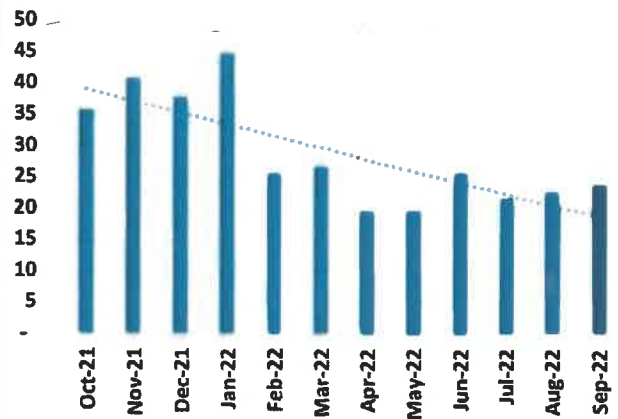
	FY2023	Avg FY2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
<b>Dietary</b>													
Inpatient Meals	2,376	792									798	750	828
Outpatient Meals	459	153									199	132	128
Cafeteria Meals	8,534	2,845									2,867	2,938	2,729
Functions	581	194									184	227	170
<b>Laboratory</b>													
In-house Testing	51,362	17,121											
Sent Out Testing	1,772	591									15,177	17,956	18,222
Drugscreens	102	34									630	654	488
<b>Physical Therapy</b>													
PT Visits	796	265											
Tx Units	3,009	1,003									262	251	283
Outpatient	127	42									1,005	933	1,071
Inpatient	103	34									44	39	44
<b>Radiology</b>													
X-Ray Patients	1,300	433											
CT Patients	916	305									411	447	442
Ultrasound Patients	372	124									289	339	288
Mammogram Patients	140	47									104	143	125
MRI Patients	181	60									45	51	44
Nuclear Medicine Patients	13	4									64	63	54
DEXA	56	19									4	3	6
<b>Surgery</b>													
Surgical Procedures - OR	-	-									19	28	9
GI Lab Scopes	-	-									-	-	-
Major Surgery	-	-									-	-	-
Minor Surgery Under TIVA/Sedation	-	-									-	-	-
Inpatient Procedures	-	-									-	-	-
Outpatient Procedures	-	-									-	-	-

## Volume Trends

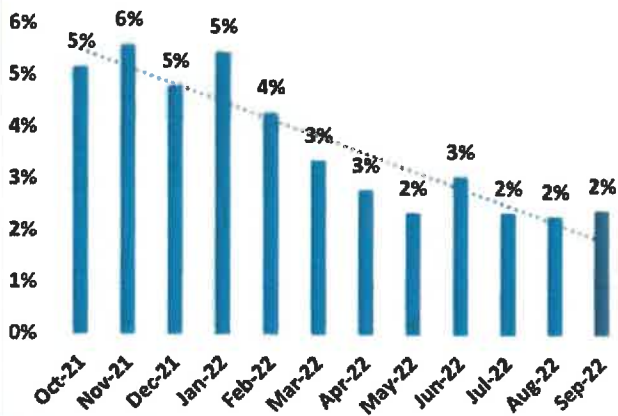
### Acute Admissions



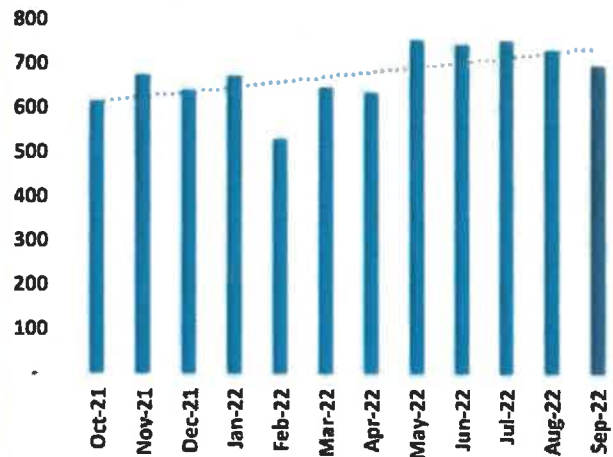
### Total Acute +Swing Bed Admissions



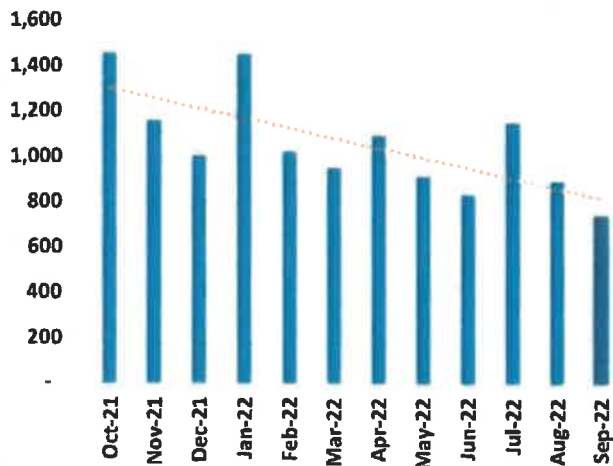
### ER Visits Conversion to Acute Admissions



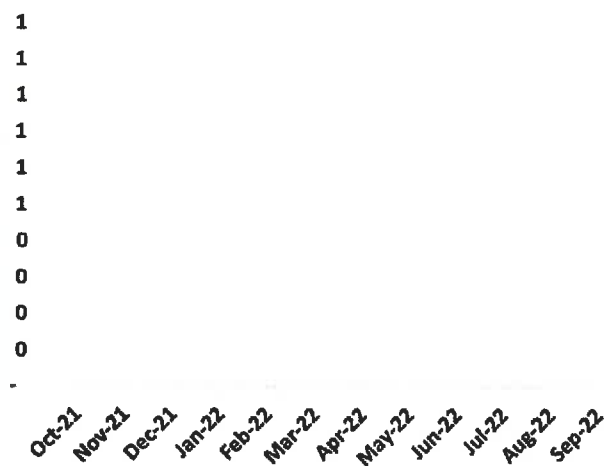
### Emergency Room



### Outpatient Visits



### Total Surgeries



**Sierra Vista Hospital  
INCOME STATEMENT  
September 30, 2022**

YEAR TO DATE					
MONTH		YEAR TO DATE			
Actual 9/30/22	Budget 9/30/22	Variance to Budget	Prior Year 9/30/21	Variance to Prior Year	Variance to Prior Year
DESCRIPTION					
\$ 4,273,541	\$ 4,491,404	\$ (217,863)	\$ 4,179,687	\$93,854	
				Gross Patient Revenue	\$ 13,883,855
				Revenue Deductions	\$ 13,773,638
\$ 1,975,761	1,887,121	88,639	1,782,484	Contractual Allowances	\$ 110,217
\$ 202,078	130,363	71,716	151,690	Bad Debt	\$ 893,441
\$ 51,025	58,377	(\$7,352)	44,813	Other Deductions	\$ 216,377
\$ 2,228,864	\$ 2,075,861	\$ 153,003	\$ 1,978,988	Total Revenue Deductions	\$ 620,925
\$ 4,366	17,576	(13,210)	519	Other Patient Revenue	\$ 169,048
\$ 2,049,043	\$ 2,433,119	\$ (384,076)	\$2,201,219	Net Patient Revenue	\$ 6,338,403
				Gross to Net %	\$ 1,211,106
\$ 322,559	201,498	121,061	245,827	Other Operating Revenue	\$ (46,432)
\$ 31,923	170,236	(138,313)	156,687	Non-Operating Revenue	\$ (1,147,322)
\$ 2,403,525	\$ 2,804,853	\$ (401,328)	\$ 2,603,732	Total Operating Revenue	\$ 6,837,593
				Expenses	\$ (523,292)
\$ 1,180,350	\$1,160,296	\$20,055	\$1,083,081	Salaries & Benefits	\$ (54%)
\$ 928,471	972,546	(44,074)	904,957	Salaries	\$ (9%)
\$ 220,894	169,131	51,763	164,910	Benefits	\$ 52%
\$ 30,985	18,619	12,367	13,214	Other Salary & Benefit Expense	\$ 52%
\$ 127,032	185,889	(58,857)	158,083	Supplies	\$ 712,704
\$ 735,150	683,988	51,162	546,796	Contract Services	\$ 423,783
\$ 177,798	207,664	(29,866)	176,796	Professional Fees	\$ (1,144,869)
\$ 9,050	7,476	1,574	4,667	Leases/Rentals	\$ 7,974,021
\$ 38,432	35,529	2,903	30,910	Utilities	\$ 523,329
\$ 57,920	52,500	5,420	58,542	Repairs / Maintenance	\$ 143,801
\$ 78,159	74,188	3,970	68,546	Insurance	\$ 1490,104
\$ 46,932	36,850	10,082	29,879	Other Operating Expenses	\$ 523,329
\$2,450,824	\$2,444,380	\$6,444	2,157,300	Total Operating Expenses	\$ 123,713
(\$47,299)	\$360,472	(\$407,772)	\$446,432	EBITDA	\$ (\$43,808)
				EBITDA Margin	\$ (\$601,061)
				Non - Operating Expenses	\$ 23%
\$ 285,258	\$284,757	\$501	\$312,727	Depreciation and Amortization	\$ (\$796,128)
\$ 73,387	73,188	\$199	73,496	Interest	\$ (\$1,313,471)
\$ 48,047	45,687	\$2,360	44,271	Tax/Other	\$ 18%
\$ \$406,692	\$403,632	\$3,060	\$430,493	Total Non Operating Expense	\$ (\$10,239)
				NET INCOME (LOSS)	\$ (\$1,303,231)
(\$453,991)	(\$43,159)	(\$410,832)	\$15,939	Net Income Margin	\$ (\$1,303,231)

Sierra Vista Hospital  
INCOME STATEMENT by Month  
September 30, 2022

Description	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
<b>Revenues</b>												
Gross Patient Revenue										\$ 4,273,541	\$ 4,857,013	\$ 4,713,301
Revenue Deductions												
Contractual Allowances										1,975,761	2,464,567	2,240,266
Bad Debt										202,078	216,838	197,240
Other Deductions										51,025	140,839	88,447
<b>Total Revenue Deductions</b>										<b>2,228,864</b>	<b>2,822,244</b>	<b>2,525,973</b>
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %												
Other Operating Revenue												
Non-Operating Revenue												
<b>Total Operating Revenue</b>												
<b>Expenses</b>												
Salaries & Benefits												
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
<b>Total Operating Expenses</b>												
<b>EBITDA</b>												
<b>EBITDA Margin</b>												
Non - Operating Expenses												
Depreciation and Amortization												
Interest												
Tax/Other												
<b>Total Non Operating Expenses</b>												
<b>NET INCOME (LOSS)</b>												
<b>Net Income Margin</b>												

Sierra Vista Hospital  
TWELVE MONTH INCOME STATEMENT  
September 30, 2022

Description	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 11/30/2021	Month Ending 10/31/2021
<b>Revenues</b>											
Gross Patient Revenue	\$ 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	\$ 4,185,011	\$ 4,346,694
Revenue Deductions											
Contractual Allowances	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	1,529,498	1,782,904
Bad Debt	202,078	216,838	197,240	180,600	77,177	107,657	52,445	124,185	30,998	147,779	88,057
Other Deductions	51,025	140,839	88,447	132,022	108,432	58,653	101,839	34,833	69,482	36,850	65,154
<b>Total Revenue Deductions</b>	<b>\$ 2,228,864</b>	<b>\$ 2,822,244</b>	<b>\$ 2,525,973</b>	<b>\$ 2,247,604</b>	<b>\$ 2,334,337</b>	<b>\$ 2,220,370</b>	<b>\$ 1,887,323</b>	<b>\$ 1,990,374</b>	<b>\$ 1,574,398</b>	<b>\$ 1,714,126</b>	<b>\$ 1,719,259</b>
Other Patient Revenue	4,366	3,043	58	471	12	202,366	761	2,439	2,411	(2,256)	4,236
<b>Net Patient Revenue</b>	<b>\$ 2,049,043</b>	<b>\$ 2,077,812</b>	<b>\$ 2,187,386</b>	<b>\$ 1,966,649</b>	<b>\$ 2,377,111</b>	<b>\$ 2,207,487</b>	<b>\$ 2,229,722</b>	<b>\$ 1,587,148</b>	<b>\$ 2,685,027</b>	<b>\$ 2,468,629</b>	<b>\$ 2,495,613</b>
Gross to Net %	48%	42%	46%	46.7%	50%	52%	54%	44%	63%	59%	60%
Other Operating Revenue	322,559	183,822	170,035	244,617	(764,593)	253,020	229,154	407,705	236,475	245,623	257,456
Non-Operating Revenue	31,923	285,973	148,126	321,334	538,200	207,887	210,151	126,373	136,923	524,485	1,111,105
<b>Total Operating Revenue</b>	<b>\$ 2,403,525</b>	<b>\$ 2,547,607</b>	<b>\$ 2,505,546</b>	<b>\$ 2,532,599</b>	<b>\$ 2,150,719</b>	<b>\$ 2,668,394</b>	<b>\$ 2,669,027</b>	<b>\$ 2,121,225</b>	<b>\$ 3,058,426</b>	<b>\$ 3,238,738</b>	<b>\$ 3,864,174</b>
<b>Expenses</b>											
Salaries & Benefits	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	1,115,403	1,190,167
Salaries	928,471	891,515	934,466	827,216	883,393	841,508	884,152	935,149	994,277	933,787	897,931
Benefits	220,894	185,721	159,461	165,628	172,534	251,025	174,881	150,964	184,486	168,877	148,603
Other Salary & Benefit Expense	30,985	22,707	26,393	24,098	19,497	37,671	12,915	4,802	8,868	12,739	16,213
Supplies	127,032	150,029	130,212	191,130	123,361	137,324	186,932	145,782	135,106	180,104	192,722
Contract Services	735,150	583,126	635,487	720,752	820,249	797,908	713,877	581,223	533,176	590,882	579,918
Professional Fees	177,798	180,366	180,368	178,417	180,370	178,417	180,370	174,511	180,370	180,370	180,370
Leases/Rentals	9,050	9,411	10,421	9,125	4,921	9,571	11,210	3,103	6,377	12,959	7,323
Utilities	38,432	42,610	50,859	49,790	48,261	36,822	30,623	32,989	32,182	33,143	32,255
Repairs / Maintenance	57,920	48,769	30,142	63,485	60,516	41,785	56,795	94,507	48,475	47,157	96,695
Insurance	78,159	79,477	77,783	67,825	68,149	68,351	67,827	68,149	70,297	69,939	39,655
Other Operating Expenses	46,932	45,241	26,905	43,903	46,048	40,398	36,002	33,489	43,145	92,642	34,089
<b>Total Operating Expenses</b>	<b>\$2,450,824</b>	<b>\$2,238,971</b>	<b>\$2,262,496</b>	<b>\$2,341,368</b>	<b>\$2,427,299</b>	<b>\$2,440,778</b>	<b>\$2,355,583</b>	<b>\$2,224,667</b>	<b>\$2,236,758</b>	<b>\$2,322,599</b>	<b>\$2,223,984</b>
<b>EBITDA</b>	<b>(\$47,299)</b>	<b>\$308,636</b>	<b>\$243,051</b>	<b>\$191,231</b>	<b>(\$276,579)</b>	<b>\$227,616</b>	<b>\$313,444</b>	<b>(\$103,442)</b>	<b>\$821,667</b>	<b>\$916,139</b>	<b>\$731,911</b>
<b>EBITDA Margin</b>	-2%	12%	10%	7.6%	-13%	9%	12%	-5%	27%	28%	24%
<b>Non - Operating Expenses</b>											
Depreciation and Amortization	285,258	284,522	284,500	309,965	290,430	290,430	289,899	288,723	288,751	289,084	288,341
Interest	73,387	75,427	73,406	73,415	75,591	75,735	73,442	73,451	73,460	73,469	75,914
Tax/Other	48,047	43,713	42,123	54,948	44,937	42,004	47,582	44,305	47,309	51,431	41,521
<b>Total Non Operating Expenses</b>	<b>\$406,692</b>	<b>\$403,662</b>	<b>\$400,029</b>	<b>\$438,327</b>	<b>\$410,958</b>	<b>\$408,169</b>	<b>\$410,923</b>	<b>\$406,479</b>	<b>\$409,521</b>	<b>\$413,984</b>	<b>\$416,879</b>
<b>NET INCOME (LOSS)</b>	<b>(\$453,991)</b>	<b>(\$95,027)</b>	<b>(\$156,978)</b>	<b>(\$247,096)</b>	<b>(\$687,537)</b>	<b>(\$180,554)</b>	<b>(\$97,479)</b>	<b>(\$509,921)</b>	<b>\$412,147</b>	<b>\$502,154</b>	<b>\$315,032</b>
<b>Net Income Margin</b>	(19%)	(4%)	(6%)	(9.8%)	(32%)	(7%)	(4%)	(24%)	13%	16%	11%

Sierra Vista Hospital  
BALANCE SHEET  
September 30, 2022

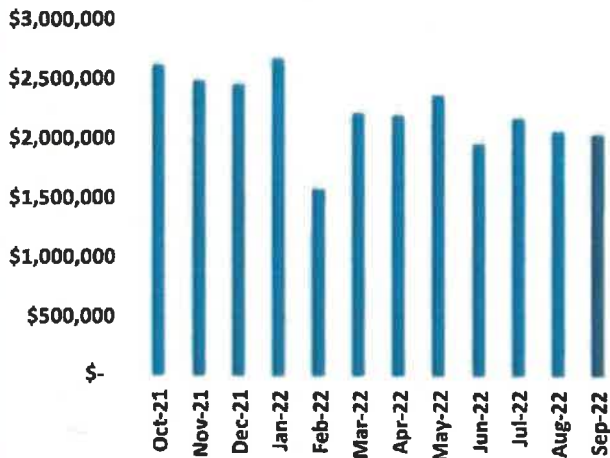
September 30, 2022 (Unaudited)	DESCRIPTION	June 30, 2022 (Unaudited)
	<b>Assets</b>	
	<b>Current Assets</b>	
\$ 11,072,851	Cash and Liquid Capital	\$ 11,856,113
\$ 284,908	US Bank Clearing	\$ 536,890
\$ 11,357,759	Total Cash	\$ 12,393,003
\$ 5,705,367	Accounts Receivable - Gross	\$ 5,391,266
\$ 4,134,549	Contractual Allowance	\$ 3,689,594
\$ 1,570,818	Total Accounts Receivable, Net of Allowance	\$ 1,701,672
\$ 1,139,931	Other Receivables	\$ 836,550
\$ 404,454	Inventory	\$ 596,544
\$ 747,826	Prepaid Expense	\$ 183,210
\$ 15,220,788	Total Current Assets	\$ 15,710,979
	<b>Long Term Assets</b>	
\$ 53,934,715	Fixed Assets	\$ 53,822,297
\$ 15,917,877	Accumulated Depreciation	\$ 15,063,598
\$ 954,129	Construction in Progress	\$ 954,129
\$ 38,970,966	Total Fixed Assets, Net of Depreciation	\$ 39,712,828
\$ 38,970,966	Total Long Term Assets	\$ 39,712,828
\$ 2,470,692	New Hospital Loan	\$ 3,547,883
\$ 56,662,446	Total Assets	\$ 58,971,690
	<b>Liabilities &amp; Equity</b>	
	<b>Current Liabilities</b>	
\$ 1,395,318	Account Payable	\$ 1,242,814
\$ 371,154	Interest Payable	\$ 1,221,498
\$ 47,197	Accrued Taxes	\$ 48,661
\$ 739,021	Accrued Payroll and Related	\$ 842,615
\$ (220,000)	Cost Report Settlement	\$ (50,000)
\$ 2,332,690	Total Current Liabilities	\$ 3,305,589
	<b>Long term Liabilities</b>	
\$ 25,397,852	Long Term Notes Payable	\$ 25,984,657
\$ 25,397,852	Total Long Term Liabilities	\$ 25,984,657
\$ 302,139	Unapplied Liabilities	\$ 426,432
\$ 304,867	Capital Equipment Lease	\$ 326,293
\$ 28,337,548	Total Liabilities	\$ 30,042,970
\$ 28,778,889	Retained Earnings	\$ 29,175,816
\$ (453,991)	Net Income	\$ (247,096)
\$ 56,662,446	Total Liabilities and Equity	\$ 58,971,690

Sierra Vista Hospital  
BALANCE SHEET by Month  
September 30, 2022

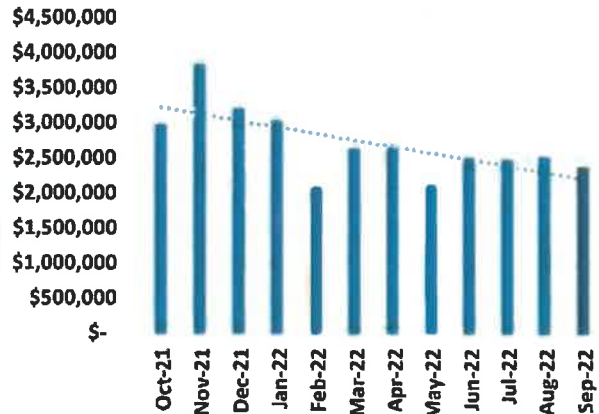
	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022	Month Ending 10/31/2022	Month Ending 9/30/2022	Month Ending 8/31/2022	Month Ending 7/31/2022
<b>Assets</b>												
<b>Current Assets</b>												
Cash and Liquid Capital												
US Bank Clearing												
<b>Total Cash</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,357,759	\$11,178,294	\$11,556,083
Accounts Receivable - Gross												
Contractual Allowance												
<b>Total Accounts Receivable, Net of Allowance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,705,367	\$ 6,125,679	\$ 6,106,512
Other Receivables												
Inventory												
Prepaid Expense												
<b>Total Current Assets</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,220,788	\$15,317,608	\$15,691,360
<b>Long Term Assets</b>												
<b>Fixed Assets</b>												
Accumulated Depreciation												
Construction in Progress												
<b>Total Fixed Assets, Net of Depreciation</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,970,966	\$ 39,247,196	\$ 39,433,528
<b>Total Long Term Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,970,966	\$ 39,247,196	\$ 39,433,528
<b>Total Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 56,662,446	\$ 56,913,915	\$ 57,351,775
<b>Liabilities &amp; Equity</b>												
<b>Current Liabilities</b>												
Account Payable												
Interest Payable												
Accrued Taxes												
Accrued Payroll and Related												
Cost Report Settlement												
<b>Total Current Liabilities</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,332,690	\$2,043,092	\$2,356,046
<b>Long Term Liabilities</b>												
Long Term Notes Payable												
<b>Total Long Term Liabilities</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,397,852	\$25,401,818	\$25,405,783
<b>Unapplied Liabilities</b>												
Capital Equipment Lease												
<b>Total Liabilities</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,337,548	\$28,135,026	\$28,477,859
<b>Retained Earnings</b>												
Net Income												
<b>Total Liabilities and Equity</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,662,446	\$56,913,915	\$57,351,775

## Financial Trends

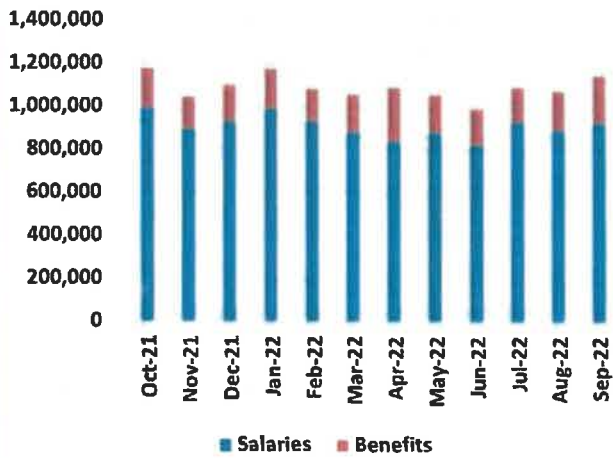
### Net Patient Revenue



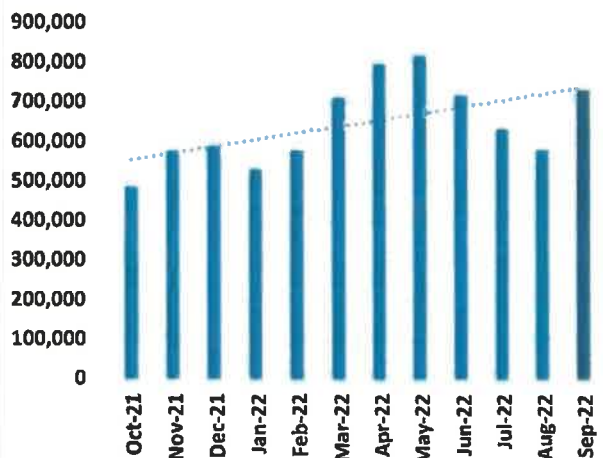
### Total Operating Revenue



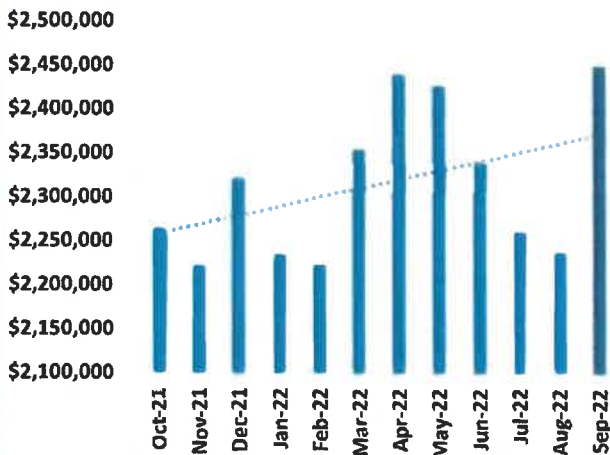
### Employed Labor Costs



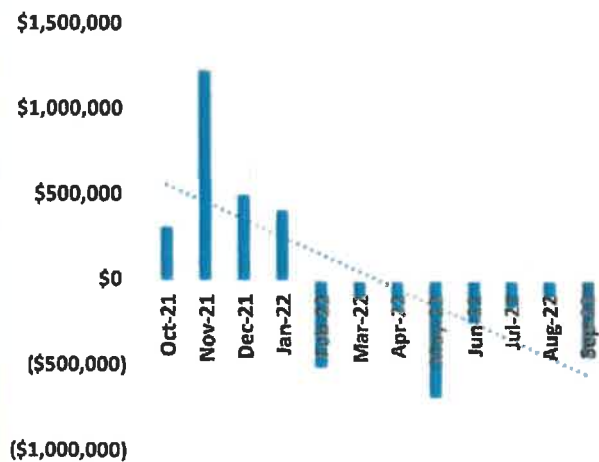
### Contract Services



### Total Expenses



### Net Income (Loss)



Sierra Vista Hospital

9/30/2022

Reserves

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

FY22 Cost Report Receivable

FY21 Cost Report Bad Debt Write-Off Reserve/General Reserve

Total Liability

9/30/2022	Notation
370,000	
(150,000)	
220,000	



TECHNOLOGIES  
5301 Beverly Hills Ave NE  
Albuquerque, NM 87113  
p. (505) 889-3337  
f. (505) 889-3338  
[www.abbatech.com/](http://www.abbatech.com/)

## Quotation

Quote #	2312
Terms	NET 30
Contact	Pascal Vetiach <a href="mailto:pascal.vetiach@svhnm.org">pascal.vetiach@svhnm.org</a> 575-743-1266
Quote Date	8/9/2022
Expires	9/8/2022

Sales Rep: Ed Pena  
[ed.pena@abbatech.com](mailto:ed.pena@abbatech.com)

### Customer

Sierra Vista Hospital  
Pascal Vetiach  
800 East 9th Avenue  
Truth Consq, NM 87901  
UNITED STATES  
575-743-1266  
[pascal.vetiach@svhnm.org](mailto:pascal.vetiach@svhnm.org)

### Bill To

Sierra Vista Hospital  
Accounts Payable  
800 East 9th Avenue  
Truth Consq, NM 87901  
UNITED STATES  
575-743-1266

### Ship To

Sierra Vista Hospital  
Pascal Vetiach  
800 East 9th Avenue  
Truth Consq, NM 87901  
UNITED STATES  
575-743-1266  
[pascal.vetiach@svhnm.org](mailto:pascal.vetiach@svhnm.org)

Description	Customer PO	Contract	Ship Via	RFQ #
Fortinet CoTerm Renewal		NETWORKING 20-00000-21-00010AA	Electronic Delivery	EMAIL

Item	Mfg	Part #	Qty	Description	CLIN	Price	Extended Price
1	Fortinet, Inc	COTERM	1	COTERM 3378172-1 24x7 Email, 24x7 Comprehensive Support, Advance HW, Firmware & General Updates		\$49,916.69	\$49,916.69

### Notes:

TD# 124576133-1 / FORT# 3378172-1

Sub Total: \$49,916.69  
Shipping and Handling: \$0.00  
Tax Rate: (0.08375) \$4,180.52  
**Total \$54,097.21**

**SIERRA VISTA HOSPITAL**  
**DEPARTMENT POLICIES AND PROCEDURES**

**Department:** Emergency Room

**Original Policy Date:** October 5, 2022

**Review:** 2022 AL 2023 \_\_\_\_\_ 2024 \_\_\_\_\_

**Subject:** Initiation of ED Bypass

**Last Revised:**

**Approved By:** Medical Staff and Governing Board

**Manager:** Autumn Long, RN, BSN

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**PURPOSE:**

To comply with the CMS standards when Sierra Vista Hospital is initiating Emergency Department bypass procedures.

**DESIRED PATIENT OUTCOME:**

Bypass of patients will occur only when specific criteria are met and when it is in the best interest of the patient.

**PROCEDURE:**

1. Hospital Emergency Departments may go on "bypass" when any of the following criteria are met:

- I- On hand blood supply is depleted (Type O).
- II- The C.A.T scan is not working properly/out of order.

2. The decision to initiate bypass will be made by the Emergency Physician in conjunction with the House Supervisor, and the Chief Nursing Officer. The House Supervisor must contact the on-call Administrator and the EMS "on shift" Supervisor to notify them immediately of the initiation.

3. A Bypass Log will be kept indicating the reasons for bypass as well as which criteria were met for the initiation. This log, including times of notification and termination of bypass, will be kept and updated by the House Supervisor. (See Appendix A)

4. The House Supervisor will be responsible for notifying all parties involved for the initiation and termination of bypass.

5. Once a bypass is initiated, the criteria and status for continuing bypass will be reviewed no less frequently than every four hours. This review will be done in consultation with the ED Physician, House Supervisor, Department Manager, dependent upon the reason for bypass, and the on-call Administrator. If the criteria for bypass are still being met, bypass may be continued.

6. If prehospital personnel cannot establish and/or maintain an airway, the patient must be transported to the closest hospital regardless of bypass status.



**SIERRA VISTA HOSPITAL**  
**DEPARTMENT POLICIES AND PROCEDURES**

**Department:** Employee Health

**Original Policy Date:** September 28, 2016

**Review:** 2022 BF

**Subject:** Annual Influenza Immunization Requirement

**Last Revised:** 10/5/2022

**Approved By:** Infection Control  
Committee – 9/10/2018  
Policy and Procedure  
Committee – 9/11/2018  
Med Staff – 9/20/2018

**Manager:** Bettina Fitzgerald RN, BSN

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**POLICY:**

Sierra Vista Hospital (SVH) recognizes its responsibility to protect patients, employees, our family members, and the greater community from the potentially devastating effects of influenza infection. The most effective way to prevent infection from an influenza virus is through annual influenza immunization. All SVH employees will be encouraged to take a flu shot or present a valid exemption during the flu season (staff not up to date on their Covid -19 vaccines are required to wear a mask even if they receive the current year Influenza vaccine). Volunteers, students/trainees, temporary workers, contractors, and vendors who are entering SVH facility to provide services or work are required to adhere to the same influenza immunization requirements. A valid exemption to immunization is granted for Medical Contraindications approved by the individual's own Primary Care Physician (PCP), Religious Objections because of religious views or Personal Reasons. If granted, the exempt individuals are required to wear a surgical mask while in the SVH facilities for example all clinical areas and hallways for the duration of the flu season. Staff are permitted to take off your mask in office, but you cannot have it off in local areas. These areas include but are not limited to:

- Registration Areas (hospital and clinic)
- Patient Waiting Areas (hospital and clinic)
- Nurses Stations (hospital and clinic)
- Patient Rooms (hospital and clinic)
- Laboratory Procedure room
- Radiology procedure rooms
- Hallways and Corridors
- Kitchen and Coffee Shop

**PROCEDURE:**

All applicable individuals defined above will be encouraged to get an influenza immunization on/before the 1<sup>st</sup> of December each year or provide written proof of receipt for the required influenza immunization from another verifiable source (e.g. primary care physician, public event, etc) on/before the 1st of December each year. The written proof of receipt outside source must be documented on official letterhead and include:

- Immunization lot number and manufacturer; and
- Date and time of administration of the influenza immunization

# SIERRA VISTA HOSPITAL

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The influenza immunization will be provided free of charge to all applicable individuals receiving immunization. If the immunization is received from a source outside of SVH, the cost for the immunization will not be reimbursed to the applicable individual. The *Influenza Vaccination Informed Consent* (F-690-04-044-1) will be completed before getting the influenza vaccine and will be given to the Employee Health Nurse or his/her designee for filling.

New hires will be required to present proof of influenza immunization or will be encouraged to get the influenza immunization upon health screening if the hire date is between October through March which is the typical influenza season months. New hires will need to complete the *Influenza Vaccination Informed Consent* (F-690-04-044-1) before getting the flu vaccine. The consent will be part of the new hire packet which will also be given to the Employee Health Nurse or his/her designee for filling.

Current employees and new hires that opt not to get the flu vaccine will complete the *Influenza Vaccination Exemption Form* (F-690-04-044-2) and give it to the Employee Health Nurse or his/her designee for filling. For medical exemptions, the document from the PCP stating your exemption must be attached together with the exemption form. The cost of the visit will not be reimbursed to that individual.

If the exemption is for allergy to eggs, the most current CDC ACIP recommendations will be followed. Refer to the Employee Health Nurse for the current recommendations to egg allergies.

In the event of an influenza immunization shortage; Human Resources, Pharmacy, Infection Control and Administration will conduct an evaluation of the current supply across the organization and determine an appropriate distribution plan. Influenza immunizations will be offered to SVH employees based on risk to the population cared for, job function and risk of exposure to influenza. Priority will be given to those who provide direct patient care with prolonged face - to - face contact with patients and/or care for the most severely immunocompromised patient population. These employees include but are not limited to:

- Physicians
- Nurse Practitioners
- Nurses
- CNAs
- Physical Therapists
- Other workers in inpatient and outpatient - care setting (Unit Secretaries, Housekeeping, Case Management, etc.)
- Medical emergency - response workers (paramedics, first responders, emergency medical technicians, etc.)
- Students in these professions who will have contact with patients

**SIERRA VISTA HOSPITAL**  
**INFLUENZA VACCINATION EXEMPTION FORM**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

SVH recognizes its responsibility to protect patients, employees, our family members and the greater community from the potentially devastating effects of influenza infection. The most effective way to prevent infection from an influenza virus is through Annual Influenza Immunization. SVH, however, does not mandate the influenza vaccination to be administered. Rather, they are encouraged to get the flu shot. If opting not to get the flu shot, they are given the choice to refuse it due to medical contraindications, religious objections or personal reasons. That said individual will also be asked to wear a mask while in a Patient Flow Area (where a patient would go) for the duration of the flu season. These areas include but are not limited to:

- Registration Areas (hospital and clinic)
- Patient Waiting Areas (hospital and clinic)
- Nurses Stations (hospital and clinic)
- Patient Rooms (hospital and clinic)
- Laboratory procedure room
- Radiology procedure rooms
- Hallways and Corridors
- Kitchen and Coffee Shop

Check the appropriate box for the reason for refusal of Influenza Immunization.

☐ Medical Contraindication

☐ Religious Objections

☐ Personal Reasons

If medical contraindication was checked, please attach the document from your PCP together with this form and give it to the Employee Health Nurse or his/her designee for filling.

*"I have been given the opportunity to be vaccinated with the Influenza Vaccine, however, I decline the vaccine due to the reason checked above. I understand that by not getting the influenza vaccine, I will wear a surgical mask while in a Patient Work Area for the duration of the flu season. If I choose to get vaccinated, I can receive the vaccination at no charge to me."*

Signature: \_\_\_\_\_



**SIERRA VISTA HOSPITAL  
HUMAN RESOURCES BOARD  
REPORT**

**October 25<sup>th</sup>, 2022**

**HR PRIORITY OF EFFORT:**

Our priority of effort remains completion of contracts, onboarding of key personnel, and employee recruitment.

**CRITICAL VACANCIES & RECRUITMENT:**

Our relationship with agencies designed to recruit former Military service members continues to grow. We're continuing plans to work with HSHS on potential joint training opportunities and future employment of new graduates. We're also looking to develop a Future Healthcare Professionals Program that will include bringing select students to SVH for an orientation of different departments. The goal of the program will be to educate the students on the different positions and professions that exist in hospitals.

- Plant Operations Director – FT (Hired Gerald “Jerry Schwind)
- Psychiatrist – FT
- Licensed Clinical Social Worker – FT
- Quality/Risk Manager – FT
- Certified Registered Nurse Anesthetist (CRNA) – 2 FT
- Assistant Rural Health Clinic Manager – FT
- RN Clinical Coordinator – FT
- Registered Nurse – FT (Multiple)
- Lab Medical Technician – FT
- EMT – FT
- Certified Nurse Assistant (CNA) – FT and PRN

**FINANCIAL IMPACTS:**

- We continue to reduce the number of travel or contracted workers
- Our wages are market and regionally competitive for incoming staff
- Offering retention incentives for “Hard-to-fill” positions

**PEOPLE:**

**August & September New Hires – 14**

FY22 Total - 78

- PRN – Registered Nurse - (2) (Med/Surg)
- FT- Medical Assistant (2) Clinic
- FT – Maintenance Technician
- FT – Physician (2) Clinic
- FT – Behavioral NP (Clinic)
- PRN – Paramedic
- FT – Unit Clerk C.N.A. (2) Med/ Surg
- FT – Barista (Dietary)
- FT – Registration Clerk (Business Office)
- PRN – Respiratory Therapist (Cardiopulmonary)

**August & September Terminations – 8**

FY22 Total - 82

**Involuntary – 2**

FY22 Total – 3

- PRN – Security Guard not responding to calls
- PRN – RN not responding to calls

**Voluntary – 2**

FY22 Total- 52

- FT – Registration Clerk Found higher paying job
- FT – Paramedic Voluntary Resignation

**Annual turnover Rate FY22 - 74 terminations/average of 208 staff = %**

**Contract Staff – 5**

- Med / Surg - 2
- PT – 1
- HR – 1
- BH – 1

**Travel Staff – 12**

- ED – 6
- Surgery - 1
- Med/Surg – 5
- Lab - 1

**QUALITY:**

- New hire orientations – 100% (Starting in-person Orientation)
- Certifications - 100%
- Licensures – 100%
- Annual training – 100%
- Evaluations and competencies – 100%

**WORKERS COMP:**

Nothing significant to report.

**SERVICE:**

- Open enrollment in October.
- Processing FMLA paperwork for several employees.
- On-boarding of new employees.
- Educating staff on smoking cessation program for SVH employees.

Respectfully,

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



# SIERRA VISTA HOSPITAL

## EMPLOYMENT OPPORTUNITIES

October 13, 2022

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

**07001 Cook- Aide – 1 Full Time Position – (open date 10/13/2022)** Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

**95302 – Assistant to the Rural Health Clinic Manager – 1 Full Time Position (open date 10/12/2022)** Responsible for office management and supervising staff. Performs administrative and budget related duties. Assists the manager with department responsibilities. Participates in operational performance improvement (OPI) activities. Responsible for charge entry and ensures that clinic charges and billing is accurate

**95301 – Medical Assistant - 2 Full Time Positions (open date 10/7/2022)** Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards. Communicates with physicians and team members about patient's clinical condition, including results of diagnostic studies and symptomatology.

**80001 – Central Scheduler – 1 Full Time Position (open date 10/07/2022)** Responsible for scheduling patient appointments for all outpatient services of the facility. Records statistics as requested. Performs other secretarial/clerical duties as needed. Obtain, monitor, and track patient authorizations. Answers all clinic calls and takes messages as appropriate.

**74101 – Maintenance Technician – 1 Full Time Position (open date 10/7/2022)** Assists in the performance of duties necessary to keep the physical structure and associated equipment of hospital in good repair. Minor electrical work, mechanical repairs and other duties relating to maintenance are the primary duties. Participates in performance improvement and OPI activities.

**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).

**65501 – Security Guard – 1 PRN Position (open date 08/02/2022)** 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.

800 East 9<sup>th</sup> Avenue  
Truth or Consequences, NM 87901

Phone: 575-894-2111 Ext 230  
Fax: 575-894-7659

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

**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.

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

**Quality Management:** Responsible for planning and implementing the performance improvement program to meet the needs of the hospital. Provides education to medical staff, hospital staff and Governing Body. Facilitates performance improvement activities and CQI activities throughout the hospital. Acts as a resource person to administrative team, department managers and medical staff.

**Risk Manager:** Responsible for clinical identification, risk evaluation and coordination of corrective action implementation related to risk issues. Provides intervention and education related to risk management issues to promote safe work practices and quality care and services in an environment that is beneficial to the safety, health and well-being of all patients, visitors, and hospital staff.

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

**10201 – Unit Clerk/C.N.A. - 2 Full Time Positions (open date 7/23/2021)** Provides indirect patient care in the medical surgical setting. Meets the communication needs of the patient/family, departmental staff, and medical staff. Prepares and compiles records in the Medical Surgical Unit. Initiates directions from physician and nursing staff. Participates in performance improvement activities. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards.  
**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.

**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.

## **CEO Report 10/25/2022**

- RHC Update / Provider Recruitment
- EOC Update
- Tunnel Project
- Surgical Services Update
- County Fair / Vaccinations
- 5K Run / Walk Event
- Economic Impact Study
- Coffee Shop / Nighttime café
- 340B Federal ruling