



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
4-26-22**

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Closed session documents will be handed out in closed session.

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

April 26, 2022

12:00pm

Elephant Butte Lake RV Event Center

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

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

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

ATTENDEES:

COUNTY

Kathi Pape, Secretary
Greg D'Amour, Chairperson
Stan Thompson, Member

ELEPHANT BUTTE

Katharine Elverum, Member
Vacant, Member

CITY

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

EX-OFFICIO

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

VILLAGE OF WILLIAMSBURG

Denise Addie, Member

SUPPORT STAFF:

Ming Huang, CFO
Sheila Adams, CNO
Tim James, HR Director
Heather Johnson, HIM Mgr.,
HIPAA/ Compliance

GUEST:

Erika Sundrud, QHR

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. Call to Order	Greg D'Amour, Chairperson	
2. Pledge of Allegiance	Greg D'Amour, Chairperson	
3. Roll Call	Jennifer Burns	Quorum Determination

Stipulation regarding Strategic Planning Workshop: On March 31, 2022, the Governing Board of Sierra Vista Hospital held a closed session strategic planning 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 discuss strategic and long-range business plans of Sierra Vista Hospital pursuant to NMSA 1978, Section 10-15-1 (H). As required by Section 10-15-1 (J). NMSA 1978, no action was taken during this meeting.

4. Approval of Agenda	Greg D'Amour, Chairperson	Amend/Action
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"Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?"

5. Approval of minutes	Greg D'Amour, Chairperson	
A. March 29, 2022 Regular Meeting Minutes		Amend/Action

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

7. **Old Business- None**

8. **New Business-**

A. Sleep Study Proposal/ Presentation	Victor Prado	Presentation/Action
B. vCIO Presentation/ Introduction	Daniel Lenerville, QHR	Presentation

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

A. March Financial Report	Ming Huang, CFO	Report/Action
B. Investment Options	Ming Huang, CFO	Report/Action
C. FY22 Auditor Contract	Ming Huang, CFO	Report/Action
D. SCRDA Services Agreement	Frank Corcoran, CEO	Report/Action

10. **Board Quality Committee- Denise Addie, Chairperson**

A. Policy Review:		
1. Continuous Aerosol Therapy Policy#055-01-004 -Toni Davis		Report/Action
2. Suctioning Policy# 005-01-012 Toni Davis		Report/Action

11. **Joint Conference Committee- Stan Thompson, Chairperson**

A. Stan's Report		Discussion
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12. **Administrative Reports**

A. Human Resources	Tim James, HR Director	Discussion
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B. CNO Report	Sheila Adams, CNO	Discussion
C. CEO Report	Frank Corcoran, CEO	Discussion
D. Governing Board	Greg D'Amour, Chairperson	Discussion

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, and 9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5 the Governing Board will vote to close the meeting to discuss the following items:

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

A. Provider Update	Frank Corcoran, CEO
B. Dr. Sonia Seufer Contract	Frank Corcoran, CEO
C. Credentials	Frank Corcoran, CEO

Provisional

Francis Cortes, CNP

Provisional to Two Year Appointment

Gina Nelson, MD (ESS)

Arturo Sidransky, MD (ESS)

Resignation

Rhea Hazen

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

A. Risk Report-	Heather Johnson, HIM Mgr.
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10-15-1 (H) 9 - Strategic and long-range business plans

A. RSSG Contract	Frank Corcoran, CEO
B. Memorial Medical Center Contract	Frank Corcoran, CEO
C. QHR Board Report	Erika Sundrud, QHR

Roll Call to Close Meeting: Jennifer Burns

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

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

A. Provider Update	Report/Action
B. Dr. Sonia Seufer Contract	Report/Action
C. Credentials	

Provisional

Francis Cortes, CNP

Report/Action

Provisional to Two Year Appointment

Gina Nelson, MD (ESS)

Report/Action

Arturo Sidransky, MD (ESS)

Report/Action

Resignation

Rhea Hazen

Report

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

A. Risk Report-

Report/Action

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

A. RSSG Contract

Report/Action

B. Memorial Medical Center Contract

Report/Action

C. QHR Board Report

Report/Action

15. Other

Discussion

Next Regular Meeting- May 24, 2022

16. Adjournment

Action

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

March 29, 2022

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met March 29, 2022, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Greg D'Amour, Chairperson, called the meeting to order at 12:01pm.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD

SIERRA COUNTY

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

ELEPHANT BUTTE

Vacant
Katharine Elverum – Present

CITY OF T OR C

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

EX-OFFICIO

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

VILLAGE OF WILLIAMSBURG

Denise Addie, Member – Present

STAFF

Frank Corcoran, CEO- Present
Ming Huang, CFO- Present
Sheila Adams, CNO- Present
Tim James, Director of HR- Absent
Heather Johnson, HIM Mgr.- Present
Zach Heard, Operations Manager

GUEST PRESENT

Erika Sundrud, QHR, present by phone

There is a quorum

Greg D'Amour welcomed Art Burger to the Board. The Board and Staff introduced themselves.

4. Approval of Agenda-

Greg D'Amour, Chairperson

Cookie Johnson motioned to approve the agenda. Kathi Pape seconded. Motion carried unanimously.

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

"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

Greg D'Amour, Chairperson

A. March 7, 2022 Special Meeting Minutes-

Kathi Pape motioned to approve the Special Meeting Minutes. Katharine Elverum seconded. Motion carried unanimously.

B. February 22, 2022 Regular Meeting Minutes

Cookie Johnson motioned to approve the Regular Meeting Minutes. Stan Thompson seconded. Motion carried unanimously.

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

7. Old Business- None

8. New Business- None

9. Finance Committee- Cookie Johnson, Chairperson

A. February Financial Report- Ming Huang, CFO, on page seven, key statistics for February, patient days were 139 which is 33 less than January. There were 1,032 Outpatient visits. The rural health clinic had 545 visits, 12 less than January. ER had 534 visit, 142 visits less than January. Days cash on hand at the end of February were 181 days, 154 available. Accounts receivable net days were 29 and accounts payable days were 33. Most departments had lower census in February. PT did have a higher census in February.

On page FC13, income statement, gross patient revenue is \$3,575,083. Under contractual allowance expenses, we increased by about \$400,000 due to the Medicare cost report estimate. We estimate that we have been overpaid by Medicare by about \$500,000 so we increased the contractual allowances in February. That estimate is based on data from July through December. Under other operating revenue, \$226,400 was received from our 340B Pharmacy program. Under salary expenses, we had \$935,149 which is \$170,581 over budget. In February we were still paying all employees the 15% COVID hazard pay increase. Contract services were \$581,223 which is \$134,129 more than budget due to agency staffing expenses. Repairs and Maintenance were over budget by \$47,115 due to repairs to our electrical panel and maintenance of imaging PACS system.

EBITDA for February is (\$103,442) which is (5%). This is a result of the low census and low revenue in February as well as high contractual expenses. We have a net loss of (\$509,921). Year to date, EBITDA is \$5,824,323 which is 25%. Year to date, net income is \$2,551,039.

At the end of February, we had \$13,067,711 in the bank. Construction in progress is the amount that we have paid so far for the tunnel project. We will still owe approximately \$900,000 when the project is finished. The cost report settlement under liabilities includes the Medicare advance payment that we received and are paying back monthly.

Discussion was held regarding the PPE funds, Payroll protection, Medicare advance payments and how those funds are being spent.

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

Cookie Johnson noted that the Safety Net Care pool money, which is \$1.3 million is now called TAP and HAP. We have not received that money in over a year. The Governor has signed a release of that money, but we don't know yet when we will get it. This is an estimated amount.

B. Retirement Match Payment

The retirement match payment is on page FC20 of the packet. This is the annual payment from 2021 into our employees retirement accounts. With our new retirement plan, monies are deposited every pay period. The total amount of the payment is \$100,237.

Cookie Johnson motioned to accept the February Financial Report including the retirement match payment. Kathi Pape seconded. Motion carried unanimously.

C. Consolidated Builders Estimate- Frank Corcoran, CEO, this is an estimate to repair our showers in the MedSurg unit. Shower pans were never installed in the bathroom floors only a sprayed compound was applied which failed and caused a leak into the lower floor ruining our nuclear medicine camera. This quote from Consolidated is to fix all 11 of those showers, one at a time.

Cookie Johnson motioned based on the recommendation of the Finance Committee, approval of the Consolidated Builders Estimate. Suing the company that did this wrong in the first place, would cost more than the repair. There is a state agreement with Consolidated Builders. Bruce Swingle seconded. Motion carried unanimously.

D. Siemens Service Quote- Frank Corcoran, CEO, this is a service and maintenance agreement for our ultrasound and echo machines. It is a renewal of the agreement at a cost of \$28,743.

Cookie Johnson motioned based on the recommendation of the Finance Committee, approval of the Siemens Service Quote. Kathi Pape seconded. Motion carried unanimously.

E. Non-Urgent Transport Van- Frank Corcoran, CEO and Brian Hamilton, EMS Manager, we need to transport our patients without using our EMS trucks in many cases. Behavioral health patients, VA patients and elderly patients that come into the ER with no ride home, can be transported in a non-urgent transport van. The van will serve multiple needs and provide a service to the community. Brian Hamilton, EMS Manager, further explained the needs and patient requirements. The EMS team prefers the side entry wheelchair entrance transport van. CMS has guidelines for reimbursement of these transports. This service line would be under the EMS Community services and have a PRC number. The company that the Van will be purchased from is considered sole source procurement as they will remodel and build the van for medical transportation.

Discussion was held regarding insurance and anti-donation.

Cookie Johnson stated that the Finance Committee reviewed this extensively and recommends approval of the purchase of the side entrance Non-urgent Transport Van in the amount of \$64,351.92. Kathi Pape seconded. Motion carried unanimously.

F. IT Management Proposals

Frank Corcoran, CEO

1. QHR
2. VACO
3. Mandry
4. Healthcare Triangle
5. ABBA

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

Included in the packet is an IT Management Proposal summary page. Frank Corcoran explained that, right now, we have two IT staff members. One is the help desk person and the other manages servers and switches and Athena. The position of IT Manager has been open for six months and we have not received one application. These proposals include a CIO, Chief Information Officer. We will have a new EHR (electronic health records software system), and it will be imperative that we have strategic leadership that understands the IT world to help us.

Of the five listed above, we are asking for approval for the QHR proposal. The price is comparable and QHR is already involved with us. There would be extra cost for the EHR implementation and QHR will assist us in recruiting an IT Manager.

Cookie Johnson motioned based on the recommendation of the Finance Committee, approval of the IT Management Proposal with QHR. Kathi Pape seconded. Art Burger discussed his concerns regarding the EHR component that is missing from the QHR proposal. Motion carried unanimously.

There was no Board Quality Committee meeting prior to Governing Board.

10. Board Quality Committee- Denise Addie, Chairperson

A. Policy Review:

1. Suicide Prevention and Risk Assessment #280-01-132

Columbia-Suicide Severity Rating Scale

Sheila Adams, CNO, stated that the hospital did not have a suicide prevention or identification risk assessment policy. Med Staff did approve this policy at their meeting last week. With the Boards approval, this policy will go into effect May 1st. Education has been done with some of the staff. Clinical staff will be doing their education through HealthStream prior to going live. The ER already has a safe room. In the inpatient rooms upstairs, items would have to be removed for the safety of the patient per the policy. Documenting what is being done is critical to the hospital and the care of the patient.

Denise Addie motioned to approve the Suicide Prevention and Risk Assessment Policy. Katharine Elverum seconded. Motion carried unanimously.

11. Joint Conference Committee- Stan Thompson, Chairperson

A. No report

12. Administrative Reports

A. Human Resources- Tim James, HR Director

Frank Corcoran stated that Tim James has is out of the office and did not have an opportunity to do his report. We have hired two new people. A controller by the name of John Ruiz and an Infection Prevention Manager who will start in May.

B. CNO Report- Sheila Adams, CNO, the report is not included in the packet because Sheila took a well-deserved week off last week! Sheila did report that our first Passport USA nurse, Grace, is in house, settling in and doing well. Passport USA nurses cost us far less than traveling nurses. Traveler costs and rates are not declining anywhere at this time. Our new Infection Prevention Manager is certified in infection control and prevention by the board of infection control and epidemiology. We stole her from the VA! Two of the powerlifts for EMS have been installed. EMS participated in a disaster preparedness event at the Spaceport. Our EMS is the contracted provider for Virgin Galactic at the

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

Spaceport. ED and the nursing unit is seeing an increase in volume so far in March. Influenza A is widespread at this time.

C. CEO Report- Frank Corcoran, CEO, we are still trying to find funds for the inpatient behavioral health project. Frank gave a presentation to the NMHA and Senators Lujan and Henrich staffers. Each of the Senators have reached out with suggestions and grant opportunities to help us. Travis Day stated that he too, has had conversations with Senator Henrich regarding this topic. The majority of the funds we need will go to building the facility. Remodeling the old hospital space is not a good option. Kathy Kunkle continues to stay in touch from the state.

We selected DMS to lease our full time MRI truck from and it should be onsite by April 6. The truck will be staffed by Radiology Monday through Friday for now. Two MRI's cover the cost difference from one day per week to full time onsite. Surgical services companies are few and far between so getting another quote to compare the RSSG proposal to has been difficult. RSSG wants to bring in a surgeon three days per week: two days in clinic and one day in surgery. Eventually we will build up to two days of surgery. Weekend surgeries would either be stabilized until the next week or transferred if emergent. Memorial has provided a contract for review that includes cardiology, ortho and surgery. Their surgeon would do one day in the clinic here and do scopes to start. The Memorial proposal will be presented at next months meeting along with the RSSG proposal.

In March we had one positive COVID test out of 200. Other areas are seeing the variants creep up and it may creep up here again after this drop off. We are still testing our unvaccinated employees and we have had a rush of Flu-A.

This week the construction crew will cut holes in the roof of the boiler room to connect the old utilities to the new. Next week we will have minimal shutdowns of electricity, water and plumbing that will only affect the old building and last for about 30 minutes.

The roof has been replaced on the Thrift store. Painting, plumbing and ramp repair will be done next by our maintenance department. It is our building, and we need to keep it in good shape.

We will have our 340B audit next week. This is a federal audit that will be done virtually. Sun RX is the company that helps us run the program and they will be onsite to participate in the audit. We expect the audit to go well.

D. Governing Board- Greg D'Amour, Chairperson, the strategic planning meeting is in two days. As the research into the behavioral health project showed us, we probably need to tear down the old building. Most everyone agreed. Greg stated that he is excited about the practitioners who are interested in coming into our community and helping us build a good, healthy, community hospital. The staff that we have right now, truly have their hearts into being at this hospital. Thursday should be filled with lots of thought, lots of planning and looking at service lines and developing them. Ming, the \$12 million man, does have a proposal and more details regarding investing the hospitals money. He will present this at the next Governing Board meeting.

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, and 9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5 the Governing Board will vote to close the meeting to discuss the following items:

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

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

A. Provider Update

Frank Corcoran, CEO

B. Credentials

Frank Corcoran, CEO

Not renewing or appointing

Robert Mullan, MD (Podiatrist, Las Cruces)

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

A. Risk Report-

Heather Johnson, HIM Mgr.

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

A. Laboratory Update

Frank Corcoran, CEO

B. COVID Restrictions Discussion

Greg D'Amour, Chair

C. QHR Report to Board, February

Erika Sundrud, QHR

Roll Call to Close Meeting: Jennifer Burns

Kathi Pape, Secretary, Y

Katharine Elverum, Y

Art Burger, Y

Stan Thompson, Y

Bruce Swingle, Y

Denise Addie, Y

Cookie Johnson, Y

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

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

A. Provider Update

No Action

B. Credentials

Not renewing or appointing

Robert Mullan, MD (Podiatrist, Las Cruces)

No Action

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

A. Risk Report-

No Action

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

A. Laboratory Update

No Action

B. COVID Restrictions Discussion

No Action

C. QHR Report to Board, February

No Action

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

15. Other-

Next regular meeting will be held Tuesday, April 26th at 12:00. Finance Committee, Tuesday, April 26th at 10:30 and Board Quality, Monday, April 25th at 12:00.

Greg D'Amour asked Art Burger to be part of the Board Quality Committee.

16. Adjournment-

Cookie Johnson motioned to adjourn. Kathi Pape seconded. Motion carried unanimously.

Recording Secretary, Jennifer Burns

Date of Approval

Greg D'Amour, Chairperson



Financial Analysis

March 31st, 2022

Days Cash on Hand for March 2022 are 172 (149 available)

Accounts Receivable Net days are 26

Accounts Payable days are 27

Hospital Excess Revenue over Expense

The **Net Income** for the month of March was (\$97,479) vs. a Budget Income of (\$102,170).

Hospital Gross Revenue for March was \$4,116,284 or \$111,197 less than budget. Patient Days were 141 – 2 more than February. RHC visits were 661 – 116 more than February, Outpatient Visits were 962 – 70 less than February, and ER visits were 650 – 116 more than February.

Revenue Deductions for March were \$1,887,323 or \$414,423 less than budget due to the reduction of current year Medicare payable by \$160,000.

Other Operating Revenue was \$229,154 or \$31,212 less than budget.

Hospital Operating Expenses for March were \$2,355,583. Compared to Budget, expenses were over Budget by \$301,845. Salaries and benefits were over budget by \$14,166 and over prior year by \$45,432.

Compared to Budget, Contract Services were over budget by \$247,559 due to past due agency staffing expenses of \$141,209.

EBITDA for March was \$313,444 vs. a Budget of \$274,546. YTD EBITDA is \$6,137,767 vs. a Budget of \$2,587,419.

The **Bond Coverage Ratio** in March was 383% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
March 31, 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
3/31/22	3/31/22	Budget	3/31/21	Prior Year			3/31/22	3/31/22	Budget	03/31/21	Prior Year
DESCRIPTION											
Growth											
Net Patient Revenue Growth Rate											
Admissions											
22	25	(3)	22	-	675	390	28%	237	30	212	55
5	4	1	5	-	77	55	44	33	11	33	11
27	29	(2)	27	-	751	445	311	270	41	245	66
5.2	5.8	(0.6)	4.3	0.9	3.3	4.0	5.0	5.2	(0)	4.8	0.26
141	168	(27)	116	25			1,568	1,396	172	1,171	397
962	929	33	1,008	(46)	40,845	23,550	10,494	8,211	2,283	10,293	201
661	1,017	(356)	699	(38)	17,340	14,112	5,673	8,989	(3,316)	6,559	(886)
650	601	49	513	137	7,782	6,018	5,866	5,313	553	4,538	1,328
3%	4%	-0.8%	4%	-1%	10%	6%	5%	4%	0%	5%	0%
ER Visits Conversion to Acute Admissions											
Surgery Cases											
-	-	-	-	-	194	93	-	-	-	5	(5)
-	-	-	-	-	1,142	579	-	-	-	70	(70)
-	-	-	-	-	1,336	672	-	-	-	75	(75)
Total Surgeries											
Profitability											
12%	14%	-3%	20%	-8%	7%	4%	24%	16%	8%	19%	5%
-4%	-4%	1%	5%	-9%	2%	2%	9%	-4%	13%	4%	6%
46%	54%	-9%	45%	1%	47%	50%	45%	55%	-10%	51%	-6%
2%	9%	-7%	5%	-3%	2%	6%	5%	9%	-4%	8%	-3%
92%			92%		83%	78%	92%			93%	-1%
\$ 12,196			\$ 10,202	\$1,995			\$12,196			\$10,202	\$1,995
\$ 6,607			\$ 5,590	\$1,016			\$6,607			\$5,590	\$1,016
40%	46%	-6%	40%	0%	35%	40%	39%	44%	-5%	48%	-9%
8%	8%	-1%	6%	1%	11%	12%	7%	8%	-1%	8%	-1%
8%	8%	0%	5%	3%	10%	13%	7%	8%	-1%	8%	-1%
Supplies % Net Pt Rev											
Cash and Liquidity											
172					236	106	172			206	(34)
38					47	57	38			50	(12)
26					41	53	26			18	9
27					30	35	27			65	(38)
4.3					4.3	2.6	4.3			1.6	2.7

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

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Admissions												
Acute												
Swing												
Total Admissions												
ALOS (acute and swing)												
Patient Days (acute and swing)												
Outpatient Visits												
Rural Health Clinic Visits												
ER Visits												
ER Visits Conversion to Acute Admissions												
Surgery Cases												
Inpatient Surgery Cases												
Outpatient Surgery Cases												
Total Surgeries												
Profitability												
EBITDA % Net Rev												
Operating Margin %												
Rev Ded % Net Rev												
Bad Debt % Net Pt Rev												
Outpatient Revenue %												
Gross Patient Revenue/Adjusted Admission												
Net Patient Revenue/Adjusted Admission												
Salaries % Net Pt Rev												
Benefits % Net Pt Rev												
Supplies % Net Pt Rev												
Cash and Liquidity												
Days Cash on Hand												
A/R Days (Gross)												
A/R Days (Net)												
Days in AP												
Current Ratio												

Sierra Vista Hospital
TWELVE MONTH STATISTICS
March 31, 2022

(SUBJECT TO AUDIT)

Description	3/31/2022	2/28/2022	1/31/2022	12/31/2021	11/30/2021	10/31/2021	9/30/2021	8/31/2021	7/31/2021	6/30/2021	5/31/2021	Month Ending 4/30/2021
Admissions												
Acute	22	23	37	31	38	32	22	30	32	24	25	21
Swing	5	3	8	7	3	4	5	5	4	6	7	4
Total Admissions	27	26	45	38	41	36	27	35	36	30	32	25
ALOS (acute and swing)	5.2	5.3	3.8	5.3	4.1	6.2	6.6	5.1	4.6	4.2	4.8	3.6
Patient Days (acute and swing)	141	139	172	202	170	223	177	178	166	125	152	91
Outpatient Visits	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882	896	1,023	1,169
Rural Health Clinic Visits	661	545	557	511	690	704	688	546	771	709	712	625
ER Visits	650	534	676	644	678	618	601	793	672	561	641	568
ER Visits Conversion to Acute Admissions	3%	4%	5%	5%	6%	5%	4%	4%	5%	4%	4%	4%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	-
Profitability												
EBITDA % Net Rev	12%	-5%	27%	28%	42%	24%	17%	29%	21%	5%	24%	19%
Operating Margin %	-3.7%	-24%	13%	16%	32%	11%	1%	15%	6%	-8.6%	8.6%	2.6%
Rev Ded % Net Rev	46%	56%	37%	41%	44%	40%	47%	47%	50%	35%	49%	51%
Bad Debt % Net Pt Rev	2.3%	7%	1%	6%	3%	3%	6%	8%	11%	10.1%	10.0%	13.0%
Outpatient Revenue %	92%	86%	84%	86%	84%	89%	89%	89%	93%	90%	92%	93%
Gross Patient Revenue/Adjusted Admission	\$ 12,196	\$ 19,250	\$ 15,136	\$ 15,418	\$ 17,278	\$ 13,282	\$ 17,028	\$ 14,503	\$ 8,514	\$ 12,598	\$ 11,285	\$ 11,568
Net Patient Revenue/Adjusted Admission	\$ 6,607	\$ 8,546	\$ 9,547	\$ 9,095	\$ 9,739	\$ 8,029	\$ 8,968	\$ 7,692	\$ 4,256	\$ 8,140	\$ 5,719	\$ 5,993
Salaries % Net Pt Rev	40%	59%	37%	38%	36%	38%	41%	35%	37%	64%	35%	38%
Benefits % Net Pt Rev	8%	10%	7%	7%	6%	7%	7%	6%	6%	7%	9%	9%
Supplies % Net Pt Rev	8%	9%	5%	7%	8%	8%	7%	6%	6%	5%	6%	5%
Cash and Liquidity												
Days Cash on Hand	172	181	185	179	174	165	166	165	153	173	184	188
A/R Days (Gross)	38	39	41	39	41	39	38	36	34	40	54	51
A/R Days (Net)	26	29	31	26	27	22	22	22	20	23	23	18
Days in AP	27	33	30	24	32	32	24	26	26	31	25	25
Current Ratio	4.3	4.2	4.7	4.6	4.3	4.0	4.1	4.0	3.9	1.6	1.7	1.7

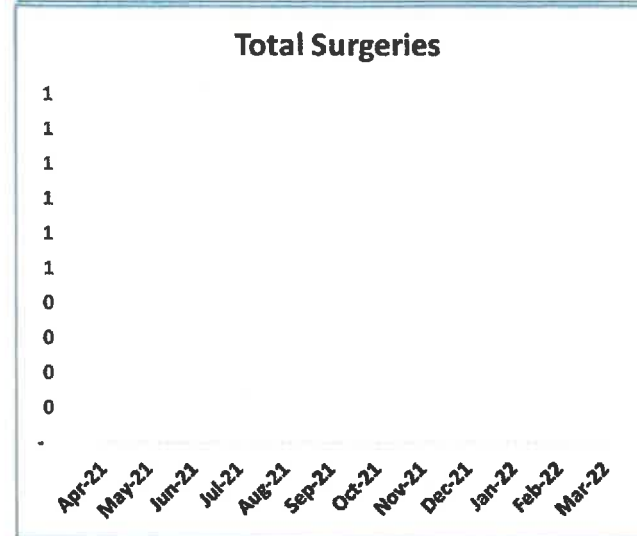
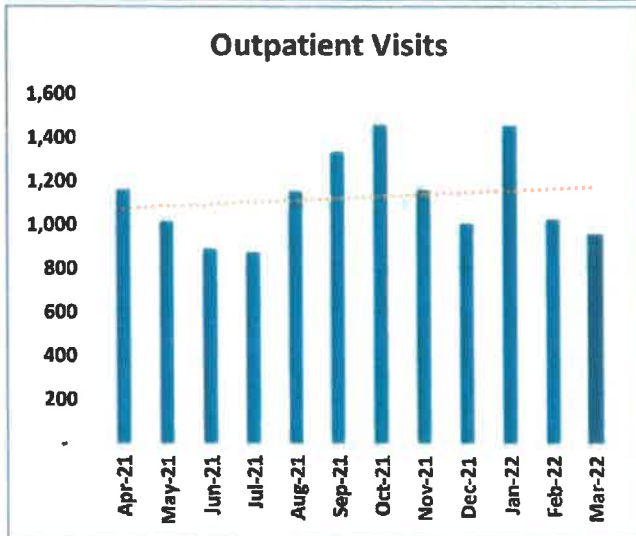
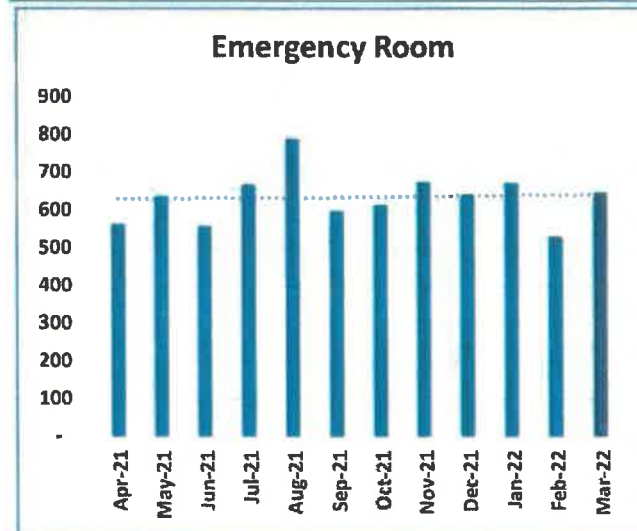
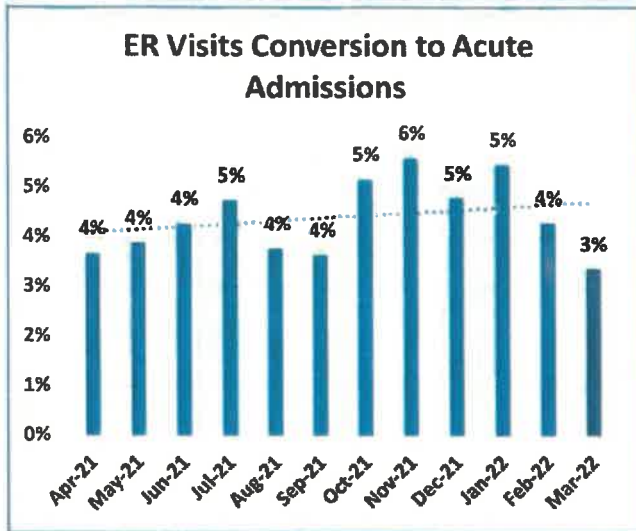
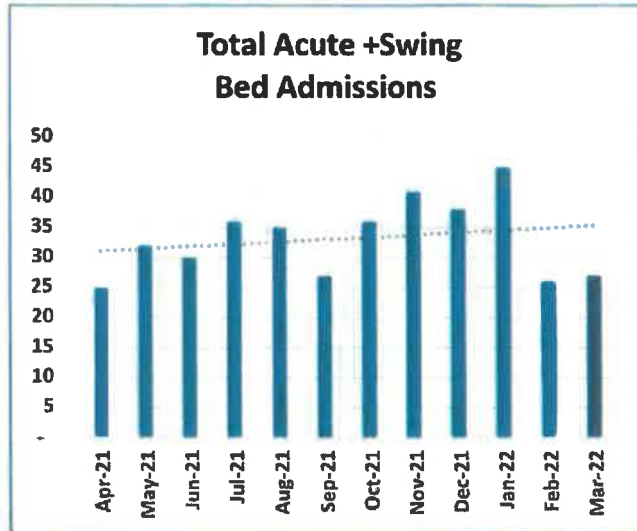
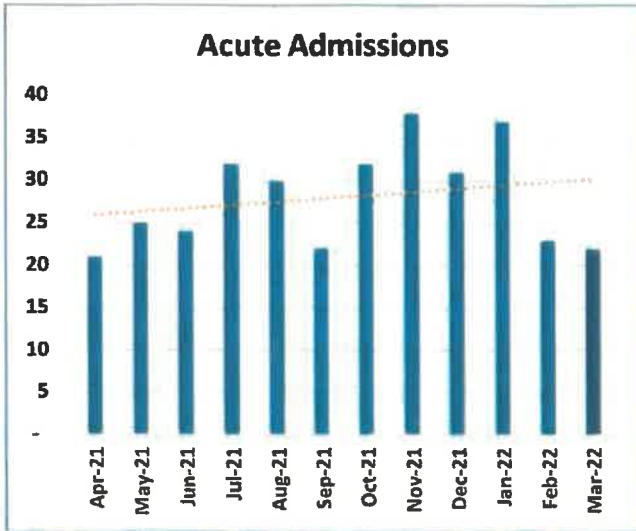
**Sierra Vista Hospital
Detailed Stats by Month
3/31/2022**

Description	FY2022	Avg FY2022	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
			Ending 6/30/2022	Ending 5/31/2022	Ending 4/30/2022	Ending 3/31/2022	Ending 2/28/2022	Ending 1/31/2022	Ending 12/31/2021	Ending 11/30/2021	Ending 10/31/2021	Ending 9/30/2021	Ending 8/31/2021	Ending 7/31/2021
Total Acute Patient Days	980	109				77	78	122	141	128	149	81	104	100
Total Swingbed Patient Days	588	65				64	61	50	61	42	74	96	74	66
Total Acute Hours (based on Ditch Hrs)	23,155	2,573				1,336	1,881	2,928	3,408	3,107	3,583	1,956	2,556	2,400
TOTAL ACUTE														
Patient Days	980	109				77	78	122	141	128	149	81	104	100
Admits	267	30				22	23	37	31	38	32	22	30	32
Discharges	265	29				23	20	38	34	33	35	21	29	32
Discharge Hours	23,155	2,573				1,336	1,881	2,928	3,408	3,107	3,583	1,956	2,556	2,400
Avg LOS	3.7	3.7	#DIV/0!	#DIV/0!	#DIV/0!	3.3	3.9	3.2	4.1	3.9	4.3	3.9	3.6	3.1
Medicare Acute														
Patient Days	636	71				55	61	105	102	75	90	54	53	41
Admits	160	13				13	18	32	12	21	20	16	12	10
Discharges	157	17				16	11	32	20	21	20	15	12	10
Discharge Hours	13,903	1,545				56	1,475	2,529	2,436	1,827	2,201	1,123	1,281	975
Avg LOS	4.1	4.1	#DIV/0!	#DIV/0!	#DIV/0!	3.4	5.5	3.3	5.1	3.6	4.5	3.6	4.4	4.1
SWING - ALL (Medicare/Other)														
Patient Days	680	76				64	61	141	61	42	74	96	75	66
Admits	44	5				5	3	8	7	3	4	5	5	4
Discharges	51	6				2	11	8	6	4	8	5	4	3
Discharge Hours	13,351	1,483				1,647	2,583	1,227	1,464	1,026	1,814	1,611	883	1,096
Avg LOS	13.3	13.3	#DIV/0!	#DIV/0!	#DIV/0!	32.0	5.5	17.6	10.2	10.5	9.3	19.2	18.8	22.0
Observations														
Patient Days	188	21				20	14	12	27	18	27	15	35	20
Admits	160	18				22	14	14	12	15	19	15	26	23
Discharge Hours	4,535	504				484	361	276	656	441	656	347	844	470
Emergency Room														
Total ER Patients	5,863	651				650	534	676	644	675	618	601	793	672
Admitted	299	33				39	20	24	36	42	31	29	43	35
Transferred	416	46				64	40	35	37	35	49	44	56	56
Ambulance														
Total ALS/BLS runs	2,679	298				317	242	289	303	298	292	285	348	305
911 Calls	2,012	224				228	183	219	243	229	211	211	263	225
Transfers	667	74				89	59	70	60	69	81	74	85	80
OP Registrations	10,494	1,166				962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882
Vaccine Clinic	810	90				13	13	84	92	42	226	65	103	172
Rural Health Clinic														
Total RHC Visits	5,673	630				661	545	557	511	690	704	688	546	771
Avg Visits per day	271	30				29	27	28	26	36	31	34	25	35
Behavioral Health														
Behaviors Seen	2,529	281				144	315	332	273	274	271	318	255	347

Sierra Vista Hospital
Detailed Stats by Month
3/31/2022
(SUBJECT TO AUDIT)

	FY2022	Avg FY2022	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Dictary														
Inpatient Meals	6,670	741				757	715	715	715	757	931	775	750	547
Outpatient Meals	1,764	196				123	127	127	215	312	175	354	147	128
Cafeteria Meals	18,290	2,032				1,747	1,622	1,960	1,960	2,151	2,250	2,289	2,245	1,773
Functions	2,748	305				186	155	231	231	396	200	332	231	122
Laboratory														
In-house Testing	159,429	17,714				18,830	17,544	19,201	16,451	17,745	17,823	16,039	17,432	18,364
Sent Out Testing	7,672	852				804	820	1,031	867	987	859	894	873	537
Drugscreens	180	20				33	18	8	15	24	16	13	29	24
Physical Therapy														
PT Visits	2,853	317				423	350	326	289	250	236	329	320	330
Tx Units	10,303	1,145				1,574	1,290	1,214	948	984	907	1,233	1,138	1,015
Outpatient	448	50				63	60	44	41	44	44	47	56	49
Inpatient	261	29				37	49	57	18	19	11	18	23	29
Radiology														
X-Ray Patients	3,930	437				427	354	414	443	453	427	468	453	491
CT Patients	2,548	283				285	216	275	264	275	308	299	324	302
Ultrasound Patients	1,089	121				136	158	108	108	121	114	104	124	116
Mammogram Patients	347	39				43	43	31	27	41	45	46	37	34
MRI Patients	294	33				23	30	32	44	20	31	44	27	43
Nuclear Medicine Patients	38	4				5	5	2	6	1	3	4	8	4
DEXA	94	10				10	5	11	7	13	14	12	12	10
Surgery														
Surgical Procedures - OR	-	-				-	-	-	-	-	-	-	-	-
GI Lab Scopes	-	-				-	-	-	-	-	-	-	-	-
Major Surgery	-	-				-	-	-	-	-	-	-	-	-
Minor Surgery Under TIVA/Sedation	-	-				-	-	-	-	-	-	-	-	-
Inpatient Procedures	-	-				-	-	-	-	-	-	-	-	-
Outpatient Procedures	-	-				-	-	-	-	-	-	-	-	-

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT
March 31, 2022

MONTH					YEAR TO DATE					
Actual 3/31/22	Budget 3/31/22	Variance to Budget	Prior Year 3/31/21	Variance to Prior Year	DESCRIPTION	Actual 3/31/22	Budget 3/31/22	Variance to Budget	Prior Year 3/31/21	Variance to Prior Year
\$ 4,116,284	\$ 4,227,481	\$ (111,197)	\$ 3,934,973	\$181,311	Gross Patient Revenue	\$ 38,080,537	\$ 37,048,966	\$ 1,031,571	\$ 33,753,653	\$4,326,884
\$ 1,733,039	1,990,260	(257,221)	1,602,571	\$130,468	Revenue Deductions	15,465,302	17,550,116	(2,084,814)	15,391,508	\$73,794
\$ 52,445	174,428	(121,983)	113,417	(\$60,971)	Contractual Allowances	1,138,984	1,534,509	(395,525)	1,377,292	(\$238,308)
\$ 101,839	137,058	(35,220)	62,749	\$39,090	Bad Debt	555,712	1,195,361	(639,649)	611,608	(55,896)
\$ 1,887,323	\$ 2,301,746	\$ (414,423)	\$ 1,778,737	\$ 108,586	Total Revenue Deductions	\$ 17,159,998	\$ 20,279,987	\$ (3,119,989)	\$ 17,380,407	\$ (220,407)
\$ 761	0	761	27	\$734	Other Patient Revenue	10,791	0	10,791	11,852	(1,060)
\$ 2,229,722	\$ 1,925,735	\$ 303,987	\$2,156,263	\$73,459	Net Patient Revenue	\$ 20,931,330	\$ 16,768,980	\$ 4,162,351	\$ 16,385,097	\$ 4,546,233
54%	46%	9%	55%	[1%]	Gross to Net %	55%	45%	10%	49%	6%
\$ 229,154	260,367	(31,212)	221,710	\$7,444	Other Operating Revenue	2,323,708	2,197,654	126,054	1,987,195	336,513
\$ 210,151	142,182	67,969	131,400	\$78,751	Non-Operating Revenue	2,668,821	1,261,536	1,407,285	3,374,244	(705,423)
\$ 2,669,027	\$ 2,328,284	\$ 340,743	\$ 2,509,373	\$ 159,654	Total Operating Revenue	\$ 25,923,859	\$ 20,228,170	\$ 5,695,690	\$ 21,746,536	\$ 4,177,323
\$ 1,071,947	\$1,057,782	\$14,166	\$1,026,515	\$45,432	Salaries & Benefits	\$9,771,967	\$8,933,803	838,164	\$9,174,542	\$597,425
\$ 884,152	879,184	4,968	852,369	31,783	Salaries	8,205,298	7,420,499	784,799	7,817,699	387,599
\$ 174,881	162,486	12,395	140,040	34,841	Benefits	1,441,630	1,365,504	76,125	1,230,698	210,932
\$ 12,915	16,112	(3,198)	34,106	(21,191)	Other Salary & Benefit Expense	125,039	147,800	(22,760)	126,146	(1,106)
\$ 186,932	158,618	28,314	114,696	72,236	Supplies	1,498,702	1,368,138	130,565	1,305,480	\$193,223
\$ 713,877	466,318	247,559	529,963	183,914	Contract Services	4,978,348	4,143,506	834,841	4,136,872	\$841,476
\$ 180,370	169,478	10,892	139,489	40,881	Professional Fees	1,597,899	1,406,202	191,697	1,318,536	\$279,363
\$ 11,210	19,647	(8,438)	12,544	(1,334)	Leases/Rentals	66,705	151,111	(84,405)	85,134	(\$18,429)
\$ 30,623	42,530	(11,907)	34,884	(4,261)	Utilities	323,401	376,799	(53,398)	399,409	(\$76,008)
\$ 56,795	49,464	7,331	52,155	4,639	Repairs / Maintenance	557,145	441,426	115,719	401,145	\$156,000
\$ 67,827	58,796	9,031	61,754	6,073	Insurance	591,779	529,167	62,612	478,580	\$113,199
\$ 36,002	31,104	4,898	34,837	\$1,165	Other Operating Expenses	400,147	290,598	109,548	290,729	\$109,417
\$2,355,583	\$2,053,738	\$301,845	\$2,006,836	\$348,747	Total Operating Expenses	\$19,786,092	\$17,640,751	\$2,145,342	\$17,590,428	\$2,195,665
\$313,444	\$274,546	\$38,898	\$502,537	(\$189,093.05)	EBITDA	\$6,137,767	\$2,587,419	\$3,550,348	\$4,156,109	\$1,981,658
12%	12%	(0%)	20%	(8%)	EBITDA Margin	24%	13%	11%	19%	5%
\$ 289,899	\$263,329	\$26,570	\$261,732	\$28,167	Non - Operating Expenses	2,596,693	\$2,369,961	226,732	\$2,334,087	\$262,606
\$ 73,442	73,719	(\$277)	74,314	(\$872)	Depreciation and Amortization	666,308	663,467	2,840	\$669,127	(\$2,819)
\$ 47,582	39,668	\$7,914	38,267	\$9,315	Interest	421,206	347,640	73,566	\$320,407	\$100,799
\$410,923	\$376,716	\$34,208	\$374,313	\$36,610	Tax/Other	\$3,684,207	\$3,381,068	\$303,138	\$3,323,621	\$360,585
(\$97,479)	(\$102,170)	\$4,691	\$128,224	(\$225,703)	Total Non Operating Expense	\$3,453,560	(\$793,649)	\$3,247,209	\$832,488	\$1,621,073
(4%)	(4%)	1%	5%	(9%)	NET INCOME (LOSS)	9%	(4%)	13%	4%	6%
					Net Income Margin					

Sierra Vista Hospital
INCOME STATEMENT by Month
March 31, 2022

Description	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Revenues												
Gross Patient Revenue	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Revenue Deductions												
Contractual Allowances												
Bad Debt												
Other Deductions												
Total Revenue Deductions												
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %												
Other Operating Revenue												
Non-Operating Revenue												
Total Operating Revenue												
Expenses												
Salaries & Benefits	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
Total Operating Expenses												
EBITDA												
EBITDA Margin												
Non - Operating Expenses												
Depreciation and Amortization												
Interest												
Tax/Other												
Total Non Operating Expenses												
NET INCOME (LOSS)												
Net Income Margin												

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
March 31, 2022

Description	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021	Month Ending 6/30/2021	Month Ending 5/31/2021	Month Ending 4/30/2021
Revenues												
Gross Patient Revenue	\$ 4,116,284	\$ 3,575,083	\$ 4,257,015	\$ 4,185,011	\$ 4,427,493	\$ 4,346,694	\$ 4,179,687	\$ 4,614,742	\$ 4,378,529	\$ 3,779,340	\$ 4,514,001	\$ 4,131,478
Contractual Allowances	1,733,039	1,831,356	1,473,918	1,529,498	1,782,904	1,566,157	1,782,484	1,899,262	1,866,683	739,729	1,946,368	1,863,514
Bad Debt	52,445	124,185	30,998	147,779	88,057	74,595	151,690	211,136	258,100	275,780	253,280	319,993
Other Deductions	101,839	34,833	69,482	36,850	65,154	78,507	44,813	59,296	64,939	136,403	32,316	13,425
Total Revenue Deductions	\$ 1,887,323	\$ 1,990,374	\$ 1,574,398	\$ 1,714,126	\$ 1,936,115	\$ 1,719,259	\$ 1,978,988	\$ 2,169,694	\$ 2,189,771	\$ 1,151,911	\$ 2,231,964	\$ 2,196,932
Other Patient Revenue	761	2,439	2,411	(2,256)	4,236	223	519	2,368	92	2,252	5,667	205,958
Net Patient Revenue	\$ 2,229,722	\$ 1,587,148	\$ 2,685,027	\$ 2,468,629	\$ 2,495,613	\$ 2,627,658	\$ 2,201,219	\$ 2,447,416	\$ 2,188,899	\$ 2,629,681	\$ 2,287,704	\$ 2,140,504
Gross to Net %	54%	44%	63%	59%	56%	60%	53%	53%	50%	69.6%	51%	52%
Other Operating Revenue	229,154	407,705	236,475	245,623	257,456	234,590	245,827	244,398	222,480	195,600	225,516	227,256
Non-Operating Revenue	210,151	126,373	136,923	524,485	1,111,105	136,001	156,687	133,565	133,531	4,497,231	139,590	114,844
Total Operating Revenue	\$ 2,669,027	\$ 2,121,225	\$ 3,058,426	\$ 3,238,738	\$ 3,864,174	\$ 2,998,249	\$ 2,603,732	\$ 2,823,379	\$ 2,544,910	\$ 7,322,512	\$ 2,652,811	\$ 2,482,604
Expenses												
Salaries & Benefits	1,071,947	1,090,915	1,187,631	1,115,403	1,062,747	1,190,167	1,083,081	1,010,393	959,681	1,753,265	1,018,526	1,044,325
Salaries	884,152	935,149	994,277	933,787	897,931	994,453	904,957	849,049	811,543	1,553,450	807,962	820,724
Benefits	174,881	150,964	184,486	168,877	148,603	185,508	164,910	140,321	123,079	199,541	198,640	183,484
Other Salary & Benefit Expense	12,915	4,802	8,868	12,739	16,213	10,207	13,214	21,024	25,059	31,637	11,923	40,117
Supplies	186,932	145,782	135,106	180,104	192,722	203,136	158,083	156,134	140,705	120,497	133,713	113,407
Contract Services	713,877	581,223	533,176	590,882	579,918	489,167	546,796	423,407	519,901	533,000	555,541	522,755
Professional Fees	180,370	174,511	180,370	180,370	178,580	180,370	176,796	176,122	170,411	141,269	137,711	176,104
Leases/Rentals	11,210	3,103	6,377	12,959	7,323	8,575	4,667	9,449	3,044	4,555	8,682	(12,888)
Utilities	30,623	32,989	32,182	33,143	32,255	44,155	30,910	43,942	43,203	41,732	37,213	34,497
Repairs / Maintenance	56,795	94,507	48,475	47,157	96,695	44,792	58,542	58,903	51,279	65,100	35,519	45,950
Insurance	67,827	68,149	70,297	69,939	39,655	68,910	68,546	69,580	68,875	61,004	39,572	61,888
Other Operating Expenses	36,002	33,489	43,145	92,642	34,089	37,067	29,879	52,162	41,672	310,570	45,807	29,314
Total Operating Expenses	\$2,355,583	\$2,224,667	\$2,236,758	\$2,322,599	\$2,223,984	\$2,266,338	\$2,157,300	\$2,000,093	\$1,998,770	\$3,062,355	\$2,012,283	\$2,015,352
EBITDA	\$313,444	(\$103,442)	\$821,667	\$916,139	\$1,640,190	\$731,911	\$446,432	\$825,285	\$546,140	\$4,260,157	\$640,528	\$467,252
EBITDA Margin	12%	-5%	27%	28%	42%	24%	17%	29%	21%	58.2%	24%	19%
Non - Operating Expenses												
Depreciation and Amortization	289,899	288,723	288,751	289,084	288,362	288,341	312,727	275,153	275,653	367,078	300,596	283,920
Interest	73,442	73,451	73,460	73,469	75,914	73,487	73,496	76,073	73,514	63,049	74,297	78,407
Tax/Other	47,582	44,305	47,309	51,431	41,521	55,051	44,271	43,288	46,448	45,632	37,182	39,201
Total Non Operating Expenses	\$410,923	\$406,479	\$409,521	\$413,984	\$405,798	\$416,979	\$430,493	\$394,515	\$395,615	\$475,759	\$412,074	\$401,528
NET INCOME (LOSS)	(\$97,479)	(\$509,921)	\$412,147	\$502,154	\$1,234,392	\$315,032	\$15,939	\$430,771	\$150,525	\$3,784,398	\$228,453	\$65,724
Net Income Margin	(4%)	(24%)	13%	16%	32%	11%	1%	15%	6%	51.7%	9%	3%

Sierra Vista Hospital
BALANCE SHEET
March 31, 2022

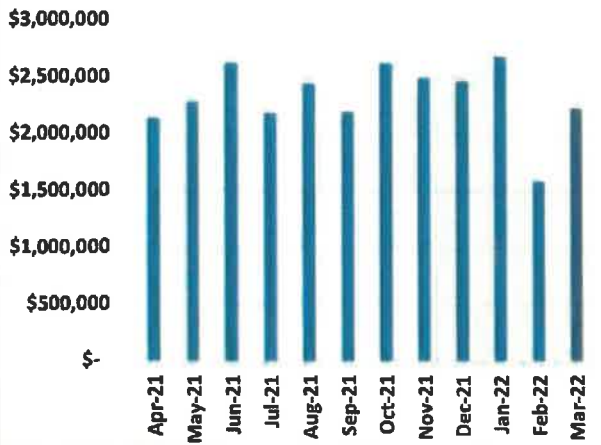
March 31, 2022 (Unaudited)	DESCRIPTION	June 30, 2021 (Unaudited)
	Assets	
	Current Assets	
\$ 12,505,182	Cash and Liquid Capital	\$ 11,438,301
\$ 18,377	US Bank Clearing	\$ 161,475
\$ 12,523,558	Total Cash	\$ 11,599,776
\$ 5,386,221	Accounts Receivable - Gross	\$ 5,074,914
\$ 3,359,094	Contractual Allowance	\$ 3,667,639
\$ 2,027,127	Total Accounts Receivable, Net of Allowance	\$ 1,407,274
\$ 1,687,149	Other Receivables	\$ 1,212,840
\$ 575,838	Inventory	\$ 477,190
\$ 278,436	Prepaid Expense	\$ 76,050
\$ 17,092,108	Total Current Assets	\$ 14,773,131
	Long Term Assets	
\$ 53,805,896	Fixed Assets	\$ 53,265,499
\$ 14,172,774	Accumulated Depreciation	\$ 11,576,081
\$ 775,646	Construction in Progress	\$ -
\$ 40,408,769	Total Fixed Assets, Net of Depreciation	\$ 41,689,418
\$ 40,408,769	Total Long Term Assets	\$ 41,689,418
\$ 3,181,530	New Hospital Loan	\$ 2,081,543
\$ 60,682,407	Total Assets	\$ 58,544,092
	Liabilities & Equity	
	Current Liabilities	
\$ 987,286	Account Payable	\$ 972,524
\$ 990,805	Interest Payable	\$ 298,724
\$ 46,000	Accrued Taxes	\$ 45,327
\$ 839,253	Accrued Payroll and Related	\$ 780,188
\$ 1,066,171	Cost Report Settlement	\$ 2,011,460
\$ 3,929,514	Total Current Liabilities	\$ 4,108,223
	Long term Liabilities	
\$ 25,996,552	Long Term Notes Payable	\$ 26,032,239
\$ 25,996,552	Total Long Term Liabilities	\$ 26,032,239
\$ 348,983	Unapplied Liabilities	\$ 403,457
\$ 363,450	Capital Equipment Lease	\$ 409,826
\$ 30,638,500	Total Liabilities	\$ 30,953,745
\$ 30,141,386	Retained Earnings	\$ 23,805,949
\$ (97,479)	Net Income	\$ 3,784,398
\$ 60,682,407	Total Liabilities and Equity	\$ 58,544,092

Sierra Vista Hospital
BALANCE SHEET by Month
March 31, 2022

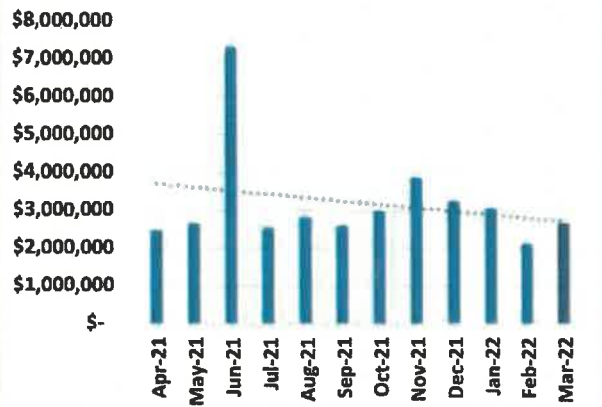
	6/30/2022	5/31/2022	4/30/2022	3/31/2022	2/28/2022	1/31/2022	12/31/2021	11/30/2021	10/31/2021	9/30/2021	8/31/2021	Month Ending 7/31/2021
Assets												
Current Assets												
Cash and Liquid Capital												
US Bank Clearing	\$0	\$0	\$0	\$12,573,558	\$13,067,711	\$13,180,805	\$12,760,073	\$12,281,116	\$11,475,904	\$11,323,187	\$10,984,596	\$10,575,983
Total Cash												
Accounts Receivable - Gross												
Contractual Allowance												
Total Accounts Receivable, Net of Allowance	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other Receivables												
Inventory												
Prepaid Expense												
Total Current Assets	\$0	\$	\$	\$17,092,108	\$18,023,466	\$17,961,648	\$17,693,965	\$17,241,369	\$15,826,226	\$15,331,508	\$15,289,976	\$14,818,743
Long Term Assets												
Fixed Assets												
Accumulated Depreciation												
Construction in Progress												
Total Fixed Assets, Net of Depreciation	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Long Term Assets												
New Hospital Loan												
Total Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Liabilities & Equity												
Current Liabilities												
Account Payable												
Interest Payable												
Accrued Taxes												
Accrued Payroll and Related												
Cost Report Settlement												
Total Current Liabilities	\$0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Long term Liabilities												
Long Term Notes Payable												
Total Long Term Liabilities	\$0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Unapplied Liabilities												
Capital Equipment Lease												
Total Liabilities	\$0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Retained Earnings												
Net Income												
Total Liabilities and Equity	\$0	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Financial Trends

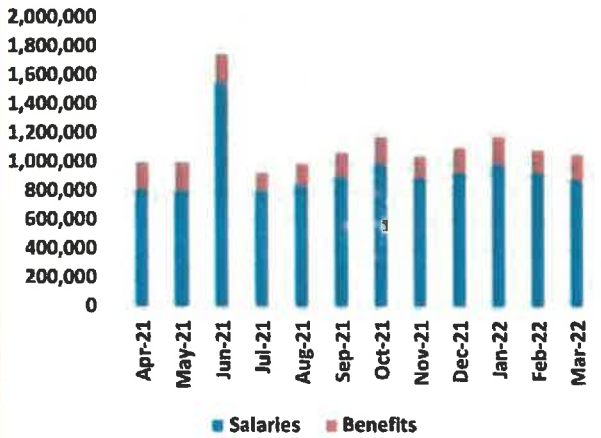
Net Patient Revenue



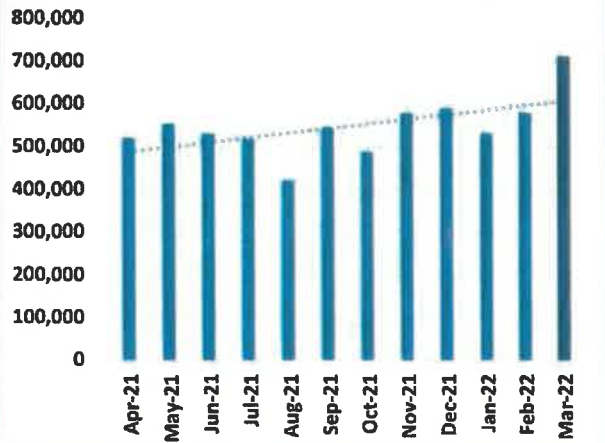
Total Operating Revenue



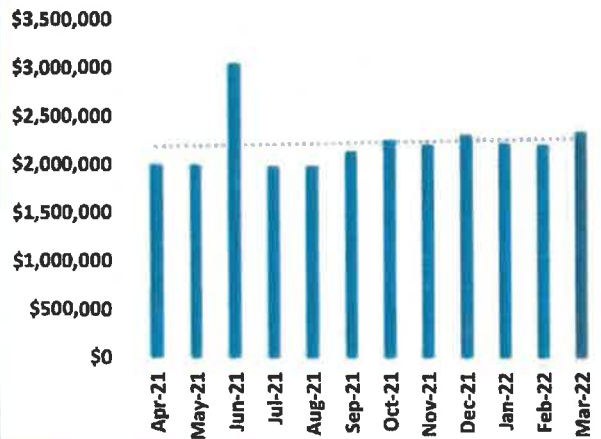
Employed Labor Costs



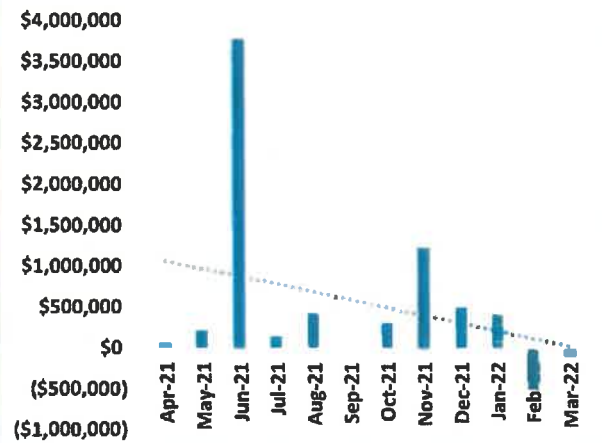
Contract Services



Total Expenses



Net Income (Loss)



Sierra Vista Hospital

3/31/2022

Reserves

	3/31/2022	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Covid-19 Medicare Advanced Payments	(556,171)	Repayment starting in May 2021
FY22 Cost Report Payable as of 2/28/22	(360,000)	
FY21 Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
Total Liability	(1,066,171)	

NM State Audit Rule:

Public monies: 2.2.2 NMAC 24 (1) All monies coming into all agencies (i.e., vending machines, fees for photocopies, telephone charges, etc.) shall be considered public monies and be accounted for as such. For state agencies, all revenues generated shall be authorized by legislation (MAPS FIN 11.4). (2) If the agency has investments in securities and derivative instruments, the IPA shall comply with the requirements of AU-C 501.04-.10. If the IPA elects to use the work of an auditor's specialist to meet the requirements of AU-C 501, the requirements of AU-C 620 shall also be met. (3) Pursuant to Section 12-6-5 NMSA 1978, each audit report shall include a list of individual deposit and investment accounts held by the agency. The information presented in the audit report shall include at a minimum: (a) name of depository (i.e., bank, credit union, state treasurer, state investment council, etc.); (b) account name; (c) type of deposit or investment account (also required in separate component unit audit reports): (i) types of deposit accounts include non-interest bearing checking, interest bearing checking, savings, money market accounts, certificates of deposit, etc.; and (ii) types of investment accounts include state treasurer general fund investment pool (SGFIP), state treasurer local government investment pool (LGIP), U.S. treasury bills, securities of U.S. agencies such as Fannie Mae (FNMA), Freddie Mac (FHLMC), government national mortgage association (GNMA), Sallie Mae, small business administration (SBA), federal housing administration (FHA), etc. (d) account balance of deposits and investments as of the balance sheet date; (e) reconciled balance of deposits and investments as of the balance sheet date as reported in the financial statements; and...

Vendor Name	Account Type
IntraFi Network Deposits	Checking
Moreton Capital Markets	Certificates of Deposit
RBC Wealth Management	Treasury Notes/Federal Home Loan



IntraFi
Network Deposits

Formerly
ICS deposit products

DDA-MMDA OFFERING

ICS deposit products are now called IntraFi[®] Network DepositsSM

Bank Safe, Bank Smart[®]

IntraFi Network Deposits (formerly ICS, or the Insured Cash Sweep[®] service) is a safe cash management solution that enables access to FDIC insurance beyond \$250,000 on large deposits placed into demand deposit accounts (through the demand option) and money market deposit accounts (through the savings option) while working directly with our bank.



Why choose IntraFi Network Deposits?

With IntraFi Network Deposits, you can

- **Rest assured** knowing your funds are eligible for multi-million-dollar FDIC insurance that's backed by the full faith and credit of the U.S. government.
- **Enjoy the ease of working through a single bank relationship** and receiving just one regular statement
- **Maintain access to funds** placed into demand deposit accounts and money market deposit accounts
- **Eliminate ongoing collateral tracking** and the need to footnote uninsured deposits in financial statements
- **Support your community** by keeping the full amount of your deposit local to support local lending¹

How does it work?

We, like other institutions that offer IntraFi Network Deposits, are members of a special network. When we place your deposit through IntraFi Network Deposits, that deposit is divided into amounts under the standard FDIC insurance maximum of \$250,000. The amounts are then placed into deposit accounts at multiple FDIC-insured banks. As a result, you can access FDIC coverage from many institutions while working directly just with us.

What else do you need to know?

You receive a regular monthly statement from us showing your demand and savings balances and other key information. And you can check your balances and track other important information online, 24/7. Your confidential information remains protected.



Contact us with any questions

Jason D Garcia

VP/Branch Manager

jgarcia@bbsw.com

(575) 894-7171

(575) 894-5333 (Direct)

[1] When deposited funds are exchanged on a dollar-for-dollar basis with other institutions that use IntraFi Network Deposits, our bank can use the full amount of a deposit placed through IntraFi Network Deposits for local lending, satisfying some depositors' local investment goals or mandates. Alternatively, with a depositor's consent, our bank may choose to receive fee income instead of deposits from other participating institutions. Under these circumstances, deposited funds would not be available for local lending.

Placement of funds through IntraFi Network Deposits is subject to the terms, conditions, and disclosures in the program agreements, including the Deposit Placement Agreement ("DPA"). Limits apply and customer eligibility criteria may apply. Program withdrawals may be limited to six per month for funds placed in MMDAs. Although funds are placed at destination banks in accounts that do not exceed the FDIC standard maximum deposit insurance amount ("SDIA"), a depositor's balances at the relationship institution that places the funds may exceed the SDIA (e.g., before settlement for a deposit or after settlement for a withdrawal) or be ineligible for FDIC insurance (if the relationship institution is not a bank). As stated in the DPA, the depositor is responsible for making any necessary arrangements to protect such balances consistent with applicable law. If the depositor is subject to restrictions on placement of its funds, the depositor is responsible for determining whether its use of IntraFi Network Deposits satisfies those restrictions. IntraFi, the IntraFi logo, Bank Safe, Bank Smart Insured Cash Sweep, and ICS are registered service marks, and Network Deposits is a service mark, of IntraFi Network LLC.

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Best Deale Bank
123 Main Street
Anytown, US 12345



Contact Us
1-555-123-4567
contact@bestdealebank.com
www.bestdealebank.com



Sample Township
456 Main Street
Anytown, US 78910

Account
Sample Township

Date
10/31/2019

Page
1 of 2

ICS Monthly Statement

The following information is a summary of activity in your ICS® account(s) for the month of October 2019 and the list of FDIC-insured institution(s) that hold your deposits as of the date indicated. These deposits have been placed by us, as your agent and custodian, in deposit accounts through the ICS, or Insured Cash Sweep®, service. Funds in your deposit accounts at the FDIC-insured institutions at which your funds have been placed will be "deposits," as defined by federal law.

Custom text may be added here.

Summary of ICS Accounts

Account ID	Deposit Option	Interest Rate	Opening Balance	Closing Balance
*****123	Demand	1.63%	\$5,067,922.69	\$5,075,568.84
TOTAL			\$5,067,922.69	\$5,075,568.84

CONTAINS CONFIDENTIAL INFORMATION

ICS and Insured Cash Sweep are registered service marks of Promontory Interfinancial Network, LLC.

Member
FDIC

Date
10/31/2019

00000

Page
2 of 2

DETAILED ACCOUNT OVERVIEW

Account ID: *****123
Account Title: Sample Township



Account Summary - Demand

Statement Period	10/1-10/31/2019	Average Daily Balance	\$5,068,169.34
Previous Period Ending Balance	\$5,067,922.69	Interest Rate at End of Statement Period	1.63%
Total Program Deposits	0.00	Statement Period Yield	1.79%
Total Program Withdrawals	(0.00)	YTD Interest Paid	23,347.84
Interest Capitalized	7,646.15	YTD Taxes Withheld	0.00
Taxes Withheld	(0.00)		

Current Period Ending Balance **\$5,075,568.84**

Account Transaction Detail

Date	Activity Type	Amount	Balance
10/31/2019	Interest Capitalization	\$7,646.15	\$5,075,568.84

Summary of Balances as of October 31, 2019

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
Innerst Savings Banks	Kentstown, MD	**001	\$245,369.64
First Eagleville Bank	Clarksburg, WV	**002	245,369.64
Lockland Bank	Springtown, MI	**003	245,369.64
Southstreet Community Bank	Plainesburg, OK	**004	245,369.64
Winchester County Bank	Winchester, PA	**005	245,369.64
Southeast Regional Bank	Atlanta, GA	**006	245,369.64
Loring Savings Bank	Torino, WA	**007	245,369.64
Alpine National Bank and Trust	Kendall, WI	**008	245,369.64
First Bank of Ogdentown	Ogdentown, IA	**009	245,369.64
Bank of North Haverbrook	Cobb, AZ	**010	245,369.64
Copper Savings and Loan	Carson City, NV	**011	245,369.64
Seashore National Bank and Trust	Orlando, FL	**012	245,369.64
Sperry Sound Bank	Bellevue, OR	**013	245,369.64
Harbor Bell Bank and Trust	Harbor Bell, RI	**014	245,369.64
Huntingfield Bank	Dallas TX	**015	245,369.64
Torrence Bank	Adelaide, NJ	**016	245,369.64
Amsel Bank and Trust	Rome, AR	**017	168,176.04
Capital Bank of St. Loretta	Topeka, KS	**018	245,369.64
Niles Bank	Toledo, OH	**019	245,369.64
Rhinefield Bank and Trust	New York, NY	**020	245,369.64
First Bank of Tiberton	Lynn, MA	**021	245,369.64

Custom text may be added here.

CONTAINS CONFIDENTIAL INFORMATION

ICS and Insured Cash Sweep are registered service marks of Promontory Interfinancial Network, LLC.

Member
FDIC



Sierra Vista Hospital and Moreton Capital Markets



About MCM

- Moreton Capital Markets, LLC, (MCM) is a registered broker-dealer with headquarters in Salt Lake City, Utah. We are listed on the Utah Certified Dealer List and are a member of FINRA, SIPC and Bond Dealers of America.
- Moreton Capital Markets does not carry proprietary products or inventory for our representatives to sell. Our representatives focus on the investment opportunities that best suit their clients' goals and objectives.
- Our firm has a contractual agreement with RBC Correspondent Services® to serve as our clearing and custody firm. Client assets are held by RBC Capital Markets, LLC.®



Tailored Investment Solutions • Long Term Relationships

2

About MCM

- Our Team of Larry Lundberg, Ryan Stoker, and Ben Byington have over 40 years of fixed income investing in the states of New Mexico, Utah, and Idaho. We work for you in a team approach, providing ideas, and recommendations that are in accordance with the New Mexico state statutes. We are all Series 7 licensed and FINRA registered.
- No Contracts. Start and stop investing with us as you wish.
- No Annual Fee's to work with us or out of pocket expenses from Sierra Vista Hospital. Your investment account is a self-directed account, we work with you in a consultative role to provide ideas and opportunities. We are transaction based, paid through a selling concession, trailer, or mark up/ mark down, depending on the investment vehicle.



Tailored Investment Solutions • Long Term Relationships

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Your Investment Team

Larry Lundberg,
Vice President



Mr. Lundberg is responsible for client relationships as a registered representative with Moreton Capital Markets. Larry has specialized in working with public entities and corporations in New Mexico, Utah, and Idaho. Larry's prior experience includes 14 years with Wells Fargo Securities as a Vice President. Larry earned a bachelor's degree in accounting from the University of Phoenix. He has more than 20 years of capital markets experience, and he maintains Series 7, 63, and 9/10 licenses with FINRA.

Ryan Stoker,
Vice President



Mr. Stoker oversees business development and operates as a registered representative of Moreton Capital Markets. Ryan has over 20 years of experience in the fixed income industry. Prior experience includes Wells Fargo Securities as vice president and Fidelity as a registered representative. Ryan received an Associates' degree from Dixie College and a bachelor's degree in accounting from the University of Utah. He holds Series 7, 63, and 24 licenses with FINRA.

Ben Byington,
Vice President



Mr. Byington is responsible for maintaining client relationships at Moreton Capital Markets. He is a registered representative of the firm and brings over 10 years of industry experience. Ben works with public entities, corporations and other institutions needing fixed income expertise. Ben's prior work experience includes eight years with Wells Fargo Securities. Ben earned a bachelor's degree in Finance and Economics from Utah State University. He currently holds the Series 7, 63, 24, and 53 licenses with FINRA.

3rd Party Custody / Safekeeping

This ensures ownership and control of the assets remain with the SVH.

Separates Custody from Sales.
We believe custody should not be with the same firm engaged in selling securities to the entity.

Requires reports and statements to be received directly from the custodian agent.



Sample of Counties & Public Entities who we work with...

- Taos County
- San Juan County
- Lea County
- Eddy County
- Catron County
- Otero County
- Dona Ana County
- Luna County
- Grant County
- Roosevelt County
- City of Farmington
- Aztec Municipal Schools
- New Mexico MFA
- Guadalupe Hospital
- Zuni Public Schools
- City of Roswell
- City of Alamogordo
- City of Deming
- Nor Lea Hospital
- Deming Public Schools



Tailored Investment Solutions • Long Term Relationships

6

New Mexico State Statutes For Investments

- **U.S. Treasuries**
 - Treasury Bills & Notes
- **U.S. Government Agencies**
 - Fannie Mae, Freddie Mac, Federal Home Loan, Federal Farm Credit, etc.
- **Brokered CD's**
- **Government and Treasury Money Market Funds**
- **New Mexico Municipal Bonds**

6-10-10 (<https://codes.findlaw.com/nm/chapter-6-public-finances/nm-st-sect-6-10-10.html>)

F. County or municipal treasurers, with the advice and consent of their respective boards of finance charged with the supervision and control of the respective funds, may invest all sinking funds or money remaining unexpended from the proceeds of any issue of bonds or other negotiable securities of any county, municipality or school district that is entrusted to their care and custody and all money not immediately necessary for the public uses of the counties, municipalities or school districts not invested or deposited in banks, savings and loan associations or credit unions in:

(1) bonds or negotiable securities of the United States, the state or a county, municipality or school district that has a taxable valuation of real property for the last preceding year of at least one million dollars (\$1,000,000) and that has not defaulted in the payment of any interest or sinking fund obligation or failed to meet any bonds at maturity at any time within five years last preceding; (2) securities that are issued and backed by the full faith and credit of the United States government or issued by its agencies or instrumentalities; or (3) federally insured obligations, including brokered certificates of deposit, certificate of deposit account registry service and federally insured cash accounts.

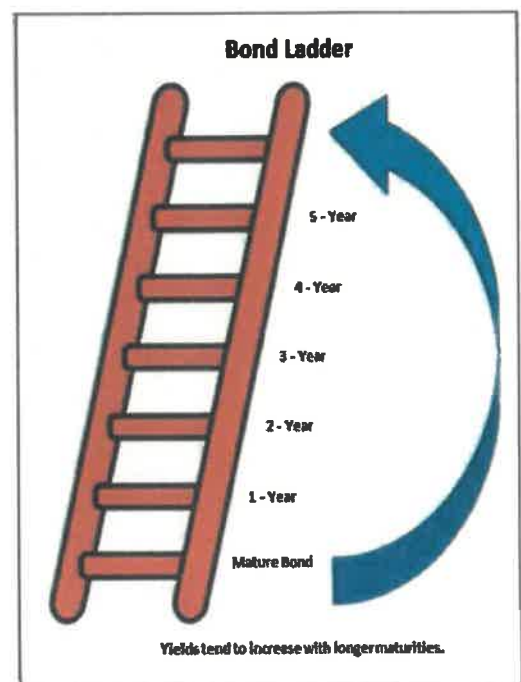


Tailored Investment Solutions • Long Term Relationships

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Investment Strategy

- We invest in different maturity dates.
- Typically, longer investments have a higher return.
- As time goes by, the shortest maturities start to mature, giving you cash if you need it.
- If you don't need it, you can reinvest out to the end of the ladder, where higher rates can be found.
- This strategy works to minimize interest rate risk by always having liquidity that can be reinvested if rates go up.
- If you can't reinvest, you now have the cash you need.





Brokered CD's

- We have access to banks across the United States who issue CD's.
- The banks set the terms of the CD's they issue.
- Each of these CD's are fully FDIC insured.
- The banks have to offer competitive rates in order to attract interest.
- There is an active market in the event we need to sell early.
- There are maturity dates from 1 month to 15 years.
- All of the CD's are held in one account with one statement for ease.
- We buy in increments of \$250,000, staying at the FDIC insurance level.



Why use Moreton?

- We follow the markets daily and notify you of market changes or opportunities.
- We work for you in a consultative approach, and we are available for communication as often as you would like. (daily, weekly, monthly, quarterly, etc.)
- We provide full service. Rather than simply taking orders, we provide ideas and suggestions to help you manage your portfolio. We review the portfolio for opportunities and present the ideas for your approval or not.
- We work as a member of your team to take the heavy lifting off your plate.
- We can provide analytic reports that are great for presentations to investment committee's, County Commissioners, and whenever you need the information.

Investment Options for SVH

- Option 1 Short Term CD Ladder (3 months to 18 months)
- Investment Amount: 8 million
- Next 12 months of interest income: \$75,740.87
- Average Portfolio Yield: 1.195%
- FDIC Insured CD's
- Option 2 Medium Term CD Ladder (3 months to 3 years)
- Investment Amount: 8 million
- Next 12 months of interest income: \$124,932.60
- Average Portfolio Yield: 1.80%
- FDIC Insured CD's





Important Disclosures

Accuracy of Information: This report was prepared by Moreton Capital Markets and/or its designated vendor(s), and it is not a substitute for your monthly statement or trade confirmation. Prices and yields are representative values available at the time the report was created, and subject to change and availability. Ratings may represent an aggregate value from various sources and may not constitute a rating of the investment itself. Cost and acquisition data is generally not verified. Past performance is no guarantee of future results.

The indicative valuations in this report are for informational purposes only and are intended for use by the addressee only. The information is derived from sources believed to be reliable, but Moreton Capital Markets does not guarantee accuracy or completeness, and makes no warranty, express or implied.

The information in this report does not represent advice and does not represent an offer to purchase or sell.

Moreton Capital Markets is not responsible for any loss or damage arising out of any person's use of or reliance upon the information contained herein, including but not limited to, errors, inaccuracies, omissions, changes in market factors or other conditions or circumstances whether or not such errors are within Moreton Capital Markets' control. Under no circumstances shall Moreton Capital Markets be liable for damages that arise from reliance upon information contained herein.

Potential conflicts of interest: Moreton Capital Markets, LLC may buy or sell the subject securities from/to its customers on a riskless principal or principal basis. The compensation for the representative(s) providing this report may be influenced by Moreton Capital Markets LLC performance and profitability.

Moreton Capital Markets, LLC is a broker-dealer registered with the SEC and a member of FINRA and SIPC. MCM privacy policy and business continuity plan can be found on our website www.moretoncm.com. Moreton Capital Markets is a separate entity from Moreton & Company.

Laddered Portfolio
Wednesday, April 20, 2022
Prepared For: Sierra Vista Hospital

Prepared By: Larry Lundberg
Moreton Capital Markets
Short Term

Qty (000)	Cuslp	Rating / FDIC #	Issue	Coupon	Maturity	Price	Yield to Worst	Yield to Maturity	Accrued Interest	Principal	Net Amount	Duration
250	33651KAJ7	5835	First State Bank Conditional Puts - Death of holder	0.350%	07/27/2022	\$99.990	0.390%	0.390%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	38882LAP1	59113	Grasshopper Bank Na Conditional Puts - Death of holder	0.400%	07/28/2022	\$99.995	0.420%	0.420%	\$0.00	\$249,987.50	\$249,987.50	0.25
250	981059CB2	24920	Woori Amer Bk New York N Y Conditional Puts - Death of holder	0.400%	07/29/2022	\$99.985	0.460%	0.460%	\$0.00	\$249,962.50	\$249,962.50	0.25
250	33834TAE9	659	Five Star Bk Warsaw New York Conditional Puts - Death of holder	0.400%	07/29/2022	\$99.995	0.420%	0.420%	\$0.00	\$249,987.50	\$249,987.50	0.25
250	550551FL4	32178	Luther Burbank Savings Conditional Puts - Death of holder	0.300%	07/29/2022	\$99.990	0.340%	0.340%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	59740JF46	4063	Midfirst Bank Conditional Puts - Death of holder - Restricted States: OK, TX	0.400%	08/04/2022	\$99.990	0.440%	0.440%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	87164DSZ4	873	Synovus Bank Ga Conditional Puts - Death of holder	0.500%	08/10/2022	\$99.990	0.540%	0.540%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	75524KNK6	57957	Citizens Bank Na/Ri Conditional Puts - Death of holder	0.850%	10/27/2022	\$99.975	0.900%	0.900%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	06428FXM4	33653	Bank Of China New York City Br Conditional Puts - Death of holder - Restricted States: FA, MT, OH, TX	0.850%	10/28/2022	\$99.975	0.900%	0.900%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	433323FD9	90211	Hingham Institution Svgs Conditional Puts - Death of holder - Restricted States: OH, TX	0.750%	10/28/2022	\$99.975	0.800%	0.800%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	43785QPU1	32489	Homestreet Bk Washington Conditional Puts - Death of holder - Restricted States: HI, ID, OH, OR, TX, WA	0.950%	01/25/2023	\$99.975	0.983%	0.983%	\$0.00	\$249,937.50	\$249,937.50	0.75
250	06740KPC4	57203	Barclays Bk Del Conditional Puts - Death of holder	1.100%	01/27/2023	\$99.975	1.133%	1.133%	\$0.00	\$249,937.50	\$249,937.50	0.75
250	69506YSM2	24045	Pacific Westn Bk Beverly Hills Conditional Puts - Death of holder	1.000%	01/27/2023	\$99.965	1.047%	1.047%	\$0.00	\$249,912.50	\$249,912.50	0.75

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Qty (000)	Cusip	Rating / FDIC #	Issue	Coupon	Maturity	Price	Yield to Worst	Yield to Maturity	Accrued Interest	Principal	Net Amount	Duration
250	156634BP1	29700	Century Next Bk Ruston La Conditional Puts - Death of holder - Restricted States: TX	1.050%	03/29/2023	\$99.975	1.077%	1.077%	\$0.00	\$249,937.50	\$249,937.50	0.91
250	15201QCK1	33555	Centerslate Bk Fla Na Winterha Conditional Puts - Death of holder	0.900%	03/30/2023	\$99.690	1.234%	1.234%	\$141.78	\$249,223.88	\$249,365.66	0.93
250	06063HNG4	33681	Bank Of Baroda Conditional Puts - Death of holder - Restricted States: MT,OH,TX	1.550%	04/25/2023	\$99.950	1.601%	1.601%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	254673B54	5649	Discover Bk Conditional Puts - Death of holder	1.500%	04/27/2023	\$99.950	1.551%	1.551%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	90348J2U3	57565	Ubs Bank Usa Conditional Puts - Death of holder	1.600%	04/27/2023	\$99.950	1.650%	1.650%	\$0.00	\$249,875.00	\$249,875.00	0.99
250	38149M5R0	33124	Goldman Sachs Bank Usa Callable 10/22@100 - Conditional Puts - Death of holder	1.700%	04/27/2023	\$99.975	1.725%	1.725%	\$0.00	\$249,937.50	\$249,937.50	0.99
250	12545JBA2	11729	Cibm Bank Conditional Puts - Death of holder	1.400%	04/27/2023	\$99.950	1.450%	1.450%	\$0.00	\$249,875.00	\$249,875.00	0.99
250	02007GQD8	57803	Ally Bk Midvale Utah Conditional Puts - Death of holder	1.600%	04/28/2023	\$99.950	1.651%	1.651%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	329864AU6	7072	First Natl Bank Long Isl Conditional Puts - Death of holder	1.500%	04/28/2023	\$99.950	1.551%	1.551%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	15118RYF8	57056	Celtic Bk Salt Lake City Utah Conditional Puts - Death of holder - Restricted States: OH,TX	1.350%	04/28/2023	\$99.950	1.400%	1.400%	\$0.00	\$249,875.00	\$249,875.00	0.99
250	03784JSR6	16068	Apple Bank For Savings Conditional Puts - Death of holder - Restricted States: TX	1.300%	04/28/2023	\$99.950	1.351%	1.351%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	68002LCM8	8252	Old Mo Bk Springfield Conditional Puts - Death of holder	1.200%	04/28/2023	\$99.975	1.225%	1.225%	\$0.00	\$249,937.50	\$249,937.50	0.99
250	89235MNC1	57542	Toyota Financial Sgs Bk Conditional Puts - Death of holder - Restricted States: OH, TX	1.550%	05/01/2023	\$99.950	1.600%	1.600%	\$0.00	\$249,875.00	\$249,875.00	0.99

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Qty (000)	Cusip	Rating / FDIC #	Issue	Coupon	Maturity	Price	Yield to Worst	Yield to Maturity	Accrued Interest	Principal	Net Amount	Duration
250	61773TDV2	32992	Morgan Stanley Bk N A Callable 10/22@100 - Conditional Puts - Death of holder	1.800%	07/28/2023	\$99.850	1.922%	1.922%	\$0.00	\$249,625.00	\$249,625.00	1.23
250	48128WSR7	628	Jp Morgan Chase Bank Na Callable 10/22@100 - Conditional Puts - Death of holder	1.750%	07/28/2023	\$100.000	1.750%	1.750%	\$0.00	\$250,000.00	\$250,000.00	1.23
250	107219BG1	27943	Brentwood Bank Conditional Puts - Death of holder	1.500%	07/28/2023	\$99.900	1.581%	1.581%	\$0.00	\$249,750.00	\$249,750.00	1.24
250	682325AX3	22334	One Cmnty Bk One Wis Conditional Puts - Death of holder	1.500%	07/31/2023	\$99.925	1.560%	1.560%	\$0.00	\$249,812.50	\$249,812.50	1.24
250	45906ACZ8	33708	International Bk Of Chicago ll Conditional Puts - Death of holder	1.600%	08/29/2023	\$99.935	1.649%	1.649%	\$0.00	\$249,837.50	\$249,837.50	1.32
250	06251A3W8	33686	Bank Hapoalim B M New York Conditional Puts - Death of holder Restricted States: FA,MT,OH,TX	1.850%	10/26/2023	\$99.850	1.952%	1.952%	\$0.00	\$249,625.00	\$249,625.00	1.47
Weighted Averages and Totals				1.139%	0.84	\$99.950	1.195%	1.195%	\$141.78	\$7,995,998.88	\$7,996,140.66	0.81
				Avg Coupon	Avg Yrs Maturity	Avg Price	Avg Yield to Worst	Avg Yield to Maturity	Total Accrued Interest	Total Principal	Total Investment	Avg Duration

(n) Floating/Variable rate - (c) Yield to Call - (p) Yield to Par Call - (w) Yield to Middle Call - (u) Yield to Put - (dis) Discount Yield - (r) Pre-Refund - (l) Mandatory Put - (f) Called In Full

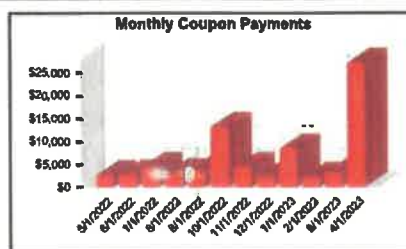
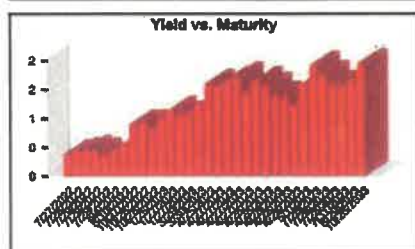
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Monthly Coupon Payments	May/22	Jun/22	Jul/22	Aug/22	Sep/22	Oct/22	Nov/22	Dec/22	Jan/23	Feb/23	Mar/23	Apr/23	Total
Ally Bk Midvale Utah												\$4,000	\$4,000
Apple Bank For Savings												\$3,241	\$3,241
Bank Hapoalim B M New York						\$2,319						\$2,306	\$4,625
Bank Of Baroda												\$3,854	\$3,854
Bank Of China New York City Br						\$1,065							\$1,065
Bardays Bk Del									\$2,072				\$2,072
Brentwood Bank	\$308	\$318											\$627
Celtic Bk Salt Lake City Utah	\$277	\$287	\$277	\$287	\$287	\$277	\$287	\$277	\$287	\$287	\$259	\$287	\$3,375
Centerslate Bk Fla Na Winterha					\$1,134						\$1,116		\$2,250
Century Next Bk Ruston La	\$216	\$223	\$216	\$223	\$223	\$216	\$223	\$216	\$223	\$216	\$209		\$2,402
Cibm Bank			\$873			\$882			\$882			\$863	\$3,500
Citizens Bank Na/Ri						\$1,065							\$1,065
Discover Bk												\$3,750	\$3,750
First Natl Bank Long Isl												\$3,740	\$3,740
First State Bank			\$218										\$218
Five Star Bk Warsaw New York			\$249										\$249
Goldman Sachs Bank Usa	\$349	\$361	\$349	\$361	\$361	\$349	\$361	\$349	\$361	\$361	\$326	\$361	\$4,250
Grasshopper Bank Na			\$249										\$249
Hingham Institution Svgs						\$940							\$940
Homesstreet Bk Washington	\$195	\$202	\$195	\$202	\$202	\$195	\$202	\$195	\$202				\$1,789
International Bk Of Chicago Il	\$329	\$340	\$329	\$340	\$340	\$329	\$340	\$329	\$340	\$329	\$318	\$340	\$4,000
Jp Morgan Chase Bank Na						\$2,193						\$2,182	\$4,375
Luther Burbank Savings			\$187										\$187
Midfirst Bank				\$252									\$252
Morgan Stanley Bk N A						\$2,256			\$1,134			\$1,110	\$4,500
Old Mo Bk Springfield	\$247	\$255	\$247	\$255	\$255	\$247	\$255	\$247	\$255	\$247	\$238	\$247	\$2,992
One Cmnty Bk Ore Wis	\$308	\$318	\$308	\$318	\$318	\$308	\$318	\$308	\$318	\$308	\$298	\$318	\$3,750
Pacific Westn Bk Beverly Hills									\$1,884				\$1,884
Synovus Bank Ga				\$315									\$315
Toyota Financial Sgs Bk							\$1,975						\$1,975
Ubs Bank Usa	\$329	\$340	\$329	\$340	\$340	\$329	\$340	\$329	\$340	\$340	\$307	\$340	\$4,000
Woori Amer Bk New York N Y			\$249										\$249
Total	\$2,558	\$2,643	\$4,276	\$2,892	\$3,459	\$12,972	\$4,300	\$2,250	\$8,297	\$2,087	\$3,070	\$26,937	\$75,741

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Ladder Summary		Average Coupon	1.139%		
Total Principal	\$7,995,998.88	Average Maturity	0.84yr(s)	Tax Equivalent Yield	1.195%
Total Accrued Interest	\$141.78	Average Price	\$99.950	Federal Tax Rate	0.000%
Total Investment	\$7,996,140.66	Annualized Current Yield	1.140%		
Next 12mo Cpn Cash Flow	\$75,740.87	Average Yield to Maturity	1.195%		
Maturity Value	\$8,000,000.00	Average Yield to Worst	1.195%		
		Average Duration	0.81		



Use of AMT bonds in accounts that are subject to AMT can have an altered affect on the actual yield. Please contact your Tax Advisor for more information.

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Moreton Capital Markets
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Qty (000)	Cusip	Rating / FDIC #	Issue	Coupon	Maturity	Price	Yield to Worst	Yield to Maturity	Accrued Interest	Principal	Net Amount	Duration
250	981059CB2	24920	Woori Amer Bk New York N Y Conditional Puts - Death of holder	0.400%	07/29/2022	\$99.985	0.460%	0.460%	\$0.00	\$249,962.50	\$249,962.50	0.25
250	33834TAE9	659	Five Star Bk Warsaw New York Conditional Puts - Death of holder	0.400%	07/29/2022	\$99.995	0.420%	0.420%	\$0.00	\$249,987.50	\$249,987.50	0.25
250	59740JF46	4063	Midfirst Bank Conditional Puts - Death of holder - Restricted States: OK,TX	0.400%	08/04/2022	\$99.990	0.440%	0.440%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	87164DSZ4	873	Synovus Bank Ga Conditional Puts - Death of holder	0.500%	08/10/2022	\$99.990	0.540%	0.540%	\$0.00	\$249,975.00	\$249,975.00	0.25
250	75524KNK6	57957	Citizens Bank Na/RI Conditional Puts - Death of holder	0.850%	10/27/2022	\$99.975	0.900%	0.900%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	06428FXM4	33653	Bank Of China New York City Br Conditional Puts - Death of holder - Restricted States: FA,MT,OH,TX	0.850%	10/28/2022	\$99.975	0.900%	0.900%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	433323FD9	90211	Hingham Institution Svgs Conditional Puts - Death of holder - Restricted States: OH,TX	0.750%	10/28/2022	\$99.975	0.800%	0.800%	\$0.00	\$249,937.50	\$249,937.50	0.50
250	06740KPQ4	57203	Barclays Bk Del Conditional Puts - Death of holder	1.100%	01/27/2023	\$99.975	1.133%	1.133%	\$0.00	\$249,937.50	\$249,937.50	0.75
250	69506YSM2	24045	Pacific Westn Bk Beverly Hills Conditional Puts - Death of holder	1.000%	01/27/2023	\$99.965	1.047%	1.047%	\$0.00	\$249,912.50	\$249,912.50	0.75
250	06063HNG4	33681	Bank Of Baroda Conditional Puts - Death of holder - Restricted States: MT,OH,TX	1.550%	04/25/2023	\$99.950	1.601%	1.601%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	38149M5R0	33124	Goldman Sachs Bank Usa Callable 10/22@100 Conditional Puts - Death of holder	1.700%	04/27/2023	\$99.975	1.725%	1.725%	\$0.00	\$249,937.50	\$249,937.50	0.99
250	329864AU6	7072	First Natl Bank Long Isl Conditional Puts - Death of holder	1.500%	04/28/2023	\$99.950	1.551%	1.551%	\$0.00	\$249,875.00	\$249,875.00	0.98
250	89235MNC1	57542	Toyota Financial Sgs Bk Conditional Puts - Death of holder - Restricted States: OH,TX	1.550%	05/01/2023	\$99.950	1.600%	1.600%	\$0.00	\$249,875.00	\$249,875.00	0.99

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Qty (000)	Cusip	Rating / FDIC #	Issue	Coupon	Maturity	Price	Yield to Worst	Yield to Maturity	Accrued Interest	Principal	Net Amount	Duration
250	48128WSR7	628	Jp Morgan Chase Bank Na Callable 10/22@100 - Conditional Puts - Death of holder	1.750%	07/28/2023	\$100.000	1.750%	1.750%	\$0.00	\$250,000.00	\$250,000.00	1.23
250	107219BG1	27943	Brentwood Bank Conditional Puts - Death of holder	1.500%	07/28/2023	\$99.900	1.581%	1.581%	\$0.00	\$249,750.00	\$249,750.00	1.24
250	45906ACZ8	33708	International Bk Of Chicago II Conditional Puts - Death of holder	1.600%	08/29/2023	\$99.935	1.649%	1.649%	\$0.00	\$249,837.50	\$249,837.50	1.32
250	06251A3W8	33686	Bank Hapoalim B M New York Conditional Puts - Death of holder - Restricted States: FA,MT,OH,TX	1.850%	10/26/2023	\$99.850	1.952%	1.952%	\$0.00	\$249,625.00	\$249,625.00	1.47
250	90348J2V1	57565	Ubs Bank Usa Conditional Puts - Death of holder	2.000%	10/27/2023	\$99.850	2.102%	2.102%	\$0.00	\$249,625.00	\$249,625.00	1.48
250	05961SNQ3	35498	Banc Calif Na Irvine Ca Conditional Puts - Death of holder	1.950%	10/30/2023	\$99.850	2.052%	2.052%	\$0.00	\$249,625.00	\$249,625.00	1.47
250	909557JR2	22180	United Bankers Bank Conditional Puts - Death of holder	2.000%	01/05/2024	\$99.850	2.092%	2.092%	\$0.00	\$249,625.00	\$249,625.00	1.64
250	682325AY1	22334	One Cmnty Bk Ore Wis Conditional Puts - Death of holder	2.000%	01/29/2024	\$99.900	2.058%	2.058%	\$0.00	\$249,750.00	\$249,750.00	1.72
250	89388CFU7	34781	Transportation Alliance Bk Inc Conditional Puts - Death of holder - Restricted States: GU,OH,TX	2.250%	04/29/2024	\$99.900	2.301%	2.301%	\$0.00	\$249,750.00	\$249,750.00	1.96
250	52603NAG6	32551	Lendingclub Bk Natl Assn Lehi Callable 07/22@100 - Conditional Puts - Death of holder - Restricted States: FA,OH, TX	2.200%	04/29/2024	\$99.800	2.302%	2.302%	\$0.00	\$249,500.00	\$249,500.00	1.95
250	254673B62	5649	Discover Bk Conditional Puts - Death of holder	2.500%	04/29/2024	\$99.800	2.603%	2.603%	\$0.00	\$249,500.00	\$249,500.00	1.94
250	06610RBQ1	23537	Bankers Bank Madison Wi Conditional Puts - Death of holder - Restricted States: IA,WI	2.500%	11/06/2024	\$99.750	2.603%	2.603%	\$0.00	\$249,375.00	\$249,375.00	2.42
250	32110YVJ0	17438	First Natl Bk Amer East Lans Callable 07/22@100 - Conditional Puts - Death of holder - Restricted States: OH,TX	2.200%	04/28/2025	\$99.700	2.303%	2.303%	\$0.00	\$249,250.00	\$249,250.00	2.90

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250	947547NX9	34404	Webbank Callable 07/22@100 - Conditional Puts - Death of holder - Restricted States: OH,TX	2.600%	04/29/2025	\$99.700	2.705%	2.705%	\$0.00	\$249,250.00	\$249,250.00	2.87
250	58404DPA3	57449	Medallion Bk Utah Conditional Puts - Death of holder - Restricted States: OH,TX	2.700%	05/05/2025	\$99.800	2.769%	2.769%	\$0.00	\$249,500.00	\$249,500.00	2.88
250	61773TDT7	32992	Morgan Stanley Bk N A Callable 04/23@100 - Conditional Puts - Death of holder	2.800%	10/29/2025	\$99.650	2.906%	2.906%	\$0.00	\$249,125.00	\$249,125.00	3.33
250	14042RQW4	4297	Capital One Na Conditional Puts - Death of holder	2.850%	04/27/2026	\$99.600	2.957%	2.957%	\$0.00	\$249,000.00	\$249,000.00	3.75
250	02589ACD2	27471	American Express National Bank Conditional Puts - Death of holder	2.850%	04/27/2026	\$99.600	2.957%	2.957%	\$0.00	\$249,000.00	\$249,000.00	3.75
250	02007GQF3	57803	Ally Bk Midvale Utah Callable 10/22@100 - Conditional Puts - Death of holder	2.950%	04/28/2026	\$99.350	3.124%	3.124%	\$0.00	\$248,375.00	\$248,375.00	3.74
Weighted Averages and Totals				1.738%	1.67	\$99.657	1.808%	1.808%	\$0.00	\$7,988,587.50	\$7,988,587.50	1.59
				Avg Coupon	Avg Yrs Maturity	Avg Price	Avg Yield to Worst	Avg Yield to Maturity	Total Accrued Interest	Total Principal	Total Investment	Avg Duration

(n) Floating/Variable rate - (c) Yield to Call - (p) Yield to Par Call - (w) Yield to Middle Call - (u) Yield to Put - (dis) Discount Yield - (r) Pre-Refund - (l) Mandatory Put - (f) Called in Full

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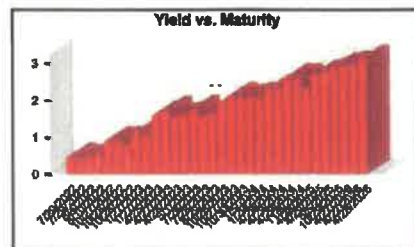
Monthly Coupon Payments	May/22	Jun/22	Jul/22	Aug/22	Sep/22	Oct/22	Nov/22	Dec/22	Jan/23	Feb/23	Mar/23	Apr/23	Total
Ally Bk Midvale Utah						\$3,698						\$3,677	\$7,375
American Express National Bank						\$3,572						\$3,553	\$7,125
Banc Calif Na Irvine Ca						\$2,444						\$2,431	\$4,875
Bank Hapoalim B M New York						\$2,319						\$2,306	\$4,625
Bank Of Baroda												\$3,854	\$3,854
Bank Of China New York City Br						\$1,065							\$1,065
Bankers Bank Madison WI		\$531	\$514	\$531	\$531	\$514	\$531	\$514	\$531	\$531	\$479	\$531	\$5,736
Barclays Bk Del									\$2,072				\$2,072
Brentwood Bank	\$308	\$318											\$627
Capital One Na						\$3,572						\$3,553	\$7,125
Citizens Bank Na/Ri						\$1,065							\$1,065
Discover Bk						\$3,134						\$3,116	\$6,250
First Natl Bank Long Isl												\$3,740	\$3,740
First Natl Bk Amer East Lans	\$452	\$467	\$452	\$467	\$467	\$452	\$467	\$452	\$467	\$467	\$422	\$467	\$5,500
Five Star Bk Warsaw New York			\$249										\$249
Goldman Sachs Bank Usa	\$349	\$361	\$349	\$361	\$361	\$349	\$361	\$349	\$361	\$361	\$326	\$361	\$4,250
Hingham Institution Svgs						\$940							\$940
International Bk Of Chicago Il	\$329	\$340	\$329	\$340	\$340	\$329	\$340	\$329	\$340	\$329	\$318	\$340	\$4,000
Jp Morgan Chase Bank Na						\$2,193						\$2,182	\$4,375
Lendingclub Bk Natl Assn Lehi	\$452	\$467	\$452	\$467	\$467	\$452	\$467	\$452	\$467	\$452	\$437	\$467	\$5,500
Medallion Bk Utah		\$573	\$555	\$573	\$573	\$555	\$573	\$555	\$573	\$573	\$518	\$573	\$6,195
Midfirst Bank				\$252									\$252
Morgan Stanley Bk N A						\$3,510						\$3,490	\$7,000
One Cmnty Bk Ore Wis	\$411	\$425	\$411	\$425	\$425	\$411	\$425	\$411	\$425	\$411	\$397	\$425	\$5,000
Pacific Westn Bk Beverly Hills									\$1,884				\$1,884
Synovus Bank Ga				\$315									\$315
Toyota Financial Sgs Bk							\$1,975						\$1,975
Transportation Alliance Bk Inc	\$462	\$478	\$462	\$478	\$478	\$462	\$478	\$462	\$478	\$478	\$432	\$478	\$5,625
Ubs Bank Usa	\$411	\$425	\$411	\$425	\$425	\$411	\$425	\$411	\$425	\$425	\$384	\$425	\$5,000
United Bankers Bank		\$425	\$411	\$425	\$425	\$411	\$425	\$411	\$425	\$425	\$384	\$425	\$4,589
Webbank						\$3,259						\$3,241	\$6,500
Woori Amer Bk New York N Y			\$249										\$249
Total	\$3,175	\$4,809	\$4,845	\$5,058	\$4,491	\$35,117	\$6,465	\$4,346	\$8,446	\$4,451	\$4,096	\$39,634	\$124,933

Laddered Portfolio
Wednesday, April 20, 2022
Prepared For: Sierra Vista Hospital

Prepared By: Larry Lundberg
Moreton Capital Markets
Medium Term

The coupon payment in May/22 represents tomorrow to the end of the month, and the payment in Apr/23 represent the first of the month to this day next year.

Ladder Summary		Average Coupon		Tax Equivalent Yield	
Total Principal	\$7,988,587.50	Average Maturity	1.67yr(s)		1.808%
Total Accrued Interest	\$0.00	Average Price	\$99.857	Federal Tax Rate	0.000%
Total Investment	\$7,988,587.50	Annualized Current Yield	1.741%		
Next 12mo Cpn Cash Flow	\$124,932.60	Average Yield to Maturity	1.808%		
Maturity Value	\$8,000,000.00	Average Yield to Worst	1.808%		
		Average Duration	1.59		



The information provided herein is obtained from sources deemed reliable; however RBC Capital Markets Corporation cannot guarantee its accuracy, completeness, or suitability for any purpose, and makes no warranties with regard to the results to be obtained from its use. Prices, yields, and availability are time sensitive and subject to change.

Use of AMT bonds in accounts that are subject to AMT can have an altered affect on the actual yield. Please contact your Tax Advisor for more information.



**Wealth
Management**

Investment Proposal

report as of 03/17/2022

Prepared for

Sierra Vista Hospital

Presented by

Rob Hawley

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Wealth
Management

Executive Summary

report as of 03/17/2022

Sierra Vista Hospital

Totals & Averages @ Market

Summary Totals

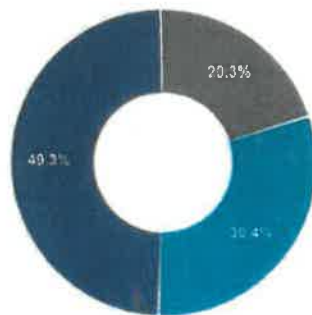
Original Face	\$5,000,000
Current Face (Par)	\$5,000,000
Market Principal	\$4,911,055
Accrued Interest	\$7,143
Cash & Cash Alternatives	\$0
Fixed Income Funds	\$0
Equity Balance	\$0
Total Portfolio Value	\$4,918,198
Next 12mo Cpn Cash Flow	\$61,882
Generic Annual Cpn Cash Flow	\$72,012

Weighted Averages

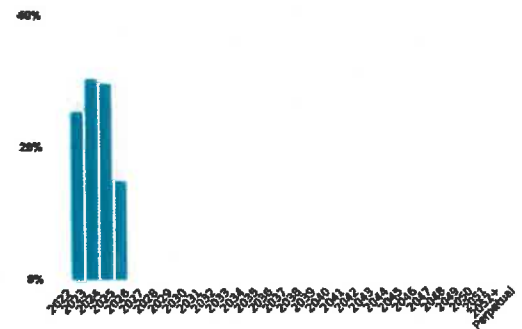
Coupon*	1.440%
Maturity**	2.68 yrs
Duration	2.60
Yield to Worst	2.042%
Yield to Maturity	2.042%
Market Price*	98.221
Tax Lots Holdings Included	20 of 20

*Per Wtd, all else Mkt-Wtd.
**Avg life used for principal paydowns, and perpetual securities are assigned a 40 year maturity.

Asset Class

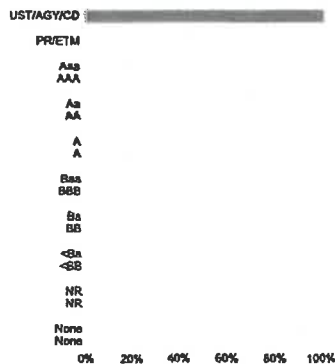


Maturity



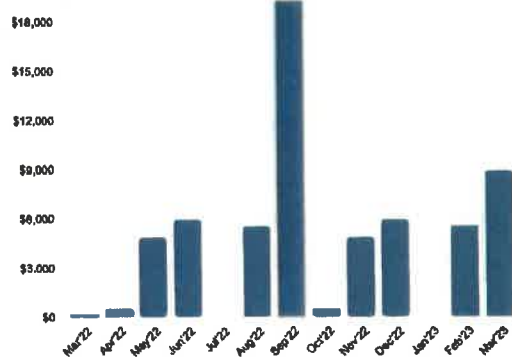
Ratings - Both

Moody's S&P

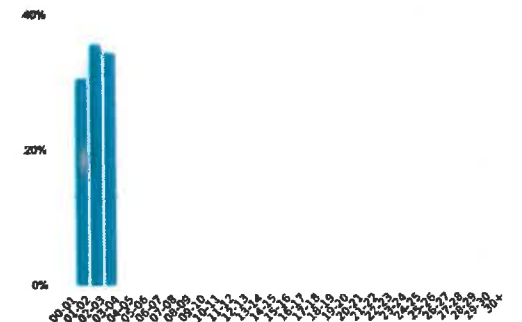


Coupon Cash Flow

Fed Tax-Exempt Fed Taxable Subj to Cap Gains Subj to AMT



Duration



Includes coupon cash flows for the next 12 months, from 03/17/2022 to 03/16/2023.

Includes all tax lot holdings with recognized CUSIP, quantity, market price and full analytical calculations on reporting date. Includes coupon cash flows for the next 12 months, from 03/17/2022 to 03/16/2023. Projected Principal Paydowns for CMOs are produced by applying current pool speeds which are updated weekly. Assuming similar market conditions going forward, Projected Principal Paydowns for Pass-Thru securities are produced by calculating and applying concurrent historical speeds to future paydown schedules.

Information in this report, which may include held-away assets, was gathered from reliable sources. As our firm does not guarantee the accuracy of this report, please verify holdings and prices prior to making investment decisions. This report is not an official RBC Wealth Management account statement.



**Wealth
Management**

Proposal Summary

report as of 03/17/2022

Sierra Vista Hospital

Transaction Comparison - Totals

	Proposed Buys
Original Face	\$5,000,000.00
Current Face	\$5,000,000.00
Market Principal	\$4,911,055.00
Accrued Interest	\$7,143.44
Market Value	\$4,918,198.44
Next 12mo Cpn Cash Flow	\$61,882.19
Generic Annual Cpn Cash Flow	\$72,012.50
# of Items	20

Transaction Comparison - Averages

	Proposed Buys
Coupon	1.440%
Maturity	2.68 yrs
Original Maturity	2.68 yrs
Price	98.231
Yield to Worst	2.042%
Yield to Maturity	2.042%
Current Yield	1.466%
Duration	2.60
Convexity	0.089
After Tax YTW	1.286%
Tax Equivalent YTW	2.042%
After Tax YTM	1.286%
Tax Equivalent YTM	2.042%

Includes all Sell/Buy candidates with recognized CUSIP, quantity and price and full analytical calculations.

Average values are market-weighted, unless otherwise noted. Coupon and market price are par-weighted.

All prices have been normalized to par for average calculations.

Average life used for principal paydowns, and perpetual securities are assigned a 40 year maturity.

ATY/TEY calculations use a Fed Tax rate of 37.00%, a Cap Gains Tax rate of 20.00%, a State of N/A, and a State Tax rate of 0.00%.

Generic Annual Cpn Cash Flow is simply coupon rate times current face value, and does not consider acquisition date, redemption dates, long/short first coupons, ex-dividend dates, payment delays, etc.

Projected Principal Paydowns for CMOs are produced by applying current pool speeds which are updated weekly.

Assuming similar market conditions going forward, Projected Principal Paydowns for Pass-Thru securities are produced by calculating and applying concurrent historical speeds to future paydown schedules.

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Buy Candidates

CUSIP	Asset	Mdy/S&P	Issue Description	Coupon	Mkt Px	Px To	Date	Yield	ATY	TEY	Principal	Net Money
				Maturity	Duration						Accrued Int	Settlement
91282CBU4	250	Aaa/-	UNITED STATES TREAS NOTES	0.125%	98.72803150	Maturity	03/31/2023	1.366% (w)	0.860%	1.366%	\$246,820.00	246,965.09
Treas				03/31/2023	1.028	Curr Yield	-	0.127%			\$145.09	03/18/2022
Semi-Annual Pay												
3137EAEN6	250	Aaa/AA+	FEDERAL HOME LOAN MORTGAGE CORPORATION	2.750%	101.380421	Maturity	08/18/2023	1.632% (w)	1.028%	1.632%	\$253,450.00	255,149.65
Agg				06/19/2023	1.223	Curr Yield	-	2.713%			\$1,699.65	03/18/2022
Moody's Outlook Stable S&P Outlook Stable FHLHC Semi-Annual Pay												
91282CAP6	250	Aaa/-	UNITED STATES TREAS NOTES	0.125%	97.42403100	Maturity	10/15/2023	1.789% (w)	1.127%	1.789%	\$243,560.00	243,692.21
Treas				10/15/2023	1.561	Curr Yield	-	0.128%			\$132.21	03/18/2022
Semi-Annual Pay												
3137EAEZB	250	Aaa/AA+	FEDERAL HOME LN MTG CORP	0.250%	97.431954	Maturity	11/08/2023	1.853% (w)	1.167%	1.853%	\$243,580.00	243,809.17
Agg				11/08/2023	1.815	Curr Yield	-	0.257%			\$228.17	03/18/2022
S&P Outlook: Stable FHLHC Semi-Annual Pay												
91282B5P1	250	Aaa/-	UNITED STATES TREAS NOTES	2.875%	101.70953175	Maturity	11/30/2023	1.850% (w)	1.165%	1.850%	\$254,275.00	256,407.55
Treas				11/30/2023	1.846	Curr Yield	-	2.827%			\$2,132.55	03/18/2022
Semi-Annual Pay												
02589ABU5	250	-/-	AMERICAN EXPRESS NATL BK BROK	1.900%	99.800	Maturity	03/25/2024	2.002% (w)	1.261%	2.002%	\$249,500.00	249,500.00
CD			FDIC Cert #: 27471	03/25/2024	1.962	Curr Yield	-	1.904%			\$0.00	03/23/2022
Death Put AXP Semi-Annual Pay												
91282B2U3	250	Aaa/-	UNITED STATES TREAS NOTE	1.875%	99.56900050	Maturity	08/31/2024	2.056% (w)	1.295%	2.056%	\$248,922.50	249,151.78
Treas				08/31/2024	2.380	Curr Yield	-	1.883%			\$229.28	03/18/2022
Semi-Annual Pay												
3133EKQA7	250	Aaa/AA+	FEDERAL FARM CR BKS	2.080%	99.898039	Maturity	08/10/2024	2.122% (w)	1.338%	2.122%	\$249,745.00	249,860.56
Agg				08/10/2024	2.401	Curr Yield	-	2.082%			\$115.56	03/18/2022
Moody's Outlook Stable S&P Outlook Stable FFCB Semi-Annual Pay												
880591ER9	250	Aaa/AA+	TENNESSEE VALLEY AUTH FED BE	2.875%	101.768291	Maturity	09/15/2024	2.142% (w)	1.349%	2.142%	\$254,420.00	254,479.90
Agg				09/15/2024	2.397	Curr Yield	-	2.825%			\$59.90	03/18/2022
S&P Outlook Stable TVAS Semi-Annual Pay												

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The (w) in the Yield column indicates which yield value is the Yield to Worst (YTW)
Duration figure represents modified duration to worst.
ATY/TEY calculations use a Fed Tax rate of 37.00%, a Cap Gains Tax rate of 20.00%, a State of N/A, and a State Tax rate of 0.00%.

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Proposal Transactions (continued...)
report as of 03/17/2022

Sierra Vista Hospital

Buy Candidates

CUSIP Asset	Curr Face (Underlying)	Moody/S&P Rating	Issue Description	Coupon Maturity	Mkt Pk Duration	Px To Maturity	Date	Yield	ATY	TEY	Principal Accrued Int	Net Money Settlement
91282CDH1 Treas	250	Aaa-	UNITED STATES TREAS NTS	0.750% 11/15/2024	98.52578150 2.604	11/15/2024 Curr Yield	-	2.099% (w) 0.777%	1.322%	2.099%	\$241,315.00 \$637.09	241,952.09 03/18/2022
Semi-Annual Pay												
912828Y0 Treas	250	-	UNITED STATES TREAS NOTES	1.750% 12/31/2024	99.04140650 2.894	12/31/2024 Curr Yield	-	2.106% (w) 1.767%	1.326%	2.106%	\$247,602.50 \$930.59	248,533.09 03/18/2022
Semi-Annual Pay												
3130AQYX5 Agg	250	Aaa/AA+	FEDERAL HOME LOAN BANKS	2.150% 03/10/2025	99.750000 2.867	03/10/2025 Curr Yield	06/10/2022	3.254% 2.237% (w) 2.155%	2.050%	3.254%	\$249,375.00 \$119.44	249,494.44 03/18/2022
Moody's Outlook Stable S&P Outlook Stable Callable FHLB Semi-Annual Pay												
87165GP22 CD	250	-	SYNCHRONY BK RETAIL CTF DEP PROGRAM BOOK ENTRY CHARLES SCHWAB FDIC Cert #: 27314	2.000% 03/25/2025	99.700 2.900	03/25/2025 Curr Yield	-	2.104% (w) 2.006%	1.325%	2.104%	\$249,250.00 \$0.00	249,250.00 03/25/2022
Death Put Semi-Annual Pay Restricted Status: OH.TX												
912828ZW3 Treas	250	Aaa-	UNITED STATES TREAS NOTES	0.250% 06/30/2025	99.99218750 3.239	06/30/2025 Curr Yield	-	2.153% (w) 0.266%	1.356%	2.153%	\$234,980.00 \$132.94	235,112.94 03/18/2022
Semi-Annual Pay												
91282CAJ0 Treas	250	Aaa-	UNITED STATES TREAS NOTES	0.250% 08/31/2025	99.65625000 3.401	08/31/2025 Curr Yield	-	2.168% (w) 0.267%	1.365%	2.168%	\$234,140.00 \$30.57	234,170.57 03/18/2022
Semi-Annual Pay												
61773TDA8 CD	250	-	MORGAN STANLEY BK N A FDIC Cert #: 32992	2.050% 09/30/2025	99.700 3.360	09/30/2025 Curr Yield	03/31/2023	2.355% 2.139% (w) 2.056%	1.483%	2.355%	\$249,250.00 \$0.00	249,250.00 03/31/2022
Callable Death Put MS Semi-Annual Pay												
91282CAT8 Treas	250	Aaa-	UNITED STATES TREAS NTS	0.250% 10/31/2025	99.32812500 3.562	10/31/2025 Curr Yield	-	2.177% (w) 0.266%	1.371%	2.177%	\$233,320.00 \$238.26	233,558.26 03/18/2022
Semi-Annual Pay												
3130AQWH2 Agg	250	Aaa/AA+	FEDERAL HOME LOAN BANKS	1.800% 02/27/2026	97.752126 3.772	02/27/2026 Curr Yield	02/27/2023	4.260% 2.401% (w) 1.841%	2.683%	4.260%	\$244,380.00 \$250.00	244,630.00 03/18/2022
Moody's Outlook Stable S&P Outlook Stable Callable Short First Coupon FHLB Semi-Annual Pay												

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Duration figure represents modified duration to worst.
ATY/TEY calculations use a Fed Tax rate of 37.00%, a Cap Gains Tax rate of 20.00%, a State of N/A, and a State Tax rate of 0.00%.

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Wealth
Management

Proposal Transactions (continued...)

report as of 03/17/2022

Sierra Vista Hospital

Buy Candidates

CUSIP	Asset	Qty/S&P	Issue Description	Coupon Maturity	Mkt Pz Duration	Px To Date	Yield	ATY	TEY	Principal Accrued Int	Net Money Settlement
91282CBQ3	250	Aaa/-	UNITED STATES TREAS NOTES	0.500%	93.68796875	Maturity 02/28/2026 Curr Yield -	2.181% (w) 0.534%	1.374%	2.181%	\$234,170.00	234,231.14
				02/28/2026	3.873					\$61.14	03/18/2022
			Semi-Annual Pay								
14042TET0	250	-/-	CAPITAL ONE BANK USA NA FDIC Cert #: 33954	2.200%	99.600	Maturity 03/23/2026 Curr Yield -	2.305% (w) 2.209%	1.452%	2.305%	\$249,000.00	249,000.00
				03/23/2026	3.811					\$0.00	03/23/2022
			Death Put COF Semi-Annual Pay								
										\$4,911,055.00	\$4,918,201.30
										\$7,143.44	
TOTALS											

For preferred securities, # of shares is displayed instead of current face value, which is represented in thousands (000).
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ATY/TEY calculations use a Fed Tax rate of 37.00%, a Cap Gains Tax rate of 20.00%, a State of N/A, and a State Tax rate of 0.00%.

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The material contained herein is not a product of any research department of RBC Capital Markets or any of its affiliates. Nothing herein constitutes a recommendation of any security or regarding any issuer; nor is the report alone intended to provide information sufficient to make an investment decision.

The information contained in this communication has been compiled by RBC Wealth Management from sources believed to be reliable, but no representation or warranty, express or implied, is made by RBC Wealth Management, its affiliates or any other person as to its accuracy, completeness or correctness. If you find discrepancies in this report, please contact your Financial Advisor or the Branch Manager.

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This report may be used to illustrate a hypothetical investment portfolio and or interest rate conditions that do not currently exist. This type of material is provided for informational purposes only. Individual experiences may not occur exactly as shown in this report.

Past performance is not a guide to future performance, future returns are not guaranteed, and a loss of original capital may occur.

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RBC Capital Markets and its affiliates buy from or sell to customers on a principal basis in the securities or related derivatives that are the subject of this communication.

RBC Capital Markets and its affiliates have or may have proprietary positions in the securities or in related derivatives that are the subject of this communication.

RBC Capital Markets may have been manager or co-manager of a public offering of securities of the issuer within the past twelve months.

Additional information is available upon request.

FY22 Audit Contract Proposal

Vendor Name	Cost
Moss Adams	\$35,000+\$3,000=\$38,000
DZA (Dingus, Zarecor & Associates)	\$35,000



OPPORTUNITY RISING

AUDIT SERVICES FEE QUOTE FOR

SIERRA VISTA HOSPITAL

Josh Lewis, Partner
Sujan Bhandari, Senior Manager

Moss Adams LLP
www.mossadams.com

Fees

For our clients, it's about more than the dollars you pay at the end of the day; it's about value. Consider both the tangible and intangible benefits of working with us. You'll get solid and timely deliverables. But more than that, the experience you'll have working with forward-thinking, industry-specialized professionals who work side by side with you to explore new possibilities is where you'll see the value. Invest in your future prosperity and experience a different style of service with us.

Service Description	Estimated Fees			
	2022	2023	2024	2025
Financial statement audit for Sierra Vista Hospital as of and for the year ended June 30, 2022	\$35,000	\$36,000	\$37,000	\$38,000
Assistance with financial statements and related footnotes as of and for the year ended June 30, 2022	\$3,000	\$3,000	\$3,000	\$3,000
Federal single audit (if applicable)	\$10,000	\$10,000	\$10,000	\$10,000
Attendance at audit committee meetings, including presentation of audit results, communication of internal control issues, and management letter	Included	Included	Included	Included
Consulting, as needed	Hourly rates	Hourly rates	Hourly rates	Hourly rates

Fee Details

The scope of work and related fee quotes are subject to our firm's client acceptance process, which:

- 1) verifies that the firm and the client both understand the specific services we're being asked to perform;
- 2) ensures the terms of the contract are acceptable to both parties and in agreement with professional audit standards; and
- 3) confirms we've staffed the engagement with individuals qualified with the necessary expertise to fulfill our commitments to the prospective client. And finally, although we've performed an initial review of our independence from Sierra Vista Hospital, we'll perform a more detailed inquiry of our partners and staff to make sure we've met applicable independence standards.

Our proposed fees are also based on a presumption that your books and records will be in good condition and your accounting and finance staff will provide reasonable and customary assistance. The estimate is also based on accounting and auditing standards that have been issued as of the date of this proposal submission, which cover a range of issues on an auditor's assessment of risk and required audit documentation. Accounting and auditing standards can and do change, so if future changes are significant enough to warrant it, we'll modify our audit approach, procedures, and scope of work. Before doing so, however, we'll negotiate any adjustment to our fees with you.

**SERVICE TIMELINE**

Below is a proposed first-year engagement schedule. We'll discuss any adjustments you may need when we meet with you.

Service Description	Proposed Timing
AUDIT TRANSITION	
Complete client acceptance procedures, and execute audit engagement letter	Upon appointment
AUDIT PLANNING	
Meet with management for pre-audit planning and to obtain an understanding of systems, internal controls, and current-year issues	May 2022
Provide management with a detailed list of items needed to perform the audit, including the timing of when items are needed	May 2022
AUDIT FIELDWORK	
Perform interim audit fieldwork and tests of internal controls	July 2022
Send confirmations of cash, investment, accounts receivable and other accounts as deemed necessary	July 2022
Perform final audit fieldwork	August 2022
AUDIT REPORT PREPARATION	
Present draft of financial statements, audit report, and management letter to senior management and board of directors at exit conference	October 2022
Submit draft financial statements to the Office of the State Auditor of New Mexico (OSA)	October 15, 2022
REPORT FINALIZATION	
Coordinate response to any inquiries by the OSA and send final version of the financial statements	Immediately following receipt of notification from OSA



MOSSADAMS

Release of final report	Five days after final version is sent to OSA
Present final audit report to senior management and board of directors during board meeting	As requested

3
2
1

Assurance, tax, and consulting offered through Moss Adams LLP. Investment advisory services offered through Moss Adams Wealth Advisors LLC. Investment banking offered through Moss Adams Capital LLC.

Moss Adams | Fee Quote for Sierra Vista Hospital 4

Sierra Vista Hospital

Proposal to Provide Services
April 2022



Contact Information

Dingus, Zarecor & Associates PLLC

12015 E Main Ave

Spokane Valley, Washington 99206

T: 509.242.0874



Primary Owner: Tom Dingus

T: 509.321.9469

tdingus@dzacpa.com



Manager: Shayna DesJardin

T: 509.321.9492

sdesjardin@dzapca.com



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

April 1, 2022

Ming Huang, CFO
Sierra Vista Hospital
800 E 9th Ave
Truth or Consequences, NM 87901

We appreciate the opportunity to propose to provide financial statement audit and Medicare cost report preparation services for Sierra Vista Hospital.

DZA has a deep understanding of critical access hospitals with a proven track record of providing superior accounting services in a timely manner.

If you have questions or require additional information, please call me at 509.321.9469.

DINGUS, ZARECOR & ASSOCIATES PLLC

A handwritten signature in black ink, appearing to be 'TD' or similar initials, enclosed within a hand-drawn oval.

Tom Dingus, CPA
Owner

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Executive Summary

When you choose DZA, you enlist a team of experienced professionals devoted to critical access hospitals and unparalleled customer service. Our company stands out in a multitude of ways, including:

- **Specialty:** We are critical access hospital accounting, auditing, and reimbursement specialists. DZA offers both depth and breadth of healthcare knowledge, providing you with the most up-to-date information on changing regulations.
- **Hands-on Experience:** You will know us. We provide easy and comprehensive communication throughout the process, and a presentation to management and the Board of Directors. We will stay in touch throughout the year to ensure you have the support you need to be successful.
- **Quality on Time:** Two highly experienced team members are assigned to each client to optimize your client experience. Each product we generate includes two thorough review and revision processes, providing you with the highest quality product. We carefully lay out each engagement ahead of time to guarantee timely delivery.

Who We Are

Dingus, Zarecor & Associates PLLC (DZA) has provided accounting services to those within the healthcare and public sector, specializing in critical access hospitals, since 2003. We are located in Spokane Valley, Washington, but our clients span across the states from Alaska to Texas. DZA's accounting services include:

- Audits
- Medicare and Medicaid cost reports
- IRS Form 990 preparation

Our team is comprised of five owners, thirty accounting staff members, and five administrative support staff members, all of whom are versed in financial and reimbursement-specific issues and niched in their knowledge to best serve your healthcare entity. Our leadership team is comprised of owners, senior managers, and select skilled managers. In every aspect of work we will do for you, at least two of our highly experienced and deeply knowledgeable leadership team will be involved, offering their insights and knowledge.

We stay up to date on both regional and national hospital issues through a rigorous Continuing Professional Education program, attending and presenting at conferences, and encouraging growth and learning for all our team members.

As a relatively small and closely-knit firm, we build strong relations and communication amongst one another, both among and between levels. Our trust in, and understanding of, each other's strengths translates to higher quality work; we know who is best equipped for each project.

To ensure our own internal quality, DZA adheres to the following accountability measures:

- Each DZA professional team member receives rigorous continuing professional education (CPE), exceeding American Institute of Certified Public Accountants (AICPA) requirements.
- We participate in the essential AICPA peer review program, which gives firms a rating of pass, pass with deficiency, or fail. You will find our most recent peer review report in Appendix A. As you can see, DZA received a peer review rate of pass – the highest rating available.
- DZA is a voluntary member of the AICPA Employee Benefit Plan Audit Quality Center and the Governmental Audit Quality Center (the Centers). Joining the Centers heightens the quality standards of our work, as we adhere to the Centers' membership requirements in addition to the AICPA and State Board of Accountancy requirements.

Client-based Approach

Commitment to Client Service: DZA's commitment to providing high-quality service stands unwavering.

- **We are specialists, not generalists.** Healthcare, particularly for critical access hospitals, is what we do as a firm. Our staff has training and experience relevant to your specific needs.
- **An experienced auditor will be involved in each engagement.** We will work directly with your organization. An owner or manager who specializes in critical access hospitals will actively participate during all stages of the process, including during planning, fieldwork, and through project delivery.
- **An experienced cost report preparer is assigned to each engagement.** The individual will be closely involved during the cost report process, closely examining both the small details and the big picture. This is critical to optimizing reimbursement and most thoroughly understanding the hospital's operations. Our process is unique in that we examine the underlying data going into a cost report to ensure both accuracy and the capturing of correct reimbursement.

- **Our commitment to quality is our best practice.** Everything we produce goes through an extensive review process. You will receive a final product that has been thoroughly reviewed by two of our team members with over 10 years of experience. for compliance, accuracy, and, in the case of Medicare cost reports, reimbursement strategies.
- **DZA's leadership team believes utilizing each other's strengths makes for the best client experience.** Two members of leadership (a primary and a secondary) will be assigned to your hospital. While the primary will have the most direct involvement with the engagement, both are available to answer your questions or concerns.
- **An integrated team.** Our engagement team will coordinate the financial statement audit and Medicare cost report preparation as one project to minimize your resource commitment. Our integrated approach results in higher quality services. Although all team members are well-versed in a range of accounting, auditing, and reimbursement issues related to critical access hospitals and healthcare, many team members choose to also specialize more closely in areas such as consulting, feasibility studies, and reimbursement. Should, in the course of our professional relationship with you, issues arise outside of the specific knowledge of your assigned engagement team, we will happily reach out to our colleagues more closely specialized in your specific need at hand. At the end of the day, DZA is truly one firm working together to complement and enhance your team.
- **We ask good questions.** Since we work exclusively with healthcare entities, our questions to you during the engagement process are valuable and to the point. Our niched healthcare background lays a solid foundation of knowledge regarding the realities of running and funding healthcare entities. This foundation allows us to ask fewer questions of you during the process; the questions we do ask always have a specific, practical intention behind them. Often, our inquiries are to find a correct audit answer or in search of potential reimbursement opportunities for you.
- **Our commitment to value.** DZA will provide your organization with professional, knowledgeable staff at an affordable price.
- **We are a resource to you.** DZA hosts a three-day healthcare seminar designed to provide our clients the opportunity to explore current reimbursement and accounting topics and other issues they face daily in the healthcare field.

Open, Ongoing Communication: We strive to meet and exceed your expectations. Our approach begins with open and ongoing communication. In our experience, this results in a more effective engagement and relationship with our clients. Many clients contact us weekly to discuss issues large and small, and unless a significant project or research is requested, we do not charge for this exchange.

We believe continuous communication throughout the year is necessary to provide you with high quality audit and cost report preparation services. Our email and phone lines remain open for clarifications, questions, or anything in between.

We continually have you in mind. Upon learning new and relevant information, we think of how the topic applies to our clients, passing on need-to-know updates in the ever-changing realm of healthcare.

DZA's Project Management

Project Timeline: Your assigned team will carefully plan out each of your engagement projects. While preparing for your engagement, we establish a few major milestones to shape your timeline:

- **Audit Presentation:** We will provide an annual audit presentation, including a financial indicators report, to management and the Board of Directors. The presentation allows you to visually understand historical trends and current comparisons.
- **Issuance Dates:** We start with the end in mind, so each engagement starts by working with management to schedule report issuance dates.
- **Completion Date:** The completion date will be scheduled for two weeks prior to the issuance dates, allowing management time to review the drafts reports.
- **Trial Balance and Requested Workpapers and Data to Us:** Once we receive these documents, we can begin the majority of the audit.

With the general dates for a board presentation or engagement completion date established, we then work with your finance team to develop a project timeline, including when the final trial balance and requested workpapers and documentation are to be provided to us and if those agreed upon dates will allow the engagement to be completed by the issuance dates.

The engagement will be performed remotely, or a combination of remotely and on-site, depending on what works best for you and your organization

At fiscal year end, we begin the process by providing you a preparation guide with the information we will need to prepare the engagement. Internal control and planning audit procedures will be performed subsequent to year end but prior to receiving the final trial balance and requested workpapers.

Once we have the final trial balance and the requested workpapers, we will schedule the remaining work with your finance team in a manner that works best for them and that will meet the expected report issuance dates.

Most organizations prefer this method of project management. With so many tasks prepared ahead of time, final fieldwork will concentrate our time and financial staff time to those tasks best accomplished through in-depth, focused time. The level of communication during fieldwork translates to fewer follow-up questions after fieldwork.

Smooth Transition: Changing auditors can be difficult on the Finance team. To ensure the smoothest transition to DZA as possible, we reach out to your former audit firm to discuss the prior audit and review workpapers. We have positive working relationships with other CPA firms and offer the same professional courtesy when one of our clients transitions to them.

Because our firm is niched in the critical access hospital healthcare industry and has significant experience with financial statement audits and Medicare cost reports, your assigned team members have the necessary skills to provide you with competent and timely products.

Secure: To facilitate the use of client data and record retention, as a firm we use paperless software, ensuring your engagements will be completed efficiently and securely.

A secure portal will be available to you for an easy, safe exchange of the data between your hospital and our team. Our IT security meets all HIPAA standards and our staff understands the importance of safeguarding your data.

Remote Technology: Like many businesses, we have switched to performing many of our duties – including formal presentations with clients – to a virtual platform as needed. As such, we have developed and finely tuned our capability of video conferencing through our clients' preferred platform for board meetings, educational meetings, or any other requested meetings.

Timely: Not only do we have a succinct, ironed out process we continually scrutinize for potential improvement, we innately understand the specific steps it takes to finishing a project. Because we lay out ahead of time what's necessary to complete an engagement and hold off starting a project until we have the majority of what we need, the amount of time designated to needing follow up questions is significantly reduced. This reduction minimizes unnecessary back and forth between us and you, ensuring your final product is in your hands when you need it.

Efficient: Our best practices and internal training ensure the majority of work and responsibility for the engagements lies on us, not you. With the length, breadth, and depth with which we have processed engagements in the industry, we know how to work with both speed and precision. Our team members have seen firsthand a plethora of circumstances – from the mundane to the unusual – so no matter what we come across, we have the experience and resources of our entire team to draw upon. This allows us to follow up with well-reasoned, pertinent questions that directly contribute to completing your engagement. Further, our leadership team outlines each engagement before commencing work, frequently checking in with the in-charge to ensure the project is on track.

One Firm, One Team: We view the audit and cost report as one interconnected project, simultaneously working on all engagements for you. This also means your engagement team communicates across project types; while we have specialists for different engagements, those specialists work seamlessly as one team, helping each other truly understand your entity's intricacies.

Standout Process: Details matter. To provide you with the best product, an owner will directly interact with your engagement at all stages, from pre-planning all the way through to the presentation of the audit to your Board of Directors. Project management begins with our internal procedures and best practices, which we continually monitor and update. DZA consistently establishes a framework for your projects to ensure timely, efficient, and accurate results, tracked and reviewed throughout by the assigned management team.

Each engagement is an opportunity for extending our resources and knowledge to you. Findings are never a surprise to you; any proposed audit adjustment or internal control findings are discussed with management during the audit process to ensure management is aware of existing issues and given the opportunity to respond. Our findings are supported with documentation and explanations. Included in the audit and cost report is a management letter detailing our recommendations on accounting and administrative controls and efficiency, with suggestions on how to fine tune internal procedures. Because of the trust and respect DZA strives to build between us and our clients, the goal of these comments is to help and guide. We want you to succeed; our role in that is to use our expertise to build you up.

Pricing

We strive to provide the quality you deserve at a reasonable price. Our proposed pricing for your engagements is:

Audit of the Financial Statements	\$	35,000
Preparation of Medicare Cost Report		12,000
Total	\$	47,000

The pricing is based on the anticipated cooperation from your personnel, along with the assumption that any unexpected circumstances will not be encountered during our performance of your requested services. Pricing may be renegotiated if significant additional time or projects prove necessary. A discussion will occur before any additional costs are incurred.

Projects or research will be billed at our standard rates, which will vary based on the individual providing the services.

Our out-of-pocket costs are included in the above pricing. As always, we welcome ongoing communication and will never charge for routine consultations or questions throughout the year.

Team Biographies

Tom Dingus, CPA, Owner

Healthcare Industry Experience

A founding owner of Dingus, Zarecor & Associates PLLC, Tom has worked directly with critical access hospitals and a variety of other healthcare organizations for over 25 years, serving their financial reporting, IRS Form 990, and Medicare/Medicaid reimbursement needs. He regularly attends, and often presents at, numerous Healthcare Financial Management Association (HFMA) and other healthcare association educational meetings on various relevant topics.

Education

Tom is a graduate of Central Washington University, with a bachelor's degree in Accounting.

Affiliations & Activities

Tom is a former president of the Washington/Alaska Chapter of HFMA and served as an officer and board member for ten years. He received HFMA's Medal of Honor in 2003 and previously had been awarded HFMA's Muncie Gold Merit Award. He has also served as a co-chair of the Spokane Chapter of the Washington Society of Certified Public Accountants' not-for-profit and membership committees.

Shayna DesJardin, CPA, Manager

Healthcare Industry Experience

With the firm since 2015, Shayna has nearly ten years of experience working within the healthcare field, with nearly five years of those working exclusively with critical access hospitals and other healthcare organizations, serving their financial reporting and reimbursement needs. She specializes in Medicare and Medicaid cost reports and reimbursement projects.

Education

Shayna received her Bachelor of Science in Business Management from Peninsula College, and her Certificate of Accounting from Whitworth University.

Affiliations & Activities

Shayna is a board member of the Washington Society of Certified Public Accountants (WSPCA), as well as treasurer for Giving Back Packs, a not-for-profit based in Spokane, Washington.

Luke Zarecor, CPA, Owner

Healthcare Industry Experience

One of the founding owners of Dingus, Zarecor & Associates PLLC, Luke has worked directly with critical access hospitals, as well as a variety of other healthcare organizations, for nearly 20 years, serving their financial reporting and reimbursement needs. He regularly attends healthcare association conferences and presents at the annual DZA seminar.

Education

Luke received both a bachelor's and master's degree in Accounting from Brigham Young University.

Affiliations & Activities

Luke is a former president of the Idaho Chapter of HFMA and served as the regional executive of Region 10 for HFMA. Luke has received the Muncie Gold Merit Award from HFMA and the HFMA Founders Medal of Honor Award and is a Fellow of HFMA (FHFMA).

Shar Sheaffer, CPA, Owner**Healthcare Industry Experience**

Shar Sheaffer is an owner of Dingus, Zarecor & Associates PLLC. With the firm since 2007, Shar has worked in the field of healthcare accounting since 2001 and specializes in reimbursement for critical access hospitals. She frequently speaks at healthcare conferences, including the annual DZA Seminar, updating clients and staff on the never-ending changes in healthcare regulations.

Education

Shar received a bachelor's in accounting from Eastern Washington University.

Affiliations & Activities

Shar is a member of both American Institute of Certified Public Accountants (AICPA) and WSCPA. She is the past president of the Montana chapter of HFMA.

Shaun Johnson, CPA, Owner**Healthcare Industry Experience**

Shaun Johnson is an owner of Dingus, Zarecor & Associates PLLC. With the firm since 2004, Shaun has worked in the field of healthcare accounting since 2000, specializing in the financial reporting and reimbursement needs of critical access hospitals along with a variety of healthcare organizations. He frequently attends healthcare and public sector conferences and training seminars.

Education

Shaun received a bachelor's in accounting from Whitworth University.

Affiliations & Activities

Shaun is the past-President of the Wyoming Chapter of HFMA, and in 2016 received the Follmer Bronze Merit Award from HFMA. He also is a past-President of the Spokane Chapter of the WSCPA Board of Directors and is a former chairperson of the Spokane Chapter of WSCPA Fall Series CPE Committee.

Kami Matzek, CPA, CHFP, Owner**Healthcare Industry Experience**

With DZA since 2008 and recent owner of the firm, Kami has over ten years of experience working exclusively with healthcare organizations, serving their financial reporting and reimbursement needs. A Certified Healthcare Financial Professional (CHFP), Kami works primarily with reimbursement, audits, and cost reports.

Education

Kami received a bachelor's degree in Professional Accounting from Eastern Washington University.

Affiliations & Activities

Kami is a member of, and serves as treasurer for, the Washington Alaska chapter of the HFMA, as well as a member of the WSCPA.

Alanna Lakey, Manager**Healthcare Industry Experience**

With the firm since 2012, and having nearly ten years of experience, Alanna works exclusively with critical access hospitals and other healthcare and public sector organizations. She serves as the in-charge for numerous engagements, specializing in single audit.

Education

Alanna is a graduate of Whitworth University, with bachelor's degrees in both Accounting and Business Management.

Affiliations & Activities

Alanna is a member of the Oregon Chapter of HFMA.

Dan Cleveland, CPA, Manager**Healthcare Industry Experience**

With the firm since 2021, Dan has been working in the realm of public accounting since 2014. In his time at DZA, he has worked specifically with critical access hospital and other healthcare and public sector organizations, servicing their financial reporting and reimbursement needs.

Education

Dan received a bachelor's degree in Business Administration – Public Accounting from Eastern Washington University, as well as an associate's in Business from Spokane Community College.

Affiliations & Activities

Dan is a member of the WSCPA and the AICPA.

Jeremy Valdez, CPA, Manager

Healthcare Industry Experience

With the firm since 2016, Jeremy has nearly five years of experience working exclusively with critical access hospitals and various other entities in the healthcare and public sector fields, serving their financial reporting and reimbursement needs.

Education

Jeremy received a bachelor's degree in Accounting from Eastern Washington University.

Josh Rettinghouse, CPA, Manager

Healthcare Industry Experience

With the firm since 2014, Josh works exclusively with healthcare and public sector organizations, serving their financial reporting and reimbursement needs. He specializes in hospital and pension audits, as well as Medicare and Medicaid cost reporting.

Education

Josh holds his Bachelor of Professional Accounting as well as Finance, with a minor in Economics from Eastern Washington University.

References

Our work speaks for itself. Below you will find a selection of our client contacts at critical access hospitals who routinely use us for their projects.

Abby Smith, CFO
Whitman Hospital and Medical Clinics
Colfax, Washington
Telephone: 509.397.5755
E-mail: Abby.Smith@whmc.org

Kelly Hughes, CFO
Coulee Medical Center
Grand Coulee, Washington
Telephone: 509.633.6360
E-mail: hugeskj@cmccares.org

Sandi Lehman, CFO
Mount Grant Hospital District
Hawthorne, Nevada
Telephone: 775.945.2461 X285
E-mail: slehman@mgghnv.org

Scott Olander, CFO
Kittitas Valley Healthcare
Ellensburg, Washington
Telephone: 509.962.7312
E-mail: solander@kvhealthcare.org

Trice Watts, CFO
Greeley County Hospital
Tribune, Kansas
Telephone: 620.376.4221 ext. 501
E-mail: cfo@mygchs.com

Client List

Below you will find a selected list of clients we currently serve. We have selected this list based on those hospitals sharing similar engagement needs as you.

- Arbor Health
- Arkansas Valley Regional Medical Center
- Artesia General Hospital
- Bear Lake Memorial Hospital
- Benewah Community Hospital
- Bingham Memorial Hospital
- Blue Mountain Hospital – Oregon
- Blue Mountain Hospital – Utah
- Boundary Community Hospital
- Caribou Memorial Hospital
- Cascade Medical Center
- Cimarron Memorial Hospital
- Columbia Basin Hospital
- Columbia County Health System
- Columbia Memorial Hospital
- Community Hospital of Anaconda
- Cordova Community Medical Center
- Coulee Medical Center
- Curry Health District
- Dahl Memorial Healthcare
- East Adams Rural Healthcare
- Ferry County Public Hospital District
- Franklin Medical Center
- Garfield County Hospital District
- Good Shepherd Health Care System
- Gila Regional Medical Center
- Grand River Hospital District
- Grande Ronde Hospital
- Humboldt General Hospital
- Jefferson Healthcare
- Kiowa County Hospital District
- Kit Carson County Health Services District
- Kittitas Valley Healthcare
- Klickitat Valley Health
- Kremmling Memorial Hospital District
- Lost Rivers Medical Center
- Lower Umpqua Hospital
- Marias Medical Center
- Melissa Memorial Hospital
- Memorial Hospital of Carbon County
- Mendocino Coast Hospital District
- Mineral Community Hospital
- Minidoka Memorial Hospital
- Missouri River Medical Center
- Moab Regional Hospital
- Mount Grant General Hospital
- Newport Community Hospital
- North Canyon Medical Center
- North Runnels County Hospital
- Northeast Montana Health Services
- Northern Cochise Community Hospital
- Odessa Memorial Healthcare Center
- Oneida County Hospital
- Pagosa Springs Medical Center
- Prosser Memorial Health
- Prowers Medical Center
- Pullman Regional Hospital

- Quincy Valley Medical Center
- Roosevelt General Hospital
- Roosevelt Medical Center
- Shoshone Medical Center
- Skyline Community Hospital
- Snoqualmie Valley Hospital
- South Lincoln Medical Center
- St. Vincent General Hospital District
- Star Valley Medical Center
- Summit Pacific
- Syringa General Hospital
- Teton Valley Health Care, Inc.
- Three Rivers Hospital
- Valor Health
- Wallowa Memorial Hospital
- Weiser Memorial Hospital
- Whitman Hospital and Medical Center
- Wray Community District Hospital

Appendix A

REPORT ON THE FIRM'S SYSTEM OF QUALITY CONTROL

July 14, 2020

To the Owners of
Dingus, Zarecor & Associates, PLLC
and the Peer Review Committee of the Washington Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC (the firm), in effect for the year ended November 30, 2019. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC, in effect for the year ended November 30, 2019, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Dingus, Zarecor & Associates, PLLC, has received a peer review rating of *pass*.

ARNETT CARBIS TOOTHMAN LLP

Arnett Carbis Toothman LLP

Bridgeport, WV • Buckhannon, WV • Charleston, WV • Columbus, OH • Meadville, PA • Morgantown, WV • New Castle, PA • Pittsburgh, PA

**STATE OF NEW MEXICO
GOVERNMENTAL SERVICES AGREEMENT
BETWEEN
SIERRA VISTA HOSPITAL
AND
SIERRA COUNTY/SIERRA COUNTY REGIONAL DISPATCH AUTHORITY**

THIS AGREEMENT is made and entered into by and between Sierra Vista Hospital (SVH) and Sierra County/Sierra County Regional Dispatch Authority (SCRDA). Sierra County shall act as SCRDA's fiscal agent for this Services "Agreement".

THE PARTIES MUTUALLY AGREE:

1. Scope of Work: SCRDA agrees to:

- A. Operate a combined communications and dispatch center to serve SVHEMS located in Sierra County, and
- B. By Agreement termination date, provide SVH with a written listing of calls received involving incidents in Sierra County annotated by responding entity.

2 Compensation:

At the beginning of each Fiscal Year of this Agreement, SVH shall transfer to SCRDA \$51,642.00 for Fiscal Year (FY) 2022-2023 for a total not to exceed \$51,642.00, which shall include New Mexico Governmental Gross Receipts Taxes, if applicable. This amount is a maximum amount payable under the contract, and not a guarantee that the work assigned to be performed by SCRDA under this Agreement shall equal the amount stated herein. The parties do not intend for SCRDA to continue to provide services without compensation when the total compensation amount is reached. SCRDA is responsible for notifying SVH when the services provided under this Agreement reach the total compensation amount, except for the variance noted below. In no event shall SVH pay SCRDA for services in excess of the compensation listed herein without prior written amendment of this Agreement.

SVH understands that SCRDA derives the \$51,642.00 rate from the percentage of calls it received the previous year divided by the allocated budgeted amount. SCRDA reasonably believes that for planning purposes, SVH can anticipate a yearly budget amount for services of \$51,642.00, with a variance of 10-15% per annum.

SCRDA shall be responsible for paying New Mexico Governmental Gross Receipts taxes levied on amounts payable under this Agreement, if applicable.

3. Upon expiration or termination of this Agreement, if either party has property or funds in its possession belonging to the other, it shall return the property immediately upon demand, and it shall return the funds in proportion to the parties' original contribution.

4. Term.

This Agreement is for one (1) year from the date of approval by the Sierra County Board of County Commissioners (hereinafter "Board" or "County"). This Contract will automatically renew on an annual basis, for up to three (3) additional one (1) year terms unless terminated pursuant to Article 5 (Termination for Convenience), Article 6 (Termination for Cause), or Article 7 (Appropriations). In accordance with Section 13-1-150 NMSA 1978, no term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in Section 13-1-150 NMSA 1978.

5. Termination: Either party may terminate this Agreement upon written notice delivered to the other at least thirty (30) days prior to the intended termination date. By such termination, neither party may nullify obligations or duties incurred prior to the termination date. If a party fails to fulfill this Agreement's terms, after the other party provides written notice as defined herein of the failure to perform and an opportunity to comply, the notifying party may immediately terminate this Agreement for breach of contract. These provisions are not exclusive and do not waive other legal rights and remedies afforded for default or breach of contract.

6. Appropriations: The terms of this Agreement are contingent upon sufficient appropriations and authorization by the Board for the performance of this Agreement. If the Board does not make sufficient appropriations and provide authorization, this Agreement shall terminate after a thirty (30) day written notice from the County to SVH. The Board's decision as to the availability of sufficient appropriations shall be accepted by the SVHEMS as a final decision. If the Board proposes an amendment to the Agreement to reduce funding, SVHEMS shall have the option to terminate the Agreement or to agree to the reduced funding, within thirty (30) days of receipt of the proposed amendment.

7. Status of SCRDA: The parties understand and agree that SCRDA and its agents and employees are independent contractors performing professional services for SVH and are not employees of SVH. SCRDA and its agents and employees shall not accrue leave, retirement, insurance, bonding, use of vehicles, or any other benefits afforded to employees of SVH due to this Agreement. SCRDA acknowledges that all sums received hereunder are reportable by SCRDA for tax purposes, including without limitation, self-employment and business income tax. SCRDA agrees not to purport to bind SVH unless SCRDA has express written authority to do so, and then only within the strict limits of that authority.

8. Assignment: SCRDA shall not assign or transfer any interest in this

Agreement or assign any claims for money due or to become due under this Agreement without SVHEMS's prior written approval.

9. Subcontracting: SCRDA shall not subcontract any portion of the services it agrees to perform under this Agreement.

10. Confidentiality: Any confidential information provided to or discovered by SCRDA in the performance of this Agreement shall be kept confidential and shall not be disclosed by SCRDA to any individual or organization without SVHEMS's prior written approval, or unless by Court Order.

11. Conflict of Interest: SCRDA warrants that it presently has no interest in and that it shall not acquire any interest, direct or indirect, which would conflict in any manner with performance or other services required under this Agreement. SCRDA certifies that it has followed the requirements of the Governmental Conduct Act, NMSA 1978, Sections 10-16-1 through -18, regarding contracting with a public officer or state employee.

12. Amendment: Other than the rate amendment and calculation of same noted in paragraph 2, the parties do not anticipate any amendments to this contract.

13. Waiver: No waiver of any breach of this Agreement or any of the terms or conditions hereof shall be a waiver of any other or subsequent breach; no waiver shall be valid or binding unless the same be in writing and signed by the party alleged to have granted the waiver.

14. Merger: This Agreement incorporates all the agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, agreements and understandings have been merged into this written Agreement. No prior agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless as embodied in this Agreement.

15. Penalties for Violation of Law: The Procurement Code, NMSA 1978, Sections 13-1-28 through 13-1-199, imposes civil and criminal penalties. The parties agree to consider the penalty provisions of the Procurement Code in the event the terms of this Agreement are violated.

16. Equal Opportunity Compliance: SCRDA and SVH agree to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. If a determination is made that SCRDA or SVH is not in compliance with these requirements during the life of this Agreement, SCRDA or SVH agree to take appropriate steps to correct these deficiencies.

17. Applicable Law: The laws of the State of New Mexico shall govern this Agreement. Venue shall be proper only in a New Mexico court of competent jurisdiction in accordance with NMSA 1978, Section 38-3-1 (G). By execution of this Agreement, the parties acknowledge and agree to the jurisdiction of the courts of the State of New Mexico over any lawsuits arising under or out of any term of this Agreement.

18. Compliance with Funding Source Conditions: SCRDA shall comply with all applicable state and federal statutes and regulations imposed as a consequence of funding pursuant to this Agreement.

19. Insurance Coverage: SCRDA shall provide SVH a statement indicating that the activities described in Paragraph 1 are covered by appropriate insurance as set forth in subparts (A) and (B) of this paragraph. SCRDA agrees that this insurance shall be secured in accordance with any method allowed by applicable law, including self-insurance, pooling of self-insured reserves or insurance provided by a third party, prior to commencing work under this Agreement and in no case later than fifteen (15) days after execution of this Agreement.. SCRDA shall maintain continuous insurance coverage of the activities described in Paragraph 1, so long as this Agreement is in effect. Failure to maintain such insurance coverage is reason for immediate termination of this Agreement. SCRDA shall notify SVH prior to cancellation or expiration of any insurance required under this Agreement.

A. Worker's Compensation protection that complies with the requirements of the New Mexico Worker's Compensation Act, NMSA 1978, Sections 52-1-1, et seq., if applicable. If SCRDA fails to comply with the Workers Compensation Act and applicable rules when required to do so, SVH may terminate this Agreement under the Termination procedures noted in paragraph 5.

B. Comprehensive public liability protection covering property damage and personal injury liability that may arise under this Agreement and any amendments hereto, in amounts equal to the liability limits set forth in NMSA 1978, Section 41-4-19, as it may be amended from time to time.

20. Records and Audit: SCRDA shall maintain detailed time and expenditure records that indicate the date, time, nature and cost of services rendered during the Agreement's term and effect and retain them for seven (7) years after the termination date specified in Section 4, Term. These records shall be maintained and available within the State of New Mexico if SCRDA has an office within the state; otherwise, SCRDA shall make such records available to SVH within fifteen (15) days upon SVH's request, or within a reasonably mutual agreeable time determined by the parties. During this time, such records shall be subject to inspection by SVH, the Department of Finance ("DFA"), and the New Mexico State Auditor upon reasonable notice and under reasonable conditions. SVHEMS shall have the right to audit billings both before and after payment upon reasonable notice and under reasonable conditions. Payment under this Agreement shall not foreclose SVH's right to recover excessive or illegal payments. The periods of

inspection and audit may be extended for records that relate to litigation or settlement of claims arising out of performance of this Agreement and shall continue until all potential litigation, appeals, claims or exceptions have expired or been resolved.

21. Liability: Neither party shall be responsible for liability incurred due to the other party's acts or omissions in connection with this Agreement. Any liability claimed due to this Agreement is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1, et seq., as amended as well as applicable contract law, and common law of the State of New Mexico.

22. Minimum Wage Rate: If applicable, SCRDA shall comply with minimum wage rates as established by the New Mexico Department of Workforce Solutions, Labor and Industrial Division, and with all other applicable requirements of that Division, including posting of the wage rates in a prominent location on the site for hiring and performing of this Agreement.

23. Invalid Term or Condition: If any term or condition of this Agreement shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall be valid and enforceable.

24. Enforcement of Agreement: A party's failure to require strict performance of any provision of this Agreement shall not waive or diminish that party's right thereafter to demand strict compliance with that or any other provision. No waiver by a party of any of its rights under this Agreement shall be effective unless express and in writing, and no effective waiver by a party of any of its rights shall be effective to waive any other rights.

25. Authority: If SCRDA is other than a natural person, the individual(s) signing this Agreement on behalf of SCRDA represent and warrant that he or she has the power and authority to bind SCRDA, and that no further action, resolution, or approval from SCRDA is necessary to enter into a binding contract.

26. Notice:

Any notice required to be given to either party by the Agreement shall be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To SVH:

CEO at SVH
800 East Ninth Avenue
Truth or Consequences, NM 87901

To SCRDA:

Michelle Atwell, Director
Sierra County Regional Dispatch Authority
1712 N. Date Suite G
Truth or Consequences, NM 87901

IN WITNESS WHEREOF, the parties hereto have herein below executed this Agreement.

SIERRA VISTA HOSPITAL

By: _____ Date: _____
CEO or Designee

SIERRA COUNTY/SIERRA COUNTY REGIONAL DISPATCH AUTHORITY

By: _____ Date: _____
Authorized Representative Signature

Printed Name and Title

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

DEPARTMENT: CARDIOPULMONARY

Original Policy Date: 1-29-2013

Review: 2022 TD 2023 2024

SUBJECT: Continuous Aerosol Therapy

Last Revised: 2022

APPROVED BY: Medical Staff

Manager: Toni Davis RCP

OBJECTIVES:

~~Status Asthmaticus~~

- A. Improvement of clearance of secretions
- B. Reduction of laryngeal edema
- C. ~~Post extubation~~

POLICY:

- A. Devices that are used to generate aerosol particles are classified as nebulizers or aerosol generators.
- B. A nebulizer should be used when the goal is to relieve ~~status asthmaticus~~, liquefy secretions, promote a productive cough, or decrease laryngeal edema.
- C. If the goal of therapy is to provide simple humidification, continuous aerosol therapy is not the best method. The aerosol suspension can provide a vector for pathogens to enter the airway, thereby increasing the patient's risk for nosocomial pneumonias.
- D. The set-up and operation of nebulization devices is the responsibility of, RRT, RN, EMT
- E. ~~Nebulizers may be operated either cool (at room air), or heated.~~ Cool aerosols are usually used for reducing laryngeal edema. ~~Generally, heating an aerosol causes an increase in the overall water content of the gas delivered to the patient and helps to more closely match the temperature of the delivered gas to the patient's body temperature.~~
- F. ~~If an immersion heater is being used it needs to be set at an appropriate temperature. When inserting the heater into the nebulizer be careful to push the heater into the container until the heater housing sets on the lip. The ideal temperature for a patient with artificial airway is 32-34° C. Therefore, it is important to monitor the temperature of the gas delivered to the patient if a heater is used.~~
- G. Continuous aerosol therapy may be administered to the patient in a variety of ways including via mask, face tent, tracheostomy collar, Briggs adaptor (T-piece), ~~or hood.~~
- H. Continuous aerosol therapy may be either at room air or with supplemental oxygen.
- I. Care must be taken to periodically drain aerosol tubing of accumulated condensate. Avoid draining condensate back into the nebulizer reservoir as this may serve to contaminate the

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liquid. Also avoid accidental drainage of condensate into the patient's airway (e.g. those patients with artificial airways).

EQUIPMENT:

- A. Nebulizer
- B. Oxygen/air flow meter or blender
- C. Device to which the nebulized particles will be delivered through
- D. Large bore tubing

PROCEDURE:

- A. Check for a complete physician's order.
- B. Explain procedure to patient/family.
- C. Attach flowmeter or blender to wall outlet.
- D. Attach nut and nipple to flowmeter.
- E. Fill nebulizer with sterile water.
~~Place immersion heater in nebulizer, if indicated.~~
- F. Set flow and FIO₂ at desired setting.
- G. Attach large bore tubing to nebulizer and the other end to the delivery device.
- H. Place water trap in the circuit to drain condensate from the tubing.
- I. Apply to patient via appropriate device ie: aerosol mask, trach collar or Tee piece

I. INDICATIONS:

- A. Patients who are having retained or inspissated secretions while breathing gas from simple humidifiers.
- B. Patients with laryngeal edema.
- C. Postoperative management of the upper airway
- D. Subglottic edema
- E. Post extubation edema

II. CONTRAINDICATIONS:

- A. The patient has demonstrated a past or present history of adverse reactions to previous nebulization therapy.
- B. Bronchoconstriction

III. ASSESSMENT OF THERAPY:

- A. Effectiveness of this therapy should be assessed by carefully noting changes in sputum production (amount, viscosity and color), as well as improvement in breath sounds.
- B. Reduction of laryngeal edema should be assessed by observing for a decrease in inspiratory stridor, retractions, or dyspnea.

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IV. HAZARDS:

- A. Nosocomial infection
- B. Over hydration (especially in neonates)
- C. Reflex bronchospasm
- D. Altered F102 as a result of water in the tubing blocking gas flow, when oxygen is being used.
- E. Damage to airway epithelium due to excessive temperature.

V. DOCUMENTATION:

- A. Date and time
- B. Duration of therapy
- C. Any reactions to therapy
- D. F102, if used

~~VI. PROBLEMS:~~

~~A. No flow:~~

- ~~1. Check reservoir leaks.~~
- ~~2. Check tubing for obstructions and proper connections.~~
- ~~3. Check flowmeter for proper connection to wall outlet.~~
- ~~4. Drain excessive water out of tubing.~~

~~B. Airway temperature too high or too low:~~

- ~~1. Check for appropriate heater and flow settings.~~
- ~~2. Check heater power connections.~~
- ~~3. Replace heater.~~

References

Hess, D. R., McIntyre, N. R., Galvin, W. F., & Mishoe, S. C. (2016). *Respiratory Care Principles and Practices*. Jones & Bartlett Learning.

(AARC Clinical Practice Guidelines, 2003)

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

DEPARTMENT: CARDIOPULMONARY

Original Policy Date:

Review: 2022 **TD** 2023 ____ 2024

SUBJECT: Suctioning

Last Revised: 2022

APPROVED BY: Medical Staff

Manager: Toni Davis RCP

OBJECTIVE:

To maintain airway patency by assisting in the removal of secretions.

RESPONSIBLE PERSONS:

Airway suctioning shall be a shared responsibility between Respiratory Care Practitioners (RCP), Registered Nurses (RN), Licensed Practical Nurses (LPN) and EMT's.

POLICY:

To outline the procedure for maintaining a patent patient airway via suctioning either by artificial airway or nasal/tracheal suction by mobilization and removal of secretions. It is used to assist the patient with pulmonary hygiene when the airway severely limits the patient's own ability to remove lung secretions and to evaluate the patient's cough reflex mechanic in the lung clearing process. A closed catheter suction system will be used on all ventilated patients.

POLICY:

PROCEDURE:

1. Suctioning of intubated, mechanically ventilated patients should be performed as needed. Routine suctioning according to an arbitrary schedule without signs of a need for suctioning is to be discouraged.
2. Bedside-personnel must take care to protect themselves from exposure to patient's bodily fluids. Gloves should always be worn. If splashing seems likely, goggles and gown should also be worn.
3. Each pass of the suction catheter should be no longer than 10-15 seconds.
4. 4. Lowest possible vacuum pressures are preferred. The higher the negative pressure, the greater the possibility for trauma to the tracheal mucosa. Suction pressures should be set at -40 to -60 mmHg in neonates, -60 to -80 mmHg in pediatric patients, and -80 to -120 mmHg for adults.
5. Hyperoxygenation before suctioning with 100% oxygen is recommended for adult and pediatric patients. However, hyperoxygenation with 100% oxygen before suctioning is not recommended for low birth-weight babies (<2000 grams). For these patients, pre-oxygenation with oxygen 10-20% higher than their baseline requirements is recommended.
6. Prevention of severe hypoxemia during suctioning can be aided by the use of suction adapters that allow the insertion of a catheter without disconnection from the ventilator circuit. The use of these devices is to be encouraged.

SIERRA VISTA HOSPITAL

7. Determination of suction catheter size: the size of the catheter which should be used can be calculated by doubling the size of the internal diameter of the artificial airway by adding 2 (i.e., size 6 tube = $6 \times 2 + 2 = 14$ French catheter).
8. Mechanically ventilated patients
 - 8.1. Mechanically ventilated patients
 - 8.2. Place patient on 100% FiO₂ to preoxygenate prior to advancing suction catheter.
 - 8.3. Instill with two to four cc normal saline ONLY for patients with very thick secretions that have not been able to remove with normal suctioning
 - 8.3.1. *Instillation of normal saline is discouraged due to possible contaminations leading to a Ventilator Acquired Event (VAE)*
 - 8.4. Advance catheter and apply suction for 10 to 15 seconds before pulling back into the sheath monitoring heart rate and SaO₂.
 - 8.4.1. If patient heart rate or SaO₂ decrease stop and monitor
 - 8.5. Repeat as necessary
9. Tracheostomy Suctioning:
 - 9.1. Wash hands thoroughly with an antiseptic solution
 - 9.2. Explain the procedure to the patient if indicated (or a family member if appropriate). Place the patient in a semi-fowler's position if possible. The head should be facing forward.
 - 9.3. Set wall suction appropriately.
 - 9.4. Open the catheter packet and using sterile technique place it near the patient's head. To protect the clinician, both hands should be gloved. To protect the patient only the hand that touches the catheter need be sterile. Grasp the catheter with the sterile gloved hand.
 - 9.5. With the non-sterile hand, disconnect the patient from the ~~ventilator or~~ oxygen tubing.
 - 9.6. Using the manual-ventilation bag, hyperventilate the patient for 10 breaths. An F102 of 1.00 should be used for most patients.
 - 9.7. For thick tenacious secretions that cannot be cleared:
 - 9.7.1. For neonates, instill into the endotracheal tube a few drops to 0.3 ml of 0.9% sodium chloride solution: for larger children use 1.0 to 3.0 ml. For adults use 3.0 to 5.00 ml.
 - 9.8. Hold the catheter so that its natural curve is aligned with the ~~endotracheal or~~ tracheostomy tube. Without applying suction, quickly and gently insert the catheter through the tube until the patient coughs or a slight obstruction is felt. Never force a catheter further if an obstruction is met. Withdraw the catheter 0.5 cm and apply suction while rotating the catheter between the thumb and forefinger. Repeat ~~step 7~~ as needed.
 - 9.9. Monitor the patient's heart rate and color throughout the procedure; if any irregularity occurs, discontinue suctioning and ventilate the patient.
 - 9.10. Reattach the patient to the ~~ventilator or~~ oxygen tubing, and return to the previous oxygen Setting
 - 9.11. The same catheter may be used to suction the oropharynx and nose.
 - 9.12. Discard the entire suction packet.
 - 9.13. ~~Record on the patient's chart the color, consistency, odor and amount of secretions, as well as changes in characteristics from previous procedures.~~

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10. Blind Nasotracheal Suctioning:

- 10.1. This procedure is indicated when patients without an artificial airway are unable to clear their airway of secretions, usually due to poor cough effort. The presence of coarse rhonchi can alert the clinician to the need for blind nasotracheal suctioning.
- 10.2. Wash hands thoroughly with an antiseptic solution.
- 10.3. Assemble equipment.
- 10.4. Explain the procedure to the patient if indicated. Position the patient: use the sniffing position for infants, with chin up, head slightly flexed, and shoulders straight and slightly elevated; use a more hyperextended head position for older children. Remember that an infant's larynx is more cephalad than an adult is.
- 10.5. Set wall suction appropriately.
- 10.6. Open the catheter packet using sterile technique. To protect the clinician, both hands should be gloved. To protect the patient only the hand that touches the catheter need be sterile. Grasp the catheter with the sterile gloved hand.
- 10.7. ~~Using a manual ventilation bag~~ Hyperoxygenate the patient for approximately 1 minute ~~with an F102 of 1.00~~ by increasing oxygen unless the patient is a low birth-weight infant.
- 10.8. Lubricate the catheter tip with a water-soluble jelly to facilitate passage and decrease trauma.
- 10.9. Hold the catheter so that its natural curve is aligned with the patient's trachea. Gently
- 10.10. Never suction longer than 20 seconds. ~~Repeat step 6.~~ Repeat procedure as indicated
- 10.11. Monitor the patient's heart rate and color throughout the procedure, if any irregularity occurs, discontinue suctioning and ventilate the patient with resuscitation bag if needed..
- 10.12. Return to the maintenance oxygen setting
- 10.13. Record the procedure and chart the color, consistency, odor, and amount of secretions, as well as any changes in characteristics from previous procedures.
- 10.14. Wash hands thoroughly.

INDICATIONS:

- When the patient has audible secretions in the larger airways.
- When the patient is not being adequately ventilated properly due to a buildup on secretions in the tubing resulting in increased airway resistance as evidenced by higher ventilating pressures.
- When ETCO₂ suddenly rises.

CONTRAINDICATIONS:

- No evidence of secretions needing to be cleared from the airways.
- Acute cardiac arrhythmia, which could be exacerbated by hypoxia or vagal stimulation.
- Acute hypotension that could be exacerbated by vagal stimulation.
- Severe hypoxia, which may be worsened by suctioning.
- Acute increase in intracranial pressure, which may be increased further due to cough.
- Undiagnosed pulmonary hemorrhage.
- Significant priority problems with other major systems, i.e., acute change in neurological status,

SIERRA VISTA HOSPITAL

chest pain, increased blood pressure, etc.

- Pulmonary edema requiring high peep, high fractional inspired oxygen concentration and continuous mechanical ventilation

HAZARDS:

- Hypoxemia
- Arrhythmia
- Hypotension
- Bacterial contamination
- Bleeding
- Lung collapse
- Airway mucosal damage

ASSESSMENT OF THERAPY:

- The effectiveness of suctioning should be assessed by auscultation of breath sounds before and after the procedure.
- Further assessment may be accomplished by measuring the effectiveness of ventilation via arterial blood gas measurements, or non-invasive blood gas monitoring (pulse oximetry or capnometry-EtCO₂).

DOCUMENTATION:

1. Date and time (military).
2. Physical description of the mucus obtained as a result of the procedure.
3. Patient's toleration of the procedure.

REFERENCES:

Kacmarek, Robert M., et al. *The Essentials of Respiratory Care*. Yearbook Medical, St. Louis. :430-432.

Dean R Hess, Neil R Machintyre, William F Gavin, Shelley C. Mishoe. *Respiratory Care Principles and Practice*. Burlington: Jones & Bartlett Learning, 2016.

Human Resources Board Report

February/March 2021

Quality:

New hire orientations – 100%

Certifications - 100%

Licensures – 100%

Annual training – 100%

Evaluations and competencies – 90% -

Workers comp submissions –

- 7 Worker's Compensation submissions for the month of February.
6 COVID Positive – 25 days lost. Reported to OSHA
1 – Employee fall-Minor, no days lost
- No Worker's Compensation submissions for the month of March.

People:

Turnover rate –

- 4% for the month of February
- 3% for the month of March.

The average turnover rate calculated on a monthly basis for OPI purposes for FY22 is 4%. Our Target for monthly turnover is <5%.

We had 175 employees on the first day of February and 173 employees on the last day of March.

February New Hires – 6

FY22 Total - 42

- FT – Respiratory Therapist
- FT – RN-MedSurg
- FT – Department Manager-Imaging Services
- FT – Cook Aide-Dietary
- FT – Cook Aide-Dietary
- FT - Cook Aide-Dietary

February Terminations – 7

FY22 Total - 52

Involuntary – 6

FY22 Total – 12

- FT – Cook Aide
- FT – PCT/Unit Clerk-MedSurg
- FT – Housekeeper
- FT – EMT-I
- PRN - PCT/Unit Clerk-ED
- PRN - PCT/Unit Clerk-MedSurg

Quit without notice
No Call-No Show
Violation of SVH Policy
Violation of SVH Policy
No shift since 11/21
No shift since 6/21

Voluntary – 1

FY22 Total - 40

- FT – Registration Clerk

Relocate to Arizona

March New Hires – 4

FY22 Total - 46

- FT – Housekeeper
- FT – Controller-Finance
- FT - Rad Tech – Imaging Services
- FT – Telephone Operator-Business Office

March Terminations – 5

FY22 Total - 57

Involuntary – 2

FY22 Total – 14

- FT – Cook Aide
- FT – Cook Aide

Not a good fit
Policy Violation

Voluntary – 3

FY22 Total - 43

- FT – Surgical Services-MA
- FT – Beh Health NP
- FT – Infection Prevention RN

Resigned-Post COVID Syn.
Resigned
Resigned

Annual turnover Rate FY22 - 57 terminations/average of 176 staff = 32%

Contract Staff- 3

Lab-Med Tech – 1

PT-Physical Therapist – 1

ED-RN - 1

We have new Foreign Educated RNs arriving as Contract staff in coming months.

Travel Staff - 16

ED – 8

MedSurg – 7

Cardiopulmonary - 1

Service:

Due to the shortage of COVID testing supplies, we are now only testing staff who are symptomatic or who are requesting testing due to known exposure.

We are working on contracts for:

- Interim HR Director
- Clinic MDs – 2
- Locum Tenens Beh. Health NP

We continue posting locally and nationally for key positions.

Finance: Current RN traveler billing continues at \$150/hour. We continue to track the COVID rate decline locally, statewide, and nationally. We plan to push down the traveler rate to \$130/hour for any new travel RNs going forward.

We are contracted with an agency that presents foreign educated RNs for employment at SVH. Sheila with the help of her staff and Vangi have successfully interviewed many submissions and we have secured 3-year assignments for 6 RNs at the cost of \$81/hour bill rate. This billing rate covers all expenses to include H1b and permanent resident legal costs. The RNs will arrive at SVH between March 2022 and March 2023.

Current job opportunities at Sierra Vista Hospital are attached.

This will be my last Board Meeting for Sierra Vista Hospital. It has been my great pleasure and honor to have served SVH, the people of Sierra County, and the SVH Governing Board. I thank you all for the trust you have shown me. I hope I have lived up to your expectations.

Respectfully Submitted,

Tim James

Human Resources Manager



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

April 18, 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

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

58501- Trauma Coordinator, RN – 1 Part Time Position (open date 04/04/2022) Manages and coordinated the SVH trauma program, assuring provision of trauma care per New Mexico Trauma Care System regulations. In collaboration with the trauma program medical director, monitor's and coordinate trauma program and system element.

81801 – Help Desk Specialist – 1 Full Time Position (open date 03/31/2022) Responsible for data processing activities; performs data acquisition, report preparation and data file maintenance.

07001 – Cook – Aide – 1 Full Time and 1 Part Time Position (open date 03/29/2022) 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.

74101 – Housekeeper – 1 Full Time Position (open date 03/29/2022) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

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.

95303 – Clinic Medical Assistant – 1 Full Time Position (open date 03/24/2022) 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.

65501- Security Guard – 1 PRN Position (open date 03/21/2022) 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.

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

85501 – Human Resources Director – 1 Full Time Position (open date 02/02/2022) Responsible for overseeing all human resources issues including staffing, staff relations, orientation and development, compensation, and benefits. The Human Resources Department is a resource person for the employees. Develops and recommends human resources practices and procedures that assist in the growth of the facility. Ensures compliance with federal, state, and local laws and regulations. Participates in organizational performance improvement (OPI) activities.

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

5501 – Respiratory Therapist –1 PRN Position (open date 11/22/2021) Under the supervision of the Cardiopulmonary Services Medical Director and Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.

81801- IS Manager – 1 Full Time Position (open date 8/24/2021) Responsible for the planning, organizing, and directing of functions of the Communication and Information Management Services Department of the facility. Resolves complex organizational and technological problems. Oversees the department and the annual budget. Follows the facility's policies and procedures, local, state, and federal regulations.

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

PCT - Functions as a member of the health care team in providing delegated basic nursing care and unique skills to pediatric, adolescent, adult, and geriatric patients, depending on unit assigned, under the direct supervision of a Registered Nurse or LPN Team Leader.

10201 – LPN (Med/Surg) – 1 Full Time Position (open date 9/1/2021) Provides direct and indirect patient care services that meet 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.

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.

April 2022 CNO Board Report

- **ED Transfer Metrix for Communication**
- **Med/Surg Bedside Scanning PI to decrease medication errors reaching patient and increasing patient satisfaction**
- **EMS PI Trauma Scene times and in-route**
- **EMS now offering American Heart BLS at a nominal price. Class schedule and contact information to be added to the hospital web site.**
- **Community EMS now involved with the multidisciplinary team meeting on Med/Surg**
- **Trauma PI to decrease missed trauma activation**
- **Infection Prevention Bettina Fitzgerald to start May 2nd**