



**SIERRA VISTA HOSPITAL  
GOVERNING BOARD MEETING**

**Elephant Butte Lake RV  
Resort Center  
12-5-23**

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

**A VERY MERRY  
CHRISTMAS  
and Happy New Year!**

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

**December 5, 2023**

**12:00pm**

**Elephant Butte Lake RV  
Event Center**

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

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

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

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

**TIME OF MEETING:** 12:00pm

**PURPOSE:** Regular Meeting

**ATTENDEES:  
GOVERNING BOARD**

**COUNTY**

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

**ELEPHANT BUTTE**

Katharine Elverum, Member  
John Mascaro, Member

**CITY**

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

**EX-OFFICIO**

Frank Corcoran, CEO  
Amanda Cardona, VCW  
John Mascaro, City Manager, EB  
Amber Vaughn, County Manager  
Angie Gonzales, City Manager, TorC  
Jim Paxon, JPC Chair

**VILLAGE of WILLIAMSBURG**

Denise Addie, Member, **Secretary**

**SUPPORT STAFF:**

Ming Huang, CFO  
Lawrence Baker, HR Director  
Sheila Adams, CNO  
Heather Johnson, HIM Mgr.,  
Zachary Heard, Operations  
Mgr., Compliance  
Lisa Boston  
Dr. Sonia Seuffer, COS

**Ovation:**

Erika Sundrud  
David Perry

<b>AGENDA ITEMS</b>	<b>PRESENTER</b>	<b>ACTION REQUIRED</b>
1. <b>Call to Order</b>	Bruce Swingle, Chairperson	
2. <b>Pledge of Allegiance</b>	Bruce Swingle, Chairperson	
3. <b>Roll Call</b>	Jennifer Burns	Quorum Determination
4. <b>Approval of Agenda</b>	Bruce Swingle, Chairperson	Amend/Action
<b>“Are there any items on this agenda that could cause a potential conflict of interest by any Governing Board Member?”</b>		
5. <b>Approval of minutes</b>	Bruce Swingle, Chairperson	
A. October 24, 2023 Regular Meeting		Amend/Action
6. <b>Public Input – 3-minute limit</b>		Information
7. <b>Old Business- None</b>	Bruce Swingle, Chairperson	
8. <b>New Business- None</b>		
9. <b>Finance Committee-</b>		
A. October Financial Report	Ming Huang, CFO	Report/Action
B. Audit Update	Ming Huang, CFO	Report
10. <b>Board Quality- Denise Addie, Chairperson</b>		
A. <b>Med Staff –</b>		
1. <b>Policy Review</b>		Action
a. Policy # 102-01-001: Inpatient Assessment		
b. Policy # 102-01-023: Admission Process, Emergency Department to Medical Surgical Unit		
c. Policy # 102-03-013: Influenza Vaccination, Inpatient		
i. Vaccine Information Statement: Influenza (English)		
ii. Vaccine Information Statement: Influenza (Spanish)		
d. Policy # 280-01-013: Allergy Identification		
e. Policy # 280-03-003: Cardiopulmonary Resuscitation		
i. Form # F-280-03-003-01: Code Blue Flow Sheet		
f. Policy # 280-01-093: Clothing and Personal Possessions		
i. Form # F-280-01-093-01: Clothing and Personal Possessions Form		
g. Policy # 280-01-040: Decedent Care		
h. Policy # 280-03-107: Enteral Gastric, Duodenal, and Jejunal Tube Feeding, Tube Care, and Medication Administration		
i. Policy # 280-03-013: Eye Irrigation		
j. Policy # 280-03-014: Fall Prevention		
k. Policy # 280-03-007: Deaths Reportable to OMI		
l. Policy # 208-03-019: Oral Care		
m. Policy # 280-03-022: Perineal Care		

**11. Administrative Reports**

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

**Motion to Close Meeting:**

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

*Order of business to be determined by Chairperson:*

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

A. Privileges

Frank Corcoran

Initial

Ranjana Verma, NP

Provisional to 2-Year

Shannon Baublitz-Smith, LCSW

RadPartners Initial

Judyta M. Loomis, MD

Kwasi Addae-Mensah, MD

RadPartners Reappointment

Jayanta K. Chaudhuri, MD

Ryan T. Geracimos, MD

Steven R. Hole, MD

Termination

Laurentine Uwamahoro, NP – *contract ended 09/29/2023*

Jason Murri, MD (RadPartners)

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

A. Risk Report

Heather Johnson

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

A. PreReal Presentation

James Prendamano

B. Board Education

Lisa Boston

C. Ovation Report to Board

Erika Sundrud

**Roll Call to Close Meeting:**

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

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

**A. Privileges**

Action

**Initial**

Ranjana Verma, NP

**Provisional to 2-Year**

Shannon Baublitz-Smith, LCSW

**RadPartners Initial**

Judyta M. Loomis, MD

Kwasi Addae-Mensah, MD

**RadPartners Reappointment**

Jayanta K. Chaudhuri, MD

Ryan T. Geracimos, MD

Steven R. Hole, MD

**Termination**

Laurentine Uwamahoro, NP – *contract ended 09/29/2023*

Jason Murri, MD

**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. PreReal Presentation**

Report/Action

**B. Board Education**

Information

**C. Ovation Report to Board**

Report/Action

**14. Other**

Discussion

Next Regular Meeting- January 23, 2024 @ 12:00

**15. Adjournment**

Action

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

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**October 24, 2023**

**12:00pm**

**Elephant Butte Lake RV Resort  
Event Center**

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**1.** The Governing Board of Sierra Vista Hospital met October 24, 2023, at 12:00 pm at Elephant Butte Lake RV Resort Event Center for a regular meeting. Bruce Swingle, Chairperson, called the meeting to order at 12:00.

**2. Pledge of Allegiance**

**3. Roll Call**

**GOVERNING BOARD** -----

**SIERRA COUNTY**

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

**CITY OF T O R C**

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

**VILLAGE OF WILLIAMSBURG**

Denise Addie, **Secretary** – Present by phone

**GUEST:**

Erika Sundrud, Ovation  
David Perry, Ovation by phone  
Blake Seitz, Ovation  
Kylie, Ovation  
Dianne, Ovation  
Tom Dingus, Dingus  
Lisa Boston

**ELEPHANT BUTTE**

Katharine Elverum, Member – Present  
John Mascaro, Member- Present

**EX-OFFICIO**

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

**STAFF**

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

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

There is a quorum.

- 4. Approval of Agenda** Bruce Swingle, Chairperson  
Kathi Pape motioned to approve the agenda. Greg D’Amour seconded. Motion carried unanimously.

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

None

- 5. Approval of minutes** Bruce Swingle, Chairperson  
A. September 26, 2023 Regular Meeting  
Kathi Pape motioned to approve the September 26, 2023 minutes. Katharine Elverum seconded. Serina Bartoo abstained as she did not attend that meeting. Motion carried unanimously.

**6. Public Input –**

Ted Kuzdrowski addressed the Governing Board regarding employees.  
Stacie Terrazas, addressed the Governing Board regarding her former employment.  
Bambi Mitchell, addressed the Governing Board regarding her former employment.

*NOTE: The Governing Board will close the meeting at this time to accommodate schedules for presenters from Dingus and Ovation. Open session will be held when Executive session is done.*

**Motion to Close Meeting:**

Serina Bartoo motioned to move into Executive session. John Mascaro seconded.

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

*Order of business to be determined by Chairperson:*

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

A. Privileges Frank Corcoran

**Initials:**

Christina Cruz, PsyD

Frank M. Ralls, MD (Newport Health Network, Sleep Medicine)

**RadPartners reappointments:**

Ginu Aykkareth Thomas, MD

Chadwick Barrs, MD

**Terms:**

Dawn O’Keefe, CNP

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

Shedthikere K. Murthy, MD (Arena Health)  
Omar Samarah, MD (RadPartners)

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

A. Risk Report	Heather Johnson
B. Quarterly Compliance Report	Zach Heard

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

A. FY23 Audit	Tom Dingus/ Ming Huang, CFO
B. Strategic Plan Presentation	Blake Seitz, Ovation
C. AMMC Campaign Performance	Blake Seitz, Ovation
D. Ovation Report to Board	Erika Sundrud, Ovation

**Roll Call to Close Meeting:**

Kathi Pape – Y	Shawnee Williams – Y	Bruce Swingle – Y
Greg D’Amour – Y	Denise Addie – Y	Katharine Elverum – Y
John Mascaro – Y	Jesus Baray - Y	Serina Bartoo - Y

**8. 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:**

Christina Cruz, PsyD  
Frank M. Ralls, MD (Newport Health Network, Sleep Medicine)

**RadPartners reappointments:**

Ginu Aykkareth Thomas, MD  
Chadwick Barrs, MD

**Terms:**

Dawn O’Keefe, CNP  
Shedthikere K. Murthy, MD (Arena Health)  
Omar Samarah, MD (RadPartners)

Denise Addie motioned based on the recommendation of the Board Quality Committee. approval of all above listed privileges. Shawnee Williams seconded. Motion carried unanimously.

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

A. Risk Report – No Action  
B. Quarterly Compliance Report – No Action

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

A. FY23 Audit – No Action



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

**B. Strategic Plan Presentation**

Katharine Elverum motioned to approve the Strategic Plan. Greg D'Amour seconded. Motion carried unanimously.

C. AMMC Campaign Performance – No Action

D. Ovation Report to Board – No Action

**9. Old Business-**

Bruce Swingle, Chairperson

None

**10. New Business-**

None

**11. Finance Committee-**

A. September Financial Report - Ming Huang, CFO, directed the board to page FC4 of the packet. Days cash on hand at the end of September were 102 days which equals \$9,185,577. Accounts receivable net days were 23 and accounts payable days were 29. We had a net loss of (\$160,594) versus a budget net loss of (\$214,443).

Gross revenue for September was \$5,434,928 or \$199,374 more than budget. Patient days were 93, 41 more than August. Outpatient visits were 1,112 which is 240 more than August. RHC visits were 793, 244 less than August and ER visits were 714, 51 less than August.

Revenue deductions for September were \$2,740,486 or \$125,210 more than budget. Other operating revenue was \$170,261. Non-operating revenue was \$201,679. Total operating expenses were \$2,826,959 which is over budget by \$90,379. Contract service expenses include \$37,755 for the financial audit.

EBITDA for September was \$241,844 versus a budget of \$190,455. Year to date EBITDA is \$706,342 versus a budget of \$584,062.

The bond coverage ratio was 170% versus an expected ratio of 130%.

Walk-in clinic numbers are included in the RHC total numbers.

Kathi Pape motioned based on the recommendation of the finance committee, acceptance of the September financial report. Katharine Elverum seconded. Bruce Swingle stated that he would like to see a matrix of key performance indicators that can be tracked every month. In addition, there is a correction under total liabilities and equity. Jim Paxon stated that when he came on board a few years ago, we had \$800,000 cash assets, five days cash on hand; we are a long way from that with our current total assets at \$13,928,939. This is a very difficult time for healthcare in New Mexico and we are doing well in spite of that. Motion carried unanimously.

**12. Board Quality-**

**A. Med Staff**

1. Medical Staff Committee Election Results- Zach Heard reported that the medical staff held elections for officers of the Medical Executive Committee as required by the revised medical staff bylaws. Dr. Seufer is the Chairperson, Dr. Palin is the Vice Chairperson and Dr. Garver is the Secretary. Dr. Seufer will be providing updates on medical staff to the board in the future.

2. Policy Review

a. NM Vaccine for Children (VFC) Program Policy

b. Controlled Substances

## SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

Denise Addie stated that the policies were reviewed at Board Quality on Monday. She motioned based on that review to approve the NM Vaccine for Children and Controlled Substances policies. Greg D'Amour seconded. Motion carried unanimously.

### **13. Administrative Reports**

A. Human Resources - LJ Baker, HR Director, reported that priority of effort is support of expanding service lines and reorganization for efficiency. Since July first there have been 16 new or rehires and 23 terminations. We are bringing a psychiatrist out from Chicago to interview within the next couple of weeks. We are also looking for a physical therapist and speech therapist. Key vacancies include registered nurses, nurse assistants and SPD/ENDO Tech. Sheila and LJ are looking in various places to fill these positions.

We continue to engage with our government reps. In the last 90 days, we have applied for capital outlay funds and applied for Senate Bill 7 funds. With those funds, we will build a new facility for EMS and rehab services, relocate offices currently in the old building and tear down the old hospital.

There will be a job fair on November 17 with Workforce Solutions and the City of Truth or Consequences. This will be held at the Community Center.

The SOAR program is taking off and we will be bringing in students to shadow managers of our various departments. We want to hire some of our students especially for our registration department. Contract numbers have not changed. We have eight contract staff and 18 travel staff.

The 3% cost of living adjustment has been given to staff. Reorganization of positions reduced overall impact of "people management operations." Hiring of key professional staff will result in increased financial opportunities as services develop.

B. Nursing Services - Sheila Adams, CNO, stated that we continue testing for Cerner "go live." Two of our staff are attending a conference and working with hospitals similar to ours that are or have been using the Cerner system.

We have reached out to UNM and NMSU Roswell to place clinical nurses here as they work on their Masters.

The ER had 714 visits in September which is an average of 24 a day. EMS had 319 ACLS, BLS runs, 911 calls and transfers. EMS Community Health had 137 transitional care management visits.

Surgery is going well. There were 12 scopes and five surgeries as well as nine surgical consults. We are starting to see referrals from Ben Archer here and in Hatch. We had four in-house and four at home sleep studies. We are seeing these numbers grow in October. PFTs and oxygen need evaluation continues. Traumas decreased in September to 89. We are ready for our pending survey.

Brian Hamilton and Ashlee West have really stepped up and arranged their schedules to cover the vacancies and make sure the staff is not overworked in EMS.

C. CEO Report - Frank Corcoran, CEO, said that, as LJ mentioned, we are interviewing a full-time psychiatrist in the next couple of weeks. Dr. Cruz, clinical psychologist, has started seeing patients. The walk-in clinic is seeing an average of 30 per week. We are not seeing ER numbers or clinic numbers drop as a result of the walk-in clinic. This access was essential for the community.

We are exploring adding additional services such as infectious disease, endocrine, pulmonology and hematology to our Tele-med care. Senate bill 7 monies would help offset the cost of these services. In addition, we want to bring in pain management, wound care and expansion of surgery and community EMS.

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

Our IT2 testing failed so our "go live" has been moved to the last week of January. The failure occurred in billing of services.

The state is adding a 10% charge to our state group insurance to cover employee insurance and benefits. This will put us over budget. We are planning to have an independent assessment with Brown and Brown to evaluate our current benefit package.

We will be working with Dingus to transition to a 501(c)3.

We had a nice turn out for the 5K walk/ run for breast cancer awareness. We had 106 participants and more than 50 volunteers. We raised about \$8,600 which all stays in this community and goes to the Sierra County Cancer Society. They help transport patients to treatments in Las Cruces and so much more.

Discussion was held regarding the next legislative session and capital outlay.

D. Governing Board - Bruce Swingle, Chairperson, praised the hospital and staff for the 5K event. Christine Ramirez took the lead in putting on this event and deserves all of the KUDOS. And KUDOS to all those involved.

1. Revised Committee Appointments- Bruce stated that our bylaws have been approved and we can increase the number to four. Bruce asked Greg D'Amour to serve on the Board Quality Committee in addition to those already appointed. Until the key matrix of indicators is prepared, the Finance Committee will remain as is.

Bruce stated that it is very important to remember that we are ambassadors of the hospital in the community. That is one of our roles as board members.

### **14. Other**

The next regular meeting of the Governing Board will be held on Tuesday, December 5 at 12:00. Finance Committee will meet on Tuesday, December 5 at 10:30 and Board Quality will meet on Monday, December 4 at 10:00.

### **15. Adjournment**

John Mascaro motioned to adjourn. Serina Bartoo seconded. Motion carried unanimously.



## **Financial Analysis**

**October 31<sup>st</sup>, 2023**

**Days Cash on Hand** for October 2023 are 101 (\$9,382,107)

**Accounts Receivable Net days** are 29

**Accounts Payable days** are 23

### **Hospital Excess Revenue over Expense**

The **Net Income** for the month of October was (\$103,852) vs. a Budget Income of (\$221,591).

**Hospital Gross Revenue** for October was \$5,222,493 or \$187,580 less than budget. Patient Days were 104 – 11 more than September, Outpatient Visits were 913 – 199 less than September, RHC visits were 1,069 – 276 more than September and ER visits were 661 – 53 less than September.

**Revenue Deductions** for October were \$2,540,978 or \$161,473 less than budget.

**Other Operating Revenue** was \$575,484 including July through October Pharmacy 340B program revenue of \$431,792.

**Non-Operating Revenue** was \$173,683.

**Hospital Operating Expenses** for October were \$3,095,060 which were over budget by \$267,261. Benefits expenses were under budget due to the reimbursement of \$27,000 from joint unemployment fund. Supplies included 340B program ingredient cost of \$246,888 and Contract Services included 340B program expense of \$141,645 from July through October. Repairs and Maintenance were over budget by \$37,934 with the generator installation cost of \$39,490. Insurance expenses were under budget because of the dividend of workers' compensation fund of \$39,920.

**EBITDA for October** was \$335,837 vs. a Budget of \$196,804. YTD EBITDA is \$1,042,180 vs. a Budget of \$780,866.

**The Bond Coverage Ratio in October** was 144% vs. an expected ratio of 130%.

Sierra Vista Hospital  
KEY STATISTICS  
October 31, 2023

MONTH				BENCHMARK RANGE				YEAR TO DATE						
Actual	Budget	Variance to	Prior Year	Variance to	QHR 75th	QHR 50th	Actual	Budget	Variance to	Prior Year	Variance to			
10/31/23	10/31/23	Budget	10/31/22	Prior Year			10/31/23	10/31/23	Budget	10/31/22	Prior Year			
DESCRIPTION														
<b>Growth</b>														
Net Patient Revenue Growth Rate														
Admissions														
					6%	5%	22%							
22	22	-	20	2	303	175	91	88	3	73	18			
3	6	(3)	3	-	34	25	9	24	(15)	26	(17)			
25	28	(3)	23	2	337	200	100	112	(12)	99	1			
4.2	4.2	(0.0)	4.0	0.1	3.3	4.0	3.2	4.2	(1)	4.9	(1.73)			
104	117	(13)	93	11	18,335	10,572	317	468	(151)	485	(168)			
913	1,000	(87)	1,056	(143)	7,784	6,335	4,033	4,000	33	3,872	161			
1,069	751	318	601	468	3,493	2,702	3,646	3,004	642	2,331	1,315			
661	703	(42)	661	-	10%	6%	2,852	2,812	40	2,852	-			
3%	3%	0.2%	3%	0%	ER Visits Conversion to Acute Admissions						3%	0%	3%	1%
<b>Surgery Cases</b>														
1	-	1	-	1	87	42	4	-	4	0	4			
18	-	18	-	18	513	260	61	-	61	0	61			
19	-	19	-	19	600	302	65	-	65	-	65			
<b>Profitability</b>														
10%	15%	-5%	8%	1%	7%	4%	9%	15%	-6%	7%	1%			
-3%	15%	-18%	-8%	5%	2%	2%	-5%	15%	-20%	-9%	4%			
49%	46%	3%	57%	-8%	47%	50%	52%	46%	6%	55%	-3%			
9%	2%	7%	11%	-1%	2%	6%	9%	2%	7%	9%	0%			
94%			93%		83%	78%	94%			93%	1%			
\$ 12,534			\$ 13,204	(\$670)			\$12,534			\$ 13,204	(\$670)			
\$ 6,436			\$ 5,723	\$713			\$6,436			\$ 5,723	\$713			
39%	40%	-1%	43%	-4%	35%	40%	39%	40%	-1%	44%	-4%			
6%	7%	-1%	9%	-3%	11%	12%	7%	7%	0%	9%	-2%			
15%	8%	7%	7%	9%	10%	13%	9%	8%	1%	6%	2%			
<b>Cash and Liquidity</b>														
101					236	106	101			147	(46)			
45					47	57	45			41	4			
29					41	53	29			26	3			
23					30	35	23			39	(15)			
5.5					4.3	2.6	5.5			5.7	(0.2)			

Sierra Vista Hospital  
 STATISTICS by Month  
 October 31, 2023  
 (SUBJECT TO AUDIT)

Description	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	1/31/2024	12/31/2023	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023
<b>Admissions</b>												
Acute							22	29	21	21	21	19
Swing							3	2	2	2	2	2
<b>Total Admissions</b>							<b>25</b>	<b>31</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>21</b>
ALOS (acute and swing)							4.2	3.0	2.3	3.2	3.2	3.2
Patient Days (acute and swing)							104	93	52	68	68	68
Outpatient Visits							913	1,112	872	1,136	1,136	1,136
Rural Health Clinic Visits							1,069	793	1,037	747	747	747
ER Visits							661	714	765	712	712	712
ER Visits Conversion to Acute Admissions							3%	4%	3%	3%	3%	3%
<b>Surgery Cases</b>												
Inpatient Surgery Cases							1	2	1	1	1	1
Outpatient Surgery Cases							18	15	16	16	16	12
<b>Total Surgeries</b>							<b>19</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>12</b>
<b>Profitability</b>												
EBITDA % Net Rev							10%	8%	16%	8%	16%	-1%
Operating Margin %							-3%	-5%	3%	-5%	3%	-18%
Rev Ded % Net Rev							49%	50%	53%	50%	53%	57%
Bad Debt % Net Pt Rev							9%	10%	8%	10%	8%	10%
Outpatient Revenue %							94%	93%	97%	94%	97%	96%
Gross Patient Revenue/Adjusted Admission							\$ 12,534	\$ 12,272	\$ 7,745	\$ 9,808	\$ 9,808	\$ 9,808
Net Patient Revenue/Adjusted Admission							\$ 6,436	\$ 6,090	\$ 3,656	\$ 4,230	\$ 4,230	\$ 4,230
Salaries % Net Pt Rev							39%	37%	36%	37%	36%	46%
Benefits % Net Pt Rev							6%	7%	7%	8%	7%	8%
Supplies % Net Pt Rev							15%	7%	6%	7%	6%	6%
<b>Cash and Liquidity</b>												
Days Cash on Hand							101	102	105	101	105	101
A/R Days (Gross)							45	40	38	40	38	40
A/R Days (Net)							29	23	20	23	20	22
Days in AP							23	29	23	29	23	24
Current Ratio							5.5	5.7	6.7	5.7	6.7	6.9

Sierra Vista Hospital  
 TWELVE MONTH STATISTICS  
 October 31, 2023  
 (SUBJECT TO AUDIT)

Description	10/31/2023	9/30/2023	8/31/2023	7/31/2023	6/30/2023	5/31/2023	4/30/2023	3/31/2023	2/28/2023	1/31/2023	12/31/2022	11/30/2022
	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending
<b>Admissions</b>												
Acute	22	29	21	19	21	22	23	18	28	22	26	27
Swing	3	2	2	2	8	5	5	5	5	9	5	9
<b>Total Admissions</b>	<b>25</b>	<b>31</b>	<b>23</b>	<b>21</b>	<b>29</b>	<b>27</b>	<b>28</b>	<b>23</b>	<b>33</b>	<b>31</b>	<b>31</b>	<b>36</b>
ALOS (acute and swing)	4.2	3.0	2.3	3.2	3.7	2.9	3.7	3.3	3.0	5.2	4.0	4.5
Patient Days (acute and swing)	104	93	52	68	108	78	103	76	98	160	124	162
Outpatient Visits	913	1,112	872	1,136	1,002	1,111	1,196	999	930	960	1,103	825
Rural Health Clinic Visits	1,069	793	1,037	747	941	899	747	934	697	831	716	744
ER Visits	661	714	765	712	639	755	720	716	573	673	755	757
ER Visits Conversion to Acute Admissions	3%	4%	3%	3%	3%	3%	3%	3%	5%	3%	3%	4%
<b>Surgery Cases</b>												
Inpatient Surgery Cases	1	2	1	-	-	-	-	-	-	-	-	-
Outpatient Surgery Cases	18	15	16	12	21	18	17	18	13	8	-	-
<b>Total Surgeries</b>	<b>19</b>	<b>17</b>	<b>17</b>	<b>12</b>	<b>21</b>	<b>18</b>	<b>17</b>	<b>18</b>	<b>13</b>	<b>8</b>	<b>-</b>	<b>-</b>
<b>Profitability</b>												
EBITDA % Net Rev	10%	8%	16%	-1%	-13%	3%	-17%	3%	4%	17%	4%	15%
Operating Margin %	-3%	-5%	3%	-18%	-31.1%	-10.6%	-34.4%	-11.0%	-12%	4%	-12%	0%
Rev Ded % Net Rev	49%	50%	53%	57%	53%	54%	56%	49%	46%	47%	52%	52%
Bad Debt % Net Pt Rev	9%	10%	8%	10%	8.2%	2.7%	9.5%	6.8%	7%	8%	4%	10%
Outpatient Revenue %	94%	93%	97%	96%	93%	95%	94%	94%	93%	91%	91%	92%
Gross Patient Revenue/Adjusted Admission	\$ 12,534	\$ 12,272	\$ 7,745	\$ 9,808	\$ 12,963	\$ 11,645	\$ 11,522	\$ 13,845	\$ 9,650	\$ 14,997	\$ 13,551	\$ 11,810
Net Patient Revenue/Adjusted Admission	\$ 6,436	\$ 6,090	\$ 3,656	\$ 4,230	\$ 6,098	\$ 5,383	\$ 5,016	\$ 7,064	\$ 5,197	\$ 7,987	\$ 6,473	\$ 5,622
Salaries % Net Pt Rev	39%	37%	36%	46%	39%	36%	42%	37%	41%	39%	43%	35%
Benefits % Net Pt Rev	6%	7%	7%	8%	19%	6%	10%	9%	8%	8%	8%	7%
Supplies % Net Pt Rev	15%	7%	6%	6%	7%	5%	7%	7%	6%	6%	10%	7%
<b>Cash and Liquidity</b>												
Days Cash on Hand	101	102	105	101	121	129	125	135	138	134	138	147
A/R Days (Gross)	45	40	38	40	43	43	39	37	41	43	36	39
A/R Days (Net)	29	23	20	22	25	25	25	23	27	28	21	22
Days in AP	23	29	23	24	25	28	20	25	29	28	24	26
Current Ratio	5.5	5.7	6.7	6.9	4.3	4.5	5.2	5.4	5.8	7.1	7.4	6.7

Sierra Vista Hospital  
Detailed Stats by Month  
10/31/2023

(SUBJECT TO AUDIT)

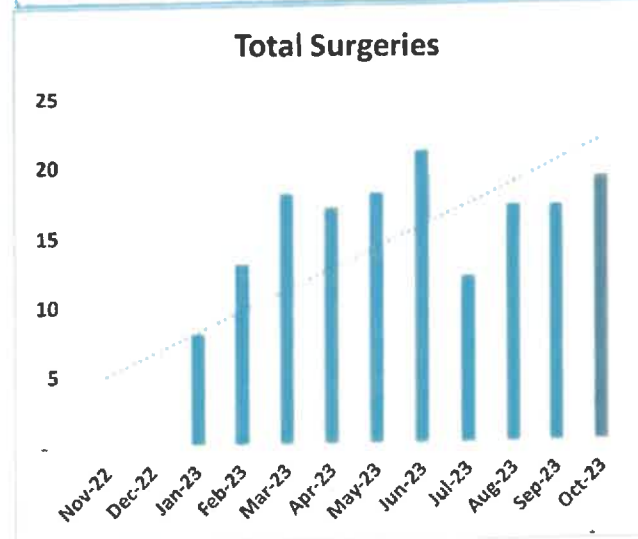
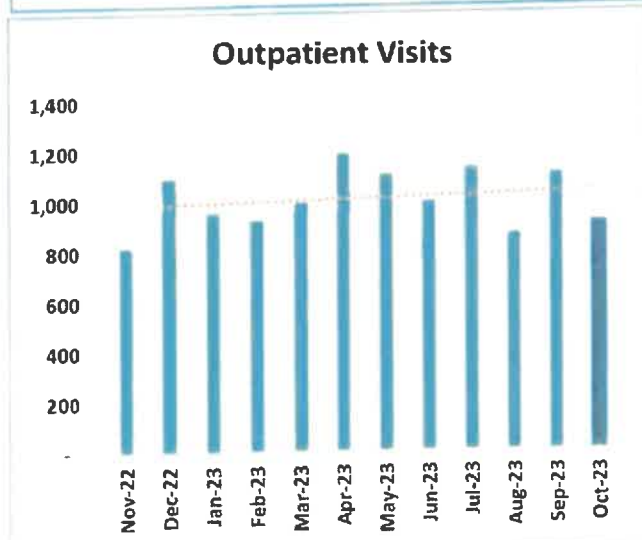
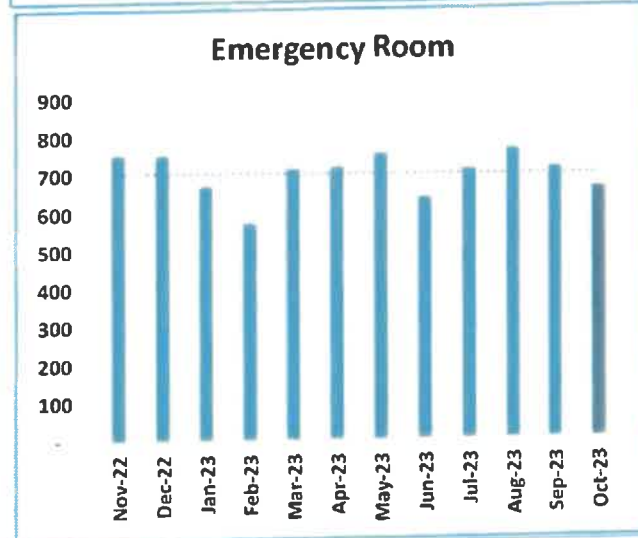
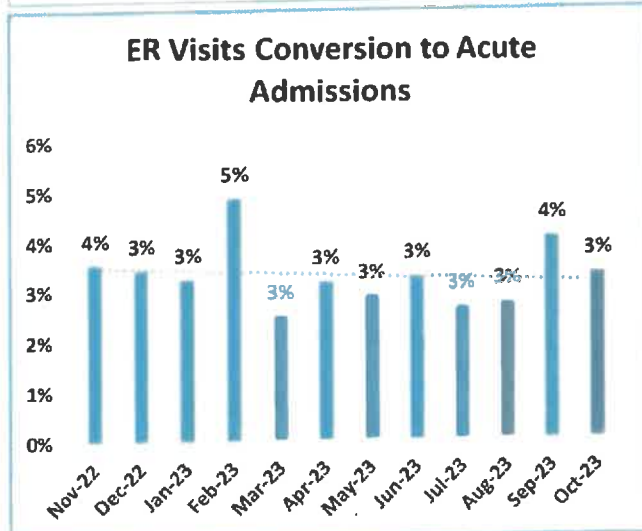
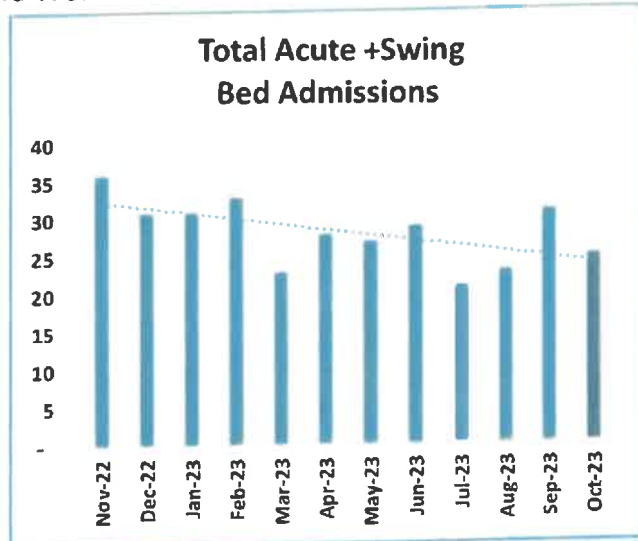
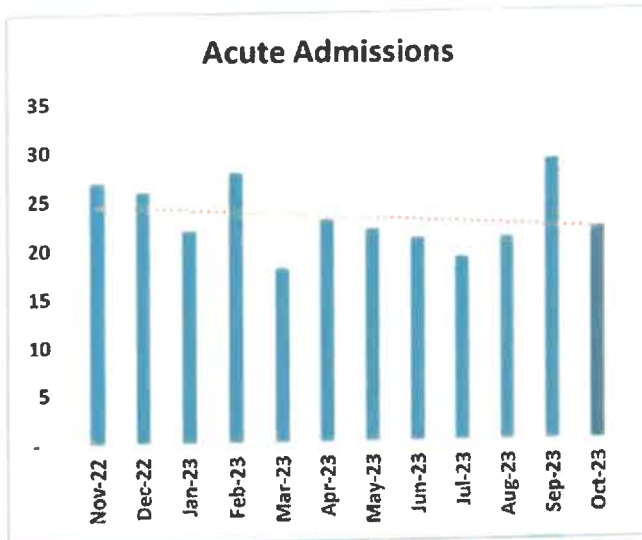
Description	FY2024	Avg FY2024	Month		Month		Month		Month		Month		Month		Month		Month	
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
			6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	1/31/2024	11/30/2023	10/31/2023	9/30/2023	8/31/2023	Month Ending 7/31/2023	Month Ending 7/31/2023	Month Ending 7/31/2023	Month Ending 7/31/2023	Month Ending 7/31/2023	Month Ending 7/31/2023
Total Acute Patient Days	233	58									70	80	37	46				
Total Swingbed Patient Days	84	21									34	13	15	22				
Total Acute Hours (based on Disch Hrs)	6,626	1,657									1,619	2,602	949	1,456				
<b>TOTAL ACUTE</b>																		
Patient Days	233	58									70	80	37	46				
Admits	91	23									22	29	21	19				
Discharges	90	23									18	32	18	22				
Discharge Hours	6,626	1,657									1,619	2,602	949	1,456				
Avg LOS	2.6	2.6	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.9	2.5	2.1	2.1				
Medicare Acute																		
Patient Days	206	52									60	73	33	40				
Admits	76	19									18	26	17	15				
Discharges	75	19									14	28	15	18				
Discharge Hours	5,720	1,430									1,321	2,305	818	1,276				
Avg LOS	2.7	2.7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	4.3	2.6	2.2	2.2				
<b>SWING - ALL (Medicare/Other)</b>																		
Patient Days	84	21									34	13	15	22				
Admits	9	2									3	2	2	2				
Discharges	12	3									4	2	2	4				
Discharge Hours	2,190	548									868	338	474	510				
Avg LOS	7.0	7.0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	8.5	6.5	7.5	5.5				
<b>Observations</b>																		
Patient Days	150	38									31	21	72	26				
Admits	92	23									21	20	29	22				
Discharge Hours	3,725	931									828	1096	1186	615				
Emergency Room																		
Total ER Patients	2,852	713									661	714	765	712				
Admitted	47	12									8	18	9	12				
Transferred	218	55									53	47	64	54				
Ambulance																		
Total ALS/BLS runs	1,277	319									296	329	319	333				
911 Calls	987	247									231	260	241	255				
Transfers	290	73									65	69	78	78				
OP Registrations	4,033	1,008									913	1,112	872	1,136				
Vaccine Clinic	364	91									78	86	102	98				
Rural Health Clinic																		
Total RHC Visits	3,646	912									1,069	793	1,037	747				
Avg Visits per day	168	42									47	40	47	34				
Walk-In Clinic	272	68									159	113						
Behavioral Health																		
Patients Seen	1,025	256									166	264	275	320				



Sierra Vista Hospital  
Detailed Stats by Month  
10/31/2023  
(SUBJECT TO AUDIT)

	FY2024	Avg FY2024	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Dietary</b>														
Inpatient Meals	2,613	653									777	708	637	491
Outpatient Meals	270	68									80	59	69	62
Cafeteria Meals	21,749	5,437									5,611	5,319	5,536	5,283
Functions	1,361	340									383	372	385	221
<b>Laboratory</b>														
In-house Testing	75,516	18,879									19,504	18,884	19,139	17,989
Sent Out Testing	3,293	823									903	837	754	799
Drugscreens	94	24									19	24	32	19
<b>Physical Therapy</b>														
PT Visits	698	175									158	170	175	195
Tx Units	2,597	649									566	620	671	740
Outpatient	156	39									34	40	42	40
Inpatient	92	23									25	25	20	22
<b>Radiology</b>														
X-Ray Patients	1,743	436									434	446	440	423
CT Patients	1,541	385									358	391	430	362
Ultrasound Patients	460	115									101	79	97	183
Mammogram Patients	182	46									60	32	47	43
MRI Patients	208	52									46	57	58	47
Nuclear Medicine Patients	25	6									4	3	8	10
DEXA	81	20									18	14	25	24
<b>Surgery</b>														
Surgical Procedures - OR	71	18									19	17	18	17
GI Lab Scopes	41	10									15	12	14	-
Major Surgery	6	2									4	2	-	-
Minor Surgery Under TIVA/Sedation	9	2									2	3	4	-
Inpatient Procedures	4	1									1	2	1	-
Outpatient Procedures	61	15									18	15	16	12
<b>Sleep Study</b>														
Home Testing	10	3									4	4	4	1
Inhouse	14	4									6	4	4	-

## Volume Trends





Sierra Vista Hospital  
INCOME STATEMENT by Month  
October 31, 2023

Description	Month Ending 6/30/2024	Month Ending 5/31/2024	Month Ending 4/30/2024	Month Ending 3/31/2024	Month Ending 2/28/2024	Month Ending 1/31/2024	Month Ending 12/31/2023	Month Ending 11/30/2023	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023
<b>Revenues</b>												
Gross Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,434,928	\$5,937,549	\$5,149,321
Revenue Deductions												
Contractual Allowances												
Bad Debt												
Other Deductions												
Total Revenue Deductions												
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %												
Other Operating Revenue												
Non-Operating Revenue												
Total Operating Revenue												
<b>Expenses</b>												
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,228,153	\$1,228,723	\$1,217,628
Salaries												
Benefits												
Other Salary & Benefit Expense												
Supplies												
Contract Services												
Professional Fees												
Leases/Rentals												
Utilities												
Repairs / Maintenance												
Insurance												
Other Operating Expenses												
Total Operating Expenses												
EBITDA	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,095,060	\$2,706,574	\$2,579,781
EBITDA Margin												
Non - Operating Expenses												
Depreciation and Amortisation												
Interest												
Tax/Other												
Total Non Operating Expenses												
NET INCOME (LO ES)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$103,852)	\$82,302	(\$446,852)
Net Income Margin												

Sierra Vista Hospital  
 TWELVE MONTH INCOME STATEMENT  
 October 31, 2023

Description	Month Ending 10/31/2023	Month Ending 9/30/2023	Month Ending 8/31/2023	Month Ending 7/31/2023	Month Ending 6/30/2023	Month Ending 5/31/2023	Month Ending 4/30/2023	Month Ending 3/31/2023	Month Ending 2/28/2023	Month Ending 1/31/2023	Month Ending 12/31/2022	Month Ending 11/30/2022
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Revenues</b>												
Gross Patient Revenue	5,222,493	5,434,928	5,937,549	5,149,321	5,370,369	6,288,038	5,376,911	5,307,092	4,549,211	5,165,758	4,667,505	5,314,315
Revenue Deductions	2,016,948	2,388,517	2,800,771	2,610,179	2,336,509	3,151,993	2,695,301	2,289,972	1,814,723	2,120,473	2,210,856	2,412,093
Contractual Allowances	276,140	313,140	251,113	239,981	226,311	80,846	244,607	196,488	188,500	227,839	90,154	283,657
Bad Debt	247,890	38,828	92,221	81,452	80,618	167,255	96,442	112,703	97,226	69,802	142,331	88,865
Other Deductions	2,540,978	2,740,486	3,144,106	2,931,613	2,643,438	3,400,094	3,036,350	2,599,163	2,100,450	2,418,114	2,443,341	2,784,615
Total Revenue Deductions	217	2,420	9,278	3,030	3,827	18,824	154	6	1,472	3,356	5,352	27
Other Patient Revenue	2,681,731	2,696,862	2,802,721	2,220,738	2,730,758	2,906,768	2,340,716	2,707,935	2,450,232	2,751,000	2,229,516	2,529,727
Net Patient Revenue	51%	50%	47%	43%	51%	46%	44%	51%	54%	53%	48%	48%
Gross to Net %												
Other Operating Revenue	575,484	170,261	206,464	149,121	(316,557)	48,929	24,907	191,665	143,649	122,435	161,664	168,134
Non-Operating Revenue	173,683	201,679	199,315	172,494	193,034	116,886	57,418	123,230	114,504	162,867	213,425	156,372
Total Operating Revenue	3,430,898	3,068,803	3,208,500	2,542,353	2,607,235	3,072,583	2,423,040	3,022,830	2,708,386	3,036,303	2,604,604	2,854,233
<b>Expenses</b>												
Salaries & Benefits	1,244,935	1,228,153	1,228,723	1,217,628	1,522,451	1,254,038	1,244,453	1,267,204	1,208,507	1,316,706	1,165,013	1,107,334
Salaries	1,056,153	1,007,467	1,005,620	1,016,209	993,810	1,034,473	989,714	1,007,694	1,005,741	1,085,374	963,610	897,576
Benefits	157,893	201,610	204,408	185,996	503,276	186,135	229,716	231,654	185,073	209,913	183,709	186,701
Other Salary & Benefit Expense	30,890	19,076	18,695	15,424	25,366	33,431	25,023	27,856	17,692	21,418	17,694	23,037
Supplies	412,362	195,362	169,487	129,245	240,382	144,630	153,123	176,654	145,574	159,611	216,154	170,929
Contract Services	1,014,421	961,100	839,231	793,494	901,427	1,138,421	908,444	1,079,524	824,458	644,493	680,378	759,436
Professional Fees	183,410	181,459	183,201	181,846	181,669	181,847	181,668	183,621	177,452	183,930	178,636	184,377
Leases/Rentals	5,952	13,275	38,504	24,804	25,128	24,485	10,500	8,286	10,606	9,203	9,334	5,400
Utilities	45,686	56,201	66,553	48,620	41,833	40,994	36,232	33,977	32,531	32,041	29,350	32,695
Repairs / Maintenance	103,070	64,352	56,822	72,280	71,619	77,231	85,760	65,840	86,468	67,748	54,759	73,937
Insurance	48,216	87,776	88,136	88,136	76,543	76,907	77,715	76,878	79,176	77,715	76,549	76,743
Other Operating Expenses	37,008	39,281	35,917	23,728	40,716	32,453	135,503	30,130	41,476	30,987	82,661	27,562
Total Operating Expenses	3,095,060	3,282,959	3,270,674	3,259,781	3,310,176	3,297,006	3,233,397	3,292,215	3,260,628	3,252,434	3,249,833	3,243,813
EBITDA	335,837	241,844	501,926	(37,428)	(494,533)	101,577	(410,357)	100,715	102,138	513,869	111,771	415,820
EBITDA Margin	10%	8%	16%	-1%	-19.0%	3%	-17%	3%	4%	17%	4%	15%
<b>Non - Operating Expenses</b>												
Depreciation and Amortization	323,631	276,280	286,623	284,371	352,158	294,248	294,081	286,746	286,443	286,009	285,517	285,517
Interest	73,823	74,647	75,119	73,290	135,720	74,926	73,320	77,117	75,095	73,349	73,359	71,474
Tax/Other	42,236	51,511	57,882	51,763	56,769	56,598	55,636	69,921	53,165	34,842	56,135	56,785
Total Non Operating Expenses	439,689	402,437	419,625	409,424	544,646	425,772	423,037	433,785	414,702	394,200	415,011	413,777
NET INCOME (LOSS)	(103,852)	(160,594)	82,302	(446,852)	(1,039,179)	(324,195)	(833,394)	(333,070)	(312,564)	(119,670)	(303,240)	2,043
Net Income Margin	(3%)	(5%)	3%	(18%)	(39.9%)	(11%)	(34%)	(11%)	(12%)	4%	(12%)	0%

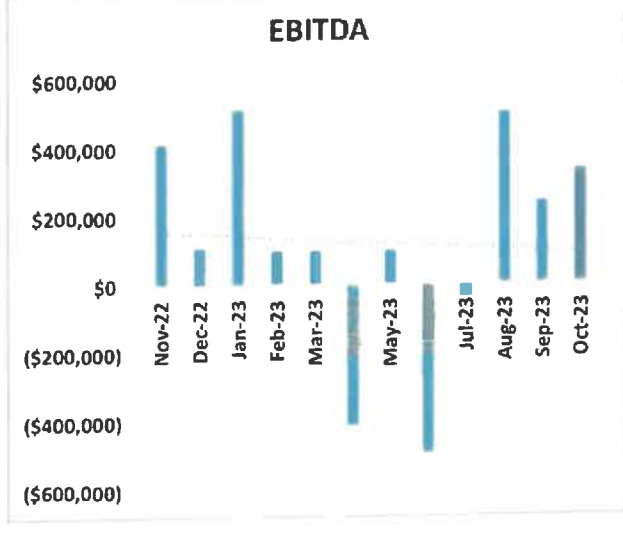
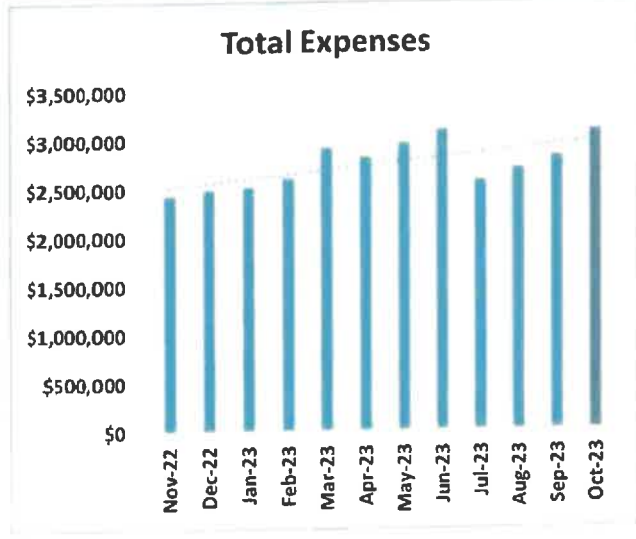
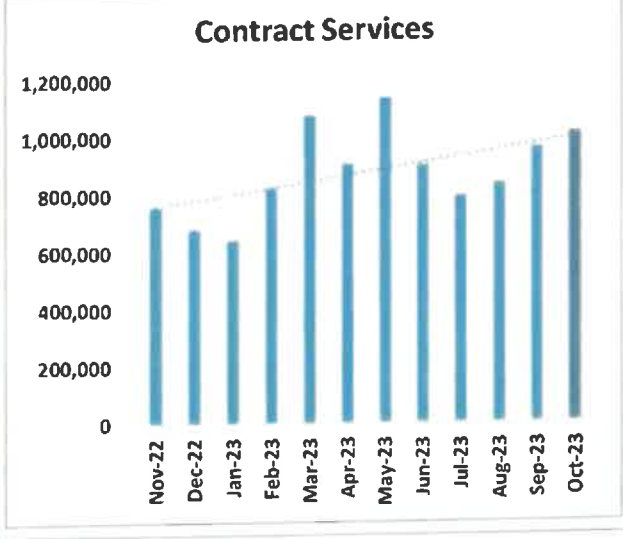
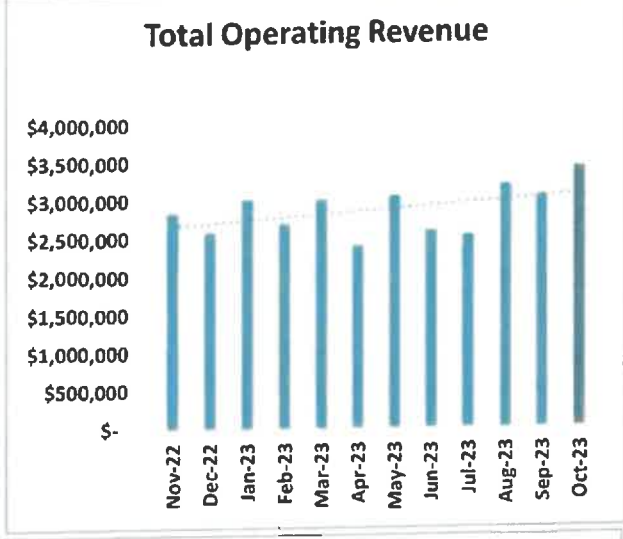
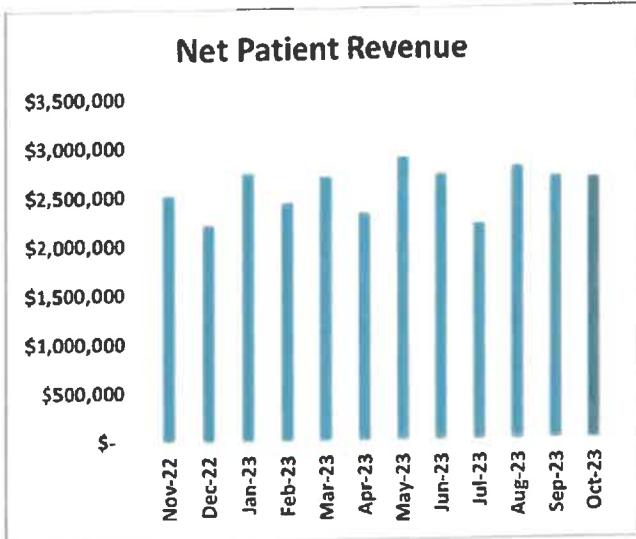
Sierra Vista Hospital  
BALANCE SHEET  
October 31, 2023

October 31, 2023 (Unaudited)		DESCRIPTION	June 30, 2023 (Unaudited)
<b>Assets</b>			
<b>Current Assets</b>			
\$	9,283,253	Cash and Liquid Capital	\$ 10,246,815
\$	98,854	US Bank Clearing	\$ 98,103
\$	9,382,107	<b>Total Cash</b>	\$ 10,348,345
\$	8,051,189	Accounts Receivable - Gross	\$ 7,263,177
\$	5,523,938	Contractual Allowance	\$ 5,240,610
\$	2,527,251	<b>Total Accounts Receivable, Net of Allowance</b>	\$ 2,022,567
\$	1,009,246	Other Receivables	\$ 960,302
\$	455,096	Inventory	\$ 436,861
\$	673,023	Prepaid Expense	\$ 74,946
\$	14,046,723	<b>Total Current Assets</b>	\$ 13,839,594
<b>Long Term Assets</b>			
\$	55,253,629	Fixed Assets	\$ 55,003,729
\$	19,177,335	Accumulated Depreciation	\$ 17,995,002
\$	-	Construction in Progress	\$ -
\$	36,076,294	<b>Total Fixed Assets, Net of Depreciation</b>	\$ 37,003,829
\$	36,076,294	<b>Total Long Term Assets</b>	\$ 37,003,829
\$	2,384,413	New Hospital Loan	\$ 2,018,590
\$	52,507,430	<b>Total Assets</b>	\$ 52,862,013
<b>Liabilities &amp; Equity</b>			
<b>Current Liabilities</b>			
\$	1,218,715	Account Payable	\$ 1,213,024
\$	452,095	Interest Payable	\$ 144,504
\$	40,326	Accrued Taxes	\$ 52,244
\$	1,059,893	Accrued Payroll and Related	\$ 1,104,431
\$	(235,000)	Cost Report Settlement	\$ (235,000)
\$	2,536,029	<b>Total Current Liabilities</b>	\$ 2,279,202
<b>Long term Liabilities</b>			
\$	24,740,967	Long Term Notes Payable	\$ 24,756,827
\$	24,740,967	<b>Total Long Term Liabilities</b>	\$ 24,756,827
\$	449,702	Unapplied Liabilities	\$ 386,523
\$	301,452	Capital Equipment Lease	\$ 331,184
\$	28,028,150	<b>Total Liabilities</b>	\$ 27,753,736
\$	25,108,277	Retained Earnings	\$ 26,147,456
\$	(628,996)	Net Income	\$ (1,039,179)
\$	52,507,430	<b>Total Liabilities and Equity</b>	\$ 52,862,013

Sierra Vista Hospital  
BALANCE SHEET by Month  
October 31, 2023

	6/30/2024	5/31/2024	4/30/2024	3/31/2024	2/28/2024	1/31/2024	10/31/2023	9/30/2023	8/31/2023	7/31/2023
<b>Assets</b>										
<b>Current Assets</b>										
Cash and Liquid Capital							9,283,253	9,018,432	9,088,598	8,814,096
US Bank Clearing							98,954	167,145	206,091	189,137
Total Cash	\$0	\$0	\$0	\$0	\$0	\$0	\$9,382,107	\$9,185,577	\$9,294,689	\$9,003,233
Accounts Receivable - Gross							8,051,189	7,277,291	7,050,448	7,173,889
Contractual Allowance							5,523,938	5,271,905	5,380,258	5,496,707
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,527,251	\$ 2,005,386	\$ 1,670,190	\$ 1,677,182
Other Receivables							1,009,246	1,541,978	1,376,084	1,113,914
Inventory							455,096	458,005	458,248	466,260
Prepaid Expense							673,023	737,994	837,451	861,579
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$0	\$14,046,723	\$13,928,939	\$13,636,661	\$13,122,168
<b>Long Term Assets</b>										
Fixed Assets							55,253,629	55,191,824	55,069,696	55,069,696
Accumulated Depreciation							19,177,335	18,852,072	18,570,895	18,284,271
Total Fixed Assets, Net of Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,076,294	\$ 36,339,752	\$ 36,498,801	\$ 36,785,425
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,076,294	\$ 36,339,752	\$ 36,498,801	\$ 36,785,425
New Hospital Loan							2,384,413	2,264,783	2,144,494	2,141,206
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,507,430	\$ 2,533,475	\$ 2,279,956	\$ 2,048,799
<b>Liabilities &amp; Equity</b>										
<b>Current Liabilities</b>										
Account Payable							1,218,715	1,432,808	1,102,481	1,144,254
Interest Payable							452,095	375,197	298,299	221,402
Accrued Taxes							40,326	50,201	54,176	50,464
Accrued Payroll and Related Cost Report Settlement							1,059,893	800,596	821,798	718,994
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$ 2,730,029	\$ 2,423,803	\$ 2,041,755	\$ 1,900,113
<b>Long term Liabilities</b>										
Long Term Notes Payable							24,740,967	24,744,932	24,748,897	24,752,862
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$ 24,740,967	\$ 24,744,932	\$ 24,748,897	\$ 24,752,862
Unapplied Liabilities							449,702	476,889	435,728	405,055
Capital Equipment Lease							301,452	304,719	309,850	329,344
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$ 28,028,150	\$ 27,950,342	\$ 27,536,231	\$ 27,387,374
Retained Earnings							\$ 25,108,277	\$ 25,108,277	\$ 25,108,277	\$ 25,108,277
Net Income							(\$ 638,996)	(\$ 525,144)	(\$ 364,551)	(\$ 446,852)
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$ 52,507,430	\$ 52,533,475	\$ 52,279,956	\$ 52,048,799

## Financial Trends





Sierra Vista Hospital

10/31/2023

**Reserves**

Medicare Liability ("Cost Report Settlement" on Balance Sheet)

Cost Report Bad Debt Write-Off Reserve/General Reserve

FY23 Cost Report Receivable

10/31/2023	Notation
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(150,000)

385,000

235,000

Total Liability



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Medical Surgical Unit      **Original Policy Date:** November 2023

**SUBJECT:** Inpatient Assessment      **Review:**    2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

**Last Revised:**

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

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**SCOPE:**  
Nursing Staff of Sierra Vista Hospital.

**PURPOSE:**  
To outline a systematic approach for identifying health care needs of the patient and family through routine and focused assessments.

**POLICY:**  
It is the policy of Sierra Vista Hospital that a nursing assessment will be completed to assist the nurses to objectively identify the unique needs and concerns of each patient as well as any potential barriers to care that may affect compliance and outcomes.

**DEFINITIONS:**  
**Change:** Any alteration in the physical/psychological status of the patient which the caregiver determines is significantly different from the previous assessment and which includes improvement, deterioration, complications, insertion of devices, initiating new therapies, STAT lab/diagnostics, medical interventions, etc.

**Data:** The collection of information about the patient/significant other (SO) via interviewing, observation, auscultation, palpation, percussion using “hands on” technique or equipment (Doppler, EKGs, ophthalmoscope, etc.), or gathering of collateral information from community providers and service organizations. This may be done by any competent member of the health care team, within their scope of practice.

**Evaluation:** The collection of information (as outlined in Data) plus the analysis/synthesis of the data for needs identification and care planning. The RN provides supervision through validation confirmed with their signature/electronic signature as specified in documentation guidelines.

**Full Reassessment:** The repeat full systems assessment done at predetermined intervals as specified by each discipline and/or patient care area.

**Partial Reassessment:** The reassessment of select systems as required for a particular patient as specified by each discipline and/or patient area.

**Validation:** The actions of a RN carried out to ensure that documentation/care provided by the Non-RNs is complete and communicated as intended.

- Actions Behaviors involved may include:
- (1) Direct Observation
  - (2) Verbal interaction on 1:1 basis with patient/non-RN/SO (significant other)/MD.
  - (3) Reviewing documented information.

## SIERRA VISTA HOSPITAL

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### **PROCEDURE:**

1. A nursing assessment will be performed within the first twelve hours of being placed into patient care in a room on the Medical Surgical Unit:
  - a. The registered nurse completes all nursing assessments. The Nurse and Patient Care Technician may collect and provide data elements to the assessment, which the registered nurse must validate.
  - b. Patients must be screened for suicidal ideation utilizing the Columbia-Suicide Severity Rating Scale (C-SSRS) with Risk and Protective Factors.
  - c. Identify the patient's immediate and emerging needs related to physiologic, psychological, spiritual, educational needs and social support systems. Specifically identify the status of the patient in the following:
    - i. Fall Risk Assessment
    - ii. Skin Integrity
    - iii. Vital Signs
    - iv. Determine the plan of care for the patient
  - d. Inpatients shall be screened within 24 hours to determine whether nutritional services are necessary, and referrals are done appropriately.
  - e. Identify patients who require discharge planning services and refer these patients for an appropriate assessment and interventions as necessary.
  - f. Identify patients whose condition warrants a spiritual assessment and refer these patients for an appropriate assessment and interventions as necessary.
  - g. Identify possible victims of abuse/neglect and ensure that appropriate intervention and reporting occurs per policy.
  - h. Inpatients shall have a functional screening within 24 hours to determine whether rehabilitation services are necessary. Rehabilitation referrals are done by the provider.
2. Time frame for assessments: Nursing
  - a. Weights will be updated at point of entry into the Hospital for current hospital encounter
  - b. Allergies will be reviewed and/or updated at point of entry into the hospital for the current hospital encounter.
  - c. Basic Admission Information and Nursing Assessment will be done upon admission within the first twelve hours and documented in the EMR.
  - d. Completion of the Admission Database is required within the first 24 hours of patient admission. If unable to complete, document reason in the EMR.
  - e. Reassessment will occur as follows:
    - i. According to the nursing standards of care
    - ii. When there is a change in the patient's diagnosis or condition
    - iii. Upon Nursing Judgement
    - iv. Patient transfers from one level of care to another
3. Integration of assessment findings:
  - a. Data gathered from the various clinical disciplines are integrated into a common patient medical record to assure that patient needs are appropriately identified, and that care and services are effectively coordinated.

## SIERRA VISTA HOSPITAL

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- b. The integration of assessment findings forms the basis for developing the patient's plan of care. The integration of assessment findings also allows members of the health care team to identify and prioritize patient problems.

### REFERENCE(S):

Centers for Medicare and Medicaid (CMS). (2020) §485.635. Retrieved from:

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_w\\_cah.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf)

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023). Pg. 38-41.

The Joint Commission (TJC). PC.01.02.03. Retrieved from: [https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/ncc\\_prepub.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/ncc_prepub.pdf)

### ASSOCIATED POLICY(IES):

Abuse, Neglect, Exploitation #852-03-001

Columbia Suicide Risk Assessment #280-01-057

Discharge Planning #638-01-009

Fall Prevention #280-01-056

Hospital Nutritional Screening #070-11-003

Inpatient Evaluation and Discharge #050-05-010

Interdisciplinary Plan of Care #280-01-019



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date: 2017

**SUBJECT:** Admission Process, Emergency      Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_  
Department to Medical Surgical      Last Revised: November 2023  
Unit

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

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**SCOPE:**

Medical Staff and Nursing Staff of Sierra Vista Hospital.

**POLICY:**

It is the policy of Sierra Vista Hospital to have an admission process (including inpatient or observation status) that is organized and assures a quality, safe hand off from the Emergency Department to the Medical Surgical Unit.

**PROCEDURE:**

1. Emergency Department physician has determined a patient needs to be placed on the Medical Surgical Unit, **he or she** will notify the Hospitalist to complete a physician-to-physician hand-off. After Hospitalist hours, the Emergency Department Physician will enter orders for the patient and complete a hand-off once the Hospitalist is onsite.
2. The House Supervisor will be notified by Emergency Department staff of the pending admission. The House Supervisor will obtain a brief report from the Emergency Department nurse, review the patient chart to determine possible patient needs, mental status, or infection prevention considerations for bed assignment. The House Supervisor will then assign an appropriate bed.
3. The House Supervisor will notify the Emergency Department, the Medical Surgical Unit, and Registration of the bed assignment and level of care. After hours the Emergency Department clerk will complete electronic placement of the patient.
4. The Emergency Department staff will copy any paper records from the visit and send all original documents with the patient to the Medical Surgical Unit. Any paper reports received in the Emergency Department after the patient has been taken to the Medical Surgical Unit will be carried to the Medical Surgical Unit in a reasonable time.
5. The Hospitalist (or Emergency Department physician after Hospitalist hours) will write admission orders once the patient has been moved to the Medical Surgical Unit and checked in as "received" in the electronic medical record.
6. Once the patient has a room assigned to the Medical Surgical Unit, the Emergency Department nurse will notify the receiving nurse that the patient will be brought to Medical Surgical Unit.
7. When House Supervisor notifies the staff of a patient assigned to the Medical Surgical Unit, the patient care tech will set up the room assuring that all needed equipment is in the room.
8. The Emergency Department nurse should accompany the patient to the Medical Surgical Unit and provide bedside hand off to the receiving nurse. The Medical Surgical Unit nurse should be able to ask any clarifying questions at the time or via phone call once the

## SIERRA VISTA HOSPITAL

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- patient hand-off has occurred. This process is to help ensure continuity of care for the patient and decrease any misunderstandings regarding the patient's care. The two nurses will validate that the patient has an appropriate patient identification band and allergy band.
9. Patient's personal positions will be verified per policy.
  10. Patient personal medications will be processed per policy.
  11. Once the patient is in the Medical Surgical Unit, all admission orders must be initiated in a timely manner.
  12. Once the patient has arrived to the Medical Surgical Unit, the nurse assigned to the patient will assure that the patient is made comfortable vital signs are obtained and reviewed, telemetry monitoring is initiated if ordered and the admission orders reviewed and implemented. A complete Nursing Assessment, history, Interdisciplinary Care Plan, and patient education must be completed within 12 hours of the patient's arrival.
  13. Patients are not to be held in the Emergency Department unless the physician orders additional procedures or testing to occur before going to the Medical Surgical Unit or the House Supervisor deems necessary.

### **ASSOCIATED POLICIES:**

Admission Assessment #102-02-007

Patient Personal Medications 513-13-004

Clothing and Personal Possessions 280-01-093



## SIERRA VISTA HOSPITAL

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- a. Contraindications:
    - i. Previous anaphylactic reaction to a prior dose of influenza vaccine.
    - ii. History of Guillain-Barre Syndrome within 6 weeks of previous influenza vaccine administration.
    - iii. Bone marrow transplant within the last 6 months.
  - b. Precautions: Moderate to severe acute illness with or without fever.
    - i. Once afebrile for 24 hours without antipyretics, influenza vaccine may be administered.
    - ii. Severe egg allergy. (Although egg free vaccinations may be available the screening must be completed, and the physician informed as listed below.)
      1. Egg allergy history may be obtained by nurse. Severe egg allergy is defined as: angioedema, respiratory distress, lightheadedness, or recurrent vomiting OR who requires epinephrine or another emergency medical intervention. Hives alone is not considered a severe egg allergy.
      2. If egg allergy is determined to be severe, information to be reported to the physician.
      3. The physician may write an order to administer influenza vaccine if deemed appropriate.
      4. Patient will be monitored a minimum of 20 minutes for symptoms after vaccine administration.
  - c. If no contraindications and this season's influenza vaccine not previously given, provide VIS to patient, next of kin, or legal guardian.
  - d. Obtain approval from the patient, next of kin, or legal guardian and vaccinate patient.
3. Document administration of the immunization on the eMAR. This documentation will update the patient's immunization record in the EMR and NMSIIS.
  4. Inpatient influenza vaccination will start no later than October 1 and continue through at least March 31<sup>st</sup> of every season or until vaccine supply is exhausted. Vaccination may also cease if influenza is no longer circulating in the broader community as determined by the New Mexico Department of Health.

### REFERENCE(S):

Grohskoph, LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK, Prevention and Control of Seasonal Influenza and Vaccines: Recommendations of the Advisory Committee on Immunization Practiced -United States, 2003\*24 Influenza Season. MMWR Recomm Rep 2023;72(No.RR-2):1-25. DOI: <http://dxdoi.org/10.15585/mmwr.rr7202a1>

### ASSOCIATED FORM:

Current Vaccine Information Statement. Influenza (flu) Vaccine (inactivated or Recombinant): What you need to know. Statements in various languages at [www.immunize.org/vis](http://www.immunize.org/vis)





**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date: 1995

**SUBJECT:** Allergy Identification      Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_  
Last Revised: November 2023

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

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**SCOPE:**

Nursing Staff of Sierra Vista Hospital.

**POLICY:**

It is the policy of Sierra Vista Hospital that all patients admitted to any nursing area are assessed for known allergies and that this information is communicated and documented. Nursing area include Out-Patient Surgery, Emergency Department, and the Medical Surgical Unit.

**PROCEDURE:**

1. The nurse will inquire with the patient as to whether he/she has known allergies to medications and foods on admission.
2. The nurse will document the allergy list along with the reaction to the medication or food in the patient's electronic medical record.
3. The allergy information from a previous admission will be reviewed with the patient to assure that the information is up to date.
4. An allergy arm band will be placed on the patient with a list of allergies listed on the armband.
5. For areas where a paper record is used, a completed allergy sticker will be placed on the chart back.
6. On discharge the staff member breaking down a written chart will ensure any allergy stickers are removed.



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date: 1996

**SUBJECT:** Cardiopulmonary Resuscitation      Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_  
Last Revised: November 2023

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

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**SCOPE:**

Emergency Department, Medical Surgical Unit, Perioperative Services Nursing Staff of Sierra Vista Hospital.

**POLICY:**

Sierra Vista Hospital will provide the needed rescue measures in the event of a cardiopulmonary emergency.

**DESCRIPTION/OVERVIEW:**

Cardiopulmonary resuscitation (CPR) is a combination of artificial respiration and artificial circulation that immediately starts when respiratory and/or circulatory arrest occurs. The object of CPR is to maintain life by artificial respirations and artificial circulation. The purpose of this document is to describe the alert process, the performance, and the documentation of CPR in all direct patient care areas.

**PROCEDURE:**

**1. Cardiopulmonary Resuscitation:**

- a. All Sierra Vista Hospital patients considered to be in a life-threatening emergency are to receive resuscitation measures unless a Do Not Resuscitate Order (DNR Order) is written. (See Associated Policy)
- b. It is a physician's decision to stop resuscitative efforts.
- c. Nursing staff are expected to know the location of the emergency equipment and know how to institute emergency measures.
- d. To summon assistance with resuscitation, page three (3) times using the overhead paging system "CODE BLUE (hospital location not room number)".
- e. All clinical personnel are required to have current American Heart Association CPR certification.
- f. Resuscitation measures are to be performed in accordance with the guidelines of the American Heart Association.

**2. Documentation:**

- a. The resuscitation record is a permanent part of the patient's medical record.
- b. Timed rhythm strips are to be attached to a blank sheet of paper in the manner that will allow them to be copied.
- c. The electronic medical record should reflect the events prior to the announcement of the code blue and a notation to see the Code Blue Flow Sheet.
- d. Document which family member was notified.
- e. Indicate date, unit, patient diagnosis, service, time of arrest and time code called.

## SIERRA VISTA HOSPITAL

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- f. Briefly state history related to code, if code was witnessed, etiology of arrest and the time CPR was started.
- g. The Code Blue Flow Sheet is kept on all crash carts.

### 3. Documentation on the Code Blue Flow Sheet (Attachment A):

- a. Attach a patient label to all paper forms including mount sheets for rhythm strips. Assure that written documentation is legible.
- b. Complete the date of the event, and all information contained in the box.
- c. The Airway/Ventilation and Circulation sections are to have each line addressed.
- d. Record drug, dosages and route administered in the appropriate box. Given is not acceptable. Record medication and IV infusion rates.
- e. ABG drawn, site, results, and any interventions can be notated in the column "Comments" to the right of the page and notate time in the "Time" column on the left side of the page.
- f. Use as many flow sheets as necessary maintaining chronological order. Label each page with the page number at the bottom of each page.
- g. Print the names of the resuscitation team in the spaces provided in the flow sheet.
- h. Obtain required signatures as listed in the flow sheet.
- i. Place the original form with rhythm strips in the patient's chart.

### ASSOCIATED POLICY(IES):

Do Not Resuscitate      280-03-010

### ASSOCIATED FORMS:

Code Blue Flow Sheet      F-280-03-003-01

### REFERENCE(S):

American Heart Association. (2015) Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation 132 (suppl 2):S4444-S464 Retrieved from: [https://www.ahajournals.org/toc/cir/132/18\\_suppl\\_2](https://www.ahajournals.org/toc/cir/132/18_suppl_2)





**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      **Original Policy Date:** November 2023

**SUBJECT:** Clothing and Personal Possessions      **Review:** 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

**Last Revised:**

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

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**SCOPE:**

Applies to all areas of Sierra Vista Hospital and Clinics.

**POLICY:**

This guideline describes the processes for properly documenting, storing, securing, and releasing patient belongings and property. Upon consenting for treatment all patients are advised to send property and belongings home as the hospital is not responsible for loss, unless placed in the designated safe. All patient belongings and property will be documented on the Patient Property List until discharge unless waived by the patient or noted on the Patient Property List.

**DEFINITIONS:**

**Belongings:** is defined as any of the following: clothing, backpack, purse, walker, belt, etc.

**Contraband:** includes without limitation, any type of weapon, illegal or unauthorized drugs, intoxicants, flammable items, and/or sharp-edged objects.

**Property:** is defined as any of the following: jewelry, money, credit cards, electronics, keys, identification, glasses, dentures, prosthesis, hearing aid, etc.

**PROCEDURE:**

To ensure that each patient's rights are respected, no property will be released without the patient's or authorized representative consent. Sierra Vista Hospital is neither responsible nor liable for loss or damage to personal belongings. If the patient/family refuses to secure property with Security and keeps property in the room this decision must be noted on the property section of the Patient Property list before the patient or authorized representative signs the form and signs a release of liability.

**1. Patient Belongings:**

- a. All patient belongings will be inventoried at the point of entry into the hospital (ED, OR etc.) on a Patient Property List form.
- b. Encourage patients to send all clothing and belongings home at the time of admission.
- c. All units shall validate the Patient Property List form and re-inventory property every time a patient is transferred within the hospital with both the receiving and transporting hospital employee witnessing the inventoried items and signing off on the Patient Property List that all inventoried items are present.
- d. If a patient arrives to the new unit without belongings, the new unit shall call the previous unit to check into the whereabouts of the patient's belongings. Upon discharge, belongings will be reconciled against the Patient Property List. If

## SIERRA VISTA HOSPITAL

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patient's belongings are not re-inventoried, the unit that did not document re-inventory will be held responsible for lost items.

- e. During hospitalization, any addition or omission of patient property that is listed or added to the property form shall be immediately recorded and a new Patient Property List shall be created.
- f. Patients may assume control of their property at any time. If the patient chooses to retain any property, they must sign the Patient Property List form to assume responsibility for any articles which they will retain in their possession and will be held responsible for.
- g. Patients who are unable to make decisions due to their medical state will have property inventoried by two staff members. A Patient Property List form will be completed, and policy and procedure will be followed to secure all items.
- h. Upon discharge, the patient or authorized representative must sign the Patient Property List form, indicating that he/she has received all patient property.

### 2. Patient Property:

- a. All patient property (excluding clothing) will be inventoried and secured by the security officer on duty. Property will be documented on the Patient Property Description Sheet at the time property is to be secured.
  - i. All patient property will be placed in a Property Bag.
  - ii. Select the appropriate size bag to accommodate the items being secured.
  - iii. Place patient label on Property Bag and on the Patient Property Description Sheet.
- b. After all appropriate signatures and printed names are obtained, place a copy into the Property Bag scan into the patient's medical record and provide a copy to the patient or authorized representative.
- c. All patient Property Bags will be secured by the Security department.
- d. After admission, if a patient requires property to be secured; the unit shall notify Security and a new Property Description Sheet will be included to include current items secured and the additional property to be secured.
- e. The disposition of patient property must be entered on the Patient Property List form.
- f. If the patient/family refuses to secure property with the Security Department and keeps property in the room this must be noted on the Property section of the Patient Property List form before the patient signs the form.
- g. The Patient Property List Form must be signed by the patient and witnessed by one staff member. If the patient is unconscious or unable to sign, the clothing list must be witnessed by two staff members.
- h. Upon discharge, the patient or responsible person signs for any property secured indicating that he/she has received his/her property. The discharging unit will document patient's belongings sent with the patient or family member on the Property/Belongings Ad Hoc form.

### 3. Additional Information

- a. Environmental Services: If patient property is found in a room or sheets during cleaning, the Environmental Services staff member shall immediately take the property to the nurse station and notify the House Supervisor.
- b. Food & Nutrition Services: If patient property is found on a food tray, the Food &

## SIERRA VISTA HOSPITAL

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Nutrition Services staff member shall immediately return the property to the nurse station.

- c. Security: When illegal property, weapons, and/or contraband is identified, staff shall immediately notify Security.

#### **4. Releasing Patient Property and Belongings**

- a. All property and belongings must be inventoried to compare releasing items to the Patient Property List form.
- b. All patient property that has been secured with Security will only be released from that department.
- c. When releasing patient property, the Patient Property List form must be signed by the patient or authorized representative and a witness.
- d. Upon discharge, the patient or authorized representative must sign the Patient Property List form, indicating that he/she has received all his/her property.

#### **5. Unclaimed Patient Belongings and Property**

- a. Belongings and Property are to be released before or immediately after discharge.
- b. If belongings or property are left at the hospital, security will make every attempt to contact the patient or authorized representative by phone.

# SIERRA VISTA HOSPITAL

## Attachment A – Patient Property List

### PATIENT PROPERTY LIST

ARTICLES/CLOTHING BROUGHT INTO HOSPITAL				PROPERTY BROUGHT INTO HOSPITAL						
QTY			QTY	Cash: (Indicate the number of bills per denomination)						
	Pants/Jeans	Pr. Slippers		100x	50x	20x	10x	5x	1x	
	Shorts	Pr. Socks		Change:		Total Cash:				
	Blouse/Shirt	Stockings		<b>CHECK (X) IF PRESENT</b>						
	Dress/Skirt	Scarf/Tie		Credit Card(s)			Glasses			
	Sweatshirt/Pants	Wallet/Day Planner		1.		Contact Lense				
	Sweater	Suitcase		2.		Dentures Upper				
	Warm-Up Suit	Backpack		3.		Denture Lower				
	Bra/Slip	Purse		4.		Hearing Aide				
	Undershirt	Sleeping Bag		5.		Prosthesis				
	Panties/Underwear	Nightgown/Pajamas		Driver's License					Watch	
	Coat/Jacket	Cellular Phone		Jewelry/Misc. – List and Describe:						
	Bathrobe	Tablet/iPad/Laptop								
	Pr. Shoes	Keys								
	Pr. Gloves	Helmet								
	Hat/Cap	Makeup								
	Belt	Crutches		Was any Property Deposited			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	Brace(s)	Walker/Cane		Accepted by:				Date		
Check (X) if all clothing was taken home. <input type="checkbox"/>				<b>Security Department Use Only-</b>						
Were Home Medications Brought in? YES <input type="checkbox"/> NO <input type="checkbox"/>				Firearm -Serial Number:						
Home Medications sent to Pharmacy? YES <input type="checkbox"/> NO <input type="checkbox"/>				Knife:						
Taken home by:				Other:						
				Security Office Signature						
I do confirm that this is a correct list of my clothing and property that I have brought to the hospital. I understand that I must assume all responsibility for any articles which I return in my possession and/or which may be brought into the hospital after this time and date.										
Patient Representative Signature						Date				
Witness Signature						Date				
Date	From	Transferred By	Transferred To	Accepted by:						
<b>I HAVE RECEIVED ALL (MY)/(PATIENT'S) POSSESSIONS.</b>				<b>PATIENT LABEL</b>						
Date:	Signed:									
Relationship:										
Witness:	Title:									



# SIERRA VISTA HOSPITAL

Attachment B

## PATIENT PROPERTY LIST

ARTICLES/CLOTHING BROUGHT INTO HOSPITAL				PROPERTY BROUGHT INTO HOSPITAL								
<b>QTY</b>			<b>QTY</b>	<b>Cash: (Indicate the number of bills per denomination)</b>								
	Pants/Jeans	Pr. Slippers		100x	50x	20x	10x	5x	1x			
	Shorts	Pr. Socks		<b>Change:</b>			<b>Total Cash:</b>					
	Blouse/Shirt	Stockings		<b>CHECK (X) IF PRESENT</b>								
	Dress/Skirt	Scarf/Tie		<b>Credit Card(s)</b>			<b>Glasses</b>					
	Sweatshirt/Pants	Wallet/Day Planner		1.				<b>Contact Lenses</b>				
	Sweater	Suitcase		2.				<b>Dentures Upper</b>				
	Warm-Up Suit	Backpack		3.				<b>Denture Lower</b>				
	Bra/Slip	Purse		4.				<b>Hearing Aid</b>				
	Undershirt	Sleeping Bag		5.				<b>Prosthesis</b>				
	Panties/Underwear	Nightgown/Pajamas		<b>Drivers License</b>								
	Coat/Jacket	Cellular Phone		<b>Jewelry/Misc. -- List and Describe:</b>								
	Bathrobe	Tablet/iPad/Laptop										
	Pr. Shoes	Keys										
	Pr. Gloves	Helmet										
	Hat/Cap	Makeup										
	Belt	Crutches		<b>Was any Property Deposited</b>			<b>YES <input type="checkbox"/></b>			<b>NO <input type="checkbox"/></b>		
	Brace(s)	Walker/Cane		<b>Accepted by</b>						<b>Date</b>		
<b>Check (X) if all clothing was taken home. <input type="checkbox"/></b>				<b>Security Department Use Only-</b>								
<b>Were Home Medications Brought in? YES <input type="checkbox"/></b>				<b>Firearm - Serial Number:</b>								
<b>NO <input type="checkbox"/></b>				<b>Knife:</b>								
<b>Home Medications sent to Pharmacy? YES <input type="checkbox"/></b>				<b>Other:</b>								
<b>NO <input type="checkbox"/></b>				<b>Security Office Signature:</b>								
<b>Taken home by:</b>												
<b>I do confirm that this is a correct list of my clothing and property that I have brought to the hospital. I understand that I must assume all responsibility for any articles which I retain in my possession and/or which may be brought into the hospital after this time and date.</b>												
<b>Patient Representative Signature</b>								<b>Date</b>				
<b>Witness Signature</b>								<b>Date</b>				
<b>Date</b>	<b>From</b>	<b>Transferred By</b>	<b>Transferred To</b>	<b>Accepted by</b>								
<b>I HAVE RECEIVED ALL (MY)/(PATIENT'S) POSSESSIONS.</b>				<b>PATIENT LABEL</b>								
<b>Date:</b>		<b>Signed:</b>										
<b>Relationship:</b>												
<b>Witness:</b>		<b>Title:</b>										

F-280-01-093-1



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing  
Administration

Original Policy Date: 1996

**SUBJECT:** Decedent Care

Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

Last Revised: 10/2023

**APPROVED BY:** Medical Staff

Manager: Sheila F. Adams, MSN, MHA

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**SCOPE:**

All department where a patient death may occur.

**POLICY:**

It is the policy that Sierra Vista Hospital nursing staff have guidelines for providing respectful care for the dying and deceased patient, including the family and/or support person(s). Appropriate measures will be taken to meet the requirements of city, county, state, and federal law.

**PROCEDURE:**

**I. Unexpected Patient Death:**

1. Notify family/support person(s) if not at the hospital.
2. Call Dispatch at 575-894-7111 and request that the Office of the Medical Examiner be notified.
3. Do not move or reposition the decedent.
4. Do not remove any catheters, tubes, drains, or external medical devices.
5. Allow family/support person(s) time with the decedent.
6. Proceed to section III. When Respirations Cease #4.

**II. Anticipation of Expected Patient Death:**

1. Notify family/support person(s) if not at the hospital.
2. Notify physician and the House Supervisor of patient's declining condition.
3. Request a Care Cart from the Nutrition Department for the family/support persons if any at bedside.
4. Ask Family/support persons if they have any special cultural or spiritual requirements, therapy needs, or request.
5. Obtain mortuary information from family/support person(s), in none chosen we may not make recommendations. Provide a list of mortuaries in the area.
6. Provide privacy for the family/support persons.
7. Review chart to determine if the Office of the Medical Examiner should be notified after death.

## SIERRA VISTA HOSPITAL

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8. Collect any forms that will be necessary after death, i.e., organ and tissue donation forms, release of body to the mortuary, autopsy request/consent.
9. Provide privacy and comfort to the patient and family/support person(s).

### III. When Respirations Cease:

1. Notify the House Supervisor and physician. Document date and time of the notification, time physician arrived, and date and time of pronouncement of death.
2. Notify family/support person(s) if not at the hospital. Document date, time and full name of individual notified.
3. Call Dispatch at 575-894-7111 and request that the Office of the Medical Examiner be notified if decedent meets the requirements of notification of OMI. Do not move or reposition the body if OMI is called.
4. If OMI has released the decedent or OMI is not required remove any catheters, tubes, drains or external medical devices.
5. Place a call to the Organ Donor Program and provide required information. Complete form according to Organ and Tissue Donation Policy.
6. Notify Security of pending pickup of the decedent.
7. Ask Family/support persons if they have any special cultural or spiritual requirements or request.
8. Allow family/support person(s) time with the decedent.
9. Place body in horizontal recumbent position with one pillow under the head. *Note:* Body must be handled carefully to avoid discoloration.
10. Fold hands across the lower chest.
11. Place a rolled towel under the chin if necessary to close the mouth.
12. Close eyes by grasping eye lashes and pulling down gently. *Note:* Touching eyelids may give an unnatural appearance and prevent closure.
13. Straighten bedding, do not cover face.
14. Assure neat surroundings and remove all equipment from the room
15. Replace dentures or send dentures to funeral home with the body.
16. Give all valuables, jewelry, and clothing to a responsible member of the family, if possible. If no family is available, notify Security to secure.

### IV. Preparation and Release of Body to Mortician:

1. Begin care of the body after the patient is pronounced dead and the family is out of the room.
2. Remove top bedding, except sheet.
3. Remove casts, drains, soiled dressings, tracheotomy tubes and others if OMI is not indicated.
4. Leave identification band on decedent's wrist.
5. Close wounds with adhesive tape and apply clean dressings.
6. If there is rectal or vaginal drainage, put a diaper on the body.
7. Cleanse soiled body areas. Adhesive marks may be removed with solvent.

## SIERRA VISTA HOSPITAL

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8. Place a clean hospital gown on the body and cover with a sheet. Do not cover the decedent's face.
9. Obtain family member signature. **Note:** If a family member is not available to sign the release of body form, the RN may sign the release. If a member of the family can be contacted by telephone, consent may be obtained with two witnesses signing the form.
10. Obtain the mortician's signature and name of the funeral home.
11. Attach copy of Mortician's Permit and Receipt of Body to the patient's chart along with the Organ Donor notification slip.
12. The RN releases the body to mortuary when mortuary receipt is complete.

### REFERENCES:

Lippincott Nursing Procedures, 9<sup>th</sup> Edition.(2023, Wolters Kluwer). Pgs. 245-247.  
New Mexico Administrative Code. § 7.3.2.10 – Reporting Deaths.  
University of New Mexico, Office of the Medical Investigator. Reportable Deaths. Retrieved 09/25/2023 at <https://hsc.unm.edu/omi/about/faq/reportable.html>

### ASSOCIATED POLICY(IES):

Organ and Tissue Donation #280-01-040  
Deaths Reportable to OMI #280-03-007

### ASSOCIATED FORM(S):

Receipt for Body #F-280-01-040-01  
Release of Body #F-280-01-040-02  
Organ and Tissue Donation Procedure #F-280-01-040-03



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      Original Policy Date: 1996

**SUBJECT:** Enteral Gastric, Duodenal, and      Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_  
Jejunal tube feeding, tube care,      Last Revised: November 2023  
and medication administration

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

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**SCOPE:**  
Nursing Staff of Sierra Vista Hospital.

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

**PROCEDURE:**  
Full Procedure can be found *Lippincott Nursing Procedures Ninth Edition*.  
Enteral gastric, duodenal, and jejunal tube feedings      beginning on page 295  
Enteral gastrostomy and jejunostomy tube feeding and care      beginning on page 299  
Enteral Tube drug instillation      beginning on page 303

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

**REFERENCE(S):**  
*Lippincott Nursing Procedures Ninth Edition*. (Wolters Kluwer 2023). Pg. 295-306.



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration      **Original Policy Date:** 2001

**SUBJECT:** Eye Irrigation      **Review:** 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

**Last Revised:** November 2023

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

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**SCOPE:**  
Nursing Staff of Sierra Vista Hospital.

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

**PROCEDURE:**  
Full Procedure can be found *Lippincott Nursing Procedures Ninth Edition*, page 250. The *Lippincott Nursing Procedures Ninth Edition* may be found at the Nurses Unit desk, Emergency Department nursing desk, the office of the House Supervisors, and the office of the Chief Nursing Officer.

**REFERENCE(S):**  
*Lippincott Nursing Procedures Ninth Edition*. (Wolters Kluwer 2023). Pg. 250.



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration    **Original Policy Date:** November 2023

**SUBJECT:** Fall Prevention    **Review:** 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

**Last Revised:** November 2023

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

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**SCOPE:**

Nursing Staff of Sierra Vista Hospital, Inpatient, Emergency Department, and Perioperative Area.

**PURPOSE:**

Prevention of patient falls within Sierra Vista Hospital.

**DEFINITIONS:**

**Fall:** any unplanned descent to the floor with or without injury.

**Fall Prevention:** Institution special precautions with patients at risk for injury from falling.

**POLICY:**

Fall prevention will be in place in all areas of Sierra Vista Hospital and Clinics where patients receive testing and/or treatment. Prevention measures will vary in some areas. All patients identified as high risk for falls will have a yellow arm band placed as a reminder to all staff of the risk of fall.

**PROCEDURE:**

- I. Inpatient & Emergency Department
  - a. On admission to the Nursing Unit or Emergency Department the adolescent and adult patient will be assessed using the Morse Fall Risk Assessment Tool.
  - b. Patients with a fall assessment score less than 25 (Low Risk), Standard Safety interventions will be implemented including:
    - i. Hourly rounding
    - ii. Bed in lowest position
    - iii. Bed wheels locked
    - iv. Mobility support items readily available
    - v. Night light utilized
    - vi. Non-skid footwear
    - vii. Personal items within reach
    - viii. Sensory aids within reach
    - ix. Traffic path in room free of clutter
    - x. Patient and family education including the Patient Agreement and Fall Education Handout.
  - c. Patients with a fall assessment score of 25-44 (moderate Risk), the interventions will include:
    - i. Hourly rounding
    - ii. Bed in lowest position
    - iii. Bed wheels locked

## SIERRA VISTA HOSPITAL

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- iv. Mobility support items readily available
  - v. Night light utilized
  - vi. Non-skid footwear
  - vii. Personal items within reach
  - viii. Sensory aids within reach
  - ix. Traffic path in room free of clutter
  - x. Patient and family education including the Patient Agreement and Fall Education Handout.
  - xi. Attempt to place patient in a room near the nurses' station
  - xii. Exit alarm set
  - xiii. Staff/family stays with patient while toileting and return to bed or chair
  - xiv. Staff/family stays with patient while ambulating until return to bed or chair
  - xv. Attempt to reduce tethering
- d. Patients with a fall assessment score greater to or equal to 45 (High Risk), fall risk interventions will include:
- i. Hourly rounding
  - ii. Bed in lowest position
  - iii. Bed wheels locked
  - iv. Mobility support items readily available
  - v. Night light utilized
  - vi. Non-skid footwear
  - vii. Personal items within reach
  - viii. Sensory aids within reach
  - ix. Traffic path in room free of clutter
  - x. Patient and family education including the Patient Agreement and Fall Education Handout.
  - xi. Attempt to place patient in a room near the nurses' station
  - xii. Exit alarm set
  - xiii. Staff/family stays with patient while toileting and return to bed or chair
  - xiv. Staff/family stays with patient while ambulating until return to bed or chair
  - xv. Attempt to reduce tethering
  - xvi. Place Yellow High Risk armband
  - xvii. Request order for PT/OT consult
  - xviii. Consider placement of a sitter
- II. The Perioperative Area (preop, operating room, and post anesthesia care unit) will be assessed using the Morse Fall Risk Assessment Tool although all patients in this area are considered at risk for fall.
- a. All patients receiving sedation and anesthesia are at risk for falls. Precautions to include
    - i. Stretcher in low position
    - ii. Side rails up
    - iii. Patients will be assisted to the bathroom
    - iv. Patients will be instructed not to get out of bed without assistance
    - v. Place Call light within reach of patient
    - vi. Assist transfer of patient from stretcher to OR table, stretcher to chair
    - vii. Provide fall prevention education to patient and family
    - viii. Encourage family member to remain with patient pre-anesthesia if assessed per criteria as "high risk".



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- III. Post Fall Interventions
- a. Assess the patient for harm
  - b. Do not leave the patient and call for help
  - c. Assist patient back to bed/chair with proper lifting equipment
  - d. Notify the physician
  - e. Notify House Supervisor, Clinical Supervisor and/or Chief Nursing Officer
  - f. Notify the patient family
  - g. Enter a report into the electronic reporting system.
  - h. Document post fall assessment in the EMR.

### REFERENCE(S):

- Centers for Medicare and Medicaid Services (CMS). (2020). §482.13. Retrieved from: <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals>
- Preventing Falls in Hospitals. Tool 3H: Morse Fall Scale for identifying Fall Risk Factors. (Last reviewed July 2023). Retrieved from: <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/morse-fall-scale.html>
- The Joint Commission (TJC). (2021). PC.01.02.08 & PC.02.03.01. Retrieved from: [https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/effective-2023/hap\\_standard\\_simplification\\_prepub\\_report\\_aug2023.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/effective-2023/hap_standard_simplification_prepub_report_aug2023.pdf)  
[https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/ncc\\_prepub.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/ncc_prepub.pdf)



**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing  
Administration

Original Policy Date: 1996

**SUBJECT:** Deaths Reportable to OMI

Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

Last Revised: 10/2023

**APPROVED BY:** Medical Staff

Manager: Sheila F. Adams, MSN, MHA

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**SCOPE:**

All department staff to assure that Sierra Vista Hospital remains compliant with New Mexico Administrative Code.

**POLICY:**

Sierra Vista Hospital established guidelines for reporting deaths to the Office of the Medical Investigator (OMI).

**PROCEDURE:**

1. Place a call to Sierra County Dispatch at 575-894-7111 and request OMI be notified of a Reportable Death.
2. Those deaths to be reported to OMI include all deaths occurring in New Mexico as outlined below regardless of where or when the initial injuring event occurred.
  - a. Any death that occurs suddenly and unexpectedly; that is, when the person has not been under medical care for significant heart, lung, or other disease
  - b. Any death suspected to be due to violence, i.e., suicide, accidental or homicidal injury, regardless of when or where the injury occurred.
  - c. Any death suspected to be due to alcohol, intoxication, or the result of exposure to toxic agents.
  - d. Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
  - e. Any death of a person in the custody of law enforcement officers.
  - f. Any death of a person in a nursing home or other private institution without recent medical attendance.
  - g. Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
  - h. Deaths alleged to have been caused by an act of malpractice.
  - i. Deaths suspected to be involved with the decedent's occupation.
  - j. Deaths not attended by a physician.
  - k. Any death due to neglect.
  - l. Any stillbirth of 20 or more week's gestation unattended by a physician.
  - m. Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks (or one year) post-delivery, even where the cause of death is unrelated to the pregnancy.

## SIERRA VISTA HOSPITAL

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- n. Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- o. Deaths which are possibly, directly, or indirectly, attributable to environmental exposure not otherwise specified.
- p. Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- q. Any death occurring under suspicious circumstances.
- r. Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

### REFERENCE(S):

New Mexico Administrative Code. § 7.3.2.10 – Reporting Deaths.

University of New Mexico, Office of the Medical Investigator. Reportable Deaths. Retrieved 09/25/2023 at <https://hsc.unm.edu/omi/about/faq/reportable.html>

### ASSOCIATED POLICY(IES):

Decedent Care #280-01-040





**SIERRA VISTA HOSPITAL  
POLICIES AND PROCEDURES**

**DEPARTMENT:** Nursing Administration    Original Policy Date: 1985

**SUBJECT:** Perineal Care

Review: 2023 SFA 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

Last Revised: November 2023

**APPROVED BY:** Medical Staff

Manager: Sheila F. Adams, MSN, MHA

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**SCOPE:**

Nursing Staff of Sierra Vista Hospital.

**POLICY:**

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

**PROCEDURE:**

Full Procedure for evidence based Perineal Care can be found *Lippincott Nursing Procedures Ninth Edition*, page 650-653.

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

**REFERENCE(S):**

Lippincott Nursing Procedures Ninth Edition. (Wolters Kluwer 2023). Pg. 650-653.

**SIERRA VISTA HOSPITAL  
HUMAN RESOURCES BOARD REPORT  
November 2023**

- CRITICAL RECRUITMENT:**
- Psychiatrist – FT
  - Physical Therapist – FT

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

- PEOPLE:**  
**November New Hires – 6**
- FY23 Total - 22
- PRN EMT – EMS/Ambulance
  - PRN Paramedic – EMS/Ambulance
  - FT Ultrasound Tech – Imaging
  - FT Radiologic Tech – Imaging
  - PT Speech Pathologist - Rehab
  - FT Registration Clerk – Business Office

- PRIORITY OF EFFORT:**  
Our priority of effort is integration of new hires as well as continued recruitment.
- Human Resource Trends Snapshot:**
- 22 new or rehires to date
  - 26 terminations to date
  - 207 Quarter Avg staff
- Turnover Rate Q2 (pending)**  
**1.25%**

- KEY INITIATIVES:**
- Engage with Government Reps – Urgent Facility Improvements (State and Federal)
    - EMS & Rehab Buildings
  - Behavioral Health Service Capability S.O.A.R. (Students in Healthcare)
    - Paid Internship Program HSHS
    - Speaking at HSHS Assembly

- **PEOPLE:**
- **November Terminations – 3**
- **FY23 Total - 26**
- **Involuntary – 1**
- **FT – Cook Aide – No call No show**
- **Voluntary – 2**
- **FT – EMT-B – Took another job**
- **FT – Infection Prevention MA – New Job**

- FINANCIAL IMPACTS:**
- Stabilization of permanent staff and reduction of agency staff will result in decreased financial obligations.
  - Initiating the HSHS Internship Program could lead to increased candidates for permanent employment.

- Contract Staff – 8**
- Med/Surg – 4 (Nurses)
  - Sterile Processing Tech – 1
  - OR – 1 (Nurse)
  - HR – 1 (Director)
  - EMS – 1 (Director)
- Travel Staff – 14**
- Nursing – 12
  - Medical Assistant – 1
  - Radiologic Tech – 1

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



# SIERRA VISTA HOSPITAL

## EMPLOYMENT OPPORTUNITIES

November 21, 2023

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

**070- Cook – Aide – 1 Full-time position (open date 11/10/2023)** Under the supervision of the Nutritional Services Manager/Supervisor, the Cook-Aide performs a variety of food services, including serving food to employees and visitors. Also, is responsible for the clean-up and stocking of the cafeteria and food preparation areas.

**18601 – EMT- 2 Full-time Positions (open date 11/15/2023)** 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.

**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.

**69001 – Infection Prevention Medical Assistant – 1 full-time position (open date 11/8/2023)** Medical Assistant for the Infection Prevention / Employee Health department provides 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. Current Certified Medical Assistant through the National Center for Competency Testing (NCCT) or American Association of Medical Assistants (AAMA) required within 180 days of hire. Current BCLS certification.

**05001 – Respiratory Therapist – 1 full-time position and 1 PRN position (open date 11/14/2023)** Under the supervision of the Cardiopulmonary Services Department Manager, the Respiratory Therapist is responsible for providing cardiopulmonary care services in accordance with specific physician's orders, department policies and procedures.

**81801 – Help Desk Specialist – 1 full-time position (open date 10/10/2023)** Responsible for data processing activities; performs data acquisition, report preparation and data file maintenance. Respond to emails and calls regarding IT issues, provide first level contact and resolutions for IT issues, properly escalate unresolved tickets to techs, document technical issues and employee interactions on tickets. deadline oriented and have the intellectual capacity to enable SVH to meet TJC standards.

**18602- Community EMT – 1 full-time and 1 Part-time position (open date 9/11/2023)** 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.

**04001 -Radiologic Technologist – 1 full-time position (open date 8/22/2023)** Has knowledge and can perform a variety of imaging procedures and is responsible for patient safety protocols. Functions as the first line interface with customers in the successful accomplishment of their imaging needs. Participates in OPI activities.

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

**05003- Physical Therapy Assistant – 1 part-time position (open date 9/11/2023)** Responsible for administering physical therapy modalities of treatment as supervised by the staff Physical Therapist. Administers treatments and physical agents as directed by the staff Physical Therapist, after the physical therapist has evaluated the patient. The Physical Therapy Assistant assists with restoration of patient functioning to prevent disability following injury, disease or physical disability. Assists patients to reach their maximum performance and level of functioning, while learning to live within the limits of their capabilities. The Physical Therapy Assistant participates in operational aspects of the department, maintains performance improvement activities within the department and participates in CQI activities. Participates in all infection control, departmental equipment training, organizational safety and fire safety programs.

**85201 – Assistant to the CNO/Quality Director – 1 full-time position (open date 6/20/2023)**

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.

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

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

**17503 – Certified SPD/ ENDO Tech – 1 Full Time Position (open date 12/2/2022)** Responsible for the processing and sterilization of supplies, equipment and instruments used by the operating room, following established infection control practices. Delivers equipment/instruments/supplies to the operating room as needed. Participates in the department's performance improvement activities. Cleans GI scopes and stores appropriately.



**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. Communicates with physicians about changes in patient's status, symptomatology, and results of diagnostic studies. Can respond quickly and accurately to changes in condition or response to treatment.

# CNO Report December 2023

## **Medical/Surgical**

- Cerner IT 2.2 week of December 6
- October 22 admissions to acute care, two swing bed admissions, 21 observations
- COVID admits frequent
- 2 new patient beds have arrived and put into service, funded by the Foundation

## **Emergency Department**

- Cerner IT 2.5 week of December 6
- October 661 visits, average of 21 a day (decrease from September)
- New OB/GYN Bariatric stretcher has been put into service, funded by the Auxiliary

## **EMS/Community Health**

- 296 responses (ACLS, BLS runs, 911 calls and transfers)
- 169 transitional care management up from September

## **Surgery**

- 15 scopes, 6 surgeries
- Surgical consult 6
- Successful yearly OR fire drill

## **Cardiopulmonary**

- 6 inhouse and 4 home Sleep Study
- Pulmonologist in place to read studies onsite visit week of 11/27
- PFTs and Oxygen need evaluation continue

## **Trauma**

- October 83
- Notified that we will have onsite desk top audit in April 2024
- Seeking to secure grants for ultrasound for FAST exam, 1-2 additional Trauma Stretchers
- 2 new Trauma Stretchers have arrived and been put into operations, funded by the Foundation

## CEO Report

Frank Corcoran

11/24/23

1. **Behavioral Health Project Update:** We are interviewing a FT Psychiatrist in the next couple of weeks.
2. **RHC Update/Provider Recruitment:** Walk-In-Clinic sees approximately 45 patients a week.
3. **EOC update:** Handicap Ramp done at the Thrift Store. Roof Leak in the Kitchen storeroom, - need to repair roof and ceiling. The fire pump has been certified by the Fire Marshal.
4. **Tele-med Update:** Exploring adding additional services such as Infectious Disease, Endocrine, Pulmonology, and Hematology- Senate Bill 7 Funding pending.
5. **IT System Replacement & Support Services Update:** IT2.5 Testing the week of Board meeting, on track for a late January go-live,
6. **Rural Health Care Delivery Fund (SB7):** Awaiting the results of the application for expansion of services funding for Surgery- Pain, Wound Care, Community EMS, Tele-Medicine. The fund off sets operational loss for up to 3 years for new or expanded services.
7. **Quality:** Working on Benchmarks to compare National and Regional levels.
8. **501 C 3-** We are working with Dingus to transition to 501 C 3.
9. **Oxygen Tank –** Changing vendors for cost savings and meeting regulatory guidelines.
10. **EMS –** Working on Grant Funding for trucks near end of life.