

ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS MEETING AUGUST 2, 2022 – 5:30 p.m. MEDICAL CENTER HOSPITAL BOARD ROOM (2ND FLOOR) 500 W 4TH STREET, ODESSA, TEXAS

AGENDA (p.1-2)

I.	CALL TO ORDER Bryn Dodd, President					
П.	INVOCATION					
III.	PLEDGE OF ALLEGIANCE					
IV.	MISSION / VISION / VALUES OF MEDICAL CENTER HEALTH SYSTEM Richard Herrera (p.3)					
۷.	AWARDS AND RECOGNITION					
	A. August 2022 Associates of the Month Russell Tippin					
	 Clinical - Maria Torres Non-Clinical - Sophie Pangan Nurse – David Cotter 					
	B. Unit HCHAPS High Performers Russell Tippin					
	 ProCare Cardio Crane ProCare Cardio Andrews ProCare Cardio Pecos ProCare Cardio MC Dr. Farber 					
VI.	CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER					
VII.	PUBLIC COMMENTS ON AGENDA ITEMS					
VIII.	CONSENT AGENDABryn Dodd (p.4-34)					

(These items are considered to be routine or have been previously discussed, and can be approved in one motion, unless a Director asks for separate consideration of an item.)

- A. Consider Approval of Regular Meeting Minutes, July 7, 2022
- B. Consider Approval of Joint Conference Committee, July 26, 2022
- C. Consider Approval of Federally Qualified Health Center Monthly Report, June 2022
- D. Consider Approval of Updated Annual ECHD Board Committee Appointments by Board President

IX. COMMITTEE REPORTS

	 A. Finance Committee 1. Quarterly Investment Report – Quarter 3, FY 2022 2. Quarterly Investment Officer's Certification 3. Financial Report for Month Ended June 30, 2022 4. Capital Expenditure Budget Update 5. Consider Approval of R1 Amendment for CDI Mana 6. Consider Ratification of Healthfuse Agreement 	
Х.	TTUHSC AT THE PERMIAN BASIN REPORT	Dr. Timothy Benton
XI.	COMMUNITY HEALTH NEEDS ASSESSMENT AND IMP	
XII.	UTILIZATION REVIEW PLAN	Christin Timmons (p.112-122)
XIII.	NURSING WORKFORCE UPDATE	Christin Timmons (p.123-132)
XIV.	PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT A	
	A Review of Certified Property Valuations	

- A. Review of Certified Property valuations
- B. CMO Search Update
- C. Charity Care Valuation
- D. Ad hoc Report(s)

XV. EXECUTIVE SESSION

Meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation Regarding Real Property pursuant to Section 551.072 of the Texas Government Code; (3) Deliberation regarding negotiations for health care services, pursuant to Section 551.085 of the Texas Government Code; and (4) Deliberation and evaluation of officers and employees of Ector County Hospital District pursuant to Section 551.074 of the Texas Government Code.

XVI. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

- A. CONSIDER APPROVAL OF MCH PROCARE PROVIDER AGREEMENT(S)
- B. CONSIDER APPROVAL OF MCH PROPERTY LEASE AGREEMENT(S)
- C. SALE OF MCH PROPERTY
- D. CHIEF EXECUTIVE OFFICER AGREEMENT

XVII. ADJOURNMENTBryn Dodd

If during the course of the meeting covered by this notice, the Board of Directors needs to meet in executive session, then such closed or executive meeting or session, pursuant to Chapter 551. Texas Government Code, will be held by the Board of Directors on the date, hour and place given in this notice or as soon after the commencement of the meeting covered by this notice as the Board of Directors may conveniently meet concerning any and all subjects and for any and all purposes permitted by Chapter 551 of said Government Code.

<u>MISSION</u>

Medical Center Health System is a community-based teaching organization dedicated to providing high quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

<u>VISION</u>

MCHS will be the premier source for health and wellness.

VALUES

I-ntegrity C-ustomer centered A-ccountability R-espect E-xcellence



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS REGULAR BOARD MEETING JULY 7, 2022 – 5:30 p.m.

MINUTES OF THE MEETING

MEMBERS PRESENT:	Bryn Dodd, President Wallace Dunn, Vice President Mary Lou Anderson David Dunn Don Hallmark Kathy Rhodes
MEMBERS ABSENT:	Richard Herrera
OTHERS PRESENT:	Russell Tippin, President/Chief Executive Officer Steve Steen, Chief Legal Counsel Steve Ewing, Chief Financial Officer Matt Collins, Chief Operating Officer Christin Timmons, Chief Nursing Officer Adiel Alvarado, President MCH ProCare Kerstin Connolly, Paralegal Lisa Russell, Executive Assistant to the CEO
OTHERS PRESENT:	Various other interested members of the Medical Staff, employees, and citizens

I. CALL TO ORDER

Bryn Dodd, President, called the meeting to order at 5:30 p.m. in the Ector County Hospital District Board Room at Medical Center Hospital. Notice of the meeting was properly posted as required by the Open Meetings Act.

II. INVOCATION

Chaplain Doug Herget offered the invocation.

III. PLEDGE OF ALLEGIANCE

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Bryn Dodd led the Pledge of Allegiance to the United States and Texas flags.

IV. MISSION/VISION OF MEDICAL CENTER HEALTH SYSTEM

David Dunn presented the Mission, Vision and Values of Medical Center Health System.

V. AWARDS AND RECOGNITION

A. July 2022 Associates of the Month

Russell Tippin, President/Chief Executive Officer, introduced the July 2022 Associates of the Month as follows:

- Clinical Teresa Deleon
- Non-Clinical Mary McEwin
- Nurse Mary Courtney, RN

B. Unit HCAHPS High Performers

Russell Tippin, Chief Executive Officer, introduced the Unit HCAHPS High Performer(s)

- Dr. Petr
- East Walmart Retail Clinic
- 4E

VI. CONFLICT OF INTEREST DISCLOSURE BY ANY BOARD MEMBER

No conflicts were disclosed.

VII. PUBLIC COMMENTS ON AGENDA ITEMS

No comments from the public were received.

VIII. CONSENT AGENDA

- A. Consider Approval of Regular Meeting Minutes, June 7, 2022
- B. Consider Approval of Joint Conference Committee, June 28, 2022
- C. Consider Approval of Federally Qualified Health Center Monthly Report, May 2022

Kathy Rhodes moved, and David Dunn seconded the motion to approve the items listed on the Consent Agenda as presented. The motion carried unanimously.

IX. COMMITTEE REPORTS

A. Finance Committee

- 1. Financial Report for Month Ended May 31, 2022
- 2. Consent Agenda

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- a. Consider Approval of Lockton Agreement Renewal
- 3. Consider Approval of Amendment to Stryker Master Service Agreement.

Wallace Dunn moved, and David Dunn seconded the motion to approve the Finance Committee reports as presented. The motion carried unanimously.

X. TTUHSC AT THE PERMIAN BASIN REPORT

Dr. Timothy Benton, Regional Dean, School of Medicine provided the TTUHSC at the Permian Basin Report for information only. No action was taken.

XI. UPDATE FROM PRESSURE ULCER TEAM

Vonda Lucero, MSN, RN, CWON, Director of Wound Care & Infusion Services, presented the HAPI Prevention Team report to the Board.

This report was informational only. No action was taken.

XII. 2023 CAPITAL EXPENDITURE BUDGET

Kim Leftwich, Associated Chief Nursing Officer presented the 2023 Capital Expenditure Budget for approval.

Mary Lou Anderson moved, and David Dunn seconded the motion to approve the 2023 Capital Expenditure Budget as presented. The motion carried.

XIII. PRESIDENT/CHIEF EXECUTIVE OFFICER'S REPORT AND ACTIONS

A. HealthSure Annual Insurance Report of Condition

The Annual Insurance Report of Condition from HealthSure was provided. The premiums for Cyber Security and Property have increased substantially.

David Dunn moved, and Mary Lou Anderson seconded the motion to approve the Annual Insurance Report of Condition as presented. The motion carried.

B. Ad-hoc Reports

THT is scheduled for the end of the month.

COVID-19 numbers have increased slightly, there is no change in the universal mask policy.

MCH has hired 37 new nurses.

The Regional Services Report was provided.

These reports were for information only. No action was taken.

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XIV. EXECUTIVE SESSION

Bryn Dodd stated that the Board would go into Executive Session for the meeting held in closed session involving any of the following: (1) Consultation with attorney regarding legal matters and legal issues pursuant to Section 551.071 of the Texas Government Code; (2) Deliberation Regarding Real Property pursuant to Section 551.072 of the Texas Government Code; (3) Deliberation regarding negotiations for health care services, pursuant to Section

551.085 of the Texas Government Code; and (4) Deliberation and evaluation of officers and employees of Ector County Hospital District pursuant to Section 551.074 of the Texas Government Code.

ATTENDEES for the entire Executive Session: ECHD Board members, Bryn Dodd, Mary Lou Anderson, David Dunn, Don Hallmark, Wallace Dunn, Kathy Rhodes and Steve Steen, Chief Legal Counsel.

Adiel Alvarado, President of MCH ProCare, presented the provider agreements to the ECHD Board of Directors during Executive Session and then was excused from the remainder of Executive Session.

Matt Collins, Chief Operating Officer, reported to the ECHD Board of Directors during Executive Session the items discussed in Real Estate Committee and then was excused from the remainder of Executive Session.

Russell Tippin, President/Chief Executive Officer, led the board in discussion about the Surgery Department and staffing for surgery during Executive Session.

Russell Tippin, President/Chief Executive Officer, led the board in discussion about the Permian Basin Healthcare Vision.

Executive Session began at 6:05 p.m. Executive Session ended at 7:27 p.m.

XV. ITEMS FOR CONSIDERATION FROM EXECUTIVE SESSION

A. Consider Approval of MCH ProCare Provider Agreement(s).

Bryn Dodd presented the following new agreements:

- Bertha Nunez, FNP-C This a three (3) year agreement for a Family Health Clinic Pediatrics Contract
- InVoke Locum, PLLC (Emeujevoke Okoh, M.D.) This is a one (1) year Gastroenterology Contract
- Kevin Harbourn, M.D. This is a three (3) year agreement for an Anesthesia Contract.

Bryn Dodd presented the following amendments:

- Elias Marquez, N.P. This is an amendment to an Urgent Care Contract.
- West Texas Ear, Nose, Throat & Sinus Institute This is an amendment to of 134 the Lease Agreement.

Bryn Dodd presented the following renewal agreements:

- Robert Ramkissoon, MPAS, PA-C This is a three (3) year renewal of an Urgent Care Contract.
- Domingo Caparas, M.D. This is a three (3) year renewal of a Hospitalist Contract.

- Marlys Munnell, M.D. This is a three (3) year renewal of an Anesthesia Contract
- Meghana Gillala, M.D. This is a three (3) year renewal of an Anesthesia Contract.
- Eduardo Salcedo, M.D. This a three (3) year renewal of a Wound Care Contract.

David Dunn moved, and Kathy Rhodes seconded the motion to approve the MCH ProCare Provider Agreements as presented. The motion carried.

B. Real Estate Transactions

1. Bryn Dodd recommended to the ECHD Board to proceed with process to sell the property located at 221 North Lincoln Ave.

Kathy Rhodes moved, and Mary Lou Anderson seconded the motion to sell the property located at 221 North Lincoln Ave. as presented. The motion carried.

2. Bryn Dodd recommended to the ECHD Board to accept the Lease Termination Agreement with HEB.

David Dunn moved, and Wallace Dunn seconded the motion to accept the Lease Termination Agreement with HEB as presented. The motion carried.

The Board of Directors and Steve Steen, Chief Legal Counsel went back into Executive Session at 7:28 p.m. to discuss the Chief Executive Officer Annual Evaluation. Russell Tippin, President/CEO and Kerstin Connolly, Paralegal were excused from this portion of Executive Session.

The Board came out of Executive Session at 8:22 p.m. . No action was taken during Executive Session.

C. Chief Executive Officer Annual Evaluation

No action taken.

XVI. ADJOURNMENT

There being no further business to come before the Board, Bryn Dodd adjourned the meeting at 8:23 p.m.

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Respectfully submitted.

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David Dunn, Secretary Ector County Hospital District



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Medical Staff and Allied Health Professionals Staff Applicants

Statement of Pertinent Facts:

Pursuant to Article 3 of the Medical Staff Bylaws, the application process for the following Medical Staff and Allied Health Professional applicants is complete. The Joint Conference Committee and the Medical Executive Committee recommend approval of privileges or scope of practice and membership to the Medical Staff or Allied Health Professionals Staff for the following applicants, effective upon Board Approval.

Medical Staff:

Applicant	Department	Specialty/Privileges	Group	Dates
Glenn Bennion, MD	OB/GYN	OB/GYN	TTUHSC	08/2/2022-08/01/2023
Jason Jones, DDS, MD	Surgery	Oral Maxillofacial Surgery		08/2/2022-08/01/2023
Antonyos Mahfoud, MD	Medicine	Pulmonary/ Critical Care	ProCare	08/2/2022-08/01/2023

Allied Health:

Applicant	Department	AHP	Specialty/P	Group	Sponsoring	Dates
		Category	rivileges		Physician(s)	
Jonathan	Anesthesia	AHP	CRNA	YPS Anesthesia	Dr. Gillala, Dr. Bhari,	08/2/2022-08/01/2024
Cotteen,					Dr. Bryan, Dr. Reddy,	
CRNA					Dr. Hwang, Dr. Batch	
					Dr. Bangalore	
Gaybrielle	Cardiology	AHP	Nurse	ProCare	Dr. Farber, Dr.	08/2/2022-08/01/2024
Marquez, NP			Practitioner		Boccalandro, Dr.Patel	
					and Dr. Angirekula	
Bertha	Pediatrics	AHP	Nurse	ProCare	Dr. Twum Barimah	08/2/2022-08/01/2024
Nunez, NP			Practitioner			



*Please grant temporary Privileges

Advice.Opinions.Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee and the Joint Conference Committee and approve privileges and membership to the Medical Staff as well as scope of practice and Allied Health Professional Staffmembership for the above listed applicants.

Donald Davenport, DOChief of Staff ExecutiveCommitteeChair /MM



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Reappointment of the Medical Staff and/or Allied Health Professional Staff

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following reappointments of the Medical Staff and Allied Health Professional Staff as submitted. These reappointment recommendations are made pursuant to and in accordance with Article 5 of the Medical Staff Bylaws.

Medical Staff:

Applicant	Department	Status Criteri	Staff Category	Specialty/P rivileges	Group	Changes to	Dates
		a Met				Privileges	
Jordan Abel, MD	Medicine	Yes	Associate	Infectious Disease	Eagle Telemedici ne	None	09/1/2022-08/31/2023
Katie Corkill, MD	Family Medicine	Yes	Associate	Family Medicine	TTUHSC	None	09/1/2022-08/31/2023
Alexander Bastidas, MD	Medicine	Yes	Active	Critical Care	ProCare	None	09/1/2022-08/31/2024
Ravi Borra, MD	Medicine	No	Active to Affiliate	Endocrinology		None	09/1/2022-08/31/2024
Vijay Borra, MD	Surgery	Yes	Active	Orthopedic Surgery	ProCare	None	09/1/2022-08/31/2024
Philip Chae, MD	Medicine	Yes	Courtesy	Medical Oncology	Texas Oncology	None	09/1/2022-08/31/2024
Anna Marie Francisco, MD	Family Medicine	Yes	Active	Family Medicine	TTUHSC	None	09/1/2022-08/31/2024
Kathy Grove, MD	Surgery	Yes	Active	Trauma Surgery		None	09/1/2022-08/31/2024
Joshua Houser, MD	Emergency Medicine	Yes	Active	Emergency Medicine	BEPO	None	09/1/2022-08/31/2024
Raphael Nwojo, MD	Surgery	Yes	Active	Otolaryngolog y		None	09/1/2022-08/31/2024
Christopher Petr, MD	OB/GYN	Yes	Active	OB/GYN	ProCare	None	09/1/2022-08/31/2024
Aaron Stike, MD	Surgery	Yes	Active	Urology	West Texas Urology	None	09/1/2022-08/31/2024
Lee David Moore, MD	OB/GYN	Yes	Active	OB/GYN	TTUHSC	None	10/1/2022-09/30/2024



Allied Health Professionals:

Applicant	Department	AHP	Specialty /	Group	Sponsoring	Changes to	Dates
		Category	Privileges		Physician (s)	Privileges	
Jose Katada,	Anesthesia	AHP	CRNA	ProCare	Dr. Gillala, Dr.	None	09/1/2022-08/31/2024
CRNA					Bhari, Dr.		
					Bryan, Dr.		
					Reddy, Dr.		
					Hwang, Dr.		
					Batch Dr.		
					Bangalore		
Hanh Lovitt,	Emergency	AHP	Physician	BEPO	Dr. Shipkey	None	09/1/2022-08/31/2024
PA	Medicine		Assistant				
Araceli	Family	AHP	Nurse		Dr. Francisco	None	09/1/2022-08/31/2024
Romero, NP	Medicine		Practitioner		Salcido		

*Requesting Temporary Privileges

Advice. Opinions. Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee relating to the reappointment of the Medical Staff and/or Allied Health Professional Staff.

Donald Davenport, DO Chief of Staff Executive CommitteeChair /MM



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Change in Clinical Privileges

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends the request below on change in clinical privileges. These clinical changes in privileges are recommendations made pursuant to and in accordance with Article 4 of the Medical Staff Bylaws.

Additional Privileges:

Staff Member	Department	Privilege
Benjamin Aguilar, NP	Cardiology	ADD – Exercise Stress ECG Testing
Ngan Hill, NP	Cardiology	ADD – Exercise Stress ECG Testing
Gregory York, MD	Surgery	REMOVE- ACLS

Advice, Opinions, Recommendations and Motions:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee relating to the change in clinical privileges of the Allied Health Professional Staff.

Donald Davenport, DO Chief of Staff Executive Committee Chair /MM



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Change in Medical Staffor AHP Staff Status-Resignations/Lapse of Privileges

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following changes in staff status. These resignations/lapses of privileges are recommendations made pursuant to and in accordance with Article 4 of the Medical Staff Bylaws.

Resignation/Lapse of Privileges:

Staff Member	Staff Category	Department	Effective Date	Action
Getnet Aberra, MD	Active	Hospitalist	05/31/2022	Resignation
Sudhir Amaram, MD	Active	Cardiology	07/01/2022	Resignation
Rami Bonam, MD	Active	Hospitalist	06/30/2022	Resignation
Kasey Cavone, CRNA	AHP	Anesthesia	05/31/2022	Resignation
Yvonne Gochangco, CRNA	AHP	Anesthesia	05/31/2022	Resignation
Robert Hansen, MD	Telemedicine	Radiology	07/07/2022	Resignation
Ailena Mulkey, LVN	AHP	Research	05/19/2022	Resignation
Jeannie Jackson, CCP	AHP	Surgery	06/23/2022	Resignation
Ewa Korzeniowska, CRNA	AHP	Anesthesia	06/30/2022	Resignation
AnnaLee Mora, FNP	AHP	Family Medicine	06/30/2022	Resignation
Martha Nunez, NP	AHP	Hospitalist	06/30/2022	Resignation
Adelina Saldivar, FNP	AHP	Hospitalist	06/07/2022	Resignation

Advice, Opinions, Recommendations and Motion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the Resignation / Lapse of Privileges.

Donald Davenport, DO Chief of Staff ExecutiveCommitteeChair /MM



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Change in Medical Staff or AHP Staff Category

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommend approval of the following changes in staff status category. The respective departments determined that the practitioners have complied with all Bylaws requirements and are eligible for the change as noted below.

Staff Category Change:

Staff Member	Department	Category
Ravi Borra, MD	Medicine	Active to Affiliate



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Changes to Credentialing Dates:

StaffMember	StaffCategory	Department	Dates
None			

<u>Changes of Supervising Physician(s)</u>:

StaffMember	Group	Department
None		

Leave of Absence:

StaffMember	StaffCategory	Department	Effective Date	Action
None				

Removal of I-FPPE

Staff Member	Department	Removal/Extension
Jordan Abel, MD	Medicine	Removal of I-FPPE
Malik Farooq, MD	Medicine	Extension of I-FPPE
Suzanna Hewtty, NP	Family Medicine	Removal of I-FPPE
Mark Hinton, MD	Medicine	Removal of I-FPPE
Jeanette Garcia, NP	Medicine	Extension of I-FPPE
Roger Joe, MD	Medicine	Removal of I-FPPE
Pauravi Rava, MD	Medicine	Removal of I-FPPE
Mumtaz Suleman, MD	Medicine	Removal of I-FPPE
Wojciech Zolcik, MD	Medicine	Removal of I-FPPE

Proctoring Request(s)/Removal(s)

Staff Member	Department	Privilege(s)
Gaybrielle Marquez, NP	Cardiology	Exercise Stress ECG Testing

Change in Privileges

Staff Member	Department	Privilege	
None			Deve 16 - 5 124
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ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Advice.Opinions.RecommendationsandMotion:

If the Hospital District Board of Directors concurs, the following motion is in order: Accept and approve the recommendations of the Medical Executive Committee and the Joint Conference Committee to approve the staff category changes, changes to the credentialing dates, changes of supervising physicians, leave of absence, removal of I-FPPE, proctoring requests/removals, and change in privileges.

Donald Davenport, DOChief of Staff ExecutiveCommitteeChair /MM



ECTOR COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS

Item to be considered:

Utilization Review Plan

Statement of Pertinent Facts:

The Medical Executive Committee and the Joint Conference Committee recommends approval of the following:

Utilization Review Plan

Advice, Opinions, Recommendations and Motion:

If the Joint Conference Committee concurs, the following motion is in order: Accept the recommendation of the Medical Executive Committee to approve the utilization review plan

Donald Davenport, DO, Chief of Staff ExecutiveCommitteeChair /MM Family Health Clinic August 2022 ECHD Board Packet

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CENTERS COMBINED - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH								YEAR TO DATE						
		ACTUAL	F	BUDGET	BUDGET VAR	PR		PRIOR YR VAR	ACTUAL	в		BUDGET VAR	PRIOR YR	PRIOR YR VAR	
PATIENT REVENUE															
Outpatient Revenue	\$	463,223	\$	697,429	-33.6%	\$	419,850	10.3%	\$ 5,054,311	\$6	5,267,146	-19.4%	\$ 4,654,427	8.6%	
TOTAL PATIENT REVENUE	\$	463,223	\$	697,429	-33.6%	\$	419,850	10.3%	\$ 5,054,311	\$6	5,267,146	-19.4%	\$ 4,654,427	8.6%	
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	192,942	\$	360,974	-46.5%	\$	255,916	-24.6%	\$ 2,879,676	\$ 3	3,205,080	-10.2%	\$ 2,514,472	14.5%	
Self Pay Adjustments		35,206		97,183	-63.8%		7,477	370.8%	441,448		869,410	-49.2%	658,917	-33.0%	
Bad Debts		(40,952)		14,631	-379.9%		23,042	-277.7%	124,148		136,646	-9.1%	194,014	-36.0%	
TOTAL REVENUE DEDUCTIONS	\$	187,197	\$	472,788	-60.4%	\$	286,435	-34.6%	\$ 3,445,273	\$ 4	4,211,136	-18.2%	\$ 3,367,403	2.3%	
		40.41%		67.79%			68.22%		68.17%		67.19%		72.35%		
NET PATIENT REVENUE	\$	276,026	\$	224,641	22.9%	\$	133,415	106.9%	\$ 1,609,039	\$ 2	2,056,010	-21.7%	\$ 1,287,024	25.0%	
OTHER REVENUE															
FHC Other Revenue	\$	18,504	\$	25,436	-27.3%	\$	139,617	-86.7%	\$ 238,211	\$	228,924	4.1%	\$ 343,424	-30.6%	
TOTAL OTHER REVENUE	\$	18,504	\$	25,436	-27.3%	\$	139,617	-86.7%	\$ 238,211	\$	228,924	4.1%	\$ 343,424	-30.6%	
NET OPERATING REVENUE	\$	294,531	\$	250,077	17.8%	\$	273,032	7.9%	\$ 1,847,250	\$ 2	2,284,934	-19.2%	\$ 1,630,448	13.3%	
OPERATING EXPENSE															
Salaries and Wages	\$	92.673	\$	115.289	-19.6%	\$	107.349	-13.7%	\$ 850.040	\$ -	1.011.717	-16.0%	\$ 848.114	0.2%	
Benefits		(118,254)		31,761	-472.3%		46.403	-354.8%	69.177		288,472	-76.0%	241,321	-71.3%	
Physician Services		155,816		156,823	-0.6%		117,270	32.9%	1,521,007		1,411,407	7.8%	1,225,513	24.1%	
Cost of Drugs Sold		25,951		14,960	73.5%		12,446	108.5%	191,942		120,892	58.8%	81,668	135.0%	
Supplies		5,649		21,874	-74.2%		17,890	-68.4%	64,726		205,811	-68.6%	123,356	-47.5%	
Utilities		7.236		8.054	-10.2%		5.265	37.4%	52.619		75.924	-30.7%	50.822	3.5%	
Repairs and Maintenance		1.576		2,216	-28.9%		1.370	15.1%	31.037		19,944	55.6%	9.059	242.6%	
Leases and Rentals		459		977	-53.0%		485	-5.3%	4,380		8,793	-50.2%	4,476	-2.2%	
Other Expense		1,000		1,542	-35.1%		4,106	-75.6%	13,012		13,878	-6.2%	35,911	-63.8%	
TOTAL OPERATING EXPENSES	\$	172,107	\$	353,496	-51.3%	\$	312,585	-44.9%	\$ 2,797,939	\$ 3	3,156,838	-11.4%	\$ 2,620,241	6.8%	
Depreciation/Amortization	\$	28,692	\$	32,704	-12.3%	\$	32,004	-10.4%	\$ 258,587	\$	297,594	-13.1%	\$ 297,683	-13.1%	
TOTAL OPERATING COSTS	\$	200,799	\$	386,200	-48.0%	\$	344,589	-41.7%	\$ 3,056,526	\$ 3	3,454,432	-11.5%	\$ 2,917,924	4.8%	
NET GAIN (LOSS) FROM OPERATIONS	\$	93,732	\$	(136,123)	-168.9%	\$	(71,557)	-231.0%	\$(1,209,276)	\$(1	1,169,498)	3.4%	\$(1,287,476)	-6.1%	
Operating Margin		31.82%		-54.43%	-158.5%		-26.21%	-221.4%	-65.46%		-51.18%	27.9%	-78.96%	-17.1%	

		CURR	ENT MONTH				YEAR TO DATE						
Total Visits	1,646	2,151	-23.5%	1,473	11.7%	16,799	19,347	-13.2%	13,734	22.3%			
Average Revenue per Office Visit	281.42	324.23	-13.2%	285.03	-1.3%	300.87	323.93	-7.1%	338.90	-11.2%			
Hospital FTE's (Salaries and Wages)	23.5	28.8	-18.3%	20.4	15.0%	22.4	28.3	-20.8%	20.6	8.7%			

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH							YEAR TO DATE							
	Δ	CTUAL	E	UDGET	BUDGET VAR	PR	IOR YR	PRIOR YR VAR		ACTUAL	I	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE									_						
Outpatient Revenue	\$	118,714	\$	338,582	-64.9%			-63.1%		1,508,478				\$ 4,158,517	-63.7%
TOTAL PATIENT REVENUE	\$	118,714	\$	338,582	-64.9%	\$ 3	321,510	-63.1%	\$	1,508,478	\$	3,032,143	-50.3%	\$ 4,158,517	-63.7%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	49,147	\$	184,149	-73.3%	\$ 2	205,146	-76.0%	\$	910,972	\$	1,649,131	-44.8%	\$ 2,245,294	-59.4%
Self Pay Adjustments		16,385		52,827	-69.0%		6,543	150.4%		255,398		473,089	-46.0%	589,335	-56.7%
Bad Debts		2,142		10,820	-80.2%		20,504	-89.6%		(73,460)		96,901	-175.8%	237,651	-130.9%
TOTAL REVENUE DEDUCTIONS	\$	67,674	\$	247,796	-72.7%	\$ 2	232,193	-70.9%	\$	1,092,910	\$	2,219,121	-50.8%	\$ 3,072,280	-64.4%
		57.0%		73.2%			72.2%			72.5%		73.2%		73.9%	
NET PATIENT REVENUE	\$	51,040	\$	90,786	-43.8%	\$	89,317	-42.9%	\$	415,569	\$	813,022	-48.9%	\$ 1,086,236	-61.7%
OTHER REVENUE															
FHC Other Revenue	\$	18.504	\$	25.436	0.0%	\$ `	139.617	-86.7%	\$	238.211	\$	228.924	0.0%	\$ 343.424	-30.6%
TOTAL OTHER REVENUE	\$	18,504	\$	25,436	-27.3%	\$ 1	139,617	-86.7%	\$	238,211	\$	228,924	4.1%	\$ 343,424	-30.6%
NET OPERATING REVENUE	\$	69,545	\$	116,222	-40.2%	\$ 2	228,934	-69.6%	\$	653,780	\$	1,041,946	-37.3%	\$ 1,429,660	-54.3%
OPERATING EXPENSE															
Salaries and Wages	\$	69,557	\$	60.736	14.5%	\$ `	102.018	-31.8%	\$	672,778	\$	533,198	26.2%	\$ 786.843	-14.5%
Benefits	•	(88,757)		16.732	-630.5%	*	44.099	-301.3%	•	54,751	*	152.031	-64.0%	223.887	-75.5%
Physician Services		54,445		68.581	-20.6%		83,710	-35.0%		783.157		617.229	26.9%	1.033.619	-24.2%
Cost of Drugs Sold		2.476		3.071	-19.4%		6.955	-64.4%		32,754		27,503	19.1%	62.210	-47.3%
Supplies		2,559		4,528	-43.5%		17,282	-85.2%		32,138		40,596	-20.8%	120,001	-73.2%
Utilities		4,266		2,755	54.8%		2,755	54.8%		28,857		25,721	12.2%	25,721	12.2%
Repairs and Maintenance		1.576		1,799	-12.4%		1.370	15.1%		31,037		16,191	91.7%	9.059	242.6%
Leases and Rentals		459		477	-3.8%		485	-5.3%		4,380		4,293	2.0%	4,476	-2.2%
Other Expense		1.000		1.125	-11.1%		4.106	-75.6%		13.012		10,125	28.5%	35,911	-63.8%
TOTAL OPERATING EXPENSES	\$	47,582	\$	159,804	-70.2%	\$ 2	262,780	-81.9%	\$	1,652,862	\$	1,426,887	15.8%	\$ 2,301,728	-28.2%
Depreciation/Amortization	\$	2,625	\$	3,874	-32.2%	\$	3,807	-31.0%	\$	23,642	\$	35,247	-32.9%	\$ 34,890	-32.2%
TOTAL OPERATING COSTS	\$	50,207	\$	163,678	-69.3%	\$ 2	266,587	-81.2%	\$	1,676,504	\$	1,462,134	14.7%	\$ 2,336,617	-28.3%
NET GAIN (LOSS) FROM OPERATIONS	\$	19,337	\$	(47,456)	140.7%	\$	(37,653)	151.4%	\$	(1,022,725)	\$	(420,188)	-143.4%	\$ (906,957)	12.8%
Operating Margin		27.81%		-40.83%	-168.1%		-16.45%	-269.1%		-156.43%		-40.33%	287.9%	-63.44%	146.6%

		CURR	ENT MONTH	-			YEAF	YEAR TO DATE			
Medical Visits	542	987	-45.1%	1,111	-51.2%	5,958	8,839	-32.6%	12,131	-50.9%	
Average Revenue per Office Visit	219.03	343.04	-36.2%	289.39	-24.3%	253.19	343.04	-26.2%	342.80	-26.1%	
Hospital FTE's (Salaries and Wages)	15.8	13.2	20.5%	16.9	-6.2%	15.2	12.9	17.5%	18.2	-16.3%	

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH								YEAR TO DATE						
	Å	ACTUAL	E	BUDGET	BUDGET VAR	PI	RIOR YR	PRIOR YR VAR		ACTUAL	E	UDGET	BUDGET VAR F	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue	\$	155,628	\$	197,197	-21.1%		98,340	58.3%		1,374,953		1,548,963	-11.2% \$		177.3%
TOTAL PATIENT REVENUE	\$	155,628	\$	197,197	-21.1%	\$	98,340	58.3%	\$	1,374,953	\$	1,548,963	-11.2% \$	495,910	177.3%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	69,106	\$	111,975	-38.3%	\$	50,770	36.1%	\$	740,362	\$	879,550	-15.8% \$	269,178	175.0%
Self Pay Adjustments		21,465		25,752	-16.6%		934	2197.2%		115,543		202,280	-42.9%	69,582	66.1%
Bad Debts		12,849		-	0.0%		2,538	406.3%		60,340		-	0.0%	(43,637)	-238.3%
TOTAL REVENUE DEDUCTIONS	\$	103,419	\$	137,727	-24.9%	\$	54,242	90.7%	\$	916,246	\$	1,081,830	-15.3% \$	295,123	210.5%
		66.45%		69.84%			55.16%			66.64%		69.84%		59.51%	
NET PATIENT REVENUE	\$	52,209	\$	59,470	-12.2%	\$	44,098	18.4%	\$	458,707	\$	467,133	-1.8% \$	200,788	128.5%
OTHER REVENUE															
FHC Other Revenue	\$ \$	-	\$	-	0.0%	\$	-	0.0%	\$ \$	-	\$	-	0.0% \$	-	0.0%
TOTAL OTHER REVENUE	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0% \$	-	0.0%
NET OPERATING REVENUE	\$	52,209	\$	59,470	-12.2%	\$	44,098	18.4%	\$	458,707	\$	467,133	-1.8% \$	200,788	128.5%
OPERATING EXPENSE															
Salaries and Wages	\$	6,561	\$	31,227	-79.0%	\$	5,331	23.1%	\$	56,350	\$	240,586	-76.6% \$	61,271	-8.0%
Benefits		(8,372)		8,603	-197.3%		2,304	-463.4%		4,586		68,599	-93.3%	17,434	-73.7%
Physician Services		57,769		45,750	26.3%		33,560	72.1%		346,184		411,750	-15.9%	191,894	80.4%
Cost of Drugs Sold		1,182		11,889	-90.1%		5,491	-78.5%		33,752		93,389	-63.9%	19,458	73.5%
Supplies		1,930		6,158	-68.7%		164	1078.0%		17,419		48,522	-64.1%	2,911	498.4%
Utilities		2,971		2,510	18.4%		2,510	18.3%		23,762		25,102	-5.3%	25,101	-5.3%
Repairs and Maintenance		-		-	0.0%		-	100.0%		-		-	0.0%	-	100.0%
Other Expense		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$	62,041	\$	106,137	-41.5%	\$	49,361	25.7%	\$	482,053	\$	887,948	-45.7% \$	318,069	51.6%
Depreciation/Amortization	\$	25,992	\$	28,830	-9.8%	\$	28,197	-7.8%	\$	234,272	\$	262,347	-10.7% \$	262,793	-10.9%
TOTAL OPERATING COSTS	\$	88,033	\$	134,967	-34.8%	\$	77,558	13.5%	\$	716,325	\$	1,150,295	-37.7% \$	580,863	23.3%
NET GAIN (LOSS) FROM OPERATIONS	\$	(35,824)	\$	(75,497)	-52.5%	\$	(33,460)	7.1%	\$	(257,618)	\$	(683,162)	-62.3% \$	(380,075)	-32.2%
Operating Margin		-68.62%		-126.95%	-45.9%		-75.88%	-9.6%		-56.16%		-146.25%	-61.6%	-189.29%	-70.3%

		CURF	RENT MONTH	1	YEAR TO DATE							
Total Visits	576	634	-9.1%	362	59.1%	5,004	4,980	0.5%		0.0%		
Average Revenue per Office Visit	270.19	311.04	-13.1%	271.66	-0.5%	274.77	311.04	-11.7%	309.36	-11.2%		
Hospital FTE's (Salaries and Wages)	2.3	8.5	-72.7%	3.6	-35.0%	2.5	7.3	-66.3%	2.5	-0.4%		

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH								YEAR TO DATE						
	A	CTUAL	в	UDGET	BUDGET VAR	PRIOF	RYR	PRIOR YR VAR	4	CTUAL	в	UDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue	\$	188,881	\$	161,650	16.8%		-	100.0%		2,170,880		1,686,040	28.8%		100.0%
TOTAL PATIENT REVENUE	\$	188,881	\$	161,650	16.8%	\$	-	100.0%	\$ 3	2,170,880	\$ ´	1,686,040	28.8%	\$-	100.0%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	74.689	\$	64.850	15.2%	\$	-	100.0%	\$	1.228.342	\$	676.399	81.6%	\$ -	100.0%
Self Pay Adjustments	·	(2,643)		18,604	-114.2%		-	100.0%		70.507		194.041	-63.7%	· -	100.0%
Bad Debts		(55,942)		3,811	-1567.9%		-	100.0%		137,267		39,745	245.4%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$	16,103	\$	87,265	-81.5%	\$	-	100.0%	\$	1,436,117	\$	910,185	57.8%	\$ -	100.0%
		8.53%		53.98%		· (0.00%			66.15%		53.98%		0.00%	
NET PATIENT REVENUE	\$	172,777	\$	74,385	132.3%	\$	-	100.0%	\$	734,763	\$	775,855	-5.3%	\$-	100.0%
OTHER REVENUE															
FHC Other Revenue	\$	-	\$	-	0.0%	\$	-	0.0%	\$ \$	-	\$	-	0.0%	\$-	0.0%
TOTAL OTHER REVENUE	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0%	\$-	0.0%
NET OPERATING REVENUE	\$	172,777	\$	74,385	132.3%	\$	-	100.0%	\$	734,763	\$	775,855	-5.3%	\$-	100.0%
OPERATING EXPENSE															
Salaries and Wages	\$	16,555	\$	23,326	-29.0%	\$	-	100.0%	\$	120,912	\$	237,933	-49.2%	\$-	100.0%
Benefits		(21,125)		6,426	-428.7%		-	100.0%		9,840		67,842	-85.5%	-	100.0%
Physician Services		43,602		42,492	2.6%		-	100.0%		391,666		382,428	2.4%	-	100.0%
Cost of Drugs Sold		22,293		-	0.0%		-	100.0%		125,436		-	100.0%	-	100.0%
Supplies		1,159		11,188	-89.6%		444	161.0%		15,169		116,693	-87.0%	444	3316.5%
Utilities		-		2,789	-100.0%		-	100.0%		-		25,101	-100.0%	-	100.0%
Repairs and Maintenance		-		417	-100.0%		-	100.0%		-		3,753	-100.0%	-	100.0%
Other Expense		-		417	-100.0%		-	0.0%		-		3,753	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$	62,484	\$	87,555	-28.6%	\$	444	13972.9%	\$	663,023	\$	842,003	-21.3%	\$ 444	149229.5%
Depreciation/Amortization	\$	75	\$	-	0.0%	\$	-	100.0%	\$	674	\$	-	0.0%	\$-	100.0%
TOTAL OPERATING COSTS	\$	62,559	\$	87,555	-28.5%	\$	444	13989.8%	\$	663,697	\$	842,003	-21.2%	\$ 444	149381.2%
NET GAIN (LOSS) FROM OPERATIONS	\$	110,219	\$	(13,170)	-936.9%	\$	(444)	-24924.0%	\$	71,066	\$	(66,148)	-207.4%	\$ (444)	-16105.9%
Operating Margin		63.79%		-17.71%	-460.3%	(0.00%	100.0%		9.67%		-8.53%	-213.4%	0.00%	100.0%

		CURR	ENT MONTH			YEAR TO DATE						
Medical Visits Total Visits	528 528	530 530	-0.4%	-	0.0%	5,837 5,837	5,528 5,528	5.6% 5.6%	-	0.0%		
Average Revenue per Office Visit	357.73	305.00	17.3%	-	0.0%	371.92	305.00	21.9%	-	0.0%		
Hospital FTE's (Salaries and Wages)	5.4	7.2	-25.2%	-	0.0%	4.8	8.1	-40.8%	-	0.0%		

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC COMBINED JUNE 2022

MONTHLY REVENUE						YTD REVENUE								
	Clements	West	JBS	Total	%	Clements		West	JBS	Total	%			
Medicare	\$ 25,058	\$ 35,398	\$-	\$ 60,456	13.1%	\$ 320,88	3\$	307,299	\$ (808)	\$ 627,374	12.4%			
Medicaid	27,399	37,863	122,108	187,371	40.4%	374,74	2	363,396	1,324,366	2,062,505	40.8%			
FAP	-	-	-	-	0.0%		-	-	-	-	0.0%			
Commercial	21,231	38,185	61,214	120,630	26.0%	244,45	В	325,464	777,597	1,347,518	26.7%			
Self Pay	43,254	37,913	2,959	84,125	18.2%	514,19	2	305,936	49,187	869,315	17.2%			
Other	1,773	6,269	2,600	10,641	2.3%	54,20	4	72,858	20,538	147,600	2.9%			
Total	\$ 118,714	\$ 155,628	\$ 188,881	\$ 463,223	100.0%	\$ 1,508,47	8\$	1,374,953	\$ 2,170,880	\$ 5,054,311	100.0%			

		MON	THLY PAYME	ENTS		YEAR TO DATE PAYMENTS						6		
	Clements	West	JBS	Total	%	C	lements		West		JBS		Total	%
Medicare	\$ 8,073	8 \$ 5,169	-	\$ 13,242	3.6%	\$	125,531	\$	105,904	\$	-	\$	231,435	11.9%
Medicaid	40,47	23,642	207,951	272,063	73.8%		183,650		149,506		585,973		919,129	47.4%
FAP			-	-	0.0%		-		-		-		-	0.0%
Commercial	8,064	14,952	34,930	57,946	15.7%		88,503		112,063		351,337		551,902	28.5%
Self Pay	9,048	8 8,362	4,399	21,809	5.9%		88,817		61,989		53,812		204,618	10.6%
Other	35	5 1,177	2,082	3,615	1.0%		11,459		13,599		6,716		31,774	1.6%
Total	\$ 66,01 ⁻	\$ 53,302	\$ 249,362	\$ 368,675	100.0%	\$	497,960	\$	443,061	\$	997,838	\$	1,938,859	100.0%

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC CLEMENTS JUNE 2022

REVENUE BY PAYOR

		CURRENT N	NONTH			YEAR TO DATE						
	CURRENT	Γ YEAR	PRIOR YE	AR	CURRENT Y	/EAR	EAR PRIOR YEAR					
	GROSS		GROSS		GROSS		GROSS					
	REVENUE	%	REVENUE	%	REVENUE	%	REVENUE	%				
Medicare	\$ 25,058	21.1%	\$ 28,483	8.9%	\$ 320,883	21.3%	\$ 624,519	15.0%				
Medicaid	27,399	23.1%	181,551	56.4%	374,742	24.9%	1,808,836	43.5%				
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%				
Commercial	21,231	17.9%	52,294	16.3%	244,458	16.2%	605,952	14.6%				
Self Pay	43,254	36.4%	45,041	14.0%	514,192	34.0%	972,116	23.4%				
Other	1,773	1.5%	14,141	4.4%	54,204	3.6%	147,094	3.5%				
TOTAL	\$ 118,714	100.0%	\$ 321,510	100.0%	\$ 1,508,478	100.0%	\$ 4,158,517	100.0%				

PAYMENTS BY PAYOR

		CURRENT N	IONTH	YEAR TO DATE					
	CURRENT	YEAR	PRIOR YE	AR	CURRENT	/EAR	PRIOR YE	AR	
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	
Medicare	8,073	12.2%	\$ 46,969	22.9%	\$ 125,531	25.2%	\$ 238,186	18.7%	
Medicaid	40,471	61.4%	97,321	47.4%	183,650	36.9%	642,045	50.6%	
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%	
Commercial	8,064	12.2%	42,832	20.9%	88,503	17.8%	201,105	15.8%	
Self Pay	9,048	13.7%	14,443	7.0%	88,817	17.8%	163,690	12.9%	
Other	355	0.5%	3,690	1.8%	11,459	2.3%	25,980	2.0%	
TOTAL	\$ 66,011	100.0%	\$ 205,256	100.0%	\$ 497,960	100.0%	\$ 1,271,006	100.0%	

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ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC WEST UNIVERSITY JUNE 2022

REVENUE BY PAYOR

		CURRENT	MON	гн			YEAR TO DATE						
	CURREI	NT YEAR		PRIOR YE	AR		CURRENT	YEAR	PRIOR YEA				
	GROSS			GROSS			GROSS		GROSS				
	REVENUE	%	R	EVENUE	%	F	REVENUE	%	REVENUE	%			
Medicare	\$ 35,398	22.7%	\$	34,778	35.4%	\$	307,299	22.3%	\$ 140,768	28.4%			
Medicaid	37,863	24.4%	\$	24,635	25.1%		363,396	26.5%	128,845	26.0%			
PHC	-	0.0%	\$	-	0.0%		-	0.0%	-	0.0%			
Commercial	38,185	24.5%	\$	24,153	24.6%		325,464	23.7%	118,513	23.9%			
Self Pay	37,913	24.4%	\$	14,268	14.5%		305,936	22.2%	100,749	20.3%			
Other	6,269	4.0%	\$	505	0.5%		72,858	5.3%	7,034	1.4%			
TOTAL	\$ 155,628	100.0%	\$	98,340	100.0%	\$	1,374,953	100.0%	\$ 495,910	100.0%			

PAYMENTS BY PAYOR

			CURRENT I		YEAR TO DATE							
	С	URRENT	YEAR		PRIOR YE	AR		CURRENT `	YEAR	EAR PRIOR YE		
	PAYM	ENTS	%	PA	YMENTS	%	PA	YMENTS	%	PAYMENTS		%
Medicare	\$	5,169	9.7%	\$	22,804	37.1%	\$	105,904	23.9%	\$	51,740	25.3%
Medicaid	:	23,642	44.3%		13,793	22.5%	\$	149,506	33.7%		47,670	23.3%
PHC		-	0.0%		-	0.0%		-	0.0%		-	0.0%
Commercial		14,952	28.1%		19,450	31.7%		112,063	25.3%		71,929	35.2%
Self Pay		8,362	15.7%		5,380	8.8%		61,989	14.0%		29,594	14.5%
Other		1,177	2.2%		-	0.0%		13,599	3.1%		3,375	1.7%
TOTAL	\$	53,302	100.0%	\$	61,427	100.0%	\$	443,060	100.0%	\$	204,308	100.0%

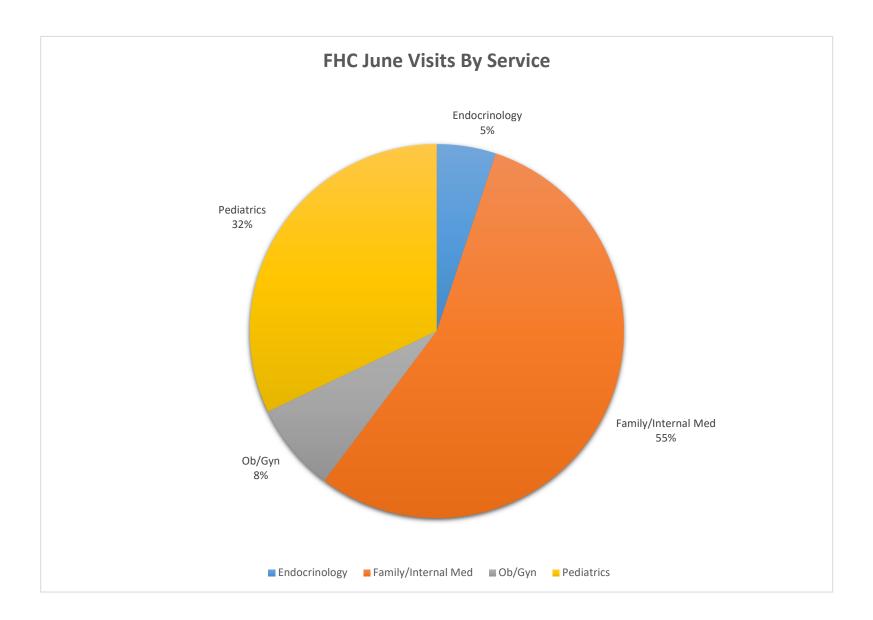
ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC JBS JUNE 2022

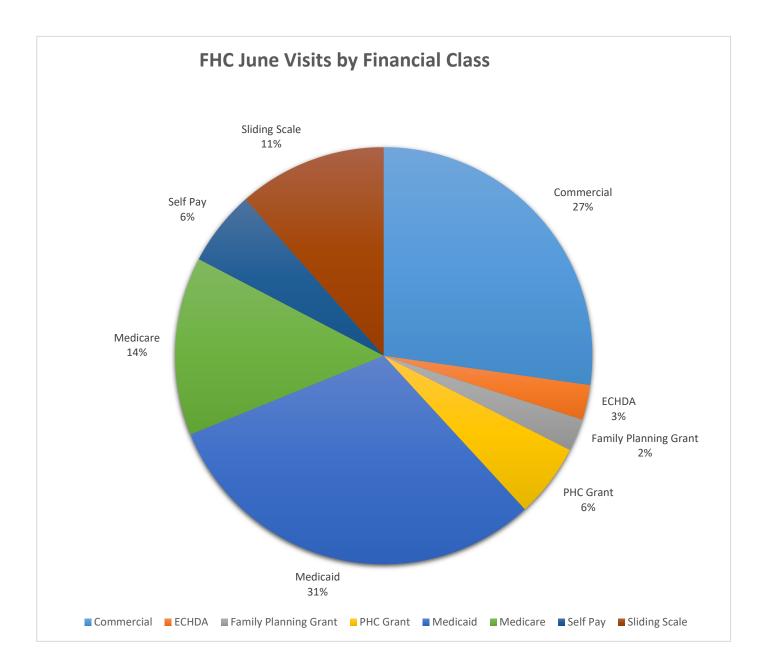
REVENUE BY PAYOR

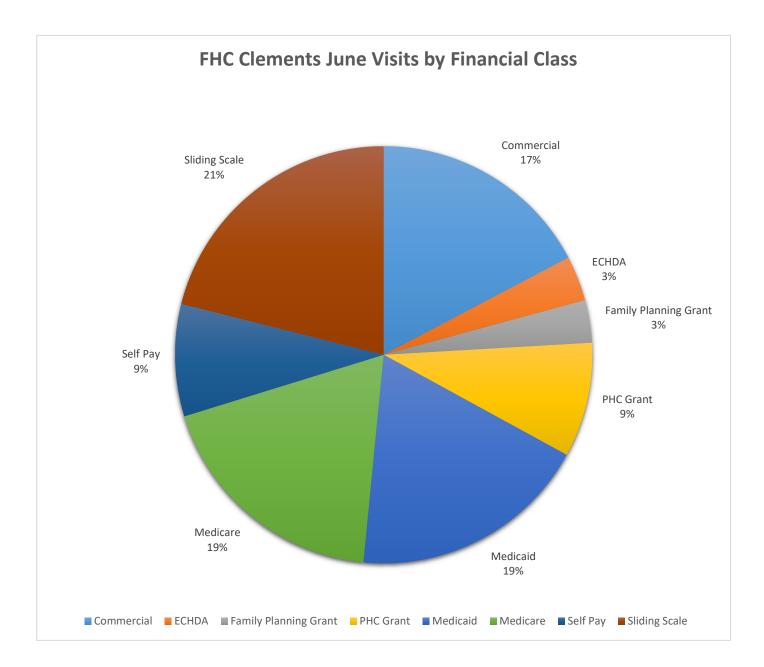
		CURRENT I	иолтн				YEAR TO DATE					
	CURRENT	/EAR		PRIOR YE	AR	CURRENT	YEAR	PRIOR YE	AR			
	GROSS		GF	ROSS		GROSS		GROSS				
	REVENUE	%	REV	'ENUE	%	REVENUE	%	REVENUE	%			
Medicare	\$ -	0.0%	\$	-	0.0%	\$ (808)	0.0%	\$-	0.0%			
Medicaid	122,108	64.6%	\$	-	0.0%	1,324,366	61.0%	-	0.0%			
PHC	-	0.0%	\$	-	0.0%	-	0.0%	-	0.0%			
Commercial	61,214	32.4%	\$	-	0.0%	777,597	35.8%	-	0.0%			
Self Pay	2,959	1.6%	\$	-	0.0%	49,187	2.3%	-	0.0%			
Other	2,600	1.4%	\$	-	0.0%	20,538	0.9%	-	0.0%			
TOTAL	\$ 188,881	100.0%	\$	-	0.0%	\$ 2,170,880	100.0%	\$-	0.0%			

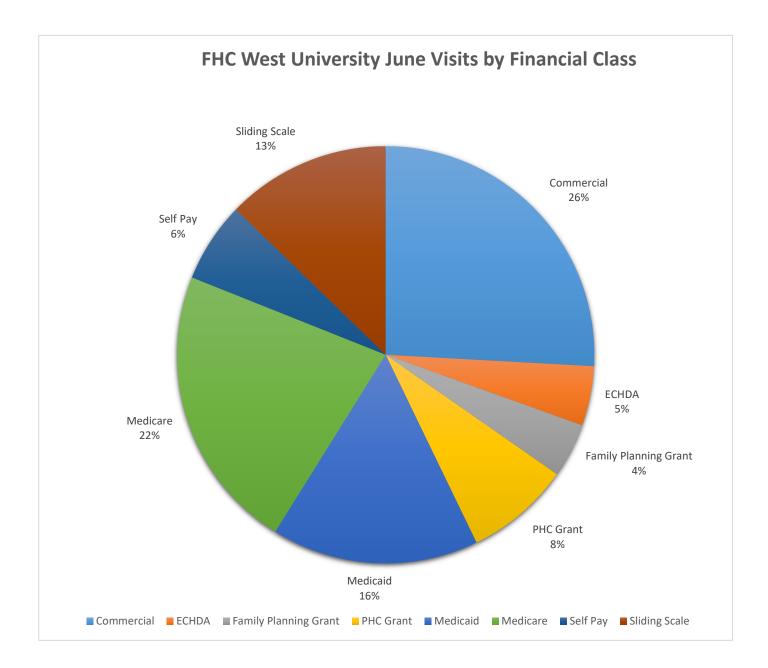
PAYMENTS BY PAYOR

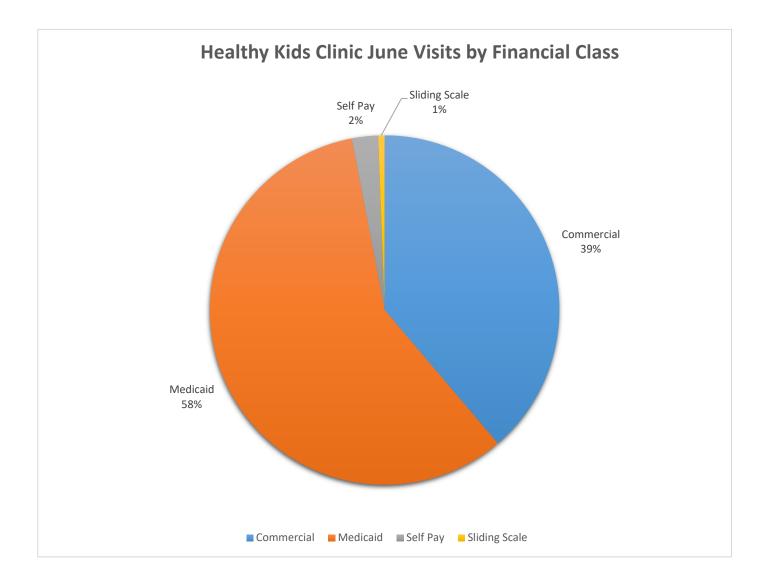
		CURRENT M	IONTH		YEAR TO DATE					
	CURRENT	YEAR	PRIOR YE	AR	CURRENT	YEAR	PRIOR YEAR			
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%		
Medicare	\$ -	0.0%	\$-	0.0%	\$-	0.0%	\$-	0.0%		
Medicaid	207,951	83.4%	-	0.0%	585,973	58.7%	-	0.0%		
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%		
Commercial	34,930	14.0%	-	0.0%	351,337	35.2%	-	0.0%		
Self Pay	4,399	1.8%	-	0.0%	53,812	5.4%	-	0.0%		
Other	2,082	0.8%	-	0.0%	6,716	0.7%	-	0.0%		
TOTAL	\$ 249,362	100.0%	\$-	0.0%	\$ 997,839	100.0%	\$-	0.0%		











FHC Executive Director's Report-August 2022

- Staffing Update: The Family Health Clinic has the following active open positions: 1 LVN
- **Telehealth Update**: For the month of June, telehealth visits accounted for less than 1% of the Clinic's total visits. We continue to provide telehealth services as an alternative option for sick and follow up visits.
- Provider Update: Bertha Nunez, FNP, will be joining our Healthy Kids Clinic on August 1, 2022. Dr Poudel's, Pediatrician, last day at the Healthy Kids Clinic will be September 30, 2022. He will be moving out of the area. We have begun the search for his replacement.
- Community Events: The Family Health Clinic participated in the Moonlight Market on Friday July 22nd. FHC provided blood pressure checks and promotional items at the event.

ECHD BOARD OF DIRECTORS 2022-2023 COMMITTEE ASSIGNMENTS Approved at the July 7, 2022 Board Meeting

Finance Committee (monthly)		Long Range Planning Committee (ad hoc)	
Wallace Dunn - Chair	(VPRES)	David Dunn, Chair	
David Dunn	(01/1/20)	Bryn Dodd	
Kathy Rhodes		Wallace Dunn	
Donald Davenport, DO	(COS)	Russell Tippin	(CEO)
Jeff Pinnow, MD	(VCOS)	Matt Collins	(020)
Russell Tippin	(CEO)	Donald Davenport, DO	(COS)
Steve Ewing	(CFO)	Jeff Pinnow, MD	(VCOS)
	(0)		(1000)
Bylaws Committee (ad hoc)		Audit Committee (quarterly)	
Bryn Dodd, Chair		Wallace Dunn, Chair	(VPRES)
Wallace Dunn		David Dunn	
Richard Herrera		Kathy Rhodes	
Executive Committee (ad hoc)		Joint Conference Committee (monthly)	
Bryn Dodd, Chair	(PRES)	Wallace Dunn	
Wallace Dunn	(VPRES)	Mary Lou Anderson	
Don Hallmark	(07 1120)	Kathy Rhodes	
		Donald Davenport, DO	
PTRC (monthly)		Jeff Pinnow, MD	
Wallace Dunn		Russell Tippin <i>(ex officio)</i>	
Bryn Dodd			
Russell Tippin		Real Estate Management Committee (ad hoc)	
Steve Ewing		Don Hallmark	
Steve Steen		David Dunn	
Adiel Alvarado		Kathy Rhodes	
Gingie Sredanovich		Steve Ewing	
-		Matt Collins	
MCH ProCare Board (monthly)		Steve Steen	
Don Hallmark (<i>ex officio</i>)		Adiel Alvarado	
Mary Lou Anderson (ex officio)			
Bryn Dodd(<i>ex officio</i>)		Compliance Committee (semi-monthly)	
		Don Hallmark	
MCHS Foundation		Kathy Rhodes	
Bryn Dodd (<i>ex officio</i>)			
		Ector County Appraisal District	
Local Government (property)		David Dunn	
David Dunn			
		Executive Policy Committee	
TIRZ Board		Bryn Dodd, Chair	
Don Hallmark		Mary Lou Anderson	
		Kathy Rhodes	
Indicates a com	m <mark>ittee spec</mark>	ified in the ECHD Board of Directors Bylaws	



Investor Statement

March 31, 2022 - June 30, 2022

Prepared for

ECTOR COUNTY HOSPITAL DISTRICT

ECTOR COUNTY HOSPITAL DISTRICT PO BOX 7239 Odessa, TX 79761

Advisor

Charles Brown, Jarrod Patterson Momentum Independent Network Managed Accounts



ECTOR COUNTY HOSPITAL DISTRICT June 30, 2022

Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Gain/Loss
SHORT-TERM INVESTMENTS	\$ 72,023,246	1.01%	\$ 69,641,609	\$ -2,381,634
Total	\$ 72,023,246	1.01%	\$ 69,641,609	\$ -2,381,634

	6/30/2022	6/30/2021
3 MONTH TREASURY BILL	1.72%	0.05%
5 YEAR TREASURY BILL	3.01%	0.87%
10 YEAR TREASURY NOTE	2.98%	1.45%
30 YEAR TREASURY NOTE	3.14%	2.06%

The information is based on data received. Information supporting the recommendation is enclosed.

Mutual funds, ETFs and variable products are sold by prospectus. Please consider the investment objectives, risks, charges, and expenses of the investment company carefully before investing. The prospectus contains this and other information about the investment company. Prospectuses may be obtained from the investment company or from your registered representative. Please read the prospectus carefully before investing. Investors should consider their individual investment time horizon and income tax brackets, both current and anticipated, when making an investment decision. ETFs trade like a stock and may trade for less than their net asset value. Asset allocation and Diversification does not ensure a profit and may not protect against loss in declining markets.



Holdings Detail As of Jun 30, 2022

Holdings	Units	Cost ¹	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfo l io	Dur	Mat. Date	Price	YTM	Yie l d ³	S&P Rate
26761549		\$ 3,125,522	\$ 2,951,475	\$ -174,047	-5.62 %	4.24 %						
US Treasury 0.250 06/15/24 91282CCG4	1,600,000	1,600,007	1,518,560	-81,447	-5.09	2.18	1.90	Jun 15, 2024	\$ 94.91	0.25 %	_	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	1,500,000	1,497,680	1,405,080	-92,600	-6.18	2.02	3.06	Oct 27, 2025	93.67	0.90	_	AA+
Cash		27,835	27,835			0.04				-	_	NR
38285456		23,314,781	22,659,989	-654,791	-2.82	32.54						
US Treasury 0.250 06/15/24 91282CCG4	2,700,000	2,700,007	2,562,570	-137,437	-5.09	3.68	1.90	Jun 15, 2024	94.91	0.25	<u> </u>	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	500,000	499,240	468,360	-30,880	-6.19	0.67	3.06	Oct 27, 2025	93.67	0.90	_	AA+
Farmer Mac 0.550 06/30/23 MTN 31422XRF1	20,000,000	20,013,875	19,527,400	-486,475	-2.43	28.04	0.96	Jun 30, 2023	97.64	0.48	_	NR
Cash		101,659	101,659			0.15				-	_	NR
26761610		2,299,677	2,181,178	-118,499	-5.39	3.13						
US Treasury 0.250 06/15/24 91282CCG4	1,600,000	1,600,007	1,518,560	-81,447	-5.09	2.18	1.90	Jun 15, 2024	94.91	0.25	_	NR
FHLBanks 0.860 10/27/25 '22 3130APGW9	600,000	599,084	562,032	-37,052	-6.18	0.81	3.06	Oct 27, 2025	93.67	0.90	_	AA+
Cash		100,586	100,586			0.14				-	_	NR
26761530		5,432,307	5,105,188	-327,120	-6.10	7.33						
Freddie Mac 0.600 10/15/25'22 MTN 3134GWYS9	750,000	740,772	690,135	-50,638	-6.84	0.99	3.13	Oct 15, 2025	92.02	0.92	_	NR
Federal Farm 1.300 12/01/25 '23 3133ENGA2	4,600,000	4,620,906	4,344,424	-276,482	-5.98	6.24	2.92	Dec 1, 2025	94.44	1.03	_	AA+
Cash		70,629	70,629			0.10				-	_	NR
26761506		34,825,190	33,880,475	-944,713	-2.72	48.65						
Federal Farm 2.580 04/18/24 '22 3133ENUS7	3,502,000	3,519,505	3,476,190	-43,315	-1.23	4.99	1.22	Apr 18, 2024	99.26	1.42	_	AA+
US Treasury Bill 08/25/22 912796T58	6,000,000	5,986,626	5,986,440	-186	0.00	8.60	0.13	Aug 25, 2022	99.77	0.67	_	NR
Freddie Mac 0.600 10/15/25 '22 MTN 3134GWYS9	2,700,000	2,666,729	2,484,486	-182,243	-6.83	3.57	3.13	Oct 15, 2025	92.02	0.92	_	NR
Federal Farm 1.300 12/01/25 '23 3133ENGA2	3,000,000	3,013,641	2,833,320	-180,321	-5.98	4.07	2.92	Dec 1, 2025	94.44	1.03	_	AA+
FHLBanks 0.860 10/27/25 '22 3130APGW9	2,300,000	2,296,432	2,154,456	-141,976	-6.18	3.09	3.06	Oct 27, 2025	93.67	0.90	_	AA+
FHLBanks 1.050 07/25/24 '22 3130AQJ38	9,725,000	9,467,308	9,331,429	-135,878	-1.44	13.40	1.93	Ju l 25, 2024	95.95	2.27		AA+
US Treasury 1.750 03/15/25 91282CED9	6,859,000	6,845,054	6,638,209	-206,845	-3.02	9.53	2.58	Mar 15, 2025	96.78	1.82	_	NR
Morgan Stanley Bk N A Cd 1.10000% 11/19/202 61765Q6N4	250,000	241,192	225,625	-15,568	-6.45	0.32		Nov 19, 2026	90.25	1.89	_	NR
Goldman Bank USA 1.800 03/09/26 38149M2P7	250,000	250,005	236,520	-13,485	-5.39	0.34	3.49	Mar 9, 2026	94.61	1.80	_	NR
MIDWEST INDPT BANKERSBANK JEFFERSON CITY MO CTF DEP 1.800% 03/16/26 DTD 03/16/22 CLB 59833LAY8	250,000	250,005	236,410	-13,595	-5.44	0.34			94 <u>.</u> 56	1.80	_	NR
Live Oak Banking 1.900 09/15/25 538036VN1	250,000	250,005	238,702	-11,302	- 4.52	0.34	3.04	Sep 15, 2025	95.48	1.90	_	NR
Cash		38,688	38,688			0.06				-	_	NR
38285461		3,025,769	2,863,304	-162,465	-5.42	4.11						
US Treasury 0.250 06/15/24 91282CCG4	2,100,000	2,100,007	1,993,110	-106,897	-5.09	2.86	1.90	Jun 15, 2024	94.91	0.25	_	NR

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Holdings Detail As of Jun 30, 2022

Holdings	Units	Cost	Portfolio Value	Gain/Loss ²	Gain/Loss %	% of Portfo l io	Dur	Mat. Date	Price	YTM	Yie l d ³	S&P Rate
FHLBanks 0.860 10/27/25 22 3130APGW9	900,000	898,616	843,048	-55,568	-6.18	1.21	3.06	Oct 27, 2025	93.67	0.90	_	AA+
Cash		27,146	27,146			0.04				-	_	NR
Total		72,023,246	69,641,609	-2,381,634	-3.32						0.90	

2 Capital gain/loss data presented here is a general guide and should not be relied upon in the preparation of your tax returns.

3 An indication of the current dividends and interest vs. the current market value of the holdings. The yield represents the current amount of income that is being generated from the portfolio without liquidating the principal or capital gains on the portfolio. However, the yield will fluctuate daily and current or past performance is not a guarantee of future results.

4 Net and Gross expense ratio data is obtained from a third party data provider and is believed to be accurate, but has not been verified by Envestnet.

These reports are not to be construed as an offer or the solicitation of an offer to buy or sell securities mentioned herein. Information contained in these reports is based on sources and data believed reliable. The information used to construct these reports was received via a variety of sources. These reports are for information approaces only. These reports do not take the place of any brokerage statements, any fund company statements. You are urged to compare this report with the statement you receive from your custodian covering the same period. Differences in positions may occur due to reporting dates used and whether certain assets are not maintained by your custodian. There may also be differences in the use of differing valuation sources and methods.

Note regarding loan balance: Your group annuity contract loan balance (if applicable) is not itemized in this report although it is reflected in your Contract Value. For more details regarding your loan balance please review your most recent group annuity statement or contact your Advisor who can assist you in obtaining this information.

Momentum

Momentum

Bond Analysis As of Jun 30, 2022

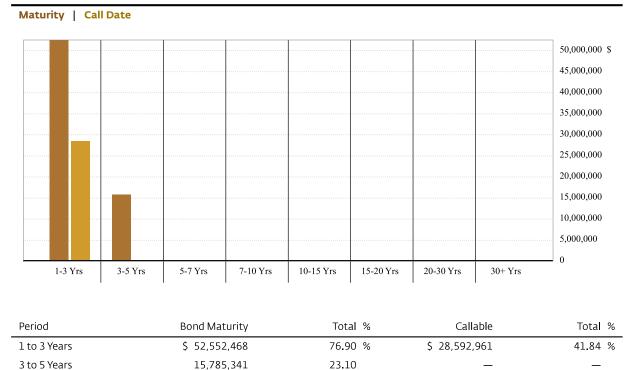
1

Overview 12		12 Statistics							
Total Number of Issues	18	4 Average Bond Yield	0.90 %						
Face Value	70,936,000	5 Average Yield to Maturity	2.95 %						
Market Value	\$ 68,337,809	ہ Average Yield to Worst	2.95 %						
Long/Intermediate Term Average S&P		Average Coupon	0.86 %						
Rating	_	7 Average Modified Duration (Years)	1.85						
Long/Intermediate Term Average Moody's		8 Average Effective Duration (Years)	1.77						
Rating	#Aaa	9 Average Duration to Worst	1.85						
		10 Average Convexity (par)	0.05						

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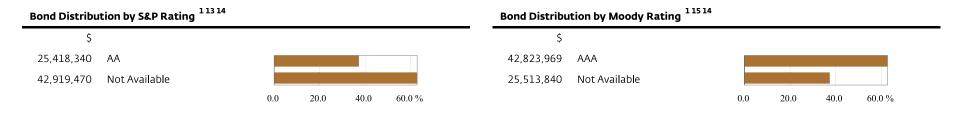
Bond Analysis As of Jun 30, 2022

Bond Maturity vs. Call Date Distribution



Bond Coupon Concentration ¹¹				Bond Distribution by Type ¹¹²										
\$				\$										
68,337,809 < 3%		i.		19,527,400 Government Bonds										
	0.0	50.0	100.0 %	20,217,449 Treasury bill/note										
		0010	10010 /0	28,592,961 Agency Bond										
				0.0 10.0 20.0 30.0 40.0 %										

Bond Analysis As of Jun 30, 2022



These reports are not to be construed as an offer or the solicitation of an offer to buy or sell securities mentioned herein. Information contained in these reports is based on sources and data believed reliable. The information used to construct these reports was received via a variety of sources. These reports are for informational purposes only. These reports do not take the place of any brokerage statements, any fund company statements, or any tax forms. You are urged to compare this report with the statement you receive from your custodian covering the same period. Differences in positions may occur due to reporting dates used and whether certain assets are not maintained by your custodian. There may also be differences in the investment values shown due to the use of differing valuation sources and methods.

1 Bond type, statistics and rating information is provided by Refinitiv.

2 Data is weighted and calculated, if information is available on at least 50% of holdings in total bond market value. If information is available on less than 50%, the data is shown as 'n/a'.

- 3 Average credit quality gives a snapshot of the portfolio's overall credit quality. It is an average of each bond's credit rating, adjusted for its relative weighting in the portfolio. Bonds with one year to maturity at the time of issuance are considered cash and are not include in the Average Credit ratings.
- 4 Average Bond Yield is an indication of the interest earned vs. the current market value of the holdings. The yield represents the current amount of income that is being generated from the portfolio without liquidating the principal or capital gains on the portfolio. The Average Bond Yield will fluctuate daily and current or past performance is not a guarantee of future results.
- 5 Average Yield to Maturity is the yield of the bonds taking into account the price discount or premium over face value. It is calculated with the cash-flow assumption that the instruments trade to maturity and is averaged with the corresponding weights of the constituent bonds.

6 Average Yield To Worst is an arithmetic average of the Daily Yield To Worst which is the lowest amount an investor could earn if the bond is purchased at the current price and held until the bond matures or is called.

- 7 Average Modified Duration is a measurement of change in the value of a bond to a change in interest rates; it determines the effect a 100 basis point (1%) change in interest rates will have on the price of the bond. It is calculated with the cash-flow assumption that the instrument trades to maturity and is averaged with the corresponding weights of the constituent bonds.
- 8 Average Effective Duration is a simulated measure of duration which measures change in price for given change in rates. It is calculated using an option based model that accounts for embedded options and is averaged with the corresponding weights of the constituent bonds.
- 9 Average Duration to Worst represents the percentage change in value per unit shift in the yield curve. It is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 10 Convexity is the measure of the sensitivity of a bond's price to a change in yield. A high convexity bond is more sensitive to changes in interest rates and should consequently witness larger fluctuations in price when interest rates move. The opposite is true of low convexity bonds, whose prices don't fluctuate as much when interest rates change. Average convexity is calculated using certain cash flow assumptions and is averaged with the corresponding weights of the constituent bonds.
- 11 The Group By Bond Coupon Concentration Holdings Report includes only Bonds Holdings.

12 The Group By Bond Distribution by Type Holdings Report includes only Bonds Holdings.

13 The Group By Bond Distribution by S&P Rating Holdings Report includes only Bonds Holdings.

- 14 Parent style classifications are provided by Morningstar, Inc. and mapped into one of the style classifications supported on this platform. Sector information is provided by Morningstar. Bond type and rating information is provided by Refinitiv.
- 15 The Group By Bond Distribution by Moody Rating Holdings Report includes only Bonds Holdings.



A Member of Medical Center Health System

ECTOR COUNTY HOSPITAL DISTRICT

Investment Portfolio June 30, 2022 Charles Brown, Jarrod Patterson Momentum Independent Network

All prices and values reflected in this report are captured from the current Hilltop Securities statements.

"This report is given as a courtesy to our clients. Hilltop Securities makes no warranties as to the completeness or accuracy of this information and specifically disclaims any liability arising from your use or reliance on this information. Hilltop Securities does not offer tax advice. You are solely responsible for the accuracy of cost basis and gain/loss information reported to tax authorities."

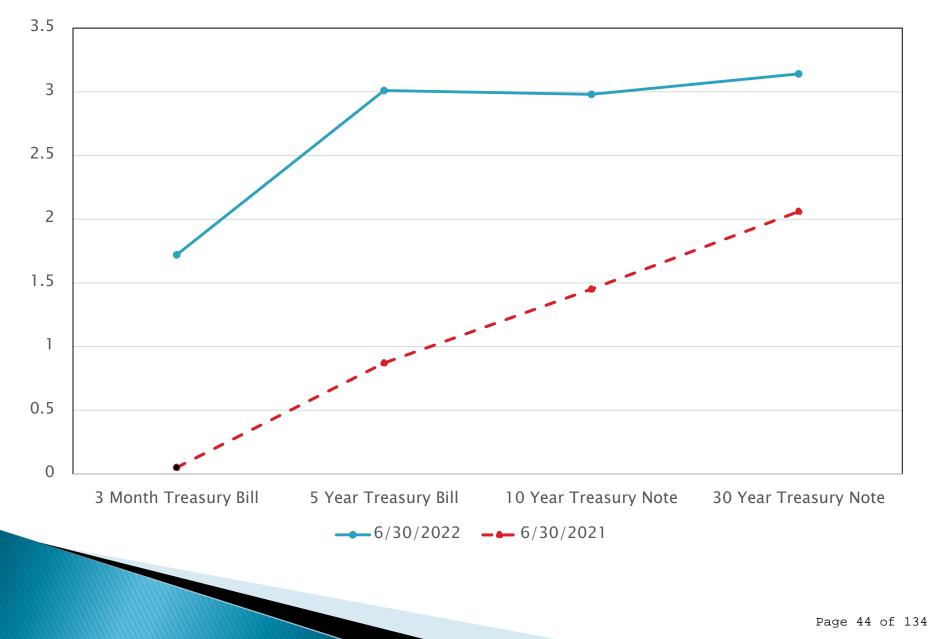
ECTOR COUNTY HOSPITAL DISTRICT June 30, 2022

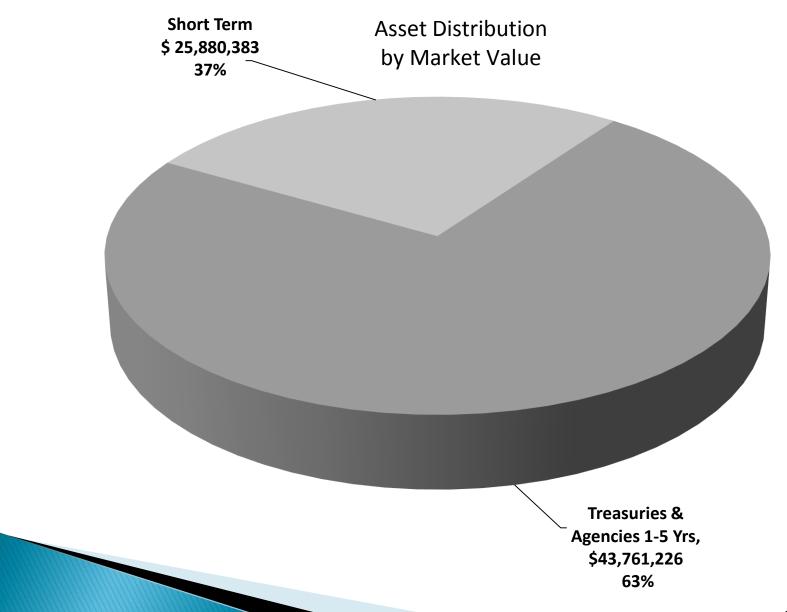
Yield Summary

Sector	Cost Basis	Weighted Avg Yield	Market Value	Gain/Loss		
SHORT-TERM INVESTMENTS	\$	72,023,246	1.01%	\$ 69,641,609	\$	-2,381,634
Total	\$	72,023,246	1.01%	\$ 69,641,609	\$	-2,381,634

	6/30/2022	6/30/2021
3 MONTH TREASURY BILL	1.72%	0.05%
5 YEAR TREASURY BILL	3.01%	0.87%
10 YEAR TREASURY NOTE	2.98%	1.45%
30 YEAR TREASURY NOTE	3.14%	2.06%

Yield Curve





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Charles Brown and Jarrod Patterson, Financial Consultants 600 Strada Circle Suite 210 Mansfield, TX 76063 979-249-2545

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The information contained herein is obtained from sources believed to be reliable, but its accuracy or completeness Is not guaranteed. This information should not be construed as an offer to sell or a solicitation of an offer to buy any security. Principal amounts and estimated distributions may change at any time and are not guaranteed and used only for discussion.

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MEMORANDUM

- TO: Russell Tippin, President and Chief Executive Officer
- FROM: Steve Ewing, Chief Financial Officer

RE: Quarterly Investment Report – Third Quarter 2022

DATE: August 2, 2022

The Investment Report of Ector County Hospital District for the third quarter ended June 30, 2022, will be presented at the Finance Committee meeting August 2, 2022. This report was prepared to provide the Hospital President and Chief Financial Officer and Board of Directors information as required under the Public Funds Investment Act. Investments purchased during the third quarter of fiscal 2022 met the requirements of the Investment Policy and the Public Funds Investment Act.

To the best of my knowledge, as of June 30, 2022, the investment portfolio is in compliance with the Public Funds Investment Act and with the District's Investment Policy.

Steve Ewing Investment Officer

ECTOR COUNTY HOSPITAL DISTRICT MONTHLY STATISTICAL REPORT JUNE 2022

		CUF	RRENT MOI	ΝΤΗ		YEAR-TO-DATE									
		BUD	GET	PRIOR	YEAR		BUDG	ET	PRIOR	YEAR					
Hospital InPatient Admissions	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%					
Acute / Adult	892	1,045	-14.6%	1,083	-17.6%	8,533	9,039	-5.6%	8,974	-4.9%					
Neonatal ICU (NICU)	33	26	26.9%	23	43.5%	211	227	-7.0%	202	4.5%					
Total Admissions	925	1,071	-13.6%	1,106	-16.4%	8,744	9,266	-5.6%	9,176	-4.7%					
Patient Days															
Adult & Pediatric	3,602	3,843	-6.3%	4,256	-15.4%	39,285	33,240	18.2%	37,814	3.9%					
ICU	426	417	2.2%	403	5.7%	4,122	3,609	14.2%	3,984	3.5%					
CCU	380	300	26.7%	339	12.1%	3,480	2,596	34.1%	3,498	-0.5%					
NICU	545	403	35.2%	259	110.4%	2,720	3,480	-21.8%	2,723	-0.1%					
Total Patient Days	4,953	4,963	-0.2%	5,257	-5.8%	49,607	42,925	15.6%	48,019	3.3%					
Observation (Obs) Days	419	459	-8.7%	796	-47.4%	3,763	4,110	-8.4%	4,745	-20.7%					
Nursery Days	274	197	39.1%	261	5.0%	2,461	1,773	38.8%	2,366	4.0%					
Total Occupied Beds / Bassinets	5,646	5,619	0.5%	6,314	-10.6%	55,831	48,808	14.4%	55,130	1.3%					
Average Length of Stay (ALOS)															
Acute / Adult & Pediatric	4.94	4.36	13.2%	4.61	7.1%	5.49	4.36	25.9%	5.05	8.9%					
NICU	16.52	15.50	6.5%	11.26	46.7%	12.89	15.33	-15.9%	13.48	-4.4%					
Total ALOS	5.35	4.63	15.6%	4.75	12.7%	5.67	4.63	22.5%	5.23	8.4%					
Acute / Adult & Pediatric w/o OB	5.87			5.27	11.5%	6.39			5.91	8.2%					
Average Daily Census	165.1	165.4	-0.2%	175.2	-5.8%	181.7	157.2	15.6%	175.3	3.7%					
Hospital Case Mix Index (CMI)	1.6860	1.5386	9.6%	1.6140	4.5%	1.7084	1.5386	11.0%	1.7390	-1.8%					
Medicare															
Admissions	313	385	-18.7%	404	-22.5%	3,063	3,332	-8.1%	3,300	-7.2%					
Patient Days	1,971	1,964	0.4%	2,000	-1.5%	20,777	16,988	22.3%	19,269	7.8%					
Average Length of Stay	6.30	5.10	23.4%	4.95	27.2%	6.78	5.10	33.0%	5.84	16.2%					
Case Mix Index	2.0399	1.9446	5%	1.7796	14.6%	1.9852	1.9446	2%	2.0287	-2.1%					
Medicaid	120	424	40 40/	427	40 49/	4 4 2 4	4 450	2.29/	4 460	3 49/					
Admissions Patient Days	120 640	134 557	-10.4% 14.9%	137 623	-12.4% 2.7%	1,134 5,598	1,159 4,816	-2.2% 16.2%	1,162 5,337	-2.4% 4.9%					
Average Length of Stay	5.33	4.16	28.3%	4.55	17.3%	4.94	4.16	18.8%	4.59	4.5% 7.5%					
Case Mix Index	1.2589	0.9632	31%	1.0819	16.4%	1.2209	0.9632	27%	1.1875	2.8%					
Commercial															
Admissions	274	286	-4.2%	308	-11.0%	2,467	2,474	-0.3%	2,473	-0.2%					
Patient Days	1,262	1,196	5.5%	1,290	-2.2%	11,871	10,350	14.7%	11,699	1.5%					
Average Length of Stay	4.61	4.18	10.1%	4.19	10.0%	4.81	4.18	15.0%	4.73	1.7%					
Case Mix Index Self Pay	1.4940	1.5059	-0.8%	1.6701	-10.5%	1.6370	1.5059	8.7%	1.6900	-3.1%					
Admissions	197	239	-17.6%	224	-12.1%	1,876	2,064	-9.1%	1,996	-6.0%					
Patient Days	999	1,112	-10.2%	1,193	-16.3%	10,155	9,620	5.6%	10,366	-2.0%					
Average Length of Stay	5.07	4.65	9.0%	5.33	-4.8%	5.41	4.66	16.1%	5.19	4.2%					
Case Mix Index	1.4819	1.5823	-6.3%	1.5434	-4.0%	1.5660	1.5823	-1.0%	1.5729	-0.4%					
All Other			00.0%		00 49/			40.0%		40 70/					
Admissions	21 81	27	-22.2%	33 151	-36.4%	204	237	-13.9%	245	-16.7%					
Patient Days Average Length of Stay	3.86	133 4.93	-39.1% -21.7%	4.58	-46.4% -15.7%	1,206 5.91	1,150 4.85	4.9% 21.8%	1,348 5.50	-10.5% 7.4%					
Case Mix Index	2.2339	1.8985	17.7%	1.7082	30.8%	2.0537	1.8985	8.2%	1.9847	3.5%					
Radiology															
InPatient	3,821	3,751	1.9%	4,086	-6.5%	37,596	32,448	15.9%	36,224	3.8%					
OutPatient	7,803	7,104	9.8%	7,646	2.1%	65,782	63,608	3.4%	62,616	5.1%					
Cath Lab															
InPatient OutPatient	669 617	496 659	34.9% -6.4%	771 586	-13.2% 5.3%	4,862 4,382	4,292 5,901	13.3% -25.7%	4,972 5,457	-2.2% -19.7%					
	017	003	-0.4 /0	500	0.0 /0	4,502	5,501	-20.7 /0	5,457	-13.1 /0					
Laboratory InPatient	68,940	63,939	7.8%	70,553	-2.3%	683,117	553,082	23.5%	666,947	2.4%					
OutPatient	58,179	53,508	8.7%	53,607	8.5%	537,274	479,144	12.1%	485,083	10.8%					
Other															
Deliveries	169	157	7.6%	167	1.2%	1,596	1,355	17.8%	1,426	11.9%					
Surgical Cases															
InPatient	203	262	-22.5%	273	-25.6%	1,905	2,260	-15.7%	2,015	-5.5%					
OutPatient	466	551	-15.4%	577	-19.2%	4,649	4,930	-5.7%	4,198	10.7%					
Total Surgical Cases	669	813	-17.7%	850	-21.3%	6,554	7,190	-8.8%	6,213	5.5%					
GI Procedures (Endo)															
InPatient	109	148	-26.4%	165	-33.9%	1,180	1,281	-7.9%	1,019	15.8%					
OutPatient	165	217	-24.0%	80	106.3%	1,363	1,942	-29.8%	1,068	27.6%					
Total GI Procedures	274	365	-24.9%	245	11.8%	2,543	3,223	-21.1%	2,087	21.8%					

ECTOR COUNTY HOSPITAL DISTRICT MONTHLY STATISTICAL REPORT JUNE 2022

		CUI	RRENT MO	NTH		YEAR-TO-DATE									
		BUD		PRIOR			BUDG		PRIOR						
OutPatient (O/P)	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%	ACTUAL	AMOUNT	VAR.%	AMOUNT	VAR.%					
Emergency Room Visits	3,266	4,036	-19.1%	4,027	-18.9%	37,661	35,914	4.9%	30,185	24.8%					
Observation Days Other O/P Occasions of Service	419 17,413	459 17,519	-8.7% -0.6%	796 18,690	-47.4% -6.8%	3,763 171,466	4,110 156,880	-8.4% 9.3%	4,745 156,365	-20.7% 9.7%					
Total O/P Occasions of Svc.	21,098	22,014	-4.2%	23,513	-10.3%	212,890	196,904	8.1%	191,295	11.3%					
Hospital Operations															
Manhours Paid	259,663	273,596	-5.1%	256,253	1.3%	2,336,547	2,437,240	-4.1%	2,293,200	1.9%					
FTE's Adjusted Patient Days	1,514.7 9,472	1,596.0 9,045	-5.1% 4.7%	1,495.4 9,715	1.3% -2.5%	1,497.8 89,993	1,562.3 79,387	-4.1% 13.4%	1,469.7 86,262	1.9% 4.3%					
Hours / Adjusted Patient Days	27.41	30.25	-9.4%	26.38	3.9%	25.96	30.70	-15.4%	27.16	-4.4%					
Occupancy - Actual Beds	47.3%	47.4%	-0.2%	49.2%	-3.9%	52.1%	45.1%	15.6%	50.2%	3.7%					
FTE's / Adjusted Occupied Bed	4.8	5.3	-9.4%	4.6	3.9%	4.5	5.4	-15.4%	4.8	-4.4%					
InPatient Rehab Unit			0.0%		0.0%			0.0%	50	400.0%					
Admissions Patient Days	-		0.0% 0.0%		0.0% 0.0%	-	-	0.0% 0.0%	56 880	-100.0% -100.0%					
Average Length of Stay	-		0.0%	-	0.0%	-	-	0.0%	15.7	-100.0%					
Manhours Paid	-	-	0.0%	-	0.0%	-	-	0.0%	18,075	-100.0%					
FTE's	-	-	0.0%	3.9	-100.0%	-	-	0.0%	6.5	-100.0%					
Center for Primary Care - Clements						.									
Total Medical Visits Manhours Paid	542 2,717	987 2,255	-45.1% 20.5%	1,111 2,896	-51.2% -6.2%	5,958 23,721	8,839 20,196	-32.6% 17.5%	12,131 28,353	-50.9% -16.3%					
FTE's	15.8	13.2	20.5%	16.9	-6.2%	15.2	12.9	17.5%	18.1	-16.0%					
Center for Primary Care - West Unive	oreity														
Total Medical Visits	576	634	-9.1%	362	59.1%	5,004	4,980	0.5%	1,603	212.2%					
Manhours Paid	396	1,449	-72.7%	610	-35.0%	3,831	11,384	-66.3%	3,845	-0.4%					
FTE's	2.3	8.5	-72.7%	3.6	-35.0%	2.5	7.3	-66.3%	2.5	0.0%					
Center for Primary Care - JBS															
Total Medical Visits	528	530	-0.4%	-	0.0%	5,837	5,528	5.6%	-	0.0%					
Manhours Paid FTE's	917 5.4	1,226 7.2	-25.2% -25.2%	-	0.0% 0.0%	7,448 4.8	12,583 8.1	-40.8% -40.8%	-	0.0% 0.0%					
Total ECHD Operations															
Total Admissions	925	1,071	-13.6%	1,106	-16.4%	8,744	9,266	-5.6%	9,232	-5.3%					
Total Patient Days	4,953	4,963	-0.2%	5,257	-5.8%	49,607	42,925	15.6%	48,899	1.4%					
Total Patient and Obs Days	5,372	5,422	-0.9%	6,053	-11.3%	53,370	47,035	13.5%	53,644	-0.5%					
Total FTE's FTE's / Adjusted Occupied Bed	<u>1,538.2</u> 4.9	<u>1,624.7</u> 5.4	<u>-5.3%</u> -9.6%	1,519.7 4.7	<u>1.2%</u> 3.8%	<u>1,520.2</u> 4.6	1,590.6 5.5	-4.4% -15.7%	1,496.7 4.8	<u>1.6%</u> -3.0%					
· ·															
Total Adjusted Patient Days Hours / Adjusted Patient Day	9,472 27.84	9,045 30.79	4.7% -9.6%	9,715 26.74	-2.5% 4.1%	89,993 26.35	79,387 31.26	13.4% -15.7%	86,262 27.17	4.3% -3.0%					
Outpatient Factor Blended O/P Factor	1.9125 2.1415	1.8225 2.0574	4.9% 4.1%	1.8481 2.0593	3.5% 4.0%	1.8141 2.0160	1.8494 2.0700	-1.9% -2.6%	1.7641 1.9877	2.8% 1.4%					
Total Adjusted Admissions	1,769	1,952	-9.4%	2,044	-13.5%	15,863	17,137	-7.4%	16,286	-2.6%					
Hours / Adjusted Admissions	149.06	142.69	4.5%	127.09	17.3%	149.50	144.80	3.2%	143.89	3.9%					
FTE's - Hospital Contract	79.4	46.3	71.6%	43.9	80.7%	103.1	47.0	119.1%	35.4	190.9%					
FTE's - Mgmt Services	49.3	53.4	-7.6%	63.5	-22.4%	43.6	53.4	-18.4%	52.0	-16.3%					
Total FTE's (including Contract)	1,666.9	1,724.4	-3.3%	1,627.1	2.4%	1,666.9	1,691.1	-1.4%	1,584.2	5.2%					
Total FTE'S per Adjusted Occupied															
Bed (including Contract)	5.3	5.7	-7.7%	5.0	5.1%	5.1	5.8	-13.0%	5.0	0.5%					
ProCare FTEs	205.8	240.5	-14.4%	215.0	-4.3%	212.9	238.3	-10.7%	208.1	2.3%					
TraumaCare FTEs	9.3	0.0	0.0%	0.0	0.0%	1.0	0.0	0.0%	0.0	0.0%					
Total System FTEs	1,882.0	1,964.9	-4.2%	1,842.2	2.2%	1,880.8	1,929.4	-2.5%	1,792.3	4.9%					
Urgent Care Visits					c										
JBS Clinic West University	1,161 659	1,767	-34.3% -65.9%	1,193 849	-2.7% -22.4%	16,724 12 022	15,822 17 316	5.7% -30.6%	6,065 7 338	175.7% 63.8%					
42nd Street	- 50	1,935 2,553	-100.0%	849 589	-22.4% -100.0%	12,022 10	17,316 22,872	-30.6%	7,338 9,212	-99.9%					
Total Urgent Care Visits	1,820	6,255	-70.9%	2,631	-30.8%	28,756	56,010	-48.7%	22,615	27.2%					
Wal-Mart Clinic Visits															
East Clinic	161	210	-23.3%	210	-23.3%	2,136	1,544	38.3%	1,544	38.3%					
West Clinic Total Wal-Mart Visits	- 161	- 210	0.0%	- 210	<u>0.0%</u> -23.3%	2,136	- 1,544	0.0% 38.3%	- 1,544	0.0% 38.3%					
		2.0		.			.,•	•/•	. j- . 7						

ECTOR COUNTY HOSPITAL DISTRICT BALANCE SHEET - BLENDED JUNE 2022

ASSETS		HOSPITAL	PRO	CARE	Т	RAUMA CARE		TOR COUNTY HOSPITAL DISTRICT
CURRENT ASSETS: Cash and Cash Equivalents Investments Patient Accounts Receivable - Gross Less: 3rd Party Allowances Bad Debt Allowance	\$	40,013,508 69,408,232 225,404,269 (147,369,862) (51,544,099)	24,4 (8,8	5,075 - 133,249 311,094) 295,559)	\$	(18,408) - 128,083 (97,538) (10,838)	\$	40,018,583 69,408,232 249,837,518 (156,180,956) (61,339,658)
Net Patient Accounts Receivable		26,490,308		<u>95,559</u> 326,595		19,708		32,316,904
Taxes Receivable		9,473,911	0,0	-		-		9,473,911
Accounts Receivable - Other		15,699,089		31,653		-		15,730,741
Inventories		8,554,538	2	31,810		-		8,986,348
Prepaid Expenses		2,455,513		89,008		16,874		2,544,521
Total Current Assets		172,095,098	6,3	84,141		18,174		178,479,239
CAPITAL ASSETS:								
Property and Equipment		499,961,599	3	393,970		-		500,355,569
Construction in Progress		3,595,738		-		-		3,595,738
		503,557,337	3	893,970		-		503,951,307
Less: Accumulated Depreciation and Amortization		(338,377,757)	(3	801,028)		-		(338,678,786)
Total Capital Assets		165,179,580		92,941				165,272,521
RESTRICTED ASSETS:								
Restricted Assets Held by Trustee		4,896		-		-		4,896
Restricted Assets Held in Endowment		6,146,690		-		-		6,146,690
Restricted TPC, LLC		1,443,525		-		-		1,443,525
Restricted MCH West Texas Services		2,344,886		-		-		2,344,886
Pension, Deferred Outflows of Resources		16,094,750		-		-		16,094,750
Assets whose use is Limited		-	1	08,841		-		108,841
TOTAL ASSETS	\$	363,309,424	\$ 6,5	585,924	\$	18,174	\$	369,895,348
LIABILITIES AND FUND BALANCE								
CURRENT LIABILITIES:								
Current Maturities of Long-Term Debt	\$	2,276,944	\$	-	\$	-	\$	2,276,944
Self-Insurance Liability - Current Portion	Ŷ	2,551,188	Ŧ	-	Ŷ	-	Ŧ	2,551,188
Accounts Payable		28,212,171	1.4	42,610		(259,248)		29,654,781
A/R Credit Balances		2,768,062	,	_		-		2,768,062
Accrued Interest		393,017		_		_		393,017
Accrued Salaries and Wages		5,610,362	4.8	868,021		282,767		10,478,382
Accrued Compensated Absences		4,619,164	- , -	-				4,619,164
Due to Third Party Payors		4,371,542		-		-		4,371,542
Deferred Revenue		6,222,567	3	808,124		-		6,530,691
						<u> </u>		
Total Current Liabilities		57,025,017	6,6	618,755		23,519		63,643,771
ACCRUED POST RETIREMENT BENEFITS		61,014,636		-		-		61,014,636
SELF-INSURANCE LIABILITIES - Less Current Portion		1,476,505		-		-		1,476,505
LONG-TERM DEBT - Less Current Maturities		53,061,995		-		-		53,061,995
Total Liabilities		172,578,153	6,6	618,755		23,519		179,196,908
FUND BALANCE		190,731,271		(32,831)		(5,345)		190,698,440
TOTAL LIABILITIES AND FUND BALANCE	\$	363,309,424	\$ 6,5	585,924	\$	18,174	\$	369,895,348

ECTOR COUNTY HOSPITAL DISTRICT BALANCE SHEET - BLENDED JUNE 2022

		F	RIOR FISCAL YEAR E	CURRENT	
	CURRENT YEAR	HOSPITAL Audited	PRO CARE Audited	TRAUMA CARE Audited	YEAR CHANGE
ASSETS					
CURRENT ASSETS:					
Cash and Cash Equivalents	\$ 40,018,583	\$ 51,186,029	\$ 4,500	\$-	\$ (11,171,947)
Investments	69,408,232	63,929,700	-	-	5,478,532
Patient Accounts Receivable - Gross	249,837,518	238,367,515	23,207,991	-	(11,737,988)
Less: 3rd Party Allowances Bad Debt Allowance	(156,180,956) (61,339,658)	(153,865,506)	(10,248,128)	-	7,932,678 375,228
Net Patient Accounts Receivable	32,316,904	<u>(53,122,125)</u> 31,379,884	<u>(8,592,762)</u> 4,367,101	<u>.</u>	(3,430,081)
Taxes Receivable	9,473,911	8,121,560	-	-	1,352,351
Accounts Receivable - Other	15,730,741	15,670,402	36,244	-	24,095
Inventories	8,986,348	7,642,276	420,138	-	923,934
Prepaid Expenses	2,544,521	3,223,336	159,539		(838,354)
Total Current Assets	178,479,239	181,153,187	4,987,522		(7,661,470)
CAPITAL ASSETS:					
Property and Equipment	500,355,569	494,009,653	393,970	-	5,951,946
Construction in Progress	3,595,738	886,158	-		2,709,581
	503,951,307	494,895,810	393,970	-	8,661,527
Less: Accumulated Depreciation and Amortization	(338,678,786)	(324,671,790)	(288,301)		(13,718,695)
Total Capital Assets	165,272,521	170,224,021	105,668		(5,057,168)
INTANGIBLE ASSETS / GOODWILL - NET		_	_		-
RESTRICTED ASSETS:					
Restricted Assets Held by Trustee	4,896	4,896	-	-	-
Restricted Assets Held in Endowment	6,146,690	6,303,870	-	-	(157,180)
Restricted MCH West Texas Services Pension. Deferred Outflows of Resources	2,344,886 16,094,750	2,322,472 29,138,210	-	-	22,414 (13,043,460)
Assets whose use is Limited	108,841	- 29,130,210	- 97,008	-	(13,043,400) 11,833
TOTAL ASSETS	\$ 369,895,348	\$ 391,022,321	\$ 5,190,198	\$ -	\$ (26,317,170)
LIABILITIES AND FUND BALANCE					
CURRENT LIABILITIES:					
Current Maturities of Long-Term Debt	\$ 2,276,944	\$ 2,556,272	\$ -	\$ -	\$ (279,328)
Self-Insurance Liability - Current Portion Accounts Payable	2,551,188	2,551,189 16,754,399	- 720,459	-	(1) 12,179,923
Accounts Payable A/R Credit Balances	29,654,781 2,768,062	2,342,858	720,459	-	425,203
Accrued Interest	393,017	19,294	-	_	373,724
Accrued Salaries and Wages	10,478,382	4,066,267	4,173,631	-	2,238,484
Accrued Compensated Absences	4,619,164	4,151,036	-	-	468,127
Due to Third Party Payors	4,371,542	15,144,253	-	-	(10,772,711)
Deferred Revenue	6,530,691	1,110,947	328,939		5,090,806
Total Current Liabilities	63,643,771	48,696,516	5,223,028		9,724,227
ACCRUED POST RETIREMENT BENEFITS	61,014,636	84,851,830	-	-	(23,837,194)
SELF-INSURANCE LIABILITIES - Less Current Portion	1,476,505	1,476,505	-	-	-
LONG-TERM DEBT - Less Current Maturities	53,061,995	54,100,003	-	-	(1,038,008)
Total Liabilities	179,196,908	189,124,854	5,223,028		(15,150,974)
		30,765,738			
		120,329,973			
	(1)	47,397,484			
		-			
		936,502			
	190,698,440	2,467,770	(20.024)		(11 466 400)
FUND BALANCE	190,090,440	201,897,467	(32,831)		(11,166,196)
TOTAL LIABILITIES AND FUND BALANCE	\$ 369,895,348	\$ 391,022,321	\$ 5,190,198	<u>\$</u> -	\$ (26,317,170)

ECTOR COUNTY HOSPITAL DISTRICT BLENDED OPERATIONS SUMMARY JUNE 2022

		CURRENT MONTH						YEAR TO DATE									
				Contra	BUDGET		PRIOR					BUDGET		PRIOR			
	_	ACTUAL		BUDGET	VAR	PRIOR YR	YR VAR	_	ACTUAL		BUDGET	VAR	PRIOR YR	YR VAR			
PATIENT REVENUE																	
Inpatient Revenue	\$	49,020,428	\$	53,239,786	-7.9% \$		-9.0%	\$	490,337,477	\$	460,687,429	6.4% \$		1.9%			
Outpatient Revenue		55,957,694		56,293,728	-0.6%	57,046,620	-1.9%		498,194,879		492,924,552	1.1%	475,210,484	4.8%			
TOTAL PATIENT REVENUE	\$	104,978,122	\$	109,533,514	-4.2% \$	110,899,675	-5.3%	\$	988,532,357	\$	953,611,981	3.7% \$	956,352,983	3.4%			
DEDUCTIONS FROM REVENUE																	
Contractual Adjustments	\$	60,454,502	\$	66,860,589	-9.6% \$	69,034,744	-12.4%	\$	629,915,531	\$	583,150,783	8.0% \$	585,959,052	7.5%			
Policy Adjustments		5,473,935	•	2,075,597	163.7%	293,415	1765.6%		15,466,780		17,474,078	-11.5%	21,585,134	-28.3%			
Uninsured Discount		11,366,414		10,129,698	12.2%	10,996,568	3.4%		81,846,918		88,690,788	-7.7%	84,927,389	-3.6%			
Indigent		(84,486))	1,740,023	-104.9%	2,150,913	-103.9%		7,713,064		15,267,936	-49.5%	16,096,951	-52.1%			
Provision for Bad Debts		5,889,633		5,905,254	-0.3%	6,374,759	-7.6%		59,355,036		51,213,372	15.9%	51,062,875	16.2%			
TOTAL REVENUE DEDUCTIONS	\$	83,099,997	\$	86,711,161	-4.2% \$		-6.5%	\$	794,297,330	\$	755,796,957	5.1% \$	759,631,401	4.6%			
OTHER PATIENT REVENUE		79.16%		79.16%		80.12%			80.35%		79.26%		79.43%				
Medicaid Supplemental Payments	\$	1,842,365	\$	1,892,772	-2.7% \$	1,813,563	1.6%	\$	16,034,646	\$	17,034,948	-5.9% \$	16,384,764	-2.1%			
DSRIP	Ŷ	306,628	Ψ	1,282,780	-76.1%	547,173	-44.0%	Ψ	9,286,088	Ψ	11,545,020	-19.6%	4,924,557	88.6%			
Medicare Meaningful Use Subsidy		-		-	0.0%	-	0.0%		(5,812)		-	0.0%	-	0.0%			
TOTAL OTHER PATIENT REVENUE	\$	2,148,994	\$	3,175,552	-32.3% \$	2,360,736	-9.0%	\$	25,314,921	\$	28,579,968	-11.4% \$	21,309,321	18.8%			
								_									
NET PATIENT REVENUE	\$	24,027,119	\$	25,997,905	-7.6% \$	24,410,010	-1.6%	\$	219,549,948	\$	226,394,992	-3.0% \$	218,030,904	0.7%			
OTHER REVENUE	\$	0 700 000		5 070 004	32.8% \$	5,510,628	22.3%		55 000 040		48,623,624	15.2% \$	47 007 507	18.4%			
Tax Revenue Other Revenue	φ	6,739,066 1,014,631	\$	5,073,984 872,394	32.0% \$ 16.3%	5,510,628 898,120	13.0%	\$	55,998,840 8,353,732	þ	7,837,460	15.2% \$ 6.6%	47,287,567 8,144,398	2.6%			
TOTAL OTHER REVENUE	\$	7,753,697	\$	5,946,378	30.4% \$		21.0%	\$	64,352,573	\$	56,461,084	14.0% \$	55,431,965	16.1%			
	Ŷ	1,100,001	Ψ	0,040,010	00.470 Q	0,400,740	21.070	Ŷ	04,002,070	Ψ	00,401,004	14.070 ¢	00,401,000	10.170			
NET OPERATING REVENUE	\$	31,780,816	\$	31,944,283	-0.5% \$	30,818,758	3.1%	\$	283,902,521	\$	282,856,076	0.4% \$	273,462,869	3.8%			
OPERATING EXPENSES																	
Salaries and Wages	\$	13,747,281		13,492,469	1.9% \$		7.1%	\$	120,361,777	\$	118,514,350	1.6% \$	114,800,883	4.8%			
Benefits		(11,435,152))	2,916,529	-492.1%	4,189,942	-372.9%		10,714,286 28,507,613		26,837,965	-60.1% 214.8%	26,353,795	-59.3%			
Temporary Labor Physician Fees		2,545,586 1,120,236		986,143 1,260,589	158.1% -11.1%	1,051,945 1,493,133	142.0% -25.0%		28,507,613		9,056,478 11,341,641	214.8%	7,742,749 12,647,157	268.2% -1.7%			
Texas Tech Support		866,677		885,637	-2.1%	869,237	-23.0 %		7,748,263		7,970,733	-2.8%	7,735,186	0.2%			
Purchased Services		4,556,253		4,337,544	5.0%	4,015,823	13.5%		39,384,157		38,938,102	1.1%	35,435,103	11.1%			
Supplies		5,617,006		5,128,029	9.5%	4,989,046	12.6%		48,065,844		44,845,028	7.2%	44,584,683	7.8%			
Utilities		407,658		320,039	27.4%	317,919	28.2%		3,096,590		2,861,511	8.2%	2,839,413	9.1%			
Repairs and Maintenance		913,551		803,372	13.7%	883,536	3.4%		7,828,454		7,224,648	8.4%	6,826,223	14.7%			
Leases and Rent		140,742		154,006	-8.6%	112,867	24.7%		2,235,567		1,376,594	62.4%	1,473,417	51.7%			
Insurance		149,103		156,479	-4.7%	148,157	0.6%		1,380,492		1,406,513	-1.9%	1,296,201	6.5%			
Interest Expense		70,223		132,438 200,924	-47.0%	107,793	-34.9%		750,327		1,198,615	-37.4% -6.7%	967,694	-22.5%			
ECHDA Other Expense		221,715 138,747		200,924 168,967	10.3% -17.9%	139,980 175,529	58.4% -21.0%		1,687,751 1,774,899		1,808,316 1,592,031	-6.7% 11.5%	1,972,647 1,257,112	-14.4% 41.2%			
TOTAL OPERATING EXPENSES	\$	19,059,626	\$	30,943,165	-38.4% \$		-39.2%	\$	285,970,097	\$	274,972,525	4.0% \$		7.5%			
	Ψ	10,000,020	Ψ	00,040,100	-00.470 Q	01,000,040	-00.270	Ŷ	200,010,001	Ψ	214,012,020	4.070 Q	200,002,200	1.070			
Depreciation/Amortization	\$	1,664,162	\$	1,559,873	6.7% \$	1,621,308	2.6%	\$	14,940,732	\$	14,193,988	5.3% \$	14,279,985	4.6%			
(Gain) Loss on Sale of Assets		-		681	-100.0%	14,473	-100.0%		7,515		6,129	22.6%	8,173	-8.1%			
TOTAL OPERATING COSTS	\$	20,723,789	\$	32,503,719	-36.2% \$	32,972,331	-37.1%	\$	300,918,344	\$	289,172,642	4.1% \$	280,220,421	7.4%			
NET GAIN (LOSS) FROM OPERATIONS	\$	11,057,028	¢	(559,436)	2076.5% \$	(2,153,573)	613.4%	\$	(17,015,823)	¢	(6,316,566)	169.4% \$	(6,757,552)	151.8%			
Operating Margin	÷.	34.79%		-1.75%	-2086.6%	-6.99%	-597.9%	- 2	-5.99%	φ	-2.23%	168.4%	-2.47%	142.5%			
oportaing margin		00			2000.070	0.0070	001.070		0.0070		2.2070	100.170	2.1170	112.070			
NONOPERATING REVENUE/EXPENSE																	
Interest Income	\$	75,983	\$	17,785	327.2% \$	8,269	818.9%	\$	386,082	\$	160,065	141.2% \$	40,926	843.4%			
Tobacco Settlement		-		-	0.0%	-	0.0%		1,158,055		1,284,940	-9.9%	1,171,633	-1.2%			
Trauma Funds		-		-	0.0%	-	0.0%		-		-	0.0%		0.0%			
Donations		-		11,772	-100.0%	103,000	-100.0%		-		105,948	-100.0%	141,275	-100.0%			
COVID-19 Stimulus		-		-	0.0%	-	0.0%		6,113,607		-	0.0%	-	0.0%			
CHANGE IN NET POSITION BEFORE																	
INVESTMENT ACTIVITY	\$	11,133,011	\$	(529,879)	2201.0% \$	(2,042,304)	645.1%	\$	(9,358,079)	\$	(4,765,613)	-96.4% \$	(5,403,718)	-73.2%			
Unrealized Gain/(Loss) on Investments	\$	(451,496)		(9,360)	0.0% \$		695.8%	\$	(2,528,074)	\$	(84,240)	0.0% \$	(72,951)	3365.4%			
Investment in Subsidiaries	—	(3,863))	124,344	-103.1%	1,383,018	-100.3%		714,612		1,119,096	-36.1%	1,427,282	-49.9%			
CHANGE IN NET POSITION	\$	10,677,652	\$	(414,895)	2673.6% \$	(716,019)	1591.3%	\$	(11,171,541)	\$	(3,730,757)	-199.4% \$	(4,049,387)	-175.9%			
	_	.0,077,002	¥	(414,000)	2010.078 4	(110,010)	1001.078	-	(11,11,1,041)	Ψ	(0,100,101)	-100. - 70 ψ	(100,040,007)	110.070			

ECTOR COUNTY HOSPITAL DISTRICT HOSPITAL OPERATIONS SUMMARY JUNE 2022

		CURRENT MONTH								YEAR TO DATE								
		ACTUAL		BUDGET	BUDGET VAR	F	PRIOR YR	PRIOR YR VAR		ACTUAL		BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR			
PATIENT REVENUE																		
Inpatient Ancillary Revenue Inpatient Revenue	\$	49,020,428	\$	- 53,239,786	-7.9%	\$ \$	- 53,853,054	0.0% -9.0%	\$	- 490,337,477 \$	6	- 460,687,429	6.4% \$	- 481,142,500	0.0% 1.9%			
Outpatient Revenue	Ť	44,729,669	Ŧ	43,791,122	2.1%	Ŧ	45,671,317	-2.1%		399,195,828		391,326,451	2.0%	367,634,600	8.6%			
TOTAL PATIENT REVENUE	\$	93,750,097	\$	97,030,908	-3.4%	\$	99,524,372	-5.8%	\$	889,533,306 \$	5	852,013,880	4.4% \$	848,777,100	4.8%			
DEDUCTIONS FROM REVENUE																		
Contractual Adjustments	\$		\$	61,152,167		\$	63,453,991	-12.9%	\$	581,356,517 \$	5	536,929,917	8.3% \$	534,546,967	8.8%			
Policy Adjustments Uninsured Discount		4,537,469 10,663,536		976,622 9,394,174	364.6% 13.5%		(378,855) 10,480,340	-1297.7% 1.7%		8,966,458 77,386,361		8,480,263 82,675,666	5.7% -6.4%	11,209,319 78,574,266	-20.0% -1.5%			
Indigent Care		(99,161)		1,724,119	-105.8%		2,132,378	-104.7%		7,649,964		15,143,496	-49.5%	15,933,456	-52.0%			
Provision for Bad Debts		5,092,563		4,913,923	3.6%		4,660,824	9.3%		51,301,017	_	43,149,321	18.9%	42,458,112	20.8%			
TOTAL REVENUE DEDUCTIONS	\$	75,487,667 80.52%	\$	78,161,005 80.55%	-3.4%	\$	80,348,677 80.73%	-6.0%	\$	726,660,318 \$ 81.69%	5	686,378,663 80.56%	5.9% \$	682,722,120 80.44%	6.4%			
OTHER PATIENT REVENUE				00.0070			00.1070					00.0070		00.4476				
Medicaid Supplemental Payments	\$	1,842,365	\$	1,892,772	-2.7%	\$	1,813,563	1.6%	\$	16,034,646 \$	5	17,034,948	-5.9% \$	16,384,764	-2.1%			
DSRIP Medicare Meaningful Use Subsidy		306,628		1,282,780	-76.1% 0.0%		547,173	-44.0% 0.0%		9,286,088 (5,812)		11,545,020	-19.6% 0.0%	4,924,557	88.6% 0.0%			
TOTAL OTHER PATIENT REVENUE	\$	2,148,994	\$	3,175,552	-32.3%	\$	2,360,736	-9.0%	\$	25,314,921 \$	5	28,579,968	-11.4% \$	21,309,321	18.8%			
NET PATIENT REVENUE	\$	20,411,424	\$	22,045,455	-7.4%	\$	21,536,430	-5.2%	\$	188,187,909	2	194,215,185	-3.1% \$	187,364,302	0.4%			
	Ψ	20,411,424	Ψ	22,040,400	-7.470	Ψ	21,000,400	-0.270	<u> </u>	100,101,000 4	<u> </u>	104,210,100	-0.170 ¢	101,004,002	0.470			
OTHER REVENUE	\$	0.700.000	¢	5 070 004	22.0%	¢	5 540 000	22.3%	¢	55 000 040		40,000,004	45.00/ @	47 007 507	40.40/			
Tax Revenue Other Revenue	ф	6,739,066 830,841	\$	5,073,984 668,432	32.8% 24.3%	\$	5,510,628 763,757	22.3% 8.8%	\$	55,998,840 \$ 6,438,618	Þ	48,623,624 6,024,052	15.2% \$ 6.9%	47,287,567 6,276,068	18.4% 2.6%			
TOTAL OTHER REVENUE	\$	7,569,907	\$	5,742,416	31.8%	\$	6,274,385	20.6%	\$	62,437,458 \$	5	54,647,676	14.3% \$	53,563,635	16.6%			
NET OPERATING REVENUE	\$	27,981,331	\$	27 787 871	0.7%	\$	27,810,815	0.6%	\$	250,625,368 \$	6	248,862,861	0.7% \$	240,927,937	4.0%			
	<u> </u>	21,001,001	Ψ	27,707,071	0.170	Ψ	27,010,010	0.070	<u> </u>	200,020,000 ¢	P	240,002,001	0.770 Q	240,021,001	4.070			
OPERATING EXPENSE																		
Salaries and Wages	\$		\$	9,219,870	0.6%	\$	8,788,872	5.6%	\$	83,718,075 \$	5	80,539,294	3.9% \$	79,560,877	5.2%			
Benefits Temporary Labor		(11,839,923) 2,150,254		2,539,977 785,026	-566.1% 173.9%		3,799,150 824,993	-411.6% 160.6%		6,812,958 25,907,772		22,964,249 7,246,425	-70.3% 257.5%	22,638,088 5,776,957	-69.9% 348.5%			
Physician Fees		1,198,627		1,144,616	4.7%		1,286,277	-6.8%		11,090,100		10,301,544	7.7%	11,533,414	-3.8%			
Texas Tech Support		866,677		885,637	-2.1%		869,237	-0.3%		7,748,263		7,970,733	-2.8%	7,735,186	0.2%			
Purchased Services		4,582,913		4,324,750	6.0%		4,035,410	13.6%		40,038,686		38,890,709	3.0%	35,703,653	12.1%			
Supplies Utilities		5,520,077 407,642		4,986,138 319,534	10.7% 27.6%		4,890,855 316,890	12.9% 28.6%		47,026,941 3,091,955		43,737,639 2,856,966	7.5% 8.2%	43,521,372 2,833,438	8.1% 9.1%			
Repairs and Maintenance		913,201		801,267	14.0%		883,369	3.4%		7,823,551		7,217,703	8.4%	6,825,347	14.6%			
Leases and Rentals		(5,321)		(7,470)	-28.8%		(56,214)	-90.5%		824,303		(67,230)	-1326.1%	(20,440)	-4132.9%			
Insurance		102,059		103,977	-1.8%		97,850	4.3%		920,860		935,793	-1.6%	848,386	8.5%			
Interest Expense		70,223 221,715		132,438 200,924	-47.0% 10.3%		107,793 139,980	-34.9% 58.4%		750,327 1,687,751		1,198,615 1,808,316	-37.4% -6.7%	967,694 1,972,647	-22.5% -14.4%			
ECHDA Other Expense		100,780		101,529	-0.7%		108,342	-7.0%		1,356,661		950,932	42.7%	733,838	-14.4 %			
TOTAL OPERATING EXPENSES	\$	13,567,629	\$	25,538,213		\$	26,092,804	-48.0%	\$	238,798,203 \$	5	226,551,688	5.4% \$	220,630,457	8.2%			
Depreciation/Amortization	\$	1,658,894	\$	1,551,727	6.9%	\$	1,614,786	2.7%	\$	14,895,722 \$	6	14,120,674	5.5% \$	14,218,765	4.8%			
(Gain)/Loss on Disposal of Assets		-	·	681	-100.0%	•	14,473	-100.0%		-		6,129	100.0%	8,173	-100.0%			
TOTAL OPERATING COSTS	\$	15,226,523	\$	27,090,621	-43.8%	\$	27,722,063	-45.1%	\$	253,693,925 \$	5	240,678,491	5.4% \$	234,857,396	8.0%			
NET GAIN (LOSS) FROM OPERATIONS	\$	12,754,809	\$	697,250	1729.3%	\$	88,751	-14271.5%	\$	(3,068,558) \$	5	8,184,370	-137.5% \$	6,070,541	-150.5%			
Operating Margin		45.58%		2.51%	1716.7%		0.32%	14183.9%		-1.22%		3.29%	-137.2%	2.52%	-148.6%			
NONOPERATING REVENUE/EXPENSE																		
Interest Income	\$	75,983	\$	17,785	327.2%	\$	8,269	818.9%	\$	386,082 \$	5	160,065	141.2% \$	40,926	843.4%			
Tobacco Settlement Trauma Funds		-		-	0.0% 0.0%		-	0.0% 0.0%		1,158,055		1,284,940	-9.9% 0.0%	1,171,633	-1.2% 0.0%			
Donations		-		- 11,772	-100.0%		103,000	-100.0%		-		- 105,948	-100.0%	- 141,275	-100.0%			
COVID-19 Stimulus		-		-	0.0%		-	0.0%		6,113,607		-		-	0.0%			
CHANGE IN NET POSITION BEFORE																		
CAPITAL CONTRIBUTION	\$	12,830,792	\$	726,807	1665.4%	\$	200,020	6314.8%	\$	4,589,186 \$	5	9,735,323	-52.9% \$	7,424,376	-38.2%			
Procare & Trauma Care Capital Contribution	I	(1,691,853)		(1,256,686)	34.6%		(2,242,324)	-24.5%		(13,941,921)		(14,500,936)	-3.9%	(12,828,094)	8.7%			
CHANGE IN NET POSITION BEFORE INVESTMENT ACTIVITY	\$	11,138,939	\$	(529,879)	2202.2%	¢	(2,042,304)	645.4%	\$	(9,352,735) \$		(4,765,613)	-96.3% \$	(5,403,718)	-73.1%			
Unrealized Gain/(Loss) on Investments Investment in Subsidiaries	\$	(451,496) (3,863)	\$	(9,360) 124,344	4723.7% -103.1%	\$	(56,733) 1,383,018	695.8% -100.3%	\$	(2,528,074) \$ 714,612	5	(84,240) 1,119,096	2901.0% \$ -36.1%	(72,951) 1,427,282	3365.4% -49.9%			
CHANGE IN NET POSITION	\$	10,683,580	\$	(414,895)	2675.0%	\$	(716,019)	1592.1%	\$	(11,166,196) \$	5	(3,730,757)	-199.3% \$	(4,049,387)	-175.8%			

ECTOR COUNTY HOSPITAL DISTRICT PROCARE OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH										YEAF	R TO DATE			
		ACTUAL		BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR		ACTUAL		BUDGET	BUDGET VAR	PRIOR Y	R	PRIOR YR VAR
PATIENT REVENUE				20202.					/10.0/12						
Outpatient Revenue	\$	11,100,525	\$	12,502,606		\$11,375,303	-2.4%	\$			101,598,101		\$ 107,575,8		-8.1%
TOTAL PATIENT REVENUE	\$	11,100,525	\$	12,502,606	-11.2%	\$11,375,303	-2.4%	\$	98,870,968	\$ '	101,598,101	-2.7%	\$ 107,575,8	383	-8.1%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	5.085.379	\$	5.708.422	-10.9%	\$ 5,580,753	-8.9%	\$	48,483,152	\$	46.220.866	4.9%	\$ 51,412,0	086	-5.7%
Policy Adjustments	·	914,791	·	1,098,975	-16.8%	672,271	36.1%		6,478,647	·	8,993,815	-28.0%	10,375,8		-37.6%
Uninsured Discount		702,878		735,524	-4.4%	516,228	36.2%		4,460,557		6,015,122	-25.8%	6,353,	123	-29.8%
Indigent		14,675		15,904	-7.7%	18,536	-20.8%		63,100		124,440	-49.3%	163,4	495	-61.4%
Provision for Bad Debts		786,232		991,331	-20.7%	1,713,936	-54.1%		8,043,181		8,064,051	-0.3%	8,604,1	763	-6.5%
TOTAL REVENUE DEDUCTIONS	\$	7,503,955	\$	8,550,156	-12.2%	\$ 8,501,723	-11.7%	\$	67,528,637	\$	69,418,294	-2.7%	\$ 76,909,2	281	-12.2%
		67.60%		68.39%		74.74%			68.30%		68.33%		71.4	49%	
NET PATIENT REVENUE	\$	3,596,570	\$	3,952,450	-9.0%	\$ 2,873,580	25.2%	\$	31,342,331	\$	32,179,807	-2.6%	\$ 30,666,6	502	2.2%
	<u> </u>							<u> </u>	31.7%						
OTHER REVENUE	•	400 700	•	000 000	0.0%		00.00/	•	1015 111	•	4 0 4 0 4 0 0	5.00/			0.5%
Other Income	\$	183,790	\$	203,962	-9.9%	\$ 134,363	36.8%	\$	1,915,114	\$	1,813,408	5.6%	\$ 1,868,3	330	2.5%
TOTAL OTHER REVENUE															
NET OPERATING REVENUE	\$	3,780,360	\$	4,156,412	-9.0%	\$ 3,007,943	25.7%	\$	33,257,445	\$	33,993,215	-2.2%	\$ 32,534,9	932	2.2%
									-						
OPERATING EXPENSE															
Salaries and Wages	\$	4,225,809	\$	4,272,599		\$ 4,052,772	4.3%	\$		\$	37,975,056		\$ 35,240,0		3.3%
Benefits		364,772		376,552	-3.1%	390,792	-6.7%		3,861,327		3,873,716	-0.3%	3,715,		3.9%
Temporary Labor		395,333		201,117	96.6%	226,952	74.2%		2,599,841		1,810,053	43.6%	1,965,1		32.3%
Physician Fees		180,856		115,973	55.9%	206,856	-12.6%		1,603,224		1,040,097	54.1%	1,113,3		43.9%
Purchased Services		(26,660)		12,794	-308.4%	(19,587)	36.1%		(654,528)		47,393	-1481.1%	(268,		143.7%
Supplies		96,930		141,891	-31.7%	98,191	-1.3%		1,038,903		1,107,389	-6.2%	1,063,3		-2.3%
Utilities		16		505	-96.8%	1,029	-98.4%		4,635		4,545	2.0%		975	-22.4%
Repairs and Maintenance		349		2,105	-83.4%	166	109.9%		4,904		6,945	-29.4%		376	459.7%
Leases and Rentals		146,062		161,476	-9.5%	169,081	-13.6%		1,411,264		1,443,824	-2.3%	1,493,8		-5.5%
Insurance		45,510		52,502	-13.3%	50,307	-9.5%		458,098		470,720	-2.7%	447,8		2.3%
Other Expense		37,967		67,438	-43.7%	67,187	-43.5%		418,238		641,099	-34.8%	523,2		-20.1%
TOTAL OPERATING EXPENSES	\$	5,466,945	\$	5,404,952	1.1%	\$ 5,243,745	4.3%	\$	47,146,841	\$	48,420,837	-2.6%	\$ 45,301,8	306	4.1%
Depreciation/Amortization	\$	5,269	\$	8,146	-35.3%	\$ 6,522	-19.2%	\$	45,010	\$	73,314	-38.6%	\$ 61,2	220	-26.5%
(Gain)/Loss on Sale of Assets		-		-	0.0%	-	0.0%		7,515		-	0.0%		-	0.0%
TOTAL OPERATING COSTS	\$	5,472,213	\$	5,413,098	1.1%	\$ 5,250,267	4.2%	\$	47,199,366	\$	48,494,151	-2.7%	\$ 45,363,0	026	4.0%
NET GAIN (LOSS) FROM OPERATIONS	\$	(1,691,853)	\$	(1,256,686)	-34.6%	\$ (2,242,324)	-24.5%	\$	(13,941,921)	\$	(14,500,936)	3.9%	\$ (12,828,0	094)	-8.7%
Operating Margin	<u> </u>	-44.75%		-30.23%	48.0%	-74.55%	-40.0%		-41.92%		-42.66%		-39.4		6.3%
COVID-19 Stimulus	\$	-	\$	-		\$-	0.0%	\$	-	\$	-	0.0%	\$	-	0.0%
MCH Contribution	\$	1,691,853	\$	1,256,686	34.6%	\$ 2,242,324	-24.5%				14,500,936		\$ 12,828,0	094	8.7%
CAPITAL CONTRIBUTION	\$	-	\$	-	0.0%	\$-	0.0%	\$	-	\$	-	0.0%	\$	-	0.0%
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MONTHLY STATISTICAL REPORT

		CURRE	NT MONTH				YEAR	TO DATE		
Total Office Visits	8,775	9,984	-12.11%	9,341	-6.06%	78,864	78,936	-0.09%	75,690	4.19%
Total Hospital Visits	5,368	6,124	-12.34%	5,863	-8.44%	52,076	50,347	3.43%	48,408	7.58%
Total Procedures	11,695	13,282	-11.95%	12,902	-9.36%	106,459	109,367	-2.66%	106,789	-0.31%
Total Surgeries	763	810	-5.80%	629	21.30%	6,770	6,863	-1.36%	6,307	7.34%
Total Provider FTE's	88.2	100.4	-12.15%	92.8	-5.00%	90.3	98.7	-8.50%	91.8	-1.64%
Total Staff FTE's	104.7	127.1	-17.64%	109.8	-4.67%	109.5	126.6	-13.49%	103.9	5.40%
Total Administrative FTE's	13.0	13.0	-0.30%	12.4	4.72%	13.1	13.0	0.46%	12.3	5.82%
Total FTE's	205.8	240.5	-14.41%	215.0	-4.27%	212.9	238.3	-10.66%	208.1	2.32%

Organization Period	300 9	300 9	300 9	300 9	300 9	300 9
Year	2022	2022	2021	2022	2022	2021
Data Type	Actual	Operating	Actual	Actual	Operating	Actual
Balance Type	PER	PER	PER	YTD	YTD	YTD

ECTOR COUNTY HOSPITAL DISTRICT TRAUMACARE OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH											YEA	R TO DATE			
	4	ACTUAL		BUDGET	BUDGET VAR	PF	RIOR YR	PRIOR YR VAR	ļ	ACTUAL		BUDGET	BUDGET VAR	PF	RIOR YR	PRIOR YR VAR
PATIENT REVENUE																
Outpatient Revenue	\$	127,500		-		\$	-	100.0%	\$	128,083		-		\$	-	100.0%
TOTAL PATIENT REVENUE	\$	127,500	\$	-		\$	-	100.0%	\$	128,083	\$	-		\$	-	100.0%
DEDUCTIONS FROM REVENUE																
Contractual Adjustments	\$	75,863	\$	-		\$	-	100.0%	\$	75,863	\$	-		\$	-	100.0%
Policy Adjustments		21,675		-			-	100.0%		21,675		-			-	100.0%
Uninsured Discount		-		-			-	100.0%		-		-			-	100.0%
Indigent		-		-			-	100.0%		-		-			-	100.0%
Provision for Bad Debts		10,838		-			-	100.0%		10,838		-			-	100.0%
TOTAL REVENUE DEDUCTIONS	\$	108,375	\$	-		\$	-	100.0%	\$	108,375	\$	-		\$	-	100.0%
		85.00%		#DIV/0!		#	#DIV/0!			84.61%		#DIV/0!		#	#DIV/0!	
NET PATIENT REVENUE	\$	19,125	\$	-		\$	-	100.0%	\$	19,708	\$	-		\$	-	100.0%
	<u> </u>	10,120	Ψ			Ŷ		100.070	<u> </u>	15.4%	Ŷ			Ŷ		100.070
OTHER REVENUE																
Other Income	\$	-	\$	-		\$	-	100.0%	\$	-	\$	-		\$	-	100.0%
TOTAL OTHER REVENUE																100.00/
NET OPERATING REVENUE	\$	19,125	\$	-		\$	-	100.0%	\$	19,708	\$	-		\$	-	100.0%
NET OPERATING REVENUE	φ	19,125	φ	-		φ	-	100.0%	à	19,706	φ	-		φ	-	100.0%
OPERATING EXPENSE										-						
Salaries and Wages	\$	242.767	¢	_		\$	_	100.0%	\$	242,767	¢	_		\$		100.0%
Benefits	φ	40,000	φ	-		φ		100.0%	φ	40,000	φ	-		φ		100.0%
Temporary Labor		40,000					-	100.0%		40,000						100.0%
Physician Fees		(259,248)						100.0%		(259,248)						100.0%
Purchased Services		(200,240)		-			-	100.0%		(200,240)		-			-	100.0%
Supplies		-		-			-	100.0%		-		-			-	100.0%
Utilities		-		-			-	100.0%		-		-			-	100.0%
Repairs and Maintenance		-		-			-	100.0%		-		-			-	100.0%
Leases and Rentals		-		-			-	100.0%		-		-			-	100.0%
Insurance		1,534		-			-	100.0%		1,534		-			-	100.0%
Other Expense		-		-			-	100.0%		-		-			-	100.0%
TOTAL OPERATING EXPENSES	\$	25,053	\$	-		\$	-	100.0%	\$	25,053	\$	-		\$	-	100.0%
Depreciation/Amortization	\$	_	\$	_		\$	-	100.0%	\$	-	\$	-	0.0%	\$	_	100.0%
(Gain)/Loss on Sale of Assets	Ψ	-	Ψ	-	0.0%		-	100.0%	Ψ	-	Ψ	-	0.0%	Ŷ	-	100.0%
· · ·																
TOTAL OPERATING COSTS	\$	25,053	\$	-		\$	-	100.0%	\$	25,053	\$	-		\$	-	100.0%
NET GAIN (LOSS) FROM OPERATIONS	\$	(5,928)		-		\$	-	100.0%	\$	(5,345)	\$	-		\$	-	100.0%
Operating Margin		-30.99%		#DIV/0!	#DIV/0!	#	#DIV/0!	-100.0%		-27.12%		#DIV/0!	#DIV/0!	#	#DIV/0!	-100.0%
COVID-19 Stimulus	\$	_	\$	_		\$	-	100.0%	\$	-	\$	-	0.0%	\$	-	100.0%
MCH Contribution	\$	-	\$	-		\$	-	100.0%	\$	-	\$	-	0.070	\$	-	100.0%
CAPITAL CONTRIBUTION	\$	(5,928)	¢		0.0%	¢		0.0%	\$	(5,345)	¢		0.0%	¢	-	0.0%
	φ	(0,920)	φ	-	0.0%	φ	-	0.0%	φ	(0,040)	φ	-	0.0%	φ	-	0.0%

MONTHLY STATISTICAL REPORT

		CURRENT MC	ONTH			YEAR TO DA	ATE
Total Procedures	510	0	0	100.00%	510	0	0 100.00%
Total Provider FTE's	8.3	0.0	0.0	100.00%	0.9	0.0	0.0 100.00%
Total Staff FTE's	0.9	0.0	0.0	100.00%	0.1	0.0	0.0 100.00%
Total FTE's	9.3	0.0	0.0	100.00%	1.0	0.0	0.0 100.00%

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - SOUTH - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH									YEAF	R TO DATE		
	۵	CTUAL	E	UDGET	BUDGET VAR	PR	RIOR YR	PRIOR YR VAR	ACTUAL	BUDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE													
Outpatient Revenue	\$	118,714	\$	338,582	-64.9%	\$	321,510	-63.1%	\$ 1,508,478		-50.3%	\$ 4,158,517	-63.7%
TOTAL PATIENT REVENUE	\$	118,714	\$	338,582	-64.9%	\$	321,510	-63.1%	\$ 1,508,478	\$ 3,032,143	-50.3%	\$ 4,158,517	-63.7%
DEDUCTIONS FROM REVENUE													
Contractual Adjustments	\$	49,147	\$	184,149	-73.3%	\$	205,146	-76.0%	\$ 910,972	\$ 1,649,131	-44.8%	\$ 2,245,294	-59.4%
Self Pay Adjustments		16,385		52,827	-69.0%		6,543	150.4%	255,398	473,089	-46.0%	589,335	-56.7%
Bad Debts		2,142		10,820	-80.2%		20,504	-89.6%	(73,460)	96,901	-175.8%	237,651	-130.9%
TOTAL REVENUE DEDUCTIONS	\$	67,674	\$	247,796	-72.7%	\$	232,193	-70.9%	\$ 1,092,910	\$ 2,219,121	-50.8%	\$ 3,072,280	-64.4%
		57.0%		73.2%			72.2%		72.5%	73.2%		73.9%	
NET PATIENT REVENUE	\$	51,040	\$	90,786	-43.8%	\$	89,317	-42.9%	\$ 415,569	\$ 813,022	-48.9%	\$ 1,086,236	-61.7%
OTHER REVENUE													
FHC Other Revenue	\$	18,504	\$	25,436	0.0%	\$	139,617	-86.7%	\$ 238,211	\$ 228,924	0.0%	\$ 343,424	-30.6%
TOTAL OTHER REVENUE	\$	18,504	\$	25,436	-27.3%	\$	139,617	-86.7%	\$ 238,211	\$ 228,924	4.1%	\$ 343,424	-30.6%
NET OPERATING REVENUE	\$	69,545	\$	116,222	-40.2%	\$	228,934	-69.6%	\$ 653,780	\$ 1,041,946	-37.3%	\$ 1,429,660	-54.3%
OPERATING EXPENSE													
Salaries and Wages	\$	69,557	\$	60,736	14.5%	\$	102,018	-31.8%	\$ 672,778	\$ 533,198	26.2%	\$ 786,843	-14.5%
Benefits		(88,757)		16,732	-630.5%		44,099	-301.3%	54,751	152,031	-64.0%	223,887	-75.5%
Physician Services		54,445		68,581	-20.6%		83,710	-35.0%	783,157	617,229	26.9%	1,033,619	-24.2%
Cost of Drugs Sold		2,476		3,071	-19.4%		6,955	-64.4%	32,754	27,503	19.1%	62,210	-47.3%
Supplies		2,559		4,528	-43.5%		17,282	-85.2%	32,138	40,596	-20.8%	120,001	-73.2%
Utilities		4,266		2,755	54.8%		2,755	54.8%	28,857	25,721	12.2%	25,721	12.2%
Repairs and Maintenance		1,576		1,799	-12.4%		1,370	15.1%	31,037	16,191	91.7%	9,059	242.6%
Leases and Rentals		459		477	-3.8%		485	-5.3%	4,380	4,293	2.0%	4,476	-2.2%
Other Expense		1,000		1,125	-11.1%		4,106	-75.6%	13,012	10,125	28.5%	35,911	-63.8%
TOTAL OPERATING EXPENSES	\$	47,582	\$	159,804	-70.2%	\$	262,780	-81.9%	\$ 1,652,862	\$ 1,426,887	15.8%	\$ 2,301,728	-28.2%
Depreciation/Amortization	\$	2,625	\$	3,874	-32.2%	\$	3,807	-31.0%	\$ 23,642	\$ 35,247	-32.9%	\$ 34,890	-32.2%
TOTAL OPERATING COSTS	\$	50,207	\$	163,678	-69.3%	\$	266,587	-81.2%	\$ 1,676,504	\$ 1,462,134	14.7%	\$ 2,336,617	-28.3%
NET GAIN (LOSS) FROM OPERATIONS	\$	19,337	\$	(47,456)	140.7%	\$	(37,653)	151.4%	\$ (1,022,725)	\$ (420,188)	-143.4%	\$ (906,957)	12.8%
Operating Margin		27.81%		-40.83%	-168.1%		-16.45%	-269.1%	 -156.43%	-40.33%	287.9%	-63.44%	146.6%

		CURR	ENT MONTH	H			YEAF	R TO DATE		
Medical Visits	542	987	-45.1%	1,111	-51.2%	5,958	8,839	-32.6%	12,131	-50.9%
Average Revenue per Office Visit	219.03	343.04	-36.2%	289.39	-24.3%	253.19	343.04	-26.2%	342.80	-26.1%
Hospital FTE's (Salaries and Wages)	15.8	13.2	20.5%	16.9	-6.2%	15.2	12.9	17.5%	18.2	-16.3%

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - WEST UNIVERSITY - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH											YE	AR TO DATE		
	ļ	CTUAL	Е	BUDGET	BUDGET VAR	Р	RIOR YR	PRIOR YR VAR		ACTUAL	E	UDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue	\$	155,628	\$	197,197	-21.1%		98,340	58.3%		1,374,953		1,548,963	-11.2% \$		177.3%
TOTAL PATIENT REVENUE	\$	155,628	\$	197,197	-21.1%	\$	98,340	58.3%	\$	1,374,953	\$	1,548,963	-11.2% \$	495,910	177.3%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	69,106	\$	111,975	-38.3%	\$	50,770	36.1%	\$	740,362	\$	879,550	-15.8% \$	269,178	175.0%
Self Pay Adjustments		21,465		25,752	-16.6%		934	2197.2%		115,543		202,280	-42.9%	69,582	66.1%
Bad Debts		12,849		-	0.0%		2,538	406.3%		60,340		-	0.0%	(43,637)	-238.3%
TOTAL REVENUE DEDUCTIONS	\$	103,419	\$	137,727	-24.9%	\$	54,242	90.7%	\$	916,246	\$	1,081,830	-15.3% \$	295,123	210.5%
		66.45%		69.84%			55.16%			66.64%		69.84%		59.51%	
NET PATIENT REVENUE	\$	52,209	\$	59,470	-12.2%	\$	44,098	18.4%	\$	458,707	\$	467,133	-1.8% \$	200,788	128.5%
OTHER REVENUE															
FHC Other Revenue	\$ \$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0% \$	-	0.0%
TOTAL OTHER REVENUE	\$	-	\$	-	0.0%	\$	-	0.0%	\$ \$	-	\$	-	0.0% \$	-	0.0%
NET OPERATING REVENUE	\$	52,209	\$	59,470	-12.2%	\$	44,098	18.4%	\$	458,707	\$	467,133	-1.8% \$	200,788	128.5%
OPERATING EXPENSE															
Salaries and Wages	\$	6,561	\$	31,227	-79.0%	\$	5,331	23.1%	\$	56,350	\$	240,586	-76.6% \$	61,271	-8.0%
Benefits		(8,372)		8,603	-197.3%		2,304	-463.4%		4,586		68,599	-93.3%	17,434	-73.7%
Physician Services		57,769		45,750	26.3%		33,560	72.1%		346,184		411,750	-15.9%	191,894	80.4%
Cost of Drugs Sold		1,182		11,889	-90.1%		5,491	-78.5%		33,752		93,389	-63.9%	19,458	73.5%
Supplies		1,930		6,158	-68.7%		164	1078.0%		17,419		48,522	-64.1%	2,911	498.4%
Utilities		2,971		2,510	18.4%		2,510	18.3%		23,762		25,102	-5.3%	25,101	-5.3%
Repairs and Maintenance		-		-	0.0%		-	100.0%		-		-	0.0%	-	100.0%
Other Expense		-		-	0.0%		-	0.0%		-		-	0.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$	62,041	\$	106,137	-41.5%	\$	49,361	25.7%	\$	482,053	\$	887,948	-45.7% \$	318,069	51.6%
Depreciation/Amortization	\$	25,992	\$	28,830	-9.8%	\$	28,197	-7.8%	\$	234,272	\$	262,347	-10.7% \$	262,793	-10.9%
TOTAL OPERATING COSTS	\$	88,033	\$	134,967	-34.8%	\$	77,558	13.5%	\$	716,325	\$	1,150,295	-37.7% \$	580,863	23.3%
NET GAIN (LOSS) FROM OPERATIONS	\$	(35,824)	\$	(75,497)	-52.5%	\$	(33,460)	7.1%	\$	(257,618)	\$	(683,162)	-62.3% \$	(380,075)	-32.2%
Operating Margin		-68.62%		-126.95%	-45.9%		-75.88%	-9.6%		-56.16%		-146.25%	-61.6%	-189.29%	-70.3%

		CURF	RENT MONTH	1			YEA	R TO DATE		
Total Visits	576	634	-9.1%	362	59.1%	5,004	4,980	0.5%		0.0%
Average Revenue per Office Visit	270.19	311.04	-13.1%	271.66	-0.5%	274.77	311.04	-11.7%	309.36	-11.2%
Hospital FTE's (Salaries and Wages)	2.3	8.5	-72.7%	3.6	-35.0%	2.5	7.3	-66.3%	2.5	-0.4%

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC - JBS - OPERATIONS SUMMARY JUNE 2022

	CURRENT MONTH											YEA	AR TO DAT	E	
	ļ	CTUAL	в	UDGET	BUDGET VAR	PRI	OR YR	PRIOR YR VAR	ļ	ACTUAL	в	UDGET	BUDGET VAR	PRIOR YR	PRIOR YR VAR
PATIENT REVENUE															
Outpatient Revenue	\$	188,881	\$	161,650	16.8%		-	100.0%		2,170,880		1,686,040	28.8%		100.0%
TOTAL PATIENT REVENUE	\$	188,881	\$	161,650	16.8%	\$	-	100.0%	\$ 3	2,170,880	\$	1,686,040	28.8%	\$-	100.0%
DEDUCTIONS FROM REVENUE															
Contractual Adjustments	\$	74.689	\$	64.850	15.2%	\$	-	100.0%	\$	1.228.342	\$	676.399	81.6%	\$ -	100.0%
Self Pay Adjustments	•	(2,643)	•	18.604	-114.2%	•	-	100.0%	•	70.507	Ŧ	194.041	-63.7%	-	100.0%
Bad Debts		(55,942)		3,811	-1567.9%		-	100.0%		137,267		39,745	245.4%	-	100.0%
TOTAL REVENUE DEDUCTIONS	\$	16,103	\$	87,265	-81.5%	\$	-	100.0%	\$	1,436,117	\$	910,185	57.8%	\$ -	100.0%
		8.53%		53.98%			0.00%			66.15%		53.98%		0.00%	
NET PATIENT REVENUE	\$	172,777	\$	74,385	132.3%	\$	-	100.0%	\$	734,763	\$	775,855	-5.3%	\$-	100.0%
OTHER REVENUE															
FHC Other Revenue	\$	-	\$	-	0.0%	\$	-	0.0%	\$	-	\$	-	0.0%	\$ -	0.0%
TOTAL OTHER REVENUE	\$	-	\$	-	0.0%	\$	-	0.0%	\$ \$	-	\$	-	0.0%	\$ -	0.0%
NET OPERATING REVENUE	\$	172,777	\$	74,385	132.3%	\$	-	100.0%	\$	734,763	\$	775,855	-5.3%	\$-	100.0%
OPERATING EXPENSE															
Salaries and Wages	\$	16,555	\$	23,326	-29.0%	\$	-	100.0%	\$	120,912	\$	237,933	-49.2%	\$ -	100.0%
Benefits		(21,125)		6,426	-428.7%		-	100.0%		9,840		67,842	-85.5%	-	100.0%
Physician Services		43,602		42,492	2.6%		-	100.0%		391,666		382,428	2.4%	-	100.0%
Cost of Drugs Sold		22,293		-	0.0%		-	100.0%		125,436		-	100.0%	-	100.0%
Supplies		1,159		11,188	-89.6%		444	161.0%		15,169		116,693	-87.0%	444	3316.5%
Utilities		-		2,789	-100.0%		-	100.0%		-		25,101	-100.0%	-	100.0%
Repairs and Maintenance		-		417	-100.0%		-	100.0%		-		3,753	-100.0%	-	100.0%
Other Expense		-		417	-100.0%		-	0.0%		-		3,753	-100.0%	-	0.0%
TOTAL OPERATING EXPENSES	\$	62,484	\$	87,555	-28.6%	\$	444	13972.9%	\$	663,023	\$	842,003	-21.3%	\$ 444	149229.5%
Depreciation/Amortization	\$	75	\$	-	0.0%	\$	-	100.0%	\$	674	\$	-	0.0%	\$-	100.0%
TOTAL OPERATING COSTS	\$	62,559	\$	87,555	-28.5%	\$	444	13989.8%	\$	663,697	\$	842,003	-21.2%	\$ 444	149381.2%
NET GAIN (LOSS) FROM OPERATIONS	\$	110,219	\$	(13,170)	-936.9%	\$	(444)	-24924.0%	\$	71,066	\$	(66,148)	-207.4%	\$ (444)	-16105.9%
Operating Margin		63.79%		-17.71%	-460.3%		0.00%	100.0%		9.67%		-8.53%	-213.4%	0.00%	100.0%

		CURR	ENT MONTH				YEA	R TO DATE		
Medical Visits	528	530	-0.4%	-	0.0%	5,837	5,528	5.6%	-	0.0%
Total Visits	528	530	-0.4%	-	0.0%	5,837	5,528	5.6%		0.0%
Average Revenue per Office Visit	357.73	305.00	17.3%	-	0.0%	371.92	305.00	21.9%	-	0.0%
Hospital FTE's (Salaries and Wages)	5.4	7.2	-25.2%	-	0.0%	4.8	8.1	-40.8%	-	0.0%

ECTOR COUNTY HOSPITAL DISTRICT JUNE 2022

REVENUE BY PAYOR

		CURRENT M	MONTH			YEAR T	O DATE	
	CURRENT YE	AR	PRIOR YEAR	2	CURRENT Y	EAR	PRIOR YEA	٨R
	GROSS		GROSS		GROSS		GROSS	
	REVENUE	%	REVENUE	%	REVENUE	%	REVENUE	%
Medicare	\$ 36,369,643	38.8%	\$ 38,514,810	38.8%	\$ 348,545,429	39.2%	\$ 335,461,400	39.6%
Medicaid	10,991,507	11.7%	12,388,096	12.4%	115,974,272	13.0%	101,750,901	12.0%
Commercial	28,444,142	30.3%	29,076,657	29.2%	260,936,990	29.3%	244,636,388	28.8%
Self Pay	14,488,762	15.5%	14,052,390	14.1%	102,249,601	11.5%	102,873,678	12.1%
Other	3,456,043	3.7%	5,492,419	5.5%	61,827,012	7.0%	64,054,733	7.5%
TOTAL	\$ 93,750,097	100.0%	\$ 99,524,372	100.0%	\$ 889,533,306	100.0%	\$ 848,777,100	100.0%

PAYMENTS BY PAYOR

		CURRENT M	MONTH		YEAR TO DATE					
	CURRENT YE	EAR	PRIOR YEAR		CURRENT YE	AR	PRIOR YEAR			
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	ITS % PAYMEN		%		
Medicare	\$ 6,791,367	34.4%	\$ 7,777,382	39.6%	\$ 63,285,674	37.9%	\$ 64,055,090	39.5%		
Medicaid	4,107,598	20.8%	2,494,734	12.7%	17,241,995	10.3%	18,531,908	11.4%		
Commercial	6,627,846	33.5%	7,135,910	36.4%	63,404,816	38.1%	59,075,269	36.6%		
Self Pay	1,153,830	5.8%	1,064,802	5.4%	10,621,261	6.4%	9,388,355	5.8%		
Other	1,078,130	5.5%	1,148,673	5.9%	12,256,545	7.3%	10,932,798	6.7%		
TOTAL	\$ 19,758,771	100.0%	\$ 19,621,501	100.0%	\$ 166,810,291	100.0%	\$ 161,983,420	100.0%		

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC CLEMENTS JUNE 2022

REVENUE BY PAYOR

		CURRENT	MONTH		YEAR T	O DATE		
	CURRENT	YEAR	PRIOR YE	AR	CURRENT Y	/EAR	PRIOR YE	AR
	GROSS		GROSS		GROSS		GROSS	
	REVENUE	%	REVENUE	%	REVENUE	%	REVENUE	%
Medicare	\$ 25,058	21.1%	\$ 28,483	8.9%	\$ 320,883	21.3%	\$ 624,519	15.0%
Medicaid	27,399	23.1%	181,551	56.4%	374,742	24.9%	1,808,836	43.5%
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	21,231	17.9%	52,294	16.3%	244,458	16.2%	605,952	14.6%
Self Pay	43,254	36.4%	45,041	14.0%	514,192	34.0%	972,116	23.4%
Other	1,773	1.5%	14,141	4.4%	54,204	3.6%	147,094	3.5%
TOTAL	\$ 118,714	100.0%	\$ 321,510	100.0%	\$ 1,508,478	100.0%	\$ 4,158,517	100.0%

PAYMENTS BY PAYOR

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		CURRENT	MONTH		YEAR TO DATE					
	CURRENT	YEAR	PRIOR YE	AR	CURRENT	/EAR	PRIOR YE	AR		
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%		
Medicare	8,073	12.2%	\$ 46,969	22.9%	\$ 125,531	25.2%	\$ 238,186	18.7%		
Medicaid	40,471	61.4%	97,321	47.4%	183,650	36.9%	642,045	50.6%		
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%		
Commercial	8,064	12.2%	42,832	20.9%	88,503	17.8%	201,105	15.8%		
Self Pay	9,048	13.7%	14,443	7.0%	88,817	17.8%	163,690	12.9%		
Other	355	0.5%	3,690	1.8%	11,459	2.3%	25,980	2.0%		
TOTAL	\$ 66,011	100.0%	\$ 205,256	100.0%	\$ 497,960	100.0%	\$ 1,271,006	100.0%		

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC WEST UNIVERSITY JUNE 2022

REVENUE BY PAYOR

		CURRENT	монт	н		YEAR TO DATE					
	CURRENT	T YEAR		PRIOR YE	AR		CURRENT '	YEAR	PRIOR YEAR		
	GROSS		(GROSS			GROSS		GROSS		
	REVENUE	%	R	EVENUE	%	F	REVENUE	%	REVENUE	%	
Medicare	\$ 35,398	22.7%	\$	34,778	35.4%	\$	307,299	22.3%	\$ 140,768	28.4%	
Medicaid	37,863	24.4%	\$	24,635	25.1%		363,396	26.5%	128,845	26.0%	
PHC	-	0.0%	\$	-	0.0%		-	0.0%	-	0.0%	
Commercial	38,185	24.5%	\$	24,153	24.6%		325,464	23.7%	118,513	23.9%	
Self Pay	37,913	24.4%	\$	14,268	14.5%		305,936	22.2%	100,749	20.3%	
Other	6,269	4.0%	\$	505	0.5%		72,858	5.3%	7,034	1.4%	
TOTAL	\$ 155,628	100.0%	\$	98,340	100.0%	\$	1,374,953	100.0%	\$ 495,910	100.0%	

PAYMENTS BY PAYOR

		CURRENT MONTH					YEAR TO DATE					
	CURRENT	YEAR	PRIOR YE	AR	С	CURRENT YEA		PRIOR Y	EAR			
	PAYMENTS	%	PAYMENTS	%	PAYN	IENTS	%	PAYMENTS	%			
Medicare	\$ 5,169	9.7%	\$ 22,804	37.1%	\$	105,904	23.9%	\$ 51,740	25.3%			
Medicaid	23,642	44.3%	13,793	22.5%	\$	149,506	33.7%	47,670	23.3%			
PHC	-	0.0%	-	0.0%		-	0.0%	-	0.0%			
Commercial	14,952	28.1%	19,450	31.7%		112,063	25.3%	71,929	35.2%			
Self Pay	8,362	15.7%	5,380	8.8%		61,989	14.0%	29,594	14.5%			
Other	1,177	2.2%	-	0.0%		13,599	3.1%	3,375	1.7%			
TOTAL	\$ 53,302	100.0%	\$ 61,427	100.0%	\$ 4	443,060	100.0%	\$ 204,308	100.0%			

ECTOR COUNTY HOSPITAL DISTRICT FAMILY HEALTH CLINIC JBS JUNE 2022

REVENUE BY PAYOR

		CURRENT I	NONTH			YEAR TO DATE				
	CURRENT Y	'EAR		PRIOR YE	AR	CURRENT	YEAR	PRIOR YEAR		
	GROSS		GF	ROSS		GROSS		GROSS		
	REVENUE	%	REV	'ENUE	%	REVENUE	%	REVENUE	%	
Medicare	\$ -	0.0%	\$	-	0.0%	\$ (808)	0.0%	\$ -	0.0%	
Medicaid	122,108	64.6%	\$	-	0.0%	1,324,366	61.0%	-	0.0%	
PHC	-	0.0%	\$	-	0.0%	-	0.0%	-	0.0%	
Commercial	61,214	32.4%	\$	-	0.0%	777,597	35.8%	-	0.0%	
Self Pay	2,959	1.6%	\$	-	0.0%	49,187	2.3%	-	0.0%	
Other	2,600	1.4%	\$	-	0.0%	20,538	0.9%	-	0.0%	
TOTAL	\$ 188,881	100.0%	\$	•	0.0%	\$ 2,170,880	100.0%	\$-	0.0%	

PAYMENTS BY PAYOR

		CURRENT M	IONTH		YEAR TO DATE					
	CURRENT	YEAR	PRIOR YE	AR	CURRENT	YEAR	PRIOR YE	AR		
	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%	PAYMENTS	%		
Medicare	\$ -	0.0%	\$-	0.0%	\$-	0.0%	\$-	0.0%		
Medicaid	207,951	83.4%	-	0.0%	585,973	58.7%	-	0.0%		
PHC	-	0.0%	-	0.0%	-	0.0%	-	0.0%		
Commercial	34,930	14.0%	-	0.0%	351,337	35.2%	-	0.0%		
Self Pay	4,399	1.8%	-	0.0%	53,812	5.4%	-	0.0%		
Other	2,082	0.8%	-	0.0%	6,716	0.7%	-	0.0%		
TOTAL	\$ 249,362	100.0%	\$-	0.0%	\$ 997,839	100.0%	\$-	0.0%		

ECTOR COUNTY HOSPITAL DISTRICT STATEMENT OF CASH FLOW JUNE 2022

		Hospital	ProCare	TraumaCare	Blended
Cash Flows from Operating Activities and Nonoperating Revenue: Excess of Revenue over Expenses	\$	(11,166,196)	_	(5,345) \$	(11,171,541)
Noncash Expenses:	Ψ	(11,100,190)	-	(0,0 4 0) ψ	(11,171,341)
Depreciation and Amortization		13,705,968	12,727	-	13,718,695
Unrealized Gain/Loss on Investments		(2,528,074)	-	-	(2,528,074)
Accretion (Bonds) & COVID Funding		(501,998)	-	-	(501,998)
Changes in Assets and Liabilities					
Patient Receivables, Net		4,889,576	(1,459,495)	(19,708)	3,410,373
Taxes Receivable/Deferred Inventories, Prepaids and Other		3,759,270 (173,125)	(20,815) 63,450	- (16,874)	3,738,455 (126,549)
Accounts Payable		(173,125) 11,882,974	722,151	(16,874) (259,248)	(126,549) 12,345,877
Accrued Expenses		2,385,946	682,556	282,767	3,351,269
Due to Third Party Payors		(10,772,711)	-	-	(10,772,711)
Accrued Post Retirement Benefit Costs		(10,793,734)	-	-	(10,793,734)
Net Cash Provided by Operating Activities	\$	687,895	575	(18,408) \$	670,062
Cash Flows from Investing Activities:					
Investments	\$	(2,950,458)	-	- \$	(2,950,458)
Acquisition of Property and Equipment		(8,661,527)	-	-	(8,661,527)
Net Cash used by Investing Activities	\$	(11,611,985)	-	- \$	(11,611,985)
Cash Flows from Financing Activities:					
Current Portion Debt	\$	(279,328)	-	- \$	(279,328)
Net Repayment of Long-term Debt/Bond Issuance		(536,010)	-	-	(536,010)
Net Cash used by Financing Activities		(815,338)	-	-	(815,338)
Net Increase (Decrease) in Cash		(11,739,428)	575	(18,408)	(11,757,261)
Beginning Cash & Cash Equivalents @ 9/30/2021		61,692,933	4,500	-	61,697,433
Ending Cash & Cash Equivalents @ 6/30/2022	\$	49,953,505 \$	5,075	\$ (18,408) \$	49,940,172
Balance Sheet Cash and Cash Equivalents	\$	19,047,284	5,075	(18,408) \$	19,033,952
Restricted Assets	Ψ	30,906,220		(10, 1 00) φ -	30,906,220
Ending Cash & Cash Equivalents @ 6/30/2022		49,953,505	5,075	(18,408) \$	

ECTOR COUNTY HOSPITAL DISTRICT TAX COLLECTIONS

FISCAL 2022

	ACTUAL LLECTIONS	UDGETED	 /ARIANCE	 RIOR YEAR	 /ARIANCE
AD VALOREM OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH APRIL MAY JUNE	\$ 215,347 1,231,030 6,614,568 5,169,442 6,692,218 2,057,908 426,742 406,640 239,780	\$ 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187 1,918,187	\$ (1,702,840) (687,157) 4,696,381 3,251,255 4,774,031 139,721 (1,491,445) (1,511,547) (1,678,407)	\$ 251,630 1,075,295 6,840,747 7,131,638 4,756,484 2,415,426 464,788 239,559 322,185	\$ (36,283) 155,735 (226,179) (1,962,196) 1,935,735 (357,517) (38,046) 167,082 (82,405)
TOTAL	\$ 239,780	\$ 17,263,683	\$ 5,789,993	\$ 23,497,750	\$ (444,075)
SALES OCTOBER NOVEMBER DECEMBER JANUARY FEBRUARY MARCH APRIL MAY JUNE SUB TOTAL ACCRUAL TOTAL	\$ 3,421,981 3,326,676 4,147,133 3,621,391 4,399,256 4,537,253 4,669,784 4,733,959 4,218,782 37,076,213 1,658,944 38,735,157	\$ 3,511,415 3,556,241 3,557,673 3,414,673 3,907,638 3,299,902 3,195,073 3,761,529 3,155,797 31,359,941 - 31,359,941	\$ (89,434) (229,565) 589,460 206,718 491,618 1,237,351 1,474,711 972,430 1,062,985 5,716,272 1,658,944 7,375,216	\$ 2,929,377 3,099,131 2,855,097 2,796,371 4,354,021 2,721,819 2,650,606 3,668,808 3,276,521 28,351,750 - 28,351,750	\$ 492,604 227,545 1,292,036 825,019 45,235 1,815,434 2,019,178 1,065,151 942,261 8,724,463 1,658,944 10,383,407
TAX REVENUE	\$ 61,788,833	\$ 48,623,624	\$ 13,165,209	\$ 51,849,501	\$ 9,939,332

ECTOR COUNTY HOSPITAL DISTRICT MEDICAID SUPPLEMENTAL PAYMENTS FISCAL YEAR 2022

CASH ACTIVITY		TAX (IGT) ASSESSED	G	OVERNMENT PAYOUT	BURDEN ALLEVIATION	N	ET INFLOW
DSH							
1st Qtr	\$	(1,848,293)	\$	5,600,889		\$	3,752,596
2nd Qtr		(1,571,837)		4,763,143			3,191,306
3rd Qtr		-		-			-
4th Qtr	\$	-	^	-		<u>_</u>	-
DSH TOTAL	\$	(3,420,130)	\$	10,364,032		\$	6,943,902
UC							
1st Qtr	\$	(4,129,344)	\$	12,908,233			8,778,889
2nd Qtr		(6,170,974)		18,699,982			12,529,008
3rd Qtr		-		-			-
4th Qtr		-		-			-
UC TOTAL	\$	(10,300,318)	\$	31,608,215		\$	21,307,897
DSRIP							
1st Qtr	\$	-	\$	-		\$	-
2nd Qtr		(64,999)		129,998			64,999
3rd Qtr		-		-			-
4th Qtr		-	<u> </u>	-			-
DSRIP UPL TOTAL	\$	(64,999)	\$	129,998		\$	64,999
UHRIP							
1st Qtr	\$	-	\$	-		\$	-
2nd Qtr		-		-			-
3rd Qtr		-		-			-
4th Qtr		-		-			-
UHRIP TOTAL	\$	-	\$	-		\$	-
GME							
1st Qtr	\$	-	\$	-		\$	-
2nd Qtr		(222,893)		675,433			452,540
3rd .		-		-			-
4th Qtr		-		-			-
GME TOTAL	\$	(222,893)	\$	675,433		\$	452,540
CHIRP							
1st Qtr	\$	-	\$	-		\$	-
2nd Qtr		-		-			-
3rd .		(3,231,090)		-			(3,231,090)
4th Qtr CHIRP TOTAL	\$	- (3,231,090)	\$			\$	- (3,231,090)
	Ψ	(0,201,000)	Ψ			Ψ	(0,201,000)
MCH Cash Activity	\$	(17,239,430)	\$	42,777,678		\$	25,538,248
ProCare Cash Activity	\$	-	\$	-	\$-	\$	-
	\$	(17,239,430)	\$	42,777,678	\$ -	\$	25,538,248

INCOME STATEMENT ACTIVITY:	BLENDED
FY 2022 Accrued / (Deferred) Adjustments:	
DSH Accrual	\$ 9,585,585
Uncompensated Care Accrual	9,771,500
URIP	-
GME	647,402
CHIRP	(3,969,842)
Regional UPL Benefit	 -
Medicaid Supplemental Payments	16,034,646
DSRIP Accrual	9,286,088
Total Adjustments	\$ 25,320,734

ECTOR COUNTY HOSPITAL DISTRICT SCHEDULE OF CASH AND INVESTMENTS - HOSPITAL ONLY JUNE 2022

Cash and Cash Equivalents	Frost	Hilltop	Hilltop		
Operating	\$ 18,332,388	\$-	\$	18,332,388	
Mission Fitness	339,654	-		339,654	
Petty Cash	8,700	-		8,700	
Dispro	-	70,629		70,629	
General Liability	-	27,146		27,146	
Professional Liability	-	27,835		27,835	
Funded Worker's Compensation	-	100,586		100,586	
Funded Depreciation	-	38,687		38,687	
Designated Funds		101,659		101,659	
Total Cash and Cash Equivalents	\$ 18,680,742	\$ 366,543	\$	19,047,284	

Investments		<u>Other</u>		<u>Hilltop</u>		<u>Total</u>
Dispro	\$	-	\$	5,350,000	\$	5,350,000
Funded Depreciation		-		35,086,000		35,086,000
Funded Worker's Compensation		-		2,200,000		2,200,000
General Liability		-		3,000,000		3,000,000
Professional Liability		-		3,100,000		3,100,000
Designated Funds		133,165		23,200,000		23,333,165
Allowance for Change in Market Values		<u> </u>		(2,660,933)		(2,660,933)
Total Investments	\$	133,165	\$	69,275,067	\$	69,408,232
Total Unrestricted Cash and Investments					\$	88,455,516
Restricted Assets	<u>F</u>	Reserves		Prosperity		<u>Total</u>
Assets Held By Trustee - Bond Reserves	\$	4,896	\$	-	\$	4,896
Assets Held In Endowment-Board Designated	Ŧ	-	Ŧ	6,146,690	Ŧ	6,146,690
Advanced Medicare Payment	2	0,966,224		-		20,966,224
Restricted TPC, LLC-Equity Stake		1,443,525		-		1,443,525
Restricted MCH West Texas Services-Equity Stake		2,344,886		-		2,344,886
Total Restricted Assets	\$2	4,759,530	\$	6,146,690	\$	30,906,220

Total Cash & Investments

\$ 119,361,736

ECTOR COUNTY HOSPITAL DISTRICT CAPITAL PROJECT & EQUIPMENT EXPENDITURES JUNE 2022

	ITEM	CLASS	BOOKED AMOUNT		
RANSFERRED FROM CONSTRUCTIO	N IN PROGRESS/RENOVATION PROJECTS				
None			\$	-	
	TOTAL PROJECT TRANSFERS		\$		
QUIPMENT PURCHASES			¢	-	
None			\$	-	
	TOTAL EQUIPMENT PURCHASES		\$		
TOTAL T	RANSFERS FROM CIP/EQUIPMENT PURCHASES		\$	-	

ECTOR COUNTY HOSPITAL DISTRICT FISCAL 2022 CAPITAL EQUIPMENT CONTINGENCY FUND JUNE 2022

Month/ Year	DESCRIPTION	DEPT NUMBER	BUDGETED AMOUNT	P.O AMOUNT	ACTUAL AMOUNT	TO/(FROM) CONTINGENCY
	Available funds from budget	70.40	\$ 600,000	\$-	\$ - 46.000	\$ 600,000
Oct-21 Oct-21	ThinPrep 2000 Processor Convection Steamer	7040 8020			46,000 8,570	(46,000) (8,570)
Oct-21 Oct-21	Roll Around Monitor Replacement Wall Monitor	8420 7300	-		5,094 4,916	(5,094)
Oct-21 Oct-21	Reach In Freezer	8020	-	-	3,815	(4,916) (3,815)
Oct-21 Oct-21	Surgical Instruments Surgical Instruments	6620 6620	-	-	16,940 16,940	(16,940) (16,940)
Oct-21	Surgical Instruments	6620	-	-	16,940	(16,940)
Oct-21 Oct-21	Surgical Instruments	6620 6620	-		16,940 9,720	(16,940)
Oct-21 Oct-21	Surgical Instruments Olympic Brain Monitor	6550	-	-	23,186	(9,720) (23,186)
Nov-21 Nov-21	Four Stack Gym 5 Stations Dishwasher Flight Type	7430 8020	-	-	12,622 94,698	(12,622) (94,698)
Nov-21	Jaco Carts	9100			24,955	(24,955)
Nov-21 Nov-21	Bar Code Scanners Kangaroo ePump	6790 6760			16,137 6,875	(16,137) (6,875)
Dec-21	CHW Flooring	7480	60,000		62,519	(2,519)
Dec-21 Dec-21	Stretchers Iris Camera Kit	6850 6550	-		309,396 44,025	(309,396) (44,025)
Dec-21 Dec-21	Refrigerator	7050	-	-	4,725	(44,025) (4,725)
Dec-21 Dec-21	Clinical System Latitude 5320	7060 7070	-	-	228,649 4,377	(228,649) (4,377)
Dec-21 Dec-21	Pharmacy Refrigerator	7050	-	-	15,140	(15,140)
Dec-21 Jan-22	Clickline Surgical Instruments	6620 8410	- 45,000	-	16,940 23,505	(16,940)
Jan-22	Badge Access Upgrade Pyxis Anesthesia System	7330			38,440	21,495 (38,440)
Jan-22 Jan-22	Prime Transport Chair Convection Oven	6090 8020	-	-	2,784 20.413	(2,784) (20,413)
Jan-22	Kinevo 90	6620			567,820	(567,820)
Jan-22 Jan-22	CareAware MDI Digital Front Door Solution	7060 9100	-	-	6,000 110.325	(6,000)
Jan-22	Film Array Torch Module Box	7060			49,500	(110,325) (49,500)
Jan-22 Jan-22	Neo Blue Units Fiber Optic Cables	6170 9100	-	-	22,799 13,715	(22,799)
Jan-22 Jan-22	Tims 2000	7260	21,495		21,495	(13,715)
Feb-22 Feb-22	XN-9100 Hematology Analyzer	7050	-	-	431,537 15,895	(431,537)
Feb-22 Feb-22	UPS Battery Replacement Axon Body 3	9100 8380	-	-	45,279	(15,895) (45,279)
Feb-22	Outreach Devices/Software	9100	7,727	-	7,727	-
Feb-22 Feb-22	Blood Pressure Monitor Convection Oven	7430 8020	- 47,106		4,767 47,106	(4,767)
Mar-22	Mac Lab	7220	-	-	271,204	(271,204)
Mar-22 Mar-22	Fire Alarm Upgrade CareAware	8200 7060	-		149,750 4,500	(149,750) (4,500)
Mar-22	Rolling Monitors	7310	10,333	-	10,218	115
Mar-22 Mar-22	Carto 3 System CVSM 6800 Blood Pressure Machine	7220 6300	- 8,182		358,000 8,182	(358,000)
Mar-22	IV Poles	7440	-	-	3,319	(3,319)
Apr-22 Apr-22	Roche Cobas Liat PCR System Mobile Dart Evolution	7140 7260	- 113,500	-	25,124 113,500	(25,124)
Apr-22	Galaxy 5 Table	7480	-	-	5,873	(5,873)
Apr-22 Apr-22	Medrad Stellant Flex Injection System Medrad Stellant Flex Injection System	7230 7270	47,950 14,510	-	47,950 14,510	
Apr-22	Medrad Stellant Flex Injection System	8420	14,510	-	14,510	
Apr-22 Apr-22	Hydrocollator Heating Units Pigg-O-Stat Positioner	7430 7260	- 5.450	-	2,238 5,450	(2,238)
Apr-22	Task Stool	7440	2,984	-	2,984	
Apr-22 Apr-22	Ortho/Cast Cart Optim Entity XL Nasopharyngoscope	7270 7390	- 8,575		6,019 5,955	(6,019) 2.620
Apr-22	Vein Visualization System	7440	3,958	-	5,645	(1,687)
Apr-22 Apr-22	Microscope Visipitch Speech Lab Software	7060 7390	14,072 6,250	-	14,072 6,250	:
Apr-22	Microscope	7060	17,938	-	17,938	
Apr-22 Apr-22	Innowave Pro Sonic 50 Dell Monitors	6790 9100	- 11,500	-	140,589 11,500	(140,589)
Apr-22	Vital Signs Machines	6190	35,105	-	35,105	1
Apr-22 Apr-22	EZ Front Protection Aprons Portable Rhinolaryngoscope	7260 9300	3,051 15,650	-	3,051 15,652	(2)
Apr-22	Temporary Pacemaker	6310	19,609	-	19,609	-
Apr-22 Apr-22	Stealth Station Surgical Navigation System Sleep Study Modules	6620 7420	452,794	-	452,794 8,400	(8,400)
Apr-22	Standard Chair w/Oxygen Tank Holder	6850	-	-	12,646	(12,646)
May-22 May-22	IC200 Tonometer Carto 3 System	6850 7220	4,740	-	4,740 139.941	- (139,941)
May-22	Treadmills	9310	41,090	-	41,090	(100,041)
May-22 May-22	Guest Chairs Thin Pro	6850 9100	30,661 28.650		30,661 28,650	:
May-22	Vein Visualization System	6150	15,696	-	15,696	-
May-22 May-22	Renasys Touch Pump Ferromagnetic Portal Detector	7460 7270	151,800 25,913		151,800 25,913	
May-22	OBM Kit	6550	37,446	-	23,186	- 14,261
May-22 May-22	Venue R3 Ultrasound Unit Clarity RM Console	6850 6310	55,843 82,000	-	55,843 91,184	- (9,184)
May-22	Neoprobe Console	6620	81,720	-	81,720	-
May-22 May-22	Scout Console & Guide ACIST CVI	6620 7220	62,495 105,000		- 105,000	62,495
May-22	SPI 3 Upgrade	6620	-	-	28,026	(28,026)
May-22 Jun-22	Bariatric Pool Lift Water Chiller Epoxy Coating	7480 8200	18,772 29,055		18,772 29.055	-
Jun-22	Heated Cabinet and Refrigerator	8020	-	-	31,414	(31,414)
Jun-22 Jun-22	Chairs Doctor's View Station	7230 6850	4,381		4,381 15,470	0 (15,470)
Jun-22	Range	8020	12,768	-	11,920	(13,470) 848
Jun-22 Jun-22	RS85 Prestige Ultrasound Clarity RM Console	7240 6330	130,567 82,000		130,567 91,184	0 (9,184)
Jun-22	Scrubbers/Burnisher	8270	65,645	-	65,645	(9,184)
Jun-22 Jun-22	Clinical Imaging Access Sharp NEC Display	9100 9100	91,000	-	91,000 8,728	(8,728)
Jun-22	Dell Monitors	9100	11,500		11,500	(0,726)
Jun-22	Ryzen Thin Pro Blood Pressure Monitor	9100 6950	28,650 4,487	-	28,650	-
Jun-22 Jun-22	Blood Pressure Monitor Blood Pressure Monitor	6950 6950	4,487 4,487	-	4,487 4,487	(0) (0)
Jun-22	Blood Pressure Monitor	6960	4,487	-	4,487	(0)
Jun-22 Jun-22	Piccolo Lab Chemistry Analyzer Electric Food Cutter	7030 8020	- 7,543	-	15,634 7,543	(15,634)
Jun-22	Hana Table	6620	-	-	16,080	(16,080)
Jun-22 Jun-22	Cables Data Cabling	9100 9100	635 12,386	-	635 12,386	-
Jun-22	Mayfield Ultra Base Unit	6620	-	-	11,610	(11,610)
Jun-22 Jun-22	Aruba Network Switches CHW Pool Re-plaster	9100 8200	- 150,000	-	6,151 85,488	(6,151) 64,512
			\$ 2,968,666	<u>\$</u> -	\$ 5,762,487	\$ (2,793,821)

ECTOR COUNTY HOSPITAL DISTRICT SUPPLEMENTAL SCHEDULE OF ACCOUNTS RECEIVABLE - OTHER JUNE 2022

		PRIOR YEAR						CURRENT
		CURRENT YEAR		IOSPITAL Audited		O CARE		YEAR CHANGE
AR DISPRO/UPL	\$	2,641,683	\$	-	\$	-	\$	2,641,683
AR UNCOMPENSATED CARE		(2,814,287)		8,778,889		-		(11,593,176)
AR DSRIP	9,221,089		0		-			9,221,089
AR CHIRP	1,938,508			2,677,259		-		(738,752)
AR UHRIP		-		-		-		-
AR GME		194,862		-		-		194,862
AR PHYSICIAN GUARANTEES		580,138		518,647		-		61,491
AR ACCRUED INTEREST		99,713		5,863		-		93,850
AR OTHER:		1,073,206		(1,663,343)		36,244		2,700,305
Procare On-Call Fees		-		-		6,846		(6,846)
Procare A/R - FHC		-		-		-		-
Other Misc A/R		1,073,206		(1,663,343)		29,398		2,707,151
AR DUE FROM THIRD PARTY PAYOR		2,893,766		5,353,086		-		(2,459,320)
TOTAL ACCOUNTS RECEIVABLE - OTHER	\$	15,730,741	\$	15,670,402	\$	36,244	\$	24,095

ECTOR COUNTY HOSPITAL DISTRICT SUPPLEMENTAL SCHEDULE OF HOSPITAL TEMPORARY LABOR FTE'S JUNE 2022

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		CUR	RENT MO	NTH		YEAR TO DATE					
TEMPORARY LABOR			BUDGET		PRIOR			BUDGET		PRIOR	
DEPARTMENT	ACTUAL	BUDGET	VAR	PRIOR YR	YR VAR	ACTUAL	BUDGET	VAR	PRIOR YR	YR VAR	
Cardiopulmonary	17.2	12.4	39.0%	13.9	23.9%	14.6	11.8	23.9%	6.5	126.2%	
Intensive Care Unit (CCU) 4	3.9	7.3	-46.8%	6.6	-40.9%	13.5	7.0	93.5%	7.5	81.1%	
Intensive Care Unit (ICU) 2	3.8	5.7	-33.7%	3.8	-1.1%	11.4	5.4	112.4%	3.2	261.2%	
3 West Observation	6.9	2.3	205.3%	0.4	1550.9%	7.4	2.2	231.2%	0.1	9280.1%	
Operating Room	5.9	2.7	117.7%	1.8	220.5%	6.4	2.6	143.5%	2.1	210.7%	
4 Central	3.5	0.8	325.8%	1.6	125.5%	6.1	0.8	676.5%	1.3	384.1%	
6 Central	2.0	1.6	25.2%	1.3	53.0%	5.4	1.6	244.5%	0.9	483.8%	
Emergency Department	4.5	-	0.0%	0.1	2962.5%	5.2	-	0.0%	0.0	32329.1%	
7 Central	3.9	2.0	94.5%	2.5	54.2%	4.6	1.9	138.2%	1.3	259.0%	
8 Central	3.6	0.9	302.8%	0.7	426.9%	4.5	0.8	431.6%	1.5	203.9%	
5 Central	2.6	2.7	-4.7%	3.3	-23.1%	4.3	2.5	66.8%	2.4	79.0%	
9 Central	1.7	-	0.0%	2.0	-14.4%	3.5	2.8	24.4%	1.3	158.1%	
Imaging - Diagnostics	2.7	2.0	35.2%	1.2	122.6%	2.0	1.9	4.2%	1.0	101.6%	
Labor & Delivery	2.3	0.4	454.0%	-	0.0%	2.0	0.4	397.4%	1.2	57.1%	
Imaging - Ultrasound	2.4	0.5	368.4%	-	0.0%	1.4	0.5	184.9%	-	0.0%	
Recovery Room	2.8	-	0.0%	-	0.0%	1.4	-	0.0%	-	0.0%	
6 West	-	0.3	-100.0%	0.3	-100.0%	1.1	0.3	326.3%	0.2	536.5%	
2 Central	-	-	0.0%	-	0.0%	1.0	-	0.0%	0.7	39.6%	
NURSING ORIENTATION	-	-	0.0%	0.2	-100.0%	0.8	-	0.0%	0.3	175.6%	
4 EAST	2.7	-	0.0%	-	0.0%	0.8	-	0.0%	-	0.0%	
Imaging - MRI	-	0.5	-100.0%	-	0.0%	0.7	0.5	43.6%	-	0.0%	
Care Management	-	-	0.0%	-	0.0%	0.6	-	0.0%	-	0.0%	
CHW - Sports Medicine	1.2	-	0.0%	-	0.0%	0.4	-	0.0%	-	0.0%	
Imaging - Special Procedures	0.8	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%	
PM&R - Physical	0.3	-	0.0%	-	0.0%	0.3	-	0.0%	-	0.0%	
Laboratory - Chemistry	2.6	3.7	-28.1%	-	0.0%	0.3	3.5	-91.8%	-	0.0%	
Sterile Processing	-	-	0.0%	-	0.0%	0.2	-	0.0%	-	0.0%	
Human Resources	-	-	0.0%	0.2	-100.0%	0.1	-	0.0%	0.1	77.8%	
Imaging - CVI	-	0.5	-100.0%	-	0.0%	0.1	0.5	-89.6%	-	0.0%	
5 West	-	-	0.0%	-	0.0%	0.0	-	0.0%	0.0	294.2%	
Cath Lab	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%	
Disaster & Emergency Operations	-	-	0.0%	-	0.0%	-	-	0.0%	0.2	-100.0%	
SUBTOTAL	78.2	46.3	69.0%	40.1	94.9%	100.4	47.0	113.4%	31.8	215.2%	
					_						
TRANSITION LABOR	— , -								o –		
Laboratory - Chemistry	1.2	-	0.0%	3.8	-68.6%	2.7	-	0.0%	3.7	-27.0%	
SUBTOTAL	1.2	-	0.0%	3.8	-68.6%	2.7	-	0.0%	3.7	-27.0%	
GRAND TOTAL	79.4	46.3	71.6%	43.9	80.7%	103.1	47.0	119.1%	35.6	189.9%	

ECTOR COUNTY HOSPITAL DISTRICT SUPPLEMENTAL SCHEDULE OF TEMPORARY LABOR, TRANSITION LABOR & PURCHASED SERVICES - HOSPITAL ONLY JUNE 2022

	CURRENT MONTH					YEAR TO DATE						
		BUDGET	\$ VAR		PRIOR YR	% VAR	ACTUAL	BUDGET	\$ VAR		PRIOR YR	% VAR
ICU2 TEMPORARY LABOR	\$ 127,227 \$	108,375 \$	18,852	17.4% \$	80,807	57.4%	\$ 3,711,829 \$		\$ 2,773,876	295.7% \$	657,919	464.2%
ICU4 TEMPORARY LABOR ED TEMPORARY LABOR	155,664 154 639 47	140,444	15,220 154,639	10.8% 100.0%	149,989 3,246	3.8% 4663.9%	3,550,553 1,690,016.86	1,215,309	2,335,244 1,690,017	192.2% 100.0%	1,500,544 3,246	136.6% 51963.0%
TEMPORARY LABOR	231,003.40	33.411	197,592	591.4%	7.854	2841.1%	1.921.293.17	298.944	1.622.349	542.7%	12.877	14819.8%
IMCU4 TEMPORARY LABOR	94,788	15,519	79,269	510.8%	30,015	215.8%	1,617,774	134,428	1,483,346	1103.4%	197,266	720.1%
RT TEMPORARY LABOR	426,905.30	249,338	177,567	71.2%	271,345	57.3%	3,325,154.06	2,160,888	1,164,266	53.9%	1,078,510	208.3%
6C TEMPORARY LABOR 8C TEMPORARY LABOR	83,401.09 103,724	24,181 13,211	59,220 90,513	244.9% 685.1%	19,482 15,198	328.1% 582.5%	1,316,927.71 1,153,354	209,127 114,242	1,107,801 1,039,112	529.7% 909.6%	131,315 229,797	902.9% 401.9%
OR TEMPORARY LABOR	103,724	13,211	90,513 89.051	263.5%	26,218	582.5% 368.5%	1,153,354	114,242 297.035	1,039,112	330.0%	229,797	401.9%
7C TEMPORARY LABOR	123,999	35,947	88,052	245.0%	47,926	158.7%	1,221,929	311,085	910,844	292.8%	202,840	502.4%
L & D TEMPORARY LABOR	49,963	6,148	43,815	712.7%	-	100.0%	559,774	53,058	506,716	955.0%	182,042	207.5%
TEMPORARY LABOR	- 36.014	-	- 36.014	100.0% 100.0%	-	100.0% -1.2%	503,793.03	-	503,793 345,947	100.0% 82.0%	140,408	258.8% 268.9%
RR TEMPORARY LABOR	36,014 66,124,03		36,014 66,124	100.0%	36,439	-1.2%	767,785 322,935,35	421,838	345,947	82.0%	208,107	268.9%
Temp Labor - Productive Salaries	-	-	-	100.0%	3,418	-100.0%	266,087.84	-	266,088	100.0%	52,935	402.7%
US TEMPORARY LABOR	56,889.01	9,375	47,514	506.8%	-	100.0%	293,722.01	83,100	210,622	253.5%	-	100.0%
ORTHO/NEURO TEMPORARY LABOR	-	4,060	(4,060)	-100.0%	6,346	-100.0%	242,394.65	35,154	207,241	589.5%	28,765	742.7%
4E TEMPORARY LABOR COMM HEALTH TEMPORARY LABOR	79,089.98	-	79,090 (4,480)	100.0% 100.0%		100.0% 100.0%	202,451.59 116,842,03		202,452 116,842	100.0% 100.0%	-	100.0% 100.0%
TEMPORARY LABOR	26,411	-	26,411	100.0%		100.0%	101,911		101,911	100.0%	-	100.0%
MRI TEMPORARY LABOR	-	8,348	(8,348)	-100.0%	-	100.0%	142,735.35	73,705	69,030	93.7%	-	100.0%
ALL OTHER	76,479	37,487	38,992	104.0%	29,822	156.4%	446,475	331,450	115,025	34.7%	223,916	99.4%
TOTAL TEMPORARY LABOR	\$ 2,141,866 \$	785,026 \$	1,356,840	172.8% \$	774,874	176.4%	\$ 25,689,976 \$	7,246,425	\$ 18,443,551	254.5% \$	5,480,559	368.7%
CHEM TRANSITION LABOR	\$ 8,388 \$	- \$	8,388	100.0% \$	50,119	-83.3%	\$ 217,796 \$		\$ 217,796	100.0% \$	296,398	-26.5%
ALL OTHER	-		-	100.0%	-	100.0%	-	-	-	100.0%		100.0%
TOTAL TRANSITION LABOR	\$ 8,388 \$	- \$	8,388	0% \$	50,119	-83.3%	\$ 217,796 \$	-	\$ 217,796	0.0% \$	296,398	-26.5%
GRAND TOTAL TEMPORARY LABOR	\$ 2,150,254 \$	785,026 \$	1,365,228	173.9% \$	824,993	160.6%	\$ 25,907,772 \$	7,246,425	\$ 18,661,347	257.5% \$	5,776,957	348.5%
OTHER PURCH SVCS	\$ (353.831) \$	53.134 \$	(406.965)	-765.9% \$	3.333	-10717.6%	\$ 1.199.147 \$	478.206	\$ 720.941	150.8% \$	465.930	157.4%
ADM CONTRACT STRYKER	192.859	11.407	181.452	1590.7%	45.832	320.8%	718.892.72	102.663	616,230	600.2%	159.132	351.8%
CONSULTANT FEES	69.941	8,053	61,888	768.5%	26,337	165.6%	547,859.33	72,477	475,382	655.9%	176,637	210.2%
FIN ACCT COST REPORT/CONSULTANT FEES	61,881	3 674	58 207	1584.3%	1,077	5646.4%	408 502 11	33,066	375 436	1135.4%	31,170	1210.6%
UC-WEST CLINIC - PURCH SVCS-OTHER	51,443	25,063	26,380	105.3%	31,887	61.3%	518,133	225,567	292,566	129.7%	241,177	114.8%
CREDIT CARD FEES	167.367	33 898	133 469	393.7%	37,030	352.0%	537,774	305.082	232,692	76.3%	279 298	92.5%
UC-CPC JBS PARKWAY PURCH SVCS-OTHER	63 132	45.006	18 126	40.3%	52 846	19.5%	624,204	405 054	219 150	54.1%	449 417	38.9%
DIET OTHER PURCH SVCS	45.394	16.021	29,373	183.3%	26,593	70.7%	296.623.35	144,189	152,434	105.7%	162,536	82.5%
ADM PHYS RECRUITMENT	15,798	15,883	(85)	-0.5%	54,677	-71.1%	292,460.19	142,947	149,513	104.6%	239,516	22.1%
HK SVC CONTRACT PURCH SVC	117,028	81,855	35,173	43.0%	80,483	45.4%	868,492	736,695	131,797	17.9%	673,548	28.9%
HISTOLOGY SERVICES	62,112	25,732	36,380	141.4%	30,478	103.8%	357,266	231,588	125,678	54.3%	243,755	46.6%
ADMIN OTHER FEES	4,290	12,019	(7,729)	-64.3%	7,474	-42.6%	221,745.54	108,171	113,575	105.0%	120,772	83.6%
PI FEES (TRANSITION NURSE PROGRAM)	52,316	48,121	4,195	8.7%	12,768	309.7%	529,533.09	433,089	96,444	22.3%	148,713	256.1%
FHC PHC OTHER PURCH SVCS	5,835	-	5,835	100.0%	11,750	-50.3%	93,405.69	-	93,406	100.0%	60,344	54.8%
FA EXTERNAL AUDIT FEES	10,750	16,246	(5,496)	-33.8%	-	100.0%	214,770.00	146,214	68,556	46.9%	175,243	22.6%
4E OTHER PURCH SVCS	39,599	10,079	29,520	292.9%	4,750	733.7%	156,398.97	90,711	65,688	72.4%	81,024	93.0%
SERV EXC SURVEY SERVICES	17,891	12,618	5,273	41.8%	9,333	91.7%	176,404.48	113,562	62,842	55.3%	165,326	6.7%
ENGINEERING OTHER PURCH SVCS	16,925	9,353	7,572	81.0%	12,875	31.5%	138,534.06	84,177	54,357	64.6%	88,362	56.8%
ADM APPRAISAL DIST FEE	79,151	26,061	53,090	203.7%	26,648	197.0%	286,843	234,549	52,294	22.3%	240,978	19.0%
AMBULANCE FEES	15,924	9,804	6,120	62.4%	1,800	784.6%	130,879.14	88,236	42,643	48.3%	39,951	227.6%
NSG OTHER PURCH SVCS	4,607	5,304	(697)	-13.1%	5,596	-17.7%	89,343.33	47,736	41,607	87.2%	46,859	90.7%
OBLD OTHER PURCH SVCS	18,560	15,825	2,735	17.3%	19,270	-3.7%	176,409	142,425	33,984	23.9%	160,982	9.6%
LAB ADMIN OTHER PURCH SVCS	4,080	5,186	(1,106)	-21.3%	5,355	-23.8%	73,879.58	46,674	27,206	58.3%	53,705	37.6%
HIM CODING SERVICES	11,165	9,759	1,406	14.4%	37,861	-70.5%	112,650.86	87,831	24,820	28.3%	268,343	-58.0%
CVS CONTRACT PURCH SVC	4,702	7,027	(2,325)	-33.1%	11,308	-58.4%	77,247.24	63,243	14,004	22.1%	73,660	4.9%
PH CONTRACT PURCH SVC	11,888	6,542	5,346	81.7%	7,065	68.3%	70,751.62	58,878	11,874	20.2%	74,267	-4.7%
340B CONTRACT PURCH SVC	5,516	6,341	(825)	-13.0%	4,822	14.4%	66,859.97	57,069	9,791	17.2%	41,420	61.4%
TS OTHER PURCH SVCS	11,568	8,742	2,826	32.3%	14,816	-21.9%	66,787.31	78,678	(11,891)	-15.1%	94,414	-29.3%
COMP PURCH SVCS CONTRACT	6,670	10,192	(3,522)	-34.6%	4,835	37.9%	75,659.14	91,728	(16,069)	-17.5%	52,428	44.3%
FA AUDIT FEES - INTERNAL	9,764	13,742	(3,978)	-28.9%	19,910	-51.0%	65,068.79	123,678	(58,609)	-47.4%	143,270	-54.6%
COMM REL ADVERTISMENT PURCH SVCS	17,857	28,066	(10,209)	-36.4%	13,793	29.5%	177,959	252,594	(74,635)	-29.5%	367,696	-51.6% -17.3%
ADMIN LEGAL FEES	44,611	45,954	(1,343)	-2.9%	56,115	-20.5%	310,413	413,586	(103,173)	-24.9%	375,389	
PRIMARY CARE WEST OTHER PURCH SVCS	57,769	45,750	12,019	26.3%	33,560	72.1%	346,184.05	411,750	(65,566)	-15.9%	191,894	80.4%
ADM CONSULTANT FEES	143,686	87,028	56,658	65.1%	130,292	10.3%	652,382	783,252	(130,870)	-16.7%	856,781	-23.9%
MISSION FITNESS CONTRACT PURCH SVC	56,552	69,488	(12,936)	-18.6%	57,360	-1.4%	477,320.85	614,074	(136,753)	-22.3%	554,992	-14.0%
IT INFORMATION SOLUTIONS SVCS	77,578	44,692	32,886	73.6%	38,980	99.0%	241,890	402,228	(160,338)	-39.9%	313,766	-22.9%
FHC OTHER PURCH SVCS	47,735	67,686	(19,951)	-29.5%	71,304	-33.1%	478,285	609,174	(130,889)	-21.5%	961,198	-50.2% -28.8%
PT ACCTS COLLECTION FEES	48,486	70,569	(22,083)	-31.3%	41,425	17.0%	442,956	635,121	(192,165)	-30.3%	621,963	
HR RECRUITING FEES	(942)	31,152	(32,094)	-103.0%	1,495	-163.0%	91,031	280,368	(189,337)	-67.5%	222,942	-59.2% -7.4%
DIALYSIS SERVICES	89,180	145,960	(56,780)	-38.9%	111,440	-20.0%	1,063,621.18	1,313,640	(250,019)	-19.0%	1,148,597	-7.4%
OR FEES (PERFUSION SERVICES) ALL OTHERS	35,424 3.140.653	68,819 3.066.899	(33,395) 73,754	-48.5% 2.4%	31,909 2.838.928	11.0% 10.6%	305,886 26,080,703	619,371 27,581,368	(313,485) (1.500.665)	-50.6% -5.4%	474,047 24.362.207	-35.5% 7.1%
TOTAL PURCHASED SERVICES	\$ 4,582,913 \$	4,324,750 \$	258,163	2.4% 6.0% \$	4,035,410	13.6%	\$ 40,038,686 \$		(1,500,665) \$ 1,147,977	-5.4% 3.0% \$	24,362,207 35,703,653	12.1%



Financial Presentation For the Month Ended June 30, 2022

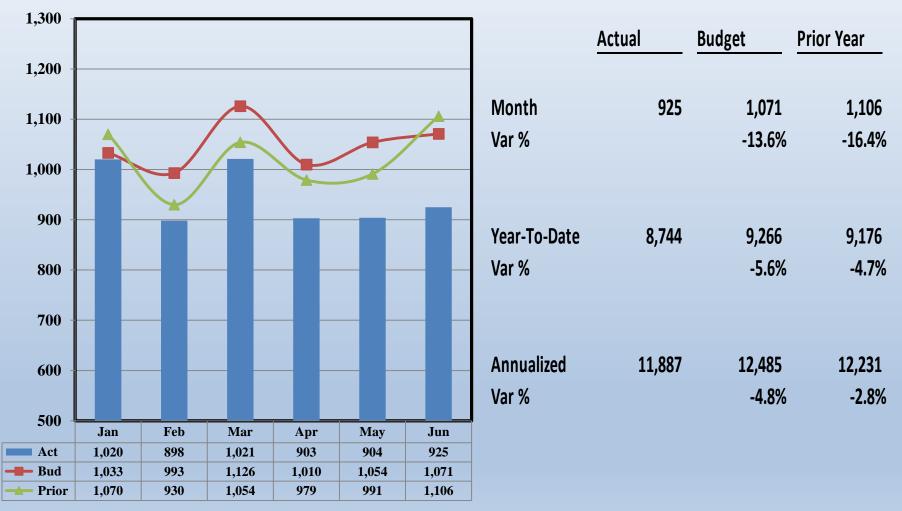
Volume

mch

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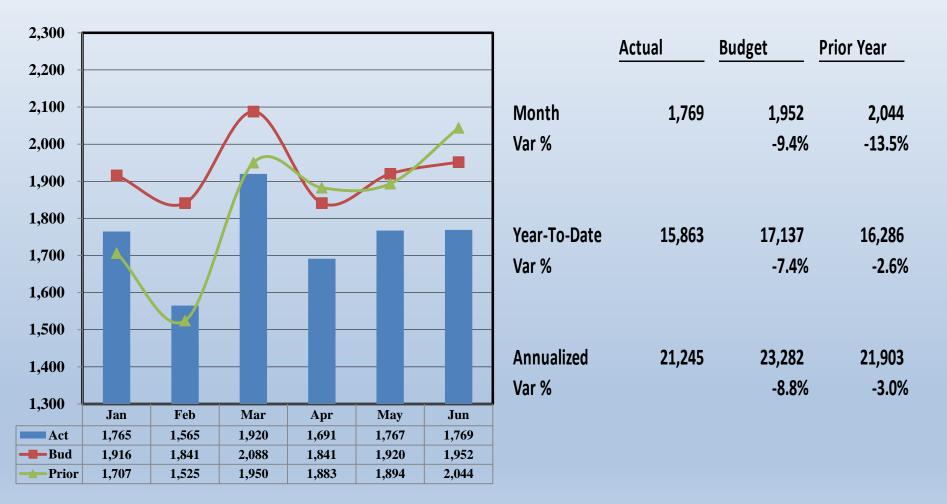


Total – Adults and NICU



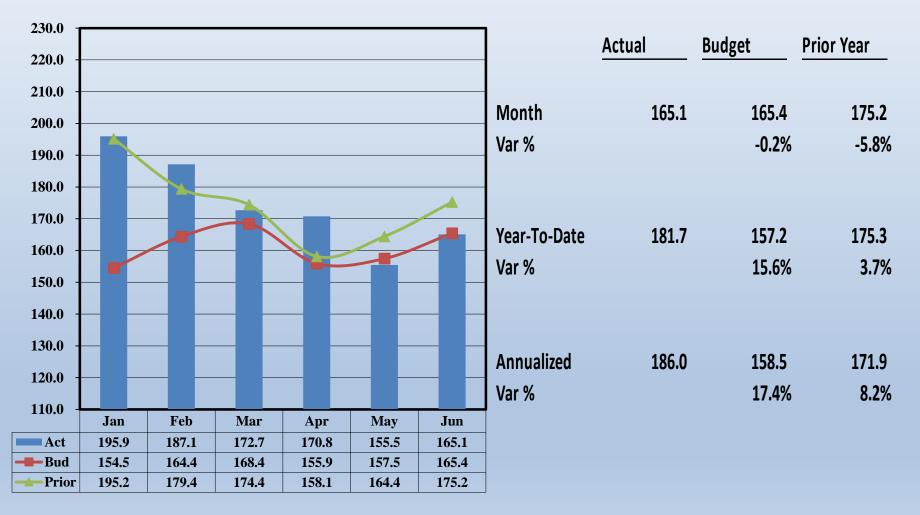






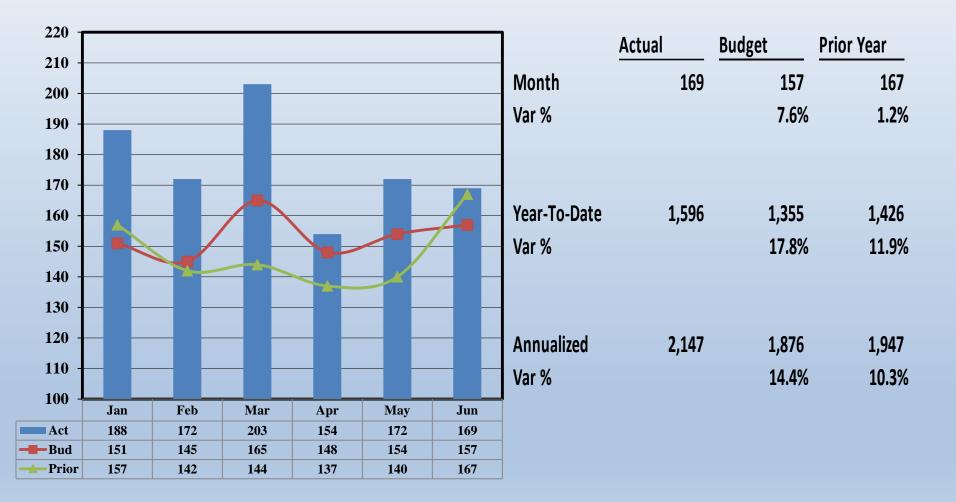


Average Daily Census



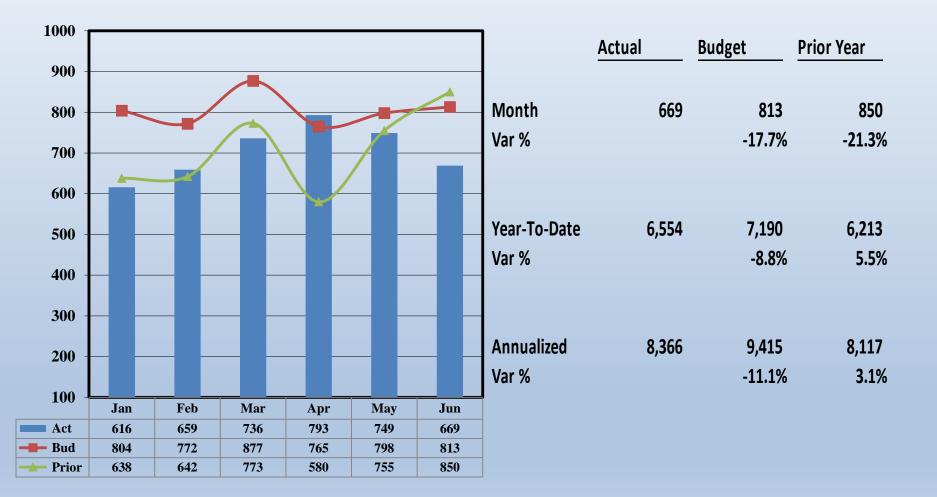






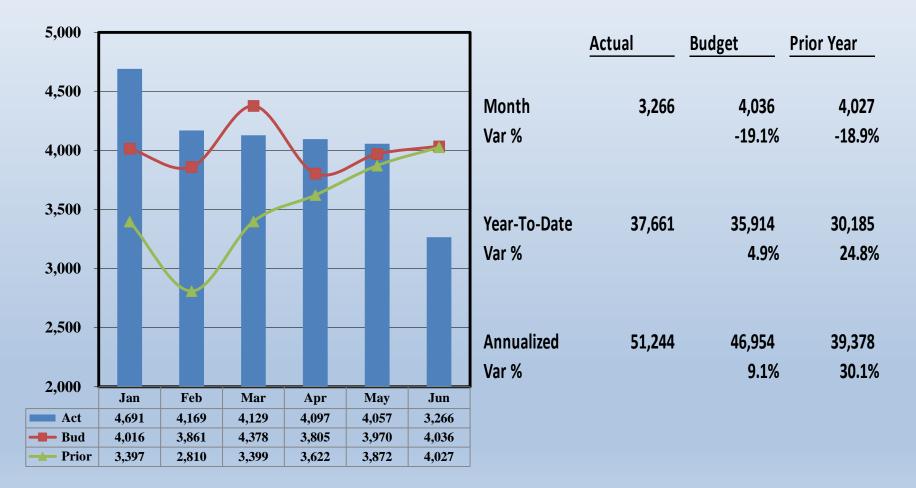


Total Surgical Cases



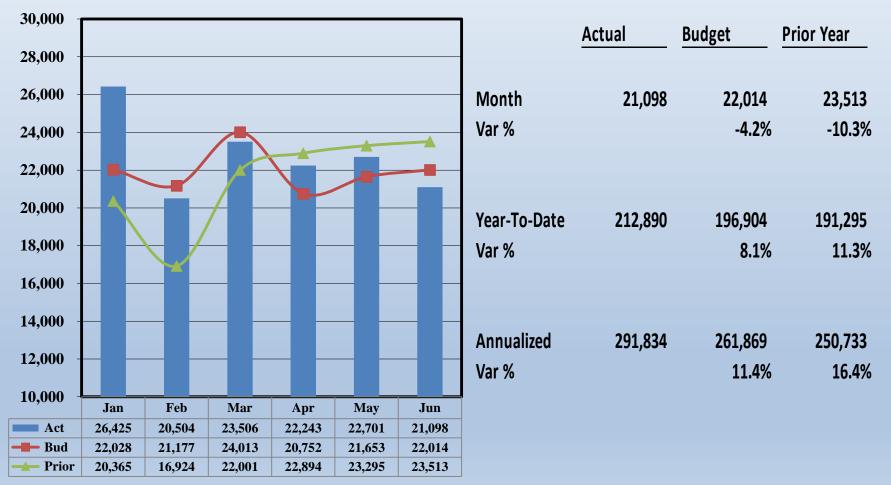








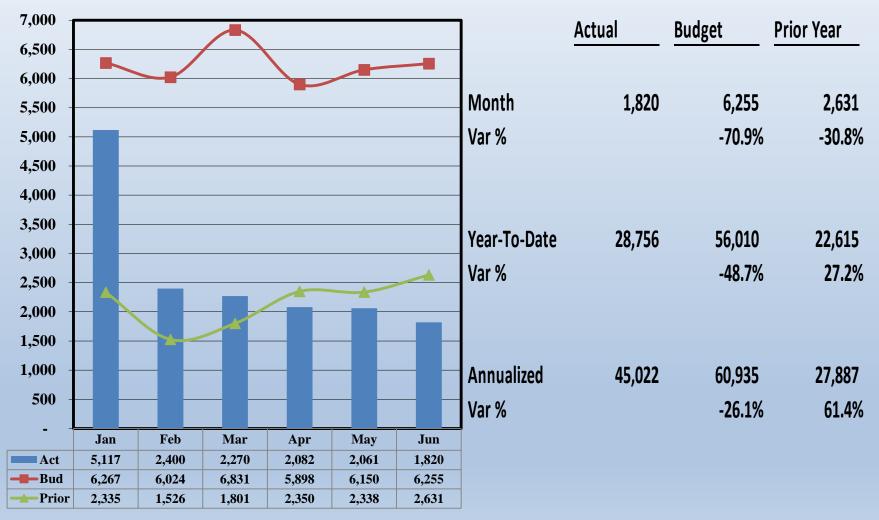
Total Outpatient Occasions of Service





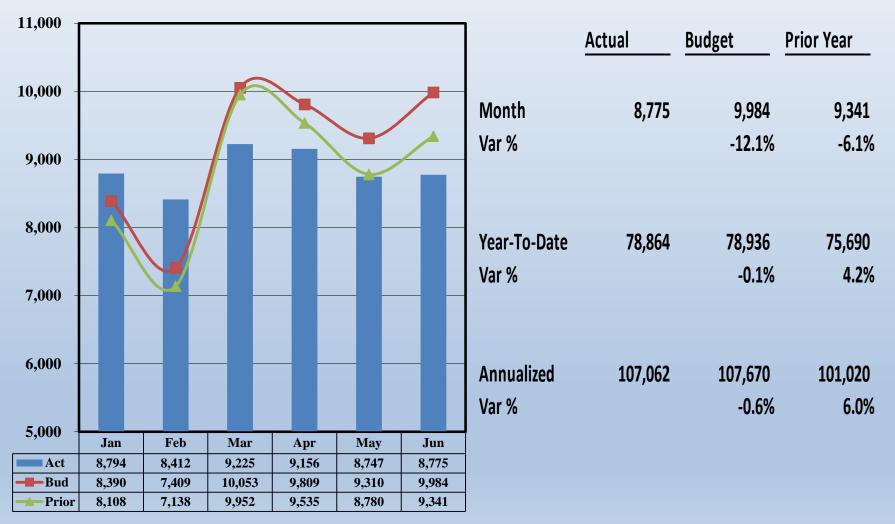
Urgent Care Visits

(JBS Clinic, West University & 42nd Street)



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Total ProCare Office Visits





Staffing



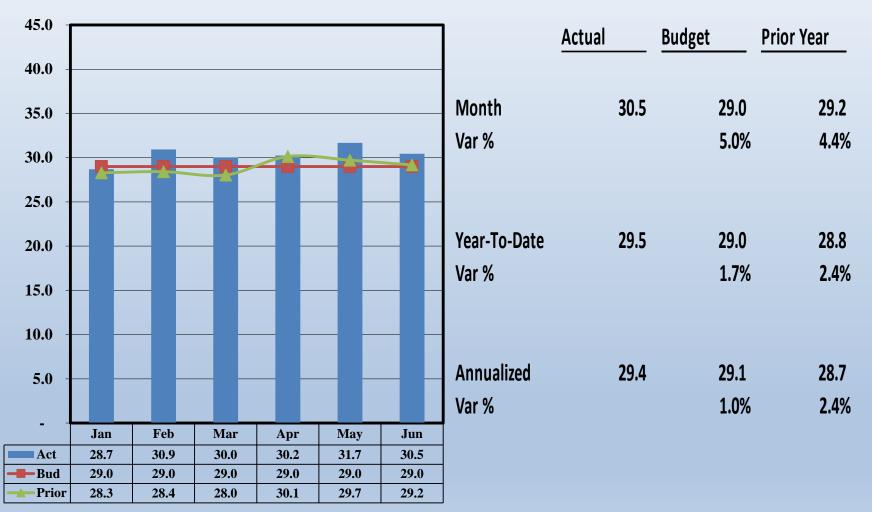


Including Contract Labor and Management Services





Paid Hours per Adjusted Patient Day (Ector County Hospital District)

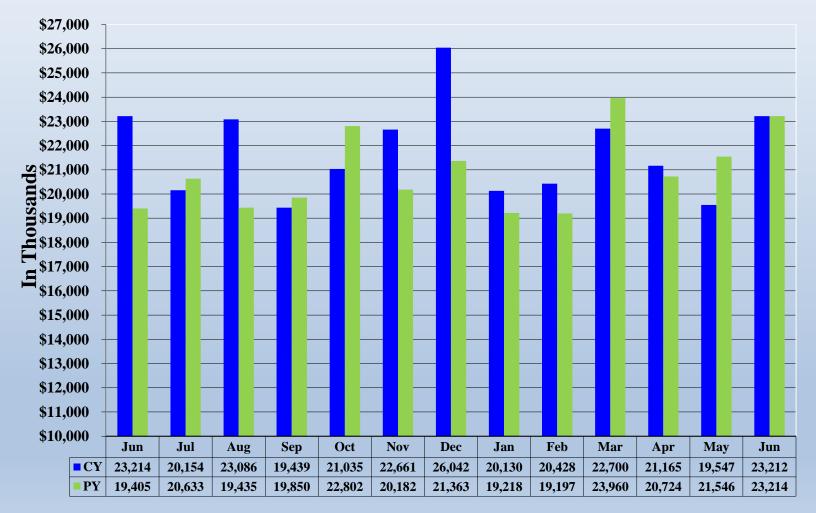








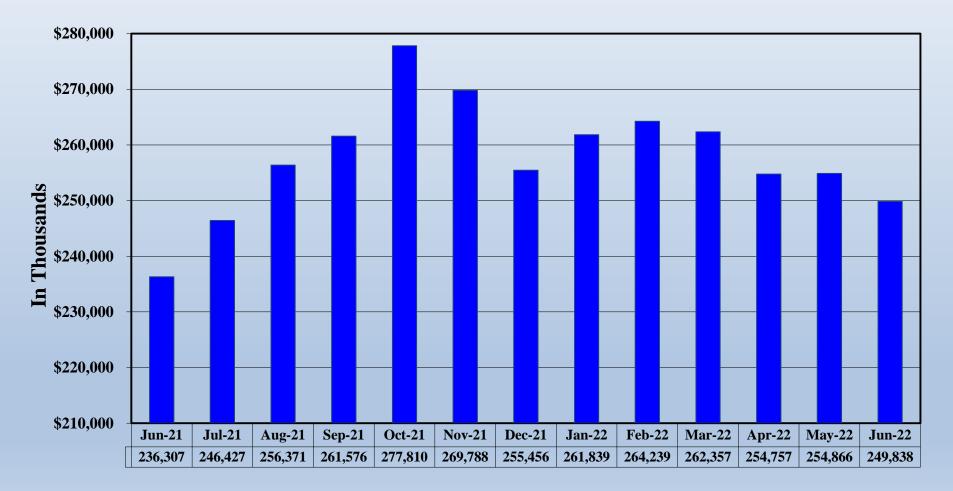
13 Month Trending





Total Accounts Receivable – Gross

Thirteen Month Trending

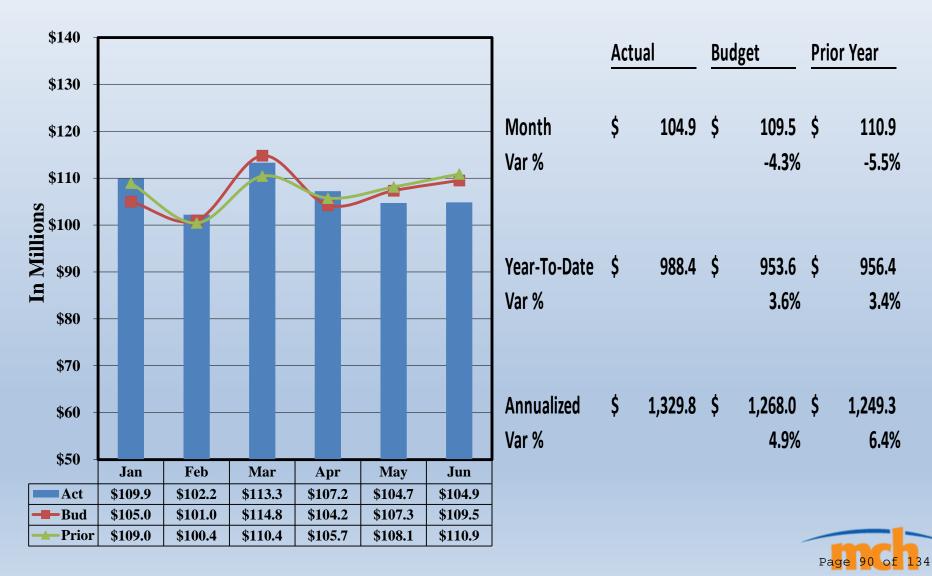




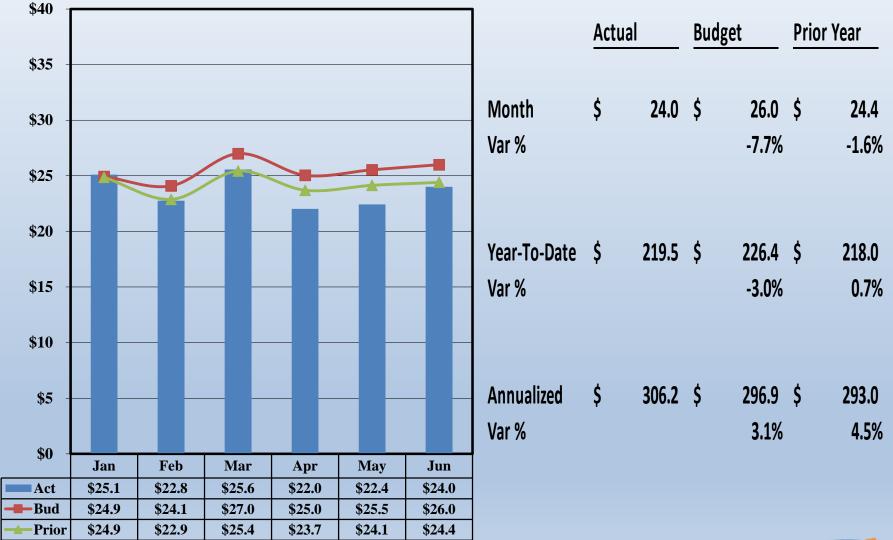
Revenues & Revenues &



Total Patient Revenues



Total Net Patient Revenues



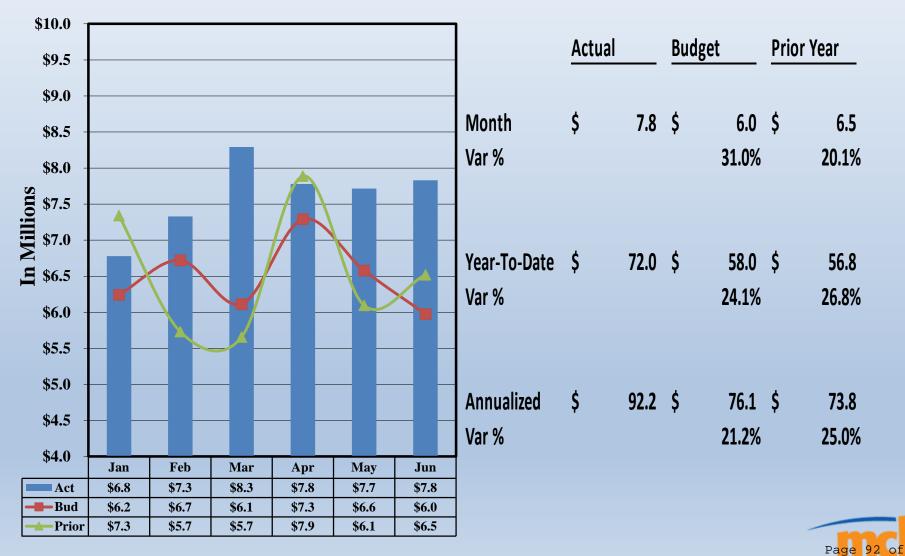
In Millions



Other Revenue

(Ector County Hospital District)

Including Tax Receipts, Interest & Other Operating Income



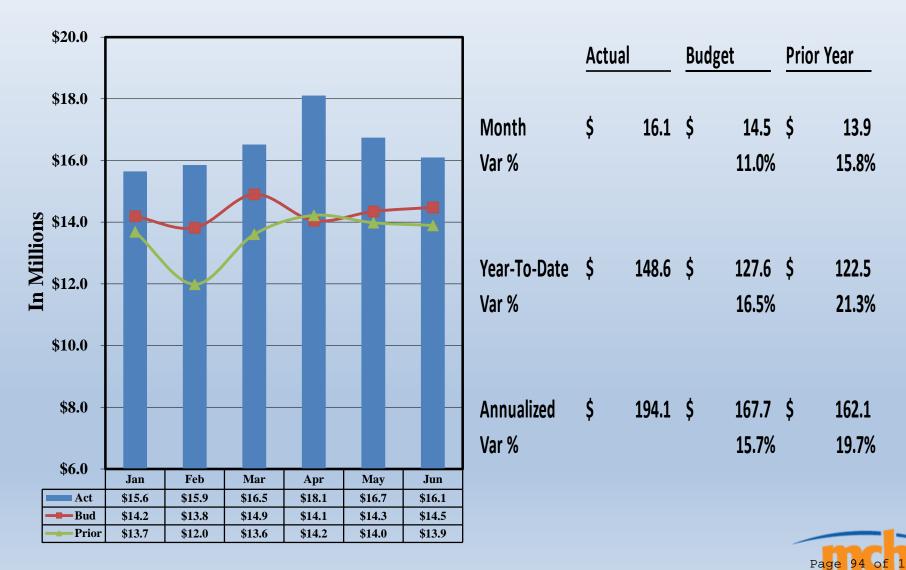
Operating Expenses

66

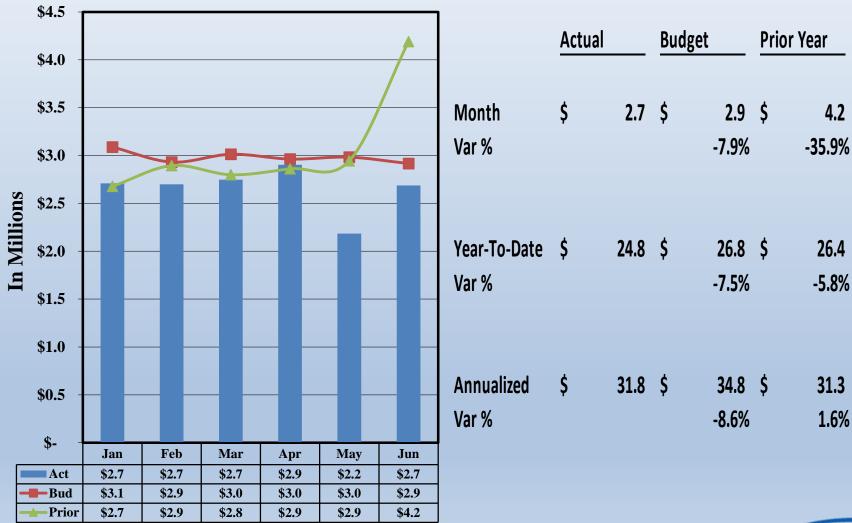
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Salaries, Wages & Contract Labor

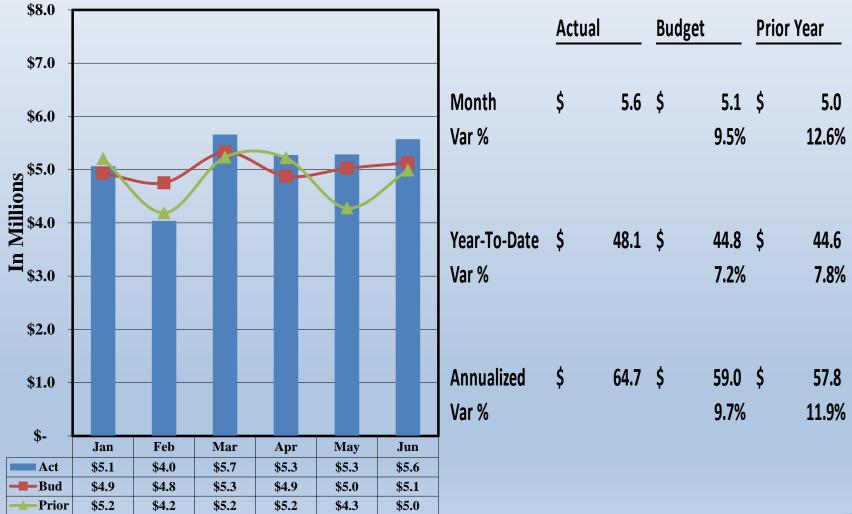


Employee Benefit Expense



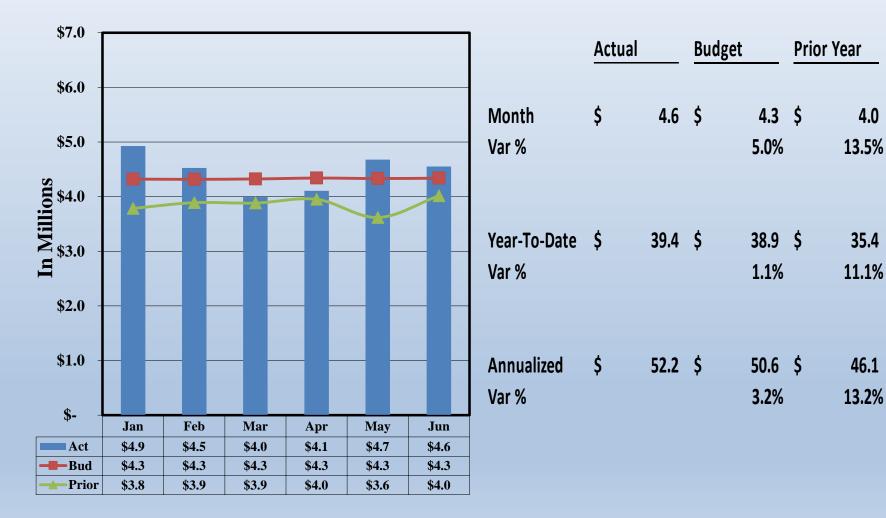






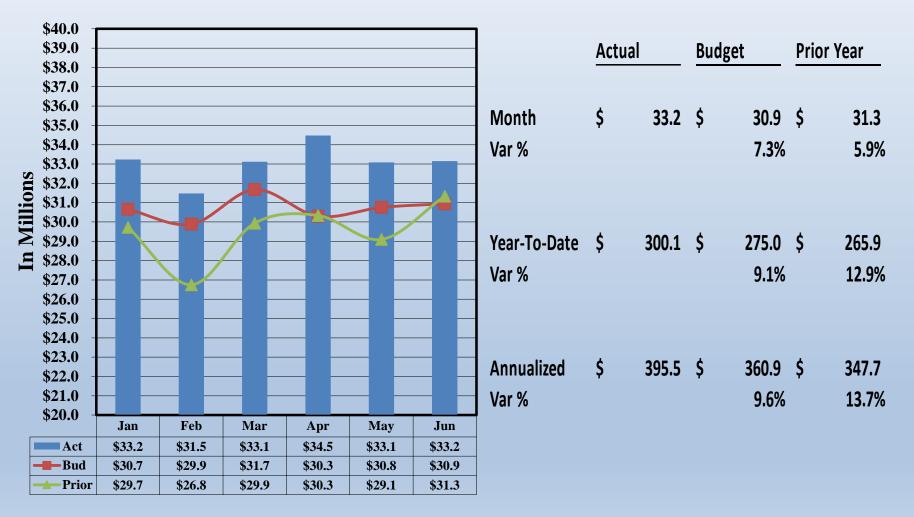


Purchased Services





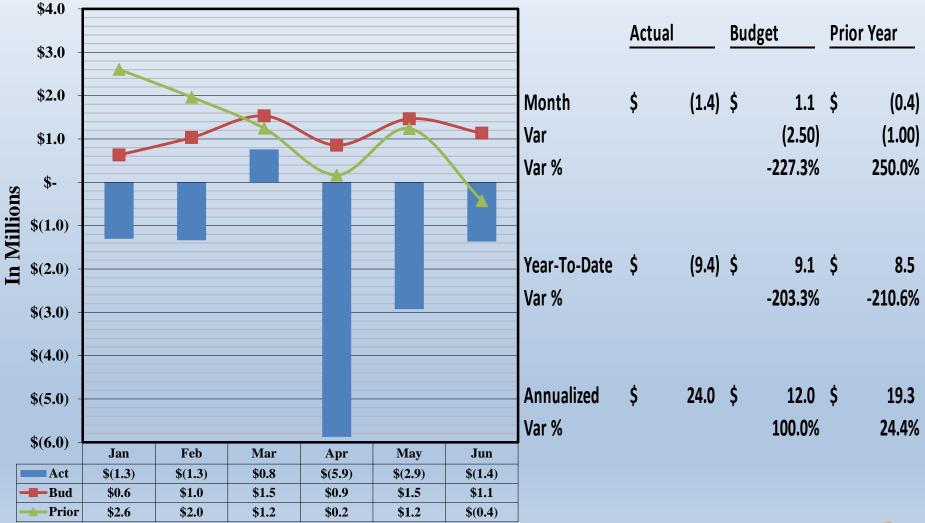
Total Operating Expense





Operating EBIDA

Ector County Hospital District Operations





Days Cash on Hand









Keeping the H in Hometown®

Medical Center Hospital

Community Health Needs Assessment and Implementation Plan

Board Meeting Presentation August 2, 2022





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Background

- Patient Protection & Affordable Care Act specifies four new requirements for not-for-profit hospitals
 - Conduct Community Health Needs Assessment (CHNA) and Implementation Plan once every three years
- IRS finalized the CHNA and Implementation Plan regulations as of December 29, 2014
 - Describes specific provisions related to CHNA requirements
- Recommended best practice for all other facilities



Our Approach



Medical Center Hospital Community Health Needs Assessment and Implementation Plan Board Presentation Community Hospital Consulting

Page 2

Data Collection

- CHC Consulting conducted a CHNA report for the hospital and the Family Health Clinic
- Collected and analyzed the most current health indicator data for residents in Ector County including, but not limited to:
 - <u>Demographic Data</u>
 - Population composition and growth by age and ethnicity
 - Median age
 - Median household income
 - Poverty
 - Unemployment

- <u>Health Data</u>
 - Mortality
 - COVID-19
 - Chronic disease categories
 - Communicable diseases
 - Maternal and child health
 - Minority populations, including senior citizens
 - Mental Health
 - Access to health care

<u>Community Input</u>

- 26 key informant interviews
- FHC Patient Survey
- CHC Consulting contacted a number of individuals in the community to participate in the interview process, but several were unable to complete an interview due to a variety of reasons.



Data Collection – Key Informants

- *Mike Adkins:* Public Information Officer, Ector County Independent School District
- Joshua Alaniz: Chief of Staff, PermiaCare
- Chris Barnhill: Chief Executive Officer, PermiaCare
- **Devin Benavides:** Public Information Officer, City of Odessa
- Kathy Berryhill: Community Leader, Ector County
- **David Boutin:** Chairperson, Odessa Development Corporation
- Margaret Burton: Director, Meals on Wheels
- *Emily Cunningham:* Executive Director, Crisis Center of West Texas
- *Bryn Dodd:* President, Ector County Hospital District
- Lindsey Duncan: Director of Population/Community Health, Medical Center Health System
- **Renee Earls:** President/Chief Executive Officer, Odessa Chamber of Commerce
- Christina Escobar: Community Impact Coordinator, United Way of Odessa
- **Brandy Garcia:** Director, Ector County Health Department

- Dr. Sreedevi Godey: Medical Director, Family Health Clinic
- Allie Hernandez: Nurse, Ector County Independent School District
- Austin Keith: Owner, Pinkie's, Inc.
- **Todd Luzadder:** Director of Mental Health Services, PermiaCare
- *Mike Marrero:* City Manager, City of Odessa
- Dr. Atul Poudel: Pediatrician, Family Health Clinic
- Rebecca Rhodes: Director of Health Services, Ector
 County Independent School District
- Ravi Shakamuri: Owner, Star Care Health Services
- **Dr. Greg Shipkey:** Physician, Medical Center Health System
- **Stephanie Sivalls-Latimer:** Vice President of Administration, Sivalls Inc.
- **Craig Stoker:** Director of Marketing and Communications, West Texas Food Bank
- Willie Taylor: Board President, Family Health Clinic
- Erika Thomas: Executive Director, Odessa Links



Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; November 1, 2021 – December 1, 2021.

Prioritization Process and Final Prioritized Needs

• April 2022: Initial Review and Prioritization

- Data was reviewed to rank community health needs via a prioritization ballot process based on:
 - Size and prevalence of the issue
 - Effectiveness of interventions
 - The hospital's capacity to address the need

MCH Final Prioritized Needs

- 1. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
- 2. Access to Mental and Behavioral Health Care Services and Providers
- 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4. Continued Focus on COVID-19 Prevention & Response



Implementation Plan Highlights

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care

- Completed its Physician Needs Assessment and will use this report as a roadmap for its recruitment efforts of primary and specialty care providers to the area. Additionally, MCH will continue to track visits to its facilities in order to assess primary and specialty care recruitment opportunities in the community
- Continue to host job fairs in the community to provide the opportunity for interested individuals to apply and interview for jobs within the health system (EX: RN, LVN, Respiratory Therapist, Social Worker, Certified Surgical Tech)

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

- Partner with mental health facilities in the region, such as Oceans Behavioral Hospital Permian Basin, River Crest Hospital and PermiaCare, and throughout Texas to provide mental health services to patients
- In conjunction with Midland Memorial Hospital, MCH is exploring the development of a comprehensive mental health facility to provide services for the Permian Basin region

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

- Connect patients to existing community resources in order to promote health and wellness in the community (EX: Adult Protective Services, Catholic Charities, partnership with Harmony Home, other community-based resources)
- Continue to bridge the gap in care by following a patient from the time of admission to the point of discharge using its recently expanded team of case coordinator nurses, community nurse navigators, social workers, care transition coordinators and respiratory therapists

Priority #4: Continued Focus on COVID-19 Prevention & Response

- Continue to provide education on COVID-19 as opportunities arise (EX: FB posts, FB press conference, vaccine clinics (as opportunities arise)
- In partnership with the Ector County Health Department, MCH continues to report COVID-19 patient admissions to the state and other organizations in an ongoing effort to share timely information regarding the pandemic as appropriate



Community Health Needs Assessment

Next Steps

- Board adoption of CHNA and Implementation Plan
- Note adoption in meeting minutes
- Make CHNA and Implementation Plan widely available (posted on website)
 - Remain posted and provide free copy at the hospital until two subsequent CHNAs have been made available
- Accept written feedback on CHNA and Implementation Plan
 - Consider feedback when creating future plans
- Evaluation of impact of hospital's previous CHNA community benefit activities
 - CHC recommends updating progress on activities quarterly, and key results annually
 - Periodic updates to board also encouraged



Community Health Needs Assessment

Community Health Needs Assessments Demonstrating Community Need

As part of the Affordable Care Act, tax-exempt hospitals are required to complete a Community Health Needs Assessment (CHNA) once every three years. In 2016 and again in 2019, a CHNA was conducted for Medical Center Hospital in conjunction with the Family Health Clinic and identified the greatest health needs in our community. The CHNA reports include a comprehensive assessment of Ector County, Texas.

The analyses include a careful review of the most current health data available, demographics and input from numerous community representatives. The process culminates in the development of an Implementation Plan to address the significant needs identified through the CHNA. Medical Center Hospital will utilize its 2019 plan as a guide over the next three years to offer programs that support the health of the community and the mission of the organization.

Click on the links below to review the Medical Center Hospital 2016 and 2019 CHNA and Implementation Plans:



- 2016 Community Health Needs Assessment and Implementation Plan
- 2019 Community Health Needs Assessment and Implementation Plan

Please address any written comments on the 2019 CHNA and Implementation Plan or requests for a paper copy to:



Medical Center Hospital ATTN: Administration 500 West 4th Street Odessa, TX 79761 Phone: (432) 640-6000



Medical Center Hospital Community Health Needs Assessment and Implementation Plan Board Presentation Community Hospital Consulting August 2022 Page 8



Thank You!

Community Hospital Consulting 7950 Legacy Drive, Suite 1000 Plano, TX 75024

www.communityhospitalcorp.com

Lisette Hudson – <u>lhudson@communityhospitalcorp.com</u> Valerie Hayes – <u>vhayes@communityhospitalcorp.com</u> Alex Campbell – <u>acampbell@communityhospitalcorp.com</u> Raegen Price - <u>rprice@communityhospitalcorp.com</u>



August 2022

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Utilization Review Plan

I. Definitions:

Utilization Review Plan – the hospital-wide plan that contains the essential requirements for the establishment and implementation of a utilization management process to ensure the quality, appropriateness and efficiency of care and resources furnished by the hospital and medical staff.

Physician Advisor or "PA" – a physician working under contract with Medical Center Hospital or in a medical staff position with the authority delegated by the Utilization Review Committee for the review of cases for clinical appropriateness and medical necessity of admissions, continued stays and services provided by the hospital.

Secondary Physician Review – a clinical review performed by a physician on the Utilization Review Committee other than the ordering physician when Cortex or other Medical Center Hospital approved clinical screening criteria guidelines suggest a different Patient Status of Level of Care than that ordered.

Cortex – clinical decision support guidelines that use an evidence-based clinical decision support tool approved for use by the Medical Executive Committee, to assist in clinically appropriate medical utilization decisions regarding patient status and level of care determinations. This decision support tool serves as guideline to prompt feedback and discussion. The physician order determines Patient Status and Level of Care determinations.

II. Purpose (42 CFR § 456.105)

The general aim of this plan is to codify the obligations of the utilization review (UR) committee, the hospital, its medical staff, and its associates to advance evidence-based, high-quality, cost effective, and safe care to our patients and our community. The Utilization Review Plan is reviewed annually and revised as appropriate.

III. Scope

Utilization management is realized through the use of processes and procedures that assess, analyze, and evaluate medical necessity and appropriateness of the services provided. Recognized clinically applicable review criteria, trended patient population clinical care data, patterns of hospital resource utilization and clinical areas of the plan's scope include, but are not limited to:

- Delineation of the responsibilities and authority of personnel for conducting internal utilization review, conducting delegated review under managed care contracts, and facilitating external review under managed care and other payer contracts
- Establishes the protocols for the review of medical necessity of admissions, extended stays, professional services, and appropriateness of setting
- Outlines processes to review outlier cases based on extended length of stay and/or extraordinarily high costs
- Defines processes to review potential over-utilization, under-utilization, and inefficient utilization of resources
- Defines processes for coverage determination(s) denials, appeals and peer review within the organization
- Identifies the framework for reporting corrective action and documentation requirements for the utilization management process
- Establishes processes to identify patients with discharge planning needs or requests for discharge planning with timely evaluation of post-acute care services and availability of services to allow appropriate arrangements to be completed
- Optimizing efficient resource utilization through integration and coordination within the multi-interdisciplinary health care teams while maintaining optimal patient outcomes
- Reporting the results of resource management opportunities and efficiencies, patient clinical outcome data collection and reporting to the Utilization Review Committee and Medical Executive Committee.

Objectives

- Review hospital inpatient admissions, observation stays, direct admissions and post-operative ambulatory procedure patients with a request for inpatient admission or observation, regardless of payer source.
- Conduct initial and concurrent medical record reviews to determine the medical necessity of the hospital stay and ensure the appropriate level of care is provided.
- Conduct individualized discharge planning screens to ensure early and timely identification of post-acute services required.
- Initiate and monitor any revisions in policies and procedures based on the Utilization Review's Plan scope, objectives and recommendations of the Utilization Review Committee.
- Professional and therapeutic services reviews are carried out to ensure availability, timeliness of delivery and medical necessity.

IV. Authority, Leadership and Accountability (42 CFR § 456.106 and 482.30(b))

The Utilization Review Committee

The Board of Directors of Medical Center Hospital recognizes its authority and responsibility for the delivery of effective and efficient medical care in keeping with professionally recognized standards and available resources. The Board has delegated the responsibility for monitoring the appropriate use of hospital resources to the Utilization Review Committee. The UR committee has the authority to perform prospective, concurrent, or retrospective review of the medical record of any patient admitted to the hospital or treated on an outpatient basis; to review documents certifying medical necessity for acute care admission; to review resource utilization data to evaluate service line and/or physician performance; and to discuss findings with the physician or physicians concerned but does not have the authority to take disciplinary action.

Findings and recommendations of the UR committee are reported to the president of the medical staff, board of directors, and chief executive officer, who have the authority and responsibility for considering and acting on them.

- The Utilization Review Committee is a standing committee of the Medical Center Hospital Medical Staff (Medical Staff Bylaws, Article 3.R. Utilization Review Committee, 1 and 2) and must comprise three or more active physician (MD/DO) members of the medical staff, and other practitioners to perform the utilization management function as well as administrative and departmental representatives of the hospital.
- The Medical Director of Utilization and Outcomes Management will serve as chairperson of the committee (Medical Staff Bylaws, Article 3.R.(c))
- A copy of the Conflict-of-Interest Statement is to be completed by Utilization Review committee members. A conflict of interest (aside from ownership in the hospital) does not automatically disqualify a member from participating in any given review. Rather, the conflict is a factor for the UR Committee Chairperson to evaluate when weighing decisions about specific member recusals.
- No person on the committee (or on a committee performing functions delegated by the UR committee) may have a financial interest in the hospital
- No person may participate in the case review of any care in which he or she was professionally involved in providing care. (42 CFR § 456.106 (d)(2) and 42 CFR § 482.30 (b)(3))
- Conflict of Interest Statements are completed annually.

Utilization Review Committee Functions

- Advance the practice of evidence-based care. Promote cost-effective utilization of hospital resources and services in accordance with the patient's acute medical needs and preferences
- Provide educational opportunities to engage the medical staff and hospital associates
- Identify and correct patterns of care and situational factors that may contribute to under-, over-, and/or inappropriate utilization of hospital resources and services
- Use objective data to assess physician practice trends and patterns regarding length of stay and resource utilization for the purpose of improving quality of care and service delivery
- Recommend and/or take corrective actions to improve resource utilization and the quality of care
- Performs focused reviews with accompanying action plan and reports results.
- Monitors the implementation of corrective action to achieve improvement
- Establishes procedures for external utilization management representatives who perform on site reviews.
- Reports at least semi-annually to the Medical Executive Committee, and the Governing Board.
- Reports findings from the QIO to the Medical Staff.

• Delegates to case management staff, any UM subcommittee(s), a physician member of the Utilization Review Committee, and/or the Physician Advisor the authority to act on a day-to-day utilization management matters including, but not limited to, using screening criteria to evaluate the appropriateness of stay and level of care, making determinations regarding the medical necessity / appropriateness of an admission/continued stay, and issuing notices of non-coverage or causing the admission category to be revised in accordance with CMS guidelines.

Committee Membership

- At least two physicians who broadly represent the composition of the medical staff.
- Three physicians of the committee will be appointed by the Utilization Review Director, Inpatient Operations Medical Director, in consultation with the Vice Chief of Staff and the Chief Medical Officer.
- Administrative and clinical members of the committee are appointed by the Chief Executive Officer, and service as ex officio, without vote. (Article 3.R.(b))
 - Additional members may include the following: Physician Advisor, medical department chairpersons, the Chief Operating Officer, and Chief Nursing Officer.
 - Representatives of the following departments: Quality Improvement, Patient Care Services/Nursing, Emergency Department, Health Information Management Services, Case Management Services, Compliance, Utilization Review, Denial Management, pharmacy, laboratory, diagnostic imaging, respiratory, behavioral health, revenue integrity.

Utilization Review Committee Meeting

- The committee will meet four times per year.
- Changes to the meeting schedule are made at the discretion of the chairperson.
- Additional meetings may be prompted as needed, at the call of its chair to manage the utilization management process.
- Review of individual cases may occur between the regular meeting with findings presented to the full committee.

Informational Requirements (42 CFR § 456.111)

Any information required for review by the Utilization Review Committee will be maintained in the patient's medical record. Information may include:

- Patient identification, physician name and date of admission
- Dates of application for and authorization of Medicaid benefits if application is made after admission
- The plan of care, initial and subsequent continued stay review dates
- Date of surgical and/or diagnostic procedures
- Justification of the ED admission, if applicable
- Reasons and plan for continued stay if the attending believes continued stay is necessary
- Other supporting material that the committee believes appropriate to be included in the record.

Records and Reports (42 CFR § 456.112)

- The Utilization Review Committee will submit a written report after each meeting to the Medical Executive Committee and the Governing Board by chair/member of the UR Committee.
- Standard reports presented at Committee meetings may include the following information:
 - Avoidable days, trending, and analysis
 - Length of Stay (LOS) Medical, Surgical, Observation
 - Excess days by payer
 - o Disputes
 - Appeal Outcomes
 - Condition Code 44
 - Inpatient only procedure performed as outpatient
 - Medicare Spend Per Beneficiary (MSPB), reported annually
 - Cortex Medical Center Hospital approved clinical screening criteria or other preadmission review results (cases or number of days that do not satisfy criteria for admission, continued stay and /or level of care and secondary review(s) results)
 - o Number of Admission Hospital Issued Notice of Non-coverage (HINN) letters issued
 - Number of Hospital Requested Reviews (HRR or HINN-10) for admission medical necessity
 - Observation information, including LOS in hours (observation unit and dispersed patients), number of observation stays converted to inpatient, the number of observation stays exceeding 24 and 48 hours
 - Summary report of the result of all cases reviewed by the Physician Advisor, including the number of cases converted from inpatient to outpatient observation or outpatient in accordance with CMS guidelines (Condition Code 44) for Medicare and non-contracted MA plans
 - Percentage of medical necessity screening performed within 24 hours of admission
 - Readmission Review of cases readmitted within 30 days of pervious inpatient admission
 - Discharge Disposition reporting
 - Cortex report data
 - Reports of denials from KEPRO-Quality Improvement Organization (QIO) reviews (Medicare)
 - Reports of denials from commercial insurance companies, Medicare Recovery Audit, Medicare Claims Processor Administrator
 - Review of medical services by the appropriate peer review committee member as identified by the Utilization Review Committee
 - High Length of Stay (LOS) of 10 days or greater that is reviewed weekly
 - Provider Liable
- The Utilization Review Committee will formulate a written utilization review plan for the Hospital, to be approved by the Medical Executive Committee, the Chief Executive Officer, and the Board. (Medical Staff Bylaws, Article 3.R.2. (b))

V. Confidentiality (42 CFR § 456.113)

The proceedings of the UR committee, any sub committees, and all derivative documents and minutes are confidential and protected from discoverability under section 160.007 of the Texas Occupations Code § 160.007 (a) and the Peer Review Statute § 161.032 of the Texas Health and Safety Code.

During the utilization review process, the identities of individuals in all utilization records are kept confidential. Provides for confidentiality of the peer review process and findings.

VI. Types of Reviews

Prospective Pre-admission Reviews (42 CFR § 482.30 (c) (2), § 456.121 - § 456.123 n(a) - (g)

Transfers

- Agreement to accept a patient transfer from another facility requires the approval of a hospital physician in advance of the transfer.
- Following transferring hospital physician to accepting hospital physician communication regarding patient status and medical necessity, the accepting physician will confirm that the patient requires care that is not available at the transferring facility, and that the accepting hospital has the capability and capacity to provide necessary care.

Precertification for Elective Services

• Precertification completed by the physician office.

Medicare Inpatient-Only List

• Inpatient only procedures are verified at time of admission.

Admission Review Requirements (42 CFR § 456.121, § 456.122)

- An admission review is completed on all patient admissions, observation, and post-operative ambulatory surgery patients with request for bed placement. Reviews are completed on all patients regardless of payer source.
- Admission reviews are completed using the clinical decision support tool or other Medical Center Hospital approved clinical screening criteria as soon as possible after admission or after the hospital is notified of the application for Medicaid.
- For payers with no authorization process:
- If Cortex guidelines criteria are met on the initial review, the admission will be deemed appropriate.
- If admission criteria are not satisfied, the reviewer must contact the attending physician for additional information. If additional information satisfies the admission criteria, the admission will be deemed appropriate.
- If additional information is not provided or provided and still fails to satisfy admission criteria, the case must be referred for Secondary Review.
- Utilization Review for Medical Necessity

Concurrent/Continued Stay Review (42 CFR § 456.128, § 456.129, § 456.131 and § 456.132)

- Continued Stay Review (CSR) for medical necessity, must be performed for payers with no authorization process.
- Initial CSR date is determined at the time of the admission review by criteria, diagnosis, and any other pertinent factors for each patient.

- CSR for medical necessity are conducted as feasible based on prior Cortex screening results and anticipated date of discharge. The reviews are dependent upon available staff and census. All Medicare and Medicaid concurrent stays that may be reasonably assumed to qualify for an outlier payment are reviewed in the weekly outlier meeting with a member of the Utilization Committee or designee. (The weekly outlier meeting may be canceled due to certain circumstances such as holidays or throughput).
- For payers with an authorization process, Medical Center Hospital will follow the specified language in the contract.
- The practitioner(s) responsible for a patient's care is/are consulted and afforded the opportunity to present his/her view before a determination is made that a hospitalization is not medically necessary.
- If the committee determines that an admission or continued stay is not medically necessary, written notification is given within two days to the hospital, the patient and the practitioner(s) responsible for the patient's care. (All federal guidelines will be strictly followed).

Continued Stay Review and Outlier Certification (42 CFR § 424.13)

- Inpatient continued-stay certification is required for patients who remain in the hospital more than 20 days.
- Prior to the 20th day and no later than the 20th day, the physician documents in the medical record justification of why the patient continues to require care in the hospital
- Documentation includes:
 - \circ The reason for either:
 - Continued hospitalization of the patient for medical treatment of medically required diagnostic study
 - Special or unusual services for cost outlier cases such as participation in clinical trials or testing of new technologies
 - If the patient still requires care that could be provided in a sub-acute facility, such as a SNF, but there is not accepting facility in the area, the continuing stay can be certified but the physician note should indicate that a search for and accepting SNF is ongoing
 - Documentation includes the estimated time that the patient will need to spend in the hospital, such as an estimated LOS
 - The plans for post-hospital care, if appropriate.

Discharge Review (42 CFR § 482.43)

- Discharge review(s) (Named "Final Status" reviews in Cortex) must be performed when criteria for continued stay is not satisfied, or when help is needed in determining the next appropriate level of care within the facility or the appropriateness of discharge from the facility.
- If the case does not meet continued stay criteria, but the case is falling outside of the clinical stability parameters, the case manager must send the next review date and remove the barriers to discharge.
- If discharge indicators are met, the case manager will contact the physician to facilitate discharge or transfer to the next appropriate level of care.
- If the discharge indicators are met and the physician disagrees with the discharge, the case must be referred for secondary review.

Secondary Review Process

- When an admission or continued stay case is referred by the case manager/utilization review manager to the Physician Advisor or member of the UR Committee for secondary review, the secondary reviewer must review the case based on documentation in the medical record and discussions with the attending medical practitioner and make a determination using his/her medical judgment.
- Secondary review determination must be documented and supported with clinical rationale.
- Before determining that an admission or continued stay is not medically necessary, the Physician Advisor (PA) or physician member of the UR committee must consult with the attending physician or the practitioner(s) responsible for the care of the patient and afford the attending and/or practitioner(s) the opportunity to present their views.

Adverse Decisions (42 CFR §456.124, 42 CFR § 456.126)

- If the Physician Advisor or member of the UR Committee determines that an admission or continued stay is not medically necessary and the attending physician or practitioner(s) responsible for the care of the patient agrees or fails(s) to present views regarding the case when afforded the opportunity, the case manager must facilitate discharge, transfer, or referral to the appropriate level of care.
- If the attending physician or practitioner(s) responsible for the care of the patient does not agree with the PA's determination, another physician member of the Utilization Review Committee must be consulted, and a further determination made.
- If the Utilization Review Committee or two physician members decide that the admission to, or continued stay in the hospital is not medically necessary, the Utilization Review Committee or designee must give written notification to:
 - the hospital
 - the patient
 - the Medicaid Intermediary (if Medicaid is the payer)
 - the attending physician or practitioner(s) responsible for the care of the patient.
- Notice is provided no later than (2) days after the determination
- In the case of Managed Care patients, the case manager must notify the Managed Care case manager regarding the medical necessity determination, pursuant to the Managed Care contract.

VII. Case Management Relationship with Third Party Payer Organizations

- The Director of Case Management must work to establish and maintain an effective and professional working relationship with third party payers, including managed care and external review organizations.
- Hospital policies regarding information privacy and security govern the processes for disclosure of protected health information.
- The case manager must provide clinical information as required by third-party payer contracts.
- The case manager must facilitate physician-to-physician communication when appropriate regarding adverse determinations by third party payers or external utilization review organization.

• Access to medical record and supervision of medical record review at the hospital by third party payer(s) and external review organization must be facilitated by the Director of HIM to assure compliance with third party contracts and with procedures established by the Utilization Review Committee.

VIII. Information Management/Data

- Utilization management data is collected, analyzed and maintained to address issues of overutilization, appropriateness of resource use, medical necessity of services and appropriate level of care assignment, and compliance with applicable federal and state regulations.
- Relevant utilization management data is collected and aggregated for tracking and trending reports using automated information systems wherever possible to optimize efficiency.
- Utilization management files must be maintained separate from individual patient medical records.

IX. Utilization Review Plan, Evaluation Amendment and Revisions

- The UR Plan is reviewed and updated or modified as necessary based on the ongoing annual evaluation of utilization review activities.
- The reviewed and/or revised plan should be submitted for review annually.
- An evaluation of the entire utilization review program and its effectiveness in allocating resources must be documented and reported to the board of directors annually.

Approval	Date
Approved by UR Committee	
Approved by Medical Quality	
Committee	
Approved by Medical Executive	
Committee	
Approved by Board of Directors	

CONFLICT OF INTEREST STATEMENT

Effective UR is dependent upon a multidisciplinary team working together to ensure appropriate utilization of resources, while providing quality care to patients. To that end, and in order to avoid the appearance of any conflicts of interest between [hospital] and any member of Medical Center Hospital UR Committee and in accordance with Medicare Conditions of Participation set forth at 42 CFR § 482.30, no UM Committee member ("Member") may have a direct financial interest in Medical Center Hospital. Direct financial interest is defined as an ownership interest in the hospital through stock or otherwise. In addition, no Member may participate in the review and/or authorization of clinical cases in which he or she is the primary care giver, is a participant in a specific situation under review, or has any involvement either in the case or with the practitioner that impact him or her personally, professionally, or financially. By signing below, Member acknowledges that no current conflict of interest or potential conflict of interest or potential conflict shall arise and agrees to abide by the decision of the Chairperson, including a request that the Member recuse himself or herself from the review of the clinical case in question.

Name

Signature

Date

Examples of potential conflicts of interest that should be reported to the UR Committee Chairperson:

· Member is related to the treating or consulting practitioner on the clinical case

• Member is in a group practice with the treating or consulting practitioner on the clinical case

- · Member is related to the patient who is the subject of the clinical case
- Member is a competitor of the treating or consulting practitioner on the clinical case

This list is not exhaustive, nor does the inclusion of any relationship listed below necessarily constitute a conflict. The idea is to disclose matter which may raise a conflict so that they may be evaluated.

References

Medical Staff Bylaws: 3.A. Medical Staff Committees and Functions

Medical Staff Bylaws: 3.R. Utilization Review Committee

Title 42 Chapter IV-Centers for Medicare and Medicaid Services, Department of Health and Human Services, Subchapter G – Standards and Certification Part 482 – Conditions of Participation for Hospitals Subpart C – Basic Hospital Functions Section 482.30 – Condition of Participation: Utilization Review

Title 42 Chapter IV. Centers for Medicare and Medicaid Services, Department of Health and Human Services Sub Chapter C. Medical Assistance Programs, Part 456. Utilization Review

NIAHO Accreditation Standard Utilization Review (UR) UR.1 Documented Plan, UR.2 Sampling, UR.3 Medical Necessity Determination, UR.4 Extended Stay Review



Position Update

- Total positions open
 - RN
 - FT-93
 - PT-12
 - RT
 - FT-10
 - PT-1
- Hiring (last 120 days)
 - 85 RN
 - 6 RT
 - (35 acute, 4 ER, 16 MC, 12 CC, 5 Surgery)
- Travel
 - Agency-44
 - OR-8
 - Floors-13
 - Critical care units-6
 - RT-17
- Nursing intern
 - 1st/2nd semester students-10/5
 - 3rd semester students-15
 - 4th Semester students- 8
- Scholarship (5 in 3rd semester, all other in 1st)
 - OC-17
 - UTPB-25



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Staffing Measurement

- Currently using Premiere Operations Advisor and Benchmarking to ensure adequate staffing amounts
- Current Staffing ratios budgeted at 1:4-1:5
- Capped Census on acute tower units to decrease overall ADC



Staffing Advisory Report

- Required by legislation under the Health & Safety Code Sec 257.001
- Areas Represented
 - 3W, 4C, 5C, 6C, 6W, 7C, 8C, 9C, ICU2, ICU4, ED, Specials, OR, 4E, pedi, NICU, nursing education, PI, nursing admin
- Nurse Indicators (Structure/Process/Outcomes)
 - Turnover/HAPI/NDNQI
 - 30% reduction in HAPI house wide
 - Turnover report unavailable
 - NDNQI implementation for all quality measures
- New initiatives
 - Counsel actively involved with schedule planning
 - providing guidance on creative staffing ideas
 - retention/recruitment plans •
 - incentive offers and traveler/agency reduction ideas. •



Staffing Advisory Report

• Communication

- Section on the nursing page on the intranet
- Monthly updates are going out after each meeting via email and hung on the units
- Suggestion boxes are available online as well as a physical box outside the cafeteria

• Wins

- Pay increases
- retention strategies/ideas
- charge nurse role improvement
- support staff role improvement
- CNO support
- nurse town hall presence/videos
- engagement and participation of the committee

• Upcoming Activity

- Active scheduling assistance
- Recruitment and retention efforts
- Looking at time wasters at the bedside

Nursing Staffing Plan

POLICY TITLE:	Nursing Staffing Plan
POLICY NUMBER:	NADM-0003
TJC FUNCTION AREA:	Management of Human Resources
POLICY APPLICABLE TO:	Nursing Personnel
POLICY EFFECTIVE DATE:	12/16/2005
POLICY REVIEWED:	09/2021
	Staffing Advisory Report
POLICY REVISED:	09/2021

ALTERNATE WORD SEARCH: staff, manhours per patient day, MPPD, falls, errors, injury, pressure, infection, code blue

POLICY STATEMENT:

Nursing Services supports the Medical Center Health System Mission to provide high-quality, compassionate healthcare to the residents of the Permian Basin and further supports the number one goal/priority of a "Culture of Quality/Patient Safety". The Nursing Staffing Plan will provide and maintain the quality of patient care in a safe, cost-effective manner by using the appropriate qualified and skilled personnel. The staffing plan is determined during the budgetary process based on historical data; utilization of like facility benchmarks; future programs; expansion; physician practices patterns; and staff input into the needs of the patients, unit and staff.

PROCEDURE:

 There will be adequate number of staff available to provide nursing care to all patients. An RN will be immediately available to assist and supervise in patient care and emergency situations.



Nursing Staffing Plan

- The Nursing Staffing Plan will provide and maintain the quality of patient care in a safe, cost-effective manner by using the appropriate qualified and skilled personnel.
- Utilize outcomes and nurse-sensitive indicators as an integral role in establishing and evaluating the adequacy of the staffing plan
- A Staffing Advisory Committee will evaluate patient and operational-related outcomes, valid patient complaints, and nurse-sensitive indicators on at least a quarterly basis.
- The Plan will incorporate processes that facilitate the timely and effective identification of concerns regarding the adequacy of the Staffing Plan by the Staffing Advisory Committee
- A review of staffing levels is completed every 4 hours including the acuity of the patient and any other necessary factors
- Report process for nursing personnel when they have a concern about staffing issues



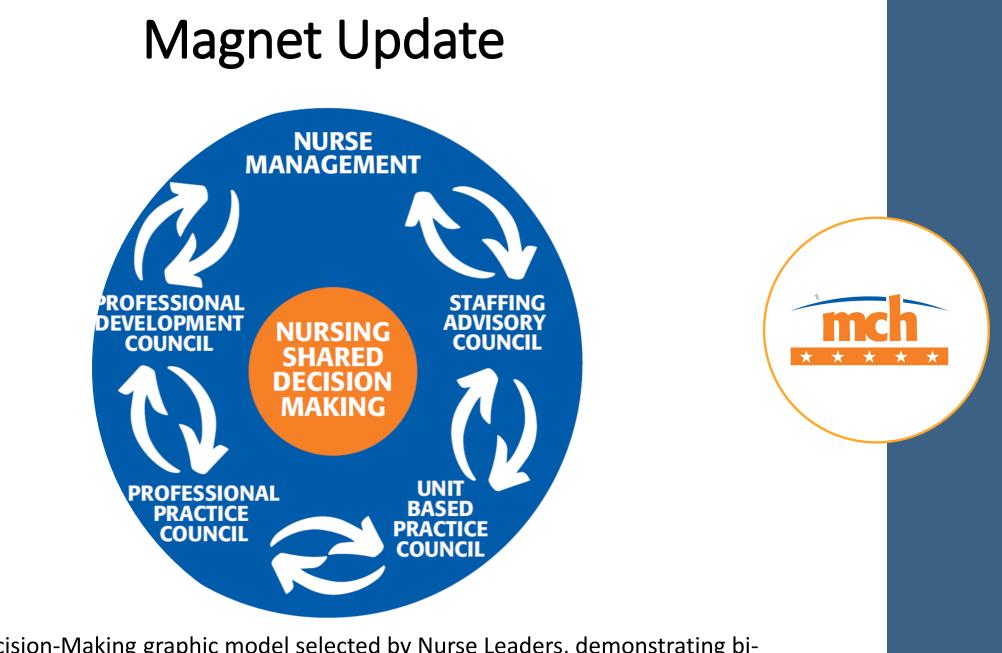
Magnet Update

• Shared Governance

- Shared Governance SharePoint site link from Nursing Homepage
- Shared Governance Description document in progress
- Professional Practice Council: meeting monthly since June. Working on identifying goals, creating a mission and vision for nursing, and developing the Professional Practice Model
- Unit Based Practice Councils:
 - 12 councils have had meetings,
 - 4E (gold star-3 mtgs), 3W, 5C, 6C, 6W, 7C, NICU, 9C, Pedi, Respiratory, Critical Care, ED, 8C

Magnet Update

- RN Board Certification Rate total is currently 11.42%
 - 49 out of 429 eligible RNs are board certified
 - Next step: Define the action plan to increase board certifications
- Professional Practice Model
 - Nurse Leaders and PPC involved
 - Next step: create a graphic depiction
- NDNQI Nurse Satisfaction Survey scheduled for September



• Shared Decision-Making graphic model selected by Nurse Leaders, demonstrating bidirectional communication among councils

August 2022 Board Report

Regional Services

Regional Outreach

<u>Andrews-</u>Met with ED staff, no issues with transfers. Met with Labor and Delivery director, Leslie. Provided her updates on provider information and NICU service line information. I have let her know I am looking forward to bringing some of our providers out to introduce them to theirs as there are several. I also let her know Tammy is now over all Maternal and child departments. No needs currently.

<u>Seminole-</u> Met with ED providers and staff, no issues with transfers. I also met with providers in clinic, Dr. Cannon and Kristie Morris FNP. I provided them with updated provider list and spoke with specialty service lines. They were both glad to have more resources for patients and were very impressed with NICU information. No needs currently.

<u>Crane-</u>Introduced Laci LTAC director to Pat Touchstone CNO. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. Pat was glad to hear they are here to help.

<u>Rankin-</u> Introduced Laci to CEO, and two providers and med surge charge nurse. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. I also introduced self to charge nurse and provided her with MCH information on service lines, and my contact information to call for any assistance. Tiana CNO out currently.

Providers stated they have had no issues with transfers at this time.

<u>McCamey-</u> Introduced Laci to CNO, providers, and case manager Cindy Zuniga. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. Cindy stated they are really trying to enhance their swing bed services as they know the importance. They would like to set a lunch up with case management team. I have provided her contact information and let her know I can also take her and staff to visit with ortho providers along with nuero. She will be reaching out to set something up and let me know of the dates.

<u>Kermit-</u> Introduced Laci to the CNO, Kary, and Case Manager Shawna. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. Shawna shared some information that she has been sharing with case management in hopes that they will be getting more of their patients back for swing bed. They would like to set a lunch up with case management team. I have provided her contact information and let her know I can also take her and staff to visit with ortho providers along with nuero. She will be reaching out to set something up and let me know of the dates.

<u>Ft. Stockton-</u>Introduced Laci to CEO, CNO, CFO, and case manager. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion

and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. We also met with Dr. Pinnow in the ED along with staff. They have not had any issues with transfers.

<u>Reeves</u>- Introduced Laci to the CNO, both case managers and nursing staff. Laci spoke about the LTAC and the services they provided. They discussed the ability for LTAC taking patients also if we were on diversion and patient qualified. They also discussed the patients potentially needing swing bed services post LTAC. They are interested in setting up a lunch with case management team. I have provided contact information.

Faye mentioned they have had some slight delay for moving to the new hospital. I have let her know we are here to help if needed. No other needs currently.

MCH Telecare-

MCH Procare Visits- 178 On-demand visits- 7 Amwell Updates: UAT testing for scheduled visits 7/20-7/21 Amwell scheduled visits still on time to launch end of August