



**SIERRA VISTA HOSPITAL
GOVERNING BOARD
REGULAR MEETING
Elephant Butte Lake RV
Resort Center
1-28-25**

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

High quality for every patient, every day.

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

January 28, 2025

12:00pm

**Elephant Butte Lake RV
Event Center**

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

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

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

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

TIME OF MEETING: 12:00pm

PURPOSE: Regular Meeting

COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member
Richard Holcomb, Member

CITY

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

EX-OFFICIO

Don Bates, CEO
Amanda Cardona, VCW
Janet Porter-Carrejo, City Manager, EB
Amber Vaughn, County Manager
Vacant, City Manager, TorC
Jim Paxon, JPC Chair

VILLAGE of WILLIAMSBURG

Cookie Johnson, Secretary

SUPPORT STAFF:

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

Ovation:

Erika Sundrud
David Perry

AGENDA ITEMS	PRESENTER	ACTION REQUIRED
1. Call to Order	Kathi Pape, Chairperson	
2. Pledge of Allegiance	Kathi Pape, Chairperson	
3. Roll Call	Jennifer Burns	Quorum Determination
4. Approval of Agenda	Kathi Pape, Chairperson	Amend/Action
“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”		
5. Approval of minutes	Kathi Pape, Chairperson	
A. January 9, 2025 Special Meeting		Amend/Action
B. November 26, 2024 Special Meeting		Amend/Action
C. November 20, 2024 Special Meeting		Amend/Action
D. November 12, 2024 GB & JPC Meeting		Amend/Action
6. Public Input – 3-minute limit		Information
7. Old Business- None	Kathi Pape, Chairperson	
8. New Business- None		
9. Finance Committee- Bruce Swingle, Chairperson		
A. November & December Financial Report	Ming Huang, CFO	Report/Action
B. Authorized Signature Bank Accounts	Ming Huang, CFO	Action
C. Resolution 25-100 Retirement Plan	Ming Huang, CFO	Action
10. Board Quality- Shawnee Williams, Chairperson		
A. Policy Review	Sheila Adams, CNO	Action
1. Infection Prevention Plan		
11. Administrative Reports		
A. Human Resources	LJ Baker, HR Director	Report
B. Nursing Services	Sheila Adams, CNO	Report
C. CEO Report	Don Bates, CEO	Report
D. Governing Board	Kathi Pape, Chairperson	Report

Motion to Close Meeting:

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

Order of business to be determined by Chairperson:

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

A. Privileges

Don Bates, CEO

RP Delegated Reappointments

Daniel Hankins MD

RP Delegated Initials

Fang Lu MD

Initials

Haywood Hall MD-ESS

Ryan Kronen MD-ESS

Cameron Peterson CRNA

Elizabeth Fulford, CRNA

Provisional to 2-Year

Jeffrey Joyce MD

Don L. Marketto MD

2-Year Reappointments

Roni Sharon MD-Arena Health

Chad Berryman MD-ESS

TERMS

Mia Austin, CRNA

Christina Cruz, PsyD

Lance Dell MD RP

Russ Savit MD RP

Patrick Kelly MD RP

Ranjana Verma, NP

Steven R. Hole MD

Frank Walker MD

B. Provider contract amendments

LJ Baker, HR

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. Quarterly Compliance Report

Zach Heard, Compliance

B. Ovation Report to Board

Erika Sundrud, Ovation

C. Annual Disclosure Regarding GPO

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

RP Delegated Reappointments

Daniel Hankins MD

RP Delegated Initials

Fang Lu MD

Initials

Haywood Hall MD-ESS

Ryan Kronen MD-ESS

Cameron Peterson CRNA

Elizabeth Fulford, CRNA

Provisional to 2-Year

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Mia Austin, CRNA

Christina Cruz, PsyD

Lance Dell MD RP

Russ Savit MD RP

Patrick Kelly MD RP

Ranjana Verma, NP

Steven R. Hole MD

Frank Walker MD

B. Provider Contract Amendments

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. Quarterly Compliance Report

Report

B. Ovation Report to Board

Report

C. Annual Disclosure Regarding GPO

Report

14. Other

Discussion

Next Regular Meeting- February 25, 2025 @ 12:00

15. Adjournment

Action

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

January 9, 2025

1:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met January 9, 2025, at 1:00 pm at Sierra Vista Hospital for a special meeting. Kathi Pape, Chairperson, called the meeting to order at 1:00.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present
Richard Holcomb, Member- Present by phone

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, Absent

VILLAGE OF WILLIAMSBURG

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

STAFF

Don Bates, CEO- Present
Lisa Boston, Interim Consultant- Present by phone

Quorum

Erika Sundrud, present by phone

There is a quorum.

4. Approval of Agenda

Kathi Pape, Chairperson

Serina Bartoo motioned approval of the agenda. Cookie Johnson seconded. Motion carried unanimously.

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

None

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

5. New Business

A. Extension of CT service/ maintenance contract - Don Bates, CEO, explained that our service agreement expired on December 31, 2024. We received two bids: one from our current vender, Phillips, and one from Health Trust, our GPO. Phillips' final quote was \$81,498.24, which is \$5,500 higher than Health Trust. Don's recommendation is to stay with Phillips. It's Phillips equipment, we know the engineers and their work quality.

Cookie Johnson motioned to approve the extension of the Phillips CT service agreement in the amount of \$81,499 annually. Greg D'Amour seconded. Motion carried unanimously.

6. Adjournment

Cookie Johnson motioned to adjourn. Greg D'Amour seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Chairperson

Date

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

November 26, 2024

1:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met November 26, 2024, at 1:00 pm at Sierra Vista Hospital for a special meeting. Kathi Pape, Chairperson, called the meeting to order at 1:07.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present
Richard Holcomb, Member- Present by phone

CITY OF T O R C

Bruce Swingle, Member – Present
Jesus Baray, Member- Present by phone
Greg D’Amour, Member- Present by phone

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

VILLAGE OF WILLIAMSBURG

Peggy “Cookie” Johnson, **Secretary** - Present

STAFF

Frank Corcoran, CEO- Present
Lisa Boston, Interim Consultant- Present by phone

Quorum

Erika Sundrud, present by phone

There is a quorum.

4. Approval of Agenda

Kathi Pape, Chairperson

Katharine Elverum motioned approval of the agenda. Cookie Johnson seconded. Motion carried unanimously.

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

None

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

5. Public Comment- SVH employee, Heather Johnson expressed her concerns regarding CEO, candidate number one. While she did not meet him personally, trusted co-workers shared their feelings with her. She did meet and had conversation with Don Bates. Overall, he is personable and a favorable choice for CEO. SVH employee, Donna Montoya, said that she was not impressed with CEO candidate number one. He seemed to be all about himself. Donna met with Don Bates for about 15 minutes and stated that he seemed down to earth and the better choice for our hospital. SVH employee, Evangaline Hernandez said that the first CEO candidate did not have the vision for our hospital. He did not have a vision of where we should be in the next five years. He spoke as though he wants to be the leader but not part of the team. He does not have the heart for our hospital. Evangaline did not meet Don Bates. SVH employee Kayla Sharpe reiterated what the others said. She did meet both candidates. What has been expressed here in this meeting is what most of our employees are saying.

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

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

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

Kathi Pape, Chairperson

A. CEO Candidates

Roll Call to Close Meeting:

Kathi Pape – Y

Shawnee Williams – Y

Katharine Elverum – Y

Richard Holcomb – Y

Bruce Swingle – Y

Jesus Baray – Y

Greg D'Amour – Y

Cookie Johnson – Y

Note: Serina Bartoo provided a letter to be read, in her absence, during closed session.

Note: Richard Holcomb left the meeting during closed session.

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

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

A. CEO Candidates

Kathi Pape stated that the recommendation from the CEO candidate interview committee is to offer Don Bates a contract for CEO. Salary has been discussed and agreed upon.

Bruce Swingle motioned to extend the CEO position offer to Don Bates at \$275,000 annually and the benefits package consistent with a contract. Cookie Johnson seconded. Bruce Swingle clarified that this is a two-year contract. Motion carried unanimously.

After the motion and the vote, Don Bates joined the meeting by Webex. Discussion was held regarding the estimated time of arrival in T or C. Lisa Boston stated that legal will go over the contract and then we'll get it to Don for his signature. The offer is contingent upon references, background check and the drug screen.

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

Kathi Pape thanked Lisa Boston and Erika Sundrud for the time they have invested in finding the CEO candidates. Both went above and beyond to facilitate filling the CEO position before Frank leaves in January.

8. Adjournment

Greg D'Amour motioned to adjourn. Cookie Johnson seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Chairperson

Date

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

November 20, 2024

1:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board of Sierra Vista Hospital met November 20, 2024, at 1:00 pm at Sierra Vista Hospital for a special meeting. Kathi Pape, Chairperson, called the meeting to order at 1:00.

2. Pledge of Allegiance

3. Roll Call

GOVERNING BOARD -----

SIERRA COUNTY

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

ELEPHANT BUTTE

Katharine Elverum, Member – Present by phone
Richard Holcomb, Member- Present

CITY OF T O R C

Bruce Swingle, Member – Present
Jesus Baray, Member- Present
Greg D’Amour, Member- Present by text

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

VILLAGE OF WILLIAMSBURG

Peggy “Cookie” Johnson, **Secretary** - Present

STAFF

Frank Corcoran, CEO- Present
Lisa Boston, Interim Consultant- Present by phone

There is a quorum.

4. Approval of Agenda

Kathi Pape, Chairperson

Cookie Johnson motioned approval of the agenda. Richard Holcomb seconded. Motion carried unanimously.

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

None

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

5. New Business

A. Extension of current CEO contract to January 3, 2025- Kathi Pape, Chair, explained that Frank Corcoran's current contract expires on December 3, 2024. An extension of the current contract is needed.

Cookie Johnson motioned to extend Frank Corcoran's contract to January 3, 2025. Jesus Baray seconded. Bruce Swingle added that we need to extend the contract to avoid a void of leadership during the transition to new CEO of the hospital. Motion carried unanimously.

Note: Greg D'Amour could hear the meeting, but we could not hear him. He sent a text to me affirming support for the motion.

6. Adjournment

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

Jennifer Burns, Recording Secretary

Date

Kathi Pape, Chairperson

Date

Sierra Vista Hospital
Governing Board and Joint Powers Commission Joint Meeting Minutes
November 12, 2024 @ 12:00pm

November 12, 2024

12:00pm

**Elephant Butte Lake RV Resort
Event Center**

1. The Governing Board and Joint Powers Commission of Sierra Vista Hospital met November 12, 2024, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular joint meeting. Kathi Pape, GB Chairperson, called the meeting to order at 12:09. Jim Paxon, JPC Chair called the meeting to order at 12:09.

2. Pledge of Allegiance

3. Roll Call

ATTENDEES:

JOINT POWERS COMMISSION

CITY OF ELEPHANT BUTTE

Phillip Mortensen, Mayor, **Vice Chair, P**
Kim Skinner, Member, **P by phone**
Cathy Harmon, Member, **P**
Janet Porter-Carrejo, Ex-O, **A**

CITY OF T O R C

Rolf Hechler, Member, **P**
Amanda Forister, Member, **A**
Ingo Hoepfner, Member, **P**
Angie Gonzales, City Manager, Ex,**A**

SIERRA COUNTY

Jim Paxon, **Chairperson, P**
Travis Day, Member, **P by phone**
Hank Hopkins, Member, **A**
Amber Vaughn, County Manager, Ex-O, **A**

VILLAGE OF WILLIAMSBURG

Cathy Luennenborg, Member, **A**
Magorie Powey, Member, **P**
Deb Stubblefield, Member, **P by phone**
Amanda Cardona, VCW, Ex-O, **P**

4. Roll Call

ATTENDEES:

GOVERNING BOARD

COUNTY

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

ELEPHANT BUTTE

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

CITY OF T O R C

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

EX-OFFICIO

Frank Corcoran, CEO, **P**

VILLAGE OF WILLIAMSBURG

Cookie Johnson, **Secretary, P**

SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES

SVH STAFF AND GUESTS: Sheila Adams, CNO. Ming Huang, CFO. Zach Heard, Operations. LI Baker, HR Director. Heather Johnson, HIM Manager. Lisa Boston, Interim Consultant, Erika Sundrud, Ovation. Dingus.

There is a quorum of JPC Members and a quorum of Governing Board Members.

5. Approval of Agenda

Frank Corcoran stated that agenda item 10-15-1(H) 2 C. Provider contract revision should be removed. The contracts are not ready for presentation.

Greg D'Amour motioned to approve the amended agenda for the Governing Board. Jesus Baray seconded. Motion carried unanimously.

Philip Mortensen motioned to approve the amended agenda for the JPC. Majie Powey seconded. Motion carried unanimously.

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

None for the Governing Board

None for the JPC

6. Approval of minutes

A. October 8, 2024 Governing Board Special Meeting

Richard Holcomb motioned to approve the October 8, 2024 minutes. Katharine Elverum seconded. Motion carried unanimously.

B. September 24, 2024 Governing Board Regular Meeting

Katharine Elverum motioned to approve the September 24, 2024 minutes. Cookie Johnson and Sabrina Bartoo abstained as they were not present. Bruce Swingle seconded. Motion carried unanimously.

C. August 8, 2024 JPC Regular Meeting

Majie Powey motioned to approve the August 8, 2024 JPC regular meeting minutes. Philip Mortensen seconded. Motion carried unanimously.

7. Public Input –

Ted K. addressed the boards asking that information about the hospital be shared on more than just Facebook. A piece in the newspaper would help those who don't use Facebook. In addition, many people leaving the ER department are reporting that their personal belongings are being lost. Billing issues continue. People are being charged copayments when they shouldn't be.

Dr. Walker addressed the boards stating that in October, we did more cases than any month previously. This is his last report as his contract has been terminated effective Thursday, November 7th. Dr. Walker asked the board for a letter that states his privileges are active and in good standing.

8. Old Business-

GB None

JPC None

9. New Business-

Governing Board- Kathi Pape, Chair

SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES

1. Recognition of EMS staff- Ashlee West and Brian Hamilton attended the meeting to represent the EMS department. Ashlee was recently awarded EMT of the year by the state of New Mexico and the EMS department received the EMS department of the year award by the state of New Mexico.

Kathi Pape also presented Bruce Swingle with a plaque acknowledging his leadership of the Governing Board from July 2022 to June 2024.

JPC- Jim Paxon, Chair, reiterated the accolades stated by the Governing Board and expressed his appreciation of their services to our County on behalf of the JPC.

10. Finance Committee- Bruce Swingle, Chairperson

A. September Financial report- Ming Huang, CFO, directed both boards to page FC6 of the packet. Days cash on hand at the end of September were 52 days which equals \$5,498,045. Accounts receivable net days were 60 and accounts payable days were 24. Net income in September was \$311,660 versus a budgeted loss of (\$323,507). Gross revenue was \$6,407,535 or \$1,087,960 more than the budget.

Patient days were 80, 33 less than August. Outpatient visits were 1,185, 107 more than August. RHC visits were 764, 108 less than August and ER visits were 728, 52 more than August.

Revenue deductions for September were \$3,386,374. Other operating revenue was \$290,006. Non-operating revenue was \$628,466 including \$375,000 from Senate Bill 161. Total expenses were \$3,232,358. Compared to budget, benefits were over budget by \$67,888 due to employee physicals (flu vaccines) and unemployment expenses. Other operating expenses include \$33,500 for Physician recruitment expenses.

EBITDA for September was \$714,912 versus a budget of \$89,416. Year to date EBITDA is \$676,731 versus a budget of \$274,208. The bond coverage ratio is 6% versus an expected ratio of 130%.

Bruce Swingle motioned based on the recommendation of the Finance Committee, approval of the September financial report. Cookie Johnson seconded. Greg D'Amour asked about AR. Frank stated that we currently have \$17,117,897 in gross accounts receivable. We usually collect about 45% of gross. The problems with Cerner and the billing system are being solved so that we can collect these funds. In the last three to four weeks, the claims that we sent out were received but we could not transfer the file to Cerner. This was just another kink in the system. Amplify is going after the other monies in AR.

Motion carried unanimously.

Rolf Hechler motioned to approve the September financial report as presented for the JPC. Ingo Hoepfner seconded. Motion carried unanimously.

11. Board Quality- Shawnee Williams, Chairperson

A. Policy Review-

1. Antimicrobial Stewardship Charter- Sheila Adams, CNO, this charter is our commitment to improving antibiotic use in our facility. There are seven core elements for antimicrobial stewardship, and they are explained in detail in this charter.

B. Appointment of Bettina Fitzgerald- Sheila Adams, CNO, stated that it has been over 24 months since the appointment of our Infection Control Authority. In September, Medical Staff approved Bettina Fitzgerald to run the infection prevention program, and we are asking the Board to approve this appointment as well.

Shawnee Williams motioned based on the recommendation of the Board Quality Committee approval of the Antimicrobial Stewardship Charter and the appointment of Bettina Fitzgerald. Cookie Johnson seconded. Motion carried unanimously.

12. Administrative Reports

SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES

A. Human Resources- LJ Baker, HR Director, reported that critical recruitment includes registered nurses and patient access representatives. We had seven new hires and eight terminations in September. The majority of the terminations were voluntary. Our priority of effort is staff retention. Our turnover rate for the first quarter was 3.2% and our goal is to stay below 4%.

Recent hires will expand capabilities and should result in positive flow of income from additional sources. We will begin training our own medical assistants and CNAs to support our medical staff.

Key initiatives include behavioral health program recruitment. We continue to work closely with representatives of the NM Department of finance and administration regarding funding for planned future capital improvements. We are working with the New Mexico Grant Administration to obtain funding for SVH strategic initiatives. We have seven students in the paid internship program with Hot Springs High School.

We currently have 10 contract staff and 26 travel staff.

B. Nursing Services- Sheila Adams, CNO. International staff are coming in slowly and working out well. We are trying to lower the contract nursing cost by converting to local contract or direct hire.

The SVH certified nursing assistant program has been approved and classes will open soon. The sleep laboratory just completed a successful survey and accreditation. Volume continues to grow. We are ready for our trauma survey. Our EMS program was awarded EMS service of the year from the state. Ashlee West was awarded EMT-1 of the year.

C. CEO Report- Frank Corcoran, CEO, reported that a behavioral health provider has given notice and is moving on which will leave us with two BHNPs and we continue to recruit LCSWs. For the RHC, we have been talking with Dr. Tahir from El Paso about part time work in the clinic and as hospitalist in MedSurg. The Cardiology department at MMC is looking at leasing office space in our clinic.

Sandy Garcia from Ovation and her team were on site to do the mock survey for TJC. We are waiting for the final findings. We always have room for improvement.

We experienced a power outage and lost generator power due to a circuit breaker. This closed the clinics, lab, CT, MRI and EMS were put on divert. Managers met for a post event debrief and future actions were discussed.

Issues with the IT system replacement are slowly being worked through. We have reached out to Presbyterian and Loveless to discuss partnering with EPIC.

We received a BCBS quality payment in the amount of \$152,000. The HDAA program has been reviewed by CMS who asked only one question about the quality side of the program. We expect CMS to make a final decision within the next five weeks.

A group of CEOs and CNOs met with the Lt. Governor last week to discuss nurse patient ratios. We are trying to kill this bill in the next session.

Congratulations again to our EMS. They are the pride of our county, now they are the pride of the state.

Telemedicine is set to expire December 31, 2024. We expect to hear from CMS soon regarding new rules and requirements if telemedicine is to continue.

D. Governing Board- Kathi Pape, Chairperson, reported that most of her report will be given in closed session.

E. JPC Report-

**SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES**

1. JPC selection of CEO Ad Hoc Members- Jim Paxon, Chairperson, explained the need for three members of the JPC to participate in the interview process on the CEO Ad Hoc committee. The members will meet with the Governing Board members and the CEO candidates in person over the next three to four weeks. Discussion was held regarding the agenda for the candidates and availability of JPC mayors and members. Ultimately, Jim Paxon, Philip Mortensen and Rolf Hechler were selected to represent the JPC.

Note: Jim Paxon motioned for the JPC to approve Jim Paxon, Philip Mortensen and Rolf Hechler to be appointed as the JPC CEO Ad Hoc Committee representatives. Kathy Harmon seconded. Motion carried unanimously. However, the agenda item did not call for action.

Motion to Close Meeting:

Governing Board-

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

JPC-

Philip Mortensen motioned to close the meeting. Kathy Harmon seconded.

13. 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 GB Chairperson:

Dingus/ FY24 Audit will be the first item of business to accommodate their schedule.

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

A. Privileges

Frank Corcoran, CEO

Initials:

Roi Altit, MD (Cardiology)

60-Day Temporary to Provisional:

Andres Diocares, MD

Provisional to 2-Year Appointment:

Nichelle A. Vigil, CNP

Matthew M. Peters, FNP (ESS)

2-Year Reappointments:

Karen L. Fiato, NP

Michael S. Stephens, MD (ESS)

Chandran Vedamanikam, MD

Omkar U. Vaidya, MD Arena Health

RP Delegated Reappointments:

Michael M. Hovsepian MD

Juan C. Mena, MD

Sarvenaz Pourjabbar, MD

**SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES**

Terms:

RP-Steve Nelson, MD term notice 09/12/2024

RP-Jay Tank, MD term notice 09/10/2024

RP-Phoebe Dann MD term notice 09/18/2024

- | | |
|--|---------------------|
| B. CEO GB Ad Hoc Committee Update | Kathi Pape, Chair |
| C. Provider contract revisions (tentative)
<i>Removed from agenda</i> | Frank Corcoran, CEO |
| D. Provider Personnel Issue | 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. FY24 Audit | Dingus |
| B. Quarterly Compliance Report | Zach Heard |
| C. Quarterly Quality Report | Lisa Boston |
| D. Ovation Management Contract/ 2 nd Amendment | Erika Sundrud |
| E. Ovation Report to Board | Erika Sundrud |

Roll Call to Close Meeting:

Governing Board-

Kathi Pape- Y	Katharine Elverum- Y	Jesus Baray- Y
Serina Bartoo- Y	Richard Holcomb- Y	Greg D'Amour- Y
Shawnee Williams- Y	Bruce Swingle- Y	Cookie Johnson- Y

JPC-

Philip Mortensen- Y	Rolf Hechler- Y	Travis Day- Y
Kim Skinner- Y	Ingo Hoepfner- Y	Majie Powey- Y
Kathy Harmon- Y	Jim Paxon- Y	Deb Stubblefield- Y

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

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

A. Privileges

Initials:

Roi Altit, MD (Cardiology)

60-Day Temporary to provisional:

Andres Diocares, MD

Provisional to 2-Year Apointment:

Nichelle A. Vigil, CNP

Matthew M. Peters, FNP (ESS)

SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES

2-Year Reappointments:

Karen L. Fiato, NP
Michael S. Stephens, MD (ESS)
Chandran Vedamanikam, MD
Omkar U. Vaidya, MD Arena Health

RP Delegated Reappointments:

Michael M. Hovsepian MD
Juan C. Mena, MD
Sarvenaz Pourjabbar, MD

Terms:

RP-Steve Nelson, MD term notice 09/12/2024
RP-Jay Tank, MD term notice 09/10/2024
RP-Phoebe Dann MD term notice 09/18/2024

Greg D'Amour motioned based on the recommendation of the Board Quality Committee, approval of all privileges as presented with the exception of Sarvenaz Pourjabbar. Pourjabbar is approved pending approval letter from RadPartners. Serina Bartoo seconded. Motion carried unanimously.

- B. CEO GB Ad Hoc Committee Update
No action required
- C. Provider contract revisions
Removed from agenda
- D. Provider Personnel Issue
No action required

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

- A. Risk Report
No action required

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

- A. FY24 Audit
No action
- B. Quarterly Compliance Report
No action required
- C. Quarterly Quality Report
No action required
- D. Ovation Management Contract/ 2nd Amendment
Cookie Johnson motioned approval of the Ovation Management Contract. Greg D'Amour seconded. Motion carried unanimously.
- E. Ovation Report to Board
No action required

**SIERRA VISTA HOSPITAL
GOVERNING BOARD AND JOINT POWERS COMMISSION JOINT MEETING MINUTES**

15. Other

Next Regular GB Meeting- January 28, 2025 @ 12:00

Next Regular Quarterly JPC meeting- TBD

16. Adjournment Governing Board

Serina Bartoo motioned to adjourn. Cookie Johnson seconded. Motion carried unanimously. (3:45)

17. Adjournment JPC

Kathy Harmon motioned to adjourn. Rolf Hechler seconded. Motion carried unanimously. (2:30)

Jennifer Burns, Recording Secretary

Date

Kathi Pape, GB Chairperson

Date

Jim Paxon, JPC Chairperson

Date



Financial Analysis

October 31st, 2024

Days Cash on Hand for October 2024 are 48 (\$5,101,131)

Accounts Receivable Net days are 58

Accounts Payable days are 23

Hospital Excess Revenue over Expense

The **Net Income** for the month of October was (\$857,630) vs. a Budget Income of (\$334,291).

Hospital Gross Revenue for October was \$6,068,566 or \$571,671 more than the budget. Patient Days were 108 – 28 more than September, Outpatient visits were 1,186 – 1 more than September. RHC visits were 831 – 67 more than September and ER visits were 714 – 14 less than September.

Revenue Deductions for October were \$3,698,425.

Other Operating Revenue was \$158,806.

Non-Operating Revenue was \$328,569, including \$125,000 for Senate Bill 161.

Hospital Operating Expenses for October were \$3,294,489. Compared to Budget, Benefits were under budget by \$77,134 because of the reimbursement of Unemployment Expenses. Contract Services contained the payment of \$48,431 to the architects of the new hospital. Other Operating Expenses include \$23,385 for nurse recruitment expenses.

EBITDA for October was (\$425,708) vs. a Budget of \$92,396. YTD EBITDA is \$249,655 vs. a Budget of \$366,604.

The Bond Coverage Ratio in October was -108% vs. an expected ratio of 130%.



Financial Analysis

November 30th, 2024

Days Cash on Hand for November 2024 are 41 (\$4,323,049)

Accounts Receivable Net days are 67

Accounts Payable days are 31

Hospital Excess Revenue over Expense

The **Net Income** for the month of November was (\$537,195) vs. a Budget Income of (\$323,507).

Hospital Gross Revenue for November was \$5,958,328 or \$638,753 more than the budget. Patient Days were 121 – 13 more than October, Outpatient visits were 1,104 – 82 less than October. RHC visits were 765 – 66 less than October and ER visits were 757 – 43 more than October.

Revenue Deductions for November were \$3,533,228.

Other Operating Revenue was \$203,291.

Non-Operating Revenue was \$296,805.

Hospital Operating Expenses for November were \$3,025,023. Compared to Budget, Repairs/Maintenance expenses are under budget due to a reclassification to capital equipment.

EBITDA for November was (\$96,051) vs. a Budget of \$89,416. YTD EBITDA is \$153,604 vs. a Budget of \$456,019.

The **Bond Coverage Ratio** in November was -129% vs. an expected ratio of 130%.



Financial Analysis

December 31st, 2024

Days Cash on Hand for December 2024 are 50 (\$5,131,298)

Accounts Receivable Net days are 54

Accounts Payable days are 35

Hospital Excess Revenue over Expense

The **Net Income** for the month of December was (\$518,878) vs. a Budget Income of (\$334,291).

Hospital Gross Revenue for December was \$5,742,437 or \$245,542 more than the budget. Patient Days were 137 – 16 more than November, Outpatient visits were 879 – 225 less than November. RHC visits were 658 – 107 less than November and ER visits were 782 – 25 more than November.

Revenue Deductions for December were \$3,297,809.

Other Operating Revenue was \$145,900.

Non-Operating Revenue was \$312,485.

Hospital Operating Expenses for December were \$2,973,480. Compared to Budget, Salaries expenses are under budget because of the reduction of accrued PTO liability of \$81,322.

EBITDA for December was (\$69,093) vs. a Budget of \$92,396. YTD EBITDA is \$84,511 vs. a Budget of \$548,415.

The **Bond Coverage Ratio** in December was -141% vs. an expected ratio of 130%.

**Sierra Vista Hospital
KEY STATISTICS
December 31, 2024**

Actual 12/31/24	Budget 12/31/24	MONTH			BENCHMARK RANGE		YEAR TO DATE					
		Variance to Budget	Prior Year 12/31/23	Variance to Prior Year	QHR 75th	QHR 50th	Actual 12/31/24	Budget 12/31/24	Variance to Budget	Prior Year 12/31/23	Variance to Prior Year	
DESCRIPTION												
Growth												
						6%	5%	0%				
						Net Patient Revenue Growth Rate						
						Admissions						
30	29	1	28	2		453	262	163	174	(11)	147	16
5	3	2	4	1		51	37	21	18	3	16	5
35	32	3	32	3		Total Admissions						
3.9	3.2	0.7	3.7	0.3		3.3	4.0	3.7	3.2	0	3.3	0.43
137	102	35	117	20		Patient Days (acute and swing)						
879	986	(107)	1,131	(252)		27,429	15,814	6,469	5,916	553	6,000	469
658	880	(222)	841	(183)		Rural Health Clinic Visits						
782	705	77	701	81		5,226	4,041	4,383	4,230	153	4,215	168
4%	4%	-0.3%	4%	0%		ER Visits Conversion to Acute Admissions						
						10%	6%	4%	4%	0%	3%	0%
Surgery Cases												
-	-	-	-	-		Inpatient Surgery Cases						
-	15	(15)	16	(16)		131	63	-	-	-	4	(4)
-	15	(15)	16	(16)		Outpatient Surgery Cases						
						767	389	94	60	34	102	(8)
						Total Surgeries						
						897	451	94	60	34	106	(12)
Profitability												
-2%	15%	-17%	5%	-8%		EBITDA % Net Rev						
-18%	15%	-33%	-8%	-10%		Operating Margin %						
57%	46%	11%	54%	4%		Rev Ded % Net Rev						
13%	2%	11%	11%	2%		Bad Debt % Net Pt Rev						
96%			92%			Outpatient Revenue %						
\$ 6,563			\$ 14,019	(\$7,456)		Gross Patient Revenue/Adjusted Admission						
\$ 2,795			\$ 6,462	(\$3,667)		Net Patient Revenue/Adjusted Admission						
43%	40%	3%	40%	3%		Salaries % Net Pt Rev						
7%	7%	0%	7%	1%		Benefits % Net Pt Rev						
10%	8%	2%	7%	2%		Supplies % Net Pt Rev						
Cash and Liquidity												
50						236	106	50			98	(48)
85						A/R Days (Gross)						
54						47	57	85			49	36
35						A/R Days (Net)						
35						41	53	54			33	21
3.7						Days in AP						
						30	35	35			27	8
						Current Ratio						
						4.3	2.6	3.7			4.8	(1.2)

Sierra Vista Hospital
 STATISTICS by Month
 December 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							30	33	31	24	25	20
Swing							5	3	2	2	4	5
Total Admissions	-	-	-	-	-	-	35	36	33	26	29	25
ALOS (acute and swing)	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.9	3.4	3.3	3.1	3.9	4.8
Patient Days (acute and swing)							137	121	108	80	113	119
Outpatient Visits							879	1,104	1,186	1,185	1,078	1,037
Rural Health Clinic Visits							658	765	831	764	872	786
ER Visits							782	757	714	728	676	726
ER Visits Conversion to Acute Admissions	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4%	4%	4%	3%	4%	3%
Surgery Cases												
Inpatient Surgery Cases							-	-	-	-	-	-
Outpatient Surgery Cases							-	5	33	17	22	17
Total Surgeries	-	-	-	-	-	-	-	5	33	17	22	17
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-2%	-3%	-15%	18%	-1%	-1%
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-18%	-18%	-30%	8%	-15%	-14%
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	57%	59%	61%	53%	58%	58%
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	13%	11%	9%	5%	10%	9%
Outpatient Revenue %							96%	97%	97%	98%	97%	97%
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 6,563	\$ 4,965	\$ 5,517	\$ 4,929	\$ 6,328	\$ 7,676
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$ 2,795	\$ 2,024	\$ 2,162	\$ 2,330	\$ 2,633	\$ 3,209
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	43%	48%	53%	38%	44%	43%
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	7%	9%	6%	9%	9%	8%
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10%	9%	9%	8%	8%	8%
Cash and Liquidity												
Days Cash on Hand	-	-	-	-	-	-	50	41	48	52	56	55
A/R Days (Gross)	-	-	-	-	-	-	85	94	82	81	73	71
A/R Days (Net)	-	-	-	-	-	-	54	67	58	60	57	58
Days In AP	-	-	-	-	-	-	35	31	23	24	22	27
Current Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.7	3.7	4.4	4.7	5.0	4.9

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

Description	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	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024
Admissions												
Acute	30	33	31	24	25	20	30	21	22	18	20	30
Swing	5	3	2	2	4	5	3	5	2	4	3	4
Total Admissions	35	36	33	26	29	25	33	26	24	22	23	34
ALOS (acute and swing)	3.9	3.4	3.3	3.1	3.9	4.8	5.3	4.8	3.0	5.3	6.2	3.6
Patient Days (acute and swing)	137	121	108	80	113	119	175	126	73	116	142	122
Outpatient Visits	879	1,104	1,186	1,185	1,078	1,037	931	1,031	1,082	946	969	874
Rural Health Clinic Visits	658	765	831	764	872	786	867	855	872	707	814	842
ER Visits	782	757	714	728	676	726	703	780	693	667	670	728
ER Visits Conversion to Acute Admissions	4%	4%	4%	3%	4%	3%	4%	3%	3%	3%	3%	4%
Surgery Cases												
Inpatient Surgery Cases	-	-	-	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	-	5	33	17	22	17	-	22	11	3	9	17
Total Surgeries	-	5	33	17	22	17	-	22	11	3	9	17
Profitability												
EBITDA % Net Rev	-2%	-3%	-15%	18%	-1%	-1%	-2%	11%	-2%	-2%	-32%	-2%
Operating Margin %	-18%	-18%	-30%	8%	-15%	-14%	-16.3%	-0.9%	-15.5%	-16.5%	-50%	-16%
Rev Ded % Net Rev	57%	59%	61%	53%	58%	58%	57%	56%	58%	51%	60%	55%
Bad Debt % Net Pt Rev	13%	11%	9%	5%	10%	9%	11.1%	9.5%	11.7%	5.0%	14%	9%
Outpatient Revenue %	96%	97%	97%	98%	97%	97%	88%	89%	91%	90%	90%	92%
Gross Patient Revenue/Adjusted Admission	\$ 6,563	\$ 4,965	\$ 5,517	\$ 4,929	\$ 6,328	\$ 7,676	\$ 20,880	\$ 28,268	\$ 20,238	\$ 23,889	\$ 18,262	\$ 13,032
Net Patient Revenue/Adjusted Admission	\$ 2,795	\$ 2,024	\$ 2,162	\$ 2,330	\$ 2,633	\$ 3,209	\$ 9,052	\$ 12,323	\$ 8,558	\$ 11,638	\$ 7,283	\$ 5,918
Salaries % Net Pt Rev	43%	48%	53%	38%	44%	43%	43%	40%	46%	43%	62%	44%
Benefits % Net Pt Rev	7%	9%	6%	9%	9%	8%	8%	7%	12%	8%	11%	7%
Supplies % Net Pt Rev	10%	9%	9%	8%	8%	8%	9%	7%	11%	4%	6%	8%
Cash and Liquidity												
Days Cash on Hand	50	41	48	52	56	55	62	68	75	82	90	97
A/R Days (Gross)	85	94	82	81	73	71	82	86	77	72	52	48
A/R Days (Net)	54	67	58	60	57	58	65	68	59	53	32	31
Days in AP	35	31	23	24	22	27	29	28	33	30	23	28
Current Ratio	3.7	3.7	4.4	4.7	5.0	4.9	3.8	3.6	3.5	4.0	4.4	4.4

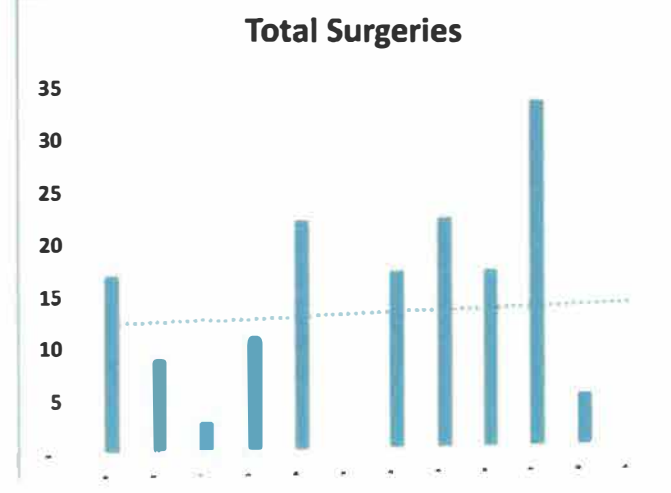
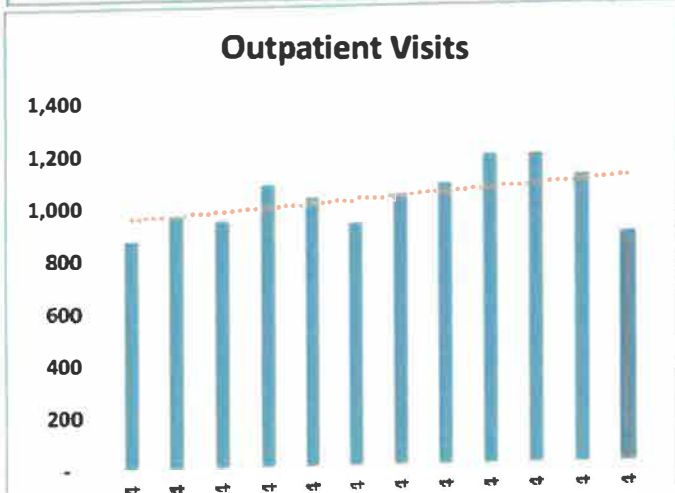
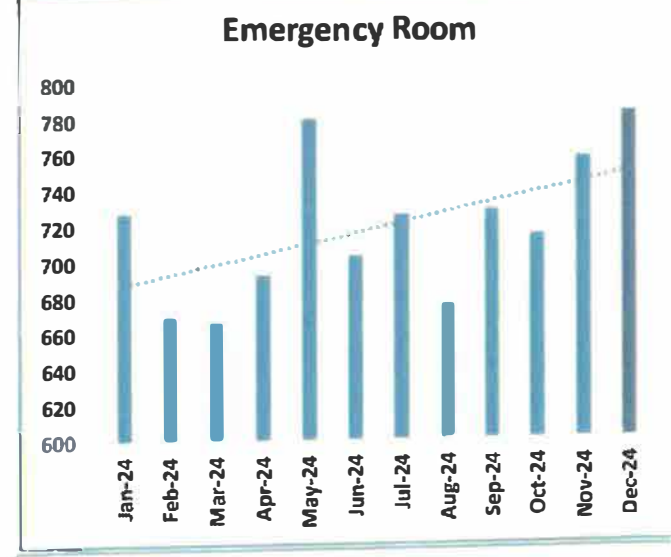
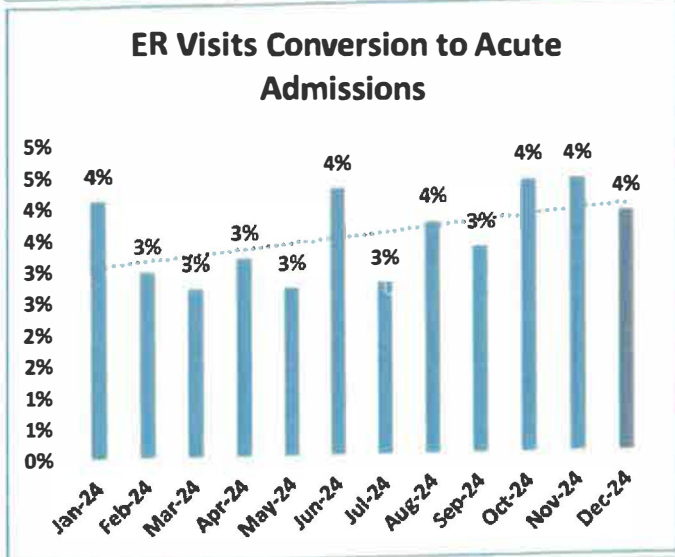
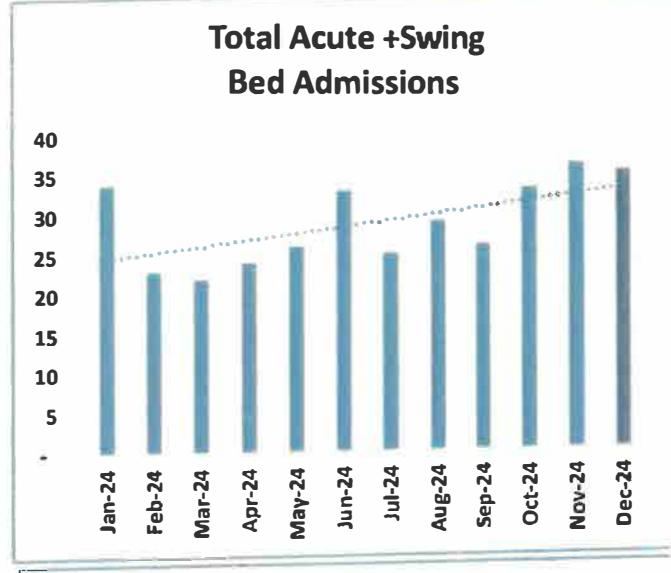
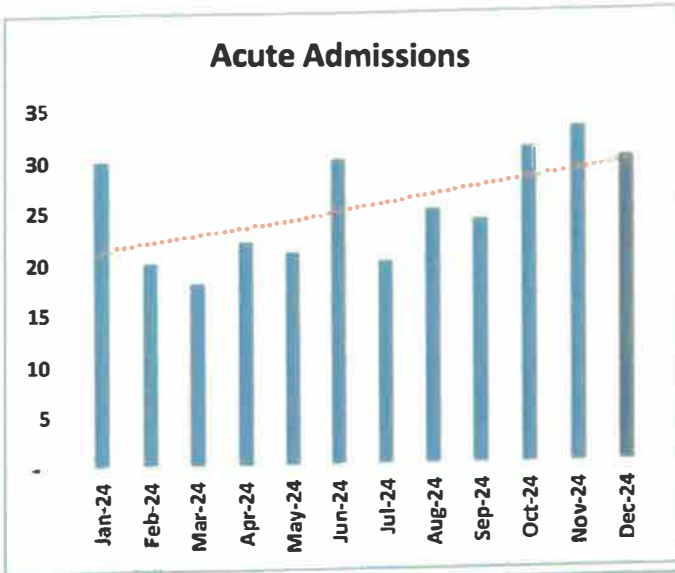
Sierra Vista Hospital
Detailed Stats by Month
12/31/2024
(SUBJECT TO AUDIT)

	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
Description														
Total Acute Patient Days	528	88							106	96	91	70	89	76
Total Swingbed Patient Days	150	25							31	25	17	10	24	43
Total Acute Hours (based on Disch Hrs)	12,964	2,161							2,843	2,298	2,187	1,680	2,136	1,820
TOTAL ACUTE														
Patient Days	528	88							106	96	91	70	89	76
Admits	163	27							30	33	31	24	25	20
Discharges	182	30							34	33	48	22	23	22
Discharge Hours	12,964	2,161							2,843	2,298	2,187	1,680	2,136	1,820
Avg LOS	2.9	2.9	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.1	2.9	1.9	3.2	3.9	3.5
Medicare Acute														
Patient Days	375	63							59	81	47	46	78	64
Admits	107	18							14	26	15	15	21	16
Discharges	109	18							17	26	16	13	19	18
Discharge Hours	9,007	1,501							1,424	1,945	1,125	1,104	1,872	1,537
Avg LOS	3.4	3.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.5	3.1	2.9	3.5	4.1	3.6
SWING - ALL (Medicare/Other)														
Patient Days	150	25							31	25	17	10	24	43
Admits	21	4							5	3	2	2	4	5
Discharges	16	3							4	3	2	2	3	2
Discharge Hours	3,587	598							746	602	402	230	576	1,031
Avg LOS	9.4	9.4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	7.8	8.3	8.5	5.0	8.0	21.5
Observations														
Patient Days	128	21							40	22	13	20	11	22
Admits	74	12							19	13	9	14	7	12
Discharge Hours	3,062	510							958	519	307	480	273	525
Emergency Room														
Total ER Patients	4,383	731							782	757	714	728	676	726
Admitted	80	13							15	20	15	11	7	12
Transferred	483	81							74	89	73	88	84	75
Ambulance														
Total ALS/BLS runs	1,942	324							323	320	352	306	323	318
911 Calls	1,459	243							240	239	269	220	250	241
Transfers	483	81							83	81	83	86	73	77
OP Registrations	6,469	1,078							879	1,104	1,186	1,185	1,078	1,037
Rural Health Clinic														
Total RHC Visits	4,676	779							658	765	831	764	872	786
Avg Visits per day	223	37							33	40	36	38	40	36
Walk-In Clinic	910	152							187	170	170	132	139	112
Behavioral Health														
Patients Seen	1,983	331							283	350	350	269	332	399

Sierra Vista Hospital
Detailed Stats by Month
12/31/2024
(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
Dietsry														
Inpatient Meals	4,473	746							881	710	706	508	812	856
Outpatient Meals	705	118							128	118	131	115	117	96
Cafeteria Meals	36,053	6,009							6,152	5,821	6,069	5,543	5,958	6,510
Functions	1,829	305							325	285	344	172	357	346
Laboratory														
In-house Testing	121,320	20,220							19,864	19,977	20,531	19,259	21,236	20,453
Sent Out Testing	4,568	761							678	772	762	679	917	760
Drugscreens	123	21							15	21	28	18	17	24
Physical Therapy														
PT Visits	1,322	220								253	312	212	294	251
Tx Units	5,024	837								981	1,226	807	1,109	901
Outpatient	224	37								47	61	39	38	39
Inpatient	228	38								29	44	40	60	55
Radiology														
X-Ray Patients	2,894	482							475	494	482	493	511	439
CT Patients	2,582	430							407	444	388	450	455	438
Ultrasound Patients	993	166							130	162	165	189	185	162
Mammogram Patients	381	64							57	87	68	45	60	64
MRI Patients	302	50							52	29	55	48	55	63
Nuclear Medicine Patients	19	3							-	4	8	2	1	4
DEXA	107	18							17	17	22	14	16	21
Surgery														
Surgical Procedures - OR	109	18							-	6	33	21	26	23
GI Lab Scopes	84	14							-	6	28	16	18	16
Major Surgery	10	2							-	-	-	4	6	-
Minor Surgery Under TIVA/Sedation	21	4							-	-	11	1	2	7
Inpatient Procedures	-	-							-	-	-	-	-	-
Outpatient Procedures	94	16							-	5	33	17	22	17
Sleep Study														
Home Testing	18	3							3	4	5	4	-	2
Inhouse	36	6							2	6	11	12	4	1

Volume Trends



**Sierra Vista Hospital
INCOME STATEMENT
December 31, 2024**

MONTH					YEAR TO DATE					
Actual 12/31/24	Budget 12/31/24	Variance to Budget	Prior Year 12/31/23	Variance to Prior Year	DESCRIPTION	Actual 12/31/24	Budget 12/31/24	Variance to Budget	Prior Year 12/31/23	Variance to Prior Year
\$ 5,742,437	\$ 5,496,895	\$ 245,542	\$ 5,607,692	\$ 134,745	Gross Patient Revenue	\$ 36,690,973	\$ 32,626,730	\$ 4,064,243	\$ 32,537,994	\$ 4,152,979
\$ 2,669,871	2,517,803	152,068	2,568,110	\$101,760	Revenue Deductions					
\$ 375,313	271,581	103,733	334,838	\$40,475	Contractual Allowances	17,923,516	14,944,378	2,979,138	14,751,948	\$3,171,568
\$ 252,625	112,709	139,917	120,046	\$132,579	Bad Debt	1,593,284	1,611,962	(18,677)	1,697,528	(\$104,243)
\$ 3,297,809	\$ 2,902,092	\$ 395,717	\$ 3,022,995	\$ 274,814	Other Deductions	1,700,724	668,982	1,031,741	665,319	1,035,405
\$ 1,375	2,293	(918)	200	\$1,175	Total Revenue Deductions	\$ 21,217,524	\$ 17,225,322	\$ 3,992,202	\$ 17,114,794	\$ 4,102,730
\$ 2,446,002	\$ 2,597,095	\$ (151,093)	\$ 2,584,897	(\$138,895)	Other Patient Revenue	28,103	13,609	14,494	20,476	7,627
43%	47%	(5%)	46%	(4%)	Net Patient Revenue	\$ 15,501,553	\$ 15,415,017	\$ 86,535	\$ 15,443,676	\$ 57,876
\$ 145,900	254,350	(108,450)	212,676	(\$66,777)	Gross to Net %	42%	47%	(5%)	47%	(5%)
\$ 312,485	375,358	(62,874)	504,477	(\$191,992)	Other Operating Revenue	1,379,601	1,509,688	(130,087)	1,525,668	(146,067)
\$ 2,904,387	\$ 3,226,803	\$ (322,417)	\$ 3,302,050	\$ (397,663)	Non-Operating Revenue	1,973,453	2,227,934	(254,481)	1,428,749	544,703
\$ 1,254,985	\$1,454,124	(\$199,139)	\$1,236,827	\$18,158	Total Operating Revenue	\$ 18,854,607	\$ 19,152,640	\$ (298,033)	\$ 18,398,094	456,513
\$ 1,046,253	1,202,601	(156,348)	1,035,765	10,488	Expenses					
\$ 182,144	219,829	(37,685)	173,232	8,912	Salaries & Benefits	\$8,302,184	\$8,630,928	(\$328,743)	\$7,353,048	\$949,136
\$ 26,588	31,694	(5,106)	27,830	(1,242)	Salaries	6,880,459	7,138,021	(257,562)	6,072,801	807,658
\$ 233,486	202,844	30,642	184,005	49,481	Benefits	1,267,565	1,304,789	(37,224)	1,136,525	131,039
\$ 982,668	977,725	4,943	1,240,400	(257,732)	Other Salary & Benefit Expense	154,161	188,118	(33,957)	143,722	10,439
\$ 190,653	185,756	4,898	181,410	9,243	Supplies	1,292,523	1,203,976	88,548	1,275,495	\$17,028
\$ 6,713	7,339	(625)	5,880	833	Contract Services	6,084,244	5,803,272	280,973	5,797,655	\$286,590
\$ 42,718	49,847	(7,128)	55,264	(12,545)	Professional Fees	1,175,427	1,102,550	72,877	1,092,786	\$82,641
\$ 68,191	66,254	1,938	75,830	(7,638)	Leases/Rentals	43,194	43,559	(365)	95,719	(\$52,525)
\$ 157,503	149,274	8,229	87,772	69,731	Utilities	282,354	295,865	(13,512)	319,296	(\$36,942)
\$ 36,561	41,246	(4,684)	62,961	(26,400)	Repairs / Maintenance	387,963	393,248	(5,285)	446,315	(\$58,351)
\$ 2,973,480	\$3,134,407	(\$160,928)	3,130,349	(\$156,870)	Insurance	903,145	886,013	17,132	489,564	\$413,582
(\$69,093)	\$92,396	(\$161,489)	\$171,700	(\$240,793.31)	Other Operating Expenses	299,060	244,813	54,247	247,727	\$51,333
(2%)	3%	(5%)	5%	(8%)	Total Operating Expenses	\$18,770,096	\$18,604,224	\$165,872	\$17,117,604	\$1,652,491
\$ 300,372	\$295,688	\$4,684	\$296,249	\$4,123	EBITDA	\$84,511	\$548,415	(\$463,905)	\$1,280,490	(\$1,195,979)
\$ 76,037	81,222	(\$5,185)	73,785	\$2,252	EBITDA Margin	0%	3%	(2%)	7%	(7%)
\$ 73,376	49,777	\$23,598	52,019	\$21,356	Non - Operating Expenses					
\$ 449,785	\$426,687	\$23,098	\$422,053	\$27,732	Depreciation and Amortization	1,803,730	\$1,755,050	48,679	\$1,760,903	\$42,826
(\$518,878)	(\$334,291)	(\$184,587)	(\$250,353)	(\$268,525)	Interest	448,250	482,092	(33,842)	\$445,802	\$2,448
(18%)	(10%)	(8%)	(8%)	(10%)	Tax/Other	338,477	295,452	43,025	\$308,463	\$30,014
					Total Non Operating Expense	\$2,590,457	\$2,532,595	\$57,862	\$2,515,168	\$75,289
					NET INCOME (LOSS)	(\$2,505,946)	(\$1,984,179)	(\$521,767)	(\$1,234,678)	(\$1,271,268)
					Net Income Margin	(13%)	(10%)	(3%)	(7%)	(7%)

**Sierra Vista Hospital
INCOME STATEMENT by Month
December 31, 2024**

Description	Month Ending 6/30/2025	Month Ending 5/31/2025	Month Ending 4/30/2025	Month Ending 3/31/2025	Month Ending 2/28/2025	Month Ending 1/31/2025	Month Ending 12/31/2024	Month Ending 11/30/2024	Month Ending 10/31/2024	Month Ending 9/30/2024	Month Ending 8/31/2024	Month Ending 7/31/2024
Revenues												
Gross Patient Revenue							\$ 5,742,437	\$ 5,958,328	\$ 6,068,566	\$ 6,407,535	\$ 6,117,139	\$ 6,396,968
Revenue Deductions												
Contractual Allowances							2,669,871	2,988,783	3,264,731	2,678,727	3,000,044	3,321,360
Bad Debt							375,313	287,808	223,750	162,199	280,439	263,774
Other Deductions							252,625	256,637	209,944	543,447	293,346	142,724
Total Revenue Deductions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,297,809	\$ 3,533,228	\$ 3,698,426	\$ 3,385,374	\$ 3,573,829	\$ 3,727,858
Other Patient Revenue							1,375	3,775	8,266	7,635	2,046	5,006
Net Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,446,002	\$ 2,428,875	\$ 2,378,406	\$ 3,028,796	\$ 2,545,356	\$ 2,674,116
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	43%	41%	39%	47%	42%	42%
Other Operating Revenue							145,900	203,291	158,806	290,006	323,844	257,755
Non-Operating Revenue							312,485	296,805	328,569	628,466	214,579	192,549
Total Operating Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,904,387	\$ 2,928,971	\$ 2,865,781	\$ 3,947,269	\$ 3,083,779	\$ 3,124,420
Expenses												
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$1,254,985	\$1,400,071	\$1,437,569	\$1,451,433	\$1,357,932	\$1,400,193
Salaries							1,046,253	1,155,545	1,267,403	1,145,357	1,107,855	1,158,045
Benefits							182,144	217,302	142,695	280,625	225,724	219,074
Other Salary & Benefit Expense							26,588	27,224	27,471	25,451	24,353	23,074
Supplies							233,486	214,955	207,928	227,530	199,109	209,516
Contract Services							982,668	938,058	1,142,022	972,593	1,033,438	1,015,466
Professional Fees							190,653	190,026	194,776	215,418	204,868	179,686
Leases/Rentals							6,713	7,784	9,220	8,921	6,349	4,207
Utilities							42,718	43,988	34,600	52,043	55,040	53,964
Repairs / Maintenance							68,191	42,146	82,291	81,281	57,161	56,893
Insurance							157,503	155,474	122,239	155,084	157,370	155,474
Other Operating Expenses							36,561	32,520	63,845	66,421	34,847	64,866
Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$2,973,480	\$3,025,023	\$3,294,489	\$3,230,725	\$3,106,113	\$3,140,266
EBITDA	\$0	\$0	\$0	\$0	\$0	\$0	(\$69,093)	(\$96,051)	(\$428,708)	\$716,544	(\$22,335)	(\$15,846)
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-2%	-3%	-15%	18%	-1%	-1%
Non - Operating Expenses												
Depreciation and Amortization							\$300,372	\$322,842	\$296,811	\$289,146	\$302,821	\$291,737
Interest							76,037	76,844	73,587	73,607	74,527	73,648
Tax/Other							73,376	414,58	58,524	42,130	69,313	53,675
Total Non Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$449,785	\$441,144	\$428,922	\$404,884	\$446,662	\$419,060
NET INCOME (LOSS)	\$0	\$0	\$0	\$0	\$0	\$0	(\$518,878)	(\$537,195)	(\$857,630)	\$311,660	(\$468,997)	(\$434,906)
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	{18%	(18%)	(30%)	8%	(15%)	(14%)

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
December 31, 2024

Description	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	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/29/2024	Month Ending 1/31/2024
Revenues												
Gross Patient Revenue	\$ 5,742,437	\$ 5,958,328	\$ 6,068,566	\$ 6,407,535	\$ 6,117,139	\$ 6,396,968	\$ 5,741,886	\$ 6,681,638	\$ 5,396,678	\$ 5,255,478	\$ 4,200,198	\$ 5,538,569
Revenue Deductions												
Contractual Allowances	2,669,871	2,988,783	3,264,731	2,678,727	3,000,044	3,321,360	2,877,694	3,417,518	2,777,194	2,436,641	2,107,232	2,631,191
Bad Debt	375,313	287,808	223,750	162,199	280,439	263,774	311,734	305,679	302,535	134,293	267,486	262,860
Other Deductions	252,625	256,637	209,944	545,447	293,346	142,724	90,773	53,221	34,769	124,204	152,185	129,404
Total Revenue Deductions	\$ 3,297,809	\$ 3,533,228	\$ 3,698,426	\$ 3,386,374	\$ 3,573,829	\$ 3,727,858	\$ 3,280,201	\$ 3,776,418	\$ 3,114,498	\$ 2,695,138	\$ 2,526,902	\$ 3,023,455
Other Patient Revenue	1,375	3,775	8,266	7,635	2,046	5,006	27,727	7,500	0	0	1,899	122
Net Patient Revenue	\$ 2,446,002	\$ 2,428,875	\$ 2,378,406	\$ 3,028,796	\$ 2,545,356	\$ 2,674,116	\$ 2,489,412	\$ 2,912,721	\$ 2,282,180	\$ 2,560,340	\$ 1,675,195	\$ 2,515,235
Gross to Net %	43%	41%	39%	47%	42%	42%	43%	44%	42%	49%	40%	45%
Other Operating Revenue	145,900	203,291	158,806	290,006	323,844	257,755	251,514	303,334	355,901	121,589	283,294	229,241
Non-Operating Revenue	312,485	296,805	328,569	628,466	214,579	192,549	277,759	234,113	291,074	165,153	196,225	354,985
Total Operating Revenue	\$ 2,904,387	\$ 2,928,971	\$ 2,865,781	\$ 3,947,269	\$ 3,083,779	\$ 3,124,420	\$ 3,018,685	\$ 3,450,168	\$ 2,929,155	\$ 2,847,082	\$ 2,154,714	\$ 3,099,461
Expenses												
Salaries & Benefits	1,254,985	1,400,071	1,437,569	1,451,433	1,357,932	1,400,193	1,302,813	1,418,983	1,355,557	1,342,407	1,256,661	1,319,351
Salaries	1,046,253	1,155,545	1,267,403	1,145,357	1,107,855	1,158,045	1,067,723	1,160,810	1,048,313	1,104,636	1,034,276	1,115,860
Benefits	182,144	217,302	142,695	280,625	225,724	219,074	206,427	216,641	273,001	194,115	191,366	181,278
Other Salary & Benefit Expense	26,588	27,224	27,471	25,451	24,353	23,074	28,664	41,533	34,242	43,656	31,019	22,213
Supplies	233,486	214,955	207,928	227,530	199,109	209,516	223,579	215,896	245,030	114,459	99,180	202,691
Contract Services	982,668	938,058	1,142,022	972,593	1,033,438	1,015,466	1,102,394	1,011,032	940,549	1,022,335	1,106,058	1,151,016
Professional Fees	190,653	190,026	194,776	215,418	204,868	179,686	183,410	194,380	181,355	183,410	177,735	187,317
Leases/Rentals	6,713	7,784	9,220	8,921	6,349	4,207	7,302	4,886	11,931	10,046	11,355	6,116
Utilities	42,718	43,988	34,600	52,043	55,040	53,964	56,931	43,717	41,233	41,540	36,049	58,300
Repairs / Maintenance	68,191	42,146	82,291	81,281	57,161	56,893	93,457	48,499	59,865	71,850	49,461	82,734
Insurance	157,503	155,474	122,239	155,084	157,370	155,474	87,741	88,136	88,984	87,752	90,569	88,962
Other Operating Expenses	36,561	32,520	63,845	66,421	34,847	64,866	33,054	30,458	57,129	41,147	24,234	77,061
Total Operating Expenses	\$2,973,480	\$3,025,023	\$3,294,489	\$3,230,725	\$3,106,113	\$3,140,266	\$3,090,681	\$3,055,987	\$2,981,631	\$2,914,947	\$2,851,302	\$3,173,548
EBITDA	(\$69,093)	(\$96,051)	(\$428,708)	\$716,544	(\$22,335)	(\$15,846)	(\$71,996)	\$394,181	(\$52,476)	(\$67,865)	(\$696,588)	(\$74,087)
EBITDA Margin	-2%	-3%	-15%	18%	-1%	-1%	-2.4%	11%	-2%	-2%	-32%	-2%
Non - Operating Expenses												
Depreciation and Amortization	300,372	322,842	296,811	289,146	302,821	291,737	286,862	298,589	284,373	290,571	274,022	291,365
Interest	76,037	76,844	73,587	73,607	74,527	73,648	73,667	74,733	73,707	73,727	74,936	73,766
Tax/Other	73,376	41,458	58,524	42,130	69,313	53,675	59,099	51,127	44,418	37,287	33,304	64,570
Total Non Operating Expenses	\$449,785	\$441,144	\$428,922	\$404,884	\$446,662	\$419,060	\$419,629	\$424,448	\$402,498	\$401,585	\$382,262	\$429,701
NET INCOME (LOSS)	(\$518,878)	(\$537,195)	(\$857,630)	\$311,660	(\$468,997)	(\$434,906)	(\$491,624)	(\$30,267)	(\$454,973)	(\$469,449)	(\$1,078,850)	(\$503,788)
Net Income Margin	(18%)	(18%)	(30%)	8%	(15%)	(14%)	(16.3%)	(1%)	(16%)	(16%)	(50%)	(16%)

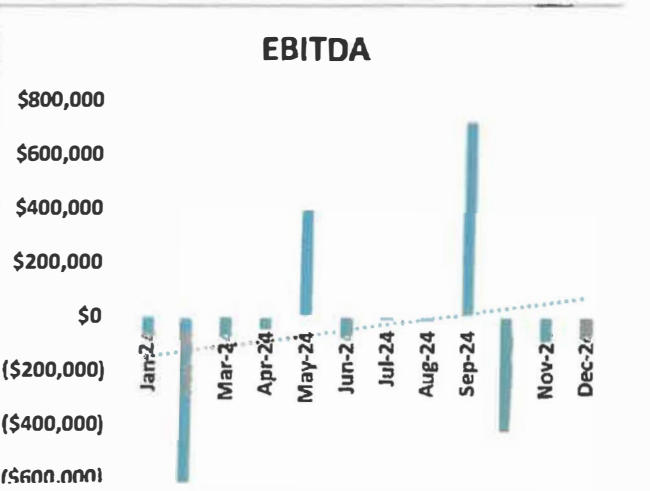
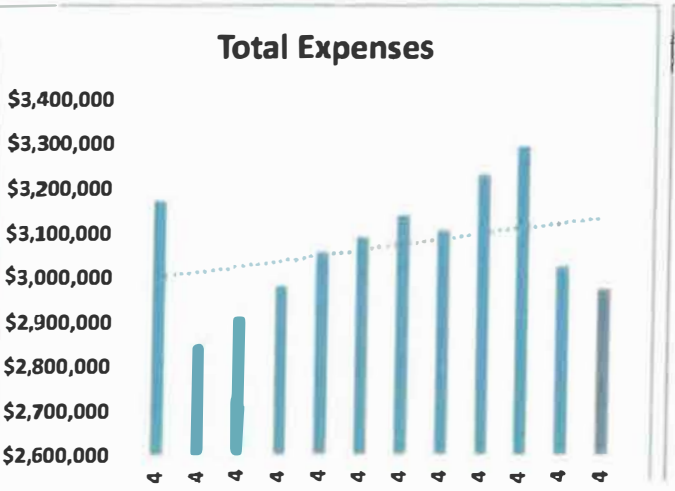
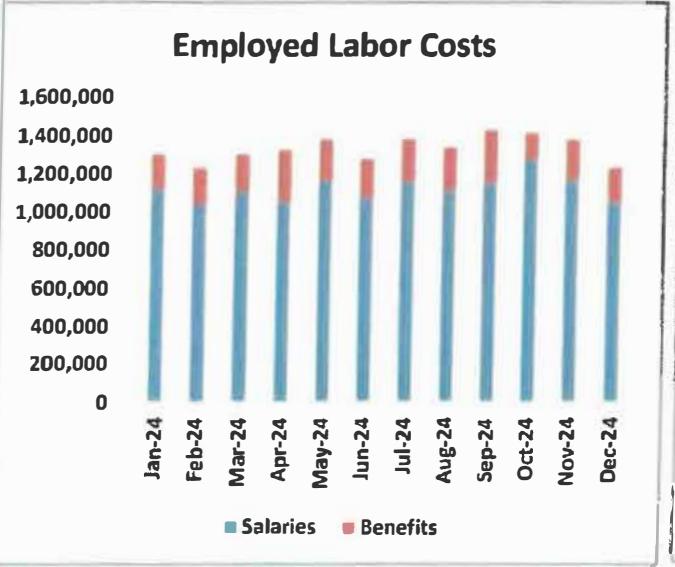
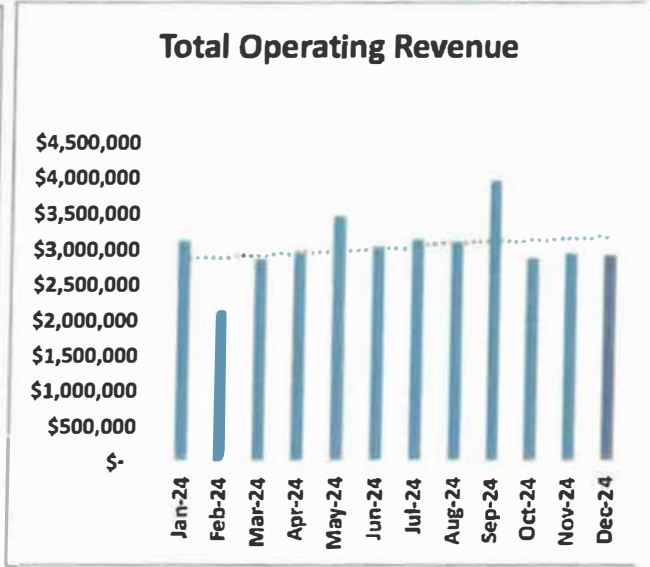
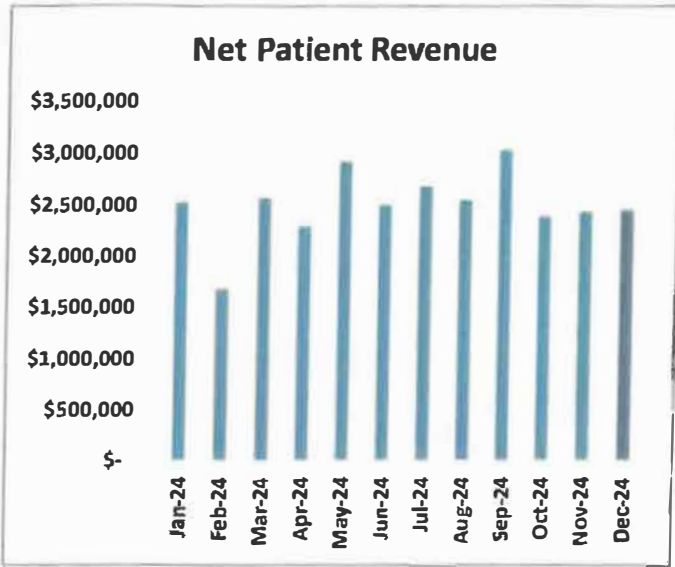
**Sierra Vista Hospital
BALANCE SHEET
December 31, 2024**

December 31, 2024 (Unaudited)	DESCRIPTION	June 30, 2024
	Assets	
	Current Assets	
\$ 4,954,013	Cash and Liquid Capital	\$ 5,740,889
\$ 177,285	US Bank Clearing	\$ 115,051
\$ 5,131,298	Total Cash	\$ 5,855,939
\$ 17,200,880	Accounts Receivable - Gross	\$ 14,714,146
\$ 12,575,469	Contractual Allowance	\$ 9,435,272
\$ 4,625,411	Total Accounts Receivable, Net of Allowance	\$ 5,278,874
\$ 1,897,314	Other Receivables	\$ 1,083,401
\$ 421,818	Inventory	\$ 383,474
\$ 153,050	Prepaid Expense	\$ 68,738
\$ 12,228,891	Total Current Assets	\$ 12,670,426
	Long Term Assets	
\$ 59,737,235	Fixed Assets	\$ 59,087,815
\$ 21,945,242	Accumulated Depreciation	\$ 20,148,771
\$ -	Construction in Progress	\$ -
\$ 37,791,993	Total Fixed Assets, Net of Depreciation	\$ 38,939,044
\$ 37,791,993	Total Long Term Assets	\$ 38,939,044
\$ 2,632,315	New Hospital Loan	\$ 1,942,930
\$ 52,653,198	Total Assets	\$ 53,552,400
	Liabilities & Equity	
	Current Liabilities	
\$ 2,005,482	Account Payable	\$ 1,632,554
\$ 1,004,943	Interest Payable	\$ 543,556
\$ 73,376	Accrued Taxes	\$ 59,574
\$ 749,892	Accrued Payroll and Related	\$ 570,609
\$ (487,000)	Cost Report Settlement	\$ (487,000)
\$ 3,346,694	Total Current Liabilities	\$ 2,319,294
	Long term Liabilities	
\$ 28,636,711	Long Term Notes Payable	\$ 28,660,502
\$ 28,636,711	Total Long Term Liabilities	\$ 28,660,502
\$ 1,017,361	Unapplied Liabilities	\$ 667,868
\$ 477,073	Capital Equipment Lease	\$ 223,431
\$ 33,477,839	Total Liabilities	\$ 31,871,095
\$ 21,681,305	Retained Earnings	\$ 25,108,277
\$ (2,505,946)	Net Income	\$ (3,426,971)
\$ 52,653,198	Total Liabilities and Equity	\$ 53,552,400

Sierra Vista Hospital
BALANCE SHEET by Month
December 31, 2024

	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
Assets												
Current Assets												
Cash and Liquid Capital							4,954,013	4,194,582	4,949,497	5,496,903	5,675,326	5,741,636
US Bank Clearing							177,285	128,468	151,634	1,142	204,512	171,111
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$5,131,298	\$4,323,049	\$5,101,131	\$5,498,045	\$5,879,837	\$5,912,747
Accounts Receivable - Gross							17,200,880	19,176,039	17,003,464	17,117,897	15,259,234	15,568,712
Contractual Allowance							12,575,469	13,418,227	11,930,483	11,605,766	10,335,379	10,193,983
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,625,411	\$ 5,757,812	\$ 5,072,981	\$ 5,512,131	\$ 4,923,855	\$ 5,374,729
Other Receivables							1,897,314	2,028,169	1,905,913	1,717,825	1,222,873	1,206,005
Inventory							421,818	410,419	403,211	410,324	404,177	399,266
Prepaid Expense							153,050	176,405	210,252	153,237	201,486	219,785
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$12,228,891	\$12,695,855	\$12,693,488	\$13,291,563	\$12,632,228	\$13,112,533
Long Term Assets												
Fixed Assets							59,737,235	59,729,446	59,229,034	59,210,151	59,102,953	59,092,117
Accumulated Depreciation							21,945,242	21,644,870	21,322,028	21,025,217	20,736,071	20,442,141
Total Fixed Assets, Net of Depreciation							\$37,791,993	\$38,084,576	\$37,907,007	\$38,184,934	\$38,366,882	\$38,649,976
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,791,993	\$ 38,084,576	\$ 37,907,007	\$ 38,184,934	\$ 38,366,882	\$ 38,649,976
New Hospital Loan							\$ 2,632,315	\$ 2,513,332	\$ 2,393,650	\$ 2,273,474	\$ 2,152,708	\$ 2,030,484
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 52,653,198	\$ 53,293,764	\$ 52,994,145	\$ 53,749,970	\$ 53,151,818	\$ 53,792,992
Liabilities & Equity												
Current Liabilities												
Account Payable							2,005,482	1,781,211	1,337,841	1,379,901	1,266,339	1,630,908
Interest Payable							1,004,943	928,046	851,148	774,250	697,352	620,454
Accrued Taxes							73,376	41,458	57,690	42,130	66,532	53,200
Accrued Payroll and Related							749,892	1,192,877	1,148,844	1,089,968	962,087	835,144
Cost Report Settlement							(487,000)	(487,000)	(487,000)	(487,000)	(487,000)	(487,000)
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$3,346,694	\$3,456,592	\$2,908,522	\$2,799,249	\$2,506,310	\$2,652,706
Long term Liabilities												
Long Term Notes Payable							28,636,711	28,640,676	28,644,641	28,648,606	28,652,571	28,656,537
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$28,636,711	\$28,640,676	\$28,644,641	\$28,648,606	\$28,652,571	\$28,656,537
Unapplied Liabilities							1,017,361	1,017,361	1,017,361	1,017,361	1,017,361	1,017,361
Capital Equipment Lease							477,073	484,897	192,188	195,690	199,173	219,989
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$33,477,839	\$33,599,526	\$32,762,712	\$32,660,908	\$32,374,416	\$32,546,593
Retained Earnings							\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305	\$21,681,305
Net Income							(\$2,505,946)	(\$1,987,068)	(\$1,449,873)	(\$592,243)	(\$903,903)	(\$434,906)
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$52,653,198	\$53,293,764	\$52,994,145	\$53,749,970	\$53,151,818	\$53,792,992

Financial Trends



Sierra Vista Hospital

12/31/2024

Reserves

	12/31/2024	Notation
Medicare Liability ("Cost Report Settlement" on Balance Sheet)		
Cost Report Bad Debt Write-Off Reserve/General Reserve	(150,000)	
FY24 Cost Report Receivable	637,000	
Total Liability	<u>487,000</u>	

Authorized signatures on our operating account ending 4398 and account ending 1829 need to be updated to delete Frank Corcoran and add Don Bates, CEO.

This is an item for the full Governing Board to approve.



GOVERNING BOARD OF
THE SIERRA VISTA HOSPITAL
Resolution No. 25-100

WHEREAS, the Board now desires to terminate the 403(b) plan and substitute a 457(b) and 401(a) plan;

NOW, THEREFORE, BE IT RESOLVED that the Sierra Vista Hospital 403(b) Retirement Plan (the "403(b) Plan") is terminated effective February 28, 2025; and

RESOLVED, that the Sierra Vista Hospital 457(b) Plan (the "457(b) Plan") is adopted effective March 1, 2025, Voya service agreements are approved and effective on March 1, 2025, salary deferrals will no longer be contributed to the 403(b) plan, and will be made instead to the 457(b) plan; and

RESOLVED, that the Sierra Vista Hospital 401(a) Plan is also adopted effective March 1, 2025, Voya service agreements are approved and effective March 1, 2025, all employer contributions will no longer be contributed to the 403(b) plan, and will be made instead to the 401(a) plan; and

RESOLVED, that Sierra Vista Hospital is the plan administrator and fiduciary of the 457(b) plan; and

RESOLVED, that the Sierra Vista Hospital CFO is the plan administrator and fiduciary of the 401(a) plan; and

RESOLVED, that the Sierra Vista Hospital CFO is authorized and directed to execute such documents and take further steps as he deems necessary or desirable to implement such resolutions.

RESOLVED, in session this 28th day of January, 2025.

Kathi Pape, Governing Board Chairperson

Jim Paxon, Joint Powers Commission, Chair

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the program and appointments are made by the Medical Staff and Nursing Leadership. Staffing level for Infection Prevention Professionals within the IP Program is assessed annually to ensure that there are adequate available resources and that the program is consistent with regulatory requirements and professional society guidelines. The staffing levels are assessed on the current and future needs of the department to meet its requirements annually by the IP, CNO and CFO.

Authority

The Infection Prevention Committee has the authority to institute any surveillance, prevention or control measures, or study when there is reason to believe that any patient, personnel, or visitor may be at risk of contracting or transmitting infectious disease. This authority and responsibility include but may not be limited to the following:

- Develop and implement a preventive and corrective program(s) designed to minimize infection hazards.
- Review and approve all policies and procedures related to infection surveillance, prevention, and control activities in all departments/services.
- Collaborate with the organization leadership to institute emergency measures to prevent infections such as closure of units, transfer of patients, halting construction, and other measures.
- Promote the application of organizational and departmental policies relating to infection prevention and control involving, but not limited to, isolation procedures and techniques, sterilization procedures, prevention of cross-infection through equipment use, and the safe disposal of infectious or contaminated wastes.
- Provide budget proposals and information resource requests that facilitate general infection prevention and control program activities defined by program components and specific activities that support disease prevention, data collection, and reporting.

Risk Assessment

A risk assessment is performed to identify key internal and external infection vulnerabilities that can inhibit efforts to prevent and control infections throughout the organization. This risk assessment evaluates infection risks specific to Sierra Vista Hospital and its community, establishes IP priorities, and sets goals and objectives. The IP Professional and Medical Director or designee with input from the IP Committee members assess risks on an ongoing basis and the risk assessment document is re - evaluated annually and as needed with changing factors.

Evaluation of Effectiveness

The IP Committee evaluates the effectiveness of the infection control interventions and, as necessary, redesigns the infection prevention and control interventions. This evaluation and revision occur formally at least annually and whenever risks significantly change. The evaluation addresses changes in the scope of the IP Program such as new services or new sites. The evaluation also addresses changes in the results of the risk assessment, and it addresses emerging and reemerging healthcare issues in the community. The evaluation assesses the success or failure of the interventions for preventing and controlling infection.

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Reporting Structure

The IP Professional Committee provide information regarding its program and activities to Hospital Administration and Leadership Team, Safety Committee, and Quality on a regular basis. Appropriate reports of surveillance data are reported to the IP Committee meetings and are sent to the department leadership to share with staff. IP Committee minutes and reports are kept within the IP Committee for documentation, evaluation and follow up. As needed, this report is also sent to hospitals units/departments if an infection is attributed to their areas.

GOALS/FUNCTIONS

The primary goal of the Infection Prevention Program is to reduce the risk of acquiring healthcare-associated infections (HAI). The activities involved in achieving this goal can be divided into these three functions: prevention, surveillance, and control. Specific objectives for each of these areas are identified below.

Prevention

Prevent healthcare-associated infections in patients, staff, and visitors through:

- Education of patients, staff, and visitors about infection prevention and control guidelines and methods
- Procedure review and evaluations
- Maintain a system to monitor and improve adherence to hand hygiene and precaution policies.
- Determine whether precautions are appropriate in individual patients by conducting Infection Prevention rounds
- Ensure adequate preparation for surge of infectious patients (i.e., beds, PPE, equipment, linens)
- Communicate with Pharmacy regarding antibiotic utilization practice patterns and antimicrobial stewardship actions.
- Participate in construction and renovation planning and activities.
- Plan for emergency management of infectious patients (bioterrorism, chemical terrorism, pandemic, or outbreak)

Education and Training of Healthcare Workers

The IP Professional will plan and implement the hospital's infection prevention orientation and mandatory in-service programs. Specific departmental in-services will be conducted upon request of a Department Leader or as deemed necessary.

Educational sessions will be provided for staff so that they can competently participate in infection prevention and control activities. Training addresses infection prevention measures, personal protective equipment, isolation precautions, hand hygiene, disinfection/cleaning, bloodborne pathogen exposure and tuberculosis exposure prevention, and additional areas required by government, accreditation, or licensing agencies. IP Professional will collaborate with Human Resources to develop computer-based modules as appropriate.

Bioterrorism and emerging pathogens such as Severe Acute Respiratory Syndrome (SARS), avian influenza, and pandemic influenza H1N1 & SARS-COV 2 have increased the importance of education and training. The IP

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Professional or program representative will update and present information to hospital employees through attendance at Department meetings, via e-mails, written communication, and / or verbally during IP rounds.

Policy and Procedure Development and Review

Policies and procedures will be based on recognized CDC, SHEA, ASHREA and APIC guidelines and applicable laws and regulations including OSHA, CMS, FDA, and Joint Commission, and they will address measures to prevent the transmission of infections among patients, employees, medical staff, volunteers, visitors, and the public. Policies have been developed to define surveillance, prevention, and control measures in all patient care, support, and service areas, and to identify methods effective in reducing the risk of transmission of infectious microorganisms while increasing patient safety. The IP Professional participates in the Safety Committee activities to maintain a safe environment for patients and healthcare workers.

Specific departmental personnel, the Medical Director or designee, the IP Professional and the Infection Prevention Committee on an annual basis and more frequently as necessary, will review infection control-related policies/procedures. Many are integrated in department polices and kept in the departments. The IP Professional is consulted for input as needed when these policies and procedures are reviewed every year and as needed.

Surveillance

Develop and implement a system for surveillance of infections to include:

- Identifying baseline information about the frequency and type of healthcare-associated infections
- Recognizing clusters or significant deviations from endemic level
- Developing a system for identifying, reporting, and analyzing the incidence and causes of healthcare-associated infections.
- Performing a risk assessment of the needs for the institution on at least a yearly basis
- Preparing staff and physicians to identify and report early any clusters of patients with similar symptoms to IP Professional and/or local health department and to conduct appropriate tests.

The Infection Prevention Program personnel conduct surveillance for many reasons, including to establish prevalence rates of healthcare-associated infections (HAI), to detect time/space clustering (i.e., outbreaks), to generate hypotheses concerning risk factors for acquiring HAIs, to assess the impact of prevention and control measures, and to reduce of HAI rates. In general, established criteria from the Centers for Disease Control and Prevention (CDC) are used to define healthcare-associated infections.

CDC has sets of criteria that must be met to determine that a particular infection qualifies as healthcare associated.

The IP Committee on an annual basis following the effectiveness review of the current system determines the type and scope of the surveillance system at Sierra Vista Hospital.

A targeted surveillance method is utilized to focus resources on high-priority or high-risk populations and settings. In addition to targeted surveillance, single occurrences and/or outbreaks of HAIs related to any unusual or virulent pathogenic organism are evaluated.

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Data produced from the surveillance process are presented to the IP Committee to facilitate decisions concerning prevention and control activities and resource allocation within the IP Program. Infection rates are established using recognized statistical methodology. If established “action thresholds” are met or exceeded. A team is called to review the cases and determine actions to eliminate possible causes and improve or create interventions. Histograms and process control charts are utilized when feasible to enhance the identification of infection trends and variations. Surveillance data are maintained in the intranet, and management of data is performed by the IP Professional.

Catheter-Associated Urinary Tract Infections

The Infection Prevention Program conducts surveillance for Catheter-associated Urinary Tract Infections (CAUTI). Detection is by monitoring foley catheter days or the number of days a foley catheter is in place, monitoring microbiology reports of positive urine cultures and conducting chart reviews to determine whether it meets CDC criteria for CAUTI. The data is presented to the IP committee expressed as number of total CAUTI infections over the total number of foley catheter days multiplied by 100.

Foley Catheter Utilization Rates

The Infection Prevention Program conducts surveillance for the utilization of a foley catheter. Detection is by monitoring how many days a foley catheter is kept before being discontinued. Daily assessment checks are done to detect whether a foley catheter is still needed or can be discontinued. The data is presented to the IP committee expressed as the total number of inpatient foley catheter days over the total inpatient days of a specific month multiplied by 100.

Surgical Site Infections

The Infection Prevention Program conducts surveillance to detect surgical site infections (SSI) with specific reporting of colon surgeries and hysterectomy surgeries. The addition of surveillance to detect SSIs in herniorrhaphy surgeries has begun. The primary data source for SSI is the patient’s chart. Other sources that may result in detection of an SSI include review of the daily microbiology report of positive cultures and reports from nursing and medical staff. Criteria for defining SSI are based on CDC published guidelines. A Surgeon-specific SSI report card is provided to each surgeon during the fiscal year. These rates are compiled and are confidentially forwarded to the Quality Management Director for review during the physician’s re-credentialing process.

Central Line-Associated Blood Stream Infections

The IP Professional conducts surveillance for Central Line-associated Blood Stream Infections (CLABSI). Detection is by monitoring of the microbiology reports of positive blood cultures. Chart review is conducted to determine whether the bacteremia meets CDC criteria for CLABSI. The Central Line Checklist has been more fully instituted and will be repeatedly educated and reviewed for nursing staff. The data is presented to the IP committee expressed as the number of total central line placements over the number of Infections after placement of a Central Line multiplied by 100.

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Multidrug-Resistant Organisms

The IP Professional conducts surveillance for infection or colonization with multidrug resistant organisms. Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-susceptible Staphylococcus aureus (MSSA), Methicillin-resistant Staphylococcus epidermidis (MRSE), Vancomycin-resistant Enterococci (VRE), Enterobacter cloacae and ESBL are monitored. A microbiology report of a positive culture for these organisms is automatically routed to the IP Professional. The data are presented to the IP Committee at every meeting.

MRSA PCR testing for nasal specimens identifies a positive within 2-day turnaround time. MRSA active surveillance testing of nares is performed at admit for all patients from other healthcare facilities and patients with known history of MRSA infection.

Methicillin-Resistant Staphylococcus aureus Bacteremia

The IP Professional conducts surveillance for blood infections with Methicillin-Resistant Staphylococcus aureus. In this surveillance, a positive MRSA blood culture is monitored. A microbiology report of a positive blood culture for this organism is automatically routed to the IP Professional. The ongoing data is presented to the IP Committee at every meeting.

Clostridium difficile-Associated Diarrhea

Clostridium difficile (C. difficile) associated diarrhea is major HAI with significant morbidity. Surveillance for C. difficile is part of the NHSN reportable for Critical Access hospitals. Surveillance is conducted by the IP Professional via laboratory PCR reports of positive stool toxin assay. The ongoing surveillance data are presented to the Infection Prevention Committee.

Control

Control ongoing transmission of healthcare-associated infections and develop corrective measures to reduce the risk of acquiring infections by:

- Performing epidemiologic studies when appropriate based on surveillance recognizing clusters or significant deviations from endemic level
- Investigate adherence issues to infection prevention procedures.
- Institute appropriate corrective measures and advise hospital staff of prevention procedures.
- Serve as an information resource for all departments on various disinfection and cleaning products and procedures.
- Order environmental cultures as needed.
- Develop plans to control transmission of infection during an influx of infectious patients (staff vaccination or prophylaxis medication dispensing, visitation restrictions, traffic control)

Outbreak Investigation and Control

IP Professional reviews with Employee Health Services the reported employee illnesses or disease exposures and tracks those reported for any clusters or outbreaks. Local and state health departments are consulted as appropriate. Communicable Diseases are reported as per federal and state requirements. The IP Professional will

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join the Sierra County Healthcare Providers Forum whose purpose is to share information regarding potential, and recognized, community infection control issues with healthcare providers of community healthcare facilities. The IP Committee Chairperson, along with the IP Professional has the authority to institute any practices necessary to achieve immediate control of an outbreak. The IP Professional works closely with and serves as a resource to the housekeeping supervisor and all departments regarding disinfection, cleaning products, and procedures.

Infection Prevention Environment of Care Rounds

All patients who require isolation are identified by the IP Professional and institution of appropriate isolation is ensured through rounds and record checks. Feedback from clinical area rounds of environmental or patient-related infection control or safety hazards is appropriately managed to directors, supervisors, and staff via a written report if noncompliance is found.

RESOURCES

The Hospital will provide adequate human and material resources, both personnel and non-personnel, to achieve the Infection Prevention Program's goal of reducing hospital-associated infections. An annual risk assessment is conducted to ensure adequate resources are prioritized. Information Systems will provide adequate office space, computers, and printers are provided for computer support. Clinical microbiology laboratory access is provided to allow appropriate surveillance activities.

ADDITIONAL ACTIVITIES

Collaboration with Employee Health Services

The IP Professional works with the Employee Health Nurse in the development of policies/procedures related to immunization programs, TB prevention and control activities, exposures to infectious diseases, work-related and work-restricting illnesses, health and safety education, and appropriate follow-up of hospital-associated infections or policy development to prevent their occurrence. Special emphasis with assistance is placed on prevention of occupationally acquired diseases due to bloodborne pathogens, on respiratory fit-testing, and on annual influenza vaccination and TB testing programs.

Collaboration with Safety and Quality Programs

The IP Professional participates on the Environment of Care and its issues as well as Patient Safety issues and potential hazards. These will be examined and strategies to reduce these issues are formulated. Infection Control Risk Assessments are conducted currently by the IP Professional as part of the pre-construction planning for renovation or new construction projects. The IP Professional participates in construction team meetings with input on negative pressure rooms, surge capacity rooms, and other infection control construction-related issues.

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Liaison role with Public Health Departments

The IP Professional is responsible for notifying state and local Public Health departments of reportable diseases. This may include daily monitoring of reportable diseases or conditions, chart reviews and as necessary for the health departments in gathering epidemiological information. The IP Professional has linkages with the Local Public Health Department for notification of unusual events including outbreaks or bioterrorism events.

Education and Training

Training and education courses in Hospital Epidemiology and Infection Prevention and Control are available from Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), Society for Healthcare Epidemiology (SHEA), and the Centers for Disease Control and Prevention (CDC). Continuing education in Infection Control is required and supported by the Hospital. This includes active participation in APIC at both regional and national levels, as well as participation in other related organizations that promote infectious disease prevention and education.

**SIERRA VISTA HOSPITAL
HUMAN RESOURCES BOARD
REPORT
January 2025**

- CRITICAL RECRUITMENT:**
- Physical Therapist – FT (Traveler Fill)
 - Nurse Practitioner – FT
 - General Surgeon – FT (3 Crosses Partnership)

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

- PEOPLE:**
Oct – Dec 2024 New Hires – 15
- FY24 Total - 15**
- FT CEO – Administration – 1
 - EVS Tech – EVS – 1 FT and 4 Temp
 - FT Phlebotomist – 1
 - FT Warehouse Specialist – Materials – 1
 - FT Registration Clerk – Business Office – 1
 - FT Nurse Practitioner – Clinic – 1
 - FT RN – Med/Surg – 2
 - FT Nurse Extern – Clinic – 1
 - FT Patient Transport Spc – Nursing Admin – 1
 - FT EMT-B – EMS – 1

- PRIORITY OF EFFORT:**
Our priority of effort is recruitment, retention, and integration of employees.
- Human Resource Trends Snapshot:**
15 new or rehires to date
15 terminations to date
215 Quarter Avg staff
- Turnover Rate Q1**
2.3%

- KEY INITIATIVES:**
- Call with Congressman Gabe Vasquez (ERC) Legislative Session 2025
 - Reception/Dinner (1/23/2025)
 - Engage with Government Reps and Partnership with SVH owner entities
 - Joint Infrastructure Capital Improvement Plan (ICIP) requests for Facility Improvements
 - Rehab Building – RFP and planning moving forward
 - Behavioral Health Service Capability
 - Paid Internship Program HSHS continues

- PEOPLE:**
Oct – Dec 2024 Terminations – 15
- FY24 Total - 15**
- Involuntary – 5
 - FT – Surgeon – Program Change
 - FT – Registration Clerk – Policy
 - FT – CNA/Unit Clerk – Policy Violations
 - PRN – Respiratory Therapist – Policy Violations
 - FT – Paramedic – Excessive Tardiness
 - PRN – RN – Not Working Shifts

- PEOPLE:**
Oct – Dec 2024 Terminations – 15
- Voluntary – 10
 - FT Psychologist – Mutual Agreement
 - FT – Echo Tech – Personality Conflict
 - FT – RN – No Reason Provided
 - FT – EVS Tech – Resigned
 - FT – Purchasing Clerk – Other Employment
 - PRN – EMT-B – Other Employment
 - PRN – Case Manager – Resigned
 - FT – BHNP – Resigned Other Employment
 - FT – CNA/Unit Clerk – Policy Violations
 - FT – Medical Assistant – Other Employment

- Contract Staff – 9**
- Med/Surg – 5 (Nurses)
 - Sterile Processing Tech – 1
 - OR – 1 (Nurse)
 - HR – 1 (Director)
 - EMS – 1 (Director)
- Travel Staff – 18**
- Nursing – 13
 - Pharmacist – 1
 - Radiologic Tech – 1
 - Respiratory Therapist – 1
 - CNA – 1
 - Sterile Processing Tech – 1

- FINANCIAL IMPACTS:**
- We are conducting a market adjustment for Providers which will impact budget.
 - A portion of funds from recent SB 161 payments will be used for adjustments.

Respectfully Submitted,
Lawrence “LJ” Baker Jr.
Chief HR & Strategic Initiatives Officer



SIERRA VISTA HOSPITAL

EMPLOYMENT OPPORTUNITIES

January 16, 2025

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

05001 – Physical Therapist – 1 full-time temporary position (open date 01/16/2025) 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.) The staff therapist participates in operational aspects of the department, maintains performance improvement activities within the department and participates in OPI activities. Provides input in formulating budget, assists in evaluating department performance versus budget controls and takes appropriate action to remain in budget guidelines. Ensures that patient charges are accurate and entered on a timely basis. Participates in all infection control, departmental equipment training, organizational safety, and fire safety programs.

28001 – Administrative Assistant to CNO and Quality Initiatives – 1 full-time position (open date 1/8/2025)

The Administrative Assistant to the Chief Nursing Officer (CNO) and Quality Initiatives provides primary support regarding nursing administration and development of the SVH quality program to ensure a culture of quality and compliance. Critical duties include drafting staff memorandums, data extraction and collection, drafting correspondence, conducting outreach to nursing organizations as directed by the CNO, and supporting the Director of Quality with analysis as well as the creation and presentation of information. The incumbent must learn and understand regulatory requirements and ensure compliance with state, federal, TJC standards, and CMS conditions of participation. Must be detail and deadline oriented, able to simultaneously manage multiple tasks, and ensure accuracy in documentation. Collaborates daily with the CNO and Director of Quality. Routinely communicates with Senior Administration and department managers to promote an efficient administrative environment. Displays a positive attitude, projects professionalism, and maintains a calm demeanor in all interactions to foster a climate of cooperation and contribute to the overall success of the organization.

95305 – Certified Nurse Practitioner – 1 full-time position (open date 12/30/2024) Responsible for providing primary healthcare to patients and families, focusing on health maintenance, disease prevention, patient education, and counseling. Follows established guidelines as required and within established scope of practice.

95304 - Director of Provider Services – 1 full-time position (open date 12/20/2024)

The Director of Provider Services in the SVH Rural Health Clinic is responsible for ensuring effective and efficient daily operation of outpatient services. This leader must proactively engage staff to organize events or activities and negotiate with others to ensure they work together effectively. Facilitates cohesion and teamwork through the implementation and enforcement of policies to achieve the highest quality patient care. Ensures a standards-based environment of employee cooperation and regulatory

compliance including prioritized focus on HIPAA and quality assurance. The incumbent schedules and supervises office staff, ensures appropriate staffing levels to support appointments, anticipates office requirements, orders supply, protects patient information, and introduces advancing medical trends and best practices. Monitors staff functionality, develops, and maintains a professional team focused on patients and quality care. Serves as a liaison between clinic staff, patients, families, caregivers, and physicians.

18602 – EMS Administrative Assistant – 1 part-time position (open date 12/10/2024)

The Administrative Assistant to Emergency Medical Services (EMS) provides primary support regarding EMS administration. Critical duties include data extraction and collection, drafting correspondence, billing data entry, management of supply inventory, and other duties assigned to meet the mission of the EMS and Community EMS (CEMS) Programs. The incumbent must learn and understand regulatory requirements and ensure compliance with state, federal, TJC standards, and CMS conditions of participation. Must be detail and deadline oriented, able to simultaneously manage multiple tasks, and ensure accuracy in documentation.

03001 – Phlebotomist – 1 full-time position (open date 11/21/2024) 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 preferred.

74101 – EVS Technician – 1 full-time position (open date 10/29/2024) Cleans all areas of the hospital according to policies and procedures. Participates in organizational performance improvement (OPI) activities. Reports to the EVS Manager.

63801 – RN Case Manager – 1 part-time position (open date 10/15/2024) Responsible for the coordination and implementation of case management strategies pursuant to the Case Management Plan. Plans and coordinates care of the patient from pre-hospitalization through discharge. Works with all members of the healthcare team to assure a collaborative approach is maintained in care and treatment of the patient. Reviews care and treatment for appropriateness against screening criteria and for infection control, quality and risk assessment documenting same in computerized database. Responsible for authorization of appropriate services for continued stay and through discharge. Plans and coordinates home care services and needs. Provides discharge planning and at home follow-up assessment (via telephone, in some cases may make home visit).

18601 – EMT –1 full-time position (open date 10/14/2024) 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.

. 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.

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.

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.

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.

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

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

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

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

CNO Report January 2024

Nursing

Proud to serve the increase in patients presenting to the hospital.

We are implementing several ideas to make our swing bed experience better for our patients and will launch a second round of visits to the Las Cruces hospital where we transfer patients.

Sleep Laboratory

Developing process to expand availability of clinic access for patients wanting evaluation of need for sleep study.

Trauma Program

We passed our Trauma Survey! We are awaiting the State to issue up-to-date certification. Our Grant request for life vest and fall prevention supplies have been submitted.

EMS

Provided BLS training at Hot Springs High School in addition to the high number of runs performed in the last 30 days.

Respectfully submitted,

Sheila F. Adams, MSN, MHA

CEO Report

Dr. Don Bates

01/28/2025

1. **Amplify Update:**
 - a. DNFB – January 1, 2025 ~11.03 days; January 22, 2025 ~3.19 days
 - b. A/R Days – January 1, 2025 ~ 91 days; January 21, 2025 ~52 days
 - c. Validation Rate – MTD is at 71% and we have billed \$6,161,795.29 through January 21, 2025.

2. **Cash on Hand** – January 1, 2025 – ~56 days (\$5,164,138.38); January 22, 2025 – ~95 days (\$9,769,351.20)

3. **RHC Update/Provider Recruitment:** As you are aware from Frank’s final report both Karen and Jamie are leaving at the end of the month. Human Resources has opened a requisition to fill one position, as Emily will be onboard soon. We have interviewed a couple of candidates to fill Sabrina Alvord position. One candidate was especially strong and will be brought on campus for a face-to-face interview.

4. **GI Surgery service line:** Met with Dr. Mysore to discuss his interest in coming to T or C and provide GI surgical services on Tuesday, January 21st.

5. **HDAA:**
 - a. 60% of the program (Access Incentive)
Assessment Fee Date: 06/09/25 (15%), 09/08/25 (15%), 12/09/25 (15%), 03/11/26 (15%) – each payment is \$126,378

Receivable Date: 06/29/25 (15%), 09/28/25 (15%), 12/29/25 (15%), 03/31/26 (15%) – each quarterly incentive should be \$1.5 million
 - b. 40% of the program (Quality Incentive)
Assessment Fee Date: 05/10/26 – annual payment is \$337,007
Receivable Date: 05/30/26 – the annual incentive should be \$4 million

6. **SB161:** \$1,500,000 Received on 01/22/2025

7. **Medicare Cost Report Receivable:** \$790,855.00 Received 01/10/2025

8. **ERC:** \$2,858,949.00 Received 01/13/2025

9. **Grants Update:**

a. **Rural Hospital Stabilization Program:** The Rural Hospital Stabilization Program (RHSP) provides technical assistance to rural hospitals to improve financial stability by enhancing or expanding healthcare services that meet community needs. Submitted 01/15/2025

b. **Rural Health Care Delivery Funds:**

i. \$541,470 - Partial Hospitalization & Intensive Outpatient service lines (selected)

1. The primary costs are the recruitment and salaries of 2 additional LCSW's, BH techs, and a nurse. Additionally, it covers Dr. Diocares's salary. There is also a cost leasing of a building space to perform these services, since the building requirements for behavioral health services are not as stringent as full medical care.

ii. \$269,976 - Behavioral Health Crisis Response team (selected)

1. This is a mobile BH team that responds to the 988 behavioral health crisis calls. Primary costs are the van for mobile response and the salaries for 2 CR drivers, 2 peer-support workers, and a program manager. LCSW's are also needed, but they were already included in the other application.

iii. \$252,063 - All-terrain EMS vehicle & additional staffing for Community EMS (not selected)

10. **Service Line Updates:** Met with John Lanning, CEO of Three Crosses to discuss the logistics associated with a relaunch of surgical services and a possible pain clinic. We plan to host providers from Three Crosses within the next week and discuss patient flow, equipment, our EHR, and the business model purposed to assure financial feasibility.

a. Future service line considerations could include Women's Health and Cardiology.

11. **ChartSpan:** Administration and I plan to end the ChartSpan contract and internalize the Chronic Care Management coordinator function – adding a personal local touch.

12. **Patient Experience Officer:** To address the negative responses from our community, Press Ganey reports, OASCAHPS, HCAHPS this individual would focus primarily on the patient experience. He/She would participate in the

development and implementation, or treatment improvement plans and projects: data collection, chart abstraction, analysis and display of data; developing and submitting reports; facilitating the introduction of performance improvement techniques; and acting as a resource for guidelines surrounding the patient experience during treatment.

13. **CHNA:** We reviewed the survey results of our Community Health Needs Assessment on January 8th and are composing an action plan to address the top items.
14. **Marketing:** Janine and I are working on an integration/presentation plan for our stakeholders and key organizations.
15. **Gail Wegger Retirement:** Our project manager with HealthNet Consulting is retiring at the end of the month. Gail has been our liaison bringing resolution to Cemer issues. IT will assume responsibility for that function moving forward.
16. **Sierra County Republican Party Introductions:** Sheridan Fuss invited me to attend the bi-annual meeting of the Sierra County Republican Party on Saturday, January 4th and introduced me to many elected officials and community leaders.
17. **Meeting Legislators:** I attended the prayer breakfast at Johnny B's for our legislators on Sunday, January 19th and met Sen. Brantley and Rep. Armstrong. Rep. Dow was also present – she and Aaron had invited my family out for dinner previously, so we've had the opportunity to get familiar.
18. **67 Arabian Lane:** The lease for 67 Arabian Lane ended on December 31, 2024. We opted not to renew it, as our negotiated hotel rate is \$81 daily at Holiday Inn Express and financially a more feasible solution for housing considering how infrequently the house was used.
19. **New Mexico Legislative Session:** LJ and I will be attending the New Mexico Legislative Session on February 19th & 20th.