



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
6-28-22**

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Closed session documents will be handed out in closed session.

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

June 28, 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
LJ Baker, Interim HR Director
Heather Johnson, HIM Mgr.,
HIPAA/ Compliance

GUEST: By WebEx

Erika Sundrud, QHR

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. Call to Order	Cookie Johnson, Vice Chair	
2. Pledge of Allegiance	Cookie Johnson, Vice Chair	
3. Roll Call	Jennifer Burns	Quorum Determination
4. Approval of Agenda	Cookie Johnson, Vice Chair	Amend/Action
"Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?"		
5. Approval of minutes	Cookie Johnson, Vice Chair	
A. June 16, 2022 Special Meeting Minutes		Amend/Action
B. May 24, 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- None		
9. Finance Committee- Cookie Johnson, Chairperson		
A. May Financial Report	Ming Huang, CFO	Report/Action
B. BCI Strategic Marketing Proposal	Frank Corcoran, CEO	Discussion
10. Board Quality Committee- Denise Addie, Chairperson		
A. Med Staff Report	Sheila Adams, CNO	Report/Action
B. Policy Review	Sheila Adams, CNO	Report/Action
1. Massive Transfusion Protocol-Trauma- Autumn Long RN- Policy #585-01-021		
2. Standing Orders form revision		
C. Quarterly Blood Utilization		
11. Joint Conference Committee- Stan Thompson, Chairperson		
A. Stan's Report		Discussion
12. Administrative Reports		
A. Human Resources	LJ Baker, Interim HR Director	Discussion
B. CNO Report	Sheila Adams, CNO	Discussion
C. CEO Report	Frank Corcoran, CEO	Discussion
D. Governing Board	Cookie Johnson, Vice Chair	Discussion
1. Bylaws Revision		Action

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. Credentials | Frank Corcoran, CEO |

Provisional:

Sharon Roni (Arena Health)

Two Year Re appointments:

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

Not renewing or reapplying:

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

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

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

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

- | | |
|---------------------|--------------------|
| A. QAPI | Sheila Adams, CNO |
| B. 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. Credentials | Report/Action |

Provisional:

Sharon Roni (Arena Health)

Two Year Re appointments:

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

Not renewing or reapplying:

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

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

A. Risk Report- Report/Action

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

A. QAPI Report/Action

B. QHR Board Report Report/Action

15. Other

Discussion

Next Regular/ Annual Meeting- July 26, 2022

16. Adjournment

Action

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

June 16, 2022

2:00pm

SVH Boardroom

1. The Governing Board of Sierra Vista Hospital met June 16, 2022, at 2:00 pm at Sierra Vista Hospital for a special meeting. Greg D'Amour, Chairperson, called the meeting to order at 2:05pm.

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 by Web
Stephen Archuleta, City Manager EB- Absent
Charlene Webb, County Manager- Absent
Travis Day, JPC Chairperson- Absent

VILLAGE OF WILLIAMSBURG

Denise Addie, Member – Present

STAFF

Frank Corcoran, CEO- Present

GUEST:

Erika Sundrud, QHR, present by Web

There is a quorum

4. Approval of Agenda- Greg D'Amour, Chairperson

Stan Thompson motioned to approve the agenda. Cookie Johnson seconded. Motion carried unanimously.

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

None.

5. Governing Board Policies and Procedures- Greg D'Amour, Chair

Katharine Elverum stated that on page GB7 it states that board members will be notified in five (5) days of regular meetings. The standard is 10 days. Katharine referred to the commentary on page 13 of the Open Meetings Act. Greg D'Amour stated that this was discussed by the Policy and Bylaw committee

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

and their recommendation is to follow the law as stated on page 12 of the Open Meetings Act. Our only local paper comes out every Friday. Posting the legal notice in the paper on the Friday before the Tuesday meeting fits best for our board.

Katharine Elverum motioned to approve the Policies and Procedures of the Governing Board as corrected and presented to the Board. Cookie Johnson seconded. Motion carried unanimously.

6. Governing Board Bylaws- Greg D'Amour, Chair

Katharine Elverum motioned to approve the board Bylaws as presented and corrected. Denise Addie seconded. Motion carried unanimously.

Motion to Close Meeting:

Greg D'Amour read the following:

7. Executive Session – In accordance with Open Meetings Act, NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2 and 9 the Governing Board will vote to close the meeting to discuss the following items:

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

- A. CEO Evaluation, Greg D'Amour, Chairperson
- B. Physician Contract, Frank Corcoran, CEO

Roll Call to Close Meeting:

Jennifer Burns

Katharine Elverum – Y

Cookie Johnson – Y

Art Burger – Y

Stan Thompson – Y

Bruce Swingle – Y

Denise Addie – Y

Kathi Pape – Y

8. 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. CEO Evaluation

Cookie Johnson stated that the board completed an agreeable CEO evaluation including a financial compensation effective the first full pay period of July and motioned for full board approval. Denise Addie seconded. Motion carried unanimously.

- B. Physician Contract

Katharine Elverum motioned to approve the employment agreement and contract with Erica Palin as presented. Kathi Pape seconded. Motion carried unanimously.

9. Adjournment

Bruce Swingle motioned to adjourn. Cookie Johnson seconded. Motion carried unanimously.

Recording Secretary, Jennifer Burns

Date of Approval

Greg D'Amour, Chairperson

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

May 24, 2022

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met May 24, 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 12:11pm.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD

SIERRA COUNTY

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

ELEPHANT BUTTE

Vacant
Katharine Elverum – Present

CITY OF T OR C

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

EX-OFFICIO

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

VILLAGE OF WILLIAMSBURG

Denise Addie, Member – Present

STAFF

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

GUEST:

Erika Sundrud, QHR, present by phone
Moss Adams, present by phone

There is a quorum

4. Approval of Agenda

Greg D'Amour, Chairperson

Cookie Johnson motioned to approve the agenda. Katharine Elverum seconded. Motion carried unanimously.

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

Greg D'amour called for a change of order to the agenda to allow Moss Adams to present the audit findings. Cookie Johnson motioned the change of order. Katharine Elverum seconded. Motion carried unanimously.

8. New Business-

A. FY21 Audit Report- Josh Lewis from Moss Adams, presented the findings from the year ending June 30, 2021 including required communications, financial statement trends, comparisons to other facilities and industry trends. Because of provider relief funds, a single audit was also required through the federal audit clearinghouse. Moss Adams assisted with drafting the Data collection form for submission. The audit report included an unmodified opinion, a report on internal control over financial reporting and on compliance and other matters as well as a report on compliance of the major federal program and internal control over compliance required by uniform guidance.

The unmodified opinion is the financial statements are properly stated within material limits in accordance with generally accepted principles. There were no findings noted in the other two reports.

The Board was informed that there were no significant changes to accounting policies, accounting estimates are reasonable and financial statement disclosures are complete and accurate. There were no misstatements and no uncorrected misstatements. There were no disagreements with management, no consultation with other accountants and no current year findings. The remainder of initial provider relief funding was recognized as revenue in 2021. The payroll protection program funds were recorded as revenue in 2021. In summary, there were no findings in the current year and no prior year findings.

Days cash on hand has improved from 35.5 in 2017 to 168.5 in 2021. Net account receivable days in 2017 were 50.7 down to 22.2 in 2021. Debt is coming down and cash is going up. Josh discussed liabilities and net assets, long-term debt to capitalization, financial position, operating revenues and expenses, operating margin, operating cash flow margin, excess margin and salaries and benefits.

A comparison to other facilities as well as industry trends was presented.

In summary, there are only clean opinions. There were no findings under any standards; very clean, no adjustments, no reportable findings at all.

Bruce Swingle congratulated Ming Huang, CFO, and the finance team for this exceptional audit.

Cookie Johnson motioned to accept the FY21 Audit Report and to share the report with the JPC. Bruce Swingle seconded. Motion carried unanimously.

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

None

5. Approval of minutes

Greg D'Amour, Chairperson

A. April 26, 2022 Regular Meeting Minutes

Katharine Elverum motioned to approve the minutes from April 26, 2022 regular meeting. 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.

SIERRA VISTA HOSPITAL

GOVERNING BOARD MEETING MINUTES

7. Old Business- None

9. Finance Committee- Cookie Johnson, Chairperson

A. April Financial Report- Ming Huang, CFO, on page FC6 of the packet, key statistics, in April, total patient days were 97, 44 days less than March. There were 1,105 outpatient visits which is 143 visits more than March. The RHC had 667 visits, 6 visits more than March. There were 639 ER visits, 11 less than March. EBITDA is 9%. Days cash on hand is 168 days, 145 days available. Accounts receivable net days were 25 and accounts payable days were 25.

Gross patient revenue for April was \$4,225,491 which is \$98,505 more than budget. Total revenue deductions were \$2,220,370. Other patient revenue is \$202,366 which is the quality incentive from the state. We also received \$49,529 from HRSA for vaccine confidence and a \$24,137 trauma grant. Both of these are listed under non-operating revenue. Total operating revenue is \$2,668,394.

Total salary and benefits are \$1,130,204 which is \$161,650 more than budget. Contract services were \$797,908 which is \$343,141 more than budget due to agency staffing costs. Total operating expenses were \$2,440,778 which is \$523,109 over budget. EBITDA is \$227,616 for April, \$6,365,382 year to date. The EBITDA margin percentage is 9%, 22% year to date. We had a net loss in April of (\$180,554). Year to date we have a net income of \$2,273,007.

At the end of April, we had \$12,375,798 in the bank. Under other receivables \$1.3 million of the \$1,774,522 is the safety net care pool funds that we have not received yet. We will owe \$775,646 when the construction project is finished. Under cost report settlement, \$364,000 of the \$874,294 is the balance that we owe Medicare for the advance payment. This will be paid in full within the next couple of months.

Cookie Johnson motioned based on the recommendation of the Finance Committee acceptance of the April Finance report. Bruce Swingle seconded. Motion carried unanimously.

10. Board Quality Committee- Katharine Elverum

A. Delineation of Privileges revision- Sheila Adams, CNO, best practice is to review these forms and remove anything that we are not able to do at our facility.

1. Neurology- The revision made to this form was the deletion of a service we no longer offer, EMG/NCV, and the addition of admit and discharge patients at Sierra Vista Hospital

2. Orthopedic- Admit and discharge patients was added to this form.

Katharine Elverum motioned based on the Board Quality Committee recommendation, approval of the Neurology and Orthopedic delineation forms. Denise Addie seconded. Motion carried unanimously.

11. Joint Conference Committee- Stan Thompson, Chairperson

A. Stan's Report- discussed at the Med Staff meeting was Tele psych credentialing and Dr. Palin's start date which will be sometime in August. Our vital blood inventory, usage and returns was discussed. Units of blood on hand will decrease slightly based on usage. If at any time we need more we will be able to get more. Returns cost the hospital approximately \$50,000 last year.

12. Administrative Reports

A. Human Resources- LJ Baker, Interim HR Director, Greg asked all board members to introduce themselves. LJ introduced himself and gave a quick background. Tim James and LJ put the April HR report together.

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

Evaluations and competencies were at 22%, managers and leaders have been notified and this will be corrected. There were no workers comp submissions in April.

The turnover rate was 3%, our goal is to stay under 5%. We had four new hires in April and four terminations.

The annual turnover rate is 34% and we will try to bring that down. LJ stated that his focus is recruitment, staff stabilization and retention. We need to showcase our facility and our vision. We need to recognize achievement to stabilize staff. Educating, growing, and advancing the talent within our facility will help us keep the people within our facility. This will be our focus moving forward in HR.

We will reach out to colleges and technical colleges in the state to recruit young nurses. We continue to post locally and nationally for key positions. Postings will be reviewed and assessed for impact and the potential for recruiting success. We are trying to bring the travel rate down and the more nurses we can recruit, the less we will have to rely on contract or travelers.

Katharine Elverum thanked LJ for his service. Denise Addie shared a Facebook post from a friend who had great things to say about our ER and staff.

B. CNO Report- Sheila Adams, CNO, started out by giving huge KUDOS to the Employee Engagement Committee which is chaired by Heather Johnson. Hospital week was great with an event and prizes every day. Next year, board members will be assigned a day to attend the festivities.

C. CEO Report- Frank Corcoran, CEO, the COVID positive rate right now is at 11% up from 3% in April. We are seeing a trend and mirroring the numbers we saw last year at this time. We have five employees out with COVID and will begin weekly testing of all employees. The symptoms of COVID seem to be decreasing in severity. We have not admitted a COVID patient. We do have test kits available for home testing as well as on site testing at the hospital. We could see a surge after the Memorial Day weekend.

Dr. Sonia Seufer has signed her contract and will be starting August 22, 2022 in the clinic. Dr. Palin sent a text this morning confirming that she wishes to join us and will sign her contract. We are still working on a locum to come in and help. Clinic visits are down because we are down providers.

There is not much movement on the Behavioral Health model, but we are still looking for funds. Frank attended a psychiatric conference and the number one thing that came out of it was a push by the President and a team to come up with a way to assess the psychiatric bed needs in a community. They created a simulation model that, based on ER visits, wait times, bed utilization and tons of other data will determine what your community needs for behavioral health beds truly are. Everyone at this conference had good ideas and they are all looking for funding, just like us. This assessment model was just released, and it can help us determine what the accurate number of beds would be for our area.

Fiesta was a lot of fun! Several SVH staff helped hand out about 30 cases of water. EMS was in the center of the parade and doing walking calls as they couldn't get out. They responded to 13 calls during the parade.

The crawfish boil was a huge success and the staff really enjoyed it. Maintenance and dietary really helped out. We would like to do one family style in the park!

The VA took in 47 patients from the behavioral health hospital in Las Vegas during the fire up north. The VA needed help with EVS (housekeeping) so we sent two members per day over to assist them with cleaning. Thank you to our EVS team for keeping our place clean and helping out at the VA.

D. Governing Board- Greg D'Amour, Chairperson, in the next day or two board members will receive a copy of the current Bylaws. All members should review the Bylaws and let Greg know what

SIERRA VISTA HOSPITAL GOVERNING BOARD MEETING MINUTES

changes, thoughts or concerns you might have. The Bylaw Committee will be meeting to discuss changes, thoughts, and concerns so that at the next board meeting we can review it as a group. Greg will be meeting with Frank to discuss the CEO evaluation. Those evaluations will be sent out to board members. We have three Board members whose terms are up at the end of June. Stan Thompson will not ask to be reappointed by the County. Greg D'Amour and Denise Addie also terminate at the end of June.

Motion to Close Meeting:

Greg D'Amour read the following:

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

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

A. Provider Update Frank Corcoran, CEO

B. Credentials Frank Corcoran, CEO

Provisional:

Omkar Vaidya, MD (Arena Health)

Two Year Reappointment:

Emmanuel Gallegos, MD (ESS)

Tahir Alkhairy, MD (OnRad)

Christian Ingui, MD (OnRad)

Nghi Lu, MD (OnRad)

Jason Lue, MD (OnRad)

Jose Ospina, MD (OnRad)

Atul Patel, MD (OnRad)

Alix Vincent, MD (OnRad)

Robbie Shoots, (Rad Partners)

Not renewing or reapplying:

Chenthuran Deivaraju, MD, Orthopedic Surgery

Rooshin Dalal, MD (OnRad) retired

Robert Rippner, MD (OnRad) retired

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

A. Risk Report- Heather Johnson, HIM Mgr.

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

A. QAPI Report Sheila Adams, CNO

B. Strategic Plan Review Lindsay Harmon, QHR

C. QHR Board Report Erika Sundrud, QHR

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

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

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

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

A. Provider Update
No Action

B. Credentials

Provisional:

Omkar Vaidya, MD (Arena Health)

Two Year Reappointment:

Emmanuel Gallegos, MD (ESS)

Tahir Alkhairy, MD (OnRad)

Christian Ingui, MD (OnRad)

Nghi Lu, MD (OnRad)

Jason Lue, MD (OnRad)

Jose Ospina, MD (OnRad)

Atul Patel, MD (OnRad)

Alix Vincent, MD (OnRad)

Robbie Shoots, (Rad Partners)

Katharine Elverum motioned based on the recommendation of the Board Quality Committee, approval of all above listed provisional and two-year reappointments and recognition of those not renewing or reapplying. Denise Addie seconded. Motion carried unanimously.

Not renewing or reapplying:

Chenthuran Deivaraju, MD, Orthopedic Surgery

Rooshin Dalal, MD (OnRad) retired

Robert Rippner, MD (OnRad) retired

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. QAPI Report
No Action
B. Strategic Plan Review
No Action
C. QHR Board Report

**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING MINUTES**

No Action

15. Plus Presentation

No Action

16. Other

Next Regular Governing Board Meeting will be held June 28, 2022 at 12:00. Finance Committee will meet on June 28, 2022 at 10:30. Board Quality will meet on Monday, June 27, 2022 at 12:00.

17. Adjournment

Katharine Elverum motioned to adjourn. Cookie Johnson seconded. Motion carried unanimously.

Recording Secretary, Jennifer Burns

Date of Approval

Greg D'Amour, Chairperson



Financial Analysis

May 31st, 2022

Days Cash on Hand for May 2022 are 162 (147 available)

Accounts Receivable Net days are 26

Accounts Payable days are 45

Hospital Excess Revenue over Expense

The Net Income for the month of May was (\$687,537) vs. a Budget Income of (\$9,479).

Hospital Gross Revenue for May was \$4,711,436 or \$488,713 more than budget. Patient Days were 109 – 12 more than April. RHC visits were 547 – 120 less than April, Outpatient Visits were 923 – 182 less than April, and ER visits were 757 – 118 more than April.

Revenue Deductions for May were \$2,334,337 which was reduced by \$200,000 for Medicare receivable.

Other Operating Revenue was (\$764,593) due to the reduction of FY21 and FY22 Medicaid supplement targeted access payment (TAP) and hospital access payment (HAP) of \$714,428 and the adjustment for pharmacy 340B overpayment in February of \$171,036.

Non-Operating Revenue was \$538,200 or \$396,480 more than budget due to House Bill 2 a one-time supplement payment of \$417,735.

Hospital Operating Expenses for May were \$2,427,299. Compared to Budget, expenses were over Budget by \$470,681. Salaries and benefits were over budget by \$74,319 and over prior year by \$56,898.

Contract Services were over budget by \$362,149 due to the expenses of agency staffing, chief information officer and behavioral health nurse practitioner.

EBITDA for May was (\$276,579) vs. a Budget of \$367,192. YTD EBITDA is \$6,088,803 vs. a Budget of \$3,515,561.

The Bond Coverage Ratio in May was 278% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
May 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
5/31/22	5/31/22	Budget	5/31/21	Prior Year			5/31/22	5/31/22	Budget	05/31/21	Prior Year
DESCRIPTION											
Growth											
Net Patient Revenue Growth Rate											
18	27	(9)	25	(7)	6%	5%	23%	290	13	258	45
2	4	(2)	7	(5)	825	477	303	40	8	44	4
20	31	(11)	32	(12)	94	67	48	330	21	302	49
5.5	5.4	0.0	4.8	0.7	919	544	5.1	5.2	(0)	4.7	0.37
109	168	(59)	152	(43)	3.3	4.0	1,774	1,727	47	1,414	360
923	929	(6)	1,023	(100)	49,938	28,793	12,522	10,039	2,483	12,485	37
547	1,017	(470)	712	(165)	21,200	17,254	6,887	10,990	(4,103)	7,896	(1,009)
757	601	156	641	116	9,514	7,358	7,262	6,496	766	5,747	1,515
2%	4%	-2.1%	4%	-2%	10%	6%	4%	4%	0%	4%	0%
ER Visits Conversion to Acute Admissions											
Surgery Cases											
-	-	-	-	-	238	114	-	-	-	5	(5)
-	-	-	-	-	1,396	708	-	-	-	70	(70)
-	-	-	-	-	1,634	821	-	-	-	75	(75)
Profitability											
-13%	19%	-32%	24%	-37%	7%	4%	20%	17%	3%	20%	0%
-32%	0%	-32%	9%	-41%	2%	2%	5%	-2%	8%	4%	1%
50%	54%	-5%	49%	0%	47%	50%	46%	55%	-9%	51%	-5%
3%	9%	-6%	10%	-7%	2%	6%	5%	9%	-4%	9%	-4%
95%			92%		83%	78%	95%			92%	3%
\$ 11,779			\$ 11,285	\$494	Gross Patient Revenue/Adjusted Admission		\$11,779			\$11,285	\$494
\$ 5,943			\$ 5,719	\$224	Net Patient Revenue/Adjusted Admission		\$5,943			\$5,719	\$224
37%	43%	-6%	35%	2%	Salaries % Net Pt Rev	40%	39%	44%	-5%	45%	-6%
7%	8%	-1%	9%	-1%	Benefits % Net Pt Rev	12%	7%	8%	-1%	8%	0%
5%	8%	-3%	6%	-1%	Supplies % Net Pt Rev	13%	7%	8%	-1%	7%	-1%
Cash and Liquidity											
162					236	106	162			184	(22)
41					47	57	41			54	(13)
26					41	53	26			23	3
45					30	35	45			25	20
4.2					4.3	2.6	4.2			1.7	2.5
Current Ratio											

Sierra Vista Hospital
STATISTICS by Month
May 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	18	18	18	22	23	37	31	38	32	32	30	32
Swing	2	2	2	5	3	8	7	3	4	4	5	4
Total Admissions	20	20	20	27	26	45	38	41	36	36	35	36
ALOS (acute and swing)	5.5	4.9	5.2	5.2	5.3	3.8	5.3	4.1	6.2	6.6	5.1	4.6
Patient Days (acute and swing)	109	97	141	139	139	1,463	1,014	1,169	1,467	1,343	1,178	166
Outpatient Visits	923	1,105	962	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882
Rural Health Clinic Visits	547	667	661	661	545	557	511	690	704	688	546	771
ER Visits	757	639	650	650	534	676	644	678	618	601	793	672
ER Visits Conversion to Acute Admissions	2%	3%	3%	3%	4%	5%	5%	6%	5%	4%	4%	5%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	-
Profitability												
EBITDA % Net Rev	-13%	9%	12%	12%	-5%	27%	28%	42%	24%	17%	29%	21%
Operating Margin %	-32%	-7%	-4%	-4%	-24%	13%	16%	32%	11%	1%	15%	6%
Rev Debt % Net Rev	50%	50%	46%	46%	56%	37%	41%	44%	40%	47%	47%	50%
Bad Debt % Net Pt Rev	3%	5%	2%	2%	7%	1%	6%	3%	3%	6%	8%	11%
Outpatient Revenue %	95%	91%	92%	92%	86%	84%	86%	84%	89%	89%	89%	93%
Gross Patient Revenue/Adjusted Admission	\$ 11,779	\$ 19,015	\$ 12,196	\$ 12,196	\$ 19,250	\$ 15,136	\$ 15,418	\$ 17,278	\$ 13,282	\$ 17,028	\$ 14,503	\$ 8,514
Net Patient Revenue/Adjusted Admission	\$ 5,943	\$ 9,934	\$ 6,607	\$ 6,607	\$ 8,546	\$ 9,547	\$ 9,095	\$ 9,739	\$ 8,029	\$ 8,968	\$ 7,692	\$ 4,256
Salaries % Net Pt Rev	37%	38%	40%	40%	59%	37%	38%	36%	38%	41%	35%	37%
Benefits % Net Pt Rev	7%	11%	8%	8%	10%	7%	7%	6%	7%	7%	6%	6%
Supplies % Net Pt Rev	5%	6%	8%	8%	9%	5%	7%	8%	8%	7%	6%	6%
Cash and Liquidity												
Days Cash on Hand	0	162	172	172	181	185	179	174	165	166	165	153
A/R Days (Gross)	0	41	38	38	39	41	39	41	39	38	36	34
A/R Days (Net)	0	26	26	26	29	31	26	27	22	22	22	20
Days in AP	0	45	27	27	33	30	24	32	32	24	26	26
Current Ratio	#DIV/0!	4.2	4.3	4.3	4.2	4.7	4.6	4.3	4.0	4.1	4.0	3.9

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

Description	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	Month Ending 6/30/2021
Admissions												
Acute	18	18	22	23	37	31	38	32	22	30	32	24
Swing	2	2	5	3	8	7	3	4	5	5	4	6
Total Admissions	20	20	27	26	45	38	41	36	27	35	36	30
ALOS (acute and swing)	5.5	4.9	5.2	5.3	3.8	5.3	4.1	6.2	6.6	5.1	4.6	4.2
Patient Days (acute and swing)	109	97	141	139	172	202	170	223	177	178	166	125
Outpatient Visits	923	1,105	962	1,032	1,463	1,014	1,169	1,467	1,343	1,162	882	896
Rural Health Clinic Visits	547	667	661	545	557	511	690	704	688	546	771	709
ER Visits	757	639	650	534	676	644	678	618	601	793	672	561
ER Visits Conversion to Acute Admissions	2%	3%	3%	4%	5%	5%	6%	5%	4%	4%	5%	4%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Total Surgeries	-	-	-	-	-	-	-	-	-	-	-	-
Profitability												
EBITDA % Net Rev	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%	5%
Operating Margin %	-32.0%	-6.8%	-3.7%	-24%	13%	16%	32%	11%	1%	15%	6%	-8.6%
Rev Ded % Net Rev	50%	50%	46%	56%	37%	41%	44%	40%	47%	47%	50%	35%
Bad Debt % Net Pt Rev	3.1%	4.7%	2.3%	7%	1%	6%	3%	3%	6%	8%	11%	10.1%
Outpatient Revenue %	95%	91%	92%	86%	84%	86%	84%	89%	89%	89%	93%	90%
Gross Patient Revenue/Adjusted Admission	\$ 11,779	\$ 19,015	\$ 12,196	\$ 19,250	\$ 15,136	\$ 15,418	\$ 17,278	\$ 13,282	\$ 17,028	\$ 14,503	\$ 8,514	\$ 12,598
Net Patient Revenue/Adjusted Admission	\$ 5,943	\$ 9,934	\$ 6,607	\$ 8,546	\$ 9,547	\$ 9,095	\$ 9,739	\$ 8,029	\$ 8,968	\$ 7,692	\$ 4,256	\$ 8,140
Salaries % Net Pt Rev	37%	38%	40%	59%	37%	38%	36%	38%	41%	35%	37%	64%
Benefits % Net Pt Rev	7%	11%	8%	10%	7%	7%	6%	7%	7%	6%	6%	7%
Supplies % Net Pt Rev	5%	6%	8%	9%	5%	7%	8%	8%	7%	6%	6%	5%
Cash and Liquidity												
Days Cash on Hand	162	168	172	181	185	179	174	165	166	165	153	173
A/R Days (Gross)	41	39	38	39	41	39	41	39	38	36	34	40
A/R Days (Net)	26	25	26	29	31	26	27	22	22	22	20	23
Days In AP	45	25	27	33	30	24	32	32	24	26	26	31
Current Ratio	4.2	4.5	4.3	4.2	4.7	4.6	4.3	4.0	4.1	4.0	3.9	1.6

Sierra Vista Hospital
Detailed Stats by Month
5/31/2022

(SUBJECT TO AUDIT)

Description	FY2022	Avg FY2022	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
Total Acute Patient Days	1123	102	82	77	78	122	141	141	128	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149
Total Swingbed Patient Days	651	59	27	64	61	50	61	61	42	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74
Total Acute Hours (based on Disch Hrs)	26,594	2,418	1,974	1,465	1,881	2,928	3,408	3,408	3,107	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583
TOTAL ACUTE																										
Patient Days	1,123	102	82	77	78	122	141	141	128	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149	149
Admits	303	28	18	22	23	37	31	31	38	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32
Discharges	302	27	18	23	20	38	34	34	33	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35	35
Discharge Hours	26,594	2,418	1,974	1,465	1,881	2,928	3,408	3,408	3,107	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583	3,583
Avg LOS	3.7	3.7	4.6	3.3	3.9	3.2	4.1	4.1	3.9	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3
Medicare Acute																										
Patient Days	772	70	86	55	61	105	102	102	75	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
Admits	189	17	14	13	13	32	18	18	21	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Discharges	190	17	18	15	11	32	16	16	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21
Discharge Hours	17,178	1,562	2,065	1,210	1,475	2,529	2,436	2,436	1,827	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201	2,201
Avg LOS	4.1	4.1	4.8	3.3	3.4	3.3	5.1	5.1	3.6	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
SWING - ALL (Medicare/Other)																										
Patient Days	743	68	27	64	61	141	61	61	42	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74	74
Admits	48	4	2	2	3	8	7	7	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Discharges	61	6	5	5	11	8	6	6	4	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
Discharge Hours	14,846	1,350	635	860	1,647	2,583	1,464	1,464	1,026	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814	1,814
Avg LOS	12.2	12.2	5.4	7.2	32.0	5.5	10.2	10.2	10.5	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3
Observations																										
Patient Days	267	24	32	47	20	12	27	27	18	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
Admits	207	19	21	26	22	14	12	12	15	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
Discharge Hours	6,435	585	770	1,130	484	361	276	276	441	656	656	656	656	656	656	656	656	656	656	656	656	656	656	656	656	656
Emergency Room																										
Total ER Patients	7,259	660	757	639	650	676	644	644	675	618	618	618	618	618	618	618	618	618	618	618	618	618	618	618	618	618
Admitted	346	31	11	36	39	24	36	36	42	31	29	31	29	31	29	31	29	31	29	31	29	31	29	31	29	31
Transferred	564	51	73	75	64	35	37	37	35	49	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44
Ambulance																										
Total ALS/BLS runs	3,412	310	419	314	317	289	303	303	298	292	285	292	285	292	285	292	285	292	285	292	285	292	285	292	285	292
911 Calls	2,559	233	324	223	228	183	243	243	229	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211	211
Transfers	853	78	95	91	89	59	60	60	69	81	74	81	74	81	74	81	74	81	74	81	74	81	74	81	74	81
Op Registrations	12,522	1,138	923	1,105	962	1,032	1,014	1,014	1,169	1,467	1,343	1,467	1,343	1,467	1,343	1,467	1,343	1,467	1,343	1,467	1,343	1,467	1,343	1,467	1,343	1,467
Vaccine Clinic	858	78	21	27	13	84	92	92	42	226	65	226	65	226	65	226	65	226	65	226	65	226	65	226	65	226
Rural Health Clinic																										
Total RHC Visits	6,887	626	547	667	661	545	511	511	690	704	688	704	688	704	688	704	688	704	688	704	688	704	688	704	688	704
Avg Visits per day	328	30	27	30	29	27	26	26	36	31	34	31	34	31	34	31	34	31	34	31	34	31	34	31	34	31
Behavioral Health																										
Patients Seen	2,835	258	180	126	144	315	273	273	274	271	318	271	318	271	318	271	318	271	318	271	318	271	318	271	318	271

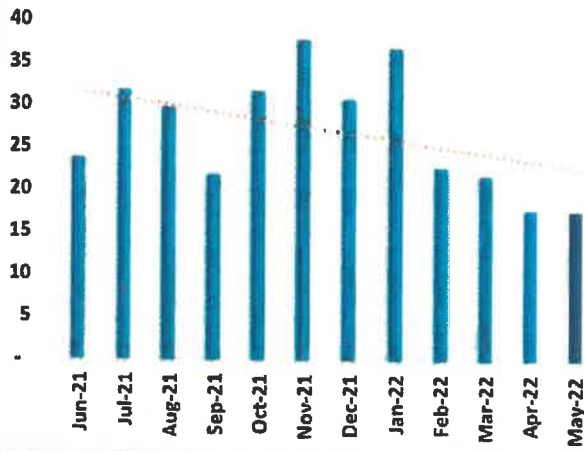
Sierra Vista Hospital
Detailed Stats by Month
5/31/2022

[SUBJECT TO AUDIT]

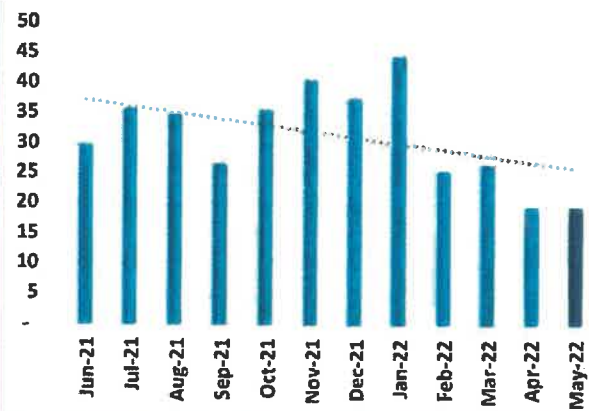
	FY2022	Avg FY2022	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Dietary														
Inpatient Meals	8,273	752	781	822	757	715	715	715	757	931	775	750	713	547
Outpatient Meals	1,989	181	125	100	123	127	127	215	312	175	354	147	183	128
Cafeteria Meals	22,079	2,007	2,252	1,537	1,747	1,622	1,622	1,960	2,151	2,250	2,289	2,245	2,253	1,773
Functions	3,309	301	336	225	186	155	155	231	396	200	332	231	895	122
Laboratory														
In-house Testing	195,483	17,771	17,839	18,215	18,830	17,544	17,544	19,201	16,451	17,745	17,823	16,039	17,432	18,364
Sent Out Testing	8,968	815	652	644	804	820	820	1,031	867	987	859	894	873	537
Drugscreens	223	20	15	28	33	18	18	8	15	24	16	13	29	24
Physical Therapy														
PT Visits	3,434	312	275	306	423	350	350	326	289	250	236	329	320	330
Tx Units	12,464	1,133	1,037	1,114	1,574	1,290	1,290	1,214	948	984	907	1,233	1,138	1,015
Outpatient	547	50	50	49	63	60	60	44	41	44	44	47	56	49
Inpatient	320	29	27	32	37	49	49	57	18	19	11	18	23	29
Radiology														
X-Ray Patients	4,810	437	450	430	427	354	354	414	443	453	427	468	453	491
CT Patients	3,159	287	330	281	285	216	216	275	264	275	308	299	324	302
Ultrasound Patients	1,348	123	116	143	136	158	158	108	108	121	114	104	124	116
Mammogram Patients	414	38	27	40	43	43	43	31	27	41	45	46	37	34
MRI Patients	401	36	61	46	23	30	30	32	44	20	31	44	27	43
Nuclear Medicine Patients	53	5	8	7	5	5	5	2	6	1	3	4	8	4
DEXA	109	10	6	9	10	5	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

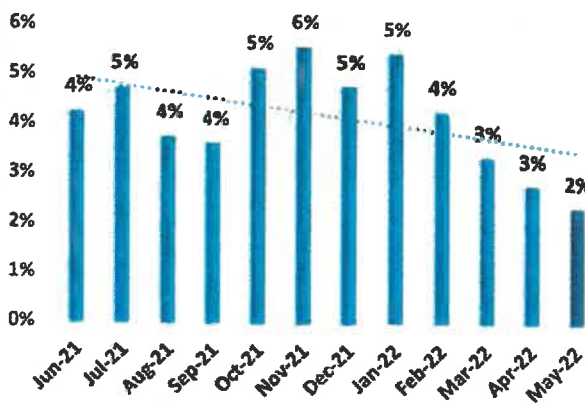
Acute Admissions



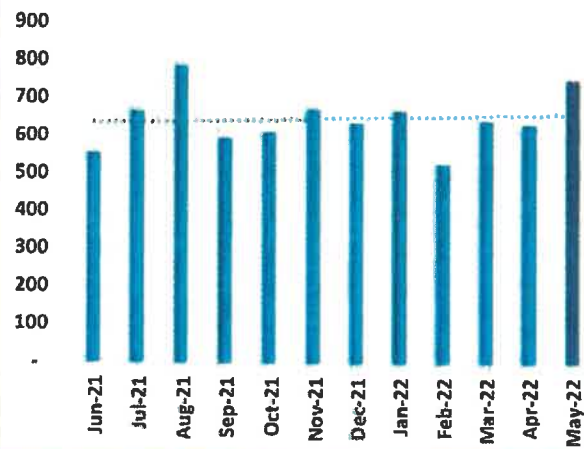
Total Acute +Swing Bed Admissions



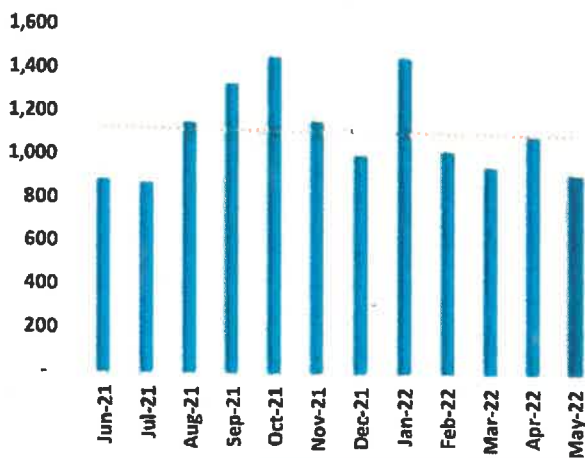
ER Visits Conversion to Acute Admissions



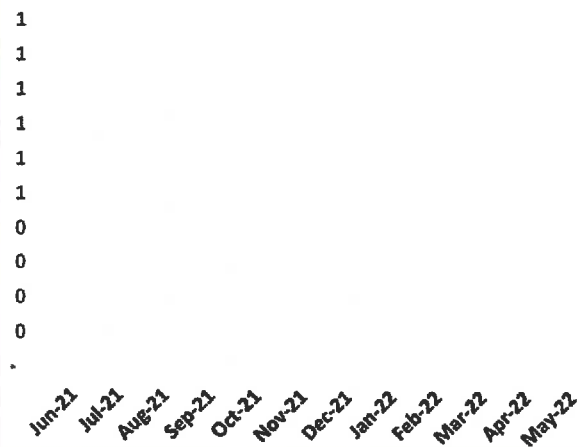
Emergency Room



Outpatient Visits



Total Surgeries



FC 11

MONTH			YEAR TO DATE							
Actual 5/31/22	Budget 5/31/22	Variance to Budget	Prior Year 5/31/21	Variance to Prior Year	DESCRIPTION	Actual 5/31/22	Budget 5/31/22	Variance to Budget	Prior Year 5/31/21	Variance to Prior Year
\$	4,711,436	\$	4,222,724	\$	488,713	\$	4,514,001	\$	197,435	
\$	2,148,729		1,989,380		159,349		1,946,368		202,360	
\$	77,177		174,592		(97,416)		253,280		(\$176,103)	
\$	108,432		137,028		(28,597)		32,316		\$76,116	
\$	2,334,337	\$	2,301,001	\$	33,337	\$	2,231,964	\$	102,373	
\$	12		0		12		5,667		(\$5,654)	
\$	2,377,111	\$	1,921,723	\$	455,388	\$	2,287,704	\$	\$89,407	
	50%		46%		5%		51%		(0%)	
\$	(764,593)		260,366		(1,024,959)		225,516		(\$990,109)	
\$	538,200		141,720		396,480		139,590		\$398,610	
\$	2,150,719	\$	2,323,809	\$	(173,090)	\$	2,652,811	\$	(502,092)	
\$	1,075,424		\$1,001,104		\$74,319		\$1,018,526		\$56,898	
\$	883,393		828,250		55,143		807,962		75,431	
\$	172,534		158,647		13,887		198,640		(26,106)	
\$	19,497		14,207		5,290		11,923		7,574	
\$	123,361		157,465		(34,103)		133,713		(10,352)	
\$	820,249		458,099		362,149		555,541		264,708	
\$	180,370		139,478		40,892		137,711		42,659	
\$	4,921		18,563		(13,642)		8,682		(3,761)	
\$	48,261		42,530		5,732		37,213		11,048	
\$	60,516		49,478		11,038		35,519		24,997	
\$	68,149		58,796		9,353		39,572		28,577	
\$	46,048		31,105		14,944		45,807		\$241	
\$	\$2,427,299		\$1,956,618		\$470,681		2,012,283		\$415,015	
	(\$276,579)		\$367,192		(\$643,771)		\$640,528		(\$917,106.87)	
	(13%)		16%		(29%)		24%		(37%)	
\$	290,430		\$263,329		\$27,101		\$300,596		(\$10,166)	
\$	75,591		73,719		\$1,872		74,297		\$1,294	
\$	44,937		39,623		\$5,314		37,182		\$7,755	
\$	\$410,958		\$376,671		\$34,287		\$412,074		(\$1,116)	
	(\$687,537)		(\$9,479)		(\$678,058)		\$228,453		(\$915,990)	
	(32%)		(0%)		(32%)		9%		(41%)	
							</			

Sierra Vista Hospital
INCOME STATEMENT by Month
May 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 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Revenues										
Gross Patient Revenue	\$ 4,711,436	\$ 4,225,491	\$ 4,116,284	\$ 4,257,015	\$ 4,185,011	\$ 4,427,493	\$ 4,346,694	\$ 4,179,687	\$ 4,614,742	\$ 4,378,529
Contractual Allowances	2,148,729	2,054,060	1,793,039	1,473,918	1,329,498	1,782,904	1,566,157	1,782,484	1,899,262	1,866,683
Bad Debt	77,177	107,657	52,445	30,998	147,779	88,057	74,595	151,690	211,136	258,100
Other Deductions	108,432	56,653	101,839	34,833	36,850	65,154	74,507	44,813	59,296	64,939
Total Revenue Deductions	\$ 2,394,337	\$ 2,220,370	\$ 1,887,323	\$ 1,990,374	\$ 1,741,126	\$ 1,936,115	\$ 1,719,259	\$ 1,776,988	\$ 2,169,694	\$ 2,189,721
Other Patient Revenue	12	202,366	761	2,439	4,236	4,236	229	519	2,368	92
Net Patient Revenue	\$ 2,377,111	\$ 2,207,487	\$ 2,229,722	\$ 2,685,027	\$ 2,443,885	\$ 2,495,613	\$ 2,627,658	\$ 2,402,719	\$ 2,447,416	\$ 2,188,899
Gross to Net %	50%	53%	54%	63%	59%	56%	60%	53%	53%	50%
Other Operating Revenue	(764,593)	253,020	229,154	236,475	245,623	257,456	234,590	245,827	244,398	222,480
Non-Operating Revenue	538,200	207,887	210,151	136,913	524,485	1,111,105	136,001	156,687	133,565	133,531
Total Operating Revenue	\$ 2,150,719	\$ 2,668,394	\$ 2,669,027	\$ 3,059,426	\$ 3,238,738	\$ 3,854,174	\$ 3,998,249	\$ 2,603,732	\$ 2,835,379	\$ 2,544,910
Expenses										
Salaries & Benefits	\$ 1,075,424	\$ 1,130,204	\$ 1,071,947	\$ 1,187,631	\$ 1,115,403	\$ 1,062,747	\$ 1,190,167	\$ 1,083,081	\$ 1,010,393	\$ 959,681
Salaries	883,393	841,508	884,152	994,277	933,787	897,931	994,433	904,957	849,049	811,543
Benefits	172,534	251,025	174,881	184,486	168,877	148,603	185,508	164,910	140,321	123,079
Other Salary & Benefit Expense	19,497	37,671	12,915	8,868	12,739	16,213	10,207	13,214	21,024	25,059
Supplies	123,361	137,324	186,932	135,106	180,104	192,722	203,136	158,083	156,134	140,705
Contract Services	820,249	797,908	713,877	535,176	590,882	579,918	489,167	546,796	423,407	519,901
Professional Fees	180,370	176,417	180,370	180,370	180,370	178,580	180,370	176,796	176,122	170,411
Leases/Rentals	4,921	9,571	11,210	6,377	12,959	7,323	8,575	4,667	9,449	3,044
Utilities	48,261	36,822	30,623	32,182	33,143	32,255	44,155	30,910	43,942	43,203
Repairs / Maintenance	60,516	41,785	56,795	48,475	47,157	96,695	44,792	58,542	58,903	51,279
Insurance	68,149	68,351	67,827	70,297	69,939	39,655	68,910	68,546	69,580	68,875
Other Operating Expenses	46,048	40,398	36,002	43,145	92,642	34,089	37,067	29,879	52,162	41,672
Total Operating Expenses	\$ 2,427,299	\$ 2,440,778	\$ 2,355,583	\$ 2,736,758	\$ 2,372,559	\$ 2,223,984	\$ 2,266,338	\$ 2,157,300	\$ 2,000,093	\$ 1,998,770
EBITDA	\$ 0	\$ 227,616	\$ 313,444	\$ 321,667	\$ 916,139	\$ 1,640,190	\$ 731,911	\$ 446,432	\$ 825,285	\$ 546,140
#DIV/0!	-13%	9%	12%	27%	28%	42%	24%	17%	25%	21%
Non - Operating Expenses										
Depreciation and Amortization	\$ 290,430	\$ 290,430	\$ 289,899	\$ 288,751	\$ 289,084	\$ 286,362	\$ 288,341	\$ 312,777	\$ 275,153	\$ 275,653
Interest	75,591	75,735	73,442	73,460	73,469	75,914	73,487	73,496	76,073	73,514
Tax/Other	44,937	42,004	47,582	47,309	51,431	41,521	55,051	44,271	43,288	46,448
Total Non Operating Expenses	\$ 410,958	\$ 408,169	\$ 410,923	\$ 409,571	\$ 413,984	\$ 405,798	\$ 416,879	\$ 430,493	\$ 394,515	\$ 395,615
NET INCOME (LOSS)	\$ 0	\$ 180,554	\$ 97,479	\$ 112,147	\$ 502,154	\$ 1,234,392	\$ 318,032	\$ 15,939	\$ 430,771	\$ 150,525
Net Income Margin	#DIV/0!	(32%)	(7%)	(4%)	(20%)	16%	11%	1%	15%	6%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
May 31, 2022

Description	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	Month Ending 6/30/2021
Revenues												
Gross Patient Revenue	\$ 4,711,436	\$ 4,225,491	\$ 4,116,284	\$ 3,575,083	\$ 4,257,015	\$ 4,185,011	\$ 4,427,493	\$ 4,346,694	\$ 4,179,687	\$ 4,614,742	\$ 4,378,529	\$ 3,779,340
Revenue Deductions												
Contractual Allowances	2,148,729	2,054,060	1,733,039	1,831,356	1,473,918	1,529,498	1,782,904	1,566,157	1,782,484	1,899,262	1,866,683	739,729
Bad Debt	77,177	107,657	52,445	124,185	30,998	147,779	88,057	74,595	151,690	211,136	258,100	275,780
Other Deductions	108,432	58,653	101,839	34,833	69,482	36,850	65,154	78,507	44,813	59,296	64,939	136,403
Total Revenue Deductions	\$ 2,334,337	\$ 2,220,370	\$ 1,887,323	\$ 1,990,374	\$ 1,574,398	\$ 1,714,126	\$ 1,936,115	\$ 1,719,259	\$ 1,978,988	\$ 2,169,694	\$ 2,189,721	\$ 1,151,911
Other Patient Revenue	12	202,366	761	2,439	2,411	(2,256)	4,236	223	519	2,368	92	2,252
Net Patient Revenue	\$ 2,377,111	\$ 2,207,487	\$ 2,229,722	\$ 1,587,148	\$ 2,685,027	\$ 2,468,629	\$ 2,495,613	\$ 2,627,658	\$ 2,201,219	\$ 2,447,416	\$ 2,188,899	\$ 2,629,681
Gross to Net %	50%	52%	54%	44%	63%	59%	56%	60%	53%	53%	50%	69.6%
Other Operating Revenue	(764,593)	253,020	229,154	407,705	236,475	245,623	257,456	234,590	245,827	244,398	222,480	195,600
Non-Operating Revenue	538,200	207,887	210,151	126,373	136,923	524,485	1,111,105	136,001	156,687	133,565	133,531	4,497,231
Total Operating Revenue	\$ 2,150,719	\$ 2,668,394	\$ 2,669,027	\$ 2,121,225	\$ 3,058,426	\$ 3,238,738	\$ 3,864,174	\$ 2,998,249	\$ 2,603,732	\$ 2,825,379	\$ 2,544,910	\$ 7,322,512
Expenses												
Salaries & Benefits	1,075,424	1,130,204	1,071,947	1,090,915	1,187,631	1,115,403	1,062,747	1,190,167	1,083,081	1,010,393	959,681	1,753,265
Salaries	883,393	841,508	884,152	935,149	994,277	933,787	897,931	994,453	904,957	849,049	811,543	1,553,450
Benefits	172,534	251,025	174,881	150,964	184,486	168,877	148,603	185,508	164,910	140,321	123,079	199,541
Other Salary & Benefit Expense	19,497	37,671	12,915	4,802	8,868	12,739	16,213	10,207	13,214	21,024	25,059	31,637
Supplies	123,361	137,324	186,932	145,782	135,106	180,104	192,722	203,136	158,083	156,134	140,705	120,497
Contract Services	820,249	797,908	713,877	581,223	533,176	590,882	579,918	489,167	546,796	423,407	519,901	533,000
Professional Fees	180,370	178,417	180,370	174,511	180,370	180,370	178,580	180,370	176,796	176,122	170,411	141,269
Leases/Rentals	4,921	9,571	11,210	3,103	6,377	12,959	7,323	8,575	4,667	9,449	3,044	4,555
Utilities	48,261	36,822	30,623	32,989	32,182	33,143	32,255	44,155	30,910	43,942	43,203	41,732
Repairs / Maintenance	60,516	41,785	56,795	94,507	48,475	47,157	96,695	44,792	58,542	58,903	51,279	65,100
Insurance	68,149	68,351	67,827	68,149	70,297	69,939	39,655	68,910	68,546	69,580	68,875	61,004
Other Operating Expenses	46,048	40,398	36,002	33,489	43,145	92,642	34,089	37,067	29,879	52,162	41,672	310,570
Total Operating Expenses	\$ 2,427,299	\$ 2,440,778	\$ 2,355,583	\$ 2,224,667	\$ 2,236,758	\$ 2,322,599	\$ 2,223,984	\$ 2,266,338	\$ 2,157,300	\$ 2,000,093	\$ 1,998,770	\$ 3,062,355
EBITDA	(\$276,579)	\$227,616	\$313,444	(\$103,442)	\$821,667	\$916,139	\$1,640,190	\$731,911	\$446,432	\$825,285	\$546,140	\$4,260,157
EBITDA Margin	-13%	9%	12%	-5%	27%	28%	42%	24%	17%	29%	21%	58.2%
Non - Operating Expenses												
Depreciation and Amortization	290,430	290,430	289,899	288,723	288,751	289,084	288,362	288,341	312,727	275,153	275,653	367,078
Interest	75,591	75,735	73,442	73,451	73,460	73,469	75,914	73,487	73,496	76,073	73,514	63,049
Tax/Other	44,937	42,004	47,582	44,305	47,309	51,431	41,521	55,051	44,271	43,288	46,448	45,632
Total Non Operating Expenses	\$410,958	\$408,169	\$410,923	\$406,479	\$409,521	\$413,984	\$405,798	\$416,879	\$430,493	\$394,515	\$395,615	\$475,759
NET INCOME (LOSS)	(\$687,537)	(\$180,554)	(\$97,479)	(\$509,921)	\$412,147	\$502,154	\$1,234,392	\$315,032	\$15,939	\$430,771	\$150,525	\$3,784,398
Net Income Margin	(32%)	(7%)	(4%)	(24%)	13%	16%	32%	11%	1%	15%	6%	51.7%

Sierra Vista Hospital
BALANCE SHEET
May 31, 2022

May 31, 2022 (Unaudited)	DESCRIPTION	June 30, 2021
	Assets	
	Current Assets	
\$ 11,859,526	Cash and Liquid Capital	\$ 11,438,882
\$ 152,082	US Bank Clearing	\$ 161,510
\$ 12,011,608	Total Cash	\$ 11,600,392
\$ 5,814,526	Accounts Receivable - Gross	\$ 5,074,298
\$ 3,809,644	Contractual Allowance	\$ 3,667,639
\$ 2,004,882	Total Accounts Receivable, Net of Allowance	\$ 1,406,659
\$ 1,500,080	Other Receivables	\$ 1,212,840
\$ 603,156	Inventory	\$ 477,190
\$ 158,850	Prepaid Expense	\$ 76,050
\$ 16,278,577	Total Current Assets	\$ 14,773,131
	Long Term Assets	
\$ 53,811,509	Fixed Assets	\$ 53,265,499
\$ 14,753,633	Accumulated Depreciation	\$ 11,576,081
\$ 954,129	Construction in Progress	\$ -
\$ 40,012,005	Total Fixed Assets, Net of Depreciation	\$ 41,689,418
\$ 40,012,005	Total Long Term Assets	\$ 41,689,418
\$ 3,425,860	New Hospital Loan	\$ 2,081,543
\$ 59,716,441	Total Assets	\$ 58,544,092
	Liabilities & Equity	
	Current Liabilities	
\$ 1,731,559	Account Payable	\$ 972,524
\$ 1,144,601	Interest Payable	\$ 298,724
\$ 40,039	Accrued Taxes	\$ 45,327
\$ 895,815	Accrued Payroll and Related	\$ 780,188
\$ 66,640	Cost Report Settlement	\$ 2,011,460
\$ 3,878,654	Total Current Liabilities	\$ 4,108,223
	Long term Liabilities	
\$ 25,988,622	Long Term Notes Payable	\$ 26,032,239
\$ 25,988,622	Total Long Term Liabilities	\$ 26,032,239
\$ 345,340	Unapplied Liabilities	\$ 403,457
\$ 328,009	Capital Equipment Lease	\$ 409,826
\$ 30,540,625	Total Liabilities	\$ 30,953,745
\$ 29,863,354	Retained Earnings	\$ 23,805,949
\$ (687,537)	Net Income	\$ 3,784,398
\$ 59,716,441	Total Liabilities and Equity	\$ 58,544,092

Sierra Vista Hospital
BALANCE SHEET by Month
May 31, 2022

	Month Ending 6/30/2022	Month Ending 5/31/2022	Month Ending 4/30/2022	Month Ending 3/31/2022	Month Ending 2/28/2022	Month Ending 1/31/2022	Month Ending 12/31/2021	Month Ending 11/30/2021	Month Ending 10/31/2021	Month Ending 9/30/2021	Month Ending 8/31/2021	Month Ending 7/31/2021
Assets												
Current Assets												
Cash and Liquid Capital		11,859,526	12,194,653	12,505,182	12,980,332	12,879,447	12,654,626	12,147,111	11,308,165	11,080,065	10,848,616	10,387,505
US Bank Clearing		152,082	181,145	18,377	87,380	301,358	105,448	134,004	167,739	243,122	135,981	186,478
Total Cash	\$0	\$12,011,608	\$12,375,798	\$12,523,558	\$13,067,711	\$13,180,805	\$12,760,073	\$12,281,116	\$11,475,904	\$11,323,187	\$10,984,596	\$10,573,983
Accounts Receivable - Gross		5,814,526	5,448,656	5,386,221	5,520,235	5,818,572	5,605,494	6,019,847	5,705,397	5,571,455	5,447,644	5,169,502
Contractual Allowance		3,809,644	3,504,648	3,359,094	3,296,149	3,362,549	3,549,089	3,847,618	4,017,255	3,918,694	3,730,853	3,674,851
Total Accounts Receivable, Net of Allowance	\$	\$2,004,882	\$1,943,808	\$2,027,127	\$2,224,086	\$2,456,023	\$2,056,405	\$2,172,229	\$1,688,142	\$1,652,760	\$1,716,791	\$1,496,651
Other Receivables		1,500,080	1,774,522	1,687,149	1,836,239	1,395,679	1,852,062	1,736,407	1,473,971	1,250,346	1,378,805	1,501,679
Inventory		603,156	578,411	575,838	543,427	558,917	527,634	503,672	565,895	485,848	514,727	503,294
Prepaid Expense		159,850	212,908	278,436	352,003	430,224	497,791	557,946	622,314	619,367	695,057	740,136
Total Current Assets	\$0	\$16,278,577	\$16,885,447	\$17,092,108	\$18,023,466	\$17,961,648	\$17,693,965	\$17,241,369	\$15,826,226	\$15,331,506	\$15,289,976	\$14,819,743
Long Term Assets												
Fixed Assets		53,811,509	53,809,374	53,805,896	53,677,822	53,494,698	53,446,980	53,437,453	53,437,453	53,429,720	53,429,720	53,349,499
Accumulated Depreciation		14,753,633	14,463,203	14,172,774	13,882,875	13,594,152	13,305,401	13,016,317	12,727,954	12,439,613	12,156,887	11,851,734
Construction in Progress		954,129	775,646	775,646	377,054	375,283	194,954	194,954	194,954	52,070	32,920	0
Total Fixed Assets, Net of Depreciation	\$	\$40,012,005	\$40,121,817	\$40,408,769	\$40,172,002	\$40,275,829	\$40,336,534	\$40,616,091	\$40,904,453	\$41,042,177	\$41,335,752	\$41,497,765
Total Long Term Assets		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
New Hospital Loan		\$3,425,860	\$3,303,740	\$3,181,530	\$3,059,306	\$2,937,081	\$2,814,860	\$2,692,642	\$2,448,197	\$2,325,980	\$2,203,755	\$2,081,543
Total Assets	\$	\$59,716,441	\$60,311,004	\$60,682,407	\$61,254,773	\$61,174,558	\$60,845,359	\$60,550,102	\$59,178,877	\$58,699,664	\$58,829,483	\$58,398,051
Liabilities & Equity												
Current Liabilities												
Account Payable		1,731,559	944,393	987,286	1,203,710	1,053,663	868,046	1,129,321	1,096,830	811,597	887,828	929,538
Interest Payable		1,144,601	1,067,703	990,805	913,682	836,784	759,886	682,988	606,091	529,418	452,520	375,622
Accrued Taxes		40,039	40,066	46,000	44,000	47,000	51,000	41,000	54,000	44,000	44,000	46,363
Accrued Payroll and Related		895,815	824,245	839,253	746,848	692,439	1,013,664	827,656	796,233	756,154	694,225	578,025
Cost Report Settlement		66,640	874,294	1,066,171	1,429,410	1,170,277	1,133,626	1,310,342	1,433,805	1,612,136	1,767,845	1,906,257
Total Current Liabilities	\$0	\$3,878,654	\$3,750,700	\$3,929,514	\$4,337,650	\$3,800,164	\$3,826,222	\$3,991,307	\$3,986,958	\$3,753,305	\$3,846,418	\$3,835,806
Long Term Liabilities												
Long Term Notes Payable		25,988,622	25,992,587	25,996,552	26,000,517	26,004,483	26,008,448	26,012,413	26,016,378	26,020,343	26,024,309	26,028,274
Total Long Term Liabilities	\$0	\$25,988,622	\$25,992,587	\$25,996,552	\$26,000,517	\$26,004,483	\$26,008,448	\$26,012,413	\$26,016,378	\$26,020,343	\$26,024,309	\$26,028,274
Unapplied Liabilities		345,340	358,562	348,983	343,680	351,787	403,039	439,225	285,306	349,170	396,215	384,890
Capital Equipment Lease		328,009	345,801	363,450	365,139	366,818	368,489	370,150	387,620	389,263	390,898	408,209
Total Liabilities	\$0	\$30,540,625	\$30,447,650	\$30,638,500	\$31,046,987	\$30,523,251	\$30,606,198	\$30,813,095	\$30,676,262	\$30,512,082	\$30,657,840	\$30,657,179
Retained Earnings		\$29,863,354	\$30,043,907	\$30,141,386	\$30,717,707	\$30,239,161	\$29,737,006	\$28,502,615	\$28,187,582	\$28,171,643	\$27,740,872	\$27,590,347
Net Income		(\$687,537)	(\$180,554)	(\$97,479)	(\$509,921)	\$412,147	\$502,154	\$1,234,392	\$315,032	\$15,939	\$430,771	\$150,525
Total Liabilities and Equity	\$0	\$59,716,441	\$60,311,004	\$60,682,407	\$61,254,773	\$61,174,558	\$60,845,359	\$60,550,102	\$59,178,877	\$58,699,664	\$58,829,483	\$58,398,051

Financial Trends

Net Patient Revenue

\$3,000,000
\$2,500,000
\$2,000,000
\$1,500,000
\$1,000,000
\$500,000
\$-

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Total Operating Revenue

\$8,000,000
\$7,000,000
\$6,000,000
\$5,000,000
\$4,000,000
\$3,000,000
\$2,000,000
\$1,000,000
\$-

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Employed Labor Costs

2,000,000
1,800,000
1,600,000
1,400,000
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Salaries Benefits

Contract Services

900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Total Expenses

\$3,500,000
\$3,000,000
\$2,500,000
\$2,000,000
\$1,500,000
\$1,000,000
\$500,000
\$0

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Net Income (Loss)

\$4,500,000
\$4,000,000
\$3,500,000
\$3,000,000
\$2,500,000
\$2,000,000
\$1,500,000
\$1,000,000
\$500,000
\$0
(\$500,000)
(\$1,000,000)

Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22

Sierra Vista Hospital

4/30/2022

Reserves

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

Covid-19 Medicare Advanced Payments

FY22 Cost Report Receivable as of 05/31/22

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

Total Liability

5/31/2022	Notation
(116,640)	Repayment starting in May 2021
200,000	
(150,000)	
(66,640)	



SIERRA VISTA HOSPITAL ADBANK MARKETING PROPOSAL & SUBSCRIPTION AGREEMENT

Introduction to BCI

Our practice is strategic brand communications. Our specialty is non-urban hospitals. We like to call them Sierra Vista Hospitals.

We've had the pleasure of working with more than 160 hometown hospitals across America. And we have learned that they share common challenges and opportunities. So, we have developed several field-tested marketing strategies and tools to help hometown hospitals solve their key challenges and take advantage of their greatest opportunities.

Overview

Brentwood Communications (BCI) has been asked to make a proposal to develop Sierra Vista Hospital's marketing program to improve the perception of the hospital in the community and to market key strategic service lines and physicians. An initial component of our service will be developing a Strategic Brand Marketing Plan with goals, strategies, timeline, and budget. Then, BCI will actively engage with the hospital's marketing team to implement the plan with regular meetings and communication.

Since Sierra Vista Hospital has an estimated outmigration of 76%, there is much to be gained by the successful implementation of a brand and service line campaign that will improve the community perception of the hospital as well as raise the level of awareness and visibility for the hospital's service lines. In fact, a 1% reduction in outmigration could generate \$1,951,990* in additional revenue. So that's a goal worthy pursuing! (*Based on American Hospital Directory data.)

Hospitals like Sierra Vista Hospital face unique challenges to grow service line volume. The lure of "bigger is better" to the big city is a siren song for some. We've helped hometown hospitals across

America to grow service line business with field-tested strategies and all the marketing and measurement tools your hospital needs to be successful in the fight.

Our Hospital AdBank© is the primary tool we use to deliver great creative strategies and campaigns in an effective and cost-efficient manner. It is an online resource with over **5,000** marketing concepts readily available for one low monthly fee.

The AdBank© Promise: If AdBank© does not contain an ad design concept for the specific service line, physician specialty or brand campaign that you need, we will create it at no additional cost to you and add it to AdBank©. New concept development requires 30 days for delivery from the receipt of information.

Proposal

BCI proposes to provide the marketing services necessary over the next 36 months to create a successful marketing program for Sierra Vista Hospital. Our services would include strategic marketing planning, budgeting, timeline development, tracking management, and creative development of campaign materials. We would begin with a **deep-dive, on-site visit or online visit** to discover the benefits and advantages your hospital offers the community in order to develop the plan and strategy and will continue with regular meetings to support the plan and track the progress, as well as brainstorm new strategies. **The Deep Dive** would include interviews with key service line leaders and hospital leadership.

The continuing goal will be to improve the community's perception of the hospital, grow the hospital's strategic service line businesses, and promote physicians.

The BCI AdBank Service

BCI provides a cost-effective approach to delivering strategic marketing campaigns through its AdBank© service. BCI becomes part of your team and your marketing partner to develop and implement strategic plans through an array of tools to fulfill your campaign needs. As an AdBank© subscriber you will also have access to discounts for marketing tools outside the scope of AdBank© such as GRAVITY 2.0, SmartSite websites, My Hometown Health Magazine, tracking and measurement tools, DigitalSMART, TeleSMART, SMARTAccess, and the FastER Wait Time Display Tool.

Your subscription to AdBank© provides the following support services for your hospital:

- An on-site or online deep dive marketing analysis at your hospital to provide a foundation for planning.
- Development of a Strategic Marketing Communications Plan with media budget and timeline.
- Regular marketing strategy meetings to provide updates and planning.
- Conference Reports and Meeting Agendas.
- Timely delivery of marketing creative materials.
- Online access to over 5,000 custom concepts or we will develop new creative through the AdBank© promise, which includes customization.

- A BCI account team member is assigned to your hospital to handle each request and to manage regular marketing strategy meetings with you to review status and to plan for future marketing needs.



Your subscription to AdBank© provides creative campaigns for your hospital.

Your subscription provides the creative materials for your **monthly media campaign** (print ads, direct mail, billboards, digital and web ads.) You have unlimited license to use the creative materials within AdBank© as long as it is for your hospital only. (Other hospitals, affiliates, physician practices or clinics, even those owned by the same parent company, require a separate license agreement.) BCI will also localize each print ad in the campaign you have chosen, including up to three designs or expressions per month (i.e., for a print ads, billboard, digital or web ad) for each marketing track: brand, service line, new physicians. Additional expressions are \$75 per piece.

AdBank© Bonus Features: You will also see bonus features in AdBank© online such as brochures, direct mail, news releases, posters, invitation cards, directory ads, community benefit report designs, direct mail, etc., that we have added to supplement the **print media** materials (print ads, billboards, and web ads). These bonus feature concepts are available for your use at no additional subscription fee (and are marked as bonus features in AdBank©). However, localization of these concepts is outside the scope of your AdBank© subscription. This cost will vary depending on your needs, so we will estimate localization cost for each bonus piece as needed.

AdBank Subscription includes the development, creative license, localization and use of the following:

SIERRA VISTA HOSPITAL	
BCI SERVICE SUMMARY	
AdBank - Brand Positioning or CBM Story Telling Ad (one per month)	X
AdBank - Service Line Marketing Creative (one per month)	X
AdBank - New Physician Marketing Creative (one per month)	X
	\$ 3,352
Fee in Combination with Quorum 12% Discount	\$ 2,950

Plus, initial AdBank© \$2,000 set up fee in the first month. Travel is additional and billed at net cost. "X" above indicates it is included in this AdBank Proposal.

** \$35,400 annually*

ADBANK LICENSE:

Subscription includes the creative license and use of the following Ready-To-Go materials in AdBank©.

BRAND TRACK: AdBank© includes development of 1 Brand Campaign (such as brand positioning or CBM storytelling ads) per year with up to 12 ad concepts developed on a one per month basis during the subscription term.

GROWTH/SERVICE LINE TRACK: AdBank© also includes a Service line campaign with up to 12 service Line ads per year developed on a one per month basis during the subscription term.

NEW PHYSICIAN MARKETING TRACK: AdBank© also includes an additional license to use QuickStart ready-to-go physician marketing campaigns for new physicians (one per month).

DELIVERABLES:

Print and Digital Media campaign localization is included for all service line, brand and new physician print and digital campaigns:

- Your creative service fee includes executing and localizing your selected creative campaign monthly (brand and service line) in any 3 of the following media tools: *Print Media* - Newspaper, Magazine, Outdoor, Poster/Flyer; *Digital Advertising* - Digital Monitors, Web Sliders, Web Banners, or Facebook. Additional tools or sizes are \$75 each.

COLLATERAL:

Your AdBank© agreement is intended to deliver creative materials for media campaigns. But collateral such as brochures, rack cards, posters, invitations etc. can be custom ordered estimated separately in

advance for hospital approval.

RELATED ITEMS AVAILABLE BY SEPARATE ESTIMATE:

The following items can be provided by Brentwood Communications but are not included as part of your AdBank© agreement. They are not required, but you may choose to select any of them. Each would be estimated for your approval in advance if requested.

- **Tracking and measuring tools** such as internet call routing numbers and PURL mailings, etc. These are estimated separately.
- **Cost of Media**
The cost of media space or time in newspapers, magazines, outdoor, radio, TV or digital media is not included as part of the AdBank© subscription. However, a detailed media plan is provided as part of the market audit (see below).
- **Media Negotiation and Placement**
Services for negotiation and placement of media are not provided as part of your AdBank© subscription but can be provided under normal agency commission and terms.
- **Production, Printing, Photography, TV or Radio Production and Travel Expense**
The costs of production, printing, studio time associated with electronic media development, as well as original photography and travel expenses are not covered by our monthly AdBank© fees and would be estimated in advance for prior approval.
- **Shipping or distribution (mailing, etc.)** of materials or projects such as My Hometown Health hospital magazine, direct mail postcards, etc.
- **The cost of Photoshop** requests, media, printing, mailing, postage, and shipping are additional.
- **Brand Market Audit** which is 25 on-site interviews with top opinion leaders in the community to determine the perception for the hospital defined by the four major brand building blocks. The results serve as a foundation and starting place for building a new perception. This is separately priced.
- **GRAVITY 2.0** program services to find and market to commercially insured HH's that are not your patient. Estimated separately.
- **FastER Wait Time Display Tool** to display hospital ER wait times on website, smart phone and digital billboard if needed. Estimated separately.
- **Logo development** is additional and estimated separately. Estimated separately.
- **SmartSite Website development, hosting and maintenance:** websites that are mobile-ready and include the latest technology for taking advantage of social media, measuring traffic through analytics, SEO optimization, content management tools and fresh, appealing designs that turn your site into an interactive tool.
- **SMARTAccess** sets up your website to conform to the WCAG standards that make it accessible for the disabled using AI technology for an effective but cost-efficient solution. Estimated separately.

- **DigitalSMART** marketing reaches consumers who need your services whether on the internet, mobile devices, social media, search engines, or other channels. And responses are measured and reported daily. Estimated separately.
- **TeleSMART** acknowledges the huge audience shift to digital healthcare communication and utilizes the latest digital marketing techniques to target the right audience, with the right message. Estimated separately.
- **My Hometown Health Hospital Consumer Magazine** helps hospitals stay in touch with their community through an informative and cost-effective publication. We make creating and publishing a quality, local community magazine easy and convenient. Estimated separately.

ADBANK MARKETING SUBSCRIPTION AGREEMENT

Responsibilities: Brentwood Communications, Inc. shall obtain releases, licenses, permits or other authorization to use photographs, copyrighted materials, artwork or any other property or rights belonging to third parties obtained by the Agency for use in performing services for Sierra Vista Hospital. Sierra Vista Hospital shall obtain the same for any such items they obtained which are used by Brentwood Communications, Inc. in performing such services, and shall be responsible for any claims with respect to such use. Sierra Vista Hospital shall be responsible for the accuracy, completeness and propriety of information concerning products and services that the Client furnishes to the Brentwood Communications, Inc. in connection with the performance of this agreement.

Sierra Vista Hospital assumes responsibility to proof and verify all materials including copywriting, proofs, and printing. Sierra Vista Hospital agrees to indemnify Brentwood Communications, Inc. from and hold it harmless against any and all losses, damages, expenses or liabilities which Brentwood Communications, Inc. may incur based on any defect in products manufactured or sold by Sierra Vista Hospital or any information and data concerning Sierra Vista Hospital or its services, provided the advertising or promotional material involved in such losses, claims, damages, expenses or liabilities has been approved by Sierra Vista Hospital for publication.

Should Sierra Vista Hospital be sold or transferred to another entity, this agreement will endure to the next owner.

The MONTHLY ADBANK FEE INCLUDES access and license to use of the AdBank© library of materials as well as localization of an average of one service line or product print ad campaign per month for the hospital market. The BCI AdBank© subscription includes the custom development of Community Based Marketing (*storytelling*) campaign print ads for the hospital developed one per month during the subscription term, or a brand campaign such as Great Community, Great Hospital also developed one per month. CBM Storytelling ads or brand campaign ads developed after term expires are an additional cost. The cost of Photoshop requests, media, printing, mailing, postage and shipping are additional.

The monthly AdBank© subscription fee is **\$3,352** for the services outlined above for Sierra Vista Hospital. However, as a Quorum hospital, the hospital will receive a **12% discounted rate of \$2,950** a month. Should the hospital cease to be a Quorum hospital, the discounted rate will be replaced by the prevailing non-QHR AdBank rate.

TERMS

BCI AdBank© is a service offered by Brentwood Communications, Inc. All materials offered through the system are copyright Brentwood Communications, Inc. 2022. Limited License is granted to each participating hospital and the right to use materials continues for as long as the hospital is a subscriber to the service. The AdBank© subscription is non-cancellable and for a minimum term of 36 months beginning July 1, 2022, and automatically renews at the end of the 36-month term unless written notice of cancellation is received 90 days before the beginning of each subsequent three-year term. There is a one-time set-up fee of \$2,000 during the first month of AdBank© (in addition to the monthly fee). Travel is additional. There will be an increase of 7% annually during the length of the contract.

All access or use of AdBank© ends when the subscription term ends. Photography provided by the hospital, or shot by BCI photographers for the hospital, remains the property of the hospital. All stock photography provided by BCI as part of the ad materials is licensed under a separate agreement to BCI and may only be used in the ad materials provided by BCI to the hospital. Stock photos may not be extracted from files and used for other purposes.

Sales tax will be added to final invoices when applicable. All costs of collection, including a reasonable attorney's fee, will be paid by the client. A finance charge of the lesser of 1 1/2 % interest per month, or the maximum amount permitted by law, will be added to accounts 30 days past due.

We look forward to serving you!

This subscription agreement is approved by:

For Sierra Vista Hospital
Truth or Consequences, New Mexico

Date



6/21/22

For Brentwood Communications, Inc.

Date

215 Jamestown Park Road, Suite 203 * Brentwood, Tennessee 37027 * 1-615-425-0821 FAX 1-615-425-2844
www.brentwoodcommunications.com



WEBSITE DEVELOPMENT PROPOSAL FOR SIERRA VISTA HOSPITAL

"Smart Site" Website License, Hosting, Maintenance and Content Management

The Brentwood Communications, Inc. (BCI) "Smart Site" website is created and provided on a licensed basis as a platform for Sierra Vista Hospital to localize and/or customize as it wishes through our content management system. BCI will build the website for Sierra Vista Hospital on the Smart Site platform and migrate existing content onto the new site. Any additional copy writing will be provided by the hospital (or quoted separately). Additional edits can be made using the content management system by the hospital with the help and support of the BCI account coordinator. The content and features of the "Smart Site" website and the use of the content management system is provided solely for the hospital. Other uses and other hospitals (*even other hospitals or hospital locations within the same corporation or group*) require a separate license agreement. The site is hosted on a secure server with 24/7 monitoring.

Sierra Vista Hospital will be provided training and support for our content management system. There is no limit to how many times you may access the system. The new website is provided with access to comprehensive web analytics through Google. The BCI Smart Site includes mobile responsive design as well as the features listed here:

- Fresh, new website design
- Built on secure platforms with the latest technology
- The new website will contain up to 100 pages including pages on the current website. Web pages over and above 100 pages will be estimated in advance.
- Mobile Responsive sites that adjust automatically to the device viewing the site...such as smart phone, tablet, laptop, or desktop
- BCI to provide architecture for new site
- All content will be provided by the hospital to BCI including images, videos, provider photos as well as copy including edited copy from current website.
- Content management system with training provided
- Ongoing maintenance and updates (up to 2 hours per month) included.
- Clean, contemporary design
- Robust site analytics provided monthly
- Searchable Physician Directory with photos
- Easily links to your secure career site or physician recruiting site

- Links to third party providers such as bill pay, careers section, online forms, and patient portal easily added
- Forms created by BCI and handled by a third party are a separate expense.
- Password protected pages available at no extra charge
- Maps with driving directions, as needed
- Contact forms should be created on third party platforms such as Jotform.com to protect privacy. No secure, personal information can be stored directly on this site.
- Note: Microsoft no longer supports Internet Explorer. BCI advises installing Google Chrome as the hospital's internet browser.

BCI highly recommends use of professional photography with physicians, employees, and advanced equipment to underscore the level of quality, personal care found at Hometown Hospital. A photo speaks a thousand words and can dramatically affect the positive impact of your site. The hospital can provide a local professional photographer, or BCI can recommend ours, and will be happy to estimate that separately.

Responsibilities: Brentwood Communications, Inc. shall obtain releases, licenses, permits or other authorization to use photographs, copyrighted materials, artwork or any other property or rights belonging to third parties obtained by BCI for use on the website. However, Brentwood Communications, Inc. is not responsible for the edits made to the Sierra Vista Hospital website by the hospital. The hospital shall obtain the same for any such items they obtained which are used on the website. Brentwood Communications, Inc. assumes no responsibility to proof and verify all materials including copy writing or other art used on the website, as the client hospital makes edits using the content management system. The client hospital agrees to indemnify BCI from and hold it harmless against any and all losses, expenses, or liabilities which BCI may incur based on copy, content, or promotional material which is added to the website by the client hospital.

The Smart Site agreement is non-cancellable and for a minimum term of 36 months beginning 7-1-2022 and automatically renews at the end of the 36-month term unless written notice of cancellation is received by BCI 90 days before the beginning of each subsequent three-year term. Invoices will be issued on the first day of each month. Payment is due within 15 days. Interest at the rate of 10% per annum will be added to late invoices. The hospital will pay all costs of collection including a reasonable attorney's fee.

All content provided to BCI by Sierra Vista Hospital including copy and graphics is the property of Sierra Vista Hospital. Stock photos, copy and design provided by BCI are protected by various copyright agreements and restricted in their use to this website only.

Sierra Vista Hospital is granted a license to use the site for as long as it is hosted with BCI. The creative and software platform is copyright Brentwood Communications, Inc. and BCI retains the right to the design and software programs available on the site. Additional web pages or features that require programming are additional and will be quoted separately.

Note: For the protection of our hospitals and BCI, our Smart Site websites do not include (PHI) personal information such as birth date, SSN, driver's licenses, HIPAA related details, etc., or anything else in violation of HIPAA or PHI guidelines. All forms built on the site must be on third party servers.

One-Time Development Cost

One-time Development Cost		QHR 12% Discounted Cost	W/5% Additional AdBank Discount
Standard 100 pages:	\$ 18,500	\$ 16,280	
Total	\$ 18,500	\$ 16,280	\$ 15,466

One-half is due at the start of the project and one half is due when the site is substantially completed.

Monthly Content Management License, Maintenance & Hosting

Hosting Fee		QHR 12% Discounted Cost	W/5% Additional AdBank Discount
Monthly for 36 months	\$ 495	\$ 436	\$ 414

There will be an increase of 5% annually during the length of the contract. Should the hospital cease to be a Quorum hospital, the monthly hosting rate will revert to the prevailing non-QHR rate. Ongoing maintenance and updates (up to 2 hours per month included). Additional time will be estimated in advance and billed at \$150 per hour if required. The cost of Photoshop requests is additional.

TERMS

BCI SMART SITE web development and hosting is a service offered by Brentwood Communications, Inc. All materials offered through the system are copyright Brentwood Communications, Inc. 2022. Limited License is granted to each participating hospital and the right to use materials continues for as long as the hospital is a subscriber to the service. The **web hosting** subscription is for a minimum of 36 months and begins when the staging site is set up and automatically renews at the end of the 36-month term. Written notice of cancellation must be received 90 days before the beginning of each subsequent three-year period. Travel is additional.

All access or use of the **Smart Site website license** ends when the subscription term ends. Photography provided by the hospital, or shot by BCI photographers for the hospital, remains the property of the hospital. All stock photography provided by BCI as part of the ad materials is licensed under a separate agreement to BCI and may only be used in the ad materials provided by BCI to the

hospital. Stock photos may not be extracted from files and used for other purposes.

Sales tax will be added to final invoices when applicable. All costs of collection, including a reasonable attorney's fee, will be paid by the client. A finance charge of the lesser of 1 1/2 % interest per month, or the maximum amount permitted by law, will be added to accounts 30 days past due.

Billing for hosting starts when the staging site is set up on the BCI server and continues throughout this 36-month agreement.

For: Sierra Vista Hospital
Truth or Consequences, NM

Date



6-21-2022

For Brentwood Communications, Inc.

Date

215 Jamestown Park Road, Suite 203 - Brentwood, Tennessee 37207 1-615-425-0821 FAX 1-615-425-2844
www.brentwoodcommunications.com

Brentwood Communications Digital Media Campaign Marketing Agreement

AGREEMENT FOR: SIERRA VISTA HOSPITAL **Term Begins July 1, 2022**

This Digital Media Marketing Program is provided to SIERRA VISTA HOSPITAL and includes digital media planning, placement, management, tracking and reports.

A. Digital Media Planning:

BCI will provide digital media planning to identify and reach targeted audiences with consistency and relevance to increase awareness of the hospital, and drive traffic to the website and/or to a call tracking number to find specific providers/specialist, services, or to make an appointment.

The plan will include a comprehensive cross-channel digital media strategy — delivered, managed, and optimized in strategic channels in order to put the right message in front of the right person at the right time.

The digital channels will be selected from the following depending on which channel or combination of channels is deemed to generate the best results for this hospital and its campaign, and then optimized during the campaign.

Cross-Channel Display (Display, Native)

With advanced targeting techniques, in real-time on notable, relevant, and trusted websites creating immediate top-of-mind awareness with your targeted audiences. Planned digital strategies include addressable geofencing, keyword search retargeting, and competitor geofencing (subject to change during optimization).

Paid Social (such as Facebook boosted ads)

Paid social advertising to provide the opportunity to reach individuals where they are active and engaged, in their social media feeds. Using these platforms, we'll reach audiences with engaging creative.

Paid Search (such as Google AdWords)

Paid search to not only drive conversions but also to validate ideas and to learn the language of your customers.

Creative:

AdBank subscribers receive creative at no additional charge. The creative fee for non-AdBank clients is \$500 per campaign.

Tracking and Reporting:

This agreement includes tracking and reporting services through a real-time dashboard, which provides the data necessary to optimize the digital media mix. Call tracking, if needed, is an additional cost and proposed in a separate agreement.

Agreement

This proposal includes a license to use and distribute the content, copy, photos, and design of the digital marketing campaign for this hospital only. Materials may not be used for other purposes without express written permission from Brentwood Communications, Inc. (BCI). All content provided specifically by this hospital remains the property of the hospital. Creative materials developed by BCI are owned by BCI and protected by copyright. Stock photos are protected by various copyright agreements and restricted in their use to materials created by BCI only.

Digital Marketing Campaign Package

This is a QHR affiliated hospital and receives a 12% discount which is already reflected in the below price.

Marketing Campaign	
Monthly Campaign Package (up 200,000 Impressions)	\$3,520
Campaign Tools May Include:	Turnkey Campaign Includes:
<i>Paid Social</i>	<i>Setup</i>
<i>Paid Search (PPC)</i>	<i>Placement of Media</i>
<i>Display Ads</i>	<i>Detailed Targeting</i>
	<i>Optimization (including Key Words)</i>
	<i>Weekly & Monthly Reporting</i>
	<i>Google Analytics Report</i>
	<i>Landing Page (if needed)</i>
	<i>Custom Form to gather contact information</i>
	<i>Access to Analytic Dashboard</i>

This agreement is for media placement over 36 consecutive months at \$4,000 per month for up to an estimated 200,000 impressions a month. With the QHR 12% discount, the placement is \$3,520 each month. Should the hospital cease to be a Quorum hospital, the discounted rate will be replaced by the prevailing non-QHR rate. The \$500 monthly creative campaign fee is additional (no creative fee with AdBank subscription).

An invoice will be sent monthly in advance of the upcoming flight buy. Payment is due prior to the placement of media.

Responsibilities: Brentwood Communications, Inc. shall obtain releases, licenses, permits or other authorization to use photographs, copyrighted materials, artwork or any other property or rights belonging to third parties obtained by the Agency for use in performing services for SIERRA VISTA HOSPITAL. SIERRA VISTA HOSPITAL shall obtain the same for any such items they obtained which are used by Brentwood Communications, Inc. in performing such services, and shall be responsible for any claims with respect to such use. SIERRA VISTA HOSPITAL shall be

responsible for the accuracy, completeness and propriety of information concerning products and services that the hospital furnishes to Brentwood Communications, Inc. in connection with the performance of this agreement.

SIERRA VISTA HOSPITAL assumes responsibility to proof and verify all materials including copywriting.

SIERRA VISTA HOSPITAL agrees to indemnify Brentwood Communications, Inc. from and hold it harmless against any and all losses, damages, expenses or liabilities which Brentwood Communications, Inc. may incur based on any defect in products manufactured or sold by SIERRA VISTA HOSPITAL or any information and data concerning SIERRA VISTA HOSPITAL or its services, provided the advertising or promotional material involved in such losses, claims, damages, expenses or liabilities has been approved by SIERRA VISTA HOSPITAL for publication.

TERMS

This agreement is non-cancellable and for a minimum term of 36 months beginning July 1, 2022, and automatically renews at the end of the 36-month term unless written notice of cancellation is received 90 days before the beginning of each subsequent three-year term. Travel is additional. Sales tax will be added to final invoices when applicable. All costs of collection, including a reasonable attorney's fee, will be paid by the client. A finance charge of 1 1/2 % interest per month will be added to accounts 30 days past due.

Please acknowledge your acceptance of this agreement by signing below and returning to Brentwood Communications, Inc.

We look forward to working with you!

For SIERRA VISTA HOSPITAL
Truth or Consequences, NM

Date



6/21/2022

For Brentwood Communications, Inc.

Date

BCI 215 Jamestown Park Road, Suite 203- Brentwood, Tennessee 37207 1-615-425-0821 FAX 1-615-425-2844
www.brentwoodcommunications.com

 BRENTWOOD COMMUNICATIONS, INC.

Page

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My Hometown Health Consumer Hospital Magazine Agreement with Sierra Vista Hospital



This agreement is between Sierra Vista Hospital in Truth or Consequences, New Mexico and Brentwood Communications, Inc. to provide a Community Health Magazine Program. The intent and desire of this program is to make available a quality, affordably priced, community magazine to Sierra Vista Hospital.

Overview

Brentwood Communications, Inc. (BCI) is located in suburban Nashville, Tennessee, the hub of the healthcare industry. BCI has worked with hospitals and hospital companies for over twenty-five years developing strategic marketing plans and the tools to drive success for over 160 non-urban hospitals. BCI partners with hospitals to provide a successful turnkey solution for the development of appealing community magazines, an important tool in the marketing arsenal. Each issue is professionally produced to create reader appeal to illustrate the hospital's advanced care capabilities. At the same time, each issue offers customization for a local flavor that expresses the hospital's personal care not found in large, out-of-town hospitals.

The BCI consumer health magazine program offers the convenience of beautiful, fully-designed issues with flexibility that allows you to customize as much of the magazine as desired using an online library that provides alternate copy and access to a multi-million piece stock photo resource or your own editorial material.

Each consumer magazine covers a wide variety of hospital products and services. It helps drive traffic to your hospital and reduce out-migration by 1) continuing a dialogue with your patient base about health topics and treatments available locally and 2) attributing the names and faces of physicians as well as your hospital staff that provide a level of care only provided by friends and neighbors. BCI's selection of celebrity cover stories utilize well-known individuals who have a healthcare story that readily connects with consumers. Their presence is also a great brand association for a hospital. However, the cover can always feature an alternative local story and photo if the hospital desires.

The ease of a turnkey solution

BCI provides busy hospital marketing directors the ease of producing a community magazine with

as little or as much involvement as they desire. We write and design a complete 8-page master issue each quarter, filled with timely and relevant healthcare content. A fully developed template is posted to the BCI Health Resource website for your access. Our custom content order form provides you an overview of each issue with recommendations of how to localize and communicate edits to our BCI team.

From fully customized editing to an expert team of professionals who manages each step of the design and production process, BCI makes creating your community health magazine as simple as possible.

Appealing and engaging content designed to build patient traffic

All copy, graphics and layouts are designed with one goal in mind: drive patient traffic to your hospital with suggestions on how to direct patients to your website, call for additional information or create special events. Each issue focuses on a timely theme such as cardiac care in February and breast cancer in October to inform and assure consumers there is no need to leave town for expert healthcare services offered at your hospital.

A wealth of resources at your fingertips

Our online library of alternative resources showcases hundreds of articles as well as access to millions of stock images to select from and promotes service lines specific to your strategic marketing calendar.

The benefit of group pricing

Your quarterly issue is printed together with other hospital magazines across the nation in a common press run to give all participating hospitals the benefit of significant print cost savings which is reflected in the pricing. Your magazine can be printed separately from the scheduled group print run, but at a higher rate.

Delivery to your patient base

BCI can help get your consumer health magazine in the hands of your patient base in the most cost effective and efficient method. Whether it is through direct mail, newspaper insertions or other means, BCI can further streamline the production process by managing the distribution phase for you.

We will even prepare a digital flipbook with active links version of your magazine for website placement at no additional charge! The flipbook can be placed on your Facebook, your website, making it a tool that can also reach the millennial target market.

Market exclusivity

BCI will not produce a similar hospital consumer magazine for any other hospital located in your county.

Description

- 8 1/2 x 11" page size, published 2x a year as follows: Spring (May), Fall (October).
- 4-color with bleed throughout printed on 70# coated magazine paper stock.
- Convenient, online accessibility to our library of content resources including alternate articles and images for use in your consumer magazine.
- **Ability to customize up to 100% of the design of your consumer magazine at no additional charge. This includes the hospital providing its own articles and photos. (Only exception is custom writing which is an additional \$250 per story).**

- A homepage slider to post on the hospital's website to promote each issue (as long as BCI hosts the hospital's website) and a page on the hospital website with current/past flipbook issues.
- Assignment of a dedicated account team to consult with, as well as manage the entire magazine publishing process from content selection through production and distribution.
- A digital flip book of your magazine to post on your website at no additional charge.
- Stock photography provided from the BCI library. Original, local photography to be supplied if needed by the hospital or BCI can provide photography at an additional estimated cost.

Pricing:

The price includes design, copy as described above, and printing. Pricing for your 8-page magazine is 61.5 cents each unit price based on 12 consecutive issues over three years. However, BCI will extend the current 50 cents unit cost, two issues a year for the remainder of this agreement. Should the hospital cease to be a Quorum hospital, the discounted rate will be replaced by the prevailing non-QHR rate. The price assumes your magazine is produced and printed on the same schedule as all other magazines in the BCI magazine program.

Your magazine can be printed separately from the scheduled group print run, but at a higher rate.

Distribution (mailing cost or newspaper insertion) is quoted separately. Shipping is additional.

License and Use Agreement

This agreement includes a license to use and distribute the content, copy, photos, and design of the BCI *"My Hometown Health"* consumer magazine for participating hospitals only and does not apply to non-participating hospitals that have not contracted for these services. Materials may not be used for other purposes without express written permission from Brentwood Communications, Inc. All content provided specifically by this hospital remains the property of the hospital. Brentwood Communications, Inc. *"My Hometown Health"* materials are owned by Brentwood Communications, Inc. and protected by copyright. Stock photos are protected by various copyright agreements and restricted in their use to the magazine only.

All participating hospitals agree to the following payment schedule: An invoice for the cost of an issue, plus the full amount of the postage and mail prep, list rental, and/or newspaper insertion costs (if applicable), will be sent to the participating hospital when work on that issue begins, approximately 60 days before issue date. Payment for the invoice is due in 30 days but must be received prior to releasing the magazine to the post office, or for shipping. Shipping costs will be billed separately.

Brentwood Communications, Inc. shall obtain releases, licenses, permits or other authorization to use photographs, copyrighted materials, artwork or any other property or rights belonging to third parties obtained by the Agency for use in magazines. However, Brentwood Communications, Inc. is not responsible for the same for edits made to the magazine by the hospital including copy, photos, or other content. The hospital shall obtain releases, licenses, permits or other authorization to use photographs, copyrighted materials, artwork or any other property or rights belonging to third parties or any such items they obtained which are used in the magazine. The client hospital agrees to indemnify the Agency from and hold it harmless against any and all losses, damages, expenses, or liabilities which Agency may incur based on copy, content, or promotional material which is added to the magazine by the client. BCI will carefully proof the magazine, but it is the hospital's responsibility to proof final versions of the magazine prior to printing. Sales tax will be added to

final invoices when applicable. All costs of collection, including a reasonable attorney's fee, will be paid by the client. A finance charge of 1 1/2 % interest per month will be added to accounts 30 days past due. Brentwood Communications, Inc. reserves the right to increase the per piece creative and printing rate annually. Postage rates are determined by the U.S. Post Office.

TERMS

The hospital has elected to publish an 8-page magazine at a minimum quantity of 7,000 at the unit price above. This agreement is for a term of 2 quarterly issues each year beginning with the fall 2022 issue and automatically renews for another 6 issues over three consecutive years until Sierra Vista Hospital notifies Brentwood Communications, Inc. that it wishes to cancel the contract. Cancellation must take place in writing and received by BCI 90 days before the end of the six -issue agreement term.

Please acknowledge your acceptance of this agreement by signing below and returning to Brentwood Communications, Inc.

Date _____

Sierra Vista Hospital
Truth or Consequences, NM



Date 6-21-22

Chuck Snyder -- President
Brentwood Communications, Inc.

- Revised -

**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: Trauma, ED, Lab

Original Policy Date: 02/05/2016

Review: 2022 AI 2023 ____ 2024 ____

SUBJECT: Massive Transfusion Protocol - Trauma

APPROVED BY: Medical Staff

Last Revised: 06/2022

Governing Board

Manager: Autumn T. Long, RN, BSN

POLICY:

It is the policy of Sierra Vista Hospital to meet the needs of patients requiring massive transfusion.

- A. This policy for massive transfusion- the Massive Transfusion Policy (MTP) pertains to patient care in the Emergency Unit and Operating Rooms.
- B. Blood product distribution will start with un-crossmatched type O blood and will progress to un-crossmatched type-specific blood as soon as possible and eventually to crossmatched type-specific product. Units will be CMV untested and will not be irradiated unless there is a known condition that requires one or both above.
- C. Transportation of blood and blood products from the Blood Bank to the location of administration will be the responsibility of the unit responsible for administration of the products and/or Blood Bank personnel.

PURPOSE:

1. To outline a standard process for safe, rapid preparation and delivery of blood products and coagulation factors for the patient experiencing massive hemorrhage.
2. To prevent the anticipated complications that occurs as a result of massive transfusions, disturbances, hypothermia, and transfusion reactions.
3. To conserve valuable blood components while ensuring safe and rapid administration of blood.

BACKGROUND

Continued hemorrhage is a leading cause of death in trauma patients. Similar situations of catastrophic blood loss can be encountered in the intensive care setting or during major surgical procedures. Treatment principles of hemorrhage include the surgical control of bleeding and fluid resuscitation. The latter includes not only crystalloid and colloid infusion but also blood component therapy comprising PRBC, fresh frozen plasma, platelets, and fibrinogen. In addition, prevention and therapy of hypothermia and acidosis is also an important treatment.

PROCEDURE

- A. Activation of Massive Transfusion Protocol
 1. The decision to activate the MTP may be made by an attending surgeon or medical provider. The decision to active will be based on the recognition of massive hemorrhage with one or more of the following indicators:
 - a) Class IV shock or acute administration of 40 ml/kg of blood in a child, (or 4 units > 30 kg).

Distributed To: ED, Lab, Medical Staff

Revision Dates: 06/2022

Policy #585-01-021

Page 1 of 3

SIERRA VISTA HOSPITAL

- b) **EITHER** substantial acute or imminent, acute blood loss will trigger the activation of MTP phase I (15 minutes). In this period, the need to continue MTP will be reassessed by the treating physician and may be continued if there is likelihood that substantial blood loss will continue short term.
- 2. The treating provider or designee will call Blood Bank personnel to request the number of units needed. The caller will need to convey the following information.
 - a) Patient ID
 - b) Patient location and future location if known
 - c) Attending provider of surgeon
 - d) Caller's name

B. Initial Product Release

- 1. If MRP is activated, lab personnel will obtain blood samples for immediate Type and Screen and Crossmatch as appropriate
- 2. If the patient is moved to another location, the Blood Bank will be notified of the move.
- 3. Emergent uncross-matched type O units will be ready for infusion within 20 minutes. The Blood Bank will immediately call the patient care area when the units are available.

C. Continuation of Massive Transfusion Protocol

- 1. The Blood Bank will call the patient care area and notify the medical team caring for the patient when the next pack is available.
- 2. The Blood Bank personnel will continue to prepare units until discontinued. The Blood Bank, if possible, may prepare units in advance if they anticipate heavy blood use.
- 3. Return all empty coolers to the Blood Bank immediately. Adjuncts to Massive Transfusion Protocol

D. Patient Transfer

- 1. If MTP is active during patient transfer, the units will accompany the patient.
- 2. MTP status should be communicated to the receiving care team during patient transfers. The receiving area should be informed that the patient is on the MTP and which unit he/she is currently receiving. The timing of pickup of the next unit should also be communicated.
- 3. At cessation of the MTP, all unused blood should be returned to the Blood Bank.
- 4. The attending provider or designee should notify the Blood Bank if the patient is transferred to another unit/location

E. Cessation of Massive Transfusion Protocol

- 1. The decision to cease the MTP is made by the patient's attending provider. Patient indicators for cessation of MTP include:
 - a) Expiration
 - b) Hemodynamic stability
- 2. The protocol may be discontinued by the attending provider or designee, they will call Blood Bank personnel and order discontinuation.

SIERRA VISTA HOSPITAL

F. Return of Unused Blood Products After Cessation of Massive Transfusion Protocol

1. When MTP is discontinued and the attending provider does not anticipate product infusion within the time frame of expiration of the product, all unused products should be returned to the blood bank.
2. The procedure for product returns:
The product may be carried back to the Blood Bank by a designee from the patient unit.

G. Documentation

1. Refer to the Administration of blood and blood components policy for elements of documentation related to administration O blood and blood components.
2. Documentation of type of IV catheter (i.e., angiocath, central line), rate and site of infusion in the electronic documentation system or trauma flow sheet.

H. Performance Improvement

1. Data and information will be collected on all MTP activations.
2. MTP activations will be reviewed by a team composed of personnel from Trauma, Emergency Medicine, Nursing, and Lab Manager.

I. Limitations

1. Product Inventory:
 - a) The blood bank shall maintain an inventory of enough type O blood to sustain/stabilize a massive hemorrhage. Upon activation of a MTP the blood bank will immediately order additional blood based upon the mode of injury, blood type, and /or other factors affecting the supply.



SIERRA VISTA HOSPITAL & CLINICS

REGISTER UNDER: EMPLOYEE HEALTH
Lab/Radiology Standing Orders

DATE OF SERVICE: _____

EMPLOYEE NAME: _____

DOB: _____

LABORATORY ORDERS

_____ MUMPS IgG

_____ MEASLES IgG (RUBEOLA)

_____ QUANTIFERON GOLD

_____ HEPATITIS B SURFACE ANTIBODY

_____ RUBELLA IgG

_____ VARICELLA IgG

_____ DRUG SCREEN

RADIOLOGY ORDERS

_____ CHEST X RAY

SOURCE / PATIENT LAB WORK

PATIENT'S NAME: _____

DOB: _____

ACCOUNT #: _____

_____ HIV

_____ HEPATITIS B SURFACE ANTIGEN

_____ HEPATITIS C ANTIBODY

Physician Signature: _____

Valid until: _____

Comments: _____

Employee Health Lab/Radiology Standing Orders

800 East 9th Avenue, Truth or Consequences, NM 87901 | 575-894-2111 | FAX: 575-894-7659 | Website: svhnm.org

Sierra Vista Hospital- Quarterly Blood Utilization

RBC	Shipped	Returned	Rate
APR 2021	22	12	45.45 %
MAY 2021	49	40	18.37 %
JUN 2021	28	21	25.00 %
JUL 2021	50	36	28.00 %
AUG 2021	28	20	28.57 %
SEP 2021	54	42	22.22 %
OCT 2021	31	22	29.03 %
NOV 2021	53	21	60.38 %
DEC 2021	28	31	-10.71 %
JAN 2022	39	23	41.03 %
FEB 2022	29	36	-24.14 %
MAR 2022	31	19	38.71 %



SIERRA VISTA HOSPITAL HUMAN RESOURCES BOARD REPORT

June 28th, 2022

HR PRIORITY OF EFFORT:

The current human resources priority of effort is staffing and policy refinement.

CRITICAL VACANCIES & RECRUITMENT:

HR is actively working to recruit former Military service members as well as establishing lines of communication with the local high school, area technical colleges, community colleges, and universities. We're also conducting national employment searches using Indeed.com

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

FINANCIAL IMPACTS:

- RN traveler billing rate is down to \$110/hour
- Several travelers contracted at the \$150/hour rate, but they are cycling out

PEOPLE:

SVH Target Turnover Rate (TTR) < 5%

- TTR for May = 3%
- Average Turnover Rate calculated FY22 is 4%.
- 172 employees May 1st
- 171 employees May 31st

SIERRA VISTA HOSPITAL – HR REPORT

May New Hires – 6

FY22 Total - 56

- FT – Cook-Aide
- FT – Security Guard
- FT – Medical Assistant
- FT – Radiologic Technologist
- FT – Help Desk Specialist
- PT – Cook -Aide

May Terminations – 7

FY22 Total - 67

Involuntary – 3

FY22 Total – 9

- FT – EMT-1
- FT – Unit Clerk / PCT (ED)
- PT – Cook – Aide

Violation of SVH Policies
Violation of PRN Schedule
SVH Standards of Excellence

Voluntary – 4

FY22 Total- 46

- FT – Housekeeper
- FT – Unit Clerk / PCT
- FT – Unit Clerk / PCT
- FT – HR Director

Quit without notice
Moving to Albuquerque
Education Improvement
Retired

Annual turnover Rate FY22 - 67 terminations/average of 175 staff = 38%

Contract Staff – 5

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

Travel Staff – 13

- ED – 6
- Med/Surg – 6
- Cardiopulmonary -1

SIERRA VISTA HOSPITAL – HR REPORT

QUALITY:

- New hire orientations – 100%
- Certifications - 100%
- Licensures – 100%
- Annual training – 100%
- Evaluations and competencies – 22% - Managers have been notified

WORKERS COMP:

No submissions in May

SERVICE:

- HR is coordinating with Infection Control to record weekly Covid-19 test results and impacts of staff availability
- Susanah Sivage – our HR Assistant is doing excellent work with onboarding of new hires and processing of key documents
- We remain cognizant of changing policies, rules, and regulations impacting the HR community; updates are regularly shared with SVH employees
- We're taking a proactive approach to prevent any potential Human Resource legal concerns

Respectfully,

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



SIERRA VISTA HOSPITAL EMPLOYMENT OPPORTUNITIES

June 22, 2022

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

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

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

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

18601 – EMT – 1 PRN Position (open date 6/2/2022) Responsible for the assessment and management of medical, trauma and environmental emergencies under the supervision of on or offline medical control. Transports sick/injured persons to medical facilities. Responsible of assisting the Manager of the department in day-to-day operations in the office and within the field.

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

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

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

800 East 9th Avenue
Truth or Consequences, NM 87901

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

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

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

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

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

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

74101 – Housekeeper – 1 Full Time Positions (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.

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.

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

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

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

June CNO Board Report

- Med/Surg
- Emergency Department
- EMS
- Trauma
- Infection Prevention Bettina Fitzgerald
- Surgical Services

- (k) Serve as the liaison and channel of communications between the Governing Board and any of its Committees and the Medical Staff and assist the Medical Staff with its organization and medical-administrative problems and responsibilities.
- (l) Prepare a plan for the achievement of the Hospital's specific objectives and mutually established goals and at least annually review and evaluate those plans with the Governing Board. Said plan shall at all times reflect the hospital's mission statement and be in accordance with the ethics and goals of the hospital.
- (m) Serve as a leader in the community, promoting effective and economical working relationships with other health agencies.
- (n) Develop and maintain appropriate relationships with local, state and federal government agencies, with professional hospital groups and related healthcare organizations.

7.2 *Governing Board Responsibilities to the CEO.* The Hospital Governing Board shall be responsible for hiring or removal of the CEO. The Governing Board will prepare and deliver to the CEO an evaluation of the CEO at least annually in May. In addition, the Governing Board shall be responsible for establishing the salary of the CEO and determining all wage adjustments.

7.3. *Management.* At its option, the Hospital Governing Board may select one or more contractors to manage all or any portion of the operations of the Hospital. Any such contractor shall be selected in accordance with the provisions of the Procurement Code of the State of New Mexico.

ARTICLES

INSURANCE FOR BOARD MEMBERS

8.1. *Insurance.* The Hospital shall purchase and maintain insurance (commonly referred to as Directors and Officers insurance) on behalf of any person who is or was a member of the Governing Board of the Hospital against any liability asserted against him or her and incurred by him or her in any such capacity or arising out of his or her status as such.