SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING

Elephant Butte Lake RV
Resort Center
3-19-24

TABLE OF CONTENTS

**Closed session items will be handed out in closed session*

High quality for every patient, every day.

AGENDA
SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING

March 19, 2024 **12:00pm** **Elephant Butte Lake RV Event Center**

MISSION STATEMENT: Provide high quality, highly reliable and medically proficient healthcare services to the citizens of Sierra County.

VISION STATEMENT: Become the trusted, respected, and desired destination for the highest quality of healthcare in the state of New Mexico; exceed compliance and quality expectations and improve the quality of life for our patients and community.

VALUES: Stewardship. Honest. Accountable. Respect. Professional. Kindness. Integrity. Trust. (SHARP KIT)

GUIDING PRINCIPLES: High quality for every patient, every day.

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

ATTENDEES:
GOVERNING BOARD

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

ELEPHANT BUTTE
Katharine Elverum, Member
Vacant, Member

CITY
Bruce Swingle, **Chairperson**
Jesus Baray, Member
Greg D'Amour, Member

VILLAGE of WILLIAMSBURG
Denise Addie, Member, **Secretary**

EX-OFFICIO
Frank Corcoran, CEO
Amanda Cardona, VCW
Vacant, City Manager, EB
Amber Vaughn, County Manager
Angie Gonzales, City Manager, TorC
Jim Paxon, JPC Chair

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

Ovation/Guest:
Erika Sundrud
David Perry

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. **Call to Order**	Bruce Swingle, Chairperson	
2. **Pledge of Allegiance**	Bruce Swingle, Chairperson	
3. **Roll Call**	Jennifer Burns	Quorum Determination
4. **Approval of Agenda**	Bruce Swingle, Chairperson	Amend/Action

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

5. Approval of minutes	Bruce Swingle, Chairperson	
A. February 27, 2024 Regular Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business-	Bruce Swingle, Chairperson	
None		
8. New Business-		
None		
9. Finance Committee- Kathi Pape, Chairperson		
A. February Financial Report	Ming Huang, CFO	Report/Action
B. 501(c)3 Update	Ming Huang, CFO	Report/Action
10. Board Quality- Denise Addie, Chairperson		
A. Med Staff –		
1. Policy Review	Sheila Adams, CNO	Action

Policy: Facility Reporting Policy
Policy: EMS Blood Products Storage and Transport Policy
Policy: EMS Blood Fridge Alarm Check Policy
Form: EMS Blood Fridge Alarm Check Form
Policy: EMS Blood Administration Policy
Form: Emergency Transfusion Request Form
Document: EMS Blood Transfusion Procedure Guidelines
Document: SVHCCP Blood Transfusion Protocol

11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO, Excused	Information
C. Med Staff Report	Sonia Seufer, COS	Report
D. CEO Report	Frank Corcoran, CEO	Report
E. Governing Board	Bruce Swingle, Chairperson	Report

Motion to Close Meeting:

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

Order of business to be determined by Chairperson:

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

A. Privileges — Frank Corcoran

RadPartners Delegated Initials:
Juan C. Mena, MD
Jerry A. Powell, Jr. MD

RP Delegated Reappointments:
Joseph A. Couvillon, MD
Alan K. Osumi, MD

Temp to Provisional:
Armando Beltran, MD ESS
Howard Ng, MD ESS

Provisional to 2-year:
Andrew Costin, CRNA
Christina Cruz, PsyD
Frank Ralls, MD

Termination:
Peter Razma, MD

B. Confidential Personnel Matter — Bruce Swingle

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

A. Risk Report — Heather Johnson
B. Hospital Acquired Conditions — Sheila Adams, Excused

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

A. Ovation Report to Board — Erika Sundrud
B. Facility Planning Follow-up — Frank Corcoran

Roll Call to Close Meeting:

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

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

A. Privileges — Action

RadPartners Delegated Initials:
Juan C. Mena, MD
Jerry A. Powell, Jr. MD

RP Delegated Reappointments:
Joseph A. Couvillon, MD
Alan K. Osumi, MD

Temp to Provisional:
Armando Beltran, MD ESS
Howard Ng, MD ESS

Provisional to 2-year:
Andrew Costin, CRNA
Christina Cruz, PsyD
Frank Ralls, MD

Termination:
Peter Razma, MD

B. Confidential Personnel Matter — Report/Action

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation
A. Risk Report — Report
B. Hospital Acquired Conditions — Report

10-15-1 (H) 9 – Public Hospital Board Meetings- Strategic and long-range business plans
A. Ovation Report to Board — Report
B. Facility Planning Follow-up — Report/Action

14. Other — Discussion
Next Regular Meeting- April 30, 2024 @ 12:00

15. Adjournment — Action

SIERRA VISTA HOSPITAL
GOVERNING BOARD REGULAR MEETING MINUTES

February 27, 2024	**12:00pm**	**Elephant Butte Lake RV Resort Event Center**

1. The Governing Board of Sierra Vista Hospital met February 27, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:00.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD

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

ELEPHANT BUTTE
Katharine Elverum, Member – Present
Vacant, Member

CITY OF T OR C
Bruce Swingle, **Chairperson** – Present
Jesus Baray, Member - Absent
Greg D'Amour, Member- Present

EX-OFFICIO
Amanda Cardona, Clerk VofW- Present
Vacant, City Manager EB
Amber Vaughn, County Manager- Absent
Angie Gonzales, City Manager- Absent
Jim Paxon, JPC Chairperson- Present

VILLAGE OF WILLIAMSBURG
Denise Addie, **Secretary** – Present by phone

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

GUEST:
Erika Sundrud, Ovation
Brian Hamilton, SVH
Ashlee West, SVH

There is a quorum.

4. Approval of Agenda Bruce Swingle, Chairperson

Greg D'Amour motioned to approve the agenda. Kathi Pape seconded. Motion carried unanimously.

"Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?"
None

5. Approval of minutes Bruce Swingle, Chairperson
A. January 23, 2024 Regular Meeting
B. February 7, 2024 Special Meeting
Kathi Pape motioned to approve the January 23rd and February 7th minutes. Serina Bartoo seconded. Motion carried unanimously.

6. Public Input
Ted Kuzdrowski addressed the board and said "thank you" there has been a tremendous amount of improvement in efficiency and the staff's attitude. We have better doctors and nurses than in Las Cruces. Thank you for reviving the hospital once more.

7. Old Business- Bruce Swingle, Chairperson
None

8. New Business-
A. EMS Ambulance Expenditure - Ashlee West & Brian Hamilton asked for the boards support in purchasing two new ambulances. The cost will be $553,316 for two brand new trucks. Next year, EMS will apply for capital outlay which, if approved, will pay approximately $221,326. The average build time is three years. Payment would be due at the time of delivery. The request today is for approval of the full amount in order to proceed with the build.
Greg D'Amour motioned to approve the full amount and encouraged EMS to continue looking for additional funding options. Kathi Pape seconded. Motion carried unanimously.

B. General EMS Department Update – Brian Hamilton reported that EMS is doing very well. The department currently has 27 staff members and will fill the last two open positions this week. In 2023, EMS ran over 3,800 calls and drove 156,000 miles. Frank Corcoran added that we just signed the annual dispatch agreement with SCRDA which was slightly lower this year than last year. Call volume was higher in 2023 but so were GRT tax so the amount we end up paying is less. Our PRC license has been approved for another three years. The Community EMS program had 245 patient contacts in January this year. 77 of those were transports to SVH and 17 of those to other locations. Brian gave a description of what Community EMS does.

9. Finance Committee- Kathi Pape, Chairperson
A. Finance 101 - Frank Corcoran, CEO, distributed a large blow up of the January income statement and 12-month income statement. He discussed gross revenue, deductions, net revenue, and total revenue. He then discussed total expenses and operational revenue and finished up with net income from operations and depreciation. In New Mexico in 2023, 19 hospitals broke even or made a small profit from operations, the other 40 hospitals did not. We are staying positive. Our focus will be to improve our contractuals and reimbursement amounts.

B. January Financial Report - Ming Huang, CFO, reported that at the end of January, we had 97 days cash on hand which is equal to $9,258,328. Accounts receivable net days were 31 and accounts payable days were 28. The net loss for January was ($503,788) versus a budget income of ($305,685).

Gross revenue for January was $5,538,569 or $143,278 more than budget. Patient days were 122, 5 more than December. RHC visits were 842, 1 more than December, and ER visits were 728, 27 more than December.

Revenue deductions for January were $3,023,455 or $328,388 more than budget. Other operating revenue was $229,241 and non-operating revenue was $354,985 including $167,348 of mil levy funds.

Operating expenses for January were $3,173,548, which is over budget by $141,726. Contract service expenses were over budget due to the productivity incentive of $100,000 for the surgery group. Other operating expenses included $37,500 for CRNA recruitment fees.

EBITDA for January was ($74,087) versus a budget of $111,566. Year to date EBITDA is $1,206,403 versus a budget of $773,767. The bond coverage ratio in January was 49% versus an expected ratio of 130%.

Bruce Swingle pointed out that we are starting to see the effects of the conversion from Athena to Cerner. Some data is not available as both systems are still in play. We expected and have anticipated this. Dropping revenue is not lost revenue, it is delayed revenue.

Kathi Pape motioned based on the recommendation of the Finance Committee acceptance of the January Financial report. Serina Bartoo seconded. Motion carried unanimously.

C. Equipment Sales - Ming Huang, CFO, stated that most of the equipment on this list is ER and OR equipment totaling $341,860. Some of the ortho equipment and supplies we can sell to AA Medical equipment for a total of $15,115. The rest will be submitted to the state for disposition with Board approval.

Kathi Pape motioned based on the recommendation of the Finance Committee, approval of the equipment disposition list. Serina Bartoo seconded. Motion carried unanimously.

10. Board Quality- Denise Addie, Chairperson

A. Med Staff –

1. Policy Review
   a. Form #F-953-01-048: SVH Controlled Substance Contract
   b. Policy #280-03-013: Transfusion, Blood, or Blood Products
   c. Form #F-280-03-013-1: Administration of Blood or Blood Products
   d. Form #F-280-03-013-1: Agreement for Administration of Blood or Blood Products
   e. Policy #184-01-117: Burn Care
   f. Policy #185-01-086: Scope of Services, Emergency Department

Denise Addie stated that Board Quality met on Monday and reviewed all above listed policies. She made a motion based on that meeting to recommend approval of all policies as presented. Greg D'Amour seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, reported that the priority of effort is continued recruitment. Year to date our hires and terminations remain steady and even. We are actively working on the CRNAs to come on board with us which will lower costs compared to what we were paying.

We are still looking for a psychiatrist and physical therapist.

There were five new hires and five terminations in January. Two termination s were involuntary and three were voluntary. Key vacancies include registered nurses and certified nurse assistants.

Key initiatives include engagement with Government Reps, capital outlay to build EMS and Rehab buildings and behavioral health service capability. The SOAR program has started and the kids currently in it are doing really well. The next group starts in July, and we are hoping that we can hire one or two from either group permanently. Contract and travel staff numbers have not changed since December.

B. Nursing Services - Sheila Adams, CNO, reported that patient care and safety always come first then Cerner. We have hired an LPN in the Infection Prevention/ Employee Health Department. Jamie Robillard and Trish Jankowski will be working on our nurse aid program for students or anyone in the community that wants to become a nurse aid.

Surgery numbers have been soft in February. We are double checking to make sure referrals are not lost in the system with the conversion.

We will have our first clinical rotation of student nurses this spring. This has not happened in a very long time.

C. Med Staff Report – *Dr. Seufer was not able to attend today's meeting.*

D. CEO Report - Frank Corcoran, CEO, stated that, as LJ mentioned, we continue to search for a psychiatrist. Olive Tree is partnering with a group that does med detox and we have been in talks with them too. We have added a third nurse practitioner, Nichelle Virgil, to behavioral health and Dr. Walker is our employed general surgeon.

The leak in the kitchen ceiling is being repaired. Once we find the right place, we will be installing a baby box with funds from a grant that we received. There are many requirements for the installation of the box including location, power, back up power and alarms.

We are talking with Arena Health to bring pulmonology services to the clinic. There is a 6-month wait to see a pulmonologist in Las Cruces or Albuquerque. Services would initially be half a day per week until we grow to a full day. There is also need for dermatology. Ovation did a perception survey of the community and dermatology was the number one need.

Cerner has been live for about three weeks, and we are finding what isn't working as well as learning the new system. There are lots of little kinks but overall, it's going well.

SB17 is a bill that would cost us about $900,000 per year and return to us about $7 million per year through a federal matching program. This bill has passed and is awaiting signature from the Governor. These funds will start coming to us in July 2025. This bill replaces HAP/TAP and DISH funds. SB 161 is for rural hospitals to cover indigent and sick patients in the ER and inpatients. This has a potential $2.7 million impact for us. SB 161 is a fix until SB17 kicks in. We requested $1.5 million in capital outlay, and we are on the Governor's list to receive those funds. Those funds will go to building EMS and Rehab facilities on the property.

Our med-malpractice carrier, Coveyers, is pulling out of the state. We are actively looking for another carrier.

Denim and Diamonds will be on April 20th. June 12 through the 14th is the New Mexico Hospital Association's strategic planning retreat and board member education.

Jim Paxon thanked and congratulated Frank on his work in Santa Fe. "You did us well!"

E. Governing Board - Bruce Swingle, Chairperson, gave a summary of the Ovation event in Austin, TX. The three greatest challenges and concerns for hospitals right now are workforce, finances, and behavioral health. Healthcare affordability now and in the future is also a concern.

SVH's board did receive bronze level certification in 2023.

Motion to Close Meeting:

Serina Bartoo motioned to close the meeting and move into Executive Session. Kathi Pape seconded.

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

Order of business to be determined by Chairperson:

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

A. Privileges — Frank Corcoran

RadPartners Initial:

Chukwusomnazu Nwanzem MD
David T. Pilkinton, MD
Daniel Todd Hankins, MD
Amy E. Benson, MD
Jared S. Isaacson, MD
Michael A. Pavio, MD
Elaina M. Zabak, MD

RadPartners Re-Appointment:

John C. Sandoz, MD

Termination:

Shannon L. Baublitz-Smith, LCSW

B. Board Member Matter — Bruce Swingle

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

A. Risk Report — Heather Johnson

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

A. Ovation Report to Board — Erika Sundrud
B. Novitium Energy Presentation — Jeremy Conner

Roll Call to Close Meeting:

Kathi Pape – Y	Shawnee Williams – Y	Bruce Swingle – Y
Greg D'Amour – Y	Denise Addie – Y	Katharine Elverum – Y
Serina Bartoo – Y		

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

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

A. Privileges

RadPartners Initial:

Chukwusomnazu Nwanzem MD
David T. Pilkinton, MD
Daniel Todd Hankins, MD
Amy E. Benson, MD
Jared S. Isaacson, MD
Michael A. Pavio, MD
Elaina M. Zabak, MD

RadPartners Re-Appointment:

John C. Sandoz, MD

Termination:

Shannon L. Baublitz-Smith, LCSW

Shawnee Williams motioned approval of all above listed privileges. Greg D'Amour seconded. Motion carried unanimously.

B. Board Member Matter

Greg D'Amour motioned to begin the initial censuring process on Denise Addie. Kathi Pape seconded. Motion carried unanimously.

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

A. Risk Report

No Action

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

A. Ovation Report to Board

No Action

B. Novitium Energy Presentation

No Action

14. Other

Note: Shawnee William texted Denise Addie so that she could join the open session following the closed session of the meeting. She did not re-join the meeting.

The next regular meeting will be held on Tuesday, March 19th at 12:00. Finance Committee will meet on Tuesday, March 19th at 10:30. Board Quality will meet on Monday, March 18th at 10:00.

Discussion was held regarding a joint meeting with the JPC.

15. Adjournment

Katharine Elverum motioned to adjourn. Greg D'Amour seconded. Motion carried unanimously.

SIERRA VISTA HOSPITAL AND CLINICS

Financial Analysis

February 29th, 2024

Days Cash on Hand for February 2024 are 90 ($8,601,693)

Accounts Receivable Net days are 33

Accounts Payable days are 23

Hospital Excess Revenue over Expense

The **Net Income** for the month of February was ($1,038,813) vs. a Budget Income of ($285,964).

Hospital Gross Revenue for February was $4,240,399 or $806,809 less than budget. Patient Days were 142 – 20 more than January, RHC visits were 814 – 28 less than January and ER visits were 670 – 58 less than January.

Revenue Deductions for February were $2,526,902 or $5,710 more than budget.

Other Operating Revenue was $283,130.

Non-Operating Revenue was $196,225.

Hospital Operating Expenses for February were $2,851,302 which were over budget by $15,082. Supplies expenses were under budget because of the conversion that we were not able to charge to departments. Contract Services expenses were over budget due to the productivity incentive of $125,000 for the surgery group.

EBITDA for February was ($656,551) vs. a Budget of $104,369. YTD EBITDA is $549,851 vs. a Budget of $878,136.

The Bond Coverage Ratio in February was -22% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
February 29, 2024

MONTH						BENCHMARK RANGE		YEAR TO DATE				
Actual 2/29/24	Budget 2/29/24	Variance to Budget	Prior Year 2/28/23	Variance to Prior Year	DESCRIPTION	QHR 75th	QHR 50th	Actual 2/29/24	Budget 2/29/24	Variance to Budget	Prior Year 02/28/23	Variance to Prior Year
					Growth							
					Net Patient Revenue Growth Rate	6%	5%	6%				
					Admissions							
20	22	(2)	28	(8)	Acute	601	348	197	176	21	176	21
3	6	(3)	5	(2)	Swing	68	49	23	48	(25)	54	(31)
23	**28**	**(5)**	**33**	**(10)**	**Total Admissions**	**669**	**396**	**220**	**224**	**(4)**	**230**	**(10)**
6.2	4.2	2.0	3.0	3.2	ALOS (acute and swing)	3.3	4.0	3.6	4.2	(1)	4.5	(0.86)
142	117	25	98	44	Patient Days (acute and swing)			794	936	(142)	1,029	(235)
	1,000	(1,000)	930	(930)	Outpatient Visits	36,373	20,971	6,000	8,000	(2,000)	7,690	(1,690)
814	751	63	697	117	Rural Health Clinic Visits	15,442	12,567	7,262	6,008	1,254	5,319	1,943
670	703	(33)	573	97	ER Visits	6,930	5,359	5,613	5,624	(11)	5,610	3
3%	3%	-0.1%	5%	-2%	ER Visits Conversion to Acute Admissions	10%	6%	4%	3%	0%	3%	0%
					Surgery Cases							
-	-	-	-	-	Inpatient Surgery Cases	173	83	4	-	4	0	4
9	-	9	-	9	Outpatient Surgery Cases	1,017	515	128	-	128	13	115
9	**-**	**9**	**-**	**9**	**Total Surgeries**	**1,190**	**598**	**132**	**-**	**132**	**13**	**119**
					Profitability							
-30%	15%	-45%	4%	-34%	EBITDA % Net Rev	7%	4%	2%	15%	-13%	9%	-6%
-47%	15%	-62%	-12%	-36%	Operating Margin %	2%	2%	-12%	15%	-27%	-7%	-5%
60%	46%	14%	46%	13%	Rev Ded % Net Rev	47%	50%	54%	46%	8%	52%	1%
13%	2%	11%	7%	6%	Bad Debt % Net Pt Rev	2%	6%	10%	2%	8%	8%	2%
90%			93%		Outpatient Revenue %	83%	78%	90%			93%	-3%
$ 18,437			$ 9,650	$8,787	Gross Patient Revenue/Adjusted Admission			$18,437			$ 9,650	$8,787
$ 7,458			$ 5,197	$2,261	Net Patient Revenue/Adjusted Admission			$7,458			$ 5,197	$2,261
60%	40%	20%	41%	19%	Salaries % Net Pt Rev	35%	40%	42%	40%	2%	41%	0%
11%	7%	4%	8%	4%	Benefits % Net Pt Rev	11%	12%	8%	7%	1%	8%	-1%
6%	8%	-2%	6%	0%	Supplies % Net Pt Rev	10%	13%	8%	8%	0%	7%	1%
					Cash and Liquidity							
90					Days Cash on Hand	236	106	90			134	(44)
53					A/R Days (Gross)	47	57	53			43	9
33					A/R Days (Net)	41	53	33			28	4
23					Days in AP	30	35	23			28	(5)
4.4					Current Ratio	4.3	2.6	4.4			7.1	(2.7)

Sierra Vista Hospital
STATISTICS by Month
February 29, 2024
(SUBJECT TO AUDIT)

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Admissions												
Acute					20	30	28	28	22	29	21	19
Swing					3	4	4	3	3	2	2	2
Total Admissions	-	-	-	-	**23**	**34**	**32**	**31**	**25**	**31**	**23**	**21**
ALOS (acute and swing)		#DIV/0!	#DIV/0!	#DIV/0!	6.2	3.6	3.7	3.1	4.2	3.0	2.3	3.2
Patient Days (acute and swing)					142	122	117	96	104	93	52	68
Outpatient Visits							1,131	836	913	1,112	872	1,136
Rural Health Clinic Visits					814	842	841	1,119	1,069	793	1,037	747
ER Visits					670	728	701	662	661	714	765	712
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3%	4%	4%	4%	3%	4%	3%	3%
Surgery Cases												
Inpatient Surgery Cases					-	-	-	-	1	2	1	-
Outpatient Surgery Cases					9	17	16	25	18	15	16	12
Total Surgeries	-	-	-	-	**9**	**17**	**16**	**25**	**19**	**17**	17	**12**
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-30%	-2%	5%	2%	10%	8%	16%	-1%
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-47%	-16%	-8%	-12%	-3%	-5%	3%	-18%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	60%	55%	54%	53%	49%	50%	53%	57%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	13%	9%	11%	10%	9%	10%	8%	10%
Outpatient Revenue %					90%	92%	92%	92%	94%	93%	97%	96%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 18,437	$ 13,032	$ 14,019	$ 13,383	$ 12,534	$ 12,272	$ 7,745	$ 9,808
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$ 7,458	$ 5,918	$ 6,462	$ 6,340	$ 6,436	$ 6,090	$ 3,656	$ 4,230
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	60%	44%	40%	39%	39%	37%	36%	46%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	11%	7%	7%	9%	6%	7%	7%	8%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6%	8%	7%	8%	15%	7%	6%	6%
Cash and Liquidity												
Days Cash on Hand	-	-	-	-	90	97	98	97	101	102	105	101
A/R Days (Gross)	-	-	-	-	53	48	49	48	45	40	38	40
A/R Days (Net)	-	-	-	-	33	31	33	30	29	23	20	22
Days in AP	-	-	-	-	23	28	27	21	23	29	23	24
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.4	4.4	4.8	5.7	5.5	5.7	6.7	6.9

Sierra Vista Hospital
TWELVE MONTH STATISTICS
February 29, 2024
(SUBJECT TO AUDIT)

Description	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023
Admissions												
Acute	20	30	28	28	22	29	21	19	21	22	23	18
Swing	3	4	4	3	3	2	2	2	8	5	5	5
Total Admissions	**23**	**34**	**32**	**31**	**25**	**31**	**23**	**21**	**29**	**27**	**28**	**23**
ALOS (acute and swing)	6.2	3.6	3.7	3.1	4.2	3.0	2.3	3.2	3.7	2.9	3.7	3.3
Patient Days (acute and swing)	142	122	117	96	104	93	52	68	108	78	103	76
Outpatient Visits	-	-	1,131	836	913	1,112	872	1,136	1,002	1,111	1,196	999
Rural Health Clinic Visits	814	842	841	1,119	1,069	793	1,037	747	941	899	747	934
ER Visits	670	728	701	662	661	714	765	712	639	755	720	716
ER Visits Conversion to Acute Admissions	3%	4%	4%	4%	3%	4%	3%	3%	3%	3%	3%	3%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	1	2	1	-	-	-	-	-
Outpatient Surgery Cases	9	17	16	25	18	15	16	12	21	18	17	18
Total Surgeries	**9**	**17**	**16**	**25**	**19**	**17**	**17**	**12**	**21**	**18**	**17**	**18**
Profitability												
EBITDA % Net Rev	-30%	-2%	5%	2%	10%	8%	16%	-1%	-13%	3%	-17%	3%
Operating Margin %	-47%	-16%	-8%	-12%	-3%	-5%	3%	-18%	-31.1%	-10.6%	-34.4%	-11.0%
Rev Ded % Net Rev	60%	55%	54%	53%	49%	50%	53%	57%	53%	54%	56%	49%
Bad Debt % Net Pt Rev	13%	9%	11%	10%	9%	10%	8%	10%	8.2%	2.7%	9.5%	6.8%
Outpatient Revenue %	90%	92%	92%	92%	94%	93%	97%	96%	93%	95%	94%	94%
Gross Patient Revenue/Adjusted Admission	$ 18,437	$ 13,032	$ 14,019	$ 13,383	$ 12,534	$ 12,272	$ 7,745	$ 9,808	$ 12,963	$ 11,645	$ 11,522	$ 13,845
Net Patient Revenue/Adjusted Admission	$ 7,458	$ 5,918	$ 6,462	$ 6,340	$ 6,436	$ 6,090	$ 3,656	$ 4,230	$ 6,098	$ 5,383	$ 5,016	$ 7,064
Salaries % Net Pt Rev	60%	44%	40%	39%	39%	37%	36%	46%	39%	36%	42%	37%
Benefits % Net Pt Rev	11%	7%	7%	9%	6%	7%	7%	8%	19%	6%	10%	9%
Supplies % Net Pt Rev	6%	8%	7%	8%	15%	7%	6%	6%	7%	5%	7%	7%
Cash and Liquidity												
Days Cash on Hand	90	97	98	97	101	102	105	101	121	129	125	135
A/R Days (Gross)	53	48	49	48	45	40	38	40	43	43	39	37
A/R Days (Net)	33	31	33	30	29	23	20	22	25	25	25	23
Days in AP	23	28	27	21	23	29	23	24	25	28	20	25
Current Ratio	4.4	4.4	4.8	5.7	5.5	5.7	6.7	6.9	4.3	4.5	5.2	5.4

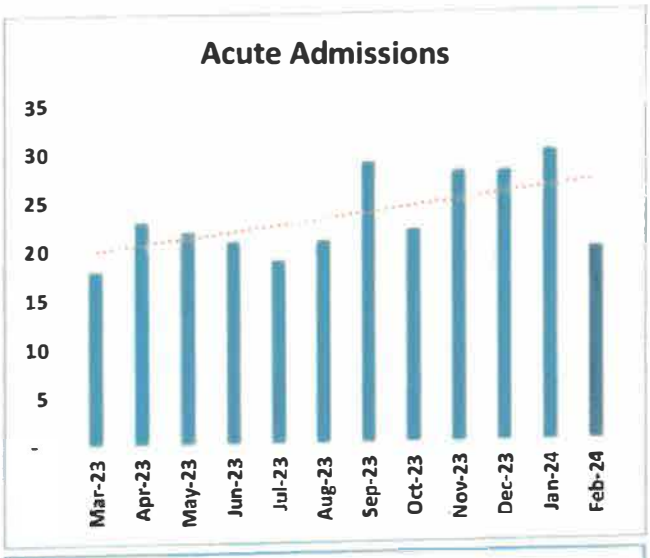
Sierra Vista Hospital
Detailed Stats by Month
2/29/2024
(SUBJECT TO AUDIT)

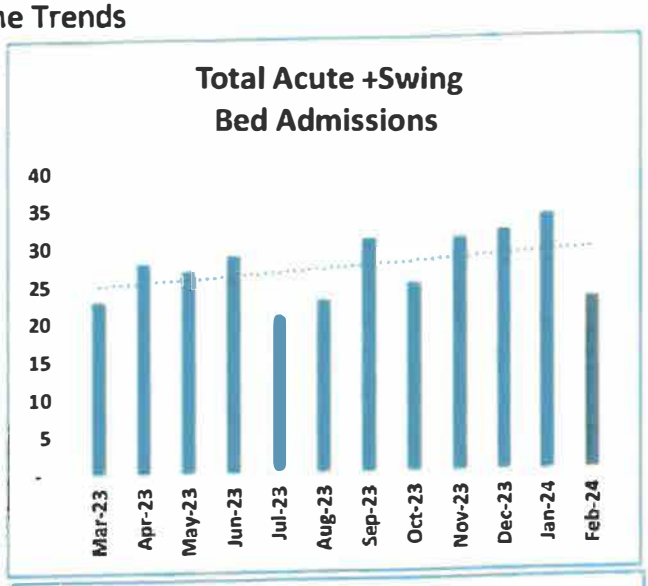
	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Description														
Total Acute Patient Days	565	71					87	64	97	84	70	80	37	46
Total Swingbed Patient Days	229	29					55	58	20	12	34	13	15	22
Total Acute Hours (based on Disch Hrs)	16,412	2,052	-		-	-	2,350	2,385	2,508	2,543	1,619	2,602	949	1,456
TOTAL ACUTE														
Patient Days	565	71					87	64	97	84	70	80	37	46
Admits	197	25					20	30	28	28	22	29	21	19
Discharges	197	25					17	33	28	29	18	32	18	22
Discharge Hours	16,412	2,052					2,350	2,385	2,508	2,543	1,619	2,602	949	1,456
Avg LOS	2.9	2.9	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	5.1	1.9	3.5	2.9	3.9	2.5	2.1	2.1
Medicare Acute														
Patient Days	464	58					80	49	64	65	60	73	33	40
Admits	150	19					15	21	19	19	18	26	17	15
Discharges	151	19					13	23	19	21	14	28	15	18
Discharge Hours	13,094	1,637					1,900	1,791	1,675	2,008	1,321	2,305	818	1,276
Avg LOS	3.1	3.1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	6.2	2.1	3.4	3.1	4.3	2.6	2.2	2.2
SWING - ALL (Medicare/Other)														
Patient Days	229	29					55	58	20	12	34	13	15	22
Admits	23	3					3	4	4	3	3	2	2	2
Discharges	26	3					3	5	5	1	4	2	2	4
Discharge Hours	5,143	643					667	1,447	795	44	868	338	474	510
Avg LOS	8.8	8.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	18.3	11.6	4.0	12.0	8.5	6.5	7.5	5.5
Observations														
Patient Days	309	39					34	26	74	25	31	21	72	26
Admits	179	22					19	16	30	22	21	20	29	22
Discharge Hours	6,882	860					934	730	859	634	828	1096	1186	615
Emergency Room														
Total ER Patients	5,613	702					670	728	701	662	661	714	765	712
Admitted	107	13					11	16	19	14	8	18	9	12
Transferred	480	60					64	79	62	57	53	47	64	54
Ambulance														
Total ALS/BLS runs	2,711	339					315	376	369	374	296	329	319	333
911 Calls	2,064	258					228	280	268	301	231	260	241	255
Transfers	647	81					87	96	101	73	65	69	78	78
OP Registrations	6,000	750							1,131	836	913	1,112	872	1,136
Vaccine Clinic	504	63							59	81	78	86	102	98
Rural Health Clinic														
Total RHC Visits	7,262	908					814	842	841	1,119	1,069	793	1,037	747
Avg Visits per day	352	44					41	42	42	59	47	40	47	34
Walk-In Clinic	939	117					148	141	199	179	159	113		-
Behavioral Health														
Patients Seen	1,824	228					207	190	189	213	166	264	275	320

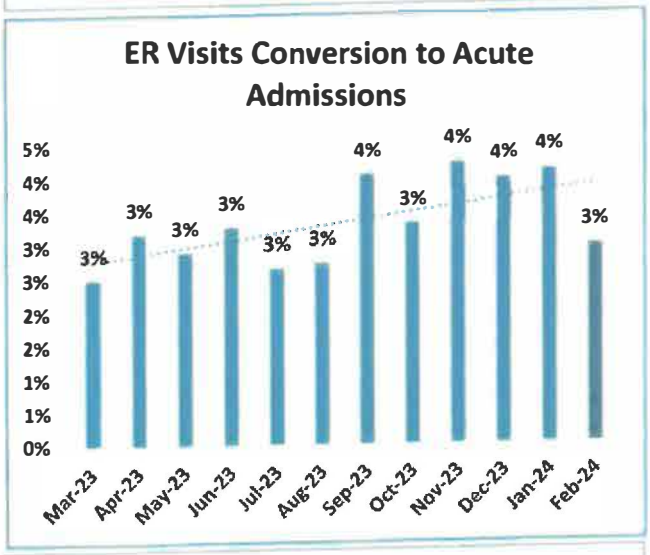
Sierra Vista Hospital
Detailed Stats by Month
2/29/2024
(SUBJECT TO AUDIT)

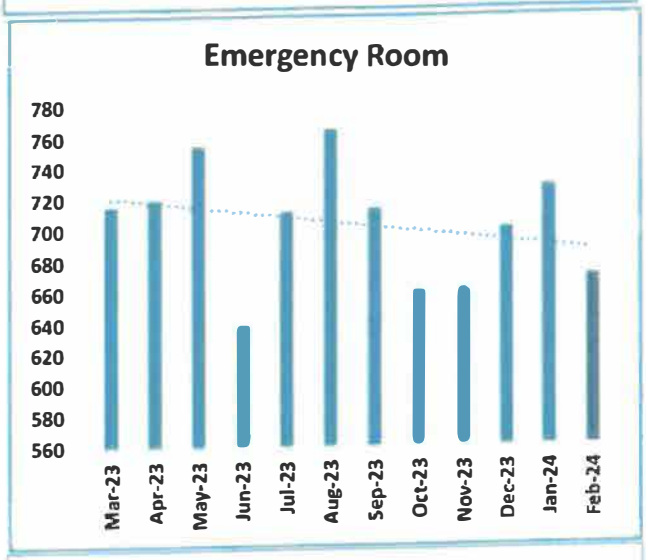
	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Dietary														
Inpatient Meals	5,994	749					846	915	895	725	777	708	637	491
Outpatient Meals	600	75					74	83	67	106	80	59	69	62
Cafeteria Meals	42,216	5,277					4,992	5,276	5,076	5,123	5,611	5,319	5,536	5,283
Functions	3,167	396					361	564	512	369	383	372	385	221
Laboratory														
In-house Testing	132,634	16,579						19,548	19,088	18,482	19,504	18,884	19,139	17,989
Sent Out Testing	5,946	743						955	890	808	903	837	754	799
Drugscreens	136	17						11	12	19	19	24	32	19
Physical Therapy														
PT Visits	1,252	157						221	154	179	158	170	175	195
Tx Units	4,631	579						807	571	656	566	620	671	740
Outpatient	271	34						39	38	38	34	40	42	40
Inpatient	175	22						20	26	37	25	25	20	22
Radiology														
X-Ray Patients	3,547	443					447	455	462	440	434	446	440	423
CT Patients	2,967	371					316	394	352	364	358	391	430	362
Ultrasound Patients	992	124					117	158	170	87	101	79	97	183
Mammogram Patients	375	47					42	56	46	49	60	32	47	43
MRI Patients	404	51					46	61	42	47	46	57	58	47
Nuclear Medicine Patients	40	5					1	5	3	6	4	3	8	10
DEXA	139	17					8	19	13	18	18	14	25	24
Surgery														
Surgical Procedures - OR	135	17					9	17	10	28	19	17	18	17
GI Lab Scopes	83	10					6	16	2	18	15	12	14	-
Major Surgery	6	1					-	-	-	-	4	2	-	-
Minor Surgery Under TIVA/Sedation	28	4					3	1	5	10	2	3	4	-
Inpatient Procedures	4	1					-	-	-	-	1	2	1	-
Outpatient Procedures	128	16					9	17	16	25	18	15	16	12
Sleep Study														
Home Testing	13	2					-		1	2	4	4	1	1
Inhouse	34	4					3	3	9	5	6	4	4	-

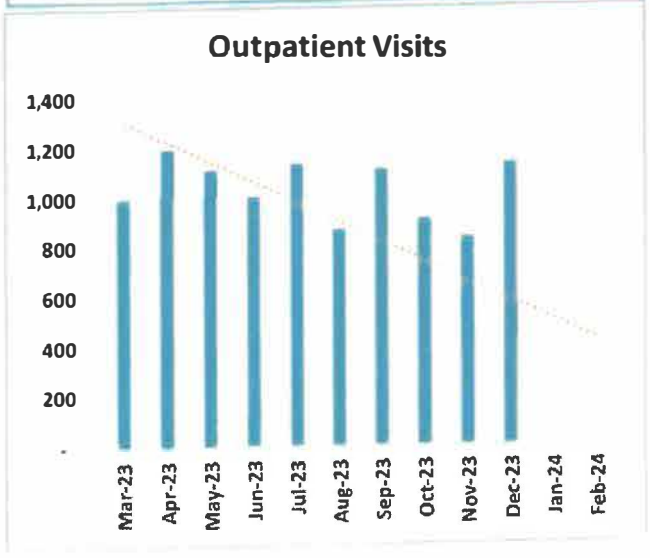
Volume Trends

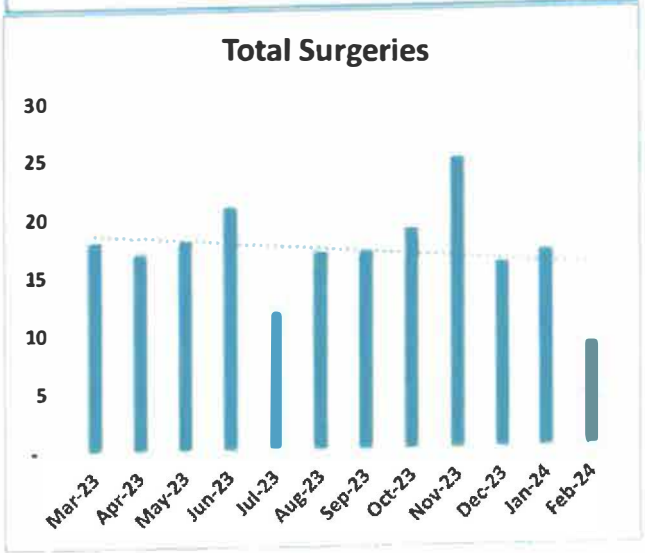












Sierra Vista Hospital
INCOME STATEMENT
February 29, 2024

MONTH						YEAR TO DATE					
Actual 2/29/24	Budget 2/29/24	Variance to Budget	Prior Year 2/28/23	Variance to Prior Year	DESCRIPTION	Actual 2/29/24	Budget 2/29/24	Variance to Budget	Prior Year 2/28/23	Variance to Prior Year
$ 4,240,399	$ 5,047,207	$ (806,809)	$ 4,549,211	($308,812)	**Gross Patient Revenue**	$ 42,316,961	$ 42,466,159	$ (149,197)	$ 38,673,702	$3,643,259
					Revenue Deductions					
$ 2,107,232	2,223,862	(116,630)	1,814,723	$292,508	Contractual Allowances	19,490,370	18,711,111	779,259	17,734,349	$1,756,021
$ 267,486	200,706	66,780	188,500	$78,985	Bad Debt	2,227,873	1,688,699	539,174	1,669,778	$558,095
$ 152,185	96,625	55,560	97,226	$54,959	Other Deductions	946,908	812,981	133,927	807,122	139,786
$ 2,526,902	$ 2,521,192	$ 5,710	$ 2,100,450	$ 426,452	**Total Revenue Deductions**	$ 22,665,151	$ 21,212,791	$ 1,452,360	$ 20,211,249	$ 2,453,902
$ 1,899	1,905	(6)	1,472	$428	Other Patient Revenue	22,498	16,028	6,470	19,875	2,623
$ 1,715,396	$ 2,527,920	$ (812,524)	$2,450,232	($734,837)	**Net Patient Revenue**	$ 19,674,307	$ 21,269,396	$ (1,595,088)	$ 18,482,328	$ 1,191,980
40%	50%	(10%)	54%	(13%)	**Gross to Net %**	46%	50%	(4%)	48%	(1%)
$ 283,130	234,307	48,823	143,649	$139,481	Other Operating Revenue	2,038,039	1,971,407	66,631	1,414,376	623,663
$ 196,225	178,362	17,863	114,504	$81,721	Non-Operating Revenue	1,979,959	1,500,704	479,255	1,248,504	731,455
$ 2,194,750	$ 2,940,589	$ (745,839)	$ 2,708,386	$ (513,635)	**Total Operating Revenue**	$ 23,692,305	$ 24,741,507	$ (1,049,202)	$ 21,145,208	2,547,097
					Expenses					
$ 1,256,661	$1,241,635	$15,026	$1,208,507	$48,154	**Salaries & Benefits**	$9,929,060	$10,446,857	(517,797)	$9,362,214	$566,846
$ 1,034,276	1,026,487	7,789	1,005,741	28,535	Salaries	8,222,937	8,636,650	(413,713)	7,666,289	556,648
$ 191,366	193,965	(2,599)	185,073	6,292	Benefits	1,509,169	1,631,982	(122,813)	1,521,975	(12,807)
$ 31,019	21,183	9,836	17,692	13,327	Other Salary & Benefit Expense	196,954	178,226	18,728	173,950	23,004
$ 99,180	190,505	(91,325)	145,574	(46,394)	Supplies	1,577,367	1,602,870	(25,504)	1,243,050	$334,317
$ 1,106,058	942,571	163,486	824,458	281,600	Contract Services	8,054,728	7,930,601	124,127	5,493,761	$2,560,967
$ 177,735	171,944	5,791	177,452	283	Professional Fees	1,457,838	1,446,700	11,137	1,443,086	$14,751
$ 11,355	8,647	2,708	10,606	749	Leases/Rentals	113,191	72,752	40,439	70,939	$42,252
$ 36,049	36,578	(529)	32,531	3,518	Utilities	413,645	307,760	105,885	304,993	$108,651
$ 49,461	60,767	(11,306)	86,468	(37,007)	Repairs / Maintenance	578,510	511,284	67,226	454,718	$123,792
$ 90,569	81,361	9,209	79,176	11,394	Insurance	669,095	684,553	(15,457)	591,473	$77,622
$ 24,234	102,213	(77,978)	41,476	($17,241)	Other Operating Expenses	349,022	859,995	(510,973)	321,837	$27,184
$2,851,302	$2,836,220	$15,082	2,606,248	$245,054	**Total Operating Expenses**	$23,142,454	$23,863,371	($720,917)	$19,286,071	$3,856,383
($656,551)	$104,369	($760,920)	$102,138	($758,689.20)	**EBITDA**	$549,851	$878,136	($328,285)	$1,859,137	($1,309,286)
(30%)	4%	(33%)	4%	(34%)	**EBITDA Margin**	2%	4%	(1%)	9%	(6%)
					Non - Operating Expenses					
$ 274,022	$272,303	$1,719	$286,443	($12,421)	Depreciation and Amortization	2,326,290	$2,291,103	35,187	$2,283,052	$43,239
$ 74,936	70,295	$4,641	75,095	($159)	Interest	594,503	591,448	3,055	$588,874	$5,630
$ 33,304	47,734	($14,430)	53,165	($19,861)	Tax/Other	406,337	401,622	4,714	$379,992	$26,345
$382,262	$390,332	($8,071)	$414,702	($32,441)	**Total Non Operating Expense**	$3,327,130	$3,284,174	$42,956	$3,251,917	$75,213
($1,038,813)	($285,964)	($752,849)	($312,564)	($726,249)	**NET INCOME (LOSS)**	($2,777,279)	($2,406,038)	($371,241)	($1,392,780)	($1,384,499)
(47%)	(10%)	(38%)	(12%)	(36%)	**Net Income Margin**	(12%)	(10%)	(2%)	(7%)	(5%)

Sierra Vista Hospital
INCOME STATEMENT by Month
February 29, 2024

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Revenues												
Gross Patient Revenue					$ 4,240,399	$ 5,538,569	$ 5,607,692	$ 5,186,012	$ 5,222,493	$ 5,434,928	$ 5,937,549	$ 5,149,321
Revenue Deductions												
Contractual Allowances					2,107,232	2,631,191	2,568,110	2,367,421	2,016,948	2,388,517	2,800,771	2,610,179
Bad Debt					267,486	262,860	334,838	282,315	276,140	313,140	251,113	239,981
Other Deductions					152,185	129,404	120,046	84,881	247,890	38,828	92,221	81,452
Total Revenue Deductions	$ -	$ -	$ -	$ -	$ 2,526,902	$ 3,023,455	$ 3,022,995	$ 2,734,617	$ 2,540,978	$ 2,740,486	$ 3,144,106	$ 2,931,613
Other Patient Revenue					1,899	122	200	5,332	217	2,420	9,278	3,030
Net Patient Revenue	$ -	$ -	$ -	$ -	$ 1,715,396	$ 2,515,235	$ 2,584,897	$ 2,456,727	$ 2,681,731	$ 2,696,862	$ 2,802,721	$ 2,220,738
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	40%	45%	46%	47%	51%	50%	47%	43%
Other Operating Revenue					283,130	229,241	212,676	211,662	575,484	170,261	206,464	149,121
Non-Operating Revenue					196,225	354,985	504,477	177,102	173,683	201,679	199,315	172,494
Total Operating Revenue	$ -	$ -	$ -	$ -	$ 2,194,750	$ 3,099,461	$ 3,302,050	$ 2,845,491	$ 3,430,898	$ 3,068,803	$ 3,208,500	$ 2,542,353
Expenses												
Salaries & Benefits	$0	$0	$0	$0	$1,256,661	$1,319,351	$1,236,827	$1,196,782	$1,244,935	$1,228,153	$1,228,723	$1,217,628
Salaries					1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,016,209
Benefits					191,366	181,278	173,232	213,386	157,893	201,610	204,408	185,996
Other Salary & Benefit Expense					31,019	22,213	27,830	31,808	30,890	19,076	18,695	15,424
Supplies					99,180	202,691	184,005	185,034	412,362	195,362	169,487	129,245
Contract Services					1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494
Professional Fees					177,735	187,317	181,410	181,459	183,410	181,459	183,201	181,846
Leases/Rentals					11,355	6,116	5,880	7,305	5,952	13,275	38,504	24,804
Utilities					36,049	58,300	55,264	46,973	45,686	56,201	66,553	48,620
Repairs / Maintenance					49,461	82,734	75,830	73,960	103,070	64,352	56,822	72,280
Insurance					90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136
Other Operating Expenses					24,234	77,061	62,961	55,363	35,375	34,383	35,917	23,728
Total Operating Expenses	$0	$0	$0	$0	$2,851,302	$3,173,548	$3,130,349	$2,785,412	$3,093,428	$2,822,061	$2,706,574	$2,579,781
EBITDA	$0	$0	$0	$0	($656,551)	($74,087)	$171,700	$60,079	$337,470	$246,741	$501,926	($37,428)
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-30%	-2%	5%	2%	10%	8%	16%	-1%
Non - Operating Expenses												
Depreciation and Amortization					$274,022	$291,365	$296,249	$287,219	$325,263	$281,177	$286,623	$284,371
Interest					74,936	73,766	73,785	75,137	73,823	74,647	75,119	73,290
Tax/Other					33,304	64,570	52,019	53,053	42,236	51,511	57,882	51,763
Total Non Operating Expenses	$0	$0	$0	$0	$382,262	$429,701	$422,053	$415,409	$441,322	$407,335	$419,625	$409,424
NET INCOME (LOSS)	$0	$0	$0	$0	($1,038,813)	($503,788)	($250,353)	($355,329)	($103,852)	($160,594)	$82,302	($446,852)
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-47%	-16%	-8%	-12%	-3%	-5%	3%	-18%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
February 29, 2024

Description	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023
Revenues												
Gross Patient Revenue	$ 4,240,399	$ 5,538,569	$ 5,607,692	$ 5,186,012	$ 5,222,493	$ 5,434,928	$ 5,937,549	$ 5,149,321	$ 5,370,369	$ 6,288,038	$ 5,376,911	$ 5,307,092
Revenue Deductions												
Contractual Allowances	2,107,232	2,631,191	2,568,110	2,367,421	2,016,948	2,388,517	2,800,771	2,610,179	2,336,509	3,151,993	2,695,301	2,289,972
Bad Debt	267,486	262,860	334,838	282,315	276,140	313,140	251,113	239,981	226,311	80,846	244,607	196,488
Other Deductions	152,185	129,404	120,046	84,881	247,890	38,828	92,221	81,452	80,618	167,255	96,442	112,703
Total Revenue Deductions	$ 2,526,902	$ 3,023,455	$ 3,022,995	$ 2,734,617	$ 2,540,978	$ 2,740,486	$ 3,144,106	$ 2,931,613	$ 2,643,438	$ 3,400,094	$ 3,036,350	$ 2,599,163
Other Patient Revenue	1,899	122	200	5,332	217	2,420	9,278	3,030	3,827	18,824	154	6
Net Patient Revenue	$ 1,715,396	$ 2,515,235	$ 2,584,897	$ 2,456,727	$ 2,681,731	$ 2,696,862	$ 2,802,721	$ 2,220,738	$ 2,730,758	$ 2,906,768	$ 2,340,716	$ 2,707,935
Gross to Net %	40%	45%	46%	47%	51%	50%	47%	43%	51%	46%	44%	51%
Other Operating Revenue	283,130	229,241	212,676	211,662	575,484	170,261	206,464	149,121	(316,557)	48,929	24,907	191,665
Non-Operating Revenue	196,225	354,985	504,477	177,102	173,683	201,679	199,315	172,494	193,034	116,886	57,418	123,230
Total Operating Revenue	$ 2,194,750	$ 3,099,461	$ 3,302,050	$ 2,845,491	$ 3,430,898	$ 3,068,803	$ 3,208,500	$ 2,542,353	$ 2,607,235	$ 3,072,583	$ 2,423,040	$ 3,022,830
Expenses												
Salaries & Benefits	**1,256,661**	**1,319,351**	**1,236,827**	**1,196,782**	**1,244,935**	**1,228,153**	**1,228,723**	**1,217,628**	**1,522,451**	**1,254,038**	**1,244,453**	**1,267,204**
Salaries	1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,016,209	993,810	1,034,473	989,714	1,007,694
Benefits	191,366	181,278	173,232	213,386	157,893	201,610	204,408	185,996	503,276	186,135	229,716	231,654
Other Salary & Benefit Expense	31,019	22,213	27,830	31,808	30,890	19,076	18,695	15,424	25,366	33,431	25,023	27,856
Supplies	99,180	202,691	184,005	185,034	412,362	195,362	169,487	129,245	240,382	144,630	153,123	176,654
Contract Services	1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	793,494	901,427	1,138,421	908,444	1,079,524
Professional Fees	177,735	187,317	181,410	181,459	183,410	181,459	183,201	181,846	181,669	181,847	181,668	183,621
Leases/Rentals	11,355	6,116	5,880	7,305	5,952	13,275	38,504	24,804	25,128	24,485	10,500	8,286
Utilities	36,049	58,300	55,264	46,973	45,686	56,201	66,553	48,620	41,833	40,994	36,232	33,977
Repairs / Maintenance	49,461	82,734	75,830	73,960	103,070	64,352	56,822	72,280	71,619	77,231	85,760	65,840
Insurance	90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136	76,543	76,907	77,715	76,878
Other Operating Expenses	24,234	77,061	62,961	55,363	35,375	34,383	35,917	23,728	40,716	32,453	135,503	30,130
Total Operating Expenses	**$2,851,302**	**$3,173,548**	**$3,130,349**	**$2,785,412**	**$3,093,428**	**$2,822,061**	**$2,706,574**	**$2,579,781**	**$3,101,768**	**$2,971,006**	**$2,833,397**	**$2,922,115**
EBITDA	**($656,551)**	**($74,087)**	**$171,700**	**$60,079**	**$337,470**	**$246,741**	**$501,926**	**($37,428)**	**($494,533)**	**$101,577**	**($410,357)**	**$100,715**
EBITDA Margin	**-30%**	**-2%**	**5%**	**2%**	**10%**	**8%**	**16%**	**-1%**	**-19.0%**	**3%**	**-17%**	**3%**
Non - Operating Expenses												
Depreciation and Amortization	274,022	291,365	296,249	287,219	325,263	281,177	286,623	284,371	352,158	294,248	294,081	286,746
Interest	74,936	73,766	73,785	75,137	73,823	74,647	75,119	73,290	135,720	74,926	73,320	77,117
Tax/Other	33,304	64,570	52,019	53,053	42,236	51,511	57,882	51,763	56,769	56,598	55,636	69,921
Total Non Operating Expenses	**$382,262**	**$429,701**	**$422,053**	**$415,409**	**$441,322**	**$407,335**	**$419,625**	**$409,424**	**$544,646**	**$425,772**	**$423,037**	**$433,785**
NET INCOME (LOSS)	**($1,038,813)**	**($503,788)**	**($250,353)**	**($355,329)**	**($103,852)**	**($160,594)**	**$82,302**	**($446,852)**	**($1,039,179)**	**($324,195)**	**($833,394)**	**($333,070)**
Net Income Margin	**(47%)**	**(16%)**	**(8%)**	**(12%)**	**(3%)**	**(5%)**	**3%**	**(18%)**	**(39.9%)**	**(11%)**	**(34%)**	**(11%)**

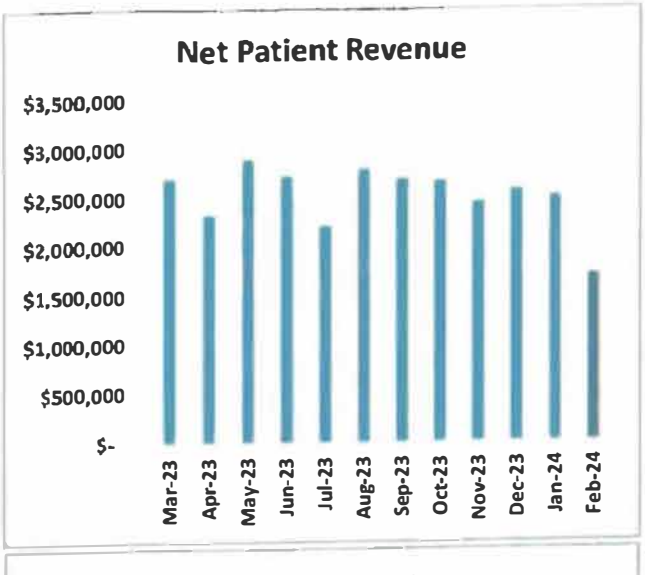
Sierra Vista Hospital
BALANCE SHEET
February 29, 2024

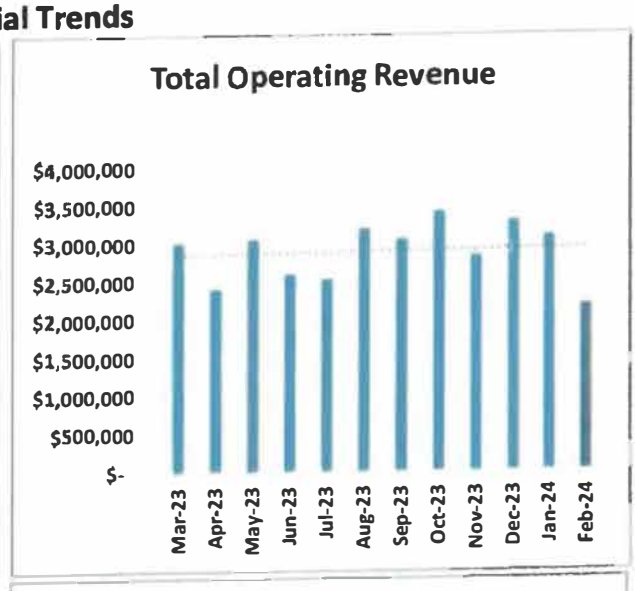
February 29, 2024 (Unaudited)	DESCRIPTION	June 30, 2023
	Assets	
	Current Assets	
$ 8,478,291	Cash and Liquid Capital	$ 10,246,815
$ 123,402	US Bank Clearing	$ 98,103
$ 8,601,693	**Total Cash**	**$ 10,348,345**
$ 9,182,052	Accounts Receivable - Gross	$ 7,263,177
$ 6,523,017	Contractual Allowance	$ 5,240,610
$ 2,659,035	**Total Accounts Receivable, Net of Allowance**	**$ 2,022,567**
$ 1,121,561	Other Receivables	$ 960,302
$ 562,463	Inventory	$ 436,861
$ 364,966	Prepaid Expense	$ 74,946
$ 13,309,719	**Total Current Assets**	**$ 13,839,594**
	Long Term Assets	
$ 54,149,228	Fixed Assets	$ 55,003,729
$ 19,053,393	Accumulated Depreciation	$ 17,995,002
$ -	Construction in Progress	$ -
$ 35,095,835	**Total Fixed Assets, Net of Depreciation**	**$ 37,003,829**
$ 35,095,835	**Total Long Term Assets**	**$ 37,003,829**
$ 2,863,239	**New Hospital Loan**	**$ 2,018,590**
$ 51,268,792	**Total Assets**	**$ 52,862,013**
	Liabilities & Equity	
	Current Liabilities	
$ 1,276,130	Account Payable	$ 1,213,024
$ 759,686	Interest Payable	$ 144,504
$ 32,804	Accrued Taxes	$ 52,244
$ 824,159	Accrued Payroll and Related	$ 1,104,431
$ 150,000	Cost Report Settlement	$ (235,000)
$ 3,042,779	**Total Current Liabilities**	**$ 2,279,202**
	Long term Liabilities	
$ 24,725,106	Long Term Notes Payable	$ 24,756,827
$ 24,725,106	**Total Long Term Liabilities**	**$ 24,756,827**
$ 915,703	**Unapplied Liabilities**	**$ 386,523**
$ 254,209	**Capital Equipment Lease**	**$ 331,184**
$ 28,937,797	**Total Liabilites**	**$ 27,753,736**
$ 25,108,277	**Retained Earnings**	**$ 26,147,456**
$ (2,777,282)	**Net Income**	**$ (1,039,179)**
$ 51,268,792	**Total Liabilities and Equity**	**$ 52,862,013**

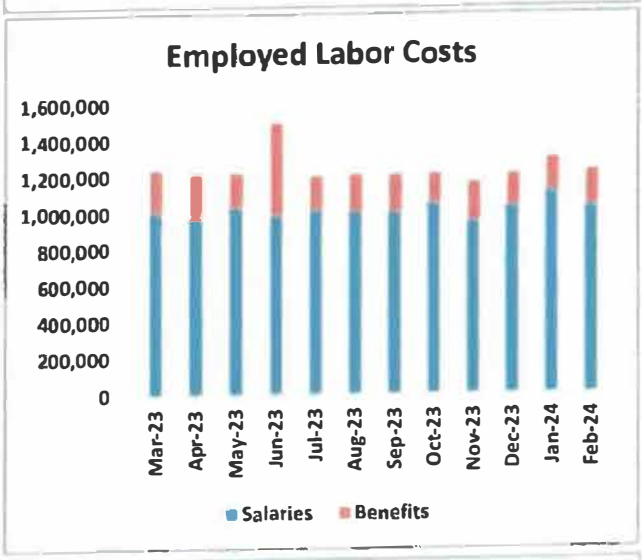
Sierra Vista Hospital
BALANCE SHEET by Month
February 29, 2024

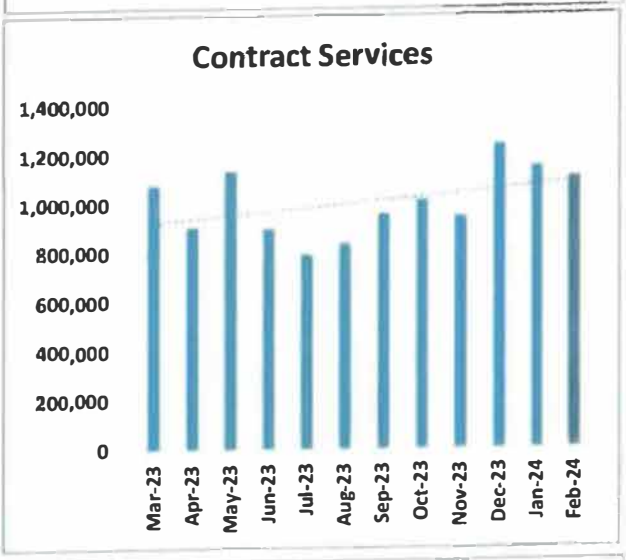
	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
Assets												
Current Assets												
Cash and Liquid Capital					8,478,291	9,011,826	9,065,658	8,781,884	9,283,253	9,018,432	9,088,598	8,814,096
US Bank Clearing					123,402	246,502	113,665	239,352	98,854	167,145	206,091	189,137
Total Cash	$0	$0	$0	$0	$8,601,693	$9,258,328	$9,179,324	$9,021,236	$9,382,107	$9,185,577	$9,294,689	$9,003,233
Accounts Receivable - Gross					9,182,052	8,665,549	8,812,027	8,576,599	8,051,189	7,277,291	7,050,448	7,173,889
Contractual Allowance					6,523,017	6,024,493	6,020,980	6,043,644	5,523,938	5,271,905	5,380,258	5,496,707
Total Accounts Receivable, Net of Allowance	$ -	$ -	$ -	$ -	$ 2,659,035	$ 2,641,056	$ 2,791,047	$ 2,532,955	$ 2,527,251	$ 2,005,386	$ 1,670,190	$ 1,677,182
Other Receivables					1,121,561	1,345,557	1,159,284	1,116,408	1,009,246	1,541,978	1,376,084	1,113,914
Inventory					562,463	444,184	455,909	452,192	455,096	458,005	458,248	466,260
Prepaid Expense					364,966	464,464	539,757	572,397	673,023	737,994	837,451	861,579
Total Current Assets	$0	$0	$0	$0	$13,309,719	$14,153,589	$14,125,320	$13,695,188	$14,046,723	$13,928,939	$13,636,661	$13,122,168
Long Term Assets												
Fixed Assets					54,149,228	54,142,557	54,117,912	55,290,258	55,253,629	55,191,824	55,069,696	55,069,696
Accumulated Depreciation					19,053,393	18,779,371	18,488,006	19,464,554	19,177,335	18,852,072	18,570,895	18,284,271
Total Fixed Assets, Net of Depreciation					35,095,835	35,363,186	35,629,906	35,825,704	36,076,294	36,339,752	36,498,801	36,785,425
Total Long Term Assets	$ -	$ -	$ -	$ -	$ 35,095,835	$ 35,363,186	$ 35,629,906	$ 35,825,704	$ 36,076,294	$ 36,339,752	$ 36,498,801	$36,785,425
New Hospital Loan					$ 2,863,239	$ 2,743,432	$ 2,623,120	$ 2,504,097	$ 2,384,413	$ 2,264,783	$ 2,144,494	$ 2,141,206
Total Assets	$ -	$ -	$ -	$ -	$ 51,268,792	$ 52,260,207	$ 52,378,346	$ 52,024,989	$ 52,507,430	$ 52,533,475	$ 52,279,956	$ 52,048,799
Liabilities & Equity												
Current Liabilities												
Account Payable					1,276,130	1,522,379	1,434,567	1,100,656	1,218,715	1,432,808	1,102,481	1,144,254
Interest Payable					759,686	682,789	605,891	528,993	452,095	375,197	298,299	221,402
Accrued Taxes					32,804	55,019	50,058	50,367	40,326	50,201	54,176	50,464
Accrued Payroll and Related					824,159	812,714	681,275	965,152	1,059,893	800,596	821,798	718,994
Cost Report Settlement					150,000	150,000	150,000	(235,000)	(235,000)	(235,000)	(235,000)	(235,000)
Total Current Liabilities	$0	$0	$0	$0	$3,042,779	$3,222,899	$2,921,791	$2,410,168	$2,536,029	$2,423,803	$2,041,755	$1,900,113
Long term Liabilities												
Long Term Notes Payable					24,725,106	24,729,071	24,733,036	24,737,001	24,740,967	24,744,932	24,748,897	24,752,862
Total Long Term Liabilities	$0	$0	$0	$0	$24,725,106	$24,729,071	$24,733,036	$24,737,001	$24,740,967	$24,744,932	$24,748,897	$24,752,862
Unapplied Liabilities					915,703	663,810	571,979	472,622	449,702	476,889	435,728	405,055
Capital Equipment Lease					254,209	274,616	277,941	281,246	301,452	304,719	309,850	329,344
Total Liabilites	$0	$0	$0	$0	$28,937,797	$28,890,396	$28,504,747	$27,901,038	$28,028,150	$27,950,342	$27,536,231	$27,387,374
Retained Earnings					$25,108,277	$25,108,277	$25,108,277	$25,108,277	$25,108,277	$25,108,277	$25,108,277	$25,108,277
Net Income					($2,777,282)	($1,738,466)	($1,234,678)	($984,325)	($628,996)	($525,144)	($364,551)	($446,852)
Total Liabilities and Equity	$0	$0	$0	$0	$51,268,792	$52,260,207	$52,378,346	$52,024,989	$52,507,430	$52,533,475	$52,279,956	$52,048,799

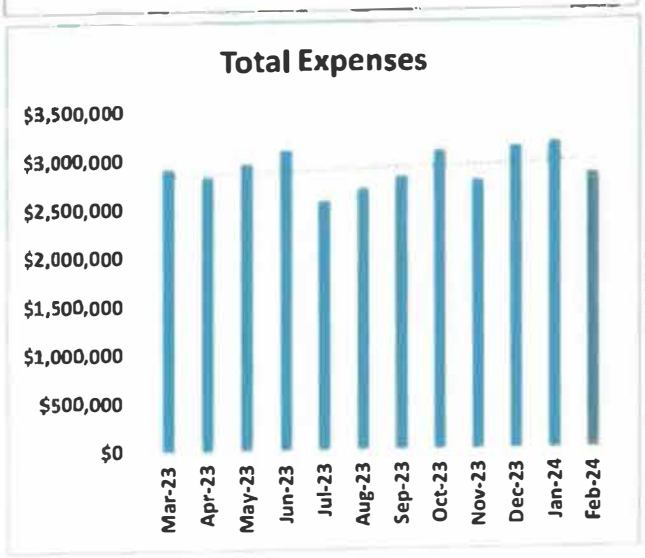
Financial Trends

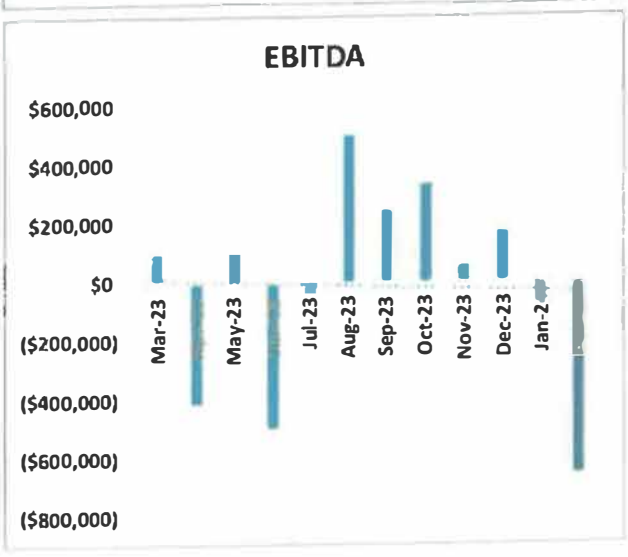












FC 17

Sierra Vista Hospital
2/29/2024
Reserves

	2/29/2024	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
Total Liability	(150,000)	

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

DEPARTMENT:

Original Policy Date:

SUBJECT: Facility Reporting

Review: **2024** SFA **2024** _____ **2025** _____

Last Revised: March 2024

APPROVED BY: Medical Staff & Governing Board

Manager: Sheila F. Adams, MSN, MHA

SCOPE:
All Sierra Vista Hospital staff.

PURPOSE:
The purpose of this policy is to provide all staff of Sierra Vista Hospital with information about the current ANE (Abuse, Neglect and Exploitation) reporting regulations and potential consequences associated with non-reporting.

POLICY:
Sierra Vista Hospital has a duty to report and will report abuse, neglect or exploitation, injuries of unknown origin, other reportable incidents as outlined in NMAC 7.7.13.

DEFINITION(S):
Abuse is knowingly, intentionally and without justifiable cause inflicting physical pain, injury, or mental anguish, including sexual abuse and verbal abuse. Intentional deprivation by a caretaker or other person of services necessary to maintain the mental and physical health of a person.

Complaint is any report, assertion, or allegation of abuse, neglect, or exploitation of injuries of unknown origin, to a consumer, made by a reporter to the incident management system, and includes any reportable incident that a licensed health care facility is required to report under applicable law.

Exploitation is the unjust or improper use of a person's money or property for another person's profit or advantage, financial or otherwise.

Incident Management System means the written policies and procedures adopted or developed by the licensed health facility for reporting abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents.

ISP is a consumer's individual service plan.

Neglect is the failure of the caretaker to provide basic needs of a person, such as clothing, food, shelter, supervision, and care for the physical and mental health of that person. Neglect causes or is likely to cause harm to a person.

Reportable Incidents include, possible abuse, neglect, exploitation, injuries of unknow origin and other events but not limited to:

- Falls which caused injury
- Unexpected death
- Elopement
- Medication error which caused or is likely to cause harm
- Failure to follow a doctor's order or an ISP
- Any other incident which may evidence abuse, neglect, or exploitation
- Environmental Hazards
    - Water issues (no water, no hot water)
    - Gas leaks (in or outside the facility)
    - Electrical issues (air conditioner, heater, lights
    - Any environmental issue that may affect patients

PROCEDURE:

When a reportable incident is identified the staff member will first assure the safety of the patient(s) and notify their immediate supervisor. The supervisor will assist the staff member with entering the incident into SVH Incident Reporting program.

Identification of abuse, neglect, or exploitation will result in notification to Adult Protective Services or Child Protective Services. In events of suspected sexual abuse, the staff are to follow the Suspected Sexual Assault or Abuse policy.

Environmental Hazards are to be reported to the House Supervisor on duty, Plant Operations (on-call after hours) and the Director of Plant Operations.

Hospital Risk Manager, Quality Director, Compliance Officer will receive the notification of the incident through the SVH Incident Reporting program. Environmental Hazards will be sent to the Risk Manager and the Director of Plant Operations. The Risk Manager will begin immediate investigation and notify the New Mexico Department of Health using the website https://dhi.health.state.nm.us/elibary/ironline/hflc_instructions.php or by calling toll free to 1-800-752-8649. Once the investigation is completed the Risk Manager will send a 5-day Follow-up Investigative Summary Report.

The Risk Manager may assign the investigation to a department leader. The investigation should include an interview of all involved, including the affected patient, staff and visitors. In the interview the individual completing the interview(s) will use 5 W's and How.

- **Who** – Identify the subject or persons being discussed. I can also include victims, witnesses, and any other people that are integral to the report.
- **What** – The important part of the story because it tells you the event or action that happened. It can be an event, moment, or object.
- **When** – Is the part of the story that gives the time and date of the event. If the event has a set time frame, then it should be listed properly.
- **Where** – Identifies the location, i.e. patient's room, a department in the hospital, the parking area of the hospital, at the patient's place of residence.

- **Why** – What was the causing factor of the incident, i.e. patient got out of bed without help, the air-condition system failed inspection due to …
- **How** – Actual happenings i.e. patient slip and fell in parking lot, patient stated struck by care giver.

Incidents which meet the criteria for reporting are to be reported within a 24-hour period or the next business day when the incident occurs on a weekend or holiday. Should the Risk Manager feel the investigation cannot be completed in 5 days, a 2-day extension can be granted if the request is made before the 5th day.

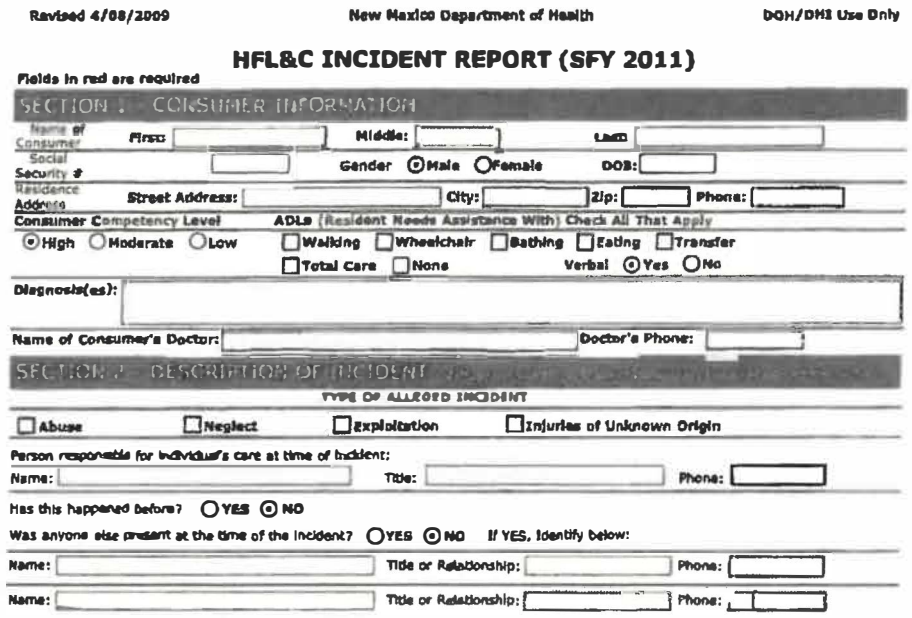
A complete and thorough follow-up investigative summary report should include corrective and preventative measures that have been implemented. The patient's condition prior to the incident to include mental and physical needs along with diagnosis, should be in the report. Related policy and procedure changes and any training that has been implemented are to be included as an attachment to the report. Allegations investigated by Sierra Vista Hospital employees should include a conclusion of substantiated or unsubstantiated.

REFERENCE(S):
Incident Reporting, Intake, Processing and Training Requirements. NMAC 7.1.13.

Reporting Requirements for all Licensed HealthCare Facilities. Division of Health Improvement, Program Operation Bureau. March 2022.

FORMS(S):
Attachment A & B which may be found online at
https://dhi.health.state.um/library/ironline/hflc_instructions.php

ADDEMDUM A



Revised 4/08/2009 New Mexico Department of Health DOH/DHI Use Only

HFL&C INCIDENT REPORT (SFY 2011)

Fields in red are required

SECTION 1 - CONSUMER INFORMATION

Name of Consumer: First: Middle: Last:

Social Security #: Gender ⊙Male ○Female DOB:

Residence Address: Street Address: City: Zip: Phone:

Consumer Competency Level: ⊙High ○Moderate ○Low

ADLs (Resident Needs Assistance With) Check All That Apply: ☐Walking ☐Wheelchair ☐Bathing ☐Eating ☐Transfer ☐Total Care ☐None

Verbal ⊙Yes ○No

Diagnosis(es):

Name of Consumer's Doctor: Doctor's Phone:

SECTION 2 - DESCRIPTION OF INCIDENT

TYPE OF ALLEGED INCIDENT

☐Abuse ☐Neglect ☐Exploitation ☐Injuries of Unknown Origin

Person responsible for individual's care at time of incident:

Name: Title: Phone:

Has this happened before? ○YES ⊙NO

Was anyone else present at the time of the incident? ○YES ⊙NO If YES, identify below:

Name: Title or Relationship: Phone:

Name: Title or Relationship: Phone:

- **Any person may report an incident to the bureau by utilizing the DHI toll free complaint hotline at 1-800-752-8649.**
- **Any consumer, employee, family member or legal guardian may also report an incident to the bureau directly or through the licensed health care facility by written correspondence or by utilizing the bureau's incident report form.**
- **The incident report form and instructions for the completion and filing are available at the division's website, at https://dhi.health.state.nm.us/elibrary/ironline/hflc_instructions.php**
- **Or may be obtained from the department by calling the toll-free number at 1-800-752-8649.**

ADDENDUM B

COMPLAINT NARRATIVE INVESTIGATION REPORT (5 day)

Name of Facility: _____
Address: _____ Phone # ___
License# _____
Administrator Name: _____

Resident Name: _____ DOB: _____
Date of incident: _____

Brief Summary of incident:

Facility Actions after the incident:

Future Preventative/Corrective Action for resident(s) health and safety:

Conclusion:

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

_____
Name, Title and Phone Number

SEND THES DAY FOLLOW UP REPORT TO:
DHI COMPLAINTS UNIT, PO BOX 26110, SANTA FE, NM 87505
ALTERATELY, YOU MAY FAX IT TO: 888-576-0012
• www.dhi.health.state.nm.us

INFORMATION NEEDED

- **Facility name**
- **Date of incident/resident's name**
- **Summary of incident**
- **Facility actions after incident**
- **Future Preventative/Corrective Action for resident(s) health and safety**
- **Conclusion**
- **If allegations of ANE: Were the allegations Substantiated or Unsubstantiated**

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

Department: Emergency Medical Services

Original Policy Date:

Subject: Pre-Hospital Storage and Transport of Blood Products

Review: 2024 BH 2025 ___ 2026 ___

Approved By: EMS Manager,

Last Revised:

Manager: Brian Hamilton, CCEMT-P

SCOPE:

This policy applies to Emergency Medical Services (EMS) personnel.

PURPOSE: Blood and blood products should be transported and stored in such a way as to maintain the temperature of the product. The blood product stock should be rotated with the lab in such a way as to reduce waste.

POLICY:

Packed red blood cell units should be kept at all times between 1°C and 6°C and should never be allowed to reach higher than 6°C or lower than 1°C.

DEFINITIONS:

Condition – To lower the temperature of the Credo Thermal Products cooler so that the Phase Charge Material becomes fully frozen solid.

AABB – Association for the Advancement of Blood and Biotherapies

PROCEDURE:

Transporting Blood Products from between blood storage refrigerators or scene use

Blood should be removed from the refrigerator and placed directly in the Credo Thermal Products cooler that has been conditioned at 0° for at least 12 hours prior to use. The Credo Thermal Products cooler has been validated for use for 24 hours. The blood will remain in the cooler until returned to a validated blood refrigerator. At no time should the blood be stored outside of a cooler or fridge. The only acceptable time that the blood may be out is when it is being administered. The approved temperature of blood products during transport is 1-10° C (and 1-6° C during storage (AABB Standard 5.1.8A). The FDA considers storage to be when blood is in inventory or at rest waiting to be transfused or waiting to be packed and shipped to another location. Once the blood is being moved from the storage situation to another site, then it meets the definition of transport.

Storage of Blood Products in the prehospital setting

The blood will be stored in the blood fridge located in the critical care transport unit. This fridge has been validated for use and has continuous temperature monitoring with alarms set to alarm at a low temperature of 1.5° C and a high temperature of 5.5° C. This will allow time for the crews

to respond to an alarm before the temperature exceeds the safe storage limit. Blood products stored in the critical care transport unit will be returned to the Lab every third week of the month and traded for fresh blood products. This will allow the lab to utilize this blood in the facility and decrease the chance of the product expiring and being wasted.
If the blood products have exceeded the ranges established by the AABB, the laboratory manager shall be contacted to determine the next steps.

Validation and alarm testing
The blood storage cooler should have quarterly alarm testing performed and documented. Monthly temperature logs shall be maintained in the EMS Office.

Responding to alarms
The blood fridge in the critical care unit has continuous monitoring with alarms transmitted to no less than 3 people in the EMS department. When an alarm is received, the cause should be investigated immediately. In the case of a power outage at the truck shoreline, the truck engine should be started to maintain electricity to the blood fridge. If it is expected to be an extended outage, the blood should be transferred to the Credo Thermal Products Cooler that has been conditioned at 0° for at least 12 hours. The EMS supervisor should determine if the blood will remain in the cooler or be returned to the laboratory. If the alarm is due to equipment failure of the blood refrigerator the blood shall be transferred to the Credo Blood Products Cooler that has been conditioned at 0° C for at least 12 hours and the blood should be returned to the laboratory.

Unavailability of Credo Thermal Products Cooler
If the Credo Thermal Products Cooler is unavailable or has not been properly "charged" then the blood should be transported using a validated cooler available from the laboratory. At no time should the blood be moved between validated blood refrigerators or taken to patients distant from the blood refrigerator without the use of a validated transport cooler.

REFERENCE(S):

Associated Policy(ies), Form(s):

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

Department: Emergency Medical Services

Original Policy Date:

Subject: EMS Alarm Check Policy

Review: 2024 ___ 2025 ___ 2026 ___

Approved By:

Last Revised: 3/10/2024

Manager: Brian Hamilton, CCEMT-P

SCOPE:

This policy applies to Emergency Medical Services (EMS) personnel.

PURPOSE:

To ensure the operational function of EMS Blood Fridge thermostat alarm system.

POLICY:

Sierra Vista Hospital Emergency Medical Services will test EMS Blood Fridge thermometer alarming system quarterly. The alarm system will be tested for upper and lower limits. The alarm system will sound an audible alarm at the unit, as well as send notification to listed EMS personnel via email and text message.

PROCEDURE:

Alarm Check Procedure

Start with 2 cups of water stabilized at temperature. Use one for high alarm and the other for low alarm.

HIGH ALARM CHECK

1. Place the alarm probe and temperature chart probe and the calibrated thermometer in a cup of water stabilized between 1-6°C.
2. Pipette warm water and slowly add drops, while stirring, to increase the temperature at a rate of 2 tenth of a degree change per 30-40 seconds toward 5.5°C.
3. Alarm should sound when the temperature is at or prior to 5.5°C.
4. Observe and record the temperature from the calibrated thermometer.
5. Observe and record the time of the alarm activation.
6. Observe and record the time notification of alarm received.
7. Document alarm check performed on temperature recording chart.

LOW ALARM CHECK

1. Place alarm probe and temperature chart probe and calibrated thermometer in container of water stabilized between 1-6°C.

2. Add small amount of ice chips slowly, while stirring, to the container to decrease the temperature at a rate of 2 tenths of a degree change per 30-40 seconds toward 1.5°C.
3. Alarm should sound when the temperature is at or prior to 1.5°C.
4. Observe and record the temperature from the calibrated thermometer.
5. Observe and record the time of the alarm activation.
6. Observe and record the time notification of alarm received.
7. Document alarm check performed on temperature recording chart

EVALUATE

1. High Alarm activate at or prior to temperature exceeding 5.5C
2. Low alarm activate at or prior to temperature exceeding 1.5C.
3. High and Low activation temperatures are recorded.
4. Times of activation and response are recorded.
5. Response time should not be more than 10 minutes.
6. Temperature chart has been documented with alarm checks.
7. Record in the EMS Blood Fridge Temperature Log in Alarm check form (F-186-----)
8. Check should be signed and reviewed by the EMS Director / EMS Manager Designee

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL EMS
BLOOD FRIDGE ALARM CHECK CHART

DATE	LOW ALARM (record time & temperature)	TIME OF REMOTE ALERT	HIGH ALARM (record time & temperature)	TIME OF REMOTE ALERT

F-186-00-000-0

SIERRA VISTA HOSPITAL AND CLINICS

SIERRA VISTA HOSPITAL

POLICIES AND PROCEDURES

Department: Emergency Medical Services **Original Policy Date:**

Subject: Pre-Hospital Blood Administration **Review: 2024 ___ 2025 ___ 2026 ___**

Approved By: **Last Revised:**

Manager: Brian Hamilton, CCEMT-P

SCOPE:

This policy applies to Emergency Medical Services (EMS) personnel.

PURPOSE:

1. To outline a standard process for safe, rapid preparation and delivery of blood products for the patient experiencing massive hemorrhage.
2. To outline the process for EMS Prehospital Blood Administration.

BACKGROUND

Massive hemorrhage is a leading cause of death in trauma patients. Similar situations of catastrophic blood loss can be encountered in the bleeding medical patient. For the best possible outcomes, treatment principles of hemorrhage should include intervention to stop bleeding and whole blood resuscitation or resuscitation with blood products.

POLICY:

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

A. This policy for EMS Blood Administration applies to the prehospital environment.

B. Blood product distribution will start with un-crossmatched type O blood.

C. Transportation of blood and blood products from the Blood Bank to the location of administration will be the responsibility of the EMS unit responsible for administration of the products.

PROCEDURE

A. Acquiring and Storage of Blood Products

1. EMS Personnel will acquire blood products from Sierra Vista Hospital Blood Bank.

a) Processes for transportation and storage of blood products are outlined in the Pre-Hospital and Transport of Blood Products policy (Policy# 186-00-000)

B. Administration of Blood Products

1. Indications for prehospital blood product administration are outlined in Sierra Vista Hospital EMS Blood Products Transfusion Procedure Guidelines (Form# 186-00-000-0) as well as in Sierra Vista Hospital EMS Critical Care Manual.
2. Blood Fridge temperature alarm monitoring and testing procedures are outlined in Pre-Hospital and Transport of Blood Products policy (Policy# 186-00-000)
    a) Quarterly alarm testing will be documented on EMS Blood Fridge Alarm Check Form (Form# 186-00-000-0).
3. Blood Product Administration Procedure is outlined in EMS Blood Products Transfusion Procedure Guidelines (Form# 186-00-000-0) as well as in Sierra Vista Hospital EMS Critical Care Manual.
    a) For ABO type and crossmatch, 2 blood samples will be collected from patient, properly labeled, and returned to SVH lab.
4. Sierra Vista Hospital EMS Administration of Blood or Blood Products form will be filled out with each patient receiving prehospital blood or blood product administration 9Form# 186-00-000-0).
5. Transfusion Reaction Guidelines are outlined in Sierra Vista Hospital EMS Blood Products Transfusion Procedure Guidelines (Form# 186-00-000-0) as well as in Sierra Vista Hospital EMS Critical Care Manual.
6. Emergency Transfusion Request Form (Form# 030-04-020-1) must be filled out for each transfusion.

REFERENCE(S):

Associated Policy(ies), Form(s):

Sierra Vista Hospital
Clinical Laboratory

EMERGENCY TRANSFUSION REQUEST

Patient's Name: _____

E.R. ID Number: _____

Date : _____

Time : _____

Due to the critical condition of this patient _____,
I request the immediate release of **uncrossmatched** blood units before pre-transfusion testing is complete. I authorize the Sierra Vista Hospital Clinical Laboratory to release **O-positive/O-negative** units to transfuse patient until correct ABO & RH are completed.

I, _____ M.D. assume full responsibility for any complications involved with the release of **uncrossmatched** blood units that are transfused to above patient.

If physician is unable to sign order for blood unit issuance, person authorized to make this request on his/her behalf must sign below:

_____ _____
Physician or Authorized Person Date & Time

_____ _____
Issued to Date & Time

_____ _____
Issued By Date & Time

Donor Number:	**ABO Type**	**RH Type**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

BLOOD PRODUCTS TRANSFUSION

Indications:

- **Systolic BP <100mmHg**
- **Heart Rate >100 bpm**
- **Hematocrit <32%**
- **pH <7.25**
- **Patient has NO religious objections to blood product (obtain verbal consent if patient is capable).**

Injuries associated with need for transfusion

- **Above the knee traumatic amputation (especially if pelvic injury present)**
- **Multi-Amputation**
- **Penetrating injury to chest or abdomen**
- **Intra-abdominal/thoracic hemorrhage**
- **> 2 regions positive on FAST scan**
- **Massive gastrointestinal bleeding**

Trauma Fluid Hierarchy

- Whole Blood (if available)
- pRBCs, plasma, platelets 1:1:1
- pRBC's, plasma 1:1
- Crystalloid (Ringers Lactate)

IN THE ABSENCE OF ALL BLOOD PRODUCTS, BEGIN/CONTINUE RESUSCITATION AT STEPS FOLLOWING UTILIZATION OF BLOOD PRODUCT

Pediatric Fluid Resuscitation

- 10ml/kg of first blood product, then repeat as needed based on response.

Continued From: Hypotension Guideline

Blood Products IAW Trauma Fluid Hierarchy
Target Sys >100 (>110 TBI)
See Blood Component Therapy Guideline

→ **Rule out other sources for hypotension (Hemo/Pneumothorax or Tamponade)**

Optimize Hypothermia Management

Optimize Oxygenation/Ventilation- ETCO2-35-45—SpO2 >94%

At Any Point, Once BP Controlled:

- **Continuous Monitoring**
- **Reassess q 5min**

TXA- 2 Gram/10 min
(If 1st dose not already given)

IV Calcium- 1 Gram (See Pearls)

If continued decompensation without further Blood Products available

Crystalloid (Ringers Lactate)

If continued decompensation due to uncompressible hemorrhage

Consider (as LAST Resort):
Vasopressin
4 Unit bolus followed by 0.04U/Min to maintain MAP>60mmHg

****THE NEED FOR ONGOING TRANSFUSION SHOULD BE RELAYED TO RECEIVING FACILITY ASAP TO FACILITATE ACTIVATION OF APPROPRIATE RESOURCES****

Pearls:

- **All patients requiring transfusion should be transferred to the closest trauma center.**
- **Blood Product:** Continue to resuscitate with blood product as available and PRN to achieve/maintain target SBP of 100mmHg (110mmHg in patients with TBI/Head Injury).
- **Hypothermia Management:** Blood fluid warmer use and blankets/HPMK/APLS contribute to effective hypothermia management.
- **Calcium-1** Gram (30ml of 10% Calcium Gluconate or 10ml of 10% Calcium Chloride), should be given following the first unit of blood product and additionally after every 4 units of blood product during continued resuscitation. Calcium Gluconate preferred over Calcium Chloride (if available). Use extreme caution to avoid extravasation.
- Optimize hemostasis and correct volume loss first!! Avoid the use of pressors or crystalloids unless absolutely necessary to maintain BP in the absence of blood products and ongoing hemorrhage. Hypertonic saline **SHOULD NOT** be used for treatment of hemorrhagic shock.
- **The use of hydroxyethyl starch (Hextend, Hespan) or Factor VII (rhFVIIa) is NO LONGER RECOMMENDED!**

PROCEDURE

BLOOD COMPONENT / FRESH WHOLE BLOOD USE

IMMEDIATE CLINICAL INDICATIONS in trauma patients with SERIOUS INJURIES and evidence of hemorrhage / shock:

- Systolic blood pressure less than 100 mm Hg or absence of radial pulse
- Tachycardia greater than 100 beats per minute (BPM) or higher
- One or more major amputations

CLINICAL INDICATIONS:

- Uncontrolled hemorrhage or evidence of hemorrhagic shock
  - Trauma patients with amputation (complete or partial with distal circulation compromise)
  - Non-compressible penetrating thoracic, abdominal, and transitional zone injuries (axilla, inguinal, neck)
  - Pelvic Fractures in conjunction with traumatic injury (significant mechanism of injury)
  - Clinical signs of coagulopathy
    - Tachycardia, tachypnea, fever, altered mentation, hypoxemia
  - Severe hypothermia associated with blood loss

CONTRAINIDICATIONS:

- None

PRIOR TO BLOOD PRODUCT TRANSFUSION:

- Maximal hemorrhage control
- Treatment of suspected tension pneumothorax
  - Clinical signs may include: hypotension, hypo-perfusion, diminished or absent breath sounds. Late signs include: tracheal deviation and distended neck veins.
- Patent airway or airway control
- IV/IO access
- Hypothermia prevented and/or treated

PROCEDURE

ORDER OF PRECEDENCE:

- Resuscitate with Whole Blood
- Plasma, RBCs, Platelets in a 1:1:1 Ratio
- Plasma and RBCs in a 1:1 Ratio
- Plasma (thawed, liquid, reconstituted) alone or RBCs alone

PROCEDURE:

- Document all items on approved forms.
    - Two person verification of patient and blood products given matching.
- Observe units of blood
    - Look for gas, discoloration, clots, and sediment
    - Safe-T-Vue must remain white on color indicator. Red coloration indicates that temperature has been exceeded and is no longer acceptable for use.
- Initiate large bore IV (18G min, 14G preferred) or IO access.
    - IO access via humerus is preferred. Tibia site can be utilized as secondary, but attempt should be made to gain another access point.
    - Lidocaine 2% (2-3 mL) flush in IO sites provides analgesia and increases compliance.
- All blood and blood products will be administered through a dedicated line of NS using Y-tubing with filter or approved administration set.
- Transfuse blood through an approved fluid warming device if available.
- Rapid transfusion can be achieved by using an approved pressure infusion device.
    - Inflate pressure bag to at least 300 mmHg
    - 60 ml syringe or manual pressure can also be utilized in the event a pressure infuser is not available.
- Slow all other concurrent infusions unless they are TXA or RFVIIa.
- Continue resuscitation until palpable radial pulse, improved mental status or SBP of 90-100 mmHg and MAP >60 mmHg.
- Addition of Calcium when administering any amount blood should be considered. Citrate binding can adversely affect serum Calcium levels. 1 gram of Calcium (30 ml of 10% calcium gluconate or 10 ml of 10% calcium chloride) IV/IO should be given to patients in hemorrhagic shock during or immediately after transfusion of the first unit of blood product and with ongoing resuscitation after every 4 units of blood products. Ideally, ionized calcium should be monitored and calcium should be given for ionized calcium less than 1.2mmol/L.

PROCEDURE

- Monitor patient every 5 minutes and document any patient signs and symptoms consistent with a transfusion reaction. These include: chills, back or chest pain, rash, fever, hives and/ or wheezing

Document procedure, results, and vital signs.

CLINICAL PEARLS AND CONSIDERATIONS:

- Febrile Reaction- Temperature increase (1°C or 2°F) from baseline, chills, flushing, headache and rapid pulse
- Allergic/Anaphylaxis Reaction- itching, chills, flushing, nausea/vomiting, coughing and/or wheezing, or laryngeal edema
    - Treat with Diphenhydramine 50mg IVP or IM. Have Epinephrine standing by.
- Acute Hemolytic Reaction- rapid onset of dyspnea, hypotension, hemoglobinuria, rise in venous pressure, distended neck veins, cough and/or crackles at the bases of the lungs. Treatment is to stop the transfusion, titrate O2 saturations above 94%, and increase IV fluid hydration to 100-200mL/hr to support a urine output above 100-200mL/hr.
- Circulatory Overload- onset of shortness of breath, tachycardia, hypertension, jugular vein distention, pulmonary rates, and hypoxia. This condition may be difficult to distinguish from a hemolytic reaction.
- If a casualty with an altered mental status due to suspected TBI has a weak or absent peripheral pulse, resuscitate as necessary to restore and maintain a normal radial pulse. If BP monitoring is available, maintain a target systolic BP of at least 70 mmHg.
- Blood is very viscous, use the largest line available, if possible, to infuse.

BLOOD TRANSFUSION RELATED REACTIONS

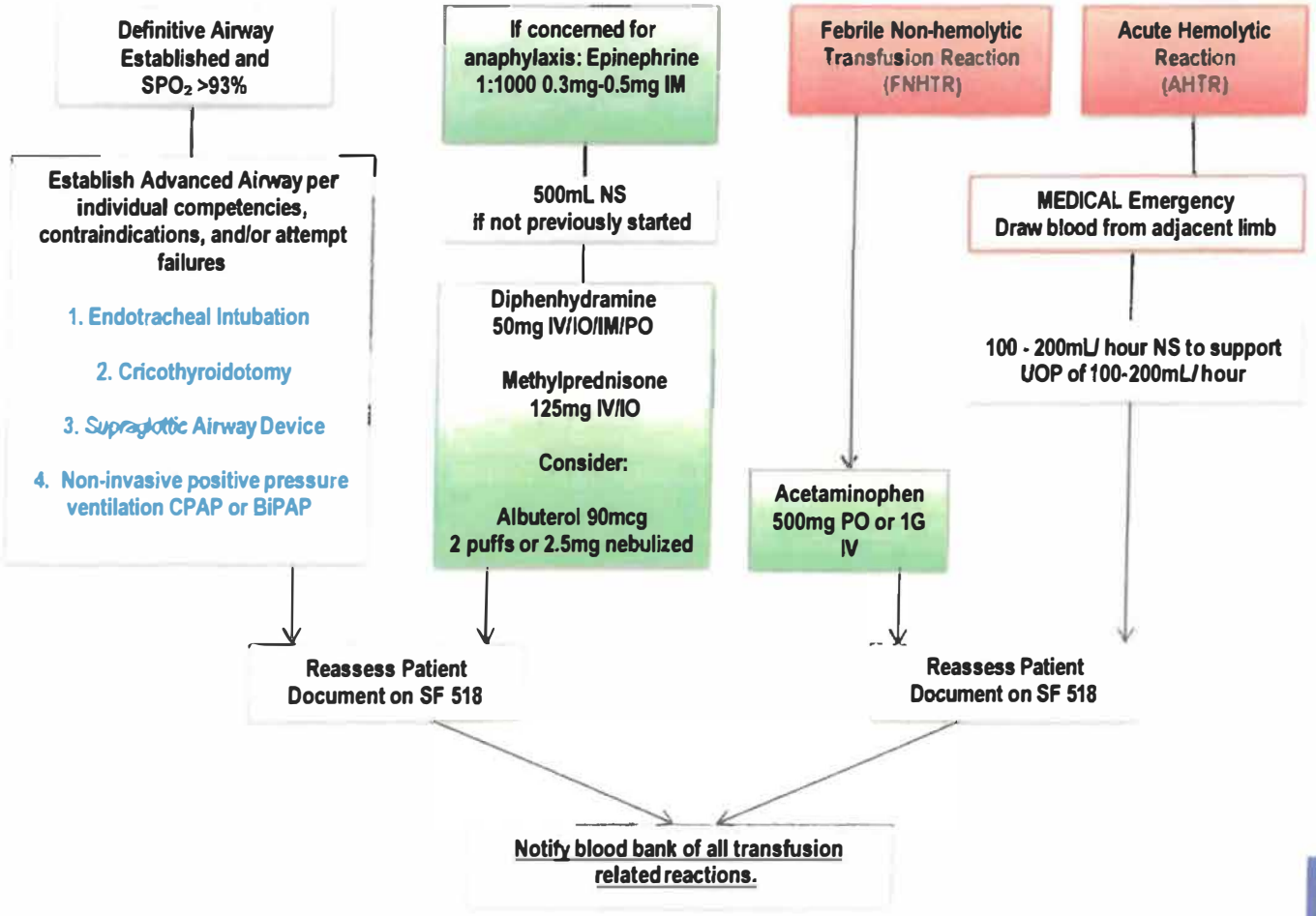
Differential Diagnosis:	Signs and Symptoms:
Anaphylaxis reaction	Rapid onset of shock, hypotension (<100mmHg systolic), angioedema, and respiratory distress
Acute hemolytic transfusion reaction (AHTR)	Fever (>100.4°F), chills, flank pain, red/brown urine
Febrile non-hemolytic transfusion reaction (FNHTR)	Fever (>100.4°F) increase of 1°C or 2°F from baseline, chills, possible dyspnea
Transfusion-related acute lung injury (TRALI)	Hypoxemia (SPO2 <94%), Fever (>100.4°F), hypotension (<100mmHg systolic), cyanosis, tachypnea (>24 breaths per minute), tachycardia (>100 bpm)
Transfusional volume/circulatory overload (TACO)	Dyspnea, orthopnea, tachycardia (>100 bpm), wide pulse pressure, hypertension (>140mmHg systolic), hypoxemia (SPO2 <94%), headache, possible seizure
Mechanical-caused hemolysis	Varies with each device. Fever (>100.4°F), chills, possible dyspnea
Transfusion-transmitted bacterial infection	Fever (>102.2°F or >3.6°F change after transfusion), rigors, tachycardia (>120 bpm or >40 bpm following transfusion), rise or fall of systolic blood pressure (>30mmHg)

Pearls:

- GENERAL RULES:
  - Stop the transfusion
  - Keep the intravenous line open with saline
  - Identify and treat cause of the reaction
  - Re-institute the transfusion only if it is deemed to be clinically essential
- Before initiating IVF bolus, ensure IV tubing is new. DO NOT USE existing Y-tubing from blood administration set.
- The most common transfusion reaction is a febrile, non-hemolytic transfusion reaction. These are mostly benign with no lasting sequelae. Treatment consists of antipyretics. (Acetaminophen 500mg PO every 4 hours.)
- TRALI is the leading cause of transfusion-related mortality and commonly occurs is patients who have undergone recent surgery, massive blood transfusion, or who have an active infection. Goal of treatment is supportive and aimed at maintaining oxygenation and reducing respiratory distress.
- TACO is essentially pulmonary edema secondary to congestive heart failure usually occurring in elderly, small children and those with compromised cardiac function. Large volumes of fluid given rapidly are a common precursor to this reaction. Goal is aimed at mobilizing fluids (diuretics) and treating underlying condition. Both TACO and TRALI require immediate resuscitation by an advanced level practitioner.
  - A unit of packed cells should be given at a rate of 2.5-3.0 mL/kg per hour.
- Mechanical-caused hemolysis is commonly caused by rapid transfusion, poor collection and storage, or heating the blood above 42°C during transfusion.

PROCEDURE

Universal Patient Care Guideline
O_2 (if hypoxic)
IV/ IO Guideline
Cardiac Monitor (ASAP)



Pearls:

- Blood transfusions conducted during point of injury for patients suffering from blood loss/massive hemorrhage may not show any transfusion reaction during the limited transport time.

PROCEDURE

XIV. Blood Products Transfusion Protocol

a. Purpose

i. This protocol is restricted to Paramedics and CCP under the supervision of MC. It applies to patients receiving or in need of receiving blood transfusions or any blood products in transit between facilities, on-scene (i.e. extended extrication) or within the facility for in-patient care.

ii. Blood administration may be required to restore circulating blood volume, improve oxygen-carrying needs, or correct specific coagulation components.

iii. The blood product may be:

1. Whole blood (450-400 ml/unit)
2. Packed Red Blood Cells PRBC (250 ml/unit)
3. Platelets
4. Fresh Frozen Plasma FFP
5. Cryoprecipitate
6. Albumin
7. Plasma Protein Fractions (83% Albumin and 17% globulins)
8. Synthetic Blood substitutes

b. Procedure:

i. The procedure for administering blood or blood products are:

1. Indications:
   a. Significant hypovolemia as the result of acute blood loss
   b. Symptomatic anemia
   c. Decreasing hemoglobin level
   d. Decreasing hematocrit value
   e. To increase the oxygen-carrying ability
   f. Decrease clotting factors
   g. Presurgical care in select cases
2. Equipment:
   a. Physician orders
   b. Blood product, typed and crossmatched (in some cases may be cryoprecipitate, platelets or plasma)
   c. Dedicated venous access line – no other medications may be administered concurrently in the same line as blood products (18ga or larger catheter)
   d. Filtered administration Blood Y set
   e. Normal saline solution
   f. Thermometer

g. Cardiac monitor

3. Complications:
    a. Anaphylaxis
    b. Hemolytic reaction
    c. DIC
    d. Transfusion reaction
    e. Infection
    f. Hypocalcemia
4. Signs of complications
    a. Body temperature of 2°F or (1°C) or more above the baseline temperature
    b. Hives, itching or skin symptoms
    c. Swelling, soreness, or hematoma at the venous site
    d. Flank pain
    e. Tachycardia
    f. Respiratory distress (wheezing and dyspnea)
    g. Hypotension
    h. Bleeding from widely varied sites or previously clotted wounds
    i. Blood in urine
    j. Anaphylaxis
    k. Nausea and vomiting
5. Steps of administration
    a. If you are to start a blood product provided by the transferring facility – before leaving the transferring facility, physically look at the product with the transferring nurse and confirm you have the right product for the right patient. Review the order and consent form with the transferring nurse
    b. All products must be administered via an IV pump.
    c. Re-confirm the order or protocol before administering
    d. Check the patient for the following:
        i. Orders from physician
        ii. A consent signed by patient or reason no consent from a patient with witness signatures
        iii. Right Patient
        iv. Right blood product
        v. Right blood type

vi. Have a second provider confirm the above steps with you

e. Assess and document baseline vital signs and temperature (Use blood administration form for documentation in addition to your PCR)

f. Ensure suitable venous access (usually requires 18ga or larger). At this point patient preparation is complete and transfusion process begins

g. Check the blood for the following:
   i. Right patient
   ii. Right blood product
   iii. Right type
   iv. Expiration date

h. Assess the patient for the possibility of a transfusion reaction and consider prophylactic administration of acetaminophen and diphenhydramine (consult with MC).

i. Maintain the temperature of the blood product

j. Flush the primary tubing with normal saline connected to one side of the blood Y

k. Attach the blood product to the other side of the blood Y tubing set

l. Close of the normal saline side of the Y

m. Slowly open the blood side of the Y tubing, allow to run slowly for the first 15 minutes if possible

n. Monitor and document vitals and temperature at times required on the blood transfusion record

6. Important notes:
   a. Do not mix blood with 5% Dextrose in Water (causes hemolysis)
   b. Do not mix with lactated ringers (causes clotting)
   c. Do not mix with medications (no other medications may be administered concurrently in same line as blood products)
   d. Have a second venous access available

XV. Transfusion reactions (to blood products) Protocol

a. Purpose:

i. To identify the various types of transfusion reactions and how to manage them

b. Protocol:

i. Types of reactions with signs and symptoms and treatment protocols:

1. If it is unclear what type of reaction the patient is having, stop the transfusion, keep vein open with normal saline, contact MD (Transferring, receiving or EMS MD) for guidance

ii. Allergic Reaction – Mild – sensitivity to infused plasma proteins; Severe – antibody/antigen reaction

1. S&S Mild:
   a. Chills
   b. Facial and laryngeal edema
   c. Pruritus
   d. Urticaria
   e. Wheezing
2. S&S Severe:
   a. Dyspnea
   b. Chest pain
   c. Circulatory collapse
   d. Cardiac arrest
3. Treatment:
   a. Stop the transfusion
   b. Disconnect the blood administration set from the adapter or hub of the venous access device
   c. Connect new tubing with NS to venous access device
   d. Keep the vein open with normal saline
   e. Monitor vital signs
   f. Notify med control or EMS MD if able
   g. Treat allergic reaction

iii. Bacterial contamination/Contaminated blood administration

1. S&S:
   a. Chills
   b. Fever
   c. Vomiting
   d. Abdominal cramps
   e. Bloody diarrhea

f. Hemoglobinuria
g. Shock
h. Renal failure
i. DIC

2. Treatment:
    a. Stop the transfusion
    b. Disconnect the blood administration set from the adapter or hub of the venous access device
    c. Connect normal saline to new administration set and connect to venous access device
    d. Hold and send the remaining blood to the laboratory (at receiving hospital if in transit or at transferring hospital if haven't left yet)
    e. Administer IV fluids to maintain SBP >90 mm Hg
    f. Further orders per med control (transferring MD, receiving MD, or EMS MD)

iv. Febrile transfusion reactions: Sensitivity of the patient's blood to white blood cells, platelets or plasma proteins

1. S&S:
    a. Temp (as high as 104°F)
    b. Chills
    c. Headache
    d. Facial flushing
    e. Palpitations
    f. Cough
    g. Chest tightness
    h. Increased pulse rate
    i. Flank pain

2. Treatment
    a. Discontinue the transfusion immediately
    b. Give antipyretics (Tylenol 650mg to 1gm PO)
    c. Keep vein open with normal saline
    d. Notify MC (Transferring MD, Receiving MD or EMS MD)

v. Hemolytic transfusion reaction: Incompatibility between patient's blood and donor's blood

1. S&S
    a. Chills
    b. Fever

c. Headache
d. Backache
e. Dyspnea
f. Cyanosis
g. Chest pain
h. Tachycardia
i. Hypotension

2. Treatment
   a. Discontinue the transfusion
   b. Connect saline with new administration set
   c. Save the remaining blood and return to laboratory
   d. Notify MC (Transferring MD, Receiving MD or EMS MD)
   e. Monitor Vital Signs
   f. Monitor fluid intake and output

vi. Circulatory overload: Blood administered faster than the circulation can accommodate

1. S&S
   a. Cough
   b. Dyspnea
   c. Crackles
   d. JVD
   e. Tachycardia
   f. Hypertension

2. Treatment
   a. Stop or slow the transfusion
   b. Place patient upright with feet dependant
   c. Administer Lasix 20-40mg IV
   d. Oxygen 2-4 lpm

vii. Bleeding tendencies

1. S&S
   a. Bleeding and oozing from breaks in the skin or gums
   b. Abnormal bruising
   c. Petechiae

2. Treatment (ordered by MC and provided by sending facility)
   a. Platelets
   b. FFP
   c. Cryoprecipitate

viii. Hypocalcemia

1. S&S
    a. Arrhythmias
    b. Hypotension
    c. Muscle cramping
    d. Nausea
    e. Vomiting
    f. Seizure activity
    g. Tingling sensation in the fingers
2. Treatment
    a. Slow or stop the transfusion
    b. If ordered by medical control give 1gm Calcium gluconate SIVP

ix. Hypothermia
1. S&S
    a. Chills
    b. Shivering
    c. Hypotension
    d. Arrhythmias
    e. Bradycardia
    f. Possible Cardiac Arrest
2. Treatment
    a. Stop transfusion
    b. Warm patient
    c. Obtain 12 lead EKG
    d. Warm the blood before restarting transfusion

x. Hyperkalemia
1. S&S
    a. Diarrhea
    b. Intestinal Colic
    c. Flaccidity
    d. Muscle twitching
    e. Oliguria
    f. Signs of renal failure
    g. Bradycardia
    h. EKG Changes
2. Treatment
    a. Perform 12 lead EKG
    b. If ordered by MC do the following:

i. Administer Albuterol via nebulizer
ii. Administer sodium bicarbonate

c. Documentation Guidelines
   i. Time and Date of reaction
   ii. Type and amount of infused blood product
   iii. Patient's vital signs, and all signs and symptoms noted
   iv. Time MD notified and treatment provided, including medications administered, times and dosages and response to treatment
   v. Patient's status at end of the incident

SIERRA VISTA HOSPITAL EMS
ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS

Date: _____ Place Blood Sticker Here: _____

❑Packed Red Blood Cells ❑Fresh Frozen Plasma ❑Platelets ❑Other _____

❑Correct type of product ❑Correct Unit # ❑Expiration Date

Check the Blood Product:

❑Color appropriate ❑No sediment

SIGNATURES OF PARAMEDIC CHECKING ALL THE ABOVE:

Name: _____

TIME	BP	PULSE	RESP	TMEP	COMMETS
INITIAL VITAL SIGNS TAKEN JUST PRIOR TO STARTING BLOOD					
VITAL SIGNS EVERY 15 MINUTES FOR FIRST HOUR					
VITAL SIGNS EVERY 30 MINUTES FOR SECOND HOUR					
VITAL SIGNS EVERY 60 MINUTES FOR THIRD AND FOURTH HOURS					
VITAL SIGNS AT COMPLETION OF BLOOD UNIT					
VITAL SIGNS 30 MINUTES AFTER COMPLETION OF UNIT					

Time started: _____ Time Completed: _____ Amount Given _____ ml

Transfusion Reaction? ❑Yes ❑No Blood administered by: _____

Blood Requisition is to be mounted on the reverse side of this form.

Patient sticker

CNO Report March 2024

Cerner
Clinical areas are making progress with using our EMR to the fullest! Concurrent chart audits are being completed by our Informatics nurse and addressing opportunities in real time.

Nursing Staff
Planning continues in creation of a CNA program at SVH. We have begun interviews with foreign educated nurses and have a few offers out. The nurses will come here for 36 months with an option to become a full-time employee at the end of the 36 months.
NMSU-Alamogordo has a nursing program planned, SVH is one of the sites to host students. The Higher Learning Commission is performing a site visit this week, if all goes well we will have those students in for clinicals in late 2024 to early 2025.

EMS/Community Health
Completion of yearly training in Emergency Management occurred with the leadership team. The yearly training for car seat certification was completed last week, this authorized us to fit and install car seats for our community. The car seats are funded by the State.

"Baby Box"
We have been awarded a grant to install a Baby Box. Autumn will be traveling to speak with the hospital leaders and view the Baby Box at Gearld Champion.

Respectfully submitted,

Sheila F. Adams, MSN, MHA

CEO Report

Frank Corcoran

3-12-24

1. **Behavioral Health Project Update**: Continue to search for a psychiatrist.
2. **RHC Update/Provider Recruitment:** Working on Tele-Health Pulmonology, Dermatology and adding a 4 day for cardiology. Focusing on adding staffing and interviewing for Clinic Practice Director.
3. **IT System Replacement –** Several issues have been resolved and we are continuing to work on additional issues. Finance, Portal, Lab and EKG are a focus with Cerner, while the conversion team addresses the others.
4. **Med-Malpractice:** Our current carrier is pulling out of NM. We are searching for a new company.
5. **CRNA:** Working on CRNA contracts.
6. **Denim and Diamonds Fundraiser: April 20th 5pm**