



TABLE OF CONTENTS

Agenda.....GB 1-4
August 27, 2024 Minutes.....GB 5-10
August Financial Analysis.....GB 11
Key Statistics August.....GB 12
Statistics by Month.....GB 13
12 Month Statistics.....GB 14
Detailed Stats by Month.....GB 15-16
August Volume Trends.....GB 17
August Income Statement.....GB 18
Income Statement by Month.....GB 19
12 Month Income Statement.....GB 20
August Balance Sheet.....GB 21
Balance Sheet by Month.....GB 22
August Financial Trends.....GB 23
Medicare Reserves report.....GB 24
Ardham/ Fortinet.....GB 25
ABBA Technologies/ Fortinet.....GB 26
Policies.....BQ 8-96
HR Report.....GB 27-30
CNO Report.....GB 31
CEO Report.....GB 32-34

**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**

September 24, 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 (E)
Shawnee R. Williams, Member

ELEPHANT BUTTE

Katharine Elverum, Member
Richard Holcomb, Member

CITY

Bruce Swingle, Member (E)
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 (E)

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. August 27, 2024 Regular Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business- None	Kathi Pape, Chairperson	
8. New Business-		
A. August Financial Report	Ming Huang, CFO	Report/Action
B. Fortinet Phone System	Aaron Dow, IT Director	Report/Action
9. Finance Committee- Bruce Swingle, Chairperson No Meeting		
10. Board Quality- Shawnee Williams, Chairperson		
A. Policy Review	Sheila Adams, CNO	Action
Sleep Lab Policy: Adult Procedures for Diagnostic Polysomnography		
· Sleep Lab Policy: Continuing Education		
· Sleep Lab Policy: CPAP Titration		
· Sleep Lab Policy: Criteria for Patient Acceptance - Adjusted for Age		
· Sleep Lab Policy: Employee Background Check		
· Sleep Lab Policy: Equipment Maintenance		
· Sleep Lab Policy: Age Specific Care and Evaluation		
· Sleep Lab Policy: Home Sleep Study		
· Sleep Lab Policy: In-Lab & Home Sleep Testing Training		
· Sleep Lab Policy: Inter-Scorer Reliability		
· Sleep Lab Policy: Maintenance and Organization of Medical Records		
· Sleep Lab Policy: Montages		
· Sleep Lab Policy: MSLT Protocol		
· Sleep Lab Policy: OCST - Patient Management and Home Testing		
· Sleep Lab Policy: OCST - Equipment Policy		
· Sleep Lab Policy: OCST - On-call Policy for Home Sleep Testing		
· Sleep Lab Policy: OCST - Quality Assurance Plan for Home Sleep Testing		
· ED Policy: Brain, Cranial, and Maxillofacial Trauma		

- ED Policy: Deaths in the Emergency Department
- Nurse Admin Policy: Timely Reporting of Critical Values
- Nurse Admin Policy: Enema Administration
- Nurse Admin Policy: Intravenous Access, Peripheral
- Nurse Admin Policy: Specimen Collection
- Sleep Lab Policy: Risks Unique to In-center Sleep Testing
- Sleep Lab Policy: Cardiopulmonary Medical Emergency Drills
- Sleep Lab Policy: Hazardous Material Policy
- Sleep Lab Policy: Medical Emergency Plan
- Sleep Lab Policy: Oxygen Administration
- Sleep Lab Policy: Split Night Protocol
- ED Policy: Actual or Suspected Drug Overdose
- ED Policy: Traumatic, Acute Injury Wound Care
- Nurse Admin Policy: External Urinary Catheter
- Nurse Admin Policy: Nasogastric Decompression
- Nurse Admin Policy: Pressure Injury, Prevention and Care
- Nurse Admin Policy: Pain Management, Assessment

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 appointment updates		

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

Initial

Timothy W. Overton, MD (ESS)

Temporary to Provisional

Nikhil Mehta, MD (ESS)

RadPartners Delegated Initials

Kristin M. Wehrung, MD

RadPartners Delegated Reappointments

Kwasi Addae-Mensah, MD

Elaina M. Zabak, MD

Terminations

Amy Warpinski, DO - Radiology Partners

Howard Ng, MD - ESS

B. Provider contract

Frank Corcoran, CEO

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

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

Initial

Timothy W. Overton, MD (ESS)

Temporary to Provisional

Nikhil Mehta, MD (ESS)

RadPartners Delegated Initials

Kristin M. Wehrung, MD

RadPartners Delegated Reappointments

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Elaina M. Zabak, MD

Terminations

Amy Warpinski, DO - Radiology Partners

Howard Ng, MD - ESS

B. Provider Contract

Action

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

14. Other

Next Regular Meeting- October 22, 2024 @ 12:00

Discussion

15. Adjournment

Action

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

August 27, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met August 27, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular/annual meeting. Kathi Pape, Chairperson, called the meeting to order at 12:04.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, **Member** – Present
Richard Holcomb, **Member**- Present

CITY OF T O R C

Bruce Swingle, **Member** – Present
Jesus Baray, **Member**- Present
Greg D'Amour, **Member**- Present

EX-OFFICIO

Amanda Cardona, **Clerk VofW**- Absent
Janet Porter-Carrejo, **City Manager EB**, Absent
Amber Vaughn, **County Manager**- Absent
Angie Gonzales, **City Manager**- Absent
Jim Paxon, **JPC Chairperson**, Present
Philip Mortensen, **EB Mayor**, Present

VILLAGE OF WILLIAMSBURG

Peggy "Cookie" Johnson, **Secretary** - Present

STAFF

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

Guest:

David Perry, **QHR** – Present by phone
Erika Sundrud, **QHR** – Present

There is a quorum.

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

4. Approval of Agenda

Kathi Pape, Chairperson

Cookie Johnson 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

Kathi Pape, Chairperson

A. July 30, 2024 Regular/ Annual Meeting

Katharine Elverum motioned to approve the July 30, 2024 minutes. Richard Holcomb seconded. Motion carried unanimously.

6. Public Input – Dr. Walker addressed the board to encourage discussion about surgical services by board members with members of the community.

7. Old Business-

Kathi Pape, Chairperson

A. Secretaries COI Update - Cookie Johnson, Secretary, reported that all board members have completed and signed conflict of interest statements.

8. New Business-

9. Finance Committee- Bruce Swingle

A. July Financial Report - Ming Huang, CFO, reported that days cash on hand at the end of July were 55 days which is equal to \$5,912,747. Accounts receivable net days were 58 and accounts payable days were 27. We had a net loss of (\$434,906) versus a budget loss of (\$334,291) in July. Gross revenue for July was \$6,396,968 which is \$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 were \$3,727,858. Other operating revenue was \$257,755. Non-operating revenue was \$192,549. Hospital operating expenses were \$3,140,266 and included a one-time recruitment fee of \$32,499. EBITDA for July was (\$15,846) versus a budget of \$92,396. The bond coverage ratio was -64% versus an expected ratio of 130%.

Ming stated that utilities are about \$50,000 for electricity and gas is \$6,000 to \$7,000 per month. Phone and internet are less than \$5,000 per month.

Bruce Swingle pointed out that we still have about \$15 million in accounts receivable. July's revenue was almost \$6.4 million which is an awesome month. Collections just haven't caught up yet.

Frank Corcoran supplied a breakdown of the payors. The grand total out for collections is \$14,030,224. The bulk of this sits with Medicaid, Medicare and Medicare Advantage. We have sent Cerner a breach notification. It states in the contract that if there are issues that affect operations they are in breach. Since then, they have put their top people in charge of fixing our system and collections. We can walk away from them with a 90-day notice after the breach. Meditech is the only viable option for us if we were to walk away. Our payors are working well with us and understand the delay with billing due to the conversion.

Bruce Swingle motioned based on the recommendation of the Finance Committee, approval of the July financial report. Serina Bartoo seconded. Motion carried unanimously.

B. Authorized signature on bank accounts and bank account closure - Ming Huang, CFO, stated that we have two operating accounts with Bank of the Southwest and one savings account. Because Kathi Pape is

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

the new Chairperson of the Governing Board, we need authorization from the board to remove Bruce Swingle as an authorized signer and add Kathi Pape. In addition, we never use the savings account which has \$5 dollars in it and ask for permission to close it.

Serina Bartoo motioned based on the recommendation of the Finance committee to remove Bruce Swingle from operating account numbers ending *398 and *829 and adding Kathi Pape as authorized signer and closing account number ending 1950. Katharine Elverum seconded. Motion carried unanimously.

C. Employee Retirement Plan - Ming Huang, CFO. We need to terminate our 403(b) plan with Principal and establish a 457(b) plan with either Voya or Empower. The fees are the same for each company. The state of New Mexico uses Voya for their employee retirement plan.

Bruce Swingle stated that this was discussed in length at the Finance committee meeting this morning and motioned to approve Voya and terminate the existing contract with Principal. Greg D'Amour seconded. Motion carried unanimously.

D. Chemical Analyzers - Frank Corcoran, CEO, stated that we have two chemical analyzers now, one is basic, and one is comprehensive. Both are at end of life and on a lease. We propose getting two comprehensive machines. Our current lease is \$4,000 per month. The lease for the two new machines will be about \$6,690 per month. Lab Manager, Vangie Hernandez, added that the life expectancy for lab equipment is about five years. The proposal is an upgrade, and it is more cost effective than our current agreement.

Greg D'Amour motioned to approve the Chemical Analyzer lease. Jesus Baray seconded. Motion carried unanimously.

10. Board Quality- Shawnee Williams, Chairperson

A. Med Staff

1. Policy Review

- Automated Medication Management System
- Emergency Room Take Home Medication

Sheila Adams, CNO, explained that both of these policies are for Pharmacy. The first policy addresses the control and distribution of medications through the AMMS unit. The second 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.

Greg D'Amour motioned to approve both policies as presented. Bruce Swingle seconded. Motion carried unanimously.

11. Administrative Reports

A. Human Resources - LJ Baker, HR Director. Excused.

B. Nursing Services - Sheila Adams, CNO. We are planning for our yearly skills fair beginning September 1. We will begin two days per week of skills and didactics with our new nurses and any nurse externs we hire. One of the companies we work with to bring in foreign educated nurses has notified us that they will no longer be placing nurses in New Mexico due to the high cost of malpractice insurance. The nurses we currently have through this company will remain, but no others will be placed. We are still waiting for approval of our CNA program. The NMDOH is behind with their approvals for new programs. Surgery is strong and we have found referrals that were lost in Cerner. Our Trauma department gave out

SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

all of the life vests that we had during the fourth of July holiday, so we don't have any to hand out over Labor Day. We will be working with Richard Maklin and Heros on the Water at the Elephant Butte Balloon Regatta in September. Because there are now mid-wives in Sierra County, we are better preparing EMS, nurses and ER for neonatal patients. Our pink ladies have agreed to purchase an additional fetal monitor as we only have one. Our sleep study program is now accredited.

C. CEO Report - Frank Corcoran, CEO, reported that we were notified by CMS that we were non-compliant with price transparency. There are not enough links on our website to it. We will start advertising the sleep study program now that everything is in place. Dr. Diocares (psychiatrist) started this week and is in the credentialing process. Dr. Sardar (cardiologist) will begin leasing space one day per week and he will bring his own scheduling staff and staffing for his clinic visits. Cerner is still a work in progress and our focus is getting the collections collected and fixing the issues preventing us from collecting. The annual NMHA meeting is October 1, 2024. SVH hosted a luncheon for our representatives last Friday. All of our reps are eager to learn and want to help with the old building and new services. The Ovation leadership conference will be held in Amelia Island, FL, February 18th through 20th. All board members are invited to attend. We are having discussions with our anesthesia group to start a pain clinic one day per week. SB161 funds will start coming in in November. We have asked for \$1.5 million this year and the remaining \$1.2 million the following year. HDAA funds are awaiting CMS approval and could potentially start in March 2025. The water pressure issue with the city of TorC has improved but it is still not enough pressure to run our sprinkler system.

Discussion was held regarding the exciting times and good things going on at the hospital, how to spread the word about these good things and the plans for the future. Frank stated that we will be working on our strategic plan sometime in March and the results of that would be good to share with the community. It was recommended that an internal committee of hospital employees be created to address this task. Discussion was held regarding inflation.

D. Governing Board

1. Committee Appointments - Kathi Pape, Chairperson, stated that she has assigned Greg D'Amour, Richard Holcomb, Jesus Baray and Shawnee Williams to Board Quality/ Compliance and Shawnee will be the Chairperson. The Finance Committee will be Katharine Elverum, Serina Bartoo, Cookie Johnson and Bruce Swingle. Bruce will be the Chairperson. Bylaws will be Richard Holcomb, Greg D'Amour and Katharine Elverum.

Note: Regarding Bylaws Committee appointments

At the meeting, Kathi Pape stated that she had not appointed a chairperson and asked Greg D'Amour if he would Chair. Kathi Pape and Katharine Elverum had discussed the Bylaws Chair position, and it was Kathi's intention to appoint Katharine Elverum to the position. Greg D'Amour will attend the Medical Staff meetings.

2. Bylaws revision approved- The Bylaws revisions were approved at the JPC meeting on August 8, 2024.

Kathi Pape stated that Lisa Boston provided compliance questions to all the board members after the annual meeting. Kathi would like those questions provided to board members again prior to next year's annual meeting.

Motion to Close Meeting:

Bruce Swingle motioned to close the meeting. Cookie Johnson seconded.

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

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, Excused

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:

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

Provisional to 2-Year:

Armando Beltran, MD ESS

Howard Ng, MD ESS

Terminations:

Karl Unkenholz, MD ESS

Greg D'Amour motioned to approve all privileges listed above. Serina Bartoo seconded.

Motion carried unanimously.

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

A. Risk Report

No action required

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

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

- A. Ovation Report to Board
 No action required
- B. QAPI Detail Report
 No action required

14. Other

The next regular meeting of the Governing Board will be on Tuesday, September 24, 2024 at 12:00. Finance Committee will meet on Tuesday, September 24, 2024 at 11:00 and Board Quality will meet on Monday, September 23, 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

August 31st, 2024

Days Cash on Hand for August 2024 are 56 (\$5,879,837)

Accounts Receivable Net days are 57

Accounts Payable days are 22

Hospital Excess Revenue over Expense

The **Net Income** for the month of August was (\$468,997) vs. a Budget Income of (\$334,291).

Hospital Gross Revenue for August was \$6,117,139 or \$620,245 more than the budget. Patient Days were 113 – 6 less than July, Outpatient visits were 1,078 – 41 more than July. RHC visits were 872 – 86 more than July and ER visits were 676 – 50 less than July.

Revenue Deductions for August were \$3,573,829.

Other Operating Revenue was \$323,844.

Non-Operating Revenue was \$214,579.

Hospital Operating Expenses for August were \$3,106,113.

EBITDA for August was (\$22,335) vs. a Budget of \$92,396. YTD EBITDA is (\$38,181) vs. a Budget of \$184,792.

The **Bond Coverage Ratio** in August was -110% vs. an expected ratio of 130%.

Sierra Vista Hospital
KEY STATISTICS
August 31, 2024

MONTH				BENCHMARK RANGE				YEAR TO DATE					
Actual	Budget	Variance to	Prior Year	QHR 75th	QHR 50th	QHR 25th	Prior Year	Actual	Budget	Variance to	Prior Year	Variance to	Prior Year
8/31/24	8/31/24	Budget	8/31/23				8/31/23	8/31/24	8/31/24	Budget	08/31/23	8/31/24	08/31/23
DESCRIPTION													
Growth													
Net Patient Revenue Growth Rate													
Admissions													
25	29	(4)	21	153	88	6%	4	45	58	(13)	40	5	5
4	3	1	2	17	12		2	9	6	3	4	5	5
29	32	(3)	23	170	101		6	54	64	(10)	44	10	10
3.9	3.2	0.7	2.3	3.3	4.0		1.6	4.3	3.2	1	2.7	1.57	1.57
113	102	11	52	9,242	5,329		206	232	204	28	120	112	112
1,078	986	92	872	3,924	3,193		(165)	2,115	1,972	143	2,008	107	107
872	880	(8)	1,037	1,761	1,362		(89)	1,658	1,760	(102)	1,779	(121)	(121)
676	705	(29)	765	10%	6%		1%	1,402	1,410	(8)	1,477	(75)	(75)
4%	4%	-0.4%	3%					3%	4%	-1%	3%	1%	1%
Surgery Cases													
Inpatient Surgery Cases													
-	-	-	1	44	21		(1)	-	-	-	1	(1)	(1)
15	15	(15)	16	258	131		(16)	17	30	(13)	28	(11)	(11)
15	15	(15)	17	302	152		(17)	17	30	(13)	29	(12)	(12)
Outpatient Surgery Cases													
Total Surgeries													
Profitability													
-1%	15%	-16%	16%	7%	4%		-16%	-1%	15%	-16%	8%	-9%	-9%
-15%	15%	-30%	3%	2%	2%		-18%	-15%	15%	-30%	-6%	-8%	-8%
58%	46%	12%	53%	47%	50%		5%	58%	46%	12%	55%	4%	4%
10%	2%	8%	8%	2%	6%		2%	9%	2%	7%	9%	1%	1%
97%	97%		97%	83%	78%		2%	97%	97%		97%	0%	0%
\$ 6,328	\$ 7,745	(\$1,417)	\$ 7,745	Gross Patient Revenue/Adjusted Admission			(\$1,417)	\$6,328	\$ 7,745		\$ 7,745	(\$1,417)	(\$1,417)
\$ 2,633	\$ 3,656	(\$1,023)	\$ 3,656	Net Patient Revenue/Adjusted Admission			(\$1,023)	\$2,633	\$ 3,656		\$ 3,656	(\$1,023)	(\$1,023)
44%	40%	4%	36%	Salaries % Net Pt Rev	35%	40%	8%	43%	40%	3%	40%	3%	3%
9%	7%	2%	7%	Benefits % Net Pt Rev	11%	12%	2%	9%	7%	2%	8%	1%	1%
8%	8%	0%	6%	Supplies % Net Pt Rev	10%	13%	2%	8%	8%	0%	6%	2%	2%
Cash and Liquidity													
Days Cash on Hand													
56				236	106			56			105	(49)	(49)
73				47	57			73			38	35	35
57				41	53			57			20	37	37
22				30	35			22			22	(0)	(0)
4.7				4.3	2.6			4.7			7.0	(2.3)	(2.3)

Sierra Vista Hospital
 STATISTICS by Month
 August 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											25	20
Swing											4	5
Total Admissions											29	25
ALOS (acute and swing)											3.9	4.8
Patient Days (acute and swing)											113	119
Outpatient Visits											1,078	1,037
Rural Health Clinic Visits											872	786
ER Visits											676	726
ER Visits Conversion to Acute Admissions											4%	3%
Surgery Cases												
Inpatient Surgery Cases												
Outpatient Surgery Cases												
Total Surgeries												
Profitability												
EBITDA % Net Rev											-1%	-1%
Operating Margin %											-15%	-14%
Rev Ded % Net Rev											58%	58%
Bad Debt % Net Pt Rev											10%	9%
Outpatient Revenue %											97%	97%
Gross Patient Revenue/Adjusted Admission											\$ 6,328	\$ 7,676
Net Patient Revenue/Adjusted Admission											\$ 2,633	\$ 3,209
Salaries % Net Pt Rev											44%	43%
Benefits % Net Pt Rev											9%	8%
Supplies % Net Pt Rev											8%	8%
Cash and Liquidity												
Days Cash on Hand											56	55
A/R Days (Gross)											73	71
A/R Days (Net)											57	58
Days in AP											22	27
Current Ratio											4.7	4.7

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

Description	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
	8/31/2024	7/31/2024	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023					
Admissions																	
Acute	25	20	30	21	22	18	20	30	28	28	28	22	29				
Swing	4	5	3	5	2	4	3	4	4	4	3	3	2				
Total Admissions	29	25	33	26	24	22	23	34	32	32	31	25	31				
ALOS (acute and swing)	3.9	4.8	5.3	4.8	3.0	5.3	6.2	3.6	3.7	3.1	4.2	3.0	3.0				
Patient Days (acute and swing)	113	119	175	126	73	116	142	122	117	96	104	93	93				
Outpatient Visits	1,078	1,037	931	1,031	1,082	946	969	874	1,131	836	913	1,112	1,112				
Rural Health Clinic Visits	872	786	867	855	872	707	814	842	841	1,119	1,069	793	793				
ER Visits	676	726	703	780	693	667	670	728	701	662	661	714	714				
ER Visits Conversion to Acute Admissions	4%	3%	4%	3%	3%	3%	3%	4%	4%	4%	3%	4%	4%				
Surgery Cases																	
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-	-				
Outpatient Surgery Cases	-	17	-	22	11	3	9	17	16	25	18	15	15				
Total Surgeries	-	17	-	22	11	3	9	17	16	25	19	17	17				
Profitability																	
EBITDA % Net Rev	-1%	-1%	-2%	11%	-2%	-2%	-32%	-2%	5%	2%	10%	8%	8%				
Operating Margin %	-15%	-14%	-16.3%	-0.9%	-15.5%	-16.5%	-50%	-16%	-8%	-12%	-3%	-5%	-5%				
Rev Ded % Net Rev	58%	58%	57%	56%	58%	51%	60%	55%	54%	53%	49%	50%	50%				
Bad Debt % Net Pt Rev	10%	9%	11.1%	9.5%	11.7%	5.0%	14%	9%	11%	10%	9%	10%	10%				
Outpatient Revenue %	97%	97%	88%	89%	91%	90%	90%	92%	92%	92%	94%	93%	93%				
Gross Patient Revenue/Adjusted Admission	\$ 6,328	\$ 7,676	\$ 20,880	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032	\$ 14,019	\$ 13,383	\$ 12,534	\$ 12,272	\$ 12,272				
Net Patient Revenue/Adjusted Admission	\$ 2,633	\$ 3,209	\$ 9,052	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918	\$ 6,462	\$ 6,340	\$ 6,436	\$ 6,090	\$ 6,090				
Salaries % Net Pt Rev	44%	43%	43%	40%	46%	43%	62%	44%	40%	39%	39%	37%	37%				
Benefits % Net Pt Rev	9%	8%	8%	7%	12%	8%	11%	7%	7%	9%	6%	7%	7%				
Supplies % Net Pt Rev	8%	8%	9%	7%	11%	4%	6%	8%	7%	8%	15%	7%	7%				
Cash and Liquidity																	
Days Cash on Hand	56	55	62	68	75	82	90	97	98	97	101	102	102				
A/R Days (Gross)	73	71	82	86	77	72	52	48	49	48	45	40	40				
A/R Days (Net)	57	58	65	68	59	53	32	31	33	30	29	23	23				
Days in AP	22	27	29	28	33	30	23	28	27	21	23	29	29				
Current Ratio	4.7	4.7	3.8	3.6	3.5	4.0	4.4	4.4	4.8	5.7	5.5	5.7	5.7				

Sierra Vista Hospital
Detailed Stats by Month
8/31/2024

(SUBJECT TO AUDIT)

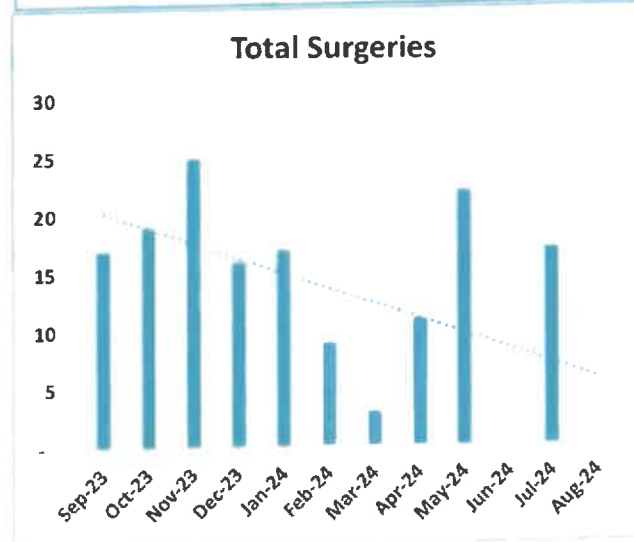
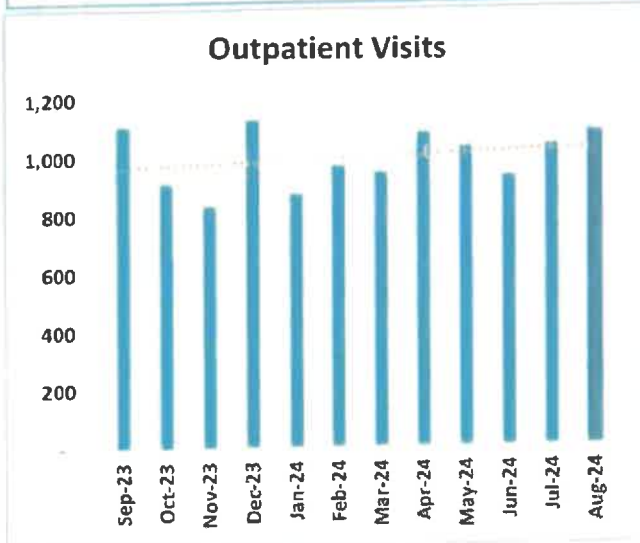
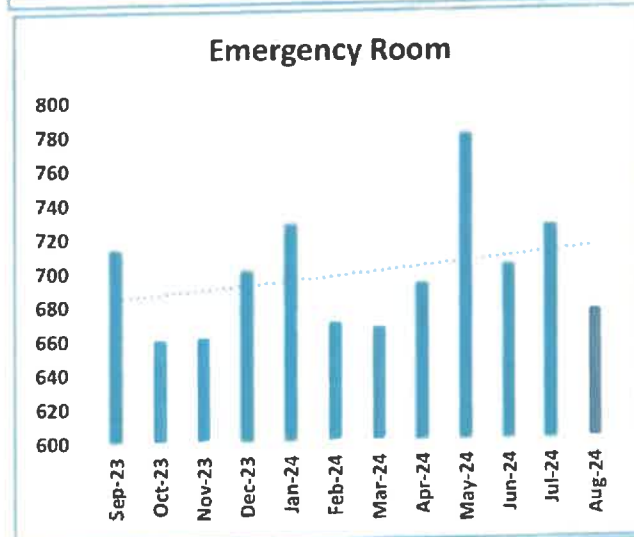
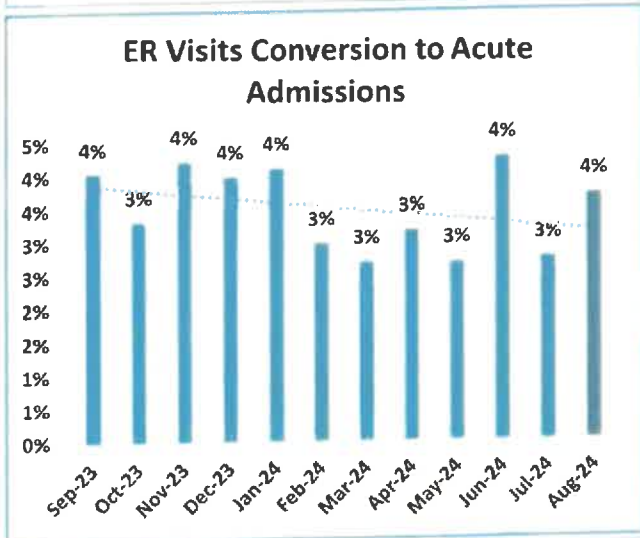
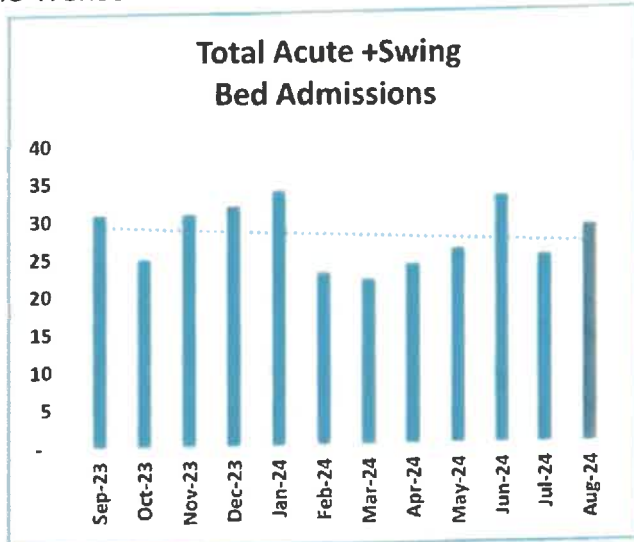
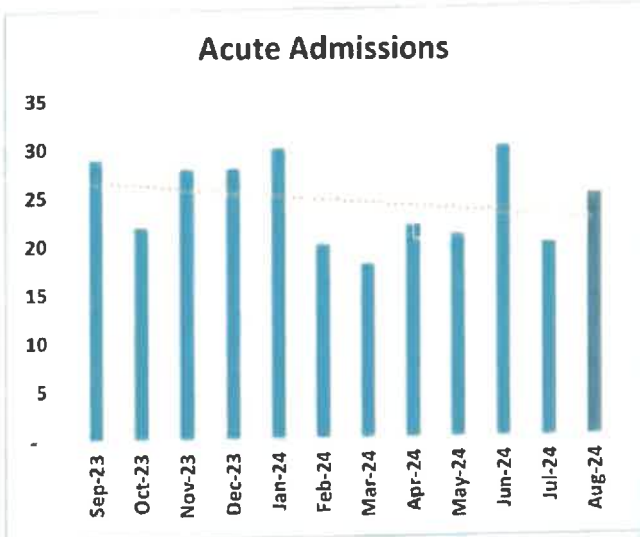
Description	FY2025	Avg FY2025	Month		Month		Month		Month		Month		Month		Month	
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
			6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025	12/31/2024	11/30/2024	10/31/2024	9/30/2024	8/31/2024	7/31/2024		
Total Acute Patient Days	165	83												89	76	
Total Swingbed Patient Days	67	34												24	43	
Total Acute Hours (based on Disch Hrs)	3,956	1,978												2,136	1,820	
TOTAL ACUTE																
Patient Days	165	83												89	76	
Admits	45	23												25	20	
Discharges	45	23												23	22	
Discharge Hours	3,956	1,978												2,136	1,820	
Avg LOS	3.7	3.7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.9	3.5	
Medicare Acute																
Patient Days	142	71												78	64	
Admits	37	19												21	16	
Discharges	37	19												19	18	
Discharge Hours	3,409	1,705												1,872	1,537	
Avg LOS	3.8	3.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.1	3.6	
SWING - ALL (Medicare/Other)																
Patient Days	67	34												24	43	
Admits	9	5												4	5	
Discharges	5	3												3	2	
Discharge Hours	1,607	804												576	1,031	
Avg LOS	13.4	13.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	8.0	21.5	
Observations																
Patient Days	33	17												11	22	
Admits	19	10												7	12	
Discharge Hours	798	399												273	525	
Emergency Room																
Total ER Patients	1,402	701												676	726	
Admitted	19	10												7	12	
Transferred	159	80												84	75	
Ambulance																
Total ALS/BLS runs	641	321												323	318	
911 Calls	491	246												250	241	
Transfers	150	75												73	77	
OP Registrations																
Rural Health Clinic	2,115	1,058												1,078	1,037	
Rural Health Clinic																
Total RHC Visits	1,658	829												872	786	
Avg Visits per day	76	38												40	36	
Walk-In Clinic	251	126												139	112	
Behavioral Health																
Behavioral Health Patients Seen	731	366												332	399	

Sierra Vista Hospital
Detailed Stats by Month
8/31/2024

(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	1,668	834											812	856
Outpatient Meals	213	107											117	96
Cafeteria Meals	12,468	6,234											5,958	6,510
Functions	703	352											357	346
Laboratory														
In-house Testing	41,689	20,845											21,236	20,453
Sent Out Testing	1,677	839											917	760
Drugscreens	41	21											17	24
Physical Therapy														
PT Visits	545	273											294	251
TR Units	2,010	1,005											1,109	901
Outpatient	77	39											38	39
Inpatient	115	58											60	55
Radiology														
X-Ray Patients	950	475											511	439
CT Patients	893	447											455	438
Ultrasound Patients	347	174											185	162
Mammogram Patients	124	62											60	64
MRI Patients	118	59											55	63
Nuclear Medicine Patients	5	3											1	4
DEXA	37	19											16	21
Surgery														
Surgical Procedures - OR	23	12												23
GI Lab Scopes	16	8												16
Major Surgery	-	-												-
Minor Surgery Under TIVA/Sedation	7	4												7
Inpatient Procedures	-	-												-
Outpatient Procedures	17	9												17
Sleep Study														
Home Testing inhouse	2 5	1 3											- 4	2 1

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT by Month
August 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 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Revenues										
Gross Patient Revenue									\$ 6,117,139	\$ 6,396,968
Revenue Deductions									3,000,044	3,321,360
Contractual Allowances									280,439	263,774
Bad Debt									293,346	142,724
Other Deductions										
Total Revenue Deductions									3,573,829	3,727,858
Other Patient Revenue									2,046	5,006
Net Patient Revenue									2,545,356	2,674,116
Gross to Net %									42%	42%
Non-Operating Revenue									323,844	257,755
Total Operating Revenue									3,083,779	3,124,920
Expenses										
Salaries & Benefits									\$ 1,357,932	\$ 1,400,193
Salaries									1,107,855	1,158,045
Benefits									225,724	219,074
Other Salary & Benefit Expense									23,074	23,074
Supplies									199,109	209,516
Contract Services									1,033,438	1,015,466
Professional Fees									204,868	179,686
Leases/Rentals									6,349	4,207
Utilities									55,040	53,964
Repairs / Maintenance									57,161	56,893
Insurance									157,370	155,474
Other Operating Expenses									34,847	64,866
Total Operating Expenses									\$ 3,106,113	\$ 3,140,266
EBITDA									(\$ 22,335)	(\$ 15,846)
EBITDA Margin									-1%	-1%
Non - Operating Expenses										
Depreciation and Amortization									\$ 302,821	\$ 291,737
Interest									74,527	73,648
Tax/Other									69,313	53,675
Total Non Operating Expenses									\$ 446,662	\$ 419,060
NET INCOME (LOSS)									(\$ 468,997)	(\$ 34,906)
Net Income Margin									(15%)	(11%)

Sierra Vista Hospital
 TWELVE MONTH INCOME STATEMENT
 August 31, 2024

Description	8/31/2024	7/31/2024	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/29/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	Month Ending 9/30/2023
Revenues												
Gross Patient Revenue	\$ 6,117,139	\$ 6,396,968	\$ 5,741,886	\$ 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
Revenue Deductions	3,000,044	3,321,360	2,877,694	3,417,518	2,777,194	2,436,641	2,107,232	2,631,191	2,588,110	2,367,421	2,016,948	2,388,517
Contractual Allowances	280,439	263,774	311,734	305,679	302,535	134,293	267,486	262,860	334,838	282,315	276,140	313,140
Bad Debt	293,346	142,724	90,773	53,221	34,769	124,204	152,185	129,404	120,046	84,881	247,890	38,828
Other Deductions	\$ 3,573,829	\$ 3,777,858	\$ 3,280,201	\$ 3,776,418	\$ 3,114,498	\$ 2,695,138	\$ 2,526,902	\$ 3,023,455	\$ 3,022,995	\$ 2,734,617	\$ 2,540,978	\$ 2,740,486
Total Revenue Deductions	2,046	5,006	27,727	7,500	0	0	1,899	122	200	5,332	217	2,420
Other Patient Revenue	\$ 2,545,356	\$ 2,674,116	\$ 2,489,412	\$ 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
Net Patient Revenue	42%	42%	43%	44%	42%	49%	40%	45%	46%	47%	51%	50%
Gross to Net %												
Other Operating Revenue	323,844	257,755	251,514	303,334	355,901	121,589	283,294	229,241	212,676	211,662	575,484	170,261
Non-Operating Revenue	214,579	192,549	277,759	234,113	291,074	165,153	196,225	354,985	504,477	177,102	173,683	201,679
Total Operating Revenue	\$ 3,083,779	\$ 3,124,420	\$ 3,018,685	\$ 3,450,168	\$ 2,929,155	\$ 2,847,082	\$ 2,154,714	\$ 3,099,461	\$ 3,302,050	\$ 2,845,491	\$ 3,430,898	\$ 3,068,803
Expenses												
Salaries & Benefits	1,357,932	1,400,193	1,302,813	1,418,983	1,355,557	1,342,407	1,256,661	1,319,351	1,236,827	1,196,782	1,244,935	1,228,153
Salaries	1,107,855	1,158,045	1,067,723	1,160,810	1,048,313	1,104,636	1,034,276	1,115,860	1,035,765	951,588	1,056,153	1,007,467
Benefits	225,724	219,074	206,427	216,641	273,001	194,115	191,366	181,278	173,232	213,386	157,893	201,610
Other Salary & Benefit Expense	24,353	23,074	28,664	41,533	34,242	43,656	31,019	22,213	27,830	31,808	30,890	19,076
Supplies	199,109	209,516	223,579	215,896	245,030	114,459	99,180	202,691	184,005	185,034	412,362	195,362
Contract Services	1,033,438	1,015,466	1,102,394	1,011,032	940,549	1,022,335	1,106,058	1,151,016	1,240,400	949,010	1,014,421	961,100
Professional Fees	204,868	179,686	183,410	194,380	181,355	183,410	177,735	187,317	181,410	181,459	183,410	181,459
Leases/Rentals	6,349	4,207	7,302	4,886	11,931	10,046	11,355	6,116	5,880	7,305	5,952	13,275
Utilities	55,040	53,964	56,931	43,717	41,233	41,540	36,049	58,300	55,264	46,973	45,686	56,201
Repairs / Maintenance	57,161	56,893	93,457	48,499	59,865	71,850	49,461	82,734	75,830	73,960	103,070	64,352
Insurance	157,370	155,474	87,741	88,136	88,984	87,752	90,569	88,962	87,772	89,526	48,216	87,776
Other Operating Expenses	34,847	64,866	33,054	30,458	57,129	41,147	24,234	77,061	62,961	55,363	35,375	34,383
Total Operating Expenses	\$3,106,113	\$3,140,266	\$3,090,681	\$3,055,987	\$2,981,631	\$2,914,947	\$2,851,302	\$3,173,548	\$3,130,349	\$2,785,412	\$3,093,428	\$2,822,061
EBITDA	(\$27,335)	(\$15,846)	(\$71,996)	\$394,181	(\$52,476)	(\$67,865)	(\$696,588)	(\$74,087)	\$171,700	\$60,079	\$337,470	\$246,741
EBITDA Margin	-1%	-1%	-2.4%	11%	-2%	-2%	-32%	-2%	5%	2%	10%	8%
Non - Operating Expenses												
Depreciation and Amortization	302,821	291,737	286,862	298,589	284,373	290,571	274,022	291,365	296,249	287,219	325,263	281,177
Interest	74,527	73,648	73,667	74,733	73,707	73,727	74,936	73,766	73,785	75,137	73,823	74,647
Tax/Other	69,313	53,675	59,099	51,127	44,418	37,287	33,304	64,570	52,019	53,053	42,236	51,511
Total Non Operating Expenses	\$446,662	\$419,060	\$419,629	\$424,448	\$402,498	\$401,585	\$382,262	\$429,701	\$422,053	\$415,409	\$441,322	\$407,335
NET INCOME (LOSS)	(\$468,997)	(\$434,906)	(\$491,624)	(\$30,267)	(\$454,973)	(\$469,449)	(\$1,078,850)	(\$503,788)	(\$250,353)	(\$355,329)	(\$103,852)	(\$160,594)
Net Income Margin	(15%)	(14%)	(16.3%)	(1%)	(16%)	(16%)	(50%)	(16%)	(8%)	(12%)	(3%)	(5%)

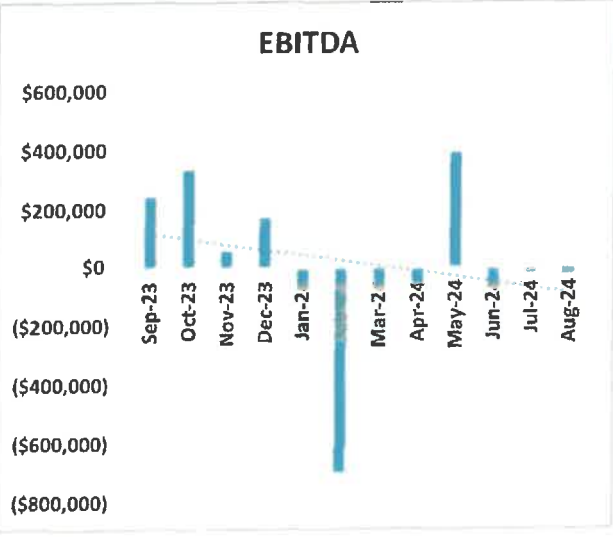
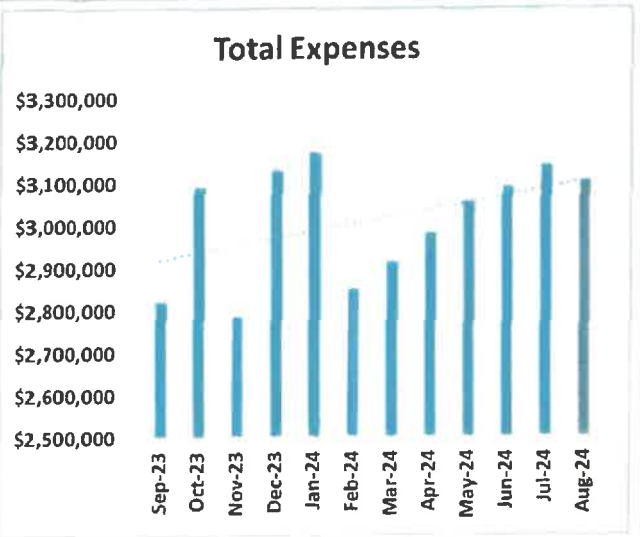
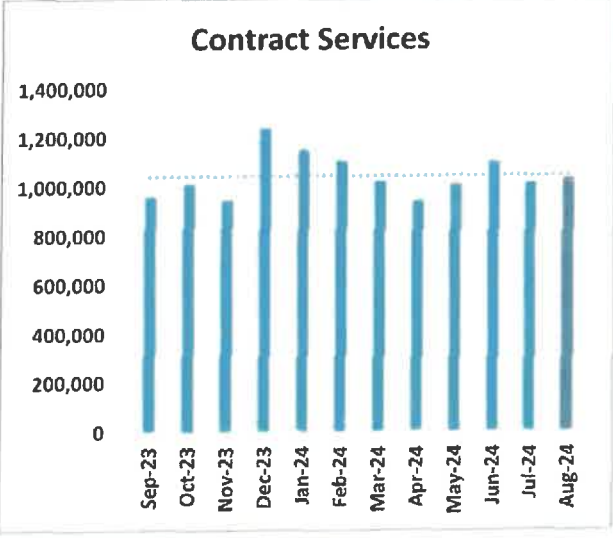
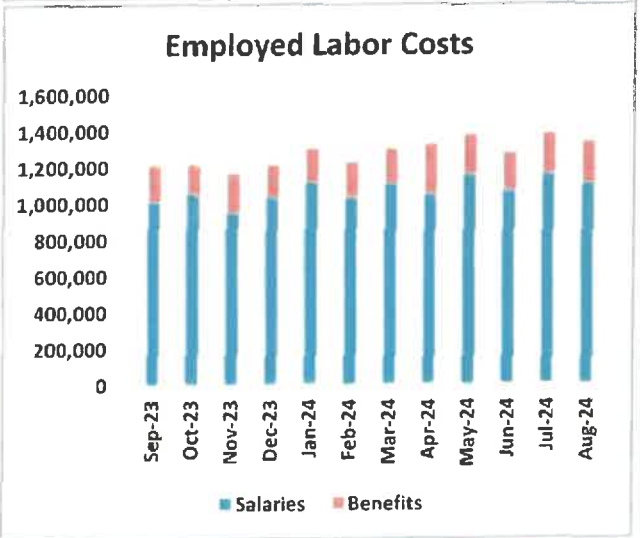
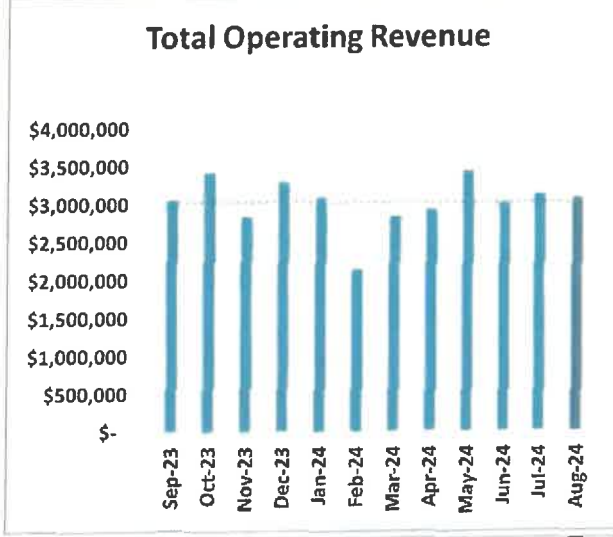
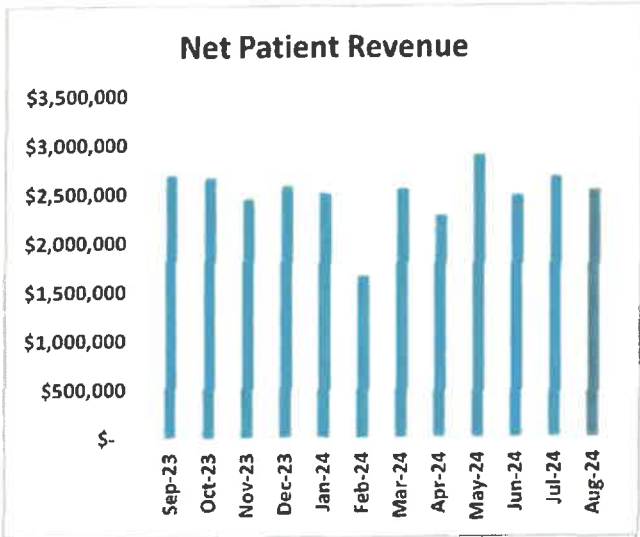
Sierra Vista Hospital
BALANCE SHEET
August 31, 2024

DESCRIPTION		August 31, 2024 (Unaudited)	June 30, 2024 (Unaudited)
Assets			
Current Assets			
Cash and Liquid Capital		\$ 5,675,326	\$ 5,740,889
US Bank Clearing		\$ 204,512	\$ 115,051
Total Cash		\$ 5,879,837	\$ 5,855,939
Accounts Receivable - Gross		\$ 15,259,234	\$ 14,714,146
Contractual Allowance		\$ 10,335,379	\$ 9,435,272
Total Accounts Receivable, Net of Allowance		\$ 4,923,855	\$ 5,278,874
Other Receivables		\$ 1,453,885	\$ 1,314,414
Inventory		\$ 404,177	\$ 383,474
Prepaid Expense		\$ 201,486	\$ 68,738
Total Current Assets		\$ 12,863,241	\$ 13,839,594
Long Term Assets			
Fixed Assets		\$ 53,963,779	\$ 53,948,641
Accumulated Depreciation		\$ 20,479,112	\$ 19,891,812
Construction in Progress		\$ -	\$ -
Total Fixed Assets, Net of Depreciation		\$ 33,484,667	\$ 34,056,829
Total Long Term Assets		\$ 33,484,667	\$ 34,056,829
New Hospital Loan		\$ 2,152,708	\$ 1,942,930
Total Assets		\$ 48,500,616	\$ 48,901,198
Liabilities & Equity			
Current Liabilities			
Account Payable		\$ 1,266,339	\$ 1,608,212
Interest Payable		\$ 293,302	\$ 139,506
Accrued Taxes		\$ 66,532	\$ 59,574
Accrued Payroll and Related		\$ 962,087	\$ 570,609
Cost Report Settlement		\$ 150,000	\$ 150,000
Total Current Liabilities		\$ 2,738,260	\$ 2,527,902
Long term Liabilities			
Long Term Notes Payable		\$ 24,079,263	\$ 24,087,194
Total Long Term Liabilities		\$ 24,079,263	\$ 24,087,194
Unapplied Liabilities		\$ 1,017,361	\$ 667,868
Capital Equipment Lease		\$ 199,173	\$ 223,431
Total Liabilities		\$ 28,034,058	\$ 25,108,277
Retained Earnings		\$ 21,370,461	\$ 25,108,277
Net Income		\$ (903,903)	\$ (3,713,474)
Total Liabilities and Equity		\$ 48,500,616	\$ 48,901,198

Sierra Vista Hospital
BALANCE SHEET by Month
August 31, 2024

	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	Month Ending 7/31/2024
Assets												
Current Assets												
Cash and Liquid Capital											5,675,326	5,741,636
US Bank Clearing											204,512	171,111
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,879,837	\$5,912,747
Accounts Receivable - Gross											15,259,234	15,568,712
Contractual Allowance											10,335,379	10,193,983
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	4,923,855	5,374,729
Other Receivables											1,433,885	1,437,018
Inventory											404,177	399,266
Prepaid Expense											201,486	219,785
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,863,241	\$13,343,545
Long Term Assets												
Fixed Assets												
Accumulated Depreciation											53,963,779	53,952,943
Total Fixed Assets, Net of Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	20,479,112	20,185,182
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	33,484,667	33,767,761
New Hospital Loan												\$33,767,761
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	2,152,708	2,030,484
Liabilities & Equity												
Current Liabilities												
Account Payable											1,266,339	1,606,566
Interest Payable											293,302	216,404
Accrued Taxes											66,532	53,200
Accrued Payroll and Related Cost Report Settlement											962,087	835,144
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,738,260	\$2,861,314
Long term Liabilities												
Long Term Notes Payable											24,079,263	24,083,229
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,079,263	\$24,083,229
Unapplied Liabilities												
Capital Equipment Lease											1,017,361	1,017,361
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,034,058	\$28,181,893
Retained Earnings											\$21,370,461	\$21,394,803
Net Income											(\$903,903)	(\$434,906)
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$48,500,616	\$49,141,790

Financial Trends



Sierra Vista Hospital
8/31/2024
Reserves

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

8/31/2024	Notation
(150,000)	
<u>(150,000)</u>	

Total Liability



KEEPING IT SIMPLE

Fortinet - Fortigate 401F Series Firewalls - QTY (2)

Quote #ESTQ-021843 v5

Prepared For:

Sierra Vista Hospital

Aaron Dow
800 E 9th Ave,
Truth or Consequences, NM 87901

P: (575) 743-1265
E: aaron.dow@svhnm.org

Prepared by:

Ardham Technologies, Inc.

Manuel Ricky Chavez
4200 Osuna RD NE
Suite 3-310
Albuquerque, New Mexico 87109

P: (505) 872-9040
E: rchavez@ardham.com

Date Issued:

08.26.2024

Expires:

09.13.2024

3-Year

Product Details	Qty	Price	Ext. Price	List Price	Discount%	Tax
FG-401F- FortiGate-401F Hardware plus 3 Year FortiCare Premium and BDL-809- FortiGuard Enterprise Protection 36	2	\$30,315.35	\$60,630.70	\$52,142.40	41.86%	\$5,077.82
Subtotal:						\$60,630.70

Services

Description	Price	Qty	Ext. Price
AD-L3 Ardham Engineering L3. Only hours utilized will be billed.	\$245.00	16	\$3,920.00
Subtotal:			\$3,920.00

Quote Summary	Amount
3-Year	\$60,630.70
Services	\$3,920.00
Subtotal:	\$64,550.70
Estimated Tax:	\$5,406.12
Total:	\$69,956.82

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors. This offer to sell the listed product(s) is subject to product availability. In the event prices are raised to Ardham, the price herein may be subject to change. NET payments terms OAC. Major credit cards are welcome; a 3% convenience fee will apply. Return policy varies based on manufacturer terms. Microsoft pricing valid only during the month in which it is quoted. Ardham will partial-invoice products and services based on shipment or performance. By purchasing or approving this quote, you agree to the related Statement of Work and its terms, if any. Returns, exchanges, or order cancellations are subject to manufacturer approval.

Sierra Vista Hospital

Signature / Name

Initials

Date



5301 Beverly Hills Ave NE
 Albuquerque, NM 87113
 p. (505) 889-3337
 f. (505) 889-3338
www.abbatech.com/

Quotation

Quote #	5556
Terms	NET 30
Contact	Aaron Dow Aaron.Dow@svhnm.org 575-743-1265
Quote Date	8/19/2024
Expires	9/18/2024

Sales Rep: Denise Hernandez
denise.hernandez@abbatech.com

Customer
 Sierra Vista Hospital
 Aaron Dow
 800 East 9th Avenue
 Truth Consq, NM 87901
 UNITED STATES
 575-743-1266
Aaron.Dow@svhnm.org

Bill To
 Sierra Vista Hospital
 Accounts Payable
 800 East 9th Avenue
 Truth Consq, NM 87901
 UNITED STATES
 575-743-1266

Ship To
 Sierra Vista Hospital
 Aaron Dow
 800 East 9th Avenue
 Truth Consq, NM 87901
 UNITED STATES
 575-743-1266
Aaron.Dow@svhnm.org

Description	Customer PO	Contract	Ship Via
SIEVIS - Fortinet Hardware - UPDATED		OPEN MARKET (NO CONTRACT)	UPS Ground

Item	Mfg	Part #	Qty	Description	CLIN	Price	Extended Price
1	Fortinet, Inc	FG-401F-BDL-809-36	2	Fortinet FortiGate FG-401F Network Security/Firewall Appliance - 17 Port - 10GBase-X, 1000Base-X, 1000Base-T - Gigabit Ethernet - 9.94 GB/s Firewall Throughput - SHA-256, AES (256-bit), RSA 2048-bit, TLS 1.3, SSL - 5000 VPN - 17 x RJ-45 - 16.0 Total Expansion Slots - 1U - Rack-mountable (Open Market)		\$39,397.00	\$78,794.00
2	Fortinet, Inc	FVE-500F-BDL-247-12	2	Fortinet FortiVoice Enterprise FVE-500F VoIP Gateway - 4 x RJ-45 - Gigabit Ethernet - 1U High - Rack-mountable (Open Market)		\$5,304.00	\$10,608.00

Sub Total: \$89,402.00
 Shipping and Handling: \$0.00
 Tax Rate: (0.083750) \$7,487.42
Total \$96,889.42

The information contained herein is proprietary and confidential and cannot be disclosed outside of the intended organization without permission of Abba Technologies.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory **Original Policy Date:** 05/20/2024

SUBJECT: Adult Procedure for **Review:** 2024 TD 2025 _____ 2026 _____
 Diagnostic **Last Revised:**
 Polysomnography

APPROVED BY: Francisco Ralls MD **Manager:** Toni Davis MBA, RRT

I. POLICY

A polysomnogram, or sleep study, is routinely indicated for the diagnosis of sleep related breathing disorders, for the evaluation of treatment modalities for sleep related breathing disorders, for documenting the presence of obstructive sleep apnea in patients prior to surgical procedures that treat sleep related breathing disorders, and for the assessment of patients with certain suspected parasomnias. A polysomnogram may also be indicated in patients with neuromuscular disorders and sleep related symptoms, to assist with other sleep disturbances thought to be seizure related, or when there is a strong suspicion of periodic limb movement disorder.

The Sleep Disorders Center performs fully attended polysomnograms (PSG) under the direction of a Medical Director. All PSG’s will comply with the policies and procedures laid out in this manual as well as the Clinical Practice Parameters of the American Academy of Sleep Medicine.

II. SKILL LEVEL

All Sleep Disorders Center personnel

III. SCOPE

Adult – Defined as a patient 18 years of age and above.

IV. DEFINITION

Polysomnography (polysomnogram or sleep study) – A test attended by a technologist which records a patient’s physical state during various stages of sleep and wakefulness. It provides data essential in evaluating sleep and sleep-related complaints, such as identifying sleep stages, body position, blood oxygen levels, respiratory events, muscle tone, heart rate, amount of snoring and general sleep behavior.

Electronic Medical Record (EMR) – Electronic medical record system containing clinical and scheduling documentation related to a patient’s care.

SIERRA VISTA HOSPITAL

V. PROCEDURE

ACTION	RESPONSIBILITY
A. All PSG's must be ordered by a licensed provider. All PSGs are performed on an outpatient basis. A written or electronic order for the study must accompany every patient chart.	Provider
B. To Schedule a PSG <ol style="list-style-type: none">1. To order a sleep study, the ordering provider must complete a referral in the EMR System, or a paper Provider Referral Form provided by the Sleep Disorders Center.	Central Scheduling/ Patient
2. The Pre-Certification Department is responsible for registering the patient and insurance verification.	Precertification Department
3. Scheduling staff will instruct the patient how to prepare for the test, directions to the center, and their appointment date and time.	Patient
C. If the referring physician prefers the patient be evaluated by a sleep specialist prior to having a sleep study, the patient must call the hospital clinic to schedule the appointment	Polysomnographic Technician
D. On the night of the scheduled PSG <ol style="list-style-type: none">1. The patient should arrive at their scheduled appointment time. All patients are to be accommodated regardless of arrival time or bedtime.2. Upon arrival, patients are given a consent form to sign.3. After being escorted to their bedroom, the technician will explain the testing procedure and prep the patient for their sleep study.<ol style="list-style-type: none">a. The order for the sleep study must be checked prior to patient hook up. Suspected seizure disorders will require more EEG electrodes to be put in place.b. This technician must prepare the patient for the test according to department protocol.	

SIERRA VISTA HOSPITAL

Polysomnographic Technician

4. Once prepared for the study, the patient may read, watch television, or perform a quiet activity until they are ready to go to sleep.
 - 4.1 Step-by-step directions:
 - 4.2 Have all equipment ready when the patient comes into the room.
 - 4.2 Inspect all electrodes.
 - 4.3 Instruct patient to change into clothes to sleep in.
 - 4.4 Have patient sit in the chair.
 - 4.5 Explain procedure to patient.
 - 4.6 Clean the site of each electrode on the patient before placement.
 - 4.7 Fill each electrode cup with conductive paste.
 - 4.8 Attach the EEG sensors and the ground (F4, C4, O2, and M1). Backup electrodes should be placed at F3, C3, O1 and M2.
 - 4.9 Place the left electrooculogram electrode (EOG) 1 cm below and 1 cm lateral to the left outer canthus.
 - 4.10 Place the right electrooculogram electrode (EOG) 1 cm above and 1 cm lateral to the right outer canthus.
 - 4.12 Place three electrodes to record chin EMG: one in the midline 1 cm above the inferior edge of the mandible, One 2 cm below the inferior edge of the mandible and 2 cm to the right of the midline, one 2 cm below the inferior edge of the mandible and 2 cm to the left of the midline. Place single modified electrocardiograph leads on torso.
 - 4.13 Place ventilatory effort bands (RIP belts or PVDF belts) above the breastbone and around the midline of the abdomen. Ensure there is a separation between the bands.
 - 4.14 Attach the pulse oximeter.
 - 4.15 Prep the patient's legs with alcohol for the EMG electrodes placement. Place the EMG electrodes on the left and right anterior tibialis muscles.
 - 4.16 Place the airflow sensor (thermistors, nasal pressure, end-tidal CO₂) directly in the path of the patients' airflow. Secure sensor with tape.
5. When the patient is ready to go to sleep, the PSG will be started on the acquisition system.
 - a. The patient should complete the Pre-Sleep Questionnaire.
 - b. All sleep studies must have a system calibration performed before the start of each test.

SIERRA VISTA HOSPITAL

- c. If the system calibration passes all parameters, the technician may proceed with performing an impedance check on all sensors. All impedances must be at or below 5 kilohms ($5k\Omega$). If the impedance of a sensor is above 5 kilohms ($5k\Omega$) the technician must make every effort to reduce the resistance of the wire to below $5k\Omega$ or document as to why the resistance was not corrected. If the wire is replaced, indicate in the documentation.
 - d. After successfully completing impedance check and bio-calibrations. The patient is ready to start the actual study of their sleep.
 - e. At the conclusion of the bio-calibrations, a tag of "Lights Out" will be placed to initiate the beginning of the sleep study.
6. All PSG's must be attended at all times. The patient must be monitored via audio and video monitoring.
7. The technician monitors the PSG continuously.
 - a. Heart Rate, Respiratory Rate, and SpO2 values are to be documented on the record every 30 minutes.
 - b. Changes made to the record must be documented.
 - c. All actions by and interactions with the patient must be documented as well.
 - d. The technician must assist the patient in any way necessary during the recording.
 - e. Before terminating the sleep study, another impedance check must be done prior to placing "Lights On", which indicates the end of the technician recording of the Sleep Study.
8. Sleep Study should be recorded for a minimum of six hours. Only if enough data has been collected during the study to make a proper diagnosis and treatment plan and at least six hours of data was collected may a study be terminated. Exceptions to this must be clearly documented. It is optimal to get as much data as possible to ensure an accurate diagnosis for the patient. Studies should be extended if enough data has not been collected by that point.

**Polysomnographic
Technician**

**Clinical Manager/
Polysomnographic
Technician**

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9. Treatment options for sleep related breathing disorders are to be initiated according to department protocol. (See polices for “Criteria for Titration Study and Split Night/CPAP Administration”). **Physician/
Transcriptionist**
10. Following the Sleep Study, all electrodes and monitoring devices are removed from the patient. **Physician**
- a. Patients may not leave the Center with any monitoring devices on them.
- b. “Single use only” equipment must be disposed of properly. Re-usable equipment is to be disinfected according to department policy after each patient’s use. **Clerk/ Medical
Records**
- E. If a Sleep Study is terminated early (prior to 6 hours of recording) and the patient does not want to stay in the sleep center, the patient is escorted from the center by security personnel if available.
- a. Patient should be encouraged to stay and sleep in the Center with or without testing equipment.
- b. Patients who do stay should sleep with an oximeter on their finger. The Technician must continue monitoring the patient via the acquisition system, audio and video.
- F. The Center is responsible for making any reasonable accommodations for patients with disabilities.
- G. Following the Sleep Study, the patient and ordering physician must be given the results of the test. Results of the Sleep Study are given based on the instructions on the Prescription or Electronic Orders.
1. When a Sleep Study with a post sleep consultation is ordered, the patient will follow up with the Sleep Specialist following the study. If the patient is unable to keep the appointment, the results of the study will be sent to the ordering physician. The patient will be given the opportunity to reschedule.
2. The Dictated Report must be sent either electronically or mailed to the ordering physician’s office.

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VI. DISTRIBUTION

None

VII. REVISIONS

Statement of Rights as follows: "Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice."

**VIII. POLICY RESPONSIBILITY
IN COORDINATION WITH:**

Central Scheduling
Medical Records Department
Pre-Certification Department

IX. DATE

Origination: May, 2024
Last Review: August, 2024

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

DEPARTMENT: Sleep Lab

Original Policy Date: 4/1/2023

Review: 2024 TD 2025 2026

SUBJECT: Continuing Education

Last Revised:

APPROVED BY:

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to provide quality care to patients; all professional and technical staff must keep informed of changes and advances in the area of sleep medicine.

Professional and technical staff must participate in an average of 10 hours per year of CME/CEC sleep educational activities. All continuing education activities must be documented and copies of original certificates maintained on file. In the event of a new hire and/or when staff becomes deficient in continuing education credits, management will assist the individual in developing a plan to achieve the required credits.

Professional Staff: Facility director and medical staff members will obtain 30 credits of AMA PRA Category 1 Credits™ (averaged 10 credits per year over the past 36 months) in sleep medicine.

Technical Staff: All sleep technicians and technologists must participate in 30 continuing education credits (averaged 10 credits per year over the past 36 months). CE credits must be in sleep-related educational activities

PROCEDURE:

1.0 Continuing education

1.1 Each technical staff member will provide copies of original certificates of sleep-related CECs earned.

1.2 CE and/or CME credits earned from outside continuing education providers must meet requirements established by the facility director, AASM, AAST, and/or other providers recognized by the AASM.

1.3 Education sessions will be offered through the sleep facility monthly during the technical staff meetings.

1.3.1 Each educational topic will be sleep-related (CPR and HIPAA will not be considered as a sleep-related CE activity).

1.3.2 Each educational session will be individually documented on a separate form to include: a topic, speaker, and objective.

1.3.3 An in-service attendance log will be maintained requiring each attendee's signature. This attendance log will be reviewed, dated and signed by the facility director.

1.3.4 A copy of the in-service attendance log will be filed in the education manual.

1.3.5 Each in-service hour for technical staff is equivalent to one CEC.

SIERRA VISTA HOSPITAL

- 2.0 New to sleep or newly hired technical staff members or those not meeting the minimum requirements.
- 2.1 For those newly hired technical staff members, copies of original CECs earned within the previous three years must be provided and filed in the personnel file.
- 2.2 If CECs have not been acquired, the CECs will be prorated based on the date of hire.
- 2.3 Newly hired technical staff will earn 10 CECs per year based on hire anniversary date.
- 2.4 Three months prior to annual employment review each technical staff personnel file will be audited to determine the number of CECs earned to date.
- 2.5 For technical staff not meeting the minimum requirements, a plan will be developed to assist the technical staff in completing the minimum requirements.
- 2.6 Follow-up communication will occur monthly until all requirements have been met.
- 2.7 Individuals not meeting compliance will have a disciplinary action plan which may

REFERENCE(S):



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: CPAP Titration

Review: 2024 X 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY

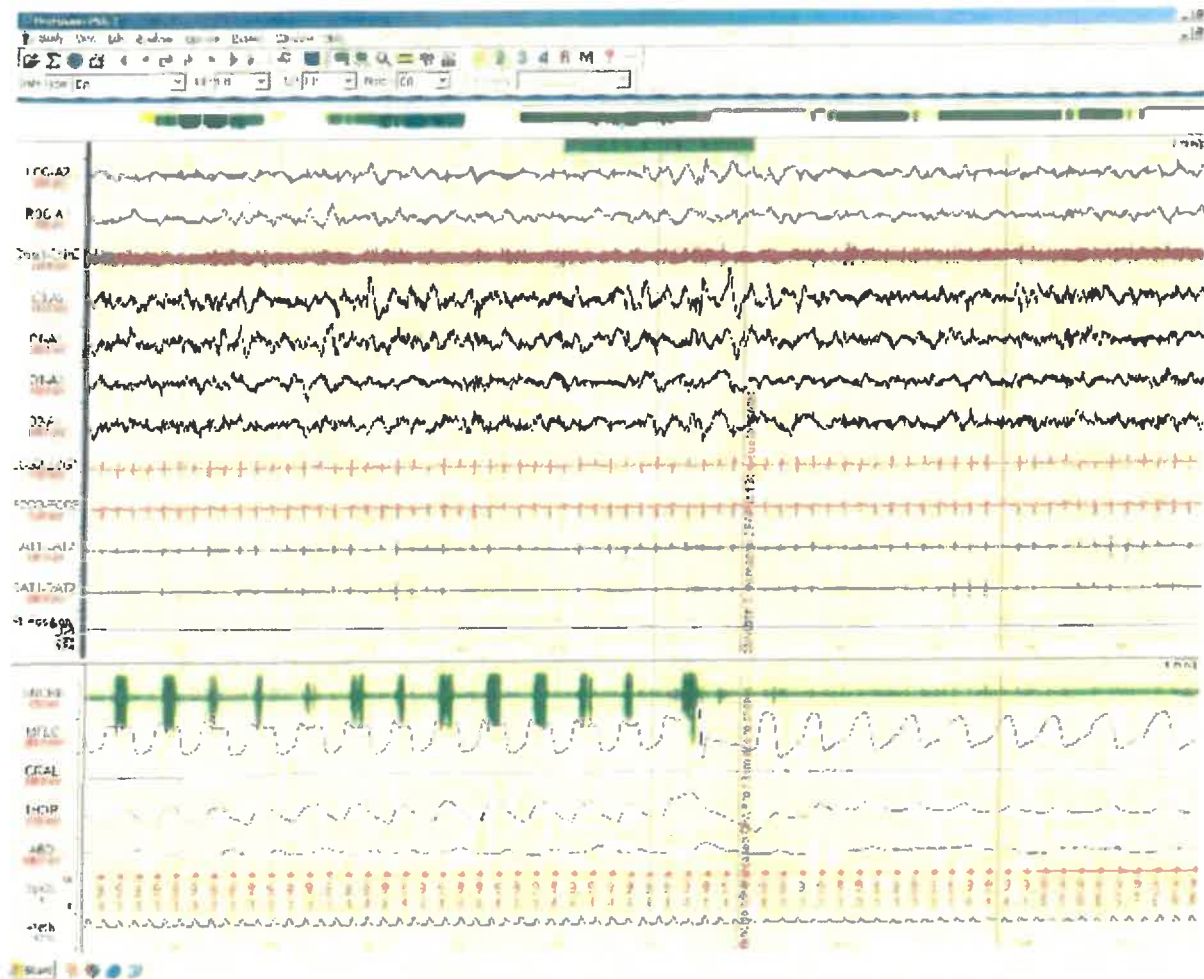
All individuals who record sleep studies must follow best practices for CPAP titrations in order to attain the ideal pressure setting for their patients. Too low of pressures may cause patients to either be sub-optimally treated or to wake up in a panic. Too much pressure may cause the patient to experience bloating or mask leakage. Determining the appropriate pressure setting for each patient will lead to improved adherence and outcome. CPAP titrations are not an exact science, and it is understood that technologists may need to make minor changes for individual patients. The procedure below is meant as a guideline

PROCEDURE:

- 1.0 Review the patient's clinical notes for pertinent history. Confirm that an order specifying CPAP titration has been signed by a sleep physician or advance practitioner and is in the chart.**
- 2.0 Review the patient's previous sleep study or studies to assess the severity of sleep-disordered breathing, the type of respiratory events, and the position and stage at which the events were most severe. This will help to attain a better titration.**
- 3.0 Application of electrodes, montages, filters, sensitivities, and scoring will be performed according to the current version of The AASM Scoring Manual.**
- 4.0 Begin the patient on a setting of 4 cm of water. If the patient is morbidly obese or unable to Fall asleep on the setting of 4cm of water, higher starting pressures may be needed. Document on the study and in the technologist report reason for starting at a higher setting, e.g., "initiated CPAP at 6cm for patient comfort."**
- 5.0 If obstructive apneas are present, pressure settings should be increased by 2cm H2O. If hypopneas, RERAs or continuous snoring (for three minutes or more) are present, pressure should be increase by 1 cm of water.**
- 6.0 The technologist should allow 10 minutes between each pressure change. Pressure change intervals shorter than 10 minutes are allowed in special circumstances (e.g. running our of time to complete titration).**

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CPAP TITRATION PROTOCOL



- 7.0 If a mask leak occurs, the technologist should first fix the leakage before raising the pressure otherwise, the final pressure setting chosen for the patient may be too high.
- 8.0 Once the mask leak has been fixed, decrease the pressure to the last setting where mouth breathing and/or mask leakage was not present, and re-titrate as indicated.
- 9.0 Make sure to document directly on the study the steps taken to resolve the leak and the type of masks used. Pressure setting usually do not need to be set as high with a nasal mask than with a full-face mask.
- 10.0 If the patient wants a break from wearing the mask, the technologist should make a judgment based on the patient's comfort, tolerance and ability to resume sleep; if CPAP should be lowered to more comfortable/tolerate settings to facilitate "back-to-sleep." Do not raise pressure settings for central apneas. If the patient develops central apneas, pressure setting may need to be lowered.
- 11.0 The patient should be switched to BiPAP under the following conditions(s):
 - 11.1 If the patient has reached 15 cmH₂O or 20 cmH₂O), depending on what the technologist feels will produce the most optimal titration, it is left to their discretion.

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- 11.2 If unable to tolerate CPAP due to persistent mouth breathing despite use of a full-face mask/chin strap.
- 11.3 Inability to exhale against higher expiratory pressures (typically beginning anywhere from 15 to 20 cm of water).
- 11.4 Has frequent central apneas.
- 11.5 Document directly on the study why the patient is being switched from CPAP to Bilevel and summarize in technologist's report.
- 12.0 Successful CPAP titration should:
 - 12.1 Eliminate obstructive respiratory events (apneas, hypopneas, RERAs).
 - 12.2 Eliminate snoring.
 - 12.3 Eliminate paradoxical breathing.
 - 12.4 Maintain SpO₂ at or above 90% in NREM, 88% in REM.
- 13.0 Ensure that supine sleep has been seen on the chosen setting. Going above the chosen setting by one or 2.0 cm of water to show range may be helpful to ensure that the correct

DEFINITIONS

Associated Policies:

Policy # 852-03-044 "Sierra Vista Hospital and Clinics Integrated Safety and Risk Management Plan"



SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: Criteria for Patient Acceptance

Review: 2024 2025 2026

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

I. POLICY

The Sleep Disorders Center (SDC) performs sleep testing services for the purposes of diagnosing and treating all recognized sleep disorders. Diagnostic categories that are considered include the following: sleep-related breathing disorders, neuromuscular disorders and sleep-related symptoms, chronic lung disease, narcolepsy, parasomnias, sleep related epilepsy, restless legs syndrome, periodic limb movement disorder, depression with insomnia, and circadian rhythm disorders. This policy outlines the criteria patients must meet in order to be tested in the center under the direction of the Medical Director.

II. SKILL LEVEL

All Sleep Disorders Center (SDC) Personnel

II. SCOPE

Adult – For purposes of this policy, an adult is age 18 and above.

Pediatric – For purposes of this policy, a pediatric is age 6 thru 12 years.

Adolescence - For purposes of this policy, an Adolescence is age 13 thru 17 years.

IV. DEFINITION

V. PROCEDURE

Action

Responsibility

A. The Sleep Center cares for patients aged 13 years and older. Clinical Manager
Children referred for sleep testing under the age of 13 must be reviewed and referred to an appropriate sleep facility.

B. There is no upper age limit for patients tested in the Sleep Center.

C. All patients referred for sleep testing must be registered as Central Scheduling
an outpatient at the time of their testing. If the patient is an inpatient in a medical facility, sleep testing must be performed once the patient is discharged.

SIERRA VISTA HOSPITAL

- D. All patients must be referred to the SDC by a licensed provider. An order must be completed and signed by the referring provider before testing can be performed. **Referring Provider/
Central Scheduling**
- E. For all patients not referred by an SDC staff physician, patient acceptance is at the discretion of the Medical Director, Board Certified sleep specialist or designated staff in the SDC. **Medical Director/
Staff sleep specialist**
- F. Patients referred to the SDC by their provider must be evaluated to ensure the patient meets the minimum indication requirements prior to testing as specified in the AASM Clinical Practice Parameters or indicate a valid exception. **Medical Director/
Staff sleep specialist**
1. Referring providers who directly refer their patient to the SDC must complete either a paper or electronic order.
 2. The order is reviewed prior to testing by a sleep specialist on staff. Approval for testing must be initialed and dated at bottom of form.
 3. Orders not approved by a sleep specialist must be given to the Clinical Manager. The Clinical Manager must follow up with the referring provider and patient regarding the denial.
- G. Nursing care (ie. medication administration, care of IV's, care of IV's, withdrawal of blood) cannot be performed by SDC personnel. Under the discretion of the Clinical Manager or a designee, a caretaker may be asked to stay with the patient while they are in the SDC. **Clinical Manager**
- H. Regardless of age, patients with the following are excluded from sleep testing until the issue is resolved:
1. Lice
 2. Active TB not under treatment
 3. Active case of shingles
 4. Chicken pox
 5. Pediatric/Adolescence patients with a temperature reading at or above 100.4° ($\geq 100.4^\circ$) and/or with an active illness causing them to not be at their baseline.
 6. Adults with a temperature reading at or above 101.0° ($\geq 101.0^\circ$) and/or with an active illness causing them to not be at their baseline.
 7. Patients with a hair weave preventing access to their scalp
 8. Patients who require a crib to sleep in.

SIERRA VISTA HOSPITAL

- I. It is the responsibility of the Central Scheduling Department to collect third party payor information before testing occurs. All patients are treated equally regardless of their ability to pay for services received. Patients without insurance must go through the hospital's Financial Assistance Program to set up an account and register for a sleep study. **Central Scheduling/
Financial Counseling
Service**
- J. Neonatal patients are not accepted for testing in the SDC. **Clinical Manager**
- VII. POLICY RESPONSIBILITY IN COORDINATION WITH:** The Central Scheduling Department/Financial Counseling Office
- VIII. REVISIONS**
- Statement of Rights as follows: "Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice."
- IX. DATE
- Origination: May, 2024
- Last Review: August, 2024



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 06/20/2024

SUBJECT: Employee Background
Check

Review: 2024 TD 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

PURPOSE

To comply with background check requirements required by federal, state, and local laws.

POLICY

It is the policy of this facility to conduct, minimally, criminal background checks on all employees. This information will be utilized only to the extent this information is relevant to the job duties of the individual.

PROCEDURE

1. A Criminal history record check will be performed for each appropriate applicant after a conditional offer of employment has been made.
2. Written authorization for the criminal background check will be obtained at the time of a conditional offer of employment. Refusal to authorize the background check will preclude hiring.
3. The facility will not knowingly hire, or retain, any individual in a position that involves direct contact with patients or those that may have contact with patients' protected health information if that person has been convicted of committing or attempting to commit a crime or criminal offense as defined by (Individual State Specific Criminal Background Check Act).
4. All Criminal History requests will be maintained for a period of indefinite or as long as the employee is employed by Sierra Vista Hospital. All results of criminal record requests and any associated waivers of existing employees will be retained for the duration of employment of the individual.

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**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: Equipment Maintenance

Review: 2024 ___ 2025 ___ 2026 ___

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to ensure the safety of patients and personnel and ensure accurate and uninterrupted operation of all patient-related mechanical and electric equipment through routine cleaning and periodic inspections. All patient-related equipment will be cleaned by sleep facility staff on a regular basis and routinely monitored and inspected for electrical and mechanical safety consistent with manufacturer's recommendations and OSHA regulations. Patient-related equipment includes all facility owned, borrowed, leased, and consigned equipment used for demonstration purposes and data collection, including oxygen equipment, sensors, bands, oximeters, thermistors, beds, PAP equipment, HSAT equipment, and bio-physiologic equipment, computers and equipment in the control room.

PROCEDURE:

- 1.0 All equipment used in the sleep facility will be inventoried and logged prior to its initial use.
- 2.0 A record of all equipment and inspections will be maintained and updated and documented in the equipment logbook.
- 3.0 Sleep technicians will perform visual, safety and operational tests on all patient related equipment at the beginning of each shift/prior to each use. to identify apparent defects according to manufacturer's recommendations.
- 4.0 Annual electrical safety testing will be completed by a certified electrician or bio-medical engineer.
- 5.0 Records of these inspections will be documented and kept on file in the sleep center office to include:
 - 5.1 Date of inspection:
 - 5.2 Equipment ID information:
 - 5.3 Repairs or replacements needed; and name or initials of individual performing inspection.
- 6.0 All in-lab and HSAT patient equipment will be inspected as follows:
 - 6.1 All units and cables, leads, etc. are inspected nightly by the recording technician and weekly by the manager
 - 6.2 All sensors are inspected nightly by the recording technician and monthly by the manager. All devices disposable materials and batteries are inspected prior to shipping or released to patient by the technician.
 - 6.3 If any problems are encountered with patient related equipment it will be removed from service and will be reported to authorized individuals.
 - 6.4 Bio-Medical maintenance department will be contacted for inspection, repair or replacement of defective equipment

SIERRA VISTA HOSPITAL

- 6.5 Reported or detected failures of devices, sensors and process will be documented and will be categorized and analyzed for cause to prevent future failures.
- 7.0 All disposable equipment will be disposed of in the proper container.
- 8.0 All patient related non-disposable equipment will be cleaned according to manufacturer's recommendations after each use and treated with appropriate disinfectant or germicidal agent if warranted. Clean and dirty equipment will be physically separated in compliance with infection control procedure

DEFINITIONS

Associated Policies:



DEPARTMENT: Sleep Laboratory

SUBJECT: AGE SPECIFIC CARE and EVALUATION

APPROVED BY:

Medical Director: Francisco Ralls MD

Manager: Toni Davis

OBJECTIVE: To document the knowledge and skills required to provide care in the sleep center based on physical, psychosocial, education, safety and related criteria which is appropriate to the age of the patient being evaluated in five age specific categories (Neonate/Infant, Pediatric, Adolescent, Adult, and Geriatric).

OUTCOME ASSESSMENT: Outcome is determined by assessment of the care provided and the recording to determine that the appropriate polysomnographic montage, recording techniques and documentation were utilized during the sleep study. This competency evaluation tool provides an objective assessment of the performance level of the polysomnographic technologist, polysomnographic technician and polysomnographic trainee.

INSTRUCTIONS: The evaluator assesses the employee in the performance of the competency, indicating either **(Yes)** the employee is competent, a **(No)** the employee is not competent with the process, or not applicable **(NA)** for any age group not tested in the facility. Competency is met when the employee performs the competency according to accepted standards and guidelines. For every **(No)** response, a corrective action plan should be outlined, discussed with the employee with a timeline for retesting, and documented in the comments section.



NAME _____

DATE _____

EVALUATOR _____

**Comments: A correction plan and time line for retesting must be outlined for each (No) documented.*

Age Specific Care and Evaluation	Yes	No	*Correction Plan/Retesting Date
Neonate/Infant (Birth to 2 years)			
Involved the parent/guardian in care; explaining procedure and providing information and teaching materials as needed.			
Assure parent/guardian comprehends the information and explanation of the procedure and their role in the procedure.			
Incorporate the patient's life situations, home environment, responsibilities, religious and cultural background and available resources into their care while in the sleep center.			
Allow time for patient/guardian to prepare infant for the sleep study.			
Make adjustments to recording montage, parameters, procedures and documentation to accommodate age and health status			
Recognize physical/psychological indicators of abuse/neglect and notifies appropriate authorities			
Apply age-appropriate safety measures			

Age Specific Care and Evaluation	Yes	No	*Correction Plan/Retesting Date
Pediatric (Age 3-11)			
Involve the parent/guardian in care by explaining procedure and providing information and teaching materials as needed			
Provide information and instruction at a level appropriate for the child and assure child and parent/guardian/family comprehend the information and explanation of the procedure			
Allow time for child and parent/guardian to assist in preparation for the sleep study; interacts appropriately with child and all family members			
Incorporate the patient's life situations, home environment, responsibilities, religious and cultural background and available resources into their care			
Make adjustments to recording montage, parameters, procedures and documentation to accommodate age and health status			
Recognize physical/psychological indicators of abuse/neglect and notifies appropriate authorities			
Apply age-appropriate safety measures			

Adolescent (Age 12-17)			
Provide information and instruction at a level appropriate for adolescent and/or parent/guardian understanding of the procedure			
Allow time for adolescent to prepare for the sleep study; interacts appropriately with adolescent and family members			
Incorporate the patient's life situations, home environment, responsibilities, religious and cultural background and available resources into their care while in the sleep center			
Make adjustments to recording montage, parameters, procedures and documentation to accommodate age and health status			
Recognize physical/psychological indicators of abuse/neglect and notifies appropriate authorities			
Apply age-appropriate safety measures			
Adult (Age 18-65)			
Provide information and instruction at a level appropriate for patient understanding of the procedure			
Allow time for patient to prepare for the sleep study; interacts appropriately with patient and family members			
Support the patient's right to make informed choices regarding their healthcare			
Incorporate the patient's life situations, home environment, responsibilities, religious and cultural background and available resources into their care while in the sleep center			
Make adjustments to recording montage, parameters, procedures and documentation to accommodate age and health status			
Recognize physical/psychological indicators of abuse/neglect and notifies appropriate authorities			
Apply age-appropriate safety measures			

Age Specific Care and Evaluation	Yes	No	*Correction Plan/ Retesting Date
Geriatric (Age 65 +)			
Provide information and instruction at a level appropriate for patient understanding of the procedure; ensures communication meets the physical needs of patient and/or family (i.e., sight and hearing needs are addressed); reads any paperwork or questionnaires to patient as required			
Allow time for patient to prepare for the sleep study; interacts appropriately with patient and family members, allowing patient time to process information and give a response or ask questions			
Incorporate the patient's life situations, home environment, responsibilities, religious and cultural background and available resources into their care while in the sleep center			
Recognize physiological and psychological changes that affect care of the patient; provides for patient's physical needs during the sleep study			
Make adjustments to recording montage, parameters, procedures and documentation to accommodate age and health status			
Recognize physical/psychological indicators of abuse/neglect and notifies appropriate authorities			
Apply age-appropriate safety measures			

Distributed To:
Revision Dates:
Policy #



SIERRA VISTA HOSPITAL POLICIES AND PROCEDURES

DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENT: Sleep Lab

Original Policy Date: 4/1/23

Review: 2024 TD 2025 2026

SUBJECT: Home Sleep Study

Last Revised:

APPROVED BY:

Manager: Toni Davis MBA, RRT

PURPOSE

To ensure home sleep apnea testing (HSAT) conducted by the sleep facility adheres to the current AASM practice parameters, clinical practice guidelines, best practice and clinical guidelines in regards to the diagnosis of OSA in adults.

POLICY

HSAT is a method of recording certain parameters which will target and measure, minimally, heart rate, oxygen saturation, respiratory airflow, respiratory effort and snoring for the purpose of evaluating a patient for OSA. HSAT will be performed in conjunction with a comprehensive sleep evaluation by an appropriately licensed sleep facility medical staff member. All portable monitoring equipment will be FDA-approved and appropriately maintained to ensure patient safety and efficiency of the test.

PROCEDURE

- 1.0 An order from an appropriately licensed healthcare professional must be provided along with a relevant medical history documenting the indication for HSAT that complies with the AASM practice parameters.
- 2.0 The facility director or appropriate licensed medical professional will review and approve the proposed evaluation for HSAT testing. Documentation of review and communication with referring physician will be documented in the patient's medical record.
- 3.0 All tests will be performed, and records will be maintained consistent with HIPAA regulations.
- 4.0 Sleep facility staff will contact patient to schedule the HSAT pick-up and set-up. The appointment date and time will be documented.
- 5.0 Prior to patient arrival, HSAT devices will be inspected and prepared for application as per the manufacturer's recommendations. Equipment must be inspected to assure equipment is properly cleaned, free of damage, and any private patient health care information of previous patients has been removed.
- 6.0 The HSAT device will allow display of raw data for manual scoring and editing.

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- 7.0 Documentation of the serial number of the device (ID) located on each unit will be recorded in the medical record and on the HSAT equipment maintenance log. The log will include:
 - 7.1 Date equipment is dispensed.
 - 7.2 Name of patient
 - 7.3 Type of equipment used and ID number
 - 7.4 Date equipment is returned.
 - 7.5 Comments: equipment malfunction, test completed, etc.
 - 7.6 Evidence of routine inspection, etc.
- 8.0 At the time of pick-up, the patient will receive HSAT instructions from a trained sleep technologist on the following:
 - 8.1 The use of the device
 - 8.2 Application and hook up procedure.
 - 8.3 How to turn the device on/off
 - 8.4 Preparation of the device for return
 - 8.5 Other tasks as required.
- 9.0 Patients will be given the telephone number for access to technical/professional staff support for troubleshooting problems encountered during HSAT.
 - 9.1 Phone number for access during testing hours : **(575)740-0096**
 - 9.2 **Patients will be instructed to call 911 in case of medical emergencies encountered during HSAT.**
 - 9.3 All calls received will be documented and logged to identify and monitor trends of sensor, service and device issues. Results will be audited and reported quarterly.
 - 9.3.1 Log will include:
 - 9.3.1.1 Date and time of call
 - 9.3.1.2 Name of patient and person calling
 - 9.3.1.3 Device ID number
 - 9.3.1.4 Issue identified or nature of problem
 - 9.3.1.5 Resolution or recommendation for change
- 10.0 Sleep facility staff will arrange the delivery of HSAT equipment to patients when needed. The device will be packaged with all necessary sensors and equipment and shipped using a service that has the capability of tracing the device.
 - 10.1 Extra batteries and nasal cannulas will be provided.
 - 10.2 Written instructions with pictures and instructional video will be included in the kit provided
 - 10.3 Patients will be called to review the instructions and answer any questions.
- 11.0 One night will be recorded unless otherwise specified by the ordering provider.
- 12.0 After completion of the HSAT, patients are instructed to return the equipment in the package provided and return to the sleep facility.

SIERRA VISTA HOSPITAL

- 13.0 When the device is returned, all data will be downloaded from the device by the Sleep technician.
 - 13.1 All data will be downloaded and scored within 24 hours of return
 - 13.2 Scoring is performed by trained scoring staff, which may include:
 - 13.2.1 RST, RPSGT, CPSGT, RRT-SDS OR CRT-SDS
- 14.0 The review of raw data and interpretation will be signed by the professional staff member and documented in the medical record.
- 15.0 The HSAT report will include the items listed in the most current version of the AASM Scoring Manual and an indication of whether the results support the diagnosis of obstructive sleep apnea.
- 16.0 Recommendations for treatment will be consistent with all applicable AASM Practice parameters and clinical practice guidelines.
- 17.0 A copy of the HSAT report will be forwarded to the ordering physician
- 18.0 All physiological and PHI data will be erased by the sleep technician who receives the device.
- 19.0 Batteries are removed and discarded.
- 20.0 Unit will be taken to a designated dirty area for cleaning.
- 21.0 All non-reusable equipment will be discarded in appropriate trash receptacle.
- 22.0 All reusable equipment, including sensors, will be cleaned using germicidal wipes.
- 23.0 Units will be recharged and stored in the designated clean area and visually inspected by the sleep technician for any apparent signs of damages
- 24.0 All devices and sensors associated with failed tests (e.g. no data,, or corrupt data) must be tested for function prior to next



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory Original Policy Date: 5/10/2024
SUBJECT: In-Lab & Home Sleep Review: 2024 TD 2025 _____ 2026 _____
Testing Training Last Revised:
APPROVED BY: Francisco Ralls MD Manager: Toni Davis MBA, RRT

POLICY

Polysomnography is a highly skilled, technically detailed profession requiring proper training and continuous oversight of staff. This policy outlines the minimum training requirements for technicians who perform both in-lab and Home Sleep Testing (HST).

SKILL LEVEL

All Clinical Personnel

DEFINITION

Polysomnographic Technician Trainee – A technician trained on-the-job to perform sleep testing who has worked as a technician for ≤ 365 days.
Polysomnographic Technician – A technician trained to perform polysomnography who has worked a minimum of one year as a Polysomnographic Technician Trainee.
Registered Polysomnographic Technologist (RPSGT)– A technician board certified by the Board of Registered Polysomnographic Technologists.

PROCEDURE

<u>Action</u>	<u>Responsibility</u>
<u>Training for In-Lab Polysomnography</u>	
A. All technicians must be appropriately trained prior to performing in-lab polysomnography.	Clinical Manager
1. All clinical staff must maintain current healthcare provider level BLS training. New employees must obtain BLS certification within the first 90 days of employment.	
2. Trainees new to the department will undergo a department-specific orientation with the Clinical Manager. It is at that time a full training schedule will be assigned.	

SIERRA VISTA HOSPITAL

3. Trainees will be instructed on departmental-procedures during day shift hours on Day 1, day 2, and day 3.
 - a. Detailed department tour
 - b. Introduction to chart paperwork
 - c. How to report patient related events
 - d. In-service with all daytime staff
 - e. Introduction to polysomnography – Equipment, wires set up, monitoring, patient care, disinfection, and quality control.

4. Trainees will be instructed on departmental procedures during night shift hours on Night 1, Night 2, and Night 3.
 - a. How to use all sleep testing equipment.
 - b. How to apply sensors for testing.
 - c. The proper use and maintenance of all equipment used for patient testing.
 - d. The warnings of use of all equipment.
 - e. How to conduct sleep testing in a safe and proper manner for all patients.
 - f. How to properly disinfect all patient equipment.

5. During the above training days, the trainee will be instructed by a RPSGT.
The RPSGT is responsible for overview and supervision of the trainee at all times.

6. When at all possible, the Team Leader is responsible for the supervision and education of trainees, however, if scheduling does not permit this, then an RPSGT will be assigned.

7. After approximately three weeks (or the time frame equivalent to three weeks of full-time work performing polysomnography, the Team Leader and Clinical Manager will decide if more training is necessary or if the trainee may perform polysomnography independently from the instructors.

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8. After approximately two months, an RPSGT will be assigned to perform a post-training review/ competency assessment with the trainee.
 9. After approximately 6 months, an RPSGT will be assigned to perform a competency assessment of the trainee.
- B. Following training, annual competency assessments will be performed on each technician by the Team Leader. Annual competency assessments are performed during the same month every year according to the department schedule.
- C. The Clinical Manager will perform annual competency assessments on the Team leads.
- D. All Poly Techs (Registered, Non-registered, and Trainee's) must earn continuing education credits in order to strengthen their skill level.

Poly Tech Trainee's and Poly Tech's must earn at least 10 CEC's per year averaged over a 3 year period (total 30 CEC's in 3 years) starting from their date of hire.

Registered Poly Tech's must earn at least 10 CEC's per year averaged over a 5 year period (total 50 CEC's in 5 years) with a minimum of 5 per year starting from the date they earn the RPSGT credential. These requirements are based on the BRPT's requirements and are subject to change.

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Training for HST

- E. All staff who perform HST set ups must be appropriately instructed prior to performing job duties. **Clinical Manager**
1. Staff will be chosen / assigned HST duties based on their hours and location worked and clinical competency to perform the necessary duties as evaluated by their supervisor.
 2. The Clinical Manager will train staff on the following criteria:
 - a. The HST device operation
 - b. How to apply sensors and plug in the recorder
 - c. The appropriate uses of the device.
 - d. How to instruct the patient to apply sensors and plug into the recorder.
 - e. How to program the recorder and download data
 - f. How to troubleshoot problems
 - g. How to maintain the equipment
 - h. How to address device warnings
 - i. Safety and warnings of use of the device.
 - j. How to Score the data collected (if applicable)
 - k. How to clean/disinfect HST recorder and equipment.
 3. The Clinical Manager will perform competency assessments annually on all Poly Techs performing HST.

REVISIONS

Statement of Rights as follows: "Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice."

DATE

Origination: May, 2024
Last Review: May, 2024



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

DEPARTMENT: Sleep Lab

Original Policy Date: 4/1/2023

Review: 2024 TD 2025 2026

SUBJECT: Inter-Scorer Reliability

Last Revised:

APPROVED BY:

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to ensure regular assessment of scoring reliability for all scoring parameters among all scorers assures the consistency of scoring in accordance with the current version of the AASM Scoring Manual

All individuals who score sleep studies will have reliability assessments with the facility director, as defined in the AASM Standards for Accreditation, who serves as the “gold standard” for agreement. Reliability measures are reviewed quarterly by the facility director as part of the quality assurance program. All individuals who score sleep studies will utilize the American Academy of Sleep Medicine (AASM) Inter-Scorer Reliability (ISR) program monthly.

PROCEDURE

- 1.0 Each scorer will log-in to the AASM ISR online program and score the assigned 200 selected epochs using the criteria written in the current version of the AASM Scoring Manual. The AASM serves as the gold standard for comparison.
- 2.0 Reports are printed and maintained in a binder with a quarterly report of results.
- 3.0 The facility director will review reports to determine scorers meet an acceptable level of agreement for scorer reliability (85% overall).
- 4.0 The supervisor/facility director will develop an action plan for each technologist when scoring falls below the acceptable level of agreement. Such plans may include, but are not limited to:
 - 4.1 Review of the current version of the AASM Scoring Manual
 - 4.2 Review of the AASM ISR Record Review Video
 - 4.3 Additional inter-scorer assessment with review
 - 4.4 Focused review/re-training with the supervisor
 - 4.5 Educational assistance from the facility director

REFERENCE(S):



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

DEPARTMENT: Sleep Lab

Original Policy Date: 4/1/2023

Review: 2024 TD 2025 2026

SUBJECT: Maintenance and Organization of Medical Records

Last Revised:

APPROVED BY: Francisco Ralls, MD

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to have an established location for all medical records, or a method of tracking the location of all patient charts when charts are stored in multiple locations, assures retrieval of all records when needed. Consistency in filing medical records assures information is readily available and easily found. All patients evaluated and treated by the sleep facility medical staff and those directly referred will have an individual medical record in either written or electronic format. All records will be maintained in an organized and consistent manner.

PROCEDURE

1.0 Use of an electronic medical record system

1.1 All patients that have any sleep related services will have a medical record created in the electronic medical record (EMR) system. This will not be limited only to those requiring a sleep study.

1.1.1 All medical records stored in the EMR will be compliant with HIPAA confidentiality and security rules and will be password protected.

1.1.2 All patient-related health and other information as indicated by the system required for medical or financial reasons will be appropriately entered into the EMR system.

1.1.2.1 Demographic information

1.1.2.2 Financial and billing information

1.1.2.3 Referral documentation

1.1.2.4 Consultation notes and evaluations and treatment notes

1.2 Only those employees that have been appropriately screened and given authority will have access to the EMR system.

1.3 Patient medical records will have an automatic computer system back up daily with files stored at an offsite location.

1.4 The administrative support staff is responsible for all filing and maintenance of the contents of the medical record as designated by the facility manager.

2.0 Use of a paper medical records

2.1 All patients that will have any sleep-related services, including those who did not have a Sleep study will have a paper medical record maintained.

2.2 All medical records will be kept in locked file cabinets maintained in the control/technical room.

2.3 The contents of the medical record will include but not be limited to:

2.3.1 Referral form to include all demographic and financial/billing information

SIERRA VISTA HOSPITAL

- 2.3.2 Authorization and consent for services
 - 2.3.3 Physician order forms
 - 2.3.4 History and physical evaluations
 - 2.3.5 Medications record
 - 2.3.6 Patient questionnaires and screening assessments
 - 2.3.7 All consultations with facility director/medical staff members
 - 2.3.8 All documentation made by technologists
 - 2.3.9 All sleep studies and interpretation notes
 - 2.3.10 Signed indication by the facility director/medical staff member of authorization and approval for study if patient directly referred
- 2.4 Only those individuals that have been given authority by the facility manager (e.g., technologists, billing personnel, and administrative staff) will have access to the medical record

REFERENCE(S):



SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: Montages

Review: 2024 ___ 2025 ___ 2026 ___

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to have Standard montage configurations ensure consistency of recordings and contribute to accurate interpretation of sleep studies. Each procedure in the facility uses a standard montage that is consistent with the AASM practice parameters, clinical guidelines, clinical practice guidelines and the AASM Scoring Manual.

PROCEDURE

List the specific montages for diagnostic studies, PAP titrations, MSLT and MWT along with filter and sensitivity settings used.

Diagnostic:

Label	Sensitivity	High Filter	Low Filter
FE-M2	5-7 μ v/mm	35Hz	0.3 Hz
F4-M1	5-7 μ v/mm	35Hz	0.3 Hz
C3-M2	5-7 μ v/mm	35Hz	0.3 Hz
C4-M1	5-7 μ v/mm	35Hz	0.3 Hz
O1-M2	5-7 μ v/mm	35Hz	0.3 Hz
02-M1	5-7 μ v/mm	35Hz	0.3 Hz
ROC	5-7 μ v/mm	35Hz	0.3 Hz
LOC	5-7 μ v/mm	35Hz	0.3 Hz
Chin	10 μ v/mm	100Hz	10Hz
Snore	20 μ v/mm	15Hz	0.1Hz
ECG	20 μ v/mm	70 Hz	0.3Hz
RAT	10 μ v/mm	100 Hz	10Hz
LAT	10 μ v/mm	100Hz	10Hz
Flow (Thermistor)	20 μ v/mm	15Hz	0.1Hz
Flow (PTAF)	20 μ v/mm	15Hz	0.1Hz
Chest (RIP)	20 μ v/mm	15Hz	0.1Hz
Abdomen (RIP)	20 μ v/mm	15Hz	0.1Hz
Polyvinylidene (PVDF)	N/A	N/A	N/A
Esophageal Manometer	N/A	N/A	N/A
SPo2	20 μ v-mm	15Hz	0.1Hz
Pulse	20 μ v/mm	15Hz	0.1Hz

Distributed To:
 Revision Dates:
 Policy #

BQ 40

SIERRA VISTA HOSPITAL

Nasal CPAP studies:

Label	Sensitivity	High Filter	Low Filter
F3-M2	5-7 μ v/mm	35Hz	0.3Hz
F4-M1	5-7 μ v/m	35Hz	0.3Hz
C3-M2	5-7 μ v/mm	35Hz	0.3Hz
C4-M1	5-7 μ v/mm	35Hz	0.3Hz
O1-M2	5-7 μ v/mm	35Hz	0.3Hz
O2-A1	5-7 μ v/mm	35Hz	0.3Hz
ROC	5-7 μ v/mm	35Hz	0.3Hz
LOC	5-7 μ v/mm	35Hz	0.3Hz
Chin	10 μ v/mm	15Hz	0.1Hz
CPAP	20 μ v/mm	15Hz	0.1Hz
Flow Transducer	20 μ v/mm	15Hz	0.1Hz
Chest (RIP)	10-100 μ v/mm	15Hz	0.1Hz
Abdomen (RIP)	10-100 μ v/mm	15Hz	0.1Hz
SpO2	20 μ v/mm	15Hz	0.1Hz
Pulse	20 μ v/mm	15Hz	0.1Hz

MSLT/MWT studies:

Label	Sensitivity	High Filter	Low Filter
F3-M2	5-7 μ v/mm	35Hz	0.3Hz
F4-M1	5-7 μ v/mm	35Hz	0.3Hz
C3-M2	5-7 μ v/mm	35Hz	0.3Hz
C4-M1	5-7 μ v/mm	35Hz	0.3Hz
O1-M2	5-7 μ v/mm	35Hz	0.3Hz
O2-A1	5-7 μ v/mm	35Hz	0.3Hz
ROC	5-7 μ v/mm	35Hz	0.3Hz
LOC	5-7 μ v/mm	35Hz	0.3Hz
Chin	3 μ v/mm	100Hz	10Hz
ECG	20 μ v/mm	70Hz	0.3Hz

DEFINITIONS

Associated Policies:

Policy # 852-03-044 "Sierra Vista Hospital and Clinics Integrated Safety and Risk Management Plan"



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/20/2024

SUBJECT: MSLT Protocol

Review: 2024 ___ 2025 ___ 2026 ___

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to measure a patient's physiological tendency to fall asleep under standardized conditions. Several factors concerning patient preparation and test performance need to be considered to acquire reliable data during the MSLT. These considerations are discussed in detail herein and are intended to provide additional guidance in conducting the MSLT. The MSLT should be interpreted by a board-certified sleep medicine specialist. The sleep facility performs the MSLT in accordance with AASM practice parameters. The MSLT must be ordered or approved by an appropriately licensed facility medical staff member. The MSLT must always follow all-night polysomnography. The MSLT is indicated as part of the evaluation of patients with suspected narcolepsy to confirm the diagnosis. The MSLT may be indicated as part of the evaluation of patients with suspected idiopathic hypersomnia to help differentiate idiopathic hypersomnia from narcolepsy

Planning before the MSLT

Sleep-wake scheduling before testing. Documentation of sleep-wake schedules through sleep diaries with or actigraphy for 2 weeks before testing is recommended to assure a consistent and sufficient amount of sleep, i.e., ideally > 7 hours per night leading up to the MSLT. The absolute minimum is 6 hours because some patients with narcolepsy experiences fragmented sleep. Two weeks of data allow for monitoring of 2 weekends, a time wherein considerable variability may occur.

Comorbid sleep disorders

Patients with OSA or other sleep disorders may need an MSLT to evaluate for coexisting narcolepsy or another primary hypersomnia. Sleep-onset REM periods (SOREMPs) on the MSLT have been reported with severe untreated OSA, especially in patients with marked oxygen desaturation. Confirmation of positive airway pressure (PAP) adherence and effective treatment of OSA should precede the MSLT. A dose-response relationship between increasing PAP use and self-reported improvement in sleepiness has been reported, with an optimum response occurring with at least 6 hours of use per night. Thus, current minimum adherence standards of > 4 hours per night for 70% of the considered time may not be sufficient of optimal resolution of sleepiness in some patients. No data have been found to inform treatment adherence standards for patients with central/complex sleep apnea or sleep-related hypoventilation who are undergoing an MSLT, but similar PAP adherence goals seem to be reasonable. Although no studies have been found addressing the potential impact of PAP usage on sleep latency during the MSLT, the task force recommended that most patients accustomed to nighttime PAP/non-PAP therapies should use these interventions to reduce sleep disruption during the daytime nap trials. It has been reported that some patients with very mild OSA (apnea-hypopnea

SIERRA VISTA HOSPITAL

MSLT PROTOCOL

index < 10 events/hr.) are intolerant to therapy. For these patients, the clinician needs to balance the potential for disturbed sleep because of very mild OSA against the impact of disrupted sleep related to the OSA therapy in determining whether the therapy should be used during the MSLT. The test report should clearly state how OSA was managed during testing. The timing of the MSLT is important. An individual's circadian phase could affect sleep latency and SOREMP's in shift workers and patients with delayed sleep-phase disorder. Findings from the Wisconsin Sleep Cohort (12) showed a significant association between shift work (defined as stable night shift or rotating shifts) and MSLT results supporting a diagnosis of narcolepsy, ie, MSLT <8 minutes and >2 SOREMPs, in patients who were unlikely to have narcolepsy. For patients with a delayed sleep phase, it is important to avoid ending polysomnography (PSG) prematurely, and especially to avoid disrupting or curtailing REM sleep. Accordingly, when evaluating shift workers and patients with a delayed sleep phase, clinicians should schedule the MSLT when the patient has a consistent sleep-wake schedule. In addition, the testing period should match the patient's typical wake period, which may require delaying or long sleepers. Consequently, assessment of the patient's sleep pattern and total sleep time for 2 weeks before the MSLT is important and the use of actigraphy is suggested. The use of the MSLT conducted at night for shift workers has not been systematically evaluated.

Medications

Medications use and discontinuation are particularly challenging issues because many agents can confound MSLT results and make interpretation of the test difficult. For example, chronic use of certain medications suppress REM sleep and may inhibit SOREMP's testing. Conversely, discontinuation of REM-sleep-suppressant medications immediately before the MSLT may result in REM sleep rebound, resulting in a false-positive MSLT. The most current AASM practice parameter paper provided general guidance about which medication properties could interfere with an MSLT and recommended that stimulants, stimulant-type drugs, and REM-sleep-suppressing drugs be stopped 2 weeks before the test. Frequently, patients experiencing excessive daytime sleepiness are being treated with stimulants or antidepressants for depression, anxiety, inattention, or fatigue. The recommendations that the agents listed in Table 1 (medications that can affect REM sleep and/or nonrapid eye movement sleep latency) be tapered before the MSLT to minimize medication and substance effects and that the patient be observed while off the agents for a sufficient time periods before testing. The exact duration of time that medications should be discontinued to avoid medication or rebound effects on the MSLT has not been extensively studied, but a 2-week duration is likely sufficient in most patients. For medications or metabolites with longer half-lives (>1 day), a longer washout, potentially up to 6 weeks, may be necessary. In the case of medications with very short half-lives, consideration could be given to a washout of <2 weeks, particularly in patients in whom longer time off medication would negatively impact patient safety. Clinicians should avoid a washout so briefly that the risk of REM sleep rebound is increased. Medication washout should ideally occur at a time that is least disruptive for patient's, responsibilities, and/or productivity. In some patients, it may not be possible to discontinue a medication given concerns such as potentially suicidal depression or other adverse outcomes. In addition, a patient may communicate a strong preference to not discontinue medications. The task force suggests that clinicians and patients work in collaboration to develop a plan for managing medications to minimize disruption to the patient's life and avoid unintended consequences such as withdrawal. All medications taken by the patient 24 hours before the MSLT should be listed on the test report to aid in interpretation of

SIERRA VISTA HOSPITAL

MSLT PROTOCOL

results. If there is a negative, consider repeat testing or alternatively test orexin levels if cataplexy is present.

Table 1 Medications that may interfere with sleep architecture (44)

Drug Class	Example Agents (44)
<u>Drug Class</u>	
Antihistamine sedating	Diphenhydramine, Doxylamine
Antipsychotic agents	Quetiapine
Antihypertensives²	Prazosin
Benzodiazepines/NBRAs	Flurazepam*, clonazepam, lorazepam, Zolpidem, Eszopiclone, Zaleplon
Dopamine agonists	Pramipexole, Rotigotine, Ropinirole
Lithium	Lithium
Melatonin Agonists	Ramelteon, Tasimelteon
Opioid Agonists	Morphine, Hydrocodone, Methadone, Fentanyl
Orexin/Hypocretin antagonists	Suvorexant
Sodium Oxidate	Sodium Oxidate
Steroids	Prednisone
Stimulants	Methylphenidates, Amphetamines
Wake-promoting agents	Armodafinil, Modafinil, Pitolisant Solriamfetol
Marijuana	Tetrahydrocannabinol

Tables includes commonly encountered medications or those requiring a prolonged washout period, but it is not a n exhaustive list. A 2-week washout is generally recommended.

*Medication agent with long half-lives and longer washout (up to 6 weeks) may be needed. CBG = cannabigerol, MAOIs – monoamine oxidase inhibitors, NBRAs = nonbenzodiazepine receptor agonists, SNRIs = serotonin noradrenergic reuptake inhibitors, SSRIs = selective serotonin reuptake agonists.

SIERRA VISTA HOSPITAL

MSLT PROTOCOL

Drugs and drug screening

Consideration should be given to drug screening as part of the MSLT protocol, because several recreational and illicit drugs can affect both sleep and wake/alertness (i.e., barbiturates, benzodiazepines, cannabinoids, cocaine, methadone, and opioids). The available evidence suggests that up to 33% of adult patients undergoing MSLTs have a positive drug screen. Moreover, one study found that 81% of the patients had not reported use of the detected substance. The cost of drug screening can be significant depending on the type of test used. If there is concern about unreported substances or noncompliance with washout, drug screening 1-2 days before the test may be considered to facilitate rescheduling of the MSLT or if onsite specimen collection is not possible. Methods of drug screening vary from urine tests utilizing immunoassay technology to urine or blood testing more advanced gas chromatography-mass spectroscopy techniques that can also test for prescription and over-the-counter products. After reviewing the literature, the task force concluded that drug screening may be indicated in adult patients depending on community and clinical circumstances. Use of marijuana warrants specific attention because an increasing number of patients are using medical and recreational marijuana because of legalization in several states. There is a limited but an evolving body of literature addressing the impact of marijuana on MSLT outcomes. Both acute and chronic tetrahydrocannabinol use have been reported to induce sleep. One of the most pertinent findings regarding marijuana use are that recent discontinuation can result in REM sleep rebound. Thus, similar to other medications that can affect sleep-wake and MSLT results, when a washout period is not possible, a stable dose and consistent use of marijuana for at least 2 weeks before the MSLT is recommended. Clinicians should be aware that tetrahydrocannabinol has a long half-life, so a 2-week washout may not be sufficient for a negative drug screen.

Caffeine

Caffeine use before testing is challenging because of the diversity of products, patterns of consumption, and carrying degree of tolerance/withdrawal symptoms. In addition, a recent study showed that in regular caffeine users, consumption of caffeine 13.5 hours before bedtime delayed both non-REM sleep and REM sleep latencies. (3.0) The observed caffeine effect was not detectable at 44.5 hours after caffeine withdrawal compared to placebo. The results suggest that a specific time frame for abstention is needed to eliminate caffeine effects. One approach is to request that all patients abstain on the days of the PSG and MSLT, but clinicians should determine whether certain patients should be tapered off caffeine over a longer period preceding testing.

MSLT Clinical guidance and patient preparation

1. In preparation, the clinician and the patient should define goals for adequate sleep at home with regard to timing and duration. Adequate sleep should be documented by sleep diary and, when available, actigraphy for 2 weeks before testing.
2. In patients who are undergoing an MSLT for persistent sleepiness despite treatment of a sleep disorder such as OSA, the MSLT should be conducted when the patient is clinically stable and when treatment for existing sleep disorders are well -established and effective. For patients with sleep-disordered breathing treated with PAP therapy, the clinician should ensure efficacy and adherence based on a review of downloaded data. If the patient is using non-PAP therapy for sleep-disordered breathing, then self-report of adequate use and

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MSLT PROTOCOL

efficacy of therapy should be confirmed before the MSLT. If adequate effectiveness is suboptimal, then the clinician should determine if the anticipated impact on the test results warrant rescheduling. The patient should use PAP and/or non-PAP therapy during PSG on the night before the MSLT.

3. The clinician should develop a plan regarding use of prescription medication, OTC agents, herbal remedies, and other substances. In general, medications with alerting, sedating, and/or REM-sleep-modulating properties should be stopped at least 2 weeks before the MSLT. Clinical judgement should be used regarding changes to medications that could impair patient safety. The patient should be instructed to consult with the clinician before starting any prescription or OTC medication before the test.
4. The clinician should discuss acceptable caffeine consumption with the patient before testing to avoid confounding the MSLT results while avoiding caffeine withdrawal symptoms on the day of the test. The goal should be abstinence, and when necessary, withdrawal should be preceded by a taper.

PROCEDURE

General Description:

- 1.0 The MSLT must be performed immediately following polysomnography recorded during the individual's major sleep period.
 - 1.1 The initial nap opportunity begins about one and a half to three hours after the patient has awakened from the all-night sleep study.
- 2.0 The use of MSLT to support a diagnosis of narcolepsy is suspect if total sleep time on the prior night sleep is less than six hours.
- 3.0 The test should not be performed after a split-night study (combination of diagnostic and therapeutic studies in a single night).
- 4.0 Sleep logs may be obtained for two weeks (must include two weekends) prior to the MSLT to assess sleep-wake schedules.
- 5.0 Throughout the day no caffeine or stimulant medications are permitted and unusual exposures to bright sunlight should be avoided.
- 6.0 Standardization of test conditions is critical for obtaining valid results. Sleep rooms should be dark and quiet during testing. Room temperature should be set for the patient's comfort level.
- 7.0 The MSLT consists of five nap opportunities given two hours apart.
 - 7.1 A shorter test of four naps may be performed, but the shorter test is not reliable for the diagnosis of narcolepsy unless at least two SOREMPs have occurred.
 - 7.2 Five nap opportunities must be performed for mean sleep latency if no SOREMPs or one SOREMP occurred in the first four naps.
- 8.0 Between naps the patient is kept out of bed and is visually monitored to ensure that no napping occurs. In each nap opportunity, the patient is told to try to fall asleep.

SIERRA VISTA HOSPITAL

MSLT PROTOCOL

- 9.0 The patient is given 20 minutes to fall asleep. If the patient falls asleep in 20 minutes or less, he or she is monitored for 15 minutes (clock time) from sleep onset before ending the test.
- 10.0 The MSLT is recorded with standard polysomnography using the following montage: REOG, LEOG, chin EMG, EEG (C3-A2 or C4-A1), EEG (O1-A2 O2-A1), EEG (F3-A2 F4-A1) and EKG
- 11.0 The mean sleep latency is determined across all naps. Sleep latency is defined as the time from lights out to the first epoch of any state of sleep scored according to the most recent version of the *AASM Scoring Manual*.
- 12.0 Sleep technologists who perform MSLT should be experienced in conducting the test.
- 13.0 Stimulants, stimulant-like medications, and REM suppressing medications should ideally be stopped two weeks before MSLT. Use of the patient's other usual medications should be thoughtfully planned by the sleep clinician before MSLT testing so that undesired influences by the stimulating or sedating properties of the medications are minimized. Drug screening may be indicated to ensure that sleepiness on the MSLT is not pharmacologically induced. Drug screening is usually performed on the morning of the MSLT, but its timing and the circumstances of the testing may be modified by the clinician.

Details of Procedure:

- 1.0 After completion of the polysomnograms, airflow, chest respiration belts, oximeters probe and leg EMG leads are removed.
- 2.0 After rising from the polysomnograms, the patient should dress in street clothes.
- 3.0 Prior to each nap, the patient should be asked if they need to use the bathroom or need comfort adjustments.
- 4.0 The patient is given a light breakfast at least one hour prior to the first nap opportunity, and a light lunch immediately after the end of the second nap opportunity.
- 5.0 The MSLT procedure should be explained to the patient.
- 6.0 Between naps the patient should be out of bed and should be under continuous visual monitoring by technicians to ensure that no napping occurs.
- 7.0 Patients are not allowed to consume caffeine during the day and should avoid exposure to bright sunlight.
- 8.0 The first page of the MSLT is labeled with the following information:
 - 8.1 Patient name
 - 8.2 Patient identification number
 - 8.3 MSLT
 - 8.4 Room number
 - 8.5 Date of test
 - 8.6 Patient date of birth
 - 8.7 Ordering physician

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MSLT PROTOCOL

8.8 Initials of technologist performing study

Montage for the MSLT:

Channel #	Parameter	Derivation	Sensitivity	Low Filter	High Filter
1	REOG	REOG/A1	7uv/mm	0.3	35
2	LEOG	LEOG/A1	7uv/mm	0.3	35
3	Chin EMG	Chin EMG	3uv/mm	10	100
4	EEG	C3/A2 C4/A1	7uv/mm	0.3	35
5	EEG	O2/A1 O1A2	7uv/mm	0.3	35
6	EEG	F3/A2 F4/A1	7uv/mm	0.3	35
7	EKG	EKG	variable	0.3	70

- 9.0** A 50-microvolt standard calibration is performed for all recording channels.
- 10.0** The electrodes are visually inspected for good adherence, and any loose electrodes are replaced.
- 11.0** An impedance check is performed, and any electrodes >10,000 ohms are replaced and rechecked.
- 12.0** Patient is placed in bed at naptime and equipment is plugged in.
- 13.0** Technologists start polygraph or computer and adjusts the tracings. When tracings are acceptable, technologist performs the following patient bio-calibrations:
- 13.1 Eyes open for 30 seconds
 - 13.2 Eyes closed for 30 seconds.
 - 13.3 Moving eyes only, look right.
 - 13.4 Moving eyes only, look left.
 - 13.5 Moving eyes only, look up.
 - 13.6 Moving eyes only, look down.
 - 13.7 Blink several times
 - 13.8 Swallow
 - 13.9 Grit teeth
- 14.0** Inform the patient that the nap has begun with the following statement: "Relax and let yourself fall asleep. I will let you know when the nap is over."

SIERRA VISTA HOSPITAL

MSLT PROTOCOL

- 15.0 Label the “lights out” page with the following information:
 - 15.1 Lights out and time
 - 15.2 Patient sleep position

- 16.0 Document any changes made in sensitivity or filter settings, as well as patient position and behavior during the study.

- 17.0 The test ends after 20 minutes if no sleep occurs. If sleep does occur, the test ends 15 minutes after the first 30 second epoch of scored sleep according to the criteria of the *AASM Scoring Manual*.

- 18.0 On the “lights on” page, label the following information:
 - 18.1 Lights on and time
 - 18.2 Post-test machine calibrations
 - 18.3 Standard 50-microvolt calibrations

- 19.0 Knock and enter patient’s room, disconnect jack box from head of bed and get patient out of bed. Inform the patient that he or she must stay out of bed and awake until the start of the next nap at approximately (time).

- 20.0 If there are at least two REM onsets, then a fifth nap does not have to be performed; however, this may lead to less precise mean sleep latency. Patients tested with nasal CPAP during the previous all-night sleep study are tested with CPAP during the naps, although air flow is not measured.

End of Study:

- 1.0 At the end of the last nap, turn off polygraph or exit computer.
- 2.0 Gently remove all sensors from the patient. Take care to avoid irritation of patient’s skin.
- 3.0 Carefully soak each electrode site with warm water until the electrode lifts away from the patient’s skin.
- 4.0 Ensure that all paste residue has been removed by using a wet washcloth on the skin and a fine- toothed comb through the hair after all electrodes have been removed.
- 5.0 When a patient is ready to leave, the technologist should recommend that the patient schedule a follow-up appointment with his or her physician to discuss the results of the study. Then discharge the patient from the facility.

After the Polysomnogram:

- 1.0 Carefully sort wires and group them together by lengths and application sites.
- 2.0 Remove any remaining tape, wash electrodes with soap and water, rinse and allow to soak in appropriate cleaning solution for a minimum of 2 minutes.
- 3.0 Inspect wires at this time to ensure their integrity.
- 4.0 Return any equipment and all cleaned and disinfected wires to the storage area for future use.

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MSLT PROTOCOL

General Cleanup Checklist:

- 1.0 Discard all used tape, collars, gauze, etc.
- 2.0 Return patient preparation kit to appropriate area.
- 3.0 Stock patient preparation kit as needed.
- 4.0 If CPAP and/or oxygen equipment was used, remove and empty humidifier, connecting tubing, nasal cannula, and any other equipment and place in designated "dirty equipment area" for cleaning and disinfecting.
- 5.0 Discard disposable equipment such as the nasal cannula or disposable oximeter probe.
- 6.0 Remove any lint from CPAP equipment filter.
- 7.0 Remove used linen and place in appropriate dirty linen container.
- 8.0 Leave patient suites in clean and orderly condition.

Scoring:

- 1.0 Sleep stage scoring is based on the *AASM Scoring Manual*. Sleep latency is determined from lights out to the first scored epoch of any stage of sleep. Stage R latency is scored from sleep onset to the first epoch of stage R.
- 2.0 MSLT latencies are based on the most current edition of the *International Classification of Sleep Disorders*.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: PATIENT MANAGEMENT
AND HOME TESTING

Review: 2024 TD 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

PURPOSE

This policy and procedure for a diagnostic out-of-center or home sleep test (OCST/HSAT/HSAT) assures appropriateness and consistency of testing according to the guidelines set forth by the American Academy of Sleep Medicine (AASM).

BACKGROUND:

1. The portability of data acquisition equipment allows for expanded access to polysomnographic evaluation of sleep apnea in some patients outside the sleep disorders center.
2. OCST/HSAT/HSAT has been shown to be equivalent to in-lab tests in selected patients.
3. OCST/HSAT/HSAT studies allow events occurring in a variety of physiological systems to be recorded simultaneously.
4. The diagnostic advantage of OCST/HSAT/HSAT is the ability to correlate specific changes or abnormalities of one physiological parameter with another.
5. Detailed clinical information about the patient's sleep related problem should be obtained prior to the patient being scheduled for OCST/HSAT/HSAT.
6. Registered sleep technologists with proper OCST/HSAT training will instruct the patient on required monitoring devices once the patient is scheduled for device pick up.

POLICY

Orders:

1. OCST/HSAT/HSAT studies are performed on patients to diagnose sleep apnea when ordered by a physician.
2. OCST/HSAT/HSAT studies require that specific criteria be met to insure the test is used for the appropriate persons and to diagnose Obstructive Sleep Apnea (OSA) only.
3. Our Board Certified Sleep Physician will review and approve each OCST/HSAT/HSAT referral to ensure that the minimal criteria is met.

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PROCEDURE: Patients who will be tested in the home or outside the Sleep Disorder Center will be introduced to all of the associated equipment during an appointment with one of the Sleep Disorder Technologists. Patients will receive a thorough explanation of purpose and functionality of home sleep testing equipment. The technologist will:

1. Perform patient education about purpose and function of OCST/HSAT/HSAT
2. Demonstrate, face-to-face, how to set up and use all the sensors associated with the equipment
3. Review instruction sheet with patient
4. Review emergency contact phone number information
5. Explains return process
6. Answer any questions the patient may have concerning OCST/HSAT/HSAT

Recording Methods:

1. Respiration (Airway and Respiratory Effort)
 - a. These channels are utilized to monitor respiration specifically for the detection of apneas and hypopneas.
 - b. The sensor for detection of airflow for identification of a hypopnea through a nasal air pressure transducer with or without square root transformation of the signal.
 - c. The sensor for detection of respiratory effort.

Blood Oxygenation

1. The diagnosis of Obstructive Sleep Apnea during an OCST/HSAT/HSAT sleep study requires the continuous monitoring and display of blood oxygen levels to provide crucial information about the severity of the respiratory dysfunction.
 - a. Pulse oximetry transmits two wavelengths of infrared light through a pulsatile vascular bed to measure arterial oxygen saturation.
 - b. Pulse oximetry is done utilizing a finger probe although other placements may be used depending on the situation.
 - c. Pulse oximetry does not reflect total gas exchange and therefore cannot detect changes in PaCO₂.

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Data Analysis, Interpretation and Reporting

Recorded data will be downloaded, scored, and prepared for interpretation within 2 business days following the return of the device to the sleep disorders center.

1. Interpretation of OCST/HSAT/HSAT Results
 - a. Individuals interpreting the Unattended studies should be qualified and be able to demonstrate minimal qualifications as outlined by the American Academy of Sleep Medicine (AASM)
 - b. Interpretation of the procedure will be completed within 4 business days of the completion of scoring.
 - c. Upon completion of interpretation, the OHI sleep specialist's Registered Medical Assistant will contact patient with OCST/HSAT results.
 - d. If patient tests positive for sleep apnea, options for treatment found on OCST/HSAT may include:
 - Referral to an AASM sleep center for a PAP titration or split night study
 - APAP home trial
 - Determination of an alternate to PAP therapy.
 - e. In center PSG must be recommended in cases where adequately performed OCST/HSAT does not establish the diagnosis of OSA in patients with a high pre-test probability.
 - f. The OHI sleep specialist will monitor patient's treatment or PAP therapy after the OCST/HSAT. There will be a follow up conducted no more than 12 weeks after treatment initiation. The patient's medical chart must contain documentation of the assessment, or written evidence of follow-up attempts to obtain PAP treatment assessment.

2. The results of the OCST/HSAT/HSAT sleep study will be presented in the form of a comprehensive but concise report that summarizes all data collected.

The following sections delineate the minimal information that will be included in the report:

1. **Patient identification** – The report should be labeled on each page with the patient's full name and dates of study. The report should also include the age of the patient and any ID numbers required for file retrieval.
2. **Patient history** – The report should contain sufficient history information to document the reason why the study was recommended.

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- a. Recording conditions – The report should document the exact periods of time the patient was monitored during the study.
- b. The physiological parameters actually recorded should be listed as well
- c. Respiratory characteristics – The report should summarize the results of the analysis of respiratory characteristics. Information should be provided concerning the number and index of apneas/hypopneas, the longest apneas/hypopneas and the lowest oxygen desaturation.

The results and recommendations associated with the Home Sleep test will be provided to the ordering physician for review and follow up.

Record Keeping/Security

1. Storage of recorded data should be in compliance with the polysomnographic recording equipment.
2. All PHI and physiological data is removed when downloading study to AirLink. Per Manufacture, there is no PHI transferred to the device.

EQUIPMENT

1. Equipment will be cleaned (**refer to Equipment Policy**) and prepared according to manufacturer's guidelines. Store device immediately following the download of recorded data in the area designated for Patient Care Devices, ready for the next patient.

EQUIPMENT SAFETY

1. Equipment and sensor use and maintenance should meet manufacturer standards. All equipment used for OCST/HSAT must be visually inspected and maintained, and those actions must be regularly logged and documented by a sleep technologist. Electronic equipment used in conducting OCST/HSAT must be tested for safety by a credentialed biomedical engineer or electrician at least annually.

INFECTION CONTROL

1. Sleep technologists must use universal precautions to prevent the spread of infectious disease. Frequent hand washing is essential for protection of both patient and technologist, and should be performed before and after all patient contact and after glove removal. The technologist must wear gloves when handling contaminated equipment.

EQUIPMENT DECONTAMINATION

1. All equipment and sensors that come into contact with the patient are

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handled as contaminated per sleep center policy and procedure. Clean and dirty equipment must be kept in distinct areas designated as "clean" or "dirty". All dirty equipment must be cleaned and disinfected after each use according to manufacturer guidelines. Single-use items must be discarded after each use. Adhesive residue must be removed from sensors and the device container should also be cleaned and disinfected.

2. Should any reusable items become contaminated or damaged, the item may need to be disposed of and replaced according to manufacturer's guidelines.
3. Disposable items will be discarded after each use and replaced with new items for the next patient.
4. Non-disposable items will be cleaned (refer to Equipment Policy).

Definitions:

- Obstructive Sleep Apnea (OSA)** – A condition in which five or more sleep disordered breathing events occur per hour of sleep and characterized by occlusion of the oropharyngeal airway with continued efforts to breath.
- Parasomnia** – A category of sleep disorders in which abnormal events occur during sleep such as sleep walking or talking; due to inappropriately timed activation of physiologic system.
- Polysomnography (PSG)** – the measurement and recording of variations in airflow and diaphragmatic activity during sleep; used in the diagnosis of sleep apnea.
- Apnea-Hypopnea Index (AHI)** – a calculation of the average number of incidents of hypopnea and apnea per hour of recorded time.
- Sleep Apnea** – repeated episodes of complete cessation of airflow for longer than 10 seconds; the events may be obstructive (due to upper airway closure), central (due to lack of ventilatory support), or mixed (having both a central and obstructive component).



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 5/20/2024

SUBJECT: OCST EQUIPMENT
POLICY

Review: 2024 TD 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

Purpose:

To provide guidelines for proper infection control and maintenance on OCST units and proper adherence to manufacturers guidelines.

Policy:

The following is required for all OCST units to maintain proper working order, infection control, security, and tracking.

Procedure:

Technologist will do the following:

The following is based on manufacturers' recommendations, federal/state regulations, and institutional standards.

1. Technologists will always exercise universal precautions.
2. Detach pulse oximeter from the device.
3. Replace protective caps onto the connectors for the nasal cannula and effort sensor.
4. Disposable items will be discarded after each used:
 - a. Batteries removed.
 - b. Nasal Cannula removed.
5. Non-disposable items will be cleaned using the following means:
 - a. Pulse Oximetry Probe – Wipe with PDI Sani Germicidal Cloth.
 - b. Respiratory Belt – Spray with Alcohol spray and air dry
 - c. Apnea Link Device – Wipe with PDI Sani Bleach Cloth.
 - d. If any **reusable items** become contaminated or damaged, the item may need to be disposed of and replaced according to manufacturer's guidelines.
6. Leave the cleaned parts to air dry, before placing back in bag.

Maintenance

Distributed To:
Revision Dates:
Policy #

Page 1 of 3

BQ 56

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1. Visual inspection of equipment is performed by a registered sleep technologist, before and after each patient's use, ensuring there are no broken or malfunctioning components. If servicing is required, the technologist will return it to vendor and enter information into equipment maintenance log.
2. If any reusable items become contaminated or damaged, the item should be disposed of and replaced according to manufacturer's guidelines.
3. Disposable items will be discarded after each use and replaced with new items for the next patient.
 - a. All devices include automatic offset correction. An annual calibration is not necessary.
 - b. Visual inspection of equipment is performed by a registered sleep technologist, before and after each patient's use, ensuring there are no broken or malfunctioning components. If servicing is required, technologist will return it to vendor and enter information onto equipment maintenance log.

Security

1. All PHI and physiological data are removed when downloading study to Airlink.
2. Per manufacturer, there is no PHI transferred to the device. The device serial number is linked to the patient record within the AirView software only. The AirView software is built to be compliant with HIPAA standards.

CPT Definitions and Guidelines.

1. The ResMed Apnea Link Air and meets all relevant 95806 CPT codes and is an FDA-cleared medical device that meets all American Academy of Sleep Medicine (AASM) and CMS guidelines for a Type III Home Sleep Device that measures four-channels, Type III HST (measures flow, respiratory effort and, with the addition of oximetry, includes pulse and oxygen saturation).

Equipment Tracking and Logging

1. All OCSTs are logged onto equipment maintenance log tracked daily with serial numbers, status of use, name, medical record number, DOB and patient pickup and return dates.

Storage and Packing

1. Storage of recorded data should follow polysomnographic recording equipment. The length of storage should be following the statutes of the state in which the facility resides.
2. All clean equipment is kept in an overhead locked cabinet. Clean and dirty OCSTs are labeled and kept separate from each other to avoid contamination; dirty units are kept in back area labeled "dirty". Patients come into lab for instructions on proper usage of testing equipment, and return OCST after testing is complete, therefore OCSTs are not shipped to patients.

OCST Failure Reporting

1. Failed equipment is tracked on a log as an issue arises. This log tracks serial number, status, reason it failed, and resolution of problem.

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2. Any units that failed during patient use are shipped back to the vendor for replacement, and the patient is retested.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory Original Policy Date: 5/20/2024

SUBJECT: ON-CALL POLICY FOR Review: 2024 TD 2025 _____ 2026 _____
HOME SLEEP TESTING Last Revised:

APPROVED BY: Francisco Ralls MD Manager: Toni Davis MBA, RRT

PURPOSE:

To outline the steps for On Call policy for Home Sleep Testing.

POLICY:

- The outlined procedures will be followed when a home testing patient calls after hours at the Sleep Center.

PROCEDURE:

1. On-Call procedure for Home Testing

- a. Home testing patients are provided the Sleep Center business phone number to call if they have any questions regarding the procedure for their home testing sleep study. Our business office hours are 8:00am to 5:00pm Monday – Friday. At those times an office staff member can answer non-clinical questions. If the patient needs clinical experience, if the clinical lead is in the office they will take the call or staff member will take a message and the clinical lead will return their within the same business day.
- b. If patients have questions after regular business hours, the phone rolls to the clinical leads cell phone. If the clinical lead is available, they will take the call or they will contact the patient within the hour of call or voicemail.
 - i. The clinical lead will document each home test on-call the next business day on the Home testing On-Call log. Documentation will consist of date, time, patient name, explanation of the issue and the resolution. The clinical lead will also document any necessary information in the patient’s medical record.
- c. The clinical lead will notify the Medical Director if necessary if medical advice is needed.

SIERRA VISTA HOSPITAL

2. *Quality Assurance*

- a. All on-call questions that were documented on the on-call log for home testing will be reviewed at the end of each quarter as part of the Quality Assurance Plan for Home testing to ensure all issues were resolved and measure improvements.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: **QUALITY ASSURANCE
PLAN FOR HOME
SLEEP TESTING**

Review: 2024 TD 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls, MD

Manager: Toni Davis MBA, RRT

PURPOSE:

To develop a program by which quality is monitored and areas of improvement can be identified. Such a program can also serve as an objective tool to measure staff performance and patient satisfaction.

POLICY:

- Quality assurance and quality improvement initiatives are an ongoing activity of each center
- Formal quality reports will be prepared quarterly under the direction of the Medical Director. The QA team will consist of the sleep lab manager, clinical lead, and scoring tech. The QA team will meet with the Medical Director to review these reports and prepare future directions.
- The QA team of the facility will have the responsibility of data collection and assimilation for target areas of monitoring
- Corporate tracking of quality will be performed to allow for inter-facility comparisons and system improvement initiatives
- Key areas for quality monitoring will be at a minimum:
 - Inter-Scoring reliability as per the scoring reliability procedure
 - On- Call log
 - Patient complaints
 - Turn-around time on scoring and physician interpretation of home test reports.
 - Other

NOTE: Several of the areas that will be monitored cannot be quantified due to quality issues and not quantity values.

PROCEDURE:

Inter-scorer reliability

- All technologists who score patient sleep records and the Medical Director will participate in this program.
- 200 epochs of recorded data selected by the Medical Director will be scored for scoring reliability.
- The scoring areas to be included will be
 - Desaturations
 - Respiratory events

Distributed To:
Revision Dates:
Policy #

Page 1 of 3

BQ 61

SIERRA VISTA HOSPITAL

- Respiratory events with a goal of **85%** agreement between all scorers in overall AHI and each specific event (ie. OSA, hyponea, CA, etc.).

- Reliability rates falling below the goals will serve as markers for areas that require more education and attention.
- In addition to a formal program, the lead technologist and the interpreting physician review the raw data of all records. Disparities in scoring interpretation will provide more immediate opportunities to improve precision amongst scorers.
- **On-Call log**
 - Home testing patients are provided the Sleep Center business phone number to call if they have any questions regarding the procedure for their home testing sleep study. Our business office hours are 8:00am to 5:00pm Monday – Friday. At those times an office staff member can answer non-clinical questions. If the patient needs clinical experience, if the clinical lead is in the office they will take the call or staff member will take a message and the clinical lead will return their call within the same business day.
 - If patients have questions after regular business hours, the phone rolls to the clinical leads cell phone. If the clinical lead is available, they will take the call or they will contact the patient within the hour of call or voicemail.
 - The clinical lead will document each home test on-call the next business day on the Home testing On-Call log. Documentation will consist of date, time, patient name, explanation of the issue and the resolution. The clinical lead will also document any necessary information in the patient's medical record.
 - The clinical lead will notify the Medical Director if necessary if medical advice is needed.
 - Clinical lead will keep a log of all incoming home testing calls after hours. This information will be brought to our Quarterly QA meetings to discuss improvements on findings.

NO THESHOLD MEASURE IS AVAILABLE FOR CORRECTIVE ACTION, ONLY PROPER DOCUMENTATION WILL BE AVAILABLE FOR EACH INFRACTION.

- **Turn-around times on home testing reports.**
 - Each quarter the scoring technician will calculate the average number of days it takes from scoring date to the physician interpretation date. Our goal is to stay in a range of 2 – 4 days turn-around time. If we are out of range, the QA team will document a plan of action to improve and discuss at the next quarterly meeting.
 - **TURN-AROUND TIME IS EXPECTED TO BE GREATER THAN 90% UNDER THE 4 DAYS, IF TURN-AROUND TIME FALLS BELOW 90% FOR THAT QUARTER THAN AN ACTION PLAN WILL BE IMPLEMENTED TO BRING THE TIME BACK TO 90%.**

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Patient complaints

- All patient complaints will be logged onto the patient complaint log daily. This log is kept inside the Home testing Tracking book located on the tech station bookshelf.
 - Date of the complaint
 - Patient name
 - Description of the complaint
 - Action taken
- These complaints will be reviewed at the next quarterly meeting to discuss improvements to the home testing procedure to increase patient satisfaction.

NO QUANTITATIVE MEASURE IS AVAILABLE FOR CORRECTIVE ACTION, ONLY PROPER DOCUMENTATION WILL BE AVAILABLE FOR EACH INFRACTION.

A comprehensive quarterly QA report will be formed each quarter with the expected quarter end months being March, June, September, and December of each year.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 12/11/2012

SUBJECT: Brain, Cranial, and
Maxillofacial Trauma

Review: **2024** SFA **2025** _____ **2026** _____

Last Revised: April 2024

APPROVED BY: Medical Staff
Governing Board

Manager: Sheila F. Adams, MSN, MHA

SCOPE:

Emergency Department Nursing Staff of Sierra Vista Hospital.

POLICY:

Patients presenting to the Emergency Department a head injury will have emergency medical screening, stabilization, treatment within the capacity of Sierra Vista Hospital Emergency Department per the recommendations of Trauma Nursing Core Course and transferred if appropriate.

DEFINITION(S):

Mild Traumatic Brain Injury

- GCS score of 13 to 15
- Brief (<30 minutes) loss of consciousness
- No change on neuroimaging studies

Moderate Traumatic Brain Injury

- GCS score of 9 to 12
- Wide variety of symptoms including alterations in consciousness, confusion, amnesia, and focal neurologic deficits
- May deteriorate to severe head injury over time

Severe Traumatic Brain Injury

- GCS score of 8 or less
- Significant alteration in consciousness
- Abnormal pupillary response
- Abnormal motor posturing

PROCEDURE:

Initial assessment will use the systematic approach to the nursing care of the trauma patient to include additional assessment/interventions listed below.

Airway and Alertness

- Rigid cervical collars may need to be adjusted to prevent increased ICP, increase venous outflow, and relieve pain and discomfort.
- Patient with out an alert response may have a brain injury
- Be prepared to assist with endotracheal intubation to maintain airway

Breathing and Ventilation

- Oxygen at 15 L/minute via a closely fitted mask attached to an oxygen reservoir

SIERRA VISTA HOSPITAL

- Oxygen to maintain a SpO₂ 94-98%
- Support ventilation using a bag-mask device with attached oxygen reservoir at 15 L/min, 10-15 ventilations/min unless otherwise ordered by the physic

Circulation and Control of Hemorrhage

- Avoid application of direct pressure to bleeding site over depressed skull fracture
- Avoid hypotension
 - Maintain hemodynamic stability while avoiding fluid overload
 - Vasopressors may be indicated
- Hypertonic saline solution (3%-5%) may be considered in maintaining normovolemia and normotension without infusing large volumes of fluid

Disability (Neurologic Status)

- Assess pupillary size and response to light
 - Unilaterally fixed and dilated pupil may indicate oculomotor nerve compression from increased intracranial pressure (ICP) and herniation syndrome
 - Bilaterally fixed and pinpoint pupils may indicate an injury of the pons or the effects of opioids
 - Moderately dilated pupil with sluggish response may be early sign of herniation syndrome
- Assess the Glasgow Coma Scale (Table 1.) **intubation is recommended for GCS less than 8

Exposure and Environmental Control

- Hypothermia and Shock can affect oxygenation of brain tissue
- Monitor patient's temperature

Resuscitation Adjuncts

- Obtain arterial blood gas
- Monitor end-tidal carbon dioxide (ETCO₂)

Interventions

- Appropriate positioning considers status of the cervical spine
 - Head of bed at 30°
 - If spine board in place it may be tilted in reverse Trendelenburg at 30°
 - Position head midline
- Administer medications as ordered by physician (may include)
 - Mannitol
 - Anticonvulsant
 - Antipyretics
 - Tetanus
- Maintain normothermia
 - Cooling blankets if hyperthermic not responsive to antipyretics
 - Prevent shivering by slowly lowering temperature
- Prepare for transfer to higher-level of care

SIERRA VISTA HOSPITAL

Reevaluation

- Candidate for transport to a higher-level trauma center
- Continuous monitoring of blood pressure
- Head CT if not obtained on presentation to the Emergency Department
- Laboratory studies
 - Coagulation studies
 - Blood alcohol
 - Urine toxicology screens
- ABG trending
- Frequent reassessment of vital signs and GCS
- Evaluation pain, nausea, vomiting
- Monitor for seizure activity
- Monitor for changes in motor or sensory functions

REFERENCE(S):

Brain, Cranial, and Maxillofacial Trauma. Trauma Nursing Core Course. 8th edition. Emergency Nurses Association. Pages 105-122.

SIERRA VISTA HOSPITAL

Table 1. Glasgow Coma Scale

Glasgow Coma Scale	
Eyes opening	
4 =	Spontaneous
3 =	To speech
2 =	To pain
1 =	None
Best verbal response	
4 =	Oriented
3 =	Confused conversation
2 =	Incomprehensible sounds
1 =	None
Best motor response	
6 =	Obeys commands
5 =	Localizes to pain
4 =	Withdrawal (normal flexion)
3 =	Abnormal flexion (decorticate)
2 =	Extension (decerebrate)
1 =	None



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 08/2012

SUBJECT: Deaths in the Emergency Department Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: 08/2018, 09/2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:
Emergency Department

PURPOSE:
To establish guidelines for reporting deaths occurring in the Emergency Department to Office of the Medical Investigator (OMI).

POLICY:
Each death meeting criteria according to New Mexica Administrative Code § 7.3.2.10, will be reported to the OMI following Sierra Vista Policy: Deaths reportable to OMI #280-03-007.

PROCEDURE:
Once the Emergency Department provider has pronounced death, the Emergency Department will notify Sierra County Dispatch at 575-894-711 and request OMI to contact the Emergency Department.
Deaths thought to be natural causes may not meet the requirements for reporting to OMI.

REFERENCE(S):
New Mexico Administrative Code. § 7.3.2.10 – Reporting Deaths. University of New Mexico, Office of the Medical Investigator. Reportable Deaths. Retrieved from <https://hsc.unm.edu/omi/about/faq/reportable.htm>

ASSOCIATED POLICIE(S):
Deaths Reportable to OMI #280-03-007
Decedent Care #280-01-0400



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 01/2006

SUBJECT: Timely Reporting of Critical Values Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: 08/2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:
SVH clinical areas.

PURPOSE:
The purpose of this policy is to assist in improvement of effectiveness of communication among caregivers related to reporting critical result of tests and diagnostic procedures in a timely manner.

POLICY:
Sierra Vista Hospital Laboratory and Imaging to report Critical Values to Providers or authorized “Agent” (RN or LPN) to ensure critical values are reported without delay to a Provider capable of taking immediate action in the care and treatment of the patient.

DEFINITIONS:
Critical result: test and diagnostic procedures falling significantly outside the normal range and may indicate a life-threatening situation.

- PROCEDURE:**
1. The Laboratory Department will report Critical Values within 15 minutes of confirmed report to a Provider or authorized “Agent” (RN or LPN). The nurse receiving the critical value will report to the provider as soon as possible, but no less than 60 minutes, taking and initiating any orders the doctor gives. The nurse then documents all events that have transpired.
 2. Imaging Critical Values once identified by the radiologist will be reported to the Provider or authorized “Agent” (RN or LPN). The authorized agent receiving the critical value will report to the provider as soon as possible, taking and initiating any orders the doctor gives. The nurse then documents all events that have transpired.

EVALUATION METHOD:
Critical values from laboratory and imaging will be audited on a monthly basis and reported quarterly to the Quality and Patient Safety Committed under National Patient Goals.

REFERENCE:
Critical Access Hospital: 2024 National Patient Safety Goals. NPSG.02.03.01. Retrieved from:
<https://www.jointcommission.org/standards/national-patient-safety-goals/critical-access-hospital-national-patient-safety-goals/>



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 08/2011

SUBJECT: Enema Administration Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: 09/2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:
Nursing Staff of Sierra Vista Hospital.

PURPOSE:
The purpose of this policy is to provide guidelines for enema administration.

POLICY:
It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* which is based best practices for bedside care.

PROCEDURE:
Enema administration will be implemented after a provider order using the guidelines in *Lippincott Nursing Procedures Ninth Edition, Enema Administration* pages 289-291.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE(S):
Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: August 2024

SUBJECT: Intravenous Access, Peripheral Review: 2024 SFA 2025 2026
Last Revised:

APPROVED BY: Nursing Leadership Council, Medical Staff, Governing Board Manager: Sheila F. Adams, MSN, MHA

SCOPE

Applies to all areas of Sierra Vista Hospital and Clinics.

PURPOSE

To provide guidelines for peripheral access for intravenous fluids, medications, blood, or as emergency access. To outline in documentation requirements for the IV site from the time of initiation until removal.

POLICY

It is the policy of the Sierra Vista Hospital that RNs, LPNs, and EMS, may perform IV cannulation, care, and maintenance in all areas of the hospital.

DEFINITIONS

Extravasation: Inadvertent administration of cytotoxic fluid surrounding tissue.

Infiltration: Inadvertent administration of fluid into the surrounding tissue.

Intravascular peripheral access: intravascular site obtained at the periphery (IV).

Patency Check: flush with 0.9% NaCl to assure that fluids can pass through the IV catheter into the vein.

Phlebitis: Inflammation of the intima of the vein producing redness, edema, pain, and increase in warmth at the site. May be chemical, mechanical, or bacterial in nature.

PROCEDURE

A. Insertion

- Verify provider order, review patient record, and verify patient using two patient identifiers, and explain the procedure to the patient.
- IV access is to be inserted on the most distal appropriate site of an upper extremity unless a provider orders to attempt access on a lower extremity. (this does not apply in an emergent situation including in the field, the emergency department in a life threatening situation or the nursing unit in the event of a code blue.) If a second attempt is required, pick a site above the original attempt.
- The site is to be cleaned using a chlorhexidine-based solution.
- Gather necessary supplies including personal protective equipment, short peripheral catheter, single-use tourniquet, chlorhexidine-based antiseptic pad, primed extension set,

SIERRA VISTA HOSPITAL

5-10-ml prefilled syringe of 0.9%NaCl, IV fluids, drip set and pump (if continuous fluids to be started).

- Perform hand hygiene.
- IV access will be initiated, using the smallest gauge appropriate, to administer the anticipated medications.
- Flush the access with 3-10 ml of 0.9% NaCl and cap the extension if continuous fluids will not be started.
- Secure IV catheter, cover with clear dressing and label the site with time, date, and initial of the individual performing the insertion.
- IV catheters placed in emergency situations (ex; Placed while in the field) outside the hospital should be changed within the next 24 hours of placement.
- Place a cap on any tubing that is not in use. All primary or secondary tubing that is not labeled or capped is to be discarded.

B. Assessment and Site Care

- Patency checks occur prior to access, every shift as a minimum.
- Flush at the completion of every medication administration excluding procedural sedation.
- In adult patients, IV site should be changed every 72-96 hours, or more frequently, based on individual patient needs.
- In pediatric patients, peripheral venous catheters can be left in place, if assessment of patient's IV site allows, until IV therapy is completed.
- Dressings should be changed or removed as needed.
- Label all IV tubing using the appropriate day of the week sticker.
- Tubing (primary and secondary) should be changed based on the nature of the medication being infused.

C. Removal

- Verify order to remove the IV catheter, confirm patient identity using two patient identifiers, and explain procedure to the patient
- Gather necessary supplies including personal protective equipment.
- Stop and remove any fluids.
- Inspect the skin at the insertion site, making note of any redness or swelling. Hold a gauze pad over the insertion site with one hand and gently pull the IV catheter from the vein.
- Maintain pressure on the site for at least 30 seconds or until any bleeding stops.

D. Special Considerations

- One nurse should make no more than two attempts at insertion, and total attempts should be limited to no more than four attempts. Unless a life-threatening situation exist, another option should be considered.
- Infiltration/phlebitis/redness/tenderness/warmth
 - Change IV to an unaffected extremity or above area of abnormality.
 - Elevate affected extremity
 - Apply intermitted warm soaks or cold compresses to site of injury as indicated.
 - Notify physician if symptoms are severe and/or temperature develops.
- Hematoma at insertion site

SIERRA VISTA HOSPITAL

- Change IV to unaffected extremity or above hematoma.
- Apply pressure dressing and cold soaks.
- Extravasation
 - Stop any medication and fluids running into the site.
 - Report to physician as soon as possible
 - Treat as ordered with appropriate antidote (based on fluid/ medication).
- Notify the House Supervisor of any infiltration, phlebitis, hematoma, extravasation and enter a risk report.

E. Documentation

- Insertion
 - Insertion site location
 - Site preparation
 - Type, length and gauge of the catheter inserted
 - Date, time, number of locations and attempts
 - Method of securing and dressing the catheter
 - Education provided to patient and family
 - Patient tolerance of placement
- Assessment and Site Care
 - Appearance of the site and extremity.
 - Presence of phlebitis. Infiltration or extravasation.
 - Patency of catheter.
 - Condition of dressing.
 - Fluid and tubing changes.
- Removal
 - Location of site
 - Date and time removed
 - Site and catheter condition after removal
 - Patient tolerance of removal
- Infiltration, Phlebitis, Hematoma, Extravasation
 - Date and time of assessment
 - Location of the site
 - Interventions
 - Notification to provider and House Supervisor
 - Any orders given by provider
 - Patient tolerance to any interventions

F. Patient/ Family and/ or Significant Other Teaching

- Purpose of IV placement, fluids, and or medications.
- Appropriate positioning of extremity to maintain IV stability.
- Conditions to report include swelling, redness, bleeding, leakage, and pain.
- Importance of keeping the IV site dry.

REFERENCE(S)

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023). Pgs. 492-501.

Distributed To: SVH Clinical Areas

Revision Dates:

Policy # 280-01-109

Page 3 of 3

BQ 73



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 08/2024

SUBJECT: Specimen Collection Review: 2024 SFA 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Medical Staff
Governing Board

Manager: Sheila F. Adams, MSN, MHA

SCOPE:

Nursing Staff of Sierra Vista Hospital.

PURPOSE:

The purpose of this policy is to provide guidance for specimen collection.

POLICY:

It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* which is based best practices for bedside care.

PROCEDURE:

Personal protective equipment must be used in all specimen collection to avoid exposure to blood and body fluids.

- **Blood Culture Specimen Collection** pages 75-77.
- **Cerebral Spinal Fluid** (handling) page 533.
- **Drug and Alcohol Specimen Collection** pages 242-244.
- **Sputum Collection** pages 781-783.
- **Stool Specimen Collection** pages 789-790.
- **Swab Specimen Collection** pages 805-808.
 - *Stool specimen collection* pages 789-791.
 - *Throat specimen collection* page 806.
 - *Nasopharyngeal specimen collection* pages 806-807.
 - *Wound specimen collection* page 807.
 - *External ear specimen collection* page 807.
 - *Eye specimen collection* page 807.
 - *Rectal swab specimen collection* page 807.
- **Urine Specimen Collection** pages 884-886.
 - *Clean-catch midstream specimen* page 884.
 - *Indwelling catheter specimen* page 884.
 - *Urostomy, ileal conduit or colon conduit specimen* page 884.
- **Venipuncture (for collection of blood specimen)** pages 890-893.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE(S):

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date:

SUBJECT: Safety Risks Unique to In-center Sleep Testing

Review: 2023 TD 2024 TD 2025 _____

Last Revised:

APPROVED BY:

Manager: Toni Davis MBA, RRT

SCOPE

This policy is applicable to both Sierra Vista Hospital (SVH) employees and contracted staff working in or with the Sleep Laboratory department.

POLICY

In recognition of the unique vulnerability of patients and staff in a sleep testing environment, SVH must have a procedure to minimize the risk for assault or allegations of inappropriate behavior during the attended sleep testing encounter.

PROCEDURE

1. SVH or any group contracted to conduct sleep testing procedures are to maintain use of continuous video monitoring in the patient bedrooms.
2. Video monitoring is to remain uninterrupted for the duration of patients' stay during sleep testing.
3. The video recording files are to be stored digitally and maintained for seven years.

REFERENCE(S)

AASM Facility Standards for Accreditation: Standard K-7



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date:

SUBJECT: Cardiopulmonary Medical
Emergency Drills

Review: 2023 TD 2024 TD 2025 _____

Last Revised:

APPROVED BY: Francisco Ralls, MD

Manager: Toni Davis MBA, RRT

SCOPE

This policy is applicable to any staff of the Sierra Vista Hospital (SVH) Sleep Laboratory department, the Cardiopulmonary department, and any staff that respond as part of the Rapid Response Team.

POLICY

At a minimum, SVH must conduct and document an annual cardiopulmonary emergency drills to evaluate and improve the Sleep Laboratory department staff's response to cardiopulmonary emergencies (AASM Standard I-3).

PROCEDURE

I. Plan the emergency drill:

1. A cardiopulmonary medical emergency drill should be performed at least annually.
2. Schedule a date and time for the practice drill.
3. Key individuals responsible for the coordination/facilitation of the drill must be assigned.
 - a. Facilitator identifies all the players in the drill.
 - i. Assign sleep technicians to sleep rooms for purposes of the drill:
 - Tech #1 is assigned to testing room 1-2
 - ii. One individual observer places a mannequin at the designated time in the designated sleep room.
 - iii. One individual is responsible for starting the clock and recording time points and responses (complete the checklist).
4. Determine the scenario that will be used for the drill.
 - a. Option 1—During a scheduled PSG an adult becomes unresponsive, vital signs absent, patient is in cardiac arrest.
 - b. Option 2—During split night study patient found in ventricular fibrillation.
5. Notify the sleep team that a drill may take place within a couple of weeks to allow them time to review the emergency protocols.
 - a. Do not disclose exact date or time.
 - b. Instruct the staff to respond to the drill as if it was a real emergency.
6. Assure equipment/supplies are available, including:
 - a. Clothed mannequin to represent the patient
 - b. Crash Cart Defibrillator
 - c. Stethoscope

SIERRA VISTA HOSPITAL

- d. EKG monitor
- e. CPR masks
- f. Oxygen
- g. Stop watch

II. Perform the drill:

1. Mannequin is placed in the designated sleep testing room.
2. Facilitator calls out "Patient unresponsive in cardiac arrest; call the Rapid Response Team".
3. Observer starts the time clock and fills out the checklist on the Cardiopulmonary Emergency Drill Evaluation Form, recording all the times at which each event occurs.

III. After the drill:

1. Discuss the drill with the sleep team to gain feedback from staff, and discuss/address any concerns.
2. Inform the team of the evaluation process.

IV. Evaluate the Drill:

1. What did the sleep team do right?
2. What could have been done better?

V. Provide a Summary of the Evaluation:

1. Areas that went well
2. Areas for improvement/recommendation
3. Schedule remediation if necessary
4. Decide if repeat drill will be necessary
5. Determine if all other applicable emergency procedures were followed
 - a. Contact procedures
 - b. Rapid Response Team procedures
 - c. Other patient monitored

REFERENCES

AASM Facility Standards for Accreditation: Standard I-3

Form:

Cardiopulmonary Emergency Drill Evaluation Form

Associated Policies:

Rapid Response Team Policy

Policy # 280-03-003 "Cardiopulmonary Resuscitation"



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory Original Policy Date:
SUBJECT: Hazardous Material Review: 2023 TD 2024 TD 2025 _____
 Management in Sleep Lab Last Revised:
APPROVED BY: Francisco Ralls, MD Manager: Toni Davis MBA, RRT

SCOPE

This policy is to be followed by all Sierra Vista Hospital (SVH) and contract personnel that operate in the sleep laboratory areas, including the sleep technician control room, and all patient sleep rooms, and the hallways between these rooms.

POLICY

Specific procedures for the use, storage and clean-up of any hazardous materials will be implemented to assure the safety of patients and staff.

DEFINITIONS

Safety Data Sheet (SDS): Formerly known as MSDS. These documents include information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

PROCEDURE

1. SDSs will be maintained for all hazardous materials used in the sleep facility and filed on the SDS database located at: <https://svhnm.sds.center/>. The information contained in these sheets will be used to respond to a spill or splash. The acquisition of new chemicals not previously stored at SVH will follow the procedure outlined in Policy # 655-03-001 "Hazardous Materials Plan, Management and Communication."
2. SVH will provide safety education and training on all chemicals used within the facility during orientation and as new chemicals are instituted.
3. All chemical substances should remain in their original containers appropriately labeled as hazardous material. Substances that may be transferred to another container must be appropriately labeled with a hazardous material label clearly visible.
4. All employees must be able to identify all chemicals that may be hazardous within the sleep study areas:
 - a) Reading the label.
 - b) Reviewing the information found on the SDS.
5. All incidents resulting from the use of hazardous materials are to be reported to the house supervisor immediately as well as the completion of a Confidential Report of Occurrence form within 24 hours of the related occurrence.

SIERRA VISTA HOSPITAL

6. Method of cleaning chemical spill or splash:
 - a) Isolate the spill.
 - b) Secure the area and remove patients.
 - c) Identify the material/chemical spilled.
 - d) Refer to the SDS for proper precautions, handling, cleaning, and disposal procedures.
 - e) Clean the spill/splash accordingly.
 - f) Report the spill/splash.
 - g) Dispose of material according to OSHA guidelines.
 - h) Complete all appropriate documentation forms: Confidential Report of Occurrence
7. The following is a list of *potential* hazardous material, that may be used in the sleep facility:
 - a) Disinfecting solutions: Ecolab A-456 and Ecolab Oxycide
 - b) Alcohol-based hand sanitizer
 - c) Sani-Wipes

REFERENCE

AASM Facility Standards for Accreditation: Standard K-2

Form:

F-852-03-004-1 "Confidential Report of Occurrence"

Associated Policies:

Policy # 655-03-001 "Hazardous Materials Plan, Management and Communication"



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date:

SUBJECT: Medical Emergency Plan

Review: 2023 TD 2024 TD 2025 _____

Last Revised:

APPROVED BY: Francisco Ralls, MD

Manager: Toni Davis MBA, RRT

SCOPE:

The processes outlined in this policy applies to the sleep laboratory technologists, as well as any additional staff who would respond in the Rapid Response Team Policy.

PURPOSE

Patients being monitored in Sierra Vista Hospital (SVH), particularly those with obstructive sleep apnea or pulmonary disease, are at risk for catastrophic cardiopulmonary events. The technologist must identify these events and take an appropriate course of action. The emergency medical procedures describe the appropriate action for a number of potentially lethal cardiopulmonary events. These procedures also address preferred actions for other emergency situations during which the safety of the patient and/or technologist may be at risk.

POLICY:

All personnel who interact with patients must be familiar with the emergency procedures and the location of emergency equipment (e.g., barrier mask for resuscitation, AED). All sleep personnel responsible for patient care will maintain a current certificate in basic life support, including cognitive and manikin skills training. All sleep personnel responsible for patient care will be able to identify conditions that trigger an emergency response. These emergency procedures will be followed in all medical emergencies. Sleep staff will err on the side of caution if in doubt, taking into account the medical and cardiopulmonary history of the patient.

PROCEDURE:

The following procedure will be followed as applicable to the number of technologists available.

General emergency procedure

1. If one technologist is on duty:
 - a) Call in an overhead page announcement requesting the Rapid Response Team using extension 500.
 - b) On the overhead page, provide the following information:
 - i. Location in the building where the patient is located.
 - ii. Nature of the emergency
 - c) Assess the patient, initiate CPR following the BLS guidelines (if applicable) and ensure patient safety until the Rapid Response Team arrives.

SIERRA VISTA HOSPITAL

- d) Once the emergency has been resolved, technologist will fill out a Confidential Report of Occurrence on the reporting software to document the event including procedures followed, actions taken, outcome and recommendations for improvement, if warranted.
2. If two technologists are on duty:
 - a) Technologist one:
 - i. Call for help and send second technologist to contact the Emergency Department to initialize a Rapid Response Team. Assess the patient, initiate CPR following the BLS guidelines (if applicable) and ensure patient safety until the Rapid Response Team arrives.
 - b) Technologist two:
 - i. Request a Rapid Response Team response by calling and overhead page on extension 500.
 - ii. On the overhead page, provide the following information:
 - Location in the building where the patient is located.
 - Nature of the emergency
 - iii. Monitor other patients in the sleep facility.
 - iv. Once ER personnel arrive, open the door and direct personnel to the emergency.
 - v. Continue to monitor other patients; complete the ongoing sleep services.
 - c) Once the emergency has been resolved, assist Technologist One in completing the Confidential Report of Occurrence.
 - d) Restock the emergency cart: e.g., medications or equipment used or oxygen supplies.

Neurological (seizure)

1. Assess the patient; if the patient is experiencing a seizure, position the patient on their side and protect the patient from injury.
2. Maintain a patent airway and monitor oxygen saturation levels, providing oxygen if necessary.
3. Monitor and keep track of EKG, rate, and rhythm and continue study.
4. Continue video and PSG recordings.
5. If patient has no history of seizure, request the Rapid Response Team through the overhead page system by dialing extension 500.
6. Observe and record:
 - a) Time and length of seizure
 - b) Type of movements (unilateral or bilateral)
 - c) Eye movements
 - d) Consciousness
7. Continue monitoring until the Rapid Response Team arrives.
8. Contact the facility director or on-call physician for further directions.
9. Document all data (including EEG data in the patient record).

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Stroke

1. Assess the patient for signs of a possible stroke:
 - a) Facial droop (have patient show teeth or smile)
 - b) Arm drift (patient closes eyes and extends both arms straight out, with palms up for 10 seconds)
 - c) Abnormal speech
 - d) Sudden numbness or weakness in face, arm or leg (especially one side of the body)
 - e) Sudden confusion
 - f) Sudden severe headache
2. Make an overhead page on extension 500 to request a Rapid Response Team response immediately.
3. On the page, inform responders of possible stroke and the patient's location.
4. Assess the patient using a stroke screening tool and give oxygen as needed.
5. Protect patient and support ABC's (airway, breathing, and circulation).
6. Transport the patient as quickly as possible.
7. Assess neurological status while the patient is being transported. Provide patient status/paperwork to the Rapid Response Team.

Psychiatric (suicidal ideation)

1. Assess the situation and determine if staff or patients are in immediate danger.
2. Activate the Active Response Team; call extension 500 to request a Rapid Response Team response on the overhead page.
3. Contact the facility director or on-call physician if patient has expressed threats of suicide or suicidal ideation.
4. Remain calm, listen attentively to the patient, and do not offer advice.
5. Keep the patient within view at all times.
6. Once the Rapid Response Team arrive, provide copies of all PHI to go with the patient, if possible.
7. Document all information related to the situation in the patient medical record.

Medical emergency during HSAT

1. Sleep technician instructing patient on application and use of device will instruct patient to contact 911 in the event of a medical emergency while using HSAT.

REFERENCES

AASM Facility Standards for Accreditation: Standard I-1

Associated Policies:

Rapid Response Team Policy



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 6/205/2024

SUBJECT: Oxygen Administration

Review: 2024 ____ 2025 ____ 2026 ____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY:

It is the policy of Sierra Vista Hospital to use explicit criteria for the application of nasal oxygen and procedures for titration of oxygen during sleep study records, under a written order from a sleep physician or advanced practitioner, assures appropriate and safe intervention. Oxygen administration is conducted under the guidelines of the Polysomnography Technologist Scope of Practice. Nasal oxygen may be administered during the night via nasal cannula or bleed-in adaptor (for use with CPAP/BiPAP) if the patient exhibits certain conditions.

PROCEDURE

1. SpO₂ is continuously monitored in all patients undergoing nocturnal polysomnography.
2. Initiating supplemental O₂ as a “new” therapy requires a physician’s/advanced practitioner’s order. Supplemental O₂ is not usually initiated as a “new “therapy for asymptomatic patients who desaturate during a diagnostic study to rule out sleep apnea.
3. Oxygen therapy, via nasal cannula, is not to exceed 5 lpm without a physician’s order, and shall not exceed 6 lpm per the Polysomnography Technologist’s Scope of Practice.
4. O₂ therapy utilized during a PAP titration study is delivered via a bleed-in adaptor or mask port.
5. If at any time a patient undergoing PSG demonstrated acute signs and symptoms suggestive of hypoxemia (dyspnea, orthopnea, cyanosis, cardiac arrhythmias) initiate the emergency protocol.

PATIENTS NOT ON SUPPLEMENTAL O₂

1. Baseline Study
 - 1.1 Obtain a SpO₂ with the patient awake and supine for 5 minutes. If the baseline SpO₂ is < 90% verify with a portable oximeter. Reapply SpO₂ sensor if the two readings do not correspond.
 - 1.2 If the baseline SpO₂ is greater than 88%, begin the study.
 - 1.3 If the SpO₂ remains below 80% for 5 or more minutes or below 70% for 2 minutes contact the Medical Director to receive an initiation and titration order.
 - 1.4 Apply O₂ at the prescribed liter flow via nasal cannula and titrate to achieve SpO₂ of greater than 90% in NREM and 88% in REM or as specified by ordering provider.
2. Split-night or Titration study
 - 2.1 Begin the study with the prescribed PAP pressure or titrate per protocol.
 - 2.2 If events are controlled by an adequate titration of CPAP/BiPAP and the SpO₂ is persistently less than 90% in NREM or 88% in REM, increase the CPAP to try to achieve SpO₂ greater than NREM 90% and REM 88%, If the patient is on BiPAP, increase the IPAP to achieve a SpO₂ of greater than NREM 90%, REM 88%.

Distributed To:
Revision Dates:
Policy #

BQ 83

SIERRA VISTA HOSPITAL

- 2.3 If the patient has problems tolerating the increase pressure on CPAP, switch to BiPAP and increase the IPAP to achieve a SpO₂ greater than 90% NREM and 88% REM. If patient is on BiPAP, increase the IPAP to achieve SpO₂ greater than 90% in NREM and 88% in REM.
- 2.4 If the above does not work, or if the patient cannot tolerate the increasing PAP pressures, call the Medical Director for an initiation and titration O₂ order.
- 2.5 Return to the PAP pressure and mode that eliminated the events, add prescribed O₂ and titrate to SpO₂ greater than 90% NREM and 88% REM.

PATIENTS ON NOCTURNAL OXYGEN

1. Baseline Study

- 1.1 Obtain a SpO₂ with the patient awake and supine for 5 minutes on room air.
- 1.2 If the baseline SpO₂ is greater than 88%, begin the study with the patient on room air. If the SpO₂ remains below 80% for 5 or more minutes, or below 70% for 2 minutes, contact the physician for a titration order.
- 1.3 During sleep, if the patient is having events and not desaturating enough to qualify for PAP, decrease the O₂ to obtain at least 3% desaturation and/or arousals with events. You may need to turn the O₂ off.

2. Titration Study or Split-night Study

- 2.1 Begin study with prescribed pressure and O₂ flow, if ordered.
- 2.2 If events are controlled by an adequate titration of CPAP/BiPAP and the SpO₂ is persistently less than 90% in NREM and 88% in REM, increase the CPAP to try and increase the SpO₂ of greater than 88%. If the patient is on BiPAP, increase the IPAP to a SpO₂ of greater than 90% in NREM and 88% in REM.
- 2.3 If the above does not work, or if the patient cannot tolerate the increasing pressures, call the Medical Director for an initiation and /or O₂ titration order.
- 2.4 Return to the PAP pressure(s) and mode that eliminated the events, add prescribed O₂ and titrate to a SpO₂ of 88%.

PATIENTS ON CONTINUOUS O₂

1. Baseline Study

- 1.1 Begin the patient on daytime prescribed liter flow of O₂ and obtain a SpO₂ with the patient awake and supine for 5 minutes.
- 1.2 If the SpO₂ is below 90% in NREM, call the physician for a titration order and titrate the patient to a SpO₂ of greater than 88% and begin the study.
- 1.3 During sleep, if the patient is having events and not desaturating enough to qualify for PAP, decrease the O₂ to obtain at least a 3% desaturation and/or arousals.

2. Titration Study

- 2.1 Begin the patient on the daytime prescribed liter flow of O₂ added to PAP via bleed-in adapter.
- 2.2 Titrate oxygen to maintain greater than or equal to 90% SpO₂ in NREM and greater than or equal to 88% in REM sleep, or as specified by ordering provider

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DEFINITIONS

Associated Policies:

Policy # 852-03-044 "Sierra Vista Hospital and Clinics Integrated Safety and Risk Management Plan"



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Sleep Laboratory

Original Policy Date: 5/20/2024

SUBJECT: Split Night Protocol

Review: 2024 TD 2025 _____ 2026 _____

Last Revised:

APPROVED BY: Francisco Ralls MD

Manager: Toni Davis MBA, RRT

POLICY

Diagnostic Polysomnograms (PSG) may demonstrate Obstructive Sleep Apnea (OSA). It is the policy of the Sleep Center to initiate Positive Airway Pressure (PAP) Therapy should a patient demonstrate specific sleep disorder breathing criteria, as detailed below.

SKILL LEVEL

All Sleep Disorders Center clinical personnel

SCOPE

Adult – For purposes of this policy, an adult is defined as a person aged 18 and above.
Adolescence – For purposes of this policy, a pediatric is defined as a person between the ages of 13 years and 17 years.

DEFINITION

CPAP: Continuous positive airway pressure. Treatment for sleep apnea syndrome, snoring, upper airway resistance syndrome, arousals and oxygen desaturations.

RESPIRATORY EVENT: A breathing period that meets the definition of an apnea or hypopnea event.

AHI: Apnea/Hypopnea Index, the total number of apneas plus hypopneas divided by total sleep time in minutes.

PROCEDURE

Action

- A. If, during a diagnostic polysomnogram, *with minimum of 120 minutes of sleep recording*, an adult patient presents a specific sleep disorder criteria, as detailed below, CPAP may be administered.

Responsibility

Polysomnographic Technician

SIERRA VISTA HOSPITAL

Polysomnographic
Technician

- B. If during the first two hours of recording, obstructive events are not seen with the patient on their side or in prone position, the technician must request the patient turn supine.
- C. During the first two hours of recording sleep, if the technologist notes significant sleep breathing that is suspect for meeting the criteria below, as appropriate, the technologist will score the respiratory events.
- D. If the patient has two hours or more of recorded sleep and meets the AHI requirement that is ordered by the Sleep Specialist, then the technologist will initiate PAP Therapy.
 - 1. Provider Ordered Split Night Protocol
 - a. If the patient meets the requirements outlined by the provider on the Sleep Study Order after two (2) hours of recorded sleep, Sleep Technologist can initiate PAP Therapy.
 - 2. Urgent Split Night Protocol
 - a. If the patient demonstrates greater than 20 (AHI > 20) after two (2) hours of recorded sleep, initiate PAP Therapy.
 - b. If the patient did not meet the criteria, document as to why there was insufficient documentation to initiate splitnight protocol
 - 3. CPAP and Bi-Level Titration should be conducted per the same titration algorithms as used for full night Titration, outlined in CPAP or Bi-Level Titration sections of the Policies per AASM criteria.
 - 4. A minimum of three (3) hours of titration time is required. If there is an additional Sleep Study that night, then the split can be started as late as 0200. The Technologist should use sound clinical judgement to determine if a Split Night Study and an additional study can be conducted without compromising patients safety and Study efficacy.
- E. A split night study should **NOT** be performed when/if the patient presents with snoring only, EEG arousals not caused by respiratory events, and/or limb movements (PLMS) not caused by respiratory event arousals.
- F. A Split Night Study **should not be performed on a Pediatric/ Adolescence Patient unless specifically ordered by a Sleep Specialist**

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ATTACHMENTS

None

DISTRIBUTION

None

REVISIONS

Statement of Rights as follows: "Hospital reserves the right unilaterally to revise, modify, review, rescind or alter the terms and conditions of this policy within the constraints of the law, by giving reasonable notice."

POLICY RESPONSIBILITY

Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea. JCSM Vol. 4, No. 2, 2008

DATE

Origination: May, 2024

Last Review: May, 2024



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 12/11/2012

SUBJECT: Actual or Suspected Drug Overdose Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: September 2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:

Emergency Department Nursing Staff of Sierra Vista Hospital.

PURPOSE:

The purpose of this policy is to outline the basic steps for a patient with a known or suspected overdose.

POLICY:

Patients presenting to the Emergency Department with an actual or suspected drug overdose will receive treatment within the capacity of Sierra Vista Hospital Emergency Department.

DEFINITION(S):

PROCEDURE:

Nursing staff will stabilize the patient within their scope of practice taking care to assure attention to primary life saving assessment and interventions. A,B,C assessment should start as soon as the patient presents.

Airway.

- Check gag/cough reflex
- Position Patient
- Clear/suction airway
- Be prepared for endotracheal intubation

Breathing

- Obtain arterial blood gases
- Assist with bag/mask device
- Give supplemental oxygen
- Be aware of potential
 - Ventilator failure
 - Hypoxia
 - Bronchospasm

Circulation

- Obtain blood pressure/pulse
- Monitor electrocardiogram
- Start 1-2 intravenous access
- Obtain routine bloodwork
- Monitor for cardiac abnormalities

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- Bradycardia/AV block
- Prolonged QRS interval
- Tachycardia
- Ventricular arrhythmias
- Hypotension
- Severe Hypertension

Altered Mental Status

- Recognize/treat hypoglycemia
- Monitor rectal temperature
- Consider organic causes
- Treat seizures
- Control agitation
- Monitor for other symptoms
 - Coma or Stupor
 - Hypothermia
 - Hyperthermia
 - Seizure
 - Agitation

Other Complications

- Check urine myoglobin
- Obtain allergy history
- Dystonia or rigidity
- Rhabdomyolysis
- Allergy or anaphylaxis

REFERENCE(S):

Olson, K.R. & Vohar, R, and Smollin, C.(2022). Emergency evaluation and treatment. *Poisoning & Drug Overdose, 8e*. McGrah Hill. <https://accessmedicine.mhmedical.com/content.aspx?Bookid=3195§ioned=266328077>



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department Original Policy Date: 12/11/2012

SUBJECT: Traumatic, Acute Injury Wound Review: **2024** SFA **2025** _____ **2026** _____
Care

Last Revised: 09/2024

APPROVED BY: Nursing Leadership
Council Manager: Sheila F. Adams, MSN, MHA
Medical Staff
Governing Board

SCOPE:

Sierra Vista Hospital patients in the Emergency Department.

DEFINITIONS:

Acute wound is an injury to the skin that occurs suddenly rather than over time.

Traumatic wounds include puncture wounds, abrasions, lacerations and amputations.

PURPOSE:

This policy is to provide guidelines for the care of traumatic, acute wounds.

POLICY:

It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* (in all nursing areas) and Trauma Nursing Core Course (Emergency Department) both are based best practices for patient care.

PROCEDURE:

Traumatic surface injury assessment will be completed following the guidelines outlined in TNCC. Nurses will also follow the guidelines found in Traumatic Wound Management, *Lippincott Nursing Procedures Ninth Edition* *Lippincott Nursing Procedures Ninth Edition* pages 865-867.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE:

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).

Surface and Burn Trauma. Trauma Nursing Core Course. 8th edition. Emergency Nurses Association. Pages 205-223.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 10/01/2024

SUBJECT: External Urinary Catheter Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: 09/2024

APPROVED BY: Nursing Leadership
 Council
 Medical Staff Manager: Sheila F. Adams, MSN, MHA
 Governing Board

SCOPE:

Sierra Vista Hospital patients in the Emergency Department, Medical Surgical Unit and Peri-Operative area.

DEFINITIONS:

External urinary catheter is a product that is attached to the genitalia or pubic area to collect urine.
Indwelling urinary catheter is a device placed through the urethra and left in the bladder secured by a retention balloon for collection of urine.

PURPOSE:

This policy is to outline when an external urinary catheter can be used and guidelines for use of an external urinary catheter.

POLICY:

Patients not meeting criteria for an indwelling urinary catheter may have an external urinary catheter placed if ordered by the provider. External urinary catheters should be considered as an alternative to an indwelling urethral catheter.

Appropriate use:

- Urinary incontinence without urinary retention
- Daily measurement of urine volume required to make medical decisions
- Promote restful sleep and reduce the risk for falls during night hours
- Bed rest order and difficulty using a bed pan or urinal

Precautions for Use:

- Uncooperative, agitated, combative or have other alternations in mental status
- Recent external urogenital tract surgery
- Stool incontinence

Inappropriate use:

- Patient is continent
- Urinary retention
- Trauma, open wounds, skin breakdown, or edema in the peri area
- Patient or family request as an alternative to using bedside commode, bedpan or urinal

The external urinary catheter should be removed during the day when working with physical therapy and occupational therapy.

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PROCEDURE:

Verify provider order and appropriateness of placement of the external urinary catheter. Follow the guidelines found in External Urine Collection Device Use, *Lippincott Nursing Procedures Ninth Edition Lippincott Nursing Procedures Ninth Edition* pages 324-326.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE:

External catheter use: Follow this decision tree. Infection Prevention. Medline. (2023).

Retrieved from: https://www.medline.com/wp-content/uploads/2023/08/PST_External-catheter-decision-tree_02_RGB.pdf

Guideline for Prevention of Catheter-Associated Urinary Infection. CDC Infection Control. (2009). Retrieved from: <https://www.cdc.gov/infection-control/hcp/cauti/summary-of-recommendations.html>

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).

Newman, DK. Indications: External Urinary Catheters. *URO TODAY*. (2020). Retrieved from: <https://www.urotoday.com/library-resources/bladder-health/120638-indications-external-urinary-catheters.html>



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 1996

SUBJECT: Nasogastric Decompression Review: 2024 SFA 2025 _____ 2026 _____

Last Revised: 08/2024

APPROVED BY: Medical Staff
Governing Board

Manager: Sheila F. Adams, MSN, MHA

SCOPE:
Nursing Staff of Sierra Vista Hospital.

PURPOSE:
The purpose of this policy is to provide guidance for the use of nasogastric decompression.

POLICY:
It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* which is based best practices for bedside care.

PROCEDURE:
Nasogastric decompression (gastric suction) will be implemented after a provider order following guidelines in the *Lippincott Nursing Procedures Ninth Edition*, pages 576-578. Review Special Considerations, Complications and Documentation on page 579.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE(S):
Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 1996

SUBJECT: Pressure Injury, Prevention and Care Review: **2024** SFA **2025** _____ **2026** _____
Last Revised: 09/2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:
Nursing Staff of Sierra Vista Hospital.

PURPOSE:
The purpose of this policy is to provide guidance in pressure prevention, care of pressure injuries, and documentation requirements

POLICY:
It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* which is based best practices for bedside care.

PROCEDURE:
Pressure injury prevention will be implemented for every patient admitted to the Emergency Department, Medical-Surgical Unit and Peri-Operative area following guidelines in the *Lippincott Nursing Procedures Ninth Edition*. All patients with pressure injure present on admission will have pictures taken for the medical record, documentation of the findings, notification to the provider to obtain orders for treatment. A total. skin assessment will be completed and documented no less than every 24 hours.

- Pressure Injury Prevention pages 696-628
- Special Considerations pages 698-699
- Wound Photography pages 911-912

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE(S):
Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: Nursing Administration Original Policy Date: 2017

SUBJECT: Pain Management, Assessment and Reassessment Review: 2024 SFA 2025 _____ 2026 _____
Last Revised: 09/2024

APPROVED BY: Medical Staff Manager: Sheila F. Adams, MSN, MHA
Governing Board

SCOPE:
Nursing Staff of Sierra Vista Hospital.

PURPOSE:
This policy is to provide guidance for pain management, assessment and reassessment.

POLICY:
It is the policy of Sierra Vista Hospital that Nursing procedures will be performed following the guidelines found in the *Lippincott Nursing Procedures Ninth Edition* which is based best practices for bedside care.

PROCEDURE:
Pain management will be implemented for every patient admitted to the Emergency Department, Medical-Surgical Unit and Peri-Operative area following guidelines in the *Lippincott Nursing Procedures Ninth Edition*, pages 626-628. Analgesics can only be administered by provider order.

The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

REFERENCE(S):
Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023).

SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD REPORT
 September 2024

- CRITICAL RECRUITMENT:**
- Registered Nurses – FT (Multiple)
 - Patient Access Reps – FT (Multiple)

- KEY VACANCIES:**
- Registered Nurses – FT (Multiple)
 - Certified Nurse Assistant (CNA) – FT
 - Medical Assistants – FT (Multiple)

- PEOPLE:**
Aug New Hires – 7
- FY25 Total - 71
- FT Cook-Aide (Dietary) – 1
 - FT Registered Nurse (Med/Surg) – 1
 - FT Registration Clerk (Business Office) – 1
 - FT Registered Nurse (ED) – 3
 - FT Psychiatrist (BH) – 1

- PRIORITY OF EFFORT:**
 Our priority of effort is integration of new employees.
- Human Resource Trends Snapshot:**
- 71 new or rehires to date
 - 66 terminations to date
 - 210 Monthly Avg Staff
- Turnover Rate Q1**
 Pending

- KEY INITIATIVES:**
- Behavioral Health Service Capability
 - Paid Internship Program HSHS (2nd Group)
 - Onboarding and beginning work
 - Political Outreach – Working closely with reps from the NM Dept. of Finance & Administration (Infrastructure Planning & Development Division) regarding funding for planned future capital improvements.
 - Legislative “Lunch and Chat” 8/23/2024

- **PEOPLE:**
- **Aug Terminations – 5**
- **FY25 Total - 66**
- Involuntary – 1
- PRN – IS Support Tech – Position Not Needed
- Voluntary – 4
- FT – Cook-Aide (Dietary) – No desire to work
- FT – Registration Team Lead – Took another job
- FT – Registration Clerk (Business Office) – 21.cft for college / needed to take a break

- FINANCIAL IMPACTS:**
- We continue to have success in recruiting and are monitoring impacts to budget.
 - Recent hires will expand capabilities and should result in positive flow of income from additional services.
- Respectfully Submitted,**
Lawrence “LJ” Baker Jr.
Chief Human Resources &
Strategic Initiatives Officer

- 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

September 17, 2024

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

28001 – Patient Transport Specialist – 1 full-time position (open date 9/9/2024)

The SVH Patient Transport Specialist helps patients by transporting them into, around, and out of the hospital setting. The Specialist serves as a primary contact person for patients and coordinates with the clinic, nurses, and other medical professionals to take patients to and from various locations for appointments, medical tests, and/or procedures. This can mean escorting patients with or without the use of wheelchairs or stretchers to safely transport them to/from a provider's office, a business office, radiology, or the laboratory.

95304 – Behavioral Health Technician – 1 full-time position (open date 9/6/2024)

SVH Behavioral Health Technicians work closely with a team of healthcare professionals, including psychiatrists, therapists, counselors, nurses, and other specialists. They assist Providers with supplying quality patient care to behavioral health patients in the Rural Health Clinic. These staff members are responsible for administering several critical tasks including patient observation, intake for appointments, and intervention as directed. Their scope of service includes both clinical and administrative activities. Behavioral Health Technicians contribute to a positive care experience by greeting patients in a friendly manner, facilitating timely appointments, and ensuring patients' understanding of follow-up treatment as required. Must be able to effectively communicate with patients, caregivers, family members, providers, and members of other SVH departments.

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.

74101 – Housekeeper – 1 full-time position (open date 7/26/2024) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the Housekeeping Supervisor.

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.

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.

07001 – Cook -Aide 1 full-time position (open date 08/28/2024) 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.

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.

95303 – Clinic LPN – 2 full-time positions - Provides direct and indirect patient care in the clinic 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. Maintains regulatory agency requirements, nursing and clinic policies, procedures and standards. Communicates with physicians and team members about changes in patient's clinical condition, including results of diagnostic studies and symptomatology.

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) – Fulltime 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 September 2024

Nursing Staff

Emergency Department RN, and Nursing Leadership Counsel are attending a 4-hour class to help assure that all understand the New Mexico Bridge Program that we will begin in our Emergency Department. This project is a state-funded initiative which is supporting our Emergency Department in establishing a Medication Assisted Treatment program for opioid use disorder.

Education and clinical training continue with our newest international nurses and our new hires.

SVH Certified Nursing Assistant Program

The New Mexico Department of Health has responded to our request for approval to begin a CNA program with a request for us to make slight changes to the Syllabus and resubmit. We are looking forward to the final decision now that we have resubmitted.

Sleep Laboratory

Volumes have begun to increase as Toni Davis works with Karen Fiato and Dr. Rauls to bring in patients who need evaluation for sleep apnea and sleep studies. Toni has also been spending time assuring that our population is aware of our ability to perform a sleep study with an order from an outside provider.

Surgery

The nursing staff are working in collaboration with Dr. Walker to make sure that we are exceeding all quality standards for endoscopy and surgical procedures. The key performance indicators are presented by Dr. Walker in Medical Staff Meetings.

Trauma Program

We have been notified that our survey will occur on October 22, 2024. We are excited to show the excellent treatment we provide for trauma patients at Sierra Vista Hospital Emergency Department.

Respectfully submitted,

Sheila F. Adams, MSN, MHA

CEO Report

Frank Corcoran

08/18/2024

1. **RHC Update/Provider Recruitment:** MMC & Dr. Sardar to begin leasing space 1 day a week and bring in their own scheduling and staffing for clinic. We are waiting for an FMV study from MMC before we begin. Dr Sardar is seeing patients in his office in Las Cruces.
2. **IT System Replacement** – Improved progress with Cerner, we still have some issues in the queue to be completed.
3. **NMHA Annual meeting** October 1st- 3rd.
4. **NM RUG-** We are leading a New Mexico Regional User Group with all Cerner Hospitals in NM to coordinate a group effort to maximize Cerner.
5. **Legislative Committee:** I participated in a Legislative Economic Development Committee meeting last week as part of a panel discussing Hospital Payor issues, HDAA, and plans to recruit and retain providers and Nursing staff.
6. **Ovation Leadership Conference: Save the Date-** 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. See attached Handout.
10. **Breast Cancer 5K-** Our annual 5K walk / run to support Breast Cancer will take place on Saturday October 12th at the Sierra Del Rio Country Club. Please register to support Breast Cancer in Sierra County.
11. **Fair-** We will be set up under the pavilion at the County Fair this year. Please stop by.

Healthcare Delivery & Access Act: A Rural Hospital Solution

July 19, 2024 (Updated 09.04.24)

When New Mexico's rural hospitals called for help, our entire state came together – hospitals statewide, the Governor's Office, the NM Health Care Authority and legislators from both sides of the aisle - to pass the 2024 Health Care Delivery and Access Act (HDAA).

New Mexico is at a pivotal moment as we struggle to address healthcare challenges facing our hardworking families especially access to when it comes to access to healthcare. Almost half of our residents are enrolled in Medicaid and, frankly, the Medicaid reimbursement rates that pay our doctors, nurses, and hospitals simply do not cover the costs of care. When costs aren't covered, our entire system faces tough decisions about cuts and closures, is hamstrung when it comes to recruiting and retaining doctors and nurses, and people don't get the care they need.

HDAA will help fix that for hospitals. The state law will assess a tax on hospitals—a larger tax on big hospitals—pool it, leverage those funds for a federal Medicaid match, then bring—about \$1.5 billion in total funding – back to New Mexico to provide additional reimbursement to our state's hospitals. Rural hospitals pay only 19% of the assessment and receive over 40% of the new funding.

There are a lot of good reasons why rural and urban hospitals unanimously championed and still support this law with the overwhelming, statewide support of our legislators. It's designed with access to care at its core.

- HDAA is an equity based, statewide solution that will improve healthcare access and quality for all New Mexicans.
- Larger hospitals pay more than smaller and rural hospitals. This redistributes funding for the good of all patients.
- HDAA does not rely on state funds or New Mexico taxpayers.
- To receive full funding, hospitals must demonstrate clinical quality results.
- Hospitals must spend at least three-quarters of net new HDAA funds in New Mexico to support local communities and jobs.
- With better funded hospitals we can bring in more doctors and nurses and better support those we have.

For example, Rehoboth McKinley Christian Hospital (Rehoboth) in Gallup, could receive up to \$18 million in disbursements after paying only \$1.9 million in tax assessments depending on how the hospital performs on tracked quality measures. And Sierra Vista Hospital in Truth or Consequences, could receive up to \$11 million after paying only \$923 thousand in tax assessments depending on quality measure performance.

This new funding does not backfill the amount underpaid for many years, but it does place rural hospitals on surer financial footing moving forward. New Mexico's rural hospitals plan to use these funds to improve access to care by supporting OB/Women's Health Services, creating a new employee retirement benefit, investing in new technology like 3-D mammography and prevention body scanners, hiring physician specialists like psychiatrists, cardiologists and gastroenterologists and support staff, expanding surgical capacity, and building space for outpatient mental health and substance treatment services, physical therapy and community wellness centers.

Word count: ABQJ 650, SFNM 600, LC 250 1

While you may have heard a new take, that HDAA will not benefit rural hospitals, that is not correct. The law is a good law and will have a positive impact on access to care across New Mexico. It is a significant benefit to patients and families in the rural and frontier areas of our state.

Program implementation is being worked on while we await federal approval. We look forward to realizing this equitable solution. We know HDAA will improve and enhance access to quality care for our patients.