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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**

August 27, 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

COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, **Member**
Richard Holcomb, **Member**

CITY

Bruce Swingle, **Member**
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

Cookie Johnson, **Secretary**

SUPPORT STAFF:

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

Ovation:

Erika Sundrud
David Perry

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. Call to Order	Kathi Pape, Chairperson	
2. Pledge of Allegiance	Kathi Pape, Chairperson	
3. Roll Call	Jennifer Burns	Quorum Determination
4. Approval of Agenda	Kathi Pape, 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	Kathi Pape, Chairperson	
A. July 30, 2024 Regular/ Annual Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business-	Kathi Pape, Chairperson	
A. Secretaries COI Update	Cookie Johnson, Secretary	Report
8. New Business-		
9. Finance Committee-		
A. July Financial Report	Ming Huang, CFO	Report/Action
B. Authorized signature on bank accounts and bank account closure	Ming Huang, CFO	Report/Action
C. Employee Retirement Plan	Ming Huang, CFO	Report/Action
D. Chemical Analyzers (tentative)	Frank Corcoran, CEO	Report/Action
10. Board Quality- Shawnee Williams, Chairperson		
A. Med Staff		
1. Policy Review	Sheila Adams, CNO	Action
• Automated Medication Management System		
• Emergency Room Take Home Medication		
11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO	Report
C. CEO Report	Frank Corcoran, CEO	Report
D. Governing Board	Kathi Pape, Chairperson	Report
1. Committee Appointments		
2. Bylaws revision approved		

Motion to Close Meeting:

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

Order of business to be determined by Chairperson:

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

A. Privileges

Frank Corcoran, CEO

Provisional to 2-Year:

Armando Beltran, MD ESS

Howard Ng, MD ESS

Terminations:

Karl Unkenholz, MD ESS

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

A. Risk Report

Heather Johnson

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

A. Ovation Report to Board

Erika Sundrud, Ovation

B. QAPI Detail Report

Sheila Adams, CNO

Roll Call to Close Meeting:

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

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

A. Privileges

Action

Provisional to 2-Year:

Armando Beltran, MD ESS

Howard Ng, MD ESS

Terminations:

Karl Unkenholz, MD ESS

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. Ovation Report to Board

Report

B. QAPI Detail Report

Report

14. Other

Discussion

Next Regular Meeting- September 24, 2024

15. Adjournment

Action

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

July 30, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met July 30, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular/annual meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:04.

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 by phone

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
Janet Porter-Carrejo, City Manager EB, Present
Amber Vaughn, County Manager- Absent
Angie Gonzales, City Manager- Absent
Jim Paxon, JPC Chairperson, Present

VILLAGE OF WILLIAMSBURG

Peggy “Cookie” Johnson - Present

STAFF

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

Guest:

David Perry, QHR – Present by phone
Erika Sundrud, QHR – Present by phone
Veronica Lynch, Amplify
Mark Wade, DGI

There is a quorum.

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

- 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

- 5. Approval of minutes** Bruce Swingle, Chairperson
A. June 25, 2024 Regular Meeting
Katharine Elverum motioned to approve the June 25, 2024 minutes. Kathi Pape seconded. Motion carried unanimously.

6. Public Input

Dr. Walker addressed the board with a big smile on his face because we are performing surgeries once again at SVH and meeting our goals in providing health care to the public. He further discussed the advanced procedures that we are able to do because of the addition of anesthesiologists as opposed to CRNAs.

- 7. Old Business-** Bruce Swingle, Chairperson
A. Board Member Code of Conduct
1. Code of Conduct Policy Revision – Katharine Elverum stated that the revisions discussed at the last two meetings and the policy number and form number have been added for final approval.
Greg D’Amour motioned to approve the Board Member Code of Conduct Policy. Kathi Pape seconded. Motion carried unanimously.

8. New Business-

- A. Election of Officers Bruce Swingle, Chairperson
1. Chairperson
Bruce Swingle nominated Kathi Pape for Chairperson. Cookie Johnson seconded. There were no other nominations for Chairperson. The vote was unanimous.
2. Vice Chairperson Kathi Pape, Chairperson
Kathi Pape nominated Serina Bartoo for Vice Chairperson. Cookie Johnson seconded. There were no other nominations for Vice Chairperson. The vote was unanimous.
3. Secretary
Kathi Pape nominated Cookie Johnson for Secretary. Greg D’Amour seconded. There were no other nominations for Secretary. The vote was unanimous.
B. Secretaries report on Conflict-of-Interest Statement – Jennifer Burns reported that seven of nine conflict of interest statements have been received. Richard Holcomb will turn his in next. Once all are received, they will be forwarded to our new board Secretary, Cookie Johnson, for review.
C. Member Attendance Report - Jennifer Burns reported that there were 13 meetings in FY24. All current board members were at 85% or better for the year.
D. Resolutions- Kathi Pape, Chairperson
1. Resolution 24-105
Nondiscrimination English & Spanish
Katharine Elverum motioned to approve Resolution 24-105. Cookie Johnson seconded. Motion carried unanimously.

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

2. Resolution 24-106

Open Meetings

Greg D'Amour motioned to approve Resolution 24-106. Serina Bartoo seconded. Motion carried unanimously.

3. Resolution 24-107

Public Records

Greg D'Amour motioned to approve Resolution 24-107. Serina Bartoo seconded. Motion carried unanimously.

9. Finance Committee- Kathi Pape, Chairperson

A. June Financial Report - Ming Huang, CFO. Days cash on hand at the end of June were 62 which is equal to \$5,947,969. Accounts receivable net days are 65, not 62 as in the report. Accounts payable days were 29. In June we had a net loss of (\$491,624) versus a budget loss of (\$295,824). Gross revenue in June was \$5,741,886 or \$520,637 more than budget. Total patient days were 175, 49 more than May, RHC visits were 867, 12 more than May and ER visits were 703, 77 less than May.

Revenue deductions were \$3,280,201. The original revenue deduction calculation was \$3.6 million. After working with Veronica Lynch from Amplify, it was determined that the contractual expense should be less by about \$300,000.

Other operating revenue was \$251,514. Non-operating revenue was \$277,759. Total expenses were \$3,090,681. Contract services are over budget as we made the last payment to the surgery group in the amount of \$125,000 and IT annual service for \$49,000.

EBITDA for June was (\$71,996). Year to date EBITDA is \$711,660. The bond coverage ratio was -27% versus an expected ratio of 130%.

Veronica Lynch from Amplify discussed the amount of revenue still in the old software system, Athena. The amount is currently \$1.7 million. The revenue in Cerner has gone up every month since the conversion and collections through Cerner have increased every month as well. Insurance companies take anywhere from 14 to 45 days to pay. We are communicating with insurance companies and payors that we are working through a conversion, and they have been good working with us.

Frank Corcoran added that the big question is "where is the cash?" How did we go from \$10 million to \$5 million? Looking at the balance sheet, cash and liquid capital is \$5,766,833. The prior year is \$10,246,815. Our cash collections are not back to normal since the conversion five months ago. Looking at accounts receivable gross; currently it's \$14,738,750. The prior year it was \$7,263,177. That is where the cash is, in accounts receivable. We have about \$7 million tied up and we have to get caught up on collections.

Kathi Pape motioned based on the recommendation of the Finance Committee, acceptance of the June financial report. Cookie Johnson seconded. Motion carried unanimously.

B. Fourth Quarter financial review

1. Resolution 24-110

Kathi Pape motioned to approve Resolution 24-110. Serina Bartoo seconded. Motion carried unanimously.

C. Budget Revision FY2024 – Ming Huang, CFO explained the changes to the FY24 budget include a \$100,000 increase in supplies, \$200,000 increase in contract services, \$100,000 increase in utilities, and \$100,000 increase in repairs and maintenance. This is an increase of \$500,000 to the actual budget.

1. Resolution 24-103

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

Kathi Pape motioned based on the recommendation of the Finance Committee approval of the budget revision for FY24 and Resolution 24-103. Katharine Elverum seconded. Motion carried unanimously.

D. Budget FY2025 - Ming Huang, CFO. For FY25 we have increased gross patient revenue to \$64,721,502 in anticipation of increased surgery and clinic revenue. We increased salary expenses. The total operating expense is \$36,905,119 and total operating revenue is \$37,993,008 ending with EBITDA of \$1,087,889 which is a 3% margin.

1. Resolution 24-104

Kathi Pape motioned based on the recommendation of the Finance Committee approval of the FY2025 budget and Resolution 24-104. Serina Bartoo seconded. Motion carried unanimously.

10. Board Quality- Shawnee Williams, Acting Chairperson

A. Med Staff

1. Policy Review - Sheila Adams, CNO, explained the purpose of each of the policies below. All policies have been approved by Med Staff.

- Screening, Brief Intervention and Referral to Treatment (SBIRT) Policy #280-01-135
- Care Coordination Policy #280-01-136
- Emergency Referral Services Policy #185-01-153

Shawnee William stated that Board Quality met on Monday and reviewed these policies. Based on the recommendation of Board Quality, she motioned approval of all policies. Bruce Swingle asked for more information regarding Care Coordination. Serina Bartoo seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director, reported that our full-time Physical Therapist (traveler) is onboarding today. There were four new hires in June bringing the total for FY24 to 56. There were seven terminations in June bringing the total terminations for FY24 to 56 as well. Our priority of effort is behavioral health team growth and program impact. Staff average in the last quarter is 210.

Onboarding of new professional positions may have an impact on budget thus the increase in the salary expenses for FY25. Key vacancies include registered nurses and certified nurse assistants. Key initiatives include the behavioral health services capability. Dr. Diocares, psychiatrist, will be joining us on August 19th. He will be our Chief of behavioral health services. Our second group of HSHS students will be starting in the paid internship program soon. The first group did an outstanding job, and we were able to hire one of those students. We are working with our representative's and the Governor's office to get the capital outlay funding that was allocated to us.

Contract staff continues to average at 11 and travel staff is 17. We are working on reducing these numbers and bringing in permanent staff.

B. Nursing Services - Sheila Adams, CNO, stated that AHRQ (Agency for Healthcare Research and Quality) has recognized SVH for our success and implementation of the AHRQ toolkit for reducing catheter associated urinary tract infections in our hospital.

Cerner is going well on the nursing side. The newest group of foreign-educated nurses are beginning the paperwork necessary to come onboard. One will be arriving late July. Several more are on the horizon.

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

The state has not yet approved our certified nursing assistant program. We have been told that the department that would approve this program is very backed up. We hope to have it in place by the end of summer.

We are excited to have surgery again. The anesthesiologists are working well with our patients and staff, and they are focused on patient safety.

Our Trauma program provided free life vests to individuals at the lake on Friday and Saturday after the 4th of July. Our staff gave out and fitted all of the life jackets we had on hand.

C. CEO Report - Frank Corcoran, CEO, said that in addition to our psychiatrist starting in August, we will be sending our behavioral health nurse practitioners to the VA nursing home one day per week as soon as credentialing is complete. Cash flow is the biggest issue with Cerner at this time. There are other smaller nuances that we are working through. The HDAA program is scheduled to start in July 2025 with distribution of funds quarterly, starting in October of 2025. This is the program that we contribute to and get back in federal funds. CMS is reviewing the program now. We have requested \$1.5 million from Senate Bill 161 this year and the remaining \$2.7 million allocated for next fiscal year.

We attended a meeting with the city engineer and secretary of state regarding water pressure issues. Something happened with the installation of the roundabouts, and our current pressure will not allow our sprinkler system to work. We have been on 24/7 fire watch since this began months ago. A temporary solution would be to put a water truck with a booster system on the property. The city has funding coming in to fix the pipes and water issues. The schools and the nursing home are facing this issue as well.

Michele Back, Ovation, will be working with us on Quality as we look for a new Quality Director.

Frank and LJ participated in a meeting last week in Santa Fe to provide input from rural hospitals on the Mergers and Acquisitions bill that is now in place. This bill requires hospitals to get permission from the Superintendent of Insurance for a wide variety of situations. The intention of the bill was to keep money from leaving the state, however, the language of the bill is very vague.

The AHA (American Hospital Association) held their Leadership Summit in San Diego mid-July. Frank provided a copy of a presentation from the event. This presentation gives a very good description of where hospitals and commercial insurance stand across the country today. Government underfunding is a key driver of the healthcare crisis. Optimal commercial rates are essential for survival of healthcare providers. Access will eventually surpass price as the primary concern in the industry. Some areas to work on include demanding optimal commercial and MA rates, eliminate expenses that do not contribute to direct patient care, develop partnerships where health systems lack core competencies and spend more time on the front lines actively listening to physicians, nurses, patients, and others and less time in corporate meetings.

Finally, "If you survive long enough to see tomorrow, it may bring the answer that seems impossible today."

D. Governing Board, Kathi Pape, Chairperson

No report. She will have her first report next month.

Motion to Close Meeting:

Cookie Johnson motioned to close the meeting. Serina Bartoo 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

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

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, CEO

Temporary to Provisional:

Karl Unkenholz, MD (ESS)

Don L. Marketto, DO (Anesthesiology)

Jeffery Joyce, MD (Anesthesiology)

RadPartners Delegated Initial:

Kenneth W. Bryant, MD

RadPartners Delegated Reappointments:

Jack M. Drew, MD

Charles L. Huang, MD

Nuha Krad, MD

Terminations:

RadPartners- Justin J. Boe, MD

RadPartners- Jared S. Isaacson, MD

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 Presentation

Mark Wade, DGI

B. Quarterly Compliance Report

Zachary Heard, Comp.

C. Annual Compliance Report to Board Members Only

Zachary Heard, Comp.

D. Ovation Report to Board

Erika Sundrud, Ovation

Roll Call to Close Meeting:

Kathi Pape – Y

Shawnee Williams – Y

Bruce Swingle – Y

Cookie Johnson – Y

Katharine Elverum – Y

Serina Bartoo – Y

Richard Holcomb – Y

Jesus Baray - 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

Temporary to Provisional:

Karl Unkenholz, MD (ESS)

Don L. Marketto, DO (Anesthesiology)

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

Jeffery Joyce, MD (Anesthesiology)

RadPartners Delegated Initial:

Kenneth W. Bryant, MD

RadPartners Delegated Reappointments:

Jack M. Drew, MD
Charles L. Huang, MD
Nuha Krad, MD

Terminations:

RadPartners- Justin J. Boe, MD
RadPartners- Jared S. Isaacson, MD

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

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

A. Risk Report	No action required
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10-15-1 (H) 9 - Public Hospital Board Meetings- Strategic and long-range business plans

A. Master Facility Presentation	No action required
B. Quarterly Compliance Report	No action required
C. Annual Compliance Report to Board Members Only	No action required
D. Ovation Report to Board	No action required

14. Other

Discussion was held regarding committee appointments. Kathi Pape will be in touch with members before the August meeting.

The next regular meeting will be held on Tuesday, August 27, 2024 at 12:00. Finance Committee will meet on August 27, 2024 at 11:00 and Board Quality will meet on August 26, 2024 at 10:00.

15. Adjournment

Serina Bartoo motioned to adjourn. Katharine Elverum seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Chairperson

Date



Financial Analysis

July 31st, 2024

Days Cash on Hand for July 2024 are 55 (\$5,912,747)

Accounts Receivable Net days are 58

Accounts Payable days are 27

Hospital Excess Revenue over Expense

The **Net Income** for the month of July was (\$434,906) vs. a Budget Income of (\$334,291).

Hospital Gross Revenue for July was \$6,396,968 or \$900,073 more than budget. Patient Days were 119 – 56 less than June, Outpatient visits were 1,037 – 106 more than June. RHC visits were 786 – 81 less than June and ER visits were 726 – 23 more than June.

Revenue Deductions for July were \$3,727,858.

Other Operating Revenue was \$257,755.

Non-Operating Revenue was \$192,549.

Hospital Operating Expenses for July were \$3,140,266. Other Operating Expenses included recruitment expense of \$32,499.

EBITDA for July was (\$15,846) vs. a Budget of \$92,396. YTD EBITDA is (\$15,846) vs. a Budget of \$92,396.

The **Bond Coverage Ratio** in July was -64% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
July 31, 2024

MONTH				BENCHMARK RANGE				YEAR TO DATE					
Actual	Budget	Variance to		QHR 75th	QHR 50th	QHR 25th		Actual	Budget	Variance to		Prior Year	Variance to
7/31/24	7/31/24	Budget	Prior Year					7/31/24	7/31/24	Budget		07/31/23	Prior Year
DESCRIPTION													
Growth													
Net Patient Revenue Growth Rate													
Admissions													
	20	29	(9)	19	2	(7)	21	20	29	(9)	19	2	1
	5	3	2	2	6	(7)	21	5	3	2	2	5	3
	25	32	(7)	21	50	(7)	21	25	32	(7)	21	25	4
	4.8	3.2	1.6	3.2	4.0	3.3	4.0	4.8	3.2	2	3.2	4.8	1.52
	119	102	17	68	51	17	68	119	102	17	68	119	51
	1,037	986	51	1,136	986	151	1,136	1,037	986	51	1,136	1,037	(99)
	786	880	(94)	742	880	134	742	786	880	(94)	742	786	44
	726	705	21	712	705	21	712	726	705	21	712	726	14
	3%	4%	-1.4%	3%	3%	-1.4%	3%	3%	4%	-1%	3%	3%	0%
	-	-	-	-	22	22	11	-	-	-	0	-	-
	17	15	2	12	129	129	65	17	15	2	12	17	5
	17	15	2	12	151	151	76	17	15	2	12	17	5
Profitability													
	-1%	15%	-16%	-1%	7%	7%	4%	-1%	15%	-16%	-1%	15%	1%
	-14%	15%	-29%	-18%	2%	2%	2%	-14%	15%	-29%	-18%	15%	4%
	58%	46%	12%	57%	47%	47%	50%	58%	46%	12%	57%	46%	1%
	9%	2%	7%	10%	2%	2%	6%	9%	2%	7%	10%	2%	-1%
	97%	96%	1%	96%	83%	83%	78%	97%	96%	1%	96%	97%	1%
	\$ 7,576	\$ 9,808	(\$2,132)	\$ 9,808	Gross Patient Revenue/Adjusted Admission	Gross Patient Revenue/Adjusted Admission	\$ 9,808	\$ 7,576	\$ 9,808	(\$2,132)	\$ 9,808	\$ 9,808	(\$2,132)
	\$ 3,209	\$ 4,230	(\$1,021)	\$ 4,230	Net Patient Revenue/Adjusted Admission	Net Patient Revenue/Adjusted Admission	\$ 4,230	\$ 3,209	\$ 4,230	(\$1,021)	\$ 4,230	\$ 4,230	(\$1,021)
	43%	3%	40%	46%	Salaries % Net Pt Rev	Salaries % Net Pt Rev	40%	43%	40%	3%	46%	43%	-2%
	8%	7%	1%	8%	Benefits % Net Pt Rev	Benefits % Net Pt Rev	12%	8%	7%	1%	8%	8%	0%
	8%	8%	0%	6%	Supplies % Net Pt Rev	Supplies % Net Pt Rev	13%	8%	8%	0%	6%	8%	2%
Cash and Liquidity													
	55				236	236	106	55			101		(47)
	71				47	47	57	71			40		30
	58				41	41	53	58			22		36
	27				30	30	35	27			22		5
	4.7				4.3	4.3	2.6	4.7			5.0		(0.3)

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

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Admissions												
Acute												20
Swing												5
Total Admissions												25
ALOS (acute and swing)												4.8
Patient Days (acute and swing)												119
Outpatient Visits												1,037
Rural Health Clinic Visits												786
ER Visits												726
ER Visits Conversion to Acute Admissions												3%
Surgery Cases												
Inpatient Surgery Cases												17
Outpatient Surgery Cases												17
Total Surgeries												
Profitability												
EBITDA % Net Rev												-1%
Operating Margin %												-14%
Rev Red % Net Rev												58%
Bad Debt % Net Pt Rev												9%
Outpatient Revenue %												97%
Gross Patient Revenue/Adjusted Admission												\$ 7,676
Net Patient Revenue/Adjusted Admission												\$ 3,209
Salaries % Net Pt Rev												43%
Benefits % Net Pt Rev												8%
Supplies % Net Pt Rev												8%
Cash and Liquidity												
Days Cash on Hand												55
A/R Days (Gross)												71
A/R Days (Net)												58
Days in AP												27
Current Ratio												4.7

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

Description	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	
	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	
	7/31/2024	8/31/2024	9/30/2024	10/31/2024	11/30/2024	12/31/2024	1/31/2025	2/29/2025	3/31/2025	4/30/2025	5/31/2025	6/30/2025	7/31/2025	8/31/2025	9/30/2025	
Admissions																
Acute	20	21	22	18	28	30	28	28	28	28	28	28	28	28	28	28
Swing	5	5	2	4	4	4	4	4	4	4	4	4	4	4	4	4
Total Admissions	25	26	24	22	32	34	32	32	32	32	32	32	32	32	32	32
ALOS (acute and swing)	4.8	4.8	3.0	5.3	3.7	3.6	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7
Patient Days (acute and swing)	119	126	73	116	117	122	117	117	117	117	117	117	117	117	117	117
Outpatient Visits	1,037	1,031	1,082	946	969	874	1,131	969	969	969	969	969	969	969	969	969
Rural Health Clinic Visits	786	855	872	707	814	842	841	814	814	814	814	814	814	814	814	814
ER Visits	726	780	693	667	701	728	701	701	701	701	701	701	701	701	701	701
ER Visits Conversion to Acute Admissions	3%	3%	3%	3%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Surgery Cases																
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	17	22	11	3	16	17	16	16	16	16	16	16	16	16	16	16
Total Surgeries	17	22	11	3	16	17	16	16	16	16	16	16	16	16	16	16
Profitability																
EBITDA % Net Rev	-1%	11%	-2%	-2%	-32%	-2%	5%	-8%	-16%	-12%	-2%	2%	10%	8%	10%	16%
Operating Margin %	-14%	-0.9%	-15.5%	-16.5%	-50%	-16%	-8%	-8%	-50%	-12%	-12%	-12%	-3%	-5%	-3%	3%
Rev Ded % Net Rev	58%	56%	58%	51%	60%	55%	54%	54%	60%	53%	53%	53%	49%	50%	50%	53%
Bad Debt % Net Pt Rev	9%	9.5%	11.7%	5.0%	14%	9%	11%	14%	14%	10%	10%	10%	9%	10%	10%	8%
Outpatient Revenue %	97%	89%	91%	90%	90%	92%	92%	90%	92%	92%	92%	92%	94%	93%	93%	97%
Gross Patient Revenue/Adjusted Admission	\$ 7,676	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032	\$ 14,019	\$ 13,883	\$ 13,883	\$ 13,883	\$ 13,883	\$ 13,883	\$ 12,534	\$ 12,272	\$ 12,272	\$ 7,745
Net Patient Revenue/Adjusted Admission	\$ 3,209	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,340	\$ 6,090	\$ 6,090	\$ 6,090	\$ 3,656
Salaries % Net Pt Rev	43%	40%	46%	43%	62%	44%	40%	40%	44%	39%	39%	39%	39%	37%	37%	36%
Benefits % Net Pt Rev	8%	7%	12%	8%	11%	7%	7%	7%	7%	9%	9%	9%	6%	7%	7%	7%
Supplies % Net Pt Rev	8%	7%	11%	4%	7%	8%	7%	7%	8%	8%	8%	8%	15%	7%	7%	6%
Cash and Liquidity																
Days Cash on Hand	55	-7	-16	-28	-46	-70	-99	-99	-70	-139	-139	-205	-205	-313	-313	-538
A/R Days (Gross)	71	-8	-16	-25	-27	-35	-50	-50	-35	-68	-68	-91	-91	-122	-122	-195
A/R Days (Net)	58	-6	-12	-18	-17	-23	-33	-33	-23	-42	-42	-60	-60	-72	-72	-102
Days in AP	27	-3	-7	-10	-12	-20	-27	-27	-20	-30	-30	-48	-48	-89	-89	-119
Current Ratio	4.7	3.6	3.5	4.0	4.4	4.4	4.8	4.8	4.4	5.7	5.7	5.5	5.5	5.7	5.7	6.7

Sierra Vista Hospital
Detailed Stats by Month
7/31/2024

(SUBJECT TO AUDIT)

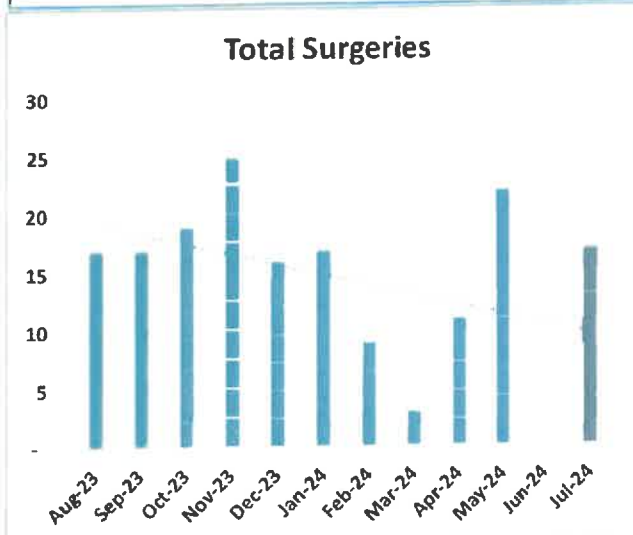
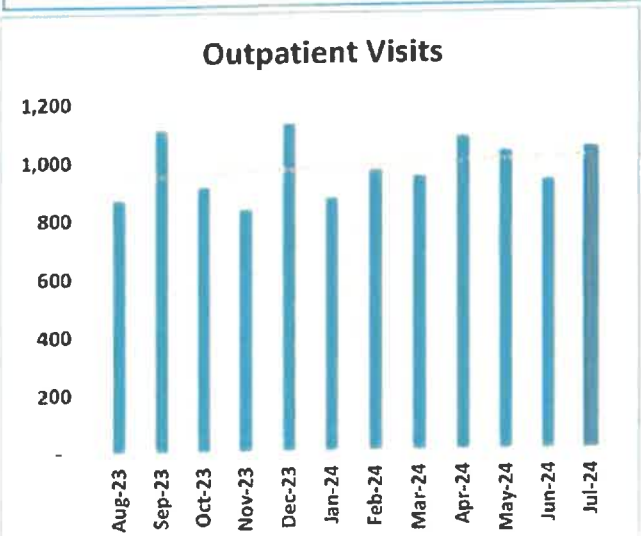
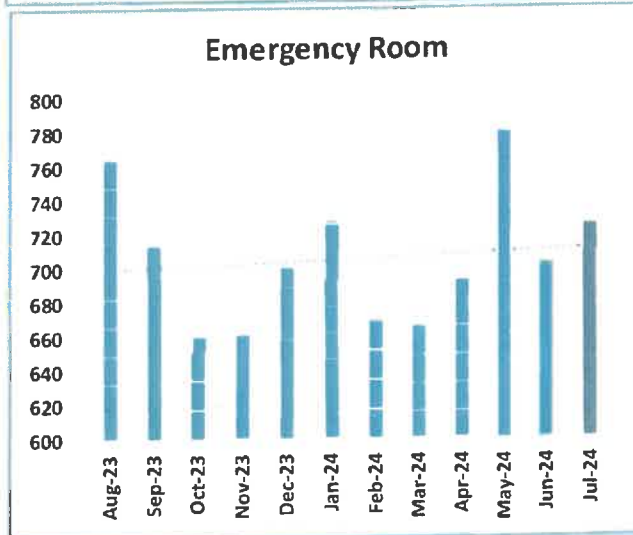
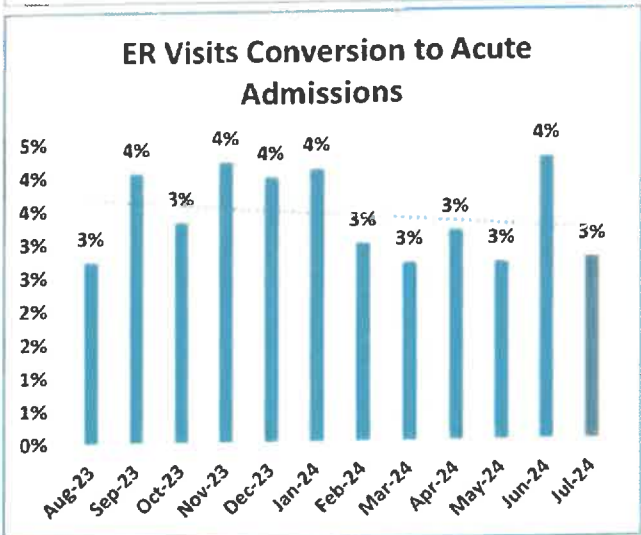
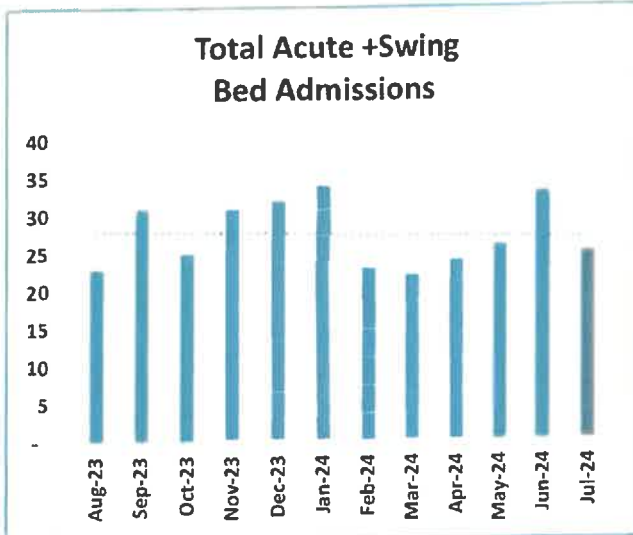
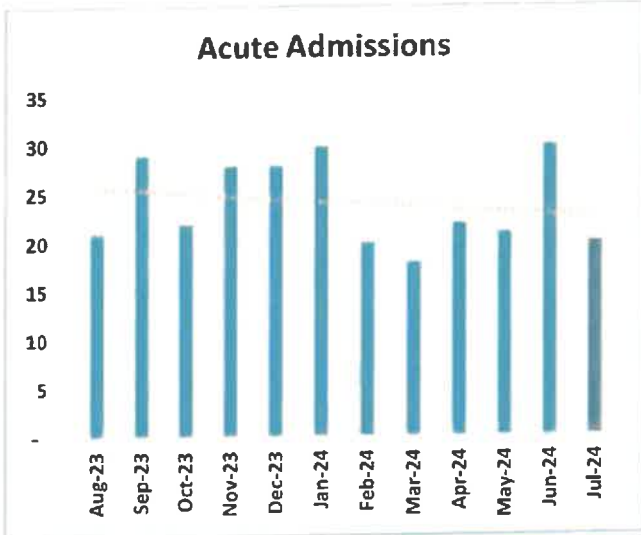
Description	FY2025	Avg FY2025	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month		
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	
			6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025	12/31/2024	11/30/2024	10/31/2024	9/30/2024	8/31/2024	7/31/2024
Total Acute Patient Days	76	76												76
Total Swingbed Patient Days	43	43												43
Total Acute Hours (based on Disch Hrs)	1,820	1,820												1,820
TOTAL ACUTE														
Patient Days	76	76												76
Admits	20	20												20
Discharges	22	22												22
Discharge Hours	1,820	1,820												1,820
Avg LOS	3.5	3.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.5
Medicare Acute														
Patient Days	64	64												64
Admits	16	16												16
Discharges	18	18												18
Discharge Hours	1,537	1,537												1,537
Avg LOS	3.6	3.6	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.6
SWING - ALL (Medicare/Other)														
Patient Days	43	43												43
Admits	5	5												5
Discharges	2	2												2
Discharge Hours	1,031	1,031												1,031
Avg LOS	21.5	21.5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	21.5
Observations														
Patient Days	22	22												22
Admits	12	12												12
Discharge Hours	525	525												525
Emergency Room														
Total ER Patients	726	726												726
Admitted	12	12												12
Transferred	75	75												75
Ambulance														
Total ALS/BLS runs	-	-												-
911 Calls	-	-												-
Transfers	-	-												-
OP Registrations														
Rural Health Clinic	1,037	1,037												1,037
Rural Health Clinic														
Total RHC Visits	786	786												786
Avg Visits per day	36	36												36
Walk-in Clinic	112	112												112
Behavioral Health														
Behavioral Health Patients Seen	399	399												399

Sierra Vista Hospital
Detailed Stats by Month
7/31/2024

(SUBJECT TO AUDIT)

	FY2025	Avg FY2025	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Dietary														
Inpatient Meals	856	856												856
Outpatient Meals	96	96												96
Cafeteria Meals	6,510	6,510												6,510
Functions	346	346												346
Laboratory														
In-house Testing	20,453	20,453												20,453
Sent Out Testing	760	760												760
Drugscreens	24	24												24
Physical Therapy														
PT Visits	251	251												251
Tx Units	901	901												901
Outpatient	39	39												39
Inpatient	55	55												55
Radiology														
X-Ray Patients	439	439												439
CT Patients	438	438												438
Ultrasound Patients	162	162												162
Mammogram Patients	64	64												64
MRI Patients	63	63												63
Nuclear Medicine Patients	4	4												4
DEXA	21	21												21
Surgery														
Surgical Procedures -OR	23	23												23
GI Lab Scopes	16	16												16
Major Surgery	-	-												-
Minor Surgery Under TIVA/Sedation	7	7												7
Inpatient Procedures														
Outpatient Procedures	17	17												17
Sleep Study	-	-												-
Home Testing	-	-												-
Inhouse														

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT by Month
July 31, 2024

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Revenues												
Gross Patient Revenue	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 6,396,968
Revenue Deductions												
Contractual Allowances												
Bad Debt												
Total Revenue Deductions												
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %												42%
Non-Operating Revenue												
Total Operating Revenue												
Expenses												
Salaries & Benefits	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$ 1,400,493
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
Total Operating Expenses												
EBITDA												
EBITDA Margin												-1%
Non - Operating Expenses												
Depreciation and Amortization												
Interest												
Tax/Other												
Total Non Operating Expenses												
NET INCOME (LOSS)												
Net Income Margin												(14%)

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
 July 31, 2024

Description	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	
	7/31/2024	8/30/2024	9/30/2024	10/31/2024	11/30/2024	12/31/2024	1/31/2025	2/29/2025	3/31/2025	4/30/2025	5/31/2025	6/30/2025	7/31/2025	8/31/2025	9/30/2025	
Revenues																
Gross Patient Revenue	\$ 6,396,968	\$ 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	\$ 2,800,771	\$ 2,800,771	\$ 2,800,771	\$ 2,800,771	\$ 2,800,771
Revenue Deductions	3,321,360	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	2,800,771	2,800,771	2,800,771	2,800,771	2,800,771
Contractual Allowances	263,774	311,734	302,535	134,293	267,486	262,860	334,838	282,315	276,140	313,140	251,113	251,113	251,113	251,113	251,113	251,113
Bad Debt	142,724	90,773	53,221	124,204	152,185	129,404	120,046	84,881	247,890	38,828	92,221	92,221	92,221	92,221	92,221	92,221
Other Deductions	\$ 3,727,858	\$ 3,280,201	\$ 3,776,418	\$ 3,114,498	\$ 2,695,138	\$ 3,023,455	\$ 3,022,995	\$ 2,734,617	\$ 2,540,378	\$ 2,740,486	\$ 3,144,106	\$ 3,144,106	\$ 3,144,106	\$ 3,144,106	\$ 3,144,106	\$ 3,144,106
Total Revenue Deductions	5,006	27,727	7,500	0	1,899	122	200	5,332	217	2,420	9,278	9,278	9,278	9,278	9,278	9,278
Other Patient Revenue	\$ 2,674,116	\$ 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	\$ 2,802,721	\$ 2,802,721	\$ 2,802,721	\$ 2,802,721	\$ 2,802,721
Net Patient Revenue	42%	43%	44%	42%	49%	40%	46%	47%	51%	50%	47%	47%	50%	47%	50%	47%
Gross to Net %																
Other Operating Revenue	257,755	251,514	303,334	355,901	283,294	229,241	212,676	211,662	575,484	170,261	206,464	206,464	206,464	206,464	206,464	206,464
Non-Operating Revenue	192,549	277,759	234,113	165,153	196,225	354,985	504,477	177,102	173,683	201,679	199,315	199,315	199,315	199,315	199,315	199,315
Total Operating Revenue	\$ 3,124,420	\$ 3,018,685	\$ 3,450,168	\$ 2,929,155	\$ 2,847,082	\$ 3,099,461	\$ 3,302,050	\$ 2,845,491	\$ 3,430,898	\$ 3,068,803	\$ 3,208,500	\$ 3,208,500	\$ 3,208,500	\$ 3,208,500	\$ 3,208,500	\$ 3,208,500
Expenses																
Salaries & Benefits	1,400,193	1,302,813	1,418,983	1,342,407	1,256,661	1,319,351	1,236,827	1,196,782	1,244,935	1,228,153	1,228,723	1,228,723	1,228,723	1,228,723	1,228,723	1,228,723
Salaries	1,158,045	1,067,723	1,160,810	1,048,313	1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467	1,005,620	1,005,620	1,005,620	1,005,620	1,005,620	1,005,620
Benefits	219,074	206,427	216,641	273,001	191,366	181,278	173,232	213,386	157,893	201,610	204,408	204,408	204,408	204,408	204,408	204,408
Other Salary & Benefit Expense	23,074	28,664	41,533	34,242	31,019	22,213	27,830	31,808	30,890	19,076	18,695	18,695	18,695	18,695	18,695	18,695
Supplies	209,516	223,579	215,896	245,030	99,180	202,691	184,005	412,362	195,362	195,362	169,487	169,487	169,487	169,487	169,487	169,487
Contract Services	1,015,466	1,102,394	1,011,032	940,549	1,022,335	1,151,016	1,240,400	949,010	1,014,421	961,100	839,231	839,231	839,231	839,231	839,231	839,231
Professional Fees	179,686	183,410	194,380	181,355	177,735	187,317	181,410	181,459	183,410	181,459	183,201	183,201	183,201	183,201	183,201	183,201
Leases/Rentals	4,207	7,302	4,886	11,931	11,355	6,116	5,880	7,305	5,952	13,275	38,504	38,504	38,504	38,504	38,504	38,504
Utilities	53,964	56,931	43,717	41,233	36,049	58,300	45,264	46,973	45,686	56,201	66,553	66,553	66,553	66,553	66,553	66,553
Repairs / Maintenance	56,893	93,457	48,499	59,865	49,461	82,734	75,830	73,960	103,070	64,352	56,822	56,822	56,822	56,822	56,822	56,822
Insurance	155,474	87,741	88,136	88,984	90,569	88,962	87,772	89,526	48,216	87,776	88,136	88,136	88,136	88,136	88,136	88,136
Other Operating Expenses	64,866	33,054	30,458	57,129	41,147	77,061	62,961	55,363	35,375	34,383	35,917	35,917	35,917	35,917	35,917	35,917
Total Operating Expenses	\$ 3,140,266	\$ 3,090,681	\$ 3,055,987	\$ 2,981,631	\$ 2,851,302	\$ 3,173,548	\$ 3,130,349	\$ 2,785,412	\$ 3,093,428	\$ 2,822,061	\$ 2,706,574	\$ 2,706,574	\$ 2,706,574	\$ 2,706,574	\$ 2,706,574	\$ 2,706,574
EBITDA	(\$15,846)	(\$71,996)	\$394,181	(\$52,476)	(\$696,588)	(\$74,087)	\$171,700	\$60,079	\$337,470	\$246,741	\$501,926	\$501,926	\$501,926	\$501,926	\$501,926	\$501,926
EBITDA Margin	-1%	-2.4%	11%	-2%	-32%	-2%	5%	2%	10%	8%	16%	16%	16%	16%	16%	16%
Non - Operating Expenses																
Depreciation and Amortization	291,737	286,862	298,589	284,373	274,022	291,365	296,249	287,219	325,263	281,177	286,623	286,623	286,623	286,623	286,623	286,623
Interest	73,648	73,667	74,733	73,707	74,936	73,766	73,785	75,137	73,823	74,647	75,119	75,119	75,119	75,119	75,119	75,119
Tax/Other	53,675	59,099	51,127	44,418	33,287	64,570	52,019	53,053	42,236	51,511	57,882	57,882	57,882	57,882	57,882	57,882
Total Non Operating Expenses	\$419,060	\$419,629	\$424,448	\$402,498	\$382,262	\$429,701	\$422,053	\$415,409	\$441,322	\$407,335	\$419,625	\$419,625	\$419,625	\$419,625	\$419,625	\$419,625
NET INCOME (LOSS)	(\$434,906)	(\$491,624)	(\$30,267)	(\$454,973)	(\$1,078,850)	(\$503,788)	(\$250,353)	(\$355,329)	(\$103,852)	(\$160,594)	\$82,302	\$82,302	\$82,302	\$82,302	\$82,302	\$82,302
Net Income Margin	(14%)	(16.3%)	(1%)	(16%)	(50%)	(16%)	(8%)	(12%)	(3%)	(5%)	3%	3%	3%	3%	3%	3%

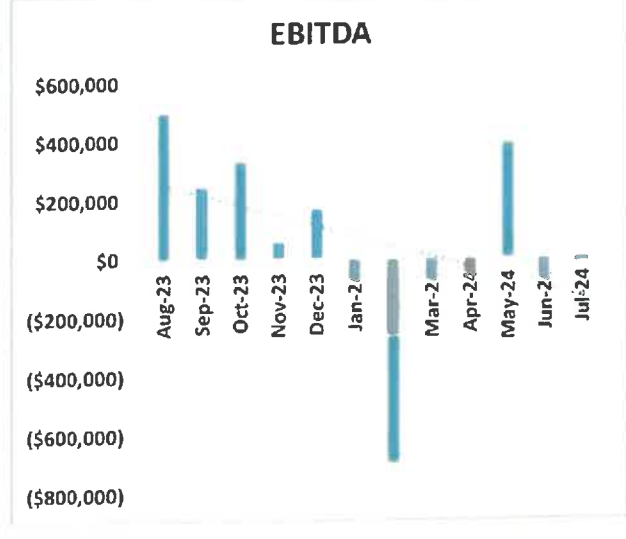
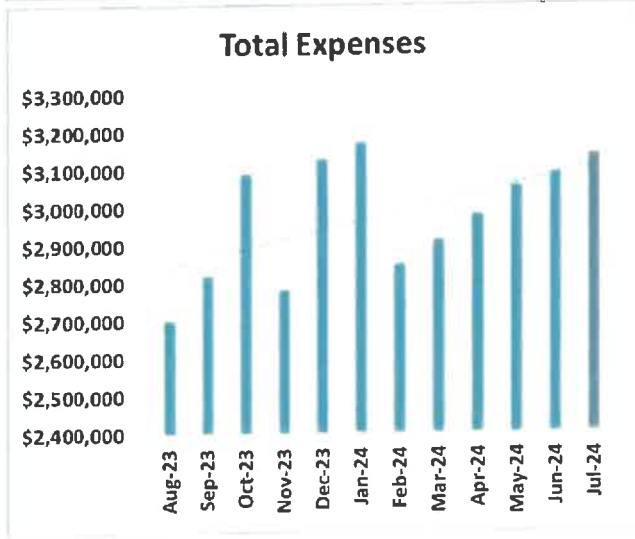
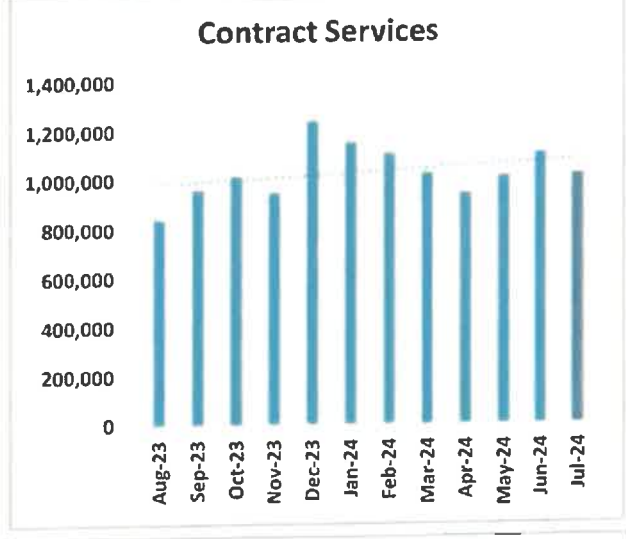
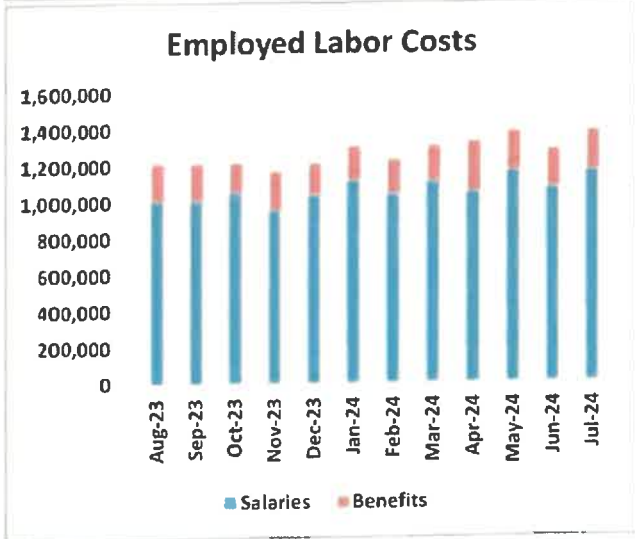
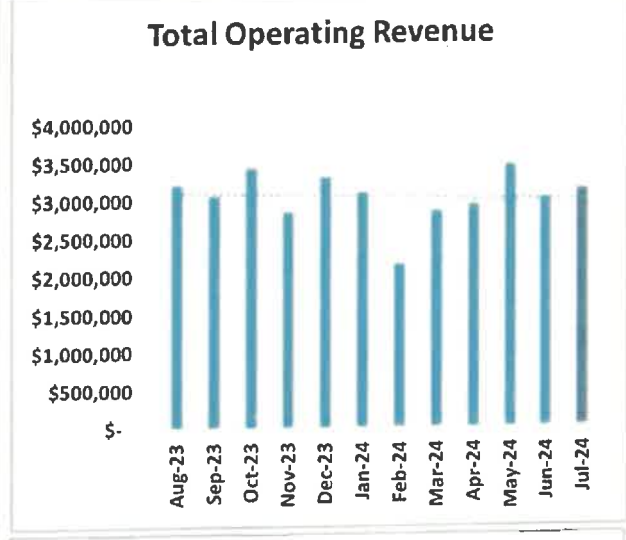
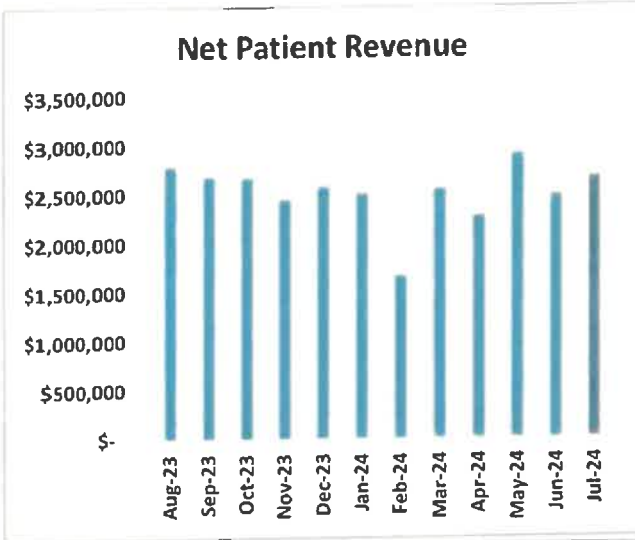
Sierra Vista Hospital
BALANCE SHEET
July 31, 2024

July 31, 2024 (Unaudited)	DESCRIPTION	June 30, 2024
	Assets	
	Current Assets	
\$ 5,741,636	Cash and Liquid Capital	\$ 5,740,889
\$ 171,111	US Bank Clearing	\$ 115,051
\$ 5,912,747	Total Cash	\$ 5,855,939
\$ 15,568,712	Accounts Receivable - Gross	\$ 14,714,146
\$ 10,193,983	Contractual Allowance	\$ 9,435,272
\$ 5,374,729	Total Accounts Receivable, Net of Allowance	\$ 5,278,874
\$ 1,437,018	Other Receivables	\$ 1,314,414
\$ 399,266	Inventory	\$ 383,474
\$ 219,785	Prepaid Expense	\$ 68,738
\$ 13,343,545	Total Current Assets	\$ 13,839,594
	Long Term Assets	
\$ 53,952,943	Fixed Assets	\$ 53,948,641
\$ 20,185,182	Accumulated Depreciation	\$ 19,891,812
\$ -	Construction in Progress	\$ -
\$ 33,767,761	Total Fixed Assets, Net of Depreciation	\$ 34,056,829
\$ 33,767,761	Total Long Term Assets	\$ 34,056,829
\$ 2,030,484	New Hospital Loan	\$ 1,942,930
\$ 49,141,790	Total Assets	\$ 48,901,198
	Liabilities & Equity	
	Current Liabilities	
\$ 1,606,566	Account Payable	\$ 1,608,212
\$ 216,404	Interest Payable	\$ 139,506
\$ 53,200	Accrued Taxes	\$ 59,574
\$ 835,144	Accrued Payroll and Related	\$ 570,609
\$ 150,000	Cost Report Settlement	\$ 150,000
\$ 2,861,314	Total Current Liabilities	\$ 2,527,902
	Long term Liabilities	
\$ 24,083,229	Long Term Notes Payable	\$ 24,087,194
\$ 24,083,229	Total Long Term Liabilities	\$ 24,087,194
\$ 1,017,361	Unapplied Liabilities	\$ 667,868
\$ 219,989	Capital Equipment Lease	\$ 223,431
\$ 28,181,893	Total Liabilities	\$ 25,108,277
\$ 21,394,803	Retained Earnings	\$ 25,108,277
\$ (434,906)	Net Income	\$ (3,713,474)
\$ 49,141,790	Total Liabilities and Equity	\$ 48,901,198

Sierra Vista Hospital
BALANCE SHEET by Month
July 31, 2024

	6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025	11/30/2024	10/31/2024	9/30/2024	8/31/2024	Month Ending 7/31/2024
Assets											
Current Assets											
Cash and Liquid Capital											5,741,636
US Bank Clearing											171,111
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,912,747
Accounts Receivable - Gross											15,568,712
Contractual Allowance											10,193,983
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,374,729
Other Receivables											1,437,018
Inventory											399,266
Prepaid Expense											219,785
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,343,545
Long Term Assets											
Fixed Assets											
Accumulated Depreciation											53,952,943
Total Fixed Assets, Net of Depreciation											20,185,182
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$33,767,761
New Hospital Loan											
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49,141,790
Liabilities & Equity											
Current Liabilities											
Account Payable											1,606,566
Interest Payable											216,404
Accrued Taxes											53,200
Accrued Payroll and Related											835,144
Cost Report Settlement											150,000
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,861,314
Long term Liabilities											
Long Term Notes Payable											24,083,229
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,083,229
Unapplied Liabilities											1,017,361
Capital Equipment Lease											219,989
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,181,893
Retained Earnings											\$21,394,803
Net Income											(\$434,906)
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,141,790

Financial Trends



Sierra Vista Hospital
7/31/2024

Reserves

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

7/31/2024	Notation
(150,000)	
<u>(150,000)</u>	

Total Liability



Program Highlights and Fee Summary

Thank you for your interest in Voya Financial* as the provider for your retirement plan.

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Program Highlights and Fee Summary

Voya Framework
Designed for Sierra Vista Hospital

We are pleased to present you with the following proposal, which will remain in effect until November 13, 2024.



Voya assumes use of one of our standard electronic methods of transmitting deposits and allocation instructions. We also assume all plan assets will transfer to the program simultaneously on date of conversion from your current provider.

Our fee quote is based upon certain assumptions about your plan shown above. If the actual transferred asset amount and/or number of participating employees varies 10% or greater from the assumptions above, we reserve the right to adjust the recordkeeping fees and/or Fixed Account credited rate in accordance with our administrative practice within 180 calendar days following the date of the initial transferred asset contribution.

Voya must be the exclusive provider for the plan. All future contributions to the plan must be directed to Voya and contract exchanges/intra-plan transfers to legacy vendors must be prohibited.

This document generally includes all fees associated with Voya's scope of services. Items not in scope may be subject to ad-hoc fees such as an internal conversion or payments to an auditor. Ad-hoc fees will be communicated prior to any work performed.

Voya's underwriting process requires a client to complete a minimum twelve (12) month period in their current Voya contract prior to converting to another product or plan.

Your Service Team

Name	Title	Firm name	Phone	Email
Justin Camisa	Vice President – Government Sales Director	Voya Financial	(303) 717-5922	justin.camisa@voya.com

Recordkeeping Fees & Fund Revenue Requirement

Type	Amount
Plan Services Installation Charge	\$0.00
Annual Case Fee	\$0.00
Annual Per-Participant Fee	\$30.00
Asset Based Fee (All)	0.85%

The Plan Sponsor Installation Charge is to be paid separately at plan installation.

Plan recordkeeping fees are determined by plan characteristics, such as case sizes, average participant balance, fund menu selected, and compensation paid to sales representatives.

Asset Based Fees are assessed against all core assets in the plan with the exception of the self directed brokerage account and employer stock, if applicable. The fee will be calculated daily and assessed monthly based on average daily core fund balance.

Fund Management Fees

Fund management fees and other fund operating expenses will apply. These fees depend on the investment option chosen. Please refer to the individual Fund prospectuses or Fund Fact Sheets for fund fee information. A portion of that fee may be paid to Voya as a form of revenue sharing. Please see the information booklet for additional information.

VRIAC reserves the right to increase the installation and recordkeeping charge(s) if the actual characteristics vary materially from the original plan assumptions reflected herein. We also reserve the right to deduct the charge(s) from participant accounts in the event they are not paid by the plan sponsor.

Standard Recordkeeping Services

- Online enrollments
- Participant website, Voya Retire mobile app and toll-free telephone service for enrollment, account inquiries, allocation changes, fund transfers and loan initiation
- Customer Service Representatives to handle participant toll-free phone inquiries
- Payroll processing - electronic format
- Financial education and counseling for terminated or retiring employees by qualified Transition Counselors
- Sponsor Website for Plan & participant level access
- Daily valuation of participant accounts
- Daily reconciliation of plan and participant activity
- Weekly, bi-weekly, semi-monthly or monthly contribution / loan repayment processing
- Reallocation of forfeitures
- Processing of rollovers and termination distributions
- Notification to Plan Sponsor and calculation of minimum distribution amount for participants subject to minimum distribution requirements
- Hours worked vesting calculations based on plan year or elapsed time from date of hire
- Quarterly sponsor statements of activity via the Sponsor Website
- Participant quarterly statements, website and Voya Retire mobile app available in English and Spanish
- Calculation, processing and disbursement of final distribution payments
- Online Administrative Procedures Manual

Standard Recordkeeping Services continued

- Preparation of standard audit package, which includes 1 hour of consulting services for assistance with gathering data and researching questions
- Regulatory updates for plan documents utilizing our Pre-Approved Plan
- Online general purpose Loans and Distributions (excluding Hardships)
- Eligibility tracking (optional service - dependant upon eligibility requirements)
- Semi-annual Actual Deferral/Contribution Percentage (ADP/ACP) tests including consultative services (ERISA Plans Only)
- Uniform Qualified Non-Elective / Matching Contribution (QNEC/QMAC) calculation and allocation at year-end if requested and permitted by plan (ERISA Plans Only)
- One 415 limitation test per plan year (ERISA Plans Only)
- One Top Heavy test per plan year
- 402(g) reporting
- Determining Highly Compensated Employees, provided the plan is using 415 compensation for testing purposes
- Complete draft of IRS Form 5500 on a cash basis (ERISA Plans Only)
- Paperless or paper loans, withdrawals and distributions utilizing Distributions with EASE (DWE)
- Automated Rehire Tracking

Other Optional Services (conditions may apply):

- Online Beneficiary Maintenance
- Online general purpose loans and distributions
- Hardship suspension reinstatement
- Contribution Rate Change
- Contribution Rate Escalator
- Automatic Enrollment
- Automatic increase

Additional Services

Type	Amount
Managed Accounts	Plan Sponsor Participant Investment Advisory Services Agreements

Compensation Paid to Registered Investment Advisor

Type	Amount
Percent of Transferred Assets	0.00%
Flat Dollar on Transferred Assets	\$0.00
Asset-based compensation (starting month 1)	0.50%
Flat Dollar Compensation	\$0.00

Registered Investment Advisor Compensation. Your Advisor has provided us with the following information about the compensation structure that you have mutually agreed upon. This compensation structure is reflected in the pricing disclosed in this document. Asset Based compensation is paid monthly. The amount paid is calculated by taking the applicable annual rate divided by 12 and multiplied by the plan asset value at the close of business on the last day of the month. For purposes of defining the plan asset value, the Self-Directed Account and Employer Stock Fund are excluded from this calculation. Flat Dollar compensation is paid monthly. The amount paid is calculated by taking the applicable annual dollar amount and dividing by 12. If you do not provide payee instructions to Voya, any Advisor Compensation that remains unused will be allocated to your plan by March 31st of the following year using a pro rata methodology. The payment of Advisor compensation is determined by the applicable basis point charge and the total dollar amount of a plan's assets held by Voya on the last business day of the month. Please contact Voya if you have any questions.

Voya Fixed Account

Declared interest Rate*: 3.75%

Guaranteed Minimum Interest Rate: 1.00%

You may have selected a fixed account option under the Program. A fixed account is an investment option offered through the Program that is subject to guaranteed minimum interest rates. Voya's claims-paying ability should be taken into consideration in evaluating interest rate guarantees provided under the Contract. These rate guarantees do not apply to the investment return or principal value of the fund investment options.

The fixed account option provides stability of principal and credits interest on all amounts allocated to this option. The fixed account option consists of a Guaranteed Minimum Interest Rate (the "GMIR") that is set for the life of the Contract. The GMIR is stated in the Contract. Each calendar year (1/1 to 12/31), Voya will also set a one-year minimum guaranteed floor rate which will apply to all amounts held in the fixed account option during that calendar year.

During the year, Voya will credit interest to the fixed account option at a "current credited interest rate". The current credited interest rate may change but is guaranteed not to be below either the minimum guaranteed floor rate or the GMIR.

The GMIR applicable to the Contract and the current credited interest rate (which we may change at any time, subject to certain restrictions) will be provided to plan participants at enrollment.

All interest rates applicable to the fixed account option are expressed as an annual effective yield. Interest is credited on a daily basis. Once credited, the interest becomes a part of the principal. This means that participant accounts earn compound interest. Taking the effect of compounding into consideration, the interest credited each day yields the current credited interest rate. Any changes in the current interest rate will apply to all amounts in the fixed account option.

You have elected the Put provision for the fixed account option. You will receive an endorsement to your contract detailing the option selected.

Voya Fixed Account:

The current credited interest rate is a portfolio rate which is based on plan-specific characteristics, plan-specific elections and other factors including expected yields on all investments backing this Fixed Account. If those plan-specific characteristics or elections change, we may make corresponding adjustments to the current interest rate, subject to the guarantees described above. There may be restrictions on surrenders and transfers associated with the Fixed Account and in certain states and for certain types of plans a Market Value Adjustment (“MVA”) may apply on surrenders under the Contract.

Voya Fixed Account B:

The current credited rate will be based on both the New Money Rate and the Portfolio Rate and will transition over time to be fully based on Portfolio Rates. The New Money Rate is the interest rate established by Voya from time to time and is based on expected yields on newly acquired investments. A Portfolio Rate is an interest rate established by Voya from time to time and is based on expected yields on all investments backing Fixed Account B. When determining credited rates, Voya will take into account, among other things, the risks and costs assumed by Voya under the Contract and anticipated cash flows.

There may be restrictions on surrenders and transfers associated with the Fixed Account B and in certain states and for certain types of plans a Market Value Adjustment (“MVA”) may apply on surrenders under the Contract.

*Based on the previously stated assumptions for your plan, this is the declared interest rate for your contract as of the date in which this proposal was created. This rate includes the effect of any additional services and features selected by the plan sponsor, including but not limited to the amount of compensation paid to your sales representative. This rate is subject to change at any time, subject to certain restrictions.

A group fixed annuity is an insurance contract designed for investing for retirement purposes. The guarantee of the fixed account is based on the claims-paying ability of the issuing insurance company. Although it is possible to have guaranteed income with a fixed annuity, there is no assurance that this income will keep up with inflation. Early withdrawals, if taken prior to age 59½ will be subject to the IRS 10% premature distribution penalty tax, unless an exception applies. Amounts distributed will be taxed as ordinary income in the year it is distributed. An annuity does not provide any additional tax deferral benefit; tax deferral is provided by the plan. Annuities may be subject to additional fees and expenses to which other tax-qualified funding vehicles may not be subject. However, an annuity does offer other features and benefits, such as guaranteed income payments and death benefits, which may be valuable to your participants.

Optional Services (fees subject to change)

We offer a breadth of optional plan services that extend beyond the traditional retirement plan offerings. With the expanded service options below, you'll have the added flexibility you need to help you manage your retirement plan and focus on attracting, rewarding and retaining talent.

Service	Fee
Additional copies of existing sponsor reports	\$100 per copy
Logo on Statements and Confirms (criteria apply)	\$150
Multiple file submission for vesting computation (applicable for plans with vesting based on 1,000 hours of service and hours are not included with each payroll file)	\$200 per hour

Optional Services (fees subject to change) continued

Service	Fee
Non-elective / Matching Contribution (QNEC/QMAC) if requested in writing by plan sponsor (ERISA Plans Only)	\$200 per hour
Non-regulatory Plan Amendments (for users of our Pre-Approved documents only)	\$200 per hour
Participant initiated wire, overnight mail, stop payment	\$50 per occurrence
Participant level calculation / allocation of Qualified Non-elective / Matching Contribution (QNEC/QMAC) if requested in writing by plan sponsor. Participant level allocation of Qualified.(ERISA Plans Only)	\$200 per hour
Processing of fee deductions for non-VRIAC fee (i.e. auditor)	\$25 per transaction
Processing of in-service withdrawals, hardship distributions, terminations and Required Minimum Distributions	\$50 one-time charge per disbursement (not applicable for installment payments and 90 day permissible withdrawals under Automatic Enrollment)
ADP/ACP Tests in excess of two per year (ERISA Plans Only)	\$1,000 per test
Qualified Domestic Relations Order (QDRO)	\$250 per occurrence
Voya's fully integrated Health Savings Account (HSA)	Starting at \$2.50 per participant with a \$100 monthly minimum
Reformatting of data not in our standard format	\$200 per hour

Optional Services (fees subject to change) continued

Service	Fee
Self Directed Brokerage Account	\$500 per plan year, plus \$50 per participant
Voya Institutional Trust - VITC	\$750 (\$1,000 if Employer Stock) Included in price
Blended Rate Accounting (may not be available to all plans)	\$1,000 initial set-up fee, plus \$1,000 annually per outside carrier
Consulting services, audit support and special assistance	\$200 per hour
Employer Contribution Calculation (pro rata or integrated only)	\$250 per occurrence
Excess deferral or excess contributions	\$50 per distribution or processing adjustment
Loan Initiation Fee	\$100 one-time charge per loan
Loan Administration Fee	\$25 annually per loan
Unitized Company Stock Administration * - Fee(s) to be paid by Plan Sponsor and are subject to change	
Employer Stock Installation Fee	\$1000

Optional Services (fees subject to change) continued

Service	Fee
Employer Stock Annual Fee	\$5,000 (in addition to annual Voya Institutional Trust Company fee)
Asset Based/Administrative Fee on company stock assets	First \$50 million: 0.020%
Asset Based/Administrative Fee on company stock assets	Next \$200 million: 0.015%
Asset Based/Administrative Fee on company stock assets	\$250 million+: 0.010%

*Additional fees may apply based on your specific request (Not applicable to Tax Exempt Plans)

Acknowledgement, approval and authorized signatures

I have received and reviewed a Voya Framework Proposal, Plan Sponsor Information Booklet, Fund Fact Sheets, mutual fund prospectuses, collective investment trust disclosures (if applicable), and the Voya Framework Fund Summary Information, which describe the actual or estimated charges, fees, discounts, penalties or adjustments currently in effect and which may be applied in connection with the purchase, holding, exchange or termination of the Program. I acknowledge that the assumptions on which the Program charges are based are accurate and that the fee quote contained in this document supersedes any prior quotes. I understand additional fees may apply to other options selected in connection with my Program that may not be disclosed in this document.

Voya and its affiliates are not responsible for any description of the terms of the Program other than the written disclosure material provided by Voya and its affiliates. Any modifications to the written material must be approved by an officer of the Company.

Your sales representative is appointed with Voya. I understand his/her contractual sales agreement with Voya may limit his/her ability to recommend products from other insurers.

Voya is not responsible for the selection or supervision of service providers or fiduciaries to the plan (e.g., Investment Advisors, Recordkeepers, or Third Party Administrators). Where a sales representative of Voya is also a service provider to the Plan or undertakes a fiduciary role, he or she is not acting on behalf of Voya when providing those services or when acting in any fiduciary capacity.

As a sponsor of a tax qualified plan I am aware that current tax laws provide for deferral of taxation of earnings on plan account balances. I understand that our Plan will be utilizing a Program that is designed to provide features and benefits that may be of value to the Plan, but does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

Voya will recognize only the signature(s) of the Trustee(s)/Named Fiduciary(ies) signing below to authorize fund allocation changes and disbursements. I will notify Voya in writing if any successor or replacement of these individuals occurs in which case Voya will cease to recognize the authority of the replaced individual(s) and will accept the authority of the successor individual(s). As a Trustee/Named Fiduciary, I certify that I have read, understand and agree to the information described herein, and that I am authorized to sign this proposal on behalf of the Plan. My instructions are consistent with the terms of the Plan and I agree to the selections made herein.

Please Print/Type

Signature

Trustee/Named Fiduciary/Plan Sponsor

Trustee/Named Fiduciary/Plan Sponsor

Trustee/Named Fiduciary/Plan Sponsor

Trustee/Named Fiduciary/Plan Sponsor

Trustee/Named Fiduciary/Plan Sponsor

Date:

Voya Framework | v.5832085 - SF:00604307 | None/0/000/0/466FBG/T14EH/243P

Expires: 11/13/2024 | Submitted Date: 08/15/2024



Voya Framework
v.5832085 - SF:00604307
None/0/000/0/466FBG/T14EH/243P
Expires: 11/13/2024
Submitted Date: 08/15/2024
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PLAN | INVEST | PROTECT

Voya.com



PROPOSAL

Sierra Vista Hospital 457(b) plan

August 20, 2024





Proposal For Sierra Vista Hospital 457(b) plan

This proposal valid until:

11/20/2024

This Proposal was provided at the request of the plan sponsor or the Plan's advisor on behalf of the plan. The fee information provided in this Proposal is based on the assumptions and/or investment options reflected in the Proposal. This Proposal is invalid if the assumptions and/or investment options are inaccurate or change.

Plan Assumptions

August 20, 2024

Rollover Assets:	\$1,500,000
Annual Contribution:	\$700,000
Plan Participants with a Balance:	179
Total Eligible Employees:	179
Number of Plans:	1
Investment Platform:	Empower Select
General Account Fund:	Series I
Investment Fiduciary:	Plan Advisor 3(21)
Mapping Strategy:	N/A Start Up Plan
Default Fund:	Target Date
PEA:	0.50% Annually
Empower Retirement Plan Document	Required

Fee Summary

Fee

Paid By

Annual Plan Maintenance (Per Plan)	\$0	Employer
Annual Participant Account Maintenance	\$30	Participant
Asset Based Fee	0.85%	Participant
Installation Fee	Waived	Employer
Average Net Investment Expense	TBD	Participant

Additional Plan Services

Trustee/Custodial Services: Great-West Trust Full Custodian
 Compliance Services: N/A
 Auto Enroll: N
 Fee Levelization: Y

BEL Restoration: N/A
 Manual Payroll: N
 Prospectus Fulfillment: N
 Addtl Participant Notice Delivery: Y

For Home Office Use Only		Sierra Vista Hospital 457(b) plan				Version
Group Account Number:	State Situs:	Product Code:	Quote Date:	RSD Name:	Prepared by:	401(k) Version:
	NM	gvmt-401k	8/20/2024 4:06:39 PM	vegas corey	rgl	V16.6 10/11/2023 6:00:00 AM

8/20/2024 4:06:39 PM (412045) (None) (P-R MA-MTR) Then



Plan and Participant Fees

Plan Service Fees		
Fee Type	Fee	Paid By
Asset Based Fee	0.85% Annually on All Assets	Deducted from Participant Accounts Quarterly
Participant Account Maintenance	\$30 Per Account Annually	Deducted from Participant Accounts Quarterly
Plan Maintenance	\$0 Annually Per Plan	Billed to Plan Sponsor Quarterly

Annual asset based fees will be calculated based upon an average daily balance.

Participant Transaction Fees		
Transaction fee type	Fee	Paid by
Loan initiation	\$95 per request	Netted From Distribution
Maintenance fee for NEW loans (recurring)	\$50 annually	Deducted from participant accounts quarterly
Withdrawals (including Separation of Service, Retirement, Plan Terminations)	\$75 per request	Netted from withdrawal
Withdrawals for small balance force-outs (de minimus)	\$25 per request	Netted from distribution
Distributions (including In-Service, Hardship, QDRO, Death, Disability)	\$50 per request	Netted from distribution
Express delivery fee	\$40 per request	Netted from distribution
Hardship approval services	\$75 per request	Netted from distribution or participant account
Beneficiary distribution review services	\$75 per request	Netted from distribution or participant account
QDRO review services	\$400 per request	Netted from distribution or participant account
Periodic payment setup	\$50 per request	Deducted from participant accounts
Periodic payment maintenance	\$25 annually	Deducted from participant accounts quarterly

The above recordkeeping fees will be guaranteed for the initial five (5) year contract term from the Effective Date of the Administrative Services Agreement. Material changes (+/- 10%) from assumptions used in pricing (participants, assets, net flow, asset allocations) could void this guarantee.

The Participant Transaction services above will be provided to the Plan unless the plan sponsor elects otherwise.



Payments to Others

Financial Professional Services (Included in Plan Pricing)		
Service Provider	Service	Fee
None		

Other Services (Included in Plan Pricing)			
Service Provider	Service	Service Type	Fee
Sierra Vista Hospital 457(b) plan	Plan Expense Account	Advisory Services	0.50% Annually



A portion of fees may be credited to a Plan Expense Account (PEA) on a monthly basis to be used to pay plan expenses. The plan sponsor is responsible for determining the appropriate use of amounts credited to the PEA and for directing Empower as to the payment of any plan expenses from the PEA. The above plan fees to be paid from PEA credits is based on information provided to Empower by the plan sponsor or its advisors and is subject to plan sponsor direction. Asset based PEA payments will be calculated based upon an average daily balance. The Plan Sponsor is solely responsible for determining the allocation of any PEA credits remaining after expenses are paid.

The Revenue Credits are funded from Empower's general assets and are being made available as a reduction in the compensation that Empower would otherwise earn in connection with the services it provides to the Plan. No specific funds will be set aside in an account or fund for the Plan's benefit or otherwise segregated for purposes of funding the Revenue Credits, and the Plan has no right, title or interest in any Revenue Credits prior to the time the Revenue Credit is paid to the Plan. No interest will be earned by the Plan or paid on Revenue Credits that are accrued.

Empower will pay Revenue Credits to the Plan on a monthly basis. Revenue Credits shall be determined by multiplying the average daily balance in each of the Plan's investment options for the month by the annual rate (prorated for the month) of fund service fees paid to Empower by the investment option or its affiliates as reflected in the Plan's Plan Fee Disclosure Report (A copy of the Plan's most recent Fee Disclosure Report is available on the Plan Sponsor Website). Plan Sponsor directs Empower to allocate any Revenue Credits to Plan Participant accounts proportionately based on the average daily balance of such accounts in the investment option during the month and to invest such amounts based on the Participant's investment elections with respect to future contributions or, if none, the applicable Plan default fund. Revenue Credits shall be determined and allocated within 45 days after the end of the month.

Trustee/Custodial Services (Included in Plan Pricing)		
Service Provider	Service	Fee
Great-West Trust Company	Full Custodian	\$500 Annually

Participant Advice		Opt-In	
Service Provider	Service	Annual Fee	Basis
Advised Assets Group, LLC.	Online Investment Guidance	No Charge	N/A
Advised Assets Group, LLC.	Online Investment Advice	\$0	Per Participant
Advised Assets Group	My Total Retirement Services	0.65% <\$100k 0.55% Next \$150k 0.45% Next \$150k 0.35% >\$400k	My Total Retirement Assets

Online Investment Advice and Managed Accounts services are optional services that are offered by Advised Assets Group, LLC. Each individual participant may elect to enroll in either one of these services. These participant advice fees are only deducted from participant account balances of those that have enrolled in the service.

Plan Sponsor agrees the managed account service fee will be paid for by a Plan Participant unless the following box is selected.

Plan Sponsor Pay



Disclosures

This document contains estimates of plan expenses and is intended to provide a detailed summary of fees being charged to the plan or its participants to the extent such information is in the Recordkeeper's possession. While it is intended to provide information regarding all material fees, this document may not be comprehensive, and it may not include full information on fees associated with some specially negotiated services or with certain investment options, such as Self-Directed Brokerage Accounts, Life Insurance, Employer Stock, etc. For further fee information, please refer to the relevant service agreements and/or prospectuses, including information that may be needed to comply with Participant Disclosure obligations. As your Recordkeeper, we make no representation as to the completeness or accuracy of materials, such as prospectuses, created and/or provided by a third-party investment provider.

General

Float:

If the Plan's assets pass through a bank account held by Empower Retirement LLC (Empower) or its affiliates/ subsidiaries (Empower Trust Company, LLC), it may earn credits and/or interest on Plan assets awaiting investment or pending distribution. Plan Sponsor acknowledges that it has received and reviewed the Float Disclosure. Plan Sponsor agrees that, as additional compensation for its services hereunder, ETC, Empower, and/or its affiliates shall retain float consistent with the terms of the Float Disclosure.

Recordkeeping Costs Estimate

Great-West recordkeeping fees are agreed to with the plan sponsor based on the total value of the relationship with the plan. Great-West may provide recordkeeping fee credits in its sole discretion based on criteria as solely determined by Great-West which may include the plan's use of affiliated and non-affiliated funds or products. Such credits may reduce some or all of the recordkeeping fees that would otherwise be charged by Great-West. The average cost of Great-West recordkeeping services without any reduction or offset is \$120.23 per participant for plans less than \$50 million, \$94.42 per participant for plans between \$50m and \$500m and \$70.13 per participant for plans greater than \$500m.

Prospectus Delivery:

Employer agrees to accept delivery of prospectuses for the selected investment options through the Plan Sponsor section of the Empower Web site - www.empower-retirement.com.

Acceptance and Use of Participant Emails for Electronic Delivery:

Plan Sponsor and/or the Participant have authorized the Plan to use the Participant email(s) in the Plan's records to deliver Plan-related notices and documents to the Participant electronically. The Plan Sponsor Directs Empower to accept a transfer of Participant work and/or personal emails to its recordkeeping system as provided by the Plan Sponsor or its delegate, including but not limited to the Plan Administrator, a payroll vendor, a Plan adopting employer, third-party administrator or other current or prior Plan service provider. The Plan Sponsor agrees to provide all Participant work emails in its records to Empower and to make best efforts to provide Empower with work or personal email addresses for all newly eligible Participants.

- a. Plan Sponsor Directs Empower to deliver Plan notices, including the Transition Guide and Blackout Notice and other Plan documents it has agreed to provide under the services agreement between the parties ("Agreement") to the Participant's email address in the following order:
 - (i) to a work or personal email address provided and agreed to by the Participant.
 - (ii) to a work email address provided by the Plan Sponsor in accordance with the "wired at work" method described in Department of Labor regulation §2520.104b-1. The Plan Sponsor confirms the Participant has the effective ability at work to access notices delivered to the work email addresses provided to Empower.
 - (iii) to a personal email address provided by the Plan Sponsor or Participant in accordance with the "notice and access" method described in Department of Labor regulation §2520.104b-31.

Check here if the prior record keeper did not distribute "Initial notifications of default electronic delivery" according to Department of Labor regulation §2520.104b-31.



- b. If the "notice and access" delivery method is used, Empower will send an initial notification of electronic delivery (§2520.104b-31(g)) via regular mail to each Participant at least 10 days prior to delivering any plan-related documents via email, unless Empower obtains confirmation that the initial notification has already been provided to the Participant from the Plan Administrator, third party administrator or other Plan service provider.
 - (i) If notice of availability of a plan-related document is returned undeliverable, Empower will send the notice to another email on file for the Participant. If no other email is on file for the Participant or such other email is also returned undeliverable, plan related documents will be delivered via regular mail to the Participant until such time as Empower is provided another email address for the Participant.
 - (ii) Participants may request to receive a paper copy of a plan-related document for no cost. In addition, Participants may opt out of electronic delivery and request that their plan-related documents be delivered via regular mail at any time.
 - (iii) Empower will maintain access to plan-related documents on the Participant website in accordance with Department of Labor regulation §2520.104b-31(e).
- c. If Empower is not provided with an email address, plan-related documents will be delivered to the Participant via regular mail.

Third-Party Fee Debits from Participant Accounts:

If the plan fiduciaries authorize payment of a third-party fee (e.g., advisor, auditor, TPA, etc.) from participant accounts, note that the participant fee disclosure prepared by Empower at the plan's transition (and delivered to participants if we have agreed to do so) will not reflect third-party fee payments. The payment process for a third-party fee is set-up following the transition. Third-party fee payments authorized by the Plan Sponsor will be updated to the participant fee disclosure and posted to the participants' accounts online. The plan fiduciaries may wish to discuss the debit of third-party fees from participant accounts with their legal and tax advisors as they deem appropriate and prepare and deliver to participants a supplement to the disclosure prepared by Empower which contains the additional third-party fee information for distribution at transition.

Fiduciary Disclosures

Advised Assets Group (AAG):

If Advised Assets Group, LLC provides services to the Plan under an agreement with Plan Sponsor, it may be a fiduciary and Registered Investment Advisor to the Plan to the extent provided in such agreement.

Empower:

Empower is not acting as a fiduciary for this plan

Investments

Mutual Fund Expense Ratio:

The Service Provider has entered into agreements with certain funds (or their service providers including advisors, administrators or transfer agents, and underwriters) whereby the Service Provider provides shareholder and/or distribution services and receives compensation from the funds (or their service providers) based on the value of the plan's investment in the funds. This compensation may include fees for administrative and other expenses and/or fees paid under a plan of distribution under SEC Rule 12b-1 ("12b-1 fees"). The fees received by the Service Provider are included in the expense ratio described in the applicable fund's prospectus or similar disclosure document, and reduce the fund's net asset value (NAV). Generally, fees and expenses included in the fund's expense ratio are deducted at regular intervals based on a percentage of the fund's average daily net assets.

Redemption Fees:

Redemption fees are charged by mutual fund companies to discourage investors from making a short-term "round trip" (i.e., a purchase, typically a transfer, followed by a sale within a short period of time). Many mutual fund companies will impose the fee upon the purchase and subsequent sale occurring within a specified time frame. Please refer to your mutual fund prospectuses for specific redemption fee details.



Additional Fund Compensation:

Great-West Life & Annuity Insurance Company receives payments from some investment fund families through the Empowering Fund Partnership Program ("EFPP"). Under the EFPP, fund families receive several services based on the EFPP tier in which they participate. These services are provided directly to fund families and include: (i) consideration for inclusion in Empower products developed for some segments of the retirement and IRA market, (ii) inclusion on the Empower Select investment platform, which is available in the small plan recordkeeping market, (iii) a waiver of the connectivity fee described below, (iv) enhanced marketing opportunities, (v) additional reporting capabilities, (vi) collaboration in thought leadership opportunities, (vii) access to meetings with Empower leadership, Empower staff, and the third party advisory and brokerage firms through whom Empower distributes its services, and (viii) access to conferences put on by Empower and Great-West Financial. The yearly fees for EFPP participation are \$1,000,000 for tier 1, \$500,000 for tier 2, and \$250,000 for tier 3. These fees do not vary based on an Empower client's use of the funds offered by the fund family.

For additional information about funds that participate in the fund partner program, please visit <https://docs.empower-retirement.com/advisor/Empowering-Fund-Partnership-Disclosure.pdf>

Great-West Life & Annuity Insurance Company also receives payments from fund families through a connectivity program (the "Connectivity Program"). The Connectivity Program charges fund families for the cost of administering funds on Empower investment platforms, and for building and maintaining data connections between Empower and the fund family. In 2019, the Connectivity Program charges \$1,000 per investment fund used on recordkeeping and IRA investment platforms. Beginning in May 2019, if a retirement plan begins receiving recordkeeping services through Empower's small plan recordkeeping segment, and the plan offers a fund from a fund family that does not participate in the Connectivity Program or the EFPP, then Empower will assess a supplemental, separate investment access fee to the plan. Depending on the level of investment in the non-participating fund family, the investment access fee charge may be more or less than the fees received under the Connectivity Program from the fund family.

For additional information about funds that participate in the Connectivity Program, please visit <https://docs.empower-retirement.com/advisor/Empowering-Fund-Partnership-Disclosure.pdf>



Affiliates and Subcontractors

We are required to disclose certain fees paid between Empower and its related parties (affiliates and subcontractors). This includes compensation paid in connection with the services Empower or its affiliates have agreed to provide to the plan, if the compensation is set on a transaction/incentive basis (such as commissions, soft dollars, or finder's fees) or if the compensation is charged directly against a plan investment and reflected in the investment's net value.

The fees disclosed are not in addition to previously disclosed fees; rather, this information is intended to increase transparency about how Empower uses the fees it receives.

Affiliates:

The following entities are affiliates of the Recordkeeper, in that they directly or indirectly control, are controlled by, or are under common control with the Recordkeeper. These affiliates may receive fees from the plan, or from the Recordkeeper or another affiliate for performing certain services for the plan.

Refer to the Itemized Services and Cost section for details regarding affiliate payments.

GWFS Equities, Inc. is an affiliate that receives payments from the Investment Provider. Payments are first paid to GWFS Equities, Inc. which in turn pays the Recordkeeper.

Great-West Capital Management, LLC is an affiliate that receives payments from the Investment Provider.

Great-West Funds, Inc. is an affiliate that receives payments from the Investment Provider.

Affiliates: The following are affiliates of Empower, but not all Empower affiliates may pertain to your Plan.

- Advised Assets Group, LLC
- GWFS Equities, Inc.
- EMJAY Corporation
- FASCore, LLC
- Great-West Capital Management, LLC
- Great-West Funds, Inc.
- Putnam Investment Company
- Great-West Trust Company, LLC
- Great-West Life & Annuity of New York

Subcontractors:

A subcontractor is any person or entity that is not an affiliate of the Recordkeeper and that is expected to receive \$1,000 or more in compensation for performing one or more services for your Plan under a contract or arrangement with the Recordkeeper. All such subcontractors that receive the specific types of compensation described above are included. All such subcontractors, if any, are listed in the table below, along with the service they provide.

Please refer to the Itemized Services and Cost section for details regarding subcontractor payments.

Company Subcontractor	Service Provided
QDRO Consultants	Plan administration services - QDRO review services



Sierra Vista Hospital 457(b) plan (continued)
Signature Page

By signing this signature page, the Plan Sponsor, Broker and any other signatories certify that they have received, read and understand this proposed Fee Schedule and Disclosure Statement. All parties understand the proposal assumptions stated above determine the plan's expenses. A change to the assumptions will cause expenses and fees to also change. Plan Sponsor understands and agrees to all services and fees identified in this Fee Schedule and agrees to pay all fees according to the Service Agreement to which this Fee Schedule applies. The Plan Sponsor further understands that all payroll deduction and matching contributions will be remitted electronically using the Plan Service Center system. Contributions received using any other method will be returned unallocated for resubmission via the Plan Service Center and will not be considered plan assets until such resubmission. Plan Sponsor also understands that no payroll deduction contributions may be withheld until there is a signed Plan Document in place and no contribution or transfer of assets will be accepted earlier than 15 days from the receipt and acceptance of the Client Application in Greenwood Village, CO.

The Plan Sponsor directs Empower to reflect the Advisor and Firm below as the Plan's financial advisor on its recordkeeping system and to provide plan data upon request. The Plan Sponsor understands and agrees that Empower does not provide investment advice to the Plan, the Plan Sponsor or the Advisor regarding Plan investment options.

I agree any changes to products, plan services, fees, or investment options hereafter must be made post-conversion

ILLUSTRATION ONLY

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement™ refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by GWL&A. The Great-West Family of Companies refers to products and services offered through The Great-West Life Assurance Company, London Life Insurance Company, The Canada Life Assurance Company, Irish Life Assurance Company, Great-West Life & Annuity Insurance Company, Putnam Investments, LLC, and their affiliates and subsidiary companies.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

Department: Pharmacy

Original Policy Date: 2017

Subject: Automated Medication Management System

Review: 2024 MB 2025 ___ 2026 ___

Approved By:
Pharmacy and Therapeutics:
Medical Staff:
Governing Board:

Last Revised: 04/2024

Manager: Melissa Bierner, Pharm.D., RPh

SCOPE:

All staff and contract staff who handle medication and have access to the automated dispensing cabinet.

POLICY:

Sierra Vista Hospital provides an Automated Medication Management Systems (AMMS) (e.g. medDispense) located on nursing units, clinics, and other designated patient care areas for storage and distribution of medications, including controlled substances. Control and distribution of medications will be accomplished by using the AMMS unit, whenever possible. Only medication or medication related items will be stored in the AMMS units.

DEFINITIONS:

Automated Medication Management System (AMMS): means automated devices that compound, measure, count, or package and deliver a specific quantity of dosage units for a designated drug product and which collects, controls, and maintains all transaction information.

PROCEDURE:

Automated Dispensing Cabinet Access:

- Access to AMMS will be strictly controlled to ensure adequate security for medication, including controlled substances. AMMS also provides proper documentation of medication use and assures confidentiality of patient information.
- Access is limited to authorized pharmacy personnel, respiratory therapist, medical assistants, and nurses.
- User accounts will be created and maintained by the Pharmacy Director or designee(s).
- Pharmacy personnel will have security privileges allowing them to refill medications, including non-controlled and controlled substances into the AMMS. They will also have access to the pharmacy-controlled substance cabinet for dispensing and returning controlled substances to fulfill unit AMMS needs.
- Access will be granted to authorized staff members at the designated AMMS locations based on job description or as authorized by nursing leadership.
- Access will be granted after reviewing and signing AMMS training documentation.

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- The area director and/or Human Resources shall inform the Pharmacy Director and/or designee(s) when contracts end, upon termination of contracts, or upon termination or resignation of employment.
- AMMS access privileges are based on job classification and/or job description and supported by approved job description and scope of practice upon request by area leadership.
- Define user groups may include, but not limited to:
 - Nurse: Staff/traveler/graduate nurse/LPN/RN
 - Medical Assistant
 - Respiratory Therapist
 - House Supervisor
 - Anesthesia Provider
 - Pharmacy Technician
 - Registered Pharmacist
 - EMT: Basic, Intermediate, Paramedic, Critical Care
- Pharmacy Director or designee is responsible for the management and termination of user accounts.
- Department leadership or Human Resources will notify the Pharmacy Director or designee of any additions, removals, or other changes including changes to access, use roles, or personnel as soon as they occur.
- On a quarterly basis, the Pharmacy Director will review user account activity. Inquiries will be submitted to the area director for accounts inactive for 90 days or more. If an employee is on an approved leave of absence the account will remain active. If an employee is no longer staffing in the patient care area, access to AMMS will be removed.
- Employees who have forgotten their password must submit an email to the pharmacy team or call the pharmacy for assistance in resetting password. **Sharing of passwords is prohibited.**
- Every 90 days, the password will automatically expire, and a new password must be chosen. Old passwords should not be reused.

Medication Administration

- Medication administration will be performed in accordance with the Medication Administration Policy and Procedure and other medication administration procedures as appropriate.
- Medication list generated in the AMMS does not represent the patient's medication administration record (MAR). The MAR or written order must be consulted prior to accessing the medication.
- With a few exceptions (e.g. urgent/emergent situations where delay may cause harm to the patient), a pharmacist reviews **all** medication orders before medication is dispensed or removed from the AMMS.
- If a medication is not listed in the AMMS patient profile, an order has not been entered into the Pharmacy System. Check the patient chart to ensure the order has been entered and received and verified by a pharmacist. Unless the medication is dispensed as an override, as outlined in the Automated Dispensing Cabinet Override Policy and Procedure.

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- Medications may only be dispensed or removed from the AMMS under a patient profile for that patient. Medications must not be dispensed or removed for personal use by staff.
- The patient's name should be on the AMMS patient list. This information is provided by the interface with the hospital's electronic health record.
 - If the patient is not on the AMMS patient list, the user shall first utilize the Hospital Wide Patient Census function to locate the patient's name.
 - If the patient's name is not located utilizing the Hospital Wide Patient Census, call the Registration Department to verify that the patient is admitted properly. If this is an emergent situation and medications are needed, the AMMS user may manually admit the patient into the AMMS as follows:
 - From the home screen, press patient maintenance then add new patient.
 - Enter the patient's FIN number, date of birth, last name, first name and medication allergies.
 - Press save.
- When selecting medication(s) to remove, enter the first four letters of the medication name to find the medication quickly or use the directional arrows.

Medication Dispensing

- Profile dispensing:
 - Select DISPENSE TO PATIENT, if the patient list does not appear automatically.
 - Search for the desired patient; select by touching patient name on the screen.
 - Select the desired medication, if found, by touching its name on the screen.
 - If medication not found, select OVERRIDE THE PROFILE.
 - *The system may ask for a witness when dispensing an override medication.*
 - Select a quantity for the desired medication and press ENTER.
 - If more medications are desired, repeat the steps above.
 - Press the PRESS TO OPEN DRAWER button on the screen.
 - Remove the requested amount from the drawer.
 - *Multiple medication may be kept in one drawer, ensure you are pulling from the correct pocket.*
 - Press the PRESS HERE TO ACCESS NEXT ITEM button, if applicable.
 - Press the PRESS HERE WHEN DONE button on the screen.
 - Be sure to sign off when finished dispensing.
- Non-profile Dispensing:
 - Select DISPENSE TO PATIENT, if the patient list does not appear automatically.
 - Search for the desired patient; select by touching patient name on the screen.
 - Select the desired medication from the History Quick Pick List.
 - *The system may ask for a witness when dispensing an override medication.*
 - If desired medication not found in the History Pick List, select New Meds.
 - Select a quantity for the desired medication and press ENTER.
 - If more medications are desired, repeat the steps above.
 - Press the PRESS TO OPEN DRAWER button on the screen.
 - Remove the requested amount from the drawer.
 - *Multiple medication may be kept in one drawer, ensure you are pulling from the correct pocket.*

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- Press the PRESS HERE TO ACCESS NEXT ITEM button, if applicable.
- Press the PRESS HERE WHEN DONE button on the screen.
- Be sure to sign off when finished dispensing.
- Medication orders in areas with non-profile AMMS (e.g. Rural Health Clinic and EMS) may not be verified by pharmacy. In these instances, AMMS users will remove medication utilizing the provider's order.
- When practicable, a pharmacist reviews all medication orders before medication is dispensed or removed from the AMMS.
- Some medications require a witness to perform the transaction. This measure is intended to provide additional safety when dispensing these medications. The witness also takes responsibility for the medication transaction and must be present for the entirety of the transaction.
- Multi-Dose Products
 - If a multi-dose item is removed from AMMS, place a patient demographic label and BUD in accordance with Beyond Use Date for Parenteral Medications and place it in the bin for future use.
 - Only access another multi-dose item from AMMS when the patient runs out of this supply.
 - The patient will be charged for each item removed from AMMS (not from the patient's bin)
- Medications removed from AMMS are then taken to the bedside of the appropriate patient for administration following the Medication Administration Policy and Procedure utilizing barcode medication administration where available.
- To prevent blind stock-outs of medication (i.e., there are no medications in the pocket) only remove the appropriate quantity as directed in the medication order.
- Be sure to sign off when finished dispensing.

Override Medication

- Refer to Automated Dispensing Cabinet Override Policy and Procedure.

Returning Medication

- Returning:
 - Select DISPENSE TO PATIENT, if the patient list does not appear automatically.
 - Select the RETURN function button.
 - Search for the desired patient; select by touching patient name on the screen.
 - Select the desired medication to be returned.
 - *Note: Returns must be done within the 12 hr timeframe- if you are attempting to return a medication and the deadline has passed, you will be notified to return the med to Pharmacy.*
 - **Reminder: Opened or damaged medications shall NEVER be returned.**
 - Enter the quantity of the medication being returned.
 - If medication requires a witness, another operator must sign on to witness the transaction.
 - *Do not leave controlled substances unattended or unsecured.*

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- Return the medication to the correct drawer and section.
- Acknowledge the return, by pressing the OK button on the screen.
- Close the medication drawer.
- Select the MAIN MENU button.
- Select the SIGN OFF button.
- A medication removed from the AMMS that is intact and in its unopened, original package, and not administered to the patient, may be returned via the AMMS to the pocket/bin from which it was removed.
- The patient will be credited electronically for all returned medications.
- If the medication package is not intact, the dose should be WASTED and not returned, see wasting medications below.

Wasting Medication

- Wasting:
 - Select DISPENSE TO PATIENT, if the patient list does not appear automatically.
 - Select the WASTAGE function button.
 - Search for the desired patient; select by touching patient name on the screen.
 - Select the desired medication to be wasted.
 - *Note: Waste must be done within an hour of removal.*
 - Enter the quantity of the medication being wasted, make sure to include the quantity (mL's or tablet)
 - Press the DISPOSE button.
 - If medication is a controlled substance, another operator must also sign on in the witness field.
 - Dispose of the wasted medication in the designated receptacle.
 - *Do not leave controlled substances unattended or unsecured.*
 - Acknowledge the waste, by pressing the OK button on the screen.
 - Select the MAIN MENU button.
 - Select the SIGN OFF button.
- If all or part of the controlled substance dose remains and cannot be returned to the AMMS, it must be put in the controlled substance waste bin and documented in the AMMS system as waste.
- Two licensed AMMS users are required for wasting all controlled substances. The witness also takes responsibility for the medication transaction and must be present for the entirety of the transaction.
- Documentation of controlled substance waste for items issued manually will occur on the Controlled Substance Administration Record as outlines in the Controlled Substance Policy and Procedure.
- Partially used or unused medication that cannot be returned shall be disposed of in accordance with the Pharmaceutical Waste Policy and Procedures.
- Waste resulting from partial doses of medication are not credited to the patient.
- Undocumented Waste
 - Undocumented waste occurs when an AMMS user has removed an ordered medication for which the prescribed dose is less than the product size and a waste transaction was not preformed.

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- Undocumented waste will be resolved as soon as it is identified. If the partial waste is lost or unaccounted for, do not conduct a waste transaction and follow the procedures outlined in the Controlled Substance Discrepancy Policy.

Out of Stock and Non-Stocked Medications

- Non-Controlled Substances
 - Pharmacy personnel will be responsible for restocking out of stock items which are generated into the restock report.
 - Assigning new items will be performed as deemed necessary by the Pharmacy Manager.
 - Inventory levels will be checked upon delivery of medications to AMMS and inaccuracies in counts should be resolved.
 - The inventory must be counted and verified during each replenishment transaction using the INVENTORY RESTOCK function.
 - Non-stocked items will be dispensed to the patient's medication bin.
- Controlled Substances
 - Pharmacy personnel will be responsible for replacing out of stock items.
 - Controlled Substances issued manually with the Controlled Substance Administration Record must be administered immediately.
 - Non-stocked controlled substances will be obtained from the pharmacy.
- Stock and inventory level changes for medications stored in AMMS will be based on usage.

Inventory Maintenance

- The Pharmacy Department will be responsible for maintaining an adequate inventory of medications in AMMS.
- The AMMS will not be used for the storage of miscellaneous supplies. Only medication or medication related supplies approved by pharmacy will be stocked in AMMS.
- Pharmacy will inspect the AMMS and stock area each month for approved, unapproved, or outdated items.
- Unapproved items shall be removed.
- Outdated items shall be replaced.
- Items to be removed from the AMMS inventory is at the discretion of the Pharmacy Director, based on usage and need.

Restocking of AMMS

- Non-controlled Medications
 - Items to be restocked will be electronically communicated to the pharmacy AMMS system once the minimum par level is reached.
 - Pharmacy personnel will procure the appropriate medication/quantities to fulfill the AMMS restocking requirement.
 - A pharmacist shall check all medications utilizing and signing the restock report prior to refilling the AMMS.

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- Inventory levels will be checked upon delivery or medications to the AMMS and inaccuracies in count, expiration, and/or product shall be resolved. The inventory count must be counted and verified during each replenishment transaction.
- **Controlled Medications**
 - Pharmacy personnel shall remove medication from the Pharmacy Narcotic Cabinet as indicated.
 - All medications selected for delivery will be decremented from the Pharmacy Narcotic Inventory with the Narcotic Cabinet.
 - A pharmacist shall check all medications utilizing and signing the restock report prior to refilling the AMMS.
 - Inventory levels will be checked upon delivery or medications to the AMMS and inaccuracies in count, expiration, and/or product shall be resolved. The inventory count must be counted and verified during each replenishment transaction.
 - Nursing will notify pharmacy of any inventory outages. Pharmacy will assess par levels, usage, and stock outs.

Discrepancies

- A discrepancy occurs when the physical count does not match the calculated count from AMMS.
- When a discrepancy occurs, a discrepancy alert will appear on the main login screen.
- The procedures outlined in the Controlled Substance Discrepancy Policy will be followed for medication discrepancies.

Downtime Procedures

- The pharmacy will notify staff of planned and unplanned AMMS downtime by email notification.
- The following guidance allows for continuity of AMMS functionality during periods of scheduled and unscheduled system downtime.
 - General power failure: the AMMS units and central server shall be connected to the emergency power system, when available, and remain in operation during a power outage.
 - Cerner System Failure: in the event that Cerner is down for an extended period of time, Pharmacy will convert all AMMS units to non-profile inventory. Pharmacy will initiate the downtime procedures for dispensing non-AMMS medications.
 - Individual AMMS failure:
 - Nursing leadership will contact pharmacy.
 - Pharmacy will correct the problem, and if needed will contact the AMMS technical support team.
 - Until the AMMS is functional, controlled substances will be stocked in a narcotic lock box and dispensing will be recorded on a Controlled Substance Downtime Dispensing Record. Legend medications will be provided by pharmacy based on ordered medications.
 - Cerner interface to AMMS:
 - While the interface is down for an extended period of time, Pharmacy will convert all AMMS units to inventory cabinets.

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- After the interface is reestablished, the status of automated data transfer and orders at the cabinets will be evaluated.
- AMMS Server failure:
 - The pharmacy will attempt to correct the problem and/or contact technical support if needed. If the server is expected to be down greater than 24 hours, Pharmacy will print active medication orders and fill lists for each unit and supply medications as they are ordered and needed.
- Following System Failure:
 - Controlled substances will be inventoried and returned to the Pharmacy narcotic cabinet.
 - Manual Medication Administration Records will be used for billing medications dispensed during the downtime. All sheets are to be returned to the pharmacy.
 - Pharmacy will verify that the AMMS accurately reflects current orders from Cerner's patient medication profiles. Appropriate actions will be taken as needed.

Problem Solving

- Refer to the AMMS operations reference for issues related to the AMMS.
- If a problem cannot be resolved, AMMS user will contact the Pharmacy and provide AMMS location, failed component, and brief description of the issue.
 - If Pharmacy cannot resolve the problem, they will contact technical support.
 - The phone number for technical support is located at each AMMS and in the pharmacy.

Reports/Recordkeeping

- Nursing will review the on-screen Discrepancy Report at each change of shift and resolve any outstanding discrepancies no later than shift change.
- Profile Override Report, a report of all medication removed via override function from AMMS. The report may be used for issues involving controlled substances and to assess appropriateness of medications removed via override. The AMMS pharmacy utilized to evaluate efficiency of order processing from the nursing units and pharmacy.
- Discrepancy Reports will be printed daily and monitored by the pharmacist. The report may be provided to the area supervisor for review of unresolved discrepancies. The report may be used to identify non-compliance with controlled substances and monitor for diversion.

Training

- All personnel using the AMMS system will be competent in the use of the system.
- The Pharmacy Director, or designee, shall ensure training of all new pharmacy employees.
- All employees using the AMMS will review the Operations Reference Guide and complete the competencies assessment. Along with any additional training required by the department.

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Quality Assurance

- AMMS optimization is ensured by performing the following:
 - Expiration date tracking
 - Monthly auditing during unit inspections
 - Standard stock review
 - Routine management of PAR levels

RELATED POLICIES

Automated Dispensing Cabinet Override – Pending Revision

Beyond Use Dates for Parenteral Medications 513-12-002

Controlled Substance 513-02-011

Controlled Substance Discrepancy 513-02-010

Medication Administration – Pending Revisions

Opening and Dating Bulk Containers 513-12-007

Pharmaceutical Waste – Pending Revisions

REFERENCES:

Institute for Safe Medication Practices (ISMP). Guidelines for the Safe Use of Automated Dispensing Cabinets (2/2019). Available from: ISMP Guidelines for the Safe Use of Automated Dispensing Cabinets

New Mexico Administrative Code. Title 16 – Occupational and Professional Licensing. 16.19.04, 16.19.07, 16.19.10, 16.19.20 (3/2002). Available from: <https://www.srca.nm.gov/parts/title16/16.019.0007.html>



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

Department: Pharmacy

Original Policy Date: 1999

Subject: Emergency Room Take Home Medication

Review: 2024 MB 2025 ___ 2026 ___

Approved By:
Pharmacy and Therapeutics:
Medical Staff:
Governing Board:

Last Revised: 04/2024

Manager: Melissa Biemer, Pharm.D., RPh

SCOPE:

This policy applies to Sierra Vista Hospital Emergency Department clinical staff, contractors, and Pharmacy Department.

POLICY:

This policy establishes processes and controls regarding the use and distribution of take-home medications from the Emergency Department for patients where a need has been determined.

Sierra Vista Hospital recognizes that Sierra Vista Hospital does not have a retail pharmacy dispensing license. However, there are some circumstances that will prevent a discharged Emergency Department patient from obtaining necessary medication from a retail pharmacy.

Sierra Vista Hospital Emergency department will only dispense medication during hours that a local retail pharmacy is not open for business; the quantity will be **limited** to the amount of medication need until a local retail pharmacy is open for business, with a **maximum** quantity of 5 tablets or capsules. Inhalers, otics, ophthalmics, and topicals may also be dispensed within this procedure.

DEFINITIONS:

Automated Medication Management System (AMMS): means automated devices that compound, measure, count, or package and deliver a specified quantity of dosage units for a designated drug product and which collects, controls, and maintains all transaction information.

PROCEDURE:

- A patient qualifies for an Emergency Room take-home medication if there is not a local retail pharmacy open for business and is unable to commute to the nearest 24-hour pharmacy.
- The medication will be obtained from the Emergency Room AMMS by the patient's primary nurse and given to the provider to properly dispense.
- The process for dispensing an emergency take home medication to the patient includes:
 - The provider determines the need to dispense the emergency take home medication.

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- The provider is to enter an order in the Electronic Health Record (EHR) stating that the order is for a take home medication.
 - The order must include medication name, strength, directions for use and quantity to be dispensed.
- The Emergency Department nurse obtains the medication directly from AMMS.
 - Nursing note stating “**this is a take-home medication**” is to be added during the dispensing from the AMMS.
- Any product requiring reconstitution, mixing or means of preparation will have those steps performed prior to the medication being dispensed to the patient.
- All medications are to be dispensed in a container with a child resistant safety cap.
- The provider completes the label and the log with the patient’s name, date, provider’s name, and direction of use.
- The provider issues the medication to the patient, explaining the following:
 - Name of the medication
 - Directions of use
 - Precautions/warnings or potential side effects
 - Possible drug-drug interaction, possible drug-food interactions
 - Patient Education Leaflet
 - Other necessary information/instruction
- Any medication dispensed from the Emergency Department must be labeled with the following information:
 - Name of patient
 - Directions for use
 - Date of issue
 - Name, strength, quantity of the medication
 - Unique identifying number (FIN)
 - Name of prescribing provider
 - Expiration date of medication
- The distribution record for the Emergency Take Home Medication must be completed by the provider and contain:
 - Name of patient
 - Date of issuance
 - Drug name and strength distributed
 - Quantity issued
 - Name of provider
 - Directions given to the patient on label
- The pharmacist or designee will review the records of all drugs dispensed within 48 hours of issuance.
- Errors and adverse reactions will be reported and reviewed by the Pharmacy and Therapeutics Committee.

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REFERENCE(S):

New Mexico Administrative Code. Title 16 – Occupational and Professional Licensing.

16.19.07, (3/2002). Available from: <https://www.srca.nm.gov/parts/title16/16.019.0007.html>

FORM(S):

Distribution Record F-513-04-004

**SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT**

August 2024

CRITICAL RECRUITMENT:

- Registered Nurses – FT (Multiple)
- Clinic LPN – FT (Multiple)
- Patient Access Reps – FT (Multiple)

PEOPLE:

July New Hires – 8

- FY23 Total - 64
- FT Cook-Aide (Dietary) – 2
 - FT Registration Clerk (Business Office) – 2
 - FT Scheduler (Business Office) – 1
 - FT Director of Facilities (Plant Ops) – 1
 - FT Director of Sleep Medicine (Cardio) – 1
 - FT EMT 1 (EMS) – 1

PEOPLE:

- **July Terminations – 5**
- **FY23 Total - 61**
- Involuntary – 1
- FT – EVS Tech – Insufficient Performance
- Voluntary – 5
- FT – Cook-Aide (Dietary) – Took another job
- FT – Cook-Aide (Dietary) – No Call / No Show
- FT – Phlebotomist (Lab) – Resigned
- FT – Registration Clerk – Disliked job duties

PRIORITY OF EFFORT:

Our priority of effort is hiring for registration staff to facilitate improved patient experience.

Human Resource Trends Snapshot:

- 64 new or rehires to date
- 61 terminations to date
- 210 Monthly Avg staff

Turnover Rate Q1
Pending

FINANCIAL IMPACTS:

- We have made several hires and implemented cost saving measures to minimize impacts to budget.

Respectfully Submitted,
Lawrence “LJ” Baker Jr.
**Chief Human Resources &
Strategic Initiatives Officer**

KEY VACANCIES:

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

KEY INITIATIVES:

- Behavioral Health Service Capability
- Paid Internship Program HSHS (2nd Group)
 - Starts on about 9/2/2024
- Political Outreach – In contact with Governor’s office regarding capital outlay funding.
- Legislative “Lunch and Chat” 8/23/2024

Contract Staff – 11 (Same)

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

Travel Staff – 18 (Increase – 1)

- Nursing – 12
- Pharmacist – 1
- Physical Therapist – 1
- CNA – 3
- Ultrasound Tech – 1



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

August 21, 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 and 1 part-time position (open date 08/21/2024) 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.

74101 – Housekeeper – 1 full-time position (open date 8/21/2024) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

80004 – Patient Access Manager – 1 full-time position (open date 8/21/2024)

The SVH Patient Access Manager is responsible for facilitating the execution of registration and scheduling tasks to ensure the efficient provision of quality patient care. The incumbent possesses first-hand knowledge of the patient registration process, emphasizes the importance of scheduling functions, and serves as a subject matter expert concerning execution of customer service activities. The manager ensures efficiency of processes and timeliness of actions by patient access team members. Further, the manager directs an effective registration process, reminds staff members of the importance of accuracy regarding patient data and information, and reinforces the significance of professionalism during every patient interaction. The manager may communicate directly with patients or their representatives to address patients' needs as required. The manager actively collaborates with other SVH departments and/or outside healthcare facilities to ensure smooth patient handoff and excellent continuity of care.

80003 – Business Office Manager – 1 full-time position (open date 8/12/2024) Supervises and coordinates activities of workers engaged in calculating, posting and verifying duties to obtain and record financial data for use in maintaining accounting and statistical records. Compiles composite reports from individual reports of subordinates required by management of government agencies. Determines work procedures, prepares work schedules and expedites workflow. Assigns duties and examines work for exactness, neatness and conformance to policies and procedures.

80002 – Registration Clerk -2 full-time positions (open date 7/26/2024) 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.

95301 – Medical Assistant - 2 full-time positions (open date 7/26/2024) 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.

85201 – Director of Quality Management – 1 full-time position (open date 7/17/2024)

The SVH Director of Quality Management supports and promotes organization-wide performance improvement, the patient safety program, and culture of compliance. This includes participating in the development and implementation of quality improvement plans and projects; data collection, chart

abstractions, analysis and display of data; developing and submitting reports; facilitating performance improvement teams; and acting as a resource for quality, regulatory and accreditation guidelines. The director should meet and strive to exceed regulatory requirements and ensure compliance with state, federal, and CMS conditions of participation.

05501 – Sleep Lab Technologist - 1 PRN position (open date 7/15/2024)

The SVH Sleep Lab Technician is primarily responsible for supporting the sleep lab program by facilitating activities associated with the detection and treatment of sleep disorders including collection and analysis of patient information, preparing test procedures and processes, and ensuring proper conduct of sleep related sleep study tests. The technician assists the Director of Sleep Medicine with developing individualized treatment plans for patients with sleep issues. Further, the technician monitors testing (sleep studies) to determine sleep apnea diagnosis, detection of respiratory issues, and address other sleep-related oxygen deficit conditions. May also provide education to patients and their families about sleep disorders and lifestyle modifications to improve sleep health.

69001 – Infection Prevention Medical Assistant - 1 Part-time position (open date 7/15/2024) As a Medical Asst. for the Infection Prevention / Employee Health dept, may provide general aspects of care and immunization vaccinations to the staff, patients and community. 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. Maintains regulatory requirements, department and office policies, procedures, and standards. Communicates with physicians and team members about patient's clinical condition as recommended by infection prevention LPN/RN, including results of diagnostic studies and symptomatology.

03001 – Certified Phlebotomist / Lab Assistant 1 full-time position (open date 6/20/2024)

Performs venipunctures and skin punctures competently and expediently. Has thorough knowledge of test requirements, responds to trauma calls and assists in Clinical Laboratory as needed. Responsibilities will include handling telephone calls, pre-analytical and post-analytical handling of samples and paperwork necessary to carry out the delivery of department service. Certification required.

18601 – EMT –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.

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.

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.

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.

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.

CNO Report August 2024

Nursing Staff

Planning for the yearly Skills Fair is in progress. The week of September 1, 2024, we will begin 2 days a week of skills and didactics with our new nurses and any Nurse Externs we hire. This will help us to achieve High Quality Patient Care for Every Patient Every Day.

SVH Certified Nursing Assistant Program

The New Mexico Department of Health is behind with their approvals for new programs, we are patiently awaiting approval to start our CNA program.

Surgery

Strong back to an average of 7 procedures (endo and surgery).

Safety Program

Trauma Program will be working with Richard Maklin with Heros on the Water at the Balloon Regatta.

Respectfully submitted,

Sheila F. Adams, MSN, MHA

CEO Report

Frank Corcoran

08/22/2024

1. **Behavioral Health Project Update:** Dr. Andres Diocares, started this week!! NP to start at the VH Nursing home next month
2. **RHC Update/Provider Recruitment:** MMC & Dr. Sardar to begin leasing space 1 day a week bring in their own scheduling and staffing for clinic.
3. **IT System Replacement** – Cerner is winding down with build corrections, AR still sitting at \$13 million anticipated payments coming in this month.
4. **NMHA Annual meeting** October 1st.
5. **Legislative Lunch:** Meeting with Legislators on Friday August 23rd for lunch and chat with SVH Leadership.
6. **Ovation Leadership Conference:** Conference will be held in Amelia Island FL, 40 minutes from Jacksonville Airport. The Governing Board is invited to attend. Attendance will count for Board Education for the year towards Gold Board Achievement.
7. **Pain:** Working on Pain Clinic with Anesthesia, more to come soon.
8. **SB 161:** Funds to start coming in November, expecting \$2.7 million over 2 years.
9. **HDAA:** Awaiting CMS approval, funds potentially starting March 2025.