



**SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV
Resort Center
6-25-24**

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**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

June 25, 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**
Richard Holcomb, **Member**

CITY

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

EX-OFFICIO

Frank Corcoran, **CEO**
Amanda Cardona, **VCW**
Janet Porter-Carrejo, **City Manager, EB**
Amber Vaughn, **County Manager**
Angie Gonzales, **City Manager, TorC**
Jim Paxon, **JPC Chair**

VILLAGE of WILLIAMSBURG

Amanda Cardona, **Interim**

SUPPORT STAFF:

Ming Huang, **CFO**
Lawrence Baker, **HR Director**
Sheila Adams, **CNO**
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 A. May 28, 2024 Regular meeting minutes | Bruce Swingle, Chairperson | Amend/Action |
| 6. Public Input – 3-minute limit | | Information |
| 7. Old Business- A. Governing Board Bylaw Revisions B. Board Member Code of Conduct 1. Code of Conduct Policy Revision | Bylaws Committee Bylaws Committee | Discussion/Action Discussion/Action |
| 8. New Business- None | Bruce Swingle, Chairperson | |
| 9. Finance Committee- Kathi Pape, Chairperson A. May Financial Report | Ming Huang, CFO | Report/Action |
| 10. Board Quality- Shawnee Williams A. Med Staff – No Open Session Reports | | |
| 11. Administrative Reports A. Human Resources B. Nursing Services C. CEO Report D. Governing Board | LI Baker, HR Director Sheila Adams, CNO Frank Corcoran, CEO Bruce Swingle, Chairperson | Report Report Report 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. Anesthesia Contract
- B. Pulmonologist Contract
- C. Privileges

Frank Corcoran
 Frank Corcoran
 Frank Corcoran

Temporary to Provisional-
 Matthew Peters, CNP (Hospitalist)
 Howard Ng, MD (ESS)

Initial Delegated RadPartners-
 Kailash Sundareshan Amruthur, MD
 Jorge Alberto Ramirez, MD

RadPartners Delegated Reappointment-
 Sunthosh P. Madireddi, MD
 Tony Yeung Maung, MD

Terms-
 Angela Frieze, CRNA
 Cassandra Groves, CRNA
 Brian Evans, MD RadPartners
 Pejman Firouztale, MD RadPartners

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. General Insurance Package including Medical Malpractice Frank Corcoran
- B. Master Facility Plan Update Frank Corcoran
- C. Board Education Lisa Boston
- D. Ovation Report to Board Erika Sundrud

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. Anesthesia Contract Action
- B. Pulmonologist Contract Action
- C. Privileges Action

Temporary to Provisional-
 Matthew Peters, CNP (Hospitalist)
 Howard Ng, MD (ESS)

Initial Delegated RadPartners-
 Kailash Sundareshan Amruthur, MD
 Jorge Alberto Ramirez, MD

RadPartners Delegated Reappointment-
 Sunthosh P. Madireddi, MD

Tony Yeaung Maung, MD

Terms-

Angela Frietze, CRNA

Cassandra Groves, CRNA

Brian Evans, MD RadPartners

Pejman Firouztale, MD RadPartners

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

A. Risk Report

Report

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

A. General Insurance Package including Medical Malpractice

Report/Action

B. Master Facility Plan Update

Report/Action

C. Board Education

Report

D. Ovation Report to Board

Report

14. Other

Discussion

Next Regular/ Annual Meeting- July 30, 2024

15. Adjournment

Action

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

May 28, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met May 28, 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
Richard Holcomb, **Member**- Present

CITY OF T O R C

Bruce Swingle, **Chairperson** – Present
Jesus Baray, **Member**- Present
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
Phillip Mortensen, **EB Mayor**, Present

VILLAGE OF WILLIAMSBURG

Amanda Cardona, **Interim**- Present

STAFF

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

There is a quorum.

4. Approval of Agenda

Bruce Swingle, **Chairperson**

Kathi Pape motioned to approve the agenda. Serina Bartoo 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

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

5. Approval of minutes

A. April 30, 2024 Regular meeting minutes

Kathi Pape motioned to approve the April 30, 2024 minutes. Katharine Elverum seconded. Motion carried unanimously.

6. Public Input – Dr. Walker addressed the board to discuss improving the quality of life for patients and individuals of our community. We had 24 cases in May. Growing surgery requires our focus, attention to detail and thinking outside of the box.

7. Old Business-

None

8. New Business-

A. Governing Board Bylaw Revisions

B. Board Member Code of Conduct

1. Code of Conduct Policy

Katharine Elverum stated that she modeled the Code of Conduct Policy after the confidentiality statement. In the bylaws under 2.3, clarification of violation of the Code of Conduct was added including censure or removal. Lisa Boston provided a 2.3 Censure of Member suggestion and that was distributed to board members. Lisa's version would eliminate the current 2.3 section of the bylaws.

In depth discussion was held regarding the removal process, the responsibility of the appointing entity, censure versus sanction, the censure process and what adverse actions could warrant censorship.

Regarding the Code of Conduct policy, "prior to taking a position on the Hospital Board" will be changed to "at their first meeting." In addition, in paragraph two of section (c) "two weeks" will be replaced with "15 days."

After the discussed revisions have been made, these documents will come back for approval at the June meeting.

9. Finance Committee- Kathi Pape, Chairperson

A. April Financial Report - Ming Huang, CFO, directed board members to page FC5 of the packet. At the end of April, we had 75 days cash on hand which equals \$7,185,583. Accounts receivable days were 59 and accounts payable days were 33. The net loss for April was (\$454,973) versus a budget of (\$295,824). Gross revenue for April was \$5,396,678 which is \$175,429 more than budget. Patient days were 73, 43 less than March. RHC visits were 872, 165 more than March and ER visits were 693, 26 more than March. Revenue deductions were \$3,114,498. Other operating revenue was \$355,901 which includes pharmacy 340B income of \$254,446. Non-operating revenue was \$291,074 which includes a donation of \$57,750 from the Community Health Foundation and a trauma grant of \$18,259. Total operating expenses were \$2,981,631 which is over budget by \$47,609. Benefits were over budget due to a payment of \$46,205 to the Joint Unemployment Program. Supplies were over budget because of drug expenses and lab reagent expenses. Other operating expenses include a one-time recruitment expense of \$32,875.

EBITDA for April was (\$52,476) versus a budget of \$107,968. Year to date EBITDA is \$389,474 versus a budget of \$1,097,670.

The bond coverage ratio is -38% versus an expected ratio of 130%.

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

Kathi Pape pointed out that our gross patient revenue has stayed stable at over \$5 million with the exception of February. We are in the fourth month of conversion to Cerner and perhaps by August we will start to see recovery from the conversion.

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

10. Board Quality- Shawnee Williams

- A. Med Staff –
No Open Session Reports

11. Administrative Reports

- A. Human Resources
No report provided.

B. Nursing Services - Sheila Adams, CNO, reported that high quality patient care for every patient every day is our focus. We received notice from an individual at AHRQ (Agency for Healthcare Research and Quality) that because of our zero hospital acquired conditions over the last 12 months, we are to be interviewed to identify what practices we are using to ensure that we deliver high quality, safe and high value care.

Staff is doing well with documentation and following workflow with Cerner.

We continue to strive to keep RNs who are travelers for continuity of care. We are looking forward to welcoming our newest group of foreign-educated nurses.

Our SVH CNA program is ready for presentation to the NM DOH. Once approved, our committee will work on a 16-week program aimed at High school students who can attend while maintaining their high school course work.

Brian Hamilton and Ashlee West attended PIPs in Albuquerque. Both have been placed in the Southwest Emergency Management group. Resuscitation program certification training is in progress. Testing will occur in June. We are still working on the safe haven baby box for Sierra County.

Dr. Garver delivered a beautiful baby girl in our ED. We don't normally deliver babies, but we will be looking for a grant to purchase a childbirth life size simulation manikin with full term and premature capabilities. Once obtained, all ED nurses, house supervisors and EMS will have testing to assure competency.

Our trauma program provided over 200 free life vests at the lake over Memorial Day weekend.

C. CEO Report - Frank Corcoran, CEO, stated that Dr. Andres Diocares has signed an offer letter to join us in August. He is a psychiatrist and will round out our behavioral health services.

We continue to work with Arena Health on tele-health pulmonology. We have signed a contract with Memorial Medical Center to send an Orthopedic surgeon to see patients in our clinic one day per month.

A team from SVH went to Kansas City two weeks ago and we learned a lot of new things including AI. We also made good progress in getting our system up to speed and running correctly. A Cerner rep will be on site working with us next week.

Our Med-Mal will expire on June 30th. We have a couple of carriers who are reviewing our needs and hope to know something soon. We may have to have a special meeting to approve the coverage when it happens.

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

We currently don't have CRNA coverage for surgery. We are working on a contract with Three Crosses in Las Cruces.

The New Mexico Hospital Association Strategic Planning and Board Education event will happen June 12 through 14 at the Blake in Taos, NM.

D. Governing Board - Bruce Swingle, Chairperson, thanked Katharine Elverum, Greg D'Amour and Lisa Boston for their work on the Bylaws and Code of Conduct.

1. Committee Appointment- Richard Holcomb

Bruce Swingle appointed Richard Holcomb to the Bylaws Committee.

Motion to Close Meeting:

Kathi Pape motioned to close the meeting. Greg D'Amour 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

RP Delegated Reappointments

Jose L. Arjona, MD
Henry M. Jones, MD
Steve M. Nelson, MD
Jerry A. Powell, Jr., MD
Jeffrey A. Walker, MD

SVH 2-Year Reappointment

Estela G. Rubin, CNP

Provisional to 2-Year

Ranjana Verma, CNP

Terms

Gina Nelson, MD
Sara Koenemann, NP

Withdrawn

Nnenna Akaronu, MD - Arena Health

| | |
|--------------------------|----------------|
| B. Psychiatrist Contract | Frank Corcoran |
| C. Board Education | Lisa Boston |
| D. CEO Goals | Bruce Swingle |
| E. CEO Evaluation | Bruce Swingle |

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

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. Master Facility Plan Update Mark Wade, Emmanuel Arrington, DG

B. Ovation Report to Board Erika Sundrud

C. Quarterly Quality Report Frank Corcoran

Roll Call to Close Meeting:

| | | |
|---------------------|------------------------------|-----------------------|
| Kathi Pape – Y | Shawnee Williams – Y | Bruce Swingle – Y |
| Greg D’Amour – Y | Amanda Cardona (interim) – Y | Katharine Elverum – Y |
| Richard Holcomb – Y | Jesus Baray - 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

RP Delegated Reappointments

Jose L. Arjona, MD
Henry M. Jones, MD
Steve M. Nelson, MD
Jerry A. Powell, Jr., MD
Jeffrey A. Walker, MD

SVH 2-Year Reappointment

Estela G. Rubin, CNP

Provisional to 2-Year

Ranjana Verma, CNP

Terms

Gina Nelson, MD
Sara Koenemann, NP

Withdrawn

Nnenna Akaronu, MD - Arena Health

Greg D’Amour motioned to approve all above listed privileges. Kathi Pape seconded. Motion carried unanimously.

B. Psychiatrist Contract

Greg D’Amour motioned to approve the Psychiatrist contract as presented. Kathi Pape seconded. Motion carried unanimously.

C. Board Education- Tabled due to communication difficulties.

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

D. CEO Goals

Greg D'Amour motioned to approve the CEO goals including EBITDA, reserves and accreditation. Serina Bartoo seconded. Motion carried unanimously.

E. CEO Evaluation

Kathi Pape motioned to approve Frank for another year and offer the pay increase in the amount discussed. Serina Bartoo 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. Master Facility Plan Update
No Action
B. Ovation Report to Board
No Report- Erika Sundrud was not able to attend the meeting.
C. Quarterly Quality Report
No Action

14. Other

Bruce Swingle presented Serina Bartoo with a framed certificate in appreciation for her completion of Board Essentials 101 training. Richard Holcomb also completed his Board Essentials 101 training.

Next Regular Meeting- June 25, 2024, at 12:00. Board Quality will be held on Monday, June 24 at 10:00 and Finance Committee will meet on June 25th at 11:00.

15. Adjournment

Kathi Pape motioned to adjourn. Serina Bartoo seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Bruce Swingle, Chairperson

Date

ARTICLE 1

NAME LOCATION, VISION, AND MISSION

1.1 Name, and Principal Office. The name of the Hospital is SIERRA VISTA HOSPITAL (the "Hospital"). The principal office of the Hospital shall be located in the City of Truth or Consequences, County of Sierra, State of New Mexico.

1.2 Mission/ Vision/ Values/ Guiding Principles.

(a) *Mission-* Provide high quality, highly reliable and medically proficient healthcare services to the citizens of Sierra County.

(b) *Vision-* 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 the community.

(c) *Values-* Stewardship. Honest. Accountable. Respect. Professional. Kindness. Integrity. Trust. (SHARP KIT)

(d) *Guiding Principles-* High quality for every patient, every day.

1.3 Joint Powers Commission. The Hospital exists by virtue of a Joint Powers Agreement (JPA) between the County of Sierra, City of Truth or Consequences, the Village of Williamsburg, and the City of Elephant Butte and by which the Joint Powers Commission (JPC) exercises fiscal oversight of the Hospital.

1.4 Control. Control of the fiscal oversight of the Hospital is vested in the Joint Powers Commission (the "JPC"). (JPA Section 2.1)

ARTICLE 2

HOSPITAL GOVERNING BOARD

2.1. Number, Qualifications and Tenure. The number of Members of the Governing Board shall be nine (9). Three (3) of the Members shall be appointed by the City of Truth or Consequences Commission (the "City"), three (3) by the Sierra County Commissions of Sierra County (the "County"), two (2) by the City of Elephant Butte ("Elephant Butte") and one (1) Member shall be appointed by the Board of Trustees of the Village of Williamsburg (the "Village"). Each Member shall be appointed to serve until June 30th of the third year following their appointment. Selection of Members shall be made from residents of Sierra County capable of bringing diverse experience to the Hospital Governing Board in order to effectively fulfill the Board's responsibilities. The County Manager of Sierra County, the City Manager of T or C, Clerk

of the Village of Williamsburg, the City Manager of Elephant Butte, and the Administrator of the Hospital shall serve as ex-officio Members of the Board. Ex-officio Members of the Governing Board shall not have voting privileges. Notwithstanding the above, each of the four (4) Governmental members of the Joint Powers Commission shall have the right to appoint a person as a voting member of the Governing Board who, by his or her office, would otherwise be an Ex-Officio member of either the Governing Board or Joint Powers Commission. Upon such an occurrence, the former Ex-Officio member shall no longer serve as an Ex-Officio member of the Governing Board or Joint Powers Commission

2.2 Resignations. Any Member may resign at any time by submitting a resignation, in writing, to the Hospital Governing Board and to the public entity which appointed the Member. The resignation shall become effective upon its acceptance by the appointing public entity.

2.3 Censure of Member. After a Member has been appointed, none of the members of the Hospital Board shall be censured except for cause specified in a written charge and after a **full public hearing on the charge (Open Meetings Act (H)(3))**. The causes shall be failure to fulfill their duties as described by the Bylaws of Sierra Vista Hospital, breach of confidentiality, falsifying conflict of interest declaration, violation of the Code of Conduct, or attendance that falls below that which has been set forth in Section 2.12 of the Hospital Bylaws. (JPA 2009, Sec.3, 3.1.b.) The hearing will be conducted in accordance with the Governing Board policy. (Insert policy #) Once it has been determined that a member should be censured, a letter shall be sent to the appointing entity.

2.4 Vacancy. Any vacancy on the Hospital Governing Board shall be filled by the public entity which appointed the Member whose position is being filled. If the vacancy exists by virtue of the expiration of the Member's term, the provision of Section 2.1 shall govern the appointment of the replacement. If the vacancy exists by virtue of a resignation or removal, the replacement will serve for the duration of the term of the Member whose position is being filled.

2.5 Compensation. The Board Members shall not receive compensation for their services as a Member of the Board; except that the Hospital shall pay for expenses incurred by Members in connection with the performance of their duties to the extent permitted by applicable law. Nothing contained in these Bylaws shall be construed to preclude any Member from serving the Hospital in any other capacity or receiving compensation for any such services.

2.6 Management and General Powers. Legal responsibility for the overall conduct and management

of the affairs and the property of the Hospital shall be vested in the Hospital Governing Board (also referred to in these Bylaws as the Board). The Governing Board is responsible for all services provided in the organization including contracted services. The members shall act only as a Board and individual Members shall have no power as such. The Hospital Governing Board shall constitute the governing body and policy-making body of the Hospital, and shall have and exercise the following powers, together with all other powers necessary or beneficial in discharging such responsibility.

- (a) Define the Hospital's purposes, mission, vision, goals, objectives, and policies.
- (b) Consider and approve the annual operating and capital expenditure budgets for the Hospital subject to approval by the Joint Powers Commission.
- (c) Provide oversight for adequate financing of operations by ensuring sufficient revenues, and by enforcing appropriate controls over expenditures.
- (d) Oversee and approve purchases and acquisitions, leases, contracts, distribution of major assets, including, but not limited to, facilities and equipment, which have been recommended by the Hospital Administration in accordance with the New Mexico Procurement Codes.
- (e) To acquire and dispose of personal property for Sierra Vista Hospital on behalf of the JPC, to furnish, equip and improve said hospital and grounds. (JPA Section 3.1)
- (f) Enter into contracts, including contracts for professional services pursuant to the New Mexico Procurement Code for licensed health care professionals who are or shall become members of the Medical Staff, hospital administrators, financial administrators and hospital management companies and commercial contracts. Commercial contracts involving lesser amounts may be executed by the CEO without Board approval provided that all such contracts are reported to the Board. The CEO shall also have the authority to execute such contracts as have been approved by the Board. (JPA Section 3.1) The Board shall approve new positions to the Hospital and shall consider the impact on the budget in its deliberations.
- (g) Require annual management reviews of contracted and non-contracted services, assuring they are safe and effective and that they comply with applicable standards. The Governing Board is responsible for all services furnished in the hospital. Criteria for the selection will include the requirement

that the contracted entity provide the products/services in a safe and effective manner while complying with applicable standards and the New Mexico Procurement Code.

(h) Adopt and periodically review a strategic plan for the orderly development of the Hospital's programs, services, and physical facilities.

(i) Enforce the Conflict-of-interest Policy specified in Article 3, Section 3.1 herein.

(j) Provide oversight of the Hospital's compliance program. The Compliance Officer shall provide an update of the compliance program's activities and current issues at least four (4) times per year or more frequently if necessary.

(k) Provide for Governing Board orientation, continuing education, and review and evaluation of its own performance.

(l) As delegated by the JPC, exercise all powers vested in the JPC by virtue of the Hospital Funding Act and NMAC 7.7.2.18 except the power to issue bonds, the power to call a mill levy election, the power to levy annual assessments or the power to dispose of any real property owned by the Hospital. All such excepted powers shall require the action of the JPC.

(m) Approve Bylaws proposed by Medical Staff.

(n) Promote community relations and development programs compatible with local healthcare needs and resources and broaden the local support and financial base of the Hospital in order to fulfill the hospital's mission and assure its financial viability.

(o) Appoint and establish terms of employment of a qualified Chief Executive Officer (CEO) who shall be its representative in the management of the Hospital (NMAC 7.7.2.20A.)

1. An *Ad hoc* Committee will be formed consisting of three Governing Board members and three members of the Joint Powers Commission.

2. Members of the *Ad hoc* Committee shall review the candidates for the

Chief Executive Officer position and make a recommendation to the full Governing Board for final selection.

3. The Board shall establish a formal process for the annual evaluation of the Chief Executive Officer as noted in Article 7.

(p) Ensure that the Hospital has a written quality improvement program for monitoring, evaluating, and improving the quality of patient care. (NMAC 7.7.2.23)

(q) The Board shall exercise its duties in compliance with NMAC 7.7.2.18

2.7 Annual Meeting. The annual meeting of the Hospital Governing Board shall be in July at its regularly scheduled Board meeting for the purpose of electing Officers and conducting the annual required review of Bylaws.

2.8 Regular Meetings. Regular meetings of the Hospital Governing Board shall be held monthly at such times and location as the Board may determine. Regular meetings may be canceled or rescheduled by the Chairperson of the Board with written or electronic notice to the Members.

2.9 Special Meetings. Special meetings of the Board may be held at the call of the Chairperson, Vice Chairperson, or Secretary or any four (4) Members.

2.10 Notice of Regular or Special Meetings Waiver. The Secretary shall ensure the Board Recording Secretary notifies each Member by mail, e-mail, or fax of every annual, regular, and special meeting at least five (5) calendar days prior to each meeting, to his/her last known post office address, e-mail address or fax number. Attendance of a Member at any meeting shall constitute a waiver of notice of such meeting, except where such Member attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

2.11 Quorum and Manner of Action. A majority of the Members of the Hospital Governing Board shall constitute a quorum for the transaction of business at any meeting of the Board. Meetings may be held by telephone conference. The act of a majority of those present at a meeting at which such a quorum is present, or of those participating in a telephone conference in which a quorum is present, shall be the act of the Board. If a quorum is not present at any meeting of the Board, including a telephone conference

meeting, a majority of the Members present or included in the telephone conference may adjourn the meeting until a quorum is present. Minutes of each Board meeting shall be mailed, e-mailed, or faxed to Board members within ten (10) working days to comply with the Open Meetings Act following each such meeting. Minutes of each meeting shall be reviewed and adopted at a subsequent meeting.

2.12 Attendance Requirements for Members. Members of the Hospital Governing Board shall be expected to attend at least eighty percent (80%) of the Hospital Governing Board's meetings held annually (July 1 through June 30). Members appointed to Governing Board Committees shall be expected to attend at least eighty percent (80%) of the standing committee meetings scheduled annually (July 1 through June 30).

2.13 Financial Report. At the regular meeting immediately following the completion of the annual audit of the Hospital, the Chairperson or the Chair's designee, shall submit the audited financial statement of the conduct of the business of the Hospital for the preceding fiscal year, together with a report of the general financial condition of the Hospital, and of the condition of its tangible property. The Board shall provide quarterly financial reports and a copy of the annual audit to the JPC. The Board shall make copies of all books, accounts and records of the Hospital and make them available to the JPC or its agents.

ARTICLE 3

CONFLICT OF INTEREST & CODE OF CONDUCT

3.1 Conflicts of Interest. New Board members shall complete and sign a statement disclosing financial interests by the end of their first Board meeting. Ongoing members shall complete and sign an updated disclosure statement annually. Policy #850-01-016.

3.2 Code of Conduct. New Board members shall complete and sign the Code of Conduct by the end of their first board meeting. Ongoing members shall review, complete, and sign the Code of Conduct annually. Policy #850-01-XXX.

ARTICLE 4

OFFICERS OF THE GOVERNING BOARD

4.1 Number and Term. The officers of the Governing Board shall be a Chairperson, a Vice Chairperson and a Secretary and such other officers as shall be determined by the Hospital Governing

Board. Each officer of the Board shall be elected at the annual meeting of the Board, by and from among the Members to serve for a term of one (1) year, and who may serve successive terms.

4.2 Chairperson. The Hospital Governing Board shall select a Chairperson from among its Members. The Chairperson shall serve at the pleasure of the Board and shall be qualified to perform the following duties, responsibilities, and powers, together with all others necessary or beneficial to the Chairperson's function:

- (a) Supervise Board affairs overall.
- (b) Preside at all meetings of the Board.
- (c) Approve the agenda for each Board meeting, which will be prepared by the Administrator and Board Recording Secretary.
- (d) Facilitate appropriate communication among the Board, the CEO and the JPC. Through the CEO, encourage an atmosphere of cooperation and open communication among the affiliates, medical staff, and administrative personnel.
- (e) Through the CEO, exercise control over the business affairs and property of the Hospital and general supervision of its officers, employees, and agents.
- (f) Meet frequently with the CEO.
- (g) Ensure an annual review of the Hospital's mission, vision, goals, and objectives. Follow an ongoing process of developing a strategic plan focusing and directing the Hospital's future course of action.
- (h) Develop and maintain appropriate relationships with local, state, and federal government agencies, with professional hospital groups and related healthcare organizations.
- (j) Ensure a process for reporting to the Hospital Governing Board and JPC periodically on the overall operations and condition of the Hospital, including financial and quality performance, employee relations and regulatory compliance.
- (k) Cooperate in the completion of the annual audit of the financial operations of the Hospital for each fiscal year.

- (l) Serve as or appoint the Hospital's representative to all affiliated organizations and exercise, on behalf of the Hospital, all rights, and privileges that it possesses with respect to each affiliated organization.

4.3 Vice Chairperson. The Board shall elect a Vice Chairperson from among its members. The Vice Chairperson of the Board shall serve at the pleasure of the Board and shall have the duties, responsibilities, and powers of the Chairperson in the Chairperson's absence.

4.4 Secretary. The Board shall elect a Secretary from among its members. The Secretary of the Board shall serve at the pleasure of the Board and shall have the following duties, responsibilities, and powers together with all others necessary or beneficial to the Secretary's function:

- (i) Ensure the Board Recording Secretary keeps the minutes of all meetings of the Board and, whenever required by the Chairperson, perform like duties for any Board Committee.
- (j) See that all notices are duly given by the Board Recording Secretary in accordance with these Bylaws and as required by law.
- (k) Ensure the Chairperson reviews the Bylaws of the Hospital and reports to the Board at least annually concerning the Bylaws and any necessary or desirable changes or additions.
- (l) Each new Board member of the Hospital, prior to taking a position on the Hospital Board, shall submit, in writing, to the Governing Board Secretary, a list of all business or other organizations of which the Board Member has an interest, with which the Hospital has, or might reasonably in the future enter into, a relationship or a transaction in which the Board Member would have conflicting interests. Each written statement will be re-submitted annually with any necessary changes and should changes occur. The Secretary of the Board shall become familiar with the statements of all Board Members in order to guide the Chairperson's conduct, should a conflict arise. The Chairperson of the Board shall be familiar with the statements filed by the Secretary.

ARTICLE 5

EXECUTION OF INSTRUMENTS, BORROWING OF MONEY

AND DEPOSIT OF CORPORATE FUNDS

5.1 *Execution of Instruments.* Subject to any limitation contained in these Bylaws, the Chairperson, Vice Chairperson, or the Secretary may, within such written policy guidelines as the Hospital Governing Board shall determine from time to time, in the name and on behalf of the Hospital, execute and deliver any contract or other instrument as authorized.

5.2. *Loans.* No loan or advance shall be contracted on behalf of the Hospital, no guarantee of any obligation or indemnification of any other entity shall be made by the Hospital, no negotiable paper or other evidence of its obligation under any loan or advance shall be issued in its name, and no property of the Hospital shall be mortgaged, pledged, hypothecated, transferred, or conveyed as security for the payment of any loan, advance, indebtedness, or liability of the Hospital, unless and except as authorized by the Hospital Governing Board and the Joint Powers Commission in accordance with state statute. Any such authorization may be general or confined to specific instances.

5.3. *Deposits.* All monies of the Hospital not otherwise employed shall be deposited as the Hospital Governing Board may select, or as may be selected by any officer or agent authorized to do so by the Hospital Governing Board.

5.4. *Checks, Drafts, Etc.* All notes, drafts, acceptances, checks, and similar documents are subject to the provisions of these Bylaws, other evidences of indebtedness of the Hospital shall be signed by such officer or officers or such agent or agents of the Hospital and in such manner as the Hospital Governing Board may from time to time determine. Endorsements for deposit to the credit of the Hospital in any of its duly authorized depositories shall be in such manner as the Hospital Governing Board may from time to time determine.

ARTICLE 6

COMMITTEES AND SUBCOMMITTEES

6.1 *Number and Appointment.* The standing committees and subcommittees of the Hospital Governing Board shall be the (a) Finance/Audit Committee, (b) Board Quality/Compliance Committee, (c) Joint Conference Committee and (d) the Bylaws Committee. The Chairperson of the Hospital Governing Board may from time to time establish other committees or subcommittees and appoint committee members to assist the Board. The Chairperson of the Board may change the membership, number, and function of such committees; however, the number of committee

members may not include a quantity of Board members which would constitute a quorum of the Board. In the event that a joint meeting of two committees is deemed necessary and appropriate by the committees, the two committee chairs shall ensure that no more than four Board members attend the meeting so as to avoid inadvertently creating a quorum of the Board. The membership and number of each subcommittee may be established and changed by the Chairperson of the Committee to which it reports. Standing Committees and subcommittees are appointed annually in July. Each committee will be advisory only and will recommend action to the Board for final approval.

6.2. *Standing Committees and Subcommittee Responsibilities:*

(a) *Finance/Audit Committee.* The Chairperson of the Board shall appoint a Finance/Audit Committee consisting of not more than four (4) Board members, who shall have expertise in financial matters and with one serving as Chairperson of the Committee. The Finance/Audit Committee shall review budgets, financial analysis and operational plans as indicated and make recommendations to the Board. The Finance/Audit Committee shall provide oversight for the financial affairs of the Hospital, and recommend the form, time, and manner in which funds of the Hospital shall be managed. The Finance Committee shall review and make recommendations on the annual budget and recommend required major modifications to the approved annual budget including appropriate budget adjustments. They shall provide oversight of the audit process of the Hospital, recommending the selection of the Hospital's auditors to the Hospital Governing Board for approval. They shall assure that the appropriate certified annual audit of all operating entities of the Hospital is obtained in accordance with the State Auditor's rules and shall review and report to the Board of such audit.

(b) *Quality/Credentialing/Compliance Committee.* The Chairperson of the Board shall appoint a Quality/Credentialing/Compliance Committee consisting of not more than four (4) Board Members, with one serving as Chairperson of the Committee. The Quality/Credentialing/Compliance Committee, in consultation with the CEO, Chief Quality Officer, Chief Nursing Officer and Hospital Compliance Officer, shall develop and ensure effective internal controls that promote adherence to applicable Federal and State laws and the program requirements of the Federal, State, and private health plans. The Quality/Credentialing/Compliance Committee shall provide oversight of quality management and quality improvement policies. The Committee shall also consider matters relating to the granting, increasing, reduction, suspension, or revocation of Medical Staff membership and clinical privileges that are referred to the Committee pursuant to these Bylaws. The committee shall also oversee the adoption and implementation of voluntary compliance programs, with the purpose of significantly advancing the

prevention of fraud, abuse, and waste. Specifically, compliance programs guide a hospital's governing body in the efficient management and operation of a hospital. The Compliance Officer shall report to the Board and to the Quality/Credentialing/ Compliance Committee at least four times per year. In addition, the Compliance Officer will meet solely with Governing Board Members in closed session at the annual meeting in July.

(c) *Joint Conference Committee.* The Chairperson of the Board shall appoint a Joint Conference Committee consisting of not more than four (4) Board Members. The other members of the Joint Conference Committee shall be comprised of the Chief of Staff, Vice Chief of Staff, and other Medical Staff Members. The Joint Conference Committee shall ensure a formal means of communication between the Board and the Medical Staff on development of Hospital policy, actions planned or taken by the Board or Medical Staff, and discussion of problems that arise in the operation of the Hospital of functions of the Medical Staff. The Joint Conference shall meet quarterly or as needed when called by the Chairman of the Board or the COS and a written record of the proceedings shall be maintained within the Medical Staff Committee minutes and reported to the Board and Medical Staff. (Medical Staff Bylaws 11.2) The Joint Conference shall convene to resolve matters if the Medical Staff makes a recommendation that the Board does not accept. The Joint Conference Committee shall submit the final recommendation for action by the Board. (Medical Staff Bylaws Section 4.2.5 & 7.2.1)

(d) *Bylaws Committee.* The Chairperson of the Board shall appoint a Bylaws Committee consisting of not more than four (4) Board Members, with one serving as Chairperson of the Committee. The Bylaws Committee shall review and recommend changes and updates to the Chairperson of the Board ensuring Board Bylaw annual review. The committee shall perform the duties and responsibilities as assigned by Governing Board policies referencing peer review.

6.3 *Committee Responsibilities.* Each standing committee, standing subcommittee and any ad hoc committee shall have the oversight responsibility for the Hospital function specified in these Bylaws or as otherwise assigned to it by action of the Hospital Governing Board. All actions of each committee will be only advisory to the Board. The Quality/Compliance Committee and the Joint Conference Committee shall be considered review organizations with respect to their performance of evaluating and improving the quality of health care services and decisions related to the granting, limiting, denying, or revoking of privileges as set forth in the New Mexico Review Organization Immunity Act.

6.4 *Committee Chairperson.* The Chairperson of each committee shall be appointed by the

Chairperson of the Board and shall have the following general duties, responsibilities, and powers, together with such others as may be designated from time to time by the Hospital Governing Board.

- (a) Coordinate committee activities through the designated management liaison.
- (b) Approve an agenda for each committee meeting.
- (c) Preside or designate an alternate to preside at committee meetings.
- (d) Provide for maintenance of official records of the committee.
- (e) Report committee activities and recommendations to the Board at its regular meetings.
- (f) Delegate specific responsibilities among committee members.
- (g) Appoint members to subcommittees as is necessary.
- (h) Inform the Chairperson of the Board periodically of the progress or concerns of the Committee.

ARTICLE 7

ADMINISTRATION

7.1 Administrator. The Chief Executive Officer shall be given the necessary authority and responsibility to operate the Hospital in all its activities and departments, subject only to state and federal laws, and such policies as may be issued by the Governing Board or by any of its committees to which it has delegated power for such action. He/she shall act as the duly authorized representative of the Governing Board in all matters in which the Governing Board has not formally designated some other person to act.

Responsibilities:

- (a) Carry out all policies established by the Governing Board and advise on the formation of these policies to the Governing Board.
- (b) Develop and submit to the Governing Board for approval a plan of organization for the conduct of hospital operation with recommended changes when necessary.
- (c) Prepare an annual budget showing the expected revenue and expenditures as

required by the Governing Board or its finance or executive committees. An annual capital expenditure budget will also be prepared and presented to the Governing Board and JPC for approval.

- (d) Select, employ, and discharge employees and develop and maintain personnel policies and practices for the hospital.
- (c) Maintain physical properties in a good, safe state of repair and operating condition.
- (f) Notify the Governing Board of all commercial contracts. The Chief Executive Officer shall have authority to execute commercial contracts in accordance with the New Mexico Procurement Code. This requirement shall not apply to the hiring of non-provider employees. The hiring of providers as Hospital employees and all contracts with providers shall require Board approval.
- (g) Supervise business affairs to ensure that funds are collected and expended to the best possible advantage.
- (h) Work continually with other health care professionals to the end that suitable and superior care may be rendered to all patients at all times.
- (i) Present to the Governing Board, or its authorized committee, monthly reports reflecting the professional services and financial activities of the Hospital and such special reports as may be required by the Governing Board.
- (j) Attend or send a representative to all meetings of the Governing Board and committees thereof
- (k) Serve as the liaison and channel of communications between the Governing Board and any of its Committees and the Medical Staff and assist the Medical Staff with its organization and medical-administrative problems and responsibilities.
- (l) Prepare a plan for the achievement of the Hospital's specific objectives and mutually established goals and at least annually review and evaluate those plans with the Governing Board. Said plan shall at all times reflect the hospital's mission statement and be in accordance with the ethics and goals of the hospital.
- (m) Serve as a leader in the community, promoting effective and economical

working relationships with other health agencies.

- (n) Develop and maintain appropriate relationships with local, state, and federal government agencies, with professional hospital groups and related healthcare organizations.

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

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

ARTICLES 8

INSURANCE FOR BOARD MEMBERS

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

ARTICLE 9

FISCAL YEAR

9.1 *Fiscal Year.* The fiscal year of the Hospital shall commence on July 1 of each year and shall end on the succeeding June 30.

ARTICLE 10

AMENDMENT

10.1 Amendment. These Bylaws may be amended in whole or in part by a majority vote of the total Hospital Governing Board at any regular or special meeting, within ten (10) calendar days' written notice of the substance of any proposed Bylaw amendment. No such amendment shall be effective until the amendment is approved by the JPC.

ARTICLE 11

MISCELLANEOUS

11.1 Public Meetings. All meetings of the Hospital Governing Board shall be conducted in strict accordance with the Open Meetings Act of the State of New Mexico. At the Board's annual meeting, the Hospital Governing Board shall adopt an Opening Meetings Resolution that complies with the provisions of the Open Meetings Act and shall thereafter conduct its affairs in accordance with the provisions of that resolution.

11.2 Other Laws. The Hospital Governing Board is a public entity that shall comply with all applicable federal, state, local laws, regulations, and ordinances relating to the affairs of a public entity



The undersigned Chairperson and Secretary of the Hospital Governing Board hereby certify that the Hospital Governing Board of Sierra Vista Hospital duly amended the foregoing Bylaws of Sierra Vista Hospital on the 25th day of July 2024



Financial Analysis

May 31st, 2024

Days Cash on Hand for May 2024 are 68 (\$6,524,468)

Accounts Receivable Net days are 68

Accounts Payable days are 28

Hospital Excess Revenue over Expense

The **Net Income** for the month of May was (\$30,267) vs. a Budget Income of (\$305,685).

Hospital Gross Revenue for May was \$6,681,638 or \$1,286,348 more than budget. Patient Days were 126 – 53 more than April, RHC visits were 855 – 17 less than April and ER visits were 780 – 87 more than April.

Revenue Deductions for May were \$3,776,418.

Other Operating Revenue was \$303,334, which includes pharmacy 340B income of \$201,683.

Non-Operating Revenue was \$234,113.

Hospital Operating Expenses for May were \$3,055,987. Salaries which were over budget by \$63,530.

EBITDA for May was \$394,181 vs. a Budget of \$111,566. YTD EBITDA is \$783,655 vs. a Budget of \$1,209,236.

The Bond Coverage Ratio in May was -17% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
May 31, 2024

| MONTH | | | | BENCHMARK RANGE | | | | YEAR TO DATE | | | |
|--|-----------|-------------|------------|-----------------|----------|----------|-----------|--------------|-------------|------------|-------------|
| Actual | Budget | Variance to | Prior Year | Variance to | QHR 75th | QHR 50th | Actual | Budget | Variance to | Prior Year | Variance to |
| 5/31/24 | 5/31/24 | Budget | 5/31/23 | Prior Year | | | 5/31/24 | 5/31/24 | Budget | 05/31/23 | Prior Year |
| DESCRIPTION | | | | | | | | | | | |
| Growth | | | | | | | | | | | |
| Net Patient Revenue Growth Rate | | | | | | | | | | | |
| Admissions | | | | | | | | | | | |
| 21 | 22 | (1) | 22 | (1) | 6% | 5% | 4% | 242 | 16 | 239 | 19 |
| 5 | 6 | (1) | 5 | - | 828 | 479 | 258 | 66 | (32) | 69 | (35) |
| 26 | 28 | (2) | 27 | (1) | 94 | 67 | 34 | 308 | (16) | 308 | (16) |
| 4.8 | 4.2 | 0.7 | 2.9 | 2.0 | 921 | 546 | 292 | 4.2 | (0) | 4.2 | (0.38) |
| 126 | 117 | 9 | 78 | 48 | 3.3 | 4.0 | 3.8 | 1,287 | (178) | 1,286 | (177) |
| 855 | 1,000 | (1,000) | 1,111 | (1,111) | 50,087 | 28,879 | 6,000 | 11,000 | (5,000) | 10,996 | (4,996) |
| 780 | 751 | 104 | 978 | (123) | 21,264 | 17,305 | 9,696 | 8,261 | 1,435 | 8,068 | 1,628 |
| 3% | 703 | 77 | 755 | 25 | 9,542 | 7,380 | 7,753 | 7,733 | 20 | 7,801 | (48) |
| | | -0.4% | 3% | 0% | 10% | 6% | 3% | 3% | 0% | 3% | 0% |
| ER Visits Conversion to Acute Admissions | | | | | | | | | | | |
| Surgery Cases | | | | | | | | | | | |
| - | - | - | - | - | 238 | 114 | 4 | - | 4 | 0 | 4 |
| 22 | - | 22 | 18 | 4 | 1,400 | 710 | 164 | - | 164 | 74 | 90 |
| 22 | - | 22 | 18 | 4 | 1,639 | 824 | 168 | - | 168 | 74 | 94 |
| Outpatient Surgery Cases | | | | | | | | | | | |
| Total Surgeries | | | | | | | | | | | |
| Profitability | | | | | | | | | | | |
| 11% | 15% | -4% | 3% | 8% | 7% | 4% | 2% | 15% | -13% | 6% | -3% |
| -1% | 15% | -16% | -11% | 10% | 2% | 2% | -11% | 15% | -26% | -10% | -2% |
| 56% | 46% | 10% | 54% | 2% | 47% | 50% | 54% | 46% | 8% | 53% | 2% |
| 9% | 2% | 7% | 3% | 7% | 2% | 6% | 10% | 2% | 8% | 8% | 2% |
| 89% | | | 95% | | 83% | 78% | 89% | | | 95% | -6% |
| \$ 28,268 | \$ 11,645 | \$ 16,624 | \$ 11,645 | \$ 16,624 | | | \$ 28,268 | | \$ 11,645 | \$ 16,624 | |
| \$ 12,323 | \$ 5,383 | \$ 6,940 | \$ 5,383 | \$ 6,940 | | | \$ 12,323 | | \$ 5,383 | \$ 6,940 | |
| 40% | 40% | 0% | 36% | 4% | 35% | 40% | 42% | 40% | 2% | 40% | 2% |
| 7% | 7% | 0% | 6% | 1% | 11% | 12% | 8% | 7% | 1% | 8% | 0% |
| 7% | 8% | -1% | 5% | 2% | 10% | 13% | 8% | 8% | 0% | 6% | 1% |
| Cash and Liquidity | | | | | | | | | | | |
| 68 | | | | | 236 | 106 | 68 | | | 129 | (61) |
| 86 | | | | | 47 | 57 | 86 | | | 43 | 42 |
| 68 | | | | | 41 | 53 | 68 | | | 25 | 43 |
| 28 | | | | | 30 | 35 | 28 | | | 28 | 1 |
| 3.6 | | | | | 4.3 | 2.6 | 3.6 | | | 4.5 | (1.0) |
| Days Cash on Hand | | | | | | | | | | | |
| A/R Days (Gross) | | | | | | | | | | | |
| A/R Days (Net) | | | | | | | | | | | |
| Days in AP | | | | | | | | | | | |
| Current Ratio | | | | | | | | | | | |

Sierra Vista Hospital
 STATISTICS by Month
 May 31, 2024
 (SUBJECT TO AUDIT)

| Description | 6/30/2024 | 5/31/2024 | 4/30/2024 | 3/31/2024 | 2/29/2024 | 1/31/2024 | 12/31/2023 | 11/30/2023 | 10/31/2023 | 9/30/2023 | 8/31/2023 | Month Ending 7/31/2023 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|------------|-----------|-----------|------------------------|
| Admissions | | | | | | | | | | | | |
| Acute | | 21 | 22 | 18 | 20 | 30 | 28 | 28 | 28 | 22 | 29 | 21 |
| Swing | | 5 | 2 | 4 | 3 | 4 | 4 | 3 | 3 | 3 | 2 | 2 |
| Total Admissions | | 26 | 24 | 22 | 23 | 34 | 32 | 31 | 31 | 25 | 31 | 23 |
| ALOS (acute and swing) | | 4.8 | 3.0 | 5.3 | 6.2 | 3.6 | 3.7 | 3.1 | 3.1 | 4.2 | 3.0 | 2.3 |
| Patient Days (acute and swing) | | 126 | 73 | 116 | 142 | 122 | 117 | 96 | 96 | 104 | 93 | 52 |
| Outpatient Visits | | | | | | | 1,131 | 836 | 836 | 913 | 1,112 | 872 |
| Rural Health Clinic Visits | | | | | | | 841 | 1,119 | 1,069 | 1,069 | 793 | 1,037 |
| ER Visits | | 855 | 872 | 707 | 814 | 842 | 841 | 701 | 661 | 661 | 714 | 712 |
| ER Visits Conversion to Acute Admissions | | 3% | 3% | 3% | 3% | 4% | 4% | 4% | 4% | 3% | 4% | 3% |
| Surgery Cases | | | | | | | | | | | | |
| Inpatient Surgery Cases | | | | | | | | | | 1 | 2 | 1 |
| Outpatient Surgery Cases | | 22 | 11 | 3 | 9 | 17 | 16 | 25 | 18 | 15 | 15 | 16 |
| Total Surgeries | | 22 | 11 | 3 | 9 | 17 | 16 | 25 | 19 | 17 | 17 | 17 |
| Profitability | | | | | | | | | | | | |
| EBITDA % Net Rev | | 11% | -2% | -2% | -32% | -2% | 5% | 2% | 2% | 10% | 8% | 16% |
| Operating Margin % | | -1% | -16% | -16% | -50% | -16% | -8% | -12% | -12% | -3% | -5% | 3% |
| Rev Ded % Net Rev | | 56% | 58% | 51% | 60% | 55% | 54% | 53% | 53% | 49% | 50% | 53% |
| Bad Debt % Net Pt Rev | | 9% | 12% | 5% | 14% | 9% | 11% | 10% | 10% | 9% | 10% | 8% |
| Outpatient Revenue % | | 89% | 91% | 90% | 90% | 92% | 92% | 92% | 92% | 94% | 93% | 97% |
| Gross Patient Revenue/Adjusted Admission | | \$ 28,268 | \$ 20,238 | \$ 23,889 | \$ 18,262 | \$ 13,032 | \$ 14,019 | \$ 13,383 | \$ 12,534 | \$ 12,272 | \$ 12,272 | \$ 7,745 |
| Net Patient Revenue/Adjusted Admission | | \$ 12,323 | \$ 8,558 | \$ 11,638 | \$ 7,283 | \$ 5,918 | \$ 6,462 | \$ 6,340 | \$ 6,436 | \$ 6,090 | \$ 6,090 | \$ 3,656 |
| Salaries % Net Pt Rev | | 40% | 46% | 43% | 62% | 44% | 40% | 39% | 39% | 39% | 37% | 36% |
| Benefits % Net Pt Rev | | 7% | 12% | 8% | 11% | 7% | 7% | 9% | 6% | 6% | 7% | 7% |
| Supplies % Net Pt Rev | | 7% | 11% | 4% | 6% | 8% | 7% | 8% | 15% | 15% | 7% | 6% |
| Cash and Liquidity | | | | | | | | | | | | |
| Days Cash on Hand | | 68 | 75 | 82 | 90 | 97 | 98 | 97 | 101 | 101 | 102 | 105 |
| A/R Days (Gross) | | 86 | 77 | 72 | 52 | 48 | 49 | 48 | 45 | 45 | 40 | 38 |
| A/R Days (Net) | | 68 | 59 | 53 | 32 | 31 | 33 | 30 | 29 | 29 | 23 | 20 |
| Days in AP | | 28 | 33 | 30 | 28 | 28 | 27 | 23 | 21 | 23 | 29 | 23 |
| Current Ratio | | 3.6 | 3.5 | 4.0 | 4.4 | 4.4 | 4.8 | 5.7 | 5.5 | 5.5 | 5.7 | 6.7 |

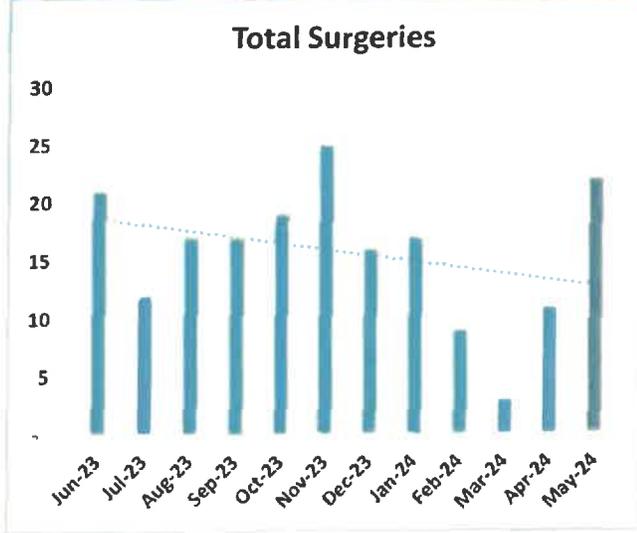
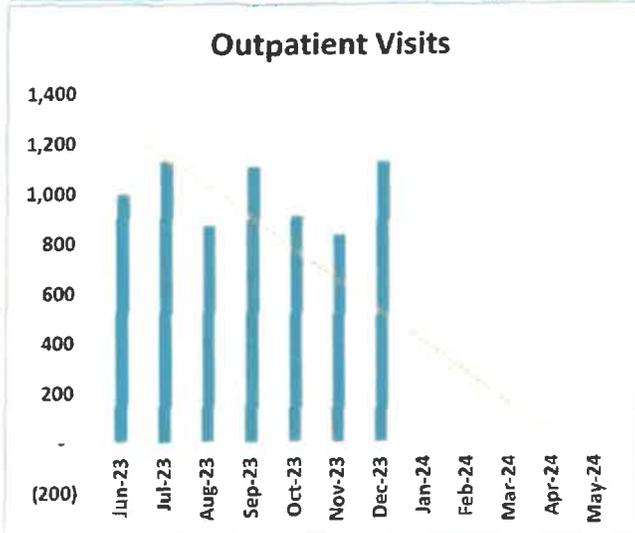
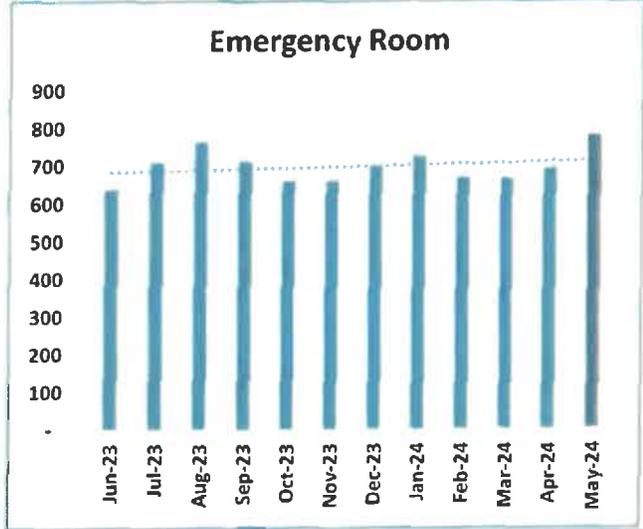
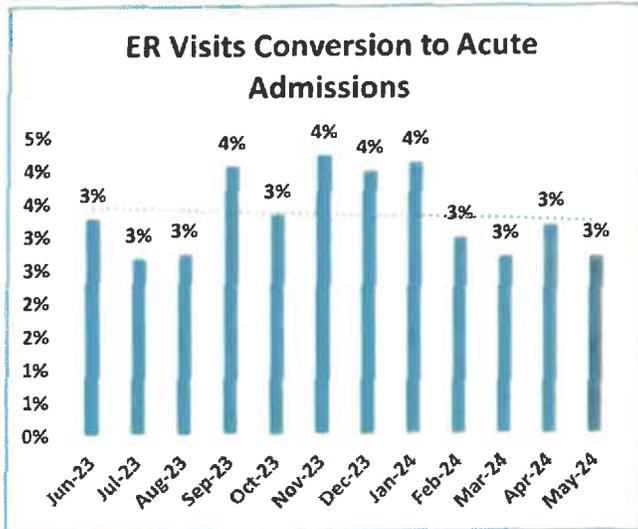
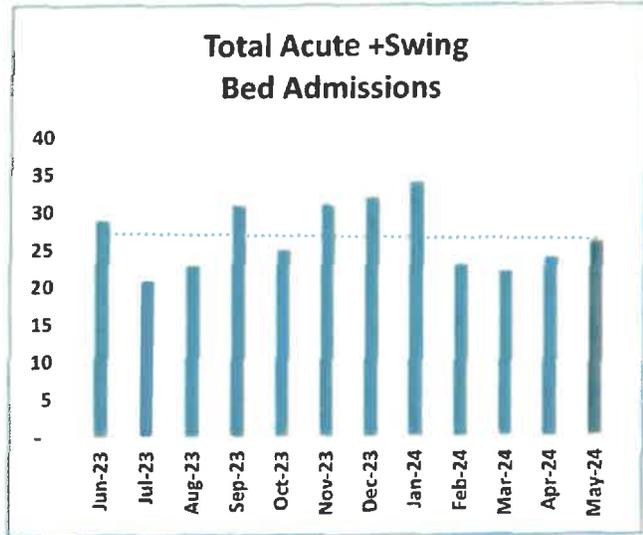
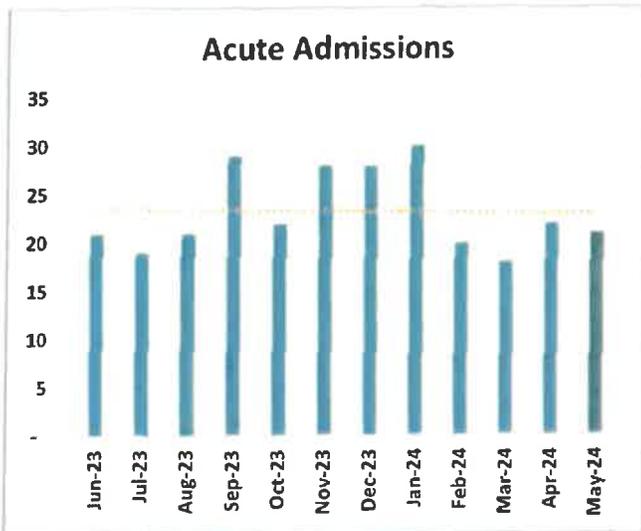
Sierra Vista Hospital
 TWELVE MONTH STATISTICS
 May 31, 2024
 (SUBJECT TO AUDIT)

| Description | 5/31/2024 | | 4/30/2024 | | 3/31/2024 | | 2/29/2024 | | 1/31/2024 | | 11/30/2023 | | 10/31/2023 | | 9/30/2023 | | 8/31/2023 | | 7/31/2023 | | 6/30/2023 | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending |
| Admissions | | | | | | | | | | | | | | | | | | | | | | |
| Acute | 21 | 22 | 18 | 20 | 30 | 28 | 28 | 28 | 22 | 22 | 29 | 29 | 21 | 19 | 19 | 21 | 19 | 21 | 19 | 21 | 19 | 21 |
| Swing | 5 | 2 | 4 | 3 | 4 | 3 | 4 | 4 | 3 | 3 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 8 |
| Total Admissions | 26 | 24 | 22 | 23 | 34 | 31 | 32 | 31 | 25 | 25 | 31 | 31 | 23 | 21 | 21 | 23 | 21 | 21 | 21 | 21 | 21 | 29 |
| ALOS (acute and swing) | 4.8 | 3.0 | 5.3 | 6.2 | 3.6 | 3.7 | 3.1 | 3.1 | 4.2 | 4.2 | 3.0 | 3.0 | 2.3 | 3.2 | 3.2 | 2.3 | 3.2 | 3.2 | 3.2 | 3.2 | 3.2 | 3.7 |
| Patient Days (acute and swing) | 126 | 73 | 116 | 142 | 122 | 117 | 96 | 104 | 104 | 104 | 93 | 93 | 52 | 68 | 68 | 52 | 68 | 68 | 68 | 68 | 68 | 108 |
| Outpatient Visits | - | - | - | - | - | 1,131 | 836 | 1,119 | 1,069 | 1,069 | 1,112 | 1,112 | 872 | 1,136 | 1,136 | 872 | 1,136 | 1,136 | 1,136 | 1,136 | 1,136 | 1,002 |
| Rural Health Clinic Visits | 855 | 872 | 707 | 814 | 842 | 841 | 1,119 | 1,069 | 1,069 | 1,069 | 793 | 793 | 1,037 | 747 | 747 | 1,037 | 747 | 747 | 747 | 747 | 747 | 941 |
| ER Visits | 780 | 693 | 667 | 670 | 728 | 701 | 662 | 662 | 661 | 661 | 714 | 714 | 665 | 712 | 712 | 665 | 712 | 712 | 712 | 712 | 712 | 639 |
| ER Visits Conversion to Acute Admissions | 3% | 3% | 3% | 3% | 4% | 4% | 4% | 4% | 4% | 4% | 4% | 4% | 3% | 3% | 3% | 4% | 4% | 3% | 3% | 3% | 3% | 3% |
| Surgery Cases | | | | | | | | | | | | | | | | | | | | | | |
| Inpatient Surgery Cases | - | - | - | - | - | - | - | - | 1 | 1 | 2 | 2 | 1 | - | - | 1 | 1 | 1 | 1 | 1 | 1 | - |
| Outpatient Surgery Cases | 22 | 11 | 3 | 9 | 17 | 16 | 25 | 25 | 18 | 18 | 15 | 15 | 16 | 12 | 12 | 16 | 12 | 12 | 12 | 12 | 12 | 21 |
| Total Surgeries | 22 | 11 | 3 | 9 | 17 | 16 | 25 | 25 | 19 | 19 | 17 | 17 | 17 | 12 | 12 | 17 | 12 | 12 | 12 | 12 | 21 | |
| Profitability | | | | | | | | | | | | | | | | | | | | | | |
| EBITDA % Net Rev | 11% | -2% | -2% | -32% | -2% | 5% | 2% | 2% | 10% | 10% | 8% | 8% | 16% | -1% | -1% | 16% | -1% | -1% | -1% | -1% | -1% | -13% |
| Operating Margin % | -0.9% | -15.5% | -16.5% | -50% | -16% | -8% | -12% | -12% | -3% | -3% | -5% | -5% | 3% | -18% | -18% | 3% | -18% | -18% | -18% | -18% | -18% | -31.1% |
| Rev Ded % Net Rev | 56% | 58% | 51% | 60% | 55% | 54% | 53% | 53% | 49% | 49% | 50% | 50% | 53% | 57% | 57% | 53% | 57% | 57% | 57% | 57% | 57% | 53% |
| Bad Debt % Net Pt Rev | 9.5% | 11.7% | 5.0% | 14% | 9% | 11% | 10% | 10% | 9% | 9% | 10% | 10% | 8% | 10% | 10% | 8% | 10% | 10% | 10% | 10% | 10% | 8.2% |
| Outpatient Revenue % | 89% | 91% | 90% | 90% | 92% | 92% | 92% | 92% | 94% | 94% | 93% | 93% | 97% | 96% | 96% | 97% | 96% | 96% | 96% | 96% | 96% | 93% |
| Gross Patient Revenue/Adjusted Admission | \$ 28,268 | \$ 20,238 | \$ 23,889 | \$ 18,262 | \$ 13,032 | \$ 14,019 | \$ 13,383 | \$ 12,534 | \$ 12,534 | \$ 12,272 | \$ 12,272 | \$ 7,745 | \$ 9,808 | \$ 12,963 | \$ 12,963 | \$ 7,745 | \$ 9,808 | \$ 9,808 | \$ 9,808 | \$ 9,808 | \$ 12,963 | \$ 6,098 |
| Net Patient Revenue/Adjusted Admission | \$ 12,323 | \$ 8,558 | \$ 11,638 | \$ 7,283 | \$ 5,918 | \$ 6,462 | \$ 6,340 | \$ 6,340 | \$ 6,436 | \$ 6,436 | \$ 6,090 | \$ 6,090 | \$ 3,656 | \$ 4,230 | \$ 4,230 | \$ 3,656 | \$ 4,230 | \$ 4,230 | \$ 4,230 | \$ 4,230 | \$ 4,230 | \$ 6,098 |
| Salaries % Net Pt Rev | 40% | 46% | 43% | 62% | 44% | 40% | 39% | 39% | 39% | 39% | 37% | 37% | 36% | 46% | 46% | 36% | 46% | 46% | 46% | 46% | 46% | 39% |
| Benefits % Net Pt Rev | 7% | 12% | 8% | 11% | 7% | 7% | 9% | 9% | 6% | 6% | 7% | 7% | 7% | 8% | 8% | 7% | 8% | 8% | 8% | 8% | 8% | 19% |
| Supplies % Net Pt Rev | 7% | 11% | 4% | 6% | 8% | 7% | 8% | 8% | 15% | 15% | 7% | 7% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 6% | 7% |
| Cash and Liquidity | | | | | | | | | | | | | | | | | | | | | | |
| Days Cash on Hand | 68 | 75 | 82 | 90 | 97 | 98 | 97 | 97 | 101 | 101 | 102 | 102 | 105 | 101 | 101 | 105 | 101 | 101 | 101 | 101 | 101 | 121 |
| A/R Days (Gross) | 86 | 77 | 72 | 52 | 48 | 49 | 48 | 48 | 45 | 45 | 40 | 40 | 38 | 40 | 40 | 38 | 40 | 40 | 40 | 40 | 40 | 43 |
| A/R Days (Net) | 68 | 59 | 53 | 32 | 31 | 33 | 30 | 30 | 29 | 29 | 23 | 23 | 20 | 22 | 22 | 20 | 22 | 22 | 22 | 22 | 22 | 25 |
| Days in AP | 28 | 33 | 30 | 23 | 28 | 27 | 21 | 21 | 23 | 23 | 29 | 29 | 23 | 24 | 24 | 23 | 24 | 24 | 24 | 24 | 24 | 25 |
| Current Ratio | 3.6 | 3.5 | 4.0 | 4.4 | 4.4 | 4.8 | 5.7 | 5.7 | 5.5 | 5.5 | 5.7 | 5.7 | 6.7 | 6.9 | 6.9 | 6.7 | 6.9 | 6.9 | 6.9 | 6.9 | 6.9 | 4.3 |

Sierra Vista Hospital
Detailed Stats by Month
5/31/2024
(SUBJECT TO AUDIT)

| Description | FY2024 | Avg FY2024 | 6/30/2024 | | 5/31/2024 | | 4/30/2024 | | 3/31/2024 | | 2/29/2024 | | 1/31/2024 | | 12/31/2023 | | 11/30/2023 | | 10/31/2023 | | 9/30/2023 | | 8/31/2023 | | 7/31/2023 | | | |
|--|--------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending | Month Ending |
| Total Acute Patient Days | 804 | 73 | 100 | 63 | 76 | 87 | 64 | 58 | 84 | 70 | 80 | 37 | 46 | | | | | | | | | | | | | | | |
| Total Swinged Patient Days | 305 | 28 | 2,880 | 1,340 | 1,827 | 2,350 | 2,385 | 2,508 | 2,543 | 1,619 | 2,602 | 949 | 1,456 | | | | | | | | | | | | | | | |
| Total Acute Hours (based on Disch.Hrs) | 22,459 | 2,042 | - | 1,340 | 1,827 | 2,350 | 2,385 | 2,508 | 2,543 | 1,619 | 2,602 | 949 | 1,456 | | | | | | | | | | | | | | | |
| TOTAL ACUTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Days | 804 | 73 | 100 | 63 | 76 | 87 | 64 | 58 | 84 | 70 | 80 | 37 | 46 | | | | | | | | | | | | | | | |
| Admits | 258 | 23 | 21 | 22 | 15 | 17 | 33 | 28 | 29 | 18 | 32 | 18 | 22 | | | | | | | | | | | | | | | |
| Discharges | 255 | 23 | 21 | 22 | 15 | 17 | 33 | 28 | 29 | 18 | 32 | 18 | 22 | | | | | | | | | | | | | | | |
| Discharge Hours | 22,459 | 2,042 | 2,880 | 1,340 | 1,827 | 2,350 | 2,385 | 2,508 | 2,543 | 1,619 | 2,602 | 949 | 1,456 | | | | | | | | | | | | | | | |
| Avg LOS | 3.2 | 3.2 | #DIV/0! | 2.9 | 5.1 | 5.1 | 1.9 | 3.5 | 2.9 | 3.9 | 2.5 | 2.1 | 2.1 | | | | | | | | | | | | | | | |
| Medicare Acute | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Days | 609 | 55 | 71 | 28 | 46 | 80 | 49 | 64 | 65 | 60 | 73 | 33 | 40 | | | | | | | | | | | | | | | |
| Admits | 178 | 16 | 9 | 9 | 10 | 15 | 21 | 19 | 19 | 18 | 26 | 17 | 15 | | | | | | | | | | | | | | | |
| Discharges | 180 | 16 | 9 | 13 | 7 | 13 | 23 | 19 | 21 | 14 | 28 | 15 | 18 | | | | | | | | | | | | | | | |
| Discharge Hours | 16,876 | 1,534 | 1,704 | 978 | 1,100 | 1,900 | 1,791 | 1,675 | 2,008 | 1,321 | 2,305 | 818 | 1,276 | | | | | | | | | | | | | | | |
| Avg LOS | 3.4 | 3.4 | #DIV/0! | 2.2 | 6.6 | 6.2 | 2.1 | 3.4 | 3.1 | 4.3 | 2.6 | 2.2 | 2.2 | | | | | | | | | | | | | | | |
| SWING - ALL (Medicare/Other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Days | 305 | 28 | 26 | 10 | 40 | 55 | 58 | 4 | 4 | 3 | 3 | 2 | 2 | | | | | | | | | | | | | | | |
| Admits | 34 | 3 | 4 | 2 | 4 | 3 | 4 | 3 | 4 | 3 | 2 | 2 | 2 | | | | | | | | | | | | | | | |
| Discharges | 36 | 3 | 4 | 2 | 4 | 3 | 5 | 3 | 5 | 1 | 4 | 2 | 4 | | | | | | | | | | | | | | | |
| Discharge Hours | 6,779 | 616 | 624 | 241 | 771 | 667 | 1,447 | 795 | 44 | 868 | 338 | 474 | 510 | | | | | | | | | | | | | | | |
| Avg LOS | 8.5 | 8.5 | #DIV/0! | 5.0 | 10.0 | 18.3 | 11.6 | 4.0 | 12.0 | 8.5 | 6.5 | 7.5 | 5.5 | | | | | | | | | | | | | | | |
| Observations | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Days | 378 | 34 | 25 | 20 | 24 | 34 | 26 | 74 | 25 | 31 | 21 | 21 | 26 | | | | | | | | | | | | | | | |
| Admits | 216 | 20 | 14 | 11 | 12 | 19 | 16 | 30 | 22 | 21 | 20 | 29 | 22 | | | | | | | | | | | | | | | |
| Discharge Hours | 8,530 | 775 | 600 | 472 | 576 | 934 | 730 | 859 | 634 | 828 | 1096 | 1186 | 615 | | | | | | | | | | | | | | | |
| Emergency Room | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total ER Patients | 7,753 | 705 | 780 | 693 | 667 | 670 | 728 | 701 | 662 | 661 | 714 | 765 | 712 | | | | | | | | | | | | | | | |
| Admitted | 142 | 13 | 11 | 13 | 11 | 11 | 16 | 14 | 14 | 8 | 18 | 9 | 12 | | | | | | | | | | | | | | | |
| Transferred | 701 | 64 | 86 | 63 | 72 | 64 | 79 | 62 | 57 | 53 | 47 | 64 | 54 | | | | | | | | | | | | | | | |
| Ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total ALS/BLS runs | 3,670 | 334 | 376 | 287 | 296 | 315 | 376 | 369 | 374 | 296 | 329 | 319 | 333 | | | | | | | | | | | | | | | |
| 911 Calls | 2,792 | 254 | 292 | 218 | 218 | 228 | 280 | 268 | 301 | 231 | 260 | 241 | 255 | | | | | | | | | | | | | | | |
| Transfers | 878 | 80 | 84 | 69 | 78 | 87 | 96 | 101 | 73 | 65 | 69 | 78 | 78 | | | | | | | | | | | | | | | |
| OP Registrations | 6,000 | 545 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaccine Clinic | 504 | 46 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rural Health Clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total RHC Visits | 9,696 | 881 | 855 | 872 | 707 | 814 | 842 | 841 | 1,119 | 1,069 | 793 | 1,037 | 747 | | | | | | | | | | | | | | | |
| Avg Visits per day | 465 | 42 | 42 | 40 | 31 | 41 | 42 | 42 | 59 | 47 | 40 | 47 | 34 | | | | | | | | | | | | | | | |
| Walk-in Clinic | 1,273 | 1.16 | 122 | 91 | 121 | 148 | 141 | 199 | 179 | 159 | 113 | 113 | - | | | | | | | | | | | | | | | |
| Behavioral Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patients Seen | 2,566 | 233 | 283 | 282 | 177 | 207 | 190 | 189 | 213 | 166 | 264 | 275 | 320 | | | | | | | | | | | | | | | |

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT by Month
May 31, 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 | \$ 6,681,638 | \$ 5,396,678 | \$ 4,200,198 | \$ 5,534,569 | \$ 5,186,012 | \$ 5,222,493 | \$ 5,434,928 | \$ 5,937,549 | \$ 5,149,321 | | | |
| Contractual Allowances | 3,417,518 | 2,777,194 | 2,107,232 | 2,631,191 | 2,367,421 | 2,016,948 | 2,388,517 | 2,800,771 | 2,610,179 | | | |
| Bad Debt | 305,679 | 302,935 | 134,293 | 262,860 | 282,315 | 276,140 | 313,140 | 251,113 | 239,981 | | | |
| Other Deductions | 53,221 | 34,769 | 124,204 | 129,404 | 84,881 | 247,890 | 38,828 | 92,221 | 81,452 | | | |
| Total Revenue Deductions | \$ 3,776,418 | \$ 3,114,498 | \$ 2,526,902 | \$ 3,023,455 | \$ 2,734,617 | \$ 2,540,978 | \$ 2,740,486 | \$ 3,144,106 | \$ 2,931,613 | | | |
| Other Patient Revenue | 7,500 | 0 | 0 | 1,899 | 122 | 2,420 | 217 | 9,278 | 3,030 | | | |
| Net Patient Revenue | \$ 2,912,721 | \$ 2,282,180 | \$ 1,675,195 | \$ 2,515,235 | \$ 2,456,727 | \$ 2,681,731 | \$ 2,696,862 | \$ 2,802,711 | \$ 2,220,738 | | | |
| Gross to Net % | 44% | 42% | 49% | 45% | 47% | 51% | 50% | 47% | 43% | | | |
| Other Operating Revenue | 303,334 | 355,901 | 283,294 | 229,241 | 212,676 | 575,484 | 170,261 | 206,464 | 149,121 | | | |
| Non-Operating Revenue | 234,113 | 291,074 | 165,153 | 354,985 | 177,102 | 173,683 | 201,679 | 199,315 | 172,494 | | | |
| Total Operating Revenue | \$ 3,450,168 | \$ 2,929,155 | \$ 2,154,714 | \$ 3,059,461 | \$ 2,645,491 | \$ 3,430,898 | \$ 3,068,803 | \$ 3,106,500 | \$ 2,592,353 | | | |
| Expenses | | | | | | | | | | | | |
| Salaries & Benefits | \$ 0 | \$ 1,355,557 | \$ 1,342,407 | \$ 1,319,351 | \$ 1,196,782 | \$ 1,244,935 | \$ 1,228,153 | \$ 1,228,723 | \$ 1,217,628 | | | |
| Salaries | 1,160,810 | 1,048,313 | 1,104,636 | 1,115,860 | 951,588 | 1,035,765 | 1,007,467 | 1,005,620 | 1,016,209 | | | |
| Benefits | 216,641 | 273,001 | 194,115 | 181,278 | 213,386 | 157,893 | 201,610 | 204,408 | 185,996 | | | |
| Other Salary & Benefit Expense | 41,533 | 34,242 | 43,656 | 22,213 | 31,808 | 30,890 | 19,076 | 18,695 | 15,424 | | | |
| Supplies | 215,896 | 245,030 | 114,459 | 202,691 | 185,034 | 412,362 | 195,362 | 169,487 | 129,245 | | | |
| Contract Services | 1,011,032 | 940,549 | 1,022,395 | 1,106,058 | 949,010 | 1,014,421 | 961,100 | 839,231 | 793,494 | | | |
| Professional Fees | 194,380 | 181,355 | 183,410 | 187,317 | 181,459 | 183,410 | 181,459 | 183,201 | 181,846 | | | |
| Leases/Rentals | 4,896 | 11,931 | 10,046 | 6,116 | 7,305 | 5,952 | 13,275 | 38,504 | 24,804 | | | |
| Utilities | 43,717 | 41,233 | 41,540 | 58,300 | 46,973 | 45,686 | 56,201 | 66,553 | 48,620 | | | |
| Repairs / Maintenance | 48,499 | 59,865 | 71,850 | 82,734 | 73,960 | 103,070 | 64,352 | 56,822 | 72,280 | | | |
| Insurance | 88,136 | 88,984 | 87,752 | 88,962 | 87,772 | 88,526 | 87,776 | 88,136 | 88,136 | | | |
| Other Operating Expenses | 30,458 | 57,129 | 41,147 | 77,061 | 55,363 | 35,375 | 34,383 | 35,917 | 23,728 | | | |
| Total Operating Expenses | \$ 3,055,987 | \$ 2,981,631 | \$ 2,914,947 | \$ 3,173,548 | \$ 2,785,412 | \$ 3,093,428 | \$ 2,822,081 | \$ 2,706,574 | \$ 2,379,781 | | | |
| EBITDA | \$ 394,181 | \$ 52,476 | \$ 567,965 | \$ 574,087 | \$ 560,078 | \$ 337,470 | \$ 246,741 | \$ 501,926 | \$ 537,428 | | | |
| EBITDA Margin | 11% | -2% | -2% | -2% | -2% | 10% | 8% | 16% | 1% | | | |
| Non - Operating Expenses | | | | | | | | | | | | |
| Depreciation and Amortization | \$ 298,589 | \$ 284,373 | \$ 274,022 | \$ 291,365 | \$ 287,219 | \$ 285,263 | \$ 281,177 | \$ 286,623 | \$ 284,371 | | | |
| Interest | 74,733 | 73,707 | 74,936 | 73,766 | 75,137 | 73,823 | 74,647 | 75,119 | 74,647 | | | |
| Tax/Other | 51,127 | 44,418 | 37,287 | 64,570 | 53,053 | 42,236 | 51,511 | 57,882 | 51,763 | | | |
| Total Non Operating Expenses | \$ 424,449 | \$ 402,498 | \$ 386,245 | \$ 429,701 | \$ 415,409 | \$ 407,322 | \$ 407,335 | \$ 419,625 | \$ 409,424 | | | |
| NET INCOME (LOSS) | \$ 330,257 | \$ 454,973 | \$ 1,078,460 | \$ 503,759 | \$ 935,329 | \$ 1,033,453 | \$ 1,160,594 | \$ 682,302 | \$ 446,852 | | | |
| Net Income Margin | 16% | 16% | 18% | 16% | 12% | 13% | 13% | 3% | 18% | | | |

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
 May 31, 2024

| Description | 5/31/2024 | 4/30/2024 | 3/31/2024 | 2/29/2024 | 1/31/2024 | 12/31/2023 | 11/30/2023 | 10/31/2023 | 9/30/2023 | 8/31/2023 | 7/31/2023 | Month Ending 6/30/2023 |
|-------------------------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------------|
| Revenues | | | | | | | | | | | | |
| Gross Patient Revenue | \$ 6,681,638 | \$ 5,396,678 | \$ 5,255,478 | \$ 4,200,198 | \$ 5,538,569 | \$ 5,607,692 | \$ 5,186,012 | \$ 5,222,493 | \$ 5,434,928 | \$ 5,937,549 | \$ 5,149,321 | \$ 5,370,369 |
| Revenue Deductions | 3,417,518 | 2,777,194 | 2,436,641 | 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 |
| Contractual Allowances | 305,679 | 302,535 | 134,293 | 267,486 | 262,860 | 334,838 | 282,315 | 276,140 | 313,140 | 251,113 | 239,981 | 226,311 |
| Bad Debt | 53,221 | 34,769 | 124,204 | 152,185 | 129,404 | 120,046 | 84,881 | 247,890 | 38,828 | 92,221 | 81,452 | 80,618 |
| Other Deductions | \$ 3,776,418 | \$ 3,114,498 | \$ 2,695,138 | \$ 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 |
| Total Revenue Deductions | 7,500 | 0 | 0 | 1,899 | 122 | 200 | 5,332 | 217 | 2,420 | 9,278 | 3,030 | 3,827 |
| Other Patient Revenue | \$ 2,912,721 | \$ 2,282,180 | \$ 2,560,340 | \$ 1,675,195 | \$ 2,515,235 | \$ 2,584,897 | \$ 2,456,727 | \$ 2,681,731 | \$ 2,696,862 | \$ 2,802,721 | \$ 2,220,738 | \$ 2,730,758 |
| Net Patient Revenue | 44% | 42% | 49% | 40% | 45% | 46% | 47% | 51% | 50% | 47% | 43% | 51% |
| Gross to Net % | | | | | | | | | | | | |
| Other Operating Revenue | 303,334 | 355,901 | 121,589 | 283,294 | 229,241 | 212,676 | 211,662 | 575,484 | 170,261 | 206,464 | 149,121 | (316,557) |
| Non-Operating Revenue | 234,113 | 291,074 | 165,153 | 196,225 | 354,985 | 504,477 | 177,102 | 173,683 | 201,679 | 199,315 | 172,494 | 193,034 |
| Total Operating Revenue | \$ 3,450,168 | \$ 2,929,155 | \$ 2,847,082 | \$ 2,154,714 | \$ 3,099,461 | \$ 3,302,050 | \$ 2,845,491 | \$ 3,430,898 | \$ 3,068,803 | \$ 3,208,500 | \$ 2,542,353 | \$ 2,607,235 |
| Expenses | | | | | | | | | | | | |
| Salaries & Benefits | 1,418,983 | 1,355,557 | 1,342,407 | 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 |
| Salaries | 1,160,810 | 1,048,313 | 1,104,636 | 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 |
| Benefits | 216,641 | 273,001 | 194,115 | 191,366 | 181,278 | 173,232 | 213,386 | 157,893 | 201,610 | 204,408 | 185,996 | 503,276 |
| Other Salary & Benefit Expense | 41,533 | 34,242 | 43,656 | 31,019 | 22,213 | 27,830 | 31,808 | 30,890 | 19,076 | 18,695 | 15,424 | 25,366 |
| Supplies | 215,896 | 245,030 | 114,459 | 99,180 | 202,691 | 184,005 | 185,034 | 412,362 | 195,362 | 169,487 | 129,245 | 240,382 |
| Contract Services | 1,011,032 | 940,549 | 1,022,335 | 1,106,058 | 1,151,016 | 1,240,400 | 949,010 | 1,014,421 | 961,100 | 839,231 | 793,494 | 901,427 |
| Professional Fees | 194,380 | 181,355 | 183,410 | 177,735 | 187,317 | 181,410 | 181,459 | 183,410 | 181,459 | 183,201 | 181,846 | 181,669 |
| Leases/Rentals | 4,886 | 11,931 | 10,046 | 11,355 | 6,116 | 5,880 | 7,305 | 5,952 | 13,275 | 38,504 | 24,804 | 25,128 |
| Utilities | 43,717 | 41,233 | 41,540 | 36,049 | 58,300 | 55,264 | 46,973 | 45,686 | 56,201 | 66,553 | 48,620 | 41,833 |
| Repairs / Maintenance | 48,499 | 59,865 | 71,850 | 49,461 | 82,734 | 75,830 | 73,960 | 103,070 | 64,352 | 56,822 | 72,280 | 71,619 |
| Insurance | 88,136 | 88,984 | 87,752 | 90,569 | 88,962 | 87,772 | 89,526 | 48,216 | 87,776 | 88,136 | 88,136 | 76,543 |
| Other Operating Expenses | 30,458 | 57,129 | 41,147 | 24,234 | 77,061 | 62,961 | 55,363 | 35,375 | 34,383 | 35,917 | 23,728 | 40,716 |
| Total Operating Expenses | \$3,055,987 | \$2,981,631 | \$2,914,947 | \$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 |
| EBITDA | \$394,181 | (\$52,476) | (\$67,865) | (\$696,588) | (\$74,087) | \$171,700 | \$60,079 | \$337,470 | \$246,741 | \$501,926 | (\$37,428) | (\$494,533) |
| EBITDA Margin | 11% | -2% | -2% | -32% | -2% | 5% | 2% | 10% | 8% | 16% | -1% | -19.0% |
| Non - Operating Expenses | 298,589 | 284,373 | 290,571 | 274,022 | 291,365 | 296,249 | 287,219 | 325,263 | 281,177 | 286,623 | 284,371 | 352,158 |
| Depreciation and Amortization | 74,733 | 73,707 | 73,727 | 74,936 | 73,785 | 73,785 | 75,137 | 73,823 | 74,647 | 75,119 | 73,290 | 135,720 |
| Interest | 51,127 | 44,418 | 37,287 | 33,304 | 64,570 | 52,019 | 53,053 | 42,236 | 51,511 | 57,882 | 51,763 | 56,769 |
| Tax/Other | \$424,448 | \$402,498 | \$401,585 | \$382,262 | \$429,701 | \$422,053 | \$415,409 | \$441,322 | \$407,335 | \$419,625 | \$409,424 | \$544,646 |
| Total Non Operating Expenses | \$30,267 | (\$45,973) | (\$469,449) | (\$1,078,850) | (\$503,788) | (\$250,353) | (\$355,329) | (\$103,852) | (\$160,594) | \$82,302 | (\$446,852) | (\$1,039,179) |
| NET INCOME (LOSS) | (1%) | (16%) | (16%) | (50%) | (16%) | (8%) | (12%) | (3%) | (5%) | 3% | (18%) | (39.9%) |
| Net Income Margin | | | | | | | | | | | | |

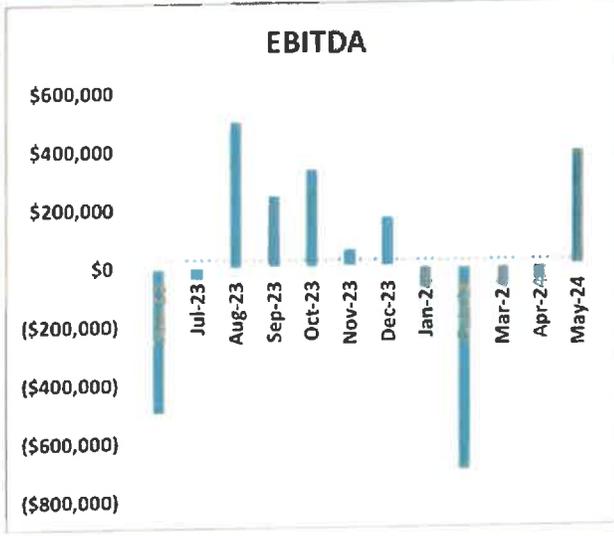
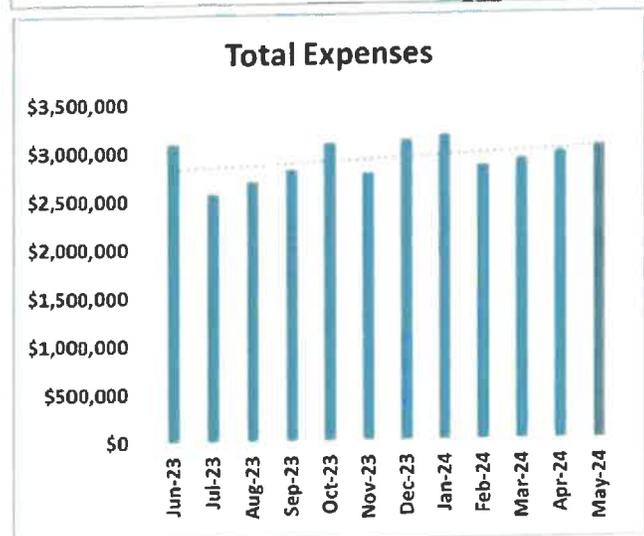
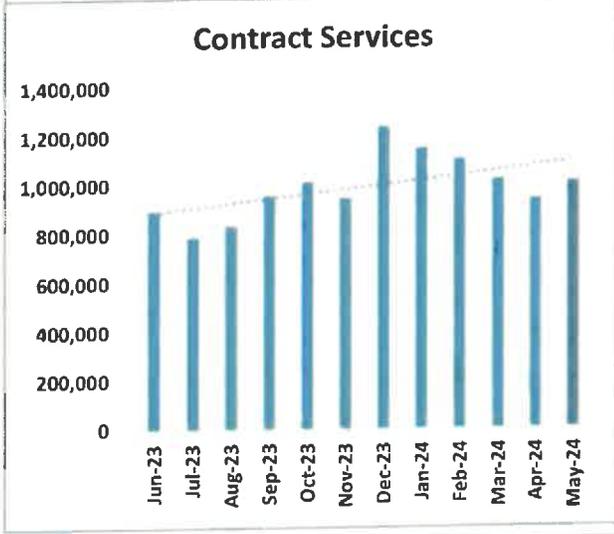
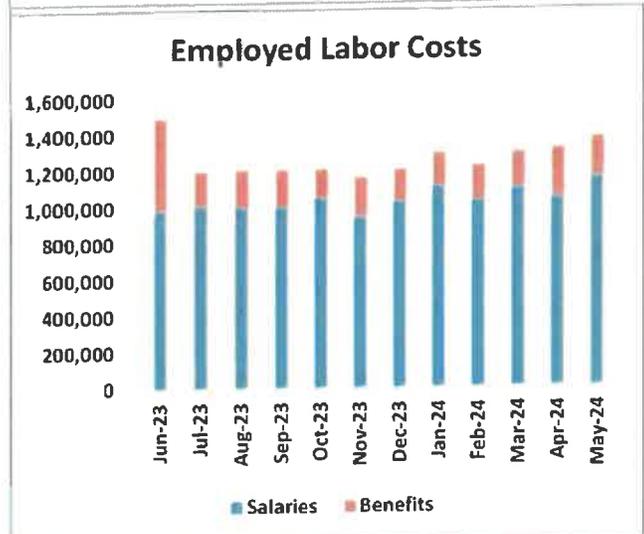
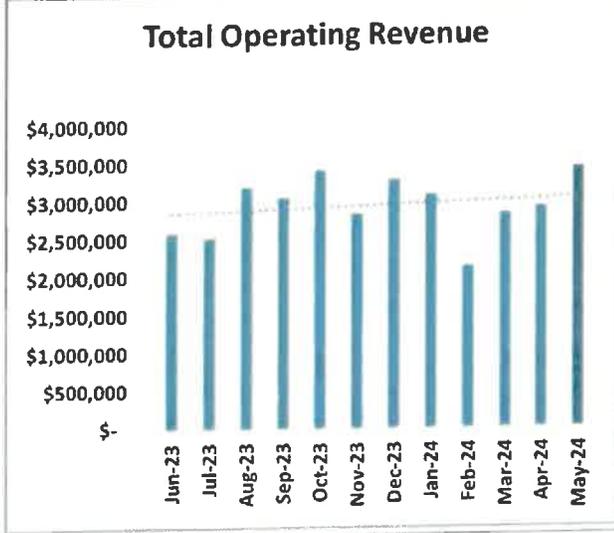
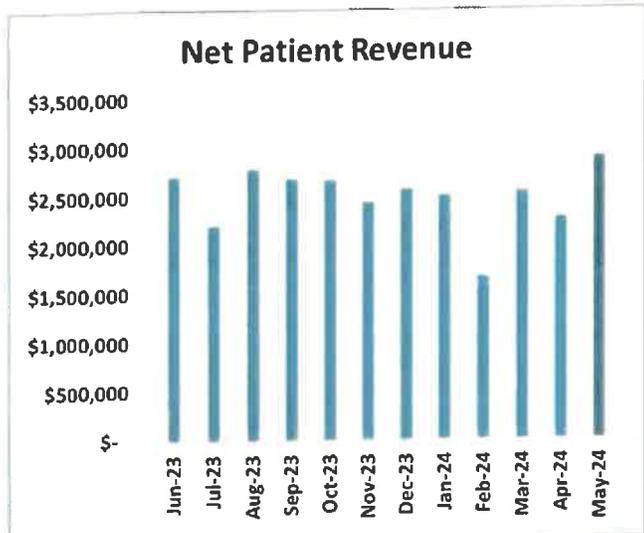
Sierra Vista Hospital
BALANCE SHEET
May 31, 2024

| May 31, 2024 (Unaudited) | DESCRIPTION | June 30, 2023 |
|-----------------------------|--|-----------------------|
| | Assets | |
| | Current Assets | |
| \$ 6,443,730 | Cash and Liquid Capital | \$ 10,246,815 |
| \$ 80,738 | US Bank Clearing | \$ 98,103 |
| \$ 6,524,468 | Total Cash | \$ 10,348,345 |
| \$ 15,289,226 | Accounts Receivable - Gross | \$ 7,263,177 |
| \$ 9,739,959 | Contractual Allowance | \$ 5,240,610 |
| \$ 5,549,267 | Total Accounts Receivable, Net of Allowance | \$ 2,022,567 |
| \$ 1,232,810 | Other Receivables | \$ 960,302 |
| \$ 503,642 | Inventory | \$ 436,861 |
| \$ 133,846 | Prepaid Expense | \$ 74,946 |
| \$ 13,944,033 | Total Current Assets | \$ 13,839,594 |
| | Long Term Assets | |
| \$ 53,910,380 | Fixed Assets | \$ 55,003,729 |
| \$ 19,604,950 | Accumulated Depreciation | \$ 17,995,002 |
| \$ - | Construction in Progress | \$ - |
| \$ 34,305,430 | Total Fixed Assets, Net of Depreciation | \$ 37,003,829 |
| \$ 34,305,430 | Total Long Term Assets | \$ 37,003,829 |
| \$ 3,222,431 | New Hospital Loan | \$ 2,018,590 |
| \$ 51,471,894 | Total Assets | \$ 52,862,013 |
| | Liabilities & Equity | |
| | Current Liabilities | |
| \$ 1,536,841 | Account Payable | \$ 1,213,024 |
| \$ 990,380 | Interest Payable | \$ 144,504 |
| \$ 49,049 | Accrued Taxes | \$ 52,244 |
| \$ 1,183,948 | Accrued Payroll and Related | \$ 1,104,431 |
| \$ 150,000 | Cost Report Settlement | \$ (235,000) |
| \$ 3,910,218 | Total Current Liabilities | \$ 2,279,202 |
| | Long term Liabilities | |
| \$ 24,713,210 | Long Term Notes Payable | \$ 24,756,827 |
| \$ 24,713,210 | Total Long Term Liabilities | \$ 24,756,827 |
| \$ 1,285,343 | Unapplied Liabilities | \$ 386,523 |
| \$ 226,853 | Capital Equipment Lease | \$ 331,184 |
| \$ 30,135,625 | Total Liabilities | \$ 27,753,736 |
| \$ 25,108,277 | Retained Earnings | \$ 26,147,456 |
| \$ (3,772,008) | Net Income | \$ (1,039,179) |
| \$ 51,471,894 | Total Liabilities and Equity | \$ 52,862,013 |

Sierra Vista Hospital
BALANCE SHEET by Month
May 31, 2024

| Assets | 6/30/2024 | 5/31/2024 | 4/30/2024 | 3/31/2024 | 2/29/2024 | 1/31/2024 | 12/31/2023 | 11/30/2023 | 10/31/2023 | 9/30/2023 | 8/31/2023 | Month Ending 7/31/2023 |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|
| Current Assets | | | | | | | | | | | | |
| Cash and Liquid Capital | 6,443,730 | 6,830,674 | 7,552,729 | 8,478,291 | 9,011,826 | 9,065,658 | 8,781,884 | 8,781,884 | 9,283,253 | 9,018,432 | 9,088,598 | 8,814,096 |
| US Bank Clearing | 80,738 | 354,909 | 263,290 | 123,402 | 246,502 | 113,665 | 239,352 | 239,352 | 98,854 | 167,145 | 206,091 | 189,137 |
| Total Cash | \$0 | \$7,185,583 | \$7,816,019 | \$8,601,693 | \$9,258,328 | \$9,179,324 | \$9,021,236 | \$9,021,236 | \$9,382,107 | \$9,185,577 | \$9,294,689 | \$9,003,233 |
| Accounts Receivable - Gross | 15,289,226 | 13,483,545 | 12,565,862 | 9,142,016 | 8,665,549 | 8,812,027 | 8,576,599 | 8,051,189 | 7,277,291 | 7,277,291 | 7,050,448 | 7,173,889 |
| Contractual Allowance | 9,739,959 | 8,714,813 | 8,278,501 | 6,523,017 | 6,024,493 | 6,020,980 | 6,043,644 | 5,271,905 | 5,233,938 | 5,271,905 | 5,380,258 | 5,496,707 |
| Total Accounts Receivable, Net of Allowance | \$ - | \$ 4,768,732 | \$ 4,287,361 | \$ 2,618,998 | \$ 2,641,056 | \$ 2,791,047 | \$ 2,532,955 | \$ 2,532,955 | \$ 2,527,251 | \$ 2,005,386 | \$ 1,670,190 | \$ 1,677,182 |
| Other Receivables | 1,232,810 | 1,227,252 | 1,215,969 | 1,121,561 | 1,345,557 | 1,159,284 | 1,116,408 | 1,009,246 | 1,009,246 | 1,541,978 | 1,376,084 | 1,113,914 |
| Inventory | 503,642 | 510,780 | 552,392 | 562,463 | 444,184 | 455,909 | 452,192 | 455,909 | 455,096 | 458,005 | 458,248 | 466,260 |
| Prepaid Expense | 133,846 | 234,754 | 317,491 | 364,966 | 464,464 | 539,757 | 572,397 | 572,397 | 673,023 | 737,994 | 837,451 | 861,579 |
| Total Current Assets | \$0 | \$13,944,033 | \$13,927,101 | \$14,189,230 | \$14,153,589 | \$14,125,320 | \$13,695,188 | \$13,695,188 | \$14,046,723 | \$13,928,939 | \$13,636,661 | \$13,122,168 |
| Long Term Assets | | | | | | | | | | | | |
| Fixed Assets | 53,910,380 | 54,154,032 | 54,149,228 | 54,142,557 | 54,117,912 | 54,117,912 | 55,290,258 | 55,253,629 | 55,191,824 | 1,432,808 | 1,102,481 | 1,144,254 |
| Accumulated Depreciation | 19,604,950 | 19,628,337 | 19,343,964 | 19,053,393 | 18,779,371 | 18,488,006 | 19,464,554 | 19,177,335 | 18,852,072 | 375,197 | 298,299 | 221,402 |
| Total Fixed Assets, Net of Depreciation | \$ 34,305,430 | \$ 34,525,695 | \$ 34,810,068 | \$ 35,095,835 | \$ 35,363,186 | \$ 35,629,906 | \$ 35,825,704 | \$ 36,076,294 | \$ 36,339,752 | \$ 50,201 | \$ 54,176 | \$ 50,464 |
| Total Long Term Assets | \$ - | \$ 34,305,430 | \$ 34,525,695 | \$ 34,810,068 | \$ 35,095,835 | \$ 35,363,186 | \$ 35,825,704 | \$ 36,076,294 | \$ 36,715,500 | \$ 36,339,752 | \$ 36,498,801 | \$ 36,785,425 |
| New Hospital Loan | 3,222,431 | 3,097,004 | 2,982,299 | 2,863,239 | 2,743,432 | 2,623,120 | 2,504,097 | 2,384,413 | 2,264,783 | 2,264,783 | 2,144,494 | 2,141,206 |
| Total Assets | \$ - | \$ 51,471,894 | \$ 51,549,801 | \$ 51,981,597 | \$ 52,260,207 | \$ 52,378,346 | \$ 52,024,989 | \$ 52,507,430 | \$ 52,533,475 | \$ 52,533,475 | \$ 52,279,956 | \$ 52,048,799 |
| Liabilities & Equity | | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | | |
| Account Payable | 1,536,841 | 1,782,291 | 1,622,045 | 1,276,130 | 1,522,379 | 1,434,567 | 1,100,656 | 1,218,715 | 1,432,808 | 1,432,808 | 1,102,481 | 1,144,254 |
| Interest Payable | 990,380 | 913,482 | 836,584 | 759,686 | 682,789 | 605,891 | 528,993 | 452,095 | 375,197 | 375,197 | 298,299 | 221,402 |
| Accrued Taxes | 49,049 | 43,918 | 21,916 | 32,804 | 55,019 | 40,326 | 50,058 | 40,326 | 50,201 | 50,201 | 54,176 | 50,464 |
| Accrued Payroll and Related | 1,183,948 | 1,043,593 | 961,295 | 824,159 | 812,714 | 681,275 | 965,152 | 1,059,893 | 800,596 | 800,596 | 821,798 | 718,994 |
| Cost Report Settlement | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 | (235,000) | (235,000) | (235,000) | (235,000) | (235,000) | (235,000) |
| Total Current Liabilities | \$0 | \$3,933,284 | \$3,042,779 | \$3,042,779 | \$3,222,899 | \$2,921,791 | \$2,410,168 | \$2,536,029 | \$2,423,803 | \$2,423,803 | \$2,041,755 | \$1,900,113 |
| Long Term Liabilities | | | | | | | | | | | | |
| Long Term Notes Payable | 24,713,210 | 24,717,176 | 24,721,141 | 24,725,106 | 24,729,071 | 24,733,036 | 24,737,001 | 24,740,967 | 24,744,932 | 24,748,897 | 24,752,862 | 24,752,862 |
| Total Long Term Liabilities | \$0 | \$24,713,210 | \$24,717,176 | \$24,725,106 | \$24,729,071 | \$24,733,036 | \$24,737,001 | \$24,740,967 | \$24,744,932 | \$24,748,897 | \$24,752,862 | \$24,752,862 |
| Capital Liabilities | | | | | | | | | | | | |
| Unapplied Liabilities | 1,285,343 | 1,285,343 | 1,596,261 | 915,703 | 663,810 | 571,979 | 472,622 | 448,702 | 476,889 | 476,889 | 435,728 | 405,055 |
| Capital Equipment Lease | 226,853 | 247,463 | 250,846 | 254,209 | 274,616 | 277,941 | 281,246 | 304,452 | 304,452 | 304,452 | 309,850 | 329,344 |
| Total Liabilities | \$0 | \$30,135,625 | \$30,183,266 | \$28,937,797 | \$28,890,396 | \$28,504,747 | \$27,901,038 | \$28,028,150 | \$27,950,342 | \$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 | \$25,108,277 | \$25,108,277 | \$25,108,277 | \$25,108,277 |
| Net Income | (\$3,772,008) | (\$3,741,741) | (\$3,286,768) | (\$2,817,318) | (\$1,738,466) | (\$1,234,678) | (\$984,325) | (\$525,144) | (\$525,144) | (\$525,144) | (\$364,551) | (\$446,852) |
| Total Liabilities and Equity | \$0 | \$51,471,894 | \$51,549,801 | \$51,981,597 | \$52,260,207 | \$52,378,346 | \$52,024,989 | \$52,507,430 | \$52,533,475 | \$52,533,475 | \$52,279,956 | \$52,048,799 |

Financial Trends



Sierra Vista Hospital
5/31/2024
Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)
Cost Report Bad Debt Write-Off Reserve/General Reserve

| | 5/31/2024 | Notation |
|-----------------|------------------|----------|
| | (150,000) | |
| Total Liability | <u>(150,000)</u> | |

**SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT**

June 2024

CRITICAL RECRUITMENT:

- Physical Therapist – FT (Traveler Fill)
- Director of Plant Operations

PEOPLE:

May New Hires – 3

- FY23 Total - 52
- FT Radiologic Tech (Imaging) – 1
- FT Echo Tech (Imaging) – 1
- FT Housekeeper (EVS) – 1

KEY VACANCIES:

- Registered Nurses – FT (Multiple)
- Certified Nurse Assistant (CNA) – FT

KEY INITIATIVES:

- Behavioral Health Service Capability
- Paid Internship Program HSJS (2nd Group)
- Political Outreach – Awaiting Funds

PRIORITY OF EFFORT:

Our priority of effort is staff stabilization.

Human Resource Trends Snapshot:

- 52 new or rehires to date
- 49 terminations to date
- 210 Quarter Avg staff

Turnover Rate Q1
Pending

PEOPLE:

- May Terminations – 7
- FY23 Total - 49
- Involuntary – 1
- FT – Housekeeper (EVS) – Passed Away
- Voluntary – 6
- FT – Reg Clerk (Business Office) – Joined the Military
- FT – Ultrasound Tech (Imaging) – Resigned
- FT – PTA (Rehab) – Resigned
- FT – Housekeeper (EVS) – Resigned
- FT – Charge Clerk (HIM) – Relocating to TX
- FT – CNA/Unit Clerk (ED) - Resigned

FINANCIAL IMPACTS:

- Onboarding of new professional positions may have an impact on budget.

Respectfully Submitted,

**Lawrence “LJ” Baker Jr.
Director of Human Resources &
External Relations**

Contract Staff – 11

- Med/Surg – 7 (Nurses)
- Sterile Processing Tech – 1
- OR – 1 (Nurse)
- HR – 1 (Director)
- EMS – 1 (Director)

Travel Staff – 15

- Nursing – 10
- Pharmacist – 1
- Physical Therapist – 1
- CNA – 2
- Ultrasound Tech – 1



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

June 17, 2024

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

07001 – Cook-Aide – 1 full-time position (open date 6/15/2024) Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

80002 – Registration Clerk – 1 full-time position (open date 6/17/2024) Serves patients and community by completing patient registration by providing information regarding registration and eligibility process; receiving, verifying, and entering data. Serves visitors by greeting, welcoming, and directing them; notifying personnel of visitor's arrival or incoming phone call; maintains security and telecommunication system.

18601 – EMT – 1 full-time and 1 PRN position (open date 6/13/2024) Responsible for the assessment and basic management of medical, trauma and environmental emergencies under the supervision of on or off-line medical control. Assists with patient care based on individual patient needs within the scope of practice under the direct supervision of appropriate licensed personnel.

80003 – Scheduler – 1 Full-time position (open date 6/4/2024) Responsible for scheduling patient appointments for all outpatient services of the facility. Records statistics as requested. Performs other secretarial/clerical duties as needed. Obtain, monitor and track patient authorizations. Answers all clinic calls and takes messages as appropriate.

80001 – Front Desk Operator – 1 full-time position (open date 6/4/2024) Receives and relays incoming and outgoing telephone calls for the facility. Provides directory information, transfers calls. Makes general and emergency announcements over the facility PA system. Handles the facility paging system.

74101 – Housekeeper – 2 full-time and 1 full-time temporary position (open date 5/6/2024) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

04002 – Ultrasound Technologist – 1 full-time position (open date 4/22/2024) Performs two dimensional ultrasonic recordings of internal organs for the diagnosis of disease and study of the malfunction of organs. Participates in OPI activities.

65501 – Security Guard – 1 full-time position (open date 3/26/2024) Protects life and property of all persons on hospital premises and patrols hospital buildings and grounds to prevent fire, theft, and vandalism. Secures, unlocks, and protects hospital buildings. Responds to security needs of hospital personnel, patients, and visitors. Participates in performance improvement activities.

05001 – Respiratory Therapist – 1 full-time position (open date 3/5/2024) Under the supervision of the Cardiopulmonary Services Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.

05002 – Physical Therapy Assistant – 1 full-time position (open date 2/6/2024) Responsible for administering physical therapy modalities of treatment as supervised by the staff Physical Therapist. Administers treatments and physical agents as directed by the staff Physical Therapist, after the physical therapist has evaluated the patient. The Physical Therapy Assistant assists with restoration of patient functioning to prevent disability following injury, disease or physical disability. Assists patients

to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities.

95302 – Clinic RN – 1 Full-time position (open date 11/15/2023) Provides direct and indirect patient care in the clinic setting. Provides care that reflects initiative, flexibility, and responsibility indicative of professional expectation with a minimum of supervision. Determines priorities of care based on physical and psychosocial needs, as well as factors influencing patient flow through the system. Communicates with outpatient clinic physicians about changes in patient's status, symptomatology, and results of diagnostic studies. Responds- quickly and accurately to changes in condition or response to treatment.

95301 – Medical Assistant - 1 full-time position (open date 8/21/2023) Provides patient care in the office setting. Provides care that meets the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a Registered Nurse and/or physician. Maintains regulatory requirements, nursing and office policies, procedures, and standards.

05001 – Physical Therapist – 1 Full-time position (open date 6/13/2023) Responsible for evaluation, planning, directing, and administering physical therapy treatment plan of care prescribed by a licensed physician. Administers prescription and plan of care as prescribed by a referring physician to restore function and prevent disability following injury, disease, or physical disability. Assists patients to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities. The staff therapist coordinates, delegates, and supervises responsibilities assigned to supportive staff (RCNA, PTS, PTLA, etc.)

51301 – Pharmacist – 1 PRN Position (open date 6/4/2023) Interprets physician prescriptions and medication orders. Acts as a drug information resource to patients, medical staff, nursing staff and ancillary department personnel. Compounds and dispenses prescribed medications and other pharmaceuticals for patient care by performing the related duties.

10201 – Unit Clerk/C.N.A. - 1 Full Time Position Provides indirect patient care in the medical surgical setting. Meets the communication needs of the patient/family, departmental staff, and medical staff. Prepares and compiles records in the Medical Surgical Unit. Initiates directions from physician and nursing staff. Participates in performance improvement activities. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards.

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

10202 – Med/Surg LPN – 1 Full-time position Provides direct and indirect patient care services that meet the psychosocial, physical, and general aspects of care; meets the communication needs of patient and family; provides care that reflects initiative and responsibility indicative of professional expectations, under the supervision of a registered nurse. Maintains regulatory agency requirements, nursing and hospital policies, procedures, and standards. Communicates with physicians and team members about changes in patient's clinical condition, including results of diagnostic studies and symptomatology. Can respond quickly and accurately to changes in condition or response to treatment. Additionally, can perform general nursing duties in all departments with adequate supervision.

18510201 - Registered Nurses (RN's) – Full time and PRN Day and night positions Med/Surg and ED. Provides direct and indirect patient care in the ambulatory care setting. Provides care that reflects initiative, flexibility, and responsibility indicative of professional expectation with a minimum of supervision. Determines priorities of care based on physical and psychosocial needs, as well as factors influencing patient flow through the system.

CEO Report

Frank Corcoran

06/19/2024

1. **Behavioral Health Project Update:** Dr. Andres Diocares, to start in August. The NPs will be going to the VA 1 day a week to see patients.
2. **RHC Update/Provider Recruitment:** no new update
3. **IT System Replacement** – Cerner improving and finishing the build on miscellaneous projects. DNFB down from \$4 million to \$1.7 million, which indicates we have \$2.3 million in claims out the door to the payors for collections.
4. **Med-Malpractice:** We have 2 insurance companies quoting our premiums, currently negotiating for best price and coverage.
5. **Anesthesia Group:** Three Crosses Anesthesia Group agreed to a contract, we are working on Credentials so we can get Surgery back up and running.
6. **NMHA Strategic Planning and Board Education June 12-14** at the Blake went well. The focus this year for NMHA is to lobby for Med-Malpractice legislation reform, lobby against Nurse patient ratios, and lobby to change Mergers and Acquisitions Act which went into law for 1-year last session.
7. **HDAA:** Formerly SB 17, NMHA working with CMS to get started with a best-case scenario beginning the project in 8-9 months, seeing the funds come in in the next year.
8. **SB 161:** Update, this bill provides direct funds to SVH of \$2.7 Million over the next two years. The State is contracting with a 3rd party to administer the funds and monitor the project. The law goes into effect on July 1st 2024.